

**QUOTA REQUEST TO ATTEND NAVY HEALTH PROMOTION AND WELLNESS COURSE; TOBACCO CESSATION FACILITATOR TRAINING; AND/OR SHIPSHAPE PROGRAM FACILITATOR TRAINING at NEPMU5, San Diego, CA.**

Name (First, Middle Initial, and Last): \_\_\_\_\_

Rate/Rank and Corps (for Military) or GS Level and Title (for Civilians):  
\_\_\_\_\_

Command Name: \_\_\_\_\_

Command Address (Include Street, Box, or Building Number, if applicable and nine (9) digit Zip Code): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Primary and Alternate Phone Number (including DSN): \_\_\_\_\_  
and \_\_\_\_\_

Primary and Alternate FAX Number (including DSN): \_\_\_\_\_  
and \_\_\_\_\_

Position at Command Related to Health Promotion & Wellness Program: \_\_\_\_\_

Is this a Primary or Collateral Duty for you? \_\_\_\_\_

Rotation or Departure Date from Command or from this Position: \_\_\_\_\_

**Please indicate which training you are requesting a quota for:**

\_\_\_\_\_ **Navy Health Promotion & Wellness Course: 5-7 August 2013**

\_\_\_\_\_ **\* Tobacco Cessation Facilitator Training: 8 August 2013**(same location as Navy HP & Wellness Course)

\_\_\_\_\_ **\*\* ShipShape Program Facilitator Training: 9 August 2013** (same location as Navy HP & Wellness Course).

\* Only individuals who are at least an E-4 and tobacco-free should plan to attend this training.

\* \* Only individuals who are assigned as the ShipShape Program Facilitator for their command and who can commit to offering the ShipShape Program at least twice a year will be considered for this training.

**Student check-in for all courses 0730. All classes will run from 0800-1630.**

Return Quota Request Form to Sally Vickers at E-mail: [Sally.vickers@med.navy.mil](mailto:Sally.vickers@med.navy.mil) or FAX to: (757) 953-0705; DSN: 377-0705. For further information, call (757) 953-0956.

**Reminder: Deadline to Request Quota: Monday, 22 July 2013**