



Request a Clinical Rotation at Womack Army Medical Center (WAMC)



In order to request a rotation at WAMC, please email the following items of information to usarmy.bragg.medcom-wamc.list.dme-gme@mail.mil. Ensure that your request is complete (answer all questions that pertain to your request).

WARNING:

Emailing of this information is at the discretion of the applicant and uses the applicant's email system. Womack Army Medical Center does NOT assume any liability for the interception of the information contained on this form. When ready to submit this form, contact the GME Student Coordinator using the email above to request a file drop off link from the DoD SAFE Site

Date of Request: _____

1. Name (First, Middle Initial, Last) _____

2. Last 4 of SSN or DoD ID Number _____

3. DOB: _____

4. Name of School: _____

5. Clinical area: _____ If Other: _____

6. Interview Rotation: Yes No

7. Dates of rotation: _____
(mm/dd/yy - mm/dd/yy)

8. Type of student: _____ If Other: _____

9. Branch of Service: Army Air Force Navy N/A

10. Type of Rotation: ADT Non-ADT

11. Phone Numbers: CP _____ Home _____

12. Email: _____

13. CAC: Yes No

14. CHCS/AHLTA Yes No

15. Essentris Yes No

16. Post Access Yes No

PRIVACY ACT INFORMATION:

The authority for collection of information is Title 10, U. S. Code, section 1552, EO 9397. The principal purpose is for the enrollment of students at Womack Army Medical Center (WAMC). Routine Use: None. Disclosure is voluntary; however, failure to provide identifying information may impede your ability to request and enroll at WAMC.