FY 2005 TOP KNIFE APPLICATION

Fighter Surgeons School Application

NAME: _____ DATE: _____

RANK: _____ SSAN: _____ Military Component: _____

Military Unit Address:

Unit Phone DSN: _____ COM: _____

FAX DSN: _____ COM: _____

Assigned Aircraft: _____ Previous Assigned Aircraft: _____

Completed Aerospace Medicine Course (AMP)? YES ☐ NO ☐ Date Completed: _____

Medical Speciality: _____

Home Address: Home Phone: _____

E-mail Home Address: _____

Office Address: Office Phone: _____

Office FAX: _____

E-mail Office Address: _____

Note: A program information package, including required personal equipment items and billeting information, will be provided to you approximately 30 days prior to your class start date by the Schoolhouse Registrar. The Schoolhouse Registrar can bereached at DSN 830-6684, or COM (541) 885-6684. E-mail "Schoolhouse.173FW@ORKLAM.ANG.AF.MIL". Medical Facility contact is MSgt Doreen League at DSN 830-6139, COM (541) 885-6139 and FAX DSN 830-6608, E-mail "Doreen.League@ORKLAM.ANG.AF.MIL".

If not chosen as a primary candidate, would you be willing to be placed on an alternate candidate list? YES ☐ NO ☐

If YES, how many days advance notice would you require prior to course start date? _____

_____ _____

(Applicant's Signature) *(Date)*

PREVIOUS YEARS APPLICATIONS WILL NOT BE ACCEPTED FOR CURRENT FISCAL YEAR ATTENDANCE