Operational Residency Training Form

****** Only applicants requesting to be considered for operational residency training need to fill out this form. It is not required for applicants wishing to pursue traditional residency training only. ********

All applicants that are interested in the Operational Flight Medicine/Family Medicine, Operational Flight Medicine/Emergency Medicine, Operational Flight Medicine/Pediatrics, or Operational Flight Medicine/ Internal Medicine positions offered on the 2019 HPERB will need to submit this form as part of the residency application. This form will allow you to indicate to the selection board your preference to be considered for operational focused residency positions in that primary specialty.

All applicants must submit a MODS DOD application and CV with required supporting documentation.

All applicants must select the primary residency training specialty in MODS for their application and rank locations based on their preferences.

All applicants will be scored by the primary specialty panel based on JSGMESB processes to determine if they are selected for residency training in that specialty.

Please check one of the following choices:

I would like to be considered for operational residency training as my primary mode of residency training.

I would like to be considered for traditional residency training as my primary mode of residency training, but would pursue operational residency training as an alternate mode of training in this specialty.

CURRENT OPERATIONAL RESIDENCY TRAINING OPPORTUNITIES:

Please select one specialty and rank your choices in order of preferences. Active Duty locations were already selected as part of the MODS application

Family Medicine	Internal Medicine	Emergency Medicine	Pediatrics
Active Duty	Active Duty	St Louis University	Active Duty
Wright St Univ (Active Duty)	Ohio State	Mercy - St Vincent	
Ohio State		VCU	
		Ohio State	
		Einstein (Philadelphia)	

Applicant Comments (If necessary):

XXX-XX-

(SSAN)

(DATE)

SIGNATURE:

THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974

(LAST, FIRST, MI)

1. AUTHORITY: 10 USC 3012.

2. PRINCIPAL PURPOSE(S): To compile information necessary to evaluate an application for military graduate medical education (GME) training.

3. ROUTINE USES: To evaluate application for professional training in military and civilian facilities (Medical Corps officers only).

MANDATORY OR VOLUNTARY DISCLOSURE: Disclosure of requested information is voluntary, however, without it, consideration for GME cannot be accomplished and GME may not be assumed