

SUPPLEMENT TO DA FORM 1058

(Revised as of AUG 2012)

Name :	SSN:	Rank:
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Date of Commission (CH-BOLC Students): _____ Date of Rank: _____ Completed Seminary Credits (CCs): _____

Component (check one): AGR__ TPU__ IMA__ IRR__ Have you attached a recent diagnostic APFT Card w/Ht.Wt.? __ Yes

Do you have a Govt. Credit Card (check one): Yes __ No __

COURSE	Location	Name and Number	Start Date	End Date	Mode of Travel	
1 st Choice					AIR: __	POV: __ (Privately Owned)
2 nd Choice					AIR: __	POV: __ (Privately Owned)
3 rd Choice					AIR: __	POV: __ (Privately Owned)

INSTRUCTIONS

CHAPLAINS:

- Complete the above fields. Ensure you provide course number and dates in the above table.
- Provide your Date of Rank and Commission Date.
- If you select to travel by POV, we reserve the right in accordance with the Joint Travel Regulations to modify your travel to AIR. We will not authorize travel by POV over 450 miles for the safety and care of our Soldiers.

CHAPLAIN CANDIDATES:

- Complete the above fields to attend CH-BOLC (Chaplain Officer Basic) either in the Fall, Winter or Summer or a Practicum. Ensure dates are included in the above table.
- Prior to completing a practicum, you are required to complete CIMT and Phase 1 of CH-BOLC.
- Candidates requesting a practicum should chose a practicum at an installation near their home of record. Additional practicum's are not limited to, but include EMM/CMM, National Defense University and the ROTC Summer training programs.
- Candidates are not authorized to complete Air Assault school or Airborne school as a practicum. Candidates are not authorized practicum's in Germany, Hawaii or Alaska.
- If you select to travel by POV, we reserve the right in accordance with the Joint Travel Regulations to modify your travel to AIR. We will not authorize travel by POV over 450 miles for the safety and care of our Soldiers.

ADDITIONAL NEEDED INFORMATION

AKO Email Address: _____@us.army.mil

Civilian Email Address: _____

PLACE A CHECK MARK TO THE RIGHT OF THE PHASES OF CH-BOLC YOU HAVE COMPLETED TO DATE:

(This is for Newly Accessioned Chaplains and Chaplain Candidates Only)

CHAPLAINS: CIMT _____ Phase 1 _____ Phase 2 _____ Phase 3 _____

CHAPLAIN CANDIDATES: CIMT _____ Phase 1 _____ Practicum _____ Phase 2 _____ Phase 3 _____

-----OFFICE USE ONLY-----

Date Received: ATRRS Registration: AORS RFO: Order Sent to SM: