

DATE: \_\_\_\_\_

MEMORANDUM FOR Commander, CONUS Replacement Center

SUBJECT: Training Certification for Rank: \_\_\_\_\_ NAME: \_\_\_\_\_ SSN Last 4 \_\_\_\_\_

| REQUIREMENTS |  | CDR's INITIALS   |    |
|--------------|--|--|----|
|              |  | YES  | NO |
| 1            | Anti-Terrorism/Force Protection Level 1 (certificate attached)       |  |    |
| 2            | TARP   |  |    |
| 3            | Equal Opportunity/Prevention of Sexual Harassment                    |  |    |
| 4            | Cultural Awareness (Country Brief for this Individual's Destination) |  |    |
| 5            | Combat Stress/Suicide Prevention                                     |  |    |
| 6            | HQDA Fraternization Policy   |  |    |
| 7            | OPSEC  |  |    |
| 8            | Human Trafficking  |  |    |
| 9            | Army Value   |  |    |
| 10           | Collect and Report Intelligence Information                          |  |    |
| 11           | Hot Weather Injury Prevention  |  |    |
| 12a          | UCMJ (taught by an SJA)  | Understand<br>Military<br>Justice  |    |
| 12b          | Law of Land Warfare/Geneva Convention                                |  |    |
| 12c          | General Orders   | Individual Must:<br><br>Watch Six<br>Hostage<br>Videos,<br>Complete<br>PR Briefing<br>And COC<br><br><b>OR</b><br>Complete SERE<br>100 |    |
| 13a          | Personnel Recovery (PR) Briefing                                     |  |    |
| 13b          | Code of Conduct (COC)  |  |    |
| 13c          | Hostage Introduction Video   |  |    |
| 13d          | Hostage Survival Policy Video  |  |    |
| 13e          | Hostage Communication Video  |  |    |
| 13f          | Hostage Resistance To Exploitation Video                             |  |    |
| 13g          | Hostage Effecting Release Video                                      |  |    |
| 13h          | Level B Hostage Summary Video  |  |    |
| 13           | SERE 100 Course (certificate Attached)                               |  |    |

I certify that the subject individual has (YES block initials) or has not (NO block initials) completed training on the following 15 requirements within the past 12 months. I have initialed either YES or NO for each requirement.

The point of contact for this action is: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E:Mail: \_\_\_\_\_

Signature: \_\_\_\_\_ O-6 Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Unit: \_\_\_\_\_