#### NPDS CONTINUING DENTAL EDUCATION APPLICATION

Naval Medicine Leader & Professional Development Command Naval Postgraduate Dental School BLDG 1, Rm 3482 8955 Wood Road Bethesda, MD 20889-5628

Email: dha.bethesda.j-11.mbx.npds-cde-courses@health.mil

# **Note:** All spaces must be filled in

A separate application must be submitted for each online course desired. Applicants are limited to 2 courses. Applications must be e-mailed to the address above. Applicants will be notified if the course is full at the time the application is received. Personal contact information is required if the applicant plans to access the course from their personal device at home.

REQUESTED COURSE:		
NAME (Last, First, MI):		
CURRENT GOVERNME	NT AFFILIATION:	
RANK/TITLE:	CURRENT STATUS:	_
PHONE:		
E-MAIL:		
DUTY STATION or LOC.	ATION:	

**PRIVACY ACT STATEMENT:** Under the authority of Title 5 USC 301, information regarding your military or other DOD status is requested in order to evaluate individual applications for enrollment in a US Navy continuing education course. The information will also be used to process course completion letters and to construct, and maintain, an official and continuing record of continuing education course participation. The cumulative course participation record will not be divulged, without written authorization, to anyone other than those within the DOD for official use in determining performance and effecting organizational and administrative management. The transmittal of pertinent information to persons/institutions of the individual's selection may be effected by a signed statement by the individual concerned. Completion of this form is voluntary; however, failure to provide the required information will result in an inability to process this application.

## **COURSES (List one course per form submitted)**

See the annual Description of Courses posted on the website

## **CURRENT GOVERNMENT AFFILIATION (Select One)**

Navy

Army

Air Force

DHA

USPHS/USCG

USPHS/IHS

USPHS/BOP

VA

Other Government Agency (specify)

No Government Affiliation

#### RANK or TITLE (List one)

CAPT

COL

Col

CDR

LTC

LtCol LCDR

MAJ

Maj

LT

CPT

Capt

Dr.

RDH

## **CURRENT STATUS (Select One)**

Active Duty

Reserve

**National Guard** 

**GS** Employee

Contractor

Civilian

Retired