



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH, VA 22042

Canc: Jun 2013
IN REPLY REFER TO
BUMEDNOTE 1524
NAVMED PDC-1WMC
25 Jun 2012

BUMED NOTICE 1524

From: Chief, Bureau of Medicine and Surgery

Subj: 2012 GRADUATE MEDICAL EDUCATION SELECTION BOARD APPLICATION
AND GUIDANCE FOR GME-2+ (RESIDENCY AND FELLOWSHIP) AND
NONCLINICAL POSTGRADUATE EDUCATION

Ref: (a) BUMEDINST 1524.1B
(b) SECNAVINST 1520.11A
(c) OPNAVINST 6110.1J
(d) OPNAVINST 7220.17
(e) DoD Instruction 6000.13 of 30 Jun 1997

Encl: (1) 2012 GMESB GME-2+ Full-Time Inservice (FTIS) Preliminary Selection Goals
for Academic Year 2013 Residency Programs
(2) 2012 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) Curriculum Vitae Format for DoD GME Application
(5) Command Endorsement Format
(6) Summary of Active Duty Obligation (ADO) for GME
(7) Acronyms

1. Purpose. To announce application procedures for academic year (AY) 2013 Navy-sponsored GME-2+ GME Programs per references (a) and (b), and for nonclinical postgraduate education for Medical Corps officers.

2. Scope. This notice applies to ships and stations having medical department personnel.

3. Important Dates

Monday, 2 Jul 2012	Web application activated
Sunday, 30 Sep 2012	Deadline to submit Web application and supporting documents
Wednesday, 17 Oct 2012	Deadline to submit Program Director interview sheets
Monday, 26 Nov 2012	GMESB convenes
Wednesday, 12 Dec 2012	GMESB results release
Friday, 11 Jan 2013	Deadline for acceptance of training

4. Background. Applications are submitted over the Internet and are due by 30 September 2012. Selections for AY 2013 GME programs will be made at the 2012 GMESB. The 2012 GMESB will be held from Monday, 26 November through Friday, 30 November 2012. The Navy Medicine Professional Development Center (NAVMED PDC) GME Office manages Navy GME application processing and GMESB planning.

a. Navy, Air Force, Army, and DoD GME representatives will meet at the 20th Annual Joint Service Graduate Medical Education Selection Board (JSGMESB). NAVMED PDC is responsible for providing travel per diem and contract lodging at the site of the JSGMESB for Navy participants. The Army will host the 2012 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. A 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 Mark Edwards, MC, USN at (850) 452-2457 or DSN 922-2457. Questions pertaining to the UM application and application process should be directed to CAPT Mark Michaud, MC, USN at Mark.Michaud@med.navy.mil.

c. All National Capital Consortium (NCC) GME programs are now considered FTIS Programs. See the NCC column on enclosure (1).

5. 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 Navy Medical Corps.

b. Precept. The Selection Board 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.

c. Specialty Committees and Panels. Joint Service Panels comprised of program directors, specialty leaders, and consultants in designated specialties from all three 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 to the Navy Board President.

d. 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 other Federal Institution (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.

e. 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 completion of Navy or DoD tour-length requirements. Officers 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.

(1) Applicants assigned to forward deployed 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.

(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.

(3) Officers selected for GME training, who upon entry into or after commencement of GME training, that fail to meet Navy Physical Fitness standards per reference (c) or are suspect of being investigated for or convicted of misconduct will immediately be terminated from GME training and may be subject to disciplinary and administrative action that could lead to separation from Naval Service. Requests for reinstatement will not be considered. Officers who are cleared of any misconduct will be required to apply to the Joint Service Graduate Medical Education Board for consideration and selection to GME training.

(4) Officers separated from Naval Service who received an education benefit from the U.S. Government, are responsible for repayment in full of the total amount of educational benefits paid to them directly or on their behalf by the U.S. Government. At a minimum the U.S. Government will seek reimbursement for the full amount paid for tuition, book allowances, monthly stipend, and bonuses. This is a non-waiverable requirement.

6. Program Availability. BUMED projections of Navy Medical Corps future manpower requirements govern GME program and position availability. The precept for the 2012 GMESB will contain the official delineation of GMESB selection goals.

a. Permanent Change of Station (PCS) Cost Considerations. 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 are eligible to apply for continuation of deferment for additional training. 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 18-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 Navy Active Duty Delay for Specialists (NADDS) programs beginning in AY 2014.

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. Incumbent interns are not eligible to apply for RAM. 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 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 (d) 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 2012 GMESB. There are no waivers to this requirement.

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. Program director and specialty leader contact information will be provided in an e-mail that you will receive from the Navy GME Office once your application has been received.

7. 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 2 July 2012. Applications must be submitted by 30 September 2012, the closing date for application submission. Applicants can find answers to their questions on the frequently asked questions (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 Department of Defense (DoD) Application for Graduate Medical Education (GME), enclosure (3) and NAVMED 1520/12, GME Supplement to DoD Application for GME are 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 8a(5)). Endorsements must be received no later than 30 September 2012. Teaching hospitals will not hold 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. To make changes or updates, send an e-mail message to Ms. Cheryl Dennis at: GME2help@med.navy.mil or call (301) 319-4516 or DSN 285-4516. Please note that GME2@med.navy.mil is no longer a valid e-mail address.

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 inservice training positions will take precedence over selections that would fill positions in other Service or civilian GME programs.

f. Application Deadline. Applications for the 2012 GMESB must be submitted by the close of business 30 September 2012. The application Web site will be disabled on this date and paper applications will not be accepted unless postmarked prior to 30 September 2012. Changes or modifications must also be received in the GME office no later than 30 September 2012. Changes can be submitted via e-mail at GME2help@med.navy.mil, through United States Postal Service, FEDEX/UPS, or faxed to (301) 295-6113.

8. Application Content/Supporting Documents

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

(1) Current curriculum vitae in the format shown in enclosure (4) 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) Medical school Dean's letter.

(4) Medical school transcript with date Doctor of Medicine (MD) or Doctor of Osteopathy (DO) was conferred.

(5) Command Endorsement in the format shown in enclosure (5) and available at the Web application site. Please note that the endorsement must include a statement attesting that the applicant is within physical readiness test (PRT)/body composition assessment (BCA) standards and eligible for transfer.

(6) 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 who completed internships at Navy teaching hospitals from 2010 until present.

(7) 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.

(8) 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).

(9) Copies of applicant's five most recent fitness reports (not required for current interns). 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.

(10) 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 Professional Development Center
ATTN: Navy GME Office
Code 1WMC11
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 5 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 2012 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 application (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 30 September 2012. Documents received after this date may not be filed with the application and may not be available for review by specialty committee members.

9. Applicant Communication with Program Director. It is highly recommended that applicants 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. All interview sheets must be received by 17 October 2012.

10. 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, 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.

11. 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 unless the applicant withdraws his or her application.

12. Selection Notification. Selection results for the 2012 GMESB will be available and released on or about 12 December 2012. The names of all Navy GME, FS, and undersea medical officer (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.

13. Applicant Decision to Accept or Decline Training. Applicants selected for GME must ensure the Navy GME Office and their command are notified by 11 January 2013 of their decision to accept or decline the training. Interns selected for FS must notify CAPT Mark Edwards, MC, USN at (850) 452-2457 or DSN 922-2457 of their decision to accept or decline FS training. Those selected for UM must notify CAPT Mark Michaud, MC, USN at Mark.Michaud@med.navy.mil of their decision to accept or decline the undersea or diving medicine training. The notification deadline date for FS and UM is included in the annual BUMEDNOTE 1520.

a. Specific procedures for selectee responses will be included with the results of the 2012 GMESB. Individuals selected for more than one training program (GME, FS, or UM) may accept only one program.

b. 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 will result in the loss of the training opportunity.

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 and NAVMED 1520/20. 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. 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. 2013 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 PDC Director for GME. 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 (d) contains policy governing special pays for Medical Corps officers. Paragraph 220(1)(d) in enclosure (1) of reference (d) is germane to Medical Corps officers beginning initial residency (GME-2+) training. Reference (e) 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 Web site at: http://www.med.navy.mil/bumed/Special_Pay/Pages/default.aspx. If you have any additional questions, contact the appropriate point of contact for your last name listed on the Web site.

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 Ms. Cheryl Dennis at: GME2help@med.navy.mil or call (301) 319-4516 or DSN 285-4516.
- c. Enclosure (7) is a list of acronyms used in this notice.

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 (IETE).
- d. NAVMED 6410/2 (Rev. 5-1990), Clearance Notice (Aeromedical).



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

**2012 GMESB GME-2+ FULL-TIME INSERVICE (FTIS) PRELIMINARY SELECTION
GOALS FOR ACADEMIC YEAR 2013
RESIDENCY PROGRAMS**

Program	Length	WRNMMC (NCC)	NMC Portsmouth	NMC San Diego	Select Goal
Aerospace Medicine	2-3 Yrs	NAMI, Pensacola FL – X			6
Anesthesiology	3 Yrs	X	X	X	12
Dermatology	3 Yrs	X		X	5
Emergency Medicine	3 Yrs		X	X	14
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			29
Internal Medicine	2 Yrs	X	X	X	27
Neurology	3 Yrs	X			2
Neurosurgery	6 Yrs	X			1
Obstetrics and Gynecology	3 Yrs	X	X	X	9
Ophthalmology	3 Yrs	X		X	4
Orthopedic Surgery	4-5 Yrs	X	X	X	12
Otolaryngology	4-5 Yrs	X	X	X	5
Pathology	4 Yrs	X		X	5
Pediatrics	2 Yrs	X	X	X	14
Psychiatry	3 Yrs	X	X	X	14
Radiology	4 Yrs	X	X	X	12
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	WRNMMC (NCC)	NMC Portsmouth	NMC San Diego	Select Goal
IM – Cardiology	3 Yrs	X		X	4
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
IM - Rheumatology	3 Yrs	X			1
Neonatology	3 Yrs	X			2
NEURL (Neurophysiology,CC)	1 Yr	X			1
Pain Management	1 Yr		X	X	2
Radiology – Imaging	1 Yr	X		X	2
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 2012 GMESB adjourns in November 2012.

**2012 GMESB FULL-TIME OUTSERVICE (FTOS) AND OTHER FEDERAL
INSTITUTION (OFI) PRELIMINARY SPECIALTY SELECTION AND
PRESELECTION GOALS**

RESIDENCIES	AY2013	AY2014
Occupational Medicine	4	0
Preventive Medicine	3	0
Radiation Oncology	1	0
Surgery	2	0
Surgery – Plastic & Reconstructive	0	1*

FELLOWSHIPS	AY2013	AY2014
Cardiology	1	0
Emergency Medicine (Critical Care)	1	0
Family Medicine (Geriatrics, Sports)	2	0
Nephrology	1	0
Non-Clinical	1	0
OB/GYN (MFM)	1	0
Ophthalmology (Neuro Ophth)	1	0
Orthopedic (Hand)	2	1
Otolaryngology (Plastics, Neurotology)	0	2
Pathology (Blood Bank, Forensic Path)	2	0
Pediatric (Neurology, Adolescent, Genetics)	4	0
Psychiatry (Child, Addiction)	2	0
Radiology (Interventional)	1	0
Surgery (Trauma, Vascular)	3	0
Undersea Medicine (Hyperbaric)	1	0
Urology (Oncology)	0	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 2012 GMESB adjourns in November 2012.

DEPARTMENT OF DEFENSE (DOD) APPLICATION FOR GRADUATE MEDICAL EDUCATION (GME)

THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974

1. AUTHORITY: 10 USC 3012.
2. PRINCIPAL 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 military and civilian facilities (**Medical Corps officers only**).
4. MANDATORY OR VOLUNTARY DISCLOSURE: Disclosure of requested information is voluntary, however, without it, consideration for GME cannot be accomplished and GME may not be assured.

1. NAME (Last, First, MI)	2. GRADE	3. SSN	4. CURRENT SPECIALTY	5. SERVICE
				<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Navy

6. HOME ADDRESS (ZIP+4)	7. HOME PHONE	8. COMPLETE DUTY ADDRESS	9. DUTY PHONE
	(with Area Code)		CML: DSN: PGR: FAX:

10. E-MAIL:

11. CURRENT STATUS	12. SPECIALTY OR SUBSPECIALTY REQUESTED				
<input type="checkbox"/> MEDICAL STUDENT (<input type="checkbox"/> HPSP <input type="checkbox"/> USU <input type="checkbox"/> ROTC) <input type="checkbox"/> ACTIVE DUTY PGY1 (INTERN) <input type="checkbox"/> ACTIVE DUTY RESIDENT <input type="checkbox"/> ACTIVE DUTY FELLOW <input type="checkbox"/> ACTIVE DUTY FIELD/OPERATIONAL/STAFF <input type="checkbox"/> DEFERRED/REDEF/FAP (Until _____ Month/Year) <input type="checkbox"/> OTHER (Specify)	Choice: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">13. START DATE REQUESTED</th> <th style="width: 50%;">14. PROGRAM LENGTH</th> </tr> <tr> <td></td> <td>() YEAR (S)</td> </tr> </table>	13. START DATE REQUESTED	14. PROGRAM LENGTH		() YEAR (S)
13. START DATE REQUESTED	14. PROGRAM LENGTH				
	() YEAR (S)				

15. TRAINING

a. Undergraduate School		COMPLETION OR GRAD YEAR
Major		
Approximate GPA	Honors	
b. Medical School Name		COMPLETION OR GRAD YEAR
Approximate GPA	Class Ranking _____ of _____ School Does Not Rank _____	
Academic Honors		
c. PGY1/Specialty	Location	COMPL OR GRAD YEAR
d. Residency/Specialty	Location	COMPL OR GRAD YEAR
e. Fellowship/Specialty	Location	COMPL OR GRAD YEAR

16. LIST OF PGY1 ROTATIONS AND TIME SPENT IN EACH: (Fill out only if you are applying for a residency and did not complete a categorical PGY1 in that specialty. Not to be completed if applying for a fellowship.)

17. SPECIALTY BOARD CERTIFICATION YES NO If yes, indicate specialty:

18. MEDICAL LICENSING EXAMINATIONS (Copy of Steps/Levels 1-3 must be submitted with this application)

	Check One	Circle One
Step/Level 1	<input type="checkbox"/> Passed <input type="checkbox"/> Failed Year taken _____ <input type="checkbox"/> Not Taken	FLEX NBME/USMLE NBOME/COMLEX
Step/Level 2	<input type="checkbox"/> Passed <input type="checkbox"/> Failed Year taken _____ <input type="checkbox"/> Not Taken	
Step/Level 3	<input type="checkbox"/> Passed <input type="checkbox"/> Failed Year taken _____ <input type="checkbox"/> Not Taken	

19. ECFMG (If applicable) Certificate # _____ **Date** _____

NAME (Last, First, MI)		SSN
20. POST-PGY1 EXPERIENCE (Last three (3) assignments)		
Duty Station	Duty Title	Dates
21. Participation in Federally Funded Programs (check all that apply): <input type="checkbox"/> HPSP <input type="checkbox"/> ROTC <input type="checkbox"/> USU <input type="checkbox"/> FAP <input type="checkbox"/> Military Academy <input type="checkbox"/> Direct Accession		
22. I possess a current, valid and unrestricted medical license <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, you must submit a copy of license including the expiration date with this application.)		
23. TRAINING PREFERENCES		
Rank order 1, 2, 3, etc.		
AIR FORCE		ARMY
David Grant Medical Center, Travis AFB, CA		Eisenhower Army Medical Center, Fort Gordon, GA
Eglin Regional Hospital, Eglin AFB, FL		Madigan Army Medical Center, Tacoma, WA
Ehrling Bergquist Hospital, Offutt AFB/University of Nebraska, NE		NCC-Walter Reed Army Medical Center, Washington, DC/ Dewitt Army Community Hospital, Fort Belvoir, VA/ Walter Reed National Military Medical Center, Bethesda, MD/ USU
Keesler Medical Center, Keesler AFB, MS		SAUSHEC-Brooke Army Medical Center, Fort Sam Houston, TX/Wilford Hall Medical Center, Lackland AFB, TX / University of Texas, San Antonio, TX
NCC- Walter Reed National Military Medical Center, Bethesda, MD/Walter Reed Army Medical Center, Washington, DC/Dewitt Army Community Hospital, Fort Belvoir, VA/USU		
SAUSHEC-Wilford Hall Medical Center, Lackland AFB, TX/Brooke Army Medical Center, Fort Sam Houston, TX/University of Texas, San Antonio, TX		
Scott Medical Center, Scott AFB/St. Louis University, IL		Tripler Army Medical Center, Honolulu, HI
Wright-Patterson Medical Center, Wright Patterson AFB/Wright State Univ, OH		William Beaumont Army Medical Center, El Paso, TX
USAFSAM, (RAM/HYPERBARIC ONLY) Brooks AFB, TX		Womack Army Medical Center, Fort Bragg, NC
Civilian Sponsored		Darnall Army Community Hospital, Fort Hood, TX
Civilian Deferred/Redeferred (Nonfunded)		Martin Army Community Hospital, Fort Benning, GA
NAVY		Keller Army Community Hospital, West Point, NY
Naval Medical Center, Portsmouth, VA		Civilian Sponsored
Naval Medical Center, San Diego, CA		Civilian Deferred (NGMEP)
Naval Hospital, Bremerton, WA		OTHER
Naval Hospital, Camp Lejeune, NC		Uniformed Services University of the Health Sciences (Non-Clinical)
Naval Hospital, Camp Pendleton, CA		Armed Forces Institute of Pathology
Naval Hospital, Jacksonville, FL		Walter Reed Army Institute of Research
Naval Hospital, Pensacola, FL		Other Federal (indicate Institution)
Naval Operational Medicine Institute, Pensacola, FL		
NCC-Walter Reed National Military Medical Center, Bethesda, MD/Walter Reed Army Medical Center, Washington, DC/Dewitt Army Community Hospital, Fort Belvoir, VA/USU		
Civilian Navy Sponsored (FTOS)		
Civilian Deferred (NADDS)		
24. 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 in the most current Graduate Medical Education Directory published by the American Medical Association or if applicable (generally PGY1 level of GME) by the most current Yearbook and Directory published by the American Osteopathic Association. I understand that I must also meet the requirements to sit for the certification examination by the respective specialty board which is recognized by the American Board of Medical Specialties. For those subspecialties, 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:

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.)

BUMEDNOTE 1524
25 Jun 2012

**COMMANDING OFFICER ENDORSEMENT FORMAT
MUST BE ON COMMAND LETTERHEAD**

1524
Ser Info
Date

FIRST ENDORSEMENT on RANK First Name Last Name, MC, USN, SSN/2100

From: Commander, Name of Command

To: Commanding Officer, Navy Medicine Professional Development Center
(Code 1WMC11), 8901 Wisconsin Ave., Bethesda, MD 20889-5611

Subj: REQUEST FOR TRAINING IN GRADUATE MEDICAL EDUCATION

1. Forwarded, recommending approval.
2. Subject named officer is in compliance with physical readiness and body fat standards and meets requirements for transfer.
3. Any additional remarks (required if not recommending approval or not within standards).

Commanding Officer Signature Line

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

1. In a Military Facility (FTIS/OFI). A member must incur an ADO of ½ year for each ½ 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 fellowship 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 ½ year for each ½ year, or portion thereof, but the minimum ADO at the completion/termination/withdrawal of the GME period will not be less than 2 years, regardless of residual obligation. 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.

ACRONYMS

ADO	Active Duty Obligation
AY	Academic Year
BCA	Body Composition Assessment
BUMED	Bureau of Medicine and Surgery
CAC	Common Access Card
DO	Doctor of Osteopathy
DOD	Department of Defense
FAQ	Frequently Asked Questions
FS	Flight Surgery
FTIS	Full-Time Inservice
FTOS	Full-Time Outservice
GME	Graduate Medical Education
HPSP	Health Professions Scholarship Program
IETE	Internship End of Training Evaluation
JSGMESB	Joint Service Graduate Medical Education Selection Board
MD	Doctor of Medicine
NADDS	Navy Active Duty Delay for Specialists
NAVMEC PDC	Navy Medicine Professional Development Center
NCC	National Capital Consortium
OFI	Other Federal Institution
PCS	Permanent Change of Station
PRT	Physical Readiness Test
RAM	Residency in Aerospace Medicine
UM	Undersea Medicine
UMO	Undersea Medicine Officer