

Veterans Affairs (VA) Accreditation Practice Exam (Sample)

Study Guide



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SAMPLE

Questions

- 1. What is a condition for a Veteran to receive additional pension benefits for a spouse and/or child?**
 - A. The spouse and/or child must live separately**
 - B. The Veteran must provide proof of income**
 - C. The spouse and/or child must live together with the Veteran**
 - D. The child must be over 18 years of age**
- 2. Which requirement is necessary to qualify for processing in the FDC Program?**
 - A. Submitting private treatment records only**
 - B. Filing on specific EZ form and including all treatment records**
 - C. Filing only without any additional forms**
 - D. Identifying a beneficiary on multiple forms**
- 3. What must occur for benefits to be classified as accrued?**
 - A. The claimant must file a new claim**
 - B. The beneficiary must be a veteran**
 - C. The benefits must be unpaid at the time of the claimant's death**
 - D. The claimant's identity must remain unknown**
- 4. What is the primary office responsible for processing claims related to radiation exposure?**
 - A. Jackson RO**
 - B. Louisville RO**
 - C. Muskogee RO**
 - D. Denver RO**
- 5. Which form is used to apply for burial benefits?**
 - A. 21-534**
 - B. 21P-530**
 - C. 21P-601**
 - D. 21-2680**

- 6. What does secondary service connection refer to?**
- A. A service condition leading to another condition**
 - B. A condition incurred during active duty**
 - C. A presumption of disease without direct evidence**
 - D. A requirement for prior service connection**
- 7. What is required for a claim to be processed under the FDC Program regarding treatment records?**
- A. Only Federal treatment records required**
 - B. All treatment records must be submitted late**
 - C. Simultaneously submit all relevant private medical treatment records**
 - D. Proof of insurance for treatment records**
- 8. What type of evidence is required for Veterans asserting claims based on Spina Bifida benefits?**
- A. Proof of service in Vietnam**
 - B. Medical records only**
 - C. Service records and relationship evidence**
 - D. Verification of age requirements**
- 9. What condition eliminates the need for corroborating evidence in PTSD claims?**
- A. Vicarious trauma**
 - B. Fear of hostile military or terrorist activity**
 - C. Non-combat traumatic experience**
 - D. Medical diagnosis of PTSD**
- 10. What does STR stand for in the context of Veterans Affairs?**
- A. Service Time Records**
 - B. Supplemental Trust Records**
 - C. Standard Transmission Records**
 - D. Service Treatment Records**

Answers

SAMPLE

- 1. C**
- 2. B**
- 3. C**
- 4. A**
- 5. B**
- 6. A**
- 7. C**
- 8. C**
- 9. B**
- 10. D**

SAMPLE

Explanations

SAMPLE

1. What is a condition for a Veteran to receive additional pension benefits for a spouse and/or child?
 - A. The spouse and/or child must live separately
 - B. The Veteran must provide proof of income
 - C. The spouse and/or child must live together with the Veteran**
 - D. The child must be over 18 years of age

To receive additional pension benefits for a spouse and/or child, the requirement is that the spouse and/or child must live together with the Veteran. This is essential because the pension benefits are intended to assist families and enhance the overall financial support provided to Veterans. Having dependents living with the Veteran demonstrates a direct financial need, establishing the basis for the additional benefits. It affirms the economic dependency of the spouse and/or child on the Veteran, which is a key consideration in determining eligibility for these pensions. When dependents live with the Veteran, it indicates that the family unit is together and that the benefits will contribute to the shared household expenses. This arrangement supports the intention behind the pension system, which is designed to improve the welfare of not only the Veteran but also their immediate family.

2. Which requirement is necessary to qualify for processing in the FDC Program?
 - A. Submitting private treatment records only
 - B. Filing on specific EZ form and including all treatment records**
 - C. Filing only without any additional forms
 - D. Identifying a beneficiary on multiple forms

To qualify for processing in the Fully Developed Claims (FDC) Program, a claimant must file using a specific EZ form, which is designed to streamline the claims process, and must also include all relevant treatment records. This requirement ensures that the Department of Veterans Affairs (VA) has a comprehensive view of the veteran's medical history and supporting documentation at the outset of the claim. By providing all necessary information and records up front, the VA can make quicker and more accurate decisions, reducing the time it takes to process claims and ultimately delivering benefits to veterans more efficiently. Submissions that do not adhere to this requirement may lead to delays or complications in the processing of the claim, as the VA requires a complete and organized submission to facilitate an effective review. This structured approach is pivotal in helping veterans receive timely resolutions to their claims, which is a core goal of the FDC Program.

3. What must occur for benefits to be classified as accrued?

- A. The claimant must file a new claim**
- B. The beneficiary must be a veteran**
- C. The benefits must be unpaid at the time of the claimant's death**
- D. The claimant's identity must remain unknown**

For benefits to be classified as accrued, it is essential that the benefits are unpaid at the time of the claimant's death. This classification allows certain people, such as dependents, to receive benefits that were due to the deceased individual but were not paid before their death. This is important because it ensures that the financial support intended for the veteran can be passed on to eligible parties, providing continuity of support despite the veteran's passing. The concept of unpaid benefits becomes crucial in determining entitlement for accrued benefits. If benefits were received before the claimant's death, there would be no accrual of benefits to be claimed by survivors. Thus, recognizing unpaid benefits at the time of the claimant's death is a necessary condition for subsequent claimants to be eligible for those accrued amounts.

4. What is the primary office responsible for processing claims related to radiation exposure?

- A. Jackson RO**
- B. Louisville RO**
- C. Muskogee RO**
- D. Denver RO**

The primary office responsible for processing claims related to radiation exposure is the Jackson Regional Office (RO). This office is designated to handle these specific types of claims due to its focused expertise and resources. Claims related to radiation exposure often involve unique considerations and require specialized knowledge about the health effects of radiation and the documentation of such claims. Therefore, the Jackson RO plays a crucial role in ensuring that veterans who have been exposed to radiation receive proper evaluation and adjudication of their claims. The other ROs listed may handle various veterans' claims but are not specifically designated for processing radiation exposure claims, which is why they do not serve this function. The Jackson RO's specialization allows for a more effective and efficient claims process, ensuring that veterans have their claims assessed by personnel trained in the complexities associated with radiation exposure scenarios.

5. Which form is used to apply for burial benefits?

- A. 21-534
- B. 21P-530**
- C. 21P-601
- D. 21-2680

The form used to apply for burial benefits is the 21P-530. This specific form is designated for individuals seeking financial assistance for burial expenses and the establishment of a gravesite for eligible veterans. It precisely captures the necessary personal information about the veteran and details regarding the burial expenses to determine eligibility for the benefits being applied for. Understanding the purpose of the other forms is valuable as it helps to clarify why they are not applicable in this context. For instance, the 21-534 is used for applying for Dependency and Indemnity Compensation (DIC) and death-related benefits, which is a different area of assistance. The 21P-601 is intended for applying for Reimbursement for Unauthorized Medical Expenses, and the 21-2680 is used to request an examination for Housebound Status or Permanent Need for Regular Aid and Attendance. Each form serves a distinct function within the Veterans Affairs benefit structure, making it important to select the correct one based on the specific type of benefit being sought.

6. What does secondary service connection refer to?

- A. A service condition leading to another condition**
- B. A condition incurred during active duty
- C. A presumption of disease without direct evidence
- D. A requirement for prior service connection

Secondary service connection refers to a situation where a veteran has developed a medical condition that is caused or aggravated by an existing service-connected condition. In this context, it essentially establishes a link between two health issues: the primary service-connected condition and the secondary condition that has emerged as a result of the first. For example, if a veteran has a service-connected knee injury that leads to a secondary condition such as arthritis in another joint due to compensatory movements, this scenario exemplifies secondary service connection. This concept is critical because it allows veterans to receive benefits for additional health problems that may not have been explicitly linked to military service but are, in fact, a direct consequence of previously recognized service-related conditions. Understanding this relationship helps in recognizing the full scope of a veteran's health needs and ensuring they receive appropriate care and compensation. The other options refer to different aspects of veteran benefits and conditions but do not accurately capture the essence of secondary service connection as it relates to the interrelationship between conditions stemming from a primary, service-connected condition.

7. What is required for a claim to be processed under the FDC Program regarding treatment records?

- A. Only Federal treatment records required**
- B. All treatment records must be submitted late**
- C. Simultaneously submit all relevant private medical treatment records**
- D. Proof of insurance for treatment records**

To process a claim under the Fully Developed Claims (FDC) Program, it is essential to submit all relevant private medical treatment records simultaneously with the claim. This requirement is designed to streamline the claims process and ensure that decision-makers have access to all pertinent information from the onset. When a claimant provides all necessary documents at the time of submission, it reduces the chances of delays that often occur when additional information is requested later. The FDC Program is intended to expedite the claims process for veterans by encouraging the submission of comprehensive information up front, thereby making it easier for the VA to assess the claim efficiently. The necessity for simultaneous submission of relevant private medical treatment records aligns with the FDC Program's goal of providing veterans a faster decision on their claims, as having all the pertinent records readily available allows for a thorough and timely evaluation by the VA.

8. What type of evidence is required for Veterans asserting claims based on Spina Bifida benefits?

- A. Proof of service in Vietnam**
- B. Medical records only**
- C. Service records and relationship evidence**
- D. Verification of age requirements**

The correct answer is centered on the specific criteria established by the Department of Veterans Affairs for evaluating claims related to Spina Bifida benefits. Claims made by veterans asserting that their children have Spina Bifida, a condition associated with exposure to herbicides like Agent Orange, require comprehensive evidence that demonstrates both the veteran's service and their relationship to the person claiming benefits. Service records are crucial in establishing that the veteran served in Vietnam or in other qualifying locations where exposure to harmful agents may have occurred. In addition, the relationship evidence is essential as it substantiates the connection between the veteran and the individual with Spina Bifida, typically a child in these claims. This comprehensive package of evidence enables the VA to accurately assess eligibility for benefits related to Spina Bifida, aligning with their guidelines that necessitate proof of both service and family ties. Therefore, claims supported by only medical records or other types of evidence alone would not meet the necessary legal standards for approval set forth by the VA in this context.

9. What condition eliminates the need for corroborating evidence in PTSD claims?

- A. Vicarious trauma**
- B. Fear of hostile military or terrorist activity**
- C. Non-combat traumatic experience**
- D. Medical diagnosis of PTSD**

The condition that eliminates the need for corroborating evidence in PTSD claims is when the claim is based on a fear of hostile military or terrorist activity. This is significant because the VA recognizes that certain experiences or fears associated with military service, particularly in combat or areas where there is a significant threat of danger, can be valid grounds for a PTSD diagnosis without requiring the usual documentation or corroboration that other types of claims might necessitate. This provision acknowledges the unpredictable nature of combat and situations where veterans may feel threatened by hostile actions. The VA aims to make it easier for veterans experiencing PTSD due to such fears to access the benefits they need, understanding that the psychological impact of fear in these scenarios can be profound and debilitating, even if there isn't direct evidence of traumatic events. In contrast, other types of claims, such as those based on vicarious trauma, non-combat traumatic experiences, or solely a medical diagnosis of PTSD, often require additional corroborating evidence. These situations may not be recognized under the same guidelines as combat-related experiences, leading to a more stringent verification process for those claims. Thus, the recognition of fear of hostile military or terrorist activity serves as an important exception for veterans seeking assistance for PTSD.

10. What does STR stand for in the context of Veterans Affairs?

- A. Service Time Records**
- B. Supplemental Trust Records**
- C. Standard Transmission Records**
- D. Service Treatment Records**

In the context of Veterans Affairs, STR stands for Service Treatment Records. These records are an essential component of a veteran's healthcare history, documenting all medical treatments, evaluations, and diagnoses received during military service. STRs are crucial for the VA as they help support claims for disability benefits by providing evidence of service-connected health issues. These records can include everything from routine check-ups and vaccinations to more serious medical treatments related to injuries or illnesses that occurred during service. Understanding the significance of STRs is vital for individuals assisting veterans in navigating their claims, as these records form the backbone of the medical evidence needed for effective representation.