

STUDENT'S NAME (First, Middle Initial, Last)



Department of Veterans Affairs

STUDENT'S MAILING ADDRESS

**CERTIFICATE OF LESSONS  
COMPLETED**

STUDENT'S EMAIL ADDRESS (Optional)

**FOR VA USE ONLY**

VA FILE NUMBER	PAYEE	TYPE TRAINING
FACILITY CODE	NUMBER LESSONS AUTHORIZED	

**IMPORTANT**

1. Read all instructions before completing this form.
2. If this form is damaged or lost, ask VA for another form by clicking this link: [Find A VA Form Veterans Affairs](#)

NOTE - PLEASE READ THE PRIVACY ACT INFORMATION AND RESPONDENT BURDEN ON PAGE 2 BEFORE COMPLETING THIS FORM.

**INSTRUCTIONS TO STUDENT**

**IF YOU ARE ENROLLED AND STILL PURSUING YOUR COURSE** - COMPLETE THIS FORM ONLY if you are due payment for one or more lessons completed and sent to the school through the last date shown in Item 2. (We will send you a new form at the end of the next quarter.) To receive payment, check BOX A in ITEM 1. Then enter in Item 4A the total number of lessons completed and sent to the school since you started this course. VA bases payments on the number of lessons completed by you and serviced by the school. If you have completed additional lessons, but your school has not yet serviced these additional lessons, VA will pay for those lessons at the end of the quarter in which your school serviced those lessons.

**IF YOU ARE NO LONGER ENROLLED** - Check the applicable box, B or C, in Item 1 if you completed or terminated your course. Then, enter in Item 4A the total number of lessons that you have completed and sent to the school.

**BEFORE SENDING THE FORM TO YOUR SCHOOL** - Sign and date this form in Items 8A and 8B. Place your telephone number in Item 8C. If the school has furnished you with an identification number, place that ID number in Item 4B.

**WHERE TO SEND THE FORM** - Send the completed form promptly to the school for their certification. Your payment will be issued after receipt of the school's certification.

**ADDRESS CHANGE** - If you are changing your address permanently, neatly line out your address and print your new address in the remaining space. Be sure to show your ZIP Code.

**INSTRUCTIONS TO SCHOOL**

**IF STUDENT IS STILL ENROLLED AND PURSUING THE COURSE** - Check the "YES" block in Item 3. In Item 6, enter the total number of lessons serviced from the date the student started this course through the ending date to be certified in Item 2.

**IF STUDENT IS NO LONGER ENROLLED** - Check "NO" block in Item 3. Enter the date the last lesson was serviced in Item 5. In Item 6, enter the total number of lessons you have serviced through the date shown in Item 5.

**REMARKS** - Report any exception to the student's certification in Item 7, Remarks.

**BEFORE SENDING THE FORM TO VA** - Sign and date the certification in Items 9A and 9B. Send the completed form to the VA office shown on page 2.

**INSTRUCTIONS:** Complete Items 1 through 9B and return completed form to the appropriate VA office shown in the table below.

<b>1. COURSE PARTICIPATION</b> <i>(Check applicable box)</i> A. <input type="checkbox"/> I WAS PURSUING THE COURSE APPROVED BY VA FOR THE PERIOD SHOWN IN ITEM 2  B. <input type="checkbox"/> I COMPLETED MY COURSE    C. <input type="checkbox"/> I TERMINATED MY COURSE		<b>2. PERIOD TO BE CERTIFIED</b>	<b>3. IS STUDENT STILL ENROLLED</b>  <input type="checkbox"/> YES  <input type="checkbox"/> NO <i>(If "No," complete Item 5)</i>
<b>4A. TOTAL NUMBER OF LESSONS COMPLETED TO DATE</b>	<b>4B. SCHOOL IDENTIFICATION NUMBER</b>	<b>5. IF TERMINATED OR COMPLETED ENTER DATE LAST LESSON SERVED</b>	<b>6. TOTAL NUMBER OF LESSONS SERVICED TO DATE</b>

7. REMARKS

**I CERTIFY THAT** the above entries are true and, if applicable, the 85-15% ratio requirements were met for this student's course of study.

**PENALTY** - Willful false reports concerning benefits payable by VA may result in fines or imprisonment or both.

<b>8A. SIGNATURE OF STUDENT</b> <i>(Sign in ink)</i>	<b>8B. DATE SIGNED</b>
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<b>8C. APPLICANT'S TELEPHONE NUMBER</b> <i>(Including Area Code)</i>	
MOBILE <i>(include area code)</i>	HOME <i>(include area code)</i>

<b>9A. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL</b> <i>(Sign in ink)</i>	<b>9B. DATE SIGNED</b>
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**Eastern Region:  
VA Regional Office  
P. O. Box 4616  
Buffalo, NY 14240-4616**

**SERVES THE FOLLOWING STATES**

CO	CT	DC	DE	IA	IL	IN	KS	KY	MA
MD	ME	MI	MN	MO	MT	NC	ND	NE	NH
NJ	NY	OH	PA	RI	SD	TN	VA	VT	WI
WV	WY	APO/FPO AA			FOREIGN SCHOOLS		U.S. VIRGIN ISLANDS		

**Western Region:  
VA Regional Office  
P.O. Box 8888  
Muskogee, OK 74402-8888**

**SERVES THE FOLLOWING STATES**

AK	AL	AR	AZ	CA	FL	GA	HI	ID	LA
MS	NM	NV	OK	OR	PR	SC	TX	UT	WA
APO/FPO AP		GUAM		PHILIPPINES		AMERICAN SAMOA		MARIANA ISLANDS	

**PRIVACY ACT INFORMATION:** VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., VA sends educational forms or letters with a veteran's identifying information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) for VA to obtain further information as may be necessary from the school for VA to properly process the veteran's education claim or to monitor his or her progress during training) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Veteran Readiness and Employment Records - VA, published in the Federal Register. Your response is required to obtain or retain benefits. VA cannot determine your eligibility for further educational benefits and the proper rate payable unless this form is completed and filed as required by existing law and regulation (38 U.S.C. 3680). While you are not required to respond, we cannot pay you any further education benefits until we receive this information. Your responses are confidential (38 U.S.C. 5701). The information you send may be verified through computer matching programs with other agencies.

**RESPONDENT BURDEN:** An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control Number. The OMB control number for this project is 2900-0353, and it expires XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 10 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden to VA Reports Clearance Officer at [VACOPaperworkReduAct@VA.gov](mailto:VACOPaperworkReduAct@VA.gov). Please refer to OMB Control No. 2900-0353 in any correspondence. Do not send your completed VA Form 22-6553b to this email address.