

Commercial Cruise Program (STII)

Meeting #1

Career Services
09/29/2022



Office of Career Services

Director

Lily Espinoza, Ed.D.

Office Coordinator

Tess Luna

Career Coordinators

Daisy Gonzalez –
Engineering (licensed/unlicensed)

Chelsea Leff-
Marine Transportation (STII- Deck)

Craig Hennike –
GSMA, IBL, OCN



About Commercial Cruise

- Different from STI & STIII (Managed by Marine Programs)
- Generally, occurs Summer after Sophomore year
- Provides hands-on field experience with industry partners that can open future opportunities for cadets
- Involves academic project managed by faculty
- Career Services serves as a liaison between cadets and the companies
- Critical component of USCG licensing process

Commercial Cruise Eligibility

Deck Prerequisites

CRU 100
DL 225
DL 225L
DL 240
DL 240L
EGL 100
NAU 102
NAU 102L
NAU 205
NAU 230

CRU 200 Course Corequisite:
CRU 200L

DECK: CRU200 & CRU200L SEA TRAINING II & LAB

ENGINE: CRU 250 SEA TRAINING II

Engine Prerequisites

EPO 110
EPO 125
EPO 210
EPO 213
EPO 215
EPO 220

****Must have completed all necessary pre-requisites and be in good standing.**

Requirements

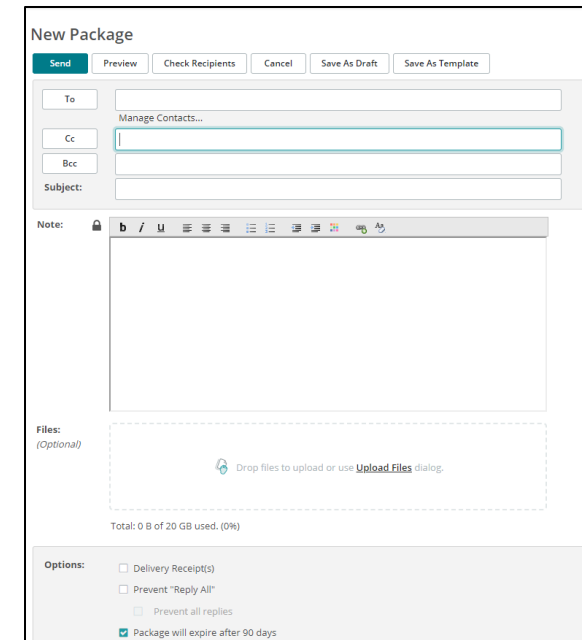
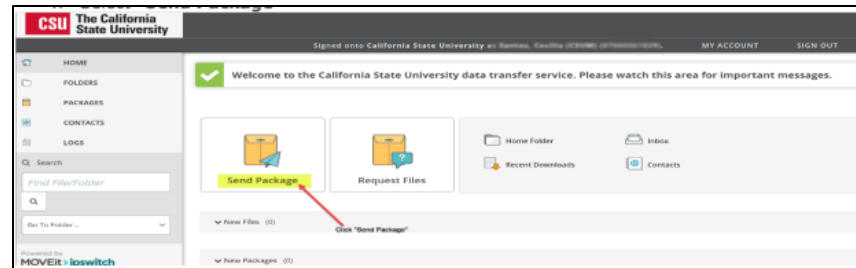
- **Sea Time Requirements (based on Deck or Engine)**
 - Deck: minimum 93 days
 - Engine: minimum 60 days
- **Vessel Requirements (based on Deck or Engine)**
 - Deck: minimum 1600 GRT (Gross Registered Tons)
 - Engine: minimum 4000 HP (horsepower)
- **All companies required to participate in EMBARC (Every Mariner Builds a Respectful Culture) Agreements**
- **For cadets going on a tanker vessel, all must take tanker course (NAU 320) or weekend course**
- **If you have already completed CRU 200 or CRU 250 and partial sea time, you must enroll in CRU 390 (Deck) or CRU 395 (Engine)**

Contacting Companies

- You are welcome and encouraged to foster professional relationships with contacts in your top choice companies (consider LinkedIn, Job fairs)
 - Please do not cold call – all companies are contacted by Career Services.
- Remember, when it comes to finalizing a billet for your commercial cruise, you must consult with your designated Career Coordinator, who will verify guidelines and requirements, and finalize the process.
- Please note, some companies determine billets based on ranking list, resumes, and/or interviews

Uploading Required Documents

- Cadets will be required to upload **all** required documents for commercial cruise through **CSUs Move It** platform
 - Please use single sign-in to access Move It, and send documents to your designated Career Coordinator
 - <https://transfer.data.calstate.edu/>
 - Make sure all relevant pages are included for documents (Front/Back/Signature pages etc.)
- More details are available in the commercial cruise handbook
- Please do not email documents directly to Career Services

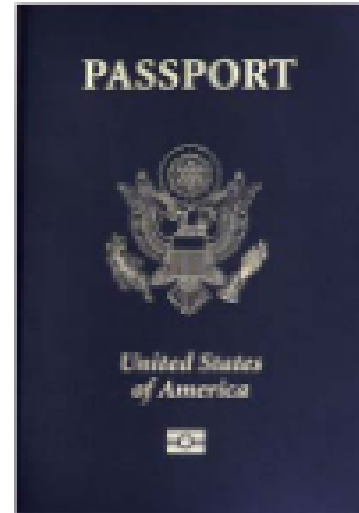


Required Documents: Passport

- Assuming you return from your commercial cruise in August of 2023, you must have a passport valid through February 2024.
- You must provide a copy of your passport to your designated Career Coordinator

***Please note:** Passport must be valid at least 6 months from the final day of your cruise.

Passport



Required Documents: USCG Physicals

- All students must have a USCG Physical valid through end of your commercial cruise, anticipated August 2023.
- Physicals expire after one year.
- Physicals may be completed in the Student Health Center.
- You must sign a Student Health Center ROI at the time of your physical, in order for Career Services to provide this document to companies.
- Sign up health physical during the month of **October**
- Some companies require extra physicals/blood tests—these procedures may be at the cadet's personal expense.
- Cadets who do not pass a company's physical requirements are not allowed to sail with that company and are not guaranteed another billet.

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
APPLICATION FOR MEDICAL CERTIFICATE (FORM CG-719K)
Section I: Applicant Information - To be completed by the Applicant and reviewed by the Medical Practitioner

Last Name: _____ First Name: _____ Middle Name: _____ Suffix (Jr., Sr., III): _____
 Master Reference Number or Social Security Number: _____ Gender: Male Female Date of Birth (MM/DD/YYYY): _____
 Please indicate best method(s) of contact by checking the appropriate box(es).
 Home Address: PO Box MDT Acceptable Not Acceptable
 Street Address: _____ Primary Phone Number: _____
 City: _____ State: _____ Zip Code: _____ Alternate Phone Number: _____
 Other/Outlying Address, if different: PO Box Acceptable Not Acceptable E-mail Address: _____
 Street Address: _____ City: _____ State: _____ Zip Code: _____ Other: _____
 Underarmers Held or Sought (Check all that apply or the Coast Guard will not accept the application)
 Deck Engine Food Handler STCW Entry level with boatload dates
 U.S. Registered Pilot (Great Lakes, Puget Sound) First Class Pilot or those Serving as Pilot (Federal Pilotage CFR 15.612)
 Other (Please explain): _____

Section II: Food Handler Certification - To be completed by the Medical Practitioner

1. Food handlers must obtain a statement from the Medical Practitioner that attests that they are free of communicable diseases that pose a direct threat to the health or safety of other individuals in the workplace. For applicants who have completed a food handler test in checked at Section I above, the Medical Practitioner may provide the statement by checking Yes to the question in Item 1 below.
 2. Communicable disease is defined in 42 CFR 15.102 as any disease capable of being transmitted from one person to another directly, by contact with secretions or other discharges from the body, or indirectly, via intermediate or inanimate objects contaminated with secretions or other discharges from an infected person.
 3. The Medical Practitioner need not perform any additional testing unless it is deemed clinically necessary. Applicants and currently employed food workers should report information about their health as it relates to food handling to the following:
 a. Whether the applicant reports they have been diagnosed with, or exposed to an illness due to organisms including, but not limited to, Salmonella, Typhoid fever, Shiga toxin-producing E. coli, or hepatitis A, since the last year.
 b. Whether the applicant reports they have at least one symptom caused by stress, infection, or other source that is associated with an acute gastrointestinal illness such as diarrhea, fever, vomiting, jaundice, or rash that will last:
 c. Whether the applicant reports they have a lesion containing pus, such as a boil or infected wound, when it is open or draining and is on hands or wrists or an exposed portion of the arms.
 Is the applicant free from communicable diseases? Yes No N/A
 MEDICAL PRACTITIONER INITIALS: _____ DATE: _____

Applicant Name (Last, First, MI): _____ Date of Birth (MM/DD/YYYY): _____
 Section III(a): Medical Conditions - To be completed by the Applicant and reviewed by the Medical Practitioner
 Give a medical waiver (MW) Yes No. If YES, provide a copy to the Medical Practitioner, and mark the MW box below.
 Give the best of your knowledge, have you ever had, required treatment for, or do you presently have any of the following conditions? If no, please mark the NO box below. If yes, please mark the YES box below, and if previously reported (PR), mark the PR box below.
 YES YES NO PR MW (CONDITIONS)
 1. Bilary vision, poor night vision, eye disease or injury, eye surgery, abnormal color vision, cataracts or glaucoma
 2. Hearing loss, hearing aid, ear surgery, facial deformities, open tracheostomy or frequent severe nose bleeds
 3. High or low blood pressure
 4. Heart or vascular disease of any kind, to include angina, chest pain, irregular heart beat, heart valve problem, hypertension, heart attack/myocardial infarction, or congestive heart failure
 5. Heart surgery and/or implanted devices (for example, angioplasty, stent, pacemaker, or defibrillator)
 6. Lung disease of any type (for example, asthma, emphysema, or chronic obstructive pulmonary disease (COPD))
 7. Any blood disorder (for example, anemia, hemophilia, blood clots, or polycythemia)
 8. Diabetes, glucose intolerance, or sugar in urine
 9. Thyroid problem requiring treatment or hospitalization
 10. Stomach, liver or intestinal disorder requiring ongoing medical care/medication, or causing significant bleeding or debilitating pain. History of hepatitis or jaundice
 11. History of pneumonia or blood in urine
 12. Any other urinary or bladder problems not listed above requiring treatment or hospitalization
 13. Skin disorders requiring medical treatment, such as cancer, tumors, melanomas or warts
 14. Severe allergic or allergic reactions to any substance, medication, food, or insect stings
 15. Communicable disease or chronic infectious diseases such as tuberculosis, HIV/AIDS, or hepatitis
 16. Any sleep problems (for example, obstructive sleep apnea, restless leg syndrome, narcolepsy, shift work sleep disorder, or insomnia)
 17. Epilepsy, fits, or seizures
 18. History of serious head injury, loss of consciousness or memory loss
 19. Frequent or severe headaches
 20. Dizziness/fainting/syncope/imbalance problems
 21. Frequent motion sickness requiring medication
 22. Stroke or Transient Ischemic Attack (TIA), brain tumor or other brain disorder
 23. Any neurological disorder or nerve problems including numbness and/or paralysis, not listed above
 24. Attention deficit disorder with or without hyperactivity
 25. Anxiety, depression, bipolar disorder, adjustment disorder, PTSD, or schizophrenia
 26. Suicide attempt or thoughts of suicide (Suicidal Ideation)
 27. Evaluation, treatment, or hospitalization for alcohol or substance use, abuse, addiction, or dependence (including illegal drugs, prescription medications, or other substances)
 28. Any other psychiatric disorder, mental health evaluation/treatment/hospitalization
 29. Back, neck or joint problems that impede movement or cause debilitating pain
 30. Amputation, prosthesis, or use of ambulatory devices (for example, cane, walker, or braces)
 31. Injuries, fractures or recurrent dislocations causing impairment or limitation of motion of any joint
 32. Have you ever been signed off or released on sick or hospitalized for medical reasons within the last six years?
 33. Any diseases, surgeries, cancers, illnesses, or disabilities not listed on this form?
 34. Any hospital admissions within the last six years not listed elsewhere in this Section?
 MEDICAL PRACTITIONER INITIALS: _____ DATE: _____

U.S. Coast Guard
MEDICAL CERTIFICATE
This certificate is valid for one year from the date of issue. It is not valid if the holder has been diagnosed with a communicable disease or if the holder has been diagnosed with a condition that poses a direct threat to the health or safety of other individuals in the workplace.
 Date of Examination: 21-10-2023
 Issued By: [Signature]
 Validity: 24-10-2023
 Renewal: 21-10-2024
 Expiration: 24-10-2025
 Status: Valid Invalid
 Remarks: [Blank]
 Date of Issue: 21-10-2023
 Issued By: [Signature]
 Validity: 24-10-2023
 Renewal: 21-10-2024
 Expiration: 24-10-2025
 Status: Valid Invalid
 Remarks: [Blank]
 Date of Issue: 21-10-2023
 Issued By: [Signature]
 Validity: 24-10-2023
 Renewal: 21-10-2024
 Expiration: 24-10-2025
 Status: Valid Invalid
 Remarks: [Blank]



Required Documents: Career Services Release of Information

- Please carefully print your full name (first and last name); sign and date form
- ***Turn in before leaving the meeting to a Career Services Staff member***
- ***Due today, September 29th***



 CAL MARITIME

CAREER SERVICES RELEASE FORM

I _____ authorize CSU Maritime Academy to electronically transmit / mail the documents listed below in order to facilitate shipping opportunities for me in the Commercial Cruise Program.

I understand that to support the Commercial Cruise Program (Sea Training II), Career Services collects and stores the following documents as applicable, in conjunction with participating Cal Maritime departments:

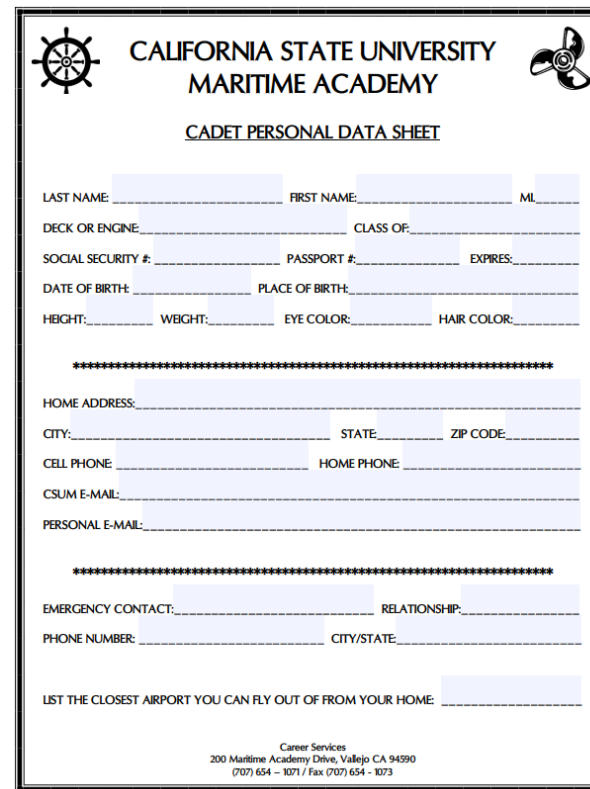
- Basic Safety Training Certificate
- Cadet Application for MMC
- Cadet Data Sheet
- Dissect Deposit Form
- Coast Guard Physical
- Benzene Baseline Test Results
- Immunization Records
- Medical Insurance
- Medical Release Form
- Release Form of Commercial Cruise Documents
- Merchant Mariner Credential
- Military Sealift Command Medical Cadet Shipping Checklist
- Military Sealift Command Cadet Employment Packet
- Company Employment Packet
- National Security Questionnaire (SF 86)
- Passport
- Sea Time Letters
- Evaluations
- Tanker Safety Course Certification
- TWIC
- Drug Letter from Cal Maritime
- Title IX related courses
- TOAR and PSC related documentation

Name _____

Signature _____ Date _____

Required Documents: Cadet Data Sheet

- Please type out the Cadet Data Sheet, **DO NOT** handwrite
- Upload Cadet Data Sheet to the Move It platform
- Due tomorrow Friday, September 30th



The form is titled "CALIFORNIA STATE UNIVERSITY MARITIME ACADEMY CADET PERSONAL DATA SHEET". It features a ship's wheel logo on the top left and a cadet's head logo on the top right. The form contains several sections for personal information, each with a dashed line for input:

- LAST NAME: _____ FIRST NAME: _____ MI: _____
- DECK OR ENGINE: _____ CLASS OF: _____
- SOCIAL SECURITY #: _____ PASSPORT #: _____ EXPIRES: _____
- DATE OF BIRTH: _____ PLACE OF BIRTH: _____
- HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

Below these sections is a separator line of asterisks. The next section is for home address:

- HOME ADDRESS: _____
- CITY: _____ STATE: _____ ZIP CODE: _____
- CELL PHONE: _____ HOME PHONE: _____
- CSUM E-MAIL: _____
- PERSONAL E-MAIL: _____

Another separator line of asterisks follows. The next section is for emergency contact:

- EMERGENCY CONTACT: _____ RELATIONSHIP: _____
- PHONE NUMBER: _____ CITY/STATE: _____

The final section is for the closest airport:

- LIST THE CLOSEST AIRPORT YOU CAN FLY OUT OF FROM YOUR HOME: _____

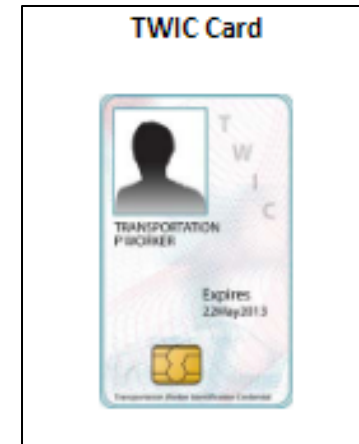
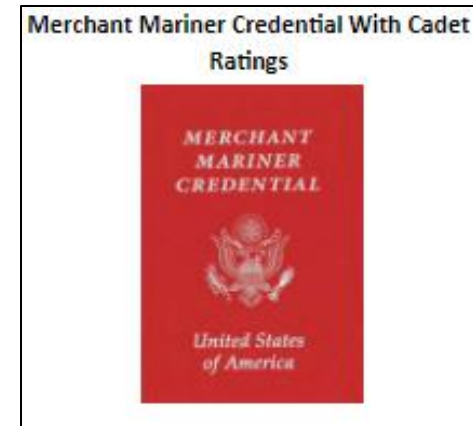
At the bottom of the form, there is contact information for Career Services: 200 Maritime Academy Drive, Vallejo CA 94590, (707) 654 - 1071 / Fax (707) 654 - 1073.

Required Documents:

MMC (Merchant Mariner Credential)

TWIC (Transportation Worker Identification Credential)

- If you need assistance with application and/or timelines for these documents, please contact the USCG Licensing Department
- USCG Licensing Department staff will be present at Commercial Cruise Program Meeting #3 (November 3rd) to discuss these documents



CAL MARITIME


Required Documents: Medical Insurance

- All cadets must obtain and show proof of valid medical insurance for the duration of their commercial cruise



Required Documents: Basic Safety Training Certificate Drug Free Certificate

- These documents will be collected and secured by your designated Career Coordinator on your behalf.



DATE: February 25, 2009
TO: Whom It May Concern
FROM: Director of Federal Drug Testing Program
California Maritime Academy
200 Maritime Academy Drive
Vallejo, CA 94590-0644
SUBJECT: SSF XXX-XX-

The subject named person is a participant in the California Maritime Academy random drug testing program in accordance with Department of Transportation requirements of Title 46 CFR 16.230. This applicant has been subject to random drug testing for at least sixty days during the previous 185 days, and has not failed any tests or refused to participate in any required test.

[Signature]
Suzanne G. Dolan, RN
Director of Student Health

Requires
California Maritime Academy
Validation Test

THE CALIFORNIA MARITIME ACADEMY

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Upcoming Meetings (All located in Rizza)

- **Thursday, October 20th from 1100-1200:** Billet List & Applying to Companies
- **Thursday, November 3rd from 1100-1200:** Documents: MMC, TWIC, PIC, TOAR
- **Thursday, November 10th from 1100-1200:** Military Sealift Command (MSC)
- **Thursday, January 26th from 1100-1200:** Deck Panel: Student and Faculty Insight
- **Thursday, February 16th from 1100-1200:** Engine Panel: Student and Faculty Insight
- **Thursday, March 16th from 1100-1200:** Somewhere Satellite Devices
- **Thursday, March 23rd from 1100-1200:** Cruise Protocols with CAPS, Title IX, Cal Police
- **Thursday, April 6th from 1100-1200:** Discharge letters, Cadet Evaluations, and Cruise Conduct

CCP Handbook & Presentation

- Part I: Before the Cruise is now available on Cal Maritime Career Services Webpage
- All Commercial Cruise Presentations will be posted on Cal Maritime Career Services Webpage after each meeting

Commercial Cruise Program (STII) Handbook

[Home](#) / [Career Services](#) / [Students](#) / [Commercial Cruise Program](#) / Commercial Cruise Program (STII) Handbook

CAREER SERVICES

Career Services Home

Students ^

Students Overview

Career Planning Timeline

Commercial Cruise Program (STII)


Commercial Cruise Program (STII) Handbook

Cooperative Education

Newsletter

Career Services Staff

Employers v



Commercial Cruise Program (STII) Handbook

Part I: [Before the Cruise](#) 📄

Part II: During the Cruise- Coming Soon



CAL MARITIME

CALIFORNIA STATE UNIVERSITY MARITIME ACADEMY

www.csum.edu