DENTAL RESIDENCY DUINS APPLICATION BRIEF SHEET

INSTRUCTIONS:

1. Complete all applicable entries
2. Follow guidelines and instructions in current BUMEDNOTE 1520
3. Forward this brief sheet to:

Graduate Dental Programs (Code 1WPGDC)
Navy Medicine Professional Development Center
Building 1, 16th Deck, Room 16125
8955 Wood Road
Bethesda, MD 20889-5611

Name (Last, First, MI) | Rank/Grade or Title

Command/Dental School: | Assigned Duty Station:

Command/School Mailing Address

Work/ Dental School Telephone Number
Comm: DSN:

Work/Dental School E-mail (Check if preferred ☐)

Current Home Mailing Address

Home and/or Cellular Telephone Number
Home: Cellular:

Home E-mail (Check if preferred ☐)

Prior Active Duty:

Service: ☐ Navy ☐ Marines ☐ Army ☐ Air Force ☐ Other: _____

☐ Enlisted: Rating Name — Active Service Time: / to / (mm/yy)

☐ Officer: Designator Name — Active Service Time: / to / (mm/yy)

Dental Students Only

Program: ☐ HPSP ☐ HSCP ☐ 1925i

Projected Graduation Date: / / (dd/mmm/yy)

Active Duty Only

Indicate Accession Mode: HPSP ☐ HSCP ☐ 1925i ☐ Direct Accession ☐

Date Graduated From Dental School: / (mm/yy)

Date Started Active Duty as Dentist: / (mm/yy)

Date Reported to Current Command: / / (dd/mmm/yy)

Projected Rotation Date from Current Duty Assignment: / (mm/yy)

Current Primary Dental License State: License Expiration Date: / (mm/yy)

List Duty Assignments (dates assigned from-to mm/yy, command, and duty station) separated by ";"

Prior Postgraduate Dental Training Completed (complete all that apply)

☐ PGY1: ☐ AEGD or ☐ GPR From: / (mm/yy) To: / (mm/yy)

☐ Navy ACP: Specialty From: / (mm/yy) To: / (mm/yy)

☐ Residency: Specialty From: / (mm/yy) To: / (mm/yy)

☐ Residency: Specialty From: / (mm/yy) To: / (mm/yy)

☐ Other: From: / (mm/yy) To: / (mm/yy)

RESIDENCY APPLICATION CHOICES

I am applying for:

First Choice Residency: Second Choice Residency:

I wish to be considered for (check only one):

☐ Only FTIS ☐ Only FTOS ☐ Primarily FTIS, Secondary FTOS

☐ Primarily FTOS, Secondary FTIS ☐ Considered Equally for FTIS and FTOS

Dental Students Only: in some cases Navy Active Duty for Delay Specialty Program (NADDS) may be an option for training. In addition to your above FTIS/FTOS options, check if you wish to be considered for NADDS: ☐ Navy Active Duty for Delay Specialty Program (Dental Students Only)

I have requested letters of evaluation from: (maximum of 3)

I have requested transcripts from: (include all, dental, and other significant education)

College/Univ: Degree Earned

College/Univ: Degree Earned

College/Univ: Degree Earned

College/Univ: Degree Earned

College/Univ: Degree Earned

If I receive training leading to board eligibility, I will ☐ will not ☐ pursue board certification.

Demographic Information Request

Please complete the following by selecting the appropriate 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 5013. 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 for 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. By signing below, I acknowledge that all information included on this form is true and accuate to the best of my knowledge.

Name (Last, First, MI) Rank/Grade or Title

Signature: Date: