

**DoD APPLICATION EDUCATION SUMMARY – MEDICAL STUDENT**

NAME (LAST, FIRST MI)	GRADE	SSAN
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<b>UNDERGRADUATE</b>  <input type="checkbox"/> USAFA Dates sponsored _____  <input type="checkbox"/> AFROTC Dates sponsored _____  <input type="checkbox"/> Civilian	<b>MEDICAL SCHOOL</b>  USUHS <input type="checkbox"/> HPSP Dates sponsored _____  <input type="checkbox"/> Civilian  <input type="checkbox"/> AFROTC Educational Delay Dates _____
<b>Name of Undergraduate School</b>	<b>Name of Medical School</b>

**OFFICER'S TRAINING COURSE** (list attendance at COT, BOT, OTS, HPOIC, or None)

Training	Training Location	Start/Stop Dates (MM/YR – MM/YR)

**ACTIVE DUTY TOURS**

Specialty completed or pending	Position Title	Active Base/Location	Dates (MM/YR – MM/YR)
	MEDICAL STUDENT		
	MEDICAL STUDENT		
	MEDICAL STUDENT		
	MEDICAL STUDENT		

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.