

PERSONAL INTERVIEW - USAF HEALTH PROFESSIONS APPLICANT						Form Approved OMB NO. 0701-0078 Expires 28 Feb 2007
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SECTION I. PERSONAL DATA						
NAME (Last, First, MI) SSN		MAILING ADDRESS		SUBMITTING UNIT/OFFICE LOCATION		
HOME TELEPHONE NO	WORK TELEPHONE NO	DESIRED COT DATE/AFSC		RECRUITER/RIC CODE/TELEPHONE NUMBER		
CURRENT EMPLOYMENT (Specific activity, employer, private practice, etc.)				PROGRAM APPLYING FOR/(AFSC)		
				TYPE FACILITY DESIRED <input type="checkbox"/> SM <input type="checkbox"/> MED <input type="checkbox"/> LG		
STAFF PRIVILEGES HELD (Institution(s), location, Chief of Staff, telephone no)				PROFESSIONAL INTEREST		
				1ST CHOICE		2D CHOICE
SECTION II. EDUCATION DATA						
NAME/ADDRESS OF SCHOOL		GRAD DATE	CLASS STANDING	GPA	MCAT/GRE/GMAT/NDEI/NDEII	YRS PROF EXPERIENCE
SECTION III. ASSIGNMENT PREFERENCE DATA						
CONUS BASES/GEOGRAPHIC AREAS OF CHOICE (Order of preference)			OVERSEAS BASES/COUNTRIES OF CHOICE (Order of preference)			<input type="checkbox"/> VOL <input type="checkbox"/> NON-VOL
1.			1.			
2.			2.			
3.			3.			
4.			4.			
5.			5.			
6.			6.			
SECTION IV. NURSE CORPS APPLICANTS ONLY						
I understand that I may compete for any AF sponsored education program, as soon as I am eligible, and will incur an ADSC as outlined in AFI 36-2107.						(Applicant's initials) _____
a. If I have dependent children, I understand that child care is my personal responsibility on a daily basis as well as in a deployment. Child care will not adversely impact my ability to perform my duties as required at my home station or during a deployment.						_____
b. If married, I understand that I will compete for assignments as an Air Force officer independent of my spouse.						_____
c. I do possess the clinical skills necessary for an acute care setting managing multiple patients. (46N3, 46N3E, 46N3G, 46N3F)						_____
d. I understand that I may be assigned to an acute care inpatient setting, rotating shifts, and holidays.						_____
e. I understand that I am not retirement eligible. (Initials, if applicable)						_____
SECTION V. SENIOR CONSULTANT INTERVIEWER						
NAME		POSITION		LOCATION		
PHONE		DATE INTERVIEW COMPLETED				
SECTION VI. ALL PROGRAMS						
The applicant received a briefing by the flight commander on the following Air Force programs, policies and procedures: Commissioned Officer Training (COT); educational opportunities; housing availability; Officer Performance Reporting forms; career progression; on-call responsibilities; NC rotating shift responsibilities; assignment procedures; Officer Assignment System; drug and alcohol abuse policy; racial discrimination and sexual harassment policies; weight standards; and disaster preparedness/medical readiness. Applicant for aerospace medicine is aware of flying duties and TDY requirements. AEGD/BSC internship applicant is aware he/she may be subject to reassignment upon completion of training program. Applicant is aware that if selected, appointment and entry onto active duty is contingent upon receiving proof that all degree/eligibility requirements have been met, where applicable.						
DATE	TYPED NAME OF FLIGHT COMMANDER			SIGNATURE		
DATE	TYPED NAME OF APPLICANT			SIGNATURE		

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