

CERTIFICATION FORM

RETURN TO: BRIAN MULLICAN
DEPARTMENT SERVICE OFFICER
AMERICAN LEGION DEPARTMENT OF VIRGINIA
1708 COMMONWEALTH AVE
RICHMOND, VA 23230

OR EMAIL TO: VAALSERVICEOFFICER@GMAIL.COM

REFERENCE: Department of Virginia Basic Service Officer Training Program

Date: _____

The individual listed below is a member in good standing of American Legion Post _____ located in _____, VA and has completed the Service Officer Basic Class on Line and the test is attached to this form. The individual is committed to attending and working at a claims clinic in his/her region within six months of the date of this form. The individual is committed to a minimum of two years assisting veterans with claims upon successful working at the claims clinic.

NAME: (How it should appear on certificate)

ADDRESS:

PHONE: _____

EMAIL ADDRESS: _____
(PRINT CLEARLY)

The individual understands that they will receive the certificate of course completion after working at the claims clinic in their region.

SIGNED: _____
Post Commander or Post Adjutant