

# APPLICATION FOR AN EDUCATIONAL ROTATION AT TRIPLER ARMY MEDICAL CENTER FOR 3RD AND 4TH YEAR MEDICAL STUDENTS

## Data required by the Privacy Act of 1974 as amended.

**AUTHORITY:** 42 USC 13041, 10 USC 3013 and AR 190-45, Law Enforcement Reporting.

**PRINCIPAL PURPOSE:** The provided information will be used to obtain background information through local records checks with the Army Law Enforcement Reporting Tracing System (ALERTS) and Criminal Justice Information System (CJIS).

**ROUTINE USE:** To initiate background check requirements of the statutes.

**DISCLOSURE:** Providing information is voluntary. Failure to provide information may result in disapproval of the application and denial of the requested learning opportunity.

## INSTRUCTIONS

1. **Please follow these instructions carefully.** This form was designed to collect all information needed to establish your file with us for your educational rotation.
2. **Application must be received no earlier than 75 days prior to start of educational rotation start date.**
3. **No rotations will be scheduled during the months of November and December.**
4. **All educational rotations start on a Monday and end on a Friday. NO EXCEPTIONS.** If Monday falls on a Federal holiday then start date will be Tuesday.
5. Students from other uniformed services and civilian students are welcome on a space available basis from January through May. **The only exception to this policy is those students applying for one of the Department of Veterans Affairs positions.**
6. Please use the information contained in the pull-down menus and enter dates in the dd-mmm-yy format, e.g. 23 Feb 89 and numbers without spaces or dashes, e.g. 1231456789.
7. **Application is to be computer generated. Hand written applications will not be accepted.**

## APPLICANT INFORMATION

Last Name	<input type="text"/>	First Name	<input type="text"/>	Middle Initial	<input type="text"/>
Gender	<input type="text"/>	SSN	<input type="text"/>	Date of Birth	<input type="text"/>
E-mail address	<input type="text"/>			Phone Number	<input type="text"/>
Do you have a CAC card?	<input type="text"/>	If yes, what is EDIPI number on back of CAC card.	<input type="text"/>		

## SCHOOL AND TRAINING INFORMATION

DO Schools	<input type="text"/>				
MD Schools	<input type="text"/>				
Training Category	<input type="text"/>	Academic year during training	<input type="text"/>		

## **EDUCATIONAL ROTATIONS AVAILABLE**

Please select from the drop down box below the program that your are planning on rotating with. The programs with the asterisk in front of them are the only programs that take civilian students for residency. The civilian positions belong to the Department of Veterans Affairs.

Educational Rotation

Dates of training:

Start

End

Have you been approved for this rotation by the program director/coordinator?

Are you interviewing for this program?

## **JOINT KNOWLEDGE ONLINE INFORMATION**

Do you have a JKO Account?

If yes, what is your JKO username?

## **GENESIS INFORMATION**

Have you completed MHS Genesis Training?

If yes, where?

Do you have a Genesis Account?

Signature of Student

Current Date

## **SUBMISSION ISTRUCTIONS**

1. **Reminder that you cannot save the information entered on this form. After completing required entries you must print, sign, and upload the form to the DoD SAFE (Department of Defense Safe Access File Exchange) website at <https://safe.apps.mil>.**
2. **All students will request a drop-off code prior to submitting the application.**
3. Request for drop-off code is to be submitted to the following e-mail address [usarmy.tripler.medcom-tamc.mbx.student-clerkships@health.mil](mailto:usarmy.tripler.medcom-tamc.mbx.student-clerkships@health.mil).
4. **DO NOT SEND REQUEST FOR DROP-OFF OR APPLICATION TO A DIFFERENT EMAIL ADDRESS OTHER THEN WHAT IS LISTED HERE ON THIS FORM AND CONTAINED IN THE DROP-OFF REQUEST INSTRUCTIONS**
5. **Since the application contains Personal Identifiable Information (PII) the application must be encrypted prior to uploading or by clicking the "Encrypt every file" checkbox on the DoD SAFE drop-off site.**
6. Sender is responsible for providing the recipient with the "encryption passphrase" used in the DoD SAFE application drop-off in a separate e-mail to the following e-mail address [usarmy.tripler.medcom-tamc.mbx.student-clerkships@health.mil](mailto:usarmy.tripler.medcom-tamc.mbx.student-clerkships@health.mil).
7. **Reminder that application must be computer generated and not hand written to be accepted.**