

Enrollment Form

All information boxes marked with "*" are required for enrollment. If you have any questions or concerns pertaining to your course enrollment, please e-mail the Medical Correspondence Courses Division at: medcorrespondence@hsp.med.navy.mil or call (757) 953-6403/7627, 0645 to 1530 Eastern Time, Monday through Friday. We are closed on weekends and holidays. [Click here to return to Medical Correspondence homepage](#)

This is the Printable Form only. [Please click here to submit your answers online](#)

Once you have completed the Enrollment form send to:

DEPARTMENT OF THE NAVY
NAVAL SCHOOL OF HEALTH SCIENCES
ATTN MEDICAL CORRESPONDENCE DIVISION
1001 HOLCOMB ROAD BLDG 104
PORTSMOUTH VA 23708-5200
Fax (757) 953-6956

Enroll me into this Course:

(course name)

* Last Name:

E-mail Address:

* First Name:

* Rank/Rate:

Middle Initial:

NEC/MOS:

* SSN:

* Branch of Service:

Command/Activity Name:

Status(active, reserve, etc..)

* Street Address:

Address (Cont.):

Do you Wish to be contacted about your Enrollment?

City :

No Yes

State/Province:

*Zip/Postal Code:

Please send me a CD (CD's only available if not taking course online)

*Country:

No Yes

Work Phone:

Please send me a hard copy (reservists and IRR only)

Home Phone:

No Yes

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