DENTAL PGY-1 APPLICATION BRIEF SHEET

1. Complete all applicable entries
2. Send completed brief sheet following guidance in the current NAVMEDPRODEVCTRNOTE 1520
3. For questions, please call: (301) 295-0650 or DSN 285-0650 or email GraduatePrograms.DC@med.navy.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 (dd/mmm/yy) / /	
Check applicable accession program and provide start or commission date (mm/yy): ☐ HPSP (Start Date / ☐ HSCP (Start Date / ☐ 1925i (Commission Date / ☐ Direct Accession (Commission Date /	
Desire for training: ☐ Primarily AEGD, Secondary GPR ☐ Primarily GPR, Secondary AEGD ☐ AEGD Only ☐ GPR Only ☐ 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: College/Univ: Degree: College/Univ: Degree: College/Univ: Degree: College/Univ: Degree:	
Demographic Information Request. Please provide the following information. Completion of this section is voluntary and will not affect your request for training. AGE: ☐ 20-25 ☐ 26-30 ☐ 31-35 ☐ 36-40 ☐ 41-45 ☐ 46-50 ☐ 51+ GENDER: ☐ Male ☐ Female ETHNIC GROUP: ☐ American Indian ☐ Asian ☐ African American ☐ Caucasian ☐ Filipino ☐ Hispanic ☐ Other	

Privacy Act Statement

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

TYPED NAME, RANK/TITLE	
SIGNATURE	DATE