

**INTERVIEW REQUEST FORM  
NAVAL MEDICAL CENTER CAMP LEJEUNE**

First Name:

Last Name:

Middle Initial:

E-Mail Address:

Cell Phone Number:

Rank:

Name of medical school and/or current unit:

Year you are applying for:      PGY-1      PGY-2

**Interviews are on Thursday mornings from 11 July to 3 October.**

Preferred interview date:

Date:                      Time(**EST**):      0800      0900      1000      1100

Alternate interview date:

Date:                      Time(**EST**):      0800      0900      1000      1100

Type of Interview:      In Person      Phone/Virtual

Please submit the following documents along with your request:

- CV
- Personal Statement
- Professional Headshot in Uniform
- STEP scores

Additional Comments:

**Please return form to:**  
usn.lejeune.navmedcenc1nc.list.nmccl-fmc-gme-coordinator@health.mil