

2023 Graduate Medical Education - Statement of Understanding (USUHS)

NAME (PRINT) _____

- a) Individuals applying for active duty (AD) training in other than Air Force (AF) medical facilities will be considered for AF or other DoD training programs before being considered for civilian sponsorship. AF members cannot give final acceptance to a program offer until official written notification of final selection for that program is provided by the AF. AF members choosing civilian programs with rotations away from the primary teaching facility may be required to participate in these rotations at their own expense.
- b) I understand if I am selected for and subsequently enter a graduate medical education (GME) program under AF sponsorship, in either a military or civilian facility, I will incur an active duty service commitment (ADSC) for education and training. This ADSC is computed in accordance with AFMAN 36-2100, *Military Utilization and Classification*, in effect at the time my training program will commence. I will receive written notification of my selection status and projected ADSC following completion of the Joint Graduate Medical Education Selection Board (JGMESB). I further understand I have a personal responsibility to review and verify my ADSC in accordance with applicable AF Instructions.
- c) I understand and specifically acknowledge that I must possess a current, valid, unrestricted state medical license no later than 15 October of my second postgraduate year (PGY2) and maintain the license during residency and post-residency transition. The medical license can be from any US jurisdiction (i.e., any state or federal district).
- d) In accordance with AFI 44-102, paragraph 2.27, I understand that I am prohibited from pursuing off-duty employment (i.e., moonlighting) while in training. AFPC Physician Education has the authority to remove me from training in the event off-duty employment occurs.
- e) If I am selected for training in civilian sponsored status, I will remain on AD under the command/control of AFIT. I am prohibited from receiving a salary, stipend, or other monetary awards, other than my AD entitlements.
- f) I understand, if I am selected by the JGMESB, I will be required to work in a clinical capacity in the specialty to which I trained for at least two years after GME completion, unless the AF/SG waives this requirement due to the needs of the AF mission.
- g) I understand, if I apply for civilian training, I must confer with the specialty consultant/PD in advance and I must also register for the National Residency Match Program (NRMP) / civilian match and only apply for the specialty and length of training approved by the JGMESB.
- h) **At a minimum, to be competitive at the JGMESB, I must successfully complete Steps 1 and 2 of the USMLE prior to meeting the JGMESB.**
- i) At a minimum, I must apply for an internship (Internal Medicine, General Surgery and Transitional) and may apply for a categorical residency program in an AD status.
- j) I understand that if I am selected for an AD program, I will withdraw from the NRMP / civilian match process.
- k) I understand I am not eligible for training in a civilian deferred status unless approved by the JGMESB Board President.
- l) If I am not selected for a full categorical program, I will be selected for one year of clinical post-graduate training only in Internal Medicine, General Surgery, or a Transitional year. If I do not apply for further training or am not selected for further training, I will be released to AFPC Physician Utilization for an assignment as a Flight Surgeon or General Medical Officer.
- m) I understand that I must take USMLE Step 3 no later than **30 March** of my PGY1.
- n) In the event I am selected for civilian training, I will only apply for or accept training through the NRMP /civilian match process in a specialty and length of training as approved by the JGMESB.
- o) I understand that once I have entered training as approved by the JGMESB, I will be unable to change training locations or specialty training without AF approval. I will contact AFPC Physician Education in the event circumstances (personal or academic) changes occur.
- p) I understand all medical students must obtain their medical degree prior to being authorized to travel to GME training.
- q) I understand that I must contact AFPC Physician Education in the event I am placed on academic notice or probation prior to graduation from medical school or during my GME training or if my GME completion date changes from the JGMESB approved date.

SIGNATURE _____ DATE _____