

IAPPLICATION PACKET CHECKLIST FOR IPAP TRAINING PROGRAM

_____(NAME) _____(SSN) _____(STATE)

____A. Applicant's handwritten (typed copy must be provided underneath), one page letter of intent explaining motivation for seeking PA training, and expectations upon completion.

____B. Biographical Sketch/Summary (IAW NGR (AR) 600-200 or NGR (AR) 600-100, as applicable - Enlisted/Officer)

____C. Three letters of recommendation - current within 12 months.

____1. Unit Commander.

____2. ARNG (Officer) Physician Assistant (SP) or Physician (MC)

____3. Individual in a position to evaluate professional competence and technical ability.

____4. Additional ARNG AMEDD Officer letters of recommendation if available

____D. Current DA Form 705, Army Physical Fitness Test (APFT) Score Card -**current within 6 months of the selection board date.**

____E. Most recent NCO Evaluation Report (NCOER)/Officer Evaluation Report (OER) - last three (3), if applicable. NOTE: If applicant is not an NCO, it is highly recommended that a developmental counseling form (DA Form 4856) is completed by their first sergeant or company commander which provides an indication of the soldier's level of performance for the board's review. All evaluations **MUST** be profiled.

____F. Certified copy DA Form 2-1, ERB or ORB.

____G. Official DA Photograph, (If deployed, you may submit a 5"X8" photo in ACU/DCUS). If an Official DA Photo is not available in the US.

____H. DA Forms 2808 and 2807-1, Report of Medical Examination and Report of Medical History to include alcohol/drug test and date and results of last HIV test. Physical IAW Chapter 2, AR 40-501 - current within 2 years from start date of the course. Chap 3 Retention Physical for current officers and Chap 2 Commissioning Physical for enlisted soldiers.

____I. Copy of Baccalaureate level college degree(s) and higher - if applicable.

____J. Official College transcripts evaluated and approved by the Univ. of Nebraska. Credit hours need to be reflected as semester hours.

____K. SAT Scores (5 yrs and under are acceptable) **SAT 1** is the test of choice.

____L. Copies of Professional Licenses and Registrations.

____M. required waivers. (**Must be approved before IPAP packet is forward to NGB**)

____N. Letter of application to include required statements.

____O. Personnel Qualification Record (PQR).

____P. Applicable copies of Medical Awards, Certificates.

____Q. Medical prior service documents (for experience evaluation only - i.e., DA Fm 1059s, DO Fm 214s, etc.)

____R. NGB Form 62-E, Application for Federal Recognition (Endorsements 1 and 2 needs to be completed.)

____S. Original verification of security clearance memo - must have secret clearance, or evidence of a clearance in progress.

____T. Memorandum indicating Soldier's physical meet all the requirements to be a Physician Assistance IAW AR 40-501, Chapter 2 - signed by State Surgeon. (**ENCLOSURE 3**)

____U. Memorandum indicating Federal Recognition eligibility - signed by State Personnel Officer.

State POC: _____ State POC E-mail Address: _____