

DENTAL RESIDENCY DUINS APPLICATION BRIEF SHEET

Instructions:

1. Complete all applicable entries
2. Follow guidelines and instructions in current BUMEDNOTE 1520
3. Forward this brief sheet to:
 - a. Scan/Email: usn.bethesda.navmedleadprodevcmd.list.nmpdc-dental-corps-gp@health.mil
 - b. Mail, FEDEX or other ground mail service:
 Naval Medical Leader and Professional Development Command
 Dental Corps Programs Office, Bldg 1, 16th Floor, Rm. 16125
 8955 Wood Road
 Bethesda MD 20889-5628
4. For questions, call 301-319-4509 or DSN 319-4509

Name (Last, First, MI)

Rank/Grade or Title

Command/Dental School:

Assigned Duty Station:

/School Mailing Address:

Work/Dental School Telephone Number

Work/Dental School Email (Check if preferred):

Comm: DSN:

Current Home Mailing Address

Home and/or Cellular Telephone Number

Home Email (Check if preferred):

Home: Cellular:

Prior Active Duty:

Service: Navy Marines Army Air Force Other:

Enlisted: Rating Name

Active Service Time: / to / (mm/yy)

Officer: Designator Name

Active Service Time: / to / (mm/yy)

Dental Students Only

Program: HPSP HSCP 1925i

Projected Graduation Date: / / (dd/mmm/yy)

Active Duty Only

Indicate Accession Mode: HPSP HSCP 1925i Direct Accession

Date Graduated From Dental School: / (mm/yy)

Date Started Active Duty as Dentist: / (mm/yy)

Date Reported to Current Command: / / (dd/mmm/yy)

Projected Rotation Date from Current Duty Assignment: / (mm/yy)

Current Primary Dental License State:

License Expiration Date: / (mm/yy)

List Duty Assignments (dates assigned from-to mm/yy, command, and duty station) separated by ";"

Prior Postgraduate Dental Training Completed (complete all that apply)

PGY1: AEGD or GPR From: / (mm/yy) To: / (mm/yy)

Navy ACP: Specialty From: / (mm/yy) To: / (mm/yy)

Residency: Specialty From: / (mm/yy) To: / (mm/yy)

Residency: Specialty From: / (mm/yy) To: / (mm/yy)

Other: From: / (mm/yy) To: / (mm/yy)

RESIDENCY APPLICATION CHOICES	
I am applying for: First Choice Residency: _____ Second Choice Residency: _____	
I wish to be considered for (check only one): <input type="checkbox"/> Primarily FTIS, Secondary FTOS <input type="checkbox"/> Primarily FTOS, Secondary FTIS <input type="checkbox"/> Considered Equally for FTIS and FTOS Dental Students Only: in some cases Navy Active Duty for Delay Specialty Program (NADDs) may be an option for training. In addition to your above FTIS/FTOS options, check if you wish to be considered for NADDs: <input type="checkbox"/> Navy Active Duty for Delay Specialty Program (Dental Students Only)	
I have requested letters of evaluation from: (maximum of 3) 	
I have requested transcripts from: (include all dental and other significant education) College/Univ: _____ Degree Earned _____ College/Univ: _____ Degree Earned _____ College/Univ: _____ Degree Earned _____ College/Univ: _____ Degree Earned _____ College/Univ: _____ Degree Earned _____	
If I receive training leading to board eligibility, I will will not pursue board certification.	
<div style="text-align: center;">Demographic Information Request</div> For Information Purposes Only - Answering this section is voluntary and will not affect your request for training: Age: <input type="checkbox"/> 20-25 <input type="checkbox"/> 26-30 <input type="checkbox"/> 31-35 <input type="checkbox"/> 36-40 <input type="checkbox"/> 41-45 <input type="checkbox"/> 46-50 <input type="checkbox"/> 51+ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer Ethnic Group: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White	
<div style="text-align: center;">Privacy Act Statement</div> Authority to request this information is contained in 5 USC 301 and 10 USC 5013. 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 counseling of students; to prepare required reports; to provide a demographic profile of applicants for Navy Dental Corps education and training and equal opportunity programs. Disclosure of this information is voluntary. Failure to disclose this information, except for the demographic information, may result in non-selection for training.	
By signing below, I acknowledge that all information included on this form is true and accurate to the best of my knowledge.	
Name (Last, First, MI)	Rank/Grade or Title
Signature:	Date: