

HOSPITAL CORPSMAN TRAUMA TRAINING (HMTT) STUDENT NOMINATION PACKAGE

Fillable form required to be typed and emailed along with nomination package to:

usn.pensacola.navmedoptractrpns.list.nmotc-hmtt@mail.mil

FULL NAME (Last, First MI.)			
WARFARE DEVICES			
RANK			
PNEC			
DNEC			
E-MAIL			
WORK PHONE NUMBER			
CELL PHONE NUMBER			
CURRENT DUTY STATION			
LOCATION		PRD	
FUTURE DUTY STATION			
LOCATION		Est. Report Date	
LPO CONTACT INFO			
NAME		WORK NUMBER	
RANK/TITLE		E-MAIL	
LCPO CONTACT INFO			
NAME		WORK NUMBER	
RANK/TITLE		E-MAIL	
GOVERNMENT TRAVEL CHARGE CARD			
EXP DATE		GPCC Card Number	
BACKGROUND CHECK INFORMATION			
FULL SSN	DATE OF BIRTH	RACE	
Course Requirements			
Meddical Readiness	Immunization	Completion Date	
	COVID 19 Vaccine	#1:	#2:
	Rubeola IGG Titer		
	Varicella IGG Titer		
	Mumps IGG Titer		
	Hepatitis B Surgace IGG Titer		
	Tetanus Immunization PPD		
Security Clearance	Type	Expiration Date	
Training Certs	Training Name	Completion Date	
	Basic Life Support		
	Tactical Combat Casualty Care (TCCC)		
	HIPAA Privacy Act		
	HM "A" School Certificate of Completion		

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

FOR OFFICIAL USE ONLY