



REPLY TO  
ATTENTION OF

DEPARTMENT OF THE ARMY

UNIT LETTERHEAD



(Originator's Office Symbol) (Marks #)

(DATE)

MEMORANDUM FOR HQ, U.S. Army Recruiting Command, Health Services Directorate,  
1307 Third Avenue, ATTN: RCRO-HS-AN, Fort Knox, Kentucky 40121-2726

SUBJECT: Certifying Statements for Participation in the Specialized Training Assistance Program (STRAP) for \_\_\_\_\_  
(name/ssn)

1. [Rank, Name, SSN] meets all requirements outlined in AR 135-7 for participation in the new Specialized Training Assistance Program.

- Is a citizen of the United States.
- Is a commissioned officer in the Army Reserves/National Guard (Not in AGR status)
- Was appointed as an AMEDD Officer on \_\_\_\_\_
- Is assigned an Area of Concentration (AOC) of \_\_\_\_\_
- Is engaged in a course of studies in the specialty of \_\_\_\_\_  
Will be enrolled in at least 50% credit hours required for full time (AN).
- Will be able to complete service obligation prior to his/her Mandatory Removal Date (MRD) IAW AR 140-10, Ch 7, (age 60). Soldiers MRD is \_\_\_\_\_.
- Is not in a pass-over status for promotion.
- Is not receiving assistance from ROTC scholarship.
- Is not obligated to an active duty service tour or to the Public Health Service.

2. The above named applicant is in compliance with medical fitness standards per AR 40-501. Physical completed on \_\_\_\_\_.

3. The above named applicant is in compliance with physical fitness standards IAW AR 350-15. APFT administered on \_\_\_\_\_.

4. The above named applicant is in compliance with body composition/weight control standards per AR 600-9. Current height/weight \_\_\_\_\_. Current body fat composition \_\_\_\_ (if required).

5. POC at this unit is \_\_\_\_\_ at DSN \_\_\_\_\_,  
commercial \_\_\_\_\_, or e-mail \_\_\_\_\_.

FOR THE COMMANDER:

Encl (if needed)

SIGNATURE BLOCK