

DEPARTMENT OF DEFENSE APPLICATION
FOR GRADUATE MEDICAL EDUCATION

FOR OFFICE USE ONLY

THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974

- 1. AUTHORITY: 10 USC 3012
- 2. PRINCIPLE PURPOSE(S): TO COMPILE INFORMATION NECESSARY TO EVALUATE AN APPLICATION FOR MILITARY GRADUATE MEDICAL EDUCATION (GME) TRAINING
- 3. ROUTINE USES: TO EVALUATE APPLICATION FOR PROFESSIONAL TRAINING IN THE MILITARY AND CIVILIAN FACILITIES (MEDICAL CORP OFFICERS ONLY)
- 4. MANDATORY OR VOLUNTARY DISCLOSURE: DISCLOSURE OF REQUESTED INFORMATION IS VOLUNTARY HOWEVER, WITHOUT IT CONSIDERATION FOR GME MAY NOT BE ASSURED

SECTION 1									
LAST NAME		FIRST NAME		MI	SEX	RACE		DATE OF BIRTH	SSN
MARITAL STATUS	BRANCH OF SERVICE		PAY GRADE	US CITIZEN YES NO		US BORN YES NO		BIRTH CITY/STATE/COUNTRY	
HOME ADDRESS					PLACE OF DUTY OR MEDICAL SCHOOL ADDRESS				
HOME OR CELL PHONE					DUTY PHONE (IF APPLICABLE)				
E-MAIL ADDRESS									

SECTION 2 (IF "YES" EXPLAIN ON LAST PAGE)		
Have you ever been convicted of a misdemeanor?	YES	NO
Have you ever been convicted of a felony?	YES	NO
Have you ever been disciplined for student conduct violations (e.g., academic probation, dismissal, suspension, disqualification, etc.) by any college or school?	YES	NO
Have you ever been disciplined for student acadmic performance (e.g., academic probation, dismissal, suspension, disqualification, etc.) by any college, school, or internship/residency program?	YES	NO

SECTION 3		
CURRENT STATUS	OTHER (SPECIFY)	START DATE REQUESTED
SCHOLARSHIP PROGRAM HSCP HPSP USU ROTC N/A	PROGRAM LENGTH MONTHS	
PRIMARY SPECIALTY REQUESTED	SECONDARY SPECIALTY REQUESTED	
SUB-SPECIALTY REQUESTED		

SECTION 4			
UNDERGRADUATE SCHOOL		SCHOOL ADDRESS	
MAJOR			
GPA	CLASS RANK	GRAD OR COMPLETION DATE	
MEDICAL SCHOOL		SCHOOL ADDRESS	
GPA	ACADEMIC HONORS		
CLASS RANK	CLASS SIZE	GRAD OR COMPLETION DATE	
PGY-1 SPECIALTY			GRAD OR COMPLETION YEAR
RESIDENCY SPECIALTY			GRAD OR COMPLETION YEAR
FELLOWSHIP SPECIALTY			GRAD OR COMPLETION YEAR

LAST NAME		FIRST NAME		MI	SSN
PGY-1 ROTATIONS					
FILL OUT ONLY IF YOU ARE APPLYING FOR A RESIDENCY AND DID NOT COMPLETE A CATEGORICAL INTERNSHIP IN THAT SPECIALTY. DO NOT COMPLETE IF YOU ARE APPLYING FOR A FELLOWSHIP					
SPECIALTY		NUMBER OF WEEKS		SPECIALTY	
SPECIALTY		NUMBER OF WEEKS		SPECIALTY	
SPECIALTY		NUMBER OF WEEKS		SPECIALTY	
SPECIALTY		NUMBER OF WEEKS		SPECIALTY	
SPECIALTY		NUMBER OF WEEKS		SPECIALTY	
SPECIALTY		NUMBER OF WEEKS		SPECIALTY	
SPECIALTY		NUMBER OF WEEKS		SPECIALTY	
SPECIALTY		NUMBER OF WEEKS		SPECIALTY	
SECTION 5					
SPECIALTY BOARD CERTIFICATION		INDICATED SPECIALTY BOARD CERTIFICATION		ECFMG CERT NUMBER (IF APPLICABLE)	
YES NO				#	DATE
MEDICAL LICENSING EXAMINATION			*COPY OF STEPS 1 - 3 MUST BE SUBMITTED WITH THIS APPLICATION*		
FLEX NBME/USMLE NBOME/COMLEX					
STEP 1			YEAR TAKEN	IF ANY STEPS NOT PASSED OR TAKEN PLEASE EXPLAIN BELOW	
PASS FAIL N/A SCORE					
STEP 2			YEAR TAKEN		
PASS FAIL N/A SCORE					
STEP 3			YEAR TAKEN		
PASS FAIL N/A SCORE					
POST-PGY-1 EXPERIENCE (LAST 3 DUTY ASSIGNMENTS)					
FROM	TO	DUTY STATION		DUTY TITLE	
	PRESENT				
FROM	TO	DUTY STATION		DUTY TITLE	
FROM	TO	DUTY STATION		DUTY TITLE	
SECTION 6					
PARTICIPATION IN FEDERALLY FUNDED PROGRAMS (CHECK ALL THAT APPLY)				PLEASE INDICATE APPROPRIATE DOCTORATE	
HPSP HSCP ROTC USUHS FAP				DOCTOR OF MEDICINE	
MILITARY ACADEMY DIRECT ACCESSION N/A				DOCTOR OF OSTEOPATHY	
I POSSESS A CURRENT UNRESTRICTED MEDICAL LICENSE				*IF YES, ATTACH A COPY OF LICENSE WITH APPLICATION*	
YES NO					
SECTION 7					
PRIOR MILITARY SERVICE		HONORABLE DISCHARGE (IF NOT EXPLAIN)			
YES NO		YES NO			
FROM	TO	BRANCH	OCCUPATION OR SPECIALTY		
FROM	TO	BRANCH	OCCUPATION OR SPECIALTY		
PLEASE LIST ANY MILITARY HONORS				PLEASE LIST ANY PROFESSIONAL SOCIETIES	
PLEASE LIST ANY ACADEMIC HONORS				PLEASE LIST ANY VOLUNTEER INFORMATION	
PLEASE LIST ANY PUBLICATIONS OR RESEARCH					

LAST NAME	FIRST NAME	MI	SSN
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TRAINING PREFERENCES

PLEASE RANK IN ORDER OF PREFERENCE (1, 2, 3, 4, 5). ADDITIONALLY **DO NOT** APPLY FOR ARMY OR AIR FORCE LOCATIONS WITHOUT PRIOR AUTHORIZATION FROM SPECIALTY LEADER AND NMPDC GME.

NAVY TRAINING LOCATIONS

	NAVAL MEDICAL CENTER, PORTSMOUTH, VIRGINIA
	NAVAL MEDICAL CENTER, SAN DIEGO, CALIFORNIA
	NAVAL HOSPITAL, CAMP LEJEUNE, NORTH CAROLINA
	NAVAL HOSPITAL, CAMP PENDLETON, CALIFORNIA
	NAVAL HOSPITAL, JACKSONVILLE, FLORIDA
	NAVAL AEROSPACE MEDICAL INSTITUTE, PENSACOLA, FLORIDA
	NCC - NATIONAL NAVAL MEDICAL CENTER BETHESDA, WALTER REED ARMY MEDICAL CENTER, DEWITT ARMY COMMUNITY HOSPITAL, FORT BELVOIR, MALCOLM GROW MEDICAL CENTER, ANDREWS AFB, USHUS

CIVILIAN AND OTHER TRAINING LOCATIONS

	CIVILIAN NAVY SPONSORED (FTOS)
	CIVILIAN DEFERRED (NADDS)
	CIVILIAN SPONSORED
	CIVILIAN DEFERRED (NGMEP)
	VA/DOD/CIV
	VA/DOD/CIV 2
	VA/DOD/CIV 3
	ARMED FORCES INSTITUTE OF PATHOLOGY
	UNIFORMED SERVICES UNIVERSITY OF HEALTH SCIENCES (NON-CLINICAL)
	WALTER REED ARMY INSTITUTE OF RESEARCH
	OTHER FEDERAL (PLEASE INDICATE)

ARMY AND AIR FORCE TRAINING LOCATIONS

DO NOT APPLY WITHOUT PRIOR AUTHORIZATION FROM SPECIALTY LEADER AND NMPDC GME
I HAVE AUTHORIZATION FROM SPECIALTY LEADER AND NMPDC GME TO APPLY FOR ARMY AND AIR FORCE LOCATIONS
YES NO

	DAVID GRANT MEDICAL CENTER, TRAVIS AFB, CA
	USAF REGIONAL HOSPITAL, EGLIN AFB, FL
	ERHLING BERQUIST CLINIC, OFFUTT AFB, UNIVERSITY OF NEBRASKA, OMAHA, NE
	KEESLER MEDICAL CENTER, KEESLER AFB, MS
	MIKE O'CALLAGHAN FEDERAL HOSPITAL, NELLIS AFB, NV
	DEWITT ARMY COMMUNITY HOSPITAL, FORT BELVOIR, VA
	EISENHOWER ARMY MEDICAL CENTER, FORT GORDON, GA
	MADIGAN ARMY MEDICAL CENTER, TACOMA, WA
	NCC - NATIONAL NAVAL MEDICAL CENTER BETHESDA, WALTER REED ARMY MEDICAL CENTER, DEWITT ARMY COMMUNITY HOSPITAL, FORT BELVOIR, MALCOLM GROW MEDICAL CENTER, ANDREWS AFB, USHUS
	SAUSHEC - BROOKE ARMY MEDICAL CENTER, FORT SAM HOUSTON, TX, WILFORD HALL MEDICAL CENTER, LACKLAND AFB UNIVERSITY OF TEXAS, SAN ANTONIO, TX
	SAUSHEC - WILFORD HALL AMBULATORY SURGICAL CENTER, SAN ANTONIO MILITARY MEDICAL CENTER
	SCOTT AFB/ST. LOUIS SCHOOL OF MEDICINE (BELLEVILLE) PROGRAM, BELLEVILLE, IL
	WRIGHT-PATTERSON MEDICAL CENTER/WRIGHT STATE UNIVERSITY, DAYTON, OH
	USAFSAM (RAM - WRIGHT PATTERSON AFB, OH/HYPERBARIC LACKLAND AFB, TX)
	TRIPLER ARMY MEDICAL CENTER, HONOLULU, HI
	WILLIAM BEAUMONT ARMY MEDICAL CENTER, EL PASO, TX
	WOMACK ARMY MEDICAL CENTER, FORT BRAGG, NC
	DARNALL ARMY COMMUNITY HOSPITAL, FORT HOOD, TX
	MARTIN ARMY COMMUNITY HOSPITAL, FORT BENNING, GA
	KELLER ARMY COMMUNITY HOSPITAL, WEST POINT, NY
	USASAM, FORT RUCKER, AL
	CIVILIAN SPONSORED
	CIVILIAN DEFERRED/REDEFERED (NON-FUNDED) <i>*RANK EVEN IF NOT OFFERED ON HPERB IF YOU ARE INTERESTED*</i>

I UNDERSTAND THAT THE GME TRAINING RECEIVED IS DIRECTED TOWARD BOARD CERTIFICATION. I AM FAMILIAR WITH THE TRAINING REQUIREMENTS FOR BOARD CERTIFICATION IN THE SPECIALTY FOR WHICH I HAVE APPLIED. IT IS UNDERSTOOD THAT I MUST ENTER A PROGRAM THAT IS ACCREDITED AND LISTED IN GOOD STANDING WITH THE MOST CURRENT GRADUATE MEDICAL EDUCATION DIRECTORY PUBLISHED BY THE AMERICAN MEDICAL ASSOCIATION OR IF APPLICABLE (GENERALLY PGY-1 LEVEL OF GME) BY THE MOST CURRENT YEARBOOK AND DIRECTORY PUBLISHED BY THE AMERICAN OSTEOPATHIC ASSOCIATION
I UNDERSTAND THAT I MUST ALSO MEET THE REQUIREMENT TO SIT FOR THE CERTIFICATION EXAMINATION BY THE RESPECTIVE SPECIALTY BOARD WHICH IS RECOGNIZED BY THE AMERICAN BOARD OF MEDICAL SPECIALTIES. FOR THOSE SUB-SPECIALTIES WHICH DO NOT LEAD TO BOARD CERTIFICATION, NOR ACCREDITATION STATUS, TRAINING MUST BE RECEIVED IN A PROGRAM APPROVED BY THE APPROPRIATE SPECIALTY SOCIETY. I UNDERSTAND THAT MY SERVICE OBLIGATION FOLLOWING SCHOOLING WILL BE COMPUTED IN ACCORDANCE WITH APPLICABLE SERVICE REGULATION AND DOD DIRECTIVES AND THAT I WILL BE MADE AWARE OF MY EXACT OBLIGATION PRIOR TO ENTERING GME TRAINING. I ACKNOWLEDGE THAT I UNDERSTAND THE CONTENTS OF THIS APPLICATION AND I AFFIRM THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT I MUST SUBMIT ALL SUPPORTING DOCUMENTS REQUIRED BY THE MILITARY SERVICE FOR WHICH I AM ASSIGNED FOR THIS APPLICATION TO BE COMPLETE.

APPLICANT SIGNATURE	DATE
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LAST NAME	FIRST NAME	MI	SSN
ADDITIONAL COMMENTS (PLEASE LIST BY SECTION)			