

SAMPLE APPLICATION LETTER FOR SPECIALTY CAREER PATH - EDUCATION  
AND TRAINING MANAGEMENT SUBSPECIALTY

Date

From: (Rank, Name, Designator)  
To: Commander, Naval Education and Training Command (N521)  
Via: Commanding Officer

Subj: REQUEST FOR SPECIALTY CAREER PATH DESIGNATION FOR  
EDUCATION AND TRAINING MANAGEMENT SUBSPECIALTY

Ref: (a) MILPERSMAN 1301-233  
(b) CNO WASHINGTON DC 241300Z (NAVADMIN 095/19)

Encl: (1) Fitness Reports (blacked-out SSN)  
(2) Detailer Statement

1. I have read and understand the provisions of references (a) and (b). Per reference (a), enclosures (1) and (2) are submitted for consideration for the Specialty Career Path (SCP) designation for the Education and Training Management Subspecialty (ETMS) mission area. I have contacted my detailer to ensure that I am eligible and that assignment to this program will meet my career and community needs, and Navy requirements as evidenced by enclosure (2). Additional information required in the request is provided below:

a. Aviation (1310/1320) - Completion, Non-Select for the second time, or Opt Out Date of Aviation Department Head. Submarine Warfare - Date of Submarine Executive Officer final look. Surface Warfare - Completion of first Department Head tour or completion of 18 months or longer of a single Department Head tour. Provide only the information applicable for your community.

b. Active Duty Commissioning Date and Source:

c. Date of Original Commissioning: (DD\MM\YR)

d. Pay Entry Base Date: (DD\MM\YR)

e. Arrival Date at Current Duty Station:

f. Projected Rotation Date:

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g. Date of Rank:

h. Bonus Payment Information (Type and end date of obligation if currently receiving payment for Aviation, Submarine, or Surface bonus.)

i. Field of Study and Degree(s) Awarded (Undergraduate and Masters Programs):

i. Subspecialty Code(s) Earned and Date Earned:

j. Education and/or Training Management Experience (Provide information on experiences if applicable):

k. Reason(s) Requesting Acceptance in the SCP with an ETMS Additional Qualification Designator:

l. Contact Information (phone and email address):

2. I understand that, upon acceptance, this application is binding, and thereupon I shall be ineligible for consideration for, or tours as (if already screened), traditional USN, Commanding Officer. I have also read reference (a) in its entirety and will comply with its guidelines.

Signature  
INITIALS LAST NAME  
Rank USN