



CN/CNavy Command Fitness Leader Course Application

CONUS DATE AND LOCATION OF COURSE:

CDP:

NAME OF CFL/ACFL REQUIRING TRAINING:

Last: First: MI:

Rank/Rate:

DODID#:

E-Mail address:

*(Please provide an email address you wish to be contacted.
Failure to provide a working email will result in you not receiving
important information regarding the course).*

Applicant's Signature:

Date:

Complete Command's Mailing Address:

CONTACT TELEPHONE NUMBERS

Commercial:

DSN:

Cell:

Command UIC Number:

When were you assigned to this CFL/ACFL position? Month: Year:

Name of Command CMC/ SEA/COB or Senior Enlisted Leader:

Name:

Phone:

Email Address:

Command CMC/ SEA/COB or Senior Enlisted Leader Signature:

Date:

As per OPNAVINST 6110.1J, I meet the following requirements: (No exceptions):

- | | |
|--|---|
| <input type="checkbox"/> E-6 or Above preferred | <input type="checkbox"/> Non-user of tobacco products |
| <input type="checkbox"/> Overall PFA performance of "EXCELLENT" or better | <input type="checkbox"/> CPR Certified |
| <input type="checkbox"/> 1% below the graduated BCA Standard (see Op Guide 4/BCA Table) | <input type="checkbox"/> Current Physical Exam/PHA |
| <input type="checkbox"/> No medical waivers for any portion of the PFA for course attendance | |

Commanding Officer/Approving Official:

I certify that the above individual meets the above requirements in accordance with OPNAVINST 6110.1J

Name, Title, Rank:

(Please print or type)

Signature: _____

Date: _____

PRIVACY ACT STATEMENT

GENERAL: This information is pursuant to Public Law 93-570 (Privacy Act of 1974), for individuals completing Federal nominations for training. AUTHORITY: The Government Employees Training Act of 1958 (U.S. Code, Title 5, sections 4101 to 4118). PURPOSES AND USES: Information on this form is used in the administration of the NPC MWR Training Program. The purpose of this form is to document the nomination and selection of trainees. EFFECTS OF NONDISCLOSURE: Personal information in this form is given on a voluntary basis. Failure to provide this information, however, may result in ineligibility for participation in training programs. INFORMATION REGARDING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 93-679, SEC 7b: Disclosure by you of your Social Security Number (SSN) is mandatory to obtain the training you are seeking. Solicitation of the SSN is authorized under the provisions of Executive Order 9397, dated Nov 22, 1943. The information gathered through the use of the SSN will be used only as necessary in training administration processes carried out in accordance with established regulations. The SSN will also be used for the selection of personnel to be included in statistical studies of training management matters. The use of the SSN is made necessary because of large numbers of Federal employees who have identical names and birth dates, and whose identities can only be distinguished by the SSN.