

Office Symbol: \_\_\_\_\_ Date: \_\_\_\_\_

**MEMORANDUM for Commander, CONUS Replacement Center**

SUBJECT: Training Certification For Rank: \_\_\_\_\_ Name: \_\_\_\_\_

1. I certify that the subject individual has completed the following training requirements within the past 12 months. I have initialed either YES or NO for each requirement.

CRD's Initials

	<b>Requirement</b>	<b>Yes</b>	<b>No</b>
1	Anti-Terrorism Level 1		
2	Force Protection		
3	Operational Security(OPSEC)		
4	Heat Injury Prevention		
5	Threat Awareness and Reporting Program (TARP)		
6	Equal Opportunity/Prevention of Sexual Harassment(EO/POSH)		
7	General Orders		
8	Suicide Prevention		
9	Trafficking		
10	Report Intelligence Information		
11	Fraternization Policy		
12	Cultural Awareness(Country Brief for this Individual's Destination)		
13	Core Army Values		
14	Personal Recovery Pro-File (Certificate Attached)		
15	Army Accident Avoidance Course		
16	Information Assurance Awareness		
17	SERE 100 (Certificate Attached)		
18	Introduction to Biometrics and Biometric Systems		
<b>Counterinsurgency (COIN) Training</b>			
19	COIN 101 Part 1		
20	COIN 101 Part 2		
21	Foundations of Insurgency		

The point of contact for this action is: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

UNIT: \_\_\_\_\_