

**Marine Corps Physical Fitness Programs
STAFF SCREENING CHECKLIST**

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. § 5041, Headquarters U.S Marine Corps, and E.O. 9397 (EDIPI)
PRINCIPAL PURPOSE: To collect information necessary to determine if a Marine meets eligibility requirements to become an Instructor at one of the Marine Corps Physical Fitness Program’s School Houses (i.e. Force Fitness Readiness Center/Martial Arts Center of Excellence/Marine Corps Water Survival School) or an inspector at Human Performance Branch.
ROUTINE USE: Information collected on this form will be shared with the prospective applicant’s chain of command and the Director, Martial Arts & Fitness Center of Excellence/Marine Corps Water Survival School.
RETENTION: Marine Corps Physical Fitness Programs Staff Screening Checklist forms are used and properly archived according to Marine Corps Orders pertaining to the appropriate storage of records.
DISCLOSURE: Providing information on this form is voluntary. Failure on your part, however, to answer all questions, or any misrepresentation (by omission, concealment, or by misleading, false, or partial answers) may result in ineligibility at one of the Marine Corps Physical Fitness Program billets.

PURPOSE: To ensure Marines qualify for instructor or inspector duty at Human Performance Branch/Martial Arts & Fitness Center of Excellence/Marine Corps Water Survival School.

INFORMATION: Marine Corps Physical Fitness Program billets are demanding and rewarding assignments. These Marines are directly responsible for educating the force in overall health, strength, and fitness while integrating the Marine Corps martial arts, water survival, general and occupational fitness, nutrition, and Sports Medicine and Injury Prevention programs in order to improve the overall combat readiness of individual Marines and units. In order to ensure the Marine Corps Physical Fitness Program billets are equipped with the best inspector and instructor cadre possible, it is necessary that parent commands thoroughly screen their applicants accordingly.

ACTION: The completed Marine Corps Physical Fitness Program Staff Screening Checklist must be routed through the Career Planner to the Enlisted Assignment Branch (MMEA).

| | | |
|--|---------------|-------------|
| Applicant’s Name (Last, First, MI): | Rank: | DOR: |
| Unit: | EDIPI: | MOS: |

Applicant Education Level

| | | |
|-----------|---|--|
| 1. | What is the applicant’s highest level of education completed? (i.e. High School Diploma, G.E.D, Some College, VoTech Program, Associates Degree, Bachelor Degree, Master Degree) | Major/Concentration: (if applicable) |
|-----------|---|--|

| Prerequisites | | Yes | No | Remarks |
|----------------------|---|--------------------------|--------------------------|----------------|
| 2. | Billet applying for: FFIT: <input type="checkbox"/> MAIT: <input type="checkbox"/> MCITWS: <input type="checkbox"/> Human Performance Branch Inspector: <input type="checkbox"/> | | | |
| | Certification: MAIT: <input type="checkbox"/> FFI: <input type="checkbox"/> MCIWS: <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Certification Date(s): | | | |
| 3. | Applicant meets the minimum obligated service to complete PCS/PCA orders? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | EAS: | | | |
| | DCTB: | | | |
| 4. | Successful completion of current grade level PME program? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. | Are there any existing family or financial hardships that would preclude this individual from this assignment? | <input type="checkbox"/> | <input type="checkbox"/> | |

| Prerequisites | | | | Yes | No | Remarks |
|--|---|------------|-------|--------------------------|--------------------------|---------|
| 6. | Current PFT and CFT in MCTFS. | PFT Score: | Date: | | CFT Score: | Date: |
| 7. | Does the applicant meet height/weight standards per the current version of MCO 6110.3__? | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7a. | Height: | Weight: | | Body Fat (if required): | | Date: |
| 8. | <p>Is the applicant medically qualified (current physical) to participate in the Marine Corps Physical Fitness Program? In full duty status?</p> <p>Date of physical:</p> <p>_____</p> <p>Medical provider printed name:</p> <p>_____</p> <p>Medical provider billet:</p> <p>_____</p> <p>Medical provider signature:</p> <p>_____</p> <p>NOTE: Must be signed and stamped by a medical officer, civilian healthcare provider, or independent duty corpsman.</p> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9. | Current promotion photo in OMPF? | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| <p>To be completed by the applicant's OIC or SNCOIC. Describe the Marine's leadership experience and why you believe he or she would be a good instructor and mentor for Marines from all elements of the Marine Air Ground Task Force. Additionally, describe how the Marine has implemented the specific program applying for in your unit.</p> | | | | | | |
| Print Name/Rank: | | | | Signature: | | Date: |

| Endorsements | | | | | | |
|--|--------------------------|-------------------------|--------------------------|--------------------------|-----------|------|
| Required Endorsements: The unit Sergeant Major or Senior Enlisted Advisor (SEA), and first O-5 commander or above must endorse this staff screening checklist. | | | | | | |
| Recommended | Not Recommended | Title | Print Name/Rank | | Signature | Date |
| <input type="checkbox"/> | <input type="checkbox"/> | Sgt Maj/ Unit SEA | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | CO (O-5 or above) | | | | |
| Marine Corps Physical Fitness Programs Use Only | | | | | | |
| | | | Yes | No | Remarks | |
| Applicant is qualified and recommended for instructor duty at the Human Performance Branch/Martial Arts & Fitness Center of Excellence or Marine Corps Water Survival School? | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Senior Enlisted Advisor | | Print Name | | Signature | | Date |
| | | | Yes | No | Remarks | |
| Applicant is qualified and recommended for instructor duty at the Human Performance Branch/ Martial Arts & Fitness Center of Excellence or Marine Corps Water Survival School? | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Deputy Director | | Print Name | | Signature | | Date |
| | | | Yes | No | Remarks | |
| Applicant is qualified and recommended for instructor duty at the Human Performance Branch/ Martial Arts & Fitness Center of Excellence or Marine Corps Water Survival School? | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Director | | Print Name | | Signature | | Date |