



DEPARTMENT OF THE NAVY

HAMPTON ROADS CONSORTIUM
NAVAL RESERVE OFFICER TRAINING CORPS
5214 BLUESTONE AVE
NORFOLK, VA 23529-0120

HRNROTCINST 1533.9C
CO/Ser 111
15 Apr 2025

HRNROTC INSTRUCTION 1533.9C

From: Commanding Officer, Naval Reserve Officers Training Corps Unit, Hampton Roads

Subj: HAMPTON ROADS NROTC ACCEPTANCE PROCEDURES AND CRITERIA FOR
COLLEGE PROGRAM (BASIC COURSE) STUDENTS

Ref: (a) NSTC M-1533.2 (Series)
(b) OPNAVINST 6110.1 (Series)
(c) MCO 6100.13

Encl: (1) HRNROTC College Program DOR Form
(2) HRNROTC College Program Application Checklist
(3) NSTC 1533/133, NROTC College Program Application
(4) NSTC 1533/101, NROTC Drug Statement
(5) NSTC 1533/153, NROTC Drug and Alcohol Understanding
(6) DD2807-2, Report of Medical History
(7) HRNROTC Physical Readiness Test Acknowledgment Statement
(8) Entrance PRT Self-Assessment Sheet
(9) Uniform Fitting Sheet
(10) NROTCCHR 1533/5 Privacy Act Statement

1. Purpose. These procedures formalize the application and acceptance process for the Naval Reserve Officers Training Corps (NROTC) College Program (Basic Course) per reference (a).

2. Cancellation. NROTCUHRINST 1533.9B.

3. Background.

a. The NROTC College Program exists for college students who wish to serve their country as commissioned officers, but who have not been awarded any form of a NROTC scholarship. College Program students are selected from those who have applied for enrollment at NROTC Unit Hampton Roads and sign a contract in which they agree to complete certain Naval Science courses, New Student Orientation (NSO), and one summer training period (if selected for a Scholarship or Advanced Standing). NSO is conducted in the summer upon entry into the first semester of the program. During the first two years in the College Program (Basic Course), students have the status of civilians who have entered a contract with the Navy. During this period, they may hold concurrent status in the reserve component of any branch of service. To be

eligible to apply for a scholarship or the College Program (Advanced Standing), they must have a signed conditional release from their Reserve Unit. The Navy provides all College Program students, both Basic Course and Advanced Standing, with uniforms and Naval Science textbooks during their time in the program. An NROTC student, upon graduation and completion of Naval Science requirements, is commissioned as an Ensign in the Navy or as a Second Lieutenant in the Marine Corps. Failure to be selected for a scholarship or the College Program (Advanced Standing) by the beginning of junior year will result in disenrollment from the NROTC program.

b. NROTC Unit Hampton Roads consortium is a four-year Navy or Marine Corps officer training program consisting of Old Dominion University (ODU), Norfolk State University (NSU), and Hampton University (HU) with headquarters at ODU. The consortium also has cross-town agreements with Tidewater Community College (TCC), Regent University (RU), Virginia Wesleyan University (VWU), the College of William and Mary (W&M), and Christopher Newport University (CNU). Students attending any of the universities within the consortium, including the cross-town universities, are eligible for participation. TCC students are required to transfer to NSU or ODU prior to the start of their junior year.

c. The primary objective of the NROTC College Program is to educate and train students for commissioning as officers in the United States Navy or Marine Corps. Navy midshipmen graduating from NROTC are eligible to serve in any of the unrestricted line warfare specialties. Marine midshipmen graduating from NROTC are eligible for any Marine Officer career field.

d. If accepted into the NROTC College Program, students will be issued the uniform of a midshipman, to be worn to lab period or other designated times. Students will be required to enroll in and complete the appropriate Naval Science courses (one three- hour credit course per semester, totaling 8 courses), participate in NROTC drill (one, one-hour lab period per week) and attend all Battalion activities, including physical fitness sessions.

e. The NROTC College Program is a non-scholarship commissioning program that may lead each student down one of two tracks. Both programs are competitive and only a select number of students will be selected for either program:

(1) Scholarship Program: A military advisor will work with each student to ensure the requirements for the scholarship program are met. Students who do not possess the potential for meeting the scholarship program's requirements are not admitted into the College Program (Basic Course). Two semesters of calculus and two semesters of physics are required if accepted for the scholarship program. Students offered a scholarship must either accept the scholarship or be disenrolled from the unit.

(2) College Program (Advanced Standing): For students not selected for scholarship, the College Program (Advanced Standing) provides the opportunity to continue with the NROTC

program after sophomore year. If selected, students will earn a commission without the financial benefits of a NROTC scholarship.

4. Action. When an existing student inquires about the NROTC College Program, they will complete an application in accordance with section 8 of this instruction. The Recruiting Officer or Officer-in-Charge (OIC) will review all applications from any student desiring to become a College Programmer for completeness and submit it to the chain of command along with all other applications received prior to the university's semester application deadline. A special focus will be given to those pursuing Tier 1 or Tier 2 majors per reference (a) Chapter 3. If a student is admitted as a College Program midshipman and no longer wishes to remain in the program, enclosure (1) accompanied by a Special Request Chit (SRC) requesting permission in writing from the CO is required. For additional Drop-on-Request (DOR) guidance refer to reference (a) Chapter 6.

5. College Program Eligibility Requirements. To be eligible to participate in the College Program, a student must:

a. Be a United States citizen, naturalized U.S. citizen, or have submitted naturalization papers. Applicants with dual citizenship may apply and if selected for a scholarship or the College Program (Advanced Standing), must acknowledge that they are prepared to renounce their non-U.S. citizenship should they be required to do so.

b. Have no moral obligations or personal convictions that will prevent bearing of arms and supporting and defending the Constitution of the United States against all enemies, foreign and domestic or to taking an oath to perform such acts.

c. Be at least 17 years of age and not yet 23 on or before 1 September of the year of enrollment and less than 27 years of age upon commissioning. Those with prior or current active duty in the Armed Forces may be granted age waivers equal to the number of months served.

d. Have the ability to meet Navy and Marine Corps height/weight requirements.

e. Possess a high school diploma or equivalent certificate.

f. Be accepted for admission as a full-time student at ODU, NSU, HU, RU, VWU, W&M, CNU, or TCC.

g. Have no felony conviction or conviction by courts-martial.

h. Not be awaiting criminal trial or sentencing, be under any other type of military or civil restraint as a result of violation of law or regulation or have been convicted of an offense the nature of which renders the applicant unfit for commissioned service.

i. Have no body piercings or tattoos that violate Navy (Navy Uniform Regulations) or Marine Corps (Marine Corps Tattoo) policy, as applicable.

j. Have no apparent physically disqualifying factors based on a review of the Report of Medical History DD Form 2807-2.

k. Meet DoN requirements concerning use of drugs or alcohol in accordance with OPNAVINST 5350.8 (series). Each student, as part of the application process, shall sign the Drug and Alcohol Statement of Understanding NSTC 1533/153.

l. Have more than two years of college coursework remaining until degree conferral.

m. Complete and sign Drug Statement for Naval Reserve Officer Corps Application NSTC 1533/101.

6. Scholarship and College Program (Advanced Standing) Transition Requirements. Selection for a scholarship or acceptance into the College Program (Advanced Standing) is required prior to the beginning of junior year to continue in the NROTC program. Failure to be selected for either of these programs before the start of junior year will result in disenrollment from the NROTC program.

a. Scholarship Program: College Program (Basic Course) students in good standing become eligible for a full scholarship after completion of one to two semesters of college level courses. Scholarships are awarded by either NSTC N04 (Navy) or Marine Corps Recruiting Command (MCRC) and provide full tuition, monthly allowance up to \$400, and a book stipend per semester for course materials, textbooks and lab fees. Minimum eligibility requirements to compete for the nationally competitive scholarships are as follows:

(1) Active participation in the Unit for at least one semester.

(2) A cumulative GPA of at least 2.5 while taking a minimum of 15 credit hours, which includes a 3 credit Naval Science course.

(3) Recommendation from the PNS.

(4) Complete two semesters of college-level Calculus by the end of the second year in the NROTC program and two semesters of Calculus-based Physics by the end of third year in the NROTC program.

(a) While these courses are only required of Scholarship recipients, College Program (Basic Course) students are strongly encouraged to pursue calculus and physics courses in order to be more competitive for a NROTC Scholarship.

(5) Be within the Navy or Marine Corps' physical fitness and body composition standards.

(6) Applications are submitted annually in the month of June.

b. College Program (Advanced Standing): College Program (Basic Course) students who are not selected for a scholarship by the "Summer Board" will automatically have their package placed before the Advanced Standing Board. Every student selected for Advanced Standing must enlist in the Naval or Marine Corps Reserve prior to commencing the Advanced Course. In return for enlistment and acceptance into the Advanced Course, the Navy will provide each Advanced Standing student uniforms, Naval Science textbooks, and a subsistence allowance for a maximum of 20 months. Minimum eligibility requirements to compete for the nationally competitive College Program (Advanced Standing) are as follows:

(1) Active participation in the Unit for at least one semester.

(2) A cumulative GPA of at least 2.5 while taking a minimum of 15 credit hours, which includes a 3 credit Naval Science course.

(3) Recommendation from the PNS.

(4) Complete two semesters of college-level Algebra or above and two semesters of Physical Science (i.e. Chemistry, Physics, Biology, Geology, etc.) prior to graduation.

(5) Be within the Navy or Marine Corps' physical fitness and body composition standards.

(6) Applications are submitted annually in the month of June.

7. Physical Fitness Requirements. Must be in good overall health. Applicants must be able to participate in strenuous physical activity and not have any contagious disease, illness, or history of injury that will or is likely to require medical care or restriction of participation during training exercises or physical fitness testing. While a member of the NROTC unit, midshipmen are expected to excel physically as follows:

a. Navy Option students shall attain a Physical Fitness Assessment score of "GOOD LOW" or above in all categories to include the height/weight (BCA) standards, as defined by Navy

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standards per references (a) and (b), by the end of the first complete semester in the NROTC program.

b. Marine Option students shall attain a Physical Fitness Test score of 235 or above as defined by the Navy and Marine Corps standards per references (a) and (c), by the end of the first complete semester in the NROTC program.

8. College Program (Basic Course) Application Procedure. Applications are due annually by May 1st for preferred entrance into the College Program (Basic Course) during the fall semester. Applications received after May 1st will be considered on a case-by-case basis. Applicants not accepted following their first application are reconsidered for entry following successful completion of their first semester at their university. Reconsideration for the College Program requires students to contact the HRNROTC Recruiting Officer to express continued interest but does not require an entirely new application. To complete the College Program application, complete the steps as listed below:

a. Read and understand this instruction in its entirety. Candidates not meeting the eligibility requirements of section 5 will not be considered.

b. Utilize the HRNROTC College Program Application Checklist (enclosure 2) as a guide to ensure all required documents are submitted with the application.

c. Complete the NROTC College Program Application, the NROTC Drug Statement, the NROTC Drug and Alcohol Understanding, the Privacy Act Statement, the HRNROTC Physical Readiness Test Acknowledgment Statement, and the Uniform Fitting Sheet.

NOTE: The witnessing official on applicable forms shall not be a family member. Any school or military official may act as the witnessing official.

d. Complete sections I through IV of the DD 2807-2. Schedule a sports physical with a local physician and have the physician fill out sections V and VI during the appointment. The physician's name, signature, and date must be completed on the final page of the form. If extenuating circumstances preclude the completion of this requirement, contact the Recruiting Officer and submit an application with a statement explaining why this requirement was not met.

NOTE: Sections V and VI must be completed by a physician for the form to be considered complete. No physical report forms, other than DD Form 2807-2, are acceptable.

e. Perform a self-assessed Navy Physical Readiness Test and complete the Entrance PRT Self-Assessment Sheet after being cleared for physical activity by a physician. Instructions are enclosed.

NOTE: Marine Option applicants will be assessed based on the Navy Physical Readiness Test for program acceptance only. Once enrolled in the NROTC program, all Marine Option midshipmen will be required to perform the Marine Corps Physical Fitness Test each semester in accordance with references (a) and (c).

f. Obtain an unofficial copy of SAT and/or ACT score report. This is not required for students already in college. There is no minimum SAT or ACT score required for College Program (Basic Course) eligibility, however minimum competitive scores are as follows:

(1) SAT: 550 Math, 500 Verbal Evidence Based Reading & Writing, AND 1100 Combined.

(2) ACT: 22 Math, 21 English, AND 44 Combined.

(3) If you did not take the SAT or ACT, you are required to submit a statement from your high school guidance counselor or senior JROTC instructor certifying that SAT and ACT testing was not reasonably available.

g. Obtain a copy of high school or college transcripts (official or unofficial). High school transcripts are not required for students already in college. Competitive transcripts will include:

(1) A cumulative high school GPA of at least 2.75 (on a 4.0 scale) AND a minimum 2.0 grade (on a 4.0 scale) in Algebra II (or equivalent course).

h. At least one and no more than three letters of recommendation. Letters must be from individuals who are not related to the applicant. They should focus on leadership potential, work ethic, and academics.

i. A personal statement of no more than 500 words describing why the applicant desires to serve in the military.

j. Submit all required documents as outlined in enclosure (2) by one of the following:

(1) Hand delivery to Room 202 of the NROTC building at Old Dominion University (Crittenton Hall), 5214 Bluestone Avenue, Norfolk, VA.

(2) Mail to:

NROTC Unit Hampton Roads - Old Dominion University
ATTN: Recruiting Officer
5214 Bluestone Ave
Norfolk, VA 23529-0120

(3) Emailed in entirety to navyrotc@odu.edu

k. Failure to submit all required documents as listed above will result in your application being considered incomplete. Incomplete applications will not be considered for program admittance.

l. Letters of acceptance/rejection will be mailed out annually in the month of June. Accepted applicants will receive an information packet containing details that will assist them in preparing for New Student Orientation. New Student Orientation will normally take place the week prior to the university's class start date.

9. College Program Housing Requirements. College Program students attending ODU are required to live in the ODU Living Learning Community reserved for incoming first-year ROTC students. ODU students who are local to the Hampton Roads area or are transfer students to ODU that already have housing in place may be exempted from this requirement by submitting a request to the CO, via SRC. Incoming first year students attending NSU, HU, RU, VWU, W&M, CNU, or TCC are exempt from this requirement.

10. Non-Selections or DOR. College Program students that have not been selected for either Scholarship or Advanced Standing before the beginning of their junior year will be disenrolled from the NROTC Program. If a MIDN wishes to DOR, a MIDN is entitled to do so utilizing enclosure (1) and accompanying it with a special request chit to present their intentions to the CO in writing. A Performance Review Board (PRB) is not required if the MIDN has not signed either a DD Form 4 or a scholarship agreement.



M. T. FRAUENZIMMER

**NAVAL RESERVE OFFICERS TRAINING CORPS
COLLEGE PROGRAM APPLICATION**

OMB CONTROL NUMBER: 0703-0026
OMB EXPIRATION DATE: 01/30/2026

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, OMB-0703-0026, is estimated to average 3 hours and 35 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 Defense, 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 COMPLETING THE APPLICATION.

AUTHORITY: The authority to request this information is contained in: 5 USC §301 (Authorizing Forms and Regulations); Executive Order 9397 (Use of Social Security Numbers).

PRINCIPAL PURPOSE(S): The information you provide will be used to determine whether you qualify, and should be nominated for, an NROTC College Program Scholarship. If you are nominated, the information will be used to enroll you into NROTC and will be used by the Navy in its management of the NROTC program. The following systems of records notices cover the collection of this information: N01131-1 located at <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570316/n01131-1/>.

ROUTINE USE(S): Information provided on the application will be used to screen and select individuals to receive NROTC Scholarships, to maintain data on the NROTC scholarship program, to compare to scholarship applicants from previous or subsequent years, and to provide academic data and contact information to Navy activities and admissions officials at colleges and universities so they can contact applicants for recruitment purposes. Other uses may include providing the information to officials and employees of: The Department of Transportation; other agencies of the Executive Branch upon request in relation to the management of quality of military recruitment; and the Department of Veterans Affairs and Selective Service Administration in relation to enlistment or reenlistment eligibility. Information you provide in this application is protected by the Privacy Act and will not be released outside of the Department of Defense 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 there. If you are nominated for an NROTC Scholarship, the information will be released to the top five schools you indicated on your application. Your information and notification of status may also be provided to your high school so they may assist with the final stages of the process.

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

More information on the SORNs can be found at the following link(s):
<http://dpclo.defense.gov/Privacy/SORNsIndex/DODComponentArticleView/tabid/7489/Article/6411/n01131-1.aspx>,
<http://dpclo.defense.gov/Privacy/SORNsIndex/DODComponentArticleView/tabid/7489/Article/6410/n01080-3.aspx>.

PERSONAL INFORMATION

Name (First, MI, Last) _____ SSN _____ Phone _____ Cell Phone _____
(last 4) () ()

Current Mailing Address _____

Name of Parent/Guardian 1 _____ Name of Parent/Guardian 2 _____

Contact Information of Parent/Guardian 1 _____

Contact Information of Parent/Guardian 2 _____

Place of Birth _____ Date of Birth _____

Are you a US Citizen? Yes ☐ No ☐ If naturalized, give date, place, court of jurisdiction, and certificate number. _____

Select Service ☐ Navy ☐ USMC

Military Experience and Training (Past and Present, if any)

Service	Dates of Service	Highest Rank	EAOS	Type of Discharge
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Training Program	Position(s) Held	Awards	Grades of Participation			
Select	_____	_____	9	10	11	12
JROTC	_____	_____	9	10	11	12
Civil Air Patrol	_____	_____	9	10	11	12
Other (NDCC etc.)	_____	_____	9	10	11	12

EXTRACURRICULAR ACTIVITIES

READ CAREFULLY: Identify only those activities in which you engaged during school grades 9-12. NROTC is particularly interested in identifying activities in which an applicant has participated involving responsibility and leadership.

Organization	Position(s) Held	Hours/Week	Grades of Participation			
_____	_____	_____	9	10	11	12
_____	_____	_____	9	10	11	12
_____	_____	_____	9	10	11	12
_____	_____	_____	9	10	11	12

ATHLETIC ACTIVITIES

READ CAREFULLY: Identify only those sports in which you engaged during school grades 9-12. Mark the year(s) in which you were on the varsity team. If you 'lettered' in the sport list that in the awards. Mark 'JV/Club' if you participated at this level in any year. Do not list intramural activity.

Sport	Position(s) Held	Awards/Recognition	JV/Club	Varsity			
				9	10	11	12
				9	10	11	12
				9	10	11	12
				9	10	11	12

OTHER ACTIVITIES

Attach additional sheets, if needed, to identify other activities not listed above that involve considerable responsibility and leadership. List positions held and the average number of hours devoted per week to the activity.

EMPLOYMENT

List in reverse chronological order, beginning with the most recent, each period of full-time, part-time, or self-employment. List inclusive dates for each period. If discharged for cause from any employment, so state. Include any leadership responsibilities.

Dates

From	To	Employer Name and Address	Hours/Week	Type of Work Performed

EDUCATION

List in reverse chronological order beginning with the most recent school attended. Include any/all college work, whether or not a degree was earned. Attach transcripts.

Dates

From	To	School Name and Address	Major	Degree

ACADEMICS

PSAT Verbal: Math:	_____	High School Name:	_____
SAT Verbal: Math:	_____	Class Rank:	_____ GPA: _____
ACT Verbal: Math:	_____	Class Size:	_____ GPA Scale: _____

Answer the following questions. If you answer 'Yes', provide explanations on an additional sheet.

Yes No

1. Have you ever applied for or signed any agreement concerning any program leading to a commission in any of the Armed Forces of the United States?

☐ ☐

(If Yes, list the date, place of application, program applied for and current status of application.)

2. Have you signed an Enlistment Contract (DD Form 4) with any of the Armed Forces of the United States?

☐ ☐

(If 'Yes', list the date, place, service, and current status of enlistment.)

3. Have you ever been arrested, detained, indicted, summoned into court, or convicted for any violation of civil or military law, including juvenile offenses and moving traffic violations? ☐ ☐
(If 'Yes', give complete description of incident, name and place of court, nature of offense, date, and disposition of the case.)
4. Are you currently awaiting trial or sentencing, on probation, under suspended sentence, or under any other type of military or civilian restraint as a result of violation of law or regulation? ☐ ☐
5. Have you ever been known by any other name or names other than that used in this application? ☐ ☐
(If 'Yes', explain in affidavit form and submit with application, even if differences were only differences in spelling.)
6. Do you have any moral obligations or personal convictions that will prevent you from conscientiously bearing arms and supporting and defending the constitution of the United States against all enemies, foreign and domestic? ☐ ☐
7. Have you ever taken any narcotic, sedative, or tranquilizer drugs other than as prescribed by a physician or dentist? ☐ ☐
(If 'Yes', attach a statement with the full circumstances, number of time used, amounts taken, period over which taken, and intent for further use.)
8. Have you ever been arrested or convicted of trafficking illegal drugs? ☐ ☐
9. Have you ever used LSD, marijuana, sniffed glue or used any other hallucinogens, hypnotic, stimulants, or other known harmful or habit- forming drugs and/or chemicals? ☐ ☐
(If 'Yes', attach a statement with the full circumstances, number of times used, amounts taken, period over which taken, and intent for further use.)

- I certify that all information given by me is complete and correct to the best of my knowledge.
- I understand that this applicant questionnaire does not obligate me in any way, and that I may withdraw my application at any time.
- I understand that I am voluntarily applying for a military training program that may lead to an opportunity for commissioning as an officer in the U.S. Navy or U.S. Marine Corps. While participating in the program, I will be required to adhere to U.S. Navy and/or U.S. Marine Corps regulations as they apply to this program.
- The U.S. Navy and the U.S. Marine Corps have medical and physical qualifications that I must satisfy before I am offered an opportunity to commission.
- By allowing me to participate in the program, neither the U.S. Navy nor the U.S. Marine Corps are making any representations that I will be offered an opportunity for commissioning as an officer.

Signature

Date

NROTC COLLEGE PROGRAM OATH

I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.

Signature

Date

DRUG STATEMENT FOR NAVAL RESERVE OFFICER TRAINING CORPS (NROTC) APPLICATION

OMB CONTROL NUMBER: 0703-0026

OMB EXPIRATION DATE: 01/31/2026

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, OMB-0703-0026, is estimated to average 3 hours and 35 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 Defense, 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 DO NOT RETURN YOUR RESPONSE TO THE EMAIL ADDRESS ABOVE.

Responses should be sent to:

Naval Service Training Command NROTC

Selection and Placement, N92

320A Dewey Avenue

Bldg 3. Rm 106

Great Lakes, IL 60088

PLEASE READ THE FOLLOWING STATEMENT REQUIRED BY THE PRIVACY ACT OF 1974 BEFORE COMPLETING THE APPLICATION.

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. § 301, Departmental Regulations; 10 U.S.C. 2107 (Financial Assistance Program); E.O. 9397 (SSN), and System of Records Notices (SORNs) N01130-1 and N01080-3.

PURPOSE(S): To manage and contribute to the recruitment of qualified men and women for officer programs and the regular and reserve components of the Navy. To ensure quality military recruitment and to maintain records pertaining to the applicant's personal profile for purposes of evaluation for fitness for commissioned service. The information you provide will be used to determine whether you qualify, and should be nominated for, an NROTC Scholarship. If you are nominated, the information will be used to enroll you into NROTC and will be used by the Navy in its management of the NROTC program.

ROUTINE USE(S): Information provided on the application will be used to screen and select individuals to receive scholarships, maintain data on the scholarship program, compare scholarship applicants from previous or subsequent years, and provide academic data and contact information to Navy activities and admissions officials at colleges and universities for recruitment purposes. Other uses may include providing the information to officials and employees of: the Department of Transportation; other agencies of the Executive Branch upon request in relation to the management of quality of military recruitment; the Department of Veterans Affairs and Selective Service Administration in relation to enlistment or reenlistment eligibility; Federal, state or local agencies that maintain civil, criminal and other relevant information pertaining to the letting of contracts; in response to an inquiry from a congressional office of record for an individual; to the Office of Personnel Management (OPM) to carry out legally authorized government-wide personnel management functions and studies; and to the General Services Administration (GSA) for the purposes of records management under the authority of 44 USC § 2904 & 2906. Information provided in this application is protected by the Privacy Act and will not be released outside of the Department of Defense 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. If you are nominated for an NROTC Scholarship, the information will be released to the top five schools you indicated on your application. Your information and notification of status may also be provided to your high school so they may assist with the final stages of the process.

DISCLOSURE: Voluntary - However, failure to do so may result in our inability to process your application for the NROTC program. Note that the Social Security number (SSN) is required at the time of application to ensure proper identification of the applicant. There are times applicants have the same names, therefore the collection of SSN is required to ensure proper identification.

More information on the SORNS can be found at the following link(s):

http://dpclo.defense.gov/Privacy/SORNSIndex/DODComponentArticleView/tabid/7489/Article/6411/n01_131-1.aspx,
<http://dpclo.defense.gov/Privacy/SORNSIndex/DODComponentArticleView/tabid/7489/Article/6410/n01080-3.aspx>.

Complete all sections on this form (required). *Providing false information, or failure to disclose any drug involvement(s) may result in your elimination from scholarship competition.*

1. Have you ever taken any narcotic, sedative, or tranquilizer drugs other than those prescribed by a physician or dentist?
_____ Yes _____ No
2. Have you ever used LSD, Marijuana, sniffed glue or other hallucinogens, hypnotics, stimulants, or other known harmful, or habit-forming drugs and/or chemicals?
_____ Yes _____ No

If you answered "YES" to either question above, provide a detailed explanation below with the approximate times, amounts taken, and period over which taken, and complete #3.

- a. Type of drug(s) used:
- b. Approximate number of times used:
- c. Amount taken:
- d. Method by which taken:
- e. Inclusive dates of use (be specific):
- f. Were you convicted or arrested for the drug use admitted?
- g. Circumstances under which the drug use occurred such as experimentation, peer pressure, etc.

3. (Initial): _____ I fully recognize the negative influence of drug abuse and categorically reject the abuse of drugs both now and for the future.

SIGNATURE OF WITNESSING OFFICIAL

PRINTED NAME OF WITNESSING OFFICIAL

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

NSTC N9 USE ONLY

Approve _____ Disapprove _____

NAVAL RESERVE OFFICERS' TRAINING CORPS DRUG AND ALCOHOL STATEMENT OF UNDERSTANDING

OMB CONTROL NUMBER: 0703-0026

OMB EXPIRATION DATE: 01/31/2026

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, OMB-0703-0026, is estimated to average 3 hours and 35 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 Defense, 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 DO NOT RETURN YOUR RESPONSE TO THE EMAIL ADDRESS ABOVE.

Responses should be sent to:

Naval Service Training Command NROTC

Selection and Placement, N92

320A Dewey Avenue

Bldg 3. Rm 106

Great Lakes, IL 60088

PLEASE READ THE FOLLOWING STATEMENT REQUIRED BY THE PRIVACY ACT OF 1974 BEFORE COMPLETING THE APPLICATION.

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. § 301, Departmental Regulations; 10 U.S.C. 2107 (Financial Assistance Program); E.O. 9397 (SSN), and System of Records Notices (SORNs) N01130-1 and N01080-3.

PURPOSE(S): To manage and contribute to the recruitment of qualified men and women for officer programs and the regular and reserve components of the Navy. To ensure quality military recruitment and to maintain records pertaining to the applicant's personal profile for purposes of evaluation for fitness for commissioned service. The information you provide will be used to determine whether you qualify, and should be nominated for, an NROTC Scholarship. If you are nominated, the information will be used to enroll you into NROTC and will be used by the Navy in its management of the NROTC program.

ROUTINE USE(S): Information provided on the application will be used to screen and select individuals to receive scholarships, maintain data on the scholarship program, compare scholarship applicants from previous or subsequent years, and provide academic data and contact information to Navy activities and admissions officials at colleges and universities for recruitment purposes. Other uses may include providing the information to officials and employees of: the Department of Transportation; other agencies of the Executive Branch upon request in relation to the management of quality of military recruitment; the Department of Veterans Affairs and Selective Service Administration in relation to enlistment or reenlistment eligibility; Federal, state or local agencies that maintain civil, criminal and other relevant information pertaining to the letting of contracts; in response to an inquiry from a congressional office of record for an individual; to the Office of Personnel Management (OPM) to carry out legally authorized government-wide personnel management functions and studies; and to the General Services Administration (GSA) for the purposes of records management under the authority of 44 USC § 2904 & 2906. Information provided in this application is protected by the Privacy Act and will not be released outside of the Department of Defense 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. If you are nominated for an NROTC Scholarship, the information will be released to the top five schools you indicated on your application. Your information and notification of status may also be provided to your high school so they may assist with the final stages of the process.

DISCLOSURE: Voluntary - However, failure to do so may result in our inability to process your application for the NROTC program. Note that the Social Security number (SSN) is required at the time of application to ensure proper identification of the applicant. There are times applicants have the same names, therefore the collection of SSN is required to ensure proper identification.

More information on the SORNS can be found at the following link(s):

http://dpclo.defense.gov/Privacy/SORNSIndex/DODComponentArticleView/tabid/7489/Article/6411/n01_131-1.aspx,
<http://dpclo.defense.gov/Privacy/SORNSIndex/DODComponentArticleView/tabid/7489/Article/6410/n01080-3.aspx>.

STATEMENT OF UNDERSTANDING

I, _____ understand the following:

Full Name (First MI Last)

1. Participation in the Naval Reserve Officer Training Corps (NROTC) places me in a position of special trust and responsibility.
2. As established by OPNAVINST 5350.4D, the abuse of drugs or alcohol violates this position of special trust and endangers my health and safety as well as the safety of others.
3. In accordance with OPNAVINST 5350.4D, Naval Service Training Command (NSTC) maintains a "zero tolerance" policy regarding drug abuse. Additionally, all misconduct resulting from the misuse of alcohol will be dealt with immediately and effectively.
4. As a student participating or enrolled in the NROTC Program as a NROTC Midshipman (MIDN), NROTC College Program Student (Basic or Advanced), NROTC Preparatory Program (NPP) or Strategic Sealift Officer Program, I understand and agree to be bound by NSTC's policy regarding drug and alcohol abuse as reflected in the Regulations for Officer Development, NSTC M-1533.2D. Additionally, I understand I will be screened by urinalysis within 30 days of first reporting for training to the NROTC unit to which I have been assigned and may be subject to random urinalysis screening as directed by NSTC.
5. By signing the certification below, I acknowledge that a single detection of drug abuse or incident of alcohol abuse after entry into any program listed within paragraph 4 may result in my disenrollment or removal from that program, and, if on scholarship, either the recoupment of all scholarship monies I have received or Active Enlisted Service as may be directed by the Secretary of the Navy.

CERTIFICATION

I have read and fully understand all the information contained on this form.

Typed/Printed Name (last, first middle)

Signature

Date:

CERTIFYING OFFICIAL AND WITNESS

I certify the above individual signed this certificate in my presence.

Typed/Printed Name and Title of Official Certifying

Signature

Date:

Typed/Printed Name and Title of Witness

Signature

Date:

ACCESSIONS MEDICAL HISTORY REPORT

OMB No. 0704-0413
OMB Approval Expires:
20280131

The public reporting burden for this collection of information is estimated to average 10 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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dodinformationcollections@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 DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.**

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. Subtitle A, General Military Law, Part II, Personnel (Chapter 31, Enlistments and Chapter 33, Original Appointments of Regular Officers in Grades Above Warrant Officer Grades); 10 U.S.C. 3013, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 8013, Secretary of the Air Force; DoD Directive (DoDD) 1145.02E, United States Military Entrance Processing Command (USMEPCOM); DoD Instruction (DoDI) 1304.02, Accession Processing Data Collection Forms; DoDI 1304.12E, DoD Military Personnel Accession Testing Programs; DoDI 1304.26, Qualification Standards for Enlistment, Appointment and Induction; DoDI 1332.18, Disability Evaluation System; DoDI 6130.03, Medical Standards for Appointment, Enlistment, or Induction in the Military Services; DoD Manual 1145.02, Military Entrance Processing Station (MEPS); USMEPCOM Regulation 680-3, Entrance Processing and Reporting System Management; and E.O. 9397 (SSN), as amended.

PURPOSE: To obtain medical data for determination of medical fitness for enlistment, induction, appointment, and retention for applicants and members of the Armed Forces. This form may also be used by Medical Evaluation Boards to determine the medical fitness of a current member and if separation is warranted.

ROUTINE USE(S): Disclosure of records are generally permitted under 5 U.S.C. 522a(b) of the Privacy Act of 1974, as amended. Pursuant to 5 U.S.C. 522a(b)(3), records may be disclosed as a routine use to Federal, State and local health departments for compliance with public health communicable disease reporting laws in accordance with 42 U.S.C. 264. A complete list of routine uses may be found in the applicable System of Records Notice, United States Military Entrance Processing Command (USMEPCOM) Integrated Resource System (USMIRS), A0601-270 at: <https://www.federalregister.gov/documents/2021/04/21/2021-08286/privacy-act-of-1974-system-of-records>.

DISCLOSURE: Voluntary; however, failure to provide the requested information may result in an inability to process your application for enlistment or appointment in the Armed Forces. For current Armed Forces members, failure to provide the requested information may result in being placed in non-deployable status.

Additional system of records notices:

Physical/Medical Evaluation Records

Army: <https://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/569965/a0040-3b-dasg/>Navy: <https://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570339/nm01850-2/>Air Force: <https://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/569861/>

SECTION I – APPLICANT INFORMATION

1. LAST NAME – FIRST NAME – MIDDLE INITIAL (<i>Suffix</i>)		2. AGE	3. DATE OF BIRTH (YYYYMMDD)	4.a. SOCIAL SECURITY NUMBER	4.b. DoD ID NUMBER (<i>If applicable</i>)
5. SEX (<i>X one</i>)		6.a. SERVICE PROCESSING FOR (<i>X as applicable</i>)			6.b. COMPONENT (<i>X as applicable</i>)
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard <input type="checkbox"/> USPHS <input type="checkbox"/> Space Force <input type="checkbox"/> NOAA <input type="checkbox"/> Other: _____			<input type="checkbox"/> Regular <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard
7. PURPOSE OF EXAMINATION (<i>X as applicable</i>)			8. POSITION (<i>If current Federal Employee</i>) (<i>Job Title, Grade, Component</i>)		
<input type="checkbox"/> Enlistment <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Commission <input type="checkbox"/> ROTC Scholarship <input type="checkbox"/> Other: _____					

SECTION II - APPLICANT (OR PARENT/GUARDIAN) AUTHORIZATION STATEMENT

- I Have read and understand the warning and penalties that are associated with providing a false statement.
- I Agree that all protected health information and personally identifiable information (PHI/PII) or data disclosed by myself or others on my behalf with my consent during the accession process is no longer protected by federal Health Insurance Portability and Accountability Act (HIPAA) Privacy Rules and may be further disseminated as needed.
- I Authorize release of medical records and information relating to grades, performance, individual education plans, and disciplinary proceedings. Under the Family Educational Rights and Privacy Act (FERPA), United States Military Entrance Processing Command (USMEPCOM)/Department of Defense Medical Examination Review Board (DoDMERB) is authorized to receive all of my education/disciplinary records for evaluation of my suitability for Military Service.
- I Understand that a medical examination is part of the accession evaluation, may require several visits to the Military Entrance Processing Station (MEPS), or DoDMERB contracted medical center. I may have blood work and/or other medical tests, procedures such as cerumen removal, and/or specialty consultations performed as part of my processing.
- I Understand that the results of the examination, tests, and consults are not performed as part of an individual healthcare treatment plan, but will be reviewed and considered as part of my accession application file.
- I Understand that the MEPS/DoDMERB medical staff are not my healthcare providers. If I do not receive notice of an abnormal result of a test or a consultation, I am not to assume that the result is normal. Furthermore, if any test or consultation results are abnormal, then I am responsible for obtaining those results from the MEPS/DoDMERB contracted medical center. I am also responsible for any necessary follow-up evaluations and/or treatment. If I am notified to return to the MEPS/DoDMERB contracted medical center to discuss medical results, it is my responsibility to take quick action to return to the MEPS/DoDMERB contracted medical center.
- I Understand that neither USMEPCOM nor DoDMERB are financially responsible for costs associated with any necessary follow-up evaluations and/or treatment based on my screening evaluation.
- I Understand that any concerns that I have about my health and healthcare are my responsibility to address with my personal healthcare provider(s).
- I Understand that I must provide required documentation regarding my health history which, upon my accession, will become part of my Service member lifecycle medical treatment record.
- I Authorize a MEPS/DoDMERB contracted medical center to perform my accession medical evaluation.
- I Understand that I have the right to refuse to sign this authorization, however I also understand that failure to do so will prevent my further processing.
- I Understand that this authorization will expire four years from the date of the signature below, or sooner if written request is received by the USMEPCOM/DoDMERB Privacy Office. I have the right to revoke this authorization in writing, except to the extent that the DoD has acted in reliance on this information.

1. APPLICANT AUTHORIZATION AND CERTIFICATION

I Certify that the information on this form is true and complete to the best of my knowledge and belief, and no person has advised me to conceal or falsify any information about my medical and mental/behavioral health history.

a. SIGNATURE	b. DATE SIGNED (YYYYMMDD)
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2. PARENT OR GUARDIAN AUTHORIZATION (*Signature is mandatory if applicant is a minor*)

a. NAME (<i>Last, First, Middle Initial</i>)	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)
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3. RECRUITING REPRESENTATIVE CERTIFICATION: (*If applicable*) I certify that all applicant information above is complete and true to the best of my knowledge.

a. NAME (<i>Last, First, Middle Initial</i>)	b. RECRUITER IDENTIFICATION NUMBER	c. SIGNATURE	d. DATE SIGNED (YYYYMMDD)
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CUI (when filled in)

LAST NAME – FIRST NAME – MIDDLE INITIAL <i>(Suffix)</i>		SOCIAL SECURITY NUMBER		DoD ID NUMBER <i>(If applicable)</i>	
SECTION III - MEDICAL HISTORY					
1. Medications: any prescription or over the counter medication(s) taken regularly or as needed <i>(list each and explain in SECTION IV)</i>			2. Allergies: reaction to food(s), insect bites/stings, medication(s) or other substances <i>(list each and explain in SECTION IV)</i>		
Read each of the following questions and answer by checking "YES" or "NO". Every question must be answered. Every "YES" answer must be explained in SECTION IV. Explain each item to the best of your ability. Your medical records may be requested to clarify your medical history.					
HAVE YOU EVER HAD OR DO YOU NOW HAVE:		YES	NO	HAVE YOU EVER HAD OR DO YOU NOW HAVE:	
YES				YES	
NO				NO	
EYES/VISION:			UPPER EXTREMITIES: <i>(Continued)</i>		
3. Double vision			60. Dislocated shoulder, elbow, or wrist		
4. Detached retina or surgery to repair a detached retina			LOWER EXTREMITIES:		
5. Keratoconus, glaucoma, cataracts or surgery for cataracts			61. Foot conditions such as plantar fasciitis, heel spur, or painful bunions		
6. Vision correction procedure such as Lasik, PRK, or lens implant			62. Knee injury resulting in ligament/cartilage tear, instability, or locking		
7. Night blindness			63. Any pain, swelling, weakness, numbness, or stiffness of the hip, knee, ankle, foot, or toes		
8. Any other eye condition, injury, or surgery/procedure			64. Dislocated hip, knee, ankle, or foot		
EARS/HEARING:			MISCELLANEOUS CONDITIONS OF THE EXTREMITIES:		
9. Cholesteatoma			65. Bone, muscle, or joint deformity, injury, or persistent pain/swelling		
10. Ear drum perforation or tubes inserted into the ear drum(s) in the past 12 months			66. Impaired use of arms, hands, fingers, legs, feet, or toes <i>(any reason)</i>		
11. Any other ear surgery or procedure including mastoidectomy			67. Joint swelling/inflammation such as arthritis, gout, or bursitis		
12. Loss of balance or vertigo			68. Compartment syndrome, shin splints, or stress reaction/fracture		
13. Hearing loss or use of hearing aid(s)			69. Any surgery of the bone or joint such as placing a screw, plate, rod, pin, prosthetic/graft or arthroscopy		
NOSE, SINUSES, MOUTH, AND LARYNX:			70. Any use of prescribed corrective/prosthetic devices such as a brace, back support, heel lift, or orthotic inserts		
14. Ear, nose, or throat conditions such as vocal cord dysfunction			VASCULAR:		
15. Recurrent nose bleeds, chronic sinus infections, or sinus surgery			71. Abnormal <i>(high or low)</i> blood pressure		
16. Absence of, or disturbance of sense of smell			72. Pale, blue, or numb fingers or toes with exposure to cold such as Raynaud's phenomenon/ disease		
17. Any surgery of the face, throat, or jaw			73. Kawasaki disease		
DENTAL: <i>(If you wear braces/aligners, then you must submit a letter from your orthodontist stating that active orthodontic treatment will be completed before beginning active duty)</i>			SKIN:		
18. Braces or aligners			74. Acne that required prescription medication(s)		
19. Any tooth or gum problems			75. Skin rash such as atopic dermatitis, eczema, or psoriasis		
LUNGS, CHEST WALL, PLEURA, AND MEDIASTINUM:			76. Any other skin condition such as recurrent hives, abscesses <i>(hidradentitis)</i> , pilonidal cyst, or cancer <i>(melanoma)</i>		
20. Asthma, asthmatic bronchitis, wheezing, shortness of breath, or other breathing problems worsened by exercise, weather, pollens, etc.			BLOOD AND BLOOD FORMING SYSTEM:		
21. Prescription for an inhaler, steroids, or any other medication for breathing problem			77. Anemia such as iron deficiency, sickle cell, or thalassemia		
22. Pneumonia			78. Blood clot(s), a clotting disorder, or history of taking a blood thinner		
23. Chronic cough or frequent coughing at night			79. Absence or removal of the spleen		
24. Collapsed lung or other lung condition(s)			80. Prolonged bleeding such as after an injury or dental procedure		
25. History of chest, chest wall, or breast surgery			81. Any other blood or circulation condition		
HEART:			SYSTEMIC:		
26. Heart murmur or valve problem(s)			82. Severe allergic reaction to any substance requiring emergency care		
27. Palpitations, skipped/abnormal heartbeats, or pounding heart			83. Tested positive for tuberculosis <i>(skin or blood test)</i> , or lived with someone who had it		
28. Chest pain/pressure or an abnormal electrocardiogram (EKG)			84. Immune system condition such as rheumatoid arthritis, lupus, multiple sclerosis, or AIDS		
29. Heart surgery			85. Sexually transmitted disease such as herpes, syphilis, gonorrhea, chlamydia, or HIV		
30. Any other heart condition			86. Rhabdomyolysis		
ABDOMEN AND GASTROINTESTINAL SYSTEM:			ENDOCRINE AND METABOLIC:		
31. Problems of the stomach, esophagus, or intestine such as ulcer(s)			87. Thyroid conditions such as goiter or hypo/hyperthyroidism		
32. Frequent indigestion/heartburn, difficulty swallowing, or eosinophilic esophagitis			88. Diabetes or hypoglycemia <i>(low blood sugar)</i>		
33. Gallbladder disease or gallstones			89. Any other endocrine <i>(hormone)</i> condition such as growth hormone deficiency, adrenal insufficiency, or hypo/hyperparathyroidism		
34. Hepatitis or jaundice <i>(except neonatal jaundice)</i>			NEUROLOGIC:		
35. Hernia			90. Stroke, aneurysm, or bleeding in or around the brain		
36. Any abdominal surgery/endoscopy such as appendectomy, bowel resection, hernia repair, or colonoscopy			91. Frequent or severe headaches such as migraines, cluster, or tension		
37. Weight loss surgery such as gastric bypass or lap banding			92. A head injury, concussion, or skull fracture		
38. Chronic or recurrent intestinal disease such as irritable bowel syndrome, inflammatory bowel disease, or celiac disease			93. Infection of the brain or spinal cord such as abscess, meningitis, or encephalitis		
39. Anorectal disease, blood from the rectum, or hemorrhoids			94. Seizures, epilepsy, or convulsions		
FEMALES ONLY:			95. Syncope or fainting spells		
40. First day of the last menstrual period (YYYYMMDD)			96. Any other neurologic condition such as paralysis, myasthenia gravis, Tourette's, or memory loss		
41. A change in menstrual pattern <i>(other than pregnancy)</i>			SLEEP:		
42. Pregnancy			97. Sleep apnea		
43. Any abnormal PAP test			98. Sleepwalking, narcolepsy, or difficulty with sleep such as falling/staying asleep		
44. Endometriosis, uterine fibroid, or ovarian cyst			LEARNING, PSYCHIATRIC, AND BEHAVIORAL:		
45. Any other gynecological disorder that required evaluation, treatment, or surgery			99. Attention Deficit or Hyperactivity disorder <i>(ADD/ADHD)</i> , dyslexia, autism spectrum, or other learning disorder		
MALES ONLY:			100. A behavioral/mental health condition such as anxiety/panic attacks, depression, adjustment disorder, PTSD, personality disorder, addiction, or drug/substance abuse including alcohol		
46. Undescended/absent testicle(s), or testicular implant			101. Evaluation or treatment either with medication or counseling for any behavioral/mental health condition		
47. Any scrotal mass, swelling, or pain			102. Eating disorder such as anorexia or bulimia		
48. Prostate problems			103. Self-inflicted injury such as cutting or burning		
URINARY SYSTEM:			104. Suicidal thoughts, gesture, or attempt		
49. Absence of, or a congenital abnormality of a kidney such as horseshoe kidney			105. Admission to a hospital for any behavioral/mental health condition		
50. Blood or protein in urine			TUMORS AND MALIGNANCIES:		
51. Painful or difficult urination			106. Any cancer, malignancy, tumor, or cyst		
52. Kidney stone			MISCELLANEOUS:		
53. Kidney or urinary tract disease, surgery, or infection			107. Cold/heat intolerance or injury such as frostbite or heatstroke		
54. Bedwetting or treatment for bedwetting in the past 12 months			SUPPLEMENTAL QUESTIONS:		
SPINE AND SACROILIAC JOINTS:			108. Prosthetic body part or joint		
55. Back or neck pain, or herniated disc			109. Any medical treatment/surgery from a Hospital, Emergency Room, Surgical Center or Urgent Care		
56. Abnormal curvature of any part of the spine			110. Previous medical disqualification for Military Service		
57. Vertebral fracture or stress injury of the spine such as spondylolysis			111. Discharge from Military Service for any reason <i>(provide reason, date, and type of discharge)</i>		
58. Back or neck surgery			112. Disability award or compensation for an injury or other medical condition		
UPPER EXTREMITIES:					
59. Any pain, swelling, weakness, numbness, or stiffness of the shoulder, elbow, wrist, hand, or fingers					

LAST NAME – FIRST NAME – MIDDLE INITIAL <i>(Suffix)</i>	SOCIAL SECURITY NUMBER	DoD ID NUMBER <i>(If applicable)</i>
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SECTION IV – APPLICANT COMMENTS

Explain all "YES" answers to questions above. Write the item number and provide details to include the following: description of the problem/condition, date of onset of the problem/condition, date of treatment, name of health care provider, clinic, center, hospital along with City and State. Comment on the current status of the problem/condition. Attach additional sheet(s) if necessary, and sign and date each additional sheet. Attach copies of all applicable medical records.

LAST NAME – FIRST NAME – MIDDLE INITIAL <i>(Suffix)</i>	SOCIAL SECURITY NUMBER	DoD ID NUMBER <i>(If applicable)</i>
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SECTION V – MEDICAL PROVIDER SUMMARY

The medical provider will review all applicant comments on "YES" answers, and all submitted supporting medical documentation. The provider will comment below on each "YES" answer. Attach additional sheets if necessary.

CUI (when filled in)

LAST NAME – FIRST NAME – MIDDLE INITIAL (<i>Suffix</i>)				SOCIAL SECURITY NUMBER		DoD ID NUMBER (<i>If applicable</i>)	
SECTION VI - PRESCREEN PROCESSING DETERMINATION							
1.a. MEDICAL PROCESSING STATUS				1.b. REVIEWER INITIALS		1.c. DATE (YYYYMMDD)	
PA	PH	RJ	METR				
KEY: PA = Processing Authorized; PH = Processing Hold; RJ = Return Justified; METR = Medical Evaluation and/or Treatment Records							
2. AUTHORIZING MEDICAL PROVIDER							
a. NAME (<i>Last, First, Middle Initial</i>)				b. SIGNATURE		c. DATE SIGNED (YYYYMMDD)	
						d. NUMBER OF ADDITIONAL SHEETS ATTACHED	
SECTION VII – INTERVIEWING MEDICAL PROVIDER COMMENTS							
3. INTERVIEWING MEDICAL PROVIDER							
a. NAME (<i>Last, First, Middle Initial</i>)				b. SIGNATURE			c. DATE SIGNED (YYYYMMDD)

NAVAL RESERVE OFFICERS TRAINING CORPS HAMPTON ROADS CONSORTIUM
PHYSICAL READINESS TEST ACKNOWLEDGMENT STATEMENT

In accordance with NSTC M-1533.2B (Regulations for Officer Development) new midshipmen attending New Student Orientation will be evaluated for physical fitness and swim testing to determine readiness to meet NROTC Program and Navy/Marine Corps requirements. Any midshipman that fails to qualify as a 3rd Class swimmer (in accordance with MILPERSMAN 1414.010) within the first year is subject to a Performance Review Board convened by the HRNROTC Unit. All new midshipmen accepted by HRNROTC are required to pass the Navy Physical Readiness Test (PRT) with a score of "GOOD LOW" or better at New Student Orientation. The specific number of push-ups, sit-ups, and run times required are outlined in OPNAVINST 6110.1J. Any midshipman that fails to pass the PRT is subject to a Performance Review Board convened by the HRNROTC Unit. All incoming midshipmen are expected to follow the guidance of the NEHC pre-entry physical conditioning program found at <http://www.nrotc.navy.mil/faq.html>.

I, _____, SSN: XX – XXX - _____, fully understand the requirements listed above in regards to my initial physical fitness evaluation if I am accepted into the HRNROTC Program.

(Date)

(Signature)

Witness:

(Printed Name/Rank)

(Signature)

Enclosure(7)

Entrance PRT Self-Assessment Sheet

The NROTC program standard for the Physical Readiness Test (PRT) is a “GOOD LOW” in all three categories (push ups, forearm plank, and and 1.5 mile run).

In order to better assess your current physical fitness level, you are required to perform a self-assessed PRT. To ensure your health and safety, do not perform your PRT until you have completed your sport’s physical and been cleared for physical activity. Please adhere to the PRT administration guidelines found at:

[https://www.mynavyhr.navy.mil/Portals/55/Support/21stCenturySailor/Physical/Guide%205-Physical%20Readiness%20Test%20%20\(MAR%202021\).pdf?ver=ZDdLAWzZ_GJnePrIgOgkxA%3D%3D](https://www.mynavyhr.navy.mil/Portals/55/Support/21stCenturySailor/Physical/Guide%205-Physical%20Readiness%20Test%20%20(MAR%202021).pdf?ver=ZDdLAWzZ_GJnePrIgOgkxA%3D%3D)

Upon completion of your self-assessed PRT, fill out the following:

Pushups: _____ (reps)

Forearm Plank: _____ (min:sec)

1.5 mile run: _____ (min:sec)

Navy PRT standards for males and females in the average applicant’s age range are below:

Performance		Points	Males: Age 17-19 Years		
Category	Level		Pushups	Forearm Planks	1.5 mile run
Outstanding	High	100	92	3:40	8:15
Outstanding	Medium	95	91	3:35	8:45
Outstanding	Low	90	86	3:30	9:00
Excellent	High	85	82	3:23	9:15
Excellent	Medium	80	79	3:17	9:30
Excellent	Low	75	76	3:10	9:45
Good	High	70	68	2:50	10:00
Good	Medium	65	60	2:30	10:30
Good	Low	60	51	2:10	11:00
Satisfactory	High	55	49	1:50	12:00
Satisfactory	Medium	50	46	1:30	12:15
Probationary		45	42	1:10	15:45

Performance		Points	Females: Age 17-19 Years		
Category	Level		Pushups	Forearm Planks	1.5 mile run
Outstanding	High	100	51	3:40	9:29
Outstanding	Medium	95	50	3:35	11:15
Outstanding	Low	90	47	3:30	11:30
Excellent	High	85	45	3:23	11:45
Excellent	Medium	80	43	3:17	12:00
Excellent	Low	75	42	3:10	12:30
Good	High	70	36	2:50	12:45
Good	Medium	65	30	2:30	13:00
Good	Low	60	24	2:10	13:30
Satisfactory	High	55	22	1:50	14:15
Satisfactory	Medium	50	20	1:30	14:45
Probationary		45	19	1:10	15:00

Measuring and fitting Techniques for Military Uniforms

1. The measuring and fitting of military uniforms can be very challenging when you are not sure how to determine the right size. When garments are sized properly, they may need little or no alterations.
2. These are key points for physical measurements and fitting techniques to help determine the correct size and fit for military uniforms:
 - a) Head - The measurement is taken by placing the tape around the back of the head meeting at the forehead about one inch above the eyebrows, one inch below the hairline and one inch above the ears.
 - b) Neck - When measuring for the neck size, place the tape measure around the neck at the collar line and with one finger between the neck and the tape. This will allow the shirt collar to be fitted with one half inch of space for comfort.
 - c) Chest or Bust - To obtain these sizes, place the tape over the bulk of the shoulder-blades, under the arms, over the fullest part of the chest with ease.
 - d) Sleeve - Raise the right arm even with the shoulder with the elbow bent at an angle, forearm parallel with the floor, and palms down. Measure from the center of the back and round the bend of the elbow, down to one inch past the wrist bone.
 - e) Waist - The tape should be placed directly over the hipbone to get the best results. In cases where you cannot locate the hipbone, place the tape around the fullest part, as close to the top of the waistband as possible.
 - f) Hip - The measuring tape should be placed around the largest part of the hip area, across the lower pelvis or fly.
 - g) Inseam - Measure from the crotch to the heel of the shoe.
 - h) After you received your measurement, use the enclosed male and female sizing charts to determine your correct size. Following these instructions are very important for obtaining your uniform. Please submit uniform sizing sheet promptly.

UNIFORM SIZING SHEET

Circle One: HU NSU ODU

Name: _____ M/F Height: _____ Weight: _____

Permanent Home Address: _____

Phone #: _____ Cell #: _____

Email: _____

Shoe Size: _____ (Specify if: N, R, W, XW, XXW)

Men:

Trouser: Waist: _____ Inseam: _____

Circle One: Short Reg Long X-Long

Shirt:

Long Sleeve: Neck: _____ Chest: _____ Sleeve Length: _____

Short Sleeve: Circle One: SM MED LG X-LG

Combination Cover (head) Size: _____

Women:

Slacks: Estimated Size: -- Inseam: _____ Waist: _____

Shirt: Neck Size: _____ Bust Size: _____ Sleeve Length: _____

Combination Cover (head) Size: _____ Hip: _____

Note: Ensure you measure carefully to get correct sizes for your uniforms to **prevent delays in ordering**. You can go to a tailor shop to get your correct measurements if you do not know.

NAVAL RESERVE OFFICER TRAINING CORPS HAMPTON ROAD CONSORTIUM
PRIVACY ACT STATEMENT

Under the authority of the 5 U.S.C.A. sect. 562, 10 U.S.C.A. sect. 6011, U.S. Navy Regulations (articles 0802 and 0819) and NSTCNOTE 5210 information regarding your personal background may be requested in order to provide the Naval Service Training Command's Selection and Placement Directorate with additional information upon which to recommend you for the NROTC College Program. The information provided by you will become a permanent part of the NROTC College Program application and may be used by officials of the Department of the Navy in making recommendations or decisions regarding your acceptance and by employees and officials of the Department of Defense, the Veterans' Administration and/or other Federal or State agencies in the performance of their official duties. You are not required to provide this information; however, failure to do so could result in the failure to obtain approval for acceptance into the NROTC College Program.

I, _____, SSN: XX – XXX - _____, fully understand the privacy act statement listed above in regards to my NROTC College Program application.

(Date)

(Signature)

Witness:

(Printed Name/Rank)

(Signature)