

ACTIVE DUTY TOUR (ADT) REQUEST AT MILITARY TREATMENT FACILITY (MTF)

Complete this form and send to the clerkship coordinator of the MTF where you have scheduled the rotation.

DO NOT SEND TO AFIT. The MTF will forward to AFIT once tour has been confirmed.

Send to Mr. Charles Thompson: charles.r.thompson102.civ@mail.mil

Rotations will **NOT** be approved without a completed form.

Request must be scheduled and confirmed by AFIT/ENEM no later than **60 days** prior to the start date of the ADT.

Facility: _____ Specialty: _____

ADT Start Date: _____ / _____ / _____ ADT End Date: _____ / _____ / _____
(dd/mm/yyyy) (dd/mm/yyyy)

Student's Name: _____

SSAN: _____ Gender: Male / Female Date of Birth: _____ / _____ / _____
(Circle one) (dd/mm/yyyy)

ADDRESS WHERE YOU PAY MORTGAGE/RENT _____

City: _____ St: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail Address: _____

School: _____ Graduation Date (mm/yyyy): _____ / _____

****REQUIRED: IS THIS ADT WITHIN 90 MIN or 100 MILES FROM YOUR CURRENT ADDRESS: ___ Yes ___ NO**

Is this clerkship part of a military back-to-back rotation? ___ YES ___ NO

(If Yes) Location & Date of Other Rotation: _____

HPSP STUDENT'S ARE ONLY AUTHORIZED TRAVEL FOR ADT PURPOSES. DEVIATION IN TRAVEL TO AND FROM STUDENT'S SCHOOL OR HOME OF RECORD IS *PROHIBITED* UNLESS YOU ARE TRAVELING TO A LOCATION FOR A SCHOOL REQUIREMENT. ALL TRAVEL DEVIATIONS MUST HAVE *PRIOR* APPROVAL FROM AFIT/ENEM.

Travel Information for your ADT:

Address you will be traveling from: _____

City you will be traveling from: _____ St: _____ Zip: _____

Address you will return to: _____

City you will return to _____ St: _____ Zip: _____

****STUDENT'S MUST forward this completed request form to the desired Approved HPSP MTF Facility.**

To be filled out by MTF Approving Official

AFIT USE ONLY

RETURN TO: AFIT/ENEM

Email: enem.hpsp_fap2@afit.edu

Fax: 937-656-7156

The above named student has been approved for the tour requested above.

(MTF Approving Official)Sign (Date)

AFIT received: _____ CSIS: _____ Letter: _____ ARPC FAX: _____

