

I Corps 80-Hour SHARP Course Enrollment Instructions

(1) The **BDE SARC** will submit school pre-packet checklists (Annex B) with required documents (Annex C-G) to the I Corps SHARP 80-Hour Course Registration Mailbox NLT suspense(s) listed in course schedule (Annex A).

(2) I Corps SHARP Program Management Office screens required documents and returns school pre-packet checklist (Annex B) to the respective **BDE SARC**.

(3) The **BDE SARC** will then submit a DA Form 4187 (Annex H) with the pre-packet checklist (Annex B) to the I Corps SHARP 80-Hour Course Registration Mailbox. All checklists with a "NO GO" must include a Waiver Consideration MFR signed by the appointing authority for the specified SHARP role. The MFR must outline the circumstances of the waiver-able offense and cite the paragraph in ALARACT 188/2014 authorizing such waiver.

(4) I Corps SHARP 80-Hour Course Registration Mailbox address for submitting all course enrollment documents is usarmy.jblm.i-corps.mbx.sharp-course@mail.mil.

(5) Students meeting all eligibility requirements and course prerequisites will be enrolled into ATRRS and receive a Welcome Letter with course information.

JBLM 80HR SHARP CERTIFICATION COURSE PRE-PACKET CHECKLIST

SEE CURRENT FY COURSE SCHEDULE FOR PRE-PACKET DUE DATES. ALL PACKETS MUST BE COMPLETE PRIOR TO TURN IN. ALL INCOMPLETE PACKETS WILL BE RETURNED WITHOUT ACTION.

_____ LAST NAME, FIRST, MI SOLDIER ATTENDING COURSE	_____ RANK	_____ UNIT _____ ROLE (SARC, VA, CO Advisor)
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Required Documents	<i>FOR I Corps SHARP Office Use Only</i>		
	GO/NO GO	DATE COMPLETE	INITIALS
Centralized Background Screening Request MFR (SARCs/VAs ONLY) MFR must be signed by the an O-5 Batallion Commander			
National Sex Offender Registry Check MFR MFR must be signed by the Brigade SARC Only			
DD Form 369 (Local Background Check) Form must be typed and digitally signed. If attending course TDY, must include Local Background check conducted at assigned installation. BDE SARC signs block 10c and Soldier attending course signs block 11			
DA Form 5018-R (ADAPC Form used to check ASAP records) Form must be signed by Soldier and BDE SARC in section B			
NACLC Verification MFR MFR must be signed by S-2/Security Manager Only			
***Waiver Consideration MFR (Must be signed by appointing authority and Included when submitting 4187 if applicable)			

INSTRUCTIONS FOR USE: Submit all necessary documents and forms NLT dates listed on the course schedule (Annex A) to usarmy.jblm.i-corps.mbx.sharp-course@mail.mil for processing. Once all forms are processed, a copy of the checklist will be sent to the POC provided below (BDE SARC ONLY) and must accompany the DA FORM 4187 (Annex H) requesting a school seat.

 PRINT LAST NAME, FIRST, MI
 BDE SARC ONLY

 EMAIL ADDRESS

 PHONE NUMBER



DEPARTMENT OF THE ARMY
UNIT LETTERHEAD

OFFICE SYMBOL

(DATE)

MEMORANDUM FOR I Corps SHARP Program Managers Office

SUBJECT: Centralized Background Screening Request

1. The following individual has been identified to serve as a Full-Time or Collateral Duty SARC or VA (list actual position Soldier will fill) in XXXXX BDE/BN. IAW ALARACT 188/2014, request a Centralized Background Screening be conducted IOT attend the 80 Hour SHARP Certification Course.

Name	Rank	SSN	PMOS	Gender	Date of Birth	Status
JOHN DOE	SFC	123456789	11B	Male	09/07/19	AC/RC

2. POC for this memorandum is the undersigned. (Must be an O-5 Battalion Commander in the Soldier's Chain of Command).

JOHN SMITH
LTC, USA
Commanding



DEPARTMENT OF THE ARMY
UNIT LETTERHEAD

OFFICE SYMBOL

(DATE)

MEMORANDUM FOR I Corps SHARP Program Managers Office

SUBJECT: National Sex Offender Screening

1. The following name was ran against the National Sex Offender Screening website and no matches were found.

Name	Rank	SSN	PMOS	Gender	Date of Birth	Status
JOHN DOE	SFC	123456789	11B	Male	09/07/19	AC/RC

2. POC for this memorandum is the undersigned. (Must be signed by BDE SARC).

JOHN SMITH
SFC, USA
1/2 SBCT BDE SARC

POLICE RECORD CHECK		1. DATE OF REQUEST (YYYYMMDD)		OMB No. 0704-0007 OMB approval expires Oct 31, 2014	
<p>The public reporting burden for this collection of information is estimated to average 27 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, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Suite 02G09, Alexandria, VA 22350-3100 (0704-0007). 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.</p> <p>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO ADDRESS SHOWN AT BOTTOM OF FORM.</p>					
SECTION I - (To be completed by Recruiting Service)					
2. NAME OF APPLICANT (Last, First, Middle Name(s), Alias) Snuffy, Joey S.		3. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		4. PLACE OF BIRTH a. CITY Lakewood b. COUNTY Pierce c. STATE WA	
5. DATE OF BIRTH (YYYYMMDD) 19790510		6.a. RACIAL CATEGORY (X one or more) <input checked="" type="checkbox"/> (1) AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> (2) ASIAN <input type="checkbox"/> (3) BLACK OR AFRICAN AMERICAN		b. ETHNIC CATEGORY <input type="checkbox"/> (1) HISPANIC OR LATINO <input checked="" type="checkbox"/> (2) NOT HISPANIC OR LATINO	
				7. SOCIAL SECURITY NUMBER 000-00-0000	
8. ADDRESS IN ADDRESSEE'S JURISDICTION (See "MAIL TO" block)					
a. NUMBER AND STREET (include apartment no.) 10856 Pendleton Road.		b. CITY JBLM		c. STATE WA	
				d. ZIP CODE 20120510	
				e. DATES RESIDED AT THIS ADDRESS a. FROM (YYYYMMDD) 20120510	
				b. TO (YYYYMMDD) 20151022	
10. PERSON MAKING THIS REQUEST					
a. NAME (Last, First, Middle Name(s)) BDE SARC		b. RANK SFC		c. SIGNATURE	
				d. TITLE BDE SARC	
SECTION II - (To be completed by Applicant)					
PRIVACY ACT STATEMENT					
<p>AUTHORITY: 10 U.S.C. Sections 136, 504, 505, 12102; 14 U.S.C. Sections 351 and 632; DoDI 1304.2; DoDI 1304.26; AR 601-270; OPNAVINST 1100.4C Ch-1; AFI 36-2003_IP; MCO 1100.75E; COMDTINST M 1100.2E; AR 601-210; and E.O. 9397, as amended (SSN).</p> <p>PRINCIPAL PURPOSE(S): The information collected on this form is used to screen and identify applicants to the Armed Forces who may have discreditable involvement with the police or other law enforcement agencies. Completed forms are used to conduct background records checks used to determine eligibility of applicants for accession into the Armed Forces. Completed forms are covered by recruiting and official military personnel SORNs maintained by each of the Services.</p> <p>ROUTINE USE(S): DoD "Blanket Routine Use" 2, Disclosure When Requesting Information Routine Use, specifically applies: A record from a system of records maintained by a DoD Component may be disclosed as a routine use to a Federal, State, or local agency maintaining civil, criminal, or other relevant enforcement information or other pertinent information, such as current licenses, if necessary to obtain information relevant to a DoD Component decision concerning the hiring or retention of an employee, the issuance of a security clearance, the letting of a contract, or the issuance of a license, grant, or other benefit. The DoD Blanket Routine Uses found at http://privacy.defense.gov/blanket_uses.shtml apply to this collection.</p> <p>DISCLOSURE: Voluntary. However, failure of the applicant to complete Section II may result in refusal of enlistment in the Armed Forces of the United States. An applicant's SSN is used to conduct the police records check and keep all records together during the enlistment process.</p> <p>The data are for OFFICIAL USE ONLY and will be maintained and used in strict confidence in accordance with Federal law and regulations. Making a knowing and willful false statement on this DD Form 369 may be punishable by fine or imprisonment or both. All information provided by you, which possibly may reflect adversely on your past conduct and performance, may have an adverse impact on you in your military career in situations such as consideration for special assignment, security clearances, court martial and administrative proceedings, etc.</p>					
11. I HEREBY CONSENT TO RELEASE FROM YOUR FILES THE INFORMATION REQUESTED BELOW.				SIGNATURE	
SECTION III - (To be completed by Police or Juvenile Agency)					
The person described above, who claims to have resided at the address shown above, has applied for enlistment in the Armed Forces of the United States. Please furnish from your files the information relative to Section III below. A return envelope is provided for your convenience.					
12. DOES THE APPLICANT HAVE A POLICE OR JUVENILE RECORD, TO INCLUDE MINOR TRAFFIC VIOLATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, what was the offense or charge, date, disposition and sentence?)					
13. IS APPLICANT NOW UNDERGOING COURT ACTION OF ANY KIND? (If YES, give details.) <input type="checkbox"/> YES <input type="checkbox"/> NO					
THIS IS TO CERTIFY THAT THE ABOVE DATA, AS CORRECTED, ARE TRUE AND CORRECT ACCORDING TO THE RECORD ON FILE IN THIS OFFICE. THIS INFORMATION IS CONFIDENTIAL AND CANNOT BE USED IN ANY OTHER MANNER EXCEPT FOR OFFICIAL PURPOSES.					
14. DATE (YYYYMMDD)		15. TITLE		16. VERIFIED BY (Signature)	
LAW ENFORCEMENT AGENCY MAIL TO:			RECRUITING AGENCY MAIL FROM:		
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>			<div style="border: 1px solid black; width: 100%; height: 100%; padding: 5px;"> I CORPS SHARP PROGRAM OFFICE BLDG 2027 B JBLM, WA 98433 </div>		



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
UNIT LETTERHEAD

(OFFICE SYMBOL)

(DATE)

Memorandum for I Corps SHARP Program Management Office

SUBJECT: National Agency Check with Local Agency Checks and Credit Check
(NACLIC)

1. The following individual has a favorable NACLIC that was completed on YYYYMMDD and clearance level as listed below:

<u>Rank, Last, First</u>	<u>SSN</u>	<u>Clearance Level</u>
SFC Snuffy, Michael	000-00-0000	Secret

2. The point of contact for this memorandum is the undersigned at (253) 967-0000.

BOBBY F. JONES
CPT, MI
Security Manager

PERSONNEL ACTION

For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended
PRINCIPAL PURPOSE: To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.
ROUTINE USES: The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.
DISCLOSURE: Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.

1. THRU <i>(Include ZIP Code)</i>	2. TO <i>(Include ZIP Code)</i> COMMANDER C/O SHARP INSTRUCTOR I CORPS JBLM, WA 98433	3. FROM <i>(Include ZIP Code)</i> O-5 Battalion Level Commander Only
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SECTION I - PERSONAL IDENTIFICATION

4. NAME <i>(Last, First, MI)</i> JONES, JOHNNY J.	5. GRADE OR RANK/PMOS/AOC SFC/68R4O00YY	6. SOCIAL SECURITY NUMBER 123-45-6789
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SECTION II - DUTY STATUS CHANGE *(AR 600-8-6)*

7. The above Soldier's duty status is changed from _____ to _____ effective _____ hours, _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: *(Check as appropriate)*

<input type="checkbox"/> Service School <i>(Enl only)</i>	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training <i>(Enl only)</i>	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment <i>(Enl only)</i>	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other <i>(Specify)</i> SHARP CERTIFICATION COURSE ENROLLMENT REQUEST
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER <i>(When required)</i>	10. DATE (YYYYMMDD)
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SECTION IV - REMARKS *(Applies to Sections II, III, and V) (Continue on separate sheet)*

I understand I have been selected to serve as a (Choose Only one from the following: Full Time SARC or VA, Collateral Duty SARC or VA, or Company Advisor) and submit the following information IOT attend the 80 Hour SHARP Certification Course on JBLM:

Gender:
MOS:
Unit (Company and BN):
MSC:
Email Address (@mail.mil):
Primary Course Dates:
Alternate Course Dates:

Upon successful completion of the 80 Hour SHARP Certification Course, all SARCs and VAs must submit a D-SAACP Credential packet and subsequently be placed on appointment orders. Company Advisors are not authorized to submit a D-SAACP Credentialing packet and are NOT authorized to intake a report of sexual assault.

Enclosure(s):
Completed Course Checklist
Waiver Memorandum (if applicable)

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change *(Section II)* or that the request for personnel action *(Section III)* contained herein -
 HAS BEEN VERIFIED RECOMMEND APPROVAL RECOMMEND DISAPPROVAL IS APPROVED IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE O-5 Battalion Level Commander Only	13. SIGNATURE	14. DATE (YYYYMMDD)
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Annex H