

OFFICER APPOINTMENT CHECKLIST

The following must be completed prior to executing the DA Form 71, OATH OF OFFICE:

Cadet seeking Appointment: (Last, First Mi.) _____

SSN: _____ Proposed Date of Appointment: _____

Host Program: _____

Academic Program: _____

___ Cadet is on a SECDEF signed officer nomination scroll authorizing appointment into:

1. Reserve of the Army for most Cadets Signed Date: _____
2. RA for Green to Gold ADO/CST Cadre/GBRs Signed Date: _____
3. AMEDD for 2LT's selected as Army Nurse or Medical Service Corps:
Signed Date: _____

___ Cadet is a United States Citizen.

___ Cadet requires no waivers. If a waiver(s) was required, it has been approved.
(Age, civil conviction, RE Code, dependency, etc.)

1. Type of waiver: _____ Approval Date: _____
2. Type of waiver: _____ Approval Date: _____
3. Type of waiver: _____ Approval Date: _____

___ Cadet has a qualified physical. Date: _____ (less than 2 years old)
Medical Exam (SF Fm 88 & 93) or DODMERB Fm 2351 and 2492, 2808 and 2807-1, and medical waiver (if applicable) on hand and ready for iPERMS.
(Cadet verifies medical condition has not changed since physical and is not currently on medical profile)

___ Cadet has completed all Military Science requirements. CLC, Military History, etc)

___ Cadet has a "SECRET" security clearance. Date Granted: _____

- MI branched Cadets – Top Secret initiated (Active Duty only)
- OD (EOD) Cadets – Top Secret initiated (Active Duty only)
- Cadet verifies he/she is not currently pending legal action or have a date to appear in court.

___ Cadet meets age requirements.

For use of this form, see USACC Reg 145-4 and 145-9. The proponent agency is ATCC-PAS

___ Cadet passed an Army APFT within 130 days of commission/meets AR 600-9.
1. APFT Date: _____
2. Ht: _____ Wt: _____ BF% _____ GO / NO GO
3. Memorandum from the PMS regarding compliance with height/weight standards and APFT results.

___ Cadet has taken and passed a Record Occupational Physical Assessment Test (OPAT)
1. Record OPAT Date: _____
2. Record OPAT Category: _____ (Heavy, Significant, Moderate)
3. Date OPAT Scorecard scanned and uploaded into iPERMS: _____

___ Bachelors Degree conferred _____ Date: _____

___ Urinalysis completed with a negative result within 90 days of commission.
1. Date of Urinalysis: _____
2. Date results received and verified: _____

___ If SMP, coordination for ARNG or USAR discharge has been made for the day prior to appointment. SMP Contract -DA Form 4824-R USAR or NGB Form 594-1 as applicable is on hand and ready for iPERMS.

___ If selected for commissioned service in the ARNG or USAR, provide the following:
1. LOA or VHR
2. UIC: _____
3. Paragraph: _____
4. Line Number: _____
5. Branch/AOC: _____

___ If required, Cadet meets minimum English Aptitude (ECL or OPI) for appointment.

I validate, as the appointment recommending and validation officer, that Cadet _____ (Last, First MI) meets all eligibility requirements for appointment.

NAME
RANK, BRANCH

Professor of Military Science

(Electronic Signature) (CAC Enable)