

34. APPLICANTS FOR JUDGE ADVOCATE GENERAL'S CORPS ONLY				35. APPLICANTS FOR CHAPLAINS BRANCH ONLY	
BARS OF WHICH YOU ARE A MEMBER <i>(Specify dates)</i>				RELIGIOUS DENOMINATION BY WHICH YOU WILL BE ENDORSED	
36. APPLICANTS FOR MEDICAL AND DENTAL CORPS ONLY					
a. TRAINING		b. NAME AND LOCATION OF HOSPITAL		c. DATES <i>(Month and Year)</i>	
LEVEL	TYPE			FROM	TO
INTERNSHIP					
RESIDENCY TRNG					
SPECIALTY TRNG					
d. SPECIALTY BOARDS				e. DATES OF CERTIFICATION <i>(Day, Month, Yr)</i>	
f. PLACE IN WHICH CURRENTLY LICENSED					
37. APPLICANTS FOR ARMY NURSE CORPS AND ARMY MEDICAL SPECIALIST CORPS ONLY					
a. NAME OF NURSING OR ACCREDITED PROFESSIONAL SCHOOL				b. LOCATION	
c. DATES OF ATTENDANCE <i>(Mo, Yr)</i>		d. STATE AND CURRENT REGISTRATION NUMBER		e. STATE AND DATE OF INITIAL REGISTRATION <i>(Day, Month, Year)</i>	
FROM	TO				
f. POSTGRADUATE COURSES <i>(Include courses at general hospitals, service schools, and short courses)</i>					
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>		
SUBJECT OR COURSE	NAME AND LOCATION OF SCHOOL OR HOSPITAL	SEMESTER CREDITS EARNED	DATES OF ATTENDANCE <i>(Month, Year)</i>		
			FROM	TO	
38. HAVE YOU BEEN EMPLOYED BY THE US ARMY AS A DIETITIAN, OCCUPATIONAL OR PHYSICAL THERAPIST? <i>(If yes, give dates)</i>					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
39. ARMY ROTC <i>(To be completed only by prospective ROTC graduates applying for appointment in USAR or RA)</i>					
SUCCESSFULLY COMPLETED AROTC PROGRAM AS FOLLOWS					
COURSE	DATES ATTENDED <i>(Month and Year)</i>		e. CAMP TRAINING		
	FROM	TO			
a. BASIC			<i>(1) INSTALLATION <i>(Basic)</i></i>		COMPLETION DATE <i>(Month, Year)</i>
b. ADVANCED			<i>(2) INSTALLATION <i>(Advanced/Ranger)</i></i>		COMPLETION DATE <i>(Month, Year)</i>
40. MAIN CIVILIAN EMPLOYMENT					
a. NAME AND ADDRESS OF EMPLOYER			b. JOB TITLE		c. MONTH AND YEAR
					FROM TO
b. PRINCIPAL DUTIES <i>(Describe briefly)</i>					
41. REMARKS <i>(Experience, proficiencies and special abilities not shown elsewhere in this application. Those required to enter primary entry specialties, see Para 1-27d,e, AF 601-100). <i>(If more space is required, attach additional sheet)</i></i>					
<p>I certify that (name, rank) successfully passed the APFT consisting of pushups, situps and the two mile run with a score of ____ on _____. Verified height is ____ inches and verified weight is ____ lbs.</p> <p style="text-align: center;">CO CDR's Signature Block</p>					
42. THE INFORMATION CONTAINED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.			DATE	SIGNATURE OF APPLICANT	