

**FY11-12 DENTAL CONTINUING EDUCATION APPLICATION FORM  
 NAVAL MEDICAL CENTER SAN DIEGO  
 DIRECTOR FOR DENTAL SERVICES  
 2310 CRAVEN STREET  
 SAN DIEGO, CALIFORNIA 92136-5596  
 FAX NUMBER (619) 556-9410 / DSN 526-9410  
 EMAIL: [CHARLES.MURPHY@MED.NAVY.MIL](mailto: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: \_\_\_\_\_

**VEHICLE INFORMATION (REQUIRED FOR ALL VEHICLES THAT DO NOT HAVE DoD DECALS)**

MAKE / MODEL / YEAR / COLOR \_\_\_\_\_

DRIVERS LICENSE NUMBER & STATE \_\_\_\_\_

LICENSE PLATE NUMBER AND STATE \_\_\_\_\_

**If you are driving a rental car, write "RENTAL CAR" on the Make/Model line.** You must have documentation of the rental car agreement when entering the base. License plate and state information is not required on rental cars.

**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~ RESERVE~ INACTIVE-RESERVE~ DoD RETIRED~CIVILIAN~ STATE EMPLOYED~

PRIVATE PRACTICE~ FEDERAL GOV'T / CONTRACT~

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) 556-8218/8198 or DSN 526-8218/8198 or email at [charles.murphy@med.navy.mil](mailto: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.