

DEPARTMENT OF DEFENSE APPLICATION FOR GRADUATE MEDICAL EDUCATION

FOR OFFICE USE ONLY

THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974

- AUTHORITY: 10 USC 3012
- PRINCIPLE PURPOSE(S): TO COMPILE INFORMATION NECESSARY TO EVALUATE AN APPLICATION FOR MILITARY GRADUATE MEDICAL EDUCATION (GME) TRAINING
- ROUTINE USES: TO EVALUATE APPLICATION FOR PROFESSIONAL TRAINING IN THE MILITARY AND CIVILIAN FACILITIES (MEDICAL CORP OFFICERS ONLY)
- MANDATORY OR VOLUNTARY DISCLOSURE: DISCLOSURE OF REQUESTED INFORMATION IS VOLUNTARY HOWEVER, WITHOUT IT CONSIDERATION FOR GME MAY NOT BE ASSURED

PERSONAL INFORMATION

LAST NAME		FIRST NAME				MI
GENDER	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)		IF MARRIED, IS SPOUSE ACTIVE DUTY?		YES NO
PREFERRED E-MAIL ADDRESS			Spouse's Full Name:		SSN: Pay Grade: Service:	
			Duty Station:			

If you answer "YES" to any of the below questions, explain on the 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

EDUCATION

UNDERGRADUATE SCHOOL		SCHOOL ADDRESS						
MAJOR								
GPA	GRAD OR COMPLETION DATE							
MEDICAL SCHOOL		SCHOOL ADDRESS						
GPA	AAMIC ID							
CLASS RANK	CLASS SIZE	GRAD OR COMPLETION DATE						
PLEASE INDICATE APPROPRIATE DOCTORATE			SCHOLARSHIP PROGRAM					
DOCTOR OF MEDICINE		DOCTOR OF OSTEOPATHY		HSCP	HPSP	USU	ROTC	N/A

OTHER POST GRADUATE SCHOOLS

School:	School:	
Degree:	Graduation Date:	Degree: Graduation Date:

ECFMG CERT NUMBER (IF APPLICABLE)

Cert Number: _____ Date: _____

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

LICENSURE

SPECIALTY BOARD CERTIFICATION		INDICATED SPECIALTY BOARD CERTIFICATION		DATE:
YES	NO			
MEDICAL LICENSING EXAMINATION			*COPIES OF STEPS/PARTS 1-3 MUST BE SUBMITTED WITH THIS APPLICATION*	
FLEX	NBME/USMLE	NBOME/COMLEX		
STEP/PART 1	YEAR TAKEN	IF ANY STEPS/PARTS NOT PASSED OR TAKEN, PLEASE EXPLAIN		
PASS FAIL N/A SCORE				
STEP/PART 2	YEAR TAKEN			
PASS FAIL N/A SCORE				
STEP/PART 3	YEAR TAKEN			
PASS FAIL N/A SCORE				
I POSSESS A CURRENT UNRESTRICTED MEDICAL LICENSE: YES NO *IF YES, ATTACH A COPY OF LICENSE WITH APPLICATION*				

MILITARY TRAINING

PGY-1 SPECIALTY	LOCATION	COMPLETION DATE
RESIDENCY SPECIALTY	LOCATION	COMPLETION DATE
FELLOWSHIP SPECIALTY	LOCATION	COMPLETION DATE

MILITARY ASSIGNMENT HISTORY

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

PRIOR MILITARY SERVICE

PRIOR MILITARY SERVICE		HONORABLE DISCHARGE (IF NO, EXPLAIN)		
YES	NO	YES	NO	
FROM	TO	BRANCH	PAY GRADE	OCCUPATION OR SPECIALTY
FROM	TO	BRANCH	PAY GRADE	OCCUPATION OR SPECIALTY

LAST NAME	FIRST NAME	MI	SSN
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VOLUTEER INFORMATION:

PUBLICATIONS/RESEARCH:

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 UNDER-STAND 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)

NAVY MEDICINE

GRADUATE MEDICAL EDUCATION

PRIVACY STATEMENT / INFORMATION RELEASE

I _____ hereby authorize Navy Medicine and Naval Medical Leader and Professional Development Command release authority of my name, selected specialty, and training location that was determined at the conclusion of the Joint Service Graduate Medical Education Selection Board. I understand that the release of information described herein will be solely to report my DoD-sponsored GME selection status to my administrative office (HPSP, HSCP, USUHS, PDS), specialty leader, and the training facility for which I was selected.

This information is protected under the Privacy Act of 1974 5 USC 552a, and its content shall not be disclosed, discussed, or shared with individuals unless they have a direct need-to-know in the performance of their official duties

Signature

Date