**[Nomination letter must be on Command Letterhead]**

 SSIC

 Code/Ser

 Date

From: Commanding Officer/OIC, [INSERT: Command Name]

To: Commanding Officer, Navy Medicine Operational Training Command (NMOTC)

ATTN: Operational Short Course Coordinator, 220 Hovey Road, Pensacola, FL 32508-1047

Subj: NOMINATION FOR OPERATIONAL SHORT COURSE

1. The following information provides data for a member from my command:

a. [INSERT: LName, FName, MI], [INSERT: Rate/Rank and Pay Grade], [INSERT: Corps or NEC], USN or USNR

(1) [INSERT: Complete SSN or DODID \*\*SSN preferred for C4/FCBC/MCBC and DODID preferred for CWM/MMED in order to match respective enrollment data systems]

(2) [INSERT: Officer Designator or Enlisted NEC]/[INSERT: NOBC], [INSERT: Current assignment and title]

(3) Email address: [INSERT: Email address]

(4) Work Phone: [INSERT: Commercial and DSN Phone #]

(5) Work address: [INSERT: Complete Command mailing address]

(6) Gender: [INSERT: “Male” or “Female”]

(7) Job Status: [INSERT: Job title or status i.e. Family Medicine Intern, Internal Medicine Resident, Flight Surgeon, IDC, HM, etc.].

b. PRD: [INSERT: Rotation Date MM/YYYY]/RAD: [INSERT: MM/YYYY – Applies to Reservists only] / EAOS: [INSERT: MM/YYYY] / PRT: [INSERT: Most recent overall PRT/PFA] [NOTE: PRIMS print-out must be included with all CWM and MMED nominations]; Next Duty station or assignment for personnel with PCS orders: INSERT: as applicable].

c. Course Nominated for: [INSERT: Course Name, Course Number and Course Dates].

d. DTS account and GTCC Information [REQUIRED for C4 course only]

(1) Does member have a DTS account? Yes/No

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 (2) Does member have an active Government Travel card (not expired)? Yes/No

 (a) If yes, provide Travel card exp. Date: MM/YYYY. If no, do not submit the C4 nomination until member has a DTS account and active Government Travel card.

e. Member’s Mobilization Platform and BSC assigned: [INSERT: Platform Assignment if applicable].

f. Justification: [INSERT: Justification for attending course i.e deploying or supporting upcoming training exercise (location; MM/YYYY), residency/billet/readiness requirement, etc.].

g. Nominating Command Address: [INSERT: Complete mailing address].

h. Point of departure: [INSERT: Airport of Base].

i. Mode of transportation to course: [INSERT: Method of transportation to training location – air/pov/etc].

j. Command POC who will receive accounting data: [INSERT: Complete Name, Phone, Email address].

k. Head, Staff Education and Training Department: [INSERT: Complete Name, Phone, Email address / Put N/A if this doesn’t apply to your command].

l. Head, Mobilization Officer: [INSERT: Complete Name, Phone, Email address / Put “N/A” if this doesn’t apply to your command].

m. List previous Operational Medicine Short Course completed: [INSERT: Course title and ATLS/PHTLS/TNCC/TCCC expiration date. Course title and completion date for all other Operational Medicine Short Courses managed by NMOTC].

2. The individual nominated is available for training and has the full endorsement of the nominating command. Based upon that commitment, a member from the executive leadership from this command will notify NMOTC if the member has to cancel by separate cover at least one to two weeks (or earlier) prior to the class convening date.

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Commanding Officer/Executive

Officer/Director for Administration or Head Staff Education by direction

Nomination Letters (pdf format) shall be written on Command Letterhead and signed by the CO/OIC, or another officer with TAD approving authority.