



Naval Dental Center

Southwest

Education and Training Department



CHECK -OUT TRAINING LIST FOR OUTGOING PERSONNEL

NAME: _____

SSN (LAST 4): _____

PRD: _____ **CLINIC:** _____

1. Return Individual Training Folder to member (Given by Clinic Training Petty Officer).
2. Provide individual SPMS Personnel Training Record Summary to member (Given by EDTRA).
3. Clinic Training Officer/Petty Officer or EDTRA signs below.

_____ MEMBER HAS BEEN PROVIDED THE ABOVE TRAINING ITEMS #1 AND #2. (SIGNATURE NEEDED FROM TRAINING OFFICER/PETTY OFFICER OR EDTRA)

A COPY OF THIS FORM MUST BE SUBMITTED TO EDTRA FOR THE COMMAND'S TRAINING RECORDS.

