

FY14-15 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.MURPHY@MED.NAVY.MIL

Print Clearly

NAME (Last, First): _____ RANK/RATE/TITLE: _____

BRANCH OF SERVICE: _____

COMPLETE MAILING ADDRESS (HOME OR COMMAND): _____

PHONE: COMM _____ DSN: _____

E-MAIL ADDRESS: _____

POINT OF CONTACT: _____

If you are driving a rental car you must have documentation of the rental car agreement when entering the base.

DEMOGRAPHICS (PLEASE CIRCLE ALL THAT APPLY):

US NAVY~ US ARMY~ US AIR FORCE~ US COAST GUARD~ INTERNATIONAL~ USPHS~

STATUS (PLEASE CIRCLE ALL THAT APPLY):

ACTIVE~ RESERVIST ~ INACTIVE-RESERVE~ FEDERAL GOV'T / CONTRACT~ DoD RETIRED

COURSE TITLE	COURSE 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.murphy@med.navy.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.