

**NUCLEAR POWER PROGRAM ACTIVITY SCREENING
NAVPERS 1306/98 (Rev 06-2024)**

Supporting Directive MILPERSMAN 1306-957

| | | |
|------------|-------|-----------------|
| Rank/Rate: | Name: | Screening Type: |
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| Proposed Detach Date: | Duty Preference: |
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| A. GENERAL REQUIREMENTS | INTERVIEWERS INITIALS |
|--|----------------------------------|
| 1. Is member a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. Does member have a minimum of Confidential security clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. Does member have required warfare qualification, as applicable? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. Does member have required OBLISERV for this activity? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5. Does member have any visible tattoos in the Navy PTU (short sleeve shirt / shorts)? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6. Performance Evaluation (NAVPERS 1616/26): Has member received at least 3.0 in all traits, been recommended for retention, and received a promotable or higher advancement recommendation for the past 36 months? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7. Has member received any NJP, court-martial, civil conviction, or significant involvement with civil authorities within the past 36 months? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. Has member had any alcohol-related incidents or involvement with illegal drugs in the past 36 months? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Is member currently within acceptable height, weight, and body fat composition standards, and has member passed the most recent, regularly scheduled physical fitness assessment (PFA)? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10. Does member have valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 11. Personnel Officer Name and Rank: | 12. Personnel Officer Signature: |
| | 13. Date: |

| B. SPECIFIC NUCLEAR TRAINED SAILOR REQUIREMENTS | INTERVIEWERS INITIALS |
|---|---|
| 1. Is member senior in rate qualified (<i>at a minimum</i>)? Time to qualify: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. How long has the member been senior in rate and/or watch supervisor qualified? Senior in Rate: _____ EWS/PPWS: _____ | |
| 3. Does member hold a supervisory NEC? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. Does member have a passing continuous training exam average over the past 12 months? Average: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5. Is the member a volunteer for nuclear instructor duty? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6. RX Dept Career Counselor/EDTA Name and Rank: | 7. RX Dept Career Counselor/EDTA Signature: |
| | 8. Date: |

| C. SPECIFIC NON-NUCLEAR TRAINED SAILOR REQUIREMENTS | INTERVIEWERS INITIALS |
|---|-------------------------------|
| 1. Has member completed required medical screening for assignment to a Naval Nuclear Power Program activity? If "no," will the gaining MTF accept? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. Medical Officer Name and Rank: | 3. Medical Officer Signature: |
| | 4. Date: |
| 5. Is member in proper dental class for PCS transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6. Dental Officer Name and Rank: | 7. Dental Officer Signature: |
| | 8. Date: |

D. SAILOR ACKNOWLEDGMENT OF NOMINATION

All of the information is certified to be true to the best of my knowledge. By signing this form, I acknowledge that I have been nominated to a Nuclear Power Program activity and I must maintain my suitability throughout my assignment to nuclear programs.

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|--------------------------|----------------------|----------|
| 1. Member Name and Rank: | 2. Member Signature: | 3. Date: |
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E. NUCLEAR TRAINED ENDORSEMENT

1. Master Training Specialist Instructor Recommendation *(include a personal interview statement from a Master Training Specialist.):*

2. Master Training Specialist Name and Rank:

3. Master Training Specialist Signature:

4. Date:

5. RDMC/EDMC Endorsement:

(A summary statement evaluating the applicant is required. Provide written recommendation from RDMC/EDMC indicating member's potential to perform and excel in a Nuclear Power Program activity billet.)

6. RDMC/EDMC Name and Rank:

7. RDMC/EDMC Signature:

8. Date:

F. COMMAND ENDORSEMENT

1. Are there any compelling reasons why Service member should not be transferred?

Yes No

2. Initial Certification *(upon nomination).*
Member meets all requirements. Signature required.

3. Re-certification *(within 5 working days of transfer).*
Member continues to meet all requirements. Signature required.

4. Command Endorsement:

(A summary statement evaluating the applicant is required. Provide written recommendation from the commanding officer/reactor officer (nuclear-trained surface sailors) indicating member's potential to perform and excel in a Nuclear Power Program activity billet.)

5. Commanding Officer/Reactor Officer Name and Rank:

6. Commanding Officer/Reactor Officer Signature:

7. Date: