

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

Click here to enter a date.

From: Choose an item. (Name of applicant), Choose an item.  
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 2026 NAVY DENTAL CORPS  
POST GRADUATE YEAR-1 (PGY-1) TRAINING  
  
Ref: (a) NMLPDCNOTE 1520 of XX July 2025  
(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 Choose an item., commencing in Academic Year 2026. My graduation date from Dental School is Click here to enter a 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 and 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)

Subj: APPLICATION FOR ACADEMIC YEAR 2026 NAVY DENTAL CORPS POST  
GRADUATE YEAR-1 (PGY-1) TRAINING

**PRIVACY ACT STATEMENT**

The authority to request this information is contained in 5 U.S.C. 301 and Department Regulations. The principle 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 delay in response to or disapproval of your request.

*Signature*  
NAME OF SIGNER

Enclosure (3)