

**NW PRP PRELIMINARY SUITABILITY SCREENING
NAVPERS 1300/27 (Rev. 02-2018)**

Supporting Directive MILPERSMAN 1300-320

MEMBERS NAME:	DATE
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PRESENT SHIP/STATION AND UIC:	PRP DUTY LOCATION AND UIC
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I. SECURITY REVIEW
At least a SECRET clearance is required for all Personnel Reliability Program (PRP) assignments.

1. IS THE MEMBER REQUIRED TO BE IN A PRP CONTROLLED OR CRITICAL POSITION?			
	Yes	No	NA
2A. IF PRP CONTROLLED POSITION , DOES THE MEMBER POSSESS A FAVORABLY ADJUDICATED ANACI, NACLIC, T-3, T3-R, SSBI, SSBI-PR, PPR, T5, or T5-R NO OLDER THAN 4.5 YEARS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2B. IF PRP CRITICAL POSITION , DOES THE MEMBER POSSESS A FAVORABLY ADJUDICATED SSBI, SSBI-PR, PPR, T5, or T5-R NO OLDER THAN 4.5 YEARS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. IF GREATER THAN 4.5 YEARS SINCE LAST INVESTIGATION, NO PREVIOUS INVESTIGATION, OR BREAK IN SERVICE FOR MORE THAN 2 YEARS SINCE LAST INVESTIGATION, HAS AN APPROPRIATE INVESTIGATION BEEN SUBMITTED TO AND OPENED BY OPM? If NO , initiate and submit an SF 86 Security Questionnaire as soon as feasible PRIOR to member detaching. Review the submitted SF 86 using E-QIP for adverse information on any PSI which is not yet adjudicated. (OPM must have opened the PSI prior to member transferring.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. COMMAND REVIEW
The purpose of the command review is to determine through records review and personal interview, the Service Member's suitability for follow-on PRP assignment. Any questions checked "Yes" disqualifies the Service Member for consideration of a PRP required assignment.

	Yes	No
1. IS THE MEMBER CURRENTLY DISQUALIFIED OR DECERTIFIED FROM THE PRP? (OMPF Review and Personal Interview)	<input type="checkbox"/>	<input type="checkbox"/>
2. HAS THE MEMBER BEEN CONVICTED BY A MILITARY OR CIVIL COURT OF A SERIOUS OFFENSE, INCLUDING BOTH FELONIES AND MISDEMEANORS OR INVOLVEMENT IN A SERIOUS INCIDENT, OR PATTERN OF BEHAVIOR OR CONDUCT THAT IS REASONABLY INDICATIVE OF A CONTEMPTUOUS ATTITUDE TOWARD THE LAW OR OTHER DULY CONSTITUTED AUTHORITY? (OMPF Review and Personal Interview)	<input type="checkbox"/>	<input type="checkbox"/>
3. DOES THE MEMBER HAVE A RECORD OF NEGLIGENCE OR DELINQUENCY IN THE PERFORMANCE OF DUTIES? (Evaluation or Fitness Report with a pattern of individual trait marks lower than 3.0, and convictions at NJP or Military Courts Martial may be justification to mark "YES") (OMPF Review and Personal Interview)	<input type="checkbox"/>	<input type="checkbox"/>
4. HAS THE MEMBER BEEN DIAGNOSED AS ALCOHOL DEPENDENT WITH A SUBSEQUENT FAILURE OF THE REQUIRED AFTERCARE PROGRAM OR FAILURE TO ABSTAIN FROM ALCOHOL? (Waiver of aftercare program does not qualify the member, in this case answer "YES") (Medical Record, OMPF, ADMITS, Personal Interview)	<input type="checkbox"/>	<input type="checkbox"/>
5. HAS THE MEMBER EVER BEEN DIAGNOSED AS A DRUG ABUSER OR DRUG DEPENDENT? (Medical Record, OMPF, ADMITS, Personal Interview)	<input type="checkbox"/>	<input type="checkbox"/>
6. HAS THE MEMBER EVER USED ANY PLANT, HERB, OR DRUG THAT HAS BEEN KNOWN TO CAUSE FLASHBACKS OR HALLUCINATIONS? (Includes pre-service, regardless of enlistment waiver) (Medical Record, OMPF, ADMITS, Personal Interview)	<input type="checkbox"/>	<input type="checkbox"/>
7. HAS THE MEMBER EVER USED ANY ILLEGAL DRUG WITH THE EXCEPTION OF EXPERIMENTAL (INFREQUENT) PRE-SERVICE USE OF MARIJUANA, HASHISH, OR OTHER CANNABIS-BASED PRODUCTS? (Includes pre-service, regardless of enlistment waiver) (Medical Record, OMPF, ADMITS, Personal Interview)	<input type="checkbox"/>	<input type="checkbox"/>
8. HAS THE MEMBER BEEN DENIED THEIR SECURITY CLEARANCE ELIGIBILITY OR HAS HIS/HER SECURITY CLEARANCE BEEN REMOVED? (OMPF, JPAS)	<input type="checkbox"/>	<input type="checkbox"/>
9. DOES THE MEMBER HAVE A NEGATIVE ATTITUDE REGARDING NUCLEAR WEAPONS? (Personal Interview)	<input type="checkbox"/>	<input type="checkbox"/>
10. IS THE MEMBER UNWILLING TO WORK WITH NUCLEAR WEAPONS OR RELATED MATERIAL? (Personal Interview)	<input type="checkbox"/>	<input type="checkbox"/>

MEMBER'S NAME:	DATE
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PRESENT SHIP/STATION AND UIC:	PRP DUTY LOCATION AND UIC
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III. MEMBER ACKNOWLEDGMENT

	Yes	No
1. I HAVE BEEN COUNSELED ON THE INFORMATION PROVIDED.	<input type="checkbox"/>	<input type="checkbox"/>

2. MEMBER'S REMARKS:

3. I AM AWARE THAT THE FAILURE TO DIVULGE DISQUALIFYING INFORMATION OR AMPLIFYING INFORMATION (MEDICAL, DENTAL, OR PERSONAL) PERTAINING TO THE QUESTIONS IN SECTIONS I AND II MAY ULTIMATELY RESULT IN DISCIPLINARY ACTION PUNISHABLE UNDER THE UNIFORM CODE OF MILITARY JUSTICE (UCMJ).

4. MEMBER'S NAME (Last, First, MI):	5. RANK/RATE:	6. MEMBER'S SIGNATURE:	7. DATE:
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IV. INTERVIEWER CERTIFICATION

1. I CERTIFY THAT A PERSONAL INTERVIEW WAS CONDUCTED AND THE PRP SUITABILITY PRELIMINARY SCREENING HAS BEEN COMPLETED. I FURTHER CERTIFY THAT THE MEMBER ABOVE HAS DEMONSTRATED REQUISITE RELIABILITY, TRUSTWORTHINESS, PERSONAL CONDUCT, AND INTEGRITY TO PERFORM DUTIES ASSOCIATED WITH THE PRP.

2. INTERVIEWER'S REMARKS:

3. INTERVIEWER'S NAME (Last, First, MI):	4. RANK/RATE:	5. INTERVIEWER'S SIGNATURE:	6. DATE:
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