

DoD APPLICATION EDUCATION SUMMARY – MEDICAL STUDENT

NAME (LAST, FIRST MI)	GRADE	SSAN
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UNDERGRADUATE	USUHS	MEDICAL SCHOOL
<input type="checkbox"/> USAFA Dates sponsored _____	<input type="checkbox"/> HPSP Dates sponsored _____	
<input type="checkbox"/> AFROTC Dates sponsored _____	<input type="checkbox"/> Civilian	
<input type="checkbox"/> Civilian	<input type="checkbox"/> AFROTC Educational Delay Dates _____	
Name of Undergraduate School	Name of Medical School	

OFFICER'S TRAINING COURSE (list attendance at COT, BOT, OTS, HPOIC, or None)

Training	Training Location	Start/Stop Dates (MM/YR – MM/YR)

ACTIVE DUTY TOURS (HPSP)

Specialty completed or pending	Position Title	Active Base/Location	Dates (MM/YR – MM/YR)
	MEDICAL STUDENT		
	MEDICAL STUDENT		
	MEDICAL STUDENT		
	MEDICAL STUDENT		

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.