

SUPPLEMENTAL DATA FOR ARMY MEDICAL SERVICE RESERVE OFFICERS For use of this form, see AR 135-133; the proponent agency is Office of The Surgeon General.										FOR ARMY SURGEON'S USE ONLY	
<div>INSTRUCTIONS</div> <div><div>1. COMPLETE ALL ITEMS each time this form is used.</div><div>2. Use "NONE" where applicable.</div><div>3. Complete in triplicate.</div><div>4. Use blank sheet for continuation of items, identifying by item number.</div><div>5. Type or print.</div><div>6. Date and sign original and two copies.</div></div>										DATE	
										PRIMARY MOS	
										SECONDARY MOS	
1. NAME (Last, first, middle initial) GRADE AND SERVICE NUMBER					2. HOME ADDRESS (Including ZIP code)						
3. DATE OF BIRTH		4. SEX	5. MARRIED Yes No		6. NO of DEPENDENTS	7. PRESENT OCCUPATION (Duty and station if on active duty)					
8. BRANCH		9. PRESENT UNIT OR ORGANIZATION OF ASSIGNMENT					10. TDA/ TOE POSITION OCCUPIED				
11. PRIMARY MOS		12. SECONDARY MOS		13. DATE OF INITIAL APPOINTMENT		MONTHS ACTIVE DUTY	14. COMMIS- SIONED	15. ENLISTED	16. TOTAL		
EDUCATION AND TRAINING											
SCHOOLS ATTENDED											
INSTITUTION AND LOCATION			YRS ATTENDED		DATE GRADUATED			DEGREE	MAJOR SUBJECTS		
			FROM	THRU	DAY	MO	YR				
HIGH SCHOOL	17.										
COL- LEGE	18.										
	19.										
PROFES- SIONAL SCHOOL	20.										
	21.										
INTERNSHIP, RESIDENCY AND FELLOWSHIP											
HOSPITAL AND LOCATION					DATE COMPLETED		TIME	TYPE			
					DAY	MO	YR				
INTERN- SHIP	22.										
	23.										
RESI- DENCY AND FELLOW- SHIP	24.										
	25.										
	26.										
MILITARY SCHOOLING AND TRAINING											
SCHOOL OR STATION AND LOCATION					DATES OF TRAINING		COURSE OR TYPE OF TRAINING				
					FROM	THRU					
27.											
28.											
29.											
30.											
CERTIFICATIONS											
31. CERTIFIED BY EDUCATIONAL COUNCIL FOR FOREIGN MEDICAL GRADUATES <input type="checkbox"/> YES <input type="checkbox"/> NO			32. TYPE OF CERTIFICATION <input type="checkbox"/> STANDARD <input type="checkbox"/> TEMPORARY			33. DATE ISSUED		34. EXPIRATION DATE			
35. CERTIFIED BY THE AMERICAN BOARD OF:			36. DATE		37. SUBSPECIALTY (Recognized by an American Specialty Board after examination)			38. DATE			
39. CURRENT LICENSE OR REGISTRATION (Identifying No., State or National and Year, limitations, if any)							40. DIPLOMATE OF NATIONAL BOARD OF MEDICAL EXAMINERS <input type="checkbox"/> YES <input type="checkbox"/> NO				

EXPERIENCE					
MAIN CIVILIAN EMPLOYMENT					
NAME AND ADDRESS OF EMPLOYER	FROM	THRU	SPECIALTY	PCT OF TIME	DUTY
41.					
42.					
43.					
44.					
45.					
46.					
47.					
48. NONPROFESSIONAL EMPLOYMENT CONFINED TO THE FIELD(S) OF:					
TEACHING ASSOCIATIONS AND APPOINTMENTS WITH PROFESSIONAL SCHOOLS				VISITING STAFF HOSP APPOINTMENTS	
INSTITUTION AND LOCATION	TYPE		FROM	THRU	INSTITUTION AND LOCATION
49.					52.
50.					53.
51.					54.
RESEARCH ACTIVITIES				57. SPECIAL FIELD OF PROFESSIONAL INTEREST	
INSTITUTION AND LOCATION	FIELD	FROM	THRU		
55.					
56.					
MEMBERSHIP IN PROFESSIONAL SOCIETIES AND ASSOCIATIONS					
ORGANIZATION		YEAR	ORGANIZATION		YEAR
58.			61.		
59.			62.		
60.			63.		
PRINCIPAL ASSIGNMENTS IN MILITARY SERVICE					
STATION AND LOCATION		PRINCIPAL DUTY		FROM	THRU
64.					
65.					
66.					
67.					
68.					
69.					
70.					
71.					
REMARKS <i>(Indicate items of importance that could influence assignment or be of value for promotion)</i>					
THE INFORMATION FURNISHED IN ITEMS 1 THROUGH 71, ABOVE IS FACTUAL, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.					
DATE	TYPED OR PRINTED NAME AND GRADE		SIGNATURE		