

Defense Medical Readiness Training Institute (DMRTI)

Student Enrollment Form

Date: _____ Course: _____ Course Date: _____ ATRRS No. _____

Course Location: _____ Deployment Date: _____

DOB: _____ Rank/Grade: _____ Full Name: _____

Full SSN: _____ Service: _____ Status: _____ Corps: _____

MOS/AFSC/NEC: _____ Intern Resident Staff Specialty: _____

Current Position/Title: _____

Do you need CME? Yes No

Unit/Organization Address: _____

State: _____ Zip Code: _____ COMM: _____ DSN: _____

Work Email: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

ENROLLMENT INFORMATION – PRIVACY ACT STATEMENT

IAW TITLE 5, USC 301, this form will be used for class scheduling, monitoring student progress, and maintaining training records. Information is for enrollment in courses of instruction and for preparation of military transcripts.

PRINCIPAL PURPOSE: To provide the Defense Medical Readiness Training Institute (DMRTI) with information on a former student when the former student requests a duplicate certificate or a Continuing Medical Education credit (CME) letter verifying test results.

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 Social Security Number (SSN). The disclosure of this information is mandatory and required because the records are retrieved by SSN. Failure to provide the information may result in not obtaining any duplicate course related paperwork needed for credentialing purposes.

All the information provided is true and accurate to the best of my knowledge.

Signature: _____