

## Joint Enroute Care Course (JECC) - (F12/300-F26) – Nomination Checklist

NAME:	SSN:
RANK:	DATE OF RANK: (Minimum rank of E3 is required)
UNIT:	REPORT DATE:

LPO or DIVO	STUDENT INITIALS	<b>PART I: UNIT PREPARATION OF THE STUDENT</b> (THIS CHECKLIST AND ANY ATTACHMENTS MUST BE SUBMITTED WITH THE NOMINATION LETTER)
		Student meets 24 month service remaining requirement
		Student has a current Class II Flight Physical (Navy). Recommend: Flight physical uploaded into the U.S. Army Aeromedical Activity (AERO) and qualified by NAMI or AAMA. Current NAVMED 6410/2
		Student has a current/valid military ID card that remains valid throughout the course length (5 weeks from the report date)
		Student has a Government Credit Card/Travel Advance that will preclude financial hardship while attending the course (Lodging and meals must be included in the fund citation, course is NOT MTSS funded)
		Student will meet height and weight standards (with no event waived) prior to entry into course. Any student who arrives out of standards will not be enrolled. Please include overall PRT/PFA score with nomination.
		Student has completed Navy certified Non-AC Class 3 with HABD, or AC INDOC Class 3 with HABD, Naval Aviation Survival Training at an approved ASTC. <b>(Certificate Attached)</b> <b>Location:</b> <a href="http://www.med.navy.mil/sites/nmotc/nsti/Pages/default.aspx">http://www.med.navy.mil/sites/nmotc/nsti/Pages/default.aspx</a>
		Scheduled to deploy to an Enroute Care Billet. <b>Deploying Unit:</b> _____ <b>Deployment Date:</b> _____

<b>UNIT POINTS OF CONTACT</b>		
Commanding Officer:	Cell:	Office:
CMC or SEL:	Cell:	Office:
LPO:	Cell:	Office:
Unit Fax:	CMC or SEL email:	

<b>CERTIFICATION OF COMPLETION</b>
Student Signature:
Commanding Officer /CMC or SEL:

\*\*Upon completion and submission of the nomination letter and this checklist,  
please contact HM2 Hellberg at: [margrette.hellberg.mil@mail.mil](mailto:margrette.hellberg.mil@mail.mil)