



DEPARTMENT OF THE ARMY

Organization & Address

OFFICE SYMBOL

4 March 2024

MEMORANDUM FOR RECORD

SUBJECT: Attendance to the William Beaumont Army Medical Center (WBAMC) Healthcare Delivery Paramedic Program (HCDPP): RANK LASTNAME, FIRST NAME; SSN

1. This is to certify if selected RANK LASTNAME, FIRST NAME is authorized to attend WBAMC HCDPP from 12 June – 14 December 2024. Upon graduation RANK LASTNAME is authorized to attend a two-week Strategic Medical Asset Readiness Training (SMART) at a level one trauma center for medical proficiency training (MPT).

a. This Unit's Name, UIC is aware and responsible for all Temporary Duty (TDY) expenses outside of the program.

b. This Unit's Name, UIC is aware and responsible for all Temporary Duty (TDY) expenses required for the two-week SMART rotation.

2. RANK LASTNAME is not pending any Uniformed Code of Military Justice (UCMJ) action.

3. RANK LASTNAME is current in the following military requirements:

- a. Record ACFT (AR350-1) Pass Date: _____ Score: ____
- b. Record ABCP HT/WT (AR600-9) Pass Date: _____
- c. Weapons Qualification (AR350-1) Pass Date: _____
- d. Individual Medical Readiness (AR40-501) Green through 1 August 2025: ____
- e. No Limiting Physical Profile (AR40-501) Verified: _____
- f. f. Active Government Travel Card (by 1 NOV 2024) Verified: _____
- g. Two years TIS remaining after graduation date Verified: _____

4. The point of contact for this memorandum is Operations Sergeant, Rank First Name MI Last Name, email, or phone number.

FIRST NAME MI LAST NAME
RANK, BRANCH
Commanding