

MEDCOE CREDENTIAL FUNDING REQUEST

Email to: usarmy.jbsa.medical-coe.list.credentialing-prog@army.mil

DATA REQUIRED BY THE PRIVACY ACT OF 1974

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AUTHORITY 10 USC 2015; 5 USC 301.

PRINCIPAL PURPOSE(S) FOR ARMY PERSONNEL TO REQUEST FUNDING FOR CREDENTIALING ASSOCIATED COSTS.

ROUTINE USE(S) THIS RECORD IS USED FOR REVIEWING, APPROVING, ACCOUNTING, AND DISBURSING 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 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) _____

10-DIGIT DOD ID NUMBER _____ ETS (YYYYMMDD) _____ PMOS _____ SMOS _____
(RCP/RETIREMENT DATE IF INDEF) _____

UNIT OF ASSIGNMENT _____ UIC _____ OFFICIAL EMAIL ADDRESS _____

PHONE NUMBER _____ ALTERNATE NUMBER _____

DUTY STATUS

ACTIVE RESERVE NATIONAL GUARD

SECTION II - CERTIFICATION / LICENSE HISTORY

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

1. _____

2. _____

3. _____

4. _____

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) _____

TENTATIVE DATE OF EXAM _____ ESTIMATED 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 - ACKNOWLEDGMENTS (COMPLETED BY SOLDIER AND VERIFIED BY COMPANY COMMANDER/1SG)

- SOLDIER MEETS ALL ELIGIBILITY REQUIREMENTS AS OUTLINED IN THE MEDCOE CREDENTIALING PROGRAM POLICY LETTER.
- THE MEDCOE CREDENTIALING PROGRAM OFFICE MUST RECEIVE THIS REQUEST (NO MORE THAN 10 BUSINESS DAYS FOLLOWING SUCCESSFULLY PASSING THE CREDENTIALING EXAM.
- 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.
- THE SOLDIER SHALL HAVE, AT A MINIMUM, ONE YEAR SERVICE REMAINING OBLIGATION (TWO YEARS FOR RESERVE COMPONENT AND NATIONAL GUARD)
- SOLDIER MUST SUBMIT EXAMINATION RESULTS AND PROOF OF PAYMENT ALONG WITH THIS FORM VIA EMAIL TO THE MEDCOE CREDENTIALING PROGRAM OFFICE WITHIN 10 CALENDAR DAYS OF TAKING THE EXAM.

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 PERSONNALLY 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 REVEIWED 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 _____