

DEPARTMENT OF DEFENSE APPLICATION FOR GRADUATE MEDICAL EDUCATION									
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.									
1. NAME		2. GRADE/RANK		3. SSN		4. CURRENT SPECIALTY		5. SERVICE	
Last				XXX-XX-				[X] Air Force	
First		Date of Rank						[] Army	
MI								[] Navy	
6. HOME ADDRESS		7. HOME PHONE		8. COMPLETE DUTY ADDRESS			9. DUTY PHONE		
		CELL:							
		HOME:					EXT:		
10. EMAIL(S):									
11. CURRENT STATUS				12. SPECIALTY OR SUBSPECIALTY REQUESTED					
[] MEDICAL STUDENT ([] HPSP [] USU [] ROTC)				Choice:					
[] ACTIVE DUTY PGY1 (INTERN))									
[] ACTIVE DUTY RESIDENT				2ND CHOICE					
[] ACTIVE DUTY FELLOW				13. START DATE REQUESTED		14. PROGRAM LENGTH			
[] ACTIVE DUTY FIELD/OPERATIONAL/STAFF				2026					
[] DEFERRED/REDEF/FAP (Until Month/Year)				2027					
[] OTHER (Specify)									
15. TRAINING									
a. Undergraduate School						COMPLETION OR GRAD DATE			
Major									
Approximate GPA		Honors [] Yes [] No				Enter dates as 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				COMPLETION OR GRAD DATE			
d. Residency/Specialty		Location				COMPLETION OR GRAD DATE			
e. Fellowship/Specialty		Location				COMPLETION OR GRAD DATE			
16. LIST OF PGY-1 ROTATIONS AND TIME SPENT IN EACH (Fill out only if you are applying for a residency and did not complete a categorical internship in that specialty. Not to be completed if applying for a fellowship)									
Specialty	# of Weeks	Specialty	# of Weeks	Specialty	# of Weeks	Specialty	# of Weeks		
17. SPECIALTY BOARD CERTIFICATION			[] Yes [] No If yes, indicate specialty:						
18. MEDICAL LICENSING EXAMINATIONS									
Licensing Exam: [] FLEX [] NBME/USMLE [] NBOME/COMLEX				USMLE ID / NBOME ID					
		Pass/Fail			Date Taken (MM/DD/YYYY) Score				
Step/Level I		Pass Fail							
Step/Level II		Pass Fail							
Step/Level III		Pass Fail							
19. ECFMG (If applicable) Certificate #		Date		Certificate 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):			
<input type="checkbox"/> HPSP <input type="checkbox"/> HSCP <input type="checkbox"/> ROTC <input type="checkbox"/> USUHS <input type="checkbox"/> FAP <input type="checkbox"/> Military Academy <input type="checkbox"/> DirectAccession			
22. I POSSESS A CURRENT UNRESTRICTED MEDICAL LICENSE <input type="checkbox"/> YES <input type="checkbox"/> 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 rank all available choices from HPERB for the chosen specialty			
AIR FORCE		ARMY	
	David Grant Medical Center, Travis AFB, CA		Carl R. Darnall Army Medical Center, Fort Cavazos, TX
	Eglin AFB Hospital, Eglin AFB, FL		Madigan Army Medical Center, JB Lewis-McChord, WA
	Offutt AFB/University of Nebraska, Omaha NE		NCC - The National Capital Consortium, Bethesda, MD includes WRNMMC, ATAMMC and USUHS
	Keesler Medical Center, Keesler AFB, MS		
	Mike O'Callaghan Military Medical Center, Nellis AFB, NV		
	SAUSHEC, JB San Antonio, TX (Brooke Army Medical Center/ Wilford Hall Ambulatory Surgical Center)		
	Scott AFB/St. Louis School of Medicine (Belleville) Program, Belleville, IL		CIVILIAN AFFILIATES
	USAFSAM (RAM — Wright Patterson AFB, OH)		University of Texas Health San Antonio, San Antonio, TX
			University of Alabama at Birmingham, Birmingham, AL
			Denver Health, Denver, CO
	Wright-Patterson Medical Center/Wright State Univ, Dayton, OH		University of Colorado, Denver, CO
	Civilian Deferred/Redeferred (Non-funded); rank even if not offered on HPERB if you are interested		Boston Medical Center, Boston, MA
			Indiana University, Indianapolis, IN
	Civilian Sponsored		Wake Forest University, Winston-Salem, NC
			Albert Einstein Healthcare Network, Philadelphia, PA
			Saint Louis University, St Louis, MO
			Mercy St Vincent, Toledo, OH
	NAVY		Virginia Commonwealth University, Richmond, VA
	Naval Medical Center, Portsmouth, VA		The Ohio State University, Columbus, OH
	Naval Medical Center, San Diego, CA		University of Arizona, Tuscon, AZ
	OTHER		
	Uniformed Services University of the Health Sciences (Non-clinical)		
	Armed Forces Institute of Pathology		
24. (Enter Y or N. All Y answers must be explained in Item 26)			
<input type="checkbox"/> Have you ever been convicted of a misdemeanor?			
<input type="checkbox"/> Have you ever been convicted of a felony?			
<input type="checkbox"/> Have you ever been disciplined for student conduct violations (e.g., academic probation, dismissal, suspension, disqualification etc.) by any college or school?			
<input type="checkbox"/> Have you ever been disciplined for academic performance (e.g., academic probation, dismissal, suspension, disqualification etc.) by any college, school or internship/residency program?			

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 2025 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 2025 - 31 August 2025. No late submissions will be accepted.