STAFF EDUCATION AND TRAINING CHECK-IN FORM

PRIVACY ACT STATEMENT: AUTHORITY TITLE 10 USC SOSC 301, (PRIVACY ACT OF 1974).

PURPOSE: This information will be used to identify training needs, planning, and to aid in submitting reports required by this command. **DISCLOSURE IS MANDATORY**. No information will be sent outside of official DoD channels.

NAME/RANK: _____ LAST 4 (SSN):_____
RANK LAST FIRST MIDDLE

DATE: _____ CHECK-IN DATE: _____ EAOS: _____
DD/MM/YYYY DD/MM/YYYY DD/MM/YYYY

VALID US DRIVERS LICENSE (SELECT ONE): YES ☐ NO ☐

CORPS (SELECT ONE):

MC ☐	DOD ☐	SPECIALTY CODE:_____
DC ☐	CIVILIAN (GS) ☐	
MSC ☐	US CONTRACTOR ☐	
NC ☐	LOCAL NATIONAL ☐	
HM ☐	LN CONTRACTOR ☐	
MILITARY OTHER ☐		

DEPARTMENT: _____ PHONE: _____

DATE SCHEDULED TO ATTEND COMMAND INDOC (EVERYONE): _____

DATE SCHEDULED TO ATTEND EMT-B (E-5 AND BELOW/NEC REQUIRED): _____

PLEASE FILL-IN CERTIFICATION DATES IF COMPLETE

	DATE COMPLETED		DATE COMPLETED
BLS (HP)	_____	ATLS	_____
BLS (INST)	_____	ATLS (INST)	_____
ACLS	_____	PALS	_____
ACLS (INST)	_____	PALS (INST)	_____
NRP	_____	TNCC	_____
NRP (INST)	_____	TNCC (INST)	_____
FEMA	_____	HMSB	_____
DOD-PII	_____	HIPAA	_____
TCCC (NKO)	_____	TCCC (COURSE)	_____

INFORMATION ASSURANCE VERSION 9 _____ TRAFFICKING IN PERSONS (TIP): _____

ANTI-TERRORISM FORCE PROTECTION OCONUS (ATFP) _____ RECORDS MGMT: _____

MEMBERS SIGNATURE: _____ DATE: _____

SEAT SIGNATURE: _____ DATE: _____

SAMPLE