



1. FIRST - MIDDLE - LAST NAME OF CLAIMANT

2. VA FILE NUMBER 3. PROGRAM GOAL
To prepare for, obtain and maintain employment as a medical doctor DOT 070 or similar suitable occupation.

4. REHABILITATION PLAN
IWRP IWRP/IEAP IEEP IEAP IILP
5. ANTICIPATED PLAN COMPLETION DATE (MM/YYYY)

6. OCCUPATIONAL CODE AND TITLE
070 Physicians Surgeons

7. CASE MANAGEMENT LEVEL
Level 1 Level 2 Level 3

8. SUBSISTENCE ALLOWANCE RATE ELECTION (Select One)
CH31SA RATE P911SA RATE HIGHER RATE BETWEEN CH31SA AND P911SA (Claimant must be eligible for P911SA rate).
NOTE: This election will remain in effect unless claimant elects a new rate by notifying case manager in writing.

INTERMEDIATE OBJECTIVES

9. OBJECTIVE ONE
Veteran will complete retroactive induction for coursework completed towards AA degree, bachelor's degree in biomedical sciences (Pre-Med).

Table with 2 columns: 9A. SERVICES and 9B. DURATION OF SERVICES (MM/YYYY). 9A contains text about case management and retro induction. 9B contains dates FROM 08/2014 and TO 07/2018.

9C. NAME & ADDRESS OF PERSON OR FACILITY PROVIDING SERVICES

9D.

9E. EMAIL ADDRESS

9F. TELEPHONE NO. (Include Area Code)
Enter International Phone Number (If applicable)

9G. EVALUATION CRITERIA
Veteran will comply with the rules and regulations outlined in the school catalog governing progress, attendance, and conduct. He will comply with Chapter 31 guidelines, including taking only courses approved for your program. He will submit all documentation requested for his retroactive induction including his transcripts, degree audit and fee statements. He will submit list of terms for retro being requested using appendix CY.

9H. EVALUATION PROCEDURE
Review of transcripts and degree audit showing all courses completed. Review of BAH received under CH. 33 vs. what would have been received under CH.31. Review of months used.

<b>9I. EVALUATION SCHEDULE</b> Case Management Level 2 - Required face-to-face case management appointment once per term, or at least three times per year for non-standard terms or once per month for the first three months, then quarterly for nonacademic programs.		
<b>10. OBJECTIVE TWO</b> Veteran will complete Doctoral Degree in Medicine.		
<b>10A. SERVICES</b> Case management; academic instruction; all required tuition, books, fees, supplies, subsistence allowance for graduation; plus, a retroactive induction for self-sponsored tuition and fees, subsistence pending approval of VR&E officer.	<b>10B. DURATION OF SERVICES (MM/YYYY)</b>	
	FROM	TO
	04/2021	05/2026
<b>10C. NAME &amp; ADDRESS OF PERSON OR FACILITY PROVIDING SERVICES</b>          		
<b>10D. POINT OF CONTACT</b>   		
<b>10E. EMAIL ADDRESS</b>   		
<b>10F. TELEPHONE NO. (Include Area Code)</b>   <div style="text-align: center;">Enter International Phone Number (If applicable)</div>		
<b>10G. EVALUATION CRITERIA</b> Veteran will comply with Ch. 31 guidelines and school guidelines. He will maintain full time training and turn in schedule and grades each term. He will meet with VRC once per term for supervision. He will apply to graduate and turn in final transcripts upon graduating. He will submit all documents for self-sponsored terms requested for retro to include written request that outlines period for which retro is requested, VAF form 28-1905m and 1905r for all goods for which reimbursement is requested, itemized receipts with proof of purchase, course syllabi documenting need, transcripts and degree audit showing courses completed for retroactive period requested.		
<b>10H. EVALUATION PROCEDURE</b> Review of schedule and transcripts. Review of Veteran's self-report regarding training. Review of final transcripts upon graduating. Review of all paperwork for retroactive induction for self-sponsored portion being requested.		
<b>10I. EVALUATION SCHEDULE</b> Case Management Level 2 - Required face-to-face case management appointment once per term, or at least three times per year for non-standard terms or once per month for the first three months, then quarterly for nonacademic programs.		
<b>11. OBJECTIVE THREE</b> Veteran will maintain the best possible health to permit successful completion of the objectives of this Rehabilitation Plan.		
<b>11A. SERVICES</b> Case management, medical, level V dental and community referrals as needed.	<b>11B. DURATION OF SERVICES (MM/YYYY)</b>	
	FROM	TO
	12/2023	05/2027
<b>11C. NAME &amp; ADDRESS OF PERSON OR FACILITY PROVIDING SERVICES</b>          		

11D. POINT OF CONTACT		
11E. EMAIL ADDRESS		
11F. TELEPHONE NO. <i>(Include Area Code)</i> <div style="text-align: center;">Enter International Phone Number <i>(If applicable)</i></div>		
11G. EVALUATION CRITERIA Veteran will comply with scheduled appointments, exams, treatment recommendations, medications, or counseling as prescribed. He will notify case manager if he needs any referrals. He will provide updates on health and all referrals sent at each case management appointment.		
11H. EVALUATION PROCEDURE Review of medical record notes as needed. Review of Veteran's self-report regarding health and any changes in his SCDs. Review of status of all referrals sent.		
11I. EVALUATION SCHEDULE Case Management Level 2 - Required face-to-face case management appointment (CMA) once per term, or at least three times per year for nonstandard terms		
12. <b>OBJECTIVE FOUR</b> Veteran will prepare for employment and participate in job readiness assessment.		
12A. SERVICES Case management, assistance with resume and cover letter, referral to the DVOP, and job readiness assessment.	12B. DURATION OF SERVICES <i>(MM/YYYY)</i>	
	FROM	TO
	12/2023	05/2026
12C. NAME & ADDRESS OF PERSON OR FACILITY PROVIDING SERVICES		
12D. POINT OF CONTACT		
12E. EMAIL ADDRESS		
12F. TELEPHONE NO. <i>(Include Area Code)</i> <div style="text-align: center;">Enter International Phone Number <i>(If applicable)</i></div>		
12G. EVALUATION CRITERIA Veteran will complete USMLE Step 1 and Step 2 exam required for degree completion. He will submit paperwork for reimbursement for exam costs. He will work with VRC and Employment Specialist on resume and cover letter. He will turn in final copy of resume/ cover letter and transcripts showing degree conferred. He will arrive on time for job readiness assessment.		
12H. EVALUATION PROCEDURE Review of all USMLE Step 1 and Step 2 exam costs. Review of resume, cover letter and final transcripts. Review of job readiness at job readiness assessment appointment.		
12I. EVALUATION SCHEDULE Case Management Level 2 - Required face-to-face case management appointment (CMA) once per term, or at least three times per year for nonstandard terms		

**13. OBJECTIVE FIVE**

Veteran will actively and aggressively seek and maintain employment.

**13A. SERVICES**

Case management, employment services to include, but not limited to, work adjustment counseling, job development, and placement and EAA- Employment Adjustment Allowance.

**13B. DURATION OF SERVICES (MM/YYYY)**

FROM

TO

05/2026

05/2027

**13C. NAME & ADDRESS OF PERSON OR FACILITY PROVIDING SERVICES****13D. POINT OF CONTACT****13E. EMAIL ADDRESS****13F. TELEPHONE NO. (Include Area Code)**

Enter International Phone Number (If applicable)

**13G. EVALUATION CRITERIA**

Veteran will actively seek employment. He will turn in job logs showing his job search until he obtains employment. He will provide monthly updates to VRC on his job search and any barriers to employment. Once he obtains employment, he will provide update on how his job is going and how he is adjusting to employment. He will complete employment verification form and submit that to VRC documenting his employment.

**13H. EVALUATION PROCEDURE**

Review of job search logs. Review of Veteran's self-report monthly regarding job search. Once he obtains employment, review of adjustment to employment via his self-report and review of employment verification. If actively seeking/ maintaining employment and contact established EAA will be processed 30 and 60 days after Veteran is declared job ready if he is actively and aggressively seeking and/ or maintaining employment and maintaining contact with VRC.

**13I. EVALUATION SCHEDULE**

Case Management Level 3 - Required face-to-face case management appointments once per month, except those participating in an Individualized Employment Assistance Plan (IEAP) or Individualized Independent Living Plan (IILP).

**CERTIFICATION AND SIGNATURE**

The claimant certifies that he or she was involved in the development of this rehabilitation plan. The claimant agrees to satisfactorily participate to achieve his or her rehabilitation goal and to participate in the periodic and/or an annual review of this rehabilitation plan.

23. DATE (MM-DD-YYYY)

12/07/2023