



Department of Veterans Affairs

**REQUEST FOR REIMBURSEMENT OF LICENSING  
OR CERTIFICATION TEST FEES**

**IMPORTANT:** Complete this form to request reimbursement of licensing or certification test fees. You must apply separately and be found eligible for VA education benefits if you have not already done so. You may submit an application for VA Education benefits on-line at <https://www.va.gov/education/how-to-apply/>. If found that you qualify for VA benefits, you can receive reimbursement of a licensing or certification test fee under one of the following programs Indicate under which education benefit you are requesting test fee reimbursement. Please choose one.

- ☐ **Montgomery GI Bill - Active Duty Educational Assistance Program** (MGIB) (Chapter 30)  
☐ **Post-Vietnam Era Veterans Educational Assistance Program** (VEAP) (Chapter 32)  
☐ **Post-9/11 GI Bill Including Transfer of Entitlement and Fry Scholarship Recipients** (Chapter 33)  
☐ **Survivors' and Dependents' Educational Assistance Program** (DEA) (Chapter 35)  
☐ **Montgomery GI Bill - Selected Reserve Program** (MGIB-SR) (Chapter 1606)

(See the reverse for Information and Instructions for completing this form.)

**PART I - IDENTIFICATION INFORMATION**

1. NAME OF APPLICANT *(First, Middle Initial, Last Name)*

2. MAILING ADDRESS OF APPLICANT *(Number and street or rural route, city or P. O., State and ZIP Code)*

3. EMAIL ADDRESS

4. VA FILE NUMBER *(For chapter 35, enter the veteran's file number. Be sure to include the suffix indicator).*

5. TELEPHONE NUMBER *(Include Area Code)*

MOBILE

HOME

**6. VA EDUCATION INFORMATION**

A. HAVE YOU PREVIOUSLY APPLIED FOR VA EDUCATION BENEFITS?

☐ YES ☐ NO *(If "No," you should complete an application for education benefits as indicated in the "IMPORTANT" paragraph information above.)*

**PART II - TEST INFORMATION**

7. NAME OF TEST *(Use this form for one test only)*

8. COMPLETE NAME AND MAILING ADDRESS OF ORGANIZATION  
ISSUING LICENSE OR CERTIFICATION *(Please specify who will issue the  
license or certification).*

9. DATE TEST TAKEN AND TEST RESULTS *(See the Instructions for this  
item for information and evidence you must submit with this form) (If more  
space is needed, use Item 11 Remarks).*

10. COST OF TEST INCLUDING MANDATORY FEES *(Please submit  
the receipt with this form) (If more space is needed, use Item 11  
Remarks).*

11. REMARKS

I hereby authorize the release of my test information to the Department of Veterans Affairs (VA).

**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.

12. SIGNATURE OF APPLICANT

13. DATE SIGNED *(MM/DD/YYYY)*

**IMPORTANT:** To request reimbursement of a licensing or certification test fee, please return this form to the VA office which handles your area. See the addresses on page 2 of this form. Include a copy of your test results and receipt for proof of payment amount.

## INFORMATION

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

**ITEM 3.** If you (or the veteran or service member) 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.benefits.va.gov/gibill/](http://www.benefits.va.gov/gibill/), and click on "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.

**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).

**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. Please provide this information for the test you want to receive reimbursement.

**ITEM 10.** Enter the cost of the test you took, including any required fees. (We can only reimburse you for required test fees.) We have no authority to reimburse you for any optional costs related to the test process. Test fees that VA will reimburse include "registration fees," fees for specialized tests, and administrative fees such as a proctoring fee. Fees that VA has no authority to reimburse include fees to take pre-tests (such as Kaplan exams), fees to receive scores quickly, or other costs or fees for optional items that are not required to take an approved test.

**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:** Please visit <https://www.va.gov/education/about-gi-bill-benefits/how-to-use-benefits/licensing-and-certification-tests/> for more information. If you need help in completing this form, 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. You can also get education assistance at our education Internet site: <https://www.va.gov>.

**HOW TO FILE YOUR CLAIM:** You can upload this form and attachments using [QuickSubmit on AccessVA](#) or mail the documents to the Regional Processing Office for your region. The addresses for your region are listed in the chart below.

<b>Eastern Region:</b> <b>VA Regional Office</b> <b>P.O. Box 4616</b> <b>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:</b> <b>VA Regional Office</b> <b>P.O. Box 8888</b> <b>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	

**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 Veteran Readiness 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:** 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 2900-0695, 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. 2900-0695 in any correspondence. Do not send your completed VA Form 22-0803 to this email address.