

Defense Medical Readiness Training Institute (DMRTI)

Student Nomination Form

Course Date: _____

Course: FCC/PRA Basic Operations Course

Rank/Grade/GS: _____ Name: _____

(Last, First, MI, JR/II)

Service/Agency: _____

(USA, USAR, ARNG, USN, USNR, USAF
USAFR, ANG, USCG, USPHS, DVA, DHHS)

Occupation: _____

(Physician, RN, LPN, Nurse Practitioner,
Physician Assistant, Administrator, etc)

Military Personnel Only:

MOS/AFSC/NEC Designator: _____

(Army)(Air Force) (Navy)

Corps: _____

(MC, DC, NC, AN, BSC, MSC, MS, SP)

Do you plan to attend the ICS-300 Course? (Pre-Course offering) YES NO

Unit/Organization Address:

Unit/Organization: _____

Street: _____

City: _____ State: ____ Zip Code: _____

Commercial Phone: _____

DSN Phone: _____

E-mail (Work): _____

Home Address:

Street: _____

City: _____ State: ____ Zip Code: _____

Phone No: _____

E-mail (Home): _____