| APPLICATION FOR SHORT COURSE TRAINING For use of this form, see AR 351-3; the proponent agency is the Office of The Surgeon General | | | | | | DAT | DATE | | |
|---|--|---|--|--------------------------------------|---|------------------------|--|-------------------|--|
| 1. AUTHORITY: 10 USC Section 30 Department; and E. O. 9397 (SSN). 2. PRINCIPAL PURPOSE(S): To obtain a perform all other administrative funct 3. ROUTINE USES: None. The "Bit to this system. 4. MANDATORY OR VOLUNTARY not being able to participate in the present the control of | otain data ne ions inheren lanket Routir | eded to de t in studen ne Uses" s | rmy; AR 351-3, etermine eligibili at administration et forth at the b | ity for enrollmer eginning of the | ducation and Tr nt, process appl Army's Compila | ications, mations of S | naintain studen ystem of Recor | t records, and to | |
| TO: | | | | FROM: | | | | | |
| | | | | | | | | | |
| I. GENERAL INFORMATION | | | | | | | | | |
| NAME (Individual Requesting Training) | | 2. SSN | | 3. RANK 4. SECUF | | , 5. C | ORPS/ | 6. MOS/AOC | |
| | | | | | CLEARANC | | NCH | | |
| 7. UNIT AND STATION (Address and Zip Code) | | 8. | UIC | 9. DUTY POS | I SITION | 10. | CATEGORY C | F SERVICE | |
| | | | | | | | ☐ REGULAR ARMY | | |
| | | | | | | | RESERVE | | |
| 11. OFFICE PHONE 12. OFFICE F | | | | 13. HOME PHONE | | 14. | 14. AKO E-MAIL ADDRESS | | |
| (Include area code and DSN) (Include area code) | | | | (Include area code) | | | | | |
| II. TRAINING INFORMATION | | | | | | | | | |
| 15. TYPE OF FACILITY SPONSORING TRAINING (Check applicable box) 16. DATES OF COURSE EXCLUDIN | | | | | | | III. I IKOI EGGIGIAKE EIGENGE | | |
| ☐ CIVILIAN INSTITUTION (non-Federal) ☐ FEDERAL FACILITY | | | | TRAVEL TIME(Day, Month, Year) | | | (List any required for requested course) | | |
| ☐ AMEDD | | | | FROM: | | | , | | |
| ARMY(Less AMEDD) OTHER MILITARY(Air Force, Navy, etc.) NON-MILITARY(PHS, VA, etc.) | | | | TO: | | | | | |
| 18. NAME OF COURSE REQUESTED (Attach copy of course brochure) 19. LOCATION OF COURSE (Copy of course brochure) | | | | ` | | | IST COSTS AS APPLICABLE GISTRATION | | |
| | | | | тит | | | ION | | |
| | | | | OT | | | HER | | |
| 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 CBRNE TRAINING Central Training Program. If none, so indicate) | | | | | | | | | |
| 23. SIGNATURE (Applicant) | | | | | | | 24. DATE | | |
| | | | | | | | | | |
| III. TRAINING APPROVAL | | | | | | | | | |
| 25. LOCAL APPROVING AUTHORIT | 'Y (Check ap | propriate | box and add re | marks if applica | ible) | | | | |
| ☐ I RECOMMEND APPROV | AL | | DO NOT RECO | MMEND APPR | OVAL | | | | |
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| 26. NAME, GRADE, BRANCH AND | TITLE | | 27. SIGNATU | RE (Local Appl | roving Authority | ·) | 28. DATE | | |
| , - , | | | | | | , | | | |
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DA FORM 3838, SEP 2007