

132 Fighter Wing
NCOA 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-6 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 Non-Commissioned Officer Academy. If yes, continue with sub questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. Applicant is a SSG and has 96 months TIS prior to CSD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Applicant is a TSG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. It has been 2 years since applicant completed previous EPME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Member holds a 7-Skill level in Primary AFSC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Member has 6 months of retain-ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Applicant is on a physical profile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Applicant has completed and passed Fitness Test and will remain current through CGD Date Test Completed: _____ Score: _____	<input type="checkbox"/>	<input type="checkbox"/>	
6.	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"/>
7.	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"/>	
8.	I am the above named applicant's supervisor and approve this request. Signature: _____ Printed Name: _____ Supervisor's Extension: _____			
9.	I am the above named applicant's commander and approve this request. Signature: _____ 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.			