

MCRD Parris Island

Active Duty Request

Date:

Officer Enlisted AT: ADT: IDTT: ADSW:

Are you a GS or Contract employee for Navy Medicine:
(asking to avoid conflict of interests) Yes No

Reservist Information:

Rank L. Name F. Name MI SSN

Desig Pri. NOBC Sec. NOBC SSP-1 SSP-2
Pri. NEC Sec. NEC

Reservist's Contact Information:

* Home Tel. No. Input required
* Work Tel. No.
* Cell No. Input required
Pri. Email Add:
Sec. Email Add:

BLS - Expiration Date: Reservists are required to have a current BLS Card with them while performing AT.

Do you perform Direct Patient Care in your civilian employment? Yes No If Yes, Job Title:

I understand that the MEDRUPMIS BLN assigned is for Clinical Active Duty support not an Administrative AT? Yes No

Reservist's RUAD Assignments and Other:

NOSC: NOSC UIC: DET TRUIC: IAP: Yes No
NOSC Training Dept: POC: Assigned AUIC:
NOSC Training Dept: Tel. No.: Cmd Receiving Active Duty: VTU: Yes No
If assigned AUIC and Receiving Command UIC are not equal do you have COC approval to request this AT? Yes No

Unit OIC: Unit Training Officer:

Unit OIC email address: Unit Training Officer Email Address:

Is your OIC or Training Officer aware of your AT intentions requested in this form: Yes No

Reservist AT History:

How long have you been assigned to your current AUIC - Supported / Operational Command? yrs months

Three year AT history, by Receiving Command: Last FY
 2 FY's back
 3 FY's back

MEDRUPMIS Information:

BLN: Will original BLN Start Date need to be adjusted? Yes No

Month of AT: Start Date: End Date: No. of AT Days:

If the BLN above is BLANK do you require assistance in finding a MEDRUPMIS BLN? Yes No (Must complete line directly above)

Was your Training Officer able to assist you? Yes No

What is your current navy clinical skill-sets?

Active Duty can be performed in the following Directorates (highlighted in Blue). Select the cell to the right of the Directorate where you wish to perform Active Duty. A dropdown menu will appear. Using the dropdown menu scroll to the Dept/Division/Clinic where you wish to perform Active Duty. Choose only one Directorate. Use the scroll bar on the dropdown menu to select the "Blank" field to reset the cell.

Director Medical Services - DMS	<input type="text"/>	Director Nursing Services D N S	<input type="text"/>
Director Mental Health - DMH	<input type="text"/>	Director for Administration - DFA	<input type="text"/>
Director Surgical Services - DSS	<input type="text"/>	Director Clinical Support Svcs DCSS	<input type="text"/>
Dir. Public Hlth Svcs - DPHS	<input type="text"/>	Dir. Pri. Care/Branch Hlth Clinics	<input type="text"/>
*** Dental support is under DSS			

Reservist Comments: (Please date comments for tracking purposes)

OSO Comments: (Please date comments for tracking purposes)

BCN issued:

Date BCN Issued:

HM2 Parvatikar is Mr. Siler's b-up

Receiving Command OSO/RLO: Mr. Siler - 843-228-5582 Ext. 2

RYAN.PARVATIKAR@MED.NAVY.MIL; Rufus.Siler@med.navy.mil

Submit Active Duty request to: ; ; ; RYAN.PARVATIKAR@MED.NAVY.MIL; Rufus.Siler@med.navy.mil

***** Go To Tab "Submit Active Duty Request" for specific instructions on how to submit your Active Duty request. *****

Checking-In: 1) Bring 2 Copies of your Page-2 2) Bring 3 copies of your Official NROWS Orders 3) Review your Welcome Aboard Package