

NAVY JUNIOR RESERVE OFFICERS' TRAINING CORPS INSTRUCTOR CERTIFICATION APPLICATION

OMB CONTROL NUMBER: XXX-XXXX
OMB EXPIRATION DATE: XX/XX/XXXX

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, OMB-XXX-XXXX, is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of War, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE READ THE FOLLOWING STATEMENT REQUIRED BY THE PRIVACY ACT OF 1974 BEFORE SUBMITTING INFORMATION.

AUTHORITY: The authority to request this information is contained in 5 U.S.C. § 301 (Authorizing Departmental Forms and Regulations), Executive Order 9397 (Use of Social Security Numbers), 10 USC Chapter 102 (Junior Reserve Officers' Training Corps), OPNAVINST 5761.1 (Navy Junior Reserve Officers Training Corps (NJROTC) and Navy National Defense Cadet Corps Programs (NNDCC)), and NSTC M-5761 Series (Regulations for Citizenship Development (RCD)), as amended.

PRINCIPAL PURPOSE(S): The information provided will be used to evaluate whether the applicant qualifies for certification as an NJROTC/NNDCC Instructor. If certified, the information will be used by the Navy in its management of the NJROTC/NNDCC program(s). The following systems of records notices cover the collection of this information: N01533-1, located at <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570325/n01533-1/>, and N01533-2, located at <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570326/n01533-2/>.

ROUTINE USE(S): Information provided on this form will be used to screen and select individuals to be certified as NJROTC/NNDCC Instructors, to maintain data on the NJROTC/NNDCC program, and by officials, employees and contractors within the Department of War (DoW) and the Department of the Navy who are involved with the administration of the NJROTC & NNDCC Program and by other such personnel within the Navy and other DoW components who have a need to know the information in the performance of their official duties. Information you provide in this application is protected by the Privacy Act and will not be released outside of the Department of War without your permission unless it comes with an exception to the Act or one of the routine uses in 32 C.F.R. § 701.112, <https://www.navy.mil/privacy.asp> and the routine uses set forth here.

DISCLOSURE: Providing the requested information is voluntary. However, failure to do so may result in our inability to process your application for the NJROTC/NNDCC program. The social security number (SSN) is required at the time of application to ensure proper identification of the applicant. There are times when applicants have the same name(s), therefore the SSN is required to ensure proper identification.

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ALL APPLICANTS: Eligibility requirements to apply for certification, can be found in NSTC M 5761.1B Chapter 4 or at the website: <https://www.netc.navy.mil/Commands/Naval-Service-Training-Command/NJROTC/Instructor-Application-Process/>

**For instructions on how to submit a completed certification package, email
njrotc_instructor_application@us.navy.mil**

In addition to the application below, the certification packages will include:

Copy of DD-214 or Statement of Service

Copy of Degree and Transcripts (if applicable)

Full length Photo: Must be 4" x 6" with neutral background and taken within the last year

- 1) Navy: E-5 to E6: Navy Service Uniform; E-7 to O6: Khaki Service Uniform;
- 2) Marine Corps: Service Bravo or Service Charlie Uniform
- 3) Coast Guard: Tropical Blue Service Uniform

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Applicant must complete all parts

PART 1 - BASIC INFORMATION

Name (Last, First, Middle Initial):

SSN:

Sex:

Rate/Rank:

Branch (USN, USNR, etc):

Pay Entry Base Date:

Retirement/EAS date:

Years of Service:

Telephone: Home: _____ Work: _____ Cell: _____

Mailing Address:

Street:

City:

State:

Zip+4:

Personal Email Address:

Desired State of Employment:

PART 2 - EDUCATION

Colleges Attended: (Name, City, State)	Major	Years Attended	Degree	Date Completed

PART 3 - INSTRUCTOR EXPERIENCE

Instructor Duty or Experience (type)	Location	From (MM/YYYY)	To (MM/YYYY)

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PART 4 - MISCONDUCT

1. Have you had nonjudicial punishment (NJP) imposed on you?	Yes	No
2. Have you ever been convicted of a criminal charge in any civilian court, involving a child victim or sexual offenses?	Yes	No
3. Have you ever been convicted of a criminal charge under the Uniform Code of Military Justice (UCMJ), involving a child victim?	Yes	No
4. Is there any evidence of an act or acts that tend to indicate poor judgement, unreliability, or untrustworthiness in providing childcare services?	Yes	No
5. Has evidence been brought against you of a past or present dependency or improper use, possession, or addiction of any controlled or psychoactive substances, narcotics, cannabis, or other dangerous drugs?	Yes	No
6. Have you ever been the subject of a civil adjudication, administrative proceeding, or family advocacy program (FAP) determination involving child abuse or neglect?	Yes	No
7. Have your parental rights ever been terminated by a civil court?	Yes	No
8. Have you ever been found negligent in a civil or administrative proceeding concerning the death or serious injury of a child or dependent person entrusted to your care?	Yes	No
9. Have you been arrested, charged, convicted or pled guilty to an offense involving sexual misconduct, domestic violence, or lewd behavior for any crime involving a child in any court or tribunal?	Yes	No

IF YOU HAVE ANSWERED YES TO ANY OF THE QUESTIONS IN PART 4, PLEASE PROVIDE THE NATURE AND DISPOSITION OF THE CHARGE AND OTHER RELEVANT INFORMATION IN PART 7 (REMARKS).

PART 5 - CIVILIAN EMPLOYMENT

Employment since leaving the service:

Employer Name and Address	Job Description	From (MM/YYYY)	To: (MM/YYYY)
Present Supervisor's Name and Title	Email:	Phone:	

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PART 6 – PERSONAL DATA

This section must be signed and stamped by a healthcare professional or Command Fitness leader (CFL) or Assistant Command Fitness Leader (ACFL)

Height: _____ inches	Weight: _____ lbs
Waist Measurement (at umbilicus/belly button): _____ inches	
Waist-to-Height ratio (waist/height): _____ ratio	
Body Composition (Body Fat Percentage) : _____ % **Refer to BCA Guide 4 – Table 2 for males/Table 3 for females**	
BCA Status:	Within Standards (WS) Not Within Standards (NWS)
Print Name/Rate:	Signature:
	Date:

NOTE: This application is signed under penalty of perjury, as permitted by United States Code (18 U.S. Code § 1621). Any individual found to have committed perjury by false statement or any false written testimony, declaration, or certification on this application is subject to fine or imprisonment for not more than five years, or both. This section is applicable whether such statement is executed within or without the United States. **Please initial next to each statement.**

	I authorize the release of my military personnel file to Naval Service Training Command to review for certification consideration.
	I understand that I am responsible for contacting the Navy Junior Reserve Officers' Training Corps Area Manager to schedule the required information discussion. This session must be completed prior to the Instructor Certification Board's convening date. Name of Area Manager: _____ Date: _____
	I understand that certification is contingent upon successful completion of all required background checks and continued eligibility under applicable Department of War child and youth program suitability requirements.
	I declare (certify, verify, or state) under penalty of perjury that the foregoing information is true and correct.
Print Name/Rate:	Signature:
	Date:

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PART 7 - REMARKS