SUBJECT: Graduate Medical Education (GME) Residency and Fellowship Training Opportunities (School Year 2011)

The following information will assist applicants wishing to pursue specialty training at the PGY2 and above level of GME beginning in July 2011 and designated programs available for July 2012 (refer to paragraphs 10 & 11 for available programs for July 2012). DEADLINE DATE FOR SUBMISSION OF APPLICATIONS IS 15 SEPTEMBER 2010; DEADLINE DATE FOR SUPPORTING DOCUMENTS IS 1 NOVEMBER 2010.

APPLICATION PROCESS:

1. WHO IS ELIGIBLE TO APPLY FOR ARMY RESIDENCIES (PGY2) AND FELLOWSHIPS:
   
a. **Army Active Duty MC Officers:** Must be currently enrolled or have completed an accredited PGY1 year program approved by either the Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA); have passed Steps 1-3 of a US licensure examination and possess a current, valid, active, unrestricted medical license; and meet the utilization requirement stated in paragraph 2 below. Physicians currently in an Army First Year Graduate Medical Education (FYGME) program at the PGY1 level are exempt from the licensure requirement. If applying for fellowship, must be either enrolled in residency training or have completed all required residency years and be board certified in their initial specialty at first opportunity. Graduates of combined programs need to be doubly boarded to be eligible; fellowship selectees must have completed or received constructive credit for the Officer Basic Leadership Course (OBLC) before they will be allowed to begin training.

   b. **Civilian Physicians:** Must be a US citizen and a graduate from an accredited (Liaison Committee for Medical Education or American Osteopathic Association) school of medicine in the US or Puerto Rico; be currently enrolled in or completed an accredited PGY1 year program approved by either the Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA); have no contractual obligation for military service in the selected reserves; have passed Steps 1-3 of the licensure examination; possess a current, valid, active, unrestricted medical license. If entering at an advanced level of residency, i.e., PGY3 or above, the applicant must have satisfactorily completed sufficient training in an accredited US residency program approved by the Accreditation Council for Graduate Medical Education to allow advanced placement. Civilian physicians, who are currently in their PGY1 year of training, are exempt from the licensure requirement but must have successfully passed Steps 1 and 2 of the US licensure examination. If applying for fellowship, must be either enrolled in residency training or have completed all required residency years and be board certified in their initial specialty at first opportunity; US citizens who are graduates from schools of medicine that were not located in either the US or Puerto Rico may apply for residency positions at the PGY-2 and above level and for fellowships. To be eligible, these candidates must have a valid ECFMG certificate, have passed parts I, II and III of USMLE, and have successfully completed an ACGME accredited internship in the US. Such candidates are not eligible to apply for internship positions in military programs.

   c. An Army reserve officer who has a contractual active duty service obligation as a result of participation in a federally funded undergraduate program, who is currently in the Army specialty delay program, and meets all eligibility criteria is eligible to apply for Army training.

   d. Physicians who have performed their first year of GME in an accredited program in one specialty and wish to apply for training in a different specialty may do so. The application should indicate training will start at the PGY2 level even if they will be performing the equivalent of a PGY1 curriculum. If selected, the length of training specified in the contract will be adjusted to meet board eligibility requirements.

2. TIME ON STATION (TOS) UTILIZATION REQUIREMENT:

   a. All active Army officers who have arrived at their permanent duty station on or before September 30, 2010 are eligible to apply and be considered for GME selection.

   b. If selected, the applicant will begin training no earlier than 12 months after the arrival date at their current duty station. Individuals arriving at their duty stations in late July, August and September should expect to begin training late and be off cycle. Medical Corps Branch at U.S. Army Human Resources
Command has advised the GME selection board that two PCS moves in one Fiscal Year will not be authorized. Thus in these unusual circumstances, an individual with a reporting date later than 1 October 2010 is ineligible to apply for GME training beginning in 2011.

c. Determination of the exact TOS for a particular individual will be made by the MC Assignment Branch, U.S. Army Human Resources Command, prior to the actual selection board meeting. Any individual who leaves a residency/fellowship program prior to 15 September 2010, will be determined eligible to apply for GME residency/fellowship training to begin in July 2011 or for designated fellowships as indicated in paragraph 18 & 19 for training to begin in July 2012. TOS rules will still apply.

d. Officers who are enrolled in, selected for, or graduated from Intermediate Level Education (10-month resident program at Fort Leavenworth only) or a Senior Service College are not eligible to apply for GME selection unless they have completed the utilization tour described in AR 351-3, paragraph 6-2b, prior to beginning their prospective GME. Determination of this utilization tour will be made by Medical Corps Branch, AHRC.

3. OBTAINING THE APPLICATION: The Army GME application process must be accessed through the Medical Education Occupational Data System Homepage @ [www.mods.army.mil/medicaleducation](http://www.mods.army.mil/medicaleducation). Upon opening this website, the Medical Education Directorate logo will appear and the “logon” option must be selected. Log on with your CAC card or an established logon ID and password (if a logon ID and password have never been obtained before, then follow procedures to request a logon ID and password prior to logging on). After logon, access the website menu toolbar option “Application for GME” for completion of all required application modules. This system requires all applicants to electronically submit their application and Curriculum Vitae (CV). This is the only means available for submitting an Army application for Army PGY2 training and above. To ensure successful submission of an application, applicants should refer to the “Applicant Status” at the top of the page on the right, if “Not Applied” appears the applicant is responsible for returning to any outstanding module to ensure that it is submitted appropriately. Once “Applied” appears at the top of the page, the application and CV have been submitted. The CV is automatically populated from the application, there is no need to enter information separately on the CV. The “Applicant Status” option also allows applicants to track the status of the required supporting documents. If you have previously applied in past years, you should only have to update both your application and CV instead of creating new ones.

4. E-MAIL ADDRESS INSTRUCTIONS: Applicants should list their official e-mail addresses in the application. This will be the method that the GME Office uses to communicate with you if needed. Military applicants should use their global outlook address and AKO addresses. Any non-military address provided must be solely that of the applicant and cannot be an account jointly shared with a spouse or anyone else.

5. TRAINING PREFERENCES:
   a. To maximize chances for selection, applicants are encouraged to list all training site preferences in numerical order;
   b. If an applicant desires consideration only at one site and the training is offered at more than one site, a letter of explanation must be submitted with the application. Active duty officers assigned to an MTF which has a GME office must give their letter to that office along with all other required supporting documents.

6. DEADLINE DATE FOR SUBMISSION OF APPLICATION: Deadline date for receipt of applications is 15 September 2010. Strict adherence to this suspense date is essential to ensure that all applications are considered by the selection board. Applications arriving after 15 September 2010 will not be considered. The application and CV must be submitted through the GME website indicated in paragraph 3. Applicants should ensure that they have officially submitted all required documents by checking the “Applicant Status” section of their web record.

7. CHANGES TO APPLICATION ONCE SUBMITTED: An applicant has until 15 September 2010 to make changes to submitted DoD Application and until 1 November 2010 to make changes to a submitted CV. Changes may be made to the application and CV by going to the “Apply for GME” tab on the tool bar, click on the + sign and all of the application modules will appear. You may edit all fields within the application until 15 September 2010 and the fields pertaining to the CV until 1 November 2010. After these dates, all data is fixed on the application and cannot be modified by the applicant. Any hospital preference changes or changes of requested specialty needed to the DoD Application after 15 September 2010 must be submitted in writing and must be received in the GME office, HQDA, OTSG, NLT 1 November 2010. Any change received after 1 November 2010 will not be accepted. For those
individuals assigned to any MTF stated in paragraph 9a, changes must be made through their MTF GME office/DCCS prior to submission to HQDA, OTSG.

8. WITHDRAWING AN APPLICATION: In order to have an application withdrawn from consideration after it has been submitted, an applicant must go to “Status” on the tool bar and then “Current Request Summary”. Once the summary is displayed, go to the Withdraw button at the bottom of the page and click to withdraw application. The deadline date for withdrawing a submitted application in this manner is 1 November 2010. After 1 November, all withdrawal requests must be submitted as a signed request faxed to HQDA, OTSG, Chief, GME Division as listed in 27b. Verbal or third party notification of application withdrawal is not valid and will not be recognized.

9. REQUIRED SUPPORTING DOCUMENTS:
   a. In addition to submitting an application and CV through the Army GME application website, all applicants must submit supporting documents. If you applied in the past three years, those documents have been maintained and you need only provide the updated CV and application, new Letters of Recommendation, updated APFT and Ht/Wt Information, updated license and board certification documents. Please verify that the GME office has maintained your documents. The following supporting documents must be submitted in order to ensure full consideration of an application:

   1. Medical School Transcript: Must be original with seal—must include English translation if from a foreign medical school; For those who will apply for Preventive/Occupational Medicine, submit SAT Scores and Undergraduate Transcripts.

   2. Licensure Examination: Results of Steps 1 through 3 of licensure examination (USMLE, NBOME, NBME, COMLEX or FLEX). Original or a copy can be submitted;

   3. Professional Medical License: Copy of current, valid, active unrestricted medical license with a valid expiration date. Army FYGME participants (PGY1 year of training) or civilian applicants due to complete PGY1 training in June 2010 are exempt from this requirement;

   4. Appearance/Weight and APFT (Army Active Duty MC Officers Only): Copy of current DA Form 705, Subject: Army Physical Fitness Test Scorecard. The APFT must be taken in the same calendar year that the applicant is submitting his/her application (i.e., must be 2010 for consideration at the 2010 JSGMESB). If individual exceeds screening weight for height and age, documentation of body fat computation must also be submitted. In those cases in which a profile exists, a copy of the profile and any extension of the profile (DA Form 3349) must be submitted;

   5. Letters of Recommendation (LOR’s):
      a. Dean of Medical School: Original or copy (must be in English);
      b. If Currently in a GME Program:
         1. Active Duty Army MC Officers in Training: Current program director must complete the “Program Director Recommendation Form”. This form is posted on the GME application website with access available to all current Army program directors;
         2. Civilian Physicians: Current program director must submit a letter of recommendation in written format to the address stated in (f) below;
      c. If no longer in a GME program (Army Active Duty MC Officers Only): Letter from Last Training Program Director: Army program directors are required to complete the “Program Director Recommendation Form” that is posted on the GME website. Army active duty MC officers, who completed an Army GME program, must contact their program director and advise them of their intent to apply for further training and request that the program director complete the required form if it was not completed upon completion of training. If the last Army program director is no longer on active duty, applicants should contact the Army training hospital and speak with the GME staff at that facility in order to determine a course of action in obtaining this recommendation form;
      d. Letter of Recommendation from Current MC Supervisor (Required for only those Army active
duty MC officers who are **not in a training status**: If no MC supervisor, then Commander, Division Surgeon or Brigade Surgeon, etc. Civilian physicians must submit a letter of recommendation from an individual who has knowledge of their civilian practice;

e. Two Additional LOR’s of the Applicant’s Choice (Letters must be current with a 2010 calendar year date): If an Army active duty MC officer is currently in a transitional Army FYGME program, it is recommended that one of these letters be from a senior staff person in the specialty for which the applicant is requesting consideration. Civilian physicians may choose to do this as well if they are currently completing a transitional PGY1 year. Physicians (Army or civilian) who have completed any portion of GME training at a civilian program must submit an LOR from the program director of each training institution;

f. **Letters of recommendation should be addressed to**: Chief, Graduate Medical Education Division, HQDA, OTSG, ATTN: DASG-PSZ-MG, 5109 Leesburg Pike, Skyline 6, Suite 691, Falls Church, VA 22041-3258. However, for individuals who are assigned to a training MTF which has a GME office, the letters of recommendation can be addressed to the GME office that has responsibility for submitting all of the supporting documents for those applicants.

6. **Officer Evaluation Reports (OER’s) (Army Active Duty MC Officers Only)**: The Army GME Office will download the last 5 OERs for applicants applying from the field from iPERMS. Residents applying for fellowship should provide their OERs with their other supplemental documents.

7. **If Applicable, Copy of All Specialty Board Certifications Completed**: Applicants who desire consideration for fellowship training and have had sufficient time to meet requirements for specialty board certification, MUST be board certified prior to beginning their fellowship program. Graduates of combined programs need to provide a copy of each of their certifications in order to meet this requirement. If Part I of the boards has been completed and applicant is waiting to take Part II, submit a copy of the letter from the specialty board stating results of Part I and include the date when Part II can be taken. If specialty boards are scheduled for a certain date, this information must be stated on the Supplemental Data form. Additionally, any individual who has been unsuccessful in passing any parts of their specialty board certification must include this information when submitting their application (see supplemental data screen on the website in which this data must be annotated). Army GME trainees who are currently in a residency program and requesting progression into fellowship training are not required to be board certified before advancing into fellowship training. They must provide results of the board certification exam taken at the first opportunity immediately after graduation from residency. Failure to take and pass the board certification exam after residency may result in leave of absence from training or termination from training.

b. **These supporting documents must be submitted to** Chief, Graduate Medical Education Division, HQDA, OTSG, ATTN: DASG-PSZ-MG, 5109 Leesburg Pike, Skyline 6, Suite 691, Falls Church, Virginia 22041-3258.

10. **SUBMISSION OF SUPPORTING DOCUMENTS**:

a. It should be understood that Army active duty MC officers assigned to a training MTF which has a GME office, i.e, BAMC, EAMC, MAMC, TAMC, WRAMC, WBAMC, WAMC and CRDAMC, must coordinate directly with that office in submitting their required supporting documents and must adhere to the suspense dates established by their GME office. This also applies to DeWitt ACH and Martin ACH which do not have a GME office but have GME programs in Family Medicine. At DeWitt and Martin, all applicants should coordinate directly with the DCCS office or the Department of Family Medicine at that MTF. It is important to recognize that the GME offices and the DCCS offices have a responsibility to meet suspense dates imposed by headquarters GME, OTSG.

b. Other Army active duty MC officers who are not assigned to a training MTF must submit all their required supporting documents to the address stated in paragraph 8b;

c. Civilian applicants must submit all required documents to the address stated in paragraph 8b.

11. **DEADLINE DATE FOR SUPPORTING DOCUMENTS**: The GME Division HQDA, OTSG (address in paragraph
8b.), must receive all supporting documents for all applicants no later than 1 November 2010.

12. INTERVIEWING:

a. All applicants requesting GME training at the PGY-2 level and above are required to interview with a program director in their chosen specialty. This interview can be conducted either in person or by telephone and must be coordinated directly between the applicant and the individual program director; Program Directors do not have the option of refusing to interview an eligible applicant for GME who has submitted a valid application.

b. To assist you in the interview process, you are directed to the website in order to obtain the name and telephone number of the program director/consultant in your chosen specialty. To obtain this information, after you have logged into the website, you must select "PD Listing" from the “General Info” menu option;

c. The three Services have agreed upon a standardized interview sheet, which will be utilized by the program directors in evaluating all applicants. This interview sheet entitled “DoD Graduate Medical Education Interview Sheet” has been provided to all program directors/consultants who are required to complete it on the GME website;

d. All applicants will provide only a hard copy of their web CV at the time of interview – hand carried if interviewing in person or faxed if interviewing by phone. This is the only document which can be requested by a Program Director or provided by an applicant. Request for provision of the application form or of any other documents, especially those mentioned as supporting documents, is a violation of board policy and must be reported immediately to the HQDA, GME office. Such information will be maintained as confidential and considered without prejudice;

e. Interviewing for Army sponsored civilian training: Individuals requesting consideration for Army sponsored civilian training must interview with the Army consultant in their current specialty;

f. Program directors/consultants are required to submit a completed interview form via the website no later than 1 November 2010;

13. LICENSURE REQUIREMENT (ARMY ACTIVE DUTY MC OFFICERS AND CIVILIANS):

a. In accordance with AR 40-68 and DoD Regulation 6025.13-R, physicians must obtain a current, active, valid, unrestricted medical license within 12 months of completing their PGY1 year of GME. Licensure is required regardless of continued residency training or operational assignment. All physicians (MC active duty officers or civilians) desiring consideration for Army GME training at the PGY2 or above level of training must comply with the licensure requirement prior to beginning training;

b. Active Duty or civilian applicants currently in their PGY1 year of training which is scheduled to end on 30 June 2010 are exempt from this requirement. This exemption, however, does not resolve them of the responsibility to have taken and passed Part III of the national licensing exam by the end of internship. Additionally, those active duty physicians who have had insufficient time to comply with the 12-month window may be considered for GME training and if selected there will be a contingency in their selection letter stipulating that they must obtain a license no later than 1 April of the year before training begins in July. Failure on the part of an MC active duty physician to obtain a current, valid, unrestricted medical license, subsequent to notification of GME selection, will result in withdrawal of the GME selection;

c. Compliance with licensure requirement must be maintained during the entire period of GME participation. Failure to meet standards may result in termination from the training program.

14. ARMY PHYSICAL FITNESS REQUIREMENT AND APPEARANCE/WEIGHT STANDARDS (ARMY ACTIVE DUTY MC OFFICERS ONLY):

a. It is the Surgeon General’s policy that all Army active duty physicians entering GME training are required by existing regulatory guidance to comply with the Army physical fitness (APFT) and the appearance/weight standards. Army active duty MC officers who do not meet the requirement for appearance/weight or APFT may be considered for GME training. All GME selectees, will receive a contingency clause in their training agreement stipulating that they must meet requirements no later than 15 June of the year that training begins. Army active duty MC officers who do not meet the requirement for appearance/weight or APFT by the start of the training year will have their selection for training rescinded.
b. As a condition of employment for continuation in GME training, all trainees must comply with the Army’s standards for appearance/weight and for passing the APFT.

15. SECOND RESIDENCIES/FELLOWSHIPS: The Surgeon General’s policy on participation in second residencies/fellowships states that physicians will not be selected for such training except in those unusual cases where it fulfills the needs of the Army. Although candidates who desire consideration for such training are not prohibited from applying, such applicants should not expect to be selected even though they may appear high on the order of merit list, if there are qualified candidates who have yet to undergo initial training. Entry into second residencies or fellowships will only be made in selected specialties as determined by the board president of the Army portion of the JSGMESB according to the needs of the Army. Applicants requesting consideration for second residencies or fellowship training must be board certified in their initial specialty and must have practiced in such specialty for the length of time equal to or greater than the training time required for specialty board certification, (the length of practiced time required does not include the FYGME year). Those who are applying for second residencies/fellowships and have practiced for five years after completion of initial residency/fellowship training will be considered as first time residency/fellowship applicants. They must also have completed or secured constructive credit for the Medical Corps Captain’s Career Course.

16. MULTIPLE SPECIALTY APPLICANTS:
   a. Applicants cannot apply for more than one specialty except as stated in (b) below.
   b. The only exception is for subspecialty (fellowship) training which is scored by the same specialty panel. Applicants requesting consideration for more than one fellowship must be board certified in their initial specialty (i.e., the specialty required for entry into the requested fellowship). Applicants currently in residency training are allowed to apply for only one specialty.
   c. Applicants requesting consideration for more than one fellowship specialty will not be selected for their second or third choice above and beyond any qualified applicant applying for the specialty as their first choice.

PROGRAM SPECIFIC INFORMATION:

17. RESIDENCY AND FELLOWSHIP SPECIALTIES OFFERED: Training spaces (PGY2) will be offered in 26 specialties conducted at military teaching facilities. Fellowship spaces will be offered in military and Army sponsored civilian programs. Refer to the website training location grids for specific residency and fellowship programs available. Applicants can only request consideration for those specialties shown on the website training location grid. Civilian physicians are not eligible to apply for Army sponsored civilian or in-house fellowship specialties indicated in paragraph 18 and 19.

18. NONFUNDED GME PROGRAM (NGMEP) - (ARMY ACTIVE DUTY MC OFFICERS ONLY):

   The Nonfunded GME Program (NGMEP) is no longer an option for residency or fellowship training. No exceptions to policy will be considered.

19. ARMY SPONSORED CIVILIAN TRAINING FOR FELLOWSHIPS (ARMY ACTIVE DUTY MC OFFICERS ONLY):
   a. Selections for Army sponsored civilian fellowship training (remaining on active duty and receiving full pay and allowances) are made 18 months in advance of the start date of training. Thus, the 2010 JSGMESB will consider fellowship applicants only in the following specialties for a start date of 2012:
      o **DERMATOLOGY** (Clinical Medicine & Research, Dermatopathology, Immunodermatology, Pediatric Dermatology, and MOHS Dermatologic Surgery);
      o **CARDIOLOGY** (Electrophysiology, Interventional Cardiology);
      o **GENERAL SURGERY** (Advanced Laparoscopic, Colon/Rectal Surgery, Organ Transplant Surgery, Pediatric Surgery, Surgical Oncology, and Trauma/Critical Care Surgery);
o **PLASTIC SURGERY** (Craniofacial Surgery and Microvascular Surgery);

o **THORACIC SURGERY** (Cardiac Transplant Surgery, Large Vessel Disease/Endograft, Major Aortic Surgery, Minimally Invasive Thoracic Surgery, Pediatric Cardiac Surgery, Rhythm Disturbance Surgery, Surgical Ventricular Remodeling, and SVR Surgery (Heart Failure));

o **NEUROSURGERY** (Epilepsy Neurosurgery, Neurosurgery Oncology, Pain and Functional Neurosurgery, Pediatric Neurosurgery, Peripheral Nerve, Skull Base Neurosurgery, Spine Neurosurgery, Vascular Neurosurgery);

o **OB-GYN** (GYN Oncology, Maternal and Fetal Medicine, GYN Laparoscopy, Reproductive Endocrinology, and Urogynecology,);

o **OPHTHALMOLOGY** (Corneal/External Disease, Glaucoma, Neuro Ophthalmology, Oculoplastic/Orbital Surgery, Ophthalmic Pathology, Pediatric Ophthalmology, Retinal Surgery, and Uveitis);

o **ORTHOPAEDICS** (Children’s Orthopaedics, Sports Medicine, Hand Surgery, Foot and Ankle Surgery, Orthopaedic Oncology, Orthopaedic Trauma, Shoulder Surgery, Spine Surgery, and Total Joint/Reconstructive Surgery);

o **OTOLARYNGOLOGY** (Facial Plastic/Reconstructive Surgery, Head and Neck Surgery, Laryngology, Neurotology, Pediatric Otolaryngology, and Rhinology);

o **PATHOLOGY** (Cytopathology, Forensic Pathology, Hematopathology, Pathology Informatics, and Molecular Pathology);

o **RADIOLOGY** (Musculoskeletal/Cardiac/Breast Imaging, Neuroradiology, Pediatric Radiology, and Vascular/Interventional Radiology);

o **UROLOGY** (Endourology, Female Urology, General Urology, Impotence and Infertility, Organ Transplant Surgery, Pediatric Urology, Trauma Reconstructive Urological Surgery, Stone/Laparoscopy Disease, and Urological Oncology).

b. Eligible applicants must indicate July 2012 as the begin date on their application. Selection is limited to those subspecialties listed in this announcement and shown on the website training location grid. Applicants should understand that the needs of the Army will be the determining factor when selections are made by the JSGMESB for Army sponsored civilian fellowship training;

c. Applicants desiring consideration for Army sponsored civilian fellowships are not required to obtain prior acceptance to a civilian program prior to submitting their Army application. However, if such an acceptance has been received, it is required that a copy of the acceptance letter be included with the GME application packet. Absent a JSGMESB selection, no applicant can commit to any civilian sponsored training. Those who are selected for civilian sponsored training please note: Medical Training Agreements can only be established between the Army and a training institution; they cannot be established with individual physicians, private practices or any private entity. Therefore acceptance must be from a training institution.

d. Applicants must understand that every effort should be made to ensure acceptance to a program accredited by the Accreditation Council for GME, if such accreditation exists in their specialty choice. If acceptance to a non-accredited program is received, the applicant must coordinate with their specialty consultant and obtain concurrence prior to submitting the acceptance letter to the HQ GME office at OTSG;

e. Applicants are encouraged to contact their specialty consultant in regards to the Army’s need for a specific subspecialty;

f. Additionally, applicants selected for Army sponsored civilian GME training are encouraged to seek positions in programs which have affiliations with Veterans Administration facilities. For information on such training opportunities, please reference [www.va.gov/oaa/oaa_affiliations_list.asp](http://www.va.gov/oaa/oaa_affiliations_list.asp).

20. ADVANCE IN-HOUSE FELLOWSHIP PROGRAMS- JULY 2012 (ARMY ACTIVE DUTY MC OFFICERS ONLY):
a. In addition to Army sponsored civilian fellowship training beginning in July 2012, advance selections will continue to be considered for Army in-house fellowship programs in the following specialties to begin in July 2012:

- **OB-GYN** (GYN Oncology at NCC, Maternal and Fetal Medicine at MAMC and Reproductive Endocrinology at MAMC. Gynecologic Minimally Invasive Surgery at NCC will be selected for 2011 start);
- **ORTHOPAEDICS** (Hand Surgery at NCC (to begin Feb 12 & Aug 12) and Feagin Sports Medicine at Keller Army Community Hospital, West Point);
- **VASCULAR SURGERY** (at NCC).

b. Applicants who desire training in these specialties for 2012 must meet all eligibility criteria and must submit their application for consideration at the 2010 JSGMESB. Applicants must clearly indicate their desired start date of training on the application. Applications will not be accepted for in-house fellowship training to begin in 2012 for any specialty other than those listed in 19a above.

21. SPECIAL REQUIREMENTS INFORMATION:

a. **RESIDENCIES** - Army In-house and Sponsored Civilian Residency Training Available for July 2011 – (ARMY ACTIVE DUTY MC OFFICERS ONLY):

- **Aerospace Medicine** - Applicants should be aware that the practicum years (PGY3 & PGY4) for the aerospace medicine trainees will be conducted at the Naval Aerospace Medical Institute (NOMI), Pensacola, Florida. Selected individuals will be required to complete their MPH year (PGY2) at the University of Texas, Galveston, Texas. If selected for training, the GME selection letter will indicate these training locations in the GME contract. The applicant must submit an official acceptance letter from the University of Texas prior to actually beginning training. Army officers who enter the MPH program at the University of Texas are to be charged in-State tuition for their training. In this regard, it is absolutely imperative that when an Army officer arrives at the University of Texas, that a copy of their orders be provided directly to the University to ensure in-State tuition is charged to the Army. Noncompliance by the officer of this requirement may result in immediate withdrawal from the training program. All Army applicants desiring consideration for aerospace medicine training at NOMI are required to interview with the Army Consultant;

- **Child Neurology** - The Army offers training in child neurology in two separate tracks. One option will be to enter child neurology after completion of a neurology PGY1 year, thus the 2010 JSGMESB will consider applicants for PGY2 training in this specialty. If selected, they will complete 4 years of residency which will include 1 year of pediatrics followed by 3 years of child neurology which will meet specialty board requirements for child neurology. Applicants who desire consideration for training in child neurology should indicate 4 years in block #14 on the application form if applying at PGY2. The other option for this specialty to be offered requires prerequisite training in pediatrics to be completed prior to entering 3 years of child neurology. Applicants who desire consideration for this specialty starting at PGY4 (after completion of 3 years of pediatrics) must indicate 3 years in block #14 on the application form. Civilian applicants requesting consideration for child neurology are not eligible to apply unless they have or will complete a 3 year pediatrics residency prior to the start date of child neurology training. Applicants are encouraged to contact the consultant or the program director;

- **Dermatology** - General Medical Officers who have successfully completed a PGY1 year in other than dermatology will continue to be competitive and, if selected, will be required to complete 36 months of dermatology training. Any questions in this regard should be directed to the dermatology consultant or the specific training program director;

- **Emergency Medicine** - General Medical Officers who have successfully completed a PGY1 year in other than emergency medicine will continue to be competitive and if selected will be required to complete 36 months of emergency medicine. Any questions in this regard must be directed to the emergency medicine consultant or the specific training program director;
- **Family Medicine** - Applicants who desire training at DeWitt must indicate NCC as their training preference (block #23) on the Army portion of the DoD application. Additionally, for family medicine staff physicians who desire consideration for the sports medicine fellowship at DeWitt, they must indicate NCC as their training preference (block #23) on the Army portion of the DoD application. For this fellowship, the start date requested (block #13) on the DoD application must indicate 1 July, which is the exact begin date of this fellowship. A one year GI/Colonoscopy fellowship at MAMC is now available. It is open to only family medicine staff physicians. Residents in training are not eligible for this fellowship;

- **General Surgery and Research Year** - The transition for all Army general surgery residency programs for 6 years of training, to include one year of research, is complete. Applicants should indicate “General Surgery (Research)” in block #12 of the application form and should indicate 5 years in block #14 of the application form.

- **Neurosurgery** - Individuals who have successfully completed a year of general surgery training will be able to compete for a PGY-2 position in Neurosurgery at the University of Health Science Center at San Antonio as part of the VA/DoD pilot program. Successful selectees will train in a civilian sponsored status (full pay and benefits) and will incur an ADSO which is the same as would be incurred at a military training program.

- **Nuclear Medicine** - Physicians interested in nuclear medicine may apply for this training only at the fellowship level following completion of an initial qualifying residency. Applicants who desire consideration for nuclear medicine fellowship must be board certified in an initial residency specialty prior to being allowed to enter training in nuclear medicine. Individuals currently participating in a residency program in which the entire program will be completed on 30 June 2011 are exempt from the requirement for specialty board certification for entry into nuclear medicine training, but still must provide the results of board certification exams taken at the first opportunity after graduation from residency. The prerequisite residency training can be in any specialty recognized by the American Medical Association or the American Osteopathic Association. The length of fellowship training is contingent on what type of training the applicant has already completed. Applicants are encouraged to contact the Army nuclear medicine consultant;

- **Pathology** - The Army offers 4 year training in pathology starting at either the First Year of Graduate Medical Education (FYGME) or PGY2. Medical students who have a specialty goal of pathology may apply for FYGME in pathology and will meet board eligibility after completion of 4 years in training. Army active duty officers who are currently in FYGME or who have completed a clinical FYGME year are eligible for application at the PGY2 level and must indicate 4 years as their program length (block #14) on the DoD application. Any questions concerning these requirements may be directed to the Army pathology consultant;

- **Preventive/Public Health Medicine/Occupational Medicine** -
  a. The Army has completed the transition of combining the specialties of preventive medicine and occupational medicine. Successful completion of the sequential program will allow an individual to meet specialty board certification in both preventive and occupational medicine. The training length for the combined program will be 3 years. Applicants should indicate their training choice as “preventive/occupational medicine” in block #12 of the DoD Application and must indicate their preference site as Walter Reed Army Institute of Research or Madigan Army Medical center in block #23 of the DoD Application. **NOTE:** Applicants must provide SAT Scores and Undergraduate Transcripts when applying for PM/OM.

  b. Individuals selected for preventive/occupational medicine training at Madigan will be required to complete their MPH year at the University of Washington, Seattle, Washington (tuition at in-State rate). Individuals selected for preventive/occupational medicine training at Walter Reed Army Institute of Research, Washington, DC, will complete their MPH year at Johns Hopkins University, Baltimore, Maryland or the Uniformed Services University of the Health Sciences, Bethesda, Maryland. It should be understood that only a very limited number of selectees will be afforded the opportunity to complete their MPH year at Johns Hopkins University. If selected for
training, the GME selection letter will indicate the exact MPH location. The applicant must submit an official acceptance letter from the designated institution prior to actually beginning training;

b. FELLOWSHIPS -

- **Adolescent Medicine** - A fellowship program currently exists at SAUSHEC. Adolescent Medicine is a conjoint specialty. Board certified family medicine, internal medicine or pediatric physicians who desire consideration for adolescent medicine training must indicate SAUSHEC in block #23 on the DoD Application.

- **Critical Care Medicine** - Fellowship programs available at SAUSHEC and NCC. Applicants must be board certified in Emergency Medicine (SAUSHEC or Civilian Program Only), Internal Medicine, Infectious Disease, Nephrology or, Neurology. Critical Care (Hospitalist) will also be offered to Family Medicine physicians.

- **Critical Care Surgery** - The trauma/critical care surgery fellowship available at SAUSHEC is now a two year program. The second year of the program is devoted to burn care and research. Applicants must be board certified in general surgery, neurosurgery, urology or OB-GYN. Applicants are encouraged to contact the program director at Brooke Army Medical Center;

- **Dermatopathology** - Applicants should understand that for the purpose of GME applications, the specialty of dermatopathology fellowship training is a conjoint specialty. Applicants for this one year civilian sponsored program must be board certified in dermatology or pathology. Applicants who desire consideration for this fellowship should contact their respective consultants. Applicants are required to interview with the consultant of their respective specialty; **Note**: The in house USUHS Dermatopathology fellowship is Tri-Service and alternates between dermatology and pathology and will be offered as a 2011 start for a pathology applicant.

- **Feagin Sports Medicine** - Formerly call the Joint and Soft Tissue Trauma fellowship at Keller Army Community Hospital, West Point, NY, the "Feagin Sports Medicine" fellowship is now only a 1 year fellowship and requires no additional PCS move while in training. Applicants who desire consideration for this fellowship should indicate their specialty choice in block #12 of the DoD application;

- **Forensic Pathology** - Individuals who desire consideration for forensic pathology fellowship will request the National Capital Consortium (NCC). Additionally, they must interview with the program director as well as the Army pathology consultant.

- **Medical Genetics** - This program was previously open to Pediatrics only, however it is now a conjoint specialty and applicants who are board certified in Internal Medicine, Family Medicine or OB/GYN may also apply.

- **Geriatric Medicine** - A fellowship program currently exists at Madigan Army Medical Center (MAMC). Geriatric Medicine is a conjoint specialty. Board certified family medicine or internal medicine physicians who desire consideration for geriatric medicine training must indicate MAMC in block #23 on the DoD Application. Questions concerning this program should be directed to the program director;

- **Hematopathology** - Individuals who desire consideration for hematopathology fellowship training, can request Army sponsored civilian training as their training preference on the DoD Application. Applicants must interview with the Army pathology consultant;

- **OB/GYN Fellowships** - Applicants should understand that although there are various subspecialty options for OB-GYN fellowships, the needs of the Army will always be met when considering applicants for subspecialty training. For school year 2012, the OB-GYN consultant encourages applicants to request training in the following subspecialties: GYN Oncology at NCC-Walter Reed, Gynecologic Minimally Invasive Surgery at NCC-Walter Reed (2011 Start) Maternal Fetal Medicine at Madigan Army Medical Center, and Reproductive Endocrinology at MAMC, or Army sponsored civilian training; GYN Laparoscopy as well as Reproductive Endocrinology and Urogynecology at Army sponsored civilian training at the National Institute of Health (NIH) - in collaboration with the National Capital Consortium. Applicants who desire training in Reproductive Endocrinology or Urogynecology at the NIH/NCC
program, must indicate their training preference as civilian sponsored under Army on their DoD application (block # 23) and must interview with the program director. In addition to interviewing with the Reproductive Endocrinology and Urogynecology program directors, applicants must also interview with the OB-GYN consultant;

- **Physical Medicine Pain Management** - The physical medicine consultant recommends that any physical medicine physician who desires to apply for pain management fellowship, consider the anesthesiology pain management program at the National Capital Consortium (NCC) in addition to an Army sponsored civilian training program. The training location determination will be made at the time of the JSGMESB for any physical medicine physician selected for this fellowship. Questions concerning this fellowship opportunity should be directed to the physical medicine consultant. In addition to interviewing with the consultant, the applicant must also interview with the program director of the pain management fellowship;

- **Sleep Medicine** - Sleep medicine is considered a conjoint specialty. Any board certified specialist (Family Medicine, Internal Medicine, Neurology, Pulmonary, Psychiatry, Pediatrics, or Otolaryngology) who will be eligible to sit for sleep boards after completion of training is eligible to apply. This one year fellowship will be offered at the NCC-Walter Reed Army Medical Center, SAUSHEC, and as Army civilian sponsored training.

- **Clinical Pharmacology** - A GME fellowship is available at the Walter Reed Institute of Research. This is a conjoint specialty. Interested applicants are encouraged to contact the Clinical Pharmacology Consultant.

- **Clinical Research** - A GME fellowship program in Clinical Research is available at SAUSHEC. This two year GME training program will be conducted in association with Brooke Army Medical Center, the University of Texas (Frederic C. Bartter, General Clinic Research Center) and Audie L. Murphy VA Medical Center, San Antonio, Texas. Interested applicants must be specialty board certified and meet all other GME requirements for selection. This fellowship is degree-producing, resulting in a degree of Master of Science in Clinical Investigation and will prepare MC officers to be Chief, Department of Clinical Investigation. Trainees are expected to complete six integrated courses plus a mentored research program over four semesters. As part of the GME application process, applicants will be required to submit a pre-proposal detailing the area of clinical research to be completed during the two year fellowship. The pre-proposal will be scored in addition to the standard documents utilized by the Joint Service GME Selection Board when considering applicants for this program. Interested applicants are encouraged to contact the designated program director;

- **Emergency Medical Services** - BAMC-Brooke Army Medical Center offers a 1 year Emergency Medical Services (EMS) Fellowship. This EMS fellowship was created to provide emergency physicians with the necessary experience in operations, training, research and administration to contribute to EMS systems in a variety of settings, particularly in the pre-hospital combat environment. Applicants will rotate through Army and civilian EMS systems as well as be required to maintain active clinical practice at Brooke Army Medical Center including shifts in the Department of Emergency Medicine. The fellow will also be expected to serve as the assistant medical director of Fort Sam Houston and Camp Bullis Fire Department(s).This fellowship is currently open to all US Army Emergency Medicine residency-trained Medical Corps officers (O-3 to O-6).

- **Emergency Medicine Ultrasound** - MAMC-Madigan Army Medical Center, CRDAMC- Carl R. Darnall Army Medical Center, and SAUSHEC offer a 1 year Emergency Medicine Ultrasound (EMU) Fellowship. This EMU fellowship was created to provide emergency physicians with the necessary experience in clinical ultrasound use. Any questions concerning this fellowship should be addressed to the Emergency Medicine Consultant.

- **Austere and Wilderness Medicine** - Madigan Army Medical Center will offer a 1 year Austere and Wilderness Medicine (AWM) Fellowship. The AWM Fellowship was created to provide emergency physicians with training in altitude illness, heat illness, hypothermia and frostbite. There will be emphasis on the military unique aspects of provision of austere care to include, provision of Tactical Combat Casualty Care (TCCC), Extended Tactical Field Care and provision of Casualty Evacuation Care.
over a prolonged distance or with limited assets over prolonged time and space. Upon completion, the majority of fellows will be expected to go to operational positions such as Group or Brigade Surgeon positions where the expertise gained can be utilized to its maximum. Primary care (Family Medicine, Internal Medicine and Pediatrics) are also eligible to apply.

22. PHYSICIAN EXECUTIVE MANAGEMENT PROGRAM (ARMY ACTIVE DUTY MC OFFICERS ONLY):

a. Medical Corps officers interested in command or senior staff assignments are encouraged to consider the program in physician executive management offered by the USUHS. This 1 year MPH program in Health Services Administration focuses both on policy development as well as on managerial skills needed in the context of health service delivery. The program devotes considerable time to quality assurance and risk management issues and is structured around concepts of managed care. It also emphasizes health promotion and disease prevention. Participants complete courses in biostatistics, epidemiology and computer sciences. Applicants are required to apply to the Army selection board in the same manner as for any other GME program and must also apply to USUHS. Separate application is required to USUHS and to the Army GME selection board;

b. Additionally, MC officers are encouraged to consider application to the US Army Baylor University Graduate Program in Health Care Administration. This program consists of a 54-week didactic course of instruction at the USAMEDDC&S, FSH, TX, followed by a 12-month administrative residency in an Army Medical Treatment Facility. The program is recognized by both military and civilian authorities to be a leader in progressive health care administrative education. It is designed to develop officers for assignment to positions requiring advanced knowledge of health care systems in both fixed and field facilities. Interested individuals are encouraged to contact the office of the Director of the Army-Baylor Graduate Program. Applicants are required to apply to the Army Selection Board in the same manner as for any other GME program as well as a separate application to Baylor through the AMEDDC&S;

c. Obligation incurred for participation in these long term graduate education programs will be in accordance with applicable Army Regulation and DoD Directives/Instructions in effect at the time of entry into training.

23. LONG-TERM CIVILIAN TRAINING PROGRAMS: The JSGMESB serves as the selection board for all other MC long-term civilian schooling resulting in the awarding of degrees such as Medical Information Sciences or Epidemiology (PM/OM only). The application process is identical to that for GME as outlined in this message. The JSGMESB is not the selection venue for distance learning options such as MBA.

24. SCREENING OF PERSONNEL RECORDS PRIOR TO BOARD (ARMY ACTIVE DUTY MC OFFICERS ONLY): Personnel records for all applicants will be screened prior to the JSGMESB to identify those containing adverse actions that would affect promotion or ability to remain on active duty. These issues may not preclude an individual from applying, however, selection may be contingent upon results of promotion boards. The screening process will also be used to identify those individuals who have not yet completed appropriate military courses (i.e., OBLC and Captain’s Career Course) and may be required to do so prior to beginning GME.

25. JOINT SERVICE GME SELECTION BOARD:

a. A Joint Service GME Selection Board (JSGMESB) convened under the authority of the Assistant Secretary of Defense for Health Affairs and the Surgeons General of the Army, Air Force and Navy will be held during the period 29 November- 3 December 2010 in Washington, DC. The mission of the board will be to select physicians for GME training beginning in July 2011 and designated positions (stated in paragraphs 18 & 19) to begin in July 2012;

b. All Army GME selections, with the exception of First Year Graduate Medical Education (PGY1) and Service unique programs, will be conducted jointly. The Services specialty committee members will meet, score, and rank all Service applicants for a specific specialty. Placement should be made based on candidate preference and program director preference in compliance with the Accreditation Council for GME (ACGME) mandates. Final placement decisions are subject to Army assignment policies, training requirements, and approval of the applicant’s parent Service or in the case of civilian physicians, the approval by the Army of the applicant’s desire for an Army program.

26. SCORING APPLICANTS: Selection of trainees will be conducted using a score sheet developed in collaboration
with the Navy and Air Force GME offices. Scoring will be done by program directors from those programs that are selecting applicants. In the case where the Service does not have a program in that specialty, the specialty consultant/leader for that service will be a scoring member. Only those individuals whose name is listed as a scoring member will be allowed to score applicants. The scoring method credits prior service and utilization tours, if applicable, academic achievements in medical school and residency training as well as potential for military medical service in the desired specialty role. Thus, all elements deemed relevant to an applicant’s success as an Army Medical Corp officer, such as military experience, contributions to the AMEDD through utilization tours, academic achievements, and performance in training and clinical roles and potential for continued service will be considered in the selection decision. Each application will be scored by a single individual from each Service. The three scores will be combined to give a composite score which will be used to generate an order of merit list for selection in that specialty. In most cases two of the three scorers will have no personal knowledge of the applicant, reinforcing the concept that the score will be based only upon information in the application. Information not documented in the application packet can not be used for the purposes of scoring.

27. ACTIVE DUTY OBLIGATION (ADO). All selected applicants must sign a training agreement before GME participation is authorized. The training agreement sets forth the ADO. Current Department of Defense guidance requires a military service obligation for training sponsored by the government. Notwithstanding any provision that may appear in Army regulations, under the current Department of Defense Instructions governing military service obligations, a GME participant will incur an ADO under the terms of the training agreement. The final separation date and any ADO incurred for GME will be as determined by the U.S. Army Human Resources Command. The ADO for participation in GME is as indicated below.

   a. The ADO will be one half year for each one half year of training or portion thereof, but the minimum ADO shall not be less than two (2) years. If performing GME in a military facility, this ADO can be repaid concurrently with any other military service obligation that may already have been incurred, except any additional GME ADO. A GME ADO must be added to and it cannot be repaid concurrently with another GME ADO.

   b. If performing Army sponsored partially-funded or fully-funded training in a civilian facility, the ADO referred to in paragraph 26a above is in addition to any other ADO and it cannot be repaid concurrently with other ADOs incurred as a result of government-funded education and training.

   c. No portion of an existing GME ADO may be satisfied during participation in any GME program.