APPLICATION FOR SHORT COURSE TRAINING

For use of this form, see AR 351-3; the proponent agency is the Office of The Surgeon General

DATE

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:

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
			☒ REGULAR ARMY ☐ 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)*	16. DATES OF COURSE EXCLUDING TRAVEL TIME*(Day, Month, Year)*	17. PROFESSIONAL LICENSE *(List any required for requested course)*
☐ CIVILIAN INSTITUTION *(non-Federal)* ☒ FEDERAL FACILITY ☒ AMEDD ☐ ARMY*(Less AMEDD)* ☐ OTHER MILITARY*(Air Force, Navy, etc.)* ☐ NON-MILITARY*(PHS, VA, etc.)*	FROM: TO:	N/A

18. NAME OF COURSE REQUESTED *(Attach copy of course brochure)*	19. LOCATION OF COURSE *(Include address and zip code)*	20. LIST COSTS AS APPLICABLE
Field Management of Chemical and Biological Casualties Course (FCBC) 6H-F37/300-F31	USAMRICD-Chemical Casualty Care Division 8350 Ricketts Point Rd., Bldg E2900 APG-S, MD 21010-5400	REGISTRATION $0.00 TUITION $0.00 OTHER $0.00

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)*

☐ I RECOMMEND APPROVAL ☐ I DO NOT RECOMMEND APPROVAL

26. NAME, GRADE, BRANCH AND TITLE	27. SIGNATURE *(Local Approving Authority)*	28. DATE