Advanced Dental Education Application Brief Sheet

Instructions

1. Complete all applicable entries.
2. Type all entries.
3. Follow current BUMEDNOTE 1520.
4. Attach a chronological record of your continuing dental education (courses, correspondence courses, etc.) for the past 5 years.
5. Forward this brief sheet and chronological record of dental education to: NSHS, Code OD, 8901 Wisconsin Avenue, Bethesda, MD 20889-5611.
6. Questions, please call: (301) 295-0650 or DSN 295-0650.

Name (Last, First, MI)	Grade	Designator	SSN

Current duty station address	
Duty station phone number (DSN and commercial)	Home phone number and E-mail address
Date of rank	Year group
Years active duty	Years Navy Dental Officer
PRD	If you have received orders; to where?
Total years of operational or foreign shore duty as dental officer	
Dates & location of duty stations:	
First choice for training requested	Second choice for training requested
If I receive training leading to board eligibility, I will ☐ will not ☐ pursue board certification.	
As appropriate, complete all of the following. I completed:	
GPR/AEGD in (provide academic year and facility)	
Civilian postdoctoral fellowship in (provide discipline, academic year and facility)	
Navy ACP in (provide discipline, academic year and facility)	
Navy residency program in (provide discipline, academic year and facility)	
Civilian residency/post-residency fellowship in (provide discipline, academic year and facility)	
I have requested evaluations from:	
I have requested transcripts from:	

Demographic Information Request

Please complete the following by circling the correct information. Completion of this information is voluntary and will not affect your request for training.

Age:	20-25	26-30	31-35	36-40	41-45	46-50	51+
Gender:	Male		Female				
Ethnic Group:	American Indian		Asian	African American	Caucasian	Filipino	Hispanic	Other

Privacy Act Statement

Authority to request this information is contained in 5 USC 301 and 10 USC 5031. The purpose for this information is to assist Department of the Navy officials and employees in evaluating your training request and determining your eligibility for advanced dental education. Other uses for this information are to determine course and training demands, requirements and achievements; to analyze student groups or courses; to provide academic and performance evaluation to assist with guidance and counseling of students; to prepare required reports; to provide a demographic profile of applicants for Navy Dental Corps education and training programs; to assess affirmative action initiatives and equal opportunity programs; and to support other training, administration and planning purposes. Disclosure of this information is voluntary. Failure to disclose this information, except for the demographic information, may result in non-selection for training.

Typed name, grade and SSN	Date
Signature	

NSHS (Code OD) Use Only

Education/school	Academic years	Degree	GPA	Class/rank
Pre-dental				
Dental				
Other				

Evaluations received	Transcripts received	Application complete date
1 2 3	1 2 3	