



**ARMY MEDICINE  
DEVELOPMENTAL ASSIGNMENT PROGRAM**



**SECTION I: POSITION INFORMATION**

ANNOUNCEMENT OPENING DATE		ANNOUNCEMENT CLOSING DATE
SPONSORING ORGANIZATION		
NAME OF DEVELOPMENTAL ASSIGNMENT OPPORTUNITY		
POC NAME		POC PHONE
POC EMAIL ADDRESS		ASSIGNMENT LOCATION
PAY PLAN-SERIES-GRADE	DURATION	DESIRED START DATE

**SECTION II: QUALIFICATION INFORMATION**

ABOUT THE POSITION
WHO MAY APPLY
QUALIFICATIONS

**LEARNING OBJECTIVES**

**OTHER PROVISIONS OR INFORMATION SPECIFIC TO THIS ASSIGNMENT**

**SECTION III: APPLICATION SUBMITTAL PROCESS**

**HOW AN APPLICANT SHOULD APPLY TO THIS ASSIGNMENT**

Submit application packet with supervisor and O-6/GS-15 endorsement and any other required documents via email to the POC listed above.

**SECTION IV: ORGANIZATIONAL AND EMPLOYEE RESPONSIBILITIES**

**PERMANANT ORGANIZATION RESPONSIBILITIES**

**HOST ORGANIZATION RESPONSIBILITIES**

**EMPLOYEE RESPONSIBILITIES**