Naval Medical Leader & Professional Development Command Course Nomination Student Data Sheet

Step 1								
Course Venue								
The following data is required for DTS (if applicable), course certificate and roster, electronic service record entry, and training database completion. Fields with red text or boxed in red are mandatory. Failure to provide information may impact acceptance.								
The member's Command is responsible for the cost of ROM (for COVID-related or other travel restrictions)								
upon arrival at NML&PDC, and return to member's permanent duty station, if applicable.								
Course Name		Course Number			Course Dates			
		F			From To			
Officer and Civilian Personnel (Mandatory if applicable)								
Grade (Mil) / Grade (Civ)	C	orps Desig.		Desig. / Sub-spec	c. Code	Service	Status	
	Personnel (Mandatory if applicable)							
Rate / Rank	Rate / Rank		Warfare Specialty			rvice	Status	
/	/							
Name								
First Name		MI Last Name						
		Yea	ars / M	onths of Service		DoD	ID	
	N	Years		Months				
Command Mailing Address								
(PCS Students: Use gaining command information)								
Command Name				Street				
City		State			2	Zip	UIC	
Contact Information								
Work # (Commercial)		Cell #						
Email (Work)		Email (Other)						
Commanding Officer Name & Rank								
Commanding Officer Email	ommanding Officer Email							
Supervisor Name	ipervisor Name Supervisor Email							
Billeting (Contract Quarters)								
Hotel Check-In Date	e	Ho	otel Ch	eck-Out Date	He	otel Room # (After Arrival)	
Reservations will be made by NML&PDC at the Hilton Washington DC/Rockville Hotel & Executive Meeting Ctr in Rockville,								
MD for students authorized lodging. Reservists will follow the guidance of BUMED.								
** Rental Car is <u>not authorized</u> and <u>there is no parking available on base</u> . Students will be reimbursed the round-trip cost of Metro travel from the contract hotel to NSA Bethesda each class day. **								
Your TAD/DTS POC: Your TAD/DTS POC Phone #:								
TAD/DTS POC E-mail: Travel Mode (Air / POV)								
Privacy Act Statement								
Authority to require this information is contained in 5 USC 301, Departmental Regulations. The principal purpose of the information on this document 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 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								

assignments, or in other administration action being taken.

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This is a smart form that will adapt (lock and unlock fillable cells) based on nominee selections. If a wrong selection is made and the form eliminates a field you require, utilize the Reset Data button to reset the data fields.

Justification Your explanation will support your priority for selection. Reason for applying:

For general questions or assistance with completing this form, email

Once all fields in red are completed, click approval.	to display the signature blocks for local routing and				
Nominee Signature	Once your nomination is approved locally, the "Submit Form" button will appear below. 1) Click it to open Outlook and automatically				
Approval Signature	 c) Check it to open outlook and automatically attach your nomination to a draft email. 2) Retrieve the appropriate email address from the course page. Be sure to encrypt your email message prior to sending. 3) You may also submit your nomination via DoD SAFE. 				
	NOTE : If you receive an error when attempting to email your data sheet, you did not complete all required information.				