The information contained in this sample application changes frequently. For the most up-to-date information please visit our web-site at www.usarec.army.mil/mrb/aecp/index.shtml
APPLICATION FOR APPOINTMENT

DATA REQUIRED BY THE PRIVACY ACT OF 1974

For use of this form, see AR 135-100, AR 145-1, AR 351-5, and AR 601-100; the proponent agency is DCSPER

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

<table>
<thead>
<tr>
<th>PREFERENCE</th>
<th>BRANCH</th>
<th>SPECIALTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>COMMISSIONED OFFICER - REGULAR ARMY</td>
<td></td>
</tr>
</tbody>
</table>

2. GOVERNING REGULATION OR CIRCULAR (Specify appropriate section(s) if applicable)
AR 601-100

3. GRADE FOR WHICH APPLYING (Reserve appointments only)

4. SOURCE OF APPLICATION (ROTC only)

5. ONLY FOR APPLICANTS FOR APPOINTMENT AS WARRANT OFFICERS (List choice by MOS code and 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.

PERSONAL DATA

7. NAME (Last, first, middle) (Explain variations from birth certificate in Item 41)
Smith, John Doe (include full middle name)

8. GRADE
E-4

9. SOCIAL SECURITY NUMBER
123-45-6789

10. BRANCH (MOS if full or wo)
AD

11. TOTAL YRS ACTIVE SERVICE
6

12. MARITAL STATUS
M

13. NUMBER OF DEPENDENTS UNDER 18 YEARS OF AGE
1

14. DATE OF BIRTH
01 Jan 73

15. PLACE OF BIRTH (City, county, state)
Fairfield, Solano, CA

16. SEX
M

17. COMPLETE MILITARY ADDRESS (If presently on active duty) (Include ZIP Code)
Applicant's completed (to include unit name) Unit address Phone #

18. PERMANENT ADDRESS (Include ZIP Code)
1234 Darnall St, Applicant's home of Record (If difference from Item 18) (Include ZIP Code)

19. CURRENT MAILING ADDRESS (If difference from Item 19) (Include ZIP Code)
This is where you receive your mail

20. US CITIZEN
YES

21. CIVILIAN EDUCATION (See page 3 for additional requirements for professional personnel)

22. HIGHEST LEVEL SERVICE SCHOOL ATTENDED

a. NAME OF SCHOOL
GRAF NCO Academy

b. COURSE
WLC

23a. FOREIGN LANGUAGE AND DEGREE OF PROFICIENCY
Spanish 2/2+ or List NONE

24. ALAT SCORE (If applicable)

Completed
03/06
04/06

IF NOT COMPLETED GIVE REASON
X

DA FORM 61, JUN 1981
EDITION OF 1 AUG 74 AND DA FORM 61-R, 26 SEP 75, PRIVACY ACT STATEMENT, ARE OBSOLETE.
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, PAROLED OR PARDONED, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE?**

   - 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)

<table>
<thead>
<tr>
<th>a. ORGANIZATION (US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)</th>
<th>b. DATES (Day, Month, Year)</th>
<th>c. BRANCH/MOS (As appropriate)</th>
<th>d. PRIOR SERVICE NO. (If applicable)</th>
<th>e. HIGHEST GRADE AND COMPONENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>US Armed Forces</td>
<td>01012008 - Present</td>
<td>68WM6</td>
<td>NA</td>
<td>E-4/ARMY</td>
</tr>
<tr>
<td>US Armed Forces</td>
<td>01102005 - 11102008</td>
<td>879F</td>
<td>NA</td>
<td>E-4/USAF</td>
</tr>
</tbody>
</table>

f. **DATE CURRENT ACTIVE DUTY TOUR TERMINATES** 01012016   
g. **DATE OF LAST ADL PROMOTION** 01012008

28. **RESERVE OR NATIONAL GUARD SERVICE** (Not on active duty)

<table>
<thead>
<tr>
<th>a. ORGANIZATION (US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)</th>
<th>b. DATES (Day, Month, Year)</th>
<th>c. BRANCH/MOS (As appropriate)</th>
<th>d. PRIOR SERVICE NO. (If applicable)</th>
<th>e. HIGHEST GRADE AND COMPONENT</th>
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</thead>
<tbody>
<tr>
<td>US Armed Forces</td>
<td>01032005 - 01092005</td>
<td>92G</td>
<td>NA</td>
<td>E-2/ARNG</td>
</tr>
</tbody>
</table>

29. **SOURCE OF CURRENT COMMISSION** (If applicable)

   - ARNGUS:  
     - OCS  
     - DIRECT APPOINTMENT
   - USAR:  
     - ROTC  
     - ROTC (ECP)  
     - ROTC (SMP)  
     - DIRECT APPOINTMENT

30. **AWARDS** (Do not list theater or service medals)

   - 1-ARCOM, 2-AAM, EFMB
   - 3-ARCOM, 2-AAM, EFMB

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
   - 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**

   - YES
   - NO

33. **HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN IN LIEU OF ELIMINATION PROCEEDINGS; BEEN DISCHARGED IN LIEU OF ELIMINATION, FURLoughed**

   - YES
   - NO
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
   LEVEL TYPE
   INTERNSHIP
   RESIDENCY TNG
   SPECIALTY TNG
d. SPECIALTY BOARDS
e. DATES OF CERTIFICATION (Day, Month, Year)

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

38. HAVE YOU BEEN EMPLOYED BY THE US ARMY AS A DIETITIAN, OCCUPATIONAL OR PHYSICAL THERAPIST? (If yes, give dates)

39. ARMY ROTC (To be completed only by prospective ROTC graduates applying for appointment in USAR or RA)

   SUCCESSFULLY COMPLETED AROTIC PROGRAM AS FOLLOWS

   COURSE DATES ATTENDED (Month and Year)
   FROM TO
a. BASIC
   (1) INSTALLATION (Basic)
   b. ADVANCED
   (2) INSTALLATION (Advanced/Ranger)
   c. CAMP TRAINING COMPLETION DATE (Month, Year)

40. MAIN CIVILIAN EMPLOYMENT

   a. NAME AND ADDRESS OF EMPLOYER
   b. JOB TITLE
   (Describe briefly)
   c. MONTH AND YEAR

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)

1) If you answered yes on question #26 ensure you follow directions and provide all court, police record documents, and any 15 paperwork for all of the offenses.

2) You must use digital signature with this form.

42. THE INFORMATION CONTAINED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE 21111018

SIGNATURE OF APPLICANT YOUR DIGITAL SIGNATURE

APD PE v2.00ES
PREBOARD APPLICATION CHECKLIST
(For use of this form see USAREC Reg 601-37)

NAME (Last, first, MI): Smith, John D.  
RANK: SPC  
MOS: 68W

AGE: 38  
SEX: M  
E-MAIL ADDRESS: john.smith@us.army.mi

WORK TELEPHONE: 502-626-0381  
HOME TELEPHONE: 502-626-1234

TAB 1. Record of Medical Examination, Health History, and Waivers
- DA Form 61
- Commissioning physical examination (DD Form 2807-1 and DD Form 2808) in accordance with AR 40-501, chapter 2, less than 2 years old at time of board
- Request for waiver worksheet(s) (age, conviction, medical)
- Affidavits (if applicable)
- Other supporting documentation

TAB 2. Letter of Purpose and Intent
- Letter of purpose and intent

TAB 3. Professional Evaluations and Recommendations
- USAREC Forms 195 or letters of recommendation
- Applicant’s commander
- Applicant’s immediate supervisor
- Chief nurse (all applicants)
- Others not to exceed two

TAB 4. Education Documents
- Letter of Acceptance ( Conditional [ ] Unconditional)
- Academic plan memo
- DA Form 2125
- One set of official transcripts from all schools attended
- Academic worksheet (USAREC Form 1235 with calculations)

TAB 5. Personnel Service Records
- AKO documents
- Sergeants and above, last three NCOERs
- Last three DA Forms 1059 from all schools
- Any professional certifications or licensures
- DD Form 214 and/or NGB Form 22 (prior service)

TAB 6. Enlisted Records Brief
- Certified copy of Enlisted Records Brief (ERB) (S1 certified) (E6 and below)
- DA photo
- CV
- DA Form 705 ( DA Form 5500 or DA Form 5501 (as applicable))

TAB 7. Statements of Vacancy and Understanding
- DA Form 4187 (signed by battalion commander)
- DD Form 368 (for all AGR, USAR, and NG Soldiers)

TAB 8. Verification of Eligibility
- Verification of security clearance
- MILPO eligibility statement
- Copy of last PCS orders

COMPLETED BY (Signature):  
VERIFIED BY CDR O-3 OR ABOVE (Signature) (Last, First, Middle and Rank):

your signature  
Your Commander's digital signature
# Report of Medical Examination

## Authority
10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397.

## Principal Purpose(s)
To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.

## Routine Use(s)
None.

## Disclosure
Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

## Clinical Evaluation
(Select each item in appropriate column. Enter "NE" if not evaluated.)

<table>
<thead>
<tr>
<th>Item</th>
<th>Normal</th>
<th>Abnormal</th>
<th>NE</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Head, face, neck, and scalp</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Nose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Sinuses</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Mouth and throat</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Ears - General (Int. and ext. canals/Auditory acuity under item 71)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Drums (Perforation)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Eyes - General (Visual acuity and refraction under items 61 - 63)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Ophthalmoscopic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Pupils (Equality and reaction)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Ocular motility (Associated parallel movements, nystagmus)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. Heart (Thrust, size, rhythm, sounds)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. Lungs and chest (Include breasts)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. Vascular system (Varicosities, etc.)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. Abdomen and viscera (Include hernia)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. External genitalia (Genitourinary)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. Upper extremities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34. Lower extremities (Except feet)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35. Feet (See Item 35 Continued)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36. Spine, other musculoskeletal</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37. Identifying body marks, scars, tattoos</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38. Skin, lymphatics</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>39. Neurologic</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40. Psychiatric (Specify any personality deviation)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41. Pelvic (Females only)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42. Endocrine</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>43. Dental Defects and Disease</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Notes
Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.

<table>
<thead>
<tr>
<th>Category</th>
<th>X</th>
<th>Mild</th>
<th>Asymptomatic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pes Cavus</td>
<td>X</td>
<td>Moderate</td>
<td></td>
</tr>
<tr>
<td>Pes Planus</td>
<td>X</td>
<td>Severe</td>
<td></td>
</tr>
<tr>
<td>Normal Arch</td>
<td>X</td>
<td>Symptomatic</td>
<td></td>
</tr>
</tbody>
</table>

## Organization Unit and UIC/Code
Organization: MRB
UIC Code: 11

## Total Flying Time
b. Total Flying Time

## Total Years Government Service

### A. Military
- Army
- Navy
- Marine Corps
- Air Force

### B. Civilian
- National Guard

## Purpose of Examination
- Enlistment
- Commission
- Retention
- U.S. Service Academy
- Separation
- Medical Board
- Retirement
- U.S. Service Academy
- ROTC Scholarship Program

## Name of Examining Location, and Address
Ireland Community Hospital
121 Wilson RD
Fort Knox, KY 40121

## Date of Examination
YYYYMMDD

## Social Security Number
123-45-6789

## Date of Birth
YYYYMMDD

## Age
28

## Sex
Female

## Racial Category
American Indian or Alaska Native

## Ethnic Category
Hispanic/Latino

## Medical Board

DoD exception to SF 88 approved by ICMR, August 3, 2000.

PREVIOUS EDITION IS OBSOLETE.
### Measurements and Other Findings

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height</td>
<td>65</td>
</tr>
<tr>
<td>Weight</td>
<td>150 lbs</td>
</tr>
<tr>
<td>Max BF %</td>
<td>BMI = 29%</td>
</tr>
<tr>
<td>Temperature</td>
<td>98.7</td>
</tr>
<tr>
<td>Pulse</td>
<td>68</td>
</tr>
</tbody>
</table>

### Blood Pressure

<table>
<thead>
<tr>
<th>Stage</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>PASS</td>
</tr>
<tr>
<td>2nd</td>
<td></td>
</tr>
<tr>
<td>3rd</td>
<td></td>
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</tbody>
</table>

### Distance Vision

<table>
<thead>
<tr>
<th>Eye</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right</td>
<td>20/30</td>
</tr>
<tr>
<td>Correct</td>
<td>20/40</td>
</tr>
<tr>
<td>Left</td>
<td>20/30</td>
</tr>
<tr>
<td>Correct</td>
<td>20/40</td>
</tr>
</tbody>
</table>

### Refraction by Autorefraction or Manifest

<table>
<thead>
<tr>
<th>Eye</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right</td>
<td>0.50 CX</td>
</tr>
<tr>
<td>Left</td>
<td>0.25 sph CX</td>
</tr>
</tbody>
</table>

### Accommodation

<table>
<thead>
<tr>
<th>Eye</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right</td>
<td>14/14</td>
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<tr>
<td>Left</td>
<td>14/14</td>
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</tbody>
</table>

### Color Vision

<table>
<thead>
<tr>
<th>Eye</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right</td>
<td>AFVT</td>
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<tr>
<td>Left</td>
<td>AFVT</td>
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</table>

### Depth Perception

<table>
<thead>
<tr>
<th>Eye</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>O.D.</td>
<td>Corrected</td>
</tr>
<tr>
<td>O.S.</td>
<td>Corrected</td>
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</table>

### Field of Vision

<table>
<thead>
<tr>
<th>Eye</th>
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</thead>
<tbody>
<tr>
<td>Right</td>
<td>0 5 0 5 20</td>
</tr>
<tr>
<td>Left</td>
<td>0 0 0 5 35</td>
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### Notes (Continued) and Significant or Interval History (Use additional sheets if necessary.)
### Physical Profile

<table>
<thead>
<tr>
<th>P</th>
<th>U</th>
<th>L</th>
<th>H</th>
<th>E</th>
<th>S</th>
<th>X</th>
<th>X</th>
<th>Profiler Initials</th>
<th>Date (YYYYMMDD)</th>
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<tr>
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<td>20111104</td>
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</table>

### Significant or Disqualifying Defects

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Medical Condition/Diagnosis</th>
<th>ICD Code</th>
<th>Profile Serial</th>
<th>RBJ Date (YYYYMMDD)</th>
<th>Quality</th>
<th>DISQUALIFIED</th>
<th>Examiner Initials</th>
<th>Waiver Received</th>
</tr>
</thead>
</table>

### Summary of Defects and Diagnoses

List diagnoses with item numbers. (Use additional sheets if necessary.)

Doctor's comments

### Recommendations - Further Specialist Examinations Indicated

(Specify) (Use additional sheets if necessary.)

Doctor's comments

### MEPS Workload

(For MEPS use only)

<table>
<thead>
<tr>
<th>WKID</th>
<th>ST</th>
<th>Date (YYYYMMDD)</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
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</table>

### Medical Inspection Date

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<thead>
<tr>
<th>HT</th>
<th>WT</th>
<th>%BF</th>
<th>Max WT</th>
<th>HCG</th>
<th>Qual</th>
<th>Disq</th>
<th>Physician's Signature</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

### Typed or Printed Name of Physician or Examiner

a.  Name

b.  Signature

Doe, John MD

Md Signature

### Typed or Printed Name of Reviewing Officer/Approving Authority

a.  Name

b.  Signature

Doe, John MD

Md Signature

This examination has been administratively reviewed for completeness and accuracy.

a.  Signature

b.  Grade

c.  Date (YYYYMMDD)

20111104

### Waiver Granted

(If yes, date and by whom)

a.  Yes

b.  No

87. Number of Attached Sheets
# REPORT OF MEDICAL HISTORY

This form is for official and medically confidential use only and will not be released to unauthorized persons.

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the 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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0704-0413). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.**

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397 (SSAN).

**PRINCIPAL PURPOSE(S):** To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.

**ROUTINE USE(S):** None.

**DISCLOSURE:** Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual’s application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

**WARNING:** The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a $10,000 fine or both), to anyone making a false statement. If you are selected for enlistment, commission, or entrance into a commissioning program based on a false statement, you can be tried by military courts-martial or meet an administrative board for discharge and could receive a less than honorable discharge that would affect your future.

## 1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)

Smith, John Doe

## 2. SOCIAL SECURITY NUMBER

123-45-6789

## 3. TODAY’S DATE (YYYYMMDD)

Current date

## 4. HOME ADDRESS

1 Airborne Way Apt 2
Fort Knox, KY 40121

## 5. EXAMINING LOCATION AND ADDRESS

Ireland Military Community Hospital
121 Wilson Rd
Fort Knox, KY 40121

## 6. SERVICE

- Army
- Marine Corps
- Air Force

## 6a. SERVICE

- Army
- Coast Guard
- Navy
- Marine Corps
- Air Force

## 7. COMPONENT

- Active Duty
- Reserve
- National Guard
- Medical Board
- Other (Specify)

## 8. PURPOSE OF EXAMINATION

- Enlistment
- Commission
- Retention
- Separation

## 9. ALLERGIES

- None

## 10. CURRENT MEDICATIONS

- None

## 11. PREVIOUS EDITION IS OBSOLETE.

**DD FORM 2807-1, MAR 2007**

DoD exception to SF 93 approved by ICMR, August 3, 2000.

PREVIOUS EDITION IS OBSOLETE.
<table>
<thead>
<tr>
<th>HAVE YOU EVER HAD OR DO YOU NOW HAVE:</th>
<th>YES</th>
<th>NO</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.a. Dizziness or fainting spells</td>
<td></td>
<td></td>
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<tr>
<td>15.b. Frequent or severe headache</td>
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<tr>
<td>15.c. A head injury, memory loss or amnesia</td>
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<tr>
<td>15.d. Paralysis</td>
<td></td>
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<tr>
<td>15.e. Seizures, convulsions, epilepsy or fits</td>
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<tr>
<td>15.f. Car, train, sea, or air sickness</td>
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<tr>
<td>15.g. A period of unconsciousness or concussion</td>
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<tr>
<td>15.h. Meningitis, encephalitis, or other neurological problems</td>
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<tr>
<td>16.a. Rheumatic fever</td>
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<tr>
<td>16.b. Prolonged bleeding (as after an injury or tooth extraction, etc.)</td>
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<tr>
<td>16.c. Pain or pressure in the chest</td>
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<tr>
<td>16.d. Palpitation, pounding heart or abnormal heartbeat</td>
<td></td>
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<tr>
<td>16.e. Heart trouble or murmur</td>
<td></td>
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<tr>
<td>16.f. High or low blood pressure</td>
<td></td>
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</tr>
<tr>
<td>17.a. Nervous trouble of any sort (anxiety or panic attacks)</td>
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<tr>
<td>17.b. Habitual stammering or stuttering</td>
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<tr>
<td>17.c. Loss of memory or amnesia, or neurological symptoms</td>
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<tr>
<td>17.d. Frequent trouble sleeping</td>
<td></td>
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<tr>
<td>17.e. Received counseling of any type</td>
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<tr>
<td>17.f. Depression or excessive worry</td>
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<tr>
<td>17.g. Been evaluated or treated for a mental condition</td>
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<tr>
<td>17.h. Attempted suicide</td>
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<tr>
<td>17.i. Used illegal drugs or abused prescription drugs</td>
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<tr>
<td>18. FEMALES ONLY. Have you ever had or do you now have:</td>
<td></td>
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<tr>
<td>18.a. Treatment for a gynecological (female) disorder</td>
<td></td>
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<td></td>
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<tr>
<td>18.b. A change of menstrual pattern</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>18.c. Any abnormal PAP smears</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.d. First day of last menstrual period (YYYYMMDD)</td>
<td></td>
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</tr>
<tr>
<td>18.e. Date of last PAP smear (YYYYMMDD)</td>
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</tr>
</tbody>
</table>

19. 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.
   b. Inability to perform certain motions
   c. Inability to stand, sit, kneel, lie down, etc.
   d. Other medical reasons (if yes, give reasons.)

20. Have you ever been treated in an Emergency Room? (If yes, for what?)

21. 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.)

22. Have you ever been advised to have any operations or surgery? (If yes, describe and give age at which occurred.)

23. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)

24. 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.)

25. Have you ever been rejected for military service for any reason? (If yes, give date and reason for rejection.)

26. Have you ever been discharged from military service for any reason? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)

27. Have you ever received, is there pending, or have you ever applied for pension or compensation for any disability or injury? (If yes, specify what kind, granted by whom, and what amount, when, why.)

28. Have you ever been denied life insurance?

29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)

Reminder females only for Block #18.
a. COMMENTS

Doctor's Comments and signature

b. TYPED OR PRINTED NAME OF EXAMINER (Last, First, Middle Initial)

MD or MC's Printed Name

c. SIGNATURE

MD or MC signature

d. DATE SIGNED (YYYYMMDD)

current date
MEMORANDUM FOR Commander, USAREC 1307 Third Ave, Fort Knox, KY 40121-2726

SUBJECT: AMEDD Enlisted Commissioning Program (AECP) request for waiver for SSG Public, John Q., 123-45-6789.

1. In accordance with AR 601-100 and the AMEDD Enlisted Commissioning Program FY 12 Guidelines, I request a waiver for Age in Grade. I will be _____ years of age (age) when the FY 12 AECP selection board convenes on 2-4 August 2011. Please give favorable consideration to this waiver so that I may be considered for acceptance under the auspices of the AMEDD Enlisted Commissioning Program. My Basic Active Service Date (BASD) is (date).

2. I can be reached at the following address: 1010 Meadow Road, Anywhereville, ND 45678, DSN 123-4567, commercial 123-456-7890, or email at john.q.public@us.army.mil.

John Q. Public
SSG, USA
Medical Supply Technician

"ARMY STRONG"
MEMORANDUM FOR Commander, USAREC 1307 Third Ave, Fort Knox, KY 40121-2726

SUBJECT: AMEDD Enlisted Commissioning Program (AECF) request for waiver for SSG Public, John Q., 123-45-6789.

1. In accordance with AR 601-100 and the AMEDD Enlisted Commissioning Program FY 12 Guidelines, I request a waiver for (conviction). Explain in detail the incident, when, who, where, etc. Also, name and location of police agency involved, court name and location. State amount of fine, probation and/or confinement). Please give favorable consideration to this waiver so that I may be considered for acceptance under the auspices of the AMEDD Enlisted Commissioning Program. My Basic Active Service Date (BASD) is (date).

2. I can be reached at the following address: 1010 Meadow Road, Anywhereville, ND 45678, DSN 123-4567, commercial 123-456-7890, or email at john.q.public@us.army.mil

John Q. Public
SSG, USA
Medical Supply Technician

*Note you will also need to provide all court and police records related to the incident(s). If the records are not available then you will need to do a sworn notarized statement stating as such.

** Note also if you have more than 1 charge then you will need to do a separate MFR for each incident. If all charges were received at the same time as the result of a single incident i.e. charged with speeding, reckless driving, DUI, etc. then only 1 MFR is required listing all charges.

"ARMY STRONG"
MEMORANDUM FOR Commander, USAREC 1307 Third Ave, Fort Knox, KY 40121-2726

SUBJECT: AMEDD Enlisted Commissioning Program (AECP) request for waiver for SSG Public, John Q., 123-45-6789.

1. In accordance with AR 40-501 and the AMEDD Enlisted Commissioning Program (AECP) FY 12 Guidelines, I request a waiver for (type of Medical Condition). Explain the details of the injury, disorder or condition. Please give favorable consideration to this waiver so that I may be considered for acceptance under the auspices of the AMEDD Enlisted Commissioning Program. My Basic Active Service Date (BASD) is (date).

2. I can be reached at the following address: 1010 Meadow Road, Anywhereville, ND 45678, DSN 123-4567, commercial 123-456-7890, or email at john.q.public@us.army.mil

John Q. Public
SSG, USA
Medical Supply Technician

"ARMY STRONG"
MEMORANDUM FOR AECP FY 2012 Selection Board, USAREC 1307 Third Ave, Fort Knox, KY 40121-2726

SUBJECT: AMEDD Enlisted Commissioning Program (AECP) Letter of Intent for SPC Doe, Jane A., 123-45-6789

1. I request to be selected into the AMEDD Enlisted Commissioning Program (AECP). I should be considered because of my motivation and dream of being a nurse. I aspire to be an Army nurse because I want to continue to serve my country, use my acquired medical skills where I am needed, and be a proud member of the Army Nurse Corps.

2. Respect, selfless service, and personal courage are the most important Army values to me. I uphold the utmost respect for everyone, regardless of the situation. This value to me means practicing unconditional respect. Secondly, selfless service to me means putting the mission before oneself. As an Army medic I continue to provide selfless service to the soldiers in need of medical care satisfying one of my many missions. As a medic and aspiring medical officer, this value is crucial in order to bestow ample medical care as well as teach medical soldiers knowledge, military and medical. Lastly, personal courage, the most important army value to me. I attain from this value to continue to complete the mission despite encountered hardship. I show personal courage by moving forward to my goal of being an Army nurse despite any obstacle.

3. In order to present clarification to my application, over the course of the next few months I will be satisfying each of the necessary prerequisite courses in order to allow me to start school in 2012. I know I will complete my bachelor's degree in nursing effectively because I have a passion for the medical field. I love to learn and to excel. I have excelled as an enlisted soldier in my minimal amount of time in the military. With less than two years in the military, I feel I have accomplished a significant amount and am certain I would continue as a medical officer.

4. I can be reached at the following address: Bldg. 2449, HHB 3-43 ADA, Ft. Bliss, TX, 79916, commercial 502 626-0381, or email at jane.doe22@us.army.mil.
APPLICANT EVALUATION WORKSHEET
(For use of this form see USAREC Reg 601-37)

NAME OF APPLICANT: ________________________________

The above named 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? ________________________________

2. Date began employment in this specialty (mmyy)? __________________________

3. Is this applicant (check one) ☐ private practice/self-employed ☐ employed full-time ☐ part-time or ☐ stipend employee? If part-time or stipend, please provide the average hours worked per week: __________

4. a. If the 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:

   ________________________________

5. Select only one: (mmyy) (mmyy)

   ☐ I evaluate/have evaluated this applicant. From _______ To: _________

   ☐ 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:

   ________________________________

6. Would the applicant make a good Army Officer? Overall impression of the applicant:

   ________________________________

   ________________________________

   ________________________________

   ________________________________

7. Would you hire/rehire/work with this applicant? ☐ Yes ☐ No If no, please explain:

   ________________________________

   ________________________________

   ________________________________
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.

<table>
<thead>
<tr>
<th>ATTRIBUTE</th>
<th>Score</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adaptability/Resourcefulness</td>
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<tr>
<td>Clinical Judgment</td>
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<td>Clinical Knowledge</td>
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<tr>
<td>Clinical Skills</td>
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<tr>
<td>Honesty/Integrity</td>
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<tr>
<td>Initiative</td>
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<tr>
<td>Interaction with Coworkers</td>
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<tr>
<td>Leadership Ability/Potential</td>
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<tr>
<td>Managerial Ability/Potential</td>
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<tr>
<td>Manner in Accepting Criticism</td>
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<tr>
<td>Professional Appearance</td>
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<tr>
<td>Professional Demeanor</td>
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<tr>
<td>Reliability</td>
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<tr>
<td>Stability Under Pressure</td>
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<tr>
<td>Stamina (Mental and Physical)</td>
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<tr>
<td>Tact</td>
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<td>Analytical Skills</td>
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<td>Conceptual Skills</td>
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<td>Communication Skills</td>
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<td>Maturity</td>
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<tr>
<td>Assumes Responsibility</td>
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<tr>
<td>Judgment</td>
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</tbody>
</table>

9. Dietetic Internship Students may use (ADA) American Dietetic Association Recommendation Form instead of this form.

10. Additional Comments/Remarks:

Name (Print): ____________________________ Telephone Number: ____________________________
Signature: ____________________________ Date: ____________________________
Position/Title/Specialty: ____________________________
Business Address: ____________________________

The Army Medical Department appreciates your time and effort in providing an honest appraisal of this individual.
REPORT TO TRAINING AGENCY
For use of this form, see AR 621-1; the proponent agency is DCS, G-1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORIZED: Section 301, Title 5, USC; and Section 3013, Title 10.
PRINCIPAL PURPOSE: To provide a continuing contact with the military student while in attendance at a civilian school under a military sponsored program.
ROUTINE USES: Data collected is used to identify the school; to monitor the subject studies; to obtain student response to selected question; to identify the Army program; to obtain course title /s/, credit hours and grades; to obtain academic plan including faculty advisor awareness; and to establish an address including home phone whereby the military student can be contacted since, normally, the student will reside off-post.

DISCLOSURE: Disclosure of information is mandatory. If required information is not provided removal from the school could result or military student could be subject to a violation of Article 92 UCMJ.

Last Name - First Name - Middle Initial
Smith, John D.

Grade
E-4

Social Security No.
123-45-6789

Branch/MOS
RA/68W

Current Mailing Address (Include ZIP Code)
1307 3rd AVE
Fort Knox, KY 40121

Home Phone (Include Area Code)
502-626-0381

Army Program (Check one)
☑ Fully Funded ☐ Scholarship
☐ Degree ☐ Completion
☐ Cooperative Degree

Name of School (City & State)
University of Kansas Lawrence, KS

Electronic Mail Address
john.smith22@us.army.mil

Type System (Check one)
☐ Semester ☐ Quarter ☐ Other

Official Title of Degree Which You Expect to Receive
BACHELOR OF SCIENCE OF NURSING

Date Expected
DEC 2013

Department and Major Field of Study
SCHOOL OF NURSING, NURSING

QUARTER, SEMESTER OR TERM JUST COMPLETED
Began
13 JAN 2012

Ended
Will End
18 MAY 2012

SUBJECTS STUDIED DURING ABOVE PERIOD

Course No.
304

Course Title
Introduction to Professional Nursing Practice

Credit Hours
4

Course No.
305

Course Title
Pathopharmacology

Credit Hours
3

Course No.
320

Course Title
Science and Research for Nursing Practice

Credit Hours
3

Course No.
334

Course Title
Health Assess, ETH

Credit Hours
3

Give reason for any absence which may affect your ability to keep up with your studies (Sickness, leave, or other emergencies)

If you are having any difficulty with your academic work, give pertinent details

If any subjects have been dropped since last report, give reasons

If any subjects outside of normal prescribed course have been added since last report, give complete information (If added course will necessitate a change in present contract, clearance must be obtained from the training agency.)

Remarks (Enter any recommendations, observations, or requests you desire to make)

NOTE: The reverse side of this form will be completed by the student and faculty advisor initially upon entry into school and when changes to academic programs are required.

Date
Current Date

Signature of Student
Your digital signature here
**ACADEMIC PLAN**

Military students will provide information concerning entire academic program they plan to undertake. This plan will be completed initially upon entry into school and when changes to the original plan occur. It will be completed in consolidation with and have the approval of assigned faculty advisor.

<table>
<thead>
<tr>
<th>1st Semester (Quarter) (Term)</th>
<th>5th Semester (Quarter) (Term)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course No.</td>
<td>Course Title</td>
</tr>
<tr>
<td>304</td>
<td>Introduction to Professional Nursing Practice</td>
</tr>
<tr>
<td>316</td>
<td>Pathophysiology</td>
</tr>
<tr>
<td>320</td>
<td>Science and Research for Nursing Practice</td>
</tr>
<tr>
<td>333</td>
<td>Health Assessment</td>
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</tbody>
</table>

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<thead>
<tr>
<th>2nd Semester (Quarter) (Term)</th>
<th>6th Semester (Quarter) (Term)</th>
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</thead>
<tbody>
<tr>
<td>Course No.</td>
<td>Course Title</td>
</tr>
<tr>
<td>407</td>
<td>Nursing Care of the Childbearing Family</td>
</tr>
<tr>
<td>508</td>
<td>Nursing Care of Infants/Children: A Family Perspective</td>
</tr>
<tr>
<td>402</td>
<td>Psychiatric/Mental Health Nursing</td>
</tr>
<tr>
<td>419</td>
<td>Direct Care Elective</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3rd Semester (Quarter) (Term)</th>
<th>7th Semester (Quarter) (Term)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates: From Jan 2013 To May 2013</td>
<td>Dates: From Jan 2013 To May 2013</td>
</tr>
<tr>
<td>Course No.</td>
<td>Course Title</td>
</tr>
<tr>
<td>325</td>
<td>Context of Health Care Delivery</td>
</tr>
<tr>
<td>330</td>
<td>Adult Health Nursing</td>
</tr>
<tr>
<td>331</td>
<td>Gerontological Nursing</td>
</tr>
<tr>
<td>405</td>
<td>Informatics and Technology</td>
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</tbody>
</table>

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<tr>
<th>4th Semester (Quarter) (Term)</th>
<th>8th Semester (Quarter) (Term)</th>
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<tbody>
<tr>
<td>Course No.</td>
<td>Course Title</td>
</tr>
<tr>
<td>403</td>
<td>Community Health Nursing</td>
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<tr>
<td>425</td>
<td>Organizational Leadership and Management</td>
</tr>
<tr>
<td>487</td>
<td>Clinical Emphasis Practicum and Seminar</td>
</tr>
</tbody>
</table>

This plan represents an estimate of the number and sequence of courses that are required for satisfactory completion of all academic requirements. The plan is subject to change depending upon actual course offerings during the period specified. This is (an original) (a change to the original) plan (cross out inapplicable wording.)

**FACULTY ADVISOR**

NAME: Faculty Advisor Name

Advisor's Signature

(Signature - Faculty Advisor)

DEPT: Dept they are in is: UM Nursing

TELEPHONE: 123-456-789

Your signature

(Signature - Student)
### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 USC 3013; 10 USC 4301; Executive Order 9397.

**PRINCIPAL PURPOSE:** Required to document the educational requirements of the AMEDD Academic Program.

**ROUTINE USES:** Used by selection board in considering applicants on a competitive basis and selecting those considered best qualified. SSN required for identification for record purposes and for contact purposes.

**MANDATORY OR VOLUNTARY DISCLOSURE:** Disclosure of personal information is voluntary. However, failure to provide the requested information may result in nonconsideration.

#### 1. NAME (Last, first, MI)
Who, you R

#### 2. SSN
123-45-6789

#### 3. MOS or AOC
68W

#### 4. OTHER NAMES LISTED ON TRANSCRIPTS
list all names use if different from your name now

#### 5. DATE COMPLETED
current date

### SECTION I - List all colleges and universities attended and the dates of attendance (semester and year, e.g., Fall 1996). You must have an official transcript from each institution forwarded to USAREC prior to application deadline.

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<thead>
<tr>
<th>COLLEGE OR UNIVERSITY AND LOCATION</th>
<th>DATES OF ATTENDANCE</th>
<th>TOTAL NUMBER OF CREDITS</th>
<th>DEGREE GRANTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Kansas, Lawrence, KS</td>
<td>08/13/10-12/20/10</td>
<td>17</td>
<td>None</td>
</tr>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

### SECTION II - List all course work currently in progress.

<table>
<thead>
<tr>
<th>COLLEGE OR UNIVERSITY AND LOCATION</th>
<th>COURSE IN PROGRESS</th>
<th>ANTICIPATED DATE OF COMPLETION</th>
</tr>
</thead>
<tbody>
<tr>
<td>ETC, Elizabethtown, KY</td>
<td>Micro-Biology W/lab</td>
<td>16 Dec 2011</td>
</tr>
<tr>
<td>ETC, Elizabethtown, KY</td>
<td>History 101</td>
<td>16 Dec 2011</td>
</tr>
<tr>
<td>ETC, Elizabethtown, KYO</td>
<td>Human Anatomy</td>
<td>16 Dec 2011</td>
</tr>
</tbody>
</table>

### SECTION III - List all courses attempted, including those failed, under the appropriate heading. List the semester hours of each course.

Quarter hours should be converted to semester hours according to the following scale:

<table>
<thead>
<tr>
<th>Quarter Hours</th>
<th>Semester Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.7</td>
</tr>
<tr>
<td>2</td>
<td>1.3</td>
</tr>
<tr>
<td>3</td>
<td>2.0</td>
</tr>
<tr>
<td>4</td>
<td>2.7</td>
</tr>
<tr>
<td>5</td>
<td>3.3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quarter Hours</th>
<th>Semester Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>4.0</td>
</tr>
<tr>
<td>7</td>
<td>4.7</td>
</tr>
<tr>
<td>8</td>
<td>5.3</td>
</tr>
<tr>
<td>9</td>
<td>6.0</td>
</tr>
</tbody>
</table>

Technical courses such as typing, welding, and courses taken for certification (Emergency Medical Technician or Licensed Practical Nursing) are not accepted. Do not list these courses. List additional courses in the Remarks section if more space is required.
### Part A - English and Literature

<table>
<thead>
<tr>
<th>13. COURSE TITLE</th>
<th>14. SEM HRS</th>
<th>15. GRADE</th>
<th>16. COLLEGE</th>
<th>17. DATE COMPLETED (Semester and Year)</th>
<th>18. USAREC USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENG 101</td>
<td>3</td>
<td>B</td>
<td>University of Kansas</td>
<td>16 Dec 2010</td>
<td></td>
</tr>
<tr>
<td>ENG 102</td>
<td>3</td>
<td>B</td>
<td>University of Kansas</td>
<td>16 Dec 2010</td>
<td></td>
</tr>
</tbody>
</table>

#### Part B - Biological Sciences

(About Anatomy and Physiology, Biology, Microbiology, Genetics, Immunology, etc.)

<table>
<thead>
<tr>
<th>20. COURSE TITLE</th>
<th>21. SEM HRS</th>
<th>22. GRADE</th>
<th>23. COLLEGE</th>
<th>24. DATE COMPLETED (Semester and Year)</th>
<th>25. USAREC USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biology with Lab</td>
<td>5</td>
<td>A</td>
<td>University of Kansas</td>
<td>16 Dec 2010</td>
<td></td>
</tr>
</tbody>
</table>

#### Part C - Chemistry

<table>
<thead>
<tr>
<th>27. COURSE TITLE</th>
<th>28. SEM HRS</th>
<th>29. GRADE</th>
<th>30. COLLEGE</th>
<th>31. DATE COMPLETED (Semester and Year)</th>
<th>32. USAREC USE ONLY</th>
</tr>
</thead>
</table>

#### 19. SUBJECT GPA:

#### 20. SUBJECT GPA:

#### 26. SUBJECT GPA:

#### 33. SUBJECT GPA:
## Part D - Other Science Courses

(Physics, Botany, Nutrition, Geology, Geography, Astronomy, etc.)

<table>
<thead>
<tr>
<th>COURSE TITLE</th>
<th>SEM HRS</th>
<th>GRADE</th>
<th>COLLEGE</th>
<th>DATE COMPLETED (Semester and Year)</th>
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<tbody>
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</table>

### Subject GPA: 

## Part E - Mathematics

<table>
<thead>
<tr>
<th>COURSE TITLE</th>
<th>SEM HRS</th>
<th>GRADE</th>
<th>COLLEGE</th>
<th>DATE COMPLETED (Semester and Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>College Algebra</td>
<td>3</td>
<td>A</td>
<td>University of Kansas</td>
<td>16 Dec 2010</td>
</tr>
</tbody>
</table>

### Subject GPA: 

## Part F - Psychology

<table>
<thead>
<tr>
<th>COURSE TITLE</th>
<th>SEM HRS</th>
<th>GRADE</th>
<th>COLLEGE</th>
<th>DATE COMPLETED (Semester and Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychology</td>
<td>3</td>
<td>B</td>
<td>University of Kansas</td>
<td>16 Dec 2011</td>
</tr>
</tbody>
</table>

### Subject GPA: 

USAREC Form 1235, Rev 1 Aug 2005
### Part G - Humanities and Social Sciences

(Government, Art, Education, Philosophy, History, Languages, Anthropology, Civilization, Music, Speech, Ethics, etc.)

<table>
<thead>
<tr>
<th>55. COURSE TITLE</th>
<th>56. SEM HRS</th>
<th>57. GRADE</th>
<th>58. COLLEGE</th>
<th>59. DATE COMPLETED (Semester and Year)</th>
<th>60. USAREC USE ONLY</th>
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61. SUBJECT GPA:

### Part H - Other Courses

(Business, Economics, Law, Computer Sciences, etc.)

<table>
<thead>
<tr>
<th>62. COURSE TITLE</th>
<th>63. SEM HRS</th>
<th>64. GRADE</th>
<th>65. COLLEGE</th>
<th>66. DATE COMPLETED (Semester and Year)</th>
<th>67. USAREC USE ONLY</th>
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</tbody>
</table>

68. SUBJECT GPA:
### Part I - Graduate Courses

<table>
<thead>
<tr>
<th>69. COURSE TITLE</th>
<th>70. SEM HRS</th>
<th>71. GRADE</th>
<th>72. COLLEGE</th>
<th>73. DATE COMPLETED (Semester and Year)</th>
<th>74. USAREC USE ONLY</th>
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</tbody>
</table>

75. SUBJECT GPA:  
76. REMARKS:  
Overall GPA: 3.4  
Math and Science GPA: 4.0
SAMPLE CURRICULUM VITAE FORMAT

Name: Rank: MOS/AOC:
SSN:
Current Address/Home Phone Number:
Home of Record: City & State
Date and Place of Birth:
Age (as of 1 August 2011):
Sex: Race: Citizenship: Marital Status:
Dependents <18 y/o: Dependents >18 y/o (not including spouse):
Basic Active Service Date:
Time in Service (as of 1 August 2011):
Pay Entry Basic Date:
Present Assignment/Phone Number (both commercial and DSN):
E-mail Address: (This will be the primary means of communication. Must be an AKO email address.
Expiration of Term of Service:
Active Duty Service Obligation (ADSO):
Date of Last PCS:
Military Education (list all schools attended):
Military Decorations/Awards and Year Awarded:
Promotions: Date:
Military Assignments (begin with current and work backwards, and include short description of duties, to and from dates, unit name, and location):
Civilian Education: (list only post secondary):
Civilian Work Experience/Occupations:
Professional Organizations:
Board Certifications (if applicable):
Professional Licenses/certifications/registrations held/year of initial issue (if applicable):
Publications:
Honors/Civilian Awards/Accomplishments:

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<table>
<thead>
<tr>
<th>TEST ONE</th>
<th>TEST TWO</th>
<th>TEST THREE</th>
<th>TEST FOUR</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE</td>
<td>GRADE</td>
<td>AGE</td>
<td>DATE</td>
</tr>
<tr>
<td>HEIGHT (IN INCHES)</td>
<td>BODY COMPOSITION</td>
<td>WEIGHT:</td>
<td>BODY FAT:</td>
</tr>
<tr>
<td>WEIGHT:</td>
<td>BODY COMPOSITION</td>
<td>HEIGHT (IN INCHES)</td>
<td>BODY COMPOSITION</td>
</tr>
<tr>
<td>WEIGHT:</td>
<td>BODY COMPOSITION</td>
<td>HEIGHT (IN INCHES)</td>
<td>BODY COMPOSITION</td>
</tr>
<tr>
<td>WEIGHT:</td>
<td>BODY COMPOSITION</td>
<td>HEIGHT (IN INCHES)</td>
<td>BODY COMPOSITION</td>
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</table>

<table>
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<tr>
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<th>INITIALS</th>
<th>POINTS</th>
<th>SU RAW SCORE</th>
<th>INITIALS</th>
<th>POINTS</th>
<th>2MR RAW SCORE</th>
<th>INITIALS</th>
<th>POINTS</th>
<th>ALTERNATE AEROBIC EVENT TOTAL POINTS</th>
<th>TIME</th>
<th>GO</th>
<th>NO-GO</th>
<th>NCOIC/OIC SIGNATURE</th>
</tr>
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<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ALTERNATE AEROBIC EVENT TOTAL POINTS</th>
<th>TIME</th>
<th>GO</th>
<th>NO-GO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TOTAL POINTS</th>
<th>TAM</th>
<th>GO</th>
<th>NO-GO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Data Required by the Privacy Act of 1974**

Title DA Form 705
Authority 5 USC Section 301
Disclosure of requested information is mandatory.

Individuals not providing information cannot be rated/scored. The principal purpose and routine use of this information are to maintain a record of individual scores on physical fitness events.
BODY FAT CONTENT WORKSHEET - *(Female)*

For use of this form, see AR 600-9; the proponent agency is DCS, G-1.

<table>
<thead>
<tr>
<th>NAME <em>(Last, First, Middle Initial)</em></th>
<th>SSN</th>
<th>RANK</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>STEP</th>
<th>FIRST</th>
<th>SECOND</th>
<th>THIRD</th>
<th>AVERAGE <em>(to nearest 0.50 in.)</em></th>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Measure neck just below level of larynx <em>(Adam's apple)</em> to nearest 0.50 inch. Repeat three times, then average.</td>
<td>0.00</td>
<td></td>
<td></td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>2. Measure waist <em>(abdomen)</em> at the point of minimal abdominal circumference. Round down to the nearest 0.50 inch. Repeat three times, then average.</td>
<td>0.00</td>
<td></td>
<td></td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>3. Measure hips at point where the gluteus muscles <em>(buttocks)</em> protrude backward the most. Round down to nearest 0.50 inch. Repeat three times, then average.</td>
<td>0.00</td>
<td></td>
<td></td>
<td>0.00</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. CALCULATIONS</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Enter average waist circumference</td>
<td>0.00</td>
<td></td>
<td></td>
<td>0.00</td>
<td>Soldier's Actual Weight ___ 0</td>
</tr>
<tr>
<td>B. Enter average hip circumference</td>
<td>0.00</td>
<td></td>
<td></td>
<td>0.00</td>
<td>Screening Table Weight ___ #N/A</td>
</tr>
<tr>
<td>C. TOTAL <em>(4A + 4B)</em></td>
<td></td>
<td></td>
<td></td>
<td>0.00</td>
<td>Over/Under ___ #N/A</td>
</tr>
<tr>
<td>D. Enter average neck circumference</td>
<td>0.00</td>
<td></td>
<td></td>
<td>0.00</td>
<td>Soldier's Body Fat % ___ #N/A</td>
</tr>
<tr>
<td>E. Enter circumference value <em>(4C - 4D)</em></td>
<td></td>
<td></td>
<td></td>
<td>0.00</td>
<td>Authorized Body Fat % ___ #N/A</td>
</tr>
<tr>
<td>F. Find the height in Table 3-1 <em>(Height Factor)</em>. Enter height in inches.</td>
<td>0.00</td>
<td></td>
<td></td>
<td>0.00</td>
<td>Over/Under ___ #N/A</td>
</tr>
</tbody>
</table>

G. Find the Soldier's circumference value *(line 4E)* and height *(line 4F)* in Figure B-6 *(Percentage Fat Estimation for Women)*. Enter the body fat value that intercepts with the circumference value and height. This is the Soldier's Percent Body Fat. | #N/A |       |       |         |         |

CHECK ONE

#N/A Individual is in compliance with Army Standards;  #N/A is not in compliance with the standards

#N/A Recommended monthly weight loss is 3-8 lbs.

PREPARED BY *(Signature)* | RANK DATE *(YYYYMMDD)* | APPROVED BY SUPERVISOR *(Printed Name and Signature)* | RANK DATE *(YYYYMMDD)*

DA FORM 5501, AUG 2006

Previous Editions are Obsolete APD v1.00
BODY FAT CONTENT WORKSHEET - (Male)  
For use of this form, see AR 600-9; the proponent agency is DCS, G-1

<table>
<thead>
<tr>
<th>NAME (Last, First, Middle Initial)</th>
<th>SSN</th>
<th>RANK</th>
<th>Note:</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEIGHT (to nearest 0.50 inch)</td>
<td></td>
<td></td>
<td>1/4&quot; = .25</td>
</tr>
<tr>
<td>WEIGHT (to nearest pound)</td>
<td></td>
<td></td>
<td>1/2&quot; = .50</td>
</tr>
<tr>
<td>AGE</td>
<td></td>
<td></td>
<td>3/4&quot; = .75</td>
</tr>
<tr>
<td>AVERAGE (to nearest 0.50 in.)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Measure abdomen at the level of the navel (belly button) Round down to the nearest 0.50 inch. (Repeat 3 times.)

2. Measure neck just below the level of larynx (Adam's apple) Round up to the nearest 0.50 inch. (Repeat 3 times.)

3. Enter the average abdominal circumference.

4. Enter the average neck circumference.

5. Enter circumference value (step 3 - step 4).

6. Find the height in Table 3-1 (Height Factor). Enter height in inches.

7. Find the Soldier's circumference value (step 5) and height (step 6) in figure B-5 (Percent Fat Estimation for Men). Enter the percent body fat value that intercepts with the circumference value and height. This is the Soldier's Percent Body Fat.

#N/A

REMARKS

Soldier's Actual Weight
Screening Table Weight
Over/Under

Soldier's Actual Body Fat %
Authorized Body Fat %
Over/Under

CHECK ONE

#N/A Individual is in compliance with Army Standards; #N/A is not in compliance with the standards

#N/A Recommended monthly weight loss is 3-8 lbs.

PREPARED BY (Signature) RANK DATE (YYYYMMDD) APPROVED BY SUPERVISOR RANK DATE (YYYYMMDD)

DA FORM 5500, AUG 2006 Previous Editions are Obsolete. APD v1.00
**PERSONNEL ACTION**

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** Title 5, Section 3012; Title 10, USC, E.O. 9397.

**PRINCIPAL PURPOSE:** Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).

**ROUTINE USES:** To initiate the processing of a personnel action being requested by the soldier.

**DISCLOSURE:** Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

---

**SECTION I - PERSONAL IDENTIFICATION**

4. **NAME** (Last, First, Mi) Who, You R.

5. **GRADE OR RANK/PMOS/AOC** E-5/68W

6. **SOCIAL SECURITY NUMBER** 111-22-3333

---

**SECTION II - DUTY STATUS CHANGE** (AR 600-8-6)

7. The above soldier’s duty status is changed from __________________ to __________________ effective __________________ hours, __________________

---

**SECTION III - REQUEST FOR PERSONNEL ACTION**

8. I request the following action: (Check as appropriate)

   - Service School (Enl only)
   - ROTC or Reserve Component Duty
   - Volunteering For Oversea Service
   - Ranger Training
   - Reassignment Extreme Family Problems
   - Exchange Reassignment (Enl only)
   - Airborne Training

9. **SIGNATURE OF SOLDIER** (When required)

10. **DATE** (YYYYMMDD)

---

**SECTION IV - REMARKS** (Applies to Sections II, III, and V) (Continue on separate sheet)

1) Current Height _____ and Weight______ is within standard IAW AR 600-9. Also list Body Fat % if applicable and attach Body Fat Content Worksheet as well.

2) APFT taken (date) PASS/FAIL

3) Previous participation in any commissioning program(s) i.e. OCS/ROTC/IPAP, etc Yes or No. If yes state circumstances regarding non completion.

4) I have completely read and understand the AECP Guidelines: initials

---

**SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL**

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

   - HAS BEEN VERIFIED
   - RECOMMEND APPROVAL
   - RECOMMEND DISAPPROVAL
   - IS APPROVED
   - IS DISAPPROVED

12. **COMMANDER/AUTHORIZED REPRESENTATIVE**

13. **SIGNATURE**

14. **DATE** (YYYYMMDD)

---

DA FORM 4187, JAN 2000 PREVIOUS EDITIONS ARE OBSOLETE APD PE v1.00ES
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)  
      Who, You R.  
   b. PAY GRADE  
      E-5  
   c. SSN  
      123-45-6789  
   d. SERVICE COMPONENT  
      USAR  
   e. CURRENT UNIT/COMMAND  
      Your unit  
   f. ADDRESS  
      (1) STREET  
      (2) CITY  
      (3) STATE  
      (4) ZIP CODE

2. RECRUITING OFFICE ADDRESS
   a. STREET  
      1307 3rd AVE  
   b. CITY  
      FT Knox  
   c. STATE  
      KY  
   d. ZIP CODE  
      40121

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 (losing component); request that it be accepted contingent upon actual appointment or enlistment in the (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  
      Your Signature  
   e. DATE SIGNED  
      current date

4. RECRUITER REQUEST FOR CONDITIONAL RELEASE
   a. Request conditional release to enlist/appoint member into the (Service/Component).
   b. NAME OF RECRUITER (Last, First, Middle Initial)  
      McDavid, Carmen M.  
   c. SIGNATURE  
   d. DATE SIGNED

SECTION II - APPROVAL/DISAPPROVAL

5. (X as applicable)
   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
   c. TELEPHONE NUMBER (Include area code)
   d. ADDRESS  
      (1) STREET  
      (2) CITY  
      (3) STATE  
      (4) ZIP CODE
   e. SIGNATURE  
   f. DATE SIGNED

SECTION III - NOTIFICATION OF ENLISTMENT/APPOINTMENT ACTION

7. The member 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 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.
SECTION IV - REMARKS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Sec 261, 269, 271, 512, 516, 595, 651, 716, 1005, 3013, 8013, 12105, 12106, 12107, and 12213; Title 32 USC Sec 323 and Title 50 USC App 454.

PRINCIPAL PURPOSE(S): To obtain clearance from one component and discharge upon entry into another component of the Military Services.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to furnish information will result in delay or denial of release from current component.

INSTRUCTIONS

GENERAL INSTRUCTIONS.

When this form is not computer generated, use typewriter or dark ink for all entries. Enter all dates in YYMMDD format. Use full street address, city, state and ZIP code for addresses. Use last name, first name, and middle initial format. Use short title Service/Component names: USA, ARNGUS, USAR, USN, USNR, USMC, USMCR, USAF, ANGUS, USAFR, USCG, USCGR.

SECTION I. Completed by recruiter and applicant.

Item 1. Enter applicant's name, pay grade, Social Security Number, current Service/Component, and current unit/command address.

Item 2. Enter recruiter's office address, if applicable.

Item 3. For item 3.b., complete the name of the gaining and losing components. Member signs and dates appropriate blocks.

Item 4. Recruiter, if applicable, completes 4.a. through 4.e. and sends this document to the address in Item 1.e.

SECTION II. Completed by applicant's unit commander or designated representative within 30 days of receipt.

Item 5. If block 5.a. is marked, enter the ending date of this conditional release. If block 5.b. is marked, indicate in Section IV, "Remarks," the reason for disapproval and return to the originator not later than the expiration date in Item 5.a.

Item 6. Enter name, title, signature and date for authorizing official. Indicate in Items 6.c. and d. the address and telephone number for returning completed Section III. Send completed Section II to the address in Item 2.

SECTION III. Completed by enlisting/appointing official within 10 days of enlistment or appointment.

Item 7. Indicate service to which applicant was enlisted/appointed.

Item 8. Completed by individual certifying enlistment/appointment action. Certifying official ensures a copy of the completed DD Form 368 and a copy of the oath are mailed to the address in Item 6.d.

SECTION IV - REMARKS.

Use as necessary. Reference each item on the form to which the remark pertains. (For example: "Item 5.b. Disapproved for the following reason: .......")
MEMORANDUM FOR Commander, U.S. Army Recruiting Command, ATTN: RCRO-SPA, Fort Knox, KY 40121-2725

SUBJECT: Security Clearance Verification for (Last Name, First Name, Middle Initial)

1. References:

2. (Rank, Last Name, First Name, Middle Name, Social Security Number) was granted (Type of security clearance for example TS/SCI) eligibility on (date clearance was granted) by the Army Central Clearance Facility (CCF). (Rank Last Name) had a PPR closed on (date investigation was closed)

3. The point of contact for this memorandum is (Your S2/Security Manager’s Name, Phone Number, and E-mail address).

S2/Security Manager’s Signature block with Signature
POST-BOARD APPLICATION CHECKLIST
(For use of this form see USAREC Reg 601-37)


(Last, first, MI)

SCHOOL NAME: University of Kansas

SCHOOL ADDRESS: STREET: 1450 Jayhawk BLVD.

CITY: Lawrence STATE: KS ZIP CODE: 66045

START DATE: 13 Jan 2012 END DATE: 20 Dec 2013

TAB 1. Letter of Acceptance

☐ Unconditional letter of acceptance from school to include breakdown of tuition costs by semester

TAB 2. Class Breakdown

☐ DA Form 2125

TAB 3. AECP Contract

☐ USAREC Form 1281

TAB 4. AECP Statement of Understanding

☐ USAREC Form 1280

TAB 5. Updates and/or changes

☐ Any updates or changes to submitted information

Completed By: Signature

Verified By Commander 0-3 or Above: Signature

Your digital signature

Your Company Commander’s Signature

USAREC Form 1276-A, Rev 1 Dec 10
PREVIOUS EDITIONS ARE OBSOLETE

V4.00
I acknowledge my selection for the Army Medical Department Enlisted Commissioning Program (AECP), and I agree to the following conditions:

a. Tuition Cap: The school that I am accepted to and attend will not be over $9,000 per academic year. I understand that I am not authorized the use of any GI Bill. I further understand that I am not eligible for tuition assistance, nor am I authorized to make any other agreements with my school to pay out of pocket for tuition costs that exceed the $9,000 cap. I will supply the AECP Program Director at AMEDD Center and School with copies of my tuition and education expenses with my semester or quarter update (DA Form 2125). YW

b. Program Completion in 24 Months or Less: I am required to complete my baccalaureate degree in nursing program in 24 calendar months or less. If for any reason I require an extension or it appears that I may require an extension beyond the original program period or the 24 month period (whichever is less), I will notify the AECP Program Director immediately and submit a fully justified request accompanied by a DA Form 2125 and a statement from my academic advisor prior to the start of the next semester. I understand that I will not start the next semester after an extension is requested or before the request is approved. YW

c. Semester or Quarter Academic Reports (semester will refer to both semester system programs and quarter system programs): I understand that I am required to report my academic status to the AECP Program Director and Department of Health Education and Training each semester. Prior to starting the first semester of my program, I will forward a DA Form 2125 listing the courses to be taken in the initial semester. At the conclusion of each semester, I will forward a DA Form 2125 to the AECP Program Director with both the just completed and upcoming term sections completed to include final grades and signed by myself and the faculty advisor. I will also forward a copy of the official enrollment of the upcoming semester courses. I will at that time confirm and/or update my contact information to include address, phone number, and e-mail address. Should I fail to provide the DA Form 2125 at the conclusion of each semester, I understand that tuition for the following semester will not be paid to the educational institution until such documents have been received by the AECP Program Director and that noncompliance on my part is suitable grounds for removal from the AECP. YW

d. I understand that I must accept an appointment as a commissioned officer upon successful completion of all appointment requirements. As an obligated officer, I will have a minimum of 4 years active duty service obligation (ADSO) as an Army Nurse Corps officer in accordance with DODI 6000.13. YW

e. I also understand that an appointment may not be offered and that I would be required to serve out my ADSO in my original enlisted status if any of the following occurs:

   (1) I fail to complete the degree requirements for the baccalaureate degree in nursing. YW

   (2) I have a change in my original program design leading to extensions or alterations that are viewed as unacceptable by the AECP Program Director and/or the Department of Health Education and Training. YW

   (3) I fail to take or register for the first available National Certification License Exam (NCLEX-RN) or if I fail to successfully pass the NCLEX-RN after a second opportunity. YW

   (4) I fail to comply with the height, weight, and body fat standards as defined by AR 600-9. YW

   (5) I fail to qualify for appointment under the provisions of AR 601-100. YW

f. I understand and agree that if for any reason, to include misconduct, I fail to complete the required ADSO incurred as a result of participation in this program, I will reimburse the U.S. Government the amount paid for tuition, books, supplies, and other educational expenses. YW

g. I also understand that I may not be relieved from the ADSO arising from my participation solely because I am willing and able to reimburse the U.S. Government. YW

h. I understand and agree that if I am involuntarily separated from the Army, I will reimburse the U.S. Government according to current regulations in effect. YW

i. I understand and agree that while attending civilian schooling I will maintain the highest standards of conduct and appearance according to AR 621-1 and AR 600-9. I will also abide by the civilian dress code of the respective institution and conduct myself in a manner that reflects favorably on the U.S. Army. YW

j. I understand that this undergraduate civilian training constitutes a voluntary retention program and that unless a waiver is obtained, I will not be released from active duty before satisfying my entire ADSO. YW

k. I also understand that I must reenlist prior to the start of my program and my expiration term of service (ETS) must extend out to 4 years after my approximate date of graduation. If ETS is close to retention control point (RCP), ETS will be at maximum RCP. YW

l. All e-mail communications will occur through my AKO account and I also understand that it is my responsibility to maintain my AKO account. YW

AECP STUDENT INFORMATION:

NAME: Your full name RANK: your rank
SIGNATURE: your digital signature DATE: current date

WITNESSING OFFICER INFORMATION:

NAME: Co Cdr's full name RANK: commander's rank
SIGNATURE: Co Cdr's digital Signature DATE: current date
1. I request to be considered for participation in the Army Medical Department Enlisted Commissioning Program (AECP). I will, if selected, enroll in a BSN program that meets all the criteria of the AECP including program completion in 24 months. If appointment as a commissioned officer is not tendered or should I fail to complete the degree program or fail to meet program requirements while in the program, I understand that I will be required to serve in an enlisted status for the period specified by my enlistment, reenlistment, enlistment extension, or service obligation incurred by participation in the AECP.

2. I understand that the active duty obligation for participation in the program is 4 years. I further understand that the minimum service obligation as a commissioned officer is 4 years.

3. I understand my appointment as an officer in the Army Nurse Corps will be in Regular Army status for an indefinite period.

4. Soldiers who have received an enlistment bonus or selective reenlistment bonus will give the end date of the bonus and will add the following statement: "I understand that, if selected for this training, I may be required to refund the percentage of my bonus equal to the percentage of obligated service I will not perform in the specified MOS. My eligibility for bonus pay ceases on the date I depart my current duty station."

5. I meet all basic prerequisites listed in the AECP guidelines.

6. I have received and reviewed my enlisted record brief (ERB) personnel qualification record. It is current and accurate.

7. I understand that courses required by the school prior to entry into the nursing program will be at my own expense.

8. I understand that there is a tuition limit of $9,000 per academic year. I further understand that for no reason will this amount be waived. I am aware of the fact that I will pay for any courses that must be repeated once an approval to be extended in the AECP has been given and I understand that I cannot use the GI Bill or any other Government financial support in conjunction with the AECP.

9. In return for acceptance into the AECP, I understand that I am required to take my nursing degree training in English only.

10. I am not currently on assignment or pending assignment. I have contacted my branch manager and informed them of the intent to apply for the AECP and have asked for my AEA code to reflect this action.

11. I am not currently scheduled for or attending MOS training as a result of reclassification or reenlistment retraining contract. I have not applied for reclassification or reenlistment retraining and will not apply for such training while an applicant for this program. My current service remaining requirement, for my most recent training, expired (or will expire) on __________ (enter a date).

12. I have submitted all transcripts and documents identifying all post high school courses of instruction.

13. If my current or subsequent application for another service school is approved and I attend training, I understand that I may incur an additional service remaining requirement. I further understand I may be ineligible for enrollment into the AECP until all or parts of my service remaining requirements are met.

14. I can be reached at the following addresses: (Include unit of assignment, DSN and commercial work telephone numbers, residence address, home telephone number, and AKO e-mail address.) I accept the responsibility to inform HQ USAREC, ATTN: RCHS-AN (AECP) of all changes of assignments and addresses in a timely manner.

NAME: ___________________________ RANK: ___________________________
SIGNATURE: ___________________________ DATE: ___________________________

NAME: ___________________________ RANK: ___________________________
SIGNATURE: ___________________________ DATE: ___________________________