PGY1 ONLY FORM

All medical students must ap	ply for a minimum of a PGY	I year. Please complete	the information below:
1. I do / do not wish to	be considered for PGY1 training at	a DEFERRED Location as	my first choice for PGY1.
2. I do / do not wish to	be considered for PGY1 training at	t an ACTIVE DUTY locatio	n as my <u>first choice for PGY1.</u>
<u>I</u>	PGY1 ACTIVE DUTY LOCA	ATION PREFERENCES	<u>S</u>
Rank <u>all</u> three PGY1 Active Duteach PGY1 program (e.g. for Go Keesler, #4 WP, #5 Nellis). <u>ALL</u>	eneral Surgery, you would rank y	our location preferences #	
TRANSITIONAL *	INTERNAL MEDICIN	EGEN	ERAL SURGERY
David Grant	Keesler	Davi	d Grant
SAUSHEC	SAUSHEC	Kees	sler
Note: HPERB locations not listed here e reserved for categorical residencies		Neli	is
		SAU	SHEC
		Wrig	ght-Patterson
3. I have applied for a specialty in PGY1 choices #1, #2 and #3 (#1 is f typically be at the same location as y	irst choice, #2 second choice and #3		
TRANSITIONAL	INTERNAL MEDICIN	EGENERAL	SURGERY
4. APPLICANT COMMENTS/REMAR	KS: (If applicable)		
		XXX-XX-	
(LAST, FIRST,	MI)	(Last 4 of SSN)	(DATE)
SIGNATURE:			

THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC 3012.
PRINCIPAL PURPOSE(S): To compile information necessary to evaluate an application for military graduate medical education (GME) training.

^{3.} ROUTINE USES: To evaluate application for professional training in military and civilian facilities (Medical Corps officers only).

MANDATORY OR VOLUNTARY DISCLOSURE: Disclosure of requested information is voluntary, however, without it, consideration for GME cannot be accomplished and GME may not be assured.