

DENTAL PGY-1 APPLICATION BRIEF SHEET

- 1. Complete brief sheet following guidance in the current NAVMEDPRODEVCTRNOTE 1520
- 2. For questions, please call: (301) 295-0650 or DSN 285-0650
- 3. Email completed form to: usn.bethesda.navmedprodevctrmd.list.nmpdc-dental-corps-gp@mail.mil

Name (Last, First, MI)		Rank (n/a if not applicable)	
Home Mailing Address			
Preferred Telephone Number		Preferred E-mail Address	
Dental School Name, Address, and Telephone Number			
Projected/Actual Dental School Graduation Date			
Check applicable accession program and provide start or commission date (mm/yy): <input type="checkbox"/> HPSP <input type="checkbox"/> HSCP <input type="checkbox"/> 1925i <input type="checkbox"/> Direct Accession (Start Date __/__) (Start Date __/__) (Commission Date __/__) (Commission Date __/__)			
Desire for training: <input type="checkbox"/> Primarily AEGD, Secondary GPR <input type="checkbox"/> Primarily GPR, Secondary AEGD <input type="checkbox"/> AEGD Only <input type="checkbox"/> GPR Only <input type="checkbox"/> No Preference			
Number of Years Prior Active Duty (n/a if not applicable)		Officer Type or Enlisted Rating	
I have requested letters of evaluation from (maximum 3):			
I have requested transcripts from: (include all pre-dental, dental, and other significant education)			
College/Univ: _____		Degree Earned _____	
College/Univ: _____		Degree Earned _____	
College/Univ: _____		Degree Earned _____	
College/Univ: _____		Degree Earned _____	
College/Univ: _____		Degree Earned _____	
Demographic Information Request. Please provide the following information. Completion of this section is voluntary and will not affect your request for training.			
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+			
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female			
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			
Privacy Act Statement			
Authority to request this information is contained in 5 USC 301 and 10 USC 5031. The purpose for this information is to assist Department of the Navy officials and employees in evaluating your training request and determining your eligibility for advanced dental education. Other uses for this information are to determine course and training demands, requirements, and achievements; to analyze student groups or courses; to provide academic and performance evaluation to assist with guidance and counseling of students; to prepare required reports; to provide a demographic profile of applicants for Navy Dental Corps education and training programs; to assess affirmative action initiatives and equal opportunity programs; and to support other training, administration, and for planning purposes. Disclosure of this information is voluntary. Failure to disclose this information, except for the demographic information, may result in non-selection for training.			
TYPED NAME, RANK/TITLE			
SIGNATURE		DATE	