

How to Apply for Reimbursement

1. Establish VA Benefits Eligibility

You may receive reimbursement for approved licensing and certification tests, if you qualify for any of these programs:

- Montgomery GI Bill (MGIB)
- Montgomery GI Bill Selected Reserves (MGIB-SR) (Public Law 109-163 enacted January 6, 2006)
- Reserve Education Assistance Program (REAP) (Public Law 109-163 enacted January 6, 2006)
- Veterans Educational Assistance Program (VEAP)
- Dependents Educational Assistance (DEA)

If you've never applied for benefits eligibility before, you can complete and submit your benefits eligibility application, along with a request for payment of test(s). Veterans, or those on active duty, can download VA [Form 22-1990](#). For eligible children or spouses, download VA [Form 22-5490](#). For more information about the program under which you are eligible and the appropriate form to use, go to www.gibill.va.gov.

2. Complete a VA Application for Reimbursement of Licensing or Certification Test Fees

An official VA form and instructions are attached at the end of this document. The form can also be accessed and filled out online at: <http://www.vba.va.gov/pubs/forms/VBA-22-0803-ARE.pdf>. This form must be completed and mailed. See section 3 for mailing information.

You can also send the required information to the VA in a letter without using a form. Your letter application must include the following:

Information Required for Veterans Reimbursement Request
<ul style="list-style-type: none"> • Full Name • Mailing Address • Home Phone Number (with area code) • Social Security Number • VA File Number (if different from your Social Security Number) • Have you applied for VA benefits before? If no, please complete an application for education benefits and send with the request for reimbursement. • Name of Test • Date Test Taken • Cost of Test • <i>(Note: The VA cannot reimburse you for registration fees, preparation guides, processing fees)</i> • A copy of your test results or a copy of your license or certification • Name and Address of Organization Issuing License • Statement: "I hereby authorize the release of my test information to the Department of Veterans Affairs" • Signature and Date Signed

Use the following name and address for the “Organization Issuing License”

Certification and Testing Department
Building Performance Institute, Inc.
107 Hermes Road, Suite 110
Malta, NY 12020
Attn: Veterans Reimbursement

BPI will respond to requests from the VA to confirm your certification.

For Test Results and Cost Information:

Attach a receipt from the organization that tested you for your BPI certification. (This may be different from the organization where you received any training.) The receipt must show the cost of the testing, separate from training or administrative costs.

Summarize the test and cost information and the name of the BPI certification in the “Test Information” section of the VA form.

If you do not have a receipt for your testing, contact the testing organization. Include your name, address, the name of the test or certification, and the date (or approximate date) on which you took the test. Obtain an itemized receipt.

3. Mail Your Reimbursement Request to the Regional Veterans Administration Office

Mail the application form, together with the test information, to the VA office listed below:

Department of Veterans Affairs
Eastern Region Office
PO Box 4616
Buffalo, NY 14240-4616

See the link, below, for further information from the VA, regarding certification test reimbursement from the GI Bill.


http://www.gibill.va.gov/resources/education_resources/programs/licensing_and_certification.html

An application form can be found, and filled out online, at:

<http://www.vba.va.gov/pubs/forms/VBA-22-0803-ARE.pdf>

The form and instructions can also be found on the next two pages.

The New York State Division of Veterans Affairs has approved all BPI Certification Exams for full reimbursement of exam cost. This approval will be extended nationally to any GI Bill veteran or eligible person in accordance with the provisions of PL 106-419, *Veteran Benefits and Health Care Improvement Act of 2000*, anywhere in the United States

 Department of Veterans Affairs	APPLICATION FOR REIMBURSEMENT OF LICENSING OR CERTIFICATION TEST FEES
<p>IMPORTANT: Complete this application to apply for reimbursement of licensing or certification test fees. You must apply separately for VA education benefits if you have not already done so. You can receive reimbursement of a licensing or certification test fee if you qualify for VA benefits under one of the following programs:</p> <p> <input type="checkbox"/> Montgomery GI Bill - Active Duty Educational Assistance Program (MGIB) (Chapter 30) <input type="checkbox"/> Post-Vietnam Era Veterans Educational Assistance Program (VEAP) (Chapter 32) <input type="checkbox"/> Post-9/11 GI Bill (Chapter 33) <input type="checkbox"/> Survivors' and Dependents' Educational Assistance Program (DEA) (Chapter 35) <input type="checkbox"/> Montgomery GI Bill - Selected Reserve Program (MGIB-SR) (Chapter 1606) <input type="checkbox"/> Montgomery GI Bill - Reserve Educational Assistance Program (REAP) (Chapter 1607) </p>	
(See the reverse for Information and Instructions for completing this form.)	
PART I - IDENTIFICATION INFORMATION	
1. NAME OF APPLICANT <i>(First, Middle Initial, Last Name)</i>	
2. MAILING ADDRESS OF APPLICANT <i>(Number and street or rural route, city or P. O., State and ZIP Code)</i>	
3. VA FILE NUMBER <i>(If or chapter 35, enter the veteran's file number. Be sure to include the suffix indicator. For dependent transfer cases, enter the file number of the person who transferred entitlement to you)</i>	4. SOCIAL SECURITY NUMBER <i>(If not shown in Item 3)</i>
5. TELEPHONE NUMBER AND HOURS VA CAN REACH YOU <i>(Include Area Code)</i>	
6. VA EDUCATION INFORMATION	
A. HAVE YOU PREVIOUSLY APPLIED FOR VA EDUCATION BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," show the specific benefit you previously applied for in Item 6B) (If "No," you should complete an application for education benefits)</i>	
B. WHAT EDUCATION BENEFIT HAVE YOU APPLIED FOR PREVIOUSLY?	
C. WHAT EDUCATION BENEFIT ARE YOU APPLYING FOR NOW? <input type="checkbox"/> CHAPTER 30 <input type="checkbox"/> CHAPTER 32 <input type="checkbox"/> CHAPTER 33 <input type="checkbox"/> CHAPTER 35 <input type="checkbox"/> CHAPTER 1606 <input type="checkbox"/> CHAPTER 1607	
PART II - TEST INFORMATION	
7. NAME OF TEST <i>(Specify for each test) (If more space is needed use Item 11 Remarks)</i>	8. COMPLETE NAME AND MAILING ADDRESS OF ORGANIZATION ISSUING LICENSE OR CERTIFICATION <i>(Specify for each test)</i>
9. DATE TEST TAKEN AND TEST RESULTS <i>(See the Instructions for this item for information and evidence you must specify or attach to this application) (If more space is needed use Item 11 Remarks)</i>	
10. COST OF TEST <i>(Specify for each test) (If more space is needed use Item 11 Remarks)</i>	
11. REMARKS	
I hereby authorize the release of my test information to the Department of Veterans Affairs (VA).	
12. SIGNATURE OF APPLICANT	13. DATE SIGNED
<p>IMPORTANT: To apply for reimbursement of a licensing or certification test fee, please return this form to the VA office which handles your area. See the addresses on the reverse of this form. Include a copy of your test results.</p>	

INFORMATION

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

ITEM 3. If you (or the veteran or serviceperson) were previously assigned an 8-digit file number, enter this number.

ITEM 6. If you have not previously applied for VA education benefits, go to www.gibill.va.gov, and click on GI Bill Information and then click on How To Apply for Benefits. See the top of this form for the education benefits that permit reimbursement of Licensing or Certification tests.

ITEM 7. Write the complete name of the test you took.

ITEM 8. Write the complete name and complete mailing address (including ZIP Code) of the organization issuing the license or certificate (not necessarily the organization that administered the test you took).

ITEM 9. Show the date you took the test and attach a copy of your test results. (If you do not have any test results but have a copy of your license or certification and a payment receipt for your test, attach these documents.) Reimbursement of the test fee can't be paid until this information is received. Provide this information for each test you want to receive reimbursement.

ITEM 10. Enter the cost of each test you took. (We can't reimburse you for registration fees, preparation guides, processing fees, etc.)

ITEMS 12 and 13. Sign and date the form.

Additional Information: You may provide additional information that you think will help VA process your claim. Attach additional sheets of paper to this application if necessary. Additional information should be properly labeled (such as: Item 1, if the additional information supports Item 1 on the form).

MORE HELP: If you need help in completing this application, call VA TOLL-FREE at 1-888-GI-BILL-1 (1-888-442-4551). If you are hearing impaired, call us toll-free at 1-800-829-4833. You can also get education assistance after normal business hours at our education Internet site: www.gibill.va.gov.

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

EASTERN REGION VA Regional Office PO Box 4616 Buffalo, NY 14240-4616	CT DE DC ME MD	MA NH NJ NY OH	PA RI VT VA WV	CENTRAL REGION VA Regional Office PO Box 66830 St. Louis, MO 63166-6830	CO IL IN IA KS KY	MI MN MO MT NE	ND SD TN WI WY
WESTERN REGION VA Regional Office PO Box 8888 Muskogee, OK 74402-8888	AL AK AR AZ CA HI	ID LA NV NM OK OR	MS TX UT WA Guam Philippines	SOUTHERN REGION VA Regional Office PO Box 100022 Decatur, GA 30031-7022	FL GA PR US Virgin Islands	NC SC	

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) VA obtains 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 Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits (licensing and certification test reimbursement). While you do not have to respond, VA cannot reimburse you any licensing and certification test fees until we receive this information (38 U.S.C. 3452(b) and 3501(a)). Your responses are confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine your eligibility for reimbursement of licensing and certification test fees. We cannot pay you any education benefits for this reimbursement until we receive this information (38 U.S.C. 5101). We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at <http://www.reginfo.gov/public/do/PRAMain>. If desired, you can call 1-888-GI-BILL-1 (1-800-442-4551) to get information on where to send comments or suggestions about this form. If you are hearing impaired, call 1-800-829-4833.

VA FORM 22-0803, MAY 2011