

**2007 NAVY SUPPLEMENT TO DOD APPLICATION FOR GRADUATE MEDICAL EDUCATION (RESIDENCY/FELLOWSHIP)
GRADUATE MEDICAL EDUCATION SELECTION BOARD FOR ACADEMIC YEAR 2008**

APPLICATION DATE (MM/DD/YY): ____/____/____

NAME _____
LAST FIRST MI GRADE SSN

STATUS 1 2 3 4 5 6 7
(Circle) USN USNR USNR-R USA USAF PHS CIV OTHER: _____
(Active) (Inactive) (Specify)

SPECIALTY/SUBSPECIALTY REQUESTED: _____ EAOS: _____

TYPE OF TRAINING AND TRAINING START DATE REQUESTED: (Check as appropriate)

_____ Residency/Fellowship Training for AY 2008: ____/____
AND/OR YY MM
_____ Preselection for Residency/Fellowship Training
in **FTOS/OFI** or **Deferment** Programs in AY 2009/2010: ____/____
YY MM

My previous training: (Check) _____ PGY-1/R-1 (Internship) _____ PGY-2+ (Residency)
Qualifies me to begin: (Check) _____ Residency (R) _____ Fellowship (F)
Training at Year level: (Check) _____ R1 (My internship does not qualify
me to begin residency at R-2 level)
_____ R2
_____ F1
_____ Other: _____

**NAVMED MPT&E USE
ONLY:**

CURRENT TRAINING STATUS: 1-Student 2-Intern 3-Intern with Prior Service
(Circle one) 4-Resident 5-Fellow 6-Not in training

CURRENT ASSIGNMENT: (Circle one)

1. GMO - USMC
2. GMO - Surface
3. GMO - BUMED Activity
4. Flight Surgeon - Operational
5. Flight Surgeon - USMC
6. Flight Surgeon - BUMED Activity
7. Undersea - Operational
8. Undersea - BUMED Activity
9. Trainee - BUMED Activity
10. a. Trainee - OFI
b. Trainee - FTOS
11. a. Trainee - 1-Year Delay (USNR-R)
b. Trainee - NADDS (USNR-R)
12. Civilian
13. Staff Specialist - Operational
14. Staff Specialist - BUMED Activity

TYPE OF DEGREE: MD _____ DO _____ DEGREE DATE: (YY/MM) ____/____

If completed or currently an intern, Program Director's name _____

If completed or currently a resident, Program Director's name _____

If completed or currently a fellow, Program Director's name _____

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OPTIONAL PERSONAL STATEMENT: (Mandatory for Nonclinical applicants)

This section may be used to amplify information provided on pages 1 and 2 of the application or to address any personal and/or professional issues which the applicant believes may be of value to the 2007 GMESB.

Privacy Act Statement. The authority to request the information in this supplement is contained in 5 U.S.C. 301 and 10 U.S.C 5031. The principal purpose for which this information is used is to assist officials and employees of the Department of the Navy in determining your eligibility and evaluating your request for GME. Other routine uses of this information are to determine course and training demands, requirements, and achievements; analyze student groups or courses, provide academic and performance reports, and for other training, administration, and planning purposes. Disclosure of this information is voluntary; however, failure to disclose requested information may result in nonselection for training.

Applicant Acknowledgment:

I have read and understand the instructions for the completion of this application. I certify the information submitted on these application materials is complete and correct to the best of my knowledge. I am aware it is my responsibility to arrange to submit any supplementary material (i.e., transcripts, letters of evaluation, etc.) required.

I am aware of the requirement to contact the program director/specialty leader of the specialty to which I am applying prior to the GME Selection Board either by personal/telephone interview, e-mail, or written letter.

I understand if selected for training, my service obligation will be computed following DOD Instruction 6000.13. I understand and agree that following training, any tender of resignation or request for release from active duty on my part will be disapproved until the total period of obligated active service is completed, except for the convenience of the Government or in the case of individual determined humanitarian circumstances.

Signature of Applicant: _____

Date: _____

DEMOGRAPHIC INFORMATION REQUEST

Please circle the applicable responses:

U.S. CITIZEN: Y/N

DATE OF BIRTH: _____ AGE: _____
MM/DD/YY

SEX: M/F

RACE/ETHNIC GROUP

- 1 = African-American (not of Hispanic origin)
- 2 = American Indian or Alaskan Native
- 3 = Asian American or Pacific Islander
- 4 = Hispanic
- 5 = Caucasian (not of Hispanic origin)
- 6 = Other

PRIVACY ACT STATEMENT

This information is requested under authority contained in 5 U.S.C. 301 and related departmental regulations. The principal purpose for obtaining this information is to permit a demographic characterization of all applicants applying for Naval Medical Department education and training. The information will be used to provide a base from which to assess affirmative action initiatives and equal opportunity programs within the Naval Medical Department. Disclosure of this information is voluntary. Failure to disclose the requested information will not result in adverse consequences.

Printed Name

Date

Signature