AFRC Form 23 is a manilla envelope. Order through PDO channels from the AFRC CPDC.

FC: 3640

HEALTH PROFESSIONS APPLICATIONS CHECKLIST

HEALTH CARE PRACTITIONER YES ☐ NO ☐

APPLICANTS NAME *(Last, First, MI)*	SSN	RECRUITER	PROGRAM

INSTRUCTIONS: To be used in accordance with AFRCI 36-2001 and AFI 36-2005. Section 1 includes items required for all applicants. Section 2 is Corps specific. Initial block upon completing item, or when document received. Items indicated with an asterisk (*) do not accompany appointment application. Items indicated with pound (#) sign are required for assignment actions.

SECTION I GENERAL CORPS DOCUMENT

FORMS		PRIOR SERVICE DOCUMENTS		WAIVER/DETERMINATIONS	
#AFRC FORM 7*		STANDARD FORM 180		AF FORM 357	
AFRC FORM 136 *		#PRIOR SERVICE RECORDS		COURT ORDER/DIVORCE DECREE	
#AF FORM 883 *		DD FORM 368		FINANCIAL STATEMENT	
AF FORM 2030 (+1 Copy)		STATEMENT OF SERVICE/POINT SUMMARY		DEPENDENCY DETERMINATION	
AF FORM 24 (+ 2 Copies)		#LAST THREE OPRS/EPRS		APPROPRIATE DOCUMENTS	
#AF FORM 1288 (+ 2 Copies)		#DISCHARGE ORDER/CERTIFICATE		DD FORM 369	
#ARPC FORM 22		LETTER OF APPOINTMENT			
SECURITY CLEARANCE		**STATEMENTS OF UNDERSTANDING**		**INCENTIVE PROGRAM**	
#SF 86 *(2 Originals)*		SECURITY INVESTIGATION		AF FORM 3046	
FD 258 *(2 Originals)*		COMMISSIONED OFFICER TRAINING AGREEMENT		STIPENT COVER SHEET	
VERIFICATION OF CLEARANCE FOR PRIOR SERVICE,		SENATE CONFIRMATION		BONUS CONTRACT	
INCLUDE LEVEL, TYPE OF INVESTIGATION AND DATE.		CONTACT LENS		BONUS COVER SHEET	
PHYSICAL		UNDERSTANDING FOR RETENTION		DD FORM 2058	
#SF 88 *(+ 2 Copies)*		TWICE DEFERRED/ONCE DEFERRED FOR INTERSERVICE TRANSFER		SF 1199A	
#SF 93 *(+ 2 Copies)*				FORM W-4	
#SF 520 *(Resting EKG)*		FLIGHT SURGEON/FLIGHT NURSE COURSE		AF FORM 594	
# CARDIAC RISK INDEX		REQUEST/WHY APPOINTMENT IS DESIRED			
#DD FORM 2697 *(As required)*		BIOENVIRONMENTAL ENGINEER/HEALTH SERVICES ADMINISTRATION/ENVIRONMENTAL HEALTH COURSE			
#AF FORM 895 *(As required)*					
		DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER			

SECTION II PROFESSIONAL DOCUMENTS AND CERTIFICATIONS

(Instructions: Applicable Corps requirements are annotated)

INITIAL LICENSE (MC/DC/NC/BSC)		DIPLOMA *(MC/DC/NC/BSC/MSC)*		AF FORM 28XX* *(MC/DC/BSC)*	
#CURRENT LICENSE *(MC/DC/NC/BSC)*		TRANSCRIPT *(MC/DC/NC/BSC/MSC)*		GMAT/GRE SCORES *(MSC)*	
DEA LICENSE (MC/DC)*		NATIONAL BOARD SCORES*		#CURRICULUM VITAE/RESUME	
CREDENTIALS FILE WHERE PRIVILEDGED (MC/DC)*		POST GRADUATE TRAINING CERTIFICATE *(MC/DC/NC/BSC)*		LETTER OF RECOMMENDATION *(MSC)*	
#FEDERATION OF STATE MEDICAL BOARDS* *(MC)*				#RELEASE OF LIABILITY	
#NATIONAL PRACTITIONER DATA BANK *(DC/NC/BSC)*		#MALPRACTICE DOCUMENTS *(MC/DC/NC/BSC)*		PRECREDENTIAL SCREENING *(UNIT PRACTITIONERS)*	
BOARD CERTIFICATION (MC/DC)*		VERIFICATION LETTER, CURRENT RESIDENCY *(MC/DC)*			
CERTIFICATION (NC/BSC)		AF FORM 244* *(DC)*			
ECFMG/FIFTH PATHWAY (MC/DC)		AF FORM 1541* *(MC/DC/NC/BSC)*			
		AF FORM 1562* *(MC/DC/NC/BSC)*			

AFRC FORM 23, OCT 97 PREVIOUS EDITION IS OBSOLETE