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Personnel-General

Army Medical Department Officer Development and Career Management

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SUMMARY of CHANGE

DA PAM 600-4

Army Medical Department Officer Development and Career Management

This major revision dated 27 June 2007--

- o Incorporates the Army Values and the Warrior Ethos into officer personnel management (chap 1).
- o Adds chapter 3, Army Medical Department Officer Career Management.
- o Introduces the evolving changes to the Officer Education System (chap 4).
- o Adds chapter 5, Officer Promotions, identifying current Army promotion policies and specific guidelines for Army Medical Department officer promotions.
- o Adds chapter 6, Reserve Component Army Medical Department Officer Development and Career Management, providing detailed information on Army Reserve and Army National Guard Army Medical Department officers.
- o Describes the Command Selection System process and the evolving changes in managing Army Medical Department command selection list command positions (chap 7).
- o Includes major revisions to each Army Medical Department Corps chapter, and updated life cycle models (chaps 8 through 13).
- o Includes career development of Army Medical Department warrant officers (chaps 10 and 13).


Personnel-General

Army Medical Department Officer Development and Career Management

By Order of the Secretary of the Army:

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provides guidance on leader development concepts and responsibilities, information on opportunities for Army Medical Department command positions, detailed information on development and management of Reserve Component Army Medical Department officers, and outlines Army promotion policy including special considerations for Army Medical Department officers.

Applicability. This pamphlet applies to the Active Army, the Army National Guard/Army National Guard of the United States, and the U.S. Army Reserve unless otherwise stated.

Proponent and exception authority.

The proponent of this pamphlet is The Surgeon General. The proponent has the authority to approve exceptions or waivers to this pamphlet that are consistent with controlling law and regulations. The proponent may delegate this approval authority, in writing, to a division chief within the proponent agency or its direct reporting unit or field operating agency, in the grade of colonel or the civilian equivalent. Activities may request a waiver to this pamphlet by providing justification that includes a full analysis of the expected benefits and must include a formal review

by the activity's senior legal officer. All waiver requests will be endorsed by the commander or senior leader of the requesting activity and forwarded through their higher headquarters to the policy proponent. Refer to AR 25-30 for specific guidance.

Suggested improvements. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to Office of The Surgeon General (DASG-PTZ), 5109 Leesburg Pike, Falls Church, VA 22041-3258.

Distribution. Distribution of this publication is available in electronic media only and is intended for command levels A, B, C, D, and E for the Active Army, the Army National Guard/Army National Guard of the United States, and the U.S. Army Reserve.

History. This publication is a major revision.

Summary. This pamphlet outlines commissioned and warrant officer development and career management programs for each of the Army Medical Department's six Corps. It does not prescribe a path of assignments and educational opportunities that will guarantee success. Instead, it describes the full spectrum of developmental opportunities and programs for all Army Medical Department commissioned and warrant officers throughout a career. In addition, this pamphlet

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Glossary

Chapter 1 Introduction

1-1. The Army Medical Department

a. This pamphlet provides guidance to commanders, career managers, mentors and individual officers concerning leader development to include the duties, responsibilities, and roles of commissioned and warrant officers of the Army Medical Department (AMEDD) in support of the U.S. Army and the Department of Defense (DOD). Leader development and career management of AMEDD officers in the Regular Army (RA) and Reserve Components (RCs) (the Army National Guard of the United States (ARNG), and the U.S. Army Reserve (USAR)) are addressed in this pamphlet. This pamphlet should also be used as a general guide to plan assignments, education, and training for optimum military service by each AMEDD officer. Similar concepts for Human Resources Command (HRC) managed branches operating under the Officer Personnel Management System (OPMS) are outlined in DA Pam 600-3. This pamphlet will be used in conjunction with DA Pam 600-3 to provide a basic frame of reference for career managers at all levels and individual AMEDD officers.

b. The AMEDD is unique in terms of commissioned officer human resource management because it and the other special branches are not formally integrated into OPMS, which provides the framework for HRC officer career management programs and policies. The AMEDD officers, like their basic branch-managed counterparts, are highly skilled and trained in their specialties. However, the primary difference stems from the specialized nature of modern health care which requires the development of single highly specialized skills rather than the multiple skills identified in the "dual track" concepts of OPMS. The mission of the AMEDD is to provide health services for the Army and, as directed, for other agencies, organizations, and the other Services. Since the establishment of the Medical Department in 1775, six officer Corps or branches have been developed to provide the leadership and professional expertise necessary to accomplish the broad Soldier support functions implicit to the mission. Success in accomplishing the AMEDD mission lies in teamwork among all health professionals while providing optimum health care to Soldiers, their families, and other beneficiaries.

c. The key to the distinctive human resource management system of the AMEDD is the Corps. The AMEDD is composed of six Corps. The separate nature of the many disciplines within the six Corps, comprising the total health care delivery system, dictates some diversity in approach to management of the personnel within that system. Although separate and unique, the six Corps cannot effectively function apart from one another due to the commonality created by the mission.

1-2. References

Required and related publications and prescribed and referenced forms are listed in appendix A.

1-3. Explanations of abbreviations and terms

Abbreviations and special terms used in this pamphlet are explained in the glossary.

1-4. Warrior Ethos and Army Values

Everything begins with the Warrior Ethos. Warrior Ethos compels Soldiers to fight through all conditions to victory no matter how much effort is required. It is the Soldiers selfless commitment to the nation, mission, unit, and fellow Soldiers. It is the professional attitude that inspires every American Soldier. Warrior Ethos is grounded in refusal to accept failure. It is developed and sustained through discipline, commitment to Army Values, and pride in the Army's heritage. Warrior Ethos is the foundation for our total commitment to victory in peace and war. It is the conviction that military service is much more than just another job. It defines who officers are and what officers do. It is linked to long-standing Army Values and the determination to do what is right and do it with pride. Soldiers enter the Army with their own values, developed in childhood and nurtured through experience. We are all shaped by what they have seen, what we have learned, and whom we have met. But once Soldiers put on the uniform and take the oath, they have opted to accept a Warrior Ethos and have promised to live by Army Values. Army Values form the very identity of the Army. They are non-negotiable and apply to everyone at all times in all situations. The trust that Soldiers have for one another and the trust the American people put in Soldiers demands that Soldiers live up to these values. These values are interdependent; that is, they support one another. You cannot follow one value and ignore another. The seven values that guide the Army are Loyalty, Duty, Respect, Selfless Service, Honor, Integrity, and Personal Courage. Leaders must believe in these values, model them in their personal actions, and teach others to accept them. AMEDD Officers require a demonstrated mastery of the Military Healthcare System, their branch, functional area, or MOS specific skills, and grounding in these seven values to successfully lead Soldiers in the 21st Century. Officer leaders who adopt a Warrior Ethos and a Joint expeditionary mindset will be confident that they are organized, trained, and equipped to operate anywhere in the world, at any time, in any environment, and against any adversary to accomplish the assigned mission.

1-5. Army Medical Department Officer Career Management System overview

a. *Objectives of Army Medical Department officer career management.*

(1) Provide quality officers in sufficient numbers, and with the appropriate grades and skills, to meet the health manpower requirements of the Army, taking maximum advantage of the education, abilities, and interests of the individual officer.

(2) Ensure continuation of education and training that provides the opportunity to grow both as a military officer and as a health professional.

(3) Assign officers where they can maximize their talents and training in the health care delivery system and meet individual desires and preferences.

(4) Facilitate a high degree of motivation, professional opportunity, and career satisfaction among the six AMEDD Corps.

b. Responsibility for career management. The Surgeon General (TSG) is responsible for AMEDD officer career management within the policies established by the G-1, Headquarters, Department of the Army (HQDA). This responsibility is executed through the Director of Human Resources, Office of the Surgeon General (OTSG), and the Commander, HRC, who manage Active Army AMEDD officers with the advice and assistance of the AMEDD Corps chiefs and the professional Consultants. Career management and development of active duty AMEDD officers is the primary function of each AMEDD branch, Health Services Division, HRC (See Chapter 3). It is here that the fundamental personal contact between the officer and his/her "branch" occurs. ARNG AMEDD officers not on extended active duty are managed by the Military Personnel Officer (MILPO) of the ARNG organization in each State. Each ARNG State Area Command (STARC) has a MILPO with an officer management branch possessing the authority to make area of concentration (AOC) changes within regulatory guidance. AMEDD officers in the USAR not on extended active duty are managed by Career Management Officers (CMOs) at the Human Resources Command/St. Louis (HRC-STL). Active Guard Reserve (AGR) officers in the USAR are managed by CMOs at the Full Time Support Management Directorate (FTSMD). The ARNG AGRs are managed by Support Career Management Officers according to NGR 600-5 (see chap 6)

c. Army Medical Department career managers and the individual. Career management is effective when the qualitative manpower requirements of the Army, the training and skills of the individual, and the desires and career development of the officer concerned are balanced. Knowledge of requirements is usually the known or given part of the career management equation. The individual officer's needs, on the other hand, are more difficult to determine. Human Resource managers and AMEDD officers must effectively communicate with each other to ensure the continued successful progression of career assignment, education, and utilization.

(1) *Active Army officers.* In the absence of dialogue with the HRC Branch or lack of written communication, the career manager may not be aware of personal goals, interests, and individual situations of the officers managed. Active Army Officers should communicate career goals and interests to their rater, other appropriate personnel in their chain of command, their AOC Consultant, and their career manager in the AMEDD Branch, Health Services Division, HRC.

(2) *Reserve Component officers not on extended active duty assigned to units.* Human Resource management and career service support is provided by the unit's Reserve and full-time unit support. Officers should communicate career goals and interests to their raters and other appropriate leaders in the chain of command. The STARC MILPO and the PMO at HRC-STL are also available to provide career guidance and general information about assignment opportunities.

(3) *U.S. Army Reserve officers assigned to the Individual Mobilization Augmentee Program.* Career management is a joint responsibility of the individual mobilization augmentee (IMA) agency to which the officer is assigned and HRC-STL. The HRC-STL PMO coordinates with these agencies to provide "umbrella" career management and support to IMA officers. IMA officers are encouraged to maintain contact with the HRC-STL PMO.

(4) *U.S. Army Reserve officers assigned to the Individual Ready Reserve.* HRC-STL is the agency responsible for career management and support of IRR officers. It is critical that the IRR officer maintain frequent contact with the HRC-STL PMO to ensure that readiness issues and opportunities to pursue career goals are considered.

1-6. Army Medical Department warrant officer

The AMEDD Warrant Officers fill special roles, unique and distinct from those of other officers. The Total Warrant Officer system introduced a number of substantial changes including a new definition of the warrant officer: "An officer appointed by the Secretary of the Army based upon a sound level of competence. The warrant officer is the highly specialized expert and trainer who, by gaining progressive levels of expertise and leadership, operates, maintains, administers, and manages the Army equipment, support activities, or technical systems for an entire career." Additional information pertaining to AMEDD Warrant Officer career development and career management may be found in the Medical Service Corps (chap 10) and Veterinary Corps (chap 13) chapters. The Surgeon General is the proponent for AMEDD Warrant Officers.

1-7. Force Stabilization and career development

a. General. Force Stabilization manning practices and policies will be the cornerstone of a modular Future Force with a Joint expeditionary mindset. The Force Stabilization approach to manning will provide increased levels of readiness and combat effectiveness for Army units by implementing several personnel turbulence reducing manning

methods. It will reduce moves, stabilize, and provide predictability for Soldiers and families. It provides the basis for synchronizing the Soldier's life cycle to the unit's operational style.

b. Strategies. The Force Stabilization process will be based on 2 primary manning strategies— unit focused stability (UFS) (including life cycle and cyclic methods) and stabilization (includes individual replacement system). The individual replacement system will continue to exist, to some extent, to meet Army Transformation human resource goals, and retain flexibility and sustainability for units with a constant mission requirement.

(1) *Unit focused stability.* This consists of 2 stabilization methods: life cycle and cyclic. Cyclic management is a combination of the advantages of the individual replacement system and life cycle management.

(2) *Life cycle management.* Units will initiate life cycle management as designated by the DCS, G-3 implementation timeline. Life cycle manning synchronizes Soldier assignments with the unit's operational cycle. Goals of this manning method are to build better trained and cohesive units and to maximize a unit's readiness and deployability during its ready phase. Total optimal cycle length is 36 months.

(a) There are 3 phases in a life cycle— reset, train, and ready. The reset phase is the conclusion of the current life cycle and initiation of a subsequent iteration. It will last approximately 2 months. During the reset phase incoming and outgoing personnel simultaneously conduct transition activities. (HHG, CIF, in/out process, property and equipment transfer, and so forth). In the training phase, life cycle units conduct a specified period of focused training from individual through collective, culminating with a validation exercise at a Combat Training Center (CTC) or a Mission Readiness Exercise (MRE) in a local training area. The ready phase marks an approximately 2 year period in which a unit is available for employment. During this phase a unit can be scheduled for Deployment Ready Brigade (DRB) type missions and incorporated into the Division's Personnel, Tasking, and Training Management System (PTTMS), which outlines red, amber, and green cycles. Individual and collective level sustainment training continues throughout the ready phase.

(b) Officers assigned to a life cycle management unit will be synchronized to arrive during the reset phase of the unit operational cycle. For the remainder of the unit's operational cycle, officers will remain in the unit, training and preparing for war, deployment, or any expeditionary requirement. The unit commander is responsible for repositioning officers to appropriate leadership positions, as required.

(c) In life cycle units, most losses are replaced in an annual replacement package. Critical losses are replaced using individual replacements in a specific grade and MOS to cover the loss of personnel in unique positions limited to 10 percent of the authorizations.

(d) Promotions will not automatically alter positions. For example, there is nothing inherently wrong with a captain (CPT/O-3) who performs as a company executive officer. If promotion causes the officer to be excess to authorized positions of the unit, the officer will remain in the assignment until the conclusion of the unit life cycle. Such action will not be considered negatively when determining the officer's future potential for promotion. The unit commander may reassign the officer anywhere inside the unit to best accomplish the unit's missions.

(e) Officer attendance at military and professional development courses is preferred during the reset phase. Commanders may send officers to these courses in a TDY and return status during the ready phase when it does not conflict with operational requirements.

(3) *Cyclic management.* Cyclic management is focused on headquarters elements above brigade level and low density/high impact units where continuity of operations is paramount. The goals of cyclic management are to synchronize the Soldier's assignment to the operational cycle of the unit, for the purpose of increasing unit readiness and cohesion, while retaining flexibility in career management. Cyclic management consists of 2 phases, a sustain phase and a ready phase. During the 1-2 month duration of the sustain phase, leader and Soldier assignments are organized into personnel replacement packages synchronized to arrive within this short phase. The ready phase begins at the end of the sustain phase and continues approximately 10 months to the beginning of the subsequent sustain phase. New personnel are rapidly integrated into the team as this integration only occurs once per cycle. Total cycle optimum length is 12 months.

(a) Officers assigned to a cyclic-managed unit are synchronized to arrive at the beginning of the sustain phase of the unit operational cycle. Each officer assigned to this unit remains in the unit for their stabilized tour, which is a multiple of the cycle lengths. Officers will depart during the sustain phase at completion of their 36-month tour but prior to the unit preparing for its next ready phase. In a cyclic-managed unit, losses are replaced using individual replacements in a specific grade and MOS to replace the loss of personnel in critical positions. Promotion eligibility windows will be considered in assignments to cyclic-managed units. If promotion timing causes officers to be excess to the authorized positions of the unit, the officer will remain in the unit until the next sustain phase. Officers will not be penalized for working temporarily in a position below their current rank. Movement of personnel within the cyclic-managed unit is at the discretion of the unit commander.

(b) Battalion/brigade command tour length policy does not require adjustment for cyclic-managed units. Changes of command will be synchronized to occur during a sustain phase.

(c) Officer attendance at military professional development courses is preferred during the sustain phase. Commanders may send officers to these courses in a temporary duty (TDY) and return at anytime except during an operational deployment.

(4) *Stabilization.* The stabilization strategy is a set of policy and regulatory constraints, overlaid on the existing career management system, which provides for longer initial tours at selected major continental United States (CONUS) locations. The goal is to stabilize Soldiers and families for as long as possible, moving those only to support requirements based upon needs of the Army, leader development, and Soldier preference. Stabilization through company level assignments would optimize cohesion within the units. Soldiers attend professional development courses such as the Captain's Career Course and return to their stabilization unit whenever possible. Following this initial "extended" tour, leaders, when appropriate, will serve repetitive assignments at their stabilized installation or region unless they are required to depart for professional development or institutional Army requirements.

(a) Stabilization will initially begin at CONUS installations which house Table of Organization and Equipment (TOE) maneuver combat brigades. Expansion to other installations will be based on those installation's capabilities to sustain junior officers for a complete extended initial tour. Junior officers initially assigned to a CONUS installation will be stabilized at this first installation for an extended period of time that allows for branch development at the grade of CPT. This initial extended tour may include hardship tours or attendance at leader development schools (TDY or permanent change of stations (PCS)), but in each case the officer will return to their stabilization installation. Filling life cycle units may require officers to attend leader development schools and PCS to a different installation.

(b) The length of battalion/brigade command tours is under review.

(c) The commander, in consultation with HRC, will have greater influence over procedures in selection and attendance for officer personnel at military schools. However, officers will not normally attend military schools under conditions that will permanently remove them from their stabilization unit prior to branch development assignments as a CPT.

(d) Stabilization supports transition to Unit Focused Stability (UFS) and will generally be established first. A unit designated for management under either concept of UFS will still fall under the stabilization of the parent installation.

c. *Manning.* The Force Stabilization system of manning methods will set conditions for commanders to build highly cohesive combat teams for the combatant commander's use. These methods will assist both the Army and unit commanders with management of external and internal personnel turbulence. External turbulence refers to personnel moves into or out of the unit—under—consideration determined and managed by HQDA. The unit commander manages internal turbulence involving personnel moves within the unit—under—consideration. Under Force Stabilization, the unit manages internal moves within subunits and between subunits to meet both needs of the unit and officer development on that installation. The brigade and battalion—level command teams must consider these factors when seeking the right balance between leader development needs of officers and mission needs. As our Force Stabilization manning systems continue to evolve, further detailed information will be accessible through HRC Web resources.

d. *Army Reserve Force Generation.* Army Reserve Force Generation (ARFORGEN) is the Army Reserve's partnership with America. It is a process in which units move through defined phases in order to train, achieve mission readiness, and be available for deployment. In the ARFORGEN model, a Soldier will be available for mobilization once every five years and will be deployed if needed. This kind of predictability in the mobilization cycle gives Soldiers the ability to plan important aspects of their life, their education, their career or even their honeymoon. At the same time, families, employers and combatant commanders will be clear on family, employment and military career impact. When our nation needs its citizens to be warriors, communities across the nation will send Soldiers with the skills we need to fight and win wars. In turn, the communities will receive citizens who are more mature, better leaders and better followers.

e. *Army Reserve Expeditionary Force.* The Army Reserve continues to provide capabilities to support the Army in sustained joint and expeditionary operations, and predictability for Soldiers, families, and employers through the implementation of the Army Reserve Expeditionary Force (AREF). Beginning in 2005, like-structured deployable organizations called Army Rotational Expeditionary Packages (AREPs) will be formed. Units in each AREP plan to mobilize to deploy for up to twelve months once every five or six years. Unit capabilities and readiness within an AREP will be formally validated as it approaches the deployment window. The Army Reserve will implement the AREF in 10 phases. As the Army Reserve transforms, early AREP rotations and their timelines will be condensed. As the concept is fully implemented, the rotations and their phases will become more distinct and sequential.

Chapter 2

Army Medical Department Officer Leader Development

2-1. Leader development overview

a. The Army has made a total commitment to the development of its future leaders (officers, noncommissioned officers, and civilians) by providing them opportunities to develop the skills, knowledge, and attributes (SKAs) required to meet the challenges of an increasingly complex, volatile, and unpredictable world. This commitment is realized through a process known as leader development. Leader development is the deliberate, continuous, sequential, and progressive process, grounded in Army Values, that grows Soldiers and civilians into competent and confident leaders capable of decisive action. Leader development is achieved through lifelong synthesis of the knowledge, skills,

and experiences gained through institutional training and education, organizational training, operational experience, and self-development.

b. Throughout the Army, leader development is executed through three domains: institutional training, operational assignments, and self-development. The overarching priority of the leader development process is to develop self-aware and adaptive leaders of character and competence who act to achieve decisive results and who understand and are able to exploit the full potential of current and future Army and AMEDD doctrine.

2-2. Proponency and responsibility for leader development

a. The Army G-3/5/7 is the proponent for the Army's Training and Leader Development program for both military and civilian leaders. DA Pam 350-58 leader development for the Army communicates the Army's approach to leader development.

b. During the leader development process, the responsibility for a leader's complete development is mutually shared by the leaders of the Army education system, commanders and leaders in operational assignments, and the leaders themselves.

c. The Surgeon General, through the Director of Human Resources, intensively manages AMEDD officers in the procurement, training, distribution, retention, and separation life cycle functions with the advice and assistance of the Corps chiefs and the professional consultants. In this context, TSG participates in leader development by establishing AMEDD career management policies within the broad guidance issued by HQDA, providing career counseling, making active duty officer assignments, reclassifying officers within the AMEDD specialties, providing professional education opportunities, and assisting in the selection of AMEDD officers for promotion. In addition to the requirements of the Army and the AMEDD, the leader development needs of the individual officer are given maximum consideration in all assignment and reassignment decisions. However, the needs of the service remain paramount and situations may arise in which an officer's leader development needs must give way to operational AMEDD requirements.

d. Commanders play the key role in leader development that ideally produces tactically and technically competent, confident, and agile leaders who act with boldness and initiative in dynamic and complex situations to execute mission type orders, achieving the commander's intent. Commanders and supervisors are responsible for ensuring that AMEDD officers are properly utilized in one of the AOCs/medical functional areas (MFAs)/military occupational specialties (MOSS) outlined in this pamphlet; that authorization documents reflect the proper position titles, AOCs/MFAs/MOSS, and skills appropriate for AMEDD officers; and that subordinates are provided the coaching and guidance necessary to ensure that career development needs are fully met.

e. All Army leaders have a responsibility and an obligation to develop those junior to them to the fullest extent possible. The Army's definition of mentorship is the voluntary developmental relationship that exists between a person of greater experience and a person of lesser experience that is characterized by mutual trust and respect. The focus of mentorship is voluntary and extends beyond the scope of chain of command relationships. Mentoring takes place when the mentor provides the mentee advice and counsel over a period of time to facilitate the mentee's personal and professional growth. Mentorship impacts both personal development (maturity, interpersonal, and communication skills) as well as professional development (technical and tactical knowledge and career path knowledge). The strength of the mentoring relationship is based on mutual trust and respect. Assessment, feedback, and guidance are critical within the mentoring relationship and should be valued by the mentee in order for growth and development to occur. As future battlefields evolve into environments that are increasingly dynamic and fluid, systems that facilitate the acceleration of leader development are needed. Mentorship is that development multiplier: It can enhance and influence maturity, self-awareness, adaptability, conceptual skills, and team-building skills in individual leaders.

f. The individual officer is the most critical element in the leader development process. The Soldier is his/her best career manager. The Soldier must ultimately be the one that defines success in their career. Self-assessment and striving for self-development programs are keys to a leader's success. The officer should identify long range career objectives with definite milestones for attainment, and then proceed on a systematic and informed path toward ultimate success. To execute career plans effectively, the officer must communicate career desires to his or her consultant, supervisors, and the appropriate branch manager where this information is of critical importance to future development decisions. Officers should make every effort to participate in field interviews with representatives of their career branches and visit HRC for career guidance when possible. Correspondence from Active Army officers regarding leader development plans or desires is welcomed by the HRC Branch offices at any time. Every AGR officer should submit assignment preferences on DA Form 4187 (Personnel Action) to the FTSMO. ARNGUS officers should identify career goals to the MILPO, Officer Management Branch, within their STARC. USAR officers assigned to table of distribution and allowance (TDA)/table of organization and equipment (TOE) units identify their career goals to their rater and their PMO, HRC, St Louis. USAR officers of the IRR/IMA identify career goals to their PMO, HRC St Louis. RC AMEDD officers are encouraged, with prior coordination, to visit the National Guard Bureau (NGB), Washington, DC, or the Health Services Directorate, HRC, St. Louis, MO.

g. Officers have immediate access to their individual military records through the internet. By accessing www.hrc.army.mil, officers can view their Officer Record Brief (ORB) with the My ORB function, their Official Military Personnel File (OMPF), and their official photograph through the Department of the Army Photo Management Information System (DAPMIS). Officers are encouraged to review their records routinely to ensure their records are

complete and current. Officer records are not only reviewed for promotion boards and other centralized selection boards. Official records are reviewed informally by Career Managers and HRC Branch Chiefs when considering officers for special assignments, details and other opportunities to ensure the right officer is being chosen at the right time for the right opportunity.

2-3. Three domains of leader development

a. Institutional training. Institutional training is all of the "schoolhouse" training and education leaders receive in the SKAs needed to perform critical tasks essential to high quality leadership. When these same SKAs are tested, reinforced, and strengthened by follow-on operational assignments and meaningful self-development programs, leaders attain and sustain true competency in the armed services. Institutional training provides the solid foundation upon which all future development rests. Institutional training provides the progressive, sequential education required to develop branch/MFA technical and tactical competencies as well as common core leadership skills. The bedrock of institutional training is comprised of: Officer Basic Leaders Course (OBLC)/Captains' Career Course (CCC)/ Intermediate Level Education (ILE). CCC and ILE are taught in the small group instructional (SGI) mode where greater emphasis is placed on the responsibility of the individual student officers concerning their contribution to and participation in the learning process. Exception: AMEDD OBLC is not taught in the SGI mode due to the great numbers of officers attending each of these courses.

b. Operational assignments. Operational assignments constitute the second domain of leader development. Upon completion of most institutional training, leaders ideally are assigned to operational positions. This operational experience provides them the opportunity to utilize skills and knowledge acquired through the formal education process. Experience gained through on-the-job training in diverse, challenging assignments prepares officers to lead and train Soldiers, both in the field and in garrison. The commander or leader in the unit plays a significant role in this area. Particularly, commanders and other senior leaders are responsible for an officer's initial integration into the organization: introducing the officer to his/her unit assignment plan and establishing leader development programs; explaining both unit and individual performance standards; and, finally, providing periodic assessments and feedback to the officer.

c. Self-development. Institutional training and operational assignments alone will not ensure that AMEDD officers attain and sustain the degree of competency needed to perform their war fighting mission. Thus, self-development must be interrelated with each of the other two areas of leader development. Self-development is defined as a planned progressive and sequential program followed by leaders to enhance and sustain their military competencies. Self-development consists of individual study, research, professional reading, practice, and self-assessment. This key aspect of individual officer qualification solidifies the Army leader development process.

2-4. Leader development process

The leader development process, as it is executed in the three domains, is a continuous cycle of education, training, experience, assessment, feedback, and reinforcement. As stated in DA Pam 350-58, the three domains are dynamic and interconnected. The individual gains knowledge, skills, and enhances abilities during institutional training and applies them during operational assignments to refine acquired skills, broaden knowledge, and hone abilities. Similarly, operational experiences are shared at the institution, thereby enhancing the educational experience. Finally, self-development sustains and expands the SKAs gained from operational assignments and institutional training. Throughout leaders' development, the cycle occurs in a logical and progressive sequence. The needs of the Army and the demonstrated potential of the leaders are always kept sharply in focus and must be balanced at all times. However, in all three domains the emphasis is on developing competent and confident leaders who understand and are able to exploit the full potential of current and future Army doctrine.

2-5. The leader development studies and the Officer Personnel Management System

a. The 2003 Army vision and Joint Vision 2020 introduce new and challenging leader development opportunities for the 21st Century Officer Corps. Consistent with these efforts, significant Officer Personnel Management System (OPMS) studies in 1971 and 1984, the OPMS XXI study beginning in 1996, the WOPMS XXI study beginning in 1999, and the ATLDP studies from 2000-2003 have reviewed and updated the officer personnel system to ensure it remains responsive to evolving needs and future challenges.

b. The OPMS XXI Task Force was formed in 1996 to assess the viability of the officer personnel system and in 1997 recommended nearly 100 changes in the way officers should be managed, developed, and promoted in the future. The follow-on WOPMS XXI Study Group, formed in 1999, assessed WO development and management required to support Army Transformation through this century. In July 2004 the Commander of HRC directed the convening of the current OPMS Task Force to ensure officer personnel management initiatives were evolving in synchronization with Army Transformation. Finally, the ATLDP studies identified additional recommended changes to officer education and leader development for the Future Force. The changes are outlined in DA Pam 600-3 and are essential to developing an officer corps with the appropriate character and competencies to respond to evolving challenges.

c. Beginning in 1993, the CSA directed TSG and the Center for Army Leadership to conduct a formal study on how the AMEDD prepares its officers to assume command: the Leader Development Decision Network (LDDN). The

LDDN mission was to examine leader development policies which supported implementation of AMEDD immaterial (IM) commands and commanders. The LDDN process defined AMEDD IM positions as those within AMEDD organizations that can be filled by qualified AMEDD officers from any one of two or more AMEDD Corps. Officers gain IM qualification through interconnected, progressive and sequential military and civilian training, self-development, and operational assignments. Qualifications to assume an IM command position will not require AMEDD officers to pursue or be assigned to a position outside their Corps professional development plan. This change of command policies represents a major policy shift for the AMEDD and the Secretary of the Army concurred with these changes on 14 January 1997.

2-6. Leader development and the Officer Education System

a. Company and field grade officers. The Officer Education System (OES) prepares company and field grade officers for increased responsibilities and successful performance at the next higher level. Its goal is to produce a broad based corps of leaders who possess the necessary values, attributes, and skills to perform their duties and serve the Nation. These leaders must know how the Army runs and demonstrate confidence, integrity, critical judgment, and responsibility while operating in an environment of complexity, ambiguity, and rapid change. To build effective teams capable of supporting Joint and Multinational operations in this environment, they must be adaptable, creative, and bold amid continuous organizational and technological change.

b. Common core. Common core is the consolidation of common skills training and training subjects prescribed by law, Army regulations, or other higher authority. These subjects comprise the tasks that all officers are expected to perform successfully, regardless of branch. Common core instruction begins at pre-commissioning and continues at each educational level. The instruction is progressive and sequential, building upon the skills and knowledge acquired through previous training and operational requirements.

c. Entry level officer training. Officer Basic Course and Basic Officer Leader Course. To address shortcomings identified by the ATLDP (officer) study, the Army is currently transitioning from the traditional Officer Basic Course (OBC) to the Basic Officers Leader Course (BOLC). The objective of BOLC is to develop technically competent and confident platoon leaders, regardless of branch, who are grounded in leadership, basic technical and tactical skill proficiency, physically and mentally strong, and embody the Warrior Ethos. To achieve this objective, BOLC capitalizes on experience-based training, logically structured to build upon and reinforce previous lessons. The BOLC occurs in 3 phases. BOLC I is pre-commissioning training conducted at traditional pre-commissioning sources (ROTC, USMA, OCS). It provides the foundation of common core skills, knowledge, and attributes desired of all newly commissioned lieutenants (LTs). The BOLC II is a common block of instruction designed to further develop all new Army LTs into competent small unit leaders with a common warfighting focus and Warrior Ethos. The BOLC III consists of branch-specific technical and tactical training conducted at branch school locations. Medical Service Corps (67J, 70B, 72B/D/E) and the Army Medical Specialist Corps (SP/65D) officers will attend BOLC II training with the Army Competitive Category officers at Fort Benning, GA and Fort Sill, OK. All other AMEDD officers (MC, AN, SP (minus 65D)), DC, VC, and MS (minus 67J, 70B) attend similar Phase II training at Fort Sam Houston, TX during the AMEDD Officer Basic Leader Course (OBLC). All AMEDD officers attend Phase III branch specific training at Fort Sam Houston, TX.

d. Captains Officer Education System. The Army's formal education system for Captains is under review and will change as part of OES transformation. The review has already resulted in the termination of CAS3 and transfer of the CAS3 Program of Instruction (POI) into existing Captains' Career Courses (CCC) and Advanced Distributed Learning (ADL) POI. The future CPT's OES is still evolving, will continue to have a branch and combined arms focus, and will be linked to the next duty assignment. AMEDD officers attend the CCC at Fort Sam Houston (minus MS/67J which attend Aviation Officer CCC at Fort Rucker). The AMEDD CCC emphasizes leadership, leading a company size organization, staff officer skills, and Army and Joint operations. TRADOC's Critical Task List for all CCCs serves as the common core for the course.

e. Intermediate Level Education. The Intermediate Level Education (ILE), previously known as the Command and General Staff Officer Course is the Army's current means for training and educating officers to prepare for duty in field grade command and staff positions. Based on recommendations from the Army Training and Leader Development Panel (officer), the Army transitioned to ILE for all field grades. With full implementation in FY05, ILE provides a quality resident education for all new field grade officers to prepare them for their next 10 years of service. The ILE consists of a common core of operational instruction offered to all Army competitive Category (ACC) and special branch officers, with additional tailored education opportunities linked to the requirements of the officer's branch or functional area. It is designed to produce officers with a Warrior Ethos who are grounded in warfighting doctrine, and who have the technical, tactical, and leadership competencies to be successful at more senior levels in their respective career fields.

f. Senior Service College. The SSC provides senior level professional military education and leader development training. The Army's SSC—the Army War College (AWC), Industrial College of the Armed Forces, SSC Fellowship prepares military, civilian and international leaders to assume strategic leadership responsibilities in military or national security organizations.

2-7. The Army Medical Department Corps

a. The term "AMEDDD Corps" is used synonymously with "branch" and is a Service of the Army. The six AMEDDD Corps are: the Medical Corps (MC), the Dental Corps (DE), the Veterinary Corps (VC), the Medical Service Corps (MS), the Army Nurse Corps (AN), and the Army Medical Specialist Corps (SP).

b. An AMEDDD Corps is a grouping of officers who have or are developing specific skills unique to their particular branch. These skills, when integrated into the whole, become the provider portion of the Army health care delivery system. Each AMEDDD Corps is composed of one or more broad health professional disciplines.

2-8. Areas of concentration/medical functional areas

a. Each broad discipline is composed of several specialties, or AOCs, that describe restricted areas of functional expertise necessary to support the discipline as a whole when viewed in its total context. AOCs may be derived from either military or civilian acquired skills and described by the specifications contained in AR 611-21. Further specialization of duties within the Corps is identified in MFAs. The purpose of the range of AOCs and MFAs is to ensure the availability of skills of particular value and need to the AMEDDD and the Army.

b. AMEDDD AOC/MFA requirements are translated into authorized duty positions which are ultimately filled by qualified officers. The authorized AMEDDD AOCs/MFAs are listed in the appropriate Corps specific chapters of this publication. Each AOC or MFA is unique to the branch indicated.

c. All professionally qualified AMEDDD commissioned officers are awarded an AOC upon appointment. This initial specialty designation is one in which commissioned officers normally receive early development or utilization, depending on the skills possessed at the time military service is begun. In some cases AMEDDD commissioned officers will enter the Service with highly sophisticated training in one or more of the health professions (for example, Cardiology, Oral Surgery, or Optometry), while others will have obtained the basic educational prerequisites for further professional development through experience, advanced training, and graduate professional education. The needs of the Service may dictate a commissioned officer's assignment in an IM position. Rotation between duties requiring different specialties and IM positions follows the same "dual track" philosophy employed by the basic branches managed under the OPMS and serves to keep the individual proficient in various skills which the AMEDDD requires. The ability to utilize commissioned officers in both specialty-unique and IM assignments provides the AMEDDD with greater flexibility in the utilization of its personnel assets to meet continually changing requirements.

d. The Surgeon General is the sole designation authority for specialty classification of all AMEDDD officers. A commissioned officer may request award of a new AOC or MFA to reflect additionally acquired skills by applying to personnel managers at HRC, GUARDPERCEN, or HRC St Louis. Decisions concerning these applications will be based on a complete evaluation of the officer's qualifications and the total requirements of the AMEDDD.

2-9. Officer values

The Army places requirements on individuals beyond those necessary in other vocations. The Army articulates these requirements as values. FM 6-22 Army Leadership defines values as attitudes about the worth or importance of people, concepts, or things. There are shared values common among Soldiers in the U.S. Army. All Soldiers are expected to possess the Army Values— Loyalty, Duty, Respect, Selfless Service, Honor, Integrity, and Personal Courage. These are considered essential for all officers as they are the fundamental measures upon which trust is based.

a. *Loyalty.* Bear true faith and allegiance to the U.S. Constitution, the Army, and other Soldiers.

b. *Duty.* Fulfill your obligations.

c. *Respect.* Treat people as they should be treated.

d. *Selfless Service.* Put the welfare of the Nation, the Army and your subordinates before your own.

e. *Honor.* Live up to the Army Values.

f. *Integrity.* Do what's right, legally and morally.

g. *Personal Courage.* Face fear, danger, or adversity (physical and moral).

2-10. Life cycle models

Chapters 8 through 13 of this pamphlet deal specifically with each of the six AMEDDD Corps and they contain descriptions of typical career progression patterns. These descriptions are supplemented by life cycle models: 30-year timelines containing typical career status, promotion, institutional training, self-development, and operational assignments patterns. These models may portray progression patterns for an entire Corps or, in some cases, may represent career progression patterns for specific AOCs, MFAs, or tracks when significant differences between specialties exist within each Corps. They are designed to illustrate the interrelationship of the different facets of career progression such as assignments, education, and so forth. Although the sequence and timing of various types of assignments are useful in career planning, one should not be unduly concerned if a career pattern differs significantly from the life cycle model. These figures are intended only to serve as guides in career development. The manner and competence in which

the duties are performed will always be of the utmost importance. Life cycle models and typical progression patterns of RC AMEDD officers have also been included in this publication.

Chapter 3

Army Medical Department officer career management

3–1. Overview

The Surgeon General (TSG) is responsible for AMEDD officer career management within the policies established by the Deputy Chief of Staff G1, Headquarters, Department of the Army (HQDA). This responsibility is executed through the Director of Human Resources, Office of the Surgeon General (OTSG), and the Commander, HRC, who manage Active Army AMEDD officers with the advice and assistance of the respective AMEDD Corps chiefs and the AOC consultants. Career management and development of active duty AMEDD officers is the primary function of each AMEDD branch, Health Services Division, HRC. It is here that the fundamental personal contact between the officer and his/her "branch" occurs—the human interface where credibility is established with the commanders and the Soldiers in the field.

3–2. The Officer Personnel Management System

a. The Army is continuously improving its ability to operate as part of the Joint Team, while ensuring our ability to dominate in any environment against current, emerging, and unforeseen threats. To support this, the Officer Personnel Management System (OPMS) provides leaders to meet the needs of a campaign—quality, joint and expeditionary Army through operational and educational assignments, and the development of leaders with the competencies to succeed in current and future operating environments. Additionally, OPMS is designed to sustain an all-volunteer professional officer corps, imbued with the Warrior Ethos, inspiring a lifetime of service.

b. The vast majority of the initiatives and policies developed from the ongoing OPMS review are directed toward shaping officer personnel management in the Army Competitive Category branches and functional areas. However, it is important that AMEDD officers remain aware of all current policies regarding officer personnel management. The OPMS functionally aligned design places Army special branches, to include all AMEDD branches, in the Force Sustainment category. This is designed to reflect the vital role performed by the AMEDD in sustaining our force in peacetime and time of war.

3–3. Aspects of career management

a. Health Service Division philosophy. Career management is a balance between Army operational requirements, personnel authorizations, the officer's career progression, and their personal preferences. The management philosophy of each branch is to match the appropriate skills to the appropriate job while ensuring career progression opportunity and considering the personal preferences of the individual officer—right person, right position, at the right time. The branch chiefs work closely with their respective corps chiefs and respective assistant corps chiefs or consultants for each AOC and GME or GDE as appropriate as well as other AMEDD professional training program directors. This dialogue occurs formally during the annual Officer Distribution Plan (ODP) and routinely throughout the year. Officers are assigned HRC career managers based on their respective AOC and/or rank. Each career manager manages the entire career management life cycle of the officer to include long-term health education and training, officer schools, promotion board preparations, assignments, and special actions.

b. Strength management. The strength management process is shared among the AMEDD branch, OTSG personnel, and the AMEDD Personnel Proponent Directorate (APPD). The branches provide projected and confirmed loss data by submitting monthly loss reports to OTSG and to the proponent, APPD. APPD is the proponent for life cycle modeling, data analysis, and personnel management. Adjustments to grade structure are managed through the Corps Specific Branch Proponent Office (CSBPO) to the AMEDD proponent.

c. Accessions. Officers are accessed into the AMEDD through various accession sources, making the AMEDD unique in terms of career management for non-due course officers. These accession routes include: Officer Candidate School (OCS), U.S. Army Recruiting Command (USAREC), Health Profession Scholarship Program (HPSP), Financial Assistance Program (FAP), Civilian Education Delay, direct accessions fully qualified and licensed in their respective specialty, US Army Reserve or National Guard accessions to active duty, Reserve Officer Training Command (ROTC), The United States Military Academy at West Point (USMA), branch transfers both voluntary and involuntary, and interservice transfers from other uniformed service components.

d. Assignment process and considerations. The assignment process throughout an officer's career is based on several factors and considerations.

(1) *Army requirements.* The AMEDD officers are assigned in accordance with Department of the Army (DA), Officer Personnel Management Directorate (OPMD), and HRC manning priorities and operational requirements. Unanticipated priority Army requirements based upon current operational needs also drive assignments through various tasking sources and joint manning document changes.

(2) *Army Medical Department Officer Distribution Plan.* The Officer Distribution Plan (ODP) is a joint effort between the US Army Medical Command (MEDCOM), OTSG, and HRC. The ODP is the AMEDD's methodology to identify projected personnel inventory by AOC, identify authorized positions by their priority of fill, and distribute personnel to those positions in accordance with the DA, AMEDD policy and the Personnel Management Authorizations Document (PMAD). Distribution to the MEDCOM is determined by the G1 through OPMD manning priorities and standards publication. ODP guidance is issued annually by the Surgeon General and provides an additional framework from which the AMEDD Corps can develop the ODP for the upcoming fiscal year.

(3) *Availability.* Officers are considered available for assignment when they have completed their prescribed tour length as specified in AR 614-100 or when the needs of the Army dictate a waiver to prescribed tour lengths.

(4) *Professional development needs.* Most officers enter the AMEDD through Army entry-level training for their specific AOC. This professional training can vary from each AOC and lengths vary for each respective AOC and AMEDD Corps. Selected officers who complete specialized training must then pass their individual professional certification/registration and/or obtain and maintain state licensure in order to qualify for their designated specialty. Failure to obtain qualification within the prescribed timelines may result in an involuntary branch transfer within or outside the AMEDD, and/or involuntary AOC reclassification due to the failure to meet the requirements of AR 40-68 and AR 351-3.

(5) *Education and training.* Officers may apply for long-term health education and training (LTHET) or graduate medical or dental education (GME/GDE) in their specialty or adjunct skills area. Assignment to training is determined by an AMEDD LTHET, GME, or GDE selection board held annually. Education and training requirements are coordinated through the Department of Health Education and Training (DHET), Army Medical Department Center and School (AMEDD C&S) through the Office of the Surgeon General (OTSG) for GME and through Dental Command (DENCOM) for GDE. Advanced education and training are important milestones in the life cycles of most AMEDD officer specialties. Training quota and degree types are validated through the proponent in coordination with DHET and each respective AMEDD Corps office.

(6) *Other considerations.* Career managers also evaluate the impact of other variables when considering officer assignments. These include but are not limited to joint domicile; exceptional family members program (EFMP) needs; reassignment for compassionate reasons; temporary medical conditions at the time of reassignment that may preclude assignment to a deploying unit; additional special skill identifiers required at the duty assignment (e.g., Airborne School, Air Assault); follow-on assignment position after training; and general officer requests.

(7) *Personal preference and compassionate factors.* Officers must communicate with their respective career managers on their preferences annually for location, assignment type, personal data, professional development goals, and education and training needs. Routine dialogue with the respective career manager and AOC consultant is also important as assignment factors may change. Individual circumstances involving temporary hardship may be eligible for a compassionate reassignment IAW the provisions outlined in AR 614-100.

e. Career professional development. The professional requirements for AMEDD officers are outlined in AR 40-68 and AR 351-3. Some AOCs require very individualized and specialized development. Professional development is a timely balance between military training (BOLC, CCC, ILE), advanced professional training to include specialty training, operational and leadership assignments pertinent to each AMEDD Corps' life cycle, a commitment to lifelong learning, and progression of skills through deliberate and mutual career planning between the officer and the career manager. For MC officers career patterns are developed along three assignment tracks; clinical/operational, education, and research, which involves MC guidance to ensure compatibility with the needs of the Army, the AMEDD, and the individual physician. Each assignment track includes the three pillars of leader development; military training, self-development, and operational assignments.

f. Non-due course officers. The AMEDD will access fully-qualified officers for direct commissioning when the projected inventory or specific skills sets are required. Officers are given equitable constructive credit IAW DOD policies and are slated into a cohort year group based upon the date of rank calculation for constructive credit per DOD 6000.13. These officers must be managed carefully to ensure they meet important life cycle milestones but concurrently offered the same opportunity as other officers in their cohort year group to attend military schools and LTHET.

3-4. Individual career management

Career management is effective when the qualitative manpower requirements of the Army, the training and skills of the individual, and the desires and career development of the officer concerned are balanced. Knowledge of requirements is usually the known or given part of the personnel management equation. The individual officer's needs, on the other hand, are more difficult to determine. Career managers and AMEDD officers must effectively communicate with each other to ensure the continued successful progression of personnel assignment, education, and utilization. Retention and career management are shared responsibilities among several key individuals.

a. The individual. As lifelong and adult learners, officers have the primary responsibility of managing their career. Active participation in the career management process begins early as the officer completes both entry level military training and professional training. Officers should identify individuals in their career who can provide guidance and serve as mentors. Mentors often have more experience with either professional and/or military requirements and can

provide additional information that may assist in making requests or decisions that impact on the individual officer's career path.

b. The commander. Commanders are responsible for the growth and development of the officers they command and control. Education and development needs are also addressed in Officer Professional Development. Commanders for senior officers may also be the rater or senior rater; therefore, preparation of the DA Form 67-9-1 (Officer Evaluation Report Support Form) assists in the career management process and serves as a guide in professional development.

c. The department, service, or division chief and regional medical center chiefs. In the MTFs, some AOCs are managed under the direction of a department chief with the same AOC. Department or service chiefs are responsible for the growth, development, and professional guidance to all officers under his/her supervision. Regional Medical Center chiefs also serve as the senior leader of a region overseeing all aspects of strength management and professional development of the officers of that specific AOC. These individuals work under the direction of unit commanders in the supervision of AMEDD officer personnel.

d. The area of concentration consultant. The AOC consultant serves as TSG's representative for matters pertaining to the respective AOC ranging from clinical and operational employment to professional development oversight of the AOC. Career managers maintain close communication with the AOC consultants in the assignment decisions of the officer.

e. The Corps Chief. The corps chief serves as a role model, mentor, and leader; provides vision and sets the leadership tone overseeing all aspects of the AOCs within each AMEDD corps.

f. The proponents. The Army Medical Department Personnel Proponency Directorate (APPD) is the main proponent for personnel management and is responsible for the life cycle management of each AOC. See chapters 8-13 of this publication for the specific life cycle characteristics of each AMEDD Corps.

g. The branch career managers. Career managers serve as the direct line service to the officer and strive to balance the Army and the officer's needs through deliberate career planning, collaboration with the respective AOC consultants and guidance from the respective branch chief or deputy. Each career manager is assigned a group of AOCs and is responsible for providing career management advice, preparing for promotion boards, coordinating operational and clinical worldwide assignments, processing separations and retirements and other personnel actions as required. This relationship must be built and maintained on trust. Open communication, officer's ownership of the career plan, and flexibility are key elements of this relationship. Career managers balance the Army needs with the officer's needs and requirements through deliberate career planning and discussion with the AOC consultant and branch chief. As executors of Army and proponent programs, they operate within the existing policies, budget, and legal framework to make decisions concerning assignments, schooling, manner of performance and subjective evaluations of competitiveness for selection and retention. All officers should maintain open communication with their respective career/assignment managers to receive guidance and advice on professional development.

Chapter 4

Army Medical Department Officer Education and Training

4-1. Scope

a. Training and education requirements. All officers have common training requirements that specify the skills, knowledge and attributes required of every officer. Other training and education requirements for branch, MFA or professional area apply to officers in a particular specialty.

b. Training and education methods. Officer education occurs in institutional training, in operational assignments and through self-development. Institutional training represents the resident training an officer receives in military and/or civilian institutions. Self-development encompasses non-resident schooling including individual study, advanced distributive learning, research, professional reading, practice and self-assessment.

4-2. Transformation process

a. Strategic objective. The strategic objective of the OES transformation is to create an education and training system operationally relevant to the current force, but structured to support the Future Force by producing more capable, adaptable and confident leaders through continuous investment in personal growth and professional development throughout their careers. To achieve this objective, the Army will embed an experiential and competency-based education and training model in its education system. This model will integrate current technological capabilities to rapidly advance learning in both individual and collective training requirements while providing Army leaders the right training and education in the right medium, at the right time and place for success in their next duty. This model will support our service culture and Warrior Ethos and produce leaders who can resolve dilemmas under stress, make decisions, and lead formations. The institutional side of the Army will become a series of leadership laboratories focused on learning, growing, achieving competency, and getting better training into units.

b. Transformation focus. Just as the Army transforms to the Future Force to meet the challenges of the 21st century security environment, so too will the Army transform its education system in order to train and educate the leaders who

will command and lead that force. Transformation of the OES is based on a documented rationale for change, including findings and recommendations from the Army Training and Leader Development Panel (ATLDP) officer studies. The Army will implement three high payoff institutional training and education initiatives for officers. For LTs, the Army will transition from traditional OBC to BOLC. The CCC is currently under review and will change as part of OES transformation. For MAJs, the Army transitioned from the Command and General Staff Officer Course (CGSOC) to ILE. The new course provides the right education, in the right medium, to the right leader at the right time and place. This strategy meets the Army's needs and officer expectations, and develops full spectrum leader competencies across all grades.

(1) The Army Basic Officer Leadership Course (BOLC) and AMEDD Officer Basic Leadership Course (OBLC) are a group of courses designed to develop technically competent and confident leaders, regardless of branch, who are grounded in leadership and field craft, are physically and mentally strong, and embody the Warrior Ethos. To achieve this objective, BOLC capitalizes on experience-based training, logically structured to build upon and reinforce previous lessons.

(2) The Army's program of formal education for CPTs is under review and will change as part of OES Transformation. The review has recently resulted in termination of CAS3 for Active Army officers, and absorption of the CAS3 POI into existing CCC POIs and Advanced Distributed Learning (ADL). The ongoing RC CAS3 classes across the U.S. and overseas, as well as the advanced distributed learning classes will continue. USAR will continue to teach CAS3 for the foreseeable future. The Army Training and Doctrine Command will continue to work with the Army National Guard and Office of the Chief of Army Reserves to develop alternatives to existing RC OAC and CAS3 courses. The future CPTs OES, which is still evolving, will continue to have a branch and combined arms focus, address JPME learning areas specified in the CJCS Officer Professional Military Education Policy (OPMEP), and retain training on company command and staff competencies. Emphasis will be placed on assignment-tailored training focused on specific primary staff positions, realistic scenario-driven command training, and minimal time away from the family. The new course will leverage learning technologies, be less than six months in length, and be linked to the next duty assignment.

(3) The 3rd OES Transformation initiative, ILE, will provide all CPTs and MAJs who have between 8 and 12 years of service with the same common core of operational instruction, and additional tailored education opportunities tied to the officer's specific career field/branch/FA. The ILE is designed to provide a quality, tailored education, linked to the OPMS, to prepare officers for their next 10 years of service. This program of instruction will produce field grade officers with a Warrior Ethos who are grounded in warfighting doctrine, and who have the technical, tactical, and leadership competencies and skills to be successful in their respective career fields. The common core curriculum is delivered in residence at Fort Leavenworth for operations career field officers, selected FA officers, selected RC officers, and the traditional complement of sister service and international officers. Generally, officers in the other career fields and special branches, to include the AMEDD, will attend the common core course at one of several campus sites, known as "Course Locations," where qualified Command and General Staff College (CGSC) faculty will instruct them. RC officers may attend The Army School System (TASS) classrooms located in CONUS and overseas, or take the core curriculum via an advanced distributed learning course (ADL) course. To complement the core course and obtain career field credentialing, officers in the information operations, operational support, and institutional support career fields attend respective FA qualification courses. For a small number of proponents, this tailored educational experience also includes advanced civil schooling (ACS). Officers in the operations career field attain career field credentialing through attendance at the follow-on, seven month Advanced Operations and Warfighting Course (AOWC) at Fort Leavenworth that focuses on planning and executing full spectrum operations at the tactical and operational levels.

4-3. Military education

The Officer Education System (OES) is transforming. The new OES is intended to be relevant to operational environments, synchronize training and assignments, enhance lifelong learning and self-development, and prepare all officers for success. AMEDD officers satisfy military education requirements primarily through the military schooling system. This consists of the AMEDD Officer Basic Leadership Course and Captain's Career Courses (AMEDD OBLC and CCC), Senior Warrant Officer Courses, Intermediate Level Education (ILE), and the Senior Service Colleges (SSCs). Each level of military training prepares an officer for increased responsibilities. This training, combined with professional experience and applicable formal advanced civilian schooling ensures a viable and responsive officer corps. The general scope of the military courses of instruction available to AMEDD commissioned officers is outlined below.

a. Basic Officer Leader Course/Officer Basic Leader Course. The Army BOLC and AMEDD OBLC are designed to provide orientation, training and initial leader development for newly commissioned officers. Select MS and SP Officers will attend the Army Basic Officer Leadership Course at Fort Benning, GA, or Fort Sill, OK with a follow on Corps specific phase at Fort Sam Houston, TX. All other AMEDD Officers will complete the AMEDD Officer Basic Leadership Course at Fort Sam Houston, TX. Both courses provide performance-oriented training to newly commissioned AMEDD officers. A core course covering Army Military Qualification Standards (MQS) II (Lieutenant's) tasks and AMEDD Corps specific tasks, and a track phase for AOC-specific training. These courses provide the newly

commissioned AMEDD officer with the basic skills and knowledge necessary to effectively function in an AMEDD unit.

b. Captain Career Course. The CCC provides advanced training in medical combat service support operations.

(1) All Active Army and AGR AMEDD officers complete an AMEDD CCC or equivalent CCC. MS (70 series and 67J) officers in the ARNG and USAR also complete an AMEDD CCC or equivalent; all other Corps members in the ARNG and USAR are encouraged, but not required to attend. The AMEDD CCC is designed to train officers to lead company or equivalent-sized organizations and serve successfully in U.S. Army staff positions. Graduates of the AMEDD CCC are prepared for subsequent assignments by learning the leader, tactical, and technical tasks, including the supporting knowledge and skills necessary to support the Joint Team across the full spectrum of military medical operations.

(2) Active Army commissioned officers will attend an CCC at the AMEDDC&S. Active duty officers must have 4 years with preferably no more than 7 years of commissioned or warrant service prior to the resident phase. This time frame varies for ARNG, USAR, and AGR officers.

c. Intermediate Level Education. The Intermediate Level Education (ILE) concept is an investment in getting all Majors grounded in graduate level warfighting doctrine. The ILE prepares AMEDD officers for duties as principal staff officers within echelons above the division. This educational process develops officers for senior-level positions within their respective AOC/MFA/Branch.

(1) The common core curriculum provides the Army with a broad base of field grade officers extensively educated in command and staff responsibilities. The ILE educates and develops leaders for full spectrum joint, interagency and multinational operations. The ILE acts as lead agent for the Army's leader development program and advances the art and science of the profession of arms in support of Army operational requirements. In addition, the common core experience develops intellectual depth and analytical ability in solving complex problems.

(2) Active Army candidates for attendance at the Residence Course must not have completed more than 14 years AFCS as of the date the selection board is convened. RC candidates for attendance at the Residence Course must not have completed more than 15 years total Federal commissioned service as of the date the selection board is convened. Officers in the grades of captain (P) (AC only), major, and lieutenant colonel who have completed the CCC are eligible. HRC, HRC-St. Louis and NGB annually prepare lists of officers eligible to attend Common Core level training in accordance with prerequisites announced by selection board operating instructions. These lists are subsequently considered by selection boards for each component. Officers not attending the Common Core in-residence or equivalent are encouraged to complete the Common Core nonresident course (that is, TASS, SAT locations, or correspondence).

d. Senior Service College (SSC).

(1) The SSCs emphasize national security management and national security strategy. They are designed to enhance the competence of selected officers for key command and staff responsibilities at Department of the Army (DA) and higher levels. AMEDD officers selected for SSC normally attend the AWC (resident or non-resident) or the ICAF. These select officers are not precluded from attending other courses of instruction, such as the National War College, Air War College, Naval War College, and fellowships at HHS and VA.

(2) The MC, DE, and VC officers must have completed 12 years (144 months) AFCS as of 1 October of the current year, and be in the grade of lieutenant colonel or colonel. All other AMEDD officers must have completed 16 years (192 months) of AFCS as of 1 October of the current year and be serving in the grade of lieutenant colonel or colonel as of the board convene date. Selection criteria varies annually for RC AMEDD officers. Applicants should seek eligibility requirements through their chain of command.

(3) The AMEDD officers meeting the eligibility requirements for SSC are automatically considered for selection to attend SSC. Officers may opt out of consideration without prejudice at any time.

(4) The Senior Service College Distance Education Program (SSCDEP) Program provides a non-resident means of attaining credit for SSC level schooling. Officers considered for participation in the SSCDEP are subjected to the same strict criteria established for the resident course, except that they remain eligible through the 25th year of commissioned service.

e. Army Medical Department Pre-Command Course. The AMEDD officers will attend an appropriate Pre-Command Course based on selection for command. Separate courses are available at the AMEDDC&S for TDA and TOE commands. The AMEDD Pre-Command Course 7M-F2 is designed for the AMEDD TOE commander. The AMEDD Pre-Command Course 7M-F9 is designed for the AMEDD TDA commander, including U.S. Army Medical Department Activity (MEDDAC)/U.S. Army Medical Center (MEDCEN)/dental activity (DENTAC) commanders. Additionally, Pre-Command Courses are available through the Army Reserve Readiness Training Center for USAR AMEDD officers designated for company/detachment and battalion/brigade commands. The Pre-Command Courses are structured to assist AMEDD officers in individual preparation for command, either TDA or TOE, by providing skill progression and refresher training in selected functions and duties. All Pre-Command Course attendance will be scheduled through the appropriate HRC branch.

4-4. Civilian education

Education in civilian institutions augments the training conducted in AMEDD facilities and Service schools. These educational opportunities provide essential technical, scientific, and professional opportunities not available within Federal institutions. Civilian education at the proper level is a consideration in determining whether or not an officer is qualified for entrance into selected career fields and for progressive assignments therein. All Army-sponsored training in civilian institutions must result in the attainment of skills required to satisfy position educational development levels prescribed and validated by OTSG. In this respect, officers are advised to discuss civilian training plans with their respective AMEDD branch and HRC representatives prior to applying for Government-sponsored or off-duty educational programs. Obligations for civilian training will be prescribed by the implementing regulation and/or the policy determinations of DA. Officers desiring to participate in a civilian educational program should apply in accordance with AR 351-3 through their appropriate AMEDD branch. Applicants meeting all of the prerequisites will be presented to the Selection Board for consideration. Upon approval of the board recommendations, candidates will be notified of selection or non-selection for program participation.

a. Long-term health education and training.

(1) The long-term health education and training (LTHET) provides opportunities for select AMEDD officers to obtain master's and doctoral degrees from civilian institutions acceptable to TSG.

(2) Under the fully-funded programs, the Army pays all tuition costs and reimburses the officer per fiscal year for textbooks and supplies. In addition, the Army provides the officer with full pay and allowances and moves the officer and his/her family to the designated college or university location. Normally, the period of schooling will not exceed 24 months for a master's degree and 36 months for a doctoral degree. Length of training for personnel in programs will vary with the curriculum. Enrollment in programs exceeding these time frames will require prior approval by the Corps Program Manager. Input into this program is determined by positions that have validated standards or requirements for which training is not readily available at a Federal facility. AR 351-3 provides a detailed description of these programs.

(a) Advanced Degree Program.

1. Under this program, selected AC officers are placed in post-baccalaureate training to meet validated position requirements for AMEDD incumbents possessing graduate or doctoral degrees. Upon completion of the education program, graduates will normally be assigned to a utilization tour in a position validated for their specialized training.

2. The normal time-in-service for commissioned officers on entry into civilian schooling is 5 through 13 years for the advanced degree program except for Dental Corps (DC) officers. Time-in-service may not exceed a total of 17 years active Federal service (AFS). The 17 years AFS may be waived by forwarding a request through command channels to HRC. In addition, individual branches may have other criteria that must be met prior to consideration for graduate training.

3. Officers participating in the Graduate Degree Program are fully subsidized by the Army for all tuition costs. Fully-funded students receive full pay and allowances, as well as the other benefits previously stated in (1) above.

(b) Degree Completion Program.

1. The Degree Completion Program is designed to raise the educational level of AMEDD officers through fully-funded baccalaureate or graduate study in a subject area of functional importance to the Army. The Degree Completion Program is a highly effective vehicle for increasing the educational level of the officer corps. Coupled with prior off-duty study, the Degree Completion Program can be advantageous to the Service and the officer concerned in achieving civilian educational goals.

2. Individuals must be able to obtain a baccalaureate or graduate degree within 18 months from the beginning of the training. Selection priority will be given to personnel who require the least amount of time to complete degree requirements and to those who have not received a degree under other active duty programs.

3. Individuals selected for attendance under the Degree Completion Program will receive all academic expenses, including matriculation, tuition fees, and the cost of textbooks and other materials. Additionally, participants will receive full pay and allowances. If the program exceeds 20 weeks, the Army will move the officer and his/her family to the educational institution approved for study.

b. Training With Industry.

(1) The Training With Industry (TWI) Program was initiated in the 1970s in response to the Army's critical need for officers with state-of-the-art skills in industrial practices and procedures not available through military or civil education programs. The first students participated exclusively in programs which supported the development of material acquisition and logistic management related skills. Today the TWI Program has evolved to include training programs which support marketing, public affairs, artificial intelligence, physical security and finance, to name a few.

(2) The Army's main objective in sponsoring the TWI Program is to develop a group of Soldiers experienced in higher level managerial techniques and who have an understanding of the relationship of their industry as it relates to specific functions of the Army. Once the TWI student is integrated back into an Army organization, they can use this information to improve the Army's ability to interact and conduct business with industry. Participants may also be exposed to innovative industrial management practices, techniques, procedures, and so forth, which have applicability to, and benefit for, the Army.

c. *Graduate Medical Education (GME)*. Internship, residency, and fellowship training programs. Programs under the direction of TSG are available to Active Army MC, SP, DE, and MS officers in designated medical and dental activities. These programs provide the Army with trained personnel in disciplines validated by TSG and meet the requirements of the appropriate American Specialty Boards. In addition, residencies and fellowships in civilian hospitals or institutions may be offered in validated specialties for which training is not available in Army facilities.

d. *Short course training*. Tuition funds are available for unprogrammed fully-funded training that is needed for current job performance when the training is less than 20 weeks in duration and is in subjects for which the AMEDD has no in-house training capability.

4–5. Interagency Institute for Federal Health Care Executives Course

a. *Course description*. The Interagency Institute for Federal Health Care Executives is a two week course offered semiannually through the George Washington University School of Public Health. The course is offered to senior leaders of the five Federal health services: the military medical departments of the US Army, US Navy, and the US Air Force, as well as the Veteran's Administration, and the US Public Health Service. The course provides an opportunity for seasoned, practicing Federal health care executives to examine current issues in health policy and management, and to explore their potential impact on the Federal health care systems. The course structure is maximized by presenting new materials resulting from research and experience, as well as examples and case studies from the contemporary national health policy arena. The academic preparation for those who attend varies widely, with a representation of graduate and post graduate professional degrees.

b. *Course objectives*. The objectives of the Institute include—

(1) Providing Federal health care executives the opportunity to examine current issues in health care policy and their impact on Federal health care.

(2) Promoting excellence in patient care by fostering the concepts of teamwork, evidence-based practice, application of information technology, outcome-oriented performance improvement, and responsible leadership.

(3) Presenting policymakers, higher level officials, and academicians the views of practicing Federal health care executives on present and future courses of action.

(4) Fostering communication, sharing, and mutual understanding with the Federal health care sector.

(5) Building inter-service and national perspectives on health care issues and trends.

4–6. Military Health System CAPSTONE Symposium

a. *Course description*. The Military Health System (MHS) CAPSTONE Symposium is sponsored by the Joint Medical Executive Skills Institute (JMESI) and is designed to reflect the latest trends in health care, homeland security, TRICARE management, and health care policy. AMEDD officers are approved for attendance by The Surgeon General in the rank of COL or LTC(P) in key positions as identified by The Surgeon General. Course presenters include but are not limited to the Service Surgeons General, senior leaders from DOD Health Affairs and the Veteran's Administration, and health care policymakers.

b. *Course objectives*. The objectives of the symposium include—

(1) Enhanced understanding of MHS policymaking including how policies are disseminated and the legal basis for those policies.

(2) Detailed understanding of TRICARE policies and trends that shape the delivery of DOD health care.

(3) Familiarization with information systems to support executive decisionmaking, as well as tools for quality assurance, customer satisfaction, and metrics.

(4) Discussion of issues of recruitment and retention from the military and national perspectives, as well as financial and business matters as they relate to the MHS.

(5) Exchange of ideas on risk management, patient safety, homeland security, bioterrorism, support to combat forces, and health care challenges facing reserve forces.

(6) Enhanced appreciation for military transformation and fiscal initiatives within the DOD.

Chapter 5 Officer Promotions

5–1. General

This chapter covers the active duty promotion system as it applies to AMEDD officers through the grade of colonel. This system constitutes a vital aspect of military personnel management affecting each officer and, therefore, must be legally correct and logically sound. Further, it must be administered fairly and equitably.

5-2. Promotion process objectives

Though the specific procedures for selecting officers for grade advancement have varied over time, the objectives of this process have remained constant—

- a. Ensure advancement to the higher grades of the best-qualified officers.
- b. Meet Army branch/MOS/functional area and grade requirements.
- c. Provide incentive for career service.
- d. Promote officers based on the whole person concept and demonstrated potential to serve in the next higher grade.
- e. Identify and eliminate ineffective officers, although not an objective, is another result of the promotion process.

5-3. Statutory requisites

The objectives of the promotion system are consistent with statutory requisites and the realities of the Army structure and authorizations.

a. The legal basis for the officer promotion system is contained in Title 10, United States Code (USC). This law prescribes strength and grade authorizations, promotion list components, promotion procedures, and separation procedures resulting from non-selection. The statutory requirements of 10 USC have been promulgated through regulatory, directive, and policy means in the establishment and administration of the promotion system.

b. The Defense Officer Personnel Management Act (DOPMA) became effective 15 September 1981. The DOPMA was a major revision to Title 10 USC and is now the basis for the management of the company/field grade officer corps. In 1984, the DOPMA provisions of Title 10 USC were amended to overcome certain unintended consequences of the original act and to give the Service secretaries more flexibility in limiting eligibility for promotion consideration. The current law—

- (1) Establishes statutory limitations on the number of officers who may serve in senior grades.
- (2) Provides common law for the appointment of Regular Army officers and for the Active Duty List service of Reserve officers.
- (3) Provides uniform promotion procedures for officers in the separate Services.
- (4) Provides common provisions governing career expectation in the various grades.
- (5) Establishes common mandatory separation and retirement points for regular commissioned officers.
- (6) Establishes the amount of separation pay for officers separated involuntarily short of retirement.
- (7) Provides related authorities to manage the officer force under the revised personnel system.
- (8) Increases the flexibility of Presidential authority under mobilization in times of declared crisis.
- (9) Excludes members of the Medical and Dental Corps from computation in the DOPMA Field Grade Table contained in 10 USC.

c. The Warrant Officer Management Act (WOMA) was passed into law as part of the Fiscal Year 1992/1993 National Defense Authorization Act and went into effect on 5 December 1991. WOMA is a major revision to 10 USC and has become the basis for the management of the active duty warrant officer corps. The current law established—

- (1) Single promotion systems for warrant officers.
- (2) Tenure requirements based upon years of warrant officer service.
- (3) The grade of CW5.
- (4) Authorization for the Secretary of the Army, to convene boards to recommend, retirement-eligible warrant officers, for selective mandatory retirement.

5-4. Active Duty List

a. *Background.* The DOPMA and WOMA revised the laws providing for the establishment of separate Regular Army (permanent) and Army of the United States (AUS) (temporary) lists and established a single, consolidated Active Duty List (ADL). DOPMA and WOMA, as revised, provide for the following:

(1) Establishment of an initial ADL. No later than 6 months after 15 September 1981, all officers of the Army serving under 10 USC Chapter 36 as amended by DOPMA (except for those identified in 10 USC 641) will be placed on the ADL in the same relative seniority that they held on 14 September 1981. Pre-WOMA relative seniority was determined according to seniority criteria outlined in AR 600-8-29, chapter 1, and was primarily based on the AUS date of rank a warrant officer held on 4 December 1991.

(2) Adjustment to the ADL. Adjustments to the ADL are made to maintain the relative seniority among officers of the Army as it existed on the day before the effective date of the law. Under provisions of 10 USC 741, the Secretary of the Army did establish and/or adjust the ADL date of rank (DOR) of any company/field grade officer who was serving on active duty on 14 September 1981. Any Regular Army (RA) or U.S. Army Reserve (USAR) officer, who on the effective date of DOPMA (15 September 1981) was serving on active duty in a temporary (AUS) grade that was equal to their permanent (RA or USAR) grade, was awarded an ADL date of rank equal to that held in their AUS grade. WOMA provided for the establishment of an initial active duty list that placed all warrant officers of the Army serving under 10 USC in the same relative seniority, which they held on 4 December 1991.

b. *Current law.* As required by 10 USC, the Army maintains a single ADL on which officers are to be carried in

order of seniority. They are considered for promotion, each time a selection board is convened to consider officers in an established DOR zone of consideration for their competitive category. The provisions of 10 USC 741 and 10 USC 742 relate to rank among officers of the same grade as follows:

- (1) Establishes relative rank of the various officer grades.
- (2) Provides that rank among officers of the same grade or equivalent grade is initially determined by date of rank. An officer with an earlier date of rank is senior to an officer with a later date of rank.
- (3) Prescribes rules by the Secretary of Defense and the Secretary of the Army for breaking date-of-rank ties and general rules for establishing dates of rank when breaks in service, service credit, and placement on the ADL determinations must be made. The DOR and rank/precedence criteria have been published in AR 600–8–29, chapter 2.
- (4) Establishes/adjusts per the Secretary of the Army, the ADL on 4 December 1991 to maintain the relative seniority among warrant officers of the Army as it existed on the day before the effective date of the law. Any RA or USAR warrant officer who, on the effective date of WOMA, was serving on active duty was awarded an ADL date of rank equal to the highest grade, temporary (AUS) or permanent (USAR or RA), he or she had achieved.

5–5. Promotion process

- a. Title 10 USC provides for a single promotion process of all officers on active duty and on the ADL, regardless of their component. Active duty Reserve officers serving on the ADL are no longer considered by Reserve boards.
- b. The effect of the 10 USC/DOPMA/WOMA on the tenure and retirement opportunity for officers is shown in table 5–1.
- c. Officers who receive constructive credit for entry grade determination. An individual’s PYG is based on the date of rank of the current grade held.
- d. The WOMA mandated a single promotion process for all warrant officers on active duty and the ADL, regardless of their component. The requirement for warrant officers to be recommended by two different selection boards (temporary and permanent) for promotion to the next higher grade was eliminated. On 5 December 1991, warrant officers serving on active duty assumed as their permanent grade the highest grade, temporary (AUS) or permanent (USAR or RA), they had held. Active duty reserve officers serving on the ADL are no longer considered by a reserve board.

Table 5–1
The promotion system

Rank	Tenure	Retirement
WO1	Promotion consideration to CW2	N/A
CW2	Promotion consideration to CW3	May be selectively continued (SELCON) to maximum 20 years of service(YOS)
CW3	Promotion consideration to CW4	May be SELCON
CW4	Promotion consideration to CW5	May be SELCON to 24 years of warrant officer service but not more than 30 years of active service.
CW5	30 years of WO service	Maximum of 30 years WO service
2LT	Promotion consideration to 1LT	N/A
1LT	Promotion consideration to CPT	N/A
CPT	Promotion consideration to MAJ	May be SELCON to 20 YOS if qualified for retention and within 6 years of retirement eligibility
MAJ	Promotion consideration to LTC	May be SELCON to maximum 24 YOS
LTC	28 years of active federal commissioned service (AFCS) for promotion	Provision in law for early retirement by board (SERB) action if 2xNS to COL when Early Retirement Program is in effect
COL	Promotion consideration to AFCS	Provision in law for one-time review for SERB action when Early Retirement Program is in effect

5–6. Army grade structure

- a. The distribution of grades at major and above for the Army Nurse Corps, the Medical Service Corps, the Medical Specialist Corps, and the Veterinary Corps (commonly referred to as the AMEDD 4) are controlled by 10 USC and may be further constrained by Congress, the Office of the Secretary of the Army, or the Chief of Staff, Army. Although 10 USC is subject to revision and modification, the basic concept remains unchanged. In effect, the by-grade number of field grade officers allowed depends on total officer authorized strength levels, which are based on the total size of the Army (minus the Medical and Dental Corps, among others) and prescribed by the Secretary of the Army. The “share” of this authorized strength level for the four Corps of the AMEDD is determined by the DA G–1 in coordination with the Director of Human Resources OTSG, based on current authorization documents.

b. The distribution of grades at major and above for the Medical and Dental Corps (commonly referred to as the AMEDD 2) are determined by the DA G-1 in coordination with the Director of Human Resources OTSG, based on current authorization documents and existing budgetary constraints.

c. The distribution of grade CW5 is established and controlled by Title 10 USC and WOMA and may be further constrained by Congress, the Office of the Secretary of the Army, or the Chief of Staff of the Army. Although Title 10 and WOMA are subject to revision and modification, the basic concept remains unchanged. In effect, the number of CW5 positions depends on the total warrant officer authorized strength level. The total number of warrant officer authorizations is based on the size of the Army and is prescribed by the Secretary of the Army.

5-7. Promotion flow

a. Changes in authorizations, losses and promotions to the next higher grade create fluctuations in both the time in service (TIS) and time in grade (TIG) at which promotions occur. Under ideal circumstances, each qualified officer would advance through the grade structure with some degree of predictability. However, a relatively standardized promotion flow does not occur consistently due to expansion and contraction of the Army, changes in promotion policies and variations in officer losses each year.

b. Title 10 USC establishes minimum TIG requirements for promotion to the next higher grade as shown in table 5-2.

c. The promotion timings, as stated in DODI 1320.13 are expressed in terms of the years of Active Federal Commissioned Service (AFCS) at which promotion occurs. The promotion opportunity (DOPMA rate), as stated in DODI 1320.13, is the percentage of total selects over the eligible in-the-zone population. Promotion timing and opportunity objectives are shown in table 5-2.

d. Promotions within the Medical and Dental Corps are based on the anniversary date of their entry on to active duty. Due course promotions for these individual will occur on the sixth, twelfth and eighteenth year of service anniversary date.

e. The AMEDD has many “non-due course” officers. These are officers who, by virtue of their education and training are given constructive credit for entry grade determination UP DODI 6000.13, entering the force at a grade other than 2LT.

f. Changes in authorizations, losses, and promotions to the next higher grade create fluctuations in the point within a warrant officer’s career at which promotions occur. Under ideal circumstances, each qualified warrant officer should advance through the grade structure with some degree of predictability. This relatively standardized promotion flow is not consistently obtainable due to expansion and contraction of the Army, changes in promotion policies, and variations in warrant officer losses each year.

g. The WOMA establishes minimum time in grade (TIG) requirements for promotion to the next higher grade. The warrant officer promotion flow objective may be expressed in terms of years at which, warrant officer service promotions occur. History has consistently revealed that rapid promotions, in terms of reduced time in grade, have occurred during periods of force expansion. Conversely, promotions have always slowed down when force reductions occur. The current officer and warrant officer promotion flow objectives are shown in table 5-2.

Table 5-2
Time in service, time in grade, and promotion opportunity

Promote to:	Timing (TIS)	TIG (DODI)(10 USC)	Promotion Opportunity (DODI)
CW2	2 years WOS	18 months	fully qualified
CW3	8/7 years WOS*	3 years	best qualified (80 %)
CW4	14/12 years WOS	3 years	best qualified (74%)
CW5	20/17 years	3 years	best qualified (44%)
1LT/O2	18 months	18 months	fully qualified
CPT/O3	36-38 months	18-20 years	best qualified (90%) (DA guidance)
MAJ/O4	10 years +/- 1 year	3 years	best qualified (80%)
LTC/O5	16 years +/- 1 year	3 years	best qualified (70%)
COL/O6	22 years +/- 1 year	3 years	best qualified (50%)

5-8. Definitions of promotion zones

a. *Above the zone.* A promotion eligibility category that consists of commissioned or warrant officers of the same grade and competitive category on the active duty list who are eligible for promotion consideration and whose date of rank is senior to any officer in the promotion zone.

b. *Primary zone.* A promotion eligibility category that consists of commissioned or warrant officers of the same

grade and competitive category on the active duty list who are eligible for promotion consideration and whose date of rank is commensurate to any officer in the promotion zone.

c. Below the zone. A promotion eligibility category that consists of commissioned or warrant officers of the same grade and competitive category on the active duty list who are eligible for promotion consideration and whose date of rank is junior to any officer in the promotion zone.

5–9. Competitive categories

Each officer in the AMEDD and on the ADL is grouped in a competitive category for promotion as authorized in Title 10 USC and prescribed in DOD Directive 1320.12. Competitive categories are established to manage the career development and promotion of certain groups of officers whose specialized education, training, or experience, and often relatively narrow utilization, make separate career management desirable. Officers in the same competitive category will compete among themselves for promotion. There are six competitive categories within the AMEDD; one for each of the six Corps. There are two competitive categories for the warrant officer corps, Technical and Aviation warrants.

5–10. Impact of Officer Personnel Management System evolution

With the implementation of OPMS revisions, changes have occurred in Company Grade, Field Grade, and Warrant Officer Personnel management. These changes affect only Army Competitive Category officers and warrant officers.

a. Promotion plan. As part of OPMS, the Army defines primary and secondary zones of consideration for field grade promotions by basic year groups. The in-the-zone population, or primary zone, is usually established by the dates the first and last due course officer was promoted from a specific year group. A due course officer is one who has been on continuous active duty since commissioning as a second lieutenant and who has neither failed selection for promotion nor been selected for promotion from below-the-zone. This primary zone is accessed into the Army, and at times shaped, to achieve a promotion opportunity, as shown in table 5–2, that is relatively similar over a period of the next 5 years. This procedure has become known as the five-year Field Grade Promotion Plan. OPMS revisions have not changed this policy.

b. Decentralized selections. The officer's local commander approves promotion to first lieutenant (1LT) and CW2. Normally, the battalion commander promotes with the recommendation of the company commander. Although the promotion is thought of as being automatic upon completion of a specific period of active duty, the promotion is based on an officer's demonstrated performance. Officers who fail promotion to 1LT and CW2 are generally released from active duty or discharged.

c. Centralized selections. Officers promoted from captain through colonel and CW3 to CW5 are selected by HQDA centralized boards. Selection boards are asked to recommend fully or best qualified (as appropriate) officers from an inclusive zone of consideration (ZOC). The ZOC includes officers from above, in and below the promotion zone. When the number of officers being considered exceeds the maximum number to promote, the boards operate under best-qualified criteria. Centralized boards, except captain, are provided minimum promotion requirements (floors) by branch, functional area or area of concentration to ensure the Army's skill and grade mix balances with its needs. Recommendations are based upon branch, MOS, and functional area competency; the potential to serve in the higher grade; and the whole person concept. Factors considered include—

- (1) Performance.
- (2) Embodiment of Army Values.
- (3) Professional attributes and ethics.
- (4) Integrity and character.
- (5) Assignment history and professional development.
- (6) Military bearing and physical fitness.
- (7) Attitude, dedication, and service.
- (8) Military and civilian education and training.
- (9) Concern for Soldiers and families.

d. Instructions to promotion boards. Each board receives a Memorandum of Instruction from the Secretary of the Army providing guidance for the selection process. Copies of these memorandums are released to the officer corps following approval and public release of the board results. That portion pertaining to specialization has been expanded significantly to indicate that, in today's Army, the specialist has a significant role and responsibility. The instructions highlight the need for the different officer professional development patterns required for accomplishing the Army's total mission. Instead of a single traditionally accepted career path through various grades, multiple paths for advancement exist as the Army recognizes divergent Service needs and individual capabilities. Further, instructions to promotion boards prescribe that promotion potential will be determined, for the most part, based on an officer's record of performance in their designated branch or functional area and the officer's overall performance.

e. Promotion board membership. Personal qualifications, experience, and performance determine promotion board membership. AC, ASCC and DRU commanders recommend board members (colonel and below) from lists provided by the HQDA Secretariat for Selection Boards of eligible candidates who meet qualifications in a broad spectrum of

military fields. Following policy guidance from the Secretary of the Army, membership is designed to adequately reflect the skills, commands and diversity of the competitive category under consideration. The Director of Military Personnel Management, ODCS, G-1, approves the final slate of members on behalf of the Secretary of the Army. The Chief of Staff, Army, approves general officer membership.

f. Special selection boards. Special selection boards (SSBs) are convened as required to consider officers with dates of rank above or in the promotion zone that were erroneously omitted from consideration or whose official records contained material errors seen by the original board. Erroneous entries or omissions on the Officer Record Brief (ORB) generally do not justify reconsideration by a SSB. The officer's responsibility to review his or her ORB at least annually and the provision of AR 600-8-29 entitling officers in the zone of consideration to submit a letter to the president of the board are considered sufficient opportunity to overcome minor administrative deficiencies.

5-11. Selective continuation

a. Subject to the needs of the Army, officers pending separation because of having twice failed to be selected for promotion to CW3, CW4, CW5, MAJ, or LTC, may be selectively continued on active duty in their present grade. A selective continuation board must recommend the officers for continuation and the SA must approve the recommendation before officers may be continued. Officers may not apply for selective continuation. The SA will direct a selective continuation board to consider officers for continuation when required by the needs of the Army.

b. The AMEDD officers on the ADL who are twice not selected for promotion to MAJ or LTC may be voluntarily, or in accordance with the specific provisions of a service grant, continued on active duty to fulfill an active duty service obligation as indicated below. AMEDD CPTs and MAJs with an active duty service obligation will be considered for continuation by a selective continuation board.

(1) Those officers who are selected and accept selective continuation will be retained on active duty.

(2) Those officers with remaining active duty service obligations will be continued on active duty until fulfillment of all active duty service obligations (10 USC 632c(1)), unless the SA determines that completion of the active duty service obligation of that officer is not in the best interest of the Army (10 USC 632c(2)).

(3) Those officers retained on active duty pending fulfillment of an active duty service obligation will continue to be considered for promotion until separated.

5-12. Army Medical Department officer Reserve Component promotions

Although the promotion objectives for the Active Army are the same for the Reserve Component, the Reserve Component is governed by the Reserve Officer Personnel Management Act (ROPMA) instead of DOPMA. For more information on Reserve Component promotions, refer to paragraph 6-6 of this regulation and AR 135-155.

Chapter 6

Reserve Component Army Medical Department Officer Development and Career Management

6-1. Introduction

a. This chapter discusses the unique aspects of leader development, professional development and career management of Army National Guard (ARNG) and AR (Army Reserve) officers.

b. The RC of the Army includes the ARNG and the AR. When not in a federalized status (under federal control), the ARNG comes under control of the states, the territories of Guam and the Virgin Islands, the Commonwealth of Puerto Rico or the District of Columbia. The Army Reserve is a federal force within DA.

c. The ARNG and the AR operate under separate and distinct systems according to specific laws and regulations. However, since the purpose of the RC is to augment the Active Army in times of need, it is imperative that the implementation of these laws and regulations allow for the seamless integration of RC units and individuals into the Active force.

6-2. General description of the Reserve Component

The RC consists of 3 categories—the Ready Reserve, the Standby Reserve, and the Retired Reserve. All Reserve and Guard manpower are assigned to one of these 3 categories. This chapter focuses on the Ready Reserve.

a. The Ready Reserve is the largest category in the RC and contains the overwhelming majority of trained military manpower to augment the Active Army in time of war or national emergency. The Ready Reserve consists of the Selected Reserve, the Individual Ready Reserve (IRR) and the Inactive National Guard (ING).

(1) The Selected Reserve consists of the following: Units manned and equipped to serve and/or train either as operational or as augmentation units. Operational units train and serve as units; augmentation units train together, but when mobilized, lose their unit identity, being subsumed into an active unit or activity. Officers in the Selected Reserve are assigned to one of three programs: Troop Program Unit (TPU), Active Guard Reserve (AGR), or Individual Mobilization Augmentation (IMA).

(a) *Troop program unit.* Trained unit members who participate in unit training activities on part time basis. These officers are required to perform 48 Unit Training Assemblies (UTAs) per year and 14 days (15 days for ARNG) per year in annual training (AT) status. These members are in a paid status while performing these duties. Two TPU subcategories in the AR are the Army Professional Management Command (APMC) and Trainees, Transients, Holdees and Students (TTHS).

1. *Army Professional Management Command.* United States Army Reserve officers in Army Professional Management Command (APMC) are assigned to Army Reserve units throughout the United States with attachments to APMC for personnel, training, and pay management. Attachments to APMC apply to clinically proficient officers, residing in remote areas (more than 50 miles or 90 minutes from an Army Reserve unit).

2. *Trainees, transients, holdees, and students.* The purpose of trainees, transients, holdees, and students (TTHS) is to establish a manpower accounting practice that enhances the readiness of our Army Reserve units. This process increases the percentage of duty AOC qualified officers. The process enhances unit training, operational readiness, and allows for better preparation and completion of individual AOC training. Currently, the TTHS accounts are managed by the major command of the officer's unit.

a. *Trainee.* Officers selected for initial training (Officer, Warrant Officer). Includes all training from entry into the initial course through graduation from final course to their reporting at their first permanent duty station. This describes all officers currently in the training pipeline.

b. *Transients.* Officers who have reported to the transition point for normal separation (other than adverse conditions). Dependent upon time between assignments.

c. *Holdees.* Officers dropped from the strength of a unit due to medical, discipline, or pre-separation non-availability.

d. *Students.* Officers attending non-initial entry courses of instruction that are 139 days or longer.

(b) *Active Guard Reserve.* The Active Guard Reserve (AGR) Program supports and enhances the mobilization readiness of the Army Reserve. The AGR program is a career program designed to develop highly skilled leaders fully competent in their core skill sets. AGR officers serve full time and are eligible for the same benefits and entitlements as an Active Army officer, to include medical care for themselves and their immediate family, and the opportunity for immediate retirement after 20 years of Active Federal Service. AR officers serving within the AGR program are stationed worldwide in positions which directly support the Army Reserve. For more information on the AGR program, refer to AR 135-18 and AR 140-30, and NGR(AR) 600-5.

(c) *Individual Mobilization Augmentation (Army Reserve only).* Trained individuals assigned to an Active Army, Selective Service System or Federal Emergency Management Agency organization's billet that must be filled upon or shortly after mobilization. Officers assigned to this control group perform at least 12 days of AT each year and are assigned to a specific duty position in an Active Army unit or organization. Drilling Individual Mobilization Augmentees (DIMA) are authorized to perform paid Battle Assemblies of no more than 48 IDTs (based on funding) and 12 days Annual Training each year. Refer to paragraph 6-10 for more information.

(2) Individual Ready Reserve (IRR) consists of AR Soldiers who are not currently serving in the Selected or Retired Reserve. The IRR is a manpower pool comprised principally of previously trained individuals, having once served on active duty or in the Selected Reserve, and having some period of their military service obligation remaining or another contractual commitment. Members may voluntarily participate in training for retirement points and promotions, with or without pay. Individual Ready Reserve members may be (but are not presently) required to complete the same training requirements as Selected Reservists. Required training (involuntary) may not exceed 30 days a year. An officer in the IRR will be assigned to one of the following categories:

(a) *Control Group.* Annual Training. Ready Reserve officers with a training obligation, but who do not belong to an Army Reserve unit. They must perform AT when so directed.

(b) *Control Group.* Reinforcement; All other non-unit Ready Reserve officers not assigned to another control group.

(c) *Control Group.* Officer Active Duty Obligor; active duty officers who are appointed in the Army Reserve but do not enter onto active duty at the time of their appointment. These officers maintain their obligated status and may be ordered to active duty or duty with an ARNG or Army Reserve unit.

(d) *Control Group.* Dual component; Regular Army of the United States enlisted officers or WOs who hold Army Reserve commissions or warrants.

(3) Inactive National Guard (ING) personnel (ARNG only) consists of National Guard personnel in an inactive status in the Ready Reserve, not in the Selected Reserve, attached to a specific National Guard unit. Inactive National Guard officers are considered mobilization assets of the unit. Similar to other IRR, some ING members have legal and contractual obligations. Inactive National Guard members muster once a year but may not participate in training activities for points or pay and are not eligible for promotion. The ING is managed by the state in which the ARNG Soldier is assigned. There is not a centralized management organization to manage the ING (as HRC STL manages the IRR).

b. Standby Reserve consists of Soldiers who maintain their military affiliation without being in the Ready or Retired Reserve. Membership is limited to those Soldiers having mobilization potential. Soldiers with a statutory military service obligation, temporarily placed in the Standby Reserve, will be transferred back to the Ready Reserve at the

earliest possible date. Voluntary members of the Standby Reserve, unable to transfer to the Ready Reserve and possessing critical skills determined by the Secretary of the Army to be mobilization assets, may be retained instead of discharged. Soldiers assigned to the Standby Reserve are placed in one of the following categories: Active Status List or Inactive Status List.

c. The Retired Reserve is comprised of Reserve officer, warrant and enlisted personnel who have completed a minimum of 20 years of qualifying service for retirement at age 60 and elect to transfer to the Retired Reserve in lieu of continued service in the Ready Reserve or discharge. Officers electing to serve in the Retired Reserve, in lieu of discharge, continue to receive the cost of living increase on their accumulated retirement points. Officers in the Retired Reserve are entitled to benefits as a “Grey Area” retiree. See the HRC–St. Louis Web site for further information regarding “Grey Area” benefits. Officers in the Retired Reserve may be ordered to active duty involuntarily, as determined by the Secretary of the Army, in accordance with 10 USC 688 or voluntarily under the authority of 10 USC 12301(d).

6–3. Professional development

The AMEDD officers appointed to the Reserve Component bring a wealth of knowledge and experience from their civilian occupations and education. Professional development for AMEDD officers includes leadership development, clinical professional development, administrative and operational skills development, and maintenance of individual proficiency in AOCs/MFA and ASIs. The RCs fund all military education courses required for promotion. These educational requirements vary for AMEDD Branches and AOCs/MFAs. Refer to AR 135–155, table 2–1 and 2–2, and DA Pam 611–21 to determine the mandatory educational promotion requirements for each specialty. In addition to mandatory military educational requirements, the RCs and AC offer (based on available funds) other professional, clinical and operational courses through the AMEDD Center and School and through correspondence courses.

a. Army National Guard.

(1) The significant difference between AMEDD Personnel Management and similar systems in the Army Reserve and Active Army is in the decentralization of career management. AMEDD Personnel Management is a function of the state within the guidance and policies established by HQDA and the National Guard Bureau (NGB).

(a) Within those guidelines, the objective is to develop officers in adequate numbers and with the right skills to fully satisfy ARNG requirements while maximizing and taking advantage of each officer’s inherent skills and abilities.

(b) Duty assignments are made at the state level based on the force structure of the state, officers available to fill vacancies, unit readiness and geographic considerations.

(c) Appointments, promotions, branch transfers, evaluations, separations and other similar personnel actions are administered by the state.

(2) Officers, boards, commanders and personnel managers should be aware of the uniqueness of the RC environment and the implications of citizen Soldiering. The concepts of equivalent assignment and constructive credit must be understood. There are numerous leadership positions within the state ARNG structure that do not fall into the traditional definition of TOE/TDA command. Lieutenant level through general officer level leadership and command positions should be recognized, desired as potential assignments, and considered in promotion and selection board procedures. There are also TDA staff positions that equate with battalion and brigade staff positions. These are considered equivalent positions.

(3) Many ARNG officers are leaders in industry, the community and the corporate world. Many positions in corporations provide training and experience not only useful to the military but closely related to military specialty skills. Officers at all levels should be sensitive to the relationship between civilian occupations and training and military skills. Being a financial officer for a corporation certainly provides evidence of qualification as a military finance officer. Leadership in a civilian occupation provides evidence of potential for military leadership positions. These are examples of constructive credit possibilities that should be considered in determining an officer’s qualification for branch and MFA designation, and award of areas of concentration and skills. Army Regulation 611–1, Chapter 4 provides guidance for evaluating civilian education and occupation experience in the classification of ARNG officers. Officers may also apply for constructive or equivalent credit for military education courses in accordance with AR 135–155. AMEDD personnel are encouraged to seek out opportunities to build upon their respective clinical specialties and become familiar with the different types of units, which can utilize their expertise. It is widely accepted that reserve component clinicians are highly trained and well practiced in their medical skills due to the volume and variety of cases seen in civilian practice. Military assignments should be used as an opportunity for the clinician to familiarize themselves with Army procedures, equipment and practices.

(4) The Officer Personnel Classification Board (OPCB) can determine an officer to be qualified in his or her duty position. However, the officer may not be considered fully qualified until meeting the criteria in DA Pam 611–21. The officer does not have to be considered fully qualified in his or her AOC/MFA to be considered for favorable personnel actions. Additional requirements beyond the mandatory military education for award of the area of concentration AOC will not preclude the officer from being promoted or reassigned, unless otherwise stated in DA Pam 611–21.

b. Army Reserve. The development of the professional attributes and capabilities of Army Reserve officers to meet the mobilization needs of the Army is known as Officer Professional Development (OPD). While Army Reserve

officers share the same mission as their AC counterparts, the unique nature of the Army Reserve officer's role as a citizen-Soldier poses a challenge for professional development. However, Army Reserve officers are expected to follow AC officer development patterns as closely as possible, except that Army Reserve officers, in some instances, have increased windows to complete mandatory educational requirements. To meet professional development objectives, Army Reserve officers may need to rotate between TPU, IRR, and the IMA Program. These transfers are necessitated by geographical considerations, as well as the need to provide as many officers as possible the opportunity to serve with troops in leadership and staff positions. Additionally, there may be occasions when officers should transfer to the IRR while they complete mandatory educational requirements. Such transfers will be temporary and should not be seen as impacting negatively on the officer's career. The success of an officer is not measured by the length of service, in any one component or control group, but by the officers' breadth of experience, duty performance and adherence to branch and functional requirements. AMEDD personnel are encouraged to seek out opportunities to build upon their respective clinical specialties and become familiar the different types of units which can utilize their expertise. It is widely accepted that reserve component clinicians are highly trained and well practiced in their medical skills due to the volume and variety of cases seen in civilian practice. Military assignments should be used as an opportunity for the clinician to familiarize themselves with Army procedures, equipment and practices.

c. Clinical specific professional development. The AMEDD officers must maintain a high level of clinical expertise in their respective specialties. The RCs afford AMEDD officers opportunities for corps skill training as well as advanced technical training. AMEDD officers must continuously seek out professional development and assure "best practices" are implemented in the delivery of health care to our military and civilian population. AMEDD officers should seek out opportunities for advanced technical and leadership training. The RCs afford AMEDD officers a variety of courses, funding permitting, to pursue these opportunities.

(1) Competency criteria as well as various checklists for the award and maintenance of clinical competency are outlined in AR 40-68.

(2) Initial award of an AOC/ASI is done at the time of accession into the AMEDD. It is based on the officer's education, experience, and/or licensure or certification.

(3) Reclassification within Branch in additional AOCs/ASIs/MFAs or PDs (Proficiency designators) is the responsibility of each state, for the ARNG. The AMEDD Directorate at HRC St. Louis is responsible for AR reclassification. Officers should submit requests for reclassification to HRC St. Louis. ARNG Officers submit requests to their respective state. The HRC Web site contains additional guidance.

(4) A listing of all current AOCs/ASIs/MFAs/PDs along with qualifying criteria is available in DA Pam 611-21. Check <https://perscomnd04.army.mil/mosmartbk.nsf> frequently for updates to DA Pam 611-21.

(5) Each AMEDD officer is expected to maintain competence within the respective AOC/ASI/MFA awarded to them. It is the Soldier's responsibility to request removal of any AOC/ASI/MFA for which they are no longer competent. The HRC Web site details the process for removal of AOC/ASI/MFAs.

6-4. Leader development

a. The RC leader development program develops the values, attributes, skills and knowledge of ARNG and Army Reserve officers to meet the mobilization needs of the Army. Reserve Component officers must be properly trained in order to perform effectively in the event of mobilization. The development of RC officers is a continuous, progressive, and sequential process made up of 3 pillars— institutional training, operational assignments, and self-development. The branch specific sections of this DA Pam will more directly guide leader development for particular AOC groupings. Reserve career management officers (CMOs) are available to provide proactive Army Reserve warrior and leader career management and guidance using the following management pillars: assignment, training, education and promotion. For more detailed information regarding career guidance, please refer to the "Leader Development Guides" found on the HRC STL Web site— <https://www.hrc.army.mil/site/reserve/>.

(1) *Institutional training.* There are varieties of schools, both resident and non-resident, that provide the RC officer with military educational opportunities. These educational programs, which are designed to increase and update the professional knowledge of each officer, have the secondary goal of satisfying promotion and assignment prerequisites. Officer military education requirements are outlined in AR 135-155, table 2-1, NGR 600-100, and DA Pam 611-21. Operational experience through duty assignments augments what has been learned in the formal education process. To the maximum extent possible, RC officers receive operational assignments that allow them to apply the knowledge and leadership skills learned in institutional training. This is especially critical for company grade officers and junior warrant officers. Junior officers should be assigned to troop units. This phase in development is critical to developing leadership competencies and instilling the Army Values necessary in the officer corps. Careful planning and programming by agencies, commanders and the individual officer is essential to maximize the career potential and efficient use of the officer's skills, knowledge, and attributes. Experience gained through challenging and varied assignments enhances officer development and provides trained officers able to meet the dynamic needs of the RC.

Table 6-1
Military education requirements for promotion

From	To	Requirements
2LT	1LT	AMEDD OBLC (RC)/Army BOLC/AMEDD OBLC (See notes 1, 2 and 3)
1LT	CPT	AMEDD OBLC (RC)/Army BOLC/AMEDD OBLC (See notes 1, 2 and 3)
CPT	MAJ (see note 9)*	AMEDD Captain's Career Course (See notes 1, 2, 3, 4 and 5)
MAJ	LTC	ILE completion
LTC	COL	ILE completion
WO1	CW2	WOBC
CW2	CW3	AR - WOBC and in 2010 WOAC; ARNG - WOBC & WOAC
CW3	CW4	AR - WOAC and in 2010 WOSC; ARNG - WOAC & WOSC
CW4	CW5	WOSSC (Note 7)

Notes:

¹ Officers assigned to Control Group- Officer Active Duty Obligor (OADO) (See AR 135-155, para 2-8b(1)), educational delay for a graduate degree) and former OADO officers (including early Commissioning Program (ECP) participants) transferred to the Control Group (Annual Training) or the Selected Reserve preceding their promotion eligibility to 1LT are not required to meet the educational requirement for promotion to 1LT. Promotion under these circumstances does not negate the requirement to complete the resident officer basic course appropriate to their AOC (AMEDD OBLC (RC)/Army BOLC/AMEDD OBLC) at a subsequent date. Officers enrolled in a resident OBLC, who are otherwise eligible, will also be considered to have satisfied the education requirement for promotion to 1LT.

² MS officers with MFA 70 or AOC 67J and ROTC graduates who are appointed as Army Nurse Corps officers on or after 1 April 1984 are required to complete a resident Army BOLC/AMEDD OBLC. MS officers with MFA 70 or AOC 67J who were not AOC qualified as of that date are required to complete a resident Army BOLC/AMEDD OBLC.

³ All other AMEDD officers not listed in note 3, regardless of grade in which appointed, other than MC and DC officers in a residency program/fellowship, appointed after 1 June 1986 are required to complete the AMEDD resident RC OBC within three years after appointment. MC and DC residents/fellows (who have not previously completed their officer basic course) do not have to complete the RC officer basic course until three years after the completion of their residency/fellowship training program. However, in all cases IAW 10 USC an officer must complete their initial entry training prior to being found not qualified for promotion to the next higher grade by a DA Mandatory Selection Board.

⁴ MS officers frequently have AOC/MFA specific military education requirements for further promotion and are outlined in DA Pam 611-21.

⁵ Enrollment in AMEDD Captains Career Course requires AMEDD OBLC (RC)/Army BOLC/AMEDD OBLC completion/credit.

⁶ With the exception of MS officers within MFA 70 or AOC 67J and with the further of exception as listed in note 5, completion of an officer basic course appropriate to their AOC satisfies minimum military education requirements for promotion to any grade for all AMEDD officers. However, in order to remain competitive at DA Selection Boards for promotion to the next higher grade, as well as to continued professional development, all AMEDD officers are strongly encouraged to continue with military education beyond their officer basic course.

⁷ AR: Officer must possess a position vacancy coded W5 and be a WOSSC graduate before promotion.

⁸ Officers having a date of rank to CPT on or after 1 October 1987 must have completed CAS3/CCC prior to enrolling into ILE.

⁹ AN Officers must have completed a Bachelors of Science Degree in Nursing (BSN), to be promoted to MAJ.

¹⁰ Officer basic courses are in the process of curriculum and title changes. Please refer to the HRC STL Web site for the most updated information.

(2) *Operational assignments.* The assignment and transfer of officers is a collective effort between the career management officer, the officer and his or her unit. The applicable TOE or TDA prescribes the grade, branch, and AOC/MFA requirements for positions to which officers may be assigned. In the RC environment, assignment options are constrained by the force structure, demographic and geographic limitations. For these reasons, RC officers may need to accept assignments throughout the Selected Reserve. Reserve Component officers must also realize the possibility of occasional and temporary transfers to the IRR, especially in conjunction with the completion of Professional Development Education (PDE) requirements. These transfers provide the officer an opportunity to complete required studies without the distraction of a troop assignment and allow other officers the opportunity to gain troop leadership experience. Additionally, officers are encouraged to seek opportunities for mobilization. Tours of mobilization are considered OPTEMPO events which test the abilities of an officer to operate in an AC environment. These are both beneficial to the mobilizing officer and to the units he/she is sent to support.

(3) *Self-development.* Each officer has a responsibility for professional development, from the time of commissioning or appointment. Individual study, reading, research and interpersonal skills development and assessment are critical parts of leader development. Each officer should develop themselves in accordance with tracks established for his/her specific AMEDD specialty. Clinical development for practitioners and operational training for service support (67A) are considered necessary to remain proficient in respective fields. In addition, officers, in AOC 67A (MFA 70 series), are encouraged to pursue graduate studies at their first available opportunity. AGR, Active Duty for Special Work (ADSW), and Key Personnel Upgrade Program (KPUP, ARNG only) are ways to enhance that development.

b. Although it is not specifically one of the pillars of leader development, mentorship is the foundation upon which these pillars rest. Mentorship is the voluntary, developmental relationship between a person of greater experience and a person of lesser experience that is characterized by mutual trust and respect. Mentorship includes all of the leader development behaviors (for example, counseling, coaching, teaching and role modeling) that are displayed by a trusted advisor. The mentor/mentee relationship can be initiated by either party. If mentors do not make themselves available, the mentee must take the responsibility of seeking out a mentor. Mentorship is a critical component of leader development since it is a force multiplier. The pillars of leader development (institutional training, operational assignments and self-development) primarily affect the officer. Mentorship affects not only the mentored officer; it sets the tone for the relationship that the mentored officer will have with those he or she will mentor in the future.

Mentorship is paramount due to the limited amount of time that RC officers will spend in units serving under more senior officers who can serve as mentors.

6-5. Reserve Component promotions

The Reserve Component is governed by the Reserve Officers Personnel Management Act (ROPMA) for promotions. ROPMA's purpose is to standardize reserve officer personnel management across the military, and to align the reserve promotion system with that used in the Active Army. For additional information on the RC promotion system and process refer to AR 135-155.

a. Under ROPMA, "fully qualified" boards still exist. It is recommended that all officers strive to meet "best qualified" standards in order to remain competitive. To be considered best qualified all officers should complete 100 percent of all military education courses (AMEDD OBLC (RC)/Army BOLC/AMEDD OBLC, CCC, ILE) regardless of whether they need the course to be fully qualified for promotion to the next higher grade. Officers should continue to pursue higher levels of civilian education and other forms of self-development within their fields. Taking a variety of tough assignments with increased responsibility sets officers apart from their peers.

b. The ROPMA eliminates mandatory time-in-service requirements for promotion, but sets minimum and maximum Time In Grade (TIG) requirements for each rank (see table 6-2).

Table 6-2
Reserve Officer Personnel Management Act time in grade requirements

	2LT	1LT	CPT	MAJ	LTC	COL
MINIMUM (see note 1)	2	2	4	4	3	
MAXIMUM	2 (see note 2)	4 (see note 4)	7	7	6 (see note 3)	

Notes:

¹ Minimum TIG requirements are considered for below-the-zone promotions and are only authorized on a position vacancy board.

² Maximum TIG to 1LT is 2 years if military education requirements are met. Max TIG can be waived to 3.5 years before required separation under AR 140-10, chapter 7-5.

³ Board Zones announced annually. Time in grade was changed from 5 years to 6 years and is subject to the needs of the Army.

⁴ USAR=4 years TIG, ARNG = 5 Years TIG

⁵ Minimum Education requirements can be found in table 6-1.

c. The ROPMA provides a below-the-zone promotion option, based on the needs of the service, for captains, majors, and lieutenant colonels. The decision to allow below-zone promotions will be made on a board-by-board basis. At the present time, below-zone authority only applies to the AGR population and is being withheld by the Assistant Secretary of the Army for the officers in TPU, IMA, and IRR.

d. The ROPMA allows officers to delay a promotion upon selection. The delay can be up to three years (not applicable to Active Guard Reserve Officers). Officers who do not receive an assignment to a unit position, in the grade to which recommended, at the end of the approved delay period would either decline the promotion, and be considered a failure of selection, or transfer to the Individual Ready Reserve to accept promotion. Officers who decline promotion after three years are considered one-time non-selects and are subject to discharge rules based on rank if they become a two-time non-select (majors and below).

e. The ROPMA allows officers to be considered a second time for promotion to lieutenant colonel and below. These officers are still eligible for promotion if selected when the second board convenes.

f. The ROPMA allows eligible officers to be considered for position vacancy promotions (1LT through LTC). The position must require a grade higher than the grade an officer currently holds. In addition to meeting the grade requirement, an officer interested in a position vacancy system promotion must have attained the minimum civilian and military education called for at the next higher grade. Any qualified officer on the Reserve Active Status List may compete for a position vacancy promotion. All Officers must meet the qualifications found in AR 135-155, para 2-9. The position vacancy boards of the Army National Guard United States (ARNGUS) and Army Reserve (AR) remain in effect "below the promotion zone" boards which rewards officers for their superior performance by advancement through competition for specific positions.

g. The ARNGUS and AR position vacancy boards officer who was once considered, but not selected by a mandatory promotion board may not be considered by a subsequent position vacancy board to that grade, unless the Secretary of the Army determines the officer is the only qualified officer available to fill the vacancy, without the required penalty of removing an in-zone officer from a selection list.

h. Promotion selection discriminators include—

- (1) Best qualified.
- (2) Active participation.

- (3) Outstanding performance.
- (4) Varied assignment history and continued professional development.
- (5) Military bearing and physical fitness.
- (6) Obtaining highest level of military and civilian education and training.
- (7) Embodiment of Army Values.
- (8) Professional attributes and ethics.

6-6. Company and field grade officer career management

a. Reserve Component. Accessions, retention, and transitions are key elements in career management. These functions are as follows:

(1) *Accessions.* The AMEDD candidate will prepare an initial appointment packet that is boarded at the United States Army Recruiting Command (USAREC) in Fort Knox, Kentucky. For additional information, AR135-101 provides guidelines for the appointment of AMEDD officers.

(2) *Retention.*

(a) *Obligated officers.* Most AMEDD officers enter military service with an initial obligation based on their source of commission or warrant. This varies depending on the source such as Reserve Officer Training Corps, Direct Appointment, RA, Officer Candidate School, or Service Academies. Additionally, officers in the AMEDD may incur further contractual obligation by accepting certain educational opportunities and/or financial incentives. Contractual (time varies by individual situations) and statutory (usually 8 years) obligations may or may not run concurrently. For information on these obligations, see AR 135-91. Officers are highly encouraged to continue their military service after they have met their statutory or contractual obligation. Continuation of service offers advanced educational and training opportunities.

(b) *Incentive programs.* There is a variety of AMEDD specific incentives focused on retaining qualified officers. These programs are open only to select officers with health professional specialties identified on the Critical Wartime Shortage List. Information concerning eligibility, application, and program entitlements are contained in AR 135-7, chapters 7 and 11, and the annual AMEDD Incentives Memorandum, published by each component. AR officers can obtain a copy of this memorandum by contacting the AMEDD Directorate, Incentives Branch, Army Human Resources Command (HRC)-St. Louis, MO. The ARNG officers may obtain a copy of this memorandum by contacting the Office of the Chief Surgeon, NGB. Applicants are encouraged to reference the HRC Web site for incentives updates.

(c) *Special pay.* Army clinicians will be paid as a commissioned officer and, depending upon their area of concentration, may be eligible to receive a number of special pay incentives.

(3) *Transitions.*

(a) *Retirement.* All Reserve Component officers who complete the required years of service to become eligible for retired pay at age 60 will receive a 20-year letter as their written notification of that eligibility. They typically receive the 20-year letter notification during the year following your qualifying retirement year. Normally the letter is issued 45-60 days after the retirement year ending date. To be eligible for retirement pay at age 60, you must have completed 20 years or more of qualifying service. For more information refer to 10 USC 1370 and AR 135-180.

(b) *Separations.*

1. Conditional Releases may be requested by Reservists or the prospective gaining Reserve Component/Recruiter. For more information refer to AR 140-10 and HRC Web site.

2. In order to resign their commissions, officers must meet the criteria in AR 135-91. Officers cannot resign their commissions until they have completed their Statutory Obligation (8 Years) or their Contractual Obligation, whichever comes later.

3. Mandatory removal is an involuntary action to separate an officer based on regulation or law statues (see AR 140-10, chap 7 for outline of MRD exceptions for AMEDD officers). An officer's Mandatory Removal Date (MRD) can change if one of the rules applies prior to rules 1 or 2. Below are the most common MRD rules—

a. Rule 1 (length of service)— LTC and below, 28 years commissioned service; COL, 30 years commissioned service; note exceptions in chapter 7; and Army Reserve AN, MC, MS (NOT 67A or 70 MFAs), DC, SP, and VC can be granted extensions to 35 years commissioned service based on the needs of the service.

b. Rule 2 (maximum age)— COL and below, age 60; exceptions— AMEDD in AN, MC, MS (not 67A or 70 MFAs), DC, SP and VC can be granted extension to age 67 based on the needs of the service (10 USC 14703); and officer is removed on the last day of the month in which they reach age 60 or if extended, the extended age limit.

c. Rule 3 and 4 (non-selection for promotion)— Officers (MAJ and below) who have fulfilled their statutory service obligation and are 2X non-selects will be separated on the first day of the seventh month after the month in which the President approves the board results; 2X non-select 1LTs who have not fulfilled their original military service obligation and do not possess a baccalaureate degree will be separated upon completion of their original military service obligation; and exceptions to rule 3 and 4— MAJs 2X non-selected to LTC will be retained until they reach 20 years commissioned service; officers with 18+ years of service will be retained until they reach 20 years of service; Officers continued under Selective Continuation. The number of personnel selectively continued varies by AOC and is based on needs of the Army; and Reserve Component officers twice non-selected for promotion to MAJ or LTC, and

who have been selectively continued, will be continued to the maximum length amount allowed by law (20 years of commissioned service for CPTs and 24 years of commissioned service for MAJs).

d. Rule 5 (failure to complete military education)— applies only to officers who have fulfilled their statutory military service obligation; and officers have 36 months to attend OBC, exception is granted for officers in STRAP.

b. Army National Guard.

(1) Career management for ARNG officers is conducted in accordance with HQDA and NGB policy and regulations and is administered at the state level by authority of The Adjutant General (TAG). Duty assignments are made at the state level based on the force structure of the state, available officers, unit readiness requirements and geographic considerations. Promotions, branch transfers, evaluations, separations and other personnel actions are administered by the state within HQDA and NGB policy guidance. Appointments, branch designations or changes and promotions require Federal Recognition orders issued from NGB.

(2) The Director, ARNG is the conduit between HQDA and the states to ensure that the objectives of OPMS are fully incorporated in AMEDD Personnel Management. The personnel directorate at ARNG G1 NGB assists The State Adjutants General and their staffs in administering AMEDD Personnel Management by establishing policy and guidance reflecting America's Army systems. The ARNG G-1 is the proponent for regulations, policy and procedures governing AMEDD Personnel Management. Management of the AMEDD Personnel Program at NGB is accomplished by one officer assigned to the Office of the Chief Surgeon, NGB.

(3) The State Adjutants General oversee the direction and effectiveness of the officer career management programs in their respective states. This includes the designation of branches and MFAs and the awarding of AOC and skills, as well as the operation of personnel administration. The Adjutant General appoints the state officer personnel manager (G-1), who is the primary representative of The Adjutant General in implementing and administering AMEDD Personnel Management. The G-1 ensures that all aspects of AMEDD Personnel Management are administered and serves as the principal advisor to The Adjutant General. The G-1 maintains the management records, evaluates the requirements within the state, and monitors the career development of officers available to fill those requirements. The G-1 manages the officer inventory.

(4) Leader development should be emphasized as a primary command responsibility. Commanders at all levels assist in the administration of AMEDD personnel management by—

- (a) Coordinating with the State G-1 to develop and properly guide the career of officers in their command.
- (b) Recommending assignments according to the qualifications, attributes, potential, and desires of their officers.
- (c) Serving as mentors and conducting periodic evaluations and counseling.
- (d) Recommending professional development schools and training.

(5) Unit personnel officers, especially at the battalion level, play a vital role in career management for ARNG officers by—

- (a) Maintaining liaison with the state G-1.
- (b) Assisting officers in maintaining their records.
- (c) Counseling officers concerning requirements for designation of branches and MFAs.
- (d) Maintaining the Military Personnel Records Jacket.
- (e) Making recommendations to the commander and the G-1 for changes to the personnel status of officers.

(6) Official Military Personnel Files (OMPF) for all ARNG commissioned officers are maintained at NGB. The OMPF is used by DA selection boards when considering ARNG officers for promotion under AR 135-155. The appropriate State Adjutant General maintains a field military personnel records jacket for each officer.

(7) The individual officer has the final responsibility for ensuring that he or she is progressing to the maximum level within AMEDD Personnel Management. The officer establishes goals and evaluates progress, making the adjustments necessary to achieve personal goals and professional proficiency.

(8) The designation of special branches and the award of AOC for Army Medical Department (AMEDD), Chaplain Corps, and the JAG Corps officers is a function of HQDA. At the time of application for appointment, the state requests predetermination, through NGB, of qualifications in the branch in which the applicant wishes to serve. Special branch officers may be awarded skill indicators if qualified and essential to the actual or potential assignment as determined by the adjutant general (see NGR 351-1).

c. Army Reserve.

(1) The careers of TPU officers are initially managed by their respective units of assignment for administrative and personnel actions. However, Career Managers at the Human Resource Command—St. Louis are available to provide guidance and direction to all officers, regardless of assignment. Officers in the IRR and IMA programs rely upon the Human Resource Command, together with respective IMA agencies, for administrative and personnel actions. The key individual in the career management cycle is the Career Management Officer (CMO). The individual officer, with guidance from the CMO, has the duty of developing the most professionally competent Army Reserve officers possible by consistently providing meaningful training opportunities and assignments for officers within their areas of management responsibility. Additionally, the CMO provides valuable and realistic guidance, through individual counseling, regarding the officer's educational requirements and prospective assignments, to career enhancing positions, relative to

his or her professional development goals. Officer personnel management ensures that sufficient numbers of highly qualified Army Reserve officers are available to meet mobilization requirements and to assume positions of increasing responsibility. To accomplish this, the CMO ensures that the intellectual and professional growth of all officers meets Army needs.

(2) Although the CMO is a key agent in career management, the individual officer is primarily responsible for his or her own career. The successful management of Army Reserve officers requires a full and ongoing partnership between the CMO and the officers he or she manages. It is essential the lines of communication between the CMO and the officer remain open and bi-directional at all times. Army Reserve officers must fully understand the requirements to remain highly competitive in the ROPMA environment. Further, officers must take steps to remain mobilization ready at all times. An Army Reserve officer who is not mobilization ready is not considered a usable asset and will not have a future in America's Army.

6-7. Warrant officer career management

Career management is of critical importance to the modern RC WO. Most RC warrant officers have their civilian goals and projections programmed several years into the future. However, coordinated management of RC warrant officers' military careers is a recent innovation. The modern RC WO is a complex person with numerous skills and disciplines, both civilian and military. The need for a thorough, professionally designed leader development plan is both obvious and imperative. The career RC WO must be well trained to fill his or her mobilization role.

a. Army National Guard.

(1) Army National Guard WO career management is the responsibility of the State Adjutants General.

(2) The National Guard Bureau (NGB) communicates DA policy to the State Adjutants General in all matters concerning WO career management.

(3) Leader development is a primary command responsibility. Commanders at all levels assist in the administration of WOLDAP-ARNG by coordinating with the OPM to develop and properly guide the career of each officer in their command, recommending assignments according to qualifications, aptitudes, potential and desires of their officers, serving as mentors, conducting periodic evaluations and counseling, and recommending leader development schools and training.

(4) Organization personnel officers, especially at battalion level, play a vital role in career management for ARNG warrant officers. The responsibilities of the personnel officer include maintaining liaison with the OPM, assisting warrant officers in maintaining their records, counseling warrant officers concerning requirements for designation of MOS and MFAs, maintaining the MPRJ, and making recommendations to the commander and the MPMO for changes to the personnel status of warrant officers.

(5) Warrant officers have the final responsibility for ensuring they are progressing satisfactorily in their professional development. They establish goals and evaluate progress, making necessary adjustments to achieve personal goals and professional proficiency.

(6) The OMPF for all ARNG warrant officers are maintained at NGB. The appropriate State Adjutant General office maintains a field military personnel record jacket for each WO.

(7) The Adjutant General of the state establishes unit location and stationing.

b. Army Reserve.

(1) Commanders and career management officers (CMOs) are charged with the duty of developing the most professionally competent AR warrant officers possible by consistently providing meaningful training opportunities for the warrant officers within their area of management responsibility. The CMO has training programs available which are designed to provide a balance of military experience during each AR WO's career.

(2) The TPU is one important training vehicle. In the TPU, WOs gain the operational assignment experience necessary for leader development. In this area, commanders must be closely involved with the developmental process of their subordinate WOs by offering progressive and sequential assignments and ensuring that appropriate skills, knowledge, and attitudes are developed.

(3) A balance must be maintained between assignments to TPUs and assignments within the IRR. Diversity of assignment reduces the probability of narrow, limited training and assignment experience. Stagnation in any category of assignment can be counterproductive to the development of the individual officer, as well as improperly utilizing the availability of assignments to enhance the professional capability of the entire WO corps.

(4) In the IRR, the WO is able to update his background by training with the Active Army in progressive career field assignments. This type of assignment is called "counterpart training." IMA assignments may also be available.

c. Warrant officer management considerations.

(1) *Army National Guard.* To properly plan for the development and assignment of warrant officers into positions of increasing responsibility, it is necessary to have an overview of the State force structure and an inventory of WO positions. States develop a State Master Development Plan (SMDP) as a tool for this purpose. The SMDP allows for analysis of all MOSs authorized by State force structure documents to determine career progression patterns for warrant officers within the State. The SMDP is used to determine how many warrant officers in each MOS the Adjutant General needs to develop. The proper selection, training, and utilization of WOs is dependent on each State's MOS

requirements. Institutional training must be completed at the appropriate WO career point, the best qualified WOs must receive progressive operational assignments in recognition of their demonstrated skills, and all WOs must be aware of their responsibility to achieve the highest possible goals of self-development.

(a) All WOs are assigned according to individual qualifications that are properly documented.

(b) The professional capabilities of all WOs are developed through planned and progressively responsible assignments. This ensures a sufficient number of qualified WOs at all times to accomplish assigned missions.

(c) All WOs have equal opportunity for promotion selection and for higher assignments on the basis of their demonstrated abilities.

(d) All WOs are aware of the guidelines and expectations in their career planning.

(2) *Army Reserve*. Decisions on assignments will be made on the basis of the "whole person" concept and unit requirements. Military training priorities must be integrated with the officer's civilian job and personal/community responsibilities.

(a) The CMO will ensure that the background information on each WO is complete. Each record will be reviewed to determine the extent and quality of activity during service. Those IRR officers without recent active participation may be programmed for counterpart training, if available, with an Active Army unit prior to consideration for assignment to a troop unit.

(b) Warrant officers serving in the IRR will be considered for reassignment to a TPU or an IMA assignment based on the following factors. The CMO must ensure that officers have the prerequisite and, when appropriate, civilian schooling required to prepare them for the assignment.

1. Availability and type of TPUs within a reasonable commuting distance (AR 140-1), normally within a 50-mile radius or a 90 minute travel time. Distance is based on travel by car, one way, under normal traffic, weather, and road conditions over the most direct route to the WO's home or current residence.

2. Prior experience, both Active Army and RC, and the level of this experience compared to a typical WO of the same grade, MOS/FA, and age.

3. Career field and level of military schooling or potential to acquire the required skills within 3 years of assignment.

4. Amount of time the WO can make available for military activities and officer's preferences for types of assignments.

6-8. Career management life cycle

Although the AC and the RC share many of the same educational and promotion requirements, the RC officer's life cycle differs in several areas. These differences include length of schools, time in grade for promotion, and assignment opportunities.

a. *Lieutenant*. This period of an RC officer's career is predominantly developmental in nature. The officer is educated in branch and leadership skills and should acquire maximum practical experience through assignment to troop units. Officer Basic Leadership Course (all phases) must be completed within 2 years of commissioning for an officer to be fully qualified and remain in the Army Reserve and ARNG. All Army Nurse Corps ROTC graduates and all AOC 67A (70 series) and 67J must attend the Army BOLC/OBLC resident (long) course, while all other AMEDD Officers may attend the RC (short) course. Positions at division level and forward are encouraged for those in this grade to be commensurate with the AC experience. Division and forward medical assets are found in the ARNG for reserve component officers.

b. *Captain*. Reserve Component CPTs gain advanced leadership experience. For AOC/MFA 70B, it is important to seek out an additional MFA such as 70E, 70F, 70H or 70K. For those in clinical specialties, it is important to pursue higher level proficiencies in the respective specialty. Higher military education in the form of attendance at CCC is expected while holding this grade but can be initiated as a 1LT. Company command and battalion staff experience are desired during this period for AOC 67A personnel. Completion of CCC is a mandatory requirement for promotion to MAJ for AOC 67A (MFA 70 Series) and highly encouraged for other clinical specialties. CCC is a prerequisite for enrollment in ILE. In addition, Army Nurse Corps Officers are encouraged to enroll in the Head Nurse Leader Development Course.

c. *Major*. As a MAJ, the RC officer continues to develop in his or her branch and MFA. Army Nurse Corps officers appointed on or after 1 October 1986 must possess a baccalaureate degree in nursing from an accredited educational institution prior to promotion to MAJ. Utilization in the MFA may occur during this period as the officer acquires staff and leadership experience and knowledge appropriate to levels of higher responsibility. Opportunities exist for officers to serve as a company commander, XO or S-3 in an AC unit, AR or ARNG unit. These opportunities warrant the same consideration regardless of whether the unit is AC, AR or ARNG. A qualified AOC 67A (MFA 70 series) MAJ is one who has completed ILE. The Advanced Logistics Executive Development Course/Logistics Executive Development Course (ALEDC/LEDC) are encouraged for promotion to LTC. Please note that attendance at ALEDC/LEDC does not negate the requirement to attend ILE. In addition, Army Nurse Corps Officers are encouraged to enroll in the Advanced Nurse Leader Development Course.

d. *Lieutenant colonel*. At the LTC level, the RC officer applies the skills in his or her branch or MFA in

management and leadership positions of greater responsibility. Senior staff and command experience are desired at this level. The AMEDD clinical personnel interested in command positions must have completed either CGSC or ILE military education or higher. Completion of ILE is necessary for assignment as brigade executive officer or brigade S3 and for promotion to COL. Completions of ILE and branch Pre-Command Courses (PCC) are also required for assignment at battalion level or higher command positions. The Chief of Staff, Army, may waive the branch PCC requirements for command. Even with a waiver, the officer still must complete ILE and branch PCC within the 1st year of command or be subject to removal from command.

e. Colonel. At the COL level, the officer applies the skills in his or her branch or MFA in management or leadership positions of greater responsibility. The HQDA, DOD, and Joint staff, as well as command experience, are desired at this level. Effective 1 October 1996, Senior Service College became a prerequisite for promotion to general officer. Officers selected for brigade command have the same branch PCC requirements as battalion commanders.

f. Warrant officer one. An officer appointed by warrant with the requisite authority pursuant to assignment level and position given by the Secretary of the Army. WO1s are basic level, technically and tactically focused officers who perform the primary duties of technical leader, trainer, operator, manager, maintainer, sustainer, and advisor. They also perform any other branch-related duties assigned to them. They also provide direction, guidance, resources, assistance, and supervision necessary for subordinates to perform their duties. WO1s have specific responsibility for accomplishing the missions and tasks assigned to them and, if assigned as a commander, the collective or organizational responsibility for how well their command performs its mission. WO1s primarily support levels of operations from team through battalion, requiring interaction with all officer cohorts and primary staff. They provide leader development, mentorship, and counsel to enlisted Soldiers and NCOs. The appropriate WOBC must be completed within 2 years of appointment to be a mobilization asset and remain in the ARNG and Army Reserve.

g. Chief warrant officer two. A commissioned officer with the requisite authority pursuant to assignment level and position as given by the Secretary of the Army. CW2s are intermediate level technical and tactical experts who perform the primary duties of technical leader, trainer, operator, manager, maintainer, sustainer, and advisor. They also perform any other branch-related duties assigned to them. They provide direction, guidance, resources, assistance, and supervision necessary for subordinates to perform their duties. They have specific responsibility for accomplishing the missions and tasks assigned to them and, if assigned as a commander, the collective or organizational responsibility for how well their command performs its mission. CW2s primarily support levels of operations from team through battalion, requiring interaction with all officer cohorts and primary staff. They provide leader development, mentorship, advice, and counsel to NCOs, other warrant officers and company grade branch officers. A qualified CW2 will have completed the AMEDD Warrant Officer Advance course (WOAC) prior to selection for CW3 (7th year of warrant service)

h. Chief warrant officer three. A commissioned officer with the requisite authority pursuant to assignment level and position as given by the Secretary of the Army. CW3s are advanced level technical and tactical experts who perform the primary duties of technical leader, trainer, operator, manager, maintainer, sustainer, integrator, and advisor. They also perform any other branch-related duties assigned to them. They provide direction, guidance, resources, assistance, and supervision necessary for subordinates to perform their duties. CW3s have specific responsibility for accomplishing the missions and tasks assigned to them and, if assigned as a commander, the collective or organizational responsibility for how well their command performs its mission. CW3s primarily support levels of operations from team through brigade, requiring interaction with all officer cohorts and primary staff. They provide leader development, mentorship, advice, and counsel to NCOs, other warrant officers and branch officers. CW3s advise commanders on WO issues. A qualified CW3 will have completed the Warrant Officer Staff course (WOSC) prior to selection for CW4 (13th year of warrant service).

i. Chief warrant officer four. A commissioned officer with the requisite authority pursuant to assignment level and position as given by the Secretary of the Army. CW4s are senior level technical and tactical experts who perform the primary duties of technical leader, manager, maintainer, sustainer, integrator and advisor. They also perform any other branch-related duties assigned to them. They provide direction, guidance, resources, assistance, and supervision necessary for subordinates to perform their duties. CW4s have specific responsibility for accomplishing the missions and tasks assigned to them and, if assigned as a commander, the collective or organizational responsibility for how well their command performs its mission. They primarily support battalion, brigade, division, corps, and echelons above corps operations. They must interact with NCOs, other officers, primary staff, and special staff. CW4s primarily provide leader development, mentorship, advice, and counsel to NCOs, other warrant officers and branch officers. They have special mentorship responsibilities for other warrant officers and provide essential advice to commanders on WO issues.

j. Chief warrant officer five. A commissioned officer with the requisite authority pursuant to assignment level and position as given by the Secretary of the Army. CW5s are master-level technical and tactical experts who perform the primary duties of technical leader, manager, integrator, advisor, or any other particular duty prescribed by branch. They provide direction, guidance, resources, assistance, and supervision necessary for subordinates to perform their duties. CW5s have specific responsibility for accomplishing the missions and tasks assigned to them. CW5s primarily support brigade, division, corps, echelons above corps, and major command operations. They must interact with NCOs, other officers, primary staff and special staff. They provide leader development, mentorship, advice, and counsel to warrant

officers and branch officers. CW5s have special WO leadership and representation responsibilities within their respective commands. They provide essential advice to commanders on WO issues. Once selected for CW5, the officer will be scheduled to attend the Warrant Officer Senior Staff course (WOSSC). Once the officer is assigned into a CW5 position and upon successful completion of WOSSC the Soldier will be promoted to CW5. CW5s are assigned into positions designated for CW5s.

6–9. Management considerations

a. Army National Guard.

(1) *General.* To properly plan for the development and assignment of officers into positions of increasing responsibility, an overview of the state force structure and an inventory of officer positions is necessary. States develop a State Master Development Plan (SMDP) as a tool for this purpose. The SMDP allows for analysis of all branches authorized by state force structure documents to determine career progression patterns for officers within the state. The SMDP is used to determine how many officers in each branch, MFA, and AOC the adjutant general needs to develop.

(2) *Career planning.* Orderly career planning provides for progressive duty assignments and military schooling to meet current needs and develop officer skills for future assignments. The success of the officer career planning and management program is dependent upon policies and plans that ensure:

(a) When evaluating an officer's active duty assignments, consideration should be given to the duty positions held by the officer, as well as his or her experience level. Active duty experience should be capitalized upon by assigning these officers to positions in which they can share their experiences and expertise.

(b) All officers are assigned according to individual qualifications that are properly documented.

(c) The professional capabilities of all officers are developed through planned and progressively responsible assignments. This ensures a sufficient number of qualified officers are available at all times to accomplish assigned missions.

(d) All officers have equal opportunity for promotion selection and for higher assignments based on their demonstrated abilities.

(e) All officers are aware of the guidelines and expectations concerning career planning.

b. Army Reserve.

(1) *Previous active duty assignments.* When evaluating an officer's active duty assignments, consideration should be given to the duty positions held by the officer, as well as his or her experience level. Active duty experience should be capitalized upon by assigning these officers to positions in which they can share their experiences and expertise.

(2) *Experience.* The officer's record should be reviewed for previous assignments, the level of assignment, command and staff experience, active duty for training (ADT) assignments, and other RC oriented training.

(3) *Military education.* The officer's record should be reviewed for military schools that have been completed. Enrollment into resident and non-resident schools should be accomplished in a timely manner to ensure successful completion of military education requirements. Education that incurs a service obligation must be fulfilled in either the unit that sent the officer or in a like-type unit. Although CMOs are not responsible for ensuring that managed officers complete the requirements, they play an important role in monitoring the officer's progress until the course is successfully completed.

(4) *Civilian background.* The CMOs should evaluate the officer's civilian education and occupational background for potential skills, knowledge and attributes that have military applications. Consideration may be given for designation of a skill identifier for a civilian-acquired skill.

(5) *Level of participation.* The most critical factor in an officer's development is his or her willingness to participate in leader development over an extended period of time. The successful Army Reserve officer keeps his or her CMO informed of the type of duty, training and education that best conforms to the officer's attributes, interests and professional development needs. Although statutory and regulatory requirements for participation in education and training exist, the Army Reserve remains a volunteer organization. Ideally, every officer participates in educational opportunities to the maximum extent possible within the funding constraints that exist within the Army Reserve environment. It is also realized that Army Reserve officers are constrained by civilian employment, family considerations and community responsibilities. However, Army Reserve officers must make every attempt to participate consistently in training and education opportunities. Failure to do so may result in the officer's administrative elimination from the service through either voluntary or involuntary means (board action).

(6) *Branch officers serving in command positions.* Army Reserve officers must meet branch criteria for the type of unit they will command. This requirement is fundamental to our America's Army concept; therefore, requesting a waiver from this requirement is strongly discouraged. Officers can request a waiver through their chain of command and CMO to the Chief, Army Reserve. In the absence of compelling reasons, approval of the request is not likely.

(7) *Reassignment—Individual Ready Reserve.* Officers serving in the IRR are considered for placement in a TPU position or an individual mobilization augmentee assignment based upon current position availability and the officer's career progression needs. The CMO ensures that officers have the military and civilian schooling necessary for TPU or individual mobilization augmentee assignments, while taking the following factors into consideration:

(a) Availability and type of TPU within a reasonable commuting distance. Officers are assigned according to established procedures using the request vacancy system (see AR 140–1 and applicable directives).

- (b) Availability and type of individual mobilization augmentee assignments currently available.
- (c) Prior experience (both Active Army and RC) and the level of this experience compared to a typical officer of the same grade, branch, MFA and time in service/time in grade.
- (d) Career field and level of military and civilian schooling or potential to acquire the necessary skills within 3 years of assignment.
- (e) Obligated members of the annual training control group or Officer Active Duty Obligor (OADO) control group who may be involuntarily assigned to a TPU or individual mobilization augmentee position vacancy.
- (8) *Reassignment— troop program unit officers.* A thorough review of an officer's file will be completed upon transfer to the IRR, and the officer should be prepared to discuss future career development needs and type of assignments desired. Assignments to the IRR should be temporary and only occur as part of the specific officer's career management plan, in conjunction with CMO guidance. An officer in the IRR should continue to seek training opportunities to remain current in branch and/or MFA.

6-10. Individual mobilization augmentee and/or drilling individual mobilization augmentee assignments (Army Reserve)

a. General. Army Reserve officers fill a number of key positions throughout DOD and other governmental agencies. These positions are used to rapidly expand the agencies during the early phases of mobilization. Pre-selected, specially qualified officers are assigned to these positions and are trained during peacetime to augment the commands and agencies to enhance mission accomplishment upon mobilization. These officers are called IMAs/DIMAs and are assigned to Army Reserve Control Group-IMA in a Selected Reserve status. IMAs are given pre-mobilization orientation and qualification training for the positions to which they are attached. This is accomplished during 12-day annual training tours. Officers assigned as DIMA receive an additional 12 days (contingent upon funding) of training per year in an IDT status, which are performed with their unit or organization of attachment. These tours are coordinated between the unit or organization, the CMO, and the officer (see AR 140-145 for more on the Individual Mobilization Augmentee Program).

b. Training. Individual mobilization augmentee officers training requirements are coordinated through the gaining agency. All requests for training in lieu of, or in addition to, annual training tours are submitted on DA Form 1058-R (Application for Active Duty for Training, Active Duty for Special Work, Temporary Tour of Active Duty, and Annual Training for officers of the Army National Guard and Army Reserve) through the proponent agency to Commander, HRC-St. Louis, ATTN: AHRC-RSA, 1 Reserve Way, St. Louis, MO 63132. HRC-St. Louis publishes orders if the unit or organization concurs and funds are available. Units or organizations should provide IMA/DIMA officers the opportunity to participate by completing projects for retirement credit throughout the year.

c. Federal employees. Federal employees are declared available for mobilization by their employing command or agency. As IMA officers, DA civilian employees may not hold IMA positions with the same HQDA general or special staff element in which they are employed. Army Reserve members should report employment conflicts to their proponent agencies and HRC-St. Louis CMOs when they occur.

6-11. Company and field grade officer education opportunities

a. Resident courses. Reserve Component officers are authorized to attend resident Army service schools to become qualified in their present or projected assignments as funds and allocations allow. Attendance at resident service schools is the preferred option for all RC officers since it allows for peer-to-peer interaction and an ongoing exchange of ideas and experiences. It also allows RC officers to interact with their AC counterparts and provide them with information about the RC. It is understood, however, that a limited number of RC officers will be able to attend all service schools in residence, due to budgetary, time or training seat constraints. For this reason, type of school attendance (resident or non-resident) is not a discriminator for promotion or duty assignment in the RC. Officers may also attend courses that contribute to the military proficiency of the unit or enhance their specific abilities. The DA Pam 351-4, as supplemented by pamphlets and directives from the U.S. Army Training and Doctrine Command and the NGB, provides information concerning courses of instruction offered at Army schools and various agencies in DOD.

b. Non-resident courses. Non-resident courses refer to those that are offered with one (or more) phase(s) in correspondence (distance learning) and one (or more) phase(s) in residence. The resident portion is normally two weeks in duration and completed in lieu of (or in addition to) Annual Training that year, based on mission requirements. With the exception of the Officer Basic Leadership Course, military schools may be taken through non-resident courses, The Total Army School System (TASS) and through correspondence courses. CCC and ILE are available in both TASS and non-resident versions. The CMOs at HRC-St. Louis (for Army Reserve) and the State OPM (for ARNG) should ensure that officers are enrolled in military education courses in a timely manner to ensure that all RC officers remain fully competitive for promotion and assignment considerations. Table 6-3 discusses the options available for RC officers to complete their military education and the amount of time that each officer has to complete the non-resident instruction after enrollment before being dropped from the school.

Table 6-3
Non-resident military schools

School	Method allowed	Time allotted for instruction
Officer Basic Course	Resident or Correspondence/Resident	2 years
CCC	Correspondence and Resident	2 years
ILE	Correspondence; TASS	3 years
Army War College	Correspondence course	2 years
WO Candidate Course	Phase I - DL Phase I - Resident (non-PLDC graduate and all E1 - E4) Phase 2 - Resident	2 years
WO Basic Course	Resident only	2 years
WO Advanced Course	Phase I - AODC (DL) Phase II - Resident	1 year
WO Staff Course	Resident	4 weeks
WO Senior Staff Course	Resident	2 weeks

c. *Branch and functional area educational requirements.* All RC officers are designated a branch and AOC or MFA upon appointment. The AMEDD branches and specialties are determined by clinical training, experience and advanced education. AMEDD officers are appointed in branch and specialty and cannot hold more than one branch appointment. Officers desiring to transfer from one branch to another must meet educational requirements and be reappointed into that branch and have their initial branch withdrawn. AMEDD officers cannot “branch transfer” like non-AMEDD officers. The AMEDD officers may be awarded additional AOCs/MFAs within their appointed branch. For more information on award of additional AOCs/MFAs, see the HRC Web site <https://perscomnd04.army.mil/mosmartbk.nsf> frequently for updates to DA Pam 611-21.

(1) *Officer Basic Leadership Course (OBLC).* All RC AMEDD officers are required to complete the Officer Basic Course. As of 1 Oct 2007, this basic course will change to the AMEDD OBLC (RC) (Officer Basic Leadership Course) for all RC AMEDD officers except 70 series/67J MS officers and AN ROTC graduates. Currently AMEDD OBC is a 2 week resident course held at the AMEDD Center and School, San Antonio, Texas. As of 1 Oct 2007, the only option for AMEDD RC officers (see (a) below) will be the AMEDD OBLC (RC). Phase 1 is a Distance Learning (in development) and Phase 2 is a resident phase. Phase 1 completion will be required prior to attendance at Phase 2.

(a) The 70 series/67J/AN ROTC graduates must attend either Army BOLC or AMEDD OBLC resident course. Attendance at Army BOLC requires prior completion of either OCS, ROTC or the USMA.

(b) Timeline requirements for completion of the appropriate resident/non-resident basic course (AMEDD OBLC (RC)/Army BOLC/AMEDD OBLC) is generally two years. Exceptions are:

1. MC and DC residents; complete AMEDD OBLC (RC) within 3 years after residency completion
2. The ARNG State OCS graduates, who are not affiliated with an ROTC program, complete AMEDD OBLC within 12 months of appointment, pending availability of school seats. If the officer completed enlisted Basic Training, then the two year rule applies.
3. Direct appointments (that do not qualify for exception (i)), complete AMEDD OBLC (RC) within 3 years following appointment.

(2) *Captains Career Course.* Reserve Component officers will generally attend CCC between their 5th and 12th years of service. RC officers usually complete CCC through RC configured curricula, which normally entails two phases (one in correspondence and one in an active duty status). Completion of CCC is required for promotion to MAJ (MFA 70 series and 67J only) and enrollment in Intermediate Level Education (ILE). NOTE: The CAX course replaced the CAS3 course 1 October 2004. The CAX credit is granted for AMEDD Active Guard reserve (AGR) and other Reserve Component (RC) officers who attended the following courses: 6-8-C22, AMEDD Officer Advanced Course (OAC) and the 6-8-22, AMEDD Reserve Component Officer Advanced Course (ROAC). All RC officers who graduated from these courses prior to the name change of the AMEDD CCC in 2004 are to receive credit for the CAX and are qualified for Intermediate level Education (ILE) attendance, as are graduates of the current AMEDD CCC or the 2 week RC AMEDD CCC.

(3) *Medical functional area training.* In accordance with DA Pam 611-21, MFA 70B is for use by company grade officers. Therefore, they are encouraged to seek out additional MFA's, prior to promotion to MAJ. These medical functional areas include Health Care Administration (70A), Health Services Comptroller (70C), Health Services Systems Management (70D), Patient Administration (70E), Health Services Human Resources (70F), Health Services Plans, Operations, Intelligence, Security, and Training (70H), Health Services Materiel (70K).

d. *Intermediate Level Education.* This mid-level school prepares majors for assignments at the Division and Corps level, as well as Joint assignments. The school is branch non-specific and provides training in the military arts and sciences, as well as introductory courses in geopolitical issues and on how the Army runs. Reserve Component officers also receive credit for ILE by attending the resident or non-resident Marine Corps, Navy, or Air Force CGSC and the Western Hemisphere Institute for Security Cooperation (WHINSEC).

e. *Senior Service School requirements.* The SSCs provide field grade officers with advanced professional education

in both military and sociopolitical topics. The SSCs, which include the Army War College and university fellowships, prepare officers for senior leadership positions throughout the DOD.

f. Civilian education. The AMEDD officers enter the RC with a bachelor's degree or higher depending on the branch or specialty into which they are appointed, except for Army Nurse corps officers who can be appointed with an Associate's Degree (AD) or Diploma in nursing. These Army Nurse corps officers with an AD or diploma in nursing, appointed on or after 1 October 1986, must possess a Bachelor's of Science in Nursing (BSN) degree from an accredited agency acceptable to HQDA prior to promotion to Major and above.

g. Other military education.

(1) *Total Army School System.* The Total Army School System (TASS) is managed and operated by Reserve Component Training Divisions in order to facilitate military education requirements. TASS offers ILE to RC officers. The TASS option offers an excellent opportunity for completing educational requirements because of the various locations across the U.S.

(2) *Army Institute for Professional Development.* The Army Institute for Professional Development (AIPD) at Fort Eustis, VA administers the Army Correspondence Course Program (ACCP). The ACCP provides progressive educational opportunities through correspondence for a wide variety of subjects. This type of military education is particularly well suited for RC officers who cannot take advantage of resident courses. Many courses are targeted at specific assignments, such as motor officer, personnel officer or dining facility officer. DA Pam 351-20 contains enrollment information, addresses and telephone numbers for course coordination.

6-12. Warrant officer education system

a. Purpose. The purpose of this section is to outline the methods available to warrant officers in completing military education requirements and civilian education goals as they progress through their military careers.

b. Military education.

(1) The DA MOS proponents conduct courses in both Active Army and RC configured versions combining correspondence and ADT phases for most occupational specialties.

(2) Warrant officer training under the Warrant Officer Education System has five levels that provide warrant officers with performance-based certification and qualification training. The Warrant Officer Education System trains and develops warrant officers for progressively more difficult and complex assignments. The new course titles align more closely with comparable commissioned officer courses for consistency and ease of understanding by the Army at large. All warrant officers, supervisors, and commanders must familiarize themselves with the new Warrant Officer Education System and understand the affect on WO leader and professional development. The 5 levels of Warrant Officer Education System are—

(a) Warrant Officer Candidate School. This is a 2-phase course which consists of both a 2-week distance learning and a 4-week resident phase. This course provides candidates with initial WO training and emphasizes officer roles and responsibilities. Graduates are appointed to warrant officer, WO1. Completion of WOBC within 2 years of WO appointment is required (a 1 year extension may be granted on a case by case basis).

(b) Warrant Officer Basic Course. This is proponent training that provides MOS-specific instruction and certification following WOCS and is characterized by an increased emphasis on leadership. This course is an ARNG requirement for promotion to CW2 and currently an Army Reserve requirement for promotion to CW2 and CW3.

(c) Warrant Officer Advanced Course. This training provides additional training for warrant officers serving at the company and battalion level and is a 2-phase course consisting of —

1. Warrant Officer Advanced Course prerequisite studies phase. This is a mandatory prerequisite non-resident course that must be completed prior to attending resident WOAC training. Effective 1 October 1998, the Action Officer Development Course (AODC) (131 F41) was adopted as the resource for this distance learning course. It can be completed online via the Internet, and provides warrant officers serving in CW2 or higher duty positions relevant training in topics such as management techniques, communication skills, preparing and staffing documents, meetings and interviews, problem solving, writing, coordinating, briefings, and ethics. In keeping with the Warrant Officer Education System model, enrollment must occur after promotion to CW2 in order to qualify for WOAC Prerequisite Studies credit. The course must be completed within one year of enrollment; however, CW2s now have the flexibility to enroll at any convenient time between 24 and 48 months of total WO service. Completion of the AODC is mandatory requirement for promotion of all ARNG warrant officers to CW3 including those awarded an MOS that does not have an advanced course. To enroll on-line go to the Army Training Support Center Web site for the Army Correspondence Course program (see Warrant Officer Career Center (WOCC) Web site for additional details).

2. Warrant Officer Advanced Course resident phase. This course is administered and conducted by individual proponents and is an ARNG requirement for promotion to the grade of CW3. For Army Reserve warrant officers, successful completion is a requirement for selection to CW4 until 2010 when it will be a requirement for selection to CW3.

(d) Warrant Officer Staff Course. This common core 4-week resident course prepares warrant officers to serve in staff positions at the brigade and higher levels. The WOSC is an ARNG requirement for promotion to CW4. (At this

time, WOSC is not a prerequisite for the WOSSC). For Army Reserve warrant officers, successful completion will be a requirement for selection to CW4 beginning in 2010.

(e) *Warrant Officer Senior Staff Course.* The WOSSC is a 2-week resident course is conducted at the WOCC, Fort Rucker, AL, and prepares warrant officers selected for promotion to Chief Warrant Officer 5, CW5, to serve at the highest level staff positions. The Active Army has within 1 (one) year after selection and promotion to complete this course. Reserve Component must complete prior to be promoted to CW5.

(3) *Correspondence courses.* The Army Institute for Professional Development (AIPD) at Fort Eustis, VA is responsible for the administration of the Army Correspondence Course Program (ACCP). The ACCP provides progressive education opportunities through correspondence for a wide variety of subjects. This type of military education is particularly suited for RC personnel who cannot take advantage of resident courses. Many courses are targeted at specific assignments. DA Pam 351-20 contains enrollment information and addresses/telephone numbers for course coordination.

(4) *Language training.* Where the MTOE or TDA position requires language proficiency, warrant officers may apply for language training at the Defense Language Institute in Monterey, CA or the ARNG Language Center in Puerto Rico. Language training is also available thru the Army “e-Learning” portal through the Rosetta Stone Language system.

c. *Civilian education.* There is a demand for warrant officers with an education beyond high school level to accommodate the changing technological environment within the Army. The RC WO corps must keep pace with these changes if it is to meet the challenges of the future. Applicants for initial appointment must meet all MOS-specific additional civilian education requirements as specified for the particular WO specialty. Applicants whose native language is not English must be tested and achieve a minimum raw score of 80 on the English Comprehension Level Test (ECLT). Civilian education goals are as follows:

(1) The ARNG goal for warrant officers is the attainment of a specialty related associate’s degree or 60 college semester hours by the 8th year of WO service.

(2) The Army Reserve goal for warrant officers is the attainment of a specialty related associate’s degree or 60 college semester hours by the 5th year of WO service.

6-13. Life cycle models

Reserve Component life cycle models can be found in the respective corps chapters. For more detailed information regarding career guidance, please refer to the “Leader Development Guides” found on the HRC Web site <https://www.hrc.army.mil/site/reserve/>.

Chapter 7 Command Selection System

7-1. General

a. The Chief of Staff, Army, approved the following definition of command as: ...the authority that a commander in the military service lawfully exercises over subordinates by virtue of rank or assignment. Command includes the leadership, authority, responsibility and accountability for effectively using available resources and planning the employment of, organizing, directing, coordinating and controlling military forces to accomplish assigned missions. It includes responsibility for unit readiness, health, welfare, morale, and discipline of assigned personnel. This definition becomes the baseline for the CSL process.

b. Functionally aligning commands is required as the Army continues to maneuver through the Modularity and Transformation Initiatives which has affected certain branches and changed their mission and support roles. Functionally aligning commands necessitated the creation of new categories: Operations Command, Operations Support, Recruiting and Training Commands, and Installation Command.

c. Command is the primary objective to fully utilize the experience and knowledge gained in a position where the officer can provide significant contribution to the operational and generating force. The AMEDD officers are valued for their skills as leaders, trainers, and planners—skills which are acquired and perfected through realistic training, professional military education and service in the most demanding positions which serves to prepare AMEDD officers for future leadership assignments at successively higher levels of responsibility. However, only a limited number of AMEDD officers will have the opportunity to command. Those officers not selected for command will continue to provide exceptional service in assignments of increasing responsibility. These officers also provide the critical bridge between the operational and generating force, and serve as the advocate of commanders in key staff elements.

d. The Command Selection System (CSS) is an Army policy program that belongs to the Chief of Staff of the Army (CSA) and is managed by Command Management Branch, HRC-Alexandria. Active Army AMEDD officers are chosen for Command Selection List (CSL) command by a centralized selection board convened at the DA Secretariat.

e. Officers have the option of selecting the category or categories in which they desire to compete for command, while declining competition in other categories without prejudice. The results of the command selection process are

announced in the CSL. The USAR Lieutenant Colonel and Colonel commands are filled through command selection boards convened at the appropriate level. The ARNGUS Lieutenant Colonel and Colonel commands are filled through decisions by unit vacancy boards of State Adjutants General.

7-2. Command selection

a. All active duty command selections are made utilizing the Army Command Selection Program. The objective of the command selection process is to select from eligible officers those best qualified. The Surgeon General, with approval by the CSA, establishes AMEDD command competitive groupings (see paragraph 7-3). Additionally, AMEDD commands are grouped by two levels; level 1 and level 2. Level 1 commands are entry level commands for officers in the grades of LTC and COL. At the grade of LTC, only level 1 commands currently exist. At the grade of COL, commands are identified as level 1 and level 2. Level 2 commands require an experienced AMEDD officer in the grade of COL who successfully commanded at level 1. The Surgeon General will establish criteria for qualifications of competing officers for all AMEDD command competitive groupings. Officers will be selected either as principles or alternates for available command opportunities. Slating into specific commands (units) will be accomplished under existing G-1 SOP and approved by the CSA. The common CSL-command definition/criteria includes—

- (1) UCMJ authority.
- (2) Personnel strength variations with each unit, but should be commensurate with span of control responsibilities.
- (3) Exercise of command over subordinate units.
- (4) Unit mission approval by higher command.
- (5) Health, welfare, morale, discipline of assigned personnel responsibility.
- (6) Retention of military personnel responsibility.
- (7) Operations, training, maintenance, mobilization, force protection, and unit readiness responsibility.
- (8) Fiscal responsibilities.
- (9) Demonstration of each element of command: leadership; decisionmaking; authority; responsibility; and accountability.

b. The tour length for designated command positions is normally 24 months, except when assignment length or the operational environment dictates otherwise. Dental Corps commands for COL level 1 TDA organizations are currently 36 month tours. Approved command selection lists and slates will be publicized to the field by HRC.

7-3. Army Medical Department command competitive groupings

Similar command categories are organized in groups referred to as competitive groupings. See table 7-1 for each separate category. The AMEDD command competitive groupings at the time of this publication are as follows:

a. COL level 1 and level 2—

(1) Immaterial commands— commands open to qualified officers in the MC, MS, SP, and AN Corps. These organizations include TOE medical brigades, training brigades, scientific/technical organizations, TOE hospitals (CSH), TDA hospitals (MEDDACs, and MEDCENs).

(2) Corps specific commands— commands open to only one AMEDD Corps based on the mission of the organization tied to specific developmental assignments and experiences of the officers in one specific corps, MFA, or AOC. These organizations include garrison commands, logistics commands, and dental activity commands.

b. LTC level 1—

(1) Immaterial commands— commands open to qualified officers in the MC, MS, SP, and AN Corps. These organizations include training battalions, AMEDD recruiting battalions, scientific/technical organizations, and multi-functional medical battalions.

(2) Corps specific commands— commands open to only one AMEDD Corps based on the mission of the organization tied to specific developmental assignments and experiences of the officers in one specific corps, MFA or AOC. These organizations include TOE veterinary detachments, TOE dental companies, medical evacuation battalions, and medical logistics battalions.

7-4. Standard command selection criteria

a. The criteria for selection are demonstrated potential to manage and supervise all facets of health care delivery, and the ability to lead, manage, and work effectively. Previous experience as an AMEDD commander, executive officer, other key leadership positions, maturity, and demonstrated performance are also key factors in the selection process, as well as Joint Services Medical Executive Skills competencies.

b. In evaluating the records of eligible officers, the whole person concept prevails. Isolated examples of excellence or mediocrity will not be used as a sole determinant for selection or non-selection. Selection boards will carefully analyze each individual record within the context of the following factors:

- (1) Professional competence.
- (2) Scope, variety, and level of performance observed for assigned tasks.
- (3) Demonstrated sensitivity to individuals and the ability to communicate.

- (4) Performance trends in OERs.
- (5) Length of service and maturity.
- (6) Moral standards.
- (7) Integrity and character.
- (8) General physical condition.
- (9) Joint Medical Executive Skills.

7-5. Non-command selection list command positions

These are command positions within the AMEDD, normally small health clinics within the Regional Medical Commands (RMCs), that are not filled through the centralized selection process. These commands are commonly referred to as non-CSL commands. Officers interested in being considered for these command positions should contact their career managers at HRC.

Table 7-1
Army Medical Department command categories

CODE	TITLE	BR/FA/AOC
M6AG	MEDICAL BRIGADE	AN, MC, MS, SP
M6BT	TRAINING BRIGADE	AN, MC, MS, SP, VC
M6BS	SCIENTIFIC/TECHNICAL	AN, MC, MS, SP, VC
M6AR	MEDICAL TREATMENT FACILITY TDA LEVEL 1	AN, MC, MS, SP
M7AR	MEDICAL TREATMENT FACILITY TDA LEVEL 2	AN, MC, MS, SP
M6A	MEDICAL TREATMENT FACILITY TOE LEVEL 1	AN, MC, MS, SP
M7A	MEDICAL TREATMENT FACILITY TOE LEVEL 2	AN, MC, MS, SP
M6HX	AMEDD GARRISON	MS
M6GR	MEDICAL LOGISTICS COMMAND	70K
M6FR	MEDICAL TREATMENT FACILITY TDA LEVEL 1	MC
M5BT	AMEDD TRAINING BATTALION	AN, MC, MS, SP, VC
M5A	MULTIFUNCTIONAL MEDICAL BATTALION	AN, MC, MS, SP
M5BS	SCIENTIFIC/TECHNICAL	AN, MC, MS, SP, VC
M5CU	AMEDD RECRUITING	AN, MS, SP
M5E	VETERINARY SERVICE	VC
M5J	AIR EVACUATION MEDICAL BATTALION	67J
M5G	MEDICAL LOGISTICS COMMAND	70K
M6DR	DENTAL COMMAND TDA LEVEL 1	DC (EXCEPT 63A)
M6D	DENTAL COMMAND TOE LEVEL 1	DC (EXCEPT 63A)
M5D	DENTAL COMMAND TOE	DC (EXCEPT 63A)

Chapter 8

Dental Corps

8-1. Description of the Dental Corps

a. The Dental Corps (DC) is a unique branch of the Army organized under the AMEDD. It is composed of Active Army and Inactive Army commissioned officers who are graduates of a dental school accredited by the Commission on Dental Accreditation. The Commission operates under the auspices of the American Dental Association (ADA) and is acceptable to The Surgeon General (TSG).

b. To practice dentistry, a dental officer must possess a Doctor of Dental Surgery (DDS) or Doctor of Dental Medicine (DMD) degree and a valid, current, active and unrestricted license from one of the 50 United States, a U.S. territory, or the District of Columbia. The unrestricted practice of dentistry requires individual privileging in accordance with AR 40-68 and DODD 6025.13. The DC is comprised of positions filled by officers in whom the knowledge and skills required and the services performed are associated with ensuring that each Soldier is in optimal oral health

and prepared to deploy without becoming a non-combat, dental casualty. A secondary mission is to provide dental health care to eligible beneficiaries of the military community in accordance with Public Law and AR 40-3. During wartime, the mission of the DC is to conserve the fighting strength by the preservation and restoration of oral health and function, and by assisting in the emergency medical management of combat casualties. During both peacetime and wartime, the DC has the mission to support casualty identification through dental forensic identification operations. The principle functions performed by Dental Corps Officers are: clinical dentistry, teaching, research, and command and staff. Teaching is identified as a separate function although it is a pervasive element of the profession of dentistry and is implied in each of the functional areas. There are 10 dental areas of concentration (AOC). All newly appointed DC officers who have not had postdoctoral residency training are designated General Dental Officers (63A). Once residency specialty training has been completed, the General Dental Officer will acquire an advanced specialty designation in Comprehensive Dentistry (63B), Periodontics (63D), Endodontics (63E), Prosthodontics (63F), Public Health Dentistry (63H), Pediatric Dentistry (63K), Orthodontics (63M), Oral and Maxillofacial Surgery (63N), and Oral and Maxillofacial Pathology (63P). Each AOC has a consultant that advises the Corps Chief and TSG on issues that affect their area.

c. The operational element which implements Dental Corps policies concerning the career development of the Active Army DC Officers is the DC Branch, Human Resources Command (HRC), which coordinates military and civilian schooling, assignments, skill classification, career management assistance, and other personnel management actions. A primary objective of this branch is to assist each officer to attain career goals by providing appropriate assignments and ensuring objective consideration for educational opportunities. Reserve Component Dental Corps policies concerning career development are coordinated through the AMEDD Branch HRC-St. Louis.

8-2. Officer characteristics required

Dental Corps Officers must be leaders skilled in tactics, techniques, and procedures in order to understand and support the warfighter; possess strong Army Values, leader attributes and skills and fully understand the key leadership actions that must be taken to ensure success. The linear battlefields of the past have disappeared and DC Officers of the future must be prepared to face the tactical challenges of the non-linear battlefields of today and the future. Additionally, there are unique skills, knowledge, and attributes in each specialty area that require professional development.

a. *Competencies and actions common to all.* The Dental Corps offers a broad spectrum of opportunities. Every officer learns and trains to be a fully capable DC Officer, gaining expertise and experience in diverse specialties and skills. Although there are many AOCs within the Dental Corps, there are common skill sets: Leadership, Technical, and Tactical, that every officer should develop and maintain.

b. *Unique officer skills.* The Dental Corps consists of ten distinct AOCs. The Dental Corps officer typically starts out as a General Dentist and seeks residency training by their third year of service. DC Officers provide direct patient care, serve as staff officers and perform as clinic and unit commanders. Command opportunities are available at the LTC and COL levels. (Detailed descriptions of each AOC are outlined in para. 8-4.)

c. *Decisionmaking skills.* Dental Corps officers often work in an environment where time available for problem analysis is constrained. DC Officers need the ability to operate under stress and apply critical thinking skills while making decisions.

d. *Tactical, technical, and operational skills.* Dental Corps officers must be technically proficient with dental specific and mission unique equipment, tools, and systems. Dental Corps mission success requires the proper balance between technical and tactical skills. These skills must be gained and developed through continuous professional study, self-development and operational assignments. Dental Corps officers must survive on a non-linear, non-contiguous battlefield and negotiate asymmetric threats to accomplish their missions.

e. *Unique knowledge.*

(1) Officers must possess expert knowledge in Dental service management, combined arms and general support, and coordination principles. This knowledge includes practical experience in tactics, combined arms operations, and deployment operations.

(2) Officers gain this knowledge through a logical sequence of continuous education, training and experience sustained by mentoring.

(3) Individual officers sustain knowledge through institutional training and education, duty in operational assignments, continuous self-development, and progressive levels of assignments within their AOC and the Dental Corps.

(4) Officers must gain knowledge of other services' procedures and constraints while serving in company and field grade assignments.

f. *Unique attributes.*

(1) *Personal attributes.* Dental Corps officers uphold Army traditions and maintain the highest standards of personal and professional integrity. They must live the Army Values and enforce high standards of technical competence, training, physical fitness and discipline, embody the warrior ethos and are well-versed in medical support doctrine. However, they are also adaptable to changing environments and can apply non-textbook solutions in unique situations. Officers must recognize the importance of physical and mental fitness since high levels of stamina and vigor are critical to sustained endurance.

(2) *Multifunctional attributes.* Dental Corps officers must develop and use a diverse set of skills as they move between AOC specific assignments in force structure and force generating positions.

8–3. Dental Corps officer professional development

Professional development includes both clinical and military milestones. These milestones are depicted through assignment opportunities that can be expected during each phase of professional development and illustrate a progression of military education and professional training opportunities. Each phase has certain broad objectives and is flexible since the actual course of an officer's professional development and utilization will be influenced by Army requirements, the officer's own capabilities and demonstrated performance. Gains in individual officer executive skills open many career paths.

a. Professional development phases.

(1) *Company grade.*

(a) *Institutional training.* Newly commissioned officers attend the AMEDD Officer Basic Leadership Course (OBLC). A number of officers attend the Advanced Education in General Dentistry 12–Month (AGD 12–Month) Program. All officers are encouraged to attend the Combat Casualty Care Course (C4). In addition, dental officers should strive to complete the Medical Management of Chemical Casualties Course (M2C3) and the required Chemical, Biological, Radiological/Nuclear, and Explosive Incidents Course (CBRNE). Most dental officers attend the AMEDD Captain's Career Course (CCC) between the third and sixth year of service.

(b) *Operational assignments.* Officers will be assigned to a traditional table of organization and equipment (TOE) line unit or table of distribution and allowances (TDA) unit in training, garrison, and other strategic–level organizations. Some officers receive additional training at Airborne or Air Assault School if assigned to that type unit or if training opportunities are available. A few officers will have the opportunity to become the officer-in-charge (OIC) of a small clinic. Assignments will be based on the needs of the Army, professional development requirements, and officer's preferences.

(c) *Self-development.* A Dental Corps officer, who has a sound educational background, may apply for a specialty training program in his or her desired AOC. These programs are highly competitive and selection is based on academic performance and potential for promotion. Airborne or Air Assault training may be attended depending on current/projected assignments and available training opportunities. It is highly encouraged that officers compete for and obtain the Expert Field Medical Badge (EFMB).

(2) *Field grade.*

(a) *Institutional training.* Continued professional development with residency training following completion of the CCC is encouraged. Intermediate Level Education (ILE) should be completed by this phase. The ILE is designed to establish a common Army operational war fighting culture to prepare field grade officers for service in division, corps, echelons above corps, and joint staffs. The ILE is a very important educational milestone in the development of dental corps officers. Completion of ILE is not required for advancement to the rank of Colonel, but it is highly encouraged and will make the officer more competitive for promotion. Completion of ILE is required for SSC consideration and attendance. The purpose of these courses is to prepare officers for higher level command and staff duties. Education during this phase contributes to the development of senior managerial skills and techniques and continued military professional development. The objective of the senior phase is maximum utilization of the officer's acquired professional and military abilities to include clinical expertise, managerial skills, and executive talents in positions of great responsibility.

(b) *Operational assignments.* Assignment opportunities will be in conjunction with his/her respective AOC as described in paragraph 8–4. Assignments will be made to progressively more responsible and challenging positions and will require application of the officer's managerial expertise, leadership abilities, overall understanding of military and, more specifically, DC operations.

(c) *Self-development.* Upon completion of residency training, the dental officer should seek specialty board certification. An officer must also remain current in professional skills through clinical practice and Continuing Dental Education (CDE). Once the ranks of senior Lieutenant Colonel and Colonel have been reached, the officer is encouraged to accomplish the career milestones to make themselves eligible for The Surgeon General's "A" Proficiency Designator and compete for command and/or fellowship training in his/her specialty.

b. Area of concentration designation process.

(1) *Proficiency designators.* Proficiency designators may be designated in conjunction with the AOC which indicates the officer's degree of proficiency in that particular AOC.

(2) *Medical related skills.*

(a) *Medical proficiency 9A.* Determination by The Surgeon General and referred to as The Surgeon General's "A" designator.

(b) *Medical proficiency 9B.* Certification by an ADA recognized dental specialty examining board or the American Board of General Dentistry and TSG.

(c) *Medical proficiency 9C.* Completion of an approved residency and/or academic program which meets the

eligibility requirements of a specialty board approved by the ADA or the American Board of General Dentistry and TSG.

(d) *Medical proficiency 9D.* Completion of a formal training program accredited by the Commission on Dental Accreditation, which operates under the auspices of the ADA of at least 12 months duration to augment proficiency in AOC 63A.

(e) *Medical proficiency 9E.* Designates dental officers in residency training programs.

8-4. Dental Corps areas of concentration

a. AOC 63A-General Dentist.

(1) *Description of duties.* Examines, diagnoses, and treats diseases, injuries, and defects of teeth, jaws, oral cavity, and supporting structures.

(2) *Description of positions.* Duty positions include General Dental Officer, MTOE Officer, Unit Dental Surgeon, and Clinic Chief.

(3) *Qualifications.* Must be able to perform duties described above and be a graduate of a dental school acceptable to TSG. A 63A general dentist who completes an Advanced Education Program in General Dentistry 12-Month Program or AGD 12-Month Program will earn a "D" proficiency designator.

b. AOC 63B-Comprehensive Dentist.

(1) *Description of duties.* Provides comprehensive oral health care to include the teaching of diagnostic/management skills; develops and executes treatment plans involving multiple dental specialties.

(2) *Description of positions.* Duty positions include Comprehensive Dental Officer; Chief, General Dentistry Team; Program Director; Assistant Program Director; Training Officer, Advanced Education Program in General Dentistry; Instructor, Army Medical Department Center and School (AMEDDC&S); Comprehensive Dentistry Consultant; Office of The Surgeon General (OTSG); Unit Dental Surgeon; Clinic Chief; Researcher, U.S. Army Dental and Trauma Research Detachment.

(3) *Qualifications.* Must complete an Advanced Education Program in General Dentistry (AEGD) Two Year Program (Comprehensive Dentistry) of at least 2 consecutive years duration that is accredited by the Commission on Dental Accreditation, which operates under the auspices of the ADA and acceptable to TSG.

c. AOC 63D-Periodontist.

(1) *Description of duties.* Examines, diagnoses, and treats or prescribes treatment for the supporting and surrounding tissues of the teeth or their substitutes and performs implantation or transplantation of teeth or their replacement analogues.

(2) *Description of positions.* Duty positions include: Periodontist; Program Director; Assistant Program Director; Senior Training Officer, Junior Training Officer, Advanced Specialty Education Program in Periodontics; Periodontic Consultant; OTSG; Clinic Chief; Researcher, U.S. Army Dental and Trauma Research Detachment. .

(3) *Qualifications.* Must complete Advanced Specialty Education Program in Periodontics, that is accredited by the Commission on Dental Accreditation, which operates under the auspices of the ADA and acceptable to TSG.

d. AOC 63E-Endodontist.

(1) *Description of duties.* Concerned with the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions.

(2) *Description of positions.* Duty positions include: Endodontist; Program Director; Assistant Program Director; Senior Training Officer, Junior Training Officer, Advanced Specialty Education Program in Endodontics; Endodontic Consultant; OTSG; Clinic Chief; Researcher, U.S. Army Dental and Trauma Research Detachment. .

(3) *Qualifications.* Must complete Advanced Specialty Education Program in Endodontics, that is accredited by the Commission on Dental Accreditation, which operates under the auspices of the ADA and acceptable to TSG.

e. AOC 63F-Prosthodontist.

(1) *Description of duties.* Examines, diagnoses, and treats or prescribes treatment for personnel who require management of complex occlusal problems or replacement of missing teeth and associated structures through the fabrication and placement of fixed, removable, or semi-fixed maxillofacial prostheses.

(2) *Description of positions.* Duty positions include: Prosthodontist; Maxillofacial Prosthodontist; Program Director; Assistant Program Director; Training Officer, Advanced Specialty Education Program in Prosthodontics; Commander, Army Dental Laboratory; Instructor, AMEDDC&S; Prosthodontic Consultant; OTSG; Chief, Dental Laboratory Branch; Clinic Chief; Researcher, U.S. Army Dental and Trauma Research Detachment.

(3) *Qualifications.* Must complete Advanced Specialty Education Program in Prosthodontics, that is accredited by the Commission on Dental Accreditation, which operates under the auspices of the ADA and acceptable to TSG.

f. AOC 63H-Public Health Dentist.

(1) *Description of duties.* Conducts research, studies, and analyses of epidemiologic and dental health services issues. Makes recommendations on policies and programs of the dental health delivery system.

(2) *Description of positions.* Unique duty positions include: Dental Public Health Staff Officer; Dental Public Health Research Officer; Major Medical Command (MEDCOM) Public Health Dentist; Dental Public Health Consultant,

OTSG, Tri Service Center for Oral Health Studies (TSCOHS), Center for Health Promotion and Preventive Medicine (CHPPM), US Army Dental Command (DENCOM), Researcher, U.S. Army Dental and Trauma Research Detachment.

(3) *Qualifications.* Must complete Advanced Specialty Education Program in Dental Public Health, that is accredited by the Commission on Dental Accreditation, which operates under the auspices of the ADA and acceptable to TSG.

g. AOC 63K–Pediatric Dentist.

(1) *Description of duties.* An aged–defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence and special needs patients of any age who demonstrate a medically or developmentally compromised condition.

(2) *Description of positions.* Duty positions include: Pediatric Dentist; Senior Training Officer, Junior Training Officer, Advanced Specialty Education Program in Pediatric Dentistry; Pediatric Dental Consultant; OTSG; Clinic Chief; Researcher, U.S. Army Dental and Trauma Research Detachment.

(3) *Qualifications.* Must complete Advanced Specialty Education Program in Pediatric Dentistry, that is accredited by the Commission on Dental Accreditation, which operates under the auspices of the ADA and acceptable to TSG.

h. AOC 63M–Orthodontist.

(1) *Description of duties.* Examines, diagnoses, treats, or prescribes treatment of the growing and mature dentofacial structures to include movement of teeth; treats malrelationships and malformations of the craniofacial complex; in conjunction with oral and maxillofacial surgery, attains and maintains physiological health of the patient.

(2) *Description of positions.* Duty positions include: Orthodontist; Program Director; Assistant Program Director; Senior Training Officer, Junior Training Officer, Advanced Specialty Education Program in Orthodontics; Orthodontic Consultant; OTSG; Clinic Chief; Researcher, U.S. Army Dental and Trauma Research Detachment.

(3) *Qualifications.* Must complete Advanced Specialty Education Program in Orthodontics, that is accredited by the Commission on Dental Accreditation, which operates under the auspices of the ADA and acceptable to TSG.

i. AOC 63N–Oral and Maxillofacial Surgeon.

(1) *Description of duties.* Examines, diagnoses, and provides surgical, non–surgical and adjunctive care for conditions involving disease, defect, or injury to the functional and/or esthetic aspects of the hard and soft tissues of the head, mouth, teeth, gums, jaws and neck.

(2) *Description of positions.* Duty positions include: Oral and Maxillofacial Surgeon; Training Officer, Program Director, Assistant Program Director, Advanced Specialty Education Program in Oral and Maxillofacial Surgery; Chief, Surgery Branch, Dental Research Unit; Oral and Maxillofacial Surgery Consultant; OTSG; Chief, Department of Dentistry; Clinic Chief; Researcher, U.S. Army Dental and Trauma Research Detachment.

(3) *Qualifications.* Must complete Advanced Specialty Education Program in Oral and Maxillofacial Surgery, that is accredited by the Commission on Dental Accreditation, which operates under the auspices of the ADA and acceptable to TSG.

j. AOC 63P–Oral and Maxillofacial Pathologist.

(1) *Description of duties.* Includes examination, diagnosis, research, and management of diseases affecting the oral and maxillofacial regions.

(2) *Description of positions.* Duty positions include: Oral and Maxillofacial Pathologist; Program Director, Assistant Program Director, Advanced Education Program in Oral and Maxillofacial Pathology; Chairman, Department of Oral and Maxillofacial Pathology; Armed Forces Institute of Pathology; Oral and Maxillofacial Pathology Consultant; OTSG; Chief Forensic Odontology, Joint POW–MIA Accounting Command (JPAC) , Researcher, U.S. Army Dental and Trauma Research Detachment.

(3) *Qualifications.* Must complete Advanced Specialty Education Program in Oral and Maxillofacial Pathology, that is accredited by the Commission on Dental Accreditation, which operates under the auspices of the ADA and acceptable to TSG.

8–5. Branch immaterial positions

a. Description of duties. Executive Dentist (AOC 63R) is a duty position only and is considered AOC immaterial (IM). A dental officer assigned to this AOC functions in a variety of positions to include command and staff positions throughout the Army Dental Care System.

b. Description of positions. Duty positions include: DENTAC Commander; Director of Dental Services; TOE Dental Unit Commander; Branch Chief, Dental Research Unit; Dental Staff Officer; OTSG; AMEDDC&S (Chief, Department of Dental Sciences); Combat Developments, AMEDD Personnel Proponency Directorate (APPD); Chief, Graduate Dental Education; Dental Surgeon, ACOM; USARC Dental Surgeon; FORSCOM Dental Surgeon; STARC; Regional Dental Command Commander; DENCOM Staff Officer; HRC Branch Chief; Career Development Officer, HRC; Corps Specific Branch Proponency Officer (CSBPO); Forensic Dentist; U.S. Army Dental Command Commander.

c. Qualifications. The officer must have been awarded a primary AOC as described in paragraph 8–4. The individual must maintain clinical proficiency in his/her specialty, should be a graduate of the AMEDD CCC, ILE (or equivalent), and have demonstrated success in previous leadership positions of increasing responsibility.

8-6. Reserve Component officers

Reserve Component Army (RC) officer development objectives and qualifications parallel those planned for their Active Army counterparts. The RC dental specialists are not trained in-house but are acquired as trained specialists. Accession grade into the RC is determined IAW AR 135-101 and DODI 6000.13. All RC DC Officers should strive for institutional training, operational assignments and self-development that yield the same officer developmental opportunities as their Active Army counterparts. For more information on Reserve Component officer development please refer to chapter 6 of this publication.

a. Company grade. This phase begins with appointment as a dental officer in the RC. Officers should attend the AMEDD OBLC or request waiver for equivalent trained status through their chain of command. Officers begin to develop leadership/management styles, participate in problem solving and decisionmaking, but, most importantly, learn to establish goals and manage time. Knowledge of common task training along with knowledge of TOE/TDA medical/dental systems is imperative for success. Officers are encouraged to serve as trainers for their subordinates/peers. Participation in a Troop Program Unit (TPU), State Area Medical Detachment or Individual Mobilization Augmentee (IMA) Dental Corps position is highly recommended. Officers should develop a knowledge base of mission and mobilization responsibilities.

b. Field grade. The officer should seek to assume increasing levels of responsibility within the dental care system and military education. Effective leadership/management skills must be demonstrated. Officers should seek positions of higher responsibility either within a unit or within the IMA program to be successful in this phase. During this phase every opportunity for advanced military and/or professional education should be pursued in accordance with career interests. Officers should be mentors for subordinates, displaying mission commitment and leading by example. The officer should review his/her overall career to include leadership, management abilities, decisiveness, and sound judgment. The officer must maintain clinical and military proficiency. He/she must develop a philosophy of organization/command with increased knowledge of mobilization readiness.

c. Application. An Army Reserve dentist wishing to apply for the 63B AOC must submit a detailed application packet along with proof they have met the 63B AOC requirements.

(1) Minimum of seven years clinical experience in general dentistry and must meet one of the two criteria:

(a) Board certification by the American Board of General Dentistry.

(b) Mastership in the Academy of General Dentistry (AGD).

(2) Minimum of seven years of clinical practice and two of the following three criteria:

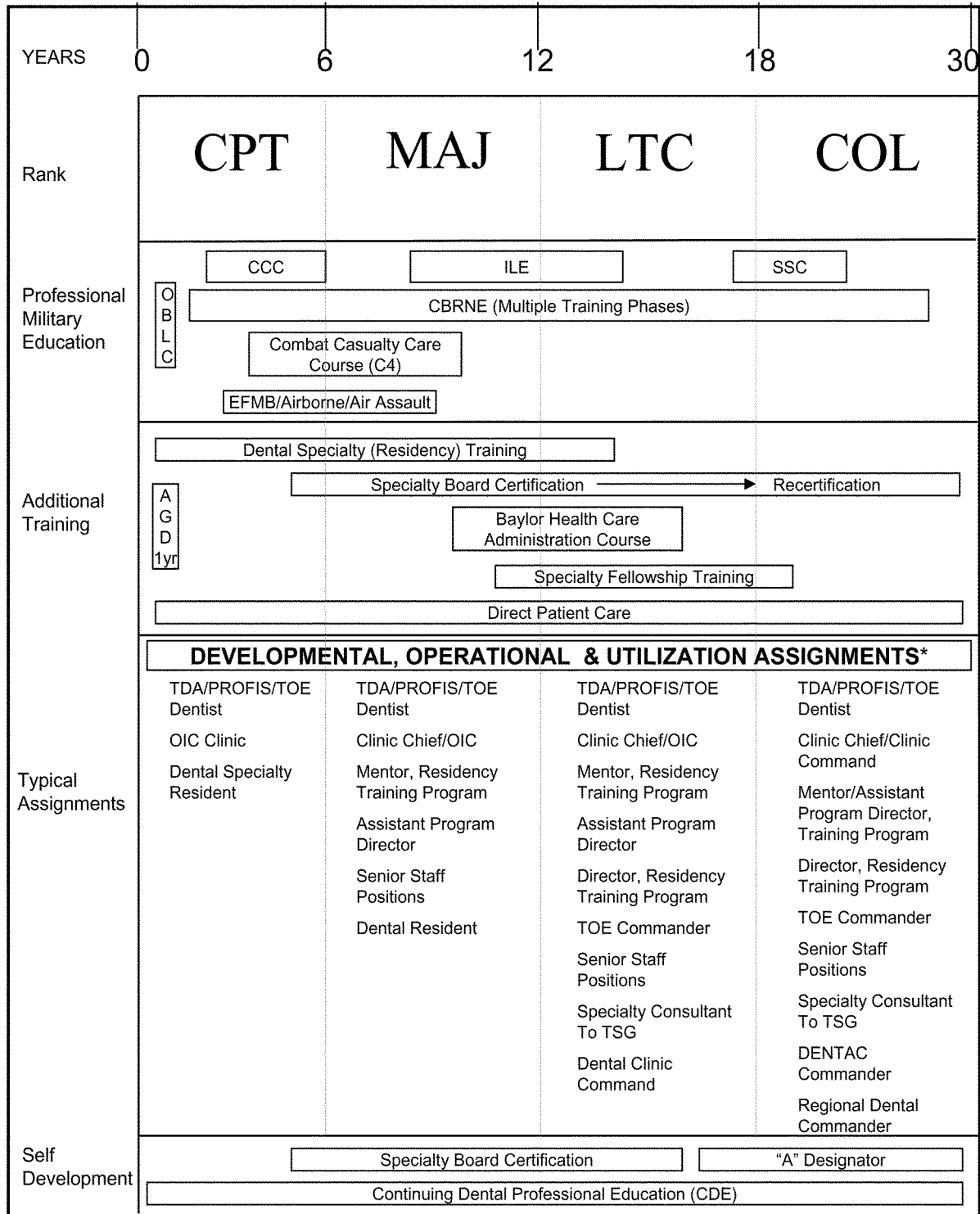
(a) Completion of an Advanced Education in General Dentistry 12-Month Program.

(b) 2 years of ongoing teaching experience in a general dentistry educational program.

(c) Fellowship in the AGD. The application is forwarded to Human Resources Command (HRC) St. Louis. A board then meets to determine if the candidate meets the 63B AOC criteria. If the 63B AOC is awarded, HRC personnel are authorized to change the AOC, not the Army Reserve Clinical Credentialing Affairs (ARCCA) since they have no authority in determining an individual's AOC.

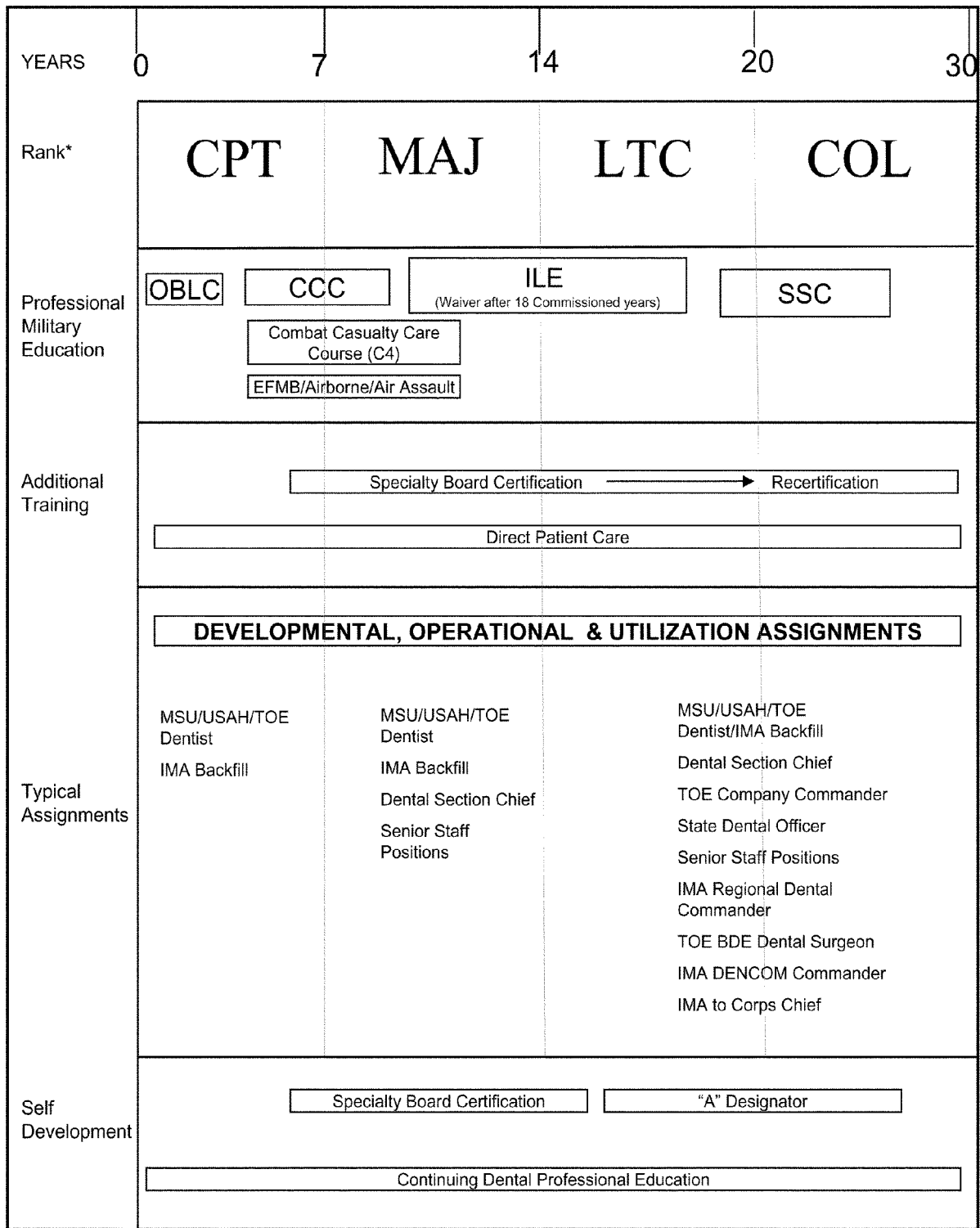
8-7. Dental Corps life cycle models

See figures 8-1 and 8-2.



*The majority of assignments integrate several areas listed under the various development categories. These assignments are not intended to indicate specific tracks that dental officers should follow in career progression; rather, officers should seek a variety of challenging assignments commensurate with rank and experience.

Figure 8-1. Dental Corps Active Army life cycle development and utilization



*Computation of Grade and Time in Grade varies by individual based on Entry Grade Credit calculations (the sum of any prior commissioned service credit and constructive credit) at time of appointment

Figure 8-2. Dental Corps Reserve Component life cycle development and utilization

Chapter 9 Medical Corps

9-1. Description of the Medical Corps

a. Medical Corps officers.

(1) The MC is composed of physicians who hold the degree of Doctor of Medicine (MD) or Doctor of Osteopathy (DO). In combat and in time of peace, MC officers conserve the Army's fighting strength by providing the highest quality health care to Soldiers, family members, retirees and other eligible beneficiaries. MC officers conduct and supervise direct patient care, plan and execute disease prevention and health promotion programs, exercise command of medical units as provided by law and regulation, perform special staff functions in combat health support for commanders at all levels, conduct medical research on diseases of military importance, and conduct, supervise, and participate in GME and the training of other medical personnel needed to sustain a robust and combat-ready medical system.

(2) The strategic objectives of the MC are to develop and sustain clinically proficient physicians, produce outstanding physician leaders, develop successful physician executives; develop operationally proficient medical officers; and select and develop world class physician scientists and scholars, and to manage MC officers whose careers feature diverse assignments in academic medical and research & developmental billets.

b. Career development.

(1) Three assignment tracks are available. These are clinical/operational, education, and research. Each area includes the three pillars of leader development: military training, self-development, and operational assignments. The career areas are based on a 30-year career, with programmed promotions, and are not fixed. They allow for changes in careers as the needs of the AMEDD and interests of the officer change.

(2) The MC leader development corresponds to specific officer grades that have both self-development and military training milestones. Figure 9-1 illustrates the four grades and shows the assignment opportunities and the training expected during each which have broad objectives and is flexible. The career course that a Medical Corps officer's professional development and utilization takes is influenced by residency training, AMEDD requirements, the officer's capabilities, and demonstrated performance.

9-2. Officer characteristics required

a. Competencies and actions common to all.

(1) The Medical Corps offers a broad spectrum of opportunities for graduate medical education and diverse assignments. Successful completion of GME and a variety of assignments within a career enhances promotion and advancement to senior leadership positions of responsibility. Every officer must serve successfully in leadership and staff positions to be considered for promotion. Although there are many AOCs within the Medical Corps, each officer should develop and maintain leadership, professional, and military common skills (see fig 9-1)

(2) The MC officers who wish to command have many opportunities to do so. They may compete for both CSL and non-CSL command positions (for further information on AMEDD command, the available positions, and the selection process for these positions, see chap 4). An AMEDD commander and MC officers in senior leadership positions are expected to possess the Joint Medical Executive Skill Competencies. MC officers who wish to compete for the command of Health Care Management Organizations (that is, to become a commander of an MTF or serve in a leadership capacity of an organization with lead agent responsibilities) must, by a 1992 Congressional mandate, possess the Joint Medical Executive Skills Competencies before they assume command. These competencies should be obtained by a combination of assignment experiences and education. Figure 9-1 and figure 9-2 suggest assignment experiences that will enable the MC officer to be competitive for these AMEDD senior leadership positions.

b. Unique officer skills. The Medical Corps consists of forty one areas of concentration (AOC). The Medical Corps Officer starts out as a general medical officer following completion of the first year of GME and specialized following completion of residency training. Following completion of residency training, physicians may continue with subspecialty training or continue in operational positions providing clinical care, conducting research, or other positions.

c. Decisionmaking skills. The normal environment of a Medical Corps officer's work requires time sensitive problem analysis with accurate, sound, and immediate decision. An ability to operate under stress, apply critical thinking skills, make decisions and translate these skills to battlefield conditions is critical to medical and mission success.

d. Tactical, technical, and operational skills. The MC officers must attend certain military short courses. These courses include the Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) short courses, the C4, and the Combat Casualty Management Course (Echelon 3) (C4A). Additionally, as part of their military training for specific assignments, it is expected that MC officers will attend such courses as the Brigade Surgeon Course, the Division Surgeon Course, Army Flight Surgeon Primary Course, and the Joint Executive Skills Course. The MC officers must

be technically proficient with state of the art equipment in a hospital as well as mission unique environment and mission unique equipment, tools, and systems. Patient care requires the proper balance between technical skills and the ability to apply the appropriate treatment or procedure at the right moment.

e. Unique knowledge. Medical officers must possess expert knowledge in their AOC, patient management, and general support and coordination principles. Physicians gain this knowledge through continuing medical education and experience sustained by mentoring. Individual officers sustain knowledge through additional institutional training, operational assignments, continuous self-development, and progressive levels of assignments within their specialty.

f. Unique attributes.

(1) *Personal attributes.* Medical Corps officers uphold Army traditions and maintain the highest standards of personal and professional integrity. They live the Army Values and enforce high standards of technical competence, training, physical fitness and discipline, embody the warrior ethos and are extremely well-versed in war fighting and medical support doctrine. However, they are also adaptable to changing environments and can update health estimates and apply non-textbook solutions in unique situations.

(2) *Multifunctional attributes.* Medical officers become increasingly specialized and multifunctional within their AOC as all officers progress. Physicians must develop and use a diverse set of skills as they move between AOC specific assignments and serve in assignments of increased clinical, scientific and administrative responsibility.

9-3. Medical Corps officer professional development

The professional objective of the MC is to have a group of highly motivated and qualified officers who will have the professional and leadership attributes necessary to fill positions of the highest responsibility. Medical and military education must be satisfied in order to be professionally developed. In order to meet this objective, the Medical Corps develops and sustains clinically proficient physicians by providing excellent graduate medical education program opportunities, access to essential continuing medical education, and meaningful clinical practice experiences. Concurrently, the MC seeks to produce outstanding physician leaders by providing effective leader training programs, a wide range of challenging assignments, and mentoring. Professional development for physicians must be highly individualized. Career patterns are developed with MC guidance to ensure compatibility with the needs of the Army, the AMEDD, and the individual physician. This requires the MC to develop successful physician executives by providing effective and efficient physician-specific executive skills education and training through career management which features diversity of managerial, staff and leader assignments in healthcare facilities and command headquarters. Additionally, the MC develops operationally proficient medical officers by incorporating operational skills in every aspect of physician education and training, through career management which features a diversity of assignments in operational medical environments and units, and by ensuring command and military educational selection of highly competitive MC officers. The MC also selects and develops world class physician scientists and scholars by enhancing education programs in applied military medical research and academics, selecting MC officers with research and academic interests and skills, and by career management which features a diversity of assignments in academic, medical, and research and developmental billets.

a. Professional development. It is important to integrate operational and deployment education and training of physicians into physician development. This is accomplished by evaluating and appropriately modifying OBLC/CCC curriculum to meet current and projected training needs; developing sustainment training programs targeted at post-OBLC/CCC trained physicians; inserting operational/developmental training into on-site GME training programs; and developing a corporate approach to training at post GME assignments. Active Army MC officers will attend the AMEDD OBLC and the CCC. The MC officers wishing to compete for command or to serve in Medical Corps and AMEDD leadership positions should also complete the Common Core ILE. It is expected that most MC officers will complete ILE by distance learning. ILE is a MC prerequisite to compete for nomination to Senior Service College (SSC). The transformation of Army GME to meet changing requirements by educating & training physicians in the appropriate force structure physician numbers and mix of specialties/subspecialties to meet mid-term (3-8 years) requirements of the AMEDD is a crucial stage of officer development. This is accomplished by actively incorporating operational military medical lessons learned and leading edge civilian healthcare education and medical practice standards into GME programs; by promoting joint military medical doctrine into GME programs; and by developing GME leaders with a working knowledge of current and emerging military medical practices and assignment challenges. Concurrently, it is necessary to leverage medical education assets so as to achieve uniformly high quality GME through the establishment of a corporate GME faculty requirement board; the creation of criteria for faculty assignment to GME programs; ensuring an equitable and uniform mix of GME faculty and staff in each teaching MEDDAC/MEDCEN; and the sustainment of GME faculty development programs.

(1) *Captain.*

(a) *Institutional training.* This begins with entry into the Medical Corps. After graduation from medical school, all officers will attend their first year graduate medical education (FYGME) and apply for their GME residency training. MC officers who have completed their first year of graduate medical education (FYGME) are required to apply for and hold a current unrestricted license to practice medicine or osteopathy from a member of the Federation of State Medical Boards.

(b) *Operational assignments.* If the officer is not matched to a residency program directly after FYGME, the officer

will be assigned the AOC of 62B9D and may serve as a Field Surgeon in a TOE unit. Some of these officers will serve as Primary Course-trained flight surgeons and carry the secondary AOC of 61N. MC officers beyond FYGME must possess a current unrestricted state license. States vary as to the required number of years after FYGME that an MC officer can obtain a license. Newly commissioned officers attend the AMEDD OBLC (MEL G). A majority of HPSP and all Uniformed Services University of Health Science graduates will attend OBLC during ADT while attending medical/osteopath school. All officers are required to attend the C⁴ course.

(c) *Self-development.* Physicians must enhance self-development by satisfying the requirements for acquiring a valid and unrestricted medical license. In addition the Officer will enhance and further develop his medical skills by participation in the Continuing Medical Education process, and attaining board certification. The junior officer will participate in mentoring programs, seeking out senior officers to serve in the capacity of a mentor.

(2) *Major.*

(a) *Institutional training.* The MC Officers complete GME and obtain board certification. MC officers may begin subspecialty fellowship training during this period. Completion of CCC (MEL F) is done during this phase. When MC officers (1) have successfully completed CCC and (2) are board certified in their initial residency, they are awarded MEL B.

(b) *Operational assignments.* A MC officer who desires to compete for command or hold MC and AMEDD leadership positions should complete the COMMON CORE training as a senior major or as a junior lieutenant colonel. The CBRNE courses are short courses also taken during this intermediate phase.

(c) *Self-development.* Physicians must enhance self development by satisfying the requirements for acquiring a valid and unrestricted medical license. In addition the Officer will enhance and further develop his medical skills by participation in the Continuing Medical Education process, and attaining board certification.

(3) *Lieutenant colonel.*

(a) *Institutional training.* The objectives at this level are subspecialty board certification and continued military professional development. MC officers must remain current in professional skills through CME.

(b) *Operational assignments.* Assignments will be made to progressively more responsible and challenging positions. These assignments will require managerial expertise, leadership abilities, and an overall understanding of military and MC operations.

(c) *Self-development.* Physicians must enhance self-development by remaining current in the Continuing Medical Education process. Officers should seek subspecialty training and maintain board certification and continue military professional development. Officers should complete the Combat Casualty Management Course during this period.

(4) *Colonel.*

(a) *Institutional training.* The objective of this phase is maximum utilization of the officer's acquired professional and military skills. Clinical knowledge and executive acumen are needed for positions of great responsibility.

(b) *Operational assignments.* Officers may be nominated for the AMEDD "A" designator, will serve in senior leadership assignments, and may serve as teaching chiefs in their AOC. Selected MC officers will be chosen to attend SSC. The purpose of these courses is to prepare officers for the highest MC and AMEDD-level command and DA and DOD staff duties.

(c) *Self-development.* Colonels must enhance self-development through continuing medical education. It is expected that senior officers at the executive level will consolidate their life learning experiences, military training, and medical training experiences so as to participate as mentors for junior officers, and as such enhancing their own self-development. In addition, given that many of these officers will participate in branch immaterial positions, they will seek and acquire the skill sets and knowledge base necessary to complement their previous training to perform in these assignments.

b. *Area of concentration designation process.* To meet the AMEDD requirements, 41 MC AOCs have been established. The purpose of an AOC is to provide a pool of professionally competent officers, with knowledge and skills within a medical specialty, capable of making a sustained contribution to military health care. These officers make up the disciplines needed by a self-sustaining health care delivery system.

(1) *Medical proficiency designators.* The Surgeon General is responsible for the initial classification of MC officers when appointed. Changes after the initial classification depend on evaluations and demonstrated professional competence. The Surgeon General is the classification authority for MC officers. Proficiency designators are awarded in conjunction with the AOC indicating the officer's degree of proficiency in a particular AOC.

(2) *Medical related skills.*

(a) *Medical proficiency 9A.* Determination is on an individual basis by TSG's Classification Board.

(b) *Medical proficiency 9B.* Certification by the American Specialty Board in a particular specialty or subspecialty.

(c) *Medical proficiency 9C.* Completion of formal training to meet the American Specialty Board requirement of approved residency or fellowship in a recognized teaching center in the professional field; and Completion of formal subspecialty training to meet the American Specialty Board requirements.

(d) *Medical proficiency 9D.* Successful completion of the first year (Internship) of an approved GME Training Program.

(e) *Medical proficiency 9E.* Intern in an approved first year GME Training Program which, upon successful completion, will result in the Medical Proficiency of 9D. While an intern, the officer will be awarded the AOC specialty in which he/she is training with the medical proficiency skill identifier of 9E.

9-4. Medical Corps areas of concentration

The MC AOCs are contained in table 9-1.

a. Operational Medicine (60A) (Immaterial position).

(1) *Description of duties.* The AOC 60A is a duty position only and is specialty immaterial. It is used to designate certain positions at command and staff level in which medical officers may perform a variety of planning, coordination, and supervisory functions, in addition to duties in their primary AOC. Plans, establishes, directs and supervises health delivery activities within military units authorized a surgeon, or within research and development, test and evaluation activities concerned with medical aspects of military operations. Commands medical unit or installation engaged in furnishing medical care to sick, injured, or wounded personnel.

(2) *Description of positions.* Unique duty positions include: Brigade, Division, Corps, DRU, ACOM, ASCC Surgeon; TOE/TDA Hospital Commander; Deputy Commander, Clinical Services; certain staff level positions at DRU, ACOM, ASCC, DA, DOD; RDTE Medical Advisor/Research Director; Director of Medical Activities; U.S. Army Reserve Command; Director Clinical Services, State Medical Detachments.

(3) *Qualifications.* DA Pam 611-21 for AOC qualifications. The officer must complete GME and satisfy specialty board requirements. The officer must have demonstrated managerial skills and meet specific qualifications or requirements of a specified position in which duties are being performed.

b. 60B-Nuclear Medicine Officer.

(1) *Description of duties.* Plans, conducts, interprets, and directs nuclear medical examinations and therapy including systemic administration of ionizing radiation, patient care, and activities concerned with the medical aspects of nuclear energy and bionucleonics.

(2) *Description of positions.* Unique duty positions include: Chief, Nuclear Medicine Service; Nuclear Medicine Consultant; Medical School Faculty Appointment.

(3) *Qualifications.* See DA Pam 611-21 for AOC qualifications. The officer must complete GME and satisfy specialty board requirements to possess the AOC.

c. 60C-Preventive Medicine Officer.

(1) *Description of duties.* Determines status of and conditions influencing health of military and appropriate civilian personnel; formulates and recommends measures for health improvements; plans, coordinates, and directs programs designed to maintain health, improve physical fitness, and prevent disease and injury.

(2) *Description of positions.* Unique duty positions include: Chief, Preventive Medicine Service/Division; Preventive Medicine Consultant; Medical School Faculty Appointment.

(3) *Qualifications.* See DA Pam 611-21 for AOC qualifications. The officer must complete GME and satisfy specialty board requirements to possess the AOC.

d. 60D-Occupational Medicine Officer.

(1) *Description of duties.* Determines status of and conditions influencing health of military and appropriate civilian personnel; formulates and recommends measures for health improvements; plans, coordinates, directs, and supervises occupational health programs designed to maintain health, improve physical fitness, and prevent disease and injury for DA civilians and military personnel.

(2) *Descriptions of positions.* Unique duty positions include: Chief, Occupational Health Service; Occupational Medicine Consultant; Medical School Faculty Appointment.

(3) *Qualifications.* See DA Pam 611-21 for AOC qualifications. The officer must complete GME and satisfy specialty board requirements to possess the AOC.

e. 60F-Pulmonary Disease/Critical Care Officer.

(1) *Description of duties.* Examine, diagnose, and treat or recommend courses of therapy for adult patients with diseases of the respiratory system and for adults in the intensive care setting.

(2) *Description of positions.* Unique duty positions are Chief, Pulmonary Disease Service; Medical School Faculty Appointment; Consultant.

(3) *Qualifications.* See DA Pam 611-21 for AOC qualifications. The officer must complete GME and satisfy specialty board requirements to possess the AOC.

f. 60G-Gastroenterologist.

(1) *Description of duties.* Examine, diagnose, and treat or recommend courses of treatment for patients, with particular emphasis on disorders of the gastroenterological, hepatic, biliary, and pancreatic systems.

(2) *Descriptions of positions.* Unique duty positions are Chief, Gastroenterology Services; Medical School Faculty Appointment; Consultant.

(3) *Qualifications.* See DA Pam 611-21 for AOC qualifications. The officer must complete GME and satisfy specialty board requirements to possess the AOC.

g. *60H–Cardiologist.*

(1) *Description of duties.* Examine, diagnose, and treat or recommend courses of treatment or therapy for patients, with particular emphasis on disorders of the cardiovascular system.

(2) *Description of positions.* Unique duty positions are Chief, Cardiology Services; Medical School Faculty Appointment; Consultant.

(3) *Qualifications.* See DA Pam 611–21 for AOC qualifications. The officer must complete GME and satisfy specialty board requirements to possess the AOC.

h. *60J–Obstetrician and Gynecologist.*

(1) *Description of duties.* Provides medical care during pregnancy, performs obstetric deliveries, and examines, diagnoses, and treats or prescribes courses of treatment or surgery for patients who have gynecological disease, injury, or disorder, and performs required surgery.

(2) *Description of positions.* Unique duty positions include: Chief, Department of Obstetrics/Gynecology; Chief, Family Planning Service; Chief, Gynecologic Oncology Service; Medical School Faculty Appointment; Consultant.

(3) *Qualifications.* See DA Pam 611–21 for AOC qualifications. The officer must complete GME and satisfy specialty board requirements to possess the AOC.

i. *60K–Urologist.*

(1) *Description of duties.* Examine, diagnose, and treat or prescribe courses of treatment or surgery for patients having disease, injury, or disorder of the genito–urinary tract, and performs required surgery.

(2) *Description of positions.* Unique duty positions are Chief, Urology Service; Medical School Faculty Appointment; Consultant.

(3) *Qualifications.* See DA Pam 611–21 for AOC qualifications. The officer must complete GME and satisfy specialty board requirements to possess the AOC.

j. *60L–Dermatologist.*

(1) *Description of duties.* Examine, diagnose, treat or prescribe courses of treatment for patients having diseases of the skin. Performs cutaneous surgery for patients having diseases of the skin or sexually transmitted diseases.

(2) *Description of positions.* Unique duty positions are Chief, Dermatology Service; Medical School Faculty Appointment; Consultant.

(3) *Qualifications.* See DA Pam 611–21 for AOC qualifications. The officer must complete GME and satisfy specialty board requirements to possess the AOC.

k. *60M–Allergist, Clinical Immunologist.*

(1) *Description of duties.* Examine, diagnose, and treat or recommend courses of treatment for diseases, with particular emphasis on conditions of allergic or immunologic origin. Subject matter expert in the areas of vaccines/immunizations.

(2) *Description of positions.* Unique duty positions are Chief, Allergy, Immunologic Service; Medical School Faculty Appointment; Consultant.

(3) *Qualifications.* See DA Pam 611–21 for AOC qualifications. The officer must complete GME and satisfy specialty board requirements to possess the AOC.

l. *60N–Anesthesiologist.*

(1) *Description of duties.* Administers and/or supervises administration of anesthetics to patients.

(2) *Description of positions.* Unique duty positions are Chief, Anesthesia Service; Medical School Faculty Appointment; Consultant.

(3) *Qualifications.* See DA Pam 611–21 for AOC qualifications. The officer must complete GME and satisfy specialty board requirements to possess the AOC.

m. *60P–Pediatrician.*

(1) *Description of duties.* Examines, diagnoses, and treats or recommends course of management for childhood diseases.

(2) *Description of positions.* Unique duty positions include: Chief, Adolescent Medicine Service; Chief, Department of Pediatrics; Pediatric Consultant; Medical School Faculty Appointment.

(3) *Qualifications.* See DA Pam 611–21 for AOC qualifications. The officer must complete GME and satisfy specialty board requirements to possess the AOC.

n. *60Q–Pediatric Subspecialist.*

(1) *Description of duties.* Examines, diagnoses, and treats or recommends course of therapy for childhood diseases.

(2) *Description of positions.* Unique duty positions are Medical School Faculty Appointment; Consultant.

(3) *Qualifications.* See DA Pam 611–21 for AOC qualifications. The officer must complete GME and satisfy specialty board requirements to possess the AOC.

o. *60R–Child Neurologist.*

(1) *Description of duties.* Examine, diagnose, treat, and direct management of infants and children suffering from organic disorders, injuries, and diseases of the central and peripheral nervous system and muscle. Directs Clinical

Neurophysiology Laboratory (electroencephalogram (EEG) and evoked potentials) and interprets studies. Performs electroneuromyography (EMG). Examine, diagnose, treat, and direct management of especially unusual or complex disorders of infants and children suffering from organic disorders, injuries, and diseases of the central and peripheral nervous system.

(2) *Description of positions.* Unique duty positions are Chief, Child Neurology Service; Medical School Faculty Appointment; Consultant.

(3) *Qualifications.* See DA Pam 611–21 for AOC qualifications. The officer must complete GME and satisfy specialty board requirements to possess the AOC.

p. 60S–Ophthalmologist.

(1) *Description of duties.* Examine, diagnose, and treat or prescribe therapy for personnel suffering from diseases, injuries, or disorders of the eye and ocular adnexal tissue and performs surgery when required.

(2) *Description of positions.* Unique duty positions are Chief, Ophthalmology Service; Medical School Faculty Appointment; Consultant.

(3) *Qualifications.* See DA Pam 611–21 for AOC qualifications. The officer must complete GME and satisfy specialty board requirements to possess the AOC.

q. 60T–Otolaryngologist.

(1) *Description of duties.* Examine, diagnose, and treat or prescribe course of treatment for adults and children suffering from malignant or benign diseases, injuries, or disorders of ear, nose, throat, head, and neck region, performing surgery when required.

(2) *Description of positions.* Unique duty positions are Chief, Otolaryngology Service; Medical School Faculty Appointment; Consultant.

(3) *Qualifications.* See DA Pam 611–21 for AOC qualifications. The officer must complete GME and satisfy specialty board requirements to possess the AOC.

r. 60U–Child Psychiatrist.

(1) *Description of duties.* Provides diagnostic evaluations and treatment services to children and adolescents suffering from an emotional or mental disorder or mental retardation. Provides or supervises associated treatment or guidance to parents and families. May assume all duties of an adult psychiatrist (60W).

(2) *Description of positions.* Unique duty positions are Chief, Adolescent and Child Psychiatry Service; Medical School Faculty Appointment; Consultant.

(3) *Qualifications.* See DA Pam 611–21 for AOC qualifications. The officer must complete GME and satisfy specialty board requirements to possess the AOC.

s. 60V–Neurologist.

(1) *Description of duties.* Examine, diagnose, treat, and direct management of patients suffering from organic disorders, injuries, and diseases of the central and peripheral nervous system and muscle. Directs Clinical Neurophysiology Laboratory (EEG and evoked potentials) and interprets studies. Performs EMG.

(2) *Description of positions.* Unique duty positions are Chief, Neurology Service; Medical School Faculty Appointment; Consultant.

(3) *Qualifications.* See DA Pam 611–21 for AOC qualifications.

t. 60W–Psychiatrist.

(1) *Description of duties.* Examines, diagnoses, and treats or prescribes course of treatment for personnel suffering from emotional or mental illness, mental retardation or situational maladjustment. Provides diagnostic evaluations and treatment for patients suffering from a mental disorder or mental retardation.

(2) *Description of positions.* Unique duty positions include: Chief, Department of Psychiatry; Psychiatric Consultant; Medical School Faculty Appointment.

(3) *Qualifications.* See DA Pam 611–21 for AOC qualifications.

u. 61A–Nephrologist.

(1) *Description of duties.* Examines, diagnoses, and treats or recommends course of therapy for adult diseases, with particular emphasis on disorders of the kidney and excretory system. Examine, diagnose, and treat adults with all forms of kidney disease hypertension and acute/chronic kidney failure. Serves as the primary physician for patients receiving any form of dialysis or who have received a kidney transplant.

(2) *Description of positions.* Unique duty positions are Chief, Nephrology Service; Medical School Faculty Appointment; Consultant.

(3) *Qualifications.* See DA Pam 611–21 for AOC qualifications. The officer must complete GME and satisfy specialty board requirements to possess the AOC.

v. 61B–Oncologist/Hematologist.

(1) *Description of duties.* Examine, diagnose, and treat or recommend courses of treatment for adult diseases, with particular emphasis on neoplastic and malignant disorders.

(2) *Description of positions.* Unique duty positions are Chief, Hematology/Oncology Service; Medical School Faculty Appointment; Consultant.

- (3) *Qualifications*. See DA Pam 611–21 for AOC qualifications. The officer must complete GME and satisfy specialty board requirements to possess the AOC.
- w. *61C–Endocrinologist*.
- (1) *Description of duties*. Examine, diagnose, and treat or recommend courses of treatment for adult diseases, with particular emphasis on disorders of the endocrine system and metabolism.
- (2) *Description of positions*. Unique duty positions are Chief, Endocrinology Service; Medical School Faculty Appointment; Consultant.
- (3) *Qualifications*. See AR 40–68 and DA Pam 611–21 for AOC qualifications.
- x. *61D–Rheumatologist*.
- (1) *Description of duties*. Examine, diagnose, and treat or recommend course of treatment for adult diseases, with particular emphasis on disorders of the connective tissue. Examine, diagnose, and treat medically or recommend courses of therapy for arthritic, systemic rheumatic, and musculoskeletal diseases.
- (2) *Description of positions*. Unique duty positions are Chief, Rheumatology Service; Medical School Faculty Appointment; Consultant.
- (3) *Qualifications*. See DA Pam 611–21 for AOC qualifications. The officer must complete GME and satisfy specialty board requirements to possess the AOC.
- y. *61E–Clinical Pharmacologist*.
- (1) *Description of duties*. Examine, diagnose, and treat or recommend courses of therapy for patients, with particular emphasis on management of drug therapy, drug interactions, and disorders caused or complicated by adverse reactions to drugs. Develops and implements clinical research programs in support of the Army Drug Development Mission.
- (2) *Description of positions*. Unique duty positions include: Assistant Professor of Pharmacology; Director, Drug Evaluation and Research Center; Consultant.
- (3) *Qualifications*. See DA Pam 611–21 for AOC qualifications.
- z. *61F–Internist*.
- (1) *Description of duties*. Examine, diagnose, and treat or recommend courses of management for adults with medical illness.
- (2) *Description of positions*. Unique duty positions include: Chief, Department of Medicine; Chief, Department of Clinical Investigation; Medical Consultant; Medical School Faculty Appointment.
- (3) *Qualifications*. See DA Pam 611–21 for AOC qualifications. The officer must complete GME and satisfy specialty board requirements to possess the AOC.
- aa. *61G–Infectious Disease Officer*.
- (1) *Description of duties*. Is generally responsible for diagnoses, laboratory confirmation, treatment, control, and/or description of natural history and transmission kinetics of infectious diseases including biological warfare threats. Consults on public health policy in DA.
- (2) *Description of positions*. Unique duty positions include: Chief, Infectious Disease Service; Consultant; Medical School Faculty Appointment.
- (3) *Qualifications*. See DA Pam 611–21 for AOC qualifications.
- ab. *61H–Family Medicine*.
- (1) *Description of duties*. Provides comprehensive care to patients at each echelon of the health service support system: cares for 85 percent of patients with problems in areas such as general medicine, gynecology, obstetrics, psychiatry, preventive medicine, pediatrics, and orthopedics in both in–patient and out–patient environments; when needed, augments the capabilities of the surgical specialties through triage, stabilization, and surgical assistance, as well as pre– and post–operative care.
- (2) *Description of positions*. Unique duty positions include: Chief, Department of Family Practice; Chief Primary Care/Ambulatory Care; Consultant; Medical School Faculty Appointment.
- (3) *Qualifications*. See DA Pam 611–21 for AOC qualifications. The officer must complete GME and satisfy specialty board requirements to possess the AOC.
- ac. *61J–General Surgeon*.
- (1) *Description of duties*. Examines, diagnoses, and treats or prescribes course of treatment and surgery for patients having injuries, or disorders with surgical conditions, and performs required surgery. Evaluates and appropriately treats patients presenting with surgical problems. Provides consultation and advice to the command and to the staff on surgical matters.
- (2) *Description of positions*. Unique duty positions include: Chief, Department of Surgery; Surgical Consultant; Medical School Faculty Appointment.
- (3) *Qualifications*. See DA Pam 611–21 for AOC qualifications. The officer must complete GME and satisfy specialty board requirements to possess the AOC.
- ad. *61K–Thoracic Surgeon*.
- (1) *Description of duties*. Examine, diagnose, and treat or prescribe courses of treatment and surgery for patients having surgical diseases or injuries of the thorax and vascular system and performs required surgery.

- (2) *Description of positions.* Unique duty positions are Chief, Thoracic Surgery Service; Consultant; Medical School Faculty Appointment.
- (3) *Qualifications.* See DA Pam 611–21 for AOC qualifications. The officer must complete GME and satisfy specialty board requirements to possess the AOC.
- ae. 61L–Plastic Surgeon.*
- (1) *Description of duties.* Examine, diagnose, and treat or prescribe courses of treatment and/or surgery for patients requiring plastic surgery. Deals with the excision, repair, replacement, and reconstruction of defects of form and function of the integument and its underlying musculoskeletal system. Places special emphasis on craniofacial structures, the oral pharynx, upper and lower limbs, the trunk, the breasts, and external genitalia. Includes aesthetic surgery of structures with undesirable form when time and space permits.
- (2) *Description of positions.* Unique duty positions are Chief, Plastic Surgery Service; Consultant; Medical School Faculty Appointment.
- (3) *Qualifications.* See DA Pam 611–21 for AOC qualifications. The officer must complete GME and satisfy specialty board requirements to possess the AOC.
- af. 61M–Orthopedic Surgeon.*
- (1) *Description of duties.* Examine, diagnose, and treat or prescribe courses of treatment and surgery for patients having disorders, malformations, diseases, and injuries of the musculoskeletal system, performing surgical operations as indicated.
- (2) *Descriptions of positions.* Unique duty positions are Chief, Orthopedic Service; Medical School Faculty Appointment; Consultant.
- (3) *Qualifications.* See DA Pam 611–21 for AOC qualifications. The officer must complete GME and satisfy specialty board requirements to possess the AOC.
- ag. 61N–Flight Surgeon.*
- (1) *Description of duties.* Provides aviation and general medical services for Army aviation personnel. Serves as a career specialist in aviation/aerospace medicine in areas of aircrew standards, aeromedical education and training, aeromedical research, and aeromedical administration and consultation. Provides aviation and general medical services for Army aviation and other operational units. The AOC 61N is a military acquired skill for the MC and will not be awarded as a primary AOC to an officer with the following exceptions: the officer is a graduate of a TSG–approved residency program in Aerospace Medicine; and the officer completed FYGME, but has not yet matched to a residency training program, and has successfully completed the Primary Flight Surgeon Course at Fort Rucker, AL.
- (2) *Description of positions.* Unique duty positions include: Aviation Medicine Service Consultant; Chief, Department of Aviation Medicine; Chief, Hyperbaric Medicine; Medical School Faculty Appointment.
- (3) *Qualifications.* See DA Pam 611–21 for AOC qualifications. The officer must complete GME and satisfy requirements as indicated above to possess the AOC.
- ah. 61P–Physiatrist.*
- (1) *Description of duties.* Plans, establishes, and directs physical medicine and rehabilitation program at medical installations.
- (2) *Description of positions.* Unique duty positions are Chief, Physical Medicine and Rehabilitation Service; Medical School Faculty Appointment; Consultant.
- (3) *Qualifications.* See DA Pam 611–21 for AOC qualifications. The officer must complete GME and satisfy specialty board requirements to possess the AOC.
- ai. 61Q–Radiation Oncologist.*
- (1) *Description of duties.* Conducts and supervises the use of ionizing radiations in the treatment of patients with malignant disease and in certain nonmalignant conditions amenable to such therapy.
- (2) *Description of positions.* Unique duty positions are Chief, Therapeutic Radiation Service; Medical School Faculty Appointment; Consultant.
- (3) *Qualifications.* See DA Pam 611–21 for AOC qualifications.
- aj. 61R–Diagnostic Radiologist.*
- (1) *Description of duties.* Performs and interprets all diagnostic radiological and fluoroscopic procedures, including special vascular studies and imaging on patients referred by other physicians.
- (2) *Description of positions.* Unique duty positions include: Chief, Department of Radiology; Medical School Faculty Appointment; Consultant.
- (3) *Qualifications.* See AR 40–68 and DA Pam 611–21 for AOC qualifications.
- ak. 61U–Pathologist.*
- (1) *Description of duties.* Directs and supervises medical laboratory and conducts clinical and anatomical pathological examinations.
- (2) *Description of positions.* Unique duty positions include: Chief, Department of Pathology; Chief, Anatomical Pathology Service; Chief, Clinical Pathology Service; Consultant; Medical School Faculty Appointment.
- (3) *Qualifications.* See DA Pam 611–21 for AOC qualifications.

al. 61W–Peripheral Vascular Surgeon.

(1) *Description of duties.* Examine, diagnose, and treat or prescribe courses of treatment and surgery for patients having arterial, venous, and lymphatic circulatory diseases and injuries, exclusive of lesions intrinsic to the heart, thoracic aorta, and intracranial vessels.

(2) *Description of positions.* Unique duty positions are Chief, Peripheral Vascular Surgery Service; Medical School Faculty Appointment; Consultant.

(3) *Qualifications.* See DA Pam 611–21 for AOC qualifications. The officer must complete GME and satisfy specialty board requirements to possess the AOC.

am. 61Z–Neurosurgeon.

(1) *Description of duties.* Examine, diagnose, and perform surgery as required in cases of patients suffering from disease, injury, or disorder of the nervous system.

(2) *Description of positions.* Unique duty positions are Chief, Neurosurgery Service; Medical School Faculty Appointment; Consultant.

(3) *Qualifications.* See DA Pam 611–21 for AOC qualifications. The officer must complete GME and satisfy specialty board requirements to possess the AOC.

an. 62A–Emergency Medicine Physician.

(1) *Description of duties.* Examine, diagnose, and treat or prescribe courses of treatment for the initial phase of disease and injuries.

(2) *Description of positions.* Unique duty positions are Chief, Department of Emergency Medicine; Consultant; Medical School Faculty Appointment.

(3) *Qualifications.* See DA Pam 611–21 for AOC qualifications. The officer must complete GME and satisfy specialty board requirements to possess the AOC.

ao. 62B–Field Surgeon.

(1) *Description of duties.* An entry-level skill for the Medical Corps, which is not awarded as a primary AOC, except to an officer in a Transitional Internship; an officer who has not yet matched for a GME residency or fellowship training program; or an officer who did not complete a GME residency training program. 62B is a duty position only in TOE and non-MTF TDA organizations. Performs the basic and fundamental duties of a physician. Examine, diagnose, and treat or prescribe courses of treatment for the initial phase (Level I and II) of battlefield disease and injury. Provide resuscitative and definitive care for injured and wounded Soldiers within the capabilities of the unit's organic or attached medical element. When assigned to a maneuver unit, serves as the principle advisor to the Commander regarding medical force protection and the maintenance of the health of the unit. All MC officers except Nuclear Medicine officer (60B), Obstetrician/Gynecologist (60J), Urologist (60K), Anesthesiologist (60N), Ophthalmologist (60S), Otolaryngologist (60T), Child Psychiatrist (60U), Psychiatrist (60W), General Surgeon (61J), Thoracic Surgeon (61K), Plastic Surgeon (61L), Orthopedic Surgeon (61M), Therapeutic Radiologist (61Q), Radiation Oncologist (61R), and Pathologist (61U), may fulfill the duties of a field surgeon in time of mobilization or upon the execution of a contingency operation.

(2) *Description of positions.* Unique duty positions include: treatment Platoon Leader in ASMB, BSB, FSB, DSB/MSB and FSB Support Battalion medical companies; and medical Platoon Leader in maneuver battalion HHC.

(3) *Qualifications.* See DA Pam 611–21 for AOC qualifications. The officer must complete the first year of GME and satisfy licensure requirements to possess the AOC.

Table 9–1
Medical Corps areas of concentration

AOC	Title
60A	Operational Medicine (IM)
60B	Nuclear Medicine Officer
60C	Preventive Medicine Officer
60D	Occupational Medicine Officer
60F	Pulmonary Disease Officer
60G	Gastroenterologist
60H	Cardiologist
60J	Obstetrician and Gynecologist
60K	Urologist
60L	Dermatologist
60M	Allergist, Clinical Immunologist
60N	Anesthesiologist
60P	Pediatrician
60Q	Pediatric Subspecialist
60R	Child Neurologist
60S	Ophthalmologist
60T	Otolaryngologist

Table 9-1
Medical Corps areas of concentration—Continued

60U	Child Psychiatrist
60V	Neurologist
60W	Psychiatrist
61A	Nephrologist
61B	Oncologist/Hematologist
61C	Endocrinologist
61D	Rheumatologist
61E	Clinical Pharmacologist
61F	Internist
61G	Infectious Disease Officer
61H	Family Medicine
61J	General Surgeon
61K	Thoracic Surgeon
61L	Plastic Surgeon
61M	Orthopedic Surgeon
61N	Flight Surgeon
61P	Physiatrist
61Q	Radiation Oncologist
61R	Diagnostic Radiologist
61U	Pathologist
61W	Peripheral Vascular Surgeon
61Z	Neurosurgeon
62A	Emergency Medicine Physician
62B	Field Surgeon

9-5. Reserve Component officers

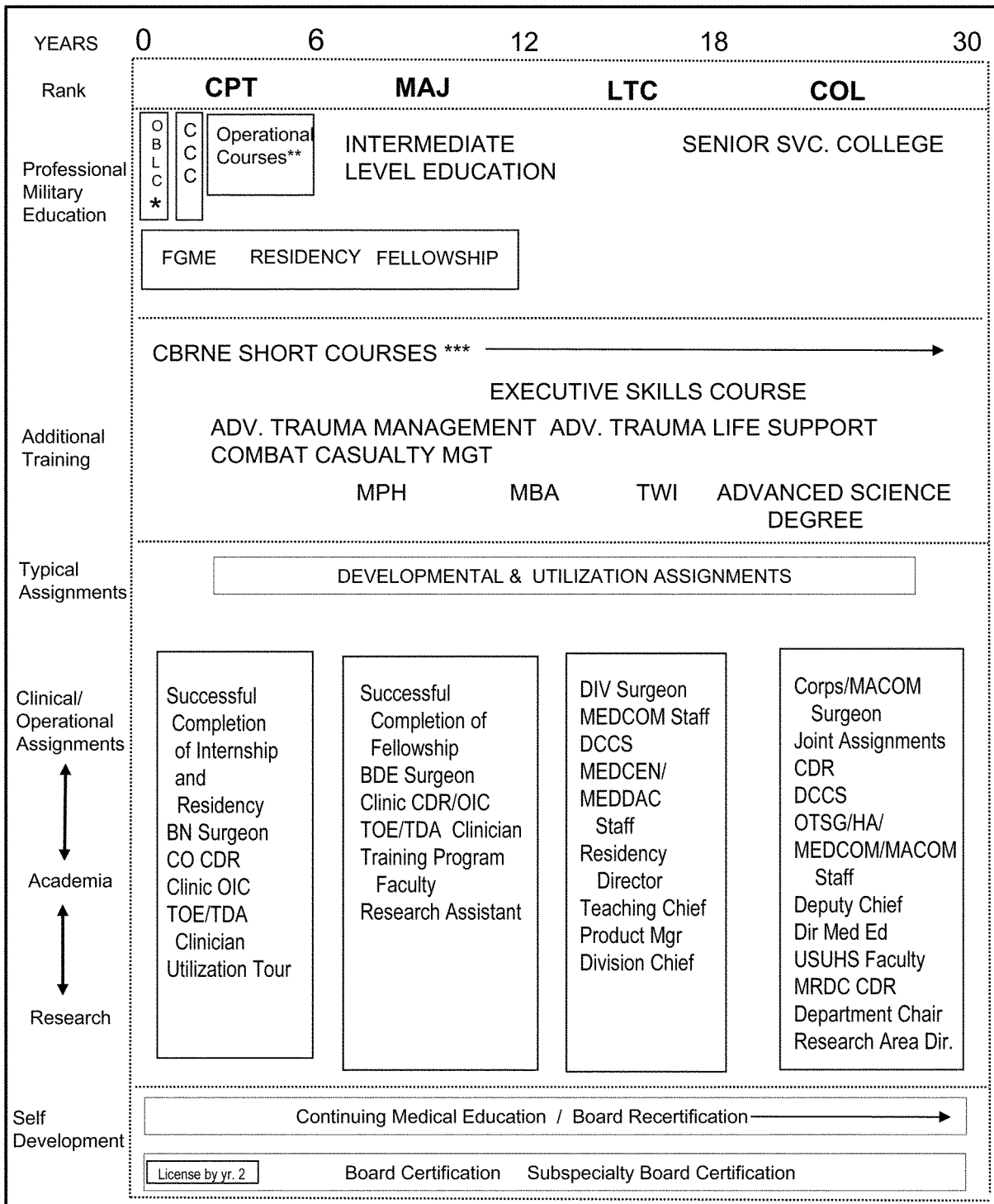
RC officers who serve on an extended active duty tour may undergo AOC training at resident Army Schools. RC officers not on extended active duty will comply with requirements indicated in Chapter 6 of this DA Pamphlet.

9-6. Medical Corps life cycle model

One consistent MC strategic objective is to improve Medical Corps Life Cycle Management by balancing the timely attendance of AMEDD Officer Basic Leadership Course (OBLC), CCC, and ILE (or their equivalent); the timely completion of AOC-specific professional education and training; and the optimal assignment sequence. This process should result in a career which balances individual officer needs with the corporate needs of the AMEDD. Medical Corps leaders are trained by proactively reviewing and validating OBLC/CCC curriculums; developing the MC specific subject matter content for ILE, based upon current and future needs. This will ensure that career progression provides experience based training and development opportunities and appropriate mentoring for leader development. Consultants are prepared by providing training, education and experiential opportunities that are both consultant role specific and provide strategic level AMEDD situational awareness. World class clinicians and educators are developed by targeting specific educator development programs while providing appropriate assignments that optimize clinical and scholarly skills by enhancing Medical Corps officer mentorship programs (see figs 9-1 (Active) and 9-2 (Reserve)).

9-7. Medical Corps specific executive skills

Executive skills constitute a body of knowledge and skills in forty competencies that are required in order to be a successful military health care executive. These skills are developed through formal training by attendance of the Executive Skills Course at the AMEDDC&S and are also further developed in the normal course of career progression (see fig 9-3).



•*MC Officers usually complete the AMEDD Officer Basic Leadership Course (OBLC) while in Medical School
 •** Various assignment-specific courses, for example: Air Assault School, Airborne, and Expert Field Medical Badge
 •*** Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) Short Courses include: Advanced Trauma Management, Advanced Trauma Life Support, Medical Management of Chemical and Biological Casualties (MCBC), and Medical Effects of Ionizing Radiation (MEIR).

Figure 9-1. Medical Corps Active Army life cycle development and utilization

YEARS		0	10	20-30
Rank	LT	CPT	MAJ	LTC COL
Professional Military Education		OBLC / BOLC CCC	ILE (Waiver after 18 Commissioned years)	SSC
Skill Development		EFMB / C-4 Course / CBRNE/TCMC Residency		
Leader Development		Mix of Clinical and Operational Force Assignments	Deputy State Surgeon	Command (Requires ILE completion) Chief of Clinical Services State Med Cmd – Cdr, Dep Cdr, XO
			TDA / TOE Staff	
		AR-MEDCOM / RMC; AMEDDC&S (IMA); OTSG (IMA)		
*Key leadership development positions			AMEDDC&S; DA/DOD/OTSG, Consultant	
Self Development		Post Doctoral Specialization		
		Professional / Board Certifications		
		Professional Reading & Writing Program / On Line Learning (eArmy U)		

Figure 9-2. Medical Corps Reserve Component (non-due course officers)

Military Medical Readiness	Health Law and Policy	Individual and Organizational Behavior
Medical Doctrine	Public Law	Individual Behavior
Military Mission	Medical Liability	Group Dynamics
Joint Operations/Exercises	Medical Staff By-Laws	Conflict Management
Total Force Management	Regulations	Communication
NDMS Management/DVA Role	External Accreditation	Public Speaking
Medical Readiness Training	.	Public and Media Relations
Contingency Training		

General Management	Health Resources Allocation and Management	Clinical Understanding
Strategic Planning	Financial Management	Epidemiological Methods
Organizational Design	Human Resources Management	Clinical Investigation
Decision Making	Labor-Management Relations	Alt. Health Care Delivery Systems
Change and Innovation	Materiel Management	Performance Measurement
Leadership	Facilities Management	Quality Management
	Information Management	Quantitative Analysis
		Outcome Measurements
		Clinical Performance Improvement

Ethics in a Health Care Environment
Ethical Decision Making
Personal and Professional Ethics
Bioethics
Organizational Ethics

Figure 9–3. Medical Corps specific executives skills

Chapter 10 Medical Service Corps

10–1. Description of the Medical Service Corps

The Medical Service Corps is comprised of a wide diversity of healthcare administrative and scientific specialties ranging from the management and support of the Army's health services system to direct patient care. Four Assistant Chiefs also function as the chiefs of the 4 Medical Functional Areas (MFAs), 4 separate Areas of Concentration (AOC), and one MOS— Health Services, Medical Allied Sciences, Preventive Medicine, Behavioral Sciences, Pharmacy, Optometry, Podiatry, and Aeromedical Evacuation (A fifth Assistant Chief functions as a Reserve and National Guard Advisor). The Assistant Chiefs provide career direction to their respective MFA/AOC/MOS as well as recommend policies to the Corps Chief. In addition to the Assistant Chiefs, each AOC has an AOC specific consultant that advises the Corps Chief and Assistant Chiefs. The operational element which implements Corps policies concerning the career development of the Active Army MS officers is the MS Branch, Health Services Division, Human Resources Command, which coordinates military and civilian schooling, assignments, skill classification, career management assistance, and other personnel management actions. A primary objective of this branch is to assist each officer to attain career goals by providing appropriate assignments and ensuring objective consideration for educational opportunities. All Medical Service officers will be awarded one of the twenty three Medical Service Corps branch AOCs, 67E, 67F, 67G, 67J, and/or Medical Functional Areas (MFA) 70A, 70B, 70C, 70D, 70E, 70F, 70H, 70K, 71A, 71B, 71E, 71F, 72A, 72B, 72C, 72D, 72E, 73A, 73B and will be further identified with the branch code 67 (for example, 70A67).

The first two characters (numeric), such as 70, 71, 72, and 73 identify the MFA and the third character (alpha) identifies the specific specialty. For instance, 70C67 identifies a Medical Service Corps officer (Branch 67), in the Health Services MFA (70) who is a Health Services Comptroller (70C). AOC 67E, 67F, and 67G are stand alone AOCs and not associated with a MFA. AOC 67J is normally associated with MFA 70, but these officers will retain AOC 67J as their primary AOC unless it is withdrawn. AOC 67A is used to identify Health Services immaterial (IM) positions that must be filled by officers holding MFA 70 AOCs or AOC 67J. Similarly, AOC 67B identifies IM positions for MFA 71 AOCs; AOC 67C identifies IM positions for MFA 72, and AOC 67D identifies IM positions for MFA 73. AOC O5A identifies AMEDD immaterial positions meaning an AOC from the Medical Service Corps, Nurse Corps, Veterinary Corps, Army Medical Specialist Corps, Dental Corps or Medical Corps can fill those positions. MS Warrant Officers are coded as 670A. MS AOCs/MFAs and the MOS are listed in table 10–1.

Table 10–1
Medical Service Corps specialties

AOC/MFA/MOS	Title_
MFA 70	Health Services
67A67	Health Services (IM)
70A67	Health Care Administration
70B67	Health Services Officer
70C67	Health Services Comptroller
70D67	Health Service System Management
70E67	Patient Administration
70F67	Health Services Human Resources
70H67	Health Services Plans, Operations, Intelligence, Security and Training
70K67	Health Services Materiel
67J00	Aeromedical Evacuation
MOS 670A	Health Services Maintenance Technician
MFA 71	Medical Allied Sciences
67B00	Medical Allied Sciences (IM)
71A67	Microbiology
71B67	Biochemistry
71E67	Clinical Laboratory
71F67	Research Psychology
MFA 72	Preventive Medicine
67C00	Preventive Medical Sciences (IM)
72A67	Nuclear Medical Science
72B67	Entomology
72C67	Audiology
72D67	Environmental Science
72E67	Environmental Engineer
MFA 73	Behavioral Sciences
67D00	Behavioral Sciences (IM)
73A67	Social Work
73B67	Clinical Psychology
Separate AOCs	
67E00	Pharmacy
67F00	Optometry
67G00	Podiatry

10–2. Officer characteristics required

Medical Service Corps officers must be warrior leaders skilled in the tactics, techniques, and procedures necessary to understand and support the warfighter; possess strong Army Values, leader attributes and skills and fully understand the key leadership actions that must be taken to ensure success. The linear battlefields of the past have disappeared and Medical Service Corps officers of today must be prepared to face the tactical challenges of the full spectrum environment on today's asymmetric battlefields while preparing for the Joint Future Operating Environment and the unique threats it will bring. Additionally, there are unique skills, knowledge, and attributes in each functional area that require professional development.

a. Competencies and actions common to all. The Medical Service Corps offers a broad spectrum of opportunities. Every officer learns and trains to be a well–rounded Medical Service Corps officer, gaining expertise and experience in diverse specialties and skills. The Medical Service Corps equally values assignments in the operating force as well as the generating force. Successful assignment in either and/or both of the areas within a career will enable promotion through the grade of LTC. With the successful completion of preferred branch assignments, at various grades,

additional promotion opportunities are available past the grade of LTC. Every officer must serve successfully in leadership positions and hone higher skills in the key staff positions to be considered for promotion. Although there are many AOCs within the Medical Service Corps, there are common skill sets: Leadership, Technical, and Tactical, that every officer should develop and maintain. (Fig 10-1)

b. Unique officer skills. The Medical Service Corps consists of four MFAs that have nineteen areas of concentration (AOC) and four separate AOCs. Officers are generally looked at as either Health Services Administrative (HS) or Allied Science (AS) officers. The Health Services officer typically starts out as a generalist and slowly progresses to a specialist as his / her career progresses. HS Officers may perform staff officer functions on Battle Staffs from Battalion to Regional combatant command levels. An AS officer typically starts out as a specialist and slowly progresses to a generalist as his / her career progresses. AS Officers may perform as staff officers, provide direct patient care, or conduct research in a variety of facilities around the world. All areas of concentration are open to male and female officers and have command opportunities at all levels. (Detailed descriptions of each MFA/AOC are outlined in para. 10-3 and 10-4.)

c. Unique warrant officer skills. The Medical Service Corps requires warrant officers who are skilled technicians in the area of medical maintenance. There is only one Military Occupational Specialty (MOS) in the Medical Service Corps. Health Service Maintenance Technicians 670A, are an integral part of the Corps. This MOS is open to male and female warrant officers. (A detailed description of this MOS is in para. 10-5.)

d. Decisionmaking skills. Medical Service Corps officers often work in an environment where time available for problem analysis is seriously constrained but where sound timely decisions are urgent. Information gained in this environment will vary in its completeness and ambiguity. An ability to operate under stress, apply critical thinking skills, make decisions, effectively communicate those decisions, and act in austere field conditions is critical to mission success.

e. Tactical and technical skills. Medical Service Corps officers must be warrior leaders who are technically proficient with branch and mission unique equipment, tools, and systems. Medical Service Corps mission success requires the proper balance between technical skills and the ability to understand and apply the appropriate tactical skills at the right moment. These skills must be gained and developed through repetitive operational assignments and continuous professional study and self-development. Medical Service Corps officers must survive on a non-linear, non-contiguous battlefield and negotiate asymmetric threats to accomplish their missions.

f. Unique knowledge.

(1) Officers must possess expert knowledge in health services management, combined arms and general support and coordination principles. This knowledge includes practical experience in tactics, combined arms operations and deployment operations.

(2) Officers gain this knowledge through a logical sequence of continuous education, training and experience sustained by mentoring.

(3) Individual officers sustain knowledge through institutional training and education, duty in operational assignments, continuous self-development, and progressive levels of assignments within their specialty.

g. Unique attributes.

(1) *Personal attributes.* Medical Service Corps officers uphold Army traditions and maintain the highest standards of personal and professional integrity. They live the Army Values and enforce high standards of technical competence, training, physical fitness and discipline, embody the warrior ethos and are extremely well-versed in warfighting and medical support doctrine. However, they are also adaptable to changing environments and can update health estimates and apply non-textbook solutions in unique situations. Repetitive training is important to maintain unit readiness. The dynamics associated with training and operations missions require a sense of ingenuity and foresight. Officers must recognize the importance of physical and mental fitness since high levels of stamina and vigor are critical to sustained endurance. These standards require both officers and warrant officers to know and routinely execute drills and operate within established Standard Operating Procedures (SOP) and regulations.

(2) *Multifunctional attributes.* At the company grade level Allied Science officers are specialty oriented but become increasingly multifunctional within the career field; Health Services officers are multifunctional and become more specialized within a career field. As all officers progress, work eventually blends across systems and skills serving to cross several career fields. Officers must develop and use a diverse set of skills as they move between AOC specific assignments in force structure and force generating positions, and as they serve in branch generalist assignments.

10-3. Medical Service Corps Health Services area of concentration/medical functional areas and military occupational specialty (MFA 70 and AOC 67J)

a. MFA 70-Health Services.

(1) *Job description.* Provides medical-unique administrative services to the AMEDD and the Army. Assignments range from health services Generating Force (TDA) to Operational Force (TOE) units, both CONUS and OCONUS.

(2) *Immaterial positions.* The IM positions in MFA 70 (Coded AOC 67A00) include, but are not limited to, the following: Health Services officer, OTSG, Inspector General, MEDCEN; MEDCEN Chief of Staff/Deputy Commander for Administration; Health Services Officer AMEDDC&S; Team Chief, U.S. Army RCs Support Group; Executive

Officer, Multifunctional Medical Battalion/Combat Support Hospital (CSH), Assistant Dean, AMEDDC&S; Instructor, AMEDDC&S; Health Services Officer, U.S. Army Medical Command (USAMEDCOM); Deputy Chief of Staff, USAMEDCOM.

(3) *Critical officer developmental assignments.* Officers must meet certain standards in terms of schooling and operational assignments to be a proficient Health Services Officer at each grade. Meeting these standards ensures that the officer has acquired the skills, knowledge, and attributes to remain proficient in the Medical Service Corps at that grade and is competitive for promotion or retention in the branch. The Health Services Officer standards at the grades of CPT, MAJ, LTC, and COL are detailed below. It is essential that the Medical Service Corps have officers who are outstanding troop leaders as well as those who can provide requisite technical expertise in other areas, such as in specialized areas of concentration. For an officer to be considered fully trained in MFA 70, the officer should be tactically and technically proficient, be physically fit, and be of the highest moral and ethical character. Recognizing that various assignments require different strengths, techniques, and backgrounds, an officer's most important assignment is the current one and the officer should focus on an outstanding performance in that job assignment. Underpinning officer development are the three domains of leader development: military education/skill development, leadership assignments, and self-development. These domains are described in phases below. Self-development is the responsibility of every officer and ranges from professional reading during off-duty time to aggressively seeking out positions of increased responsibility. Each officer, with support from mentors, should develop career goals and clearly articulate those goals to the commander and career managers at HRC. Always remember that an officer is his or her own best career manager. By actively participating in the management of career decisions, officers will improve the likelihood of a successful career. Professional development is divided into 5 phases: LT, CPT, MAJ, LTC, and COL with particular job assignments and schooling appropriate to each phase (see fig 10-1).

(a) *Lieutenant.*

1. *Education.* All officers accessed into MFA 70 are designated AOC 70B, Health Service Officer. The Medical Service Corps requires young MFA 70 officers trained to perform duties in a wide range of functional health services areas. To prepare newly commissioned MFA 70 officers to meet the challenge of their duties, their training will occur in three phases. Phase I is conducted prior to commissioning (ROTC, USMA, OCS), with phases II and III conducted upon initial entry to active duty. During phase II, newly commissioned officers will attend the Army Basic Officer Leadership Course at Fort Benning, GA, or Fort Sill, OK or the AMEDD Officer Basic Leadership Course at Fort Sam Houston, TX. During this course, the officer receives training in general military subjects, such as leadership, military justice, weapons and tactics, and is given an introduction to the general functions of health service support. Phase II is a branch immaterial experiential leader-training phase that produces LTs, who have a common combined arms bond, developed through a shared leadership experience, armed with basic combat skills. Phase III is branch specific technical and tactical training conducted at the Army Medical Department Center & School (AMEDDC&S) at Fort Sam Houston, Texas. During this phase the officer is groomed in technical health services functions of Medical Platoon Leaders. The 70B LTs are prepared for service as platoon leaders and battalion level staff officers. Officers also receive instruction in operational MFA 70 areas of concentration, providing sufficient background to develop the graduates as MFA 70 generalists, capable of filling any MFA 70 LT position.

2. *Assignments.* As an LT, MFA 70 officers can expect to be assigned to MTOE units, typically at the company level, in order to gain troop experience and build a solid leadership foundation. Assignments to a Brigade Combat Team will be for the deployment cycle of the unit, 24-36 months. Officers may also be assigned to other force structure units and force generating units for 24-36 months. The officer should seek company grade positions, such as medical, treatment or ambulance platoon leader, executive officer, brigade medical supply officer, and complement this with staff experience at the battalion level. To fulfill Army needs, a small number of LTs are assigned to force generating positions, perhaps at training facilities. In all assignments, LTs should concentrate on learning the basics of how the Army and AMEDD work, how to lead Soldiers, and how to maintain a motivated and positive outlook. Regardless of assignment, outstanding duty performance allows a LT to advance. Assignments will be based on the needs of the Army, professional development requirements, and officer's preferences.

3. *Self-development.* Opportunities include furthering civilian and military education by attending AOC producing schools located at the AMEDDC&S, Fort Sam Houston, TX; there are numerous courses offered at each installation that are required to perform additional duties; and there are a number of on-line courses available through Army eLearning Programs. During this time, a LT should spend significant time developing reading, writing and briefing skills, as these skills are essential to a successful career.

(b) *Captain.*

1. *Education.* Upon promotion to or selection for CPT, all officers must attend a Captain's Career Course. MFA 70 Officers may attend either the AMEDD Captain's Career Course (ACCC), the Combined Logistics Captain's Career Course (CLC3), or the Signal Corps Captain's Career Course (those seeking 70D). 67J Officers will attend the AMEDD course for Evacuation Officers (67J) followed by the Aviation Captains Career Course. The ACCC is the course attended by most MS officers. However, should an officer wish to pursue opportunities in multifunctional logistics (Functional Area 90A), attendance of CLC3 is mandatory. Generally, only AOCs 70H and 70K pursue 90A opportunities. For those officers that wish to have a more robust Combined Arms experience during the Captain's Career Course, they may attend CLC3 without tracking FA90A.

2. *Assignments.* It is imperative that officers aggressively seek company command as a preferred assignment. This enhances professional development and complements staff experience at the unit level. Some specific company grade professional development assignments for officers in MFA 70 include company command, primary battalion staff positions, and support operations positions. Overall successful duty performance in assignments is key to success. Through these assignments an officer should become technically proficient and master essential troop leading skills. Assignments will be based on needs of the Army, professional development requirements, and officer's preferences.

3. *Self-development.* A Medical Service Corps MFA 70 officer, who has a sound educational background, has completed the required career course, and successfully commanded a company sized unit, may apply for a fully funded advanced degree in a discipline directly related to his or her desired area of concentration. This program is highly competitive and selection is based on demonstrated performance and potential for promotion. Selected officers attend graduate school to meet specific Army requirements established by the Army Education Requirements Board. The Army approves the university or college the officer selects. MFA 70 areas of concentration have a high requirement for advanced degrees. More information on Advanced Civil Schooling is located in Chapter 3 of the pamphlet. MFA 70 officers also have the opportunity, post company command, to participate in the Training With Industry (TWI) program. This program provides an officer an opportunity to spend up to 12 months with a civilian industry that provides training in civilian health services procedures and practices. The training is designed to enhance knowledge, experience and perspectives in management and operational techniques. There are also internship/fellowship opportunities on the Department of Army and Joint Staffs. These opportunities are designed to enhance the officer's ability to work at a strategic level. Officers are also highly encouraged to seek Advanced Civil Education (ACE) on their own through off duty programs at military installation education centers.

4. *Area of concentration designation process.* After attending an AOC producing school or internship, an MFA 70 officer must submit a digital request through the 70B and gaining AOC Consultants to HRC requesting that the desired AOC become the officer's Projected AOC. Once approved, this AOC will appear in the "Projected Career Management Field" of the Officer Record Brief (ORB). Officers can attend more than one AOC producing school and change their Projected AOC up until their 8th year of Active Federal Commissioned Service (AFCS) as a Medical Service Corps Officer. This process allows the officer to serve in positions coded 70B as well as positions in their projected AOC. When the officer reaches 8 years AFCS as a MSC officer, they will submit an AOC preference statement to HRC and their records will go in front of a Career AOC Designation Board. Based on the officer's experiences, desires and the needs of the Army, the Board will determine the officers Career AOC. At this time, the new AOC will appear in the "Functl Area/MedMos2/Smos" Field and 70B will be moved to the "Projected Management Field". Upon selection to MAJ, the Board will review MFA 70 officers' records and finalize the AOCs. At this time 70B will be removed from the ORB. The required qualifications and career progression for the other MFA 70 areas of concentration are outlined below and in DA Pam 600-11.

(c) *Major.*

1. *Education.* MFA 70 majors must successfully attain MEL 4. Military education required during this phase is completion of Intermediate Level Education (ILE). MFA 70 officers will complete ILE by either the 4 month Course Location (CL) at one of three sites, the 1 year resident Advanced Operational Warfighter Course (AOWC) at Fort Leavenworth, KS, or through Distance Learning. IAW OTSG Policy the following AOCs are eligible for attendance to ILE/AOWC: 70H, 70K, 67J, 72D. An operational utilization tour is expected after completing ILE/AOWC. All participants will incur a 2 year active duty service obligation (ADSO) for attendance. A board selection process will be used to determine an order of merit list for both ILE/AWOC and ILE/CL.

2. *Assignments.* Assignments may be in operating force and force generating units. The key to promotion is successful completion of every assignment. The more time officers successfully spend in branch preferred experience positions the more competitive the officer is for future command and leadership positions. Time is a critical factor in determining and selecting assignment opportunities. MAJs have approximately 5 years from their pin on point until their primary zone LTC promotion board meets. MFA 70 majors must make informed assignment decisions to complete both ILE/MEL 4 and key developmental positions. ILE/MEL 4 education programs provide MFA 70 majors skills that enhance their ability to be successful as field grade officers and in key developmental positions. ILE/MEL 4 is also a consideration used by commands when slating majors for key developmental positions.

3. *Key developmental positions.* An officer's performance during these assignments demonstrates a mastery of skills, knowledge and attributes expected of an officer for his or her grade. The purpose of this is to determine an officer's potential to command and fill key leadership positions at the LTC level. MAJs should strive for successful assignment in at least one (12 months minimum) of the following types of positions; however, it is a goal of OPMS to successfully serve a total of 24 months in the positions that are listed here— Battalion/CSH Executive Officer; Multifunctional Medical Battalion/CSH S3; Medical Brigade Primary Staff Officer (S1, S3, S4); Multifunctional Medical Battalion Support Operations Officer; Deputy Division Surgeon; Chief of Clinical Support Division; Chief of Managed Care; Chief of Resource Management Division; Division Medical Logistics Planner; Chief of Logistics, MEDDAC; Chief of Materiel, MEDCEN; Troop Commander; Chief of Human Resources; Chief of Patient Administration Division; Chief of Information Management/Information Technology; Joint assignments (Joint or COCOM Staffs).

4. *Professional development.* Compared to the grade of Captain, the time spent as a Major is relatively short. This time can be the most diversifying of an officer's career. MFA 70 officers have an opportunity to broaden their

professional development in a designated area of concentration. Once MFA 70 officers master the tactical level, they should strive to diversify their experience at operational and strategic level assignments.

5. *Area of concentration revalidation.* Officers will be revalidated in Area of Concentration upon selection for MAJ (see para (b)(4) above).

6. *Lieutenant colonel command opportunity.* Officers desiring to command LTC troop units should have key developmental assignments to include command at the CPT level. In addition, continued successful performance in the developmental assignments enhances an officer's selection potential for LTC commands. Note: To be competitive for a multifunctional logistics (FA90) command officers must meet FA90 qualifications, see DA Pam 600-3.

7. *Additional assignments.* Once an officer has demonstrated mastery of common core and branch skills, as well as knowledge and attributes that ensure the strong professional development foundation essential for success in the senior field grades, they will have opportunity to serve at the Combined, Joint, DA, or DRU, ACOM, ASCC staff level. Examples include—J4, Joint Staff Surgeon, Health Services Support Division; COCOM Surgeon's Office; DA Staff, OTSG; TRADOC / FORSCOM Surgeon's Office; MEDCOM Staff Action Offices.

8. *Self-development.* Self-development should include correspondence courses, civilian education, and institutional training. Officers should also devote time to a professional reading and writing program to broaden their warfighting perspective. Also important at this level is obtaining professional certification for professional excellence in an organization recognized by the Medical Service Corps for inclusion on the officer record brief.

a. *Civilian education.* Other objectives should be obtaining a master's degree in an AOC related field. Those officers not possessing a graduate degree are strongly encouraged to do so.

b. *Military education.* For majors military education opportunities expand to include not only traditional military schools but also fellowships and internships. These include White House Fellowships, Congressional Fellowships, and Joint Internships. Joint assignments will offer the opportunity for military schooling. Those officers selected for the School of Advanced Military Studies (SAMS) at Fort Leavenworth, KS, must serve an initial utilization tour as a plans officer on Corps or Division Staffs.

(d) *Lieutenant colonel.*

1. *Professional development.* Upon selection for LTC, HRC career managers review each LTC selectee's file for career experience. The review then acts as a guide for recommending the officer's utilization plans for the remainder of the officer's career. This phase provides the Army with officers in senior grades who have developed the expertise needed in specific career fields. A majority of LTCs serve in key staff positions throughout the Army as well as in Joint duty assignments. A successful assignment as a LTC commander, brigade executive officer, or DCA also enhances the officer's potential for future command. At the LTC level or higher, officers can expect to be assigned to senior staff positions at the Army, Joint, and DOD level where they will serve in a wide variety of branch or generalist positions, unless selected for higher level command or schooling. While LTC CSL command and schooling are career goals, selection is extremely competitive.

2. *Assignments.* The majority of Health Services Medical Service Corps LTCs should concentrate on seeking out and performing well in critical staff positions at Corps, Army, Joint, and DOD levels. A LTC should serve in—Battalion level command of an operating/generating force battalion; Joint assignment; Primary staff of a BDE, MTF, or its equivalent; Staff officer at OTSG, MEDCOM, or Combatant Command positions.

3. *Self-development.* LTCs benefit by having an advanced degree and also gain an advantage by being selected for and attending a Senior Service College or completing the U.S. Army War College Distance Education Course (MEL 1).

4. *Desired branch experience.* The majority of MFA 70 LTCs should concentrate on seeking out and performing in critical staff positions at the Medical Brigades, MTF, MEDCOM, Army, Joint and DOD levels.

(e) *Colonel.*

1. *Education.* Attendance at a Senior Service College or completion of U.S. Army War College Distance Education Course (MEL 1) is advantageous and selective. Except through an established resident program such as the Army War College (AWC), the Industrial College of the Armed Forces (ICAF), and similar senior service courses, completion of the non-resident course is the only other means by which an Army officer can receive credit for Senior Service College training (MEL 1). However, once selected and enrolled in the non-resident course, an officer is no longer eligible to attend a resident Senior Service College. Therefore, it is recommended that the officer discuss this with his or her career manager prior to applying for the correspondence course. The Senior Service College selection board is responsible for selection of all active duty officers for participation in the U.S. Army War College Distance Education Course (see AR 350-1).

2. *Assignments.* Colonels should serve in one or more types of positions— Command at a MEDCEN, Brigade, CSH, depot or garrison level; DA, OTSG/MEDCOM, DRU, ACOM, ASCC or MEDCEN staff officer; Joint/COCOM or OSD assignments; or Chief of Staff of a MEDCEN, Medical Brigade or MEDCOM.

3. *Desired branch experience.* For COLs, should focus on seeking CSL Command, qualifying at the MEL-1 Level of military education, and performing well in strategic staff positions at the RMC, MEDCEN, OTSG/MEDCOM, HQDA, OSD, and Joint/COCOM levels.

b. *Areas of concentration.*

(1) *70B–Health Services Officer.*

(a) *Description of duties.* At the operational level, plans, coordinates, monitors, evaluates, and advises unit commanders and staff in both medical and non-medical areas of patient evacuation, treatment and tracking; preventive medicine, organizational administration, supply, training, operations, transportation, and maintenance. Duties are performed primarily in TOE and occasionally TDA organizations, both CONUS and OCONUS. This is the entry level AOC for MFA 70. MS accessions come primarily from AOC 70B; all officers entering the MS in AOC 70B will be reclassified into another specialty prior to promotion to major (see para 10–3.a.(3)(b)(4) above).

(b) *Description of positions.* Positions requiring the AOC include— Medical Platoon Leader, Commander, Medical/Dental Company/Detachment; Hospital Administrative Officer; most company grade positions in MFA 70.

(c) *Qualifications.* Must have at least a Baccalaureate degree to meet AMEDD commissioning requirements and successfully completed the Army Basic Officer Leadership Course (BOLC) or AMEDD Officer Basic Leadership Course (OBLC).

(d) *Restrictions.* For use by AMEDD officers within MFA 70.

(e) *Unique education/training opportunities.* Through coordination with HRC Branch, officers in this AOC may attend military schools to attain projected AOCs in the MFA 70. Airborne, Air Assault, and Ranger training may be attended depending on current/projected assignments, available training opportunities, and needs of the Army. It is highly encouraged that officers compete for and obtain the Expert Field Medical Badge (EFMB). EFMB training/testing is conducted at each post and is usually managed at the Brigade Combat Team, Division, Corps, or Installation level.

(2) *70A–Health Care Administration.*

(a) *Description of duties.* Plans, directs, manages, administers, and participates in the functioning of health care facilities and organizations; coordinates care delivered by the health care consortium through DVA/DOD sharing, civilian contractors, preferred provider organizations, and individuals, as well as other elements outside the military health services system; advises commanders at all levels on health care delivery and the management of health care facilities. Participates at all levels of command in establishing and implementing policies and procedures affecting the U.S. Army Health Care Delivery System.

(b) *Description of positions.* Positions requiring this AOC include— Chief, Clinical Support Division; Chief, Administrative Support Branch; Chief, Ambulatory Support Branch; Health Care Administrative Officer; Health Care Operations Research Analyst; Deputy Commander for Administration; Chief, Coordinated Care Division.

(c) *Qualifications.* Must be a graduate of the BOLC/AOBLC, AMEDD Captain's Career Course/Combined Logistics Captain's Career Course, and have a minimum of 3 years experience in a fixed medical/dental facility or field medical activity. Qualifying degrees include: master's degree in health care administration or a health services administration related master's/doctor of philosophy (PhD) degree from a program approved by the Accrediting Commission on Education for Health Services Administration. Officers who possess other master's/PhD degrees in administration, that is, master of arts, master of public accounting, master of science, or master of business administration, may request evaluation of their master's degree for validation for award of this AOC. Officers with these degrees may be required to complete selected courses to ensure a common educational base in health care administration. Requests will be forwarded to the Chief, MS Branch, Health Services Division, HRC.

(d) *Restrictions.* For use by AMEDD officers in MFA 70 or 67J.

(e) *Unique education/training opportunities.* Inter-Agency Institute for Federal Health Care Executives post-graduate seminar; fellowships and training with civilian industry such as fellowships with the American Hospital Association, Rand Corporation, Congressional Liaison, Department of Veteran Affairs, Health and Human Services; U.S. Army-Baylor University Program in Health Care Administration; master's and doctoral degree programs in health services administration, health care economics, operations research/systems analysis, and business administration.

(f) *70A Unique Skills.* Besides the skill sets outlined in figure 10–1, 70As are expected to have developed the following skill sets at the following levels:

1. *CPT.* Understanding of Joint Commission on Accreditation of Healthcare Organizations (JCAHO) survey standards; budget management at clinic/departmental level.

2. *MAJ.* Contract/project management skills; facilities maintenance and environment of care knowledge; health care law and contract law; civilian employee regulations and HR practices; business plan development to include understanding of workload measurement tools and financial reimbursement / budgeting models.

3. *LTC.* Thorough understanding of TRICARE contracts and roles and responsibilities of TROs; knowledge of DVA/DOD Sharing programs; budget management at the facility level; strategic planning to include common environmental assessment / analysis tools, organizational assessment tools, and management systems like BSC, LSS, dashboards, and decision support center tools.

(3) *AOC 70C–Health Services Comptroller.*

(a) *Description of duties.* Serves as the principle adviser to the commander on all aspects of resource management to include financial, budgeting, programming, manpower management, management analysis, medical expense reporting, commercial activities, and internal control. Makes recommendations that optimally balance the organization's mission and the resources that are available. The 70C officer makes extensive use of multiple financial databases, managed care

reports and analyses, and logistical knowledge to generate data-driven recommendations for the commander. Interprets financial laws and Comptroller General decisions. Prepares, consolidates, and analyzes financial data and management information systems reports at all command levels in support of the Planning, Programming, Budgeting, and Execution System (PPBES) process. Prepares and distributes reports and financial statements to provide the commander and staff with adequate information for management, status of funds, and budget purposes. Develops and implements plans and policies in matters concerning effective and economical utilization of manpower resources. Manages the medical expense reporting system, the command's internal control program, the review and analysis, and is responsible for organizational strategic planning. Develops policies, coordinates and performs all finance and accounting functions. Examines, manages, and certifies military and civilian payrolls, travel, commercial accounts, and other vouchers and claims. Directs disbursement and receipt of AMEDD funds. Provides administrative assistance in support of payment of legal obligations of the Army or collection of monies due the United States. Plans, develops, and implements changes to financial accounting systems which support the overall Army mission and takes advantage of advances in productivity and efficiency. Trains military and civilian personnel in all areas of financial management. Duties are performed in TOE and TDA organizations both CONUS and OCONUS.

(b) *Description of positions.* Positions requiring this AOC include: Comptroller, MEDDAC/MEDCEN/RMC/TOE; Chief, Resource Management Division, MEDDAC/MEDCEN/RMC; Chief, Program & Budget Office, MEDCEN, MEDCOM; Chief, Management Division, MEDCOM; Staff Officer, MEDCOM/OTSG; Program Analyst, MEDCOM/OTSG,TMA; Chief, TRICARE Regional Operations Business Office; Assistant Chief of Staff for Resource Management, MEDCOM; Primary Staff Officer, MEDCOM/OTSG/TMA; Instructor, AMEDDC&S.

(c) *Qualifications.* Must have successfully completed the Army BOLC or AMEDD OBLC, CCC, PPBES Course, Fiscal Law Course, and the health services comptroller internship. Health comptroller internship starts are requested through the Long Term Health Education Training non-degree program. To hold positions in this AOC at the lieutenant colonel and colonel levels, officers should possess a master's/PhD degree in business administration. Officers who possess a master's/PhD degree in other related administrative areas (health services administration, health care administration, or public administration) from an accredited program may request evaluation of their degree. These officers may be required to complete selected courses to ensure a common educational base for Health Services Comptrollership. Requests will be forwarded through the Health Services Comptroller Consultant to the Chief, MS Branch, Health Services Division, HRC.

(d) *Restrictions.* For use by AMEDD officers in MFA 70 or AOC 67J.

(e) *Unique education/training opportunities.* The LTHET (master's, PhD, and TWI); Syracuse University Army Comptrollership Program; Defense Resource Management Course; Professional Military Comptroller Course; Professional Resource Management Course; and TRICARE Financial Management Education Program. Courses in information management, contract administration, negotiation skills, health care administration, and data processing systems management would enhance performance in this AOC.

(f) *70C Unique Skills.* Besides the skill sets outlined in figure 10-1, 70Cs are expected to have developed the following skill sets at the following levels:

1. *CPT.* Budgeting.
2. *MAJ.* MHS Financing and Budgeting; MHS Strategic Planning and Resourcing.
3. *LTC.* Commercial sector health care financing; Commercial sector best business practices in business and health care administration; Health Plan management and operations.
4. *COL.* Commercial sector health care financing; Commercial sector best business practices in business and health care administration; Health Plan management and operations.

(4) *AOC 70D-Health Services Systems Management.*

(a) *Description of duties.* Advises and assists the medical commander or staff surgeon in the area of health care information management. Develops strategy, policy, and plans for the development, implementation, operation, and evaluation of clinical/patient oriented information systems and the administration of support for medical information systems. Integrates telecommunications, automation, visual information, and printing equipment in support of individual or multiple medical treatment facilities and biomedical research laboratories. Provides consultative services and detailed technical analysis on planning, developing, implementing, operating, maintaining, securing, and disposing of information systems and networks at medical activities both TDA and TOE. Provides medical communication planning and management for Combat Casualty Care situations.

(b) *Description of positions.* Positions requiring this AOC include: Healthcare Information Management Officer; Health Services Systems Analyst; Clinical Systems Management Officer; Chief, Information Management Officer, OTSG; Deputy/ACS; Director of Informatics; Commander of the US Army Medical Information Technology Center (USAMITC); Information Management; Assistant Chief of Staff for Information Management; Biomedical Information Systems Analyst; Information Management Officer; Director of Information Management (DOIM); Information Management Staff Officer; or Automation and Communication Staff Officer (G-6 or S-6). Performs duties in TOE/TDA organizations, both CONUS and OCONUS.

(c) *Qualifications.* In addition to meeting the military education level specified in DA Pam 611-21, the individual must possess a baccalaureate degree and successfully complete the Medical Information Management Course (MIMC)

and complete one year in a 70D coded position or internship in which 70D duties were performed. Upon successful completion of the above requirements and approval by the 70D career consultant, the AOC 70D may be awarded.

(d) *Restrictions.* For use by AMEDD officers in MFA 70 or AOC 67J.

(e) *Unique education/training opportunities.* Funded 70D civilian graduate level degree programs (Doctoral and Master's). Master's degrees in information management, information technology, technology management, and health care administration. Doctoral degrees in information management, information technology, technology management, and operations research/systems analysis.

(f) *70D Unique Skills.* Besides the skill sets outlined in Figure 10–1, 70Ds are expected to have developed the following skill sets at the following levels:

1. *CPT.* Information Assurance, Acquisition Level 1, Business Process Improvement, solid understanding of all AMEDD and Army administrative systems and how they interrelate.

2. *MAJ.* Skills of 6 (a), Acquisition Level 2, Health Systems Functional Proponent Graduate, Project Management, requirements generation process.

3. *LTC.* Skills of 6 (b), Acquisition Level 3, Federal CIO Certificate, Program Manager, Joint Executive Skills Certification and understanding of AMEDD, Army and joint health service support system, business planning, staff operations (DRU, ACOM, ASCC/Army/Joint), understanding PPBES, joint integration of medical systems, executive leadership, resource management, project management, strategic planning, requirements generation process, future focus 3–5 years.

4. *COL.* Skills of 6 (c), DOD CIO Certificate, War College Graduate, and mastery of AMEDD, Army, Joint, and VA health service support systems, strategic planning and operations, PPBES/POM execution, interagency operations, strategic, influence, program management ,executive leadership, future focus 5–10 years.

(5) *AOC 70E–Patient Administration.*

(a) *Description of duties.* Advises commanders and staff in all aspects of patient administration. Plans, organizes, directs, and controls patient administration in a variety of health care agencies, including command headquarters at the DOD, JCS and Health Affairs levels, health services facility, clinical support division, department, service, or branch of a military medical/dental facility. Collects and analyzes patient and institutional data. Assists medical staff in evaluating quality of patient care and in developing criteria and methods for such an evaluation. Advises the medical commander on issues pertaining to patient administration, third party collection programs, clinical informatics, and patient movement; serves as an advisor on matters pertaining to health services facility management, organization, operation, professional staff functions, and the standards prescribed by the Joint Commission for Accreditation of Health Care Organizations. Duties are performed in TOE/TDA organizations, both CONUS and OCONUS.

(b) *Description of positions.* Positions requiring this AOC include: Chief, Patient Administration Division; Patient Administration Operations Officer, MEDDAC/MEDCEN Field Medical Units; Instructor AMMEDC&S; Stryker Brigade Combat Teams; TRICARE Regional Staff Officer; DOD/DRU, ACOM, ASCC/AMEDD Staff Officer; Corps/BDE/BN Staff Officer; Consultant OTSG; Patient Administration Operations Research Analyst; Director or Staff Officer, Patient Administration Systems and Biostatic Activity; Patient Movement Director/Operations Officer at the following levels: Global Patient Movement Requirements Center, DOD, COCOM, Corps, Division and Brigade Combat Teams.

(c) *Qualifications.* Must have successfully completed the AMEDD OBLC. Must have successfully completed the AMEDD Patient Administration Course. To hold positions in this AOC at the lieutenant colonel and colonel levels, should possess a master's/PhD degree in a directly related discipline from an accredited program acceptable to TSG.

(d) *Restrictions.* For use by AMEDD officers in MFA 70 or AOC 67J.

(e) *Unique education/training opportunities.* The University of Pittsburgh Program in Health Information Systems and The U.S. Army–Baylor University Program in Health and Business Administration are recommended for officers in this AOC. A program in Health Information Science (HIS) concentration prepares professionals responsible for the development and management of health information systems consistent with the clinical, fiscal, administrative, ethical, and legal requirements of healthcare institutions. Graduates of an HIS program are expected to analyze, design, implement, and evaluate health information systems. As members of the healthcare team, they interact with other healthcare professionals and administrators, and provide healthcare data for patient care, research, quality improvement, strategic planning, reimbursement, and related managerial functions. A 70E officer should also consider programs that offer specialized courses of study for students who are seeking eligibility to sit for the credentialing examination to become a Registered Health Information Administrator. Other master's programs appropriate for officers within this AOC are health services administration, health information management, medical informatics, health services management, business administration, business management, financial management, biostatistics, public health, and homeland security/medical emergency preparedness. PhDs in a health care related field are desirable but not required. Courses include Medical Management of Chemical Casualties Course, Inspector General, Federal Health Care Executives Symposium, Contracting Officer Representative Course, Coordinated Care, Management Health Care, Professional Development for Emergency Medicine (American College of Health Care Executives), Operations Research/Systems Analysis, Civilian Personnel Management, Medical Information Management Officer Course, Project Management Course, Functional Proponent Course, and the Joint Medical Planners Course.

(6) *AOC 70F–Health Services Human Resources.*

(a) *Description of duties.* Advises commanders and staff in all aspects of health services human resources management to include matters/policies pertaining to all assigned military personnel, DOD civilian personnel, and contractors. Plans, develops, and directs administrative management activities and services in medical organizations which include: distribution, publications, correspondence, records and files management, and desktop publishing. Plans, develops, and directs human resource systems that support and implement programs concerning the components of the human resources management life cycle. Included are strength management, accessions, personnel operations, personnel requisitioning, casualty reporting, awards, promotions and reductions, classifications and reclassifications, assignments, finance and special pays, evaluations reports, reenlistments, eliminations, and separations. Manages the activities of personnel operational elements providing support to organizations, headquarters, and individuals. Trains military and civilian personnel in personnel services support and organizational administration. Plans and develops human resource best practices in support of the re-engineering of business practices. Duties are performed in TOE/TDA organizations, both CONUS and OCONUS, at the tactical, operational, and strategic levels.

(b) *Description of positions.* Positions requiring this AOC include: Adjutant; BN/MSC S-1; MDSC G1; Secretary General Staff, RMC/MSC; Chief, Personnel HR Division; Health Services HR Officer; AMEDD Health Services Recruiter; HRC Career Manager; MEDCEN Troop Commander; Director of HR, OTSG.

(c) *Qualifications.* Must have successfully completed the AMEDD Human Resources Manager Course. To hold positions in this AOC at the lieutenant colonel and colonel levels, should possess a master's degree in an HR related discipline from an accredited program.

(d) *Restrictions.* For use by AMEDD officers in MFA 70 or AOC 67J.

(e) *Unique education/training opportunities.* A 70F officer may attend the Human Resources "Track" during attendance at the AMEDD Captain's Career Course. The AMEDD Human Resources Manager Course at the AMEDDC&S provides invaluable training for the human resources officer. In addition, officers in this AOC will gain tremendous insight by working as a Health Services Recruiter. Recommended master's degree programs include majors in human resources management, human resources development, business administration and management, public administration, industrial administration, labor relations, international business, organizational behavior, management of information systems, marketing, education, health care administration, and operational research and systems analysis. Officers within this AOC may apply for Long Term Health Education and Training (LTHET) in a human resources discipline. They may also apply for an opportunity to serve as an intern at the Office of the Surgeon General or the AMEDD Personnel Proponency Directorate (APPD), or for an opportunity to take part in a Training with Industry experience (TWI).

(7) *AOC 70H–Health Services Plans, Operations, Intelligence, Security, and Training.*

(a) *Description of duties.* Serves as the principal advisor to commanders at all levels in the areas of field medical operations. Directs and coordinates staff functions pertaining to health services plans, operations, intelligence, security, and training. Duties are performed in TOE/TDA organizations, both CONUS and OCONUS.

(b) *Description of positions.* Positions requiring this AOC include: Medical Plans, Operations, Intelligence, Security, and Training Officer; Plans, Intelligence and Operations Officer; Assistant Chief of Staff (ACoS), Plans and Training Officer; Intelligence Officer; Instructor; ACoS, Plans, Intelligence, and Operations, MEDCOM/ Brigade; Health Services Plans, Intelligence, Security, and Training Operations Research Analyst; Battalion S3; Medical Operations Officer, Brigade (BDE), Surgeon Cell (UA); Special Forces Group; Medical Operations Officer; Observer / Controller; Instructor AMEDDC&S / CLC3; Plans and Training Officer Amedd C&S; Battalion Executive Officer; Support Operations Officer; Force Health Protection Officer (FHP); Brigade S3; Medical Planner, UA, COCOM, DRU, ACOM, ASCC; Plans and Training Officer, Regional Medical Command; Medical Operations Officer, USA Special Operations Command (USASOC); Staff Officer, Department of the Army (DA), Department of Defense (DOD), Joint, Office of The Surgeon General (OTSG) AMEDD C&S; Medical Planner, NORTHCOM, Joint Task Force National Capital Region, USASOC, Special Operations Command; Chief of Staff, Medical Brigade; Joint Regional Medical Planner, NORTHCOM; Deputy Surgeon, UA, Combatant and Major Commands.

(c) *Qualifications.* Must have successfully completed the AMEDD CCC or CLC3 to hold positions through MAJ; must be an ILE graduate to hold positions through COL; and should possess a master's degree from an accredited program acceptable to TSG in a field related to the management of health services.

(d) *Restrictions.* For use by AMEDD officers in MFA 70 or AOC 67J.

(e) *Unique education/training opportunities.* Courses to obtain skills in Strategic Intelligence, Operations Research/ Systems Analysis, and Training Development are some of the opportunities available to officers in this AOC. Master's degree programs recommended for officers within this MFA should include the following courses: Operations Research; Operations Management; Health Care Education Administration; Health Care Planning; Health Care Policy and Management; Health Care Information Systems; Health Care Technology; Health Systems Management; Health Care Management; Health Policy and Management; Master's in Public Health with related concentration; International Policy and Management; International Health Development; International Humanitarian Assistance; International Health Organization and Management; Government and International Public Administration; International Health Planning and Development; History, Science and Technology; History of Military Medicine; History of Health

Sciences; Strategic Intelligence; International Strategy and Intelligence; Homeland Security; Government with Homeland Security Concentration; National Security; Emergency Management; Emergency Management Concentration; Emergency and Disaster Preparedness; and Health Management and Policy.

(8) *AOC 70K–Health Services Materiel.*

(a) *Description of duties.* Plans, coordinates, controls and manages the functional areas pertaining to the highly specialized and technical materiel, facilities, and services utilized in support of the health care delivery system. Commands or exercises staff responsibility for units engaged in medical supply, medical facilities, blood storage and distribution, optical fabrication and production and medical service operations and other logistical support. Plans and directs activities of personnel and units responsible for the receipt, storage, inventory management, and issue of all Class VIII medical supply. Responsible for ensuring service support functions to include life cycle facility management. Directs and supervises collection, evacuation, and accountability for all classes of supply classified as salvage, surplus, abandoned, or uneconomically repairable. As a health services logistics staff officer, advises the commander on logistical and facility planning matters and unit mission capabilities. Plans, directs, and implements the multifunctional areas of materiel management and their integration into the overall DOD logistics system as well as the support interface between the Army in the field, the other Services, wholesale logistics, and industry. Directs and/or exercises staff supervision of units engaged in production, acquisition, receipt, storage and preservation, issue and distribution of medical equipment, medical repair parts, and medical supplies. Commands, directs, plans, and/or exercises staff responsibility for units in collection, reclamation, and final disposition of salvage, surplus, abandoned medical property, and unserviceable supplies and equipment. Serves as the focal point for medical property management and accountability procedures. As a staff officer, advises the commander on matters regarding supply, services and facility support, and other medical logistical functions. As a materiel manager, develops, coordinates, and supervises the supply support portion of an integrated logistics support plan. The former Health Facilities Planner specialty is included in this AOC. A Health Facilities Planner may be responsible for planning, programming, design management, design review, and construction management of health care facilities. Duties are performed in Operational and Institutional organizations, both CONUS and OCONUS.

(b) *Description of positions.* Positions requiring this AOC include: Chief, Logistics; Deputy Chief of Staff/ACS, Logistics; Commander, Medical Logistics Battalion; S-4; Contracting Officer; Stock Control Officer; Clinical Engineer; Medical Logistics Programmer, OTSG / Assistant Secretary of the Army for Acquisition, Logistics and Technology; Medical Logistics Staff Officer; Division Medical Supply Officer; Property Book Officer; Logistics Systems Officer; Medical Logistics Plans/Operations Officer; Medical Logistics Staff Officer; Hospital Materiel Officer; Health Facility Planning Officer; Commander, Health Facility Planning Agency; Chief, Facilities Division; Chief, Design and Development; Chief, Program and Analysis; Chief, Project Management; Architect; Health Facility Project Officer; Deputy Chief of Staff, Facilities; Executive Officer, Health Facility Planning Agency; and Senior Health Facility Planning Officer, Planning and Portfolio Management Division, Assistant Secretary of Defense for Health Affairs.

(c) *Qualifications.* Must be a graduate of the Health Services Materiel Officers Course. To hold positions in this AOC at the lieutenant colonel and colonel level, should possess a master's/PhD degree in a discipline related to business, logistics, acquisition, technology management, clinical engineering, health facility planning, architecture, mechanical/electrical engineering, construction management, or health care administration acceptable to TSG.

(d) *Restrictions.* For use by AMEDD officers in MFA 70 or AOC 67J.

(e) *Unique education/training opportunities.* Short courses such as S-4, Standard Property Book System, and Integrated Logistics Support; master's degree programs in logistics management from Logistics Executive Development Course/Florida Institute of Technology or Armed Forces Institute of Technology, supply chain management, health care administration from the Army–Baylor program, clinical engineering, technology management, architecture, and construction management; Internships in acquisition and procurement, acquisition and logistics programming, U.S. Army Medical Materiel Agency Medical Logistics Management, and health facility planning; and Defense Acquisition Certified in acquisition logistics, program / project management, and contracting; further specialized training to obtain ASI 8X, Medical Acquisition Qualified, 6Y, Installation Management, or 9I, health facility planner. Recommended doctoral degrees include areas related to logistics management, architecture, planning, and construction. In addition to the unique education/training opportunities listed all officers should strive to achieve professional certification in one of the following areas relevant to medical logistics: Certified Federal Contract Manager (CFCM), Certified Healthcare Environmental Services Professional (CHESP), Certified Healthcare Executive (CHE), Certified Materials Resource Professional (CMRP), Certified Professional, Contracts Manager (CPCM), Certified Professional in Health Information & Management Systems (CPHIMS), National Society of Professional Engineers (NSPE) (f)70K Unique Skills. Besides the skill sets outlined in Figure 10–1, 70Ks are expected to have developed the following skill sets at the following levels:

1. *LT/CPT.* Small unit leadership, critical thinking, technical skills, tactics, MDMP, operational medical logistics planning (company–brigade), class VIII commodity management, supply accountability / property book management, battalion staff operations, analytical analysis, understanding joint capabilities, health facility project management.

2. *MAJ.* Mastery of medical logistics operations, distribution management, commercial supply chain management, medical acquisition and contracting, understanding operational planning and warfighting, (corps–division), corporate understanding of the AOC, personnel management, understanding contract administration, joint interoperability,

TLAMM operations understanding both operational and institutional medical logistics support, health facility planning and management mentoring, future focus 1–2 years.

3. *LTC*. Understanding the joint health service support system, business planning, staff operations (Army–Joint), understanding PPBES, joint integration of medical systems, executive leadership, resource management, management of MEDLOG AIS, project management, strategic planning, future focus 3–5 years.

4. *COL*. mastery of joint health service support system, strategic planning and operations, PPBES / POM execution, interagency operations, strategic, influence, program management, executive leadership, future focus 5–10 years.

(9) *AOC 67J00–Aeromedical Evacuation*.

(a) *Description of duties*. The Army medical evacuation officer is specially trained to serve in a variety of key AMEDD, Army Aviation, and Joint positions. Possesses full knowledge of AMEDD, Army Aviation and Joint doctrine, organization, and equipment. Employs the use of medical aircraft, personnel, and equipment as a part of the JHSS or an Army TF. Plans and executes intra–theater tactical, operational and strategic air medical evacuation within a theater of operations, for any member of a CJTF, this includes support to Joint, coalition & allied partners, DOD employees and contractors, Interagency personnel; military working dogs; Detainees; Enemy Prisoners of War, and Host Nation and Non–Government Organizations. Additionally executes emergency: Class VIII re–supply, movement of blood, movement of medical personnel, movement of medical equipment as well as provides Homeland Security medical evacuation support. Duties include AMEDD, Army aviation and Joint staff positions at various levels, service school and/or training center instructor, aviation maintenance and safety officer positions, research and development positions, advisory duty with RC aviation units, and other roles as required. Duties are performed in a variety of TOE/TDA organizations, both CONUS and OCONUS.

(b) *Description of positions*. Positions requiring this AOC include: Aeromedical Evacuation Consultant, OTSG; Director, Medical Evacuation Proponency; Deputy, Director, Medical Evacuation Proponency, G3/5/7 Aeromedical Evacuation Staff Officer, Aviation Directorate, DA; 67J Career manager, HRC; Assistant Project Manager, MEDEVAC, Utility Helicopters Project Office, AMCOM; Commander, Air Ambulance Company ; Team/Section Leader, Air Ambulance Company; AMEDD, Army Aviation and Joint Aeromedical Evacuation Staff Officer; Aeromedical Plans Officer, JDOMS; Aeromedical Operations Officer; Medical Aviation Research and Development Staff Officer; Deputy Dean, USASAM; Aeromedical Evacuation Officer, Force Provider Branch, Directorate of Combat and Doctrine Development, AMEDDC&S; Deputy Commander for Administration, U.S. Army Aviation Medical Center (USAAMC); Aeromedical Evacuation Instructor.

(c) *Qualifications*. Must hold a baccalaureate degree from an accredited college/university in a discipline acceptable to TSG, be a graduate of Army BOLC or AMEDD OBLC, and Flight School XXI. Must successfully complete the Essential Medical Training for AMEDD Aviators Course (2C–F7) and maintain qualifications for unrestricted utilization as an Aeromedical Evacuation Officer. Before entering the promotion window for major, officers must have successfully completed the AMEDD course for Evacuation Officers (67J) followed by the Aviation Captain’s Career Course. Prior to promotion to major, each officer will request and be designated a secondary AOC/MFA. Officers in this AOC are the only dual track MS officers. To hold executive positions at the lieutenant colonel and colonel levels, must have successfully completed ILE and should possess a master’s degree from an accredited program acceptable to TSG in a discipline related to one of the AOCs in the MFA 70 or AOC 67J.

(d) *Licensure/certification requirements*. Army Aviator; Senior Aviator; Master Aviator.

(e) *Restrictions*. Medically qualified.

(f) *Unique education/training opportunities*. Short courses in Safety, Aviation; correspondence courses in Aviation, Aviation Safety; UH–60 Maintenance Officer Course/Test Pilot Course; Joint Forces University , School of Advanced Military Studies (SAMS), Training With Industry, master’s degree programs in Aviation Management and Systems Safety, Public Administration, Strategic Studies, Defense Studies, Homeland Security, Program Management/Maintenance, Aviation Research, Finance/Budgeting, Education, public Administration, Personnel Management.

(g) *67J Unique Skills*. In addition to the skill sets outlined in figure 10–1, 67Js are expected to have developed the following skill sets at the following levels. The most unique feature of Army Medical Evacuation officers is the fact that they are all aviators and must develop technical proficiency in their aviator skills. They must master the aviation platform as they master both Aviation and AMEDD operations. It is in the Army’s best interest to retain these officers in operational flying positions until meeting their first ACIP gate to ensure experience and competency in aviation technical and tactical skills as well as medical evacuation operations.

1. *Lieutenant*.

a. *Professional military education*. All newly commissioned Medical Service Corps LTs attend AMEDD OBLC, Essential Medical Training for AMEDD Aviators Course (2C–F7) and Flight School XXI at the U.S. Army Aviation Warfighting Center (USAAWC), Fort Rucker, Alabama. When an officer completes all phases of BOLC and flight training, they are awarded the Basic Army Aviator Badge. Due to the time intensive initial training requirements of Flight School XXI, follow–on schooling en route to their next assignment (for example, Airborne, Air Assault) will only be approved by exception due to the compressed career timeline.

b. *Operational assignments*. Junior officers initially assigned to a CONUS installation will be stabilized at their first installation for an extended period of time that allows for branch advancement to the rank of Captain. This initial

extended tour may include hardship tours or attendance at leader development schools (TDY or PCS) but in each case the officer should return to their stabilization installation. LTs should serve at the company level to gain troop leading and flight experience. The officer will concentrate on planning and executing the tactics, techniques and procedures specific to the aeromedical evacuation mission. The single most important assignment consideration for personnel managers and commanders is ensuring that the new LT is assigned to a job which will allow the officer adequate opportunity to develop flight experience and troop leading skills. LTs should serve 18–24 months in a section leader position. Due to the length of flight school, this may overlap into the officer's 1st year as a CPT. Promotions will not automatically alter positions. The promotion of a LT to CPT while still serving in an operational assignment such as section leader will not be a negative consideration when determining the officer's future potential for promotion. The overall goal is for an officer to gain as much aeromedical evacuation, flight and leadership experience as possible prior to moving to another operational assignment.

c. Self-development. All officers should be afforded every opportunity to achieve a total of 500 flight hours and qualification as a pilot in command prior to attending the AMEDD course for Evacuation Officers (67J) followed by the Aviation Captain's Career Course. A LT's focus should be to refine troop leading, aviator, medical evacuation, tactical, logistic (medical, maintenance and supply), force protection (risk management) and administrative skills. The key milestone in a LT's development should be attaining pilot in command status. In doing so, LTs will acquire much needed technical, medical evacuation and tactical experience, which will serve them well in future assignments. LTs should also strive to obtain key training experiences that enhance normal garrison training, to include— Combat Training Center (CTC) rotations, joint and combined exercise deployments, and worldwide contingency operations. To successfully compete for promotion to CPT, an officer must possess a thorough knowledge of aeromedical evacuation operations, aviation tactics and principles.

2. Captain.

a. Professional military education. Captains Career Course. CPTs must, in accordance with Vice Chief of Staff Army guidance, have flown at least 500 hours and earned pilot in command status for their particular airframe before they are allowed to attend the AMEDD course for Evacuation Officers (67J) followed by the Aviation Captain's Career Course. Aeromedical Evacuation Officers will attend the AMEDD course for Evacuation Officers (67J) followed by the Aviation Captain's Career Course between their 5th and 8th year of commissioned service. A prerequisite for attendance to the Aviation CCC is the AMEDD Course for Evacuation Officers (67J) which consists of three weeks of AMEDD core instruction. The combined AMEDD and Aviation CCC meets established prerequisites for Total Operational Flying Duty Credit (TOFDC) assignments. Aviators earn 1 month of TOFDC for each month spent attending the combined AMEDD and Aviation CCC. With AMEDD and AVN Branch approval, Aeromedical Evacuation Officers may request attendance at the Maintenance Manager Course (MMC) and Maintenance Test Pilot (MTP) course. Finally, following the CCC, Aeromedical Evacuation officers will request a secondary AOC within MFA 70 through HRC for approval by the 67J Consultant. Once approved, the Aeromedical Evacuation Officer will attend prerequisite courses associated with the approved AOC. Repetitive operational flying assignments through the grade of O3 are critical in order to make their first ACIP gate. If an aviator has not met their first ACIP gate, they will lose ACIP beyond the 12th year of aviation service. Thus, the education and utilization requirements of the requested secondary AOC must allow CPTs to achieve their first ACIP gate. HQDA waivers are possible, but highly unlikely.

b. Operational assignments. CPTs are utilized as Forward Support MEDEVAC Team (FSMT) leaders and flight operations officers at the company level. Their primary goal is to successfully lead a TOE/TDA FSMT 18–24 months and serve as an Air Ambulance Company flight operations officer for 18–24 months. CPTs also fill key staff positions which include positions within the General Support Aviation Brigade (GSAB), Medical Brigade, Division Surgeon Cell, MEDCOM, Multifunctional Medical Battalion (MMB), CTC/OC positions and SGI/Instructor positions at AMEDDC&S and USASAM as well as command and staff positions within their approved AMEDD secondary AOC. Even when assigned to staff positions, CPTs should continue to hone their leadership skills, build flight experience, and achieve/maintain pilot in command status. CPTs may also perform duties a GSAB S3 if requested by the GSAB Combat Aviation Brigade (CAB) commanders and approved by HRC and the 67J Consultant.

c. Self-development. CPTs should gain an in-depth understanding of AMEDD doctrine, JHSS system, Joint patient movement doctrine, medical regulating, aeromedical evacuation operations in support of both NORTHCOM and The Department of Homeland Security, aviation brigade operations, combined arms operations, aircraft maintenance and Army Airspace Command and Control (A2C2). Aviation CPTs should dedicate time to a professional reading program to gain a historical perspective on solutions to medical, tactical and leader challenges. CPTs should strive for the same qualitative leadership building experiences as during their LT years: Combat Training Center rotations; Joint and combined exercises, and deployment on real-world contingency operations. Performing the challenges at the CPT level will greatly enhance the officer's tactical and technical skills, as well as build critical flight experience. CPTs should strive to meet the requirements for award of the Senior Aviator Badge by the time they are promoted to MAJ. CPTs should broaden their understanding of AMEDD and Joint medical evacuation doctrine through extension courses and independent study. CPTs should also attempt to acquire a graduate degree in disciplines outlined in paragraph i6 and may also participate in the LTHET program to acquire a graduate degree in these same disciplines.

4. Major.

a. Professional military education. MAJs will complete the Army ILE Course, before they are selected for

aeromedical evacuation company command and enter the primary zone of consideration for promotion to LTC. MAJs will attend the Aeromedical Evacuation Pre-Command Course(PCC)at Fort Rucker, AL, once selected for aeromedical evacuation company command. Finally, MAJs should seek Joint education opportunities if they desire to work on Joint staffs.

b. Operational assignments. MAJs should serve as Air Ambulance Company commanders for 18–24 months and in one of the following assignments for 12–24 months: CAB staff, Medical Brigade staff, MEDCOM staff, MMB Staff, Joint Staff, OTSG, USAREC staff , RC advisor, instructor positions at AMEDDC&S, USASAM and CAC as well as staff positions within their approved AMEDD secondary AOC. MAJs may also perform duties a GSAB XO if requested by the GSAB and CAB commanders and approved by HRC and the 67J Consultant. MAJs should seek key developmental assignments that assist them in promotion and create the qualities of a fully multifunctional, expeditionary officer, in both the AMEDD and Aviation Branch. MAJs should seek a field grade Joint duty assignment once tactical and technical experiences have been attained.

c. Self-development. MAJs should focus self-development efforts on acquiring expertise in organizational leadership techniques, operations at Corps level and above. Their self-development must focus on Joint and combined arms operation, as well as a full understanding of the JHSS system. This can be accomplished through correspondence courses or institutional training. MAJs should attempt to acquire a graduate degree in disciplines outlined in paragraph i6 and may also participate in the LTHET program to acquire a graduate degree in these same disciplines. Aeromedical Evacuation Major's self-development should also be focused on refreshing themselves with new aviation technologies in the cockpit. They should set the example for the younger generation of officers by continuing to place a strong emphasis on their medical evacuation as well as their technical and tactical aviation proficiency. Aeromedical Evacuation majors should strive to attain the Master Aviator Badge by the time they are promoted to LTC. A master's degree is strongly recommended, but is not required for promotion to LTC.

5. Lieutenant colonel.

a. Professional military education. No specific military education requirements exist for LTCs. A HQDA board determines selection for resident SSC or the U.S. Army War College Distance Education Course. Officers selected for battalion command will attend the Army's PCC at Fort Leavenworth, KS, and other required PCCs. Battalion command designees who have special courts martial convening authority will attend the Senior Officers Legal Orientation Course (SOLO) at Charlottesville, VA.

b. Operational assignments. Sixty-sevenJ LTCs may compete for AMEDD immaterial battalion commands, General Support Aviation Battalion (GSAB) commands, and battalion commands within their secondary AOC. LTCs who successfully complete a AMEDD battalion level command may remain competitive for AMEDD COL command and enjoy a higher potential for promotion to COL and SSC selection. Officers have the option of selecting the category or categories in which they desire to compete for command, while declining competition in other categories. LTCs may serve in positions within their approved AMEDD secondary AOC and in the following key 67J assignments: G3/5/7 Aeromedical Evacuation Staff Officer, Aviation Directorate, DA; 67J Career manager, HRC; Assistant Project Manager; MEDEVAC, Utility Helicopters Project Office, AMCOM; Medical Aviation Research and Development Staff Officer; Deputy Director, Medical Evacuation Proponency; Deputy Dean, USASAM; Aeromedical Evacuation Officer, Force Provider Branch, Directorate of Combat and Doctrine Development, AMEDDC&S; Deputy Commander for Administration, USAAMC. The following assignments are not necessarily coded as 67J, however they are considered key developmental assignments: AMEDD brigade XO, recruiting duty, OTSG, DRU, ACOM, ASCC staff, ARSTAF, Joint staffs, selected Active Army/RC assignments. Performance in demanding assignments is a prime consideration for promotion and school selection boards. LTCs should also seek a Joint duty assignment.

c. Self-development. Officers should continue to build AMEDD, Joint and expeditionary expertise.

6. Colonel.

a. Professional military education. Although no specific mandatory military education requirement exists for colonels, the primary professional development goal is completion of SSC. Resident or non-resident attendance at a Senior Service College (SSC) also identifies those officers with exceptional promotion potential for service in positions of increased responsibility. Officers selected for AMEDD COL command will attend the Army's Pre-Command Course (PCC) at Fort Leavenworth, KS; and the AMEDD PCC at Fort Sam Houston, TX. Brigade command selectees may also attend the Senior Officers Legal Orientation Course (SOLO) at Charlottesville, VA.

b. Operational assignments. Colonels may serve in positions within their approved AMEDD secondary AOC and in the following key 67J assignments: Aeromedical Evacuation Consultant, OTSG; Director, Medical Evacuation Proponency; Aeromedical Plans Officer, JDOMS; The following example assignments, some not necessarily coded as 67J are also developmentally key: Joint Duty, MEDCOM G3; Director, MCIC, AMEDDC&S; Director, FM, OTSG; MSC Branch Chief, HRC; CoS, AMEDDC&S; CoS, MEDCOM; ARSTAF, DRU, ACOM, ASCC staff, and Joint Staffs; and selected Active Army/RC assignments.

c. Self-development. Self-development goals should focus on perfecting organizational level leadership skills, medical Joint, coalition and theater level operations. An advanced degree is not required but is strongly recommended.

d. Skills. Skills enhancing the unique capabilities of 67J include, but are not limited to, the following: 5U, Air

Operations Officer; 3H, Joint Planner; 3R, Nuclear, Biological, and Chemical (NBC) Officer; 6Y, Installation Management; 7Q, Training Development; 6S, MANPRINT Officer; 4B, Operations Research/Systems Analysis; 4P, Security Assistance Officer; 5F, Technical Intelligence; 5K, Instructor; 5N, Inspector General; 5P, Parachutist; 5T, Equal Opportunity Advisor; and 6P, Master Fitness Training. Skills enhancing the unique capabilities of MFA 70 include, but are not limited to, the following: 5U, Air Operations Officer; 3H, Joint Planner; 3R, Nuclear, Biological, and Chemical (NBC) Officer; 6Y, Installation Management; 7Q, Training Development; 6S, MANPRINT Officer; 4B, Operations Research/Systems Analysis; 4P, Security Assistance Officer; 5F, Technical Intelligence; 5K, Instructor; 5N, Inspector General; 5P, Parachutist; 5T, Equal Opportunity Advisor; and 6P, Master Fitness Training.

10–4. Medical Service Corps Health Sciences area of concentration/medical functional areas and military occupational specialty (MFA 71, 72, 73 and AOCs 67E, 67F, and 67G)

a. *MFA 71.* Medical Allied Sciences Officer; MFA 72–Preventive Medicine Officer; MFA 73–Behavioral Sciences; and stand-alone AOCs 67E, 67F, and 67G (Pharmacy; Optometry, and Podiatry).

(1) *Job description.* Provides medical-unique health science services to the AMEDD and the Army. Assignments vary widely within each MFA/AOC and officers serve in range from health services TDA to TOE units, both CONUS and OCONUS.

(2) *Critical officer developmental assignments.* Officers must meet certain standards in terms of schooling to be a Health Services Officer. The schooling and licensing requirements for each AOC are outlined below. Meeting these standards ensures that the officer is an accomplished professional that has acquired the skills, knowledge, and attributes to remain proficient in the Medical Service Corps at that grade and is competitive for promotion or retention in the branch. The Health Science Officer standards at the grades of LT/CPT, MAJ, LTC, and COL are detailed below. It is essential that the Medical Service Corps have officers who are outstanding troop leaders as well as those who can provide requisite technical expertise in other areas, such as in specialized areas of concentration. For an officer to be considered fully trained, the officer should be tactically and technically proficient, be physically fit, and be of the highest moral and ethical character. Officers must be effective statesmen, communicators, and leaders, capable of building teams and managing large organizations to adapt to the needs of the transforming Army. Recognizing that various assignments require different strengths, techniques, and backgrounds, an officer's most important assignment is the current one and the officer should focus on an outstanding performance in that job assignment. Underpinning officer development are the 3 domains of leader development: education, operational assignments, and self-development. These domains are detailed by rank below. Self-development and commitment to lifelong learning is the responsibility of every officer and ranges from professional reading during off-duty time to aggressively seeking out positions of increased responsibility. Each officer, with support from mentors, should develop career goals and clearly articulate those goals to the commander, respective AOC consultant and career manager at HRC. Always remember that an officer is his or her own best career manager. By actively participating in the management of career decisions, officers will improve the likelihood of a successful career. Professional development is divided into 5 phases: LT, CPT, MAJ, LTC, and COL with particular job assignments and schooling appropriate to each phase (see fig 10–1).

(a) Lieutenant/captain.

1. *Education.* To prepare newly commissioned allied science MSC officers to meet the challenge of their duties, they will attend the AMEDD Officer Basic Leadership Course at Fort Sam Houston, TX. During this course, the officer receives training in general military subjects, such as leadership, military justice, weapons and tactics, and is given an introduction to the general functions of health service support. Officers will also receive instruction in their specific areas of concentration, providing sufficient background to develop the graduates for their first assignment.

2. *Assignments.* As a Lieutenant/Captain, some officers (typically, Social Workers, Clinical Psychologists, and Optometrists) are assigned at the company level. Those officers with assignments to a Brigade Combat Team will generally be assigned to the Brigade for the deployment cycle of the unit, 24–36 months. Officers assigned to other force structure units and force generating units will have the ability to move to other units. In all assignments, new officers should concentrate on learning the basics of how the Army works, how to lead Soldiers, and how to maintain a motivated and positive outlook. Regardless of assignment, outstanding duty performance allows an officer to advance. Assignments will be based on the needs of the Army, professional development requirements, and officer's preferences.

3. *Self-development.* Opportunities include furthering civilian and military education by attending courses located at the AMEDDC&S, Fort Sam Houston, Texas; there are numerous courses offered at each installation that are required to perform additional duties; and there are a number of on-line courses available through Army eLearning Programs. Officers should strongly consider taking acquisition courses to further develop their skill sets. During this time, a LT should spend significant time developing reading, writing and briefing skills. These skills are essential to a successful career.

(b) Captain.

1. *Education.* Upon promotion to or direct commission as a CPT, all allied science officers must attend the AMEDD Captains Career Course (CCC) prior to going before the Major's Board.

2. *Assignments.* Officers should aggressively seek leadership positions or company command as appropriate within the officer's MFA/AOC. This enhances professional development and complements staff experience at the unit level. Overall successful duty performance in assignments is key to success. Through these assignments an officer should

become technically proficient and master essential troop leading skills. Assignments will be based on needs of the Army, professional development requirements, and officer's preferences.

3. *Self-development.* A Medical Service Corps Officer, who has a sound educational background and has completed the required career course, may apply for a fully funded advanced degree in a discipline directly related to his or her desired area of concentration. This program is highly competitive and selection is based on demonstrated performance and potential for promotion. Selected officers attend graduate school to meet specific Army requirements established by the Army Education Requirements Board. The Army approves the university or college the officer selects. Allied Science Officers have a high requirement for advanced degrees. Some allied science officers also have the opportunity to participate in the Training With Industry (TWI) program. This program provides an officer an opportunity to spend up to 12 months with a civilian industry that provides training in civilian health services procedures and practices. The training is designed to enhance knowledge, experience and perspectives in management and operational techniques. There are also internship/fellowship opportunities on the Department of Army and Joint Staffs. These opportunities are designed to enhance the officer's ability to work at a strategic level. Officers are also highly encouraged to seek Advanced Civil Education (ACE) on their own through off duty programs at military installation education centers.

(c) *Major.*

1. *Education.* Allied science majors must successfully attain MEL 4. Military education required during this phase is completion of Intermediate Level Education (ILE). Officers in an allied science MFA/AOC will complete ILE by either the 3 month Course Location (CL) at one of three sites or through Distance Learning. Officers with the AOC 72D also have the option of attending the 1 year resident Advanced Operational Warfighter Course (AOWC) at Fort Leavenworth, KS. An operational utilization tour is expected after completing ILE/AOWC. All participants will incur a 2 year active duty service obligation (ADSO) for attendance. A board selection process will be used to determine an order of merit list for both ILE/AOWC and ILE/CL.

2. *Assignments.* Includes assignments to force structure and force generation units. The key to promotion is successful completion of every assignment. The more time officers successfully spend in branch preferred experience positions the more competitive the officer is for future command and leadership positions. Time is a critical factor in determining and selecting assignment opportunities. MAJs have approximately 5 ½ years from their pin on point until their primary zone LTC promotion board meets. Of those 5 ½ years, three years are required to attain ILE/MEL 4 and to complete branch preferred experience positions if desired. Allied science MAJs must make informed assignment decisions to complete both ILE/MEL 4 and branch preferred experience positions. ILE/MEL 4 education programs provide majors skills that enhance their ability to be successful as field grade officers and in branch preferred experience positions. ILE/MEL 4 is also a consideration used by commands when slating majors for branch preferred experience positions.

3. *Professional development.* Compared to the grade of Captain, the time spent as a Major is relatively short. This time can be the most diversifying of an officer's career. Officers have an opportunity to broaden their professional development in their area of concentration.

4. *Additional assignments.* Once an officer has demonstrated mastery of common core and branch skills, as well as knowledge and attributes that assure the strong professional development foundation essential for success in the senior field grades, they will have opportunity to serve in career broadening jobs generally within their AOC or in MFA immaterial commands and positions.

5. *Self-development.* Self-development should include correspondence courses, civilian education, and institutional training. Officers should also devote time to a professional reading program to broaden their warfighting perspective. Civilian education— other objectives should be obtaining a master's degree or PhD in an AOC related field. Those officers not possessing a graduate degree are strongly encouraged to do so. Military Education— for MAJs military education opportunities expand to include not only traditional military schools but also fellowships and internships. These include White House Fellowships, Congressional Fellowships, and Joint Internships. Joint assignments will offer the opportunity for military schooling.

(d) *Lieutenant colonel.*

1. *Professional development.* Upon selection for LTC, HRC career managers review each LTC selectee's file for career experience. The review then acts as a guide for recommending the officer's utilization plans for the remainder of the officer's career. This phase provides the Army with officers in senior grades who have developed the expertise needed in specific career fields. A majority of LTCs serve in key staff positions throughout the Army as well as in Joint duty assignments. A successful assignment as a LTC commander or DRU, ACOM, ASCC staff officer also enhances the officer's potential for future command. At the LTC level or higher, officers can expect to be assigned to senior staff positions at the Army, Joint, and DOD level where they will serve in a wide variety of branch or generalist positions, unless selected for higher level command or schooling. While LTC and COL functional command and schooling are career goals, selection is extremely competitive.

2. *Assignments.* The majority of Allied Science Medical Service Corps LTCs and COLs should concentrate on seeking out and performing well in critical staff positions at corps, Army, Joint, and DOD levels.

3. *Self-development.* LTCs benefit by having an advanced degree and also gain an advantage by being selected for

and attending a Senior Service College or completing the U.S. Army War College Distance Education Course (MEL 1).

(e) *Colonel.*

1. *Education.* Attendance at a Senior Service College or completion of U.S. Army War College Distance Education Course (MEL 1) is advantageous and selective. Except through an established resident program such as the Army War College (AWC), the Industrial College of the Armed Forces (ICAF), and similar senior service courses, completion of the non-resident course is the only other means by which an Army officer can receive credit for Senior Service College training (MEL 1). However, once selected and enrolled in the non-resident course, an officer is no longer eligible to attend a resident Senior Service College. Therefore, it is recommended that the officer discuss this with his or her career manager prior to applying for the correspondence course. The Senior Service College selection board is responsible for selection of all active duty officers for participation in the U.S. Army War College Distance Education Course. (See AR 350-1) Army Training and Education.

2. *Desired branch experience.* COLs should focus on seeking CSL Command, qualifying at the MEL-1 Level of military education, and performing well in strategic staff positions at the RMC, MEDCEN, OTSG/MEDCOM, HQDA, OSD, and Joint/COCOM levels.

b. *MFA 71-Medical Allied Sciences.*

(1) *Job description.* Plans, supervises, and conducts highly specialized laboratory testing, research and development, field surveys, and environmental analyses in support of medical operations both CONUS and OCONUS. Serves initially as a clinical or research allied sciences officer and later as laboratory branch / division chief or clinical laboratory manager. Assignments are normally made to TDA hospitals and laboratories, but positions may be designated for TOE organizations are available at all levels for specific AOCs.

(2) *Immaterial positions.* The IM positions in MFA 71 (coded AOC 67B00) include, but are not limited to, the following: Section/Division Chief, Acquisition Officer, Deputy Commander, Clinical Laboratory Officer, U.S. Army Medical Research and Materiel Command (USAMRMC); Laboratory Manager, MEDDAC / MEDCEN; Branch Chief, Department of Clinical Support (DCSS), AMEDDC&S, Chief, DCSS, AMEDDC&S.

(3) *Areas of concentration.*

(a) *AOC 71A-Microbiology.*

1. *Description of duties.* Serves as microbiologist and/or section, branch, department, or division chief responsible for the planning, resourcing, execution and/or acquisition of clinical laboratory testing or medical research and development consistent with unit mission. Supervises testing, provides consultation and expert advice, conducts/directs research, and manages laboratory operations including fiscal and personnel resources.

2. *Description of positions.* Positions designated with this AOC include section, branch, department, and division chiefs at clinical and medical research laboratories where the specialty of microbiology, virology, bacteriology, parasitology, immunology or molecular biology is required. Acquisition training leading to management, development or acquisition assignment is essential.

3. *Qualifications.* Minimum of master's degree with specialization in microbiology, virology, bacteriology, parasitology, immunology, or molecular biology from an accredited program acceptable to TSG.

4. *Licensure/certification requirements.* For clinical / diagnostic positions, the American Board of Medical Microbiology (PhD level) and the Board of the National Registry of Microbiologists (MS level) or American Society of Clinical Pathology (MS level) are recommended, but not required.

5. *Restrictions.* For use by AMEDD officers within MFA 71.

6. *Unique education/training opportunities.* The PhD programs in microbiology; Annual Medical Laboratory Sciences (Tri-Services) Short Course; continuing medical education conferences from associations such as the American Society for Microbiology, American Society of Tropical Medicine and Hygiene and Infection Diseases Society of America.

7. *71A Unique Skills.* Besides the skill sets outlined in figure 10-1, 71As are expected to have developed the skill sets to successfully execute the jobs at the levels of— CPT: Staff Scientist, Principal investigator, Section Chief, Area Medical Laboratory; MAJ: Principal Investigator, Project Manager, Section/Branch Chief MEDCEN or AMEDDC&S, Department Chief, MPMC, Area Medical Laboratory; LTC: Laboratory Director MEDCEN, Branch Chief, AMED-DC&S, Product Manager; COL: Laboratory Director, MEDCEN, Division Chief, USAMRMC, Deputy Commander, MPMC, Commander Area Medical Laboratory.

(b) *AOC 71B-Biochemistry.*

1. *Description of duties.* Serves as section, branch, division, or department chief responsible for the planning and execution of clinical laboratory testing or medical research and development consistent with unit mission. Supervises testing, provides consultation and expert advice, conducts/directs research, and manages laboratory operations including fiscal and personnel resources.

2. *Description of positions.* Positions designated with this AOC include section, branch, division, or department chiefs at clinical and medical research laboratories where the specialty of biochemistry, physiology, toxicology, research pharmacology, or environmental chemistry is required.

3. *Qualifications.* To function as a biochemist or toxicologist requires a master's degree with specialization in

biochemistry or another chemistry specialty. To function as a physiologist requires a PhD in human physiology or in a biological science specialty. Degrees must have been obtained from an accredited program acceptable to TSG.

4. *Licensure/certification requirements.* The American Board of Clinical Chemistry and the National Registry in Clinical Chemistry are recommended, but not required.

5. *Restrictions.* For use by AMEDD officers within MFA 71.

6. *Unique education/training opportunities.* The PhD programs in areas such as biochemistry, pharmacology, medicinal chemistry, molecular biology, toxicology, analytical chemistry, and clinical chemistry; Annual Medical Laboratory Sciences (Tri-Service) Short Course. Short courses and conferences include those held by the American Association for Clinical Chemistry, American Society for Clinical Pathology, American Chemical Society, and the Federation of American Societies for Experimental Biology.

(c) *AOC 71E—Clinical Laboratory.*

1. *Description of duties.* Serves as section, branch, division, department chief, or laboratory manager responsible for the planning and execution of clinical laboratory testing or medical research and development consistent with unit mission. Supervises testing, provides consultation and expert advice, conducts/directs research, and manages laboratory operations including fiscal and personnel resources.

2. *Description of positions.* Positions designated with this AOC include section, branch, division or department chiefs, and laboratory managers at medical laboratories where broad-based, general laboratory/medical technology, training and experience are required. With specialized training such as the Army's Blood Banking Fellowship Program, clinical laboratory officers may serve as chiefs of blood banks, Army blood donor centers, or directors at one of three Army blood banking centers. Positions on unified and joint staffs are available for officers interested in plans and operations.

3. *Qualifications.* Requires a bachelor's degree in medical technology and certification in medical technology by a national organization acceptable to TSG; or a bachelor's degree, completion of an accredited program in medical technology, and certification in medical technology by a national organization acceptable to TSG. Required degree must be from a school/program acceptable to DA.

4. *Licensure/certification requirements.* Certification by national organization acceptable to the TSG, that is, American Society of Clinical Pathologists (MT), American Medical Technologists (MT) or the National Certification Agency for Medical Laboratory Personnel (CLS).

5. *Restrictions.* For use by AMEDD officers within MFA 71.

6. *Unique education/training opportunities.* LTHET in Clinical Laboratory Sciences or the Tri-Service Blood Bank Fellowship may be available following the AMEDD OAC; Annual Medical Laboratory Sciences (Tri-Service) Short Course; master's and doctoral degrees in management, administration, medical technology, blood banking, clinical chemistry, immunology and toxicology; workshops and conferences sponsored by the Clinical Laboratory Management Association, American Society of Medical Technology, and the American Association of Blood Banks.

7. *71E Unique Skills.* Besides the skill sets outlined in Figure 10-1, 71Es are expected to have developed the following skill sets at the levels of— LT/CPT: Clinical Laboratory Officer, Company Command; Section Chief, MEDCEN; Laboratory Manager, MEDDAC; Platoon Leader, Blood Detachment; MAJ: Project Manager; Section/Branch Chief MEDCEN or AMEDDC&S; Laboratory Manager, MEDDAC; Commander, Blood Detachment; LTC: Laboratory Manager, MEDCEN; Deputy Director, Armed Services Blood Program Office; Branch Chief, AMEDDC&S; Combat Developer, DCDD; Executive Officer, Area Medical Laboratory; Deputy Director, OASD(HA)/TMA; Product Manager; COL: Laboratory Director, MEDCEN; Chief, DCSS, AMEDDC&S; Deputy Commander, MRMC; Commander, Area Medical Laboratory; Executive Officer, WRAIR; Blood Program Manager, MEDCOM, Director, ASBPO, Deputy Director, CCLM; Laboratory Program Manager, MEDCOM.

(d) *AOC 71F—Research Psychology.*

1. *Description of duties.* Plans, supervises and conducts research to determine the effects of physiological, psychological and social variables on the health and performance of military personnel, and develops research-based programs and products to enhance troop health and performance and ameliorate ill-effects of operational stress.

2. *Description of positions.* Positions designated with this AOC include section, branch, division, or department chiefs at medical research laboratories where the specialty of neuroscience, human performance research, sleep management research, environmental stressors research or occupational health and deployment clinical health research is required. Officers also serve in senior staff positions within the AMEDD.

3. *Qualifications.* Requires a PhD in psychology or related behavioral science with strong research emphasis from an accredited program acceptable to TSG.

4. *Licensure/certification requirements.* None beyond the doctorate.

5. *Restrictions.* For use by AMEDD officers within MFA 71.

6. *Unique education/training opportunities.* Biennial AMEDD Post Graduate Course in Psychology; master's degree in research administration, in addition to the entry-level required doctorate in psychology.

(4) *Skills*. Skills enhancing the unique capabilities of MFA 71 include: 5K, Instructor, 7A, Environmental Chemistry; 8T, Blood Banking; 8Z, Medical Research, Development, Test, and Evaluation; 9F, Microbiology; 9G, Immunology; 9H, Parasitology; 9J, Physiology; 9K, Radiobiology; 9L, Toxicology; 9N, Biochemistry; 9P, Pharmacology; 9Q, Psychology (Research and Development Administration); 9A (proficiency level), 8X, Acquisition.

c. MFA 72—Preventive Medicine Sciences.

(1) *Job description*. Plans, directs, and executes activities relating to various facets of health physics, environmental health, medical entomology, sanitary/environmental engineering, hearing conservation and audiology. Duties are job specific, but include command staff assignments, consultant assignments, and involve evaluation of risks relating to the health, morale, and environment of personnel for which DA is responsible, and/or any activity that will improve the health and well-being of the Soldier. Duties are performed in TOE/TDA organizations, both CONUS and OCONUS.

(2) *Immaterial positions*. The IM positions in MFA 72 (coded AOC 67C00) include, but are not limited to, the following: Instructor, AMEDDC&S; Commander, U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM); Preventive Medicine Science Officer, USAMRMC; Commander, CHPPM—Europe/Pacific/North/South/West; Chief of Staff, USACHPPM.

(3) *Areas of concentration.*

(a) *AOC 72A—Nuclear Medical Science.*

1. *Description of duties*. Plans, leads, directs, and executes activities relating to health physics and CBRN medical defense associated with military operations. Functions in medical nuclear/radiological defense operations, nuclear elimination missions, radiation safety programs, staff assignments, and as instructors in these and related fields of public, occupational, and environmental health. Provides identification, evaluation, and guidance for personnel protection and for control of potential radiation hazards in working environments, materiel, munitions, and armament. Serves as health physics subject matter expert on emergency response teams, including the Radiological Advisory Medical Teams and Special Medical Augmentation Response Teams. Provides health physics guidance in the life cycle management of radioactive Army commodities. Provides input to Army and AMEDD policy regarding depleted uranium munitions and armor. Manages Nuclear Regulatory Commission (NRC) licenses in the health care setting, facilitating direct patient care in nuclear medicine, radiation oncology, and other diagnostic and therapeutic modalities.

2. *Description of positions*. Positions requiring this AOC include: Radiological Hygiene Consultant, OTSG; Department of Homeland Security Nuclear Detection Specialist, NBC Medical Defense Staff Officer, Nuclear Disablement Team Member, Pentagon Force Protection Radiological Detection Specialist, Health Physics Officer, Radiation Safety Officer, Radiological Hygiene Staff Officer, Research Investigator; NBC/Physics/Health Physics Instructor, Commander/OIC/SME Nuclear Medical Science Officer of various TOE/TDA units.

3. *Qualifications*. Requires a master's degree from an accredited program acceptable to TSG in one of the following academic disciplines: health physics, reactor physics, nuclear physics, nuclear engineering, radiobiology, radiochemistry, applied nuclear or atomic physics, laser or microwave physics or medical physics (diagnostic or therapy).

4. *Licensure/certification requirements*. Certification by the American Board of Health Physics is encouraged.

5. *Restrictions*. For use by AMEDD officers within MFA 72.

6. *Unique education/training opportunities*. Annual Force Health Protection (FHP) 72A Pre-Conference Radiological Training, annual FHP 72A Track Training, annual Idaho National Laboratory Nuclear/Radiological Exercise. Courses conducted at the Interservice Nuclear Weapons School: Nuclear Weapons Orientation Course, Nuclear Hazards Training Course, and Senior Officers Nuclear Accidents Course. Medical X-ray Survey Techniques Course, presented annually at the Army Medical Department Center and School. Master's and doctoral degrees include health physics, reactor physics, nuclear physics, nuclear engineering, radiobiology, radiochemistry, and applied nuclear or atomic physics, laser or microwave physics.

7. *72A Unique Skills*. In addition to the skill sets outlined in Figure 10–1, 72As are expected to develop the following skill sets at the following levels:

a. LT/CPT. Level 1 basic health physics skills including: radiation health risk assessment, radiation dose calculations, medical effects of ionizing radiation; diagnostic x-ray room shielding evaluations; area radiation and contamination surveys; radiation instrumentation; compliance inspections of diagnostic imaging equipment; decontamination of people and materiel, packaging, storage, and disposition of radioactive waste; member, emergency response team. Manage radiation safety programs at the unit or MEDDAC level (including a limited scope NRC license)

b. MAJ. Level 2 advanced health physics skills including— population radiation health risk assessment; radiation dose calculations (including fetal dose calculations); medical effects of ionizing radiation; linear accelerator and large radiation source shielding evaluations; area radiation and contamination surveys; portable and laboratory-based radiation instrumentation; compliance inspections of diagnostic imaging equipment; decontamination of people and materiel; packaging, storage, and disposition of radioactive waste Radiation survey/decommissioning of radioactive material facilities (level 1); termination of NRC licenses of broad scope (level 1). Team Chief for a Radiological Advisory Medical Team or SMART–NBC Team. Conduct a nuclear elimination mission, and provide Operational Exposure Guidance recommendations to tactical commanders. Provide technical input to nuclear/radiological policies at the AMEDD level; manage training programs for nuclear elimination missions. Instruct at the AMEDDC&S, the Military

Academy, or the US Army Chemical School (USACMLS). Manage radiation safety programs at the MEDCEN or medical task force level.

c. LTC. Program-level health physics skills. Advanced health physics skills as above, plus: plan radiation closeout survey/decommissioning of radioactive facilities, level 2. Obtain or terminate NRC licenses of broad scope (level 2). Conduct joint radiological operations in a deployed environment. Perform radiation research. Manage training programs at the AMEDDC&S and the USACMLS. Manage a MDEP. Manage radiation safety programs at the major subordinate command or deployed MEDCOM level.

d. COL. Consultative health physics skills. Provide health physics consultation at the OTSG and Army level. Author Army policy for control of radiation and radioactive material. Conduct joint and interagency planning for radiological/nuclear emergencies. Oversee AMEDD health physics capabilities for response to a radiological attack or other radiation emergency. Provide technical oversight to Army reactor operations, the Army radiation safety program, and the depleted uranium post-exposure program. Coordinate on health physics issues with other Services and government agencies. Manage radiation safety programs at the DRU, ACOM, ASCC or theater level.

(b) AOC 72B-Entomology.

1. Description of duties. Plans, leads, manages, advises, directs, and participates in operational, consultative, training, product development and research in medical entomology to ensure effective control of pests and vectors of disease affecting the health, morale, and environment of all Army personnel. Also serves in command and staff assignments throughout the DOD and Army to ensure property and materiel are not damaged by invertebrate and vertebrate pests.

2. Description of positions. Officers in this AOC will fill positions including, but not limited to, the following: Director, Deputy Director, Contingency Liaison Officer, or Research Liaison Officer at the Armed Forces Pest Management Board; Chief, Defense Pest Management Information Analysis Center; DRU, ACOM, ASCC entomologist for Defense Logistics Agency; Commander or Executive officer of a TOE detachment; Division Chief or staff officer for DCSOPs, U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM); Entomology staff officer in a TOE medical brigade or command; Commander, Entomology Division Chief, or staff officer of a USACHPPM subordinate command; Entomology Branch Chief or instructor at the AMEDD Center and School; Branch Chief or entomologist in the Preventive Medicine Service of a MEDDAC or MEDCEN; Chief, Department of Entomology or research investigator, at either the Walter Reed Army Institute of Research, one of its subordinate commands, or the U.S. Army Medical Research Institute of Infectious Disease.

3. Qualifications. Requires a Master of Science or PhD degree from an accredited program acceptable to TSG in entomology or biological science with a major in entomology and course work in medical entomology. A Master of Science or PhD in zoology or biology with sufficient entomology courses and professional experience will also be considered. A bachelor's degree in entomology from an accredited program acceptable to TSG combined with an appropriate medical entomology course work and/or applicable professional experience may also be accepted in selected cases.

4. Licensure certification requirements. Professional certification of military entomologists is encouraged, but not required. Designation as a Board Certified Entomologist (BCE) in the category of Medical and Veterinary Entomology can be attained through the Entomological Society of America. The BCE is authorized as an official entry on the Officer Record Brief (ORB).

5. Restrictions. Available to Medical Service Corps officers who qualify for the 72B AOC.

6. Unique education/training opportunities. Principles of Military Preventive Medicine (6A-F5), DOD Pest Management Certification and Re-certification Courses (6H-F12, 13) taught at the AMEDD Center & School; DOD Pest Management Workshops sponsored by the Armed Forces Pest Management Board; USAF Aerial Application of Pesticides Certification Course; USN Operational Entomology Course. Annual and periodic specialty-specific workshops, courses, and conferences are also available to military entomologists. A limited number of opportunities to return to graduate school to earn a M.S. or PhD in entomology, or to participate in a Training With Industry experience are available through a competitive, board selection process.

7. 72B Unique Skills. Besides the skill sets outlined in Figure 10-1, 72Bs are expected to have developed the following skill sets at the following levels:

- a. LT/CPT.* DOD Pest Management Certification.
- b. MAJ.* Board Certification, Entomological Society of America.
- c. LTC.* 9A Designator in Entomology.
- d. COL.* Committee Chairperson, AFPMB.

(c) AOC 72C-Audiology.

1. Description of duties. Provides preventive health care in the form of hearing conservation (HC) surveillance for military and civilian personnel routinely exposed to hazardous noise. Conducts audiometric testing to identify, confirm, and document significant threshold shifts (STS) in hearing resulting from noise exposure. Clinical hearing conservation services include evaluations for: workers' compensation claims; hearing fitness for duty; hearing profiles for readiness; STS; acoustic trauma injuries and difficult to test patients (for example, non-organic behavior). Supervises HC technicians conducting monitoring audiometry for baseline (reference, periodic (annual, termination, pre- and

post-deployment) and follow-up testing using the Defense Occupational Environmental Health Readiness System—Hearing Conservation (DOEHS–HC). Provides non-clinical hearing conservation services to include annual health education briefings, worksite visits, command and range inspections, warfighter hearing enhancement and protection fittings, communication in noise monitoring, operational hearing conservation, and overall HC program oversight. Serves as a Course Director, Council for Accreditation on Occupational Hearing Conservation (CAOHC) and periodically trains and certifies Soldiers to serve as hearing conservationists .

2. *Description of positions.* Positions requiring this AOC include: Chief, Hearing Conservation Clinic, MEDDAC; Instructor AMEDD C&S; Chief, Audiology/Hearing Conservation MEDCEN; CHPPM HC Staff Officer; POPM PM/HC Staff Officer; and, RMC Audiology/HC Consultant.

3. *Qualifications.* Requires a doctoral degree from an accredited program in audiology from a school acceptable to the OTSG. Candidates with a clinical doctoral degree (Au.D.) must have completed an accredited 1 year clinical audiology externship or be enrolled in the Army Audiology Externship Program (AEP). Professional qualifications for unrestricted practice must be met.

4. *Licensure/certification requirements.* Must have a license to practice audiology in one of the United States, U.S. Territories and or District of Columbia. Certification of Clinical Competence provided by the American Speech–Language–Hearing Association is desired prior to entrance on active duty. Certification as a Hearing Conservation Course Director (CAOHC) is required prior to or within 1 year of entry on active duty.

5. *Restrictions.* For use by AMEDD officers within MFA 72.

6. *Unique education/training opportunities.* Annual and periodic specialty-specific workshops, courses, and conferences are also available. A doctoral degree in audiology is recommended for officers in this AOC.

7. *72C Unique Skills.* Besides the skill sets outlined in figure 10–1, 72Cs are expected to have developed the following skill sets at the following levels provided in table 10–2 below. Table 10–2 Skill sets for 72C rank.

Table 10–2
Skill sets for 72C

Rank: CPT

Education: In addition to attending the AMEDD Officer Basic Leadership Course, the 72C officer will attend the Military Principles of Preventive Medicine Course, 6AF5. This course is designed to provide PM officers with the skills and knowledge to function in preventive medicine specialty areas at an entry level. Preventive medicine core topics provide a broad overview of each of the specialty areas for all students, preparing them to function as part of a multidisciplinary team. Each specialty group also receives additional instruction in appropriate specialty topics, preparing them to function independently at an entry level within their specialties. Upon promotion to or selection to CPT (AEP graduates) and fully qualified 72C officer must attend the AMEDD Captains Career Course (CCC). Additional courses include the following: Basic Industrial Hygiene Course; Field Management of Chemical & Biological Casualties; and Combat Casualty Care Course.

Assignments: As a Lieutenant/Captain, a 72C is usually assigned as Hearing Conservation Program Manager at MEDDAC level. Regardless of assignment, outstanding duty performance allows a junior CPT to advance. Assignments will be based on the needs of the Army, professional development requirements, and officer's preferences.

Self Development: Opportunities include furthering civilian and military education by attending AOC producing schools located at the AMEDDC&S, Fort Sam Houston, Texas; there are numerous courses offered at each installation that are required to perform additional duties; and there are a number of on-line courses available through Army eLearning Programs. During this time, a LT should spend significant time developing Reading, Writing and Briefing skills. These skills are essential to a successful career.

Rank: MAJ

Education: Must successfully attain MEL 4. Military education required during this phase is completion of Intermediate Level Education (ILE). The 72C should attend the Preventive Medicine Program Management Course, 6AF6. Pursue Long-term Health Education and Training to pursue a PhD or Master's in Public Health.

Assignments: As a Major, a 72C is usually assigned as Hearing Conservation Program Manager, OCONUS assignment, serve as a HC staff officer at CHPPM, and/or serve as an Instructor at AMEDD C&S. Regardless of assignment, outstanding duty performance allows a MAJ to advance. Assignments will be based on the needs of the Army, professional development requirements, and officer's preferences.

Self Development: Opportunities include furthering civilian and military education by attending courses located at the AMEDDC&S, Fort Sam Houston, Texas; there are numerous courses offered at each installation that are required to perform additional duties; and there are a number of on-line courses available through Army eLearning Programs. During this time, a MAJ should spend significant time developing Reading, Writing and Briefing skills. These skills are essential to a successful career.

Rank: LTC

Education: Pursue obtaining MEL 1 by attending Senior Service College or completing the U.S. Army War College Distance Education Course.

Assignments: Serve as PM staff officer at the Medical Deployment Support Command (MDSC). Serve as Chairperson, Audiology Externship Program at Fort Bragg, NC. Serve as an auditory researcher at one of the Army Research Labs (ARL, USAARL, MRMC). Serve as a Regional Hearing Conservation/Audiology Consultant. Chief, Hearing Conservation at large MEDDAC. Serve as HC staff officer at the Proponency Office for Preventive Medicine.

Self Development: On-line learning Army eLearning Programs.

Table 10-2
Skill sets for 72C—Continued

Rank: COL

Education: Pursue obtaining MEL 1 by attending Senior Service College or completing the U.S. Army War College Distance Education Course.

Assignments: Serve as PM staff officer at the Medical Deployment Support Command (MDSC). Serve as Chairperson, Audiology Externship Program at Fort Bragg, NC. Serve as an auditory researcher at one of the Army Research Labs (ARL, USAARL, MRMC). Serve as a Regional Hearing Conservation/Audiology Consultant. Chief, Hearing Conservation at large MEDDAC. Serve as HC staff officer at the Proponency Office for Preventive Medicine.

Self Development: On-line learning Army e-Learning Programs.

(d) AOC 72D—Environmental Science.

1. *Description of duties.* Advises on or performs professional and scientific work in environmental health and industrial hygiene. Functions include: identification, evaluation, and formulation of recommendations for the control of potential health hazards; health hazard assessment of weapons, equipment, clothing, training, and materiel systems; development of environmental health and industrial hygiene criteria and standards; promotion of policies, programs, practices, and operations directed toward the prevention of disease, illness, and injury.

2. *Description of positions.* Positions requiring this AOC include: Commander, various TOE and TDA Preventive Medicine Detachments, Activities, and Agencies; Executive Officer and Environmental Sciences Officer, various TOE Units; Assistant, Occupational Health, Army and DOD Secretariat; Environmental Health Staff Officer, OTSG and various COCOMs; Program Manager, Industrial Hygiene, USACHPPM; Division and Branch Chief, USACHPPM; Project Officer, various Research, Development, Test, and Evaluation organizations; Chief, Preventive Medicine Service, various MEDDACs; Chief, Environmental Health, various MEDDACs and MEDCENs; Instructor, Environmental Sciences and Industrial Hygiene, AMEDDC&S.

3. *Qualifications.* Must have completed, at a minimum, a bachelor's degree from a school acceptable to TSG with a concentration or major in environmental science, industrial hygiene, environmental health, epidemiology, toxicology, or safety management. Degrees in biology and chemistry may also be considered. Must be academically qualified for graduate work. For retention at the field grade level, should possess a master's degree in public health with specialization in environmental health, environmental science, industrial hygiene, epidemiology, occupational health, or public health from an accredited program acceptable to TSG.

4. *Licensure/certification requirements.* For retention at the field grade level, State or national registration or certification in specialty area is required. Acceptable are registration as a professional sanitarian or environmental health specialist by a State Registration Board or the National Environmental Health Association; certification as a Diplomat by the American Academy of Sanitarians; designation as a Certified Industrial Hygienist by the American Board of Industrial Hygiene; designation as a certified Safety Professional by the Board of Certified Safety Professionals; other professional certification acceptable to TSG.

5. *Restrictions.* For use by AMEDD officers within MFA 72.

6. *Unique education/training opportunities.* A limited number of opportunities are available for achievement of a centrally-funded postgraduate advanced degree (PhD and Master's degree level), with subsequent utilization in an appropriate command, staff or technical application assignment. Annual and periodic specialty-specific workshops, courses, and conferences are also available. Recommended doctoral degrees include public health, environmental health, environmental science, and industrial hygiene.

7. *72D Unique Skills.* Besides the skill sets outlined in figure 10-1, 72Ds are expected to have developed the skill sets at the levels of—LT/CPT: Basic military and common AMEDD medical operational skills. Basic familiarity with TO&E command and staff requirements/procedures at Bde, Div, and Corps level. Understanding of installation preventive medicine programs as executed at the MEDDAC level; MAJ: Proficiency with command and staff requirements/procedures from Bde thru Army level; Familiarity with the requirements of Army preventive medicine programs at the MEDCEN level; LTC: Proficiency with staff requirements/procedures at the Joint Staff, Army, and OTSG level; familiarity with staff requirements/procedures at the DRU and COCOM level; COL: Same as LTC.

(e) AOC 72E—Environmental Engineer.

1. *Description of duties.* Advises on or performs professional and scientific work utilizing engineering principles and practices to protect health and the environment. Duties include the assessment of existing and proposed weapons, equipment, clothing, training devices, and materiel systems. Activities relate to the design and formulation of recommendations to preserve and enhance health and environmental conditions including: air, water, noise, liquid and solid waste disposal, and institutional hygiene.

2. *Description of positions.* Positions requiring this AOC include but are not limited to the following: Commander, various TDA Preventive Medicine Detachments or Agencies; Assistant for Environment, Army Secretariat; Director, Environmental Health Engineering, USACHPPM; Chief, various Branches and Divisions, USACHPPM; Staff environmental engineer, various COCOMs; Instructor, AMEDDC&S, the Uniformed Services University of the Health

Sciences, and the U.S. Military Academy; Sanitary Engineer, various TOE/TDA units; Project Officer, various Research, Development, Test, and Evaluation units.

3. *Qualifications.* Must possess a bachelor's degree in civil, mechanical, or chemical engineering from a school acceptable to TSG. The overall curriculum in mathematics, basic science, engineering sciences, and engineering design must provide an integrated educational experience directed toward the development of an ability to identify and solve practical problems in the designated area of engineering specialization. For retention at the field grade level, a master's degree is required in sanitary or environmental engineering, environmental health, public health, or civil/water resources/chemical/sanitary/environmental/mechanical engineering.

4. *Licensure/certification requirements.* For retention at the field grade level, registration similar to that required for AOC 72D is required. Subsequent registration as a Professional Engineer by one of the authorities participating in the National Council of Engineering Examiners, designation as a certified industrial hygienist by the American Board of Industrial Hygiene, designation as a certified safety professional by the Board of Certified Safety Professionals, other professional certification acceptable to TSG, is strongly encouraged..

5. *Restrictions.* For use by AMEDD officers within MFA 72.

6. *Unique education/training opportunities.* A limited number of opportunities are available for achievement of a centrally-funded postgraduate advanced degree (PhD and Master's degree level), with subsequent utilization in an appropriate command, staff, or technical application assignment. Annual and periodic specialty-specific workshops, courses, and conferences are also available. Doctoral degrees recommended for officers within this AOC include sanitary health, environmental health, public health, and civil/water resources/chemical/mechanical engineering.

7. *72E Unique Skills.* Besides the skill sets outlined in figure 10-1, 72Es are expected to have developed the following skill sets at the levels of— LT/CPT: Basic military and common AMEDD medical operational skills. Basic familiarity with TO&E command and staff requirements/procedures at Bde, Div, and Corps level. Understanding of installation preventive medicine programs as executed at the MEDDAC level; MAJ: Proficiency with command and staff requirements/procedures from Bde thru Army level; Familiarity with the requirements of Army preventive medicine programs at the MEDCEN level; LTC: Proficiency with staff requirements/procedures at the Joint Staff, Army, and OTSG level; familiarity with staff requirements/procedures at the DRU and COCOM level; COL: Same as LTC.

8. *Skills.* Skills enhancing the unique capabilities of MFA 72 include: 5K, Instructor; 9A, Surgeon General's specialty expertise designation.

d. *MFA 73—Behavioral Sciences.*

(1) *Job description.* Plans, directs, manages, and administers programs and services relating to clinical psychology and social work. These programs promote all aspects of mental health and the social well-being of all personnel entitled to care. The behavioral sciences officer educates, consults, and develops policies on various subjects of emotional and mental health in his/her MFA. Duties are performed in TOE/TDA organizations, both CONUS and OCONUS.

(2) *Immaterial positions.* IM positions in MFA 73 (coded AOC 67D00) include, but are not limited to, the following: Chief, Behavioral Science Division, AMEDDC&S; Chief, Directorate of Mental Health, U.S. Army Correctional Activity.

(3) *Areas of concentration.*

(a) *AOC 73A—Social Work.*

1. *Description of duties.* Performs social work functions which include providing direct services, clinical counseling, crisis intervention, disaster relief, critical event debriefing, teaching and training, supervision, research, administration, consultation, and policy development in various military settings. These functions are provided to enhance unit readiness and the emotional well-being of military members, their eligible family members, and DA civilians as appropriate. Duties are performed in CONUS and OCONUS MTOE and TDA organizations.

2. *Description of positions.* Positions includes: Social Worker; Chief, Department of Social Work; Chief, Social Work Service; Director, Family Advocacy Program, U.S. Army Community and Family Support Center; Chief, Behavioral Health Division, USAMEDCOM; Clinical Director, Alcohol and Drug Abuse Prevention and Control Program; Division Social Worker; Social Worker, Community Mental Health Service, Director, Mental Health, United States Army Disciplinary Barracks, Medical Social Work, Army Medical Treatment Facility, Director, Social Work Fellowship in Child and Family Practice Program; and Social Work Consultant to TSG of the Army.

3. *Qualifications.* Requires a master's degree in social work from a program accredited by the Council on Social Work Education and acceptable to TSG. Professional qualifications for unrestricted practice must be met.

4. *Licensure/certification requirements.* All military social workers are required to be licensed. CE units in accordance with individual's license are required.

5. *Restrictions.* For use by AMEDD officers within MFA 73A/67D.

6. *Unique education/training opportunities.* Family Advocacy Staff Training Course; Family Advocacy Staff Training Advanced Course; LTCT for a doctoral degree in social work; social work fellowship in Child and Family Practice Program, Critical Incident Debriefing and Substance Abuse Certification.

7. *73A Unique Skills.* Besides the skill sets outlined in Figure 10–1, 73As are expected to have developed the following skill sets at the following levels provided in table 10–3 below.

Table 10–3
Skill sets for 73A

Rank: First Lieutenant/Captain

Education: Newly commissioned social work officers attend the AMEDD Officer Basic Leadership Course at Fort Sam Houston, TX. Officers will also receive instructions in social work services, providing sufficient background to develop the graduates for their first assignment. Upon promotion to or selection for CPT, all social work officers must attend the AMEDD Captains Career Course (CCC).

Assignments: New social work officers are assigned to MEDCENs or large MEDDACs for one year of supervised clinical practice with a senior social work officer. Social work officers with prior clinical experience may be assigned to other positions. Assignments would include a Brigade Combat Team, Medical Treatment Facility, and Community Mental Health Activities. In all assignments, lieutenants and junior captains should concentrate on learning the military culture, the basics of how the Army works, honing their clinical skills in case management, domestic violence, unit needs assessments, command consultation, combat operational stress, critical incident stress management, suicide prevention, substance abuse, and how to maintain a motivated and positive outlook. As Captains complete the CCC, they seek COSC detachment command, Division social work opportunities, corrections experience and MEDDAC chief social work service positions. These assignments enhance professional development and complements staff experience. In these assignments an officer should become technically proficient and master essential troop leading skills. Overall successful duty performance in assignments is key to success. Assignments are based on needs of the Army, professional development requirements and officer preference.

Professional Development: N/A.

Self Development: Opportunities include furthering civilian and military education by attending continuing education courses on topics as family violence, substance abuse critical incident debriefing, disaster mental health, grief/bereavement, sexual assault, and other AOC producing courses located at AMEDDC&S. During this time, a LT should spend significant time developing reading, writing and briefing skills. These skills are essential to a successful career. A social work officer, who has completed the required career course (usually senior captain), may apply for a fully funded doctoral degree in social work. This program is highly competitive and selection is based on demonstrated performance and potential for promotion. Selected officers attend graduate school to meet specific Army requirements established by the Army Education Requirements Board. The Army approves the university or college the officer selects. There is also a 2 year Child and Family Fellowship training opportunity at Walter Reed Army Medical Center.

Desired Branch Experience: N/A.

Rank: Major

Education: As an allied science officer, social work majors must successfully attain MEL 4. Military education required during this phase is completion of Intermediate Level Education (ILE). 73A Officers will complete ILE by either the 3 month Course Location (CL) at one of three sites or through Distance Learning. All participants will incur a 2 year active duty service obligation (ADSO) for attendance. A board selection process will be used to determine an order of merit list for ILE/CL.

Assignments: Includes assignments to force structure and force generation units, such as commander, program manager, combat operational stress planning, contract administration, and healthcare executive management. The key to promotion is successful completion of every assignment. Time is a critical factor in determining and selecting assignment opportunities. Majors have approximately 4 ½ years from their pin on point until their primary zone LTC promotion board meets. Of those 4 ½ years, social work officers must make informed assignment decisions to complete both ILE/MEL 4 and ensure diversity of experience positions. ILE/MEL 4 education programs provide majors skills that enhance their ability to be successful as field grade officers and in branch preferred/staff positions. An officer's performance during these assignments demonstrates a mastery of skills, knowledge and attributes expected of an officer for his or her grade. The potential to command and/or fill key leadership positions at the LTC level is assessed. Completing these assignments does not mean automatic selection for LTC command and key leadership positions, but rather that an individual officer is eligible to be considered.

Professional Development: Compared to the grade of Captain, the time spent as a Major is relatively short. This time can be the most diversifying of an officer's career. Officers have an opportunity to broaden their professional development in their area of concentration.

Self Development: Should include correspondence courses, civilian education, and institutional training. Officers should also devote time to a professional reading program to broaden both their clinical skills and warfighting perspective. Other objectives should be obtaining a doctoral degree in social work or an additional master's degree in a related field and compete for White House and Congressional Fellowships.

Desired Branch Experience: N/A.

Rank: Lieutenant Colonel

Education: N/A

Assignments: Many social workers at the LTC level serve in key staff position at DA, USUHS and WRAIR. Others serve in medical brigades, and medical centers assigned as Chiefs, Department of Social Work with the additional duty of Social Work Regional Consultant. LTC's may also be considered for senior staff positions at the OTSG, MEDCOM and AMEDDC&S in a variety of branch or generalist positions.

Professional Development: The majority of Health Services Medical Service Corps LTCs and COLs should concentrate on seeking out and performing well in critical staff positions at corps, Army, Joint, and DOD levels.

Self Development: LTCs benefit by having an advanced degree and also gain an advantage by being selected for and attending a Senior Service College or completing the U.S. Army War College Distance Education Course (MEL 1).

Desired Branch Experience: LTCs enhance their consideration for promotion by having a successful senior staff assignment.

Table 10–3
Skill sets for 73A—Continued

Rank: Colonel.

Education: Attendance at a Senior Service College or completion of U.S. Army War College Distance Education Course (MEL 1) is advantageous and selective. Except through an established resident program such as the Army War College (AWC), the Industrial College of the Armed Forces (ICAF), and similar senior service courses, completion of the non–resident course is the only other means by which an Army officer can receive credit for Senior Service College training (MEL 1). The Senior Service College selection board is responsible for selection of all active duty officers for participation in the U.S. Army War College Distance Education Course.

Assignments: N/A

Professional Development: N/A

Self Development: N/A

Desired Branch Experience: Generally officers will be assigned duties in strategic positions within their MFA/AOC. Some social workers may be assigned to positions at DOD, OCLL, DA, and MEDCOM and AMEDDC&S. The ultimate experience is selection to serve as the Social Work Consultant to The Surgeon General.

(b) AOC 73B—Clinical Psychology.

1. *Description of duties.* Applies psychological principles, theories, methods, and techniques through direct patient services, consultation, education, and research in problems of human effectiveness, adjustment, and emotional disturbance in medical and other settings. Concerned with investigations, evaluations, and amelioration of mental and behavior disorders; prevention of mental illness; promotion of effective mental health.

2. *Description of positions.* Positions requiring this AOC include: Clinical Psychology Consultant, OTSG; Clinical Psychology Consultant, DRU, ACOM, ASCC; Chief, Clinical Psychology Service, MEDCEN; Director of Training, Psychology Internship/Fellowship Program; Chief, Clinical Psychology Service, MEDDAC; Staff Psychologist, Clinical Psychology Service; Combat Stress Control Detachment/ Company Psychologist; Division Psychologist.

3. *Qualifications.* Must possess a PhD or PsyD in clinical psychology or counseling psychology, from an American Psychological Association (APA) accredited program or one that is acceptable to TSG. Must have completed a one year APA approved clinical psychology internship or its equivalent. Professional qualifications for unrestricted practice must be met.

4. *Licensure/certification requirements.* Must have a current, valid, and unrestricted license to independently practice psychology in the United States, U.S. Territories, or the District of Columbia. For Clinical Psychology Internship Program (CPIP) graduates, there are two possible licensing pathways. First, for those which do require postdoctoral experience, CPIP graduates will obtain a license within 12 months after completion of that prescribed postdoctoral supervisory experience. Secondly, for those States which do require postdoctoral supervision, CPIP graduates will obtain a license within 12 months after completion of all requirements for the doctoral degree. During this time period, these CPIP graduates will not have favorable personnel actions suspended because they are unlicensed. Direct accession clinical psychologists must possess a current, valid, and unrestricted license upon commissioning.

5. *Restrictions.* For use by AMEDD officers within MFA 73.

6. *Unique education/training opportunities.* Aeromedical Psychology Short Course; AMEDD Clinical Psychology Short Course; and the C4. Postdoctoral fellowships include neuropsychology, child/pediatric psychology, health psychology, and clinical psychopharmacology.

(4) *Skills.* Professional level 9A is a skill enhancing the unique capabilities of MFA 73. Instructor qualification 5K is also a skill which enhances AOC 73B.

e. AOC 67E00—Pharmacy.

(1) *Description of duties.* Plans, implements, directs, executes, and evaluates pharmaceutical activities in TOE/TDA organizations, both CONUS and OCONUS. Duties include clinical and consultative pharmacy, and pharmacy service administration and operations.

(2) *Description of positions.* Positions requiring this AOC include: Pharmacy Consultant, OTSG; Chief, Pharmacy Service; OIC, Pharmacy Section; Staff Pharmacist; Senior Staff Positions at USAMRMC; AMEDD C&S; and other DOD staff positions.

(3) *Qualifications.* Must be a graduate of an accredited school of pharmacy acceptable to TSG, possess a current license to practice pharmacy in the United States, U.S. Territories, or the District of Columbia, and be a graduate of the AMEDD OBLC. Must have successfully completed the AMEDD CCC to hold executive positions at the lieutenant colonel level, and must have successfully completed the ILE to hold executive positions at the colonel level.

(4) *Licensure/certification requirements.* Required to be licensed as outlined in qualifications. The Board of Pharmaceutical Specialties offers board examinations in several subspecialties that allow for certification.

(5) *Unique education/training opportunities.* Opportunities include residencies in hospital pharmacy, nuclear pharmacy, or oncology pharmacy practice. The residencies are accredited by the American Society of Hospital Pharmacists. Also available is the Orientation to AMEDD Pharmacy Service Course, and TWI opportunities. One week short courses on hematology/oncology pharmacy and nuclear pharmacy practice are offered annually. Master's/doctoral

degrees include pharmacy, epidemiology, hospital pharmacy administration, pharmaceutical chemistry, pharmacoeconomics, and clinical pharmacy. Other military courses, such as Combat Casualty Care Course (C4), are also available.

f. AOC 67F00–Optometry.

(1) *Description of duties.* Serves as an independent primary health care provider, in various fixed and field medical organizations. Optometrists examine, diagnose, treat, and manage diseases, injuries, and disorders of the visual system, the eye, and associated structures as well as identify related systemic conditions affecting the eye. They prescribe medications, low vision rehabilitation, vision therapy, spectacle lenses, contact lenses, and perform certain surgical procedures. They counsel their patients regarding surgical and non-surgical options that meet their visual needs related to their occupations, avocations, and lifestyle. Duties include consultation in such areas as vision conservation, refractive surgery, combat eye protection, vision readiness, and occupational and aviation visual requirements. The wartime mission also includes the initial diagnosis and management of eye injuries on the battlefield. Duties are performed in TOE/TDA organizations, both CONUS and OCONUS.

(2) *Description of positions.* Positions requiring this AOC include: Optometry Consultant, OTSG; Regional Optometry Consultant, Chief, Optometry Service; Staff Optometrist; Optical Laboratory Officer; Optometry Research and Developer; Instructor, AMEDD Center & School; Vision Conservation Officer.

(3) *Qualifications.* Must be a graduate of an accredited school of optometry acceptable to TSG, possess a current license to practice optometry in the United States, U.S. Territories, or the District of Columbia, and be a graduate of the AMEDD OBLC. Professional qualifications for unrestricted practice must be met. Must have successfully completed the AMEDD CCC to hold executive positions at the lieutenant colonel level, and must have successfully completed ILE to hold executive positions at the colonel level.

(4) *Licensure/certification requirements.* Licensed Optometrist. Board Certification and Fellowship in the American Academy of Optometry is highly encouraged but not mandatory.

(5) *Unique education/training opportunities.* Opportunities include the C4, C4A, and short courses such as the Federal Service Optometry Symposium, as well as residencies and fellowships in optometry. Master's/doctoral degree programs include: master of science in clinical optometric management, master of science or PhD in physiological optics, master's of business administration, master's in healthcare administration, and master's of public health.

g. AOC 67G00–Podiatry.

(1) *Description of duties.* Examines, diagnoses, and treats or prescribes courses of treatment for personnel suffering from diseases, injuries, or disorders of the feet. Podiatric care includes inpatient and outpatient surgical and nonsurgical treatment and consultative services. Supervises administrative requirements for the podiatry clinic.

(2) *Description of positions.* Positions requiring this AOC include: Podiatric Consultant, OTSG; Chief, Podiatry Service; Podiatrist.

(3) *Qualifications.* Requires a Doctor of Podiatric Medicine degree, a license to practice podiatry, and a 2 year podiatric surgical residency accredited by the Residency Review Committee for the American Podiatric Medical Association and acceptable to TSG. Professional qualifications for unrestricted practice must be met. Must have graduated from the AMEDD OBLC, CCC to hold executive positions at the lieutenant colonel level, and must have successfully completed the ILE to hold executive positions at the colonel level.

(4) *Licensure/certification requirements.* Requirements include: successful completion of Podiatry National Boards, Parts I and II; current State license from any State including Puerto Rico; a valid PSR-24 certificate (graduate of podiatric surgical residency of 24 months duration) or PM&S-24 or 36 and a doctor of podiatric medicine degree from any of the eight colleges of podiatric medicine. Board certification is not required, but strongly encouraged: American Board of Podiatric Surgery.

(5) *Unique education/training opportunities.* C4; Orthopedic Pathology Course; Microvascular Course; AO Osteosynthesis Course; U.S. Army Podiatric Surgery Residencies; M2C3; BCLS/ACLS.

(6) *67G Unique Skills.* Besides the skill sets outlined in Figure 10-1, 67Gs are expected to have developed the following skill sets at the following levels:

(a) *CPT/MAJ.* 9B proficiency level for Board Certification

(b) *LTC/COL.* 9A proficiency level

10-5. Immaterial positions

IM positions are available to senior officers (major, lieutenant colonel, colonel) in the Health Services, Medical Allied Sciences, Preventive Medicine, and Behavioral Sciences MFAs to fill key positions. The positions are available in excess to specific authorizations for each AOC. Officers retain their AOCs while serving in IM positions. IM positions require an MFA, but no specific AOC; therefore, several officers in one MFA with different AOCs may be eligible for the same IM positions.

10-6. Medical Service Corps warrant officer career/leadership development

a. *Description of duties.* Serves as the only specialty trained maintenance warrant officer in the AMEDD. Manages

the maintenance requirements for both fixed and field medical facilities. Supervises the technical and tactical performance of a myriad of enlisted maintainer MOSs. Participates in the process of procuring medical equipment and serves as a technical consultant to the hospital staff for maintenance and procurement matters. Trains hospital staff in the proper care and operator maintenance of medical equipment.

b. Description of positions. Positions requiring the skills of this MOS include: Health Services Maintenance Consultant, OTSG; Section Leader, Medical Logistics Battalion (Rear); Chief, Medical Maintenance Branch, MEDDAC/MEDCEN; Project Officer, Health Facilities Planning Agency; Maintenance Evaluator and Planner, Health Facilities Planning Agency; Maintenance Staff Officer, AMEDD National Maintenance Point; Instructor, USAMEOS, AMEDDC&S; Chief of Medical Maintenance, DRUs, ACOMs, ASCCs; Battalion Maintenance Officer, Medical Logistics Battalion (Forward); Maintenance Staff Officer, Theater Medical Materiel Management.

c. Qualifications. Must have completed the Medical Equipment Repairer Course (Advanced) (MOS 91A). One year of experience at the journeyman level. Graduate of the Health Service Maintenance Warrant Officer Basic Course (WOBC) within 2 years of appointment. Must have successfully completed the following: Warrant Officer Advanced Course (WOAC) phase 1 (non-resident) and phase 2 (resident at AMEDD OAC) prior to promotion to CW4; Warrant Officer Staff Course (WOSC) with proponent track upon selection to CW4; and the Warrant Officer Senior Staff Course (WOSSC) upon selection to CW5.

(1) *Military training.* Health Services Maintenance Technicians are professionally developed through a variety of assignments and training opportunities. Each warrant officer should strive to achieve the professional development described within. Achieving these professional development objectives ensures that each Health Services Maintenance Technician is fully qualified. Outstanding performance is the key to success in all duties. A technically, tactically expert warrant officer who has gained knowledge, respect, and professional credentials is essential to ensuring safe, quality patient care. There are four phases or levels of military training.

(a) *Preappointment training.* Preappointment training consists of the Warrant Officer Candidate School (WOCS) and two WOBCs. The 6 week WOCS emphasizes leadership and professional development for entry into the warrant officer system. This phase of training culminates with an appointment as a warrant officer contingent upon completion of WOBC training within 2 years. WOBC training consists of a resident course, the Health Services Maintenance Technician Course, conducted at the AMEDDC&S. This training prepares the warrant officer for assignments as a Health Services Maintenance Technician. Other military training which enhances professional development at this level includes the Battalion Maintenance Officers Course (BMOC).

(b) *Warrant officer level.* The WOAC prepares the warrant officer for utilization in a senior warrant officer position as a CW3. WOAC is conducted in two phases. Phase 1 is the non-resident phase. Phase 2, the resident phase, is conducted at AMEDDC&S. Warrant officers must be a CW2 (P) or higher to be eligible to attend the WOAC. Other military training which enhances professional development at this level includes the Medical Materiel Management Course, Middle Management Supervisory Development Course, and the U.S. Army Medical Materiel Agency Course.

(c) *Senior warrant officer level incorporating the Warrant Officer Staff Course.* This training gives warrant officers the skills and training necessary to perform at all echelons of the Army structure at a CW4. The course is conducted at the WOCC, Fort Rucker, AL. Warrant officers must be a CW3 (P) or higher to be eligible to attend the WOSC.

(d) *Master warrant officer level requiring attendance in the Warrant Officer Senior Staff Course.* This course prepares warrant officers to serve at the highest levels of the Army structure. This course is conducted at the WOCC, Fort Rucker, AL. Warrant officers must be a CW4 (P) or higher to be eligible to attend WOSSC.

(2) *Warrant officer professional development.* DA Pam 600-11 outlines the WOES. DA Pam 351-4 establishes policy and guidance for warrant officer training.

(3) *Unique education/training opportunities.* Opportunities include the MLMC, the BMOC, and various medical equipment maintenance refresher courses. Degree completion opportunities available through the LTHET Program include: master of science in Clinical Biomedical Engineering, Master's in Business Administration/Management, and programs available in the same disciplines at baccalaureate level.

(4) *Life cycle model.* See figure.

(5) *Skills.* Skills enhancing the unique capabilities of MOS 670A include: 6P, Master Fitness Trainer; 9M, Technical Intelligence Technician; 6B, General Safety (ARNGUS only).

(6) *Professional affiliations, organizations, and associations.* These include: Association for the Advancement of Medical Instrumentation; Society of Biomedical Equipment Technicians; American Society of Hospital Engineers; Biomedical Engineering Society; and International Certification Commission for Clinical Engineering and Biomedical Technology.

10-7. Reserve Component officers

Reserve Component Army (RC) Officer development objectives and qualifications parallel those planned for their Active Army counterparts. Accession grade into the RC is determined IAW AR 135-101 and DODI 6000.13. All RC MS Officers should strive for institutional training, operational assignments and self-development that yield the same

officer developmental opportunities as their Active Army counterparts. For more information on Reserve Component Officer development please refer to Chapter 6 of this publication.

10-8. Corps life cycle models

See figures 10-2 through 10-23 for AC life cycle models and figures 10-24 through 10-25 for RC life cycle models.

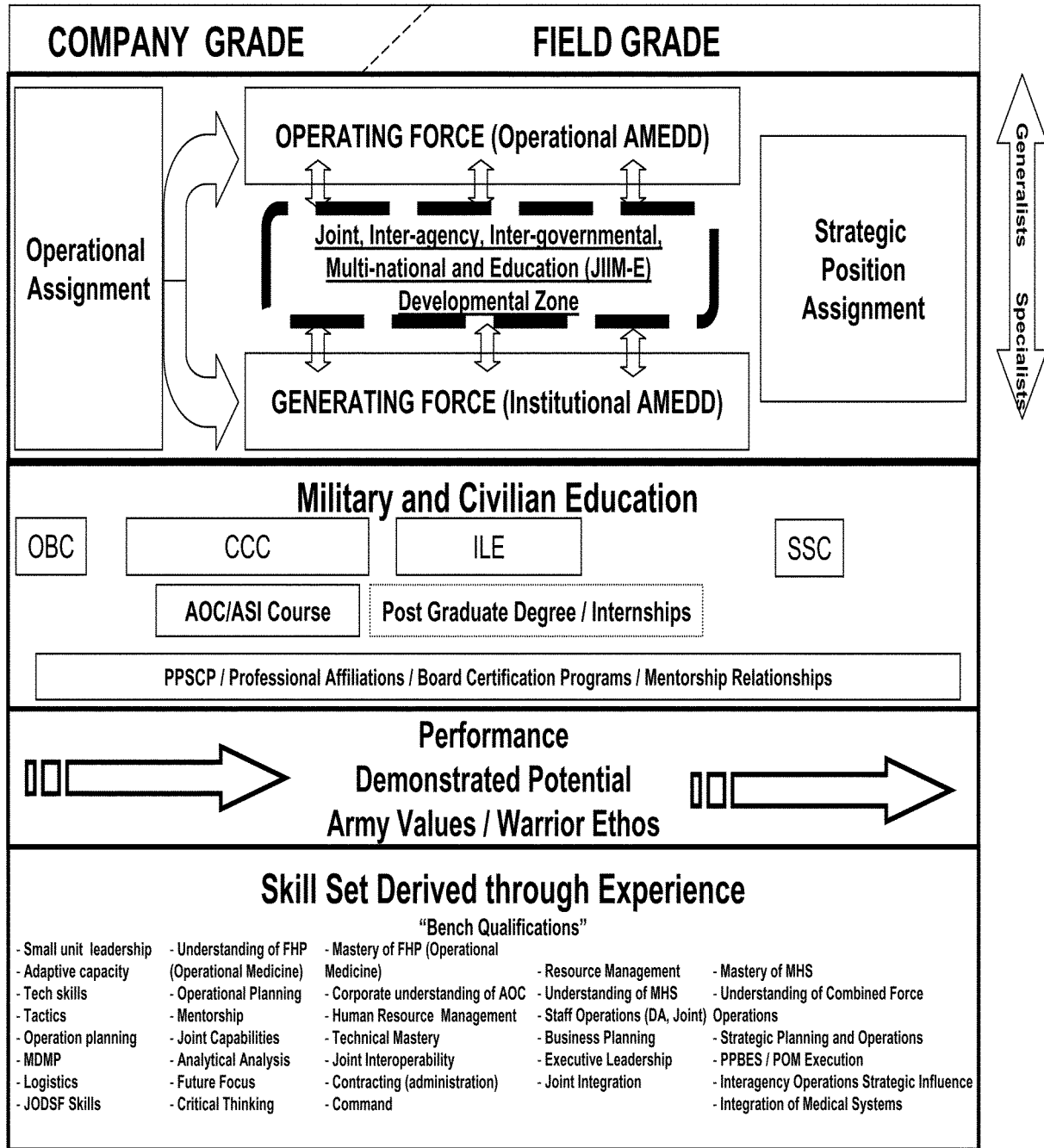


Figure 10-1. Medical Service Corps career map

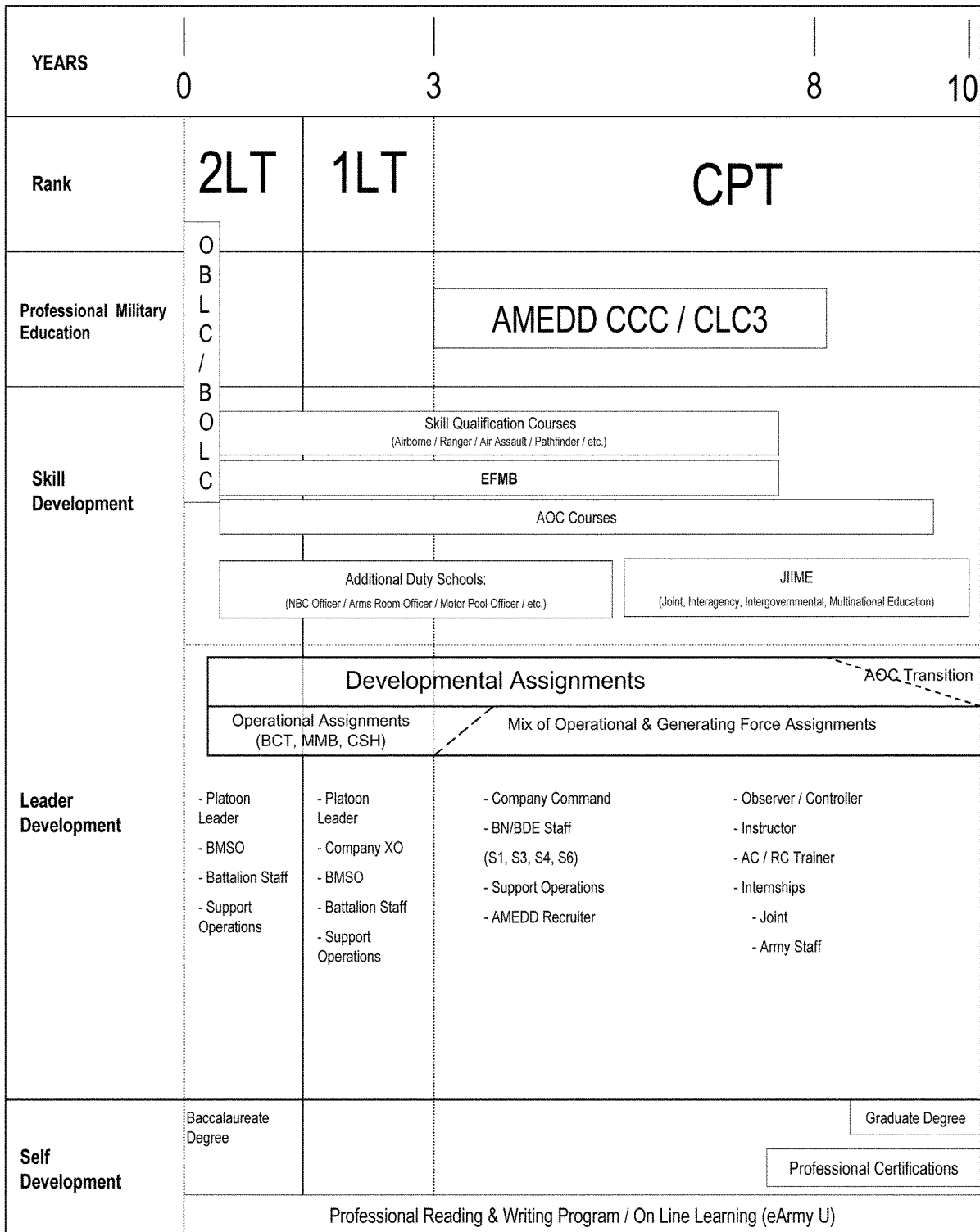


Figure 10-2. 70B Health Services officer life cycle development and utilization

YEARS	8	10	20	30	
Rank	CPT		MAJ	LTC	COL
Professional Military Education	CCC	ILE	SSC		
Skill Development	HCA Internship				
Leader Development	AOC Transition		DEVELOPMENTAL & UTILIZATION ASSIGNMENTS		
	Mix of Operational & Generating Force Assignments				
	<ul style="list-style-type: none"> - Company Command - Health Care Administrator (HCA) MEDDAC/MEDCEN 	<ul style="list-style-type: none"> -HCA: OTSG / MEDDAC / MEDCEN - C, CSD: MEDDAC / MEDCEN -DCA: MEDDAC -XO: MEDCEN - Primary BN/BDE Staff -AMEDD/MACOM/DA/DOD STAFF 	<ul style="list-style-type: none"> - DCA: MEDCEN - C, HCA DIV, AMEDDC&S -SENIOR STAFF: MEDCOM / OTSG / DA / DOD 		
Self Development	Army Baylor Program/ MHA Program		Professional Certifications		
	Professional Reading & Writing Program / On Line Learning (eArmy U)				

Figure 10-3. 70A Health care administration life cycle development and utilization

YEARS	8	10	20	30	
Rank	CPT		MAJ	LTC	COL
Professional Military Education	CCC	ILE	SSC		
Skill Development	Comptroller Internship				
Leader Development	AOC Transition		DEVELOPMENTAL & UTILIZATION ASSIGNMENTS		
	Mix of Operational & Generating Force Assignments				
	-Company Command -C, RMD Small MEDDAC -TO&E Comptroller position -C, P&B, MEDCEN	-C, RMD Medium/Large MEDDAC -TO&E Comptroller position -C, Mgt Div, MEDCOM -Deputy Comptroller, MEDCEN - OTSG/MEDCOM Staff -Branch immaterial: XO of CSH, MASH, Battalion, Army Staff, Congressional Liaison, DCA	-C, RMD, MEDCEN -TO&E Comptroller position -C, P&B, MEDCOM -Program Analyst or staff MEDCOM, OTSG, TMA -C, TRO Business Office -Branch immaterial: 05 Command, DCA, Army Staff	- C, RMD, RMC -C, RMD, MRMC -ACSRM, MEDCOM/OTSG -Primary Staff Officer MEDCOM, OTSG, TMA -C, TRO Business Office -Branch immaterial: 06 Command, Army Staff, DCA/COS	
Self Development	Syracuse Program/ MBA Program		Professional Certifications		
	Professional Reading & Writing Program / On Line Learning (eArmy U)				

Figure 10-4. 70C Health Services comptroller life cycle development and utilization

YEARS	8	10	20	30	
Rank	CPT		MAJ	LTC	COL
Professional Military Education	CCC	ILE	SSC		
Skill Development	POST PROFESSIONAL SHORT COURSES (i.e., STRATEGIC PLANNING, PORTFOLIO MGMT, PROJECT MGMT, BPR, ETC.) 2-3 DAYS EACH YEAR				
	JOB RELATED COURSES (i.e., Combat Dev, COR, Program Mgmt, Civ Pers Mgmt, etc.)				
	TRAINING WITH INDUSTRY (TWI)				
	70D COURSE (MIMC), PH I-134.5 HRS DL; PH II-6 WK RES		FUNCTIONAL PROPONENT COURSE, PH I-32.5 HRS DL, PH II-2 WK RES		
	AOC Transition				
Leader Development	DEVELOPMENTAL & UTILIZATION ASSIGNMENTS				
	Mix of Operational & Generating Force Assignments				
	<ul style="list-style-type: none"> - Company Command - C, IMD MEDDAC / MED R&D LAB - IMO, MED GROUP - IMD STAFF MEDCOM - S-6, CSH 	<ul style="list-style-type: none"> - C, IMD MEDDAC / MED R&D LAB - Garrison IMO - BDE S-6 STAFF - IMD STAFF MEDCOM / OTSG / DOD - MED BN XO - Assistant Product Mngr - Joint DoD Staff 	<ul style="list-style-type: none"> - C, IMD / CIO MEDCEN - Product Mngr - ACS IM / CIO RMC - IMD STAFF OTSG / DOD - G-6 MEDCOM / MED BDE - Health Affairs Staff - CMDR/DIR 	<ul style="list-style-type: none"> - MACOM DCSIM - MEDCOM ACSIM - SENIOR STAFF: MEDCOM / OTSG / DA / DOD - CMDR / DIR -Program Manager 	
Self Development	Graduate Degree Doctoral (Ph.D.) & Masters (MS)				
	Professional Certifications (CIO, IA, ACQUISITION, ACHE, HIMSS, etc)				
	Professional Reading & Writing Program / On Line Learning (eArmy U)				

Figure 10-5. 70D Health Services systems manager life cycle development and utilization

YEARS	8	10	20	30	
Rank	CPT		MAJ	LTC	COL
Professional Military Education	CCC	ILE	SSC		
Skill Development	Joint Medical Planners Course				
	EFMB	Acquisition Course/Certification			
		Projection Management Course/Certification			
	Training With Industry				
	Skill Qualification Courses (Airborne / Air Assault / etc.)				
	PAD Course				
Leader Development	AOC Transition		DEVELOPMENTAL & UTILIZATION ASSIGNMENTS		
	Mix of Operational & Generating Force Assignments				
	<ul style="list-style-type: none"> - Company Command - C, PAD CSH / MEDDAC - Health Care Administrator - Patient Movement Ops Officer, BN - BN S3 - Patient Movement Ops O/C - Instructor AMEDDC&S - Stryker Brigade Combat Teams (SBCT) 	<ul style="list-style-type: none"> - Asst. PAD: MEDCEN - BN XO/PASBA Staff - Instructor AMEDDC&S - IG: DA / MEDCOM / MEDCEN - HCA: OTSG/MEDDAC/MEDCEN - Patient Movement Ops Officer, GPMRC - Stryker Brigade Combat Teams (SBCT) - TRICARE Regional Staff Officer 	<ul style="list-style-type: none"> - Battalion CMD - DIR, GPMRC - DIR, PASBA - PAD MEDCEN - DCA / CofS / XO, MEDDAC/MEDCEN - AMEDD/MACOM/ DOD Staff - Corps Staff - Primary BDE/BN Staff - Patient Movement Ops, MACOM 	<ul style="list-style-type: none"> - BDE/GRP Command - PAT ADMIN, MEDCEN - Consultant, OTSG - MEDDAC CMD - C, HCA DIV, AMEDDC&S - Senior Staff: MEDCOM/OTSG/DA/DOD - Senior Staff TMA/OSD/HA, 	
Self Development	Graduate Degree		Professional Certifications		
	Professional Reading & Writing Program / On Line Learning (eArmy U)				

Figure 10-6. 70E Patient administration life cycle development and utilization

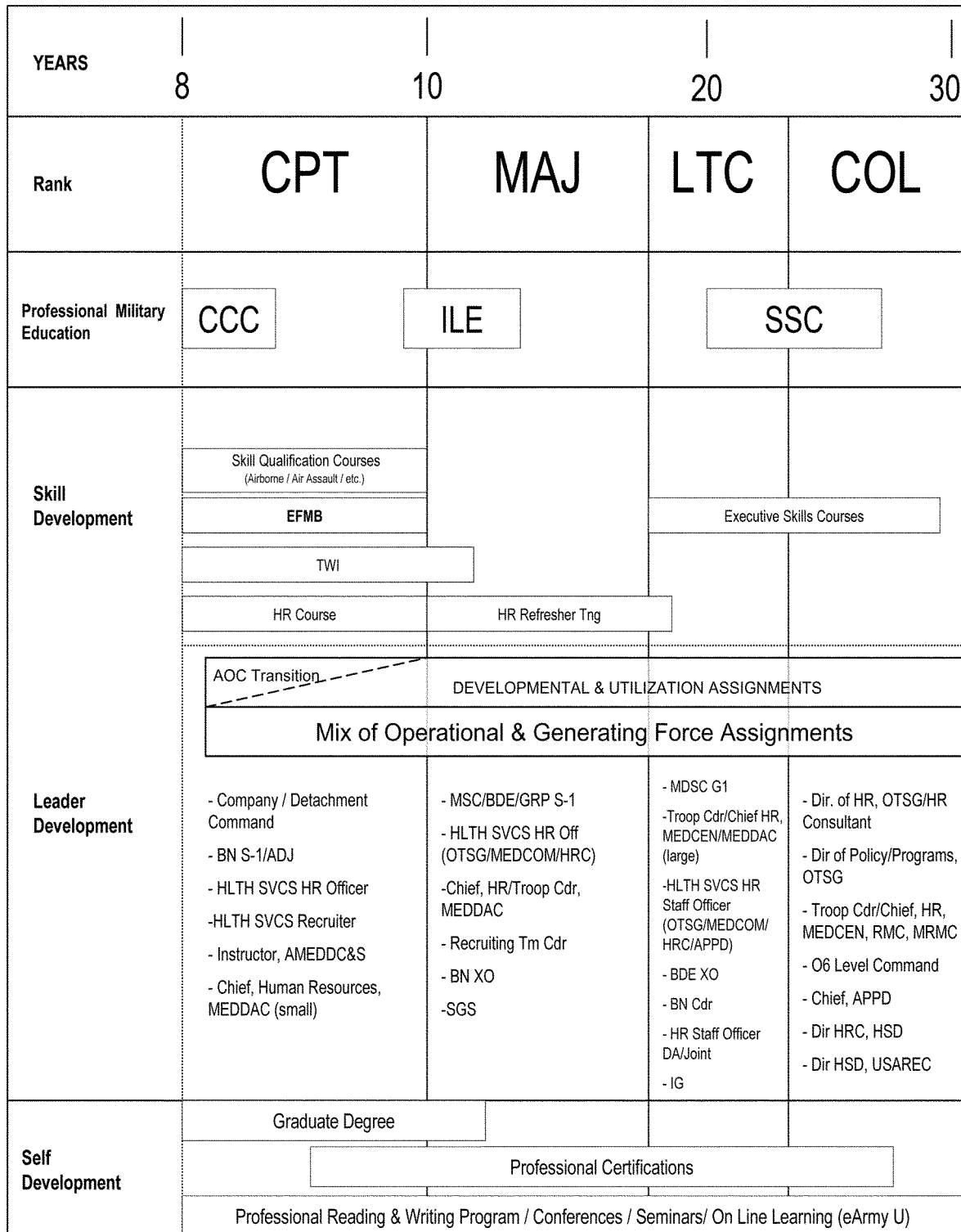


Figure 10-7. 70F Health Services Human Resources life cycle development and utilization

YEARS	8	10	20	30
Rank	CPT	MAJ	LTC	COL
Professional Military Education		ILE	SSC	
Skill Development	POITS Course	Joint Intern Program Joint Medical Planners Course		
Leader Development	AOC Transition			
	DEVELOPMENTAL & UTILIZATION ASSIGNMENTS			
	Mix of Operational & Generating Force Assignments			
	<ul style="list-style-type: none"> - TOE Company Command - BN Primary Staff (BN S3) - BDE Med Planner - SF Group Ops Officer - Med OPS Officer - Observer / Controller - Instructor AMEDDC&S / CLC3 - Plans and Trng Off Amedd C&S 	<ul style="list-style-type: none"> - BN XO, SPO, SURG CELL, FHP -BDE S3 -Med Planner, UA / COCOM / MACOM - Plans & Trng Officer; RMCs, -Med Ops Off; USASOC -MEDCOM / DA / DOD / Joint / OTSG Staff -AMEDD C&S Staff 	<ul style="list-style-type: none"> - Battalion Command (CSB, MMB, TDA) -Deputy Surgeon, UA / COCOM / MACOM -Med Planner, NORTHCOM / JTF NCR / USASOC / SOCOM -CoS/XO MED BDE -Joint Regional Medical Planner; NORTHCOM -MEDCOM / DA / DOD / Joint / OTSG Staff -AMEDD C&S Staff 	<ul style="list-style-type: none"> - BDE Command - Deputy Surgeon, COCOM / MACOM -MEDCOM / DA / DOD / Joint Staff -OTSG Staff -AMEDD C&S Staff
Self Development	Graduate Degree			
	Professional Affiliations/Certifications			
	Professional Reading & Writing Program / On Line Learning (eArmy U)			

Figure 10-8. 70H Health Services plans, operations, security, and training life cycle development and utilization

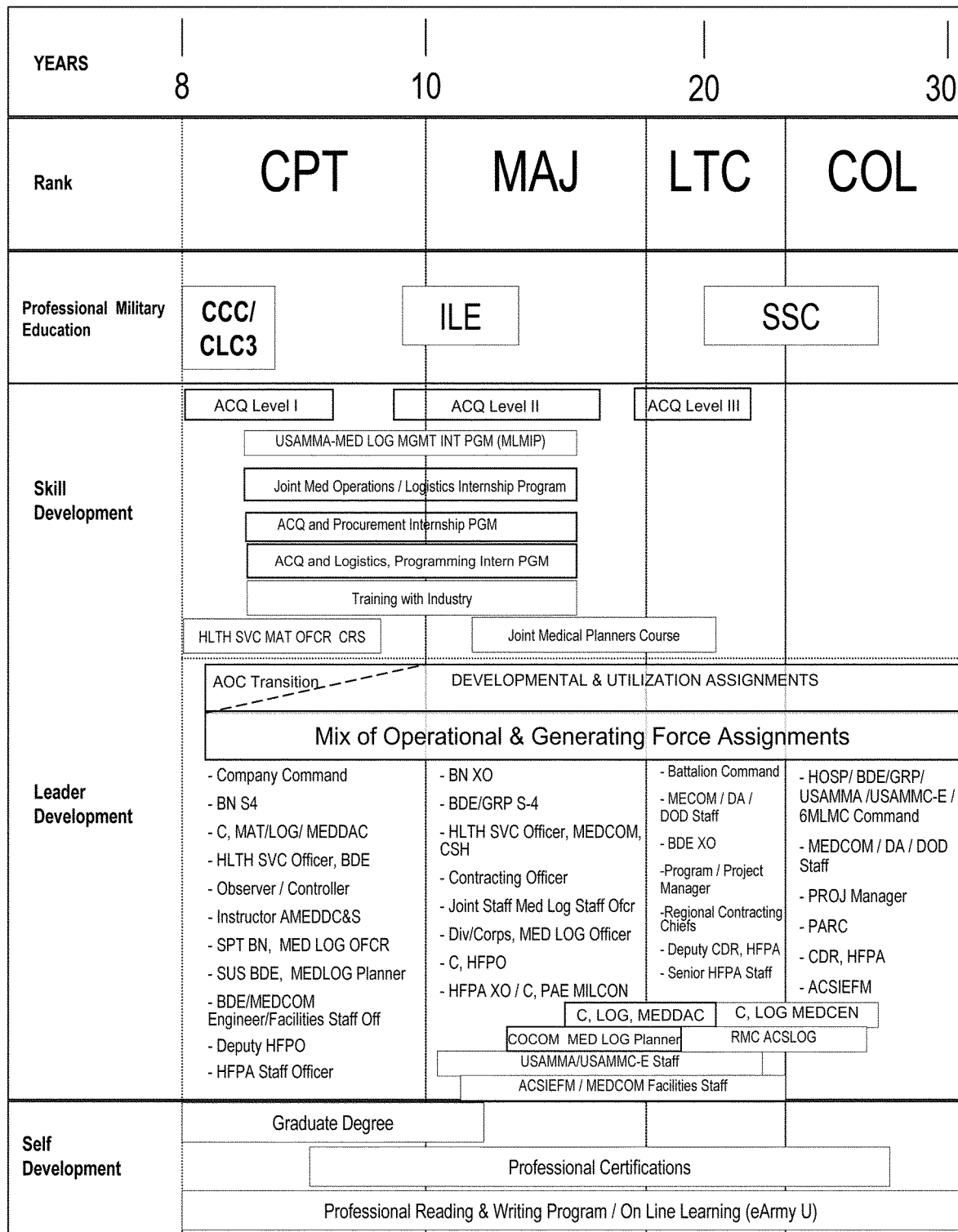


Figure 10-9. 70K Health Services materiel officer life cycle development and utilization

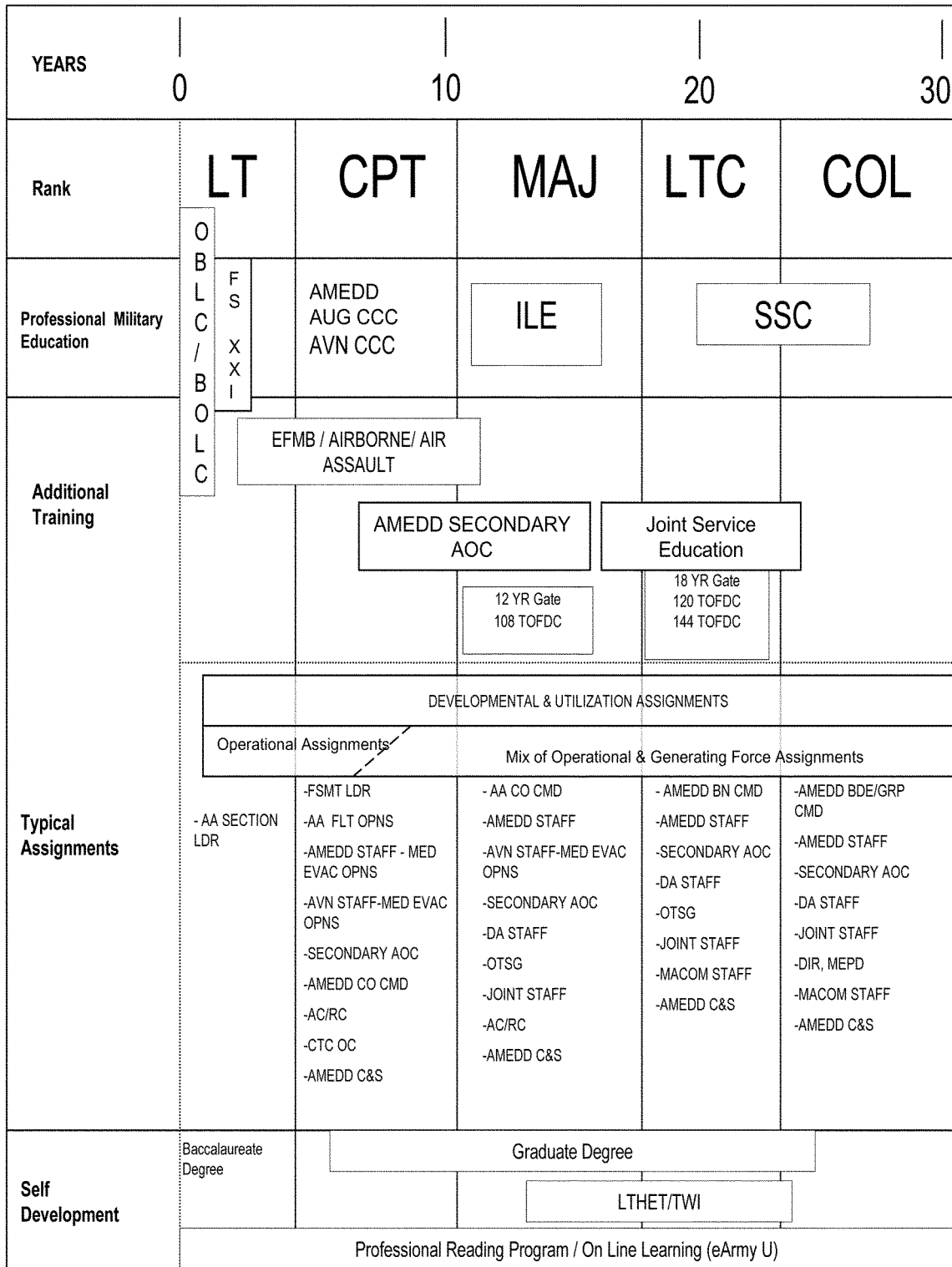


Figure 10-10. 67J Aeromedical evacuation life cycle development and utilization

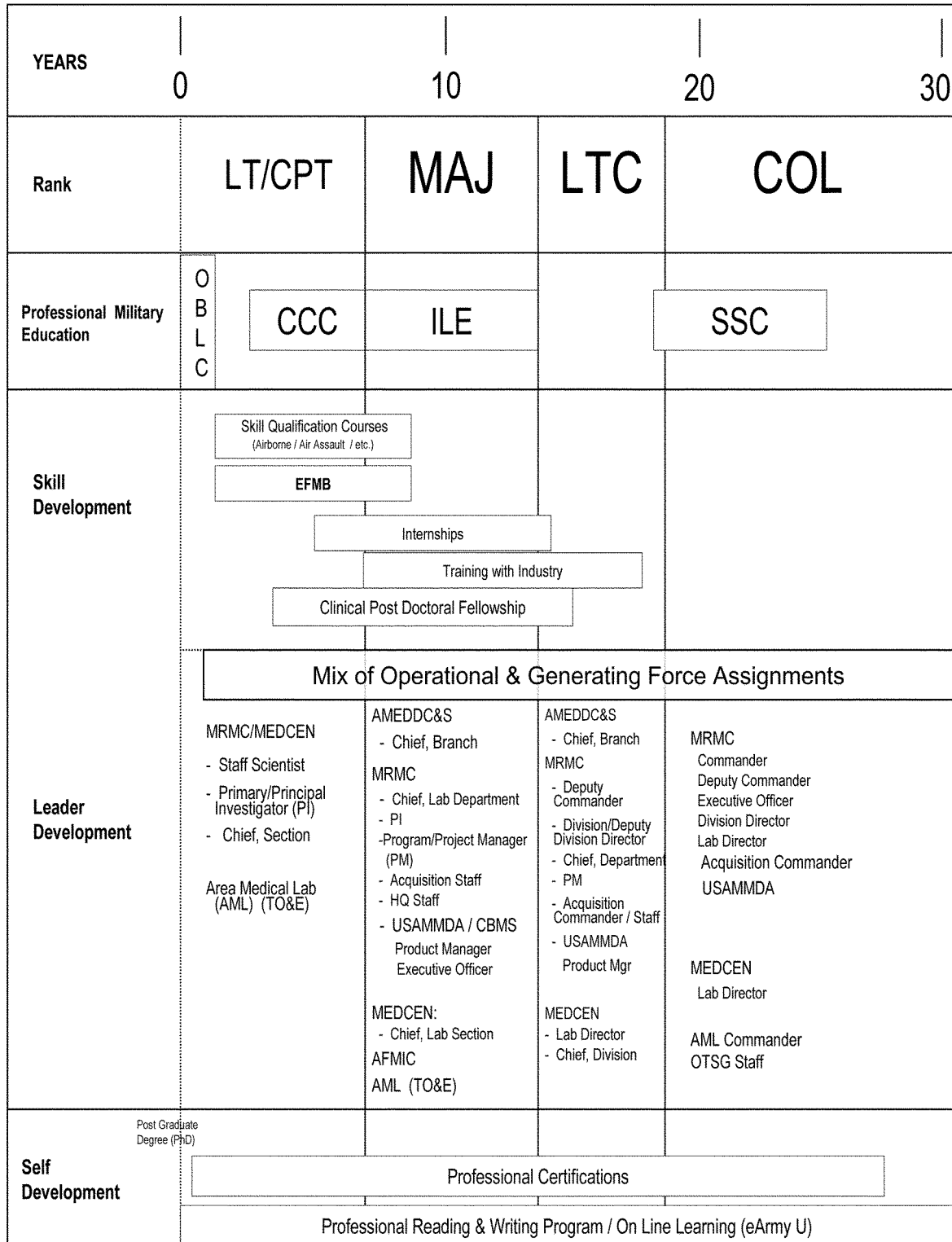


Figure 10–11. 71A Microbiology and 71B biochemistry life cycle development and utilization

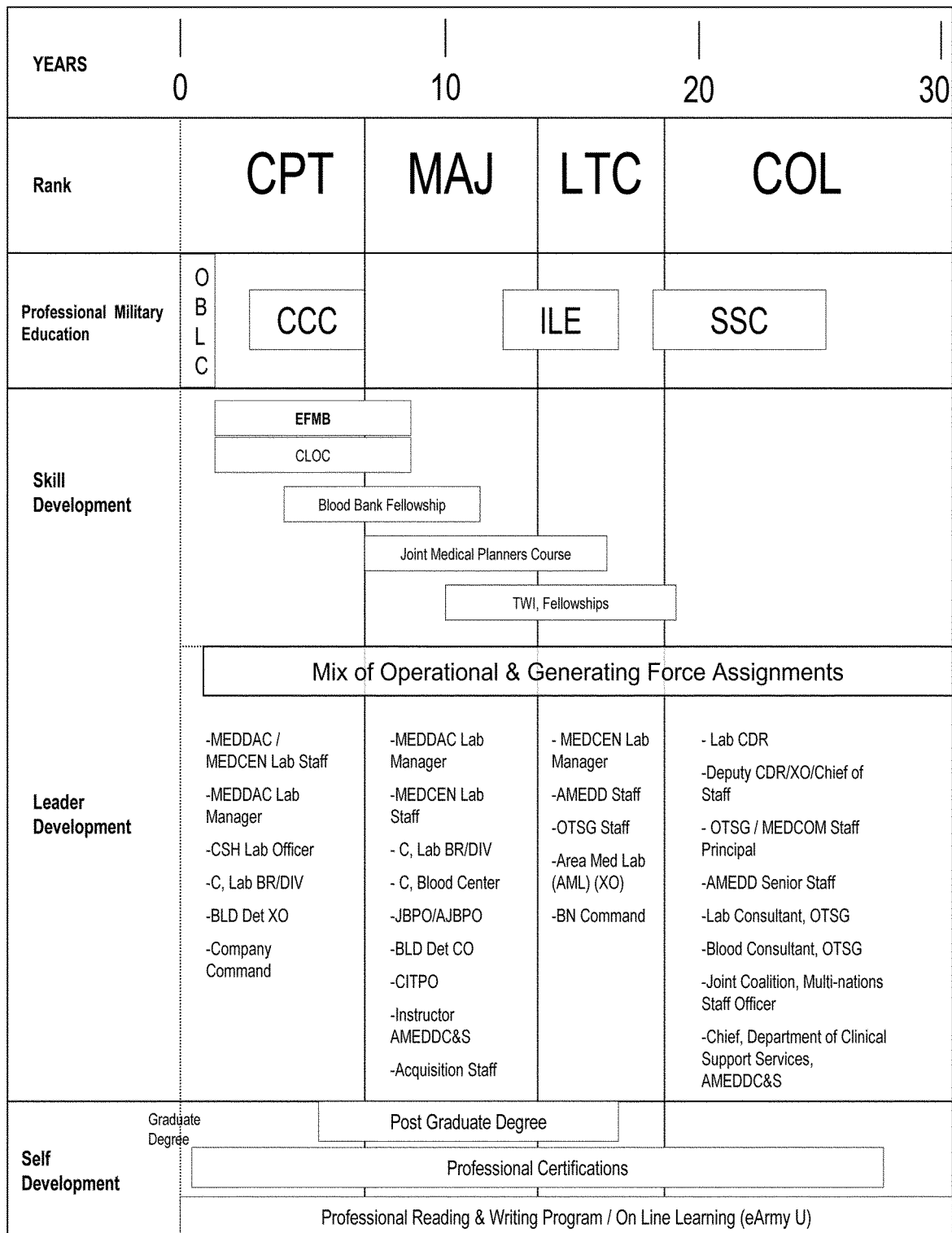


Figure 10-12. 71E Clinical laboratory life cycle development and utilization

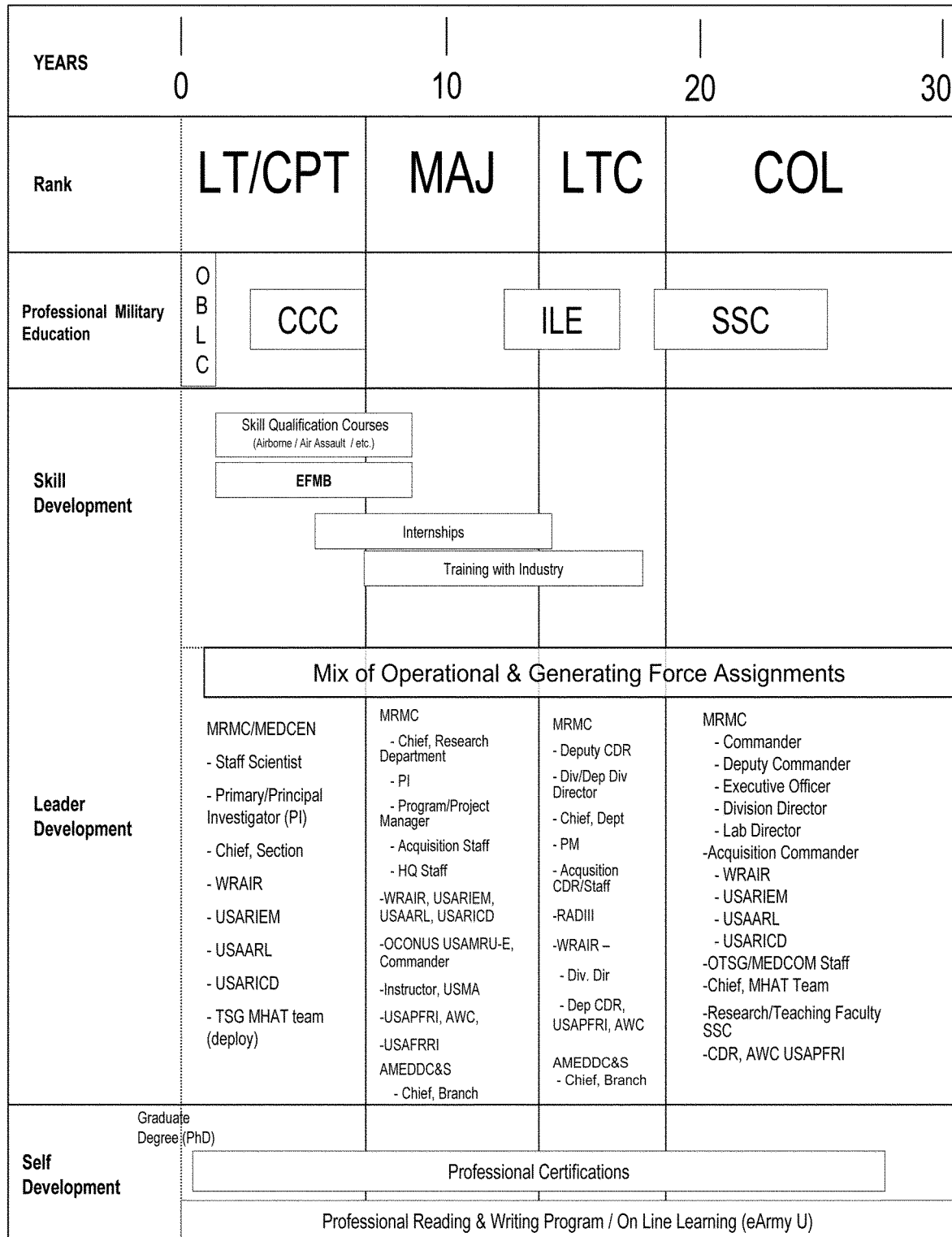


Figure 10–13. 71F Research psychology life cycle development and utilization

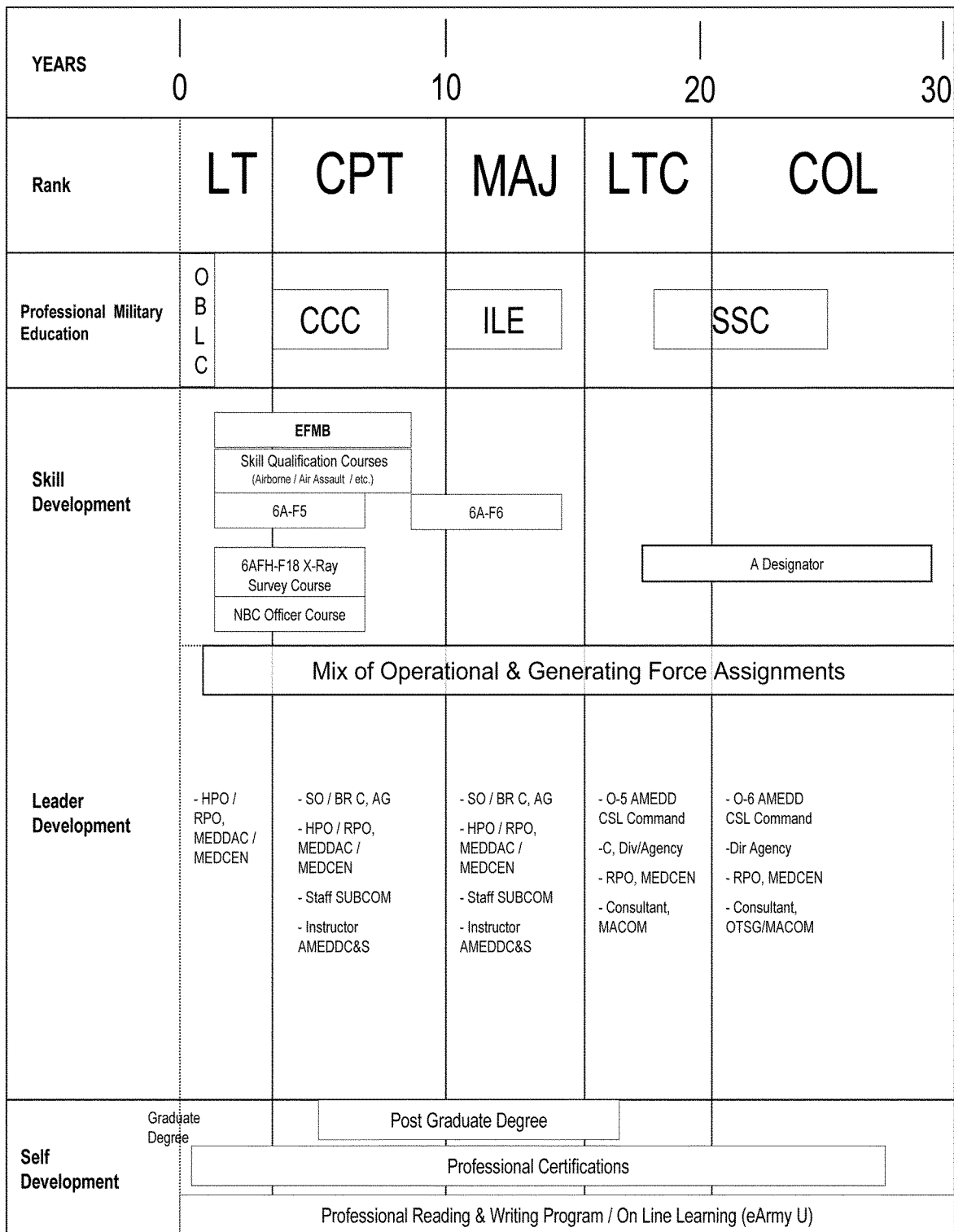


Figure 10-14. 72A Nuclear medical science life cycle development and utilization

YEARS	0	10	20	30	
Rank	LT	CPT	MAJ	LTC	COL
Professional Military Education	O B L C	CCC	ILE	SSC	
Skill Development		EFMB Skill Qualification Courses (Airborne / Air Assault / etc.)			
	6A-F5				
	Mix of Operational & Generating Force Assignments				
Leader Development	-PM Det XO -Ento CHPPM	-PM Det CDR -Ento CHPPM -Ento WRAIR -Ento MEDDAC	- PM Det CDR - CHPPM ESD Chief - OCONUS MRCM Research - Ento WRAIR - AFPMB Staff	- Sci/Tech CDR -TOE MEDCOM Senior Staff - C, Med-Zoo Branch, AMEDDC&S - C, Ento RIID/AFRIMS - AFPMB Staff	- AFPMB / OTSG-POPM Staff - Sci/Tech CDR - Sr. Staff, MRCM/CHPPM/18 th MEDCOM - C, Ento WRAIR
Self Development	Graduate Degree	Post Graduate Degree		Professional Certifications	
	Professional Reading & Writing Program / On Line Learning (eArmy U)				

Figure 10-15. 72B Entomology life cycle development and utilization

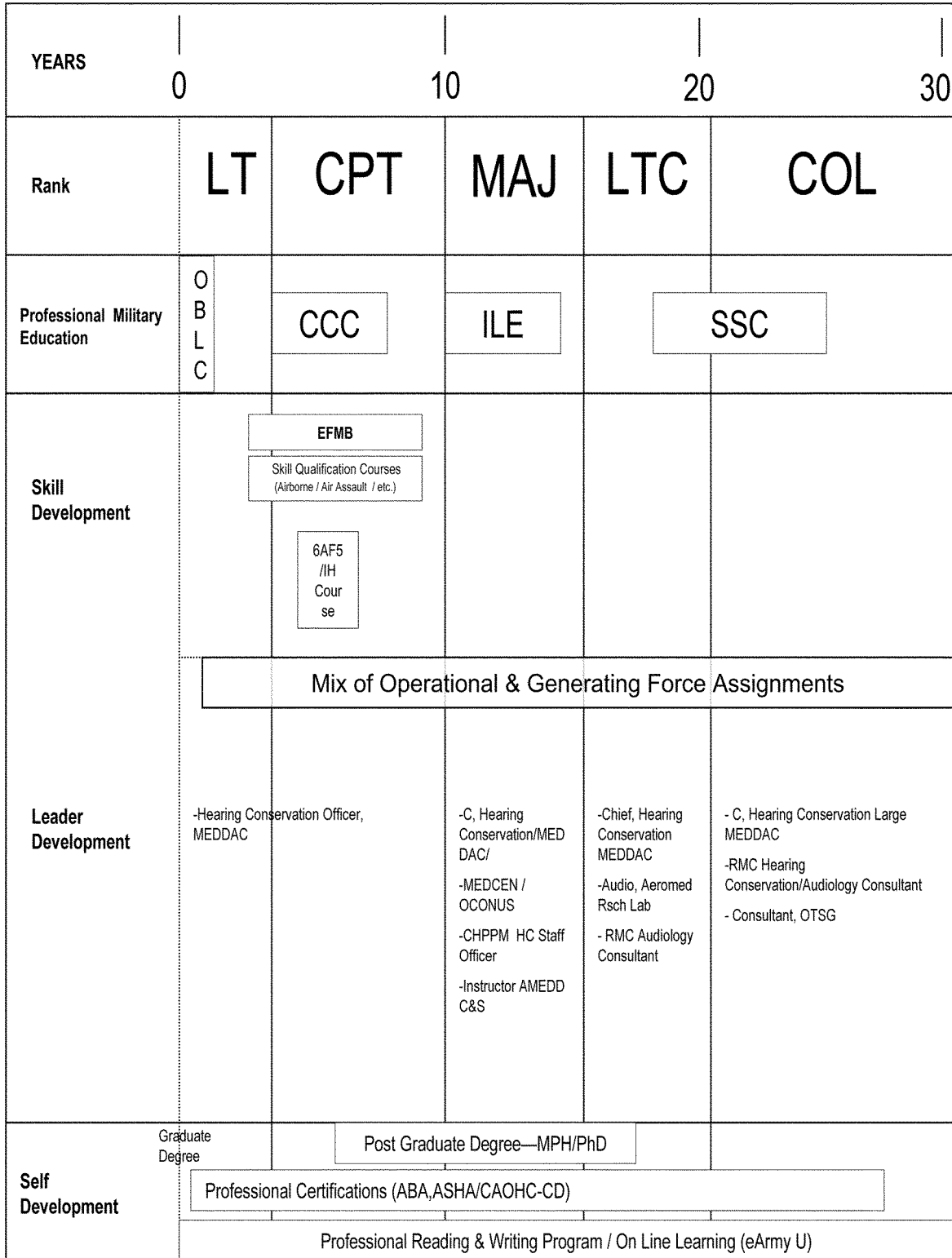


Figure 10–16. 72C Audiology life cycle development and utilization

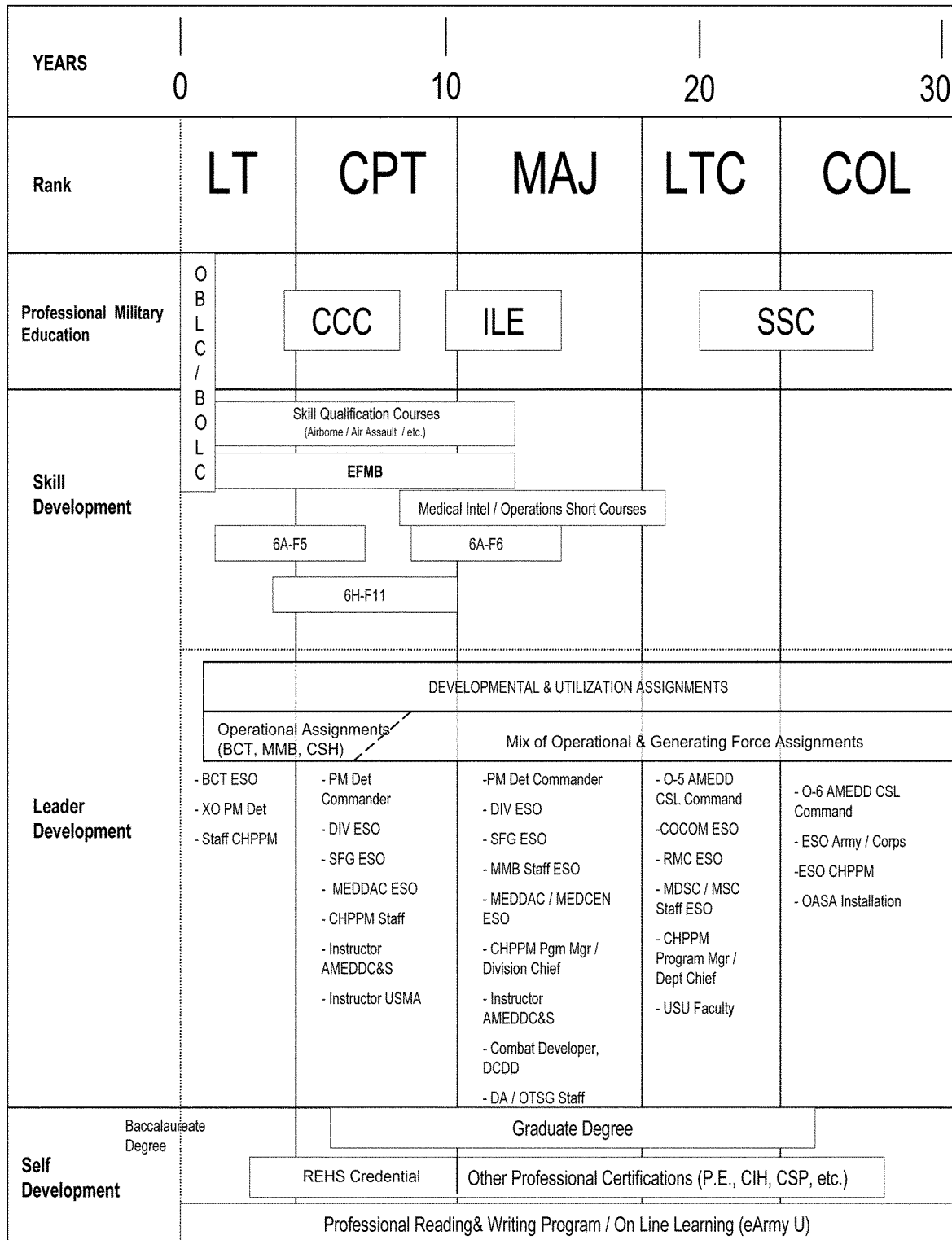


Figure 10-17. 72D and/or 72E Environmental science and engineering life cycle development and utilization

YEARS	0	10	20	30	
Rank	LT	CPT	MAJ	LTC	COL
Professional Military Education	O B L C	CCC	ILE	SSC	
Skill Development		Skill Qualification Courses (Airborne / Air Assault / etc.) EFMB Combat Casualty Care Course (C4)			
Leader Development		Mix of Operational & Generating Force Assignments			
	- SWO MEDDAC / CMHA Staff	- BCT - Chief, SWS - Corrections - Division SWO / MEDDAC Staff - CMHA - CSC - Instructor AMEDDC&S - SW Fellowship	- CDR, Combat Stress DET - MACOM Staff	- DA FAP, CFSC - C, MH, USDB - BH, Staff Officer, MED BDE - C, DSW MEDCEN - Instructor USUHS - Researcher WRAIR - Staff CHPPM	- C, DSW MEDCEN - C, Behavioral Health Division, MEDCOM - Dir Fellowship - OCLL - Consultant to OTSG - DOD Policy Office
Self Development	Graduate Degree	Post Graduate Degree			
		Professional Certifications			
		Professional Reading & Writing Program / On Line Learning (eArmy U)			

Figure 10-18. 73A Social work life cycle development and utilization

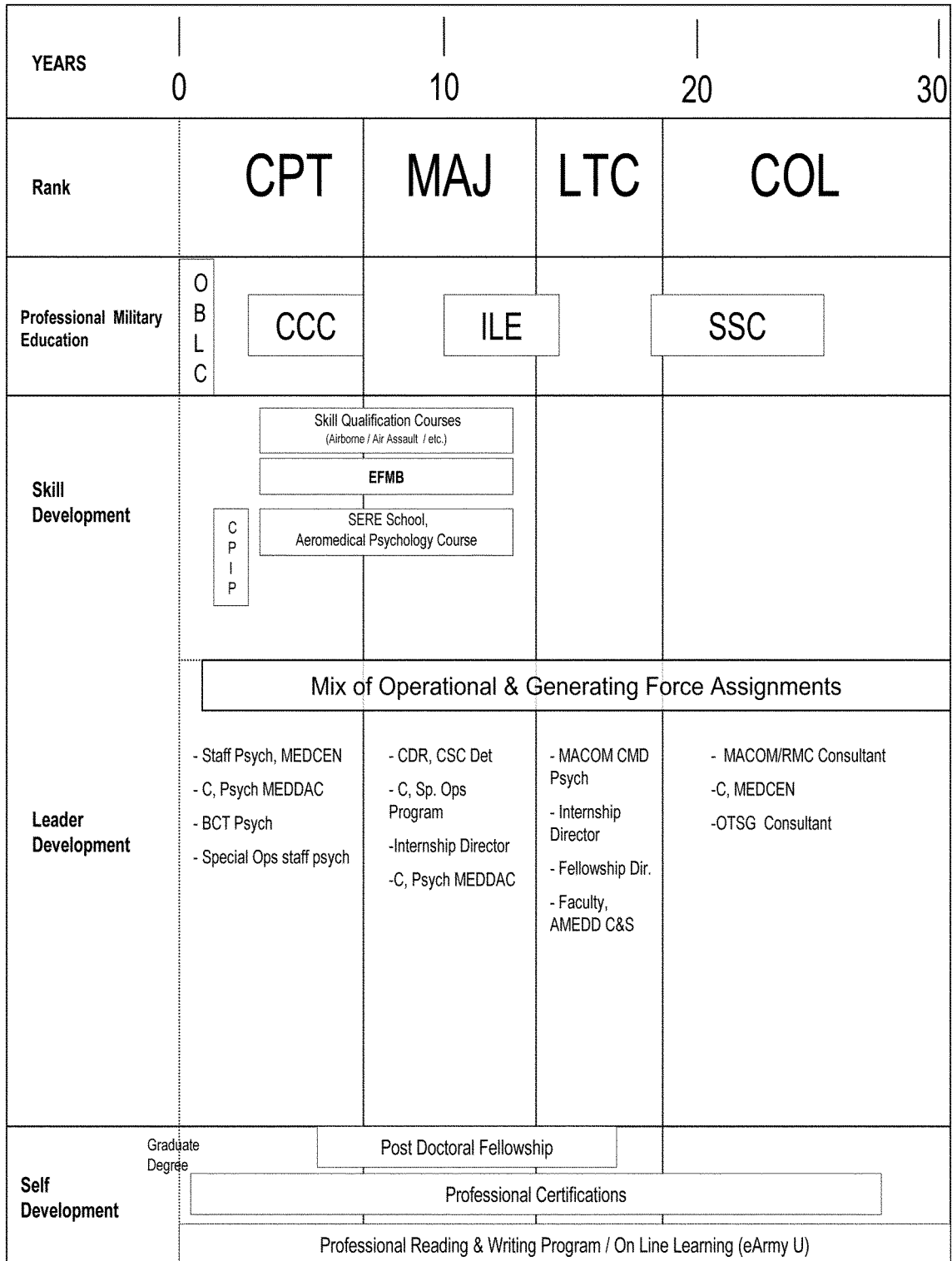


Figure 10-19. 73B Clinical psychology life cycle development and utilization

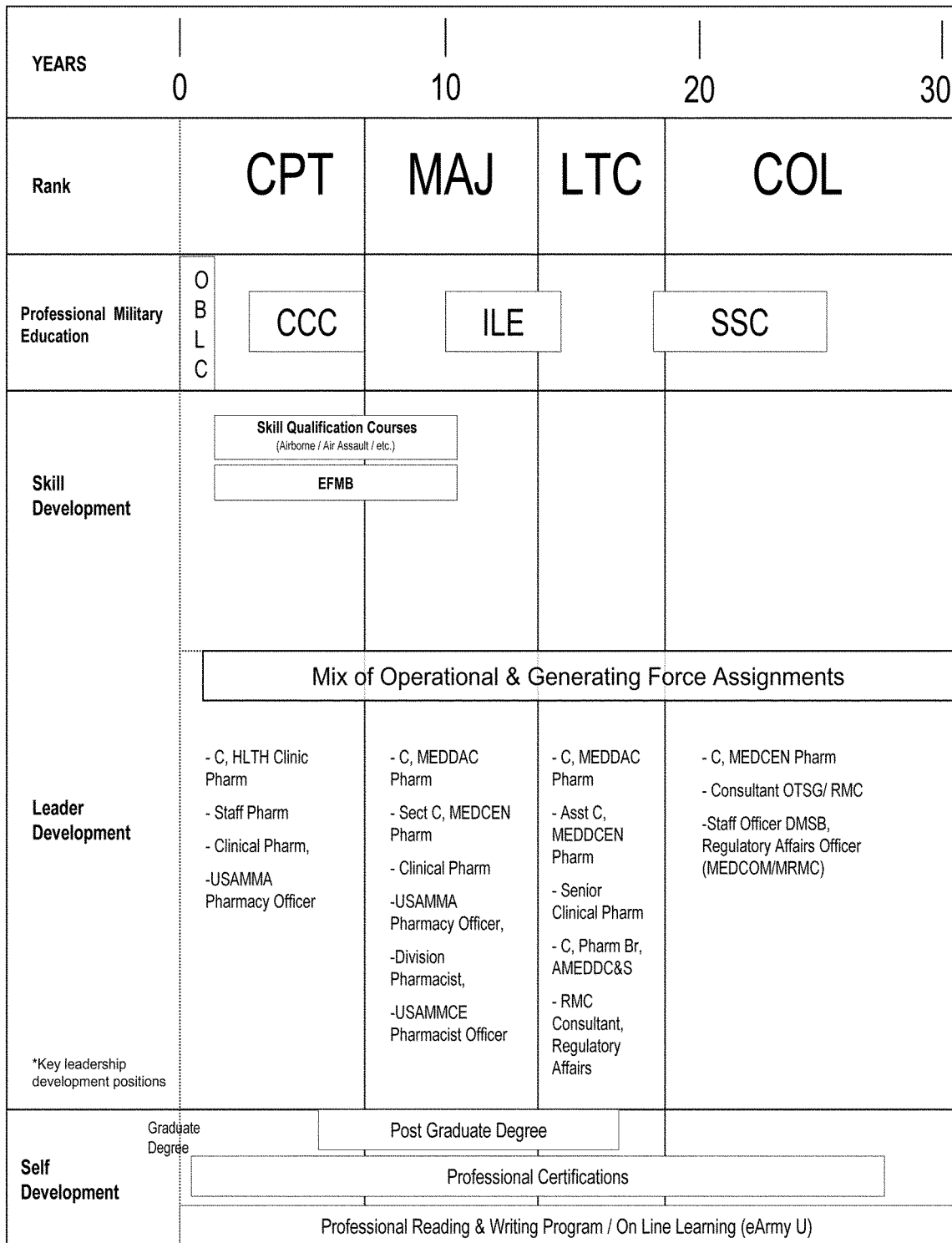


Figure 10–20. 67E Pharmacy life cycle development and utilization

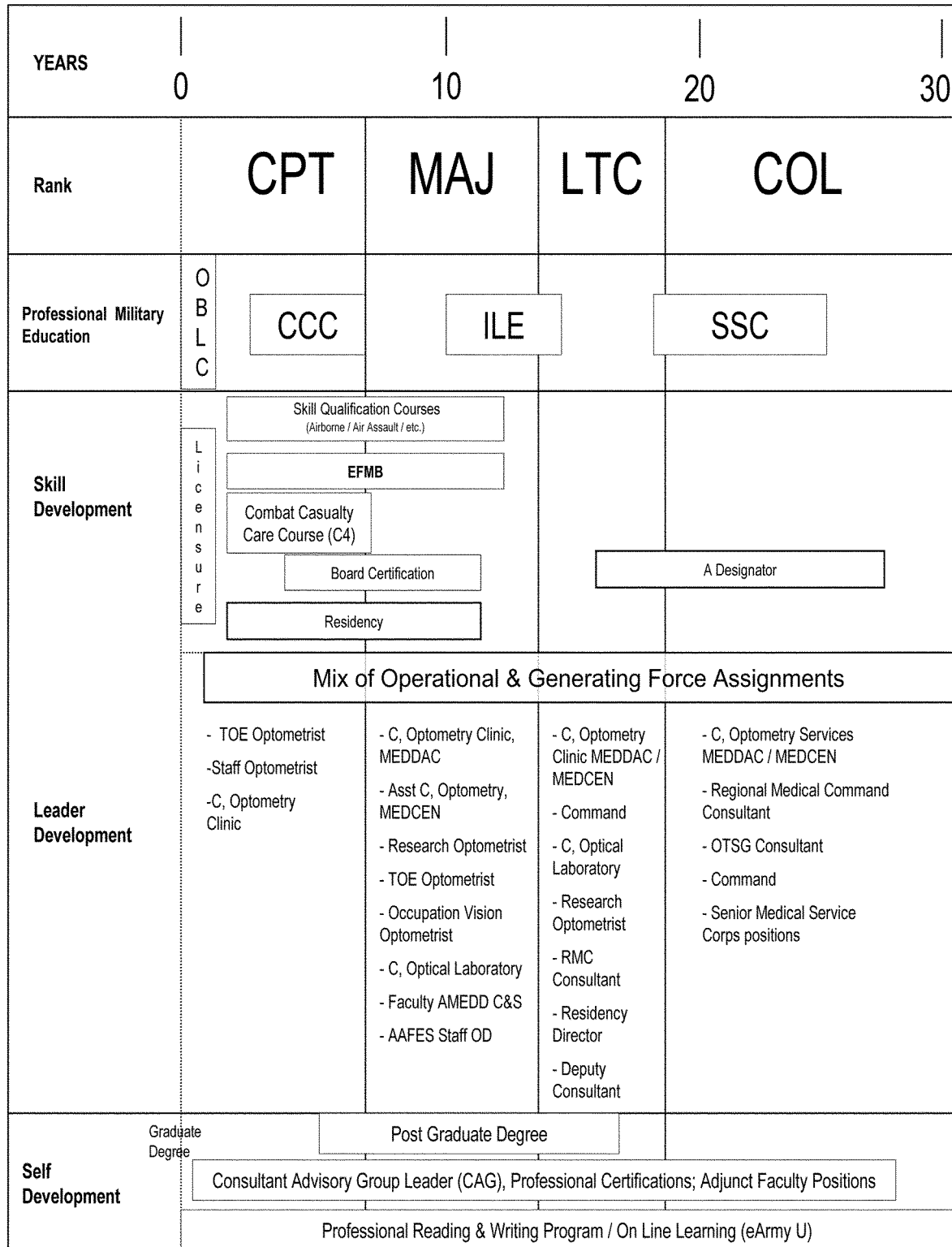


Figure 10-21. 67F Optometry life cycle development and utilization

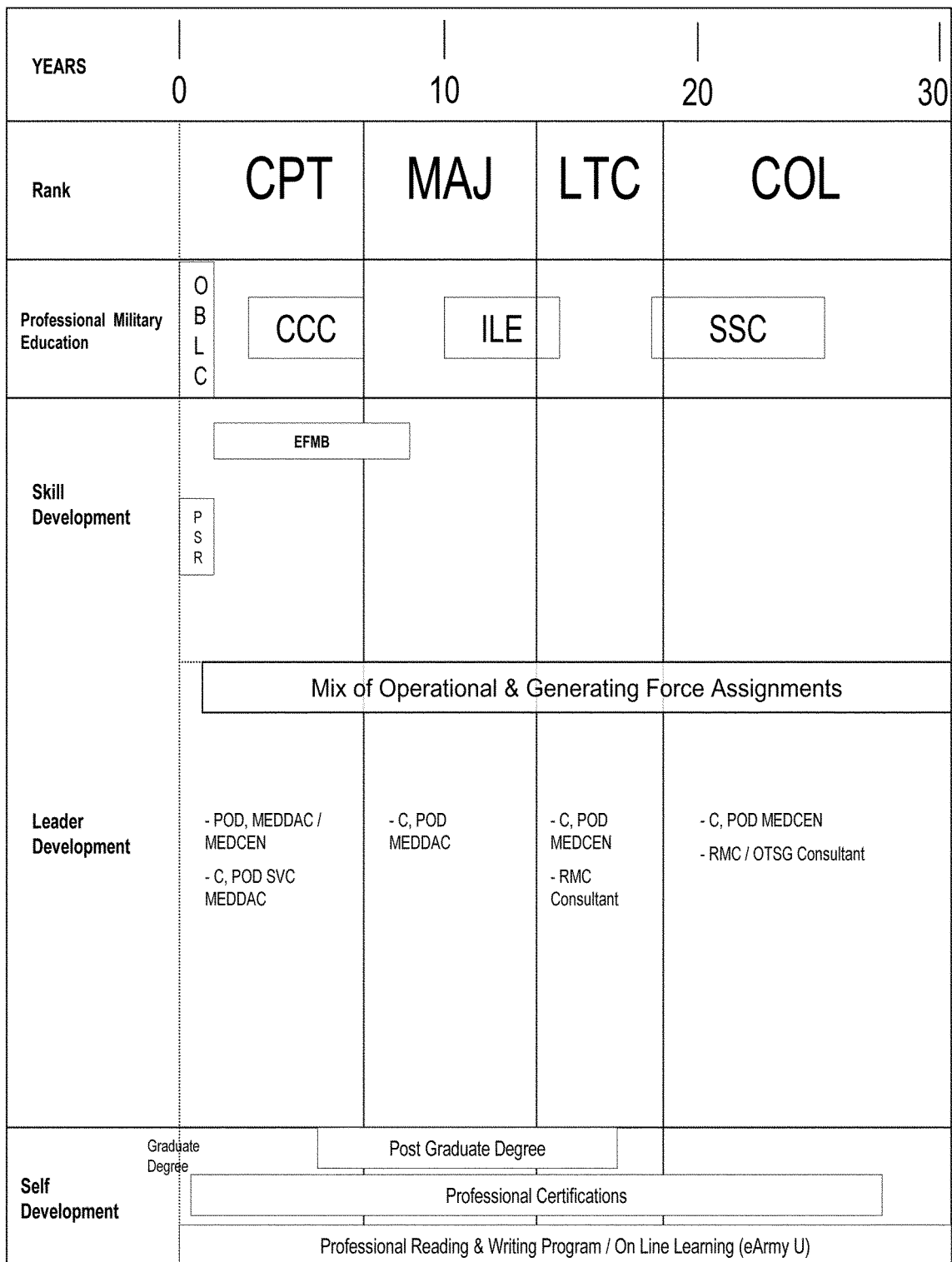


Figure 10-22. 67G Podiatry life cycle development and utilization

WARRANT OFFICER YEARS	0	2	8	10	14	20	30		
Rank	W O 1	CW2		CW3		CW4		CW5	
Professional Military Education	W O B C	WOAC			WOSC			WOSSC	
Skill Development		Skill Qualification Courses (Airborne / Air Assault / etc.)							
		EFMB						ACQ Level II	
		Mid Mgmt Supv Dev		ACQ Level I					
			USAMMA Course			Force Mgmt Crs			
		BMOC			Facilities Eng Mgmt				
		Med Log Crs		Maint Mgmt Crs (ALMC)					
Leader Development		DEVELOPMENTAL & UTILIZATION ASSIGNMENTS							
		Operational Assignments		Mix of Operational & Generating Force Assignments					
		* DOD Biomed Equip School * MED LOG CO * Combat Support Hospital - MEDDAC Staff Officer - MED LOG MGMT CTR - USA MED MAT AGENCY		* DOD Biomed Equip School - MEDDAC Staff Officer - Health Facility Planner - AMEDD C&S Staff Officer - USAMMCE * Multifunctional Medical Battalion		- MED LOG MGMT CTR - MEDCEN Staff Officer - MED LOG BN - RMC Staff Officer		- HQDA Staff OTSG Consultant - US Army MEDCOM - FORSCOM - USAMMA	
		*Key leadership development positions							
Self Development		Associates		Undergraduate Degree			Graduate Degree		
		Professional Certifications							
		Professional Reading & Writing Program / On Line Learning (eArmy U)							

Figure 10-23. 670A Health Service maintenance technician life cycle development and utilization

YEARS	0	10	20	30		
Rank		LT	CPT	MAJ	LTC	COL
Professional Military Education	O B L C / B O L C	CCC	ILE (Waiver after 17 years)		SSC	
Skill Development		EFMB / Airborne/ Air Assault / Ranger				
Leader Development	DEVELOPMENTAL & UTILIZATION ASSIGNMENTS					
	Operational Assignments		Mix of Operational & Generating Force Assignments			
	-PLT Leader	- Company Command - Primary Staff BN/BDE - Instructor, USARF / AMEDDC&S	- HHC Command - Primary Staff BN/BDE - Instructor, USARF / AMEDDC&S	- Battalion Command - Advisor	-BDE/GRP Command - Advisor (AGR/IMA) - Consultant	
Self Development	Baccalaureate Degree	Graduate Degree			Professional Certifications	
Professional Reading & Writing Program / On Line Learning (eArmy U)						

Figure 10-24. Reserve Component (due course officers)

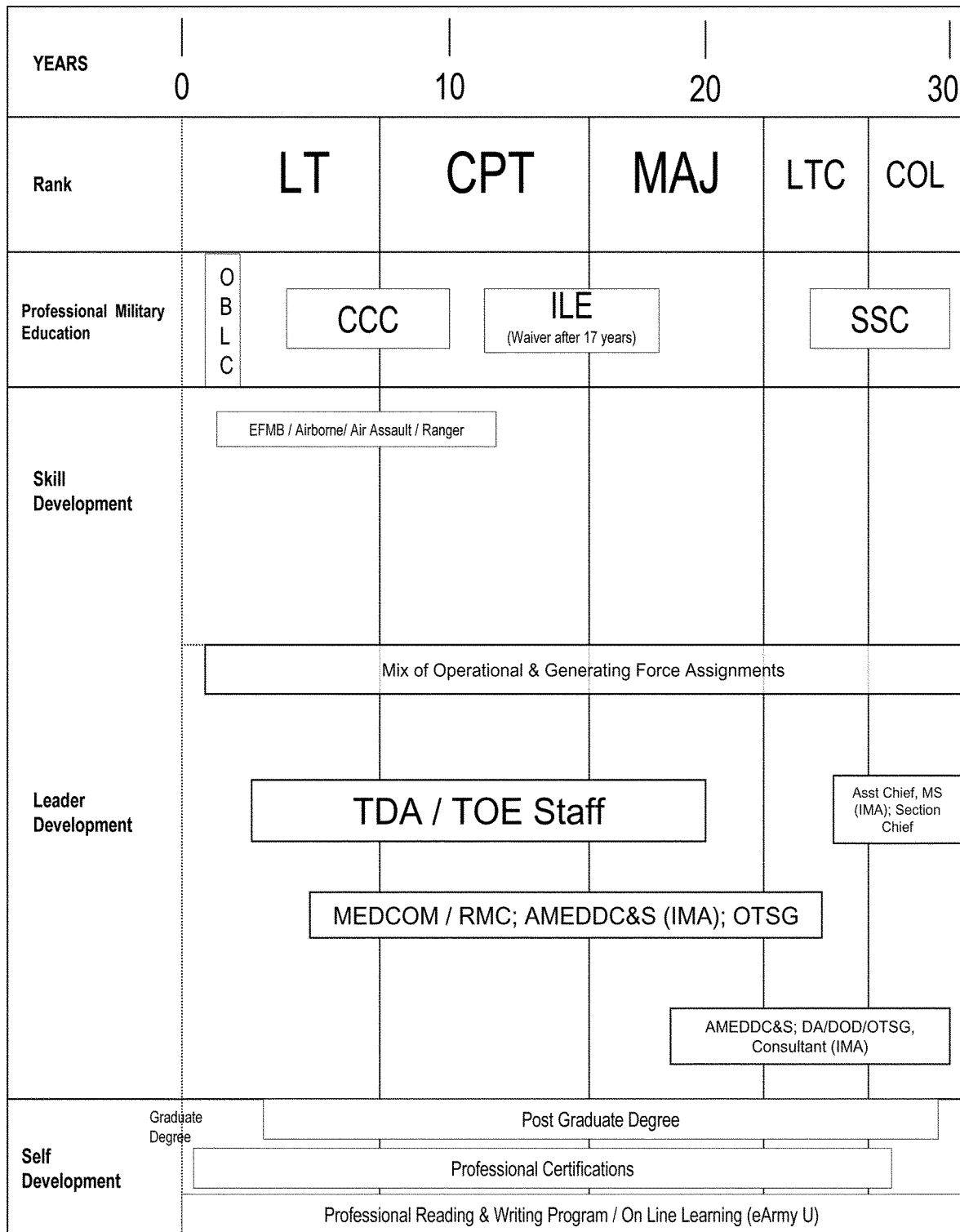


Figure 10-25. Reserve Component (non-due course officers)

Chapter 11 Army Medical Specialist Corps

11–1. Description of the Army Medical Specialist Corps

The Army Medical Specialist Corps (SP) is a unique branch of the U.S. Army. The SP Corps is composed of Active and Reserve Component commissioned officers of four professional areas of concentration (AOCs) comprising four distinct sections. The primary function of the SP is to apply corps unique skills to maximize the health and enhance the readiness of Warriors across the full spectrum of operational missions and environments.

a. Specialist Corps officers. The basic branch professional qualifications of an SP officer are baccalaureate or professional master's or doctoral degree (that is, MPT, DPT, MPAS, and so forth) and graduation from an accredited curriculum acceptable to DA in one of four AOCs. In addition, state licensure is required for occupational therapists (65A) and physical therapists (65B), national registration and state licensure is required for dietitians (65C), and certification by the National Commission on Certification of Physician Assistants, Inc. is required for physician assistants (65D). Each AOC has a specific consultant that advises the Corps Chief and TSG on their area of concentration.

b. Career development. Career progression provides opportunities for SP officers to participate in direct patient care; direct operational support; research, education, and training; Soldier performance and injury prevention; and/or executive management and leadership, including command at a variety of levels. The operational element which implements Specialist Corps policies concerning the career development of Active Army officers is the SP Branch, Human Resources Command (HRC). The SP Branch Chief at HRC coordinates assignments, provides career management assistance, and conducts other personnel management actions. A primary objective of this branch is to assist each officer to attain career goals by providing appropriate assignments and ensuring objective consideration for educational opportunities. HRC–St. Louis and the state G1 and the respective state surgeon's office are involved as required for RC personnel.

11–2. Officer characteristics required

The SP Corps officers must be warrior leaders skilled in tactics, techniques, and procedures in order to understand and support the warfighter; possess strong Army Values, leader attributes and skills and fully understand the key leadership actions that must be taken to ensure success. The linear battlefields of the past no longer exist and SP Corps officers of the future must be prepared to face the tactical challenges of the non-linear battlefields of today and the future. Additionally, there are unique skills, knowledge, and attributes in each AOC that must be developed in each officer.

a. Competencies and actions common to all. Although there are four distinct AOCs within the SP Corps, there are common skill sets that every officer must develop and maintain: leadership, technical proficiency, and tactical proficiency. The SP Corps offers a broad spectrum of professional opportunities. The SP Corps equally values assignments in both the operating force and the generating force. The center of gravity of the SP Corps is the operational force, but also requires a robust generating force to accomplish the unique training requirements for each AOC. Successful assignments in either or both of these areas within a career will enable promotion through the grade of LTC. With the successful completion of preferred AOC specific assignments, at various grades, additional promotion opportunities are available past the grade of LTC. Every officer must serve successfully in leadership positions and develop executive skills in key staff positions to be considered for promotion.

b. Unique officer skills. The SP Corps consists of four distinct AOCs, each with a unique skillset to support and sustain the warfighter. SP officers serve in a variety of capacities including commanders, staff officers, healthcare providers, educators, and researchers in both TOE and TDA environments around the world. All AOCs are open to male and female officers and have opportunities to command at both company and field grade levels. (Detailed descriptions of each AOC are outlined in para. 11–4.)

c. Decisionmaking skills. The SP Corps officers need the ability to operate under stress and apply critical thinking skills while making decisions. Officers may work in environments where time available for problem analysis is constrained but where sound and timely decisions are urgent. With the continued emphasis on joint military operations, SP Corps officers may act within the command structure of another service or coalition headquarters where the decisionmaking processes may be less familiar. Awareness of the political ramifications of decisions made in joint and coalition operating environments is crucial.

d. Tactical, technical, and operational skills. The SP Corps officers must be warfighters who are technically proficient with branch and mission unique equipment, tools, and systems. SP Corps mission success requires the proper balance between technical and tactical skills. These skills must be developed and honed through operational assignments, continuous professional study and self-development. SP Corps officers must survive on a non-linear, non-contiguous battlefield and negotiate asymmetric threats to accomplish their missions.

e. Unique knowledge. The SP Corps officers must possess expert clinical skills as well as knowledge of personnel and resource management in their respective AOC. Additionally, they must be competent in combined arms service

support and modern warfare. This knowledge includes practical experience in clinical procedures, tactics, combined arms operations, and deployed environments. Officers gain this knowledge through a logical sequence of continuous education, training and mentoring. Individual officers sustain knowledge through institutional training and education, duty in both TOE and TDA operational assignments, continuous self-development, and progressive levels of assignments within their specialty. Officers must also gain knowledge of joint service procedures and constraints while serving in company and field grade assignments.

f. Unique attributes.

(1) *Personal attributes.* SP Corps officers uphold Army traditions and maintain the highest standards of personal and professional integrity. They live the Army Values and enforce high standards of technical competence, training, physical fitness and discipline. They embody the warrior ethos and are extremely well-versed in warfighting and medical support doctrine. However, they are also adaptable to changing environments and can apply non-textbook solutions in unique situations. The dynamics associated with training and operations missions require ingenuity and foresight. The SP Corps officers must recognize the importance of physical and mental fitness since high levels of stamina and vigor are critical to sustained endurance.

(2) *Multifunctional attributes.* The SP Corps officers possess the full compliment of attributes to serve in a variety of leadership, technical, and tactical assignments. Officers in each of the four AOCs are active in direct patient care, education, research, community and professional service. Assignments for SP Corps officers span the full spectrum of both the generating force and operating force, from peacetime to combat to Security, Stability, Transition, and Reconstruction Operations. They serve in a variety of command and staff positions which further accentuate their multifunctional skills and attributes. The multidimensional capabilities of SP Corps officers make them renowned leaders in their respective career fields.

11-3. Army Medical Specialist Corps officer professional development

Officers must meet certain standards in terms of schooling and operational assignments to be a proficient SP Corps officer at each grade. Meeting these standards ensures that the officer has acquired the skills, knowledge, and attributes to remain proficient in the SP Corps at that grade and is competitive for promotion or retention in the branch. It is essential that the SP Corps have officers who are outstanding troop leaders as well as providing requisite technical expertise in their specialized AOC. For an officer to be considered fully trained as a SP Corps officer, the officer should be tactically and technically proficient, be physically fit, and be of the highest moral and ethical character. Recognizing that various assignments require different strengths, techniques, and backgrounds, an officer's most important assignment is the current one and the officer should focus on an outstanding performance in that job assignment. Underpinning officer development are the three domains of leader development: institutional training, operational assignments, and self-development. These domains are described in phases below. Self-development is the responsibility of every officer and ranges from professional reading during off-duty time to aggressively seeking out positions of increased responsibility. Each officer, with support from mentors, should develop career goals and clearly articulate those goals to their commander and assignments officer at HRC. Always remember that an officer is his or her own best career manager. By actively participating in the management of career decisions, officers will improve the likelihood of a successful career. Professional development is divided into 2 phases: company grade and field grade. The field grade phase is further divided into Major, Lieutenant Colonel, and Colonel, with particular job assignments and schooling appropriate to each phase.

a. Professional development phases.

(1) *Company grade.* The primary objective of this phase is to gain fundamental military and professional skills which serve to establish the foundation for a career. Through the diversity of supervised assignments, officers acquire an understanding of AMEDD, Army and joint military organization, staffing, and administration.

(a) *Institutional training.* The SP Corps officers begin their career by attending the AMEDD OBLC and the SP Corps Track. The majority of SP Corps officers subsequently complete one of the unique AOC producing programs: the Occupational Therapy Military Unique Training Program conducted at Brooke Army Medical Center (BAMC); the U.S. Army-Baylor University Doctoral Program in Physical Therapy conducted at the AMEDDC&S; the Military Graduate Program in Nutrition conducted at the AMEDDC&S; and the Interservice Physician Assistant Program conducted at the AMEDDC&S. Fully qualified officers not attending the AOC producing programs proceed to an operational assignment after completion of the AMEDD OBLC and the SP Corps Track. All officers must complete the AMEDD CCC between 4 and 9 years of commissioned service.

(b) *Operational assignments.* Initial assignments for company grade officers include staff positions within brigade combat teams (BCTs) providing areas support or MTFs. Officers may also serve as PROFIS personnel in TOE units. Upon successful completion of an initial assignment, an SP Corps officer may be given additional responsibilities such as company command, medical platoon leader, section leader within an MTF, assistant chief of a large MEDDAC, clinic chief in a small MEDDAC, or an SP AOC immaterial position such as a recruiter. Limited opportunities are available for select SP Corps officers in the US Army Special Operations Command

(c) *Self-development.* All SP Corps officers are highly encouraged to compete for and earn the Expert Field Medical Badge (EFMB). Airborne or Air Assault training may be attended depending on current or projected assignments and available training opportunities. Select SP Corps officers may apply to attend Ranger or Special Forces Qualifications

School. Officers attend a variety of centrally funded postprofessional short courses to enhance their knowledge and skills in joint operational environments and must meet the continuing education requirements to maintain current state licensure, certification, and/or registration. Officers may apply for a fully funded advanced degree in a discipline directly related to his or her AOC. This program is highly competitive and selection is based on demonstrated performance and potential for promotion. Selected officers attend graduate school or a military program to meet specific Army requirements. More information on Long Term Health Education and Training (LTHET) is located in Chapter 3 of the pamphlet. Officers not selected for LTHET are encouraged to seek advanced degrees during off-duty time. Officers are also encouraged to seek specialty board certification in a practice area of their respective AOC.

(2) *Major.*

(a) *Institutional training.* Military education required during this phase is completion of Intermediate Level Education (ILE). SP Corps officers complete ILE by either the 3 month Course Location (CL) at one of five sites or through Distance Learning. ILE education programs provide SP Corps majors with skills that enhance their knowledge of strategic and operational concepts.

(b) *Operational Assignments.* Assignments may be in operational force or generating force units. Junior field grade SP Corps officers work in a wide variety of assignments including clinic chief in a large MEDDAC, assistant clinic chief in a MEDCEN, staff officers at HRC, instructors at the AMEDDC&S, researchers, and senior division physician assistant.

(c) *Self-development.* Officers may apply for a fully funded advanced degree in a discipline directly related to his or her AOC. This program is highly competitive and selection is based on demonstrated performance and potential for promotion. Selected officers attend graduate school or a military program to meet specific Army requirements. More information on Long Term Health Education and Training (LTHET) is located in Chapter 3 of the pamphlet. Officers are also encouraged to seek specialty board certification in a practice area of their respective AOC, if not completed as a company grade officer.

(3) *Lieutenant colonel.*

(a) *Institutional training.* The LTCs benefit by being selected for and attending a Senior Service College or completing the U.S. Army War College Distance Education Course. Except through an established resident program such as the Army War College (AWC), the National Defense University (NDU), and similar senior service courses, completion of the non-resident course is the only means by which an SP Corps officer can receive credit for Senior Service College training. However, once selected and enrolled in the non-resident course, the officer is no longer eligible to attend a resident Senior Service College. Therefore, it is recommended that the officer discuss this with his or her assignment manager at HRC prior to applying for the correspondence course.

(b) *Operational assignments.* Assignments may be in operational force or generating force units. SP Corps officers assume greater responsibilities in positions such as service or clinic chief in a large MEDDAC or MEDCEN, director of educational programs, clinical researcher, and serve in key leadership positions such as Inspector General or Health Clinic Commander. AOC immaterial assignment opportunities include: SP Corps Branch Chief, HRC; SP/VC/DC Program Manager, USAREC; AMEDD Personnel Proponent Staff Officer; SP Staff Officer, Directorate of Combat Doctrine and Development, AMEDDC&S; SP/VC Staff Officer, Department of Health, Education and Training, AMEDDC&S; and SP staff officer, FORSCOM.

(c) *Self-development.* The SP Corps LTCs are recognized experts in their respective AOC and chosen specialty area. They are actively engaged in research and professional activities such as publishing manuscripts in peer reviewed journals, presenting lectures at national conferences, and service in professional and community organizations.

(4) *Colonel.*

(a) *Institutional training.* Attendance at a Senior Service College or completion of U.S. Army War College Distance Education Course is advantageous and selective.

(b) *Operational Assignments.* The SP Corps COLs serve in key leadership positions such as the chief of a service, division or department in a MEDCEN, senior staff officers at OTSG, the SP Corps Specific Branch Proponent Officer, SP Corps Branch Chief at HRC, or as a consultant within a DRU, ACOM, or ASCC. Those who have demonstrated outstanding professional and supervisory qualifications may also serve in key leadership positions related to their AOC, such as Assistant Corps Chief and the AOC Consultant to The Surgeon General (TSG). Exceptional SP Corps officers may be selected to serve in AMEDD immaterial assignments, including MTF or brigade command or serve as the MEDCOM Inspector General.

(c) *Self-development.* The SP Corps COLs are renowned and respected leaders who have earned national prominence in their respective specialty area. COLs should continue to develop their senior leader skills by attending the Interagency Institute for Federal Health Care Executives Course, Medical Strategic Leadership Program, and other executive level courses. They are fully engaged in their community and professional associations, and recognized as leaders of distinction within the AMEDD. Officers may be considered for the AMEDD "A" Professional Designator.

b. *Area of concentration designation process.* Officers are appointed in the SP Corps as occupational therapists (65A), physical therapists (65B), dietitians (65C), or physician assistants (65D) and they maintain that professional

identity throughout their military careers. Detailed descriptions of the duties of these officers appear in DA Pam 611-21 and are summarized below.

11-4. Areas of concentration

a. 65A—Occupational Therapist.

(1) *Description of duties.* Conducts battlefield Unit Needs Assessments to determine unit mental health status. Conducts functional evaluations of and provides individualized treatment to Soldiers suffering the effects of acute and chronic combat and operational stress. Serves as an independent practitioner and physician extender for acute and chronic upper extremity neuromuscular injuries and/or disorders, including the fabrication of custom splints to return injured Soldiers to optimal duty status. Enhances unit and Soldier performance by conducting energy conservation and work-simplification assessments. Supervises enlisted and civilian occupational therapy technicians implementing occupational therapist prescribed plans of care. Serves as commander of companies, battalions, brigades, and medical treatment facilities (see AR 40-68 for a more detailed description of duties).

(2) *Description of positions.* Key leadership positions are— Chief, Occupational Therapist Section, SP Corps; OT Consultant, DRU, ACOM, ASCC/MEDCOM; Chief, OT Section, MEDDAC/MEDCEN; Director, Occupational Therapy Military Unique Training Program; Director, 91WN3 Program, AMEDDC&S.

(3) *Qualifications.* Must be a graduate of the AMEDD OBLC. Must have a baccalaureate or advanced degree from an accredited institution with an approved curriculum in occupational therapy including field work experience (internship) acceptable to TSG. Exceptions may be granted for those individuals whose internship is required for the awarding of the baccalaureate degree. Must possess a current state license to practice occupational therapy. Meet standards of AR 135-100 and AR 135-101.

b. 65B—Physical Therapist.

(1) *Description of duties.* Improves Soldier readiness by providing neuro-musculoskeletal evaluation, intervention, and case management across all echelons of care, and by providing consultation to commanders and the military community in the areas of physical fitness, physical training, and injury prevention. Serves as an independent practitioner and physician extender for neuro-musculoskeletal disorders through patient self-referral, or referral from medical, dental, and allied health professionals. Supervises enlisted and civilian physical therapy technicians implementing physical therapist prescribed plans of care. Serves as commander of companies, battalions, brigades, and medical treatment facilities. See AR 40-68 for a more detailed description of duties. See AR 40-68 for a more detailed description of duties.

(2) *Description of positions.* Key leadership positions are— Chief, Physical Therapist Section, SP Corps; PT Consultant, DRU, ACOM, ASCC/MEDCOM; Chief, PT Section, MEDDAC/MEDCEN; Director, U.S. Army-Baylor University Doctoral Program in PT, AMEDDC&S; Director, Orthopaedic PT Fellowship, BAMC; Director, Sports Medicine PT Fellowship, West Point; Director, 91WN9 Program, AMEDDC&S.

(3) *Qualifications.* Must be a graduate of the AMEDD OBLC. Must have a master's or doctoral degree from an accredited institution with a Commission on Accreditation of Physical Therapy Education (CAPTE) approved physical therapy education program acceptable to TSG. Exceptions may be made when special needs of the Army exist. Must possess a current State license to practice physical therapy. Meet standards of AR 135-100 and AR 135-101.

c. 65C—Dietitian.

(1) *Description of duties.* Enhances Warrior physical and cognitive performance through diet assessment and education. Develops food and hydration guidelines based on mission, environment, and available foods and conducts comprehensive nutrition assessment of wounded Warriors. Evaluates menus of contract food providers to ensure Warrior needs are met and provides command guidance for recovery foods and supplements during sustained operations. Evaluates Warrior supplement use and makes appropriate recommendations to commanders and the Army. Recommends strategies for weight loss which maintain or enhance physical performance and provide counseling IAW the Army's Weight Control Program. Reduces Warrior DNBI through implementation of food safety and sanitation measures and develops health promotions education to address needs of deployed service members. Provides recommendations on food distribution programs in displaced populations to the Ministry of Health & Civil Affairs. Supervises enlisted nutrition care specialists and civilian employees. Serves as commander of companies, battalions, brigades, and medical treatment facilities. See AR 40-68 for a more detailed description of duties.

(2) *Description of positions.* Key leadership positions are— Chief, Dietitian Section, SP Corps; Dietetic Consultant, DRU, ACOM, ASCC/MEDCOM; Chief, Nutrition Care, MEDDAC/MEDCEN; Director, Military Graduate Program in Nutrition, AMEDDC&S; Director, 91M Program, AMEDDC&S; Chief Nutrition Care Division MTF or CSH; Chief, Clinical Dietetics/Production and Services Branch, MTF, Staff Dietitian, USACHPPM.

(3) *Qualifications.* Must be a graduate of the AMEDD OBLC. Must possess a baccalaureate degree or advanced degree with a major in either foods and nutrition/dietetics or institution management from a university or coordinated undergraduate program acceptable to TSG. Must have completed a dietetic internship acceptable to DA. Must possess registration and state license as a dietitian. Meets standards of AR 135-100 and AR 135-101.

d. 65D—Physician Assistant.

(1) *Description of duties.* Plans, organizes, performs, and supervises troop medical care at Levels I and II. Directs

services, teaches, trains, and supervises enlisted combat medics and performs as medical section/platoon leader or OIC in designated units. Functions as a special staff officer to the commander, advising on medically-related matters pertinent to unit readiness and unit mission. Participates in the delivery of health care to all categories of eligible beneficiaries including prescribing courses of treatment and medication when required, and consistent with his/her capabilities and privileges. In the absence of a physician, the PA is the primary source of advice to determine the medical necessity, priority, and requirements for patient evacuation and initial emergency care and stabilization. Functions as medical staff officer at battalion, brigade, division, corps, DRU, ACOM, ASCC/MEDCOM, and DA levels, advising the surgeon of the respective command and the commander on medical matters. Serves as commander of companies, battalions, brigades, and medical treatment facilities. See AR 40–68 for a more detailed description of duties.

(2) *Description of positions.* Key leadership positions are: Chief, PA Section, SP Corps; PA Consultant, DRU, ACOM, ASCC/MEDCOM; Deputy Chief, Community Medicine, MEDCEN; Director, Interservice Physician Assistant Program, AMEDDC&S; Physician Assistant Career Management Officer, HRC; Corps/Division Senior PA; PA Program Manager, USAREC; Staff Officer, Directorate of Combat Doctrine and Development.

(3) *Qualifications.* Must be a graduate of the AMEDD OBLC. Must possess a baccalaureate or advanced degree from an Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) accredited PA training program or its predecessor. Must maintain current certification by the National Commission on Certification of Physician Assistants. Meet standards of AR 135–100 and AR 135–101.

11–5. Branch immaterial positions

The SP AOC IM positions are— Corps Chief; Chief and Assistant to Chief SP Branch, HRC; Allied Health Care Staff Officer, MEDCOM; Corps Specific Branch Proponent Officer, AMEDDC&S; Allied Health Staff Officer, OTSG; Health Services Division, HRC; U.S. Army Forces Command (FORSCOM) Staff Officer; Executive Officer, Office of the Chief, SP Corps; Staff Officer, Directorate of Combat Doctrine and Development, AMEDDC&S; Staff Officer, AMEDD Personnel Proponent Directorate, AMEDDC&S; Chief, SP/VC Education Branch, AMEDDC&S; Chief, SP/VC/DC Branch, USAREC and Health Care Recruiters, USAREC. SP officers may also fill AMEDD IM positions, including both CSL and non-CSL commands within the AMEDD. These positions are designated 05A (see chaps 2 and 4 on AMEDD IM positions).

11–6. Reserve Component officers

Although the responsibility for professional development detailed for Active Army officers apply to all SP Corps officers, timing of professional development milestones may differ for Reserve Component (RC) SP Corps officers. It is critical that all SP Corps RC officers perform and be evaluated for clinical competency in the go-to-war skill set (per AR 40–68) for their respective AOC. A more detailed description of RC career development and management is available in chapter 6.

11–7. Corps life cycle models

See figures 11–1 and 11–2 for AC and RC life cycle models.

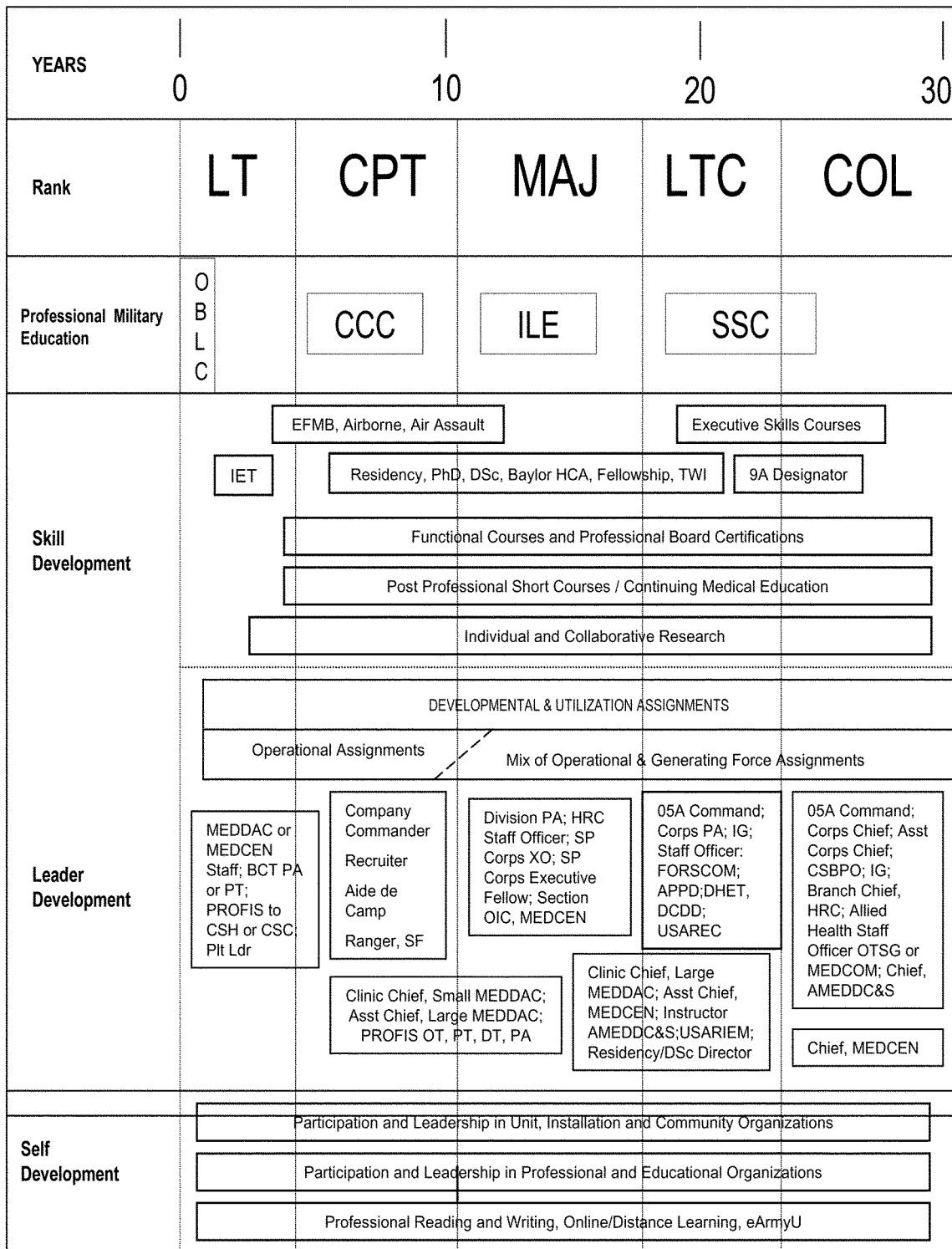


Figure 11-1. Army Medical Specialist Corps Active Army life cycle development and utilization

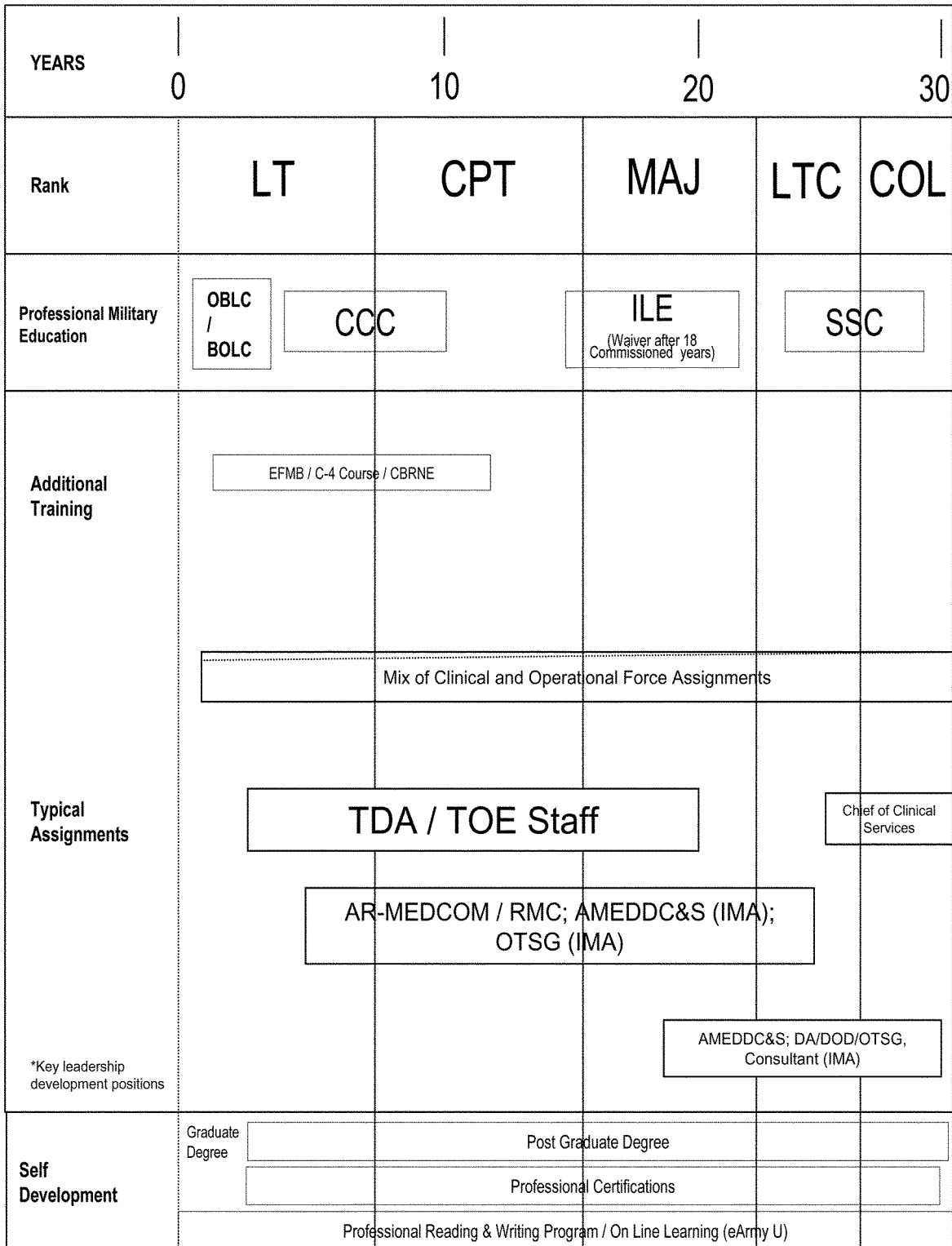


Figure 11-2. Army Medical Specialist Corps Reserve Component (non-due course) life cycle development and utilization

Chapter 12 Army Nurse Corps

12-1. Description of the Army Nurse Corps

The Army Nurse Corps is a special branch of the Army composed of Active and Reserve Component commissioned officers. These officers are graduates of accredited Baccalaureate or Masters Degree nursing programs acceptable to DA, and hold a current State, District of Columbia, Commonwealth, or Territorial license. These officers must be licensed to practice professional nursing in accordance with the National Council of State Boards of Nursing, National Council Licensure Examination—Registered Nurse/Computerized Adaptive Testing. ANC officers integrate all components of professional nursing: clinical practice, administration, research, and education. Clinical nursing practice is the foundation of Army nursing. The ANC officers are responsible for leading, assessing, planning, delivering, managing, operating, controlling, coordinating, and evaluating all facets of nursing practice within every scope of the health care mission.

a. Career development. The Army Nurse Corps Career Development framework focuses on four pillars of leader development: professional military education, professional training, operational assignments and self-development. The Army Nurse Corps Life Cycle Model provides a framework that depicts an ANC officer's professional military education, institutional training, operational assignments and self-development over a 30 year career life cycle (see figs 12-2 and 12-3 which depict the life cycle models for the AC and the RC).

(1) *Professional military education.* Military education courses facilitate the development of military leadership skills. These courses include the AMEDD Officer Basic Leadership Course (OBLC), AMEDD Captains Career Course (CCC), Intermediate Level Education (ILE) and Senior Service College (SSC).

(2) *Additional training.* Institutional training for ANC officers is anchored in both military education courses (for example, AMEDD OBLC) and professional education programs acquired through the Federal Service, AMEDD, Uniformed Services University of Health Sciences (USUHS), or advanced civilian degree programs (for example, Long Term Health Education & Training (LTHET for Active Army officers and the New Specialized Training Assistance Program (STRAP) for USAR officers).

(a) *Clinical specialty education.* Formal courses designed to prepare selected ANC officers (Active Army and RC) to function in a specific clinical nursing Area of Concentration (AOC) or positions requiring an Additional Skill Identifier (ASI), such as Critical Care or Emergency Nursing are conducted under the auspices of the AMEDDC&S at various AMEDD facilities. AOC Courses include: Principles of Military Preventive Medicine (Army Public Health Nursing), Psychiatric/Mental Health Nursing, Perioperative Nursing, Obstetrical and Gynecological Nursing. ASI Courses include: Emergency Nursing and Critical Care Nursing. The New STRAP authorizes training for RC officers in civilian institutions that support the award of certain AOCs and skills. RC ANC officers are encouraged to consider the New STRAP to develop/enhance their clinical practice specialty.

(b) *Short course programs.* Multiple short courses are available to reinforce professional development and maturation in clinical nursing, and in the mobilization and utilization of resources that contribute to the nursing care and nursing service provided by ANC officers. The Professional Postgraduate Short Course Program (PPSCP) enhances specialized nursing practice and contributes to issue analysis and policy development for the AN. Examples of PPSCP courses are: Annual Field Medicine Short Course, Hospital Educators Course, Clinical Issues in Military Nursing Practice, Strategic Issues Symposium, COL CJ Reddy Short Course, Advance Anesthesia Nursing Practice Short Course, and Phyllis J. Veronick Nursing Research Course. ANC officers also attend courses sponsored by other health care disciplines in the AMEDD, and in other Federal agencies, such as C4, M2C3, Medical Defense Against Biological Warfare and Infectious Diseases, Nuclear Hazards, Medical Effects of Nuclear Weapons, Executive Skills Course, and Physicians in Management Course.

(c) *Leadership and management development.* Courses for leadership and management development include: Head Nurse Leader Development Course, Advanced Nurse Leadership Course, and Preventive Medicine Program Management Course; and Interagency Institute for Federal Health Care Executives, and Training With Industry (RAND and JCAHO).

(d) *Civilian education.* The LTHET, described in AR 351-3, provides for attendance of Active Army ANC officers at civilian educational institutions for master's or doctoral degree programs, to include, but not limited to the U.S. Army-Baylor University Program in Health Care Administration, the U.S. Army—Northeastern University Program in Anesthesia Nursing, and the Uniformed Service University for Health Sciences Programs in Anesthesia and Nurse Practitioner.

b. Typical assignments.

(1) The ANC officer operational assignments are designed to be progressive and sequential. There are many types of assignment opportunities available to ANC officers, some of which are identified in figures 12-1 and 12-2. Assignments are predicated on an officer's abilities, education, previous experiences, and needs of the ANC. Assignments

provide the opportunity for officers to demonstrate and apply progressive and integrative levels of clinical, administrative, educational, and research knowledge and skills. There is no specific career track for any of the components of nursing practice. Some assignments may have greater emphasis in one or more components but the foundation of all assignments is the clinical component.

(2) The ANC AOCs identify the specialties of nursing practice within which ANC officers function. However, ANC officers must also perform generalist functions inherent to the role of an Army officer. Application of clinical practice, administration, research, education, and officer leadership principles are inherent and must be progressively developed in Army operational assignments throughout an officer's career, from company grade to field grade. The AN officer must be broadly trained and as widely qualified as possible to ensure maximum flexibility for readiness in assignment and utilization.

c. Self-development. The career of an ANC officer requires a lifelong commitment to self-development. Self-development complements advancements and accomplishments gained during formal education and duty assignments. There are three major elements that can contribute to ANC officer self-development: Continuing Education (CE), certification, and professional organization participation.

(1) *Continuing education.* CE and staff development opportunities are ongoing in every AMEDD facility and/or unit. Specific in-service programs provide orientation and skill training for combat and other contingency casualty care as well as sustaining base health care. CE programs address leadership and management, professional nursing practice issues, current clinical practice advances, staff and patient education principles, and research. Civilian sponsored CE opportunities are also available for Active Army and RC officers subject to funding availability. Some states require mandatory CE to maintain licensure. ANC officers licensed in these states must comply with this requirement. Regardless of state requirements, all ANC officers are encouraged to achieve 20 contact hours of CE per year. Professional nursing and military literature provide the foundation for specific self-designed reading programs. Duty-related correspondence courses through the AMEDD and Army also provide opportunity for self-development.

(2) *Certification.* Certification by professional nursing organizations is not mandatory for all ANC officers. Advanced Practice Nurses, such as Nurse Anesthetists, Family Nurse Practitioners, and Nurse Midwives do require certification to meet AOC/ASI criteria and to practice those particular specialty areas. Certification for other AOCs is encouraged and provides an opportunity for ongoing self-development in a particular nursing specialty. Certification in selected professional areas is a prerequisite for board certification pay.

(3) *Professional organizations.* Participation in professional organizations (military and civilian) provides an avenue to increase knowledge of current issues and develop leadership skills that can enhance the ANC officer's ability to contribute to current and future duty assignments. Participation in professional organizations is entirely voluntary, but the value of participation for self-development is recognized.

12-2. Officer characteristics required

The mission of the ANC is to provide nursing leadership and high quality nursing care during war, peacetime or humanitarian operations, in support of the mission of the Army Medical Department and professional military medical health system. To meet the readiness mission, the ANC is responsible and accountable for the provision of patient care and the supervision, direction, education and training, evaluation and control of ANC officers, enlisted personnel, and civilians engaged in nursing practice. The ANC officer plays a vital role in the development of policies, programs, and operations of health care activities.

a. Core competencies. The Army Nurse Corps offers a broad spectrum of training and operational assignments to promote and develop expert Army Nurse Corps leaders. In order to execute the broad scope of responsibilities, the ANC officer—

(1) Directs and provides care in all environments— mobilization, deployment, war, redeployment, humanitarian assistance, nation building, other contingencies, and peace.

(2) Utilizes the nursing process to develop plans of care through assessing, diagnosing, planning, implementing, and evaluating care.

(3) Incorporates a scientific knowledge base, including physiology, pathophysiology and psychosocial effects of disease, illness, health promotion, and combat casualty care.

(4) Develops, applies, and evaluates standards of care, practice, and performance.

(5) Exercises nursing judgment and critical thinking in clinical, management and leadership decisionmaking; uses sound ethical and moral basis for decisionmaking.

(6) Initiates emergency care based on professional knowledge, judgment, and skills; ensures a safe patient care environment.

(7) Creates a therapeutic environment for the physiological, psychological, social, cultural and spiritual well-being of patients, families, and health care providers; recognizes the disruptive effects of illness and hospitalization on the patient and family; identifies stressors and coping strategies for patients and families.

(8) Promotes respect for patient rights, maintains confidentiality, and provides privacy at all times.

(9) Collaborates and coordinates with other health care providers in patient care management, making referrals to

other health care agencies and disciplines as appropriate; ensures nursing support of the health care plan; participates in diagnostic procedures and therapeutic regimens.

(10) Directs and/or participates in utilization management activities, especially in the clinical process of case management (assessing, educating, planning, delivering, and evaluating appropriate direct patient care as necessary) and utilization management with the expectation of improved patient outcomes, access to care, and reducing cost.

(11) Documents nursing care, patient care management, and workload (volume and acuity) data in accordance with regulations and policies.

(12) Initiates, conducts, participates in, and applies research relevant to nursing practice and patient care.

(13) Participates in the development, implementation, and evaluation of performance/quality improvement, risk management, and utilization management programs.

(14) Educates self, staff, Soldiers, patients, families, and other beneficiaries; provides anticipatory guidance concerning health and health care needs.

(15) Promotes wellness and disease and injury prevention among active duty military members, patient's families, colleagues, and subordinates.

(16) Communicates effectively in the military and health care environments.

(17) Provides guidance and supervision to professional colleagues and nursing support staff for their professional growth and job satisfaction.

(18) Evaluates self, staff and nursing care comprehensively and without bias.

(19) Participates in professional organization activities; interfaces with and contributes to the local, national, and/or international nursing and health care community.

(20) Remains informed of political, military, economic, social, and technological changes that affect the military, nursing and health care; participates in evolution of the MHS.

(21) Envisions the future and participates in strategic issue dialogue and resource management/integration at all levels.

b. Unique officer skills. The Army Nurse Corps consists of 7 unique nursing specialties or Areas of Concentration (AOC) and 3 specialties requiring additional training and an additional skill identifier (ASI). ANC officers receive specialized training and education in these specialties. Upon completion of an AOC/ ASI producing course, ANC officers have the opportunity to perform a variety of roles in direct patient care, education and training, research, and staff development throughout their career.

c. Decisionmaking skills. The nursing process is the cornerstone of professional nursing practice. The five step process that includes assessment, diagnosis, planning, implementation and evaluation, supports ongoing decisionmaking to ensure optimal patient care outcomes in any setting. For ANC officers, the nursing process, combined with military leadership and decisionmaking principles, ensures comprehensive and data driven decisionmaking in all clinical and administrative environments.

d. Tactical, technical, and operational skills. Tactical skills for the ANC officer begins with the Trauma Nursing Core Course (TNCC) offered at the Basic Officer Leadership Course and continues throughout the ANC career. Other tactical training, such as Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) are available to ANC officers to develop skills and foster individual Soldier readiness. Additionally, these skills are enhanced through various operational assignments, to include FORSCOM assignments and PROFIS. Technical skills are obtained through institutional as well as unit specific training platforms. Based on the ANC officers AOC/ ASI, initial and ongoing training and competencies support skill development and clinical expertise. Finally, operational skills are unique to each particular AOC. While ANC officers have a generalized life cycle model (fig 12–1), each AOC has specific training, operational assignments and self–development opportunities that ensure that the officer can perform at advanced levels within the AOC/ ASI. Tactical, technical and operational skills are all critical to the ability of ANC officer to function as leaders, manager, supervisors and administrators within the AMEDD.

e. Unique knowledge. All ANC officers must possess the core competencies to function as a Medical Surgical Nurse, irrespective of their AOC. Expert knowledge of nursing care standards of practice, as well as knowledge of clinical operations in the inpatient and outpatient setting is critical to the ability of ANC officers to perform their roles and functions. ANC officers must possess knowledge of patient assessment, patient triage, patient movement, and patient management in the TOE and TDA environment in order to be effective in ensuring optimal patient outcomes.

f. Unique attributes.

(1) *Personal attributes.* Army Nurse Corps officers uphold Army traditions and maintain the highest standards of personal and professional integrity. They live the Army Values and enforce high standards of technical competence, training, physical fitness and discipline. They embody the warrior ethos and are extremely well–versed in war fighting and medical/nursing support doctrine. Army Nurse Corps officers are also flexible and adaptable to changing doctrine and care delivery models. They incorporate best practices and lessons learned into doctrine development in order to affect outcomes for patients and Soldiers.

(2) *Multifunctional attributes.* Army Nurse Corps officers have demonstrated an ability to function effectively in all domains of the health care delivery system in the AMEDD and the MHS. Leadership, management, and supervisory abilities are easily translated in any setting which has allowed ANC officers to excel as Commanders, Advisors, Staff

Officers, Health Planners and Operators. ANC officers utilize these skills in a variety of clinical, administrative, research and operational assignments.

12-3. Officer professional development

a. Officer professional development for the ANC officer includes specific training, operational assignments and self-development opportunities at the Company and Field Grade. The actual course of an officer's professional development and utilization is influenced by Army requirements, the officer's own abilities and availability, and demonstrated performance. Each officer must seek opportunities that will ensure proficiency within their clinical specialty and develop the leadership skills required to successfully assume positions of increased responsibility. In preparation for COL/LTC and Branch Immaterial (BI) command positions, ANC officers should attain the 40 competencies as outlined in the Joint Medical Services Executive Skills matrix.

b. The overall goals for ANC officer professional development are to— Facilitate maximum development and utilization of AN officers' inherent abilities, aptitudes, acquired skills, and accumulated knowledge; Prepare ANC officers to meet the unique requirements of military nursing; Develop ANC officers to provide leadership in all positions within the organizational structure; Promote and maintain a highly competent officer corps to ensure nursing practice is efficient, effective, and capable of maximum flexibility to meet any contingency faced by the AMEDD.

c. The ANC officers also have responsibility for their career development. This responsibility can be met by— Examination and communication of abilities and goals; Utilization of each assignment as a constructive learning experience; Understanding that the policies and structures of the Army promote assignments of progressive competence, leadership, responsibility, and accountability. Officers entering the AN with advanced professional education and/or experience will be assigned to permit maximum practice and utilization of professional capability while developing pertinent military competence; Ensuring that career documents are accurate. Documents include Officer Record Brief (ORB), Official Military Personnel File (OMPF), official photo, Career Management Information File, and DA Form 4213 (Supplemental Data for Army Medical Service Reserve Officers); Communicating with appropriate staff for professional development (education and assignment) goals and plans. Staff may include supervisors, Chief, Hospital/Nursing Education, Chief Nurse, and ANC Branch Assignment Officers. Officers express their assignment preferences by submitting DA Form 483 (Officer Assignment Preference Statement) to their ANC Branch Assignment Officer.

(1) Lieutenant/captain.

(a) Institutional training. This phase commences upon entry on active duty. The objective of the initial phase is direct nursing competency development and is the crucial foundation for progression. Newly commissioned officers attend the AMEDD OBLC. Recent graduates of baccalaureate nursing programs participate in the AN Preceptorship Program (ANPP) at their first duty assignment after OBC. (Accessed nurses with a specific clinical specialty from civilian nursing experience but who are new to the military may also participate in a modified ANPP). Upon completion of the ANPP and when other course prerequisite qualifications are met, officers may apply for selection to attend specific AOC or skill producing courses (Army Public Health Nursing, Psychiatric/Mental Health, Perioperative, Obstetric/Gynecologic, Critical Care, or Emergency Nursing). If AOC or ASI producing courses are not attended, officers may achieve the classification qualifications in accordance with DA Pam 611-21 to be awarded an AOC or ASI. Officers seeking the Nurse Anesthesia specialty (66F) through the U.S. Army—Northeastern University Program in Anesthesia Nursing or the USUHS program can do so in this phase in accordance with ANC application guidelines and board selection for the program. All ANC officers continue their military education by attending the AMEDD CCC. Officers may also be selected to attend or request specific military or leadership training such as the Combat Casualty Care Course, Head Nurse Leader Development Course, or other short courses.

(b) Operational assignments. Operational assignments predominantly focus on clinical practice in the role of a clinical staff nurse in a TDA or TOE unit. First level managerial skills are developed through the shift/charge nurse role. ANC officers also assume additional duties such as preceptor, unit-in-service coordinator, or committee member. Other possible duty positions during this career development phase include: head nurse at smaller sized MTFs, nurse practitioners, staff officer roles such as a ROTC counselor or U.S. Army Recruiting Command (USAREC) AMEDD recruiter, and selected enlisted MOS course instructors. ANC officers can also serve as branch immaterial company command positions. ANC officers should also learn to evaluate, critique, and use applicable nursing research findings in their practice and/or participate in nursing research opportunities.

(c) Self-development. Continuing education to develop clinical practice skills and officer competencies should be the focus of self-development in the earlier stage of this phase. Officers are also encouraged to consider applicable certification and participation in professional organizations.

(2) Major.

(a) Institutional training. The objective of this phase is to continue professional development in a particular clinical specialty and increase responsibilities in officer leadership. To continue development of nursing practice expertise, graduate education at the master's degree level is essential. Officers should consider graduate level studies that have direct applicability to meet the needs of the ANC mission. Graduate studies may have a clinical, administration, education or informatics focus. Research expertise is also developed commensurate with the level of graduate study. Graduate education is intended to nurture the growth and development of officers to synthesize and analyze a variety of

nursing and health care issues and situations from a macro perspective. If the officer has attained the grade of captain (P) and has completed a master's degree and any active duty service obligation, doctoral education may be an option for application and selection in this phase. Professional Military Education includes Intermediate Leadership Education. Additional training includes the Head Nurse Leadership Course, and the Advanced Nurse Leadership Course, as well as Post Professional.

(b) *Operational assignments.* There are a wide variety of operational assignments in the intermediate phase that promote continued growth and leader development. Depending upon previous experience and education, ANC officers' assignment opportunities may include duties such as Clinical Staff Nurse; QM Coordinator; Nurse Researcher; Patient Education Coordinator; Clinical Nurse Specialist; Nurse Practitioner; Nurse Midwife; Infection Control Officer; Clinical Head Nurse; HRC Career Management Officer; TOE unit Chief Nurse; Chief, Army Community Health Nursing Section at a small to mid-size MEDDAC; Nursing Education and Staff Development Instructor, Instructor or Deputy Director of enlisted MOS courses (91W, 91WM6, 91D, 91X) or any of the ANC officer AOC/ASI courses; HRC Education Management Officer; USAREC AMEDD recruiter or detachment executive officer; ROTC counselor. ANC officers should also continue to use research findings in their practice, participate in research opportunities, assist others in developing research skills and/or conduct and publish nursing research. ANC officers at this level will also serve in selected ANC AOC IM positions and AMEDD Branch IM command and senior leadership positions.

(c) *Self-development.* Self-development remains an important part of this phase. Officers are encouraged to consider certification and involvement in professional organizations. Reading programs to keep abreast of professional nursing practice and military issues and trends are crucial.

(3) *Lieutenant colonel.*

(a) *Institutional training.* The objectives of this phase are for officers to continue to advance in both their clinical specialty and military professional development. Assignments will be made to progressively more responsible and challenging positions and will require application of an officer's managerial expertise, leadership abilities, and overall understanding of the military, ANC, AMEDD, and Military Health System (MHS) operations. Initial consideration for selection by a DA Board to attend SSC in-residence, attend an Intra-governmental Fellowship, or complete the SSCSC begins in this phase of career development.

(b) *Operational assignments.* Operational assignments are based on the level of expertise and education of the officers. Assignments are duty positions that require ANC officers to demonstrate advanced leadership capability for directing clinical practice and developing leadership skills in subordinate staff. Types of assignments include: Clinical Head Nurse at a MEDCEN; Section Chief for specific clinical area; Chief, Preventive Medicine Service at a MEDDAC; Staff Officer at DRU, ACOM, ASCC, OTSG, DA, or DOD; Assistant Chief Nurse at a MEDDAC; Chief Nurse or Deputy Commander, MEDDAC; Medical Group Chief Nurse; TOE unit Chief Nurse; advanced practice roles such as Clinical Nurse Specialist or Nurse Practitioner; Chief, Hospital Education, MEDDAC; Program Director of a 91 series nursing MOS course or AOC/skill producing course; USAREC AMEDD Detachment Commander; Nurse Researcher, MEDCEN; or Chief, Nursing Research Service, MEDCEN, Chief, Informatics, MEDCEN, Nurse Methods Analyst. ANC officers recognized for their expertise in a specific AOC are also designated as ANC consultants to TSG in addition to their assigned duty positions. ANC officers at this level will also serve in selected ANC AOC IM positions and AMEDD Branch IM command and senior leadership positions. Officers should also continue to participate in nursing research activities or consult and support research activities that promote nursing practice in a military environment. Officers in this phase have an ethical responsibility to develop policies derived from a research base.

(c) *Self-development.* Self-development activities should focus on continued advancement in professional nursing practice and military leadership.

(4) *Colonel.*

(a) *Institutional training.* The objective of this phase is maximum utilization of the ANC officer's acquired professional and military abilities to include clinical expertise, leadership skills, and executive talents in challenging positions mandating the highest level responsibility, accountability, and competence within the AN and the AMEDD. The ANC officer at this level is a well-rounded expert who fully integrates nursing clinical practice, administration, research, and education in all activities. Thorough knowledge of Army, AMEDD, and MHS operations is essential for officers in this phase of their career. The focus of responsibility for executive phase ANC officers is threefold: to provide leadership within the military environment, to foster and support officer development, and to identify and implement innovative and visionary strategies for the future of the AN, the AMEDD, and the MHS. One officer is board selected for Major General to serve as Chief, ANC. Potential for selection by a DA Board to attend SSC in-residence, participation as an Intra-governmental Fellow, or to complete the SSCSC occurs in this phase. Examples of other executive leader development education programs include: Interagency Institute for Federal Health Care Executives or Advanced Management Training.

(b) *Operational assignments.* Operational assignments maximize the officer's capabilities to provide the highest level of leadership, critical thinking and analysis to the ANC, AMEDD, and Army. Examples of some of these operational assignments include: DRU, ACOM, ASCC Chief Nurse (FORSCOM or 18th MEDCOM); Chief Nurse, RMC; Chief Nurse or Deputy Commander at a large MEDDAC and MEDCEN; Medical Brigade Chief Nurse; TOE

unit Chief Nurse; Chief, Army Community Health Nursing Section; Chief, Preventive Medicine Service at a MED-CEN; Staff Officer at DRU, ACOM, ASCC, OTSG, DA, or DOD; Chief, AN Branch at PERSCOM; Chief ANC Branch, USAREC; Chief, Department of Nursing Science, AMEDDC&S; Chief Nurse, Clinical Operations Integration USAMEDCOM; Assistant Chief, ANC. ANC officers at this level will also serve in selected ANC AOC IM positions and AMEDD Branch IM command and senior leadership positions.

(c) *Self-development.* Self-development in nursing practice and military leadership continues as part of the officer's commitment to lifelong learning. Supporting and optimizing the opportunity for self-development of officers in earlier phases of career development is also a key responsibility of executive phase officers.

12-4. Areas of concentration

Army Nurse Corps AOCs and additional skill codes are listed in table 12-1 and table 12-2, respectively. Below is a detailed description of each AOC and skill code.

a. AOC 66B-Army Public Health Nurse.

(1) *Description of duties.* Army Public Health Nursing practice is a critical component in providing health care support in the identification and treatment of medical threat illnesses during low through high intensity conflicts, humanitarian missions, other contingency operations, and peacetime; and in the surveillance, reporting, and controlling of communicable diseases among Soldiers and host nation populations. Army public health nurses have key roles in both TDA and TOE units. Army public health nurses work in the following clinical areas: Army Public Health Nursing Section/Preventive Medicine Service in MEDDACs, MEDCENs, and Centers for Health Promotion and Preventive Medicine (CHPPM); Special Care Clinic in a Combat Support Hospital; and Health Promotion and Wellness Centers at MTFs or DRUs, ACOMs, or ASCCs. Their scope of practice contributes to the prevention of illness and promotion/maintenance of health. Duties include participating in comprehensive community assessments in order to plan, implement, and evaluate public health programs and to establish activities designed to promote, protect, and restore the health of service members, their families, and other affiliated members/groups with the military community; serving as the AMEDD facility interface agent to liaison with the community, local/state public health officials, school, and public affairs office to disseminate health related information to raise public awareness about good health practices, identified health risks, and available health services; providing patient continuity in health care by supporting the transition from hospital to home care; writing prescriptions for medicines when authorized by the medical facility credentials committee; participating in and assisting in ongoing health threat assessments, planning and monitoring across the continuum of the deployed forces operational environment and in disaster preparedness/humanitarian assistance and response. The nurse's scope, responsibilities, and authority for professional practice expand with education and experience. Officers demonstrate and apply progressive and integrative levels of clinical, administrative, educational, and research knowledge and skills in their career development. Expert community health nurses are role models for the specialty, providing leadership and clinical guidance.

(2) *Descriptions of positions.* Unique duty positions include: Clinical Staff Nurse in Army Public Health Nursing Section; Chief, Army Public Health Nursing Section; Chief, Preventive Medicine Service; Instructor; Program Director; Health Promotion Nurse Specialist; Health Promotion Policy Officer; Army Public Health Nurse Staff Officer; Proponency Office of Preventive Medicine; Health Promotion Consultant to TSG; Army Public Health Nurse Consultant to TSG.

(3) *Qualifications.* The AN officers with formal education such as the AMEDDC&S's Principles of Military Preventive Medicine (Army Public Health Nursing) Course or documented experience as a public health nurse in a civilian agency in accordance with DA Pam 611-21.

(4) *Licensure/certification requirements.* See paragraph 12-1a. Certification in Community Health Nursing is encouraged but not required.

(5) *Restrictions.* One year Army medical-surgical nursing experience is required prior to attending the Principles of Military Preventive Medicine Course.

(6) *Unique education/training requirements.* Successful completion of the Principles of Military Preventive Medicine Course is required if there is no acceptable documented experience in this clinical specialty. Advanced roles such as program director at HQs, CHPPM require a master's degree in public health nursing or acceptable related health care field in accordance with ANC policy. Doctoral degrees may be preferred for selected advance roles. The ILE is a validated educational requirement for selected 66B positions.

b. AOC 66C-Psychiatric/Mental Health Nurse.

(1) *Description of duties.* Psychiatric nursing practice is a critical component in providing health care during low through high intensity conflicts, humanitarian missions, other contingency operations, and peacetime. Psychiatric nurses have key roles in both TDA and TOE units. Their scope of practice encompasses prevention through mental health promotion activities, intervention when emotional/mental health problems develop, and stabilization of individuals at their highest level of functioning. Psychiatric nurses work in the following clinical areas: inpatient psychiatric units, alcohol/drug rehabilitation programs, day treatment programs, mental health clinics, and combat stress units. Duties include patient counseling, crisis intervention, milieu therapy, group therapy, and critical incident debriefings. The nurse's scope, responsibilities, and authority for professional practice expand with education and experience. Officers

demonstrate and apply progressive and integrative levels of clinical, administrative, educational, and research knowledge and skills in their career development. Expert psychiatric nurse are role models for the specialty, providing leadership and clinical guidance.

(2) *Description of positions.* Unique duty positions include: Psychiatric Clinical Staff Nurse; Psychiatric Clinical Head Nurse; Head Nurse in an Alcohol/Drug Treatment Program; advanced practice positions such as Psychiatric Nurse Practitioner; Clinical Section Chief; Instructor; Program Director; member, Medical Company, Combat Stress Control or Medical Detachment.

(3) *Qualifications.* The ANC officers with formal education such as the AMEDDC&S course in Psychiatric/Mental Health Nursing or documented experience in psychiatric/mental health nursing in accordance with DA Pam 611–21.

(4) *Licensure/certification requirements.* See paragraph 12–1a. Certification in Psychiatric/Mental Health or Addiction Nursing is encouraged but not required.

(5) *Restrictions.* One year Army medical–surgical nursing experience is required prior to attending the 6F–66C Psychiatric/Mental Health Nursing Course.

(6) *Unique education/training requirements.* Successful completion of the 6F–66C Psychiatric/Mental Health Nursing Course is required if there is no acceptable documented experience in this clinical specialty. Advanced roles such as Psychiatric Nurse Practitioner require a master’s degree in psychiatric nursing or acceptable related health care field in accordance with ANC policy. Doctoral degrees may be preferred for selected advanced roles. ILE is a validated educational requirement for selected 66C positions.

c. AOC 66E—Perioperative Nurse.

(1) *Description of duties.* Scope of practice is based on the areas of professional nursing practice in TDA and TOE practice environments, including operating rooms, delivery rooms, ambulatory surgical clinics (ASCs), postanesthesia recovery rooms, central material services (CMS), critical care areas and outpatient surgical clinics. Perioperative nurses are responsible for the preoperative, intraoperative and post operative nursing care of all surgical patients. These nurses are also responsible for the delivery of nursing care as a scrub nurse or circulating nurse; and as part of the surgical team, these officers coordinate the delivery of surgical care. These officers demonstrate and apply progressive and integrative levels of clinical, administrative, educational, and research knowledge and skills in their career development. Expert perioperative nurses are role models for the specialty, using scientific principles as the basis for clinical practice and management. Their scope of practice encompasses the following duties in both the TOE and TDA practice environments:

(a) Manages or supervises the management of the perioperative experience of the surgical patient in concert with other members of the surgical team.

(b) Monitors and controls the environment to ensure patient and personnel safety during surgery.

(c) Assesses, plans, implements, and evaluates nursing care throughout the entire surgical experience that includes preoperative preparation, intraoperative care, and postoperative evaluation.

(d) Supervises and participates in the preparation, sterilization, monitoring, maintenance, and storage of surgical supplies and equipment.

(e) Teaches the principles and practice of perioperative management to 91D and 66E students.

(f) Maintains administrative accountability for perioperative service in the operating room, ASC, CMS, and other areas where invasive patient care is provided.

1. Administers the professional development of nursing personnel within the perioperative areas.

2. Administers the capital expense and operational budgets for the operating room, ASC, and CMS.

3. Develops strategic plans.

4. Manages the equipment procurement program for the operating room, ASC, and CMS.

(g) Plans, organizes, directs, staffs, and controls all perioperative nursing services.

(2) *Description of positions.* Unique duty positions include: Perioperative Clinical Staff Nurse; Clinical Head Nurse of specific clinical specialty area in the operating room; Clinical Nurse Specialist; Clinical Head Nurse, ASC; Chief, CMS; Instructor/Program Director, 91D/66E courses; Infection Control Nurse; Clinical Staff Nurse, Forward Surgical Team (FST); Staff Development Officer; Preceptor, 91D Phase II Program; Registered Nurse First Assist (RNFA); Assistant Chief and Chief, Perioperative Nursing Section; Regional Consultant for Perioperative Nursing Practice; Consultant to the Surgeon General for Perioperative Nursing.

(3) *Qualifications.* AN officers with formal education such as the AMEDDC&S’s Perioperative Nursing Course or documented experience in perioperative nursing in accordance with DA Pam 611–21.

(4) *Licensure/certification requirements.* See paragraph 12–1a. Certification in Perioperative Nursing is encouraged but not required.

(5) *Restrictions.* One year Army medical–surgical nursing experience is required prior to attending the Perioperative Nursing Course.

(6) *Unique educational/training requirements.* Successful completion of the 6F–66E Perioperative Nursing Course (6F–66E (RC) for RCs) is required if there is no acceptable documented experience in this clinical specialty. Advanced roles require a master’s degree in nursing or other acceptable health care related field in accordance with ANC policy.

A doctoral degree may be preferred for selected advanced roles. ILE is a validated educational requirement for selected 66E positions.

d. AOC 66F—Nurse Anesthetist.

(1) *Description of duties.* Scope of practice is based in the areas of professional nursing practice in TDA and TOE practice environments including all areas where anesthesia is administered to include: inpatient operating rooms, ASCs, delivery rooms, postanesthesia recovery rooms, critical care units, and emergency departments. Nurse anesthetists may be assigned to emergency response teams or rapid deployment teams. Expert nurse anesthetists are role models for the specialty, demonstrating exemplary clinical practice as well as interdisciplinary communication and collaboration. The nurse anesthetist's specialized scope of practice encompasses the following duties:

(a) Develops an anesthetic plan based on a preanesthetic evaluation. Performs or supervises the performance of the anesthetic experience in collaboration with an anesthesiologist and/or appropriate physician throughout the preoperative, intraoperative and postoperative phases of anesthesia and surgery. Administers analgesia and anesthesia for the labor and delivery process. Is actively involved in the acute postoperative pain management of the surgical patient utilizing various techniques and pharmacological agents.

(b) Selects and applies appropriate monitoring devices. Selects, obtains, and administers the anesthetic, adjuvant, and accessory drugs and fluids necessary to maintain the anesthetics.

(c) Documents the anesthetic process to include physiological and psychological reactions to anesthesia and surgery.

(d) Provides consultation and service for cardiopulmonary resuscitation and airway management.

(e) Demonstrates and applies progressive and integrative skills of clinical, administrative, educational, and research knowledge and skills in their career development.

(2) *Description of positions.* Unique duty positions include— Clinical Staff Nurse, TDA or TOE MTF or Forward Surgical Team; Instructor; Phase II Director; Program Director or Deputy Program Director; Assistant Chief or Chief, Anesthesia Nursing Section.

(3) *Qualifications.* Per DA Pam 611–21, AN officers with formal education in anesthesia nursing such as the U.S. Army—Northeastern University Program in Anesthesia Nursing and certification by the Council on Certification of Nurse Anesthetists.

(4) *Licensure/certification requirements.* See paragraph 12–1a. Certification by the Council on Certification of Nurse Anesthetists is required.

(5) *Restrictions.* One year of Army medical–surgical or critical care nursing experience is highly recommended.

(6) *Unique education/training requirements.* Formal education in Anesthesia Nursing such as the U.S. Army—Northeastern University Program in Anesthesia Nursing, USUHS, the Health Professionals Scholarship Program (HPSP), or other acceptable programs by DA is required. Selected advanced roles are validated for doctoral level education in nursing or acceptable health care related field in accordance with ANC policy. ILE is a validated educational requirement for selected 66F positions. Specific CE requirements are required to maintain certification.

e. AOC 66G—Obstetric/Gynecologic Nurse.

(1) *Description of duties.* Obstetric/Gynecological nursing practice is a critical component in conserving the health of the female contingent of active duty officers and enlisted military members. In addition, obstetric/gynecological nursing duties incorporate medical–surgical and perioperative nursing skills crucial for the go–to–war health care environment. Obstetric/gynecologic nurses have key roles in both TDA and TOE units and practice setting may include both inpatient and outpatient. Their scope of practice includes the care of women, neonate, and families within the areas of antepartal, intrapartal, neonatal, and gynecological nursing. Obstetric/gynecological nurses work in the following clinical areas: antepartum/postpartum units, mother/baby units, newborn nursery, labor and delivery units, OB/GYN clinics, and antepartum diagnostic clinics. Obstetric/gynecologic nurses work with families across the life span, both in situations of health that benefit from professional nursing support, for example normal pregnancy, and in acute illness or chronic disease situations. The nurse's scope, responsibilities, and authority for professional practice expand with education and experience. Officers demonstrate and apply progressive and integrative levels of clinical, administrative, educational, and research knowledge and skills in their career development. Expert obstetric/gynecological nurses are role models for the specialty, providing leadership and clinical guidance.

(2) *Description of positions.* Unique positions include: Clinical Staff Nurse, Obstetrics/Gynecology; Clinical Head Nurse, Obstetrics/Gynecology; Clinical Nurse Specialist; Instruction/Program Director, 66G Course; Nurse Midwife; Chief, Nurse Midwifery Service; Chief, Maternal/Child Health Nursing Section; Consultant to The Surgeon General for Maternal Child Health Nursing; Consultant to The Surgeon General for Women's Health Advanced Practice Nursing.

(3) *Qualifications.* ANC officers with formal education in Obstetric/Gynecological Nursing such as the AMED-DC&S's Obstetric and Gynecologic Nursing Course or documented experience in obstetric, gynecologic, and newborn nursing in accordance with DA Pam 611–21.

(4) *Licensure/certification requirements.* See paragraph 12–1a. Certification in Obstetric and Gynecologic or Perinatal Nursing is encouraged but not required. The Nurse Midwife (66G8D), an advanced practice role within the 66G AOC, requires certification by the American College of Nurse Midwives.

(5) *Restrictions.* One year of Army medical–surgical nursing experience is required prior to attending the Obstetric/Gynecologic Nursing Course.

(6) *Unique educational/training requirements.* Successful completion of the 6F–66G Obstetric and Gynecologic Nursing Course is required if there is no acceptable documented experience in this clinical specialty. Advanced roles such as nurse midwifery and clinical nurse specialist require a master’s degree in nursing. A doctoral degree may be preferred for selected advanced roles. ILE is a validated educational requirement for selected 66G positions.

f. AOC 66H—Medical–Surgical Nurse.

(1) *Description of duties.* Scope of practice includes medical–surgical clinical areas such as inpatient, ambulatory, emergent, or outpatient settings, in both the TDA and TOE environment. Medical–surgical nurses care for patients across the entire age spectrum and the continuum of health care needs. Medical–surgical nursing duties are critical in providing nursing care to all types of combat casualties during low to high intensity conflicts, wartime environments, and other contingency activities. The nurse’s responsibility and authority for professional nursing practice expand with education and experience. Officers demonstrate and apply progressive and integrative levels of clinical, administrative, educational, and research knowledge and skills in their career development. Expert medical–surgical nurses are role models for the specialty, providing leadership and scientifically based programs for effective nursing practice.

(2) *Description of positions.* Unique duty positions include: Clinical Staff Nurse; Clinical Head Nurse; Clinical Nurse Specialist; Instructor, Nursing/Hospital Education; AMEDDC&S, AOC/ASI and MOS Course Instructor; Program Director; Section Chief, Medical–Surgical or Ambulatory Nursing and Forward Surgical Team staff nurse.

(3) *Qualifications.* In accordance with DA Pam 611–21, AOC 66H is awarded upon accession to officers without other specific qualification. Selected roles within the 66H AOC designated by skills, and/or specific clinical experience, require additional formal education.

(4) *Licensure/certification requirements.* See paragraph 12–1a. Certification in Medical–Surgical Nursing or related specialties (for example, critical care, emergency nursing, postanesthesia care, oncology, orthopedics, or clinical specialist is encouraged but not required.

(5) *Restrictions.* None.

(6) *Unique education/training requirements.* Annual and periodic workshops and conferences on various medical–surgical nursing topics enhance performance in this AOC. Officers requesting classification for the Skill Code 8A (Critical Care Nurse), or M5 (Emergency Nurse) require formal education such as a numbered course from the AMEDDC&S or other acceptable education and experience in the specific specialty in accordance with DA Pam 611–21. Other advanced roles for medical–surgical nursing (for example, clinical nurse specialist (7T)) require a master’s degree in nursing or doctoral degree in nursing or acceptable health care related field in accordance with DA Pam 611–21 and AN policy. ILE and SSC are validated educational requirements for selected 66H positions.

g. AOC 66P—Family Nurse Practitioner.

(1) *Description of duties.* Family Nurse Practitioners are a critical component in providing primary health care support for adults and children during humanitarian missions, other contingency operations, and peacetime. Family Nurse Practitioners have key roles in both TDA and TOE units. Family Nurse Practitioners work in the ambulatory setting in MEDDACs and MEDCENs during peacetime and in the Specialty Care Clinic of a Combat Support Hospital during combat. They are substitutable for Family Medicine Physicians and Physician Assistants in according with policies outlined in AR 601–142. Their scope of practice promotes health, wellness and disease/injury prevention. Duties include eliciting comprehensive health histories, performing complete physical examinations, ordering and/or performing diagnostic tests, analyzing data, formulating problem lists, developing and implementing plans of care, collaborating with other health professionals, and referring patients as appropriate. The nurse’s scope, responsibilities, and authority for professional practice expand with education and experience. Officers demonstrate and apply progressive and integrative levels of clinical, administrative, educational, and research knowledge and skills in their career development. Expert Family Nurse Practitioners are role models for the specialty, providing leadership and clinical guidance.

(2) *Description of positions.* Unique duty positions include: Family Nurse Practitioner; Chief, Ambulatory Nursing; Chief, Primary Care Nursing; Chief, Health Promotion; Family Nurse Practitioner Consultant to The Surgeon General.

(3) *Qualifications.* Per DA Pam 611–21, AN officers with formal education as a family nurse practitioner from a program acceptable to Department of the Army and national certification as a Family Nurse Practitioner within one year after graduation from an accredited MSN program or within one year of accession to the Army Nurse Corps.

(4) *Licensure/certification requirements.* See paragraph 12–1a. Certification as a Family Nurse Practitioner is required.

(5) *Restrictions.* One year work experience as a Registered Nurse is required either before completing the master’s FNP Program.

(6) *Unique education/training requirements.* Masters of Science in Nursing, with specialization in a Family Nurse Practitioner accredited program acceptable to Department of the Army. Doctoral degrees may be preferred for selected advanced roles. Specific CE training is required to maintain certification. ILE is a validated educational requirement for selected 66G positions.

Table 12–1
Army Nurse Corps areas of concentration

	Title
AOC	Army Public Health Nurse
66B	Psychiatric/Mental Health Nurse
66C	Perioperative Nurse
66E	Nurse Anesthetist
66F	Obstetric and Gynecologic Nurse
66G	Medical–Surgical Nurse
66H	Operational Nurse (duty AOC only)
66N	Family Nurse Practitioner
66P	

Table 12–2
Army Nurse Corps skill codes

Skill code	Title
7T	Clinical Nurse Specialist
8A	Critical Care Nurse
8D	Nurse Midwife
M5	Emergency Nurse
M8	Psychiatric Nurse Practitioner
M9	Nurse Case Manager
N1	Aviation Medicine Nurse Practitioner

Notes:

¹ Other skill codes/titles that may be applicable to selected ANC officers are: 4T Recruiter; 5K Instructor; 5P Parachutist; 5N Inspector General; 7Y Combat Development; and 8Z Medical Research, Development, Test, and Evaluation. Also see DA Pam 611–21.

12–5. Skill codes

Skill codes per DA Pam 611–21 provide a means whereby officers who have education and experience in certain subspecialties and advanced roles of nursing can be identified at headquarters level, as well as providing utilization guidance to local commanders and chief nurses. Skill codes are not intended to classify an officer for utilization limited to a subspecialty within an AOC. Officers should have maximum flexibility in assignments and utilization.

12–6. Proficiency designators

Proficiency designators are awarded in conjunction with the AOC which indicates the AN officer’s degree of proficiency based on formal education and professional experience in that particular AOC. The only proficiency designator awarded to ANC officers is 9A. This indicates the AN officer is an expert in his/her field and it is awarded by the Surgeon General’s Classification Board in accordance with DA Pam 611–21.

12–7. Branch immaterial positions

a. Description of duties. The AOC 66N is an AOC IM duty position, grade specific, spanning the grades captain to colonel. Assignment occurs in designated staff, executive, and command positions within a variety of commands (that is, Training and Doctrine Command, USAREC, HRC, FORSCOM, MEDCOM, USAEUR, and Eighth Army) in which ANC officers perform a variety of planning, coordination, supervisory, and/or executive functions.

b. Description of positions. Duty positions include USAREC AMEDD recruiters; ROTC counselors and staff officers; PERSCOM staff officer; Chief, Hospital/Nursing Education and Staff Development; Chief Nurse or Deputy Commander, MEDDAC, MEDCEN, and RMC; Infection Control Officer; Nurse Methods Analyst; OTSG/DRU, ACOM, ASCC/DA/DOD staff officer; Nursing Research Officer; Deputy Chief Information Officer/ Informatics, AMEDDC&S instructors. Selected positions are validated for doctoral level education in accordance with policy. ILE and/or SSC are validated requirement for selected 66N positions.

c. Qualifications. Officers must possess a primary AOC and maintain clinical proficiency in that AOC, as noted in paragraph 12–4. The officer must also have demonstrated managerial and/or executive skills and meet the specific qualifications or requirements of a specified position in which duties are being performed.

12–8. Reserve Component officers

The overall goals and ANC officer responsibilities for career development in the RC parallel the Active Army. The unique career development opportunities and expectations in the RC are described in the Chapter 6.

12–9. Army Nurse Corps executive skills

Executive skills constitute a body of knowledge and skills in forty competencies that are required in order to be a successful military health care executive. These skills are developed through formal training by attendance of the

Executive Skills Course at the AMEDDC&S and are also further developed in the normal course of career progression. Figure 12–1 below depicts Army Nurse Corps Executive Skills within several executive disciplines.

12–10. Army Nurse Corps life cycle models

The Active Army and Reserve Component life cycle models are depicted in figure 12–2 and figure 12–3.

Military Medical Readiness	Health Law and Policy	Individual and Organizational Behavior
Medical Doctrine	Public Law	Individual Behavior
Military Mission	Medical Liability	Group Dynamics
Joint Operations/Exercises	Medical Staff By-Laws	Conflict Management
Total Force Management	Regulations	Communication
NDMS Management/DVA Role	External Accreditation	Public Speaking
Medical Readiness Training	.	Public and Media Relations
Contingency Training		

General Management	Health Resources Allocation and Management	Clinical Understanding
Strategic Planning	Financial Management	Epidemiological Methods
Organizational Design	Human Resources Management	Clinical Investigation
Decision Making	Labor-Management Relations	Alt. Health Care Delivery Systems
Change and Innovation	Materiel Management	Performance Measurement
Leadership	Facilities Management	Quality Management
	Information Management	Quantitative Analysis
		Outcome Measurements
		Clinical Performance Improvement

Ethics in a Health Care Environment
Ethical Decision Making
Personal and Professional Ethics
Bioethics
Organizational Ethics

Figure 12–1. Army Nurse Corps executive skills

YEARS	0	5	10	15	20	25	30
RANK	LT 0-4	CPT 5-9	MAJ 9-15	LTC 16-21	COL 22-30		
PROFESSIONAL MILITARY EDUCATION	BOLC	CCC	ILE		SSC		
Additional Training	AOC/ASI COURSE POST GRADUATE EDUCATION, TWI, BAYLOR HCA, FELLOWSHIPS INTERAGENCY INSTITUTE FOR FEDERAL HEALTH CARE EXECUTIVES ARMY NURSE PRECEPTORSHIP PROGRAM HEAD NURSE LEADERSHIP COURSE ADVANCED NURSE LEADERSHIP COURSE EXECUTIVE SKILLS COURSE CBRNE, BLS, PALS, ACLS, TNCC, ATLS, C4, , ABLs, TCMC, JOMCC, MMHAG, HLSMEC, TC3, ENCP, JECC, DIV SURG COURSE, PRIMARY FLIGHT SURGEON COURSE AIRBORNE, AIR ASSAULT, EFMB						
Typical Assignments	Lieutenant/ Captain TDA Staff /Charge Nurse Preceptor Assistant Head Nurse Unit Education Coordinator ROTC Counselor USAREC Recruiter Company Commander Nurse Practitioner Nurse Anesthetist TOE FORSCOM Staff Nurse	Major TDA Staff/ Head Nurse Clinical Nurse Specialist Nurse Practitioner Midwife Enlisted MOS Instructor Director/Deputy MOS Course Team Commander/ USAREC Executive Officer/ USAREC TOE CSH Head Nurse FST Chief Nurse DMRTI Instructor	Lieutenant Colonel TDA Clinical Head Nurse/ MEDCEN Chief, Section, Ward or Clinic Assistant Chief Nurse, MEDDAC Chief Nurse/ DCN Director/ Deputy AOC/ASI Course Nurse Methods Analyst Chief, Informatics Chief, Hospital Education Chief, Nursing Research Consultant Branch Immaterial Command TOE CSH Assist CN DCDD/ Combat Development JRTC O/C JRCAB/ DMSB	Colonel TDA Assistant Chief Nurse MACOM Chief Nurse DCN/ Chief Nurse Brigade Chief Nurse Chief, Section, Department Chief, Dept Nursing Science Director, Anesthesia Program Staff Officer CIO, Deputy CIO Chief, AN HRC Chief Nurse, USAREC, ROTC Branch Immaterial Command TOE CSH CN MC/MBDE CN FORSCOM CN			
Self Development	CONTINUING HEALTH EDUCATION PROFESSIONAL BOARD CERTIFICATION						

Figure 12-2. Army Nurse Corps Active Army life cycle development and utilization

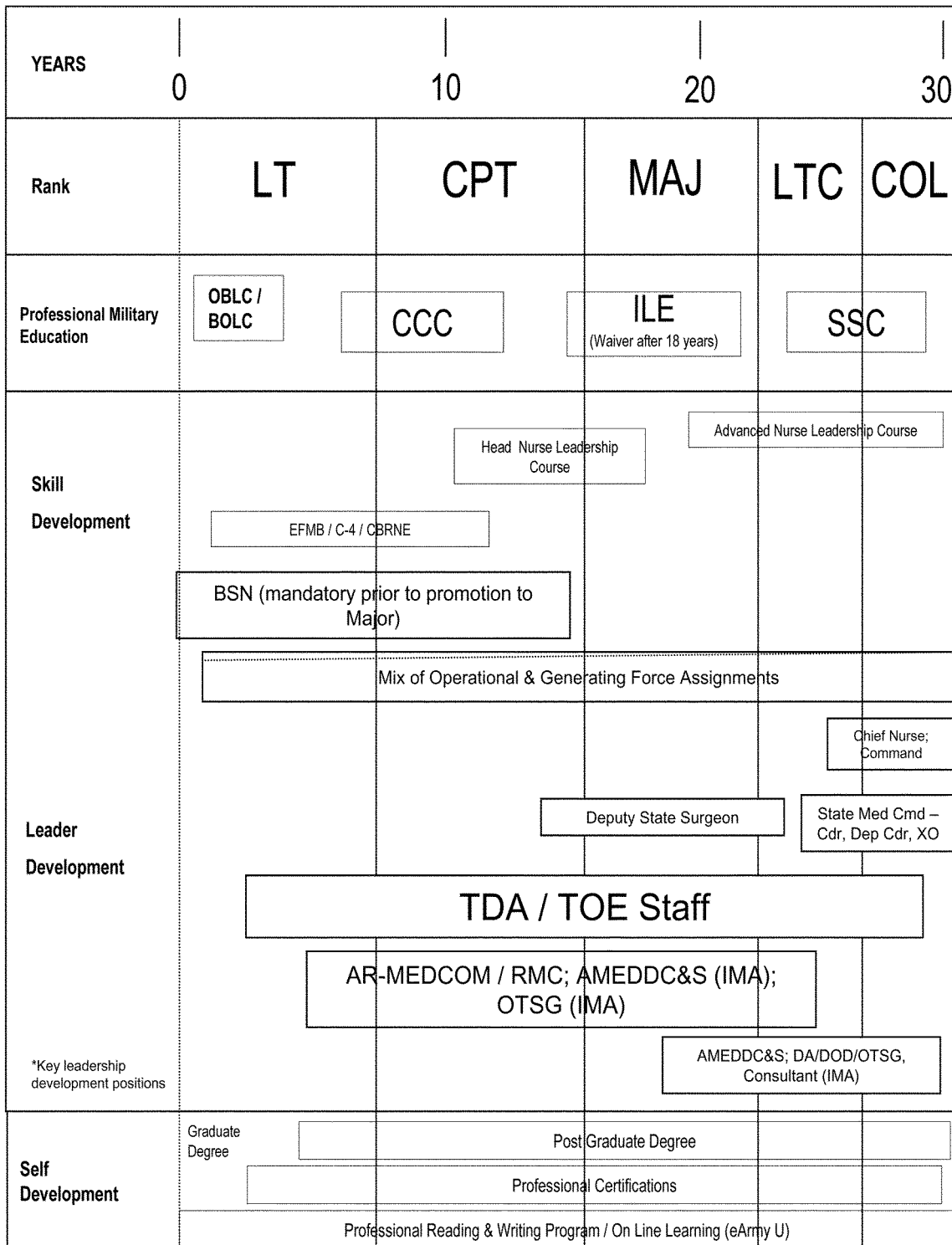


Figure 12-3. Army Nurse Corps Reserve Component life cycle development and utilization

Chapter 13 Veterinary Corps

13-1. Description of the Veterinary Corps

The Veterinary Corps (VC) is a unique branch of the Army organized under the AMEDD. It is composed of commissioned officers who are graduates of a college of veterinary medicine accredited by the Council of Education of the American Veterinary Medical Association. It also includes Warrant Officers with a title of Veterinary Corps Food Safety Officers.

a. Veterinary Corps officers. To practice veterinary medicine, a Veterinary Corps officer (VCO) must possess a Doctor of Veterinary Medicine (DVM) or Veterinary Medical Doctor (VMD) degree, and have a permanent, unrestricted license to practice veterinary medicine in one of the United States, District of Columbia, Puerto Rico, or a US territory. The VC encompasses those positions filled by officers in which the knowledge and skills required and the services performed are associated with the health and welfare of animals, the prevention of human illness from food or animal sources (zoonotic diseases), the safety and defense of subsistence, and experimental and comparative biomedical research involving animals. The Army is the DOD executive agent for worldwide military veterinary services. As such, Army veterinarians are assigned and located throughout the DOD performing missions that require veterinary expertise and knowledge for all services and agencies. To meet DOD requirements there are six veterinary areas of concentration (AOC). All newly appointed VC officers who have not had postdoctoral education or training are designated Field Veterinary Service Officers (64A). With further experience and training, the Field Veterinary Service Officer will acquire an advanced specialty designation in veterinary preventive medicine (64B), laboratory animal medicine (64C), veterinary pathology (64D), veterinary comparative medicine (64E), or veterinary clinical medicine (64F). Each AOC has a specific consultant that advises the Corps Chief and TSG on their area of concentration.

b. Warrant officers. Warrant officers possessing MOS 640A, Veterinary Corps Food Safety Officer, are an integral part of the VC. While warrant officers are usually functionally oriented, the leadership roles of warrant officers are the same as other leaders and staff officers. They provide technical expertise and continuity in the specialized areas of food safety and defense; sanitation; and food science and technology. As the AMEDD's "technical officers" in these highly specialized fields, they assist the VC in fulfilling their mission to conserve the fighting strength. Career development of these officers is included in paragraph 13-5.

c. Career development. The operational element which implements Veterinary Corps policies concerning the career development of the Active Army Veterinary Corps officer is the VC Branch, Human Resources Command, which coordinates military and civilian schooling, assignments, skill classification, career management assistance, and other personnel management actions. A primary objective of this branch is to assist each officer to attain career goals by providing appropriate assignments and ensuring objective consideration for educational opportunities. Reserve Component Veterinary Corps policies concerning career development are coordinated through the Assistant Veterinary Corps Chief for Mobilization and Reserve Affairs.

13-2. Officer characteristics required

Veterinary Corps officers must be warrior leaders skilled in tactics, techniques, and procedures in order to understand and support the warfighter; possess strong Army Values, leader attributes and skills and fully understand the key leadership actions that must be taken to ensure success. The linear battlefields of the past no longer exist and Veterinary Corps officers of the future must be prepared to face the tactical challenges of the non-linear battlefields of today and the future. Veterinary Corps Officers are required to continually hone and improve these unique skills, knowledge, and attributes in the separate areas of concentration through professional development competencies and actions common to all. The Veterinary Corps offers a broad spectrum of opportunities. Veterinary Corps Officers develop expertise and experience throughout their career in progressive more challenging assignments. The Veterinary Corps equally values assignments in the operating force as well as the generating force. The center of gravity of the Veterinary Corps is the operational force, but also requires a robust generating force to accomplish the Army's executive agent veterinary service mission. Successful assignment in either or both of these areas within a career will enable promotion through the grade of LTC. With the successful completion of preferred AOC specific assignments, at various grades, additional promotion opportunities are available past the grade of LTC. Every officer must serve successfully in leadership positions and hone higher skills in the key staff positions to be considered for promotion. Although there are many AOCs within the Veterinary Corps, there are common skill sets: Leadership, Technical, and Tactical, that every officer should develop and maintain.

a. Unique officer skills. The Veterinary Corps consists of six distinct AOCs. The Veterinary Corps officer typically starts out as a generalist and becomes a specialist as his / her career progresses, but must maintain a generalist skill set for branch immaterial senior veterinary positions (64Z). Veterinary Corps officers perform as unit commanders, staff officers, provide direct patient care, and support research in a variety of facilities around the world. All areas of

concentration are open to male and female officers and have command opportunities at the MAJ, LTC, and COL levels. (Detailed descriptions of each AOC are outlined in para. 13–4.)

b. Unique warrant officer skills. The Veterinary Corps requires warrant officers who are skilled technicians in the area of food safety and defense. There is only one warrant officer Military Occupational Specialty (MOS) in the Veterinary Corps. They lead and direct Soldiers and make the organization, analysis, and presentation of information manageable for the Commander. Veterinary Corps Food Safety Officers 640A, are an integral part of the Corps. This MOS is open to male and female warrant officers. (A detailed description of this MOS is in para 13–5.)

c. Decisionmaking skills. Veterinary Corps officers often work in an environment where time available for problem analysis is seriously constrained but where sound timely decisions are urgent. Information gained is often vague, ambiguous, complex and uncertain. Veterinary Corps officers need the ability to operate under stress and, apply critical thinking skills while making decisions. They may act within the command structure of another service or coalition headquarters where the decisionmaking processes may be different. Because the issues often involve host nation and host nation personnel, decisions can have political requirements and constraints.

d. Tactical, technical and operational skills. Veterinary Corps officers must be warfighters who are technically proficient with branch and mission unique equipment, tools, and systems. Veterinary Corps mission success requires the proper balance between technical and tactical skills. These skills must be gained and developed through operational assignments, continuous professional study and self–development. Veterinary Corps officers must survive on a non–linear, non–contiguous battlefield and negotiate asymmetric threats to accomplish their missions.

e. Unique knowledge.

(1) Officers must possess expert knowledge in veterinary service management, combined arms and general support, and coordination principles. This knowledge includes practical experience in tactics, combined arms operations and deployment operations.

(2) Officers gain this knowledge through a logical sequence of continuous education, training and experience sustained by mentoring.

(3) Individual officers sustain knowledge through institutional training and education, duty in operational assignments, continuous self–development, and progressive levels of assignments within their specialty.

(4) Officers must gain knowledge of other services’ procedures and constraints and gain experience working on Army and joint staffs while serving in company and field grade assignments.

f. Unique attributes.

(1) *Personal attributes.* Veterinary Corps officers uphold Army traditions and maintain the highest standards of personal and professional integrity. They live the Army Values and enforce high standards of technical competence, training, physical fitness and discipline, embody the warrior ethos and are extremely well–versed in warfighting and medical support doctrine. However, they are also adaptable to changing environments and can update veterinary estimates/plans and apply non–textbook solutions in unique situations. The dynamics associated with training and operations missions require ingenuity and foresight. Officers must recognize the importance of physical and mental fitness since high levels of stamina and vigor are critical to sustained endurance.

(2) *Multifunctional attributes.* At the company grade level Veterinary Corps officers are multifunctional and become more specialized within a career field. Officers must develop and use a diverse set of skills as they move between AOC specific assignments in force structure and force generating positions, and as they serve in branch generalist assignments.

g. Unique warrant officer attributes. As warrant officers begin to function at the higher levels, they become “systems of systems” experts, rather than specific equipment experts. As such, they must have a firm grasp of the joint and multinational environments and know how to integrate systems they manage into complex operating environments.

13–3. Veterinary Corps officer professional development

Officers must meet certain standards in terms of schooling and operational assignments to be a proficient Veterinary Corps officer at each grade. Meeting these standards ensures that the officer has acquired the skills, knowledge, and attributes to remain proficient in the Veterinary Corps at that grade and is competitive for promotion or retention in the branch. It is essential that the Veterinary Corps have officers who are outstanding troop leaders as well as providing requisite technical expertise in their specialized areas of concentration. For an officer to be considered fully trained as a Veterinary Corps officer, the officer should be tactically and technically proficient, be physically fit, and be of the highest moral and ethical character. Recognizing that various assignments require different strengths, techniques, and backgrounds, an officer’s most important assignment is the current one and the officer should focus on an outstanding performance in that job assignment. Underpinning officer development are the three domains of leader development: institutional training, operational assignments, and self–development. These domains are described in phases below. Self–development is the responsibility of every officer and ranges from professional reading during off–duty time to aggressively seeking out positions of increased responsibility. Each officer, with support from mentors, should develop career goals and clearly articulate those goals to their commander and assignments officer at HRC. Always remember that an officer is his or her own best career manager. By actively participating in the management of career decisions,

officers will improve the likelihood of a successful career. Professional development is divided into 4 phases: Captain, Major, Lieutenant Colonel, and Colonel with particular job assignments and schooling appropriate to each phase.

a. Professional development phases.

(1) Captain.

(a) Institutional training. Upon accession as a Captain, all officers must attend the AMEDD Officer Basic Leader Course (OBLC) and the AMEDD OBLC Veterinary Track. Twelve to eighteen months after completing OBLC, Veterinary Corps officers will complete the Clinical Proficiency Course (CPC). Prior to their second assignment or during their second assignment Veterinary Corps officers will complete the AMEDD Captain's Career Course. Prior to an operational assignment Veterinary Corps officers will complete the Readiness, Mobilization and Deployment Course or the Veterinary Services in a Theater of Operations Course. Veterinary Corps officers are encouraged to attend the Military Veterinary Medical Seminar not less than once per assignment and complete the Foreign Animal Disease Diagnostician's Course if required by their duty position.

(b) Operational assignments. A Veterinary Corps officer's initial tour of duty is usually a CONUS-based assignment within the US Army Veterinary Command. The initial tour usually includes a variety of duties and responsibilities in the areas of animal medicine, food safety and defense, leadership, and administration. Veterinary Corps officers are often assigned to installations other than Army and must be able to work proficiently with other services and serve as a staff officer to the installation commander of another service. It is imperative that officers aggressively seek a second assignment in a preferred location either in a CONUS-based operational unit or in an OCONUS assignment. This enhances professional development and complements experience at the unit level. Through these assignments an officer should become technically proficient and master essential troop leading skills. Assignments will be based on needs of the Army, professional development requirements, and officer's preferences.

(c) Self-development. A Veterinary Corps officer who has a sound educational background, has completed the required Captain's Career Course, and successfully completed an operational or OCONUS assignment may apply for a fully funded advanced degree in a discipline directly related to his or her desired area of concentration (AOC). This program is highly competitive and selection is based on demonstrated performance and potential for promotion. Selected officers attend graduate school or a military program to meet specific Army requirements. The Army approves the university, college, or military program the officer selects. More information on Long Term Health Education and Training is located in Chapter 3 of the pamphlet. Airborne or Air Assault training may be attended depending on current/projected assignments and available training opportunities. It is highly encouraged that officers compete for and obtain the Expert Field Medical Badge (EFMB).

(2) Major.

(a) Institutional training. Veterinary Corps officers must attain MEL 4. Military education required during this phase is completion of Intermediate Level Education (ILE). Veterinary Corps officers will complete ILE by either the 3 month Course Location (CL) at one of five sites or through Distance Learning.

(b) Operational assignments. Assignments may be in operational or force generating units. The key to promotion is successful completion of every assignment. The more time officers spend in AOC preferred experience positions the more competitive the officer is for future command and leadership positions. Time is a critical factor in determining and selecting assignment opportunities. Veterinary Corps majors must make informed assignment decisions to complete both ILE/MEL 4 and AOC preferred experience positions. ILE/MEL 4 education programs provide majors skills that enhance their ability to be successful as field grade officers and in AOC preferred experience positions.

(c) Self-development. After completing Long Term Health Education and Training, Veterinary Corps officers must aggressively seek board certification in their respective veterinary specialty area.

(3) Lieutenant colonel.

(a) Institutional training. LTCs benefit by being selected for and attending a Senior Service College or completing the U.S. Army War College Distance Education Course (MEL 1).

(b) Operational assignments. This phase provides the Army with officers in senior grades who have developed the expertise needed in specific areas of concentration. A majority of LTCs serve in key staff positions throughout the Army as well as with other services of the Department of Defense. A successful assignment as a LTC commander also enhances the officer's potential for future command and promotion. To be competitive for selection for an operational command at the LTC level, Veterinary Corps officers have been leader developed in the operational force at the CPT and MAJ level. At the LTC level or higher, officers can expect to be assigned to senior staff positions at the Army and DOD level where they will serve in a wide variety of branch or generalist positions, unless selected for higher level command or schooling. While LTC and COL command and schooling are career goals, selection is extremely competitive.

(c) Self-development. Lieutenant colonel Veterinary Corps officers must continue to aggressively seek board certification in their respective veterinary specialty area if not already completed.

(4) Colonel.

(a) Institutional training. Attendance at a Senior Service College or completion of U.S. Army War College Distance Education Course (MEL 1) is advantageous and selective. Except through an established resident program such as the Army War College (AWC), the Industrial College of the Armed Forces (ICAF), and similar senior service courses,

completion of the non-resident course is the only means by which an Army officer can receive credit for Senior Service College training (MEL 1). However, once selected and enrolled in the non-resident course, an officer is no longer eligible to attend a resident Senior Service College. Therefore, it is recommended that the officer discuss this with his or her assignment manager prior to applying for the correspondence course. The Senior Service College selection board is responsible for selection of all active duty officers for participation in the U.S. Army War College Distance Education Course.

(b) *Operational assignments.* COLs should complete successful staff and command (or equivalent) positions at the COL level.

(c) *Self-development.* COLs should continue to develop their senior leader skills by attending the Interagency Institute for Federal Health Care Executives Course, Medical Strategic Leadership Program, and other senior/executive level courses. Upon attaining full professional status, obtaining national prominence in a specialty field or being considered eminently qualified to chair a department, division or service, the COL may be considered for the Surgeon General's A Medical Proficiency Designator.

b. *Area of concentration designation process.* Field Veterinary Service Officers (64A) will redesignate as a Veterinary Corps Specialty AOC (64B-F) with the skill identifier of 9D upon being admitted to an AOC producing school or residency. Upon graduation they must send their final transcript indicating the degree attained or their residency completion certificate to the Veterinary Corps Branch at HRC at which time they will be given the skill identifier of 9C. Officers will revert back to the 64A AOC if they fail to complete the AOC producing school or residency. Officers that complete their AOC producing school or residency but fail to complete board certification will remain in that AOC unless they become board eligible for another AOC. Alternatively, Veterinary Corps officers both active and reserve can achieve the associated AOC with the 9C skill identifier after acceptance of board eligibility by the respective boards described in the following paragraphs. Upon board certification they will receive the skill identifier of 9B. Reserve officers will submit their documents to the Assistant Veterinary Corps Chief for Mobilization and Reserve Affairs for submittal to HRC-St. Louis.

13-4. Areas of concentration

a. 64A-Field Veterinary Service Officer.

(1) *Description of duties.* Performs, supervises, directs, or coordinates inspection to include examination and testing of subsistence for wholesomeness and conformance with other Federal and military standards. Provides veterinary medical diagnostic and treatment services and surgery for Government-owned animals and other animals as authorized. Instructs or trains officers and enlisted specialists in any or all of these aspects of military veterinary services.

(2) *Description of positions.* Positions may be classified as activity chief, for example, branch chief, section chief, OIC. Positions are found at TDA Veterinary Command Activities, TOE units, and in research and development activities.

(3) *Qualifications.* Considered an entry level skill for company grade officers who have not had advanced training or experience beyond the DVM level. Must have successfully completed the AMEDD OBLC.

b. 64B-Veterinary Preventive Medicine Officer.

(1) *Description of duties.* Commands or directs operational (TOE) or force generating (TDA) veterinary and other medical units, both CONUS and OCONUS. Serves as staff officer for veterinary services at DRU, ACOM, ASCC or DOD level. Serves as veterinary preventive medicine or epidemiological staff officers at USACHPPM and AFMIC. Plans, coordinates, and directs veterinary public health programs to control animal and foodborne diseases of public health interest. Functions in a variety of clinically oriented roles involving international studies, nation assistance/civil affairs and/or Special Forces. Provides liaison with Federal, State, and local government agencies concerned with veterinary issues. Provides consultation on matters involving zoonotic or wildlife diseases on military reservations or in combat.

(2) *Description of positions.* Commander, Regional Veterinary Command or District Veterinary Command; Commander, Veterinary TOE unit; Chief of a division, branch, or section; Staff Officer or Instructor with OTSG, DOD Veterinary Service Activity, AMEDDC&S, VETCOM, Regional Veterinary Commands, District Veterinary Commands, Special Operations Command, FORSCOM, USACHPPM, AFMIC, Command Selection List (CSL) commands and other commands.

(3) *Qualifications.* Must have successfully completed the AMEDD Officer Basic Leadership Course and the AMEDD Captain's Career Course. Must have completed postdoctoral training either in food safety, public health, veterinary laboratory services, or successfully demonstrated equivalent experience. Must be board eligible as determined by the American College of Veterinary Preventive Medicine (ACVPM) to hold command positions at the major level. Must have successfully completed the ILE and possess board certification by the American College of Veterinary Preventive Medicine (ACVPM) to hold command positions as a lieutenant colonel or colonel.

c. 64C-Veterinary Laboratory Animal Medicine Officer.

(1) *Description of duties.* Plans, directs, and participates in the care, treatment, and management of laboratory animals and other Government-owned animals. Duties include the design of facilities and equipment; obtaining and maintaining accreditation from the Accreditation for Laboratory Animal Care, International; supervision of all aspects

of animal care and use; and operation of research projects. May also supervise, manage, or command operational (TOE) or force generating (TDA) veterinary and other medical units, or serve as staff officer for veterinary services at DRU, ACOM, ASCC or DOD level if they have had the appropriate leader development for each of these positions. Duties are performed in TDA organizations, both CONUS and OCONUS.

(2) *Description of positions.* Director, Laboratory Animal Medicine; Director, Research Program; Chief, Research and Development Department/Division/Branch/Service; Chief, Veterinary Clinical Investigation Service, MEDCEN.

(3) *Qualifications.* Must be a graduate of the AMEDD Officer Basic Leadership Course and the AMEDD Captain's Career Course. Must have completed postdoctoral training in laboratory animal medicine and be either board certified or board eligible according to the American College of Laboratory Animal Medicine (ACLAM). Must have successfully completed ILE and possess board certification by ACLAM or be board eligible (as determined by ACLAM's requirements) to hold positions at the lieutenant colonel level. Must be both board certified and a graduate of ILE to hold positions at the colonel level.

d. AOC 64D–Veterinary Pathologist.

(1) *Description of duties.* Conducts diagnostic, surgical, and necropsy assessments of DOD working animals. Conceive, designs, and performs innovative and creative scientific research as well as more classical research support; frequently performed in accordance with the guidelines of national and international regulatory agencies such as the Food and Drug Administration, National Toxicology Program, and the World Health Organization. Evaluates therapeutics and vaccines intended for human use in animal models in accordance with Good Laboratory Practices standards. May also supervise, manage, or command operational (TOE) or force generating (TDA) veterinary and other medical units, or serve as staff officer for veterinary services at DRU, ACOM, ASCC or DOD level if they have had the appropriate leader development for each of these positions. Duties performed in TOE and TDA organizations both CONUS and OCONUS.

(2) *Description of positions.* Director, Research Program; Chief, Research and Development Department/Division/Branch/Service; Chief, Veterinary Clinical Investigation Service, MEDCEN.

(3) *Qualifications.* Must be a graduate of the AMEDD Officer Basic Leadership Course and the AMEDD Captain's Career Course. Must have completed post doctoral training in veterinary pathology and be either board eligible or certified by the American College of Veterinary Pathologists (ACVP). Must have successfully completed the ILE and possess board certification by the ACVP to hold positions at the lieutenant colonel and colonel level.

e. AOC 64E–Veterinary Comparative Medicine Officer.

(1) *Description of duties.* Plans, directs, executes, manages, or conducts research in various research, development, and acquisition (RDA) programs addressing joint Service and Army-specific requirements for medical materiel in support of Army Science and Technology Objectives. Participates in Army RDA programs and the DOD technology base research programs, investigating medical countermeasures to infectious diseases and developing medical defenses against chemical and biological warfare threat agents. Determines the mechanism of action of chemical and biological warfare agents and potential antidotes, investigates and diagnoses exotic disease outbreaks on a global basis, develops and tests vaccines and other methods of disease prevention, diagnosis, treatment and control, and tests and develops new drugs, biologics, and medical devices against chemical and biological agents. Serves as Commander or Deputy Commander of a medical RDA laboratory or activity responsible for the execution of specific aspects of the Army RDA technology base research or advanced development programs. Serves as director of an RDA program responsible for strategic planning, programming, direction, and defense. Serves as a medical product manager in development of new drugs, biologicals, and medical devices required for the military. Serves as a research manager responsible for management of fiscal and human resources in the execution of research projects at an RDA laboratory. May also supervise, manage, or command operational (TOE) or force generating (TDA) veterinary and other medical units, or serve as staff officer for veterinary services at DRU, ACOM, ASCC or DOD level if they have had the appropriate leader development for each of these positions. Duties are performed in TDA organizations, both CONUS and OCONUS.

(2) *Description of positions.* Positions include— Commander/Deputy Commander, RDA Laboratory/Activity; Director, RDA Program(s); Chief, RDA Department/Division/Branch/Project/Service; Principle Research Investigator.

(3) *Qualifications.* Must be a graduate of the AMEDD Officer Basic Leadership Course and the AMEDD Captain's Career Course. Must have a PhD degree in microbiology, immunology, physiology, pharmacology, toxicology, or a related discipline. Must have successfully completed the ILE and possess a PhD degree to hold positions at the lieutenant colonel level. Must have a PhD degree, be a graduate of ILE, and have a record of accomplishments in research and development and science management to hold positions at the colonel level.

f. AOC 64F–Veterinary Clinical Medicine Officer.

(1) *Description of duties.* Provides medical and surgical care of Government-owned animals as well as privately-owned animals as authorized. Makes clinical observations and diagnoses and serves as clinical consultant in specialty areas as required. Functions in a variety of clinically oriented roles involving international studies, nation assistance/civil affairs, and/or Special Forces. May also supervise, manage, or command operational (TOE) or force generating (TDA) veterinary and other medical units, or serve as staff officer for veterinary services at DRU, ACOM,

ASCC or DOD level if they have had the appropriate leader development for each of these positions. Duties are performed in TOE/TDA organizations, both CONUS and OCONUS.

(2) *Description of positions.* Commander, TDA or TOE veterinary unit; Staff Officer, VETCOM, AMEDDC&S, FORSCOM, Department Chief, DOD Military Dog Veterinary Service; Chief, Clinical Services, DOD Military Working Dog Veterinary Service; senior management and surgical support positions in USAMRMC; Instructor.

(3) *Qualifications.* Must have successfully completed the AMEDD Officer Basic Leadership Course and Captain's Career Course. Must have completed postdoctoral professional training and/or board certification in a veterinary clinical discipline recognized by the American Veterinary Medical Association. These include the American College of Veterinary Surgery, American College of Veterinary Internal Medicine, American College of Veterinary Radiology, American College of Veterinary Ophthalmology, American College of Veterinary Emergency and Critical Care, and the American Board of Veterinary Practitioners. Must have successfully completed the ILE and possess board certification or be board eligible (as determined by the specific specialty board requirements) to hold positions at the lieutenant colonel level. Must be both board certified and a graduate of ILE to hold positions at the colonel level.

13-5. Branch immaterial positions

Veterinary Corps officers board certified in AOCs 64B-F are eligible for IM positions (Coded AOC 64Z) that include, but are not limited to, the following: OTSG, DOD Veterinary Service Activity; Deputy Chief, Veterinary Corps; Commander/Chief of Staff/Regional Veterinary Commanders, VETCOM; Chief, Department of Veterinary Science, AMEDDC&S; Instructor, AMEDDC&S; Veterinary Corps Branch Chief, Human Resources Command; Veterinary Staff Officer, 30th Med Bde/3d MEDCOM/18th MEDCOM/44th MEDCOM; Veterinary Staff Officer, DLA/DSCP/DeCA; Naval Medical Research Unit, Bethesda/Cairo/Jakarta.

13-6. Veterinary Corps warrant officer (food safety officers MOS— 640A)

a. Description of duties. Participates in the process of procuring safe, wholesome subsistence and serves as a technical consultant to the Commander.

b. Description of positions. Positions requiring the skills of this MOS include: DODVSA, DRU, ACOM, ASCC, MEDDAC/MEDCEN Staff Officer (Region and District Veterinary Command Food safety officer), AMEDDC&S Instructor, Consumer Safety Officer at Defense Supply Center Philadelphia, Consumer Safety Officer at Defense Commissary Agency Headquarters and Region locations, Senior Food Safety Officer and the US Army Quartermaster Center & School, Senior Food Safety Officer in Veterinary Services TOE detachments, and Quality Assurance Officer at Food Analysis and Diagnostic Lab.

c. Qualifications. Must have completed the AMEDD Officer Basic Leadership Course and the AMEDD Captain's Career Course. Must have successfully completed the following: Warrant Officer Advanced Course (CCC) phase 1 (non-resident) and phase 2 (resident at AMEDD CCC) prior to promotion to CW3 Warrant Officer Staff Course (WOSC) with proponent track upon selection to CW4; and the Warrant Officer Senior Staff Course (WOSSC) upon selection to CW5.

(1) *Institutional training.* Food safety officers are professionally developed through a variety of assignments and training opportunities. Each warrant officer should strive to achieve the professional development described within. Achieving these professional development objectives ensures that each Food Safety Officers is fully qualified. Outstanding performance is the key to success in all duties. A tactical and technical expert warrant officer who has gained knowledge, respect, and professional credentials is essential to ensure safe and secure subsistence. There are four phases of levels of military training.

(a) *Preappointment training.* Preappointment training consists of the Warrant Officer Candidate School (OCS) and WOBC. The WOCS emphasizes leadership and professional development for entry into the warrant officer system. This phase of training culminates with an appointment as a warrant officer contingent upon completion of Officer Basic Leadership Course (OBLC) training within 2 years. OBLC training is conducted at the AMEDDC&S.

(b) *Warrant officer level.* The WOAC prepares the warrant officer for utilization in a senior warrant officer position as a CW3. WOAC is conducted in two phases. Phase 1 is the non-resident phase. Phase 2, the resident phase, is conducted at AMEDDC&S. Warrant officers must be a CW2 (P) or higher to be eligible to attend the WOAC.

(c) *Senior warrant officer level.* The WOSC gives warrant officers the skills and training necessary to perform at all echelons of the Army structure at a CW4. The course is conducted at the WOCC, Fort Rucker, AL. Warrant officers must be a CW3 or higher to be eligible to attend the WOSC.

(d) *Master warrant officer level.* The WOSC prepares warrant officers to serve at the highest levels of the Army structure. This course is conducted at the WOCC, Fort Rucker, AL. Warrant officers must be a CW4 or higher to be eligible to attend WOSSC.

(2) *Warrant officer professional development.* DA Pam 600-11 outlines the Warrant Officer Education System (WOES). DA Pam 351-4 establishes policy and guidance for warrant officer training.

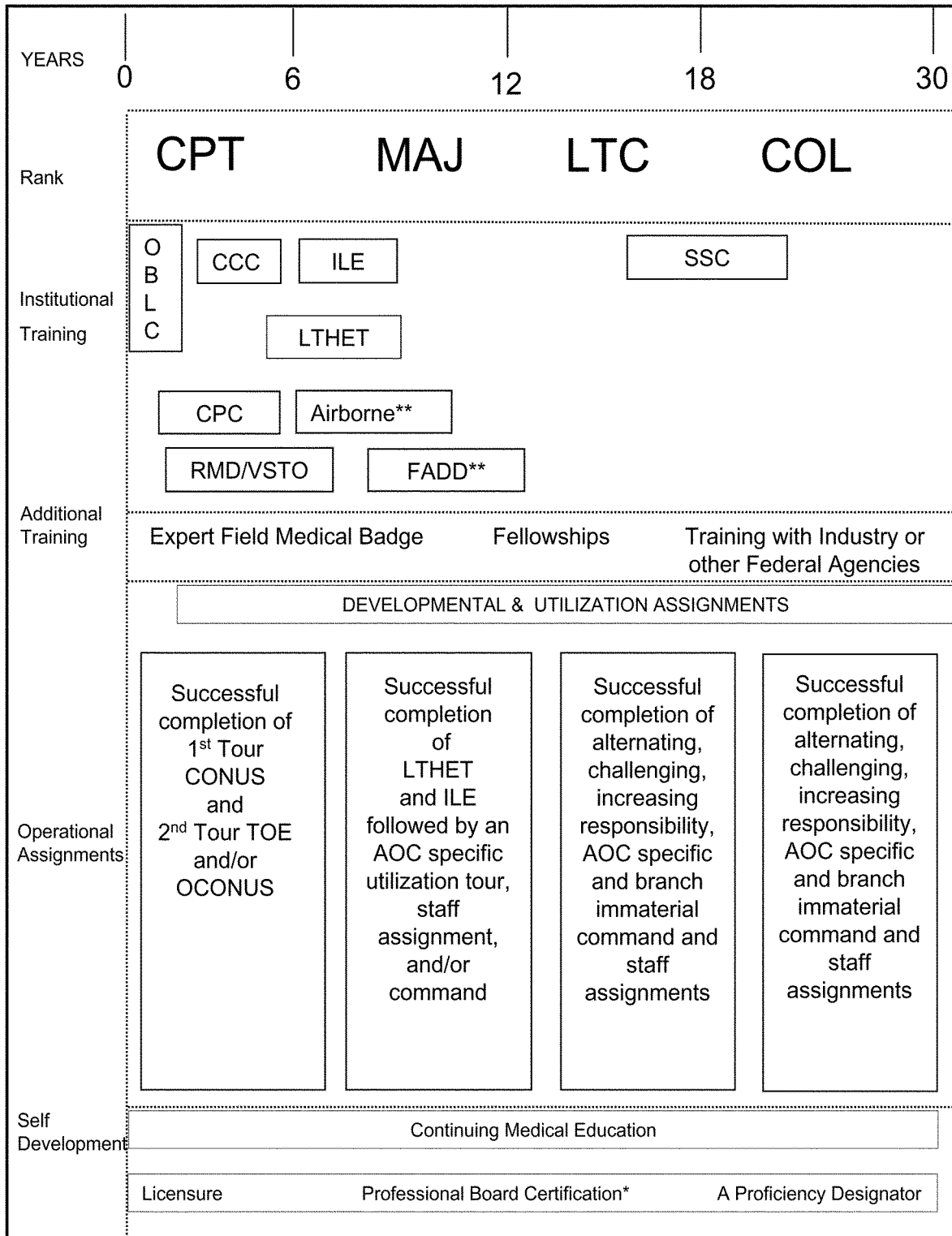
(3) *Unique education/training opportunities.* Degree completion opportunities available through the LTHET Program include: Bachelor/Master of Science/PhD in food science/ food technology and programs available in the same disciplines at baccalaureate level.

13-7. Reserve Component officers

Reserve Component officers' development objectives and qualifications basically parallel those planned for their Active Army counterparts. Even though geographical considerations limit some RC officers, all should strive for institutional training, operational assignments and self-development that yield the same officer developmental opportunities as their Active Army counterparts. For the RC, requirement for military education will be per AR 135-155. For more information on Reserve component AMEDD officers, please refer to Chapter 6 of this publication (DA Pam 600-4).

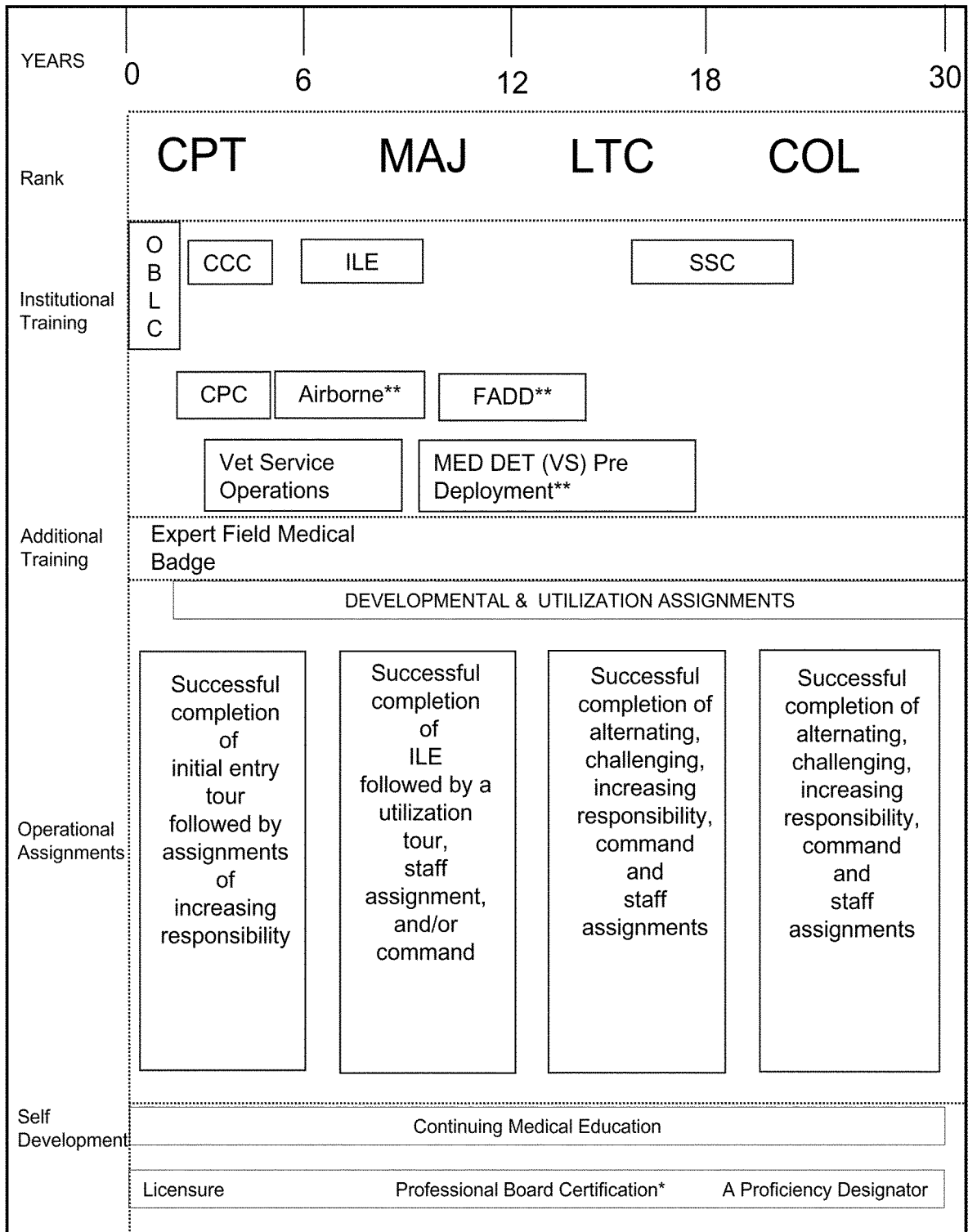
13-8. Veterinary Corps life cycle models

See figures 13-1 through 13-4.



*64E requires PhD rather than board certification **If required for duty assignment

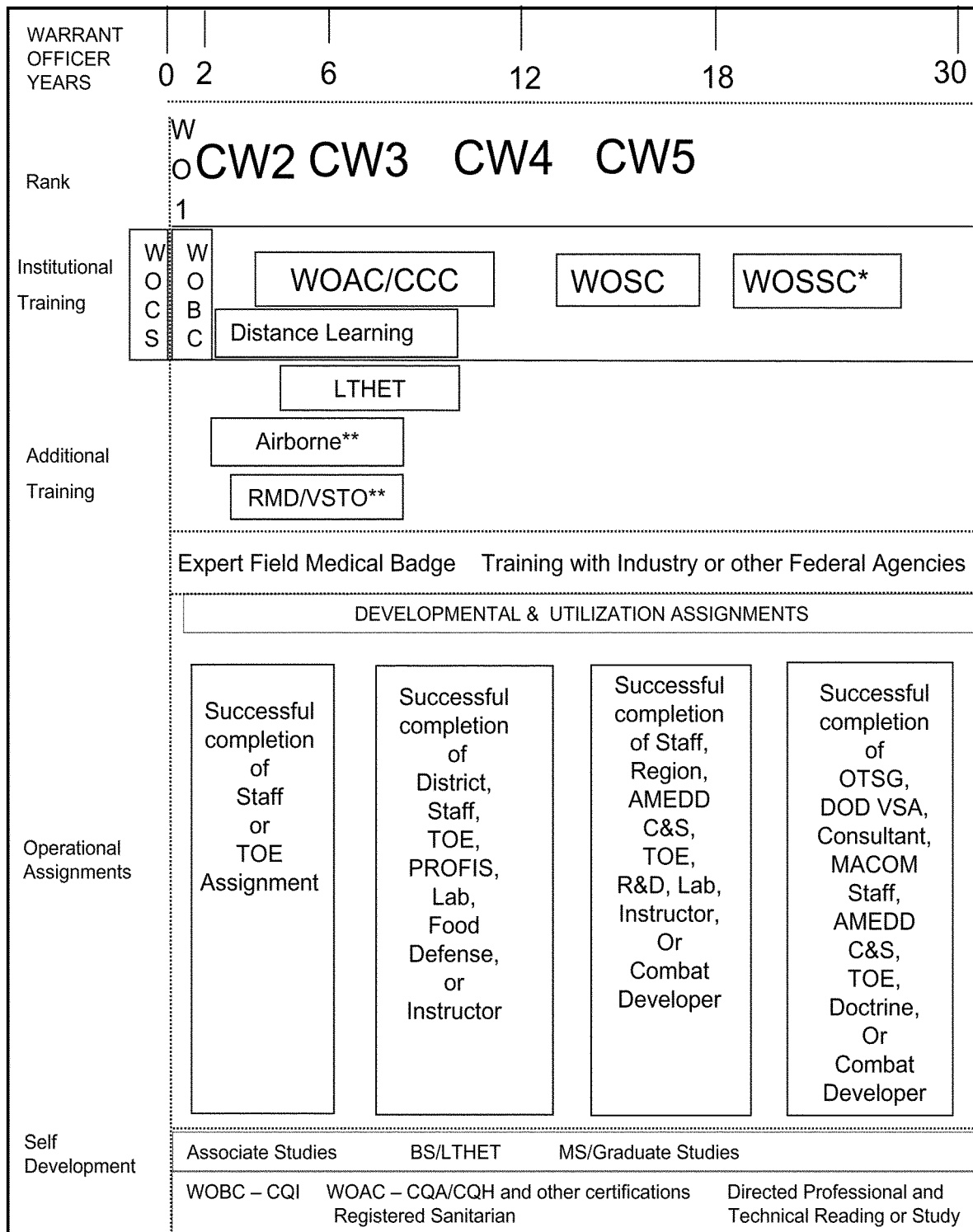
Figure 13-1. Veterinary Corps Active Army life cycle development and utilization



*64E requires PhD rather than board certification

**If required by duty assignment

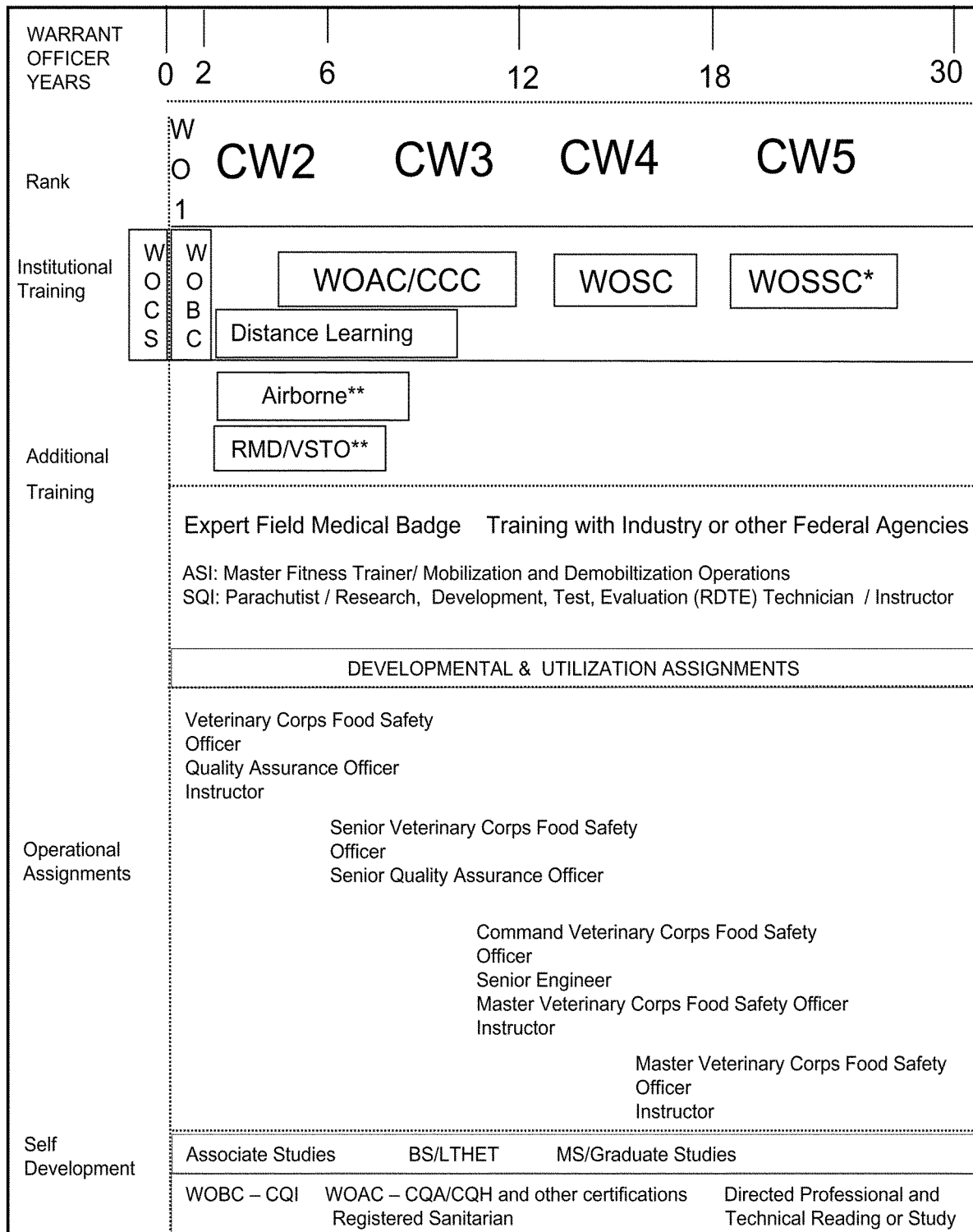
Figure 13-2. Veterinary Corps Reserve Component life cycle development utilization



*Warrant Officer Senior Staff Course

** If required by duty assignment

Figure 13-3. Veterinary Corps food safety warrant officer Active Army life cycle utilization and development



•Warrant Officer Senior Staff Course

** If required by duty assignment

Figure 13–4. Veterinary Corps food safety warrant officer Reserve Component life cycle development and utilization

Appendix A References

Section I Required Publications

This section contains no entries.

Section II Related Publications

AR 25-52

Authorized Abbreviations, Brevity Codes, and Acronyms

AR 27-1

Judge Advocate Legal Services

AR 40-3

Medical, Dental and Veterinary Care

AR 40-68

Clinical Quality Management

AR 40-501

Standards of Medical Fitness

AR 135-7

Incentive Program

AR 135-18

The Active Guard Reserve (AGR) Program

AR 135-91

Participation in Joint Service Reserve Component Facility Boards

AR 135-100

Appointment of Commissioned and Warrant Officers of the Army

AR 135-101

Appointment for Reserve Commissioned Officers for Assignment to Army Medical Department Branches

AR 135-155

Promotion of Commissioned Officers and Warrant Officers Other Than General Officers

AR 135-175

Separation of Officers

AR 135-180

Qualifying Service for Retired Pay Nonregular Service

AR 140-1

Mission, Organization and Training

AR 140-10

Army Reserve: Assignments, Attachments, Details, and Transfers

AR 140-30

Active Duty in Support of the United States Army Reserve (USAR) and Active Guard Reserve (AGR) Management Program

AR 140-145

Individual Mobilization Augmentation (IMA) Program

AR 220-1

Unit Status Reporting

AR 350-1

Army Training and Leader Development

AR 350-100

Officer Active Duty Service Obligations

AR 351-1

Individual Military Education and Training

AR 351-3

Professional Education and Training programs of the Army Medical Department

AR 600-3

The Army Personnel Proponent System

AR 600-8

Military Personnel Management

AR 600-8-24

Officer Transfers and Discharges

AR 600-8-29

Officer Promotions

AR 600-20

Army Command Policy

AR 600-100

Army Leadership

AR 600-105

Aviation Service of Rated Army Officer

AR 601-142

Army Medical Department Professional Filler System

AR 608-75

Exceptional Family Member Program

AR 611-110

Selection and Training of Army Aviation Officers

AR 614-100

Officer Assignment Policies, Details, and Transfers

AR 614-200

Enlisted Assignments and Utilization Management

AR 621-1

Training of Military Personnel at Civilian Institutions

AR 621-5

Army Continuing Education System (ACES)

AR 621-7

Army Fellowships and Scholarships

AR 621-108

Military Personnel Requirements for Civilian Education

AR 623-3

Evaluation Reporting System

AR 680-29

Military Personnel—Organization and Type of Transaction Codes

AR 690-950

Career Management

DA Pam 350-58

Leader Development for America's Army

DA Pam 351-4

U.S. Army Formal Schools Catalog

DA Pam 600-3

Commissioned Officer Professional Development and Career Management

DA Pam 611-21

Military Occupational Classification and Structure

DA Pam 623-3

Evaluation Reporting System

DOD 5010.16-C

Defense Management Education and Training Program

DODD 6025.13

Medical Quality Assurance (MQA) in the Military Health System (MHS)

DODI 1320.12

Commissioned Officer Promotion Program

DODI 1320.13

Commissioned Officer Promotion reports (COPRs) and Procedures

DODI 6000.13

Medical Manpower and Personnel

DODI 6025.20

Medical Management (MM) Programs in the Direct Care System (DCS) and Remote Areas

DODI 6055.1

DOD Safety and Occupational Health (SOH) Program

FM 1-0

Human Resource Support

FM 3-0

Operations

FM 6-22

Army Leadership—Competent, Confident and Agile

FM 7-0

Training the Force

NGR 351-1

Individual Military Education and Training

NGR 600-5

The Active Guard/Reserve (AGR) Program Title 32, Full-Time National Guard Duty (FTNGD)

NGR 600-10

ARNG Tour Program (NGB-controlled Title 10, USC Tours)

NGR 600-100

Commissioned officers-Federal Recognition and Related Personnel Actions

10 USC 632c(1)

Effects of failure at selection for promotion: captains and majors of the Army, Air Force, and Marine Corps and lieutenants and lieutenant commanders of the Navy

10 USC 641

Applicability of Chapter

10 USC 688

Retired members; authority to order to active duty; duties

10 USC 741

Rank: commissioned officers of the armed forces

10 USC 742

Rank: warrant officers

10 USC 1370

Commissioned officers: general rule; exceptions

10 USC 12301(d)

Reserve Components generally

10 USC 14703

Authority to retain chaplains and officers in medical specialties until specified age

Section III**Prescribed Forms**

This section contains no entries.

Section IV**Referenced Forms**

Unless otherwise indicated, DA forms are available on the APD Web site <http://www.apd.army.mil>.

DA Form 483

Officer Assignment Preference Statement (Available through normal forms supply channels)

DA Form 67-9

Officer Evaluation Report

DA Form 67-9-1

Officer Evaluation Report Support Form

DA Form 1058-R

Application for Active Duty for Training, Active Duty for Special Work, Temporary Tour of Active Duty, and Annual Training for Soldiers of the Army National Guard and U.S. Army Reserve

DA Form 2028
Recommended Changes to Publications and Blank Forms

DA Form 4073
Officer Record Brief

DA Form 4187
Personnel Action

DA Form 4213
Supplemental Data for Army Medical Service Reserve Officers

Glossary

Section I Abbreviations

A2C2

Army Airspace Command and Control

AAC

Army Acquisition Corps

ACC

Army Competitive Category

ACCP

Army Correspondence Course Program

ACE

Advanced Civilian Education

ACES

Army Continuing Education System

ACIP

Aviation Career Incentive Pay

ACLAM

American College of Laboratory Animal Medicine

ACLS

Advanced Cardiac Life Support

ACOM

Army Command

ACS

Advanced Civilian Schooling

ACVPM

American College of Veterinary Preventive Medicine

ADA

American Dental Association

ADJ

Adjutant

ADL

Active Duty List

ADSO

active duty service obligation; assistant division Signal officer

ADSW

Active Duty for Special Work

ADT

active duty for training

AECD

Advanced Education Program in General Dentistry

AEP

Audiology Externship Program

AER

Academic Evaluation Report

AFCS

Active Federal Commissioned Service

AFMIC

Armed Forces Medical Intelligence Center

AFS

Active Federal Service

AG

Adjutant General

AGD

Advanced Education in General Dentistry

AGR

Active Guard Reserve

AGS

Army General Staff

AIPD

Army Institute for Professional Development

AL

Alabama

ALEDC/LEDC

Advanced Logistics Executive Development Counsel/Logistics Executive Development Course

AMBL

Aviation Maneuver Battle Lab

AMC

Army Materiel Command

AMEDD

Army Medical Department

AMEDD C&S

Army Medical Department Center and School

AML

Area Medical Lab

ANC

Army Nurse Corps

ANPP

Army Nurse Preceptorship Program

AOC

area of concentration

AODC

Action Officer Development Course

AOWC

Advanced Operational Warfighter Course

APMC

Army Professional Management Command

APPD

AMEDD Personnel Proponency Directorate

AQC

Aircraft Qualification Course

ARCCA

Army Reserve Clinical Credentialing Affairs

ARC-PA

Accreditation Review Commission on Education for the Physician Assistant

AREF

Army Reserve Expeditionary Package

AREP

Army Reserve Expeditionary Package

ARNG

Army National Guard

ARNGS

Army National Guard of the United States

ARSOA

Army Special Operations Aircraft

ARSST

Army Space Support Team

ARFORGEN

Army Reserve Forces Generation

ARSTAF

Army Staff

AS

Allied Science

ASA(FM&C)

Assistant Secretary of the Army (Financial Management and Comptroller)

ASA(RDA)

Assistant Secretary of the Army (Research, Development, and Acquisition)

ASC

Ambulatory Surgical Clinics

ASCC

Army Service Component Command

ASD (FMP)

Assistant Secretary of Defense for Force Management Policy

ASI

Additional Skill Identifier

AT

annual training

ATLDP

Army Training and Leader Development Panel

ATRRS

Army Training Requirements Resource System

AUS

Army of the United States

AVOBC

Aviation Officer Basic Course

AVOAC-RC

Captains Career Course-RC curriculum

AWC

Army War College; Air War College

AWO

Aviation Warrant Officers

AY

academic year

BCE

Board Certified Entomologist

BCLS

Basic Cardiac Life Support

BCTP

Battle Command Training Program

BDE

Brigade

BIDS

Biological Identification and Detection System

BMOC

Battlement Operation Center

BMSO

Base Medical Supply Officer

BN

Battalion

BOLC

Basic Officers Leader Course

BOIP

basis-of-issue plans

BR

branch codes

BSB

base support battalion

BSN

Bachelor of Science Degree in Nursing

BZ

below-the-zone

C2

command and control

C3

command, control and communications

C4

Combat Casualty Care Course

C4ISR

command, control, communications, computers, surveillance and reconnaissance

CA

Civil Affairs

CAB

Combat Aviation Brigade

CAC

Combined Arms Center

CAOHC

Council of Accreditation on Occupational Hearing Conservation

CAPTE

Commission on Accreditation of Physical Therapy Education

CAS3

Combined Arms and Services Staff School

CBRNE

chemical, biological, radiological/nuclear and explosives

CCC

Captains Career Course

CDE

Continuing Dental Education

CDPL

Command Designated Position List

CDR

Commander

CE

Continuing Education

CEL

civilian education level

CF

Career Field

CFCM

Certified Federal Contract Manager

CGSC

Command and General Staff College

CGSOC

Command and General Staff Officer Course

CHE

Certified Healthcare Executive

CHESP

Certified Healthcare Environmental Service Professional

CHPPM

Center for Health Promotion and Preventive Medicine

CINC

Commander in Chief

CIO, G-6

Chief Information Officer, G-6

CJCS

Chairman Joint Chiefs of Staff

CL

Course Location

CLCCC

Combined Logistics Captains Career Course

CLCS

Combined Logistics Career Course

CMFs

Career Management Fields

CMIF

Career Management Individual File

CMO

Career Management Officer

CMRP

Certified Material Resource Professional

CMS

Central Material Services

COCOM

Combatant Commands

COE

Contemporary Operating Environment

COL

Colonel

CONUS

Continental United States

CONUSA

the numbered armies in the continental United States

COS

Chief of Staff

COSCOM

corps support command

CPC

Clinical Proficiency Course

CPCM

Certified Professional Contract Manager

CPHIMS

Certified Professional Health Information and Management Systems

CPT

Captain

CS

combat support

CSA

Chief of Staff Army

CSB

corps support battalion

CSBPO

Corps Specific Branch Proponency Office

CSC

Command and Staff College

CSH

Combat Support Hospital

CSL

Command Selection List

CSS

combat service support

CTC

Combat Training Center

CW2

Chief Warrant Officer Two

CW3

Chief Warrant Officer Three

CW4

Chief Warrant Officer Four

CW5

Chief Warrant Officer Five

DA

Department of the Army

DAPMIS

Department of the Army Photo Management Information System

DAU

Defense Acquisition University

DC

Dental Corps/District of Columbia

DCA

Deputy Commander for Administration

DCCS

Deputy Commander for Clinical Services

DCN

Deputy Commander for Nursing

DCD

Directorate of Combat Development

DCP

Degree Completion Program

DCS, G-1

Deputy Chief of Staff, G-1

DCS, G-3

Deputy Chief of Staff, G-3

DCS, G-4

Deputy Chief of Staff, G-4

DDS

Doctor of Dental Surgery

DeCA

Defense Commissary Agency

DENCOM

Dental Command

DENTAC

Dental Activity

DFAS

Defense Finance and Accounting Service

DHET

Department of Health Education and Training

DIA

Defense Intelligence Agency

DIC

Defense Intelligence College

DIMA

Drilling Individual Mobilization Augmentee

DISA

Defense Information Systems Agency

DISCOM

division support command

DL

Distance Learning

DLA

Defense Logistics Agency

DLAB

Defense Language Aptitude Battery

DMD

Doctor of Dental Medicine

DMPO

defense military pay office

DNBI

Disease/Non Battle Injury

DOD

Department of Defense

DODI

Department of Defense instruction

DOEHRS–HC

Defense Occupational Environmental Health Readiness System–Hearing Conservation

DOIM

Director of Information Management

DOL

Director of Logistics

DOPMA

Defense Officer Personnel Management Act

DOR

date of rank

DPT

Diphtheria, Pertussis, Tetanus/Doctor of Physical Therapy

DRB

Deployment Ready Brigade

DRU

Direct Reporting Unit

DSCP

Defense Supply Center Philadelphia or Defense Satellite Communications Program

DVM

Doctor of Veterinary Medicine

EAC

echelons above corps

ECLT

English Comprehension Level Test

ECP

Early Commissioning Program

EEG

electroencephalogram

EFMB

Expert Field Medical Badge

EMG

electroneuromyography

FA

functional area

FAO

Foreign Area Officer

FHP

Force Health Protection

FINCOM

finance command

F.I.T.

Florida Institute of Technology

FNP

Family Nurse Practitioner

FOA

field operating agency

FORSCOM

Forces Command

FSB

forward support battalion

FSMT

Forward Support MEDEVAC Team

FST

Forward Surgical Team

FTSMD

Full-time Support Management Directorate

FY

Fiscal Year

FYGME

First year graduate medical education

G1

Assistant Chief of Staff, G1 (Personnel)

G2

Assistant Chief of Staff, G2 (Intelligence)

G3

Assistant Chief of Staff, G3 (Operations and Plans)

G4

Assistant Chief of Staff, G4 (Logistics)

G5

Assistant Chief of Staff, G5 (Civil Affairs)

G6

Assistant Chief of Staff, G6 (Signal)

GA

Georgia

GDE

Graduate Dental Education

GMAT

Graduate Management Admission Test

GME

Graduate Medical Education

GPA

grade point average

GRE

Graduate Record Examination

GS

general staff

GSAB

General Support Aviation Brigade

HC

Hearing Conservation

HHS

Health and Human Services

HQDA

Headquarters, Department of the Army

HR

Human Resources

HRMC

Human Resource Management Course

HRC

Human Resources Command

HRC–Alexandria

Human Resources Command–Alexandria (Active Army)

HRC–St.Louis

Human Resources Command–St. Louis (Reserve Component)

HSD

Health Services Division

IADT

initial active duty for training

IAW

In accordance with

ICAF

Industrial College of the Armed Forces

IDT

inactive duty training

IG

Inspector General

ILE

Intermediate Level Education

IM

Immaterial

IMA

Individual Mobilization Augmentee/Individual Mobilization Augmentation

ING

Inactive National Guard

IO

information operations

IRR

Individual Ready Reserve

IT

information technology

J3

Operations Directorate

JA

Judge Advocate

JAG

Judge Advocate General

JAGC

Judge Advocate General's Corps

JCAHO

Joint Commission on the Accreditation of Health Care Organizations

JCS

Joint Chiefs of Staff

JDOMS

Joint Director of Military Support

JIIM

Joint Inter-agency Inter-governmental Multinational

JMESI

Joint Medical Executive Skills Institute

JODSF

Joint Officer Development Support Form

JPME

Joint Professional Military Education

JRTC

Joint Readiness Training Center

JSPS

Joint Strategic Planning System

JTAV

Joint Total Asset Visibility

KPUP

Key Personnel Upgrade Program

KS

Kansas

LD

leader development

LDAP

Leadership Development Action Plan

LDDN

Leader Development Decision Network

LDSS

Leader Development Support System

LEDC
Logistics Executive Development Course

LNO
liaison officer

LT
Lieutenant

LTC
Lieutenant Colonel

LTHET
Long Term Health Education and Training

M2C3
Medical Management of Chemical Casualties Course

MA
Master of Arts

MAJ
Major

MANPRINT
Manpower and Personnel Integration

MBA
Masters in Business Administration

MC
Medical Corps

MCO
Movement Control Officer

MD
Doctor of Medicine

MDEP
Management Decision Evaluation Package

MDMP
Military Decision-Making Process

MDW
Military District of Washington

MDSC
Medical Deployment Support Command

MEDCEN
Medical Center (U.S. Army)

MEDCOM
Medical Command

MEDDAC
Medical Department Activity (U.S. Army)

MEDEVAC

Medical Evacuation

MEDLOG

Medical Logistics

MEL

military education level

MEL1

military education level 1

MEL4

military education level 4

MEPS

Military Entrance Processing Station

METL

Mission Essential Task List

MFA

multifunctional area

MHA

Master of Health Administration

MHS

Military Health Service

MI

Military Intelligence

MILPO

Military Personnel Office

MLMC

Medical Logistics Management Center

MMB

Multi-functional Medical Battalion

MMC

Maintenance Management Course

MO

Missouri

MOS

Military Occupational Specialty

MPMO

Military Personnel Management Office

MPH

Masters in Public Health

MPRJ

Military Personnel Records Jacket

MPT

Master of Physical Therapy

MRE

Mission Readiness Exercise

MS

Medical Service Corps; Master of Science

MSB

main support battalion

MSC

major subordinate command

MSN

Masters of Science in Nursing

MSO

military service obligation

MT

Medical Technologist

MTF

Military Treatment Facility

MTOE

modification table of organization and equipment

MTP

Maintenance Test Pilot

NBC

nuclear, biological, and chemical

NCR

National Capital Region

NDU

National Defense University

NG

National Guard

NGB

National Guard Bureau

NGOs

Non-government organizations

NMS

national military strategy

NORTHCOM

Northern Command

NPS

Naval Postgraduate School

NRC

National Regulatory Commission

NSPE

National Society for Professional Engineers

NTC

National Training Center

NWC

National War College

OAC

Officer Advanced Course

OADO

Official Active Duty Obligor

OBC

Officer Basic Course

OBLC

Officer Basic Leader Course

OCAR

Office of the Chief, Army Reserve

O/C

Observer/Controller

OCONUS

outside continental United States

OCS

Officer Candidate School

ODP

Officer Distribution Plan

ODS

Officer Development System

OER

Officer Evaluation Report

OERS

Officer Evaluation Reporting System

OES

Officer Education System/Officer Evaluation System

OK

Oklahoma

OMPF

Official Military Personnel File

OPCB

Officer Personnel Classification Board

OPD

Officer Professional Development

OPMEP

Officer Professional Military Education Program

OPMD

Officer Personnel Management Directorate

OPMS

Officer Personnel Management System

OPMS–ARNG

Officer Personnel Management System—Army National Guard

OPMS USAR

Officer Personnel Management System—U.S. Army Reserve

OPMS XXI

Officer Personnel Management System for the 21st Century

OPTEMPO

Operational Tempo

ORB

Officer Record Brief

OSD

Office of the Secretary of Defense

OT

Occupational Therapist/Occupational therapy

OTSG

Office of The Surgeon General

PA

Physician Assistant

PAE

Program Analysis Evaluation

PAO

Public Affairs officer

PBAC

Program Budget Advisory Council

PCC

precommand course

PCS

permanent change of station

PDE

Professional Development Education

PhD

Doctor of Philosophy

PM

Program Manager/Project Manager

PMAD

Personnel Management Authorizations Document

PMS

professor of military science

POI

Program of Instruction

POM

Program Objective Memorandum

POP

Proponency Office for Preventive Medicine

PPBES

Planning, Programming Budget Execution System

PPSCP

Professional Post-graduate Short Course Program

PROFIS

Professional Filler System

PT

Physical Therapist/Physical therapy

PTTMS

Personnel Tasking and Training Management System

PYG

Promotion Year Group

QM

Quartermaster

RA

Regular Army

RASL

Reserve Active Status List

RC

Reserve Component

RDA

Research, Development and Acquisition

RMC

Regional Medical Command

RNFA

Regional Registered Nurse Assistant

ROPMA

Reserve Officer Personnel Management Act

ROTC

Reserve Officers' Training Corps

RSC

Regional Support Command

RSO&I

Reception, Staging, Onward movement and Integration

S1

Adjutant (U.S. Army)

S2

Intelligence Officer (U.S. Army)

S3

Operations and Training Officer (U.S. Army)

S4

Supply Officer (U.S. Army)

S5

Civil Affairs Officer (U.S. Army)

S6

Signal Officer (U.S. Army)

SAMS

School of Advanced Military Studies

SECARMY

Secretary of the Army

SECDEF

Secretary of Defense

SELCON

selectively continued

SERB

Selective Early Retirement Board

SERE

Survival, Evasion, Resistance and Escape

SF

Special Forces

SGL

small group instructional; small group instructors

SGL

small group leader

SGS

Secretary of the General Staff

SHRM

Strategic Human Resource Management

SI

skill identifier

SJA

Staff Judge Advocate

SKAs

skills, knowledge and attributes

SMDP

State Master Development Plan

SOF

Special Operations Forces

SOO

support operations officer

SOT

Special Operations Training

SP

Army Medical Specialist Corps

SSB

Special Selection Board

SSC

Senior Service College

SSCDEP

Senior Service College Distance Education Program

SSMO

Supply and Services Management Officer

STARC

State Area Command

STRAP

Specialized Training Assistance Program

STS

Significant Threshold Shifts

SWC

Special Warfare Center

TAO

TRICARE Area Office

TAA

total Army analysis

TAADS

The Army Authorization Documents System

TAG

The Adjutant General

TASS

Total Army School System

TDA

tables of distribution and allowances

TDY

temporary duty

TIG

time in grade

TIS

time in service

TJAG

The Judge Advocate General

TNCC

Trauma Nursing Core Course

TOBC

Transportation Officer Basic Course

TOE

tables of organization and equipment

TOFDC

Total Operational Flying Duty Credit

TPU

Troop Program Unit

TRADOC

U.S. Army Training and Doctrine Command

TRO

TRICARE Regional Office

TSCOHS

Tri-Service Center for Oral Health Studies

TSG

The Surgeon General

TTAD

temporary tour of active duty

TTHS

Trainees, Transients, Holdees, and Students

TWI

Training With Industry

TX

Texas

2XNS

two time non-select

UCMJ

Uniform Code of Military Justice

UFS

Unit Focused Stability

USAARL

U.S. Army Aeromedical Research Laboratory

USAAWC

U.S. Army Aviation Warfighting Center

USACHPPM

U.S. Army Center for Health Promotion and Preventive Medicine

USACMLS

U.S. Army Chemical School

USAF

U.S. Air Force

USAMEDCOM

U.S. Army Medical Command

USAMITC

U.S. Army Medical Information Technology Center

USAMMCE

U.S. Army Medical Material Center, Europe

USAMRMC

U.S. Army Medical Research and Material Command

USAR

U.S. Army Reserve

USAREC

U.S. Army Recruiting Command

USARIEM

U.S. Army Research Institute of Environmental Medicine

USASAM

U.S. Army School of Aviation Medicine

USASOC

U.S. Army Special Operations Command

USAWC

U.S. Army War College

USC

United States Code

USMA

U.S. Military Academy

USN

U.S. Navy

USSOCOM

United States Special Operations Command

USUHS

Uniformed Services University of Health Sciences

UTA

Unit Training Assembly

VA

Virginia

VC

Veterinary Corps

VCJCS

Vice Chairman Joint Chiefs of Staff

VCSA

Vice Chief of Staff Army

VCO

Veterinary Corps Officer

VETCOM

Veterinary Command

VI

voluntary indefinite

VMD

Veterinary Medical Doctor

WHINSEC

Western Hemisphere Institute for Security Cooperation

WMD

weapons of mass destruction

WO1

Warrant Officer One

WO

warrant officer

WOAC

Warrant Officer Advanced Course

WOBC

Warrant Officer Basic Course

WOES

Warrant Officer Education System

WOMA

Warrant Officer Management Act

WOSC

Warrant Officer Staff Course

WOSSC

Warrant Officer Senior Staff Course

WRAIR

Walter Reed Army Institute of Research

XO

executive officer

ZOC

Zone of Consideration

Section II**Terms****Active duty**

Full-time duty in the active military service of the United States.

Active Duty List

An order of seniority list required by 10 USC 620 of commissioned officers on active duty in the U.S. Army other than those listed in 10 USC 641.

Active Guard/Reserve

U.S. Army National Guard and U.S. Army Reserve personnel serving on active duty under 10 USC 12301 and U.S. Army National Guard personnel serving on full-time National Guard duty under 32 USC 502. These personnel are on full-time National Guard duty or active duty (other than for training on active duty in the Active Army) for 180 days or more for the purpose of organizing, administering, recruiting, instructing or training the Reserve Components and are paid from National Guard Personnel, Army, or Army Reserve Personnel appropriations. Exceptions are identified in AR 135-18.

Annual training

A period of active duty for training that is performed annually by units or members of the U.S. Army Reserve at encampments, maneuvers or field exercises, or by individuals in an attached status to an Active Army installation or organization. The period of training for units organized to serve as units is not less than 14 days, excluding travel time. The period of training for Reserve Component members ordered individually to active duty training normally will be no less than 12 days, excluding travel time.

Area of concentration

Identifies a requirement and an officer possessing a requisite area of expertise (subdivision) within a branch or functional area. An officer may possess and serve in more than one area of concentration.

Army Values

The Army's seven core values are Loyalty, Duty, Respect, Selfless Service, Honor, Integrity, and Personal Courage. The process of embracing and living by these values begins at entry into the Army, and continues throughout a Soldier's life. For the Army to be effective, the importance of a common framework of values cannot be overstated. It demands programs and initiatives, such as the Human Relations Action Plan, Character Development XXI, and the Consideration of Others Program, designed to inspire Soldiers to live in accordance with these values today and to apply them as the leaders of our Army tomorrow.

Branch

A branch is a grouping of officers that comprises an arm or service of the Army in which, as a minimum, officers are commissioned, assigned, developed and promoted through their company grade years. Officers are accessioned into a single basic branch and will hold that branch designation, which is later augmented between the 5th and 6th years of service with a functional area. An accession branch admits officers upon commissioning; a nonaccession branch admits experienced officers from the accession branches. With the exception of Special Forces, all other branches are accession branches. Special Forces recruits officers with a minimum of 3 years experience. Officers will serve their first 8 to 12 years developing the leadership and tactical skills associated with their branch. They will continue to wear their branch insignia throughout their military service. All career branches are in the Operations Career Field.

Captains Career Course

This course is the second major branch school officers attend before company-level command. It combines the

instruction formerly taught in the branch Officer Advanced Course (OAC) and the Combined Arms and Services Staff School (CAS3). The branch phase consists of 18 weeks of branch specific technical and tactical training with integrated common core instruction. The 6-week TDY staff process phase at Fort Leavenworth prepares officers to function as staff officers at battalion, brigade and division level.

Career field

A specific grouping of functionally related officer, warrant officer, enlisted and civilian positions into management categories having a common mission area. Career Fields consist of officer branches and functional areas, warrant officer and enlisted military occupational specialties and civilian occupational series. There are four Career Fields: Operations, Information Operations, Institutional Support and Operational Support. (The term career field in lower case is also a generic term commonly used by military and civilian personnel when referring to their branch, functional area, military occupational specialty or civilian occupational series.)

Due course

Those officers possessing the minimum entry level for a particular AMEDD Corps.

Functional area

A functional area is a grouping of officers by technical specialty or skill, which usually requires significant education, training and experience. An officer receives his or her functional area between the 5th and 6th years of service. Individual preference, academic background, manner of performance, training and experience, and needs of the Army are all considered during the designation process.

Immaterial position

For AMEDD officers, a duty position which is not identified with or limited to one specific area of concentration or medical functional area, but indicates that any commissioned officer in a particular Corps may fill the position.

Inactive duty training

Any authorized training, instruction, or duty, other than duty training, performed with or without pay by members of the Army Reserve.

Individual mobilization augmentation

A functional, non-troop program unit consisting of a minimum of five Individual Mobilization Augmentees organized to provide appropriate inactive duty training for members thereof in a non-pay training status.

Individual mobilization augmentee

Pre-selected, specially qualified U.S. Army Reserve officers filling specific Individual Mobilization Augmentee positions. These officers are members of the Selected Reserve and are assigned to the U.S. Army Reserve control group as an Individual Mobilization Augmentee.

Individual Ready Reserve

Collective term for Army Reserve personnel assigned to a control group.

Non-due course

Those officers possessing additional entry grade credit beyond the minimum entry level for a particular AMEDD Corps.

Ready Reserve

Selected Reserve and individual members of the U.S. Army Reserve who are subject to involuntary order to active duty in time of war or national emergency declared by Congress or the President, or when otherwise authorized by law.

Selected Reserve

That portion of the Ready Reserve consisting of Troop Program Units and members assigned to Troop Program Units. This also includes personnel assigned to Individual Mobilization Augmentee positions. Members of the Selected Reserve may be activated by Presidential directive, within the limits specified by 10 USC, without a declaration of war or Congressional declaration of national emergency.

Skill

Identifies a requirement and an officer possessing specialized skills to perform duties of a specific position that may require significant education, training, and experience. A skill can be related to more than one branch or functional area. An officer may have more than one skill.

Special branches

A grouping of branches and officers primarily concerned with providing combat service support and/or administration to the Army as a whole but managed separately from combat service support branches. Special branches include Army Medical Department, Chaplain Corps, and Judge Advocate General's Corps.

Strategic Human Resource Management (SHRM)

A broader, more holistic perspective on personnel management that extends beyond the fundamental life cycle functions. SHRM focuses on the long term vision of OPMS and links fundamental personnel management decisions to the desired end state. SHRM links character and leader development, the new Officer Evaluation Reporting System (DA Form 67-9) and the personnel life cycle management functions addressed in OPMS XXI. While the initial focus of SHRM is on officer personnel, SHRM will encompass the total force of officers, warrant officers, enlisted and civilian personnel.

Troop program unit

A table of organization and equipment or table of distribution and allowances unit of the U.S. Army Reserve organized to serve upon mobilization as required in the force structure.

Warrior Ethos

The professional attitudes and beliefs that characterize the American Soldier. At its core, the warrior ethos is the refusal to accept failure. Developed through discipline, commitment to the Army Values, and knowledge of the Army's proud heritage, the warrior ethos describes the essence of military service.

Section III**Special Abbreviations and Terms**

This section contains no entries.

UNCLASSIFIED

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