Defense Medical Readiness Training Institute (DMRTI)
Joint Medical Operations Course/Joint Medical Planning Tool Course/Joint Humanitarian Operations Course Nomination/Registration Request Form

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 301

PRINCIPAL PURPOSE: To provide the Defense Medical Readiness Training Institute (DMRTI) with information required to complete course registration in order to provide student and DMRTI full course attendance as well as the awarding of Continuing Education credit (CME/CNE/AAMA).

ROUTINE USE: Information will enable the DMRTI to locate the pertinent records of the requester.

MANDATORY/VOLUNTARY DISCLOSURE AND EFFECT ON AN INDIVIDUAL NOT PROVIDING INFORMATION: The requester has the right to refuse the release of the Date of Birth (DOB). The disclosure of this information is mandatory and required because the records are stored/retrieved by DOB. Failure to provide the information will result in not obtaining course credit.

Submission of this request indicates that the nominee is available for training and has the full endorsement of the nominating command.

PLEASE ENTER OR VERIFY INFORMATION BELOW.

Rank/Grade: _____   Full Name (L, F, MI): _____

<u>All information is REQUIRED FOR CERTIFICATION. Missing information will delay your completion of this course.</u>

EDIPI (DoD ID): _____   DOB (DD-MM-YYYY): _____

Service/Agency: _____   Status: _____   Corps: _____

Command: _____   Title: _____   Designator: _____

Address – Street: _____

City: _____   State: _____   Zip: _____

Phone – Commercial: _____   DSN: _____   Cell: _____

Work Email: _____

Personal Email: _____

Course(s) Nominated for (select the courses you wish to attend by start date):

Course			
Joint Medical Operations Course – Basic:	Yes	No	Date of Course: _____
Joint Medical Planning Tool:	Yes	No	Date of Course: _____
Joint Medical Operations Course – Advanced:	Yes	No	Date of Course: _____
Joint Humanitarian Operations Course:	Yes	No	Date of Course: _____

Assignment History

Date	Billet/Position/Command	Duties
to present		
to		
to		

Note: If you are assigned to a Combatant Command, please specify which Combatant Command. Subordinate units or Service Component Commands are NOT Combatant Commands.

Are you currently assigned to a COCOM?   Yes   No   If yes, Command: _____

If not, do you have a follow-on orders to a COCOM?   Yes   No   If yes, Command _____

Previous Operations Courses Attended

Title	Completion Date

Comments: Please provide amplifying information as to why you need a seat vice someone else. (Examples include: follow-on orders to CCMDs, deployment, etc. Verification may be requested.)

CME Requested: Provider   Non-Provider   N/A

Sign: _____   Date: _____