PLEASE COMPLETE THE TOP PORTION AND SEND WITH YOUR APPLICATION

(IPAP) INTERSERVICE PHYSICIAN ASSISTANT PROGRAM
APPLICATION CHECKLIST (Active Duty & Reserve Applicants)
(Keep In Sequence)

Last Name: _____First Name: _____ Middle Initial: _____
DOD ID: _____ SSN: _____
Rank: _____ MOS or AOC: _____/_____Years in Service: _____
Email Address: _____ Cell Phone: _____
Compo: _____ (ACTIVE DUTY / USAR) Waiver(s) Required: No/Yes

Note: Please put documents in order and facing the same direction, as outlined below for Tabs 1-3, (E.g., Tab 1 is one PDF document, Tab 2 is a second PDF document and Tab 3 is a third PDF document). If Tabs are too large, you can send multiple emails, (E.g., Tab 1, Tab 1 continued, etc.). When sending your packet (Tabs 1-3) in PDF format, we do not need separation or labeling of individual documents. For Tab 1, scan documents in sequence, one after another, as well for Tabs 2, 3. DO NOT INCLUDE passwords, codes or special instructions for opening documents. No PDF portfolios. If packets are not in the correct format, they will be returned for correction. Example Tabs 1-3 on website.

TAB 1:

_____Application Checklist (this document)
_____STP (Soldier Talent Profile) without DA photo or race/ethnicity visible. #**(ENL) GT score needs to be visible.**
_____ DA 705-TEST (AFT Scorecard)
_____ DA 5500 Male / DA 5501 Female (Body Fat Worksheet - if applicable)
_____ Profile (if applicable)
_____ Letter of Intent
_____ DA 61 (Appointment Application)
_____ Conviction Waiver Memo (if applicable)
_____ Affidavit/Court documents (if applicable)
_____ CV/Resume
_____ Academic Delay Plan Memo **(Not applicable to ROTC)**
_____ Medical Terminology Certificate (ATIS) (if applicable)
_____ Diplomas (if applicable)

Letter of Recommendations:
_____ Immediate Supervisor
_____ Commander **(Unit commanders must include the following conditional release statement in their Letter of Recommendation). ROTC cadets will be interviewed by their Professor of Military Science and immediate supervisor (Assistant Professor of Military Science or Military Science Instructor) to provide said requirements for an LOR. (Refer to MILPER 26-311)**
_____ Physician Assistant (USAREC Form 601-37.11)
_____ Others (if applicable – Max of 2 additional LORs)
_____ Evaluation Report (OERs/NCOERs) **newest-oldest**
_____ DA 1059 (Academic Evaluation Reports) **newest-oldest**
_____ Letter of Character from 1SG (SPC and below)
_____ DD 214 (Release or discharge, if applicable)
*____ Appointment Letter
*____ DA 71 (Oath of Office)
_____ Awards/Certifications/Licenses
_____ Certificates of Training

TAB 2:

_____ DA 160
_____ Waiver Requests (Age, Time in Service)
_____ MILPO Statement
_____ Security Clearance MFR
_____ Application Memorandum
*____ ROTC Contract (if applicable)
+____ DA 4651
_____ **SSN (Social Security Card)**
_____Naturalization Certificate (if applicable)
_____ Tattoo Self-Identification Memo

TAB 3:

_____ Physical Exam (DD 2807 & 2808 with official lab results and audiogram) (Labs include HIV, urinalysis, urine drug screen, ethanol level. HCG if applicable.)
_____ Copy of Profile (if applicable)

****Other Documents (Do not include in packet):**
The following items are **REQUIRED FOR ALL APPLICANTS.**

_____ **Official Transcripts to include JST (Joint Services Transcripts). (Mail or electronically send to UNMC ONLY!!**).

_____ **SAT Scores** (Please ensure that you have used code "3994" for IPAP, so we can download official scores from the College Board website).

_____ **PA-CAT Scores** (Please ensure that you have selected your COMPO - US Army Reserves or US Army Active Duty, when completing registration. When scores become available, we can download official scores from the website).

*Officer Applicants Only
#Enlisted Applicants Only
+Reserve Applicants Only

SOLDIER TALENT PROFILE

AR 600-8-104

IPPS-A

[redacted]

Date of Birth: [redacted]

Job Code P/S: E42A
SQI P/S (A):
ASI P/S (A):
PDSI:

Deployable

PV1	PV2	PFC	SPC	CPL	SGT	SSG	SFC	MSG	SGM
20110409			20110524	20110524	20140616	20180603			

Career Mapping

2026 PZ — 2027 — 2028 — 2029 — 2030 PZ — 2031 — 2032

SSG SFC MSG

Readiness

MRC Code: —
MRC Reason: —
MRC Reason Start Date: —
PHA Exam Date: 20241022
PULHES: 112111

Current Asgt. End: 20260414
YMAV Date: YMAV UNDER TEMPORARY MAINTENANCE
EFMP Eval Date: —
MACP Date: —

Security Clearance Date Granted: SECRET 20110504
Closed Investigation Type: NATIONAL AGCY CHECK WITH LOCAL
Closed Investigation Date: 20110427
Open Investigation Type: —
Open Investigation Date: —
Continuous Vetting Date: 20210413

SFPA FLAGS

Restriction	Code	Begin Date	End Date
—	—	—	—

ASSIGNMENT ELIGIBILITY (AEA) FLAGS

Restriction	Code	Begin Date	End Date
—	—	—	—

Skills

0 Self-Professed

PROFESSIONAL LICENSES

License	Expiration Date
—	—

PROFESSIONAL CERTIFICATIONS

Certification	Certified Date
—	—

ATTRIBUTES (SELF-PROFESSED)

Attribute	Rating	Date
—	—	—

DEFENSE LANGUAGE PROFICIENCY TEST (DLPT)

Language	Listening	Reading	Speaking
—	—	—	—

LANGUAGES (SELF-PROFESSED)

Language	Listening	Reading	Speaking
—	—	—	—

HOBBIES / INTERESTS (SELF-PROFESSED)

Hobby / Interest	Genre	Proficiency Date
—	—	—

SELF STUDY (SELF-PROFESSED)

Self Study	Genre	Proficiency Date
—	—	—

Experience

1 Self-Professed

DEPLOYMENTS

DROS: 20260414
DEROS: —

CBT: 0
OPN: 0
RES: 0

Dwell Start: —
Dwell Duration: 9Mo 25D

MILITARY EXPERIENCE: ***DEPLOYMENTS*** / ASSIGNMENTS

Asgt	From	# Months	UIC	Organization	Station	Location	Comd	Duty Title	MOS
Current	20250204	0	W8APAA	WBAP HIARNG ELEMENT, JF HQ	KAPOLEI	HI	NG	SR HUMAN RESOURCES SGT	E42A
1st Prev	20231121	14	W8APAA	WBAP HIARNG ELEMENT, JF HQ	KAPOLEI	HI	NG	#1 HUMAN RESOURCES SGT	E42A
2nd Prev	20220715	16	W8APAA	WBAP HIARNG ELEMENT, JF HQ	KAPOLEI	HI	NG	#1 HUMAN RESOURCE NCO	E42A
3rd Prev	20180603	49	WPV3AA	0029 IN HHC HEADQUARTERS IN	KAPOLEI	HI	NG	#1 Human Resources Sergeant	E42A
4th Prev	20170415	94	W8APAA	WBAP HIARNG ELEMENT, JF HQ	KAPOLEI	HI	NG	HUMAN RESOURCES SPECIALIST	E42A
5th Prev	20170411	14	WYC7T0	HHC BSB	KAPOLEI	HI	NG	HUMAN RESOURCES SGT	E42A
6th Prev	20140616	34	WPV3AA	0029 IN HHC HEADQUARTERS IN	KAPOLEI	HI	NG	HUMAN RESOURCES SGT	E42A
7th Prev	20110411	38	WPV3AA	0029 IN HHC HEADQUARTERS IN	KAPOLEI	HI	NG	HUMAN RESOURCES SPC	E42A

CIVILIAN WORK EXPERIENCE (SELF-PROFESSED)

Employment	Job Title	Start Date	End Date	Duration
		20170415	—	2875

ADDITIONAL DUTIES (SELF-PROFESSED)

Duty Title	Start Date	End Date
—	—	—

AWARDS (TOP FIVE)

Award	Count
MERITORIOUS SERVICE MEDAL	1
ARMY COMMENDATION MEDAL	1
ARMY ACHIEVEMENT MEDAL	6
ARMY GOOD CONDUCT MEDAL	2
ARMY RESERVE COMPONENTS ACHIEVEMENT MEDAL	2

BADGES (TOP FIVE)

Badge	Count
—	—

TABS

Tab
—

Knowledge

0 Self-Professed

CIVILIAN EDUCATION

Degree	School	Location	Level	Graduation Date
BACHELOR OF SCIENCE	STU, CORVALLIS	OR USA	—	—

THESIS & CAPSTONE (SELF-PROFESSED)

Title	Year
—	—

MILITARY EDUCATION
MEL: SLC/ MES: GRADUATED

Course Title	Code	Start	End	Duration	CMDT List
SR LEADER CRS	SMH	20220902	20220902	14 weeks	
ARNG MED RDY MGR	CQE	20220408	20220408	1 week	
ARNG SR HR NCO & WO	FUU	20210806	20210806	1 week	

See STP online for additional 2 rows.

***Ensure the DA photo, race and ethnicity are not visible.**

***(ENL) GT score needs to be visible.**

This should be a true, certified copy. This means somewhere on the document is stamped or written "true, certified copy" and signed by your Commander, 1SG or S1.

SOLDIER TALENT PROFILE

AR 600-8-104

IPPS-A

[redacted]

Date of Birt
Birth Countr
Country Citizenshi
Gende
Rac
Ethnic Grou
Heigh
Weigh
Religio
Marital Statu
# of Dependent (Adults/Children

[redacted] A ST APT
LEI HI

Job Code P/S: E42A
SQI P/S (A): EO
ASI P/S (A):
PDSI:

Deployable

PV1	PV2	PFC	SPC	CPL	SGT	SSG	SFC	MSG	SGM
20110409			20110524	20110524	20140616	20180603			

Service Data

ACCESSIONS DATA

BASD:	20160217	Commissioning Year:	—	Regular Ret Dt:	20360216
Current PPN:	—	Type of	—	Non-Reg Ret Dt:	20310408
End Current Assignment:	20260414	Original Apt:			
ETS Date:	20260414	Mo/Days Afcs:	/	Current Statutory Auth:	—

MILITARY QUALIFICATIONS

Evaluation	Date	Passed
DA FORM 7801M4 5.56MM CARBINE 1 OCT 20	20230204	NOT QUALFIED-UNQUALFIED
Army Combat Fitness Test Information	20250112	Passed

Behavior

Self-Professed

PROFESSIONAL GOALS (SELF-PROFESSED)			PERSONAL GOALS (SELF-PROFESSED)			FAMILY GOALS (SELFPROFESSED)		
Goal	Goal Date	Actual Date	Goal	Goal Date	Actual Date	Goal	Goal Date	Actual Date
—	—	—	—	—	—	—	—	—

ASSESSMENTS

Assessment Type	Assessment Date	Proficiency Level	Composite Score
—	—	—	—

ASVAB
OVERALL: 7

Description	Score	Date
SURVEILLANCE AND COMMUNICATIONS	110	20110406
GENERAL TECHNICAL	111	20110406
ELECTRONICS	108	20110406
OPERATIONS AND FOOD	107	20110406
CLERICAL/ADMINISTRATIVE	113	20110406

See STP online for additional 4 rows.

Cultural Experience & Proficiency

Self-Professed

Date	Location	Type	Duration
—	—	—	—

Career Planning

Self-Professed

LOCATION PREFERENCES (SELF-PROFESSED)

Station	City	State
—	—	—

COUNTRY PREFERENCES (SELF-PROFESSED)

Country	Rank
—	—

DUTY PREFERENCES (SELF-PROFESSED)

Duty Name	Date Entered
—	—

ENDORSEMENTS (SELF-PROFESSED)

Endorsement	Endorser
—	—

DESIRED FUTURE ASSIGNMENTS (SELF-PROFESSED)

Assignment
Flight
Instructor Position
Mileage (V & G M-Day Only)

****This should be a true, certified copy. This means somewhere on the document is stamped or written "true, certified copy" and signed by your Commander, 1SG or S1.**

ARMY FITNESS TEST SCORECARD

For use of this form, see ATP 7-22.01; the proponent agency is TRADOC.

FOR OFFICIAL USE ONLY

NAME *(Last, First, MI)*

SEX ☐ MALE ☐ FEMALE

UNIT/LOCATION

NOTE: To convert raw scores to scaled scores, refer to the AFT event score conversion tables posted to the Army Fitness Test website at: **https://www.army.mil/aft**.

Body Composition Testing will **NOT** be conducted on the same day as the AFT. To avoid illness and injury, height and weight should be recorded at least 7 days before or at least 7 days after the AFT when feasible.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 7013, Department of the Army; 10 USC 671, Members not to be assigned outside United States before completing training; 10 USC 14503, Discharge of officers with less than six years of commissioned service or found not qualified for promotion to first lieutenant or lieutenant (junior grade); Army Regulation 350-1, Army Training and Leader Development.

PRINCIPAL PURPOSE: The Army Fitness Test (AFT) assesses a Soldier's fitness capability. Fitness test standards are adjusted for combat MOS requirements, age and sex. For additional information, see the System of Records Notice DoD-005, Defense Training Records, https://www.federalregister.gov/documents/2020/12/28/2020-26548/privacy-act-of-1974-system-of-records.

ROUTINE USES: None.

DISCLOSURE: Voluntary. However, failure to provide identifying information may prevent ability to remain in the military.

TEST ONE

DATE *(YYYYMMDD)*	MOS	PAY GRADE	AGE

STANDARD: ☐ COMBAT ☐ GENERAL BODY COMPOSITION DATE: _____

HEIGHT *(inches)*	WEIGHT	BODY FAT
	_____ lbs. ☐ GO ☐ NOGO	_____ % ☐ GO ☐ NOGO

3 REPETITION MAXIMUM DEADLIFT *(weight lifted - check heaviest (lbs.))*

1ST ATTEMPT	2ND ATTEMPT	POINTS	GRADER INITIALS
☐ _____	☐ _____		

HAND-RELEASE PUSH-UP *(number of correctly performed repetitions)*

REPETITIONS	POINTS	GRADER INITIALS

SPRINT - DRAG - CARRY *(overall event time (minutes : seconds))*

TIME	POINTS	GRADER INITIALS

PLANK *(maintain proper straight line position (minutes : seconds))*

TIME	POINTS	GRADER INITIALS

2 - MILE RUN *(overall event time (minutes : seconds))*

TIME	POINTS	GRADER INITIALS

5K ROW / 1K SWIM / 12K BIKE / 2.5MI WALK *[(circle or use the drop down list) (overall time to reach required distance (minutes : seconds)]*

	TIME	☐ GO ☐ NOGO	POINTS (60/0)	GRADER INITIALS

SOLDIER SIGNATURE	DATE	TOTAL POINTS

OIC/NCOIC NAME *(Last, First, MI)*	PAY GRADE	☐ GO ☐ NOGO

OIC/NCOIC SIGNATURE	DATE

TEST TWO

DATE *(YYYYMMDD)*	MOS	PAY GRADE	AGE

STANDARD: ☐ COMBAT ☐ GENERAL BODY COMPOSITION DATE: _____

HEIGHT *(inches)*	WEIGHT	BODY FAT
	_____ lbs. ☐ GO ☐ NOGO	_____ % ☐ GO ☐ NOGO

3 REPETITION MAXIMUM DEADLIFT *(weight lifted - check heaviest (lbs.))*

1ST ATTEMPT	2ND ATTEMPT	POINTS	GRADER INITIALS
☐ _____	☐ _____		

HAND-RELEASE PUSH-UP *(number of correctly performed repetitions)*

REPETITIONS	POINTS	GRADER INITIALS

SPRINT - DRAG - CARRY *(overall event time (minutes : seconds))*

TIME	POINTS	GRADER INITIALS

PLANK *(maintain proper straight line position (minutes : seconds))*

TIME	POINTS	GRADER INITIALS

2 - MILE RUN *(overall event time (minutes : seconds))*

TIME	POINTS	GRADER INITIALS

5K ROW / 1K SWIM / 12K BIKE / 2.5MI WALK *[(circle or use the drop down list) (overall time to reach required distance (minutes : seconds))]*

	TIME	☐ GO ☐ NOGO	POINTS (60/0)	GRADER INITIALS

SOLDIER SIGNATURE	DATE	TOTAL POINTS

OIC/NCOIC NAME *(Last, First, MI)*	PAY GRADE	☐ GO ☐ NOGO

OIC/NCOIC SIGNATURE	DATE

ARMY FITNESS TEST SCORECARD

For use of this form, see ATP 7-22.01; the proponent agency is TRADOC.

FOR OFFICIAL USE ONLY

NAME *(Last, First, MI)*

SEX ☐ MALE ☐ FEMALE

UNIT/LOCATION

NOTE: To convert raw scores to scaled scores, refer to the AFT event score conversion tables posted to the Army Fitness Test website at: **https://www.army.mil/aft.**

Body Composition Testing will **NOT** be conducted on the same day as the AFT. To avoid illness and injury, height and weight should be recorded at least 7 days before or at least 7 days after the AFT when feasible.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 7013, Department of the Army; 10 USC 671, Members not to be assigned outside United States before completing training; 10 USC 14503, Discharge of officers with less than six years of commissioned service or found not qualified for promotion to first lieutenant or lieutenant (junior grade); Army Regulation 350-1, Army Training and Leader Development.

PRINCIPAL PURPOSE: The Army Fitness Test (AFT) assesses a Soldier's fitness capability. Fitness test standards are adjusted for combat MOS requirements, age and sex. For additional information, see the System of Records Notice DoD-005, Defense Training Records, https://www.federalregister.gov/documents/2020/12/28/2020-26548/privacy-act-of-1974-system-of-records.

ROUTINE USES: None.

DISCLOSURE: Voluntary. However, failure to provide identifying information may prevent ability to remain in the military.

TEST THREE

DATE *(YYYYMMDD)*	MOS	PAY GRADE	AGE

STANDARD: ☐ COMBAT ☐ GENERAL BODY COMPOSITION DATE: _____

HEIGHT *(inches)*	WEIGHT	BODY FAT
	_____ lbs. ☐ GO ☐ NOGO	_____ % ☐ GO ☐ NOGO

3 REPETITION MAXIMUM DEADLIFT *(weight lifted - check heaviest (lbs.))*

1ST ATTEMPT	2ND ATTEMPT	POINTS	GRADER INITIALS
☐ _____	☐ _____		

HAND-RELEASE PUSH-UP *(number of correctly performed repetitions)*

REPETITIONS	POINTS	GRADER INITIALS

SPRINT - DRAG - CARRY *(overall event time (minutes : seconds))*

TIME	POINTS	GRADER INITIALS

PLANK *(maintain proper straight line position (minutes : seconds))*

TIME	POINTS	GRADER INITIALS

2 - MILE RUN *(overall event time (minutes : seconds))*

TIME	POINTS	GRADER INITIALS

5K ROW / 1K SWIM / 12K BIKE / 2.5MI WALK *[(circle or use the drop down list) (overall time to reach required distance (minutes : seconds)]*

	TIME	☐ GO ☐ NOGO	POINTS (60/0)	GRADER INITIALS

SOLDIER SIGNATURE	DATE	TOTAL POINTS

OIC/NCOIC NAME *(Last, First, MI)*	PAY GRADE	☐ GO ☐ NOGO

OIC/NCOIC SIGNATURE	DATE

TEST FOUR

DATE *(YYYYMMDD)*	MOS	PAY GRADE	AGE

STANDARD: ☐ COMBAT ☐ GENERAL BODY COMPOSITION DATE: _____

HEIGHT *(inches)*	WEIGHT	BODY FAT
	_____ lbs. ☐ GO ☐ NOGO	_____ % ☐ GO ☐ NOGO

3 REPETITION MAXIMUM DEADLIFT *(weight lifted - check heaviest (lbs.))*

1ST ATTEMPT	2ND ATTEMPT	POINTS	GRADER INITIALS
☐ _____	☐ _____		

HAND-RELEASE PUSH-UP *(number of correctly performed repetitions)*

REPETITIONS	POINTS	GRADER INITIALS

SPRINT - DRAG - CARRY *(overall event time (minutes : seconds))*

TIME	POINTS	GRADER INITIALS

PLANK *(maintain proper straight line position (minutes : seconds))*

TIME	POINTS	GRADER INITIALS

2 - MILE RUN *(overall event time (minutes : seconds))*

TIME	POINTS	GRADER INITIALS

5K ROW / 1K SWIM / 12K BIKE / 2.5MI WALK *[(circle or use the drop down list) (overall time to reach required distance (minutes : seconds)]*

	TIME	☐ GO ☐ NOGO	POINTS (60/0)	GRADER INITIALS

SOLDIER SIGNATURE	DATE	TOTAL POINTS

OIC/NCOIC NAME *(Last, First, MI)*	PAY GRADE	☐ GO ☐ NOGO

OIC/NCOIC SIGNATURE	DATE

M TAB TAB TAB TAB TAB

BODY FAT CONTENT WORKSHEET *(Male)*

For use of this form, see AR 600-9; the proponent agency is DCS, G-1.

NAME *(Last, First, Middle Initial)*	RANK		NOTE:
HEIGHT *(to nearest 0.50 inch)*	WEIGHT *(to nearest pound)*	AGE	½" =.50

STEP	FIRST	SECOND	THIRD	AVERAGE *(to nearest 0.50 in.)*
1. Measure neck just below level of larynx *(Adam's apple.)* **Round up** to the nearest 0.50 inch. *Repeat three times, then average to the* nearest 0.50 inch.				
2. Measure abdomen at the level of the navel *(belly button.)* **Round down** to the nearest 0.50 inch. *Repeat three times, then average to the* nearest 0.50 inch.				
3. Enter the average neck circumference.				
4. Enter the average abdominal circumference.				
5. Enter circumference value *(step 4 - step 3)*.				
6. Enter height in inches to the nearest 0.50 inch.				
7. Find the Soldier's circumference value *(step 5)* and height *(step 6)* in figure B-1 *(Percent Fat Estimation for Men)*. Enter the percent body fat value that intercepts with the circumference value and height. This is Soldier's Percent Body Fat.				

REMARKS

CHECK ALL THAT APPLY

☐ Individual is in compliance with Army Standards.

☐ Is not in compliance with the standards. Recommended monthly weight loss is 3-8 lbs. or 1% body fat.

PREPARED BY *(Printed Name and Signature)*	RANK	DATE *(YYYYMMDD)*	APPROVED BY SUPERVISOR *(Printed Name and Signature)*	RANK	DATE *(YYYYMMDD)*

M TAB TAB TAB TAB

BODY FAT CONTENT WORKSHEET *(Female)*

For use of this form, see AR 600-9; the proponent agency is DCS, G-1.

NAME *(Last, First, Middle Initial)*	RANK	NOTE:
HEIGHT *(to nearest 0.50 inch)*	WEIGHT *(to nearest pound)* AGE	½"=.50

STEP	FIRST	SECOND	THIRD	AVERAGE *(to nearest 0.50 in.)*
1. Measure neck just below level of larynx *(Adam's apple)*. **Round up** to nearest 0.50 inch. Repeat three times, then average to the nearest 0.50 inch.				
2. Measure waist *(abdomen)* at the point of minimal abdominal circumference. **Round down** to nearest 0.50 inch. Repeat three times, then average to the nearest 0.50 inch.				
3. Measure hips at point where the gluteus muscles *(buttocks)* protrude backward the most. **Round down** to nearest 0.50 inch. Repeat three times, then average to the nearest 0.50 inch.				

4. CALCULATIONS			REMARKS
A. Enter average waist circumference			
B. Enter average hip circumference			
C. **TOTAL** *(4A + 4B)*			
D. Enter average neck circumference			
E. Enter circumference value *(4C - 4D)*			
F. Enter height in inches to the *nearest 0.50 inch.*			
G. Find the Soldier's circumference value *(line 4E)* and height *(line 4F)* in Figure B-2 (Percent Fat Estimation for Women). Enter the body fat value that intercepts with the circumference value and height. This is the Soldier's Percent Body Fat.			

CHECK ALL THAT APPLY

☐ Individual is in compliance with Army standards.

☐ Is not in compliance with the standards.
Recommended monthly weight loss is 3-8 lbs or 1% body fat.

PREPARED BY *(Signature)*	RANK	DATE*(YYYYMMDD)*	APPROVED BY SUPERVISOR *(Printed Name and Signature)*	RANK	DATE *(YYYYMMDD)*

Profile

Profile – **(**If applicable) - submit copy of profile. P3 profiles are not eligible to apply. P2 profiles with a P2 in the P, H, and E category are considered for a waiver by the SP Corps leadership on a case by case basis. P2 profiles with a P2 in the U, L, S category are not eligible for a waiver. Temporary profiles are considered for a waiver on a case by case basis.

LOI - Letter of Intent

This is your chance to tell the board why you want to become a PA and why you would be good at the job. There is no example of this on the website, because we want you to use your own words. It should be completed in a memorandum for record format. Try to keep it to **ONE PAGE** and make sure you put your signature block at the end and SIGN IT! Ensure to have **someone proofread it!**

APPLICATION FOR APPOINTMENT

For use of this form, see AR 135-100, AR 145-1, AR 351-5, and AR 601-100; the proponent agency is DCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10 United States Code, Section 3012 (Title 5 United States Code, Section 552a)

PRINCIPAL PURPOSE: To obtain an appointment as a commissioned or warrant officer in the Regular Army or Army Reserve, or to obtain selection to attend the US Army Officer Candidate School.

ROUTINE USES: Basis for determination of qualifications and background information for eligibility for consideration for appointment as a Regular Army or Army Reserve commissioned/warrant officer or for selection for attendance at the US Army Officer Candidate School.

DISCLOSURE Disclosure of information requested in DA Form 61 is voluntary. Failure to provide the required information will result in non-acceptability of the application.

1. TYPE OF APPOINTMENT FOR WHICH APPLICATION IS SUBMITTED

- ☐ COMMISSIONED OFFICER - REGULAR ARMY
- ☐ COMMISSIONED OFFICER - ARMY RESERVE
- ☐ WARRANT OFFICER - REGULAR ARMY
- ☐ WARRANT OFFICER - ARMY RESERVE
- ☐ OFFICER CANDIDATE SCHOOL

2. GOVERNING REGULATION OR CIRCULAR *(Specify appropriate section(s) if applicable)*

3. GRADE FOR WHICH APPLYING *(Reserve appointments only)*

4. **SOURCE OF APPLICATION** *(ROTC only)*

- ☐ DMG DATE DESIGNATED: _____
- ☐ SCHOLARSHIP - ENTER 1, 2, 3 OR 4 YEARS: _____

5. **ONLY FOR APPLICANTS FOR APPOINTMENT AS WARRANT OFFICERS** *(List choice by MOS code and title)*

a. MOS CODE	b. MOS TITLE

6. **BRANCH AND SPECIALTY PREFERENCES**

Regular Army and Officer Candidate applicants and all ROTC graduates: In numerical sequence, indicate 10 branch preferences other than CA and SS.

USAR applicants: If applying for a specific Reserve vacancy, indicate *ONLY* the branch of the vacant position; all other applicants may enter more than one branch.

PREFERENCE	BRANCH	SPECIALTY
	AD	
	AG	
	AR	
	AV	
	CA	
	CM	
	EN	
	FA	
	FI	
	IN	
	MI	
	MP	
	OD	
	QM	
	SC	
	SS	
	TC	
	AN	
	CH	
	DE	
	JA	
	MC	
	MS	
	SP	
	VC	

PERSONAL DATA

7. NAME *(Last, first, middle)(Explain variations from birth certificate in Item 41)*

8. GRADE

9a. SOCIAL SECURITY NUMBER

10. BRANCH *(MOS if enl or wo)*

11. TOTAL YRS ACTIVE SERVICE

12. MARITAL STATUS

13. NUMBER OF DEPENDENTS UNDER 18 YEARS OF AGE

9b. SELECTIVE SERVICE NUMBER

14. DATE OF BIRTH

15. PLACE OF BIRTH *(City, county, state)*

16. SEX

17. COMPLETE MILITARY ADDRESS *(If presently on active duty) (Include ZIP Code)*

PHONE AND/OR DSN NUMBER

18. PERMANENT ADDRESS *(Include ZIP Code)*

PHONE *(Include area code)*

19. CURRENT MAILING ADDRESS *(If difference from Item 18) (Include ZIP Code)*

PHONE *(Include area code)*

20. US CITIZEN ☐ YES ☐ NO

a. NATIVE ☐ YES ☐ NO

b. ☐ NATURALIZATION ☐ DERIVED ☐ IMMIGRANT

c. APPLICANT'S CERTIFICATE NO. *(If Item b. checked) (Date, place, court)*

21. **CIVILIAN EDUCATION** *(See page 3 for additional requirements for professional personnel)*

a. HIGH SCHOOL GRADUATE ☐ YES ☐ NO

b. NAME AND LOCATION OF HIGH SCHOOL

c. NAME AND LOCATION OF EACH COLLEGE OR UNIVERSITY ATTENDED *(Include USMA, USNA, USAFA, USCGA, and USMMA)*	*(1)* DEGREE	*(2)* SEMESTER CREDITS EARNED	*(3)* YEARS ATTENDED	*(4)* DATE GRADUATED OR WILL GRADUATE DAY	MONTH	YEAR	*(5)* MAJOR SUBJECT

d. SPECIAL EDUCATIONAL HONORS, SCHOLARSHIPS, ETC.

e. IF YOU HAVE EVER BEEN EXPELLED FROM SCHOOL, OR PLACED ON PROBATION, EITHER FOR ACADEMIC OR DISCIPLINARY REASONS, EXPLAIN *(Continue in Item 41(Remarks))*

22. **HIGHEST LEVEL SERVICE SCHOOL ATTENDED**

a. NAME OF SCHOOL	b. COURSE	c. DATES *(Mo-Yr)* FROM	TO	COMPLETED YES	NO	d. IF NOT COMPLETED GIVE REASON
				☐	☐	

23a. FOREIGN LANGUAGES AND DEGREE OF PROFICIENCY

b. ALAT SCORE *(If applicable)*

24. ARE YOU NOW, OR HAVE YOU EVER BEEN A CONSCIENTIOUS OBJECTOR? ☐ YES ☐ NO *(If yes, attach affidavit)*

25. ☐ I UNDERSTAND THAT, IF I AM SELECTED FOR APPOINTMENT, I WILL BE EXPECTED TO ACCEPT SUCH ASSIGNMENTS AS ARE IN THE BEST INTEREST OF THE SERVICE REGARDLESS OF MY MARITAL STATUS AND/OR RESPONSIBILITY FOR DEPENDENTS; AND IT IS MY RESPONSIBILITY TO MAKE APPROPRIATE ARRANGEMENTS FOR THE CARE OF MY DEPENDENTS SHOULD I BE REQUIRED TO PERFORM DUTY IN AN AREA WHERE DEPENDENTS ARE NOT PERMITTED.

26. HAVE YOU EVER UNDER EITHER MILITARY OR CIVILIAN LAW BEEN INDICTED OR SUMMONED IN TO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING *(Including any proceedings involving juvenile offenses, article 15, UCMJ, and any court-martial)* REGARDLESS OF THE RESULT OF TRIAL, OR CONVICTED, FINED, IMPRISONED, PLACED ON PROBATION, PAROLED OR PARDONED, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE? *(Exclude traffic violations involving a fine or forfeiture of $100 or less).*

☐ YES ☐ NO IF YES, ATTACH REQUEST FOR WAIVER LISTING THE DATE, THE NATURE OF EACH ALLEGED OFFENSE OR VIOLATION, THE NAME AND LOCATION OF THE COURT OR PLACE OF HEARING, AND THE PENALTY IMPOSED OR OTHER DISPOSITION OF EACH CASE AND FURNISH COPY OF COURT ACTION OR DETAILED STATEMENT IN AFFIDAVIT FORM AS TO THE OUTCOME OF EACH CASE.

27. **ACTIVE MILITARY SERVICE** *(Indicate tour with each organization separately - show ROTC Camps in Item 39)*

	a. ORGANIZATION *(US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)*	b. DATES *(Day, Month, Year)* FROM	TO	c. BRANCH/MOS *(As appropriate)*	d. PRIOR SERVICE NO. *(If applicable)*	e. HIGHEST GRADE AND COMPONENT
ENLISTED						
WARRANT OFFICER						
COMMIS-SIONED						

f. DATE CURRENT ACTIVE DUTY TOUR TERMINATES _____ g. DATE OF LAST ADL PROMOTION _____

28. **RESERVE OR NATIONAL GUARD SERVICE** *(Not on active duty)*

	a. ORGANIZATION *(US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)*	b. DATES *(Day, Month, Year)* FROM	TO	c. BRANCH/MOS *(As appropriate)*	d. PRIOR SERVICE NO. *(If applicable)*	e. HIGHEST GRADE AND COMPONENT
ENLISTED						
WARRANT OFFICER						
COMMIS-SIONED						

29. SOURCE OF CURRENT COMMISSION *(If applicable)*

ARNGUS: ☐ OCS ☐ DIRECT APPOINTMENT ☐ OTHER

USAR: ☐ ROTC ☐ ROTC *(ECP)* ☐ ROTC *(SMP)* ☐ OCS ☐ DIRECT APPOINTMENT

30. AWARDS *(Do not list theater or service medals)*

31. HAVE YOU EVER APPLIED AND NOT BEEN SELECTED FOR: a. ROTC ☐ YES ☐ NO b. OCS ☐ YES ☐ NO

c. APPOINTMENT IN RESERVE COMPONENT *(USAR/ARNG)*	YES	NO	d. APPOINTMENT IN REGULAR ARMY	YES	NO
AS A WARRANT OFFICER	☐	☐	AS A WARRANT OFFICER	☐	☐
AS A COMMISSIONED OFFICER	☐	☐	AS A COMMISSIONED OFFICER	☐	☐

e. IF ANSWER IS "YES", EXPLAIN FULLY

32. ARE YOU NOW OR HAVE YOU EVER BEEN IN THE MILITARY SERVICE OF OR BEEN EMPLOYED BY A FOREIGN GOVERNMENT *(If yes, give dates, country and type of service or employment)*

33. HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN IN LIEU OF ELIMINATION PROCEEDINGS; BEEN DISCHARGED IN LIEU OF ELIMINATION, FURLOUGHED *(other than regular furlough or leave),* OR PLACED ON INACTIVE STATUS WHILE SERVING IN THE US ARMED FORCES; OR, HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN FROM A POSITION WHILE IN PRIVATE OR GOVERNMENT EMPLOYMENT? *(If yes, state circumstances; if more space is required, continue on separate sheet).*

☐ YES ☐ NO

34. *APPLICANTS FOR JUDGE ADVOCATE GENERAL'S CORPS ONLY*	35. *APPLICANTS FOR CHAPLAINS BRANCH ONLY*
BARS OF WHICH YOU ARE A MEMBER *(Specify dates)*	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 *(Month and Year)*	
LEVEL	TYPE		FROM	TO
INTERNSHIP				
RESIDENCY TNG				
SPECIALTY TNG				

d. SPECIALTY BOARDS	e. DATES OF CERTIFICATION *(Day, Month, Yr)*

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 *(Mo, Yr)*		d. STATE AND CURRENT REGISTRATION NUMBER	e. STATE AND DATE OF INITIAL REGISTRATION *(Day, Month, Year)*
FROM	TO		

f. POSTGRADUATE COURSES *(Include courses at general hospitals, service schools, and short courses)*

(1) SUBJECT OR COURSE	(2) NAME AND LOCATION OF SCHOOL OR HOSPITAL	(3) SEMESTER CREDITS EARNED	DATES OF ATTENDANCE *(Month, Year)*	
			FROM	TO

38. HAVE YOU BEEN EMPLOYED BY THE US ARMY AS A DIETITIAN, OCCUPATIONAL OR PHYSICAL THERAPIST? *(If yes, give dates)*

☐ YES ☐ NO

39. **ARMY ROTC** *(To be completed only by prospective ROTC graduates applying for appointment in USAR or RA)*

SUCCESSFULLY COMPLETED AROTC PROGRAM AS FOLLOWS

COURSE	DATES ATTENDED *(Month and Year)*		c. CAMP TRAINING	
	FROM	TO		
a. BASIC			*(1)* INSTALLATION *(Basic)*	COMPLETION DATE *(Month, Year)*
b. ADVANCED			*(2)* INSTALLATION *(Advanced/Ranger)*	COMPLETION DATE *(Month, Year)*

40. **MAIN CIVILIAN EMPLOYMENT**

a. NAME AND ADDRESS OF EMPLOYER	b. JOB TITLE	c. MONTH AND YEAR	
		FROM	TO

b. PRINCIPAL DUTIES *(Describe briefly)*

41. REMARKS *(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)*

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

THIS PAGE NOT TO BE COMPLETED BY APPLICANT

PART I - RECOMMENDATION FOR APPOINTMENT OF ROTC GRADUATE AS A *(REGULAR)* **OR** *(RESERVE)* **COMMISSIONED OFFICER OF THE ARMY** *(AR 601-100, AR 145-1) (To be completed by PMS only)*

FROM: *(Name and Address of Institution)*	TO: *(Appropriate Region Commander)*

a. APPLICANT WILL HAVE SUCCESSFULLY COMPLETED AT THIS INSTITUTION THE PRESCRIBED COURSE FOR THE UNIT ON _____ *(Date)*

b. APPLICANT ☐ HAS ☐ HAS NOT COMPLETED SUCCESSFULLY THE REQUIRED CAMP TRAINING.

c. APPLICANT ☐ WILL HAVE ATTAINED ☐ WILL NOT HAVE ATTAINED, A BACCALAUREATE DEGREE UPON SUCCESSFUL COMPLETION OF THE ROTC COURSE.

d. I CONSIDER APPLICANT PHYSICALLY, MENTALLY, MORALLY, AND PROFESSIONALLY QUALIFIED FOR APPOINTMENT AS A ☐ REGULAR ☐ RESERVE COMMISSIONED OFFICER OF THE ARMY RECOMMEND HIS APPOINTMENT.

e. APPLICANT WILL ATTAIN FULL QUALIFICATION FOR, AND SHOULD BE APPOINTED ON _____ *(Day, Month and Year)*

DATE	BRANCH FOR ASSIGNMENT	SIGNATURE AND GRADE *(PMS)*

PART II - RECOMMENDATION FOR APPLICANTS FOR OCS ONLY *(AR 351-5)*

a. STATEMENT

TO:	DATE

1. I HAVE KNOWN THE APPLICANT FOR _____ MONTHS. HE HAS SERVED UNDER ME FOR _____ MONTHS. HIS PRINCIPAL DUTY IS _____

2. I ☐ DO ☐ DO NOT RECOMMEND THE APPLICANT.

3. REMARKS *(Include your opinion as to his/her overall ability (to include leadership) and value to the service).*

ENCLOSURES	SIGNATURE
ORGANIZATION	TYPED NAME, GRADE AND TITLE

b. STATEMENT

TO:	DATE

1. I HAVE KNOWN THE APPLICANT FOR _____ MONTHS. HE HAS SERVED UNDER ME FOR _____ MONTHS. HIS PRINCIPAL DUTY IS _____

2. I ☐ DO ☐ DO NOT RECOMMEND THE APPLICANT.

3. REMARKS *(Include your opinion as to his/her overall ability (to include leadership) and value to the service).*

ENCLOSURES	SIGNATURE
ORGANIZATION	TYPED NAME, GRADE AND TITLE

DEPARTMENT OF THE ARMY
HEADQUARTERS, USARD (RCHS-SVD-PA)
1307 THIRD AVENUE
FORT KNOX, KY 40121-2726

RCHS-SVD-PA Current Date

MEMORANDUM FOR COMMANDER, HQ USARD ATTN: RCHS-SVD-PA 1307 Third Avenue, Fort Knox, KY 40121-2726

FOR Staff Sergeant Jane Q Doe, U.S. Army Medical Department Activity, Fort Jackson, SC 29207

SUBJECT: Interservice Physician Assistant Program Application **Conviction Waiver Request**

1. In accordance with AR 601-20, 135-100 and AR 135-101 I request a waiver for an Article 15 I received in Basic TRNG.(*Add all of the details – the more detail, the better chance of approval). I received the Article 15 for….. I have not received any negative Uniform Code of Military Justice (UCMJ) actions since the above mentioned Article 15.I haven't been in trouble since then >>>

2. Supporting legal documents are attached.

3. I can be reached at DSN 123-4567, commercial (123) 456-7890, or e-mail JaneQDoe.mil@mail.mil.

JANE Q DOE
SSG, USA
Combat Medic

Affidavit/Court Documents

Affidavit/Court Documents – (if applicable) - If you answered yes to Block 26 on the DA 61, you will need to provide court documents. You may need to go online to the court, where the incident occurred and request these documents.

SAMPLE CURRICULUM VITAE FORMAT

Name: Rank: MOS/AOC:

SSN:

Current Address:

Phone Number:

Basic Active Service Date:

Time in Service (as of 1 January 2027):

Pay Entry Basic Date:

Present Assignment/Phone Number (both commercial and DSN):

E-mail Address: **(This will be the primary means of communication. May submit more than one. Must have AKO email address as minimum.)** Expiration of Term of Service:

Active-Duty Service Obligation (ADSO):

Date of Last PCS:

Total Years/Months of Active Federal Service (as of 1 Jan 2027): Military

Education (list all schools attended):

Military Decorations/Awards and Year Awarded:

Promotions: Date:

Military Assignments (begin with current and work backwards, and include short description of duties, to and from dates, unit name, and location):

Civilian Education (list only post-secondary):

Civilian Work Experience/Occupations:

Professional Organizations:

Board Certifications (if applicable):

Professional Licenses/certifications/registrations held/year of initial issue (if applicable):

Publications:

Honors/Civilian Awards/Accomplishments:

****

DEPARTMENT OF THE ARMY
HEADQUARTERS, USARD (RCHS.SVD-PA)
1307 THIRD AVENUE
FORT KNOX, KY 40121-2728

RCHS-SVD-PA

Current Date

MEMORANDUM FOR Commander, USARD, RCHS-SVD, 1307 Third Avenue, Fort Knox, KY 40121-2726

SUBJECT: Request for **Academic Delay** for Fiscal Year (FY) 202X Interservice Physician Assistant Program (IPAP) application

1. I, SGT John Doe, am requesting academic delay for the FY 23 IPAP application. The following list ofremaining courses will be completed NLT 1OCT23, or I will forfeit my IPAP selection. I understand that I must maintain a cumulative GPA of 2.5 and science GPA of 3.0, and at least attain a C in the class, IAW AR 601-20 and the FY23 IPAP MILPER.

Course	College	Start Date	End Date
a. Anatomy and Physiology I	UNMC	5/29/20XX	7/15/20XX
b. Anatomy and Physiology II	UNMC	**7/29/20XX**	9/15/20XX
c. Chemistry I	UNMC	5/5/20XX	7/22120XX

2. POC for this action is the undersigned at (123) 456-7890.

John Doe
SGT, USA
NCO

Medical Terminology Certificate (ATIS)
(Spring 2023 and after)

DEPARTMENT OF THE ARMY

CERTIFICATE OF TRAINING

This is to certify that

has successfully completed

BASIC MEDICAL TERMINOLOGY (081-MD0010_)

00/00/00

DA FORM 87, 1 OCT 78

[redacted]
Product Manager, Army Training Information System

Diploma's

Diploma – (if applicable) If you have a degree from a college/university, submit a copy of your diploma.

LOR's (Letters of Recommendation)

Letters of Recommendation – You may have a **MAX of 5** Letters of recommendation. Included in that 5, MUST BE one from **your First Line Supervisor, Commander, and PA.** The PA LOR should be on USAREC Form 601-37.11. The PA needs to document that you have completed **AT LEAST 40 shadowing hours** on this form. (**If you completed more than 40+ shadowing hours, exact shadow hours would need to be notated**). If the program manager gave you permission to shadow someone other than a PA, that provider should still complete a USAREC Form 601-37.11 and list your shadowing hours.

(NEW) For FY27 IPAP-LORs (Unit Commanders & Immediate Supervisors): The applicant's unit commander and their immediate supervisors will interview and provide specific recommendations on applicants under their control and/or supervision. Unit commanders must include the following conditional release statement in their Letter of Recommendation (LOR): "I approve (rank, name's) request for conditional release upon acceptance to the Interservice Physician Assistant Program (IPAP). This approval is a non-waiverable administrative requirement that will permit (them) to change (their) branch to Army Medical Specialist Corps upon selection to the IPAP." The minimum level of command for this endorsement is battalion. **ROTC cadets will be interviewed by their Professor of Military Science and immediate supervisor (Assistant Professor of Military Science or Military Science Instructor) to provide said requirements for an LOR.**

(NEW) For FY27 IPAP-PA LORs:

Recommending Physician Assistant (PA) will interview and provide specific recommendations on applicants under their control and/or supervision. At least one (1) Physician Assistant recommendation must include USAREC Form 601-37.11 (Application Evaluation Worksheet). The applicant will complete block 10 of USAREC Form 601-37.11 and include a summary of their shadow time. The summary must include a brief overview of the types of patients, care, and procedures they saw. It must also discuss the quality of shadow hours with regard to how it may have affected their interest in medicine and any improvements they feel may maximize the value of shadow hours. The Recommending PA will complete blocks 6, 7 and 8 as indicated on the form while also documenting at least **40 hours of shadowing**. Applicants without access to a recommending PA may request approval

for shadowing hours with a health care professional other than a Physician Assistant by email to their respective component IPAP Manager.

You may have an additional 2 LORs from whomever you like. All LORs should be dated after 7 June 2026. There is not an example on our website. These are just in memorandum for record format.

APPLICANT EVALUATION WORKSHEET

(For use of this form see USAREC Reg 601-37)

NAME OF APPLICANT: _____

The above named individual is applying for a position in the Army Medical Department, and has given us your name as a reference. Please complete this reference form and return in the envelope provided.

1. What is this applicant's current specialty? _____

2. Date began employment in this specialty *(mmyy)*? _____

3. Is this applicant *(check one)* ☐ private practice/self-employed ☐ employed full-time ☐ part-time or stipend employee?

If part-time or stipend, please provide the average hours worked per week: _____

4. a. If the applicant is a nurse, describe the size/type of health care facility:

b. Describe the applicant's current work environment. If a student/resident describe course and clinical setting:

5. Select only one:

	(mmyy)	*(mmyy)*
☐ I evaluate/have evaluated this applicant.	From _____	To: _____
☐ I am/have been a peer/coworker of this applicant.	From _____	To: _____
☐ I am/have been an instructor/preceptor for this applicant.	From _____	To: _____
☐ I know/have known this applicant. Specify in what capacity you have known this applicant:	From _____	To: _____

6. Would the applicant make a good Army Officer? Overall impression of the applicant:

7. Would you hire/rehire/work with this applicant? ☐ Yes ☐ No If no, please explain:

8. The attributes listed below are important for Army Medical Department Officers. Compare this applicant with others who work in the same capacity, and have the same experience level (student/residents). Rate each attribute on a scale of 1 to 7, with 1 being the lowest and 7 being the highest. If the attribute cannot be evaluated or does not apply, check NA.

ATTRIBUTE	SCORE Lowest						Highest		REMARKS
Adaptability/Resourcefulness	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ N/A	
Clinical Judgment	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ N/A	
Clinical Knowledge	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ N/A	
Clinical Skills	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ N/A	
Honesty/Integrity	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ N/A	
Initiative	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ N/A	
Interaction with Coworkers	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ N/A	
Leadership Ability/Potential	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ N/A	
Managerial Ability/Potential	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ N/A	
Manner in Accepting Criticism	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ N/A	
Professional Appearance	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ N/A	
Professional Demeanor	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ N/A	
Reliability	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ N/A	
Stability Under Pressure	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ N/A	
Stamina (Mental and Physical)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ N/A	
Tact	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ N/A	
Analytical Skills	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ N/A	
Conceptual Skills	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ N/A	
Communication Skills	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ N/A	
Maturity	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ N/A	
Assumes Responsibility	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ N/A	
Judgment	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ N/A	

9. Dietetic Internship Students may use (ADA) American Dietetic Association Recommendation Form instead of this form.

10. Additional Comments/Remarks:

Name *(Print)*: _____ Telephone Number: _____

Signature: _____ Date: _____

Position/Title/Specialty: _____

Business Address: _____

The Army Medical Department appreciates your time and effort in providing an honest appraisal of this individual.

Evaluation Reports (NCOER/OER) >>> Send all completed NCOER/OERs (Newest – Oldest)

Academic Evaluation Reports (DA 1059) >> Send all completed 1059's.
(Newest – Oldest)

Letter of Character

Letter of Character – (if applicable) – We recommend any applicants in the rank of SPC or below, provide a letter of character from their 1SG. This will stand in place of the NCOER/OER that other applicants have. This should be in a memorandum for record format.

DD 214 – (if applicable) – if you were at any point discharged from the military, submit your DD214.

Appointment letter/Oath of Office (DA 71) – (if applicable) – If you are already an officer, please submit these documents from your previous commission.

Awards/Certifications/Licenses/Training Certificates

Submit copies of award certificate (AAM, ARCOM, MSM, etc.), certificates or licenses (BLS, ACLS, PALS, EMT, etc.)