

APPLICATION DATE (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_

**NAVY SUPPLEMENT TO DOD APPLICATION FOR GRADUATE MEDICAL EDUCATION (RESIDENCY/FELLOWSHIP)  
2004 GRADUATE MEDICAL EDUCATION SELECTION BOARD FOR ACADEMIC YEAR 2005**

**NAME** \_\_\_\_\_  
LAST FIRST MI GRADE SSN

**STATUS** 1 2 3 4 5 6 7  
(Circle) USN USNR USNR-R USA USAF PHS CIV OTHER: \_\_\_\_\_  
(Active) (Inactive) (Specify)

**SPECIALTY/SUBSPECIALTY REQUESTED:** \_\_\_\_\_ **EAOS:** \_\_\_\_\_

**TYPE OF TRAINING AND TRAINING START DATE REQUESTED:** (Check as appropriate)

\_\_\_\_\_ Residency/Fellowship Training for AY 2003: \_\_\_\_\_/\_\_\_\_\_  
AND/OR YY MM

\_\_\_\_\_ Preselection for Residency/Fellowship Training  
in **FTOS/OFI** or **Deferment** Programs in AY 2004/2005: \_\_\_\_\_/\_\_\_\_\_  
YY MM

My previous training: (Check) \_\_\_\_\_ PGY-1/R-1 (Internship) \_\_\_\_\_ PGY-2+ (Residency)  
Qualifies me to begin: (Check) \_\_\_\_\_ Residency (R) \_\_\_\_\_ Fellowship (F)  
Training at Year level: (Check) \_\_\_\_\_ R1 (My internship does not qualify  
me to begin residency at R-2 level)  
\_\_\_\_\_ R2  
\_\_\_\_\_ F1  
\_\_\_\_\_ Other: \_\_\_\_\_

**NMETC USE ONLY:**

**CURRENT TRAINING STATUS:** 1-Student 2-Intern 3-Intern with Prior Service  
(Circle one) 4-Resident 5-Fellow 6-Not in training

**CURRENT ASSIGNMENT:** (Circle one)

- 1. GMO - USMC
- 2. GMO - Surface
- 3. GMO - BUMED Activity
- 4. Flight Surgeon - Operational
- 5. Flight Surgeon - USMC
- 6. Flight Surgeon - BUMED Activity
- 7. Undersea - Operational
- 8. Undersea - BUMED Activity
- 9. Trainee - BUMED Activity
- 10. a. Trainee - OFI  
b. Trainee - FTOS
- 11. a. Trainee - 1-Year Delay (USNR-R)  
b. Trainee - NADDS (USNR-R)
- 12. Civilian
- 13. Staff Specialist - Operational
- 14. Staff Specialist - BUMED Activity

**TYPE OF DEGREE:** MD \_\_\_\_\_ DO \_\_\_\_\_ **DEGREE DATE:** (YY/MM) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

If completed or currently an Intern, Program Director's name \_\_\_\_\_

If completed or currently a resident, Program Director's name \_\_\_\_\_

If completed or currently a fellow, Program Director's name \_\_\_\_\_

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**OPTIONAL PERSONAL STATEMENT: (Mandatory for Nonclinical applicants)**

This section may be used to amplify information provided on pages 1 and 2 of the application or to address any personal and/or professional issues which the applicant believes may be of value to the 2003 GMESB.

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Privacy Act Statement. The authority to request the information in this supplement is contained in 5 U.S.C. 301 and 10 U.S.C 5031. The principal purpose for which this information is used is to assist officials and employees of the Department of the Navy in determining your eligibility and evaluating your request for GME. Other routine uses of this information are to determine course and training demands, requirements, and achievements; analyze student groups or courses, provide academic and performance reports, and for other training, administration, and planning purposes. Disclosure of this information is voluntary; however, failure to disclose requested information may result in nonselection for training.

Applicant Acknowledgment:

I have read and understand the instructions for the completion of this application. I certify the information submitted on these application materials is complete and correct to the best of my knowledge. I am aware it is my responsibility to arrange to submit any supplementary material (i.e., transcripts, letters of evaluation, etc.) required.

I am aware of the requirement to contact the program director/specialty leader of the specialty to which I am applying prior to the GME Selection Board either by personal/telephone interview, e-mail, or written letter.

I understand if selected for training, my service obligation will be computed following DOD Instruction 6000.13. I understand and agree that following training, any tender of resignation or request for release from active duty on my part will be disapproved until the total period of obligated active service is completed, except for the convenience of the Government or in the case of individual determined humanitarian circumstances.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

## DEMOGRAPHIC INFORMATION REQUEST

Please circle the applicable responses:

U.S. CITIZEN: Y/N

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_  
MM/DD/YY

SEX: M/F

RACE/ETHNIC GROUP

- 1 = African-American (not of Hispanic origin)
- 2 = American Indian or Alaskan Native
- 3 = Asian American or Pacific Islander
- 4 = Hispanic
- 5 = Caucasian (not of Hispanic origin)
- 6 = Other

### PRIVACY ACT STATEMENT

This information is requested under authority contained in 5 U.S.C. 301 and related departmental regulations. The principal purpose for obtaining this information is to permit a demographic characterization of all applicants applying for naval Medical Department education and training. The information will be used to provide a base from which to assess affirmative action initiatives and equal opportunity programs within the naval Medical Department. Disclosure of this information is voluntary. Failure to disclose the requested information will not result in adverse consequences.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature