

FOUO - Privacy sensitive when filled in

OMBUDSMAN BASIC TRAINING REGISTRATION

Name:		Date of Request:
Address:		
Phone: (home)	(work)	Email:
Command:		Command Phone:
Command Address:		
Name/Rank CO:		Current Ombudsman:
<p>WHICH BEST IDENTIFIES YOU?</p> <p> <input type="checkbox"/> Ombudsman <input type="checkbox"/> CO's Spouse <input type="checkbox"/> XO's Spouse <input type="checkbox"/> CMC's Spouse <input type="checkbox"/> Chaplain's Spouse <input type="checkbox"/> FFSC/RCC Ombudsman Coordinator <input type="checkbox"/> Other _____ </p>		

OMBUDSMAN COORDINATOR USE ONLY	
Class Assigned:	
<input type="checkbox"/> Appointment letter on file	<input type="checkbox"/> Confirmation letter/email sent
<input type="checkbox"/> Confirmation:	<input type="checkbox"/> Graduation email to command

Email the information requested on the form to the
 FFSC Ombudsman Coordinator at _____.

FOR OFFICIAL USE ONLY (WHEN FILLED IN)