

**HEADQUARTERS CENTER AND SCHOOL
U. S. ARMY HEALTH READINESS CENTER OF EXCELLENCE
BLDG 2840, ROOM 302
JBSA FORT SAM HOUSTON, TEXAS 78234**

Date:

AMEDDC&S, HRCOE, CONTRACTOR IN-PROCESSING VERIFICATION FORM

LOCATION: (Installation and Building(s) Where Duty is Performed)

ONBOARD DATE:(YYYYMMDD)

JBSA, Building 2841 (Rm 2103, 2105, 0410, 0204)

YYYYMMDD

NAME: (Last name, First name, Middle initial)

Official email address:

Last Name, First Name, Middle Initial

first.initial.last.ctr@mail.mil

UNIT/DIRECTORATE/SECTION:

CELL PHONE & DUTY PHONE:

AMEDDC&S, HRCoE/CDD/ITD

210-221-XXXX

Job Title:

UNIT/DIRECTORATE/SECTION:

POSITION

AMEDDC&S, HRCoE/CDD/ITD

Address:

Army Medical Department Center & School
(AMEDDC&S)
3599 Winfield Scott Rd.,
JBSA Fort Sam Houston, TX 78234

Annual Information Awareness Training Date:

YYYYMMDD

Information Security Program Training Date:

YYYYMMDD

CONTRACT DETAILS (Specify Company Name, Telephone Number, Contract Number, Expiration Date)

W9124J-16-D0003 Exp.

TYPE OF ACCESS CREDENTIALS REQUIRED:

CAC

BADGE

KEY(S)

OTHER:

REQUIRED IN-PROCESSING

GOVERNMENT REPRESENTATIVE NAME:

Baker-Hall, Karlita

SIGNATURE

ORGANIZATION

AMEDDC&S, HRCoE/CDD/ITD/ITMDB

EMAIL

karlita.n.baker-hall.civ@mail.mil

ORGANIZATION

AMEDDC&S, HRCoE/CDD/ITD/ITMDB

NOTES: