

MARDET NAVSCOLEOD STUDENT CHECKLIST

VERSION 2 (June 2022)

1. Purpose. To ensure Marines executing permanent change of station orders to MARDET NAVSOLEOD are fully qualified to start training upon arrival.
2. Information. In order to prevent Marines from being placed on administrative hold upon arrival, it is essential that parent commands ensure their Marines are fully qualified and satisfy the minimum requirements in accordance with MCO 3571.2H.
3. Action. A signed copy of the completed checklist will be hand carried by the Marine upon check-in to MARDET NAVSCOLEOD. If a Marine does not meet all of the prerequisites, contact MARDET NAVSCOLEOD immediately in order to source a solution.

MARDET NAVSCOLEOD ORGANIZATIONAL MAILBOX
usn.eafb.navscoleodeglinfl.mbx.navscoleod-
mardetgysgt@us.navy.mil

NAME: _____ **GRADE:** _____ **TIG:** _____

COMMAND: _____ **Detachment Date:** _____

1. S-2 (Filled out by S-2 SNCO or Officer at Company/Bn/Squadron Level)

a. SNM has a Non-Disclosure Agreement (NDA) filed in DISS

Date: _____ YES/NO

b. SNM has a SCHEDULED SSBI/T5 OPM investigation YES/NO

(SSBI will be initiated upon check-in to an EOD Unit for OJT)
The Marine must not transfer to NAVSCOLEOD until a T5 investigation is opened

c. SNM out-processed in DISS YES/NO

Security Manager Signature: _____

Printed rank/name: _____ **Date:** _____

2. Medical Requirements (Filled out by Bn/Squadron Medical Officer/IDC)

- a. SNM has received mental health treatment in the last (6) months YES/NO
- b. SNM has received treatment by a non-military provider without referral in last (6) months YES/NO
- c. Completed Explosive Materials Handler Physical YES/NO
- d. Completed and signed Medical Examiner's Cert (OPNAV 8020/6) YES/NO
- e. Has SNM been on light/limited duty in last (6) months YES/NO
- f. Current injury or illness YES/NO
- g. AUTOMATED NEUROPSYCHOLOGICAL ASSESSMENT METRICS (ANAM)
YES/NO

If yes for a., b., e., or f., is SNM cleared for high risk training?

MO/IDC stamp/Signature: _____

Printed rank/name: _____ Date: _____

3. EOD Operations/Training Chief

- a. Meets physical fitness standards IAW NAVMC 1200.1 F YES/NO
1st Class PFT within 30 days prior to detaching.

Score: _____ Class: _____ Date: _____

- b. Meets height & weight requirements IAW MCO 6110.3 YES/NO
(Must be within (30) days of detach date)

HT: _____ WT: _____ MAX: _____ DATE: _____

- c. SNM is PME complete for current grade YES/NO
(Recommended)
Annual Training Requirements YES/NO
Sgt's Non-resident Course Date: _____ YES/NO
Sgt's Resident Course Date: _____ YES/NO
- d. SNM has current promotion picture YES/NO
(Recommended)
- e. NAVMC 11361 (EOD Screening Checklist) YES/NO
(Attach copy to checklist)
- f. SNM has required uniforms per MCO 1020.34H v2 YES/NO
(Will be inspected for serviceability and proper fit)

Ops/Training Chief Signature: _____

Printed rank/name: _____ Date: _____

4. EOD Chief/SNCOIC

- a. SNM changed marital status since screening YES/NO
of dependents: _____

b. SNM's spouse been briefed by EOD Officer/SNCO YES/NO/NA

c. Personal or financial issues that would preclude SNM from starting training within two weeks of check-in to NAVSCOLEOD YES/NO

After observing and screening SNM for a period of _____ months, I **Do/Do Not** recommend SNM to attend training at NAVSCOLEOD.

EOD Chief/SNCOIC remarks:

EOD Chief/SNCOIC Signature: _____

Printed rank/name: _____ **Date:** _____

5. CO/OIC:

This Marine **does/does not** meet the requirements listed in (MCO 3571.2H Appendix A.) or this checklist. If not, please explain below:

EOD Officer Signature: _____

Printed rank/name: _____ Date: _____