



ARMY MEDICINE
DEVELOPMENTAL ASSIGNMENT PROGRAM
APPLICATION CHECKLIST



APPLICANT NAME, EMAIL & PHONE	
SUPERVISOR NAME, EMAIL & PHONE	
PERMANENT POSITION	ORGANIZATION & LOCATION
DEVELOPMENTAL ASSIGNMENT POC INFORMATION	
DAP SUPERVISOR NAME, EMAIL & PHONE	
DAP POSITION TITLE	DAP ORGANIZATION & LOCATION

Ensure you have included all required items with your application package & submit as instructed on the Announcement Form.

Current Resume

Civilian Career Brief

Civilian Education System completion or equivalent

Supervisor Endorsement

O-6/GS-15 Endorsement

Current, approved Individual Development Plan

Continued Service Agreement

Verification of any required licenses, certifications, or other required credentials

By signing below, I verify I meet all requirements on the Developmental Assignment Form & all DAP eligibility requirements