

**Create a NAVY CME Account – MUST COMPLETE ALL FIELDS**

**If you do not already have a NAVY or ARMY CME account, please follow the steps noted below. Return this form no later than August 27 to:**

Carla Labuguen, [carla.b.labuguen.ctr@health.mil](mailto:carla.b.labuguen.ctr@health.mil) or [dha.bethesda.wrnmmc.mbx.pain-skills-training@health.mil](mailto:dha.bethesda.wrnmmc.mbx.pain-skills-training@health.mil)

**\*Service:** (Please check appropriate box). **Right click on box and use the Fill feature to blacken the box.**

- ARMY     NAVY     AIR FORCE     USMC     ARMY NATIONAL GUARD  
 USCG     DOD CIVILIAN     PUBLIC HEALTH SERVICE     AIR NATIONAL GUARD  
 US ARMY RESERVES     N/A \*

**\*Rank:**

**\*Physician Status:** (Please check appropriate circle). **Right click on box and use the Fill feature to blacken the circle.**

- Physician Staff                       In Training - Medical Student  
 In Training - Resident                 In Training - Fellow                 Non-Physician

**\*E-Mail Address:**

**\*SSN Last 4:**

**\*EPIDN (electronic personal identification number):**

NOTE: For all .mil users, you must enter the 10-digit code from the back of your CAC card.

**\*Birth Month:**

**\*Birth Day:**

**\*First Name:**

**\*Last Name:**

**\*Work Street Address 1:**

**\*City:**

**\*State/country:**

**\*Zip Code:**

**\*Phone Number:**

**\*Corps:**

**\*Title/Position: (Spell out titles; do not use AOC/MOC codes.):**