

APPENDIX K

ADVISOR/INSTRUCTOR PROFILE

1. Appropriate grade for course.

Course	Cadre Leader	Chief Instructor	Faculty Advisor
Corporals	Master Sergeant	N/A	Staff Sergeant
Sergeants	N/A	Gunnery Sergeant	Staff Sergeant
Career	N/A	Master Sergeant	Gunnery Sergeant
Advanced	N/A	Master Sergeant	Gunnery Sergeant or Master Sergeant

2. Physical Fitness and Body Composition. Conform to physical fitness and body composition standards as prescribed in MCO P6100.12.

3. Record does not indicate a trend concerning disobedience of orders or regulations, misbehavior, alcohol/drug abuse, domestic violence or substandard performance.

4. Does not have a history of financial instability.

5. Previous successful tour as an instructor preferred, but not required.

6. Must be able to conduct and supervise weapons and ammunition handling.

7. Higher education is desirable, but not a requirement. Significant qualifiers are as follows:

- Bachelor's degree (any subject).
- Master's degree (any subject).
- Currently enrolled in upper level college courses and pursuing a college degree.

**SNCO ACADEMY INSTRUCTOR SCREENING CHECKLIST**

NAME: _____ GRADE: _____				
UNIT: _____				
Prerequisites		Yes	No	Remarks
1	Appropriate grade? DOR: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____
2	Meets minimum obligated service to complete PCS/PCA orders? EAS: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____
3	Successful completion of appropriate grade level distance education program? Program: _____ Date completed: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____ _____
4	Are there any existing family or financial hardships that would preclude this individual from this assignment?	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____
5	Physically capable of participation in a progressive physical readiness program? Passed the PFT, per MCO P6100.12 within the current semi-annual period?  Date last PFT: _____ Score last PFT: _____ Run time: _____ Flex Arm Hang/Pull-ups: _____ Crunches: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
7	Meets height/weight standards per MCO P6100.12. Date of weigh-in: _____  Ht: _____  Wt: _____  BF% (if required): _____  Male 18% and Females 26%	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____ _____ _____ _____ _____ _____ _____

	Prerequisites (cont)	Yes	No	Remarks
8	*Medically qualified (current physical) to participate in a progressive physical readiness program and capable of handling live ammunition and fire arms? In full duty status? Date of physical: _____  Medical officer name: _____  Medical officer billet: _____  Medical officer signature: _____  <b>Note: Must be signed by a medical officer, civilian health provider, nurse practitioner, or independent duty corpsman.</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9	Capable of handling live ammunition and fire arms per the Lautenberg Amendment to the Gun control Act of 1968 (ALMAR 290/98).	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Preferred Assignment**

Quantico     Lejeune     Pendleton     Okinawa     29 Palms     Hawaii

I understand that, if I am selected as an instructor, I may be assigned to any SNCO Academy where a greater need exists rather than my preferred assignment.

\_\_\_\_\_  
Signature

Unit Sergeant Major                      Phone#                      Signature                      Date

Unit Commanding Officer                      Phone#                      Signature                      Date

SNCO ACADEMY USE ONLY			
	YES	NO	REMARKS
Marine qualified for instructor billet?	<input type="checkbox"/>	<input type="checkbox"/>	
Meets Deputy Director's standards for assignment?	<input type="checkbox"/>	<input type="checkbox"/>	
Meets Director's standards for assignment?	<input type="checkbox"/>	<input type="checkbox"/>	
DATE			
Forwarded to EPME for final action:	_____		
Director's / Deputy Director's signature:	_____		

**INSTRUCTOR PERSONAL INFORMATION SHEET**

**Personal Data**

Name: Last First Ini Rank:  
DOR: DOB:  
PEBD: MOS: Primary Alternate DCTB:  
DJPU:  
Home Address:  
City: State: Zip:  
Home Phone: Cell:

**Dependent's Information:**

Marital Status: Spouse's Name:  
Number of Dependent Children:

**Education:**

Level of Education: 8 9 10 11 12  
College Education: 1 2 3 4 5+  
Degree Level: Bachelor's Master's  
Major:

**PME Course Completed**

Nonresident Courses		Resident Courses	
Course Title	Date Completed	Course Title	Date Completed

**Other Formal Schools**

Course Title	Date Completed
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**"B" Billet Assignments**

Course Title	Date Completed
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