

DATA REQUIRED BY THE PRIVACY ACT OF 1974
(ELIGIBILITY FOR AMEDD OFFICER PROCUREMENT PROGRAMS - MISCELLANEOUS DOCUMENTATION)

For use of this form, see AR 135-101; the proponent agency is the Office of The Surgeon General.

AUTHORITY: 10 USC 3012, 10 USC 4301.

PRINCIPAL PURPOSE: To determine your qualifications for appointment as an officer in the US Army Medical Department or for selection for participation in an AMEDD officer procurement program. Your Social Security Number (SSN) is necessary to identify you and your records and to report your earnings as a US Army member to the Social Security Administration and Internal Revenue Service. This statement is applicable to documentation listed below.

ROUTINE USES: This information will be used to evaluate your qualifications for assignment to various career areas; to determine educational and experience background for award of constructive service credit; to determine dates of service and seniority; to document your service agreement with the US Army; to provide a security determination for either initial entry or retention in the US Army or for access to classified defense information to consider your request for waiver of eligibility requirements; and for such other routine actions necessary for your accession into the US Army. If you are accepted and subsequently commissioned as a US Army officer, the information (*except letters of recommendation, motivation statements, and interview evaluations*) becomes part of your military personnel records for promotion, reassignment, training, medical support, and other personnel management actions for you. Letters of recommendation, motivation statements, and interview results remain a part of the procurement file, which is destroyed in accordance with current regulations governing files disposition.

DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER AND OTHER PERSONAL INFORMATION IS VOLUNTARY. HOWEVER, FAILURE TO FURNISH THE REQUESTED INFORMATION WILL RESULT IN INCOMPLETE APPLICATION AND DENIAL OF APPOINTMENT/ACTIVE DUTY CONSIDERATION, AS APPROPRIATE.

Your signature below merely acknowledges that you have been advised of the foregoing.

MISCELLANEOUS FORMATS

First Year Graduate Medical Education Program Application
Curriculum vitae to include membership in professional organizations
Resume/autobiography
Transcripts
Letters of Recommendation
Interview evaluation
Proof of professional qualification
Courses in progress
Special test results
Motivation statements
Citizenship statements

Statement of understanding for accelerated appointment in the USAR without concurrent active duty before complete medical examination and required NAC

Statement of professional school acceptance or enrollment

Institution statement on date degree requirements are to be completed

Statement of Understanding for Appointment as a USAR Commissioned Officer with Concurrent Call to Active

Duty Pending Completion of All Appointment Requirements

Information on Applicant for US Army Nurse Corps

Conditional release for transfer between components of the uniformed services

Statement of past and current professional status regarding:

(1) Malpractice claims and/or suits

(2) Withdrawal or denial of professional privileges at any health facility

Request for waiver of eligibility requirements

Conscientious objector statements

NAME OF APPLICANT (*Typed or Printed*)

SIGNATURE OF APPLICANT

DATE