



Army Medical Service Corps Chief Retirement Recognition Request

Recognition: ☐ Star Note ☐ Corps Chief Coin Date of Request:

Reason: Proposed Presentation Date:

Name of Person Being Recognized: Rank:

Current Position:

Unit:

Justification:

The following information is provided for the completion of the certificates:

- a. Retirement Ceremony/Luncheon date:
- b. Preferred name on certificate:
- c. Area of concentration:
- d. COMPO:
- e. First position held:
First unit:
- f. Last position held:
Last Unit:
- g. Spouse's preferred name on certificate:

Name and Address for items to be mailed to:

Recommender:

Email Address:

Recommender Signature:

Send the completed request form to the Medical Service Corps Office at
usarmy.jbsa.medical-coe.mbx.medical-service-corps@army.mil

NOTE: All requests are subject to Corps Chief approval. Please submit requests
at least 60 days before the proposed presentation date.