



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

Canc: Jan 2012

IN REPLY REFER TO

BUMEDNOTE 1520
BUMED-M00C2
12 Jan 2011

BUMED NOTICE 1520

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Dental Personnel

Subj: ANNOUNCEMENT OF FISCAL YEAR 2012 DENTAL RESIDENCY TRAINING,
POSTDOCTORAL EDUCATION AND TRAINING, AND ADVANCED CLINICAL
PROGRAMS

Ref: (a) MANMED change 132 Chapter 6, Article 20
(b) ASD(HA) Policy Memo 10-012 of 30 Sep 2010 (NOTAL)
(c) OPNAVINST 7220.17
(d) DoD Instruction 6000.13 of 30 Jun 1997
(e) SECNAVINST 1520.11A

Encl: (1) Fiscal Year 2012 Advanced Dental Education Availability Announcement
(2) NAVMED 1520/16, Dental Education Application Brief Sheet
(3) NAVMED 1520/17, Evaluation for Advanced Dental Education
(4) Summary of Active Duty Obligation for Graduate Dental Education

1. Purpose. To announce the availability of dental residency training, postdoctoral education and training, and advanced clinical programs (ACP) beginning in fiscal year (FY) 2012 and to provide information concerning application procedures. References (a) through (d) provide additional information.

2. Cancellation. BUMEDNOTE 1520 of 25 JAN 2010.

3. Background. Chief, Bureau of Medicine and Surgery will convene a selection board to recommend Dental Corps officers for assignment to full-time residency training programs, postdoctoral education and training programs, and ACPs in FY 2012. Full-time inservice (FTIS) residency training programs are conducted at the Naval Postgraduate Dental School, Bethesda, Maryland, various naval hospitals, and other Federal institutions. A limited number of full-time outservice (FTOS) residency and postdoctoral education and training programs are available in civilian universities and institutions. Training for ACP is conducted at the Naval Health Clinic, Great Lakes.

4. Availability of Programs. Reference (a) describes Department of the Navy training programs for dental officers. The needs of the Navy determine the programs available for training and the number of trainees projected in each program. Enclosure (1) provides a list of anticipated residency and postdoctoral educational programs beginning in FY 2012.

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5. Residency Training Programs. Inservice residency training programs train dental officers for the dental care needs of Navy and Marine Corps beneficiaries. Outservice residency training programs supplement inservice residencies and provide training in specialty areas not available in military training programs. All residency training programs meet the Commission on Dental Accreditation certification requirements. Dental officers selected for these programs are expected to pursue board certification.

6. Advanced Clinical Programs. One year ACP provides general dentists with advanced clinical skills in exodontia. Successful completion of an ACP may enhance an officer's opportunity for later residency training. A utilization assignment following completion of an ACP will be required and can be expected before selection to residency training. Completion of a 1-year ACP incurs a 2-year Active Duty Service Obligation (ADSO).

7. Eligibility for Advanced Dental Education Training. Before commencement of a post-doctoral residency education program, dental officers cannot be in a failure of selection promotion status for the grade of Lieutenant Commander (LCDR/O-4) or Commander (CDR/O-5). If an officer is a Commander and has failed to select for Captain (CAPT/O-6), he or she may commence a residency program. Consideration of an officer's military record, assignments (particularly operational or overseas assignments), total years of active duty service, and overall sustained superior military performance are an integral part of the Duty Under Instruction (DUINS) board deliberations. Applicants who are unable to complete 20 years of active commissioned service by age 62 may submit a written request for waiver of this requirement with their application.

8. Application

a. To apply, the officer must submit via postal mail, e-mail, or fax the following to Navy Medicine Manpower, Personnel, Training, and Education (NAVMED MPT&E) Command, Code 1WGPDC, Bldg. 1, 16th Floor, 8901 Wisconsin Avenue, Bethesda, MD 20889-5600; e-mail: CAPT Andrew Peters at Andrew.Peters@med.navy.mil or fax: (301) 295-1783:

(1) A letter of request with appropriate supervisory endorsement (command endorsement if active duty) accompanied by a statement of motivation clarifying the applicant's background, interests, and reasons for requesting the desired training.

(2) Official scholastic transcripts for all pre-dental, dental, and other significant education. Applicants whose transcripts do not provide class standing or grade point average (GPA) must request a letter from the dean's office indicating class standing or an equivalent.

(3) Applicants must submit Parts I and II National Board scores. Additionally, all applicants are encouraged to submit graduate record exam (GRE) scores. Those applicants selected for FTOS residency programs may be required to submit GRE scores for final placement. Continued direct communication with specific community specialty leaders is encouraged for specifics on this requirement.

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(4) NAVMED 1520/16, Advanced Dental Education Application Brief Sheet, enclosure (2).

(5) A maximum of three letters of evaluation using NAVMED 1520/17, Evaluation for Advanced Dental Education, enclosure (3). It is suggested that at least one letter be from a dental officer in the specialty area requested for training. Evaluations and other material submitted directly to NAVMED MPT&E, Code 1WGPDC, are considered confidential and will not be provided to the applicant.

(6) Copies (front and back) of the last five fitness reports must accompany the application to be considered competitive.

b. For questions concerning the application process and procedures, contact CAPT Andrew Peters or Ms. Beverly Castor, at:

CAPT Andrew Peters, DC, USN
Dental Corps Programs, Code 1WGPDC
Navy Medicine Manpower, Personnel,
Training & Education Command
Bldg 1, 16th Deck
8901 Wisconsin Avenue
Bethesda, MD 20889-5600
E-mail: Andrew.Peters@med.navy.mil
Phone: (301) 319-4509, DSN 285-4509
Fax: (301) 295-1783, DSN 295-1783

Ms. Beverly Castor
Dental Corps Program Specialist, Code 1WGPDC
Navy Medicine Manpower, Personnel,
Training, & Education Command
Bldg 1, 16th Deck
8901 Wisconsin Avenue
Bethesda, MD 20889-5600
E-mail: Beverly.Castor@med.navy.mil
Phone: (301) 295-0650, DSN 295-0650
Fax: (301) 295-1783, DSN 295-1783

c. ADSO incurred for participation in dental residency training programs is 1 year for each year of FTIS or FTOS training with a minimum of a 2-year obligation, to include ACP training. Endodontic and orthodontic residents will incur a minimum of 3 years of active duty obligation regardless of program length. Programs leading to a master's degree (which require additional training and funding) or a doctoral degree shall incur an ADSO of three times the length of education or training for the first year unless such degree is incidental to the completion of an established residency or fellowship program. Additional ADSOs for participation in excess of 1 year shall be half year for half year. ADSO for a master's degree obtained concurrently with a residency program may be served concurrently with the ADSO for residency training. Enclosure (4) further outlines active duty obligations for graduate dental education (GDE).

d. Second choices for training are not required but are encouraged in related disciplines (e.g., Operative Dentistry and Prosthodontics, Operative Dentistry and Comprehensive Dentistry, etc.).

e. Dental special pays for officers in residency programs will comply with references (b) and (c).

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9. Application Deadline. Applications for training beginning in FY 2012, including evaluations and transcripts, must arrive at NAVMED MPT&E, Code 1WGPDC, postmarked no later than Monday, 2 May 2011. The initial application package must include the NAVMED 1520/16, Application Brief Sheet, a letter of request with endorsement letter and a Statement of Motivation, Parts I and II of National Board Scores, and copies of the last five fitness reports. Official transcripts and letters of recommendation may come under separate cover. Applicants are encouraged to verify application status prior to the 2 May 2011 deadline.

10. Notification. The DUINS Selection Board is scheduled to meet in June 2011. Notification of board results will be made as soon as possible upon completion of board deliberations. Upon receiving written notification of selection for training, selectees will respond within 4 weeks, in writing to confirm their appointment. If notification is not received after the 4-week period the selectee will have relinquished his or her appointment.

11. Pre-select Status. Applicants who are selected for FTOS programs by the DUINS board, but do not gain admission to a program in FY 2012, will be placed in a pre-select status. They will be automatically enrolled in an FTIS or Tri-service program in FY 2013. These candidates will not have to reapply to the DUINS Board. Applicants selected for FTOS programs by the DUINS board in Pediatric Dentistry, Operative and Research will not be granted pre-select status and must reapply to the DUINS Board, if unable to gain admission to an FTOS program.

12. Forms. NAVMED 1520/16 (Rev. 1-2011), Dental Education Application Brief Sheet and NAVMED 1520/17 (Rev. 1-2011), Evaluation for Advanced Dental Education are available from the NAVMED Forms link on the Navy Medicine Web site at:
<https://www.med.navy.mil/directives/Pages/default.aspx>.


K. A. FLAHERTY
Acting

Distribution is electronic only via the Navy Medicine Directives Web site at:
<http://www.med.navy.mil/Pages/Default.aspx>

**FISCAL YEAR 2012 ADVANCED DENTAL EDUCATION
AVAILABILITY ANNOUNCEMENT**

Full-Time Inservice Residencies and Postdoctoral Education Programs

Comprehensive Dentistry **
Endodontics **
Oral and Maxillofacial Surgery ****
Orofacial Pain **
Periodontics ***
Prosthodontics ***
Maxillofacial Prosthetics – Fellowship *
Dental Public Health**

**Full-Time Outservice Residencies and Postdoctoral Education Programs (Civilian/Tri-
service)/Uniformed Services University**

Dental Research ****
Operative Dentistry ***
Oral and Maxillofacial Surgery ****
Oral Medicine/Radiology ***
Orthodontics **

Advanced Clinical Programs (ACP)

ACP Exodontia *

* 1-year program
** 2-year program
*** 3-year program
**** 4-year program
***** 6-year program

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DENTAL EDUCATION APPLICATION BRIEF SHEET		
INSTRUCTIONS		
1. Complete all applicable entries.		
2. Follow current BUMEDNOTE 1520.		
3. Forward this brief sheet to: Navy Medicine Manpower, Personnel, Training and Education Command (NAVMED MPT&E), Dental Corps Programs Officer, Code 03CDC, Bldg 1, 16 th Floor, 8901 Wisconsin Avenue, Bethesda, MD 20889-5611.		
4. Questions please call: (301) 295-0650 or DSN 295-0650.		
Name (Last, First, MI)	Grade	Designator
Current Duty Station Address		
Duty Station Telephone Number (DSN and commercial)	Home Telephone	Home E-mail Address
Date of Rank	PRD	
Years Active Duty	Years Navy Dental Officer (do not include scholarship time)	
Total years of operational or foreign shores duty as dental officer	If notified of PCS orders – to where?	
Dates and location of duty stations:		
First choice for training	Second choice for training	
If I receive training leading to board eligibility, I will <input type="checkbox"/> will not <input type="checkbox"/> pursue board certification.		
As appropriate, fill in the following. I completed:		
AEGD/GPR (provide date completed and program location)		
Civilian postdoctoral fellowship (provide date completed and program location)		
Navy ACP (provide date completed and program location)		
Navy residency program (provide date completed and program location)		
Civilian residency/post-residency fellowship (provide date completed and program location)		
I have requested letters of evaluation from: (maximum 3)		
I have requested transcripts from: (include all pre-dental, dental and other significant education)		

Demographic Information Request		
<p>Please complete the following by selecting the correct information. Completion of this information is voluntary and will not affect your request for training.</p>		
<p>Age: <input type="checkbox"/> 20-25 <input type="checkbox"/> 26-30 <input type="checkbox"/> 31-35 <input type="checkbox"/> 36-40 <input type="checkbox"/> 41-45 <input type="checkbox"/> 46-50 <input type="checkbox"/> 51+</p>		
<p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>		
<p>Ethnic Group: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Filipino <input type="checkbox"/> Hispanic <input type="checkbox"/> Other</p>		
Privacy Act Statement		
<p>Authority to request this information is contained in 5 USC 301 and 10 USC 5013. The purpose for this information is to assist Department of the Navy officials and employees in evaluating your training request and determining your eligibility for advanced dental education. Other uses for this information are to determine course and training demands, requirements and achievements; to analyze student groups or courses; to provide academic and performance evaluation to assist with guidance and counseling of students; to prepare required reports; to provide a demographic profile of applicants for Navy Dental Corps education and training programs; to assess affirmative action initiatives and equal opportunity programs; and to support other training, administration and for planning purposes. Disclosure of this information is voluntary. Failure to disclose this information, except for the demographic information, may result in non-selection for training.</p>		
Name (Last, First, MI)	Grade	Date
Signature		

EVALUATION FOR ADVANCED DENTAL EDUCATION		
INSTRUCTIONS		
1. Applicants must complete section I before forwarding to the evaluator. 2. The applicant listed has applied for advanced dental education and requests you complete Section II. 3. Please answer all questions and complete the narrative portion of the evaluation. 4. Return evaluation in a sealed envelope directly to: Navy Medicine Manpower, Personnel, Training and Education Command (NAVMEP MPT&E), Dental Corps Programs Officer, Code 03CDC, Bldg 1, 16 th Floor, 8901 Wisconsin Avenue, Bethesda, MD 20889-5611. 5. Any questions call (301) 295-0650 or DSN 295-0650		
SECTION I		
Name (Last, First, MI)	Grade	Designator
First choice requested for training	Second choice requested for training	
Level of training requested <input type="checkbox"/> Residency <input type="checkbox"/> ACP <input type="checkbox"/> Fellowship <input type="checkbox"/> Ph.D.		
SECTION II		
How well do you know the applicant? (Check all that apply) <input type="checkbox"/> Socially <input type="checkbox"/> Dental Student <input type="checkbox"/> GPR/AEGD student <input type="checkbox"/> ACP student <input type="checkbox"/> Resident	How well do you know the applicant? <input type="checkbox"/> Close and frequent observation <input type="checkbox"/> Above average <input type="checkbox"/> Average <input type="checkbox"/> Vaguely <input type="checkbox"/> Member of command	
How many years have you known the applicant?	From:	To:
Based upon your experience with other students, dentists and Navy Dental Corps officers, how does the applicant compare when considering the following Rank as follows: 5 - well above average 4 - above average 3 - average 2 - below average 1 - well below average 0 - no opinion Rating Trait Space for additional trait comments: _____ Maturity _____ Judgment _____ Leadership _____ Personal Demeanor _____ Communication skills Oral Written		
This candidate ranks _____ out of _____ I have ranked this year.		
This candidate ranks _____ out of _____ I have ranked in my career.		
Gifted individuals occasionally exhibit sporadic records due to extenuating circumstances such as family illness, financial need or personal difficulties. Please advise if you are aware of such problems.		

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INSTRUCTIONS FOR COMPLETING EVALUATION:

- Use this page only, no additional enclosures or other forms accepted. Please send back to NAVMED MPT&E in a sealed envelope.
- Evaluator must provide electronic and telephone contact information at bottom of this form.
- Evaluator must provide ranking of this applicant on the front of this form.
- Please provide a concise and accurate evaluation of this applicant's clinical abilities, aptitude, and potential to succeed in the requested program.

EVALUATOR	
Name (Last, First, MI)	
Title or Position	Command or School
Telephone Number	E-mail Address
Signature	Date

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**SUMMARY OF ACTIVE DUTY OBLIGATION FOR
GRADUATE DENTAL EDUCATION**

(Based on References (d) and (e))

1. **In a Military Facility (Full-time inservice (FTIS))/(Other Federal Institutions (OFI))**. A member must incur an active duty service obligation (ADSO) of half year for each half year, or portion thereof, but the minimum ADSO at the completion/termination/withdrawal of the Graduate Dental Education (GDE) period will not be less than 2 years. The ADSO for GDE may be served concurrently with obligations incurred for Department of Defense (DoD) Sponsored pre-professional (undergraduate) or dental school education. No ADSO for GDE can be served concurrently with an ADSO for a second period of GDE (i.e., obligation for fellowship or second Navy-sponsored residency cannot be served concurrently with an obligation incurred for initial residency training).

2. **In a Civilian Facility on Active Duty (Full-time outservice (FTOS))**. A member subsidized by the DoD during training in a civilian facility must incur an ADSO of half year for each half year or portion thereof, but the minimum ADSO at the completion/termination/withdrawal of the GDE period will not be less than 2 years. The ADSO for FTOS GDE is served consecutively (added) with obligations incurred for DoD sponsored pre-professional (undergraduate) or dental school education.

3. **In a Civilian Facility in a Deferred Status (Navy Active Duty Delay for Specialists (NADDS))**. Individuals who had remaining ADSO prior to entering NADDS will serve the deferred period of ADSO or 2 years, whichever is longer. If there was no remaining ADSO, the officer will incur 2 years of obligation for NADDS. If the Financial Aid Program (FAP) is used in conjunction with NADDS, and the officer was not under obligation for training, the ADSO will be the obligation required by the FAP contract. If FAP is used in conjunction with NADDS and the officer has remaining obligation for education or training, the ADSO incurred for FAP will be served consecutively with that obligation.