

BUMEDNOTE 1520

Date

SAMPLE REQUEST LETTER FOR ADVANCED DENTAL EDUCATION

(Not on letterhead/delete all text above including this line)

Date

From: (Rank, Name, Service, Corps of applicant),

To: Commanding Officer, Navy Medicine Professional Development Center, Graduate Dental Programs, Code 1WPGDC, 8955 Wood Road, Bethesda, MD 20889-5628

Via: Commanding Officer, (Name of Command) or Dean, (Name of Dental School)

Subj: FISCAL YEAR 2021 NAVY DENTAL CORPS ADVANCED DENTAL EDUCATION

Ref: (a) BUMEDNOTE 1520 of _____

(b) DoD Instruction 6000.13 of 30 December 2015

Encl: (1) Statement of Motivation

1. Per references (a) and (b), I request to be considered for assignment to residency training in (discipline), commencing in fiscal year 2021. I request to be considered for (insert specific program or programs you are applying): only full-time in-service (FTIS) training at a Navy residency or fellowship, other Federal institution (OFI), or Tri-Service dental facility; only full-time out-service (FTOS) training at a civilian institution; considered equally for FTIS and FTOS; primarily FTIS, but will accept FTOS; primarily FTOS, but will accept FTIS.

2. Enclosure (1) is provided for consideration. Other application requirements have been submitted or requested as required. I have arranged for an interview with the appropriate specialty leader as directed.

3. If this request for residency training is approved, and I am assigned to such training, I agree not to resign during the residency and to serve in the Navy for my service obligation plus any previously unfulfilled service obligation after completion of the residency course. I understand my service obligation for the requested primary residency to be ___ years service obligation per enclosure (5) of reference (a). This will be served in conjunction with any unfulfilled service obligation existing prior to the start of the residency program. I understand that this period of service obligation is in addition to that for which I may be previously and otherwise obligated and it may or may not be performed concurrently (reference (b)).

Enclosure (2)

Subj: FISCAL YEAR 2021 NAVY DENTAL CORSP ADVANCED DENTAL EDUCATION

PRIVACY ACT STATEMENT
Data Required by the Privacy Act of 1974

Authority: 10 U.S.C. §2005 and 10 U.S.C. §2013

Principal Purpose: To evaluate applicant's qualifications for selection to participate in Naval Postgraduate Dental Education.

Routine Uses: To assist officials and employees of the Department of the Navy in determining your eligibility for and approving or disapproving the education program being requested by the Department of Defense or Navy.

Disclosure: Disclosure is voluntary; however, failure to provide requested information may result in non-selection.

4. I understand the Privacy Act of 1974 (P.L. 93-579) became effected 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 in the Privacy Act Statement notification in reference (a).

Signature
Printed Name