

**Military Sealift Fleet Support Command
Training Information Bulletin 08-2011**

**Ordinary Seaman
Advancement Program**



Prepared By: Military Sealift Fleet Support Command,
CIVMAR Workforce Development Division, Training Branch

SEPTEMBER 2011

This bulletin replaces MSFSC Training Information Bulletin dtd May 2010.

Ref: (a) MSFSCINST 7200.1A

- Encl: (1) CIVMAR Training Request Form, MSFSC Form 12410/60A (Rev 8-11)
(2) OSAP Application Check-Off List, MSFSC Form 12410/53 (9-11)
(3) USCG Application for License and Merchant Mariner's Credential (CG-719B, Rev 03/04)
(4) USCG Merchant Mariner Credential Medical Evaluation Report (CG-719K, Rev 01-09)
(5) Authorization to Release Information, MSFSC Form 12410/54 (9-11)
(6) Continued Service Agreement, MSFSC Form 12410/5 (Rev 9-11)

1. Purpose. Military Sealift Fleet Support Command (MSFSC) has developed the Ordinary Seaman Advancement Program (OSAP) Training Information Bulletin to provide the necessary information and guidance to shipboard managers, MSFSC Ordinary Seaman (OS) and their Deck Marine Placement Specialists (MPSs) regarding the OSAP. It provides the training requirements, policies and application procedures for participation in the program. The MSFSC OSAP offers a career opportunity and promotion path for OS that are required to complete the OSAP within two years, in accordance with the OSAP Agreement that they signed when they were hired or promoted to an OS. MSFSC has developed this internal "grow our own" OSAP to ensure there are enough Able Seamen (ABs) to meet our current and future manning needs.

2. Cancellation: MSFSC Training Information Bulletin, Able Bodied Seaman Upgrade Program, May 2010.

3. Background. The MSFSC OSAP Coordinator is located in the civil service mariner (CIVMAR) Training Branch (N131) and centrally manages the MSFSC OSAP. The OSAP Coordinator will:

- a. Work closely with the OS, their First Officers, and OS Deck MPS and assistants.
- b. Review the OS' training history, deck sea time, Standards Training Certification Watchkeeping (STCW) 95 certificate with Rating Forming Part of Navigational Watch (RFPNW) endorsements and recommend paths to satisfy any shortfalls.
- c. Request and coordinate all required training associated with the upgrade upon receipt of a CIVMAR Training Request Form, MSFSC Form 12410/60A, enclosure (1). This may include arranging some or all of the travel items, such as travel orders, travel advance, rental car/shuttles, lodging, directions and delivery of travel orders and air line tickets or itineraries.
- d. Maintain a file for each applicant and assist OS's with processing, submitting and tracking their United States Coast Guard (USCG) AB Upgrade applications for their new AB (Spec-Unlimited) Merchant Mariner Credential (MMC) and AB STCW 95 certificate with RFPNW endorsements.
- e. Obtain the MSFSC sea service letters prior to 14 March 2007 and MSFSC Drug Free letters and include them in the OS's Upgrade Application package.

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f. Review the application for completeness and accuracy, and then forward it to the USCG Regional Exam Center (REC) selected by the OS via certified mail or FedEx.

4. RFPNW Program. The MSFSC OSAP Coordinator is additionally assigned as the CIVMAR Training Branch's STCW/RFPNW Program Coordinator to obtain and include the MSFSC RFPNW Program Certificates and United States Coast Guard (USCG) STCW 95 Certificates with RFPNW endorsements in the Upgrade Application package.

5. OSAP Duration. Within two years from the date of the signed OSAP Agreement, applicants shall have completed the OSAP and obtained the Merchant Mariner Credential (MMC) endorsed as both RFPNW and AB.

a. Only one extension may be granted and it will be of the shortest possible duration, not to exceed one year in length. All extensions must be requested by the mariner prior to expiration of the initial agreement. Requests for extensions to the OSAP Agreement are to be submitted to the OSAP Coordinator and must include the following within the request:

(1) New date of expected completion of the program

(2) Extenuating circumstances beyond the control of the mariner that precluded completion of the program within the specified timeframe

6. Required Sea Service: Applicants need 360 days minimum deck sea service to be considered for an upgraded AB (Special) MMC, 540 days minimum for AB (Limited) Merchant Mariner Credential (MMC) or 1080 days minimum for AB (Unlimited) MMC. The required deck sea service (minimum of 360 creditable days) can be a combination of MSFSC deck sea service, or other USCG approved deck sea service from the U.S. Navy, other military services, U.S. government agencies, and from shipping companies in the private industries. Only the deck ratings will earn creditable deck sea time to use towards the requirements for an AB endorsement. The military DD-214 form or other service record pages are not sufficient evidence of sea service. Mariners must produce the "Transcription of Sea Service" form validating any military experience while attached to ships.

a. Mariners approved to attend the AB and LB training shall have earned a minimum of eight (8) months creditable deck sea service and be in a position to attain the balance of four (4) months or more deck sea service within one-year of course completion, since the Able Seaman Course Certificate and Lifeboat/PSC Course Certificate both expire within one year.

Note: The OS is responsible for obtaining and submitting the certified letters or documentation for prior USCG approved deck sea service experiences and obtaining MSFSC Master's sea service letters dated after 14 March 2007. Some MSFSC vessels in port (i.e., USNS Mercy and USNS Comfort) are considered low-operating tempo by the USCG and the USCG will only credit deck sea service at the rate of 60%, unless these ships go to sea.

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7. Required training:

a. All OSAP associated training requests must be submitted by the OS' Deck MPS while assigned to the CIVMAR Support Unit (CSU) or from their Chief Mate or Master onboard their assigned ship. The training will be coordinated through the MSFSC CIVMAR Training Branch's OSAP Coordinator upon receipt of a CIVMAR Training Request Form, MSFSC 12410/60A, enclosure (1). The successful mariner must complete the following USCG approved courses:

(1) Able Seaman Course (certificate expires one-year from date of issue)

(2) STCW Lifeboatman/Personal Survival Craft (LB/PSC) Course (certificate expires one-year from date of issue)

(3) RFPNW Course

(4) Four STCW Basic Safety Training (BST) courses (expires five-years from date of issue)

(a) Basic Fire Fighting

(b) Personal Survival

(c) Elementary First Aid

(d) Personal Safety and Social Responsibility.

b. Prior to attending AB and LB training, participants must have completed their RFPNW Work and Record Book and received either the MSFSC RFPNW Program Certificate or already have earned the RFPNW-OS endorsement on their MMC, without any restrictions, prior to starting courses.

c. The AB and LB certificates expire within one year. The OS can apply to the USCG Regional Examination Center (REC) to be issued either an AB (OSV), Lifeboat/PSC, or RFPNW restricted with Lookout Duties only endorsement, whichever is applicable, until the OS obtains 360 days deck sea time and completes the RFPNW Work and Record Book. Once the OS obtains the 360 days deck sea time, they can reapply for another upgraded AB (Special) MMC with the RFPNW endorsements.

d. In cases where the mariner is very close to completing the MSFSC RFPNW Work and Record Book assessments and 120 watch endorsement requirements, the OSAP Coordinator may make an exception for scheduling purposes and allow the mariner to attend the OSAP training courses before they have obtained the MSFSC RFPNW Program Certificate. However, in such cases, the OS must submit in writing an explanation to the OSAP Coordinator the circumstances

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beyond the control of the employee that precluded the employee from obtaining the RFPNW Program Certificate or earning the endorsement on their MMC.

e. The MSFSC RFPNW one-day course is a requirement and most OS will attend it during their New Hire Training phase. The course is required to obtain their MSFSC RFPNW Program Certificate and USCG MMC RFPNW endorsement. By completing the course, the OS will only need to stand 120 watches (480 hours of watch standing) vice 360 watches (1440 hours of watch standing), which must be documented in their MSFSC RFPNW Work and Record Book along with their completed RFPNW assessments. Refer to the current revision of the MSFSC RFPNW Work and Record Book for guidance or contact the OSAP Coordinator.

Note: The purpose of requiring OS to obtain the MSFSC RFPNW Program Certificate or having earned the RFPNW-OS endorsement on the MMC beforehand helps ensure that the Command has a pool of certified OS. These seamen may be used to fill positions that need not be AB, but require USCG MMC RFPNW endorsement for watch standing. These positions are found on some USCG Certificates of Inspection where they are generally referred to as "Specially Trained Ordinary Seaman."

8. Training Sources. Normally, the AB, RFPNW and LB courses will be scheduled primarily at the MSFSC Training Center West, San Diego. Other scheduled alternate training sites may be at the MSFSC Training Center East Detachment training sites in Norfolk, VA; Little Creek, VA; Baltimore, MD; and San Diego areas, depending upon training and ship availability. All MSFSC courses are USCG approved "in-lieu" courses and includes the USCG approved completion certificates so the OS will not have to test at the USCG REC. When MSFSC courses are unavailable when the ship or Deck MPS needs them, alternate USCG approved schools will be scheduled by the OSAP Coordinator based upon availability and funding.

Note: Special Group OSAP training requests can be facilitated upon request. Off-site (remote) OSAP training (i.e., in Guam or shipboard) should be originated and requested at least 90 days in advance with the MSFSC CIVMAR Workforce Development Division Head (N13) to allow time to coordinate the instructors, event planning, logistics, funding, lifeboat(s) and contracting. Once off-site group training is approved and set up, one or more ships can submit their final training requests to the OSAP Coordinator to obtain confirmed training quotas, travel orders, lodging and other logistical support.

9. Application process. The application process for upgrading credentials to receive a USCG MMC including AB, LB and RFPNW endorsements are provided below.

a. The Upgrade Application package must be mailed to the OSAP Coordinator and include all of the items listed below and on the OSAP Application Check-Off List, MSFSC Form 12410/53, enclosure (2). The mariner must complete all of the USCG requirements for review and submission to the mariner's selected USCG REC. Once the package is determined to be complete, the OSAP Coordinator will forward the completed package to the selected REC via certified mail or FedEx for further processing:

(1) USCG Application for License and Merchant Mariner's Credential (CG 719B, Rev 03/04, enclosure (3))

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- (2) USCG Merchant Mariner Credential Medical Evaluation Report (CG 719K, Rev 01-09, enclosure (4))
- (3) Authorization to Release Information (MSFSC Form 12410/54 (9-11), enclosure (5))
- (4) Deck sea service letter(s) (minimum of 360 creditable deck days)
- (5) MSFSC Drug Free Workplace letter
- (6) Copy of MMC or MMD (back and front)
- (7) Copy of Transportation Workers Identification Card (TWIC) card (back and front)
- (8) Copy of passport picture page
- (9) AB course certificate
- (10) LB course certificate
- (11) STCW BST Basic Firefighting course certificate
- (12) STCW BST Personal Safety and Social Responsibilities course certificate
- (13) STCW BST Personal Survival course certificate
- (14) STCW BST Elementary First Aid course certificate
- (15) RFPNW course certificate
- (16) MSFSC RFPNW program certificate
- (17) Check/Money Order/or copy of online receipt for having paid USCG fees.

Note: The USCG fee can be paid online at <http://www.pay.gov>. Submit a copy of the online receipt for payment with the application package.

b. The OS must submit their Upgrade Application package including all the required certificates, copy of receipt for having paid USCG fees and other required documents to the OSAP Coordinator within three months of the document's expiration periods. This will allow the OSAP Coordinator enough time to review and submit the completed Upgrade Application package to the OS's selected USCG Regional Examination Center (REC) prior to the documents expiring.

c. Mariners are allowed to request reimbursement from the CIVMAR Training Branch for the upgrade credential fees by submitting a SF-1164 and USCG fee receipts in accordance with the specific guidance in MSFSCINST 7200.1A, reference (a). The current instruction is posted on

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the MSC Website under CIVMAR Training at www.msc.navy.mil. You may obtain a SF-1164 from your Purser or CSU.

10. Receipt of credentials and permanent promotion consideration:

a. All CIVMARS with the required MMC endorsed as both RFPNW and AB are required to submit copies of their new credentials to the OSAP Coordinator and their MPS. Once received, the OSAP Coordinator will close out the OS' file based on completion of the program requirements.

b. An OS is not eligible for permanent promotion consideration to the position of AB until they have obtained a USCG AB (Special to Unlimited) MMC and their AB RFPNW/STCW endorsements. The Deck Department career path for non-officers begins at the position of OS which includes AB, Boatswain Mate (BM), and ends at the position of Boatswain with each level promotion based upon competitive merit promotion principles. Promotions from Ordinary to Able Seaman (or from AB to the higher levels) are not automatic, you must apply through a Promotion Opportunity Announcement, and are contingent upon employee's ability to achieve and maintain respective position requirements (training, security, medical, performance, etc).

11. Additional information on the USCG requirements: Should you need additional information regarding the USCG application requirements, please check with the local USCG REC located on the USCG website: www.uscg.mil/stcw.

12. Questions. Questions regarding this program may be addressed to the CIVMAR Support Center (CSC) at civmar@marinerssupport.com; 1-877-562-7672 or email the MSFSC CIVMAR Training Branch, N131 at MSFSC_CIVMAR_TRNG@navy.mil. The mailing address is:

Military Sealift Fleet Support Command
Attn: OSAP Coordinator (N131)
471 East C. Street, Bldg. SP-64
Norfolk, VA 23511-2419

CIVMAR TRAINING REQUEST FORM (Rev. 08/11)
SUBMIT COMPLETED & APPROVED FORM TO: [MSFSC CIVMAR TRNG@navy.mil](mailto:MSFSC_CIVMAR_TRNG@navy.mil)
PLEASE SEE LAST PAGE OF THIS FORM FOR REQUIRED SUBJECT LINE

CIVMAR's Full Name:	Rate:	Coast:
CIVMAR's Phone #:	Date of Birth (mm/dd/yy):	CIVMAR's Work E-Mail:
CIVMAR's Cell Phone #:	CIVMAR's Personal E-Mail:	
If Currently Assigned to Ship, please provide E-Mail of CIVMAR's Dept. Head:		

1. CIVMAR's Current Assignment (please check one):
 East Coast Ship West Coast Ship CSU East CSU West On Leave

If 'East Coast Ship' or 'West Coast Ship' - Provide Ship's Name: _____

2. Day of Departure for Training, CIVMAR's Assignment will be (please check one):
 East Coast Ship West Coast Ship CSU East CSU West On Leave

If 'East Coast Ship' or 'West Coast Ship' - Provide Ship's Name: _____

3. Will CIVMAR be Paid Off Ship? Yes No If Yes - Provide Date: _____

4. Please provide the Name, Vendor, and Dates of each Training Course requested:

Training Course Title	Vendor	Date From	Date To

5. Please provide Specific Dates you are Available to Train, in case the Dates requested above are Not Available:

Date From	Date To

6. Travel Orders Required? Yes No

7. Orders to be Completed by (check one): Ship Training Specialist

Please Note: Orders are prepared by ship if CIVMAR is attached to a West Coast ship. All other orders are prepared by the training specialist.

8. Does CIVMAR require a Pay Advance? Yes No

Please Note: Advances are paid only if CIVMAR has settled all previous travel and does not owe the government any money.

Travel to Training Location

<p>9. Depart for Training from (check one): <input type="checkbox"/> CSU East <input type="checkbox"/> CSU West <input type="checkbox"/> Home <input type="checkbox"/> Hotel <input type="checkbox"/> LANT Ship <input type="checkbox"/> Other a. If 'Home' 'Hotel' 'LANT Ship' or 'Other' - Provide Address:</p>	<p>12. If 'COMAIR' - Name of Airport Nearest to Departure Location:</p>
<p>10. Desired Departure Date:</p>	<p>13. If 'COMAIR' - Transportation to Airport (check one): <input type="checkbox"/> Passenger in Private Car <input type="checkbox"/> POV <input type="checkbox"/> Taxi <input type="checkbox"/> Rental Car (See Item 21)</p>
<p>11. Transportation to Training Location (check one): <input type="checkbox"/> COMAIR <input type="checkbox"/> MSC Bus <input type="checkbox"/> Passenger in Private Car <input type="checkbox"/> POV <input type="checkbox"/> Taxi <input type="checkbox"/> Rental Car (See Item 21)</p>	<p>14. Lodging Required at Training Location: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>NOTE: Lodging arrangements are the responsibility of the CIVMAR.</p>

Travel During Training

<p>15. Transportation to/from Training Site (check one): <input type="checkbox"/> Passenger in Private Car <input type="checkbox"/> POV <input type="checkbox"/> Taxi <input type="checkbox"/> Rental Car (See Item 21) <input type="checkbox"/> TCE/TCW Shuttle <input type="checkbox"/> N/A</p>

Return Travel

<p>16. Return from Training Location to (check one): <input type="checkbox"/> CSU East <input type="checkbox"/> CSU West <input type="checkbox"/> Home <input type="checkbox"/> Hotel <input type="checkbox"/> LANT Ship <input type="checkbox"/> Other a. If 'Home' 'Hotel' 'LANT Ship' or 'Other' - Provide Address:</p>	<p>18. Transportation to Return Location (check one): <input type="checkbox"/> COMAIR <input type="checkbox"/> MSC Bus <input type="checkbox"/> Passenger in Private Car <input type="checkbox"/> POV <input type="checkbox"/> Taxi <input type="checkbox"/> Rental Car (See Item 21)</p>
<p>17. Desired Return Date or N/A:</p>	<p>19. If 'COMAIR' - Name of Airport Nearest to Return Location:</p>
	<p>20. If 'COMAIR' - Transportation to/from Airports (check one): <input type="checkbox"/> Passenger in Private Car <input type="checkbox"/> POV <input type="checkbox"/> Taxi <input type="checkbox"/> Rental Car (See Item 21)</p>

21. Answer the following question ONLY if 'Rental Car' was selected in one or more of these items: 11, 13, 15, 18, 20.
 Does CIVMAR have a Valid Driver's License? Yes No
 a. If Yes, does CIVMAR have a Credit Card (**NOT Debit Card**) with Enough Funds for the Cost of a Rental Car until reimbursed by MSC?
 Yes No

Additional Remarks

Privacy Act Statement

Authority — This information is being collected under the authority of 5 U.S.C. § 4115, a provision of The Government Employees Training Act.

Purposes and Uses — The primary purpose of the information collected is for use in the administration of the HRMS to document the nomination of trainees and completion of training. This information becomes a part of the permanent employment record of participants in training programs, and is subject to all of the published routine uses of that system of records.

Effects and Nondisclosure — Providing the personal information requested is voluntary; however, failure to provide this information may result in ineligibility for participation in training programs or errors in the processing of training you have applied for or completed.

Information Regarding Disclosure of your Social Security Number (SSN) Under Public Law 93-579, Section 7(b) — Your partial SSN will be used primarily to give you recognition for completing the training and to accumulate MSFSC-wide training statistical data and information. The use of partial SSNs is necessary to differentiate between current employees who may have identical names and/or birth dates and whose identities can only be distinguished by using a portion of their SSNs.

FOR OFFICIAL USE ONLY

SUBMIT COMPLETED & APPROVED FORM TO: [MSFSC CIVMAR TRNG@navy.mil](mailto:MSFSC_CIVMAR_TRNG@navy.mil)

***Required SUBJECT LINE Format:** (this will assist in reducing process time for training requests)*

Subject: Requestor's Department\ 1st Date of Training (mm.dd.yy)\ Requestor's Last Name, First Name\
Requestor's Rate

Examples: Initial Request, Modification, Cancellation

- Subject: DECK\03.01.11\Doe, John\AB
- Subject: MOD DECK\03.01.11\Doe, John\AB
- Subject: CANX DECK\03.01.11\Doe, John\AB

Mariner's Name: _____

Mariner's Date of Birth (MMDDYY): _____ USCG REC: _____

OSAP APPLICATION CHECK-OFF LIST

⇒	Item	Date Completed	Remarks	Original Or Copy?
	USCG Upgrade Application		Attach Sec. III Written Statements/Court, Police or DMV Documents for Yes answers	Original
	USCG Physical Exam Report		Expires one year after exam	Original
	Release of Info Letter			Copy
	Sea Service Letter(s)		Minimum of 360 creditable DECK days	Copy
	MSFSC DFWPC Drug Free Letter		Expires six months after signed Obtained by OSAP Coordinator (N-131) upon request	Original
	MMD Front/Backside			Copy
	Passport Book Picture Page		Required to initiate National Security Check	Copy
	Able Seaman Course Certificate		Expires in one year from the date of course completion if not endorsed by USCG	Copy
	Lifeboat/PSC Course Certificate		Expires in one year from the date of course completion, if not endorsed by USCG	Copy
	Basic FF Course Certificate			Copy
	First Aid Course Certificate			Copy
	PSSR Course Certificate			Copy
	Personal Survival Course Certificate			Copy
	RFPNW Course Certificate			Copy
	MSFSC RFPNW Program Certificate		Issued by MSFSC CIVMAR Training Branch (N-161) after receiving RFPNW Work and Record Book	Copy
	TWIC Card Front/Backside			Copy
	Check/Money Order/Online (Receipt) \$140.00		For check/money order, pay to order of "USCG". To pay online, go to www.pay.gov	Original

Application for License as an Officer, Staff Officer, or Operator and for Merchant Mariner's Document

Section I - Personal Data (For CG Use Only) Date Application Received

Name (Last, First, Middle) <small>(Maiden Name if applicable)</small>		Social Security Number	
Date of Birth (Month, Day, Year) ____/____/____	Place of Birth (City, State, Country)	Country of Citizenship	
Color of Eyes	Color of Hair	Height _____ft _____in	Weight _____lbs
Mailing Address, City, State, Zip Code (PO Boxes are acceptable)		Phone Number () -	
		FAX Number () -	
		E-mail Address	
Next of Kin's Name and Mailing Address, City, State, Zip Code		Relationship	
		Next of Kin's Phone Number () -	
		Next of Kin's Email Address	

Parental or Guardian's Consent
 I am under 18 years old and a notarized statement of parental/guardian consent is attached.

Section II - Type of Transaction

Transaction	Original	Renewal	Raise in Grade	Endorsement	Duplicate*
<input type="checkbox"/> License	<input type="checkbox"/>				
<input type="checkbox"/> Merchant Mariner's Document (MMD)	<input type="checkbox"/>				
<input type="checkbox"/> STCW Certificate	<input type="checkbox"/>				
<input type="checkbox"/> Certificates of Registry	<input type="checkbox"/>				
<input type="checkbox"/> Certificate of Discharge Sea Service					

***If requesting a duplicate for a lost or stolen License/MMD attach a signed statement explaining how, when and where your credentials were lost or stolen and your efforts to recover them.**

Applying for:
 Grade of License (include tonnage, waters, propulsion mode, horsepower, etc.); or MMD rating (Able Seaman, QMED, Oiler, etc.)

State Current or Previous License/Merchant Mariner's Document		
Description of License/Merchant Mariner's Document	Place of Issue	Date of Issue

Previous Edition Obsolete

**Application for License as an Officer, Staff Officer, or
Operator and for Merchant Mariner's Document**

Section III - Narcotics, DWI/DUI, and Conviction Record Conviction means found guilty by judgment or by plea and includes cases of deferred adjudication (no contest, adjudication withheld, etc.) or where the court required you to attend classes, make contribution of time or money, receive treatment, submit to any manner of probation or supervision, or forgo appeal of a trial court finding. Expunged convictions must be reported unless the expungement was based upon a showing that the court's earlier conviction was in error.

Yes (X)	No (X)	Indicate your answers to the following questions; sign and date at the bottom of this section.
		Have you ever been convicted of violating a dangerous drug law of the United States, District of Columbia, or any state, or territory of the United States? (This includes marijuana) <i>(If yes, attach statement)</i>
		Have you ever been a user of/or addicted to a dangerous drug, including marijuana? <i>(If yes, attach statement)</i>
		Have you ever been convicted by any court—including military court—for an offense other than a minor traffic violation? <i>(If yes, attach statement)</i>
		Have you ever been convicted of a traffic violation arising in connection with a fatal traffic accident, reckless driving or racing on the highway or operating a motor vehicle while under the influence of, or impaired by, alcohol or a controlled substance? <i>(If yes, attach statement)</i>
		Have you ever had your driver's license revoked or suspended for refusing to submit to an alcohol or drug test? <i>(If yes, attach statement)</i>
		Have you ever been given a Coast Guard Letter of Warning or been assessed a civil penalty for violation of maritime or environmental regulations? <i>(If yes, attach statement)</i>
		Have you ever had any Coast Guard license or document held by you revoked, suspended or voluntarily surrendered? <i>(If yes, attach statement)</i>

I have attached a statement of explanation for all areas marked "yes" above. I signed this section with full understanding that a false statement is grounds for denial of the application as well as criminal prosecution and financial penalty. I understand that failure to answer every question will delay my application.

Signature of Applicant agreeing to the above statement

Date

Section IV - Character References (For Original License Applicants Only)

I am an Original License Applicant and have attached three letters of written recommendation.

Section V - Mariner's Consent

National Driver Registry (NDR) (Mandatory): I authorize the National Driver Registry to furnish the U.S. Coast Guard (USCG) information pertaining to my driving record. This consent constitutes authorization for a single access to the information contained in the NDR to verify information provided in this application. I understand the USCG will make the information received from the NDR available to me for review and written comment prior to taking any action against my License or Merchant Mariner's Document. Authority: 46 U. S. C. 7101(g) and 46 U. S. C. 7302(c).

Signature of Applicant

Date

Mariner's Tracking System (Optional): I consent to voluntary participation in the Mariner's Tracking System to be used by the Maritime Administration (MARAD) in the event of a national emergency or seafit crisis. In such an emergency, MARAD would disseminate my contact information to an appropriate maritime employment office to determine my availability for possible employment on a seafit vessel. Once consent is given, it remains effective until revoked in writing. Send signed notice of revocation to the USCG National Maritime Center (NMC -4A), 4200 Wilson Blvd., Suite 630, Arlington, VA 22203 - 1804

Signature of Applicant

Date

DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-719B (Rev 03/04)	Application for License as an Officer, Staff Officer, or Operator and for Merchant Mariner's Document	OMB 1625-0040 Expires 06/31/2012 Page 3
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Section VI - Certification and Oath

Certification (Mandatory)

Whoever, in any manner within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, violates the U. S. Criminal Code at Title 18 U. S. C. 1001 which subjects the violator to Federal prosecution and possible incarceration, fine or both.

I certify that the information on this application is true and correct and that I have not submitted any application of any type to the Officer-in-Charge, Marine Inspection in any port and been rejected or denied within 12 months of this application.

<input checked="" type="checkbox"/> Signature of Applicant agreeing to the above statement	Date
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Oath (For originals only. Coast Guard official must witness applicant signature.)

I do solemnly swear or affirm that I will faithfully and honestly, according to my best skill and judgment, and without concealment and reservation, perform all the duties required of me by the laws of the United States. I will faithfully and honestly carry out the lawful orders of my superior officers aboard a vessel.

<input checked="" type="checkbox"/> Signature of Applicant	Date	Signature of Coast Guard Official	Date
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U.S. Coast Guard Use Only

Section VII – REC Application Approval

Signature of Approving Official	REC	Date
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(Application has been approved on this date)

Section VIII – REC Citizenship Verification & Credential Issuance

Indicate Proof of Citizenship below (For non U.S. also include I.N.S. Alien Registration #)

License Endorsement(s) Issued	Document Rating(s) Issued	
Issue Number	License Serial Number	MMD Serial Number
Expiration Date		Expiration Date

Check box if corresponding STCW certificate was issued.

Signature of Issuing Official	REC	Date
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Section IX – NMC Verification of Duplicate Transactions

Ratings/Endorsements Authorized

Signature of Approving NMC Official: _____ Date: _____

**Application for License as an Officer, Staff Officer, or
Operator and for Merchant Mariner's Document**

PRIVACY ACT STATEMENT

In accordance with 5 U. S. C. 552a(c)(3), THE FOLLOWING INFORMATION IS PROVIDED TO YOU WHEN SUPPLYING PERSONAL INFORMATION TO THE U.S. COAST GUARD.

1. AUTHORITY WHICH AUTHORIZED THE SOLICITATION OF INFORMATION
 - A. 46 U. S. C. 7302, 7305, 7314, 7316, 7319, AND 7502
 - B. SEE 46 CFR PARTS 10 AND 12.
2. PRINCIPLE PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED.
 - A. TO ESTABLISH ELIGIBILITY FOR A MERCHANT MARINER'S DOCUMENT, DUPLICATE DOCUMENTS, OR ADDITIONAL ENDORSEMENTS ISSUED BY THE COAST GUARD.
 - B. TO ESTABLISH AND MAINTAIN A CONTINUOUS RECORD OF THE PERSONS DOCUMENTATION TRANSACTIONS.
 - C. PART OF THE INFORMATION IS TRANSFERRED TO A FILE MANAGEMENT COMPUTER SYSTEM FOR A PERMANENT RECORD.
3. THE ROUTINE USES WHICH MAY BE MADE OF THE INFORMATION:
 - A. TO MAINTAIN RECORDS REQUIRED BY 46 U. S. C. 7319 AND 7502.
 - B. TO ENABLE ELIGIBLE PARTIES (*i.e. the mariner's heirs or properly designated representative*) TO OBTAIN INFORMATION.
 - C. TO PROVIDE INFORMATION TO THE U.S. MARITIME ADMINISTRATION FOR USE IN DEVELOPING MANPOWER STUDIES AND TRAINING BUDGET NEEDS.
 - D. TO DEVELOP INFORMATION AT THE REQUEST OF COMMITTEES OF CONGRESS.
 - E. TO PROJECT BILLET ASSIGNMENTS AT COAST GUARD MARINE INSPECTION/SAFETY OFFICES.
 - F. TO PROVIDE INFORMATION TO LAW ENFORCEMENT AGENCIES FOR CRIMINAL OR CIVIL LAW ENFORCEMENT PURPOSES.
 - G. TO ASSIST U.S. COAST GUARD INVESTIGATING OFFICERS AND ADMINISTRATIVE LAW JUDGES IN DETERMINING MISCONDUCT, CAUSES OF CASUALTIES, AND APPROPRIATE SUSPENSION AND REVOCATION ACTIONS.
4. WHETHER OR NOT DISCLOSURE OF SUCH INFORMATION IS MANDATORY OR VOLUNTARY (Required by law or optional) AND THE EFFECTS ON THE INDIVIDUAL, IF ANY, OF NOT PROVIDING ALL OR PART OF THE REQUESTED INFORMATION IS VOLUNTARY, DISCLOSURE OF THIS INFORMATION IS VOLUNTARY, BUT FAILURE TO PROVIDE MAY RESULT IN NON-ISSUANCE OF THE REQUESTED DOCUMENT(S).

"An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number."

"The Coast Guard estimates that the average burden for this report is 10 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commanding Officer, U. S. Coast Guard National Maritime Center, 4200 Wilson Blvd, Suite 630, Arlington, VA 22203-1804 or Office of Management and Budget, Paperwork Reduction Project (1625-0040), Washington, DC 20503."

Merchant Mariner Credential Medical Evaluation Report

OMB-1625-0040
Expires 6/30/2012

- Detailed guidance on the medical and physical evaluation guidelines for merchant mariner credentials is contained in [Navigational and Vessel Inspection Circular \(NVIC\) 4-08](#).
- Additional information is also available at the National Maritime Center (NMC) Homeport website at: <http://homeport.uscg.mil/mmcmedical>
- Additional information can also be obtained from NMC at: Commanding Officer, National Maritime Center, 100 Forbes Drive, Martinsburg, WV 25404 or 1-888-I-ASK-NMC (1-888-427-5662)

Who must submit this form?

- ▶ Applicants seeking an original, renewal or raise-in-grade credential are required to complete this form (if a previous medical evaluation is not submitted within the past 3 years) and submit it to the U.S. Coast Guard.
- ▶ Guidance for required submission of this form is contained in [Enclosure \(1\) of NVIC 4-08](#).

Instructions for Applicants

- ▶ Applicants are required to provide the applicant information in section I, medication information in Section III, and certification of medical conditions in Section IV.
- ▶ Applicants are required to sign and date the certification in section I of this form attesting, subject to criminal prosecution under 18 USC § 1001, that all information reported is true and correct to the best of their knowledge and that they have not knowingly omitted or falsified any material information relevant to this form.
- ▶ Applicants should also complete the release in section II of this form.

Privacy Act Statement

As required by Title 5 United States Code (U.S.C) 552a(e)(3), the following information is provided when supplying personal information to the United States Coast Guard.

1. Authority for solicitation of the information: 46 U.S.C. 2104(a), 7101[c]-(e), 7306(a)(4), 7313[c](3), 7317(a), 8703(b), 9102(a)(5).
2. Principal purposes for which information is used:
 - a. To determine if an applicant is physically capable of performing their duties.
 - b. To ensure that a duly licensed or certified Physician (MD or DO) / Physician Assistant / Nurse Practitioner conducts the applicant's physical examination/certification and to verify the information as needed.
3. The routine uses which may be made of this information:
 - a. This form becomes a part of the applicant's file as documentary evidence that regulatory physical requirements have been satisfied and that the applicant is physically competent to hold a credential.
 - b. The information becomes part of the total credential file and is subject to review by Federal agency casualty investigators.
 - c. This information may be used by the United States Coast Guard and an Administrative Law Judge in determining causation of marine casualties and appropriate suspension and revocation action.
4. Disclosure of this information is voluntary, but failure to provide this information will result in non-issuance of a credential.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The United States Coast Guard estimates that the average burden for completing this form is 20 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to the Commandant (CG-543) United States Coast Guard, 2100 2nd Street SW, Washington, DC 20593-0001.

Applicant Name: _____

Date of Birth: _____

Previous Edition Obsolete

General Instructions for Medical Practitioner

1. The Coast Guard requires a physical examination and certification be completed to ensure that mariners:
 - ▶ Are of sound health.
 - ▶ Have no physical limitations that would hinder or prevent performance of duties (see below).
 - ▶ Are free from any medical conditions that pose a risk of sudden incapacitation, which would affect operating, or working on vessels.
2. The medical practitioner must ensure a complete history and physical are conducted and make recommendations as to the fitness of the applicant. Final approval of the mariner's status rests with the U.S. Coast Guard.
3. All examinations, tests and demonstrations must be performed, witnessed or reviewed by a physician (Medical Doctor (MD) or Doctor of Osteopathy (DO)) or nurse practitioner or a certified physician assistant licensed by a State in the U.S., a U.S. possession, or a U.S. territory. The verifying medical practitioner (VMP) who performed the examination must complete sections III, IV, VII, VIII, and IX of this form.
4. Detailed guidelines on medical conditions subject to further review are contained in NVIC 4-08 encl (3). Medical practitioners should be familiar with the guidelines contained within this document. NVIC 4-08 may be obtained from <http://www.uscg.mil/hq/cg5/nvic/2000s.asp#2008> or by calling the nearest USCG Regional Examination Center, or the National Maritime Center (<http://homeport.uscg.mil/mmcmedical>) at 1-888-IASKNMC (1-888-427-5662).
5. Verification of medications in section III of this form includes questioning the applicant about any medications or other substances reported, reviewing relevant medical conditions to determine if the applicant has omitted any medications or other substances, and affirmatively reporting any omitted current medications or other substances where required.
6. All applicants who require a general medical examination must be physically examined by the verifying medical practitioner.
7. The verifying medical practitioner is not required to perform or witness every examination, test or demonstration. These may be referred to other qualified practitioners; however, they must be reviewed to the satisfaction of the verifying medical practitioner. The last page of this form contains a certification that the general medical examination, vision and hearing tests, as well as the physical demonstration of competence as appropriate, have been performed, witnessed or reviewed to the satisfaction of the verifying medical practitioner. Applicants who are required to complete a general medical examination are also required to complete vision tests, and they may be required to complete hearing tests and/or demonstrations of physical competence as appropriate. The verifying medical practitioner must sign and date the certification where indicated. This signature attests, subject to criminal prosecution under 18 USC § 1001, that all information reported by the verifying medical practitioner is true and correct to the best of his/her knowledge and that the verifying medical practitioner has not knowingly omitted or falsified any material information relevant to this form.
8. If the verifying medical practitioner is unable to determine the applicant's physical ability, the applicant should be referred to another healthcare provider who can properly evaluate and test physical abilities.

Instructions for Providing Proof of Identity

- ▶ **Applicants** shall present acceptable proof of identity to the medical practitioner conducting examinations.
- ▶ **Medical practitioners** must verify the identity of applicants before conducting examinations.
- ▶ **Proof of identity** shall consist of one current form of valid government issued photo identification.
- ▶ The following credentials are examples of acceptable proof of identity:
 - Unexpired official identification issued by a federal, State, or local government or by a territory or possession of the United States, such as a passport, U.S. driver's license, U.S. military ID card or Merchant Mariner's Document/Merchant Mariner Credential.

Applicant Name: _____

Date of Birth: _____

Previous Edition Obsolete

Section I - Applicant Information

<u>Last Name:</u>	<u>First Name:</u>	<u>Middle Name:</u>	<u>Suffix: (Jr., Sr., III)</u>
<u>Age:</u>	<u>Date of Birth (MM/DD/YYYY):</u>	<u>Social Security Number:</u>	

Applicant Certification (to be signed by applicant)

My signature below attests, subject to prosecution under 18 USC 1001, that all information that I have reported is true and correct to the best of my knowledge, and that I have not knowingly omitted to report any material information relevant to this form.

<u>Date:</u>	<u>Printed Name:</u>
	<u>Signature:</u>

How do you wish to be contacted? (phone, e-mail, letter, fax) Please include contact information below:

Section II - Release

I hereby authorize the verifying medical practitioner (VMP), who has signed the certification on page 9 of this form, to release to, or discuss with authorized Coast Guard personnel, any pertinent information in his/her possession regarding any physical or medical condition that may require review by the Coast Guard prior to determining whether the Coast Guard should issue a credential(s) for maritime service.

I understand that this authorization is voluntary. I also understand that failure to provide authorization could affect the Coast Guard's ability to make a timely determination as to whether the Coast Guard should issue me a credential(s) for maritime service. This authorization will remain in effect until the Coast Guard determines whether to issue me the requested credential(s) for maritime service, but no longer than one year.

I have read and understand the following statement about my rights:

- ▶ I may revoke this authorization at any time prior to its expiration date by notifying the verifying medical practitioner in writing, but the revocation will not have any effect on any actions taken before they received the notification.
- ▶ Upon request, I may see or copy the information described in this release.
- ▶ I am not required to sign this release to receive my medical evaluation.

Applicant:

<u>Name (Printed):</u>	<u>Signature:</u>	<u>Date:</u>
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Applicant Name: _____

Date of Birth: _____

Previous Edition Obsolete

Section III - Medications (must be completed by applicant and reviewed by verifying medical practitioner)

Credential applicants who are required to complete a general medical exam are required to report all prescription medications prescribed, filled or refilled and/or taken within 30 days prior to the date that the applicant signs the CG-719K. In addition, all prescription medications, and all non-prescription (over-the-counter) medications including dietary supplements and vitamins, that were used for a period of 30 or more days within the last 90 days prior to the date that the applicant signs the CG-719K or approved equivalent form, must also be reported.

The information reported by the applicant must be verified by the verifying medical practitioner or other qualified medical practitioner to the satisfaction of the verifying medical practitioner to include the following two items.

1. Report all medications (prescription and non-prescription), dietary supplements, and vitamins.
2. Include dosages of every substance reported on this form, as well as the condition for which each substance is taken.

Additional sheets may be added by the applicant and/or qualified medical practitioner if needed to complete this section (include applicant name and date of birth on each additional sheet).

If none, check "NONE."

NONE

Section IV - Certification of Medical Conditions (must be completed by applicant and reviewed by verifying medical practitioner)

Applicants must report their relevant medical conditions to the best of their knowledge, and the verifying medical practitioner must verify the medical conditions, using the table below. Check "yes" if the applicant has had a previous diagnosis or treatment of the condition by a healthcare provider, or if the applicant is currently under treatment or observation for the condition, or if the condition is present regardless of treatment.

If the verifying medical practitioner, or any other health care provider to the satisfaction of the verifying medical practitioner, discovers a condition not reported by the applicant, he/she must check "yes" in the appropriate block and explain in the remarks.

The verifying medical practitioner must address all reported relevant conditions in detail in this Section. This detailed explanation should include, at a minimum, identification of the condition, approximate date of diagnosis, any limitations, whether the condition is controlled, the prognosis and any additional information as appropriate, referring to the evaluation data listed in enclosure (3) of NVIC 4-08 for each condition.

Additional sheets may be added by the applicant and/or verifying medical practitioner if needed to complete this section of the form. (include applicant name and DOB on each additional sheet).

To the best of the applicant's knowledge, does the applicant have, or have ever suffered from, any of the following?

If YES, the applicant must **PROVIDE THE TEST RESULTS AND/OR RECORDS AS INDICATED**, referring to the evaluation data listed in enclosure (3) of NVIC 4-08 for each condition. Documentation of evaluation data specified in this table for all applicable medical conditions potentially requiring further review should be submitted with each application, unless otherwise specified by the NMC. Mariners, including first class pilots and those individuals "serving as" pilots (as well as Great Lakes pilots) who are required to submit annual physical examinations to the Coast Guard, may be issued a letter by the NMC specifying the extent of the evaluation data, if any, that should be submitted to the Coast Guard for any medical conditions that have been previously reported to, and evaluated by, the NMC.

The verifying medical practitioner shall make comments on all answers marked "yes" on the following page for which no evaluation data has been submitted. If known to the VMP, the VMP may comment that a condition has been previously reported on a prior CG-719K, but only for those CG-719Ks submitted after December 31, 2008, and only for those conditions which have not changed since the condition was previously reported on a prior CG-719K.

Applicant Name: _____

Date of Birth: _____

Previous Edition Obsolete

1. Identify the Condition	3. Is Condition Controlled?	5. Prognosis
2. List Any Limitations	4. Approximate Date of Diagnosis	6. Additional Information

	YES	NO			YES	NO	
1.	<input type="checkbox"/>	<input type="checkbox"/>	Ear surgery,	45.	<input type="checkbox"/>	<input type="checkbox"/>	Kidney stones
2.	<input type="checkbox"/>	<input type="checkbox"/>	Hearing loss, hearing aid	46.	<input type="checkbox"/>	<input type="checkbox"/>	Protein/sugar/blood in urine
3.	<input type="checkbox"/>	<input type="checkbox"/>	Impaired speech or stuttering	47.	<input type="checkbox"/>	<input type="checkbox"/>	Back surgery or injury
4.	<input type="checkbox"/>	<input type="checkbox"/>	Deformities of face	48.	<input type="checkbox"/>	<input type="checkbox"/>	Ruptured/herniated disc
5.	<input type="checkbox"/>	<input type="checkbox"/>	Open tracheostomy	49.	<input type="checkbox"/>	<input type="checkbox"/>	Fractures requiring surgery
6.	<input type="checkbox"/>	<input type="checkbox"/>	Poor vision	50.	<input type="checkbox"/>	<input type="checkbox"/>	Limitation of any major joint
7.	<input type="checkbox"/>	<input type="checkbox"/>	History of eye disease or injury	51.	<input type="checkbox"/>	<input type="checkbox"/>	Bone or joint surgery
8.	<input type="checkbox"/>	<input type="checkbox"/>	History of eye surgery	52.	<input type="checkbox"/>	<input type="checkbox"/>	Dislocated joint
9.	<input type="checkbox"/>	<input type="checkbox"/>	Abnormal color vision	53.	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent neck or back pain
10.	<input type="checkbox"/>	<input type="checkbox"/>	Glaucoma	54.	<input type="checkbox"/>	<input type="checkbox"/>	Swollen or painful joint
11.	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	55.	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis or bursitis
12.	<input type="checkbox"/>	<input type="checkbox"/>	Emphysema or COPD	56.	<input type="checkbox"/>	<input type="checkbox"/>	Trick or locked knee
13.	<input type="checkbox"/>	<input type="checkbox"/>	Collapsed lung/pneumothorax	57.	<input type="checkbox"/>	<input type="checkbox"/>	Amputation or prosthesis
14.	<input type="checkbox"/>	<input type="checkbox"/>	Irregular heart beat	58.	<input type="checkbox"/>	<input type="checkbox"/>	Carpal tunnel
15.	<input type="checkbox"/>	<input type="checkbox"/>	Heart murmur or valve replacement	59.	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty walking or climbing
16.	<input type="checkbox"/>	<input type="checkbox"/>	Chest pain or angina	60.	<input type="checkbox"/>	<input type="checkbox"/>	Sciatica or nerve pain
17.	<input type="checkbox"/>	<input type="checkbox"/>	Heart attack/ myocardial infarction	61.	<input type="checkbox"/>	<input type="checkbox"/>	Other bone/joint disorder
18.	<input type="checkbox"/>	<input type="checkbox"/>	Congestive heart failure	62.	<input type="checkbox"/>	<input type="checkbox"/>	Motion/sea sickness
19.	<input type="checkbox"/>	<input type="checkbox"/>	Heart surgery/stent/angioplasty	63.	<input type="checkbox"/>	<input type="checkbox"/>	Impaired balance, or balance disorder or difficulty
20.	<input type="checkbox"/>	<input type="checkbox"/>	Pacemaker or defibrillator	64.	<input type="checkbox"/>	<input type="checkbox"/>	Vertigo or dizziness
21.	<input type="checkbox"/>	<input type="checkbox"/>	Any other heart condition	65.	<input type="checkbox"/>	<input type="checkbox"/>	Numbness or paralysis
22.	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure/hypertension	66.	<input type="checkbox"/>	<input type="checkbox"/>	Head injury or skull fracture
23.	<input type="checkbox"/>	<input type="checkbox"/>	Aneurysm or blockages	67.	<input type="checkbox"/>	<input type="checkbox"/>	Seizures or epilepsy
24.	<input type="checkbox"/>	<input type="checkbox"/>	Pulmonary embolus or blood clots	68.	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent headaches
25.	<input type="checkbox"/>	<input type="checkbox"/>	Gastrointestinal bleeding or ulcers	69.	<input type="checkbox"/>	<input type="checkbox"/>	Narcolepsy
26.	<input type="checkbox"/>	<input type="checkbox"/>	Crohn's disease or ulcerative colitis	70.	<input type="checkbox"/>	<input type="checkbox"/>	Sleep apnea
27.	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis or jaundice	71.	<input type="checkbox"/>	<input type="checkbox"/>	Restless leg
28.	<input type="checkbox"/>	<input type="checkbox"/>	Gallbladder problems or stones	72.	<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells or loss of consciousness
29.	<input type="checkbox"/>	<input type="checkbox"/>	Intestinal surgery	73.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Stroke or TIA
30.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Any form of cancer	74.	<input type="checkbox"/>	<input type="checkbox"/>	Brain tumor
31.	<input type="checkbox"/>	<input type="checkbox"/>	Anemia	75.	<input type="checkbox"/>	<input type="checkbox"/>	Other brain or nerve disease
32.	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia or polycythemia	76.	<input type="checkbox"/>	<input type="checkbox"/>	ADD, ADHD, or bipolar
33.	<input type="checkbox"/>	<input type="checkbox"/>	Any other blood disorders	77.	<input type="checkbox"/>	<input type="checkbox"/>	Depression
34.	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease	78.	<input type="checkbox"/>	<input type="checkbox"/>	History of suicide attempt
35.	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	79.	<input type="checkbox"/>	<input type="checkbox"/>	Schizophrenia
36.	<input type="checkbox"/>	<input type="checkbox"/>	HIV or AIDS	80.	<input type="checkbox"/>	<input type="checkbox"/>	Anxiety
37.	<input type="checkbox"/>	<input type="checkbox"/>	Lymphoma or leukemia	81.	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol or substance abuse
38.	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	82.	<input type="checkbox"/>	<input type="checkbox"/>	Loss of memory or amnesia
39.	<input type="checkbox"/>	<input type="checkbox"/>	Neurofibromatosis	83.	<input type="checkbox"/>	<input type="checkbox"/>	Other psychiatric disease or counseling
40.	<input type="checkbox"/>	<input type="checkbox"/>	Skin tumors or cancer	84.	<input type="checkbox"/>	<input type="checkbox"/>	Sleepwalking
41.	<input type="checkbox"/>	<input type="checkbox"/>	Scleroderma	85.	<input type="checkbox"/>	<input type="checkbox"/>	Bedwetting since age 12
42.	<input type="checkbox"/>	<input type="checkbox"/>	Lupus	86.	<input type="checkbox"/>	<input type="checkbox"/>	Sex change
43.	<input type="checkbox"/>	<input type="checkbox"/>	Kidney transplant or dialysis	87.	<input type="checkbox"/>	<input type="checkbox"/>	Allergic reactions
44.	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease or cancer	88.	<input type="checkbox"/>	<input type="checkbox"/>	Any other disease, surgery or hospitalization

Condition #	Comment

Applicant Name: _____

Date of Birth: _____

Previous Edition Obsolete

Section V (a) – Visual Acuity

This section must be completed by the verifying medical practitioner, or any other healthcare provider to the satisfaction of the verifying medical practitioner see encl [5 of NVIC 4-08](#). Additional information must be reported in Section VII. If corrective lenses are required to meet the standard, both corrected and uncorrected vision must be tested.

Distant Uncorrected	Distant Corrected To	Field of Vision	
Right: 20 /	Right: 20 /	This applicant must have a 100-degree horizontal field of vision.	<input type="checkbox"/> Normal
Left: 20 /	Left: 20 /		<input type="checkbox"/> Abnormal

Section V (b) – Color Vision

The following color sense testing methodologies are acceptable:

- AOC (1965) – (6 or fewer errors on plates 1-15)
- AOC-HRR (2nd Edition) – (No errors in test plates 7-11)
- Richmond (1983) – (6 or fewer errors)
- Ishihara pseudoisochromatic plates test, 14 plate (5 or less errors), 24 plate (6 or less errors) 38 plate (8 or less errors)

- Titmus Vision Tester / OPTEC 2000 – (No errors on six plates)
- Farnsworth Lantern (colored lights) Test per instruction booklet.
- Optec 900 (colored lights) Test per instruction booklet.
- An alternative test approved by the Coast Guard (indicate test) _____

The verifying medical practitioner must indicate test used and results (number of errors). Additional information must be reported in Section VII. Color sensing lenses (e.g. X-Chrome) are prohibited.

Color Vision: **Normal Color Vision** **Abnormal Color Vision**
 Number of Errors _____

Section VI – Hearing

Normal **Abnormal Hearing** **Hearing Aid Required**

If abnormal hearing or hearing aid required, perform audiogram or functional speech discrimination test.

An applicant with normal hearing does not need to complete either the audiometer test or the functional speech discrimination test. The verifying medical practitioner, in consultation with any other healthcare provider he/she deems appropriate, determines whether the audiometer and/or functional speech discrimination tests are necessary. If hearing is abnormal or a hearing aid is required, refer to enclosure [\(5\) of NVIC 4-08](#) for guidance.

If audiometric testing is required, the audiometer test should include testing at the following thresholds, 500Hz, 1,000 Hz, 2,000 Hz and 3000 Hz. The frequency responses for each ear are averaged to determine the measure of an applicants hearing ability. The Applicant should demonstrate an unaided threshold of 20dB in each ear.

Additional information must be reported in Section VII.

Audiometer Threshold Value		500Hz	1,000Hz	2,000Hz	3,000Hz			
	Right Ear (Unaided)							
	Left Ear (Unaided)							
	Right Ear (Aided)							
	Left Ear (Aided)							
Functional Speech Discrimination Test @ 55dB		Right Ear (Unaided):		%	Right Ear (Aided)	%		
		Left Ear (Unaided):		%	Left Ear (Aided)	%		

Applicant Name: _____

Date of Birth: _____

Previous Edition Obsolete

- ▶ If the verifying medical practitioner is unable to conduct the practical demonstration, the applicant should be referred to a competent evaluator of physical ability. The Coast Guard recognizes that all medical practitioners may not have the equipment necessary to test all of the tasks as listed. Equivalent alternate testing methodologies may be used. For further information, [see enclosure \(2\) of NVIC 4-08](#).
- ▶ If the applicant is unable to perform any of the following functions, the examining practitioner should provide information on the degree or the severity of the applicant's inability to meet the standards. The results of any practical demonstration or attendant physical evaluation should be recorded in the Section IX.

List of tasks considered necessary for performing ordinary and emergency response shipboard functions:

<u>Shipboard Tasks, function, event or condition:</u>	<u>Related Physical Ability:</u>	<u>The examiner should be satisfied that the applicant:</u>
Routine Movement on slippery, uneven, and unstable surfaces.	Maintain Balance (equilibrium).	Has no disturbance in sense of balance.
Routine access between levels.	Climb up and down vertical ladders and stairways.	Is able, without assistance, to climb up and down vertical ladders and stairways.
Routine movement between spaces and compartments.	Step over high door sills and coamings, and move through restricted accesses.	Is able without assistance, to step over a door sill or coaming of 24 inches (61 centimeters) in height. Able to move through a restricted opening of 24 inches.
Open and close watertight doors, hand cranking systems, open/close valve.	Manipulate mechanical devices using manual and digital dexterity, and strength.	Is able, without assistance, to open and close watertight doors that may weigh up to 55 pounds (25 kilograms). Should be able to move hands/arms to open and close valve wheels in vertical and horizontal directions; rotate wrists to turn handles. Reach above shoulder height.
Handle ship's stores.	Lift, pull, push, and carry a load.	Is able, without assistance, to lift at least a 40 pound (18.1 kilogram) load off the ground, and to carry, push or pull the same load.
General vessel maintenance.	Crouch (lowering height by bending knees); kneel (placing knees on ground); and stoop (lowering height by bending at the waist). Use hand tools such as spanners, valve wrenches, hammers, screwdrivers, pliers.	Is able, without assistance, to grasp, lift and manipulate various common shipboard tools.
Emergency response procedures, including escape from smoke-filled spaces.	Crawl (the ability to move the body with hands and knees); feel (the ability to handle or touch to examine or determine differences in texture and temperature).	Is able, without assistance, to crouch, keel and crawl, and to distinguish differences in texture and temperature by feel.
Stand a routine watch.	Stand a routine watch.	Is able, without assistance, to intermittently stand on feet for up to four hours with minimal rest periods.
React to visual alarms and instructions, emergency response procedures.	Distinguish an object or shape at a certain distance.	Fulfills the eyesight standards for the merchant mariner credential(s) applied for. See footnote 1 of this table & enclosure (5) of NVIC 4-08.
React to audible alarms and instructions, emergency response procedures.	Hear a specified decibel (dB) sound at a specified frequency.	Fulfills the hearing capacity standards for the merchant mariner credential(s) applied for.
Make verbal reports or call attention to suspicious or emergency conditions.	Describe immediate surroundings and activities, and pronounce words clearly.	Is capable of normal conversation.
Participate in firefighting activities.	Be able to carry and handle fire hoses and fire extinguishers.	Is able, without assistance, to pull an uncharged 1.5 inch diameter, 50' fire hose with nozzle to full extension, and to lift a charged 1.5 inch diameter fire hose to fire fighting position.
Abandon ship.	Use survival equipment.	Has the agility, strength and range of motion to put on a personal flotation device and exposure suit without assistance from another individual.

Applicant Name: _____

Date of Birth: _____

Previous Edition Obsolete

Section IX – Verifying Medical Practitioner Recommendation

<input type="checkbox"/> Recommended Competent	<input type="checkbox"/> Not Recommended Competent <i>(explain in comments)</i>	<input type="checkbox"/> Needing Further Review <i>(explain in comments)</i>
--	---	--

Comments on Recommendation:

Verifying Medical Practitioner:

This signature attests, subject to criminal prosecution under 18 USC § 1001, that all information reported by the verifying medical practitioner is true and correct to the best of his/her knowledge and that the verifying medical practitioner has not knowingly omitted or falsified any material information relevant to this form.

Name (Printed):

Signature:

Date:

License Number:

Office Address, City, State, Zip Code:

Office Telephone:

Applicant Name: _____

Date of Birth: _____

Previous Edition Obsolete

**Military Sealift Fleet Support Command
Continued Service Agreement**

Trainee's Full Name: _____ Rate: _____
(Print or Type)

Date of Birth (MMDDYY): _____

This continued service agreement applies to individuals employed by Military Sealift Fleet Support Command (MSFSC) who participate in the Ordinary Seaman Advancement Program.

1. I AGREE that, upon completion of the MSFSC Ordinary Seaman Advancement Program, I will serve in the Department of Defense (DoD) for a period of one year. My continued service obligation will commence on the first day of work after completion of this program.
2. I UNDERSTAND that I must meet all program requirements as specified by MSFSC. Further, I AGREE that if I should fail to successfully complete the subject program due to circumstances within my control (e.g., misconduct, personal delinquency), I will reimburse MSFSC for all training costs (excluding salary) of tuition, fees, books, materials, equipment, indirect training costs and travel related expenses (i.e., per diem, mileage reimbursement, etc.) paid in connection with my attendance in the subject program.
3. I AGREE that, if I voluntarily separate from Federal Service before completing the period of service agreed to in this agreement, I will reimburse MSFSC for all training costs (excluding salary) of tuition, fees, books, materials, equipment, indirect training costs and travel related expenses (e.g., per diem, mileage reimbursement, etc.) paid in connection with my attendance in the subject program. However, the amount of the reimbursement will be reduced on a pro rata basis for the percentage of completion of the obligated service. For example, if the cost of training was \$15,000.00 and I completed two-thirds of the obligated service, I will reimburse MSFSC \$5,000.00 vice the original \$15,000.00.
4. I AGREE that if I voluntarily leave DoD to enter another Federal agency or other organization in any branch of the Federal Government before completing the period of service agreed to in this Agreement, I will give MSFSC N1 at least thirty working days advance written notice before the effective date of entrance into the service of the other agency. If I fail to give this advance notice, I AGREE to reimbursement of the training cost as described above.
5. I UNDERSTAND that, during the notice period, MSFSC will decide whether to require reimbursement of the training costs or to transfer the remaining service obligation to the gaining agency. MSFSC will notify me of the determination before the end of the notice period.
6. I UNDERSTAND that this Agreement may be terminated at MSFSC's election if I fail to fulfill this Agreement for sufficient reasons (e.g., disability retirement).
7. I UNDERSTAND that any amounts, which are due to MSFSC as a result of any failure on my part to meet the terms of this Agreement, may be withheld from any monies owed me by the Government, or may be recovered by such other methods as are approved by law.

8. I UNDERSTAND the following are the procedures employees must follow in order to obtain a reconsideration of recovery amount over to seek a waiver of the agency's right to recover:

a. MSFSC will notify me, in writing, of the amount MSFSC intends to recover;

b. Upon notification, I have 14 calendar days to provide United States Fleet Forces Command (USFFC) my request to reconsider the recovery amount or my appeal for a waiver of MSFSC's right to recover;

c. I am advised to state the ground on which I believe the determination to reconsider, or waive recovery rights, should be based;

d. USFFC will issue the final Department of the Navy (DoN) decision and notify me of that decision.

9. I acknowledge that this Agreement does not in any way commit MSFSC to continue my employment.

10. I AFFIRM that I am not receiving contributions, awards, or payments in connection with this training, from other government agencies or non-governmental organizations, and I shall not accept such without first obtaining approved from MSFSC N1.

By signing this Agreement, I AGREE to my compensatory obligations for training to DoD and the Federal Government.

Trainee's Signature

Date

Period of obligated Service: One year beginning at the completion of the training program