Defense Medical Readiness Training Institute (DMRTI)

Student Enrollment Form

Staff Use Only

Date: _____ **Walk-in: Yes** ○ **No** ◉ **C4: Yes** ◉ **No** ○

C4 students must select their professional course (PHTLS, TNCC, ATLS) from the Course drop down menu.

Course: [ ] **CLASS # *(if provided)*:** _____

Pay Grade: [ ] **Last Name:** _____ **First Name:** _____

DATE OF BIRTH *(DD / MONTH / YEAR)*: _____ **MOS/AFSC/Designator:** _____

SSN (XXX-XX-XXXX): _____ **Service:** [ ] **Corps:** [ ]

UIC: [ ]

Unit/Organization Address: **(ONE MUST BE PROVIDED)** **Home Address:**

_____ _____

_____ _____

City: _____ **State:** _____ **City:** _____ **State:** _____

Zip code: _____ **Zip Code:** _____

Phone #: _____ **Phone#:** _____

E-mail *(AKO, NKO, DKO, JKO, AF Portal)*: _____

JKO USER NAME:

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C.SECTION 301
PRINCIPAL PURPOSE: To provide the Defense Medical Readiness Training Institute (DMRTI) with personal information of a student when the student requests to duplicate course certificates or requires verification of attendance of DMRTI courses.

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 because the records are retrieved by SSN. Failure to provide the information may result in not obtaining duplicate course related paperwork needed for credentialing purpose.

All the information provided is true and accurate to the best of my knowledge.

SIGNATURE _____

This form supersedes former student enrollment/registration forms as of 28 Sept 2011