

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. Date(s) of examination:

b. Location of nearest testing site to permanent duty station or virtual:

c. Sponsor or agency offering the examination: (Ex. ABEM, ABIM, ABOG)

d. Examination fees:

2. Requestor's contact information:

a. Commercial telephone:

b. DSN telephone:

c. 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).

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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 will forward a copy of the official results to my local command credentialing office and to the Navy Medicine Corps Planner (BUMED-M13), within 5 business days of receipt.

Signature of Member