

Medical Evaluation Board (MEB) Career Skills Program Approval Memorandum

I understand that in order to participate in the Career Skills Program, I must complete Phase 1 of the MEB process.

Furthermore, I understand that the MEB process has priority over the Career Skills Program, and I may be required to terminate my participation in the Career Skills Program early in order to fulfil my MEB requirements in a timely manner, and that my failure to do so may result in disciplinary action.

The program I am requesting permission to participate in is:

Name of Program: _____

Location of Program: _____

Start date of Program: _____

End date of Program: _____

Total duration (days): _____

Soldier's Rank/Name: _____

Soldier's Digital Signature: _____

Date: _____

The above Soldier has completed Phase 1 of the MEB process, and is eligible to participate in the Career Skills Program referenced above. (To be completed by PEBLO)

PEBLO's Name: _____

PEBLO's Digital Signature: _____

Title: _____

Date: _____