

Clinic Management Course Registration

HOST COMMAND TEAMS SUBMIT VIA STAFF TRAINING DEPT.

Teams not attached to the host command EMAIL to LCDR Andrew Neville
 ((andrew.m.neville.mil@mail.mil) & HM3 Leeza Locklear (leeza.m.locklear.mil@mail.mil))

Please ensure that form is completely filled out to avoid any delays of team nomination.

Confirmation of Selection will be sent via email from the Course Director

Course Location/Date		
Sending Command		
Command Address:		
Team POC: <i>(Who to contact for questions about attendees listed & to send pre course materials)</i>		
Name/ Rank/Rate		
Position		
Telephone:	COMM	DSN
E-Mail:		

TAD Office Information

Travelers must make travel arrangements in DTS within five (5) days of receipt of Line of Accounting (LOA). NO Additional funding will be authorized for increased airfare due to delay in making travel arrangements.

Order Writer Name:		
Telephone:	COMM	DSN
E-Mail:		

Nominated Team Members

CLINIC NAME: _____

MEPRS CODE(S): _____

If team member is civilian, please indicate Dr./Mr./Ms./or Mrs. for certificate accuracy.

1	Name / Rank /Desig		
	Position / Title		
	Primary E-mail		Rotation Date:
2	Name / Rank /Desig		
	Position / Title		
	Primary E-mail		Rotation Date:
3	Name / Rank /Desig		
	Position / Title		
	Primary E-mail		Rotation Date :
4	Name / Rank/Desig		
	Position / Title		
	Primary E-mail		Rotation Date :

Parent Command Approval

Signature			
Name/Rank			
Title		Date:	

All teams assigned to the host training site must submit your team nomination through your command's Staff Training Department. The Staff Training Department will consolidate host team nominations for review by the ESC/BOD. Funding is provided by NML&PDC. Parent commands are responsible for arranging all travel and lodging for course participants except lodging at the Bethesda course site.

Privacy Act Statement

Authority to require this information is contained in 5 USC 301, Department Regulations. The principal purpose of the information on this form is to provide the training activity with certain information relative to your training needs and your location during training. Additionally, it may be used by employees of the Department of the Navy in the performance of their official duties related to the management, supervision, and administration of Navy personnel affairs and functions. Completion of this form is mandatory. Failure to provide required information may result in the denial of your request for training or duty assignment, or in other administrative action being taken.