

DEPARTMENT OF DEFENSE APPLICATION FOR GRADUATE MEDICAL EDUCATION

FOR OFFICE USE ONLY

THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974

1. AUTHORITY: 10 USC 3012

2. PRINCIPLE 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 THE MILITARY AND CIVILIAN FACILITIES (MEDICAL CORP OFFICERS ONLY)

4. MANDATORY OR VOLUNTARY DISCLOSURE: DISCLOSURE OF REQUESTED INFORMATION IS VOLUNTARY HOWEVER, WITHOUT IT CONSIDERATION FOR GME MAY NOT BE ASSURED

PERSONAL/CONTACT INFORMATION										
LAST NAME				FIRST NAME				MI		
GENDER		RACE		DATE OF BIRTH		SSN		EDIPI (DoD ID) Number		
MARITAL STATUS		BRANCH OF SERVICE		PAY GRADE		US CITIZEN YES NO		US BORN YES NO		BIRTH CITY/STATE/COUNTRY
HOME ADDRESS					PLACE OF DUTY OR MEDICAL SCHOOL ADDRESS					
HOME OR CELL PHONE		DUTY PHONE (IF APPLICABLE)			IF MARRIED, IS SPOUSE ACTIVE DUTY?		YES NO		Spouse's Full Name:	
PREFERRED E-MAIL ADDRESS					SSN:		Pay Grade:		Service:	
					Duty Station:					

If you answer “YES” to any of the below questions, explain on the last page.			
Have you ever been convicted of a misdemeanor?		YES NO	
Have you ever been convicted of a felony?		YES NO	
Have you ever been disciplined for student conduct violations (e.g., academic probation, dismissal, suspension, disqualification, etc.) by any college or school?		YES NO	
Have you ever been disciplined for student academic performance (e.g., academic probation, dismissal, suspension, disqualification, etc.) by any college, school, or internship/residency program?		YES NO	
Do you have any extenuating circumstances for the board to consider?		YES NO	

EDUCATION					
UNDERGRADUATE SCHOOL			UNDERGRAD HONORS:		
MAJOR					
GPA		GRAD OR COMPLETION DATE			
MEDICAL SCHOOL			MEDICAL SCHOOL HONORS		
GPA		AAMC ID			
CLASS RANK		CLASS SIZE		GRAD OR COMPLETION DATE	
PLEASE INDICATE APPROPRIATE DOCTORATE MD DO			SCHOLARSHIP PROGRAM HSCP HPSP USU ROTC FAP		

OTHER POST GRADUATE SCHOOLS			
SCHOOL:		SCHOOL:	
DEGREE:		DEGREE:	
GRAD DATE:		GRAD DATE:	

ECFMG CERT NUMBER (IF APPLICABLE)	
Cert Number:	Date:

LAST NAME		FIRST NAME		MI	SSN
PGY-1 ROTATIONS					
FILL OUT <b>ONLY</b> IF YOU ARE APPLYING FOR A RESIDENCY AND <b>DID NOT</b> COMPLETE A CATEGORICAL INTERNSHIP IN THAT SPECIALTY. <b>DO NOT</b> COMPLETE IF YOU ARE APPLYING FOR A FELLOWSHIP.					
SPECIALTY		NUMBER OF WEEKS		SPECIALTY	
SPECIALTY		NUMBER OF WEEKS		SPECIALTY	
SPECIALTY		NUMBER OF WEEKS		SPECIALTY	
SPECIALTY		NUMBER OF WEEKS		SPECIALTY	
SPECIALTY		NUMBER OF WEEKS		SPECIALTY	
SPECIALTY		NUMBER OF WEEKS		SPECIALTY	
SPECIALTY		NUMBER OF WEEKS		SPECIALTY	
SPECIALTY		NUMBER OF WEEKS		SPECIALTY	
LICENSURE/CERTIFICATION					
SPECIALTY BOARD CERTIFICATION		INDICATED SPECIALTY BOARD CERTIFICATION			
YES NO		DATE:			
MEDICAL LICENSING EXAMINATION				*COPIES OF RESULTS FOR ALL STEPS/LEVELS 1-3 MUST BE SUBMITTED WITH THIS APPLICATION*	
FLEX NBME/USMLE NBOME/COMLEX					
*LIST OTHER STEPS/LEVELS 1-3 ON LAST PAGE.*				IF ANY STEPS/LEVELS NOT PASSED OR TAKEN, PLEASE EXPLAIN	
STEP/LEVEL 1			YEAR TAKEN		
PASS FAIL PENDING SCORE					
STEP/LEVEL 2			YEAR TAKEN		
PASS FAIL PENDING SCORE					
STEP/LEVEL 3			YEAR TAKEN		
PASS FAIL PENDING SCORE					
I POSSESS A CURRENT UNRESTRICTED MEDICAL LICENSE: YES NO STATE LIC NUMBER EXP DATE					
MILITARY TRAINING					
PGY-1 SPECIALTY		LOCATION			COMPLETION DATE
RESIDENCY SPECIALTY		LOCATION			COMPLETION DATE
FELLOWSHIP SPECIALTY		LOCATION			COMPLETION DATE
MILITARY ASSIGNMENT HISTORY					
FROM	TO PRESENT	DUTY STATION			DUTY TITLE
FROM	TO	DUTY STATION			DUTY TITLE
FROM	TO	DUTY STATION			DUTY TITLE
CURRENT PROGRAM DIRECTOR CURRENT SUPERVIOR					
PRIOR MILITARY SERVICE					
PRIOR MILITARY SERVICE		HONORABLE DISCHARGE (IF NO, EXPLAIN)			
YES NO		YES NO			
FROM	TO	BRANCH	PAY GRADE	OCCUPATION OR SPECIALTY	
FROM	TO	BRANCH	PAY GRADE	OCCUPATION OR SPECIALTY	

LAST NAME		FIRST NAME	MI	SSN
<b>REQUESTED SPECIALTIES</b>				
CURRENT STATUS	OTHER (SPECIFY)		TRAINING TYPE	START YEAR REQUESTED
PRIMARY SPECIALTY REQUESTED (Type in space if not listed)			SECONDARY SPECIALTY REQUESTED (Type in space if not listed)	
SUB-SPECIALTY REQUESTED (Type in space if not listed)			SUB-SPECIALTY REQUESTED (Type in space if not listed)	

PGY-1 applicants: Check here to opt-out of consideration for straight trough training in your first choice specialty

Pilot Program Participation

<b>TRAINING LOCATION PREFERENCES</b>	
PLEASE RANK YOUR PRIMARY AND SECONDARY LOCATIONS IN ORDER OF PREFERENCE	
<b>PRIMARY SPECIALTY</b>	<b>SECONDARY SPECIALTY</b>
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.

<b>PAPERS/ACHIEVEMENTS</b>
List any of the following: Military Honors, Professional Societies, Academic Appointments, Volunteer Information, Peer & Non-Peer Reviewed Publications, Research Participation/Presentations and Leadership Positions. <b>Can attach CV. EACH SECTION LIMITED TO 5,000 CHARACTERS</b>

MILITARY HONORS (continue in comments):

PROFESSIONAL SOCIETIES (continue in comments):

ACADEMIC APPOINTMENTS (continue in comments):

LAST NAME	FIRST NAME	MI	SSN
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**VOLUNTEER INFORMATION** *(continue in comments):*

**PEER & NON-PEER REVIEWED PUBLICATIONS** *(continue in comments):*

**RESEARCH PARTICIPATION & PRESENTATIONS** *(continue in comments):*

**LEADERSHIP POSITIONS** *(continue in comments):*

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 WITH THE MOST CURRENT GRADUATE MEDICAL EDUCATION DIRECTORY PUBLISHED BY THE AMERICAN MEDICAL ASSOCIATION OR IF APPLICABLE (GENERALLY PGY-1 LEVEL OF GME) BY THE MOST CURRENT YEARBOOK AND DIRECTORY PUBLISHED BY THE AMERICAN OSTEOPATHIC ASSOCIATION.

I UNDERSTAND THAT I MUST ALSO MEET THE REQUIREMENT TO SIT FOR THE CERTIFICATION EXAMINATION BY THE RESPECTIVE SPECIALTY BOARD WHICH IS RECOGNIZED BY THE AMERICAN BOARD OF MEDICAL SPECIALTIES. FOR THOSE SUB-SPECIALTIES 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.

<b>APPLICANT SIGNATURE:</b>	<b>DATE:</b>
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LAST NAME	FIRST NAME	MI	SSN
ADDITIONAL COMMENTS (PLEASE LIST BY SECTION)			

NAVY MEDICINE  
GRADUATE MEDICAL EDUCATION  
PRIVACY STATEMENT / INFORMATION RELEASE

I \_\_\_\_\_ hereby authorize Navy Medicine and Naval Medical Leader and Professional Development Command release authority of my name, selected specialty, and training location that was determined at the conclusion of the Joint Service Graduate Medical Education Selection Board. I understand that the release of information described herein will be solely to report my DoD-sponsored GME selection status to my administrative office (HPSP, HSCP, USUHS, PDS), specialty leader, and the training facility for which I was selected.

This information is protected under the Privacy Act of 1974 5 USC 552a, and its content shall not be disclosed, discussed, or shared with individuals unless they have a direct need-to-know in the performance of their official duties

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date