In-processing

DOCUMENTS REQUIRED FROM CADETS

- **SPORTS PHYSICAL-AFROTC FM 28**
  - NEEDED TO PARTICIPATE IN PT
  - NOT REQUIRED IF DODMERB IS COMPLETE
- **COLLEGE TRANSCRIPTS – (IF APPLICABLE)**
- **BIRTH CERTIFICATE**
  - VERIFICATION OF AGE
  - "VERIFIED WITH ORIGINAL DOCUMENT" AND DATE/SIGN THE FILE COPY
- **SOCIAL SECURITY CARD**
  - VERIFICATION OF U.S. CITIZENSHIP
  - "VERIFIED WITH ORIGINAL DOCUMENT" AND DATE/SIGN THE FILE COPY
- **SAT/ACT SCORES**
  - ORDER OF MERIT
- **CERTIFICATES (IF APPLICABLE)**
  - JROTC CERTIFICATE
  - CIVIL AIR PATROL
    - BILLY MITCHELL AWARD
    - AMELIA EARHART AWARD
    - CARL SPAATZ AWARD
  - SCOUTS
    - BOY SCOUTS EAGLE SCOUT
    - GIRL SCOUT CADET SENIOR SCOUT WITH GOLD PALM AWARD

AFROTC FORMS REQUIRED TO BE TURNED INTO CADRE

- **AF FORM 2030** – USAF DRUG AND ALCOHOL ABUSE CERTIFICATE (Completed a with AFROTC Staff/Cadre in Person)
- **DD FORM 2983** – RECRUIT/TRAINEE PROHIBITED ACTIVITIES
- **AU MAC 19** – STUDENT STANDARDS TRAINING AGREEMENT
- **DD FORM 2005** – PRIVACY ACT – HEALTH CARE RECORDS
- **DD FORM 93** – EMERGENCY DATA CARD
- **MFR** - MAIL RELEASE STATEMENT OF UNDERSTANDING
- **DDRP** – DRUG DEMAND POLICY OF UNDERSTANDING
- **MFR** - RELEASE OF STUDENT RECORDS
- **AFROTC FM 28** – SPORTS PHYSICAL

Recruit/Trainee Prohibited Activities Acknowledgment DD FM 2893

RECRUIT/TRAINEE PROHIBITED ACTIVITIES ACKNOWLEDGMENT

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; DoD Instruction 1304.33, Standardized Protection Policies Prohibiting Inappropriate Relations Between Recruiters and Recruits, and Trainers and Trainees.
PRINCIPAL PURPOSE(S): To document your understanding of the prohibitions identified in section 7 of this form.
ROUTINE USE(S): The DoD Blanket Routine Uses found at http://dpclo.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx apply to this collection.
DISCLOSURE: Voluntary. However, if you fail to provide the requested information or complete this form, you might not be able to complete your enlistment or receive training.

MUST BE COMPLETED ANNUALY

INSTRUCTIONS

In accordance with DoDI 1304.33, this form will be read and signed no later than the first visit with a recruiter following a recruit's entry into the Delayed Entry Program or read and signed no later than the first day of entry-level training for a trainee. As a minimum, the signed original will be retained in the recruit's file until they enter active duty or in the trainee's file until they detach from the training command or school they are attending. Please initial beside each entry acknowledging that you have read and understand the statement.

1. RECRUIT/TRAINEE NAME *(Last, First, Middle)*	2. PAY GRADE	3. RECRUITING OFFICE/TRAINING COMMAND
Doe, Jane P	Cadet	AFROTC, Det 630
4. RECRUITING OFFICE/TRAINING COMMAND ADDRESS *(City, State, ZIP Code)*	**5. DATE SIGNED** *(YYYYMMDD)*	**6. SIGNATURE**
125 Terrace Dr., Kent, OH 44242	20180823	Jane P. Doe

Recruit/Trainee Prohibited Activities Acknowledgment

7. I ACKNOWLEDGE AND UNDERSTAND THAT AS A RECRUIT OR TRAINEE, I WILL NOT:

(Initial)	
JPD	a. Develop, attempt to develop, or conduct a personal, intimate, or sexual relationship with a recruiter or trainer. This includes, but is not limited to, dating, handholding, kissing, embracing, caressing, and engaging in sexual activities. Prohibited personal, intimate, or sexual relationships include those relationships conducted in person or via cards, letters, e-mails, telephone calls, instant messaging, video, photographs, social networking, or any other means of communication.
JPD	b. Establish a common household with a recruiter/trainer, that is, share the same living area in an apartment, house, or other dwelling.
JPD	c. Consume alcohol with a recruiter/trainer on a personal social basis.
JPD	d. Attend social gatherings, clubs, bars, theaters or similar establishments on a personal social basis with a recruiter/trainer.
JPD	e. Allow entry of any recruiter/trainer in my dwelling or privately-owned vehicle except to conduct official business. Exceptions are permitted for official business when the safety or welfare of the recruiter/trainer is at risk.
JPD	f. Gamble with a recruiter/trainer.
JPD	g. Make sexual advances toward, or seek or accept sexual advances or favors from, a recruiter/trainer.
JPD	h. Lend money to, borrow money from, or otherwise become indebted to a recruiter/trainer.

Recruit/Trainee Prohibited Activities Acknowledgment

8. EXCEPTIONS. Exceptions may be granted to accommodate relationships that existed prior to the start of the recruiting process or prior to the trainee starting the formal training process. These relationships include, but are not limited to, family members. Only the Recruit's or Trainee's Commander, O-4 or higher, or higher level authority, has the authority to approve these exceptions. Approved exceptions will be documented below and signed by the Recruit's or Trainee's Commander, O-4 or higher, or a higher-level authority.

DESCRIPTION OF EXCEPTION(S):

(Initial)	**9. VIOLATIONS.** Violations of any part of paragraph 7.a. through 7.h., not granted an exception in paragraph 8, may result in disciplinary action.
JPD	

10. APPROVED BY

a. NAME *(Last, First, Middle Initial)*	b. TITLE	c. DATE SIGNED *(YYYYMMDD)*	d. SIGNATURE/RANK

DD FORM 2983. JAN 2015

Adobe Designer 9.0

Student Standards of Conduct Training Agreement
AU MAC 19

AU MAC STUDENT STANDARDS OF CONDUCT TRAINING AGREEMENT

SECTION I. STUDENT/CADET/OFFICER TRAINEE INFORMATION

NAME: (Last, First, MI) Doe, Jon P.		RANK: Cadet
ORGANIZATION: AFROTC Det 630	CLASS/FLIGHT: Aerospace Studies	PHONE: 330-330-1234

SECTION II. OBLIGATIONS

READ ALL STATEMENTS CAREFULLY

NOTE: Initial only after careful review. Failure to comply could result in disciplinary action.

		INITIALS
1.	I have read and understand AFI 36-2909, *Professional and Unprofessional Relationships*, AETCI 36-2909, *Recruiting, Education, and Training Standards of Conduct*, and AU Mission Area Commander Guidance.	JPD
2.	I understand that AFI 36-2909, AETCI 36-2909 and AU MAC Guidance applies to all individuals assigned or attached to, or operating in an AU unit as an instructor, recruiter, cadre member, faculty or staff member, as well as to students, cadets, trainees, DoD civilians, international military or civilian personnel, and contractor personnel. I understand that the AETCI 36-2909 applies from initial contact with an applicant and continues to apply throughout all entry level and initial skills training, including breaks in between. It also applies when an individual returns to AU as a student for continuing professional education or training courses.	JPD
3.	I understand military members who violate AFI 36-2909, AETCI 36-2909, or the AU MAC Guidance are subject to prosecution or disciplinary actions under Article 92 of the Uniform Code of Military Justice (UCMJ), as well as any other applicable article of the UCMJ. Civilian personnel who violate AFI 36-2909, AETCI 36-2909, or AU MAC Guidance are subject to disciplinary action under AFI 36-704, *Discipline and Adverse Actions*.	JPD
4.	I understand a "student", "cadet", and "officer or enlisted trainee" includes military and civilian personnel who are assigned or on temporary duty to other AETC bases, wings, detachments, or schools to attend training or courses of instruction for officer training and accessions, entry level training, initial skills training, technical training, reporting to their permanent duty stations, professional continuing education, or other training and developmental courses.	JPD
5.	I understand these rules apply to personnel who are awaiting or have completed training or instruction, as well as those who have been eliminated or disenrolled from training or instruction and are awaiting reassignment or discharge. I understand my special responsibilities apply to ALL AETC students, cadets, trainees, or other entry level or initial skills students, in every AETC course of instruction, under every circumstance, until six months after they complete initial skills training, and are no longer a student, cadet, or trainee but are signed in as a permanent party of their duty location.	JPD
6.	I understand that instructors, recruiters, faculty and staff must also follow these rules and must dedicate themselves to conduct that is professional and in line with Air Force standards of conduct.	JPD

Student Standards of Conduct Training Agreement
AU MAC 19

7.	In accordance with the above regulations, **I WILL NOT** do the following with **ANY** instructor, recruiter, cadre member, faculty or staff:	
	a. Engage in any social contact of a personal nature while in a training environment.	JPD
	b. Establish or attempt to establish personal, social contact or develop a relationship of a personal, intimate or sexual nature. This includes but is not limited to: kissing, hand holding, embracing, caressing and engaging in sexual activities. ***Personal social contact or personal relationships are prohibited whether conducted face-to-face or via cards, letters, emails, telephone calls, instant messages, video, photograph or by any other means.***	JPD
	c. Make, seek or accept sexual advances or favors	JPD
	d. Gamble	JPD
	e. Lend or borrow money, hire for services (babysitting, moving, etc.) or establish a business together	JPD
	f. Establish a common household (share the same living area) unless required by military operations	JPD
	g. Attend social gatherings, other than approved official functions, or frequent clubs, bars or theaters together unless it is an outside the classroom event approved by my commander	JPD
	h. Accept or consume alcohol unless it is at an event approved by my commander	JPD
8.	I **WILL NOT** allow even the appearance of an unprofessional relationship exist between myself and an instructor, recruiter, cadre member, faculty or staff member.	JPD
9.	I **WILL NOT** engage in, nor tolerate in others, maltreatment, maltraining, or hazing under any circumstances.	JPD
10.	I **WILL** dedicate myself to conduct that is professional and beyond reproach.	JPD
11.	I understand I should report any allegations of a violation of AETCI 36-2909.	JPD
12.	I **WILL REPORT** any and all incidents of maltreatment, maltraining, hazing, unprofessional relationship, or inappropriate social conduct about which I learn, whether through personal observation, end of course surveys, critiques (anonymous or otherwise), or oral accounts from any party (students, cadets, officer or enlisted trainees, instructors, recruiters, cadre members, faculty or staff).	JPD

I WILL BE ALERT TO ANY VIOLATION, OR PERCEIVED VIOLATION, OF THE GUIDELINES ABOVE. I WILL ALWAYS REMAIN AN EXAMPLE OF PROFESSIONALISM AND HONOR.

DATE 23 Aug 18 SIGNATURE John P. Doe

AU FORM 19, 20171201
AUSUP/AFI 36-2909

DD Form 2005

4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION

In the case of military personnel, the requested information is mandatory because of the need to document all active duty medical incidents in view of future rights and benefits. In the case of all other personnel/ beneficiaries, the requested information is voluntary. If the requested information is not furnished, comprehensive health care may not be possible, but CARE WILL NOT BE DENIED.

This all inclusive Privacy Act Statement will apply to all requests for personal information made by health care treatment personnel or for medical/dental treatment purposes and will become a permanent part of your health care record.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

SIGNATURE OF PATIENT OR SPONSOR	SSN OF MEMBER OR SPONSOR	DATE
Jane P. Doe	**123-45-6789**	**20180823**

DD FORM 2005, FEB 76 PREVIOUS EDITION IS OBSOLETE.

DD Form 93

RECORD OF EMERGENCY DATA

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 552, 10 USC 655, 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397 (SSN).
PRINCIPAL PURPOSES: This form is used by military personnel and Department of Defense civilian and contractor personnel, collectively referred to as civilians, when applicable. **For military personnel,** it is used to designate beneficiaries for certain benefits in the event of the Service member's death. It is also a guide for disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the Service member desires to be notified in case of emergency or death. **For civilian personnel,** it is used to expedite the notification process in the event of an emergency and/or the death of the member. The purpose of soliciting the SSN is to provide positive identification. All items may not be applicable.
ROUTINE USES: None.
DISCLOSURE: Voluntary; however, failure to provide accurate personal identifier information and other solicited information will delay notification and the processing of benefits to designated beneficiaries if applicable.

INSTRUCTIONS TO SERVICE MEMBER

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty (other family members or fiance), and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other personnel listed, for example, as a result of marriage, civil court action, death, or address change.

INSTRUCTIONS TO CIVILIANS

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty. Not every item on this form is applicable to you. **This form is used by the Department of Defense (DoD) to expedite notification in the case of emergencies or death.** It does not have a legal impact on other forms you may have completed with the DoD or your employer.

IMPORTANT: This form is divided into two sections: Section 1 - Emergency Contact Information and Section 2 - Benefits Related Information. READ THE INSTRUCTIONS ON PAGES 3 AND 4 BEFORE COMPLETING THIS FORM.

SECTION 1 - EMERGENCY CONTACT INFORMATION

1. NAME (Last, First, Middle Initial)	2. SSN
Doe, Jane Paula	123-45-6789

3a. SERVICE/CIVILIAN CATEGORY	b. REPORTING UNIT CODE/DUTY STATION
☐ ARMY ☐ NAVY ☐ MARINE CORPS ☐ AIR FORCE ☐ DoD ☒ CIVILIAN ☐ CONTRACTOR	AFROTC Det 630

4a. SPOUSE NAME (If applicable) (Last, First, Middle Initial)	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER
Single	Cadets Address and Phone Number
☒ SINGLE ☐ DIVORCED ☐ WIDOWED	

5. CHILDREN a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH (YYYYMMDD)	d. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

DD Form 93

5. CHILDREN a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH (YYYYMMDD)	d. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER
None			

6a. FATHER NAME (Last, First, Middle Initial)	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER
Doe, Buck	Address & Phone#

7a. MOTHER NAME (Last, First, Middle Initial)	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER
Doe, Betsie	Address & Phone #

8a. DO NOT NOTIFY DUE TO ILL HEALTH	b. NOTIFY INSTEAD
None	None

9a. DESIGNATED PERSON(S) (Military only)	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER
None	None

10. CONTRACTING AGENCY AND TELEPHONE NUMBER (Contractors only)
None

DD FORM 93, JAN 2008 PREVIOUS EDITION IS OBSOLETE. Adobe 7.0 Professional

DD Form 93

SECTION 2 - BENEFITS RELATED INFORMATION			
11a. BENEFICIARY(IES) FOR DEATH GRATUITY *(Military only)*	b. RELATIONSHIP	c. ADDRESS *(Include ZIP Code)* AND TELEPHONE NUMBER	d. PERCENTAGE
Doe, Buck	**Father**	**Must put full address & Phone #**	**100 %**
12a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES *(Military only)* NAME AND RELATIONSHIP		b. ADDRESS *(Include ZIP Code)* AND TELEPHONE NUMBER	c. PERCENTAGE
Doe, Buck / father		**Must put full address & Phone #**	**100 %**
13a. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD) *(Military only)* NAME AND RELATIONSHIP		b. ADDRESS *(Include ZIP Code)* AND TELEPHONE NUMBER	
Doe, Buck / father or "BY LAW"		**Must put full address & Phone #**	

DD Form 93

14. CONTINUATION/REMARKS

15. SIGNATURE OF SERVICE MEMBER/CIVILIAN *(include rank, rate, or grade if applicable)*	16. SIGNATURE OF WITNESS *(include rank, rate, or grade as appropriate)*	17. DATE SIGNED *(YYYYMMDD)*
Jane P. Doe, Cadet	NCO SIGNS, MSGT	20180823

DD FORM 93 (BACK), JAN 2008

Mail Release Statement of Understanding

DEPARTMENT OF THE AIR FORCE
AIR UNIVERSITY (AETC)

Mail Release Statement of Understanding

The Detachment Commander (CC), the Personnel NCO (DP), and the Information Management NCO (IM) need to open official US Air Force (USAF) correspondence delivered to the detachment addressed to cadets. Access to these documents is for the verification and accuracy of the contents ONLY. Specific documents we open are; assignment orders for cadets entering active duty, cadet travel summaries, and cadet Leave and Earning Statements (LES). We must verify these documents when received to ensure accuracy and to immediately correct or report any discrepancies to higher headquarters. In accordance with the Privacy Act, we must have your permission to access this mail. Therefore, request your sign your payroll signature below to consent to our access. Giving consent is strictly voluntary. However, if you do not give your consent, delays may be encountered in processing these vital items. Only OFFICIAL USAF correspondence specifically approved by the detachment commander will be opened. Please sign below if you agree to authorize cadre members to open OFFICIAL USAF mail addressed to you.

NAME: **Cadet John Doe**

JOHN DOE **20180823**

Cadet Signature and Date

Parent/Guardian Signature and Date
(Only for applicants under legal age of majority. Must be notarized if not signed in presence of detachment personnel)

I AM CADRE

I AM CADRE, MSgt, USAF – 28 Aug 18

Printed Name and Signature Witness (or Notary) and Date

DDRP - Drug Testing Policy

MEMORANDUM OF UNDERSTANDING FOR DRUG TESTING POLICY FOR CADETS PARTICIPATING IN RESERVE OFFICER TRAINING CORPS (ROTC)

By direction of the Secretary of the Air Force, I understand as an Air Force ROTC cadet participating in a SROTC program, I will be subject to random urinalysis drug testing. I understand that if I am randomly selected, I must provide the requested sample within the specified time limits. I understand failure to report for a mandatory urinalysis test will be considered an Unauthorized Absence (UA) and will result in individual command-directed screening. I understand that any individual refusing to submit a urinalysis sample or testing positive on a urinalysis test will be processed for disenrollment or dismissal from Air Force ROTC or specific officer commissioning program.

NAME: *Jane P. Doe*

Jane P. Doe 23 Aug 18

Cadet Signature and Date

Parent/Guardian Signature and Date
(Only for applicants under legal age of majority. Must be notarized if not signed in presence of detachment personnel)

I AM CADRE

I AM CADRE, MSgt, USAF – 28 Aug 18

Printed Name and Signature Witness (or Notary) and Date

Request and Consent for Release of Student Records

DEPARTMENT OF THE AIR FORCE
AIR UNIVERSITY (AETC)

Release of Student Records

DATE: 20180823

CADET NAME Cadet Doe

1. In compliance with PL 93-389, "Family Educational Rights and Privacy Act", your consent is required to permit the educational institution or AFROTC Detachment in which you are/were enrolled to release official copies of your transcripts of grades and/or other students records, files, or data that are a part of your student records to Department of Defense (DoD) agencies, as may be required by such agencies.

2. It is mutually understood that the purpose of this request for official copies of student records is necessary for AFROTC screening and evaluation of this present and potential cadet members and those cadets commissioned or disenrolled from the AFROTC program. It is further understood that the privacy of the information collected by means of their request will be maintained in accordance with the Privacy Act of 1974 and the Freedom of Information Act, and the information will be used for official AFROTC evaluation.

3. Your signature below signifies receipt and agreement of the above statement and that you have read and understand our request for official copes of your school records. And you hereby voluntarily consent to the release of such official records as we may require in the above stated request. You therefore authorize appropriate school officials or detachment personnel to release the above requestor, their successor, or to the appropriate DOD agency any and all official records, files, and date for their use as requested above.

Jane P. Doe

(Students Signature)

(Parents Signature if student is under 18 years of age)

FM 28 Sports Physical

AIR FORCE ROTC PRE-PARTICIPATORY SPORTS PHYSICAL

1. CADET/APPLICANT NAME	2. AFROTC DETACHMENT
John P. Doe	Det 630

MEDICAL AUTHORITY: Measure height and weight of cadet/applicant. Compare results to AF standards listed on reverse, check block 7 and certify as requested below.

AFROTC CADRE: If cadet/applicant exceeds AF weight standards, conduct a Body Fat Measurement IAW DoDI 1308.3.

3. CADET/APPLICANT MEASUREMENTS	HEIGHT	WEIGHT
	72	165
4. AIR FORCE WEIGHT STANDARDS (found on reverse)	MINIMUM	MAXIMUM
	140	202
5. BODY FAT MEASUREMENT	21%	6. BODY FAT STANDARDS: FEMALE - 28% MALE - 20%

7. CHECK APPLICABLE BOX

- [X] IS WITHIN AIR FORCE WEIGHT STANDARDS
- [ ] EXCEEDS AIR FORCE WEIGHT STANDARDS
- [ ] IS BELOW AIR FORCE WEIGHT STANDARDS

8 **MEDICAL AUTHORITY:** PLEASE REVIEW THE ABOVE INFORMATION. CONDUCT COUNSELING BELOW IN APPLICABLE AREAS, AND SIGN.

I, *(print name)* The Doctor, HAVE EXAMINED THIS CADET/APPLICANT AND REVIEWED HIS/HER MEDICAL HISTORY. THE FOLLOWING ARE THE RESULTS:

9 **(IF CADET/APPLICANT IS BELOW AIR FORCE WEIGHT STANDARDS)**

I CERTIFY THIS CADET/APPLICANT'S LEAN BODY MASS POSES NO HEALTH RISK; NO SIGNS OF EATING DISORDERS EXIST. I HAVE DISCUSSED THE IMPORTANCE OF NUTRITION AND WEIGHT MANAGEMENT. TD (Medical Authority Initials)

10. **(IF CADET/APPLICANT EXCEEDS AIR FORCE WEIGHT STANDARDS)**

I HAVE DISCUSSED APPROPRIATE AND SAFE WEIGHT LOSS WITH THE CADET/APPLICANT. TD (Medical Authority Initials)

11. **(FOR ALL CADETS/APPLICANTS)**

I **DID** / **DID NOT** (please circle) FIND MEDICAL CONDITION(S) OR PHYSICAL IMPAIRMENT(S) THAT WOULD PRECLUDE THIS CADET/APPLICANT FROM PARTICIPATING IN A RIGOROUS PHYSICAL TRAINING PROGRAM. IF A MEDICAL CONDITION/PHYSICAL IMPAIRMENT EXISTS THAT MAY PRECLUDE THE INDIVIDUAL FROM PARTICIPATING, PLEASE EXPLAIN:

FM 28 Sports Physical Cont.

EXAMINATION DATE	PHYSICIAN OR MEDICAL AUTHORITY SIGNATURE
23 Aug 2018	The Doctor

AFROTC CADRE: REVIEW THE INFORMATION ENTERED ABOVE AND SIGN BELOW:

DATE	AFROTC CADRE SIGNATURE
23 Aug 18	I Am Cadre

AFROTC FM 63 Completed by Cadre

AFROTC ENROLLMENT / ENLISTMENT CHECKLIST

NAME *(Last, First, Middle Initial)* Doe, Jon P.

SECTION 1. AFROTC ENROLLMENT CHECKLIST

	(All references pertain to AFROTCI 36-2011, unless noted)	YES	NO	N/A
1	Was the minimum program entry age (14 yrs) verified in WNGS? (Table 3.2)	✓		
2	Is the cadet within maximum age limitations before their established commission date or has a waiver been obtained if applicable? (Table 3.2)	✓		
3	Was a DD Form 785 reviewed and a waiver obtained if disenrolled from previous officer training if applicable? (3.14)			✓
4	Are copies of all DD Form 4 on file for previously disenrolled or separated members? (3.13.3.8)			✓
5	Was the original US Citizenship/Naturalization or Birth Certificate verified and checked off in WINGS? (11.3.6)	✓		
6	Was the original Social Security Card verified and checked in WINGS? (3.13.2)	✓		
7	Was the DD Form 93, *Record of Emergency Data* completed? (for contracted cadets only) (3.13.3.4)	✓		
8	Was the DD Form 2005, *Privacy Act Statement, Health Care Records* completed? (3.13.3.5)	✓		
9	Was the AF Form 2030, *Drug & Alcohol Abuse Certificate* completed, with all blocks initialed? (3.13.3.3)	✓		
10	Was the Drug Demand Reduction Program (DDRP) MOU completed upon program entry? (Attachment 5) (3.13.3.1)	✓		
11	Has the cadet provided official transcripts to include AP courses if applicable?			✓
12	Was the Scholarship Program Statement of Understanding completed prior to the start of the Freshman year for HSSP cadets only (except nurses)? (3.13.3.12)	✓		
13	Has the cadet provided their sports physical if a certified DoDMERB or MEPS physical is not on file? (8.2.4)	✓		
14	Was the DD Form 214 reviewed by HQ AFROTC/RRFP for reenlistment eligibility if prior service (excluding ECP cadets)? (11.12.2.13)			✓
15	Has the cadet registered for AS class/LLAB with the host or cross-town university as applicable? (Table 3.1)	✓		
16	Have HSSP travel orders been created and signed for all OCONUS HSSP cadets (4.7.12.2)	✓		
16a	Has a travel voucher been completed for all HSSP cadets to capture travel from their resident to the host university and submitted to your local finance office for payment with Travel Order, Voucher and Direct deposit form? (4.7.12.3)	✓		
17	DD Form 2983, *Recruiter/Trainer Prohibited Activities Acknowledgment.* (3.13.3.6.)	✓		
18	AU MAC, Form 2, AU Student/Cadet/Officer Trainee Attachment to AU MAC Guidance. (3.13.3.7)	✓		

Remarks Section:

I certify that the above actions have been completed.

NAME/RANK	DATE	SIGNATURE
LUKE B. NELSON, MSgt, USAF	Sep 23, 2018	

QUESTIONS