

CLASSIFICATION QUESTIONNAIRE FOR OFFICER RETAINED PERSONNEL

For use of this form, see AR 190-8; the proponent agency is PMG.

NAME <i>(Last, first, MI)</i>		GRADE	SERVICE NUMBER			
DATE OF BIRTH	NATIONALITY	POWER SERVED		DATE OF CAPTURE		
LENGTH OF MILITARY SERVICE	RELIGION		INTERMENT SERIAL NUMBER			
GENERAL EDUCATION <i>(Check highest school attended)</i>			LANGUAGES	EXCELLENT	GOOD	FAIR
<input type="checkbox"/> PRIMARY SCHOOL <input type="checkbox"/> HIGH SCHOOL						
<input type="checkbox"/> UNIVERSITY OR COLLEGE						

PROFESSIONAL EDUCATION

NAME OF PROFESSIONAL SCHOOL	LOCATION	YEARS ATTENDED	YEAR GRADUATED	DEGREE

INTERNSHIP *(Do not include Residences)*

NAME OF HOSPITAL	LOCATION	SERVICE	YEAR COMPLETED	TIME <i>(Months)</i>

RESIDENCES AND FELLOWSHIPS

HOSPITAL OR INSTITUTION	LOCATION	SERVICE OR SUBJECT	YEAR COMPLETED	TIME <i>(Months)</i>

VERIFIED BY STATE BOARD OF	LOCATION	DATE	SPECIALTY
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CIVILIAN PRACTICE OR EXPERIENCE

PLACE	DATES		GENERAL PRACTITIONER OR SPECIALIST <i>(Specify)</i>
	FROM	TO	

TEACHING ASSOCIATIONS AND APPOINTMENTS WITH PROFESSIONAL SCHOOLS

INSTITUTION	TITLE	DATES	
		FROM	TO

PRINCIPAL ASSIGNMENTS IN MILITARY SERVICE

STATION	LOCATION	PRINCIPAL DUTIES	TIME <i>(Months)</i>

VERIFICATION

DOCUMENTARY EVIDENCE <input type="checkbox"/> IDENTITY CARD <input type="checkbox"/> NONE	DATE VERIFIED	VERIFIED BY: <input type="checkbox"/> EPW PROCESSING COMPANY <input type="checkbox"/> CAMP COMMANDER <input type="checkbox"/> AREA COMMANDER
REMARKS		

DATE	NAME <i>(Typed or Printed)</i>	SIGNATURE
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