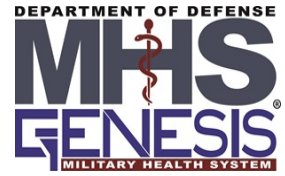




Naval Hospital Camp Pendleton Personnel Processing Checklist



MHS GENESIS ROLE AND TRAINING

Mr. Pontius and Ms. Ludi

Bldg. 200/ Room 3506

Please Write Legibly

- () In-Processing () Inter Departmental Transfer () PCS () PSI
 () Military () Civilian () Contractor () GS () Volunteer

(_____) (_____) (_____) (_____)
Rank/Rate Last Name First Name MI

(_____) (_____) (_____)
DOD ID/EDIPI Duty Phone Job Title

(_____) (_____) (_____) (_____)
Directorate Department Department Head Supervisor

(_____)
Email (.MIL preferred/JKO profile email)

Primary role performed: _____

Additional roles needed: _____

Mirror the role capabilities of (colleague): _____

Any specialties (IDC, PA, NP etc.): _____

Have you had MHS GENESIS account before? Y / N What Command? _____

What Roles did you have? _____

What command are you coming from? _____

Credentialed Providers (MD, DO, DPT, OD, CRNA, DDS etc)...:

NPI#: _____

DEA#: _____

Business Fax#:
(For outside prescriptions)

CBT:
ILT
URA
SRM:
Train Domain:

Member Signature _____ Dept. Head Signature _____