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1 Oct 22

From: Flight Surgeon

To: Commander, (i.e. Naval Air Forces)

Via: Commanding Officer, (Your Command)

Subj: (JUNIOR/SENIOR) AEROSPACE MEDICINE TECHNICIAN OF THE YEAR NOMINATION

ICO RATING, WARFARE, LAST NAME, FIRST NAME, MIDDLE INITIAL

Ref: (a) NAMI JAVTOY/SAVTOY MESSAGE \_\_\_\_

Encl: (1) Copy of PRIMS

(2) Official Photograph (5X7 Color Photograph uncovered in Service Dress Blues)

(3) Additional justifying correspondence (optional)

1. RANK (WARFARE) FIRST MIDDLE. LAST is nominated and meets all requirements, per reference (a). The following information and enclosures (1) through (3) are provided for your consideration.

2. Service Information

a. RANK (WARFARE DEVICE) LAST, FIRST M.I., UNIT ASSIGNED

1) Time in Service: (YEARS/MONTHS)

2) Date Assigned as AVT: (MONTH/YEAR)

3) Date Reported for Current Duty (MONTH/YEAR)

4) PRD/EAOS (MONTH/YEAR)

5) Assigned EDVR Billet Rank (PAYGRADE)

6) Eligible for Advancement (YES/NO)

7) Record of NJP Last 18 Months (NO/YES-EXPLAIN)

8) Previous two PFA cycles (OUTSTANDING/EXCELLENT/etc.)

3. Command Duties and Responsibilities

a. Primary Responsibilities:

b. Leadership:

c. Job Performance:

d. Aeromedical Contributions:

e. Collateral Duties:

f. Physical Fitness Scores:

g. Peer Group/Community Involvement:

h. Educational Accomplishments: (Military and Civilian)

i. Meritorious Achievements:

4. Point of contact is \_\_\_\_\_\_\_\_, with (Command) at (000) 000-0000.

I. M. SAILOR

RANK, USN