

132 Fighter Wing
ALS APPLICATION CHECKLIST
OPR: CCC REF: 132FWI 36-2301

NAME: _____ RANK: _____ UNIT: _____ PAY DATE: _____

DAYTIME PHONE: _____

| | | Yes | No | N/A |
|-----|---|--------------------------|--------------------------|--------------------------|
| 1. | Applicant is a Technician and has been briefed and has accepted mandatory Military Status attendance of this course. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Applicant is an E-5 from another branch of service and is AFSC qualified without attending an in-residence course. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Applicant requests to attend Airman Leadership School. If yes, continue with sub questions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | a. Applicant has 48 months TIS prior to CSD or holds a 5-Skill level Primary AFSC with 42 months TIS prior to class start date. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | b. Applicant has 6 months retain-ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Applicant is on a physical profile | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Applicant has completed and passed Fitness Test and will remain current through CGD Date Test Completed: _____ Score: _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. | Dates desired: 1 st Choice _____ 2 nd Choice _____ https://rso.my.af.mil/afknprod/ASPs/CoP/OpenCoP.asp?Filter=OO-ED-AN-11 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Will you accept a short notice allocation? 2 week notice <input type="checkbox"/> 30 day notice <input type="checkbox"/> 60 day notice <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9. | I am the above named applicant's supervisor and approve this request. Signature: _____ Date: _____ Printed Name: _____ Supervisor's Extension: _____ | | | |
| 10. | I am the above named applicant's commander and approve this request. Signature: _____ Date: _____ Printed Name: _____ Commander's Extension: _____ Note: To be considered for EPME this form must be completed and submitted to the Group Selection Committee for consideration and selection to attend In-Residence EPME. | | | |