

RAAUZYUW RUENMED0900 2801549-UUUU--RUEASUU.

ZNR UUUUU

R 071549Z OCT 03 ZYB

FM BUMED WASHINGTON DC//M09B1//

TO AIG 7783

AIG 6947

BT

UNCLAS //N00000//

PASS TO WIDEST DISSEMINATION. PLEASE PASS TO ALL NON CLAIMANCY

18 INDEPENDENT DUTY CORPSMEN, PREVENTIVE MEDICINE TECHNICIANS AND  
AVIATION MED

TECHS.

MSGID/GENADMIN/M3F6//

SUBJ/FUNDING REQ PROCEDURES NON CLAMANCY 18 INDEPENDENT DUTY

/CORPSMAN (IDC) PREVENTIVE MEDICINE TECHNICIAN (PMT) AVIATION

/MEDICINE (AVT) PERSONNEL TO ATTEND THE YEAR 2003 NAVY OCCUPATIONAL

/HEALTH AND PREVENTIVE MEDICINE WORKSHOP INCLUDING THE 9TH

/INDEPENDENT DUTY CORPSMAN CONFERENCE AND THE 5TH COMBINED

/AEROMEDICAL PROBLEMS COURSE//

REF/A/GENADMIN/BUMED WASHINGTON DC/161749ZSEP2003//

AMPN/REF A IS THE ANNOUNCED SUBJECT WORKSHOP AND CONFERENCE.//

POC/CR MAGPAYO/HMCM/M3F6B/LOC:WASHINGTON DC/TEL:COM 202-762-3472

/TEL:DSN 762/TEL:FAX 3470//

RMKS/1. THIS MESSAGE HAS BEEN COORDINATED WITH THE COMMANDANT OF

THE MARINE CORPS (CMC). THE COMMANDANT HAS AUTHORIZED

TRANSMISSION TO MARINE CORPS ACTIVITIES.

2. FUNDING FOR A LIMITED NUMBER OF NON CLAIMANCY 18 IDCS/PMTS/AVTS TO ATTEND THE COURSE WILL BE AVAILABLE THROUGH NMETC. HOWEVER, SINCE NMETC BETHESDA WILL NOT BE ABLE TO FUND ALL WHO WISH TO ATTEND, IT IS RECOMMEND THAT THE ATTENDEES COMMAND BE THE PRIMARY SOURCE OF FUNDING.

3. FOR THOSE PURSUING NMETC BETHESDA FUNDING, THE FOLLOWING INFORMATION IS REQUIRED AS PER BUMED INSTRUCTION 4651.3A.

A. FULL NAME

B. RANK/RATE

C. SOCIAL SECURITY NUMBER

D. NEC (PRIMARY/SECONDARY)

E. PRD AND EAOS: YEAR/MONTH

F. TITLE OF COURSE: THE YEAR 2004 NAVY OCCUPATIONAL HEALTH AND PREVENTIVE MEDICINE WORKSHOP INCLUDING THE 9TH INDEPENDENT DUTY CORPSMAN CONFERENCE, AND THE 5TH COMBINED AERO MEDICAL PROBLEMS COURSE.

G. LOCATION OF COURSE: CHESAPEAKE VA

H. INCLUSIVE DATES OF COURSE NOT INCLUDING DATES OF TRAVEL:

19 MAR 04 TO 26 MAR 04.

I. ESTIMATED TRAVEL COST

J. TRAVELS ARE REQUESTED FROM (LOCATION TO CHESAPEAKE, VA) AND RETURN

K. PER DIEM FOR MEETING LOCATION

L. ESTIMATED MISCELLANEOUS EXPENSES:

M. YOU MAY BE REACHED AT TELEPHONE AT:

4. FORWARDED ENDORSEMENT IS REQUIRED.

A. COMMAND FULL MAILING ADDRESS AND UIC

B. COMMAND MESSAGE PLAD

C. POC NAME, E-MAIL ADDRESS, TELEPHONE AND FAX NUMBER

(COMMERCIAL AND DSN)

D. NOMINATION REQUESTS MUST BE RECEIVED SIX WEEKS BEFORE THE  
COURSE CONVENING DATE. COURSE DATES ARE 19-26 MAR 04.

DEADLINE FOR SUBMISSION IS 06 FEB 04.

5. FORWARDING MUST BE ON COMMAND LETTERHEAD AND EACH APPLICANT MUST  
HAVE A SEPARATE REQUEST. FWD ALL REQUEST TO NAVAL MEDICAL  
EDUCATION AND TRAINING COMMAND (CODE 0GE) 8901 WISCONSIN AVE.,  
BETHESDA, MD 20889.

6. ALL QUESTIONS REGARDING FUNDING MAY BE DIRECTED TO

HMCM(SW/FMF)YOUNG AT (202)762-3472, EMAIL:

JDYOUNG@US.MED.NAVY.MIL FAX IS (202)762-3470, DSN PREFIX IS 762.

HMCS SOMERA AT (301)295-2289, DSN PREFIX IS 295, EMAIL:

RDSOMERA@NMETC.MED.NAVY.MIL, FAX IS (301)295-5312/1783.

7. ALL APPLICANTS WILL BE NOTIFIED OF APPROVAL PR DISAPPROVAL OF

FUNDING BY MESSAGE, EMAIL, AND OR FAX NLT FOUR WEEKS PRIOR TO

COURSE CONVENING DATE. PERSONNEL, SUBSTITUTIONS, WILL NOT BE

AUTHORIZED. RENTAL CARS WILL NOT BE AUTHORIZED.//

BT

#0900

NNNN