

# 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

## SECTION 1

LAST NAME		FIRST NAME				MI
SEX	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)			
PREFERRED E-MAIL ADDRESS						

## SECTION 2 (IF "YES" EXPLAIN ON 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

## SECTION 3

CURRENT STATUS	OTHER (SPECIFY)	START DATE REQUESTED
SCHOLARSHIP PROGRAM HSCP      HPSP      USU      ROTC      N/A		PROGRAM LENGTH MONTHS
PRIMARY SPECIALTY REQUESTED		SECONDARY SPECIALTY REQUESTED
SUB-SPECIALTY REQUESTED		PGY-1 applicants: Check here to opt-out of consideration for straight through training in your first choice specialty

## SECTION 4

UNDERGRADUATE SCHOOL		SCHOOL ADDRESS	
MAJOR			
GPA	CLASS RANK	GRAD OR COMPLETION DATE	
MEDICAL SCHOOL		SCHOOL ADDRESS	
GPA	ACADEMIC HONORS		
CLASS RANK	CLASS SIZE	GRAD OR COMPLETION DATE	
PGY-1 SPECIALTY			GRAD OR COMPLETION YEAR
RESIDENCY SPECIALTY			GRAD OR COMPLETION YEAR
FELLOWSHIP SPECIALTY			GRAD OR COMPLETION YEAR

LAST NAME	FIRST NAME	MI	SSN
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**PGY-1 ROTATIONS**

FILL OUT **ONLY** IF YOU ARE APPLYING FOR A RESIDENCY AND **DID NOT** COMPLETE A CATEGORICAL INTERNSHIP IN THAT SPECIALTY. **DO NOT** COMPLETE IF YOU ARE APPLYING FOR A FELLOWSHIP

SPECIALTY	NUMBER OF WEEKS	SPECIALTY	NUMBER OF WEEKS
SPECIALTY	NUMBER OF WEEKS	SPECIALTY	NUMBER OF WEEKS
SPECIALTY	NUMBER OF WEEKS	SPECIALTY	NUMBER OF WEEKS
SPECIALTY	NUMBER OF WEEKS	SPECIALTY	NUMBER OF WEEKS
SPECIALTY	NUMBER OF WEEKS	SPECIALTY	NUMBER OF WEEKS
SPECIALTY	NUMBER OF WEEKS	SPECIALTY	NUMBER OF WEEKS
SPECIALTY	NUMBER OF WEEKS	SPECIALTY	NUMBER OF WEEKS
SPECIALTY	NUMBER OF WEEKS	SPECIALTY	NUMBER OF WEEKS

**SECTION 5**

SPECIALTY BOARD CERTIFICATION	INDICATED SPECIALTY BOARD CERTIFICATION	ECFMG CERT NUMBER (IF APPLICABLE)
YES NO		# DATE

MEDICAL LICENSING EXAMINATION	*COPY OF STEPS 1 - 3 MUST BE SUBMITTED WITH THIS APPLICATION*		
FLEX NBME/USMLE NBOME/COMLEX			

STEP 1	PASS FAIL N/A SCORE	YEAR TAKEN	IF ANY STEPS NOT PASSED OR TAKEN PLEASE EXPLAIN BELOW
STEP 2	PASS FAIL N/A SCORE	YEAR TAKEN	
STEP 3	PASS FAIL N/A SCORE	YEAR TAKEN	

**POST-PGY-1 EXPERIENCE (LAST 3 DUTY ASSIGNMENTS)**

FROM	TO	DUTY STATION	DUTY TITLE
	PRESENT		
FROM	TO	DUTY STATION	DUTY TITLE
FROM	TO	DUTY STATION	DUTY TITLE

**SECTION 6**

PARTICIPATION IN FEDERALLY FUNDED PROGRAMS (CHECK ALL THAT APPLY)	PLEASE INDICATE APPROPRIATE DOCTORATE
HPSP HSCP ROTC USUHS FAP	DOCTOR OF MEDICINE
MILITARY ACADEMY DIRECT ACCESSION N/A	DOCTOR OF OSTEOPATHY

I POSSESS A CURRENT UNRESTRICTED MEDICAL LICENSE	*IF YES, ATTACH A COPY OF LICENSE WITH APPLICATION*
YES NO	

**SECTION 7**

PRIOR MILITARY SERVICE	HONORABLE DISCHARGE (IF NOT EXPLAIN)			
YES NO	YES NO			
FROM	TO	BRANCH	PAY GRADE	OCCUPATION OR SPECIALTY
FROM	TO	BRANCH	PAY GRADE	OCCUPATION OR SPECIALTY

PLEASE LIST ANY MILITARY HONORS	PLEASE LIST ANY PROFESSIONAL SOCIETIES
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PLEASE LIST ANY ACADEMIC HONORS	PLEASE LIST ANY VOLUNTEER INFORMATION
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PLEASE LIST ANY PUBLICATIONS OR RESEARCH
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LAST NAME	FIRST NAME	MI	SSN
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**TRAINING PREFERENCES**

PLEASE RANK IN ORDER OF PREFERENCE (1, 2, 3, 4, 5). ADDITIONALLY **DO NOT** APPLY FOR ARMY OR AIR FORCE LOCATIONS WITHOUT PRIOR AUTHORIZATION FROM SPECIALTY LEADER AND NMPDC GME.

**NAVY TRAINING LOCATIONS**

NAVAL MEDICAL CENTER, PORTSMOUTH, VIRGINIA
NAVAL MEDICAL CENTER, SAN DIEGO, CALIFORNIA
NAVAL HOSPITAL, CAMP LEJEUNE, NORTH CAROLINA
NAVAL HOSPITAL, CAMP PENDLETON, CALIFORNIA
NAVAL HOSPITAL, JACKSONVILLE, FLORIDA
NAVAL AEROSPACE MEDICAL INSTITUTE, PENSACOLA, FLORIDA
NCC - NATIONAL NAVAL MEDICAL CENTER BETHESDA, WALTER REED ARMY MEDICAL CENTER, DEWITT ARMY COMMUNITY HOSPITAL, FORT BELVOIR, MALCOLM GROW MEDICAL CENTER, ANDREWS AFB, USHUS

**CIVILIAN AND OTHER TRAINING LOCATIONS**

CIVILIAN NAVY SPONSORED (FTOS)
CIVILIAN DEFERRED (NADDS)
CIVILIAN SPONSORED
CIVILIAN DEFERRED (NGMEP)
VA/DOD/CIV
VA/DOD/CIV 2
VA/DOD/CIV 3
ARMED FORCES INSTITUTE OF PATHOLOGY
UNIFORMED SERVICES UNIVERSITY OF HEALTH SCIENCES (NON-CLINICAL)
WALTER REED ARMY INSTITUTE OF RESEARCH
OTHER FEDERAL (PLEASE INDICATE)

**ARMY AND AIR FORCE TRAINING LOCATIONS**

**\*DO NOT APPLY WITHOUT PRIOR AUTHORIZATION FROM SPECIALTY LEADER AND NMLPDC GME\*  
I HAVE AUTHORIZATION FROM SPECIALTY LEADER AND NMLPDC GME TO APPLY FOR ARMY AND AIR FORCE**

**YES      NO**

DAVID GRANT MEDICAL CENTER, TRAVIS AFB, CA
USAF REGIONAL HOSPITAL, EGLIN AFB, FL
ERHLING BERQUIST CLINIC, OFFUTT AFB, UNIVERSITY OF NEBRASKA, OMAHA, NE
KEESLER MEDICAL CENTER, KEESLER AFB, MS
MIKE O'CALLAGHAN FEDERAL HOSPITAL, NELLIS AFB, NV
DEWITT ARMY COMMUNITY HOSPITAL, FORT BELVOIR, VA
EISENHOWER ARMY MEDICAL CENTER, FORT GORDON, GA
MADIGAN ARMY MEDICAL CENTER, TACOMA, WA
NCC - NATIONAL NAVAL MEDICAL CENTER BETHESDA, WALTER REED ARMY MEDICAL CENTER, DEWITT ARMY COMMUNITY HOSPITAL, FORT BELVOIR, MALCOLM GROW MEDICAL CENTER, ANDREWS AFB, USHUS
SAUSHEC - BROOKE ARMY MEDICAL CENTER, FORT SAM HOUSTON, TX, WILFORD HALL MEDICAL CENTER, LACKLAND AFB UNIVERSITY OF TEXAS, SAN ANTONIO, TX
SAUSHEC - WILFORD HALL AMBULATORY SURGICAL CENTER, SAN ANTONIO MILITARY MEDICAL CENTER
SCOTT AFB/ST. LOUIS SCHOOL OF MEDICINE (BELLEVILLE) PROGRAM, BELLEVILLE, IL
WRIGHT-PATTERSON MEDICAL CENTER/WRIGHT STATE UNIVERSITY, DAYTON, OH
USAFSAM (RAM - WRIGHT PATTERSON AFB, OH/HYPERBARIC LACKLAND AFB, TX)
TRIPLER ARMY MEDICAL CENTER, HONOLULU, HI
WILLIAM BEAUMONT ARMY MEDICAL CENTER, EL PASO, TX
WOMACK ARMY MEDICAL CENTER, FORT BRAGG, NC
DARNALL ARMY COMMUNITY HOSPITAL, FORT HOOD, TX
MARTIN ARMY COMMUNITY HOSPITAL, FORT BENNING, GA
KELLER ARMY COMMUNITY HOSPITAL, WEST POINT, NY
USASAM, FORT RUCKER, AL
CIVILIAN SPONSORED
CIVILIAN DEFERRED/REDEFERED (NON-FUNDED) <i>*RANK EVEN IF NOT OFFERED ON HPERB IF YOU ARE INTERESTED*</i>

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.

APPLICANT SIGNATURE	DATE
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LAST NAME

FIRST NAME

MI

SSN

**ADDITIONAL COMMENTS (PLEASE LIST BY SECTION)**