



DEPARTMENT OF THE XXXX
HEADQUARTERS, XXXXX
ADDRESS

DD MONTH YEAR

MEMORANDUM FOR DEFENSE MEDICAL READINESS TRAINING INSTITUTE

FROM: Requesting Unit

**SUBJECT: Training Support Request for Defense Medical Readiness Training Institute for
NAME and LOCATION OF COURSE**

1. **PROVIDE THE BOTTOM LINE UP FRONT** example: *Request one (1) National Association of Emergency Medical Technicians (NAEMT)-certified Tactical Combat Casualty Care (TC3) instructor and one (1) NAEMT-TC3 Affiliate faculty member to support U.S. Army North (ARNORTH) Theatre Security Cooperation and Surgeon division during two training events. All training to be completed in conjunction with ARNORTH TC3-Instructor certified personnel.*
2. Course Requesting: *What DMRTI course does the requestor want?*
3. Physical Address of Course Location: *DMRTI required exact physical address of the course location for accreditation purposes.*
4. Periods requested: **Provide three (3) date ranges, including travel days with 90 days lead-time for CONUS location, and 120 days lead-time for OCONUS location (include travel days). Three date ranges enable DMRTI to best plan for the training requested in accordance with DMRTI's operations commitments.**
5. Purpose: **PROVIDE THE 5Ws** example: *Provide additional TC3 instructor support to ARNORTH Surgeon's office. ARNORTH Theatre Security Cooperation and Surgeon divisions plan to hold TC3 courses in Mar/Apr 2018 with the intent to train a total of 72 Soldiers in provider-level TC3 and 7-10 instructors and work towards a self-run SEDENA TC3 program.*
6. Funding and Travel POC: **FUNDING WILL BE PROVIDED BY REQUESTING COMMAND. Who will fund TDY and DTS cross-org POC.**
7. Point of Contact for this request is **Rank LName, FName, Official Title, at (xxx) xxx-xxxx; email @mail.mil.**

XXXX XXXXX
COL, MS
Command Surgeon

Copy to:XXX