

PLEASE COMPLETE THE TOP PORTION AND SEND WITH YOUR APPLICATION.  
PLEASE REFERENCE AR 601-20 AND FY IPAP APPLICATION MILPER UPDATE BEFORE SENDING PACKET.

**INTERSERVICE PHYSICIAN ASSISTANT PROGRAM (IPAP)  
APPLICATION SUMMARY SHEET**

(Keep In Sequence)

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date Rec: \_\_\_\_\_  
Rank: \_\_\_\_\_ MOS or AOC: \_\_\_\_\_/\_\_\_\_\_ Prior Svc: Yes No Years in Svc: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Compo: \_\_\_\_\_ (ACTIVE DUTY, USAR) Waiver(s) Required: No Yes

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*Left side of Packet*  
**Form/Document**

**On top of Tab 1:**

\_\_\_\_\_ Summary Sheet

**TAB 1:**

\_\_\_\_\_ DA Photo  
\_\_\_\_\_ DA 705 (APFT Scorecard)  
\_\_\_\_\_ Profile (with exception to board MFR)

**TAB 2:**

\_\_\_\_\_ Typed Letter of Intent  
\_\_\_\_\_ CV

**TAB 3:**

**Letters of Recommendation**

\_\_\_\_\_ Immediate Supervisor  
\_\_\_\_\_ Commander  
\_\_\_\_\_ Physician Assistant

**TAB 4:**

\_\_\_\_\_ Academic Delay Plan Letter  
\_\_\_\_\_ Academic Worksheet  
\_\_\_\_\_ Transcripts/Diplomas  
\_\_\_\_\_ SAT Scores

“X” in each line completed by USAREC  
# Enlisted applications only  
\* Officer applications only  
+ Reserve applicants only

*Right side of Packet*  
**Form/Document**

**On top of Tab 5:**

\* \_\_\_\_\_ Current Officer Record Brief (ORB) or  
# \_\_\_\_\_ Current Enlisted Record Brief (ERB) or  
+ \_\_\_\_\_ 2A and 2-1

**TAB 5:**

\_\_\_\_\_ DA 61 (Appointment Application)  
\_\_\_\_\_ DA 160

**TAB 6:**

**Official Military Personnel File (OMPF) Documents**

\_\_\_\_\_ Evaluation Report (OERs and/or NCOERs)  
\_\_\_\_\_ DA 1059 (Academic Evaluation Reports)  
\_\_\_\_\_ Awards/ Certifications/ Licenses  
\_\_\_\_\_ Certificates of Training

**TAB 7:**

\_\_\_\_\_ DD 214 (Release or discharge)

**TAB 8:**

\_\_\_\_\_ Waiver Requests (TIS, Age, Moral, Medical)  
\_\_\_\_\_ Conditional Release (DA Form 4187 for RA)  
\_\_\_\_\_ Application Memorandum  
\_\_\_\_\_ MILPO Statement  
\_\_\_\_\_ Security Clearance  
\_\_\_\_\_ Physical (DD2807/2808)/ Labs/ Medical Waivers  
\* \_\_\_\_\_ Appointment Letter  
\* \_\_\_\_\_ DA 71(Oaths)  
\_\_\_\_\_ ROTC Contract if applicable  
\_\_\_\_\_ DA 330 (Language Proficiency)  
for whom English is not their primary language  
+ \_\_\_\_\_ DA 1058  
+ \_\_\_\_\_ DA 4651 R  
+ \_\_\_\_\_ DD 368