

**U.S. ARMY ROTC DENTAL EXAM REQUIREMENTS
STATEMENT**

(Cadet Command PAM 145-4)

DATA REQUIRED BY THE PRIVACY ACT OF 1974

1. AUTHORITY: CC PAM 145-4.
2. PRINCIPAL PURPOSE(S): To notify ROTC Cadet Command that dental requirements have been met.
3. ROUTINE USES: To maintain count of acceptable/discrepancies (when they will be completed) to enable ROTC Cadet Contracted/Noncontracted Cadet to meet requirements IAW with above stated regulations. Information is also used to enable cadets enrolled in the AROTC program at NMSU Army ROTC to be transported using government owned or government contracted transportation when deemed necessary and will be included in the cadet personnel file. Information is used by ROTC Cadet Command and to provide specific data to ROTC Regions and PMS.
4. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: All data is mandatory. Individuals who do not provide this data will not be allowed to be transported on any government owned or government contracted transportation, no exception(s) to this rule is allowed.

1. NAME OF INSTITUTION:

McDaniel College

2. SCHOOL CODE: **002109**

3. NAME OF CADET: (Please Print)

4. SOCIAL SECURITY NUMBER

5. ACCEPTABLE DENTAL DOCUMENT(s): (Initial all that have been completed)

____ Bite Wing X-Rays

____ Orthodontic Profiles

____ Dental X-Rays

*** Scheduled date of outstanding dental requirements: (Please input scheduled apt date)

** Bite Wing X-Rays _____

** Orthodontic Profiles _____

** Dental X-Rays _____

**DENTIST INFORMATION DESIGNEE
(PLEASE PRINT CLEARLY)**

1. Dentist Name: _____
(Include the practice name)

2. Dentist Address: _____

3. Dentist Phone Number: () _____

6. CADET STATUS:

____ 1 Contracted Scholarship Cadet

____ 2 Contracted NonScholarship Cadet

____ 3 Non-Contracted Cadet

____ 4 Participating Student

____ 5 Other (Please Explain) _____

I, THE UNDERSIGNED, DO HEREBY ACKNOWLEDGE THAT THE ABOVE STATEMENT INFORMATION IS CORRECT AND TRUE.

8. SIGNATURE:

9. DATE: