

DEVELOPMENTAL COUNSELING FORM

For use of this form, see ATP 6-22.1; the proponent agency is TRADOC.

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 301, Departmental Regulations, 10 USC 3013, Secretary of the Army.

PRINCIPAL PURPOSE: These records are created and maintained to manage the member's Army and Army National Guard service effectively, to document historically a member's military service, and safeguard the rights of the member and the Army.

NOTE: For additional information, see the System of Records Notice A0600-8-104b AHRC, <https://dpcl.dod.mil/Privacy/SORNs/index/DOD-wide-SORN-Article-View/Article/570051/a0600-8-104b-ahrc/>.

ROUTINE USE(S): There are no specific routine uses anticipated for this form; however, it may be subject to a number of proper and necessary routine uses identified in the system of records notice specified in the purpose statement above.

DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI)	Rank/Grade	Date of Counseling
Organization GEORGIA ARMY NATIONAL GUARD	Name and Title of Counselor	

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g. Performance/Professional/Event-Oriented counseling, and include the leader's facts and observations prior to the counseling.)

Approach: Non Directive Combined Directive

Type of Counseling: General Form Professional Growth Performance Event Oriented

This counseling statement is in reference to a medical condition that disqualifies you from further service IAW AR 40-501, Chapter 3.

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points Discussion:

You have been given a Notification of Medical Disqualification which details your disqualification and options in the Medical Retention Determination Point (MRDP) process. You may elect one of the following options:

1. Accept the medical disqualification and be medically discharged if you have less than 15 years of service.
2. Accept the medical disqualification and be medically retired if you have more than 15 years but less than 20 years of qualifying service.
3. Accept the medical disqualification and be Retirement if you have 20 years or more of qualifying service.
4. Submit a packet for consideration by the Non-Duty Related Physical Evaluation Board (NDR-PEB). This option is for Soldiers that want to appeal the disqualification and feel they can continue service with limitations.

By initialing the following, you acknowledge that you have read and understand your rights and responsibilities pertaining to your election options:

1. ____ You must make an election regarding your separation from the Georgia Army National Guard. Failure to make an election by the due date listed on your notification will result in discharge based upon your service record on the Retirement Points Accounting Management (RPAM) statement.
2. ____ If you elect to go before the NDR-PEB, your completed packet must be submitted to the Medical Programs Manager prior to your suspense date on your notification. Failure to submit a completed packet will result in discharge based upon the qualifying years of service recorded on your RPAM.
3. ____ You are highly encouraged to seek counsel from the state JAG office 678-569-5644, BLDG 447 Clay National Guard Center and/or Office of Soldiers' Counsel email: usarmy.gordon.medcom-eamc.mbx.meb-counsel@mail.mil.
4. ____ You are required to communicate with your chain of command, MRNCO, and Medical Program Manager during the PEB process.
5. ____ You must notify your unit within 2 business days of this notification of your MRDP counseling and provide a copy of the signed documentation to your RNCO or commander.

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (*other than rehabilitative transfers*), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Counselor:	Individual Counseled:	Date of Assessment (YYMMDD):
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Note: Both the counselor and the individual counseled should retain a record of the counseling.