

## **HMTT Nomination Package Check List**

- □ Completed Nomination Form
- Command Approved Special Request Chit
- Orders to Operational Command
- Individual Medical Readiness(IMR) Report
- □ Supporting Documentation: (not expiring before completion of course)
  - 1. BLS Certificate
  - 2. TCCC Certificate
  - 3. HIPAA Certificate (Course # DHA-US001)
  - 4. HM 'A' School Certificate
  - 5. Navy Privacy Act Certificate (Course # DON-PRIV-2.0)
  - 6. Respirator Fit Test Form

## \*\*\*If selected, have GTCC activated IMMEDIATELY and card limit increased to \$15k via Command Travel Coordinator\*\*\* FAILURE TO ACTIVATE YOUR GTCC WILL RESULT IN BEING DROPPED FROM THE COURSE

Email completed HMTT Nomination Package to: usn.pensacola.navmedoptractrpns.mbx.nmotc-hmtt-inbox@health.mil

## HOSPITAL CORPSMAN TRAUMA TRAINING (HMTT) STUDENT NOMINATION PACKAGE <u>Fillable form required to be typed and emailed along with nomination package to:</u> usn.pensacola.navmedoptracmdpns.mbx.nmotc-hmtt-inbox@health.mil

FULL NAME (Last, First MI.)					
WARFARE DEVICES					
RANK					
PNEC					
EMAIL: PERSONAL					
EMAIL: MILITARY					
WORK PHONE NUMBER					
CELL PHONE NUMBER					
CURRENT DUTY STATION					
COMMAND				PRD	
EXPEDITIONARY PLATFORM	? (YES/NO)	PLATFOF	RM TYPE		
FUTURE DUTY STATION				•	
COMMAND				Est. Report Date	
LCPO CONTACT INFO				•	
NAME	WORKNUM		BER		
RANK/TITLE E		E-MAIL			
CMC CONTACT INFO					
NAME		WORK NUM	BER		
RANK/TITLE		E-MAIL			
COMMAND TRAVEL COORDINATOR CONTACT INFO					
		WORK NUM	BER		
RANK/TITLE		E-MAIL			
GOVERNMENT TRAVEL CHA	RGE CARD				
GTCC Number EXP DATE					
BACKGROUND CHECK INFORMATION					
FULL SSN	DATE OF BIRTH		RACE		
Course Requirements					
				Completion Date	
Medical Readiness	COVID 19 Vaccine				
	Rubeola IGG Titer				
	Varicella IGG Titer				
	Mumps IGG Titer				
	Hepatitis B Surface IGG Titer				
	Tetanus Immunization				
	PPD				
	Respirator Fit Test				
	Туре			Expiration Date	
Security Clearance					
	Training Name			Completion Date	
	Basic Life Support				
	Factical Combat Casualty Care (TCCC)				
Training Certs	HIPAA				
	Privacy Act				
	HM "A" School Certificate of Completion				

## **Nomination Package Contents:**

-Nomination Form - Approved Special Request Chit -Copy of Sea/Operational Orders -Readiness and Training Supporting Documents/Certs

FOR OFFICIAL USE ONLY