

**PRIVACY ACT STATEMENT**

**1. AUTHORITY:** 10 USC Section 3013, Secretary of the Army; AR 351-3, Professional Education and Training Programs of the Army Medical Department; and E. O. 9397 (SSN).  
**2. PRINCIPAL PURPOSE(S):** To obtain data needed to determine eligibility for enrollment, process applications, maintain student records, and to perform all other administrative functions inherent in student administration.  
**3. ROUTINE USES:** None. The "Blanket Routine Uses" set forth at the beginning of the Army's Compilations of System of Records Notices apply to this system.  
**4. MANDATORY OR VOLUNTARY DISCLOSURE:** Voluntary. However, failure to provide the requested information may result in the applicant not being able to participate in the program.

TO:	FROM:
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**I. GENERAL INFORMATION**

1. NAME (Individual Requesting Training)	2. SSN	3. RANK	4. SECURITY CLEARANCE	5. CORPS/ BRANCH	6. MOS/AOC
7. UNIT AND STATION (Address and Zip Code)	8. UIC	9. DUTY POSITION		10. CATEGORY OF SERVICE <input type="checkbox"/> REGULAR ARMY <input type="checkbox"/> RESERVE	
11. OFFICE PHONE (Include area code and DSN)	12. OFFICE FAX (Include area code)	13. HOME PHONE (Include area code)		14. AKO E-MAIL ADDRESS	

**II. TRAINING INFORMATION**

15. TYPE OF FACILITY SPONSORING TRAINING (Check applicable box) <input type="checkbox"/> CIVILIAN INSTITUTION (non-Federal) <input type="checkbox"/> FEDERAL FACILITY <input type="checkbox"/> AMEDD <input type="checkbox"/> ARMY (Less AMEDD) <input type="checkbox"/> OTHER MILITARY (Air Force, Navy, etc.) <input type="checkbox"/> NON-MILITARY (PHS, VA, etc.)	16. DATES OF COURSE EXCLUDING TRAVEL TIME (Day, Month, Year)  FROM:  TO:	17. PROFESSIONAL LICENSE (List any required for requested course)
18. NAME OF COURSE REQUESTED (Attach copy of course brochure)	19. LOCATION OF COURSE (Include address and zip code)	20. LIST COSTS AS APPLICABLE REGISTRATION _____ TUITION _____ OTHER _____
21. COURSES TAKEN (Include courses in both federal facilities and civilian institutions that have been taken during the current year and prior fiscal year. Include source of funding, e.g., local, AC, OTSG, and AMEDD C&S Central Training Program. If none, so indicate)		22. DATE OF MOST RECENT CBRNE TRAINING
23. SIGNATURE (Applicant)		24. DATE

**III. TRAINING APPROVAL**

25. LOCAL APPROVING AUTHORITY (Check appropriate box and add remarks if applicable) <input type="checkbox"/> I RECOMMEND APPROVAL <input type="checkbox"/> I DO NOT RECOMMEND APPROVAL		
26. NAME, GRADE, BRANCH AND TITLE	27. SIGNATURE (Local Approving Authority)	28. DATE