

**NAVSUPACT NAPLES FORM 5350-4 (NEW 7-13)**

<b>RATE/NAME</b>	<b>INDIVIDUAL CAREER DEVELOPMENT PLAN</b> <i>E1-E3</i>					<b>DEP/DIV</b>	<b>DATE RPTD</b>	<b>ADSD</b>	<b>EAOS</b>  <b>PRD</b>	
	Command: _____									
CAREER DEVELOPMENT PLAN	<b>REPORTING</b>	<b>6</b> MTH	<b>AS</b> REQ'D	<b>12</b> MTH	<b>AS</b> REQ'D	<b>24</b> MTH	<b>AS</b> REQ'D	<b>36</b> MTH	<b>TRX/S</b> EP	
<b><u>ADVANCEMENT/QUALIFICATIONS</u></b>										
Window of Adv E2-E4	E2/	E3/	E4/	E5/	E6/	E7/				
Date of Advancement	E2/	E3/								
Requirements for Adv to P03 Completed	BMR	MILREQS	Target date of completion:							
Requirement/shipboard PQS	DC	3M	Watches							
Warfare Qualifications	Start Date		Target Date			Completion date				
<b><u>EDUCATIONAL OPPORTUNITIES</u></b>										
Current Education Status (RTM)										
Current Education Status (PACE/Off-duty)	Credits completed:									
High School Diploma/GED				Target date of completion:						
Degree Programs										
Other Courses Completed:						USMAP ENROLLED: YES _____ NO _____				
<b><u>FINANCIAL PLANNING</u></b>										
Individual/Family Budgeting										
Checkbook/Investments/TSP										
<b><u>PHYSICAL FITNESS REQUIREMENTS</u></b>										
<b>Physical Fitness Goals/Personal Health Assessment</b>	Personal Goals Set:									
<b><u>CAREER INTENTIONS</u></b>										
Reenlistment Intentions/PTS										
Special Program Interest										
Career Path/Team Detailing	15 Month -		13 Month -			9 Month -		6 Month -		
<b><u>TRANSITION</u></b>										
Reverse Sponsorship Program	Orders received:		Member notified:			Date SAA submitted:				
Welcome Aboard Program	Package Rec'd:	Sponsor Assigned:		Sponsor's Name:			Remarks:			
Individual Transition Plan and DD 2648	18Mth	6Mth		Scheduled TAP dtd:						
Separating										
Physical Screening										
Family Relocation Assistance										

