



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY MEDICAL DEPARTMENT CENTER AND SCHOOL
AND FORT SAM HOUSTON
FORT SAM HOUSTON, TEXAS 78234-5018

MCCS-BHR-SD (600)

DATE: _____

MEMORANDUM FOR Commander, AMEDD Student Detachment

SUBJECT: In-Processing Information Sheet

1. The following information is furnished in connection with my assignment to the AMEDD Student Detachment:

- a. I signed out of my last duty station on: _____.
- b. I arrived at my new duty station on: _____.
- c. My last **OER/NCOER** was for the period from: _____ to _____.
- d. Non rated time is listed with explanation: _____
_____.
- e. I am currently licensed to practice medicine in the state of _____,
with license number _____ which expires on _____.
(Enclose a copy of your current license in your In-Processing Packet for MASP, MSP, ISP and DASP if applicable)
- f. I (am) (am not) currently on a promotion list. My selection year and sequence number is: _____.
- g. I understand that I am required to mail my Military Personnel Record Jacket (MPRJ 201 file), which includes **Officer Record Brief (ORB) - Enlisted Record Brief (ERB), Security Clearance (DA 873), Record Of Emergency Data (DD 93) Service member's Insurance Election (SGLV), Copy of your APFT, Promotion Packets (Enlisted only)** to your assigned Program Manager.

2. FAMILY CARE PLAN – All Dual Military and Single parents must submit and/or update your Family Care Plan packet within 30 days of arrival to the AMEDD Student Detachment. Contact your assigned program manager for further instructions and forms regarding this matter. This is **MANDATORY**.

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For purpose of Family Care Plan, you must check a status that applies to you:

- () Dual Military () With Children () Single with Children
() Not Applicable

3. My Full Name, mailing address and phone number is:

Last, First , Middle SSN Rank

Home Address

City State Zip Code

() () ()
Home phone: Daytime Phone Duty Phone/Cell

4. My email address is _____.

5. I am in a fully funded () or partially funded () program and will receive a
_____ Degree in _____.

I will be attending the following: University, Hospital or Training With Industry (TWI):

University, Hospital or TWI City, State Zip Code

The Phone number at the University, Hospital or TWI: () _____ - _____

The time span for my Long Term Education program is
from: _____ to _____. (Dates are on orders)

My Corp. Education Branch is _____ (e.g. MC for Medical Corps, AN for Army Nurse
Corps, etc)

6. My next of Kin (alternate point of contact other than the above listed) is:

Name Relationship

Street Address City, State Zip code Telephone ()

Signature Date: _____