

# PGY1 ONLY FORM

All medical students must apply for a minimum of a PGY1 year. Please complete the information below.

I prefer to be considered for PGY1 training at a **CIVILIAN DEFERRED** location as my **first choice** for PGY1.

**Select One:**

I prefer to be considered for PGY1 training at an **ACTIVE DUTY** location as my **first choice** for PGY1.

## PGY1 ACTIVE DUTY LOCATION PREFERENCES

**Rank all three PGY1 Active Duty programs in the order of your preference (i.e. #1, #2, #3).** Rank all training locations within each PGY1 program (e.g. for General Surgery, you would rank your location preferences #1 SAUSHEC, #2 David Grant, #3 Keesler, #4 WP, #5 Nellis). **ALL BOXES/BLANKS MUST BE FILLED EVEN IF CIVILIAN TRAINING IS PREFERRED.**

\_\_\_\_\_ *TRANSITIONAL* \*

\_\_\_\_\_ *INTERNAL MEDICINE*

\_\_\_\_\_ *GENERAL SURGERY*

\_\_\_\_\_ David Grant

\_\_\_\_\_ Keesler

\_\_\_\_\_ David Grant

\_\_\_\_\_ SAUSHEC

\_\_\_\_\_ SAUSHEC

\_\_\_\_\_ Keesler

\* Note: HPERB locations not listed here are reserved for categorical residencies

\_\_\_\_\_ Nellis

\_\_\_\_\_ SAUSHEC

\_\_\_\_\_ Wright-Patterson

I have applied for a specialty in an AD program **that requires a PGY1** (Neurology, Ophthalmology, Radiology) and have ranked my PGY1 choices #1, #2 and #3 (#1 is first choice, #2 second choice and #3 third choice). You must rank all three. The PGY1 year will typically be at the same location as your specialty training. **(Leave this section blank if not applicable)**

\_\_\_\_\_ *TRANSITIONAL*

\_\_\_\_\_ *INTERNAL MEDICINE*

\_\_\_\_\_ *GENERAL SURGERY*

APPLICANT COMMENTS/REMARKS: (If applicable)

XXX-XX-

\_\_\_\_\_  
(LAST, FIRST, MI)

\_\_\_\_\_  
(Last 4 of SSN)

\_\_\_\_\_  
(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 assured.