

Division Combat Skills Center Command Screening Checklist

1. **Purpose:** To ensure Marines selected to augment the Division Combat Skills Center are fully qualified.
2. **Information:** DCSC is not a screening institution. The Marines screened for assignment to the DCSC will be responsible for training MEF and Division Units in all areas of Infantry small arms, tactics and procedures. In order to preclude Marines being turned around upon assignment to DSCS, it is necessary that parent commands ensure their Marines satisfy assignment prerequisites set forth in this checklist.
3. **Action:** The completed Command Screening Checklist will be hand-carried by the individual Marine to check-in and will be maintained in the Marine's instructor record. The checklist will be destroyed upon completion of TAD.

Privacy Act Statement

This Statement serves to inform you of the purpose of this data collection and to apprise how the collected data will be used. The Privacy Act System of Records Notice that allows for collection of this information is NM01500-2 DON EDUCATION AND TRAINING RECORDS located at <http://www.privacy.navy.mil/privacy/noticenumber/NM01500-2.doc>. Please read this Statement carefully.

AUTHORITY: 10 U.S.C. § 5041, Headquarters U.S. Marine Corps, and E.O. 9397 (SSN)

PRINCIPAL PURPOSE: Information is obtained to identify personnel who are to be assigned as instructors for DCSC course of instruction. The collected information will be maintained in the Marine Corps Training Information Management System (MCTIMS) database.

ROUTINE USE: Information collected on this form may be shared outside the DoD for those specific purposes and listed organizations identified as DoD Blanket Routine Uses at http://www.defenselink.mil/privacy/dod_blanket_uses.html.

RETENTION: Automated MCTIMS records are retained permanently.

DISCLOSURE: Providing information on this form, including your EDIPI, is voluntary. Failure on your part, however, to answer all questions, or any misrepresentation (by omission, concealment, or by misleading, false, or partial answers), may serve as a basis for denied assignment to the Division Combat Skills Center (DCSC).

Name: _____	Grade: _____	EDIPI: _____
Unit: _____	Remaining Time on Station: _____	EAS/PCS: _____
Billet screened for:		
Prerequisites	Yes	No
1	Appropriate grade per AMHS Message tasking	
2	Meets height/weight standards per MCO 6100.3 Date of Weigh-in: _____ Height: _____ Weight: _____ BF% (if required): _____	
3	Meets fitness standards per MCO 6100.13 Date/Score Last PFT: _____ Run Time: _____ Flex Arm/Pull Ups: _____ Crunches: _____ Date/Score Last CFT: _____ Movement to Contact: _____ Ammo Lift: _____ Maneuver Under Fire: _____	
4	Full Duty Status * Note: Must be signed and stamped by a Medical Officer or Independent Duty Corpsman Date of Physical: _____ Medical Officer Name: _____ Medical Officer Billet: _____	
		Remarks

Prerequisites		Yes	No	Remarks
5	Are there any existing family or financial hardships that would preclude this Marines abilities to instruct on a daily basis			
6	Minimum GT Score of 100			
	GT Score			
7	Sergeants and above should have a TD FitRep			
	Corporals must have Pro/Con Marks assigned			
	Pro			
	Con			
8	No NJP in the last 12 months			
9	Must not have a history of mental problems or disorders			
10	If applicable SNM is in full compliance with II MEFs guidance in reference to motorcycle safety			
11	Due to the need for mature and responsible instructors, they must be volunteers . Marines will be returned to their commands if they are not volunteers			
12	By initialing below I indicate the this Marine has demonstrated proficiency in each of the following areas (03xx specific)			
	Basic Infantry Skills/Tactics			
	Basic Machinegun Employment			
	Basic Mortar Employment			
	Land Navigation			
	IULC			
	ISULC			
	AIC			
	AMGLC			
	AMLC			
AALC				
13	Although not required, it is strongly recommended, that Marines complete the following prior to their assignment to DCSC , especially for 03xx candidates:			
	MCI 0381 (Land Navigation)			
	MCI 0335 (Infantry Patrolling)			

I have personally screened this Marine and certify that he meets all requirements for assignment to the DCSC as outlined above and per the references.

Battalion Operations Chief/Gunner Phone # _____ Signature _____ Date _____

Battalion Operations Officer Phone # _____ Signature _____ Date _____

DCSC Senior Enlisted/Operations Chief Phone # _____ Signature _____ Date _____

DCSC Deputy Director/Director Phone # _____ Signature _____ Date _____