Date of Request

From: Name of Applicant, MC, USN, Command Address

To: Commanding Officer, Naval Medical Leader and Professional Development Command, (1WPGMC), 8955 Wood Road, Bethesda, MD 20889-5628

Subj: REQUEST FOR CERTIFICATION EXAMINATION FUNDING

Ref: (a) BUMEDINST 1500.20A

(b) Financial Management Policy Manual 03138

- 1. Per reference (a), I request funding to participate in the certification examination for (name of certification examination, written or oral board, part 1 or 2) as described below:
- a. Inclusive dates of examination: (Including leave in conjunction with temporary additional duty (TAD) and travel dates).
 - (1) Date travel starts:
 - (2) Date of examination:
 - (3) Date travel ends:
 - b. Location of nearest testing site to permanent duty station: (Including overseas)
 - c. Mode of transportation desired:
 - (1) Originating point: (specify airport)
 - (2) Destination point: (specify airport)
 - d. Sponsor or agency offering the examination: (Ex. ABEM, ABIM, ABOG)
 - e. Examination fee:
 - f. Government quarters are or are not available.
 - g. Government messing is or is not available.

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2. Requestor's contact information:
a. Commercial telephone:
b. DSN telephone:
c. E-mail:
d. TAD office point of contact (POC):
e. TAD office POC commercial telephone:
f. TAD office POC e-mail:
3. I am not in receipt of release from active duty or retirement orders. I agree to remain on active duty for at least 1 year from the date of the certification examination. My projected rotation date from my current command is (enter date).
4. If this request is not approved, I understand any advance payment of fees or related expenses from personal funds will be my responsibility.
5. I understand that I must comply with reference (b) by submitting a travel claim to my local TAD office, Personnel Support Detachment, or Defense Travel System within 5 calendar days of return from travel.
6. I will forward a copy of the official results to my local command credentialing office and to the Navy Medicine Corps Planner (BUMED-N13), within 5 business days of receipt.
Signature of Member