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

Last Name: First Name: Middle Initial:

Rank: MOS/AOC: Years in Service: Compo: State:

SSN: DOD ID: DOB: Waivers Required:

Address: Cell Phone:

MIL Email:

CIV Email:

AMEDD Recruiter Name:

AMEDD Recruiter Phone:

AMEDD Recruiter MIL Email:

TAB 1

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

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)
- Transcripts (mail or digital to UNMC **AND** USAREC)
- SAT Scores (must have official scores from College Boards)
- 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.

ARMY COMBAT FITNESS TEST SCORECARD

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

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.

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.

FOR OFFICIAL USE ONLY

NAME *(Last, First, MI)*

GENDER ☐ MALE ☐ FEMALE

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	BODY FAT
	_____ lbs. ☐ GO ☐ NOGO	_____ % ☐ GO ☐ NOGO

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

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

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

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

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

REPETITIONS	POINTS	GRADER INITIALS

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

TIME	POINTS	GRADER INITIALS

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

TIME	POINTS	GRADER INITIALS

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

TIME	POINTS	GRADER INITIALS

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

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

SOLDIER SIGNATURE	DATE	TOTAL POINTS
OIC/NCOIC NAME *(Last, First, MI)*	RANK	☐ GO ☐ NOGO
OIC/NCOIC SIGNATURE		DATE

TEST TWO

DATE *(YYYYMMDD)*	MOS	GRADE	AGE

BODY COMPOSITION DATE:

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

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

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

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

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

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

REPETITIONS	POINTS	GRADER INITIALS

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

TIME	POINTS	GRADER INITIALS

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

TIME	POINTS	GRADER INITIALS

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

TIME	POINTS	GRADER INITIALS

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

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

SOLDIER SIGNATURE	DATE	TOTAL POINTS
OIC/NCOIC NAME *(Last, First, MI)*	RANK	☐ GO ☐ NOGO
OIC/NCOIC SIGNATURE		DATE

M TAB TAB TAB TAB TAB

BODY FAT CONTENT WORKSHEET *(Male)*

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

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

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

REMARKS

CHECK ALL THAT APPLY

☐ Individual is in compliance with Army Standards.

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

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

M TAB TAB TAB TAB

BODY FAT CONTENT WORKSHEET *(Female)*

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

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

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

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

CHECK ALL THAT APPLY

☐ Individual is in compliance with Army standards.

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

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

Profile

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

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: 20150306

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)*

☐ Federal Recognition as a *(Grade and Branch / MOS)*

☐ Appointment as a Reserve Officer of the Army in the Army National Guard as a *(Grade and Branch / MOS)*

☐ 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? *(If yes, list grade, branch, component, organization, and aeronautical rating held, if any)*

13. Have you ever been rejected for military service or appointment as a Commissioned or Warrant officer? *(If yes, state when & where rejected and cause.)*

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? *(If yes, give date, place, and details.)*

15. Have you ever been court martialed? *(If yes, give date, place, charge, and final disposition.)*

16. Have you ever been arrested or convicted by a civil court for other than minor traffic violations? *(If yes, give date, place, charge, and sentence.)*

17. Are you at present receiving a disability allowance, disability retired pay, or pension as a result of military service? *(If yes, give details.)*

SECTION III

1. High School: *(List name of school, city & state, year graduated. If GED completed, attach copy of certificate.)*

2. College: *(List name of college, city & state, dates attended, and degree program or course attended) (Graduated? Yes or No)*

3. Service Schools: *(List name of school, city & state, dates attended, and course attended) (Graduated? Yes or No)*

4. Army Extension Courses: If completed, attach copy of certificate. *(List name of school, phase or series number, and course completion date.)*

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.

(yyyymmdd) From	To	Station	Grade	Organization	Duty	*(name and grade)* Immediate Commanding Officer

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.

(yyyymmdd) From	To	State or Fed	Station	Grade	Organization	Duty	*(name and grade)* Immediate Commanding Officer

REMARKS

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 _____ who on _____

(Give name only of previous occupant) *(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:

****

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	60
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:					

Part D - Other Science Courses
(Physics, Botany, Nutrition, Geology, Geography, Astronomy, etc.)

33. COURSE TITLE	34. SEM HRS	35. GRADE	36. COLLEGE	37. DATE COMPLETED *(Semester and Year)*	38. USAREC USE ONLY

39. SUBJECT GPA:

Part E - Mathematics

40. COURSE TITLE	41. SEM HRS	42. GRADE	43. COLLEGE	44. DATE COMPLETED *(Semester and Year)*	45. USAREC USE ONLY

46. SUBJECT GPA:

Part F - Psychology

47. COURSE TITLE	48. SEM HRS	49. GRADE	50. COLLEGE	51. DATE COMPLETED *(Semester and Year)*	52. USAREC USE ONLY

53. SUBJECT GPA:

Part G - Humanities and Social Sciences
(Government, Art, Education, Philosophy, History, Languages, Anthropology, Civilization, Music, Speech, Ethics, etc.)

54. COURSE TITLE	55. SEM HRS	56. GRADE	57. COLLEGE	58. DATE COMPLETED *(Semester and Year)*	59. USAREC USE ONLY

60. SUBJECT GPA:

Part H - Other Courses
(Business, Economics, Law, Computer Sciences, etc.)

61. COURSE TITLE	62. SEM HRS	63. GRADE	64. COLLEGE	65. DATE COMPLETED *(Semester and Year)*	66. USAREC USE ONLY

67. SUBJECT GPA:

Part I - Graduate Courses					
68. COURSE TITLE	69. SEM HRS	70. GRADE	71. COLLEGE	72. DATE COMPLETED *(Semester and Year)*	73. USAREC USE ONLY

74. SUBJECT GPA:

75. REMARKS:

Medical Terminology Certificate (ALMS)

(Fall 2019 and after)

Joint Services Transcripts

JST – (Enlisted applicants) – submit your JST to both USAREC (can be unofficial copy) and UNMC

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) 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

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 – 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.

You may have an additional 2 LOR's from whomever you like. All LOR's should be dated after 1 June 2022. There is not an example on our website. These are just in memorandum for record format.

APPLICANT EVALUATION WORKSHEET

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

NAME OF APPLICANT: _____

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

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

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

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

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

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

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

5. Select only one:

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

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

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

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

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

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

10. Additional Comments/Remarks:

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

Signature: _____ Date: _____

Position/Title/Specialty: _____

Business Address: _____

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

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

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.)