



## PENSION AND FIDUCIARY

PMC VSR Advanced Core Course  
Phase 5: Stages of a Claim  
Part 1: Determine Eligibility

# **Lesson 5: Validate Power of Attorney (POA)**

Trainee Guide

October 28, 2016

Version 1.0

**Lesson 5: Validate Power of Attorney (POA)**  
**Trainee Guide**

**Validate Power of Attorney (POA)**

**Lesson Overview**

<b>Topic</b>	<b>Description</b>
Time Estimate:	1 hour
Purpose of the Lesson:	This lesson is part of the entry-level curriculum, Core Course for PMC VSRs. The purpose of this lesson is to prepare you to recognize indicators of a POA and verify the POA.
Prerequisite Training Requirements:	Prior to taking the Validate Power of Attorney (POA) lesson, you must complete PMC VSR Core Course Phases 1–4, and Phase 5, Part 1, lessons 1–4. (Refer to the <b>Master Course Map</b> learning aid for a list of lessons.)
Target Audience:	This lesson is for entry level PMC VSRs.

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Topic	Description
Lesson References:	<ul style="list-style-type: none"> <li>• <b>Master Course Map</b> learning aid</li> <li>• VA Form 21-22 (Appointment of Veterans Service Organization as Claimant's Representative)</li> <li>• VA Form 21-22a (Appointment of Individual as Claimant's Representative)</li> <li>• M21-1 I.3.B.1.a. (A Claimant's Right to Representation)</li> <li>• M21-1 I.3.B.1.b (Notices That Must Be Provided to the Representative)</li> <li>• M21-1 I.3.A.2.a (Requirements to Represent Claimants)</li> <li>• M21-1 III.ii.3.C.5.a (Required System Updates for Changes in POA Appointments)</li> <li>• M21-1 III.ii.3.C.5.b (Updating the POA in SHARE and VBMS)</li> <li>• M21-1 III.ii.3.C.6.c–f (National Organization POA Codes Listed Alphabetically—State Organization POA Codes Listed Numerically)</li> <li>• 38 CFR 3.103(a) (Procedural Due Process and Appellate Rights)</li> <li>• 38 CFR 14.630 (Authorization for a Particular Claim)</li> </ul>
Knowledge Check:	Phase 5: Stages of a Claim, Part 1 (a): Initial Screening and Claim Establishment Knowledge Check
Technical Competencies:	<ul style="list-style-type: none"> <li>• Program Benefits and Eligibility (PMC VSR)</li> <li>• Processing Claims (PMC VSR)</li> <li>• VBA Applications (PMC VSR)</li> </ul>
Lesson Objectives:	Validate Power of Attorney (POA) <ul style="list-style-type: none"> <li>• Define POA</li> <li>• Determine POA action required</li> <li>• Determine to grant one-time representation</li> <li>• Modify SHARE with correct POA information</li> </ul>

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Topic	Description
What You Need:	<ul style="list-style-type: none"> <li>• Trainee guide</li> <li>• <b>Master Course Map</b> learning aid</li> <li>• Access to VBA Intranet</li> <li>• Access to CPKM</li> <li>• Access to the SHARE to see the PIF Inquiry and BIRLS search screen</li> <li>• Access to VBMS</li> </ul>

PowerPoint Slides	Notes
<p><b>Validate Power of Attorney (POA)</b></p> <p><b>You Are Here</b></p> <pre> graph TD     subgraph MainFlow [Main Process]         P1[PHASE 5 PART 1 Determine Eligibility] --&gt; P2[PHASE 5 PART 2 Process a Claim]         P2 --&gt; P3[PHASE 5 PART 3 Promulgate Non-Rating or Rating Decision]         P3 --&gt; P4[PHASE 5 PART 4 Prepare Decision Notice]         P4 --&gt; P5[PHASE 5 PART 5 Award Adjustments]     end     subgraph SubFlow [PHASE 5 PART 1a Sub-process]         P1a[PHASE 5 PART 1a Initial Screening and Establish a Claim] --&gt; P1b[PHASE 5 PART 1b Basic Eligibility]         P1b --&gt; P1c[PHASE 5 PART 1c Income Eligibility]         P1c --&gt; P1d[PHASE 5 PART 1d Beyond Basic Eligibility and Ready to Rate]     end     P1a --- P1     </pre>	

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PowerPoint Slides	Notes
<p><b>Initial Screening</b></p> <ul style="list-style-type: none"><li>• Complete or Incomplete Applications for Benefits</li><li>• Fully Developed Claims</li><li>• Flash, Expedited (Priority), Previous, Dual or Reopened/New Claims</li><li>• Date of Claim</li><li>• <b>Validate POA</b></li><li>• End Product Codes</li><li>• Introduction to Old Law and Section 306 Pension Programs</li></ul>	
<p><b>Icebreaker Activity (1 of 2)</b></p> <ul style="list-style-type: none"><li>• Instructions:<ul style="list-style-type: none"><li>○ Read the scenario on the next slide.</li><li>○ Use the OGC Accreditation Search Page to determine attorney POA code from M21-1 I.3.A.2.a. (Requirements to Represent Claimants).</li><li>○ Write down your answer.</li></ul></li><li>• Time allowed: 5–7 minutes</li></ul>	

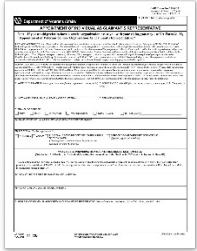

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PowerPoint Slides	Notes
<p><b>Icebreaker Activity (2 of 2)</b></p> <p>Scenario:</p> <p>VA received an initial application for Veteran Nate Barcalow on October 22, 2014, requesting non-service connected pension. A VA Form 21-22 (Appointment of Veterans Service Organization As Claimant's Representative) was received with the claim requesting Jarvis Abbott of American Legion Veteran Service Organization as the POA.</p>	
<p><b>Technical Competencies</b></p> <ul style="list-style-type: none"> <li>• Program Benefits and Eligibility (PMC VSR)</li> <li>• Processing Claims (PMC VSR)</li> <li>• VBA Applications (PMC VSR)</li> </ul>	
<p><b>Objectives</b></p> <p>Validate Power Of Attorney (POA).</p> <ul style="list-style-type: none"> <li>• Define POA.</li> <li>• Determine POA action required.</li> <li>• Determine to grant one-time representation.</li> <li>• Modify SHARE with correct POA information.</li> </ul>	

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PowerPoint Slides	Notes
<p><b>Knowledge Check</b></p> <pre> graph TD     A[PHASE 5 PART 1a Initial Screening and Establishing a Claim] --&gt; B{Phase 5 Part 1a Knowledge Check}     A --&gt; C[PHASE 5 PART 1b Basic Eligibility]     C --&gt; D{Phase 5 Part 1b Knowledge Check}     C --&gt; E[PHASE 5 PART 1c Income Eligibility]     E --&gt; F{Phase 5 Part 1c Knowledge Check}     E --&gt; G[PHASE 5 PART 1d Beyond Basic Eligibility and Ready to Rate]     G --&gt; H{Phase 5 Part 1d Knowledge Check}     </pre>	
<p><b>What Is a POA?</b></p> <ul style="list-style-type: none"> <li>• M21-1 I.3.B.1.a (A Claimant’s Right to Representation)</li> <li>• M21-1 III.ii.3.C.6.c – f (National Organization POA Codes Listed Alphabetically— State Organization POA Codes Listed Numerically)</li> </ul>	

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PowerPoint Slides	Notes
<p><b>Types of POAs</b></p> <ul style="list-style-type: none"><li>• Accredited<ul style="list-style-type: none"><li>○ Service Organization Representative</li><li>○ Claims Agent</li><li>○ Attorney</li></ul></li><li>• Non-licensed<ul style="list-style-type: none"><li>○ Any individual</li><li>○ M21-1 I.3.A.2.a (Requirements to Represent Claimants)</li><li>○ 38 CFR 14.630 (Authorization for a particular claim)</li></ul></li></ul>	
<p><b>VA Forms for POA (1 of 2)</b></p> <div data-bbox="175 1142 613 1390" style="display: flex; justify-content: space-around;"></div>	



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<b>Department of Veterans Affairs</b>		<b>APPOINTMENT OF VETERANS SERVICE ORGANIZATION AS CLAIMANT'S REPRESENTATIVE</b>	
OMB Control No. 2900-0321 Respondent Burden: 5 minutes			
NOTE - If you would prefer to have an individual assist you with your claim, you may use VA Form 21-22a, "Appointment of Individual as Claimant's Representative." VA Forms are available at <a href="http://www.va.gov/vaforms">www.va.gov/vaforms</a> .			
IMPORTANT - PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN ON REVERSE BEFORE COMPLETING THE FORM.			
1. LAST-FIRST-MIDDLE NAME OF VETERAN		2. VA FILE NUMBER (include prefix)	
3A. NAME OF SERVICE ORGANIZATION RECOGNIZED BY THE DEPARTMENT OF VETERANS AFFAIRS (See list on reverse side before selecting organization)			
3B. NAME AND JOB TITLE OF OFFICIAL REPRESENTATIVE ACTING ON BEHALF OF THE ORGANIZATION NAMED IN ITEM 3A (This is an appointment of the entire organization and does not indicate the designation of only this specific individual to act on behalf of the organization)			
3C. E-MAIL ADDRESS OF THE ORGANIZATION NAMED IN ITEM 3A			
INSTRUCTIONS - TYPE OR PRINT ALL ENTRIES			
4. SOCIAL SECURITY NUMBER (OR SERVICE NUMBER, IF NO SSN)		5. INSURANCE NUMBER(S) (include letter prefix)	
6. NAME OF CLAIMANT (If other than veteran)		7. RELATIONSHIP TO VETERAN	
8. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State and ZIP Code)		9. CLAIMANT'S TELEPHONE NUMBERS (include Area Code)	
		A. DAYTIME	B. EVENING
		10. E-MAIL ADDRESS (If applicable)	
		11. DATE OF THIS APPOINTMENT	
12. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS PROTECTED BY SECTION 7332, TITLE 38, U.S.C. By checking the box below I authorize VA to disclose to the service organization named on this appointment form any records that may be in my file relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia.			
<input type="checkbox"/> I authorize the VA facility having custody of my VA claimant records to disclose to the service organization named in Item 3A all treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Redisclosure of these records by my service organization representative, other than to VA or the Court of Appeals for Veterans Claims, is not authorized without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the service organization named above, either by explicit revocation or the appointment of another representative.			
13. LIMITATION OF CONSENT - I authorize disclosure of records related to treatment for all conditions listed in Item 12 except:			
<input type="checkbox"/> DRUG ABUSE <input type="checkbox"/> ALCOHOLISM OR ALCOHOL ABUSE		<input type="checkbox"/> INFECTION WITH THE HUMAN IMMUNODEFICIENCY VIRUS (HIV) <input type="checkbox"/> SICKLE CELL ANEMIA	
14. AUTHORIZATION TO CHANGE CLAIMANT'S ADDRESS - By checking the box below, I authorize the organization named in Item 3A to act on my behalf to change my address in my VA records.			
<input type="checkbox"/> I authorize any official representative of the organization named in Item 3A to act on my behalf to change my address in my VA records. This authorization does not extend to any other organization without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I file a written revocation with VA; or (2) I appoint another representative, or (3) I have been determined unable to manage my financial affairs and the individual or organization named in Item 3A is not my appointed fiduciary.			
I, the claimant named in Items 1 or 6, hereby appoint the service organization named in Item 3A as my representative to prepare, present and prosecute my claim(s) for any and all benefits from the Department of Veterans Affairs (VA) based on the service of the veteran named in Item 1. I authorize VA to release any and all of my records, to include disclosure of my Federal tax information (other than as provided in Items 12 and 13), to my appointed service organization. I understand that my appointed representative will not charge any fee or compensation for service rendered pursuant to this appointment. I understand that the service organization I have appointed as my representative may revoke this appointment at any time, subject to 38 CFR 20.608. Additionally, in some cases a veteran's income is developed because a match with the Internal Revenue Service necessitated income verification. In such cases, the assignment of the service organization as the veteran's representative is valid for only five years from the date the claimant signs this form for purposes restricted to the verification match. Signed and accepted subject to the foregoing conditions.			
THIS POWER OF ATTORNEY DOES NOT REQUIRE EXECUTION BEFORE A NOTARY PUBLIC			
15. SIGNATURE OF VETERAN OR CLAIMANT (Do Not Print)		16. DATE SIGNED	
17. SIGNATURE OF VETERANS SERVICE ORGANIZATION REPRESENTATIVE NAMED IN ITEM 3B (Do Not Print)		18. DATE SIGNED	
VA USE ONLY	COPY OF VA FORM 21-22 SENT TO: <input type="checkbox"/> VRAE FILE <input type="checkbox"/> EDU FILE <input type="checkbox"/> LG FILE <input type="checkbox"/> INSURANCE FILE		DATE SENT
			ACKNOWLEDGED (Date)
		REVOKED (Reason and date)	
NOTE: As long as this appointment is in effect, the organization named herein will be recognized as the sole representative for preparation, presentation and prosecution of your claim before the Department of Veterans Affairs in connection with your claim or any portion thereof.			
VA FORM OCT 2014 <b>21-22</b>		SUPERSEDES VA FORM 21-22, JUN 2014, WHICH WILL NOT BE USED.	

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OMB Control No. 2900-0321  
Respondent Burden: 5 Minutes  
Expiration Date: 08/31/2018


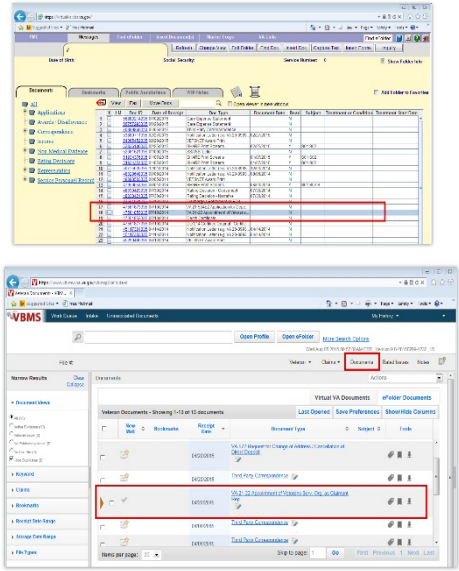
<b>Department of Veterans Affairs</b>		1. VA FILE NO(S) (Include prefix)
<b>APPOINTMENT OF INDIVIDUAL AS CLAIMANT'S REPRESENTATIVE</b>		
<b>Note - If you would prefer to have a service organization assist you with your claim, you may use VA Form 21-22, "Appointment of Veterans Service Organization As Claimant's Representative."</b>		
<p><small><b>PRIVACY ACT NOTICE:</b> 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., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 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, failure to respond provide the requested information could impede the recognition of your representative and/or identification of disclosable records. Except for information protected by 38 U.S.C. 7332, your representative is not prohibited from redisclosing records. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.</small></p>		
<p><small><b>RESPONDENT BURDEN:</b> We need this information to recognize the individuals appointed by claimants to act on their behalf in the preparation, presentation, and prosecution of claims for VA benefits (38 U.S.C. 5902, 5903, and 5904) and for those individuals to accept appointment. We will also use the information to verify consent for disclosure of VA records to the appointed representative (38 U.S.C. 5701(b) and 7332) Title 38, United States Code, allows us to ask for this information. We estimate that claimants and individuals appointed for purposes of representation will each need an average of 5 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. A Valid OMB control number can be located on the OMB Internet Page at <a href="http://www.reginfo.gov/public/da/PRAMain">www.reginfo.gov/public/da/PRAMain</a>. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.</small></p>		
2. NAME OF CLAIMANT (Veteran, guardian, beneficiary, dependent, or next of kin)	3. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State and ZIP Code)	
4. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN	5. SERVICE NUMBERS	
<p>8. BRANCH OF SERVICE</p> <p><input type="checkbox"/> ARMY    <input type="checkbox"/> NAVY    <input type="checkbox"/> AIR FORCE    <input type="checkbox"/> MARINE CORPS    <input type="checkbox"/> COAST GUARD    <input type="checkbox"/> OTHER (Specify _____)</p>		
7A. NAME OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE		
<p>7B. INDIVIDUAL IS (check appropriate box)</p> <p><input type="checkbox"/> ATTORNEY    <input type="checkbox"/> AGENT    <input type="checkbox"/> INDIVIDUAL PROVIDING REPRESENTATION UNDER SECTION 14.630    <input type="checkbox"/> SERVICE ORGANIZATION REPRESENTATIVE</p> <p style="text-align: center;"><small>(*See required statement below. Signatures are required in Items 7C and 7D)</small></p>		
<p><b>"INDIVIDUALS PROVIDING REPRESENTATION UNDER SECTION 14.630"</b> (Skip to Item 8, if the box for "Individual Providing Representation Under Section 14.630" was not checked in Item 7B)</p> <p>The appointment of the individual named in Item 7A (the representative) authorizes the individual to represent the claimant named in Item 2 for a particular claim pursuant to the provisions of 38 CFR 14.630. By our signatures below, we, the representative and the claimant, attest that no compensation will be charged or paid for the individual named in Item 7A.</p>		
7C. SIGNATURE OF REPRESENTATIVE NAMED IN ITEM 7A		
7D. SIGNATURE OF CLAIMANT NAMED IN ITEM 2		
8. ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE (No. and street or rural route, city or P.O., State, and ZIP code)		

VA FORM 21-22a  
AUG 2015

SUPERSEDES VA FORM 21-22a, JUN 2009,  
WHICH WILL NOT BE USED.

*(Continued on Reverse)*

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PowerPoint Slides	Notes
<p><b>VA Forms for POA (2 of 2)</b></p>  <ul style="list-style-type: none"> <li>• Ensure the form is complete and signed by the claimant and POA.</li> <li>• Check for authorization to access the protected record (38 CFR 7332).</li> <li>• Check for authorization to change the claimant's address.</li> </ul>	
<p><b>Current POA Status in SHARE</b></p> 	

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The screenshot shows the Virtual VA Documents interface. At the top, there are navigation tabs for Messages, Find eFolder, Insert Document(s), Marine Corps, VA Links, and Find eFolder. Below these are search filters for Date of Birth, Social Security, and Service Number. A sidebar on the left lists document categories like Applications, Awards / Disallowance, Correspondence, Income, Non-Medical Evidence, Rating Decisions, Representation, and Service Personnel Record. The main area displays a table of documents with columns for X, LM, Doc ID, Date of Receipt, Doc Type, Document Date, Read, Subject, Treatment or Condition, and Treatment Start Date. Rows 17, 18, and 19 are highlighted with a red box. Row 17 is a VA 21-534EZ Application for Dependents, row 18 is a VA 21-22 Appointment of Veterans Representative, and row 19 is a Death Certificate.

X	LM	Doc ID	Date of Receipt	Doc Type	Document Date	Read	Subject	Treatment or Condition	Treatment Start Date
1		56883214335	07/02/2015	Care Expense Statement		N			
2		50757293335	06/26/2015	Care Expense Statement		N			
3		70989889310	06/05/2015	Third Party Correspondence		N			
4		53880711335	02/27/2015	Notification Letter (e.g. VA 20-8993...	02/27/2015	N			
5		54065452335	02/26/2015	VETSNET Award Print		N			
6		53836100335	02/25/2015	SHARE Print Screens	02/25/2015	Y	S01 S02		
7		52081621335	01/09/2015	SSARSI Letter		N			
8		51934376335	01/07/2015	SHARE Print Screens	01/07/2015	Y	S01 S02		
9		51934354335	01/07/2015	SHARE Print Screens	01/07/2015	Y	S01 S02		
10		50775035335	12/01/2014	Notification Letter (e.g. VA 20-8993...	12/01/2014	N			
11		48028648335	08/06/2014	Notification Letter (e.g. VA 20-8993...	08/06/2014	N			
12		48093533335	08/05/2014	VETSNET Award Print		N			
13		47950054335	08/01/2014	SHARE Print Screens	08/01/2014	Y	S01 S02 S...		
14		48030423335	07/30/2014	Rating Decision - Codesheet	07/30/2014	N			
15		48030421335	07/30/2014	Rating Decision - Narrative	07/30/2014	N			
16		47561853335	07/10/2014	Death Certificate		N			
17		47561872335	07/10/2014	VA 21-534EZ Application for Depen...		N			
18		47561855335	07/10/2014	VA 21-22 Appointment of Veterans...		N			
19		47561853335	07/10/2014	Death Certificate		N			
20		47561877335	07/10/2014	DD 214 Certified Original - Certific...		N			
21		45117331335	04/14/2014	Notification Letter (e.g. VA 20-8993...	04/14/2014	N			
22		45117333335	04/14/2014	Notification Letter (e.g. VA 20-8993...	04/14/2014	N			
23		45290480335	04/12/2014	VETSNET Award Print		N			

The screenshot shows the VBMS interface. At the top, there are navigation tabs for Work Queue, Intake, Unassociated Documents, and My History. Below these are search filters for File #, Veteran, Claims, Documents, Rated Issues, and Notes. A sidebar on the left lists document views like All (13), Active Evidence (13), Veteran Level (5), No Evidentiary Value (0), Archive Bin (0), and Hide Duplicates (0). The main area displays a list of documents with columns for New Mail, Bookmarks, Receipt Date, Document Type, Subject, and Tools. A document titled 'VA 21-22 Appointment of Veterans Serv. Org. as Claimant Rep.' is highlighted with a red box, showing a receipt date of 04/20/2015.

New Mail	Bookmarks	Receipt Date	Document Type	Subject	Tools
		04/20/2015	VA 572 Request for Change of Address / Cancellation of Direct Deposit		
		04/20/2015	Third Party Correspondence		
		04/20/2015	VA 21-22 Appointment of Veterans Serv. Org. as Claimant Rep.		
		04/08/2015	Third Party Correspondence		
		04/08/2015	Third Party Correspondence		

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<b>PowerPoint Slides</b>	<b>Notes</b>
<p><b>Group Activity—Practice Exercise</b></p> <ul style="list-style-type: none"><li>• Instructions:<ul style="list-style-type: none"><li>○ Divide into groups of two or three.</li><li>○ Each group will receive claim information.<ul style="list-style-type: none"><li>▪ Group 1: Claim 1</li><li>▪ Group 2: Claim 2</li><li>▪ Group 3: Claim 3</li></ul></li><li>○ Determine whether the POA information on the VA Form 21-22 or 21-22a matches the record in SHARE.</li><li>○ Use the OGC Accreditation website to confirm individual and/or organization accreditation.</li></ul></li><li>• Time allowed: 10–12 minutes</li></ul>	

**Practice Exercise Worksheet**

1. Does the form have POA information?
  
  
  
  
  
  
  
  
  
  
2. Is the POA VA accredited? If so, what is the accreditation number?
  
  
  
  
  
  
  
  
  
  
3. Did the information on the VA Form match that of the electronic record in SHARE?

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<b>PowerPoint Slides</b>	<b>Notes</b>
<p><b>Example of POA Not Matching Scenario:</b></p> <p>We received an initial application for Veteran Nate Barcalow on October 22, 2014, requesting non-service connected pension. A VA Form 21-22 (Appointment of Veterans Service Organization as Claimant's Representative) was received with the claim requesting Jarvis Abbott of American Legion Veteran Service Organization as the POA.</p> <p>The PMC VSR working the claim noticed that the POA information in SHARE was Kim Vanderpool.</p>	
<p><b>Update POA Information in SHARE</b></p> <ul style="list-style-type: none"><li>• When a claimant appoints a new representative or revokes a current representative, update SHARE.</li><li>• Use the steps in M21-1 III.ii.3.C.5.b (Updating the POA in SHARE and VBMS).</li></ul>	

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PowerPoint Slides	Notes
<p><b>Group Activity—Practice Exercise</b></p> <ul style="list-style-type: none"><li>• Instructions:<ul style="list-style-type: none"><li>○ Divide into three groups.</li><li>○ Each group will receive a claim information.<ul style="list-style-type: none"><li>▪ Group 1: Claim 4</li><li>▪ Group 2: Claim 5</li><li>▪ Group 3: Claim 6</li></ul></li><li>○ Use the OGC Accreditation website to confirm individual and/or organization accreditation.</li><li>○ Update SHARE, if needed by following steps located in M21-1 III.ii.3.C.5.a—b (Required System Updates for Changes in POA Appointments—Updating the POA in SHARE and VBMS).</li></ul></li><li>• Time allowed: 10–15 minutes</li></ul>	
<p><b>Lesson Summary</b></p> <ul style="list-style-type: none"><li>• What is a POA?</li><li>• How do you determine if POA action is required?</li><li>• How do you determine if one-time representation can be granted?</li><li>• How do you modify POA information in VBA applications if the VA form and VBA applications do not match?</li></ul>	

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PowerPoint Slides	Notes
<b>Questions</b> 	
<b>What's Next?</b> Phase 5: Stages of a Claim, Part 1: Determine Eligibility, Lesson 6: End Product (EP) Codes	