

**REGISTRATION FORM**  
**CHEMICAL CASUALTY CARE DIVISION**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

SERVICE \_\_\_\_\_ RANK \_\_\_\_\_ GRADE \_\_\_\_\_ BRANCH \_\_\_\_\_

SSN \_\_\_\_\_ SEX M F FOREIGN NATIONAL? Yes No

EMT? Yes No EMT License# / State / Expiration Date \_\_\_\_\_

WORK TELEPHONE (COMMERCIAL) \_\_\_\_\_ (DSN) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

MAILING ADDRESS (Military-List UNIT address, Civilian-List HOME address)

\_\_\_\_\_  
\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

COURSE SITE \_\_\_\_\_ COURSE TYPE: FIELD MEDICAL CBRNE

START DATE \_\_\_\_\_ END DATE \_\_\_\_\_  
DD MMM YY DD MMM YY

JOB TITLE \_\_\_\_\_

ACTUAL DUTIES \_\_\_\_\_

REMARKS \_\_\_\_\_

\_\_\_\_\_

Do you want to be informed of new products? Yes No

Do you want to be involved in research, e.g. Beta testing a new training tool? Yes No

## SERVICE CODES

AA	Active Army
USAR	Army Reserves
ARNG	Army National Guard
AF	Air Force
AFR	Air Force Reserves
ANG	Air National Guard
USN	Navy
USNR	Navy Reserves
USMC	Marine Corps
PHS	Public Health Services
FN	Foreign National
DA CIV	DA Civilian
DoD CIV	DoD Civilian
CIV	Civilian

## BRANCH CODES

### OFFICERS

MC	Medical Corps (Doctors)
SP	Specialist Corps (e.g. Army PA)
PA	Physician's Assistant (excluding Army)
AN	Army Nurse Corps (Nurses)
NC	Nurse Corps (Navy and Air Force)
MS, MSC	Medical Service Corps
CM	Chemical Corps
VC	Veterinary Corps
DC	Dental Corps
MISC	Branch codes not specified

### ENLISTED

68W	Health Care Specialist
74D	Chemical Operations Specialist
18D	Special Forces Medic (Army)
ENL	Enlisted (Except for 68W, 74D, 18D)
IDC	Independent Duty Corpsman (Navy)

### CIVILIANS

MD	Physician, Doctor
PA	Physician's Assistant
RN	Registered Nurse
LPN	Licensed Practical Nurse
PARA	Paramedic
EMT	Emergency Medical Technician
MISC	Codes Not Specified

Please complete this form and submit to this office as soon as possible.  
This form can be submitted via e-mail or faxed to (410) 436-3086 DSN 584-3086.

## PRIVACY ACT STATEMENT

Title 5 to the U.S. Code authorizes collection of this information. The primary use of this information is by management and your personnel office to record your attendance in this course. Additional disclosures of the information may be: To the Office of Personnel Management or General Account Office when the information is required for evaluation of training; to the General Services Administration in connection with its responsibilities for records management; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; and to a Federal agency when conducting an investigation on you for employment or security reasons. Where the employee identification number is your social security number, collection of this information is authorized by Executive Order 9397. Furnishing the information on this form, including your social security number, is voluntary, but failure to do so may result in misplacement of your record of attendance. If your agency uses the information furnished on this form for purposes other than these indicated above, it may provide you with an additional statement reflecting these purposes.