

# IMA CDC Action Request

This form may contain FOR OFFICIAL USE ONLY (FOUO) information that must be protected under the Privacy Act of 1974. Do not release outside of DoD channels without the consent of the originator's office. (AFI 33-332)

AUTHORITY: 10 U.S.C. 8013. PRINCIPAL PURPOSE: To obtain information for computer input from education offices requesting students be enrolled into A4/6 A4L Distance Learning Courses. Use of SSN required to make positive identification of the individual and records. ROUTINE USE: Used to prepare data for input into MilPDS and A4/6 A4L computer database. DISCLOSURE: Voluntary. However, if requested information is not provided, the enrollment cannot be accomplished.

CDC action requests must be submitted by the Unit or Base Training Manager. If you have any questions, please contact the members RIO Detachment.

CDC Enrollment	<b>Course Information</b> <i>(Obtained from CDC Catalog)</i>
Four Month Extension	Course Number
CDC Disenrollment	Course Title

## Member Details

Last Name	First Name	MI
SSN	Rank	DAFSC
	TSC	RIO Det.

## Delivery Information *(Course material will only be sent to a unit address. Exams will be sent to a Test Control Facility)*

Unit	Street Address	Base/City	State
Zip Code <i>(all 9 digits required)</i>	Test Control Facility <i>(all 10 digits required)</i>		

## Administration *All items must be verified by the Unit Training Manager and Supervisor*

UTM Initials

Supervisor Initials

The AFCDA Course Catalog has been reviewed and member meets course requirements.  
Trainee is not currently enrolled in a separate CDC.  
UTM will check the CDSAR system within 5 days of processing to verify enrollment.  
Trainee and supervisor will be issued CDC materials and briefed on the proper use within 10 days of receipt.  
Trainee will be given 60 days to complete each volume.  
An extension will be requested upon the 8th month of enrollment.  
Trainee will receive a comprehensive review of the entire CDC prior to requesting the course exam.  
Course exam will be scheduled through the Test Control Facility.

I acknowledge that the trainees CDC's will be monitored and supervised IAW AFI 36-2201, *Air Force Training Program*.

Unit Training Manager  
Typed: Name, Rank, and  
Title

Signature

Supervisor  
Typed: Name, Rank, and  
Title

Signature

Once signed, save as PDF onto computer and submit thru myPers.