COASTAL RIVERINE SCREENING NAVPERS 1300/26 (01-2013)	Supporting Dir	ective M	ILPERS	MAN 1300-803		
1. NAME:		2. RATE	/ RANK:			
3. PROPOSED DETACHMENT DATE: 4. PROPOSED PROG	GRAM / DUTY STATION:					
SECTION A: GENERAL CRITERIA				INTERVIEWER'S INITIALS		
Within the past 12 months, has member been found unsuitable program(s)?	e or disqualified for any previous special	YES	□ NO			
Performance Evaluation (NAVPERS 1616/26): Has member received at least 3.0 on all traits, been recommended for retention and promotable or higher for advancement for the past 12 months?			☐ NO			
3. Has member had any NJP, courts-martial, civil conviction, or significant involvement with civil authorities within the past 12 months?			☐ NO			
4. Has member had any alcohol related incidents in the past 12 months?			□ NO			
5. Has member had any involvement with illegal drugs in the past 12 months?			□ NO			
6. Has member signed the required OBLISERV for this program?			□ NO			
7. Is member currently within height, weight, or body fat standards, and has member passed the most recent, regularly scheduled Physical Fitness Assessment (PFA)?			☐ NO			
8. PERSONNEL OFFICER'S NAME AND RANK:	9. PERSONNEL OFFICER'S SIGNATURE:			10. DATE:		
SECTION B: MEDICAL/DENTAL SCREENING						
Has member completed required medical screening for this program? If "no", will the gaining MTF accept?			□ NO			
2. Is member in proper dental class for PCS transfer?			☐ NO			
3. MEDICAL OFFICER'S NAME AND RANK:	4. MEDICAL OFFICER'S SIGNATURE:			5. DATE:		
DENTAL OFFICER'S NAME AND RANK: 7. DENTAL OFFICER'S SIGNATURE:				8. DATE:		
SECTION C: COMMAND FINANCIAL SPECIALIST SCF	REENING					
 Has the member been interviewed by the Command Financial Specialist per OPNAVINST 1740.5A, and is the member financially stable? 						
2. COMMAND FINANCIAL SPECIALIST'S NAME AND RANK: 3. COMMAND FINANCIAL SPECIALIST SIGNATURE:				4. DATE:		
SECTION D: COMMAND MASTER CHIEF SCREENING						
This member meets requirement and assignment to Special Programs and is appropriate.				YES NO		
6. COMMAND MASTER CHIEF NAME AND RANK: 7. COMMAND MASTER CHIEF SIGNATURE:				8. DATE:		

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Print Form

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1. NAME:		2. RATE / RANK	
3. PROPOSED DETACHMENT DATE: 4. PROPOSED PRO	GRAM / DUTY STATION:		
SECTION E: ADDITIONAL REQUIREMENTS (as applied	cable)		INTERVIEWER'S INITIALS
Does member have required NEC/School/ASVAB for this pro	gram?	YES NO	
Does member have required security clearance?	TYES NO		
Does member have valid driver's license?		YES NO	
4. Has member completed swim qualification for this program?		YES NO	
5. Does member have visible tattoos?		TYES NO	
6. Has member completed one successful tour working in rate?		YES NO	
7. COMMAND CAREER COUNSELOR'S NAME AND RANK:	8. COMMAND CAREER	COUNSELOR'S SIGNATURE:	9. DATE:
10. MASTER TRAINING SPECIALIST/SENIOR ENLISTED INS Master Training Specialist or Senior Enlisted Instructor.) 11. MASTER TRAINING SPECIALIST/SENIOR ENLISTED.			
11. MASTER TRAINING SPECIALIST/SENIOR ENLISTED INSTRUCTOR NAME AND RANK:	12. MASTER TRAINING INSTRUCTOR SIGN	S SPECIALIST/SENIOR ENLISTED NATURE:	13. DATE:

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SECTION F: MEMBER ACKNOWLEGEMEN	т					
ALL OF THE ABOVE INFORMATION IS CERTIFIE must maintain my suitability throughout my assignm		UE TO THE BEST OF MY KNOWLEDGE. By signing this form I al Programs.	acknowledge that I			
14. MEMBER'S NAME AND RANK:		15. MEMBER'S SIGNATURE:	16. DATE:			
SECTION G: COMMAND CO/XO/OIC/COS/D	IRECTOR I	ENDORSEMENT				
Are there any other compelling reasons why serv	vice member	should not be transferred?	YES NO			
Initial certification upon nomination.		ERTIFICATION WITHIN FIVE WORKING DAYS OF TRANSFER. ues to meet all requirements. Initials below are required.	Member			
APPROVAL DISAPPROVAL	_	FINAL APPROVAL FINAL	DISAPPROVAL			
APPROVAL DISAPPROVAL						
ENDORSEMENT OF THIS SCREENING REPRESE INFORMATION IS CERTIFIED TO BE TRUE TO THE		RECOMMENDATION OF THIS CANIDATE BY TRANSFERRING MY KNOWLEDGE.	COMMAND. ALL			
NAME AND RANK:		SIGNATURE:	DATE:			

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