

Date of Request

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

To: Commanding Officer, Navy Medicine Professional Development Center (Appropriate Code), 8955 Wood Road, Bethesda, MD 20889-5628

Subj: REQUEST FOR MAINTENANCE OF CERTIFICATION FEE REIMBURSEMENT

Ref: (a) BUMEDINST 1500.20A

1. Per reference (a), I request reimbursement for the maintenance of certification annual fee for (name of certification or certifying board). I attest that I am currently board certified.

a. Date of payment:

b. Maintenance of certification fee amount:

2. Requestor's contact information:

a. Telephone (Commercial/DSN):

b. E-mail:

c. Command address:

d. Command unit identification code:

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 this request submission to Navy Medicine Professional Development Center. I will have XX years and XX months of active obligated service from the date of submission. My projected rotation date from my current command is (enter date).

4. I understand my request for reimbursement of fees must be submitted in the same fiscal year payment to the specialty board was made.

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5. If this request is not approved, I understand any advance payment of fees or related expenses from personal funds will be my responsibility.

Signature of Member \_\_\_\_\_