

INSPECTION – PART C
TRAINING

C. Training	Value	Yes	No	N/A
1) Has the Recreation Services Officer attended the required three-day Afloat Recreation Program Management Course?	3			
The RSO is required to attend the CNIC Afloat Recreation Program Management Course prior to, or within 30 days of, being assigned to the position. Reference (a) chapter 1, paragraph 6.				
2) Has the Recreation Fund Custodian attended the required three-day Afloat Recreation Program Management Course?	3			
The RFC is required to attend the CNIC-required Afloat Recreation Program Management Course prior to, or within 30 days of, being assigned to the position. Reference (a) chapter 1, paragraph 6.				
3) Does the RFC or RSO know who to contact in the Region, the TYCOM or at CNIC in case they have any fund or program related questions?	0			
DFSCs are located at major fleet concentration ports world-wide, and are employees of the Region or installation at which they are located. DFSCs provide direct support to fleet units in all aspects of shipboard recreation programs and administration. Reference (a) chapter 1, paragraph 2.				

**Commander, Navy Installations Command (CNIC)
Afloat Recreation Program Management
Course Registration Form**

The Afloat Recreation Program Management (ARPM) Course is designed to provide the skills and knowledge required to run a shipboard recreation program. This course also outlines steps necessary to prepare for a successful CNIC Afloat Recreation Fund Inspection. Per CNICINST 1710.5, the Recreation Services Officer and Recreation Fund Custodian are required to attend the ARPM Course prior to, or within 30 days of appointment.

COURSE DATES:

***Check appropriate box above**

Name of Participant: _____

Command: _____ PRD: _____

E-Mail Address: _____

Phone: _____ DSN: _____

Command Designation: Recreation Services Officer (RSO). Must be E7 or above.
 Recreation Fund Custodian (RFC). Must be E7 or above.
 Fiscal Oversight Board (FOB)
 CNIC Afloat Specialist (Fun/Fit)
 OTHER: _____

Date of Designation: _____ OR I have not yet turned over and accepted position.

Supervisor Name: _____

Supervisor E-mail: _____

Supervisor Phone: _____ DSN: _____

Command approves and acknowledges above participant will be attending the 3-day ARPM Course.

Commanding Officer or Executive Officer (Digital Signature or Print, Sign & Date)

Please return registration form with COMMAND APPROVAL to:



Department of the Navy



This is to certify that

_____ has satisfactorily completed

AFLOAT RECREATION PROGRAM MANAGEMENT

Given by
Commander Navy Installations Command
Fleet & Family Readiness Training (N947)

DATE

NAME OF INSTALLATION

CNIC FFR Training Branch

FACILITATOR

CNIC FFR Deployed Forces Support