

APPLICATION FOR PROFESSIONAL TRAINING						DATE
For use of this form, see AR 351-3; the proponent agency is the Office of The Surgeon General						
THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974						
1. AUTHORITY: 10 USC 3012. 2. PRINCIPAL PURPOSE(S): To compile information necessary to evaluate an application for professional training. 3. ROUTINE USES: a. To evaluate application for long and short courses in civilian institution training and federal facility training. b. To notify SGPE-ED of approval or disapproval of application. c. To record application for professional training in individual's personnel records. 4. MANDATORY OR VOLUNTARY DISCLOSURE: Disclosure of requested information is voluntary. However action on application will not be finalized without completion of form.						
TO:			FROM:			
GENERAL - ALL APPLICANTS MUST COMPLETE ITEMS 1 THROUGH 19						
1. TYPE OF FACILITY SPONSORING TRAINING <i>(Check applicable box)</i> <input type="checkbox"/> CIVILIAN INSTITUTION <i>(non-Federal)</i> <input type="checkbox"/> FEDERAL FACILITY <input type="checkbox"/> AMEDD <input type="checkbox"/> ARMY <i>(Less AMEDD)</i> <input type="checkbox"/> OTHER MILITARY <i>(Air Force, Navy)</i> <input type="checkbox"/> NON-MILITARY <i>(PHS, VA, etc.)</i>			2. CATEGORY OF TRAINING DESIRED <i>(Check applicable box)</i> <input type="checkbox"/> SHORT COURSE <input type="checkbox"/> LONG COURSE <i>(List specialty after appropriate category)</i> <input type="checkbox"/> DEGREE <input type="checkbox"/> FELLOWSHIP <input type="checkbox"/> RESIDENCY <input type="checkbox"/> INTERNSHIP			
3. NAME	4. GRADE	5. MOS/SSI	6. CORPS/BRANCH	7. SSN	8. SECURITY CLEARANCE	
9. UNIT AND STATION <i>(Address and Zip Code)</i>		10. UIC	11. DUTY POSITION		12. OFFICE PHONE <i>(Include area code and autovon)</i>	
					HOME PHONE	
13. PURPOSE <i>(Name of course, degree, etc. Attach copy of course brochure.)</i>			14. LOCATION OF SCHOOL <i>(Address and Zip Code - Add location of training if different from school)</i>			
DATES OF SCHOOLING EXCLUDING TRAVEL TIME <i>(Day, Month, Year)</i>		17. LIST COSTS AS APPLICABLE		18. CATEGORY OF SERVICE		
15. BEGIN	16. END	REGISTRATION _____		<input type="checkbox"/> REGULAR ARMY <input type="checkbox"/> INDEFINITE		
		TUITION _____		<input type="checkbox"/> OBV, ETS <i>(Day, Month, Year)</i>		
		OTHER _____				
19. PARTICIPATION IN FEDERALLY FUNDED PROGRAMS						
<input type="checkbox"/> HPSP <input type="checkbox"/> 601-112 <input type="checkbox"/> USUHS <input type="checkbox"/> SENIOR STUDENT PROGRAM <input type="checkbox"/> DELAY PROGRAM UNTIL _____ <input type="checkbox"/> NONE						
SHORT COURSES - ITEMS 20 THROUGH 27						
20. LIST COURSES TAKEN DURING CURRENT AND PRIOR FISCAL YEAR <i>(Include courses in both federal facilities and civilian institutions and source of funding, e.g., local, MACOM, OTSG, AMEDDPERSA Central Training Program. If none, so indicate.)</i>						
21. MAN-DAYS <i>(Excluding travel time)</i> FOR COURSE LISTED IN BLOCK 13		22. PROFESSIONAL LICENSE OBTAINED		23. SIGNATURE <i>(Applicant)</i>		
24. LOCAL APPROVING AUTHORITY <i>(Check appropriate box and add remarks if applicable)</i>						
<input type="checkbox"/> I RECOMMEND APPROVAL <input type="checkbox"/> I DO NOT RECOMMEND APPROVAL						
25. DATE		26. NAME, GRADE, BRANCH AND TITLE			27. SIGNATURE <i>(Local approving authority)</i>	

