PLEASE COMPLETE THE TOP PORTION AND SEND WITH YOUR APPLICATION

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

Last Name:	First Name:	Mi	iddle Initial:
SSN:			
Rank:	MOS or AOC:/_	Years in	Service:
Email Address:		Cell Phone:	
Compo:	(ACTIVE DUTY / U	JSAR)	Waiver(s) Required: No/Yes
document, Tab 2 is a emails, (E.g., Tab 1, T labeling of the docum NOT INCLUDE pass	second PDF document and Fab 1 continued, etc.). When tents individually. For Tab	Tab 3 is a third Paragrams of the sending your paragrams for sean documents the seasons for opening th	n, as outlined below for Tabs 1-3, (E.g., Tab 1 is one PDF DF document). If Tabs are too large, you can send multiple cket (Tabs 1-3) in PDF format, we do not need separation or in sequence, one after another, as well for Tabs 2, 3. DO ng documents. No PDF portfolios. If packets are not in the BS 1-3 on website.
<u>TAB 1</u> :			<u>TAB 2</u> :
STP (Soldier Tarace/ethnicity visible. (DA 705-TEST (DA 5500 Male (Body Fat Worksheet) Profile (if applied Letter of Intent DA 61 (Appoin Conviction Wait Affidavit/Court CV/Resume Academic Delay	tment Application) ver Memo (if applicable) documents (if applicable) y Plan Memo		DA 160 Waiver Requests (Age, Time in Service) MILPO Statement Security Clearance MFR Application Memorandum * ROTC Contract (if applicable) + DA 4651 Naturalization Certificate (if applicable) Tattoo Self-Identification Memo TAB 3: Physical Exam (DD 2807 & 2808 with official lab
Medical Termin (if applicable) Diplomas (if ap	nology Certificate (ATIS)		results and audiogram) (Labs include HIV, urinalysis, urine drug screen, ethanol level. HCG if applicable.) Copy of Profile (if applicable)
Letter of Recommend			Copy of Frome (if applicable)
Immediate Supe Commander (U	ervisor <mark>nit commanders must inclu- release statement in their L</mark>		** Other Documents (Do not include in packet): The following items are REQUIRED FOR ALL APPLICANTS.
Physician Assist exact shadowing hour supplemental form.	ant (USAREC Form 601-37 rs documented and complet Supplemental form sent dir s must identify preceptors d	<mark>ion of the</mark> ectly to	Official Transcripts to include JST (Joint Services Transcripts). (Mail or electronically send to UNMC ONLY!!) You will no longer be required to send your official transcripts to USARD.
Others (if applied Evaluation Report DA 1059 (Acade	cable – Max of 2 additional L ort (OERs/NCOERs) newest - lemic Evaluation Reports) oter from 1SG (SPC and belo	oldest	SAT Scores (Please ensure that you have used code "3994" for IPAP, so we can download official scores from the College Board website).
* Appointment Le * DA 71 (Oath of	Office) cations/Licenses		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).
<u> </u>	-		*Officer Applicants Only #Enlisted Applicants Only +Reserve Applicants Only

STP (Soldier Talent Profile)

*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, 15G or 51.

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	aw scores to so ww.army.mil/a		fer to the	AFT event score	conversi	on tables posted to t	he Army Fitness Tes	st websit	te	SEX		MALE FEN	MALE
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t least 7 days befor	e or at least 7	days after the A	AFT when	feasible.		5 54533	A 50 0000			8			
		100			111	PRIVACY ACT	TSTATEMENT						
AUTHOR													e of officers with less than Leader Development.
PRINCIPAL PURPO							st standards are adju deralregister.gov/doo						tional information, see the m-of-records.
ROUTINE U	SES: None.												
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Body Composition Testir at least 7 days before or					. To avo	oid illness and injur	y, height and weight sho	ould be	recorded	UNIT/LOC	ATION			
		1111				PRIVACY AC	T STATEMENT		**					
AUTHORITY							gned outside United Stat eutenant or lieutenant (j							
PRINCIPAL PURPOSE							est standards are adjuste ederalregister.gov/docun							
ROUTINE USES	None.													
DISCLOSURE	Voluntary, How	vever, failure	to provid	le identifying info	ormation	n may prevent abili	ty to remain in the militar	iry.						
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REPETITIONS		POINTS		GRADER INIT	IALS		REPETITIONS POINTS				GRADER INITIALS			
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TIME		POINTS		GRADER INIT	IALS		TIME			POINTS		GRADER II	NITIALS	
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TIME		POINTS		GRADER INIT	IALS		TIME			POINTS		GRADER II	NITIALS	
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BODY FAT CONTENT WORKSHEET (Male)

	IE (Last, First, Middle Initial)		RANK	·····	NOTE:		
1EK	GHT (to nearest 0.50 inch)	WEIGHT (to neares	t pound) .	\GE	1/2" =.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 Soldler's circumference value (step 5) and he Enter the percent body fat value that intercepts with the Body Fat.	ight <i>(step 6)</i> in <u>figur</u> e circumference val	e B-1 <i>(Percent Fat Estin</i> ue and height. This is S	nation for Men). Soldier's Percent			
ΕN	IARKS				<u> </u>		
HE	CK ALL THAT APPLY Individual is In compliance with Army Standards.		oliance with the standar nt loss is 3-8 lbs. or 1%		đ		

BODY FAT CONTENT WORKSHEET (Female) For use of this form, see AR 600-9; the proponent agency is DCS, G-1.

TAB

NAME (Last, First, Middle Initial)	8	RANK		NOTE:
HEIGHT (to nearest 0.50 inch)	WEIGHT (to nearest)	pound) F	AGE.	1⁄2"≖,50
STEP	FIRST	SECOND	THIRD	AVERAGE (to nearest 0.50 in.)
Measure neck just below level of larynx (Adam's app. Round up to nearest 0.50 inch. Repeat three times, then average to the nearest 0.50 inch.	ia).			
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.		i i		
 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. 			3:	
CALCULATIONS A. Enter average waist circumference		REMARKS		
B. Enter average hip circumference	William St.			
C. TOTAL (4A + 4B)				
D. Enter average neck circumference	JAMEY.			
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 Recommended monthly	the standards. veight loss is 3-8 lbs or 19	6 body fat.	
PREPARED BY (Signature) RANK DATE	4 1 1 2 1 1000 00 PC	OVED BY SUPERVISOR of 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.

Letter of Intent

LOI – This is your chance to tell the board why you want to be 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!

				For use	of this fo	m, see .	_	NPPLIC/ 30, AR 14		• •				ENT -100; the pr	oponent a	gency is	DÇSPER	₹
							DA	TA REQU	RED I	BY TH	iE PRIN	VACY /	ACT O	F 1974				
Al	JTHOF	RITY:	Title 10	United State	s Code, S	ection 30	12 (Title 5 L	Inited State	es Coo	te, Se	ction 5	52a)			-		39	101
PI	UNCIP	AL PURPOS	E: To obta School.		ment as s	commiss	sloned or wa	iment office	er in th	e Reg	guler An	my or A	Army R	teserve, or to	obtain sele	ction to att	end the US	6 Army Officer Candidate
R	DUTIN	E USES:		or determinat										tion for appoi	niment as a	Regular A	imy or Am	ny Reserve
DI	SCLO:	BURE	Disclos	ure of inform	itlon requ	ested in C	A Form 61	is voluntar	y. Falh	ure to	provide	the re	quired	information v	vill result in	non-accep	tability of ti	he application.
Г	1.	TYPE OF AF	POINTMEN	IT FOR WHI	H APPLI	CATION	IS SUBMIT	TED			2. G	OVERN	NING F	REGULATION	OR CIRCL	JLAR (S¢	secify appro	opriate section(s) if applicable)
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		OFFICER C	ANDIDATE	SCHOOL													MENT AS	WARRANT OFFICERS
6. E	RANC	H AND SPE	CIALTY PR	EFERENCES	1								_	pice by MOS	code and titi			
Re	Regular Army and Officer Candidate applicants and all ROTC graduates: a. MOS CODE b. MOS TITLE																	
- Ai	In numerical sequence, indicate 10 branch preferences other than CA and SS.																	
		plicants: If ap						Y the			\vdash		+					
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PRE	FER-	BRANCH	SPECIALT	100	(Lest, firs	st, middle)	(Explain ve	riations fro	m birth	oerth	ficate in				8. GRADE	Çe.	SOCIAL	SECURITY NUMBER
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	RE YOU NOW, OR HAVE YOU EVER BEEN A CONSCIENTIOUS OB.		YE		<u> </u>	yes, attach afficievit)		
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28. HA pro PR	AVE YOU EVER UNDER EITHER MILITARY OR CIVILIAN LAW BEEN posedings involving juvenile offenses, article 15, UCMJ, and any court- IOBATION, PAROLED OR PARDONED, OR HAVE YOU EVER BEEN RDINANCE? (Exclude traffic violations involving a fine or forfeiture of a	I INDICTED OR SI martial) REGARD I ORDERED TO D	UMMC	OF THE RE	COURT AS	BADEFENDANT IN A CR TRIAL, OR CONVICTED, I	IMINAL PROCEEDING FINED, IMPRISONED,	(Including any PLACED ON
TH	YES NO IF YES, ATTACH REQUEST FOR WAIVER LE RECOURT OR PLACE OF HEARING, AND THE PENALTY IMPOSED FIDAVIT FORM AS TO THE OUTCOME OF EACH CASE.	STING THE DATE OR OTHER DISP	, THE POSITI	NATURE OF	F EACH A	LLEGED OFFENSE OR ND FURNISH COPY OF C	VIOLATION, THE NA OURT ACTION OR DE	ME AND LOCATION OF ETAILED STATEMENT IN
27. A	CTIVE MILITARY SERVICE (Indicate four with each organization sepa	rately - show RO1	rc Car	nps in Item :	39)		• • • • • • • • • • • • • • • • • • • •	
	a. ORGANIZATION (US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)	b. DATE	S (D	ey, Month, Y	(ear)	c. BRANCH/MOS (As appropriate)	d. PRIOR SERVICE NO. (If applicable)	e. HIGHEST GRADE AND COMPONENT
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	E CURRENT ACTIVE DUTY TOUR TERMINATES ESERVE OR NATIONAL GUARD SERVICE (Not on active duty)				g. DATE	OF LAST ADL PROMOTI	JN	
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29. SC	DURCE OF CURRENT COMMISSION (# applicable)			OTHER	30. AWA	RDS (Do not list theater	or service medals)	
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	34. APPLICANTS	FOR JUDGE AD	VOCATE GENERAL	S CORPS ONLY		С		ICANTS FOR BRANCH ONLY
BARS OF WHICH YOU	ARE A MEMBER (Spe	cify dates)				,	RELIGIOUS D MHICH YOU W	DENOMINATION BY MLL BE ENDORSED
36. APPLICANTS FO	OR MEDICAL AND DEN	TAL CORPS ONLY						
	RAINING		h NAME AND LO	CATION OF HOSPITAL			c. DATES (M	ionth and Year)
FEAET	TYPE		o, Invite And Co	UNITED FROSPITAL		F	ROM	TO TO
INTERNSHIP	 							
RESIDENCY TNG				·				
SPECIALTY TNG		4 606	CIALTY BOARDS	*****		- DATES	05 055550	ATION (Day 14 - 44 - 14 - 14
		U. SFE	CIALIT BUARUS		·	W. DATES	OF CERTIFICA	ATION (Day, Month, Yr)
								٠.
			V11i			<u> </u>		
f. PLACE IN WHICH C	URRENTLY LICENSED							
37. APPLICANTS FO	R ARMY NURSE CORP	AND ARMY MEDICA	L SPECIALIST CORPS ONL	Y				
a. NAME OF NURSING	GOR ACCREDITED PRO	PESSIONAL SCHOOL	•	b. LOCATION	<u> </u>			
c. DATES OF ATTE	NDANCE (Mo, Yr) TO	d. STATE AND CURR	ENT REGISTRATION NUMB	ER		e. STATE REGIS	AND DATE OF TRATION (Day	INITIAL y, Month, Year)
			OURSES (Include courses a	t general hospitals, service schoo	is, and short course:	3)		
(1) SUBJECT C		(2) NAME /	AND LOCATION OF SCHOO	L OR HOSPITAL	(3) SEMESTER CREDITS	DATE	S OF ATTENDA	ANCE (Month, Year)
					EARNED	FI	ROM	то
						ļ		
 -						<u> </u>		
38. HAVE YOU BEEN	EMPLOYED BY THE US	ARMY AS A DIETITIAL	N, OCCUPATIONAL OR PHY	SICAL THERAPIST? (# w	es, give dates)	<u> </u>		
YES				(,	, , , , , , , , , , , , , , , , , , , ,			
39. ARMY ROTC (To	be completed only by pr	ospective ROTC gradua	stes applying for appointment	in USAR or RA)				
				D AROTC PROGRAM AS FOLLO	ows			
COURSE -	DATES ATTENDED	(Month and Year)		. (AMP TRAINING			
	FROM	TO			7704140			
a. BASIC			(1) INSTALLATION (Besi	(c)			COMPLETION	DATE (Month, Year)
b. ADVANCED			(2) INSTALLATION (Adv	anced/Ranger)			COMPLETION	DATE (Month, Year)
40. MAIN CIVILIAN EI								
a. NAME AND ADDRES	SS OF EMPLOYER		b. JOB TITLE				c. MONTH	
						FROM		то
b. PRINCIPAL DUTIES	/Describe briefly							
b. Francisca Donies	(Describe triesly)							
41. REMARKS (Expe	rience, proficiencies and	special ebilities not sho	wn elsewhern in this engliceti	on. Those required to enter prima	any antry spaciallies	eee Pare 1.	27d a AR 601.	100) /H mom
space is required, a	stlach additional sheet)						210,0,741001	iooj. (ii moro
		DATE		SIGNATURE OF APPLICANT				
	TION CONTAINED HER			7				
TO THE DEST C	OF MY KNOWLEDGE AN	U DELIEF.						

THIS PAGE NOT TO BE COMPLETED BY APPLICANT

	PART I - RECOMMENDATION FOR APPOINTME! (RESERVE) COMMISSIONED OFFICER OF THE ARMY							
FROM: (Name and Address of Institu	rtion)	TO: (Appropriate Region Commander)						
b. APPLICANT HAS HO C. APPLICANT WILL HAVE A D. I CONSIDER APPLICANT PHYSIC OFFICER OF THE ARMY RECORD	SFULLY COMPLETED AT THIS INSTITUTION THE PRESCRIBE AS NOT COMPLETED SUCCESSFULLY THE REQUIRED CAME ITAINED WILL NOT HAVE ATTAINED, A BACCALAURE FALLY, MENTALLY, MORALLY, AND PROFESSIONALLY QUALI MMEND HIS APPOINTMENT. QUALIFICATION FOR, AND SHOULD BE APPOINTED ON	P TRAINING. NTE DEGREE UPOI	N SUCCESSFUL COM	(Date) PLETION OF THE ROTC COURSE. REGULAR RESERVE COMMISSIONED				
0	_	Œ	Day, Month and Year)					
DATE	BRANCH FOR ASSIGNMENT		SIGNATURE AND GR	RADE (PMS)				
	PART II - RECOMMENDATION FOR APPLI	CANTS FOR OCS	DNLY (AR 351-5)					
a. STATEMENT TO:				DATE				
1. I HAVE KNOWN THE APPLICANT	FOR MONTHS. HE HAS SERVED UNDER ME	FOR	MONTHS, HIS PRINC	CIPAL DUTY IS				
ENCLOSURES	as to his/her overall ability (to include leadership) and value to the	SIGNATURE						
ORGANIZATION		TYPED NAME, GR	VADE AND TITLE					
b. STATEMENT								
TO:				DATE				
2 I DO DO NOT RECA	FORMONTHS. HE HAS SERVED UNDER ME DMMEND THE APPLICANT. as to his/her overall ability (to include leadership) and value to the		MONTHS, HIS PRINC	CIPAL DUTY IS				
ENCLOSURES		SIGNATURE		-				
ORGANIZATION		TYPED NAME, GR	RADE 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 Addr	ess/Home Phone Num	ber:
Home of Rec	ord: City & State	
Basic Active	Service Date:	
Time in Serv	ice (as of 1 January 20	<mark>26):</mark>
Pay Entry Ba	sic Date:	
Present Assig	nment/Phone Number	(both commercial and DSN):
E-mail Addre	ss: (This will be the	primary means of communication. May submit more
than one. M	lust have AKO email	address as minimum.) Expiration of Term of Service:
Active-Duty S	Service Obligation (ADS	50):
Date of Last	PCS:	
Total Years/I	Months of Active Feder	al Service (as of 1 Jan 2026): Military
Education (li	st all schools attended)):
Military Deco	rations/Awards and Ye	ear Awarded:
Promotions:		Date:
Military Assig	nments (begin with cu	rrent and work backwards, and include short description
of duties, to	and from dates, unit n	ame, and location):
Civilian Educ	ation (list only post-sed	condary):
Civilian Work	Experience/Occupatio	ns:
Professional	Organizations:	
Board Certific	cations (if applicable):	
Professional	Licenses/certifications/	registrations held/year of initial issue (if applicable):
Publications:		
Honors/Civilia	n Awards/Accomplishn	nents:
*******	******	*********



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, 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 of remaining courses will be completed NLT 10CT23, 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	7/22/20XX

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

John Doe SGT, USA TMC NCO

Medical Terminology Certificate (ATIS) (Fall 2021 and after)

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 a PA. The PA LOR should be on USAREC Form 601-37.11. The PA needs to document, that you have completed AT LEAST 80 shadowing hours on this form. (If you completed more than 80+ shadowing hours, exact shadow hours 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.

*For FY26 IPAP-LORs (Unit Commanders & Immediate

<u>Supervisors</u>): Unit commanders and immediate supervisors for applicants 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 completion of the IPAP." The minimum level of command for this endorsement is battalion.

*(NEW) For FY26 IPAP-PA LORs:

Recommending Physician Assistant (PA) will interview and provide specific recommendations on applicants under their control and/or supervision. Physician Assistant recommendations must include USAREC Form 601-37.11 (Application Evaluation Worksheet), and completion of the supplemental evaluation provided after the applicant has completed their online registration. 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 and 7 as indicated on the form while also documenting at least 80 hours of shadowing. A minimum of 40 hours must be within 12 months of the selection board; more than 80 hours is highly recommended. 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. *(Supplemental form sent directly to preceptor. Applicants must identify preceptor during UNMC's application registration process).

You may have an additional 2 LORs from whomever you like. All LORs should be dated after 6 June 2025. 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) l evaluate/have evaluated this applicant. From _____ To: _____ 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: 6. Would the applicant make a good Army Officer? Overall impression of the applicant: ☐ Yes No If no, please explain: 7. Would you hire/rehire/work with this applicant?

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. SCORE **REMARKS** ATTRIBUTE Highest Lowest Adaptability/Resourcefulness □ 2 □ 3 | □N/A □ 1 Clinical Judgment □ 5 □ 6 **□N/A** □ 2 ☐ 3 □ 5 □ в 7 □N/A Clinical Knowledge □ 4 □ 5 □ N/A Clinical Skills □ 2 □ 3 □ 4 □ в 7 Honesty/Integrity □ 3 □ 5 □ в □ 7 **□N/A** □ 2 □ 4 □N/A Initiative □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 Пз ∏ 5 □ 6 □7 ∏N/A Interaction with Coworkers **□N/A** Leadership Ability/Potential □ 6 □ 2 □ 4. □ 5 □ 7 [] 3 Managerial Ability/Potential **□**N/A □ 2 □ 3 □ 4 □ 5 □ 6 7 □ 6 □N/A Manner in Accepting Criticism □ 2 □ 3 □ 4 □ 5 □ 7 Professional Appearance □ 3 □ 5 □ 6 □ N/A Professional Demeanor □ 5 □ 6 □N/A □ 5 □ 6 □ 7 □N/A Reliability Пз **6** 7 Stability Under Pressure □ 2 □ 5 Stamina (Mental and Physical) □ 2 □ 3 □ 5 □ 6 7 **□**N/A □ 5 □ 6 7 Tact □ 2 □ 3 4 □N/A Analytical Skills □ 6 7 □ 1 □ 2 □ 3 □ 4 □ 5 **□**N/A Conceptual Skills □ 2 □ 3 □ 5 □ 6 □7 **□**N/A Communication Skills **5** □ 6 □ 7 □₁ □ 2 □ 3 | □N/A П 6 Maturity □ 1 □ 2 □ 3 □ 4 □ 5 □ 7 □N/A **Assumes Responsibility 2** □ 3 □ 5 □ 6 □ 7 □ 4 Judgment □ 2 □ 3 9. Dietetic Internship Students may use (ADA) American Dietetic Association Recommendation Form instead of this form. 10. Additional Comments/Remarks: Name (Print): Telephone Number: Date: Signature: Position/Title/Specialty: **Business Address:** The Army Medical Department appreciates your time and effort in providing an honest appraisal of this individual.

8. The attributes listed below are important for Army Medical Department Officers. Compare this applicant with others who work in the same capacity, and

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

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

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.)