

**NAVY ACTIVE DUTY DELAY FOR SPECIALISTS (NADDS)
AND
FINANCIAL ASSISTANCE PROGRAM (FAP)
ANNUAL PERSONAL AND PROGRAM VERIFICATION**

PART I – PERSONAL CONTACT INFORMATION (Please Print):

NADDS Program or FAP Program

Your Name (PRINT: Last, First, Middle Initial) Rank CHECK ONE ABOVE

Current Post-Graduate Year Level Specialty

Home Address (Street, City, State, Zip)

Telephone/Home (_____) Office (_____) _____

Cell Phone (_____) E-Mail Address _____

I understand that I must notify the Navy Medical Accessions Department by e-mail at: USN.OHSTUDENT@MAIL.MIL of any changes in my: 1) Academic status; 2) Medical status; 3) Legal status; 4) Contact information; 5) Training location. If a research year is required to complete my training, I must provide supporting documentation from my Program Director with an official request to the Navy Medical Accessions Department. If I am terminated from training, I will be immediately assigned to active duty in an area appropriate for my level of training.

As a participant in the NADDS or FAP Program, I hereby authorize my university/training program/medical facility permission to release all information concerning my academic performance to the Navy Medical Accessions Department upon request.

NADDS or FAP Participant Signature Date

PART II – TRAINING PROGRAM VERIFICATION (To be filled out by a Training Program Representative)

The above individual has been accepted for residency or fellowship training in the following specialty _____

The orientation (if applicable) start date is: _____
MM/DD/YYYY

The trainee's residency or fellowship start date is: _____
MM/DD/YYYY

The trainee's projected graduation date is: _____
MM/DD/YYYY

We understand that we are to notify the Navy Medical Accessions Department by e-mail at: USN.OHSTUDENT@MAIL.MIL of any concerns pertaining to the trainee, to include:

- Any academic difficulties especially academic probation or any issue that may delay the projected graduation date
- Professionalism concerns
- Changes in medical status

As a Naval Reserve Officer in the Individual Ready Reserve, a trainee may accept the compensation package offered to all residents and fellows of your institution.

Program Director (Print and Sign) Telephone Number Program Director's E-mail

Program Coordinator (Print and Sign) Telephone Number Program Coordinator's E-mail

Name of Training Program

Facility Street Address City State Zip