

PROCESSING PROGRAMS

Program	Subprogram	Specialty
Health Professional	Medical Corps HP Sch	

BRIEFING ITEMS

Briefed on the Privacy Act Registered to Vote & ST
 DD Form 2644 DD Form 2645

DEMOGRAPHICS

Lead Date 20121115 **Lead Origination** Recruiter Generated **Lead Source** Military **Gender** **Verified SSN** 863-36-3985

Prefix **First Name** Ymcyu **Middle Name (if none enter NMN)** NMN **Last Name** Hbento **Suffix** **DOB** **Age**

Maiden Name / Alias Names

Citizenship **Racial Category** **Ethnic Category**

Hair Color **Eye Color** Other **Religious Preference**

1st Foreign Language None **2nd Foreign Language** None

Selective Service Number

Home Phone 6074268785 **Work Phone** **Cell Phone**

Current Address 342 Qshe Oiafp Fsynrq Houston GA 49801 US

Home of Record

Personal Email **Business Email** **Present Occupation**

Valid Drivers License **Drivers License #** **State** **EXP Date**

BIRTH VERIFICATION

City of Birth **County** **State** **Country**

Naturalization # **INS # (Citizen Certificate)** **Alien Registration #**

INTERVIEW

CCMAPPEDDS Verification

REMARKS

	Y	N		Y	N
Citizenship	<input type="checkbox"/>	<input type="checkbox"/>	Prior Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Conscientious Objector	<input type="checkbox"/>	<input type="checkbox"/>	Education	<input type="checkbox"/>	<input type="checkbox"/>
Morals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dependents	<input type="checkbox"/>	<input type="checkbox"/>
Age	<input type="checkbox"/>	<input type="checkbox"/>	Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Physical	<input type="checkbox"/>	<input type="checkbox"/>	SSN	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence			Waiver(s) Required		
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

MARITAL STATUS

Marital Status What document did you use to verify the Marital Status?

MILITARY SPOUSE

Spouse's SSN:

Spouse's paygrade:

Spouse's branch of service:

Spouse's current duty station:

Is military spouse the step-parent of any children in the applicant's custody?

DEPENDENTS

Number of Adult Dependents Number of Minor Dependents

Expected Marital and/or Dependency Changes

What document did you use to verify the Single Signature Parental Consent?

RELATIVES (Check the relatives which are dependents)

LAST NAME	FIRST NAME	MIDDLE NAME	RELATIONSHIP	DATE OF BIRTH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS	CITY	STATE	ZIP	COUNTRY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			DEPENDENT <input type="checkbox"/>	CUSTODY <input type="checkbox"/>
				SELFCARE <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS	CITY	STATE	ZIP	COUNTRY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			DEPENDENT <input type="checkbox"/>	CUSTODY <input type="checkbox"/>
				SELFCARE <input type="checkbox"/>

MORALS

Date	Morals Cat.	Violation or Charge	Place/City	State	Court Type	Adjudication Disposition	UCMJ
							<input type="checkbox"/>
Reduced Charge						Final or Current Disposition / Remarks	<input type="text"/>
Released on		Court					<input type="text"/>
		Validation type		Possible Max Sentence			
							<input type="checkbox"/>
Reduced Charge						Final or Current Disposition / Remarks	<input type="text"/>
		Court					<input type="text"/>
		Validation type		Possible Max Sentence			
							<input type="checkbox"/>
Reduced Charge						Final or Current Disposition / Remarks	<input type="text"/>
		Court					<input type="text"/>
		Validation type		Possible Max Sentence			
							<input type="checkbox"/>
Reduced Charge						Final or Current Disposition / Remarks	<input type="text"/>
		Court					<input type="text"/>
		Validation type		Possible Max Sentence			
							<input type="checkbox"/>
Reduced Charge						Final or Current Disposition / Remarks	<input type="text"/>
Released on		Court					<input type="text"/>
		Validation type		Possible Max Sentence			
							<input type="checkbox"/>
Reduced Charge						Final or Current Disposition / Remarks	<input type="text"/>
		Court					<input type="text"/>
		Validation type		Possible Max Sentence			
							<input type="checkbox"/>
Reduced Charge						Final or Current Disposition / Remarks	<input type="text"/>
		Court					<input type="text"/>
		Validation type		Possible Max Sentence			
							<input type="checkbox"/>
Reduced Charge						Final or Current Disposition / Remarks	<input type="text"/>
		Court					<input type="text"/>
		Validation type		Possible Max Sentence			
							<input type="checkbox"/>
Reduced Charge						Final or Current Disposition / Remarks	<input type="text"/>
		Court					<input type="text"/>
		Validation type		Possible Max Sentence			

Financial Record

In the last seven (7) years have you filed a petition under any chapter of the bankruptcy code?

Date Filed	Amount	Bankruptcy Type	Docket/Account	Name of the court involved

Have you ever experienced financial problems due to gambling?

From Date	To Date	Amount	Descriptions

In the past seven (7) years have you failed to file or pay Federal, state, or other taxes when required by law or ordinance?

Year	Type	Amount	Reason

In the past seven (7) years have you been counseled, warned, or disciplined for violating the terms of agreement for travel or credit card provided by your employer?

Date	Name	Amount	Reason

Other than previously listed, have any of the following happened to you?

- In the past seven (7) years, you have been delinquent on alimony or child support payments.
- In the past seven (7) years, you had a judgement entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- In the past seven (7) years, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

Date Began	Debt Owed To	Account Number	Amount	Reason

Other than previously listed, have any of the following happened?

- In the past seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- In the past seven (7) years, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- In the past seven (7) years, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- In the past seven (7) years, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- In the past seven (7) years, you were evicted for non-payment?
- In the past seven (7) years, you had your wages, benefits, or assets garnished or attached for any reason?
- In the past seven (7) years, you have been over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor)

Date Began	Debt Owed To	Account Number	Amount	Reason

EDUCATION

Grade Relevance	Name of School	Accredited	From	To	No. Yrs Comp	Graduated	Qual Degree	Tier
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Major Code	Major	Other Major		Total Quality Points	Total Credit Hours	Total Semester Hrs		
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		
School Type	Degree Title	Degree Type	Address	Apt	City	State	Zip	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Grade Relevance	Name of School	Accredited	From	To	No. Yrs Comp	Graduated	Qual Degree	Tier
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Major Code	Major	Other Major		Total Quality Points	Total Credit Hours	Total Semester Hrs		
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		
School Type	Degree Title	Degree Type	Address	Apt	City	State	Zip	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Grade Relevance	Name of School	Accredited	From	To	No. Yrs Comp	Graduated	Qual Degree	Tier
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Major Code	Major	Other Major		Total Quality Points	Total Credit Hours	Total Semester Hrs		
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		
School Type	Degree Title	Degree Type	Address	Apt	City	State	Zip	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Grade Relevance	Name of School	Accredited	From	To	No. Yrs Comp	Graduated	Qual Degree	Tier
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Major Code	Major	Other Major		Total Quality Points	Total Credit Hours	Total Semester Hrs		
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		
School Type	Degree Title	Degree Type	Address	Apt	City	State	Zip	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Highest Education Year Completed Total College Semester Hours Total College Quarter Hours

Education Level MEPCOM

What paramilitary organizations (JROTC/CAP/Scouts) has the lead participated with?

Degree/Residency	Medical Specialty	Y	N	Award Type
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Civil Air Patrol Yr Awarded
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scout Award Yr Awarded
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	JROTC
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	ROTC

MEDICAL OFFICER CREDENTIALS

Licensed Certified

Registered Board Certified

AFOQT

Form/Version	Date Tested	Pilot	Nav	AA	Verbal	Quantitative

Other Tests

Type	Date	Version	Score
GRE			

ASVAB

Test Date	Version	QT	M	A	G	E	Test Location	GS	AR	WK	PC	MK	EI	AS	MC	AO	VE	NO	CS	Validation Date	

Other Tests

Date	<input type="text"/>	Specialty	<input type="text"/>	Type	<input type="text"/>	Overall	<input type="text"/>
Pull-Ups	<input type="text"/>	Count	<input type="text"/>	Sit-Ups	<input type="text"/>	Count	<input type="text"/>
Underwater Swim 1	<input type="text"/>	Surface Swim	<input type="text"/>	Min	<input type="text"/>	Sec	<input type="text"/>
Underwater Swim 2	<input type="text"/>	Run	<input type="text"/>	Min	<input type="text"/>	Sec	<input type="text"/>
Push-Ups	<input type="text"/>	Count	<input type="text"/>				
Date	<input type="text"/>	Specialty	<input type="text"/>	Type	<input type="text"/>	Overall	<input type="text"/>
Pull-Ups	<input type="text"/>	Count	<input type="text"/>	Sit-Ups	<input type="text"/>	Count	<input type="text"/>
Underwater Swim 1	<input type="text"/>	Surface Swim	<input type="text"/>	Min	<input type="text"/>	Sec	<input type="text"/>
Underwater Swim 2	<input type="text"/>	Run	<input type="text"/>	Min	<input type="text"/>	Sec	<input type="text"/>
Push-Ups	<input type="text"/>	Count	<input type="text"/>				
Date	<input type="text"/>	Specialty	<input type="text"/>	Type	<input type="text"/>	Overall	<input type="text"/>
Pull-Ups	<input type="text"/>	Count	<input type="text"/>	Sit-Ups	<input type="text"/>	Count	<input type="text"/>
Underwater Swim 1	<input type="text"/>	Surface Swim	<input type="text"/>	Min	<input type="text"/>	Sec	<input type="text"/>
Underwater Swim 2	<input type="text"/>	Run	<input type="text"/>	Min	<input type="text"/>	Sec	<input type="text"/>
Push-Ups	<input type="text"/>	Count	<input type="text"/>				
Date	<input type="text"/>	Specialty	<input type="text"/>	Type	<input type="text"/>	Overall	<input type="text"/>
Pull-Ups	<input type="text"/>	Count	<input type="text"/>	Sit-Ups	<input type="text"/>	Count	<input type="text"/>
Underwater Swim 1	<input type="text"/>	Surface Swim	<input type="text"/>	Min	<input type="text"/>	Sec	<input type="text"/>
Underwater Swim 2	<input type="text"/>	Run	<input type="text"/>	Min	<input type="text"/>	Sec	<input type="text"/>
Push-Ups	<input type="text"/>	Count	<input type="text"/>				

Accessions Interview

What AFSC is the applicant enlisting / training into? (DAFSC)

Is this a Critical AFSC?

Is member fully qualified for the AFSC?

What PAS Code / Unit will the applicant be accessing into?

What Position number will the applicant be placed into?

Enter Date of Appointment

Enter Date of Enlistment

Enter Enlistment Pay Grade

Did applicant attend the Air Force Academy?

Physical Data

Source (TOSIP, DD FORM 2807-1)				Specify if Other					
Physical Date		Physical Type		Specify if Other					
Physical Location		Location Type		Specify if Other					
Physical Height		Physical Weight							
P	U	L	H	E	S	X		BFM%	
Uncorrected distant vision for left eye 20/			right eye 20/	Corrected distant vision for left eye 20/			right eye 20/		
Uncorrected near vision for left eye 20/			right eye 20/	Corrected near vision for left eye 20/			right eye 20/		
Is vision corrected with glasses, or contacts?				Color Vision Passed?				Depth Perception Passed?	
Does the applicant have unrestricted use of all fingers on both hands?				Explain				Drug Use	
Does the applicant have a speech impediment?				Does the applicant have a fear of heights?				Explain	

Source (TOSIP, DD FORM 2807-1)				Specify if Other					
Physical Date		Physical Type		Specify if Other					
Physical Location		Location Type		Specify if Other					
Physical Height		Physical Weight							
P	U	L	H	E	S	X		BFM%	
Uncorrected distant vision for left eye 20/			right eye 20/	Corrected distant vision for left eye 20/			right eye 20/		
Uncorrected near vision for left eye 20/			right eye 20/	Corrected near vision for left eye 20/			right eye 20/		
Is vision corrected with glasses, or contacts?				Color Vision Passed?				Depth Perception Passed?	
Does the applicant have unrestricted use of all fingers on both hands?				Explain				Drug Use	
Does the applicant have a speech impediment?				Does the applicant have a fear of heights?				Explain	

Source (TOSIP, DD FORM 2807-1)				Specify if Other					
Physical Date		Physical Type		Specify if Other					
Physical Location		Location Type		Specify if Other					
Physical Height		Physical Weight							
P	U	L	H	E	S	X		BFM%	
Uncorrected distant vision for left eye 20/			right eye 20/	Corrected distant vision for left eye 20/			right eye 20/		
Uncorrected near vision for left eye 20/			right eye 20/	Corrected near vision for left eye 20/			right eye 20/		
Is vision corrected with glasses, or contacts?				Color Vision Passed?				Depth Perception Passed?	
Does the applicant have unrestricted use of all fingers on both hands?				Explain				Drug Use	
Does the applicant have a speech impediment?				Does the applicant have a fear of heights?				Explain	

Source (TOSIP, DD FORM 2807-1)				Specify if Other					
Physical Date		Physical Type		Specify if Other					
Physical Location		Location Type		Specify if Other					
Physical Height		Physical Weight							
P	U	L	H	E	S	X		BFM%	
Uncorrected distant vision for left eye 20/			right eye 20/	Corrected distant vision for left eye 20/			right eye 20/		
Uncorrected near vision for left eye 20/			right eye 20/	Corrected near vision for left eye 20/			right eye 20/		
Is vision corrected with glasses, or contacts?				Color Vision Passed?				Depth Perception Passed?	
Does the applicant have unrestricted use of all fingers on both hands?				Explain				Drug Use	
Does the applicant have a speech impediment?				Does the applicant have a fear of heights?				Explain	

Source (TOSIP, DD FORM 2807-1)				Specify if Other					
Physical Date		Physical Type		Specify if Other					
Physical Location		Location Type		Specify if Other					
Physical Height		Physical Weight							
P	U	L	H	E	S	X		BFM%	
Uncorrected distant vision for left eye 20/			right eye 20/	Corrected distant vision for left eye 20/			right eye 20/		
Uncorrected near vision for left eye 20/			right eye 20/	Corrected near vision for left eye 20/			right eye 20/		
Is vision corrected with glasses, or contacts?				Color Vision Passed?				Depth Perception Passed?	
Does the applicant have unrestricted use of all fingers on both hands?				Explain				Drug Use	
Does the applicant have a speech impediment?				Does the applicant have a fear of heights?				Explain	

PROGRAM JOB CHOICES

Commissioning/DEP Grade

EAD Grade

Date Available for Training

Proposed EAD Date

Bonus AFSC Qualified Y

Incentive

HPSPA Alternate Number

Remarks

AFSC PREFERENCES

1st AFSC Choice

2nd AFSC Choice

3rd AFSC Choice

4th AFSC Choice

5th AFSC Choice

6th AFSC Choice

7th AFSC Choice

8th AFSC Choice

9th AFSC Choice

10th AFSC Choice

LOCATION PREFERENCES

CONUS Preferences

First

Second

Third

Fourth

Fifth

Sixth

Seventh

OVERSEAS Preferences

First

Second

Third

Fourth

Fifth

Sixth

Seventh

Board Selected AFSC

AFSC

Assignment Reservation Data

Class Number Class Date

Assignment Type

MPF Processing

Assignment Credit

COURSES

Algebra

Geometry

Physics

Trigonometry

Biology

Chemistry

Typing

English Composition

Computer

English

Mathematics

General Science

OTHER JOB QUALIFIERS

SJC Code

Does the applicant have a fear of insects or Spiders?

Does the applicant have a fear of blood?

Does the applicant have a fear of guns?

Does the applicant have a fear of fire?

Does the applicant have a history of emotional instability?

Does the applicant have a history of conviction for embezzlement?

Does the applicant have a history of confinement?

Does the applicant have a history of claustrophobia?

Does the applicant speak distinct English?

Have you ever been in the Peace Corps?

Does the applicant have a history of Temporomandibular Joint Disorder (TMJ), jaw locking or jaw pain?

Have you ever been convicted of a crime of domestic violence?