



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.wamc-gme@mail.mil. Ensure that your request is complete (answer all relevant questions).

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. Use the following site for encrypting any emails sent to WAMC:

<https://safe.amrdec.army.mil/SAFE/Welcome.aspx>

DATE OF REQUEST: _____

1. Name (First, Middle Initial, Last) _____
2. SSN: _____
3. DOB: _____
4. Name of School: _____
5. Clinical area: _____
6. Interview Rotation: Yes No
7. Dates of rotation: _____
(mm/dd/yy - mm/dd/yy)
8. Type of student: _____
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.