



CERTIFICATION OF UNITED STATES PARALYMPICS TRAINING STATUS

PRIVACY ACT: The information requested on this form is solicited under the authority of Title 38, U.S.C., and Sections 1710, 1712, and 1722. It is being collected to enable us to determine your eligibility for benefits and will be used for that purpose. The information you supply may be verified through a computer matching program at any time and information may be disclosed outside the VA as permitted by law. VA may make a routine use disclosure of the information as outlined in the Privacy Act system of records identified as 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary; however, the information is required in order for us to determine your eligibility for the benefit for which you have applied. Failure to furnish the information will have no adverse affect on any other benefits to which you may be entitled.

RESPONDENT BURDEN: The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this application will average 5 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the forms.

SECTION A - IDENTIFYING DATA

1. NAME AND MAILING ADDRESS OF APPLICANT <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	2. LEVEL <input type="checkbox"/> EMERGING <input type="checkbox"/> NATIONAL TEAM/ELITE 3. DISABILITY CLASSIFICATION <input type="checkbox"/> SERVICE-CONNECTED <input type="checkbox"/> NONSERVICE-CONNECTED
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SECTION B - CERTIFICATION OF TRAINING STATUS

4. NAME OF SPORT AND LOCATION OF TRAINING <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		
5A. DATE VMAA STANDARD MET <small>(Current FY; MM/DD/YYYY)</small>	5B. EVENT	5C. SCORE/TIME/JUSTIFICATION

SECTION C - PERIOD OF ENROLLMENT

6A. BEGINNING DATE	6B. ENDING DATE	6C. LENGTH OF TRAINING <small>(Daily, Weekly, Monthly, Quarterly)</small>	6D. TYPE OF TRAINING
			<input type="checkbox"/> TRAINING <input type="checkbox"/> COMPETITION <input type="checkbox"/> RESIDENCE
			<input type="checkbox"/> TRAINING <input type="checkbox"/> COMPETITION <input type="checkbox"/> RESIDENCE
			<input type="checkbox"/> TRAINING <input type="checkbox"/> COMPETITION <input type="checkbox"/> RESIDENCE
			<input type="checkbox"/> TRAINING <input type="checkbox"/> COMPETITION <input type="checkbox"/> RESIDENCE

SECTION D - CERTIFICATION OF ATTENDANCE

(Applicants must be invited to participate in Paralympics training by the United States Paralympics to receive a VA allowance)

7. I certify that the individual in Item 1 began or resumed the training program listed in Section B for the period specified under Section C. Furthermore, I certify that I will notify the Department of Veterans Affairs, Office of National Veterans Sports Programs and Special Events, within 3 working days of a change in the individual's training status.	
8A. NAME, TITLE, AND SIGNATURE OF DESIGNATED CERTIFYING OFFICIAL <div style="border: 1px solid black; height: 50px; width: 100%;"></div>	8B. DATE SIGNED

SECTION E - CERTIFICATION OF MARITAL AND DEPENDENT STATUS

9. I certify that information submitted on my application, VA Form 0918b, regarding my marital and dependent status is current and valid. Furthermore, I certify that I will notify the Department of Veterans Affairs, Office of National Veterans Sports Programs and Special Events, within 14 business days of a change in my marital or dependent status.	
10A. PRINTED NAME AND SIGNATURE OF VETERAN <div style="border: 1px solid black; height: 50px; width: 100%;"></div>	10B. DATE SIGNED