



**APPLICATION FOR REIMBURSEMENT OF PREPARATORY (PREP)  
COURSE FOR LICENSING OR CERTIFICATION TEST**  
*(See General Information and Instructions on Page 3)*

Please read the Privacy Act and Respondent Burden information on Page 2 before completing the form.

**IMPORTANT:** Reimbursement is available only for the Post 9/11 GI Bill benefit (Chapter 33) or Survivors' and Dependents' Educational Assistance (Chapter 35) programs. Complete this request to apply for reimbursement of a Prep Course designed to prepare you for a Licensing or Certification Test (one course per form). In order for a Prep Course to be reimbursed, you must apply and establish eligibility separately for either Chapter 33 or Chapter 35 by completing either VA Form 22-1990, *Application for VA Education Benefits* or VA Form 22-5490, *Dependents' Application for VA Education Benefits*, if not done so already. If you need to apply first, please visit our website at [www.va.gov/education/how-to-apply](http://www.va.gov/education/how-to-apply). (SEE INSTRUCTIONS ON PAGE 2 BEFORE COMPLETING THIS FORM.)

**PART I - IDENTIFICATION INFORMATION**

1. APPLICANT'S NAME: (*First, Middle Initial, Last Name*)

2A. MAILING ADDRESS (*Complete Street Address, City, State and 9-digit ZIP Code*)

2B. APPLICANT'S EMAIL ADDRESS:

3. TELEPHONE NUMBER: (*Include Area Code*)

HOME:

MOBILE:

4. VA FILE NUMBER

*(VA may have assigned an eight-digit number because you or the vet didn't have a Social Security Number. Include the Suffix, if known.)*

5. PAYEE NUMBER (*If applicable*)

**PART II - VA EDUCATION INFORMATION**

6A. HAVE YOU PREVIOUSLY APPLIED FOR VA EDUCATION BENEFITS? (*Please check the appropriate box below:*)

YES (*If "Yes," show the specific benefit you previously applied for in Item 6B*)

NO (*If "No," you must also complete either VA Form 22-1990, Application for VA Education Benefits, or VA Form 22-5490, Dependents' Application for VA Education Benefits*)

6B. WHAT EDUCATION BENEFIT(S) HAVE YOU APPLIED FOR PREVIOUSLY?

**PART III - LICENSING OR CERTIFICATION TEST** (*Specify the test*)

7. NAME OF TEST

8. NAME OF ORGANIZATION AWARDING LICENSE OR CERTIFICATION (*Include address*)

**PART IV - PREP COURSE INFORMATION** (*Specify each item for this Prep Course*)

9. NAME OF COURSE

12. ITEMIZE PREP COURSE COST INCLUDING FEES (*Attach receipt*)

10. ORGANIZATION GIVING PREP COURSE (*Please include address*)

TAKEN ONLINE?  YES  NO

11A. COURSE START DATE (MM/DD/YYYY)

11B. COURSE END DATE (MM/DD/YYYY)

**PART IV - PREP COURSE INFORMATION - Continued (Specify each item for this Prep Course)**

13. INCLUDE VERIFICATION OF ENROLLMENT FROM YOUR PREP COURSE PROVIDER. THE PROVIDER HAS AGREED TO MAKE THIS AVAILABLE TO YOU.  
(Submit verification with this application.)

14. REMARKS

**PART V - CERTIFICATION AND SIGNATURE OF APPLICANT**

**I CERTIFY THAT** the information above is true and correct to the best of my knowledge and belief.

**PENALTY** - Willfully false statements as to a material fact in a claim for education benefits payable by VA may result in a fine, imprisonment, or both.

15. SIGNATURE OF APPLICANT

16. DATE SIGNED (MM/DD/YYYY)

**IMPORTANT** - Please return this form to the VA Regional Processing Office that handles your area (see the VA Regional Processing Office addresses on Page 3 of this form). You must include a receipt or proof of payment for the Prep Course. Please visit <https://benefits.va.gov> for more information.

**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, section 1.576 for routine uses (e.g., 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 obligation to respond is voluntary. While you do not have to respond, VA cannot process your claim for reimbursement of Licensing and Certification test fees unless the information is furnished as required by existing law (38 U.S.C. 3471). The responses you submit are considered confidential (38 U.S.C. 5701). Any information provided by applicants, recipients, and others may be subject to verification 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 2900-0892, and it expires 01/31/2028. Public reporting burden for this collection of information is estimated to average 15 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. 2900-0892 in any correspondence. Do not send your completed VA Form 22-10272 to this email address.

## INFORMATION AND INSTRUCTIONS

*(The items that are considered self-explanatory are not included in these instructions)*

**ITEM 4.** Your VA FILE NUMBER is the number that appears on your VA benefit payments and all mail that we've sent to you. Generally, your VA FILE NUMBER is the social security number of the individual on whose account you are receiving benefits. Your SUFFIX (letter or 2-digit number) indicates your relationship to the qualifying individual.

**ITEM 6A.** If you have not previously applied for VA education benefits, required in order to determine your eligibility for any educational assistance, go to <https://www.va.gov/education/how-to-apply/>.

**ITEM 7.** Write the complete name of the Licensing or Certification test you plan to take in the future. In order to be reimbursed for a Prep Course, it must prepare you for a Licensing or Certification test.

**ITEM 8.** Write the complete name and address of the organization that administers the License or Certification test you plan to take.

**ITEM 9.** Write the complete name of the Prep Course that you took. Show information for only one Prep Course on any one application.

**ITEM 10.** Write the complete name and address of the organization that provided the Prep Course you took.

**ITEM 11.** Show the dates you attended the Prep Course.

**ITEM 12.** Enter the cost of the Prep Course you took, including any required fees. (We can only reimburse you for mandatory fees.) We have no authority to reimburse you for any optional costs related to the Prep Course process. Course fees that VA will reimburse include "registration fees," mandatory fees for supplies, and administrative fees. Fees that VA has no authority to reimburse include fees to take pre-exams, or other costs or fees for optional items that are not required to take an approved Prep Course.

**ITEM 13.** Attach the Verification of Enrollment received from the provider of the Prep Course.

**ITEM 14.** Use the space in this item to provide information that does not fit elsewhere on this form or that will help VA process your claim. Refer to other item numbers on this form to help us match your answers to the correct questions. If more space is needed, please attach separate sheets of paper. Be sure to place your name and VA file number on each additional page.

**MORE HELP:** Our education internet site ([www.benefits.va.gov/gibill](http://www.benefits.va.gov/gibill)) is available to help you, even after normal business hours. If you need help in completing this application, call VA **TOLL-FREE at 1-888-GI-BILL-1 (1-888-442-4551)**. If you use the Telecommunications Device for the Deaf (TDD), the Federal Relay number is 711.

**HOW TO FILE YOUR CLAIM.** Send the completed application to the Regional Processing Office in the region of your home address. Use the addresses shown below.

|  |    |            |    |                 |    |    |                   |    |    |
|--|----|------------|----|-----------------|----|----|-------------------|----|----|
| <b>Eastern Region:<br/>VA Regional Office<br/>P.O. Box 4616<br/>Buffalo, NY 14240-4616</b> |    |            |    |                 |    |    |                   |    |    |
| 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 |    |    | US VIRGIN ISLANDS |    |    |

|   |    |      |    |             |    |    |                |    |                 |
|---|----|------|----|-------------|----|----|----------------|----|-----------------|
| <b>Western Region:<br/>VA Regional Office<br/>P.O. Box 8888<br/>Muskogee, OK 74402-8888</b> |    |      |    |             |    |    |                |    |                 |
| 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 |