

# Pre-OCS Enrollment Packet Checklist

## Washington Army National Guard

### Documents to be completed and returned to OSM:

- [RTI Form 351a, 7 April 2008](#) (OCS Enrollment Application). Copy Provided.
- [OCS Student Emergency Data Information](#). Copy Provided.
- [Officer Candidate Profile Summary](#). Copy Provided.
- [CDR's Letter of Recommendation](#).
- [Verification of 110 GT Score](#). Provide USMEPCOM 680-3ADP, REDD Report, or AFCT Score Report.
- [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.
- [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.
- [Verification of Security Clearance](#). 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)
- [Record of ETS Date: PQR, PIR, extension paperwork, etc.](#) See Unit Readiness NCO
- [Birth Cert](#). Photo Copy of Birth Cert or Naturalization (US Citizenship)
- [DD214](#). (prior service only)
- [Chapter 2 Physical](#). Reference separate physical request packet

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### 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](mailto:ng.wa.waarng.list.rrb-osm-basic@army.mil)

Office: (253) 512-1400



**OFFICER CANDIDATE PROFILE SUMMARY**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 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  | COMMISSIONING BRANCH   | Date of Birth  | SSN  |
| <b>COMPONENT</b><br><input type="checkbox"/> RA<br><input type="checkbox"/> USAR<br><input type="checkbox"/> ARNG<br><input type="checkbox"/> ENLISTED OPTION<br><br>STATE (FOR ARNG ONLY)<br>_____ | <b>RACE</b><br><input type="checkbox"/> CAUCASIAN<br><input type="checkbox"/> BLACK<br><input type="checkbox"/> HISPANIC<br><input type="checkbox"/> NATIVE<br><input type="checkbox"/> ASIAN<br><br>OTHER _____ | <b>SEX</b><br><input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE   |                | <b>PROFILES</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>FOR: _____                              |
|   |  | <b>SWIM</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO<br><br><input type="checkbox"/><br>WEAK: _____ |                | <b>INJURY:</b><br><input type="checkbox"/> INSECT<br><br><input type="checkbox"/> HOT<br><input type="checkbox"/> COLD |
| <b>MARITAL STATUS</b><br><input type="checkbox"/> MARRIED<br><br><input type="checkbox"/> DIVORCED<br><input type="checkbox"/> SEPARATED<br><input type="checkbox"/> SINGLE                         | SPOUSE'S NAME  |  | ANNIVERSARY    |  |
|   | SPOUSE'S DOB   | PREGNANT:<br>YES NO  |                | DUE DATE   |
|   | DEPENDENTS' NAMES  |  | DEPDENTS' DOB  |  |
|   |  |  |                |  |
|   |  |  |                |  |
| HOME OF RECORD  |  |  | PHONE          |  |
|   |  |  | PLACE OF BIRTH |  |
| NEXT OF KIN AND RELATIONSHIP  |  |  | PHONE          |  |
| SPOUSE'S ADDRESS (IF DIFFERENT FROM HOR)  |  |  | PHONE          |  |

| OFFICER CANDIDATE PROFILE SUMMARY (continued)  |   |                                       |
|--|---|---------------------------------------|
| RELIGION   | SPECIAL NEEDS   |                                       |
| MILITARY EDUCATION AND SCHOOLS   | CIVILIAN EDUCATION AND SCHOOLS  |                                       |
|  | INSTITUTION   |                                       |
|  | DEGREE  |                                       |
|  | SUBJECT / DISCIPLINE  |                                       |
| SECURITY CLEARANCE<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO<br><br>TYPE   | AUTO<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>2 | TYPE                                  |
|  | INSURED   | COLOR                                 |
|  | LICENSE (STATE)   | LICENSE (NUMBER)                      |
|  | REGISTRATION (STATE)  | REGISTRATION (NUMBER)                 |
| PREVIOUS UNIT  | MILITARY SERVICE TIME   |                                       |
|  | ACTIVE<br><br>_____ YRS<br>_____ MOS                                  | RESERVE<br><br>_____ YRS<br>_____ MOS |
| POST/FORT:   |   |                                       |
| DISTINGUISHED RELATIVE(S) OF CANDIDATE:<br><i>A distinguished relative is an officer, active or retired, of grade O-6 (COL) or higher, an enlisted Soldier of grade E-8 (MSG) or E-9 (SGM), a United States Representative or Senator, or a Federal Civil Service employee with the grade GS-16 or above. The relationship should be in the immediate family (parent, brother, sister, grandparent, aunt, or uncle).</i> |   |                                       |
| RELATIVE   | STATUS/POSITION   | RELATIONSHIP                          |
|  |   |                                       |
|  |   |                                       |
|  |   |                                       |

**OCS/WOCS STUDENT**  
**EMERGENCY DATA INFORMATION**

NAME (LAST, FIRST, MI):

SOCIAL SECURITY NUMBER:

DATE OF BIRTH:

RANK:

HOME ADDRESS:

CITY:

STATE:

ZIP CODE:

TELEPHONE NUMBER:

**UNIT INFORMATION**

STATE RTI:      COMPONENT:      ARNG      USAR      ACTIVE

UNIT OF ASSIGNMENT:

UNIT ADDRESS:

CITY, STATE, ZIP:

UNIT PHONE NUMBER:

**DEPENDANT INFORMATION**

MARITAL STATUS: ( ) SINGLE      ( ) MARRIED      ( ) DIVORCED

SPOUSE NAME:

**EMERGENCY INFORMATION**

PERSON WE SHOULD CONTACT IN CASE OF EMERGENCY:

NAME:

RELATIONSHIP:

ADDRESS:

TELEPHONE NUMBER:

**OCS/WOCS STUDENT**

**EMERGENCY DATA INFORMATION (CONTINUED)**

**MEDICAL INFORMATION**

PREVIOUS HEAT INJURY: Y N      PREVIOUS COLD INJURY Y N

BEE/WASP STING ALLERGY: Y N

LIST ALL OTHER ALLERGIES:

LIST ALL CURRENT MEDICATIONS:

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**WARNING:** THE INFORMATION CONTAINED HEREIN IS PRIVILEGED 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)

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