

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-		<input checked="" type="checkbox"/> Air Force
First	Date of Rank			<input type="checkbox"/> Army
MI				<input type="checkbox"/> 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
<input type="checkbox"/> MEDICAL STUDENT (<input type="checkbox"/> HPSP <input type="checkbox"/> USU <input type="checkbox"/> ROTC)	Choice:
<input type="checkbox"/> ACTIVE DUTY PGY1 (INTERN))	
<input type="checkbox"/> ACTIVE DUTY RESIDENT	2ND CHOICE
<input type="checkbox"/> ACTIVE DUTY FELLOW	13. START DATE REQUESTED
<input type="checkbox"/> ACTIVE DUTY FIELD/OPERATIONAL/STAFF	2021
<input type="checkbox"/> DEFERRED/REDEF/FAP (Until Month/Year)	2022
<input type="checkbox"/> OTHER (Specify)	
14. PROGRAM LENGTH	

15. TRAINING

a. Undergraduate School	COMPLETION OR GRAD DATE
Major	
Approximate GPA	Honors <input type="checkbox"/> Yes <input type="checkbox"/> No
b. Medical School Name	COMPLETION OR GRAD DATE
Approximate GPA	Class Ranking of (If no GPA, use P or F)
Academic Honors	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. PGY1/Specialty	COMPLETION OR GRAD DATE
d. Residency/Specialty	COMPLETION OR GRAD DATE
e. Fellowship/Specialty	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						

17. SPECIALTY BOARD CERTIFICATION Yes No If yes, indicate specialty:

18. MEDICAL LICENSING EXAMINATIONS (Copy of Steps 1-3 must be submitted with this application)

Licensing Exam: <input type="checkbox"/> FLEX <input type="checkbox"/> NBME/USMLE <input type="checkbox"/> 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-
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20. POST-PGY1 EXPERIENCE (Last three (3) assignments)

Duty Station	Duty Title	Dates

21. PARTICIPATION IN FEDERALLY FUNDED PROGRAMS (Check all that apply):

HPSP
 HSCP
 ROTC
 USUHS
 FAP
 Military Academy
 DirectAccession

22. I POSSESS A CURRENT UNRESTRICTED MEDICAL LICENSE YES 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	DeWitt Army Community Hospital, Fort Belvoir, VA	
USAF Regional Hospital, Eglin AFB, FL	Eisenhower Army Medical Center, Fort Gordon, GA	
Erhling Bergquist Clinic, Offutt AFB/University of Nebraska, Omaha NE	Madigan Army Medical Center, Tacoma, WA	
Keesler Medical Center, Keesler AFB, MS	NCC – Walter Reed Army Medical Center, WASH, DC/DeWitt Army Community Hospital, Fort Belvoir, VA/National Naval Medical Center, Bethesda, MD/Malcolm Grow Medical Center, Andrews AFB, MD/USUHS	
Mike O'Callaghan Federal Hospital, Nellis AFB, NV		
NCC- The National Capital Consortium (Walter Reed National Military Medical Center), Bethesda, MD Includes NCC, Fort Belvoir Community Hospital and USUHS	SAUSHEC-Brooke Army Medical Center, Fort Sam Houston, TX/Wilford Hall Medical Center, Lackland AFB, TX/University of Texas, San Antonio, TX	
SAUSHEC (Wilford Hall Ambulatory Surgical Center/San Antonio Military Medical Center)	Tripler Army Medical Center, Honolulu, HI	
	William Beaumont Army Medical Center, El Paso, TX	
Scott AFB/St. Louis School of Medicine (Belleville) Program, Belleville, IL	Womack Army Medical Center, Fort Bragg, NC	
	Darnall Army Community Hospital, Fort Hood, TX	
Wright-Patterson Medical Center/Wright State Univ, Dayton, OH	Martin Army Community Hospital, Fort Benning, GA	
USAFSAM (RAM — Wright Patterson AFB, OH / Hyperbaric - Lackland AFB, TX)	Keller Army Community Hospital, West Point, New York	
	USASAM, Fort Rucker, AL	
Civilian Sponsored	Civilian Sponsored	
Civilian Deferred/Redeferred (Non-funded); rank even if not offered on HPERB if you are interested	Civilian Deferred (NGMEP)	
	VA/DoD/Civ	
	VA/DoD/2	
NAVY		
Naval Medical Center, Portsmouth, VA	VA/DoD/3	
Naval Medical Center, San Diego, CA	OTHER	
Naval Hospital Bremerton, WA	Uniformed Services University of the Health Sciences (Non-Clinical)	
Naval Hospital, Camp LeJeune, NC		
Naval Hospital, Camp Pendleton, CA	Armed Forces Institute of Pathology	
Naval Hospital, Jacksonville, FL	Walter Reed Army Institute of Research	
Naval Hospital, Pensacola, FL	Other (indicate institution)	
Naval Aerospace Medical Institute, Pensacola, FL		
Civilian Navy Sponsored (FTOS)		
NCC - National Naval Medical Center, Bethesda, MD/Walter Reed Army Medical Center, WASH, DC/DeWitt Army Community Hospital, Fort Belvoir, VA/Malcolm Grow Medical Center, Andrews AFB, MD/USUHS		
Civilian Deferred (NADDS)		

24. (Enter Y or N. All Y answers must be explained in Item 26)

Have you ever been convicted of a misdemeanor?
 Have you ever been convicted of a felony?
 Have you ever been disciplined for student conduct violations (e.g., academic probation, dismissal, suspension, disqualification etc.) by any college or school?
 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 in the most current Graduate Medical Education Directory published by the American Medical Association or if applicable (generally PGY-1 level of GME) by the most current Yearbook and Directory published by the American Osteopathic Association. 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. 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 exact obligation prior to entering GME training. I acknowledge that I understand the contents 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 2020 USAF JSGMESB

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.DP2NP.PhysicianEducation@us.af.mil

7) Applications will be accepted from 1 July 2020 - 31 August 2020. No late submissions will be accepted.