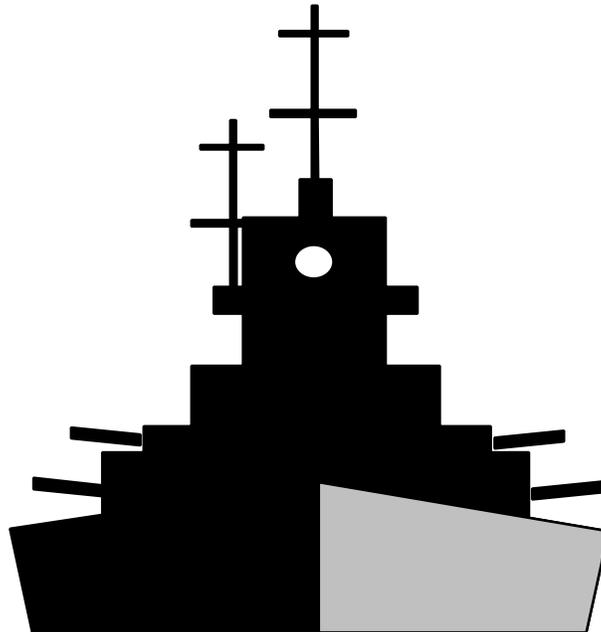


Bureau of Medicine and Surgery



NITRAS/CANTRAC Forms

Name _____ Rank/Rate _____
 (Last, First, Middle Initial)

Command _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number: Commercial _____ DSN _____

E-Mail Address _____ Today's Date _____

INSTR070 - 1

Location Courses

Action Code

Functional Commander /
 Skill Defense Group /
 Sequence Identifier

Abbreviated Name

Type Course

Functional Commander Ne

--	--	--	--

Name

Statu

--	--

CDP

Activity

Unit

Security Clearance

		?			?	
--	--	---	--	--	---	--

Service Support

Begin Date

Effective Date

Termination Dat

	?			
--	---	--	--	--

Schoolhouse Department

Schoolhouse Division

Fleet?

Porta

	?			?			?	
--	---	--	--	---	--	--	---	--

Learning Method

Management Method

MASL

	?			?	
--	---	--	--	---	--

CATALOG OF NAVY TRAINING COURSES
(CANTRAC)

TO:

FROM		DATE
VIA		
TYPE INPUT <input type="checkbox"/> New Course <input type="checkbox"/> Change		COURSE ID NUMBER (CIN)
LONG TITLE		
PURPOSE		
SCOPE		
PREREQUISITES		
SOURCE RATING(s)		
AUTHORIZING SIGNATURE		TITLE

QUOTA

PERSONNEL REPORT TO

SPECIAL INFORMATION

Editing Instructions

Continuation

Changes to Volume I

