



Together Always

ASSOCIATES OF VIETNAM VETERANS OF AMERICA

SERVICE OFFICER QUARTERLY ACTIVITY REPORT

Service Officer Name: _____ Date: _____

Work Phone: _____ Work Email: _____

Reporting Timeframe:

Year: _____

Quarter: 1st (Jan-Mar)

3rd (July-Sept)

2nd (Apr-June)

4th (Oct-Dec)

I have a VA PIV Card: Yes No

If yes, attach a copy to this report unless a copy is already on file with AVVA.

If no, keep in mind that your accreditation could result in revokation with Associates of Vietnam Veterans of America if not done in a timely manner.

New Claims:

Total Number of POAs Taken: _____

Total Number of AVVA Representation Agreements Signed: _____

Copies of signed Representation Agreements have been: Uploaded to VetPro
 Attached to this Report

Claims Activity:

1. Service-Connected Disability Compensation Claims:
 - a. Number of original applications for S/C Compensation: _____
 - b. Number requests for increased S/C Compensation _____

2. Nonservice-Connected (NSC) Disability Pension Claims:
 - a. Number original Application for NSC Pension: _____

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3. Survivor's and Dependent's Benefits:
- a. Dependency and Indemnity Compensation (DIC) _____
 - b. Nonservice-Connected Death Pension _____

4. Miscellaneous Claims
(e.g. SMC, educational benefits, special adaptive housing)

Specify type & total:

- | | |
|------------------|------------------|
| 1. _____ # _____ | 3. _____ # _____ |
| 2. _____ # _____ | 4. _____ # _____ |

5. Total rating decisions reviewed in the VSO Queue? _____
- a. List Regional Office(s) covered: _____

Appeal Activity

- 1. Number of Notice of Disagreement (NOD) Filed: _____
- 2. Number of Substantive Appeals Filed (VA Form 9) _____
- 3. Statement of Accredited Rep (VA Form 646) _____

Grand Total: _____

Continuing Education

List each advanced training class **during this reporting quarter**, attach a copy of all training certificates or certification letters. (Use additional page if needed.)

Sponsoring Organization(s)	Date	Location	Subject:
_____	_____	_____	_____
_____	_____	_____	_____