

## **HMTT Nomination Package Check List**

- ☐ Completed Nomination Form
- ☐ Command Approved Special Request Chit
- Orders to Operational Command
- ☐ Individual Medical Readiness(IMR) Report
- J 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)

If selected, have GTCC activated **IMMEDIATELY** and card limit increased to \$15k via Command Travel Coordinator

## 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              |  |
|   |          |                                       |                             |  |                 |                  |  |
| FUTURE DUTY STATION                     |          |                                       |                             |  | ION             |                  |  |
| COI                                     |          |                                       | MMAND                       |  |                 | Est. Report Date |  |
|   |          |                                       |                             |  |                 |                  |  |
| COMMAND TRAVEL COORDINATOR CONTACT INFO |          |                                       |                             |  |                 |                  |  |
| NAME                                    | WORK NUM |                                       |                             |  | MBER            |                  |  |
| RANK/TITLE                              | E-MAIL   |                                       |                             |  |                 |                  |  |
| LCPO CONTACT INFO                       |          |                                       |                             |  |                 |                  |  |
| NAME                                    | WORK NU  |                                       |                             |  | MBER            |                  |  |
| RANK/TITLE                              |          |                                       |                             |  |                 |                  |  |
| GOVERNMENT TRAVEL CHARGE CARD           |          |                                       |                             |  |                 |                  |  |
| GTCC Number EXP DATE                    |          |                                       |                             |  |                 |                  |  |
| BACKGROUND CHECK INFORMATION            |          |                                       |                             |  |                 |                  |  |
| FULL S                                  | SSN      | DATE OF BIRTH                         |                             |  | RACE            |                  |  |
|   |          |                                       |                             |  |                 |                  |  |
| Course Requirements                     |          |                                       |                             |  |                 |                  |  |
|   |          | Immunization                          |                             |  | Completion Date |                  |  |
|   |          | COVID 19 Vaccine                      |                             |  |                 |                  |  |
|   |          | Rubeola IGG Titer                     |                             |  |                 |                  |  |
| Medical Re                              | adiness  | Varicella IGG Titer                   |                             |  |                 |                  |  |
|   |          | Mumps IGG Titer                       |                             |  |                 |                  |  |
|   |          | Hepatitis B Surface IGG Titer         |                             |  |                 |                  |  |
|   |          | Tetanus Immunization                  |                             |  |                 |                  |  |
|   |          | PPD                                   |                             |  |                 |                  |  |
|   |          | Туре                                  |                             |  |                 | Expiration Date  |  |
| Security Clearance                      |          |                                       |                             |  |                 |                  |  |
|   |          | Training Name                         |                             |  |                 | Completion Date  |  |
|   |          | Basic Life Support                    |                             |  |                 |                  |  |
|   |          |                                       | Combat Casualty Care (TCCC) |  |                 |                  |  |
| Training                                | Certs    | HIPAA                                 | HIPAA                       |  |                 |                  |  |
|   |          | Privacy Act                           |                             |  |                 |                  |  |
|   |          | HM "A" School Certicate of Completion |                             |  |                 |                  |  |

## Nomination Package Contents:

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