

Date: _____

Report Date: _____

From:

(RATE/RANK)	(NAME)	(SSN)	(RESERVE UNIT)
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To: RPD, NAS JRB, New Orleans, La

Via: _____
(RESERVE PROGRAM MANAGER)

Subj: ORDERS CHECKLIST

1. Service Member Responsibilities:

- A. Verify blocks 1- 16 _____ (include duties in Justification)
- B. Clearance memo submitted _____
- C. IDTT memo submitted _____
- D. Page 2 Request submitted _____ (Only if Page 2 required)
- E. Released from Active duty this year? YES/ NO
- F. Medical certification: I verify that I have not suffered injury or illness, or have conditions that would be aggravated by inactive duty training or active duty training. I will inform NAS JRB New Orleans of any such conditions arising prior to my report date for these orders, and will not execute these orders should circumstances change prior to my report date.

(Initial)

G. Conflict of interest statement: I understand that I am prohibited from representing anyone other than the United States in connection with matters in which the United States is a party or has interest and in which I am involved or gain knowledge of while on AT/ADT/IDTT. I am prohibited from using information obtained on AT/ADT/IDTT which would be of particular economic or business value to me or my civilian employer(s).

(Initial)

(RESERVIST SIGNATURE REQUIRED)

Forward signed copies of above with the completed portion of this checklist.

ENDORSEMENT:

1. Program Manager Responsibilities:

- A. Last PRT passed _____
- B. Annual update completed _____ (Oct or Apr)
- C. Vaccinations Required _____ (PPD, Anthrax, etc.)
- D. Annual Physical Required _____
- E. Dental check updated _____
- F. High Year Tenure this Year? YES/NO
- G. BCN Assigned _____
- H. Text Codes listed _____
- I. PTSTS/Program info listed _____
- J. IDTT drill dates confirmed _____
- K. Page 2 Requested completed _____
- L. Clearance Request completed _____

(PROGRAM MANAGER SIGNATURE)