

## GRADUATE MEDICAL EDUCATION SUPPLEMENT

SUPPLEMENT TO DOD APPLICATION FOR GRADUATE MEDICAL EDUCATION (RESIDENCY/FELLOWSHIP)  
GRADUATE MEDICAL EDUCATION SELECTION BOARD

1. Applicant Name ( <i>Last, First, MI</i> )		2. Grade	3. Academic Year	4. Application Date ( <i>DD MMM YYYY</i> )
5. Status ( <i>Check One</i> ) <input type="checkbox"/> USN <input type="checkbox"/> USNR (Active) <input type="checkbox"/> USNR (Inactive) <input type="checkbox"/> USA <input type="checkbox"/> USAF <input type="checkbox"/> PHS <input type="checkbox"/> CIV <input type="checkbox"/> Other (Specify) _____				
6. Speciality / Subspecialty Requested			7. EAOS	
8. Type of Training and Requested Start Date ( <i>Check all Applicable</i> ) <input type="checkbox"/> Residency / Fellowship Training for Academic Year _____ Requested Start Date ( <i>MMM YYYY</i> ) _____ <input type="checkbox"/> Preselection for Residency / Fellowship Training in _____ Requested Start Date ( <i>MMM YYYY</i> ) _____ <b>FTOS / OFI or Deferment Programs in Academic Year _____</b>				
9. Previous Training ( <i>Check One</i> ) <input type="checkbox"/> PGY-1 / R-1 (Internship) <input type="checkbox"/> PGY-2+ (Residency)	10. Qualified to Begin ( <i>Check One</i> ) <input type="checkbox"/> Residency (R) <input type="checkbox"/> Fellowship (F)	11. Training at Year level <input type="checkbox"/> R1 (My internship does not qualify me to begin residency at R-2 level)	12. NAVMED MPT&E USE ONLY <input type="checkbox"/> R2 <input type="checkbox"/> Other <input type="checkbox"/> F1	
13. Current Training Status ( <i>Check One</i> ) <input type="checkbox"/> 1 - Student <input type="checkbox"/> 2 - Intern <input type="checkbox"/> 3 - Intern with Prior Service <input type="checkbox"/> 4 - Resident <input type="checkbox"/> 5 - Fellow <input type="checkbox"/> 6 - Not in Training				
14. Current Assignment ( <i>Check One</i> ) <input type="checkbox"/> 1. GMO - USMC <input type="checkbox"/> 7. Undersea - Operational <input type="checkbox"/> 13. Trainee - NADDS (USNR-R) <input type="checkbox"/> 2. GMO - Surface <input type="checkbox"/> 8. Undersea - BUMED Activity <input type="checkbox"/> 14. Trainee - FAP (USNR) <input type="checkbox"/> 3. GMO - BUMED Activity <input type="checkbox"/> 9. Trainee - BUMED Activity <input type="checkbox"/> 15. Civilian <input type="checkbox"/> 4. Flight Surgeon - Operational <input type="checkbox"/> 10. Trainee - OFI <input type="checkbox"/> 16. Staff Specialist - Operational <input type="checkbox"/> 5. Flight Surgeon - USMC <input type="checkbox"/> 11. Trainee - FTOS <input type="checkbox"/> 17. Staff Specialist - BUMED Activity <input type="checkbox"/> 6. Flight Surgeon - BUMED Activity <input type="checkbox"/> 12. Trainee - 1-Year Delay (USNR-R)				
15. Type of Degree <input type="checkbox"/> MD _____ <input type="checkbox"/> DO _____		16. Degree Date ( <i>MMM YYYY</i> )		
17. Intern Program Director's Name ( <i>Completed or Current</i> )	18. Resident Program Director's Name ( <i>Completed or Current</i> )	19. Fellow Program Director's Name ( <i>Completed or Current</i> )		
20. Participation in Federally Funded Programs ( <i>Check all that Apply</i> ) <input type="checkbox"/> HPSP for _____ Years <input type="checkbox"/> ROTC ( <i>funded only</i> ) for _____ Years <input type="checkbox"/> USUHS from _____ to _____ <input type="checkbox"/> FAP for _____ Years <input type="checkbox"/> Military Academy <input type="checkbox"/> Direct Accession				
21. OPTIONAL PERSONAL STATEMENT: ( <i>Mandatory for Non-clinical applicants</i> ) This section may be used to amplify information provided this application or to address any personal and / or professional issues which the applicant believes may be of value to the GMESB.				
<p><b>Privacy Act Statement.</b> 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 non-selection for training.</p> <p><b>Applicant Acknowledgment</b>            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.</p> <p>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.</p> <p>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.</p>				
22. Applicant Signature		23. Date		

## GRADUATE MEDICAL EDUCATION SUPPLEMENT DEMOGRAPHIC INFORMATION

Please check the applicable responses:

1. U.S. CITIZEN:       Yes       No

2. Application Date (*DD MMM YYYY*) \_\_\_\_\_

3. Age \_\_\_\_\_

4. Sex               Male       Female

5. 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.