PGY1 ONLY FORM

All medical students must ap	ply for a minimum of a PGY1 ye	ar. Please complete the	e information below.
1. I do / do not wish to	be considered for PGY1 training at a DF	EFERRED Location as my	first choice for PGY1.
2. I do / do not wish to	be considered for PGY1 training at an A	CTIVE DUTY location as	my first choice for PGY1.
<u>I</u>	PGY1 ACTIVE DUTY LOCATION	ON PREFERENCES	
each PGY1 program (e.g. for Go	y programs in the order of your preference of Surgery, you would rank your IBOXES/BLANKS MUST BE FILLE	ocation preferences #1 SA	
TRANSITIONAL *	INTERNAL MEDICINE	GENERA	L SURGERY
David Grant	Keesler	David Gra	unt
SAUSHEC	SAUSHEC	Keesler	
Jote: HPERB locations not listed here reserved for categorical residencies		Nellis	
		SAUSHE	С
		Wright-Pa	atterson
	an AD program that requires a PGY1 (Nat #3 (#1 is first choice, #2 second choice as your specialty training.		
TRANSITIONAL	INTERNAL MEDICINE	GENERAL SUI	RGERY
	KS: (If applicable)		
4. APPLICANT COMMENTS/REMAR	(ii uppriousio)		
4. APPLICANT COMMENTS/REMAR	(ii apparation)		
4. APPLICANT COMMENTS/REMAR		X-XX-	

THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC 3012.
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).

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.