

AIR FORCE CAREER SKILLS PROGRAM (CSP) PROVIDER VETTING CHECKLIST
FOR ON-BASE PROVIDER AS OF 9 JUL 2018

Checklist Purpose: This checklist is used by the Education and Training Section (E&TS) Chief in approving a CSP provider to operate on-base. Airmen will request CSP applications through the Air Force Virtual Education Center (AFVEC). This checklist will assist the E&TS Chief in determining the following:

1. Name of CSP Provider
2. Type of CSP: Apprenticeship, Internship, On-the-Job Training
3. When CSP will occur (Start Date / End Date)
4. CSP performance expectations (Type of work to include Airman's requirements)

This Checklist will provide the E&TS Chief with details of the CSP to ensure it meets the criteria of Department of Defense Instruction (DoDI) 1322.29, *Job Training, Employment Skills Training, Apprenticeships, and Internships (JTEST-AI) for Eligible Service Members* and AFI 36-2649, *Voluntary Education Program*. It ensures Airmen acknowledges their eligibility requirements to participate in a CSP. In addition, Airmen acknowledge that they must maintain contact with their losing Command and adhere to Uniformed Code of Military Justice requirements while in the CSP.

It is the Airmen's responsibility to coordinate the completion of this checklist with his/her CSP Provider and submit it to the local Education Center with his/her CSP application in AFVEC.

Airman's Name (Printed Legibly): _____

Air Force Installation (where CSP will occur): _____

Airman's Approved Date of Separation (DOS)/Retirement (Last day on Active Duty): _____

Airman's Permanent Civilian Email: _____

Airman's Current Cell Phone Number: _____

Airman: I understand and acknowledge (Please Initial):

- My election to participate in this CSP is in accordance with Department of Defense Instruction (DoDI) 1322.29 and the CSP Provider
- I must be within 180-days of my approved Date of Separation (DOS) to be eligible
- I must maintain satisfactory progress and attendance throughout my CSP enrollment period and uphold all military standards and accountability requirements while enrolled
- My participation in this CSP may be terminated at any time for unit/mission requirements or disciplinary reasons
- I cannot use CSP as a way to circumvent Office of Personnel Management hiring laws allowing me to accept a US Federal position immediately upon my DOS
- If I extend or reenlist, I must return to duty immediately
- I am not eligible to receive from the CSP provider: wages, training stipends, or any other form of financial compensation for the time I spend participating in the program
- I will strongly consider all job offers associated with my successful CSP completion
- I will release my contact information to AF personnel who will contact me after my separation/retirement from the service concerning my employment related with my CSP completion

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I agree to complete the CSP Exit Survey in AFVEC after my CSP completion

Member's Signature

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1. Airman's Name (Printed Legibly): _____

2. Name of CSP: _____

3. Type of CSP:

Apprenticeship Internship On-the-Job Training

4. Accrediting or Approving Authority:

<input type="checkbox"/> Department of Veteran Affairs	<input type="checkbox"/> U.S. Department of Labor (DoL)
<input type="checkbox"/> U.S. Department of Education	<input type="checkbox"/> Council on Occupational Education
<input type="checkbox"/> American National Standards Institute	<input type="checkbox"/> Not Accredited (Internship Only)
<input type="checkbox"/> Federal Law Enforcement Training Accreditation	

5. The designated CSP provider agrees to comply with Section 201, et seq, United States Code 29, Fair Labor Standards Act, and provisions outlined in DoDI 1322.29, Enclosure 4, dated January 24, 2014.

CSP Provider(s) and Contact Personnel: (Provide contact information for all CSP Partners to include Employer and Institute of Higher Learning (IHL) Points of Contacts (POCs) if different than CSP Provider).

Company Name: _____

Address: _____

POC: _____

Phone Number (including area code): _____

Email Address: _____

Signature of POC: _____

Date signed: _____

Name of IHL, if applicable: _____

6. Criteria Specific to Internships only: (skip if it is not an internship program)

a. Internships under the JTEST-AI program must meet the criteria for exclusion from Reference (i). These six criteria must be applied when making this determination:

The internship, even though it includes actual operation of the facilities of the employer, is similar to training which would be given in an educational environment.

The internship experience is for the benefit of the intern.

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- The intern does not displace regular employees, but works under close supervision of existing staff.
- The employer that provides the training derives no immediate advantage from the activities of the intern; and on occasion its operations may actually be impeded.
- The intern is not necessarily entitled to a job at the conclusion of the internship.
- The employer and the intern understand that the intern is not entitled to wages for the time spent in the internship.

b. The proposed internship must be in line with the scope and intent of the respective Service internship programs, including those offered by the Federal Government, States, local governments, the civilian sector, and non-governmental organizations.

Provider signature and date: _____

7. Has a Memorandum of Understanding (MoU) between the installation and CSP provider been established?

a. Installation Jag Legal Review (for new CSP Provider only): Yes _____ / No _____

(Attach copy of legal review for new CSP Provider)

Date Completed: _____

b. Attach copy of signed MoU between installation and CSP Provider

Date Signed: _____

c. Will approved on-base MoU be with an Institute of Higher Learning partner (IHL)?: Yes ____ / No ____

Name of IHL: _____

8. CSP Training Program Dates: For Cohorts that use multiple dates:

Cohort #1 Start Date: _____ Finish Date: _____ # Days of Training: _____

Cohort #2 Start Date: _____ Finish Date: _____ # Days of Training: _____

Cohort #3 Start Date: _____ Finish Date: _____ # Days of Training: _____

9. Required physical activities (list any type of physical activity, ability, and safety requirements required for this CSP)

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10. What will the CSP cost the Airman? _____

11. What is/are the expected funding source(s) if the CSP costs the Airman?

- Union Trust Fund
- Federal or State Grant (i.e., U.S. DoL)
- Montgomery GI Bill or Post 9/11 GI Bill
- Airman funding out-of-pocket
- Other funding sources, if required: _____