AFROTC Detachment 630
New Cadet Orientation Program (NCOP)
Handbook
Welcome to Detachment 630 at Kent State University. While the detachment is hosted at Kent State, we stretch across Northeast Ohio with cross-town agreements in place at:

- University of Akron
- Baldwin Wallace University
- Youngstown State University
- Hiram College
- Cleveland State University
- University of Mount Union
- Case Western Reserve University

At the beginning of each fall semester, Det 630 holds a 2-day orientation program for new cadets. While the event is voluntary, we highly encourage all new cadets to attend.

- **Day One / Wed, 24 Aug 16 / 1400 (2:00 p.m) / Terrace Hall, Classroom 1**
  - **Attendees:** New cadets and family members
  - **Dress:** Business Casual for cadets
  - Our current cadets and staff will provide an overview of the AFROTC program, a briefing on scholarship opportunities, a discussion of what life is like in the Air Force and a question and answer session.
  - Current cadets will pull new cadets at a prearranged time, giving family members time to ask questions or discuss concerns with cadre members.

- **Day Two / Thur, 25 Aug 16 / 0900 (9:00 a.m.) / Terrace Hall, Classroom 1**
  - **Attendees:** Cadets only
  - **Dress:** Physical fitness clothing (conservative / professional in appearance)
  - New Air Force ROTC students will report to DET 630 to complete the in-process session that includes building cadet records, military training and physical activity. Come showered, clean-shaven, well-rested and ready to begin your journey as a cadet in Air Force ROTC.

**NCOP Registration**

If you plan to attend NCOP, we ask that you register using the link from our homepage:

http://www.kent.edu/afrotc/events

If you are unable to register online, please call the detachment front office at 330-672-8215 or email us at det630@kent.edu.

**Early Move In (Kent State Campus)**

All cadets have the opportunity to move in the morning of Wednesday, Aug. 24, 2016. This opportunity will allow students to be settled in dorms prior to the official start of NCOP and avoid the mass freshman move in day. There will be a $25 fee that may be added to your bill and payable to the Bursar. Students must contact Residence Services directly in order to be processed.
Commander’s Welcome

Welcome to Air Force ROTC and Detachment 630! We are very pleased to have you as part of our program and we look forward to working with you as you begin your journey to become an Air Force officer.

The personal goal of the Air Force cadre is to ensure we give you outstanding military training and leadership development skills that will jumpstart your career and serve as building blocks for future growth. Our philosophy on how we accomplish these tasks is outlined below.

**Character Development**

Air Force officers are expected to live by the Air Force Core Values of *Integrity First, Service Before Self*, and *Excellence in All We Do*. Our program is laid out to develop your character and moral compass, both of which are essential for officers and leaders. We will build your confidence, instill accountability, and develop time management skills that will not only assist you in college, but throughout your life.

**Leadership Skills**

Air Force officers play a vital role in the success of all Air Force missions. Without solid leadership, the mission will suffer and possibly even fail. We will give you the leadership tools needed to enter active duty. We also set you up for success by showing you where new tools are located and how to develop those tools as you advance in experience and leadership roles.

**Fitness**

Physical fitness is paramount to a successful military career and each Air Force member has the responsibility to maintain standards. As Air Force Instruction 1-1 states, “an active lifestyle increases productivity, optimizes health, and decreases absenteeism, which helps maintain a higher level of readiness.”

**Your Mission and Responsibilities**

Your number one priority is to obtain your college degree. Without it, you cannot commission in the Air Force.

Stay Fit. You must maintain the highest level of physical fitness.

Step Outside Your Comfort Zone. Take chances by stepping up to challenges. Find your weak areas and strive to overcome your fears.

I offer you my best wishes as you begin an exciting and new journey in your life. I, and the rest of the Det 630 family, look forward to working with you and serving as your Air Force mentors.

JAMES W. MULLINAX, JR., Lt Col, USAF
Commander, AFROTC Det 630
Required Documents

NOTE: We do not have access to your transcripts or scholarship information. You need to bring the items below even if you previously provided to the university.

Required forms are included in this handout, but forms and additional instructions/explanations are located on our website under the NCOP section: http://www.kent.edu/afrotc/events

1. AFROTC Form 28, *Air Force Pre-Participatory Sports Physical*
2. Air Force Fitness Screening Questionnaire (FSQ)
3. Copies of all college level transcripts (official or unofficial).
   This includes high school dual enrollments, community college coursework, or any other college/university level coursework that you have received a grade for.
4. State certified birth certificate with raised seal or proof of US citizenship if born abroad (certified English translation) *(ORIGINAL)*
5. Social Security Card *(ORIGINAL)*
6. Bank account and routing numbers (A voided check or direct deposit form from the bank will work). We need this information to begin your monthly stipend. *(AF Scholarship Cadets ONLY)*
7. Selective Service Card *(males only)* (http://www.sss.gov)
8. ACT / SAT Scores *(can be unofficial, but name must be visible on form)*
9. AP transcript (official or unofficial)
10. Transcripts from any post high school technical or colleges attended
11. Certificate(s) of participation or completion *(if applicable)*
   a. JROTC
   b. Civil Air Patrol (CAP)
   c. Eagle Scout
12. (Reservists/Guardsmen) Air Force Guard/Reserves Documentation
13. (Prior Active Duty Service Members) DD-214 (Copy 4-Member’s Copy)
14. Civil Involvement information
   a. Type of civil involvement
   b. Date of incident
   c. Name and address of law enforcement office
   d. Disposition/finding/sentence
   e. Driving record (for documentation purposes)
15. Physical Training Uniform (PTU) Worksheet
16. Other (i.e. Private Pilot’s License)
Directions and Parking

For use with GPS:
125 Terrace Drive
Kent, OH 44242
Physical Training Uniform (PTU) Worksheet

Name (Last, First, MI.): ________________________________

(Circle One)

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### AIR FORCE ROTC PRE-PARTICIPATORY SPORTS PHYSICAL

1. **CADET/APPLICANT NAME**

2. **AFROTC DETACHMENT**
   - Det 630

**MEDICAL AUTHORITY:** Measure height and weight of cadet/applicant. Compare results to AF standards listed on reverse, check block 7 and certify as requested below.

**AFROTC CADRE:** If cadet/applicant exceeds AF weight standards, conduct a Body Fat Measurement IAW DoDI 1308.3.

3. **CADET/APPLICANT MEASUREMENTS**

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4. **AIR FORCE WEIGHT STANDARDS**
   (found on reverse)

5. **BODY FAT MEASUREMENT**

6. **BODY FAT STANDARDS:**
   - FEMALE - 28%
   - MALE - 20%

7. **CHECK APPLICABLE BOX**
   - IS WITHIN AIR FORCE WEIGHT STANDARDS
   - EXCEEDS AIR FORCE WEIGHT STANDARDS
   - IS BELOW AIR FORCE WEIGHT STANDARDS

**MEDICAL AUTHORITY:** PLEASE REVIEW THE ABOVE INFORMATION. CONDUCT COUNSELING BELOW IN APPLICABLE AREAS, AND SIGN.

1. **(print name) _____________________________,** HAVE EXAMINED THIS CADET/APPLICANT AND REVIEWED HIS/HER MEDICAL HISTORY. THE FOLLOWING ARE THE RESULTS:

9. **(IF CADET/APPLICANT IS BELOW AIR FORCE WEIGHT STANDARDS)**
   I CERTIFY THIS CADET/APPLICANT’S LEAN BODY MASS POSES NO HEALTH RISK; NO SIGNS OF EATING DISORDERS EXIST. I HAVE DISCUSSED THE IMPORTANCE OF NUTRITION AND WEIGHT MANAGEMENT. _____________________________ (Medical Authority Initials)

10. **(IF CADET/APPLICANT EXCEEDS AIR FORCE WEIGHT STANDARDS)**
    I HAVE DISCUSSED APPROPRIATE AND SAFE WEIGHT LOSS WITH THE CADET/APPLICANT. _____________________________ (Medical Authority Initials)

11. **(FOR ALL CADETS/APPLICANTS)**
    I DID / DID NOT (please circle) FIND MEDICAL CONDITION(S) OR PHYSICAL IMPAIRMENT(S) THAT WOULD PRECLUDE THIS CADET/APPLICANT FROM PARTICIPATING IN A RIGOROUS PHYSICAL TRAINING PROGRAM. IF A MEDICAL CONDITION/PHYSICAL IMPAIRMENT EXISTS THAT MAY PRECLUDE THE INDIVIDUAL FROM PARTICIPATING, PLEASE EXPLAIN:

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<th>EXAMINATION DATE</th>
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**AFROTC CADRE:** A DISQUALIFIED DODMERB OR MEPS PHYSICAL SUPERSEDES THIS FORM. A CADET MAY NOT PARTICIPATE IN THE AFROTC PHYSICAL TRAINING PROGRAM IF THEY HAVE A DISQUALIFIED DODMERB OR MEPS PHYSICAL.

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**AFROTC FORM 28, 20141030**
FITNESS SCREENING QUESTIONNAIRE
(AF 36-2905, 21 OCT 2013, IC 1 27 AUG 2015)

You are being asked these questions for your safety and health. The AF Fitness Assessment (FA) is a maximum-effort test. Airmen who have not been exercising regularly and/or have other risk factors for a heart attack (increasing age, smoking, diabetes, high blood pressure, etc.) are at increased risk of injury or death during the test. Answering these questions honestly is in your best interest.

1. Have you experienced any of the symptoms/problems listed below and not been medically evaluated and cleared for unrestricted participation in a physical training program?
   a) Unexplained chest discomfort with or without exertion
   b) Unusual or unexplained shortness of breath
   c) Dizziness, fainting, or blackouts associated with exertion
   d) Other medical problems that have not been evaluated, optimally treated, or not already addressed in an AF Form 469, that may prevent you from safely participating in this test (e.g. heart disease, sickle cell trait, asthma, etc.).
   e) Family history of sudden death before the age of 50 years

   □ Yes: Stop. Notify your UFPM and contact your PCP/MLO for evaluation/recommendations (or for ARC, contact the MLO for Duty Limiting Conditions (DLC) documentation and referral to PCP). Hand carry this form to medical evaluation.
   □ No: Proceed to next question.

2. Are you 35 years of age or older?
   □ Yes: Proceed to next question.
   □ No: Stop. Sign form and return to your UFPM. Member may take the FA.

3. Have you engaged in vigorous physical activity (i.e., activity causing sweating and moderate to marked increases in breathing and heart rate) averaging at least 30 minutes per session, 3 days per week, over the last 2 months?
   □ Yes: Stop. Sign form and return to your UFPM. Member may take the fitness assessment.
   □ No: Proceed to the next question.

4. Do one (1) or more of the following risk factors apply to you?
   Smoking tobacco products in the last 30 days
   Diabetes
   High blood pressure that is not controlled
   High cholesterol that is not controlled
   Family history of heart disease (developed in father/brother before age 55 or mother/sister before age 65)
   Age > 45 years for males; > 55 years for females

   □ Yes: Stop and notify UFPM.

NOTE: RegAF and ANG (Title 10 status): If member was cleared for entry into a fitness program at his/her last physical health assessment (PHA) and his/her PHA is current, the member will take the FA. If not cleared, refer member to PCM for evaluation, and, if medically cleared for unrestricted fitness program, the member will take the FA.
AFR: If member was cleared for participation into a fitness program at a PHA within the last 12 months, the member will take the FA. If not previously cleared, member will be referred to PCP for evaluation and, if medically cleared for unrestricted fitness program, the member will take the FA. Refer member to MLO if there is any combination of smoking, diabetes, uncontrolled high blood pressure, and/or uncontrolled high cholesterol. MLO will update medical records and/or initiate DLC documentation.

ANG (Title 32 status): Refer member to MLO if there is any combination of smoking, diabetes, uncontrolled high blood pressure, and/or uncontrolled high cholesterol. MLO will update medical records and/or initiate DLC documentation.

☐ No: Stop. Sign form and return to your UFPM. Member will take the FA.

If member experiences any of the symptoms listed in Question #1 during the fitness assessment, he/she should stop the test immediately and seek medical attention immediately.

Signature: _____________________________ Date: ___________
Printed Name: ___________________________ Rank: ___________
Duty Phone: _____________________________ Office Symbol: ___________

Authority: 10 USC 8013. Routine Use: This information is not disclosed outside DoD. Disclosure is Mandatory. Failure to provide this information may result in either administrative discharge or punishment under the UCMJ.

Medical Evaluation (Only applicable if member marked Yes on Question 1; provider answers all 4 statements)

If medical evaluation is required IAW this FSQ, the provider will complete the following.

____________________________________

I medically evaluated _____________________ on __________. Medical recommendations are:
(rank, name) (date)

Member (is/is not) medically cleared for the maximal effort 1.5-mile run.

Member (is/is not) medically cleared for the maximal effort 2.0-kilometer walk.

Member (is/is not) medically cleared for push-ups.

Member (is/is not) medically cleared for sit-ups.

NOTE: An AF Form 469 has been initiated, if appropriate. Airmen with fitness limitations for greater than 30 days must be referred to the EP/FPM for fitness prescription IAW AFI 36-2905.

____________________________________

(Signature/Stamp of Provider)