



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

Canc: Jun 2011
IN REPLY REFER TO
BUMEDNOTE 1524
NAVMED MPT&E-01GMC
24 Jun 2010

BUMED NOTICE 1524

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Department Personnel

Subj: 2010 GRADUATE MEDICAL EDUCATION SELECTION BOARD (GMESB)
APPLICATION AND GUIDANCE FOR GME-2+ (RESIDENCY AND
FELLOWSHIP) AND NONCLINICAL POSTGRADUATE EDUCATION

Ref: (a) BUMEDINST 1524.1B
(b) SECNAVINST 1520.11A
(c) OPNAVINST 7220.17
(d) DoD Instruction 6000.13 of 30 Jun 1997

Encl: (1) 2010 GMESB GME-2+ Full-Time Inservice (FTIS) Preliminary Selection Goals
for Academic Year 2011 Residency Programs
(2) 2010 GMESB Full-Time Outservice (FTOS) and Other Federal Institution
(OFI) Preliminary Specialty Selection and Preselection Goals
(3) Department of Defense (DoD) Application for Graduate Medical Education (GME)
(4) NAVMED 1520/12, Graduate Medical Education Supplement to DoD Application
for GME
(5) Curriculum Vitae Format for DoD GME Application
(6) Summary of Active Duty Obligation (ADO) for GME

1. Purpose. To announce application procedures for academic year (AY) 2011 Navy-sponsored GME-2+ GME Programs per references (a) and (b), and for nonclinical postgraduate education for Medical Corps officers.

2. Important Dates

Thursday, 1 Jul 2010	Web application activated
Friday, 17 Sep 2010	Deadline to submit Web application
Friday, 15 Oct 2010	Deadline for application changes and supporting documents
Tuesday, 30 Nov 2010	GMESB Convenes
Wednesday, 15 Dec 2010	GMESB Results Release
Friday, 7 Jan 2011	Deadline for acceptance of training

3. Background. Applications are submitted over the Internet and are due by 17 September 2010. Selections for AY 2011 GME programs will be made at the 2010 GMESB. The 2010 GMESB will be held from Tuesday, 30 November through Friday, 3 December 2010. The Navy Medicine Manpower, Personnel, Training and Education Command (NAVMED MPT&E) (GME office) manages Navy GME application processing and GMESB planning.

a. Navy, Air Force, Army, Uniformed Services University of the Health Sciences (USU), and DoD GME representatives will meet at the 18th Annual Joint Service Graduate Medical Education Selection Board (JSGMESB). The Air Force will host the 2010 JSGMESB and each service will simultaneously convene selection boards to jointly score and select applicants and ensure full use of GME positions across all three Services.

b. The Flight Surgery (FS) and Undersea Medicine (UM) selection committees are an integral part of the annual GMESB. BUMEDNOTE 1520 will be issued separately to provide application guidelines for FS and UM officer training. Questions pertaining to the FS program application and application process should be directed to CAPT John Heil, MC, USN at (850) 452-2457 or DSN 922-2457. Questions pertaining to the UM application and application process should be directed to CAPT Edward Woods, MC, USN at (202) 762-3444/3449, or DSN 762-3444/3449.

c. National Capital Consortium (NCC) GME programs with designated Navy training positions are considered FTIS Programs. See the NCC column on enclosure (1).

4. GMESB Selection Process

a. Selection Board. The GMESB is an administrative board governed by a formal precept issued and approved annually by the Chief, Bureau of Medicine and Surgery (BUMED). The Precept appoints the Board President (a Medical Corps flag officer) and voting members comprised of senior Medical Corps officers representing the broad diversity of the Medical Corps.

b. Precept. The Precept provides guidance for selecting Navy GME applicants, establishes the number of medical officers to be selected, delineates the specialties and programs for which applicants may be selected, and establishes the number of selections allowed for each specialty in FTIS, FTOS, OFI, and Navy Active Duty Delay for Specialists (NADDS) training pathways.

c. Specialty Committees and Panels. Joint Service Panels comprised of program directors, specialty leaders, and consultants in designated specialties from all three military medical department services, will meet to review records and score applications. Each application is scored by one individual from each service. The Navy specialty committees composed of Navy GME program directors and Medical Corps specialty leaders recommend the selection and placement of Navy applicants.

d. Scoring. Points are awarded for preclinical and clinical medical school academic achievement, internship and residency performance, operational and utilization tour performance, and the potential for a successful practice as a medical specialist and career Naval officer. Three scores are combined to create a composite score. Bonus points are awarded for research and for military service completed before entering medical school. Applicants previously trained as flight surgeons will be awarded additional bonus points if applying for residency in Aerospace Medicine. The final scores are used to generate order of merit lists by

specialty for the Services to use for selection and placement. Information used for scoring is limited to the information contained in the application and supporting documents. Incomplete records will be scored on the information contained in the record.

e. Nonclinical Training. A Navy committee chaired by the Deputy Chief, Navy Medical Corps, or their representative, will consider applications from Medical Corps officers for other formal nonclinical post-graduate education such as the Joint Commission on Accreditation of Healthcare Organizations Fellowship, the Baylor University Healthcare Administration Master's Degree program, Centers for Disease Control and Prevention Epidemic Intelligence Service postgraduate program, and similar programs. A personal statement following the guidance in paragraph 7a(11) is mandatory for these applicants.

f. Selection and Placement. The Navy specialty committees make recommendations for selection to specific programs, but the Navy Board President retains final authority for designating each Navy applicant as either a primary select, alternate, or nonselect. The results of the Navy GMESB are reviewed and approved by the Chief, BUMED before release. Applicants requesting FTOS training may be considered for OFI programs if these programs meet the needs of the Navy. Applicants designated as alternates for FTIS programs may also be considered for OFI programs.

g. Training Eligibility. The Navy Personnel Command (PERS-4415) determines GME selection eligibility. PERS-4415 screens all applicants and ensures that applicants meet requirements for promotion and transfer including compliance with physical readiness and body fat standards and completion of Navy or DoD tour-length requirements. Officers at the rank of Lieutenant and Lieutenant Commander who have failed to select for promotion to the next higher grade will not be eligible as primary selects, but may be designated as alternates. Officers at the rank of Commander who have failed to select for promotion to the next higher grade will be eligible for selection consideration.

(1) Applicants assigned to deployed or deployable operational units and/or overseas activities on a DoD tour should anticipate completing the assigned minimum activity tour or prescribed tour prior to returning to GME training. For example, a medical officer assigned to an unaccompanied operational tour for a period of 24 months will typically not be transferred from that command until the entire 24-month tour has been completed.

(2) GME program directors and selectees should not expect favorable consideration of requests to transfer to GME prior to completion of a prescribed tour length.

5. Program Availability. BUMED projections of Navy Medical Corps future manpower requirements govern GME program and position availability. Enclosures (1) and (2) list projected specialty training goals for FTIS, FTOS, OFI, and NADDS programs. Deferments are available to officers on active duty with remaining obligated service or who are willing to incur an obligation, per reference (b), and to both USU and Armed Forces Health Professions Scholarship Program (AFHPSP) graduates for specified specialties. The precept for the 2010 GMESB will contain the official delineation of GMESB selection goals.

a. Permanent Change of Station (PCS) Cost Considerations for 2010 Applicants. Due to budgetary constraints and the increasing cost of PCS moves, consideration will be given to matching GME selectees with the closest available GME training sites. GME program integrity will be considered but cross-country moves will receive extra scrutiny by the Board to ensure finite training resources are optimally utilized. The GMESB will continue to make every effort to honor the requests of operational applicants who desire to complete training at the same site if they completed a categorical internship. FTOS selectees will be expected to make every effort to match with a GME program near their current duty station.

b. Current 1-year delay participants may apply for continuation of deferment for additional training, but are rarely selected. There may be a limited number of continued deferments available in critically undermanned specialties for which there is no FTIS program or the number of FTIS, FTOS, and OFI positions is insufficient to meet projected manning requirements.

c. There will be no preselection for FTIS programs unless specifically authorized by the Chief, BUMED. Certain civilian and OFI GME fellowships and a limited number of residency programs require a 12- to 24-month lead-time for applicants to interview and compete in the National Resident Match Program. Applicants for these programs may apply to this board for FTOS, OFI, or NADDS programs beginning in AY 2012 and AY 2013.

d. Applicants to the Residency in Aerospace Medicine (RAM) are subject to aeromedical standards and anthropometric compatibility criteria for duty involving flying as flight surgeons, and remain so throughout training and assignment as aerospace medicine specialists. All RAM applicants must submit a current NAVMED 6410/2 Clearance Notice (Aeromedical) with their GME application. Those applicants who are not already designated flight surgeons can expect flight surgery training in addition to, or incorporated into, their training as aerospace medicine residents, and are thus subject to aeromedical standards and anthropometric compatibility criteria for duty involving actual control of aircraft as student flight surgeons, and remain so until they are designated as flight surgeons. Such applicants must undergo a complete aviation medical examination and anthropometric evaluation, and submit results to the Naval Aerospace Medical Institute and to the Naval Aviation Schools Command, respectively, following the procedures specified in the annual BUMEDNOTE 1520, Guidance for Student Flight Surgeon and Student Undersea Medical Officer Training Applications. However, they are not required to submit a separate application for flight surgeon training.

e. Applications for a second clinical residency will continue to be closely scrutinized by both Navy specialty committees and the Navy GMESB members to determine if the needs of the Navy can best be served by encumbering training billets for individuals to train in a second specialty. For special pay eligibility refer to reference (c) and the annual pay plans at: http://www.med.navy.mil/bumed/Special_Pay/Pages/default.aspx.

f. Applicants preselected for a GME program by a previous GMESB will automatically forfeit that preselection if they apply to the 2010 GMESB.

g. General information about Navy GME programs is included on the Navy GME Web site. Detailed information regarding GME programs can be obtained from individual program directors or specialty leaders. Telephone numbers and e-mail addresses are available from the Navy GME office or by accessing the Web sites specified in paragraph 15.

6. Application Submission. Navy applicants with a common access card (CAC) and access to a military network can access the application Web site at: <https://nmmpte.med.navy.mil/gmeapplication/default.asp> beginning 1 July 2010. Applications must be submitted by 17 September 2010, the closing date for application submission. Applicants can find answers to their questions on the FAQ page of the Web site.

a. Hard Copy Applications

(1) Applicants who are unable to electronically access the application Web site must submit paper copies of their application (enclosures (3) and (4)) with the required supporting documents. Those who submit electronically should not submit a hard copy application. If a hard copy is received in addition to an electronic version, data contained in the electronic version will take precedence over information submitted on the paper copy.

(2) Duplication of data requested on the hard copy version of the DoD application and the Navy supplement is necessary to accommodate the entry of data in both the Joint Service applicant database and the Navy GMESB database. This will be transparent to users of the Web version.

b. Forwarding Applications. Commands must formally endorse applications (see paragraph 7a(6)). Endorsements must be received no later than 15 October 2010. Teaching hospitals must not hold the endorsements or supporting documents for bulk mailing immediately before the deadline. This causes unacceptable application processing backlogs and does not allow the Navy GME Office sufficient time to notify applicants to forward missing documents.

c. Current Contact Data. The applicant is responsible for advising the Navy GME Office of any changes to command or home addresses, telephone numbers, or e-mail addresses after an application has been submitted. **Send an e-mail message to the NAVMED MPT&E GME-2+ Help Desk at: GME2@med.navy.mil or call at (301) 319-4516 or DSN 285-4516.**

d. Application Copies. Each applicant and his or her command must retain a copy of the completed GME application and all supporting documents they submit. Letters of recommendation are considered confidential, and medical school Dean's letters are normally accompanied by a signed waiver of release by the applicant. The Navy GME Office will not provide copies of these documents to applicants or third parties, including civilian or military GME officials. Recommendations received directly from reporting seniors, medical schools, and individuals are considered confidential and will not be provided to applicants.

e. Specialties and Programs Requested

(1) Applications will be considered for the FTIS programs in enclosure (1) and for specialty and subspecialty areas in enclosure (2). Applicants will not be considered for more than two clinical specialties.

(2) Although all DoD GME training sites are listed in block 23 of the DoD application, each service will consider its requirements in selection and placement decisions. Filling available Navy in-service training positions will take precedence over selections that would fill positions in other service programs.

f. Application Deadline. Applications for the 2010 GMESB must be submitted by the close of business 17 September 2010. The application Web site will be disabled on this date and paper applications will not be accepted unless postmarked prior to 17 September 2010. Changes or modifications must be received in the GME office no later than 15 October 2010. Changes can be submitted via e-mail at GME2@med.navy.mil, through United States Postal Service, FEDEX/UPS, or faxed to (301) 295-5768/6113.

7. Application Content/Supporting Documents

a. Each GME application must include the following supporting documents:

(1) Current curriculum vitae in the format shown in enclosure (5) and available at the Web application site.

(2) Copy of medical licensing examination scores (USMLE, COMLEX, FLEX, NBME, or NBOME, Steps or Levels 1, 2 (CK and CS) and 3).

(3) Copy of the applicant's unrestricted medical license including the expiration date (not required for current interns).

(4) Medical school Dean's letter.

(5) Medical school transcript with date MD or DO was conferred.

(6) Command Endorsement. The command endorsement ensures the command is aware and supportive of the applicant's request for GME.

(7) NAVMED 1520/22, Internship End of Training Evaluation (IETE) for all applicants who completed internships at Navy teaching hospitals from 1996 to 2009. NAVMED 1520/20, Summative End of Training Evaluation/PD Recommendation for applicants that are currently interns.

(8) NAVMED 1520/20 for applicants who are currently in or have completed a residency or fellowship. For those who have applied to prior GMESBs while in internship or residency, previous letters of recommendation reflecting only partial completion of GME-1 or GME-2+ training are not acceptable.

(9) Up to two optional letters of recommendation (letters from a senior physician in the applicant's chain of command and a staff physician in the specialty for which the applicant is applying are highly encouraged).

(10) Copies of applicant's five most recent fitness reports. Individuals with insufficient active duty to have received five fitness reports should include a statement to that effect in the personal statement and forward all available reports.

(11) Applicants for nonclinical postgraduate education must submit a personal statement describing their background and qualifications, specific motivation for the training, and how the training will benefit the Navy.

b. Forward all supporting documents to:

Navy Medicine Manpower, Personnel, Training and Education Command
ATTN: Office of Navy Medical Corps Programs (GME Office)
Building 1, T-15, Room 15145
8901 Wisconsin Avenue
Bethesda, MD 20889-5611

c. Complete, Current Supporting Documents. Applicants are responsible for ensuring final medical school transcripts and Dean's letters are on file at the Navy GME Office or included with their applications. These documents will normally be on file at the Navy GME Office only if the applicant submitted a complete application for residency or fellowship training within the past 7 years. Medical school transcripts and Dean's letters previously provided when initially applying for GME-1 (internship) are often incomplete. Therefore, applicants must provide a copy of their graduate level transcripts showing MD or DO date of conferral. Current interns must submit final copies of these documents with their 2010 GMESB applications and must request copies of medical school transcripts and Dean's letters directly from their medical schools. Upon submission of an application to the Navy GME Office, an e-mail response will be sent advising the applicant of the contents of his or her training file (i.e., Dean's letters, transcripts, board scores, etc.) and which documents are needed to complete the application process. Every effort will be made to respond within 10 working days. E-mail contact will be limited after this initial comprehensive response to the applicant. Applicants should verify receipt of documents via the on-line application system and should not call the Navy GME Office for this purpose. The Navy GME Office will not send separate acknowledgements for each supporting document received.

d. Supporting Documents Deadline. Supporting documents must be received by 15 October 2010. Documents received after this date may not be filed with the application and may not be available for review by specialty committee members.

8. Applicant Communication with Program Director. Applicants are required to initiate personal contact with the program director of their desired program(s). If a personal interview is not possible before the GMESB due to deployment or other factors, a telephone interview should be arranged. If neither type of interview is possible, the applicant should send written correspondence or an e-mail stating interest and the intent to apply for the program. Applicants for subspecialties should also communicate with the appropriate specialty leader in addition to the program director. These contacts are essential to ensure two-way communication about specific program and applicant expectations. A lack of direct contact will severely degrade the strength of the application and be viewed unfavorably by specialty committee members.

9. Civilian and Reserve Medical Officer Applicants. Civilian physician and reserve medical officer applicants for Navy GME training must meet all requirements for initial appointment or recall to the active component in the Medical Corps of the United States Navy. Civilian and reserve applicants must submit the GME application with supporting documents to the Navy GME Office for consideration at the GMESB. If selected, assignment to GME training is contingent upon successful recall to the active component or initial appointment in the Navy. Former Health Professions Scholarship Program (HPSP) graduates who are currently NADDS and 1-year delays, do not need to apply for recall because their recall is automatic upon completion of GME training in a deferred status. Given the scoring guidance outlined in paragraph 4d, current active duty medical officers have a distinct scoring advantage. It is unlikely a civilian or reserve medical officer will be selected if the number of qualified active duty applicants exceeds the number of GME positions available.

10. Application Processing. Applicants should check the status of their applications and supporting documents via the application Web site. Incomplete applications will be forwarded to specialty committees for consideration, but may result in diminished GME selection opportunity.

11. Selection Notification. Selection results for the 2010 GMESB will be available and released on or about 15 December 2010. The names of all Navy GME, FS, and UMO applicants designated as either a primary selectee or alternate will be available on the Navy GME Web site at: <https://nmmpte.med.navy.mil/gmeapplication/default.asp>. The names of non-selects will not be listed.

12. Alternates. Applicants designated as alternates are placed in a pool maintained by the Navy GME Office and used on a case-by-case basis to fill vacancies caused by primary selectee declinations or to fill training requirements to meet the needs of the Navy. If a primary selectee cannot attend training, an alternate is identified by the Navy GME office. PERS-4415 will determine the designated alternate's assignability, authorize his or her release for assignment to training, and notify the Navy GME Office before a training position can be offered to an alternate.

13. Applicant Decision to Accept or Decline Training. Applicants selected for GME must ensure the Navy GME Office and their command are notified by 7 January 2011 of their decision to accept or decline the training. Interns selected for FS training must notify CAPT John Heil, MC, USN at (850) 452-2457 or DSN 922-2457, by 7 January 2011 of their decision to accept or decline FS training. Those selected for UM must notify CAPT Edward Woods, MC, USN at (202) 762-3444/3449, or DSN 762 3444/3449 by 7 January 2011 of their decision to accept or decline the undersea or diving medicine training.

a. Specific procedures for selectee responses will be included with the results of the 2010 GMESB. Individuals selected for more than one training program (GME, FS, or UM) may accept only one program. Acceptance of either the FS or UM program will normally result in forfeiture of designation as an alternate for a GME program. Failure to notify the Navy GME Office by the required deadline may result in the loss of the training opportunity.

b. FTIS and OFI selectees with less than 1 year of obligated service remaining at the time they would commence training will execute a 2-year extension of active duty by accepting their GME positions. This extension will be applied concurrently with the obligation for training. Enclosure (6) provides guidance on GME obligation.

14. Application Guidance. Selection for GME training is competitive. The following information is provided to assist in improving GME selection opportunity:

a. NAVMED 1520/22, Internship End of Training Evaluation (IETE), NAVMED 1520/20, and Letters of Recommendation. These forms and letters reflect professional accomplishments and provide vital information related to an applicant's performance as a physician and a naval officer. Applicants who completed Navy residencies at Navy teaching hospitals may have program directors complete a NAVMED 1520/20 or submit their letter of recommendation as a supporting document to their GME application. The IETE and NAVMED 1520/20 are on the Navy GME Office Web site. Unless otherwise requested, the first two optional letters of recommendation received will be the ones filed in the application.

b. Training Site Requests. Applicants for training that is offered at multiple Navy sites may express preferences, but will be considered for all sites. Potential cross-country moves will be closely monitored. An applicant's refusal to consider training at one or more sites may be considered a negative factor in evaluating the applicant's potential for successful practice as a specialist and career officer.

c. FTOS, OFI, and NADDS Requests. 2011 HPSP graduates and Navy applicants desiring deferment, continued deferment, extension of current program length, or Navy sponsorship in FTOS and OFI must first apply to the GMESB. Applicants may have preliminary discussions, but are not authorized to commit to a civilian or OFI program director, or otherwise pursue formal acceptance by the training institution before designated a primary selectee and a specific program is confirmed by the Navy GME Office. Active duty medical officers cannot accept an offer to train in a civilian program without prior formal Navy authorization and will not be issued orders by PERS-4415 without the prior approval of the NAVMED MPT&E Director for GME.

24 Jun 2010

Applicants should be clear on the distinction between the NADDS Program in which an officer is released from active duty and receives no Navy pay and allowances while completing civilian training and the FTOS Program where the officer continues on active duty while completing training in a civilian institution and continues to receive full Navy pay and allowances. Applicants for OFI Programs (Air Force Programs, Army Programs, National Institutes of Health, or Armed Forces Institute of Pathology, etc.) must first be selected by the Navy GMESB and then approved by the institution before a specific program location can be confirmed by the Navy GME Office.

d. Special Pay and Obligated Service. Reference (c) contains policy governing special pays for Medical Corps officers. Paragraph 220(1)(d) in enclosure (1) of reference (c) is germane to Medical Corps officers beginning initial residency (GME-2+) training. Reference (d) addresses obligated service for GME training and enclosure (6) provides basic information about service obligation for each type of GME. For questions regarding Special Pay, review the special pays website at: http://www.med.navy.mil/bumed/Special_Pay/Pages/default.aspx. If you have any additional questions, contact the appropriate POC for your last name listed on the website.

15. Additional Information. If you have questions after thoroughly reading this notice:

a. Access the Navy GME Office Web site with a CAC on a military network at: <http://nmmpte.med.navy.mil/gme/mcpp.htm>.

b. Send an e-mail message to the Navy GME2 Help Desk at: GME2@med.navy.mil or call via telephone at (301) 319-4516 or DSN 285-4516.

16. This notice may be reproduced locally and should be provided in its entirety to individuals requesting GME applications.

17. Forms. The following NAVMED forms are available electronically from the Naval Forms Online Web site at <https://navalforms.daps.dla.mil/web/public/home>.

- a. NAVMED 1520/12 (Rev. 6-2010), GME Supplement to DoD Application for GME.
- b. NAVMED 1520/20 (Rev. 6-2010), Summative End of Training Evaluation/PD Recommendation.
- c. NAVMED 1520/22 (6-2010), Internship End of Training Evaluation.
- d. NAVMED 6410/2 (Rev. 5-1990), Clearance Notice (Aeromedical).


A. M. ROBINSON, JR.

Distribution is electronic only via the Navy Medicine Web Site at: <http://www.med.navy.mil/directives/Pages/default.aspx>

**2010 GMESB GME-2+ FULL-TIME INSERVICE (FTIS) PRELIMINARY SELECTION
GOALS FOR ACADEMIC YEAR 2011
RESIDENCY PROGRAMS**

Program	Length	NNMC (NCC)	NMC Portsmouth	NMC San Diego	Select Goal
Aerospace Medicine	2-3 Yrs	NAMI, Pensacola FL – X			8
Anesthesiology	3 Yrs	X	X	X	14
Dermatology	3 Yrs	X		X	5
Emergency Medicine	3 Yrs		X	X	16
Family Medicine	2 Yrs	NH Bremerton, WA – X NH Camp Lejeune, NC – X NH Camp Pendleton, CA – X NH Jacksonville, FL – X NH Pensacola, FL – X DeWitt ACH VA – X			25
Internal Medicine	2 Yrs	X	X	X	21
Neurology	3 Yrs	X			2
Neurosurgery	6 Yrs	X			0
Obstetrics and Gynecology	3 Yrs	X	X	X	6
Ophthalmology	3 Yrs	X		X	4
Orthopedic Surgery	4-5 Yrs	X	X	X	11
Otolaryngology	4-5 Yrs	X	X	X	4
Pathology	4 Yrs	X		X	5
Pediatrics	2 Yrs	X	X	X	15
Psychiatry	3 Yrs	X	X	X	13
Radiology	4 Yrs	X	X	X	14
Surgery – General	4-5 Yrs	X	X	X	12
Urology	4-5 Yrs		X*	X	3

*Position in EVMS-NMCP Program

FELLOWSHIP PROGRAMS

Program	Length	NNMC (NCC)	NMC Portsmouth	NMC San Diego	Select Goal
Faculty Development	2 Yrs		X		0-2
Family Med-Operative OB	1 Yr	NH Camp Lejeune, NC - X			1
IM – Cardiology	3 Yrs	X		X	3
IM – Endocrinology	2 Yrs	X			1
IM – Gastroenterology	3 Yrs	X		X	3
IM - Hematology/Oncology	3 Yrs	X			1
IM - Infectious Disease	2 Yrs	X		X	3
IM - Pulmonary Med/Crit Care	3 Yrs	X		X	4
Pain Management	1 Yr		X	X	2-3
Radiology – Imaging	1 Yr	X		X	2
Radiology – MSK	1 Yr		X		1
Sports Medicine	1 Yr	NH Camp Pendleton, CA – X			2

Goals for each training site are **preliminary only** and may be revised prior to the date the 2010 GMESB adjourns in December 2010.

**2010 GMESB FULL-TIME OUTSERVICE (FTOS) AND OTHER FEDERAL
INSTITUTION (OFI) PRELIMINARY SPECIALTY SELECTION AND
PRESELECTION GOALS**

RESIDENCIES	AY2011	AY2012	AY2013
Neurosurgery	-	-	-
Nuclear Medicine	0	-	-
Occupational Medicine	5	2	-
Physical Medicine & Rehabilitation	2	-	-
Preventive Medicine	6	-	-
Radiation Oncology	1	-	-
Surgery: Plastic and Reconstructive	1*	1*	1*
Urology	1	1	1*

FELLOWSHIPS	AY2011	AY2012	AY2013
Anesthesiology (OB, Regional, Pain)	1	1	1
Cardiology (Electrophys)	1	1	1
Emergency Medicine (Tox, Peds)	2	-	-
Family Medicine (Operative OB, Fac Dev, Sports)	3	-	-
Internal Medicine (Neph, Rheum, Heme/Onc, Sleep)	4	-	1
Neurology (Sleep, Pain)	0	-	-
Obstetrics/Gynecology (MFM, GynOnc, REI)	-	3	-
Ophthalmology (Occulopath, Glaucoma)	1	2	-
Orthopedic (F&A, Hand, Sports)	2	4	4
Otolaryngology (Plastic, Peds, Rhino, Neuro)	-	2	1
Pathology (Heme, Molecular, Dermpath)	2	1	-
Pediatric (Neuro, Develop, Neo)	4	2	-
Psychiatry (Child, Forensic, Disaster)	4	-	-
Radiology (Body Imaging, Peds, CT Imaging, Nuclear, MSK)	1	4	3
Surgery (Trauma/CC, Peds)	3	4	3
Surgery - Cardiothoracic	-	1	1
Surgery - Plastic & Reconstructive (Micro, Hand, Craniofacial)	1*	1*	1*
Urology (Reconst Uro, Urogyn, Infect, Onc)	1	2	1

* 1 selection per year, either resident or fellow, not both.

- Those fellowship subspecialties enclosed in parenthesis have been identified as the community's greatest need. Applications for these subspecialties will have a greater likelihood of selection. Selections may occur in some non-listed subspecialties.

- Deferred training selection goals are not listed but requests to train in a deferred status (NADDS) will be considered in all specialties and subspecialties. Applicants are encouraged to consider listing deferred training as an option if the applicant is willing to be released from active duty to complete specialty/subspecialty training before returning to complete obligated service. Willingness to accept deferred training will increase an applicant's likelihood of selection.

- All selection goals are preliminary numbers only and may change prior to the date the 2010 GMESB adjourns in December 2010.

WORK HISTORY/MILITARY ASSIGNMENT HISTORY (Chronological order starting with current assignment)

Duty Title:
Duty Location:
Dates of Assignment:

LICENSURE AND SPECIALTY CERTIFICATION

Current Unrestricted State License (License Number/State/Expiration Date):
Board Certification (Specialty/Certification Date):
If Board Certification Is Pending, Indicate Status:

HONORS AND RECOGNITION:

Undergraduate:
Medical:
Military:

ACADEMIC APPOINTMENTS:

PROFESSIONAL SOCIETIES:

PUBLICATIONS/RESEARCH (Must indicate in what capacity completed, i.e., medical student, intern/resident, house staff officer, or field staff officer.)

SUMMARY OF ACTIVE DUTY OBLIGATION (ADO) FOR GME
(Based on Reference (d))

1. **In a Military Facility (FTIS/OFI)**. A member must incur an ADO of $\frac{1}{2}$ year for each $\frac{1}{2}$ year, or portion thereof, but the minimum ADO at the completion/termination/ withdrawal of the GME period will not be less than 2 years. The ADO for GME may be served concurrently with obligations incurred for DoD Sponsored pre-professional (undergraduate) or medical school education. No active duty obligation for GME can be served concurrent with an ADO for a second period of GME, i.e., obligation for fellow-ship or 2nd navy-sponsored residency cannot be served concurrent with an obligation incurred for initial residency training.
2. **In a Civilian Facility on Active Duty (FTOS)**. A member subsidized by the DoD during training in a civilian facility must incur an ADO of $\frac{1}{2}$ year for each $\frac{1}{2}$ year, or portion thereof, but the minimum ADO at the completion/termination/withdrawal of the GME period will not be less than 2 years. ADOs for FTOS training are added to obligation existing at the time training begins.
3. **In a Civilian Facility In a Deferred Status (NADDS)**. A member deferred for specialty training incurs no additional obligation as long as a 2-year obligation exists at the time the training begins. Members with less than 2 years of active duty obligation will incur a minimum 2-year ADO.