

APPENDIX C

<b>TRAINING OFFICER'S CHECKLIST</b> <i>(ER 350-1-416)</i> <b>(ATTACH TO THE FRONT OF THE APPLICATION PACKAGE)</b>	
APPLICANT'S NAME <i>(Last, First, Middle) (Type or print)</i>	TRAINING PROGRAM
TITLE, SERIES, GRADE	CAREER PROGRAM
REVIEW APPLICANT'S LONG-TERM TRAINING PACKAGE TO ASSURE THAT THE FOLLOWING INFORMATION IS PROVIDED AND ARRANGED IN THE ORDER INDICATED BELOW. VERIFY WITH A CHECK MARK BY EACH ITEM CONTAINED IN THE APPLICATION PACKAGE.	
<b>PART I - COMMANDER</b>	
1. <input type="checkbox"/> COMMANDER'S LETTER OF ENDORSEMENT	2. <input type="checkbox"/> REQUEST FOR WAIVER <i>(if required)</i>
<b>PART II - APPLICANT</b>	
SECTION A	SECTION B
1. <input type="checkbox"/> DD FORM 1556 WITH SIGNED CONTINUED SERVICE AGREEMENT	1. <input type="checkbox"/> DESCRIPTION OF CURRENT DUTIES/RESPONSIBILITIES
2. <input type="checkbox"/> PROGRAM OF STUDY	2. <input type="checkbox"/> DA FORM 2302, CIVILIAN PERSONNEL QUALIFICATION RECORD
3. <input type="checkbox"/> EVIDENCE OF APPLICATION TO THE TRAINING FACILITY	3. <input type="checkbox"/> TWO MOST RECENT DA FORMS 5398 <i>(or 5398 R)</i> , CIVILIAN PERFORMANCE RATING, WITH INDIVIDUAL DEVELOPMENT PLAN SECTION COMPLETED.
4. <input type="checkbox"/> REASON FOR SELECTION OF INSTITUTION <i>(MRGP only)</i>	
5. <input type="checkbox"/> RELEVANCE OF LTT TO CURRENT AND/OR PROJECT ASSIGNMENT	
6. <input type="checkbox"/> SIGNATURE AND DATE	
7. <input type="checkbox"/> SF 181 <i>(Original Package only)</i>	
<b>PART III - IMMEDIATE SUPERVISOR</b>	
1. <input type="checkbox"/> STATEMENT EXPLAINING HOW NEED FOR TRAINING WAS DETERMINED	3. <input type="checkbox"/> STATEMENT OF SUPPORT FOR THE APPLICANT
2. <input type="checkbox"/> STATEMENT JUSTIFYING THE REASON TRAINING CAN NOT BE DONE THROUGH AFTER-HOURS, PART-TIME OR SHORT-TERM TRAINING	4. <input type="checkbox"/> SIGNATURE, TITLE, TELEPHONE NUMBER, OFFICE SYMBOL AND DATE
<b>PART IV - CAREER PROGRAM MANAGER</b>	
1. <input type="checkbox"/> APPENDIX F, CAREER PROGRAM MANAGER'S ASSESSMENT	
<b>PART V - TRAINING OFFICER</b>	
1. <input type="checkbox"/> APPENDIX D, COST ESTIMATE	2. <input type="checkbox"/> APPENDIX C, TRAINING OFFICER'S CHECKLIST

REMARKS

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TRAINING OFFICER'S NAME AND TITLE <i>(Type or print)</i>	TELEPHONE <i>(Commercial)</i>
SIGNATURE	DATE SIGNED