

**COLLEGE OF ENLISTED MILITARY EDUCATION (CEME)  
COMMAND SCREENING CHECKLIST**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. § 5041, Headquarters U.S. Marine Corps, and E.O. 9397 (EDIP1)

**PRINCIPAL PURPOSE:** Information is obtained to identify personnel who are assigned as students to a Staff Noncommissioned Officers (SNCO) Academy or College of Distance Education and Training (CDET) seminar. The collected information will be maintained in the Marine Corps Training Information Management System (MCTIMS) database or MarineNet for a CDET seminar.

**ROUTINE USE:** Information collected on this form may be shared outside the DoD for those specific purposes and listed organizations identified as DoD Blanket Routine Uses at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/Blanket-Routine-Uses/>.

**RETENTION:** Automated MCTIMS records are retained permanently.

**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 serve as a basis for denied assignment to the school you are requesting to attend.

**Purpose:** To ensure Marines attending a SNCO Academy or CDET seminar are fully qualified.

**Information:** PME schools are not screening institutions. In order to preclude students from being turned away upon arrival, it is necessary that parent commands ensure their Marines satisfy enrollment prerequisites set forth in MCO P1533.4\_ and this checklist.

**CEME Duty Status Waiver Request Information:** Students who desire to attend a SNCO Academy school in a limited duty or pregnancy status are required to complete the CEME Duty Status Waiver Request. Waiver request forms may be found at <https://www.usmcu.edu/ceme>.

**Submission Instructions:** The completed CEME Command Screening Checklist will be hand-carried to the SNCO Academy or delivered to the CDET Regional chief instructor for participation in a CDET seminar. The checklist will be destroyed upon completion of the course.

<b>Name (Last, First, MI):</b>		<b>Rank:</b>	<b>DOR:</b>
<b>EDIPI:</b>	<b>Component:</b> Active Reserve	<b>Primary MOS:</b>	<b>Unit:</b>
<b>Format:</b> Resident Seminar	<b>School:</b> Sergeants Career Advanced		<b>Class Number (ex. 1-22):</b>
<b>Academy Location:</b> Quantico Lejeune Pendleton Okinawa 29 Palms Hawaii			<b>Report Date:</b>

**All Students (Resident and Seminar)**

Prerequisites		Yes	No	N/A	Remarks
1.	Is the student the appropriate grade or select grade?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2.	Has the student successfully completed the applicable prerequisite online distance education program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>Note for 2:</b> If no, the student is not qualified to attend the SNCO Academy or CDET seminar. Prerequisites for courses are published annually via MARADMINs along with course dates. <u>Attach MarineNet completion certificate to this checklist.</u>					
3.	Does the student meet height/weight standards ? Height:            Weight:            BF:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4.	Is the Student exempt from weight and body fat limits?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4a.	Student's most current PFT and CFT recorded in MCTFS.	PFT Score: Date:		CFT Score: Date:	
4b.	Student must conduct a re-certification PFT 45 days prior to class report date. <b>(Active Duty Marines only)</b>	PFT Score: Date:			
4c.	S-3 verification of height, weight, and re-certified PFT Score.	<b>Print Name:</b>		<b>Digital Signature:</b>	

**Note for 4:** Marines who score 285 and higher on both the PFT and CFT are exempt from weight and body fat limits. Ref: MCO 6110.3\_.

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All Students (Resident and Seminar)						
Prerequisites		Yes	No	N/A	Remarks	
5.	Is the Marine afforded an additional 1 percent body fat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
6.	Is the student assigned to a body composition program and/or military appearance program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
<b>Note for 6:</b> If yes, the student is not qualified to attend the SNCO Academy or CDET seminar.						
7.	Is the student pregnant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
<b>Note for 7:</b> If yes, a waiver is required for SNCO Academy attendance.						
8.	Is the student assigned to limited duty?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
<b>Note for 8:</b> If yes, a waiver is required for SNCO Academy attendance.						
9.	Is the Marine formally assigned to Permanent Limited Duty or Expanded Permanent Limited Duty (EPLD)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
<b>Note for 9:</b> If yes, contact the respective SNCO Academy Deputy Director or CDET Regional Director to discuss facilities requirements. References: MARADMINs 0636/09 and 457/16						
10.	Are there any existing family or financial hardships that would preclude this student from completing the course?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
<b>Note for 10:</b> If yes, the student is not qualified to attend the SNCO Academy or CDET seminar.						
Resident Students Only						
Prerequisites		Yes	No	N/A	Remarks	
11.	Does the student possess appropriate uniforms for the course?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
<b>Note for 11:</b> Uniform requirements can be obtained from the MCU/CEME website. <a href="https://www.usmcu.edu/ceme">https://www.usmcu.edu/ceme</a>						
12.	Is the student physically capable of participating in the Marine Corps physical fitness program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Signature:	
	PHA Test Date: _____ PHA Due Date: _____				Stamp or National Provider ID#:	
<b>Note for 12:</b> COs/OICs shall ensure all personnel have a current PHA prior to participating in physical fitness program activities. Ref: MCO 6100.13A Must be signed and stamped by a medical officer, civilian healthcare provider, or independent duty corpsman.						
13.	<b>Complete only if 12 was answered no.</b> Is the student applying for the CEME Duty Status Waiver Request?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
<b>Note for 13:</b> If yes, the student must complete the CEME Duty Status Waiver Request. If no, the student is not qualified to attend a SNCO Academy school.						
Command Endorsements						
<b>Required Endorsements:</b> The command senior enlisted leader or unit senior enlisted leader (CSEL/USEL), and first O-5 commander or above in the prospective student's chain of command must endorse this command screening checklist.						
Approved	Disapproved	Title	Print Name	Signature	Contact #	Date
<input type="radio"/>	<input type="radio"/>	CSEL/USEL				
<input type="radio"/>	<input type="radio"/>	CO (O-5 or above)				

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**COLLEGE OF ENLISTED MILITARY EDUCATION (CEME)  
DUTY STATUS WAIVER REQUEST**

**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 attend a Staff Noncommissioned Officer (SNCO) Academy PME school in a limited duty or pregnancy status.

**ROUTINE USE:** Information collected on this form will be shared with the prospective student's chain of command and the CEME Director.

**RETENTION:** CEME 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. However, your failure to provide information will prevent participation in a SNCO Academy PME school.

**Purpose:** In accordance with CEME policy, students who desire to attend a SNCO Academy Sergeants School, Career School, or Advanced School in a limited duty or pregnancy status are required to complete this waiver request.

**Policy:** Prospective students must meet **ALL** of the conditions listed below to receive a duty status waiver:

1. Have documentation that the student will not be able to attend a SNCO Academy school in a full duty status before the next promotion board convenes for which they are in either the primary or above zone.
2. Not be eligible for a PME exemption per MARADMIN 663/16.
3. Have a physician-approved physical fitness plan.
4. Receive positive endorsement from first O-6 commander in chain of command.
5. Students must also document that they are unable to attend their respective CDET PME seminar before the next promotion board convenes for which they are in either the primary or above zone.

**Submission Instructions:** Scan the Command Screening Checklist and this waiver; submit to the CEME Director at CEME\_Waivers@usmcu.edu. Waivers must be received by CEME five working days prior to a school's convene date.

<b>Name (Last, First, MI):</b>			<b>Rank:</b>		<b>DOR:</b>
<b>EDIPI:</b>	<b>Component</b>	Active   Reserve	<b>Primary MOS:</b>		<b>Unit:</b>
<b>Format:</b>	Resident   Seminar	<b>School:</b> Sergeants   Career   Advanced		<b>Class Number (ex. 1-22):</b>	
<b>Academy Location:</b> Quantico   Lejeune   Pendleton   Okinawa   29 Palms   Hawaii					<b>School Report Date:</b>

**Prospective Students**

Question		Yes	No	Remarks
1.	Will the student be able to attend a SNCO Academy school in a full duty status before the next promotion board convenes for which they are in either the primary or above zone? -If yes, Marine is not eligible for waiver.	<input type="radio"/>	<input type="radio"/>	
<b>Note for 1:</b> Students in the below zone are not eligible for a duty status waiver.				
2.	Is the student eligible for a PME exemption per MARADMIN 663/16? (On an SDA tour, or completed an SDA tour within the last 12 months) - If yes, Marine is not eligible for waiver.	<input type="radio"/>	<input type="radio"/>	
3.	Did physician medically disqualify Marine from attending resident PME in a limited duty or pregnancy status (i.e., physician refused to approve physical fitness plan)? - If yes, Marine is not eligible for waiver.	<input type="radio"/>	<input type="radio"/>	
4.	Will the student be able to attend their respective CDET PME seminar before the next promotion board convenes, for which they are in either the primary or above zone? -If yes, Marine is not eligible for waiver.	<input type="radio"/>	<input type="radio"/>	

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<b>5. Anticipated return to full duty:</b>					
<b>6. Current or Previous FY Zone Dates</b>		<b>Above:</b>	<b>Zone:</b>	<b>Below:</b>	
<b>7. Required Justification:</b> If the student has met all of the above conditions for this waiver request, provide a narrative below that demonstrates that the student will <b>NOT</b> be able to 1) attend a CDET seminar before the next promotion board convenes, or 2) attend an SNCO Academy school in a full duty status before the next promotion board convenes					
<b>Command Endorsements</b>					
<b>Required Endorsements:</b> This waiver request must be endorsed by the following individuals in the prospective student's chain of command: battalion/squadron sergeant major, battalion/squadron commander, O-6 command level sergeant major, and O-6 commander. Waivers will not be considered if the O-6 commander does not recommend.					
<b>Recommended</b>	<b>Not Recommended</b>	<b>Title</b>	<b>Print Name</b>	<b>Signature</b>	<b>Contact #</b>
<input type="radio"/>	<input type="radio"/>	Battalion/Squadron Sergeant Major			
<input type="radio"/>	<input type="radio"/>	Battalion/Squadron Commander			
<input type="radio"/>	<input type="radio"/>	Sergeant Major (O-6 command level)			
<input type="radio"/>	<input type="radio"/>	Commander (O-6)			
<b>SNCOA Director's Endorsement</b>					
<b>Waiver Approved</b>	<b>Recommend Disapproval</b>	<b>Print Name</b>	<b>Signature</b>	<b>Date</b>	
<input type="radio"/>	<input type="radio"/>				
<b>CEME Director's Approval</b>					
<b>Waiver Approved</b>	<b>Waiver Disapproved</b>	<b>Print Name</b>	<b>Signature</b>	<b>Date</b>	
<input type="radio"/>	<input type="radio"/>				

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**COLLEGE OF ENLISTED MILITARY EDUCATION (CEME)  
PHYSICIAN-APPROVED PHYSICAL FITNESS PLAN**

**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 an alternate physical fitness to allow Marines in a limited duty and pregnancy status to participate in a SNCO Academy PME school. This form will provide a plan to modify physical training sessions to prevent injury or to allow recovery from a previous injury or physical limitation.

**ROUTINE USE:** Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), as implemented with DoD by DoD 6025.18R. Permitted uses and disclosures of PHI include, but are not limited to, treatment, payment, and healthcare operations.

**DISCLOSURE:** Providing information on this form is voluntary. However, your failure to provide information will prevent participation at SNCO Academy PME school.

**1. Purpose:** A physician's positive endorsement permitting a limited duty or pregnancy status Marines is required to attend a SNCO Academy PME school with specific physical training accommodations that will still allow the Marine to be educated on physical and mental wellness.

**2. Information:** PME schools are not screening institutions. In order to allow limited duty and pregnancy status Marines to attend a SNCO Academy PME school, parent commands must ensure their Marines satisfy enrollment prerequisites set forth in MCO P1533.4\_ and this physician-approved physical fitness plan.

**3. Submission:** The completed physician-approved physical fitness plan must be electronically delivered with the Duty Status Waiver Request to the CEME Director at CEME\_Waivers@usmcu.edu. Waivers will not be considered if this plan is missing or disapproved by the physician.

**4. Format:** This form is for SNCO Academy use only.

**Limited Duty and Pregnancy Status Limitations:**

These limitations will be briefed to academy personnel to ensure reasonable accommodations are made. Additionally, accurately capturing a Marine's physical limitations will eliminate the chances of aggravating the injury/medical condition while in a student status at the SNCO Academy. Physicians are encouraged to provide as much detail as possible. Do **not** reveal diagnosis, except for pregnancy. (References: NAVMED 6310/1 and HIPAA 1996)

	Yes	No		Yes	No		Yes	No
Must use crutches	<input type="radio"/>	<input type="radio"/>	Stair climbing	<input type="radio"/>	<input type="radio"/>	Contact sports	<input type="radio"/>	<input type="radio"/>
Must use cane	<input type="radio"/>	<input type="radio"/>	Prolonged standing in formations for more than _____ min.	<input type="radio"/>	<input type="radio"/>	Stand watches	<input type="radio"/>	<input type="radio"/>
Must use other: _____	<input type="radio"/>	<input type="radio"/>	Working parties for no more than _____ minutes per hour	<input type="radio"/>	<input type="radio"/>	<b>For Pregnancy Status only</b>		
Running	<input type="radio"/>	<input type="radio"/>	Push-ups	<input type="radio"/>	<input type="radio"/>	Member is _____ weeks pregnant		
Jumping	<input type="radio"/>	<input type="radio"/>	Pull-ups	<input type="radio"/>	<input type="radio"/>	EDD _____		
Marching	<input type="radio"/>	<input type="radio"/>	Sit-ups	<input type="radio"/>	<input type="radio"/>			
Drilling	<input type="radio"/>	<input type="radio"/>	Climbing	<input type="radio"/>	<input type="radio"/>			

**Special Instructions/Limitations:**

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This section outlines accommodations that still allow Marines to be educated on physical and mental wellness while in a student status at a SNCO Academy PME school. The intent of this list is to facilitate collaboration between the student and the Command Physical Training Representative (CPTR) and/or Force Fitness Instructor (FFI) to create physical training sessions that do not aggravate the injury/medical condition. The below list is not all encompassing, and physicians are encouraged to provide as much detail as possible. Do **not** reveal diagnosis, except for pregnancy. (References: NAVMED 6310/1 and HIPAA 1996)

	Yes	No		Yes	No		Yes	No
Upper body exercises -Not to exceed _____ lbs.	<input type="radio"/>	<input type="radio"/>	Elliptical	<input type="radio"/>	<input type="radio"/>	Jumping/Jump rope	<input type="radio"/>	<input type="radio"/>
Lower body exercises -Not to exceed _____ lbs.	<input type="radio"/>	<input type="radio"/>	Formation running	<input type="radio"/>	<input type="radio"/>	Swimming	<input type="radio"/>	<input type="radio"/>
Core exercises	<input type="radio"/>	<input type="radio"/>	Individual running	<input type="radio"/>	<input type="radio"/>	Row machine	<input type="radio"/>	<input type="radio"/>
Walking	<input type="radio"/>	<input type="radio"/>	Weight bearing running -Not to exceed _____ lbs.	<input type="radio"/>	<input type="radio"/>	Physical therapy exercises	<input type="radio"/>	<input type="radio"/>
Weight bearing walking -Not to exceed _____ lbs.	<input type="radio"/>	<input type="radio"/>	Bicycle	<input type="radio"/>	<input type="radio"/>	Other: _____	<input type="radio"/>	<input type="radio"/>

**Additional Information:**

**Known or Anticipated Medical/Physical Therapy Appointments During PME School**

Date	Time	Location

**Physician's Endorsement**

Approved	Disapproved	Signature	Stamp or National Provider #	Date	Phone
<input type="radio"/>	<input type="radio"/>				

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