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CHAPLAIN SERVICE IMA ANNUAL PARTICIPATION AND TRAINING PLAN

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MEMBER INFORMATION

NAME (Last, First, MI)	GRADE	DATE OF RANK	SSAN (Last 4 digits)
HOME ADDRESS	UNIT ADDRESS		UNIT PHONE (DSN and commercial)
PHONE NUMBER (Home, office, and cell)	HOME EMAIL	DATE OF ATTACHMENT	RR DATE
	MILITARY EMAIL		SATISFACTORY YEARS OF SERVICE

FY _____ TRAINING CALENDAR

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
OCT																															
NO																															
DEC																															
JAN																															
FEB																															
MA																															
APR																															
MAY																															
JUN																															
JUL																															
AU																															
SEP																															

USE THE FOLLOWING CODES WHEN COMPLETING THE PROJECTED TRAINING CALENDAR:

Mandatory Annual Requirements:

Additional Participation:

AT -- ANNUAL TOUR - RESERVE PERSONNEL APPROPRIATION

MPA -- MILITARY PERSONNEL APPROPRIATION, MAN-DAY

ST -- SPECIAL TOUR - (RPA)

IDT -- INACTIVE DUTY FOR TRAINING (Quarterly)

SC -- SCHOOL TOUR - (RPA)

PROFESSIONAL MILITARY EDUCATION

COURSE	DATE COMPLETED	DATE ENROLLED

PROFESSIONAL DEVELOPMENT

TRAINING PROGRAM	DATE COMPLETED	

CIVILIAN EDUCATION

DEGREE/CERTIFICATE	DATE AWARDED	INSTITUTION