

Items in RED are required

1300
Ser 09HR/

FIRST ENDORSEMENT on LCDR Resident, MC, USN,
XXX-XX-XXXX/2100 ltr of 01 Mar 2010

From: Commanding Officer, National Naval Medical Center,
Bethesda, MD
To: Commander, Naval Medicine, Manpower, Personnel, Training
and Education Command, Code 03CMC21, 8901 Wisconsin
Avenue, Bethesda, MD 20889-5612

Subj: REQUEST FOR FUNDING OF CERTIFICATION EXAMINATION

1. Forwarded, recommending approval.

Matthew L. Nathan
Rear Admiral, Medical Corps, U. S. Navy
Commander, Navy Medicine National Capital Area
National Naval Medical Center

4 Dec 10

From: LCDR Resident, MC, USN, XXX-XX-XXXX/2100
To: Commander, Naval Medicine, Manpower, Personnel, Training
and Education Command (Code O3CMC21)
8901 Wisconsin Ave, Bethesda, MD 20889
Via: Commanding Officer, National Naval Medical Center,
Bethesda, MD

Subj: REQUEST FOR FUNDING OF CERTIFICATION EXAMINATION

Ref: (a) BUMEDINST 1500.18B
(b) NAVCOMPTMAN 032106

1. Per reference (a), I request funding to participate in the Certification Examination for American Board of Anesthesiology Primary Certification as described below:
 - a. Location of nearest testing site: Pearson View, address...
 - b. Date of exam: 04 August 2010
 - c. Sponsor or agency offering the examination: American Board of Anesthesiology
 - d. Examination fee: \$1250 (both fees)
 - e. Mode of transportation desired: PA
 - f. Government quarters are not available.
 - g. Government messing is not available.
2. I may be reached by telephone at:
 - a. Voice:
Commercial: 301-295-4455 DSN : 295-4455
 - b. FAX:
Commercial: 301-295-5063
 - c. E-mail: civilian and military
3. I am not in receipt of release from active duty (RAD) orders. I agree to remain on active duty for at least 1 year

following the date of the certification examination. After the examination date, I will have 2 years and 4 months of obligated active service remaining.

4. If this request is not approved, I understand any advance payment of fees or related expenses from personal funds will be my responsibility.

5. I understand I shall comply with reference (b) by submitting a travel claim to my local personnel support detachment (PSD) within 5 calendar days of return from travel and personally forward a fully liquidated copy of the travel claim to NM MPT&E Bethesda fiscal after PSD completes my liquidation.

6. I will forward a certified copy of the official results to Medical Corps Planner Code 01MC, NM MPT&E within 5 days of receipt.

I. M. RESIDENT