

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

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.