Pre-OCS Enrollment Packet Checklist

Washington Army National Guard

Documents to be completed and returned to OSM:

- o RTI Form 351a, 7 April 2008 (OCS Enrollment Application). Copy Provided.
- OCS Student Emergency Data Information. Copy Provided.
- o Officer Candidate Profile Summary. Copy Provided.
- CDR's Letter of Recommendation.
- <u>Verification of 110 GT Score.</u> Provide USMEPCOM 680-3ADP, REDD Report, or AFCT Score Report.
- o IMR (MEDPROS). Must be within 1 year of OCS start date.
- DA 705. Must have passing Record APFT without profile/alternate aerobic events within
 12 months of OCS start date.
- o DA 5500-R or 5501-R (as needed).
- College Transcripts. Must have completed at least 90 semester hours/ 120 quarter hours toward degree completion. Transcripts must meet the following requirements:
 - (1) Educational institution seal, watermark or letterhead.
 - (2) If conferring a degree, type of degree (e.g., associates, bachelors, masters) and date the degree was awarded.
 - (3) Educational institution official's stamp or signature.
- <u>Verification of Security Clearance.</u> Memorandum from state security manager verifying security clearance status. Must have initiated SECRET clearance to enroll in OCS. Interim SERCRET or SECRET preferred.
- Approved Waivers. Moral/Civil Conviction/Medical (if required)
- o Record of ETS Date: PQR, PIR, extension paperwork, etc. See Unit Readiness NCO
- o Birth Cert. Photo Copy of Birth Cert or Naturalization (US Citizenship)
- o **DD214.** (prior service only)
- o Chapter 2 Physical. Reference separate physical request packet

Utilize the following naming convention for each document:

Last Name_Document Name Example: SMITH_DD1966

Send enrollment packet to OSM: ng.wa.waarng.list.rrb-osm-basic@army.mil

Office: (253) 512-1400

OFFICER CANDIDATE SCHOOL ENROLLMENT APPLICATION

5. HOME OF RECORD (Street, City, State & Zip Code) 6. HOME PHONE 7. ORGANIZATION AND ADDRESS (Include Street Address, City, State & Zip Code) 8. UNIT PHONE							
7. ORGANIZATION AND ADDRESS (Include Street Address, City, State & Zip Code) 8. UNIT PHONE							
9. SPONSOR'S NAME AND ADDRESS (Include Street Address, City, State & Zip Code) 10. SPONSOR PHONE							
11. EMPLOYER'S NAME AND ADDRESS (Include Street Address, City, State & Zip) 12. EMPLOYER PHONE							
13. MARITAL STATUS / SPOUSE'S NAME 14. APPLICANT'S E-MAIL ADDRESS							
15. MILITARY BACKGROUND:							
PEBD: ETS DATE: SECURITY CLEARANCE GRANTED: YES NO							
AL WINTER AOCS STATE OCS							
Primary MOS: PARA/LINE: APPLICATION: STATE OCS AL SUMMER AOCS							
STATE OCS ENLISTMENT OPTION:							
(Provide DD 1966) YES NO TOTAL MILITARY SERVICE:							
HIGHEST LEVEL OF MILTARY BNCOC PH III ANCOC PH III							
EDUCATION COMPLETED: AIT WLC PH II PH IV PH II PH IV							
16. COMMANDER RECOMMENDATION:							
Have you ever been arrested or convicted by a YES							
civil court for other than minor (\$299 or less) traffic violations (speeding, failure to obey							
Printed Name & Signature of Applicant DATE traffic signs, seatbelt use, parking ticket)?							
Upon interview, I find this Soldier eligible for the OCS Program. I have thoroughly reviewed this Soldier's application packet and certify that it is complete. I recommend this Soldier be accepted into the OCS Program.							
Printed Name & Signature of Unit Commander DATE DATE							
I have thoroughly reviewed this Soldier's application packet and certify that it is complete. All waivers have been requested. I recommend this Soldier be accepted into the OCS Program.							
Printed Name Signature of Battalion Commander DATE							
RTI Form 351a, 7 April 2008 Supersedes & Replaces RTI 351a dtd 1 July 2005 Which Will Not Be Used Page 1 of 1							

TASS ARNG OCS 01 May 2011

OFFICER CANDIDATE PROFILE SUMMARY									
PRIVACY ACT STATEMENT <u>AUTHORITY</u> : 10 U.S. Code 133, Executive Order 9397, November 22, 1943 (Social Security Number) and Title 10, United States Code. Section 3012									
PRINCIPAL PURPOSE: Used by candidate to supply information necessary for student enrollment in the OCS Program. ROUTINE USE: Used by appropriate authority for administrative processing, provide points of contact in case of emergency and background information essential for student identification. DISCLOSURE: Voluntary; however, failure to complete the form may result in candidate's rejection for further training.									
NAME - Last			First			Mi			AGE
RANK	MOS	MOS COMM BRANG		ISSIONING CH	Date of		Birth	SSN	
COMPONENT RA USAR ARNG ENLISTED OPTION		RACE CAUCASIAN BLACK HISPANIC NATIVE		[] swi	SEX MALE FEMALE SWIM YES NO			PROFILES YES NO FOR: INJURY:	
STATE (FOR ARNG ONLY)		OTHER———		WEAK:		-	□ нот □ со∟р		
MARITAL STATUS		SPOUSE'S NAME			_				ANNIVERSARY
☐ MARRIED		SPOUSE'S DOB			PREGNANT: YES NO				DUE DATE
☐ DIVORCED☐ SEPARATED		DEPENDENTS' NAMES						DEPDENTS' DOB	
SINGLE									
HOME OF RECORD									PHONE
				PLACE OF BIRTH					
NEXT OF KIN AND RELATIONSHIP								PHONE	
SPOUSE'S ADDRESS (IF DIFFERENT FROM HOR)						PHONE			

TASS ARNG OCS 01 May 2011

OFFICER CANDIDATE PROFILE SUMMARY (continued)						
RELIGION	SPECIAL NEEDS					
MILITARY EDUCATION AND SCHOOLS	CIVILIAN EDUCATION AND SCHOOLS					
·	INSTITUTION					
	DEGREE					
	SUBJECT / DIS	SCIPLINE				
SECURITY CLEARANCE	UTO □YES [□мо	TYPE			
□YES □NO	INSURED		COLOR			
TYPE	LICENSE (STATE)		LICENSE (NUMBER)			
	REGISTRATION (STATE)		REGISTRATION (NUMBER)			
PREVIOUS UNIT	ILITARY SERVIC	E TIME	-			
	ACTIVE		RESERVE			
	Y	RS	YRS			
POST/FORT:	M	os	MOS			
DISTINGUISHED RELATIVE(S) OF CANDIDATE: A distinguished relative is an officer, active or retired, of grade O-6 (SGM), a United States Representative or Senator, or a Federal Crelationship should be in the immediate family (parent, brother, sist	Service employee	with the g	rade GS-16 or above. The			
RELATIVE	TATUS/POSITION		RELATIONSHIP			
-						

OCS/WOCS STUDENT

EMERGENCY DATA INFORMATION

NAME (LAST,	FIRST, MI):						
SOCIAL SECU	RITY NUMBER:		DATE OF BIRTH:				
RANK:							
HOME ADDRE	ESS:						
CITY:		STATE:	ZIP CODE:				
TELEPHONE N	NUMBER:						
	Ţ	JNIT INFORM	IATION				
STATE RTI:	COMPONENT:	ARNG	USAR	ACTIVE			
UNIT OF ASSI	GNMENT:						
UNIT ADDRES	SS:						
CITY, STATE,	ZIP:						
UNIT PHONE I	NUMBER:						
	DEP	ENDANT INFO	<u>ORMATION</u>				
MARITAL STA	ATUS: () SINGLE	$()$ M_{ℓ}	ARRIED	() DIVORCED			
SPOUSE NAMI	E:						
	EME	RGENCY INFO	ORMATION	[
PERSON WE S	HOULD CONTACT	IN CASE OF I	EMERGENC'	Y:			
NAME:			RELATIONS	SHIP:			
ADDRESS:							
TELEDHONE N	JI IMRER.						

OCS/WOCS STUDENT

EMERGENCY DATA INFORMATION (CONTINUED)

MEDICAL INFORMATION

WARNING: THE INFORMATION CONTAINED HEREIN IS PRIVELEGED IN NATURE. IT MAY BE DISCLOSED TO OTHER AGENCIES OR INDIVIDUALS OUTSIDE THE INSTITUTE ONLY AS PERMITTED BY AR 340-2, PARA 3-2. UNAUTHORIZED DISCLOSURE IS SUBJECT TO CRIMINAL OR OTHER PENALTIES AND MAY OPEN THE VIOLATOR TO CIVIL SUIT UNDER THE PROVISIONS OF THE "PRIVACY ACT OF 1974." (5USC552A)
