

SPECIAL PROGRAM SCREENING FORM

RATE/RANK:	NAME:
SSN:	PROPOSED PROGRAM/DUTY STATION:
PROPOSED DETACHMENT DATE:	

SECTION A: GENERAL CRITERIA

	YES	NO		INTERVIEWER'S INITIAL
	<input type="checkbox"/>	<input type="checkbox"/>	1. Within the past 36 months, has member been found unsuitable or disqualified for any previous special program(s)?	_____
	<input type="checkbox"/>	<input type="checkbox"/>	2. Performance Evaluation (NAVPERS 1616/26): Has member received at least 3.0 on all traits and been recommended for retention and promotable or higher for advancement for the past 36 months?	_____
	<input type="checkbox"/>	<input type="checkbox"/>	3. Has member had any NJP, courts-martial, civil conviction, or significant involvement with civil authorities within the past 36 months?	_____
	<input type="checkbox"/>	<input type="checkbox"/>	4. Has member had any alcohol related incidents in the past 36 months?	_____
	<input type="checkbox"/>	<input type="checkbox"/>	5. Has member had any involvement with illegal drugs in the past 36 months?	_____
	<input type="checkbox"/>	<input type="checkbox"/>	6. Has member signed the required OBLISERV for this program?	_____
	<input type="checkbox"/>	<input type="checkbox"/>	7. Does member meet the body fat readiness standards for PCS transfer? (Screened by PRT coordinator)	_____
			_____	_____
			Personnel Officer	Date

SECTION B: MEDICAL/DENTAL SCREENING

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

SECTION C: FINANCIAL SCREENING

YES

NO

1. Is member suitable in accordance with OPNAVINST 1740.5, Command Financial Specialist Program requirements?

Command Financial Specialist

Date

**SECTION D: ADDITIONAL REQUIREMENTS
(AS APPLICABLE IAW ETM CHAPTER 9)**

YES

NO

N/A

1. Does member have required NEC/School/ASVAB for this program?

2. Does member have required security clearance?

3. Does member have a valid driver's license?

4. Has member completed swim qualification for this program?

5. Does member have visible tattoos?

Command Career Counselor

Date

ALL OF THE ABOVE INFORMATION IS CERTIFIED TO BE TRUE TO THE BEST OF MY KNOWLEDGE.

Service Member

Date

COMMAND CO/XO/OIC/COS/DIRECTOR ENDORSEMENT

Are there any other compelling reasons why service member should not be transferred?

APPROVAL/DISAPPROVAL

*NAME/RANK

Date

*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.