

**PHYSICIAN ASSISTANT TRAINING PROGRAM
APPLICATION CHECK-OFF LIST**

NAME (Last, First MI)	SSN	
------------------------------	------------	--

Officer Commissioning Requirements (continued)

- 41. Copy of Social Security card
- 42. Fingerprint cards (form FD-258), 2 originals
- 43. Personnel Security Action (form CG-5588)
- 44. Electronic Questionnaires for Investigations Processing (e-QIP, form SF-86) Command Security Officer provides access to e-QIP. Print & include entire completed e-QIP
- 45. Officer Candidate School Agreement (form CG-3211B)
- 46. Page 7 (form CG-3307) acknowledging prohibition on using Montgomery GI Bill for courses taken as part of PA program