## FY12 USAR ADDITIONAL PROFESSIONAL MILITARY EDUCATION (APME) APPLICATION WARRANT OFFICERS ONLY

DATA R	EQUIRED	BY THE	<b>PRIVAC'</b>	Y ACT
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AUTHORITY: 5 U.S.C. Section 301 and E.O. 9397

**PURPOSE:** The principal use of this information will be to manage educational information and counseling for USAR officers applying for APME selection.

**ROUTINE USES:** The record may be disclosed to DOD officials who have an official need to know and the routine uses established by 5 U.S.C. 552a. Furnishing this information is voluntary; however, failure to provide information may result in a delay or error in processing a request for personnel action.

PLEASE FILL OUT THIS FORM ELECTRONICALLY, SAVE IT AND EMAIL IT BACK USING THE INSTRUCTIONS AT THE BOTTOM OF

THE PAGE. DO NOT SEND A SCANNED COPY.									
NAME (Last, Fir	st, MI)			R/	ANK	BRANCH		SOCIAL SE	CURITY NUMBER
HIGHEST PME C	COMPLETED (i.e., WOSC, WOSS	C)	APME COUR	RSE (	COMPLETED (I	F APPLICA	ABLE)	YEAR (	COMPLETED
HOME PHONE (Include Area Code) WC		WOR	RK PHONE (Include Area Code		Area Code &	UNIT PHONE (Inclu		NE (Include	Area Code)
ext		exten	nsion)						
CATEGORY	EMAIL ADDRESS								
SERVICE REMAINING DATA									
What is your Appointment Date: (YY-MM-DD)					Total Years of Service:				
Do you have any breaks in service?					What is your MRD? (YY-MM-DD)				
COURSE SELECTION									
Reserve Component National Security Course (RCNSC)									
	APPLICATION CHE	CKLIS	T (Submit t	hes	e with your	applica	ition, as re	equired)	
Application				Letter of Recommendation (optional)					
Resume of Career Service and Addendum (All Non-AGR only)				Body Fat Composition (DA5500 or DA5501-R), if required					
You can find an MRD calculator at: <a href="https://www.hrc.army.mil/site/Reserve/soldierservices/guidance/mrdcalc.asp">https://www.hrc.army.mil/site/Reserve/soldierservices/guidance/mrdcalc.asp</a> .  STATEMENT OF OBLIGATED SERVICE: I understand that failure to meet the standards in a course of instruction due to academic or leadership deficiencies is cause for elimination from the United States Army Reserves IAW AR135-175, paragraph									
2-11. I further certify that this application and any enclosures are complete and accurate."									
DIGITALLY SIGN (please date first)  DATE (please date first)									
DIGITALLI SIO	is thicase date mori							thicase na	ic mst)

\*\*\*When you have completed this form, SAVE it where you can find it, then ATTACH it to an email to usarmy.knox.hrc.mbx.opmd-ldd-military-schools@mail.mil. You should print a copy for your records. You will receive an email receipt within 2-3 business days.

\*\*\* If you do not receive this response, YOUR FORM HAS NOT BEEN RECEIVED. \*\*\*