DD MMM YYYY

MEMORANDUM FOR DEFENSE MEDICAL READINESS TRAINING INSTITUTE

**FROM: Requesting Unit**

SUBJECT: Training Support Request for Defense Medical Readiness Training Institute for

  **NAME and LOCATION OF COURSE**

1. PROVIDE THE BOTTOM LINE UP FRONT example: *Request one (1) motivated, articulate National Association of Emergency Medical Technicians (NAEMT)-certified Tactical Combat Casualty Care (TC3) instructor and one (1) NAEMT-TC3 Affiliate faculty member to support U.S. Army North (ARNORTH) Theatre Security Cooperation and Surgeon division during two training events. All training to be completed in conjunction with ARNORTH TC3-Instructor certified personnel.*

2. Course Requesting: *What DMRTI course does the requestor want?*

3. Physical Address of Course Location: *DMRTI required exact physical address of the course location for accreditation purposes.*

4. Periods requested: Provide three (3) date ranges*, including travel days with 90 days lead-time for CONUS location, and 120 days lead-time for OCONUS location (include travel days). Three date ranges, enables DMRTI to best plan for the training requested in accordance with DMRTI’s operations calendar.*

5. Purpose: PROVIDE THE 5Ws example: *Provide additional TC3 instructor support to ARNORTH Surgeon’s office. ARNORTH Theatre Security Cooperation and Surgeon divisions plan to hold TC3 courses in Mar/Apr 2018 with the intent to train a total of 72 Soldiers in provider-level TC3 and 7-10 instructors and work towards a self-run SEDENA TC3 program.*

6. Funding and Travel POC: WHO WILL FUND TDY and DTS cross-org POC.

8. Coordinating Instructions: example: *XXXX unit will coordinate with DMRTI all country clearance requirements to include the following:*

 a. Official No-Fee Passport

 b. Level 1 Anti-Terrorism Training Certificate: <https://atlevel1.dtic.mil/at>.

 c. Theater Clearance Request: Submitted via <https://apacs.dtic/mil/apacs/>. The lead time for receiving clearance is 14 days.

 d. ISOPREP must be current and on file at parent organization. Can assist with this if required.

 e. Completion of regional threat brief by G2. This can be coordinated through requesting unit.

9. Point of Contact for this request is Rank LName, FName, Official Title, at (xxx) xxx-xxxx; email @mail.mil.

 XXXX XXXXX

 COL, MS

Command Surgeon

Copy to:

xxx