

**INTERSERVICE PHYSICIAN ASSISTANT PROGRAM (IPAP)**  
**APPLICATION CHECKLIST (National Guard)**  
**(Keep In Sequence)**

Last Name:	<input type="text"/>	First Name:	<input type="text"/>	Middle Initial:	<input type="text"/>				
Rank:	<input type="text"/>	MOS/AOC:	<input type="text"/>	Years in Service:	<input type="text"/>	Compo:	<input type="text"/>	State:	<input type="text"/>
SSN:	<input type="text"/>	DOD ID:	<input type="text"/>	DOB:	<input type="text"/>	Waivers Required:	<input type="text"/>		
Address:	<input style="width: 250px; height: 80px;" type="text"/>		Cell Phone:	<input type="text"/>					
MIL Email:			<input type="text"/>						
CIV Email:			<input type="text"/>						
AMEDD Recruiter Name:	<input type="text"/>								
AMEDD Recruiter Phone:	<input type="text"/>								
AMEDD Recruiter MIL Email:	<input type="text"/>								

**TAB 1**

<input type="checkbox"/>	Application Checklist (this document)
<input type="checkbox"/>	ORB/ERB with no DA photo or race/ethnicity visible
<input type="checkbox"/>	DA 705-TEST (ACFT Scorecard)
<input type="checkbox"/>	DA 5500 Male / DA 5501 Female (if applicable)
<input type="checkbox"/>	Profile (if applicable)
<input type="checkbox"/>	Letter of Intent
<input type="checkbox"/>	NGB 62E (Appointment Application)
<input type="checkbox"/>	Conviction Waiver Memo (if applicable)
<input type="checkbox"/>	Affidavit/Court documents (if applicable)
<input type="checkbox"/>	CV/Resume
<input type="checkbox"/>	Academic Worksheet (USAREC Form 601-37.44)
<input type="checkbox"/>	Medical Terminology Certificate (ALMS) (if applicable)
<input type="checkbox"/>	JST (Enlisted Applicants)
<input type="checkbox"/>	Diplomas (if applicable)
<input type="checkbox"/>	Letter of Recommendations
<input type="checkbox"/>	<input type="checkbox"/> Immediate Supervisor
<input type="checkbox"/>	<input type="checkbox"/> Commander
<input type="checkbox"/>	<input type="checkbox"/> Physician Assistant (USAREC Form 601-37.11, with shadowing hours documented)
<input type="checkbox"/>	<input type="checkbox"/> State Surgeon/Deputy State Surgeon
<input type="checkbox"/>	<input type="checkbox"/> Others (if applicable – Max of 1 additional)
<input type="checkbox"/>	Evaluation Report (OERs and NCOERs)
<input type="checkbox"/>	DA 1059s (Academic Evaluation Reports)
<input type="checkbox"/>	Letter of Character from 1SG (SPC and below)
<input type="checkbox"/>	DD 214 (Release or discharge, if applicable)
<input type="checkbox"/>	Appointment Letter (current officers)
<input type="checkbox"/>	DA 71 (Oath of Office) (current officers)
<input type="checkbox"/>	Awards/Certifications/Licenses
<input type="checkbox"/>	Certificates of Training

**TAB 2:**

<input type="checkbox"/>	DA 160
<input type="checkbox"/>	Waiver Requests (Age, Time in Service)
<input type="checkbox"/>	MILPO Statement
<input type="checkbox"/>	Security Clearance MFR
<input type="checkbox"/>	Application Memorandum
<input type="checkbox"/>	ROTC Contract (if applicable)
<input type="checkbox"/>	Naturalization Certificate (if applicable)

**TAB 3:**

<input type="checkbox"/>	Physical Exam (DD 2807 & 2808 with official lab results and audiogram) (Labs include HIV, urinalysis, urine drug screen, ethanol level. HCG if applicable.)
<input type="checkbox"/>	Copy of Profile (if applicable)
<input type="checkbox"/>	Transcripts (mail or digital to UNMC <b>AND</b> USAREC)
<input type="checkbox"/>	SAT Scores (must have official scores from College Boards)
<input type="checkbox"/>	PA-CAT Scores (must have official scores)

**\*\*\*\*Please put documents in sequence, as outlined below, (E.g. Tab 1 is one PDF document, Tab 2 is a second PDF document, Tab 3 is a third document). Note: When sending your packet in Adobe format, we do not need separation or labeling of the documents individually for each tab. For e.g., tab 1 documents, scan documents in sequence, one after another without individual labeling/separation of the document as well for tabs 2-3. DO NOT INCLUDE passwords, codes or special instructions for opening the documents. If packets are not in the correct format, they will be returned for correction.\*\*\*\***

## ORB/ERB

ORB/ERB (**Ensure DA photo, race and ethnicity are not visible**) - Submit the one that applies to you (officer, enlisted). 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 RNCO/S1.

<b>ARMY COMBAT FITNESS TEST SCORECARD</b>					<b>FOR OFFICIAL USE ONLY</b>	
For use of this form, see ATP 7-22.01; the proponent agency is TRADOC.					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 <a href="https://www.army.mil/acft">https://www.army.mil/acft</a> .					GENDER <input type="checkbox"/> MALE <input type="checkbox"/> 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	
<b>PRIVACY ACT STATEMENT</b>						
<b>AUTHORITY:</b> 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.						
<b>PRINCIPAL PURPOSE:</b> 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, <a href="https://www.federalregister.gov/documents/2020/12/28/2020-26548/privacy-act-of-1974-system-of-records">https://www.federalregister.gov/documents/2020/12/28/2020-26548/privacy-act-of-1974-system-of-records</a> .						
<b>ROUTINE USES:</b> 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.						
<b>DISCLOSURE:</b> Voluntary. However, failure to provide identifying information may prevent ability to remain in the military.						
<b>TEST ONE</b>				<b>TEST TWO</b>		
DATE (YYYYMMDD)	MOS	GRADE	AGE	DATE (YYYYMMDD)	MOS	GRADE
BODY COMPOSITION DATE:				BODY COMPOSITION DATE:		
HEIGHT (Inches)	WEIGHT ____ lbs. <input type="checkbox"/> GO <input type="checkbox"/> NOGO	BODY FAT ____ % <input type="checkbox"/> GO <input type="checkbox"/> NOGO		HEIGHT (Inches)	WEIGHT ____ lbs. <input type="checkbox"/> GO <input type="checkbox"/> NOGO	BODY FAT ____ % <input type="checkbox"/> GO <input type="checkbox"/> NOGO
3 REPETITION MAXIMUM DEADLIFT (weight lifted - check heaviest (lbs.))				3 REPETITION MAXIMUM DEADLIFT (weight lifted - check heaviest (lbs.))		
1ST ATTEMPT <input type="checkbox"/> _____	2ND ATTEMPT <input type="checkbox"/> _____	POINTS	GRADER INITIALS	1ST ATTEMPT <input type="checkbox"/> _____	2ND ATTEMPT <input type="checkbox"/> _____	POINTS
STANDING POWER THROW (distance thrown - check longest (meters : centimeters))				STANDING POWER THROW (distance thrown - check longest (meters : centimeters))		
1ST THROW <input type="checkbox"/> _____	2ND THROW <input type="checkbox"/> _____	POINTS	GRADER INITIALS	1ST THROW <input type="checkbox"/> _____	2ND THROW <input type="checkbox"/> _____	POINTS
HAND-RELEASE PUSH-UP (number of correctly performed repetitions)				HAND-RELEASE PUSH-UP (number of correctly performed repetitions)		
REPETITIONS		POINTS	GRADER INITIALS	REPETITIONS		POINTS
SPRINT - DRAG - CARRY (overall event time (minutes : seconds))				SPRINT - DRAG - CARRY (overall event time (minutes : seconds))		
TIME		POINTS	GRADER INITIALS	TIME		POINTS
PLANK (maintain proper straight line position (minutes : seconds))				PLANK (maintain proper straight line position (minutes : seconds))		
TIME		POINTS	GRADER INITIALS	TIME		POINTS
2 - MILE RUN (overall event time (minutes : seconds))				2 - MILE RUN (overall event time (minutes : seconds))		
TIME		POINTS	GRADER INITIALS	TIME		POINTS
5K ROW / 1K SWIM / 12K BIKE / 2.5MI WALK ((circle or use the drop down list) (overall time to reach required distance (minutes : seconds)))				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)	<input checked="" type="checkbox"/>	TIME	<input type="checkbox"/> GO <input type="checkbox"/> NOGO
SOLDIER SIGNATURE			DATE	SOLDIER SIGNATURE		
OIC/NCOIC NAME (Last, First, MI)			RANK	OIC/NCOIC NAME (Last, First, MI)		
OIC/NCOIC SIGNATURE			DATE	OIC/NCOIC SIGNATURE		

## HT/WT

Height/Weight Verification - If HT/WT is not documented on the 705 a commander's HT/WT verification memo is required.

## 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)		1/4" = .50
		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

If Applicable

**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 <small>(Printed Name and Signature)</small>	RANK	DATE (YYYYMMDD)	APPROVED BY SUPERVISOR <small>(Printed Name and Signature)</small>	RANK	DATE (YYYYMMDD)

# **BODY FAT CONTENT WORKSHEET (Female)**

For use of this form, see AR 600-8; 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.				

**If Applicable**

**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)
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## 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 per AR 25-50. 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 proof read it!**



**APPLICATION FOR FEDERAL RECOGNITION AS AN ARMY NATIONAL GUARD OFFICER OR WARRANT OFFICER  
AND APPOINTMENT AS A RESERVE COMMISSIONED OFFICER OR WARRANT OFFICER OF THE ARMY  
IN THE ARMY NATIONAL GUARD OF THE UNITED STATES**

The proponent agency in ARNG-HRP-R. The prescribing directive is NGR (AR) 600-100 and NGR (AR) 600-101.  
Handwritten form will not be accepted. Each item must be completed. Annotate "None" where applicable.

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Title 32 USC 307, Title 10 USC 10204, Executive Order 9397.

**PURPOSE:** To apply for Federal Recognition as an Army National Guard Officer or Warrant Officer, and appointment as a Reserve Commissioned Officer or Warrant Officer of the Army in the Army National Guard of the United States. The original will be maintained in the Soldier's Official Military Personnel File or electronically filed in a DoD approved system. A copy will be maintained by the MILPO for state records. For organizational use only.

**ROUTINE USES:** None.

**DISCLOSURE:** Voluntary; However, if individual does not provide the information requested by the Board, Federal Recognition may be denied.

FROM: (Last, First, Middle)

DATE:

THRU: (State Adjutant General)

TO: Chief, National Guard Bureau, Attn: ARNG-HRH-A, 111 South George Mason Drive, Arlington, VA 22204-1382

**SECTION I**

I hereby apply for the following: (Under the provisions of paragraph and NGR authority)

**\*Both lines must have 'O2 SP/65D' - do not  
put their current rank/branch.  
\*If currently an O3, then you may change the  
O2 to O3.**

☒ Federal Recognition as a (Grade and Branch / MOS) **O2 SP/65D**

☒ Appointment as a Reserve Officer of the Army in the Army National Guard as a (Grade and Branch / MOS) **O2 SP/65D**

☐ Certificate of Eligibility for Federal Recognition in the Army National Guard as a (Grade and Branch / MOS)

**SECTION II**

In connection with the application, I submit the following information, which I certify to be correct to the best of my knowledge.

1. Permanent Home Address: (Street, City, County, State, Zip)

1(a). Phone

1(b). Email Address:

2. Date of Birth: Place of Birth: (City, County, State)

3. Race/Ethnic Group: ☐ American Indian/Alaskan ☐ Asian/Pacific Islander ☐ African American ☐ Caucasian ☐ Hispanic ☐ Other/Unknown

4. Are you a citizen of the United States by birth or naturalization? (If by naturalization, append evidence, or certification by an officer.)

5. List number and relationship of dependent's:

6. List nearest relative, relationship, and address:

7. Marital Status: (Single, Married, Widowed, Divorced)

8. List present occupation, years experience, employer name and address: (If self-employed, list business address)

9. List additional experience and years of same:

10. List any memberships in professional societies:

11. List any decorations, citations, and commendations: (Attach copies)

12. Are you at present a member of any component of the Armed Forces? <i>(If yes, list grade, branch, component, organization, and aeronautical rating held, if any)</i>
13. Have you ever been rejected for military service or appointment as a Commissioned or Warrant officer? <i>(If yes, state when &amp; where rejected and cause.)</i>
14. Have you ever been separated from the military by reason of reclassification, board action, or have resigned in lieu of reclassification, board action or court martial proceedings? <i>(If yes, give date, place, and details.)</i>
15. Have you ever been court martialed? <i>(If yes, give date, place, charge, and final disposition.)</i>
16. Have you ever been arrested or convicted by a civil court for other than minor traffic violations? <i>(If yes, give date, place, charge, and sentence.)</i>
17. Are you at present receiving a disability allowance, disability retired pay, or pension as a result of military service? <i>(If yes, give details.)</i>
<b>SECTION III</b>
1. High School: <i>(List name of school, city &amp; state, year graduated. If GED completed, attach copy of certificate.)</i>
2. College: <i>(List name of college, city &amp; state, dates attended, and degree program or course attended) (Graduated? Yes or No)</i>
3. Service Schools: <i>(List name of school, city &amp; state, dates attended, and course attended) (Graduated? Yes or No)</i>
4. Army Extension Courses: If completed, attach copy of certificate. <i>(List name of school, phase or series number, and course completion date.)</i>

## SECTION IV

Chronological statement of Active Federal Service, to include Army, Navy, Air Force, Marine Corps, Coast Guard, National Guard in Federal Service, and Reserve Officer on Active Duty.

(yyyyymmdd)		Station	Grade	Organization	Duty	(name and grade) Immediate Commanding Officer
From	To					
20140714	20140919	Ft Sam Houston, TX	O1	187th, A Co	70B	UNKNOWN
20110523	20110805	Brooklyn, NY	E2	222D Chem Company	68W	LTC Daniel, David

ALL active time goes on the top half. Every DD 214 and DD 22 should have their own line. Do Not break up Basic Training and AIT.

Chronological statement of Military Service other than above, to include Army, Navy, Air Force, Marine Corps Reserve, and National Guard not in Federal Service, Cadet at U.S. Military Air Force or Coast Guard Academy, Midshipsman at U.S. Naval Academy, Student in ROTC, and Service in Military Forces of Foreign Countries.

(yyyyymmdd)		State or Fed	Station	Grade	Organization	Duty	(name and grade) Immediate Commanding Officer
From	To						
20140920	Present	State	New York, NY	O2	1-69th, 27th IBC	70B	LTC Mackay, Donald
20140529	20140713	State	New York, NY	O1	1-69, 27th IBC	70B	LTC Flynn, Sean
20110806	20140528	State	New York, NY	E5	HHC, 1-69IN	09R	LTC Flynn, Sean
20110310	20110522	State	New York, NY	E2	HHC, 1-69th	68W	LTC UNKNOWN

ALL other serve time goes on the bottom half. DO NOT list every position or promotion if within the same unit.

List changes of units and changes from Enlisted to Officer.

Dates should not be overlaying from top and bottom.

## REMARKS

Refer to your G1 on what comment/if any they would like here

**APPLICANT SIGNATURE**

Full Signature:

*(Sign All Copies)***ENDORSEMENT**

Endorsement prepared by organization Commander: \_\_\_\_\_

Approval recommended. The statements of the applicant have been verified as far as practicable and are considered to be correct.

His/Her appointment is desired to fill the position of : UIC: \_\_\_\_\_ ; Para Line; \_\_\_\_\_ ; Position Title; \_\_\_\_\_ ;

Position Authorized Grade; \_\_\_\_\_ .

Signature:

*(Sign All Copies)***ENDORSEMENT**

Endorsement prepared by organization Commander: \_\_\_\_\_

Approval recommended.

Signature:

*(Sign All Copies)***ENDORSEMENT**

From: The Adjutant General, State of \_\_\_\_\_

To: The President of the Examining Board.

Appointed by paragraph: \_\_\_\_\_ Orders Number: \_\_\_\_\_ Dated: \_\_\_\_\_

Headquarters: \_\_\_\_\_

Address: \_\_\_\_\_

1. It is requested that the applicant be examined under the provisions of Title 32 Section 307 USC, and regulations prescribed thereunder, for the the grade and branch stated in this application.

2. The statement of the applicant has been verified as far as practicable and are considered to be correct.

Enclosures: \_\_\_\_\_  
\_\_\_\_\_

Signature of State Adjutant General:

*(Sign All Copies)***ENDORSEMENT**

The Adjutant General of \_\_\_\_\_

Address: \_\_\_\_\_

The examination of the applicant has been completed with the result stated in the proceedings of the board (NGB Form 89) herewith enclosed.

Enclosures: \_\_\_\_\_  
\_\_\_\_\_

Signature of President of the Board:

*(Sign All Copies)*

**FINAL ENDORSEMENT**

From: The Adjutant General, State of \_\_\_\_\_

To: Chief, National Guard Bureau, Attn: NGB-ARP-C, 111 South George Mason Drive, Arlington, VA 22204-1382

1. It is requested that Federal Recognition be extended to:

\_\_\_\_\_  
(Firstname, middle, lastname, social security number, and appointed grade, branch, & date)

\_\_\_\_\_  
(Give specific position and designation of organization assigned to)

per \_\_\_\_\_

\_\_\_\_\_  
(Give designation of issuing office, number, paragraph of order, and order date)

vice \_\_\_\_\_

\_\_\_\_\_  
(Give name only of previous occupant)

who on \_\_\_\_\_

\_\_\_\_\_  
(Give date position was vacated)

was \_\_\_\_\_

\_\_\_\_\_  
(State: a. Resignation, b. Transfer, c. Promoted, d. Demoted)

by \_\_\_\_\_

\_\_\_\_\_  
(State: a. Own application, b. Changes in table of organization, c. Conversion of Unit)

per \_\_\_\_\_

\_\_\_\_\_  
(Give designation of issuing office, number, paragraph of order, and order date)

Attach copy of order as enclosure.

2. Attach a copy of the order of appointment and completed oath of office (NGB 337) as enclosure.

3. It is further recommended that the request for appointment as a Reserve Officer of the Army National Guard of the United States contained in the basic communication be approved.

Enclosures: (Enumerate)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of State Adjutant General:

(Sign All Copies)

**INSTRUCTIONS**

In submitting this form, carefully comply with applicable National Guard regulations. This form will be submitted by the applicant through military channels to the State Adjutant General in sufficient copies to ensure that two completed applications and supporting documentation are received by the National Guard Bureau.

This form will be executed by all candidates for examination under the provisions of Title 32 Section 307 USC. When so executed, it serves for the certified statement of the candidate of their personal and military history as prescribed by National Guard Regulations.

The State Adjutant General will, if the application meets with their approval, issue instructions for the candidate to report to the president of the examining board which has been previously appointed by the Army Commander under the provisions of Title 32 Section 307 USC.

The State Adjutant General will forward the application by endorsement thereon, with all pertinent documentation, to the president of the examining board. Candidates may be ordered before the examining board before appointment, but if examined prior to appointment, the candidate should be appointed as soon as practicable after the successful examination has been completed.

The president of the examining board will, upon completion of the examination, forward the application by endorsement thereon, to the State Adjutant General, transmitting therewith the proceedings of the board (NGB Form 89) with all pertinent documentation.

The State Adjutant General will forward the application by endorsement thereon, to the Chief, National Guard Bureau, transmitting therewith the proceedings of the examining board (NGB Form 89) with all pertinent documentation, and any additional attachments as necessary.

**Conviction Waiver Approval Memo  
Affidavit/Court Documents**

**Conviction Waiver Approval Memo & 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:

Basic Active Service Date:

Time in Service (as of 1 January 2023):

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.)**

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 2023):

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:

\*\*\*\*\*

**MUST use this  
format. No other  
CV formats will  
be accepted.**

## **UNMC Academic Worksheet**

**University of Nebraska Medical Center Academic Worksheet** - This will be added by the ARNG IPAP manager once they receive the final academic review worksheet from UNMC. The ARNG IPAP manager will send the recruiters a copy once received from UNMC.





## UNIT Letter Head

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) 2023 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 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	5/29/2020	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**

**AMEDD ACADEMIC PROGRAM WORKSHEET**

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

**PRIVACY ACT STATEMENT****AUTHORITY:** 10 USC 3013; 10 USC 4301; Executive Order 9397.**PRINCIPAL PURPOSE:** Required to document the educational requirements of the AMEDD Academic Program.**ROUTINE USES:** Used by selection board in considering applicants on a competitive basis and selecting those considered best qualified.**MANDATORY OR VOLUNTARY DISCLOSURE:** Disclosure of personal information is voluntary. However, failure to provide the requested information may result in nonconsideration.

1. NAME (Last, First, MI):

2. MOS or AOC:

3. OTHER NAMES LISTED ON TRANSCRIPTS:

4. DATE COMPLETED:

**SECTION I - List all colleges and universities attended and the dates of attendance (semester and year, e.g., Fall 1996).**

You must have an official transcript from each institution forwarded to USAREC prior to application deadline.

5. COLLEGE OR UNIVERSITY AND LOCATION	6. DATES OF ATTENDANCE	7. TOTAL NUMBER OF CREDITS	8. DEGREE GRANTED

**SECTION II - List all course work currently in progress.**

9. COLLEGE OR UNIVERSITY AND LOCATION	10. COURSE IN PROGRESS	11. ANTICIPATED DATE OF COMPLETION

**SECTION III - List all courses attempted, including those failed, under the appropriate heading.**

List the semester hours of each course.

Quarter hours should be converted to semester hours according to the following scale:

Quarter Hours	Semester Hours	Quarter Hours	Semester Hours
1	0.7	6	4.0
2	1.3	7	4.7
3	2.0	8	5.3
4	2.7	9	6.0
5	3.3		

Technical courses such as typing, welding, and courses taken for certification (Emergency Medical Technician or Licensed Practical Nursing) are not accepted. Do not list these courses. List additional courses in the Remarks section if more space is required.

Part A - English and Literature					
12. COURSE TITLE	13. SEM HRS	14. GRADE	15. COLLEGE	16. DATE COMPLETED (Semester and Year)	17. USAREC USE ONLY
18. SUBJECT GPA:					
Part B - Biological Sciences (Anatomy and Physiology, Biology, Microbiology, Genetics, Immunology, etc.)					
19. COURSE TITLE	20. SEM HRS	21. GRADE	22. COLLEGE	23. DATE COMPLETED (Semester and Year)	24. USAREC USE ONLY
25. SUBJECT GPA:					
Part C - Chemistry					
26. COURSE TITLE	27. SEM HRS	28. GRADE	29. COLLEGE	30. DATE COMPLETED (Semester and Year)	31. USAREC USE ONLY
32. SUBJECT GPA:					

<b>Part D - Other Science Courses</b> <i>(Physics, Botany, Nutrition, Geology, Geography, Astronomy, etc.)</i>					
33. COURSE TITLE	34. SEM HRS	35. GRADE	36. COLLEGE	37. DATE COMPLETED <i>(Semester and Year)</i>	38. USAREC USE ONLY
39. SUBJECT GPA:					
<b>Part E - Mathematics</b>					
40. COURSE TITLE	41. SEM HRS	42. GRADE	43. COLLEGE	44. DATE COMPLETED <i>(Semester and Year)</i>	45. USAREC USE ONLY
46. SUBJECT GPA:					
<b>Part F - Psychology</b>					
47. COURSE TITLE	48. SEM HRS	49. GRADE	50. COLLEGE	51. DATE COMPLETED <i>(Semester and Year)</i>	52. USAREC USE ONLY
53. SUBJECT GPA:					

(Government, Art, Education, Philosophy, History, Languages, Anthropology, Civilization, Music, Speech, Ethics, etc.)

[illegible]**60. SUBJECT GPA:**

**(Business, Economics, Law, Computer Sciences, etc.)**

[illegible]**67. SUBJECT GPA:**

[illegible]

75. REMARKS:

## **Diplomas**

Provide a copy of all higher level Diplomas. DO NOT put high school diplomas.

## Transcripts

**Transcripts** – Provide a copy of transcripts from **ALL** colleges/universities every attended. These do not have to be official copies.

- You **WILL** have to send official copies of **ALL** transcript to UNMC.
- If you are using CLEP scores or AP Credit for English, you will have to submit official official scores to and UNMC.
- Applicants must complete the on-line IPAP registration through UNICAS for the University of Nebraska Medical Center at <http://ipap.liaisoncas.com>.
- This registration is mandatory for all interested applicants and is in addition to send a packet.
- Applicants must ensure UNMC has received all transcripts and CELP information.
- Applicants must ensure they fully submit this on-line registration. If not completed and submitted by the deadline the packet will not be boarded.



**Medical Terminology Certificate**

**If completed on the Army Training Information System (ATIS)**

**<https://learn.atis.army.mil/moodle/>**

## **Joint Services Transcripts**

**JST - (Enlisted applicants) -**

-Ensure you provide UNMC a copy as well when submitted for academic review.

## **SAT Scores**

**SAT Scores** - Provide a copy of the applicant's SAT scores.

-Applicants must enter code **"3994"** on the **SAT test form** - nothing else is required.

If an applicant does not have SAT scores by the time the packet is submitted place a MFR in its place stating when the applicant took/will take the test. Once the applicant can download a copy of their scores ensure a copy is provided to the ARNG IPAP manger to add to their packet. If scores are not received it could affect the packet making it to the board.

## **PA-CAT Scores**

**PA-CAT Scores** - Provide a copy of the applicant's PA-CAT scores.

Upon registration, select US Army National Guard - nothing else is required.

If an applicant does not have PA-CAT scores by the time the packet is submitted place a MFR in its place stating when the applicant took/will take the test. Once the applicant can download a copy of their scores ensure a copy is provided to the ARNG IPAP manger to add to their packet. If scores are not received it could affect the packet making it to the board.

## LOR'S

**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, a PA, and your State Surgeon/Deputy State Surgeon.**

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, I would recommend they document exactly how many). 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. The PA needs to be all comments all the USAREC Form. They are not authorized any additional letters of recommendations.

You may have an 1 additional LOR from whomever you like. All LOR's should be dated after 1 June 2024. There is not an example on our website. These are just in memorandum for record format.

Shadowing hours need to be after 1 June 2024.

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

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.

**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):	<input type="text"/>	Telephone Number:	<input type="text"/>
Signature:	<input type="text"/>	Date:	<input type="text"/>
Position/Title/Specialty: <input type="text"/>			
Business Address: <input type="text"/>			

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.**

If Enlisted and BLC is not completed need to provide a MFR on when the applicant is expected to attend and graduate.

## **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 / DD 220** - (if applicable) - if you were at any point discharged from the military, submit your DD214 / DD 220.

**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.)

DO NOT include certificates from annual requirements certificates (i.e. cyber security or SHARP)