

Dental Education Application Brief Sheet

Instructions

1. Complete all applicable entries.
2. Follow current BUMEDNOTE 1520.
3. Forward this brief sheet to: Naval Medical Education and Training Command, Code OGDC, 8901 Wisconsin Avenue, Bethesda, MD 20889-5611.
4. Any questions call: (301) 295-0650 or DSN 295-0650.

Name (Last, First, MI)	Grade	Designator	SSN
Current duty station address			
Duty station telephone number (DSN and commercial)		Home telephone and E-mail address	
Date of rank		PRD	
Years active duty		Years Navy Dental Officer (do not include scholarship time)	
Total years of operational or foreign shores duty as dental officer		If notified of PCS orders -- to where?	
Dates and location of duty stations:			
First choice for training		Second choice for training	
If I receive training leading to board eligibility, I will <input type="checkbox"/> will not <input type="checkbox"/> pursue board certification.			
As appropriate, fill in the following. I completed:			
AEGD/GPR (provide date completed and program location)			
Civilian postdoctoral fellowship (provide date completed and program location)			
Navy ACP (provide date completed and program location)			
Navy residency program (provide date completed and program location)			
Civilian residency/post-residency fellowship (provide date completed and program location)			
I have requested letters of evaluation from: (maximum 3)			
I have requested transcripts from: (include all pre-dental, dental and other significant education)			

Demographic Information Request

Complete the following by circling the correct information. Completion of this information is voluntary and will not affect your request for training.

Age:	20-25	26-30	31-35	36-40	41-45	46-50	51+
Gender:	Male	Female					
Ethnic Group:	American Indian	Asian	African American	Caucasian	Filipino	Hispanic	Other

Privacy Act Statement

Authority to request this information is contained in 5 USC 301 and 10 USC 5031. The purpose for this information is to assist Department of the Navy officials and employees in evaluating your training request and determining your eligibility for advanced dental education. Other uses for this information are to determine course and training demands, requirements and achievements; to analyze student groups or courses; to provide academic and performance evaluation to assist with guidance and counseling of students; to prepare required reports; to provide a demographic profile of applicants for Navy Dental Corps education and training programs; to assess affirmative action initiatives and equal opportunity programs; and to support other training, administration and for planning purposes. Disclosure of this information is voluntary. Failure to disclose this information, except for the demographic information, may result in non-selection for training.

Typed Name, Grade and SSN

Date

Signature