

**SAMPLE REQUEST LETTER FOR ADVANCED DENTAL EDUCATION**  
**(Not on Letterhead / Delete title line above and this line / Final in black ink only)**

From: (Last Name of applicant), (Last Name of applicant)

To: Commanding Officer, Naval Medical Leader and Professional Development Command, Graduate Dental Programs, (Code 1 WPGDC), 8955 Wood Rd., Bethesda, MD 20889-5628

Subj: APPLICATION FOR ACADEMIC YEAR 2027 NAVY DENTAL CORPS POST GRADUATE YEAR-1 (PGY-1) TRAINING

Ref: (a) NMLPDCNOTE 1520 of 15 July 2026  
(b) DoD Instruction 6000.13 of 30 December 2015

Encl: (1) Dental PGY-1 Application Brief Sheet  
(2) Statement of Motivation  
(3) Licensing and National Board Statement of Understanding NAVMED 1520/25

1. I request to be considered for assignment to PGY-1 training in (AEGD and/or GPR) commencing in Academic Year 2027 My graduation date from Dental School is (DATE).
2. Official scholastic transcripts for all dental education, transcript or Dean's letter showing class rank and/or grade point average (GPA), Integrated National Board Dental Examination scores, and a maximum of three letters of evaluation using NAVMED 1520/17, Evaluation for Advanced Dental Education have been requested.
3. Application Brief Sheet, Statement of Motivation, and Licensing and National Board Statement of Understanding (NAVMED 1520/25 (enclosures 1-3)) are provided.
4. If I am assigned to PGY-1 training, I agree not to resign during the training and to serve in the Navy for any previously unfulfilled minimum service requirement after completion of the training. I understand that this PGY-1 training period is a neutral period of service. No additional service time is owed for this training and any previous obligated service is not served until the PGY-1 training period is complete.
5. I understand the Privacy Act of 1974 (P.L. 93-579) became effective on 27 September 1975 and is applicable to personal data records maintained on U.S. citizens and foreign nationals admitted for permanent residence. My signature acknowledges that I am familiar with the statements contained herein and authorize use of information provided for the purposes listed.

Enclosure (3)

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**PRIVACY ACT STATEMENT**

The authority to request this information is contained in 5 U.S.C. 301 and Department Regulations. The principal purpose of the information is to enable you to make known your desire for the Naval Medical Leader and Professional Development Command to initiate and maintain a training file on your behalf. The information will be used to assist officials and employees of the Department of the Navy in determining your eligibility for and approving or disapproving the education authorization being requested. Completion of this form is mandatory; failure to provide required information may result in delays in response to or disapproval of your request.

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*Signature*

