## **Defense Medical Readiness Training Institute (DMRTI)**

## **TC3 ASM Course Manager Student Enrollment Form**

<u>Date:</u>	Preferred Class:	Alternate Class:
First Name:		Last Name:
Service:		Paygrade:
Designator/Specialty:		Corps:
DoD ID:	AL	Unit:
E-Mail:	A	Work Phone:
DSN:		Personal Phone:
Mailing Address:		
6		
City:	State:	ZIP:
DMRTI-US025 All Sei	rvice Member TCCC Course	Manager Test
JKO Completion Dat	<u>e:</u>	
	PRIVACY ACT	STATEMENT
AUTHORITY: 5 U.S.C.SECT	FION 301	
student when the former s Casualty Care Course (C4 (TNCC) certificate, a Basi Pre-Hospital Trauma Life	student requests to duplicate Joint ) certificate, an Advanced Trauma c Trauma Life Support (BTLS) certi Support (PHTLS) certificate, a Tact	ness Training Institute (DMRTI) with information on a forme Operations Medical Managers Course (JOMMC) or Combat Life Support (ATLS) certificate, a Trauma Nurse Core Cours ficate, an Advance Burn Life Support (ABLS) certificate, a cical Combat Casualty Care All Service Member Master dit (CME) letter verifying test results.
ROUTINE USE: Informatio	n will enable the DMRTI to locate t	he pertinent records of the requester.
has the right to refuse the The disclosure of this info	e release of the Department of Defe ormation is mandatory and required	INDIVIDUAL NOT PROVIDING INFORMATION: The requeste use Identification Number (DoD ID).  because the records are retrieved by DoD ID. Failure to use ID. Failure to paperwork needed for
All the information provide	ed is true and accurate to the best	of my knowledge.

Please send all student registration forms to DHA JB San Antonio Education-Trng List DMRTI PHTLS dha.jbsa.education-trng.list.dmrti-phtls@mail.mil

SIGNATURE: