

Defense Medical Readiness Training Institute (DMRTI)
Emergency Preparedness Response Course
Continuing Education Request Form

Name: _____ **Rank/Grade/GS/Contr:** _____ **Service:** _____
(Last, First, MI, JR/II) (USA, USAR, ARNG, USN, USNR, USAF
USAFR, ANG, USCG, USPHS, GS, CIVILIAN)

Corps: _____ **MOS/AFSC/DESIGNATOR:** _____
(MC, DC, NC, AN, PA, SP, BSC, MSC, OTHER, NA)

Occupation: _____
(Physician, RN, LPN, Nurse Practitioner,
Physician Assistant, Administrator, Medic, etc.)

Check course completed (attach copy of certificate of completion)

- ☐ EPRC for Clinician Short Course (J3OP-US258)
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Check desired Continuing Education Credit

- ☐ AMA PRA/CME Category 1 credit (MD, DO only) ☐ Certificate of Attendance
☐ Continuing Nursing Education (CNE) ☐ American Academy of Medical Administrators

Unit/Organization/Hospital Address:

Home Address:

Unit/Organization:

Street: _____

State: _____ Zip Code: _____

City: _____ State: _____

Commercial Phone: _____

Zip Code: _____

DSN Phone: _____

Phone No: _____

E-mail (Work): _____

E-mail (Home): _____

SIGNATURE: _____