

1500
Date of Request

From: **Name of Applicant, Corps, USN**
To: Commanding Officer, Naval Medical Leader and Professional Development Command,
8955 Wood Road, Bethesda, MD 20889-5628
Via: Commanding Officer, **Applicant's Command, Command's Address**
Subj: REQUEST FOR **INDEPENDENT DUTY CORPSMAN CONTINUING EDUCATION
FUNDING**
Ref: (a) BUMEDINST 5050.6A
(b) Joint Federal Travel Regulations
Encl: (1) Course or Meeting Registration Confirmation

1. Per reference (a), I request approval to attend **(the short course, workshop, seminar, conference, and meeting)** described in enclosure (1) and listed below on temporary additional duty orders.

- a. Title of course or meeting:
- b. Location of course or meeting:
- c. Inclusive dates of course or meeting (not including travel):
- d. Cut-off date for registration:
- e. Sponsor of course or meeting:
- f. Course or meeting fees:
- g. Estimated travel cost:
 - (1) Travel is requested from (location) to (location) and return to (location).
 - (2) Contract airfare is available and desired: Yes/No (If yes, indicate the fare.)
 - (3) Government transportation request is available and desired: Yes/No (If yes, indicate the fare.)
 - (4) Privately owned vehicle is desired for travel: Yes/No (If yes, indicate the number of miles.)
- h. Per diem for meeting site location:

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(1) Government quarters are available: Yes/No

(2) Government messing is available: Yes/No

i. Estimated miscellaneous expenses:

j. Continuing education units or credits to be awarded:

2. I (have/have not) received orders for release from active duty, retirement, or permanent change of station moves. My projected rotation date from my current duty station is:

3. I may be reached at:

a. Voice: DSN: Commercial:

b. Fax: DSN: Commercial:

c. E-mail:

d. TAD office point of contact and e-mail:

4. Attendance at the above course or meeting will provide for CE as listed in enclosure (1).

5. I am a (member/non-member) 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 is not approved.

7. I must comply with reference (b) by submitting a travel claim to my local personnel support detachment within 5 calendar days of return from travel and personally forward a fully liquidated copy of the travel claim to Navy Medicine Professional Development Center after my personnel support detachment completes liquidation.

F. M. LAST