

## Operational (Aerospace) Residency Training Form

**\*\* Only applicants requesting to be considered for operational (aerospace) residency training need to complete this form. It is not required for applicants wishing to pursue traditional residency training only.**

All applicants that are interested in the Operational GME (i.e., Flight Medicine/Family Medicine, Flight Medicine/Emergency Medicine, or Flight Medicine/Internal Medicine) positions offered on the 2024 HPERB will need to submit this form as part of the residency application. This form will allow you to indicate to the selection board your preference to be considered for operational focused residency positions in that primary specialty.

All applicants must submit a MODS DOD application and CV with required supporting documentation.

All applicants must select the primary residency training specialty in MODS for their application and rank locations based on their preferences.

All applicants will be scored by the primary specialty panel based on JGMESB processes to determine if they are selected for residency training in that specialty.

**Please check one of the following choices:**

- I would like to be considered for operational residency training as my primary mode of residency training.
- I would like to be considered for traditional residency training as my primary mode of residency training, but would pursue operational residency training as an alternate mode of training in this specialty.

### **CURRENT OPERATIONAL (AEROSPACE) RESIDENCY TRAINING OPPORTUNITIES:**

*Please select one specialty and rank your choices in order of preferences. Active Duty locations were already selected as part of the MODS application*

#### ***Family Medicine***

\_\_\_\_\_ Active Duty  
\_\_\_\_\_ Ohio State

#### ***Internal Medicine***

\_\_\_\_\_ Active Duty  
\_\_\_\_\_ Ohio State

#### ***Emergency Medicine***

St Louis University  
Mercy - St Vincent  
VCU  
Ohio State  
Einstein (Philadelphia)  
U of Arizona  
UAB

### **Applicant Comments (If necessary):**

XXX-XX-

(LAST, FIRST, MI)

(SSAN)

(DATE)

SIGNATURE: \_\_\_\_\_

THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974

1. AUTHORITY: 10 USC 3012.
2. 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**).
4. MANDATORY OR VOLUNTARY DISCLOSURE: Disclosure of requested information is voluntary, however, without it, consideration for GME cannot be accomplished and GME may not be assumed