

**FORCE FITNESS INSTRUCTOR COURSE (FFIC)
COMMAND SCREENING CHECKLIST**

NAME:

RANK:

UNIT:

EDIPI:

PREREQUISITES

COMMENTS

1. Appropriate Grade, Sergeant and above. YES NO

2. Minimum 1 year obligated service upon completion of course. YES NO
EAS: _____

3. Are there any existing family or financial hardships that would preclude this individual from attending this course? YES NO

4. Possesses Appropriate uniform and equipment for the course. Gear list <https://vce.tecom.usmc.mil/sites/trngcmd/tbs/tbsmace> YES NO

5. Possesses a 1st Class PFT and CPT and capable of obtaining a 1st Class PFT and CPT upon check-in YES NO

Certified by: _____
Date/Score of PFT: _____
Date/Score of CPT: _____

6. Meets height/weight standards per MCO 6100.13_ YES NO
Date of Weigh-in: _____
Ht: _____
WT: _____
BF% (if applicable): _____

Note: Must be stamped and signed by Unit S-3

7. Currently in a full duty status, and have been in a full duty status for at least six months prior to course convene date.

YES NO

Medical provider name: _____
Date of physical: _____
Medical provider billet: _____
Medical provider signature: _____

Note: Must be signed and stamped by a medical officer, civilian health Provider, Nurse practitioner, or IDC.

Command Recommendations

I certify that that SNM possesses the required attributes (leadership, performance, initiative, and intellect) and that all information contained on this checklist is accurate.

SERGEANT MAJOR

Name

Signature

Date

COMMANDING OFFICER

Name

Signature

Date