



Defense Medical Readiness Training Institute (DMRTI)
Joint Medical Operations Course/Joint Medical Planning Tool Course/Joint
Humanitarian Operations Course Nomination/Registration Request Form

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 301

PRINCIPAL PURPOSE: To provide the Defense Medical Readiness Training Institute (DMRTI) with information required to complete course registration in order to provide student and DMRTI full course attendance as well as the awarding of Continuing Education credit (CME/CNE/AAMA).

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 stored/ retrieved by SSN. Failure to provide the information will result in not obtaining course credit.

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

PLEASE ENTER OR VERIFY INFORMATION BELOW.

Rank/Grade: _____ Full Name (L, F, MI): _____

All information is REQUIRED FOR CERTIFICATION. Missing information will delay your completion of this course.

EDIPI (DoD ID): _____ DOB (DD-MM-YYYY): _____

Service/Agency: _____ Status: _____ Corps: _____

Command: _____ Designator: _____

Address – Street: _____

City: _____ State: _____ Zip: _____

Phone – Commercial: _____ DSN: _____ Cell: _____

Work Email: _____

Personal Email: _____

Course(s) Nominated for (select the courses you wish to attend by start date):

Joint Medical Operations Course – Basic: Yes No Date of Course: _____

Joint Medical Planning Tool: Yes No Date of Course: _____

Joint Medical Operations Course – Advanced: Yes No Date of Course: _____

Joint Humanitarian Operations Course: Yes No Date of Course: _____

Assignment History

Date	Billet/Position/Command	Duties
to present		
to		
to		

Are you currently assigned to a COCOM? Yes No If yes, Command: _____

If not, do you have a follow-on orders to a COCOM? Yes No If yes, Command _____

Previous Operations Courses Attended

Title	Completion Date

CME Requested: Provider Non-Provider N/A

Sign: _____ Date: _____



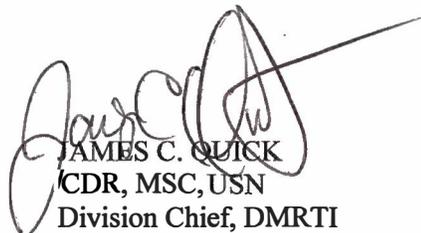
**DEFENSE MEDICAL READINESS TRAINING INSTITUTE
DEFENSE HEALTH AGENCY
4270 GORGAS CIRCLE, SUITE 548
JBSA-FORT SAM HOUSTON, TEXAS 78234-2738**

August 30, 2019

MEMORANDUM FOR DEFENSE MEDICAL READINESS TRAINING INSTITUTE (DMRTI) STUDENTS

SUBJECT: Professional Standards and Conduct for Classroom-Based Courses

1. Students must portray professional conduct while in attendance to DMRTI courses and adhere to standards and conduct that will promote effective learning, good order, and discipline within the classroom. These standards include but are not limited to:
 - a. Report to class at the specified time outlined on the course agenda.
 - b. Report in appropriate attire as outlined in the course welcome letter.
 - c. Complete end-of-course survey and return it to the administering official prior to departure.
 - d. Refrain from cell-phone use in the classroom.
 - e. Be respectful towards staff, instructors, and fellow students.
2. There is ZERO tolerance of:
 - a. Sexual Assault/Sexual Harassment
 - b. Consuming alcohol during duty hours
 - c. Fraternization
 - d. Any other behavior deemed inappropriate by course leadership
3. Students will adhere to the class attendance and participation policy requiring students to attend and participate in all scheduled lectures, activities, or final exam as outlined in the course agenda.
4. Students failing to comply with the standards outlined above will be considered for relief from the course for administrative, academic, or personal misconduct and will not be awarded a course completion certificate or continuing education credit.


JAMES C. QUICK
CDR, MSC, USN
Division Chief, DMRTI

I have read and acknowledged the standards of conduct outlined above and will adhere to all rules and regulations while attending DMRTI course.

Signature

Date

Print: _____