

# Joint Medical Operations Course/Joint Medical Planning Tool Course Nomination Request Form

Submission Date: \_\_\_\_\_

Submission of this request indicates that the nominee is available for training and has the full endorsement of the nominating command.

Course Nominated for: (Select the ones you wish to attend.)

Joint Medical Operations Course – Basic (Phase I):       Yes     No    Primary Date: \_\_\_\_\_  
Alternate Date: \_\_\_\_\_

Joint Medical Planning Tool:       Yes     No    Primary Date: \_\_\_\_\_  
Alternate Date: \_\_\_\_\_

Joint Medical Operations Course – Advanced (Phase II):       Yes     No    Primary Date: \_\_\_\_\_  
Medical Planners/Operators Only      Alternate Date: \_\_\_\_\_

| PERSONAL INFORMATION   |  |                                |
|--|--|--------------------------------|
| Last Name: _____   | First Name: _____  | Middle Initial: _____          |
| Service/Agency: _____<br><small>USA, USAF, USN, USCG, etc.</small> | Status: _____<br><small>Active, Reserve, Guard, Civilian</small> |                                |
| Rank/Grade/GS: _____   | Branch/Corps: _____  | MOS/AFSC/NEC Designator: _____ |

| CONTACT INFORMATION                     |                           |
|---|---------------------------|
| Unit/Organization: _____                | Commercial Phone: _____   |
| Street: _____                           | DSN Phone: _____          |
| City: _____ State: ____ Zip Code: _____ | NIPR E-mail (Work): _____ |

| ASSIGNMENT HISTORY |                         |        |
|--------------------|-------------------------|--------|
| Date               | Billet/Position/Command | Duties |
| -present           |                         |        |
|                    |                         |        |
|                    |                         |        |

| PREVIOUS OPERATIONAL/PLANNING COURSE(S) |                 |
|---|-----------------|
| Title                                   | Completion Date |
|   |                 |
|   |                 |
|   |                 |