## DEPARTMENT OF DEFENSE APPLICATION FOR GRADUATE MEDICAL EDUCATION

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.
   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.								
1. NAME	2.	GRADE/RANK	3. SSN	4. CURRENT S	PECIALTY	5. SERVICE		
Last			XXX-XX-			[X] Air Force		
First	D	ate of Rank				[ ] Army		
MI						[ ] Navy		
6. HOME ADDRESS	7.	HOME PHONE	8. COMPLET	E DUTY ADDRESS		9. DUTY PHO	ONE	
	(	CELL:						
	H	IOME:				EXT:		
10. EMAIL(S):	<u> </u>							
11. CURRENT STATUS				12. SPECIALTY OR SUBSPECIALTY REQUESTED				
[ ] MEDICAL STUDENT ([ ] HPSP [ ] USU [ ] ROTC)				Choice:				
[ ] ACTIVE DUTY PGY1	(INTERN)	))						
[ ] ACTIVE DUTY RESI	DENT			2ND CHOICE				
[ ] ACTIVE DUTY FELLOW				13. START DATE	REQUESTED	14. PROGRAM LENGTH		
[ ] ACTIVE DUTY FIELD/OPERATIONAL/STAFF				2025				
[ ] DEFERRED/REDEF/FAP (Until Month/Year)				2026				
[ ] OTHER (Specify)								
15. TRAINING								
a. Undergraduate School						COMPLETION	OR GRAD DATE	
Major								
Approximate GPA		Honors [ ] Yes [ ]	No			Enter dates as I	MM/DD/YYYY	
b. Medical School Name					COMPLETION OR GRAD DATE			
Approximate GPA		Class Ranking	of (If no	GPA, use P or F)				
Academic Honors	[ ] Yes	[ ] No						
c. PGY1/Specialty	Location	n				COMPLETION	OR GRAD DATE	
d. Residency/Specialty	Location	Location COMPLETION OR GE					OR GRAD DATE	
e. Fellowship/Specialty	llowship/Specialty Location				COMPLETION OR GRAD DATE			
16. LIST OF PGY-1 ROT internship in that specialty	Not to be	AND TIME SPENT completed if applying	IN EACH (Fill out for a fellowship)	only if you are apply	ing for a residency	and did not comp	lete a categorical	
Specialty	# of Weeks	Specialty	# of Weeks	Specialty	# of Weeks	Specialty	# of Weeks	
17. SPECIALTY BOARI	O CERTIF	ICATION	[ ] Yes [ ] No	o If yes, indicate spec	ialty:		1	
18. MEDICAL LICENSI	NG EXAM	IINATIONS						
Licensing Exam: [ ] FLI	EX []N	IBME/USMLE [	] NBOME/COML	EX USMLE	ID / NBOME ID			
		Pass/Fail		Date Tak	ten (MM/DD/YY	YY) Score		
Step/Level I		Pass Fail						
Step/Level II		Pass Fail						
Step/Level III		Pass Fail						
19. ECFMG (If applicable	e) Certificat	e # Date	Certi	ficate Number:				

NAME (Last, First, MI)	SSN XXX-XX-				
20. POST-PGY1 EXPERIENCE (Last three (3) assignments)	·				
Duty Station Duty Title	Dates				
21. PARTICIPATION IN FEDERALLY FUNDED PROGRAMS (Check	all that apply):				
[]HPSP []HSCP []ROTC []USUHS []F					
22. I POSSESS A CURRENT UNRESTRICTED MEDICAL LICENSE	[ ] YES [ ] NO (If yes, attach copy of license with this application.)				
23. TRAINING PREFERENCES					
Rank order 1, 2, 3, etc. Service maximum - 8 choices - Applicants should ra	nk all available choices from HPERB for the chosen specialty				
AIR FORCE	ARMY				
David Grant Medical Center, Travis AFB, CA	Alexander T. Augusta Army Medical Center, Fort Belvoir, VA				
USAF Regional Hospital, Eglin AFB, FL	Eisenhower Army Medical Center, Fort Gordon, GA				
Erhling Bergquist Clinic, Offutt AFB/University of Nebraska, Omaha	Madigan Army Medical Center, Tacoma, WA				
NE NE	NCC – Walter Reed Army Medical Center, WASH, DC/DeWitt Army				
Keesler Medical Center, Keesler AFB, MS	Community Hospital, Fort Belvoir, VA/National Naval Medical Center, Bethesda, MD/Malcolm Grow Medical Center, Andrews AFB, MD/USUHS				
Mike O'Callaghan Federal Hospital, Nellis AFB, NV					
NCC- The National Capital Consortium (Walter Reed National Military	SAUSHEC-Brooke Army Medical Center, Fort Sam Houston, TX/				
Medical Center), Bethesda, MD Includes NCC, Fort Belvoir Community Hospital and USUHS	Wilford Hall Medical Center, Lackland AFB, TX/University of Texas, San Antonio, TX				
SAUSHEC (Wilford Hall Ambulatory Surgical Center/San Antonio	Tripler Army Medical Center, Honolulu, HI				
Military Medical Center)	William Beaumont Army Medical Center, El Paso, TX				
Scott AFB/St. Louis School of Medicine (Belleville) Program,	Womack Army Medical Center, Fort Liberty, NC				
Belleville, IL	Carl R. Darnall Army Medical Center, Fort Cavazos, TX				
Wright-Patterson Medical Center/Wright State Univ, Dayton, OH	Martin Army Community Hospital, Fort Moore, GA				
USAFSAM (RAM — Wright Patterson AFB, OH)	Keller Army Community Hospital, West Point, New York				
	AFFILIATED PROGRAMS				
Civilian Sponsored	University of Texas Health San Antonio, San Antonio, TX				
Civilian Deferred/Redeferred (Non-funded); rank even if not offered on	University of Alabama at Birmingham, Birmingham, AL				
HPERB if you are interested	Denver Health, Denver, CO				
NAVY	University of Colorado, Denver, CO				
Naval Medical Center, Portsmouth, VA	Oliversity of Colorado, Beliver, CO				
Naval Medical Center, Fortsmouth, VA  Naval Medical Center, San Diego, CA	OTHER				
	OTHER				
Naval Hospital Bremerton, WA	Uniformed Services University of the Health Sciences (Non-Clinical)				
Naval Hospital, Camp LeJeune, NC					
Naval Hospital, Camp Pendleton, CA	Armed Forces Institute of Pathology				
Naval Hospital, Jacksonville, FL	OPERATIONAL GME				
Naval Hospital, Pensacola, FL	Albert Einstein Healthcare Network, Philadelphia, PA				
Naval Aerospace Medical Institute, Pensacola, FL	Saint Louis University, St Louis, MO				
	Mercy St Vincent, Toledo, OH				
NCC - National Naval Medical Center, Bethesda, MD/Walter Reed	Virginia Commonwealth University, Richmond, VA				
Army Medical Center, WASH, DC/DeWitt Army Community Hospital, Fort Belvoir, VA/Malcolm Grow Medical Center, Andrews AFB, MD/	The Ohio State University, Columbus, OH				
USUHS	University of Alabama at Birmingham, Birmingham, AL				
	University of Arizona, Tuscon, AZ				
<ul> <li>24. (Enter Y or N. All Y answers must be explained in Item 26)</li> <li>[ ] Have you ever been convicted of a misdemeanor?</li> <li>[ ] Have you ever been convicted of a felony?</li> <li>[ ] Have you ever been disciplined for student conduct violations (e.g., acadeschool?</li> <li>[ ] Have you ever been disciplined for academic performance (e.g., academ</li> </ul>	emic probation, dismissal, suspension, disqualification etc.) by any college or				
school or internship/residency program?	- r, distinction, suspension, disqualification conf by any conege,				

25. 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 an Accreditation Council for Graduate Medical Education (ACGME) or specialty-specific accrediting agency. 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 or Bureau of Osteopathic Specialists. For those subspecialties which do not lead to board certification nor accreditation status, training must be received in an 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 obligation prior to entering GME training. I acknowledge that I understand the content 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'S NAME	DATE					
Approved for use for the 2024 USAF JGMESB						
26. Additional Comments or Explanations (Identify the item number and explain in this space)						

## 27. Demographics

- a. Birth Date (mm/dd/yyyy):
- b. Birth Place (city, state):
- c. Citizenship:
- d. Race:
- e. Marital Status:
  - If Married, spouse Active Duty? Yes? No?
  - If yes, spouse's Service?
  - If yes, spouses name?
- f. NRMP ID:
- g. AAMC ID:

## **ADDITIONAL INSTRUCTIONS:**

- 1) Form must be typewritten. Hand written forms will not be accepted.
- 2) Form must either include a time dated digital signature or a wet signature.
- 3) Save file with the following naming convention: lastname\_firstname\_App.pdf
- 4) A separate CV must be submitted with your application. CVs must be in pdf format using the following naming convention: lastname\_firstname\_CV.pdf
- 5) For a 2nd choice specialty, include an additional application with only the following blocks completed: 1, 2, 3, 12, 13, 14, 23, and 25
- 6) Email completed form(s)/CV to AFPC.DPMNP.PhysicianEducation@us.af.mil
- 7) Applications will be accepted from 1 July 2024 31 August 2024. No late submissions will be accepted.