

APPLICATION FOR SHORT COURSE TRAINING For use of this form, see AR 351-3; the proponent agency is the Office of The Surgeon General					DATE	
PRIVACY ACT STATEMENT						
<p>1. AUTHORITY: 10 USC Section 3013, Secretary of the Army; AR 351-3, Professional Education and Training Programs of the Army Medical Department; and E. O. 9397 (SSN).</p> <p>2. PRINCIPAL PURPOSE(S): To obtain data needed to determine eligibility for enrollment, process applications, maintain student records, and to perform all other administrative functions inherent in student administration.</p> <p>3. ROUTINE USES: None. The "Blanket Routine Uses" set forth at the beginning of the Army's Compilations of System of Records Notices apply to this system.</p> <p>4. MANDATORY OR VOLUNTARY DISCLOSURE: Voluntary. However, failure to provide the requested information may result in the applicant not being able to participate in the program.</p>						
TO: Environmental Health, Department of Preventive Medicine, Carl R. Darnall Army Medical Center			FROM: Put full unit information - Company, Battalion, and Brigade or equivalent			
I. GENERAL INFORMATION						
1. NAME (Individual Requesting Training) Full Name		2. SSN NO SSN	3. RANK	4. SECURITY CLEARANCE NA	5. CORPS/ BRANCH NA	6. MOS/AOC Complete
7. UNIT AND STATION (Address and Zip Code) Complete fully		8. UIC Complete	9. DUTY POSITION Complete		10. CATEGORY OF SERVICE <input type="checkbox"/> REGULAR ARMY <input type="checkbox"/> RESERVE	
11. OFFICE PHONE (Include area code and DSN)		12. OFFICE FAX (Include area code)	13. HOME PHONE (Include area code)		14. AKO E-MAIL ADDRESS Must include army email	
II. TRAINING INFORMATION						
15. TYPE OF FACILITY SPONSORING TRAINING (Check applicable box) <input type="checkbox"/> CIVILIAN INSTITUTION (non-Federal) <input type="checkbox"/> FEDERAL FACILITY <input type="checkbox"/> AMEDD <input type="checkbox"/> ARMY (Less AMEDD) <input type="checkbox"/> OTHER MILITARY (Air Force, Navy, etc.) <input type="checkbox"/> NON-MILITARY (PHS, VA, etc.)			16. DATES OF COURSE EXCLUDING TRAVEL TIME (Day, Month, Year) FROM: TO:		17. PROFESSIONAL LICENSE (List any required for requested course) NA	
18. NAME OF COURSE REQUESTED (Attach copy of course brochure) Field Sanitation Team Training		19. LOCATION OF COURSE (Include address and zip code) West Fort Hood Digital Training Facility Building 91042		20. LIST COSTS AS APPLICABLE REGISTRATION _____ \$0.00 TUITION _____ \$0.00 OTHER _____		
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 Central Training Program. If none, so indicate) Indicate if FST has been taken previously.					22. DATE OF MOST RECENT CBRNE TRAINING	
23. SIGNATURE (Applicant)					24. DATE	
III. TRAINING APPROVAL						
25. LOCAL APPROVING AUTHORITY (Check appropriate box and add remarks if applicable) <input type="checkbox"/> I RECOMMEND APPROVAL <input type="checkbox"/> I DO NOT RECOMMEND APPROVAL -The Environmental Health Section Department of Preventive Medicine, Carl R. Darnall Army Medical Center will conduct Field Sanitation Team (FST) Certification Training. - Soldiers attending the course will not be allowed to miss more than (2) hours of instruction. Students must attend the entire course to receive a certificate of training. NO Unit duties or appointments during class time. -First day report time is 0845. Class will start each day for the remainder of the training at 0900. Students will need to be prepared to conduct one day of outdoor hands-on training. - If the student must withdraw from the course, then it must occur two weeks before the start of the course to allow other students to register. - Class no-shows will not be able to register for the course again during the current fiscal year. - Provide unit training NCO email for reminders and information.						
26. NAME, GRADE, BRANCH AND TITLE Must be digitally signed by unit ISG or CO		27. SIGNATURE (Local Approving Authority)		28. DATE		