

All items in RED are required

Date

From: Rank First MI Last, MC, USN

To: Commanding Officer, Naval Medical Leader & Professional Development Command (Code 1WPGMC), 8901 Wisconsin Ave, Bethesda, MD 20889-5612

Via: Commanding Officer, (Your Command)

Subj: REQUEST FOR FUNDING OF CONTINUING MEDICAL EDUCATION

Ref: (a) SECNAVINST 5050.6

(b) BUMEDINST 5050.6

(c) DoD 7000.14-R

Encl: (1) Course Brochure (Must include the pages showing the # of CMEs to be awarded and registration fees)

1. Per reference (b), I request funding to attend (list the name of the short course, workshop, seminar, conference, or meeting) described in enclosure (1), and listed below:

a. Title of course or meeting: (example: 2023 Family Medicine Symposium)

b. Location of course or meeting: (example: San Diego, CA)

c. Inclusive dates of course or meeting (not including travel or Leave): (example: 5 Jun 2023– 10 Jun 2023)

(1) Requested travel dates: (example: 4 Jun 2023 & 11 Jun 2023)

d. Cut-off date for registration: (example: 1 Apr 2023)

e. Sponsor of course or meeting: (example: Harvard Medical School)

f. Course or Meeting fees: (Base fees only, no late fees are funded)

g. Estimated travel cost: (approved amount will be the Gov't rate of travel, at the time the request is processed)

(1) Travel is requested from: (Command location) to (Course location) and return to (Command location).

(2) Contract airfare is available and desired: Yes or No

(3) Rental vehicle is available and desired: Yes or No

(4) POV is desired for travel: Yes or No

2. Per diem for meeting site location:

(1) Government quarters are available: Yes or No

(2) Commercial Lodging at government rate: Yes or No

- i. Estimated miscellaneous expenses: _____
 - j. Continuing Medical Education credits to be awarded: _____
2. I **have or have not** received orders for RAD/RET/PCS moves. I will have **XX years and XX Months** of active obligated service from the date of the Course/Conference. My PRD from my current command is **DD MON YEAR**.
3. I may be reached at :
- Voice: DSN _____ Commercial: (____)_____
- FAX: DSN _____ Commercial: (____)_____
- Member's E-mail: _____
- TAD REP POC Name: _____ Tel #: _____
- TAD REP POC E-mail: _____
4. Attendance at the above course or meeting will provide for continuing education as described in enclosure (1) and shown in line 1j.
5. I am a **member/nonmember** of the sponsoring agency or organization.
6. I will comply with reference (c) by submitting a travel claim via DTS within 5 working days of return from travel.

Signature

[Send this funding request to the Naval Medical Leader & Professional Development Command Medical Corps Funding Office group email at least 6 weeks in advance of your travel start date: [usn.bethesda.navmedleadprodevcmd.mbx.nmpdc-cme-funding@health.mil]