

**EARLY CAREER TRANSITION PROGRAM (ECTP) RESERVE AFFILIATION SCREENING CHECKLIST**

NAVPERS 1910/33 (04-2011)

Supporting Directive MILPERSMAN Article 1910-101

PRIVACY STATEMENT: The Authority to request this information is contained in 5 USC 301 Departmental Regulations. The information will be used to assist officials and employees of the Department of the Navy in determining your future duty assignment. COMPLETION OF THE FORM IS MANDATORY. Failure to provide required information may result in delay in response to, or disapproval, of your request.

1. NAME:	2. RATE:	3. DESIRED TRANSITION DATE:
4. EAOS:	5. PROPOSED NAVY RESERVE ACTIVITY:	

**SECTION A: GENERAL CRITERIA**

INTERVIEWER'S INITIALS

1. Is member recommended for retention on most recent evaluation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
2. Does member meet all eligibility requirements for ECTP?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
3. Is member eligible for an affiliation bonus per the current NAVADMIN?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
4. Does member have 3 or more physical fitness assessment failures within the past 48 months? HT _____ INCHES      WT _____ POUNDS      BF% _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
5. Is member currently frocked? (Must request permission through Reserve Enlisted Programs and NEAS Branch (PERS-812) to retain pay grade). Refer to BUPERSINST 1430.16.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
6. ADMIN OFFICER'S NAME AND RANK:	7. ADMIN OFFICER'S SIGNATURE:	8. DATE:	

**SECTION B: MEDICAL/DENTAL SCREENING**

1. Is member physically qualified to be retained on active duty? Ref: NAVMED P-117 Manual of the Medical Department.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
2. Is member worldwide assignable? Ref: BUMEDINST 1300.2A.      Last PHA completed on _____ .	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
3. MEDICAL OFFICER'S NAME AND RANK:	4. MEDICAL OFFICER'S SIGNATURE:	5. DATE:	

**MEMBER CERTIFICATION**

ALL OF THE ABOVE INFORMATION IS CERTIFIED TO BE TRUE TO THE BEST OF MY KNOWLEDGE.

1. MEMBER'S NAME AND RANK:	2. MEMBER'S SIGNATURE:	3. DATE:
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**COMMAND CO/XO/OIC/COS/DIRECTOR ENDORSEMENT**

1. Are there any compelling reasons why Service member should not be accepted for affiliation into the Navy Reserve?

YES

NO

ENDORSEMENT OF THIS SCREENING REPRESENTS FULL RECOMMENDATION OF THIS CANDIDATE BY TRANSFERRING COMMAND. ALL INFORMATION IS CERTIFIED TO BE TRUE TO THE BEST OF MY KNOWLEDGE.

2. Command Endorsement: (A summary statement evaluating the applicant is required. Provide written recommendation from Commanding Officer indicating member's potential to perform and excel in the Navy Reserve.)

3. Command endorsement for Reserve Affiliation. There is no need to forward this checklist.

APPROVE

DISAPPROVED

4. NAME AND RANK:

5. SIGNATURE:

6. DATE:

RE-CERTIFY WITHIN 5 WORKING DAYS OF TRANSITION TO ENSURE MEMBER CONTINUES TO MEET ALL REQUIREMENTS. If there are any adverse changes, notify CTO at (Phone) 901-874-4108 or (E-mail) [cto.enlisted@navy.mil](mailto:cto.enlisted@navy.mil).

FINAL APPROVAL

FINAL DISAPPROVAL

NAME AND RANK:

SIGNATURE:

DATE: