

Defense Medical Readiness Training Institute (DMRTI)

Student Enrollment Form

Date: _____ Course: HLSMPC Class No. _____ Title/Position: _____

Rank/Grade: _____ Full Name: _____
(Last, First, MI, JR/II)

SSN: _____ Service: _____ ACTIVE/DRILL Corps: _____
(USA, USAR, ARNG, (MC, DC, NC, AN,
USN, USNR, SP, MSC, BSC, PA,
USAF, USAFR, ANG MS. VC, ENLISTED)
USCG, USPHS, INTERNATIONAL)

MOS/AFSC/DESIGNATOR: _____ Intern: _____ Resident: _____ Staff: _____ Specialty _____
(Army) (Air Force) (Navy) (Physicians please check if you are either an Intern, Resident, or Staff)

(Circle one)

Do you need CMEs/CNE's/CEs? YES | NO

Did you receive a welcome letter prior to course start date? YES | NO

Were you able to view the DMRTI website to obtain course preparation information? YES | NO

Unit/Organization Address: _____

Home Address: _____

State: _____ Zip Code: _____

City: _____ State: _____

Commercial Phone: _____

Zip Code: _____

DSN Phone: _____

Phone No: _____

E-mail (work): _____

E-mail (home): _____

Please attach two copies of orders to this form

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 301

PRINCIPAL PURPOSE: To provide the Defense Medical Readiness Training Institute (DMRTI) with information on a former student when the former student requests a duplicate Homeland Security Medical Professional Course(HLSMPC) or Combat Casualty Care Course (C4) certificate, an Advance Trauma Life Support (ATLS) certificate, a Trauma Nurse Core Course (TNCC) certificate, a Basic Trauma Life Support (BTLS) certificate, an Advance Burn Life Support (ABLS) certificate, a Pre-Hospital Trauma Life Support (PHTLS) certificate, or a Continuing Medical Education credit (CME) letter verifying test results.

ROUTINE USE: Information will enable the DMRTI to locate the pertinent records of the requester.

MANDATORY/VOLUNTARY DISCLOSURE AND EFFECT ON AN INDIVIDUAL NOT PROVIDING INFORMATION: The requester has the right to refuse the release of the Social Security Number (SSN).

The disclosure of this information is mandatory and required because the records are retrieved by SSN. Failure to provide the information may result in not obtaining any duplicate course related paperwork needed for credentialing purposes.

All the information provided is true and accurate to the best of my knowledge.

SIGNATURE _____