

MEDCOE CREDENTIAL FUNDING REQUEST

(For use of this form, see MEDCoE Regulation 600-4, the proponent is ATMC-DT)

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 2015, 5 USC 301
PRINCIPAL PURPOSE: To request funding from the MEDCoE Credentialing Program for licensing, certifications, renewals, and mandatory administrative fees.
ROUTINE USES: Record is used for reviewing, approving, accounting and disbursement of credentialing funds submitted by Department of the Army personnel.
DISCLOSURE: Disclosure of this information is voluntary. However, failure to furnish the information requested may result in the denial of funding request.

PENALTY STATEMENT

ANY PERSON KNOWINGLY MAKING FALSE, FICTITIOUS, OR FRAUDULENT CLAIMS UPON OR AGAINST THE UNITED STATES GOVERNMENT MAY BE IMPRISONED FOR UP TO FIVE YEARS (18 USC 287 AND 1001, AND 31 USC 3729).

SECTION I - SOLDIER INFORMATION

RANK	NAME (LAST, FIRST, MI)		
DOD ID NUMBER	ETS (YYYYMMDD) (RCP/RETIREMENT DATE IF INDEF)		
UNIT ASSIGNED	UIC		
PHONE NUMBER	ALTERNATE PHONE NUMBER		
DUTY STATUS:	PMOS/AOC	SMOS	
ACTIVE	RESERVE	NATIONAL GUARD	

SECTION II - CERTIFICATION / LICENSE HISTORY

CERTIFICATIONS/LICENSES CURRENTLY HELD (REQUIRED IF REQUESTING RECERT OR MAINTENANCE FEE)	DATE AWARDED	EXPIRATION DATE	CERTIFICATION OR LICENSE ID
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- _____
- _____
- _____
- _____

NAME (LAST, FIRST, MI)

DOD ID NUMBER

SECTION III - REQUEST FOR CERTIFICATION / LICENSE

NEW/FIRST TIME REQUEST

RECERTIFICATION

MAINTENANCE FEE

NAME OF CERTIFICATION/LICENSE YOU WANT FUNDED

CREDENTIALING AGENCY (I.E. FAA, FCC)

TESTING AGENCY OR COMPANY

TESTING LOCATION (CITY, STATE, COUNTRY)

DATE OF EXAM

TOTAL COST**

**FUNDING IS PROVIDED ON A REIMBURSABLE BASIS. PROOF OF PAYMENT AND A PASSING SCORE FOR THE CREDENTIALING EXAM MUST BE SUBMITTED WITH THIS FORM IN ORDER TO PROCESS YOUR REIMBURSEMENT.

SECTION IV - ACKNOWLEDGEMENTS (COMPLETED BY SOLDIER AND VERIFIED BY COMPANY COMMANDER/1SG)

SOLDIER MEETS ALL ELIGIBILITY REQUIREMENTS AS OUTLINED IN THE MEDCOE CREDENTIALING PROGRAM (<https://medcoe.army.mil/medcp>).

SUBMIT PROOF OF PASSING AND PAYMENT TO usarmy.jbsa.medical-coe.list.credentials-prog@army.mil

SOLDIER HAS REVIEWED THE CREDENTIALING AGENCY'S WEB SITE AND VERIFIED ALL PREREQUISITES, APPLICATION, EDUCATION, AND EXPERIENCE REQUIREMENTS TO BE ELIGIBLE FOR THE EXAM OR CONTINUED MAINTENANCE FOR THE CERTIFICATION/LICENSE ARE MET.

SOLDIER MUST NOT HAVE RECEIVED FUNDING FROM ANY OTHER GOVERNMENT SOURCE THAT WOULD CONSTITUTE A DUPLICATION OF PAYMENT (SUCH AS GI BILL, LOCAL COMMAND FUNDING).

THE CREDENTIAL BEING SOUGHT IS IDENTIFIED BY THE MEDCOE CREDENTIALING PROGRAM OFFICE AS FUNDED AND ASSOCIATED TO THE SOLDIER'S MOS/AOC.

THE SOLDIER SHALL HAVE, AT A MINIMUM, ONE YEAR SERVICE REMAINING OBLIGATION (TWO YEARS FOR RESERVE COMPONENT AND NATIONAL GUARD) AND WITHOUT AN APPROVED SEPARATION DATE.

SUBMISSION MUST BE MADE WITHIN 30 CALENDAR DAYS OF TAKING THE EXAM (OR HAVE AN APPROVED EXCEPTION FROM THE MEDCOE CREDENTIALING PROGRAM OFFICE).

NAME (LAST, FIRST, MI)

DOD ID NUMBER

UNDER NO CIRCUMSTANCES SHALL THE SOLDIER (OR SOLDIER'S COMMAND/ORGANIZATION) REGISTER, TAKE, PARTICIPATE IN, SCHEDULE, OR OTHERWISE OBLIGATE THE MEMBER OR GOVERNMENT IN ANY CREDENTIALING PROGRAM, EXAM, OR FEE WITHOUT COMPLETED AND CONFIRMED FUNDING FROM THE MEDCOE CREDENTIALING PROGRAM OFFICE.

SECTION V - CERTIFICATION AND SIGNATURE OF APPLICANT

I CERTIFY THAT I, THE APPLICANT NAMED IN PART 1, ORIGINATED THIS REQUEST AND I PERSONALLY COMPLETED PARTS 1-5.

I CERTIFY THAT ALL STATEMENTS IN MY APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I UNDERSTAND THAT IF I AM NOT IN COMPLIANCE WITH PART 4 ABOVE, I WILL BE PERSONALLY RESPONSIBLE FOR ALL COSTS AND WILL NOT RECEIVE REIMBURSEMENT FROM MEDCOE OR THE ARMY. ADDITIONALLY, I COULD BE DISAPPROVED FOR FUTURE REQUESTS FOR FUNDING.

SIGNATURE OF APPLICANT

DATE SIGNED

FULL NAME OF APPLICANT (PRINTED)

SECTION VI - COMMAND APPROVAL (COMPANY COMMANDER/1SG)

I HAVE REVIEWED THIS FORM AND APPLICANT MEETS ALL THE PREREQUISITES AND REQUIREMENTS STATED IN PART 4 ABOVE.

I WILL ENSURE THE APPLICANT REPORTS EXAM RESULTS/FEE USAGE TO THE MEDCOE CREDENTIALING PROGRAM OFFICE WITHIN THE PRESCRIBED TIMELINE.

I CERTIFY THAT THE APPLICANT NAMED IN PART 1 ORIGINATED THIS REQUEST AND APPLICANT PERSONALLY COMPLETED PARTS 1-5.

COMMANDER/1SG SIGNATURE

DATE SIGNED

FULL NAME (PRINTED)

PHONE NUMBER

RANK, TITLE

OFFICIAL EMAIL ADDRESS