



VA EDUCATION BENEFITS CLOCK HOUR VERIFICATION FORM

The purpose of this form is to verify the amount of required clock hours for a nontraditional education program in order to certify a student veteran for United States Department of Veterans Affairs (VA) education benefits. The VA defines clock hours as practical training, advance professional training such as medical residencies, and vocational/technical programs.

If a program is measured in clock hours, benefits are paid based on clock hours of attendance per week. The beginning date, ending date, and number of clock hours a student is scheduled to attend each week must be reported. Full-time measurement is 18 clock hours if classroom instruction predominates and 22 clock hours if shop practice predominates.

PART I – STUDENT INFORMATION

Form section for student information including fields for Name, Date, Student ID Number, Phone, Email Address, VA File Number, and Mailing Address.

PART II – EDUCATION BENEFIT INFORMATION

Form section for education benefit information with checkboxes for Montgomery GI Bill, Vocational Rehabilitation, Pots-9/11 GI Bill, Survivors/Dependents Education Program, Reserve/National Guard GI Bill, and Other (Specify).

PART III – TRAINING INFORMATION

Form section for training information including checkboxes for Residency, Fellowship, and Other (Specify), and a field for Major/Field of Study.

Multiple training locations/dates must be reported separately.

Main table for reporting training information with columns for Facility #, Training Begin/End Date, Hours per Week, Site Supervisor, and Course Clock hours.

Additional Training sites/dates reported on the back of this form.

PART IV – Student Verification

Form section for student verification including a statement of truth and fields for Student Signature and Date.

FACILITY #4	TRAINING BEGIN DATE (MM/DD/YYYY)	TRAINING END DATE (MM/DD/YYYY)	HOURS PER WEEK	Course Clock hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS OF TRAINING LOCATION		Site Supervisor Phone	If yes, course code:
	Site Supervisor (<i>Print</i>)		Site Supervisor (<i>Sign</i>)	
FACILITY #5	TRAINING BEGIN DATE (MM/DD/YYYY)	TRAINING END DATE (MM/DD/YYYY)	HOURS PER WEEK	Course Clock hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS OF TRAINING LOCATION		Site Supervisor Phone	If yes, course code:
	Site Supervisor (<i>Print</i>)		Site Supervisor (<i>Sign</i>)	
FACILITY #6	TRAINING BEGIN DATE (MM/DD/YYYY)	TRAINING END DATE (MM/DD/YYYY)	HOURS PER WEEK	Course Clock hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS OF TRAINING LOCATION		Site Supervisor Phone	If yes, course code:
	Site Supervisor (<i>Print</i>)		Site Supervisor (<i>Sign</i>)	
FACILITY #7	TRAINING BEGIN DATE (MM/DD/YYYY)	TRAINING END DATE (MM/DD/YYYY)	HOURS PER WEEK	Course Clock hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS OF TRAINING LOCATION		Site Supervisor Phone	If yes, course code:
	Site Supervisor (<i>Print</i>)		Site Supervisor (<i>Sign</i>)	
FACILITY #8	TRAINING BEGIN DATE (MM/DD/YYYY)	TRAINING END DATE (MM/DD/YYYY)	HOURS PER WEEK	Course Clock hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS OF TRAINING LOCATION		Site Supervisor Phone	If yes, course code:
	Site Supervisor (<i>Print</i>)		Site Supervisor (<i>Sign</i>)	
FACILITY #9	TRAINING BEGIN DATE (MM/DD/YYYY)	TRAINING END DATE (MM/DD/YYYY)	HOURS PER WEEK	Course Clock hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS OF TRAINING LOCATION		Site Supervisor Phone	If yes, course code:
	Site Supervisor (<i>Print</i>)		Site Supervisor (<i>Sign</i>)	
FACILITY #10	TRAINING BEGIN DATE (MM/DD/YYYY)	TRAINING END DATE (MM/DD/YYYY)	HOURS PER WEEK	Course Clock hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS OF TRAINING LOCATION		Site Supervisor Phone	If yes, course code:
	Site Supervisor (<i>Print</i>)		Site Supervisor (<i>Sign</i>)	
FACILITY #11	TRAINING BEGIN DATE (MM/DD/YYYY)	TRAINING END DATE (MM/DD/YYYY)	HOURS PER WEEK	Course Clock hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADDRESS OF TRAINING LOCATION		Site Supervisor Phone	If yes, course code:
	Site Supervisor (<i>Print</i>)		Site Supervisor (<i>Sign</i>)	