

All items in RED are required

Date

From: Rank First MI Last, MC, USN

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

Via: Commanding Officer, (Your Command)

Subj: REQUEST FOR FUNDING OF CONTINUING MEDICAL EDUCATION

Ref: (a) BUMEDINST 1520.20A
(b) NAVCOMPTMAN 032106

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

1. Per reference (a), 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: 2018 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 2019 – 10 Jun 2019)

(1) Requested travel dates: (example: 4 Jun 2019 & 11 Jun 2019)

d. Cut-off date for registration: (example: 1 Apr 2019)

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) GTR is available and desired: Yes or No

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

h. Per diem for meeting site location:

(1) Government quarters are available: Yes or No

(2) Government quarters are available: Yes or No

- i. Estimated miscellaneous expenses: _____
- j. Continuing Medical Education credits to be awarded: _____
2. I **have or have not** (circle one) 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** (circle one) of the sponsoring agency or organization.
6. I understand any advance payment of fees or related expenses from personal funds will be my responsibility if this request is not approved.
7. I will comply with reference (b) by submitting a travel claim to my local personnel support detachment (PSD) within 5 working days of return from travel and personally forward a fully liquidated copy of the travel claim to Fiscal, NMLPDC Bethesda after PSD completes my liquidation. **(POC will be on the approved Fund Cite/LOA which fiscal will send)**

Signature

[Send this funding request to the Naval Medical Leader and Professional Development Command Medical Service Corps Funding Office group email at least 6 weeks in advance of your travel start date: usn.bethesda.navmedprodevctrmd.list.nmpdc-msc-duins@health.mil.