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:		Work Phone:
DSN:		Personal Phone:
Mailing Address:		
1		
City:	State:	ZIP:
DMRTI-US025 All Sei	rvice Member TCCC Course	Manager Test
JKO Completion Dat	e:	
	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 Tac	iness Training Institute (DMRTI) with information on a formet t Operations Medical Managers Course (JOMMC) or Combat Life Support (ATLS) certificate, a Trauma Nurse Core Cours ificate, an Advance Burn Life Support (ABLS) certificate, a tical Combat Casualty Care All Service Member Master edit (CME) letter verifying test results.
ROUTINE USE: Informatio	n will enable the DMRTI to locate (the 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	I INDIVIDUAL NOT PROVIDING INFORMATION: The requeste ense Identification Number (DoD ID). I because the records are retrieved by DoD ID. Failure to any duplicate course related paperwork needed for
All the information provide	<mark>ed is true</mark> and accu <mark>rate to</mark> 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: