

DENTAL PGY-1 APPLICATION BRIEF SHEET			
1. Complete brief sheet following guidance in the current NMLPDCNOTE 1520 2. For questions, please call: (301)319-4509 or DSN 319-4509 3. Email completed form to: <a href="mailto:usn.bethesda.navmedleadprodevcmd.list.nmpdc-dental-corps-gp@health.mil">usn.bethesda.navmedleadprodevcmd.list.nmpdc-dental-corps-gp@health.mil</a>			
Name (Last, First, MI)		Rank (n/a if not applicable)	
Home Mailing Address			
Preferred Telephone Number		Preferred E-mail Address	
Dental School Name, Address, and Telephone Number			
Projected/Actual Dental School Graduation Date (dd/mmm/yy) / /			
Check applicable accession program and provide start or commission date (mm/yy):			
HPSP (Start Date /	HSCP (Start Date /	1925i (Commission Date /	Direct Accession (Commission Date /
Desire for training: Primarily AEGD, Secondary GPR AEGD Only		Primarily GPR, Secondary AEGD GPR Only No Preference	
Number of Years Prior Active Duty (n/a if not applicable)		Officer Type or Enlisted Rating	
I have requested letters of evaluation from (maximum 3):			
I have requested transcripts from: (include all dental and other significant education, i.e. Masters and PhD)			
College/Univ:		Degree:	
College/Univ:		Degree:	
College/Univ:		Degree:	
College/Univ:		Degree:	
College/Univ:		Degree:	
Demographic Information Request. For Information Purposes Only - Answering this section is voluntary and will not affect your request for training:			
AGE:	20-25	26-30	31-35 36-40 41-45 46-50 51+
SEX:	Male	Female	Prefer not to answer
ETHNIC GROUP:	American Indian or Alaska Native	Asian	Black or African American
	Hispanic or Latino	Native Hawaiian or Pacific Islander	White
Privacy Act Statement Authority to request this information is contained in 5 USC 301 and 10 USC 5031. 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.			
TYPED NAME, RANK/TITLE			
SIGNATURE		DATE	

Enclosure (4)