

RELATIVES IN ACTIVE OR RETIRED MILITARY SERVICE (Name, grade, branch, status (active or retired) and relationship to you).		
NAMES OF MILITARY (include Rank) OR PROMINENT CIVILIAN OFFICIALS WHO MAY ATTEND YOUR CLASS GRADUATION CEREMONIES (and relationship or affiliation to you). DO NOT INVITE INDIVIDUALS WITH WHOM YOU DO NOT HAVE CLOSE PERSONAL RELATIONSHIPS.		
Gaining Unit Sponsor, if known (Rank, Name, and Phone Number):		
RECORD OF OFFICER TRAINEE ACKNOWLEDGEMENT		
Misrepresentation or failure to abide these items may result in dismissal.		
ITEMS	YES	NO
(Clarify in remarks below and provide Flight Commander with additional details for any items marked "Yes")		
I am a Non-Native English Speaker (NES). English is not my first language.		
Since applying to OTS, has anything happened that would impact your ability to obtain a security clearance?		
I have reservations about the Officer Oath of Office.		
I have reservations concerning control/firing of weapons or participation in combat (as allowed by Geneva Convention).		
I have reservations concerning control and potential release of nuclear weapons.		
I am a Conscientious Objector.		
Are you experiencing any personal problems that could impact your performance at OTS?		
Are you on any medication routines? Do you have limitations (including pre-existing and documented or undocumented) or reservations which could impact your academic, military, or physical performance at OTS?		
Do you have tattoos which are not annotated on an AF Form 4428? If yes, bring completed form to OTS for filing.		
FEMALES ONLY: Are you, or might you be, pregnant?		
Initial to certify completion and understanding, as applicable.	Initial	
I will adhere to the Honor Code: "We will not lie, steal, or cheat, nor tolerate among us anyone who does."		
I will adhere to zero tolerance for sexual harassment.		
I will not possess or procure any materials that could reasonably be considered offensive or degrading.		
I will adhere to zero tolerance for prejudicial conduct, racial remarks, conduct unbecoming an officer, DWI, and use/abuse of alcohol and/or drugs.		
I understand mail service is limited to personal/legal correspondence. Package/e-commerce deliveries are only authorized with Flight Commander prior coordination.		
I will not practice medicine except in an emergency situation (life, limb, eyesight).		
I will not possess or consume alcohol at any time without Squadron Commander approval.		
I will not use tobacco products while attending OTS as an Officer Trainee. If required, I will discuss tobacco cessation with my Flight Commander.		
I will notify my Flight Commander within 24 hrs of any injury, followed by an AF Form 978 within 48 hours.		
When in a vehicle, I will use proper seat belt and shoulder restraints.		
I will follow sick call procedures and IDMT Medical Operations IAW OTSMAN 36-2604.		
I have completed the pre-course assignments (PCAs) as directed.		
I will not invite individuals to Officer Training School training events.		
I will not invite individuals with whom I have no close personal relationships to OTS graduation events.		
My OTS application, and completion of this form, was accurate and truthful.		
Remarks (Use a blank sheet of paper for additional remarks):		
Officer Trainee Signature / Date		