



## ACTIVE DUTY FOR TRAINING REQUEST FORM

### I. PERSONAL INFORMATION (Each line **MUST** be completed.)

1. Name: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. HPSP: MEDICAL (1975): \_\_\_\_\_ DENTAL (1985): \_\_\_\_\_ MSC (1995): \_\_\_\_\_ FAP: MEDICAL (2105): \_\_\_\_\_ DENTAL (2205): \_\_\_\_\_

3. Address where travel orders will start and end (not the training location). **Note: This address is where your BAH entitlement will be calculated and your orders and government issued travel itinerary will start and end. 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 ORDERS (check one):

1. School: \_\_\_\_\_ ODS: \_\_\_\_\_ Clerkship (Max 28 days/confirmation letter required)\*: \_\_\_\_\_

2. Start/Report Date: \_\_\_\_\_ Clerkship Site: \_\_\_\_\_

3. For **Clerkship Orders**, please indicate if you want the School Orders portion before \_\_\_\_\_ or after \_\_\_\_\_ the requested training dates. **Note: School Orders taken after your clerkship ends will make your last night lodging costs non-refundable if travel is scheduled the day after the clerkship ends. School orders prior to your clerkship are recommended.**

### III. TRAVEL INFORMATION (Clerkship and ODS orders only): **Note: Only orders travel from the above address to the training location and back is authorized. Actual travel time can be no more than one day prior to the authorized report date. There are no travel days for School Orders.**

1. Desired Departure Flight Time from above address: \_\_\_\_\_ AM or PM

### IV. 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 recommended near the Metro Red Line or a Metro bus route, since there is no available parking on base.**

\_\_\_\_\_ Commercial Air: Departure **AIRPORT** local to address above (include airport code):

1<sup>st</sup> Choice Departure Airport: \_\_\_\_\_

2<sup>nd</sup> Choice Departure Airport: \_\_\_\_\_

\_\_\_\_\_ Privately Owed Vehicle (POV) (limited to < 350 miles one way)

\_\_\_\_\_ Alternate Travel (if applicable) (under 50 miles)

Train: \_\_\_\_\_ Bus: \_\_\_\_\_ Passenger in Car: \_\_\_\_\_ Rental Car: \_\_\_\_\_