

# SSO PRE-MOB CHECKLIST

	YES	NO	N/A
<b>PRE-R##</b>			
N35 REQUESTS PRESREEN FROM N14 FOR SSO APPLICANT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N14 REVIEWS MEMBER MAS/IMS CODES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N14 VARIFIES PHYSICAL ADDRESS OF SSO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N14 RECOMMENDS SELECTION FOR MEMBER & PROVIDES LOCAL NRC TO N35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N35 ENTERS TRUIC FOR MEMBER'S CLOSEST NRC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R##</b>			
N35 TAGS MEMBER (R##)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N14 REVIEWS MEMBER MAS/IMS CODES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N14 CONTACTS MEMBER WITHIN 48 HRS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONTACTED BY _____ (RANK/NAME) BY PH <input type="checkbox"/> NE <input type="checkbox"/> IN-PERS <input type="checkbox"/>			
N14 CHANGES MEMBER IMS CODE TO RC1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DATE CHANGED _____ (DD/MMM/YYYY)			
EXPEDITIONARY SCREENING CHECKLIST (NAVPERS 1300/22) FORWARDED TO MEMBER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXPEDITIONARY MEDICAL & DENTAL SCREENING (NAVMED 1300/4) FORWARDED TO MEMBER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAY PACKET FORWARDED TO MEMBER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>VTU TRANSFER</b>			
N14 COORDINATES WITH CLOSEST NRC CIAC & MEMBER FOR TRANSFER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N14 COORDINATES WITH MEMBER TO COMPLETE SECTION 1 OF PRE-MOB CHECKSHEET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N14 PROVIDES ADT/IDT FOR MEMBER ONCE GAINED TO VTU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N14 SUBMITS TRUIC CHANGE REQUEST IN RFMT FOR MEMBER TRANSFER TO VTU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOCAL NRC AND N14 COORDINATE THE LOSS AND GAIN IN NSIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>EXPEDITIONARY SCREENING CHECKLIST (NAVPERS 1300/22)</b>			
ASSIST WITH MEMBER IN COORDINATION WITH NRC (ADT FUNDING)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>EXPEDITIONARY MEDICAL &amp; DENTAL SCREENING (NAVMED 1300/4)</b>			
ASSIST WITH MEMBER IN COORDINATION WITH NRC (ADT FUNDING)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>COMPLETED BEFORE ARRIVAL AT NMPS</b>			
EXPEDITIONARY SCREENING CHECKLIST (NAVPERS 1300/22) - SECTION 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXPEDITIONARY SCREENING CHECKLIST (NAVPERS 1300/22) - SECTION 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL & DENTAL RECORDS ON HAND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>