

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: _____ Middle Initial: _____ SSN: _____
Rank: _____ MOS or AOC: _____ / _____ Years in Service: _____
Email Address: _____ Cell Phone: _____
Compo: _____ (ACTIVE DUTY / USAR) Waiver(s) Required: No/Yes

*Please put documents in order, 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.). **Note:** When sending your packet (Tabs 1-3) in PDF format, we do not need separation or labeling of the documents individually, for each tab. 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. SAMPLE 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 (ACFT 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
_____ GPA Waiver Memo (if applicable)
_____ Academic Delay Plan Memo
_____ Medical Terminology Certificate (ALMS)
(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.** (Refer to MILPER 24-256)
_____ Physician Assistant (**USAREC Form 601-37.11**) with exact shadowing hours documented and completion of the supplemental form. (Supplemental form sent directly to preceptor. Applicant must identify preceptor during UNMC's application registration process).
_____ Others (if applicable – Max of 2 additional LORs)
_____ Evaluation Report (OERs and NCOERs)
_____ DA 1059 (Academic Evaluation Reports)
_____ Letter of Character from ISG (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
_____ 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 below items are **REQUIRED FOR ALL APPLICANTS.**

_____ **Official Transcripts to include JST (Joint Services Transcripts).** (Mail or electronically send to UNMC ONLY!!) You will no longer be required to mail or electronically send your official transcripts to USAREC.

_____ **SAT Scores** (Please ensure that you have used code "3994" for IPAP and 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

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, 1SG or S1.

ARMY COMBAT 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)

NOTE: To convert raw scores to scaled scores, refer to the ACFT event score conversion tables posted to the Army Combat Fitness Test website at <https://www.army.mil/acft>.

GENDER MALE FEMALE

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

UNIT/LOCATION

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 Combat Fitness Test (ACFT) assesses a Soldier's combat fitness capability. Fitness test standards are adjusted for age and gender. For additional information, see the System of Records Notice 0005, Defense Training Records, <https://www.federalregister.gov/documents/2020/12/28/2020-26548/privacy-act-of-1974-system-of-records>.

ROUTINE USES: There is no specific routine uses anticipated for this form; however, it may be subject to a number of proper and necessary routine uses identified in the system of records notice(s) specified in the purpose statement above.

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

TEST ONE

DATE (YYYYMMDD) MOS GRADE AGE

BODY COMPOSITION DATE:

HEIGHT (Inches) WEIGHT lbs. GO NOGO BODY FAT % GO NOGO

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

1ST ATTEMPT	2ND ATTEMPT	POINTS	GRADER INITIALS
<input type="checkbox"/> _____	<input type="checkbox"/> _____		

STANDING POWER THROW (distance thrown - check longest (meters : centimeters))

1ST THROW	2ND THROW	POINTS	GRADER INITIALS
<input type="checkbox"/> _____	<input type="checkbox"/> _____		

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))]

<input checked="" type="checkbox"/>	TIME	<input type="checkbox"/> GO <input type="checkbox"/> NOGO	POINTS (60/0)	GRADER INITIALS

SOLDIER SIGNATURE	DATE	TOTAL POINTS

OIC/NCOIC NAME (Last, First, MI)	RANK	<input type="checkbox"/> GO <input type="checkbox"/> NOGO

OIC/NCOIC SIGNATURE	DATE

TEST TWO

DATE (YYYYMMDD) MOS GRADE AGE

BODY COMPOSITION DATE:

HEIGHT (Inches) WEIGHT lbs. GO NOGO BODY FAT % GO NOGO

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

1ST ATTEMPT	2ND ATTEMPT	POINTS	GRADER INITIALS
<input type="checkbox"/> _____	<input type="checkbox"/> _____		

STANDING POWER THROW (distance thrown - check longest (meters : centimeters))

1ST THROW	2ND THROW	POINTS	GRADER INITIALS
<input type="checkbox"/> _____	<input type="checkbox"/> _____		

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))]

<input checked="" type="checkbox"/>	TIME	<input type="checkbox"/> GO <input type="checkbox"/> NOGO	POINTS (60/0)	GRADER INITIALS

SOLDIER SIGNATURE	DATE	TOTAL POINTS

OIC/NCOIC NAME (Last, First, MI)	RANK	<input type="checkbox"/> GO <input type="checkbox"/> NOGO

OIC/NCOIC SIGNATURE	DATE

ARMY COMBAT FITNESS TEST SCORECARD

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NAME (Last, First, MI)

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TEST THREE

DATE (YYYYMMDD) | MOS | GRADE | AGE

BODY COMPOSITION DATE:

HEIGHT (Inches) | WEIGHT lbs. GO NOGO | BODY FAT % GO NOGO

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

1ST ATTEMPT	2ND ATTEMPT	POINTS	GRADER INITIALS
<input type="checkbox"/>	<input type="checkbox"/>		

STANDING POWER THROW (distance thrown - check longest (meters : centimeters))

1ST THROW	2ND THROW	POINTS	GRADER INITIALS
<input type="checkbox"/>	<input type="checkbox"/>		

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))

<input checked="" type="checkbox"/>	TIME	<input type="checkbox"/> GO <input type="checkbox"/> NOGO	POINTS (60/0)	GRADER INITIALS

SOLDIER SIGNATURE | DATE | TOTAL POINTS

OIC/NCOIC NAME (Last, First, MI) | RANK | GO NOGO

OIC/NCOIC SIGNATURE | DATE

TEST FOUR

DATE (YYYYMMDD) | MOS | GRADE | AGE

BODY COMPOSITION DATE:

HEIGHT (Inches) | WEIGHT lbs. GO NOGO | BODY FAT % GO NOGO

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

1ST ATTEMPT	2ND ATTEMPT	POINTS	GRADER INITIALS
<input type="checkbox"/>	<input type="checkbox"/>		

STANDING POWER THROW (distance thrown - check longest (meters : centimeters))

1ST THROW	2ND THROW	POINTS	GRADER INITIALS
<input type="checkbox"/>	<input type="checkbox"/>		

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))

<input checked="" type="checkbox"/>	TIME	<input type="checkbox"/> GO <input type="checkbox"/> NOGO	POINTS (60/0)	GRADER INITIALS

SOLDIER SIGNATURE | DATE | TOTAL POINTS

OIC/NCOIC NAME (Last, First, MI) | RANK | GO NOGO

OIC/NCOIC SIGNATURE | DATE

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: ½" = .50
HEIGHT (to nearest 0.50 inch)		WEIGHT (to nearest pound)		AGE	
	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 <i>(Printed Name and Signature)</i>	RANK	DATE (YYYYMMDD)	APPROVED BY SUPERVISOR <i>(Printed Name and Signature)</i>	RANK	DATE (YYYYMMDD)
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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: ½" = .50
HEIGHT (to nearest 0.50 inch)		WEIGHT (to nearest pound)		AGE	
STEP		FIRST	SECOND	THIRD	AVERAGE (to nearest 0.50 in.)
1. Measure neck just below level of larynx (<i>Adam's apple</i>). Round up to nearest 0.50 inch. Repeat three times, then average to the nearest 0.50 inch.					
2. Measure waist (<i>abdomen</i>) 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 (<i>buttocks</i>) 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 (<i>line 4E</i>) and height (<i>line 4F</i>) 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.

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!**

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

- | | |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | COMMISSIONED OFFICER - REGULAR ARMY |
| <input type="checkbox"/> | COMMISSIONED OFFICER - ARMY RESERVE |
| <input type="checkbox"/> | WARRANT OFFICER - REGULAR ARMY |
| <input type="checkbox"/> | WARRANT OFFICER - ARMY RESERVE |
| <input type="checkbox"/> | 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)**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.

a. MOS CODE

b. MOS TITLE

PERSONAL DATA

PREFER- ENCE	BRANCH	SPECIALTY	7. NAME (Last, first, middle)(Explain variations from birth certificate in item 41)		8. GRADE	9a. SOCIAL SECURITY NUMBER					
	AD		10. BRANCH (MOS if enl or wo)	11. TOTAL YRS ACTIVE SERVICE	12. MARITAL STATUS	13. NUMBER OF DEPENDENTS UNDER 18 YEARS OF AGE					
	AG		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)					
	AR					PHONE AND/OR DSN NUMBER					
	AV		18. PERMANENT ADDRESS (Include ZIP Code)			19. CURRENT MAILING ADDRESS (If difference from item 18) (Include ZIP Code)					
	CA		PHONE (Include area code)			PHONE (Include area code)					
	CM		20. US CITIZEN		a. NATIVE		b. <input type="checkbox"/> NATURALIZATION		c. APPLICANT'S CERTIFICATE NO. (If item b. checked) (Date, place, court)		
	EN		<input type="checkbox"/> YES		<input type="checkbox"/> YES		<input type="checkbox"/> DERIVED				
	FA		<input type="checkbox"/> NO		<input type="checkbox"/> NO		<input type="checkbox"/> IMMIGRANT				
	FI		21. CIVILIAN EDUCATION (See page 3 for additional requirements for professional personnel)								
	IN		a. HIGH SCHOOL GRADUATE			b. NAME AND LOCATION OF HIGH SCHOOL					
	MI		<input type="checkbox"/> YES <input type="checkbox"/> NO								
	MP		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			(5) MAJOR SUBJECT
	OD				DAY	MONTH	YEAR				
	QM										
	SC										
	SS										
	TC										
	AN										
	CH										
	DE										
	JA										
	MC										
	MS										
	SP		d. SPECIAL EDUCATIONAL HONORS, SCHOLAR- SHIPS, 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)					
	VC										

22. HIGHEST LEVEL SERVICE SCHOOL ATTENDED

a. NAME OF SCHOOL	b. COURSE	c. DATES (Mo-Yr)		COMPLETED		d. IF NOT COMPLETED GIVE REASON
		FROM	TO	YES	NO	
				<input type="checkbox"/>	<input type="checkbox"/>	

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)		c. BRANCH/MOS (As appropriate)	d. PRIOR SERVICE NO. (If applicable)	e. HIGHEST GRADE AND COMPONENT
		FROM	TO			
ENLISTED						
WARRANT OFFICER						
COMMISSIONED						

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)		c. BRANCH/MOS (As appropriate)	d. PRIOR SERVICE NO. (If applicable)	e. HIGHEST GRADE AND COMPONENT
		FROM	TO			
ENLISTED						
WARRANT OFFICER						
COMMISSIONED						

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:

c. APPOINTMENT IN RESERVE COMPONENT (USAR/ARNG)	a. ROTC		b. OCS	
	YES	NO	YES	NO
AS A WARRANT OFFICER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AS A COMMISSIONED OFFICER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 <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)	(2)	(3)	DATES OF ATTENDANCE <i>(Month, Year)</i>		
SUBJECT OR COURSE	NAME AND LOCATION OF SCHOOL OR HOSPITAL	SEMESTER CREDITS EARNED	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>					
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 801-100, 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)
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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, USAREC (RCHS-SVD-PA)
1307 THIRD AVENUE
FORT KNOX, KY 40121-2726

RCHS-SVD-PA

Current Date

MEMORANDUM FOR COMMANDER, HQ USAREC 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/Home Phone Number:

Home of Record: City & State

Basic Active Service Date:

Time in Service (as of 1 January 2025):

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 2025): 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:



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FORT KNOX, KY 40121-2726

RCHS-SVD-PA

Current Date

MEMORANDUM FOR COMMANDER, HQ USAREC 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 (IPAP) Application Grade Point Average (GPA) Waiver Request

1. In accordance with AR 601-20 and MILPER 24-256, I request a waiver for the IPAP application minimum (overall or science) GPA requirement. (*Add all of the details – the more detail, the better chance of approval. ‘I was attending college 10yrs ago and had significant hardship, etc.’ or ‘I was attending college and was not focused on my studies. I have since averaged 4.0 in my science classes, etc.’.)

2. 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



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

RCHS-SVD-PA

XX XXX 2020

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

SUBJECT: Request for Academic Delay for Fiscal Year (FY) 2022 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 (no more than 9 SH) will be completed NLT 1OCT22, 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 FY22 IPAP MILPER.

<u>Course</u>	<u>College</u>	<u>Start Date</u>	<u>End Date</u>
a. Anatomy and Physiology I	UNMC	5/29/2020	7/15/2020
b. Anatomy and Physiology II	UNMC	7/29/2020	9/15/2020
c. Chemistry I	UNMC	5/5/2020	7/22/2020

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

John Doe
SGT, USA
TMC NCO

Medical Terminology Certificate (ALMS)
(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.

***New for FY25 IPAP-LORs (Unit Commanders & Immediate Supervisors):**

Unit commanders and 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." Unit commanders at the Battalion or Brigade level are highly recommended.

***New for FY25 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 and completion of the supplemental linked evaluation. Documentation of at least 80 hours of shadowing within 12 months of the selection board is required; more is highly recommended. Applicants without access to a Physician Assistant 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. Applicant 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 7 June 2024. 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)

<input type="checkbox"/> I evaluate/have evaluated this applicant.	From _____ To: _____
<input type="checkbox"/> I am/have been a peer/coworker of this applicant.	From _____ To: _____
<input type="checkbox"/> I am/have been an instructor/preceptor for this applicant.	From _____ To: _____
<input type="checkbox"/> I know/have known this applicant. Specify in what capacity you have known this applicant:	From _____ To: _____

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

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.)