



ACTIVE DUTY FOR TRAINING REQUEST FORM

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

1. Name: _____ Today's Date: _____
(Last, First, M.I.)
2. HPSP Designator:
3. School Name: _____ City: _____ State: _____
4. Home Address where travel orders will start and end (**This is your physical address not the training location**).
Note: This address is where your orders and government issued travel itinerary will start and end.
- (Number & Street - No P.O. Boxes)
- (City) (State) (Zip Code)
5. Telephone number: _____ E-mail: _____
6. HPSP/FAP Graduation Date: _____

II. TYPE OF ORDERS (check one):

1. Select Order Type:

Start Date: _____ Clerkship Location: _____

For **School Orders**: Orders must begin on the 1st or 16th of the month.

For **Clerkship Orders**: All clerkship request are required to be submitted with a confirmation letter/ confirmation email.

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

Note: Travel from the address above to the training location and back is the only travel authorized, **YOU ARE NOT AUTHORIZED** to change or reroute the scheduled airfare. Actual travel time can be no more than one day prior to the authorized report date. There are no travel days for School Orders.

Rental cars are provided only for clerkships **EXCEPT** at WRNMMC, Bethesda, MD. Lodging for clerkships at WRNMMC is recommended near the Metro Red Line or a Metro Bus route, since there is no available parking on base.

1. Select Travel Type:
2. Closest Airport to your Address:

Departure AIRPORT local to address above (include airport code). If selecting POV you **MUST** be within 400 miles of the location. For alternate travel, to include, Train, Bus, and Passenger in Car, you must be within 50 miles.