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Personnel—General

AMEDD Officer Development and Career Management

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SUMMARY of CHANGE

DA PAM 600-4

AMEDD Officer Development and Career Management

This revision--

- o Identifies Army National Guard of the United States and U.S. Army Reserve responsibilities for officer career management (paras 1-8 and 1-9).
- o Adds information on the three pillars of leader development (para 2-3).
- o Adds leader development phases for all six Army Medical Department (AMEDD) Corps (paras 2-6, 5-3, 6-3, 7-3, 8-3, 9-3, and 10-3).
- o Adds information on career status opportunities for AMEDD officers (para 2-12).
- o Adds life cycle models for all six AMEDD Corps (para 2-16).
- o Updates the general scope of military courses (paras 3-4 and 3-5) and educational opportunities in civilian institutions (para 3-11) available to AMEDD officers.
- o Updates the command selection criteria for AMEDD officers (para 4-5).
- o Updates all AMEDD Corps areas of concentration (paras 5-4, 6-4, 7-4, 8-4, 9-4, and 10-4).
- o Adds an appendix A, a glossary, and an index.

Personnel—General

AMEDD Officer Development and Career Management

By Order of the Secretary of the Army:

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General, United States Army
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History. This UPDATE printing publishes a revision of this publication. This publication has been reorganized to make it compatible with the Army electronic publishing database. No content has been changed.

Summary. This pamphlet outlines the commissioned and warrant officer professional

development, qualification criteria, career management programs, and the Army Medical Department's leader development policies and initiatives for each of the Army Medical Department's corps, areas of concentration, medical functional areas, and military occupational specialties.

Applicability. This pamphlet applies to all AMEDD commissioned and warrant officers of the Army, including the Active Army, the Army National Guard of the United States, and the U.S. Army Reserve.

Proponent and exception authority. The proponent of this pamphlet is The Surgeon General. The proponent has the authority to approve exceptions to this pamphlet that are consistent with controlling law and regulation. Proponents may delegate the approval authority, in writing, to a division chief under their supervision within the proponent agency who holds the grade of colonel or the civilian equivalent.

Interim changes. Interim changes to this

pamphlet are not official unless they are authenticated by the Administrative Assistant to the Secretary of the Army. Users will destroy interim changes on their expiration dates unless sooner superseded or rescinded.

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

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Chapter 1 Introduction

1-1. Purpose

This pamphlet provides guidance to commanders, personnel managers, and individual officers concerning leader development including the duties, responsibilities, and role 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 and Reserve Components (RCs) (the Army National Guard of the United States (ARNGUS), and the U.S. Army Reserve (USAR)) are addressed in this pamphlet. This pamphlet can also be used as a general guide to plan assignments, education, and training for optimum military service by each AMEDD officer. AMEDD warrant officer specialties are also included. Provisions for all warrant officers are in DA Pam 600-11. DA Pam 600-3 outlines similar concepts for the U.S. Total Army Personnel Command (PERSCOM) managed branches operating under the Officer Personnel Management System (OPMS). Although the AMEDD Corps are excluded from OPMS, many aspects of DA Pam 600-3 apply equally to them, such as promotion policies, officer evaluation reporting, and professionalism. This pamphlet will be used in conjunction with DA Pam 600-3 to provide a basic frame of reference for personnel managers at all levels and individual AMEDD officers.

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. AMEDD mission

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.

1-5. Unique system

The AMEDD is unique in terms of commissioned officer personnel management because it and the other special branches are not formally integrated into OPMS, which provides the framework for PERSCOM officer career management programs and policies. AMEDD officers, like their PERSCOM 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.

1-6. Objectives of AMEDD officer personnel management

The objectives of AMEDD officer personnel management are to—

- a. 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.
- b. Ensure continuation of education and training that provides the opportunity to grow both as a military officer and a health professional.
- c. Assign officers where their talents and training can provide the maximum contribution to the delivery of health care with due consideration for individual desires and preferences.

- d. Facilitate a high degree of motivation, professional opportunity, and career satisfaction among the six AMEDD Corps.

1-7. Composition of the AMEDD

The key to the distinctive personnel 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.

1-8. Responsibility for career management

The Surgeon General (TSG) is responsible for AMEDD officer career management within the policies established by the Deputy Chief of Staff for Personnel (DCSPER), Headquarters, Department of the Army (HQDA). This responsibility is executed through the Director of Personnel, Office of the Surgeon General (OTSG), and the Commander, PERSCOM, who manage 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, PERSCOM. It is here that the fundamental personal contact between the officer and his/her "branch" occurs. ARNGUS AMEDD officers not on extended active duty are managed by the Military Personnel Officer (MILPO) of the ARNGUS organization in each State. Each ARNGUS 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 Personnel Management Officers (PMOs) at the U.S. Army Reserve Personnel Center (ARPERCEN). Active Guard Reserve (AGR) officers in the USAR are managed by PMOs at the Full Time Support Manning Center (FTSMC). (Exception: AGR officers lieutenant colonel (promotable (P)) and above are managed by the Senior Officer/Enlisted Management Office, Office of the Chief, Army Reserve (OCAR). AGR officers, colonel and above, who are assigned to the National Capitol Region are managed by OCAR.) ARNGUS AGRs are managed by Support Personnel Management Officers according to NGR 600-5.

1-9. Personnel 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 personnel management equation. The individual officer's needs, on the other hand, are more difficult to determine. Personnel managers and AMEDD officers must effectively communicate with each other to ensure the continued successful progression of personnel assignment, education, and utilization.

- a. *Active Army officers.* In the absence of dialogue with the PERSCOM Branch or lack of written communication (that is, DA Form 483 (Officer Assignment Preference Statement)), the personnel 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, and their career manager in the AMEDD branch, Health Services Division, PERSCOM.

- b. *RC officers not on extended active duty assigned to units.* Personnel management and personnel 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 ARPERCEN are also available to provide career guidance and general information about assignment opportunities.

c. *USAR officers assigned to the Individual Mobilization Augmentee (IMA) Program.* Personnel management is a joint responsibility of the IMA agency to which the officer is assigned and ARPERCEN. The ARPERCEN PMO coordinates with these agencies to provide “umbrella” personnel management and support to IMA officers. IMA officers are encouraged to maintain contact with the ARPERCEN PMO.

d. *USAR officers assigned to the Individual Ready Reserve (IRR).* ARPERCEN is the agency responsible for personnel management and support of IRR officers. It is critical that the IRR officer maintain frequent contact with the ARPERCEN PMO to ensure that readiness issues and opportunities to pursue career goals are considered.

Chapter 2 Officer Leader Development

2-1. Leader development overview

a. The Army has made a total commitment to the development of its future leaders (officers, non-commissioned officers, and civilians) by providing them opportunities to develop the skills, knowledge, and attitudes (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 process the Army uses to develop in its leaders the SKAs needed to be successful leaders, trainers, role models, and standard bearers both today and in the future. Simply put, good leaders are the result of the education, training, and experience they receive throughout their entire careers.

b. Throughout the Army, leader development is executed through three pillars: institutional training, operational assignments, and self-development. The goal is the same for each of the three pillars: to develop leaders who are capable of maintaining a trained and ready Army in peacetime to deter war and have the required competence and confidence to successfully engage and defeat an enemy in battle should the need arise.

2-2. Responsibility for leader development

a. AMEDD officer leader development is the responsibility of all AMEDD officers and their mentors. Mentors include supervisors, school instructors, commanders, and senior officers directly involved in AMEDD officers’ leader development.

b. TSG, through the Director of Personnel, 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 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.

c. 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 AR 611-101, AR 611-112, and 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.

d. The individual officer is the most critical element in the leader development process despite the fact that he/she often does not

perceive the relative importance of his/her role. The officer should identify long range career objectives with definite milestones for their 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 PERSCOM Branch where this information is of critical importance to future development decisions. At a minimum, every AMEDD active duty officer should ensure that a current DA Form 483 is on file with his/her PERSCOM Branch. (See AR 614-100 for submission requirements.) Officers should make every effort to participate in field interviews with representatives of their career branches and to visit PERSCOM for career counseling when possible. Correspondence from Active Army officers regarding leader development plans or desires is welcomed by the PERSCOM Branch offices at any time. Every AGR officer should submit assignment preferences on DA Form 4187 (Personnel Action) to the FTSMC. 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, ARPERCEN. USAR officers of the IRR/IMA identify career goals to their PMO, ARPERCEN. RC AMEDD officers are encouraged, with prior coordination, to visit the National Guard Bureau (NGB), Washington, DC, or the Special Officer Division, ARPERCEN, St. Louis, MO.

e. When in the Washington, DC area, each AMEDD officer on active duty should make an effort to examine his/her Official Military Personnel File (OMPF) maintained at PERSCOM, Hoffman Bldg., 200 Stovall St., Alexandria, VA 22332. All AMEDD USAR officers should examine their OMPFs at ARPERCEN, St. Louis, MO. Since the OMPF is the file on which promotion actions are based, it is extremely important that it be reviewed periodically for accuracy and completeness. If one is unable to visit PERSCOM, National Guard Personnel Center (GUARDPERCEN), or ARPERCEN, another officer may be authorized in writing to examine the file. In either instance, officers planning to review an OMPF should make appointments at least 7 working days in advance.

2-3. Three pillars of leader development

a. *Institutional training.* Institutional training is all of the “school-house” 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 institutional training (Officer Basic Course (OBC)/Officer Advanced Course (OAC)/Combined Arms and Services Staff School (CAS³)/Command and General Staff Officer Course (CGSOC)) is 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 OBC/OAC 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 pillar 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 and instrumental role in this area. Particularly, commanders and other senior leaders are responsible for an officer’s vital 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 warfighting 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 pillars, is a continuous cycle of education, training, experience, assessment, feedback, and reinforcement. 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 pillars 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 Study

Leader development is rooted in the Leader Development Study chartered by the Chief of Staff, Army, in October 1987, and approved in 1988. The findings of this study were linked to two needs: determining the adjustments needed at the time of the study (1987) to move the Army into the future and establishing the direction needed for the next 10 to 15 years. For details concerning the Officer Leader Development Action Plan, six tenets of commissioned officer development and career management, sustaining leader development, and the Leader Development Support System (LDSS), refer to DA Pam 600-3. The AMEDD conducted a similar study in 1988, chartered by TSG, which was approved in 1989. This study identified issues to be resolved to support the AMEDDs move into the future and established the necessary direction for the next 10 to 15 years.

2-6. Leader development phases

There are four phases of leader development for all AMEDD officers. They are the initial, intermediate, advanced, and senior executive phases. Grades of officers within particular phases varies by Corps and by individual officers. There are SKAs essential to the professional development of all AMEDD officers within these phases. The SKAs with their respective phases are outlined below.

a. Initial phase.

(1) *Skills.* Military Qualification Standard (MQS) II, Staff Development, Research Process, Personnel/Unit Marketing Strategies, Time Management, Teaching and Coaching, Delegating, Goal Setting, Leadership, Motivating Self and Others, Basic Computer Skills, Field Medical Skills, Basic Soldier Skills, AOC/MFA/MOS Skills, Counseling, Problem Solving/Decision Making, Issue Analysis, Effective Resource Management, Individual Mobilization Readiness.

(2) *Knowledge.* Army/Organization Mission and Philosophy; AMEDD and Corps Organization, Mission, and Philosophy; Mobilization Responsibilities; Specialty and Position Competence; Management Processes; Military Customs and Courtesy; Uniformed Code of Military Justice; Military Justice System; Group Dynamics; Professional Development Opportunities; Unit/Division Level Medical Support System.

(3) *Attitudes.* Integrity, "Can Do" Attitude, Accepting Responsibility, Leading by Example, Concern for Others/Compassion, Service/Devotion, Willingness to Listen/Learn, Selflessness/Dedication, Flexibility, Respect for Others, Professionalism.

b. Intermediate phase.

(1) *Skills.* AOC/MFA Proficiency, Communication/Counseling,

Motivation of Subordinates, Wartime and Peacetime Roles (Army and AMEDD), Problem Solving/Decision-Making, Sharing Knowledge, Personal Influence/Motivation, Leadership/Management, Initiative, Decisiveness/Judgment, Goal Setting, Time Management, Stress Management, Delegation, Meeting Management, Team Building.

(2) *Knowledge.* Military Systems; Military Medical Systems, TOE and TDA; Mobilization/Readiness Requirements; Resource Management Processes; Group Dynamics; Interpersonal Relations; Self-Awareness; Staff Functions; AirLand Battle Doctrine; Leadership Doctrine; Teaching/Mentorship Principles.

(3) *Attitudes.* Accepting Responsibility, Learning from Others, Caring/Compassion, Self-Development, Mentoring, Integrity/Ethics, Developing Others, Leading by Example, Commitment to Mission, Selfless Service.

c. Advanced phase.

(1) *Skills.* Meeting Management, Delegation, Negotiation Skills, Implementation of Organization Mobilization Readiness Strategies, Executive Writing Skills, Time Management at Organizational Level, Clinical/Administrative Expertise in AOC/MFA/MOS, Unit Level Leadership Skills, Mentoring.

(2) *Knowledge.* Command and Staff Roles; Professional Development Opportunities; Army, AMEDD, and Other Services Medical Organizations and Mission; Goals, Philosophy, and Mission of the Army and AMEDD; Mobilization/Readiness Plan.

(3) *Attitudes.* Integrity/Ethics, Proactive and Innovative, Trust in Subordinates and Superiors, Open to Innovation, Allowing Subordinates to Grow, Sensitivity to Political Environment and Impact, Sensitivity to Environmental Concerns, Seeking Counsel, Customer/Patient Satisfaction, Holistic Perspective, Confidence and Competence, Leading by Example, Selfless Service.

d. Senior executive phase.

(1) *Skills.* Ownership for Decision Making, Executive Mentorship, Army Strategic Planning, Diplomatic/Global Focus, Marketing for the AMEDD Corps, An Expert in Specific AOC/MFA, Resource Integration/Management, Long-Range Planning, Decisiveness/Judgment, Developing AMEDD Policies to Meet Army Strategies, Developing Healthy Command Climate.

(2) *Knowledge.* Mission, Philosophy, and Goals of the Army; Joint Operations; World Affairs/Geopolitics; National Strategy; Principles of All Echelons of Health Care in Peace and War; Management Principles for National Level Organizations; Combat, Combat Support, Combat Service Support Doctrine.

(3) *Attitudes.* Set the Standard, Integrity/Ethics, Holistic Perspective, Political Awareness, Open Mindedness, Mentoring/Teaching, Listening/Learning, Earning Respect, Leading/Decision Making, Service.

2-7. Military Qualification Standards System

The MQS System is a leader development system for officers from precommissioning through the tenth year of commissioned service. It is structured into three phases. The MQS System has common task and branch task manuals for each phase. Each phase builds on the previous one and consists of two components: the military task component (skills and knowledge) and the professional military education component. The military task component is identified by information of a directed reading program that outlines goals and provides suggested reading lists with a synopsis of each book. See DA Pam 600-3 for specific information pertaining to the MQS System.

2-8. AMEDD requirements

a. The number and skills of officers to be developed is determined by AMEDD requirements.

b. Requirements are the product of long range forecasts concerning the number of officer and specialty mixes that will be required in a given time frame. As the present moves toward the out years, these projections are constantly refined and extended, thereby causing some fluctuation within career groups, specialties, or programs.

2-9. The AMEDD Corps

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

b. An AMEDD 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.

c. Each AMEDD Corps is composed of one or more broad health professional disciplines. These are shown in table 2-1.

2-10. 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 611-101. 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 AMEDD and the Army.

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

c. All professionally qualified AMEDD 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 AMEDD 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 immaterial (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 AMEDD requires. The ability to utilize commissioned officers in both specialty-unique and IM assignments provides the AMEDD with greater flexibility in the utilization of its personnel assets to meet continually changing requirements.

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

2-11. Due course and non-due course commissioned officers

The diverse mix of officers within the AMEDD, with various civilian educational backgrounds, requires accession of officers at different initial grades based on academic differences and experience factors. The approved civilian education needs of various specialties and Army Regulations requires accessions of some officers with constructive credit for master's and doctoral degrees. This varies based on the civilian education program. Some officers may enter the AMEDD as first lieutenants and others at higher grades. This initial grade determination creates two distinct groups of officers referred to as due course (no additional entry grade credit beyond the minimum entry level) and non-due course (credit for years of

education and prior service varies) officers. This initial determination requires modification of personnel management for officers following the various life cycle models. The most noticeable impact is non-due course officers' eligibility for promotion with less years Active Federal Commissioned Service (AFCS) than due course officers. Other less prominent but equally important considerations are military training, professional development, and career assignment patterns. These differences are detailed in the life cycle models of the various Corps.

2-12. Career status

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, Regular Army (RA), Inter-service Transfer, Health Professions Scholarship Program (HPSP), Officer Candidate School, or Service Academies. 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.

b. *Voluntary indefinite (VI).* Prior to the completion of an obligated commissioned officer's initial tour, he/she will be considered by a board of officers to determine who will be extended an opportunity to remain on active duty. Those selected for continuation and who accept will then be designated as VI. Under the Defense Officer Personnel Management Act (DOPMA), this is not yet considered full career status.

c. *RA.* Each otherwise eligible AMEDD commissioned officer who is selected for his/her second board promotion is offered RA status. Due course commissioned officers are normally integrated at major and non-due course commissioned officers at lieutenant colonel. Commissioned officers who decline RA integration cannot be continued on active duty.

d. *RCs.* RC AMEDD officers, if otherwise eligible, may maintain an active Reserve status by meeting the requirements for satisfactory participation in one of the following:

(1) *Unit assignments.* The majority of positions are in modified TOE units. Officers assigned to these units must develop specialized skills and knowledge for providing patient care and operating in a field environment under wartime conditions. RC units may be organized under TDAs for the purpose of augmenting fixed medical treatment facilities (MTFs) upon mobilization. There are also a limited number of authorized positions available in non-AMEDD units (for example, Civil Affairs Brigades and U.S. Army Reserve Forces (USARF) Schools, etc.).

(2) *IMA Program.* The IMA program is for USAR AMEDD personnel designed primarily to augment MTFs upon mobilization. These are key positions within the MTFs and provide AMEDD officers with career enhancement opportunities. IMA personnel may be attached to as many as five units concurrently in order to enhance training opportunities. For additional IMA training information, see AR 140-145.

(3) *IRR.* The IRR is a source of USAR personnel available to meet mobilization requirements. IRR AMEDD officers may be attached to as many as five units concurrently to provide greater training opportunities. Unit attachment will allow the officer an opportunity for an annual Officer Evaluation Report which may enhance his/her competitiveness for promotion. Unit attachment also authorizes Serviceman's Group Life Insurance benefits. IRR officers are encouraged to continue military/professional development through continuing medical education (CME)/continuing health education (CHE) and professional development courses.

(4) *Active Guard/Reserve (AGR).* Certain RC AMEDD personnel may serve in a full time active duty status in support of the RC.

2-13. Officer values

FM 22-100 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. They are loyalty, duty, selfless service, and integrity. All soldiers are expected to possess

four individual values: courage, candor, competence, and commitment. These are considered essential for all officers as they are the fundamental measures upon which trust is based.

a. Courage. May be either moral or physical in nature; both are equally important. Moral courage is overcoming fear for which there is no physical danger. Physical courage is overcoming fear of bodily harm. Moral courage requires one to choose the harder right over the easier wrong. Physical courage is developing the training, confidence, and faith to overcome the unwarranted fear.

b. Candor. Candor is being frank, open, truthful, complete, and sincere. It is an expression of personal integrity. Integrity is not negotiable. The consequences of not speaking with candor are too great. Disagreement is appropriate if it is expressed properly. Timing is important—with the proper persons at the right time and place. Criticism should not be offered without a carefully considered alternative. If a leader has made a decision and another officer disagrees, he/she should pick the right time and place, and provide criticism and a considered alternative. Then, legal and proper orders must be accepted even if there is disagreement. In extreme cases, like combat, there may be no time to permit discussion or disagreement and the urgency requires immediate compliance.

c. Competence. Competence is excellence in professional knowledge, judgment, and skills. Leaders must invest the time and effort in building skills. Competent leaders are confident in themselves and their unit. Competence is a crucial component of courage.

d. Commitment. Commitment is selfless dedication to the assigned mission and is demonstrated by efforts in support of the unit and the professional and personal development of the individual and others.

2-14. General managerial skills

No matter what an officer's profession or specialty is, he/she will be required to utilize more managerial skills throughout career development in the AMEDD. In this context, an officer will be required to integrate functions of his/her profession with those of the rest of the Army during progression to assignments of greater command, staff, or clinical responsibility. It is anticipated that in addition to experience, the officer's professional education will also emphasize the important interfaces among AOCs/MFAs/MOSs and broader Army functions. Officers are encouraged, throughout their military careers, to seek additional management courses to enhance their management skills.

2-15. Assignment process and considerations

a. AMEDD officers are assigned and reassigned only after careful consideration of all factors which influence the assignment process. In many cases, professional consultants to TSG and the Corps chiefs provide the Health Services Division's PERSCOM, the Surgeon's Office, NGB, GUARDPERCEN, and the Special Officer Division, ARPERCEN, with their evaluation of the best options for the AMEDD, AOC/MFA/MOS development, and the officer. This interface of career management expertise, coupled with the individual officer's career planning goals and objectives, provides the opportunity for optimum leader development and utilization.

b. Due to the types of skills employed by AMEDD officers, it is possible that they will spend an entire career developing within a particular AOC/MFA/MOS. However, a fluctuating force structure and differences in AOC/MFA/MOS requirements between continental United States (CONUS) and outside continental United States (OCONUS) activities make it difficult to sustain a consistently perfect skill/position match throughout an officer's career.

c. One of the AMEDD assignment objectives is to provide as many officers as possible with the opportunity to serve in TOE medical organizations. The ultimate mission of the AMEDD is to provide medical support to the Army in the field. Consequently, it is imperative that a sufficient number of AMEDD officers are trained to assume medical support roles in times of armed conflict. To accomplish this, it is necessary to rotate as many officers as possible through TOE medical organizations consistent with AMEDD operational requirements.

d. Factors which influence AMEDD officer assignments are:

- (1) Army requirements.
- (2) The officer's individual career development requirements.
- (3) The officer's manner of performance and potential.
- (4) The officer's desires as stated in a current preference statement.
- (5) Availability of officers with the required qualifications.
- (6) The officer's grade, AOC/MFA/MOS, education, experience, and professional certification.
- (7) Policy considerations, such as assignment stability and overseas tour equity.
- (8) Personal and compassionate factors in the officer's life.
- (9) Geographical considerations (applicable to RC AMEDD officers).

e. Some positions in the AMEDD, irrespective of branch or functional area coding, are designated IM on the position requests. IM positions are available to AMEDD commissioned officers from different AOCs/MFAs. Service in these positions should not be viewed as malutilization, but rather as career broadening which will increase the officer's ability to integrate functions performed in an AOC/MFA with those of a general nature as he/she assumes more responsibility in the leader development process. For example, an MS officer whose AOC is aeromedical evacuation, and whose secondary AOC under the "dual track" Concept (only applicable to the MS aeromedical evacuation AOC) is plans, operations, intelligence, security, and training could enhance his/her development through assignment in a medical intelligence position. On the other hand, an MC officer who possesses the internal medicine AOC would not be assigned to duties in one of the surgical specialties without the prerequisite medical education. An officer may serve in IM positions during his/her career, retaining specialties while doing so. IM positions require an AOC, but no further specialization; therefore, several officers in one MFA with different AOCs may be eligible for the same IM positions. The selection of officers for these positions is based on overall manner of performance, previous experience, military and civilian education, and estimated potential for further service. AMEDD commissioned officers usually in the grades of major, lieutenant colonel, and colonel may be selected to serve in IM positions.

f. Some officers from the various AMEDD Corps are selected for assignment to the Army Acquisition Corps (AAC). They will receive an initial designation of the additional skill identifier (ASI). ASI Skill 4M applies to AAC candidates working toward certification and qualification to fill critical acquisition positions to include Project/Product Manager selection and assignment. Upon meeting all certification requirements, officers are awarded ASI 4Z, certified AAC officer. Senior AMEDD officers assigned to the AAC are responsible for materiel acquisition matters pertaining to the AMEDD and serve at the highest levels of the materiel acquisition management profession in the AMEDD and the Army.

2-16. AMEDD warrant officer leader development

a. Recognizing that warrant officers had special roles to fill in the Army, unique and distinct from those of other officers, the Chief of Staff of the Army chartered a DA study group to review the Army's warrant officer program as a whole. The result, in 1985, was the Total Warrant Officer System (TWOS). This 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's equipment, support activities, or technical systems for an entire career."

b. In 1981, DOPMA instated, in law, career management of officers, but specifically excluded warrant officers. The Warrant Officer Management Act (WOMA) was introduced in Congress shortly after the publication of TWOS, and was eventually signed into law in December, 1991. WOMA is the warrant officer counterpart of DOPMA.

c. In February of 1992, the Chief of Staff of the Army approved

the Warrant Officer Leader Development Action Plan (WOLDAP). This plan contained 13 discrete issues and 33 specific recommendations dealing with training, assignments, civilian education, and other subjects.

d. For additional details regarding warrant officer leader development, refer to DA Pam 600-11, chapter 2.

2-17. Life cycle models

Within the chapters of this guide that deal specifically with each of the six AMEDD Corps are 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, etc. 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.

Table 2-1
Disciplines of the AMEDD Corps

Branch	Discipline
Medical Corps	Physicians
Dental Corps	Dentists
Veterinary Corps	Veterinarians Veterinary Services Technicians
Medical Service Corps	Podiatrists Pharmacists Optometrists Laboratory Science Officers Preventive Medicine Officers Health Service Maintenance Technicians Aeromedical Evacuation Officers Behavioral Science Officers Health Services Officers
Army Nurse Corps	Nurses
Army Medical Specialist Corps	Dietitians Occupational Therapists Physical Therapists Physician Assistants

Chapter 3

AMEDD Officer Education and Training

3-1. Scope

a. Officer professional education in all branches of the Army consists of both military and specialty education. Military education is that body of professional knowledge common to all Army officers such as leadership, command, operations, logistics, communication skills, and management. Specialty education, for purposes of this pamphlet, encompasses training unique to a particular AMEDD branch, AOC/MFA/MOS within a branch, or number of branches (for example, residency training for physicians and dentists, health care administration for all AMEDD branches, clinical nursing for

AN officers, etc.). Board certification and licensure require specific education. Training is essential to produce a force prepared to mobilize, deploy, fight, and win worldwide. AMEDD officers require training to facilitate their readiness for providing combat service support. Military and civilian training opportunities augment knowledge acquired through formal military and civilian education programs.

b. Education and training of AMEDD warrant officers includes training provided through the Warrant Officer Career Center (WOCC) and AMEDD branch specific functional training through the AMEDD Center and School (AMEDDC&S) in accordance with the Warrant Officer Education System (WOES). For additional details regarding WOES, refer to DA Pam 600-11, chapter 4.

3-2. General

The basic purpose of formal education and training is increasing individual capabilities in order to contribute to the overall mission of the Army and, ultimately, to provide potential leaders with the ability to think complex problems through to logical solutions in all disciplines of the AMEDD. Each level of education completed should enhance an officer's ability to undertake more responsibility or achieve greater intensity of specialization as he/she moves up the career ladder. The paragraphs that follow will describe military and specialty training in general terms. For more specific information regarding application procedures and course curricula, AR 351-3, appropriate school/course catalogs, Health Education and Training Division, OTSG, and course announcements should be consulted.

3-3. Educational counseling

The numerous educational opportunities in the AMEDD make it extremely difficult for officers to plan their educational programs without assistance. They will frequently require, and are encouraged to seek, professional educational counseling. For such counseling, officers should consult the career manager in their respective AMEDD branch, PERSCOM, ARNGUS State Surgeon's office, or their PMO at ARPERCEN, their local Army Education Center, their mentors, or an education counselor at the appropriate Service school. Commanders, supervisors, and unit training officers are an additional source of information. Furthermore, civilian institutions provide educational counseling services.

3-4. Military education

Like other branches, AMEDD officers satisfy military education requirements primarily through the military schooling system consisting of the AMEDD Officer Basic and Advanced Courses (AMEDD OBC and OAC), CAS³, Senior Warrant Officer Courses, the CGSOC, and the Senior Service Colleges (SSCs) (that is, the Army War College (AWC) and the Industrial College of the Armed Forces (ICAF)). Each level of military training prepares an officer for more advanced duties and responsibilities which, coupled with experience and formal civilian schooling when applicable, ensures a viable and responsive officer corps. The AMEDD OBC is designed to provide orientation and training for newly commissioned officers. The AMEDD OAC provides training in military medical service support operations and the general responsibilities of the AMEDD team. The CGSOC prepares selected AMEDD officers for duties in battalion, brigade, division, and equivalent sized units and as principal staff officers with echelons above the division. The SSCs emphasize national security management and national strategy. The general scope of the military courses of instruction available to AMEDD commissioned officers are outlined below.

a. *AMEDD OBC.* All AMEDD commissioned officers will complete an AMEDD OBC or equivalent OBC. The AMEDD OBC exposes newly commissioned officers to general military subjects, traditions and customs of the Service, and duties of the unit commander and his/her staff. It also provides branch specific training for military aspects of an officer's particular health profession. The basic courses are conducted at the AMEDDC&S.

b. *AMEDD OAC.*

(1) All Active Army and AGR AMEDD officers will complete an AMEDD OAC or equivalent OAC. MS officers in the ARNGUS

and USAR must also complete an AMEDD OAC or equivalent; all other Corps members in the ARNGUS and USAR are encouraged, but not required, to attend. The AMEDD OAC is designed to enhance an officer's military frame of reference and to provide training in military medical service support operations with an overall working knowledge regarding the duties and responsibilities of AMEDD officers during periods of peace and hostilities. Graduates are qualified for assignment to a limited number of command positions and to serve on the staffs of command surgeons and medical unit commanders.

(2) Active Army commissioned officers will attend an approved OAC at the AMEDDC&S between their third and eighth year of commissioned service. This time frame varies for ARNGUS, USAR, and AGR officers.

c. Command and General Staff College. The U.S. Army Command and General Staff College (CGSC) is the Army's senior tactical school and introduces commissioned officers to operational and strategic warfighting. The CGSC mission is to educate leaders in the values of the armed services, to develop doctrine that guides the Army as an instrument of national policy, and to promote the study of military art and science throughout the defense community. Select AMEDD officers will attend two resident courses of instruction at the CGSC—the Combined Arms Services Staff School (CAS³) and the CGSOC. Other commissioned AMEDD officers will complete these courses through nonresident instruction.

(1) CAS³.

(a) CAS³ prepares commissioned officers to function as staff officers through development of problem analysis, problem-solving, coordination, and communication skills. The School also facilitates understanding of Army organizations, operations, and procedures. All active duty AMEDD OAC students will be enrolled in Phase I of CAS³. Phase I consists of 140 hours of correspondence course instruction which provides the background, knowledge, and skills necessary for entry into the residence Phase II of CAS³. Select graduates of the OAC will attend Phase II of CAS³ only upon completion of CAS³, Phase I.

(b) RC commissioned officers unable to attend the 60 day Phase II will satisfy course requirements through attending Phase IIa and Phase IIb conducted by USARF Schools. Phase IIa consists of 8 Inactive Duty for Training (IDT) weekends and Phase IIb is a 15 day Active Duty for Training (ADT).

(c) AMEDD officers in the grades of captain and major are eligible to enroll for CAS³ any time through the ninth year of commissioned service after completing the OAC. This time frame varies for ARNGUS, USAR, and AGR officers.

(2) CGSOC.

(a) The CGSOC curriculum is designed to provide the Army with a broad base of field grade officers extensively educated in command and staff responsibilities primarily at the division and field Army levels and secondarily at major command (MACOM) headquarters; HQDA; and at joint, combined, or other major staff levels. In addition, the CGSOC experience develops intellectual depth and analytical ability in solving complex problems.

(b) 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), major, and lieutenant colonel who have completed the OAC are eligible. Additionally, officers are required to complete CAS³ (Phase I minimum) before enrolling in the nonresident CGSOC or attending the resident CGSOC. PERSCOM annually prepares a list of all officers eligible to attend CGSOC level training in accordance with prerequisites announced by selection board operating instructions. These lists are subsequently considered by an Army selection board. Types of duty performed, responsibility entailed, level of development, demonstrated academic ability, and overall manner of performance and potential are factors considered in the selection process. Officers not

attending the CGSOC in-residence or equivalent are encouraged to complete the CGSOC nonresident course.

(c) Active Army officers attending the CGSOC who have the proper prerequisites, or attain them during the resident course, may be considered for the Cooperative Master's Degree Program at a civilian institution in a validated field following completion of the CGSOC training program. RC AMEDD may apply for a limited number of residence CGSOC positions. The CGSOC may be completed through a combination of correspondence studies and attendance at USARF schools in either an Annual Training (AT) or ADT status. The CGSOC may be completed entirely through the correspondence option. Officers may apply to complete the CGSOC through the 19-week RC residence option at Fort Leavenworth.

d. SSCs.

(1) The SSCs are at the apex of the military education system and are designed to enhance the competence of selected officers for key command and staff responsibilities at Department of the Army (DA) and higher levels. Those few AMEDD officers selected for SSC normally attend the AWC (resident or non-resident) or the ICAF; however, they are not precluded from attending other courses of instruction, such as the National War College, Air War College, Naval War College, and fellowships.

(2) MC, DC, 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 potential eligibility requirements through their chain of command.

(3) Active Army AMEDD officers meeting the eligibility requirements for SSC are automatically considered for selection to attend SSC. RC AMEDD officers must meet the eligibility requirements and apply for consideration to attend SSC.

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

(5) The Department of Health and Human Services sponsors annual Intragovernmental Fellowships for those AMEDD officers selected for SSC.

e. MFA education. Education to acquire an MFA after entry on active duty and assignment to an AOC or other MFA is available in military schools and civilian institutions. Specialty tracks in the AMEDD OAC facilitate transition to an MFA. MFA-producing courses such as medical logistics and patient administration are conducted at the AMEDDC&S. Graduate degrees may be pursued at civilian colleges and universities acceptable to TSG, such as the Army Comptrollership Program at Syracuse University for health service comptrollers. Education programs such as correspondence courses and classes on Army installations supplement the aforementioned education opportunities.

f. U.S. Army—Baylor University Program in Health Care Administration.

(1) The U.S. Army—Baylor University Program in Health Care Administration is designed to provide selected officers with a broad knowledge of those theories, concepts, and practices which bear significantly upon the administration and organization of health care delivery. In addition, the program develops a thorough working knowledge of the managerial skills and techniques fundamental to health care administration. Emphasis is placed on health care administration in various venues to include hospitals, clinics, and managed care settings. Six distinct tracks of the program which provide MFA-specific training are personnel, logistics, health care administration, comptroller, patient administration, and operations. Satisfactory completion of all the academic and practicum requirements, to include a 12-month residency at a designated MTF, results in a Master's degree in Health Care Administration.

(2) Active Army commissioned officers desiring to attend the

Health Care Administration Course must submit an application and must have 7 years of AFCS as of 1 September in the year training is to commence. Applicants must also have a bachelor's or higher degree from an accredited institution and a 2.7 or higher grade point average on a 4-point system. In addition, the applicant must take either the Graduate Record Examination or the Graduate Management Admissions Test. Selection for this course is by formal board action; specific application guidelines are published annually.

g. Other courses. AMEDD officers are also authorized to attend other courses of instruction presented by the AMEDDC&S and other Army Service schools. Courses include Combat Anesthesia, Combat Trauma Nursing Course, Medical Management of Chemical Casualties Course (M²C³), and Deployment in Medicine Course. An interested officer should consult appropriate catalogs, see his/her educational advisor, or contact the appropriate PERSCOM Branch, his/her PMO at ARPERCEN, or the State training officer (ARNGUS) for more information regarding courses of interest.

h. Waivers. Some of the prerequisites for attendance in military courses may be waived. Officers should consult the appropriate announcement or catalog for waiver criteria guidance.

i. Service obligation. Attendance at certain military schools carries with it service obligations under Army regulations which describe the schools.

3-5. Military training

Expert Field Medical Badge (EFMB), Airborne, Air Assault, Ranger, Special Forces, Jungle Warfare, Pathfinder, and Combat Casualty Care Courses are some of the military training opportunities available to AMEDD officers. In general, AMEDD officers selected must serve in or be projected for duty in an assignment utilizing skills learned in these training opportunities.

3-6. Education in civilian institutions

Education in civilian institutions augments that conducted in AMEDD facilities and Service schools and provides essential technical, scientific, and professional opportunities that are 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, PERSCOM representatives prior to initiating action to participate in 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 one of the civilian institution training programs should make application in accordance with AR 351-3 to their AMEDD branch, PERSCOM. 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 nonselection for program participation.

a. Long-Term Civilian Training (LTCT). LTCT, also referred to as Long-Term Health Education and Training (LTHET), provides opportunities for select AMEDD officers to obtain baccalaureate, graduate, and doctoral degrees from civilian institutions acceptable to TSG. (For a PhD program, the period of schooling will not exceed 48 months.)

(1) *Fully-funded programs.* Under these 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. Officers may not draw Department of Veterans Affairs (DVA) benefits concurrent with fully-funded education.

(a) Advanced Degree Program.

1. Under this program, selected 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. To be considered for the Graduate Degree Program, applicants must be RA officers or members of the RC serving on active duty in a VI category. At the time of entrance into the school, the officer must not have exceeded 17 years of promotion list service. 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 education 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.

(2) *Partially-funded programs.* Under these programs, the officer must bear the cost of all tuition, fees, and textbooks. Many officers elect to use the in-service benefits provided by the DVA (if applicable) to help defray the costs. The Army provides the officer with full pay and allowances and will move the officer and his/her family to the school location if the period of schooling is 20 weeks or more. Participants attending schools for a period of less than 20 weeks are required to attend in a permissive temporary duty status. The Degree Completion Program is described below.

(a) The Degree Completion Program is designed to raise the educational level of AMEDD officers through partially-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 goals.

(b) 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.

(c) Individuals selected for attendance under the Degree Completion Program will be required to pay all academic expenses, including matriculation, tuition fees, and the cost of textbooks and other materials. However, Degree Completion Program participants will receive full pay and allowances. In addition, if the program exceeds 20 weeks, the Army will move the officer and his/her family to the educational institution approved for study. Officers eligible to use the financial benefits provided by the DVA (GI Bill) may defray the cost of tuition and fees in that manner.

b. 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.

c. Advanced Management Program. The Advanced Management Program is designed to provide Active Army lieutenant colonels and colonels fully-funded advanced management training through upper management courses at civilian colleges and universities. The schools and courses have been carefully selected by a PERSCOM selection board from among those listed in Brinker's (International) Directory of University Sponsored Executive Development Programs. Courses vary in length from 1 to 3 weeks. Program goals include: increase capabilities of executive managers; expand operational and planning techniques; increase ability to appraise economic, social, political, and technological changes; provide for an exchange of ideas between senior executives of both national and international industries and Army officers.

d. Incentive programs. These programs are open only to select MC and AN officers with health professional specialties critically needed during wartime in the RC. Information concerning eligibility, application, and program entitlements are contained in AR 135-7, chapters 7 and 11. Stipend and payment amounts/increases are announced annually by DA.

(1) The New Specialized Training Assistance Program (New STRAP) provides a monthly stipend throughout certain physician and nurse specialty training programs. In return, the officer is contractually obligated to serve 2 years of RC duty for every year or partial year thereof for stipend receipt.

(2) The Health Professionals Loan Repayment (HPLR) Program provides an annual payment on certain Health Professional Loans for a maximum of 7 years. The officer is contractually obligated to serve 1 year of RC duty for each annual lump-sum payment made on his/her behalf.

3-7. Internship, residency, and fellowship training

a. Internship, residency, and fellowship training programs. Programs under the direction of TSG are available to Active Army MC, SP, DC, 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. (Also see para 3-4g for Health Care Administration residencies.)

b. Application. Applications should be submitted in accordance with AR 351-3.

3-8. Continuing education

Civilian continuing education (CE) opportunities such as Basic Cardiac Life Support (BCLS), Advanced Cardiac Life Support (ACLS), Burn Life Support (BLS), Advanced Burn Life Support, and Advanced Trauma Life Support enhance job performance through hands-on instruction. Other education opportunities include CHE, CME, continuing dental education (CDE), and the Professional Postgraduate Short Course Program (PPSCP). Such education opportunities may be provided on military installations or in the civilian sector.

3-9. Nonresident school and instruction

Nonresident instruction (correspondence courses and extension courses which include a resident phase) is an important part of the officer education system. Officers who do not have the opportunity to attend a resident course should endeavor to complete the level of professional military and/or civilian education appropriate to their grade through nonresident instruction. Nonresident instruction provides opportunities to advance professional education at an officer's own pace of learning throughout a 30-year career, thereby enhancing overall performance and potential. The AMEDD is particularly limited in the number of officers who can attend CGSOC; therefore, it is important that those who cannot be accommodated at the resident course apply for the nonresident course. DA policy

states that an officer who has reached a particular level of military education through nonresident instruction will receive the same consideration in assignment, promotion, and selection for further schooling as an officer whose military educational level was reached through resident instruction. Correspondence courses are available from military and civilian institutions. Additional information about the Officer Education System is in DA Pam 600-3, chapter 4, and DA Pam 351-20.

3-10. AMEDD Pre-Command Course

AMEDD officers may attend an AMEDD 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) 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 PERSCOM branch. ARNGUS AMEDD officers at the company grade level may attend a pre-command course specifically designed for them.

3-11. Reserve Components

AMEDD officers of the RCs are afforded educational and training opportunities to prepare them for promotion and to enhance their military expertise. Completion of Service schools is essential to RC AMEDD officers for keeping pace with the technological innovations of modern combat, promoting high performance, and increasing potential for continued service.

a. Resident or nonresident military instruction. RC AMEDD officers may complete resident or nonresident instruction. Nonresident instruction includes correspondence studies or correspondence instruction offered by Army Service Schools. Resident instruction includes RC versions of Active Army courses, such as the OBC and OAC. The RC versions of these courses contain all the critical instruction of the full course, but are condensed into a shorter time frame. The RC versions allow more USAR and ARNGUS officers to attend needed instruction. See DA Pam 351-20 for a listing of nonresident professional military and special training courses. Some RC officers within the AMEDD may be selected for AOC/MFA training at resident Army schools. See DA Pam 351-4 for additional information.

b. Military training.

(1) *ADT.* For leader development, RC AMEDD officers attend ADT which includes attendance at Army Service Schools, participation in small arms competitions, short tours of active duty for special work, attendance at military conferences, CHE/CME, and participation in any command post exercise/field exercise maneuver which is separate from AT.

(2) *AT.* AMEDD officers of the RC also attend AT, a period of training performed annually by units or individual members of the RC. AT is typically performed with an RC or Active Army organization or other Federal agency. The period of training for entire unit AT is not less than 14 days, exclusive of travel time. The period of training for RC members individually ordered to ADT normally will be no less than 12 days, exclusive of travel time.

(3) *IDT.* RC AMEDD officers may also attend IDT. IDT is any authorized training, instruction, or duty performed with or without pay by members of the RC. Officers training in a non-pay status may earn retirement point credit with prior approval. This training cannot be professional work in which officers are compensated for civilian services. For additional information, see DA Pam 600-3, chapter 7, and AR 140-1.

c. Civilian education and training. Skills and knowledge acquired

through civilian education and employment may determine designation of a particular AOC or MFA. Professional seminars, conferences, and boards provide excellent methods for RC AMEDD officers to further military expertise.

Chapter 4 Command and Command Equivalent Selection System

4-1. General

Active Army AMEDD officers are chosen for command and command equivalent positions by a selection board convened at the DA Secretariat and by board members nominated by DCSPER possessing the requisite experience to make impartial and objective judgments regarding each nominee's ability to fulfill the many roles inherent in these demanding positions. USAR lieutenant colonel/colonel commands are filled through command selection boards convened at the appropriate level. ARNGUS command positions at the lieutenant colonel/colonel level are filled through decisions by unit vacancy boards of State Adjutants General. The importance of placing officers of the highest quality and motivation in command and command equivalent positions cannot be overemphasized. Leadership and high quality staff work have always been of significance in military organizations and the AMEDD has not been found lacking in these areas. However, as organizations increase in complexity, the knowledge, experience, and demonstrated leadership ability of leaders and key staff becomes increasingly important.

4-2. AMEDD command selection policy

a. TSG has directed implementation of an AMEDD Command Selection Program geared to the special requirements of the AMEDD and paralleling the Army Command Selection Program. Since 1 July 1976, all command selections have been made utilizing the Army Command Selection Program. The objective of the command selection process is to select from available officers those best qualified, based on their qualifications, demonstrated performance, and potential for command/command equivalent positions in designated units/organizations. Lists of units which will be commanded by officers selected by command selection boards will be developed in consultation with the appropriate Corps chief and published on the Command Designated Position List (CDPL). Army Command Selection Boards will be convened to recommend AMEDD officers for command designation. After approval of the recommendations by TSG, command designated officers will be assigned to fill projected command vacancies. Major commanders will not be authorized to assign officers other than command designated officers to command designated positions.

b. The Commander, PERSCOM, is tasked to operate the Army Command Selection Program, to include the scheduling of necessary selection boards on an annual basis and managing approved Command Selection Lists. General command selection criteria are in paragraph 4-5. The tour length objective for designated command positions is a 2-year tour except for short tour areas where the length of command will be the same as the tour length. Approved Command Selection lists will be publicized to the field by the Commander, PERSCOM.

c. All Active Army AMEDD officers with positions on the CDPL participate in the Command Selection Process.

4-3. Command and command equivalent positions

Examples of command and command equivalent positions are:

a. *MTF commanders.* Those positions in which the exercise of command requires the ability to plan, direct, manage and evaluate all facets of a health care delivery system; ensuring quality outcomes of patient care, military health care readiness, and appropriate resource allocation.

b. *Medical field unit commander.* Those positions which require

the exercise of command in TOE units such as groups, battalions, depots, hospitals, companies, and certain detachments.

c. *Director of dental services/dental unit commanders, dental detachment.* Those positions which require the ability to plan, recommend, direct, and supervise dental activities in a command.

d. *Professional Filler System (PROFIS) commander.* Those positions which require the ability to be field unit commanders upon mobilization. Officers designated as PROFIS commanders will be designated as a result of the Command Selection Process.

e. *Veterinary medical detachment commanders.* Those positions in which the exercise of command requires the ability to plan, direct, and supervise veterinary medical detachments.

4-4. Restrictions

Members of all AMEDD Corps (both Active Army and RC) will be considered for command assignments subject to the legal and/or policy restrictions outlined below as they become eligible, and on a recurring basis thereafter.

a. Commissioned officers of the MC, DC, and VC may not exercise command over troops other than those in the AMEDD.

b. Officers of the AN and SP may exercise command only within their respective branches (section 3579, title 10, United States Code (10 USC 3579)).

c. In addition to command exercised *ina* above, officers of the MS may exercise command of troops that are not part of the AMEDD whenever authorized by the Secretary of the Army. This authority has been delegated to division commanders (or comparable level) and above (10 USC 3579 and AR 600-20).

d. Units normally commanded by a MC or DC officer will be commanded by the senior MC or DC officer qualified to assume such command under the provisions of AR 600-20. Although an officer of another branch may be the senior regularly assigned officer present, the senior MC or DC officer qualified to assume command will be designated as the commander.

4-5. Standard command selection criteria

The Commander, PERSCOM; the Commander of the numbered armies of the continental United States or the U.S. Army Reserve Center; and the State Adjutants General establish boards which recommend officers who are best qualified to assume command of designated organizations. Policy guidance for command selection is outlined below.

a. The primary criterion for those officers eligible for selection are demonstrated ability and potential to manage and supervise all facets of health care delivery and to lead, manage, and work effectively. Previous experience as an AMEDD commander or executive officer, length of time spent in command, exposure to leadership problems, maturity, and demonstrated performance will also be key factors in the selection process.

b. Attendance at the CGSOC or equivalent credit is not required, although it is a consideration in the total selection process.

c. 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 nonselection. 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 ability to communicate.

(4) Trends in efficiency up or down.

(5) Length of service and maturity.

(6) Moral standards.

(7) Integrity and character.

(8) General physical condition.

d. Officers selected for command should be in a grade appropriate to the position or selected for promotion to that grade (for example, a lieutenant colonel position must be occupied by a lieutenant colonel or a major (P)).

4-6. Opportunity to command

Although command is considered by many to be a “hallmark of military professionalism,” such opportunities are limited within the AMEDD and even more restricted within certain Corps of the AMEDD. Therefore, the fact that an officer does not command throughout an entire career does not, in and of itself, detract from the fact that his/her career can be highly successful in other endeavors and that the contribution can be of great significance to the AMEDD. All AMEDD officers should, through study, observation, and service, prepare themselves for greater responsibility when the opportunity arises, regardless of the nature of that opportunity.

Chapter 5 Dental Corps

5-1. Description of the Dental Corps

The DC is a special branch of the Army composed of Active Army and non Active Army commissioned officers who are graduates of a dental school accredited by the American Dental Association (ADA) and acceptable to TSG. 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 license from one of the fifty United States, a U.S. territory, or the District of Columbia. The unrestricted practice of dentistry requires individual credentialing per AR 40-68. The mission of the DC in peace is to ensure 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. In war, the mission of the DC is to conserve fighting strength by the preservation and restoration of oral health and function, and by assisting in the emergency medical management of combat casualties. In both peace and war, the DC has the mission to support casualty identification through dental forensic identification operations. The principle functions performed by military dentists are: clinical dentistry, command and staff, teaching, and research. Teaching is identified as a separate function although it is an all-pervasive element of the profession of dentistry and is implied in each of the functional areas.

5-2. Dental Corps life cycle models

See figures 5-1 and 5-2.

5-3. Dental Corps commissioned officer leader development phases

There are four phases of leader development which include both clinical and military milestones. These phases depict assignment opportunities that can be expected during each phase 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.

a. Active Army.

(1) *Initial phase—captain/major.* This phase commences upon entry on active duty. Newly commissioned officers attend the AMEDD OBC. Selected officers attend the Advanced Education in General Dentistry (AEGD) 1 year. Officers not selected for the 1 year AEGD will be assigned directly to a TDA or TOE unit. Some officers receive additional training at airborne or air assault school if assigned to that type unit. All officers are encouraged to attend the Combat Casualty Care Course (C⁴) and to compete for the EFMB. In addition, dental officers assigned to combat units should have attended the C⁴ and the M²C³. Some officers will have the opportunity to become the officer-in-charge (OIC) of a small clinic. All dental officers must possess a valid current State dental license. At the beginning of the third year of service, the officer should apply for RA if he/she so chooses. Officers will automatically be considered for VI in their third year of service. Most dental officers attend

the AMEDD OAC between the third and sixth year of service. Officers are eligible to apply for residency training after 3 years of service. Upon completion of the OAC, officers should be enrolled in the CAS³, Phase I. Completion of CAS³, Phase II, is encouraged and is a prerequisite for attendance at the CGSOC in a residence status. Enrollment in the CGSOC by correspondence studies can begin following completion of CAS³, Phase I.

(2) *Intermediate phase—major/lieutenant colonel.* The objective of this phase is to continue professional development with residency training following completion of the OAC and CAS³, Phase I. Enrollment in the CGSOC should also begin at this time. Upon completion of residency training, the dental officer begins to seek board certification in his/her specialty. Assignment opportunities will be in conjunction with his/her respective AOC as described in paragraph 5-4.

(3) *Advanced phase—lieutenant colonel/colonel.* The objectives of this phase are specialty board certification and continued military professional development. The CGSOC should be completed during this phase. 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. Some officers will be selected to attend an SSC or to participate in the AWCCSC. 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. An officer must also remain current in professional skills through clinical practice and CDE. Assignments at this level will be in accordance with the officer's AOC as described in paragraphs 5-3 and 5-4.

(4) *Senior executive phase—colonel.* The objective of this 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. An officer in this phase will seek the AMEDD “A” designator and compete for command and/or fellowship training in his/her specialty. Duty assignments in this phase will be in accordance with the officer's AOC as described in paragraph 5-4.

b. *RCs.* Resources to support the required military education and training requirements and limited civilian education opportunities for RC Dental Officers are constrained. OBC, OAC, CGSOC, SSC, CDE, and professional short course attendance represent training opportunities that must be maximized in the most cost-efficient manner. CAS³ is not required for a successful career in the RC. Required specialists are not trained in-house but are acquired as trained specialists. Accession grade into the RC is first lieutenant or higher; most are initially appointed as captains.

(1) *Initial phase—lieutenant/captain.* This phase begins with appointment as a dental officer in the RCs. Officers should attend the AMEDD OBC or request waiver for equivalent trained status through their chain of command. Officers begin to develop leadership/management styles, participate in problem solving and decision-making, 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. The officer should begin the AMEDD OAC at the earliest opportunity. Participation in an IMA or unit program position is highly recommended. Officers should develop a knowledge base of mission and mobilization responsibilities.

(2) *Intermediate phase—major/lieutenant colonel.* This phase is a continuation of the initial phase with increasing levels of responsibility and military education. There is no in-house residency training or military funded civilian residency for the RC DC officer. The officer should complete or be in the final phase of the OAC. Effective leadership/management must be demonstrated. Officers should seek positions of higher responsibility either within a unit or within the IMA to be successful in this phase. During this phase every opportunity for advanced military and/or professional education should be pursued per career interests. Officers should be mentors

for subordinates, displaying mission commitment and leading by example.

(3) *Advanced/senior executive phase—lieutenant colonel/colonel.* In this phase the officer assumes positions of increased responsibility within the dental care system. 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.

5-4. Dental Corps areas of concentration

DC AOCs are listed in table 5-1.

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.* Unique duty positions include: General Dental Officer, Unit Dental Surgeon, Clinic Chief.

(3) *Qualifications.* Must be able to perform duties described above and be a graduate of a dental school acceptable to TSG. A 1 year residency will only qualify as a 63A with 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.* Unique duty positions include: Comprehensive Dental Officer; Commander, Dental Detachment; Chief, General Dentistry Team; Program Director, Assistant Program Director, Training Officer, Advanced Education Program in General Dentistry; Instructor, AMEDDC&S; Comprehensive Dentistry Consultant, OTSG; Unit Dental Surgeon; Clinic Chief.

(3) *Qualifications.* Must complete ADA accredited AEGD (Comprehensive Dentistry) of at least 2 consecutive years duration 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.* Unique 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.

(3) *Qualifications.* Must complete Advanced Specialty Education Program in Periodontics, accredited by the ADA and acceptable to TSG.

d. AOC 63E—Endodontist.

(1) *Description of duties.* Examines, diagnoses, and treats or prescribes treatment of diseases of the dental pulp, traumatic injuries to the pulp and periradicular tissues, and the sequelae of these diseases and injuries.

(2) *Description of positions.* Unique 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.

(3) *Qualifications.* Must complete Advanced Specialty Education Program in Endodontics, accredited by 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.* Unique duty positions include: Prosthodontist; Maxillofacial Prosthodontist; Program Director, Assistant Program Director, Training Officer, Advanced Specialty Education

Program in Prosthodontics; Commander, Area Dental Laboratory; Instructor, AMEDDC&S; Prosthodontic Consultant, OTSG; Chief, Dental Laboratory Branch; Clinic Chief.

(3) *Qualifications.* Must complete Advanced Specialty Education Program in Prosthodontics, accredited by 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.

(3) *Qualifications.* Must complete Advanced Specialty Education Program in Dental Public Health, accredited by the ADA and acceptable to TSG.

g. AOC 63K—Pediatric Dentist.

(1) *Description of duties.* Examines, diagnoses, and treats or prescribes treatment for diseases, abnormalities, injuries, and defects of the teeth and supporting structures for children from birth through adolescence, and special patients of any age who demonstrate mental, physical, and/or emotional handicaps.

(2) *Description of positions.* Unique duty positions include: Pediatric Dentist; Program Director, Assistant Program Director, Senior Training Officer, Junior Training Officer, Advanced Specialty Education Program in Pediatric Dentistry; Pediatric Dental Consultant, OTSG; Clinic Chief.

(3) *Qualifications.* Must complete Advanced Specialty Education Program in Pediatric Dentistry, accredited by 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.* Unique 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.

(3) *Qualifications.* Must complete Advanced Specialty Education Program in Orthodontics, accredited by the ADA and acceptable to TSG.

i. AOC 63N—Oral and Maxillofacial Surgeon.

(1) *Description of duties.* Examines, diagnoses, and treats or prescribes treatment for conditions involving disease, defect, or injury to the oral and maxillofacial region including oral and maxillofacial surgical procedures and adjunctive care.

(2) *Description of positions.* Unique duty positions include: Oral and Maxillofacial Surgeon; Program Director, Assistant Program Director, Training Officer, 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.

(3) *Qualifications.* Must complete Advanced Specialty Education Program in Oral and Maxillofacial Surgery, accredited by the ADA and acceptable to TSG. Must possess a valid DDS, DMD, or a combination DDS/MD, DMD/MD degree.

j. AOC 63P—Oral Pathologist.

(1) *Description of duties.* Examines, diagnoses, treats, and studies diseases of dental and oral tissues. Provides forensic dental identification/support.

(2) *Description of positions.* Unique duty positions include: Oral Pathologist; Program Director, Assistant Program Director, Advanced Education Program in Oral Pathology; Chairman, Department of Oral Pathology, Armed Forces Institute of Pathology; Oral Pathology Consultant, OTSG.

(3) *Qualifications.* Must complete Advanced Specialty Education Program in Oral Pathology, accredited by the ADA and acceptable to TSG.

5-5. Immaterial position: Executive Dentist (63R)

a. Description of duties. AOC 63R is a duty position only and is considered specialty IM. A dental officer assigned to this AOC functions in a variety of command and staff positions throughout the Army Dental Care System as listed in paragraph 5-4.

b. Description of positions. Unique duty positions include: DEN-TAC Commander/Director of Dental Services; Dental Unit Commander; Commander, Branch Chief, Dental Research Unit; Dental Staff Officer, DOD, OTSG, AMEDDC&S; Dental Surgeon, Army, Corps, MACOM, STARC; Dental Service Support Area Commander; U.S. Army Dental Command Commander.

c. Qualifications. The officer must have been awarded a primary AOC as described in paragraph 5-4. The individual must maintain clinical proficiency in his/her specialty, should be a graduate of the AMEDD OAC, the CGSOC, and have demonstrated success in previous leadership positions of increasing responsibility.

5-6. Skills

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

b. Medical related skills.

(1) *Medical proficiency 9A.* Determination by TSG.

(2) *Medical proficiency 9B.* Certification by a recognized dental speciality examining board or the Federal Services Board of General Dentistry.

(3) *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 Federal Services Board of General Dentistry.

(4) *Medical proficiency 9D.* Completion of a formal training program approved by the ADA of at least 12 months duration to augment proficiency in AOC 63A.

(5) *Medical proficiency 9E.* Pending approval, designates dental officers in residency training programs.

**Table 5-1
Dental Corps areas of concentration**

AOC	Title
63A	General Dentist
63B	Comprehensive Dentist
63D	Periodontist
63E	Endodontist
63F	Prosthodontist
63H	Public Health Dentist
63K	Pediatric Dentist
63M	Orthodontist
63N	Oral and Maxillofacial Surgeon
63P	Oral Pathologist
63R	Executive Dentist (IM)

LIFE CYCLE MODEL

DENTAL CORPS

Active Army

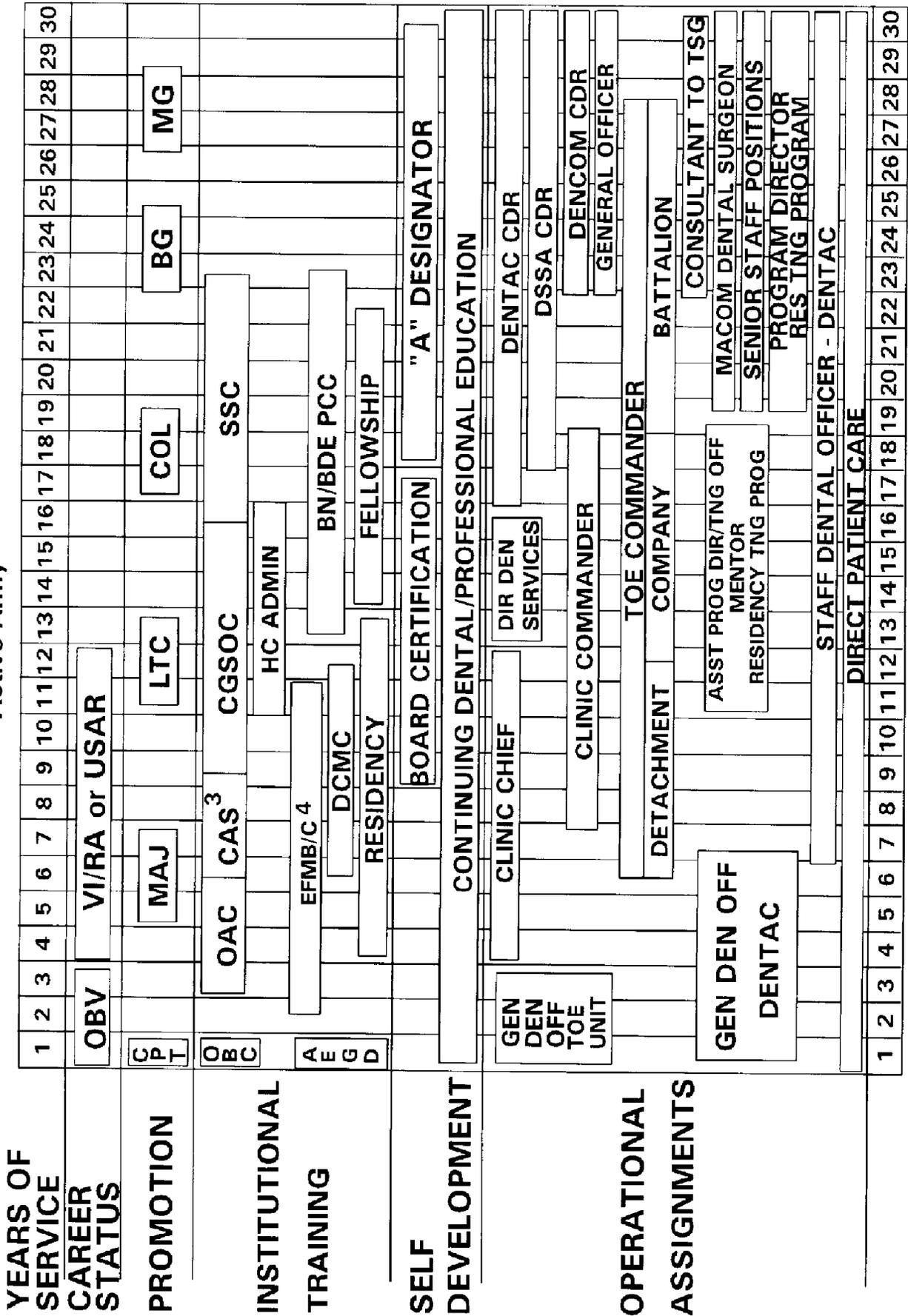


Figure 5-1. Dental Corps life cycle model—Active Army

Chapter 6 Medical Corps

6-1. Description of the Medical Corps

a. Mission. The MC is a special branch of the Army and consists of Active Army and RCs commissioned officers who are qualified Doctors of Medicine or Doctors of Osteopathy and are responsible for professional care of the sick and injured. MC officers are responsible for maintaining the health of the Army and conserving its fighting strength. Care is provided for the sick and injured in peacetime while, concurrently, preparations are made for health support of the Army in time of war.

b. Disciplines. To meet the AMEDD requirements, 41 MC AOCs have been established, each corresponding to a sphere of health care delivery. The purpose of the AOC is to provide a nucleus of professionally competent officers with special talent in medicine capable of making a sustained contribution to health care in the military. These officers possess competence in a wide range of disciplines required by the health care delivery system. TSG has responsibility for initial classification of MC officers upon appointment. Changes subsequent to initial classification are based upon a continuing evaluation of demonstrated professional competence. TSG is the sole classification authority for MC officers.

6-2. Medical Corps life cycle models

See figures 6-1 through 6-5.

6-3. Medical Corps commissioned officer leader development phases

a. General.

(1) The overall professional objective of the MC is to obtain a body of highly motivated and qualified officers possessing the professional and managerial skills necessary to fill positions of the highest responsibility.

(2) It must be emphasized that professional development for physicians must be highly individualized. The definitive career patterns must be developed with MC guidance to ensure maximum responsiveness to the needs of the AMEDD, the USAR, and the individual physician.

(3) MC officers, both Active Army and RC, will attend the AMEDD OBC. Active Army MC officers are required to attend the OAC. RC MC officers not in the Active Army are encouraged to attend the OAC, although not required. All MC officers are further encouraged to complete the CAS³ and the CGSOC. Selected officers will be chosen to attend an SSC. RC MC officers must apply to be considered by a board convened annually for the SSC.

(4) All Active Army MC officers must complete the C⁴. In addition, there are short courses available to MC officers in which they are encouraged to enroll subject to the needs of the Army. These include the Combat Casualty Care Course, Advanced (C⁴A), Medical Management of Chemical and Biologic Casualty Care Course, Field Surgeon Course, Tropical Medicine, Aerospace Medicine, and Deputy Commander for Clinical Services Course.

(5) Four career development tracks have been designed. They are: clinical, academic, research, and operational. For Reserve officers not in the Active Army, there are limitations particularly in the academic and research areas. Each track includes the three pillars of leader development: institutional training, self-development, and operational assignments. They are based on a 30 year life cycle model and include projected promotions. The career tracks are not meant to be fixed, but to allow for switching between tracks as the needs and interests of the officer and AMEDD change.

(6) There are four phases of leader development which include both clinical and military milestones. These phases depict assignment opportunities that can be expected during each phase 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 his/her demonstrated performance.

b. Active Army.

(1) *Initial phase—captain.* This phase commences upon entry on active duty. Newly commissioned officers attend the AMEDD OBC. The majority of HPSP and all Uniformed Services University of Health Sciences graduates will have attended the OBC during ADT while in medical/osteopath school. After graduation all officers will attend first year graduate medical education (FYGME). All officers are required to attend the C⁴. After FYGME, MC officers may apply for GME AOC training. Officers not participating in graduate medical education (GME) will be assigned to units as field surgeons upon completion of the Field Surgeon Course. MC officers beyond the FYGME level must possess a current and valid State license. States vary in required number of years following FYGME in which MC officers obtain licensure. Completion of the OAC is required for a successful military career, and is usually accomplished between the fifth and twelfth year of service. Other military educational opportunities include Medical Management of Chemical and Biologic Casualty Care Course, Tropical Medicine Course, airborne, air assault, ranger, and special forces school. At the beginning of the fourth year of service, officers may apply for VI or RA. Application for VI is automatic after completion of initial service obligation.

(2) *Intermediate phase—major.* The objective of this phase is to complete GME and obtain board certification in his/her AOC. MC officers may begin subspecialty fellowship training. Military education during this phase begins with enrollment in the CAS³, Phase I. As of this writing, completion of CAS³, Phase II, is required prior to enrollment as a resident in the CGSOC. Completion of CAS³, Phase I, is required for enrollment in the CGSOC by correspondence.

(3) *Advanced phase—lieutenant colonel/colonel.* The objectives of this phase are subspecialty board certification and continued military professional development. The CGSOC should be completed during this phase. MC officers pursuing the operational track should consider the Deputy Clinical Commander Course and C⁴A for health care planning and management. Selected officers will be chosen to attend an SSC or to participate in the AWCCSC. The purpose of these courses is to prepare officers for higher level command and staff duties. The officer must also remain current in professional skills through clinical practice and CME. Assignments will be made to progressively more responsible and challenging positions, and will require the application of the officer's managerial expertise, leadership abilities, and overall understanding of military and MC operations.

(4) *Senior executive phase—colonel.* The objective of this phase is maximum utilization of the officer's acquired professional and military abilities to include clinical expertise, managerial skill, and executive talents in positions of great responsibility. Officers in this phase will seek the AMEDD "A" designator and compete for command or faculty appointment in their AOC.

c. RCs. RCs officers who serve an extended active duty tour may undergo AOC training at resident Army schools. Those RC officers not on extended active duty may receive credit for AOC training and qualifications through completion of training, approved by OTSG (for example, residencies, fellowships, and other post-doctoral training). ARNGUS and USAR MC officers can progress through the initial, intermediate, and advanced phases of leader development culminating with the senior executive phase.

(1) *Initial phase—captain.* This phase commences upon appointment. Completion of the OBC is required for RC MC officers; completion of the OAC is highly recommended.

(2) *Intermediate phase—major.* MC officers are encouraged, but not required, to attend the CGSOC, either resident or non-resident during this phase. Promotion from captain to major occurs in accordance with AR 135-155 and current DA and AMEDD policies and regulations. Depending on the military education completed in the previous phase, officers are encouraged to attend the OAC, CAS³, and the CGSOC.

(3) *Advanced phase—lieutenant colonel/colonel.* Promotion to lieutenant colonel and colonel occurs in accordance with applicable policies and regulations. Potential for selection to attend SSC or eligibility to apply for the AWCCSC or SSC occurs in this phase.

(4) *Senior executive phase—colonel.* Same as Active Army. General officer positions for MC officers may be available in the ARNGUS and USAR. Select RC officers in the MC may attend SSC, post graduate military education, or short courses, such as C⁴ and C⁴A at this time.

6-4. Medical Corps areas of concentration

MC AOCs are contained in table 6-1.

a. AOC 60.

(1) AOC 60B—Nuclear Medicine Officer.

(a) *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.

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

(c) *Qualifications.* See AR 40-68 and AR 611-101 for AOC qualifications.

(2) AOC 60C—Preventive Medicine Officer.

(a) *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.

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

(c) *Qualifications.* See AR 40-68 and AR 611-101 for AOC qualifications.

(3) AOC 60D—Occupational Medicine Officer.

(a) *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.

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

(c) *Qualifications.* See AR40-68 and AR 611-101 for AOC qualifications.

(4) AOC 60F—Pulmonary Disease Officer.

(a) *Description of duties.* Examines, diagnoses, and treats or recommends course of therapy for adult patients with diseases of the respiratory system and for adults in the intensive care setting.

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

(c) *Qualifications.* See AR 40-68 and AR 611-101 for AOC qualifications.

(5) AOC 60G—Gastroenterologist.

(a) *Description of duties.* Examines, diagnoses, and treats or recommends courses of treatment for patients, with particular emphasis on disorders of the gastroenterological, hepatic, biliary, and pancreatic systems.

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

(c) *Qualifications.* See AR 40-68 and AR 611-101 for AOC qualifications.

(6) AOC 60H—Cardiologist.

(a) *Description of duties.* Examines, diagnoses, and treats or recommends courses of treatment for patients, with particular emphasis on disorders of the cardiovascular system.

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

(c) *Qualifications.* See AR 40-68 and AR 611-101 for AOC qualifications.

(7) AOC 60J—Obstetrician and Gynecologist.

(a) *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.

(b) *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.

(c) *Qualifications.* See AR 40-68 and AR 611-101 for AOC qualifications.

(8) AOC 60K—Urologist.

(a) *Description of duties.* Examines, diagnoses, and treats or prescribes course of treatment or surgery for patients having disease, injury, or disorder of the genitourinary tract, and performs required surgery.

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

(c) *Qualifications.* See AR 40-68 and AR 611-101 for AOC qualifications.

(9) AOC 60L—Dermatologist.

(a) *Description of duties.* Examines, diagnoses, and treats or prescribes course of treatment. Performs cutaneous surgery for patients having diseases of the skin or sexually transmitted diseases.

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

(c) *Qualifications.* See AR 40-68 and AR 611-101 for AOC qualifications.

(10) AOC 60M—Allergist, Clinical Immunologist.

(a) *Description of duties.* Examines, diagnoses, and treats or recommends course of treatment for diseases, with particular emphasis on conditions of allergic or immunologic origin.

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

(c) *Qualifications.* See AR 40-68 and AR 611-101 for AOC qualifications.

(11) AOC 60N—Anesthesiologist.

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

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

(c) *Qualifications.* See AR 40-68 and AR 611-101 for AOC qualifications.

(12) AOC 60P—Pediatrician.

(a) *Description of duties.* Manages the biological, social, and environmental influences on the developing child and adolescent. Provides anticipatory guidance and preventive health care services. By physical examination and diagnostic evaluations accurately defines the child or adolescent's health status. Provides appropriate treatment or intervention for the ill or dysfunctional patient. Serves as a consultant on health issues of children and as advocate for the causes of children.

(b) *Description of positions.* Unique duty positions include: Chief, Adolescent Medicine Service; Chief, Department of Pediatrics; Chief, Neonatal Medicine Service; Director, Pediatric Intensive Care Unit; Pediatric Consultant; Medical School Faculty Appointment.

(c) *Qualifications.* See AR 40-68 and AR 611-101 for AOC qualifications.

(13) AOC 60Q—Pediatric Cardiologist.

(a) *Description of duties.* Manages the biological, social, and environmental influences upon the developing child and adolescent, with particular emphasis on the cardiovascular system. By physical examination and diagnostic evaluation, accurately defines the child or adolescent's health status in regard to the cardiovascular system.

Provides appropriate treatment or intervention for pediatric patients with cardiovascular abnormalities or disease.

(b) *Description of positions.* Unique duty positions are Chief, Pediatric Cardiology Service; Medical School Faculty Appointment; Consultant.

(c) *Qualifications.* See AR 40–68 and AR 611–101 for AOC qualifications.

(14) *AOC 60R—Child Neurologist.*

(a) *Description of duties.*

1. Examines, diagnoses, treats, and directs 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).

2. Examines, diagnoses, treats, and directs 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.

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

(c) *Qualifications.* See AR 40–68 and AR 611–101 for AOC qualifications.

(15) *AOC 60S—Ophthalmologist.*

(a) *Description of duties.* Examines, diagnoses, and treats or prescribes therapy for personnel suffering from diseases, injuries, or disorders of the eye and ocular adnexal tissue and performs surgery when required.

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

(c) *Qualifications.* See AR 40–68 and AR 611–101 for AOC qualifications.

(16) *AOC 60T—Otolaryngologist.*

(a) *Description of duties.* Examines, diagnoses, and treats or prescribes 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.

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

(c) *Qualifications.* See AR 40–68 and AR 611–101 for AOC qualifications.

(17) *AOC 60U—Child Psychiatrist.*

(a) *Description of duties.* Provides diagnostic evaluations and treatment services to children and adolescents suffering from a 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).

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

(c) *Qualifications.* See AR 40–68 and AR 611–101 for AOC qualifications.

(18) *AOC 60V—Neurologist.*

(a) *Description of duties.* Examines, diagnoses, treats, and directs 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.

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

(c) *Qualifications.* See AR 40–68 and AR 611–101 for AOC qualifications.

(19) *AOC 60W—Psychiatrist.*

(a) *Description of duties.* Provides diagnostic evaluations and treatment for patients suffering from a mental disorder or mental retardation.

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

(c) *Qualifications.* See AR 40–68 and AR 611–101 for AOC qualifications.

b. *AOC 61.*

(1) *AOC 61A—Nephrologist.*

(a) *Description of duties.* Examines, diagnoses, and treats 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.

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

(c) *Qualifications.* See AR 40–68 and AR 611–101 for AOC qualifications.

(2) *AOC 61B—Medical Oncologist/Hematologist.*

(a) *Description of duties.* Examines, diagnoses, and treats or recommends course of treatment for adult diseases, with particular emphasis on neoplastic and malignant disorders.

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

(c) *Qualifications.* See AR 40–68 and AR 611–101 for AOC qualifications.

(3) *AOC 61C—Endocrinologist.*

(a) *Description of duties.* Examines, diagnoses, and treats or recommends course of treatment for adult diseases, with particular emphasis on disorders of the endocrine system and metabolism.

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

(c) *Qualifications.* See AR 40–68 and AR 611–101 for AOC qualifications.

(4) *AOC 61D—Rheumatologist.*

(a) *Description of duties.* Examines, diagnoses, and treats medically or recommends course of therapy for arthritic, systemic rheumatic, and musculoskeletal diseases.

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

(c) *Qualifications.* See AR 40–68 and AR 611–101 for AOC qualifications.

(5) *AOC 61E—Clinical Pharmacologist.*

(a) *Description of duties.* Examines, diagnoses, and treats or recommends course 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.

(b) *Description of positions.* Unique duty positions include: Assistant Professor of Pharmacology; Director, Drug Evaluation and Research Center; Consultant.

(c) *Qualifications.* See AR 40–68 and AR 611–101 for AOC qualifications.

(6) *AOC 61F—Internist.*

(a) *Description of duties.* Examines, diagnoses, and treats or recommends course of management for adults with medical illness.

(b) *Description of positions.* Unique duty positions include: Chief, Department of Medicine; Chief, Department of Clinical Investigation; Medical Consultant; Medical School Faculty Appointment.

(c) *Qualifications.* See AR 40–68 and AR 611–101 for AOC qualifications.

(7) *AOC 61G—Infectious Disease Officer.*

(a) *Description of duties.* Is generally responsible for diagnosis, 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.

(b) *Description of positions.* Unique duty positions include: Chief,

Infectious Disease Service; Consultant; Medical School Faculty Appointment.

(c) *Qualifications.* See AR 40–68 and AR 611–101 for AOC qualifications.

(8) *AOC 61H—Family Physician.*

(a) *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.

(b) *Description of positions.* Unique duty positions include: Chief, Department of Family Practice; Consultant; Medical School Faculty Appointment.

(c) *Qualifications.* See AR 40–68 and AR 611–101 for AOC qualifications.

(9) *AOC 61J—General Surgeon.*

(a) *Description of duties.* Evaluates and appropriately treats patients presenting with surgical problems. Provides consultation and advice to the command and to the staff on surgical matters.

(b) *Description of positions.* Unique duty positions include: Chief, Department of Surgery; Surgical Consultant; Medical School Faculty Appointment.

(c) *Qualifications.* See AR 40–68 and AR 611–101 for AOC qualifications.

(10) *AOC 61K—Thoracic Surgeon.*

(a) *Description of duties.* Examines, diagnoses, and treats or prescribes course of treatment and surgery for patients having surgical diseases or injuries of the thorax and vascular system and performs required surgery.

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

(c) *Qualifications.* See AR 40–68 and AR 611–101 for AOC qualifications.

(11) *AOC 61L—Plastic Surgeon.*

(a) *Description of duties.* Examines, diagnoses, and treats or prescribes course 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.

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

(c) *Qualifications.* See AR 40–68 and AR 611–101 for AOC qualifications.

(12) *AOC 61M—Orthopedic Surgeon.*

(a) *Description of duties.* Examines, diagnoses, and treats or prescribes course of treatment and surgery for patients having disorders, malformations, diseases, and injuries of the musculoskeletal system, performing surgical operations as indicated.

(b) *Descriptions of positions.* Unique duty positions are Chief, Orthopedic Service; Medical School Faculty Appointment; Consultant.

(c) *Qualifications.* See AR 40–68 and AR 611–101 for AOC qualifications.

(13) *AOC 61N—Flight Surgeon.*

(a) *Description of duties.* 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.

(b) *Description of positions.* Unique duty positions include: Aviation Medicine Service Consultant; Chief, Department of Aviation

Medicine; Chief, Hyperbaric Medicine; Medical School Faculty Appointment.

(c) *Qualifications.* See AR 40–68 and AR 611–101 for AOC qualifications.

(14) *AOC 61P—Physiatrist.*

(a) *Description of duties.* Plans, establishes, and directs physical medicine and rehabilitation program at medical installations.

(b) *Description of positions.* Unique duty positions are Chief, Physical Medicine and Rehabilitation Service; Medical School Faculty Appointment; Consultant.

(c) *Qualifications.* See AR 40–68 and AR 611–101 for AOC qualifications.

(15) *AOC 61Q—Therapeutic Radiologist.*

(a) *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.

(b) *Description of positions.* Unique duty positions are Chief, Therapeutic Radiation Service; Medical School Faculty Appointment; Consultant.

(c) *Qualifications.* See AR 40–68 and AR 611–101 for AOC qualifications.

(16) *AOC 61R—Diagnostic Radiologist.*

(a) *Description of duties.* Performs and interprets all diagnostic radiological and fluoroscopic procedures, including special vascular studies and imaging.

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

(c) *Qualifications.* See AR 40–68 and AR 611–101 for AOC qualifications.

(17) *AOC 61U—Pathologist.*

(a) *Description of duties.* Directs and supervises medical laboratory and conducts clinical and anatomical pathological examinations.

(b) *Description of positions.* Unique duty positions include: Chief, Department of Pathology; Chief, Anatomical Pathology Service; Chief, Clinical Pathology Service; Consultant; Medical School Faculty Appointment.

(c) *Qualifications.* See AR 40–68 and AR 611–101 for AOC qualifications.

(18) *AOC 61W—Peripheral Vascular Surgeon.*

(a) *Description of duties.* Examines, diagnoses, and treats or prescribes course 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.

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

(c) *Qualifications.* See AR 40–68 and AR 611–101 for AOC qualifications.

(19) *AOC 61Z—Neurosurgeon.*

(a) *Description of duties.* Examines, diagnoses, and performs surgery as required in cases of patients suffering from disease, injury, or disorder of the nervous system.

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

(c) *Qualifications.* See AR 40–68 and AR 611–101 for AOC qualifications.

c. *AOC 62.*

(1) *AOC 62A—Emergency Room Physician.*

(a) *Description of duties.* Examines, diagnoses, and treats or prescribes course of treatment for the initial phase of disease and injuries.

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

(c) *Qualifications.* See AR 40–68 and AR 611–101 for AOC qualifications.

(2) *AOC 62B—Field Surgeon.*

(a) *Description of duties.* Examines, diagnoses, and treats or prescribes course of treatment for the initial phase of battlefield disease and injury. Provides resuscitative and definitive care for injured and wounded soldiers within the capability of the unit's medical element.

(b) *Description of positions.* Unique duty positions include: Battalion Surgeon; Chief, Department of Primary Care and Community Medicine; Consultant; Medical School Faculty Appointment.

(c) *Qualifications.* See AR 40-68 and AR 611-101 for AOC qualifications.

6-5. Immaterial position: Operational Medicine (60A)

a. *Description of duties.* AOC 60A is a duty position only and is considered specialty IM. 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.

b. *Description of positions.* Unique duty positions include: Division, Corps, MACOM, Surgeon; TOE/TDA Hospital Commander; Deputy Commander, Clinical Services; certain staff level positions at MACOM, DA, DOD; State Surgeon; U.S. Army Reserve Command; STARC Surgeon.

c. *Qualifications.* The officer must possess a primary AOC as described in paragraph 6-4. The officer must have demonstrated

managerial skills and meet specific qualifications or requirements of a specified position in which duties are being performed.

6-6. Skills

a. *Proficiency designators.* Proficiency designators may be assigned in conjunction with the AOC indicating the officer's degree of proficiency in a particular AOC.

b. *Medical related skills.*

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

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

(3) *Medical proficiency 9C.*

(a) 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.

(b) Completion of formal subspecialty training to meet the American Specialty Board requirements.

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

(5) *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.

**Table 6-1
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 Cardiologist
60R	Child Neurologist
60S	Ophthalmologist
60T	Otolaryngologist
60U	Child Psychiatrist
60V	Neurologist
60W	Psychiatrist
61A	Nephrologist
61B	Medical Oncologist/Hematologist
61C	Endocrinologist
61D	Rheumatologist
61E	Clinical Pharmacologist
61F	Internist
61G	Infectious Disease Officer

Table 6-1
Medical Corps areas of concentration—Continued

AOC	Title
61H	Family Physician
61J	General Surgeon
61K	Thoracic Surgeon
61L	Plastic Surgeon
61M	Orthopedic Surgeon
61N	Flight Surgeon
61P	Physiatrist
61Q	Therapeutic Radiologist
61R	Diagnostic Radiologist
61U	Pathologist
61W	Peripheral Vascular Surgeon
61Z	Neurosurgeon
62A	Emergency Room Physician
62B	Field Surgeon

LIFE CYCLE MODEL

MEDICAL CORPS

Academic Track

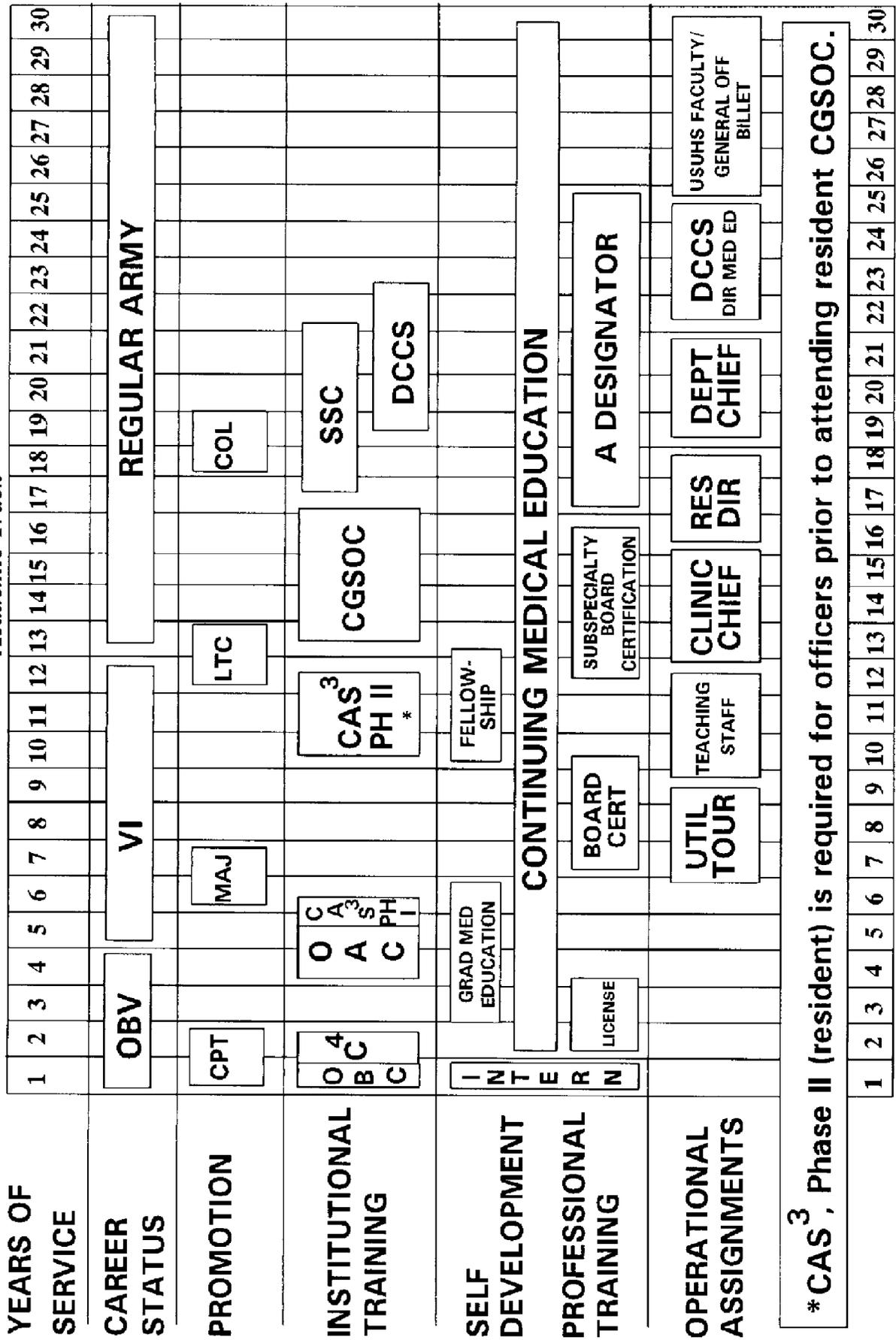


Figure 6-1. Medical Corps life cycle model—academic track

LIFE CYCLE MODEL

MEDICAL CORPS

Clinical Track

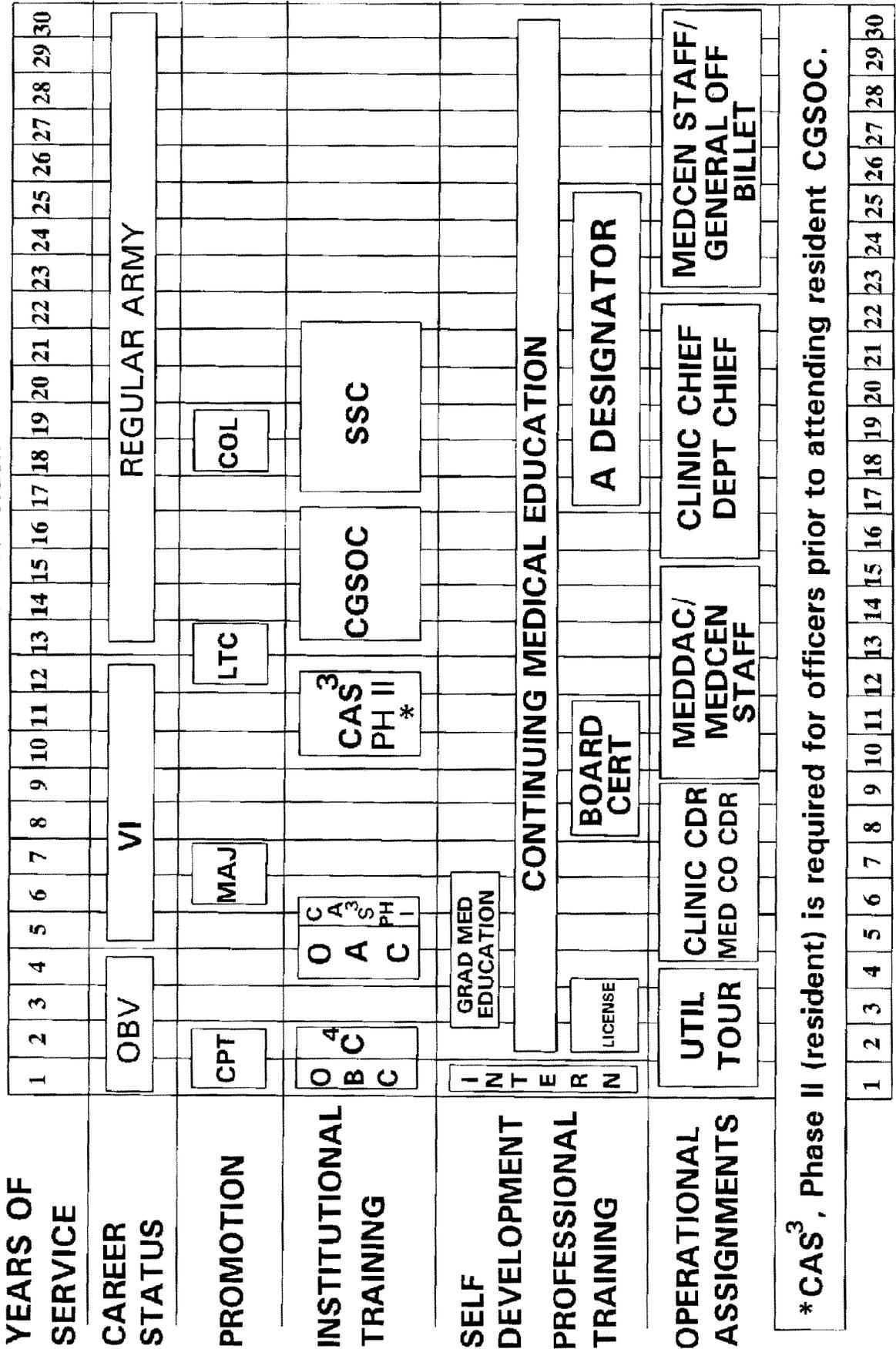


Figure 6-2. Medical Corps life cycle model—clinical track

LIFE CYCLE MODEL MEDICAL CORPS

Operational Track

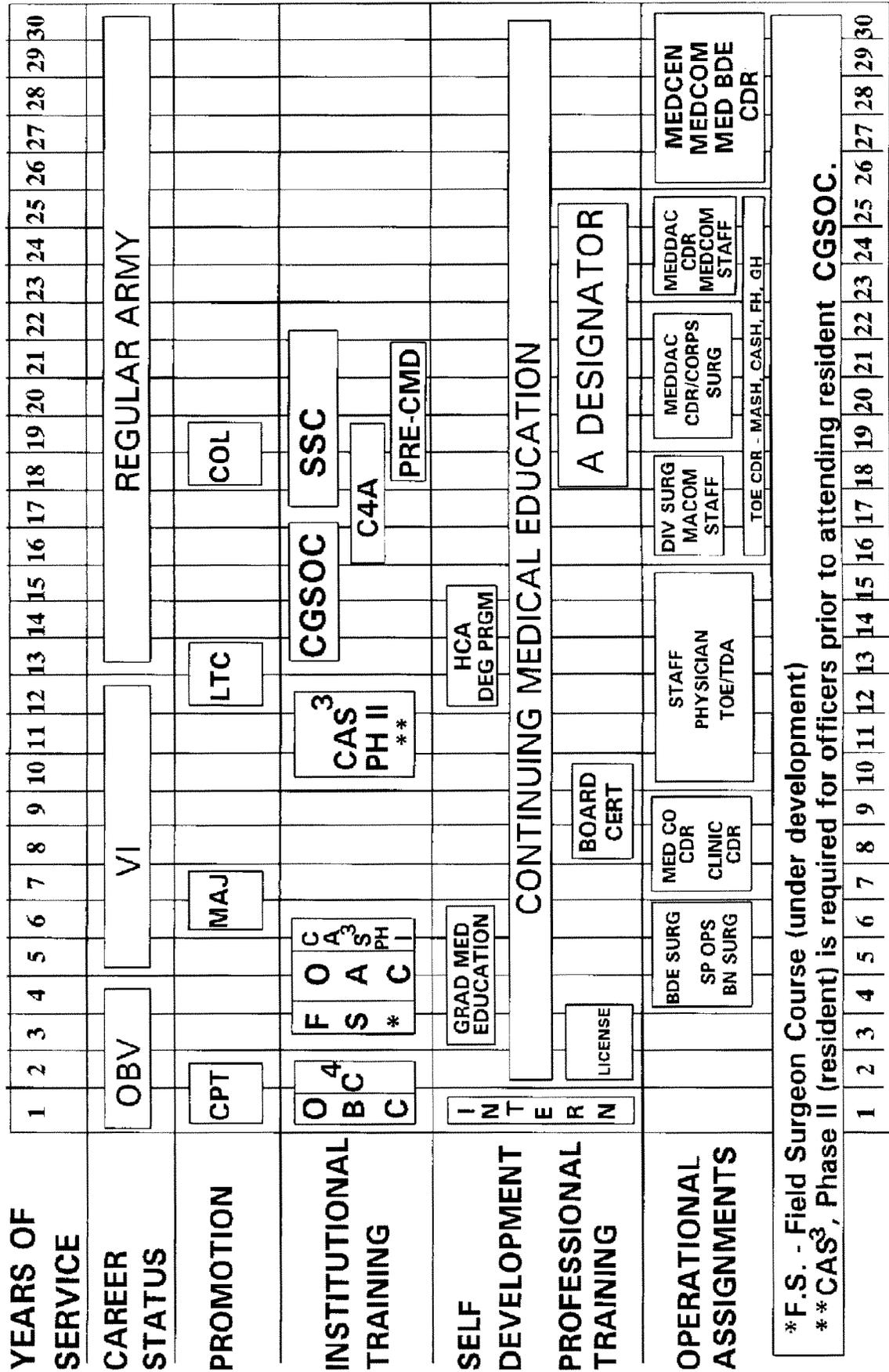


Figure 6-3. Medical Corps life cycle model—operational track

LIFE CYCLE MODEL

MEDICAL CORPS

Research & Development Track

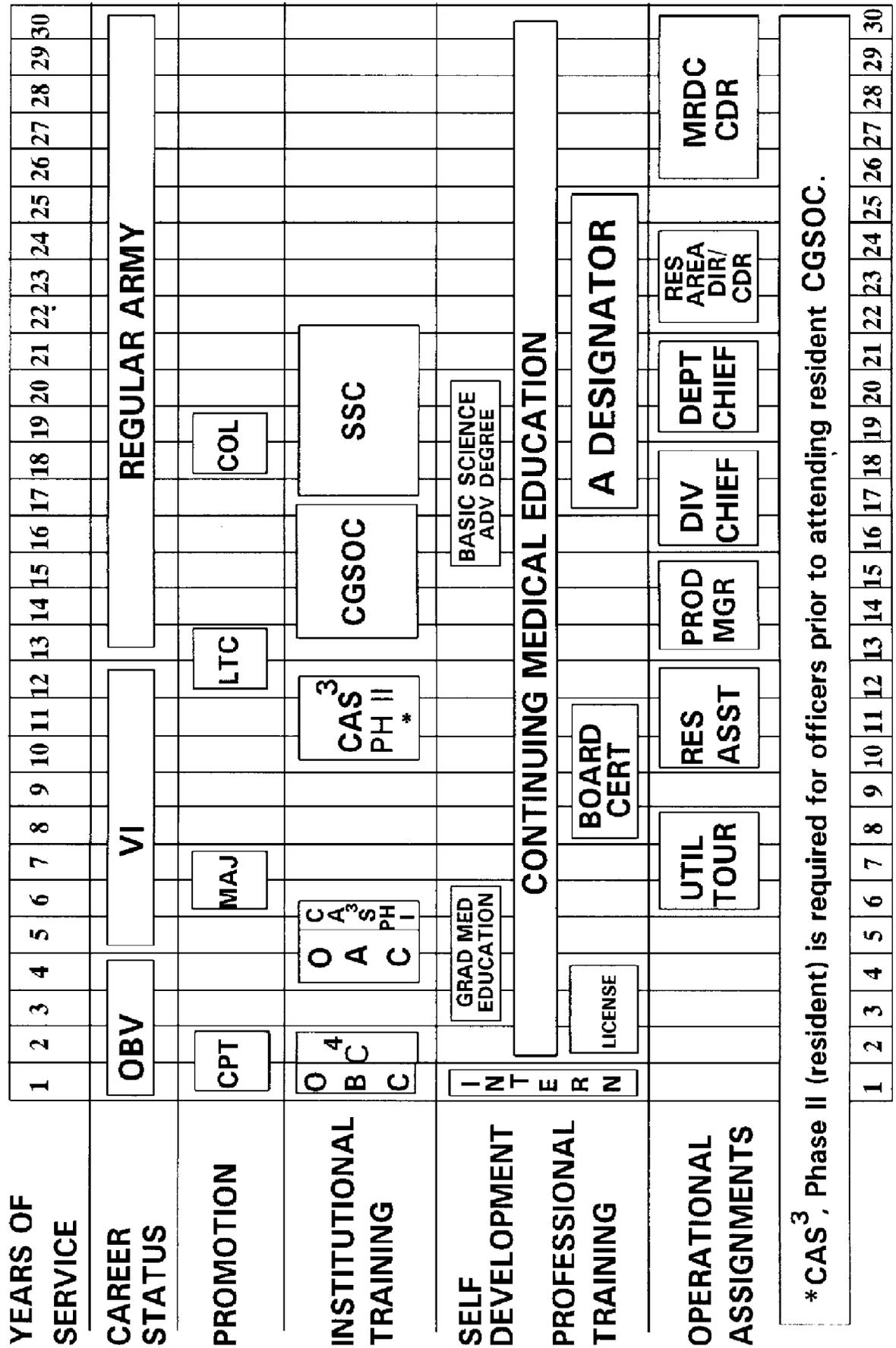


Figure 6-4. Medical Corps life cycle model—research and development track

Chapter 7 Medical Service Corps

7-1. Description of the Medical Service Corps

a. Disciplines. The MS is comprised of a wide diversity of medical administrative and scientific specialties ranging from the management and support of the Army's health services system to direct patient care. The four Assistant Chiefs also function as the chiefs of the eight AOCs/MFAs—Health Services, Laboratory Sciences, Preventive Medicine, Behavioral Sciences, Pharmacy, Optometry, Podiatry, and Aeromedical Evacuation. The Assistant Chiefs provide career direction to their respective MFA/AOC as well as recommend policies to the Corps Chief. The operational element which implements Corps policies concerning the career development of Active Army MS officers is the MS Branch, Health Services Division, PERSCOM, which coordinates military and civilian schooling, assignments, skill classification, career management assistance, and other personnel management actions. A primary goal of this branch is to assist each officer to attain career goals by providing appropriate assignments and ensuring objective consideration for educational opportunities.

b. Warrant officers. Warrant officers possessing MOS 670A, Health Service Maintenance Technician, are an integral part of the MS. Career development and leader development phases of these officers is delineated in paragraph 7-5.

7-2. Medical Service Corps life cycle models

See figures 7-1 through 7-27.

7-3. Medical Service Corps commissioned officer leader development phases

There are four phases of leader development for MS commissioned officers. These phases depict assignment opportunities that can be expected during each phase and illustrate a progression of education and training opportunities. Each phase has certain broad objectives which are 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.

a. Active Army.

(1) *Initial phase—lieutenant/captain.* This phase commences upon appointment. Normally, officers begin development by attending the AMEDD OBC. The OBC provides instruction related to the overall mission of the MS/AMEDD along with technical instruction that provides the detailed knowledge and skills associated with being an MS officer. Some officers receive additional training at airborne, air assault, maintenance, patient administration, and medical logistics courses to further complement their professional development and to support follow-on AOC-specific assignments. This phase provides branch qualification.

(2) *Intermediate—captain/major.*

(a) *Captain.* The objectives of this phase are to continue development in basic branch skills and in an MFA, while continuing to grow in practical leadership experience and professional military knowledge. During this phase, all officers will attend the AMEDD OAC. This course provides additional branch qualification material and instruction on general staff operations, administration, logistics, tactics, and force integration. Upon completion of the OAC, each officer should continue an educational program which will enhance professional development in the MS as well as beginning or enhancing qualifications in a specific functional area. Assignments following the advanced course may include company command and a mixture of TOE/TDA experiences in order to provide as many opportunities as possible for the officer to fully develop his/her leadership and functional skills.

(b) *Major.* The objectives of this phase are to continue development as an MS officer. Each officer will be designated in an MFA during this phase. Officers should seek assignments of increasing

responsibility and continue to expand on their professional development by completing the appropriate military and civilian education. Each officer will become MFA qualified during this phase.

(3) *Advanced phase—lieutenant colonel.* The objectives of this phase are for officers to continue to advance toward attainment of AOC and MFA professional development objectives to demonstrate their potential for assuming positions of increasing responsibility. Assignments will be progressively more responsible and challenging. They will require application of the officer's managerial expertise, leadership abilities, and overall understanding of military and, more specifically, AMEDD operations. Some officers will be selected to attend an SSC or to participate in the AWCCSC. The purpose of these courses is to prepare officers for higher level command and staff duties. Education during this phase will stress the development of senior managerial skills and techniques.

(4) *Senior executive phase—colonel.* The objective of this phase is maximum utilization of the officer's technical abilities, managerial skills, and executive talents in positions of high responsibility and leadership.

b. RCs.

(1) *General.* This section outlines responsibilities, goals, and career development for RC MS officers which generally parallel those found in the Active Army. Career development opportunities and expectations are described in the following paragraphs.

(2) *Opportunities.* Opportunities exist at either unit level, in the IMA program, and in the IRR to assist officers in attaining a successful and rewarding military career. Assignments range from clinic/section level to staff and command positions.

(3) *Due course/non-due course officers.* Officers are tracked as either due course officers (no additional entry grade credit beyond second lieutenant) or non-due course officers (credit for 2 to 4 years of education). Due course officers hold MFA 70 and AOC 67J. Non-due course officers hold all other AOCs.

(4) *Leader development phases.* RC MS officers progress through the initial, intermediate, and advanced phases of leader development culminating with the senior executive phase.

(a) Initial phase—lieutenant/captain.

1. This phase begins upon appointment. Newly commissioned MFA 70 officers attend the Active Army (Resident) OBC. All other MS officers attend the RC (Resident) OBC. These courses are required for promotion in accordance with AR 135-155.

2. Due course RC MS officers must complete the RC OAC. Upon completion of the OAC, due course officers should enroll in the Combined Arms Services Staff School (CAS³), Phase I. All non-due course officers should enroll in the OAC in order to enhance their career progression opportunities.

3. Self-development is an ongoing endeavor for all MS officers. Enrollment in correspondence courses and/or attendance at post-graduate short courses are strongly encouraged. Participation in EFMB testing is recommended for officers assigned to field units.

4. Operational assignments may include company positions such as platoon leader, health service material officer, training officer, section leader, executive officer, or ambulance company commander in consonance with the officer's AOC/MFA.

(b) Intermediate phase—captain/major.

1. Professional growth is the cornerstone of this phase as greater responsibility and risk are assumed.

2. Due-course officers must complete CAS³ and 50 percent of the Command and General Staff Officers Course (CGSOC). Non-due course officers should complete the OAC and are encouraged to enroll in CAS³. Upon completion of CAS³, they should enroll in the CGSOC in order to enhance their continued career progression opportunities. Military leadership and other training courses applicable in the initial phase are still options in this phase.

3. The CGSOC may be completed through a combination of correspondence studies and attendance at USARF schools in either an AT or ADT status. The CGSOC may be completed entirely through the correspondence option. Officers may apply to complete

the CGSOC through the 19 week residence option at Fort Leavenworth. CGSOC must be completed within 4 years after enrollment.

(c) Advanced phase—lieutenant colonel.

1. During this phase officers continue to advance toward attainment of AOC and MFA professional development objectives to demonstrate their potential for assuming positions of increasing responsibility. Assignments are based on experience, assignment history, proven military leadership, education, and potential.

2. Short courses such as the RC National Security Course and the RC National Security Issues Seminar serve as a bridge between the CGSOC and the SSCs. Officers seeking continued professional development and advancement should make application for enrollment in the AWC. Officers who are not selected for the AWC may consider enrolling in schools offered through other Services such as the Naval War College and the Air War College.

3. Operational assignments at this level may be AOC IM within the MFA. Due course assignments may include brigade staff positions, group and brigade executive officer positions, and battalion command positions. Non-due course officers continue to serve as battalion/brigade staff officers.

(d) Senior executive phase—colonel. Operational assignments parallel those found in the Active Army.

7-4. Medical Service Corps areas of concentration/medical functional areas and military occupational specialty

MS AOCs/MFAs and the MOS are listed in table 7-1.

a. MFA 70A—Health Services.

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

(2) IM positions. 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, Medical Battalion/Mobile Army Surgical Hospital (MASH)/Evacuation Hospital/Combat Support Hospital (CSH), Field Hospital, General Hospital; Assistant Dean, AMEDDC&S; Instructor, AMEDDC&S; Health Services Officer, U.S. Army Medical Command (USAMEDCOM); Chief of Staff, USAMEDCOM.

(3) AOCs.

(a) AOC 70A—Health Care Administration.

1. 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 aspects of 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.

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

3. Qualifications. Must be a graduate of the AMEDD OBC, OAC, CAS³, and have a minimum of 3 years experience in a fixed military 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 administrative master's degrees for validation for award of this MFA. 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, PERSCOM.

4. Restrictions. For use by AMEDD officers in MFA 70 or AOC 67J.

5. 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, DVA, 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.

(b) AOC 70B—Health Services Administration.

1. 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 and treatment, organizational administration, supply, training, operations, transportation, and maintenance. Duties are performed in TOE/TDA organizations, both CONUS and OCONUS. This is the entry level AOC for the 70 MFA. 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.

2. Description of positions. Positions requiring this AOC include: Commander, Medical/Dental Company/Detachment; Hospital Administrative Officer; Medical Platoon Leader; Field Medical Officer; most company grade positions in MFA 70.

3. Qualifications. Must have successfully completed the AMEDD OBC.

4. Restrictions. For use by AMEDD officers within MFA 70.

5. Unique education/training opportunities. Through coordination with PERSCOM Branch, officers in this AOC may attend military schools to attain other AOCs in the MFA 70. Airborne, air assault, and EFMB training may be attended depending on current/projected assignments and available training opportunities.

(c) AOC 70C—Health Services Comptroller.

1. Description of duties. Directs and coordinates finance and accounting functions and serves as the advisor to the commander on all financial matters. Develops policies, coordinates and performs all finance and accounting functions for AMEDD organizations and headquarters at all levels. Examines, manages, and certifies military and civilian payrolls, travel, commercial accounts, and other vouchers and claims. Directs disbursement and receipt of AMEDD funds. 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. Provides administrative assistance in support of payment of legal obligations of the Army or collection of monies due the United States. Interprets financial laws and Comptroller General decisions. Plans, develops, and implements changes to finance and 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 AMEDD financial management. Prepares and distributes reports and financial statements to provide the commander and staff with adequate information for management, status of funds, and budget purposes. Implements plans and policies of the medical commander or staff surgeon in matters concerning effective and economical utilization of manpower resources. Manages a command's internal control program. The former Manpower Control Officer specialty is included in this MFA. Duties are performed in TOE/TDA organizations, both CONUS and OCONUS.

2. Description of positions. Positions requiring this AOC include: Comptroller, Health Services Staff, MTF; Chief, Resource Management Division; Health Services Program/Budget Officer; Health Services Management Analyst; Assistant Chief of Staff (ACS), Resource Management; Manpower Control Officer; Personnel Survey Officer; Health Services Comptroller/Operations Research Analyst.

3. Qualifications. Must have successfully completed the OBC; OAC; CAS³; PPBES Course; Manpower and Force Management

Course. To hold positions in this AOC at the lieutenant colonel and colonel levels, should possess a master's/PhD degree in business administration or a related field, health services administration, health care administration, or public administration from an accredited program acceptable to TSG. Officers who possess a master's/PhD degree in other administrative areas 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 to the Chief, MS Branch, Health Services Division, PERSCOM.

4. *Restrictions.* For use by AMEDD officers in MFA 70 or AOC 67J.

5. *Unique education/training opportunities.* LTCT; Syracuse University Health Services Comptrollership Program. Also available are manpower courses such as Force Integration Levels I and II, Manpower Management, and Manpower Personnel Integration (MANPRINT). Manpower courses are recommended for those health services comptrollers serving as manpower control officers. Courses in information management, contract administration, negotiation skills, health care administration, and data processing systems management would enhance performance in this AOC.

(d) *AOC 70D—Health Services Systems Management.*

1. *Description of duties.* Advises and assists the medical commander or staff surgeon in the area of health care information management and/or biomedical engineering. Formulates policies and plans for the development, implementation, operation, and evaluation of clinical/patient oriented information systems and medical administration information support systems. Integrates telecommunications, automation, visual information, records management, and publications and printing equipment in support of individual or multiple medical treatment facilities and biomedical research laboratories. Provides managerial expertise and technical guidance in planning, developing, implementing, operating, maintaining, and disposing of information systems at medical activities. Conducts technical analysis to implement information systems; plans, develops, operates and maintains, and disposes of automation, telecommunications, visual information, records management, and publishing and printing systems needed to support health care operations. Commands or serves as the organizational head of a health services systems information management activity or a medical information systems development activity. Duties are performed in TOE/TDA organizations, both CONUS and OCONUS.

2. *Description of positions.* Positions requiring this AOC include: Health Services Systems Management Officer; Health Services Systems Analyst; Clinical Systems Management Officer; Health Services Instrumentation Officer; Chief, Information Management Office, OTSG; Deputy/ACS, Information Management; Biomedical Instrumentation Engineer; Visual Information Systems Officer; Biomedical Information Systems Analyst; Biomedical Automated Data Processing (ADP) Staff Officer; Information Management Officer; Director of Information Management (DOIM); Information Management Staff Officer.

3. *Qualifications.* Must have successfully completed the AMEDD OBC. Ability to perform duties in at least three of the following areas is recommended, but not required: data processing/automation, operations research/systems analysis, visual information/audiovisual, biomedical engineering, records management, telecommunications, and publications and printing management. Also must possess a baccalaureate or advanced degree in bio-engineering (including human factors engineering), biomedical engineering, computer science, computer systems (including electrical engineering), computer engineering, computer technology, artificial intelligence, programming languages, software engineering, information science, information management, information resource management, systems design, systems engineering, or a directly related discipline from an accredited program acceptable to TSG. To hold positions in this AOC at the lieutenant colonel and colonel levels, should possess an advanced degree in a directly related discipline acceptable to TSG.

4. *Restrictions.* For use by AMEDD officers in MFA 70 or AOC 67J.

5. *Unique education/training opportunities.* Funded 70D civilian PhD degree programs in Information Technology; short term courses such as Management of Defense Acquisitions Contracts, DOIM Orientation, Cost Estimating For Engineers, Computer Acquisitions, Security ADP Systems, Military Comptrollership, Planning/Programming/Budgeting, ADP Systems Analysis and Design, Contracting Officer Representative, Information Systems, and Strategic Mobilization Planning Courses; long-term courses such as Automated Information System Management/Intermediate Executives, Operations Research/Systems Analysis Executive, Systems Automation, Operations Research/Systems Analysis Military Applications Course 1, Material Acquisition Management, and Program Management Courses, as well as Defense Systems Management College; master's degrees in computer science, information management, systems management, systems engineering, engineering project management, operations research/systems analysis, biomedical engineering, industrial engineering, health care administration, electrical engineering, and personnel management/administration; PhD or doctor of business administration degrees in information management, information technology, technology management, operations research/systems analysis, health care administration, ADP systems administration, and engineering administration.

(e) *AOC 70E—Patient Administration.*

1. *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 settings, including command headquarters, 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, and medical regulating; 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.

2. *Description of positions.* Positions requiring this AOC include: Chief, Patient Administration Division; Patient Administration Officer, MEDDAC/MEDCEN Field Medical Units; Patient Administration Operations Research Analyst; Armed Forces Medical Regulating Officer.

3. *Qualifications.* Must have successfully completed the AMEDD OBC. 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.

4. *Restrictions.* For use by AMEDD officers in MFA 70 or AOC 67J.

5. *Unique education/training opportunities.* The U.S. Army—Baylor University Program in Health Care Administration and the University of Pittsburgh Program in Health Records Administration/Health and Rehabilitation Sciences are recommended for officers in this AOC. Other master's programs appropriate for officers within this AOC are health services administration, health services management, business administration, business management, financial management, biostatistics, medical information systems management, public health, and health records administration. PhDs in a health care related field are desirable but not required. Courses include M²C³, 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, Automation Management Officer, and Information Systems Officer.

(f) *AOC 70F—Health Services Human Resources.*

1. *Description of duties.* Advises commanders and staff in all

aspects of health services human resources management. This includes matters/policies pertaining to active duty AMEDD personnel, civilian staff, and patients. Plans, develops, and directs administrative management activities and services in medical organizations which include: distribution, publications, correspondence, document reproduction, records and files management, and application of sophisticated administrative techniques such as desk-top publishing and micrographics. Plans, develops, and directs personnel systems that support and implement programs concerning the components of the personnel management life cycle. Included are strength accounting, accessions, personnel operations, personnel requisitioning, casualty reporting, awards, promotions and reductions, classifications and reclassifications, assignments, special pays, personnel evaluations, 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; develops policies/procedures for these operations for AMEDD field and combat applications. Duties are performed in TOE/TDA organizations, both CONUS and OCONUS.

2. *Description of positions.* Positions requiring this AOC include: ACS, Personnel; S-1; Secretary General Staff, MACOM/MEDCOM/MEDCEN; Director, Personnel and Community Activities; Chief, Personnel Division; Health Services Personnel Staff Officer; Adjutant; AMEDD Procurement Officer; Administrative Assistant; Manpower Control Officer; Personnel Survey Officer; Human Resources Operations Research Analyst; Career Manager for AMEDD Officers, Health Services Personnel Officer, OTSG; Director of Personnel, OTSG.

3. *Qualifications.* Must have successfully completed the AMEDD Personnel Officers' Course. To hold positions in this AOC at the lieutenant colonel and colonel levels, should possess a master's degree in a related discipline from an accredited program acceptable to TSG.

4. *Restrictions.* For use by AMEDD officers in MFA 70 or AOC 67J.

5. *Unique education/training opportunities.* Officers in this AOC may work as AMEDD Personnel Procurement Officers. The AMEDD Personnel Officers' Course is currently under development at the AMEDDC&S. An officer may attend the Personnel Officer "Track" during attendance at AMEDD OAC. Recommended master's degree programs include majors in business administration and management, public administration, human resources management, industrial administration, international business, organizational behavior, management information systems, marketing, education, health care administration, and operations research/systems analysis.

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

1. *Description of duties.* Serves as the principal advisor to commanders at all levels in the areas of field medical operations and evacuation. 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.

2. *Description of positions.* Positions requiring this AOC include: Medical Plans, Operations, Intelligence, Security, and Training Officer; Plans, Intelligence and Operations Officer; ACS, Plans and Training Officer; Intelligence Officer; Medical Training Officer and Instructor; ACS, Plans, Intelligence, and Operations, MEDCOM/Brigade; Chief, Medical Operations Center; Health Services Plans, Intelligence, Security, and Training Operations Research Analyst; Personnel Survey Officer.

3. *Qualifications.* Must have successfully completed CAS³ to hold positions through the grade of major. To hold positions at the lieutenant colonel and colonel levels, must be a CGSOC graduate and should possess a master's degree from an accredited program acceptable to TSG in a field related to the management of health services.

4. *Restrictions.* For use by AMEDD officers in MFA 70 or AOC 67J.

5. *Unique education/training opportunities.* Courses to obtain skills in Technical Intelligence, Operations Research/Systems Analysis, and Training Development are some of the opportunities available to officers in this AOC. Also available to selected officers are U.S. Air Force (USAF) and U.S. Navy courses such as the USAF Battle Staff Course. Master's degree programs recommended for officers within this MFA should include the following courses: Military science, strategic intelligence, health care administration, systems management, operations research/systems analysis, military history, health systems management, national security management, international relations, public policy and administration, area studies, health systems management, education, adult education, education administration, business administration, curriculum and instruction, public health, technology management, public administration, organizational effectiveness, policy development and administration, decision theory and applications, total quality management, and macro health systems management.

(h) *AOC 70K—Health Services Materiel.*

1. *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 and 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. 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 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 facility planner programs, plans, develops, designs, and constructs health care facilities. Duties are performed in TOE/TDA organizations, both CONUS and OCONUS.

2. *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 Staff Officer; Division Medical Supply Officer; Property Book Officer; Logistics Systems Officer; Medical Logistics Plans/Operations Officer; Medical Logistics Staff Officer; Hospital Services 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, Defense Medical Facilities Office, Office of the Assistant Secretary of Defense for Health Affairs.

3. *Qualifications.* Must be a graduate of the Medical Logistics Management Course (MLMC). 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, or health care administration acceptable to TSG.

4. *Restrictions.* For use by AMEDD officers in MFA 70 or AOC 67J.

5. *Unique education/training opportunities.* Short courses such as S-4, Theater Army Medical Management Information System, 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, clinical engineering, technology management, architecture, and construction management; procurement internship; U.S. Army Medical Materiel Agency Materiel Management Course; Health Facility Planning; training to obtain ASIs 4M and 4Z, Acquisition Qualified, or 6Y, Installation Management. Recommended doctoral degrees include areas related to logistics management, architecture, planning, and construction.

(4) *Skills.* 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.

b. *MFA 71—Laboratory Sciences.*

(1) *Job description.* Plans, supervises, and conducts highly specialized laboratory testing, research and development, and environmental analyses in support of medical operations both CONUS and OCONUS. Serves initially as a technical laboratory specialist 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 in the event of war or contingency operations.

(2) *IM positions.* IM positions in MFA 71 (coded AOC 67B00) include, but are not limited to, the following: Division Chief, Deputy Commander, Laboratory Science Officer, U.S. Army Medical Research and Materiel Command (USAMRMC); Laboratory Manager, MEDDAC/MEDCEN; Chief, Laboratory Science Division, AMEDDC&S; Laboratory Science Consultant, OTSG.

(3) *AOCs.*

(a) *AOC 71A—Microbiology.*

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, and department chiefs at clinical and medical research laboratories where the specialty of virology, bacteriology, mycology, microbiology, or molecular biology is required.

3. *Qualifications.* Minimum of master's degree with specialization in medical microbiology from an accredited program acceptable to TSG.

4. *Licensure/certification requirements.* The American Board of Medical Microbiology and the Board of the National Registry of Microbiologists are recommended, but not required.

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

6. *Unique education/training opportunities.* PhD programs in microbiology; Annual Medical Laboratory Sciences (Tri-Service) Short Course.

(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.* 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 71C—Parasitology.*

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. Conducts research in support of development of antiparasitic drugs against malaria, schistosomiasis, leishmaniasis, and other tropical diseases.

2. *Description of positions.* Positions designated with this AOC include section, branch, division, and department chiefs at clinical and medical research laboratories where the specialty of parasitology is required.

3. *Qualifications.* Requires a PhD in parasitology from an accredited program acceptable to TSG.

4. *Licensure/certification requirements.* The American Board of Medical Microbiology is recommended, but not required.

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

6. *Unique education/training opportunity.* Annual Medical Laboratory Sciences (Tri-Service) Short Course.

(d) *AOC 71D—Immunology.*

1. *Description of duties.* Serves as section, branch, division, and 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, and department chiefs at clinical and medical research laboratories where the specialty of immunology or serology is required. Additionally, with the appropriate blood banking training, some immunologists serve as chiefs of MEDDAC/MEDCEN transfusion services.

3. *Qualifications.* Requires a master's degree with specialization in immunology or serology from an accredited program acceptable to TSG.

4. *Licensure/certification requirements.* Certification by the American Board of Medical Laboratory Immunology is recommended, but not required.

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

6. *Unique education/training opportunities.* PhD in immunology; Annual Medical Laboratory Sciences (Tri-Service) Short Course.

(e) *AOC 71E—Clinical Laboratory.*

1. *Description of duties.* Serves as section, branch, laboratory manager, 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, or division 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 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 either the American Society of Clinical Pathologists or the National Certification Agency for Medical Laboratory Personnel.

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

6. *Unique education/training opportunities.* LTCT 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, and toxicology; workshops and conferences sponsored by the Clinical Laboratory Management Association, American Society of Medical Technology, and the American Association of Blood Banks.

(f) *AOC 71F—Research Psychology.*

1. *Description of duties.* Conceives and conducts research to determine the effects of physiological and social variables on the health and performance of military personnel.

2. *Description of positions.* Research psychology positions require this AOC.

3. *Qualifications.* Requires a PhD in psychology from an accredited program acceptable to TSG.

4. *Licensure/certification requirements.* None beyond the PhD.

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

6. *Unique education/training opportunities.* Semi-Annual 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: 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).

c. *MFA 72—Preventive Medicine Sciences.*

(1) *Job description.* Plans, directs, administers, manages, and participates in activities relating to various facets of nuclear medicine science, environmental science, entomology, sanitary engineering, 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) *IM positions.* IM positions in MFA 72 (coded AOC 67C00) include, but are not limited to, the following: Instructor, AMEDDC&S; Director, U.S. Army Center for Health Promotion and Preventive Medicine (Provisional) (USACHPPM (Prov)); Preventive Medicine Science Officer, USAMRMC; Commander, USACHPPM (Prov); Commander, U.S. Army Pacific Environmental Health Engineering Agency.

(3) *AOCs.*

(a) *AOC 72A—Nuclear Medical Science.*

1. *Description of duties.* Plans, leads, directs, manages, advises, and participates in activities relating to health physics and NBC

medical defense associated with military operations. Functions in 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.

2. *Description of positions.* Positions requiring this MFA include: NBC Medical Defense Staff Officer, Instructor; Radiation Protection Officer; Health Physics, Radiological Hygiene Staff Officer; Radiological Hygiene Consultant, OTSG; Nuclear Medical Science Consultant, OTSG; Chief, Preventive Medicine Services; Intelligence Research Specialist; Research Investigator; NBC, Physics, or Health Physics Instructor; Commander/OIC/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: radiobiology, radiochemistry, nuclear physics, health physics, radiological physics, applied nuclear or atomic physics, nuclear engineering, laser or microwave physics.

4. *Licensure/certification requirements.* Certification by the American Board of Health Physics is not required, but encouraged.

5. *Restrictions.* For use by AMEDD officers within MFA 72.

6. *Unique education/training opportunities.* Annual and periodic specialty-specific workshops, courses, and conferences; masters and doctoral degrees include radiobiology, biophysics, radiochemistry, physics, nuclear physics, atomic physics, nuclear engineering, nuclear science, health physics, radiological health, radiofrequency, and laser physics/engineering. Also includes courses conducted at the Interservice Nuclear Weapons School: Nuclear Weapons Orientation Course; Nuclear Hazards Training Course, and Senior Officers Nuclear Accidents Course.

(b) *AOC 72B—Entomology.*

1. *Description of duties.* Plans, leads, manages, advises, directs, and participates in research, operational and consultative medical entomology, and pest management activities to provide the effective control of pests and vectors of disease affecting the health, morale, and environment of all Army personnel. Functions in command and staff assignments in areas of research, product development, training, operational and consultative medical entomology, quarantine, and pesticide monitoring.

2. *Description of positions.* Positions requiring this AOC include: Entomology Consultant, U.S. Army Medical Command; Director, Assistant Director, Contingency Liaison Officer, Armed Forces Pest Management Board; Deputy Commander, Intelligence Officer, Armed Forces Medical Intelligence Center; Staff Officer, Joint, DOD, DA MACOMs and activities; Chief, Department of Entomology, Research Investigator, Entomologist, Walter Reed Army Institute of Research; Branch Chief, 10th Medical Laboratory; Division/Branch Chief, Instructor, AMEDDC&S; Commander, Division/Branch Chief, Survey Officer/Entomologist, U.S. Army Pacific Environmental Health and Engineering Activity; Commander/Director, Radiological and Entomological Sciences, Division Chief, Branch Chief, Survey Officer/Entomologist, USACHPPM or one of its Field Support Activities; Chief, Branch Chief, Entomologist, Preventive Medicine Service, MEDDAC/MEDCEN; Commander/OIC, Entomologist, various TOE/TDA units.

3. *Qualifications.* Requires a master of science degree from an accredited program acceptable to TSG in entomology or biological science with a major in entomology. A master of science in zoology or biology with sufficient entomology courses and professional experience will also be considered. A bachelor's degree from an accredited program acceptable to TSG combined with an appropriate amount of applicable professional experience may also be accepted in selected cases.

4. *Licensure/certification requirements.* Certification of military entomologists is encouraged, but not required. The awarding of Board Certified Entomologist (BCE) in the category of Medical and Veterinary Entomology is available through the Entomological Society of America. The BCE, formerly the American Registry of Professional Entomologists (ARPE), is authorized as an official entry on the Officer Record Brief (ORB).

5. *Restrictions.* For use by AMEDD officers within MFA 72.

6. *Unique education/training opportunities.* Principles of Military Preventive Medicine (6A-F5), taught by the Preventive Medicine Division (PMD), AMEDDC&S; Preventive Medicine Program Management (6A-F6), taught by the PMD, AMEDDC&S (considered a required course for the entomology specialty); DOD Pest Management Course (6H-F12), taught by the Medical Zoology Branch, PMD, AMEDDC&S; DOD Pest Management Recertification Course (6H-F13), taught by the Medical Zoology Branch, PMD, AMEDDC&S; Army Entomology Course, sponsored by OTSG; Environmental Entomology and Pesticides Workshop, sponsored by the USACHPPM; DOD Pest Management Workshop, sponsored by the Armed Forces Pest Management Board; Aerial Application of Pesticides Course, sponsored by the USAF at Youngstown, OH; Operational Entomology Course, taught by the Disease Vector Ecology and Control Center, Jacksonville, FL. Annual and periodic specialty-specific workshops, courses, and conferences are also available to military entomologists. Doctorates in entomology are also recommended for officers in this AOC.

(c) *AOC 72C—Audiology.*

1. *Description of duties.* Conducts quantitative and qualitative examinations of auditory pathway; prescribes and implements non-medical treatment to conserve or improve communication ability; designs, develops, and maintains hearing conservation programs.

2. *Description of positions.* Positions requiring this AOC include: Audiologist; Hearing Conservation Officer; Chief, Audiology, MEDDAC/MEDCEN; Chief, Bio-Acoustic Division.

3. *Qualifications.* Requires a master's degree in audiology from an accredited program acceptable to TSG. Professional qualifications for unrestricted practice must be met.

4. *Licensure/certification requirements.* Certification of Clinical Competence provided by the American Speech–Language–Hearing Association is desired prior to entrance on active duty. Clinical Fellowship Year positions are available at selected locations. Applicants who do not possess the Certification of Clinical Competence will enter active duty only if positions are available which can provide the appropriate supervisory controls. Certification as a Hearing Conservation Course Director 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.

(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 MACOMs; Director, Industrial Hygiene, USACHPPM; Division and Branch Chief, USACHPPM; Project Officer, various Research, Development, Test, and Evaluation organizations; Chief, Preventive Medicine Science, 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 at least 30 semester hours in the physical and/or biological sciences, preferably in public health, environmental science, industrial hygiene, biology,

chemistry, toxicology, or epidemiology; must be academically qualified for graduate work. For retention at the field grade level, must possess a master's degree in public health or related area of specialization such as environmental health, environmental science, industrial hygiene, or food technology 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 by a State Registration Board or the National Environmental Health Association; certification as a Diplomate 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 post-graduate advanced degree (PhD level), with subsequent utilization in a research, development, or technical application assignment. Also, an annual opportunity is available through the SSC board selection process for an MEL-1 producing 1-year resident fellowship in environmental health policy at the Army Environmental Policy Institute. The fellowship affords the opportunity to conduct studies and prepare recommended environmental health policy options for use by the Army senior leadership. 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.

(e) *AOC 72E—Sanitary 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 the following: Commander, various TDA Preventive Medicine Detachments or Agencies; Assistant for Environment, Army Secretariat; Environmental Inspector, DOD Inspector General; Director, Environmental Health Engineering, USACHPPM; Chief, various Branches and Divisions, USACHPPM; State Environmental Health Engineer, various MACOMs; 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 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 health, 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 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 required.

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 post-graduate advanced degree (PhD level), with subsequent utilization in a research, development, or technical application assignment.

Also, an annual opportunity is available through the SSC board selection process for an MEL-1 producing 1-year resident fellowship in environmental health policy at the Army Environmental Policy Institute. The fellowship affords the opportunity to conduct studies and prepare recommended environmental health policy options for use by the Army senior leadership. 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.

(4) *Skills.* Skills enhancing the unique capabilities of MFA 72 include: 8Z, Medical Research, Development, Test, and Evaluation; 9K, Radiobiology.

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) *IM 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) *AOCs.*

(a) AOC 73A—Social Work.

1. *Description of duties.* Performs social work functions which include providing direct services, teaching and training, supervision, research administration, consultation, and policy development in various military settings. These functions are provided in order to enhance the social well-being of military members, their eligible family members, and DA civilians as appropriate.

2. *Description of positions.* Positions requiring this AOC include: Social Worker; Chief, Department of Social Work; Chief, Social Work Service; Chief, Army Community Service, U.S. Army Community and Family Support Center; Chief, Human Resources Division, USAMEDCOM; Chief, Family Support Division; Clinical Director, Alcohol and Drug Abuse Prevention and Control Program; Division Social Worker; 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 73.

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.

(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, MACOM; 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 post-doctoral experience, CPIP graduates will obtain a license within 12 months after completion of that prescribed post-doctoral supervisory experience. Secondly, for those States which do require post-doctoral 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. Post-doctoral 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.

(2) *Description of positions.* Positions requiring this AOC include: Pharmacy Consultant, OTSG; Chief, Pharmacy Service; Pharmacist; Senior Staff Positions at USAMRMC; 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 OBC. Must have successfully completed the AMEDD OAC and CAS³ to hold executive positions at the lieutenant colonel level, and must have successfully completed the CGSOC 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 sub-specialties 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 Ralph D. Arnold Pharmaceutical Management Course. Two week short courses on hematology/oncology pharmacy and nuclear pharmacy practice are offered annually. Master's/doctoral degrees include pharmacy, hospital pharmacy administration, pharmaceutical chemistry, pharmacoeconomics, and clinical pharmacy. Other military courses such as C⁴ are also available.

f. AOC 67F00—Optometry.

(1) *Description of duties.* Serves as a primary health care provider, in various fixed and field medical organizations, who independently conducts examinations to detect, prevent, diagnose, treat, and manage ocular related disorders, that is, injuries, diseases, and visual dysfunctions. Uses diagnostic and therapeutic pharmaceutical agents (TPA) and medical/surgical instruments. Prescribes spectacles and contact lenses, TPA, and other therapy. Duties include consultation in such areas as vision conservation. 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; Commander/Dean U.S. Army Medical Equipment and Optical School (USAMEOS); Chief, Optometry Service; Optometrist; Optical Laboratory Officer; Optometry Research and Developer; Instructor, AMEDDC&S; 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 OBC. Professional qualifications for unrestricted practice must be met. Must have successfully completed the AMEDD OAC and CAS³ to hold executive positions at the lieutenant colonel level, and must have successfully completed the CGSOC to hold executive positions at the colonel level.

(4) *Licensure/certification requirements.* Licensed Optometrist.

(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, masters of business administration, and masters of public health.

(6) *Skills.* Skills enhancing the unique capabilities of AOC 67F00 include: 9A through D for proficiency level and 5K for instructor qualification.

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. Performs surgery under general supervision of an orthopedic or general surgeon in TDA settings.

(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 1 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 OBC, OAC, and CAS³ to hold executive positions at the lieutenant colonel level, and must have successfully completed the CGSOC 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-12 certificate (graduate of podiatric surgical residency of 12 months duration); and a doctor of podiatric medicine degree from any of the seven colleges of podiatric medicine. Board certification is not required, but strongly encouraged: American Board of Podiatric Surgery, American Board of Podiatric Orthopedics, or American Board of Podiatric Public Health.

(5) *Unique education/training opportunities.* C⁴; Orthopedic Pathology Course; Microvascular Course; AO Osteosynthesis Course; U.S. Army Podiatric Surgery Residencies; M²C³; BCLS/ACLS.

(6) *Skills.* Skills enhancing the unique capabilities of AOC 67G include: 9A proficiency level; 9B proficiency level granted for Board certification.

h. *AOC 67J00—Aeromedical Evacuation.*

(1) *Description of duties.* Serves as a specially trained aeromedical evacuation aviator in a variety of key positions. Pilots assigned aircraft on aeromedical evacuation missions while supervising in-flight treatment to sustain human life and relieve suffering. Possesses full knowledge of AMEDD doctrine, organization, and equipment. Tactically employs medical aircraft, personnel, and equipment

in support of land combat operations in varying tactical, terrain, and climatic environments using a variety of flying techniques and equipment. Duties include staff positions at various levels, Service schools, and/or training centers; instructor, aviation maintenance and safety, research and development, 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.

(2) *Description of positions.* Positions requiring this AOC include: Aeromedical Evacuation Consultant, OTSG; Commander, Medical Battalion (Evacuation); Commander, Air Ambulance Unit; Platoon/Section Leader, Air Ambulance Unit; Aeromedical Evacuation Staff Officer; Aeromedical Operations Officer; Medical Aviation Research and Development Staff Officer; Deputy Commander for Administration, Aeromedical Center; Aeromedical Evacuation Instructor.

(3) *Qualifications.* Must hold a baccalaureate degree from an accredited college/university in a discipline acceptable to TSG, be a graduate of the AMEDD OBC, and attend the Rotary Wing Aviator Course. 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 OAC and CAS³. Prior to promotion to major, each officer will be designated a second 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 the CGSOC 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.

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

(5) *Restrictions.* Medically qualified.

(6) *Unique education/training opportunities.* Short courses in Safety, Aviation; correspondence courses in Aviation, Aviation Safety; UH-1 and UH-60 Maintenance Officer Course/Test Pilot Course; master's degree programs in Aviation Management and Systems Safety.

(7) *Skills.* Skills enhancing the unique capabilities of AOC 67J include: 1E, UH-1 Pilot; 1N, UH-60 Pilot; 1Q, Dual Rated; 1S, Aviation Safety Officer; 1T, Dual Rated Instrument Flight Examiner; 1V, Rotary Wing Instrument Flight Examiner; 2F, T-42 Pilot; 2J, U-21 Pilot; 2P, C-12 Pilot; and 1P, OH-58A/C Pilot.

i. *MOS 670A—Health Service Maintenance Technician.*

(1) *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.

(2) *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, MACOMS; Battalion Maintenance Officer, Medical Logistics Battalion (Forward); Maintenance Staff Officer, Theater Medical Materiel Management.

(3) *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.

7-5. Medical Service Corps warrant officer career/ leadership development

a. 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.

(1) *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).

(2) *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.

(3) *Senior warrant officer level incorporating the WOSC.* 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.

(4) *Master warrant officer level requiring attendance in the WOSSC.* 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.

b. Warrant officer professional development. DA Pam 600-11 outlines the WOES. DA Pam 351-4 establishes policy and guidance for warrant officer training.

c. 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 in Business Administration/Management, and programs available in the same disciplines at baccalaureate level.

d. Life cycle model. See figure 7-28.

e. Skills. Skills enhancing the unique capabilities of MOS 670A include: 6P, Master Fitness Trainer; 9M, Technical Intelligence Technician; 6B, General Safety (ARNGUS only).

f. 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.

7-6. Immaterial positions

IM positions are available to senior officers (major, lieutenant colonel, colonel) in the Health Services, Laboratory 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.

**Table 7-1
Medical Service Corps specialties**

AOC/MFA/MOS	Title
MFA 70	Health Services Officer
67A00	Health Services (IM)
70A67	Health Care Administration
70B67	Health Services Administration
70C67	Health Services Comptroller
70D67	Health Services Systems Management
70E67	Patient Administration
70F67	Health Services Human Resources
70H67	Health Services Plans, Operations, Intelligence, Security, and Training
70K67	Health Services Materiel
MFA 71	Laboratory Sciences Officer
67B00	Laboratory Sciences (IM)
71A67	Microbiology
71B67	Biochemistry
71C67	Parasitology
71D67	Immunology
71E67	Clinical Laboratory

Table 7-1
Medical Service Corps specialties—Continued

AOC/MFA/MOS	Title
71F67	Research Psychology
MFA 72	Preventive Medicine Officer
67C00	Preventive Medical Sciences (IM)
72A67	Nuclear Medical Science
72B67	Entomology
72C67	Audiology
72D67	Environmental Science
72E67	Sanitary Engineer
MFA 73	Behavioral Sciences Officer
67D00	Behavioral Sciences (IM)
73A67	Social Work
73B67	Clinical Psychology
Separate AOCs/MOS	
67E00	Pharmacy
67F00	Optometry
67G00	Podiatry
67J00	Aeromedical Evacuation
MOS 670A	Health Service Maintenance Technician

LIFE CYCLE MODEL

MEDICAL SERVICE CORPS

AOC 70A - Health Care Administration

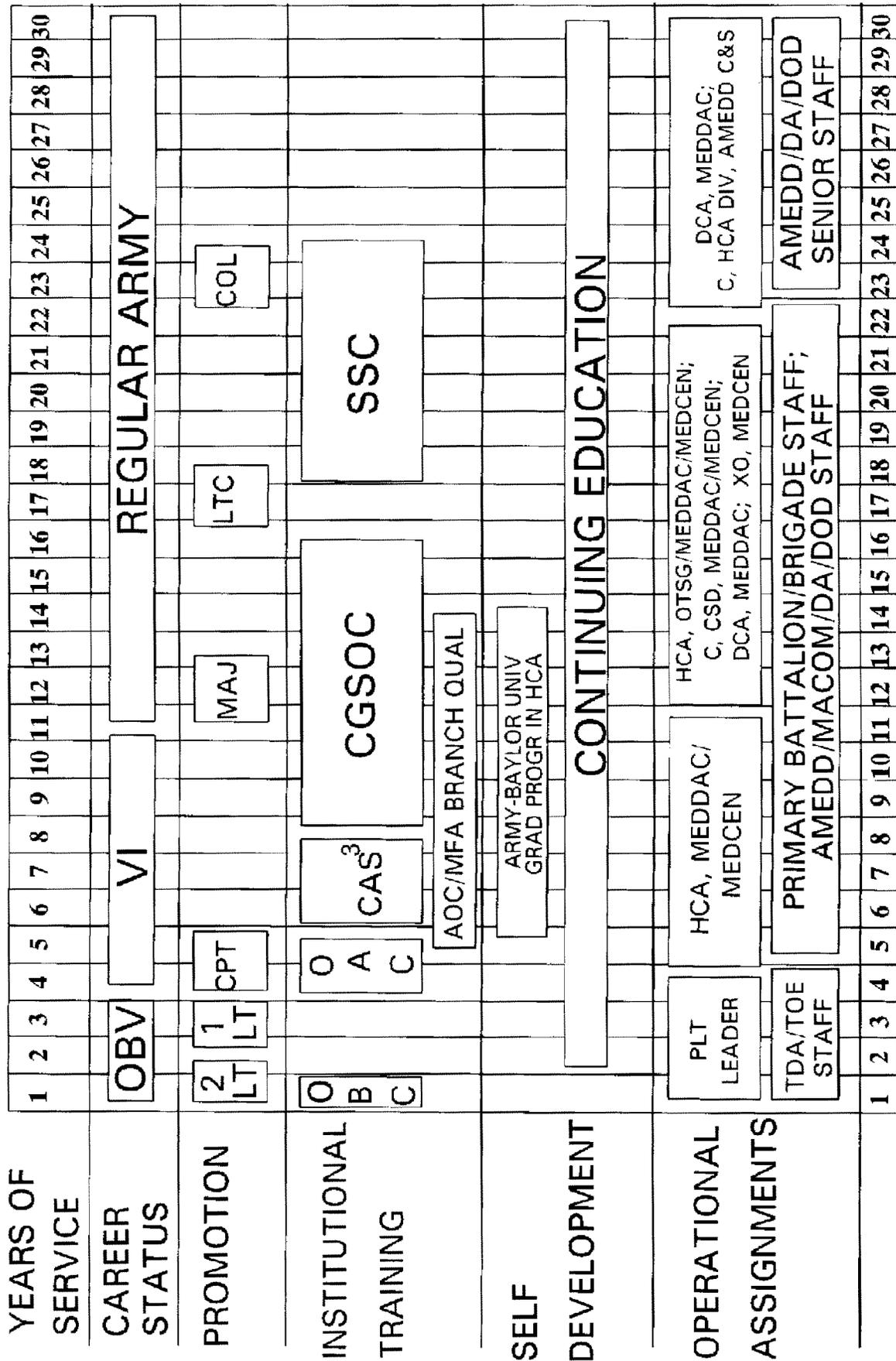
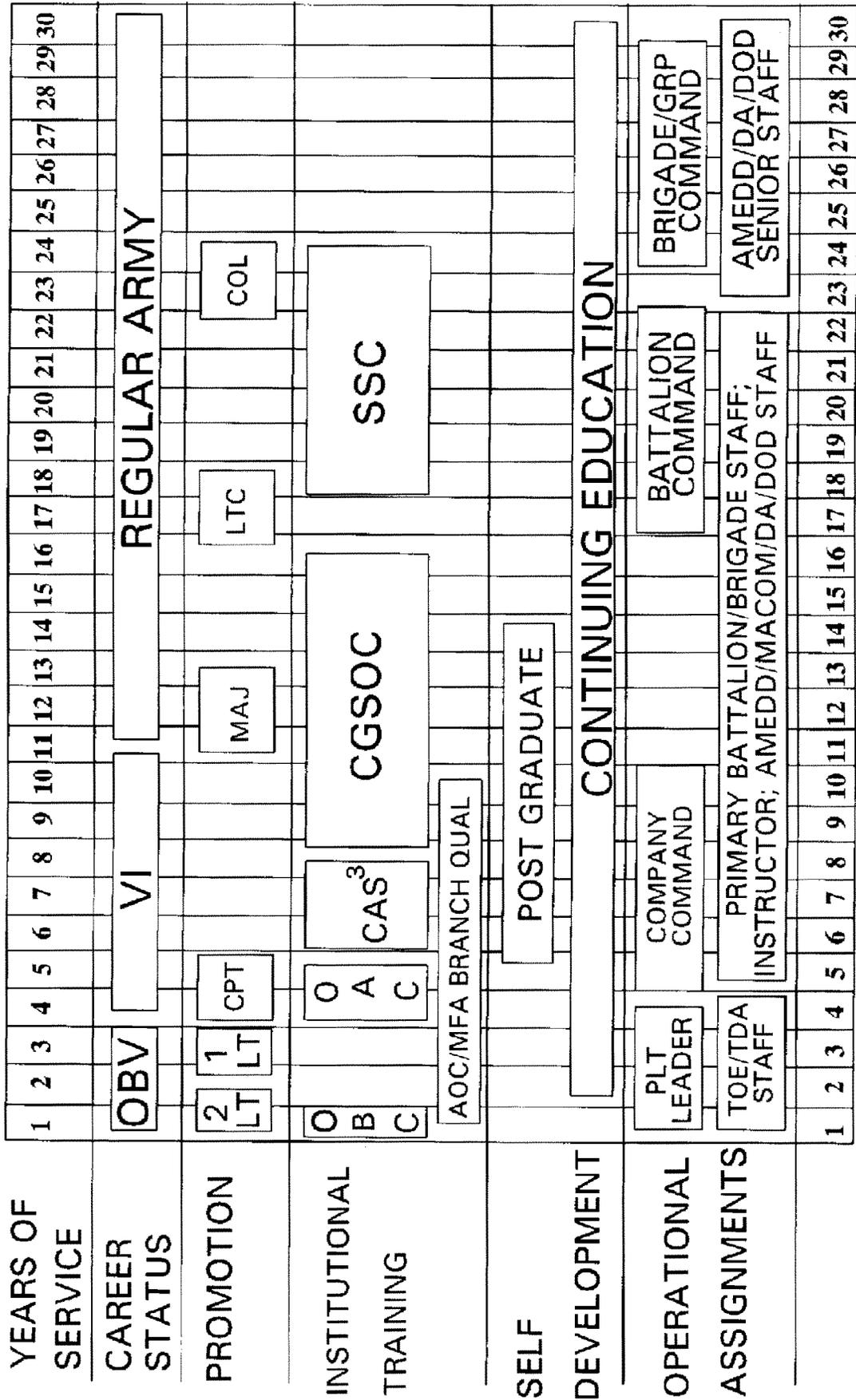


Figure 7-1. Medical Service Corps life cycle model—health care administration

LIFE CYCLE MODEL

MEDICAL SERVICE CORPS

AOC 70B - Health Services Administration Asst



** Officers in this AOC will be reclassified into another MFA 70 AOC following OAC and their 10th year of service.

Figure 7-2. Medical Service Corps life cycle model—health services administration

LIFE CYCLE MODEL

MEDICAL SERVICE CORPS

AOC 70C - Health Services Comptroller

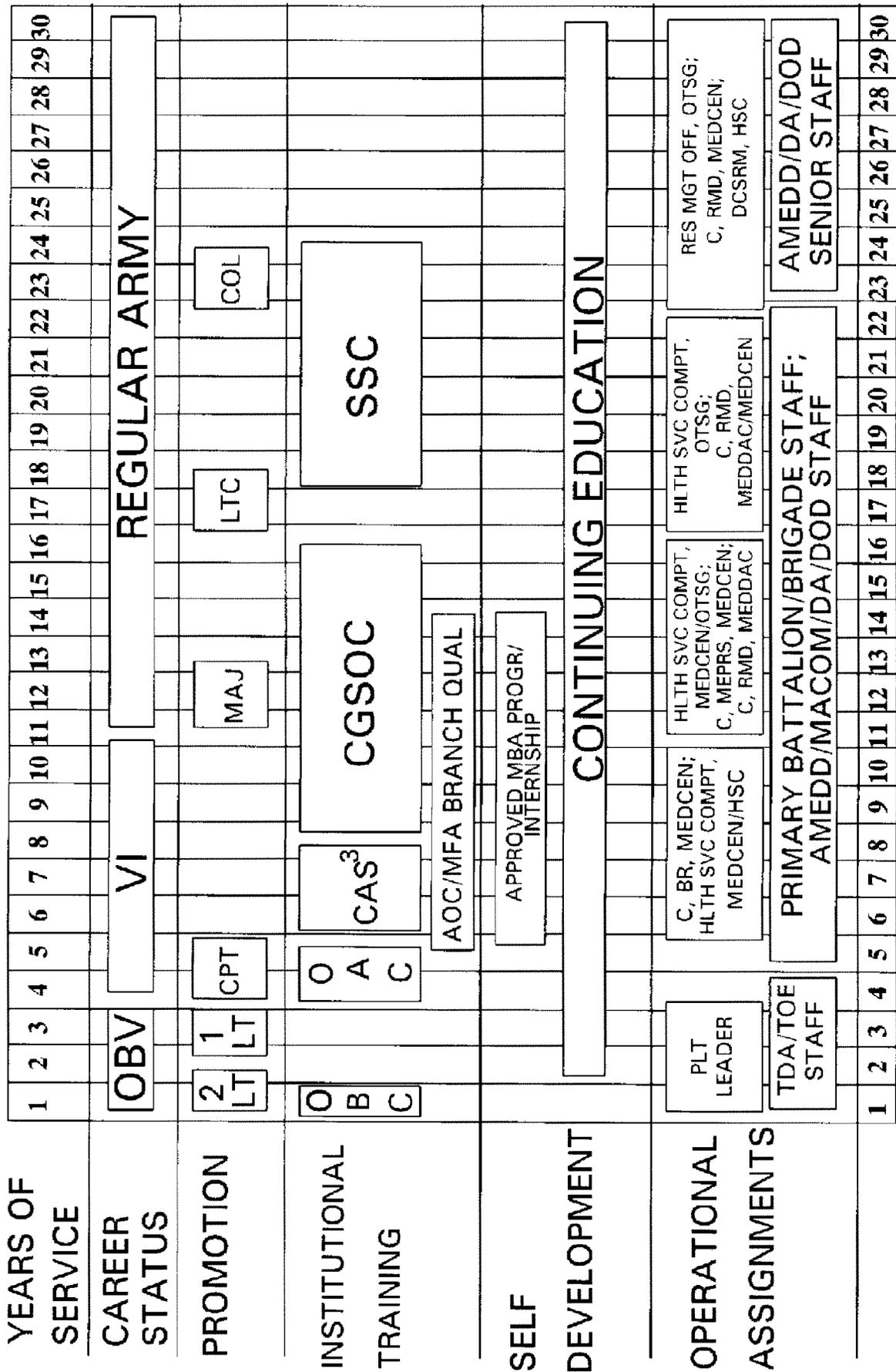


Figure 7-3. Medical Service Corps life cycle model—health services comptroller

LIFE CYCLE MODEL

MEDICAL SERVICE CORPS

AOC 70D - Health Services Systems Manager

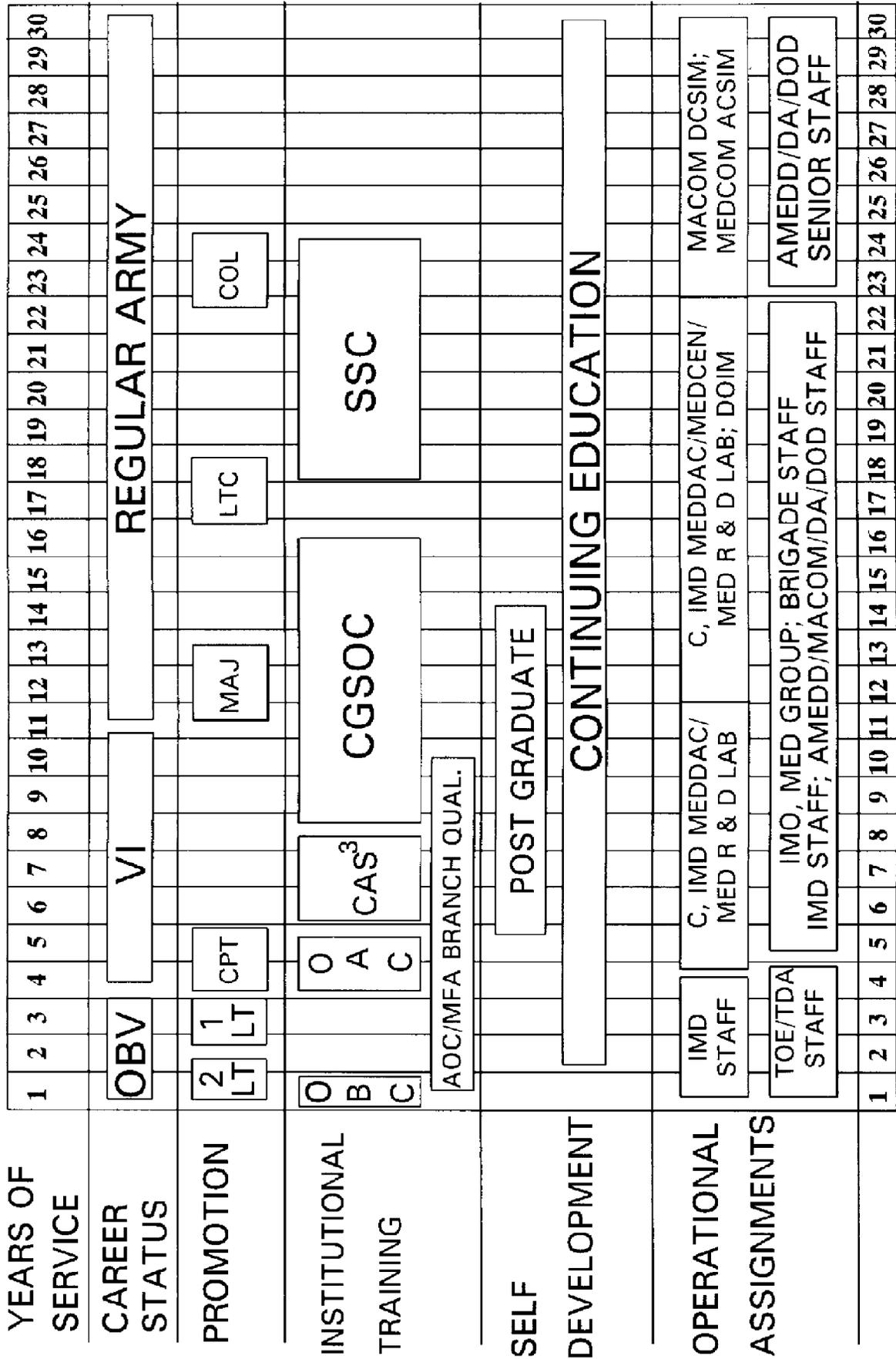


Figure 7-4. Medical Service Corps life cycle model—health services systems management

LIFE CYCLE MODEL

MEDICAL SERVICE CORPS

AOC 70E - Patient Administration

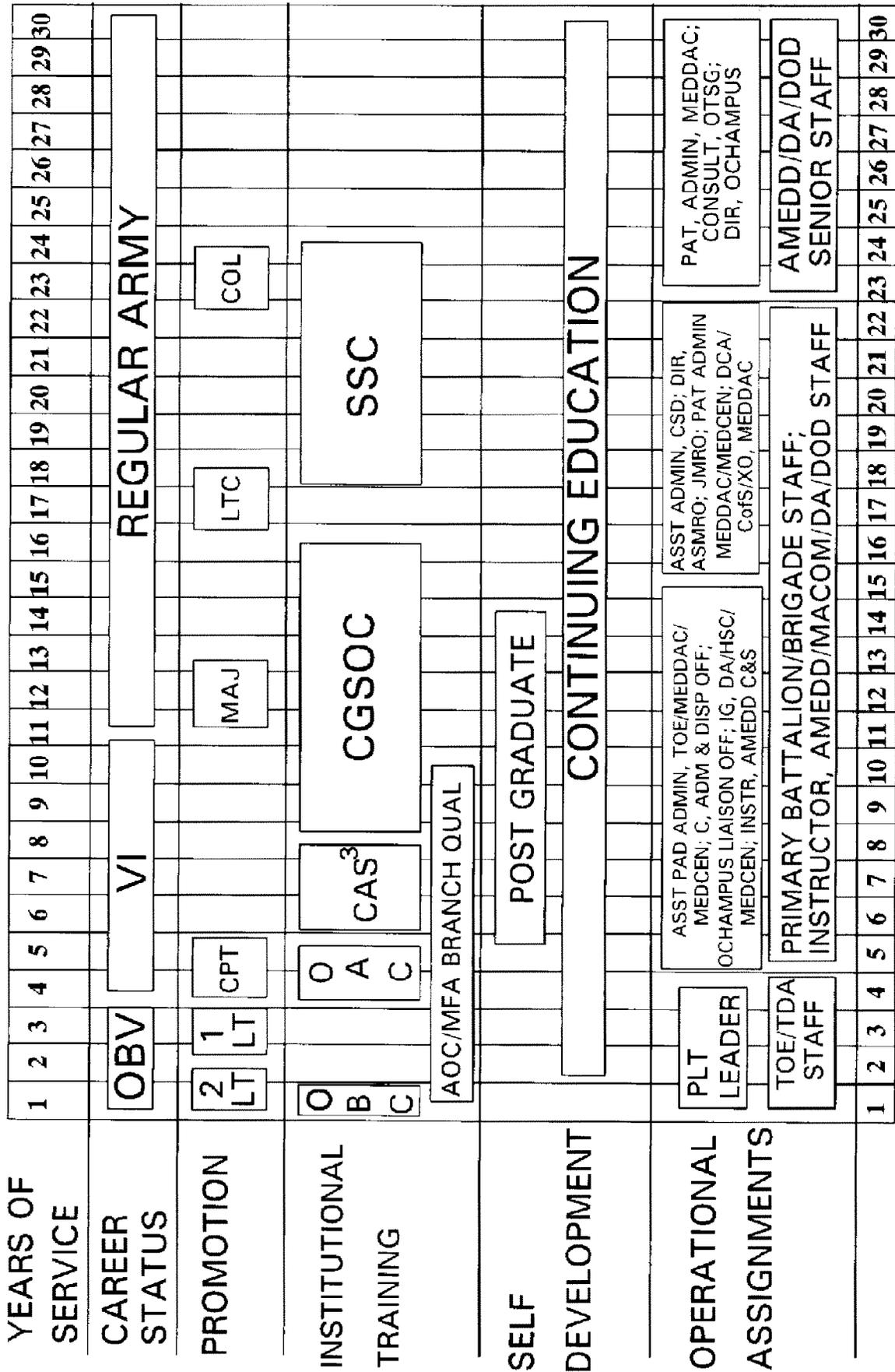


Figure 7-5. Medical Service Corps life cycle model—patient administration

LIFE CYCLE MODEL

MEDICAL SERVICE CORPS

AOC 70F - Health Services Human Resources

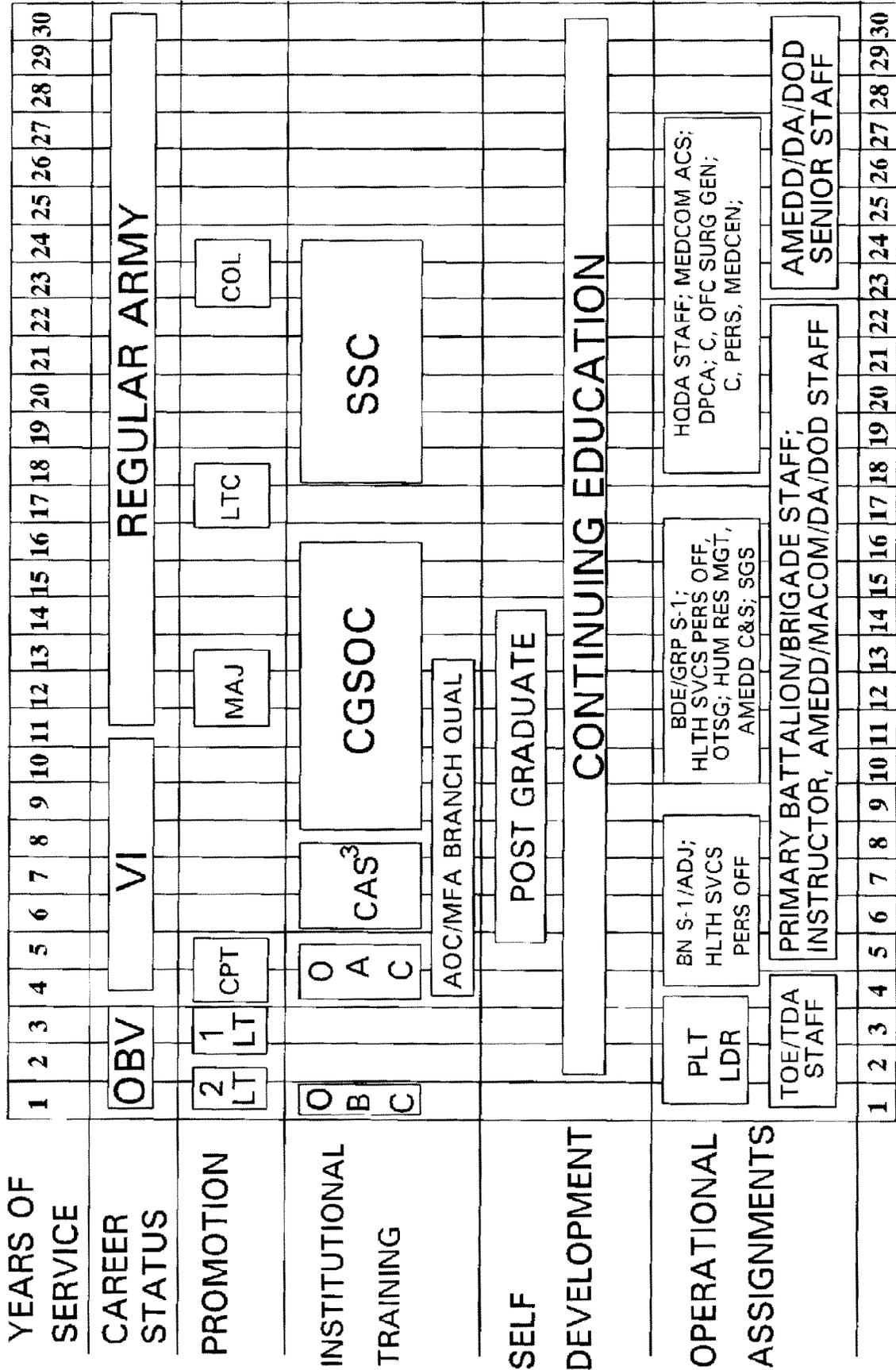


Figure 7-6. Medical Service Corps life cycle model—health services human resources

LIFE CYCLE MODEL

MEDICAL SERVICE CORPS

AOC 70H - Health Services Plans, Operations, Intelligence, Security, & Tng

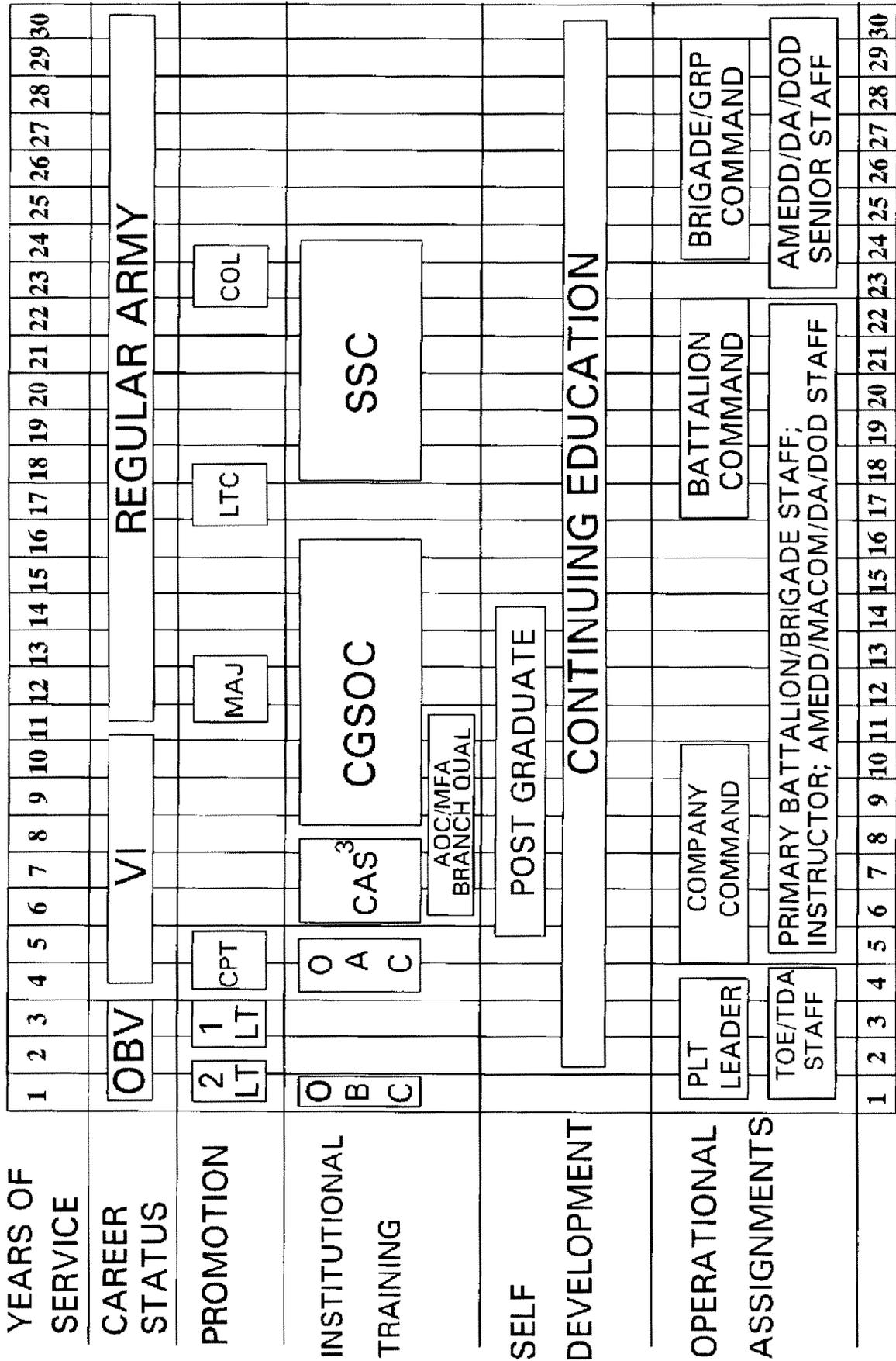


Figure 7-7. Medical Service Corps life cycle model—health services plans, operations, intelligence, security, and training

LIFE CYCLE MODEL MEDICAL SERVICE CORPS

AOC 71A - Microbiology

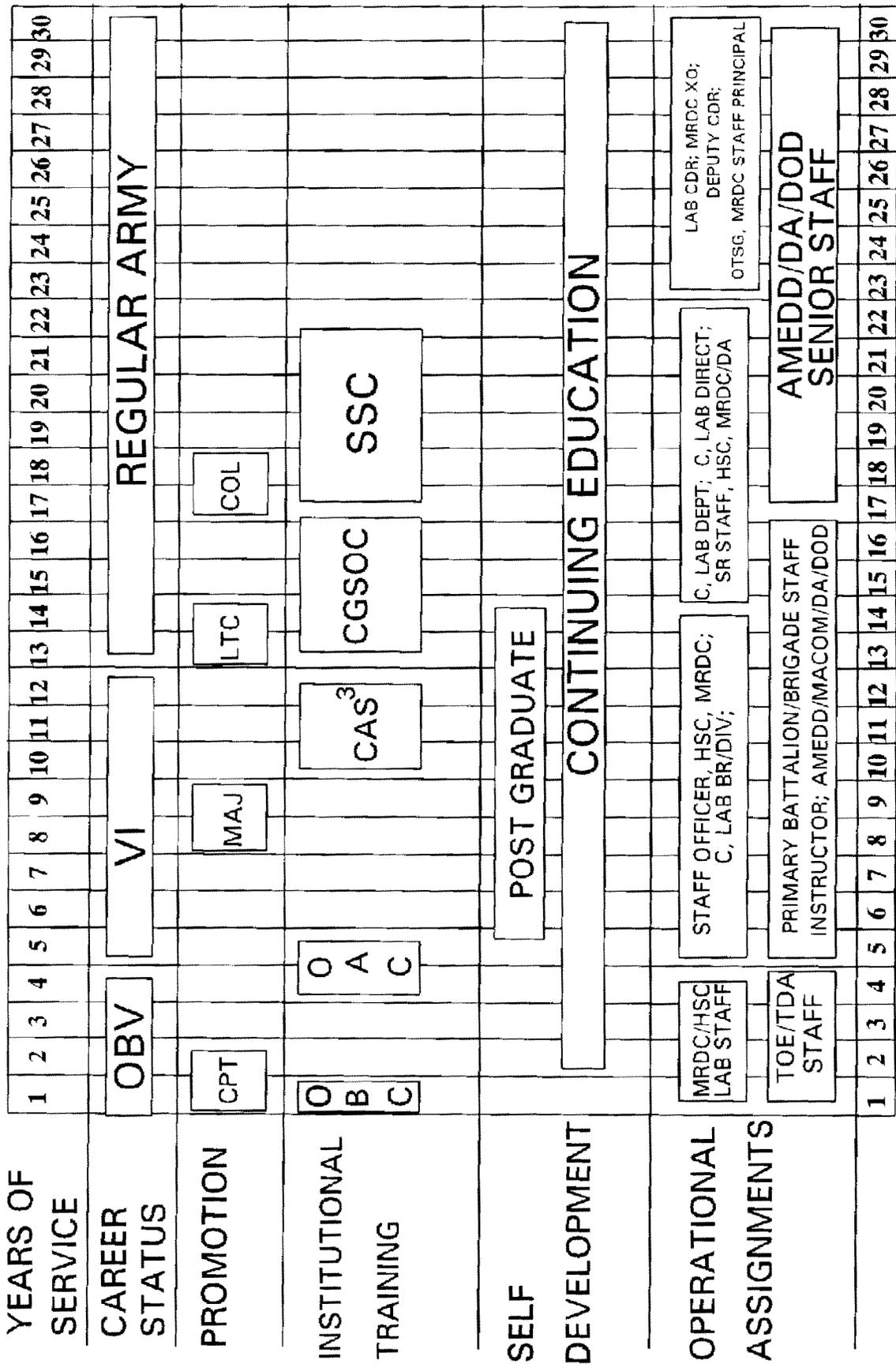


Figure 7-9. Medical Service Corps life cycle model—microbiology

LIFE CYCLE MODEL

MEDICAL SERVICE CORPS

AOC 71B - Biochemistry

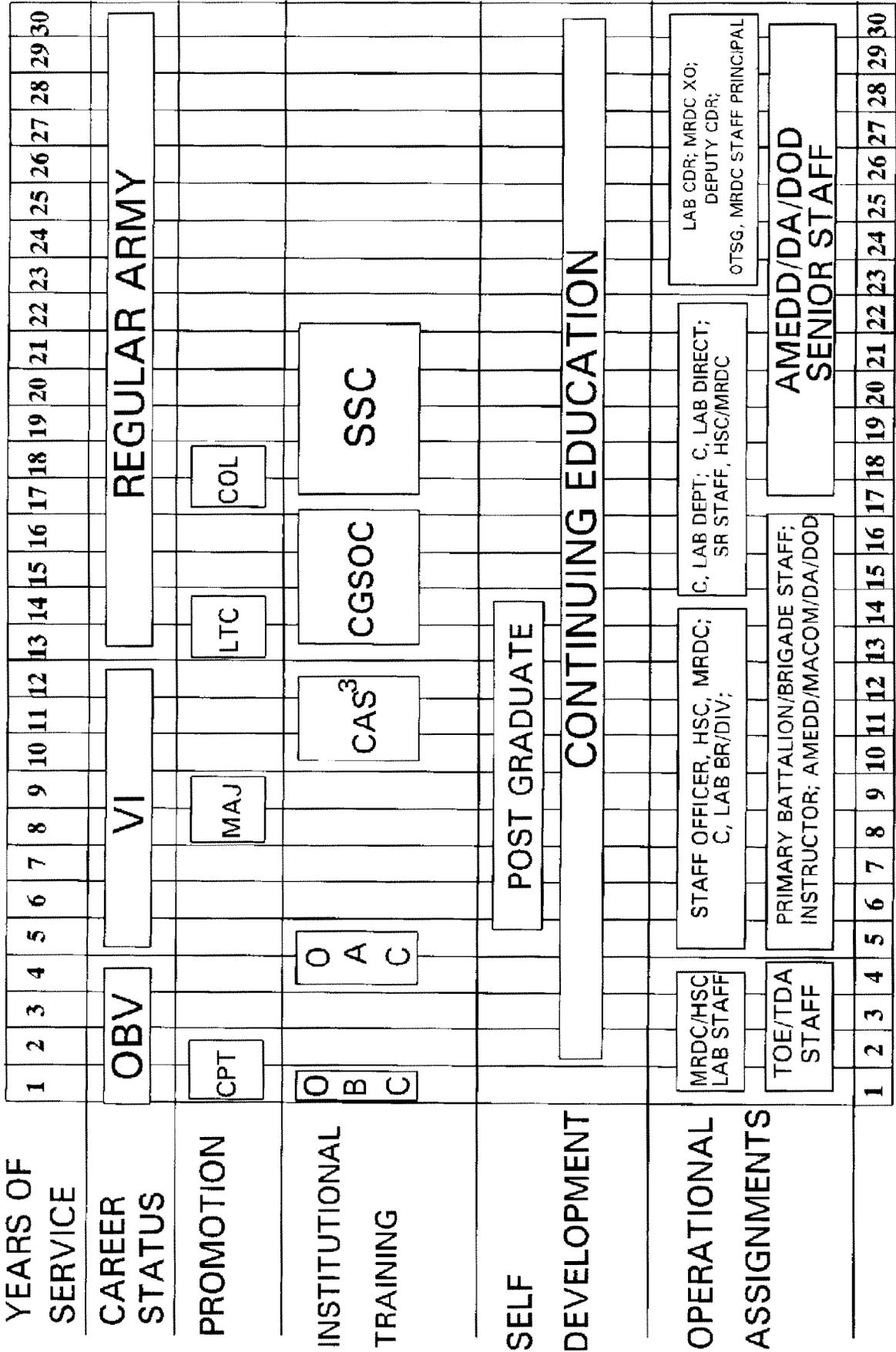


Figure 7-10. Medical Service Corps life cycle model—biochemistry

LIFE CYCLE MODEL

MEDICAL SERVICE CORPS

AOC 71D - Immunology

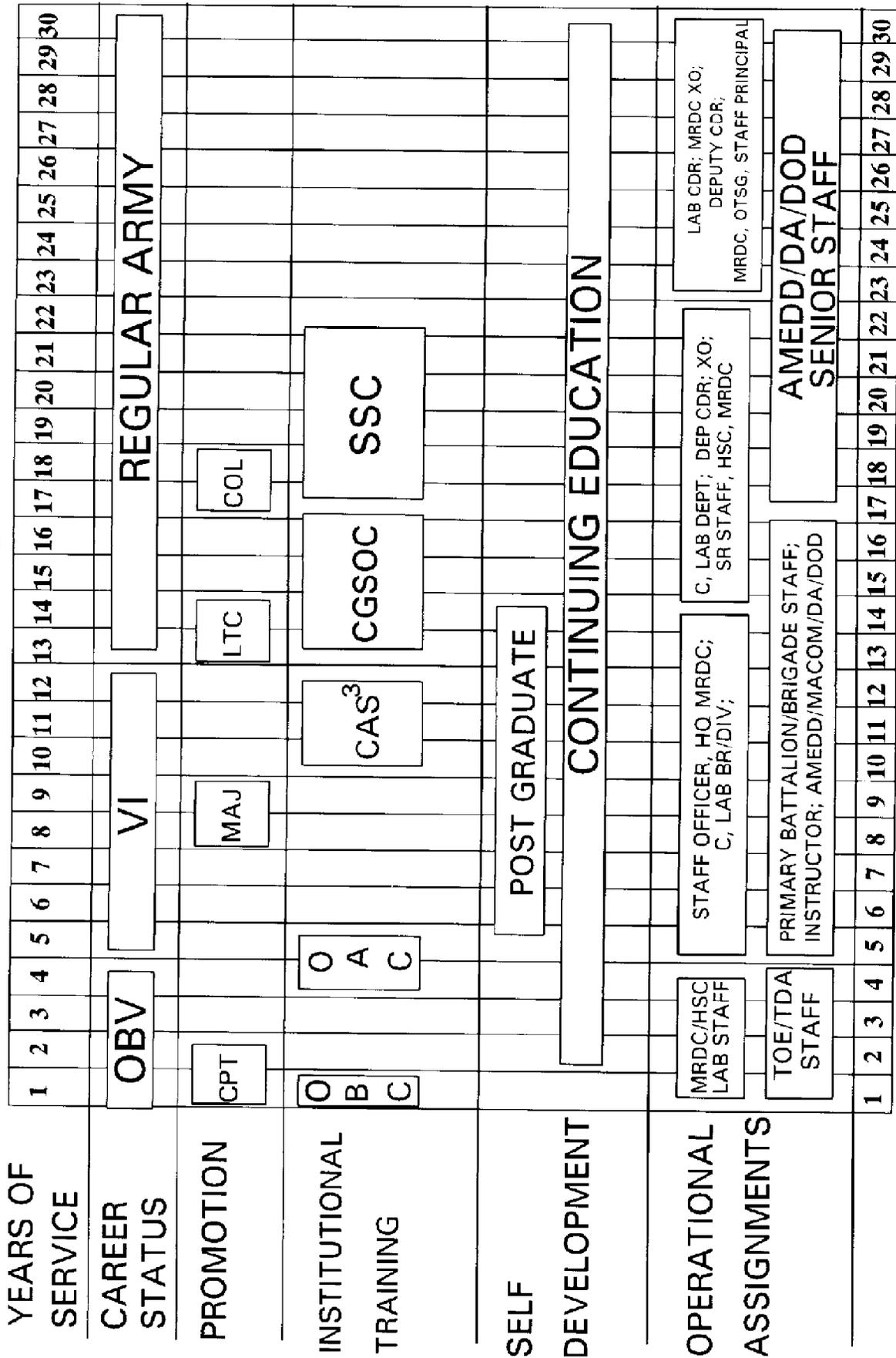


Figure 7-12. Medical Service Corps life cycle model—immunology

LIFE CYCLE MODEL

MEDICAL SERVICE CORPS

AOC 71E - Clinical Laboratory

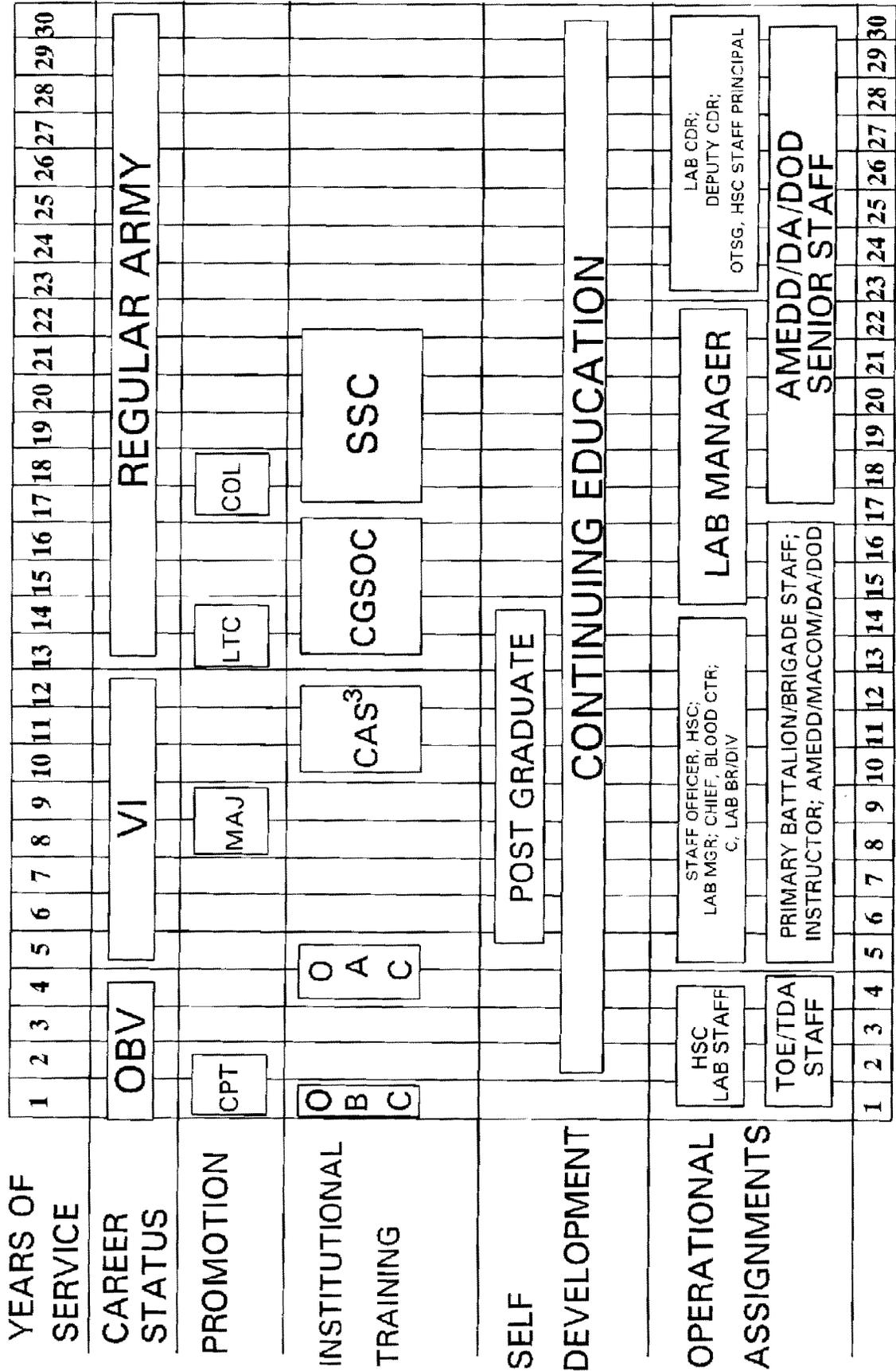


Figure 7-13. Medical Service Corps life cycle model—clinical laboratory

LIFE CYCLE MODEL

MEDICAL SERVICE CORPS

AOC 71F - Research Psychology

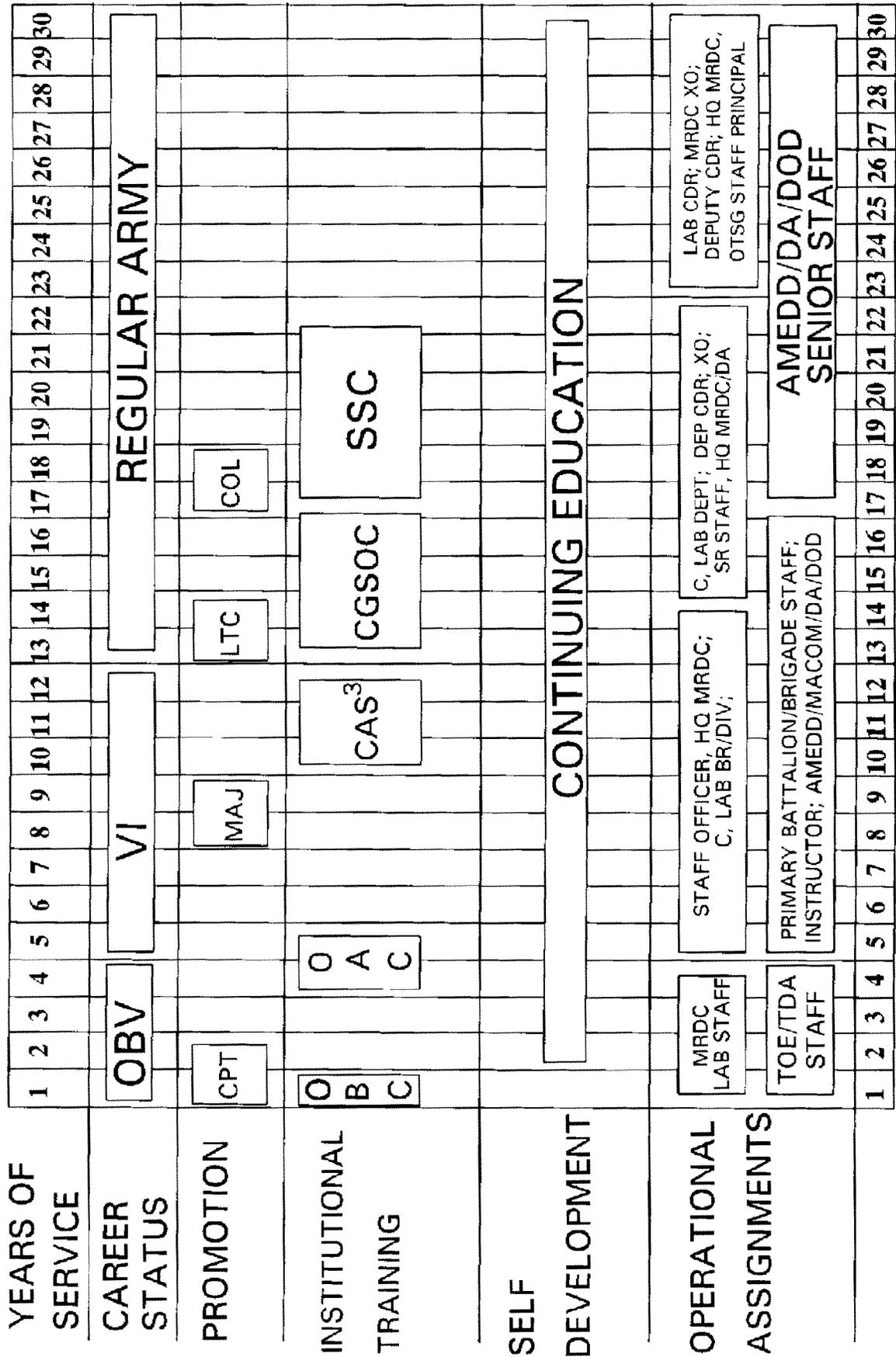


Figure 7-14. Medical Service Corps life cycle model—research psychology

LIFE CYCLE MODEL

MEDICAL SERVICE CORPS

AOC 72A - Nuclear Medical Science

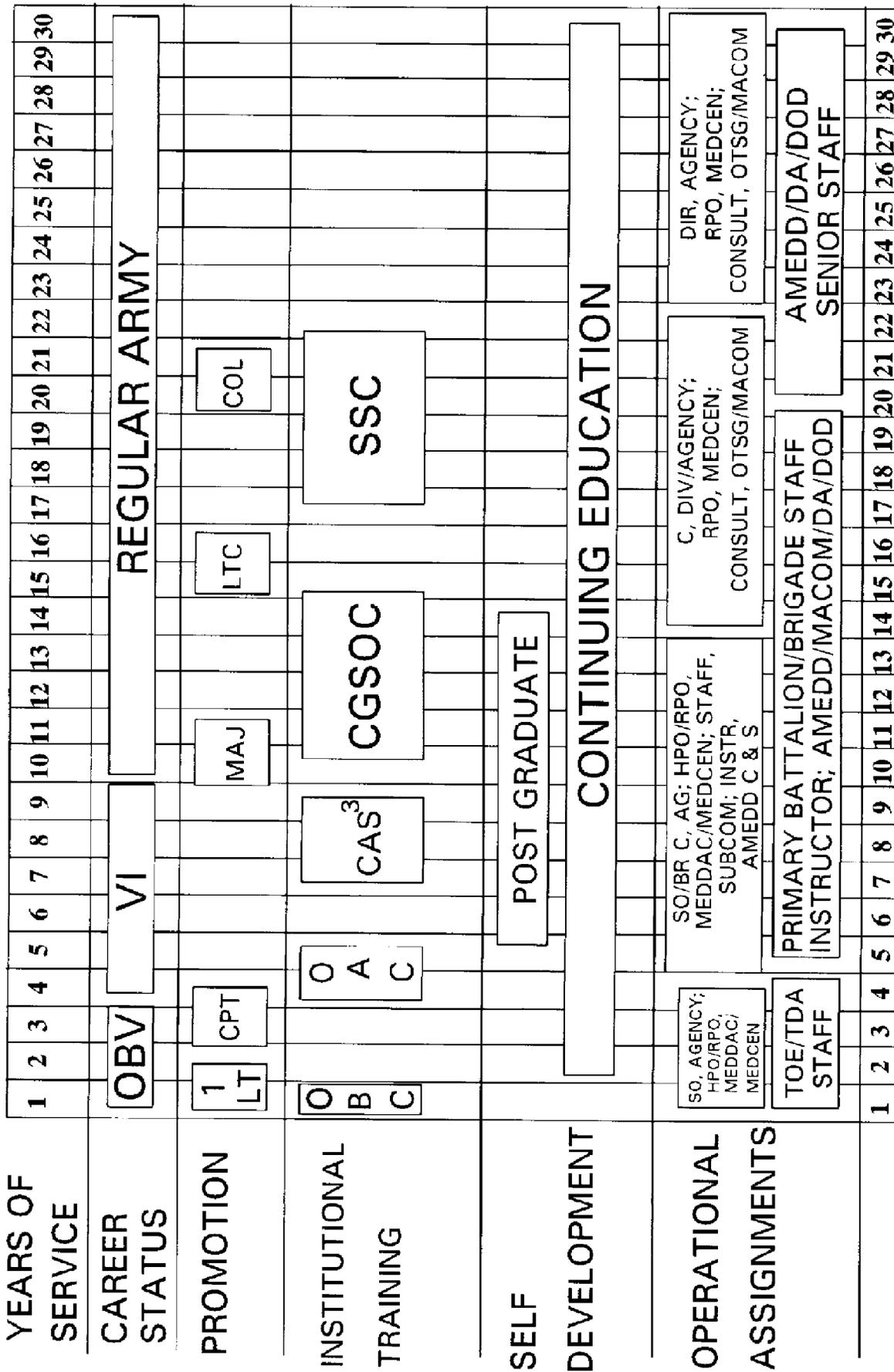


Figure 7-15. Medical Service Corps life cycle model—nuclear medical science

LIFE CYCLE MODEL

MEDICAL SERVICE CORPS

AOC 72B - Entomology

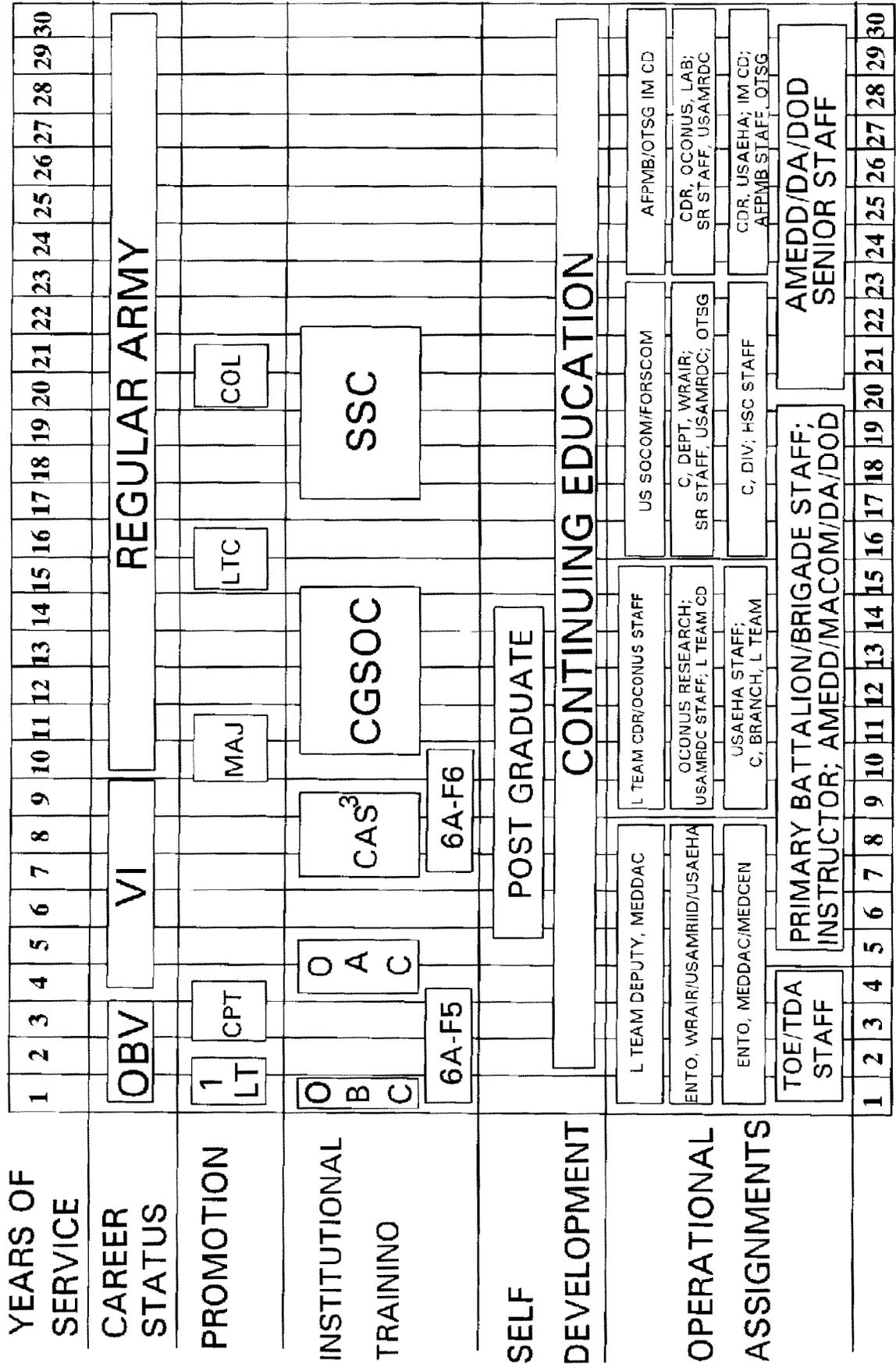


Figure 7-16. Medical Service Corps life cycle model—entomology

LIFE CYCLE MODEL

MEDICAL SERVICE CORPS

AOC 72C - Audiology

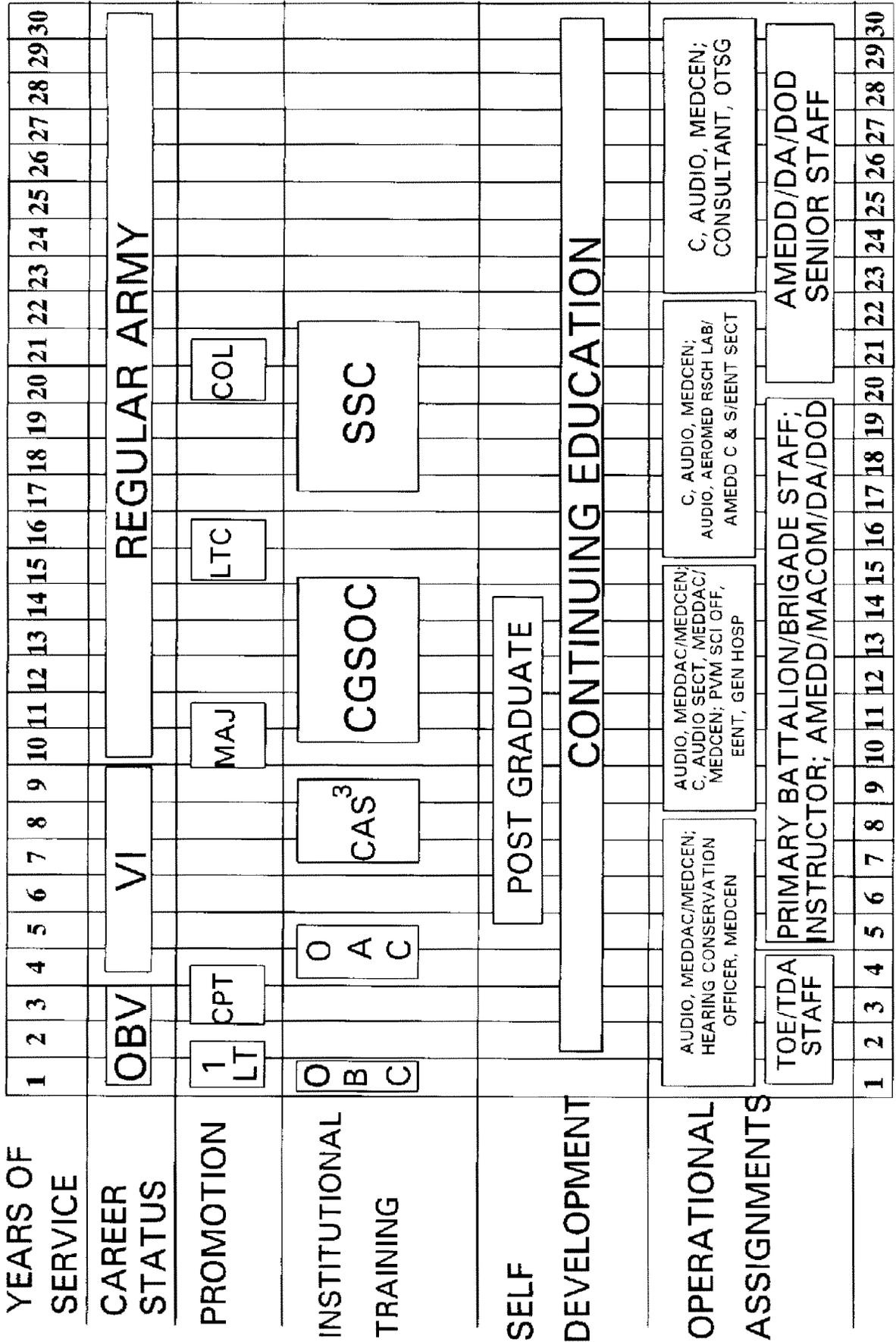


Figure 7-17. Medical Service Corps life cycle model—audiology

LIFE CYCLE MODEL

MEDICAL SERVICE CORPS

AOC 72D - Environmental Science

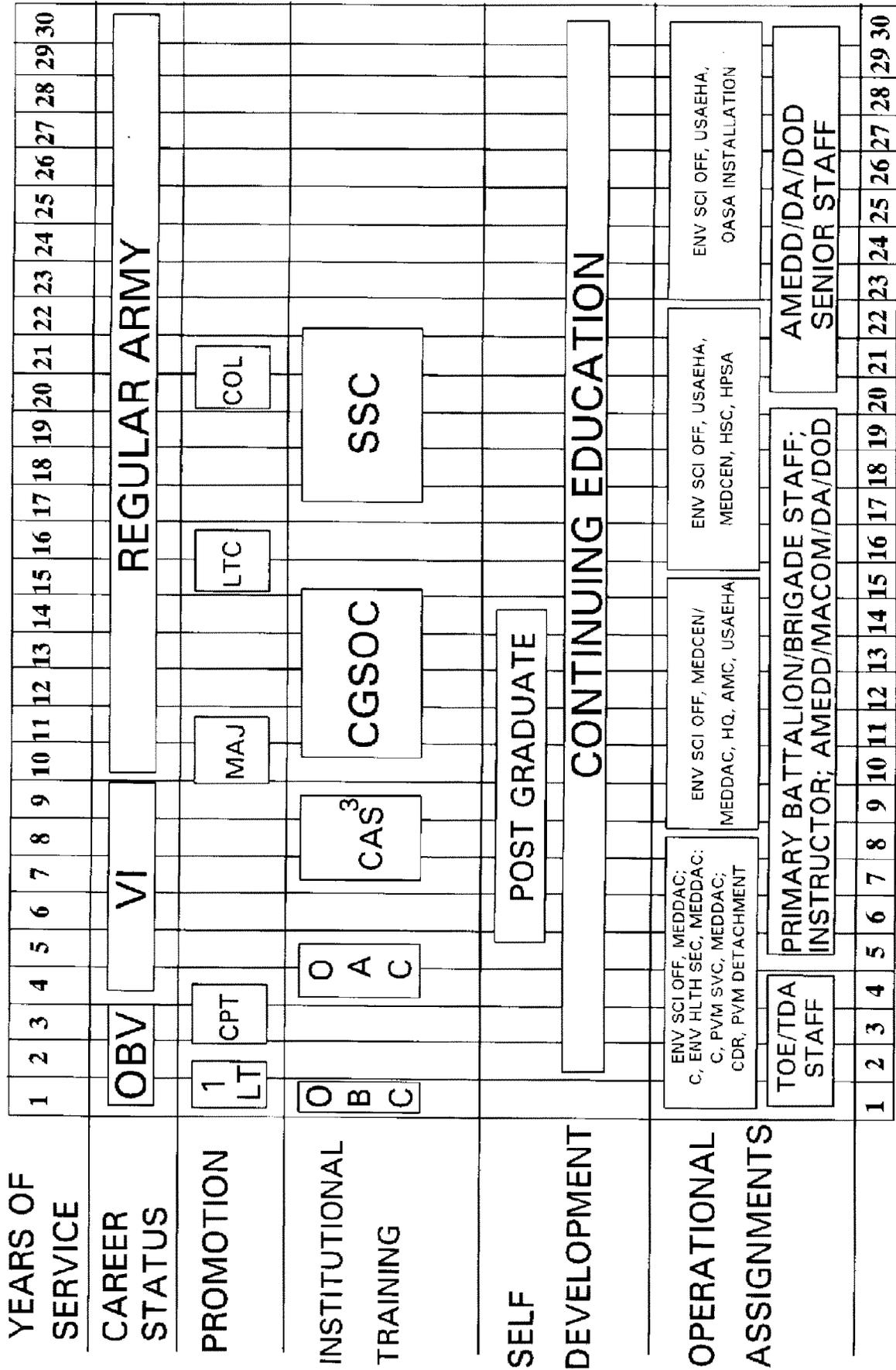


Figure 7-18. Medical Service Corps life cycle model—environmental science

LIFE CYCLE MODEL

MEDICAL SERVICE CORPS

AOC 72E - Sanitary Engineer

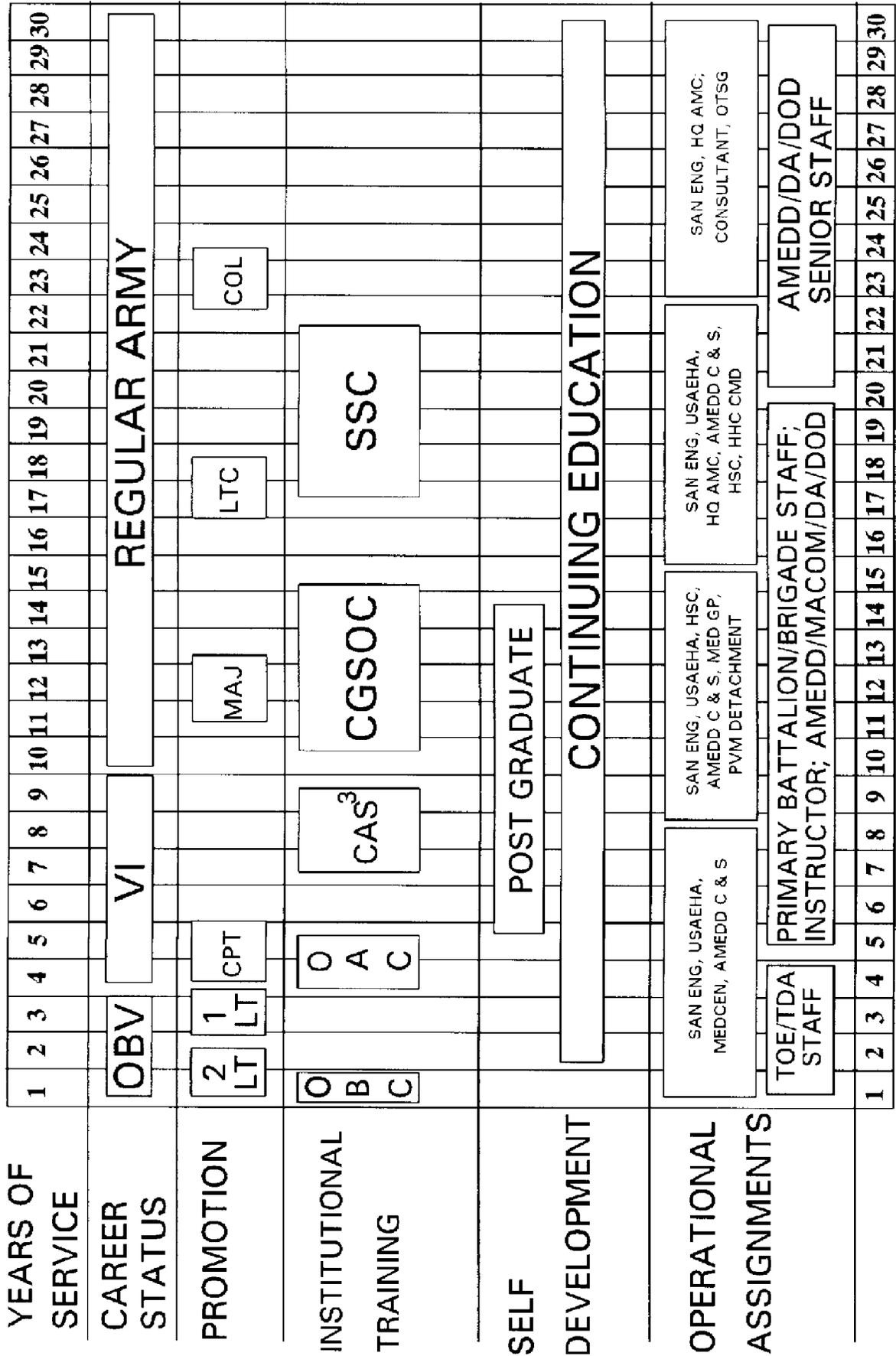


Figure 7-19. Medical Service Corps life cycle model—sanitary engineer

LIFE CYCLE MODEL

MEDICAL SERVICE CORPS

AOC 73A - Social Work

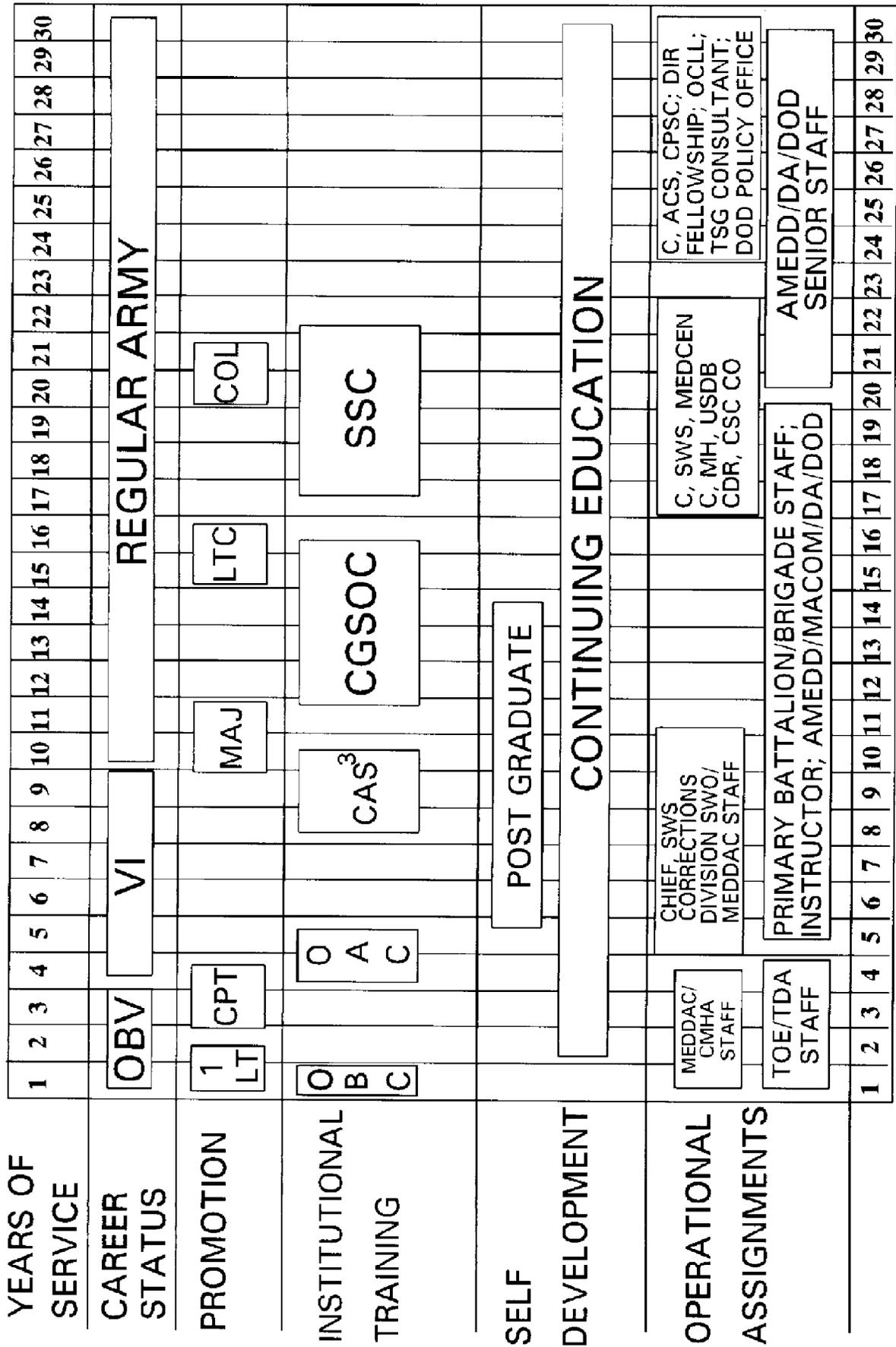


Figure 7-20. Medical Service Corps life cycle model—social work

LIFE CYCLE MODEL

MEDICAL SERVICE CORPS

AOC 73B - Clinical Psychology

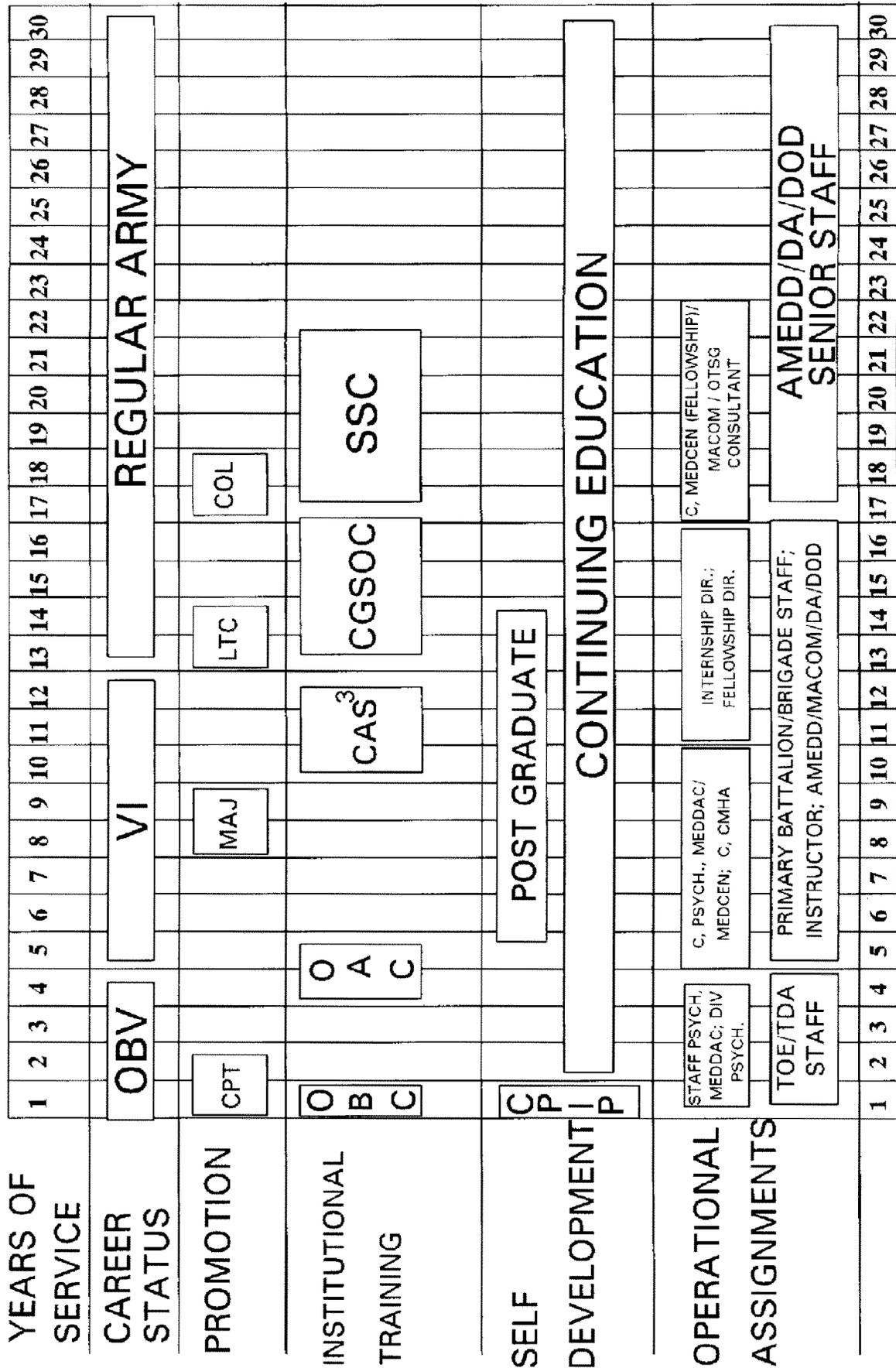


Figure 7-21. Medical Service Corps life cycle model—clinical psychology

LIFE CYCLE MODEL

MEDICAL SERVICE CORPS

AOC 67E00 - Pharmacy

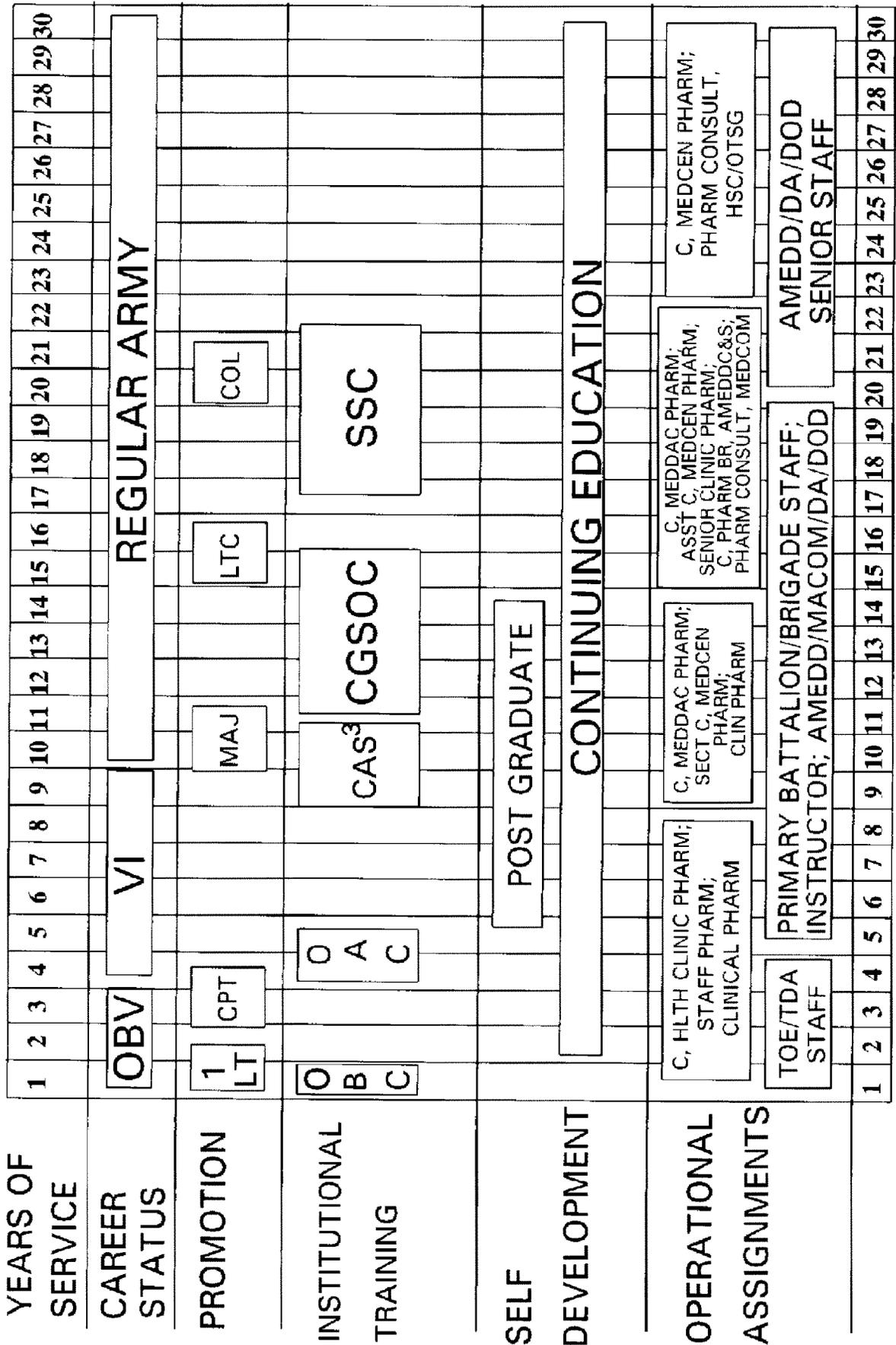


Figure 7-22. Medical Service Corps life cycle model—pharmacy

LIFE CYCLE MODEL

MEDICAL SERVICE CORPS

AOC 67F00 - Optometry

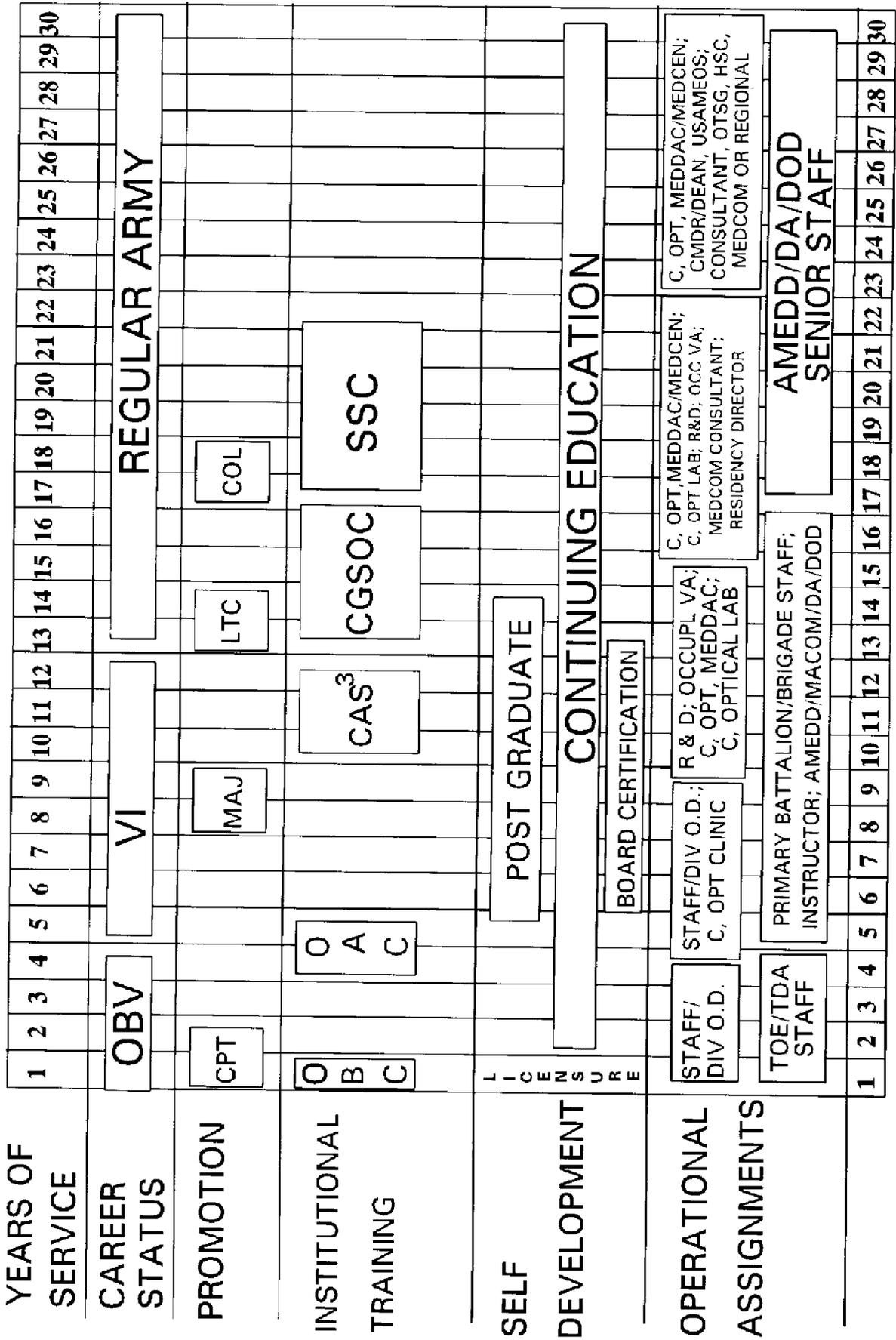


Figure 7-23. Medical Service Corps life cycle model—optometry

LIFE CYCLE MODEL

MEDICAL SERVICE CORPS

AOC 67G00 - Podiatry

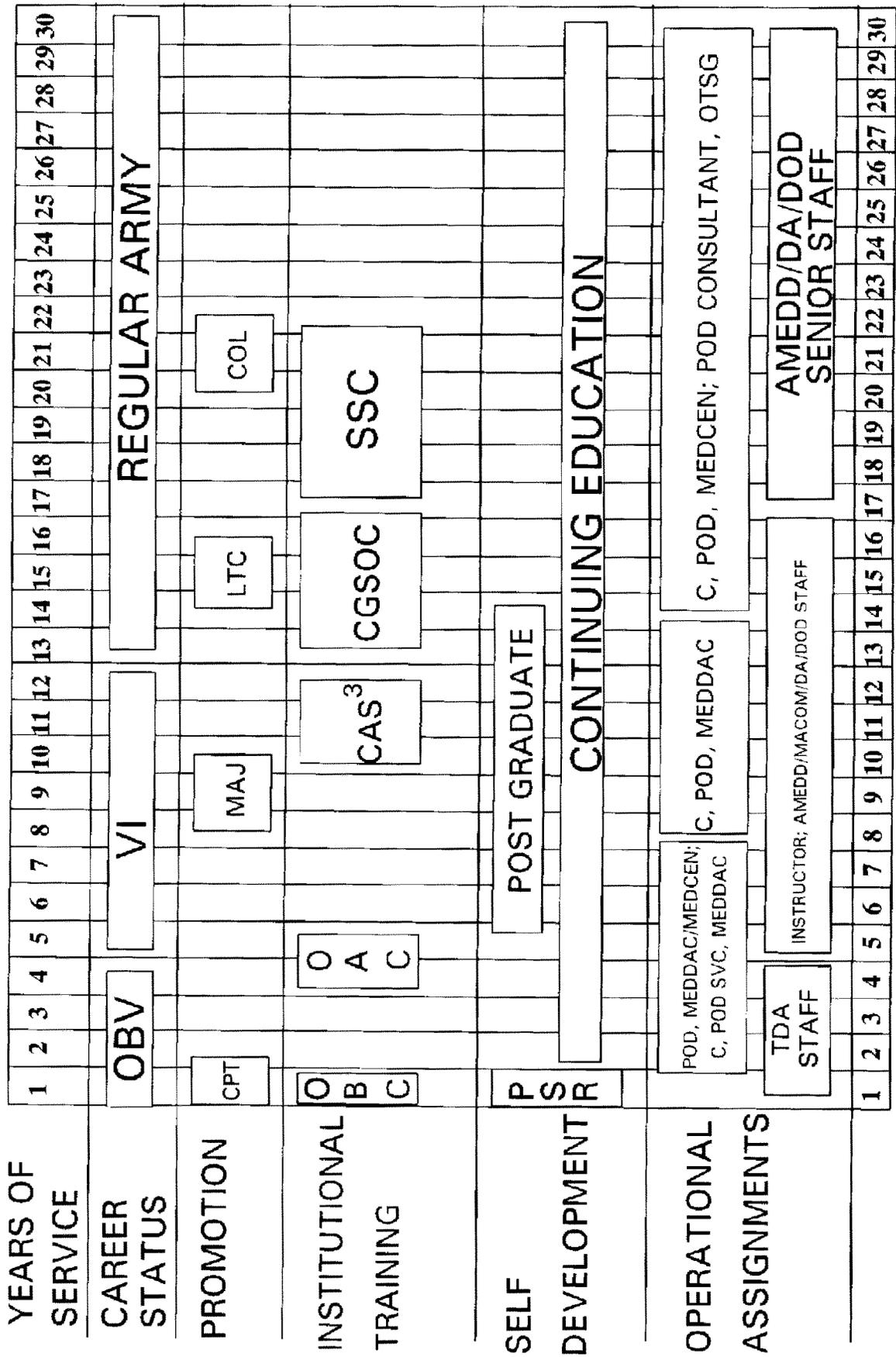


Figure 7-24. Medical Service Corps life cycle model—podiatry

LIFE CYCLE MODEL

MEDICAL SERVICE CORPS

AOC 67J00 - Aeromedical Evacuation

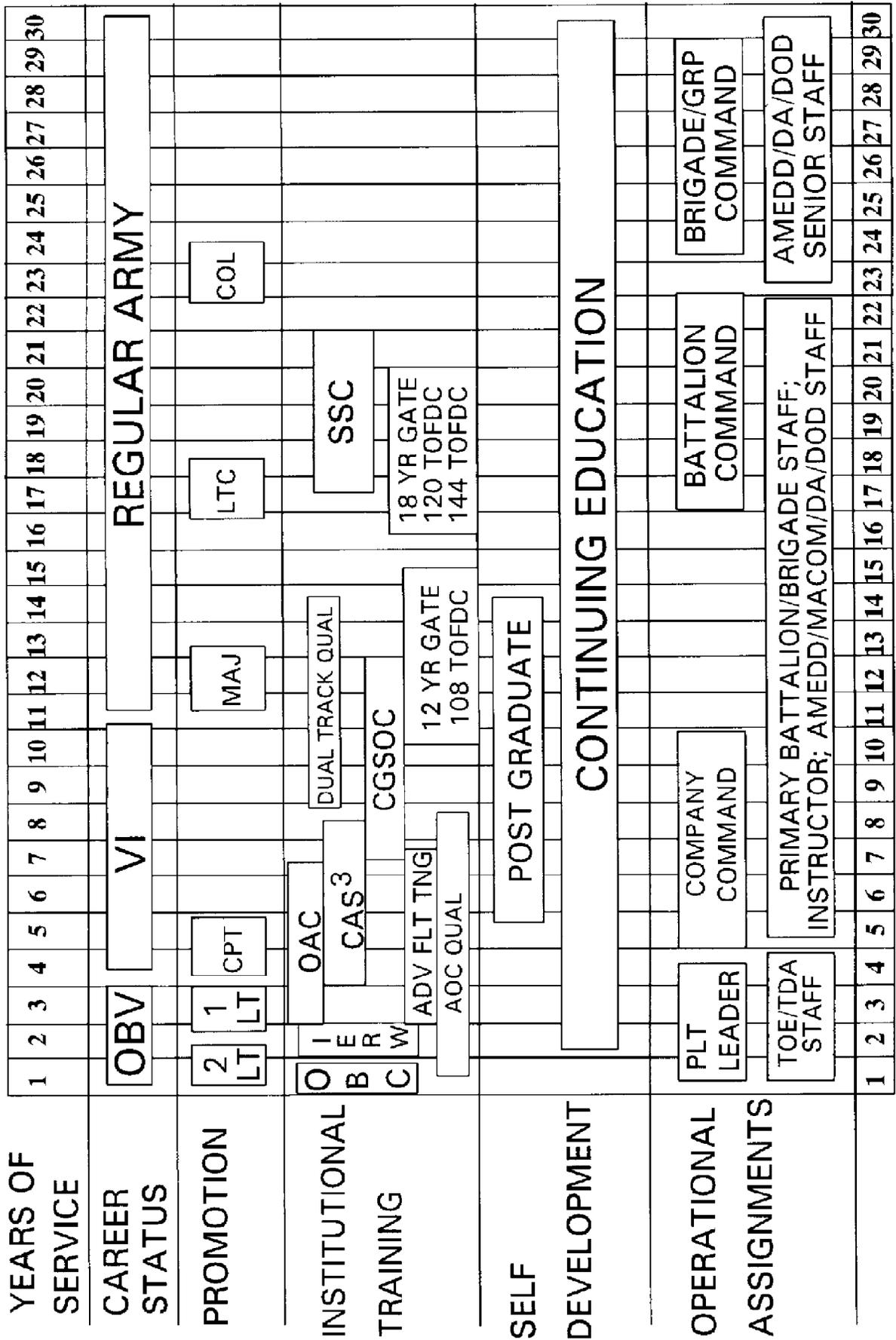


Figure 7-25. Medical Service Corps life cycle model—aeromedical evacuation

LIFE CYCLE MODEL

MEDICAL SERVICE CORPS

RESERVE COMPONENTS - DUE COURSE OFFICERS

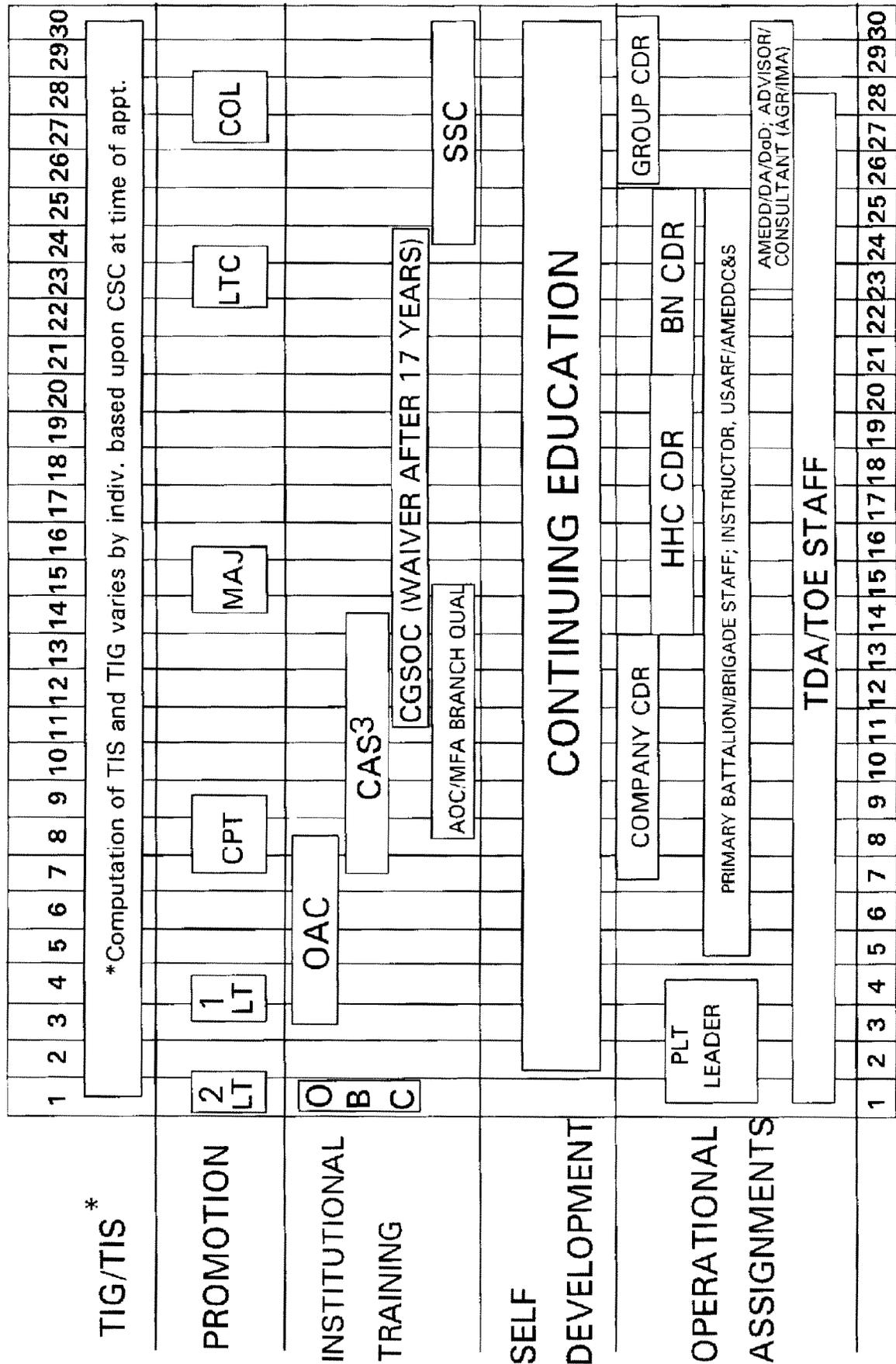


Figure 7-26. Medical Service Corps life cycle model—Reserve Components—due course officers

LIFE CYCLE MODEL

MEDICAL SERVICE CORPS

MOS 670A - Health Service Maintenance Technician (HSMT)

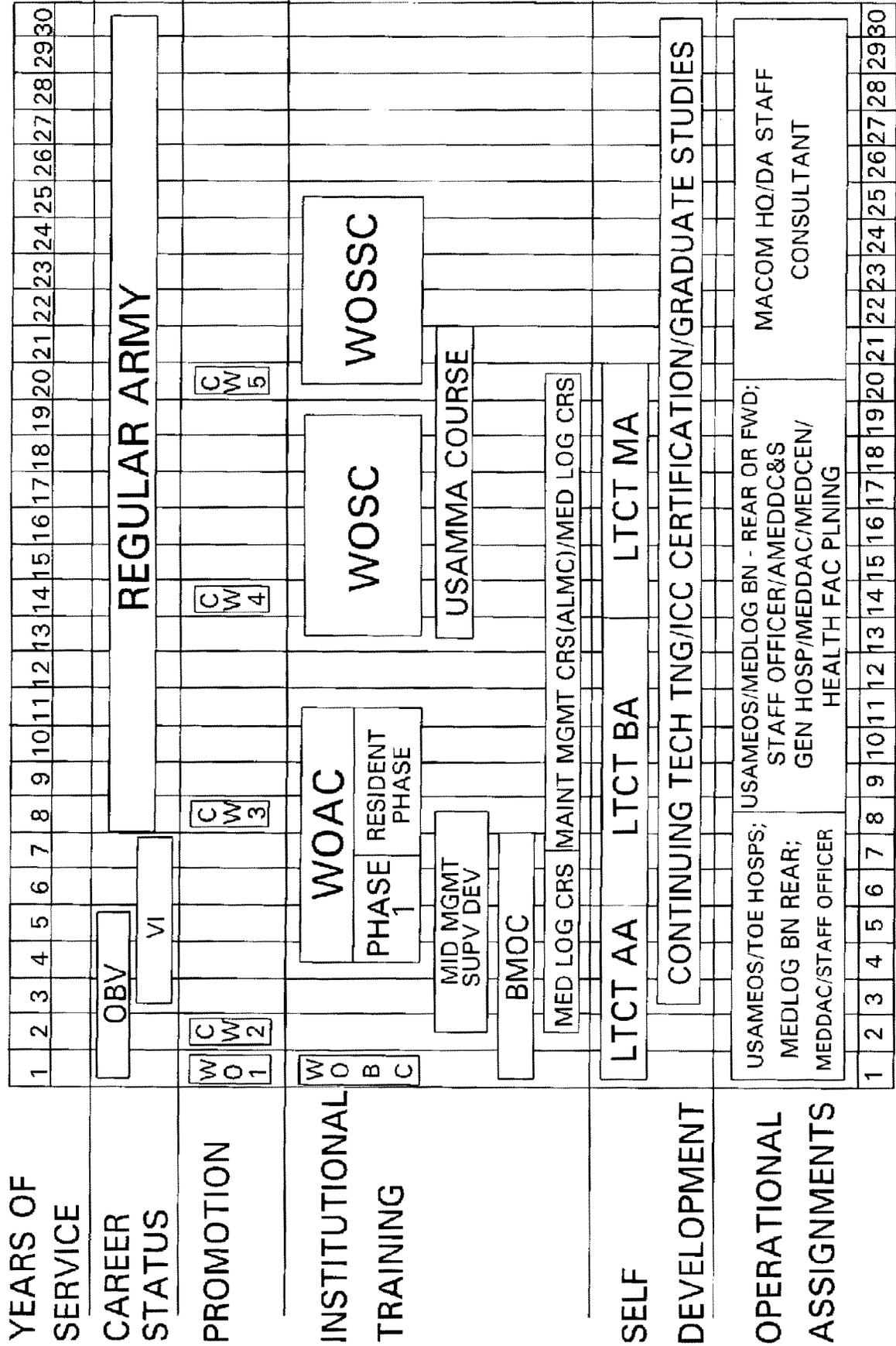


Figure 7-28. Medical Service Corps life cycle model—health services maintenance technician (MOS 670A)

Chapter 8 Army Medical Specialist Corps

8-1. Description of the Army Medical Specialist Corps

a. The SP is a special branch of the AMEDD of the U.S. Army. The SP is composed of commissioned officers of four professional AOCs comprising four distinct sections: the Occupational Therapist (OT) Section, the Physical Therapist (PT) Section, the Dietitian Section, and the Physician Assistant (PA) Section. The primary function of the SP is to provide the OT, PT, dietetic, and PA services required to accomplish the AMEDD mission and satisfy the requirements of the Army during war, military operations short of war, and peace. Careers are planned and developed based on operational requirements so that each officer has the opportunity to increase professional and military capabilities according to individual potential. This is accomplished through professional and military training/education aimed at increasing the officer's abilities and preparing the officer for positions of progressively increasing responsibility in various operational environments. Career progression provides an opportunity for SP officers to be involved, either concurrently or sequentially, in more than one aspect of Army health care: direct clinical care; direct operational support; research, education, and training; health promotion and prevention of disease and injury; or executive management and leadership. Not all such opportunities may be available to RC SP officers.

b. This chapter outlines the basic professional development of officers in this Corps. Regardless of the AMEDD Corps and professional identity, all officers have in common a dual obligation: their responsibilities as professional military officers and their role in the health care delivery system.

c. The basic professional qualifications of an SP officer are:

- (1) Baccalaureate level of education.
- (2) Graduation from an accredited curriculum acceptable to DA in one of four AOCs.

8-2. Army Medical Specialist Corps life cycle models

Professional development patterns and typical progression for SP officers appear in the life cycle model. See figures 8-1 through 8-3.

a. The life cycle model is to be considered as a guide, and not every officer's career pattern will coincide exactly with it. The requirements of the AMEDD in accomplishing its mission are considered first in any assignment; but aside from that, the career development of the individual officer is planned and pursued so that the needs of the Service and the individual are met to the maximum extent possible.

b. Assignments of SP officers to professional and related duties are made by the SP Branch, Health Services Division, PERSCOM, in coordination with the SP Section Chief, OTSG, and USAMEDCOM consultants, and, for key positions, with the concurrence of the Corps Chief. The PMO at ARPERCEN and MILPO at GUARDPERCEN are involved as required for RC personnel. Assignments are by grade and AOC under constraint of current DA policies.

8-3. Army Medical Specialist Corps commissioned officer leader development phases

a. *General.*

(1) The overall professional objectives of the SP are to—

(a) Provide highly motivated and qualified officers who operate and manage programs in OT, PT, dietetics, and PA related areas to support the AMEDD mission worldwide.

(b) Develop and maintain qualified officers with the leadership, professional expertise and management skills necessary to fill positions of the highest responsibility within the AMEDD.

(c) Foster each officer's inherent skills, aptitudes, interest, and accumulated knowledge to advance individual proficiency and productivity.

(2) To meet these objectives, advanced educational opportunities and comprehensive professional experiences are available to SP

officers in research, education, practice, supervision, administration, and the field environment. Each active duty officer may pursue postgraduate education in areas of individual interest in keeping with the validated education requirements of the AMEDD. Selected officers of all components may attend professional short courses, Active Army military and civilian graduate education programs (U.S. Army—Baylor University Program in Health Care Administration, U.S. Army—University of Oklahoma PA Occupational Health Program, Perfusionist, Orthopedics, etc.). Military education opportunities include the AMEDD OBC, the AMEDD OAC, CAS³, CGSOC, and SSC.

(3) Responsibility for professional development rests primarily with the individual officer. This responsibility includes, but is not limited to, the following:

- (a) Analysis and communication of personal career goals.
- (b) Maximum utilization of each assignment as a learning experience to enhance professional and leadership capabilities.
- (c) Knowledge of current personnel management and professional development policies and procedures.
- (d) Knowledge of available educational opportunities.
- (e) Commitment to maintain the currency of personnel management records.
- (f) Advancement of military and civilian education.
- (g) Knowledge of AMEDD operational concepts in a theater of operations.

b. *Active Army.* There are four phases of professional development (initial, intermediate, advanced, and senior executive) which are relatively distinct with regard to assignment and educational opportunities, responsibilities, and contribution. Each phase denotes a progression of military education and professional training opportunities. Regardless of AOC, certain commonalities exist in the SP officer's development pattern during each of these phases. As officers progress through these phases, they develop the basic professional skills of their AOC. 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.

(1) *Initial phase—lieutenant/captain.*

(a) This phase encompasses basic military training and professional development which extends from the date an officer is commissioned until the end of the initial obligation, normally 3 to 5 years.

(b) 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 Army organization, staffing, administration, and AMEDD relationships with other Army and DOD elements. They develop entry level skills and qualify for examinations leading to national/State certification/licensure/registration in their AOC.

(c) Officers of the SP begin their Army careers by attending the AMEDD OBC. Following completion of this course, officers who have previously qualified in their respective AOCs are assigned to an MTF, preferably a large CONUS based facility, to ensure at least 1 year of supervised experience. This first assignment affords them the opportunity to work with a variety of patients and participate in various professional activities typical of Army installations. Similar assignments await those officers who complete one of the four qualifying courses: the OT Internship conducted at Walter Reed Army Medical Center (WRAMC), U.S. Army—Baylor University Graduate Program in PT conducted at the AMEDDC&S, the Dietetic Internship conducted at Brooke Army Medical Center (BAMC) and WRAMC, or the U.S. Army—University of Texas Health Sciences Center at San Antonio PA Program.

(d) The majority of PAs, who have 6 to 8 years of enlisted service before attendance at the PA Training Program or are directly appointed as a result of civilian training and experience, are initially assigned to battalion aid stations in maneuver units, medical companies in forward support battalions, or main support battalions at division level in CONUS, Europe, Korea, or Panama. The initial

assignment is ordinarily followed by one requiring less supervision and greater responsibility.

(e) During the initial phase, officers may attend short courses to increase their value to the Army and to acquire skills and knowledge consistent with new responsibilities.

(f) During this initial phase the SP officer—

1. Performs clinical and military duties in a responsible and proficient manner commensurate with his/her level of experience and education.

2. Demonstrates desire for professional growth through supplementing basic professional knowledge with CME and active participation in professional organizations.

3. Recognizes his/her obligations, duties, responsibilities, and privileges as a member of the AMEDD and an officer in the U.S. Army.

4. Functions effectively as a member of the AMEDD and develops competence in all required professional roles.

5. Understands the roles and missions of the SP AOCs and their relationship to those of the AMEDD and the Army.

6. Acknowledges the importance of research in the professional growth of an SP officer. This would include the ability to objectively review the literature, identify clinical problems, participate in the research process, and apply the results of research studies to clinical practice.

7. Serves as an advocate for the Army Health Promotion Program in support of the health readiness and physical fitness of the Total Force: active, reserve, dependents, and retirees.

8. Assists in the marketing of SP AOCs to other health care providers and to consumers within the military community.

9. Develops an understanding of the duties and responsibilities inherent in maintaining a state of military readiness and the role of the RCs during mobilization.

(2) *Intermediate phase—captain/major.*

(a) This is a period of education and professional development which extends from the third or fourth year of service through the twelfth year of service.

(b) The primary objective of this phase is to gain a series of professional and educational experiences which enhance the basic skills acquired during the initial phase.

(c) The experiences gained in the initial phase prepare officers for more specialized positions, such as teaching, research, or as a staff officer. Duty performance during this phase affords ample opportunity for the officer to demonstrate potential for future assignments of increased responsibility. Assignment options during this phase include: SP Procurement Counselor; Instructor; Assistant to Chief, SP Branch, Health Sciences Division, PERSCOM, and Assistant to Chief, SP. During this period, officers are encouraged to continue their pursuit of both military (that is, the AMEDD OAC and CAS³) and graduate education. All officers are required to attend resident OAC and to complete CAS³, Phase I (correspondence) and are strongly encouraged to attend CAS³, Phase II (residence). Officers in the ranks of captain (P) and major will be considered by a board for attendance at the resident CGSOC. However, the limited number of CGSOC resident quotas necessitates that the majority of SP officers attend the nonresident CGSOC. All officers are encouraged to attend the C⁴ and to compete for the EFMB.

(d) During the intermediate phase, the SP officer—

1. Performs military and clinical duties in positions of increased responsibility in keeping with experience, education, and assignments.

2. Assumes responsibility and accountability for clinical practice using a variety of delivery systems.

3. Develops and applies teaching, supervisory, research, management, leadership, and administrative skills.

4. Promotes the development of junior SP officers, enlisted personnel, and civilian staff.

5. Participates in the research process.

6. Markets the SP to other health care providers, commanders, and beneficiaries of the health care system.

7. Develops and applies a working knowledge of personnel management, manpower, contracting, budgeting, and materiel procurement policies and practices.

8. Expands knowledge of mobilization and readiness doctrine, medical force requirements, and capabilities.

9. Expands knowledge of the organization of the AMEDD, the U.S. Army, and DOD.

(3) *Advanced phase—major/lieutenant colonel.*

(a) This period culminates career planning and developmental activities. It extends from approximately the thirteenth year to the twentieth year of service.

(b) The officer's primary objective during this phase is to serve in higher level professional and staff positions. Officers are expected to provide leadership in key DA and DOD assignments, contribute to the advancement of their profession through research and publications, and participate in national professional organizations. Education during this phase contributes to the development of senior managerial and professional skills.

(c) By the time officers of the SP reach the thirteenth year of their Army career, they may assume the responsibilities for positions such as Division, Section, or Assistant Chief in a large MEDDAC or smaller MEDCEN, director of educational programs, clinical researcher, and serve in a key leadership position. During this phase some of the assignment opportunities available are: Chief of SP Procurement; Personnel Proponent Staff Officer; Assistant to the Chief, SP Branch, Health Services Division, PERSCOM; SP Staff Officer, Community and Family Support Center; and SP Staff Officer with the Directorate of Combat Developments. PAs may assume responsibilities as senior fellows in a specialty (Emergency Medicine, Orthopedics, Occupational Health, Perfusion, or Aviation Medicine), or as senior PAs in a division/corps. Other PA positions include senior PA in a respective specialty, instructor, and commander/OIC of a clinic. Officers will be considered for the AMEDD "A" Professional Designator during this phase.

(d) During this advanced phase, the SP officer—

1. Plans, executes, and evaluates specialty care and coordinates specialty services with other health care providers.

2. Develops innovative programs in specialty practice, education, research, and administration.

3. Participates on multidisciplinary boards and committees designed to foster the health of the military community.

4. Represents the Army/AMEDD at local, regional, and national meetings.

5. Supervises and mentors subordinate personnel in a manner which optimizes the quality and quantity of health care provided.

6. Designs, conducts, and/or participates in specialty or related research.

7. Expands knowledge of mobilization doctrine, requirements, and capabilities.

8. Expands and applies a thorough knowledge of personnel management, manpower, contracting, budgeting, and materiel procurement policies and practices.

(4) *Senior executive phase—lieutenant colonel/colonel.*

(a) This is the phase during which senior SP officers are selected for utilization in areas of maximum responsibility. It extends from the twenty-first through the thirtieth year.

(b) The primary objective of this phase is to assure maximum utilization of the officer's acquired professional and military abilities to include clinical expertise, managerial and leadership skills, and executive talent in positions of great responsibility.

(c) The majority serve as the chief of a division or section at a MEDCEN or as a consultant within MACOMs. Those who have demonstrated outstanding professional and supervisory qualifications may also be called upon to serve in key leadership positions related to their AOC. Some officers may be considered for Corps IM assignments within the AMEDD. Officers meeting the prerequisites are also considered for attendance at an SSC or for participation in the AWCCSC. Officers will be considered for the AMEDD "A" professional designator during this phase.

(d) During the senior executive phase, the SP officer—

1. Advises and consults on all matters pertaining to his/her AOC.

2. Plans, executes, and evaluates specialty health care and practice as an expert practitioner, senior mentor, and role model.

3. Contributes to the local, national, and international professional organization efforts.

4. Functions as a senior staff officer responsible for the health care delivery system to optimize the utilization of specialty services to eligible beneficiaries.

5. Defines, designs, and facilitates the implementation of specialty care systems and establishes appropriate professional technologies, processes, policies, and standards.

6. Coordinates specialty services with representatives of other health care professions and members of the military and civilian community.

7. Facilitates and/or conducts research.

(5) *Positions.* Key leader positions, identified in paragraph 8-4, represent the type of positions which an SP officer can expect to have the opportunity to fill during his/her career. SP officers must direct their development toward these positions and ensure that during the early phases of development they acquire the prerequisite SKAs to perform in them.

e. RCs.

(1) *General.* Although the overall professional objectives and responsibility for professional development detailed for Active Army officers apply to all AMEDD SP officers, timing of professional development within the initial, intermediate, advanced and senior executive phases differs for RC SP officers.

(2) *SP leader development phases(RC).* Phases representing a progression of military education and professional training opportunities vary by component. AGR officers closely follow the timing in the phases of Active Army SP officers; other SP officers in the RC progress as described below.

(a) *Initial phase—lieutenant/captain.* SP officers in the RC are required to attend OBC; OAC is encouraged, but not required. Promotion to captain occurs in accordance with AR 135–155, NGR 600–100, and other applicable Army policies and regulations. Select IMA PAs are encouraged to attend the Deployment Medicine Course. Officers are encouraged to attend the C⁴ and compete for the EFMB. IMA PAs may be assigned to CONUS MTFs.

(b) *Intermediate phase—captain/major.* SP officers in the RC may apply to attend CAS³ and the CGSOC during this phase of leader development. Promotion to major occurs during this phase in accordance with AR 135–155, NGR 600–100 and other applicable Army policies and regulations.

(c) *Advanced phase—major/lieutenant colonel.* RC SP officers meeting the minimum requirements may apply for consideration to attend SSC and AWCCSC during this phase. Those officers not completing the CGSOC in the previous phase may have the opportunity to attend in this phase. Promotion to lieutenant colonel occurs during this phase in accordance with AR 135–155, NGR 600–100, and other applicable regulations. RC SP officers may attend C⁴ during this phase of leader development.

(d) *Senior executive—lieutenant colonel/colonel.* RC SP officers meeting the qualifications may apply for consideration to attend SSC and AWCCSC during this phase, based on the military education obtained in the previous phase of leader development. Some IMA SP officers may apply for the position of Assistant Chief, SP (IMA).

8-4. Army Medical Specialist Corps areas of concentration

Officers are appointed in the SP as occupational therapists, physical therapists, dietitians, or PAs and they maintain that professional identity throughout their military careers. SP AOCs are listed in table 8-1. Detailed descriptions of the duties of these officers appear in AR 611–101 and are summarized below.

a. AOC 65A—Occupational Therapist.

(1) *Description of duties.* Except as AR 40–48 applies, plans and supervises OT programs in medical settings, the broader health care community, and the field environment. Ordinarily, provides services upon referral from physicians and other health care providers (for

example, registered nurses, optometrists, psychologists, physical therapists, PAs). The occupational therapist helps soldiers and their dependents develop, maintain, and/or restore healthy lifestyles in order to prevent disease, restore function, and/or compensate for dysfunction in the psychosocial, physical, and developmental areas. However, AR 40–48 describes specific instances in which the occupational therapist may provide primary care. AR 40–216 describes the functions of occupational therapists in deployment. Primarily, occupational therapists serve in combat stress control units generally attached to Division Mental Health.

(2) *Description of positions.* Key leadership positions are: Chief, Occupational Therapist Section, SP; OT Consultant, MACOM/MEDCOM; Chief, OT Section, MEDDAC/MEDCEN; Director, OT Internship Program; Director, 91L Program, AMEDDC&S.

(3) *Qualifications.*

(a) Possess baccalaureate or advanced degree awarded by an academic facility with an accredited curriculum in OT including field work experience (internship) acceptable to DA. Exceptions may be granted for those individuals whose internship is required for the awarding of the baccalaureate degree.

(b) Must be certified by the American Occupational Therapy Certification Board.

b. AOC 65B—Physical Therapist.

(1) *Description of duties.* Plans and supervises PT programs through patient self-referral or referral from a medical or dental officer or other health professionals in medical settings, the broader health care community, and the field environment. Also serves as an independent practitioner and physician extender, evaluating, managing, and providing treatment to patients with neuromusculoskeletal disorders. Serves as consultant to commanders and the military community, providing guidance within the areas of physical fitness, physical training, and injury prevention.

(2) *Description of positions.* Key leadership positions are: Chief, Physical Therapist Section, SP; PT Consultant, MACOM/MEDCOM; Chief, PT Section, MEDDAC/MEDCEN; Director, U.S. Army—Baylor University Graduate Program in PT, AMEDDC&S; Director, 91J Program, AMEDDC&S.

(3) *Qualifications.*

(a) Possess a baccalaureate or advanced degree from an accredited institution which has included a PT education program acceptable to DA. Exceptions may be made when special needs of the Army exist. If a graduate of the Army Physical Therapy Program is awarded a certificate instead of a master's degree, the officer will not be extended beyond initial obligation unless he/she has obtained a master's degree.

(b) Must possess a current State license for PT.

c. AOC 65C—Dietitian.

(1) *Description of duties.* Formulates policies and develops procedures for operation and improvement of hospital nutrition care services both in fixed and field hospitals, supervises operation at nutrition care facilities of AMEDD installations, assumes an active role in the dietary management and nutrition assessment of patients, develops nutrition education programs, and serves as dietetic consultant. The dietitian implements the nutrition component of Army programs to include health promotion and disease prevention, child development services, and weight control; and serves as an advisor on matters having an impact on the nutrition of soldiers in different environments and related aspects of troop feeding.

(2) *Description of positions.* Key leadership positions are: Chief, Dietitian Section, SP; Dietetic Consultant, MACOM/MEDCOM; Chief, Nutrition Care, MEDDAC/MEDCEN; Director, Internship Program, BAMC/WRAMC; Director, 91M Program, AMEDDC&S; Staff Officer, Defense Medical Information System; Dietetic Staff Officer, Project Management Branch; Staff Officer, Health Professional Support Agency (HPSA); Chief, Clinical Dietetics/Production and Services Branch, MEDDAC/MEDCEN.

(3) *Qualifications.*

(a) Possess a baccalaureate degree with major in either foods and nutrition/dietetics or institution management from college or university acceptable to DA.

(b) Have completed a dietetic internship acceptable to DA.

(c) Possess baccalaureate degree in coordinated undergraduate program or master's degree in dietetics/nutrition from a college or university acceptable to DA.

(d) Must be a Registered Dietitian.

d. AOC 65D—Physician Assistant.

(1) *Description of duties.* Plans, organizes, performs, supervises troop medical care at Levels I and II; directs services, teaches, and trains enlisted medics; performs as medical 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; prescribes courses of treatment and medication when required, and consistent with his/her capabilities and privileges. Provides specialized care in orthopedics, emergency medicine, occupational health, cardiac perfusion, and aviation medicine. Assigned to special operation units providing routine and emergency care. 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, MACOM/MEDCOM, and DA levels, advising the surgeon of the respective command and the commander on medical matters.

(2) *Description of positions.* Key leadership positions are: Chief, PA Section, SP; PA Consultant, MACOM/MEDCOM; Deputy Chief, Community Medicine, MEDCEN; Director, U.S. Army—University of Oklahoma PA Training Program, AMEDDC&S; PA Career Planning Officer, PERSCOM; Corps/Division Senior PA.

(3) *Qualifications.*

(a) Possess BA or BS degree.

(b) Possess current national certification by the National Commission on Certification of Physician Assistants.

(c) Graduate from the Committee on Allied Health Education and Accreditation Program.

(d) Meet standards of AR 135–100 and AR 135–101.

8–5. Immaterial positions

SP IM positions are: Corps Chief; Chief and Assistant to Chief SP Branch, Health Services Division, PERSCOM; U.S. Army Forces Command (FORSCOM) Staff Officer; Administrative Assistant to

Chief, SP; Staff Officer, Directorate of Combat Developments, AMEDDC&S; Staff Officer, AMEDD Personnel Proponent Directorate, AMEDDC&S; Chief, SP Division, AMEDDC&S; Operations Officer, SP Division, AMEDDC&S; Chief, SP/VC Education Branch, AMEDDC&S; Chief, SP Procurement, AMEDD Officer Procurement Division, HPSA; and IMAs to these positions, where same are required and authorized.

8–6. Skills

a. *Proficiency designators.* Proficiency designators may be designated in conjunction with the AOC which indicates the officer's degree of proficiency in that particular AOC. Refer to AR 611–101 for a description of skills and their prerequisites.

b. *Medical related skills.*

(1) *Medical proficiency 9A.* Determined by TSGs Classification Board on an individual basis. All AOCs.

(2) *Medical proficiency 9B.* All AOCs.

(3) *Medical proficiency 7H.* Upper Extremity Musculoskeletal Evolution. For use with OT (65A) AOC only.

(4) *Medical proficiency 8I.* Clinical Nutrition Specialist. For use with Hospital Dietitian (65C) AOC only.

(5) *Medical proficiency 8Z.* Medical Research, Development, Test, and Evaluation. All AOCs.

(6) *Medical proficiency M1.* Orthopedic PA (65D) AOC only.

(7) *Medical proficiency M2.* Emergency Medicine PA (65D) AOC only.

(8) *Medical proficiency M3.* Aviation Medicine PA (65D) AOC only.

Table 8–1
Army Medical Specialist Corps areas of concentration

AOC	Title
65A	Occupational Therapist
65B	Physical Therapist
65C	Dietitian
65D	Physician Assistant

LIFE CYCLE MODEL

ARMY MEDICAL SPECIALIST CORPS

ACTIVE ARMY PERSONNEL

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		
YEARS OF SERVICE																																
CAREER STATUS	OBV		VI														REGULAR ARMY															
PROMOTION	1 L T		CPT		MAJ			LTC			COL																					
INSTITUTIONAL TRAINING	O B C		C4 O A C		C A S ³ P H I *		EFMB			CGSOC					SSC																	
SELF DEVELOPMENT/ PROFESSIONAL TRAINING							POST GRAD EDUCATION			CONTINUING MEDICAL EDUCATION																						
	LIC REG CERT						ADDITIONAL SKILL IDENTIFIERS			B PREFIX					A PREFIX																	
OPERATIONAL ASSIGNMENTS							TDA/TOE STAFF			MEDCOM/MACOM AMEDDC&S OTSG					MACOM MEDCOM CHIEF, SP; SECTION CHIEF, SP; SP CAREER MGR, PERSCOM					AMEDDC&S												
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		

*CAS³, Phase II (resident) is required for officers prior to attending CGSOC resident option.

Figure 8-1. Army Medical Specialist Corps life cycle model—Active Army

LIFE CYCLE MODEL

ARMY MEDICAL SPECIALIST CORPS

PHYSICIAN ASSISTANTS

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	
YEARS OF SERVICE																																	
YEARS OF COMMISSIONED SERVICE																																	
CAREER STATUS																																	
RANK	PVT	PVT	PFC	SP4	SP5	SP6	SSG																										
PROMOTION																																	
MILITARY																																	
EDUCATION																																	
PROFESSIONAL EDUCATION																																	
OPERATIONAL ASSIGNMENTS																																	

Figure 8-3. Army Medical Specialist Corps life cycle model—physician assistants

1. Career progression based on minimum accession requirements.
2. Indicates OTRA Officer. RA Officers eligible beyond this time frame.

Chapter 9 Army Nurse Corps

9-1. Description of the Army Nurse Corps

a. The AN is a special branch of the Army composed of Active Army and non Active Army commissioned officers who are graduates of an accredited nursing program acceptable to DA and hold a current State license to practice professional nursing as registered nurses. AN officers integrate all components of nursing: clinical, administration, research, and education. Clinical nursing practice, however, is the foundation for nursing administration, research, and education. AN officers are responsible for all facets of nursing related to the planning, delivery, management, operation, control, coordination, and evaluation of all nursing practice in all categories of the health care mission.

b. The mission of the AN is to provide nursing leadership and quality nursing services in peace and in any contingency operation within a professional military system and in support of the mission of the AMEDD. To meet the readiness mission, the AN is responsible and accountable for the provision of patient care and the supervision, direction, education and training, evaluation and control of AN officers, enlisted personnel, and civilians engaged in nursing practice. The AN also makes recommendations and plays a vital role concerning policies, programs, and operations of health care activities.

c. The overall scope of professional military nursing practice encompasses the following areas:

(1) Directing and providing care in all environments: peace, humanitarianism, mobilization and deployment, war, nation building assistance, and other contingencies.

(2) Utilizing the nursing process; developing plans of care through assessing, diagnosing within nursing's scope of practice, planning, implementing, and evaluating.

(3) Incorporating a scientific knowledge base, including physiology, pathophysiology and psychosocial effects of disease, illness, and combat casualties.

(4) Developing, applying, and evaluating standards of care, practice, and performance.

(5) Exercising nursing judgment in clinical decision-making; using sound ethical and moral basis for decision-making.

(6) Initiating emergency care based on professional knowledge, judgment, and skills; ensuring a safe patient care environment.

(7) Creating a therapeutic environment for the physiological, psychological, social, cultural and spiritual well-being of patients, families, and health care providers; recognizing the disruptive effects of illness and hospitalization on the patient and family; identifying stressors and coping strategies for patients and families.

(8) Promoting respect for patient rights; maintaining confidentiality and providing privacy at all times.

(9) Collaborating and coordinating with other health care providers in patient care management, making referrals to other health agencies and disciplines as appropriate; ensuring nursing support of the medical plan of care, participating in diagnostic procedures and therapeutic regimens.

(10) Directing and/or participating in the clinical process of case management (assessing, educating, planning, and delivering appropriate direct care as necessary) with the expected outcomes of improved patient outcomes, improved access to care, and reduced cost.

(11) Documenting nursing care, patient management, and acuity data in accordance with regulations and policies.

(12) Initiating, conducting, participating in, or applying research relevant to nursing practice.

(13) Participating in quality improvement/risk management program development, implementation, and evaluation.

(14) Educating self, staff, soldiers, patients, families, and other beneficiaries; providing anticipatory guidance concerning health and health care needs.

(15) Promoting wellness and disease prevention among soldiers, patients, families, colleagues, and subordinates.

(16) Communicating effectively in the military and health care environments.

(17) Providing guidance and supervision to professional colleagues and nursing support staff for their professional growth and job satisfaction.

(18) Evaluating self, staff, and nursing care comprehensively and without bias.

(19) Participating in professional organization activities; interfacing with and contributing to the local, national, and/or international nursing community.

(20) Keeping informed of political, military, economic, social, and technological changes, particularly those that affect nursing and health care.

9-2. Army Nurse Corps life cycle model

The life cycle model identifies years in service and benchmarks for career status, promotions, and institutional training. The model also provides guidance about self-development opportunities and types of operational assignments available to AN officers. Figures 9-1 and 9-2 depict the life cycle models for the Active Army and the RCs.

a. Career status/promotion.

(1) *Due course officer.* The due course officer is defined as an officer in a particular pay grade whose date of rank (DOR) in that grade falls within a specified period, who entered the Army as a second lieutenant and was promoted to each successive rank at a normal interval, that is, no promotion passover or accelerated (below the zone) promotion. The Active Army due course officer progresses through Obligated Volunteer (OBV), VI, and/or RA career status. Promotion eligibility is based on year group.

(2) *Non-due course officer.* The non-due course officer is defined as an officer in a particular pay grade whose DOR in that grade falls within a specified period, who entered the Army with constructive credit for civilian or prior military experience and received promotions within the normal promotion interval, or who received promotion from above or below the promotion zone. The life cycle model benchmarks must be considered and adapted as applicable to the non-due course officer depending upon years of service, career status, rank, and current DA policies and regulations.

b. *Institutional training.* Institutional training for AN officers is anchored in both military education courses (for example, AMEDD OAC) and professional education programs acquired through the Federal service, AMEDD, or advanced civilian degree programs (for example, LTHET for Active Army officers and the New STRAP for USAR officers).

(1) *Military education.* Military education courses facilitate the development of military leadership skills. These courses include the AMEDD OBC, AMEDD OAC, CAS³, CGSOC, and SSC.

(2) Professional education.

(a) *Clinical specialty education.* Formal courses designed to prepare selected AN officers to function in specific clinical nursing AOC/skills are conducted by the AMEDDC&S at various AMEDD facilities. These courses are: Psychiatric/Mental Health Nursing, Pediatric Nursing, Perioperative Nursing, Obstetrical and Gynecological Nursing, Principles of Military Preventive Medicine (Community Health Nursing), Critical Care Nursing, and Renal Dialysis Nurse Education. These courses are generally available only to Active Army nurses. However, the New STRAP authorizes training for RC officers in civilian institutions which support the award of certain AOCs and skills (for example, medical/surgical nursing, perioperative nursing, adult critical care). RC nurse 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 of resources which contribute to the nursing care and nursing service provided by AN officers. The PPSCP enhances specialized nursing practice and contributes to issue analysis and policy development for the AN. Examples of PPSCP courses are: AN Executive Leaders' Course, Current Issues

in Specialized Nursing Practice, Advanced Nursing Anesthesia Practice, and Phyllis J. Verhonick Nursing Research. Opportunities are available for AN officers to attend selected 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, and Medical Effects of Nuclear Weapons.

(c) *Leadership and management development.* Courses for leadership and management development include Clinical Head Nurse, Principles of Advanced Nursing Administration, and Preventive Medicine Program Management Courses; Advanced Management Training; and Interagency Institute for Federal Health Care Executives.

(d) *Civilian education.* LTHET, described in AR 351-3, provides for attendance of Active Army AN officers at civilian educational institutions for master's or doctoral degree programs, the U.S. Army—Baylor University Program in Health Care Administration, or the U.S. Army—University of Texas, Health Science Center—Houston Program in Anesthesia Nursing.

c. *Self-development.* The career of an AN officer requires a life-long 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 AN officer self-development: CE, certification, and professional organization participation.

(1) *CE.* 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. CHE 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. For some AN officers licensed by specific States, CE is mandatory to maintain licensure. The AN encourages all AN officers to achieve 20 contact hours of CE per year. Professional nursing and military literature also 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 AN officers. (Nurse Anesthetists and Nurse Midwives do require certification to meet AOC/skill classification criteria and to practice those particular specialty areas.) Certification is encouraged and provides an opportunity for ongoing self-development in a particular nursing specialty.

(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 AN 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.

d. *Operational assignments.*

(1) AN officer operational assignments are designed to be progressive and sequential. There are many types of assignment opportunities available to AN officers, some of which are identified in figures 9-1 and 9-2. From the numerous opportunities, assignments are predicated on an officer's abilities, education, previous experiences, and needs of the AN. 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 nursing practice is the clinical component.

(2) The AN AOCs identify the specialties of nursing practice within which AN officers function. However, AN officers must also perform generalist functions inherent in the role of an AN officer. Application of clinical practice, administration, research, education,

and officer leadership principles must be inherent and progressively developed in the Army operational assignments through the four phases of career development. The AN officer must be broadly trained and as widely qualified as possible to ensure maximum flexibility for readiness in assignment and utilization.

(3) RC AN officers are assigned dependent upon control groups and missions of their organizations (troop program unit (TPU), IMA, IRR, or AGR).

9-3. Army Nurse Corps commissioned officer leader development phases

a. *General.* The AN officer progresses through four phases of development: initial, intermediate, advanced, and senior executive phases which include both nursing and military milestones. These phases depict assignment opportunities that can be expected during each phase and illustrate a progression of military education and professional training opportunities. Each phase is flexible and has certain broad objectives because the actual course of an officer's professional development and utilization will be influenced by Army requirements, the officer's own abilities, and demonstrated performance.

b. *Overall goals.* The overall goals for AN officer career development are to—

(1) Facilitate maximum development and utilization of AN officers' inherent abilities, aptitudes, acquired skills, and accumulated knowledge.

(2) Prepare AN officers to meet the unique requirements of military nursing.

(3) Develop AN officers capable of providing leadership in positions of responsibility within the organizational structure.

(4) Promote and maintain a highly competent officer corps to ensure nursing services that are efficient, effective, and capable of rapidly expanding to meet any emergency faced by the AMEDD.

c. *Individual responsibilities.* AN officers also have responsibility for their career development. This responsibility can be met by—

(1) Examination and communication of abilities and goals.

(2) Utilization of each assignment as a constructive learning experience.

(3) 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.

(4) Ensuring that career documents are accurate. Documents include ORB, microfiche, official photo, Career Management Information File, and DA Form 4213 (Supplemental Data for Army Medical Service Reserve Officers).

(5) Communicating with appropriate staff for professional development (education and assignment) goals and plans. Staff may include supervisors, Chief, Nursing Education and Staff Development Service, Chief Nurse, and the appropriate education and PMOs.

d. *AN officer leader development phases (Active Army).* The AN officer can progress through initial, intermediate, and advanced phases of leader development culminating with the executive phase. The life cycle model for career development is based upon a plan for the due course officer. The model is adaptable for non-due course officers depending upon the officer's grade and years of commissioned service. AN and higher headquarters' policies and regulations also affect the components of the model and progressive time frames.

(1) *Initial phase—lieutenant/captain.*

(a) This phase commences upon entry on active duty. Newly commissioned officers attend the AMEDD OBC. Officers are in an obligated service (OBV) status for 3 to 6 years active status depending upon their type of accession. Officers are considered for VI career status and promotions in accordance with current DA and AMEDD policies and regulations.

(b) All AN officers continue their military education by attending the AMEDD OAC. Upon completion of the OAC, AN officers should be enrolled in CAS³, Phase I. Completion of CAS³, Phase II,

is encouraged and is a prerequisite for attendance at the CGSOC in-residence status. Officers may also be selected to attend or request specific military or leadership training such as the C⁴, Clinical Head Nurse Course, or other short courses.

(c) Direct accessions who are recent graduates of BSN programs (66Js) 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 (that is, Community Health Nursing, Psychiatric/Mental Health, Pediatrics, Perioperative, Obstetric/Gynecologic, or Critical Care Nursing). Officers with AOC/skill producing course guarantees received before accession are scheduled for their respective course attendance within the first half of their OBV tour of service. If AOC or skill producing courses are not attended, officers must achieve the classification qualifications in accordance with AR 611-101 to be awarded an AOC or skill identifier. Officers seeking the Nurse Anesthesia specialty (66F) through the U.S. Army—University of Texas Health Science Center—Houston Program in Anesthesia Nursing can do so in this phase in accordance with AN application guidelines and board selection for the program.

(d) CE to develop clinical practice skills and officer responsibilities 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.

(e) 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. AN officers also assume additional duties such as preceptor, unit in-service coordinator, or standardization committee member. Head nurse at smaller sized MTFs, nurse practitioners, staff officer roles such as a U.S. Army Recruiting Command AN Nurse Counselor, and selected enlisted MOS course instructors are other possible duty positions toward the end of this career development phase. AN officers should also use applicable nursing research findings in their practice and/or participate in nursing research opportunities.

(2) *Intermediate phase—captain/major.*

(a) The objective of this phase is to continue professional development in the particular area of clinical specialty and increase responsibilities in officer leadership. Officers are in a VI status until their second board selected promotion when the option to become RA is offered. For due course officers, the second board promotion is generally at the rank of major. Officers may also elect to apply to the annual RA board for selection. Promotion and RA career status occur in accordance with current DA and AMEDD policies and regulations.

(b) Depending upon the military education completed in the Initial phase of leader development, officers attend OAC and may attend CAS³. Completion of the CGSOC is the military education goal to be completed by the end of the intermediate phase. Most officers complete the CGSOC by correspondence and/or through the USARF schools. Two Active Army AN officers per year are selected by a DA Board to attend the CGSOC in residence. Military training and leadership courses applicable in the initial phase are still options in this phase.

(c) To continue development of nursing practice expertise, graduate education at the master's degree level is essential. If the officer minimally holds the rank of major (or captain (P)), has completed a master's degree, and active duty service obligation, doctoral education may be an option for application and selection in this phase. Officers should consider graduate level studies that have direct applicability to meet the needs of the AN mission. Graduate studies should have a clinical focus but officer development in areas such as administration or education are also essential. Research expertise is also developed commensurate with the level of graduate study.

Graduate education is intended to nurture the growth and development of officers who synthesize and analyze a variety of nursing and health care issues and situations from a macro perspective.

(d) 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.

(e) There are a wide variety of operational assignments in the intermediate phase which promote continued growth and leader development. Depending upon previous experience and education, AN officers' assignment opportunities may include duties such as Clinical Staff Nurse; Quality Improvement Coordinator; Clinical Nurse Specialist; Nurse Practitioner; Nurse Midwife; Infection Control Officer; Clinical Head Nurse; PERSCOM PMO; 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 (91B, 91C, 91D, 91F) courses or any of the AN officer AOC/skill producing courses; PERSCOM Education Management Officer. AN 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.

(3) *Advanced phase—lieutenant colonel.*

(a) The objectives of this phase are for officers to continue to advance toward continued 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, AN, and AMEDD operations.

(b) Potential for selection by a DA Board to attend SSC in-residence, attend an Intragovernment Fellowship, or complete the AWCCSC occurs beginning in this phase of career development.

(c) Self-development activities should focus on continued advancement in professional nursing practice and military leadership.

(d) Operational assignments are based on the level of expertise and education of the officers. Assignments are duty positions that require AN 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 MACOM, OTSG, DA, or DOD (for example, Nurse Methods Analyst; Recruiting Command Brigade Staff Officer; Combat Developments Staff Officer; DOD Health Affairs Senior Health Care Policy Analyst); Chief, Nursing Administration, Days, at a MEDDAC; Chief, Department of Nursing, MEDDAC; Medical Group Chief Nurse; TOE unit Chief Nurse; advanced practice roles such as Clinical Nurse Specialist or Nurse Practitioner; Chief, Nursing Education and Staff Development Service, MEDDAC; Program Director of a 91 series nursing MOS course or AOC/skill producing course; or Nurse Methods Analyst. AN officers recognized for their expertise in a specific AOC are also designated as AN consultants to TSG in addition to their assigned duty 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.

(4) *Executive phase—colonel.*

(a) The objective of this phase is maximum utilization of the AN officer's acquired professional and military abilities to include clinical expertise, leadership skills, and executive talents in positions requiring highest level responsibility and challenge within the AN. The AN 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 and AMEDD operations is essential for officers in this phase of their career. The focus of responsibility for executive phase AN officers is threefold: to provide leadership in nursing practice 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. AN officers in this phase hold the rank of colonel. One officer is board selected for Brigadier General to serve as Chief, AN.

(b) Potential for selection by a DA Board to attend SSC in-residence, participate as an Intragovernment Fellow, or to complete the AWCCSC is possible early in this phase. Other executive types of leader development education programs are: Interagency Institute for Federal Health Care Executives or Advanced Management Training.

(c) 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.

(d) Operational assignments maximize the officer's capabilities to provide the highest level leadership to the AN, AMEDD, and Army. Examples of some of these operational assignments include: MACOM Chief Nurse (for example, FORSCOM or 18th MEDCOM); Chief, Department of Nursing at large MEDDAC and MEDCEN; Medical Brigade Chief Nurse; TOE unit Chief Nurse (for example, CSH); Chief, Army Community Health Nursing Section; Chief, Preventive Medicine Service at a MEDCEN; Chief, AN Branch at PERSCOM; Chief, Nursing Education Branch; Chief, Department of Nursing Science, AMEDDC&S; Chief Nurse, Clinical Operations Integration, USAMEDCOM; Assistant Chief, AN.

e. AN officer leader development(RC).

(1) *General.* The overall goals and AN officer responsibilities for career development in the RCs parallel the Active Army. The unique career development opportunities and expectations in the RCs are described in the subsequent paragraphs.

(2) *AN officer leader development phases.* ARNGUS and USAR AN officers can progress through the initial, intermediate, and advanced phases of leader development culminating with the senior executive phase.

(a) *Initial phase—lieutenant/captain.*

1. This phase commences upon entry on Ready Reserve status. Newly commissioned officers attend the AMEDD RC OBC. Most officers are in an obligated status for 8 years regardless of entry grade credit received on accession. Entry grade credit does count for the purpose of promotion to the next higher grade. Promotion is in accordance with AR 135-155 and current DA and AMEDD policies and regulations. Unit promotion could be sooner if unit vacancy exists.

2. All AN officers are encouraged to continue their military education by attending the RC AMEDD OAC. Upon completion of the OAC, AN officers may be enrolled in CAS³, Phase I. Completion of CAS³, Phase II, is encouraged and is a prerequisite for attendance at the CGSOC in-residence. Officers may also attend or request specific military or leadership training such as the C⁴, Clinical Head Nurse Course, or other short courses. If AOC/skill producing courses are not attended, officers must meet the classification criteria in accordance with AR 611-101 to be awarded an AOC.

3. CE to develop clinical practice skills and officer responsibilities should be the focus of self-development in the earlier stage of this phase. Officers are then encouraged to consider applicable certification and participation in professional organizations. AN officers are encouraged to apply for financial assistance if engaged in specialized training under the New STRAP. Funding is available for students enrolled in courses which meet at least 50 percent of the school's full-time requirements in baccalaureate degree programs in nursing and master's degree programs in medical-surgical nursing, adult critical care nursing, nurse anesthesia, and perioperative nursing. Additional information on application procedures and responsibilities may be found in AR 135-7. Students are also eligible to apply for financial assistance through the HPLR in accordance with guidelines under AR 135-7.

4. Operational assignments predominantly focus within the clinical practice area as clinical staff nurse. First level managerial skills are developed through the charge nurse role. AN officers also assume additional duties such as preceptor, unit in-service coordinator, etc. Head nurse, staff officer roles, and instructor roles are other

duty positions that enhance career development in this phase. AN officers should also utilize applicable nursing research findings in their practice and/or participate in nursing research opportunities.

5. New accessions and those officers already in the initial phase may participate in the IMA program. The majority of IMA positions are tied to a specific AOC and skill requirement. Officers may also apply for selection onto active duty in support of the RCs through the AGR Program. These officers are not counted against the Active Army and strength numbers, but remain part of the Selected Reserve.

(b) *Intermediate phase—captain/major.*

1. The objective of this phase is to continue professional development in the particular area of clinical specialty and increase responsibilities in officer leadership. Promotion from captain to major occurs in accordance with AR 135-155 and current DA and AMEDD policies and regulations. Entry grade credit received on accession does count toward promotion to the next higher grade.

2. Depending on the military education completed in the initial phase of leader development, officers attend OAC and may attend CAS³. Completion of the CGSOC is recommended by the end of this phase. Most officers complete the CGSOC through a combination of correspondence studies and attendance at the USARF schools although it can be completed by correspondence in its entirety. Military training and leadership courses applicable in the initial phase are still options in this phase.

3. To continue development of nursing practice expertise, and satisfy requirements for promotion to major, education at the Bachelor of Science in Nursing (BSN) degree level is mandatory. For AN officers appointed after 1 October 1986, BSN is required for promotion to major (AR 135-155). Graduate education at the master's degree level is strongly recommended, and doctoral education may be an individual officer's option to pursue. Army funding sources for master's level education are found in AR 135-7. Officers are encouraged to consider graduate level studies that have direct applicability to meet the needs of the ARNGUS/USAR and the AN mission. Graduate studies should have a clinical focus but officer development in areas such as administration or education are also essential. Research expertise is also developed commensurate with the level of graduate study.

4. 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 is crucial.

5. Operational assignments in the intermediate phase should continue to promote continued growth and leader development. Depending on previous experience and education, AN officer assignment opportunities in TPUs may include duties such as Clinical Staff Nurse; Clinical Head Nurse; Chief Nurse; Chief, Nursing Education and Staff Development; Instructor or Deputy Director of 91B/91C MOS producing courses. IMA assignments should also be considered in this phase.

(c) *Advanced phase—lieutenant colonel.*

1. The objective of this phase is for officers to continue to advance toward continued specialty and military professional development. Promotion to lieutenant colonel occurs in accordance with AR 135-155 and current DA and AMEDD policies and regulations. Assignments should be progressively more responsible and challenging positions and will require the application of the officer's managerial expertise, leadership abilities and overall understanding of the military, the ARNGUS/USAR, AN, and AMEDD operations.

2. Potential for selection to attend SSC or eligibility to apply for the AWCCSC occurs beginning in this advanced phase of career development. Officers are encouraged to pursue master's or doctoral education at their own discretion/expense or in accordance with AR 135-7. Self-development activities should focus on continued advancement in professional nursing practice and military leadership.

3. Operational assignments are based on the level of expertise and education of the officer. Assignments are duty positions that require AN officers to demonstrate advanced leadership capability for directing clinical practice and developing leadership skills in

subordinate staff. Types of assignments include: Clinical Head Nurse in a unit, OIC of a detachment; Staff Officer at a MACOM, ARPERCEN PMO; unit Quality Assurance Advisor; Chief Nurse, Hospital Center, Medical Group, or Brigade; Section Staff Chief for specific clinical area; Chief, Nursing Education and Development Service; or Program Director of a 91C MOS producing course. Limited positions exist for lieutenant colonel IMA assignments; however, individuals in this phase are encouraged to seek and apply for these.

(d) *Executive phase—colonel.*

1. The objective of this phase is maximum utilization of the AN officer's acquired professional and military abilities to include clinical expertise, leadership skills, and executive responsibility and challenge within the ARNGUS/USAR AN. The AN officer at this level is a well-rounded expert who fully integrates nursing clinical practice, administration, research, and education in all activities. The focus of responsibility for executive phase AN officers is threefold: provide leadership in nursing practice within the military environment, foster and support officer development, and identify and implement innovative and visionary strategies for the future of the Corps from a RC perspective. Thorough knowledge of the Army, the RC, and the AMEDD operations is essential in this phase of an AN officer's career. AN officers in this phase hold the rank of colonel. Promotion to colonel occurs in accordance with current DA and AMEDD policies and regulations. One AN officer from the USAR is board selected for Brigadier General to serve as the Assistant to the Chief, AN, for Mobilization and Reserve Affairs (IMA) and one AN officer from the ARNGUS is board selected for Brigadier General to serve as the Special Assistant to the Chief, AN, for Mobilization and Guard Affairs.

2. Self-development in nursing practice and military leadership continues as part of the officer's commitment to lifelong learning.

3. Operational assignments maximize the officer's capabilities to provide the highest level leadership to the RCs, the AN, the AMEDD, and the Army. Examples of some of these operation assignments include Chief Nurse and Consultant in Hospital Centers, Medical Brigades, and General Officer Commands. A very specific and limited number of positions in the IMA program exist at the colonel level; however, qualified AN officers are encouraged to apply for these. The Assistants to the Chief, AN are Brigadier Generals from the ARNGUS and USAR selected by formal board action, nominated by the President, and confirmed by the U.S. Senate.

9-4. Army Nurse Corps areas of concentration

AN AOCs are contained in table 9-1.

a. *AOC 66A—Nurse Administrator.*

(1) *Description of duties.* Scope of practice focuses on the direction, control, implementation, and evaluation of nursing programs, systems, personnel, and other activities. The nurse administrator is responsible and accountable for standards of nursing practice, care, and performance in all military health care settings. The nurse administrator actively participates in the development of regulatory and policy guidance for nursing and health care delivery issues, for example, ethical decision-making, hiring of civilian nursing personnel, and the development, application, and evaluation of technology for health care. The nurse administrator participates in the budget process, force structure planning and development, recruitment, personnel management, and professional development. The nurse administrator also acts as advisor to commanders and staff at Battalion, Brigade, Division, Corps, DA, and DOD levels on matters concerning nursing and nursing personnel. Officers demonstrate and apply integrative levels of clinical, administrative, educational, and research knowledge and skills in their role as nurse administrators.

(2) *Description of positions.* Duty positions include: Chief, Department of Nursing; Chief, Nursing Administration, Days; Section Chief; AN Staff Officer in MTFs and field units; Division Chief, Branch Chief, and/or AN Staff Officer at DOD, DA, OTSG, MACOMs, AMEDDC&S, or field operating agencies.

(3) *Qualifications.* AN officers with a master's degree in nursing

or acceptable health care related field in accordance with AN policy, 10 years progressive nursing experience, and qualifying experience in staff assignments and/or advanced and executive level management assignments in accordance with AR 611-101. (Officers in other AN AOCs, for example, 66D, 66G, or 66H who meet the qualifications to fill a 66A duty position but are not reclassified as 66A, may fill a 66A duty position.)

(4) *Licensure/certification requirements.* Current State license to practice professional nursing. Certification in Nursing Administration or Advanced Nursing Administration is encouraged but not required.

(5) *Restrictions.* Officers are not accessed with the 66A AOC but may be reclassified if qualifications are met in accordance with AR 611-101.

(6) *Unique education/training requirements.* Master's degree in nursing or in an acceptable health care field in accordance with AN policy is required such as the U.S. Army—Baylor University Program in Health Care Administration. The CGSOC, SSC, and/or doctoral degree in nursing or related health care field are also validated educational requirements for selected 66A positions. Principles of Advanced Nursing Administration may be beneficial for selected 66A positions. Courses in areas such as health economics, budget, personnel management, nursing administration, human resources development, negotiation skills, and conflict resolution would enhance performance in this AOC.

b. *AOC 66B—Community Health Nurse.*

(1) *Description of duties.* Scope of practice is based in the areas of professional nursing practice (paras 9-1c(1) through 9-1c(20)) with specific focus on soldiers in troop units and family oriented nursing services in military community settings. Community health nurses provide support in the identification and treatment of medical threat illnesses during peace, combat, and other contingencies; and participate in the surveillance, reporting, and controlling of communicable diseases among soldiers and host nation populations. Army Community Health Nursing practice contributes to the prevention of illness and promotion/maintenance of health. Responsibilities include participation in epidemiological and disease control programs; conducting surveillance of diseases of public health significance and epidemiological investigation; designing nursing programs to prevent, control, and eliminate disease outbreaks in the field or community post settings; interpretation of family and home conditions to physicians and other members of the health care team; interpretation of health laws and regulations; providing home care and education of family care providers; and serving as health consultant for the Child Development Services (CDS) programs, providing education to the CDS staff in the areas of health, nutrition, and sanitation. Liaison with the military and civilian health and social service agencies is an integral element in the design of Army Community Health Nursing programs. 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, ensuring integration of the health of the military soldier and community through the nursing diagnosis and treatment of disease and illness in all sustaining base, combat, and contingency environments.

(2) *Description of positions.* Unique duty positions include: Clinical Staff Nurse in Army Community Health Nursing; Infection Control Nurse; Chief, Community Health Nursing Section; Chief, Preventive Medicine Service; Instructor; Program Director; Health Promotion Nurse Specialist; Army Community Health Nurse Consultant to TSG.

(3) *Qualifications.* AN officers with formal education in community health nursing to include the AMEDDC&S's Principles of Military Preventive Medicine (Community Health Nursing) Course. Community health nursing experience in a civilian agency can be considered for 66B qualification but officers must also attend the AMEDDC&S Principles of Military Medicine (Community Health Nursing) Course to obtain the military aspects of Army community health nursing practice.

(4) *Licensure/certification requirements.* Current State license to

practice professional nursing. Certification in Community Health Nursing is encouraged but not required.

(5) *Restrictions.* Newly accessed officers are not classified as 66B.

(6) *Unique education/training requirements.* Successful completion of the 6A-F5 Principles of Military Preventive Medicine (Community Health Nursing) course required (exception: recommended for RC nurses). Attendance at the Preventive Medicine Program Management Course is recommended for selected advanced 66B duty positions. Advanced roles require a master's degree or doctoral degree in fields of study such as community health nursing or acceptable related health care field in accordance with AN policy.

c. AOC 66C—Psychiatric/Mental Health Nurse.

(1) *Description of duties.* Scope of practice within the inpatient or outpatient setting is based in the areas of professional nursing practice (paras 9-1c(1) through 9-1c(20)), encompassing those activities which establish a therapeutic relationship and milieu to facilitate communication, enhance socialization, and encourage conformity to socially acceptable patterns of behavior and for the active duty soldier, return to duty. Psychiatric/mental health nurses have a key role as members of combat stress teams and in support of hospital missions during combat. Psychiatric/mental health nurses intervene in psychiatric emergencies, provide crisis-oriented care, medical-surgical nursing care for pathophysiologic patient problems, and foster development of positive responses to mental health and physiological problems through individual, group, and family therapy. Psychiatric/mental health nurses participate in post community mental health and alcohol/drug abuse rehabilitative programs; perform liaison functions between inpatient, outpatient, and after-care services to facilitate continuity of care; recognize the disruptive effects of physical and mental illness and hospitalization on the patient, family, and unit; and assist the unit, family, and community to understand, support, and accept patients throughout illness, transition, and return to usual daily activities following recovery. Officers demonstrate and apply progressive and integrative levels of clinical, administrative, educational, and research knowledge and skills in their career development. Expert psychiatric/mental health nurses are role models for the specialty, providing appropriate guidance and consultative assistance in patient, unit, family, and staff situations.

(2) *Description of positions.* Unique duty positions include: Psychiatric Clinical Staff Nurse; Clinical Head Nurse; advanced practice positions such as Clinical Nurse Specialist; Alcoholism Treatment/Residential Facility Nurse or Head Nurse; Psychiatric Nurse Liaison; Instructor; Program Director; Section Chief, Psychiatric Nursing.

(3) *Qualifications.* AN 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 AR 611-101.

(4) *Licensure/certification requirements.* Current State license to practice professional nursing. Certification in Psychiatric/Mental Health or Addiction Nursing is encouraged but not required.

(5) *Restrictions.* One year Army nursing experience (that is, medical-surgical, pediatrics, obstetrics/gynecology) is required prior to attendance at 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 clinical nurse specialists require a master's degree in psychiatric nursing or acceptable related health care field in accordance with AN policy. Doctoral degrees may be preferred for selected advanced roles. The CGSOC is a validated educational requirement for selected 66C positions.

d. AOC 66D—Pediatric Nurse.

(1) *Description of duties.*

(a) Scope of practice includes care of neonates, infants, children, adolescents, and families. Neonatal/pediatric nursing duties incorporate essential medical-surgical nursing skills critical for the go-to-war health care environment. The knowledge and understanding of

the older adolescent population can enhance and positively impact the quality of health care for the young soldier and his/her family.

(b) The neonatal/pediatric nurse applies the areas of professional nursing practice (paras 9-1c(1) through 9-1c(20)). Pediatric nurses use a family-centered approach to deliver health care to acute and chronically ill patients and their families. A broad knowledge base of growth and development, family dynamics, and the effects of illness and hospitalization on a family are incorporated into the plan of care.

(c) The practice setting may be either the outpatient or inpatient setting. Outpatient settings may include a Well Baby Clinic, Pediatric Clinic, or Adolescent Clinic. Inpatient settings may include a Level I or Level II newborn nursery, a neonatal intensive care unit, pediatric intensive care unit, pediatric unit, or pediatric/adult medical-surgical unit.

(d) Officers demonstrate and apply progressive and integrative levels of clinical, administrative, educational, and research knowledge and skills in their career development. Expert pediatric/neonatal nurses are role models for the specialty, providing exemplary leadership, career, and clinical guidance.

(2) *Description of positions.* Unique duty positions include: Clinical Staff Nurse; Clinical Head Nurse; Clinical Nurse Specialist; Nurse Practitioner; Instructor; Program Director; Section Chief, Maternal-Child Nursing Section.

(3) *Qualifications.* AN officers with formal education such as the AMEDDC&S Pediatric Nursing Course or documented experience in pediatric/neonatal nursing in accordance with AR 611-101.

(4) *Licensure/certification requirements.* Current State license to practice professional nursing. Certification in Pediatric Nursing or Neonatal Nursing is encouraged but not required.

(5) *Restrictions.* None.

(6) *Unique education/training requirements.* Successful completion of the 6F-66D Pediatric Nursing Course is required if there is no acceptable documented experience in this clinical specialty. Advanced roles such as clinical nurse specialist or nurse practitioner require a master's degree in Pediatric or Neonatal Nursing or acceptable related health care field in accordance with AN policy. Doctoral degree may be preferred for selected advanced roles. The CGSOC is a validated educational requirement for selected 66D positions.

e. AOC 66E—Perioperative Nurse.

(1) *Description of duties.* Scope of practice incorporates the areas of professional nursing practice (paras 9-1c(1) through 9-1c(20)) into the planning, coordinating, implementing, supervising, and evaluating of all nursing care associated with a patient's surgical experience; TDA and TOE practice environments include operating rooms, ambulatory surgery wards, clinics, postanesthesia recovery room, and critical care. Participation on the surgical team may include responsibilities as scrub nurse or circulatory nurse; ensuring asepsis throughout surgery; and monitoring and controlling the environment to ensure patient and personnel safety during surgery. Supervision or participation in the preparation, sterilization, maintenance, issue, and bacteriological monitoring of surgical supplies and equipment are also within the realm of practice for perioperative nurses. 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.

(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; Chief, Central Material Service; Instructor; Program Director; Infection Control Nurse; Assistant Chief and Chief, Perioperative Nursing Section.

(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 AR 611-101.

(4) *Licensure/certification requirements.* Current State license to practice professional nursing. Certification in Perioperative Nursing is encouraged but not required.

(5) *Restrictions.* None.

(6) *Unique educational/training requirements.* Successful completion of the 6F-66E Perioperative Nursing Course (6F-66E (RC) for RCs) is required if 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 AN policy. Doctoral degree may be preferred for selected advanced roles. The CGSOC is a validated educational requirement for selected 66E positions.

f. AOC 66F—Nurse Anesthetist.

(1) *Description of duties.* Scope of practice is based in the areas of professional nursing practice (paras 9-1c(1) through 9-1c(20)). TDA and TOE practice environments include inpatient operating room, ambulatory surgery clinics, delivery room, postanesthesia recovery room, critical care, 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 multidisciplinary communication and collaboration. The nurse anesthetist's specialized scope of practice encompasses the following duties in the acute care setting:

(a) Manages or supervises the management of the anesthesia experience of patients at the direction of an anesthesiologist and/or an appropriate physician during the preoperative, intraoperative, and postoperative phases of surgery.

(b) Manages and documents the anesthesia process to include psychological reactions to anesthesia and surgery and responds appropriately.

(c) Provides service and consultation to pulmonary and respiratory specialists for their patient care responsibilities.

(d) Demonstrates and applies progressive and integrative levels of clinical, administrative, educational, and research knowledge and skills in their career development.

(2) *Description of positions.* Unique duty positions include: Clinical Staff Nurse; Instructor; Program Director or Deputy Program Director; Assistant Chief or Chief, Anesthesia Nursing Section.

(3) *Qualifications.* Per AR 611-101, AN officers with formal education in anesthesia nursing such as the U.S. Army—University of Texas, Health Science Center—Houston Program in Anesthesia Nursing and certification by the Council on Certification of Nurse Anesthetists.

(4) *Licensure/certification requirements.* Current State license to practice professional nursing. Certification by the Council on Certification of Nurse Anesthetists is required.

(5) *Restrictions.* None.

(6) *Unique education/training requirements.* Formal education in Anesthesia Nursing such as the U.S. Army—University of Texas, Health Science Center—Houston Program in Anesthesia Nursing, the 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 AN policy. The CGSOC is a validated requirement for select 66F positions. Specific CE requirements are required to maintain certification.

g. AOC 66G—Obstetric and Gynecologic Nurse.

(1) *Description of duties.* Scope of practice includes the care of women, neonate, and families within the areas of antepartal, intrapartal, postpartal, neonatal, and gynecological nursing. Practice setting may be within the inpatient or outpatient setting. Obstetric/gynecologic nurses work with families across the life span, both in situations of health that benefit from nursing support, for example, normal pregnancy, and in acute illness or chronic disease situation. The nurses apply the areas of professional nursing practice (paras 9-1c(1) through 9-1c(20)) to their selected population with increasing sophistication as education and experience are acquired. Obstetric/gynecologic nurses are essential to military nursing practice for their expertise in conserving the health of the female contingent of active duty officers and enlisted military members. In addition, obstetric/gynecologic nursing duties incorporate medical-surgical and perioperative nursing skills crucial for the go-to-war health care

environment. Officers demonstrate and apply progressive and integrative levels of clinical, administrative, educational, and research knowledge and skills in their career development. Expert obstetric/gynecology nurses are role models for the specialty, providing exemplary leadership, career, and clinical guidance.

(2) *Description of positions.* Unique duty positions include: Obstetric and Gynecologic Clinical Staff Nurse; Clinical Head Nurse; Clinical Nurse Specialist; Nurse Practitioner; Nurse Midwife; Instructor; Program Director; Section Chief, Maternal-Child Nursing; Chief, Nurse Midwifery Service.

(3) *Qualifications.* AN officers with formal education in Obstetric/Gynecologic nursing such as the AMEDDC&S Obstetric and Gynecologic Nursing Course or documented experience in Obstetric, Gynecologic, and Newborn nursing in accordance with AR 611-101.

(4) *Licensure/certification requirements.* Current State license to practice professional nursing. 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.* None.

(6) *Unique education/training requirements.* Successful completion of the 6F-66G Obstetric and Gynecologic Nursing Course is required if no acceptable documented experience in this specialty. Advanced roles such as nurse midwifery, nurse practitioner, and clinical nurse specialist require a master's degree in nursing. Doctoral degree in nursing or acceptable health care related field in accordance with AN policy may be preferred for selected advanced roles. The CGSOC is a validated educational requirement for selected 66G positions.

h. AOC 66H—Medical-Surgical Nurse.

(1) *Description of duties.* Scope of practice includes clinical areas such as medical, surgical, ambulatory, emergent, or outpatient settings. Medical-surgical nurses work primarily with adults or, occasionally, children with acute illness or chronic disease. 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 (paras 9-1c(1) through 9-1c(20)) expands 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: Medical-Surgical Clinical Staff Nurse; Clinical Head Nurse; Clinical Nurse Specialist; Adult Nurse Practitioner; Instructor; Program Director; Infection Control Nurse; Section Chief, Medical-Surgical or Ambulatory Nursing; Chief, Nursing Education and Staff Development.

(3) *Qualifications.* AN officers with documented clinical experience in medical-surgical nursing in accordance with AR 611-101. Selected roles within the 66H AOC designated by skills, and/or specific clinical experience, require additional formal education.

(4) *Licensure/certification requirements.* Current State license to practice professional nursing. Certification in Medical-Surgical Nursing or related specialties (for example, critical care, emergency room, postanesthesia care, orthopedics, adult or family nurse practitioner) 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) require formal education such as the 6F-F5 Critical Care Nursing Course or other acceptable education and experience in critical care nursing in accordance with AR 611-101. Other advanced roles for medical-surgical nursing (for example, nurse practitioner or clinical nurse specialist) require a master's degree or doctoral degree in nursing or acceptable health

care related field in accordance with AN policy. The CGSOC or SSC are validated educational requirements for selected 66H positions.

i. AOC 66J—Clinical Nurse.

(1) *Description of duties.* Scope of practice includes first level nursing care in clinical specialty areas such as medical-surgical, obstetrical/gynecological, pediatric, or psychiatric/mental health nursing primarily in the inpatient care setting. Responsibility for the areas of professional nursing practice (paras 9-1c(1) through 9-1c(20)) will generally be limited to patients and staff of one nursing team (large MTF) or one unit/ward (small MTF). Clinical Nurse duties are performed in both TDA and TOE environments. The newly accessed nurse will be making the transition from student status to professional clinical nurse and will be learning and applying the fundamental principles of officer leadership. An AN officer reclassifying from one AOC to another may be interimly classified as a 66J and assigned duties that correspond to AR 611-101 requirements for the applicable AOC.

(2) *Description of position.* The unique duty position is Clinical Staff Nurse.

(3) *Qualifications.* Must be a graduate of an accredited nursing program acceptable to DA and hold a current State license to practice professional nursing.

(4) *Licensure/certification requirements.* See *h(4)* above.

(5) *Restrictions.* None.

(6) *Unique education/training requirements.* (See *h(6)* above.) All recently graduated nurses accessed into the AN (Active Army) participate in the ANPP at their assigned MTF. Periodic workshops and conferences on various nursing and military topics enhance performance and professional development of the officer.

9-5. Skills

a. 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 in accordance with AR 611-101. Time spent in full-time education/training assignments is excluded in calculating time practicing in the AOC. The proficiency designator codes are:

- (1) 9D—applicable to all AN AOCs except 66A and 66J.
- (2) 9C—applicable to all AN AOCs except 66A and 66J.
- (3) 9B—applicable to all AN AOCs except 66A and 66J.
- (4) 9A—applicable to all AN AOCs except 66J.

b. Skill codes (table 9-2). Skill codes per AR 611-101 provide a means whereby officers who have had 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. 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.

**Table 9-1
Army Nurse Corps areas of concentration**

AOC	Title
66A	Nurse Administrator
66B	Community Health Nurse
66C	Psychiatric/Mental Health Nurse
66D	Pediatric Nurse
66E	Perioperative Nurse
66F	Nurse Anesthetist
66G	Obstetric and Gynecologic Nurse
66H	Medical-Surgical Nurse
66J	Clinical Nurse

**Table 9-2
Army Nurse Corps skill codes (See note)**

Skill code	Title
7T	Clinical Nurse Specialist
7V	Nurse Recruiting
8A	Critical Care Nursing
8D	Nurse Midwifery
8E	Nurse Practitioner
8J	Infection Control

Notes:

Other skill codes/titles that may be applicable to selected AN officers are: 5K Instructor; 5P Parachutist; 5N Inspector General; 7Y Combat Development; and 8Z Medical Research, Development, Test, and Evaluation.

LIFE CYCLE MODEL

ARMY NURSE CORPS

Reserve Components

YEARS OF SERVICE	INITIAL			INTERMEDIATE			ADVANCED			EXECUTIVE																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30										
PROMOTION	2LT			1LT			CPT			MAJ			LTC			COL																								
INSTITUTIONAL TRAINING	O				OAC																																			
	B				CAS ³																																			
	C										CGSOC																													
SELF DEVELOPMENT	BACHELOR OF SCIENCE IN NURSING**																																							
	AOC/SKILL PRODUCING COURSES/MASTER'S DOCTORAL LEVEL EDUCATION** FUNCTIONAL COURSES																																							
OPERATIONAL	← CONTINUING EDUCATION / PROFESSIONAL ORGANIZATIONS / CERTIFICATION →																																							
	A DESIGNATOR (17--30 YEARS)																																							
	CLINICAL STAFF NURSE																																							
	PRECEPTOR/QA/INFECTION CONTROL (Additional Duties)																																							
	SHIFT CHARGE NURSE HEAD NURSE STAFF OFFICER (E.G., UNIT HQ; USAREC COUNS.; PMO)																																							
← USE / PARTICIPATE / CONDUCT / PRESENT / PUBLISH / CONSULT / SUPPORT →																																								
UNIT INSERVICE COORD C, NRSG EDUC & STF DEV (Additional Duties)																																								
USARF MOS INSTRUCTOR USARF MOS COURSE DIRECTOR																																								

* THERE ARE NO SPECIFIC CAREER TRACKS IN THESE COMPONENTS OF NURSING PRACTICE. ASSIGNMENTS VARY AND INTEGRATE ALL COMPONENTS OF PRACTICE TO SOME DEGREE. POSITION TITLES DEPICTED: IDENTIFY APPROXIMATE TIME FRAMES IN CAREER, ARE NOT NECESSARILY SEQUENCED TO DEPICT A SPECIFIC PROGRESSION PER LINE, CAN BE APPLICABLE TO TOE AND TDA UNITS, AND ARE POSSIBLE POSITIONS BUT NOT TOTALLY INCLUSIVE.

** ARMY FUNDING SOURCES MAY BE AVAILABLE TO ELIGIBLE AN PERSONNEL FOR BSN, AND SELECTED MASTER'S PROGRAMS IAW AR 135-7. MASTER'S AND DOCTORAL EDUCATION CAN BE PURSUED AT ANY TIME IN A CAREER BY RC AN OFFICERS AT THEIR OWN DISCRETION AND EXPENSE.

Figure 9-2. Army Nurse Corps life cycle model—Reserve Components

Chapter 10 Veterinary Corps

10-1. Description of the Veterinary Corps

a. Scope. The VC is a special branch of the Army organized under the AMEDD. It is composed of commissioned officers who are graduates of a veterinary school accredited by the Council of Education of the American Veterinary Medical Association. To practice military veterinary medicine, a VC officer must possess a Doctor of Veterinary Medicine (DVM) or Veterinary Medical Doctor degree, and have a current State license. 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, the wholesomeness and quality of subsistence, and experimental and comparative biomedical research involving animals.

b. Organization. The Army VC is the DOD executive agent for worldwide military veterinary services. This means that Army veterinarians are assigned throughout the DOD and physically perform missions which require veterinary expertise and knowledge for all Services and agencies. To meet DOD requirements, six veterinary medical specialties have been established. All newly appointed VC officers who have not had post-doctoral education or training are designated Field Veterinary Service Officers. With further experience and training, the Field Veterinary Service Officer will acquire an advanced specialty designation in preventive medicine, microbiology, laboratory animal medicine, pathology, or comparative medicine.

c. Warrant officers. Warrant officers possessing MOS 640A, Veterinary Services Technician, are an integral part of the VC. They provide technical expertise and continuity in the specialized areas of food safety; sanitation; food science and technology; and higher levels of quality assurance. As the AMEDDs "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 10-5.

10-2. Veterinary Corps life cycle models

See figures 10-1 through 10-6.

10-3. Veterinary Corps commissioned officer leader development phases

The three contiguous phases of career development which include medical professional and military milestones are described for both Active Army and RC VC officers in the following paragraphs.

a. Active Army.

(1) *Initial phase—captain/major (0-8 years).* This phase begins immediately upon commissioning and onset of active duty. The newly appointed officer must successfully complete the AMEDD OBC. This training is followed by an initial tour of duty which is usually a CONUS-based assignment within the USAMEDCOM. The initial tour usually includes a variety of duties and responsibilities in the areas of animal medicine, food safety and quality assurance, leadership, and administration. The AMEDD OAC may be completed following the initial tour, or it may be completed at the end of the second tour. CAS³ is completed immediately following the OAC. As a general rule, completion of OAC and CAS³ is considered prerequisite to beginning Government-sponsored GME. The second tour of duty is either a CONUS-based TOE assignment, or a foreign-based assignment in either a TOE unit or a forward deployed TDA. The initial phase in a VC officer's career, consisting of formal military training and two tours of duty, is designed to ensure a thorough understanding of veterinary medicine in its broad military application. This understanding is intended to foster a sense of responsibility resulting in a career commitment.

(2) *Intermediate—major/lieutenant colonel (8-16 years).* This

phase of career development is aimed at acquiring the special medical professional and military skills needed to execute the VC mission throughout the DOD. Completion of a master's, PhD degree program, or a residency occurs during this period, resulting in award of an MFA specialty designation. In addition, professional boards are normally completed during this phase. Military education consists of completion of the CGSOC either in residence or, more commonly, through USAR or correspondence programs. Utilization tours during the intermediate phase are aimed at making use of the technical skills gleaned during the graduate education experience and further developing military leadership and other combat service support capabilities.

(3) *Advanced/senior executive phase—lieutenant colonel/colonel (16-30 years).* The objectives of this phase are to make full use of the previous experience and training and to further develop management and leadership skills. Selected officers attend SSCs. This phase culminates in officers performing at the highest executive level throughout DOD, including assignment to VC and AMEDD IM positions.

b. RC.

(1) *General.* Although the overall professional objectives and responsibility in the Active Army apply to all AMEDD VC officers, the timing and extent of professional development within the initial, intermediate, and advanced/senior executive phases differs for RC VC officers due to RC school quotas, funding, and time constraints.

(2) *VC leader development phases.* Progression of military education and professional training opportunities varies by component. Courses may be attended resident or non-resident, based on availability of school quotas and funding for the RC VC commissioned officer, as well as the previous military education levels attained. Promotions occur in accordance with AR 135-155, NGR 600-100, and other applicable policies and regulations.

(a) *Initial phase—lieutenant/captain.* These officers must attend the RC AMEDD OBC to become deployment assets and AOC qualified before promotion. The initial assignment could be in a State ARNGUS Site Support Food Inspection Team, a USAR veterinarian with Civil Affairs, Special Forces, or laboratory units, or an IMA veterinary position at a military installation. Duties and responsibilities vary within animal medicine, food safety/quality assurance, and administration as they apply to the unit/position of assignment. In cases of directly commissioned veterinarians whose civilian career is not in a food safety/quality assurance arena, it is advisable to complete as many AMEDD Department of Veterinary Science food inspection courses through non-resident training as possible. The VC officer is encouraged to begin the AMEDD OAC at the earliest opportunity. The C⁴ and the Deployment Medicine Course are highly recommended to enhance the officers' lifesaving and military leadership skills. Attendance at CAS³ is encouraged, but not required.

(b) *Intermediate phase—major/lieutenant colonel.* During this phase of career development the RC VC commissioned officer will be expected to assume ever increasing responsibilities for supervision and leadership. Unit officers will be serving as Commanders of small Teams, OICs of Mobile Sub-Teams, executive Officers of large Veterinary Teams, and Staff Veterinary Officers in Medical Headquarters or State ARNGUS headquarters. IMA officers will also be assuming additional supervisory roles in the Laboratories, Research Facilities, and Regional Veterinary Activities. RC Pre-Command courses will be required of those officers selected for command positions. Enrollment and completion of the multiple phases of CAS³, although not required, will be essential for an RC VC officer to be competitive for promotion and selection to the best leadership positions during the intermediate phase. During this phase the AMEDD Staff Development Course is especially useful for RC VC officers selected for or serving in staff positions. Leadership in lifesaving skills is best fulfilled by completion of the M²C³ during this phase.

(c) *Advanced/senior executive phase—lieutenant colonel/colonel.* The objectives of this phase are to fully utilize previous experience and training and to continue to develop management and leadership

skills. Early in this phase the RC VC commissioned officer should enroll in and complete the multiple phases of the CGSOC to remain competitive for promotion and selection to command and key leadership positions. Key positions include Commander of large Veterinary Service Teams or Veterinary Headquarters Units, Staff Veterinary Officer for a Medical Headquarters, MEDCOM, or State ARNGUS headquarters; senior IMA positions such as Deputy Chief of Staff, Veterinary Services and Headquarters Staff Veterinary positions at OTSG, FORSCOM, and USAMEDCOM are typical key leader positions at the highest executive level. Attendance at SSCs, such as the AWC, is encouraged but not required.

10-4. Veterinary Corps areas of concentration

VC specialties are identified as AOCs within MFA 75, Veterinary Services. The Veterinary Corps is identified with Corps numerical designator 64. (See table 10-1.)

a. AOC 75A—Field Veterinary Service Officer.

(1) *Description of duties.* Performs, supervises, directs, or coordinates inspection, to include examination and testing, of subsistence for wholesomeness, nutritional quality, 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. Participates as research investigator in biomedical research and research support. Instructs or trains officers and enlisted specialists in any or all of these aspects of military veterinary services. This is an initial entry level skill for functional area 75.

(2) *Descriptions of positions.* Positions may be classified as activity chief (for example, branch chief, section chief, OIC) or may be entitled Veterinary Service Officer. 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 DVM. Must have successfully completed the AMEDD OBC.

b. AOC 75B—Veterinary Preventive Medicine Officer.

(1) *Description of duties.* Supervises, manages, or commands TOE or TDA veterinary units. Serves as staff officer for veterinary services at DOD level. Plans, coordinates, and directs veterinary preventive medicine program to control animal and foodborne diseases of public health interest. Coordinates and directs employment of veterinary administrative procedures, and investigates conditions affecting the health of the installation as directed. Effects liaison with Federal, State, and local government agencies concerned with veterinary matters. Provides consultation on matters of management and epidemiologic significance of wildlife on military reservations.

(2) *Description of positions.* Positions include the following: Commander, Veterinary Service Support Area or District; Commander, Veterinary TOE Team; Chief, Food Inspection Division/Branch/Section; Veterinary Staff Officer; Instructor, Veterinary Services.

(3) *Qualifications.* Must have completed postdoctoral training either in food technology, public health, or possess equivalent experience. Must be a graduate of the AMEDD OAC. Must have successfully completed the CGSOC, possess board certification, or be board eligible to hold positions at the lieutenant colonel level. Must have received board certification and successfully completed the CGSOC to hold positions at the colonel level. For the RC, award of AOC 75B will occur at promotion to major. For the RC, requirement for military education will be per AR 135-155. Board eligibility/certification requirements are waivable for the RC.

c. AOC 75C—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 and operation of the Disease Prevention and Control Program, zoonosis control, design of facilities and equipment, selection and utilization of animal models and the design and operation of research projects.

(2) *Description of positions.* Positions include the following: Director, Laboratory Animal Medicine; Director, Research Program; Chief, Research and Development Department/Division/Branch/Service; Chief, Veterinary Clinical Investigation Service, MEDCEN.

(3) *Qualifications.* Must have completed post-doctoral training applicable to laboratory animals and their utilization, or possess equivalent experience. Must be a graduate of the AMEDD OAC. Must have successfully completed the CGSOC, or possess board certification, or be board eligible to hold positions at the lieutenant colonel level. Must have received board certification and successfully completed the CGSOC to hold positions at the colonel level.

d. AOC 75D—Veterinary Pathologist.

(1) *Description of duties.* Plans, supervises, and conducts various diagnostic procedures and conducts research in the field of veterinary and comparative pathology.

(2) *Description of positions.* Positions include the following: Director, Research Program; Chief, Research and Development Department/Division/Branch/Service.

(3) *Qualifications.* Must have completed post doctoral training in veterinary pathology or possess equivalent experience. Must be a graduate of the AMEDD OAC. Must have successfully completed the CGSOC, possess board certification, or be board eligible to hold positions at the lieutenant colonel level. Must have received board certification and successfully completed the CGSOC to hold positions at the colonel level.

e. AOC 75E—Veterinary Microbiologist.

(1) *Description of duties.* Plans, implements, supervises, directs, and conducts various microbiological research projects and diagnostic procedures. Participates in research, development, and production of biologicals. Instructs in microbiological/parasitological and immunological techniques.

(2) *Description of positions.* Positions include the following: Director, Research Program; Chief, Research and Development Department/Division/Branch/Service; Chief, Veterinary Laboratory.

(3) *Qualifications.* Must have completed post-doctoral training in microbiology and possess a Master's Degree or PhD in Microbiology or one of the related sub-disciplines (that is, Bacteriology, Virology, Immunology, or Parasitology). Must be a graduate of the AMEDD OAC. Must have successfully completed the CGSOC, or possess board certification, or be board eligible to hold positions at the lieutenant colonel level. Must have received board certification and successfully completed the CGSOC to hold positions at the colonel level.

f. AOC 75F—Veterinary Comparative Medicine Officer.

(1) *Description of duties.* Participates in or directs multi-disciplinary research using heterologous species of animals and their biological systems as models for comparative studies of human biological functions and diseases. Provides medical and surgical care of Government-owned animals as well as privately owned animals as authorized. Conducts specialty aspects of animal research in physiology, pharmacology, toxicology, and research. Makes clinical observations and diagnoses. Conducts surgical research to develop techniques and bio-surgical services in animal research. Performs preclinical testing and evaluation of drugs and medical devices. Evaluates biological data obtained in animal research.

(2) *Description of positions.* Positions include the following: Director, Research Program; Chief, Research and Development Department/Division/Branch/Service; Instructor, Veterinary Services; Chief, Clinical Services Department/Division/Branch.

(3) *Qualifications.* Must have completed post-doctoral training in a biomedical or veterinary specialty or possess equivalent experience. Must be a graduate of the AMEDD OAC. Must have successfully completed the CGSOC, possess board certification, or be board eligible to hold positions at the lieutenant colonel level. Must have received board certification and successfully completed the CGSOC to hold positions at the colonel level. For the RC, requirement for military education will be per AR 135-155. Board eligibility/certification requirements are waivable for the RC.

g. MOS 640A—Veterinary Services Technician.

(1) *Description of duties.*

(a) *W01/CW2 Veterinary Services Technicians.* Manage and direct military food safety, food hygiene, and quality assurance programs to include personnel, facilities, and equipment under the guidance and supervision of the senior VC officer. Provide technical advice concerning subsistence to installation, other retail subsistence activities, and local supply and acquisition activities. Organize and conduct sanitary inspections of civilian and Government facilities that produce, process, prepare, manufacture, store or otherwise handle subsistence. Interface with other local DOD, Federal inspection authorities, and other agencies/offices concerning food inspection matters. Provide technical information concerning microbiological, chemical, and physical deterioration of subsistence. Interview patients and collect other data on foodborne disease to assist epidemiological investigations. Observe, record, and report on subsistence problems that may have public health significance. Develop/conduct highly specialized Food Safety, Food Hygiene, and Quality Assurance training.

(b) *CW3/CW4 Senior Veterinary Services Technicians.* Manage and direct food safety, food hygiene, and quality assurance programs in the field environment to include slaughter and processing of food animals in emergency situations. Coordinate with DOD, Federal inspection authorities, and other agencies/offices at the State, regional, and national level concerning subsistence inspection matters. Interpret toxicologic, microbiologic, chemical, radiological, and physical findings of subsistence. Provide technical advice to subsistence wholesale supply and acquisition activities. Serve as staff officer for selected positions at MACOMs, research and development and acquisition agencies. Serve as developer/instructor/writer and supervisor of instruction in food safety, food hygiene, food science, sanitation, and quality assurance courses at senior Service level schools. Provide technical advice and application of subsistence Quality Assurance Engineering principles to subsistence programs at DOD acquisition agencies and MACOMs.

(c) *CW5 Master Veterinary Services Technicians.* Recommend veterinary service policies and doctrine concerning food safety, food hygiene, sanitation, and quality assurance issues. Plan, organize, and evaluate veterinary food inspection activities within a MACOM. Serve as the senior veterinary staff warrant officer at major medical MACOM level and Consultant to TSG for career development, effective utilization, and personnel assignment issues concerning U.S. Army Veterinary Services warrant officers throughout DOD.

(2) *Description of positions.* Positions requiring the skills of this MOS include: OIC, MEDDAC Food Inspection Branch; OIC, Defense Logistics Agency Depot Food Inspection Branch; Senior Veterinary Services Technician, Veterinary Service Large Medical Detachments; Defense Personnel Support Center Headquarters and Region Food Safety and Quality Assurance Officer; Defense Commissary Agency Region Food Safety and Quality Assurance Officer; Food Technologist, NATICK Laboratory and AMEDDC&S; Quality Engineer, Headquarters, Defense Personnel Support Center; Operational Rations Coordinator, USAMEDCOM; Instructor, AMEDDC&S and U.S. Army Quartermaster Center and School; and senior veterinary staff warrant officer, major medical MACOM and Veterinary Service Command and Control Medical Detachments.

(3) *Qualifications.* Active duty U.S. Army enlisted personnel who currently hold or have held primary MOS 91R, and meet the general eligibility requirements of AR 135-100 may apply for the VC Warrant Officer Program. Must hold rank of sergeant (P) or higher and have a minimum of 6 years of active duty military service. Must meet physical requirements for warrant officer appointment prescribed in AR 40-501 and be within weight standards prescribed by AR 600-9. Must have a high school diploma or General Equivalency Diploma and a Standard Test/General Test score of 110 or higher. The basic prerequisites for primary MOS, minimum rank, and minimum years of active duty military service may be waived if applicant has a bachelors or masters degree in one of the following specialties: Food Science, Food Technology, Meat Science, Poultry Science, Dairy Science, Food Chemistry, Food

Microbiology, Quality Assurance, Quality Engineering, Public Health, Environmental Health, or Environmental Sanitation. Candidates are selected by a competitive selection board convened by OTSG.

10-5. Veterinary Corps warrant officer career/leadership development

a. *Military training.* There are four phases or levels of military training.

(1) *Preappointment training.* This includes—

(a) *WOCS.* The 6 week WOCS at the WOCC, Fort Rucker, AL, emphasizes leadership and professional development for entry into the warrant officer system. This phase of training culminates with an appointment as a W01 in the USAR with concurrent call to a 6 year obligation to active duty.

(b) *WOBC.* The 3-week Veterinary Services Technician WOBC at the AMEDDC&S, Fort Sam Houston, TX, serves as an introduction into the three disciplines of sanitation, food science, and higher levels of quality assurance. This training prepares the W01 for assignment as a Veterinary Services Technician and culminates with an award of MOS 640A contingent upon completion of certification training within 2 years.

(2) *Warrant officer level WOAC.* This course prepares warrant officers for utilization in senior warrant officer positions as a CW3. The WOAC is conducted in two phases. Phase 1 is a correspondence course initiated at the career status (VI) entry point (6 years warrant officer service). Phase 2, the resident phase, is conducted at the AMEDDC&S. Warrant officers must be a CW2 (P) or higher to be eligible to attend Phase 2 of the WOAC.

(3) *Senior warrant officer level incorporating the WOSC.* This training gives warrant officers the skills and training necessary to perform at all echelons of the Army structure as 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.

(4) *Master warrant officer level requiring attendance in the WOSSC.* This course prepares warrant officers to serve at the highest levels of the Army structure. The course is conducted at the WOCC, Fort Rucker, AL. Warrant officers must be a CW4 (P) or higher to be eligible to attend WOSSC.

b. *Warrant officer professional development.* DA Pam 600-11 outlines the Warrant Officer Training System. DA Pam 351-4 establishes policy and guidance for warrant officer training.

c. *Unique education/training opportunities.* Degree completion opportunities available through the OTSG LTHET include a bachelor's and/or master's degree in Food Science, Food Technology, Meat Science, Dairy Science, Quality Assurance, and Quality Engineering. Annual CHE is required by AR 351-3 to maintain technical proficiency. A variety of functional resident courses are available at the AMEDDC&S.

d. *Life cycle model.* See figure 10-7.

e. *Skills.* Skills enhancing the unique capabilities of MOS 640A include certification as a—

(1) Quality Engineer, Quality Auditor, and/or a Quality Technician by the American Society of Quality Control.

(2) Certified Professional Food Sanitarian by the Food Sanitation Institute of the Environmental Management Association.

(3) Certified Quality Control Sanitarian by the American Institute of Baking.

(4) Registered Environmental Health Specialist and/or Registered Sanitarian by the National Environmental Health Association.

(5) Registered Sanitarian by any State Department of Health.

10-6. Immaterial position—Senior Veterinarian (64A00)

a. *Description of duties.* Recommends veterinary policies and doctrine and formulates veterinary plans. Plans, organizes, and executes research and development, test, and evaluation activities at headquarters level. Plans, directs, and supervises veterinary activities within a command. Serves as senior veterinary staff officer at headquarters level.

b. *Description of positions.* Unique duty positions include senior command, staff, and management positions at the highest executive level of organization. Positions are specialty IM and may be filled

by any senior VC officer who has demonstrated leadership and management excellence.

c. *Qualifications.* Must be a field grade officer and meet the qualifications from one of the AOCs (75B through 75F) reflected in AR 611–101, table 4-4; have demonstrated success in previous leadership positions of increasing responsibility; be a graduate of the

AMEDD OAC; have successfully completed CGSOC, or possess board certification, or be board eligible to hold positions at the lieutenant colonel level; and have received board certification and completed the CGSOC to hold positions at the colonel level. For the RCs, requirements for military education will be per AR 135–155. Board eligibility/certification requirements are waiverable for the RCs.

Table 10–1
Veterinary Corps specialties

AOC/MFA/MOS	Title
MFA 75	Veterinary Services Officer
64A00	Senior Veterinarian (IM)
75A64	Field Veterinary Service Officer
75B64	Veterinary Preventive Medicine Officer
75C64	Veterinary Laboratory Animal Medicine Officer
75D64	Veterinary Pathologist
75E64	Veterinary Microbiologist
75F64	Veterinary Comparative Medicine Officer
MOS 640A	Veterinary Services Technician

LIFE CYCLE MODEL

VETERINARY CORPS

AOC 75B - Veterinary Preventive Medicine

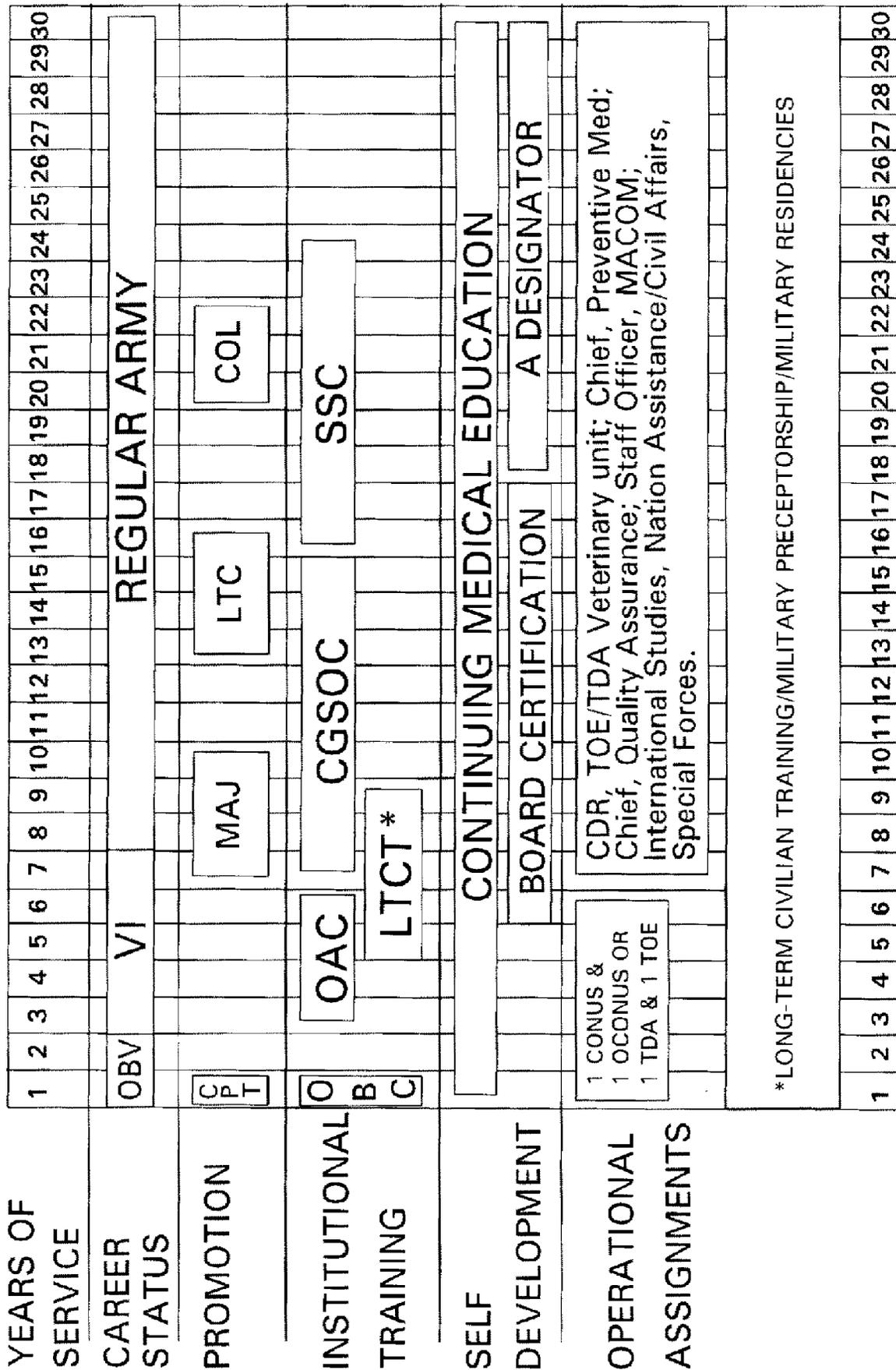


Figure 10-1. Veterinary Corps life cycle model—veterinary preventive medicine

LIFE CYCLE MODEL VETERINARY CORPS

AOC 75C - Veterinary Laboratory Animal Medicine

YEARS OF SERVICE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
CAREER STATUS	OBV	VI REGULAR ARMY																												
PROMOTION	C P T	MAJ LTC COL																												
INSTITUTIONAL TRAINING	O B C	OAC CGSOC SSC LTCT*																												
SELF DEVELOPMENT	CONTINUING MEDICAL EDUCATION																													
OPERATIONAL ASSIGNMENTS	BOARD CERTIFICATION A DESIGNATOR																													
	Utilization tours involving Regulatory Issues, Clinical Investigation, Research Protocol Development, Attending Veterinary Care and Animal Modeling, Research; Department/Division Chief, Senior Staff, or Command																													
*LONG-TERM CIVILIAN TRAINING/MILITARY PRECEPTORSHIP/MILITARY RESIDENCIES.																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

Figure 10-2. Veterinary Corps life cycle model—veterinary laboratory animal medicine

LIFE CYCLE MODEL VETERINARY CORPS

75D - Veterinary Pathologist

YEARS OF SERVICE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30						
CAREER STATUS	OBV VI REGULAR ARMY																																			
PROMOTION	C P T						MAJ			LTC			COL																							
INSTITUTIONAL TRAINING	O B C			OAC			LTCT*			CGSOC			SSC																							
SELF DEVELOPMENT	CONTINUING MEDICAL EDUCATION																																			
	BOARD CERTIFICATION A DESIGNATOR																																			
OPERATIONAL ASSIGNMENTS	1 1 1			CONUS & CONUS OR TDA & 1 TOE			Utilization Tours involving Pathogenesis Studies, Drug Safety & Efficacy, Animal Modeling & Diagnosis, Research & Collaboration; Department/Division Chief, Senior Staff, or Command																													
*LONG-TERM CIVILIAN TRAINING/MILITARY PRECEPTORSHIP/MILITARY RESIDENCIES																																				
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30						

Figure 10-3. Veterinary Corps life cycle model—veterinary pathologist

LIFE CYCLE MODEL VETERINARY CORPS

AOC 75E - Veterinary Microbiologist

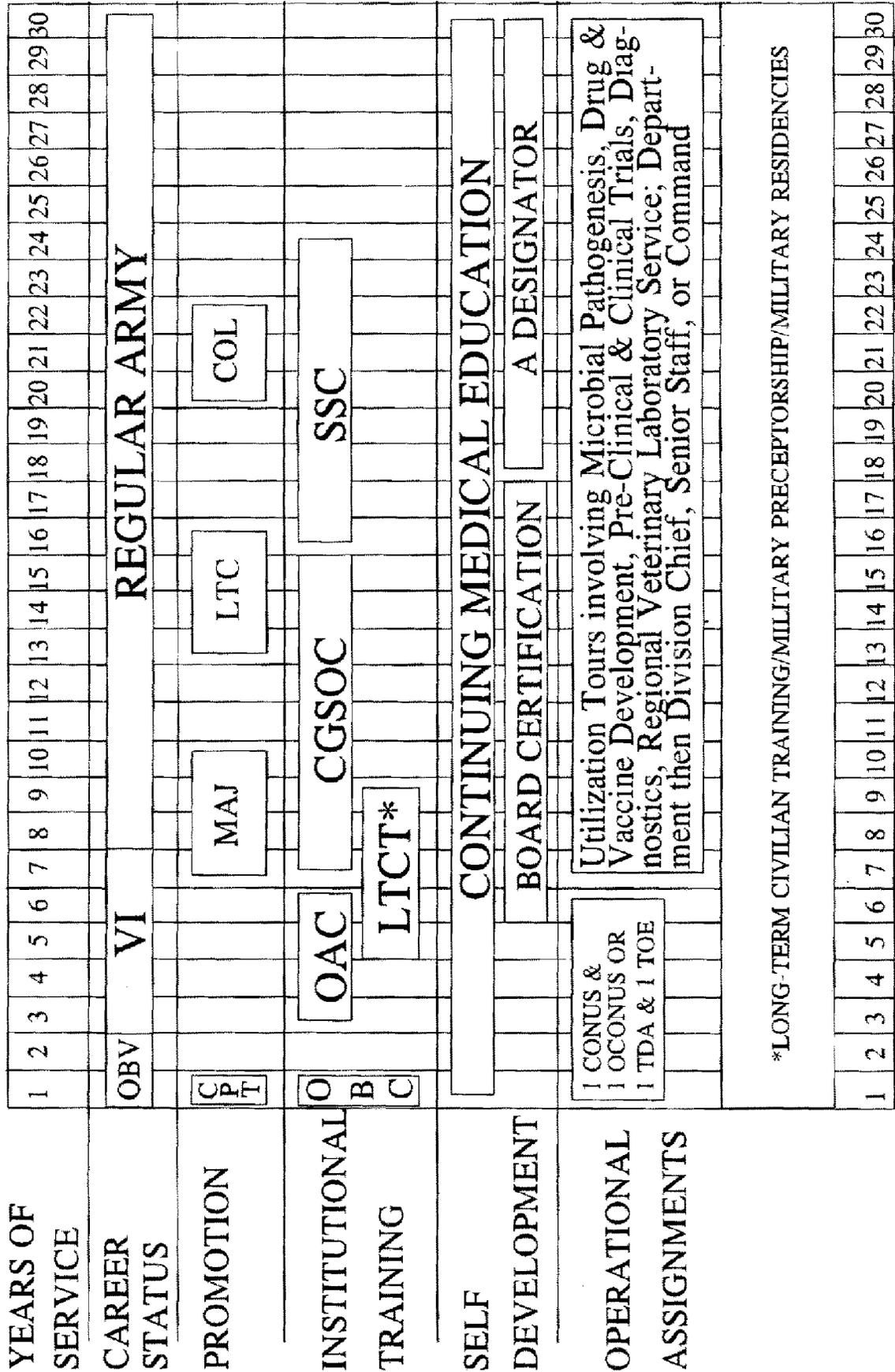


Figure 10-4. Veterinary Corps life cycle model—veterinary microbiologist

LIFE CYCLE MODEL

VETERINARY CORPS

MOS 640A - VETERINARY SERVICES TECHNICIAN

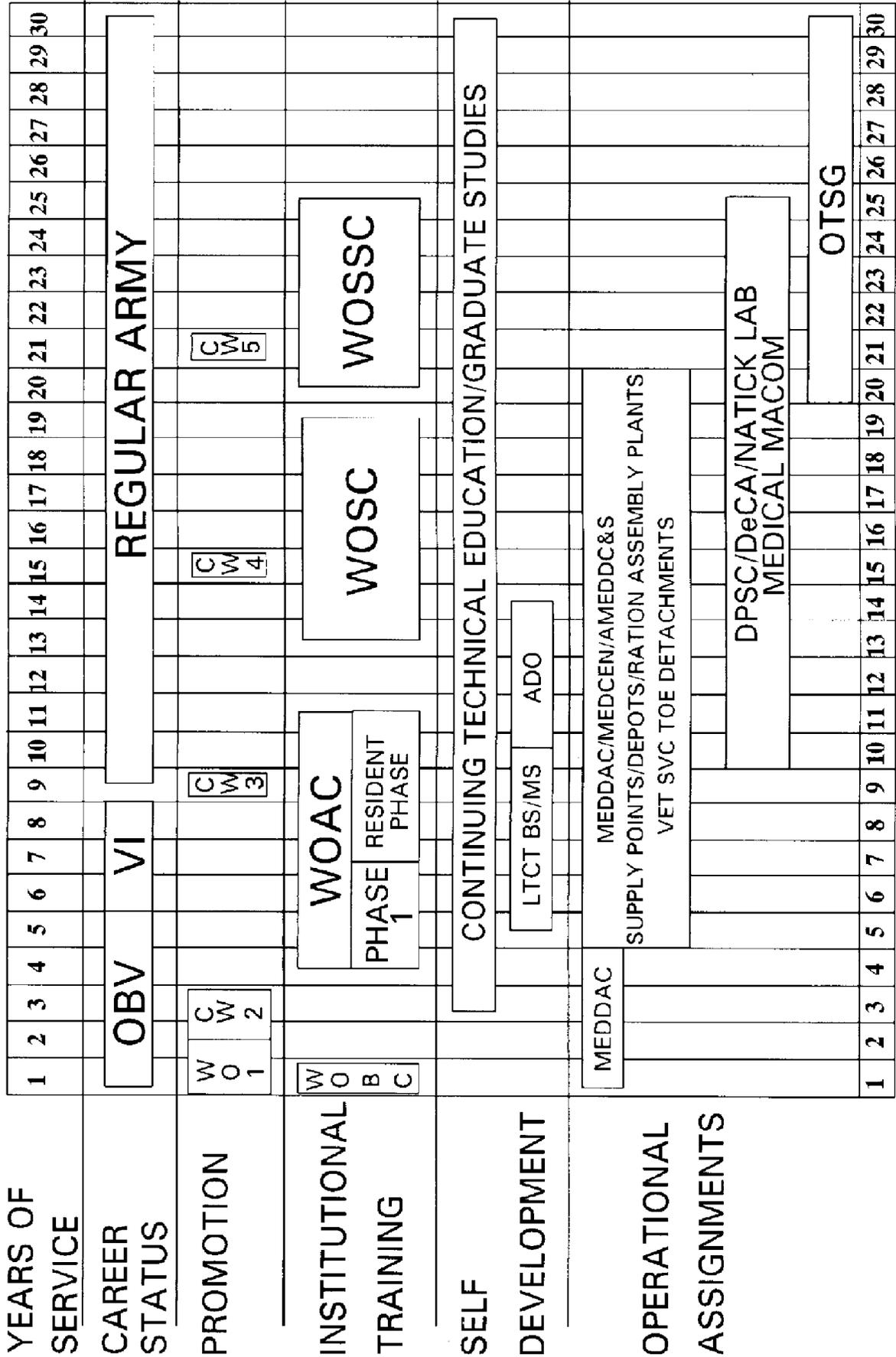


Figure 10-7. Veterinary Corps life cycle model—veterinary services technician(MOS 640A)

Appendix A References

Section I Required Publications

AR 40-48

Nonphysician Health Care Providers. (Cited in paras 8-4*a* and 8-4*a*(1).)

AR 40-68

Quality Assurance Administration. (Cited in paras 5-1,6-4*a*, 6-4*b*, and 6-4*c*.)

AR 135-91

Service Obligations, Methods of Fulfillment, Participation Requirements, and Enforcement Procedures. (Cited in para 2-12*a*.)

AR 135-155

Promotion of Commissioned Officers and Warrant Officers Other Than General Officers. (Cited in paras 6-3*c*(2), 7-3*b*(4)(*a*)1,8-3*e*(2), 9-3*e*(2), 10-3*b*(2),10-4*b*(3), 10-4*f*(3), and 10-5*c*.)

AR 140-1

Mission, Organization, and Training. (Cited in para 3-11*b*(3).)

AR 140-145

Individual Mobilization Augmentation (IMA) Program. (Cited in para 2-12*d*(2).)

AR 351-3

Professional Education and Training Programs of the Army Medical Department. (Cited in paras 3-2, 3-6, 3-7*b*,9-2*b*(2)(*d*), and 10-5*c*.)

AR 611-101

Commissioned Officer Classification System. (Cited in paras 2-2*c*,2-10*a*, 6-4*a*, 6-4*b*,6-4*c*, 8-4, 8-6*a*,9-3*d*(1)(*c*),9-3*e*(2)(*a*)2, 9-4*a*(3),9-4*a*(5), 9-4*c*(3),9-4*d*(3), 9-4*e*(3),9-4*f*(3), 9-4*g*(3), 9-4*h*(3),9-4*h*(6),9-4*i*(1), 9-5*a*, 9-5*b*, and 10-5*c*.)

AR 614-100

Officer Assignment Policies, Details, and Transfers. (Cited in para 2-2*d*.)

DA Pam 351-4

U.S. Army Formal Schools Catalog. (Cited in paras 3-11*a*, 7-5*b*, and 10-5*b*.)

DA Pam 351-20

Army Correspondence Course Program Catalog. (Cited in paras 3-9 and 3-11*a*.)

DA Pam 600-3

Commissioned Officer Professional Development and Utilization.(Cited in paras 1-1, 2-5, 2-7, 3-9, and 3-11*b*(3).)

DA Pam 600-11

Warrant Officer Professional Development. (Cited in paras 1-1,2-16*d*, 3-1*b*,7-5*b*, and 10-5*b*.)

Section II Related Publications

AR 10-5

Organization and Functions, Headquarters, Department of the Army

AR 40-1

Composition, Mission, and Functions of the Army Medical Department

AR 40-3

Medical, Dental, and Veterinary Care

AR 40-216

Neuropsychiatry and Mental Health

AR 40-501

Standards of Medical Fitness

AR 135-7

Army National Guard and Army Reserve Incentive Programs

AR 135-18

The Active Guard/Reserve (AGR) Program

AR 135-100

Appointment of Commissioned and Warrant Officers of the Army

AR 135-101

Appointment of Reserve Commissioned Officers for Assignment to Army Medical Department Branches

AR 135-175

Separation of Officers

AR 135-178

Separation of Enlisted Personnel

AR 135-200

Active Duty for Training, Annual Training and Active Duty Special Work of Individual Soldiers

AR 135-210

Order to Active Duty as Individuals During Peacetime

AR 140-10

Assignments, Attachments, Details, and Transfers

AR 140-50

Officer Candidate Schools

AR 140-111

U.S. Army Reserve Reenlistment Program

AR 350-1

Army Training

AR 350-100

Officer Active Duty Service Obligations

AR 351-5

United States Army Officer Candidate Schools

AR 600-3

The Army Personnel Proponent System

AR 600-8-104

Military Personnel Information Management/Records

AR 600-9

The Army Weight Control Program

AR 600-20

Army Command Policy

AR 600-39

Dual Component Personnel Management Program

AR 601-100

Appointment of Commissioned and Warrant Officers in the Regular Army

AR 601-130

Officer Procurement Programs of the Army Medical Department

AR 601-141

U.S. Army Health Professions Scholarship Program

AR 611-112

Manual of Warrant Officer Military Occupational Specialties

AR 623-105

Officer Evaluation Reporting System

AR 635-10

Processing Personnel for Separation

AR 635-100

Officer Personnel

AR 635-120

Officer Resignations and Discharges

AR 670-1

Wear and Appearance of Army Uniforms and Insignia

DA Pam 350-58

Leader Development for America's Army

FM 22-100

Military Leadership

NGR 351-5

Officer Candidate Training

NGR 600-5

Active Guard/Reserve (AGR) Program, Full-Time National Guard Duty

NGR 600-100

Commissioned Officers—Federal Recognition and Related Personnel Activities

NGR 600-101

Warrant Officers—Federal Recognition and Personnel Actions

NGR 635-102

Officers and Warrant Officers Selective Retention

Section III

Prescribed Forms

This section contains no entries.

Section IV

Referenced Forms

DA Form 483

Officer Assignment Preference Statement

DA Form 4187

Personnel Action

DA Form 4213

Supplemental Data for Army Medical Service Reserve Officers

Glossary

Section I Abbreviations

AAC

Army Acquisition Corps

ACLS

Advanced Cardiac Life Support

ACS

Assistant Chief of Staff

ADA

American Dental Association

ADP

automated data processing

AEGD

Advanced Education in General Dentistry

AFCS

Active Federal Commissioned Service

AGR

Active Guard/Reserve

AMEDD

Army Medical Department

AMEDDC&S

Army Medical Department Center and School

AN

Army Nurse Corps

ANPP

Army Nurse Preceptorship Program

AOC

area of concentration

APA

American Psychological Association

AR

Army Regulation

ARNGUS

Army National Guard of the United States

ARPERCEN

Army Reserve Personnel Center

ASI

additional skill identifier

AT

annual training

AWC

Army War College

AWCCSC

Army War College Corresponding Studies Course

BAMC

Brooke Army Medical Center

BCE

Board Certified Entomologist

BCLS

Basic Cardiac Life Support

BMOC

Battalion Maintenance Officers Course

BSN

bachelor of science in nursing

C⁴

Combat Casualty Care Course

C⁴A

Combat Casualty Care Course, Advanced

CAS³

Combined Arms and Services Staff School

CDE

continuing dental education

CDPL

Command Designated Position List

CDS

Child Development Services

CE

continuing education

CGSC

Command and General Staff College

CGSOC

Command and General Staff Officer Course

CHE

continuing health education

CME

continuing medical education

CONUS

Continental United States

CPIP

Clinical Psychology Internship Program

CSH

Combat Support Hospital

DA

Department of the Army

DC

Dental Corps

DCSPER

Deputy Chief of Staff for Personnel

DDS

doctor of dental surgery

DENTAC

dental activity

DMD

doctor of dental medicine

DOD

Department of Defense

DOIM

Director of Information Management

DOPMA

Defense Officer Personnel Management Act

DOR

date of rank

DVA

Department of Veteran's Affairs

DVM

doctor of veterinary medicine

EEG

electroencephalography

EFMB

Expert Field Medical Badge

EMG

electroneuromyography

FORSCOM

U.S. Army Forces Command

FTSMC

Full-Time Support Manning Center

FYGME

First Year Graduate Medical Education

GME

graduate medical education

GUARDPERCEN

Army National Guard Personnel Center

HPLR

Health Professionals Loan Repayment

HPSA

Health Professional Support Agency

HPSP

Health Professions Scholarship Program

HQDA

Headquarters, Department of the Army

ICAF

Industrial College of the Armed Forces

IDT

inactive duty for training

IM

immaterial

IMA

Individual Mobilization Augmentee

IRR

Individual Ready Reserve

LTCT Long-Term Civilian Training	OCONUS Outside Continental United States	STARC State Area Command
LTHET Long-Term Health Education and Training	OIC Officer-In-Charge	STRAP Specialized Training Assistance Program
M²C³ Medical Management of Combat Casualties Course	OMPF Official Military Personnel File	TDA table of distribution and allowances
MACOM major Army command	OPMS Officer Personnel Management System	TOE table of organization and equipment
MANPRINT manpower and personnel integration	ORB Officer Record Brief	TPA Therapeutic Pharmaceutical Agent
MASH Mobile Army Surgical Hospital	OT occupational therapy	TPU Troop Program Unit
MC Medical Corps	OTSG Office of The Surgeon General	TSG The Surgeon General
MEDCEN medical center	P promotable	TWOS Total Warrant Officer System
MEDCOM medical command	PA physician assistant	USACHPPM (Prov) U.S. Army Center for Health Promotion and Preventive Medicine(Provisional)
MEDDAC Medical Department activity	PERSCOM U.S. Total Army Personnel Command	USAF U.S. Air Force
MFA medical functional area	PhD doctor of philosophy	USAMEDCOM U.S. Army Medical Command
MILPO military personnel officer	PMD Preventive Medicine Division	USAMEOS U.S. Army Medical Equipment and Optical School
MLMC Medical Logistics Management Course	PMO personnel management officer	USAMRMC U.S. Army Medical Research and Materiel Command
MOS military occupational specialty	PPBES Planning, Programming, Budgeting, and Execution System	USAR U.S. Army Reserve
MQS Military Qualification Standards	PPSCP Professional Postgraduate Short Course Program	USARF U.S. Army Reserve Forces
MS Medical Service Corps	PROFIS Professional Filler System	USC United States Code
MTF medical treatment facility	PT physical therapy	VC Veterinary Corps
NBC nuclear, biological, and chemical	RA Regular Army	VI Voluntary Indefinite
NGB National Guard Bureau	RC Reserve Component	WOAC Warrant Officer Advanced Course
OAC Officer Advanced Course	SGI small group instructional	WOBC Warrant Officer Basic Course
OBC Officer Basic Course	SKA skill, knowledge, and attitude	WOCC Warrant Officer Career Center
OBV Obligated Volunteer	SP Army Medical Specialist Corps	WOCS Warrant Officer Candidate School
OCAR Office of the Chief, Army Reserve	SSC Senior Service College	WOES Warrant Officer Education System

WOLDAP

Warrant Officer Leader Development Action Plan

WOMA

Warrant Officer Management Act

WOSC

Warrant Officer Staff Course

WOSSC

Warrant Officer Senior Staff Course

WRAMC

Walter Reed Army Medical Center

**Section II
Terms****Active Army**

Consists of—

- a. Regular Army soldiers on active duty.
- b. Army National Guard of the United States and Army Reserve soldiers on active duty (other than for training or in an Active Guard Reserve status).
- c. Army National Guard soldiers in the service of the United States pursuant to a call.
- d. All persons appointed, enlisted, or inducted into the Army without component.

Active duty

Full-time duty in the active military service of the United States.

Active Duty For Training

Full-time duty in the active military service of the U.S. for training purposes. This includes attendance at Army Service Schools, participation in small arms competition, short tours of active duty for special projects, attendance at military conferences and participation in any command post exercise, field exercise or maneuver, which is separate from "annual training."

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

Army National Guard of the U.S. and U.S. Army Reserve personnel serving on active duty under 10 USC 672(d) and Army National Guard personnel serving on full-time National Guard duty under 32 USC 502(f). 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 Reserve Personnel Army 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 station or organization. The period of training for units organized to serve as units is not less than 14 days, exclusive of travel time. The period of training for Reserve Component members ordered individually to active duty training normally will be no less than 12 days, exclusive of travel time.

Area of concentration

Identifies a requirement and an officer possessing a requisite area of expertise (subdivision) within a branch of the AMEDD.

Army

The Regular Army, Army of the United States, Army National Guard of the United States, and the United States Army Reserve (AR 140-111).

Branch

A grouping of officers that comprises an arm or service of the Army Medical Department in which an officer is commissioned or transferred, trained, developed, and promoted. All officers hold a single branch designation and may serve repetitive and progressive assignments associated with the branch. Branches of the Army Medical Department are: Dental Corps, Medical Corps, Medical Service Corps, Army Medical Specialist Corps, Army Nurse Corps, and Veterinary Corps.

Control group

An administrative organization established for control and statistical accounting purposes.

Corps

A grouping of officers who have or are developing specific skills unique to their particular branch. A term synonymous with "branch."

Due course

Those officers possessing the minimum entry level for a particular AMEDD Corps.

Immaterial position

For AMEDD officers, a duty position which is not identified with or limited to one specific area of concentration (except Medical Service Corps) or medical functional area (Medical Service Corps only) but indicates that any commissioned officer in a particular Corps (except Medical Service Corps) or area of concentration (Medical Service Corps only) 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 nonpay training status.

Individual Mobilization Augmentee

Preselected, 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 Individual Mobilization Augmentee.

Individual Ready Reserve

Collective term assigned to control group (annual training) and control group (reinforcement).

Medical functional area

Further specialization within an area of concentration.

Non-due course

Those officers possessing additional entry grade credit beyond the minimum entry level for a particular AMEDD Corps.

Obligated officer

An officer who has an obligation incurred by operation of law or by execution of a contractual agreement to serve in an Active or Reserve status for a specified period of time.

Officer

Includes commissioned and warrant officers, unless otherwise specified.

Permanent promotion

A promotion in the Regular Army or in a Reserve component of the Army.

Personnel management officer

Located at U.S. Army Reserve Personnel Center and responsible for developing and retaining a professional Reserve officer corps by providing a broad range of relevant educational experiences and training to each individual officer. Every personnel management officer manages a specific segment of the U.S. Army Reserve officer population, depending on branch and grade.

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 the Congress or the President or when otherwise authorized by law.

Reasonable commuting distance

Distance from home to the U.S. Army Reserve Center which is within a 50-mile radius or 90-minute travel time (AR 140-10).

Reinforcement Training Unit

A U.S. Army Reserve non-troop program unit, consisting of attached personnel from the Individual Ready Reserve, organized to

provide Reserve duty training in a nonpay status for its members. Retirement point credit is authorized.

Reserve Components of the Army

The Army National Guard of the U.S. and the U.S. Army Reserve.

ROTC Program

The Senior Reserve Officers' Training Corps of the Army (AR 135-91, AR 135-178, and AR 135-210).

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 which may require significant education, training, and experience. A skill can be related to more than one branch/corps or area of concentration/medical functional area. An officer may have more than one skill. Progressive assignments and repetitive tours are not required.

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 branches. The Army Medical Department is a special branch of the Army.

Temporary promotion

Promotion to a grade in which a soldier holds a temporary appointment in the Army of the United States. Applicable only to warrant officers.

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.

U.S. Army Reserve Control Group

Consists of Ready Reserve members who are on full-time active duty in the Army Reserve, Active Guard/Reserve Program. They are part of the Selected Reserve.

U.S. Army Reserve Forces School

A troop program table of distribution and allowances unit specifically organized for the purpose of presenting Army service school courses and selected military training courses for Reserve Component personnel during inactive duty training and active duty for training periods.

U.S. Army Reserve Personnel Center

A Department of the Army field operating agency located in St. Louis, Missouri, functioning under the office of the Chief, Army Reserve, Department of the Army, to which are assigned all Reserve control group members not assigned to units of the Selected Reserve.

Section III

Special Abbreviations and Terms

This section contains no entries.

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