



ABA VCAN Volunteer Attorney: Accreditation, Training, and Readiness Pledge Form



Thank you for your interest in volunteering through the ABA Veterans' Claims Assistance Network (VCAN) to help a veteran prepare and complete his or her benefits claim pending with the U.S. Department of Veterans Affairs (VA). After you complete and submit this form, VCAN will deem you ready and able to provide pro bono assistance to a veteran, and you should expect that VCAN will likely contact you by email requesting that you undertake representation of a veteran client.

Please complete and submit this form.

I, _____ (attorney name), **affirm the following:**
(Please initial each of the following and sign at the bottom)

_____ **I have registered with VCAN through www.ABAVCAN.org.**

_____ **I am accredited by the VA.**

* Attorneys must be accredited by the VA before they can prepare, present, and prosecute claims for VA benefits. (See 38 C.F.R. §14.629(b)).

_____ **I have completed the ABA VCAN VA Benefits Claims Training Webinar.**

- * All attorneys volunteering through VCAN must complete this free webinar, available on www.ABAVCAN.org, even if they have completed any other qualifying CLE on veterans' benefits elsewhere.
- * The ABA VCAN VA Benefits Claim Training Webinar is a qualifying CLE for VA accreditation purposes. Visit http://www.va.gov/ogc/accred_faqs.asp for information about ongoing CLE requirements to maintain VA accreditation.
- * After completing a qualifying veterans' benefits CLE, send to the VA Office of General Counsel written certification that you have completed the qualifying CLE training. The form for this purpose is attached, along with instructions for submission to VA.

_____ **For the purpose of getting best matched with a case, please answer the following:**

- I have the following previous experience working with VA benefits claims:
None Some Extensive
- I anticipate that I will be available to accept my first case within the next (check all that apply):
30 days 60 days 90 days Anytime
Your selection does not obligate you to accept any case, and there is no guarantee that a case will be available to you within your selected timeframe(s).

(Attorney Signature) (Date)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Submit this form to VCAN by one of the following:

- Email scanned copy to ABAVCAN@americanbar.org
- Fax to ABA VCAN at 312-932-6433
- Mail to:
American Bar Association
Veterans' Claims Assistance Network (VCAN)
321 N. Clark Street, Floor 17
Chicago, IL 60654