

SPECIAL PROGRAM SCREENING FORM

SUPPORTING DIRECTIVE MILPERSMAN 1306-900

RATE/RANK:	NAME:
SSN:	PROPOSED DETACHMENT DATE:

PROPOSED PROGRAM/DUTY STATION:

SECTION A: GENERAL CRITERIA

**INTERVIEWER'S
INITIALS**

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	1. Within the past 36 months, has member been found unsuitable or disqualified for any previous special program(s)?	
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	2. Performance Evaluation (NAVPERS 1616/26): Has member received at least 3.0 on all traits, been recommended for retention and promotable or higher for advancement for the past 36 months?	
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	3. Has member had any NJP, courts-martial, civil conviction, or significant involvement with civil authorities within the past 36 months?	
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	4. Has member had any alcohol related incidents in the past 36 months?	
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	5. Has member had any involvement with illegal drugs in the past 36 months?	
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	6. Has member signed the required OBLISERV for this program?	
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	7. Is member currently within height, weight, or body fat standards, and has member passed the most recent, regularly scheduled Physical Fitness Assessment (PFA)?	
HT	INCHES				
WT	POUNDS				
BF	%				

PERSONNEL OFFICER'S NAME AND RANK:	PERSONNEL OFFICER'S SIGNATURE:	DATE:
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SECTION B: MEDICAL/DENTAL SCREENING

**INTERVIEWER'S
INITIALS**

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	1. Has member completed required medical screening for this program? If "no", will the gaining MTF accept?	
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	2. Is member in proper dental class for PCS transfer?	

MEDICAL OFFICER'S NAME AND RANK:	MEDICAL OFFICER'S SIGNATURE:	DATE:
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DENTAL OFFICER'S NAME AND RANK:	DENTAL OFFICER'S SIGNATURE:	DATE:
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SECTION C: FINANCIAL/COMMAND MASTER CHIEF SCREENING

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Has the member been interviewed by the Command Financial Specialist per OPNAVINST 1740.5A, and is the member financially stable?	
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COMMAND FINANCIAL SPECIALIST'S NAME AND RANK:	COMMAND FINANCIAL SPECIALIST SIGNATURE:	DATE:
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SPECIAL PROGRAM SCREENING FORM (CONTINUED)

SUPPORTING DIRECTIVE MILPERSMAN 1306-900

YES NO This member meets requirement and assignment to Special Programs and is appropriate.

COMMAND MASTER CHIEF
NAME AND RANK:

COMMAND MASTER CHIEF SIGNATURE:

DATE:

SECTION D: ADDITIONAL REQUIREMENTS (AS APPLICABLE)

**INTERVIEWER'S
INITIALS**

YES NO 1. Does member have required NEC/School/ASVAB for this program?

YES NO 2. Does member have required security clearance?

YES NO 3. Does member have valid driver's license?

State: License Number: Expiration Date:

YES NO 4. Has member completed swim qualification for this program?

YES NO 5. Does member have visible tattoos?

YES NO 6. Has member completed one successful tour working in rate?

COMMAND CAREER COUNSELOR'S NAME
AND RANK:

COMMAND CAREER COUNSELOR'S
SIGNATURE:

DATE:

Master Training Specialist/Senior Enlisted Instructor Recommendation: *(Include a personal interview statement from a Master Training Specialist or Senior Enlisted Instructor.)*

MASTER TRAINING SPECIALIST/SENIOR
ENLISTED INSTRUCTOR NAME AND RANK:

MASTER TRAINING SPECIALIST/SENIOR
ENLISTED INSTRUCTOR SIGNATURE:

DATE:

ALL OF THE ABOVE INFORMATION IS CERTIFIED TO BE TRUE TO THE BEST OF MY KNOWLEDGE. By signing this form I acknowledge that I must maintain my suitability throughout my assignment to Special Programs.

MEMBER'S NAME AND RANK:

MEMBER'S SIGNATURE:

DATE:

SPECIAL PROGRAM SCREENING FORM (CONTINUED)

SUPPORTING DIRECTIVE MILPERSMAN 1306-900

COMMAND CO/XO/OIC/COS/DIRECTOR ENDORSEMENT

YES NO 1. Are there any other compelling reasons why servicemember should not be transferred?

Initial certification upon nomination.

RE-CERTIFICATION WITHIN FIVE WORKING DAYS OF TRANSFER. MEMBER CONTINUES TO MEET ALL REQUIREMENT. INITIALS BELOW ARE REQUIRED.

APPROVAL DISAPPROVAL

_____ FINAL APPROVAL _____ FINAL DISAPPROVAL

Command Endorsement: *(A summary statement evaluating the applicant is required. Provide written recommendation from Commanding Officer indicating member's potential to perform and excel in an instructor billet.)*

APPROVAL DISAPPROVAL

ENDORSEMENT OF THIS SCREENING REPRESENTS FULL RECOMMENDATION OF THIS CANDIDATE BY TRANSFERRING COMMAND. ALL INFORMATION IS CERTIFIED TO BE TRUE TO THE BEST OF MY KNOWLEDGE. A COPY OF THIS FORM HAS BEEN FILED IN MEMBER'S SERVICE RECORD.

NAME AND RANK:

SIGNATURE:

DATE:

PRIVACY STATEMENT: THE AUTHORITY TO REQUEST THIS INFORMATION IS CONTAINED IN 5 USC 301 DEPARTMENTAL REGULATIONS. THE INFORMATION WILL BE USED TO ASSIST OFFICIALS AND EMPLOYEES OF THE DEPARTMENT OF THE NAVY IN DETERMINING YOUR FUTURE DUTY ASSIGNMENT.

COMPLETION OF THE FORM IS MANDATORY EXCEPT FOR DUTY AND HOME PHONE NUMBERS. FAILURE TO PROVIDE REQUIRED INFORMATION MAY RESULT IN DELAY IN RESPONSE TO, OR DISAPPROVAL, OF YOUR REQUEST.