



## DEPARTMENT OF GRADUATE MEDICAL EDUCATION

WALTER REED NATIONAL MILITARY MEDICAL CENTER  
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Phone: 301-319-0537 Fax: 301-295-9186

### NIH-Fellow CHCS Check-in

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle  
Initial \_\_\_\_\_

SSN: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Rotation Dates: \_\_\_\_\_

Email Address: \_\_\_\_\_

Program: \_\_\_\_\_

PGY Level: \_\_\_\_\_

Training Start Date: \_\_\_\_\_

Training End Date: \_\_\_\_\_

Gender: M or F

Branch of Service: USA                      USN                      USAF                      USPHS                      CIV

Rank: \_\_\_\_\_

Degree: MD                      DO                      DDS                      CIV

National Provider Number (NPI)

\_\_\_\_\_ Medical License Number/State:

\_\_\_\_\_ DEA Number:

\_\_\_\_\_