

**FY17 DENTAL CONTINUING EDUCATION APPLICATION FORM**

NAVAL MEDICAL CENTER SAN DIEGO  
DIRECTOR FOR DENTAL SERVICES  
2051 CUSHING ROAD  
SAN DIEGO, CALIFORNIA 92106  
FAX NUMBER (619) 524-0844 / DSN 524-0844  
EMAIL: [CHARLES.L.MURPHY14.CIV@MAIL.MIL](mailto:CHARLES.L.MURPHY14.CIV@MAIL.MIL)

**PRINT CLEARLY**

NAME (Last, First): \_\_\_\_\_ RANK/RATE/TITLE: \_\_\_\_\_

BRANCH OF SERVICE: \_\_\_\_\_ POINT OF CONTACT: \_\_\_\_\_

UNIT / COMMAND or ORGANIZATION \_\_\_\_\_

COMPLETE MAILING ADDRESS (HOME OR COMMAND): \_\_\_\_\_

PHONE: COMM \_\_\_\_\_ DSN: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**DEMOGRAPHICS (PLEASE CHECK ALL THAT APPLY):**

<input type="checkbox"/> US NAVY	<input type="checkbox"/> US COAST GUARD
<input type="checkbox"/> US ARMY	<input type="checkbox"/> INTERNATIONAL
<input type="checkbox"/> US AIR FORCE	<input type="checkbox"/> USPHS

**STATUS (PLEASE CHECK ALL THAT APPLY):**

<input type="checkbox"/> ACTIVE DUTY	<input type="checkbox"/> DoD RETIRED
<input type="checkbox"/> ACTIVE RESERVE	<input type="checkbox"/> FEDERAL GOV'T / CONTRACT
<input type="checkbox"/> INACTIVE - RESERVE	<input type="checkbox"/> USPHS

TRAINING TITLE	TRAINING DATES

**Note: All spaces must be filled in**

1. A letter of confirmation will be mailed four weeks prior to course commencement. If confirmation letters are required sooner, please notify the Continuing Education Coordinator at (619) 524-1038 or DSN 524-1038 or email at [CHARLES.L.MURPHY14.CIV@MAIL.MIL](mailto:CHARLES.L.MURPHY14.CIV@MAIL.MIL)

2. Application(s) must be submitted by Fax or email 30 days prior to course convening date. You will be notified if the course is full at the time the application is received.