

NAME (Last, First, Middle Initial)				TEMP GRADE & DATE		PERM GRADE & DATE		(Check one) <input type="checkbox"/> RA <input type="checkbox"/> USAR	
DATE OF BIRTH	RELIGION	SERVICE AGREEMENT	EXPIRATION DATE	DATE CURRENT TOUR AD	PMOS	SMOS	DMOS		
MARITAL STATUS (Check one) <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> OTHER		MAIDEN NAME			WIFE OR HUSBAND'S NAME				
LOCAL ADDRESS (Include Zip Code)					TELEPHONE NUMBER		SECURITY CLEARANCE		
NEXT OF KIN INFORMATION									
NAME AND RELATIONSHIP			ADDRESS (Include Zip Code)				TELEPHONE NUMBER (Include Area Code)		
SCHOOL OF NURSING INFORMATION									
NAME OF SCHOOL			STATE	YEAR	DIPLOMA	DEGREE-YEAR	MAJOR FIELD		
CURRENT REGISTRATION				EXPIRATION DATE			DATE RETURNED FROM OVERSEAS		
STATE AND YEAR	REGISTRATION NUMBER			EXPIRATION DATE			DATE RETURNED FROM OVERSEAS		
PROFESSIONAL ORGANIZATION MEMBERSHIPS (Check applicable box(es)) <input type="checkbox"/> AMERICAN NURSES ASSOCIATION <input type="checkbox"/> NATIONAL LEAGUE FOR NURSING <input type="checkbox"/> OTHER (Specify)									
NURSING ASSIGNMENT PREFERENCE									
FIRST	SECOND		THIRD			ASSIGNED		DATE	

DA FORM 3887 APR 2010

PREVIOUS EDITIONS
ARE OBSOLETE

NURSING DEPARTMENT - ARMY NURSE CORPS DATA
For use of this form, see AR 40-3; the proponent agency is
Office of The Surgeon General

DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 U.S.C. 552a)

1. **AUTHORITY:** 5 US Code 301, Departmental Regulations. 10 US Code 1071, Medical & Dental Care Purposes. 42 US Code, Social Security. 44 US Code 3101, Record Management by Agencies, General Duties.

2. **PRINCIPAL PURPOSE(S):** This form is to provide a ready source of professional and personal information on each Army Nurse Corps officer in the Office of the Chief, Department of Nursing. During inprocessing to a medical treatment facility, individual officers complete this data card and report necessary changes as these occur.

3. **ROUTINE USES:** The DoD 'Blanket Routine Uses' set forth at the beginning of the Army's compilation of systems of records notices also apply to this system.

4. **MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:** Voluntary; however, failure to provide the requested information may result in the improper utilization/assignment of Army Nurse Corps officer and safe, effective nursing care to patients.

