PGY1 ONLY FORM

for

All Air Force Medical students must	apply for a minimum of a PGY1 year.	Please fill out the information	on below:
1. I do wish to be considered for	or PGY1 training at an ACTIVE DUTY	location as my first choice	for PGY1.
2. I do wish to be considered for	or PGY1 training at a DEFERRED Loc	eation as my first choice for	<u>PGY1</u> .
3. If you are applying for a pre-se	elect specialty such as Ophthalmolog	y, Radiology or Urology ,	you must complete #3 below
	PGY1 AD LOCATION	<u>PREFERENCES</u>	
THREE PGY1 PROGRAMS. Ra	e Duty programs in the order of your nk <u>all training</u> locations within each I your location preferences (e.g. #1 SA).	PGY1 program that you ar	e interested in training (e.g. fo
TRANSITIONAL *	INTERNAL MEDICINE	GENERAL	SURGERY
David Grant	Keesler	David Grant	
SAUSHEC	SAUSHEC	Keesler	
* Note: Portsmouth reserved for Radiology		Nellis	
		SAUSHEC	
		Wright-Patt	terson
ranked my PGY1 choices #1, #2	AD program that requires a PGY1 (Ne and #3 (#1 is first choice, #2 second clame location as your specialty training.		
TRANSITIONAL	INTERNAL MEDICINE	GENERAL SURG	GERY
5. APPLICANT COMMENTS/REMARK	S: (If applicable)		
(LAST, FIRST, M		(SSAN)	(DATE)
SIGNATURE:			

THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC 3012.
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 assured.