

## RESERVE EDUCATION & TRAINING REQUEST FORM

**DIRECTIONS: 1. Complete ALL fields on both pages 2. Save form and rename using your name and date of request**

**3. Forward to your DET Leadership for recommendation and routing to your Head Quarters Chain of Command.**

**4. After approval, Chain of Command forwards your form to email address: reserve.liaison@med.navy.mil**

**Navy Reserve Liaison Office WILL NOT accept Forms Directly from the member, it must come from Chain of Command!**

RATE/RANK	LAST NAME, FIRST	MI	CORPS	DESIG	NOBC/NEC
<b>HOME ADDRESS (include City, State and Zip)</b>					
<b>BEST CONTACT NUMBER(s)</b>					
<b>PRIMARY E-MAIL FOR CONTACT</b>					

### RESERVE COMMAND INFORMATION

RESERVE UNIT (List command & assigned det)	Commanding Officer's Name (Not OIC)	CO E-MAIL
	<b>HQ Training Officer Name</b>	<b>HQ Training Officer E-mail</b>
Cross Assigned Unit (If applicable) (List command info)	Cross-Assigned CO NAME	Cross-Assigned CO E-MAIL
	<b>Cross-Assigned HQ Training Officer Name</b>	<b>Cross-Assigned HQ Training Officer E-mail</b>

### COURSE DATA

COURSE NAME, NUMBER, & LOCATION (Must Include City, State, and Zip) Provide website address for course if applicable	NOMINATION DUE DATE As Indicated from course site	Course Start Date	Course End Date	State if wishing to use AT or ADT <b>** AT needs Release from Gaining Command OSO **</b>

**JUSTIFICATION**

1. You must indicate why this course is appropriate for your training or career. You must answer how this will benefit Navy Medicine. Also, you must address if required training. If this is required training, name the instruction which states is required training.

2. List all ADT's and AT's for last 3 years. List who the annual training supported or course names.

3. If any CME/CEU's are awarded, how many?

4. If AT is to be used, you must have a release from your OSO. Please indicate who granted the release, their contact information, and when the release was granted.

**Most Recent PFA Result** - AS RECORDED IN PRIMS DATABASE:

Date of PFA:

*By entering this result and date, I confirm the results are accurate and recorded in PRIMS*

**\*\*\*\*\* As the Command Training Officer, my initials below indicates that I have reviewed all of the data on the form and my command has approved this member to attend this course \*\*\*\*\***