

U.S. NAVAL SEA CADET CORPS U.S. NAVY LEAGUE CADET CORPS	LOCALLY ARRANGED TRAINING AUTHORITY (OFFICER)	Non-Transferable Officer Orders (local)
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INSTRUCTIONS: USE FOR LOCALLY ARRANGED UNIT TRAINING OR WHEN REQUIRED FOR NATIONAL TRAINING WHEN NSCTNG 002 IS NOT REQUIRED

From: Commanding Officer	1a. Unit Name	1b. Region	1c. Date (DD MMM YY)			
To:	2a. Last Name	2b. First Name	2c. MI	2d. Rate	2e. Social Security Number	
	2f. Exp. Date	2g. Date of Birth	2h. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	2i. Home Phone	2j. E-Mail Address	
	2k. Home Address		2l. City		2m. State	2n. Zip Code + 4
	2o. Emergency Contact Name			2p. Emergency Contact Daytime Phone	2q. Emergency Contact Evening Phone	

Ref: (a) NSCC Regulations (b) OPNAVINST 5760.5B (c) SECNAVINST 5720.44A (d) COMDINST M-5728.2 (e) NSCC Uniform Regulations (f) NSCC Awards Manual

1. Report to:	3a. Training Name/Location MARINE CORPS BASE, CAMP PENDLETON, CA - TRAINING NAME: _____				
3b. Report (Time/Date)	3c. Depart (Time/Date)	3d. Training Code	3e. Training Site Point of Contact		
0600 / 26DEC11	1300 / 1 OR 3 JAN 12	ADLT STAFF	LCDR V. MANOOGIAN		
3f. Training Site POC Phone		3g. Escort Officer (Name and Rank)		3h. Escort Officer Phone	
818-822-9710					

2. You are authorized to report to the Commanding Officer of the Training Contingent up to a maximum of (5) days prior to the start of the training. You will serve as Escort Officer/Staff Instructor for the training indicated above. You will be guided in the performance of your duties by the Escort Officer's Handbook.

3. No pay or allowances are authorized in complying with this assignment. The basic responsibility for expenses incident to your transportation and mess rests with you, your unit, your local Navy League Council, or other sponsoring organization. Although the Navy has authorized this special NSCC training, the law requires that you pay for your meals. Berthing and messing will be provided as authorized by reference (b).

4. Upon reporting you must provide the Commanding Officer of the Training Contingent (COTC), Senior Escort Officer, or training point of contact with your NSCC Service Record which will include:

- a. Locally Arranged Training Authority - Officer (NSCTNG 004).
- b. Officer Application/Standard Release (NSCADM 003)
- c. Report of Medical History (NSCADM 020).
- d. Officer/Midshipman Letter of Appointment (if applicable).
- e. Record of Awards (NSCADM 010) authenticating awards given.

5. You are required to wear the uniform(s) authorized in references (a) and (b). NSCC shoulder flashes are mandatory on all uniform coats and outer garments. You must have a valid NSCC Identification Card in your possession at all times. You will comply with all the rules and regulations regarding conduct, as established by the activity Commanding Officer or higher authority.

NOTE TO UNIT COMMANDING OFFICER: Upon completion of training and once these orders have been properly endorsed, retain the original in service record and submit a copy with completed endorsements to NHQ. Notify NHQ of any accidents, particularly those requiring hospitalization. ENSURE A ACCIDENT REPORT (NSCADM 022) IS PROPERLY COMPLETED AND SUBMITTED TO NHQ FOR ALL ACCIDENTS AND INJURIES WITHIN 30 DAYS IF NOT SOONER.

THE FOLLOWING ENDORSEMENTS ARE REQUIRED BEFORE SUBMITTING TO NHQ		
Time Reported	Date Reported	Activity Signature (OOD)
Time Departed	Date Departed	Activity Signature (OOD)

	TRAINING AUTHORITY	Non-Transferable Officer Orders (local)
4. Have you completed Officer Professional Development Courses?		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which ones? <input type="checkbox"/> 101 <input type="checkbox"/> 201A <input type="checkbox"/> 201T <input type="checkbox"/> 301
5. STATEMENT OF UNDERSTANDING (MEDICAL & STANDARDS OF CONDUCT) BY INITIALING YOU CERTIFY YOUR UNDERSTANDING & CONSENT TO THE FOLLOWING PARAGRAPHS:		Member Initial Below
5a. I have been advised and understand that the training/escort duty requested is strenuous and both physically and mentally demanding. Since my last full physical, I have not been advised to have any surgery or major medical procedures performed. Further, I certify that I have NO outstanding or ongoing medical conditions that will preclude my carrying out my duties as assigned by (and discussed) with the COTC for this training. I understand that should a disqualifying medical or physical condition arise prior to my departure for training, that I must notify my unit commanding officer immediately, and I understand authority to participate in the training requested will be cancelled.		
5b. I authorize any Health Care Provider, Insurance Company, Employer, Person, or Organization to release any information regarding medical, dental, alcohol or drug abuse history, treatment or benefits payable, including disability or employment related information concerning the patient to the Naval Sea Cadet Corps' Accident Insurance Provider, the Plan Administrator, or their employees and authorized agents for the purpose of validating and determining benefits payable. This data may be extracted for use in audit or statistical purposes. I understand that my authorized representative or I will receive a copy of this authorization upon request.		
5c. Officers/Midshipman/Instructors are responsible for maintaining the highest standards of conduct. I affirm that I will abide by all NSCC Regulations and instructions from the COTC and host command. I understand that the consumption of alcoholic beverages in the presence of cadets or in cadet living spaces is prohibited at all times. Further, should I consume alcohol, I understand that I am not to have any contact with cadets for a minimum of six hours from the time of consumption. I also understand that smoking of cigarettes is to be done in an authorized area and not in view of cadets. I certify that I have read and understand the NSCC sexual harassment and hazing policies. I understand that violation of NSCC Regulations is cause for immediate dismissal from the training contingent.		
6a. Medical Insurance Provider Name		6b. Medical Insurance Policy Number
6c. Medical Insurance Provider Address		6d. Medical Insurance Provider Phone
7. TRANSPORTATION NOTICE The Department of the Navy no longer has the scheduling authority to support the Naval Sea Cadet Corps for air transportation needs. The NSCC Unit, Unit Sponsor, Council, or individual MUST provide for transportation to and from the training site. Transportation of NSCC personnel returned home for disciplinary reasons, illness, or at own request, will be at their <u>OWN EXPENSE</u> or at the expense of their <u>NSCC UNIT OR UNIT SPONSOR</u> .		
8. ENDORSEMENTS By endorsing this form you affirm that the cadet is physically and mentally qualified to attend the requested training and that all information provided, to the best of your knowledge, is truthful and accurate; and you consent to the above listed NSCC/NLCC training and all terms and conditions of the preceding paragraphs. NOTE: DEPOSITS ARE NON-REFUNDABLE.		
Member (Print or Type)	Signature	Date (DD MMM YY)
Commanding Officer (Print of Type)	Signature	Date (DD MMM YY)
Commanding Officer Daytime Phone Number	Commanding Officer E-Mail Address	
THE ABOVE MUST BE COMPLETED AND SIGNED PRIOR TO DEPARTURE FOR TRAINING		
SPECIAL NOTES		
NOTE: Refer to published training schedules or COTC for training code required in Block 3d.		