Headquarters
United States Army Recruiting Command
Fort Knox, Kentucky 40121-2726
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Personnel Procurement

Army Medical Department Recruiting Program

For the Commander:

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History. This UPDATE revises USAREC Reg 601-37, which is effective 31 January 2001.

Summary. This regulation establishes policies and procedures for use of the health care recruiter, recruiting station, health care leadership team, and detachment leadership team production management systems.

Applicability. This regulation applies to all Regular Army and United States Army Reserve health care recruiters.

Proponent and exception authority. The proponent of this regulation is the Director of Health Services. The proponent has the authority to approve exceptions to this regulation that are consistent with controlling law and regulation. Proponent may delegate the approval authority, in writing, to a division chief within the proponent agency in the grade of lieutenant colonel.

Army management control process. This regulation contains management control provisions in accordance with AR 11-2 but does not identify key management controls that must be evaluated.

Supplementation. Supplementation of this regulation is prohibited.

Suggested improvements. The proponent agency of this regulation is the Office of the Director of Health Services. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to HQ USAREC (RCHS-OP), Fort Knox, KY 40121-2726.

Distribution. Distribution of this regulation has been made in accordance with USAREC Pam 25-30, distribution Y (one per health care recruiter).

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Glossary

Chapter 1
Introduction

1-1. Purpose
This regulation establishes policies and procedures for the use of the health care recruiter (HCR), recruiting station (RS), health care leadership team (HCLT), and detachment leadership team (DLT) production management systems.

1-2. References
Required and related publications and blank forms are listed in appendix A.

1-3. Explanation of abbreviations
Abbreviations used in this regulation are explained in the glossary.

1-4. General
a. Instructions on completion of HCR and RS production management forms are contained in appendixes B through X.

b. It is essential that RS commanders thoroughly familiarize themselves with HCR responsibilities as contained within this regulation in order to properly supervise HCR activities.

c. It is essential that HCLT familiarize themselves with HCR and RS commander responsibilities as contained within this regulation in order to properly supervise subordinate activities.

1-5. Administration
a. HCR. HCR are required to perform administrative and logistical duties as directed by the RS commander. HCR prospect, determine eligibility, and maintain applicants for Army Medical Department (AMEDD) programs. HCR uphold the Army image in the community and schools.

b. RS commander. Efficient administration of the RS minimizes the impact of distractions upon production HCR. RS commanders will ensure an adequate supply of production-related materials are on hand and RS reference and functional files are properly maintained. Maintain all forms and records described within this regulation in the active files for a period of 12 months, unless specifically stated otherwise. The RS commander should be the subject matter expert in the RS. The RS commander is responsible for all that happens or fails to happen in the RS.

c. Health care recruiting team (HCRT). The HCRT consists of the HCLT, RS commanders, and HCR.

d. HCLT. The HCLT consists of an officer in charge (OIC) and a noncommissioned officer in charge (NCOIC). They work as a team to direct and increase production in the mission categories within their HCRT. Efficient administration of the HCLT minimizes the impact of distractions upon RS commanders and production HCR. The HCLT will ensure an adequate stock of production-related materials are on hand and HCLT reference and functional files are properly maintained. All forms and records described within this regulation will be maintained within the active files for a period of 12 months, unless specifically stated otherwise.

e. DLT. The DLT consists of the commander and first sergeant. They work as a team to guide the production of HCRT. The DLT is responsible for the Army Medical Department Detachment's (AMEDD Det's) recruiting mission as well as the unit's well being. Efficient administration of the AMEDD Det must be accomplished to sustain recruiting operations while minimizing the impact of administrative duties upon production. The DLT must ensure that:

(1) The Command Integrated Management System data base is maintained with current and accurate information as described in ADSM 18-V99-D35-UNV-UM, to permit production-related management decisions and to support data requirements of other management activities involved with personnel and logistics administration and production analysis.

(2) Files are maintained in accordance with applicable regulations, and a list of selected file numbers will be furnished to assigned HCRT and RS on a monthly or as required basis:

(a) Weekly OCS/WOFT/Nurse Reporting System (OWNRS) run.

(b) 91CC Report.

(c) Copy of most recent recruiting market analysis.

(d) Quarterly awards status of each HCR.

(e) Quarterly training guidance.

(f) Mission confirmation memorandum.

(g) Total Army Involvement in Recruiting (TAIR) and/or United States Army Recruiting Support Battalion exhibits.

(h) Accrued leave roster.

(i) Unit manning roster.

1-6. Logistics
a. RS commander. The RS commander will ensure:

(1) The RS presents a clean professional appearance.

(2) Janitorial services are provided in accordance with lease and/or janitorial contract arrangements.

(3) Appropriate space is provided to conduct interviews.

(4) Each Government-furnished vehicle is used for official business only and maintained in accordance with USAREC Reg 56-1.

(5) Any domicile-to-duty travel is properly approved and documented.

(6) All assigned property is properly inventoried and managed.

(7) Required expendable supplies are on hand.

(8) Personal telephone calls are not made at Government expense.

b. HCLT. The HCLT will ensure:

(1) The HCLT headquarters and all RS present a clean and professional appearance, and that requests for facility maintenance are forwarded expeditiously to the AMEDD Det. For further guidance see USAREC Reg 405-1.

(2) All janitorial services are provided in accordance with lease arrangements.

(3) Appropriate space is provided to conduct interviews within each RS.

(4) Each Government-furnished vehicle is used for official business only and maintained by a designated individual.

(5) All domicile-to-duty travel is properly approved and documented in accordance with USAREC Reg 56-1.

(6) All assigned property is properly inventoried and managed.

(7) Required expendable supplies are on hand.

(8) Personal telephone calls are not made at Government expense.

c. DLT. The DLT will ensure:

(1) The AMEDD Det headquarters and all HCRT present a clean and professional appearance, and that requests for facility maintenance are handled expeditiously by the recruiting brigade (Rctg Bde) staff.

(2) All janitorial services are provided in accordance with lease agreements or separate contract.

(3) Each Government-furnished vehicle is used for official business only and properly maintained.

(4) All domicile-to-duty travel is properly approved and documented in accordance with USAREC Reg 56-1. Blanket approval is not authorized.

(5) All assigned property is properly inventoried and managed.

(6) Required expendable supplies are on hand.

(7) The Command Integrated Management System data base is current with all tables of distribution and allowances authorizations, and changes to facilities and equipment are on hand.

(8) Personal telephone calls are not made at Government expense.

1-7. Operations
a. RS commander. RS commanders will file management forms and records in a three-ring production management binder to facilitate efficient daily review and posting of forms. Mark the binder "601-37 (Active Reference Files (SPMS))." Other essential administrative and logistical papers as determined necessary by the RS commander may be included in the binder for ready reference. Maintain USAREC Form 1117 (Recruiting Inspection Log) in a separate three-ring binder. Refer to appendix R for use and disposition of USAREC Form 1117. Place a locator sheet, indicating the location of active files in the appropriate file folders. RS commanders will evaluate assigned HCR to determine training needs, then ensure these training needs are met in accordance with USAREC Manual 25-100.

b. HCLT. The HCLT will file active management forms and records in a three-ring production management binder to facilitate efficient daily review and posting of the forms. Other essential administrative and logistical papers as determined necessary by the HCLT may be included in the binder for ready reference. The HCLT will train all assigned RS commanders to assume duties as HCLT NCOIC in the event of the NCOIC's absence (mentoring) and designate a field NCOIC to handle NCOIC duties whenever necessary.

c. DLT. In managing operations, the DLT will:

(1) Establish policy regarding the hours of operation for the AMEDD Det headquarters, the

time and the division of labor (specific responsibilities) for members of the AMEDD Det staff.

(2) Evaluate the performance of assigned HCLT and staff to determine their leadership and operational training needs and ensure these needs are met.

(3) Ensure recruiting operations are conducted with absolute integrity and in accordance with applicable regulations.

(4) Identify all production-related reports and records required from HCRT, and suspenses for each.

(5) Ensure that the OWNRS data base is maintained with current and accurate information to support production analysis requirements and permit the formulation of management decisions.

(6) The DLT will ensure that the training of new HCR is being conducted within each HCRT in accordance with USAREC Manual 25-100 and that RS commanders train and evaluate the abilities of their HCR.

1-8. Security

a. RS commander. RS commanders will ensure:

(1) All vehicles and equipment are secured in accordance with applicable directives.

(2) HCR are aware of actions to be taken in the event of bomb threats, civil disturbances, or terrorist situations.

(3) Negotiable instruments are properly safeguarded.

(4) Unauthorized personnel do not have access to unattended recruiting facilities.

(5) The RS is secured at the close of business each day or when unattended.

b. HCLT. The HCLT will ensure that:

(1) All vehicles are secured at RS and HCLT level in accordance with applicable regulations and directives.

(2) All personnel are aware of actions required in the event of bomb threats, civil disturbances, or terrorist situations.

(3) Negotiable instruments are properly safeguarded.

(4) Unauthorized personnel do not have access to unattended recruiting facilities.

(5) The HCLT headquarters is secured at the close of business each day or when unattended.

c. DLT. The DLT must ensure that:

(1) Negotiable instruments are properly safeguarded.

(2) Vehicles are secured and parked in an approved location, and that vehicle log books and credit cards are secured.

(3) All personnel are aware of actions to be taken in the event of bomb threats, civil disturbances, or terrorist situations.

(4) Unauthorized personnel do not have access to unattended recruiting facilities.

(5) The AMEDD Det headquarters is secured at the close of business each day or when unattended.

(6) The physical security of RS and HCRT is checked upon each site visit.

1-9. Telecommunications

All personnel must become familiar with the guidance and policy contained in USAREC Reg 25-10 and that personal telephone calls are not made at Government expense.

1-10. Operations and market analysis board

Each RS, HCLT, and DLT will have an operations and market analysis board posted and used for briefs of very important persons (VIP) and centers of influence (COI). Instructions for use and requirements are in appendix Q.

Chapter 2
Planning

2-1. Mission planning

a. HCR. The HCR's prospecting requirements are directed by the RS commander based upon the AMEDD Det's mission requirements.

b. RS commander. RS commanders will ensure the individual HCR's work effort reflects and supports the RS's mission box needs. RS commanders will direct HCR prospecting activity based on the AMEDD Det's mission requirements.

c. DLT. The DLT will actively monitor the AMEDD Det's progress towards mission box accomplishment. If the AMEDD Det's prospecting efforts fall below the level historically shown as necessary to accomplish mission box, an examination of each individual HCRT's prospecting activity should reveal shortcomings at the HCRT.

2-2. Time management

a. HCR.

(1) Time management is essential for successful completion of all assigned tasks to ensure RS mission box accomplishment.

(2) Proper time management ensures that sufficient time is dedicated to critical mission tasks, lead generation, and prospecting. Virtually all remaining HCR functions represent chain of command, system, or applicant imposed reductions of an HCR's available time. It is essential that HCR discipline themselves to systematically plan and record all known future events that will consume time in their Planning Guide (see app B), and ensure that remaining time is properly managed in order to conduct lead generation and prospecting activities to the maximum extent possible.

b. RS commander. Effective time management is required for successful mission box accomplishment. RS commanders will ensure efficient use of time by their HCR.

c. HCLT. Effective management of time increases the probability of mission box success by ensuring nonmission-essential tasks are not allowed to infringe upon critical HCR sales-related tasks or the training of those tasks.

d. DLT.

(1) Effective time management is required for successful mission box accomplishment.

(2) DLT will ensure nonmission-essential tasks are not allowed to infringe upon critical HCR sales-related tasks or the training of those tasks.

(3) DLT will ensure efficient use of time by its subordinates.

2-3. Performance review

a. HCR. Performance review (PR) is the process HCR and RS commanders use to consistently evaluate prospecting and processing activities. To ensure effective utilization of the Recruiter Production Management System, at a minimum, present your Planning Guide and be prepared to discuss the following during each PR:

(1) USAREC Form 200 series and prospect data record (PDR) file.

(2) USAREC Form 539 (Lead Refinement List).

(3) Prospecting and processing plan and accomplishments.

(4) USAREC Form 815 (AMEDD School/Program Folder).

b. RS commander.

(1) PR between the RS commander and assigned HCR is the method used to establish command and control of RS production. It is the process the RS commander uses to evaluate the prospecting and processing activities of his or her HCR and is not confined to a scheduled time of day. The review of HCR's activities as actions occur allow the RS commander to monitor and direct all production-related activities. At a minimum the RS commander must review and initial the HCR's Planning Guide weekly to ensure a plan has been formulated.

(2) RS commanders will conduct PR with their HCLT weekly. This may be accomplished in person or telephonically. The purpose of this is to receive orders and guidance concerning recruiting operations and administrative and logistical support.

c. HCLT. The HCLT will conduct a PR with their RS commanders. This PR may be accomplished telephonically each week. The purpose of this PR is to:

(1) Receive production-related reports.

(2) Provide orders and guidance concerning recruiting operations and administrative and logistical support.

(3) During face-to-face RS inspections, the HCLT will review items related to production and HCR training. These inspections will be used to verify information reported during telephonic PR and to inspect (as a minimum): Prospecting tools, processing procedures, and training conducted by the RS commander.

(4) A thorough cross-check (closing the loop) of RS documents during PR will reveal any inconsistent or unproductive techniques being used within RS that require resolution through effective training and/or leadership.

d. DLT. PR between the DLT (or key staff members) and the HCLT is the method used to establish command and control of the AMEDD Det's production, to effect management of HCLT, and to determine individual and organizational training needs. Personal PR is conducted to evaluate, indepth, HCRT operations and the efficiency of assigned health care leadership personnel. PR may be accomplished telephonically, but is encouraged (and if geographically feasible) to be conducted face-to-face with each team leader and NCOIC on a monthly basis.

2-4. Production management

a. HCR. Production management techniques described in this regulation are structured to conform with the steps of the recruiting process as shown in figure 2-1.

(1) Specific techniques used by HCR to document and control production are presented chronologically as they would appear in the recruiting process.

(2) Use of the production management forms and techniques described within this regulation are mandatory unless specifically excluded. Production management instruments used by HCR are presented in appendixes B through G. These are:

(a) Planning Guide (app B).

(b) USAREC Form 815 (app C).

(c) USAREC Form 539 (app D).

(d) USAREC Form 200-5 (AMEDD Prospect Data Record) (app E).

(e) PDR filing system (app F).

(f) USAREC Form 988-R-E (Center of Influence - Very Important Person Card) (app G).

b. RS commander. Production management instruments used by RS commanders are presented in appendixes H through S. These are:

(1) USAREC Form 762-A (AMEDD Lead Source Analysis Sheet) (app H).

(2) USAREC Form 635-I (Quarterly AMEDD Mission Box Workplan) (app I).

(3) USAREC Form 635-J (AMEDD Mission Box Workplan Year-to-Date Conversion Data) (app J).

(4) USAREC Form 533-A (AMEDD Processing List) (app K).

(5) RS level 200 card filing system (app L).

(6) USAREC Form 818 (AMEDD Qualified Pending Accession/Ship Log) (app M).

(7) RS management binder (app N).

(8) USAREC Form 636-A (AMEDD School Data Sheet) (app O).

(9) USAREC Form 711-7 (AMEDD Production Summary) (app P).

(10) RS operations and market analysis board (app Q).

(11) USAREC Form 1117 (app R).

(12) Troubleshooting guide (app S).

c. HCLT. Production management tools used by the HCLT to manage production are the USAREC Form 635-I and USAREC Form 635-J presented in appendixes I and J, USAREC Form 635-E (AMEDD Production Management Data Sheet - RA) and USAREC Form 635-F (AMEDD Production Management Data Sheet - USAR) presented in appendix T, and USAREC Form 660-C (AMEDD Recruiting Station Evaluation Checklist) presented in appendix U.

d. DLT. Production management instruments used by the DLT to manage production are the USAREC Form 635-E and USAREC Form 635-F presented in appendix T.

Chapter 3
Lead Generation and Prospecting

3-1. General

This chapter contains policies and guidance concerning prospecting and lead generation. Additional information can be obtained from USAREC Reg 601-51.

3-2. Policy

a. HCR.

(1) Lead generation. Lead generation is comprised of those activities accomplished to obtain the name, with address and/or telephone number of individuals with whom an appointment for a sales interview may be made (a list from which to prospect).

(2) Prospecting. Prospecting is the action taken to contact those persons identified as leads for the purpose of obtaining an appointment for a sales interview. This activity may be accomplished telephonically, face-to-face, or by referrals.

b. RS commanders. RS commanders are responsible for managing the prospecting and lead generation efforts of HCR. Prospecting and lead generation activity must be directed by the RS commander based on the RS's mission. HCR must prospect daily in order to achieve mission success.

c. HCLT. The HCLT will ensure prospecting and lead generation activities directed by RS commanders are geared toward mission box requirements.

3-3. RS territory

a. HCR. HCR are assigned schools and an area of operation for development of COI and VIP, posting, and community relations. HCR will actively prospect within their RS's zone only. When contact is initiated with applicants living outside the RS's territory, continue rapport while processing responsibility is determined.

b. RS commander. RS commanders will ensure:

(1) Each HCR is assigned specific schools, programs, troop program units (TPU), and hospitals.

(2) HCR do not actively prospect outside of their RS's territory (poaching).

(3) All territory within the RS boundaries is actively worked.

c. HCLT. The HCLT will ensure the following:

(1) RS are assigned a specific geographic territory with an identifiable market that is capable of supporting the assigned mission.

(2) HCR do not actively prospect outside of their assigned RS territory.

(3) All territory within the HCLT boundaries is assigned to RS and are observed during all prospecting activities. Assignment of processing responsibility will be in accordance with this regulation.

3-4. Work ethic

a. HCR. HCR will ensure lead generation and prospecting activities are sufficient to meet or exceed minimum requirements established by the HCLT and enforced by the RS commander.

b. RS commander. RS commanders will ensure lead generation activities and prospecting efforts are sufficient to achieve mission accomplishment.

c. HCLT.

(1) The HCLT will ensure RS lead generation activities and prospecting efforts are sufficient to achieve mission accomplishment and support the AMEDD Det's strategic prospecting plan.

(2) The HCLT will ensure via their inspections and PR that RS prospecting efforts are developed using the broad variety of lead sources outlined on USAREC Form 762-A (see app H) and support the AMEDD Det's strategic prospecting plan.

d. The DLT is responsible for developing an annual strategic prospecting plan. The DLT is responsible for implementing and evaluating the annual strategic prospecting plan. The plan must be adjusted quarterly based upon mission accomplishment.

3-5. Lead generation

a. HCR. Prospecting efforts using a variety of lead sources are required to ensure total market penetration and give maximum opportunity to contribute to the RS's mission box success.

b. RS commander. RS commanders will ensure prospecting efforts are developed using a broad variety of lead sources. Lead sources must be effectively worked to ensure total market penetration. USAREC Form 762-A (app H) provides a method of analyzing how effective you and your HCR are converting conducts to contracts.

3-6. Lead sources

a. Common lead sources.

(1) Public domain. Unofficial information derived from yearbooks, school directories available to the public, commencement programs, team rosters, telephone directories, etc.

(2) Members of the sustainment program, students, recruiter aides, and members of the general public may supply lists gained legitimately for their use.

(3) Lead Evaluation and Distribution System (LEADS) leads.

(4) Unit Referral System.

(5) COI and VIP.

(6) Applicants.

(7) Student organizations.

(8) Recruiters from other services.

(9) School visits.

(10) School activities.

b. Samples of possible lead sources.

(1) United States Army Reserve (USAR) referrals from unit members.

(2) TAIR and special events.

(3) Local civic organizations (e.g., Jaycees, lead refinement lists (LRL), etc.,) referrals.

(4) Consolidated Leads List.

(5) Hometown recruiter aides.

(6) USAR Recruiting Active Duty for Special Work (ADSW) Program.

(7) Local advertising.

c. Health care professional events.

(1) Professional health care organizations, corporations, colleges, hospitals, and student professional organizations frequently sponsor continuing education meetings, seminars, regional workshops, job fairs, career days, orientations, professional conferences, student conferences, etc. Participation in these events can be most profitable for HCR because they are excellent opportunities to tell the AMEDD story. They result in prospects and valuable far-reaching contacts. HCR should attend all such functions in their area.

(2) The agency organizing or sponsoring the

event prepares an advertising campaign using various media in advance of the fair. The HCR should plan to bring enough recruiting publicity items (RPI) and personal presentation items for the event. HCR must consult with the brigade judge advocate (BJA) to be sure that restrictions found in the Office of Government Ethics Rules and Joint Ethics Regulation are observed.

(3) HCR should watch for announcements of such programs in professional journals, state publications, and on hospital or school bulletin boards. They can also talk with the continuing education branch in local schools and with the education and training section in hospitals.

(4) The HCR can learn about programs in the planning stages and can offer to provide a qualified AMEDD officer to be a guest speaker or give the keynote address for the meeting. Because contact with an AMEDD officer is an important event in an applicant's decision to join the Army, the HCR should contact the HCRT leader to coordinate AMEDD officer support for the event. The HCRT leader will need the topic, the desired objectives for the session, and 8 to 12 weeks to coordinate obtaining a qualified speaker for the event. Funding for the speaker is coordinated by the HCRT leader and the AMEDD Det.

(5) HCR may receive a formal invitation to be an exhibitor at local, state, or national health care events. Fees required to exhibit must be coordinated through the AMEDD Det.

(6) In addition to staffing the exhibit booth, HCR should circulate around the convention exhibit and meeting areas. Most conventions provide ribbons attached to the identification (ID) badges to identify delegates, key persons, key speakers, and other leaders attending the convention. HCR should introduce themselves to the individuals at the registration booth and to individuals wearing the ribbons. Individuals at registration desks can be excellent contacts for the HCR because they usually know where and when key leaders will be in the convention area.

d. Career trend lectures. Most professional and allied health programs provide senior students with time to consider and review career opportunities and career choices. The format for these presentations can be formal classes, panel discussions, and/or guest speakers. These forums provide guidance for job hunting, interviewing, and career choices. The HCR should consider using this opportunity to request a recent graduate of that school to return for the day to speak to the students. A recent graduate can be effective and credible when recounting their experience in the AMEDD. Requests for speakers should be coordinated by the HCRT leader through the respective AMEDD Det to the appropriate division at Headquarters, United States Army Recruiting Command (HQ USAREC) (RCHS-XX) (see k below).

e. National and local advertising.

(1) National advertising such as direct mail and print advertisements in professional journals result in numerous quality leads which are delivered to the HCR through LEADS.

(2) National advertising is placed by HQ USAREC, Advertising and Public Affairs Director. Local advertising is placed with approved products from the Local Advertising Management Program catalog by the AMEDD administrative officer through the national advertising agency. Procedures for placing advertising or funding participation in promotional activities, such as conventions, involve careful coordination and attention to detail. All advertising must be in compliance with USAREC Reg 5-3. Rctg Bdes publish additional guidance relevant to each Rctg Bde.

(3) An advertising plan based on the AMEDD Det's needs and resources must be submitted according to Rctg Bde policy.

(4) HCR will not use personal funds to pay for any function whether or not expecting reimbursement at a later date.

(5) HCR and HCRT may not make any fiscal commitments.

(6) Under no circumstances are HCR authorized to prepay for anything, including putting down a deposit as partial payment toward the cost of a future event (convention exhibit, etc.). Government contract purchasing regulations preclude this action. Payment can be made only after the service has been provided and established policies and guidelines have been followed.

(7) Locally designed advertising materials such as, fact sheets, fliers, and letters must be reviewed by HQ USAREC (RCAPA-PC) for accuracy, quality, and consistency with nationally distributed advertising materials.

f. Health care professional recruiting associations. HCR are encouraged to join local health care recruiting organizations. Membership in these organizations provides an excellent opportunity to become acquainted with COI in the community and to become involved in local health care provider activities. If resources are available, the AMEDD Det can fund unit membership in these organizations (see USAREC Reg 360-12). Approval by the AMEDD Det is required before unit membership can be requested from the private organization. Individual membership in private organizations (i.e., paid for by the soldier) should not be encouraged.

g. Referrals. HCR should request referrals from applicants, COI (i.e., academic instructors and presidents of student organizations), Reserve Officers' Training Corps (ROTC) personnel, and USAR unit personnel. USAR unit personnel may receive retirement points for referrals (AR 140-185, para 2-4).

h. School visits and table days.

(1) Table days are excellent opportunities for the HCR to establish contact with students.

(2) Requests for table days are normally coordinated through the dean's office or the career placement office.

(3) HCR should prospect in areas where students congregate. The RPI display rack at the school should have ample current literature with the HCR's name, address, and telephone number.

(4) HCR should consider using a guest book or sign-in roster for students to sign with their name, address, and telephone number, however, guest books must contain the Privacy Act statement. The HCR can then followup with a thank you note for their interest in coming by the display and send information about the opportunities available in the AMEDD. This list will also assist HCR in evaluating their efforts by providing them with an idea of how many people they contacted and how many expressed an interest in followup and/or requested additional information.

(5) In this kind of effort, contacts made with instructors and other COI are important. HCR should set aside time to visit deans, assistant deans, academic instructors, and secretaries in the professional and allied health schools. Providing a personal presentation item is an excellent way to gain access to these COI. In consideration of their busy schedules, short appointments should be made with COI in advance. HCR should not exceed the time scheduled by the faculty unless invited to do so. Followup appointments can be made when necessary.

(6) At schools with an Army ROTC unit on campus, HCR must notify ROTC personnel of all campus visits. Telephonic notification can be used and should include the date, time, and purpose of the HCR's visit.

i. AMEDD TAIR and COI programs.

(1) Promotional recruiting support programs provide a way to share information about the Army with prospects and influencers, to enhance the Army image, and increase general awareness of the Army in communities.

(2) TAIR Program (USAREC Reg 601-85) is primarily directed towards prospects. TAIR encompasses a number of specialized activities to help HCR achieve their mission. AMEDD TAIR activity is primarily focused on health care professional speaker presentations and health care professional prospect orientation tours of health care facilities. However, it may include skill clinics, exhibitions, and static displays.

(a) Classes on leadership may be conducted during the course of a health care facility tour but, leadership conferences are not authorized TAIR expenditures.

(b) HCR can schedule small groups of students or working health care providers to get together for a meal. An AMEDD officer can be invited to speak to the group. A superb followup for a student tour is to schedule a dinner for those students who went on the tour and ask them to bring one or two classmates. HCR can discuss the benefits the other students learned from going on the tour.

(c) TAIR funds are used to cover the temporary duty (TDY) costs of non-USAREC Army speakers at COI and prospect events.

(3) COI Event Program (USAREC Reg 1-18) is directed toward influencers such as health care educators, professional and allied health school administrators, and health care students who serve in key student positions such as student professional association officers. This program allows the Government to purchase refreshments for COI in order to provide a favorable environment in which HCR or other guest speakers can present information about Army opportunities and options. COI event funds can only be used to purchase food and nonalcoholic beverages including gratuities. COI

funds cannot be used to purchase services or facilities. Government funds (COI) may be used to purchase meals or snacks for military or civilian Department of Defense (DOD) personnel who must attend COI functions. There must be at least three COI to every member of DOD. The ratio is based on actual number of attendees. Payment for no-show meals is not authorized.

NOTE: Health Professional Scholarship Program (HPSP), Army Nurse Candidate Program (ANCP), Early Commissioning Program (ECP), and officers who are commissioned but not yet accessed are USAR members.

(4) Educator/Centers of Influence (E/COI) Tour Program (USAREC Reg 601-81).

(a) The E/COI Tour Program offers educators and other influencers the opportunity to tour Army health care facilities. This provides a firsthand view of what the Army has to offer AMEDD officers.

(b) Educators who have a less than enthusiastic attitude toward the military should be included on the tour. The tour provides an opportunity for them to talk with educators from other schools who have a positive opinion of the Army. Attitudes can be changed without any high-pressure pitch from the HCR. Due to budget constraints, needs of the Army health care providers, and personnel resources, it may be necessary to combine educators from several HCRT areas for tours. This provides a chance for educators to interact and exchange ideas about the AMEDD.

(c) Costs covered by E/COI tour funds include the TDY expenses of participants and tour escorts. Participants travel on invitational travel orders.

(5) All AMEDD TAIR and COI events must be conducted in accordance with USAREC Reg 1-18, USAREC Reg 601-81, and/or USAREC Reg 601-85.

j. AMEDD prospect tours.

(1) The purpose of AMEDD prospect tours is to take nonmilitary, prospective health care professional applicants on a tour of an Army health care facility in order to provide them with firsthand knowledge of modern Army facilities and current health care practices. Well-organized tours have proven to be one of the most effective sales tools available to HCR. Tours to health care facilities allow applicants and educators to see military health care facilities and talk with AMEDD officers. Participants learn the excellent career opportunities and educational programs available, as well as see the quality patient care rendered by AMEDD health care providers.

(2) AMEDD prospect tours like all TAIR activities must be approved by the Rctg Bde. A total cost analysis must be completed for all out-of-brigade boundary tours. The Rctg Bde is the review and approval authority for out-of-brigade boundary tours.

(3) A tour will normally consist of no less than 10 AMEDD prospects and is limited to no more than 2 days excluding travel time. The Rctg Bde commander may approve tours consisting of as few as five prospects provided that the frequency of smaller tours does not unduly burden the facility visited. There will be no more than one HCR escort per five prospects with a maximum of five escorts per tour. An AMEDD prospect is limited to one tour. No invitational travel orders will be issued to AMEDD prospects.

(4) Because they are already in the Army, USAR AMEDD officers are not eligible to participate in funded AMEDD prospect tours.

(5) Travel costs for prospects will be funded from TAIR funds. Transportation, meals, and lodging will be contracted except for meals consumed in military dining facilities which will be the responsibility of the sponsoring unit to fund using DD Form 448 (Military Interdepartmental Purchase Request). Travel costs for United States Army Recruiting Command (USAREC) personnel serving as tour escorts will be funded from mission travel funds.

(6) Prospect tours must be planned and executed in accordance with USAREC Reg 601-85.

k. Guest speaker program.

(1) The purpose of the health care professional guest speaker program is to increase prospect interface with AMEDD officers by having non-USAREC officers present at prospecting luncheons, coffees, workshops, seminars, and similar events. Presentations can include, but are not limited to, formal classes, panel discussions, conference booth assistance, and hometown recruiting events (see USAREC Reg 601-85, chap 2, sec III).

(2) The current system of requesting active duty (AD) guest speakers utilizes the United States Army Medical Command (MEDCOM) electronic mail network to forward request information to AD medical treatment facilities (MTF) throughout the United States thereby increasing the pool of prospective speakers. The system also ensures chain of command involvement for guest speakers and a close-the-loop system when a guest speaker has been identified.

(3) After validating that money is available, guest speaker requests requiring TDY must be submitted through the AMEDD Det and the Rctg Bde, to the appropriate division at HQ USAREC (RCHS-XX), and then on to the appropriate coordinating activity.

(4) Guest speaker requests must be signed by the HCRT leader and written in the appropriate format. Messages may be forwarded via e-mail but must be sent through the AMEDD Det to the Rctg Bde to the appropriate division at HQ USAREC (RCHS-XX) for coordination (see figs 3-1 and 3-2).

(5) A by-name request may be made for guest speakers, but no promises should be made to the speaker until the request has been approved. Requests for Institute of Surgical Research (ISR) speakers (by-name) will not be made.

(6) Speakers from MTF who will not require TDY can be coordinated directly between the HCR and the appropriate department or activity.

(7) ADSW funds may be used to fund USAR AMEDD officers as guest speakers (or in support of other TAIR activities). Coordination should be made directly with the officer and the unit of assignment.

(8) Guest speaker guidelines.

(a) Lead time. Requests are received by HQ USAREC (RCHS-XX) a minimum of 30 days prior to presentation date for noncontinuing education unit events and 60 days prior to presentation date for continuing education unit events. The ideal time is 60 to 90 days.

(b) Money. Money for TAIR events is forwarded through the Rctg Bde to the AMEDD Det. HCR ensure money is available prior to requesting a guest speaker.

(c) Protocol. HCR ensure the loop is closed with guest speakers by making contact with the speaker as soon as possible after the request is approved; by ensuring that the speaker receives TDY orders in a timely manner; by providing a briefing or information if the speaker is to be used at a recruiting booth; by ensuring the speaker received their TDY monies; and by thanking the guest speaker after the event (a written thank you is appropriate). If a guest speaker calls the HCR directly and he or she has not received official approval through the Rctg Bde, the HCR should contact the HCRT leader and the AMEDD Det as soon as possible.

(d) Regulatory guidance. HCR use USAREC Reg 601-85 and this regulation prior to coordinating any TAIR event.

(e) Promises. Every attempt will be made to locate a guest speaker for requesting organizations. HCR will increase the probability of obtaining a guest speaker by submitting the request well in advance and by listing a variety of topics (versus one).

(f) Request fills. The most successful requests have been those AMEDD officers assigned to the burn unit, the White House staff, and deployable medical units.

3-7. United States Army Nurse Corps Spirit of Nursing Award Program

This program provides multiple opportunities for HCR to make highly positive direct contact with key COI at nursing schools. Refer to USAREC Reg 5-3.

3-8. Prospecting

Prospecting is broken down into two general categories:

a. Telephone prospecting. Conduct telephone prospecting to complement other prospecting efforts (telephone prospecting is the most cost-effective prospecting method and should be done daily when possible). Direct telephone prospecting toward RS mission box or as directed by the RS commander using general or prior service (PS) LRL and LEADS as appropriate.

b. Face-to-face prospecting. Any activity that provides face-to-face contact with the general public for the purpose of obtaining appointments is considered face-to-face prospecting. Activities must be planned in advance to identify locations where prospects are likely to be located (e.g., hospital visits, colleges, conventions (national and local), and residency programs). This method of lead generation is designed to obtain exposure in the recruiting area, plus the benefit of telling the Army story.

3-9. Prospecting in schools

a. HCR will implement the School Recruiting

Program by accomplishing the following:

(1) Visit each school as often as the school allows. Document in USAREC Form 815.

(2) Obtain student list and maintain in USAREC Form 815.

(3) Obtain school policy for release of school list.

(4) Report to RS commander those schools that will not release student list.

b. A successful School Recruiting Program is tailored to meet the school's needs as well as the assigned recruiting objective established for the school.

3-10. Prospecting in college markets

a. Schedule regular visits to college campuses within your recruiting area to conduct face-to-face and referral prospecting activities to locate prospects.

b. Sources for information include the following individuals and organizations:

(1) Director of student affairs.

(2) Dean of students.

(3) Director of student housing, job placement counselor, and career placement director (both part-time and full-time).

(4) ROTC professors of military science.

(5) Pre-med advisor.

(6) Students.

(7) Financial advisor.

3-11. Hospitals

All hospitals will be prioritized based on number of beds; Priority 1 being 500 or more, Priority 2 being 499-250 beds, and Priority 3 being 249 or less.

3-12. Individual Ready Reserve density list

Individual Ready Reserve (IRR) density list leads are downloaded through the Army Recruiting Command Central Computer System data system to each RS for distribution to USAR recruiters. Leads that agree to an appointment are to be transferred to the general LRL and utilized as a source from which to contact PS personnel.

3-13. TPU referrals

RS commanders and HCR will maintain close contact with members of TPU by attending USAR unit meetings monthly, developing COI among unit members, and aggressively seeking referrals.

NOTE: Normally, the best time to visit your USAR units is during drill assemblies; however, coordinate with the unit administrator to determine the best time.

3-14. USAREC Form 539

a. General LRL. A general LRL is required for all students enrolled in all professional programs, applicants who respond to mail outs, PS leads from the IRR density list, and residents in programs which are specific to the AMEDD Det's mission. An LRL is not required for students enrolled in undergraduate or associate degree in nursing (ADN) programs, but is recommended for students in licensed practical nurse (LPN) and bachelor of science in nursing (BSN) programs. General LRL will be divided by Corps to include LPN (e.g., Medical Corps (MC), Dental Corps (DC), etc.). Each RS will maintain the general LRL in a three-ring binder.

b. RS commanders. RS commanders will ensure the following:

(1) The LRL is properly prepared, posted, utilized, and maintained by HCR.

(2) Prospecting from the LRL is accomplished according to mission requirements.

c. HCLT. During RS visits the HCLT will ensure that all LRL are properly prepared, posted, and maintained and that the LRL are worked as a part of the prospecting plan.

3-15. Documentation

a. HCR. Make an appointment for a sales interview following successful prospecting efforts. Accomplish the following administrative actions after an appointment is made:

(1) Initiate USAREC Form 200-5 immediately following the prospect's agreement to an appointment (see app E).

(2) Enter the appointment in the Planning Guide (see app B).

(3) Document the appropriate USAREC Form 539 (see app D) with the code "200." In the case of a new lead, add the prospect's name to an existing USAREC Form 539.

(4) Give the completed USAREC Form 200-5 to the RS commander at the next scheduled PR.

b. RS commander. Following successful prospecting efforts, an appointment for a sales interview will be made. RS commanders will ensure the following administrative actions are accomplished:

(1) The HCR initiates a USAREC Form 200-5 immediately following the prospect's agreement to an appointment. When an applicant agrees to an appointment, the RS commander will obtain the PDR. Review and validate the appointment prior to entering on USAREC Form 533-A. RS commanders do not have to wait for next scheduled PR.

(2) The HCR enters the appointment into his or her Planning Guide.

(3) HCR are on time for all appointments and their uniform and appearance is impeccable.

(4) Privacy Act requirements are observed by HCR (including telephonically).

c. HCLT. The HCLT will ensure the following administrative actions are accomplished within each RS:

(1) USAREC Form 200-5 is initiated immediately following each prospect's agreement to an appointment.

(2) Recruiting personnel are on time for appointments and their personal appearance is impeccable.

(3) Particular options are not guaranteed to prospects during the sales interview.

(4) Privacy Act requirements are observed by all recruiting personnel.

3-16. PDR file system

a. HCR. HCR will ensure PDR cards are filed in accordance with appendix F, which outlines the organization and use of the HCR's PDR filing system. The final decision to terminate HCR followup for a given prospect or applicant rests with the RS commander. When this decision is made, the PDR is removed from the HCR's PDR filing system and placed into the RS's centralized PDR filing system.

b. RS commander.

(1) RS commanders will ensure PDR cards are filed in accordance with appendix F. The final decision to terminate HCR followup for a given prospect or applicant rests with the RS commander. When this decision is made, the PDR is removed from the HCR's PDR filing system and placed into the RS's centralized PDR filing system.

(2) RS commanders will maintain the centralized PDR filing system. This card file system provides a centralized record of all prospects who have not commissioned, are disqualified, or have potential for future enlistment or appointment but, who are not being actively worked by an HCR. Instructions for completion are at appendix L.

c. HCLT.

(1) The HCLT should spot-check the HCR's PDR filing system to ensure that cards are filed and followups are being done.

(2) The HCLT will ensure the two divisions of the centralized PDR system are maintained by each RS commander as required by appendix L. The HCLT will further ensure that each RS commander accomplishes review of the PDR files as specified within this regulation.

3-17. Management of the School Recruiting Program

a. This section outlines specific actions which must be taken by the RS commander to manage the School Recruiting Program. The RS commander manages the School Recruiting Program by ensuring the HCR has a detailed plan to penetrate and promote the Army in the school. During PR the RS commander ensures the HCR has planned his or her time to accomplish essential activities and followup in a timely manner. This is done to evaluate and determine if time invested was worthwhile. All information is documented in USAREC Form 815.

b. Review of USAREC Form 815 can provide the following information:

(1) Historical data as to how receptive the school has been.

(2) What changes in the market have taken place.

(3) What has been done to penetrate the school in the past.

(4) Who are the school points of contact.

(5) Production trends.

(6) Identify weaknesses in the School Recruiting Program and training needs.

(7) Data for RS market analysis.

NOTE: Intent is to provide the RS commander with a historical document to measure past performance of the School Recruiting Program and to provide information to assist in formulating a plan for increased penetration.

c. In order to effectively manage the School Recruiting Program the RS commander will maintain USAREC Form 636-A (see app O) and update it at the end of each quarter with information gathered from HCR during PR.

3-18. USAREC Form 533-A
Each prospect agreeing to an appointment will be entered onto USAREC Form 533-A. These forms provide the RS commander a tool from which to manage HCR activity.

a. Entries on the forms are made by the RS commander during HCR PR or as information becomes available. RS commanders will provide specific guidance concerning the nature and timeframe of followup to be accomplished for each prospective applicant. RS commanders will ensure HCR followup is accomplished in all instances.

b. Detailed instructions regarding the preparation and use of USAREC Form 533-A are provided in appendix K.

3-19. ADSW Program
The HCLT will ensure that RS commanders use this resource effectively and report the effectiveness of ADSW personnel in generating referrals. Additional information and requirements relating to the ADSW Program are found in AR 135-200 and the current USAREC policy in effect for ADSW.

Chapter 4
Selling

4-1. Policy

a. HCR. This chapter contains policies and guidance concerning the conduct of the sales interview. USAREC Pam 350-7 provides guidelines and techniques for conducting sales interviews. (See figs 4-1 and 4-2.)

(1) HCR must be knowledgeable and able to conduct sales interviews utilizing the Sales Portfolio.

(2) Prior to gathering any data from prospects for entry onto USAREC Form 200-5, HCR must provide them with the Privacy Act statement. This requirement is satisfied by giving the prospect the top portion of the USAREC Form 200-5 during a face-to-face interview.

(3) HCR will annotate USAREC Form 200-5 with information as it is received from the prospect or immediately upon completion of the sales interview.

b. RS commander.

(1) RS commanders will ensure that USAREC Form 200-5 is properly annotated with information as it is received from the prospect or immediately upon completion of the sales interview and that his or her HCR are knowledgeable and able to conduct the sales interview.

(2) It is the responsibility of the RS commander to ensure his or her HCR are knowledgeable and able to conduct a sales interview.

(3) If the HCR is unable to sell, the RS commander will assess the problem to determine what remedial training is needed.

4-2. Required HCR skills
During the sales interview the HCR must be able to:

a. Establish rapport and credibility.
b. Determine goals, needs, and interests.
c. Determine qualifications.
d. Present features and benefits.
e. Close and handle objections.

4-3. Applicant commitment to processing
HCR will strive to obtain a commitment to apply for appointment from every qualified prospect interviewed. Once a commitment is made, the HCR will ensure the applicant has the documents required for further processing (i.e., birth certificate, social security card, education verification, etc.,) and is briefed on what to expect at the Military Entrance Processing Station (MEPS).
NOTE: If applicants refuse to process, ensure a followup is scheduled for another opportunity to get a commitment.

4-4. Referrals
HCR will attempt to gain referrals from each prospect upon conclusion of the sales interview.

Chapter 5
Processing

Section I
General

5-1. Policy
This chapter prescribes policy and procedures for determination and transfer of processing responsibility for a contact or prospect and for documentation of the transfer of administrative processing responsibility between recruiting personnel.

Section II
Procedures

5-2. Determination of processing responsibility

a. At the earliest possible point during the initial interaction between an HCR and a contact or prospect, the HCR will determine whether the contact or prospect is a part of that RS's assigned territory and whether the contact or prospect is interested in the Regular Army (RA) or USAR.

b. If the initial HCR is an RA HCR and the contact or prospect is interested in the USAR, the contact or prospect will be referred to a USAR HCR before processing begins or prior to verification of transferability for IRR transfers (i.e., DD Form 2807-2 (Medical Prescreen of Medical History Report), physical, etc.).

c. If an applicant has been referred to a USAR HCR by an RS without a USAR HCR assigned to it, and the applicant changes his or her mind and processes for the RA, the USAR HCR will receive credit. The RS that referred the applicant will receive RS credit. This also applies when an applicant was referred across HCRT or AMEDD Det boundaries.

d. If there is no USAR HCR assigned to the RS, the HCLT will determine processing responsibility.

e. If the initial HCR is a USAR HCR and the contact or prospect is interested in the RA, the contact or prospect will be referred to an RA HCR before processing begins (i.e., prequalification, DD Form 2807-2, physical, etc.).

f. If the contact or prospect is not a member of that HCR's assigned RS, that HCR will consult his or her immediate commander. If the contact or prospect is not from the RS's assigned territory or if the RS commander desires to assign processing responsibility to another HCR, the circumstances will be referred to a commissioned officer in the chain of command. A commander (commissioned officer) in the supervisory chain will make the determination of processing responsibilities as follows:

(1) The HCLT commander or first sergeant on orders as acting commander will determine processing responsibility if the prospect or applicant resides within his or her HCLT boundaries.

(2) The AMEDD Det commander will determine processing responsibility if the prospect or applicant resides within his or her AMEDD Det's boundaries and a conflict arises between HCLT under his or her command. The AMEDD Det commander may delegate this authority to the AMEDD Det executive officer.

(3) The Rctg Bde commander will determine processing responsibility if the prospect or applicant resides within his or her Rctg Bde's boundaries and a conflict arises between AMEDD Dets. The Rctg Bde commander may delegate this authority to the deputy Rctg Bde commander or Chief of Staff.

(4) HQ USAREC, Recruiting Operations Directorate, Plans and Policy Division, will determine processing responsibility if a prospect or applicant resides within one Rctg Bde's boundaries and another Rctg Bde desires to process or processes a prospect or applicant and a conflict arises between the two Rctg Bdes.

(5) Assignment of processing responsibility for all "walk-in" prospects or applicants is determined by the RS commander if the "walk-in" is from that RS's territory. If the "walk-in" is not from the RS's territory the appropriate commander (commissioned officer), as stipulated above, will determine processing responsibility.

(6) Commanders are encouraged to resolve conflicts between commands and arrive at mutually agreed upon solutions to processing responsibilities. Conflicts that cannot be mutually agreed upon between commanders will be referred to the next higher commander within the supervisory chain. The Recruiting Operations Directorate, Plans and Policy Division, will determine processing responsibility for HQ USAREC.

g. Commanders at all levels will ensure that processing responsibility determinations are based upon the policies stated in this regulation.

h. Once a determination of processing responsibility has been made, that responsibility will not be transferred without the personal approval of the appropriate commander. Such approval must occur prior to the actual processing. Telephonic approval may be obtained, but must be documented in accordance with paragraph 5-4.

5-3. Financial Assistance Program, Specialized Training Assistance Program, and HPSP

a. Any HCR that obtains a list of students accepted to a postgraduate program in their area may contact those prospects. If the prospect has not been contacted by the HCR that covers the current school they attend, the prospect may be processed by the HCR that has the school in which the prospect has been accepted once they are enrolled in their postgraduate studies. See appendix V for use of USAREC Form 991-A (AMEDD Educational Delay, Health Professional Scholarship Program, and Financial Assistance Program Assumption of Credit).

(1) Example: John Smith attends USC in California (6th Rctg Bde area) and is accepted to the University of Miami (2d Rctg Bde area) for postgraduate medical school. HCR in Miami obtains a list from the financial aid office of students accepted to University of Miami for medical school. HCR sends out congratulations letters and an information paper on HPSP and/or contacts the prospect directly and finds that no one has contacted them or sent any information on their potential use of HPSP as an alternative to fund their schooling. The HCR in 2d Rctg Bde that has University of Miami will have processing responsibility once the prospect has enrolled at the University of Miami.

(2) Example: Linda Jones attends the University of Oklahoma for pre-med and applies to the University of Pittsburgh for medical school. The HCR that covers the University of Oklahoma contacts the prospect from a list obtained from the school, obtains an appointment, and conducts a sales interview. The applicant decides to process but wants to wait until she gets to Pittsburgh if accepted. The HCR in Pittsburgh obtains a list from their medical school and contacts the prospect. Linda Jones states that she would like to process once she gets to school. The HCR tells her to get a 4-year scholarship, she must start now and mails her a packet. Linda completes the packet and returns it to the HCR in Pittsburgh. The HCR gathers remaining documentation and forwards the packet to HQ USAREC (RCHS) for boarding. The HCR of credit is the HCR from Oklahoma since the initial contact and sales interview was completed and the applicant requested to wait and the HCR from Pittsburgh should have verified whether she had been contacted by another HCR, and if she had, work out the situation for a courtesy commission (unless the HCR from Oklahoma passes it off to the HCR in Pittsburgh and notifies the HCLT and AMEDD Det involved).

b. For those applying for the Financial Assistance Program (FAP), contact must be made during the final year of medical school to receive credit. The processing must be substantially completed (physically qualified) to receive credit for applicants that move to another area and have the HCR there complete the processing as a courtesy.

5-4. Transfer of processing responsibility

a. The processing responsibility will not be transferred if the administrative processing is substantially complete, except as authorized below. This is normally evidenced by completion of the following: For IRR transfers, completion of DA Form 4187 (Personnel Action) or DA Form 4651-R (Request for Reserve Component Assignment or Attachment); the completion of USAREC Form 658-R-E (AMEDD Application Worksheet), DD Form 2807-2, and the applicant entered on OWNRS.

b. While the initial assignment of processing responsibility may be determined by an RS commander, all transfers of processing responsibility must be approved by a commander who is a commissioned officer.

c. Processing substantially completed and HCR unable to complete the processing due to reassignment, hospitalization, extended TDY or leave, or no longer on production. If the HCR with processing responsibility for a prospect is unable to complete the processing due to his or her reassignment, hospitalization, extended TDY or leave, or no longer on production, the issue of processing responsibility will be referred to the appropriate commander (commissioned officer) for determination of further action. The appropriate commander will:

(1) Designate a different HCR or supervisor to monitor the completion of processing while mission accomplishment credit and award points remains with the HCR who originated the processing.

(2) Ensure that if the HCR who substantially completed the processing is no longer a production HCR, the mission accomplishment credit is not transferred to another individual HCR. The mission accomplishment credit will remain with the RS where the HCR of credit was assigned when contact was first made and processing was substantially completed (as identified on a letter of transmittal for AMEDD applicants).

d. Processing not substantially completed.

(1) If the administrative processing has not been substantially completed, then processing responsibility may be transferred to a different HCR. The HCR assuming processing responsibility will place his or her name and HCR ID number on a letter of transmittal if an AMEDD applicant, and will receive mission accomplishment credit and award points if the applicant subsequently enters the Army.

(2) The HCR who assumes processing responsibility will personally verify all previously accomplished procedures. At a minimum, this will include:

(a) Verification of all understandings of the prospect or applicant concerning Army opportunities.

(b) Verification of basic qualifications.

(c) Verify all information in the packet with the applicant.

5-5. Documentation of processing responsibility

Whenever a determination of processing responsibility is made in accordance with paragraph 5-4d(1), concerning more than one HCR, USAREC Form 533-A and USAREC Form 200-5 for both HCR will be annotated in the "Remarks" section to indicate that such a determination was made and by whom.

5-6. AMEDD processing responsibility

a. AMEDD Det commanders ensure each AMEDD RS is assigned a recruiting territory.

b. Each college and hospital is protected and belongs to the RS responsible for that territory.

c. Current year seniors within graduation date are protected.

5-7. Termination

Upon RA DEP loss, processing responsibilities terminate. All RA DEP losses are then eligible for contact and processing by any RA or USAR HCR assigned to the RS.

5-8. Improper assignment or transfer of processing responsibility

a. Any information concerning possible improper assignment or transfer of processing responsibility will be referred to the appropriate commander of the HCR who received or would receive credit for the enlistment or appointment.

b. If it is determined that an improper assignment or transfer of processing responsibility was made, the AMEDD Det operations officer will accomplish the following actions:

(1) Forward a written request to HQ USAREC (RCHS) for a correction of the HCR of credit on OWNRS data base. The request should contain a brief synopsis of the circumstances which necessitate the change.

(2) A copy of the request for correction will be filed in the applicant's residual file.

5-9. Prohibitions

a. Poaching is prohibited and will be considered as serious misconduct. Incidents of poaching will be reported to the chain of command, and an inquiry conducted. Necessary corrective action will be taken.

b. Mission accomplishment credit of relieved or suspended personnel will not be given to any other individual HCR. Such credits will remain RS credits.

c. No USAREC personnel will accept mission accomplishment credit for any applicant not processed in accordance with this regulation.

d. The transfer of enlistment credit (giving, loaning, or borrowing enlistment credits) from an individual HCR or one organization (i.e., RS, HCRT, AMEDD Det, and Rctg Bde commands) to another is prohibited and considered misconduct.

e. The integrity assignment process and mission accomplishments cannot be compromised. The shifting or holding of mission to accommodate or otherwise make an RS successful when

in fact they would not have been without this mission adjustment is prohibited. Any and all "gaming" that undermines the true accomplishment or actual mission of an RS is prohibited.

5-10. Infractions

All recruiting personnel will take positive and immediate action if an infraction of the provisions of this regulation is suspected. This action will include, as a minimum, immediate notification to a commissioned officer in the chain of command.

5-11. Policy interpretation

All questions concerning interpretation of the policies and procedures will be submitted through the chain of command to HQ USAREC (RCHS-OP).

Section III
Processing Appointments

5-12. General

This section provides policies and guidance as it applies to processing applicants for appointment.

5-13. Scheduling applicants for processing

a. HCR will use the Army Recruiting Information Support System (ARISS) to schedule all MEPS physicals when processing any applicant.

b. USMEPCOM Form 714-A (Request for Examination) (see app X) is the first form used by the MEPS to input the MEPS Reporting System (MEPRS). USMEPCOM Form 714-A data, if incorrect, will cause subsequent mismatch of information between MEPRS and REQUEST.

Section IV
Medical Processing

5-14. General

a. All applicants must meet procurement physical fitness standards as prescribed in AR 40-501 and AR 600-9. It is the HCR's responsibility to ensure that all applicants are physically qualified prior to submitting any packet for an appointment board.

(1) If the HCR determines, during completion of DD Form 2807-2, that medical documentation is required; obtain it and forward in accordance with the local MEPS' policy prior to the applicant's arrival.

NOTE: Ensure applicants are aware that drug and alcohol testing (DAT) and Human Immunodeficiency Virus (HIV) testing are part of the physical examination (PE). All applicants must read and sign USAREC Form 1145 (Drug and Alcohol Testing Acknowledgment). This form will be attached to the DD Form 2807-2. A copy of USAREC Form 1145 will be maintained in the RS until the applicant enlists or is appointed.

(2) Any applicant who has a tattoo that is not in compliance with AR 670-1, paragraph 1-8d, will not be processed for appointment. Any exception to this policy must be requested by the AMEDD Det commander.

(3) Ensure permanently disqualified applicants understand the reason(s) for their disqualification(s). Ensure applicants with a temporary disqualification understand the reason(s) for their disqualification and when they may return to MEPS for further processing.

b. This section has been designed to make the medical qualifying process as easy as possible for the applicant and HCR. It should save HCR's time from being spent on applicants who cannot be qualified. Also, it should prevent costly existing prior to service (EPTS) discharges while increasing the approval rate of submitted waivers.

c. The recruiting process is taxing on the applicant and HCR alike. The medical qualification process plays a major part in an applicant's enlistment. Cooperation between the MEPS, applicants, and HCR can make this process professional and relatively painless.

5-15. Procedures

a. When an applicant has you as an HCR, his or her career is in your hands. The impression the applicant has of your professionalism is the impression he or she will have of the Army. This portion of the regulation will attempt to direct you through the medical portion of the applicant's enlistment. It will enable you to lead the applicant through the process in a smooth, professional manner. Please familiarize yourself with the procedures, pertinent regulations, and remember, "honesty is the best policy." Remember, with proper documentation, over 75 percent of submitted waivers are approved.

b. During your interview with the applicant, you will have him or her fill out DD Form 2807-2. Review the form with the applicant and be sure the applicant is being totally honest with you. Forward the signed DD Form 2807-2 and USMEPCOM Form 714-A to MEPS. The United States Military Entrance Processing Command (USMEPCOM) suggest you give them at least 48 hours to act on the prescreening form and all documentation forwarded to the MEPS. Once all the prescreening is accomplished and the applicant has received a MEPS physical date, ensure he or she brings all the items the MEPS has asked for. Remember, all applicants will be weighed. You can save yourself and the applicant a wasted trip by weighing the applicant before going. Instruct the applicant to avoid exposure to noise for 48 hours prior to the physical. This usually improves hearing up to five decibels.

c. Nonwaiverable conditions. Here is a list of conditions that are unlikely to be waivered for enlistees. However, waivers for AMEDD may be possible:

(1) Hearing. H-3 profiles in which the problem lies primarily in the high frequency ranges for nonprior service (NPS) applicants.

(2) Surgery for radial keratotomy.

(3) Surgery for morbid obesity (not even for AMEDD).

(4) Any history of anterior cruciate tear with or without repair with residual instability.

(5) Psoriasis or atopic dermatitis. This may be waiverable based on the severity of the case.

(6) Spondyloysis, spondylolisthesis, any spinal fusion by surgery (as opposed to congenital) as well as laminectomy or other surgery for spinal disc degeneration.

(7) Ulcerative colitis or regional enteritis (not even for AMEDD).

(8) Symptomatic scoliosis or a history of Harrington rod surgery.

d. MEPS responsibility. Here are some tips to help speed up the waiver process. These conditions will require the following information to accompany the waiver request. This is what the chief medical officer (CMO) should do:

(1) Cardiac - Mitral Valve Prolapse - if asymptomatic and uncomplicated (AR 40-501, para 2-18a) is qualifying. If disqualified and feel a waiver is possible:

(a) Cardiology consult with complete review of cardiac history and symptoms. If consult suggests further tests, then consult must make a conclusive diagnosis and prognosis after the test results are reviewed.

(b) Electrocardiogram and chest X ray.

(c) 2-D echocardiogram with Doppler flow studies.

(d) All previous medical and/or hospital summaries.

(2) Proteinuria (AR 40-501, para 2-15k). If random specimens indicate urine creatinine ratio of more than .2 but less than .7, the condition is waiverable. If ratio exceeds .7, the applicant is automatically medically disqualified. Microscopic urinalysis is required.

(3) Orthopedic.

(a) Specify on the consult request what you need. Activities history and presence of pain, always. Be quantitative. Complete orthopedic exam with documentation of each test. Ortho consult must address whether applicant can march 25 miles in boots. Diagnosis and prognosis are necessary. Use of orthotics is a nonwaiverable disqualification.

(b) Chondromalecia patellae, subluxing patella, or shoulder need an "apprehension" test. Must be documented.

(c) All medical, hospital, and/or operative reports.

(d) Scoliosis needs full range of motion and strength of back, history of symptoms, treatment, measurement of scoliotic angle. Photograph of applicant.

(e) Send X ray with scoliosis, any internal fixation devices, fractures into joints of "arthritic" joints, and any amputations.

(f) Missing pectoralis: Photograph in up and down push-up position from in front and standing.

(4) Abdominal surgery.

(a) No waiver required on appendectomy or cholecystectomy unless there were complications.

(b) Any intestinal obstruction or resection - all medical and/or hospital records. Suggest gastrointestinal series of appropriate area.

(c) No waivers for stomach stapling or other obesity control surgery (including AMEDD).

(d) Peptic ulcer.

1. All medical records.

2. Interim history of symptoms and/or bleeding, annotate SF 93 (Medical Record-Report of Medical History).

3. Current upper gastrointestinal or endoscopy (less than 1 year old).

(5) Skin.

(a) Eczema - Consult must give a history to include how long, how often, and what medication used. Physical should describe and quantify the number and placement of all lesions. A diagnosis and prognosis should be included.

(b) Scars - Must have prognosis regarding breakdown potential, especially if in the "boot or backpack" area. Photographs help.

(6) Hypertension - If preponderant readings are abnormal and you want to submit a waiver:

(a) Obtain 3-day blood pressure check in three positions (stand, sit, supine) done twice daily. That physician should also state if applicant was on medication.

(b) Another recheck (reevaluation believed justified (RBJ)) at MEPS.

(c) If applicant has large arms, annotate if the obese cuff was used.

(7) Vision - Spherical equivalent up to + 8.25 will be waived automatically. Waivers for greater correction are evaluated individually.

(8) Hearing. Waiver criteria is left to the discretion of the CMO and the USAREC Surgeon. Retest after 48 hours of noise-free environment, be sure there is no hay fever or respiratory infection.

(9) Asthma - Take an accurate history to include dyspnea, cough (especially at night), dyspnea, or wheezing with exercise. Obtain all medical records. We may later request postexercise pulmonary function tests both before and after bronchodilators.

(10) Bee sting allergy, if systemic (anaphylactic) - Must have venom testing results. Some doctors will provide radioallergosorbent test results showing the applicant is not allergic. Radioallergosorbent test results are unacceptable. Venom testing (skin tests) is the only acceptable method of determining allergy status. If desensitized must have allergist statement that applicant is on maintenance. Waiver only available for persons who have completed desensitization to the maintenance level.

(11) Flat feet. Need photographs with pant legs rolled up, feet parallel, and 12 inches apart. Photograph from in front and in back at foot level. Comment on SF 88 (Report of Medical Examination) for bulging (yes or no), pronation, etc. Give not only statement "asymptomatic" but add the applicant's exercise history (i.e., teams competed on, work, etc.,) does he or she run. Use of orthotics is a nonwaiverable disqualification.

(12) Finally, a photograph of any unusual physical finding (scars, acne, scoliosis, pectus missing joints, pes cavus, or planus).

e. HCR responsibility. This is what you should send along: Endorsements. An applicant is usually disqualified for a specific defect. A good endorsement should prove, beyond any doubt, that the applicant functions well in spite of it. For example, if the applicant was disqualified for flat feet, the endorsement should demonstrate he or she has never been limited by the feet. Good endorsements would include:

(1) Letters from coaches that the applicant has been on a varsity team in a sport (e.g., basketball, football, track, etc.,) and has not experienced any pain. The letter should describe the participation and make clear that he or she was not a "bench warmer."

(2) Letters from employers stating the applicant is on his or her feet 8 hours a day, never complains about foot pain, and never misses work.

(3) The HCR will not request the applicant perform any exercise in the HCR's presence nor will a fitness test be administered.

(4) Photographs. A picture is truly worth a thousand words. Photographs, if required below, should be taken by recruiting officials or MEPS personnel. For example if a person is disqualified for:

(a) Scoliosis. Send pictures (for men in shorts, females in two-piece attire). We will want to see if the person can stand erect in spite of the curvature.

(b) Flat feet. Send pictures, close up in all positions, including bottoms.

(c) Overweight. If the person was taped and found to meet body fat standards and could be considered to be a body builder, send photographs (men in shorts, females in two-piece attire).

(d) Orthopedic problems. Always have pictures sent of the defect and how the applicant can perform military duties (i.e., shooting, push-ups, typing, squatting, saluting, etc.).

(e) Tattoos. If disqualifying, send a picture. Pictures always help in determining the extent of the disability.

f. Upon successful completion of the PE or waiver approval, the applicant can be processed. However, your job is not done yet. You must continue to monitor the DEP member, while he or she is in the DEP to ensure that they remain physically eligible to access on their ship date.

Section V
Eligibility

5-16. Professional requirements

AMEDD applicants are tendered appointments as commissioned officers in the USAR with or without concurrent call to AD.

a. Medicine.

(1) MC. Applicants are eligible for appointment and assignment to the MC if practicing medicine in the United States or a U.S. territory.

(a) Must be a graduate of an accredited school of medicine and have completed at least 12 months of first-year graduate medical education (FYGME) in a program approved by the Accreditation Council on Graduation Medical Education (ACGME); or,

(b) Is a graduate of a foreign medical school and has a standard Educational Commission for Foreign Medical Graduates (ECFMG) Certificate; has unrestricted license to practice medicine or surgery in the United States, District of Columbia, Commonwealth of Puerto Rico, or a U.S. territory; and has successfully completed 1 year of graduate medical education in an approved program listed in the Directory of Residency Training Programs.

(2) Osteopathy. Must be a graduate of a 4-year or equivalent program with a degree of Doctor of Osteopathy from an accredited college of osteopathy whose graduates are eligible to practice medicine or surgery in the United States, District of Columbia, Commonwealth of Puerto Rico, or a U.S. territory; has completed 12 months of FYGME in a hospital approved by the American Osteopathic Association or the ACGME.

b. DC. Applicants are eligible for appointment and assignment to the DC if practicing dentistry and are graduates of an American Dental Association accredited dental school in the United States, District of Columbia, Commonwealth of Puerto Rico, or Canada and licensed to practice dentistry in the United States, District of Columbia, Commonwealth of Puerto Rico, or a U.S. territory. (For AD assignments, requirement for licensure may be waived if an otherwise qualified applicant is being considered within 1 year after graduation.)

c. Veterinary Corps (VC).

(1) Applicants are eligible for appointment and assignment to the VC if practicing veterinary medicine and have a permanent, unrestricted licensure to practice veterinary medicine in the United States, District of Columbia, Commonwealth of Puerto Rico, or a U.S. territory.

(2) Applicants must be graduates of an American Veternary Medical Association accredited school of veterinary medicine in the United States, District of Columbia, Commonwealth of Puerto Rico, or Canada. If a graduate of a foreign veterinary school, an applicant must have a standard Educational Commission for Foreign Veterinary Graduates Certificate and licensure to practice veterinary medicine in the United States, District of Columbia, Puerto Rico, or a U.S. territory. For AD assignments, requirement may be waived by The Army Surgeon General (TSG) if an otherwise qualified person is being considered within 1 year of graduation.

d. Medical Service Corps (MS). Applicants are eligible for appointment and assignment to the MS if they meet the qualifying college education shown under each specialty. The educational requirement for each of the specialties in (1) through (15) below must be met by attainment of the qualifying degree from an accred-

ited college or university. In all cases, accreditation must be effective on the date the degree was awarded. Students pursuing a doctoral degree or a master's degree in a specialty where no license is required may be boarded in their last year of education up to 6 months before graduation.

(1) Optometry. Must be a graduate of a school or college of optometry acceptable to TSG; must have a current license to practice optometry in the United States, District of Columbia, Commonwealth of Puerto Rico, or a U.S. territory.

(2) Podiatry. Must have a Doctor of Podiatric Medicine degree from a school acceptable to TSG; must be licensed to practice podiatry in the United States, District of Columbia, Commonwealth of Puerto Rico, or a U.S. territory. Must also have a 1-year Podiatric Surgical Residency (PSR-12).

(3) Clinical Psychology. Must have a doctoral degree from an accredited program in clinical or counseling psychology or other subspecialty of psychology and must have completed an accredited 1-year clinical psychology internship or equivalent.

(4) Research Psychology. Must have a doctoral degree in a research subspecialty of psychology required by an Army research and development program.

(5) Pharmacy. Must be a graduate of a school of pharmacy and have a current license to practice pharmacy in the United States, District of Columbia, Puerto Rico, or a U.S. territory.

(6) Laboratory Sciences. Must have a doctorate in physiology or parasitology or a master's degree in microbiology, biochemistry, or immunology. Individuals may be considered who have a baccalaureate degree in a biological science with at least 1 year of clinical laboratory experience and possess either certification by the American Society of Clinical Pathology or equivalent certification.

(7) Social Work. Must have a master's degree or doctor of philosophy from an accredited program in social work and a current license.

(8) Audiology. Must have a master's degree in audiology or in speech pathology and audiology with major emphasis on audiology.

(9) Environmental Science. Must have a master's degree in public health or related area of specialization (such as environmental health, environmental science, industrial hygiene, or food technology). Individuals with a baccalaureate degree in these fields may be considered.

(10) Sanitary Engineering. Must have a master's degree in sanitary, environmental, environmental health, public, health, civil, water resources, or chemical or mechanical engineering. Individuals with a baccalaureate degree in these fields may be considered.

(11) Nuclear Medical Science. Must have a doctor of philosophy degree or master's degree with specialization in one of the following academic fields: Radiobiology, biophysics, medical physics, radiochemistry, nuclear physics, health physics, radiological physics, applied atomic physics, nuclear engineering, or laser or microwave physics. Individuals with a baccalaureate degree in one of these academic fields and 3 years of experience in the field may be considered.

(12) Entomology. Must have a master's degree with a major in entomology with a minimum of one medical entomology course.

(13) Health Care Administration. Must have at a minimum a master's degree in a specifically-related field.

(14) Biomedical Information Systems. Must have a baccalaureate degree in biomedical instrumentation engineering, operations research, systems analysis, systems management, computer science, or other related fields.

(15) Other MS specialties. Must have a baccalaureate degree in the appropriate field.

e. Army Medical Specialist Corps (SP). Applicants are eligible for appointment and assignment to the SP if they meet the qualifying college education as shown below. In all cases, accreditation must be effective on the date the degree was awarded.

(1) Dietitian.

(a) Have a baccalaureate degree from an accredited college or university in a coordinated dietetics program; or have a baccalaureate degree in a program that has included or is followed by courses and credit hours required by the American Dietetic Association (ADA) for entrance to an approved internship;

(b) Be a registered dietitian (RD);

(c) Have completed one of the following routes to ADA membership: Hold a certificate of completion from an ADA-accredited hospital dietetic internship or hold a certificate of completion from an accredited coordinated undergraduate program in dietetics;

(d) Have completed a route to ADA membership other than one of the methods above followed by 1 year full-time employment as an RD in a hospital approved by the Joint Commission on the Accreditation of Hospitals.

(2) Physical therapist (PT).

(a) Have a baccalaureate degree, basic master's degree, or a certificate in physical therapy with a baccalaureate degree in another area of study. Degrees or certificates are obtained by completing a physical therapy program accredited by the American Physical Therapy Association (APTA).

(b) Be eligible for membership in the APTA.

(c) Be a licensed PT.

(3) Occupational therapist (OT).

(a) Have a baccalaureate degree, basic master's degree, or a baccalaureate degree in another area of study followed by a certificate program in occupational therapy. Degree or certificate programs must be approved by the American Occupational Therapy Association (AOTA) and the Council on Medical Education of the American Medical Association.

(b) Furnish proof that fieldwork experience has been completed successfully.

(c) Be certified as an OT by the AOTA.

(4) Physician assistant (PA).

(a) Have completed academic and practical training leading to certification by the National Commission of Certification of Physician Assistants (NCCPA) and hold a baccalaureate degree or basic master's degree.

(b) Be certified by the NCCPA.

f. Registered nurse (RN).

(1) An RN must be distinguished from an LPN, licensed vocational nurse (LVN), nursing assistant, or nurse's aide. There are three primary entry level programs for RN: Associate degree program, diploma (DPL) program, and the baccalaureate degree program. All graduates of RN programs are eligible to take the National Council Licensure Examination - Registered Nurse (NCLEX-RN).

(2) Graduate nurse (GN). A nurse who has graduated from an accredited school of nursing and who is awaiting results of his or her NCLEX-RN.

(3) Associate degree programs (ADN). These RN programs are usually located at community or junior colleges and are 2 years in length. ADN are only eligible to process for a USAR appointment without concurrent call to AD and in accordance with announced recruiting requirements for the fiscal year (FY).

(4) DPL or hospital schools of nursing. These RN programs are usually 2- or 3-year schools affiliated with a hospital or medical center that leads to a DPL in nursing from that hospital. They are sometimes affiliated with a college, but a BSN or ADN is not granted upon graduation. These graduates are only eligible to process for a USAR appointment without concurrent call to AD and in accordance with announced recruiting requirements for the FY.

(5) BSN. There are two basic types of BSN programs. The first, called a generic program, is a 4- or 5-year university or collegiate program leading to a BSN. The second program is for RN who graduated from an associate degree or DPL program who enroll in a baccalaureate program called a degree-completion program. Degree-completion programs are generally 2 years in length and are offered at colleges and universities. Graduates of these programs are eligible to process for the USAR with or without concurrent call to AD.

(6) Master of science in nursing (MSN). There are a few accredited basic nursing education programs leading to an MSN (i.e., the participant never attended a BSN program). Graduates of these programs are eligible to apply for a USAR appointment with or without concurrent call to AD.

5-17. School accreditation

a. Applicants for any AMEDD Corps must be graduates of educational programs accredited by an agency recognized by the U.S. Secretary of Education and acceptable to TSG.

(1) MC applicants. Must have completed at least 12 months of FYGME in a program approved by the ACGME or listed in the Directory

of Residency Training Programs. This may be waived on a case-by-case basis.

(2) Army Nurse Corps (AN) applicants. Must be graduates of nursing educational programs accredited by an agency recognized by the U.S. Secretary of Education and acceptable to the Department of the Army (DA).

b. A graduate of any recognized accredited school preparing an individual for licensure as an RN is eligible to process for a USAR appointment. The school program must be accredited at the time the applicant graduated.

c. Graduates of nonaccredited nursing programs may become eligible by completing an accredited nursing program or by graduating with a BSN or MSN in Nurse Anesthesia from an anesthesia school accredited by the American Association of Nurse Anesthestists (AANA); these programs must be in the United States, District of Columbia, Commonwealth of Puerto Rico, or a U.S. territory.

d. Former AN officers are exempt from the eligibility criterion that requires graduation from an accredited program.

5-18. Age, age-in-grade, and time-in-service

a. A verified true copy of the original birth certificate will be used to verify age.

b. The minimum age for appointment and assignment to an AMEDD branch is 21 years (this requirement is nonwaiverable).

c. Applicants exceeding 47 and 1/2 years of age are ineligible to apply (this requirement is waiverable for DC and MC).

d. By law, without any waivers or extensions, all applicants must be able to complete 20 years of active federal service (AFS) by age 60 to qualify for retirement; 10 years of which must be active federal commissioned service (AFCS). Applicants within 6 months of age 40 must request age waivers and those who will have 10 or more years of AFS at the time of appointment will require a time-in-service (TIS) waiver.

e. Applicants for the AMEDD exceeding the following maximum allowable ages for appointment (with or without prior commissioned service) in the grade for which they are educationally and professionally qualified must request an age-in-grade waiver.

(1) Second lieutenant - 33 years.
(2) First lieutenant - 38 years.
(3) Captain - 43 years.
(4) Major - 50 years.
(5) Lieutenant colonel - 51 years.
(6) Colonel - 55 years.

5-19. Marital status and family members

The marital status and number of family members of an applicant is not restricted unless the program for which the applicant is applying is subject to enlistment standards. However, applicants should be counseled regarding the requirement that assignments are made in the best interest of the Army, regardless of marital status or responsibility for family members. In addition, applicants must understand that concurrent travel to overseas assignment is determined by the gaining command and that joint domicile assignments are given consideration, but are not always possible or feasible.

5-20. Licensure

a. MC applicants with or without concurrent call to AD must have a permanent, unrestricted license to practice medicine or surgery in the United States, District of Columbia, Commonwealth of Puerto Rico, or a U.S. territory. The requirement for licensure may be waivered for:

(1) Recent graduates selected for an Army FYGME program.

(2) USAR officers who are recent graduates of an accredited school of medicine or accredited college of osteopathy and are currently in an ACGME or American Osteopathic Association approved graduate medical education program.

(3) USAR officers assigned to an active duty obligor control group or,

(4) Graduates of a medical school in Puerto Rico and have a provisional license to practice medicine or surgery in Puerto Rico.

b. DC applicants with or without concurrent call to AD must have a permanent, unrestricted license to practice dentistry in the United States, District of Columbia, Commonwealth of Puerto Rico, or a U.S. territory. Requirement for licensure may be waived if an otherwise qualified applicant is being considered within 1 year of graduation. Students who are applying for AD who are not licensed:

(1) Must show proof and sign a statement of notification indicating they have taken a state or regional board examination leading to state licensure prior to entry on AD.

(2) Must possess a valid state license within 1 year of AD.

(3) Selected DC applicants will not be assigned outside the continental United States (CONUS) until they hold a state license.

(4) Must have completed part (1) postgraduate year.

(5) Must be scheduled to take the United States Medical Licensure Examination step (3) or National Board of Medical Examiners Complex part (3) before the first day of their residency.

c. VC applicants with or without concurrent call to AD must have a permanent, unrestricted license to practice veterinary medicine in the United States, District of Columbia, Commonwealth of Puerto Rico, or a U.S. territory. Licensure requirement may be waived if an otherwise qualified applicant is being considered within 1 year of graduation.

d. MS applicants with or without concurrent call to AD in the specialties of optometry, podiatry, social work, and pharmacy must have a current, permanent, and unrestricted license to practice in the field for which they are applying. Students pursuing a doctoral degree or a master's degree in a specialty where no license is required, may be boarded in their last year of education up to 6 months before graduation.

e. SP.

(1) Dietetic applicants with or without concurrent call to AD must be registered with the ADA.

(2) Physical therapy applicants with or without concurrent call to AD must be eligible for membership in the APTA and furnish proof of state licensure.

(3) Occupational therapy applicants with or without concurrent call to AD must be certified as an OT by the AOTA.

(4) PA applicants with or without concurrent call to AD must be certified by the NCCPA.

(5) Students applying for direct appointment in the SP must sit for state or regional boards leading to registration, certification, or licensure at the first opportunity upon completion of academic or practical training leading to professional qualification in profession.

(6) All specialties within the SP must furnish proof of full-time employment in the field or specialty for not less than 6 months within the 1-year period preceding the date of appointment; or have become professionally qualified in the specialty within the 1-year period preceding date of appointment. Dietitians who have completed a route to ADA membership other than completion of a dietetic internship or graduation from an accredited coordinated undergraduate program in dietetics must show proof of 1 year full-time employment as an RD in a hospital approved by the Joint Commissions on the Accreditation of Hospitals.

f. AN. To practice as an RN, a GN takes a comprehensive test called the NCLEX-RN. All nursing students take the NCLEX-RN upon completing their basic nursing program. Applicants who passed an RN licensing examination other than the NCLEX-RN prior to 12 December 1986 are eligible for appointment in the AN.

(1) Unless the applicants are applying for an accelerated appointment as a student, they must be currently licensed to practice nursing as an RN in the United States, District of Columbia, or a U.S. territory.

(2) USAR applicants must have a current license at the time the application is submitted.

(3) Applicants applying for concurrent call to AD and who are in a student status completing a BSN degree must forward an official copy of their final transcripts with degree conferred to HQ USAREC (RCHS-AN) by the HCR prior to reporting to Officer Basic Course (OBC). In addition, student applicants:

(a) Must take the first available NCLEX-RN within 90 days after graduation. Student applicants cannot access onto AD without NCLEX-RN results and subsequent licensure.

(b) May not report to OBC until transcript and license verification are received at HQ USAREC (RCHS-AN).

(c) Who fail the NCLEX-RN will be administratively declined.

(4) Working nurses may be licensed to practice nursing in several states. They must have a current license for the state in which they are

practicing. As an exception, RN employed by Federal agencies (i.e., Veterans Administration, military hospitals) are allowed to practice nursing where currently assigned or employed without obtaining an additional license from the state in which the military hospital is located.

(5) All nursing licenses ever held by an applicant must be verified by the authenticator with the respective state boards of nursing. If any license is restricted, probationary, or revoked due to professional misconduct, the individual is ineligible to apply.

5-21. Professional work experience

a. Professional work experience is defined as clinical experience in the field for which applying, job-related training, or pursuit of a baccalaureate or higher level degree which would result in higher education in the required field of study. The work experience is calculated starting when the applicant begins employment.

b. Working applicants must be in a position that can only be filled by an individual required to have professional education and training in that specific health care field. Positions that can be filled by other individuals with nonspecific credentials or licensure do not meet this criterion.

5-22. Citizenship (AR 135-101, para 2-3)

a. Applicants must be U.S. citizens or have been admitted to the United States for permanent residence at the time of application.

b. A verified true copy of the official birth certificate will be used to verify U.S. citizenship. NOTE: DD Form 372 (Request for Verification of Birth) is unacceptable verification of citizenship under Immigration and Naturalization Service (INS) rules.

c. Naturalized citizens. A person not born in the United States or a U.S. territory, who becomes a citizen through a legal process. The HCR will see the original certificate of citizenship and complete DA Form 5252-R (Statement - Evidence of Citizenship Status), block 2.

d. Immigrant. A person who is not a U.S. citizen. An immigrant must be a permanent resident to be eligible for appointment. Immigrant applicants must have a permanent Alien Registration Card, either an INS Form I-551 (Alien Registration Receipt Card) (may have a form number and a registration number) or an INS Form I-151 (Alien Registration Receipt Card), use registration number as both form number and registration number. These cards are called "green cards."

e. Derived citizenship or child born abroad of American parent(s). A person who is born outside of the United States whose parents are native U.S. citizens. These persons should have one of the following forms: DS Form 1350 (Certificate of Birth Abroad of a Citizen of the United States), INS Form N-560 (Certificate of Citizenship), FS Form 545 (Certificate of Birth Abroad of a Citizen of the United States), or FS Form 240 (Consular Report of Birth Abroad).

f. Citizens through naturalization of parent. A person born outside of the United States to parent(s) who became naturalized U.S. citizens. The HCR will see the original certificate of citizenship and complete DA Form 5252-R, block 3.

5-23. Language proficiency (English as a second language)

a. Applicants must have demonstrated understanding and proficiency in the English language. This is currently validated by the English Comprehension Level Test (ECLT) which is administered at MEPS.

b. The ECLT must be taken by all NPS applicants who:

(1) Are native to Samoa, Guam, or Puerto Rico.

(2) Are not native speakers of English.

(3) Have resided in the United States less than 1 year.

c. In order to be eligible, applicants must achieve a score of 80 or higher. In addition, if applicants score less than 90 and are selected for an appointment, they will be scheduled to attend the Defense Language Institute prior to OBC.

5-24. Accelerated appointments

Qualified seniors can submit an application for appointment in any of the AMEDD Corps programs with concurrent call to AD, within the designated application time-frames as published by HQ USAREC (RCHS) for that FY. Qualified applicants in their final year of undergraduate, graduate, dental, or veterinary school can submit an application for appointment in the DC, MS, VC, and AN with concurrent call to AD within the appropriate application windows published by HQ USAREC (RCHS) for that FY.

a. The last completed academic semester or quarter grades must be available on the applicant's official transcripts.

b. Applications must include a statement from the school documenting the projected date of graduation.

c. Entry on active duty (EAD) may be denied and appointment revoked if all appointment requirements are not met.

5-25. Malpractice suits

All AN, DC, MS, VC, and SP applicants who have malpractice suits pending are ineligible to process their application until the malpractice suit is resolved (MC applicants are exempt from this provision). Eligibility is determined by the results of the lawsuit.

5-26. Expanded nurse roles

a. Certified Registered Nurse Anesthetists (CRNA). In addition, they must be a graduate of a nurse anesthesia program accredited by the AANA and hold a current certification as a CRNA (by the AANA). For appointment without concurrent call to AD, a bachelor of science or master of science in nurse anesthesia meets the educational requirements for a BSN for promotion to field grade. Applicants who are in a nurse anesthesia program, who are applying for concurrent call to AD, can apply 4 months prior to graduation and must complete certification prior to accession.

b. Nurse midwives. Applicants who desire to practice as nurse midwives must have an MSN in midwifery and be licensed and currently certified by the American College of Nurse Midwives.

c. Family nurse practitioners. Applicants who desire to practice as family nurse practitioners must be prepared at the Master's level at an accredited school of nursing. Applicants may apply 4 months prior to graduation.

5-27. Preboard National Agency Questionnaire

a. Suitabililty and clearance.

(1) Any applicant with a current secret clearance must submit a statement from their security manager or personnel management officer (PMO) with their application. A new electronic personnel security questionnaire (EPSQ) is not required.

(2) Enlisted personnel applying for appointment without a secret clearance must have an EPSQ completed and included with their application.

(3) Any PS applicant applying for appointment who has had a break in service greater than 18 months must have a National Agency Check performed; therefore, a new EPSQ must be completed and forwarded with their application.

(4) Any PS applicant applying for appointment with a break in service up to 18 months, who has a secret clearance, must have the clearance verified by HQ USAREC (RCHS-OP). The request for verification will be forwarded via e-mail through the AMEDD Det operations. If the verification results are favorable, a hard copy will be printed and placed in the application prior to being forwarded to HQ USAREC (RCHS).

(5) Any National Agency Check over 15 years old must be submitted again.

b. Individuals who have been convicted or have other adverse dispositions for the following offenses require a preboard National Agency Questionnaire (NAQ):

(1) Felony under local, Federal, or military law. The following is a list of typical felony offenses for which a waiver will not be approved:

(a) Arson.

(b) Attempting to commit a felony.

(c) Breaking and entering.

(d) Bribery.

(e) Burglary (burglary tools possession of).

(f) Carnal knowledge of a minor.

(g) Check worthless, making or uttering, with intent to defraud or deceive ($250 or more).

(h) Conspiring to commit a felony.

(i) Criminal libel.

(j) Driving while drugged or intoxicated, or driving while ability impaired (two or more of-

fenses).

(k) Extortion.

(l) Forgery; knowingly uttering or passing forged instrument.

(m) Graft.

(n) Illegal or fraudulent use of a credit card, bank card, or automated teller machine card (value of $250 or more).

(o) Indecent acts or liberties with a minor.

(p) Indecent assault.

(q) Kidnapping or abducting, to include parental kidnapping of a child(ren).

(r) Larceny; embezzlement; conversion (value $250 or more).

(s) Mail matter; abstracting, destroying, obstruction, opening, secreting, stealing, or taking.

(t) Mails; depositing obscene or indecent matter.

(u) Manslaughter.

(v) Misprision of felony.

(w) Murder.

(x) Narcotics or habit-forming drugs; wrongful possession or use.

(y) Negligent or vehicular homicide.

(z) Pandering.

(aa) Perjury or subornation of perjury.

(ab) Public record; altering, concealing, destroying, mutilating, obligation, or removing.

(ac) Rape, sexual abuse, sexual assault, criminal sexual abuse, incest.

(ad) Riot.

(ae) Robbery.

(af) Sodomy.

(ag) Stolen property, knowingly received ($250 or more).

(ah) Solicitation or prostitution.

(2) An offense which resulted in a sentence to confinement in prison, stockade, or detention area, or to hard labor, whether or not the sentence was suspended.

(3) One involving moral turpitude.

c. Process for preboard NAQ. The following documents will be forwarded to the appropriate division at HQ USAREC (RCHS-XX):

(1) Cover memorandum requesting the preboard NAQ signed by the applicant.

(2) EPSQ SF 86 (Questionnaire for National Security Positions) (one original and two copies; all with original signatures).

(3) JUST Form FD 258 (FBI U.S. Department of Justice Fingerprint Card (Applicant)) (two originals).

(4) DA Form 61 (Application for Appointment) (one copy).

(5) USAREC Form 524-R-E (Personnel Data Sheet) (one copy).

(6) Proof of citizenship (two copies).

NOTE: Proof of citizenship can be a verified true copy of the official birth certificate or DA Form 5252-R.

d. The average completion time for a preboard NAQ ranges between 6 months to 1 year.

e. Upon receipt of results, the appropriate division at HQ USAREC (RCHS-XX) will notify the appropriate AMEDD Det of an applicant's eligibility to continue processing.

Section VI
Processing New Accessions

5-28. USAREC Form 658-R-E

USAREC Form 658-R-E provides the basic medium through which initial personal information is gathered and collected on the prospective applicant. When the prospective applicant conveys willingness or desire to apply for an appointment, the HCR will provide the prospective applicant with a USAREC Form 658-R-E for completion. It contains preliminary information which the HCR and the applicant can use to start the application for gathering information. In many instances, additional information must be gathered and documents provided. The purpose of this section is to outline procedures for gathering additional required information and documents.

5-29. PE

a. Once a prospect is prequalified and has agreed to process, the HCR will schedule an applicant for a MEPS PE (an accession type physical under AR 40-501, chap 2 or 3) and provide the applicant with USAREC Form 658-R-E to begin the appointment application (see fig 5-1). Exceptions to this are applicants for SP student applicants for the U.S. Army-Baylor University Graduate Program in Physical Therapy and applicants to the Clinical Psychology Internship Program (CPIP), VC, and HPSP.

NOTE: Only PE performed at MEPS, United States Military Academy, or those approved by the DOD Medical Evaluation Review Board with DAT and HIV test results from a military source are acceptable.

b. AMEDD officer PE procedures and scheduling may be different from physicals for enlisted (NPS) personnel. HCR must know the MEPS procedures for AMEDD officer PE to avoid embarrassment and wasted time.

c. Section IV should be used when preparing applicants for their PE.

d. The HCRT leader will ensure that the OWNRS data fields of C100 (MEPS Physical Date) and C105 (MEPS Physically Qualified) are entered on all direct accession applicants. The completed SF 88 (see fig 5-2), SF 93 (see fig 5-3), and USMEPCOM 714ADP will be retrieved from MEPS with the appropriate qualified or disqualified annotation.

NOTE: One original or certified true copy along with two copies of SF 88, SF 93, and USMEPCOM 714ADP must be submitted with the application. The USMEPCOM 714ADP will only be available with physicals processed at the MEPS. The PULHES, DAT, and HIV must be completed. Facsimile copies are not acceptable.

e. Physicals reflecting a "qualified" (no waiver required) annotation will be forwarded with the completed application directly to the appropriate division at HQ USAREC (RCHS-XX).

f. Physicals reflecting a "disqualified, but with waiver recommended" annotation or containing a "3" in the PULHES section will be forwarded through HQ USAREC (RCHS-OP) for review and final waiver determination by the USAREC Surgeon. In this case, the PE packet must include the following:

(1) USAREC Form 1076-R-E (AMEDD Transmittal Sheet) which must include the Rctg Bde, the AMEDD Det, HCRT recruiting station identification (RSID), name of HCR and telephone number, applicant's full name, social security number (SSN), the date loaded on OWNRS, OWNRS category, indication of AD or USAR, and whether the applicant is PS or not.

(2) If PS, include one copy of the DD Form 214 (Certificate of Release or Discharge From Active Duty).

(3) Body fat determination if required (see table 5-1).

g. Physicals reflecting a "disqualified, no waiver recommended" annotation may be submitted through HQ USAREC (RCHS-OP) to the USAREC Surgeon for review of the disqualification. In this case, the PE packet must include the following:

(1) USAREC Form 1076-R-E which must include the Rctg Bde, AMEDD Det, HCRT RSID, name of HCR and telephone number, applicant's full name, SSN, the date loaded on OWNRS, OWNRS category, indication of AD or USAR, and whether the applicant is PS or not.

(2) If PS, include one copy of the DD Form 214.

(3) Body fat determination if required (see table 5-1).

h. Upon completion of the review and waiver determination, HQ USAREC (RCHS) will maintain all physicals at HQ USAREC (RCHS-OP) for a period of 90 days. After 90 days, the physical will be returned without action (RWOA) if application packet is not received.

i. PE can be no older than 24 months at the time of appointment. For AD applicants, PE can be no older than 24 months by EAD. If PE expires between time of commission and EAD, officers must take another MEPS PE and be either MEPS or HQ USAREC qualified (depending on status of applicant) prior to proceeding to OBC. PE are valid for 5 years for USAR applicants who are already appointed as commissioned officers and are applying for a branch transfer within the USAR; or are applying for an interservice transfer from another branch of service.

j. When the USAREC Surgeon requires additional information, the cover sheet (indicating information required by USAREC Surgeon) will be FAX'ed to the AMEDD Det by HQ USAREC (RCHS-OP).

k. SF 93.

(1) Block 16. The condition and type of treatment must be included in the explanation.

(2) Block 25. The examining physician must comment on any item that was marked "yes" in blocks 9 through 24 (except the vision question in item 10).

(3) If the examining physician did not comment on areas marked "yes," the HCR should consult the physician.

(4) Applicant responses to mental health problems, marijuana, drug, or alcohol issues must be consistent with the EPSQ SF 86, blocks 21, 23, 24, and 25.

l. SF 88.

(1) AR 600-9 will be used for applicants applying for AMEDD commissions (see table 5-2). AR 40-501, tables 2-1 and 2-2, will be used only for enlistment of ANCP applicants. AR 600-9 standards will be used at time of appointment.

(2) Overweight evaluations to determine body fat must be done in accordance with AR 600-9 and meet AR 600-9 standards (AMEDD commissions) or AR 40-501 standards (enlistment applicants only).

(a) The measurement will be recorded on DA Form 5500-R (Body Fat Content Worksheet (Male)) or DA Form 5501-R (Body Fat Content Worksheet (Female)). The DA Form 5500-R or DA Form 5501-R must be submitted with the PE.

(b) Only qualified MEPS personnel can perform body fat determination. Applicants exceeding body fat standards must return to MEPS for subsequent body fat determination and closure of profile. USAREC personnel are not allowed to "tape test" potential AMEDD applicants for body fat determination.

(3) The physician will summarize medical issues (if any) and indicate a diagnosis with respect to the condition.

(4) All blocks in the physical profile must be completed. The number "3" may be disqualifying and should have further comments in block 43. Physicals will not be forwarded for review without a complete PULHES.

(5) Block 46. If "not qualified" is checked, the CMO may recommend a waiver, if appropriate.

m. Over 40 applicants. AMEDD applicants within 6 months of their 40th birthday must have an electrocardiogram (EKG), tonometry, digital rectal examination, fasting glucose, fasting cholesterol, and occult stool blood check. The results of the examinations must be included on SF 88. The EKG tracings must also be included. Chest X rays are not routinely required.

n. The HCR must ensure that the PE is qualified by the MEPS or if requiring a waiver is stamped and signed by the USAREC Surgeon before forwarding PE with the application to HQ USAREC (RCHS). If the original PE is unavailable, the HCR must include a MEPS certified true copy with the application to the appropriate division at HQ USAREC (RCHS-XX).

o. USAREC Form 1076-R-E will be included with the PE when forwarded to HQ USAREC (RCHS-OP) for waiver consideration.

5-30. Age, age-in-grade, and TIS waivers

a. Applicants within 6 months of an age that requires a waiver or who will be of an age that requires a waiver when they report to AD must initiate the appropriate waivers prior to submitting the application to the appropriate division at HQ USAREC (RCHS-XX).

b. Applicants with or without prior commissioned service must initial the appropriate statement on USAREC Form 524-R-E to request age and/or age-in-grade waiver(s) for appointment in the USAR, with or without concurrent call to AD. Applicants requesting concurrent call to AD must initial additional age statements on USAREC Form 524-R-E.

c. TIS waivers must be requested if the applicant is within 6 months of the date where a TIS waiver is required. The appropriate statement must be signed on USAREC Form 524-R-E.

5-31. Area of concentration determination

a. A nine-character alphanumeric code is used for commissioned officer area of concentration (AOC).

(1) The first three characters are the primary or alternate specialty and specific qualifications.

(2) The second pair of characters will list an additional specialty, if any. In AMEDD, these will indicate degree of proficiency.

(3) Each pair of the succeeding four characters will be used to identify additional skills.

(4) If there is no additional officer specialty skill identifier, these will be indicated by a numeric zero (0), as appropriate.

(5) The MC numeric designation in this system is 60, 61, and 62.

(6) The DC numeric designation in this system is 63.

(7) The VC numeric designation in this system is 75.

(8) The MS numeric designation in this system is 67, 70, 71, 72, and 73.

(9) The AN numeric designation in this system is 66.

(10) The SP numeric designation in this system is 65.

b. AOC is awarded by the appropriate division at HQ USAREC (RCHS-XX) based on guidance provided in DA Pam 611-21.

c. Professional work experience information from USAREC Form 524-R-E is considered when awarding AOC.

d. Applicants without concurrent call to AD, will be assigned a primary AOC based on qualifications and duty assignment in the USAR. A secondary AOC may be identified for additional areas of competency.

e. AD applicants will be assigned the AOC in which they are currently practicing and for which they qualify.

f. Applicants with questions about AOC should be referred to the HCR.

5-32. Credentialling

a. Credentials review includes prime source verification of current and expired licensure, certification, registration, education, training, experience, current competence, malpractice insurance, if applicable, malpractice suits, and use of the National Practitioner Data Bank (NPDB).

b. Credentials may be verified by any HCRT member as designated by the HCRT leader (i.e., civilian technicians, clerks, HCR). HCRT members are responsible for ensuring that the necessary documents and verification are included in all applications forwarded for boarding.

c. All verification statements will be typed on the same page as the photocopy of the documents or will be stapled to the photocopy of the documents. All verification statements will include signature block with a legible signature of the designated authenticator.

d. Professional license. Copies of all current professional licenses must accompany the application. All professional licenses ever held by the applicant must be prime source verified by the designated authenticator with the respective state credentialling board by written or telephonic contact. Either a letter from the credentialling board or telephonic verification will be provided on each license. The verification must include date of original issue, current status of license (active or inactive), and if the license is restricted, probationary, or has been revoked or expired. License verification should be on same paper as the license or stapled to the license. Each copy of the license must include a verification statement and expiration date (see fig 5-4).

e. Physicians, dentists, veterinarians, optometrists, podiatrists, pharmacists, PT, CRNA, nurse midwives, nurse practitioners, and other nurses who have privileges and/or credentials to practice independently.

(1) Credentials review must be completed on any applicant who has ever practiced in an advanced or independent practice regardless if they are currently practicing in the role or anticipate practicing in that role in the Army.

(2) Copies of professional licenses, certificates, registration, or DPL from professional programs, postgraduate training certificates, and current specialty training certification cards must accompany the application.

(a) All professional degrees and certificates of postgraduate training will be verified telephonically or in writing with the issuing school or agency.

(b) Certification and registration cards, to include date of original certification, will be verified with the issuing agency. Membership cards as distinguished from certification cards are not

proof of certification (see fig 5-5).

(c) Verification may be made by letter from the school or agency, telephonic verification, or an on-line internet data base. Information must be provided on all current and previously held licenses or certificates. The following must be included: Whether license(s) or certification was resigned, suspended, revoked, voluntarily or involuntarily limited, voluntarily or involuntarily surrendered, or normal expiration of a previously held license; also, the date of resignation, suspension, etc., must be included.

(3) Applicants must provide a copy of clinical privileges from all health care facilities where they currently have professional privileges. If there has been a job change within the 12 months preceding the date the application is received at the appropriate division at HQ USAREC (RCHS-XX), a document reflecting professional privileges for the past 7 years must accompany the application. The designated authenticator will contact the health care facility either in writing or telephonically to request copies of the applicant's approved clinical privileges or a statement as to the applicant's scope of practice. Privileges or a statement on the scope of practice must be on employer letterhead stationery.

(4) Malpractice insurance information will be provided on current carrier and any previous carriers for a period of 7 years (USAREC Form 524-R-E). The designated authenticator will contact the malpractice carriers and request prime source verification on company letterhead stationery. The prime source verification must include policy numbers, effective dates of insurance policy, and whether any suits or claims have been filed. When suits or claims have been filed, reports of claims reports and applicant affidavits are required.

(5) A signed Statement of Understanding and Release of Information will be provided to schools, agencies, employers, and malpractice carriers to assist in the release of necessary documents.

f. NPDB.

(1) The NPDB is an organization developed according to the provisions of Public Law 99-660 (The Health Care Quality Improvement Act of 1986) which provides record searches of health care practitioners who have been given privileges to diagnose, initiate, alter, or terminate health care treatment regimens.

(a) Included in the definition of health care practitioners are physicians, dentists, nurse practitioners, nurse anesthetists, nurse midwives, podiatrists, optometrists, clinical social workers, clinical psychologists, PA, registered respiratory therapists, PT, OT, and dietitians.

(b) When given individual clinical privileges, audiologists, clinical pharmacists, and speech pathologists are included.

(2) NPDB searches must be accomplished prior to the boarding of health care provider applicants for any AMEDD program who have previously held or currently hold a health care-related certification, registration, or license. NPDB searches are not required for students (to include residents) who have never been registered, certified, or licensed as a health care provider.

(3) All NPDB search requests will be sent to the Operations Division in Health Services Directorate prior to forwarding the application. The Operations Division will enter and retrieve all searches of the NPDB.

(4) Search request preparation.

(a) USAREC Form 1119-R-E (National Practitioner Databank Search Information) (see fig 5-6) will be completed by the HCR. The form may be legibly handwritten or typewritten. The completed form will be mailed to HQ USAREC (RCHS-OP), 1307 3rd Avenue, Fort Knox, KY 40121-2726. The form may also be FAX'ed or attached to an electronic message.

(b) USAREC Form 1119-R-E will contain the following information:

1. RSID: The submitting HCRT will enter their RSID number.

2. Branch: The branch for which the applicant is applying (AN, DC, MC, MS, SP) will be entered.

3. Name: The last name and first name of the practitioner. The middle name and suffix is optional.

4. Other names: If the practitioner has been known by any other name to include maiden name or formerly married names. This must include first, middle, and last name.

5. Date of birth: The practitioner's date of birth (DOB) in month, day, and year format.

6. SSN: The practitioner's full SSN.

7. Home address: The complete street address, city, state, country, and ZIP Code of the practitioner.

8. Place of employment: The name of the practitioner's place of principal employment and street address, city, state, country, and ZIP Code.

9. Federal DEA numbers: The entry of the Federal Drug Enforcement Agency number(s) held by the practitioner is optional.

10. License number: State and health field in which the practitioner is licensed. All professional licenses must be listed.

11. Professional schools attended: The name of each health care professional school attended and year of graduation or the year last attended.

(c) All searches will be conducted within 24 hours of receipt. Results should be received within 1 week.

(d) Upon receipt of the search results, HQ USAREC (RCHS-OP) will deliver the results to the appropriate branch. The respective divisions will maintain the results and include them with the application when the application is received for processing, review, and boarding.

(5) Final quality assurance review will be conducted by the HCRT leader in accordance with AR 40-68.

(6) Provider credential files for members of the USAR.

(a) Those practitioners who are given the authority and responsibility for making independent decisions to diagnose, initiate, alter, or terminate a regimen of medical or dental care must have provider credentials files established. This includes physicians, dentists, nurse practitioners, nurse anesthetists, nurse midwives, podiatrists, optometrists, clinical social workers, clinical psychologists, OT, PT, dietitians, and PA. When given individual clinical privileges, audiologists, clinical pharmacists, and speech pathologists are included.

(b) HCR will provide the gaining USAR units with copies of the following provider credential file documents obtained from the officer's residual application:

1. Current license.

2. License verification.

3. Certification documents.

4. Registration documents (if applicable).

5. Transcripts and/or DPL.

6. NPDB search results.

(c) The provider credential documents must accompany the following documents:

1. EPSQ SF 86.

2. JUST Form FD 258.

3. DA Form 71 (Oath of Office - Military Personnel).

4. Assignment orders to TPU.

(d) The HCR will accompany the officer to the assigned unit and hand-carry the documents listed above. The documents will be presented to the unit administrator. Under no circumstances will the officer be given the documents to submit at the first drill.

5-33. Verification of citizenship

a. The application will include a certified true copy of the applicant's birth certificate. Verifying authenticity of a current passport (via certified true copy) is acceptable.

b. For U.S. citizens born abroad and for aliens who have been lawfully admitted for permanent residence, documents used to verify citizenship or permanent alien status will be reproduced and a certified copy will be forwarded as part of the application with the following typed statement, "Certified true copy. Reproduced for official Army use only."

c. The following documents may be used to verify permanent resident status:

(1) Immigrant applicants must have a permanent Alien Registration Card, either an INS Form I-551 card (may have a form number and a registration number) or an INS Form I-151 card (use registration number as both form number and registration number). These cards are called "green cards."

NOTE: The INS Form I-151 card may no longer

be used unless the applicant shows proof of application for an INS Form I-551 card (this will usually be with an I-90 or other receipt from the INS).

(2) All INS documents used to verify permanent resident alien status will be reproduced locally and become part of the applicant's packet. This includes other INS documents used to verify citizens of the United States such as certificate of naturalization, certificate of citizenship, and U.S. passports. All copies will be clearly marked, "Certified true copy. Reproduced for official Army use only." No color photocopies or reproductions are authorized. For INS Form I-551 both sides must be copied but will be copied separately and apart on the page. Recreating or duplicating in its original state (i.e., back-to-back) is strictly prohibited.

(3) Unless otherwise indicated, one copy of the form must be included with the application.

(4) Alternate forms that may be used for loss, theft, or nonreceipt of original INS Form I-151 or INS Form I-551 cards include:

(a) INS Form I-688 (Temporary Resident Card). This card may only be used when an appropriate black sticker with red writing has been permanently affixed to the back of the card attesting to the fact that the card is valid as temporary evidence of lawful admission for permanent residence and employment authorization, valid for 1 year from the expiration date on the reverse side of the INS Form I-688. The sticker is issued upon INS approval of the individual's request for permanent resident alien status as interim evidence of permanent resident alien status while the INS Form I-551 is being produced and distributed. This card may only be used for nonreceipt of an INS Form I-551 card.

(b) Overstamped passports. An unexpired foreign passport with the following unexpired stamp on it may be used, "Processed for I-551. Temporary evidence of lawful admission for permanent residence. Valid until (specific date will be entered by INS). Employment authorized." An alien registration number must be annotated by INS. This document may only be used for loss, theft, or nonreceipt of INS Form I-551 or INS Form I-688 card.

(c) INS Form I-94 (Arrival Departure Record). This form may be issued to a lawful permanent resident as a temporary alien registration receipt card. The arrival portion of the form must be completed with the alien's name, DOB, country of citizenship, and an alien registration number annotated on the form. It must have an unexpired stamp stating, "Processed for I-551. Temporary evidence of lawful admission for permanent residence. Valid until (specific date will be entered by INS). Employment authorized." A photo of the alien will be attached to the block next to the admission block thereby obliterating the admission number. An INS seal will be placed half over the admission block and half over the photo. Only INS Form I-94 prepared according to all of the above criteria and guidelines is valid. No other versions of INS Form I-94 are valid. The INS Form I-94 can only be used for loss or theft of a foreign passport described in (b) above.

(5) Individuals with derived citizenship or children born abroad of American parent(s) should have one of the following forms or documents: U.S. passport (original issue, unaltered), DS Form 1350, INS Form N-560, FS Form 545, or FS Form 240. For the application, one certified copy of one of the forms must be included for verification of applicant's citizenship status. Derived citizens do not need DA Form 5252-R.

(a) Applicants who have lost their documents may obtain a new DS Form 1350, FS Form 240, or FS Form 545 by applying to: Passport Correspondence Branch, Department of State, Room 386, 1425 K Street NW, Washington, DC 20522-1705, or call (202) 647-0518, and follow the prerecorded instructions. No charge will be made for FS Form 240 if application shows that the document is needed for an Army commission. Otherwise, one copy of either DS Form 1350 or FS Form 240 is $10.

(b) To obtain INS Form N-560, applicant must apply at the nearest INS office and complete INS Form N-600 (Application for Certificate of Citizenship). For verification of a birth that occurred in the former Canal Zone, requests must be sent to the Vital Statistics Unit, Administrative Service Division, Panama Canal Commission, APO Miami 34011.

(c) Citizens through naturalization of parent. Number, name of parent, name of applicant, and date information from parent(s) naturalization certificate must be entered on DA Form 5252-R, part 3. The top portion of the form must be completed. The designated authenticator will complete the appropriate section and type the complete signature block (signing his or her name) (see fig 5-7).

(d) Fees may be required to obtain INS documents. To obtain current fee information, HCR should call INS in Washington, DC, at (202) 514-2000, and ask for "immigration," and follow the prerecorded instructions.

5-34. Name changes

Generally, applicants will be appointed in the name that is reflected on a birth, baptismal, citizenship, or naturalization certificate or court order authorizing a change of name. An applicant may, by request, be appointed in the name by which he or she is known in the community provided the assumption of that name was not for fraudulent purposes.

a. Any applicant who desires an appointment in a name other than that noted above must submit a written request for name change. The signatures of two persons who can attest to the truth of the applicant's request must also be furnished.

b. The statements of the witnesses should read, "The attached information is true to the best of my knowledge and belief." The statement must be dated and signed. The witnesses' current addresses (including ZIP Codes) must be annotated and the relationship to the applicant must be noted. It is preferable that the witnesses include the applicant's natural parents, stepparents, or legal guardian. In suitable cases, the witnesses may include reliable members of the community, such as school officials, clergy, close relatives, and neighbors.

c. For further explanation see AR 135-100, paragraph 2-1u(1).

5-35. ECLT

a. Applicants selected for a commission with concurrent call to AD who score less than 90 on the ECLT will be sent for further language training prior to attendance at OBC in accordance with AR 621-5, chapter 10. Administrative processing for the language training will be accomplished by the United States Total Army Personnel Command (PERSCOM), Appointments Branch. Applicants without concurrent call to AD will be scheduled for language training by their respective command.

b. Two copies of the ECLT must be included with the application.

5-36. Entry grade credit

a. Entry grade credit for health service officers is awarded in accordance with AR 135-101 and DOD Directive 6000.12. This directive provides that entry grade credit may be awarded for full-time professional work experience, advanced educational degrees in the qualified health care field for which applying, certain postbaccalaureate education, and for prior AFCS. In determining entry grade credit, a period of time shall be counted only once. For AD, the total entry grade credit will be weighed against the phase points in effect for that year or quarter projected for entry to AD to determine appointment grade and/or entry grade. Mandatory time in grade requirements for promotion will be used to determine entry grade of USAR applicants. HCR will not attempt to complete entry grade credit and use as a selling tool.

b. Professional work experience.

(1) Entry grade credit may be granted for professional work experience when that experience is accrued after obtaining qualifying degree or DPL and initial licensure, certification, or registration.

(2) AN, DC, VC, SP, MS, and MC applicants for appointment may be granted one-half year credit for each year of full-time experience, up to a maximum of 3 years of credit.

(3) Qualifying periods of less than 1 full year shall be proportionately credited to the nearest day. Experience of one-half year or less earns no credit. This does not apply to the MC.

(4) If a health care professional works under a plan whereby he or she works less than 40

hours per week, but is considered full-time by the employing agency, verification that the employer considers less than 40 hours per week as full-time employment must accompany the application to the appropriate division at HQ USAREC (RCHS-XX). This verification must be in writing from the institution's personnel or human resource department.

(5) Credit for AN professional experience will be calculated from the license issue date if the applicant was working as a GN from the time he or she took the NCLEX-RN. If the applicant was not working as a GN at the time he or she took the NCLEX-RN, professional experience will be calculated from the date he or she began working as an RN.

(6) Credit for DC, VC, and SP professional experience will be calculated from the license, registration, or certification date if the applicant was working in that specialty.

c. Advanced educational degrees in nursing. Credit may be awarded for advanced educational degrees in nursing. Credit is awarded based on actual full-time equivalent education of up to 2 years for a master's degree or a certificate of anesthesia, after master's degree or up to 4 years for a doctorate. The advanced degree must not have been earned concurrently or before the qualifying degree. The qualifying degree is the degree that allowed an individual to be appointed as an Army nurse in accordance with AR 135-101.

d. Additional advanced degrees in DC, VC, SP, and MS. Credit may be awarded for advanced educational degrees which add adjunctive skills to primary specialty and must contribute directly to performance in anticipated duty position. Credit is awarded based on full-time equivalent education up to 24 months for a master's degree or up to 36 months for a doctorate. Additional degree must not have been earned concurrently with primary qualifying degree. The qualifying degree is the degree that allowed an individual to be appointed in appropriate AMEDD branch in accordance with AR 135-101. No additional credit will be given for more than one degree in a single field.

e. Prior AFCS credit. Credit for prior AFCS (other than as a commissioned warrant officer) may be granted to recognize previous military experience.

5-37. Transcripts

a. Foreign schools. Applicants using a health professions degree from a foreign school to obtain the same type of degree in the United States that qualifies them for an appointment must submit official transcripts from the foreign school. These transcripts must document (in English) the type of degree and date the degree was awarded.

b. Applicants applying for financial assistance for academic incentive programs (Specialized Training Assistance Program (STRAP), CPIP, FAP, ANCP, The U.S. Army/University of Texas Houston Health Science Center (UTHHSC), The Uniformed Services University of the Health Sciences (USUHS), HPSP) must submit official transcripts for all undergraduate or graduate course work.

c. All other applicants must submit official transcripts and one copy for all college or university work from the institution at which such work was completed. Transcripts must include degree, date degree conferred, and majors.

d. Transcripts issued to students are not considered official transcripts and will not be accepted.

5-38. Professional references

a. A minimum of three, but not more than five current professional references covering the 12 months preceding the date the application is received at HQ USAREC (RCHS) must accompany each application to the appropriate division at HQ USAREC (RCHS-XX). To best represent the applicant, references should not be more than 6 months old, but cannot be more than 12 months old from date of the board. If not stated otherwise, use of USAREC Form 195-R-E (Applicant Evaluation Worksheet) (see fig 5-8) is preferred for all professional references; however, if not feasible, written letters of recommendation are acceptable but should address all characteristics and issues on the USAREC Form 195-R-E.

b. AN applicants.

(1) At least two references must be from the applicant's current supervisors.

(2) Every attempt will be made to obtain USAREC Form 195-R-E from immediate supervisors.

(3) If the AN applicant has only one RN supervisor or no RN supervisor, a letter or memorandum from the employer must be included in the application. USAREC Forms 195-R-E are still required from current supervisors, even if those supervisors are not nurses.

(4) If the applicant is the senior nurse in the medical facility or Chief, CRNA, a letter or memorandum from the employer will be required. USAREC Forms 195-R-E from appropriate non-RN supervisors are still required. Appropriate position title must be accurately identified on DA Form 61 and USAREC Form 524-R-E.

(5) Additional references should be from peers. The peer must have worked with the applicant within 1 year of the date of application.

c. AN (students). Students currently employed as professional nurses must submit two supervisor references and up to three nurse instructor references.

d. SP (students). Students who are not currently employed as professional PT, OT, dietitians, and PA are required to provide three letters of reference. References should be from a major advisor and an instructor in the applicant's major field of study; the third reference must be from a former supervisor who has direct knowledge of the applicant's work-related or volunteer experience.

NOTE: Dietetic intern applicants must use ADA-approved letter of recommendation form.

e. Second party USAREC Forms 195-R-E will not be accepted.

f. Without exception, USAREC Form 195-R-E must be signed by the individual writing the rating.

g. Exceptions for nurses in independent practice may be granted on a case-by-case basis after coordination through the HCR AN officer. Final approval of reference will be determined by HQ USAREC (RCHS-AN).

h. If a facility does not allow release of references, a memorandum or letter from the facility or a USAREC Form 195-R-E should be obtained stating that policy. This does not preclude the need for three references. The applicant's last performance appraisal can be substituted.

i. Individuals writing the references should be encouraged to make comments in the narrative portion of USAREC Form 195-R-E. Instructors and/or supervisors must understand that their comments are very important in assisting the selection board to continue to select only the best qualified to access into the AMEDD and that they understand the information they provide is strictly confidential.

j. Under no circumstances will applicants be allowed to hand-carry these forms or be shown the completed USAREC Forms 195-R-E.

k. Applicants who are currently on AD or who are members of a Reserve or National Guard unit must have a USAREC Form 195-R-E from the unit commander or appropriate representative who can assess the individual's performance and potential.

(1) This evaluation must address the applicant's potential as an officer.

(2) If there are circumstances in which the unit commander or appropriate representative cannot evaluate the applicant, a statement from the unit with an explanation must be included. In that case, a USAREC Form 195-R-E must be obtained from an officer who can evaluate the applicant.

(3) This commander's reference or evaluation is in addition to the three required references.

l. All ratings of less than four on the applicant's references must be addressed in the HCR's evaluation.

m. All information must be complete and consistent with USAREC Form 524-R-E.

5-39. HCR interview and/or evaluation

a. All evaluations will:

(1) Be conducted by a commissioned officer.

(2) MS, SP, and AN AMEDD HCR may conduct an interview or evaluation on any applicant being considered for appointment except for AD SP student programs.

(3) Applicants applying for any AD SP student program will be interviewed by SP officers.

(4) Be typed in memorandum format not to exceed two pages in length.

(5) Not contain any unauthorized abbreviations.

(6) Be free of typographical and grammatical errors.

(7) Be consistent with the information found in documents within the application.

(8) Be signed by the commissioned officer who conducts the interview.

(9) Be conducted face-to-face with all applicants. The only exception will be for HPSP applicants who may have telephonic interviews in lieu of a face-to-face.

b. All evaluations will contain the following information at a minimum and will be formatted with the following paragraph headings:

(1) Application:

(a) Date of the interview.

(b) Method of interview (if other than face-to-face it must indicate so).

(c) Reason(s) for applying (i.e., appointment with or without concurrent call to AD, any professional or personal reasons, applying for any incentives or educational programs).

(2) Recommendation:

(a) Why are you recommending or not recommending this individual. You must also recommend for any incentive program the applicant is applying for (i.e., STRAP, FAP, Bonus, etc.).

(b) Use professionalism, education, experience, potential to serve as an officer, leader, health care provider, etc., as a means to substantiate your recommendation.

(3) Education:

(a) Students (defined as not licensed in a student status or licensed pursuing a student program).

1. Degree and year it will be obtained.

2. Activities while in school (professional and/or extracurricular).

3. Community activities, if applicable.

4. Honors, if applicable.

(b) Working (defined as a working professional, not in a student status).

1. Year basic degree obtained and any subsequent degrees and the year obtained.

2. Honors, if applicable.

3. Grades of "C" or below in hard sciences, particularly if applying for further education.

4. Membership in professional organizations and specialty certifications.

5. Community activities.

NOTE: Derogatory USAREC Forms 195-R-E or letters of reference must be addressed where the applicant was either in a student or working category. This includes negative remarks in the comments section or any rating of four or below. Additionally, multiple licensure, registration, or certification exam failures must be addressed in this section.

(4) Employment:

(a) Include past and present professional work experience, job titles and descriptions, supervisory experience, and membership in professional organizations. Also, if applicable, any professional teaching assignments or experience serving as a COI for AMEDD recruiting.

(b) Describe the applicant's scope of practice or philosophy of practice within their AOC.

(c) Address any unique work experiences outside of the daily realm of practice.

(d) Address any periods of unemployment or frequent periods of unemployment.

NOTE: Derogatory USAREC Forms 195-R-E or letters of reference with negative comments must be addressed as noted above.

(5) Goals/Objectives:

(a) Address both short-term and long-term professional goals and objectives.

(b) How does the applicant intend to attain these stated goals and objectives?

(c) How does the Army or Army Reserve fit into these goals?

(6) Prior Service:

(a) Discuss branch of service, rank, occupation, and TIS.

(b) Was PS AD, reserve, national guard, or a combination?

(c) Are they still in a service?

(d) If not currently in a service, when did they get out and why?

(e) Did they receive any type of separation pay? Were there any adverse actions against them?

(f) What type of discharge were they granted?

(g) Was the applicant in ROTC?

(7) Additional Information:

(a) Was an application for appointment ever previously submitted? If so, did they decline or were they not selected?

(b) Any law violations? If PS, any judicial or nonjudicial punishment? If so, address when, where, what, and how.

(c) Any drug use or alcohol abuse?

(d) Ever received mental health counseling? If so, for what and for how long?

(e) Ever apply for bankruptcy? If so, what were the circumstances?

(f) If English is not the primary language, address the applicant's comprehension of the English language during the interview and the need for the ECLT, if English is the second language.

(8) AMEDD Brief: Required information to be given to each applicant interviewed and a statement that the applicant understands or expressed an understanding in these areas.

(a) USAR.

1. Role and mission of the USAR and AMEDD.

2. Readiness and mobilization issues.

3. Family care plan.

4. Need to respond when called upon.

5. Army physical fitness program.

6. Height and weight requirements (AR 600-9).

7. Promotion and educational requirements.

8. Drill attendance.

9. Adverse personnel actions (flagging for physical training (PT) or weight).

10. OBC (2 weeks for all Corps, except for MS 67 and 70 series must complete Active Component (AC) OBC).

11. Responsible for managing your own career.

12. Role of PMO at United States Army Reserve Personnel Command (AR-PERSCOM).

13. Retirement points. How are they earned and what constitutes a good retirement year?

(b) AD.

1. Role and mission of the AMEDD.

2. Readiness and mobilization issues.

3. Family care plan.

4. Army physical fitness program.

5. Height and weight requirements (AR 600-9).

6. OBC.

NOTE: The purpose of the interview is to represent the applicant in lieu of a personal appearance before the selection board. It is the applicant speaking through you, the interviewer, to answer questions which could be raised by selection board members.

5-40. Memorandum for record

Information on any memorandum for record (MFR) included with the application must reference the document the MFR is clarifying. The referenced document and item number must be included as well as the name, title, address, and telephone number of the individual who provided the information, the date and time the verification was made, and the signature block and signature of the person making the verification. Third party MFR are not acceptable.

Section VII
Prior Service Records

5-41. General

Prior service records (PSR) are required for all individuals with PS. The appropriate division at HQ USAREC will make the final determination of adequacy of PSR.

5-42. Discharge documents

a. Applicants with prior active military service must have a DD Form 214 for all periods of AD service to process an application.

b. DD Form 214 will be submitted attached to the original PE when forwarding to HQ USAREC (RCHS-OP) for PE waivers.

c. Applicants with prior National Guard service must have an NGB Form 22 (National Guard Bureau Report of Separation and Record of Service) with reenlistment eligibility (RE) code.

5-43. SF 180

a. Completing the SF 180 (Request Pertaining to Military Records) (see fig 5-9).

(1) All periods of active and reserve service must be included in section I, blocks 5 through 7.

(2) Information (HCR name, address, telephone number, RSID, and date of request or date forwarded to agency and program for which applying) will be entered in section II, block 3.

(3) Questions about the status of PSR should be routed through the AMEDD Det to the appropriate division at HQ USAREC (RCHS-XX).

(4) A copy of SF 180 must be included in applications submitted to the appropriate division at HQ USAREC (RCHS-XX).

b. Submitting the SF 180 to service agencies.

(1) Army.

(a) Records on IRR soldiers are located at AR-PERSCOM.

(b) TPU members may have limited records at AR-PERSCOM. A microfiche and a copy of the official military personnel file should be requested. Officer evaluation reports (OER) are not kept at units and must be obtained from the officer or from AR-PERSCOM; all OER must have the senior rater portion completed. A Personnel Electronic Record Management System record may be required for OER and noncommissioned officer evaluation reports since 1992.

(c) National Guard and Air National Guard. Army and Air National Guard records are obtained from the unit of assignment or from the respective State Adjutant General until at least 1 year past expiration term of service (ETS). Army National Guard (ARNG) records are subsequently sent to AR-PERSCOM. Air National Guard records are sent to the Air Force Personnel Center, Denver, Colorado.

(2) Navy.

(a) Navy records for discharged personnel are forwarded to the National Archives and Records Administration (NARA) 6 to 12 months after ETS.

(b) Records for members of the Naval Reserve must be requested from the Naval Reserve Personnel Center, 4400 Dauphine Street, New Orleans, LA 70149.

(3) Air Force.

(a) Air Force records for discharged personnel are sent to NARA 6 to 12 months after ETS.

(b) Records for members of the Air Force Reserve must be requested from the Air Reserve Personnel Center, ATTN: DSMF, 7300 East 1st Avenue, Denver, CO 80280.

(4) Marine Corps.

(a) Marine Corps records for discharged personnel are sent to NARA 12 to 18 months after ETS.

(b) Records for members of the Marine Corps Reserve must be requested from the Marine Corps Reserve Support Command, ATTN: MMD-1, 15303 Andrews Road, Kansas City, MO 64147-5400.

(5) Coast Guard. Coast Guard records for discharged personnel are forwarded to NARA 6 months after ETS.

(6) Public Health Service (PHS).

(a) Records of current and past PHS employees are maintained at the Division of Commissioned Personnel, Parklawn Building, Room 4-35, 5600 Fishers Lane, Rockville, MD 20857-0001.

(b) The PHS does not accept SF 180. Requests for records must be in writing from the applicant. The request must include the reason for the request, the applicant's signature, and instructions to send the records to the appropriate division at HQ USAREC (RCHS-XX).

(7) The reverse side of SF 180 contains a list of records' custodians. For agencies listed at numbers 7 and 14, add ATTN: RCRO-PP-RL (USAREC Liaison Team).

(8) For current service members the SF 180 must be sent to the respective agencies noted above. HCR should also send the SF 180 to the appropriate branch of service if less than 1 year from date of discharge.

(9) The USAREC liaison team does not have access to records of current service members except the Army.

c. The USAREC liaison team can obtain service records for applicants discharged from any service from NARA if records are on file.

d. The USAREC liaison team will forward copies of the DD Form 214 and DA Form 2-1 (Personnel Qualification Record - Part II) and/or a microfiche, if available. The complete record will be forwarded to HQ USAREC (RCHS-OP-NCOIC), for preboard review. The liaison team will contact the HCR only for questions.

e. The USAREC liaison team will provide a biweekly list of all PSR received and a list of PSR forwarded to HQ USAREC (RCHS-OP).

f. PSR will be maintained for 180 days at HQ USAREC (RCHS) and then returned to AR-PERSCOM. Unknown PSR will be held for 90 days and then returned.

5-44. USAR and National Guard TPU member records

a. The following records must be obtained from the applicant's current unit in order to be boarded:

(1) Commissioned officers.

(a) Appointment letter.

(b) Oath of Office.

(c) Promotion orders.

(d) Transfer orders to and from the IRR.

(e) DA Form 2-1.

(f) DA Form 1059 (Service School Academic Evaluation Report).

(2) Enlisted members.

(a) All enlistment documents.

(b) DA Form 2-1.

(c) Promotion orders to E-5 and above, when appropriate.

(d) Evaluation reports (academic and duty).

(e) Transfer orders to and from IRR, between units and/or components (USAR, National Guard).

b. If documents are not available, a memorandum from the unit is required. This does not remove the requirement to obtain documents for boarding.

Section VIII
USAR Processing

5-45. General

a. This section provides instructions for the processing of applicants into the USAR for new accessions and transfers from the IRR.

b. Credentialling of new accession applicants will be completed prior to submitting applications in accordance with paragraph 5-32.

c. Credentialling of officers that are currently in the IRR who require an AOC change prior to transfer to the Individual Mobilization Augmentee (IMA), TPU, or National AMEDD Augmentation Detachment (NAAD) will be accomplished by the HCR using the same procedures as for new accessions. If applying for an IMA position, the completed credentialling packet will be forwarded with the application to the appropriate AMEDD PMO at AR-PERSCOM. If applying for TPU or NAAD, the credentialling packet will be forwarded to the AMEDD PMO for quality assurance and AOC board. The HCR will forward the completed packet to the appropriate PMO. Mailing address is: Commander, AR-PERSCOM, ATTN: ARPC-OPT-XX , 1 Reserve Way, St. Louis, MO 63132-5200. Once the AMEDD Det operations section has confirmation that the AOC has been changed, the required transfer packet may be submitted.

d. Verification of eligibility to transfer from the IRR. All requests for officers to transfer from the IRR to a TPU, IMA, or NAAD vacancy, must have transfer eligibility checked prior to submitting the application. The HCR will provide the USAR AMEDD Det operations section with the name, SSN, and if the officer wants to be assigned to a TPU, IMA, or a NAAD attachment (via e-mail).

e. Each AMEDD Det operations section will check for the officer's transfer eligibility and FAX a completed USAREC Form 1099-R-E (Verification of Eligibility to Transfer-AMEDD) (see fig 5-10) to the HCR within 48 hours. USAREC Form 1099-R-E will be included in all transfer packets forwarded.

f. Applicants concurrently applying for appointment and STRAP may be assigned to either IRR or TPU.

5-46. Assignment to TPU

a. Processing new accessions.

(1) Once an AMEDD applicant has agreed to process and is found to be fully qualified, and an application for board selection is initiated, the USAR HCR will provide the name, SSN, and expected AOC of the applicant (via e-mail) to the AMEDD Det USAR operations section to identify a valid vacancy for the applicant's AOC using Recruit Quota System (REQUEST) Programs QIKLOK and UVREPORT.

NOTE: If the applicant is being recruited for a missioned AOC that requires an additional skill identifier (ASI) they must be assigned to a vacancy with that ASI. An example would be a 66H with an ASI of 8A.

(2) The AMEDD Det USAR operations section will provide the applicant's name, vacancy control number, unit identification code (UIC), paragraph, line, and position number to the appropriate Regional Support Command REQUEST Manager to have the vacancy put in a "HOLD" status on REQUEST. The applicant's name, SSN, and requestor (USAREC) must be placed in the "Remarks" section of the "HOLD" screen.

(3) Once the vacancy has been placed in a "HOLD" status, the AMEDD Det USAR operations section will pull the "HOLD STATUS" screen and forward it to the USAR HCR (via e-

mail).

(4) The "HOLD STATUS" screen will be placed in the application for appointment prior to submitting the application for boarding.

(5) After notification that the applicant has been selected for appointment and the applicant is commissioned, a copy of the DA Form 71 and USAREC Form 1076-R-E will be provided to the AMEDD Det USAR operations section. The AMEDD Det USAR operations section will then contact the Regional Support Command REQUEST Manager to have the vacancy placed in an "Open" status for accession. The AMEDD Det USAR operations section will notify the HCR. The HCR will have 48 hours to contact the USAR guidance counselor (GC). The HCR will provide the GC with a copy of the DA Form 71, SF 88, and USAREC Form 658-A-E-R (AMEDD OWNRS Data Input Worksheet). The GC will then build the record, make the reservation, access, and ship verify the record.

(6) The GC will provide the HCR with the reservation letter (see fig 5-11). The reservation letter along with the USAREC Form 1076-R-E and the original DA Form 71 will be forwarded to the appropriate division at HQ USAREC (RCHS-XX). When received, the division will verify the documents using the appointment packet, place commission credit on OWNRS, and follow established procedures for distribution of the appointment packet for orders processing.

(7) HCR are responsible for ensuring that reservations are canceled on all applicants who subsequently stop processing, are ineligible, nonselect, or decline.

(8) Questions concerning USAR REQUEST should be routed through the respective AMEDD Det operations section.

b. Processing IRR to TPU transfers.

(1) To be eligible to transfer, each officer must:

(a) Have a current PE (no older than 5 years) on record at AR-PERSCOM.

(b) Officers with outdated PE should be scheduled for a PE through the MEPS or local unit performing retention PE.

(c) The completed PE should be forwarded through AR-PERSCOM, ATTN: RCRO-PP-RL (USAREC Liaison Team), 1 Reserve Way, St. Louis, MO 63132-5200. The AR-PERSCOM Surgeon will review and profile the physical.

(d) Once profiled, the AR-PERSCOM Surgeon will update the Reserve Data Maintenance System with the new PE data. A new request for transfer eligibility should be submitted to validate the new information prior to submitting the request for transfer.

(e) Be able to occupy a valid position identified on REQUEST with AOC match.

(f) Not have reached mandatory removal date for age or years of service.

(g) Not have been a two-time nonselect for promotion to the next higher grade.

(2) All requests for officers to transfer from the IRR to a TPU vacancy must have the transfer eligibility checked prior to submitting the application. See paragraphs 5-45d and e.

(3) Once all verifications are completed and the officer is found to be eligible for transfer, a vacancy search may begin.

(4) DA Form 4651-R (see fig 5-12) will be used to process eligible AMEDD officers requesting transfer from the IRR to a TPU. DA Form 4651-R must be completed to include the applicant's signature and initials, signature of the unit commander or designated representative, and the following statements:

(a) Block 5: "I certify that this soldier meets the standards of AR 600-9."

(b) Block 8: "I certify that I will not be permitted to participate in any training for pay or retirement points with my unit pending receipt of appropriate assignment or attachment orders." The officer must initial acknowledging this statement.

(c) The HCR of record and SSN will be annotated in block 8.

(5) Request for assignment will be accomplished by submitting the following supporting documents to the USAR GC.

(a) USAREC Form 1076-R-E.

(b) DA Form 4651-R.

(c) USAREC Form 1099-R-E.

(6) Upon receipt of the above documents, the GC will verify the accuracy of the DA Form 4651-R using the USAREC Form 1099-R-E as the source document. If a discrepancy is found, all documents will be returned to the HCR for correction.

(7) If all information is found to be correct, the GC will:

(a) Build a record on REQUEST, pull a reservation, access, and ship verify the record.
NOTE: The reservation must reflect an ASI if applicable.

(b) Provide the HCR with the reservation letter.

(8) The HCR will forward the completed original documents to HQ USAREC (RCHS-OP):

(a) USAREC Form 1076-R-E.

(b) DA Form 4651-R.

(c) USAREC Form 1099-R-E.

(d) Reservation letter.

(e) ARCNFR Accession Display Table and ARCNFR Shipment Display Table.

(9) Field mission credit will be awarded when the packet is received at HQ USAREC (RCHS-OP).

(10) HQ USAREC (RCHS-OP) will forward the appropriate documents to AR-PERSCOM for orders generation.

(11) The HCR will contact the unit of assignment after orders have been received to arrange a time and date to escort the new unit member for inprocessing. The HCR will annotate in the "Subsequent Interviews/Followup Remarks" section of the USAREC Form 200-5 the following information for all IRR transfers:

Unit Administrator
Signature: _____ Date: _____
Service Member
Signature: _____ Date: _____

The HCR will also be required to initial the USARC Form 62-R (Sponsor's Guide and Inprocessing Checklist).

5-47. IMA Program

a. General.

(1) MEDCOM has identified positions in Army MTF that require backfill in a mobilization scenario. During mobilization, IMA officers will move into billets temporarily vacated by deployed AD officers. Officers may continue to occupy a nonnominative IMA position as long as grade and AOC match is maintained.

(2) While new accessions may occupy these billets, restrictions may be placed on certain specialties. Prior to processing an applicant for IMA, HCR must verify through their chain of command that billets are available for direct accession.

b. Eligibility.

(1) Applicants must meet all criteria for appointment as AMEDD officers without concurrent call to AD.

(2) AOC and grade match requirements are the same as for TPU assignments.

(3) Applicants for IMA positions must be advised that they will be among the first to be activated. Mobilization capability (i.e., family plan) must be part of the prequalification process and must be documented for new accessions.

(4) Officer must be AOC qualified for the postiion to which they are seeking assignment.

c. Benefits.

(1) IMA participants may be eligible for Selected Reserve (SELRES) benefits to include the Health Professional Loan Repayment (HPLR) Program and the Montgomery GI Bill.
NOTE: Must meet program requirements to include qualifying year of services for HPLR.

(2) Individuals interested in New STRAP can perform their payback obligation in an IMA billet.

(3) AR-PERSCOM will fund one annual training (AT) period of 12 days for each FY. AT funding for IMA is usually funded to 80 percent of requirements.

(4) Funds have been identified for additional training for continuing professional and military education.

(5) Fifteen points will be given for USAR membership. USAR soldiers must obtain 50 points within their retirement year to get credit toward 20 years for retirement and to receive SELRES benefits such as HPLR. MEDCOM requires an individual training program be established at the MTF assignment to assist IMA officers in attaining a good retirement year.

d. Processing new accessions to the IMA.

(1) For all AMEDD officer personnel, the AMEDD Det operations will e-mail the USAR operations officer, HQ USAREC (RCHS-OP), the following information:

(a) Applicant's name.

(b) SSN.

(c) Projected AOC.

(d) Projected rank.

(e) Three assignment preferences. Specific MTF is preferred but regional location will be accepted.

(2) Health Services Directorate will forward this information to AR-PERSCOM. Once Health Services Directorate receives the available IMA

assignments from AR-PERSCOM, Health Services Directorate, will forward the available assignment choices to the AMEDD Det operations.

(3) The AMEDD Det operations is responsible for notifying the HCR of the available IMA assignments and forwarding the IMA assignment choice to HQ USAREC (RCHS).

(4) Health Services Directorate will notify AR-PERSCOM to have the desired IMA assignment put on hold pending one of the following actions:

(a) Applicant declines or fails to process.

(b) Applicant is not selected for appointment.

(c) Applicant is selected and appointed.

(5) USAREC Form 1177-R-E (Statement of Understanding - Individual Mobilization Augmentee (IMA) Positions) (see fig 5-13) must be completed in original format to be included in the application packet.

(6) The appointment application must contain the documents required for appointment to the IRR.

(7) The transmittal letter will reflect assignment to the IRR with further assignment to IMA position____, para____, line____, UIC____, "Name of the Facility."

(8) The HCR will forward the original DA Form 71 and two copies to the appropriate division at HQ USAREC (RCHS-XX) for processing of orders.

(9) Initial assignment orders will reflect the IRR. Soldier will receive a second set of orders designating IMA assignment.

(10) HCR will ensure officers assigned to the IMA Program receive telephone numbers of their respective PMO, AR-PERSCOM, and assist the officer with uniform purchase and ID card processing.

e. Processing IRR to IMA transfers.

(1) The HCR identifies an IRR AMEDD officer interested in SELRES participation in the IMA and submits request for eligibility verification. See paragraphs 5-45d and e.

NOTE: Soldiers must have evidence of security clearance in order to occupy an IMA position.

(2) DA Form 2976-R (Application for Individual Mobilization Augmentation Program Assignment) is completed by the applicant.

(a) Part 1, block 1, is left blank.

(b) Block 2 should read: Commander, AR-PERSCOM, ATTN: ARPC-OPT-XX, 1 Reserve Way, St. Louis, MO 63132-5200.

(c) Blocks 3 through 23 are self-explanatory.

(d) Block 24, Remarks, should include the following information: RSID, HCR name, SSN, telephone number, and a request that a copy of assignment orders be forwarded to the appropriate division at HQ USAREC (RCHS-XX), 1307 3rd Avenue, Fort Knox, KY 40121-2726.

(e) DA Form 4213 (Supplemental Data for Army Medical Service Reserve Officers) must be submitted with each packet. This form is a request for AOC validation or change. A certified true copy of current licenses and certificates of training or DPL will be forwarded with the DA Form 4213.

(3) The HCR will prepare the following documents:

(a) USAREC Form 1076-R-E.

(b) DA Form 2976-R.

(c) DA Form 4213 (to be completed by the officer with the HCR's assistance).

(d) USAREC Form 1099-R-E.

(e) DA Form 1058-R (Application for Active Duty for Training, Active Duty for Special Work, Temporary Tour of Active Duty, and Annual Training for Soldiers of the Army National Guard and U.S. Army Reserve), if required.

(f) A security packet consisting of an EPSQ SF 86 and two originals of JUST Form FD 258, if required.

(4) These documents will be mailed to: Commander, AR-PERSCOM, ATTN: ARPC-HSO, 1 Reserve Way, St. Louis, MO 63132-5200.

(5) A copy of all documents mailed to AR-PERSCOM will be forwarded to HQ USAREC (RCHS-OP) to facilitate commission credit and orders accountability. Facsimile copies are acceptable.

(6) AR-PERSCOM AMEDD PMO will review the documents, locate a billet for the officer, and place a request for orders. The HCR will receive commission credit upon generation of assignment orders.

5-48. NAAD officer processing

a. Eligibility for attachment.

(1) Have no valid TPU vacancy within 50 miles and a 90-minute commute as defined in AR 140-10.

(2) Be qualified and currently practicing in an AOC for which there is a vacancy in a high-priority unit.

(3) Hold a valid, current, unrestricted license.

(4) Maintain full clinical privileges to practice in AOC.

(5) Live in CONUS.

(6) Have a qualifying physical within the last 2 years for new accession and within 5 years for transfers.

(7) Have no flagging actions.

(8) Be eligible for appointment (direct accession) or transfer from the IRR into a TPU.

b. NAAD requirements and officer obligations upon attachment.

(1) Attend a 3-day orientation at NAAD Headquarters in Fort McPherson, Georgia, within 6 months of attachment.

(2) Complete 48 drills in accordance with a training plan approved by NAAD, unless otherwise excused per AR 135-91, paragraph 4-5. An individualized training program will be established within 50 miles of residence.

(3) Maintain a valid, current, unrestricted license and full clinical privileges to practice.

(4) Update credentials file annually and as status changes.

(5) Must have completed or be able to complete the AMEDD OBC.

(6) Attend 14 days of AT each year, excluding travel, unless otherwise excused per AR 135-91, paragraph 4-5. A portion of AT must be performed with unit of assignment every other year.

(7) Pass the Army physical fitness test (APFT) annually.

(8) Maintain height and weight standards in accordance with AR 600-9.

(9) Respond to all official military correspondence.

(10) Maintain communication with both NAAD and unit of assignment.

c. Processing direct accessions.

(1) The applicant is required to be physically qualified prior to placing a vacancy on hold.

(2) The HCR will FAX a completed USAREC Form 1081-R-E (National AMEDD Augmentation Detachment (NAAD) Assignment Verification and Acceptance) (see fig 5-14) with curriculum vitae (CV) or resume to the AMEDD Det operations section.

(3) The AMEDD Det operations section will:

(a) Verify and/or identify the applicant's AOC using the listing provided by the United States Army Reserve Command (USARC) of high-priority units. If the officer's AOC does not appear on the report, the officer will not be permitted to continue processing for NAAD.

(b) If the AOC does exist, the AMEDD Det operations section will perform a quick vacancy search (QIKLOK) on REQUEST to look for any vacancy for the officer's AOC within a 50-mile radius. If QIKLOK does not produce a vacancy, the AMEDD Det operations section will try to locate a vacancy closest to the applicant's home area using the listing provided by USARC. Once a unit and vacancy is identified, the AMEDD Det operations section will use REQUEST (UVREPORT) to validate the vacancy. The AMEDD Det operations section will then provide, via e-mail, the USAREC liaison noncommissioned officer (LNCO) at USARC with the unit, UIC, unit vacancy (UV) control number, paragraph, line, position number, name, SSN, and AOC of the officer and request the vacancy be placed in a "HOLD" status. Once on "HOLD" the USAREC LNCO will notify the AMEDD Det operations section for completion of USAREC Form 1081-R-E.

(c) The AMEDD Det operations section will FAX USAREC Form 1081-R-E with vacancy information to the USAREC LNCO at USARC, FAX number (404) 629-8565. A USAREC Form 1076-R-E must be included addressed to the USAREC LNCO.

(4) The USAREC LNCO will within 72 hours of receipt of the USAREC Form 1081-R-E, validate the vacancy and unit. Once validated, the LNCO will sign block 34 of USAREC Form 1081-R-E and deliver to the Chief, Personnel Management Branch, NAAD.

(5) The Chief, Personnel Management Branch, NAAD will verify that the applicant meets the requirements for attachment to NAAD, and that the USAREC LNCO at USARC, has signed block 34 of USAREC Form 1081-R-E. The NAAD commander or authorized representative will sign block 36 of USAREC Form 1081-R-E and return it to the USAREC LNCO at

USARC.

(6) Signed USAREC Forms 1081-R-E will be FAX'ed by the USAREC LNCO at USARC to the AMEDD Det operations section. The AMEDD Det operations section will forward to the HCR.

(7) When the HCR receives USAREC Form 1081-R-E, it will be put into the application packet along with a signed (by the applicant) original of the Memorandum for Commander, NAAD, Subject: Requirements for AMEDD Officers Attached to the NAAD, when forwarded to HQ USAREC (RCHS) (see fig 5-15). The application will be processed under the established procedures for new accessions.

(8) If the applicant is selected, HQ USAREC (RCHS) will, upon receipt of the DA Form 71, send the original accession packet to PERSCOM for orders and a copy (including credentials documents) to: Department of the Army, NAAD, ATTN: AFRC-NAD-PM (Nominations Manager), 1401 Deshler Street SW, Fort McPherson, GA 30330-2000.

(9) The HCR will inform the applicant to contact their unit of assignment upon receipt of orders and to contact NAAD for further instructions pertaining to their orientation.

(10) If the applicant is not selected, HQ USAREC (RCHS-OP) will contact the USAREC LNCO at USARC to remove the vacancy from "HOLD" status.

d. IRR transfers.

(1) The HCR will:

(a) Assure the officer meets eligibility criteria.

(b) Initiate the packet to include the following forms:

1. USAREC Form 1076-R-E.

2. DA Form 4651-R. The unit of attachment information must be placed in block 5 of DA Form 4651-R along with the unit of assignment information (circle the appropriate UIC based on AOC) as follows:

NOTE: Figure 5-16 has been completed with required entries.

a. With further attachment to:

National AMEDD Augmentation Detachment
1401 Deshler Street SW
Fort McPherson, GA 30330-2000
UIC W7XQ02 (All officers except nurses) or
UIC W7XQ03 (Nurse and 91C only)

b. Block 6 must have the following address:

Commander
AR-PERSCOM
ATTN: ARPC-ZAP-IO
1 Reserve Way
St. Louis, MO 63132-5260

c. The following statements must be placed in block 8: Recruiter of record: (Name), Recruiter ID: (SSN). I understand that I will not be permitted to participate in any training for pay or retirement points with my unit pending receipt of appropriate assignment or attachment orders. Soldier's initials: I certify that this soldier meets the standards of AR 600-9. Recruiter's initials.

3. USAREC Form 1081-R-E.

4. USAREC Form 1099-R-E.

5. Copy of the current professional license(s).

6. Copy of a picture ID.

7. Signed original of the Memorandum for Commander, NAAD, Subject: Requirements for AMEDD Officers Attached to the NAAD (see fig 5-15).

NOTE: The officer should maintain a copy for his or her personal records.

(2) Transfer packet processing.

(a) The HCR will via e-mail send a Request for Eligibility Verification-AMEDD, to the appropriate AMEDD Det operations section. The request should include the applicant's name, SSN, and state that the officer desires to be attached to the NAAD.

(b) If the officer is eligible, the AMEDD Det operations section will use a listing provided by USARC of high-priority units to identify that a vacancy for the officer's AOC exists. If the AOC does exist, the AMEDD Det operations section will perform a quick vacancy search (QUIKLOK) on REQUEST to look for any vacancy for the officer's AOC within a 50-mile radius. If the QUIKLOK does not produce a vacancy, the AMEDD Det operations section will try to locate a vacancy closest to the officer's home area using the listing provided by USARC and established criteria. Once a unit and vacancy is identified, the AMEDD Det operations section will use REQUEST (UVREPORT) to validate that the unit and vacancy are current. The AMEDD Det operations section will then provide, via e-mail, the USAREC LNCO at USARC with the unit, UIC, UV control number, paragraph, line, position number, name, SSN, and AOC of the officer and request that the vacancy be put in a "HOLD" status. If the officer's AOC does not appear on the report, the officer will not be permitted to continue processing for the NAAD. The USAREC LNCO will reserve and hold the vacancy using the last four of the SSN, USARC-NAAD and date in the "Remarks" section of the vacancy on REQUEST and notify the AMEDD Det operations section via e-mail. The information about the unit and the vacancy will be documented in the "Remarks" section of USAREC Form 1099-R-E and FAX'ed back to the HCR.

(c) The HCR will fax the completed original transfer packet to the AMEDD Det operations section. The AMEDD Det operations section will check the packet for completeness and verify that a record has been created on OWNRS. The AMEDD Det operations section is responsible for verifying and signing block 33 of USAREC Form 1081-R-E. The AMEDD Det operations section will then FAX the packet to the USAREC LNCO at USARC. The FAX number is (404) 629-8565.

(d) The USAREC LNCO will, within 72 hours of receipt of the packet, validate the vacancy and unit, sign and date block 34 of the USAREC Form 1081-R-E, and deliver the packet to the Chief, Personnel Management Branch, NAAD.

(e) The Chief, Personnel Management Branch, will review the packet to confirm that all validations have been completed. The NAAD commander or authorized representative will sign the DA Form 4651-R, block 5j and block 36 of USAREC Form 1081-R-E accepting the officer. NAAD will retain a copy of the Memorandum for the Commander, NAAD, a copy of the DA Form 4651-R, and any other related documents. The packet will then be returned to the USAREC LNCO at USARC.

(f) Upon receipt from NAAD, the USAREC LNCO at USARC will mail the packet to HQ USAREC (RCHS-OP).

(g) Upon receipt from the USAREC LNCO at USARC, the operations NCO, Health Services Directorate, will request that the vacancy be taken off hold by the USAREC LNCO at USARC, take the packet to the Tactical Operations Center, HQ USAREC, to have a record built on REQUEST, make a reservation, access, and ship verify the record. Once the reservation is made, print the reservation letter and include in the packet. The operations NCO, Health Services Directorate, will then award commission credit on OWNRS and forward the packet to AR-PERSCOM for orders generation.

5-49. Processing From the ARNG

Transfer of ARNG AMEDD officers to the USAR:

a. HCR will be given mission credit for assisting ARNG AMEDD officers who transfer to the USAR under the following conditions:

(1) The AMEDD officer must possess a critical wartime health care specialty.

(2) The AMEDD officer must remain in the Selective Reserve.

(3) The AMEDD officers must be assigned to a critical wartime health care specialty vacancy.

b. The following documents will be forwarded to HQ USAREC (RCHS-OP) in order to receive mission credit.

(1) USAREC Form 1076-R-E.

(2) DD Form 368 (Request for Conditional Release From Reserve or Guard Component). Must be filled out completely and signed by the HCR.

(3) Assignment orders to the USAR.

Section IX
AC Programs

5-50. General

a. The goals of the AMEDD Sustainment Program are to maintain participant interest in the Army, foster a sense of identification with the Army, ensure participants remain qualified for the Army, minimize buyer's remorse, and promote and generate participant assistance in recruiting.

b. AMEDD Sustainment Program participants include but are not limited to, HPSP and ECP.

c. Participants in HPSP and ANCP who desire to be released from the program must request disenrollment through the HCRT and the AMEDD Det to the appropriate division at HQ USAREC (RCHS-XX).

5-51. Responsibilities

a. The appropriate divisions at HQ USAREC (RCHS-XX) will:

(1) Establish a data base to track program participants until accessed onto AD.

(2) Notify the AMEDD Det of students who must submit appointment documents.

b. AMEDD Det will coordinate all aspects of the HPSP between HQ USAREC (RCHS) and other major Army commands and the HCRT.

c. HCR will:

(1) Track participants throughout their professional schooling experience, thereby personally contacting each participant at a minimum of semiannually or as needed until EAD. In addition, the HCR will assist in all administrative matters pertaining to the students' military requirements (i.e., active duty for training (ADT), OBC, accession).

(2) Ensure selectees receive appointment letters and orders.

(3) Respond to professional questions and concerns that the participant may have.

(4) Document contact with selectee on USAREC Form 200-5.

(5) Contact participants at risk for academic failure or who for any reason may request disenrollment from the program (i.e., pregnancy).

(6) Interview participants who request disenrollment from their respective program and forward a memorandum to the AMEDD Det outlining the reasons or circumstances of the withdrawal.

(7) Maintain personal responsibility for all HPSP participants preparing for OBC; all AMEDD officers will be given an OBC brief.

(8) Contact applicants within 72 hours of selection. During this contact, the HCR will schedule the commissioning ceremony (if required), and review the applicants' responsibilities until departure to OBC.

(9) Send one set of official, final transcripts conferring the degree to the appropriate division at HQ USAREC (RCHS-XX) in accordance with this regulation.

(10) Forward appointment documents no earlier than 180 days and no later than 120 days prior to graduation.

(11) Notify the appropriate division at HQ USAREC (RCHS-XX) of graduation and commissioning dates.

(12) Forward official copy of final transcripts with degree conferred to the appropriate division at HQ USAREC (RCHS-XX).

(13) Ensure officer receives orders for concurrent call to AD.

(14) Assist applicant in arranging for shipment of household goods (HHG), purchase of uniforms, and travel arrangements in preparation for reporting to AMEDD OBC.

d. Applicant will:

(1) Maintain physical and moral qualifications. NOTE: HCR will ensure that the participant has height, weight, and fitness guidelines.

(2) Notify the HCR immediately of applicants whose grades of "D" or lower, course failure, course incompletes, pregnancies, illness, or injury that preclude the participant from completing course requirements in the projected time frame.

(3) Notify the HCR of all address and telephone changes.

(4) Submit verification of full-time enrollment to AR-PERSCOM, Incentive Branch. This verification must be on the school's letterhead stationery and be signed by a school official. The statements are due each January and July.

(5) Contact the HCR at a minimum of every 2 weeks until departure to OBC.

(6) Submit a written request for disenrollment from the program for any reason. The letter will be routed through the HCR and the AMEDD Det commander to AR-PERSCOM, Incentive Branch.

(7) Participate in recruiting activities as the participant's schedule allows.

(8) Notify AR-PERSCOM, Incentive Branch, of address and telephone changes.

(9) For ROTC Education Delay participant: In addition to the above, the participant will update delay status with AR-PERSCOM annually and notify AR-PERSCOM of any changes in any status immediately.

5-52. HPSP

The policies, provisions, and application guidelines of the HPSP are contained USAREC Reg 601-105.

5-53. FAP

a. General. The FAP is an AD program for physicians and dentists in specific specialties; specialties vary annually depending on Army needs.

b. Eligibility.

(1) Be a U.S. citizen.

(2) Must meet appointment criteria as a commissioned officer in the DC or MC.

(3) Be accepted for admission to or be attending, in good standing, a fully-accredited specialty program at the postgraduate level 2 or above and postgraduate level 1 for selected AOC.

(4) Be able to fulfill the FAP service obligation prior to mandatory removal from AD.

(5) Cannot have been nonselected for promotion.

(6) Cannot have a service obligation to any other branch of the Armed Forces.

(7) Execute a FAP Service Agreement.

(8) Must be scheduled to take NBOME part (3) or the COMLEX or have a current nonrestricted license before they can be boarded.

c. Financial assistance. Stipends, grants, and reimbursements.

(1) A monthly stipend is payable during the course of the specialized training including vacation periods, except the 14 days of annual ADT. Officers will receive full pay and allowances based on their appointment grade. MC officers also receive Reserve medical officers special pay during the periods of ADT. ADT will be performed at the training site at a time determined by MEDCOM unless the participant makes other arrangements through their HCR.

(2) A full grant is payable upon entrance into the FAP and each year of participation thereafter. Grants shall be paid on a pro rata basis (if necessary) for the final year of participation.

(3) Reimbursement for certain educational expenses is authorized. Payments, however, shall be limited to those educational expenses normally incurred by non-FAP personnel who are pursuing the same specialized training.

(4) Stipends and grants received while participating in this program are considered additional income and will be reflected as such on the officer's annual TD Form IRS W-2 (Wage and Tax Statement).

d. Contractual service obligation.

(1) FAP participants incur an active duty service obligation at the rate of year-for-year, plus one, at half-year increments. Therefore, if a person receives a stipend for 2 years, he or she owes 3 years; if the stipend is received for 3 1/2 years, the person owes 4 1/2 years; or if the person receives a stipend for 2 years and 3 months, he or she owes 3 1/2 years.

(2) An FAP incurred obligation may not be served concurrently with any other contractual military obligation.

(3) FAP participants will be assigned to control group officer active duty obligor at AR-PERSCOM during the duration of their residency or fellowship program training. As such, time spent while participating in FAP will not be counted in determining eligibility for retirement or in computing years of service for pay purposes.

5-54. Long-term health education training anesthesia nurse programs

a. General. The AN utilizes two fully-funded programs, the U.S. Army Program in Nurse Anesthesia and the USUHS Graduate School of Nursing Program in Nurse Anesthesia to educate direct accession officers in nurse anesthesia.

b. Direct accession applicants requesting education in these fully-funded nurse anesthesia programs must apply to both UTHHSC and USUHS programs. If selected for the AN, they will then be boarded for selection as a funded student in the anesthesia programs. Their appointment for the AN is not contingent on being selected for placement in the education program. The AN will determine which program selectees attend. Program selection is not at the applicant's discretion. Applicants who decline to attend the program offered will not be considered for attendance at the other. If selected for appointment and not selected for the educational programs, the applicant may either decline (in writing) the selection for appointment, or may elect to accept the appointment with concurrent call to AD in the AOC or ASI in which eligible and deemed most appropriate by the AN Branch. If not selected for appointment, applicants must wait 1 year to reapply for appointment.

c. Specific guidance will be posted for each FY.

5-55. ECP

a. General. This program is applicable to students selected for or enrolled in accredited or approved schools of dentistry or veterinary medicine. Applicants for this program are not concurrently called to AD.

b. Eligibility. In addition to meeting the matriculation requirement, applicant must meet the requirements for appointment in the MS prescribed in AR 135-101. Selectees will be appointed second lieutenants, MS, in the officer active duty obligor control group unless the applicant qualifies for a higher grade in accordance with AR 135-101.

c. Processing.

(1) Applications are forwarded to HQ USAREC (RCHS-SVD) for boarding using USAREC Form 1090 (AMEDD Appointment Application Checklist). Applications can be boarded at any DC or VC board as applicable.

(2) Student officers will be nominated for AD not later than 1 February of the year of graduation, unless the officer has been selected by TSG for participation in another program.

(3) AD orders will be based on assignment instructions furnished by PERSCOM.

(4) Dental ECP student officers will be reappointed to the DC, USAR, not earlier than 6 months prior to graduation, in accordance with provisions outlined in AR 135-101.

(5) Veterinary ECP student officers will be reappointed in the VC, USAR, not earlier than 6 months prior to graduation, in accordance with provisions outlined in AR 135-101.

d. Service obligation. Participants in this program will serve on AD for a minimum of 3 years. An officer who fails to qualify in his or her professional specialty or one who fails to accept reappointment may be ordered to AD with or without his or her consent, or discharged under the provisions of AR 135-175.

5-56. Occupational therapy internship

a. General. The Army's occupational therapy internship gives eligible students the opportunity to complete required fieldwork experiences. This 9-month program is established to meet the requirements of the Army and the Council on Medical Education of the American Medical Association in collaboration with the AOTA.

(1) Applicants accepted into the program are appointed as second lieutenants, USAR, with call to AD in the SP in accordance with AR 135-101.

(2) The fieldwork commences after attendance at the regularly scheduled AMEDD OBC.

b. Eligibility. Applicants must meet, as a minimum, the eligibility requirements, to include security requirements, for appointment in the SP, USAR (AR 135-101), and the following special eligibility requirements:

(1) Age. An applicant must be at least 21 years of age but must not have passed his or her 30th birthday. Request for waiver of maximum age will be submitted on USAREC Form 524-R-E and submitted with the application.

(2) Education. An applicant must be a graduate or prospective graduate of a college or university, accredited by the appropriate regional accrediting association and national professional organization. In all cases, the accreditation must be effective as of the date on which the degree or credits were attained. An applicant must have or expect to have conferred within 6 months, a baccalaureate degree which includes or is followed by a curriculum in occupational therapy or to have one conferred at the completion of the clinical affiliation.

(3) Registration requirement waived until completion of training.

c. Obligation. Upon appointment in the SP, officers incur a minimum active duty obligation (ADO) of 36 months.

d. Registration. Upon completion of the occupational therapy internship, officers must take the first available national certification exam leading to registration as a registered OT.

e. Program benefits.

(1) Officers will receive full pay and allowances of a second lieutenant while participating in the occupational therapy internship.

(2) Tuition reimbursement paid directly to the academic institution for credit hours required by school to complete internship. Statement of tuition expenses must be provided by the institution in the application.

(3) Comprehensive training at Walter Reed Army Medical Center (WRAMC) or Madigan Army Medical Center (MAMC).

f. Processing.

(1) Selection of applicants for the fieldwork will be made by a board of officers conducted at HQ USAREC. Applicants will be notified of their selection, selection as an alternate, or nonselection by the HCR.

(2) Selection board will be held in May.

(3) Applicant's performance, academic record, moral character, maturity, and leadership potential are reviewed. Applicant's potential to complete the fieldwork and successfully perform the duties of an Army officer are weighed heavily by the board.

(4) If there are more qualified applicants than program allocation, an order-of-merit list (OML) will be established. Lists of selectees, alternates, and nonselects are published by HQ USAREC (RCHS-OP).

5-57. U.S. Army Baylor University Program in Physical Therapy

a. General. The U.S. Army Baylor University Program in Physical Therapy is an 18-month quad-service program for the Uniformed Services. The program is conducted at the Army Medical Department Center and School (AMEDD C&S), Fort Sam Houston, Texas. The program is designed to meet the requirements of the Army, Baylor University, and the APTA. A Master of Physical Therapy degree is awarded by Baylor University upon successful completion of the program and fulfillment of the requirements of the Graduate School of Baylor University.

(1) Applicants accepted into the program are appointed as second lieutenants, USAR, with call to AD in the SP in accordance with the provisions outlined in AR 135-101. Officers previously commissioned in the USAR or RA may be appointed or reappointed at grades higher than second lieutenant in accordance with AR 135-101, chapter 3. Officers selected by other services will be appointed in accordance with governing regulations of respective services.

(2) The didactic training commences after attendance at a regularly scheduled AMEDD OBC.

b. Eligibility. Applicants must meet, as a minimum, the eligibility requirements, to include security requirements, for appointment in the SP, USAR (AR 135-101), and the following special eligibility requirements:

(1) Age. An applicant must be at least 21 years of age but must not have passed his or her 30th birthday. Request for waiver of maximum age will be submitted on USAREC Form 524-R-E along with the application.

(2) Education. An applicant must have or expect to have conferred within 6 months, a baccalaureate degree including satisfactory completion of courses as listed in the bulletin for the U.S. Army Baylor University Graduate Program in Physical Therapy.

(3) Licensure requirement waived until completion of training.

(4) Have a minimum grade point average (GPA) of 3.1 in overall undergraduate course work.

(5) Have a minimum GPA of 3.1 in required science course work.

(6) Have a minimum of 1,000 in combined verbal and quantitative sections of Graduate Record Examination (GRE) (minimum of 450 in verbal section).

(7) Required science coursework must be less than 10 years old at the date of application.

(8) Applicant can have no more than two courses of prerequisites left to take at time of application (spring or summer semester prior to starting OBC in September).

c. Obligation. Upon appointment in the SP, officers incur a minimum ADO of 60 months.

d. Licensure. Upon completion of the U.S. Army Baylor University Program in Physical Therapy, officers must take the first available state board examination leading to licensure as a licensed PT.

e. Program benefits.

(1) Officers will receive full pay and allowances of a second lieutenant while participating in the program.

(2) Full tuition and book stipend.

(3) Clinical affiliations at a variety of military and civilian health care facilities.

f. Processing.

(1) Selection of applicants for the Baylor Program will be made by a board of officers conducted at HQ USAREC.

(2) Selection boards will be held once annually in the March to April timeframe.

(3) Applicant's performance, academic record, moral character, maturity, and leadership potential are reviewed. Applicant's potential to complete the training and successfully

perform the duties of an Army officer are weighed heavily by the board.

(4) If there are more qualified applicants than program allocation, an OML will be established. Lists of selectees, alternates, and nonselects are published by HQ USAREC (RCHS-OP).

5-58. Dietetic internship

a. General. This 9-month program is conducted at WRAMC and Brooke Army Medical Center (BAMC) and is established to meet requirements of the Army and the ADA.

(1) Applicants accepted into the program are appointed as second lieutenants, USAR, with call to AD in the SP in accordance with AR 135-101.

(2) The internship commences after attendance at the AMEDD OBC.

b. Eligibility. Applicant's must meet, as a minimum, the eligibility requirements, to include security requirements, for appointment in the SP, USAR (AR 135-101), and the following special eligibility requirements:

(1) Age. An applicant must be at least 21 years of age but not have passed his or her 30th birthday. Request for waiver of maximum age will be submitted on USAREC Form 524-R-E along with the application.

(2) Education. All applicants must meet the ADA's Plan IV basic academic requirements and at least the general area of specialization; or provide a declaration of intent to complete the degree and the aforestated Plan V academic requirements. Effective 1 November 1980 all applicants will be responsible to have the Plan V academic requirements verified by an official Plan V program representative. Only the original or certified verification statement will be accepted.

(3) Registration requirement waived until completion of training.

(4) GRE required (must be less than 5 years old at EAD).

c. Obligation. Upon appointment in the SP, officers incur a minimum ADO of 36 months.

d. Registration. Upon completion of the dietetic internship, officers must take the first available exam, leading to registration as an RD.

e. Program benefits.

(1) Officers will receive full pay and allowances of a second lieutenant while participating in the dietetic internship.

(2) Comprehensive training at WRAMC and BAMC, with affiliations at a variety of facilities.

f. Processing.

(1) Selection of applicants for the internship will be made by a board of officers conducted at HQ USAREC.

(2) Selection boards will be held in March. Applicants are required to complete computer match in compliance with the ADA guidelines through D&D Digital Systems. Information can be obtained by contacting D&D Digital Systems, 304 Main Street, Suite 301, Ames, IA 50010, (515) 292-0490. Applicants will be notified of their match status by D&D Digital Systems.

(3) Applicant's performance, academic record, moral character, maturity, and leadership potential are reviewed. Applicant's potential to complete the internship and successfully perform the duties of an Army officer are weighed heavily by the board.

(4) If there are more qualified applicants than program allocation, an OML will be established. Lists of selectees, alternates, and nonselects are published by HQ USAREC (RCHS-OP).

5-59. CPIP

a. General. The Army CPIP offers eligible students an opportunity to complete the internship required for doctoral programs in psychology. The Army sponsors an American Psychological Association-accredited, 1-year clinical psychology internship at WRAMC, Tripler Army Medical Center (TAMC), and Dwight David Eisenhower Army Medical Center. The Army currently offers four CPIP positions at each of the three MTF.

(1) Applicants accepted into the program are appointed as captains, USAR, with call to AD in the MS in accordance with AR 135-101.

(2) Applicants accepted into the program who have not attended AMEDD OBC will attend the course following completion of the internship.

b. Eligibility. Applicants must meet, as a minimum, the eligibility requirements, to include security requirements for appointment in the MS, USAR (AR 135-101), and the following special eligibility requirements:

(1) Age. An applicant must be at least 21 years of age but not have passed his or her 40th birthday. Request for waiver of maximum age will be submitted on USAREC Form 524-R-E along with the application.

(2) Education. All applicants must have completed all course work leading towards a Doctor of Philosophy or a Doctor of Psychology in clinical, counseling, or combined professional psychology.

c. Obligation. Upon appointment in the MS, officers incur a minimum ADO of 49 months.

d. Registration. Upon completion of CPIP, officers must take the first licensing examination for clinical psychology.

e. Program benefits.

(1) Officers will receive full pay and allowances of a captain while participating in CPIP.

(2) Comprehensive training at WRAMC, TAMC, and Dwight David Eisenhower Army Medical Center.

f. Processing.

(1) Selection of applicants for the internship will be made by a board of officers conducted at HQ USAREC. Applicants will be notified of their selection, selection as an alternate, or nonselection by the MS psychology consultant (see (4) below).

(2) Selection boards will be held in January.

(3) Applicant's performance, academic record, moral character, maturity, and leadership potential are reviewed. Applicant's potential to complete the internship and successfully perform the duties of an Army officer are weighed heavily by the board.

(4) If there are more qualified applicants than program allocation, an OML will be established. Lists of selectees, alternates, and nonselects are published by HQ USAREC, but not released to AMEDD Dets. All applicants will be notified of their status by the AMEDD psychology consultant in accordance with the rules outlined by the American Psychological Association. Applicants who are not selected by the board will be notified of this status no later than the first Monday in February. Applicants recommended for selection or as alternates will be notified of their status on Uniform Notification Day which is the second Monday in February. The psychology consultant begins at the top of the OML and contacts applicants until the twelve slots are filled. The remaining applicants will be contacted and advised of their status.

5-60. Pharmacy residency

a. General. The Army sponsors a 1-year American Society of Health System Pharmacist accredited residencies at four sites. WRAMC sponsors residencies in nuclear pharmacy, oncology pharmacy, and pharmacy practice (clinical). Residencies in pharmacy practice (clerical) are available at BAMC, MAMC, and TAMC.

(1) Applicants accepted into the program are appointed as second lieutenants, first lieutenants, or captains, USAR, with call to AD in the MS in accordance with AR 135-101.

(2) The residency is preceded by attendance at the AMEDD OBC.

b. Eligibility. Applicants must meet, as a minimum, the eligibility requirements, to include security requirements, for appointment in the MS, USAR (AR 135-101), and the following special eligibility requirements:

(1) Age. An applicant must be at least 21 years of age but not have passed his or her 40th birthday. Request for waiver of maximum age will be submitted on USAREC Form 524-R-E along with the application.

(2) Education. All applicants must have completed either a Bachelors degree in Pharmacy or a Doctor of Pharmacy.

c. Obligation. Upon appointment in the MS, officers incur a minimum ADO of 48 months.

d. Registration. All applicants must possess a current state licensure before entering the residency.

e. Program benefits.

(1) Officers will receive full pay and allowances of a second lieutenant or captain, depending upon education and experience, while participating in the pharmacy residency.

(2) Comprehensive training at WRAMC, TAMC, MAMC, or BAMC.

f. Processing.

(1) Selection of applicants for the internship will be made by a board of officers conducted at HQ USAREC. Applicants will be notified of their selection, selection as an alternate, or nonselection by the HCR.

(2) Selection boards will be held throughout the year with duly scheduled MS boards until all positions are filled.

(3) Applicant's performance, academic record, moral character, maturity, and leadership potential are reviewed. Applicant's potential to complete the internship and successfully perform the duties of an Army officer are weighed heavily by the board.

(4) All applicants must be interviewed by the AMEDD pharmacy consultant or one of the pharmacy residency directors (either telephonically or in person) before they are boarded. Lists of selectees and nonselectees are published by HQ USAREC (RCHS-OP).

5-61. Podiatry residency

a. General. The Army sponsors a 2-year podiatric surgery residency (PSR-24) at two Army MTF. The residencies are offered at Womack Army Medical Center. The Army currently offers two residency positions at this site.

(1) Applicants accepted into the program are appointed as captains, USAR, with call to AD in the MS in accordance with AR 135-101.

(2) Applicants accepted into the program who have not attended the AMEDD OBC will attend the course following completion of the residency.

b. Eligibility. Applicants must meet, as a minimum, the eligibility requirements, to include security requirements, for appointment in the MS, USAR (AR 135-101), and the following special eligibility requirements:

(1) Age. An applicant must be at least 21 years of age but must not have passed his or her 40th birthday. Request for waiver of maximum age will be submitted on USAREC Form 524-R-E along with the application.

(2) Education. All applicants must have completed all course work leading towards a Doctor of Podiatric Medicine.

c. Obligation. Upon appointment in the MS, officers incur a minimum ADO of 60 months.

d. Program benefits.

(1) Officers will receive full pay and allowances of a captain while participating in PSR-12.

(2) Comprehensive training at TAMC or MAMC.

e. Processing.

(1) Selection of applicants for the internship will be made by a board of officers conducted at HQ USAREC. Applicants will be notified of their selection, selection as an alternate, or nonselect by the Residency Director (see (4) below).

(2) One selection board will be held in November.

(3) Applicant's performance, academic record, moral character, maturity, and leadership potential are reviewed. Applicant's potential to complete the internship and successfully perform the duties of an Army officer are weighed heavily by the board.

(4) If there are more qualified applicants than program allocations, an OML will be established. Lists of selectees, alternates, and nonselects are published by HQ USAREC but not released to AMEDD Dets. All applicants will be notified of their status in accordance with the rules outlined by the Centralized Application Service for Podiatric Residencies. Results are mailed to the Residency Director on Match Day which is the first Monday in January. The Residency Director will begin at the top of the OML and activate the list until two positions are filled. The remaining applicants will be contacted and advised of their status no later than 1 week after Match Day.

5-62. Nurse specific programs

a. General.

(1) Applicants who execute a written agreement for EAD for a period of not less than 4 years will be paid a lump sum of $5,000 upon reporting to their first permanent duty assignment after OBC.

(2) Accession bonus monies are subject to withholding tax. Because of this, actual monies received will be less than $5,000.

(3) This program must be appropriated each FY and may be delayed or withdrawn with short notice. HCR should ensure that the bonus is in effect at the beginning of each new FY (October) prior to commissioning officers requesting this bonus.

b. Eligibility.

(1) Applicants must qualify for appointment as an Army nurse with concurrent call to AD in accordance with AR 135-100 and AR 135-101.

(2) Applicants cannot hold an appointment as a nurse officer in the Army, Navy, Air Force, or PHS at the time of application.

(3) Enlisted personnel and officers of branches other than AN are eligible providing they meet other eligibility criteria.

(4) Nurses who held an appointment as nurse corps officers (any service), but no longer hold an appointment as nurse corps officers, are eligible provided that more than 12 months have elapsed between the date of service completion and the date of application.

(5) Applicants who have received any financial assistance from DOD to pursue a baccalaureate degree including the military academies and ROTC stipend and scholarship monies are ineligible.

c. Processing.

(1) The applicant must sign USAREC Form 1062 (Request for Registered Nurse Accession Bonus), a legally binding written contract which must be submitted with the application for appointment. When dating USAREC Form 1062, use the scheduled AD OBC start date. AN officers cannot request the accession bonus after entering AD.

(2) Two copies of the contract, at least one with original signatures is required. Applications will be considered incomplete if not accompanied by the required number of contracts.

(3) Applicants who do not want or are not eligible for the bonus will sign one copy of the following statement, in memorandum format, that must accompany the application to HQ USAREC (RCHS-AN): "I elect not to accept or am not eligible for the active duty bonus at this time and I understand that I am no longer eligible for the accession bonus after I enter active duty." Include date typed, name, and signature.

d. AD CRNA incentive specialty pay (ISP).

(1) Fully qualified CRNA are entitled to CRNA ISP. The CRNA ISP is paid annually to all CRNA.

(a) CRNA serving an ADO for having completed the LTHET or HPSP will receive $6,000 annually.

(b) CRNA who have completed their ADO for attending LTHET or HPSP and fully qualified CRNA who enter AD will receive $15,000 annually.

(2) CRNA request CRNA ISP through their local finance office:

(a) Nurses who enter AD as fully qualified CRNA or who enter AD upon completion of the HPSP (and have passed the CENA) request CRNA ISP at their first duty station after completing AMEDD OBC.

(b) Nurses who have completed the LTHET program and who have passed their CENA will request the CRNA ISP through their local finance office.

(c) CRNA ISP monies are paid by local finance offices. Acceptance of the CRNA ISP obligates the CRNA for a year of AD.

(d) CRNA ISP money is subject to withholding taxes.

e. Family nurse practitioner and CRNA board certification pay (BCP).

(1) BCP is $2,000 to $5,000. Application for BCP is processed through the MTF to AN Branch, PERSCOM.

(2) The individual must submit evidence of a Masters Degree, Board Certification, privileges in the specialty, and years of creditable military service to determine the bonus amount.

5-63. AD DC accession bonus

a. A $30,000 accession bonus for fully qualified individuals.

b. Paid at first permanent duty station. Individual must have USAREC Form 1139 (Department of the Army - Armed Forces Service Agreement - Armed Forces Dental Officer Accession Bonus Program) and a copy of orders authorizing payment.

c. Eligibility.

(1) Fully qualified for appointment as a DC officer in the Army.

(2) Individuals must be a graduate of an ADA-accredited dental school.

d. Obligation: 4 years from EAD.

e. Ineligible individuals.

(1) Officers who currently hold a DC commission in any service or component.

(2) Individuals with prior active or reserve service who have been discharged from any uniformed service less than 24 months.

(3) Officers who have received financial assistance from DOD to pursue a course of study in dentistry in exchange for service as a DC officer.

(4) ROTC obligors who have a remaining service obligation.

Section X
USAR Programs

5-64. STRAP

a. Direct accessions applying for the STRAP may be assigned to either the IRR or SELRES.

b. Eligibility. To be eligible for the STRAP participants must:

(1) Be a citizen of the United States.

(2) Be currently licensed in the health care profession for which applying. (MC can be

waivered.)

(3) Health care professionals currently in the SELRES and health care professional officers eligible for appointment as officers in AMEDD are eligible to apply. Obligations must be served in the SELRES.

(4) Be able to fulfill the service obligation incurred by STRAP participation prior to removal at age 60. The intention to apply for a waiver to be retained in service beyond age 60 is not a substitute for this requirement.

(5) Not have an AD service commitment in the Uniformed Services or a service commitment in the PHS.

(6) Not be receiving financial assistance through ROTC.

(7) Be engaged in or accepted as a matriculated student for a course of training acceptable to Headquarters, Department of the Army (see c(2) below). Students conditionally accepted or completing prerequisites are ineligible.

an obligation status due to STRAP.

c. Acceptable nursing educational programs include:

(1) Master's degree programs in nurse anesthesia or critical care.

NOTE: Students who possess a BSN or MSN from an accredited program may attend master's level anesthesia programs in which the master's degree is in a non-nursing area.

(2) Master's degree programs must be acceptable to DA and accredited by an agency recognized by the U.S. Secretary of Education. Nurse anesthesia programs must be fully accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs, AANA.

d. Acceptable medical and dental programs include: Residency programs either in Thoracic Surgery, Orthopedic Surgery, Peripheral Vascular Surgery, Neurosurgery, Urology, Diagnostic Radiology, Emergency Medicine, Internal Medicine, and Oral Surgery.

NOTE: These are the current critical go-to-war specialties and as such are subject to change annually.

e. Enrollees must earn 50 percent of the credit hours required for full-time, year-round student status at their educational institution to receive stipend.

f. Obligation. A service obligation of 2 years for each year or portion of a year in which funds are received is incurred. This may extend a soldier's military obligation, since the discharge of the STRAP obligation commences upon completion of training.

g. Boarding procedures. STRAP boards are held concurrently with the respective branch boards.

h. Financial assistance. The amount of stipend is determined by the applicant's choice of options to fulfill their post-training obligation. The amount of stipend is adjusted annually effective 1 July. HCR should contact the AMEDD Det operations section for current amounts.

i. Processing procedures. HCR will complete a STRAP application packet on each applicant who meets eligibility requirements and wants to apply for financial assistance under STRAP. The STRAP application will be submitted with the application for appointment.

j. Upon selection for STRAP, HQ USAREC (each division) will forward an enrollment packet to the applicant. HCR may assist the applicant in completing the enrollment packet. Initial payment of benefits begins after the completed enrollment documents are returned to and processed by AR-PERSCOM, Incentive Branch. The financial benefits start date is the latest of the following three possible dates: The date of the Oath of Office, the date the current term begins, or the date the contract is signed. Enrollment packets will contain:

(1) Bonus enrollment packet:

(a) USAREC Form 1103 (Incentive Enrollment Data Sheet) (see fig 5-17).

(b) DA Form 71.

(c) SF 1199A (Direct Deposit Sign-Up Form).

(d) TD Form IRS W-4 (Employee's Withholding Allowance Certificate).

(e) Bonus contract.

(2) ANCP enrollment packet:

(a) USAREC Form 1103.

(b) Certification of participation (1- or 2-year participation).

(c) DD Form 4 series (Enlistment/Reenlistment Document - Armed Forces of the United States).

(d) USAREC Form 1105 (STRAP Enrollment Verification) (see fig 5-18).

(e) SF 1199A.

(f) TD Form IRS W-4

(g) Service agreement.

(3) STRAP enrollment packet:

(a) USAREC Form 1103.

(b) DA Form 71.

(c) USAREC Form 1105.

(d) SF 1199A.

(e) TD Form IRS W-4.

(f) DA Form 5685-R (New Specialized Training Assistance Program (New STRAP) Service Agreement).

5-65. HPLR Program

Guidance for the administration of the HPLR Program can be found in AR 135-7, chapter 7.

a. Eligibility. HPLR is available to USAR applicants who meet the following requirements:

(1) Have loans that are made, insured, or guaranteed under part B or E of the Higher Education Act of 1965; part B or C, title VII of the Public Health Service Act; or loans made, insured, or guaranteed through a recognized financial or educational institution if that loan was used to finance education regarding a health profession that the Secretary of Defense determined to be critically needed in order to meet identified wartime combat medical skill shortages and whose contract indicates that the loan was incurred for the purpose of education. Loans cannot be in default and must be more than 1 year old.

(2) Must be in a health professional specialty which is listed on the current critical wartime shortage list. The critical wartime shortage list is subject to change at any time.

(3) Is in or applying for assignment to the SELRES as a commissioned officer in one of the above specialties.

(4) Is not currently enrolled in the stipend phase of STRAP or serving STRAP obligation.

b. DA Form 5536-R (Health Professionals Loan Repayment (HPLR) Agreement). Distribution:

(1) Original to Commander, AR-PERSCOM, ATTN: ARPC-OMP-HSP, 1 Reserve Way, St. Louis, MO 63132-5200.

(2) For members of the TPU and NAAD, one photocopy to the unit of assignment and/or NAAD.

(3) One copy to the applicant.

c. The anniversary date for repayment of loans is based on the date the officer completes the agreement. Each complete satisfactory year of SELRES service performed under the terms of the agreement will establish the anniversary for repayment of eligible loans.

d. Entitlements.

(1) On each anniversary date, any authorized loan will be considered eligible for repayment that:

(a) Twenty thousand dollars maximum aggregate per year, or the remaining balance of the loan(s), whichever is less.

(b) Has been secured for at least 1 year prior to the current anniversary date.

(2) The designated amount of repayment to be made on the anniversary date of eligible loans is established as follows:

(a) Three thousand dollars maximum aggregate per year, or the remaining balance of the loan(s), whichever is less.

(b) Total program repayments for all years will not exceed $50,000.

(3) The following repayment restrictions apply:

(a) The repayment cannot exceed the outstanding balance.

(b) The agreement (DA Form 5536-R) does not change the officer's obligation to the lender or holder of the note(s).

(c) Loan repayments previously made cannot be reimbursed.

e. Payment is to the financial institution, not the officer.

5-66. Selective Reserve Recruitment Bonus Program

a. General. The bonus may be taken for 1, 2, or 3 years of SELRES affiliation. The number of years must be identified on the initial contracts that are submitted with the appointment packet. Bonus money will be paid at the beginning of each year of affiliation. The bonus is available to certain critical AOC based on the needs of the USAR. The amounts and critical AOC will change each FY. The critical AOC and amounts will be identified at the beginning of each FY.

b. Eligibility.

(1) Participants must come directly from civilian life.

(2) To qualify under the surgeon's category requires, as a minimum, a 5-year residency in general surgery before subspecialization.

(3) The bonus will not be offered to overstrength personnel; unit members will not be moved to an overstrength status in order to create a vacancy for incentive participants.

(4) Bonus eligibility is tied to a specific SELRES

billet. Program participants must remain in the billet to which the incentive applies in order to receive annual installment payments (i.e., a thoracic surgeon must be in a thoracic surgeon billet).

(5) Service members involuntarily transferred to the IRR as a result of force structure changes or force reduction actions may, as determined by the Secretary of the Army, be eligible to receive benefits identified under their initial incentive contract.

(6) Service members who fail to complete any portion of their contractual obligation are subject to recoupment as determined by the Secretary of the Army.

c. Processing.

(1) USAREC Form 1166-R-E (Selected Reserve Recruitment Bonus Program Contract) (see fig 5-19) will be forwarded as part of the appointment packet. One original signature copy of the contract is required. HCR may sign the contract as the witnessing officer. The contract must have the same date after the signatures. The Reserve Component (RC) is USAR. The amount listed on USAREC Form 1166-R-E, section 2, paragraph a, is the annual amount of the bonus.

(2) Once the participant is board selected and commissioned, the following documents will be forwarded to Commander, AR-PERSCOM, ATTN: ARPC-OMP-HSP, 1 Reserve Way, St. Louis, MO 63132-5200, along with the DA Form 71:

(a) USAREC Form 1103 (see fig 5-17). A common error in executing this form is the date contract signed does not match the actual contract signed date. Verify this date against your residual copy of the contract. The GC code or RSID should reflect the GC or RS that processed the participant.

(b) SF 1199A (see fig 5-20). This form is available at the participant's financial institution.

1. Section 1 is completed by the applicant. Please ensure that the name and SSN match the participant's packet.

2. Section 2 (see sample for address). Many financial institutions will not sign their portion of the form if this is left blank.

3. Section 3 is completed by the financial agency. Be sure that it has been signed.

4. Distribution of copies: Forward only the original (white) Government copy. The financial institution should retain the yellow copy. The pink copy goes to the participant for their records. Do not send a photo copy.

(3) Participants will not receive any bonus money until all enrollment documents have been received and they are accessed into the payroll system.

Section XI
Preparation of the Application

5-67. General

a. The military technician is responsible for the proper completion of all appointment applications.

b. USAREC Form 658-R-E (see fig 5-1) will be used to assist in the completion of the application. When completed, USAREC Form 658-R-E will be placed in the applicant's residual file (in the HCR's RS) for future reference.

c. USAREC Form 1090 (see fig 5-21) will be used and submitted for all AMEDD appointment applications. It will serve as an "inventory listing" and will be placed on top of the application packet. The RS commander will use USAREC Form 1178 (Quality Assurance Packet Checklist) (see fig 5-22) and sign USAREC Form 1090 to verify that the application is complete and accurate before it is forwarded to HQ USAREC (RCHS).

(1) Guidelines for completing USAREC Form 1090.

(a) All entries must be filled in and must be handwritten (legibly).

(b) State: State abbreviation from where the applicant is applying.

(c) Permanent Address: Provide full mailing address to include street, city, state, and the nine-digit ZIP Code. Abbreviations may be used (i.e., NY for New York).

(d) AOC: Annotate AOC the applicant is applying for.

(e) Corps: Circle the specific AMEDD Corps to which the applicant is applying.

(f) Waiver(s) Required: Annotate the specific waiver code in the "Y" portion (i.e., "E" for convictions).

(g) Annotate a "checkmark" (denotes that a document is included in the application) or "NA" (denotes not applicable or that document is not contained in the application packet) on the line which corresponds to a particular form or document.

(h) TAB 6 (Additional Forms and Documents): A listing of additional documents required (by AMEDD program) is located under each AMEDD program contained in paragraph 5-70.

(i) The preparer's signature (legibly) will be entered in the "Completed By" portion. The "Verified By" section will be completed by whomever the AMEDD Det so designates.

(j) All documents will be signed with full signatures (first name, middle initial, and last name).

(k) All forms and documents consisting of two or more pages will be stapled together.

(l) Copies of certificates must be clear as to what kind of document it is (i.e., license, birth, etc.).

(m) Use of correction fluid for packet corrections is strictly prohibited. Pen and ink corrections may be made for minor, nonsubstantive, typographical errors when initialed by the person making the correction.

(2) Guidelines for assembling the application.

(a) The application will consist of two parts: Those which are grouped on the left side of the application packet and those grouped on the right side; these documents will be arranged in order listed with TAB 1 on top of the left side and TAB 7 on top of the right side.

(b) The headings entitled "ORIG-COPIES-FORM/DOCUMENT" are column headings which reflect the number of originals and/or copies of stated documents. For example, under TAB 4 (Education Documents), one original and one copy of the applicant's transcripts are to be included in the application folder for submission. Documents will be placed under the respective tabs (using a two-hole punch).

(c) HCR will maintain a complete residual application at the RS to include all changes and/or packet corrections.

(d) Applications will be accompanied by USAREC Form 1076-R-E (see fig 5-23); it will be placed outside the application folder.

5-68. Contents of USAREC Form 1090

a. USAREC Form 1179 (Applicant Code Sheet). This is the primary document used to enter applicant's file and/or information into the Officer Master File/Total Army Personnel Data Base.

b. USAREC Form 1076-R-E will be used as the transmittal sheet when forwarding all correspondence from the HCR that pertains to applicant processing to include, but not limited to, applications, loose mail, DA Form 71, and transfer packets. USAREC Form 1076-R-E is self-explanatory and should be completed as appropriate for the action requested. OWNRS entry data will be completed on all new application and transfer packets prior to submission to HQ USAREC.

c. DA Form 61 (see fig 5-24).

(1) Reproduced copies of DA Form 61 are authorized, however, at least one must be an original with an original signature.

(2) Item 24, Are you now, or have you ever been a conscientious objector? If yes is checked, an affidavit from the applicant that contains one of the following statements must be included:

(a) "I conscientiously object to combat service as an officer of the Army Medical Department. Other than bearing arms, I agree to give full military service to the United States."

(b) "I no longer conscientiously object to combat service. I am willing to bear arms and give full and unqualified military service to the United States as a member of the Army Medical Department. I further agree that I will not apply for separation by reason of conscientious objection."

(c) One original and one copy are to be attached to the corresponding DA Form 61.

(3) Item 26.

(a) If yes is checked, an affidavit requesting a waiver of the offense must be included by the applicant (see figs 5-25 and 5-26).

(b) The affidavit must include the date, city, state, and nature of each alleged offense or violation, the names and locations of the court or place of hearing, and the penalty imposed or other disposition of each case in detail.

(c) One original and one copy are to be attached to the corresponding DA Form 61.

(4) Item 41, Remarks.

(a) Continuations or further explanations of any block where sufficient room was not available on the form will be entered here.

(b) If additional space is needed, bond paper (one original and one copy) will be used.

(c) If an applicant holds certification by a professional society in any medical specialty to include nurse anesthesia, midwifery, critical care registered nurse, medical technologist, or as a nurse practitioner, the type of certification, number, and expiration date will be placed in this

block.

d. USAREC Form 1071-R-E (Restrictions on Personal Conduct in the Army) (see fig 5-27). USAREC Form 1071-R-E must be signed and dated by all applicants applying for appointment and attached to the back of each DA Form 61.

e. USAREC Form 1073-R-E (Statement of Acknowledgment for Accommodation of Religious Practices) (see fig 5-28). USAREC Form 1073-R-E must be signed and dated by all applicants applying for appointment and attached to the back of each DA Form 61 behind USAREC Form 1071-R-E.

f. USAREC Form 1075-R-E (Statement of Understanding for Applicants Requesting Appointment to the Army Medical Department With Concurrent Call to Active Duty) (see fig 5-29) will be forwarded with all AMEDD applications for AD.

g. USAREC Form 1127 (Supplement to DA Form 3286-67 - Statement for Enlistment (or Appointment) Army Policy) (see fig 5-30). USAREC Form 1127 must be signed and dated by all applicants and HCR. This form will be completed for all applicants applying for appointment and attached to the back of each DA Form 61.

h. USAREC Form 1156 (Statement for Enlistment or Appointment - Concealment of Information) (see fig 5-31). USAREC Form 1156 must be signed and dated by all applicants applying for appointment and attached to the back of each DA Form 61.

i. Statement of motivation of interest and motivation. One-page document on plain bond paper (handwritten, not typed) indicating applicant's goals and objectives.

j. HCR evaluation (see para 5-39) and/or commander's letter of recommendation, MC officer.

k. Letters of recommendation or USAREC Forms 195-R-E (see fig 5-8). USAREC Form 195-R-E will be used primarily for references (use letters of recommendation if USAREC Form 195-R-E is not feasible). References based on personal acquaintance will be from individuals (not relatives) who are in a position to evaluate the applicant's reputation, professional standing, character, and clinical competence. USAREC personnel are strictly prohibited from supplying or providing letters of recommendation to applicants.

l. USAREC Form 195-R-E from chief nurse. For certain AN applications only.

m. License and verification (see para 5-20) and certification.

(1) Without exception, all documents must be authentic and verified. All copies must be legible.

(2) Professional licenses requiring a signature must be signed before copies are made.

(3) License verifications will be signed by the designated party or person. License verification will be made on the same page as the copy of the license or stapled to the photocopy of the license. All previous and current professional licenses must be verified.

(4) If the license will expire within 45 days after the application is received at HQ USAREC (RCHS-XX), documentation of the request for relicensure must be provided (i.e., canceled check, copy of the renewal form from the state, or the authenticator or verifier can verify with the appropriate licensing authority that the application for renewal has been submitted). A copy of the renewed license must be forwarded as soon as possible after the applicant receives it. No application will be boarded without current licensure.

(5) If the professional license expires prior to the date the applicant is due to access, the renewed license must be received by the appropriate division at HQ USAREC (RCHS-XX) prior to accession.

(6) Certification (see para 5-20).

(a) CRNA certification. Two copies of the current certification or recertification card are required. The AANA membership card is not acceptable. Certification number and expiration date must be listed on DA Form 61, item 37.

NOTE: When making copies, make a copy of the actual card, then enlarge the card to 129 percent for legibility.

(b) Two copies of any current midwifery, practitioner, or critical care registered nurse certification, if applicable. Certifications must be from accrediting agencies listed in AR 135-101, table 3-5. Type of certification, number, and expiration date must also be listed on DA Form 61, item 37 or item 41.

n. USAREC Form 524-R-E.

(1) If an applicant is working in a nontraditional professional health care position, their official job description from the employing agency must be included.

(2) If an employer recognizes less than 40 hours per week as full-time, a letter from the employer so stating must be included.

o. MC CV or resume.

(1) CV or resumes are only required when an applicant is applying for concurrent call to AD. It should contain as a minimum the following:

(a) DOB.

(b) An accounting of all periods of time subsequent to obtaining the initial qualifying degree as required by AR 40-68, paragraph 4-6b.

(c) Place(s) and dates of internship, residencies, and fellowships. Dates should reflect day, month, and year.

(2) The HCR's cover document (memo or facsimile cover sheet) should contain any essential items left out of the CV (see (1)(a) through (c) above). It should also contain the following information (items marked with an asterisk (*) are essential):

(a) *Physician's full name.

(b) *Applicable AOC for the physician (some are board certified or have training in more than one specialty).

(c) *Whether or not the physician is board certified.

(d) *If applicant is a foreign-trained medical graduate: Date and certificate number of ECFMG.

(e) If the HCR knows of any waivers that will be needed (i.e., malpractice, convictions).

(f) Any further information, observations, or comments that will promote this applicant to the consultant.

(3) CV processing. HCRT send requests for review of CV directly to HQ USAREC (RCHS-MC). HQ USAREC (RCHS-MC) staff will review the CV and cover sheet for the above listed data and will forward acceptable CV to the Chief, Consultant Division, MEDCOM. HQ USAREC (RCHS-MC) will list unacceptable CV in a "call-out" message. Consultants will reply directly to HQ USAREC (RCHS-MC). HQ USAREC (RCHS-MC) will forward all consultant recommendations to the appropriate AMEDD Det operations section.

NOTE: If the applicant has an AOC within the mission box, the HCR may begin an application before the consultant has returned a recommendation.

p. DPL and/or professional degree; self-explanatory (verified copies).

q. Transcripts. Must be official with school stamp; student copies are unacceptable.

r. Continuing medical education (CME) and/or continuing health education (CHE); self-explanatory (continuing medical or health care education certificates).

s. PSR or SF 180.

t. DD Form 214.

u. Reserve Vacancy Statement. Self-explanatory.

v. USAREC Form 525-R-E (Statement of Understanding) (see fig 5-32). All students applying for appointment prior to graduation must complete USAREC Form 525-R-E.

w. DD Form 368 (see fig 5-33). Applicants who are members of any component another service or the PHS must obtain a conditional release from the respective agency before their application may be submitted.

x. DA Form 160-R (Application for Active Duty) (see fig 5-34).

(1) Joint domicile requests must be indicated in the "Remarks" section. Spouse's name, rank, SSN, branch, and career monitor (if known) should be included.

(2) For overseas concurrent travel for dependents, name, DOB, SSN (if available), and relationship to the applicant must be indicated in the "Remarks" section.

y. Birth certificate. Birth certificate will be required to meet age and citizenship verification requirements. Copies of birth certificates must be legible.

z. DA Form 5252-R.

aa. INS forms.

ab. EPSQ SF 86.

(1) For detailed instructions, refer to an original EPSQ SF 86 (see fig 5-35). See table 5-3 for a list of drugs to be reported in item 27.

(2) One original and two copies with diskette will be included in all AD, IRR, and IMA applications.

(3) For TPU and NAAD applicants, one copy of the EPSQ SF 86 will be included with the application. When the applicant is escorted to the TPU, the HCR will deliver the original EPSQ SF 86 and diskette to the appropriate unit representative. For NAAD applicants, the HCR will forward the original EPSQ SF 86 and diskette to the NAAD when the applicant receives assignment orders.

(4) Abbreviations will not be used when completing this form, except where noted on the

hard copy of the EPSQ SF 86 instructions.

(5) Post office boxes cannot be used as an address. If a complete address is not entered, a strip map or detailed instructions on how to get to the residence or place of employment must be entered on a continuation sheet. This applies to applicant's current residence and current place of employment only.

(6) The Defense Security Service will not process forms with discrepancies.

(7) Verification by person completing form.

(a) The form will be carefully reviewed to ensure that all items are answered fully and accurately.

(b) The applicant must fully understand the implication of certifying to a false statement.

(c) When satisfied the form is complete, the applicant must sign the original EPSQ SF 86.

ac. JUST Form FD 258 (see fig 5-36).

(1) Cards with the top-right corner cut and edition 1985-485-295 RIV number 12-29-82 are invalid.

(2) Self-stick labels cannot be used on JUST Form FD 258.

(3) For applicants applying for AD or for the IRR or IMA, two original JUST Forms FD 258 must accompany the application.

(4) For applicants applying for the NAAD, the HCR will forward two original JUST Forms FD 258 to NAAD upon commissioning.

(5) For applicants applying for a TPU, the HCR will give the two original JUST Forms FD 258 with the EPSQ SF 86 to the unit of assignment.

(6) HCR who have fingerprint kits may take the prints themselves. MEPS and local police departments can also perform this service.

(7) Both the applicant and the person taking the fingerprints must sign the card where indicated.

(8) The applicant must give all required information. The physical information (height, weight, color of hair and eyes) should be copied from SF 88. If items do not apply, they should be left blank.

(a) Fingerprints must be clear, without smudges.

(b) Fingerprint cards are to be typed.

(c) For entries requiring an address, post office boxes will not be used. If a complete address is not entered, a strip map or detailed instructions on how to get to residence or place of employment must be provided on a continuation sheet.

(d) Information such as name, address, aliases (must be explained), DOB, and SSN must be the same as on the EPSQ SF 86 and DA Form 61.

(e) Residence of person being fingerprinted. Current address is entered.

(f) The employer and address are that of the person taking the fingerprints.

(g) Reason Fingerprinted. "AMEDD Precommission and SECRET clearance" should be listed.

(h) Name. Last name, first name, and middle name. Names must be spelled in full. "NMN" is used for persons with no middle name.

(i) Date of Birth (month, day, year). For example: Jan 16 60.

(j) Sex. "M" or "F," as applicable.

(k) Race. One of the following codes will be entered:

1. ASN/PI = Asian or Pacific Islanders (persons originating in the Far East, Polynesians, Koreans, Indonesians, and Asian, Southeast Asia, the Indian subcontinent, or the Pacific Islands). This includes China, India, Japan, Korea, the Philippine Islands, and Samoa.

2. BLK = Black (persons originating in any of the black racial groups of Africa).

3. AI/AN = American Indian or Alaskan Native (persons originating in North America and who maintain cultural identification through tribal affiliation or community recognition).

4. HISP = Hispanic (persons originating in Mexico, Puerto Rico, Cuba, Central or South America, or any other Spanish culture or origin, regardless of race).

5. WHITE (persons originating in any of the original peoples of Europe, North Africa, or the Middle East).

(l) Place of Birth (city and state). Also city and country, if other than the United States.

(m) SSN. Self-explanatory.

(n) Height, weight, eyes, and hair. This information must match the information on EPSQ SF 88.

ad. DA Form 3575 (Certificate of Acknowledgment and Understanding of Service Requirements for Individuals Applying for Appointment in the USAR Under the Provision of AR 135-100 or AR 135-101, as Applicable - Individuals Without a Statutory Service Obligation) or DA Form 3574 (Certificate of Acknowledgment and Understanding of Service Requirements for Individuals Applying for Appointment in the USAR Under the Provision of AR 135-100 or AR 135-101, as Applicable - Individuals Without Prior Service).

1. DA Form 3575 (see fig 5-37). Must be used for all applicants with PS.

2. DA Form 3574 (see fig 5-38). Must be used for all applicants without PS.

ae. DA Form 4572-R (Statement of Understanding for Appointment as a Commissioned Officer) (see fig 5-39).

af. DA Form 4571-R (Data Required By the Privacy Act of 1974 (Eligibility for AMEDD Officer Procurement Programs - Miscellaneous Documentation)) (see fig 5-40).

ag. SF 88 and SF 93.

ah. Forms and documents for NGB applicants: In addition to the NGB Form 62-E (Application for Federal Recognition as an Army National Guard Officer or Warrant Officer and Appointment as a Reserve Commissioned Officer or Warrant Officer of the Army in the Army National Guard of the United States) (in lieu of DA Form 61), DD Form 368, and DA Form 873 (Certificate of Clearance and/or Security Determination) (in lieu of the EPSQ SF 86), and the additional documents may be required for different programs:

(1) NGB Form 337 (Oaths of Office).

(2) NGB Federal Recognition Order (if applicant is applying for "incentives" programs).

(3) State Order.

ai. Additional documents: Under TAB 6 of USAREC Form 1090, there are several documents and forms required for different AMEDD officer programs. They are outlined above.

5-69. Crossover packets

AD applicants who are selected and decline, but wish to apply for the USAR must submit a new application packet, except for the following:

a. Copies of the original USAREC Forms 195-R-E may be used as long as they are less than 12 months old. HCR must contact the persons who wrote the original references and write an MFR verifying the continued accuracy of these USAREC Forms 195-R-E.

b. A MEPS verified true copy of the original physical must be included provided that it is still current and includes all necessary information.

5-70. Required contents of USAREC Form 1090 by AMEDD program

General. As outlined in paragraph 5-68, USAREC Form 1090 will be used for all AMEDD officer programs (except HPSP). For applicable medical, dental, and Army nurse applications: Two weeks prior to submitting an application to the appropriate division at HQ USAREC (RCHS-XX) the NPDB search request must be submitted to HQ USAREC (RCHS-OP). The following provides a comprehensive listing of all documents and forms required for each application (by AMEDD program type). The requirements for specific forms or documents, and number of originals and copies for each, are reflected on USAREC Form 1090 (except for "additional documents" which are noted below).

a. MC direct accession (AC).

(1) USAREC Form 1179 (see fig 5-41).

(2) Letter of transmittal (see fig 5-42).

(3) DA Form 61.

(4) USAREC Form 1071-R-E.

(5) USAREC Form 1073-R-E.

(6) USAREC Form 1075-R-E.

(7) USAREC Form 1127.

(8) USAREC Form 1156.

(9) HCR officer interview and evaluation.

(10) MC officer or consultant interview.

(11) USAREC Forms 195-R-E or letters of recommendation.

(12) License and verification.

(13) USAREC Form 524-R-E.

(14) CV.

(15) DPL.

(16) CME and/or CHE.

(17) PSR or SF 180 (if applicable).

(18) DD Form 214 (if applicable).

(19) DD Form 368 (if applicable).

(20) DA Form 160-R.

(21) Birth certificate, DA Form 5252-R, or INS forms.

(22) EPSQ SF 86.

(23) JUST Form FD 258.

(24) DA Form 3574 or DA Form 3575.

(25) DA Form 4572-R.

(26) DA Form 4571-R.

(27) SF 88 and SF 93.

(28) Additional documents: Board certification, one copy. NPBD results, original. ECFMG Certificate (if applicable), one copy. Internship, residency, fellowship certification or verification; one copy. All copies must be certified true copies. In addition to the number of document

originals and copies on the USAREC Form 1090, one additional copy of the entire application packet must be submitted (documents placed in sequential order and filed loosely inside application folder).

b. MC Bonus Program (RC).

(1) USAREC Form 1179.

(2) Letter of transmittal (see fig 5-43).

(3) DA Form 61.

(4) USAREC Form 1071-R-E.

(5) USAREC Form 1073-R-E.

(6) USAREC Form 1127.

(7) USAREC Form 1156.

(8) Commander's letter of interview (if applicable).

(9) USAREC Forms 195-R-E or letters of recommendation.

(10) License and verification.

(11) USAREC Form 524-R-E.

(12) CV.

(13) DPL and/or professional degree.

(14) CME and/or CHE.

(15) PSR or SF 180 (if required).

(16) DD Form 214 (if required).

(17) Reserve Vacancy Statement.

(18) DD Form 368.

(19) Birth certificate or other evidence of U.S. citizenship.

(20) DA Form 5252-R.

(21) EPSQ SF 86.

(22) JUST Form FD 258.

(23) DA Form 3574 or DA Form 3575.

(24) DA Form 4572-R.

(25) DA Form 4571-R.

(26) SF 88 and SF 93.

(27) Additional documents: NPDB results, one original.

c. MC direct accession (RC).

(1) USAREC Form 1179.

(2) Letter of transmittal (see fig 5-43).

(3) DA Form 61.

(4) USAREC Form 1071-R-E.

(5) USAREC Form 1073-R-E.

(6) USAREC Form 1127.

(7) USAREC Form 1156.

(8) Commander's letter of interview. (For TPU only.)

(9) USAREC Forms 195-R-E or letters of recommendation.

(10) License and verification.

(11) USAREC Form 524-R-E.

(12) CV.

(13) DPL and/or professional degree.

(14) CME and/or CHE.

(15) PSR or SF 180 (if required).

(16) DD Form 214 (if required).

(17) Reserve Vacancy Statement.

(18) DD Form 368.

(19) Birth certificate, DA Form 5252-R, or INS forms.

(20) EPSQ SF 86.

(21) JUST Form FD 258.

(22) DA Form 3575 or DA Form 3574.

(23) DA Form 4572-R.

(24) DA Form 4571-R.

(25) SF 88 and SF 93.

(26) Additional documents: NPDB results and ECFMG Certification, if applicable, one original.

d. MC STRAP (RC).

(1) USAREC Form 1179.

(2) Letter of transmittal (see fig 5-43).

(3) DA Form 61.

(4) USAREC Form 1071-R-E.

(5) USAREC Form 1073-R-E.

(6) USAREC Form 1127.

(7) USAREC Form 1156.

(8) Commander's letter of interview.

(9) Letters of recommendation (see (27) below).

(10) License and verification.

(11) USAREC Form 524-R-E.

(12) CV.

(13) DPL.

(14) Transcripts (see (26) below).

(15) CME and/or CHE.

(16) PSR or SF 180 (if required).

(17) DD Form 214 (if required).

(18) DD Form 368 (if applicable).

(19) Birth certificate or other evidence of U.S. citizenship.

(20) EPSQ SF 86.

(21) JUST Form FD 258.

(22) DA Form 3574 or DA Form 3575.

(23) DA Form 4572-R.

(24) DA Form 4571-R.

(25) SF 88 and SF 93.

(26) Additional documents: NPDB results, one original. Letter of acceptance or USAREC Form 1105 (see fig 5-18) into a STRAP-eligible residency program, one copy. Official copy of medical school transcripts, one copy. Medical College Admission Test scores, one copy. If available, one copy of the National Board and Federal Licensing Examination unit. Other test scores may be included (i.e., SAT or ACT) if the applicant believes these would be positive indicators.

(27) Further guidance: Listed below by category are the USAREC Forms 195-R-E or letters of recommendation needed for medical students and those who are in PGY1 STRAP. For medical students: Dean's letter, reference from the appropriate medical school department chairman, and reference from a professor in the applicant's medical school who is familiar with the applicant. For PGY1 STRAP: Dean's reference; a reference from the residency director, or if less than 90 days in the program and the program director will not comment, a reference from the appropriate medical school department chairman; and a reference from a staff physician who is familiar with the applicant.

e. MC STRAP (RC).

(1) USAREC Form 1179.

(2) CV.

(3) USAREC Forms 195-R-E or letters of recommendation (see (6) below).

(4) Birth certificate or evidence of U.S. citizenship.

(5) Additional documents: Signed statement from unit commander or Commander, ARPERSCOM (or authorized representative) which certifies that the applicant meets all STRAP eligibility criteria; applicant's credential file is current and completed, and that all credentials have been directly verified with the issuing institution in accordance with AR 40-66; applicant meets medical fitness standards for retention in accordance with AR 40-501 or NGR 635-100; applicant meets physical fitness standards in accordance with AR 350-41; and applicant meets weight standards in accordance with AR 600-9.

(6) Further guidance: USAREC Forms 195-R-E or letters of recommendation should include: A reference from unit commander (if member is in TPU); a reference from program director which must include statements indicating if the program is a pyramid program, projected completion date, whether the applicant is likely to complete the program at the institution, and the applicant's relative standing in the program; and two additional references from other residing staff members.

f. MC FAP (AC).

(1) USAREC Form 1179.

(2) Letter of transmittal (see fig 5-42).

(3) DA Form 61.

(4) USAREC Form 1071-R-E.

(5) USAREC Form 1073-R-E.

(6) USAREC Form 1075-R-E.

(7) USAREC Form 1127.

(8) USAREC Form 1156.

(9) HCR officer interview and evaluation.

(10) USAREC Forms 195-R-E or letters of recommendation.

(11) License and verification.

(12) USAREC Form 524-R-E.

(13) CV.

(14) DPL.

(15) CME and/or CHE.

(16) PSR or SF 180 (if applicable).

(17) DD Form 214 (if applicable).

(18) DD Form 368 (if applicable).

(19) DA Form 160-R.

(20) Birth certificate or evidence of U.S. citizenship.

(21) EPSQ SF 86.

(22) JUST Form FD 258 (two originals).

(23) DA Form 3574 or DA Form 3575.

(24) DA Form 4572-R.

(25) DA Form 4571-R.

(26) SF 88 and SF 93.

(27) USAREC Form 1131 (Department of the Army Service Agreement - F. Edward Hebert Armed Forces Health Professions Scholarship Program (AFHPSP)).

(28) DA Form 5074-R (Record of Award of Entry Grade Credit (Medical and Dental Officers)).

(29) Additional documents: Board certification, one copy. NPDB request, one original. ECFMG Certificate (if applicable), one copy. Internship, residency, fellowship certification or verification, one copy. All copies must be certified true copies.

(30) Further guidance: Listed below by category are the USAREC Forms 195-R-E or letters of recommendation needed for medical students and those in PGY1 FAP. For medical students: Dean's letter, reference from the appropriate medical school department chairman, and reference from a professor in the applicant's medical school who is familiar with the applicant. For PGY1 FAP: Dean's reference; a reference from the residency director, or if less than 90 days in the program and the program director will not comment, a reference from the appropriate medical school chairman; and a reference from a staff physician who is familiar with

the applicant.

g. FAP (AC).

(1) HCR officer interview.

(2) USAREC Forms 195-R-E.

(3) License and verification.

(4) CV.

(5) CME.

(6) USAREC Form 524-R-E.

h. AN direct accession (AC).

(1) USAREC Form 1179.

(2) Letter of transmittal (see fig 5-42).

(3) DA Form 61.

(4) USAREC Form 1071-R-E.

(5) USAREC Form 1073-R-E.

(6) USAREC Form 1075-R-E.

(7) USAREC Form 1127.

(8) USAREC Form 1156.

(9) AN officer interview and evaluation.

(10) USAREC Forms 195-R-E or letters of recommendation.

(11) License and verification.

(12) USAREC Form 524-R-E.

(13) Transcripts.

(14) PSR or SF 180 (if applicable).

(15) DD Form 214 (if applicable).

(16) USAREC Form 525-R-E (applicable if applicant is a student and has not met all requirements).

(17) DD Form 368 (if applicable).

(18) DA Form 160-R.

(19) Birth certificate, DA Form 5252-R, or INS forms.

(20) EPSQ SF 86.

(21) JUST Form FD 258.

(22) DA Form 3574 or DA Form 3575.

(23) DA Form 4572-R.

(24) DA Form 4571-R.

(25) SF 88 and SF 93.

(26) Additional documents: School certification verification, one original. If applicant is applying for Bonus all of the above documents apply, plus provide USAREC Form 1062 (see fig 5-44), four originals. NPDB request is required if the applicant is CRNA, nurse, midwife, or nurse practitioner.

i. AN STRAP (RC).

(1) USAREC Form 1103.

(2) AN officer interview and evaluation.

(3) USAREC Forms 195-R-E.

(4) License and verification.

(5) USAREC Form 524-R-E.

(6) Transcripts.

(7) Birth certificate or evidence of U.S. citizenship.

(8) Additional documents: Letter to Board President addressing goals and objectives and letter of acceptance or USAREC Form 1105 (see fig 5-18) (original).

NOTE: This AN STRAP application is prepared and submitted separately from the AN direct accession.

j. AN direct accession (RC).

(1) USAREC Form 1179.

(2) Letter of transmittal (see fig 5-43).

(3) DA Form 61.

(4) USAREC Form 1071-R-E.

(5) USAREC Form 1073-R-E.

(6) USAREC Form 1127.

(7) USAREC Form 1156.

(8) AN officer interview and evaluation.

(9) USAREC Forms 195-R-E or letters of recommendation.

(10) USAREC Form 195-R-E from unit commander or chief nurse (for TPU members).

(11) License and verification.

(12) USAREC Form 524-R-E.

(13) Transcripts.

(14) PSR or SF 180 (if applicable).

(15) DD Form 214 (if applicable).

(16) DD Form 368 (if applicable).

(17) Birth certificate, DA Form 5252-R, or INS forms.

(18) EPSQ SF 86.

(19) JUST Form FD 258 (if applicable).

(20) DA Form 3574 or DA Form 3575.

(21) DA Form 4572-R.

(22) DA Form 4571-R.

(23) SF 88 and SF 93.

(24) Additional documents: School certification verification, one original. NPDB request if applicant is CRNA. If applicant is applying for Bonus all of the above documents apply, plus provide USAREC Form 1062, four originals.

k. DC direct accession (AC).

(1) USAREC Form 1179.

(2) Letter of transmittal (see fig 5-42).

(3) DA Form 61.

(4) USAREC Form 1071-R-E.

(5) USAREC Form 1073-R-E.

(6) USAREC Form 1075-R-E.

(7) USAREC Form 1127.

(8) USAREC Form 1156.

(9) Statement of interest and motivation.

(10) HCR officer interview and evaluation.

(11) USAREC Forms 195-R-E or letters of recommendation.

(12) License and verification.

(13) USAREC Form 524-R-E.

(14) CV.

(15) DPL.

(16) PSR or SF 180 (if applicable).

(17) DD Form 214 (if applicable).

(18) USAREC Form 525-R-E (met all requirements).

(19) DD Form 368 (if applicable).

(20) DA Form 160-R.

(21) Birth certificate, DA Form 5252-R, or INS forms.

(22) EPSQ SF 86.

(23) JUST Form FD 258.

(24) DA Form 3574 or DA Form 3575.

(25) DA Form 4572-R.

(26) DA Form 4571-R.

(27) SF 88 and SF 93.

(28) Additional documents: NPDB request.

l. DC direct accession (RC).

(1) USAREC Form 1179.

(2) Letter of transmittal (see fig 5-42).

(3) DA Form 61.

(4) USAREC Form 1071-R-E.

(5) USAREC Form 1073-R-E.

(6) USAREC Form 1127.

(7) USAREC Form 1156.

(8) Statement of interest and motivation.

(9) HCR officer interview and evaluation.

(10) USAREC Forms 195-R-E or letters of recommendation.

(11) License and verification.

(12) USAREC Form 524-R-E.

(13) CV.

(14) DPL.

(15) PSR or SF 180 (if applicable).

(16) DD Form 214 (if applicable).

(17) Reserve Vacancy Statement.

(18) DD Form 368 (if applicable).

(19) Birth certificate, DA Form 5252-R, or INS forms.

(20) EPSQ SF 86.

(21) JUST Form FD 258.

(22) DA Form 3574 or DA Form 3575.

(23) DA Form 4572-R.

(24) DA Form 4571-R.

(25) SF 88 and SF 93.

(26) Additional documents: NPDB results, original.

m. DC Advanced Education Program in General Dentistry (AC).

(1) USAREC Form 1179.

(2) Letter of transmittal (see fig 5-42).

(3) DA Form 61.

(4) USAREC Form 1071-R-E.

(5) USAREC Form 1073-R-E.

(6) USAREC Form 1075-R-E.

(7) USAREC Form 1127.

(8) USAREC Form 1156.

(9) Statement of interest and motivation.

(10) HCR officer interview and evaluation.

(11) USAREC Forms 195-R-E or letters of recommendation.

(12) License and verification.

(13) USAREC Form 524-R-E.

(14) DPL.

(15) Dental school transcripts.

(16) PSR or SF 180 (if applicable).

(17) DD Form 214 (if applicable).

(18) USAREC Form 525-R-E.

(19) DD Form 368 (if applicable).

(20) DA Form 160-R.

(21) Birth certificate or other evidence of U.S. citizenship.

(22) EPSQ SF 86.

(23) JUST Form FD 258.

(24) DA Form 3574 or DA Form 3575.

(25) DA Form 4572-R.

(26) DA Form 4571-R.

(27) SF 88 and SF 93.

(28) Additional documents: USAREC Forms 195-R-E or letters of recommendation; include dean's letter which includes class standing and day, month, and year of graduation date. Statement of notification for dental license with National Board results.

n. DC FAP (AC).

(1) USAREC Form 1179.

(2) DA Form 61.

(3) USAREC Form 1071-R-E.

(4) USAREC Form 1073-R-E.

(5) USAREC Form 1075-R-E.

(6) USAREC Form 1127.

(7) USAREC Form 1156.

(8) Statement of interest and motivation.

(9) HCR officer interview and evaluation.

(10) USAREC Forms 195-R-E or letters of recommendation (see (28) below).

(11) License and verification.

(12) USAREC Form 524-R-E.

(13) CV.

(14) DPL.

(15) Transcripts.

(16) PSR or SF 180 (if applicable).

(17) DD Form 214 (if applicable).
(18) USAREC Form 525-R-E.
(19) DD Form 368 (if applicable).
(20) DA Form 160-R.
(21) Birth certificate or other evidence of U.S. citizenship.
(22) EPSQ SF 86.
(23) JUST Form FD 258.
(24) DA Form 3574 or DA Form 3575.
(25) DA Form 4572-R.
(26) DA Form 4571-R.
(27) SF 88 and SF 93.
(28) Additional documents: USAREC Forms 195-R-E or letters of recommendation; one reference must be from the program director and two from faculty members. Full-length photo. NPDB results, original.

o. DC STRAP (RC).
(1) USAREC Form 1179.
(2) Letter of transmittal (see fig 5-43).
(3) DA Form 61.
(4) USAREC Form 1071-R-E.
(5) USAREC Form 1073-R-E.
(6) USAREC Form 1127.
(7) USAREC Form 1156.
(8) Commander's letter of interview.
(9) Letters of recommendation (see (27) below).
(10) HCR officer interview and evaluation.
(11) USAREC Form 524-R-E.
(12) CV.
(13) DPL.
(14) Transcripts (see (26) below).
(15) CME and/or CHE.
(16) PSR or SF 180 (if applicable).
(17) DD Form 214 (if applicable).
(18) DD Form 368 (if applicable).
(19) Birth certificate, DA Form 5252-R, or INS forms.
(20) EPSQ SF 86.
(21) JUST Form FD 258.
(22) DA Form 3574 or DA Form 3575.
(23) DA Form 4572-R.
(24) DA Form 4571-R.
(25) SF 88 and SF 93.
(26) Additional documents: NPDB results, original. Letter of acceptance into a STRAP-eligible oral surgery residency program, one copy. Official dental school transcripts, one copy. DAT score, one copy. If available, one copy of the National Board results.
(27) Further guidance: Listed below by category are the USAREC Forms 195-R-E or letters of recommendation required. For senior dental students: Dean's letter, reference from the appropriate dental school chairman, and a reference from a professor in the applicant's dental school. For applicants enrolled in an oral surgery residency: Dean's letter; a reference letter from the residency director, or if less than 90 days in the program and the program director will not comment, a reference from the appropriate dental school department chairman; and a reference from a staff oral surgeon who is familiar with the applicant.

p. DC STRAP only (RC).
(1) USAREC Form 1179.
(2) CV.
(3) USAREC Forms 195-R-E or letters of recommendation (see (6) below).
(4) Birth certificate or evidence of U.S. citizenship.
(5) Additional documents: Signed statement from unit commander or Commander, ARPERSCOM (or authorized representative) which certifies that applicant meets all STRAP eligibility criteria; credential file is current and completed, and that all credentials have been directly verified with the issuing institution in accordance with AR 40-66; meets medical fitness standards for retention in accordance with AR 40-501 or NGR 635-100; and meets weight standards in accordance with AR 600-9.
(6) Further guidance: USAREC Forms 195-R-E or letters of recommendation should include a reference from unit commander (if member is in TPU); a reference from program director which must include projected completion date, whether applicant is likely to complete the program at the institution, and applicant's relative standing in the program; and two additional references from other residing staff members.

q. DC Bonus Program (RC).
(1) USAREC Form 1179.
(2) Letter of transmittal (see fig 5-43).
(3) DA Form 61.
(4) USAREC Form 1071-R-E.
(5) USAREC Form 1073-R-E.
(6) USAREC Form 1127.
(7) USAREC Form 1156.
(8) Commander's letter of interview.
(9) USAREC Forms 195-R-E or letters of recommendation.
(10) License and verification.
(11) USAREC Form 524-R-E.
(12) CV.
(13) DPL or professional degree.
(14) CME and/or CHE.
(15) PSR or SF 180 (if applicable).
(16) DD Form 214 (if applicable).
(17) Reserve Vacancy Statement.
(18) DD Form 368 (if applicable).
(19) Birth certificate, DA Form 5252-R, or INS forms.
(20) EPSQ SF 86.
(21) JUST Form FD 258.
(22) DA Form 3574 or DA Form 3575.
(23) DA Form 4572-R.
(24) DA Form 4571-R.
(25) SF 88 and SF 93.
(26) Additional documents: NPDB results, original.
(27) Statement of professional interest (see fig 5-45).

r. DC HPLR Program (RC).
(1) USAREC Form 1179.
(2) Letter of transmittal (see fig 5-43).
(3) DA Form 61.
(4) USAREC Form 1071-R-E.
(5) USAREC Form 1073-R-E.
(6) USAREC Form 1127.
(7) USAREC Form 1156.
(8) Commander's letter of interview.
(9) USAREC Forms 195-R-E or letters of recommendation.
(10) License and verification.
(11) USAREC Form 524-R-E.
(12) CV.
(13) DPL or professional degree.
(14) CME and/or CHE.
(15) PSR or SF 180 (if applicable).
(16) DD Form 214 (if applicable).
(17) Reserve Vacancy Statement.
(18) DD Form 368 (if applicable).
(19) Birth certificate, DA Form 5252-R, or INS forms.
(20) EPSQ SF 86.
(21) JUST Form FD 258.
(22) DA Form 3574 or DA Form 3575.
(23) DA Form 4572-R.
(24) DA Form 4571-R.
(25) SF 88 and SF 93.
(26) Additional documents: NPDB results, original.
(27) Statement of professional interest (see fig 5-45).

s. DC ECP.
(1) USAREC Form 1179.
(2) Letter of transmittal (see fig 5-42).
(3) DA Form 61.
(4) USAREC Form 1071-R-E.
(5) USAREC Form 1073-R-E.
(6) USAREC Form 1075-R-E.
(7) USAREC Form 1127.
(8) USAREC Form 1156.
(9) Statement of professional interest (see fig 5-45).
(10) HCR officer interview and evaluation.
(11) USAREC Forms 195-R-E or letters of recommendation.
(12) USAREC Form 524-R-E.
(13) CV.
(14) Undergraduate DPL.
(15) PSR or SF 180 (if applicable).
(16) DD Form 214 (if applicable).
(17) DD Form 368 (if applicable).
(18) Birth certificate, DA Form 5252-R, or INS forms.
(19) EPSQ SF 86.
(20) JUST Form FD 258.
(21) DA Form 3574 or DA Form 3575.
(22) DA Form 4572-R.
(23) DA Form 4571-R.
(24) SF 88 and SF 93.
(25) USAREC Form 525-R-E.
(26) Additional documents: Undergraduate transcripts for first-year dental students; dental school transcripts for second-, third-, and fourth-year dental students; and DAT scores.

t. VC direct accession (AC).
(1) USAREC Form 1179.
(2) Letter of transmittal (see fig 5-42).
(3) DA Form 61.
(4) USAREC Form 1071-R-E.
(5) USAREC Form 1073-R-E.
(6) USAREC Form 1075-R-E.
(7) USAREC Form 1127.
(8) USAREC Form 1156.
(9) Statement of professional interest (see fig 5-45).
(10) HCR officer interview and evaluation.
(11) USAREC Forms 195-R-E or letters of recommendation.
(12) License and verification.
(13) USAREC Form 524-R-E.
(14) CV.
(15) DPL.
(16) Transcripts.
(17) CME and/or CHE.
(18) PSR or SF 180 (if applicable).

(19) DD Form 214 (if applicable).
(20) USAREC Form 525-R-E.
(21) DD Form 368 (if applicable).
(22) DA Form 160-R.
(23) Birth certificate, DA Form 5252-R, or INS forms.
(24) EPSQ SF 86.
(25) JUST Form FD 258.
(26) DA Form 3574 or DA Form 3575.
(27) DA Form 4572-R.
(28) DA Form 4571-R.
(29) SF 88 and SF 93.
(30) Additional documents: None.
u. VC direct accession (RC).
(1) USAREC Form 1179.
(2) Letter of transmittal (see fig 5-43).
(3) DA Form 61.
(4) USAREC Form 1071-R-E.
(5) USAREC Form 1073-R-E.
(6) USAREC Form 1127.
(7) USAREC Form 1156.
(8) Statement of professional interest (see fig 5-45).
(9) HCR officer interview and evaluation.
(10) USAREC Forms 195-R-E or letters of recommendation.
(11) License and verification.
(12) USAREC Form 524-R-E.
(13) CV.
(14) DPL.
(15) Transcripts.
(16) CME and/or CHE.
(17) PSR or SF 180 (if applicable).
(18) DD Form 214 (if applicable).
(19) Reserve Vacancy Statement.
(20) DD Form 368 (if applicable).
(21) Birth certificate, DA Form 5252-R, or INS forms.
(22) EPSQ SF 86.
(23) JUST Form FD 258.
(24) DA Form 3574 or DA Form 3575.
(25) DA Form 4572-R.
(26) DA Form 4571-R.
(27) SF 88 and SF 93.
(28) Additional documents: None.
v. VC ECP.
(1) USAREC Form 1179.
(2) Letter of transmittal (see fig 5-42).
(3) DA Form 61.
(4) USAREC Form 1071-R-E.
(5) USAREC Form 1073-R-E.
(6) USAREC Form 1075-R-E.
(7) USAREC Form 1127.
(8) USAREC Form 1156.
(9) Statement of professional interest (see fig 5-45).
(10) HCR officer interview and evaluation.
(11) USAREC Forms 195-R-E or letters of recommendation.
(12) USAREC Form 524-R-E.
(13) CV.
(14) Undergraduate DPL.
(15) PSR or SF 180 (if applicable).
(16) DD Form 214 (if applicable).
(17) DD Form 368 (if applicable).
(18) Birth certificate, DA Form 5252-R, or INS forms.
(19) EPSQ SF 86.
(20) JUST Form FD 258.
(21) DA Form 3574 or DA Form 3575.
(22) DA Form 4572-R.
(23) DA Form 4571-R.
(24) SF 88 and SF 93.
(25) USAREC Form 525-R-E.
(26) Additional documents: Undergraduate transcripts for first-year veterinary students; veterinary school transcripts for second-, third-, and fourth-year veterinary students; and DAT scores.
w. Occupational Therapy Internship Program (AC).
(1) Application summary sheet and USAREC Form 1179.
(2) DA Form 61.
(3) USAREC Form 1071-R-E.
(4) USAREC Form 1073-R-E.
(5) USAREC Form 1075-R-E.
(6) USAREC Form 1127.
(7) USAREC Form 1156.
(8) Statement of professional interest (see fig 5-46).
(9) USAREC Form 1109-R-E (Occupational Therapy Fieldwork Experience Interview Questionnaire) (see fig 5-47).
(10) USAREC Forms 195-R-E or letters of recommendation.
(11) USAREC Form 524-R-E.
(12) Transcripts.
(13) PSR or SF 180 (if applicable).
(14) DD Form 214 (if applicable).
(15) USAREC Form 525-R-E.
(16) DD Form 368 (if applicable).
(17) Birth certificate or other evidence of U.S. citizenship.
(18) EPSQ SF 86.
(19) JUST Form FD 258.
(20) DA Form 3574 or DA Form 3575.
(21) DA Form 4572-R.
(22) DA Form 4571-R.
(23) SF 88 and SF 93.
(24) Additional documents: GPA cover sheet (includes cumulative GPA, cumulative GPA in major, cumulative GPA for the last 2 years, and cumulative GPA for the last 2 years in major); work experience listed on USAREC Form 524-R-E; USAREC Form 1110 (Occupational Therapy Fieldwork Program Verification Statement and Tuition Payment) (see fig 5-48); autobiography (see fig 5-49); USAREC Form 1113 (Applicant Service Preference) (see fig 5-50); and USAREC Form 1180-R-E (Army Medical Specialist Corps Student Programs-Listing of Academic Courses in Progress or to be Taken) (see fig 5-51).
x. U.S. Army Baylor Physical Therapy Program (AC).
(1) Application summary sheet and USAREC Form 1179.
(2) DA Form 61.
(3) USAREC Form 1071-R-E.
(4) USAREC Form 1073-R-E.
(5) USAREC Form 1075-R-E.
(6) USAREC Form 1127.
(7) USAREC Form 1156.
(8) Statement of professional interest (see fig 5-46).
(9) SP officer evaluation and interview question.
(10) USAREC Forms 195-R-E or letters of recommendation.
(11) USAREC Form 524-R-E.
(12) Transcripts.
(13) PSR or SF 180 (if applicable).
(14) DD Form 214 (if applicable).
(15) USAREC Form 525-R-E.
(16) DD Form 368 (if applicable).
(17) Birth certificate or other evidence of U.S. citizenship.
(18) EPSQ SF 86.
(19) JUST Form FD 258.
(20) DA Form 3574 or DA Form 3575.
(21) DA Form 4572-R.
(22) DA Form 4571-R.
(23) SF 88 and SF 93.
(24) Additional documents: GPA cover sheet (including overall GPA and required science GPA); GRE scores (certified true copy or original); autobiography (see fig 5-49); USAREC Form 1113 (see fig 5-50); USAREC Fm 1111-R-E (Physical Therapist Interview Questionnaire) (see fig 5-52); and USAREC Form 1180-R-E (see fig 5-51).
y. Dietetic Internship Program.
(1) Application summary sheet and USAREC Form 1179.
(2) DA Form 61.
(3) USAREC Form 1071-R-E.
(4) USAREC Form 1073-R-E.
(5) USAREC Form 1075-R-E.
(6) USAREC Form 1127.
(7) USAREC Form 1156.
(8) Statement of professional interest (see fig 5-46).
(9) USAREC Form 1112-R-E (Dietetic Internship Interview Questionnaire) (see fig 5-53).
(10) American Dietetic Letter of Recommendation Form (in lieu USAREC Forms 195-R-E or letters of recommendation).
(11) USAREC Form 524-R-E.
(12) Transcripts.
(13) PSR or SF 180 (if applicable).
(14) DD Form 214 (if applicable).
(15) USAREC Form 525-R-E.
(16) DD Form 368 (if applicable).
(17) Birth certificate or other evidence of U.S. citizenship.
(18) EPSQ SF 86.
(19) JUST Form FD 258.
(20) DA Form 3574 or DA Form 3575.
(21) DA Form 4572-R.
(22) DA Form 4571-R.
(23) SF 88 and SF 93.
(24) Additional documents: GPA cover sheet including GPA (cumulative), GPA major (cumulative), GPA (last 2 years), GPA major (last 2 years); GRE scores (certified true copy or original); summary of laboratory courses with course descriptions; plan IV/V statement; autobiography (see fig 5-49); USAREC Form 1113 (see fig 5-50); and USAREC Form 1180-R-E (see fig 5-51).
z. PA (AC).
(1) USAREC Form 1179.
(2) Letter of transmittal (see fig 5-42).
(3) DA Form 61.
(4) USAREC Form 1071-R-E.
(5) USAREC Form 1073-R-E.
(6) USAREC Form 1075-R-E.
(7) USAREC Form 1127.
(8) USAREC Form 1156.

(9) Statement of professional interest (see fig 5-45).
(10) SP officer interview and evaluation.
(11) USAREC Forms 195-R-E or letters of recommendation.
(12) License and verification (NCCPA certificate and state license with verification).
(13) USAREC Form 524-R-E.
(14) CV.
(15) DPL.
(16) PSR or SF 180 (if applicable).
(17) DD Form 214 (if applicable).
(18) USAREC Form 525-R-E.
(19) DD Form 368 (if applicable).
(20) DA Form 160-R.
(21) Birth certificate, DA Form 5252-R, or INS forms.
(22) EPSQ SF 86.
(23) JUST Form FD 258.
(24) DA Form 3574 or DA Form 3575.
(25) DA Form 4572-R.
(26) DA Form 4571-R.
(27) SF 88 and SF 93.
(28) Additional documents: None.
aa. PA (RC).
(1) USAREC Form 1179.
(2) Letter of transmittal (see fig 5-43).
(3) DA Form 61.
(4) USAREC Form 1071-R-E.
(5) USAREC Form 1073-R-E.
(6) USAREC Form 1127.
(7) USAREC Form 1156.
(8) Statement of professional interest (see fig 5-45).
(9) SP officer interview and evaluation.
(10) USAREC Forms 195-R-E or letters of recommendation.
(11) License and verification (NCCPA certificate and state license with verification).
(12) USAREC Form 524-R-E.
(13) CV.
(14) DPL.
(15) PSR or SF 180 (if applicable).
(16) DD Form 214 (if applicable).
(17) Reserve Vacancy Statement.
(18) DD Form 368 (if applicable).
(19) Birth certificate, DA Form 5252-R, or INS forms.
(20) EPSQ SF 86.
(21) JUST Form FD 258 (if applicable).
(22) DA Form 3574 or DA Form 3575.
(23) DA Form 4572-R.
(24) DA Form 4571-R.
(25) SF 88 and SF 93.
(26) Additional documents: None.
ab. PT (AC).
(1) USAREC Form 1179.
(2) Letter of transmittal (see fig 5-42).
(3) DA Form 61.
(4) USAREC Form 1071-R-E.
(5) USAREC Form 1073-R-E.
(6) USAREC Form 1075-R-E.
(7) USAREC Form 1127.
(8) USAREC Form 1156.
(9) Statement of professional interest (see fig 5-48).
(10) USAREC Forms 195-R-E or letters of recommendation.
(11) License and verification.
(12) USAREC Form 524-R-E.
(13) CV.
(14) DPL.
(15) PSR or SF 180 (if applicable).
(16) DD Form 214 (if applicable).
(17) USAREC Form 525-R-E.
(18) DD Form 368 (if applicable).
(19) DA Form 160-R.
(20) Birth certificate, DA Form 5252-R, or INS forms.
(21) EPSQ SF 86.
(22) JUST Form FD 258.
(23) DA Form 3574 or DA Form 3575.
(24) DA Form 4572-R.
(25) DA Form 4571-R.
(26) SF 88 and SF 93.
(27) Additional documents: None.
ac. PT (RC).
(1) USAREC Form 1179.
(2) Letter of transmittal (see fig 5-43).
(3) DA Form 61.
(4) USAREC Form 1071-R-E.
(5) USAREC Form 1073-R-E.
(6) USAREC Form 1127.
(7) USAREC Form 1156.
(8) Statement of interest and motivation.
(9) SP officer interview and evaluation.
(10) USAREC Forms 195-R-E or letters of recommendation.
(11) License and verification.
(12) USAREC Form 524-R-E.
(13) CV.
(14) DPL.
(15) PSR or SF 180 (if applicable).
(16) DD Form 214 (if applicable).
(17) Reserve Vacancy Statement.
(18) DD Form 368 (if applicable).
(19) Birth certificate, DA Form 5252-R, or INS forms.
(20) EPSQ SF 86.
(21) JUST Form FD 258.
(22) DA Form 3574 or DA Form 3575.
(23) DA Form 4572-R.
(24) DA Form 4571-R.
(25) SF 88 and SF 93.
(26) Additional documents: None.
ad. OT (AC).
(1) USAREC Form 1179.
(2) Letter of transmittal (see fig 5-42).
(3) DA Form 61.
(4) USAREC Form 1071-R-E.
(5) USAREC Form 1073-R-E.
(6) USAREC Form 1075-R-E.
(7) USAREC Form 1127.
(8) USAREC Form 1156.
(9) Statement of professional interest (see fig 5-46).
(10) SP officer interview and evaluation.
(11) USAREC Forms 195-R-E or letters of recommendation.
(12) License and verification.
(13) USAREC Form 524-R-E.
(14) CV.
(15) DPL.
(16) PSR or SF 180 (if applicable).
(17) DD Form 214 (if applicable).
(18) USAREC Form 525-R-E.
(19) DD Form 368 (if applicable).
(20) DA Form 160-R.
(21) Birth certificate, DA Form 5252-R, or INS forms.
(22) EPSQ SF 86.
(23) JUST Form FD 258.
(24) DA Form 3574 or DA Form 3575.
(25) DA Form 4572-R.
(26) DA Form 4571-R.
(27) SF 88 and SF 93.
(28) Additional documents: None.
ae. OT (RC).
(1) USAREC Form 1179.
(2) Letter of transmittal (see fig 5-43).
(3) DA Form 61.
(4) USAREC Form 1071-R-E.
(5) USAREC Form 1073-R-E.
(6) USAREC Form 1127.
(7) USAREC Form 1156.
(8) Statement of professional interest (see fig 5-46).
(9) SP officer interview and evaluation.
(10) USAREC Forms 195-R-E or letters of recommendation.
(11) License and verification.
(12) USAREC Form 524-R-E.
(13) CV.
(14) DPL.
(15) PSR or SF 180 (if applicable).
(16) DD Form 214 (if applicable).
(17) USAREC Form 525-R-E.
(18) DD Form 368 (if applicable).
(19) Birth certificate or other evidence of U.S. citizenship.
(20) EPSQ SF 86.
(21) JUST Form FD 258.
(22) DA Form 3574 or DA Form 3575.
(23) DA Form 4572-R.
(24) DA Form 4571-R.
(25) SF 88 and SF 93.
(26) Additional documents: None.
af. Dietitians (AC).
(1) USAREC Form 1179.
(2) Letter of transmittal (see fig 5-42).
(3) DA Form 61.
(4) USAREC Form 1071-R-E.
(5) USAREC Form 1073-R-E.
(6) USAREC Form 1075-R-E.
(7) USAREC Form 1127.
(8) USAREC Form 1156.
(9) Statement of professional interest (see fig 5-46).
(10) SP officer interview and evaluation.
(11) USAREC Forms 195-R-E or letters of recommendation.
(12) License and verification.
(13) USAREC Form 524-R-E.
(14) CV.
(15) DPL.
(16) PSR or SF 180 (if applicable).
(17) DD Form 214 (if applicable).
(18) USAREC Form 525-R-E.
(19) DD Form 368 (if applicable).
(20) DA Form 160-R.
(21) Birth certificate, DA Form 5252-R, or INS forms.
(22) EPSQ SF 86.
(23) JUST Form FD 258.
(24) DA Form 3574 or DA Form 3575.
(25) DA Form 4572-R.
(26) DA Form 4571-R.
(27) SF 88 and SF 93.
(28) Additional documents: None.
ag. Dietitians (RC).

(1) USAREC Form 1179.
(2) Letter of transmittal (see fig 5-43).
(3) DA Form 61.
(4) USAREC Form 1071-R-E.
(5) USAREC Form 1073-R-E.
(6) USAREC Form 1127.
(7) USAREC Form 1156.
(8) Statement of professional interest (see fig 5-46).
(9) SP officer interview and evaluation.
(10) USAREC Forms 195-R-E or letters of recommendation.
(11) License and verification.
(12) USAREC Form 524-R-E.
(13) CV.
(14) DPL.
(15) PSR or SF 180 (if applicable).
(16) DD Form 214 (if applicable).
(17) Reserve Vacancy Statement.
(18) DD Form 368 (if applicable).
(19) Birth certificate, DA Form 5252-R, or INS forms.
(20) EPSQ SF 86.
(21) JUST Form FD 258.
(22) DA Form 3574 or DA Form 3575.
(23) DA Form 4572-R.
(24) DA Form 4571-R.
(25) SF 88 and SF 93.
(26) Additional documents: None.
ah. SP HPLR Program (RC).
(1) USAREC Form 1179.
(2) Letter of transmittal (see fig 5-43).
(3) DA Form 61.
(4) USAREC Form 1071-R-E.
(5) USAREC Form 1073-R-E.
(6) USAREC Form 1127.
(7) USAREC Form 1156.
(8) Commander's letter of interview.
(9) USAREC Forms 195-R-E or letters of recommendation.
(10) NCCPA certificate and verification.
(11) USAREC Form 524-R-E.
(12) CV.
(13) DPL or professional degree.
(14) CME and/or CHE.
(15) PSR or SF 180 (if applicable).
(16) DD Form 214 (if applicable).
(17) Reserve Vacancy Statement.
(18) DD Form 368 (if applicable).
(19) Birth certificate, DA Form 5252-R, or INS forms.
(20) EPSQ SF 86.
(21) JUST Form FD 258.
(22) DA Form 3574 or DA Form 3575.
(23) DA Form 4572-R.
(24) DA Form 4571-R.
(25) SF 88 and SF 93.
(26) Additional documents: None.
ai. SP Bonus (RC).
(1) USAREC Form 1179.
(2) Letter of transmittal (see fig 5-43).
(3) DA Form 61.
(4) USAREC Form 1071-R-E.
(5) USAREC Form 1073-R-E.
(6) USAREC Form 1127.
(7) USAREC Form 1156.
(8) Commander's letter of interview.
(9) USAREC Forms 195-R-E or letters of recommendation.
(10) NCCPA certificate and verification.
(11) USAREC Form 524-R-E.
(12) CV.
(13) DPL and/or professional degree.
(14) CME and/or CHE.
(15) PSR or SF 180 (if applicable).
(16) DD Form 214 (if applicable).
(17) Reserve Vacancy Statement.
(18) DD Form 368 (if applicable).
(19) Birth certificate, DA Form 5252-R, or INS forms.
(20) EPSQ SF 86.
(21) JUST Form FD 258.
(22) DA Form 3574 or DA Form 3575.
(23) DA Form 4572-R.
(24) DA Form 4571-R.
(25) SF 88 and SF 93.
(26) Additional documents: Current state license.
aj. MS direct accession (AC). This includes all MS direct accessions to include applicants for the podiatry and pharmacy residency programs.
(1) USAREC Form 1179.
(2) Letter of transmittal (see fig 5-42).
(3) DA Form 61.
(4) USAREC Form 1071-R-E.
(5) USAREC Form 1073-R-E.
(6) USAREC Form 1075-R-E.
(7) USAREC Form 1127.
(8) USAREC Form 1156.
(9) HCR officer interview and evaluation.
(10) License and verification (if applicable).
(11) USAREC Forms 195-R-E or letters of recommendation.
(12) USAREC Form 524-R-E.
(13) CV.
(14) DPL.
(15) Transcripts.
(16) PSR or SF 180 (if applicable).
(17) DD Form 214 (if applicable).
(18) USAREC Form 525-R-E.
(19) DD Form 368 (if applicable).
(20) DA Form 160-R.
(21) Birth certificate or other evidence of U.S. citizenship (for podiatry and pharmacy programs); birth certificate, DA Form 5252-R, or INS forms for normal MS appointments.
(22) EPSQ SF 86.
(23) JUST Form FD 258.
(24) DA Form 3574 or DA Form 3575.
(25) DA Form 4572-R.
(26) DA Form 4571-R.
(27) SF 88 and SF 93.
(28) Additional documents: None.
ak. MS direct accession (RC).
(1) USAREC Form 1179.
(2) Letter of transmittal (see fig 5-43).
(3) DA Form 61.
(4) USAREC Form 1071-R-E.
(5) USAREC Form 1073-R-E.
(6) USAREC Form 1127.
(7) USAREC Form 1156.
(8) HCR officer interview and evaluation.
(9) Commander's letter of interview (for TPU members).
(10) USAREC Forms 195-R-E or letters of recommendation.
(11) License and verification (if applicable).
(12) USAREC Form 524-R-E.
(13) CV.
(14) DPL.
(15) Transcripts.
(16) PSR or SF 180 (if applicable).
(17) DD Form 214 (if applicable).
(18) Reserve Vacancy Statement.
(19) DD Form 368 (if applicable).
(20) Birth certificate, DA Form 5252-R, or INS forms.
(21) EPSQ SF 86.
(22) JUST Form FD 258.
(23) DA Form 3574 or DA Form 3575.
(24) DA Form 4572-R.
(25) DA Form 4571-R.
(26) SF 88 and SF 93.
(27) Additional documents: None.
al. CPIP (AC).
(1) USAREC Form 1179.
(2) Letter of transmittal (see fig 5-42).
(3) DA Form 61.
(4) USAREC Form 1071-R-E.
(5) USAREC Form 1073-R-E.
(6) USAREC Form 1075-R-E.
(7) USAREC Form 1127.
(8) USAREC Form 1156.
(9) HCR officer interview and evaluation.
(10) USAREC Forms 195-R-E or letters of recommendation.
(11) USAREC Form 524-R-E.
(12) CV.
(13) DPL.
(14) Transcripts.
(15) PSR or SF 180 (if applicable).
(16) DD Form 214 (if applicable).
(17) USAREC Form 525-R-E.
(18) DA Form 160-R.
(19) Birth certificate or other evidence of U.S. citizenship.
(20) EPSQ SF 86.
(21) JUST Form FD 258.
(22) DA Form 3574 or DA Form 3575.
(23) DA Form 4572-R.
(24) DA Form 4571-R.
(25) SF 88 and SF 93.
(26) Additional documents: DA Form 4682-R (Application for Army Clinical Psychology Internship) (see fig 5-54), one original.

5-71. Exceptions to policy

a. Requests for exceptions to policy for qualifications, standards, and procedures for personnel applying for an appointment in the AMEDD will be sent through the appropriate AMEDD Det operations section to HQ USAREC (RCHS-OP). These exceptions will be reviewed and final determination will be sent back to the requester.

b. All information and circumstances that justify an exception will be given to the AMEDD Det operations section.

c. The operations noncommissioned officer (NCO) will complete USAREC Form 1155 (General Exception Form) with a complete description to include the regulation and paragraph that prohibits what is being requested. USAREC Form 1155 will be forwarded to HQ USAREC (RCHS-OP).

d. Approved or disapproved exceptions will be included in the appointment or IRR to SELRES application packet.

5-72. Disposition of applications

a. All applications will be submitted (including all required documentation) to the appropriate

division at HQ USAREC (RCHS-XX) by the established application deadline date. Any applications that arrive incomplete to HQ USAREC will be RWOA to the AMEDD Det via regular mail. The following represents sample reasons for RWOA:

(1) PE is missing pertinent information, if applicant is overweight (AR 600-9 for officers and AR 40-501 for ANCP applicants) or height and weight discrepancies exist (e.g., body fat paperwork).

(2) There are inconsistencies in applicant's name, SSN, address, or DOB.

(3) Essential documents are missing. This includes but is not limited to transcripts and references.

(4) Documents contain incorrect or incomplete signatures. All document signatures must include full first name, middle initial, and last name.

(5) Applicants are determined to be ineligible for appointment as a USAR officer or in the AMEDD Corps for which applying.

b. Applications received at HQ USAREC (RCHS) within 3 working days of the established application deadline date will be processed for the AMEDD board for which it is intended within 2 working days. If there are "call-outs" required, all followup documentation must be received at HQ USAREC (RCHS) by the established "call-out" deadline date. If any of the above conditions are not met, a determination will be made by the appropriate division at HQ USAREC (RCHS-XX) on the application's disposition.

Section XII
AMEDD Selection Notification and Commissioning

5-73. AMEDD selection notification and commissioning

The DLT will be advised of applicant selection or nonselection by HQ USAREC (RCHS-OP) and will ensure the following actions are taken:

a. In the event of applicant nonselection, the DLT will ensure HCR tactfully advise the applicant of nonselection. The applicant will be formally advised of nonselection via a letter from the board at a later date.

b. In the event of selection, an entry will be initiated on USAREC Form 818.

c. Applicants selected will be commissioned within 10 working days of notification and HPSP enrollment documentation within 30 days. The AMEDD Det commander or any commissioned officer selected by the applicant who is reasonably available may administer the oath of office. The HCR will contact the applicant, provide assignment and specialty skill identifier notification, and make appropriate arrangements for the commissioning ceremony, ensuring the applicant is provided transportation to and from the ceremony. Formal notification by selection board letter will also be provided directly to the applicant. DA Form 71 will be completed by the commissioning authority and provided to the HCR who will forward it in accordance with this regulation.

Chapter 6
Managing and Sustainment of Selects

6-1. Purpose

This chapter provides policies and procedures for sustainment of appointed officers in the AMEDD Program who experience a delay in time prior to accessing into either the AC or RC.

6-2. Update procedures

Upon commission, RS commanders will ensure the following forms and records are updated:

a. USAREC Form 200-5.

b. USAREC Form 533-A.

c. USAREC Form 818.

(1) Directs once every 30 days and twice a week 30 days prior to OBC attendance.

(2) Students once a quarter as a minimum.

(3) Educational Delays every 6 months.

(4) USAR once a month until orders arrive, then HCR will take officer to first drill and provide Provider Credential File to TPU administrator.

d. USAREC Form 539.

6-3. Educational Delays and HPSP

All Educational Delays and HPSP will be kept on a separate USAREC Form 818 and maintained in the RS management binder. All officers and cadets who have been approved to delay their entrance onto AD by continuing their education at their own expense. Educational Delays will have a USAREC Form 991-A completed by the HCR assigned to the school that the officer or cadet is attending and will be forwarded to the AMEDD Det headquarters (see app V). A USAREC Form 200-8 (AMEDD Educational Delay, Health Professional Scholarship Program, and Financial Assistance Program Accession Card) will be completed by the HCR and maintained in their PDR file (see app W).

6-4. Sustainment requirements

RS commander will ensure the following:

a. All AD officers are assisted by their HCR with scheduling transportation briefing, uniform purchases, and OBC brief. Ensure that the officer has all current licenses needed and a valid physical prior to departure for their duty station or OBC.

b. All AD student programs (HPSP, FAP), HCR maintain in contact with the officer in accordance with this regulation. HCR should ensure that the officer maintains their qualifications and meets all requirements to enter AD when required.

c. All Educational Delay officers and cadets have required forms completed in accordance with this regulation (i.e., USAREC Form 991-A, USAREC Form 200-8). That HCR assists in scheduling and providing transportation (if needed) to MEPS for a retention physical.

6-5. Managing selects

a. Following selection boards, HQ USAREC (RCHS-OP) will forward a copy of the lists to AMEDD Dets for further distribution to subordinate elements within 2 working days after the lists are signed by the Commanding General, USAREC or designee.

b. The appropriate division at HQ USAREC (RCHS-XX) will send an official letter to selectees notifying them of their selection. Applicants will be instructed by the appropriate division at HQ USAREC (RCHS-XX) to submit additional information as required, such as final transcripts, professional licensure results, copy of license, etc.

c. Some selectees require an E-code waiver. E-code waivers are required for any applicant who has ever been arrested, charged, cited, held, or detained by Federal, State, or other law enforcement or juvenile authorities regardless of whether the charge was dropped or dismissed or the applicant was found not guilty. These waivers are indicated on the board select list by the code "E." Applicants who are selected with E-code waivers may not commission until the waiver is approved by PERSCOM (West).

d. Applicants who were not selected will receive a letter of nonselection from the appropriate division at HQ USAREC (RCHS-XX). The reasons for nonselection are not released by board members. Nonselect applicants may reapply 1 year from the date of the board.

6-6. Declinations

Applicants who elect to decline their selection must forward a letter of declination through the chain of command to the appropriate division at HQ USAREC (RCHS-XX). The HCR will telephonically report declinations and the selectee's reasons for declining through the AMEDD Det to the appropriate division at HQ USAREC (RCHS-XX). Persons who decline an appointment may reapply for the same component 1 year after the board date.

6-7. Administrative declines

Administrative declines include, but are not limited to, applicants who have failed to graduate, failed state boards, failed to submit final transcripts, have not commissioned within a reasonable amount of time, and for reason of pregnancy.

6-8. Appointment and commissioning

a. AMEDD applicants may be commissioned upon receipt of the approved board selection list (see USAREC Reg 601-105 for guidance on HPSP applicants). Exceptions include but are not limited to applicants requiring conviction waivers (E-code), interservice transfers, applicants already appointed, and AD soldiers selected for appointment.

b. Appointment letters and appointment orders will be dated using the last day of the selection board. Applicants who require an E-code waiver will not be commissioned before the date the waiver is approved; these type applicants will be appointed only after coordination with and approval from the appropriate division at HQ USAREC (RCHS-XX).

c. After the applicant has taken the oath of office and signed the DA Form 71 (normally within 10 working days of approval to do so), the original DA Form 71 will be forwarded to the appropriate division at HQ USAREC (RCHS-XX). The division will add the DA Form 71 to the appointment documents and forward to PERSCOM (West) for generation of appointment letters and orders; a request for orders will be included with the documents being forwarded to PERSCOM (West). Appointment and commissioning documents for applicants entering AD must be received by the appropriate division of Health Services Directorate no later than 60 days prior to EAD date.

NOTE: Appointment documents will not be forwarded to PERSCOM (West) without a DA Form 71, so it is imperative that the appropriate division at HQ USAREC (RCHS-XX) receive it as soon as possible after the applicant is appointed. If the applicant is not going to commission within 10 working days, the appropriate division must be notified.

d. The oath of office will be administered by any commissioned officer of any component of any armed service (whether or not on AD), or other individual authorized to do so in accordance with instructions on DA Form 71.

(1) Suitable arrangements will be made to ensure that the oath is administered in a dignified manner and in appropriate surroundings. The ceremony should be personalized and made meaningful to the individual taking the oath. The U.S. flag will be displayed prominently near the individual administering the oath.

(2) Commissioning is an occasion of official ceremony. It will not be sensationalized to publicize the event (i.e., parachuting, helicopter commissions, and other activities that are clearly not in keeping with the solemnity and seriousness associated with taking the oath of office). When appropriate, members of the immediate family of the individual taking the oath should be invited to the ceremony. The officer administering the oath should be of the individual's choosing, when possible. The administering officer, AD, Reserve, or retired should wear the Class A uniform. Appropriate photographic coverage should be provided and a hometown news release initiated in accordance with DA Pam 360-3.

e. DA Form 71.

(1) For both AC and RC applicants, the Reserve Commissioned Officer block must be checked and the individual's full first, middle, and last names must be written out completely. Middle initials cannot be used.

(2) The individual must sign his or her name as it appears on DA Form 71.

(3) A copy of DA Form 71 will be given to the applicant for their personal records, and one original and two copies will be forwarded to the appropriate division at HQ USAREC (RCHS-XX) for processing no later than 3 working days after commissioning.

6-9. Appointment letters

a. PERSCOM (West) will forward the appointment letter directly to the HCR within 6 weeks of board selection.

b. The letter of appointment is usually included in the appointment packet received from PERSCOM (West). The original is for the applicant's record. The return mail envelope and DA Label 18 (Mailing Label) are to be completed with the address to which the applicant wishes the Certificate of Commission sent.

6-10. Orders

a. Orders will not be issued until the original DA Form 71 is received at the appropriate division at HQ USAREC (RCHS-XX), reviewed for accuracy, and forwarded with the appointment documents to PERSCOM (West).

b. Orders are sent to the address noted in the letter of transmittal. Name, address, SSN, AOC, assignment, rank, constructive credit, etc., must be checked carefully. Changes must be forwarded to the appropriate division at HQ USAREC (RCHS-XX) as soon as the change is made.

c. Requests for amendments must be forwarded through the appropriate division at HQ USAREC (RCHS-XX).

d. For new USAR members, the HCR will contact the unit of assignment after orders have been received to arrange a time and date to escort the new unit member for inprocessing. The HCR will annotate USAREC Form 200-5, "Subsequent Interviews/Followup Remarks" section, with the following information:

(1) Unit administrator's signature and date.

(2) Service member's signature and date.

The HCR will also be required to initial USARC Form 62-R.

6-11. AD assignments

a. Every effort is made to assign the AD applicant to one of his or her first three choices. If slots are not available for any of the three choices, PERSCOM will telephone the appropriate division at HQ USAREC (RCHS-XX) with alternate choices. The appropriate division at HQ USAREC (RCHS-XX) telephonically notifies the AMEDD Det of new offers to be negotiated with the applicant.

b. Applicants should not identify multiple assignment preferences on DA Form 160-R if they will only accept their first choice. If they do list three choices, they should be prepared to receive and accept one of the three.

c. Applicants will not be adversely affected if they list only one choice, but HCR should try to sell them on more than one choice.

d. The AMEDD HCR officer is responsible for briefing the officer on the AMEDD OBC. This briefing must include the items on USAREC Form 1063 (AMEDD OBC Preplanning Checklist) (see fig 6-1). USAREC Form 1063 must be signed by the HCR and the applicant. One copy is given to the officer and one copy is retained in the HCR's office files for 6 months from the start of the scheduled OBC.

e. Refer to the AMEDD Web Page at http://www.cs.amedd.army.mil for the current information for OBC.

6-12. Overseas processing

AMEDD applicants selected for recall to AD to an overseas assignment will process for overseas through a stateside Army post. The appropriate division at HQ USAREC (RCHS-XX) will coordinate the place and date of processing.

a. Arrangements for shipment of HHG and privately-owned vehicles (POV) must be accomplished prior to the applicant reporting for TDY enroute. HHG and POV shipment will be arranged through the military installation closest to the applicant's residence.

b. Overseas processing and shipment of POV for applicants attending OBC will be accomplished while they are attending the course. However, their HHG must be shipped before they report to OBC (through the nearest military installation).

6-13. First AD assignment

When briefing new accessions prior to their first assignment, applicants should be advised that:

a. MTF will assign a sponsor for new officers. Orders often do not reach the gaining facility until after the applicant has started OBC. Sometime during the OBC period, sponsors will write the new AMEDD officer and offer to assist them in any way possible.

b. The decision as to which unit the officer will be assigned is made by the receiving MTF.

c. Preceptorship programs for new officers are offered at each hospital. Orientation length depends on the officer's background, education, and experience.

6-14. Assignment to Fort Sam Houston

a. New accessions assigned to Fort Sam Houston, this includes BAMC, ISR, or the AMEDD C&S will attend OBC in a permanent change of station versus TDY status.

b. Because the officer is in a permanent change of station status, a sponsor will be assigned before arriving in San Antonio. This sponsor will assist with guest house reservations, house hunting, etc. The HCR will ensure that the officer has a sponsor prior to leaving for San Antonio.

c. Temporary housing arrangements for the officer and his or her family can be made by calling the guest house at (210) 228-9747.

NOTE: The officer cannot live in the bachelor living quarters with family members.

d. Fort Sam Houston Housing Referral Office telephone number is (210) 221-2341 or 2146.

e. If assigned to Fort Sam Houston and the officer has a vehicle, he or she should bring their vehicle to OBC as time will not be authorized to return for the vehicle later.

f. Do-it-yourself moves to Fort Sam Houston are strongly discouraged as finding housing may take time.

g. If the officer plans to arrive at Fort Sam Houston prior to the OBC start date, they will not be reimbursed for housing, food, etc., for the days prior to the OBC start date. These will be out-of-pocket expenses.

h. Fort Sam Houston welcome packets can be obtained by calling Army Community Services at (210) 221-2705.

6-15. AMEDD officer followup procedures

a. HCR.

(1) The HCR is responsible for contacting applicants at least every 2 weeks from time of selection until departure to OBC (AD) or receiving orders (USAR). More frequent followup may be necessary.

(2) Certain categories of students require long-term followup.

(3) HCR will ensure new TPU members are inprocessed and escorted to their first drill.

b. DLT.

(1) The purpose of AMEDD officer followup is to ensure the officer's smooth transition to AD or the USAR.

(2) All pending accessions will be the responsibility of an on-production HCR or the RS commander.

(3) The DLT will ensure the sustainment of AMEDD officers pending accession is in compliance with this regulation.

6-16. AMEDD officers proceeding to AD

Upon accomplishing the final HCR followup with officers scheduled to proceed to AD, during which a departure date (based on required travel time prior to the reporting date) was announced by the officer, USAREC Form 200-5 will be annotated accordingly and placed in the accessed section of the AMEDD centralized PDR file system. The officer's scheduled departure will be reported to the DLT during daily performance review. No further action is required, unless the HCR is contacted by the officer concerned and provided information regarding a required adjustment to the reporting date. In these cases, the DLT will advise the Rctg Bde operations section of pertinent information which will be provided to HQ USAREC (RCHS) for a determination of appropriate action.

Chapter 7
Prohibited and Regulated Activities

7-1. Purpose

This chapter enumerates certain prohibited activities by USAREC personnel. It is not intended to be all inclusive. Violations of law or other USAREC or Army regulations may result in adverse administrative or disciplinary actions. Table 7-1 lists other punitive USAREC publications.

7-2. Policy

This chapter is punitive. This means that failure by any USAREC personnel to comply with its provisions may subject soldiers to disciplinary action under the Uniform Code of Military Justice (UCMJ) and civilian employees to disciplinary or adverse actions under Federal law and regulations.

a. The authority to impose nonjudicial punishment for violations of paragraphs 7-5 through 7-7 is limited to Rctg Bde commanders. The authority to impose nonjudicial punishment for violations of paragraph 7-8 through 7-16 is limited to field grade commanders.

b. Should any portion of this chapter be declared invalid by a court of law, that declaration shall not affect the validity of any other portion of this chapter.

7-3. Responsibilities

a. USAREC personnel must report known or suspected violations of this chapter to the first commissioned officer in the chain of command or supervision.

b. Rctg Bn (AMEDD Det) commanders will report known or suspected violations of this chapter to the Commander, U.S. Army Recruiting Support Brigade (RCRS-SEC), Fort Knox, KY 40121-2726, in accordance with USAREC Reg 380-4, if the violation may have an adverse impact on recruiting. Improper relationships between recruiters and subjects of recruiting efforts such as members of the DEP are presumed to have an adverse impact on recruiting and must be reported.

c. Felony-level offenses will be reported to the servicing United States Army Criminal Investigation Command office (see USAREC Reg 27-2, table 2) to ensure necessary investigations and reports are initiated.

d. AMEDD Det commanders will investigate each known or suspected violation by conducting either a commander's inquiry under the provisions of Rule 303, Manual for Courts-Martial (MCM), or an informal investigation under the provisions of AR 15-6. Specific procedures are provided in USAREC Pam 27-65.

e. Reports of investigation and statement of action taken will be sent to the appropriate Rctg Bde headquarters, ATTN: BJA, within 15 days of completion of the investigation.

7-4. Processing

a. Upon completion of commander's inquiry and/or informal investigation, commanders will consult with the BJA prior to imposing nonjudicial punishment, preferring charges, or initiating court-martial action against a soldier.

b. Alleged or suspected recruiting improprieties will be processed in accordance with USAREC Reg 601-45.

NOTE: Unlike some recruiting improprieties, substantiated violations of this chapter may not require Commanding General, USAREC, action for final disposition.

7-5. Unauthorized relationships

a. Prohibited activities. The following activities with subjects of recruiting efforts including contacts and prospects (includes all HS students regardless of qualification for military service), applicants, members of the DEP (any branch of service), or DTP (any branch of service) are prohibited. Prohibited activities include, but are not limited to:

(1) Any social activity of a personal, unofficial nature.

(2) Any type of romantic or sexual conduct.

(3) Sharing of lodging or personal vehicle.

(4) Drinking of alcoholic beverages.

(5) Unofficial, personal contact such as entertainment, dining, recreation, dating, or other intimacy.

(6) Sale, purchase, lease, giving, receiving, loaning, borrowing, or other exchange of any money or property.

(7) Personal employment (i.e., babysitting, maintenance, etc.).

b. Responsibilities.

(1) Recruiting responsibilities concerning the subjects of recruiting efforts are not completed except as follows:

(a) Officers and enlistees must physically depart for AD or initial active duty for training.

(b) Applicants who are permanently disqualified must be returned home from the MEPS and/or the RS.

(c) Applicants who are temporarily disqualified continue to be regarded as prospects. This includes DEP losses who may be qualified to enlist at a later date.

(d) Prospects or contacts retain that status even if they are no longer interested in the Army if the USAREC member first met that person in the course of official duty. For example, recruiters can date someone they first met on an unofficial, social occasion but cannot do so if their first meeting was during an official activity such as a TAIR event or DEP function.

(2) This chapter does not prohibit socializing or contact between members of a recruiter's family. If a member of a recruiter's family becomes interested in enlisting or applying for an appointment, the recruiter may process that person and receive credit subject to the requirements of USAREC Reg 600-22. A notation of the family relationship will be made in the "Remarks" block of DD Form 1966 series (Record of Military Processing - Armed Forces of the United States) for enlistments.

(3) The prohibitions in this chapter do not apply to social functions or other activities such as DEP functions authorized by regulation or field grade commanders.

(4) USAREC commissioned officer commanders may, on a case-by-case basis, approve, in writing, requests from their subordinate USAREC personnel to participate in acts otherwise prohibited in this paragraph if the person already had a personal relationship with an individual who later becomes a contact, prospect, or applicant for enlistment or appointment. For instance, if someone a recruiter has been dating (other than a high school (HS) student) decides to process for enlistment, the commander could approve the recruiter's request to continue dating that person. However, the recruiter will not be able to do any of the enlistment processing for that person or receive enlistment credit. If a change of processing responsibility is necessary, an explanation will be entered in the "Remarks" block of DD Form 1966 series.

7-6. Fraternization

USAREC military and civilian personnel will not engage in any conduct, activity, or relationship that:

a. Involves or appears to involve partiality or unfairness.

b. Involves an actual or apparent improper use of rank or position for personal gain such as borrowing money from subordinates.

c. Creates an actual or clearly predictable adverse impact on discipline, authority, or morale. This includes supervisory or other duty relationships that conflict with personal, unoffi-

cial relationships. For example, dating or any type of romantic or sexual relations with a subordinate such as a participant in the Hometown Recruiter Assistance Program violates this regulation. Similar conduct involving a USAREC member and a member of USMEPCOM is prohibited if the relationship could affect or reasonably appears to affect the mission accomplishment of the USAREC member.

7-7. Sexual harassment

No USAREC personnel will sexually harass any person. Sexual harassment includes any verbal or physical contact of a sexual nature to control, influence, or affect the career, pay, or job of another; deliberate or repeated verbal comments or gestures of a sexual nature that are offensive to a reasonable person in the same or similar circumstances; or any unwelcome, deliberate, or repeated sexual advances or requests for sexual favors.

7-8. Misuse of alcohol

The following misuses of alcohol are prohibited:

a. Consumption of alcoholic beverages while on duty. For purposes of this chapter, on duty includes during meals or other breaks when the soldier is scheduled to return to a recruiting facility or have contact with an applicant. A field grade commander (or in a case involving HQ USAREC, Chief of Staff) may approve exceptions on a case-by-case basis such as Holiday Balls or other social activities.

b. Drunk driving. Definitions and procedures are prescribed by USAREC Reg 190-3.

c. Driving a Government-owned or provided vehicle (including rental car) within 8 hours of consuming alcohol.

d. Consuming alcohol with a subject of a recruiting effort.

e. Reporting for duty under the influence of alcohol. For the purpose of this paragraph, an individual with a blood alcohol content of .03 or greater is presumed to be under the influence of alcohol. In the absence of a blood alcohol test, direct or other evidence can be used to establish this condition.

f. Possession, transportation, or consumption of alcohol in any recruiting facility or Government vehicle, to include Government-provided rental cars.

g. The use of alcoholic beverages as a recruiting incentive.

h. Allowing any individual under the state drinking age to consume alcoholic beverages at a command-sponsored social activity.

7-9. Weapons

The possession of any of the following items in a recruiting facility or the transportation thereof in a Government-owned or provided vehicle is prohibited:

a. Privately-owned weapons, including but not limited to, firearms, compressed air guns, BB guns, stun guns, or shotguns.

b. Government weapons, without the prior written permission of the AMEDD Det commander.

c. Handguns, including but not limited to, pistols, revolvers, or blank and starter pistols.

d. Knives with a switchblade, automatic opener, or blade longer than 4 inches.

e. Blackjacks, sappers, numchuks, billie clubs, night sticks, riot batons, homemade clubs, Kung Fu sticks, garots, or other related items.

f. Brass knuckles, knucklers, and any other device fitting over the hand used for the purpose of striking.

g. Slingshots, bows, crossbows, or similar devices.

h. Any type of pyrotechnics or explosives, including simulators, ammunition, or grenades. This does not include military or civilian automotive road flares designed for use as temporary hazard warning devices.

7-10. Misuse of Government equipment

a. Automation equipment.

(1) The following misuses of automation equipment are prohibited:

(a) Loading software on to more than one computer at a time, unless authorized by the copyright holder in writing;

(b) Use of computer games on USAREC equipment; or

(c) Use of Government computers or peripherals for personal use. This includes use of the system to dial other computers that are not a part of official duties.

(2) Additional guidance concerning the use of Government automation equipment is contained in AR 380-19.

b. Property and personnel.

(1) Government property, facilities, and personnel (during duty hours) cannot be used to make personal gifts. This prohibition includes the use of the United States Army Recruiting Support Battalion carpentry shop, training aids facility, or any self-service supply center. It also applies even though “scrap” material is used, or a private organization (e.g., cup and flower fund) or individual supplies the material at no cost to the Government. This paragraph does not preclude the use of morale support activities (e.g., craft shop) during nonduty hours.

(2) Government-owned or leased vehicles can only be used for official purposes as outlined in USAREC Reg 56-1. Transportation of unauthorized passengers and unauthorized domicile-to-duty use of such vehicles is prohibited.

(3) USAREC personnel, including private associations (e.g., cup and flower funds), will not operate any private business such as vending machines in a recruiting facility. Coffee charges above cost are also prohibited.

7-11. Demonstrations

Military personnel are prohibited from participating in picket lines or other public demonstrations:

a. During hours when they are required to be present for duty;

b. While in uniform or wearing any item which identifies them as a soldier;

c. In the vicinity of a recruiting facility or military installation;

d. When the activities constitute a breach of the peace; or

e. When violence is reasonably likely to result.

7-12. Gambling

Participation in gambling activities while in any RS, facility, headquarters, or Government vehicle, when on duty or with subordinates is prohibited. This includes lotteries, pools, and the sale or purchase of related tickets.

7-13. Dress and appearance

During the hours military personnel are required to be present for duty, they will conform their dress and appearance to the standards prescribed by AR 670-1.

7-14. Standards of conduct

a. Membership in frequent flyer programs is voluntary but encouraged. Points may only be used in conjunction with official travel and should be accumulated to reduce future official travel expenses. In order to avoid perceptions of waste or extravagance, USAREC personnel must exercise sound judgment when using points for travel and/or accommodation upgrades.

b. Commanders cannot give recruiting incentive awards from their personal funds, but can provide recruiters with shared meals and similar courtesies.

7-15. Misuse of Government credit and/or charge cards

a. No Government credit and/or charge card may be used for unofficial purposes by any member of USAREC. Personnel will not use a Government charge and/or credit card (to include obtaining cash advances) unless on TDY pursuant to official orders or at home station for items reimbursable in accordance with the JFTR, JTR, and USAREC Reg 37-16.

b. No Government credit and/or charge card may be used to obtain cash advances in order to purchase any item for unofficial purposes to include, but not limited to meals, lodging, entertainment, commercial transportation, or retail merchandise.

c. No Government card holder may allow use of their credit and/or charge card by any other person(s) for any reason.

d. For the purposes of this regulation, Government credit and/or charge card includes any card issued to a USAREC member because of his or her official position even if he or she receives billing for this card directly from the credit and/or charge card company.

7-16. Misrepresentation and coercion

a. Recruiters will not knowingly make any material misrepresentation, false promise, or unauthorized commitment for the purpose of inducing an individual to enlist or transfer from an RC. This includes “conditional” enlistments in which an applicant enlists based on the recruiter’s assurance that the applicant’s prospects for selection for another program will improve.

b. Recruiters will not threaten, coerce, or intimidate any person for the purpose of inducing a member of the DEP or officer to report to AD; misrepresent the likelihood of being appre-

hended and ordered to AD; or obstruct an individual from being separated from the DEP or declining an appointment. Although recruiters may properly attempt to "resell" an applicant, they will not harass the applicant and will not unreasonably delay the processing of an applicant's request for separation.

7-17. Voluntary services
No personnel, to include prospects, applicants, officers awaiting OBC, DEP members, and members of the DTP may provide voluntary services (such as community service or internships) in an RS without written approval from the servicing civilian personnel office and the AMEDD Det commander with the exception of community service performed pursuant to a criminal conviction or other adverse disposition which is strictly prohibited.

Chapter 8
Training

Section I
General

8-1. Purpose
This chapter contains policy and guidance concerning the duties and responsibilities of the RS commander as a trainer. Details of the programs within this chapter can be found in USAREC Manual 25-100.

8-2. Policies
a. The primary focus of training conducted at the RS level will be to provide assigned HCR with the necessary skills to accomplish their assigned mission. RS commanders are the primary trainers of HCR and will conduct RS training as frequently as necessary on weaknesses identified during the Station Training Assessment Review.

b. In addition to training needs identified during the Station Training Assessment Review, the following sources may be used to formulate training ideas. This list is not all inclusive and any other source may be used.

(1) Command policy.
(2) Conversion data.
(3) Common task testing summary report.
(4) Inspector general findings.
(5) Observations.
(6) USAREC Form 660-C results.

Section II
Programs

8-3. Recruiter Program
RS commanders will ensure new HCR are properly trained in accordance with USAREC Manual 25-100. RS commanders will document all training on USAREC Form 967 (Training Record).

8-4. PT and weight standards
a. PT is the individual soldier's responsibility. RS commanders will ensure PT activities are integrated into the time management plans of all assigned personnel. Soldiers are required to take the APFT semiannually for record.

b. Ensure all soldiers comply with AR 600-9.

Section III
Administration

8-5. Performance counseling
RS commanders will conduct performance counseling in accordance with AR 623-205. Counseling is the cornerstone of effective and positive leadership. Structured, positive counseling ensures the standard is communicated in a way so the soldier can understand it and is willing to accomplish the mission. All RS commanders must be familiar with and comply with AR 623-205 in order to clearly communicate standards, appraise HCR's performance, and issue guidance for improved performance.

8-6. Reports and records
RS commanders will:

a. Annotate his or her Planning Guide with any training provided to an HCR.

b. Ensure HCR annotate their Planning Guides with all training received. At a minimum, the name of the instructor and subject(s) taught.

c. Monthly, provide the HCLT with progress reports on personnel failing to meet weight and APFT standards.

d. Maintain the current copy of USAREC Form 660-C in the RS Management Binder. Maintain the previous evaluation in the RS's active files (General Reference Files, 601-210i) for 1 year.

e. Record formal individual training on USAREC Form 967. The Planning Guide will remain the source document for recording training, regardless of additional document requirements.

Table 5-1
Maximum allowable percent body fat standards

Age group: 17 to 20 Male (percent body fat): 20 Female (percent body fat): 30	Age group: 21 to 27 Male (percent body fat): 22 Female (percent body fat): 32
Age group: 28 to 39 Male (percent body fat): 24 Female (percent body fat): 34	Age group: 40 & older Male (percent body fat): 26 Female (percent body fat): 36

Table 5-2
Weight for height table (screening table weight)

Height (in inches)	Male Age				Female Age			
	17-20	21-27	28-39	40+	17-20	21-27	28-39	40+
58	-	-	-	-	109	112	115	119
59	-	-	-	-	113	116	119	123
60	132	136	139	141	116	120	123	127
61	136	140	144	146	120	124	127	131
62	141	144	148	150	125	129	132	137
63	145	149	153	155	129	133	137	141
64	150	154	158	160	133	137	141	145
65	155	159	163	165	137	141	145	149
66	160	163	168	170	141	146	150	154
67	165	169	174	176	145	149	154	159
68	170	174	179	181	150	154	159	164
69	175	179	184	188	154	158	163	168
70	180	185	189	192	159	163	166	173
71	185	189	194	197	163	167	172	177
72	190	195	200	203	167	172	177	183
73	195	200	205	208	172	177	182	188
74	201	206	211	214	178	183	189	194
75	206	212	217	220	183	188	194	200
76	212	217	223	226	189	194	200	206
77	218	223	229	232	193	199	205	211
78	223	229	235	238	198	204	210	216
79	229	235	241	244	203	209	215	222
80	234	240	247	250	208	214	220	227

NOTES:
1. The height will be measured in stocking feet (without shoes), standing on a flat surface with the chin parallel to the floor. The body should be straight but not rigid, similar to the position of attention. The measurement will be rounded to the nearest inch with the following guidelines:
   a. If the height fraction is less than 1/2 inch, round down to the nearest whole number in inches.
   b. If the height fraction is 1/2 inch or greater, round up to the next highest whole number in inches.
2. The weight should be measured and recorded to the nearest pound within the following guidelines:
   a. If the weight fraction is less than 1/2 pound, round down to the nearest pound.
   b. If the weight fraction is 1/2 pound or greater, round up to the next highest pound.
3. All measurements will be in a standard PT uniform (gym shorts and T-shirt, without shoes).
4. If the circumstances preclude weighing soldiers during the APFT, they should be weighted within 30 days of the APFT.
5. Add 6 pounds per inch for males over 80 inches and 5 pounds for females for each inch over 80 inches.

USAREC NOTES:
1. AR 600-9 will be used for all AMEDD commissions, to include the maximum allowable percent body standards.
2. AR 40-501 will be used for all ANCP applicants, to include the maximum allowable percent body fat standards.

Table 5-3
List of drugs to be reported when completing EPSQ SF 86

Drug Name	Often Prescribed Brand Names
Narcotics	
Opium	Dover's Powder, Paregoic
Morphine	Morphine
Codeine	Codeine
Heroin	None
Meperidine (Pethidine)	Demoral, Pethadol
Methadone	Dolphine, Methadone, Methadose
Other Narcotics	Dilaudid, Leritine, Numorphan, Percodan
Depressants	
Cloral Hydrate	Noctec, Somnos
Barbiturates	Amytal, Butisol, Nembutal, Phenobarbital, Seconal, Tuinal
Glutehimide	Doriden
Methaqualone	Optimil, Parest, Quaalude, Somnafac, Sopor
Tranquilizers	Equanil, Librium, Miltown, Serac, Tranxene, Valium
Other Depressants	Clonopin, Dalmane, Dormate, Noludar, Placydil, Valmid
Stimulants	
Cocaine	Cocaine
Amphetamines	Benzedrine, Biphetamine, Desoxyn, Daxedrine
Phenmetrazine	Preludin
Methylpenidate	Ritalin
Other Stimulants	Bacarate, Cylert, Didrex, Ionamin, Plegine, Pondimin, Pre-State, Sanorex, Voranil
Hallucinogens	
LSD	None
Mescaline	None
Psilocybin-Psilocyn	None
MDA	None
PCP	Semylan
Other Hallucinogens	None
Cannabis	
Marijuana	None
Hashish	None
Hashish Oil	None

Table 7-1
Other punitive USAREC publications

Publication	Description
USAREC Reg 55-2	Provides guidance on accountability of negotiable instruments, media, and meal tickets. Failure to follow proper procedures may result in disciplinary action.
USAREC Reg 56-1	Prohibits the use of Government vehicles for unofficial use including domicile-to-duty unless specifically authorized, transportation of family members, and personal errands.
USAREC Reg 140-3	Provides for the proper processing of IRR to TPU transfer. Failure to follow proper procedures may result in disciplinary actions.
USAREC Reg 380-4	Provides guidance on the handling of classified and For Official Use Only information.
USAREC Reg 600-22	Prohibits poaching.
USAREC Reg 601-45	Prohibits intentional or grossly negligent acts or omissions to process or enlist unqualified applicants.
USAREC Reg 601-56	Provides for the proper processing of waivers and DEP separations. Failure to follow proper procedures may result in adverse action.
USAREC Reg 601-89	Prohibits presigned USMPECOM Form 714-A.
USAREC Reg 601-101	Prohibits credential laundering, transportation of applicants to and from school, and the enlistment of applicants without required tier evaluation.
USAREC Reg 611-4	Prohibits the coaching of applicants, practice testing, and compromise of the Computerized Adaptive Screening Test (CAST) or the Enlistment Screening Test (EST).
USAREC Reg 715-1	Prohibits unauthorized commitments, conflicts of interest by procurement officials, and unauthorized disclosures.

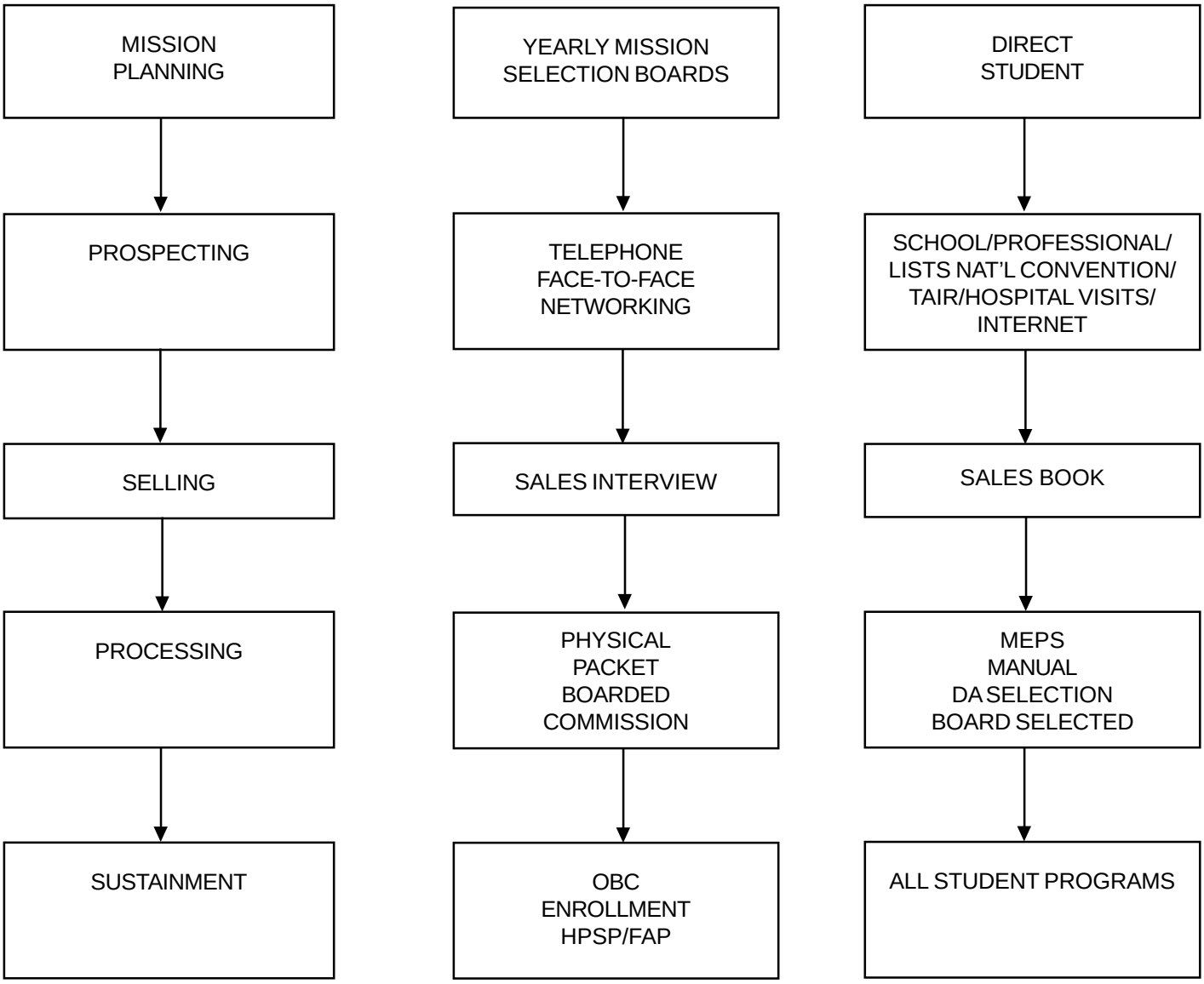


Figure 2-1. AMEDD processing cycle

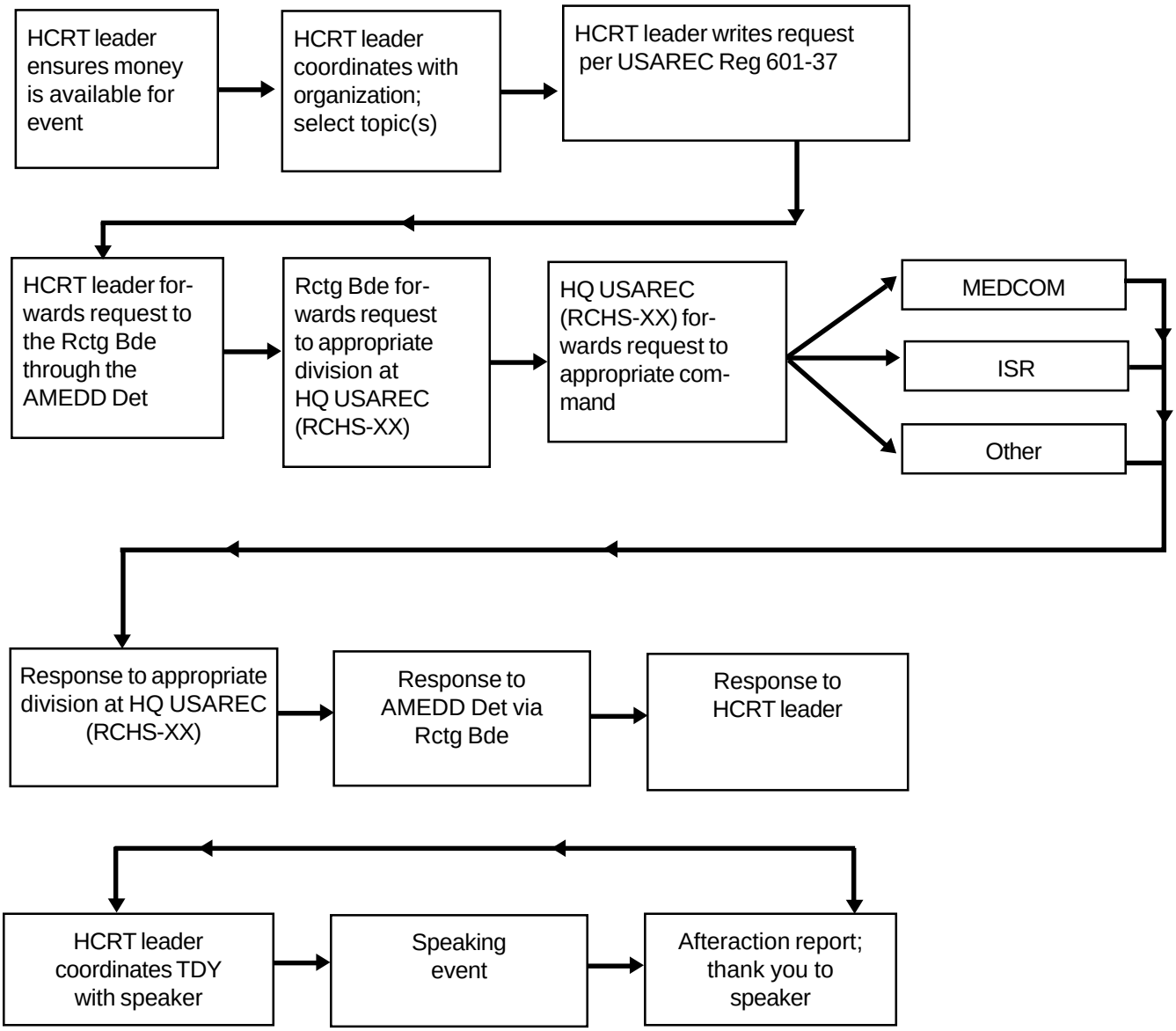


Figure 3-1. Guest speaker requests process

LETTERHEAD STATIONERY

RCSE-PQ-N (MARKS File No.)

MEMORANDUM THRU

COMMANDER, U.S. ARMY 2D AMEDD DETACHMENT, BUILDING 704, FORT GILLEM,
FOREST PARK, GA 30050-5000

COMMANDER, U.S. ARMY RECRUITING COMMAND, ATTN: RCHS-XX, 1307 3RD AVENUE,
FORT KNOX, KY 40121-2726

FOR COMMANDER, U.S. ARMY MEDICAL COMMAND, ATTN: XXXX-XX, FORT SAM
HOUSTON, TX 78234-6000

SUBJECT: Request for Guest Speaker

1. Request a nurse anesthetist from the Southeast United States to speak at the Florida Association of Nurse Anesthetists Convention.

2. Date: 6 June 2000

3. Time: 1200-1330

4. Place: Ocala Hilton, Ocala, Florida

5. Audience: Approximately 50-100 Certified Registered Nurse Anesthetists.

6. Speech Topic: Overview of the Army Nurse Anesthetist Program and opportunities for nurse anesthetists in the Army Nurse Corps.

7. CEU: No.

8. Speaker should arrive at the Gainesville Airport in Gainesville, Florida, the evening of 5 June 2000, and depart on evening of 6 June 2000. Uniform is Class A.

9. Point of contact is the undersigned at (305) 555-1616.

IMA GOOD NURSE
CPT, AN
HEALTH CARE RECRUITING TEAM LEADER

Figure 3-2. Sample guest speaker request

SUCCESSFUL SELLING

FIVE SALES SKILLS		FIVE CRITICAL TASKS		CONTRACTS
• ESTABLISHING RAPPORT • DETERMINING NEEDS AND INTERESTS • PRESENTING FEATURES AND BENEFITS • CLOSING AND HANDLING OBJECTIONS • DETERMINING QUALIFICATIONS	+	• PROSPECTING • SALES PRESENTATIONS • PROCESSING • DELAYED ENTRY PROGRAM (DEP) OR DELAYED TRAINING PROGRAM (DTP) MAINTENANCE • FOLLOWUP	=	

Figure 4-1. Successful selling

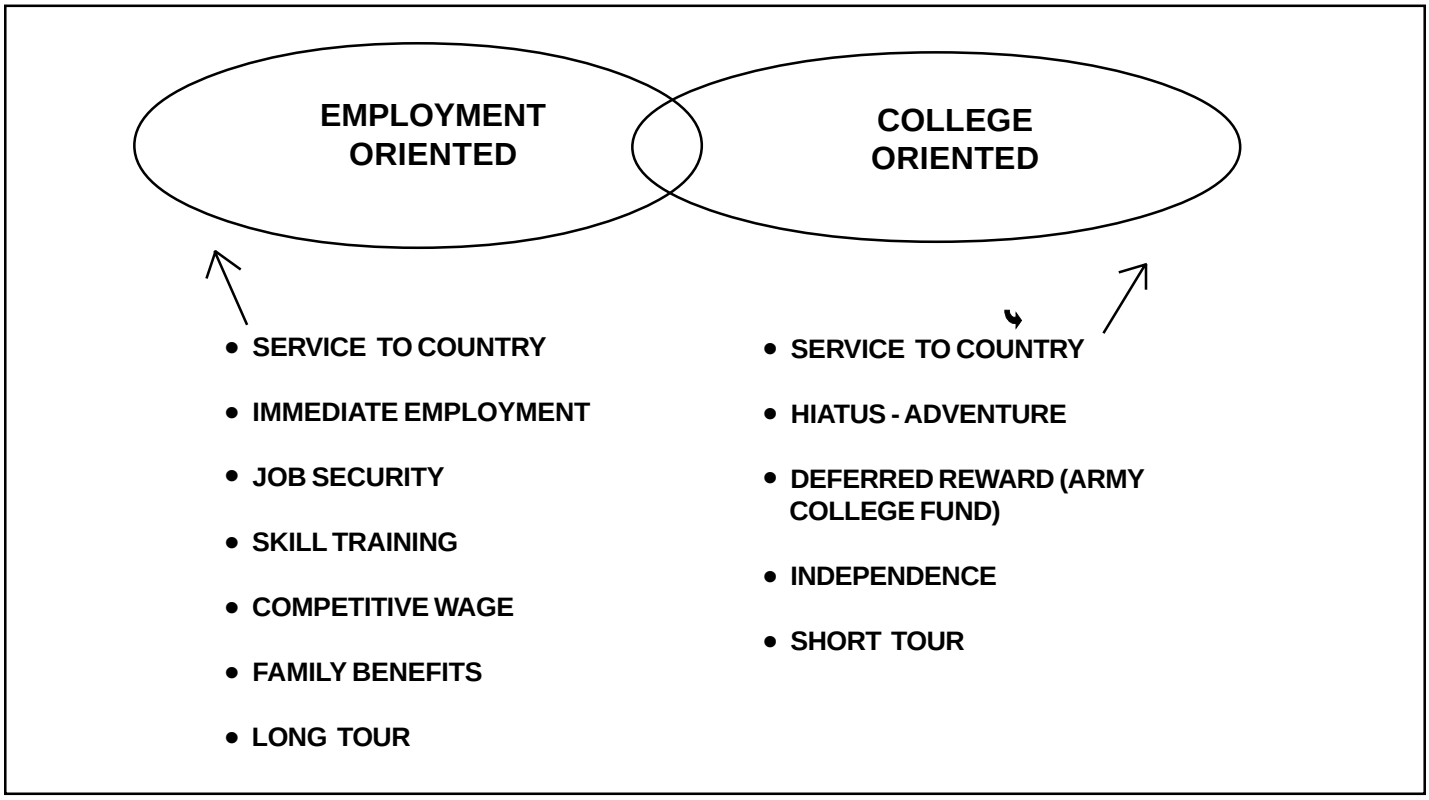


Figure 4-2. Dual-market concept

AMEDD APPLICATION WORKSHEET

(For use of this form see USAREC Reg 601-37)

PRIVACY ACT STATEMENT

AUTHORITY: Collection of the information requested by the recruiter and recorded on this form is authorized by Title 10 U.S. Code, Section 591.

PRINCIPAL PURPOSE: To provide such data as is requested by the recruiter to contact, process, and enlist prospects for Army service.

ROUTINE USES:

a. Used by the recruiter to contact and process interested prospects.
b. Used by the recruiter in making such routine contacts as may be necessary to verify information provided by the prospects.
c. Used by the Army to transcribe data on application forms.
d. Used by recruiting personnel in the formulation of market data to determine current recruiting trends.

EFFECTS OF NOT PROVIDING INFORMATION: The disclosure, by the prospect, of the information requested is entirely voluntary. Failure to provide this information, however, will result in discontinuance of processing.

GENERAL INSTRUCTIONS

1. ADDRESSES: Need street address. P.O. boxes unacceptable.
2. If you run out of room in any section, continue on plain paper. Indicate section.
3. Ensure all entries are legible and complete.
4. The following documents should accompany this worksheet:
   a. Transcript releases for all schools attended.
   b. Copy of all health care licenses, registrations, and certifications both current and expired.
   c. Copy of birth certificate.
   d. For prior service applicants: DD Form 214. Your recruiter will also notify you of any other prior service documents needed, such as OER, NCOER, promotions, orders, etc. MC needs all prior service records.

GENERAL

NAME: Popodopolous, Niccolo SOCIAL SECURITY NUMBER: 778-00-8787

ALIASES: 9204 to Present - John Smith MAIDEN NAME: _____

(include nicknames) (give dates used on ALL Aliases, Yr, Mo thru Yr, Mo)

DATE OF BIRTH: 700808 (YYMMDD) PLACE OF BIRTH: Hometown Mine, KY USA

CITY COUNTY STATE COUNTRY

CITIZENSHIP: Born in US X Born abroad of US parents _____ US National _____

Naturalized _____ Naturalization Certificate Number _____ Derived _____

Dual Citizenship _____ Where _____

Alien _____ I-151 Number _____ Date, Place, Court _____

Current Citizenship _____ Registration Number _____

Date and Port of Entry _____

NUMBER OF DEPENDENTS UNDER THE AGE OF 18: 0 MARITAL STATUS (circle): Married (Single) Divorced Separated

HIGH SCHOOL GRADUATE YES X NO _____ Hometown High School, Hometown, KY

NAME OF SCHOOL CITY AND STATE

USAREC Form 658-R-E, Rev 1 May 1999 (Previous editions may be used)

Figure 5-1. Sample of a completed USAREC Form 658-R-E

PERMANENT ADDRESS: 24 Maple Street, Hometown, KY 12345

STREET CITY STATE ZIP

PHONE NUMBER: (502) 555-1212

(AREA CODE) NUMBER

CURRENT ADDRESS: 24 Maple Street, Hometown, KY 12345

STREET CITY STATE ZIP

PHONE NUMBER: (502) 555-1212

(AREA CODE) NUMBER

COLLEGE AND UNIVERSITIES

List ALL colleges and universities attended for ANY credit. INCLUDE BOTH HEALTH CARE AND NON-HEALTH CARE STUDIES.

Name	Address	Degree	Years Attended From (Yr, Mo)	Years Attended To (Yr, Mo)	Dates Graduated	Major
Hometown College	Hometown, KY	AA	8808	9905	900520	Undecided
Smith Med College	Vine Grove, KY	MD	9006	9505	950505	Dr. Stuff

Have you ever been expelled from school or placed on probation? Yes X No ____

If YES, explain: Left cadever in cafeteria

Have you ever been the recipient of special educational honors, dean's list, awards, or scholarship? Yes X No ____

If YES, give date, type, and who awarded it: Dean's List - 9005 - Dizzy Dean: Honor Graduate 9505 President Big Guy

CONTINUING EDUCATION COURSES (include post graduate courses taken at hospitals, service schools, and short courses):

From	To	Name and Location of School or Hospital	Credit	Name of Course
9505	Present	Smith Cancer Institute, Vine Grove, KY	Yes	Lethal Injection

Figure 5-1. Sample of a completed USAREC Form 658-R-E (Continued)

MILITARY SERVICE

From / To (YYMMDD)	Service	Pay Grade/ Rank	Branch	Service Number	Type of Discharge	Enlisted/ Officer/WO	Component AD/USAR, etc.	AOC/ MOS	Current ETS
None									

Do you have 10 years enlisted service Yes_____ No_____ Source of current commission _____
(Direct, OCS, etc.)

Date of last Active Duty promotion _____
(YYMMDD)

ROTC:

ROTC Basic Course:

From _____ To _____ Installation (Basic) _____

Completion Date _____

ROTC Advanced Course:

From _____ To _____ Installation (Advanced/Ranger) _____

SERVICE COURSES: Fleet Reservist Yes _____ No _____

Exact name of highest level service course and school attended:

School _____ Course _____ From _____ To _____ Completed Yes _____ No _____
Yr/Mo Yr/Mo

List all military awards not including theater or service medals:

_____

Yes / No Have you ever applied and NOT been selected:

_____ in an Army Reserve component as a warrant officer?

_____ in an Army Reserve component as a commissioned officer?

_____ in the Regular Army as a warrant officer?

_____ in the Regular Army as a commissioned officer?

_____ in the Army National Guard?

If yes, explain: _____

_____

(3)

Figure 5-1. Sample of a completed USAREC Form 658-R-E (Continued)

Are you in promotable status? Yes _____ No _____ To what grade? _____

MISCELLANEOUS

Have you ever resigned or been asked to resign in lieu of elimination proceedings; been discharged in lieu of elimination, furloughed (other than regular furlough or leave), or placed on inactive status while serving in the US Armed Forces; or, have you ever resigned or been asked to resign from a position while in private or government employment? (If yes, state circumstances; if more space is required, continue on separate sheet).

Yes _____ No ___X___

Have you ever been employed by the US Army as a dietitian, occupational or physical therapist? Yes _____ No _____

If yes, give dates: _____

Foreign language proficiency: Esparanto (language) Read, Write, and Speak (read, write and/or speak) Like a Native (level of proficiency)

Are you now or have you ever been a conscientious objector? Yes _____ No ___X___

UNDERSTANDING:

I understand that, If I am selected for appointment, I will be expected to accept such assignments as are in the best interest of the service regardless of my marital status and/or responsibility for dependents; and it is my responsibility to make appropriate arrangements for the care of my dependents should I be required to perform duty in an area where dependents are not permitted? Yes _____ No _____

FAMILY / ASSOCIATES

FATHER:

Name: Popodopolous, Daddy Mine
(Last, First, Middle)

Date of Birth: 40/10/10
(YYMMDD)

Place of Birth: Hometown, KY
(City and State)

Current Address: 22 Main St.
(Street)

Hometown, KY 12345
(City, State and ZIP Code)

MOTHER:

Maiden Name: Smith, Mommy Dearest
(Last, First, Middle)

Date of Birth: 40/10/10
(YYMMDD)

Place of Birth: Hometown, IA
(City and State)

Current Address: 22 Main St.
(Street)

Hometown, KY 12345
(City, State and ZIP Code)

(4)

Figure 5-1. Sample of a completed USAREC Form 658-R-E (Continued)

SPOUSE:

Name: _____
(Maiden Name if applicable, Last, First, Middle)

Date of Birth: _____
(YYMMDD)

Place of Birth: _____
(City and State)

Current Address: _____
(Street)

_____
(City, State and ZIP Code)

Circle: Son or Daughter

Name: _____
(Last, First, Middle)

Date of Birth: _____
(YYMMDD)

Place of Birth: _____
(City and State)

Current Address: _____
(Street)

_____
(City, State and ZIP Code)

Circle: Son or Daughter

Name: _____
(Last, First, Middle)

Date of Birth: _____
(YYMMDD)

Place of Birth: _____
(City and State)

Current Address: _____
(Street)

_____
(City, State and ZIP Code)

Circle: Son or Daughter

Name: _____
(Last, First, Middle)

Date of Birth: _____
(YYMMDD)

Place of Birth: _____
(City and State)

Current Address: _____
(Street)

_____
(City, State and ZIP Code)

RESIDENCES

List ALL residences during the LAST 5 YEARS in chronological order beginning with current address.

From (Yr/Mo)	To (Yr/Mo)	Street	City	State	ZIP Code	Country
9107	Present	24 Maple Street	Hometown	KY	12345	USA

(5)

Figure 5-1. Sample of a completed USAREC Form 658-R-E (Continued)

PROFESSIONAL WORK EXPERIENCE/EMPLOYMENT

This section may be considered to be one of the most important in representing you to selection board. With this in mind, try to answer all questions as completely as possible.

1. List ALL periods of employment, unemployment or professional schools following completion of original basic medical program.

2. List CURRENT job FIRST and continue back to 7 years employment without omitting any time. (Do not include employment prior to 16th birthday.)

3. For nurses only: Separate graduate nurse from staff nurse time and different positions with the same employer (e.g., any change from one unit to another, change from staff nurse to charge nurse). Each position will represent a different work experience and must be listed as such.

4. Indicate any period of employment overlap by placing an asterisk (*) by all affected dates. If flexible time schedules were in effect at the place of employment, indicate whether work hours were full-time or part-time by placing two asterisks (**) by affected hours.

5. If there was time that you were not employed as a health care worker list time period and identify under responsibilities that you were unemployed in health care industry.

6. For nurses only: If you are an OR nurse, include number of rooms, number and type of cases weekly and of those cases, percent you scrub and percent you circulate.

PLEASE PRINT

1. (CURRENT POSITION)

Employed From: 9505 (YYMM) To: Present (YYMM) Hours Per Week: 60

Employer/Facility Name: Smith Cancer Research Center Supervisor: Dr. Jones

Complete Address: 1010 Exhaust St., Hometown, KY 12345 (Street City State ZIP) Phone Number: (502) 555-1813

IS THIS PRE-NURSING EMPLOYMENT YES ____ NO X IF YES, YOU NEED NOT COMPLETE THE FOLLOWING.

Position Title: ____ Type Unit: ____

No. of Beds: ____ Average Census: ____ Average No. of patients personally cared for: ____

Responsibilities: ____

Number of each supervised: RN ____ LPN/LVN ____ Nurse Aides: ____ Other: ____

Committees Served On: ____

(6)

Figure 5-1. Sample of a completed USAREC Form 658-R-E (Continued)

2.

Employed From: _____ To: _____ Hours Per Week: _____
(YYMM) (YYMM)

Employer/Facility Name: _____ Supervisor: _____

Complete Address: _____ Phone Number: _____
Street City State ZIP

IS THIS PRE-NURSING EMPLOYMENT YES _____ NO _____ IF YES, YOU NEED NOT COMPLETE THE FOLLOWING.

Position Title: _____ Type Unit: _____

No. of Beds: _____ Average Census: _____ Average No. of patients personally cared for: _____

Responsibilities: _____

_____

_____

Number of each supervised: RN: _____ LPN/LVN: _____ Nurse Aides: _____ Other: _____

Committees Served On: _____

_____

3.

Employed From: _____ To: _____ Hours Per Week: _____
(YYMM) (YYMM)

Employer/Facility Name: _____ Supervisor: _____

Complete Address: _____ Phone Number: _____
Street City State ZIP

IS THIS PRE-NURSING EMPLOYMENT YES _____ NO _____ IF YES, YOU NEED NOT COMPLETE THE FOLLOWING.

Position Title: _____ Type Unit: _____

No. of Beds: _____ Average Census: _____ Average No. of patients personally cared for: _____

Responsibilities: _____

_____

_____

Number of each supervised: RN: _____ LPN/LVN: _____ Nurse Aides: _____ Other: _____

Committees Served On: _____

_____

(7)

Figure 5-1. Sample of a completed USAREC Form 658-R-E (Continued)

4.

Employed From: _____ To: _____ Hours Per Week: _____
(YYMM) (YYMM)

Employer/Facility Name: _____ Supervisor: _____

Complete Address: _____ Phone Number: _____
Street City State ZIP

IS THIS PRE-NURSING EMPLOYMENT YES _____ NO _____ IF YES, YOU NEED NOT COMPLETE THE FOLLOWING.

Position Title: _____ Type Unit: _____

No. of Beds: _____ Average Census: _____ Average No. of patients personally cared for: _____

Responsibilities: _____

_____

_____

Number of each supervised: RN: _____ LPN/LVN: _____ Nurse Aides: _____ Other: _____

Committees Served On: _____

_____

5.

Employed From: _____ To: _____ Hours Per Week: _____
(YYMM) (YYMM)

Employer/Facility Name: _____ Supervisor: _____

Complete Address: _____ Phone Number: _____
Street City State ZIP

IS THIS PRE-NURSING EMPLOYMENT YES _____ NO _____ IF YES, YOU NEED NOT COMPLETE THE FOLLOWING.

Position Title: _____ Type Unit: _____

No. of Beds: _____ Average Census: _____ Average No. of patients personally cared for: _____

Responsibilities: _____

_____

_____

Number of each supervised: RN: _____ LPN/LVN: _____ Nurse Aides: _____ Other: _____

Committees Served On: _____

_____

(8)

Figure 5-1. Sample of a completed USAREC Form 658-R-E (Continued)

6.

Employed From: _____ To: _____ Hours Per Week: _____
(YYMM) (YYMM)

Employer/Facility Name: _____ Supervisor: _____

Complete Address: _____ Phone Number: _____
Street City State ZIP

IS THIS PRE-NURSING EMPLOYMENT YES _____ NO _____ IF YES, YOU NEED NOT COMPLETE THE FOLLOWING.

Position Title: _____ Type Unit: _____

No. of Beds: _____ Average Census: _____ Average No. of patients personally cared for: _____

Responsibilities: _____

_____

_____

Number of each supervised: RN: _____ LPN/LVN: _____ Nurse Aides: _____ Other: _____

Committees Served On: _____

_____

7.

Employed From: _____ To: _____ Hours Per Week: _____
(YYMM) (YYMM)

Employer/Facility Name: _____ Supervisor: _____

Complete Address: _____ Phone Number: _____
Street City State ZIP

IS THIS PRE-NURSING EMPLOYMENT YES _____ NO _____ IF YES, YOU NEED NOT COMPLETE THE FOLLOWING.

Position Title: _____ Type Unit: _____

No. of Beds: _____ Average Census: _____ Average No. of patients personally cared for: _____

Responsibilities: _____

_____

_____

Number of each supervised: RN: _____ LPN/LVN: _____ Nurse Aides: _____ Other: _____

Committees Served On: _____

_____

(9)

Figure 5-1. Sample of a completed USAREC Form 658-R-E (Continued)

8.

Employed From: _____ To: _____ Hours Per Week: _____
(YYMM) (YYMM)

Employer/Facility Name: _____ Supervisor: _____

Complete Address: _____ Phone Number: _____
Street City State ZIP

IS THIS PRE-NURSING EMPLOYMENT YES _____ NO _____ IF YES, YOU NEED NOT COMPLETE THE FOLLOWING.

Position Title: _____ Type Unit: _____

No. of Beds: _____ Average Census: _____ Average No. of patients personally cared for: _____

Responsibilities: _____

_____

_____

Number of each supervised: RN: _____ LPN/LVN: _____ Nurse Aides: _____ Other: _____

Committees Served On: _____

_____

9.

Employed From: _____ To: _____ Hours Per Week: _____
(YYMM) (YYMM)

Employer/Facility Name: _____ Supervisor: _____

Complete Address: _____ Phone Number: _____
Street City State ZIP

IS THIS PRE-NURSING EMPLOYMENT YES _____ NO _____ IF YES, YOU NEED NOT COMPLETE THE FOLLOWING.

Position Title: _____ Type Unit: _____

No. of Beds: _____ Average Census: _____ Average No. of patients personally cared for: _____

Responsibilities: _____

_____

_____

Number of each supervised: RN: _____ LPN/LVN: _____ Nurse Aides: _____ Other: _____

Committees Served On: _____

_____

(10)

Figure 5-1. Sample of a completed USAREC Form 658-R-E (Continued)

10.

Employed From: _____ To: _____ Hours Per Week: _____
(YYMM) (YYMM)

Employer/Facility Name: _____ Supervisor: _____

Complete Address: _____ Phone Number: _____
Street City State ZIP

IS THIS PRE-NURSING EMPLOYMENT YES _____ NO _____ IF YES, YOU NEED NOT COMPLETE THE FOLLOWING.

Position Title: _____ Type Unit: _____

No. of Beds: _____ Average Census: _____ Average No. of patients personally cared for: _____

Responsibilities: _____

_____

_____

Number of each supervised: RN: _____ LPN/LVN: _____ Nurse Aides: _____ Other: _____

Committees Served On: _____

_____

11.

Employed From: _____ To: _____ Hours Per Week: _____
(YYMM) (YYMM)

Employer/Facility Name: _____ Supervisor: _____

Complete Address: _____ Phone Number: _____
Street City State ZIP

IS THIS PRE-NURSING EMPLOYMENT YES _____ NO _____ IF YES, YOU NEED NOT COMPLETE THE FOLLOWING.

Position Title: _____ Type Unit: _____

No. of Beds: _____ Average Census: _____ Average No. of patients personally cared for: _____

Responsibilities: _____

_____

_____

Number of each supervised: RN: _____ LPN/LVN: _____ Nurse Aides: _____ Other: _____

Committees Served On: _____

_____

(11)

Figure 5-1. Sample of a completed USAREC Form 658-R-E (Continued)

12.

Employed From: _____ To: _____ Hours Per Week: _____
(YYMM) (YYMM)

Employer/Facility Name: _____ Supervisor: _____

Complete Address: _____ Phone Number: _____
Street City State ZIP

IS THIS PRE-NURSING EMPLOYMENT YES _____ NO _____ IF YES, YOU NEED NOT COMPLETE THE FOLLOWING.

Position Title: _____ Type Unit: _____

No. of Beds: _____ Average Census: _____ Average No. of patients personally cared for: _____

Responsibilities: _____

_____

_____

Number of each supervised: RN: _____ LPN/LVN: _____ Nurse Aides: _____ Other: _____

Committees Served On: _____

_____

13.

Employed From: _____ To: _____ Hours Per Week: _____
(YYMM) (YYMM)

Employer/Facility Name: _____ Supervisor: _____

Complete Address: _____ Phone Number: _____
Street City State ZIP

IS THIS PRE-NURSING EMPLOYMENT YES _____ NO _____ IF YES, YOU NEED NOT COMPLETE THE FOLLOWING.

Position Title: _____ Type Unit: _____

No. of Beds: _____ Average Census: _____ Average No. of patients personally cared for: _____

Responsibilities: _____

_____

_____

Number of each supervised: RN: _____ LPN/LVN: _____ Nurse Aides: _____ Other: _____

Committees Served On: _____

_____

(12)

Figure 5-1. Sample of a completed USAREC Form 658-R-E (Continued)

14.

Employed From: _____ To: _____ Hours Per Week: _____
(YYMM) (YYMM)

Employer/Facility Name: _____ Supervisor: _____

Complete Address: _____ Phone Number: _____
Street City State ZIP

IS THIS PRE-NURSING EMPLOYMENT YES _____ NO _____ IF YES, YOU NEED NOT COMPLETE THE FOLLOWING.

Position Title: _____ Type Unit: _____

No. of Beds: _____ Average Census: _____ Average No. of patients personally cared for: _____

Responsibilities: _____

_____

_____

Number of each supervised: RN: _____ LPN/LVN: _____ Nurse Aides: _____ Other: _____

Committees Served On: _____

_____

15.

Employed From: _____ To: _____ Hours Per Week: _____
(YYMM) (YYMM)

Employer/Facility Name: _____ Supervisor: _____

Complete Address: _____ Phone Number: _____
Street City State ZIP

IS THIS PRE-NURSING EMPLOYMENT YES _____ NO _____ IF YES, YOU NEED NOT COMPLETE THE FOLLOWING.

Position Title: _____ Type Unit: _____

No. of Beds: _____ Average Census: _____ Average No. of patients personally cared for: _____

Responsibilities: _____

_____

_____

Number of each supervised: RN: _____ LPN/LVN: _____ Nurse Aides: _____ Other: _____

Committees Served On: _____

_____

(13)

Figure 5-1. Sample of a completed USAREC Form 658-R-E (Continued)

BACKGROUND INFORMATION

Have you ever been in Federal Civil Service? Yes ____ No X

Do you have any foreign property, business connections, or financial interests? Yes X No ____

Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency. Yes ____ No X

Have you ever traveled outside the United States on other than official orders? Yes X No ____

Have you ever had any contact with a foreign government, its establishments (e.g., embassies, consulates), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? Yes ____ No X

Explain any YES answers: Own stock in Tijuana Medical Exports; Numerous trips to Tijuana 9005 to Present to check on stocks.

LAW VIOLATIONS

All officers are required to have a Secret Security Clearance, therefore a complete background investigation will be done as part of the appointment process. You must list ALL arrest information regardless of whether you have previously listed or disclosed this information or whether the record in your case has been sealed, expunged or otherwise stricken from the court record. You must also include all courts-martial or nonjudicial punishment (article 15, UCMJ, or Captain's Mast).

The only exceptions are for certain convictions under the Federal Controlled Substances Act (21 U.S.C. 844 or 18 U.S.C. Section 3607).

Have you ever been arrested, cited, held, or detained by Federal, State or other law enforcement or juvenile authorities, regardless of whether the charge was dropped or dismissed or you were found not guilty? Yes X No ____

List details of YES answers:

Date (YYMMDD)	Nature of Offense or Violation	Name and Location of Law Enforcement Agency (City and State)	Name and Location of Court Magistrate (City and State)	Penalty Imposed or Other Disposition in Each Case
861102	Speed	Hometown PD Hometown, KY	Hometown City Court Hometown, KY	Warning
861103	Speed	Hometown PD Hometown, KY	Hometown City Court Hometown, KY	$200 Fine
861111	Speed	Hometown PD Hometown, KY	Hometown City Court Hometown, KY	$1,000 Fine & 3 days in jail
861120	Speed	Hometown PD Hometown, KY	Hometown City Court Hometown, KY	Took away my birthday
940808	Public Nudity	Smith Campus PD Vine Grove, KY	Campus Court Vine Grove, KY	$20 fine & public apology

(14)

Figure 5-1. Sample of a completed USAREC Form 658-R-E (Continued)

DRUG AND ALCOHOL USAGE

Have you ever tried, used, or possessed any narcotic (to include heroin or cocaine), depressant (to include quaaludes), stimulant, hallucinogen (to include marijuana or hashish), or any mind-altering substance (to include glue or paint), even one-time or on an experimental basis, except as prescribed by a licensed physician? Yes X No ____

Have you ever been involved in the illegal purchase, manufacture, trafficking, production, or sale of any narcotic depressant, stimulant, hallucinogen or cannabis? Yes ____ No X

Has your use of alcoholic beverages (such as liquor, beer, or wine) ever resulted in the loss of a job, arrest by police, or treatment for alcoholism? Yes ____ No X

Have you ever been a patient (whether or not formally committed) in any institution primarily devoted to the treatment of mental, emotional, psychological, or personality disorders? Yes ____ No X

Have you ever consulted or been counseled by any mental health professional? Yes X No ____

Explain any YES answers: Experimented with marijuana in HS 8612/Age 14 pet hamster was killed by cat and I went to counseling Dr. Smith, Hometown, KY

CREDIT HISTORY

Explain all yes answers. List specifics to include dates and names and locations of courts.

Have you ever filed a petition under any chapter of the bankruptcy code (to include Chapter 13)? Yes ____ No X

Have you ever had your wages garnished or anything repossessed? Yes ____ No X

Have you had a lien placed upon your property for failing to pay taxes? Yes ____ No X

Do you have any judgments against you which you have not paid? Yes ____ No X

Are you now or have you ever been significantly delinquent on debts? Yes ____ No X

Explain: ____

ORGANIZATIONS

Have you ever been affiliated with any organization that:

advocates the overthrow of our constitutional form of government? Yes ____ No X

advocates or approves the commission of acts of force to deny persons their rights under the Constitution? Yes ____ No X

sees to alter the form of government by force, violence, or other unconstitutional means? Yes ____ No X

advocates or engages in the disruption of U.S. government activities through force? Yes ____ No X

Explain any YES answers: ____

(15)

Figure 5-1. Sample of a completed USAREC Form 658-R-E (Continued)

SECURITY CLEARANCE

Have you ever held a security clearance to include a contractor granted confidential? Yes _____ No _____

Level _____

Date Granted _____ Granted By _____ Name of Employer _____
(YYMMDD)

Have you ever had a security clearance denied, suspended, or revoked? Yes _____ No _____

STATEMENT OF HEALTH

Have you ever been arrested and convicted for drug/alcohol abuse? Yes _____ No _____

Are you now or have you ever been required to appear before any medical or state regulating authority, regardless of the result, concerning your status as an impaired, hindered, or otherwise restricted practitioner? Yes _____ No _____

Explain any YES answers: _____

_____

BOARD CERTIFICATION AND PROFESSIONAL INFORMATION

Date received board certification: _____

Date state boards passed/Will be taken: _____ _____ State _____
(YYMMDD) (Passed Y/N)

American Board of _____

Initial License Number: _____ Date of Initial License _____
(YYMMDD)

AANA register number and year of membership: _____

CRNA certification/recertification number and expiration date: _____

Nurse Midwife certification number and expiration date: _____

Nurse practitioner certification number and certification date: _____

CCRN certification number and expiration date: _____

STATE BOARDS ATTEMPTS:

Boards Taken (YYMMDD)	State	Board Results (pass/fail)

(16)

Figure 5-1. Sample of a completed USAREC Form 658-R-E (Continued)

LICENSE INFORMATION

List all professional licenses ever held, even if currently inactive or expired.

License Number	State	Date Issued (YYMMDD)	Expiration Date (YYMMDD)	License Status (current, restricted, etc.)

MALPRACTICE INFORMATION

Have you had a malpractice suit or claim initiated against you? Yes _____ No _____

Do you have a malpractice suit or claim pending against you? Yes _____ No _____

Name of Insurance Carrier: _____ Policy Number: _____

Address: _____

Have you ever had your professional license denied, withdrawn, or restricted by any state or local licensing board or activity? Yes _____ No _____

If YES explain: _____

_____

Have you ever had your professional privileges denied, withdrawn, or restricted by any health care facility? Yes _____ No _____

If YES explain: _____

_____

ORGANIZATIONAL MEMBERSHIPS

List all organizations in which you hold or have held membership since age 16. (DO NOT ABBREVIATE)

Name	Complete Address	Type (Professional, Fraternal, Social)	Dates From (YYMM)	Dates To (YYMM)

(17)

Figure 5-1. Sample of a completed USAREC Form 658-R-E (Continued)

ACTIVE DUTY ASSIGNMENT CHOICES

In an effort to accommodate you, please fill in your choices for position, assignment, and officer basic course and recall dates. Discuss choice selection with your recruiter. USAR APPLICANTS MAY SKIP THIS SECTION.

Duty position choice: 1. _____ 2. _____ 3. _____

Area assignment choice: 1. Europe 2. East Coast 3. _____

Recall/OBC date: 1. 961010 2. 9701 3. _____

Upon receipt of orders I need 60 _____ 30 _____ 10 X days to settle my affairs prior to reporting on active duty.

PROFESSIONAL REFERENCES

List names, addresses, and telephone numbers of individuals who will provide letters of recommendation:

1. Name: Dr. Jack Job Title: Director

Complete Business Address: Smith Cancer Research Center, 1010 Exhaust St., Hometown, KY 12444

Telephone Number: (502) 555-1212

2. Name: Honorable John T. Senator Job Title: U.S. Representative

Complete Business Address: 1 Capitol Building, Washington, DC 10023

Telephone Number: (202) 444-3131

3. Name: Bill Hogg Job Title: Mayor

Complete Business Address: 1 Main Street, Suite 1, Hometown, KY 12343

Telephone Number: (502) 555-1010

4. Name: Dr. George Carver Job Title: Chief Surgeon

Complete Business Address: Butcher Surgical Hospital, 1512 Blade Run, Hometown, Ky 43211

Telephone Number: (502) 555-6363

5. Name: General (Ret) Ima Director Job Title: Consultant

Complete Business Address: 101 Consumer Affairs Road, Hometown, KY 43210

Telephone Number: (502) 555-7734

(18)

Figure 5-1. Sample of a completed USAREC Form 658-R-E (Continued)

MEDICAL RECORD	REPORT OF MEDICAL EXAMINATION	DATE OF EXAM 1 AUG 98

1. LAST NAME - FIRST NAME - MIDDLE NAME	2. IDENTIFICATION NO.	3. GRADE AND COMPONENT OR POSITION
JONES, JOHN (NMN)	123-45-6789	0-1, ARNG (TX)

4. HOME ADDRESS *(Number, street or RFD, city or town, state and ZIP Code)*	5. EMERGENCY CONTACT *(Name and address of contact)*
2138 WEST OLIVE ST. DALLAS, TX 75248	JONES, FRANCINE A. 1108 O'NEAL GREENVILLE, TX 85401

6. DATE OF BIRTH	7. AGE	8. SEX	9. RELATIONSHIP OF CONTACT
16 JAN 65	33	☐ FEMALE ☒ MALE	MOTHER

10. PLACE OF BIRTH	11. RACE
WAUKEGAN, IL USA	☒ WHITE ☐ BLACK ☐ AMERICAN INDIAN/ ALASKA NATIVE ☐ HISPANIC WHITE ☐ HISPANIC BLACK ☐ ASIAN/PACIFIC ISLANDER

12a. AGENCY	12b. ORGANIZATION UNIT	13. TOTAL YEARS GOVERNMENT SERVICE	
		a. MILITARY	b. CIVILIAN
DA		9	

14. NAME OF EXAMINING FACILITY OR EXAMINER, AND ADDRESS	15. RATING OR SPECIALTY OF EXAMINER
MEPS	16. PURPOSE OF EXAMINATION ARMY COMMISSION

17. CLINICAL EVALUATION

NORMAL	*(Check each item in appropriate column, enter "NE" if not evaluated.)*	ABNORMAL	NORMAL	*(Check each item in appropriate column, enter "NE" if not evaluated.)*	ABNORMAL
X	A. HEAD, FACE, NECK AND SCALP		X	O. PROSTATE *(Over 40 or clinically indicated)*	
X	B. EARS - GENERAL *(INTERNAL CANALS)* *(Auditory acuity under items 39 and 40)*		X	P. TESTICULAR	
			X	Q. ANUS AND RECTUM *(Hemorrhoids, Fistulae) (Hemocult Results)*	
X	C. DRUMS *(Perforation)*		X	R. ENDOCRINE SYSTEM	
X	D. NOSE		X	S. G-U SYSTEM	
X	E. SINUSES		X	T. UPPER EXTREMITIES *(Strength, range of motion)*	
X	F. MOUTH AND THROAT		X	U. FEET	
X	G. EYES GENERAL *(Visual acuity and refraction under items 28, 29, and 30)*		X	V. LOWER EXTREMITIES *(Except feet) (Strength, range of motion)*	
X	H. OPHTHALMOSCOPIC		X	W. SPINE, OTHER MUSCULOSKELETAL	
X	I. PUPILS *(Equality and reaction)*		X	X. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
X	J. OCULAR MOTILITY *(Associated parallel movements nystagmus)*		X	Y. SKIN, LYMPHATICS	
X	K. LUNGS AND CHEST		X	Z. NEUROLOGIC *(Equilibrium tests under item 42)*	
X	L. HEART *(Thrust, size, rhythm, sounds)*		X	AA. PSYCHIATRIC *(Specify any personality deviation)*	
X	M. VASCULAR SYSTEM *(Varicosities, etc.)*		X	BB. BREASTS	
X	N. ABDOMEN AND VISCERA *(Include hernia)*		X	CC. PELVIC *(Females only)*	

NOTES: *(Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 42 and use additional sheets if necessary)*

18. DENTAL *(Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)*

	0 / 1 2 3 / 32 31 30 0	Restorable Teeth	/ 1 2 3 / 32 31 30 /	Non-restorable Teeth	X 1 2 3 / 32 31 30 X	Missing Teeth	X X X / 1 2 3 / 32 31 30 / X X X	Replaced by Dentures	(X) / 1 2 3 / 32 31 30 / (X)	Fixed Partial Dentures						
RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

19. TEST RESULTS (Copies of results are preferred as attachments)

A. URINALYSIS: (1) SPECIFIC GRAVITY			B. CHEST X-RAY OR PPD *(Place, date, film number and result)*
(2) URINE ALBUMIN NEG	(4) MICROSCOPIC		1 AUG 90- - FILM #21 - NEG
(3) URINE SUGAR NEG	NEG		
C. SYPHILIS SEROLOGY *(Specify test used and results)* RPR-NEG	D. EKG	E. BLOOD TYPE AND RH FACTOR 44%	F. OTHER TESTS ELISA-NEG HCG-NEG

STANDARD FORM 88 (Rev. 10-94)
Prescribed by GSA/ICMR FIRMR (41 CFR) 201-9.202-1

Figure 5-2. Sample of a completed SF 88

NAME	IDENTIFICATION NUMBER	NO. OF SHEETS ATTACHED
JONES, JOHN (NMN)	123-45-6789	

MEASUREMENTS AND OTHER FINDINGS

20. HEIGHT	21. WEIGHT	22. COLOR HAIR	23. COLOER EYES	24. BUILD	25. TEMPERATURE
72	190	BROWN	BLUE	[X] SLENDER [ ] MEDIUM [ ] HEAVY [ ] OBESE	

26. BLOOD PRESSURE *(Arm at heart level)*						27. PULSE *(Arm at heart level)*				
A. SITTING	SYS. 112	B. RECUM-BENT	SYS.	C. STANDING *(5 mins.)*	SYS.	A. SITTING	B. RECUMBENT	C. STANDING *(3 MINS)*	D. AFTER EXERCISE	E. 2 MINS. AFTER
	DIAS. 68		DIAS.		DIAS.	60				

28. DISTANT VISION		29. REFRACTION			30. NEAR VISION		
RIGHT 20/ 20	CORR. TO 20/ 20	BY	S.	CX	20/20	CORR. TO	BY
LEFT 20/ 20	CORR. TO 20/ 20	BY	S.	CX	20/20	CORR. TO	BY

31. HETEROPHORIA *(Specify distance)*

ESO	EXO	R.H.	L.H.	PRISM DIV.	PRISM CONV. CT	PC	PD

32. ACCOMMODATION		33. COLOR VISION *(Test used and result)*	34. DEPTH PERCEPTION *(Test used and score)*	UNCORRECTED
RIGHT	LEFT			CORRECTED
35. FIELD OF VISION		36. NIGHT VISION *(Test used and score)*	37. RED LENS TEST	38. INTRAOCULAR TENSION
RIGHT	LEFT			RIGHT LEFT

39. HEARING			40. AUDIOMETER									41. PSYCHOLOGICAL AND PSYCHOMOTOR *(Tests used and scores)*
RIGHT WV	/15 SV	/15		250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192	
LEFT WV	/15 SV	/15	RIGHT		0	0	0	5	0	0		
			LEFT		0	0	0	0	0	20		

42. NOTES *(Continued)* AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

43. SUMMARY OF DEFECTS AND DIAGNOSES *(List diagnoses with item numbers)*

44. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICTED *(Specify)*

45A. PHYSICAL PROFILE

P	U	L	H	E	S
1	1	1	1	1	1

46. EXAMINEE *(Check)*

A. [X] IS QUALIFIED FOR

B. [ ] IS NOT QUALIFIED FOR

45B. PHYSICAL CATEGORY

47. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E
X			

48. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
49. TYPED OR PRINTED NAME OF PHYSICIAN CHARLENE BIRD, MD	SIGNATURE /signed/
50. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN *(Indicate which)*	SIGNATURE
51. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE

STANDARD FORM 88 (Rev. 10-94) BACK

Figure 5-2. Sample of a completed SF 88 (Continued)

NO. OF ATTACHED SHEETS:

MEDICAL RECORD	REPORT OF MEDICAL HISTORY	DATE OF EXAM
		1 AUG 98

NOTE: This information is for official and medically-confidential use only and will not be released to unauthorized persons

1. NAME OF PATIENT *(Last, first, middle)*	2. IDENTIFICATION NUMBER	3. GRADE
JONES, JOHN (NMN)	123-45-6789	CIVILIAN

4a. HOME ADDRESS *(Street or RFD; City or Town; State; and ZIP Code)*			5. EXAMINING FACILITY
2138 West Olive St.			
4b. CITY	4c. STATE	4d. ZIP CODE	
Dallas	TX	75218	MEPS

6. PURPOSE OF EXAMINATION

ARMY COMMISSION

7. STATEMENT OF PATIENT'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED *(Use additional pages if necessary)*

a. PRESENT HEALTH	b. CURRENT MEDICATION	REGULAR OR INTERM.
I AM IN GOOD HEALTH	NONE	

c. ALLERGIES *(Include insect bites/stings and common foods)*		d. HEIGHT	e. WEIGHT
NONE			

8. PATIENT'S OCCUPATION	9. ARE YOU *(Check one)*	
REGISTERED NURSE	[X] RIGHT HANDED	[ ] LEFT HANDED

10. PAST/CURENT MEDICAL HISTORY

CHECK EACH ITEM	YES	NO	DON'T KNOW	CHECK EACH ITEM	YES	NO	DON'T KNOW	CHECK EACH ITEM	YES	NO	DON'T KNOW
Household contact with anyone with tuberculosis		X		Shortness of Breath		X		Bone, joint or other deformity		X	
Tuberculosis or positive TB Test		X		Pain or pressure in chest		X		Loss of finger or toe		X	
Blood in sputum or when coughing		X		Chronic cough		X		Painful or "trick" shoulder or elbow		X	
Excessive bleeding after injury or dental work		X		Palpitation or pounding heart		X		Recurrent back pain or any back injury		X	
Suicide attempt or plans		X		Heart trouble		X		"Trick" or locked knee		X	
Sleepwalking		X		High or low blood pressure		X		Foot trouble		X	
Wear corrective lenses		X		Cramps in your legs		X		Nerve injury		X	
Eye surgery to correct vision		X		Frequent indigestion		X		Paralysis (include infantile)		X	
Lack vision in either eye		X		Stomach, liver, or intestinal trouble		X		Epilepsy or seizure		X	
Wear a hearing aid		X		Gall bladder trouble or gallstones		X		Car, train, sea or air sickness		X	
Stutter or stammer		X		Jaundice or hepatitis		X		Frequent trouble sleeping		X	
Wear a brace or back support		X		Broken bones		X		Depression or excessive worry		X	
Scarlet fever		X		Adverse reaction to medication		X		Loss of memory or amnesia		X	
Rheumatic fever		X		Skin diseases		X		Nervous trouble of any sort		X	
Swollen or painful joints		X		Tumor, growth, cyst, cancer		X		Periods of unconsciousness		X	
Frequent or severe headaches		X		Hernia		X		Parent/sibling with diabetes, cancer, stroke or heart disease		X	
Dizziness or fainting spells		X		Hemorrhoids or rectal disease		X		X-ray or other radiation therapy		X	
Eye trouble		X		Frequent or painful urination		X		Chemotherapy		X	
Hearing loss		X		Bed wetting since age 12		X		Asbestos or toxic chemical exposure		X	
Recurrent ear infections		X		Kidney stone or blood in urine		X		Plate, pin or rod in any bone		X	
Chronic or frequent colds		X		Sugar or albumin in urine		X		Easy fatigability		X	
Severe tooth or gum trouble		X		Sexually transmitted disease		X		Been told to cut down or criticized for alcohol use		X	
Sinusitis		X		Recent gain or loss of weight		X		Used illegal substances		X	
Hay Fever or allergic rhinitis		X		Eating disorder (anorexia, bulimia, etc.)		X		Used tobacco		X	
Head injury		X		Arthritis, Rheumatism or Bursitis		X					
Asthma		X		Thyroid trouble or goiter		X					

NSN 7540-00-181-8638
Previous edition not usable

STANDARD FORM 93 (REV. 6/96)
Prescribed by ICMR/GSA
FIRMR (41 CFR) 201-9.202-1

Figure 5-3. Sample of a completed SF 93

11. FEMALES ONLY

CHECK EACH ITEM	YES	NO	DON'T KNOW	DATE OF LAST MENSTRUAL PERIOD	DATE OR LAST PAP SMEAR	DATE OR LAST MAMMO-GRAM
Treated for a female disorder						
Change in menstrual pattern						

CHECK EACH ITEM. IF "YES" EXPLAIN IN BLANK SPACE TO RIGHT. LIST EXPLANATION BY ITEM NUMBER.

ITEM	YES	NO
12. Have you been refused employment or been unable to hold a job or stay in school because of:		
a. Sensitivity to chemicals, dust, sunlight, etc.		X
b. Inability to perform certain motions.		X
c. Inability to assume certain positions.		X
d. Other medical reasons *(if yes, give reasons.)*		X
13. Have you ever been treated for a mental condition? *(If yes, specify when, where, and give details.)*		X
14. Have you ever been denied life insurance? *(If yes, state reason and give details.)*		X
15. Have you had, or have you been advised to have, any operation? *(If yes, describe and give age at which occurred.)*		X
16. Have you ever been a patient in any type of hospital? *(If yes, specify when, where, why, and name of doctor and complete address of hospital.)*		X
17. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? *(If yes, give complete address of doctor, hospital, clinic, and details.)*		X
18. Have you ever been rejected for military service because of physical, mental, or other reasons? *(If yes, give date and reason for rejection.)*		X
19. Have you ever been discharged from military service because of physical, mental, or other reasons? *(If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)*		X
20. Have you ever received, is there pending, or have you ever applied for pension or compensation for existing disability? *(If yes, specify what kind, granted by whom, and what amount, when, why.)*		X
21. Have you ever been arrested or convicted of a crime, other than minor traffic violations? *(If yes, provide details.)*		X
22. Have you ever been diagnosed with a learning disability? *(If yes, give type, where, and how diagnosed.)*		X

23. LIST ALL IMMUNIZATIONS RECEIVED

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service. I understand that falsification of information on Government forms is punishable by fine and/or imprisonment.

24a. TYPED OR PRINTED NAMES OF EXAMINEE	24b. SIGNATURE	24c. DATE
JOHN JONES	/signed/	1 AUG 98

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

25. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA *(Physician shall comment on all positive answers in items 7 through 11. Physician may develop by interview any additional medical history deemed important, and record any significant findings here.)*

26a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	26b. SIGNATURE	26c. DATE
CHARLENE BIRD	/signed/	1 AUG 98

STANDARD FORM 93 (REV. 6-96) **BACK**

Figure 5-3. Sample of a completed SF 93 (Continued)

BOARD OR NURSE EXAMINERS FOR THE
STATE OF TEXAS
BOX 140466

A CERTIFICATE OF RE-REGISTRATION TO PRACTICE PROFESSIONAL NURSING ISSUED BY THE BOARD OF NURSE EXAMINERS FOR THE STATE OF TEXAS TO

LICENSE NO	**CODE :** 04 **See reverse**	**EXPIRATION DATE:** **THE LAST DAY OF**
5 4 9 8 8 4		MARCH 1991

/Signed/
EXECUTIVE DIRECTOR

/Signed/
SIGNATURE

OFFICE SYMBOL Date

MEMORANDUM FOR RECORD

SUBJECT: Nursing License Verification (Automated)

1. On (Date) the undersigned verified with the (State) Board of Nursing, (Phone Number) per "Automated License Verification" that (Applicant's Name: Last, First, Middle), was issued a nursing license (Number) on (Issue Date). The license will expire on (Date). This license is current, permanent, unrestricted, unencumbered and has never been restricted or encumbered. Per the (State) Board of Nursing, if a nursing license has been restricted or encumbered, it is built into the automated system to refer the inquirer to another number. This message was not received for this applicant.

2. On (Date) the undersigned contacted (Name of Individual and Position) at the (State Board of Nursing, Phone Number), and verified that the above applicant was issued this license on (Date).

NAME OF VERIFIER
RANK, BRANCH/GRADE LEVEL
TITLE/POSITION

OFFICE SYMBOL Date

MEMORANDUM FOR RECORD

SUBJECT: Nursing License Verification (Unrestricted)

On (Date) the undersigned contacted (Name of Individual and Position) at the (State) Board of Nursing, (Phone Number), and verified that (Applicant's Name: Last, First, Middle), was issued a nursing license (Number) on (Date). This license will expire on (Date). This license is current, permanent, unrestricted, unencumbered, and has never been restricted or encumbered.

NAME OF VERIFIER
RANK, BRANCH/GRADE LEVEL
TITLE/POSITION

Figure 5-4. Sample license and verification

Expired License Registration

"On (Date) the undersigned contacted (Name of Individual and Position) at (Name of License or Registration Agency) (Telephone Number) and verified that (Name) was originally issued a (Type of License or Registration), (Number) on (Date). This was a permanent (License or Registration) which was neither restricted nor encumbered. The License or Registration expired on (Date) because (State Reason for Expiration)."

Restricted License/Registration (Past or Present)

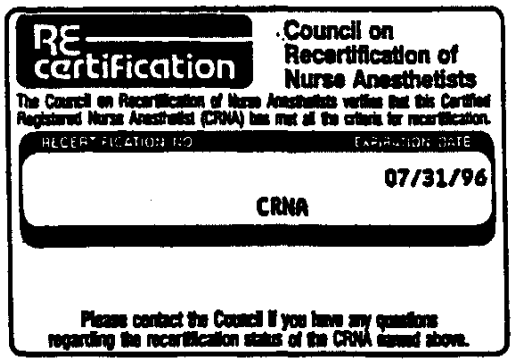
"On (Date) the undersigned contacted (Name of Individual and Position) at (Name of License Agency) (Telephone Number) and verified that (Name) was originally issued a (Type of License or Registration) (Number) on (Date). The License was restricted on (Date) and will remain restricted unitl (Date) or was (Reinstated, Revoked, etc.,) on (Date)."

NOTE: State nature of restriction and attach all supporting documents.

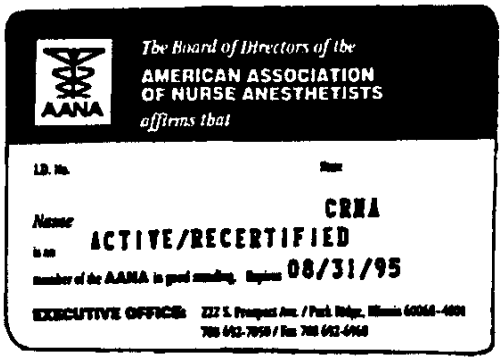
Board Certification

"On (Date) the undersigned contacted (Name of Individual and Position) at (Name of Specialty or Subspecialty Board) (Telephone Number) and verified that (Name) was board certified in (Specialty) on (Date). This certification (Expires on (Date) or is Indefinite)."

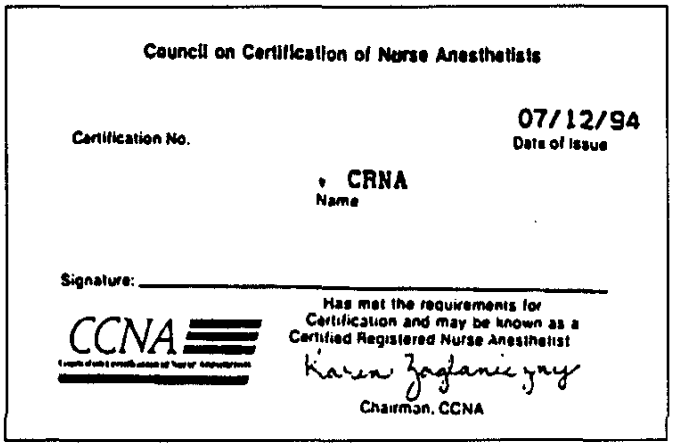
Figure 5-4. Sample license and verification (Continued)



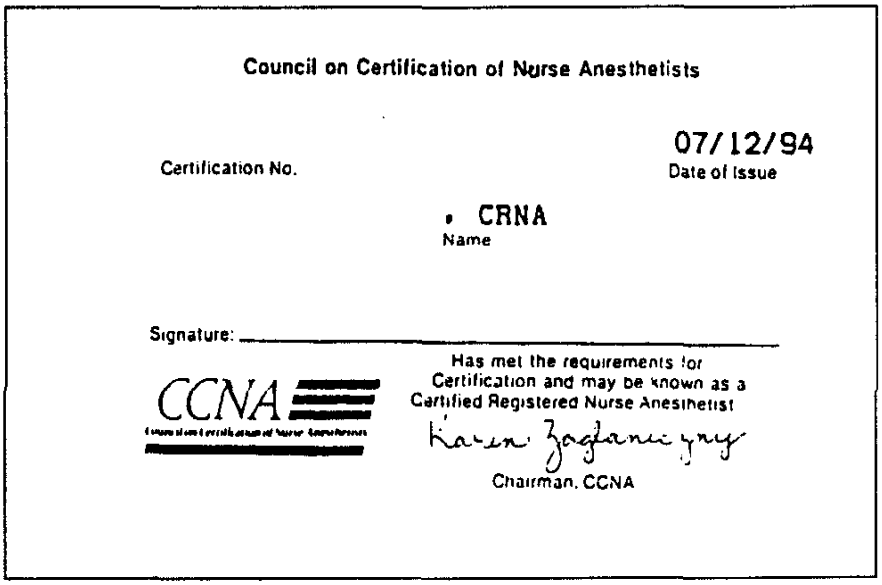
Certification



Membership



Actual size



Enlarged to 129 percent for legibility

Figure 5-5. Sample CRNA cards

NATIONAL PRACTITIONER DATABANK
SEARCH INFORMATION

(For use of this form see USAREC Reg 601-37)

PRIVACY ACT STATEMENT

AUTHORITY: Collection of this information is authorized by 10 USC, sections 3013 and 12201.

PRINCIPAL PURPOSE: Information collected will be used to search the National Practitioner Databank as required for the processing of health care practitioners for appointment in the Army Medical Department.

ROUTINE USES: Information is disclosed to members of the Department of Defense who have a need for the information in performance of their duties.

EFFECTS OF NOT PROVIDING INFORMATION: Disclosure of the information is voluntary. However, failure to provide the requested information may delay or suspend the application process.

1. RSID: 3Z1D 2. BRANCH: MC 3. GENDER: Male

4. NAME: SVAB (Last Name) TONY (First Name) ANDREW (Middle Name) JR. (Suffix)

5. OTHER NAMES: NA

6. DATE OF BIRTH *(mm/dd/yy)*: 01 / 25 / 54 7. SSN: 123-44-5678

8. HOME ADDRESS: 9121 North Senate Ave. *(Street Address)*

Evansville, IN, USA, 46192 *(City, State, Country, ZIP Code)*

9. PLACE OF EMPLOYMENT: INDIANA MEDICAL CENTER *(Name of Institution or Organization)*

4120 NORTH SUBWAY ST. *(Street Address)*

EVANSVILLE, IN, USA 46202 *(City, State, Country, ZIP Code)*

10. FEDERAL DEA NUMBERS:

11.

LICENSE/REGISTRATION/ CERTIFICATION NUMBER	NATIONAL OR STATE *(If state, specify state)*	FIELD	LICENSE/REGISTRATION/ CERTIFICATION NUMBER	NATIONAL OR STATE *(If state, specify state)*	FIELD
T-7041	IN	121			

12. PROFESSIONAL SCHOOLS ATTENDED: YEAR GRADUATED

IU MEDICAL SCHOOL, SOUTH BEND, IN 1995

USAREC Form 1119, Rev 1 May 1998 (Previous editions are obsolete) **V1.00**

Figure 5-6. Sample of a completed USAREC Form 1119-R-E

STATEMENT - EVIDENCE OF CITIZENSHIP STATUS

For use of this form, see AR 135-101; the proponent agency is The Office of The Surgeon General

Applicant Jones , John (NMN)
(Typed Name; last, first, middle)

for appointment and assignment to the Army Nurse Corps
(AMEDD Branch)

NOTE: Individuals not citizens of the United States by birth will submit a statement as indicated in 1, 2, or 3 below, as appropriate, which is signed by an officer of the U.S. Army or a Notary Public.

1. NONCITIZENS WHO HAVE DECLARED THEIR INTENTION OF BECOMING A CITIZEN OF THE UNITED STATES:

I have, this date, seen the original Alien Registration Receipt Card, Form No. I-151, bearing No. A-1111111

issued to Jones, John (NMN) *on* 10 Mar 94
(Name) *(Date)*

DATE	SIGNATURE (Officer of the Army or Notary Public)
25 Aug 98	Charles B. Able, CPT, AG

2. CITIZENS BY NATURALIZATION:

I have this date seen the original certificate of citizenship, No. _____ *(or certified copy of the court order establishing citizenship) stating that* _____
(Name)
was admitted to United States citizenship by the court of _____

at _____ *on* _____
(City and State) *(Date)*

DATE	SIGNATURE (Officer of the Army or Notary Public)

3. CITIZENS THROUGH NATURALIZATION OF PARENT:

I have this date seen the original certificate of citizenship, No. _____ *issued to*

_____ *, by the Immigration and Naturalization*
(Name)
Service, Department of Justice, stating that _____ *acquired citizenship on*
(Name of Applicant)

_____
(Date)

DATE	SIGNATURE (Officer of the Army or Notary Public)

DA FORM 5252-R, Nov 83

Figure 5-7. Sample of a completed DA Form 5252-R

APPLICANT EVALUATION WORKSHEET

(For use of this form see USAREC Reg 601-37)

NAME OF APPLICANT: Johnson, James J. SSN: 123-45-6789

The above name individual is applying for a position in the Army Medical Department, and has given us your name as a reference. Please complete this reference form and return in the envelope provided.

1. What is this applicant's current specialty? Nurse, night supervisor

2. Date began employment in this specialty *(mmyy)*? 0489

3. Is this applicant *(check one)* _____ private practice/self-employed X employed full-time _____ part-time or _____ stipend employee? If part-time or stipend, please provide the average hours worked per week: _____

4. a. If applicant is a nurse, describe the size/type of health care facility:

_____

b. Describe the applicant's current work environment. If a student/resident describe course and clinical setting:

50-bed hospital, average census of 35.

5. Select one only

		(mmyy)	(mmyy)
X	I evaluate/have evaluated this applicant.	From: 0498	To: Pres
_____	I am/have been a peer/coworker of this applicant.	From: _____	To: _____
_____	I am/have been an instructor/preceptor for this applicant.	From: _____	To: _____
_____	I know/have known this applicant. Specify in what capacity you have known this applicant: _____	From: _____	To: _____

6. Would the applicant make a good Army Officer? Overall impression of the applicant:

_____

7. Would you hire/rehire/work with this applcant? X Yes _____ No If no, please explain:

_____

USAREC Form 195-R-E, Rev 1 May 1997 (Previous editions are obsolete) **V1.00**

Figure 5-8. Sample of a completed USAREC Form 195-R-E

8. The attributes listed below are important for Army Medical Department Officers. Compare this applicant with others who work in the same capacity, and have the same experience level (student/residents). Rate each attribute on a scale of 1 to 7, with 1 being the lowest and 7 being the highest. If the attribute cannot be evaluated or does not apply, circle NA.

ATTRIBUTE	SCORE Lowest						Highest		REMARKS
Adaptability/Resourcefulness	1	2	3	4	5	(6)	7	NA	
Clinical Judgment	1	2	3	4	5	(6)	7	NA	
Clinical Knowledge	1	2	3	4	(5)	6	7	NA	
Clinical Skills	1	2	3	4	5	6	(7)	NA	
Honesty/Integrity	1	2	3	4	5	(6)	7	NA	
Initiative	1	2	3	4	5	6	(7)	NA	
Interaction with Coworkers	1	2	3	4	(5)	6	7	NA	
Leadership Ability/Potential	1	2	3	4	5	6	(7)	NA	
Managerial Ability/Potential	1	2	3	4	5	6	(7)	NA	
Manner in Accepting Criticism	1	2	3	4	5	6	(7)	NA	
Professional Appearance	1	2	3	4	5	6	(7)	NA	
Professional Demeanor	1	2	3	4	(5)	6	7	NA	
Reliability	1	2	3	4	5	(6)	7	NA	
Stability Under Pressure	1	2	3	4	5	6	(7)	NA	
Stamina (Mental and Physical)	1	2	3	4	5	6	(7)	NA	
Tact	1	2	3	4	5	6	(7)	NA	
Analytical Skills	1	2	3	4	5	6	7	(NA)	
Conceptual Skills	1	2	3	4	5	6	(7)	NA	
Communication Skills	1	2	3	4	5	6	7	(NA)	
Maturity	1	2	3	4	5	6	(7)	NA	
Assumes Responsibility	1	2	3	4	5	6	(7)	NA	
Judgment	1	2	3	4	5	6	7	(NA)	

9. For Dietetic Internship Students use (ADA) American Dietetic Association Recommendation Form.

10. Additional Comments/Remarks:

Name *(Print)*: Martha Anderson Telephone Number: (555) 555-1212

Signature: /signed/ Date: 990325

Position/Title/Specialty: Chief Nurse

Business Address: 121 Hospital Rd., Anytown, KY 12345

The Army Medical Department appreciates your time and effort in providing an honest appraisal of this individual.

Figure 5-8. Sample of a completed USAREC Form 195-R-E (Continued)

Standard Form 180 (Rev. 4-96) (EG)
Prescribed by NARA (36 CFR 1228.162(a))

NSN 7540-00-142-9360

OMB No. 3095-0029 Expires 9/30/98

REQUEST PERTAINING TO MILITARY RECORDS

To ensure the best possible service, please thoroughly review the instructions at the bottom before filling out this form. Please print clearly or type. If you need more space, use plain paper.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (Last, first, and middle)	2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. PLACE OF BIRTH
Whipple, Joseph Paul	345-67-8901	2/10/70	Coolville, OH

5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below.)

	BRANCH OF SERVICE	DATES OF SERVICE: DATE ENTERED	DATES OF SERVICE: DATE RELEASED	CHECK ONE: OFFICER	CHECK ONE: ENLISTED	SERVICE NUMBER DURING THIS PERIOD (If unknown, please write "unknown.")
a. ACTIVE SERVICE	U.S. Army	3/8/88	5/4/93		X	345-67-8901
b. RESERVE SERVICE	USAR	5/7/93	Present		X	345-67-8901
c. NATIONAL GUARD						

6. IS THIS PERSON DECEASED? [X] NO [ ] YES If "YES" enter the date of death. _____

7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? [ ] YES [X] NO

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. REPORT OF SEPARATION (DD Form 214 or equivalent). This contains information normally needed to verify military service. It may be furnished to the veteran, the deceased veteran/s next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one Report of Separation. Be sure to show EACH year for which you need a copy.

[X] An UNDELETED Report of Separation is requested for the year(s) All if applicable. This normally will be a copy of the full separation document including such sensitive items as the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost. An undeleted version is ordinarily required to determine eligibility for benefits.

[ ] A DELETED Report of Separation is requested for the year(s) _____. The following information will be deleted from the copy sent: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.

2. OTHER INFORMATION AND/OR DOCUMENTS REQUESTED Request all information to include: Records of service time, promotion orders, appointment letters, efficiency reports, and a complete service record or microfiche.

3. PURPOSE (OPTIONAL - An explanation of the purpose of the request is strictly voluntary. Such information may help the agency answering this request to provide the best possible response and will in no way be used to make a decision to deny the request.) Application for U.S. Army Commission

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER IS

[X] Military service member or veteran identified in Section I, above

[ ] Next of kin of deceased veteran _____ (relation)

[ ] Legal guardian (must submit copy of court appointment)

[X] Other (specify) Health Care Recruiter

2. SEND INFORMATION/DOCUMENTS TO (Please print or type. See instruction 3, below.)

Name: HQ USAREC (ATTN: RCHS-OP)

Street: 1307 3rd Avenue Apt.

City State ZIP Code: Fort Knox, KY 40121-2726

3. AUTHORIZATION SIGNATURE REQUIRED (See instruction 2, below.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.

Signature of Requester (Please do not print.): /signed/

Date of this request: 25 Mar 99

Daytime phone: (502) 555-5555

INSTRUCTIONS

Please detach this portion before submitting request.

1. Information needed to locate records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on this form. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available." Include as much of the requested information as you can.

2. Restrictions on release of information. Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations and the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's legal guardian has access to almost any information contained in that member's own record. Others requesting information from military personnel/health records must have the release authorization in Section III of this form signed by the member or legal guardian, but if the appropriate signature cannot be obtained, only limited types of information can be provided. If the former member is deceased, surviving next of kin may, under certain circumstances, be entitled to greater access to a deceased veteran's records than a member of the public. The next of kin may be any of the following: unremarried surviving spouse, father, mother, son, daughter, sister, or brother. Employers and others needing proof of military service are expected to accept the information shown on documents issued by the military service departments at the time a service member is separated.

3. Where reply may be sent. The reply may be sent to the member or any other address designated by the member or other authorized requester.

4. Charges for service. There is no charge for most services provided to members or their surviving next of kin. A nominal fee is charged for certain types of service. In most instances service fees cannot be determined in advance. If your request involves a service fee, you will be notified as soon as that determination is made.

SEE REVERSE FOR PRIVACY ACT AND PUBLIC BURDEN STATEMENTS

Figure 5-9. Sample of a completed SF 180

Verification of Eligibility to Transfer-AMEDD
(For use of this form see USAREC Reg 601-37)

Date: 9 Jul 98

Requesting Station: 1st Rctg Bde AMEDD Det RSID: 1Z3C

Type of Transfer: IRR to TPU X

IRR to IMA _____

IRR to NAAD _____

The following information is verified by the undersigned:

Section 1: Required for All Transfers

a. Name: Doe, Jane

b. SSN: 111-11-1111

c. AOC: 66F

d. Rank: CPT

e. Date of Rank: 890808

f. Date of Physical: 980709 PHYS CAT: A PULHES: 111111

g. Security Clearance: SECRET

h. Eligible to Transfer: [X] Yes [ ] No

REMARKS: _____

Section 2: For NAAD Transfers Only

a. DOB: b. Age:

c. MRD/ETS: d. RYE: e. PEBD:

f. APFT Date: g. APFT Failure: [ ] Yes [ ] No

h. Involuntarily Transferred to IRR: [ ] Yes [ ] No

i. Incentive Obligator: [ ] Yes [ ] No

_____ _____

Name of Operations NCO Completing This Verification Signature

USAREC Form 1099-R-E, 1 Apr 1996 (This form supersedes HQ USAREC Fm 1858 which is obsolete) V1.00

Figure 5-10. Sample of a completed USAREC Form 1099-R-E

PACKET COPY

APPLICANT INFORMATION

NAME: SMITH JOHN S SSN: 111223333

ADDRESS: 601 W. ADAMS ST.

CITY: CHICAGO STATE: IL ZIP: 60600

HOME PHONE: 9998887777

DATE OF BIRTH: 19720521 DEPENDENTS/CHILDREN: 0 ADULTS: 0

GENDER: M CITIZENSHIP: A RACE: M

ETHNIC GROUP:

DRIVERS LIC.#: STATE: EXPIRATION DATE:

YEARS OF EDUCATION: 20 EDUCATION LEVEL:U

MATH: TRIGONOMETRY SCIENCE: BIOLOGY TYPING: WPM: 0

PHYSICAL PROFILE:111111 COLOR PERCEPTION:N HEIGHT(in): 68 WEIGHT(lb): 166

AFQT: 0 GT: GM: EL: CL: MM: SC: CO: FA: OF: ST:

DLAB: AAT: AP: ECLT:

PRIOR SERVICE INFORMATION

APPLICANT TYPE: PS DAYS OF SERVICE: 0 GRADE: 3

DOD SERVICE: LENGTH OF SERVICE(months): COMPONENT:

PRIMARY MOS: 61J

TRAINING INFORMATION

JOB: 61J 00 YY UNIT: W8KKAA 2290 USA HOSP

ENLISTMENT DATE: 20000627 LENGTH: 6 YEARS 0 WEEKS PPN: 88

RECEPTION STATION: 20000703 LOCATION:

VACANCY: CONTROL #: 9235487 PARA: 0009 LINE: 002 POS: 3920

INCENTIVE(S): AMOUNT: 0

EXPECTED ARRIVAL DATE: 20000627

CREDIT INFORMATION

RECRUITING STATION ID: 1Z1A RECRUITER ID: 999887777
OFFICE CODE: HAMD GUIDANCE COUNSELOR ID: 123456789

Figure 5-11. Sample reservation letter

APPLICANT COPY

CONGRATULATIONS! A SUCCESSFUL RESERVATION WAS COMPLETED FOR

NAME: SMITH JOHN S SSN: 111223333

JOB: 61J 00 YY TITLE: 61J00YY

TERM: 6 YEARS 0 WEEKS PPN: 88

UNIT: W8KKAA 2290 USA HOSP

VACANCY: CONTROL #: 9235487 PARA: 0009 LINE: 002 POS: 3920

INCENTIVE(S): AMOUNT: 0

IMMEDIATELY CONTACT YOUR UNIT COMMAND TO INITIATE IN-PROCESSING. THE UNIT IS LOCATED AT:

ADDRESS: 6825 ILLINOIS AVE NW, BLDG 91
SPRINGFIELD IL 60602
PHONE: 6027112222

EXPECTED ARRIVAL DATE: 20000627

IN ORDER FOR YOUR RESERVATION TO REMAIN VALID, YOU MUST REMAIN MORALLY AND PHYSICALLY QUALIFIED FOR ENLISTMENT. PLEASE REPORT ANY CHANGES THAT AFFECT YOUR STATUS TO YOUR RECRUITER IMMEDIATELY.

RESERVATION DATE: 20000627

Figure 5-11. Sample reservation letter (Continued)

REQUEST FOR RESERVE COMPONENT ASSIGNMENT OR ATTACHMENT

For use of this form, see AR 140-10: the proponent agency is RCPAC.

DATE: 1 Apr 98

1. TO:
CDR, AR-PERSCOM
ATTN: DARP-OPM-O
1 Reserve Way
St. Louis, MO 63132-5260

2. FROM:
CDR
_____ AMEDD Detachment

PRIVACY ACT STATEMENT

Authority for collecting personal information and social security number is 10 U.S.C. 3012. Disclosure by member is mandatory. Principal purpose is to transfer Reservist between units. Routine uses: To document transfer and attachment actions. The SSN is used for maintenance of records and compiling statistics.

3. NAME AND CURRENT ADDRESS
JANE A. DOE
847 W. Martin St.
New York, NY 10014

a. SSN: 111-11-1111

b. HOME TELEPHONE NUMBER (Area Code): (214) 333-3333

c. OFFICE TELEPHONE NUMBER (Area Code): (214) 222-2222

d. GRADE	e. DOR	f. BRANCH	g. SSI/PMOS	h. PEBD
0-3	8 Aug 90	AN	66F	

i. RYE	j. ETS	k. SEX	l. HEIGHT & WEIGHT	m. DOB
		Female	65" 120	1 Jan 63

n. TYPED NAME, GRADE AND SIGNATURE OF RESERVIST
JANE A. Doe, CPT /signed/

DATE: 1 Apr 98

4. ACTION
[X] a. VOL ASGMT
[ ] b. ATTACHMENT
[ ] c. RELIEVED FROM ATTACHMENT

d. EFFECTIVE DATE: 1 Dec 99

e. AUTHORITY AND REASON FOR TRANSFER: AR 140-10, INDIVIDUAL REQUEST

5. REQUEST ASSIGNMENT / ATTACHMENT / TRANSFER TO: UIC AAA000
1ST GENERAL HOSPITAL
111 S. 1ST STREET
NEW YORK, NY 10014

I certify that this soldier meets the standards of AR 600-9

a. AUTOVON NUMBER: 111-1111

b. INPUT STATION NUMBER: 202

c. UNIT PAYROLL NUMBER: 888

d. TOE / TD	e. PARA	f. LINE	g. POSITION TITLE	h. DUTY MOS	i. GRADE AUTHORIZED
	111	01	Nurse Anesthetist	66F	0-3

j. TYPED NAME, GRADE, TITLE AND SIGNATURE OF GAINING UNIT CDR
JOHN B. ABLE, LTC, MSC, CDR /signed/

DATE: 1 Apr 98

6. UNIT RELIEVED FROM ASSIGNMENT / ATTACHMENT UIC
CDR, AR-PERSCOM
ATTN: DARP-OPM-O
1 Reserve Way
St. Louis, MO 63132-5260

a. AUTOVON NUMBER:

b. INPUT STATION NUMBER:

c. UNIT PAYROLL NUMBER:

d. TYPED NAME, GRADE, SIGNATURE OF LOSING UNIT COMMANDER

DATE:

7. INCLOSURES
[ ] a. ORDER
[ ] b. DD FORM 4
[ ] c. DD FORM 214
[ ] d. MPRJ
[X] e. OTHER

8. REMARKS
Recruiter of record: SFC Good, Recruiter ID: 111-11-1111. I understand that I will not be permitted to participate in any training for pay or retirement points with my unit pending receipt of appropriate assignment or attachment orders. Soldier's initials: JAD.

DA FORM 4651-R, SEP 81 USAPPC V1.10

Figure 5-12. Sample of a completed DA Form 4651-R for processing an IRR to TPU transfer

STATEMENT OF UNDERSTANDING
INDIVIDUAL MOBILIZATION AUGMENTEE (IMA) POSITIONS

(For use of this form see USAREC Reg 601-37)

I, Johnson, James J., am accepting a position within the Selected
(Last Name, First Name, MI)

Reserves Individual Mobilization Augmentee (IMA) Program as a 61K at
(AOC)

Anytown Hospital located in Anytown, KY.
(Medical Treatment Facility) *(City, State)*

I fully understand that my responsibilities to the IMA Program require me to perform annual training at my assigned location within my designated AOC for a period of 12 to 14 days per year. I further understand, if mobilized, I may be required to serve at a location other than my assigned location depending on the needs of the Army.

Enclosure

Date:	Applicant's Signature:
990325	/signed/

Witness *(Health Care Recruiter):*

/signed/

USAREC Form 1177-R-E, 1 May 1999 **V1.00**

Figure 5-13. Sample of a completed USAREC Form 1177-R-E

National AMEDD Augmentation Detachment (NAAD)
Assignment Verification and Acceptance
(For use of this form see USAREC Reg 601-37)

OFFICER X NEW ACCESSION _____ IRR TRANSFER X *(Check one)*

91C _____ PS NOT IN IRR _____ IRR TRANSFER _____ *(Check one)*

1. Applicant's Name: Kessler, Tammy Lynn 2. Applicant's SSN: 891-23-4567

3. Home Address: 210 Beard Ave., Valhalla, WV 26714

4. Home Telephone Number: (304) 555-8114 5. Business Telephone Number: (304) 555-9341

6. Date of Birth: 2/25/54 7. Age: 45 8. Years of Education: 16K

9. Type of Degree or Residency: Medical 10. Race: Cau 11. U.S. Citizen: Y X N ____

12. Drivers License Y X N ____ 13. Current Practice: _____

14. Bonus Recipient: Y____ N X 15. Incentive Program Obligator: Y ____ N X

16. Date of Physical: 2/10/99 17. MEPSCAT: A 18. Physical Profile: 111211

19. Height: 70" Weight: 170 Max Allowed: 192 BF%: NA BF% Allowed: 26 20. Color perception: Pass

21. Grade: 04 22. MOS/AOC: 61J 23. Security Clearance: F 24. MRD/ETS: 20050804

25. RYE: 0930 26. PEBD: 880411 27. Date Last APFT: 1/25/98 Pass: (Y) or N

28. Involuntary Transferred to IRR: Y or (N)

29. Is there any reason that full practice privileges would be denied? YES _____ NO X If yes, explain:

_____

_____

30. Please provide a description of current clinical practice:
General Surgeon with patient load of 15 per day in private practice

_____

31. Attach one of the following:

a. Resume

b. Curriculum Vitae

32. UNIT VACANCY INFORMATION.

I certify that a local check of vacancies was completed on 12/15/98 by verbal communication with my local unit (if applicable) and by the Army Guidance Counselor at MEPS, Beverly, Ceaser SFC (Name and Rank), checking REQUEST for all medical units within a 50-mile radius. No vacancies for this MOS/AOC were located.

Hively, Steven, CPT /signed/
Printed Name and Signature of Recruiter

USAREC Form 1081-R-E, Rev 1 Mar 1997 (Previous editions are obsolete) **V1.00**

Figure 5-14. Sample of a completed USAREC Form 1081-R-E

33. The following vacancy information was provided by Smith, Cassie /signed/ 12/17/98 ,
Printed Name and Signature of AMEDD USAR Technician or NCO and Date

UV CONTROL #: 1217224 UIC: W8SAAA UNIT PRIORITY: A

PARA: 301 LINE: 01 POSITION: 0703 MOS/AOC: 61J GRADE AUTH: MAJ

UNIT NAME AND ADDRESS: 396th CSH (HUM) 4415 Deli St., Spokane, WA 94107

REMARKS:

34. THE ABOVE VACANCY HAS BEEN VERIFIED AND RESERVED FOR THIS APPLICANT.

/signed/
Signature of USAREC Liaison, USARC

12/18/98
Date

35. Recruiter's Name, Rank, and SSN: Hively, Steve, CPT, 111-23-4569

FAX Number: (502) 555-0923

36. CERTIFICATION OF NAAD ATTACHMENT AND ACCEPTANCE.

The above applicant is accepted for attachment to the NAAD in the stated vacancy. The recruiter should ensure that a copy of the assignment orders be forwarded to the NAAD along with any other documentation as prescribed in USAREC regulations and policy letters.

Printed Name of Accepting NAAD Official | Signature | Date

Figure 5-14. Sample of a completed USAREC Form 1081-R-E (Continued)

Date

MEMORANDUM FOR Commander, National AMEDD Augmentation Detachment, ATTN: AFRC-NAD,
3800 North Camp Creek Parkway, S.W., Atlanta, GA

SUBJECT: Requirements for AMEDD Officers Attached to the NAAD

1. I understand the following requirements:

a. Accept assignment to a position in my specialty in a high-priority unit. Unit assignment may change to meet the needs of the Army Reserve.

b. Perform 48 inactive duty training (IDT) periods within the fiscal year (FY) (October through September), in military uniform, without other compensation, in accordance with the training plan approved by the NAAD, unless excused per AR 135-91, paragraph 4-5.

c. Perform 14 days of annual training (AT) each FY, excluding travel, unless otherwise excused per AR 135-91, paragraph 4-5.

d. Perform AT every other year with my unit of assignment.

e. Take the Officer Basic Course (OBC) within 24 months of appointment, or of training completion if participating in the “New STRAP” Incentive Program.

f. Mobilize as ordered with assigned unit.

g. Within 6 months of NAAD attachment, report to NAAD Headquarters, Atlanta, Georgia, for orientation and records processing.

h. Immediately notify the NAAD of any changes in clinical privileges, certification, licensure, or malpractice issues in either civilian or military practice.

i. Respond to all official correspondence, keeps records current, and conduct annual updates. (AR 135-133, chap 3; AR 600-8-104, chaps 5 and 6; AR 135-91; and AR 140-10.)

(1) Annual birth month audit of personnel records.

(a) Record of Emergency Data (DD Form 93).

(b) Servicemember’s Group Life Insurance Election and Certificate (VA Form SGLV 8286).

(c) Supplemental Data for Army Medical Service Reserve Officers (DA Form 4213).

(d) Personnel Qualification Record - Part II (DA Form 2-1).

(e) Personnel Qualification Record - Part I (DA Form 2B).

(2) Annual clinical site verification (if appropriate).

(3) Update letters of recommendation annually for practitioner credential file (PCF).

(4) Annual renewal of clinical drill site privileges.

(5) Copies of renewals for certification of Advanced Cardiac Life Support (ACLS), Basic Cardiac Life Support (BCLS), Advanced Trauma Life Support (ATLS), licenses, and Continuing Medical/Health Education (CME/CHE) updates from national associations.

Figure 5-15. Sample memorandum of requirements for AMEDD officers attached to the NAAD

SUBJECT: Requirements for AMEDD Officers Attached to the NAAD

j. Maintain compliance with all medical, physical fitness, and height/weight or body fat composition requirements in accordance with AR 40-501 and AR 600-9.

(1) Take the Army physical fitness test (APFT) at least once every 365 days.

(2) Record current height/weight on DA Form 1380 (Record of Individual Performance of Reserve Duty Training) and forward to the Personnel Management Branch every January and July. Record body fat, if necessary, on a Body Fat Content Worksheet (Male) DA Form 5500-R or (Female) DA Form 5501-R.

(3) Obtain a physical examination every 5 years.

(4) Obtain a Human Immunodeficiency Virus (HIV) test every 5 years or as directed for training.

(5) Ensure that a panographic dental X-ray is in your record at the NAAD.

k. Comply with published orders.

l. Complete a Family Care Plan Statement (AR 600-20, I02, para 5-5). If I fall into any of the categories below, I will complete a Family Care Plan (DA Form 5305-R) and a Family Care Plan Counseling Checklist (DA Form 5304-R). (Family Care Plans must be updated as required by changing situations.)

(1) A pregnant soldier who has no spouse; is divorced, widowed, separated, residing without his or her spouse, or is married to another member of the Active Component (AC) or Reserve Component (RC) of any service.

(2) A soldier who has no spouse; is divorced, widowed, separated, or is residing apart from his or her spouse; has joint legal and physical custody of one or more dependent family members under age 18 or who has adult dependent family members incapable of self-care regardless of age.

(3) A solider who is divorced (not remarried) and who has liberal or extended visitation rights by court decree which would allow dependent family members to be solely in the soldier's care in excess of 30 consecutive days.

(4) A soldier whose spouse is incapable of self-care or is otherwise physically, mentally, or emotionally disabled so as to require special care or assistance.

(5) A soldier categorized as half of a dual-military couple of the AC or RC of any service who has joint or full legal custody of one or more dependent family members under age 18 or who has adult dependent family members incapable of self-care regardless of age.

2. I understand that noncompliance with the above may result in release from NAAD attachment, reassignment to the Individual Ready Reserve (IRR), order to active duty (if STRAP recipient), or discharge.

Signature: /signed/ Date: 11 Jun 98

Printed Name: Hal E. Jones Rank: CPT

Social Security Number: 111-11-1111 Specialty (AOC): 66F Date of Birth: 10 Dec 55

Address: 10 Main St., Oakland, CA 60111

Home Telephone: (603) 451-0010 Business Telephone: (603) 451-0110 FAX: (603) 543-1000

AFRC-NAD/7 May 1996

Figure 5-15. Sample memorandum of requirements for AMEDD officers attached to the NAAD (Continued)

REQUEST FOR RESERVE COMPONENT ASSIGNMENT OR ATTACHMENT
For use of this form, see AR 140-10: the proponent agency is RCPAC.

DATE: 6 Mar 98

1. TO:
CDR, AR-PERSCOM
ATTN: ARPC-EP or (OP) *(circle one)*
1 Reserve Way
St. Louis, MO 63132-5260

2. FROM:
CDR
_____ AMEDD Detachment

PRIVACY ACT STATEMENT
Authority for collecting personal information and social security number is 10 U.S.C. 3012. Disclosure by member is mandatory.
Principal purpose is to transfer Reservist between units. Routine uses: To document transfer and attachment actions.
The SSN is used for maintenance of records and compiling statistics.

3. NAME AND CURRENT ADDRESS
ROBERT L. JONES
1234 S. Wilson
Anywhere, US 54321

a. SSN: 444-55-6666
b. HOME TELEPHONE NUMBER *(Area Code)*: (432) 456-7890
c. OFFICE TELEPHONE NUMBER *(Area Code)*: (432) 765-4321

d. GRADE	e. DOR	f. BRANCH	g. SSI/PMOS	h. PEBD
0-3	960808	AN	66F	870101

i. RYE	j. ETS	k. SEX	l. HEIGHT & WEIGHT	m. DOB
0101		Male	72" 145	670204

n. TYPED NAME, GRADE AND SIGNATURE OF RESERVIST
ROBERT L. JONES, CPT /signed/

DATE: 6 Mar 98

4. ACTION
[X] a. VOL ASGMT
[ ] b. ATTACHMENT
[ ] c. RELIEVED FROM ATTACHMENT

d. EFFECTIVE DATE: 6 Mar 98
e. AUTHORITY AND REASON FOR TRANSFER: AR 140-10, VOLUNTARY TRANSFER

5. REQUEST ASSIGNMENT / ATTACHMENT / TRANSFER TO:
405th MD Hosp
456 South Street
Middletown, CT 44444
UIC WRV8AO

UIC
WITH FURTHER ATTACHMENT TO:
National AMEDD Augmentation Detachment
3800 N. Camp Creek Pkwy SW
Atlanta, GA 30031-5099
UIC W7XQ02 or W7XQ03 *(circle one)*
(All officers except nurse) (Nurse officers and 91C)

a. AUTOVON NUMBER: 444-4444
b. INPUT STATION NUMBER: 567
c. UNIT PAYROLL NUMBER: 8765

d. TOE / TD	e. PARA	f. LINE	g. POSITION TITLE	h. DUTY MOS	i. GRADE AUTHORIZED
123456789	009	07	Nurse Anesthetist	66F	0-4

j. TYPED NAME, GRADE, TITLE AND SIGNATURE OF GAINING UNIT CDR
JOHN R. SMITH, LTC, COMMANDER /signed/

DATE: 6 Mar 98

6. UNIT RELIEVED FROM ASSIGNMENT / ATTACHMENT
CDR, AR-PERSCOM
ATTN: ARPC-EP or (OP) *(circle one)*
1 Reserve Way
St. Louis, MO 63132-5260

UIC

a. AUTOVON NUMBER
b. INPUT STATION NUMBER
c. UNIT PAYROLL NUMBER

d. TYPED NAME, GRADE, SIGNATURE OF LOSING UNIT COMMANDER

DATE

7. INCLOSURES
[ ] a. ORDER
[ ] b. DD FORM 4
[ ] c. DD FORM 214
[ ] d. MPRJ
[ ] e. OTHER

8. REMARKS
Recruiter of record: SFC Johnson, Recruiter ID: 333-44-4444. I understand that I will not be permitted to participate in any training for pay or retirement points with my unit pending receipt of appropriate assignment or attachment orders. Soldier's initials: RJ. I certify that this soldier meets the standards of AR 600-9. Recruiter's initials: RLJ.

DA FORM 4651-R, SEP 81 USAPPC V1.10

Figure 5-16. Sample of a completed DA Form 4651-R for transfer of an AMEDD officer into the NAAD

Incentive Enrollment Data Street
(Form use of this form see USAREC Reg 601-37)

STRAP, ANCP & BONUS
(Circle One)

Personal Data: Date Completed: 5 Apr 98

NAME: JACOBSON (LAST) DAVID (FIRST) A (MI) SSN: 502-96-9804 Rank: CPT

Sex: M (M or F) **Race** *(Circle One)*: Caucasian / African-American / Native-American / Asian-American / Other / Unknown

Date of Birth: 02 Aug 1970 (DD MMM YYYY) Component: ARNG (USAR OR ARNG)

Home Phone: (701) 235-8251 Answering Machine: Y or N

Marital Status *(Circle One)*: Single / Married / Divorced / Married to SM / Annulled / Separated / Widowed / Interlocutory

Home Address: Work Phone: (701) 239-2281 Ext NA

2611 Northwood Drive (Street) Fargo (City) ND (State) 58102 (ZIP + 4)

Work Address: UND School of Medicine, Family Practice Residency (Institution, Organization, Corporation, etc., (If Applicable))

306 4th Street North (Street) Fargo (City) ND (State) 58102 (ZIP + 4)

Training Institution Data:

Circle Degree being pursued: BSN MSM MD OS PA *(If Applicable)*

Family Practice Residency (Name of Program)

UND School of Medicine, Family Practice (Institution Name)

306 4th Street North (Address)

Fargo (City) ND (State) 58102 (ZIP)

Phone: (701) 239-2281

Program Start Date: 01 JUL 1996 (DD MMM YYYY) Senior Year State Date: NA *(If Applicable)* (DD MMM YYYY) Program Graduation Date: 30 JUN 1999 (DD MMM YYYY)

Military Data: Complete as much of this section as possible and applicable. Ask your Unit or Recruiter for assistance.

UIC: W8BQA4 Unit Phone: (701) 224-5187 AOC & Skill Level: 61H (Currently held) 61H (Upon completion of training)

Unit of Assignment Designation: Det 4 HQ STARC (MED DET) Unit Phone: (701) 224-5187

Unit of Attachment Designation: NA IMA: N (Y or N) NAAD N (Y or N)

Unit Address: Box 5511 4200 East Divide Avenue (Street) Bismark (City) ND (State) 58506-5511 (ZIP + 4)

Oath Date: 04 MAY 1997 (DD MMM YYYY) Board Selection Date: 15 FEB 1998 (DD MMM YYYY) Stipend Percent: *(Circle One)* 100% 50% Bonus Yrs. 1 2 3 Annual Bonus Payment $ NA .00

Date Contract Signed: 05 APR 1998 (DD MMM YYYY) Incentive Start Date: 15 FEB 1999 *(Payments Start)* (DD MMM YYYY) Incentive End Date: 04 MAY 1999 *(Graduation)* (DD MMM YYYY) Obligation End Date: 30 JUN 2003 (DD MMM YYYY)

Recruiter: _____ RSID: _____ Phone: (701) 224-5133

DSN: 344-5133

USAREC Form 1103, 1 May 1996 **V1.00**

Figure 5-17. Sample of a completed USAREC Form 1103

STRAP Enrollment Verification

(For use of this form see USAREC Reg 601-37)

Mail to:

Date: 10 Jun 2000

Commander
AR-PERSCOM
ATTN: ARPC-HST (STRAP)
1 Reserve Way
St. Louis, MO 63132-5200

This is to certify that Jonathan E. Velez, 111-22-3333 is currently enrolled
(First, MI, Last Name, SSN)

and in good standing as a ☐ Full-Time, ☐ Half-Time student, or ☒ Resident (list program below) at:
(Circle One)

Nova Southeastern University

1300 S. University Drive

Davie, FL 33317.

(Educational Facility and Official Mailing Address)

Program start date: 15 Aug 2000 .
DD MMM YYYY

Anticipated program completion date: 30 May 2004 .
DD MMM YYYY

Upon graduation or completion, the specialty or area of study will be:

Family Practice.

Courses enrolled this term or attach a copy of enrollment form from institution (AN applicants only):

_____

_____

Current Credit Hours Enrolled In: _____
Hours Your Institution Considers Full-time For:
(Fall-Winter-Spring) _____ .
(Summer) _____ .

/signed/
Dept. Chief/Program Director's Signature

Carmen D. Carrero
Typed Name

Program Director
Official Title

(954) 747-8997
Telephone Number

Affix Official School Seal
or
Statement Stating There is
No School Seal

Are there any summer classes available which are required for the training program in which this student is enrolled? ☒ Yes ☐ No

USAREC Form 1105, Rev 1 Jan 2001 (Previous editions may be used) **V2.10**

Figure 5-18. Sample of a completed USAREC Form 1105

SELECTED RESERVE RECRUITMENT BONUS PROGRAM CONTRACT
(Special Pay for SELRES Health Care Professionals in Critically Short Wartime Specialties)
(For use of this form see USAREC Reg 601-37)

PRIVACY ACT STATEMENT

1. AUTHORITY: Collection of this information is authorized by 37 USC, section 302g, and 10 USC, section 3013.

2. PRINCIPAL PURPOSE: Information collected will be used to process individuals for the Selected Reserve Recruitment Bonus Program.

3. ROUTINE USES: Used to track program participants.

4. EFFECTS OF NOT PROVIDING INFORMATION: Disclosure of the information is voluntary. However, failure to provide the requested information will result in nonparticipation in the Selected Reserve Recruitment Bonus Program.

SECTION I. ACKNOWLEDGMENT

I, Johnson, James J. (*Name of Applicant*), hereby apply for participation in the Selected Reserve (SELRES) Recruitment Bonus Program in the SELRES of the Army. I acknowledge the following:

1. I meet the following eligibility criteria:

a. I am a graduate of an accredited school of medicine, dentistry, nursing, or physician assistant program.

b. I am qualified for appointment, designation, or assignment as a medical officer, dental officer, nurse, or physician assistant in the SELRES of the Army.

c. I am applying for a commission and appointment, designation or assignment as a medical officer, dental officer, nurse, or physician assistant in the SELRES.

d. I possess a current valid and unrestricted medical, dental, nursing, or physician assistant license and such additional credentials and privileges as required to perform my duties in the critical specialty for which special pay is authorized.

e. I am fully qualified in the critical-short wartime specialty for which bonus program participation is approved.

f. I am not affiliating to qualify for a military technician position, or AGR position, where membership in the SELRES of the Army is a condition of employment. (Temporary assignments as a technician are excluded.)

g. I have not previously received this incentive from any Reserve Component of the Armed Forces.

h. I am entering the SELRES of the Army for the first time, or I have served and was honorably discharged before April 28, 1989, and I am entering for the first time since that date.

SECTION II. ENTITLEMENT AND RECOUPMENT

I agree that the SELRES Recruitment Bonus Program shall apply to me, as follows:

a. I shall be entitled during the period of my agreement to an annual bonus, as determined by my specialty, for $ 3,000 . I understand that this bonus shall be paid at the beginning of each period of SELRES service as specified below.

b. I shall be required to perform satisfactorily in the SELRES, in accordance with AR 135-91.

c. I shall incur an Army SELRES obligation of 3 (*Specify 1, 2, or 3*) years. My obligation shall begin immediately in the USAR (*ARNG or USAR*) and medical, dental officer, nurse specialty or physician assistant of the following specialty, 66H8A Critical Care Nurse (*Specify the critically-short wartime specialty*), (taken from the HQDA critical skills shortage list).

d. If I voluntarily terminate service in the SELRES before the end of the period for which payment was made, I shall refund the full amount of the payment made for the period on which the payment was based.

USAREC Form 1166-R-E, 1 Mar 1998

Figure 5-19. Sample of a completed USAREC Form 1166-R-E

SECTION III - TERMINATION
I understand that my entitlement under this program continues unless or until I do one of the following: a. Transfer to an ineligible military specialty or ineligible health professions specialty, unless at the express direction of the Army Reserve Component concerned, b. Separate from the SELRES for any reason (including appoint, or voluntary order to active duty in the active forces), c. Accept a military technician, or an AGR position, where membership in an Army Reserve Component is a condition of employment (except for temporary assignment as a military technician), d. Fail to participate satisfactorily in required training in the SELRES, in accordance with AR 135-91, e. Fail to maintain a current or unrestricted valid medical, dental, physician assistant, or nursing license, as required, and such additional medical certification and privileges as may be required to practice as a health professional in the critical specialty for which bonus participation is authorized, f. Completes the contracted period of service.

SECTION IV - UNDERSTANDING	
I have read and understand each of the statements above, and have had my questions satisfactorily answered. I understand the statements above are intended to constitute all promises and agreements, whatsoever, concerning my contract for the SELRES Recruitment Bonus. Any other promise, representation, or commitment, made to me in connection with this agreement for the SELRES Recruitment Bonus have been entered below in my own handwriting, or they are hereby waived. (IF none, write “NONE”).	
DATE SIGNED 990325	**APPLICANT’S SIGNATURE** /signed/
SSN 123-45-6789	**TYPED OR PRINTED NAME AND RANK** Johnson, James J. 2LT

SECTION V - CERTIFICATION BY SERVICE REPRESENTATIVE	
I certify that I have witnessed the reading and signing of the above agreement and the signature appearing above is that of the applicant. I have verified the applicant meets the eligibility requirements of AR 135-7 and/or appropriate Army policy, and the soldier’s MOS (section II, para c) is currently eligible for the SELRES Recruitment Bonus. No other promises were made to the applicant as a condition of entitlement to the SELRES Recruitment Bonus. I have provided the applicant with a copy of this form.	
DATE SIGNED 990325	**SIGNATURE OF SERVICE REPRESENTATIVE** /signed/
TITLE Health Care Recruiter	**TYPED OR PRINTED NAME AND RANK** Nowakowski, Robert, SFC

Figure 5-19. Sample of a completed USAREC Form 1166-R-E (Continued)

Standard Form 1199A
(Rev. June 1987)
Prescribed by Treasury Department
Treasury Dept. Cir. 1076

OMB No. 1510-0007

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 *(TO BE COMPLETED BY PAYEE)*

A NAME OF PAYEE *(last, first, middle initial)*
BROWN, ROBIN A.

ADDRESS *(street, route, P.O. Box, APO/FPO)*
1234 SMITH STREET

CITY	STATE	ZIP CODE
FALLS CHURCH	VA	12345

TELEPHONE NUMBER
AREA CODE (703) 999-9999

B NAME OF PERSON(S) ENTITLED TO PAYMENT
ROBIN A. BROWN

C CLAIM OR PAYROLL ID NUMBER
SSN
Prefix Suffix

D TYPE OF DEPOSITOR ACCOUNT [X] CHECKING [ ] SAVINGS

E DEPOSITOR ACCOUNT NUMBER
9 9 9 9 9 - 9 9

F TYPE OF PAYMENT (*Check only one*)
- [ ] Social Security
- [ ] Supplemental Security Income
- [ ] Railroad Retirement
- [ ] Civil Service Retirement (OPM)
- [ ] VA Compensation or Pension
- [ ] Fed. Salary/Mil. Civilian Pay
- [ ] Mil. Active
- [ ] Mil. Retire.
- [ ] Mil. Survivor
- [✓] Other Stipend *(specify)*

G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (*if applicable*)

TYPE	AMOUNT

PAYEE/JOINT PAYEE CERTIFICATION

I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.

SIGNATURE	DATE
Robin A. Brown	2 Oct 98
SIGNATURE	DATE

JOINT ACCOUNT HOLDERS' CERTIFICATION *(optional)*

I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.

SIGNATURE	DATE
SIGNATURE	DATE

SECTION 2 *(TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)*

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
THIS SECTION WILL BE COMPLETED AT THE HEALTH SERVICES DIVISION	

SECTION 3 *(TO BE COMPLETED BY FINANCIAL INSTITUTION)*

NAME AND ADDRESS OF FINANCIAL INSTITUTION
BANK MUST FILL OUT COMPLETELY (ensure they date and sign)

ROUTING NUMBER — CHECK DIGIT

DEPOSITOR ACCOUNT TITLE

FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.

PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE

Financial institutions should refer to the GREEN BOOK for further instructions.
THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

GOVERNMENT AGENCY COPY

Figure 5-20. Sample of a completed SF 1199A

AMEDD APPOINTMENT APPLICATION CHECKLIST
(For use of this form see USAREC Reg 601-37)

Date 99 (YY) 03 (MM) 01 (DD)

NAME Johnson (Last) James (First) J. (MI) **RSID** 4 Z 1 K **State** TX

SSN 123 45 6789 **DOB** 60 (YY) 04 (MM) 30 (DD) **Physical Exam Date** 99 (YY) 01 (MM) 15 (DD)

Permanent Address:
123 East 1st Street
Anytown, USA 55555

PRIOR SERVICE: Y (N) *(Circle)*
AOC: 61K

CORPS: AN DC (MC) MS SP VC *(Circle)* **WAIVER(S) REQUIRED:** (N) Y *(Circle)* _____

APPLICATION FOR: (AD) TPU IRR IMA NAAD ARNG *(Circle)*

INCENTIVE PROGRAM: (N/A) STRAP BONUS OTHER _____ *(Circle)*

ORIG - COPIES - FORM/DOCUMENT

TAB 1. Application Documents (USAREC Fm 1179 on top of this TAB)

____	1	2	Letter of Transmittal
____	1	2	DA Form 61/NGB 62-E
____	1	2	USAREC Fm 1071-R-E
____	1	2	USAREC Fm 1073-R-E
____	1	2	USAREC Fm 1075-R-E (AD)
____	1	2	USAREC Fm 1127
____	1	2	USAREC Fm 1145
____	1	2	USAREC Fm 1156
____	1	0	Statement of Interest & Motivation (SP, DC, VC)

TAB 2. Professional Evaluations and Recommendations

____	1	0	HCR Officer Interview/Evaluation
____	1	0	Commander's Letter of Interview
____	3	0	USAREC Fm 195/Letters of Recommendation
____	1	0	USAREC Fm 195 from Chief Nurse*

TAB 3. Professional/Credentialling Documents

____	0	3	License & Verification**
____	1	2	USAREC Fm 524-R-E
____	1	1	CV/Resume

TAB 4. Education Documents

____	0	2	Diploma
____	1	1	Transcripts
____	0	1	CME/CHE

TAB 5. Prior Service Records

____	0	1	Prior Service Records/SF 180
____	0	1	DD Form 214

TAB 6. Additional Forms and Documents

_____
_____
_____
_____
_____

ORIG - COPIES - FORM/DOCUMENT

TAB 7. Statements of Vacancy and Understanding

____	1	2	Reserve Vacancy Statement
____	1	2	USAREC Fm 525-R-E
____	0	1	DD Form 368
____	1	1	DA Form 160-R

TAB 8. Verification of Citizenship/Security Clearance Information

____	0	1	Birth Certificate
____	1	1	DA Form 5252-R
____	0	2	INS Forms
____	1	2	SF 86 (AD, IRR, IMA)
____	0	1	SF 86 (TPU, NAAD)
____	0	1	SF 86/Verification of DA Form 873 (NGB only)
____	2	0	JUST Form FD 258 (AD, IRR, & IMA)

TAB 9. Required Service Statements

____	1	1	DA Form 3574/DA Form 3575
____	1	1	DA Form 4572-R
____	1	1	DA Form 4571-R

TAB 10. Record of Medical Examination and Health History

____	1	1	SF 88 & SF 93
____	0	1	SF 88 & SF 93 (NGB only)

TAB 11. Additional Documents for NGB Only

____	0	1	NGB Form 89
____	0	1	NGB Form 337
____	0	1	NGB Federal Recognition Order*
____	0	1	State Order

Legend: * "Incentives" applicants only
** On a single page

Completed By: Signature Health Care Recruiter

Verified By: Signature RS Commander/HCRT Leader

USAREC Form 1090, Rev 1 May 1999 (Previous editions are obsolete)

Figure 5-21. Sample of a completed USAREC Form 1090

Quality Assurance Packet Checklist

(For use of this form see USAREC Reg 601-37)

Name of Applicant (AD/USAR): Johnson, James J.

Recruiter: _____

Station Commander QA: _____

General Rules:

- No white out.
- Copies are legible.
- Packet is complete and CHECKED by RS commander before mailed to HQ USAREC.
- Correct number of copies in accordance with USAREC Fm 1090 and current versions of all forms are used.

USAREC Fm 1076-R-E (one original):

__X__ Typed or neatly printed. Fill in all blocks. Use correct OWNRS CAT.
_____ When sending corrections, use the notes section.

USAREC Fm 1090 (USAREC Fm 1096-R-E for HPSP applicants):

__X__ Name, SSN, DOB, and address match PE, transmittal letter, SF 86, JUST Form FD 258, and CE.
__X__ If no middle name, write NMN, ensure permanent address, if different from current address, is listed here.
__X__ RSID (i.e., 3Z21) (not cc:Mail address).
__X__ DOB, YYMMDD matches birth certificate, PE, item 14 of DA Form 61, item 2 of SF 86, and age matches CE.
__X__ PE date, YYMMDD, matches PE, OWNRS.
__X__ Permanent address same as item 18 of DA Form 61.
__X__ SSN same as PE, CE, and transmittal letter.
__X__ Prior service, Yes or No, if Yes, SF 180 must be in packet.
__X__ AOC applying for.
__X__ Birth certificate (certified true copy of original).
__X__ Corps (Corps applicant is applying for).
__X__ Application for: circle one.
_____ Waiver required: Yes or No, Check DA Form 61, SF 86, and USAREC Fm 524-R-E for E code or age and age in grade waivers.
_____ Incentive Program: circle one.
_____ All appropriate forms checked, correct number of copies in packet.

Transmittal Letter:

_____ Correct letter (AD/USAR).
_____ HQDA address correct/AR-PERSCOM if USAR.
_____ Applicant's full name entered and matches USAREC Fm 1090 and DA Form 61, item 7.
_____ OBC date matches CE and DA Form 160-R and bonus contracts.
_____ Recall date listed (day, month, and year) for recall officers.
_____ Address of unit matches, UIC, para, line, and position matches reservation.
_____ HCR's correct address.

License/Registration/Certification:

_____ Copies of all current and past expired state licenses/certifications/registrations listed in application included.
_____ License/certification/registration signed by applicant (if required by state).
_____ License/certification/registration not due to expire within 45 days of board date. If so, include renewal (canceled check/copy of check and renewal request).
_____ Verification of ALL current licenses/certifications/registrations.
_____ If license is lost, address in MFR by HCR. Get letter or telephonic MFR from State Board. Letter must have applicant's full name, state of license/certification/registration, license/certification/registration number, and expiration date. Must be on official letterhead.
_____ NLN school verification (AN only).

DA Form 61:

_____ Item 1 - Check appropriate block.

USAREC Form 1178, Rev 1 Jun 2000 (Previous editions are obsolete) **V1.00**

Figure 5-22. Sample of a completed USAREC Form 1178

_____ Item 4 - Check appropriate block if applicant was prior ROTC applying for HPSP.
_____ Item 7 - Name matches USAREC Fm 1090* see item 41 * and explain all aliases in item 41.
_____ Item 8 - Filled in only if currently in TPU/IRR (officer/enlisted).
_____ Item 9a - SSN same as checklist. Item 9b - Only for those with selective service number on DD Form 214.
_____ Item 10 - Branch or MOS only if currently in a TPU or IRR.
_____ Item 11 - From DD Form 214.
_____ Item 12 - Single, married, divorced, legally separated, or widowed (choose one).
_____ Item 13 - Write a number, or "None."
_____ Item 14 - DOB matches birth certificate.
_____ Item 15 - Place of birth matches, must have city, county, and state.
_____ Item 17 - Leave blank, if not currently on AD.
_____ Item 18 - Address same as checklist, must have area code and telephone number.
_____ Item 19 - If different from permanent address.
_____ Item 20c - If applicant is not a U.S. citizen, must have information from Green Card/certificate; need card number, date of entry, and place of entry; information must match DA Form 5252-R; student is unacceptable.
_____ Item 21a/b - "Yes" or "no"; list name of high school and location (city and state). If GED list location received.
_____ Item 21c - All schools attended, name, city, state, and ZIP Code of school written exactly as shown on transcript. (Continue in item 41.
_____ Degree and dates of attendance match information on transcript (check each semester on transcript).
_____ Date of graduation written exactly as shown on transcript; at a minimum, transcript must show month year; if transcript only shows month and year an MFR must be done with the registrar's office stating exact date graduated and degree awarded. All deviations from transcripts must be supported by letter from registrar office, clarification of degree or graduation date must be done by registrar's office.
_____ Item 21d - Honors information taken off transcript and worksheet; check each semester of transcript carefully, look for Dean's List honors, honors lists, graduated cum laude with honors, etc., write see item 41 here, explain in item 41, indicate type of honors when granted, and name of school.
_____ Item 21e - Information taken from transcript, also check worksheet, all academic suspensions/probations addressed, write "see item 41" in this block, provide explanation in item 41 (ref indicate name of school, when placed on probation (i.e., Fall 86), if this does not apply, write NA.
_____ Item 22a - d - Taken from DD Form 214, worksheet, or PSR; dates list month and year; if not completed must give explanation.
_____ Item 23a - Language degree of proficiency filled in, if none state "none."
_____ Item 24 & 26 - All blocked checked "no," if yes, must have affidavit (see example in applicable regulation).
_____ Item 25 - Must be checked.
_____ Item 27a, e - The information off of DD Form 214, all blocks must be filled in, dates DDMMYY.
_____ Item 28 - Write inactive/HPSP or DEP time (taken from DD Form 214).
_____ Write all USAR time, separate Active Reserve from Inactive Reserve.
_____ Write complete address if currently in TPU, address required only for current unit.
_____ Item 29 - 31 - Check appropriate blocks if applicable.
_____ Item 30 - List all awards, except Theater awards.
_____ Item 36 - Leave blank, for Medical and Dental Corps only. Make sure dates match CV.
_____ Item 37a - Name same as transcript (first degree in nursing only). ADN, DPL, BSN, MSN, etc.
_____ Item 37b - Location same as transcript (need city and state only).
_____ Item 37c - Copy from transcript; if applicant met requirements in December but did not graduate until June, write date to June, dates should match information on transcript and DA Form 61, item 21c.
_____ Item 37d - Information taken from license/certification/registration, need state license/certificate/registration number.
_____ Item 37e - Need state, month, and year; compare with dates of attendance; applicant must take first available boards after graduation, if applicant did not take boards or failed boards, explain in item 41 and in counselor interview.
_____ Item 38 - Appropriate block checked "yes," give dates and specialty.
_____ Item 40 - List only current employment, information should match first entry on USAREC Fm 524-R-E, also list complete mailing address if applicant is working several jobs, list only primary employment (including students).
_____ Item 41 - All items continued or requiring further explanation from the application should be entered here.
_____ USAREC Fms 1071-R-E, 1127, 1156, 1073-R-E, and for AD USAREC Fm 1075-R-E must be attached.

Electronic Personnel Security Questionnaire (EPSQ) SF 86:

_____ Validation report.
_____ Diskette (sealed in envelope with name and SSN of applicant).

Security Clearance Validation (if applicable):

_____ Memorandum of verification.

Figure 5-22. Sample of a completed USAREC Form 1178 (Continued)

JUST Form FD 258 (RA, IRR, and IMA - two originals):

_____ Name matches checklist, DA Form 61, and SF 86.
_____ Aliases match DA Form 61, item 7; USAREC Fm 524-R-E, item 11; if none, state "None."
_____ Address matches DA Form 61, item 19.
_____ Citizenship matches DA Form 61, item 20.
_____ SSN matches DA Form 61, item 9a; SF 86, item 4; and PE.
_____ DOB matches DA Form 61, item 14; birth certificate; and PE.
_____ Place of birth matches birth certificate; PE; DA Form 61, item 15; and SF 86.
_____ Sex, race, height, weight, color of eyes and hair match PE (if applicant took tape test at later date, take weight off of tape test).
_____ Form is signed and dated by person taking fingerprints and by applicant.
_____ Address where fingerprints were taken. If at MEPS, ensure address matches address on PE.
_____ Reason for fingerprints and Secret clearance.

DA Form 5252-R (Ref USAREC Reg 601-37):

_____ First, middle, and last name of applicant.
_____ Item 1, 2, or 3 filled in completely as required.
_____ Signed by Army officer or Notary.

USAREC Fm 524-R-E:

_____ Item 1 - Specialty area of interest filled in.
_____ Item 2 - List professional nursing organizations applicant holds active membership in (i.e., State Associations).
_____ Item 3 - Initial, if applicant is in ANY branch of service; in a TPU, IRR, or NG unit.
_____ Item 4 - Initial, if applicant is over 40; if 39 1/2 or will be 40 in less than 6 months, initial here.
_____ Item 5 - Initial for over 40 going AD if applicant is over 40; if 39 1/2 or will be 40 in less than 6 months, initial here.
_____ Item 6 - Age 32 1/2 and older must initial.
_____ Item 7 - Sign if applicable.
_____ Item 8 - Sign if applicable.
_____ Item 9 - Sign if applicable.
_____ Item 10 - Yes or No, a negative answer requires a full explanation, name, address, and telephone number of the attending physician attached on plain bond paper.
_____ Item 11 - Yes or No, a negative answer requires a full explanation below or attached on bond paper.
_____ Item 12 - List all periods of professional employment. ALL unemployment as a professional is listed.
- List from Present on first block on back to qualifying degree.
- Separate graduate nurse from staff nurse (date based on NCLEX).
- Years are consistent.
- Responsibilities are brief; need size of unit, type of unit, census, number of people supervised, and committees.
- All nursing programs attended after initial nursing degree listed here.
- Entries for the past 7 years match SF 86.
- First entry matches DA Form 61, item 40; and SF 86.

_____ Item 13 - Yes or No, a yes answer requires completion of part A, complete part B and C if applicable; bottom of page must be signed.
_____ Item 14 - Complete if applicable; bottom of page must be signed.
_____ Statement of Understanding and Release of Information must be signed.

DA Form 160-R (for AD applicants):

_____ Item 1 - Date typed in.
_____ Item 3 - Name matches checklist, DA Form 61, and SF 86.
_____ Item 4a, b, and e - Complete only if applicant is in TPU or IRR; all others leave blank.
_____ Item 4c - Leave blank.
_____ Item 4d - SSN matches checklist, DA Form 61, and SF 86.
_____ Item 5a - Complete only if in TPU or IRR; take information from DA Form 2-1.
_____ Item 5b - USAR for all applicants.
_____ Item 6a - Address matches checklist and DA Form 61, item 18.
_____ Item 6b - Phone number matches DA Form 61, item 18.
_____ Item 7a and 7c - Information matches DA Form 61, item 19.
_____ Item 7b - Indefinite.
_____ Item 8a - c - Leave blank.
_____ Item 9a - Should "X" a "a period of" (2 or more years depending on program/obligation).

Figure 5-22. Sample of a completed USAREC Form 1178 (Continued)

_____ Item 10 - Need three choices of assignment; list area of specialty and location of assignment.
_____ Item 11 - List OBC, must match information on checklist and transmittal letter.
_____ Item 12 - "X" out one block.
_____ Item 13 - Any special request listed here. List dependent names, SSN, DOB, and relationship for overseas assignment request. List spouse's SSN, AOC/MOS, grade, and present duty assignment if applicable.

DA Form 3838:

_____ Use HPSP or UTH FYXX Handout for instructions.

Vacancy Hold Screen:

_____ Shows complete UIC, information matches transmittal letter.
_____ Shows applicant's specialty (66H, etc.,) and ASI if applicable, applicant's last name and last four of SSN.

Transcripts:

_____ Must have official seal.
_____ If transcripts says "Issued to Student" or "Hand-Carried by Student," get another copy!!
_____ Check transcripts for transfer credit; must have course, credit, and grade; if not available, get copy of transcript from school attended.
_____ Transcript must show complete name of school, campus attended (when appropriate), date of graduation at a minimum, transcript must show month and year; if transcript only shows month and year an MFR must be done with the registrar's office stating exact date graduated, and degree awarded.
_____ Applicants applying for financial assistance for academic incentive programs (STRAP, ANCP UTHHSC, USUHS, HPSP) must submit official transcripts for all undergraduate or course work. (MC PGY 1 complete, are exempt).

USAREC Fm 195:

_____ Applicant's full name and SSN typed at top must match DA Form 61 and SF 86.
_____ All blocks filled in; if information is missing, this must be supported by an MFR.
_____ Information from items 1 - 4 of form match USAREC Fm 524-R-E and DA Form 61.
_____ Address complete; if incomplete, support with MFR.
_____ Any "white out" or changes of information must be supported by MFR.
_____ USAREC Fm 195 signed and dated within 6 months or must have MFR only good for 1 year. Ensure individual completing form states their position/title/specialty.
_____ If in a medical TPU, need USAREC Fm 195 from chief nurse; otherwise USAREC Fm 195 is required from unit commander.
_____ Must have worked with the applicant within the last year.

HCR Interview Instructions:

1. All evaluations will:

a. Be typed in memorandum format not to exceed two pages in length.
b. Not contain any unauthorized abbreviations.
c. Be free of typographical and grammatical errors.
d. Be consistent with the information found in documents within the application.
e. Be signed by the officer who conducts the interview.
f. Be conducted face-to-face with all applicants. The only exception will be for HPSP applicants who may have telephonic interviews in lieu of a face-to-face.

2. All evaluations will contain the following information at a minimum and will be formatted with the following paragraph headings:

a. Application (this paragraph will include the following information):

(1) Date of the interview.
(2) Method of interview (for HPSP if other than face-to-face it must indicate so).
(3) Reason(s) for applying (i.e., appointment with or without concurrent call to AD, any professional or personal reasons, applying for any incentives or educational programs).

b. Recommendation:

(1) Why are you recommending or not recommending this individual. You must also recommend for any incentive program the applicant is applying for (i.e., STRAP, FAP, Bonus, etc.).

Figure 5-22. Sample of a completed USAREC Form 1178 (Continued)

(2) Use professionalism, education, experience, potential to serve as an officer, leader, health care provider, etc., as a means to substantiate your recommendation.

c. Education:

(1) Students - defined as not licensed in a student status or licensed pursuing a student program.
(a) Degree and year it will be obtained.
(b) Activities while in school - professional and/or extracurricular.
(c) Community activities, if applicable.
(d) Honors, if applicable.
(2) Working - defined as a working professional, not in a student status.
(a) Year basic degree obtained and any subsequent degrees and the year obtained.
(b) Honors, if applicable.
(c) Poor grades of “C” or below in hard sciences, particularly if applying for further education.
(d) Membership in professional organizations and specialty certifications.
(e) Community activities.

* Derogatory USAREC Fms 195 or letters of reference must be addressed where the applicant was either in a student or working category. This includes negative remarks in the comments section or any rating of 4 or below.
* Additionally, multiple licensure, registration, or certification exam failures must be addressed in this section.

d. Employment:

(1) Include past and present professional work experience, job titles/descriptions, supervisory experience, and membership in professional organizations. Also, if applicable, any professional teaching assignments or experience serving as a COI for AMEDD recruiting.
(2) Describe the applicant’s scope of practice or philosophy of practice within their AOC.
(3) Address any unique work experiences outside of the daily realm of practice.
(4) Address any periods of unemployment or frequent periods of unemployment.

* Derogatory USAREC Fms 195 or letters of reference with negative comments must be addressed as noted above.

e. Goals and Objectives:

(1) Address both short-term and long-term professional goals and objectives.
(2) How does the applicant intend to attain these stated goals and objectives.
(3) How does the Army or Army Reserve fit into these goals.

f. PS:

(1) Discuss branch of service, rank, occupation, and time in service.
(2) Was PS active duty, reserve, national guard, or a combination.
(3) Are they still in a service?
(4) If not currently in a service, when did they get out and why? Did they receive any type of separation pay? Were there any adverse actions against them?
(5) What type of discharge were they granted?
(6) Was the applicant in ROTC?

g. Additional Information:

(1) Was an application for appointment ever previously submitted? If so, did they decline or were not selected?
(2) Any law violations? If PS, any judicial or nonjudicial punishment? If so, address when, where, what, and how.
(3) Any drug use or alcohol abuse.
(4) Ever receive mental health counseling? If so, for what and for how long?
(5) Ever apply for bankruptcy? If so, what were the circumstances?
(6) If English is not the primary language, address the applicant’s comprehension of the English language during the interview and the need for the ECLT, if English is the second language.

h. AMEDD Brief: Required information to be given to each applicant interviewed and a statement that the applicant understands or expressed an understanding in these areas.

(1) USAR:
(a) Role and mission of the USAR and the AMEDD.

Figure 5-22. Sample of a completed USAREC Form 1178 (Continued)

(b) Readiness/mobilization issues.
1. Family Care Plan.
2. Need to respond when called upon.
(c) Army Physical Fitness Program.
(d) Height and weight requirements (AR 600-9).
(e) Promotion and educational requirements.
(f) Drill attendance.
(g) Adverse personnel actions - flagging for PT or weight.
(h) OBC - 2 weeks for all Corps, except for MSC 67 and 70 series must complete AC OBC.
(i) Responsible for managing your own career.
(j) Role of PMO at AR-PERSCOM.
(k) Retirement points. How are they earned and what constitutes a good retirement year.

* NOTE: The purpose of the interview is to represent the applicant in lieu of a personal appearance before the selection board. It is the applicant speaking through you, the interviewer, to answer questions which could be raised by selection board members.

(2) AD:
(a) Role and mission of the AMEDD.
(b) Readiness and mobilization issues.
(c) Family Care Plan.
(d) Army Physical Fitness Program.
(e) Height and weight requirements (AR 600-9).
(f) OBC.

*NOTE: The purpose of the interview is to represent the applicant in lieu of a personal appearance before the selection board. It is the applicant speaking through you, the interviewer, to answer questions which could be raised by selection board members.

DA Form 3574 (non-PS):

_____ Signed and dated.

DA Form 3575 (PS):

_____ Signed and dated.

DA Form 4571-R:

_____ Signed and dated.

DA Form 4572-R:

_____ Signed and dated.

SF 88 and SF 93 (physical):

* In accordance with AR 40-501, chapter 2 or 3.
_____ Height and weight in accordance with AR 600-9 not NPS enlisted standards. Tape test from MEPS included if necessary.
_____ All consults completed and included in physical.
_____ Check comments block on SF 93.
_____ Are DQ MEPS PE have the USAREC Surgeon's approved stamp.

USAREC Fm 525-R-E (students only (AD)):

_____ Signed and dated:

PSR:
_____ For all PS applicants.

DD Form 214:

_____ Needed for all PS applicants; include one with physicals sent to HQ USAREC (RCRO-HS) for waiver approval.

Figure 5-22. Sample of a completed USAREC Form 1178 (Continued)

SF 180:

_____ Submitted to proper service agency as soon as applicant decides to process.
_____ Copy of PSR or microfiche requested to be sent to HQ USAREC (RCRO-HS).
_____ Completed and matches services dates contained in DA Form 61 and SF 86.
_____ In packet for all PS applicants.

DD Form 368:

_____ Not required for USAR IRR to TPU, IMA, or NAAD transfers.
_____ Commander's signature and date must be within 60 days of board date.

Senior Will - Grad Letter (N/A for MC):

_____ Needed for all AD applicants that are still in school.
_____ Must indicate date of graduation.

USAREC Fm 1062:

_____ Bonus form signed and dated by applicant and HCR.
_____ OBC date same as checklist, DA Form 160-R, and transmittal letter.

USAREC Fm 1119-R-E:

_____ Required for all applicants with independent practitioner credentials.
_____ Documents as required in USAREC Reg 601-37.
_____ Item 10 - List license, certification, registration number, state, and field.

STRAP Packet:

_____ Goals and objectives/statement declining.
_____ Acceptance letter from school and official seal.
_____ STRAP coversheet and checklist completed.
_____ All transcripts from ANY and ALL colleges attended. Requires a second set of original transcripts.

CV:

_____ Must list month and year CV was forwarded for review.
_____ All time must be accounted for (from qualifying degree), don't leave gaps in dates.

Figure 5-22. Sample of a completed USAREC Form 1178 (Continued)

AMEDD TRANSMITTAL SHEET (For use of this form see USAREC Reg 601-37)	DATE: 980730

FROM: DETACHMENT 3D

RSID 5Z3D RECRUITER CPT Jones

POC PHONE (512) 215-2022

TO:	
X	1. RCHS-OP MC AN (MS) S/V/D *(circle one)* ATTN:
	2. AR-PERSCOM, ATTN:
	3. AMEDD DETACHMENT, ATTN:
	4.

	LAST	FIRST	MIDDLE
APPLICANT NAME	Smith	Joe	E

APPLICANT SSN 111-22-3333

PROJECTED AOC 72D

DATE LOADED ON OWNRS: 980727

OWNRS CATEGORY *(circle one)*: ANC ANX RNC RNX VCC VCX VRC VRX DCC DCX DRC DRX SPC SPX SRC SRX (MSC) MSX RSC RSX MCC MCX RMC RMX

ACTIVE DUTY *(circle appropriate)*	RESERVE *(circle all that apply)*
DIR HPSP FAP UTH USUHS	DIR STRAP BONUS HPLR
HPLR Bonus AEGD ECP	TPU NAAD IMA IRR
OTFW PTBay DIInt CPIP FYGME	ARNG STATE:

ATTACHMENTS: [X] **APPLICATION** [ ] **CORRECTIONS** [ ] **OTHER**

(This form will be attached to all correspondence)

NOTES: Please see enclosed application. Pleace call CPT Jones or Ms Smiley should you have any questions.

USAREC Form 1076-R-E, Rev 1 Aug 1998 (Previous editions are obsolete) V1.00

Figure 5-23. Sample of a completed USAREC Form 1076-R-E

APPLICATION FOR APPOINTMENT

For use of this form, see AR 135-100, AR 145-1, AR 351-5, and AR 601-100; the proponent agency is DCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10 United States Code, Section 3012 (Title 5 United States Code, Section 552a)

PRINCIPAL PURPOSE: To obtain an appointment as a commissioned or warrant officer in the Regular Army or Army Reserve, or to obtain selection to attend the US Army Officer Candidate School.

ROUTINE USES: Basis for determination of qualifications and background information for eligibility for consideration for appointment as a Regular Army or Army Reserve commissioned/warrant officer or for selection for attendance at the US Army Officer Candidate School.

DISCLOSURE Disclosure of information requested in DA Form 61 is voluntary. Failure to provide the required information will result in non-acceptability of the application.

1. TYPE OF APPOINTMENT FOR WHICH APPLICATION IS SUBMITTED

	COMMISSIONED OFFICER - REGULAR ARMY
X	COMMISSIONED OFFICER - ARMY RESERVE
	WARRANT OFFICER - REGULAR ARMY
	WARRANT OFFICER - ARMY RESERVE
	OFFICER CANDIDATE SCHOOL

2. GOVERNING REGULATION OR CIRCULAR *(Specify appropriate section(s) if applicable)* AR 135-101

3. GRADE FOR WHICH APPLYING *(Reserve appointments only)*

4. **SOURCE OF APPLICATION** *(ROTC only)*

	DMG	DATE DESIGNATED:
	SCHOLARSHIP - ENTER 1, 2, 3 OR 4 YEARS:	

5. ONLY FOR APPLICANTS FOR APPOINTMENT AS WARRANT OFFICERS *(List choice by MOS code and title)*

a. MOS CODE	b. MOS TITLE

6. BRANCH AND SPECIALTY PREFERENCES

Regular Army and Officer Candidate applicants and all ROTC graduates: In numerical sequence, indicate 10 branch preferences other than CA and SS.

USAR applicants: If applying for a specific Reserve vacancy, indicate *ONLY* the branch of the vacant position; all other applicants may enter more than one branch.

PREFERENCE	BRANCH	SPECIALTY
	AD	
	AG	
	AR	
	AV	
	CA	
	CM	
	EN	
	FA	
	FI	
	IN	
	MI	
	MP	
	OD	
	QM	
	SC	
	SS	
	TC	
X	AN	
	CH	
	DE	
	JA	
	MC	
	MS	
	SP	
	VC	

PERSONAL DATA

7. NAME *(Last, first, middle) (Explain variations from birth certificate in Item 41)* SMYTH, Karen Joan

8. GRADE

9a. SOCIAL SECURITY NUMBER 987-65-4321

10. BRANCH *(MOS if enl or wo)*

11. TOTAL YRS ACTIVE SERVICE

12. MARITAL STATUS Married

13. NUMBER OF DEPENDENTS UNDER 18 YEARS OF AGE 02

9b. SELECTIVE SERVICE NUMBER

14. DATE OF BIRTH 69/06/30

15. PLACE OF BIRTH *(City, county, state)* Williamsport Lycoming, PA

16. SEX

17. COMPLETE MILITARY ADDRESS *(If presently on active duty) (Include ZIP Code)*

PHONE AND/OR AUTOVON NUMBER

18. PERMANENT ADDRESS *(Include ZIP Code)* 212 Allegheny Street Pittsburgh PA 15222

PHONE *(Include area code)* (412) 222-4195

19. CURRENT MAILING ADDRESS *(If difference from Item 18) (Include ZIP Code)*

PHONE *(Include area code)*

20. US CITIZEN [X] YES [ ] NO

a. NATIVE [X] YES [ ] NO

b. [ ] NATURALIZATION [ ] DERIVED [ ] IMMIGRANT

c. APPLICANT'S CERTIFICATE NO. *(If Item b. checked) (Date, place, court)*

21. **CIVILIAN EDUCATION** *(See page 3 for additional requirements for professional personnel)*

a. HIGH SCHOOL GRADUATE [X] YES [ ] NO

b. NAME AND LOCATION OF HIGH SCHOOL

c. NAME AND LOCATION OF EACH COLLEGE OR UNIVERSITY ATTENDED *(Include USMA, USNA, USAFA, USCGA, and USMMA)*	(1) DEGREE	(2) SEMESTER CREDITS EARNED	(3) YEARS ATTENDED	(4) DATE GRADUATED OR WILL GRADUATE DAY	MONTH	YEAR	(5) MAJOR SUBJECT
Allegheny Community College	ADN		91 - 93	26	AUG	93	Nursing
Pittsburgh, PA							
University of Pittsburgh, Pittsburgh, PA	BSN		93-95	15	MAY	95	Nursing

d. SPECIAL EDUCATIONAL HONORS, SCHOLAR- SHIPS, ETC. NONE

e. IF YOU HAVE EVER BEEN EXPELLED FROM SCHOOL, OR PLACED ON PROBATION, EITHER FOR ACADEMIC OR DISCIPLINARY REASONS, EXPLAIN *(Continue in Item 41 (Remarks))* N/A

22. **HIGHEST LEVEL SERVICE SCHOOL ATTENDED**

a. NAME OF SCHOOL	b. COURSE	c. DATES *(Mo-Yr)* FROM	TO	COMPLETED YES	NO	d. IF NOT COMPLETED GIVE REASON

23a. FOREIGN LANGUAGES AND DEGREE OF PROFICIENCY Read and speak German fluently

b. ALAT SCORE *(If applicable)*

DA FORM 61, JUN 81 EDITION OF 1 AUG 74 AND DA FORM 61-R, 26 SEP 75, PRIVACY ACT STATEMENT, ARE OBSOLETE. USAPPCV1.00

Figure 5-24. Sample of a completed DA Form 61

24. ARE YOU NOW, OR HAVE YOU EVER BEEN A CONSCIENTIOUS OBJECTOR? ☐ YES ☒ NO *(If yes, attach affidavit)*

25. ☒ I UNDERSTAND THAT, IF I AM SELECTED FOR APPOINTMENT, I WILL BE EXPECTED TO ACCEPT SUCH ASSIGNMENTS AS ARE IN THE BEST INTEREST OF THE SERVICE REGARDLESS OF MY MARITAL STATUS AND/OR RESPONSIBILITY FOR DEPENDENTS; AND IT IS MY RESPONSIBILITY TO MAKE APPROPRIATE ARRANGEMENTS FOR THE CARE OF MY DEPENDENTS SHOULD I BE REQUIRED TO PERFORM DUTY IN AN AREA WHERE DEPENDENTS ARE NOT PERMITTED.

26. HAVE YOU EVER UNDER EITHER MILITARY OR CIVILIAN LAW BEEN INDICTED OR SUMMONED IN TO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING *(Including any proceedings involving juvenile offenses, article 15, UCMJ, and any court-martial)* REGARDLESS OF THE RESULT OF TRIAL, OR CONVICTED, FINED, IMPRISONED, PLACED ON PROBATION, PARCLED OR PARDONED, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE? *(Exclude traffic violations involving a fine or forfeiture of $100 or less).*

☐ YES ☒ NO IF YES, ATTACH REQUEST FOR WAIVER LISTING THE DATE, THE NATURE OF EACH ALLEGED OFFENSE OR VIOLATION, THE NAME AND LOCATION OF THE COURT OR PLACE OF HEARING, AND THE PENALTY IMPOSED OR OTHER DISPOSITION OF EACH CASE AND FURNISH COPY OF COURT ACTION OR DETAILED STATEMENT IN AFFIDAVIT FORM AS TO THE OUTCOME OF EACH CASE.

27. **ACTIVE MILITARY SERVICE** *(Indicate tour with each organization separately - show ROTC Camps in Item 39)*

	a. ORGANIZATION *(US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)*	b. DATES *(Day, Month, Year)* FROM	TO	c. BRANCH/MOS *(As appropriate)*	d. PRIOR SERVICE NO. *(If applicable)*	e. HIGHEST GRADE AND COMPONENT
	NONE					
	NONE					
	NONE					

f. DATE CURRENT ACTIVE DUTY TOUR TERMINATES _____ g. DATE OF LAST ADL PROMOTION _____

28. **RESERVE OR NATIONAL GUARD SERVICE** *(Not on active duty)*

	a. ORGANIZATION *(US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)*	b. DATES *(Day, Month, Year)* FROM	TO	c. BRANCH/MOS *(As appropriate)*	d. PRIOR SERVICE NO. *(If applicable)*	e. HIGHEST GRADE AND COMPONENT
	NONE					
	NONE					
	NONE					

29. SOURCE OF CURRENT COMMISSION *(If applicable)*

ARNGUS: ☐ OCS ☐ DIRECT APPOINTMENT ☐ OTHER

USAR: ☐ ROTC ☐ ROTC *(ECP)* ☐ ROTC *(SMP)* ☐ OCS ☐ DIRECT APPOINTMENT

30. AWARDS *(Do not list theater or service medals)*

31. HAVE YOU EVER APPLIED AND NOT BEEN SELECTED FOR: a. ROTC ☐ YES ☒ NO b. OCS ☐ YES ☒ NO

c. APPOINTMENT IN RESERVE COMPONENT *(USAR/ARNG)*	YES	NO	d. APPOINTMENT IN REGULAR ARMY	YES	NO
AS A WARRANT OFFICER		X	AS A WARRANT OFFICER		X
AS A COMMISSIONED OFFICER		X	AS A COMMISSIONED OFFICER		X

e. IF ANSWER IS "YES", EXPLAIN FULLY

32. ARE YOU NOW OR HAVE YOU EVER BEEN IN THE MILITARY SERVICE OF OR BEEN EMPLOYED BY A FOREIGN GOVERNMENT *(If yes, give dates, country and type of service or employment)* NO

33. HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN IN LIEU OF ELIMINATION PROCEEDINGS; BEEN DISCHARGED IN LIEU OF ELIMINATION, FURLOUGHED *(other than regular furlough or leave)*, OR PLACED ON INACTIVE STATUS WHILE SERVING IN THE US ARMED FORCES; OR, HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN FROM A POSITION WHILE IN PRIVATE OR GOVERNMENT EMPLOYMENT? *(If yes, state circumstances; if more space is required, continue on separate sheet).*

☐ YES ☒ NO

USAPPCV1.00

Figure 5-24. Sample of a completed DA Form 61 (Continued)

34. *APPLICANTS FOR JUDGE ADVOCATE GENERAL'S CORPS ONLY*	35. *APPLICANTS FOR CHAPLAINS BRANCH ONLY*
BARS OF WHICH YOU ARE A MEMBER *(Specify dates)*	RELIGIOUS DENOMINATION BY WHICH YOU WILL BE ENDORSED

36. **APPLICANTS FOR MEDICAL AND DENTAL CORPS ONLY**

a. TRAINING		b. NAME AND LOCATION OF HOSPITAL	c. DATES *(Month and Year)*	
LEVEL	TYPE		FROM	TO
INTERNSHIP				
RESIDENCY TNG				
SPECIALTY TNG				

d. SPECIALTY BOARDS	e. DATES OF CERTIFICATION *(Day, Month, Yr)*

f. PLACE IN WHICH CURRENTLY LICENSED

37. **APPLICANTS FOR ARMY NURSE CORPS AND ARMY MEDICAL SPECIALIST CORPS ONLY**

a. NAME OF NURSING OR ACCREDITED PROFESSIONAL SCHOOL	b. LOCATION
Allegheny Community College	Pittsburgh, PA

c. DATES OF ATTENDANCE *(Mo, Yr)*		d. STATE AND CURRENT REGISTRATION NUMBER	e. STATE AND DATE OF INITIAL REGISTRATION *(Day, Month, Year)*
FROM SEP 91	TO AUG 93	INDIANA - IN 1103254	PENNSYLVANIA - 7 JUL 95

f. POSTGRADUATE COURSES *(Include courses at general hospitals, service schools, and short courses)*

(1) SUBJECT OR COURSE	*(2)* NAME AND LOCATION OF SCHOOL OR HOSPITAL	*(3)* SEMESTER CREDITS EARNED	*(4)* DATES OF ATTENDANCE *(Month, Year)*	
			FROM	TO

38. HAVE YOU BEEN EMPLOYED BY THE US ARMY AS A DIETITIAN, OCCUPATIONAL OR PHYSICAL THERAPIST? *(If yes, give dates)*

☐ YES ☐ NO

39. **ARMY ROTC** *(To be completed only by prospective ROTC graduates applying for appointment in USAR or RA)*

SUCCESSFULLY COMPLETED A ROTC PROGRAM AS FOLLOWS

COURSE	DATES ATTENDED *(Month and Year)*		c. CAMP TRAINING	
	FROM	TO		
a. BASIC			*(1)* INSTALLATION *(Basic)*	COMPLETION DATE *(Month, Year)*
b. ADVANCED			*(2)* INSTALLATION *(Advanced/Ranger)*	COMPLETION DATE *(Month, Year)*

40. **MAIN CIVILIAN EMPLOYMENT**

a. NAME AND ADDRESS OF EMPLOYER	b. JOB TITLE	c. MONTH AND YEAR	
		FROM	TO
University of Pittsburgh 1000 Allegheny Avenue Pittsburgh, PA 18225	Student	SEP 93	Present

b. PRINCIPAL DUTIES *(Describe briefly)*

Full-time student is a BSN Program

41. REMARKS *(Experience, proficiencies and special abilities not shown elsewhere in this application. Those required to enter primary entry specialties, see Para 1-27d,e, AR 601-100). (If more space is required, attach additional sheet)*

Ref item 7, - Variations of name from birth certificate
MAIDEN NAME - JONES, Karen, Joan AUG 69 - OCT 86 FORMER MARRIED NAME - JENKINS, Karen Joan OCT 86 - FEB 97

42. THE INFORMATION CONTAINED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	DATE	SIGNATURE OF APPLICANT

USAPPC V1.00

Figure 5-24. Sample of a completed DA Form 61 (Continued)

THIS PAGE NOT TO BE COMPLETED BY APPLICANT

PART I - RECOMMENDATION FOR APPOINTMENT OF ROTC GRADUATE AS A *(REGULAR)* **OR** *(RESERVE)* **COMMISSIONED OFFICER OF THE ARMY** *(AR 601-100, AR 145-1) (To be completed by PMS only)*

FROM: *(Name and Address of Institution)*	TO: *(Appropriate Region Commander)*

a. APPLICANT WILL HAVE SUCCESSFULLY COMPLETED AT THIS INSTITUTION THE PRESCRIBED COURSE FOR THE UNIT ON _____ *(Date)*

b. APPLICANT ☐ HAS ☐ HAS NOT COMPLETED SUCCESSFULLY THE REQUIRED CAMP TRAINING.

c. APPLICANT ☐ WILL HAVE ATTAINED ☐ WILL NOT HAVE ATTAINED, A BACCALAUREATE DEGREE UPON SUCCESSFUL COMPLETION OF THE ROTC COURSE.

d. I CONSIDER APPLICANT PHYSICALLY, MENTALLY, MORALLY, AND PROFESSIONALLY QUALIFIED FOR APPOINTMENT AS A ☐ REGULAR ☐ RESERVE COMMISSIONED OFFICER OF THE ARMY. RECOMMEND HIS APPOINTMENT.

e. APPLICANT WILL ATTAIN FULL QUALIFICATION FOR, AND SHOULD BE APPOINTED ON _____ *(Day, Month and Year)*

DATE	BRANCH FOR ASSIGNMENT	SIGNATURE AND GRADE *(PMS)*

PART II - RECOMMENDATION FOR APPLICANTS FOR OCS ONLY *(AR 351-5)*

a. STATEMENT

TO:	DATE

1. I HAVE KNOWN THE APPLICANT FOR _____ MONTHS. HE HAS SERVED UNDER ME FOR _____ MONTHS. HIS PRINCIPAL DUTY IS _____

2. I ☐ DO ☐ DO NOT RECOMMEND THE APPLICANT.

3. REMARKS *(Include your opinion as to his/her overall ability (to include leadership) and value to the service).*

ENCLOSURES	SIGNATURE
ORGANIZATION	TYPED NAME, GRADE AND TITLE

b. STATEMENT

TO:	DATE

1. I HAVE KNOWN THE APPLICANT FOR _____ MONTHS. HE HAS SERVED UNDER ME FOR _____ MONTHS. HIS PRINCIPAL DUTY IS _____

2. I ☐ DO ☐ DO NOT RECOMMEND THE APPLICANT.

3. REMARKS *(Include your opinion as to his/her overall ability (to include leadership) and value to the service).*

ENCLOSURES	SIGNATURE
ORGANIZATION	TYPED NAME, GRADE AND TITLE

USAPPC V1.00

Figure 5-24. Sample of a completed DA Form 61 (Continued)

AFFIDAVIT

I, John Jones, 123-45-6789, was arrested for driving while intoxicated (DWI) on 23 December 1992. I was driving home from our company's Christmas party when I was stopped by a Smithville, TX, police officer for running a red light. He arrested me for DWI and I was taken to the Smith County jail where I was detained for 3 hours until bail was arranged. On 11 January 1992, my hearing was held in Smith County Court, Smithville, TX, and I pled guilty. I was fined $250 and placed on probation for 6 months. I successfully completed my probationary period and have not had any other law violations.

I request I be granted a waiver of this offense and be allowed to continue processing for an appointment in the Army Nurse Corps.

JOHN JONES
123-45-6789

Figure 5-25. Sample affidavit for law violation

AFFIDAVIT

On 15 February 1992, I, John Jones, 123-45-6789, was scheduled for Charge of Quarters duty at HHC, 8th Sqdn, 15th CAV, Fort Hood, TX. I thought my duty was on 16 February 1992, and as such was out of town on the 15th. The unit tried to reach me without success, and when I reported on the 16th I realized what had happened. My company commander gave me an Article 15 on 20 February 1992, which I accepted. I was fined $100 and given 1 week extra duty. This is the only incident of any nature I have had.

I request I be granted a waiver of this offense and be allowed to continue processing for an appointment in the Army Nurse Corps.

JOHN JONES
123-45-6789

Figure 5-26. Sample affidavit for Article 15

Restrictions on Personal Conduct in the Army

(For use of this form see USAREC Reg 601-37)

PRIVACY ACT STATEMENT

AUTHORITY: Collection of this information is authorized by 10 USC, section 3013 and Executive Order 9397.

PRINCIPAL PURPOSE: Information collected will be used as acknowledgment of the U.S. Army's position concerning personal conduct and participation in extremist organizations or activities.

ROUTINE USES: Information is disclosed to members of the Department of Defense who have a need for the information in the performance of their duties.

EFFECTS OF NOT PROVIDING INFORMATION: Disclosure of the Social Security Number (SSN) and other personal information is voluntary. However, failure to provide the requested information may result in the delay or suspension of the application process.

1. As an Army officer, I understand that I will occupy a unique position in society. I understand that I will represent the military establishment. This special status brings with it the responsibility to continually uphold and maintain the dignity and high standards of the U.S. Army, both on duty and off duty, wherever I am. The Army must also be ready at all times for worldwide deployment. This fact carries with it the requirement for Army units and their members to possess high standards of morale, unit cohesion, good order, and discipline, attributes that are essential for combat effectiveness.

2. As a result, military laws, rules, customs, and traditions include restrictions on my personal behavior that may be different from civilian life. Army officers may be involuntarily separated before their term of service ends for misconduct, moral, or professional dereliction, substandard performance of duty, or in the interest of national security. Some unacceptable conduct that may be grounds for involuntary separation include:

a. Engaging in acts of personal misconduct, intentional neglect of or failure to perform duties, or mismanagement of personal affairs detrimentally affecting duty performance (e.g., parental responsibilities interfere with your ability to perform duties satisfactorily).

b. Failing to respond to rehabilitation efforts regarding alcohol or other drug problems.

3. Although I have not been, and will not be asked about my sexual orientation, I understand that homosexual conduct is grounds for separation. I understand that the following actions, if not otherwise done or said solely for the purpose of ending my military service, may result in involuntary separation.

a. Engaging in, attempting to engage in, or soliciting another to engage in a homosexual act or acts, such as kissing or hand-holding, or other physical contact of a sexual nature.

b. Making a statement that demonstrates a propensity or intent to engage in a homosexual act or acts.

c. Marrying or attempting to marry a person of my same sex.

4. I have also been advised that participation in extremist activities and organizations is inconsistent with the responsibilities of military service. I understand that military personnel must reject participation in extremist activities or organizations that involve supremacist causes, attempt to create illegal discrimination based on race, color, sex, religion, or national origin or advocate the use of force or violence, or otherwise engage in efforts to deprive individuals of their civil rights.

5. I realize that violation of the Army's policy prohibiting certain actions involving extremist activities or organizations may subject me to adverse administrative action or disciplinary action under the Uniform Code of Military Justice if I violate the prohibitions in Army Regulation 600-20, paragraph 4-12, "Extremist Organizations and Activities." I have had the opportunity to read AR 600-20, paragraph 4-12.

6. I understand that my appointment into any component of the United States Army, to include the Army Medical Department, requires that I meet the standards and regulatory guidance requirement set forth by the Department of the Army. A violation of the Army's policy on participation in extremist activities or organizations may be used to void my appointment and may be grounds for disciplinary action and/or discharge proceedings while serving in the Regular Army or the United States Army Reserve.

Name:	SSN:
SMYTH, Joan Marie	123-45-6789
SIGNATURE:	Date:
/signed/	1 Jul 98

USAREC Form 1071-R-E, Rev 1 Jul 1996 (Previous editions are obsolete) **V1.00**

Figure 5-27. Sample of a completed USAREC Form 1071-R-E

Statement of Acknowledgment
for Accommodation of Religious Practices
(For use of this form see USAREC Reg 601-37)

Department of Defense policy is to accommodate religious practices when accommodation will not have an adverse impact on military readiness, unit cohesion, standards, health, safety or discipline, or otherwise interfere with the performance of the member's military duties.

The Army places a high value on the rights of its members to observe the tenets of the respective religions.

Unit commanders are authorized to initially approve or deny requests for accommodation of religious practices. Conditions of accommodation may change based on military needs.

Policy guidelines are contained in AR 600-20 (Army Command Policy and Procedures) and AR 165-1 (Chaplain Activities).

I understand that the Army cannot guarantee accommodation of religious practices.

Signature	Date
/signed/	1 Jun 98

USAREC Form 1073-R-E, 1 Apr 1994 **V1.00**

Figure 5-28. Sample of a completed USAREC Form 1073-R-E

STATEMENT OF UNDERSTANDING FOR APPLICANTS REQUESTING APPOINTMENT TO THE ARMY MEDICAL DEPARTMENT WITH CONCURRENT CALL TO ACTIVE DUTY

(For use of this form see USAREC Reg 601-37)

PRIVACY ACT STATEMENT

AUTHORITY: Collection of this information is authorized by 10 USC, sections 503 and 3013.

PRINCIPAL PURPOSE: Information collected will be used as acknowledgment and understanding of Appointment to the Army Medical Department with Concurrent Call to Active Duty.

ROUTINE USES: Information is disclosed to members of the Department of Defense who have a need for the information in the performance of their duties.

EFFECTS OF NOT PROVIDING INFORMATION: Disclosure of the information is voluntary. However, failure to provide the requested information may delay or suspend the application process.

This is to certify that I understand that I am applying for appointment to the Army Medical Department with concurrent call to active duty. I recognize that I will be notified that I have been designated in one of three potential categories for applicants: Select, alternate, or nonselect. I further understand that:

1. If selected, I will be called to active duty at the earliest possible date.

2. If selected as an alternate, I may have the opportunity to obtain an active duty position should a selected applicant decline the opportunity for appointment.

a. Whether or not I am called from the alternate list, I may elect to apply for either a subsequent Active Duty or Reserve Component Army Medical Department Selection Board.

b. Application to the Army Medical Department Reserve Component is not contingent upon applying for active duty a second time.

c. If I elect to apply for active duty a second time, and am again selected as an alternate, my next opportunity to apply for active duty would be 1 year from my second active duty board date.

d. If selected as an alternate a second time for active duty, I may still request consideration for appointment in the Army Medical Department Reserve Component. I realize that applicants for Reserve Component are required to be licensed in their respective health care specialty as required by AR 135-101.

e. Selection as an alternate does not guarantee selection by any future boards.

3. My opportunity to appear before any future selection board is contingent upon my ability to maintain eligibility requirements for an Army Medical Department appointment.

4. If I am nonselected by any Army Medical Department Selection Board, I may not reapply for appointment in the Army Medical Department, regardless of the component, for 12 months from the date of nonselection.

5. I understand that it is my responsibility to notify my health care recruiter of my intentions regarding my appointment in the Army Medical Department, regardless of my decision, as soon as possible after I have been notified of the results of the selection board.

NAME *(Last, First, Middle Initial)*:	SSN:
OWENS, Elvin (NMN)	345-67-8900
SIGNATURE:	DATE:
/signed/	23 Apr 98

USAREC Form 1075-R-E, 1 Jun 1996 (Previous editions are obsolete) **V1.00**

Figure 5-29. Sample of a completed USAREC Form 1075-R-E

Supplement to DA Form 3286-67
Statement for Enlistment (or Appointment)
Army Policy

(For use of this form see USAREC Reg 601-96)

DATA REQUIRED BY THE PRIVACY ACT STATEMENT OF 1974

Authority: Title 10, United States Code, section 3013, Executive Order 9397.

Principal Purpose: Basic form used to acknowledge enlistee's understanding of the Army's policy regarding Sexual Harassment and Participation in Extremist Organizations or Activities.

Routine Uses: This form becomes a part of the Enlisted and Commissioned Personnel's Military File. All uses of the form are internal to the United States Army.

Disclosure: Disclosure of the Social Security Number and other personal information is voluntary. However, failure to provide the required information may result in denial of enlistment or reenlistment.

Section I - Sexual Harassment

1. The U.S. Army will not condone any person who violates the rights of; or discriminates against; any person because of their gender. Further, I understand that:

a. Sexual harassment is a form of gender discrimination that involves unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, when:

(1) submission to or rejection of such conduct is made either explicitly or implicitly a term or condition of a person's job, pay, or career;

(2) submission to or rejection of such conduct by a person is used as a basis for career or employment decisions affecting that person; or

(3) such conduct interferes with an individual's performance or creates an intimidating, hostile, or offensive environment.

b. Any soldier or civilian employee:

(1) In a supervisory or command position who uses or condones implicit or explicit sexual behavior to control, influence, or affect the career, pay, or job of another soldier or civilian employee is engaging in sexual harassment.

(2) Who makes deliberate or repeated unwelcome verbal comments, gestures, or physical contact of a sexual nature is engaging in sexual harassment.

c. Sexual harassment is not limited to the workplace, can occur at almost any place, and violates acceptable standards of integrity and impartiality required of all Army personnel. It interferes with mission accomplishment and unit cohesion. Such behavior by soldiers or Army civilians will not be tolerated.

2. I fully acknowledge that I have the duty and responsibility to report immediately any violation of the above stated policy. In addition, I acknowledge that I am aware of the Army policy stated above and any violation could be grounds for adverse action or criminal charges under the Uniform Code of Military Justice. If a violation of the above policy occurs while I am a member of the Delayed Entry/Training Program, I may contact the U.S. Army AMEDD Recruiting Battalion Executive Officer or Commander at ( ) AMEDD Det telephone no .

3. The U.S. Army has zero tolerance for conduct or behavior that violates the policy stated above.

4. The Army policy stated above may be found in Army Regulation 600-20, Army Command Policy.

Section II - Participation in Extremist Organizations or Activities

1. I have been advised that participation in extremist organizations or activities is inconsistent with the responsibilities of military service. It is the policy of the U.S. Army to provide equal opportunity and treatment for all soldiers without regard to race, color, religion, sex, or national origin. Enforcement of the Army's equal opportunity policy is a responsibility of command, is vitally important to unit cohesion and morale, and is essential to the Army's ability to accomplish its mission. It is the commander's responsibility to maintain good order and discipline in the unit. Every commander has the inherent authority to take appropriate actions to accomplish this goal. This paragraph identifies prohibited actions by soldiers involving extremist organizations or activities, discusses the authority of the commander to establish other prohibitions, and establishes that violation of the prohibitions contained in this paragraph or those established by a commander may result in prosecution under various provisions of the Uniform Code of Military Justice (UCMJ).

USAREC Form 1127-R-E, Rev 1 Jul 1997 (Previous editions are obsolete) **V2.00**

Figure 5-30. Sample of a completed USAREC Form 1127-R-E

a. Participation. Military personnel must reject participation in extremist organizations and activities. Extremist organizations and activities are ones that advocate racial, gender, or ethnic hatred or intolerance; advocate, create, or engage in illegal discrimination based on race, color, sex, religion, or national origin; advocate the use of or use force or violence or unlawful means to deprive individuals of their rights under the United States Constitution or the laws of the United States or any State; or advocate or seek to overthrow the Government of the United States, or any State by unlawful means.

b. Prohibitions. Soldiers are prohibited from the following actions in support of extremist organizations or activities. Penalties for violation of these prohibitions include the full range of statutory and regulatory sanctions, both criminal (UCMJ) and administrative.

(1) Participating in a public demonstration or rally.

(2) Attending a meeting or activity with knowledge that the meeting or activity involves an extremist cause when on duty, when in uniform, when in a foreign country (whether on- or off-duty or in uniform), when it constitutes a breach of law and order, when violence is likely to result, or when in violation of off-limits sanctions or a commander's order;

(3) Fund-raising;

(4) Recruiting or training members (including encouraging other soldiers to join);

(5) Creating, organizing, or taking a visible leadership role in such an organization or activity; or

(6) Distributing literature on or off a military installation the primary purpose and content of which concerns advocacy or support of extremist causes, organizations, or activities and it appears that the literature presents a clear danger to the loyalty, discipline, or morale of military personnel, or if the distribution would materially interfere with the accomplishment of a military mission.

2. I acknowledge that I have read and fully understand the Army's policy regarding a soldier's participation in extremist organizations or activities. If I request, a complete copy of AR 600-20, paragraph 4-12, will be provided to me.

Section III - Uniform and Appearance

1. I acknowledge that I have been informed of the U.S. Army uniform and appearance policy. I understand that:

a. AR 670-1 (Wear and Appearance of Army Uniforms and Insignia) contains personal appearance policies which I will be required to comply with.

b. I have been informed that provisions of AR 670-1 as it applies to personal appearance include specific policy with regard to body markings.

c. The current policy is as follows:

(1) **TATTOOING** in areas of the body (i.e., face, legs, hands, fingers, etc.,) that would cause the tattoo to be exposed in a Class A Uniform would detract from a soldierly appearance.

(2) Soldiers are expected to maintain good daily hygiene and wear their uniform so as not to detract from an overall military appearance.

d. Any person who is not in compliance with AR 670-1 as it applies to tattoos will not be accepted for enlistment in the U.S. Army.

e. Any person with a tattoo on the head, neck, scalp, or face will not be accepted. Furthermore, regardless of a tattoo's location, any tattoo deemed offensive, racist, profane, and/or linked to a criminal activity or extremist group may be denied enlistment.

2. I have been advised that while a member of the U.S. Army, to include the Delayed Entry Program, I may not violate the above policy. I will refrain from obtaining any body markings or I may be denied entry for violation of the above expressed policy.

3. I hereby state that I have revealed the existence of all tattoos during my medical examination. I have further revealed to my recruiter, or guidance counselor that I have markings (tattoos).

4. I HAVE TATTOOS JJJ (Initials) I DO NOT HAVE ANY TATTOOS _____ (Initials)

AUTHENTICATION

TYPED NAME AND SSN OF APPLICANT:	SIGNATURE OF APPLICANT:	DATE:
Johnson, James J.	/signed/	990325
TYPED NAME, GRADE, AND SSN OF COUNSELOR:	SIGNATURE OF GUIDANCE COUNSELOR:	DATE:
Smith, John A., E-7, 111-22-3333	/signed/	990325

Figure 5-30. Sample of a completed USAREC Form 1127-R-E (Continued)

STATEMENT FOR ENLISTMENT OR APPOINTMENT - CONCEALMENT OF INFORMATION
(For use of this form see USAREC Reg 601-96)

WARNING!
READ THIS STATEMENT VERY CAREFULLY

1. I hereby acknowledge and understand that:

a. The United States Army has accepted my application for enlistment or appointment based upon the information I have provided in my written application for enlistment or appointment. **I have signed my application and as such have certified that all the information I have provided is true and correct.**

b. I can be prosecuted and/or administratively discharged as a result of concealment of any information which I have been questioned about.

c. My recruiter, members of the Recruiting Command, and any other personnel who may have provided me with guidance concerning enlistment or appointment are prohibited from assisting me in the concealment of information.

d. It is prohibited to have anyone assist me in taking the Armed Services Vocational Aptitude Battery (ASVAB) to include giving me any answers to the test questions. It is prohibited to have anyone take the ASVAB for me.

e. I am aware that I must reveal all medical conditions. I must reveal all criminal offenses, cases, and arrests to include juvenile and those charges that have been expunged, dismissed, set aside, or not prosecuted. I must reveal all responsibilities I have with respect to children or spouse. I must reveal all prior military service. I must report any misconduct on anyone's part that is involved with my recruiting process.

f. If anyone has told me to conceal, omit from my application, or falsify any information I must report that immediately. I may contact the recruiting battalion executive officer at (_____) AMEDD Det tele #_____ to report any violations of improper conduct of any Army personnel.

g. Any additional information that I disclose now will only be used to determine my eligibility and will not be given to the police, family members, or educational institutions.

h. I certify that I have read and fully understand the contents of this form and that no one has told me to conceal any information. I further state that all of the documents such as my birth certificate, high school or college transcripts, diplomas, social security card, or other documents in my enlistment or appointment packet are mine and were not falsified.

2. I certify that I have not concealed or misrepresented any information nor has anyone told me to do so.

3. I have been asked the enlistment eligibility questions by the Army guidance counselor and have revealed all information required of me.

AUTHENTICATION

TYPED NAME OF APPLICANT *(LAST, FIRST, MIDDLE INITIAL)*	**APPLICANT'S SIGNATURE**	**DATE** *(YYMMDD)*
Johnson, James J.	/signed/	990325

USAREC Form 1156-R-E, Rev 1 Oct 1998 (Previous editions are obsolete) **V2.00**

Figure 5-31. Sample of a completed USAREC Form 1156-R-E

STATEMENT OF UNDERSTANDING

(For use of this form see USAREC Reg 601-37)

PRIVACY ACT STATEMENT

AUTHORITY: Collection of the information requested and recorded on this form is authorized by Sections 3012, 4301, 651, and 270 of Title 10, U.S. Code.

PRINCIPAL PURPOSE: Used together with application for appointment to ensure understanding that applicant will be discharged from United States Army Reserve if it is determined that applicant has failed to satisfy all appointment requirements.

ROUTINE USES: Information is used to establish and record understanding of requirement to satisfy all appointment requirements. The social security number (SSN) is used to identify member.

EFFECT OF NOT PROVIDING INFORMATION: Disclosure of your SSN is voluntary. However, failure to disclose your SSN may be cause for denying your application for appointment.

STATEMENT

I understand that my appointment as a commissioned officer in the United States Army Reserve (USAR) with concurrent call to active duty is being accomplished prior to completion of all appointment requirements.

I further understand that should the Commanding General, U.S. Army Reserve Personnel Center and/or The Surgeon General determine that I have failed to satisfy all appointment requirements, I will be discharged from the United States Army Reserve and receive an honorable discharge certificate.

NAME (Typed or printed): SMYTH, Joan, Marie	Signature: /signed/
SSN: 111-22-3333	Date: 1 Jun 98

USAREC Form 525-R-E, Rev 1 May 1991 (Previous editions will be used) **V1.00**

Figure 5-32. Sample of a completed USAREC Form 525-R-E

REQUEST FOR CONDITIONAL RELEASE

(Read Privacy Act Statement and instructions on back before completing this form.)

SECTION I - REQUEST FOR RELEASE

1. SERVICE MEMBER DATA

a. NAME (*Last, First, Middle Initial*)	b. PAY GRADE	c. SSN	d. SERVICE COMPONENT
SIEGLE, Jaimie M.	0-2	123-45-6789	U.S. Navy Reserve

e. CURRENT UNIT/ COMMAND	f. ADDRESS			
	(1) STREET	(2) CITY	(3) STATE	(4) ZIP CODE
1187th Medical	4100 Anchor Way	Chicago	IL	55240

2. RECRUITING OFFICE ADDRESS

a. STREET	b. CITY	c. STATE	d. ZIP CODE
702 S. Gilbert St.	Chicago	IL	50036

3. ACKNOWLEDGEMENT OF SERVICE MEMBER

a. I request a conditional release to process for entrance into another component of the Military Service. If I am a member of the National Guard or Reserve, I understand that I must attend all scheduled training until such time as I am enlisted or appointed into another Service. I also understand that I am to keep my current commander informed of any change in my status.

b. OFFICER MEMBER ONLY. I hereby tender my resignation from the USNR *(losing component);* request that it be accepted contingent upon actual appointment or enlistment in the USAR *(gaining component),* and be effective the day preceding the date of my acceptance of appointment or enlistment.

c. ENLISTED MEMBER ONLY. I understand I will be discharged from my current status effective the day preceding the date of my enlistment or appointment.

d. MEMBER SIGNATURE	e. DATE SIGNED

4. RECRUITER REQUEST FOR CONDITIONAL RELEASE

a. Request conditional release to enlist/appoint member into the USAR *(Service/Component).*

b. NAME OF RECRUITER *(Last, First, Middle Initial)*	c. SIGNATURE	d. DATE SIGNED
DUNCAN, KIMBERLY K.		
e. TITLE		
SFC, USAR, ARMY HEALTH CARE RECRUITER		

SECTION II - APPROVAL/DISAPPROVAL

5. *(X as applicable)*

X	a. APPROVED. Individual is recommended and conditional release is granted. The release is valid until _____.
	b. DISAPPROVED. Release is not granted. *(Explain in "Remarks.")*

6. AUTHORIZING OFFICIAL

a. NAME (*Last, First, Middle Initial*)	b. TITLE
FOX, Susan R.	Commander

c. TELEPHONE NUMBER *(Include area code)*	d. ADDRESS			
	(1) STREET	(2) CITY	(3) STATE	(4) ZIP CODE
(708) 945-0987	4100 Anchor Way	Chicago	IL	55240

f. SIGNATURE	f. DATE SIGNED

SECTION III - NOTIFICATION OF ENLISTMENT/APPOINTMENT ACTION

7. The menber was administered the oath of enlistment or appointment into_____.

THIS FORM AND A COPY OF THE OATH MUST BE RETURNED TO THE ADDRESS IN ITEM 6.d. TO EFFECT THE MEMBER'S DISCHARGE OR WITH WITHDRAWAL OF FEDERAL RECOGNITION.

8. CERTIFYING OFFICIAL

a. NAME (*Last, First, Middle Initial*)	b. TITLE	c. UNIT/COMMAND

d. TELEPHONE NUMBER *(Include area code)*	e. ADDRESS			
	(1) STREET	(2) CITY	(3) STATE	(4) ZIP CODE

f. SIGNATURE	g. DATE SIGNED

DD FORM 368, NOV 94 PREVIOUS EDITION IS OBSOLETE

Figure 5-33. Sample of a completed DD Form 368

APPLICATION FOR ACTIVE DUTY

For use of this form, see AR 135-210; the proponent agency is DCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10 USC, 672(d), 10 USC 275.

PRINCIPAL PURPOSE: Used by Reserve Component soldiers to apply for active duty programs announced by HQDA. Application is reviewed to determine the member's eligibility for announced active duty requirements.

ROUTINE USES: To determine qualifications and make final selection of individuals applying for active duty. Also used to schedule medical examinations, security screening and to issue active duty orders. The SSN is used to identify the soldier.

DISCLOSURE: Disclosure of your SSN and other personal information is mandatory for soldiers applying for active duty programs announced by HQDA.

SEE INSTRUCTIONS ON PAGE 2 BEFORE COMPLETING THIS FORM.

1. DATE	2. TO: Commander, Office of The Surgeon General, Falls Church, VA 22041		
3. FROM *(Last, First, MI)* SMYTH, Karen, Joan		4a. PRESENT RESERVE GRADE	4b. RESERVE COMPONENT
4c. SSN 987-65-4321	4d. BRANCH	5a. MOS/AOC	5b. COMPONENT USAR
6a. PERMANENT HOME ADDRESS *(Include ZIP code)* 212 Allegheny Street Pittsburgh, PA 15222			6b. PHONE NO. *(Include area code)* (412) 222-4186
7a. TEMPORARY ADDRESS *(Include ZIP code)* 212 Allegheny Street Pittsburgh, PA 15222		7b. DURATION Indefinite	7c. PHONE NO. *(Include area code)* (412) 222-4186

ITEM 8 TO BE COMPLETED ONLY BY PERSONNEL CURRENTLY SERVING ON ACTIVE DUTY IN A WARRANT OFFICER OR ENLISTED STATUS.

8a. PRESENT ACTIVE DUTY GRADE	8b. SSN	8c. ORGANIZATION AND STATION ASSIGNMENT

9. I hereby volunteer to enter on active duty, for the period indicated below, in my branch or any of the following branches that I may be qualified for; and if accepted for active duty in another branch, I request transfer to that branch: *(Check as appropriate)*

[X] a. FOR A PERIOD OF 4 YEARS [ ] b. FOR AN INDEFINITE PERIOD

c. OTHER BRANCHES *(List in order of preference)*

10. I understand that if accepted for active duty I may be assigned to any command, including an overseas command, to fill any Army-wide vacancy. However, I would like to be considered for one of the three duty assignments and areas of assignment listed below in the order of my choice.

	CHOICE NO. 1	CHOICE NO. 2	CHOICE NO. 3
a. DUTY ASSIGNMENT	MAMC	FAMC	DDEAMC
b. AREA ASSIGNMENT	PEDS	OB	PSYCH

11. If it is possible, I prefer to enter on active duty during one of the three periods indicated below in order of preference:

PREFERENCE NO. 1 *(Month and Year)*	PREFERENCE NO. 2 *(Month and Year)*	PREFERENCE NO. 3 *(Month and Year)*
AUG 98	OCT 98	JAN 99

12. Upon receipt of active duty orders, I will require the time indicated below to settle my affairs for entry on active duty. *(Check appropriate box)*

[ ] 60 DAYS [X] 30 DAYS [ ] 10 DAYS [ ] AVAILABLE ON DATE OF RECEIPT OF ORDERS

13. REMARKS *(If more space is needed, continue on separate sheet)*

14. SIGNATURE OF APPLICANT

/signed/

DA FORM 160-R, JAN 96 DA FORM 160, APR 77, IS OBSOLETE. USAPPC V1.00

Figure 5-34. Sample of a completed DA Form 160-R

Office of Personnel Management EPSQ Version 2.1
SECURITY CLEARANCE APPLICATION O.M.B. No. 3206-0007
Date: 1999/04/29 Time: 15:22:00
Standard Form 86, Sep. 95

V A L I D A T I O N R E P O R T

JACKSON **SSN:** 111-12-1212
JOHN, J Page: 1

The validation report will review your data for the following items:
BLANK INFORMATION THAT IS REQUIRED
- -
EPSQ will identify the required information that you have not provided.
DATE GAPS
- - - - -
EPSQ will check the dates between employment and residence entries for gaps in dates.
REMARKS
- - - -
EPSQ will check required remarks to ensure you have entered comments.
If you have any questions about this validation report or the required information, see your security officer

---

No errors found during validation.

End-of-User-Report

Figure 5-35. Sample of a completed EPSQ SF 86

PRIVACY ACT STATEMENTS

Standard Form 86
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

Form approved:
O.M.B. No. 3206-0007
NSN 7540-00-634-4036
86-111

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Follow instructions fully or we cannot process your form. Be sure to sign and date the certification statement on page 9 and the release on page 10. If you have any questions, call the office that gave you the form.

PURPOSE OF THIS FORM

The U.S. Government conducts background investigations and reinvestigations to establish that military personnel, applicants for or incumbents in national security positions, either employed by the Government or working for Government contractors, licensees, certificate holders, and grantees, are eligible for a required security clearance. Information from this form is used primarily as the basis for investigation for access to classified information or special nuclear information or material. Complete this form only after a conditional offer of employment has been made for a position requiring a security clearance.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you do not give us each item of information we request. This may affect your placement or security clearance prospects.

AUTHORITY TO REQUEST THIS INFORMATION

Depending upon the purpose of your investigation, the U.S. Government is authorized to ask for this information under Executive Orders 10450, 10865, 12333, and 12356; sections 3301 and 9101 of Title 5, U.S. Code; sections 2165 and 2201 of Title 42, U.S. Code; sections 781 to 887 of Title 50, U.S. Code; and parts 5, 732, and 736 of Title 5, Code of Federal Regulations.

Your Social Security number is needed to keep records accurate, because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

THE INVESTIGATIVE PROCESS

Background investigations for national security positions are conducted to develop information to show whether you are reliable, trustworthy, of good conduct and character, and loyal to the United States. The information that you provide on this form is confirmed during the investigation. Investigation may extend beyond the time covered by this form when necessary to resolve issues. Your current employer must be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want this.

In addition to the questions on this form, inquiry also is made about a person’s adherence to security requirements, honesty and integrity,

Figure 5-35. Sample of a completed EPSQ SF 86 (Continued)

vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to show the person is not reliable, trustworthy, or loyal.

YOUR PERSONAL INTERVIEW

Some investigations will include an interview with you as a normal part of the investigative process. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often helps to complete your investigation faster. It is important that the interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled.

You will be asked to bring identification with your picture on it, such as a valid State driver's license, to the interview. There are other documents you may be asked to bring to verify your identity as well. These include documentation of any legal name change, Social Security card, and/or birth certificate.

You may also be asked to bring documents about information you provided on the form or other matters requiring specific attention. These matters include alien registration, delinquent loans or taxes, bankruptcy, judgments, liens, or other financial obligations, agreements involving child custody or support, alimony or property settlements, arrests, convictions, probation, and/or parole.

ORGANIZATION OF THIS FORM

This form has two parts. Part 1 asks for background information, including where you have lived, gone to school, and worked. Part 2 asks about your activities and such matters as firings from a job, criminal history record, use of illegal drugs, and abuse of alcohol.

In answering all questions on this form, keep in mind that your answers are considered together with the information obtained in the investigation to reach an appropriate adjudication.

INSTRUCTIONS FOR COMPLETING THIS FORM

1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form. Find out how many copies of the form you are to turn in. You must sign and date, in black ink, the original and each copy you submit. You should retain a copy of the completed form for your records.

2. Type or legibly print your answers in black ink (if your form is not legible, it will not be accepted). You may also be asked to submit your form in an approved electronic format.

3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A"). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "APPROX." or "EST."

4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances agencies may

Figure 5-35. Sample of a completed EPSQ SF 86 (Continued)

modify the form consistent with your intent.

5. You must use the State codes (abbreviations) listed on the back of this page when you fill out this form. Do not abbreviate the names of cities or foreign countries.

6. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided the form will assist you in completing the ZIP codes.

7. All telephone numbers must include area codes.

8. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1-12) to indicate months. For example, June 8, 1978, should be shown as 6/8/78.

9. Whenever "City (Country)" is shown in an address block, also provide in that block the name of the country when the address is outside the United States.

10. If you need additional space to list your residences or employments/self-employments/unemployments or education, you should use a continuation sheet, SF 86A. If additional space is needed to answer other items, use a blank piece of paper. Each blank piece of paper you use must contain your name and Social Security Number at the top of the page.

FINAL DETERMINATION ON YOUR ELIGIBILITY

Final determination on your eligibility for access to classified information is the responsibility of the Federal agency that requested your investigation. You may be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.

PENALTIES FOR INACCURATE OR FALSE STATEMENTS

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to $10,000, and/or 5 years imprisonment, or both. In addition, Federal agencies generally fire, do not grant a security clearance, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Because the position for which you are being considered is a sensitive one, your trustworthiness is a very important consideration in deciding your eligibility for a security clearance.

Your prospects of placement or security clearance are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you give us on the form and to make your comments part of the record.

DISCLOSURE OF INFORMATION

The information you give us is for the purpose of investigating you for a national security position; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by the Privacy Act. The agency which requested the investigation and the agency which conducted the investigation have published notices in the Federal Register describing the systems of records in which

Figure 5-35. Sample of a completed EPSQ SF 86 (Continued)

your records will be maintained. You may obtain copies of the relevant notices from the person who gave you this form. The information on this form, and information we collect during an investigation may be disclosed without your consent as permitted by the Privacy Act (5 USC 552a (b)) and as follows:

PRIVACY ACT ROUTINE USES

1. To the Department of Justice when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

3. Except as noted in Question 24, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.

4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.

5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.

6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the

Figure 5-35. Sample of a completed EPSQ SF 86 (Continued)

Privacy Act of 1974, as amended.

7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.

8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.

9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.

10. To the National Archives and Records Administration for records management inspections conducted under 44 USC 2904 and 2906.

11. To the Office of Management and Budget when necessary to the review of private relief legislation.

STATE CODES (ABBREVIATIONS)

Alabama	AL	Kentucky	KY	North Carolina	NC	Wisconsin	WI
Alaska	AK	Louisiana	LA	North Dakota	ND	Wyoming	WY
Arizona	AZ	Maine	ME	Ohio	OH		
Arkansas	AR	Maryland	MD	Oklahoma	OK		
California	CA	Massachusetts	MA	Oregon	OR		
Colorado	CO	Michigan	MI	Pennsylvania	PA		
Connecticut	CT	Minnesota	MN	Rhode Island	RI		
Delaware	DE	Mississippi	MS	South Carolina	SC		
Florida	FL	Missouri	MO	South Dakota	SD		
Georgia	GA	Montana	MT	Tennessee	TN		
Hawaii	HI	Nebraska	NE	Texas	TX		
Idaho	ID	Nevada	NV	Utah	UT		
Illinois	IL	New Hampshire	NH	Vermont	VT		
Indiana	IN	New Jersey	NJ	Virginia	VA		
Iowa	IA	New Mexico	NM	Washington	WA		
Kansas	KS	New York	NY	West Virginia	WV		

American Samoa	AS	District Of Columbia	DC	Guam	GU
Northern Marianas	CM	Puerto Rico	PR	Trust Territory	TT
Virgin Islands	VI				

PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information is estimated to average 90 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room CHP-500, Washington, D.C. 20415. DO NOT SEND YOUR COMPLETED FORM TO THIS ADDRESS.

Figure 5-35. Sample of a completed EPSQ SF 86 (Continued)

Office of Personnel Management EPSQ Version 2.1
SECURITY CLEARANCE APPLICATION O.M.B No. 3206-0007
Date: 1999/04/29 Time: 15:29:37
Standard Form 86, Sep. 95

JACKSON **SSN:** 111-12-1212
JOHN, J Page: 1

1. Personal Information
Name JACKSON
JOHN, J
Birth Date 1960/04/30 **Sex** Male
Place of Birth RADCLIFF, KY
County HARDIN
UNITED STATES
Work/Day Phone (502) 111-1212 **Home/Day Phone** (502) 555-1212
Height 6-0 **Weight** 189.00 **Hair Color** BROWN **Eye Color** BROWN

2. Other Names Used
NO Have you ever used or been known by another name?

3. Citizenship
Current Citizenship U.S. Citizen
Mother's Maiden Name FINK
MARY, T
Citizenship Type Born in the U.S.
NO Are you now or were you a dual citizen of the U.S. and another country?

4. Where You Have Lived

	FROM	TO	ADDRESS
1.	1990/04/30	PRES	113 1ST RADCLIFF, KY 40160

Person Who Knows You
JACKSON
MARY, C
113 1ST
RADCLIFF, KY 40160
Phone 502 5551212
NO Is this residence address hard to find?

5. Where You Went To School
YES Have you attended school beyond Junior High School within the last 10 years?

	FROM	TO	TYPE/ADDRESS
1.	1985/04/30	1990/04/30	College/University/Military College

Degree/Diploma/Other UOF L
DVM 113
Award Date / / LOUISVILLE, KY 40106

6. Your Employment Activities

	FROM	TO	TYPE OF EMPLOYMENT
1.	1990/04/30	PRES	Self-employment

Company Name VET 1 CLINIC
Company Address 113 1ST
RADCLIFF, KY 40160
Verifying Individual JACKSON
MARY, C
113 1ST
RADCLIFF, KY 40160
Phone 502 5551212

NO Were you in the Federal Civil Service prior to the last 10 years?

Figure 5-35. Sample of a completed EPSQ SF 86 (Continued)

7. People Who Know You Well

	FROM	TO	REFERENCE NAME/ADDRESS
1.	1995/01/01	PRES	WATT BULL, K **Work Address** 111 1ST LOUISVILLE, KY 40160 **Evening Phone** -(502) 2222222
2.	1995/01/01	PRES	SMITH JOHN, J **Work Address** 113 12TH LOUISVILLE, KY 40160 **Day Phone** -(502) 4444444
3.	1990/10/30	PRES	WILSON BILL, J **Work Address** 555 12TH LOUISVILLE, KY 40166 **Evening Phone** -(503) 4444444

8. Your Spouse

What is your current marital status? Married

	STATUS/DATES	NAMES/LOCATION
1.	Married	JACKSON MARY, C **DOB** 1960/04/30 **POB** RADCLIFF, KY **Marriage** 1995/04/30 RADCLIFF, KY **SSN** 111-11-1111

YES Is your current spouse's address different from yours?
111 ST
RADCLIFF, KY 40160

NO Has your current spouse, to your knowledge, ever used another name (other than maiden name)?

Country(ies) of Citizenship UNITED STATES

9. Your Relatives and Associates

	RELATIONSHIP	NAME/PLACE OF BIRTH
1.	Mother	JACKSON MARY, T **DOB** 1930/01/01 **POB** UNITED STATES

NO Is the family/associate you listed deceased?
Current Address 11 1ST
ANYTOWN, KY
Country(ies) of Citizenship UNITED STATES

2.	Father	JACKSON MARTIN, J **DOB** 1940/01/01 **POB** UNITED STATES

NO Is the family/associate you listed deceased?
Current Address 11 1ST
ANYTOWN, KY
Country(ies) of Citizenship UNITED STATES

Figure 5-35. Sample of a completed EPSQ SF 86 (Continued)

10. Citizenship of Your Relatives and Associates

RELATIONSHIP	NAME

11. Your Military History

NO Have you ever served in the military? (If yes, provide in chronological order your military history: begin with the most recent period and include Reserves, National Guard, Merchant Marines, and Foreign Military service.)

12. Your Foreign Activities - Property

NO Do you have any foreign property, business connections, or financial interests?

13. Your Foreign Activities - Employment

NO Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?

14. Your Foreign Activities - Contact with Foreign Government

NO Have you ever had any contact with a foreign government, its establishments (embassies or consulates), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? (Does not include routine visa applications and border crossing contacts.)

15. Your Foreign Activities - Passport

NO In the last 7 years, have you had an active passport that was issued by a foreign government?

16. Foreign Countries You Have Visited

YES Have you traveled outside the United States on other than official U.S. Government orders in the last 7 years? (Travel as a dependent or contractor must be listed.) Do not repeat travel covered in modules 4, 5, and 6.

	FROM/COUNTRY	TO	PURPOSE
1.	1995/04/30N MEXICO	1999/04/01	PLEASURE

17. Your Military Record

NO Have you ever received other than an honorable discharge from the military?

18. Your Selective Service Record

YES Are you a male born after December 31, 1959?
YES Have you registered with the Selective Service System?
Registration Number 4707807371

19. Your Medical Record

NO In the last 7 years, have you consulted a mental health professional psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition?

20. Your Employment Record

NO Has any of the following happened to you in the last 10 years?

- Fired from job
- Quit a job after being told you'd be fired
- Left a job by mutual agreement following allegations of misconduct
- Left a job by mutual agreement following allegations of

Figure 5-35. Sample of a completed EPSQ SF 86 (Continued)

20. Your Employment Record (Continued)

unsatisfactory performance

- Left a job for other reason under unfavorable circumstances

21. Your Police Record - Felony Offenses

NO Have you ever been charged with or convicted of any felony offense? (Include those under the Uniform Code of Military Justice.) For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

22. Your Police Record - Firearms/Explosives Offenses

NO Have you ever been charged with or convicted of a firearms or explosives offense? For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the court record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

23. Your Police Record - Pending Charges

NO Are there currently any charges pending against you for any criminal offense? For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

24. Your Police Record - Alcohol/Drug Offenses

NO Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs? For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

25. Your Police Record - Military Court

NO In the last 7 years, have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (include non-judicial, Captain's mast, etc.) For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

26. Your Police Record - Other Offenses

NO In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s) not listed in modules 21, 22, 23, 24, or 25? (Leave out traffic fines of less than $150 unless the violation was alcohol or drug related.) For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18

Figure 5-35. Sample of a completed EPSQ SF 86 (Continued)

26. Your Police Record - Other Offenses (Continued)
U.S.C. 3607.

27. Your Use of Illegal Drugs and Drug Activity-Illegal Use of Drugs
NO Since the age of 16 or in the last 7 years, whichever is shorter, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?

28. Your Use of Illegal Drugs and Drug Activity-Use in Sensitive Positions
NO Have you EVER illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting public safety?

29. Your Use of Illegal Drugs and Drug Activity-Drug Activity
NO In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?

30. Your Use of Alcohol
NO In the last 7 years has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)? Do not repeat information reported in module 21 on form SF86 (Your Medical Record).

31. Your Investigation Record - Investigations/Clearances Granted
YES Has the United States Government ever investigated your background and/or granted you a security clearance? (If you can't recall the investigating agency and/or the security clearance received, enter (Y)es and follow instructions in the help text for the fields on the next screen. If you can't recall whether you've been investigated or cleared, enter (N)o.)

	DATE	AGENCY/DESCRIPTION
1.	1985/07/09	Defense Department Not Required

32. Your Investigation Record - Clearance Actions
NO To your knowledge have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? (Note: An administrative downgrade or termination of a security clearance is not a revocation.)

33. Your Financial Record - Bankruptcy
NO In the last 7 years, have you filed a petition under any chapter of the bankruptcy code (to include Chapter 13)?

34. Your Financial Record - Wage Garnishments
NO In the last 7 years, have you had your wages garnished for any reason?

35. Your Financial Record - Repossessions
NO In the last 7 years, have you had any property repossessed for any reason?

Figure 5-35. Sample of a completed EPSQ SF 86 (Continued)

36. Your Financial Record - Tax Lien
NO In the last 7 years, have you had a lien placed against your property for failing to pay taxes or other debts?

37. Your Financial Record - Unpaid Judgements
NO In the last 7 years, have you had any judgements against you that have not been paid?

38. Your Financial Delinquencies - 180 Days
NO In the last 7 years, have you been over 180 days delinquent on any debt(s)?

39. Your Financial Delinquencies - 90 Days
NO Are you currently over 90 days delinquent on any debt(s)?

40. Public Record Civil Court Actions
NO In the last 7 years, have you been a party to any public record civil court actions not listed elsewhere on this form?

41. Your Association Record - Membership
NO Have you ever been an officer or a member or made a contribution to an organization dedicated to the violent overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities?

42. Your Association Record - Activities
NO Have you ever knowingly engaged in any acts or activities designed to overthrow the United States Government by force?

43. General Remarks
NO Do you have any additional remarks to enter in your application?

CERTIFICATION BY PERSON COMPLETING FORM
My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Name JACKSON
JOHN, J
SSN 111-12-1212

Signature (Sign in ink) **Date**

Figure 5-35. Sample of a completed EPSQ SF 86 (Continued)

1. Current Spouse

JACKSON
MARY, C
DOB 1960/04/30 **POB** RADCLIFF, KY
MARRIAGE 1995/04/30 RADCLIFF, KY
SSN 111-11-1111

YES Is your current spouse's address different from yours?
111 ST
RADCLIFF, KY 40160
NO Has your current spouse, to your knowledge, ever used another name (other than maiden name)?

Country(ies) of Citizenship UNITED STATES

Figure 5-35. Sample of a completed EPSQ SF 86 (Continued)

Standard Form 86
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

Form approved:
O.M.B. No. 3206-0007
NSN 7540-00-634-4036
86-111

UNITED STATES OF AMERICA
Authorization for Release of Information
Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information and/or for assignment to, or retention in, a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner. Read, sign, and date the release on the next page if you answered "Yes" to question 21.

Signature (Sign in ink) SSN 111-12-1212 Date

Figure 5-35. Sample of a completed EPSQ SF 86 (Continued)

Name JACKSON
JOHN, J
Other Names Used NONE
Address 113 1ST
RADCLIFF, KY 40160
SSN 111-12-1212
Home Phone (502) 555-1212

Figure 5-35. Sample of a completed EPSQ SF 86 (Continued)

Standard Form 86
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

Form approved:
O.M.B. No. 3206-0007
NSN 7540-00-634-4036
86-111

UNITED STATES OF AMERICA
AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

(Carefully read this authorization to release information about you, then sign and date it in ink.)

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position with the Federal government which requires access to classified national security information or special nuclear information or material. As part of the clearance process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgement or reliability, particularly in the context of safeguarding classified national security information or special nuclear information or material?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink) SSN 111-12-1212 Date

Name JACKSON
JOHN, J
Other Names Used NONE
Address 113 1ST
RADCLIFF, KY 40160
SSN 111-12-1212
Home Phone (502) 555-1212

Figure 5-35. Sample of a completed EPSQ SF 86 (Continued)

APPLICANT

LAST NAME NAM: Jones
FIRST NAME: John
MIDDLE NAME: (NMN)

SIGNATURE OF PERSON FINGERPRINTED: /Signed/

ALIASES AKA: J.J.

ORI

FOR DIS USE ONLY

RESIDENCE OF PERSON FINGERPRINTED:
2138 W. Olive St.
Dallas, TX 75218

DATE OF BIRTH DOB (MONTH DAY YEAR): Jan 16 60

CITIZENSHIP CTZ: U.S.

SEX	RACE	HGT	WGT	EYES	HAIR
M	W	72	190	Blue	Brown

PLACE OF BIRTH POB: Waukegan, IL

DATE: 980615

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS: /Signed/

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS:
Dallas MEPS
1010 Cadiz
Dallas, TX 75215

FBI NO. FBI

ARMED FORCES NO. MNU

CLASS

REASON FINGERPRINTED:
AMEDD Precommission
SECRET Clearance

SOCIAL SECURITY NO. MNU: 123-45-6789

REF.

MISCELLANEOUS NO. MNU

1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE
6. L. THUMB	7. L . INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY | L. THUMB | R. THUMB | RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

Figure 5-36. Sample of a completed JUST Form FD 258

CERTIFICATE OF ACKNOWLEDGEMENT AND UNDERSTANDING OF SERVICE REQUIREMENTS FOR INDIVIDUALS APPLYING FOR APPOINTMENT IN THE USAR UNDER THE PROVISIONS OF AR 135-100, OR AR 135-101, AS APPLICABLE - INDIVIDUALS WITHOUT A STATUTORY SERVICE OBLIGATION

For use of this form, see AR 135-100; proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY:	10 USC 270.
PRINCIPAL PURPOSE:	Used together with application for appointment to insure individual understanding of the service requirements.
ROUTINE USES:	Information is used to establish and record the contractual service obligation incurred by the officer. The SSN is used to identify the member.
DISCLOSURE:	Disclosure of your Social Security Number is voluntary. However, failure to disclose your SSN may be cause for denying your application for appointment.

INSTRUCTIONS: *This Certificate of Acknowledgement and Understanding of Service Requirements will be executed and submitted in 3 copies with application for appointment as a commissioned or warrant officer in the USAR by all interested applicants who do not have a statutory service obligation.*

In connection with your application for appointment as a commissioned or warrant officer in the Army Reserve under the provisions of AR 135-101 (Applicable AR) * there are certain service obligations that you will incur if a commission is offered and you accept. They are explained in detail below. Individuals discharged prior to completing their statutory obligation incur a contractual obligation upon service reentry and are required to serve the number of years, months and days that were not served in their previous statutory obligation. This information should be carefully studied prior to acknowledgement.
This form with your signature will be submitted with your request for appointment and indicates that you understand and accept all of the contractual service requirements contained herein. Copies of this form with your signature will become part of your Official File if selected for appointment.

CERTIFICATION

If I accept an appointment as a commissioned or warrant officer in the US Army Reserve, I understand and agree to comply with the following service requirements for the entire period that I hold a USAR appointment. If an AMEDD volunteer, I agree to fulfill my contractual obligation under my active duty commitment. When I am released from active duty as an AMEDD officer, I will comply with the following USAR service requirements should a contractual obligation remain.

1. I agree to participate satisfactorily in the U.S. Army Reserve during the entire period that I am a commissioned or warrant officer in accordance with the rules and regulations now in effect or which may hereafter be placed into effect by proper authority.

2. I will enter on active duty or active duty for training when ordered by competent authority. Upon completion of active duty or active duty for training, I will participate in the Army Reserve as follows:

a. As a member of a Reserve Unit, I will attend all scheduled unit training assemblies *(at least 48 per year)* unless excused by proper authority.

b. As a member of a unit, I will satisfactorily complete one period of annual active duty for training of not less than 14 days per year exclusive of travel time.

c. If I am not assigned to a unit, I will be assigned to the Individual Ready Reserve *(IRR)* and while so assigned, if so ordered by competent authority, will perform not more that 30 days active duty for training annually.

d. I will keep my commander advised of may current mailing address at which I will receive official correspondence.

e. I will reply to, and comply with all official orders and correspondence which I may receive.

During the time that I am a commissioned or warrant officer and a member of the Ready Reserve, I may at any time be ordered to active duty involuntarily as an individual, or as a member of a unit in the event of war or emergency declared by Congress, or the President of the United States, or under any other conditions authorized by law in effect at the time of my appointment, or which may hereafter be enacted into law.

I, the undersigned having voluntarily elected to apply for appointment as a commissioned or warrant officer of the United States Army Reserve acknowledge that all of the conditions of said appointment are understood and acceptable.

DATE	SOCIAL SECURITY NUMBER 123-45-6789
NAME *(Typed) (Last, Frst, MI)* SAMUELS, Lee Arthur	SIGNATURE

**Enter applicable regulation that appointment is being tendered under (AR 135-100, or AR 135-101)*

DA FORM 3575, JUN 84 EDITION OF MAY 82 IS OBSOLETE.

Figure 5-37. Sample of a completed DA Form 3575

CERTIFICATE OF ACKNOWLEDGEMENT AND UNDERSTANDING OF SERVICE REQUIREMENTS FOR INDIVIDUALS APPLYING FOR APPOINTMENT IN THE USAR UNDER THE PROVISIONS OF AR 135-100, OR AR 135-101, AS APPLICABLE - INDIVIDUALS WITHOUT PRIOR SERVICE -

For use of this form, see AR 135-100; the proponent agency is ODCSPER.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY:	10 USC 651, 10 USC 270.
PRINCIPAL PURPOSE:	Used together with application for appointment to insure individual understanding of the 8-year statutory obligation.
ROUTINE USES:	Information is used to establish and record the contractual service obligation incurred by the officer. The SSN is used to identify the member.
DISCLOSURE:	Disclosure of your Social Security Number is voluntary. However, failure to disclose your SSN may be cause for denying your application for appointment.

INSTRUCTIONS: This Certificate of Acknowledgement and Understanding of Service Requirements will be executed and submitted in 3 copies with application for appointment as a commissioned or warrant officer in the USAR by all interested applicants without prior service.

In connection with your application for appointment as a commissioned or warrant officer in the Army Reserve under the provisions of AR 135-101 *, there are certain service obligations that you will incur if a commission is offered and you accept. They are explained in detail below. This information should be carefully studied prior to acknowledgement.

(Applicable AR)

This form with your signature will be submitted with your request for appointment and indicates that you understand and accept all of the service requirements contained herein.

Copies of this form with your signature will become part of your Official File if you are selected for appointment.

CERTIFICATION

If I accept an appointment as a commissioned or warrant officer in the US Army Reserve, I understand and agree to comply with the following service requirements:

1. I will incur a statutory military service obligation of 8 years commencing with the effective date of appointment.

2. Appointment under this program requires that I agree to participate satisfactorily in the Army Reserve during the entire period that I am a commissioned or warrant officer in accordance with the rules and regulations now in effect, or which may hereafter be placed into effect by proper authority.

3. I will enter on active duty for the period stipulated in my application or such lesser period as determined by the Department of the Army and upon completion of active duty I will be required to participate in the Army Reserve as follows:

a. If I am mandatorily assigned or voluntarily join a Reserve unit I will be required to attend all scheduled unit training assemblies *(at least 48 per year)* unless excused by proper authority.

b. As a member of a unit, I may be required to satisfactorily complete a period of annual active duty for training of not less than 14 days per year exclusive of travel time.

c. If I am not assigned to a unit, I will be assigned to the Individual Ready Reserve (IRR), and while so assigned I may be required to perform not more than 30 days active duty for training annually.

d. While a member of the IRR, I may be subject to assignment or reassignment to a unit.

e. For as long as I hold this appointment I am responsible for notifying my unit or IRR commander of the mailing address at which I will receive official orders and/or correspondence. It is also my responsibility to apply to and/or comply

**Enter applicable regulation that appointment is being tendered under AR 135-100, or AR 135-101.*

DA FORM 3574, JUN 84 EDITION OF MAY 82 IS OBSOLETE.

Figure 5-38. Sample of a completed DA Form 3574

with all official orders and correspondence which I may receive. I understand that failure to notify my commander of an address where I can be reached or to comply with all official orders and correspondence could result in my being considered for elimination.

4. That as a Reserve Officer of the Army, I can become an officer of the Army National Guard of the United States if I am appointed and Federally recognized in the Army National Guard of a State, Puerto Rico, or the District of Columbia. I understand further that satisfactory service as a commissioned officer of the Army National Guard of the United States constitutes service in the Ready Reserve; accordingly, if Ready Reserve service in an appropriate activity of the United States Army Reserve is not available to me, I agree to accept appointment in the Army National Guard of a state *(including the District of Columbia and Puerto Rico)* in which I am residing, if tendered and to complete my Ready Reserve service as an officer of the Army National Guard of the United States.

During the time that I am a commissioned or warrant officer and a member of the Ready Reserve I may at any time be ordered to active duty involuntarily as an individual or as a member of a unit in the event of war or emergency declared by Congress, or the President of the United States, or under any other condition authorized by law in effect at the time of my appointment, or which may hereafter be enacted into law.

I, the undersigned, having voluntarily elected to apply for appointment as a commissioned or warrant officer of the United States Army Reserve, acknowledge that all of the conditions of said appointment are understood and acceptable.

TYPED NAME OF APPLICANT *(Last - First - Middle Initial)*	SOCIAL SECURITY NUMBER
SAMUELS, Lee Arthur	123-45-6789
SIGNATURE	DATE

Figure 5-38. Sample of a completed DA Form 3574 (Continued)

STATEMENT OF UNDERSTANDING FOR APPOINTMENT AS A COMMISSIONED OFFICER

For use of this form, see AR 135-101; the proponent agency is the Office of The Surgeon General.

THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974

1. AUTHORITY: 10 USC 3012; 10 USC 4301; Executive Order 9397.

2. PRINCIPAL PURPOSE(S): This form is necessary so that appointment in the USAR of a qualified applicant may be accomplished prior to completion of the required NAC and FBI Name Check. SSN is used for identification purposes in lieu of Army service number.

3. ROUTINE USES: This statement of understanding for appointment as a commissioned officer in the USAR prior to completion of the NAC and FBI Name Check will permit the expeditious handling of the appointment process. If as a result of completion of the post-commissioning investigative processes, the individual is determined unacceptable for appointment as a commissioned officer, officer will be discharged from the US Army Reserve and receive an honorable discharge certificate.

Form will be retained as part of individual's official records.

4. MANDATORY OR VOLUNTARY DISCLOSURE: Voluntary. If not submitted, appointment will be delayed pending completion of required NAC and FBI Name Check.

I understand that my appointment as a commissioned officer in the United States Army Reserve is being accomplished prior to completion of a required National Agency Check and Federal Bureau of Investigation Name Check.

I further understand that if as a result of completion of the post-commissioning investigation process I am determined unacceptable for appointment as a commissioned officer, I will be discharged from the United States Army Reserve and I will receive an Honorable Discharge Certificate.

NAME *(Typed or Printed)*	SIGNATURE
SAMUELS, Lee, Arthur	
SSN	DATE
123-45-6789	

DA FORM 4572-R, SEP 77 EDITION OF 1 NOV 76 IS OBSOLETE

Figure 5-39. Sample of a completed DA Form 4572-R

DATA REQUIRED BY THE PRIVACY ACT OF 1974
(ELIGIBILITY FOR AMEDD OFFICER PROCUREMENT PROGRAMS - MISCELLANEOUS DOCUMENTATION)
For use of this form, see AR 135-101; the proponent agency is the Office of The Surgeon General.

AUTHORITY: 10 USC 3012, 10 USC 4301.

PRINCIPAL PURPOSE: To determine your qualifications for appointment as an officer in the US Army Medical Department or for selection for participation in an AMEDD officer procurement program. Your Social Security Number (SSN) is necessary to identify you and your records and to report your earnings as a US Army member to the Social Security Administration and Internal Revenue Service. This statement is applicable to documentation listed below.

ROUTINE USES: This information will be used to evaluate your qualifications for assignment to various career areas; to determine educational and experience background for award of constructive service credit; to determine dates of service and seniority; to document your service agreement with the US Army; to provide a security determination for either initial entry or retention in the US Army or for access to classified defense information to consider your request for waiver of eligibility requirements; and for such other routine actions necessary for your accession into the US Army. If you are accepted and subsequently commissioned as a US Army officer, the information *(except letters of recommendation, motivation statements, and interview evaluations)* becomes part of your military personnel records for promotion, reassignment, training, medical support, and other personnel management actions for you. Letters of recommendation, motivation statements, and interview results remain a part of the procurement file, which is destroyed in accordance with current regulations governing files disposition.

DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER AND OTHER PERSONAL INFORMATION IS VOLUNTARY. HOWEVER, FAILURE TO FURNISH THE REQUESTED INFORMATION WILL RESULT IN INCOMPLETE APPLICATION AND DENIAL OF APPOINTMENT/ACTIVE DUTY CONSIDERATION, AS APPROPRIATE.

Your signature below merely acknowledges that you have been advised of the foregoing.

MISCELLANEOUS FORMATS

First Year Graduate Medical Education Program Application
Curriculum vitae to include membership in professional organizations
Resume/autobiography
Transcripts
Letters of Recommendation
Interview evaluation
Proof of professional qualification
Courses in progress
Special test results
Motivation statements
Citizenship statements

Statement of understanding for accelerated appointment in the USAR without concurrent active duty before complete medical examination and required NAC
Statement of professional school acceptance or enrollment
Institution statement on date degree requirements are to be completed
Statement of Understanding for Appointment as a USAR Commissioned Officer with Concurrent Call to Active Duty Pending Completion of All Appointment Requirements
Information on Applicant for US Army Nurse Corps
Conditional release for transfer between components of the uniformed services
Statement of past and current professional status regarding:
(1) Malpractice claims and/or suits
(2) Withdrawal or denial of professional privileges at any health facility
Request for waiver of eligibility requirements
Conscientious objector statements

NAME OF APPLICANT *(Typed or Printed)*	
SAMUELS, Lee, Arthur	
SIGNATURE OF APPLICANT	DATE

DA FORM 4571-R, NOV 83 EDITION OF 1 JUL 79 IS OBSOLETE

Figure 5-40. Sample of a completed DA Form 4571-R

DATE APPLICATION BEGUN: 13 MAY 99

APPLICANT CODE SHEET

(For use of this form see USAREC Reg 601-37)

SSN: 111 11 1111

LAST NAME: SMITH

FIRST NAME: MICHAEL

MI: L

STREET ADDRESS: 113 1ST STREET

CITY: ANYTOWN

STATE: KY

ZIP: 12345 6789

HOME PHONE: 555 555 1212

WORK HOME: 555 555 2121

DOB: 09 MAR 52

SEX: M

RACE: C

CITIZENSHIP: A

MARITAL STATUS: S

NUMBER OF DEPENDENT ADULTS: 00

NUMBER OF DEPENDENT CHILDREN: 00

COUNSELOR CODE: 6Z5

PROGRAM STIMULUS: 1B

CONTROL BRANCH: AN

COMPONENT: Z

ASSIGNMENT:

USAREC Form 1179, 1 May 1999

V1.00

Figure 5-41. Sample of a completed USAREC Form 1179

DEGREE: B S

GRADUATION YEAR: 1 9 9 9

DEGREE FIELD:

SCHOOL CODE: 0 0 4 8 8 2

LIC/REG/TYPE: R N

LIC/REG/DATE: 2 1 A U G 9 8

LIC/REG/STATE: K Y

CERT TYPE:

CERT DATE:

CERT STATE:

MCAT INFO:

MCAT YEAR	MCAT BI	MCAT CH	MCAT PH	MCAT SP	MCAT RD	MCAT CA	AVERAGE

OCAT INFO:

OCAT YEAR	OCAT AA	OCAT CR	OCAT RC	OCAT PH	OCAT BI	OCAT GC	OCAT OC	OCAT TS

OSTEOPATH:

FMG:

FYGME APPLICANTS ONLY

THE AREA BELOW IS FOR INDICATING THE FIRST FIVE PREFERENCE TYPES AND LOCATIONS FOR FYGME/DGPR APPLICANTS ONLY.

NAME: _____

SSN:

	PREFTYPE (CS 10-11)	PREFLOC (CC 12-13)
1		
2		
3		
4		
5		

_____

COUNSELOR SIGNATURE/DATE

Figure 5-41. Sample of a completed USAREC Form 1179 (Continued)

(Appropriate Letterhead)

OFFICE SYMBOL (MARKS NUMBER) Date

MEMORANDUM THRU Commander, Headquarters, U.S. Army Recruiting Command
(RCHS-AN), 1307 3rd Avenue, Room 2002, Fort Knox, KY 40121-2726

FOR Commander, PERSCOM Appointment Directorate, ATTN: TAPC-OPD-RD, 1 Reserve Way,
St. Louis, MO 63132-5200

SUBJECT: Application for Appointment with Concurrent Call to Active Duty in the Army Nurse Corps, USAR

1. Under provisions of AR 135-101, as changed, transmitted herewith is application for appointment in the AN, USAR, submitted by NAME (LAST, First Middle), SSN 000-00-0000.

2. This applicant meets the basic eligibility criteria for appointment in the AN, USAR. If selected, applicant desires to attend the Army Medical Department Officer Basic Course in _____ .

3. Request appointment letter be forwarded to the following address:

HCR NAME
TITLE
STATION
STREET ADDRESS
CITY, STATE ZIP CODE

Encl

HCR NAME
RANK, BRANCH
Title

Figure 5-42. Sample application for appointment with concurrent call to AD in the AMEDD, USAR

(Appropriate Letterhead)

OFFICE SYMBOL (MARKS NUMBER) Date

MEMORANDUM THRU Commander, Headquarters, U.S. Army Recruiting Command
(RCHS-AN), 1307 3rd Avenue, Room 2002, Fort Knox, KY 40121-2726

FOR Commander, PERSCOM Appointment Directorate, ATTN: TAPC-OPD-RD, 1 Reserve Way,
St. Louis, MO 63132-5200

SUBJECT: Application for Appointment in the Army Nurse Corps, USAR

1. Under provisions of AR 135-101, as changed, transmitted herewith is application for appointment in the AN, USAR, submitted by NAME (LAST, First Middle), SSN 000-00-0000.

2. This applicant meets the basic eligibility criteria for appointment in the AN, USAR. If selected, applicant desires to be assigned to: .

UNIT NAME	UIC:
STREET ADDRESS	PARA:
CITY, STATE ZIP CODE	LINE:
	POSN:

3. Request appointment letter be forwarded to the following address:

HCR NAME
TITLE
STREET ADDRESS
CITY, STATE ZIP CODE

Encl

HCR NAME
RANK, BRANCH
Title

Figure 5-43. Sample application for appointment in the AMEDD, USAR

Request for Registered Nurse Accession Bonus

(For use of ths form see USAREC Reg 601-37)

FROM: OWENS, Elvin	SSN: 345-67-8900

FOR: HQDA

1. Reference DA Msg 281300Z Dec 93, subject: Accession Bonus for Registered Nurses.

2. I hereby request participation in the Accession Bonus Program for Registered Nurses and certify that:

a. I am applying for an appointment and commission as an Army Nurse Corps officer on active duty and to the best of my knowledge I qualify for appointment as a Nurse Corps officer in the Army.

b. I am not currently an appointed commissioned Nurse Corps officer.

c. I am a licensed registered nurse or I will become a licensed registered nurse in accordance with AR 135-101, Interim Change 101, prior to my EAD.

d. I will remain a licensed registered nurse for the duration of the agreement period for which the bonus is paid.

e. In case I had prior commissioned service as a Nurse Corps officer, I was discharged at least 12 months prior to the execution of this agreement.

f. I did not receive any financial assistance from the Department of Defense to pursue a baccalaureate degree.

3. Conditions of agreement. I understand that:

a. I must remain on active duty for a period of 4 years beginning on 980815 . (Enter the effective active duty date.)

b. This agreement will be terminated if I cannot become a licensed registered nurse by failing the NCLEX-RN twice or within 18 months of my EAD, whichever comes first, or fail to remain a licensed registered nurse during my period of obligation.

c. Requests for resignation or release from active duty to be effective during the period of this agreement will be disapproved except where considered to be in the best interest of the U.S. Army or for Reserve Officers who qualify under the provisions of Chapter 3, Section IV (Hardship), AR 635-100.

d. In the event of termination under subparagraph b above, the full bonus amount of $5,000 will be recouped by the U.S. Government.

e. In the event of termination under subparagraph c above, the unearned bonus amount will be recouped by the Government on a pro rata basis, except in the following circumstances:

USAREC Form 1062, Rev 1 May 1997 (Previous editions are obsolete) **V1.00**

Figure 5-44. Sample of a completed USAREC Form 1062

(1) Death or disability that is not the result of misconduct or willful neglect and not incurred during a period of unauthorized absence;

(2) Separation from military service by operation of laws or regulations of the Department of Defense or Department of the Army, when a waiver for recoupment has been approved by the Secretary of the Army.

(3) In other cases, when the ASD(HA) determines recoupment is not in the best interest of the Government.

f. A discharge in bankruptcy under Title 11, U.S.C., that is entered less than 5 years after the termination of this agreement does not discharge me from a debt arising from this agreement. This paragraph applies to any case commenced under Title 11, U.S.C. after 29 November 1989.

4. In consideration of my entering into the foregoing agreement, and my acceptance of a commission as an officer in the Army Nurse Corps, the U.S. Army agrees to pay a $5,000 accession bonus to me, subject to availability of funds, in lump sum payment, upon arrival at my first permanent active duty station.

5. Disclosure of my social security number is voluntary; however, failure to provide the number may result in nonverification of this agreement and payment of the accession bonus may be affected. I also understand that information compiled from the agreement may be used for special pay program and budget analyses.

TYPED NAME, SSN OF APPLICANT	SIGNATURE	DATE
OWENS, ELVIN, 345-67-8900	/signed/	23 Apr 98
TYPED NAME AND GRADE OF WITNESSING OFFICER OR RECRUITER	SIGNATURE	DATE
DUNCAN, EDWARD, E-7	/signed/	23 Apr 98

Figure 5-44. Sample of a completed USAREC Form 1062 (Continued)

(SP) STATEMENT OF PROFESSIONAL INTEREST

December 13, 1998

It is in a faithful and disciplined commitment to excellence, an integral part of the Army's Medical Specialist Corps, that I submit my request to become a military dietitian. I believe, to be an effective part of the health care team, one must be an embodiment of the message that is being purveyed. I identify with the U.S. Army's spirit of leadership and its congruent cohesive image it projects to its publics.

I am attracted to the military for the external motives as well as the internal. For instance...

John F. Doe's Signature

Figure 5-45. Sample of statement of professional interest for all SP, VC, and DC applications

WHY I WANT TO BE A MILITARY OCCUPATIONAL THERAPIST
JOHN F. DOE

Becoming a Commissioned Officer in the United States Army has been a dream of mine since early childhood. I have learned that "in order to excel as an Officer, one must find happiness with what you're doing as an Officer." During my four years in Army ROTC, I have explored the opportunities available in the branches of the Army. I am convinced that I can make the greatest contribution to the Army as an occupational therapist...

John F. Doe's Signature

Figure 5-46. Sample of "Why I want to be a military occupational therapist, physical therapist, or dietitian" for SP student programs

OCCUPATIONAL THERAPY FIELDWORK EXPERIENCE
INTERVIEW QUESTIONNAIRE
(For use of this form see USAREC Reg 601-37)

PRIVACY ACT STATEMENT

Authority: Collection of this information is authorized by 10 USC, Sections 503 and 3013.
Purpose: Information collected will be used in part for determination of recommendation for selection for the Army Medical Specialist Corps.
Routine Uses: Information is disclosed to members of the Department of Defense who have a need for the information in the performance of their duties.
Effects of not Providing Information: Disclosure of this information is voluntary. However, failure to provide the requested information may delay or suspend the application process.

Please answer the following questions in the space provided below *(this form must be handwritten)*:

1. Choose two qualities or characteristics that you feel are important in an occupational therapist and discuss why they are important.

Two qualities that I feel are important in an occupational therapist are the ability to communicate and treat patients with a holistic viewpoint.

These qualities are important because a therapist needs to understand all aspects of an individual to effectively treat him. To gain an understanding, a therapist must listen to an individual while taking into consideration their occupation, goals, and life situation.

2. Why did you choose to apply to the Army's Occupational Therapy Fieldwork Experience?

I chose to apply to the Army's training because of my prior experience with the Army Reserves. I feel that the training and experience I will receive in the military will be beneficial to my career as an occupation therapist.

NAME *(Last, First, Middle Initial)*:	SSN:
Miller, Joseph R.	333-33-3333
SIGNATURE:	DATE:
/signed/	April 14, 1998

USAREC Form 1109-R-E, Rev 1 Jul 1997 (Previous editions will be used) **V1.00**

Figure 5-47. Sample of a completed USAREC Form 1109-R-E

OCCUPATIONAL THERAPY FIELDWORK PROGRAM
VERIFICATION STATEMENT AND TUITION PAYMENT

(For use of this form see USAREC Reg 601-37)

Section I. Verification Statement

Date: 15 May 98

Commander
U.S. Army Recruiting Command
ATTN: RCHS-SVD
1307 3rd Ave., Room 2002
Fort Knox, KY 40121-2726

This is to certify Mary L. Johnson, 111-11-1111, who is applying for the U.S.
(Student Name and SSN)
Army Occupational Therapy Fieldwork Program, will be eligible to begin his/her fieldwork experience

on 1 July 1998. The number of rotations required by this school is 2-3 month.
(Day, Month, Year)
This facility's fieldwork is 6 months long.

Number of credit required: Fall 0 Spring 0 Summer _____ Winter _____

Estimated cost per credit hour: $1,750 for total fieldwork requirement

School Bursar/Comptroller for tuition payment information:

Betty R. Smith, Comptroller
(Name)
1500 N. Warner
(Address)
University of Puget Sound

Tacoma, WA 98416
(*City, State, ZIP)*
(206) 756-3183
(Area Code/Telephone)

/signed/
(Signature)
Ann D. Lund
(Fieldwork Advisor)
University of Puget Sound
(School)
1655 N. Warner
(Address)
Tacoma , WA 98416
(*City, State, ZIP)*
(206) 756-3174
(Area Code/Telephone)

(E-Mail Address)

Affix Official School Seal

USAREC Form 1110, Rev 1 Jul 1999 (Previous editions are obsolete) **V1.00**

Figure 5-48. Sample of completed USAREC Form 1110

Section II. Tuition Payment

1. I understand that the U.S. Government, represented by the Contracting Officer, MEDCOM Contracting Center, will pay the Educational Institution the tuition for my Army Occupational Therapy Fieldwork Experience upon my entry into Active Federal Commissioned Service, U.S. Army.

2. I understand that the U.S. Government will not be responsible for the payment of tuition, if I fail to meet all requirements for entry into the U.S. Army.

3. I understand the Educational Institution may require the payment of tuition for the Occupational Therapy Fieldwork Experience prior to my entry into Active Federal Commissioned Service. If payment is required by the Educational Institution, I agree that I am responsible for the initial payment of the tuition.

4. I understand that it will be the responsibility to the Educational Institution to reimburse me for any payment of tuition for the Occupational Therapy Fieldwork Experience, upon payment to the Educational Institution by the U.S. Government. I further understand the U.S. Government cannot reimburse the student directly.

5. I understand that for the payment of tuition, an Educational Service Agreement (ESA) must be established between the U.S. Government, represented by the Contracting Officer, MEDCOM Contracting Center, and the Contractor of the Educational Institution.

6. I agree to forward or fax a copy of my orders to the following address:

Commander
AMEDD Center and School
ATTN: MCCS-HEA
1750 Greeley Rd, Bldg. 4011, Stop 7A
Fort Sam Houston, TX 78234-6122

FAX: (210) 221-2832

7. I agree to notify the Department of Health Education and Training, if there are changes to the Occupational Therapy Fieldwork Verification Statement, (210) 295-9428 or (210) 295-9514.

/signed/	Mary L. Johnson	University of Puget Sound
(Student's Signature)	(Printed Name)	(School)

Figure 5-48. Sample of completed USAREC Form 1110 (Continued)

AUTOBIOGRAPHY

December 13, 1998

I chose a career in dietetics as an expression of my curiosity and excitement in food, and as a viable means of communicating that to people. I can't imagine anything more satisfying than "doing what you are."

My commitment to this career has been made many years ago as evidenced by my resume, now, I am merely refining it. I have returned to school as a mature student; bring my wife and child. This four-year venture has been capitalized by renting our home out in Beaver Falls, Pennsylvania; my wife's job as a language teacher and mine as a mechanic; a prudent use of school loans that will total a modest $17,000 by June 1999.

My objectives are...

John F. Doe's Signature

Figure 5-49. Sample of autobiography for PT, OT, and dietetic student programs

APPLICANT SERVICE PREFERENCE

(For use of this form see USAREC Reg 601-37)

PRIVACY ACT STATEMENT

Authority: Collection of this information is authorized by 10 USC, Sections 503 and 3013.
Purpose: Information collected will be used as acknowledgment of service preference upon selection for the U.S. Army-Baylor University Program in Physical Therapy, Occupational Therapy Fieldwork, and Dietetic Internship.
Routine Uses: Information is disclosed to members of the Department of Defense who have a need for the information in the performance of their duties.
Effects of not Providing Information: Disclosure of this information is voluntary. However, failure to provide the requested information may delay or suspend the application process.

Indicate program: [√] PT Baylor [ ] Occuptional Therapy Fieldwork [ ] Dietetic Internship

If selected in the U.S. Army-Baylor University Program in Physical Therapy, my service preference is:

(Check One)

√ U.S. Army only

_____ U.S. Navy only

_____ U.S. Public Health Service only

_____ I will accept any service but prefer:

1. _____
2. _____
3. _____

_____ I have no preference.

If selected in the Occupational Therapy Fieldwork Experience Program, my site preference is:

(Check One)

_____ Walter Reed Army Medical Center

_____ Madigan Army Medical Center

_____ No preference. I will accept either site based on the Army's need.

If selected for the Military Dietetic Internship, my site preference is:

(Check One)

_____ Brooke Army Medical Center

_____ Walter Reed Army Medical Center

_____ No preference. I will accept either site based on the Army's need.

NAME *(Last, First, Middle Initial):*	SSN:
Smith, John A.	111-11-1111
SIGNATURE:	DATE:
/signed/	25 Jul 98

USAREC Form 1113, Rev 1 Mar 2000 (Previous editions are obsolete) **V1.00**

Figure 5-50. Sample of a completed USAREC Form 1113

Army Medical Specialist Corps Student Programs
Listing of Academic Courses in Progress Or To Be Taken

(For use of this form see USAREC Reg 601-37)

Student Program Applying For: ☐ **Dietetic Internship** ☒ **Occupational Therapy Fieldwork Experience**

☐ **PT Baylor**

Fall Semester *(If None - State "NONE")*

Course Title and Number	Number of Credits	School Location
Theory of Occupational Therapy in Mental Health Therapeutic Science 648	4	Nova Southeastern University Davie, Florida
Orthopedics - Therapeutic Science 502	4	Nova Southeastern University Davie, Florida
Neurology - Therapeutic Science 510	1	Nova Southeastern University Davie, Florida
Physical Disabilities I - Therapeutic Science 639	1	Nova Southeastern University Davie, Florida
Psychometric Methods - Psychology 210	3	Nova Southeastern University Davie, Florida

Spring Semester *(If None - State "NONE")*

Course Title and Number	Number of Credits	School Location
Physical Disabilities II - Therapeutic Science 640	3	Nova Southeastern University Davie, Florida
Pediatrics - Therapeutic Science 641	3	Nova Southeastern University Davie, Florida
Organization and Management	3	Nova Southeastern University Davie, Florida

DECLARATION OF INTENT

I, Joshua Omar Velez, have completed or will complete my degree and all academic requirements needed
(Print Full Name)
to attend the Army training program.

Applicant Signature:	**Date:**
/signed/	10 Jun 2000

USAREC Form 1180-R-E, 1 May 1999 **V1.00**

Figure 5-51. Sample of a completed USAREC Form 1180-R-E

PHYSICAL THERAPIST
INTERVIEW QUESTIONNAIRE
(For use of this form see USAREC Reg 601-37)

PRIVACY ACT STATEMENT

Authority: Collection of this information is authorized by 10 USC, Sections 503 and 3013.
Purpose: Information collected will be used in part for determination of recommendation for selection for the Army Medical Specialist Corps.
Routine Uses: Information is disclosed to members of the Department of Defense who have a need for the information in the performance of their duties.
Effects of not Providing Information: Disclosure of this information is voluntary. However, failure to provide the requested information may delay or suspend the application process.

Please answer the following questions in the space provided below *(this form must be handwritten)*:

1. Choose two most important qualities you feel a physical therapist should have and discuss why.

Physical therapists play an instrumental role in helping individuals help themselves. I feel a PT must have strong interpersonal skills. These are important in developing a rapport with the patients so they feel comfortable to learn to trust the therapist. Personal skills are necessary to motivate and instruct the patient and help them understand they need to help themselves.

Time management skills are important to be effective and efficient in development and implementation of a program. A therapist must also be able to complete multiple tasks at the same time.

2. What are your goals for the next 5 to 6 years and where do you expect to be in your military and professional careers?

I have chosen to pursue a career as a military PT for several reasons. The military has a strong sense of community and team work. If offers many opportunities for improvement, education, and advancement. The military has cutting edge procedures and knowledge. I enjoy working with individuals from a wide variety of backgrounds which I feel the military will provide. I would welcome a chance to travel and see other parts of the country and world while involved in the military.

NAME *(Last, First, Middle Initial)*:	SSN:
Davis, Mary P.	555-55-5555
SIGNATURE:	DATE:
/signed/	December 15, 1998

USAREC Form 1111-R-E, Rev 1 Jul 1997 (Previous editions will be used) **V1.00**

Figure 5-52. Sample of a completed USAREC Form 1111-R-E

DIETETIC INTERNSHIP
INTERVIEW QUESTIONNAIRE
(For use of this form see USAREC Reg 601-37)

PRIVACY ACT STATEMENT

Authority: Collection of this information is authorized by 10 USC, Sections 503 and 3013.
Purpose: Information collected will be used in part for determination of recommendation for selection for the Army Medical Specialist Corps.
Routine Uses: Information is disclosed to members of the Department of Defense who have a need for the information in the performance of their duties.
Effects of not Providing Information: Disclosure of this information is voluntary. However, failure to provide the requested information may delay or suspend the application process.

Please answer the following questions in the space provided below *(this form must be handwritten)*:

1. Choose two qualities or characteristics that you feel are important in a dietitian and discuss why they are important.

Initiative. Dietitians have a responsibility to their patients to provide the best possible care. Continuing education is essential to providing quality, up-to-date care. The field of dietetics is constantly evolving, as a professional we are required to remain current on new practices, techniques, and discoveries. Networking is also vital to providing quality care as it allows dietitians to share knowledge and experiences. Taking the initiative to learn, share, and grow professionally are important to me as a person and to moving the field of dietetics into the future.

Personality. A pleasant, positive personality is another important characteristic. The ability to get along with others and be able to work in a team are essential to providing quality care.

2. Discuss the role and benefits of nutrition education to the general public.

Nutrition education is essential in improving the health and well-being of the public. Diet has been linked to many diseases including obesity, diabetes, cardiovascular disease, and many others. Early education in the schools is important to developing a consciousness and interest in the population. Education in the workplace, super markets, and community centers is also an effective means of prompting a healthy diet and disease prevention. Socioeconomically depressed areas should also be a major focus of nutrition education due to their increased risk of developing diet-related medical problems. Promoting public awareness of the benefits of a healthy diet is essential in improving the health status of the American public and the prevention of disease.

NAME *(Last, First, Middle Initial)*: Coleman, Heidi M.	SSN: 444-44-4444
SIGNATURE: /signed/	DATE: April 10, 1998

USAREC Form 1112-R-E, Rev 1 Jul 1997 (Previous editions will be used) **V1.00**

Figure 5-53. Sample of a completed USAREC Form 1112-R-E

APPLICATION FOR ARMY CLINICAL PSYCHOLOGY INTERNSHIP

For use of this form, see Chap 8, AR 601-130; the proponent agency is Office of The Surgeon General.

THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974

1. AUTHORITY: 10 USC 3012; 10 USC 4301; Executive Order 9397.

2. PRINCIPAL PURPOSE(S): Required for applicants to enter the Army Clinical Psychology Internship.

3. ROUTINE USES: Used by selection board in considering applicants on a competitive basis and selecting those considered best qualified. SSN, home address, and home telephone number required for identification, for DA record purposes, and for contact purposes.

4. MANDATORY OR VOLUNTARY DISCLOSURE: Disclosure of personal information is voluntary. However, failure to provide the requested information may result in nonconsideration.

THRU: HQ USAREC ATTN: RCHS-MS Fort Knox, KY 40121-2726	**TO:** Recruiting Station Address

1. NAME *(Last, First, Middle Initial)* Smith, Donna S.	2. GRADE 1LT	3. BRANCH MS
4. SSN 123-45-6789	5. UNIT OF ASSIGNMENT	6. COMPONENT *(RA, USAR, ARNGUS)* RA

7. PERMANENT HOME ADDRESS *(Home of Record)* P. O. Box 300 Panama, NY 14787	8. CURRENT MAILING ADDRESS AND PHONE NO. *(Include Area Code)* 200 Ranch Valley Vine Grove, KY 40175
9. ADDRESS AND PHONE NO. AFTER DATE OF _____ Same as item 8	10. CHECK PROGRAM(S) IN WHICH YOU HAVE PARTICIPATED [x] ROTC SCHOLARSHIP [ ] ROTC DELAY [ ] HR2/HPSP [ ] ECP

11. Under the provisions of Chapter 8, AR 601-130, I hereby make application for participation in the Army Clinical Psychology Internship for the period September _____ through August _____ *(fill in applicable year).* If there are any changes in the information I am submitting, I will notify my AMEDD Personnel Counselor.

12. Selections of participants in the Army Clinical Psychology Internship are made by a board of officers on a best qualified basis. I understand that my preference for hospital assignment, as indicated below, will be used as a guide for consideration of assignment only, and I agree to accept appointment at any installation named.

(NOTE: Fill in each blank below in order of preference)

__2__ Silas B. Hays Army Community Hospital, Fort Ord, CA

__1__ William Beaumont Army Medical Center, El Paso, TX

__4__ Walter Reed Army Medical Center, Washington, D.C.

__3__ Dwight David Eisenhower Army Medical Center, Fort Gordon, GA

13. In return for my participation in the Army Clinical Psychology Internship, I understand and agree that I will incur a three year active duty commitment which commences upon entry into this Internship. If I am a US Army Health Professions Scholarship Program (HPSP) psychology graduate entering this internship program, I understand that my obligation will be as set forth on DA Form 4629, which I executed for entry into HPSP. I understand that participation in the Internship will not reduce any unfulfilled active duty obligation which exists prior to my entry into the Internship.

14. I understand that I will be appointed/reappointed as a Medical Service Corps officer and receive the appropriate grade on entry into Internship and on its completion under the provisions of AR 135-101 and Chapter 8, AR 601-130, regardless of any prior USAR or AUS commissioned status or grade in another specialty, branch or service.

15. I further understand that I will be required to complete any incurred service obligation as certified to on DA Form 3574 or DA Form 3575.

SIGNATURE OF APPLICANT /signed/	DATE 2 Jul 98

DA Form 4682-R, Apr 81 **Previous editions are obsolete**

Figure 5-54. Sample of a completed DA Form 4682-R

AMEDD OBC Preplanning Checklist

(For use of this form see USAREC Reg 601-37)

- [√] Orders and amendments (30 copies).
- [√] Oath of Office (DA Form 71) and Letter of Appointment.
- [√] Family: You are advised not to bring your family to OBC if you will be here TDY. If going overseas, concurrent travel may not be available.
- [√] Marriage and birth certificates of dependents, college-age dependents' transcripts, divorce decrees.
- [√] All medical and dental records, immunization records, copy of physical, and any waivers.
- [√] Prior service records/DD Form 214.
- [√] Money: Bring enough to make it to the first pay check (end of second month) or until advanced pay is received at end of second week.
- [√] Checking account number, address of bank, SF 1199A for Direct Deposit signed by the bank. Your pay will be delayed without this form.
- [√] Uniforms (bring all that you have).
- [√] Transportation: Recommend you bring your car if you have one.
- [√] Overseas assignments and weight allowance.
  NOTE: If moved by the Air Force or Navy ensure Army weight allowances are used.
- [√] I understand if I fail my state boards I may not proceed to OBC and that I must notify my recruiter immediately.
- [√] I am ___35___ years old. I must do ___14___ push-ups in 2 minutes. I must do ___35___ sit-ups in 2 minutes. I must run 2 miles in ___22___ minutes and ___36___ seconds.
- [√] I am ___35___ years old. I am ___70___ inches tall. I cannot weigh more than ___168___ pounds or have a body fat percentage of over ___34___ percent.
- [√] BAMC assignments: Do-it-yourself moves are discouraged. You should bring your car if you will be stationed at Brooke Army Medical Center after OBC. Guest house (512) 221-8744.

I have watched the AMEDD OBC film and I have been briefed on the requirements of OBC and my responsibilities as a Commissioned Officer in the U.S. Army Medical Department.

OFFICER'S SIGNATURE	DATE
/signed/	4 Jul 98
HEALTH CARE RECRUITER'S SIGNATURE	DATE
/signed/	4 Jul 98

USAREC Form 1063, Rev 1 Jul 1996 (Previous editions are obsolete)

Figure 6-1. Sample of a completed USAREC Form 1063

Appendix A
References

Section I
Related Publications

AR 15-6
Procedures for Investigating Officers and Board of Officers.

AR 40-66
Medical Record Administration and Health Care Documentation.

AR 40-68
Quality Assurance Administration.

AR 40-501
Standards of Medical Fitness.

AR 135-7
Army National Guard and Army Reserve Incentive Programs.

AR 135-91
Service Obligations, Methods of Fulfillment, Participation Requirements, and Enforcement Procedures.

AR 135-100
Appointment of Commissioned and Warrant Officers of the Army.

AR 135-101
Appointment of Reserve Commissioned Officers for Assignment to Army Medical Department Branches.

AR 135-175
Separation of Officers.

AR 135-200
Active Duty for Training, Annual Training and Active Duty Special Work of Individual Soldiers.

AR 140-185
Training and Retirement Point Credits and Unit Level Strength Accounting Records.

AR 350-41
Training in Units.

AR 380-19
Information Systems Security.

AR 600-9
The Army Weight Control Program.

AR 601-210
Regular Army and Army Reserve Enlistment Program.

AR 621-5
Army Continuing Education System (ACES).

AR 623-205
Enlisted Evaluation Reporting System.

AR 670-1
Wear and Appearance of Army Uniforms and Insignia.

DA Pam 360-3
Army Hometown News Program.

DA Pam 611-21
Military Occupational Classification and Structure.

DOD Directive 6000.12
Health Services Operations and Readiness.

JFTR, Vol 1
Uniformed Service Members.

JTR, Vol 2
DOD Civilian Personnel.

MCM
Manual for Courts-Martial.

UCMJ
Uniform Code of Military Justice.

USAREC Reg 1-18
Management of Centers of Influence Events.

USAREC Reg 5-3
Advertising Program Planning and Execution.

USAREC Reg 25-10
Telecommunications Management.

USAREC Reg 27-2
Legal Services Support for the United States Army Recruiting Command.

USAREC Reg 37-16
Recruiter Expense Allowance.

USAREC Reg 55-2
Applicant Meals, Lodging, Travel, and Accountability of Negotiable Media and Meal Tickets.

USAREC Reg 56-1
Management of Government-Owned Vehicles.

USAREC Reg 140-3
Request for Reserve Unit Assignment of Individual Ready Reserve Members.

USAREC Reg 190-3
Procedures in Drunk Driving Cases.

USAREC Reg 350-6
Recruiter Production Management System.

USAREC Reg 350-7
Recruiting Station Production Management System.

USAREC Reg 360-12
Unit Membership in Non-Federal Entities.

USAREC Reg 380-4
Security Program.

USAREC Reg 405-1
Facility Management.

USAREC Reg 600-22
Assignment of Enlistment Processing Responsibility.

USAREC Reg 600-32
United States Army Nurse Corps Spirit of Nursing Award Program.

USAREC Reg 601-45
Recruiting Improprieties Policies and Procedures.

USAREC Reg 601-51
Lead Evaluation and Distribution System Technical Manual.

USAREC Reg 601-56
Waiver, Delayed Entry Program Separation, and Void Enlistment Processing Procedures.

USAREC Reg 601-81
Educator/Centers of Influence Tour Program.

USAREC Reg 601-85
Total Army Involvement in Recruiting.

USAREC Reg 601-89
Completion of the Request for Examination Form.

USAREC Reg 601-95
Delayed Entry and Delayed Training Program.

USAREC Reg 601-101
Education Enlistment Credentials.

USAREC Reg 601-105
Health Professions Scholarship Program Instruction Handbook on Applicant and Selectee Processing.

USAREC Reg 608-1
National Voter Registration Act.

USAREC Reg 611-4
Screening Tests.

USAREC Reg 715-1
Procurement Management and Control.

USAREC Manual 25-100
Training the Recruiting Force.

USAREC Pam 27-65
Procedural Guide for the United States Army Recruiting Command Investigating Officer.

USAREC Pam 350-7
Recruiter Salesmanship.

USMEPCOM Reg 40-1
Medical Processing and Examinations.

USMEPCOM Reg 40-8
Human Immunodeficiency Virus (HIV) and Department of Defense (DOD) Preaccession Drug and Alcohol Testing (DAT) Program.

Section II
Required Forms

USAREC Form 195-R-E
Applicant Evaluation Worksheet.

USAREC Form 200-5
AMEDD Prospect Data Record.

USAREC Form 200-8
AMEDD Educational Delay, Health Professional Scholarship Program, and Financial Assistance Program Accession Card.

USAREC Form 524-R-E
Personnel Data Sheet.

USAREC Form 525-R-E
Statement of Understanding.

USAREC Form 533-A
AMEDD Processing List.

USAREC Form 539
Lead Refinement List.

USAREC Form 635-E
AMEDD Production Management Data Sheet - RA.

USAREC Form 635-F
AMEDD Production Management Data Sheet - USAR.

USAREC Form 635-I
Quarterly AMEDD Mission Box Workplan.

USAREC Form 635-J
AMEDD Mission Box Workplan Year-to-Date Conversion Data.

USAREC Form 636-A
AMEDD School Data Sheet.

USAREC Form 658-R-E
AMEDD Application Worksheet.

USAREC Form 660-C
AMEDD Recruiting Station Evaluation Checklist.

USAREC Form 711-7
AMEDD Production Summary (8 1/2" X 11").

USAREC Form 711-7-A
AMEDD Production Summary (17 1/4" X 31 1/4").

USAREC Form 762-A
AMEDD Lead Source Analysis Sheet.

USAREC Form 815
AMEDD School/Program Folder.

USAREC Form 817
AMEDD Recruiting Station Assets Form (8 1/2" X 11").

USAREC Form 817-A
AMEDD Recruiting Station Assets Form (15" X 24").

USAREC Form 818
AMEDD Qualified Pending Accession/Ship Log.

USAREC Form 988-R-E
Center of Influence and Very Important Person Card.

USAREC Form 991-A
AMEDD Educational Delay, Health Professional Scholarship Program, and Financial Assistance Program Assumption of Credit.

USAREC Form 1062
Request for Registered Nurse Accession Bonus.

USAREC Form 1063
AMEDD OBC Preplanning Checklist.

USAREC Form 1068
Request for Eligibility Verification-AMEDD.

USAREC Form 1071-R-E
Restrictions on Personal Conduct in the Army.

USAREC Form 1073-R-E
Statement of Acknowledgment for Accommodation of Religious Practices.

USAREC Form 1075-R-E
Statement of Understanding for Applicants Requesting Appointment to the Army Medical Department With Concurrent Call to Active Duty.

USAREC Form 1076-R-E
AMEDD Transmittal Sheet.

USAREC Form 1081-R-E
National AMEDD Augmentation Detachment (NAAD) Assignment Verification and Acceptance.

USAREC Form 1090
AMEDD Appointment Application Checklist.

USAREC Form 1099-R-E
Verification of Eligibility to Transfer-AMEDD.

USAREC Form 1103-R-E
Incentive Enrollment Data Sheet.

USAREC Form 1105
STRAP Enrollment Verification.

USAREC Form 1109-R-E
Occupational Therapy Fieldwork Experience Interview Questionnaire.

USAREC Form 1110
Occupational Therapy Fieldwork Program Verification Statement.

USAREC Form 1111-R-E
Physical Therapist Interview Questionnaire.

USAREC Form 1112-R-E
Dietetic Internship Interview Questionnaire.

USAREC Form 1113
Applicant Service Preference.

USAREC Form 1117
Recruiting Inspection Log.

USAREC Form 1119-R-E
National Practitioner Databank Search Information.

USAREC Form 1127
Supplement to DA Form 3286-67 - Statement for Enlistment (or Appointment) - Army Policy.

USAREC Form 1131
Department of the Army Service Agreement - F. Edward Hebert Armed Forces Health Professions Scholarship Program (AFHPSP).

USAREC Form 1139
Department of the Army - Armed Forces Services Agreement - Armed Forces Dental Officer Accession Bonus Program.

USAREC Form 1145
Drug and Alcohol Testing Acknowledgment.

USAREC Form 1156
Statement for Enlistment or Appointment - Concealment of Information.

USAREC Form 1166-R-E
Selected Reserve Recruitment Bonus Program Contract.

USAREC Form 1177-R-E
Statement of Understanding - Individual Mobilization Augumentee (IMA) Positions.

USAREC Form 1178
Quality Assurance Packet Checklist.

USAREC Form 1179
Applicant Code Sheet.

USAREC Form 1180-R-E
Army Medical Specialist Corps Student Programs - Listing of Academic Courses in Progress or to be Taken.

Section III
Related Forms

DA Form 2-1
Personnel Qualification Record - Part II.

DA Form 61
Application for Appointment.

DA Form 71
Oath of Office - Military Personnel.

DA Form 160-R
Application for Active Duty.

DA Form 873
Certificate of Clearance and/or Security Determination.

DA Form 1058-R
Application for Active Duty for Training, Active Duty for Special Work, Temporary Tour of Active Duty, and Annual Training for Soldiers of the Army National Guard and U.S. Army Reserve.

DA Form 1059
Service School Academic Evaluation Report.

DA Form 2976-R
Application for Individual Mobilization Augmentation Program Assignment.

DA Form 3540-R
Certificate and Acknowledgment of U.S. Army Reserve Service Requirements and Methods of Fulfillment.

DA Form 3574
Certificate of Acknowledgment and Understanding of Service Requirements for Individuals Applying for Appointment in the USAR Under the Provisions of AR 135-100 or AR 135-101, as Applicable - Individuals Without Prior Service.

DA Form 3575
Certificate of Acknowledgment and Understanding of Service Requirements for Individuals Applying for Appointment in the USAR Under the Provisions of AR 135-100 or AR 135-101, as Applicable - Individuals Without a Statutory Service Obligation.

DA Form 3838
Application for Professional Training.

DA Form 4187
Personnel Action.

DA Form 4213
Supplemental Data for Army Medical Service Reserve Officers.

DA Form 4571-R
Data Required By the Privacy Act of 1974 (Eligibility for AMEDD Officer Procurement Programs - Miscellaneous Documentation).

DA Form 4572-R
Statement of Understanding for Appointment as a Commissioned Officer.

DA Form 4651-R
Request for Reserve Component Assignment or Attachment.

DA Form 4682-R
Application for Army Clinical Psychology Internship.

DA Form 5074-R
Record of Award of Entry Grade Credit (Medical and Dental Officers).

DA Form 5252-R
Statement - Evidence of Citizenship Status.

DA Form 5500-R
Body Fat Content Worksheet (Male).

DA Form 5501-R
Body Fat Content Worksheet (Female).

DA Form 5536-R
Health Professionals Loan Repayment (HPLR) Agreement.

DA Form 5685-R
New Specialized Training Assistance Program (New STRAP) Service Agreement.

DA Label 18
Mailing Label.

DD Form 4 series
Enlistment/Reenlistment Document - Armed Forces of the United States.

DD Form 214
Certificate of Release or Discharge From Active Duty.

DD Form 368
Request for Conditional Release From Reserve or Guard Component.

DD Form 372
Request for Verification of Birth.

DD Form 448
Military Interdepartmental Purchase Request.

DD Form 1966 series
Record of Military Processing - Armed Forces of the United States.

DD Form 2280
Armed Forces Fingerprint Card.

DD Form 2645
Voter Registration Information.

DD Form 2807-2
Medical Prescreen of Medical History Report.

DS Form 1350
Certificate of Birth Abroad of a Citizen of the United States.

FS Form 240
Consular Report of Birth Abroad.

FS Form 545
Certificate of Birth Abroad of a Citizen of the United States.

INS Form I-94
Arrival Departure Record.

INS Form I-151
Alien Registration Receipt Card.

INS Form I-551
Alien Registration Receipt Card.

INS Form I-688
Temporary Resident Card.

INS Form N-560
Certificate of Citizenship.

INS Form N-600
Application for Certificate of Citizenship.

JUST Form FD 258
FBI U.S. Department of Justice Fingerprint Card (Applicant).

NGB Form 22
National Guard Bureau Report of Separation and Record of Service.

NGB Form 62-E
Application for Federal Recognition as an Army National Guard Officer or Warrant Officer and Appointment as a Reserve Commissioned Officer or Warrant Officer of the Army in the National Guard of the United States.

NGB Form 337
Oaths of Office.

SF 86
Questionnaire for National Security Positions.

SF 88
Report of Medical Examination.

SF 93
Medical Record--Report of Medical History.

SF 180
Request Pertaining to Military Records.

SF 1199A
Direct Deposit Sign-Up Form.

TD Form IRS W-2
Wage and Tax Statement.

TD Form IRS W-4
Employee's Withholding Allowance Certificate.

USARC Form 62-R
Sponsors Guide and Inprocessing Checklist.

USAREC Form 658-A-E-R
AMEDD OWNRS Data Input Worksheet.

USAREC Form 967
Training Record.

USAREC Form 1155
General Exception Form.

USMEPCOM Form 714-A
Request for Examination.

Appendix B
Planning Guide

NOTE: The Planning Guide is organized into three sections.

B-1. Yearly section

A single page used to display major events or activities which are planned far in advance. Entries made on this page are ultimately reminders for the monthly and/or daily section of the Planning Guide. At a minimum this section will contain the following:

a. Board dates.
b. AMEDD Det conference.
c. Conventions.
d. OBC dates.
e. Match dates.

B-2. Monthly section

A separate page for each month of the year used to record mid-range plans. Entries in this section are typically moved to the daily section as planning details, dates, and times become firm. At a minimum this section will contain the following:

a. Training. Individual, team, and AMEDD Det.
b. School visits.
c. DEP and DTP functions.
d. TAIR events.
e. COI events.

B-3. Daily section

A single page dedicated to each day of the year on which specific events or actions are scheduled. Referred to as the short-range plan, this section provides a listing of all activities which will consume an HCR's time. Unused time must be well managed to accomplish lead generation and prospecting activities, the keys to consistent mission accomplishment. At a minimum, this section will contain the following:

a. Lead generation activities.
b. Sales interviews and applicant and prospect followup.
c. Prospecting activities. Administrative and logistical duties, personal affairs, travel time, etc.

B-4. Filing and disposition

The Planning Guide will be filed in the RS functional files at the close of the calendar year in section 601-210i (Reference Paper Files Planning Guide), retained for 1 year, and then destroyed. In the event of HCR reassignment, the Planning Guide is provided to the newly assigned HCR and filed when it is of no further use.

Appendix C
AMEDD School/Program Folder

C-1. General

Initiate USAREC Form 815 (see fig C-1) on 1 July or the next available workday. The intent of the school folder is to provide each assigned HCR a historical reference of past and present performance and productivity. The school folders will assist each HCR in maintaining a consistent school program and give every HCR an opportunity to increase and exceed past production. Each HCR will maintain a written account in the school folder of all activity, successful or unsuccessful. The school folder should create a profile of all that has happened, or needs to happen, in that school. The folder provides a systematic method for compiling essential information about each assigned school program and identifies key educators who are most likely to support recruiting efforts. Document each visit to an assigned school program within the school folder. These entries will include, as a minimum, the date of the visit, time, and a synopsis of what was accomplished (the who, what, when, and how).

C-2. USAREC Form 815

a. Front cover. Record data to reflect the profile for each school. Enter the types of AMEDD programs that are offered in the school. Enter the names of enlistees and commissions from this school as they enlist or commission (see fig C-1).

b. Inside front cover. A continuation of the school profile. Entries should be clear and concise.

c. Inside back cover. Space is provided to list names of students enrolled under Army-funded programs.

d. Outside back cover. Space is provided to list names of student COI and faculty for each program.

C-3. Filing and disposition

a. The RS commander will hold current year school folders within the RS active files. It is the HCR's responsibility to keep the data current in accordance with this appendix.

b. Maintain school folders for a minimum of 2 years in the RS's inactive files. All folders exceeding the current school year plus the past 2 years may be destroyed if no longer valuable as a historical document.

AMEDD SCHOOL/PROGRAM FOLDER
(For use of this form see USAREC Reg 601-37)

GRADUATION DATES: 21 JUL 99 _____

TYPE OF AMEDD PROGRAM: Nurse Anes _____ _____ _____ _____

PROGRAM ENROLLMENT:

99 CLASS ENROLLMENT: 45 / _____ 00 CLASS ENROLLMENT: 45 / _____

APPLICATIONS SUBMITTED PREVIOUS SCHOOL/PROGRAM YEAR: 2

COMMISSIONED PREVIOUS SCHOOL/PROGRAM YEAR: 2

APPLICATIONS SUBMITTED CURRENT SCHOOL/PROGRAM YEAR: 1

COMMISSIONED CURRENT SCHOOL/PROGRAM YEAR: 1

STUDENTS COMMISSIONED

NAME	RANK	AOC / MOS	AD	USAR	ASSIGNMENT	NAME OF REFERRALS
Wilson, James	1LT	66F	X		BAMC	Akins, William

NAME: _____

ADDRESS: _____

PHONE: _____

USAREC Form 815, Rev 1 May 1999 (Previous editions are obsolete)

Figure C-1. Sample of a completed USAREC Form 815

SCHOOL/PROGRAM CALENDAR OF EVENTS	
JULY	21 - Graduation
AUGUST	
SEPTEMBER	New Class Start - 2d
OCTOBER	Career Day - 15th
NOVEMBER	
DECEMBER	15th - Break
JANUARY	15th - Return
FEBRUARY	Work Exploration Day
MARCH	
APRIL	
MAY	
JUNE	

ADDITIONAL INFORMATION

NAME OF SCHOOL/PROGRAM NEWSPAPER:

ACCEPTS ADS: YES _____ NO X

DATES(S) AD(S) PLACED _____, _____, _____, _____, _____, _____

LOCATIONS(S) OF RPI RACKS(S):

Student Center

SCHOOL/PROGRAM VISITATION POLICY:

2-day notice

SCHOOL DIRECTORY INFORMATION (WHAT, WHEN, WHO):

Mrs. Williams, entire class list, followup 3 weeks prior to class start.

ACTION TAKEN TO OBTAIN IF DENIED:

Figure C-1. Sample of a completed USAREC Form 815 (Continued)

ESSENTIAL YEARLY ACTIVITIES

Date(s) Accomp.

1. Contact counselors, placement directors, and financial advisors for appointment. _____

   REMARKS: _____

2. Schedule career day, job fair, etc., presentations. _____

   REMARKS: _____

3. Request directory information from Dean, Placement Director, etc. _____

   REMARKS: _____

4. Request school activities calendar. _____

   REMARKS: _____

5. Attend school functions (professional organization meetings, sports events, etc.). _____

   REMARKS: _____

6. Advertise in school newspapers. _____

   REMARKS: _____

7. Plan, schedule, and conduct student tours. _____

   REMARKS: _____

Figure C-1. Sample of a completed USAREC Form 815 (Continued)

Date(s) Accomp.

8. Schedule junior class presentations as necessary. _____

REMARKS: _____

_____

9. Attend graduation and awards ceremonies. _____

REMARKS: _____

_____

10. Request directory information for next school year. _____

REMARKS: _____

_____

11. Ensure newspaper monetary obligations have been met. _____

REMARKS: _____

_____

Figure C-1. Sample of a completed USAREC Form 815 (Continued)

ADDITIONAL ACTIVITIES

ACTIVITY	DATE
Document all HCR activities	

REMARKS

Figure C-1. Sample of a completed USAREC Form 815 (Continued)

ADDITIONAL ACTIVITIES	
ACTIVITY	DATE

REMARKS

Figure C-1. Sample of a completed USAREC Form 815 (Continued)

STUDENTS ENROLLED UNDER ARMY-FUNDED PROGRAMS			
NAME	ADDRESS	TELEPHONE	PROGRAM
Williams, Ron	111 1st Street Anytown, KY 12345	(555) 123-4567	HPSP

Figure C-1. Sample of a completed USAREC Form 815 (Continued)

PROGRAM FACULTY INFORMATION

		Telephone Office	Telephone Home
Registrar:	Anderson, Amy	6-1234	
Dean, School of Program:	Benson, Bill	6-1234	
Placement Director:	Carr, Carl	6-1234	
Counselor:	Davidson, Don	6-1234	
Newspaper Advisor:	NA		
Student Association, Advisor:	Farr, Bill	6-1234	
Faculty Member in TPU:	Taylor, Tim	6-1234	
Other Helpful Faculty Member:	Billings, Bob	6-1234	

		Telephone Office	Telephone Home
Registrar:			
Dean, School of Program:			
Placement Director:			
Counselor:			
Newspaper Advisor:			
Student Association, Advisor:			
Faculty Member in TPU:			
Other Helpful Faculty Member:			

		Telephone Office	Telephone Home
Registrar:			
Dean, School of Program:			
Placement Director:			
Counselor:			
Newspaper Advisor:			
Student Association, Advisor:			
Faculty Member in TPU:			
Other Helpful Faculty Member:			

		Telephone Office	Telephone Home
Registrar:			
Dean, School of Program:			
Placement Director:			
Counselor:			
Newspaper Advisor:			
Student Association, Advisor:			
Faculty Member in TPU:			
Other Helpful Faculty Member:			

		Telephone Office	Telephone Home
Registrar:			
Dean, School of Program:			
Placement Director:			
Counselor:			
Newspaper Advisor:			
Student Association, Advisor:			
Faculty Member in TPU:			
Other Helpful Faculty Member:			

Figure C-1. Sample of a completed USAREC Form 815 (Continued)

Appendix D
Lead Refinement List

a. USAREC Form 539 (fig D-1) is self-explanatory except for the "Attempts" block. Use this block to record unsuccessful attempts in pencil only. Enter actual contact with the individual listed as "lead" in ink in the appropriate 1st, 2d, 3d, etc., column.

NOTE: A contact is defined as a personal conversation with the prospect, however, secondhand information regarding death or handicap also constitutes contact.

b. See table D-1 for LRL disposition codes.

c. The following abbreviations will be used on USAREC Form 539:

(1) TC - Telephone call.
(2) HC - House call.
(3) MO - Mailout (not to be construed as a contact).
(4) NA - No answer.
(5) NH - Not home.
(6) SP - School presentation.
(7) TE - TAIR event.

Table D-1
LRL disposition codes

DISPOSITION OF LEADS	CODE	NOTES
Lead becomes a prospect (agreed to appointment).	200	No other annotation is necessary unless USAREC Form 200-5 is terminated or the prospect enlists. Leave code 200 and annotate the appropriate additional code from below. NOTE: The code "200" is a permanent entry once entered.
Lead unwilling to commit.	F	Near-term followup required. As a minimum indicate reason(s) for next followup. Indicate future followup by placing the "FU month" in the margin (in pencil) right of the Results Code box. Additionally, placing an entry of next FU in the Planning Guide is recommended.
Lead found to be disqualified.	U	Indicate reason.
Lead moved out of zone.	M	Forward to RS nearest new address (indicate how verified).
Lead referred.	REF AC REF AR REF NG REF OTH SVC	Referred to AC. Referred to USAR. Referred to ARNG. Referred to other services.
Unable to contact lead. (This implies reasonable efforts by telephone, mail, and house calls.) NOTE: Accomplish all three subsequent to using code "X."	X	Document attempts to contact on USAREC Form 539 (enter dates and times).
Lead enlisted in another service.	MS	Indicate branch of service (i.e., NG, USN, AF, USMC, etc.).
Proved to be totally without interest in enlistment.	NI	Indicate reasons.
Lead attending college, vocational school, etc.	COL	Actually in college, Vo-Tech, etc. (Indicate school on USAREC Form 539.)
Lead plans on continuing education.	CE	Plans on attending college, Vo-Tech, etc. (Indicate school on USAREC Form 539.)
Enlisted into the Army.	ENL	Enlisted RA or USAR.

NOTE: Affix a copy of these codes to the inside cover of each LRL binder. "T" for terminated is not an authorized code.

LEAD REFINEMENT LIST
(For use of this form see USAREC Reg 350-6)

NAME OF SCHOOL Michigan State University
SCHOOL YEAR 98/99
SOURCE IF OTHER
THAN SCHOOL Student Nurse Association

	MALE	/	FEMALE
# Names:		/	
# Contacted:		/	
% Contacted:			

LEADS	ATTEMPTS Type/Time/Date	TIME/DATE AND RESULTS OF CONTACTS			CODE
Name: Martin	TC, L/MSG on A/MACH 1730, 3 Aug 98	**1st** TC, 1400, 4 Aug 98, Amanda returned the message, scheduled appt for 5 Aug 98, HC. Interested in AD.	**2d**	**3d**	200
Amanda					
Phone: (810) 765- 5525					
Address: 111 Murray Court					
Marine City, MI	**BLUEPRINT INFO**	**4th**	**5th**	**6th**	
ZIP Code: 48039					

LRL disposition code from table D-1.

Name: Morgan		**1st** TC, 1732, 3 Aug 98, Faye is a diabetic.	**2d**	**3d**	U
Faye					
Phone: (517) 842-9126					
Address: 73841 Monroe Street					
Clinton TWP, MI	**BLUEPRINT INFO**	**4th**	**5th**	**6th**	
ZIP Code: 48117					

Name: Merryweather	TC, NA, 1744, 3 Aug 98	**1st** TC, 1030, 7 Aug 98, Jo Anne is interested in Anesthesia, will not commit to an appt at this time.	**2d**	**3d**	F
Jo Anne					
Phone: (616) 327-1684					
Address: 813 Monika Lane					
Brighton, MI	**BLUEPRINT INFO**	**4th**	**5th**	**6th**	
ZIP Code: 48321					

Next FU month

Nov.

USAREC Form 539, Rev 1 Sep 1995 (Previous editions will be used)

Figure D-1. Sample of a completed USAREC Form 539

Appendix E
AMEDD Prospect Data Record

USAREC Form 200-5 completion

a. Initiate USAREC Form 200-5 when a prospect agrees to an appointment (see fig E-1). Complete the PDR as much as possible before the appointment. Recruiting personnel must be careful not to violate the prospect's privacy by asking for information not relevant at the time. After the completion of the sales presentation the PDR should be completed to the fullest extent possible. The more information recorded will surface any possible problems that will affect the timely processing of the applicant.

b. Complete USAREC Form 200-5 in the following manner.

(1) Prospect Data.

(a) Name (Last-First-Middle). Enter the preferred name of the prospect in last, first, middle name format. Any aliases should be placed in this block.

(b) Telephone (Home). Enter the prospect's home telephone number to include area code.

(c) Initial Contact. Enter the date the prospect was initially contacted and agreed to an appointment.

(d) Location Interview. Enter, in pencil, the location (residence, school, etc.). Enter in ink once accomplished.

(e) Followup. Enter the next scheduled followup date (in pencil).

(f) Legal Name (Last-First-Middle). Enter the prospect's legal name as verified by an official document. Last name, first name, middle name. Include Jr., Sr., I, II, etc., and maiden name if applicable.

(g) Telephone (Work). Enter the prospect's work telephone number to include area code.

(h) Appt Date. Enter the date of the scheduled appointment of the sales presentation (in pencil). Enter in ink once the presentation is accomplished.

(i) Source of Lead. Enter the source of lead (LRL, school visit, etc.).

(j) Best Time to Contact. Enter the best time of day to contact (morning, evening, etc.).

(k) Present Address. Enter the address where the prospect is currently living. List number, street, city, county, state, and ZIP Code.

(2) Qualification and Personal Data.

(a) Place of Birth. Enter city, county, and state. Enter country when applicable.

(b) Date of Birth. Enter DOB.

(c) Age. Enter the prospect's age.

(d) Sex. Enter M or F, as applicable.

(e) Citizenship. Enter the country.

(f) If Alien, give Registration No. If alien, enter the prospect's alien registration number when verified by a legal document.

(g) Native Country. If alien, enter country of birth verified by a legal document.

(h) Date/Port of Entry. If alien, enter port and date of entry as shown on verification document.

(i) Health Status. Enter general condition of health.

(j) Height. Enter height in inches. Enter in pencil until verified.

(k) Weight. Enter weight to the nearest pound. Enter in pencil until verified.

(l) Marital Status. Enter single, married, or divorced.

(m) Education Level. Enter highest level of education achieved.

(n) SSN. Enter the SSN as verified by the appropriate documents.

(o) OWNRS Entry Date. Enter the date the applicant record was entered on OWNRS.

(p) Prior Service. Check "Y" for yes or "N" for no.

(q) Dependents. Enter the number of dependents claimed by the applicant.

(r) CORPS Processing For. Check appropriate block.

(s) Branch/Component. For branch enter the appropriate Corps the applicant is processing for (i.e., MSC, MC, DC, AMSC, AN, or VC). For component enter either RA or USAR.

(t) Prior Svc Data. Enter dates of service, grade, AOC or MOS, and TPU if applicable.

(3) Processing Data.

(a) Physical Processing. Enter the date the PE was taken.

(b) Date Loaded on ARISS. Enter the date applicant data was loaded on ARISS if applicable.

(c) Pass/Fail. Enter "Pass" if the applicant passed the PE. Enter "Fail" if the applicant failed the PE. If "Fail" is entered, check the appropriate block for:

1. PPR. Permanent physical rejection.

2. TPR. Temporary physical rejection.

(d) Waiver Recommended. Check "Y" if a waiver is recommended by the MEPS physician. Check "N" if a waiver is not recommended by the MEPS physician.

(e) Documents Needed. Enter any medical documentation required by the MEPS CMO.

(f) Current Place of Employment. Enter the address of the applicant's current employer.

(g) USAREC Form 195-R-E (Reference). List the names of personnel who have been sent a USAREC Form 195-R-E.

(h) Date Mailed. Enter the date the USAREC Form 195-R-E was mailed out.

(i) Colleges Attended. List all colleges the applicant attended. Next to the name of the college list the following:

1. From. Date the applicant started attending the college.

2. To. Date the applicant stopped attending the college.

3. Grad. Enter "Yes" if the applicant graduated from the college. Enter "No" if the applicant did not graduate from the college.

(4) Law Violations.

(a) List all offenses to include traffic, regardless of disposition.

(b) Date. Enter the date of the offense. If unknown, enter year and month.

(c) Place. Enter the city, county, and state where the offense took place.

(d) Age. Enter the age at the time of the offense.

(e) Disposition. Enter the final disposition of the charge.

(f) Court. Enter the name of the court where the case was decided.

(5) Board Results.

(a) Selected. Check "Y" if the applicant was selected for appointment. Check "N" if not selected.

(b) Date of Board. Enter the date the appointment board was conducted.

(c) Rank. Enter the rank that the applicant was selected for.

(d) AOC. Enter the AOC the applicant was selected for.

(e) Assignment. Enter the assignment the applicant was selected for, if applicable.

(f) OBC Date. Enter the applicant's scheduled date to attend OBC.

(g) Decline. Check "Y" if the applicant declined the appointment. Check "N" if the applicant accepted the appointment.

(h) HPSP. Check "Y" if applying for HPSP. Check "N" if not.

(i) Assignment Requested. List the requested assignments of the applicant if applicable.

(j) Constructive Credit. List years, months, and days of constructive credit from the board results.

(k) OML. Check "Y" if the applicant was put on the OML. Check "N" if not.

(6) Enrollment Packet Complete. Check "Y" if the HPSP enrollment packet is completed. Check "N" if not.

(7) Date Commissioned. Enter the date the applicant took the oath of office.

(8) Waiver. Check "Y" if the applicant needs a waiver. Check "N" if not.

(9) OBC Brief. Enter the date the applicant was given the OBC briefing.

(10) Date Mailed to USAREC. Enter the date the HPSP enrollment documents were mailed to USAREC.

(11) Recruiter Preparing Card. Enter rank and name.

(12) Station. Enter RSID.

(13) Date Card Initiated. Enter the date the card was initiated or created.

(14) Subsequent Interviews/Followup Remarks.

(a) Enter the followup date. Enter "T" if by telephone or "P" if in person. Enter the location, date, and time. This section should also be used to annotate any referrals. If another HCR assumes responsibility, then a transfer entry will be made in this section with the new HCR's printed name, rank, signature, and date of transfer.

(b) Voter registration information. Ask if the applicant is registered to vote and enter "Yes" or "No." If the answer is no, have the applicant complete and sign DD Form 2645 (Voter Registration Information) in accordance with USAREC Reg 608-1.

PRIVACY ACT STATEMENT

AUTHORITY: COLLECTION OF THE INFORMATION REQUESTED BY THE RECRUITER AND RECORDED ON USAREC Fm 200-5 (AMEDD PROSPECT DATA RECORD) IS AUTHORIZED BY SECTIONS 503, 505, AND 510 OF TITLE 10 OF THE U.S. CODE.

PRINCIPAL PURPOSE: TO PROVIDE SUCH DATA AS IS REQUIRED BY THE RECRUITER TO CONTACT, PROCESS, AND ENLIST INDIVIDUALS FOR ARMY SERVICE.

ROUTINE USES:

A. USED BY THE RECRUITER TO CONTACT, PROCESS, AND ENLIST INTERESTED INDIVIDUALS.
B. USED BY THE RECRUITER IN MAKING POLICE CHECKS AND SUCH ROUTINE CONTACTS AS MAY BE NECESSARY TO VERIFY INFORMATION PROVIDED BY THE INDIVIDUAL.
C. USED BY THE ARMY GUIDANCE COUNSELOR TO TRANSCRIBE DATA ONTO ENLISTMENT FORMS.
D. USED BY RECRUITING PERSONNEL IN THE FORMULATION OF MARKET DATA TO DETERMINE CURRENT RECRUITING TRENDS.

EFFECT OF NOT PROVIDING INFORMATION: THE DISCLOSURE, BY THE INDIVIDUAL, OF THE INFORMATION REQUESTED IS ENTIRELY VOLUNTARY. FAILURE TO PROVIDE THIS INFORMATION, HOWEVER, WILL RESULT IN DISCONTINUANCE OF PROSPECT'S PROCESSING.

AMEDD PROSPECT DATA RECORD

NAME (Last-First-Middle)	Telephone (Home)	Initial Contact	Location Interview	Followup
Lent, Carol, Ann	(502) 626-0381	1 Jan 98	Red Lobster 1200	30 Jul 98
LEGAL NAME (Last-First-Middle)	**Telephone (Work)**	**Appt Date**	**Source of Lead**	**Best Time to Contact**
Lent, Carol, Ann	(502) 626-0373	5 Jan 98	Face to Face	AM

Present Address	Place of Birth	Date of Birth	Age	Sex
1000 Hatshed Baltimore, MD 21045-1526	Hackensack, Bergen, NJ	640908	33	F
	Citizenship	**If Alien, give Registration No.**	**Native Country**	**Date/Port of Entry**
	USA	N/A	USA	N/A

Health Status	Height	Weight
Excellent	63"	136

Marital Status	Education Level	SSN	OWNRS Entry Date	Prior Service
Married	BSN	000-00-0000	6 Jan 98	[X] Y [ ] N

Dependents	CORPS Processing For	Branch/Component
3	[ ] MSC [ ] MC [ ] DC [ ] AMSC [X] AN [ ] VC	AN/RA

Prior Svc Data

FROM	TO	GRAD	AOC/MOS	UNIT
940726	Present	0-3	66H8A	2290th USAH 6800 Georgia Ave Washington DC

Physical Processing	Date loaded on ARADS	Documents Needed
Date 980121	980118	None

PASS/FAIL	PPR	TPR	Waiver Recommended
Pass	—	—	[ ] Y [ ] N

Current Place of Employment
ProMed Inc. 1000 Reiterstown Baltimore, MD 21208

USAREC Fm 195 (Reference)	Date Mailed	Colleges Attended	From	To	Grad
Kasper, John, S.	980201	Seton Hall Univ.	870518	910610	Yes
Austin, Eva, W.	980201				
Habib, Shabang	980201				

Law Violations

Offense	Date	Place	Age	Disposition	Court
None					

Selected	Date of Board	Rank	AOC
[X] Y [ ] N	980610	CPT	66H8A
Assignment	**OBC Date**	**Decline**	**HPSP**
TAMC	980820	[ ] Y [X] N	[ ] Y [X] N
Assignment Requested	**Constructive Credit**	**OML**	**Enrollment Packet Complete**
TAMC, WRAMC, IACH	2 yrs 4 mos 21 days	[ ] Y [X] N	[ ] Y [ ] N
Date Commissioned	**Waiver**	**OBC Brief**	**Date Mailed to USAREC**
	[ ] Y [X] N	980805	
Recruiter Preparing Card	**Station**	**Date Card Initiated**	
SFC Buttons	1Z1A	1 Jan 98	

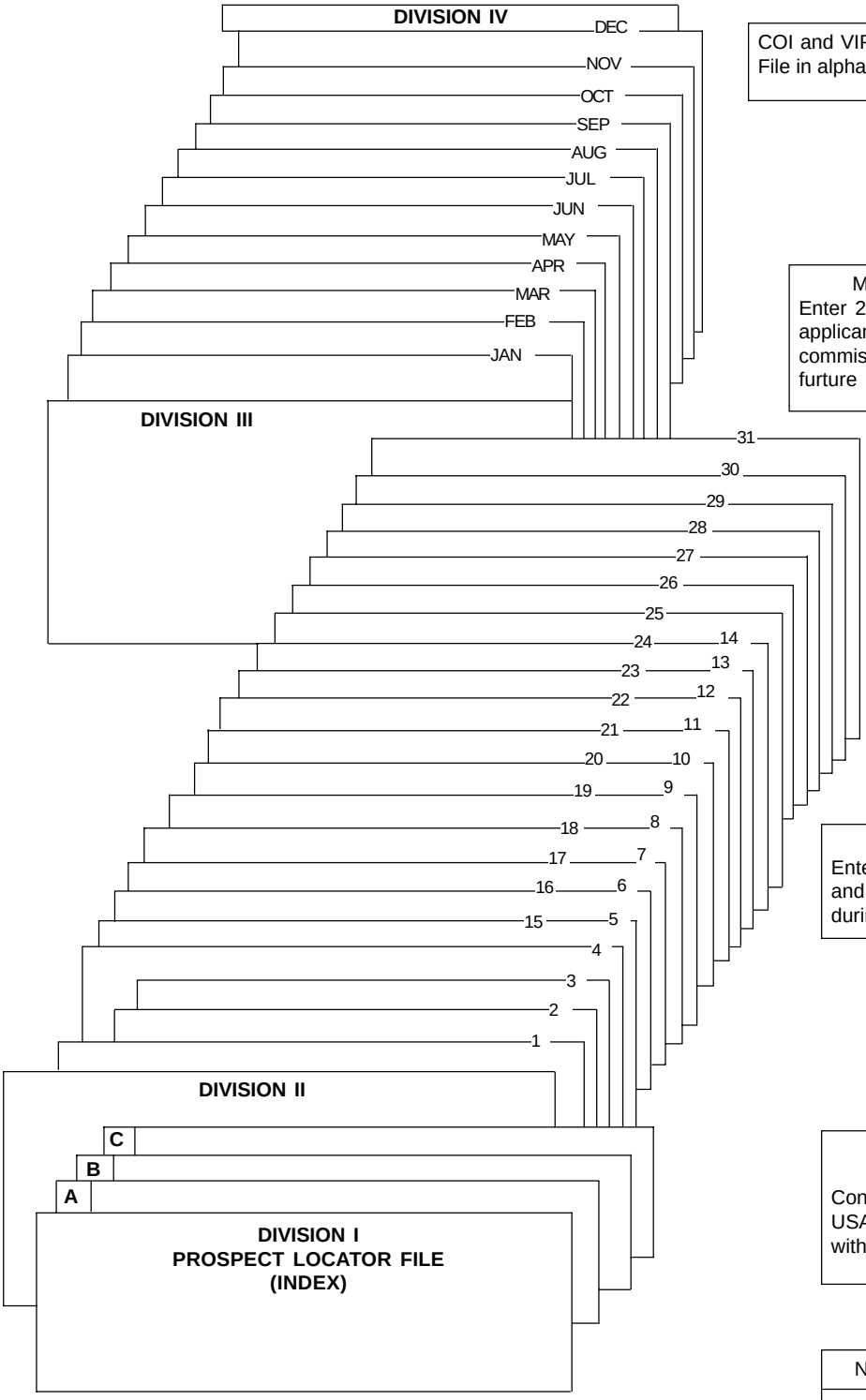
USAREC Form 200-5, Rev 1 Oct 1996 (Previous editions are obsolete) **(For use of this form see USAREC Reg 601-37)**

Figure E-1. Sample of completed USAREC Form 200-5

Subsequent Interviews/Followup Remarks	Location	Date/Time

Subsequent Interviews/Followup Remarks	Location	Date/Time

Figure E-1. Sample of completed USAREC Form 200-5 (Continued)



DIVISION IV

COI and VIP File (USAREC Form 988-R-E). File in alphabetical order.

DIVISION III

MONTHLY SUSPENSE FILE
Enter 200-5 cards on prospects, applicants, and USAR enlistments and commissions requiring followup in furture months.

DIVISION II

DAILY SUSPENSE FILE
Enter 200-5 cards on prospects and applicants requiring followup during the current month.

DIVISION I

PROSPECT CARD LOCATOR FILE
Contains an alphabetical index of USAREC Form 200-5 maintained within the filing system.

NAME AND FOLLOWUP DATE	
1. Adam, B.	15 Sep 98
2. Albert, D.	12 Sep 98
3. Austin, P.	3 Oct 98

Appendix G
Center of Influence - Very Important Person Card

G-1. General
Every effort should be made to get COI and VIP on your Army recruiting team. It is very important to keep these individuals up-to-date on Army programs and keep them informed on the progress of their referrals. The COI is an individual that has, in most cases, come in contact, with those young men and women in our market. The COI will assist you by providing leads (names) of potential prospects. VIP are individuals that support the Army by giving of their time and present testimony to the recruiting effort. In general, VIP will not provide the HCR with leads. Use USAREC Form 988-R-E (see fig G-1) to help the HCR track the total involvement of the COI and VIP in the recruiting effort.

G-2. Initiating USAREC Form 988-R-E
Initiate USAREC Form 988-R-E after initial contact with a COI or VIP, and it has been determined that the individual will be of help to your recruiting effort. The HCR should record all information that will be helpful for future meetings. Highlight COI or VIP at the top of the card for the purpose of quick identification.

G-3. Completing USAREC Form 988-R-E
a. Recruiter: Enter the HCR's name in pencil. When a new HCR takes over, his or her name will be put on the card.

b. Name: Enter the preferred name of the COI or VIP.

c. Address: Enter the address where the COI or VIP is living at the time the card is prepared. List number, street, city, state, and ZIP Code.

d. Phone: Enter COI's or VIP's telephone number (with area code) at work and home.

e. Birthday: Enter month and day of the COI's or VIP's birthday.

f. Type of help the COI or VIP can provide: Explain what kind of help the COI or VIP can give you in your recruiting effort.

g. Contacts: Enter the date and result of each contact with the COI or VIP.

h. Referrals: List all referrals obtained from your COI and final disposition.

i. COI and VIP Events: Enter the dates of all COI and VIP events attended, and what the results were of each event.

j. Remarks: Enter any additional information.

G-4. Filing and disposition
File USAREC Form 988-R-E in Division IV of PDR filing system in alphabetical order. Terminate USAREC Form 988-R-E by writing "terminated," the date, and reason in Remarks block, when it is determined that your COI of VIP is no longer functional as a COI or VIP. Leave the terminated card filed in Division IV for 1 year and then destroy. Under certain conditions USAREC Form 988-R-E may be destroyed sooner than a year (e.g., COI's or VIP's death or COI's or VIP's expressed desire to no longer aid in recruiting efforts).

CENTER OF INFLUENCE - VERY IMPORTANT PERSON

(For use of this form see USAREC Reg 350-6)

Recruiter: Smith, William C., SFC

Name:	Dr. Jason M. Jackson		
Address:	123 1st Street, Anytown, US 12345		
Phone #:	(555) 555-4444	Birthday:	1 JAN

Type of help COI or VIP can provide

- School lists for all Pre-Med programs
- Access to student Pre-Med clubs
- Names of students applying for scholarships

Contacts

Date	Results	Date	Results
1 Dec 98	Dropped off new HPSP flyers		
15 Dec 98	Sent B-day card		
15 Jan 99	Received student list to include all bios on all.		

USAREC Form 988-R-E, 1 Nov 1989

Referrals

Name	Final Disposition	Name	Final Disposition
West, Jane	Selected HPSP/Commission		

COI and VIP Events

Date	Afteraction	Date	Afteraction
30 Nov 98	Dr. Ream COI visit. Met for 2 hours, lunch and class presentation. Will repeat next FY.		

Remarks

Prior Army HPSP student, 20 years AD.
Likes new info on Walter Reed; was his best assignment. Provide HPSP handbook yearly.

Figure G-1. Sample of a completed USAREC Form 988-R-E

Appendix H
AMEDD Lead Source Analysis Sheet

H-1. General

USAREC Form 762-A (see fig H-1) provides the RS commander with a method of evaluating sales proficiency in relation to specific market segments for RA and USAR. A lead source analysis for the RS and HCRT by corps will be accomplished at the end of each quarter using USAREC Form 762-A. Lead source analysis from all HCR will be totaled to derive an RS lead source analysis.

H-2. Procedures

Complete USAREC Form 762-A using data obtained from the processing list (PL) for each HCR.

a. Record appointments conducted in upper columns corresponding to the lead source indicated on the PL. Post commissions and accessions to the lower columns corresponding to the appropriate lead source.

b. Total the cumulative total and year-to-date (YTD) ratio after each quarter.

NOTE: Round YTD to nearest tenth.

c. Analyze the results of each lead source analysis to identify training needs. RS commanders or OIC will provide training and leadership to promote sales effort, efficiency, and increased market penetration as appropriate among assigned HCR.

H-3. Analysis

a. The volume of appointments conducted when compared with contracts obtained indicates the efficiency in converting prospects of a particular market segment.

b. A low volume of contracts obtained in relation to appointments conducted in a particular market segment indicates difficulty in converting appointments to contracts. This must be resolved through sales training provided to HCR by the RS commander, senior trainer, and AMEDD Det.

c. Regardless of the conversion ratio (i.e., 6:1, 4:1), it is the RS commander's responsibility to ensure that the appointments conducted that did not convert to contracts are not lost and adequate followup guidance is given.

H-4. Disposition and filing instructions

Retain USAREC Form 762-A in Recruiting Management Files for 2 years.

AMEDD Lead Source Analysis Sheet
(For use of this form see USAREC Reg 601-37)

HCR/HCRT: 4Z1 San Antonio HCRT **CORPS:** MC AD **AS OF:** 31 Dec 1998

SOURCE	PROCESS	1ST QTR	2D QTR	3D QTR	4TH QTR	TOTAL	YTD RATIO
IRR DENSITY LIST	APPT COND						
	COMMISSION						
AMEDD LEADS	APPT COND	4				4	2:1
	COMMISSION	2				2	
SCHOOL VISITS	APPT COND	9				9	9:1
	COMMISSION	1				1	
CAREER DAYS	APPT COND	3				3	
	COMMISSION	0				0	
TABLE DAYS	APPT COND						
	COMMISSION						
HOSPITAL VISITS	APPT COND						
	COMMISSION						
TAIR EVENTS	APPT COND						
	COMMISSION						
CONVENTIONS	APPT COND	1				1	
	COMMISSION	0				0	
CIO/VIP REFERRALS	APPT COND						
	COMMISSION						
TPU REFERRALS	APPT COND						
	COMMISSION						
ARMY RCTR REFERRALS	APPT COND	4				4	4:1
	COMMISSION	1				1	
MAILOUTS	APPT COND	7				7	35:1
	COMMISSION	2				2	
CALL-IN/WALK-IN	APPT COND						
	COMMISSION						
OTHER	APPT COND						
	COMMISSION						

USAREC Form 762-A, Rev 1 May 1999 (Previous editions are obsolete)

Figure H-1. Sample of a completed USAREC Form 762-A

Appendix I
Quarterly AMEDD Mission Box Workplan

I-1. General

RS commanders will have one USAREC Form 635-I (see fig I-1) per HCR and for the RS. All entries will be made in pencil. The HCLT will have one form for each team per quarter. Start a new form each quarter. Data from the previous quarter will be transferred to USAREC Form 635-J. RS commander and/or HCLT will direct prospecting and work ethics and may annotate the desired achievements into the HCR's plan. Examples would be number of conducts, physically qualified, and board ready for a given quarter. Any directed requirements will be substantiated by either conversion data or historical data. Each HCR will keep a copy of the current USAREC Form 635-J and base prospecting efforts towards those achievements.

I-2. Instructions for completion of USAREC Form 635-I

a. FY. Enter current FY.

b. Mission. Enter the HCR or RS assigned mission.

c. Achievements. Enter achievements toward assigned mission as accomplished.

d. Conduct. Enter total number of conducts as they are achieved during PR within the quarter.

NOTE: A conduct will only be counted if a sales presentation was performed and a USAREC Form 200-5 completed.

e. PEQ. Enter total number of physically qualified as they are achieved during PR within the quarter.

f. Packets working. Enter total number of packets working that are physically qualified within the current quarter.

g. Boarded. Enter total number of packets boarded during current quarter.

h. Select. Enter total number of selects during current quarter.

i. Decline. Enter total number of any declines during the current quarter.

j. Commission. Enter total number of commissions and enlistments within the current quarter.

QUARTERLY AMEDD MISSION BOX WORKPLAN

(For use of this form see USAREC Reg 601-37)

FY 1999 QTR 1st	MISSION	ACHIEVEMENTS	CONDUCT	PEQ	PACKETS WORKING	BOARDED	SELECT	DECLINE	COMMISSION
MC	6	3	15	6	10	5	3	0	3
DC									
VC	1	1	4	2	2	1	1		1
SP									
AN									
MSC									
91CC									
91VC									
TOTAL	7	4	19	8	12	6	4		4

USAREC Form 635-I, 1 May 1999

Figure I-1. Sample of a completed USAREC Form 635-I

Appendix J
AMEDD Mission Box Workplan Year-to-Date Conversion Data

J-1. Policy

There will be one USAREC Form 635-J per HCR, RS, and HCLT. All entries will be made in pencil. Once the FY is complete, final entries will be made in ink. Data from the previous quarter from USAREC Form 635-I will be transferred to USAREC Form 635-J. This form will be maintained in the Station Production Management System (SPMS) binder in front of the appropriate HCR's USAREC Form 533-A and in front of the PL for the RS data. The HCLT will have one posted in the SPMS binder in front of the data for each RS. RS commander and/or HCLT will direct prospecting and work ethic and may annotate the desired achievements onto the HCR's plan (i.e., number of conducts, PEQ, etc.,) for a given quarter. Any directed requirements will be substantiated by either their conversion data or historical data. Each HCR will keep a copy of their USAREC Form 635-J (see fig J-1) and base prospecting efforts towards those achievements.

J-2. Instructions for completion of USAREC Form 635-J

a. FY. Enter the current FY.

b. Mission. Enter the HCR or RS assigned mission.

c. Achievements. Enter the cumulative achievements towards assigned mission as accomplished.

d. Conduct. Enter cumulative total number of conducts YTD. This will be done at the end of each quarter.

NOTE: A conduct will only be counted if a sales presentation was performed and a USAREC Form 200-5 was completed.

e. PEQ. Enter cumulative total number of physically qualified YTD.

f. Ratio. Enter conversion ratio by dividing number of PEQ into Conducts.

g. Packets Working. Enter cumulative total number of packets working that are PEQ YTD.

h. Boarded. Enter cumulative total number of packets boarded YTD.

i. Select. Enter cumulative total number of selects YTD.

j. Ratio. Enter conversion ratio by dividing number of selects into number boarded.

k. Decline. Enter cumulative total number of declines YTD.

l. Commission. Enter cumulative total number of commissions, enrollments, or enlistments YTD (DA Form 71 is complete and forwarded to the appropriate division at HQ USAREC (RCHS)).

m. Total. Enter totals under each column. The Ratio columns will be done the same way as instructed above.

AMEDD MISSION BOX WORKPLAN YEAR-TO-DATE CONVERSION DATA

(For use of this form see USAREC Reg 601-37)

FY 1999	MISSION	ACHIEVE-MENTS	CONDUCT	PEQ	RATIO	PACKETS WORKING	BOARDED	SELECT	RATIO	DECLINE	COMMISSION
MC	10	5	15	7	2.1:1	20	5	5	1:1	0	5
DC											
VC	1	1	4	2	2:1	5	1	1	1:1	0	1
SP											
AN											
MSC											
91CC											
91VC											
TOTAL	11	6	19	9	2.1:1	25	6	6	1:1		6

USAREC Form 635-J, 1 May 1999

Figure J-1. Sample of a completed USAREC Form 635-J

Appendix K
AMEDD Processing List

K-1. Policy

a. Maintain a separate USAREC Form 533-A for each HCR by corps and quarter. Permanent entries will be made in ink and temporary entries in pencil. Temporary entries are made permanent when the required action has been accomplished. Track HCR's prospecting efforts by quarter. The USAREC Form 533-A will be maintained in the SPMS binder. Although each PL entry must ultimately be closed by commission, enlistment, or termination, a closed record does not necessarily mean termination of the PDR. The RS commander may determine that the applicant is not sufficiently interested in further processing to warrant near-term followup and establish a more realistic suspense date in the future. In this case the RS commander will terminate the PL record with the annotation LI (lost interest) and ensure the PDR is properly annotated and suspensed in the HCR's PDR file system.

b. Applicants removed from the PL, for any reason, and reentered at a later date, may be considered as regenerated appointments at the discretion of the RS commander. In these cases the RS commander will split the appointment made block entering in the top half of the block the original appointment made date and in the bottom half place the current appointment made date. The original source of lead is not changed on the PDR.

NOTE: In all cases a regenerated lead will be recorded on USAREC Form 533-A. Annotate lead source as regenerated and original source of lead. The entry will be annotated out to the left side of the prosepct's name as required.

K-2. Instructions for completion of USAREC Form 533-A

a. Column 1: Enter date the appointment was made (YYMMDD).

b. Column 2: Enter applicant's name (last, first, middle initial) and SSN.

c. Column 3: Enter category (AN, MC, MSC, LPN, etc.).

d. Column 4: Enter source of lead. Lead sources are listed on USAREC Form 762-A.

e. Column 5: Enter Y or N for PS status, as applicable.

f. Column 6: Enter date the appointment is conducted by the HCR (YYMMDD).

g. Column 7: Enter the MEPS physical date (YYMMDD).

h. Column 8: Enter Y or N for MEPS physical qualification, as applicable.

i. Column 9: Enter date CV forwarded to HQ USAREC (RCHS) if applicable (YYMMDD).

j. Column 10: Enter evaluation or interview date (YYMMDD).

k. Column 11: Enter date packet is forwarded to HQ USAREC (RCHS) (YYMMDD).

l. Column 12: Enter Y or N, or A for alternate for board selection status, as applicable.

m. Column 13: Enter date packet was boarded (YYMMDD).

n. Column 14: RS commander annotate date for followup (YYMMDD).

o. Column 15: Enter any remarks.

p. Column 16: Enter ENL or LPN on enlistment, COMM for commission, or PDQ for permanently disqualified.

HCR: SFC Anderson
RSID: 5Z3A
FISCAL YEAR: 1999

AMEDD PROCESSING LIST
(For use of this form see USAREC Reg 601-37)

FROM	TO

X	ACTIVE DUTY
	USAR

(1) DATE APPT MADE YYMMDD	(2) NAME/SSN	(3) CATE-GORY	(4) SOURCE OF LEAD	(5) PS Y/N	(6) DATE APPT COND YYMMDD	(7) MEPS PHYS DATE YYMMDD	(8) MEPS QUAL Y/N	(9) CV TO RO-HS YYMMDD	(10) COUNS INTER DATE YYMMDD	(11) DATE APPL SUB YYMMDD	(12) BOARD SEL Y/N/A	(13) BOARD DATE YYMMDD	(14) FOLLOW-UP DATE YYMMDD	(15) REMARKS	(16) FINAL DISPO-SITION
981003	Wilson, John 411-41-4111	66F ANC	LEADS	N	981005	981030	N							DQ MEPS Blood Pressure	T
981005	Jones, Jane 111-11-1111	00E MCC	Table Day	Y	981015	981030	Y			981130	Y	981215		Commission 981220	QPA
981101	Batch, Jon 111-12-2222	66E MSC	Mail Out	N	981101								990115	Set PE Date	
ROLL-UP- - - - - - - - - - - -															

USAREC Form 533-A, Rev 1 May 1999 (Previous editions may be used)

Figure K-1. Sample of a completed USAREC Form 533-A

Appendix L
Recruiting Station Level Prospect Data Record Filing System

L-1. General
It is the responsibility of the RS commander to keep and maintain a PDR filing system (200 card) for the RS (see fig L-1 for filing system and labeling). This filing system will consist of two divisions:

a. Commissioned, accessed, and enlisted file.
b. Terminated file.

L-2. Commissioned, accessed, and enlisted file
The commissioned, accessed, and enlisted file will contain the PDR of AMEDD officers called to AD, AMEDD officers who commission in the USAR, and LPN enlistments. These cards will by filed by month and year of scheduled completion of initial term of service or obligation. If an AMEDD officer does not have an obligation, file for followup in 2 years. Prior to destruction, the RS commander will screen cards for potential PS applicants.

L-3. Terminated file
The terminated file will contain cards on individuals who are permanently rejected or are no longer considered a viable prospect. These cards will clearly state the reason for termination and date in the upper right-hand corner and will be filed alphabetically. These cards will be purged at the beginning of each FY. Cards on applicants with no followup value (i.e., permanent medical disqualification) will have the reason and date in red in the upper top right-hand corner. These cards may be destroyed without any further HCR followup. The HCR will document the LRL with final disposition (i.e., PDR destroyed 980128, severe chronic asthma) prior to forwarding the card to the RS commander for filing.

NOTE: PDR will not be destroyed before annotating the LRL after termination.

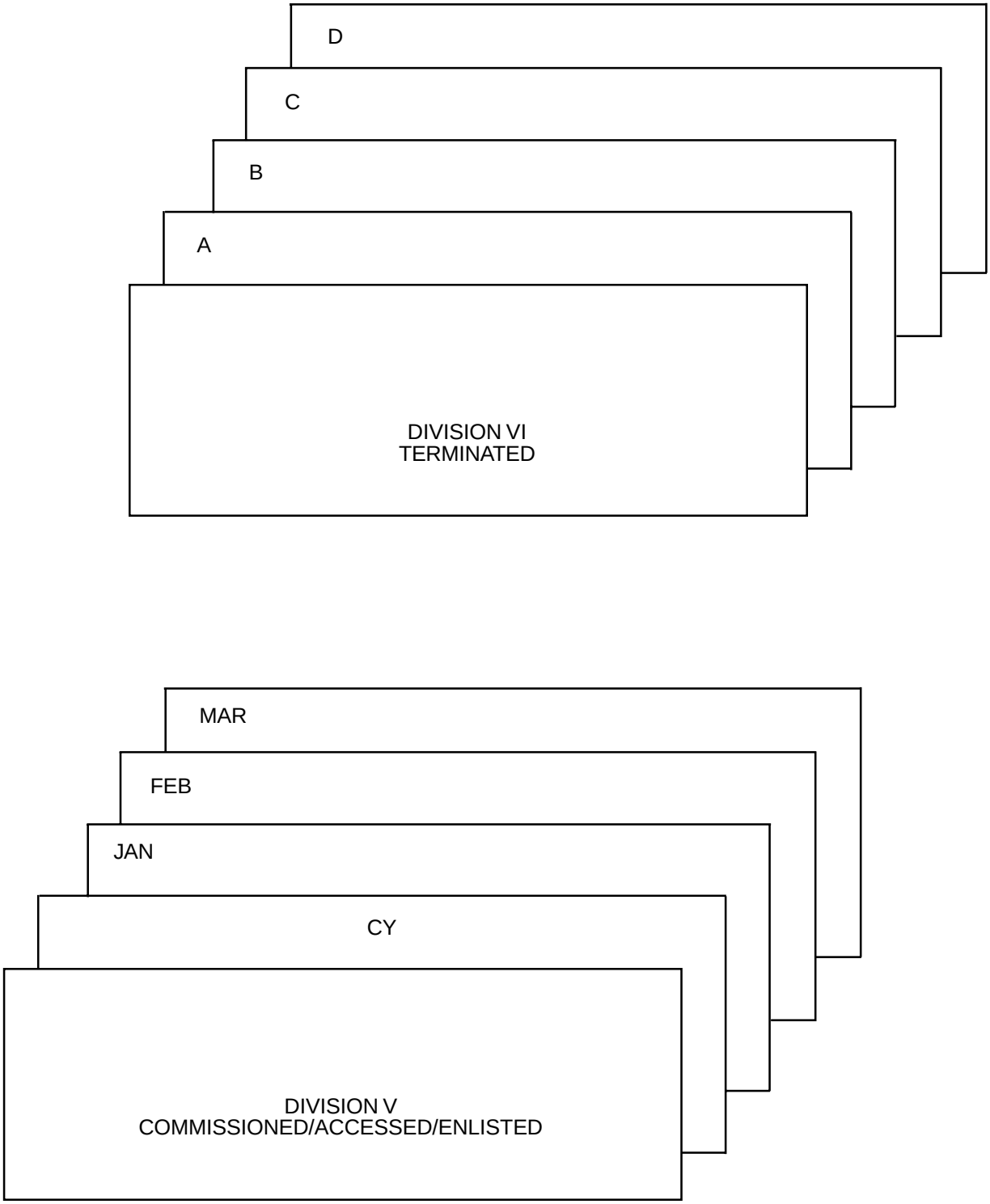


Figure L-1. RS level 200 card filing system

Appendix M
AMEDD Qualified Pending Accession/Ship Log

M-1. General
USAREC Form 818 (see fig M-1) provides the RS commander and/or OIC with a means to manage the pending accession and DEP and DTP pool.

M-2. Procedures
a. Maintain USAREC Form 818 yearly by HCR and update as required with contracting and followup activities. Maintain a separate USAREC Form 818 for all HPSP enrollees and Educational Delays. Enter "Shipped" in column 15 (Remarks) when processing is complete.

b. In the event of DEP loss or contract and reservation renegotiation (to include courtesy enlistments) or in the case of DTP members, reservation cancellation, RS commander will close out the appropriate log entry by entering the word "loss," "renegotiated," or "cancellation" and date of action. The entire line entry will then be lined out in red. An updated entry will be entered on the appropriate HCR's log for all renegotiated contracts and reservations. Ensure HCR and the HCRT are kept informed of DEP and DTP status.

M-3. Instructions for completion of USAREC Form 818
a. Column 1: Enter name of applicant (last, first, middle initial) and SSN.

NOTE: For HPSP and Educational Delays, split block and enter applicant and HCR of credit.

b. Column 2: Enter the date applicant was board select.

c. Column 3: Enter the date board results were received.

d. Column 4: Enter the rank applicant commissioned as.

e. Column 5: Enter the AOC or MOS that applicant was selected or enlisted for.

f. Column 6: Enter constructive credit from appointment letter (YYMMDD).

g. Column 7: Enter date that packet was forwarded to HQ USAREC (RCHS).

h. Column 8: Enter date that DA Form 71 is completed or enlisted.

i. Column 9: Enter date original DA Form 71 is forwarded to HQ USAREC (RCHS).

j. Column 10: Enter date (YYMMDD) that AMEDD officer completes OBC brief.

k. Column 11: Enter date that orders are received at RS.

l. Column 12: Enter duty assignment and location.

m. Column 13: Enter date applicant is scheduled for OBC or basic combat training (YYMMDD).

n. Column 14: Enter followup date (YYMMDD).

o. Column 15: Enter notes or remarks as needed (i.e., shipped, etc.).

AMEDD QUALIFIED PENDING ACCESSION/SHIP LOG
(For use of this form see USAREC Reg 601-37)

HCRT/HCR: SFC Anderson
FISCAL YEAR: 99

[X] **ACTIVE DUTY**
[ ] **USAR**

(1)	(2)	(3)	(4)		(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
NAME/SSN	BOARD SELECT DATE	BOARD RESULTS REC'D	RANK AD	RANK USAR	MOS/ AOC	CONSTR CREDIT	DATE APPT PKT FWD	ENL/ COMM DATE	DATE DA 71 FWD USAREC	DATE OF OBC BRIEF	DATE ORDERS REC'D	ASSIGN LOCATION/ UNIT	SHIP/ ACCESS DATE	SUSP DATE	REMARKS
Jones Jane 111-11-1111															
SFC Anderson	981215	981216	03	01	00E	0/0/0	981220							990115	Enrollment Packet Due to RCHS.

USAREC Form 818, Rev 1 May 1999 (Previous editions are obsolete)

Figure M-1. Sample of a completed USAREC Form 818

The RS management binder provides the RS commander a means to facilitate efficient daily review and posting of the production management forms. Organize and tab the RS management binder as shown in figure N-1.

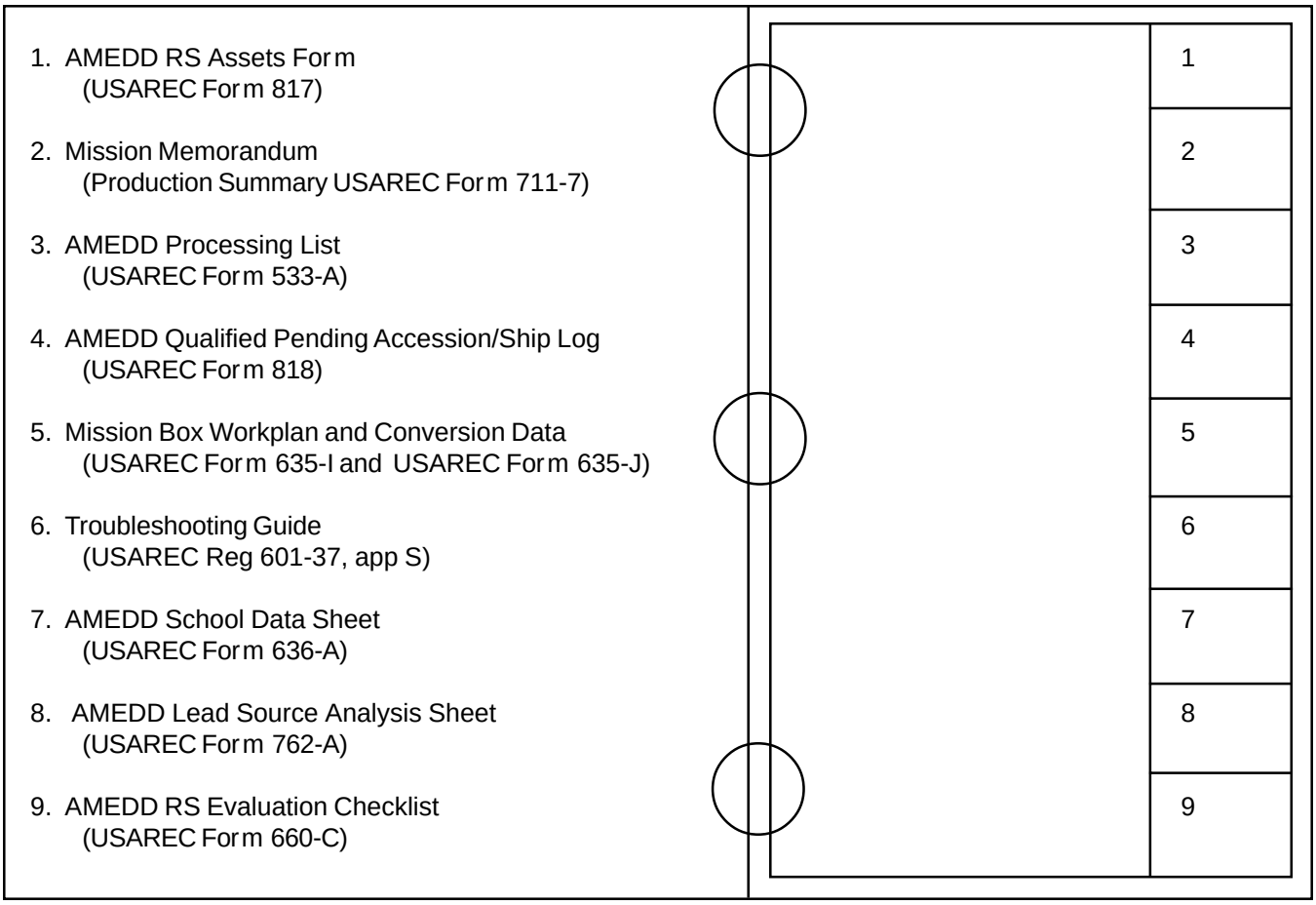


Figure N-1. RS management binder

Appendix O
AMEDD School Data Sheet

O-1. General
USAREC Form 636-A (see fig O-1) is designed to record market data and recruiting activities associated with each assigned school and provide the RS commander or OIC with a method of determining progress made in penetrating the school market. Information posted on this form is obtained from HCR and school folders.

O-2. Procedures
Initiate the form at the start of the school year (Jul) updating each quarter or as new information is provided by HCR during PR. Ensure an entry is initiated for each assigned vocational-technical school and college in the RS market. Monitor HCR's effort and production in each school providing assistance and direction as required to improve production. Review each school folder at least quarterly to ensure data being posted to the form is properly recorded and agrees with the school data sheet.

O-3. Instructions for completion of USAREC Form 636-A
a. Name of School. Enter name of school.

b. Type of Program. Enter type of programs that the school has.

c. School List Obtained. If a school list is obtained enter "Y" for yes or if not enter "N" for no.

d. Population. Enter population graduation year 1, 2, 3, and 4.

e. Remarks. Enter remarks as needed.

AMEDD SCHOOL DATA SHEET
(For use of this form see USAREC Reg 601-37)

HCR: SFC Anderson **HCRT:** 4Z1 San Antonio **FY:** 1999

NAME OF SCHOOL	TYPE OF PROGRAM	SCHOOL LIST OBTAINED Y/N	POPULATION				
			GRAD YR 1999	GRAD YR 2000	GRAD YR 2001	GRAD YR 2002	REMARKS
UTSA	Medical	Y	50	55	55	55	

USAREC Form 636-A, Rev 1 May 1999 (Previous editions are obsolete)

Figure O-1. Sample of a completed USAREC Form 636-A

Appendix P
AMEDD Production Summary

P-1. Policy

USAREC Form 711-7 (see fig P-1) will be maintained at the RS, HCLT, and AMEDD Det level. This form will be updated at the end of each month. One form will be used for RA and USAR.

P-2. Procedures

The RS commander, HCLT NCOIC, and AMEDD Det operations NCO will be responsible for maintaining and updating USAREC Form 711-7 each month. This form will be kept in the three-ring SPMS binder and will be an inspectable item. All entries will be in pencil until the end of the FY at which time the final data will be in ink.

P-3. Instructions for completion of USAREC Form 711-7

a. Mission. Enter assigned mission by program.

b. Achievements. Enter cumulative total of assigned mission.

c. RA Total. Enter cumulative total of RA mission and achievements.

d. USAR Total. Enter cumulative total of USAR mission and achievements.

e. Total Mission. Enter cumulative total of mission and achievements.

AMEDD PRODUCTION SUMMARY

(For use of this form see USAREC Reg 601-37)

THRU:

RA

CATEGORY	YTD MSN	YTD ACH
ANC		
NURSE ANEST (AOC 66F)	3	
FAM NUR PRACT (AOC 8E)		
OTHER (AOC 66B, C, H8A)	15	1
HPSP	1	
91C (LPN)		
91V (RESP SPC)		
TOTAL:	19	1
DENTAL CORPS		
DIRECT ACCESSION	9	1
FAP (ORAL SURG 63N)	1	
HPSP	18	1
OTHER		
TOTAL:	28	2
MEDICAL SERVICE CORPS		
DIRECT ACCESSION		
MICROBIO 67B/71A OR	1	
PARASITOLOGIST OR		
IMMUNOLOGIST		
BIOCHEMIST 71B	1	1
CLINICAL LAB 71E	1	
NUC MED SCI 67C/72A	2	
ENTOMOLOGIST 72B0		
AUDIOLOGIST 72C		
ENV SCIENCE 72D		
SANITARY ENG 72D	1	
SOCIAL WORKER 67D/73A	1	1
CLINICAL PSYCH/CPIP 73B		
PHARMACY 67E	3	
OPTOMETRIST 67F		
OPTOMETRY HPSP	5	
CLINICAL PSYCH HPSP	2	
INFORMATION SYS OFF 70D	2	
TOTAL:	19	2
MEDICAL CORPS		
DIRECT ACCESSION	5	
FINANCIAL ASST PROGRAM	2	
OTHER		
HPSP TOTAL:	42	7
FY 1999		
FY 2000		
FY 2001		
FY 2002		
TOTAL:	49	7
VETERINARY CORPS		
DIRECT ACCESSION	5	1
HPSP		
OTHER		
TOTAL:	5	1
ARMY MEDICAL SPECIALIST CORPS		
65A Direct OT	1	
65D Direct PA	1	
65A OT Student	1	
65B PT Student	3	
65C Dietitian Student	1	
TOTAL:	7	

USAR

CATEGORY	YTD MSN	YTD ACH
ANR		
NURSE ANEST (66F)	29	7
CRITICAL CARE 66H8E	36	12
OTHER (66H, E, J)	10	25
91C (LPN)	135	17
TOTAL:	210	61
DENTAL CORPS		
GENERAL DENTIST 63A	13	
PROSTHODONIST 63F	2	
ORAL SURGEON 63N	2	
OTHER	3	
TOTAL:	20	
MEDICAL SERVICE CORPS		
ENTOMOLOGIST 72B	2	
AUDIOLOGIST 72C		
ENV SCIENCE 72D		
SANITARY ENG 72E		
SOCIAL WORKER 73A		
CLINICAL PSYCH 73B	3	
OTHER (“70” SERIES)	13	13
OTHER (NON 70 SERIES)		
TOTAL:	18	13
MEDICAL CORPS		
PREVENTIVE MEDICINE 60C	2	
UROLOGIST 60K	2	
PSYCHIATRIST 60W	6	
INTERNAL MEDICINE 61F		
INFECTIOUS DISEASE 61G		
FAMILY PRACTICE 61H	15	
GENERAL SURGEON 61J	17	1
THORACIC SURGEON 61K	1	
ORTHO SURGEON 61M	10	
DIAGNOSTIC RADIO 61R	5	
EMERGENCY MEDICINE 62A	7	1
OTHER (NO 61L OR 62B)	8	3
TOTAL:	73	5
VETERINARY CORPS		
FIELD VETERINARIAN 75A		
OTHER		
TOTAL:		
ARMY MEDICAL SPECIALIST CORPS		
PHYSICIAN ASSISTANT 65D	7	
PHYSICAL THERAPIST	2	
OTHER		1
TOTAL:	9	1

CATEGORY	MISSION	ACH
RA TOTAL:	127	13
USAR TOTAL:	330	80
TOTAL MISSION:	458	93
TOTAL PERCENTAGE:	20%	20%

RA PERCENTAGE:	11%
USAR PERCENTAGE:	24%

USAREC Form 711-7, 1 May 1999

Figure P-1. Sample of a completed USAREC Form 711-7

Appendix Q
Recruiting Station Operations and Market Analysis Board

Section I
General

Q-1. General
The operations and market analysis board is a standardized method of displaying market demographics, RS zones, and market penetration information for RS commander review and analysis.

Q-2. Construction
The operations and market analysis board will be locally constructed of 3/8-inch plywood. Overall dimensions will be 39 inches wide (when closed) and 36 inches in height. Two hinged doors, of equal dimensions, will be attached as indicated at figure Q-1. Existing boards approximating the normal dimensions specified may be used indefinitely.

a. Left side. USAREC Form 817-A (AMEDD Recruiting Station Assets Form). Table Q-1 provides instructions for completion of USAREC Form 817-A and figure Q-2 shows a sample of the form.

b. Center. Operations and market map.
NOTE: Attach two clear acetate sheets to the center of the board to be used as overlays.

c. Right side. USAREC Form 711-7-A (AMEDD Production Summary). Table Q-2 provides instructions for the completion of USAREC Form 711-7-A and figure Q-3 shows a sample of the form.

Q-3. Posting requirements

a. Left side. USAREC Form 817-A. This form presents a summary of recruiting operations effectiveness, as well as personnel, logistics, and market demographic summaries. This form will be reviewed quarterly, and posted or updated. USAREC Form 817-A for the 4th quarter of the FY will be maintained in the RS files for 2 years.

b. Center.

(1) The operations and market map is placed in the center section allowing the legend to be prominently displayed. Once the map is in place mark it as indicated in table Q-3.

(2) Overlay 1. Using 1/8" black map tape, outline the RS boundaries. Update of overlay 1 will be done on a need-to-change basis.

(3) Overlay 2. Using the legend at table Q-3, place the stars and dots corresponding to the appropriate locations.

c. Right side. USAREC Form 711-7-A. Post quarterly mission to USAREC Form 711-7-A within 5 working days following mission receipt.

Section II
RS Briefing

Q-4. General
The presentation of the RS to a visitor reflects directly on the RS commander's managerial ability, proficiency, credibility, and total professionalism. Furthermore, the RS briefing clearly indicates whether the RS commander has the ability to analyze strengths and weaknesses in the RS, in turn, devising appropriate plans which capitalize on the strong points and rectifies deficiencies.

Q-5. Steps of the RS briefing

a. Step 1. The RS commander (assistant RS commander or ranking NCO in the absence of the RS commander) will use appropriate military courtesy and report to the visitor at the front door, introduce himself or herself, and then introduce everyone in the RS. HCR presently involved in a sales presentation or telephone call will excuse themselves, stand and greet the visitor, and then respectfully return their attention and efforts to their prospect or applicant.

b. Step 2. After initial introductions, the RS commander will give the visitor a tour of the RS. This brief tour will include viewing of the supply room, testing room, and any adjoining rooms. Additional points of interest, such as adjoining sister services, should be mentioned.

c. Step 3. At the completion of the RS tour, the RS commander will direct the visitor to the location of the RS operations and market analysis board. The briefing will begin by directing the visitor's attention to the center section of the board (operations and market map). At this time, the map orientation will commence identifying local headquarters, RS boundaries, and major points of interest pertaining to demographic and geographic market influencers. The RS commander will then brief the USAREC Form 817-A. The briefer should not read the assets form to the visitor, but should cover each major heading, commenting only on those entries that require an explanation or comment. In conclusion, the RS commander will provide an overview of USAREC Form 711-7-A

d. Step 4. When the visitor has finished reviewing and making comments, he or she will then be escorted to the door for departure. Again, the use of appropriate military courtesy will be used.

Table Q-1
Instructions for completing of USAREC Form 817 and USAREC Form 817-A

RS/HCRT FY_____	Enter: The current FY.
1. Resources	The number of RA and USAR HCR authorized by tables of distribution and allowances actually assigned including RS commander and/or OIC. NOTE: OP stands for on-production.
2. Market	Number of counties, states, total square miles, and number of military treatment facilities, TPU, hospitals, and hospitals by priority.
3. School Data	Total numbers of programs within assigned area. Access to these programs (yes or no). Projected graduating population current year.
4. Recruiting Activities (FYTD)	Number of TAIR events scheduled and conducted. Number of COI events scheduled and conducted. Number of student presentations scheduled and conducted. Number of conventions scheduled and conducted. Number of ADSW personnel utilized. Number of student tours scheduled and conducted. Number of educator tours scheduled and conducted.
5. Mission-Related Data	Total packets by corps for RA and USAR and LPN and RT for RA and USAR. Total contracts (show DEP loss and no shows for RA and USAR). Enter total boarded, selected, accessed, and declined.
6. Items of Interest	Used for additional information (if any) required by the Rctg Bde or AMEDD Det.

Table Q-2
Instructions for completing USAREC Form 711-7-A

- USAREC Form 711-7-A will be maintained for RA and USAR production at RS, HCLT, and AMEDD Det and will be updated at the end of each quarter.

- The RS commander, HCLT NCOIC, and AMEDD Det operations NCO will be responsible for maintaining and updating USAREC Form 711-7-A each quarter. This form will be kept on the operations market and analysis board and will be an inspectable item. The following colors will be used when completing the form for both the RA and USAR:
  - Black - Used to show assigned mission.
  - Red - Used to show mission accomplishment when less than assigned mission.
  - Blue - Used to show mission accomplishment when equal or greater than assigned mission.

- Instructions for completing:
  - Mission. Enter assigned mission by program.
  - Achievements. Enter cumulative total of assigned mission.
  - RA Total. Enter cumulative total of RA mission and achievements.
  - USAR Total. Enter cumulative total of USAR mission and achievements.
  - Total Mission. Enter cumulative total of mission and achievements.

Table Q-3
Contracts and accession legend

Resources: Stars	Color
RS	Red
Nursing (with the letters N for Nursing and L for LVN depicting type of school on the star)	Gold
Medical, Dental, Veterinary, and Pharmacy (with the letter M, V, D, or P depicting type of school on the star)	Silver
Major Undergrad Schools	Blue
Reserve Units	Green
AMEDD Det Headquarters	Blue with Red Dot
Contracts: Dots	
* Active AMEDD	Red
* USAR AMEDD	Yellow

* Letters depicting type of contract for AMEDD are as follows:

M = Medical Corps
D = Dental Corps
V = Veterinary Corps
PH = Pharmacy
O = Optometry
S = Medical Service Corps
H = HPSP
N = Nurse Corps

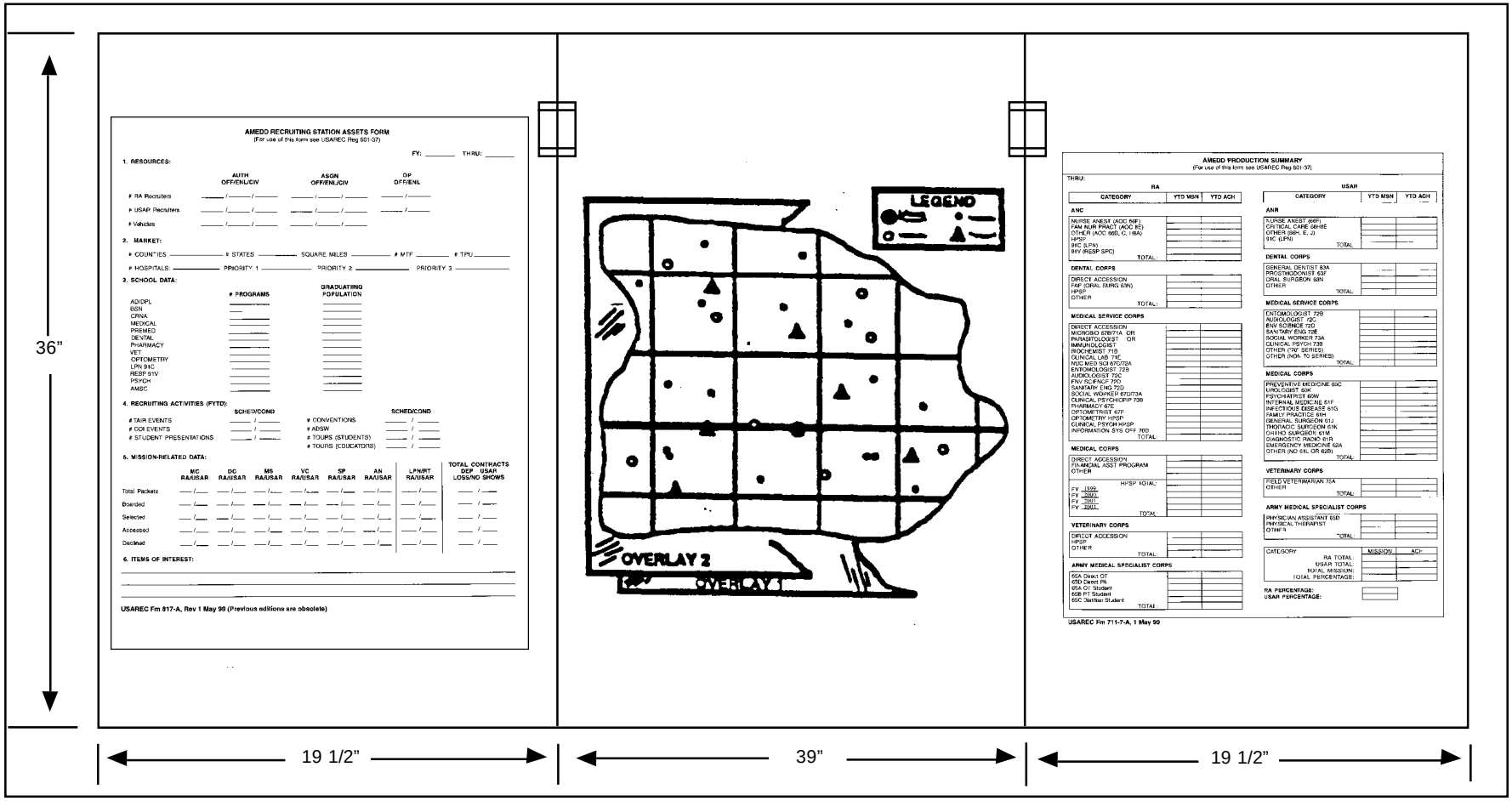


Figure Q-1. Sample of an RS Operations and Market Analysis Board

AMEDD RECRUITING STATION ASSETS FORM
(For use of this form see USAREC Reg 601-37)

FY: 1999 **THRU:** Dec

1. RESOURCES:

	AUTH OFF/ENL/CIV	ASGN OFF/ENL/CIV	OP OFF/ENL
# RA Recruiters	3 / 3 / 1	3 / 3 / 1	3 / 2
# USAR Recruiters	1 / 3 / 1	1 / 3 / 1	1 / 3
# Vehicles	4 / 2 /	/ /	

2. MARKET:

COUNTIES 600 # STATES 2 SQUARE MILES 11,320 # MTF 2 # TPU 4

HOSPITALS: 20 PRIORITY 1 5 PRIORITY 2 5 PRIORITY 3 10

3. SCHOOL DATA:

	# PROGRAMS	GRADUATIING POPULATION
AD/DPL	7	600
BSN	12	1,200
CRNA	3	50
MEDICAL	3	300
PREMED	17	1,700
DENTAL	4	100
PHARMACY	1	50
VET	—	—
OPTOMETRY	1	60
LPN 91C	50	1,500
RESP 91V	—	—
PSYCH	—	—
AMSC	2	100

4. RECRUITING ACTIVITIES (FYTD):

	SCHED/COND		SCHED/COND
# TAIR EVENTS	5 / 3	# CONVENTIONS	4 / 1
# COI EVENTS	1 / 0	# ADSW	1 / 1
# STUDENT PRESENTATIONS	10 / 5	# TOURS (STUDENTS)	1 / 0
		# TOURS (EDUCATORS)	1 / 0

5. MISSION-RELATED DATA:

	MC RA/USAR	DC RA/USAR	MS RA/USAR	VC RA/USAR	SP RA/USAR	AN RA/USAR	LPN/RT RA/USAR	TOTAL CONTRACTS DEP USAR LOSS/NO SHOWS
Total Packets	5 / 1	5 / 1	1 / 10	1 /	1 / 1	1 / 10	/ 5	/ 0
Boarded	3 / 1	3 / 1	/ 10	1 /	/ 1	1 / 10	/ 5	/
Selected	3 / 1	3 / 1	/ 8	1 /	/	1 / 10	/ 5	/
Accessed	2 / 0	2 / 1	/ 7	/	/	1 / 10	/ 5	/
Declined	1 / 1	1 /	/ 1	/	/	/	/	/

6. ITEMS OF INTEREST:

USAREC Form 817-A, Rev 1 May 1999 (Previous editions are obsolete)

Figure Q-2. Sample of a completed USAREC Form 817-A

AMEDD PRODUCTION SUMMARY

(For use of this form see USAREC Reg 601-37)

THRU:

RA

CATEGORY	YTD MSN	YTD ACH
ANC		
NURSE ANEST (AOC 66F)	3	
FAM NUR PRACT (AOC 8E)		
OTHER (AOC 66B, C, H8A)	15	1
HPSP	1	
91C (LPN)		
91V (RESP SPC)		
TOTAL:	19	1
DENTAL CORPS		
DIRECT ACCESSION	9	1
FAP (ORAL SURG 63N)	1	
HPSP	18	1
OTHER		
TOTAL:	28	2
MEDICAL SERVICE CORPS		
DIRECT ACCESSION		
MICROBIO 67B/71A OR	1	
PARASITOLOGIST OR		
IMMUNOLOGIST		
BIOCHEMIST 71B	1	1
CLINICAL LAB 71E	1	
NUC MED SCI 67C/72A	2	
ENTOMOLOGIST 72B		
AUDIOLOGIST 72C		
ENV SCIENCE 72D		
SANITARY ENG 72D	1	
SOCIAL WORKER 67D/73A	1	1
CLINICAL PSYCH/CPIP 73B		
PHARMACY 67E	3	
OPTOMETRIST 67F		
OPTOMETRY HPSP	5	
CLINICAL PSYCH HPSP	2	
INFORMATION SYS OFF 70D	2	
TOTAL:	19	2
MEDICAL CORPS		
DIRECT ACCESSION	5	
FINANCIAL ASST PROGRAM	2	
OTHER		
HPSP TOTAL:	42	7
FY 1999		
FY 2000		
FY 2001		
FY 2002		
TOTAL:	49	7
VETERINARY CORPS		
DIRECT ACCESSION	5	1
HPSP		
OTHER		
TOTAL:	5	1
ARMY MEDICAL SPECIALIST CORPS		
65A Direct OT	1	
65D Direct PA	1	
65A OT Student	1	
65B PT Student	3	
65C Dietitian Student	1	
TOTAL:	7	

USAR

CATEGORY	YTD MSN	YTD ACH
ANR		
NURSE ANEST (66F)	29	7
CRITICAL CARE 66H8E	36	12
OTHER (66H, E, J)	10	25
91C (LPN)	135	17
TOTAL:	210	61
DENTAL CORPS		
GENERAL DENTIST 63A	13	
PROSTHODONIST 63F	2	
ORAL SURGEON 63N	2	
OTHER	3	
TOTAL:	20	
MEDICAL SERVICE CORPS		
ENTOMOLOGIST 72B	2	
AUDIOLOGIST 72C		
ENV SCIENCE 72D		
SANITARY ENG 72E		
SOCIAL WORKER 73A		
CLINICAL PSYCH 73B	3	
OTHER (“70” SERIES)	13	13
OTHER (NON 70 SERIES)		
TOTAL:	18	13
MEDICAL CORPS		
PREVENTIVE MEDICINE 60C	2	
UROLOGIST 60K	2	
PSYCHIATRIST 60W	6	
INTERNAL MEDICINE 61F		
INFECTIOUS DISEASE 61G		
FAMILY PRACTICE 61H	15	
GENERAL SURGEON 61J	17	1
THORACIC SURGEON 61K	1	
ORTHO SURGEON 61M	10	
DIAGNOSTIC RADIO 61R	5	
EMERGENCY MEDICINE 62A	7	1
OTHER (NO 61L OR 62B)	8	3
TOTAL:	73	5
VETERINARY CORPS		
FIELD VETERINARIAN 75A		
OTHER		
TOTAL:		
ARMY MEDICAL SPECIALIST CORPS		
PHYSICIAN ASSISTANT 65D	7	
PHYSICAL THERAPIST	2	
OTHER		1
TOTAL:	9	1

CATEGORY	MISSION	ACH
RA TOTAL:	127	13
USAR TOTAL:	330	80
TOTAL MISSION:	458	93
TOTAL PERCENTAGE:	20%	20%

RA PERCENTAGE: 11%

USAR PERCENTAGE: 24%

USAREC Form 711-7-A, 1 May 1999

Figure Q-3. Sample of a completed USAREC Form 711-7-A

Appendix R
Recruiting Inspection Log

R-1. General
USAREC Form 1117 (see fig R-1) is a standardized method of inspecting and maintaining an inspection log in each RS.

R-2. Guidelines
a. RS commanders will ensure that USAREC Form 1117 is maintained in a three-ring binder in each RS, and is used to record all inspections in that facility. USAREC Form 1117 complements USAREC Form 660-C, but does not replace it.

b. The RS commander will present the inspection log to all personnel inspecting the RS. Entries in the log are mandatory for all inspectors from the HCLT. Recruiter training personnel at all levels will not make entries in the inspection log. Inspections will be performed each time an RS is entered by Rctg Bde, AMEDD Det, or HCLT (other than recruiter training) personnel.

R-3. Entries
Make inspection log entries as follows:

a. Date. Enter the date of inspection.

b. Inspector(s). Enter name(s) of inspector(s).

c. Areas and/or Tools Inspected or Reviewed. Self-explanatory.

d. Finding(s). Enter specific finding of area inspected.

e. Directive and/or Guidance Provided and Suspense Date. Enter specific directives or guidance required to correct finding, then enter an appropriate date to have findings completed.

f. Corrective Action Taken, Station Commander Initials, and Date Completed. Commander must indicate the action he or she took to correct each finding, followed by his or her initials, and the date completed.

g. Validated by CLT or BLT. The HCLT or DLT must verify the corrections were made by signing and dating this block after verification.

R-4. Filing and disposition
Maintain previous 6 months of USAREC Forms 1117 in a three-ring binder. The forms will then be transferred to the RS functional files, maintained for 1 year, and then destroyed.

RECRUITING INSPECTION LOG

(For use of this form see USAREC 1-21)

Date: 16 Oct 2000	**Inspector(s):** 1SG Hicks

Areas and/or Tools Inspected or Reviewed

(1) All recruiters planning guides	(4) Lead source analysis
(2) Processing list	(5) Operations and market analysis board
(3) Counseling folders	(6) LEADS Management System

Finding(s)

(1) Do not show an actual prospecting plan. No goals established by the RS commander. Not initialed by the RS commander approving a prospecting plan.

(2) Missing board dates on most applicants. The "Followup" section and "Remarks" were left blank.

(3) Quarterly counseling not being done.

(4) Not using all available Lead sources.

(5) School data needs to be updated, not tracking accessions properly.

(6) Too many days between followups, missing the 31-day divider.

Directives and/or Guidance Provided	Suspense Date
(1) The RS commander will review all prospecting plans, establish goals with the recruiter for that week and initial the planning guide.	17 Oct 2000
(2) RS commander will use the processing list to push production. Ask the recruiter what board is the applicant going to and when is the next followup.	22 Oct 2000
(3) Counsel all recruiters quarterly, starting this month.	30 Oct 2000
(4) Ensure that all recruiters use all lead sources, move them out of their "comfort zone" it will increase production.	30 Oct 2000
(5) All school data should have been updated in July 2000. Contact all school programs and update with the real numbers.	25 Oct 2000
(6) Contact applicants within 72 hours, be aggressive in your followups (they requested the information). Construct the 31-day divider and place in the binder.	24 Oct 2000

Corrective Action Taken, Station Commander Initials, and Date Completed

All recruiters have a prospecting plan with goals and the initials. SFC Hayes, 17 Oct 2000.

Updated the USAREC Form 533-A with board dates, followups, and next action during PR and pointed out other lead sources available. SFC Hayes, 18 Oct 2000.

Updated school data and completed quarterly counseling for all soldiers. SFC Hayes 25, Oct 2000.

Validated by CLT or BLT

Signature: LTC Johnson	**Date:** 25 Oct 2000

USAREC Form 1117, Rev 1 Oct 2000 (Previous editions are obsolete) **V2.00**

Figure R-1. Sample of a completed USAREC Form 1117

Appendix S
Troubleshooting Guide

S-1. Telephone prospecting
Trouble making appointments.

a. Not establishing rapport. Find out as much as you can prior to calling (i.e., Ask DEP members for current and past yearbooks, sports, and other school activities; talk to other people who might know the individual and give you information).

b. Not creating enough interest. You must ask fact-finding, open-ended questions. This will assist you in uncovering the prospect's buying motive.

c. Not using the buying motive as a reason when you ask for an appointment. Don't forget you must sell the appointment not the Army.

d. Not asking for the appointment, just flat not asking: "John, would Monday at 1600 be good or Tuesday at 1800 be better for you to talk about your "buying motive"? "I'll see you at 1800, if you have a friend bring him or her with you."

e. Not prospecting or prospecting at the wrong time (i.e., calling from your senior LRL during school hours).

S-2. Appointment made to conducted
Trouble with no-shows.

a. Not enough interest created during prospecting. (See trouble making appointments.)

b. Too much time between appointment made and conduct. (More than 72 hours increases no-show rate.) Followup 24 hours prior to appointment to confirm.

c. Overselling on the phone. Telling the lead everything over the phone will leave little to talk about during the interview.

d. Making the appointment just for the sake of satisfying a requirement. (Not making a good appointment.) You know this person will be a no-show, remember you have to followup on this person (time management).

e. Failure to confirm the time and place of appointment.

f. Failure to confirm the prospect's mode of transportation to the place of appointment.

g. Failure to use effective listening when speaking with the prospect.

S-3. Appointment conducted to test
Low conversion from appointment conducted to test.

a. Did you get a commitment from the applicant? Did you ask the applicant to enlist?

b. Did you present features and benefits for all of the applicant's buying motives?

c. Did you sell the Army, and present facts, evidence, benefits, and attempt to obtain an agreement (FEBA) for all the applicant's buying motives?

d. Did you have a dominant buying motive to FEBA or did you just assume what your applicant wanted?

e. Did you paint word pictures and put the prospect in the picture?

f. Did you ask a second and third time for the commitment?

g. Did you schedule a followup appointment if you could not close the first time?

h. Did you use all the recruiting tools available to you (i.e., your sales book, RPI, other members of your recruiting team, etc.).

i. Did you provide the prospect with a benefits summary sheet?

S-4. MET test to MET test pass
Trouble getting applicants to pass the Armed Services Vocational Aptitude Battery (ASVAB).

a. Did you CAST or EST applicant?

b. Are you administering the CAST or EST properly?

c. Are you utilizing the probability tables for the CAST and EST?

d. Are you prospecting in a quality market or just calling anyone to make an appointment?

e. Did you ask if the applicant was taking college preparatory courses or general studies in school?

f. Did you ask if the applicant took the Scholastic Aptitude Test or the American College Test?

g. Did you ask if the applicant had previously taken the ASVAB?

S-5. MET test pass to physical
Trouble getting applicants from MET test pass to physical.

a. Did you just sell the test and hope the applicant would physical and enlist later?

b. Did you probe training, education, adventure, money, and service to country; or did you assume you knew what the applicant wanted?

c. Did you give the applicant a reason to physical and enlist (i.e., did you satisfy the applicant's dominant buying motive and properly FEBA it)?

d. Did you close the sale and ask for the enlistment or did you assume the applicant would physical and enlist? Did you get a commitment?

e. Did you fail to overcome the applicant's objection to physical and enlist?

f. Did you take too much time from the applicant's test date to physical? (Did you give the applicant too much time to think about his or her decision and change his or her mind?)

S-6. Physical to physically qualified
Trouble getting applicants to pass the physical.

a. Did you properly prescreen the applicant using DD Form 2807-2?

b. Did you have medical documentation for all cases where an individual was hospitalized or received treatment from a doctor?

c. Did you check with parents to clear up any questions about physical problems the applicant might have had?

d. Did you advise the applicant about MEPS processing procedures (i.e., consults, blood, pressure, high protein, bring glasses, or refraction, etc.)?

e. Did you check thoroughly for drug and/or alcohol abuse?

f. Did you send an applicant you knew wasn't qualified to physical?

g. Did you use a Dial-A-Medic for questionable cases?

S-7. Physically qualified to enlisted
Trouble getting applicants from physically qualified to enlisted.

a. Did you close the sale? (Was the applicant ready to enlist?)

b. Did you sell specific options the applicant might not be qualified for (i.e., mechanics to a person who could be color blind)?

c. Did you oversell your applicant (i.e., Loan Repayment Program, Army College Fund, MOS, and unit of assignment)?

d. Did you send your applicant to MEPS to let the GC close the sale?

e. Did you explain MEPS processing procedures to your applicant (i.e., long day and to be patient)?

f. Did you fail to determine your applicant's real buying motives?

g. Did you present features and benefits to satisfy your applicant's real needs, wants, and desires?

h. Did you uncover the emotional reason for buying?

S-8. Ship
Are you having DEP losses?

a. Have you kept in contact with your DEP members as per USAREC Reg 601-95?

b. Do you have DEP functions and do your DEP members bring referrals?

c. Do you explain to the parents how important the DEP member's contract is?

d. Do you properly train, motivate, and prepare your DEP members for AD?

e. Do you tell your DEP members what a super job, etc., he or she enlisted for even though it might not have been the one wanted?

f. Do you constantly reinforce the sale with the DEP members -- after the sale?

g. Do you give your DEP members the same amount of attention and interest as showed before the enlistment?

Appendix T
AMEDD Production Management Data Sheets

T-1. Procedures
All entries will be made in pencil until the completion of the quarter at which time the final entries will be in ink and new forms are started. The HCLT will use these forms to collect and track all production and use the DLT during PR to update current production.

T-2. Policies
The HCLT NCOIC will be responsible for collecting and posting the data and providing a copy to the HCLT team leader for production analysis. These forms will be kept in the SPMS Binder and updated during PR with each team.

T-3. Instructions for completion of USAREC Form 635-E
See figure T-1 for sample.

a. Mission. Enter total yearly assigned mission by program.

b. Achieved. Enter achievements (commissions) credited on OWNRS.

c. Pending Commission. Enter the number of those applicants selected for appointment and have not commissioned.

d. Pending Accession. Enter those direct commissions that have not reported to OBC or duty station.

e. Boards Remaining. Enter number of boards remaining for that Corps at the end of each month.

f. Board Ready. Enter the number of board ready packets from the HQ USAREC (RCHS) call-out data.

g. Packets Working. Enter the current number of packets working during current quarter.

h. Applications Submitted. Enter the current number of packets submitted during the current quarter to HQ USAREC (RCHS) pending board ready.

T-4. Instructions for completion of USAREC Form 635-F
See figure T-2 for sample.

a. Mission. Enter total yearly assigned mission by program.

b. Achieved. Enter achievements credited on OWNRS.

c. Pending Commission. Enter total board selects pending commission.

d. Boards Remaining. Enter total number of boards remaining for that Corps at the end of each month.

e. Board Ready. Enter total number of board ready packets from the HQ USAREC (RCHS) call-out data.

f. Packets Working. Enter the current number of packets working during current quarter.

g. Applications Submitted. Enter the current number of packets submitted during the current quarter to HQ USAREC (RCHS) pending board ready.

AMEDD PRODUCTION MANAGEMENT DATA SHEET - RA
(For use of this form see USAREC Reg 601-37)

Quarter 1st FY 1999 Level HCRT

CORPS	MISSION	ACHIEVED	PENDING COMMISSION	PENDING ACCESSION	BOARDS REMAINING	BOARD READY	PKTS WORKING	APPLICATIONS SUBMITTED
MC	5	0	2		5	2	6	2
DIRECT	1	0	1		5			1
HPSP	4	0	1		5	2	6	1
FAP								

CORPS	MISSION	ACHIEVED	PENDING COMMISSION	PENDING ACCESSION	BOARDS REMAINING	BOARD READY	PKTS WORKING	APPLICATIONS SUBMITTED
AN	3				6	2	3	2
DIRECT	1				6	1	3	1
HPSP	1				6			
FNP	1				6	1		1
66F								

CORPS	MISSION	ACHIEVED	PENDING COMMISSION	PENDING ACCESSION	BOARDS REMAINING	BOARD READY	PKTS WORKING	APPLICATIONS SUBMITTED
MS	3	1	1		5			2
HPSP OPT								
HPSP PSYC								
CPIP								

CORPS	MISSION	ACHIEVED	PENDING COMMISSION	PENDING ACCESSION	BOARDS REMAINING	BOARD READY	PKTS WORKING	APPLICATIONS SUBMITTED
DC	5		3		5	1	6	4
DIRECT	1	1					1	1
HPSP	4		3		5	1	5	3
FAP								

CORPS	MISSION	ACHIEVED	PENDING COMMISSION	PENDING ACCESSION	BOARDS REMAINING	BOARD READY	PKTS WORKING	APPLICATIONS SUBMITTED
VC								
DIRECT								
HPSP								

CORPS	MISSION	ACHIEVED	PENDING COMMISSION	PENDING ACCESSION	BOARDS REMAINING	BOARD READY	PKTS WORKING	APPLICATIONS SUBMITTED
SP								
OT STUDENT								
PT STUDENT								
DIETETIC								
PHYS ASST								

USAREC Form 635-E, Rev 1 May 1999 (Previous editions are obsolete)

Figure T-1. Sample of a completed USAREC Form 635-E

AMEDD PRODUCTION MANAGEMENT DATA SHEET - USAR
(For use of this form see USAREC Reg 601-37)

Quarter 1st FY 1999 Level HCRT

CORPS	MISSION	ACHIEVED	PENDING COMMISSION	BOARDS REMAINING	BOARD READY	PKTS WORKING	APPLICATIONS SUBMITTED
AN	5		4	6	1	10	5
TPU/NAAD/IMA TRANSFERS		2					
91C LPN	10	1		NA			

CORPS	MISSION	ACHIEVED	PENDING COMMISSION	BOARDS REMAINING	BOARD READY	PKTS WORKING	APPLICATIONS SUBMITTED
DC	5			6	1	3	0
TPU/NAAD/IMA TRANSFERS							

CORPS	MISSION	ACHIEVED	PENDING COMMISSION	BOARDS REMAINING	BOARD READY	PKTS WORKING	APPLICATIONS SUBMITTED
MC	17	2	2	6	1	10	5
TPU/NAAD/IMA TRANSFERS							

CORPS	MISSION	ACHIEVED	PENDING COMMISSION	BOARDS REMAINING	BOARD READY	PKTS WORKING	APPLICATIONS SUBMITTED
MS	10	10	0	6	1	2	11
TPU/NAAD/IMA TRANSFERS	1	1					1

CORPS	MISSION	ACHIEVED	PENDING COMMISSION	BOARDS REMAINING	BOARD READY	PKTS WORKING	APPLICATIONS SUBMITTED
SP							
TPU/NAAD/IMA TRANSFERS							

CORPS	MISSION	ACHIEVED	PENDING COMMISSION	BOARDS REMAINING	BOARD READY	PKTS WORKING	APPLICATIONS SUBMITTED
VC							
TPU/NAAD/IMA TRANSFERS							

USAREC Form 635-F, Rev 1 May 1999 (Previous editions are obsolete)

Figure T-2. Sample of a completed USAREC Form 635-F

Appendix U
AMEDD Recruiting Station Evaluation Checklist

U-1. General
The RS evaluation system assists the HCLT in monitoring and enforcing standards to accomplish mission requirements. Additionally, these evaluations assist the HCLT in identifying and commenting on deficiencies and identifying training needs within the RS.

U-2. Procedures
The HCLT will evaluate the RS semiannually using USAREC Form 660-C (see fig U-1). Deficiencies will be noted and provided to the RS commander for corrective action or training in accordance with the followup evaluation date established by the HCLT. All comments made during followup evaluations will be preceded by the date of the followup evaluation. Only one copy of the checklist will be made and will remain in the RS for followup.
NOTE: USAREC Form 660-C can be a continuous inspection during the 6-month period.

U-3. Analysis
a. USAREC Form 660-C is designed to provide the RS commander with an accurate picture of the date of the RS and definitive solutions to correct deficiencies. It is imperative that a detailed description of how to fix the problem be annotated in the “Remarks” section to all questions that were answered with a “no.” If the “Remarks” section does not allow sufficient room, continue the remarks on additional sheets.

b. The evaluator will establish a followup evaluation date at the end of the evaluation. The RS commander’s suspense date to correct deficiencies will be the followup evaluation date. At the end of the first followup evaluation, another one will be scheduled if there are still deficiencies that have not been resolved, etc.

c. This form will be reviewed in conjunction with the quarterly noncommissioned officer evaluation report counseling of the RS commander.

d. After each semiannual evaluation the current USAREC Form 660-C will be compared to the previous semiannual USAREC Form 660-C and analyzed for recruiting deficiencies.

U-4. Disposition and filing instructions
The current copy of USAREC Form 660-C will be maintained in the RS management binder. The previous semiannual evaluation will be maintained in the RS active files.

AMEDD Recruiting Station Evaluation Checklist
(For use of this form see USAREC Reg 601-37)

Station: San Antonio

Team Leader: CPT Smith

Station Commander: SFC Williams

Evaluator: 1SG

Evaluation Date: 19990105

Followup Evaluator: _____

Followup Evaluation Date: _____

Production: IS STATION ON GLIDEPATH TO ACHIEVE MISSION (AT OR ABOVE 25 PERCENT OF TOTAL YEARLY MSN PER QTR): YES X NO ____

NUMBER OF RECRUITERS: RA 5 USAR 3
NUMBER OF COMMISISONS YTD: RA 13 USAR 13

Shortfalls: _____

Section I
General

1. RS Information:

a. Is the appearance of the RS neat, orderly, and professional? YES X NO ____

b. Are Government-owned vehicles properly maintained and used for official business only? YES X NO ____

c. Is domicile-to-duty being approved by AMEDD Det headquarters? YES ____ NO X

d. Are there provisions for accountability of negotiable instruments? YES X NO ____

e. Are files maintained in accordance with MARKS? YES X NO ____

f. Are janitorial services being provided in accordance with lease and/or contract agreements? YES X NO ____

Remarks: No documentation of domicile-to-duty.

2. Personnel Information:

a. Is appearance of soldiers good? YES X NO ____

b. Are all soldiers in accordance with AR 600-9? YES ____ NO X

c. Have all soldiers passed an APFT test in the past 6 months? YES ____ NO X

d. Is the attitude and morale of soldiers and civilians positive? YES X NO ____

Remarks: One overweight soldier, one PT failure.

Section II
SPMS/RPMS

1. Mission:

a. Does each recruiter have a realistic recruiting mission? YES X NO ____

b. Does the recruiter's mission reflect the team's mission? YES X NO ____

USAREC Form 660-C, Rev 1 Nov 1999 (Previous editions can be used) **V1.00**

Figure U-1. Sample of a completed USAREC Form 660-C

c. Are production management system standards established and enforced? YES X NO ____

2. USAREC Fm 533-A (AMEDD Processing List):

a. Is USAREC Fm 533-A being used in accordance with USAREC Reg 601-37? YES X NO ____

b. Is the RS commander using USAREC Fm 533-A as a training indicator? YES X NO ____

c. Does the RS commander use USAREC Fm 533-A to drive production? YES X NO ____

d. Does the lead source mix show prospecting in the market which the recruiter has been missioned? YES X NO ____

e. Are there sufficient recruiter-generated applicants on the individual's USAREC Fm 533-A? YES X NO ____

Remarks: ____

3. USAREC Fm 818 (AMEDD Qualified Pending Accession/Ship Log):

a. Is a separate USAREC Fm 818 being maintained for each recruiter? YES X NO ____

b. Is the USAREC Fm 818 being used to manage applicants pending accession and to direct production of the recruiter? YES X NO ____

c. Is the USAREC Fm 818 being used to suspense action and recruiter followup? YES X NO ____

d. Are declinations being identified and reported in a timely manner? YES X NO ____

e. Are applicants being commissioned within 10 working days of notification of selection? YES ____ NO X

f. Does the recruiter followup in accordance with USAREC Reg 601-37 and is it annotated properly in the Planning Guide and on USAREC Fm 200-5? YES X NO ____

4. Operations and Market Analysis Board:

a. Is the RS Operations and Market Analysis Board maintained in accordance with USAREC Reg 601-37? YES X NO ____

b. Does the RS commander and team leader give professional USAREC standardized RS briefings in accordance with USAREC Reg 601-37? YES X NO ____

Remarks: Delay in commissions is due to HCR working in best interest of applicant.

5. USAREC Fm 539 (Lead Refinement List):

a. Is the general lead refinement list being maintained? YES ____ NO X

b. Is prospecting being performed? YES X NO ____

c. Are lists being obtained from all schools and/or programs in the RS's recruiting area? YES X NO ____

6. LEADS Management:

a. Are LEADS being contacted in accordance with command guidance? YES X NO ____

b. Are LEADS being maintained in accordance with USAREC Reg 601-51 and USAREC Reg 350-7? YES X NO ____

Remarks: LRL not maintained for all Corps.

Figure U-1. Sample of a completed USAREC Form 660-C (Continued)

7. Performance Review:

a. Is performance review being used to consistently evaluate prospecting and processing? YES X NO ____

b. Is the RS commander driving production through performance review? YES X NO ____

c. Is the team leader trained and able to conduct performance reviews with on-production recruiters? YES X NO ____

d. Is the performance review scheduled in the Planning Guides and does the RS commander initial each recruiter's Planning Guide? YES X NO ____

Remarks: ____

8. School Programs:

a. Is USAREC Fm 815 for each assigned school prepared in accordance with USAREC Reg 601-37? YES ____ NO X

b. Are schools being visited in accordance with command guidance? YES X NO ____

c. Is USAREC Fm 636-A completed in accordance with USAREC Reg 601-37? YES X NO ____

d. Are recruiters participating in major school events (i.e., career days, orientations, etc.)? YES X NO ____

Remarks: School folders not completed.

9. Time Management:

a. Do recruiters have a short-range and mid-range plan? YES X NO ____

b. Is telephone prospecting being planned and enforced? YES X NO ____

c. Are recruiters planning prospecting in accordance with their recruiting mission? YES X NO ____

d. Are Planning Guides being used by recruiters in accordance with USAREC Reg 601-37? YES X NO ____

e. Do Planning Guides reflect followups? YES X NO ____

10. USAREC Fm 200-5 (AMEDD Prospect Data Record):

a. Is USAREC Fm 200-5 being initiated after the appointment is made? YES X NO ____

b. Is USAREC Fm 200-5 completed in accordance with USAREC Reg 601-37? YES X NO ____

c. Are USAREC Fms 200-5 being filed in accordance with USAREC Reg 601-37? YES X NO ____

Remarks: ____

Section III
Training

1. Training:

a. Is training being conducted in accordance with command guidance? YES X NO ____

b. Is training directed toward team weaknesses? YES X NO ____

Figure U-1. Sample of a completed USAREC Form 660-C (Continued)

c. Have all on-production recruiters been to the AMEDD Course? YES ____ NO X

d. Is training focused on sales skills? YES X NO ____

Remarks: Two USAR HCR scheduled.

2. Counseling

a. Is counseling being conducted? YES X NO ____

b. Are personnel counseled on what specific goals must be met in order to receive an excellence in each area? YES X NO ____

Remarks:

Additional Remarks:

Figure U-1. Sample of a completed USAREC Form 660-C (Continued)

Appendix V
AMEDD Educational Delay, Health Professional Scholarship Program, and Financial Assistance Program Assumption of Credit

V-1. Policy
RS commanders will ensure that USAREC Form 991-A is completed on all participants in any of these programs that were not processed by any USAREC personnel within the AMEDD Det. Each HCR will have an individual sheet with all participants listed that attend their assigned schools.

V-2. Procedures
HCLT must ensure all Educational Delays, HPSP, FYGME, and FAP participants from losing HCR or RS commanders are listed for ownership transfer to the gaining HCR or RS commander. All participants become the responsibility of the gaining HCR or RS commander for followup procedures. If more space is needed, additional forms will be used. RS commanders will maintain USAREC Form 991-A in the SPMS binder behind the HCR of credit USAREC Form 818. A copy will be forwarded to the AMEDD Det awards clerk and one copy furnished to the HCR.

V-3. Instructions for completion of USAREC Form 991-A
a. Block 1: Full name, SSN, and RSID of HCR or RS commander transferring or losing ownership.

b. Block 2: Signature and date of individual in block 1.

c. Block 3: Full name, SSN, and RSID of HCR or RS commander gaining ownership.

d. Block 4: Signature of individual in block 3.

e. Block 5: Name, position, signature, and date of HCLT member verifying data.

f. Block 6: Name, SSN, program, report/OBC date, and any remarks.

AMEDD Educational Delay, Health Professional Scholarship Program, and Financial Assistance Program Assumption of Credit

(For use of this form see USAREC Reg 601-37)

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, USC Section 513, 3013(g)(3).
PRINCIPAL PURPOSE: To ensure participants are monitored by a designated recruiter and to ensure ownership transfer is properly credited.
ROUTINE USES: Ownership transfer and responsibility, contract loss accreditation, and management procedures.
DISCLOSURE: Disclosure of SSN is voluntary; however, if not provided proper accreditation of award points is not assured.

1. HCR or RS commander losing ownership *(Name, SSN, and RSID):* SFC Johnson, Michael J., 111-11-1111, 4Z1	2. Signature and Date: /signed/ 19990315
3. HCR or RS commander gaining ownership *(Name, SSN, and RSID):* CPT James, Jane E., 111-12-1212, 4Z1	4. Signature and Date: /signed/ 19990315
5. HCLT certification *(Name, position, signature, and date):* MAJ Jones, James J., Team Leader, 19990315 /signed/	

6. HCLT must ensure all participants from the losing HCR or RS commander are listed for ownership transfer to the gaining HCR or RS commander. All participants listed below become the responsibility of the gaining HCR or RS commander for followup procedures. If more space is required, additional forms will be used.

NAME	SSN	PROGRAM	REPORT/OBC DATE	REMARKS
Williams, Brian	123-45-6788	AN 66F	21 JUL 1999	Ready to ship, needs OBC brief.

USAREC Form 991-A, 1 May 1999

Figure V-1. Sample of a completed USAREC Form 991-A

NAME	SSN	PROGRAM	REPORT/OBC DATE	REMARKS

Figure V-1. Sample of a completed USAREC Form 991-A (Continued)

Appendix W
AMEDD Educational Delay, Health Professional Scholarship Program, and Financial Assistance Program Accession Card

W-1. Policy
Each HCR will maintain a separate USAREC Form 200-8 on each individual in Educational Delay, HPSP, or FAP status.

W-2. Procedures
Temporary entries will be made in pencil and permanent entries will be made in ink. Each card will be maintained in the HCR's PDR file system. Followup will be accomplished at least every 6 months for Educational Delays and once a quarter for HPSP and FAP participants. The HCR will be responsible for ensuring that the applicant is notified when their retention physical is required and provide them with the required forms and directions to the local MEPS, MTF, or TPU for a retention physical.

W-3. Instructions for completion of USAREC Form 200-8
a. Block 1: Enter participant's full name (last, first, and middle initial).
b. Block 2: Enter participant's home telephone number.
c. Block 3: Enter alternate telephone number or work telephone number if applicable.
d. Block 4: Enter participant's address.
e. Block 5: Enter participant's SSN.
f. Block 6: Enter full name of school that participant is attending.
g. Block 7: Enter projected date of graduation.
h. Block 8: Enter date of commission from DA Form 71.
i. Block 9: Enter date scheduled for OBC if applicable.
j. Block 10: Enter date of original physical.
k. Block 11: Enter rank and name of HCR of credit.
l. Block 12: Enter HCR's SSN.
m. Block 13: Enter any subsequent interviews.

AMEDD Educational Delay, Health Professional Scholarship Program, and Financial Assistance Program Accession Card
(For use of this form see USAREC Reg 601-37)

1. NAME *(Last, First, MI):* James, Jess E.	2. HOME PHONE: (555) 555-4444	3. WORK PHONE: (555) 555-3333
4. ADDRESS: 113 1st Street, Anytown, KY 12345		
5. SSN: 123-45-6789	6. SCHOOL ATTENDING: University of Texas	7. GRADUATION DATE: 21 Jul 1999
8. COMMISSION DATE: 15 Jan 1998	9. OBC DATE: NA	10. PHYSICAL DATE: 1 Nov 1997
11. HCR OF CREDIT: Johnson, Jane E.	12. HCR'S SSN: 123-44-6780	
13. SUBSEQUENT INTERVIEWS:		

USAREC Form 200-8, 1 May 1999

Figure W-1. Sample of a completed USAREC Form 200-8

Appendix X
Instructions for the Completion of USMEPCOM Form 714-A

X-1. Purpose
This appendix sets forth instructions for the completion of USMEPCOM Form 714-A by USAREC personnel.

X-2. HCR completing the form
USMEPCOM Form 714-A will be completed by the HCR who has processing responsibility for the applicant involved in accordance with USAREC Reg 600-22. In situations where more than one HCR is involved in the processing of a single applicant, the provisions of that regulation will control. In such situations, the HCR who has been designated to receive the mission accomplishment credit will be the HCR whose ID number is entered in block 16 of USMEPCOM Form 714-A. When an HCR other than the HCR who will receive mission accomplishment credit is completing USMEPCOM Form 714-A, the HCR completing the form will complete the certification on the back side of USMEPCOM Form 714-A in accordance with paragraph X-4.

X-3. Completion of USMEPCOM Form 714-A
a. Block A (SERVICE PROCESSING FOR). Specify "DAR" for AC or "DAV" for RC.

b. Block B (PRIOR MIL SERVICE). Self-explanatory.

c. Block C (SELECT SERV CLASS). Leave blank.

d. Block D (SELECT SERV REG. NO). Leave blank.

e. Block 1 (SOCIAL SECURITY NUMBER). Enter the applicant's SSN.

f. Block 2 (NAME). Enter the applicant's complete name in capital letters, allowing one space between the last name and the first name, and one space between the first name and the middle name.

(1) A middle initial may not be used in lieu of a middle name.

(2) For individuals who have only a middle initial and no middle name, enter the middle initial.

(3) For individuals who have no middle name, enter initials "NMN."

g. Block 3 (CURRENT ADDRESS). Enter applicant's current home address, to include ZIP Code.

h. Block 4 (HOME OF RECORD ADDRESS). Enter applicant's home of record address (if same as current address, state "same as block 3").

i. Block 5 (CITIZENSHIP). Place an "X" in appropriate box for applicant.

j. Block 6 (SEX). Self-explanatory.

k. Block 7 (POPULATION GROUP). Place an "X" in the appropriate box for applicant.

l. Block 8 (ETHNIC GROUP). Enter applicant's ethnic group as shown in USAREC Reg 601-89, table A-1.

m. Block 9 (MARITAL STATUS). Self-explanatory.

n. Block 10 (NUMBER OF DEPENDENTS). Self-explanatory.

o. Block 11 (DATE OF BIRTH). Enter the applicant's DOB as a six-digit number. The year will be indicated by two numbers (1968 as 68, 1970 as 70), the month indicated by two numbers (February entered as 02, November entered as 11), and the day of the month indicated by two numbers (1st entered as 01, 23d entered as 23).

p. Block 12 (RELIGIOUS PREF). Self-explanatory.

q. Block 13 (EDUCATION). Indicate the three-digit education code as extracted from below:

(1) The first two characters are the number of years (highest grade completed) of education. Example: 08, 10, 12, 14, etc.

(2) The third character of the code equates to the verified education level code as determined below:

(a) Associate degree = D
(b) Professional diploma = G
(c) Baccalaureate degree = K
(d) First professional degree = W
(e) Masters degree = N
(f) Post Masters degree = R
(g) Doctorate degree = U

(3) Examples of the completed three-digit verification code and level are as follows:

(a) 10 + 1 = 101.
(b) 11 + 1 = 111.
(c) 10 + 9 = 109.
(d) 11 + S = 11S.
(e) 11 + E = 11E.
(f) 12 + L = 12L.
(g) 12 + 8 = 128.
(h) 14 + D = 14D.
(i) 16 + K = 16K.

r. Block 14 (APTITUDE). If applicant is taking the test for the first time or for the first time in over 2 years, place an "X" by INITIAL in block 14. If the applicant is taking a confirmation test (last Armed Forces Qualification Test was 20 points higher than the previous test) enter an "X" by CONFIRMATION in block 14, next to ID enter the previous test ID (ASVAB 14 through 17); and, next to VERS enter the pervious test version (A, B, or C). Beside DATE, enter the date the previous test was taken. (If possible, give applicant a copy of USMEPCOM Form 714ADP with stamp stating a confirmation test is required.) If applicant is taking a retest within a 2-year timeframe, enter an "X" by RETEST and next to ID enter the previous test ID (14 through 17) by VERS, enter previous test version (A, B, or C). If student test was given (test ID 14) and test version is unknown, leave it blank. By DATE, enter the date the previous test was taken.

s. Block 15 (MEDICAL). To be filled in when applicant is processing for a PE.

t. Block 16 (RECRUITER SSN/STN ID). Enter the HCR's SSN.

u. Block 17 (TEST ADMINISTRATOR SSN/ ID). Leave blank.

v. Block 18 (TEST ADMINISTRATOR SIGNATURE). Leave blank.

w. Block 19 (MEPRS CODING). Leave blank.

x. Block 20 (ASVAB/ASP REQUIRED TO ENLIST). Self-explanatory.

y. Block 21 (APPLICANT SIGNATURE). Leave blank. (The applicant will sign upon arrival at MEPS control desk only.)

z. APPLICANT CERTIFICATION IN PRESENCE OF TEST ADMINISTRATOR. Applicants will be required to sign in this section in the presence of the test control officer. False certification will result in the invalidation of the examination results. Leave the remaining area of the block blank. (Applicant's must present a picture ID or be fingerprinted by the test administrator.)

aa. APPLICANT CERTIFICATION IN PRESENCE OF RECRUITING PERSONNEL. Indicate if the applicant has ever had a prior ASVAB, and if so, when and where. The applicant signs here attesting that test and personal data shown are correct.

ab. CERTIFICATION BY RECRUITING PERSONNEL. This portion will be completed by authorized recruiting personnel only after they have witnessed the applicant's signature and properly verified the accuracy of the information on the form in accordance with USAREC Reg 601-89.

X-4. Completion of HCR certification by other than HCR of credit
When the HCR completing USMEPCOM Form 714-A is not the HCR who will receive mission accomplishment credit, the HCR certification will be completed as follows:

a. The first line of the certification block will contain the signature and the printed or typed name of the HCR who completed USMEPCOM Form 714-A, as well as the date of the signature.

b. The second line of the certification will contain the printed or typed name of the HCR whose ID number appears at block 16 and who will receive mission accomplishment credit.

c. The third line of the certification will contain the ID number, RS, and AMEDD Det of the HCR who signs the certification.

Glossary

AANA
American Association of Nurse Anesthetists

AC
Active Component

ACGME
Accreditation Council on Graduation Medical Education

AD
active duty

ADA
American Dietetic Association

ADN
associate degree in nursing

ADO
active duty obligation

ADSW
active duty for special work

ADT
active duty for training

AFCS
active federal commissioned service

AFS
active federal service

AMEDD
Army Medical Department

AMEDD C&S
Army Medical Department Center and School

AMEDD Det
Army Medical Department detachment

AN
Army Nurse Corps

ANCP
Army Nurse Candidate Program

AOC
area of concentration

AOTA
American Occupational Therapy Association

APFT
Army physical fitness test

APTA
American Physical Therapy Association

ARADS
Army Recruiting and Accession Data System

ARNG
Army National Guard

AR-PERSCOM
United States Army Reserve Personnel Command

ASI
additional skill identifier

ASVAB
Armed Services Vocational Aptitude Battery

AT
annual training

BAMC
Brooke Army Medical Center

BCP
board certification pay

BJA
brigade judge advocate

BSN
bachelor of science in nursing

CAST
Computerized Adaptive Screening Test

CENA
Certification Examination for Nurse Anesthetists

CHE
continuing health education

CME
continuing medical education

CMO
chief medical officer

COI
centers of influence

CONUS
continental United States

CPIP
Clinical Psychology Internship Program

CRNA
Certified Registered Nurse Anesthetist

CV
curriculum vitae

DA
Department of the Army

DAT
drug and alcohol testing

DC
Dental Corps

DEP
Delayed Entry Program

DLT
detachment leadership team

DOB
date of birth

DOD
Department of Defense

DPL
diploma

DTP
Delayed Training Program

EAD
entry on active duty

ECFMG
Educational Commission for Foreign Medical Graduates

ECLT
English Comprehension Level Test

E/COI
educator/centers of influence

ECP
Early Commissioning Program

EPSQ
electronic personnel security questionnaire

EPTS
existing prior to service

EST
Enlistment Screening Test

ETS
expiration term of service

FAP
Financial Assistance Program

FEBA
facts, evidence, benefits, and agreement

FY
fiscal year

FYGME
first-year graduate medical education

GC
guidance counselor

GN
graduate nurse

GPA
grade point average

GRE
Graduate Record Examination

HCLT
health care leadership team

HCR
health care recruiter

HCRT
health care recruiting team

HHG
household goods

HIV
Human Immunodeficiency Virus

HPLR
Health Professional Loan Repayment

HPSP
Health Professional Scholarship Program

HQ USAREC
Headquarters, United States Army Recruiting Command

HS
high school

ID
identification

IMA
Individual Mobilization Augmentee

INS
Immigration and Naturalization Service

IRR
Individual Ready Reserve

ISP
incentive specialty pay

ISR
Institute of Surgical Research

LEADS
Lead Evaluation and Distribution System

LNCO
liaison noncommissioned officer

LPN
licensed practical nurse

LRL
lead refinement list

LTHET
Long-Term Health Education Training

LVN
licensed vocational nurse

MAMC
Madigan Army Medical Center

MC
Medical Corps

MEDCOM
United States Army Medical Command

MEPS
Military Entrance Processing Station

MEPRS
MEPS Reporting System

MFR
memorandum for record

MS
Medical Service Corps

MSN
master of science in nursing

MTF
medical treatment facility

NAAD
National AMEDD Augmentation Detachment

NAQ
National Agency Questionnaire

NARA
National Archives and Records Administration

NCCPA
National Commission of Certification of Physician Assistants

NCLEX-RN
National Council Licensure Examination - Registered Nurse

NCO
noncommissioned officer

NCOIC
noncommissioned officer in charge

NGB
National Guard Bureau

NPDB
National Practitioner Data Bank

NPS
nonprior service

OBC
Officer Basic Course

OER
officer evaluation report

OIC
officer in charge

OML
order-of-merit list

OT
occupational therapist

OWNRS
OCS/WOFT/Nurse Reporting System

PA
physician assistant

PDR
prospect data record

PE
physical examination

PERSCOM
United States Total Army Personnel Command

PHS
Public Health Service

PL
processing list

PMO
personnel management officer

POV
privately-owned vehicle

PR
performance review

PS
prior service

PSR
prior service records

PT
physical therapist; physical training

RA
Regular Army

RBJ
reevaluation believed justified

RC
Reserve Component

Rctg Bde
recruiting brigade

RD
registered dietitian

RE
reenlistment eligibility

REQUEST
Recruit Quota System

RN
registered nurse

ROTC
Reserve Officers' Training Corps

RPI
recruiting publicity item

RS
recruiting station

RSID
recruiting station identification

RWOA
returned without action

SELRES
Selected Reserve

SP
Army Medical Specialist Corps

SPMS
Station Production Management System

SSN
social security number

STRAP
Specialized Training Assistance Program

TAIR
Total Army Involvement in Recruiting

TAMC
Tripler Army Medical Center

TDY
temporary duty

TIS
time in service

TPU
troop program unit

TSG
The Army Surgeon General

UIC
unit identification code

USAR
United States Army Reserve

USARC
United States Army Reserve Command

USAREC
United States Army Recruiting Command

USMEPCOM
United States Military Entrance Processing Command

USUHS
The Uniformed Services University of the Health Sciences

UTHHSC
The U.S. Army/University of Texas Houston Health Science Center

UV
unit vacancy

VC
Veterinary Corps

VIP
very important person

WRAMC
Walter Reed Army Medical Center

YTD
year-to-date