

| <b>SUPPLEMENTAL DATA FOR ARMY MEDICAL SERVICE RESERVE OFFICERS</b><br>For use of this form, see AR 135-133; the proponent agency is Office of The Surgeon General. |                   |  |   |  |  | <b>FOR ARMY SURGEON'S<br/>USE ONLY</b> |                            |                |
|--|-------------------|--|---|--|--|--|----------------------------|----------------|
| <i>INSTRUCTIONS</i>  |                   |  |   |  |  | DATE                                   |                            |                |
| 1. COMPLETE ALL ITEMS each time this form is used.   |                   |  | 4. Use blank sheet for continuation of items, identifying by item number.                         |  |  | PRIMARY MOS                            |                            |                |
| 2. Use "NONE" where applicable.  |                   |  | 5. Type or print.   |  |  | SECONDARY MOS                          |                            |                |
| 3. Complete in triplicate.   |                   |  | 6. Date and sign original and two copies.   |  |  |  |                            |                |
| 1. NAME (Last, first, middle initial) GRADE AND SERVICE NUMBER   |                   |  |   | 2. HOME ADDRESS (Including ZIP code)   |  |  |                            |                |
| 3. DATE OF BIRTH   | 4. SEX            | 5. MARRIED<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | 6. NO of DEPENDENTS   | 7. PRESENT OCCUPATION (Duty and station if on active duty)                     |  |  |                            |                |
| 8. BRANCH  |                   | 9. PRESENT UNIT OR ORGANIZATION OF ASSIGNMENT                          |   |  | 10. TDA/ TOE POSITION OCCUPIED   |  |                            |                |
| 11. PRIMARY MOS  | 12. SECONDARY MOS | 13. DATE OF INITIAL APPOINTMENT  | MONTHS ACTIVE DUTY  | 14. COMMIS- SIONED   | 15. ENLISTED   | 16. TOTAL                              |                            |                |
| <b>EDUCATION AND TRAINING</b>  |                   |  |   |  |  |  |                            |                |
| SCHOOLS ATTENDED   |                   |  |   |  |  |  |                            |                |
| INSTITUTION AND LOCATION   |                   | YRS ATTENDED   |   | DATE GRADUATED   |  |  | DEGREE                     | MAJOR SUBJECTS |
|  |                   | FROM   | THRU  | DAY  | MO   | YR                                     |                            |                |
| HIGH SCHOOL  | 17.               |  |   |  |  |  |                            |                |
| COL- LEGE  | 18.               |  |   |  |  |  |                            |                |
|  | 19.               |  |   |  |  |  |                            |                |
| PROFES- SIONAL SCHOOL  | 20.               |  |   |  |  |  |                            |                |
|  | 21.               |  |   |  |  |  |                            |                |
| INTERNSHIP, RESIDENCY AND FELLOWSHIP   |                   |  |   |  |  |  |                            |                |
| HOSPITAL AND LOCATION  |                   |  |   | DATE COMPLETED   |  | TIME                                   | TYPE                       |                |
|  |                   |  |   | DAY  | MO   | YR                                     |                            | MONTHS         |
| INTERN- SHIP   | 22.               |  |   |  |  |  |                            |                |
|  | 23.               |  |   |  |  |  |                            |                |
| RESI- DENCY AND FELLOW- SHIP   | 24.               |  |   |  |  |  |                            |                |
|  | 25.               |  |   |  |  |  |                            |                |
|  | 26.               |  |   |  |  |  |                            |                |
| MILITARY SCHOOLING AND TRAINING  |                   |  |   |  |  |  |                            |                |
| SCHOOL OR STATION AND LOCATION   |                   |  |   | DATES OF TRAINING  |  |  | COURSE OR TYPE OF TRAINING |                |
|  |                   |  |   | FROM   | THRU   |  |                            |                |
| 27.  |                   |  |   |  |  |  |                            |                |
| 28.  |                   |  |   |  |  |  |                            |                |
| 29.  |                   |  |   |  |  |  |                            |                |
| 30.  |                   |  |   |  |  |  |                            |                |
| CERTIFICATIONS   |                   |  |   |  |  |  |                            |                |
| 31. CERTIFIED BY EDUCATIONAL COUNCIL FOR FOREIGN MEDICAL GRADUATES<br><input type="checkbox"/> YES <input type="checkbox"/> NO                                     |                   |  | 32. TYPE OF CERTIFICATION<br><input type="checkbox"/> STANDARD <input type="checkbox"/> TEMPORARY |  | 33. DATE ISSUED  |  | 34. EXPIRATION DATE        |                |
| 35. CERTIFIED BY THE AMERICAN BOARD OF:  |                   | 36. DATE   |   | 37. SUBSPECIALTY (Recognized by an American Specialty Board after examination) |  | 38. DATE                               |                            |                |
| 39. CURRENT LICENSE OR REGISTRATION (Identifying No., State or National and Year, limitations, if any)   |                   |  |   |  | 40. DIPLOMATE OF NATIONAL BOARD OF MEDICAL EXAMINERS<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |                            |                |

**EXPERIENCE**

**MAIN CIVILIAN EMPLOYMENT**

| NAME AND ADDRESS OF EMPLOYER | FROM | THRU | SPECIALTY | PCT OF TIME | DUTY |
|------------------------------|------|------|-----------|-------------|------|
| 41.                          |      |      |           |             |      |
| 42.                          |      |      |           |             |      |
| 43.                          |      |      |           |             |      |
| 44.                          |      |      |           |             |      |
| 45.                          |      |      |           |             |      |
| 46.                          |      |      |           |             |      |
| 47.                          |      |      |           |             |      |

48. NONPROFESSIONAL EMPLOYMENT CONFINED TO THE FIELD(S) OF:

| TEACHING ASSOCIATIONS AND APPOINTMENTS WITH PROFESSIONAL SCHOOLS |      |      |      | VISITING STAFF HOSP APPOINTMENTS |  |
|--|------|------|------|----------------------------------|--|
| INSTITUTION AND LOCATION   | TYPE | FROM | THRU | INSTITUTION AND LOCATION         |  |
| 49.  |      |      |      | 52.                              |  |
| 50.  |      |      |      | 53.                              |  |
| 51.  |      |      |      | 54.                              |  |

| RESEARCH ACTIVITIES      |       |      |      | 57. SPECIAL FIELD OF PROFESSIONAL INTEREST |  |
|--------------------------|-------|------|------|--|--|
| INSTITUTION AND LOCATION | FIELD | FROM | THRU |  |  |
| 55.                      |       |      |      |  |  |
| 56.                      |       |      |      |  |  |

**MEMBERSHIP IN PROFESSIONAL SOCIETIES AND ASSOCIATIONS**

| ORGANIZATION | YEAR | ORGANIZATION | YEAR |
|--------------|------|--------------|------|
| 58.          |      | 61.          |      |
| 59.          |      | 62.          |      |
| 60.          |      | 63.          |      |

**PRINCIPAL ASSIGNMENTS IN MILITARY SERVICE**

| STATION AND LOCATION | PRINCIPAL DUTY | FROM | THRU |
|----------------------|----------------|------|------|
| 64.                  |                |      |      |
| 65.                  |                |      |      |
| 66.                  |                |      |      |
| 67.                  |                |      |      |
| 68.                  |                |      |      |
| 69.                  |                |      |      |
| 70.                  |                |      |      |
| 71.                  |                |      |      |

REMARKS *(Indicate items of importance that could influence assignment or be of value for promotion)*

*THE INFORMATION FURNISHED IN ITEMS 1 THROUGH 71, ABOVE  
IS FACTUAL, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.*

|      |                                 |           |
|------|---------------------------------|-----------|
| DATE | TYPED OR PRINTED NAME AND GRADE | SIGNATURE |
|------|---------------------------------|-----------|