

**OFFICER RESIDENT PROFESSIONAL MILITARY EDUCATION APPLICATION**

For use of this form, see ANGM 36-2301, the proponent agency is ANG/DPDE

**PRIVACY ACT STATEMENT**

Authority: Title 5, U.S.C., Section 3101 and the annual DoD Appropriation Act.  
 Principle Purpose: Provide information required to determine eligibility and qualification factors for in-resident officer Professional Military Education.  
 Routine Uses: Information furnished will be disclosed to Offices of Primary Responsibility (OPR) in the review, recommendation and selection process.  
 Disclosure: Voluntary. Failure to provide complete information may cause delays in processing application.

**APPLICATION INFORMATION**

NAME:		RANK:	SSAN:	DATE OF RANK:
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DOB:	AGE:	DATE OF COMMISSIONING:	
HOME ADDRESS:			TELEPHONE NUMBERS <i>(Include Area Code)</i>	
			HOME:	
			WORK:	
			E-MAIL:	
WING ADDRESS:			WING TELEPHONE NUMBERS	
			DSN:	
			COMMERCIAL: <i>(Include Area Code)</i>	
			FAX (DSN):	
TOTAL YEARS SERVICE DATE:	TFCSD:	YEARS:	TFCS WAIVER REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
MANDATORY SEPARATION DATE:	RATED: <input type="checkbox"/> YES <input type="checkbox"/> NO		STATUS: <input type="checkbox"/> Traditional <input type="checkbox"/> Air Tech <input type="checkbox"/> AGR <input type="checkbox"/> Stat Tour	
HIGHEST EDUCATION DEGREE HELD		PME COMPLETED		
DEGREE:	CONCENTRATION:	LEVEL	METHOD	YEAR COMPLETED
		SOS	<input type="checkbox"/> COR <input type="checkbox"/> RES	
		ISS	<input type="checkbox"/> COR <input type="checkbox"/> SEM <input type="checkbox"/> RES	
		SSS	<input type="checkbox"/> COR <input type="checkbox"/> SEM <input type="checkbox"/> RES	
SCHOOL PREFERENCES: (For SOS, Specify Class ID Number)				
<b>TO BE COMPLETED BY WING COMMANDER / DIRECTOR</b>				
MEMBER MEETS BODY FAT STANDARDS: <input type="checkbox"/> YES <input type="checkbox"/> NO				
FOLLOW ON ASSIGNMENT AFTER GRADUATION (Plus One):				
NAME, GRADE (Wing Commander / Director):		SIGNATURE:		DATE:

MILITARY HUMAN RESOURCES REVIEW  
(STAT TOUR OFFICERS ONLY)

CURRENT POSITION NUMBER:

DUTY TITLE:

PAFSC:

AUTHORIZATION GRADE:

OFFICE SYMBOL:

FOLLOW UP ASSIGNMENT AFTER GRADUATION:

RETURN TO STATE CONTROL:

YES

NO

RETAIN ON STAT TOUR:

YES

NO

COMMENTS:

NAME, GRADE:

SIGNATURE:

DATE:

APPLICATION PACKAGE ITEMS

1. Application Form, NGB Form 1210
2. Letter of Intent
3. Endorsements through chain of command (including TAG)
4. Report of Individual Personnel (RIP)
5. Letters of Recommendation (optional) (SOS refer to message)
6. Resume (SOS refer to message)
7. Two photographs (SOS refer to message)
8. Last three OPR's (SOS refer to message)