

34. APPLICANTS FOR JUDGE ADVOCATE GENERAL'S CORPS ONLY	35. APPLICANTS FOR CHAPLAINS BRANCH ONLY
BARS OF WHICH YOU ARE A MEMBER <i>(Specify dates)</i>	RELIGIOUS DENOMINATION BY WHICH YOU WILL BE ENDORSED

36. APPLICANTS FOR MEDICAL AND DENTAL CORPS ONLY				
a. TRAINING		b. NAME AND LOCATION OF HOSPITAL	c. DATES <i>(Month and Year)</i>	
LEVEL	TYPE		FROM	TO
INTERNSHIP				
RESIDENCY TNG				
SPECIALTY TNG				
d. SPECIALTY BOARDS			e. DATES OF CERTIFICATION <i>(Day, Month, Yr)</i>	
f. PLACE IN WHICH CURRENTLY LICENSED				

37. APPLICANTS FOR ARMY NURSE CORPS AND ARMY MEDICAL SPECIALIST CORPS ONLY				
a. NAME OF NURSING OR ACCREDITED PROFESSIONAL SCHOOL			b. LOCATION	
c. DATES OF ATTENDANCE <i>(Mo, Yr)</i>		d. STATE AND CURRENT REGISTRATION NUMBER		e. STATE AND DATE OF INITIAL REGISTRATION <i>(Day, Month, Year)</i>
FROM	TO			
f. POSTGRADUATE COURSES <i>(Include courses at general hospitals, service schools, and short courses)</i>				
(1) SUBJECT OR COURSE	(2) NAME AND LOCATION OF SCHOOL OR HOSPITAL	(3) SEMESTER CREDITS EARNED	DATES OF ATTENDANCE <i>(Month, Year)</i>	
			FROM	TO
38. HAVE YOU BEEN EMPLOYED BY THE US ARMY AS A DIETITIAN, OCCUPATIONAL OR PHYSICAL THERAPIST? <i>(If yes, give dates)</i>				
<input type="checkbox"/> YES <input type="checkbox"/> NO				

39. ARMY ROTC <i>(To be completed only by prospective ROTC graduates applying for appointment in USAR or RA)</i>				
SUCCESSFULLY COMPLETED AROTC PROGRAM AS FOLLOWS				
COURSE	DATES ATTENDED <i>(Month and Year)</i>		c. CAMP TRAINING	
	FROM	TO		
a. BASIC			(1) INSTALLATION <i>(Basic)</i>	COMPLETION DATE <i>(Month, Year)</i>
b. ADVANCED			(2) INSTALLATION <i>(Advanced/Ranger)</i>	COMPLETION DATE <i>(Month, Year)</i>

40. MAIN CIVILIAN EMPLOYMENT				
a. NAME AND ADDRESS OF EMPLOYER		b. JOB TITLE		c. MONTH AND YEAR
				FROM
b. PRINCIPAL DUTIES <i>(Describe briefly)</i>				

41. REMARKS <i>(Experience, proficiencies and special abilities not shown elsewhere in this application. Those required to enter primary entry specialties, see Para 1-27d,e, AR 601-100). (If more space is required, attach additional sheet)</i>				
<p>I certify that SSG Doe, John Brown successfully passed the APFT consisting of push ups, sit ups, and two mile run with a score of XXX on XX MONTH XXXX. The verified height is XX inches and verified weight is XXX lbs. SSG Doe is within body fat standards according to AR 600-9.</p> <p>OR</p> <p>I certify that SSG Doe, John Brown successfully passed the ACFT consisting of deadlift, power throw, hand-release push-up, sprint-drag-carry, leg tuck (or plank), and two mile run with a score of XXX on XX MONTH XXXX. The verified height is XX inches and verified weight is XXX lbs. SSG Doe is within body fat standards according to AR 600-9.</p>				
<p>//Commander's Digital or Hand Signature// BRETT A. HIGHSPEED CPT, MI</p>				

42. THE INFORMATION CONTAINED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	DATE	SIGNATURE OF APPLICANT
	Current Date	Applicant Signs