

**FOR OFFICIAL USE ONLY  
DENTAL HYGIENE PROGRAM APPLICATION**

Applicant's Name (Last, First, MI) \_\_\_\_\_ Rate/rank \_\_\_\_\_ SSN \_\_\_\_\_

1. Other Last Names Used (i.e., maiden name) \_\_\_\_\_

<b>PERSONAL INFORMATION</b>	
<b>2. Gender (check one option)</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>3. Date of Birth</b> _____ (yy/mm/dd)
<b>4. Citizenship</b> a. U.S. Citizen? Yes/No _____ b. Place of Birth _____ c. If a naturalized citizen, provide the following: (1) Naturalization number: _____ (2) Place where naturalized: _____ (3) Date of naturalization: _____ d. Citizenship certificate? Yes/No _____ If yes, provide certificate number and attach Verification of birth (DD 372)	<b>5. Marital Status (Check one option)</b>  Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/>
<b>6. Number of Dependents</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Military <input type="checkbox"/> Non-military _____ <input type="checkbox"/> No. of dependent children _____ <input type="checkbox"/> No. of other dependents Explain: _____	<b>7. UIC</b> _____ _____  <b>8. PRD</b> _____ (yy/mm)
<b>9. Command Address (FPO/APO address)</b> Name of Command: _____ Street _____ City _____ State _____ Zip Code _____ Phone/DSN: _____ Fax: _____ E-mail: _____	<b>10. Current Mailing Address (Home)</b> Street _____ City _____ State _____ Zip Code _____ Phone: _____ Fax: _____ E-mail: _____

**MILITARY INFORMATION**

11. **Date of Rate** \_\_\_\_\_  
 (yy/mm/dd)

12. **Warfare Qualification(s)**  
 (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_

13. **Start of Active Duty Service** \_\_\_\_\_  
 (yy/mm/dd)

**14. PRT INFORMATION**

Provide the following information for the last three (3) consecutive official PRTs.

Date of PRT	Final Score	Overall Score	Run/Swim	Sit ups	Push ups	Height	Weight	% body fat

PRT Coordinator (Print Name and Rate/Rank) \_\_\_\_\_

PRT Coordinator Signature and Date: \_\_\_\_\_

Applicant's Name (Last, First, MI) \_\_\_\_\_ Rate/rank \_\_\_\_\_ SSN \_\_\_\_\_

**15. DUTY ASSIGNMENT HISTORY (List last 5 commands)**

Dates (from/to)	Position (Primary Duty)	Command
PRESENT		

\*attach separate sheet if more space is necessary

**EDUCATION**

**16. HIGH SCHOOL: (Attach one certified copy of each high school transcript(s) - attach proof of GED if not a High School Graduate. - \*Foreign transcripts must be converted to American standards.**

- a. High School Graduation Date \_\_\_\_\_ (yy/mm/dd) \_\_\_\_\_
- b. High School(s) Attended (Name and location):
  - (1) \_\_\_\_\_
  - (2) \_\_\_\_\_
  - (3) \_\_\_\_\_
- a. GED Date \_\_\_\_\_  
(yy/mm/dd)

**17. COLLEGE: (Attach one certified copy of all college transcript(s))**

- a. Associates Degree \_\_\_\_\_ Date of Degree \_\_\_\_\_
- b. Number of college credits \_\_\_\_\_

**18. ASSET TEST SCORE: (Attach a copy of test results) You may take this exam twice in two years. Contact your Navy College office or DANTES test center.**

- a. Writing Skills \_\_\_\_\_
- b. Reading Skills \_\_\_\_\_ (combined Writing and Reading Skills at least = 86)
- c. Numerical Skills \_\_\_\_\_ (at least 42)

**PERSONAL HISTORY**

**19. Personal Awards**

Award	Command (Short Title)	Date Awarded

\*attach separate sheet if more space is necessary

**20. Service Schools (If applicable, attach copy of SMART Transcript)**

Name and Location of Service Schools Attended	Date of School	Class Standing (if applicable)

\*attach separate sheet if more space is necessary

**21. Correspondence Courses (Exclude rate required courses)**

Correspondence Course Title	Date of Completion

\*attach separate sheet if more space is necessary

Applicant's Name (Last, First, MI) \_\_\_\_\_ Rate/rank \_\_\_\_\_ SSN \_\_\_\_\_

## **PERSONAL STATEMENTS**

1. For all applicants use the space provided to describe the following in detail: (limit your statement between 200 to 250 words)
  - Reasons for applying for the Dental Hygiene Program
  - Personal and professional goals
  - Strengths/personal characteristics you possess which will contribute to success in the program. Address any other relevant information or substantial accomplishments not already covered.

Applicant's Name (Last, First, MI) \_\_\_\_\_ Rate/rank \_\_\_\_\_ SSN \_\_\_\_\_

**PERSONAL STATEMENTS (Cont.)**

2. Address High Year Tenure (HYT) waiver requests (if applicable).

Applicant's Name (Last, First, MI) \_\_\_\_\_ Rate/rank \_\_\_\_\_ SSN \_\_\_\_\_

**COMMANDING OFFICER'S RECOMMENDATION**

Commanding Officer Name \_\_\_\_\_

Command \_\_\_\_\_

Work Phone \_\_\_\_\_ DSN \_\_\_\_\_ Fax \_\_\_\_\_

Please evaluate the candidate in the following areas:

<b>TRAITS</b>	<b>Outstanding</b>	<b>Excellent</b>	<b>Good</b>	<b>Satisfactory</b>	<b>Unsatisfactory</b>
Professional Performance					
Personal Appearance					
Teamwork					
Technical Rating Knowledge					
Academic Potential					
Motivation for Program					
Overall Evaluation					

Does this candidate meet all physical requirements? \_\_\_\_\_

Is the candidate World Wide Assignable? \_\_\_\_\_

Member ranked \_\_\_\_ out of \_\_\_\_ current applicants for the same program from my command (if applicable).

Remarks. Please provide in the space below your personal recommendation and certification that the applicant meets eligibility requirements for the program for which he/she is applying. Also provide amplifying information which would help a board in making a selection determination. Address and make recommendation if applicant requests a waiver for HYT.

By your signature you are certifying that this candidate meets program eligibility requirements and that any waiver request(s) has been addressed. Please note, duplicate applications require original signature.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## REQUIRED CHECKLIST AND ENCLOSURES

### CHECKLIST

1. \_\_\_\_\_ Must be a DT or HM in paygrade E3/E6 with less than 12 yr. TIS
2. \_\_\_\_\_ Must be physically qualified for transfer in accordance with MANMED and Chapter 7 of the Enlisted Transfer Manual
3. \_\_\_\_\_ Must be recommended for advancement/reenlistment
4. \_\_\_\_\_ Must have successfully completed the most recent semi-annual PRT and meet HT/WT standards prior to execution of orders to training.
5. \_\_\_\_\_ Members requiring medical attention, including pregnancy, or any conditions requiring continual care for chronic conditions impacting world-wide assignability, shall NOT be transferred to school
6. \_\_\_\_\_ Within 30 days prior to commencing training, must have a documented NEGATIVE HIV test
7. \_\_\_\_\_ Should complete at least two years on board current station (18mos. for first term enlistees) and not be restricted due to prescribed DoD area tour as per Chapter 7 of the Enlisted TRANSMAN. Requests for waivers of time-on-station and DoD area tour will be considered by NPC-407CD on a case-by-case basis
8. \_\_\_\_\_ Must NOT have any evaluation mark below 3.0 over the past two years
9. \_\_\_\_\_ During past three years previous to date of application:
  - (1) \_\_\_\_\_ No NJP/courts martial
  - (2) \_\_\_\_\_ No civilian conviction
  - (3) \_\_\_\_\_ No substantiated family advocacy incident
  - (4) \_\_\_\_\_ No incidence of substance abuse

### Required Application Package Format:

- \_\_\_\_\_ **Cover Sheet - NAVPERS 1306/7 ENLISTED PERSONNEL ACTION REQUEST**  
\_\_\_\_\_ **Application Form**

### ENCLOSURES:

1. \_\_\_\_\_ Letter of Recommendation from an active duty Dental/Medical officer, preferably a Navy Periodontist.
2. \_\_\_\_\_ Copies of Performance Evaluations for past 3 years - must include at least one evaluation prepared by current command.
3. \_\_\_\_\_ NAVPERS 1070/603 Enlisted Classification Record (page 3 Service Record)
4. \_\_\_\_\_ NAVPERS 1070/604 Enlisted Qualification History (page 4 Service Record)
5. \_\_\_\_\_ NAVPERS 1070/605 History of Assignments (page 5 Service Record)
6. \_\_\_\_\_ NAVPERS 1070/609 Enlisted Performance Record (page 9 Service Record) and/or Personnel Summary Record (PSR)
7. \_\_\_\_\_ Academic Achievement Documents to include:
  - a. Legible certified copy of High School Transcript or GED Certificate
  - b. **MUST SHOW** High School Algebra or equivalent grade of no less than a 2.0 GPA on a 4.0 scale
  - c. **MUST HAVE** documentation of High School Chemistry or equivalent **WITHIN THE LAST FIVE (5) YEARS** with a grade of no less than 2.0 GPA on a 4.0 scale
  - d. **ALL COLLEGE TRANSCRIPT(s)** - showing at least Anatomy and Physiology (A&P) with a grade of no less than a 2.0 GPA on a 4.0 scale. **\*\*Note:** Hospital Corps "A" School A&P does **NOT** meet program prerequisite. **\*\*** Whenever possible submit course descriptions for college math, science and English composition.
  - e. **SMART transcript** - contact your Navy College .
8. \_\_\_\_\_ ASSET Test (Assessment of Skills for Successful Entry and Transfer) score documentation (Contact Navy College Office or DANTES testing centers)
9. \_\_\_\_\_ Mail (do NOT fax) to :

Bureau of Medicine and Surgery (MED-53T), 2300 E Street NW, Washington, DC 20372-5300