

Contents

Security Assistance Network (SAN) Public Collection Notice 1
International Military Student Information Entry Screens..... 2

Security Assistance Network (SAN) Public Collection

PRIVACY ACT STATEMENT

Authority: 10 U.S.C. 134, Under Secretary of Defense for Policy; DoD Directive 5105.65, Defense Security Cooperation Agency (DSCA); DSCA Security Assistance Management Manual, Chapter 10, International Training; DoD Directive 5101.1, DoD Executive Agent; DoD Directive 5132.03, DoD Policy and Responsibilities Relating to Security Cooperation; Joint Security Cooperation Education and Training (JSCET) regulation, (AR12-1, SECNAVINST 4950.4B, AFI 16-105); Foreign Assistance and Arms Export Act § 548.

Purpose: The primary use of this information is to exchange Security Cooperation personnel management, training and budget information between overseas Security Cooperation Offices, Geographical Combatant Commands, Military Departments, Defense Security Cooperation Agency, Defense Finance and Accounting Services, DoD Schoolhouses, Regional Centers, and International Host Nation Organizations.

Routine Use: Contents shall not be disclosed, discussed or shared with individuals unless they have a direct need-to-know in the performance of their official duties. The information is collected in connection with OSD Privacy Act System Notice DSCA-07, Security Assistance Network (SAN).

Disclosure: Providing the personal information is voluntary. However, failure to provide the requested information may result in ineligibility of certain program opportunities and prevent access to US installation.

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0704-0555 is estimated to average 30 Minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

SORN URL: <http://dpcl.o.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/952339/dsca-07/>

PLEASE DO NOT RETURN YOUR RESPONSE TO THE ABOVE ADDRESS.

Responses should be sent to: [Public Collection Point of Contact](#)

Donald Gay
donald.r.gay.ctr@mail.mil
Defense Security Cooperation Agency/Information Management & Technology (DSCA/IM&T)
5450 Carlisle Pike
Building 107N
Mechanicsburg, PA 17050 U.S.A.

OK

 **Add A New Student**

Personal Information

First Name: *

Last Name: *

Birth Date: * 

Birth Country: *

Gender: * Male Female

United States Citizenship: * Holds Does Not Hold

Birth City: *

Country of Citizenship:

Second Country of Citizenship:

Former First Name(s):

Former Last Name(s):

Father's First Name:

Father's Last Name:

Student Photo:
Photo will complete when page is Updated



Contact Information

U.S. Residential Address

Address 1:

Address 2:

Address 3:

Address 4:

Contact Information

U.S. Residential Address

Address 1:

Address 2:

Address 3:

Address 4:

City:

State: Zip:

Home Country Residential Address

Address 1:

Address 2:

Address 3:

Address 4:

Phone

Resident Home #:

Mobile/Cell (Primary) #:

Mobile/Cell (Alternate) #:

Email Address

Personal (Primary):

Personal (Alternate):

USG-Issued (Primary):

USG-Issued (Alternate):

Account Information

Student Control Number (SCN): --

Foreign Identification Number (FIN):

National Identification Number:

Transaction Control Number (TCN):


Position:

Flight Crew:

	Personal (Primary): <input type="text"/> Personal (Alternate): <input type="text"/> USG-Issued (Primary): <input type="text"/> USG-Issued (Alternate): <input type="text"/>
Account Information	Student Control Number (SCN): -- Foreign Identification Number (FIN): <input type="text"/> National Identification Number: <input type="text"/> Transaction Control Number (TCN): <input type="text"/> Position: <input type="text"/> Flight Crew: <input type="text"/> Country Service (PO) * <input type="text" value="-- Select a Country Service --"/> Unit/Org Date: <input type="text"/> Military/Org Unit: * <input type="text" value="Military/Org Unit Required..."/> Country Service #: <input type="text"/> U.S. Rank Equivalent: <input type="text"/> Country Rank: <input type="text"/> Student Code & US Grade: * <input type="text" value="-- Select a Student Code/Grade --"/> Track Student Code is: Officer
Other	Human Rights Security Clearance Screen Date: <input type="text"/> Medical Screening Date: <input type="text"/> Security Clearance: <input type="text" value="--No Clearance Selected--"/> Highest Security Classification of Training: Unclassified
<input type="button" value="Add Student"/> <input type="button" value="Cancel"/> Fields with an asterisk (*) are mandatory	

Defense Security Cooperation Agency (DSCA) Directorate of Information Management & Technology (IM&T)
Security Cooperation-Training Management System (SC-TMS) ver 9

* TRAINING SERVER * * TRAINING SERVER * * TRAINING SERVER * * TRAINING SERVER * * TRAINING SERVER * * TRAINING SERVER * * TRAINING SERVER *



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Welcome CTR Donald R Gay
 Friday, May 6, 2022

[Home](#) | [Schoolhouse](#) | [Student](#) | [Student/ITO](#) | [ITO Repository](#) | [ITO Defaults](#) | [Reports](#) | [Country](#) | [MASL](#) | [References](#) | [Forms](#) | [DOD Security Vetting](#) | [Dashboard](#) | [Admin](#)

Student Information

Doe, John : AF-B-20B001-9204
[Return to Student/ITO](#)

Basic Info
DOD Security Vetting and Agreements
Dependents/Family Members
Medical Billing
Passports/Visas
Languages
Education
Personal Travel
Test Scores
Arrival Message
Experience
Career Path And/Or Position of Prominence

Update Existing Student

✔ Student has been Added - 5/6/2022 2:42 PM

Personal Information

First Name: *

Last Name: *

Birth Date: *

Birth Country: *

Gender: * Male Female

United States Citizenship: * Holds Does Not Hold

Birth City: *

Country of Citizenship:

Second Country of Citizenship:

Former First Name(s):

Former Last Name(s):

Father's First Name:

Student Information
 Doe, John : AF-B-20B001-9204
[Return to Student/ITO](#)

Basic Info	DOD Security Vetting and Agreements	Dependents/ Family Members	Medical Billing	Passports Visas	Languages	Education	Personal Travel	Test Scores	Arrival Message	Experience	Career Path And/Or Position of Prominence
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DOD Security Vetting and Agreements

Agreement Documents

Document: *

Document Type: *

(*) Mandatory Fields

Student Information
 * Required only when DOD Security Vetting is needed for IMS and Adult Accompanying Family Members.

Biographic information:

Biometric information:

-- Select an Option --

Visa Application (DS-160): -- Select an Option --

Ready To Vet

Submit to DCSA: * This option is unavailable until the next DSAMS Refresh is complete.
 ** This is unavailable until the Student Information checklist items above are complete.

Vetting Status

Current Status: **Not Submitted**; Information not yet submitted to DCSA

Events:	Date	Event	Review	Alert Level
	--	Not Submitted; Information not yet submitted to DCSA	--	--

Additional Comments:

Home	Schoolhouse	Student	Student/ITO	ITO Repository	ITO Defaults	Reports	Country	MASL	References	Forms	DOD Security Vetting	Dashboard	Admin
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Student Information
 Doe, John : AF-B-20B001-9204
[Return to Student/ITO](#)

Basic Info	DOD Security Vetting and Agreements	Dependents/ Family Members	Medical Billing	Passports Visas	Languages	Education	Personal Travel	Test Scores	Arrival Message	Experience	Career Path And/Or Position of Prominence
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Approval for Accompanying Dependent(s)/Family Member(s), Reference SAMM C10.12.2.1.

English Language Training: If this IMS has training at the Defense Language Institute and approval is needed from the MilDep/DLIELC if dependents/family members will be author Travel Order (ITO).

Approval Source: -- Select an Option --

Approved By: from on

Non-English Language/Follow-On Training: If this IMS has training at a school other than DLIEC and will need approval if dependents/family members will be authorized on the ITC additional approval is needed, enter the approval on the ITO under paragraph 15. Special Remarks.

Approval Source: -- Select an Option --

Fields with an asterisk (*) are mandatory

Add A New Dependent/Family Member

Relationship: *	<input type="text" value="Husband"/>	First Name: *	<input type="text" value="First Name Required..."/>
Last Name: *	<input type="text" value="Last Name Required..."/>	Former First Name:	<input type="text"/>
Former Last Name:	<input type="text"/>	Former First Name:	<input type="text"/>
Former Last Name:	<input type="text"/>	Former First Name:	<input type="text"/>
Alias Last Name:	<input type="text"/>	Alias First Name:	<input type="text"/>
Alias Last Name:	<input type="text"/>	Alias First Name:	<input type="text"/>

Nationality:	<input type="text"/>	Visa Expiration Date:	<input type="text"/>
National Identification Number:	<input type="text"/>		
Family Member Accompanying IMS?:	<input checked="" type="radio"/> Yes <input type="radio"/> No	MasI Where Family Member Will Join IMS:	<input type="text"/>
Father's First Name:	<input type="text"/>	Paternal GrandFather's First Name:	<input type="text"/>
Father's Last Name:	<input type="text"/>	Paternal GrandFather's Last Name:	<input type="text"/>
Transaction Control Number (TCN):	<input type="text"/>	Home Telephone #:	<input type="text"/>
Primary Mobile Phone #:	<input type="text"/>	Primary Personal Email:	<input type="text"/>
Alternate Mobile Phone #:	<input type="text"/>	Alternate Personal Email:	<input type="text"/>
Alternate Mobile Phone #:	<input type="text"/>	Alternate Personal Email:	<input type="text"/>
Primary Professional Email:	<input type="text"/>		
Alternate Professional Email:	<input type="text"/>		
Alternate Professional Email:	<input type="text"/>		
U.S. Residential Address Line 1:	<input type="text"/>	Entered AFM Residential Address Is:	<input checked="" type="radio"/> Actual <input type="radio"/> Projected
Address Line 2:	<input type="text"/>	AFM Security Clearance:	--N/A--
Address Line 3:	<input type="text"/>		
Address Line 4:	<input type="text"/>		
City:	<input type="text"/>		
State:	<input type="text"/>		
Zip:	<input type="text"/>		

Fields with an asterisk (*) are mandatory

[Save Dependent/Family Member](#)

Add A New Dependent/Family Member

Relationship: *	<input type="text" value="Husband"/>	First Name: *	<input type="text" value="First Name Required..."/>
Last Name: *	<input type="text" value="Last Name Required..."/>	Former First Name:	<input type="text"/>
Former Last Name:	<input type="text"/>	Former First Name:	<input type="text"/>
Former Last Name:	<input type="text"/>	Former First Name:	<input type="text"/>
Former Last Name:	<input type="text"/>	Alias First Name:	<input type="text"/>
Alias Last Name:	<input type="text"/>	Alias First Name:	<input type="text"/>
Alias Last Name:	<input type="text"/>	Alias First Name:	<input type="text"/>
Gender: *	<input type="radio"/> Male <input type="radio"/> Female	Passport #:	<input type="text"/>
United States Citizenship: *	<input type="radio"/> Holds <input type="radio"/> Does Not Hold	Passport Issue Date:	<input type="text"/>
Birth Date:	<input type="text"/>	Passport Exp Date:	<input type="text"/>
Birth Country:	<input type="text"/>	Visa Type:	A-2
Birth State/Province:	<input type="text"/>	Visa #:	<input type="text"/>
Birth City:	<input type="text"/>	Visa Issue Date:	<input type="text"/>
Nationality:	<input type="text"/>	Visa Expiration Date:	<input type="text"/>
National Identification Number:	<input type="text"/>		
Family Member Accompanying IMS?:	<input checked="" type="radio"/> Yes <input type="radio"/> No	MasI Where Family Member Will Join IMS:	<input type="text"/>
Father's First Name:	<input type="text"/>	Paternal GrandFather's First Name:	<input type="text"/>
Father's Last Name:	<input type="text"/>	Paternal GrandFather's Last Name:	<input type="text"/>
Transaction Control Number (TCN):	<input type="text"/>	Home Telephone #:	<input type="text"/>
Primary Mobile Phone #:	<input type="text"/>	Primary Personal Email:	<input type="text"/>


Basic Info	DOD Security Vetting and Agreements	Dependents/ Family Members	Medical Billing	Passports Visas	Languages	Education	Personal Travel	Test Scores	Arrival Message	Experience	Career Path And/Or Position of Prominence
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Passport/Visa Process - White row represents Passports and Blue row represents Visas

- 1) To add a new passport "Click Add A New/Additional Passport" button.
- 2) Click the 'Insert' to save the passport. To cancel click 'Cancel'
- 3) To add another passport repeat steps 1- 2.
- 4) To associate a visa to a specific passport Click the "Add A New/Additional Visa" button directly beneath a passport.
- 5) Click the 'Insert' to save the visa. This will link the visa to the passport. To cancel click 'Cancel'
- 6) If desired repeat steps 5 and 6 to add another visa.
- 7) To edit a passport or visa click on the "pencil" to the left of the passport or visa that you wish to update.
- 8) Click the 'Update' to update the passport/visa. To cancel click 'Cancel'.
- 9) The red 'X' will delete a passport(deletes all it's visas) or a visa.

Add A New/Additional Passport						
Edit Passport	Passport Number	Passport Issue Date	Passport Expiration Date	Issuing Country	Issuing Place	Delete Passport and Associated Visas
Passport Information has not been entered.						

Basic Info	DOD Security Vetting and Agreements	Dependents/ Family Members	Medical Billing	Passports Visas	Languages	Education	Personal Travel	Test Scores	Arrival Message	Experience	Career Path And/Or Position of Prominence
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 **Language Training (Last 10 years)**

Language	Language Training Start Date	Language Training End Date	Language Training Country
English	<input type="text"/>	<input type="text"/>	United States of America (US)

Add Language

Language training has not been added for this student.

Formal Education, Military Academy, Certification(s), or Licensure(s)

Type Education: *	High School	Country: *	Afghanistan (AF)
University/Academy/High School/Other: *		State/Province: *	
Subject Matter/Degree: *		Nearest City: *	
Date When Diploma Received: *			

Fields with an asterisk (*) are mandatory

[Save Education](#)

Edit/Update Formal Education, Military Academy, Certification(s), or Licensure(s)

Education Information not entered for this student

Personal Travel (Last 3 years)

Country: *	Afghanistan (AF)
Start Date: *	
End Date: *	
Full name of accompanying extended family: *	
Enter names separated by semicolon	

Fields with an asterisk (*) are mandatory

[Save Personal Travel](#)

Edit/Update Personal Travel

Personal Travel Information not entered for this student

Doe, John : AF-B-20B001-92U4
[Return to Student/ITO](#)

- Basic Info
- DOD Security Vetting and Agreements
- Dependents/ Family Members
- Medical Billing
- Passports Visas
- Languages
- Education
- Personal Travel
- Test Scores**
- Arrival Message
- Experience
- Career Path And/Or Position of Prominence

Test Scores:

*The Required ECL is:

No test scores have been added for this student.

Save

Add additional Score for this student:

Type	Tester	Test Site	Test Score	Exam Ver	Test Dt	Pass?
ECL						<input type="checkbox"/>

Add

- Basic Info
- DOD Security Vetting and Agreements
- Dependents/ Family Members
- Medical Billing
- Passports Visas
- Languages
- Education
- Personal Travel
- Test Scores
- Arrival Message
- Experience**
- Career Path And/Or Position of Prominence

Experience

Joint Exercise

Participated in the past ten (10) years *outside* of student's home country

Exercise Name:

Country: *

State/Province: *

Nearest City: *

Start Date: *

End Date: *

Save Joint Exercise Fields with an asterisk (*) are required

Results: Zero Joint Exercises have been saved for this student.

Military Service or Civilian Occupation

Participated in the past ten (10) years

Type:

Service/Occupation: *

Rank: *

Location: *

Number of Years: *

Save Military Service/Occupation Fields with an asterisk (*) are required

Results: There are no Military Service/Occupations saved for this student.

Military Training

Participated in the past ten (10) years *outside* of student's home country

Title: *

Degrees/Certificate: *

Location: *

Start Date: *

End Date: *

Save Military Training Fields with an asterisk (*) are required

Add a new Career/Prominent Position

Position Type: *	<input checked="" type="radio"/> Career Position <input type="radio"/> Prominent Position
Title: *	<input type="text" value="Please Enter Title..."/>
Attainment Method: *	<input type="text" value="--- Select an Attainment Method ---"/>
Effective Date: *	<input type="text"/> Estimated <input type="checkbox"/>
Attainment Method Description:	<input type="text" value="Please Enter Text Here..."/>
Cessation Method:	<input type="text" value="--- Select a Cessation Method ---"/>
Cessation Date:	<input type="text"/> Estimated <input type="checkbox"/>
Cessation Method Description:	<input type="text" value="Please Enter Text Here..."/>
Organization/Unit:	<input type="text" value="Please Enter Organization/Unit..."/>
Personnel Type/Student Code & US Grade: *	<input type="text" value="--- Select a Personnel/Student/US Grade ---"/>

Fields with an asterisk (*) are mandatory

Prominent/Career Position(s)

This student currently does not have any Prominent/Career Position(s)