



ACTIVE DUTY FOR TRAINING REQUEST FORM HPSP/FAP BETHESDA, MD

I. PERSONAL INFORMATION (Each line **MUST** be completed. **PLEASE PRINT**):

1. Name: _____ Today's Date: _____

2. State if you are: MEDICAL _____ DENTAL _____ MSC _____ FAP: _____

3. List address your orders will begin and end (**not the training location**). **Note: This address is where your BAH entitlement will be calculated, and your orders and government issued flight itinerary will start and end if going to ODS or clerkships. Do not ask in the future to travel to or from a different location.**

(Number & Street - No P.O. Boxes)

(City)

(State)

Zip Code

4. Telephone number: (____) _____ E-mail: _____

5. HPSP/FAP Graduation Date: _____

II. TYPE OF ADT ORDERS (Complete one):

1. School: _____ List Start Date: _____ (Must begin on 1st or 16th of the month)

2. ODS: _____ List ODS class Start Date: _____

3. Clerkship *(GME confirmation letter required)* List Start Date: _____ List Location: _____

III. MODE OF TRANSPORTATION (Clerkship and ODS orders only.) **Check one:**

Note: Rental cars are provided only for clerkships EXCEPT at WRNMMC, Bethesda, MD. Lodging at WRNMMC is Navy Lodge or if CNA., book hotel near the Metro Red Line or a Metro bus route, since there is no available parking on base.

_____ Commercial Air: List Name of Airport and Airport Code closest to your address:

_____ Privately Owned Vehicle (POV) (limited to < 400 miles one way)