



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

Canc: Jan 2014
IN REPLY REFER TO
BUMEDNOTE 1520
BUMED-M00C2
29 Jan 2013

BUMED NOTICE 1520

From: Chief, Bureau of Medicine and Surgery
To: Ships, Stations, and Battalions having Dental Personnel

Subj: ANNOUNCEMENT OF FISCAL YEAR 2014 DENTAL RESIDENCY TRAINING,
POSTDOCTORAL EDUCATION AND TRAINING, AND ADVANCED CLINICAL
PROGRAMS

Ref: (a) Manual of the Medical Department (MANMED), Chapter 6, article 6-20
(b) ASD(HA) Policy Memo 10-012 of 30 Sep 2010
(c) OPNAVINST 7220.17
(d) DoD Instruction 6000.13 of 30 Jun 1997
(e) SECNAV Manual 5210.1 of Jan 2012

Encl: (1) Fiscal Year 2014 Advanced Dental Education Availability Announcement
(2) Sample Letter of Request for Advanced Dental Education
(3) NAVMED 1520/16, Dental Education Application Brief Sheet
(4) NAVMED 1520/17, Evaluation for Advanced Dental Education
(5) Duty Under Instruction Fiscal Year 2014 Program Directors' or Specialty Leaders'
contact information
(6) Summary of Active Duty Obligation for Graduate Dental Education
(7) Application Checklist

1. Purpose. To announce the availability of dental residency training, postdoctoral education and training, and advanced clinical programs (ACP) beginning in Fiscal Year (FY) 2014 and to provide information concerning application procedures. References (a) through (d) provide additional information.

2. Cancellation. BUMEDNOTE 1520 of 14 Feb 2012.

3. Background. Chief, Bureau of Medicine and Surgery will convene a selection board to recommend Dental Corps officers for assignment to full-time residency training programs, postdoctoral education and training programs, and ACPs in FY 2014. Full-time inservice (FTIS) residency training programs are conducted at the Naval Postgraduate Dental School, Bethesda, Maryland; various military hospitals; and other federal institutions. Training for exodontia ACP is conducted at the Captain James A. Lovell Federal Health Care Center. A limited number of full-time outservice (FTOS) residency and postdoctoral education and training programs are available in civilian universities and institutions.

4. Availability of Programs. Reference (a) describes Department of the Navy (DON) training programs for dental officers. The needs of the Navy determine the programs available for training and number of trainees projected in each program. Enclosure (1) provides a list of anticipated residency and postdoctoral educational programs beginning in FY 2014.

5. Residency Training Programs. Inservice residency training programs train dental officers for the dental care needs of Navy and Marine Corps beneficiaries. Outservice residency training programs supplement inservice residencies and/or provide training in specialty areas not available in military training programs. All residency training programs must meet the Commission on Dental Accreditation (CODA) certification requirements when applicable. **Board certification is essential to specialty practice in Navy Dentistry. Dental officers selected for any residency program funded by the Navy, whether it is an inservice or outservice program, are expected to pursue board certification.**

6. Advanced Clinical Program (ACP) in exodontia. A 1 year ACP provides general dentists with advanced clinical skills in exodontia. A utilization assignment following completion of an ACP is required prior to further applications for residency training. Completion of a 1 year ACP incurs a 2 year Active Duty Service Obligation (ADO).

7. Eligibility for all Postgraduate Dental Education. Applicants to postgraduate dental training programs must be academically qualified and cannot be in a “failed to select” promotion status for the grade of Lieutenant Commander (LCDR/O-4) or Commander (CDR/O-5). If an officer is a CDR and has failed to select for Captain (CAPT/O-6), he/she may commence a training program. Consideration of an officer’s military record, assignments (particularly operational or overseas assignments), total years of active duty service, and sustained superior military performance are an integral part of the Duty Under Instruction (DUINS) board deliberations. Applicants unable to complete 20 years of active commissioned service by age 62 must submit a written request for an age waiver with their application. The Navy funds dental postgraduate programs in order to provide a full scope of dental care to all beneficiaries for readiness and health. **Applicants for DUINS must be universally deployable, willing and able to meet the needs of the Navy, even in the event of temporary separation from a spouse, family and/or significant other(s).** Upon completion of an ACP, residency or fellowship training, the service member must accept an operational billet, including ship and/or overseas tours, if ordered to do so. If a Service member’s family does not meet overseas screening requirements, the Service member will be given unaccompanied orders to meet mission requirements. Dental Officers unwilling to practice in an environment which makes such demands are unsuitable for Navy Graduate Dental Programs.

8. Application
 - a. Applicants must submit the following:
 - (1) Letter of Request. Write a letter of request (see enclosure (2)) and submit a **separate** endorsement from your Commanding Officer (active duty applicants) or Dental School Dean (dental student applicants). All endorsements must be written and submitted on Command or Dean’s letterhead.

(2) Statement of Motivation. Write a one page statement explaining the reasons you are requesting training. Do not print the statement on Command or Dean's letterhead.

(3) Official Scholastic Transcripts. Request a transcript for all college, dental school and other significant education be sent to the Dental Graduate Programs Office.

(4) Class Rank. If your dental school transcript does not provide a class rank and/or grade point average (GPA), you must request a letter from the Dean's office providing your class rank or equivalent. If your dental school does not rank students, the Dean's letter must state so. This office cannot accept e-mails or letters directly from the applicant reporting class rank.

(5) National Board Dental Examination (NBDE) Part I and II scores. Request an official copy of your NBDE scores be sent to the Graduate Dental Programs Office.

(6) Graduate Record Examination (GRE), General Test. The GRE is not required but highly recommended, particularly for applicants without class rank or GPA or with Pass/Fail NBDE scores. Please use code 0790 to send scores directly to "Navy Graduate Dental Programs." Following are two Web sites the NMPDC Graduate Dental Programs Office recommends you visit to prepare for the GRE. Defense Activity for non-traditional education support (DANTES) funds one administration each of the GRE General (CBT) and GRE Subject (paper-based) exams per lifetime for eligible Service members. GRE Subject exams taken at a National Test Center are not reimbursable.

GRE Test Prep site:

<http://www.nelnetsolutions.com/dod/DODHubPage.aspx?sponsor=12894&HubPage=10061>

DANTES GRE Re-Imbursement:

http://www.dantes.doded.mil/Sub%20Pages/Exams/Exams_GRE.html

(7) Advanced Dental Education Application Brief Sheet. Complete and submit NAVMED 1520/16, Advanced Dental Education Application Brief Sheet (enclosure (3)).

(8) Letters of evaluation. (Maximum of 3) using NAVMED 1520/17, Evaluation for Advanced Dental Education (enclosure (4)). It is suggested that at least one letter be written by a dental officer in the specialty area requested for training. Evaluations are confidential and not to be released to the applicant. Evaluators must send completed forms directly to the Graduate Dental Program's Office.

(9) Certified true copy (front and back) of the last five fitness reports. If you do not have at least five fitness reports, submit a copy of all fitness reports on file. Please do not submit more than the last five fitness reports. They will not be included as part of your application. Please remove your social security number from the fitness reports prior to sending them to the Graduate Dental Programs office.

(10) Interview. You are required to complete an interview as part of the application. Enclosure (5) is a list of Navy Program Directors (PD) or Specialty Leaders (SL) for the specialty training opportunities announced in enclosure (1). For training opportunities in programs without a PD, the SL will conduct the interview. Arrange for an interview by contacting the PD directly. Interviews do not have to be in person but must be scheduled prior to the application deadline.

b. Of the items listed above in paragraph 8a, the subparagraphs (1), (2), (7), and (9) may be scanned and a PDF copy submitted via e-mail by the applicant. Letters of evaluation paragraph 8a(8) may be scanned and a PDF copy submitted by the evaluator. Official transcripts, examination scores and class rank paragraph 8a, subparagraphs (3) through (6) must be submitted by the educational institution or testing agency from which they are requested. Electronic copies of these items will be accepted if they are sent directly by the educational or testing institution. Results of the interview paragraph 8a(10) will be submitted by the PD or SL.

(1) All electronic submissions must use the GraduatePrograms.DC@med.navy.mil address.

(2) The Dental Programs Office will not accept electronic copies delivered to an individual's e-mail address. For questions concerning the application process, please contact the office at commercial (301) 295-0650 or (301) 319-4509; DSN 295-0650. Applications can also be mailed to the address below. Please note that it may take up to 3 weeks for items to reach this office via USPS. This office recommends you utilize an express mail service of your choice with letter/package tracking and a receipt. Mailing address:

CAPT Patricia A. Tordik, DC, USN
Head, Graduate Dental Programs
NAVMED Professional Development Center
Code 1WPGDC, Bldg. 1, 16th Floor
8901 Wisconsin Avenue
Bethesda, MD 20889-5611

c. ADO incurred for participation in dental residency training programs is 1 year for each year of FTIS or FTOS training with a minimum 2-year obligation. ACP training and 1-year fellowships have a 2-year ADO. Endodontic and orthodontic residents incur a minimum of 3 years of active duty obligation regardless of program length. Programs leading to a master's degree (which require additional training and/or funding) or a doctoral degree incur ADO of three times the length of education or training for the first year unless such degree is incidental to the completion of an established residency or fellowship program. Additional ADOs for participation in excess of 1 year are a half year for half year. ADO for a master's degree obtained concurrently with a residency program is served concurrently with the ADO for residency training. Enclosure (6) outlines ADOs for graduate dental education.

d. Dental special pays for officers in residency programs will comply with references (b) and (c).

9. Application Deadline. Applications for training beginning in FY 2014 must be received at GraduatePrograms.DC@med.navy.mil or via mail postmarked no later than Wednesday, 1 May 2013. Early submission is highly encouraged. It is the applicant's responsibility to verify receipt of all parts of the application by the Graduate Dental Programs office by the deadline. New applications postmarked later than 1 May 2013 will not be accepted without an endorsement from the specialty leader. It is the applicant's responsibility to contact the specialty leader directly and request a written endorsement.

10. Application Checklist. Please use application checklist (enclosure (7)) to ensure application package is complete.

11. Notification. The FY14 DUINS Selection Board will meet 3-4 June 2013. Board results are made available shortly afterwards. Upon receiving electronic notification of acceptance, selectees must respond as requested within 4 weeks to confirm their appointment, otherwise the selectee risks relinquishing his/her appointment to an alternate selectee.

12. Pre-select Status. Applicants who are selected for FTOS programs by the DUINS board, but are unsuccessful in gaining admission to a civilian program are placed in a "pre-select" status for the next fiscal year DUINS board. They are automatically enrolled in the corresponding FTIS or tri-service program in FY 2014, if one exists. These selectees do not have to reapply for training. Applicants selected for FTOS programs in disciplines that do not have corresponding FTIS programs are not granted a "pre-select" status and must reapply for future training opportunities.

13. Selection. Misconduct or failure to remain within physical standards and/or poor academic performance are grounds for disenrollment from the program.

14. Records Management. Records created as a result of this instruction, regardless of media and format, shall be managed per reference (e).

15. Forms. NAVMED 1520/16 (Rev. 1-2013), Dental Education Application Brief Sheet and NAVMED 1520/17 (Rev. 1-2013), Evaluation for Advanced Dental Education are available at: <http://www.med.navy.mil/directives/Pages/ExternalForms.aspx>



M. L. NATHAN

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

**FISCAL YEAR 2014 ADVANCED DENTAL EDUCATION
AVAILABILITY ANNOUNCEMENT**

Full-Time Inservice (FTIS) Residencies and Postdoctoral Education Programs

Comprehensive Dentistry²
Endodontics²
Maxillofacial Prosthetics¹
Oral and Maxillofacial Surgery⁴
Orofacial Pain^{2/3}
Periodontics³
Prosthodontics³

**Full-Time Outservice (FTOS) Residencies and Postdoctoral Education Programs
(Civilian/Tri-service)/Uniformed Services University**

Dental Research⁴
Operative and Preventive Dentistry³
Oral and Maxillofacial Surgery⁴
Oral and Maxillofacial Radiology³
Orthodontics²
Pediatric Dentistry²

Advanced Clinical Programs (ACP)

Exodontia¹

¹	1-year clinical program
²	2-year residency
³	3-year residency
⁴	4-year residency
^{2/3}	2-year fellowship/3-year residency

BUMEDNOTE 1520
29 Jan 2013

**SAMPLE REQUEST LETTER FOR ADVANCED DENTAL EDUCATION
(No Letterhead)**

Date

From: (Rank and Name of Applicant), USN DOB: dd mmm yyyy

To: Commanding Officer, Navy Medicine Professional Development Center,
Graduate Dental Programs, CODE 1WPGDC, Bethesda, MD 20889-5611

Via: (Commanding Officer, USN (Name of Command))

Subj: FISCAL YEAR 14 NAVY DENTAL CORPS ADVANCED DENTAL EDUCATION

Ref: (a) BUMEDNOTE 1520 of 29 Jan 2013
(b) DoD Instruction 6000.13 of 30 Jun 1997

Encl: (1) Statement of Motivation
(2) Advanced Dental Education Application Brief Sheet NAVMED 1520/16
(3) Fitness Reports (if applicable)

1. I request to be considered for assignment to residency training in (discipline), commencing in Fiscal Year 2014. I request to be considered (only) for ___ full time out-service (FTOS) training at a civilian institution/Tri-service dental facility; or (only) ___ full time in-service (FTIS) at a Navy residency; or ___ be considered equally for FTOS and FTIS. My graduation date from Dental School was/is _____ (dd mm yyyy). My present duty assignment commenced on _____ (dd mm yyyy).

2. Official scholastic transcripts for all college, dental and other significant education, class rank, National Board Dental Examination scores, Graduate Record Examination scores (if available), and a maximum of three letters of evaluation using NAVMED 1520/17 Evaluation for Advanced Dental Education have been forwarded.

3. A statement of motivation, Application Brief Sheet, and a certified true copy of my last five fitness reports (if available) are provided.

4. I have arranged for an interview with the appropriate Program Director/Specialty Leader as directed. The results of my interview will be forwarded directly to the Graduate Dental Programs office by the interviewer.

5. If this request for FTIS or FTOS Residency Training is approved; and I am assigned to such training. I agree not to resign during the FTIS/FTOS residency and to serve in the Navy for my service obligation plus any previously unfulfilled minimum service requirement after completion of the residency course and to service in the Navy for ___ (enter service obligation per references (a) and (b), plus any unfulfilled minimum service requirement after completion of the residency.

Enclosure (2)

I understand that this period of obligation service is in addition to that for which I may be previously and otherwise obligation and may or may not be performed concurrently (see reference (b)).

6. I understand the Privacy Act of 1974 (P.L. 93-579) became effected on 27 September 1975 and is applicable to personal data records maintained on U.S. citizens and foreign national admitted for permanent residence. My signature acknowledges that I am familiar with the statements contained herein and authorize use of information provided for the purposes listed.

PRIVACY ACT STATEMENT

The authority to request this information is contained in 5 U.S.C. 301 and Department Regulations. The principle purpose of the information is to enable you to make know your desire for the Naval School of Health Sciences to initiate and maintain a training file on your behalf. The information will be used to assist officials and employees of the Department of the Navy in determining your eligibility for and approving or disapproving the education authorization being requested. Completion of this form is mandatory; failure to provide required information may result in delay in response to or disapproval of your request.

Signature
Printed Name

DENTAL EDUCATION APPLICATION BRIEF SHEET		
INSTRUCTIONS		
1. Complete all applicable entries.		
2. Follow current BUMEDNOTE 1520.		
3. Forward this brief sheet to: Navy Medicine Professional Development Center (NAVMED PDC) Dental Corps Programs Officer, Code 1WPGDC, Bldg 1, 16 th Floor, 8901 Wisconsin Avenue, Bethesda, MD 20889-5611.		
4. Questions please call: (301) 295-0650 or DSN 295-0650.		
Name (Last, First, MI)	Grade	Designator
Current Duty Station Address or School Address		
Duty Station Telephone Number (DSN and commercial)	Home Telephone	Home E-mail Address
Date of Rank	PRD / Dental School Graduation Date	
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	
As appropriate, fill in the following. I completed:		
HPSP/HSCP (provide start date and end date)		
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		
<p>Please complete the following by selecting the correct information. Completion of this information is voluntary and will not affect your request for training.</p>		
<p>Age: <input type="checkbox"/> 20-25 <input type="checkbox"/> 26-30 <input type="checkbox"/> 31-35 <input type="checkbox"/> 36-40 <input type="checkbox"/> 41-45 <input type="checkbox"/> 46-50 <input type="checkbox"/> 51+</p>		
<p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>		
<p>Ethnic Group: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Filipino <input type="checkbox"/> Hispanic <input type="checkbox"/> Other</p>		
Privacy Act Statement		
<p>Authority to request this information is contained in 5 USC 301 and 10 USC 5013. 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.</p>		
Name (Last, First, MI)	Grade	Date
Signature		

EVALUATION FOR ADVANCED DENTAL EDUCATION		
INSTRUCTIONS		
1. Applicants must complete Section I before forwarding to the evaluator. 2. Evaluators please complete Section II. 3. Please answer all questions and complete the narrative portion of the evaluation. 4. Return evaluation in a sealed envelope directly to: Head, Dental Programs, Code 1WPGDC, NAVMED PDC, Bldg 1, 16 th Floor, 8901 Wisconsin Avenue, Bethesda, MD 20889-5611 or scan and e-mail to GraduatePrograms.DC@med.navy.mil.		
SECTION I		
1. Name (Last, First, MI)	2. Grade	3. Designator
4. First choice requested for training	5. Second choice requested for training	
6. Level of training requested <input type="checkbox"/> Fellowship <input type="checkbox"/> Residency <input type="checkbox"/> ACP <input type="checkbox"/> PH.D. <input type="checkbox"/> Clinical Rotation		
SECTION II		
1. How well do you know the applicant? (Check all that apply) <input type="checkbox"/> Socially <input type="checkbox"/> Dental Student <input type="checkbox"/> GPR/AEGD student <input type="checkbox"/> Resident		
2. How well do you know the applicant? <input type="checkbox"/> Close and frequent observation <input type="checkbox"/> Average <input type="checkbox"/> I do not know the applicant		
3. How many years have you known the applicant?		
4. Please evaluate the applicant on the following traits:		
Organizational Skills:	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average
	<input type="checkbox"/> Above Average	<input type="checkbox"/> Top 5%
	<input type="checkbox"/> Top 1%	
Knowledge of Basic Sciences:	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average
	<input type="checkbox"/> Above Average	<input type="checkbox"/> Top 5%
	<input type="checkbox"/> Top 1%	
Clinical Skills:	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average
	<input type="checkbox"/> Above Average	<input type="checkbox"/> Top 5%
	<input type="checkbox"/> Top 1%	
Communication Skills:	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average
	<input type="checkbox"/> Above Average	<input type="checkbox"/> Top 5%
	<input type="checkbox"/> Top 1%	
Ethics and Integrity:	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average
	<input type="checkbox"/> Above Average	<input type="checkbox"/> Top 5%
	<input type="checkbox"/> Top 1%	
Judgement:	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average
	<input type="checkbox"/> Above Average	<input type="checkbox"/> Top 5%
	<input type="checkbox"/> Top 1%	
Initiative:	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average
	<input type="checkbox"/> Above Average	<input type="checkbox"/> Top 5%
	<input type="checkbox"/> Top 1%	
Reliability:	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average
	<input type="checkbox"/> Above Average	<input type="checkbox"/> Top 5%
	<input type="checkbox"/> Top 1%	
Desire to Succeed:	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average
	<input type="checkbox"/> Above Average	<input type="checkbox"/> Top 5%
	<input type="checkbox"/> Top 1%	
Responsible:	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average
	<input type="checkbox"/> Above Average	<input type="checkbox"/> Top 5%
	<input type="checkbox"/> Top 1%	

5. Grading the applicant as Below Average or Top 1% without explanation may discredit your evaluation. Please provide: 1) specific examples for these grades, and 2) a concise appraisal of the applicant's potential to succeed in the requested program.

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6. Gifted individuals occasionally exhibit sporadic records due to extenuating circumstances such as family illness, financial need, or personal difficulties. Please advise if you are aware of such problems.

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7. This candidate ranks _____ out of _____ I have ranked this year.

8. Of all candidates I have ranked in my career, this candidate ranks:

- Below Average
 Average
 Above Average
 Top 5%
 Top 1%

9. Evaluator

Name (Last, First, MI)

Title or Position

Command or School

Telephone Number

E-mail Address

Signature

Date

**DUTY UNDER INSTRUCTION FISCAL YEAR 2014 PROGRAM DIRECTORS'
AND SPECIALTY LEADERS' CONTACT INFORMATION**

Comprehensive Dentistry

CAPT Joseph Molinaro, DC, USN
Program Director
Naval Postgraduate Dental School
8901 Wisconsin Ave.
Bethesda, MD 20889-5602
DSN 295-4023; (301) 295-4023
Joseph.D.Molinaro.mil@health.mil

Dental Research

CAPT Mark Lyles, DC, USN
Specialty Leader
U.S. Naval War College
(401) 841-6885
Mark.Lyles@nwc.navy.mil

Endodontics

CAPT Terry Webb, DC, USN
Specialty Leader and Program Director
Naval Postgraduate Dental School
8901 Wisconsin Ave.
Bethesda, MD 20889-5602
DSN 295-1831; (301) 295-1831
Terry.D.Webb.mil@health.mil

Operative and Preventive Dentistry

CAPT Scott Kooistra, DC, USN
Specialty Leader
Naval Postgraduate Dental School
8901 Wisconsin Ave.
Bethesda, MD 20889-5602
DSN 285-4687; (301) 319-4687
Scott.Kooistra.mil@health.mil

Maxillofacial Prosthetics

CDR William Wilson
Specialty Leader and Program Director
Naval Postgraduate Dental School
8901 Wisconsin Ave.
Bethesda, MD 20889-5602
(301) 295-5828
William.O.Wilson.mil@health.mil

Oral and Maxillofacial Radiology

CDR Ann Monasky, DC, USN
Specialty Leader
Naval Postgraduate Dental School
8901 Wisconsin Ave.
Bethesda, MD 20889-5602
(301) 295-4013
Ann.B.Monasky.mil@health.mil

**Oral and Maxillofacial Surgery and ACP
Exodontia**

CDR Michael Carson, DC, USN
Specialty Leader
Naval Medical Center Portsmouth
620 John Paul Jones Circle
Portsmouth, VA 23708
DSN 377-0401; (757) 953-0401
Michael.Carson2@med.navy.mil

Orthodontics

CDR L. Chad Burton, DC, USN
Specialty Leader
U.S. Naval Hospital Rota, Spain
PSC 819 Box 18
FPO AE 09645-0018
DSN (314) 727-3761; 011-34-956-82-3783
Larry.Burton@med.navy.mil

**DUTY UNDER INSTRUCTION FISCAL YEAR 2014 PROGRAM DIRECTORS'
AND SPECIALTY LEADERS' CONTACT INFORMATION
(Continued)**

Orofacial Pain

Dr. John Johnson, CAPT (ret), DC, USN
Program Director
Naval Postgraduate Dental School
8901 Wisconsin Ave.
Bethesda, MD 20889-5602
(301) 295-1495
John.F.Johnson.civ@health.mil

Pediatric Dentistry

CAPT Roberto Cabassa, DC, USN
Specialty Leader
U.S. Naval Hospital Rota, Spain
PSC 819, Box 18
FPO AE 09645-0018
DSN 314-727-3032; 011-34-956-82-3032
Roberto.Cabassa@med.navy.mil

Periodontics

CDR John Wilson, DC, USN
Program Director
Naval Postgraduate Dental School
8901 Wisconsin Ave.
Bethesda, MD 20889-5602
(301) 319-4674
John.H.Wilson.mil@health.mil

Prosthodontics

CAPT Curtis Werking, DC, USN
Program Director
Naval Postgraduate Dental School
8901 Wisconsin Ave.
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(301) 319-8523
Curtis.M.Werking.mil@health.mil

**SUMMARY OF ACTIVE DUTY OBLIGATION (ADO) FOR
GRADUATE DENTAL EDUCATION**
(Based on Reference (d))

1. In a Military Facility (Full-time inservice (FTIS)/Other Federal Institutions (OFI)). A member must incur an Active Duty obligation (ADO) of half year for each half year, or portion thereof, but the minimum ADO at the completion, termination, or withdrawal of the Graduate Dental Education (GDE) period will not be less than 2 years. The ADO for GDE may be served concurrently with obligations incurred for DoD sponsored pre-professional (undergraduate) or dental school education. No active duty obligation for GDE can be served concurrently with ADO for a second period of GDE, i.e., obligation for fellowship or 2nd Navy-sponsored residency cannot be served concurrently with an obligation incurred for initial residency training.
2. In a Civilian Facility on Active Duty (Full Time outservice (FTOS)). A member subsidized by the DoD during training in a civilian facility must incur ADO of ½ year for each ½ year or portion thereof, but the minimum ADO at the completion, termination, or withdrawal of the GDE 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 (Navy Active Duty delay for Specialists (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 2-year minimum term of service.
4. Fellowship Training in a Military or Civilian Facility. The minimum ADO for training is 2 years. Payback is consecutive with prior GDE (residency) ADO.

APPLICATION CHECKLIST

Application Deadline is Wednesday, 1 May 2013
GraduatePrograms.DC@med.navy.mil
 Graduate Dental Programs Code 1WPGDC, 16th Deck
 Navy Medicine Professional Development Center
 8901 Wisconsin Avenue
 Bethesda, MD 20889

	ITEMS	RESPONSIBILITY	NOTES	✓
1	Letter of Request with Commanding Officer's Endorsement	Enclosure (2); applicant submits		
2	Statement of Motivation	Applicant submits		
3	Official Scholastic Transcripts	School submits		
4	Class Rank	School submits		
5	National Board Dental Examination Scores	Testing agency submits		
6	Graduate Record Examination Scores	Optional; testing agency submits		
7	Advanced Dental Education Application Brief Sheet	Enclosure (3) NAVMED 1520/16; applicant submits		
8	Letters of Evaluation (Maximum of 3)	Enclosure (4) NAVMED 1520/17; evaluators submit		
9	Fitness Reports	Last 5 reports; certified true copies; applicant submits		
10	Interview	Program director or specialty leader submits		