

**Army Regulation 601-142**

**Personnel Procurement**

# **Army Medical Department Professional Filler System**

**Headquarters  
Department of the Army  
Washington, DC  
23 June 2004**

**UNCLASSIFIED**

# ***SUMMARY of CHANGE***

AR 601-142

Army Medical Department Professional Filler System

Specifically, this revision dated 23 June 2004--

- o Defines a new tiered approach for managing substitutability of the field surgeon (62B) (table 1).
- o Revises Army Medical Specialist Corps substitutability criteria (table 1).
- o Changes level of replacement percentages for general surgeons (61J) to meet operational requirements on forward surgical teams and combat support hospitals (table 1).
- o Revises notes applicable to the substitutability criteria table (table 1).
- o Provides requirements applicable to general surgery substitute providers (para 5h).

The revision dated 1 March 1995--

- o Changes the title of the Professional Officer Filler System to Professional Filler System (throughout).
- o Deletes the term Korean Mobilization Augmentation Package (KMAP). This term is no longer needed since the justification for establishing KMAP was including enlisted soldiers, and now the PROFIS includes enlisted fillers in select units.
- o Clarifies the responsibilities of the Surgeon General (para 4).
- o Adds responsibilities of the commanders of the U.S. Army Pacific, U.S. Army South, and U.S. Army Special Operations Command (para 4).
- o Lists the actions required by MTOE unit commanders (para 4).
- o Clarifies the priorities for PROFIS fill (para 5).
- o Clarifies which MEDCOM medical treatment facility positions are exempt from filling PROFIS requirements (para 5).
- o States the policy for using officers participating in graduate health care education (para 5).
- o Adds requirements for PROFIS Paid Parachute Positions (para 5).
- o Establishes selection procedures for PROFIS commanders (para 5).
- o Explains how organizational clothing and individual equipment is issued (para 5).

- o Defines procedures for determining PROFIS requirements (para 6).
- o Lists procedures for personnel deployment (para 6).
- o Changes reporting requirements (para 7).
- o Adds substitutability criteria for specialty skills (table 1).
- o Revises DA Form 5537 to include new medical functional areas and areas of concentration.

Effective 23 July 2004

## Personnel Procurement

### Army Medical Department Professional Filler System

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By order of the Secretary of the Army:

PETER J. SCHOOMAKER  
*General, United States Army*  
*Chief of Staff*

Official:



JOEL B. HUDSON  
*Administrative Assistant to the*  
*Secretary of the Army*

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**History.** This publication is a rapid action revision. The portions affected by this rapid action revision are listed in the summary of change.

**Summary.** This regulation provides guidelines to identify, qualify, train, and implement assignment procedures for Active Army Medical Department personnel in rounding out Active Army units using the Professional Filler System during military operations with or without mobilization authority.

**Applicability.** This regulation applies to the Active Army modified tables of organization and equipment and tables of

distribution and allowances units that provide or receive Army Medical Department fillers. It does not apply to the Army National Guard or U.S. Army Reserve. This publication is applicable during all levels of graduated mobilization response to include deployment operations with or without mobilization of the Reserve Component.

**Proponent and exception authority.**

The proponent of this regulation is The Surgeon General. The proponent has the authority to issue policy and approve exceptions or waivers to this regulation that are consistent with controlling law and regulations. The proponent may delegate this approval authority, in writing, to a division chief within the proponent agency or a direct reporting unit or field operating agency of the proponent agency in the grade of colonel or the civilian equivalent. Activities may request a waiver to this regulation by providing justification that includes a full analysis of the expected benefits and must include formal review by the activity's senior legal officer. All waiver requests will be endorsed by the commander or senior leader of the requesting activity and forwarded through their higher headquarters to the policy proponent. Refer to AR 25–30 for specific guidance.

**Army management control process.**

This regulation does not contain management control provisions.

**Supplementation.** Supplementation of this regulation and establishment of command and local forms are prohibited without prior approval from the Office of the Surgeon General, HQDA (DASG–PTZ), 5109 Leesburg Pike, Falls Church, VA 22041–3258.

**Suggested improvements.** The proponent agency of this regulation is the Office of The Surgeon General. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to the Office of The Surgeon General, HQDA (DASG–PTZ), 5109 Leesburg Pike, Falls Church, VA 22041–3258.

**Distribution.** This publication is available in electronic media only and is intended for command level B for the Active Army only.

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\*This regulation supersedes AR 601–142, 1 March 1995.

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**Glossary**

## 1. Purpose

This regulation assigns responsibilities and provides Department of the Army (DA) policy and procedures for managing the Army Medical Department (AMEDD) Professional Filler System (PROFIS). This system designates qualified Active Army AMEDD personnel serving in table of distribution and allowances units to fill U.S. Army Forces Command (FORSCOM) early deploying modified table of organization and equipment (MTOE) units, U.S. Army Pacific (USARPAC), U.S. Army Europe and Seventh Army (USAREUR), and Eighth U.S. Army (EUSA) forward deployed units upon execution of an approved Joint Chiefs of Staff Operation Plan (OPLAN) or upon execution of a no-plan contingency operation. The objective of the PROFIS is to resource MTOE units to their required level of organization of identified AMEDD personnel, in accordance with the Army Mobilization, Operations, Planning and Execution System (AMOPES).

## 2. References

Required and related publications and a prescribed form are listed in appendix A.

## 3. Explanation of abbreviations and terms

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

## 4. Responsibilities

The Surgeon General (TSG) is the proponent for PROFIS. The Commanding General (CG), Human Resources Command (HRC) is the lead agent. The responsibilities for implementing the PROFIS are as follows:

- a. TSG will—
  - (1) Provide policy guidance on PROFIS matters.
  - (2) Maintain liaison with major Army commands (MACOMs) and field operating agencies (FOAs) involved in PROFIS.
  - (3) Monitor the status of fill for PROFIS within the MACOMs and the impact on readiness through the unit status report (USR) and use of the automated PROFIS system.
  - (4) Nominate personnel for key PROFIS positions.
  - (5) Identify individuals or duty positions that are exempt from utilization as PROFIS fillers. (See 5d below.)
  - (6) Direct the use of AMEDD officers participating in graduate medical education (GME) and other approved graduate health care education programs to meet PROFIS requirements.
- b. The Deputy Chief of Staff, G-1 (DCS, G-1) will convene annually a DA centralized selection board to recommend Medical Corps officers for future command of PROFIS units to the Chief of Staff, Army.
- c. The CG, HRC will—
  - (1) Coordinate the designation of key PROFIS personnel (commanders and chief nurses) for selected MTOE medical units.
  - (2) Notify selectees and update the database for key PROFIS personnel after they have been identified through appropriate selection processes.
  - (3) Distribute PROFIS requirements/assignments to providing and gaining commands.
  - (4) Verify MACOM validations and forward updated PROFIS requirements to the providing commands for identification of filler personnel.
  - (5) Respond to inquiries by the providing and gaining commands about PROFIS personnel.
  - (6) Maintain liaison with MACOMs and FOAs involved in the PROFIS process.
  - (7) Conduct AMEDD Colonel Command Selection Boards to select PROFIS commanders.
  - (8) Distribute FORSCOM's unit fill priority list to all MACOMs providing PROFIS.
- d. The CG, U.S. Army Medical Command (MEDCOM) will ensure the PROFIS automation system is funded and the database maintained to reflect accurate status.
- e. The CG, MEDCOM, and CG, U.S. Army Materiel Command (AMC) will—
  - (1) Receive all validated PROFIS requirements from HRC and forward each requirement to the appropriate organization to be filled. The agency designated to provide the filler will utilize the policies and procedures outlined in paragraph 5 in making a selection and will identify the filler personnel having the required area of concentration (AOC) and credentials within 20 working days after receipt of the requirement. Individuals identified must possess all of the special qualifications, to include the appropriate security clearance, if required, and skills needed to fill the MTOE requirement.
  - (2) Ensure that qualified personnel are assigned in each filler position. Substitutability criteria are listed in table 1.
  - (3) Ensure that fillers are Officer Basic Course qualified, soldier readiness program (SRP) qualified, and prepared to deploy per AR 600-8-101.
  - (4) Ensure that PROFIS fillers receive required annual MTOE training in accordance with MEDCOM guidance.
  - (5) Notify HRC (AHRC-OPH) of problems encountered with filling PROFIS requirements.
- f. The CG, FORSCOM, will—

(1) Validate command requirements for PROFIS personnel with HRC (AHRC–OPH) semiannually or as the manpower documents change.

(2) Coordinate with commands providing PROFIS fillers to FORSCOM units to ensure filler plans are adequate and executable.

(3) Ensure that subordinate commanders receiving PROFIS personnel communicate with the organizations providing the PROFIS personnel and provide annual field orientation and scenario dependent training for personnel designated for assignment to the unit.

(4) Require comment on the USR concerning the percentage of PROFIS fillers having received the gaining unit's field orientation.

(5) Ensure that subordinate units are authorized sufficient organizational clothing and individual equipment (OCIE) and other unit common table of allowance equipment, protective masks and weapons, and appropriate Army Authorization Documents System equipment to equip PROFIS personnel upon their arrival at the unit and to support them in a field environment.

(6) Ensure that subordinate commanders consult the PROFIS database monthly and verify availability and readiness of fillers with the providing commands in conjunction with the completion of the USR.

(7) Ensure that subordinate commanders gaining PROFIS personnel provide a commander's welcome letter and unit orientation packet to them not later than 10 working days following notification of their identity to the gaining unit.

(8) Prioritize all deploying units in accordance with paragraph 5c, and update the list annually or upon a change of priority, whichever comes first. The prioritized list will be submitted to HRC (AHRC–OPH), with an information copy to Headquarters, Department of the Army (HQDA), (DASG–PTZ), by 30 September each year.

(9) Provide HQDA (DASG–PTZ) with a list of units/organizations that will be granted access to the PROFIS database and each unit's level of access.

g. The CG, USAREUR, CG, EUSA, CG, USARPAC, CG, U.S. Army South (USARSO), and the Commander, U.S. Army Special Operations Command (USASOC) will—

(1) Validate command PROFIS requirements with HRC (AHRC–OPH) annually. These PROFIS requirements must also be included in the appropriate OPLAN shelf requisitions and be provided to the Commander, HRC (AHRC–ZA) in accordance with AMOPES, Annex E, Appendix 4.

(2) Communicate with commands providing PROFIS fillers. They will ensure PROFIS fillers are verified quarterly, and provide the names to the gaining units so that they can be counted on their USR.

(3) Ensure that the losing commanders specified in *e* above are provided PROFIS orientation packets for distribution to PROFIS personnel by their gaining command. Since theater fillers will likely not receive a pinpoint assignment, minimal information will be included concerning arrival points, arrival processing, expected mission/duties, and the level of security clearance required.

*h.* MTOE unit commanders will—

(1) Coordinate with the providing organization to ensure that OCIE appropriate for the area of assignment is available for issue to assigned PROFIS fillers.

(2) Verify the continuing availability and readiness of designated fillers monthly.

(3) Consult the PROFIS database and the providing organization monthly in conjunction with completion of the USR.

(4) Report unit PROFIS requirements to the MACOM as changes occur, but not less than semiannually.

(5) Provide annual field orientation and scenario dependent training for PROFIS fillers designated for assignment to the unit.

(6) Provide PROFIS fillers a welcome letter and unit orientation packet within 10 working days following their PROFIS designation. They will include information about the unit location, mission, individual duty position description, special qualifications (that is, advanced trauma life support or airborne training), training requirements, individual equipment packing lists, schedule of future training opportunities, a reception itinerary/inprocessing training schedule, the time frame to report after notification of PROFIS activation, and the level of security clearance required.

*i.* The commander of the assigned PROFIS filler (losing unit) will provide travel funds for the PROFIS filler to and from the gaining unit for training. Any per diem expenses are the responsibility of the designated gaining unit.

## 5. Policy

*a.* The providing commands are MEDCOM and AMC. The gaining commands are USAREUR, FORSCOM, EUSA, USARPAC, USARSO, and USASOC.

*b.* MACOM supplementation of this regulation is prohibited without prior approval from HQDA (DASG–PTZ), 5109 Leesburg Pike, Falls Church, VA 22041–3258.

*c.* The priorities for PROFIS fill are:

(1) Contingency forces.

(2) Special operations forces.

(3) Forward deployed forces.

(4) All other forces. Unless otherwise instructed, requirements will be filled to 100 percent at the higher priority level before proceeding to the next level.

*d.* Medical treatment facility (MTF) commanders, MTF chief nurses, GME and other approved graduate health education (GHE) course directors, and GME/GHE participants will not normally be assigned to PROFIS positions. Persons participating in GHE education programs and GME may only be used as PROFIS in accordance with the guidelines *ine* below.

*e.* AMEDD officers participating in GHE and GME training programs will not be used as fillers on routine PROFIS rosters. In the event that all fully trained AMEDD officers have been scheduled for deployment, and TSG authorizes the use of GHE or GME participants, the following criteria will be utilized for the removal of GHE or GME participants from their training programs:

(1) Regardless of the level of emergency, trainees in their post-graduate year (PGY)-1 are exempt from deployment, unless approved by TSG.

(2) Trainees PGY-2 and beyond who are in fully or partially funded civilian training programs will continue to be assigned to the AMEDD student detachment during contingency situations short of full mobilization. These individuals will not be removed from their training programs unless approved by TSG.

(3) Trainees may be employed on a short-term basis (less than 90 days) to backfill positions vacated by the implementation of PROFIS. Fellows will be utilized before residents.

(4) Trainees will be used in their basic AOC. After completion of 50 percent of their training, they may be used in the AOC for which they have been trained, provided adequate clinical competency has been achieved. The priority for the removal of trainees from their GHE or GME program is as follows:

(*a*) Trainees who would be given enough credit from their final phase of training to graduate off cycle.

(*b*) Trainees who could be deployed to medical units that would permit their deployed time to be credited for training (for example, in a deployed unit where clinical supervision and patient load are appropriate).

(5) Trainees will not be used to fill division level or high priority contingency positions (for example, forward surgical teams (FSTs)).

(6) GME or GHE participants will be the first returned upon redeployment so that there will be as little impact upon their training as possible.

(7) Commanders of MEDCOM teaching hospitals will report anticipated deployments that could cause a particular GHE or GME program to be placed on probation to the Commander, MEDCOM, Fort Sam Houston, TX 78234–6100.

*f.* Once all of the fully qualified personnel within an organization have been assigned to PROFIS positions, substitution criteria in table 1 will be used to fill the remaining requirements. Fillers may be substituted one grade down or two grades up from their present grade (see table 1, note 1). Once designated, PROFIS fillers will remain in a position for a minimum of 18 months.

*g.* PROFIS flight surgeon positions may be filled by currently practicing flight surgeons or former flight surgeons now practicing in another clinical area. Former flight surgeons, once designated as aviation PROFIS, require annual refresher training that is available at the Operational Aeromedical Problems Course at Fort Rucker, AL.

*h.* Substitute providers for general surgery must meet the following requirements:

(1) In forward surgical teams—

(*a*) With requirements for four general surgeons, if three are 61J general surgeons, including the team chief, a substitution of one orthopedic surgeon is allowed.

(*b*) The 61K, 61L, and 61W surgeons who completed a general surgery residency training program can be assigned to perform as a 61J general surgeon.

(*c*) Only 60J and 60K surgeons who have completed a surgical oncology fellowship may substitute for a 61J general surgeon (35 percent).

(2) In combat support hospitals (CSHs), with requirements for seven 61J general surgeons, if six are 61J general surgeons (or one of the 100 percent substitutables), a substitution of one 60J obstetrician-gynecologist is allowed (15 percent).

*i.* The rapid response required to support contingency operations necessitates the intensive management of fillers for units supporting the contingency force. In some instances, personnel must be ready to deploy from their home station with as little as 4 hours notice. PROFIS requirements for contingency units will be filled from the staff of the local MTF closest to the gaining unit to the maximum extent possible. The criteria contained in table 1 will be applied after the inventory of primary skills is exhausted. MTFs filling contingency requirements will not fill other PROFIS requirements until all contingency requirements have been met and there are still remaining assets in a particular specialty. Any requirements that cannot be met by the local MTF will be filled from within the health services support area. MTF commanders will ensure that the contingency PROFIS positions are filled at all times with individuals who are SRP/preparation for overseas movement (POM) qualified, and capable of performing their wartime mission during a no-notice deployment.

*j.* Certain PROFIS positions within the contingency force are Paid Parachute Positions (P4) and require Airborne training. Qualified personnel, or appropriate substitutes from table 1, occupying these positions are authorized to draw

jump pay. The first priority of fill for these positions will be volunteers assigned to or eligible for reassignment to the local MTF who are already Airborne qualified. The second priority will be qualified volunteers currently assigned or eligible for reassignment within a 300-mile radius of the gaining MTOE unit. The third priority will be volunteers willing to attend Airborne training and currently assigned or eligible for reassignment to the local MTF. The final priority will be volunteers willing to attend Airborne training and currently assigned or eligible for assignment within a 300-mile radius of the gaining MTOE unit. Personnel not currently Airborne qualified who volunteer to fill a P4 requirement will submit a request for Airborne training within 30 days of acceptance to fill the PROFIS position. The CG, FORSCOM will prioritize the units for Airborne assignments based upon operational plans. Requirements coded as P4 must be filled by Airborne qualified personnel unless the gaining MACOM commander waives the requirement. HRC (AHRC-OPH) will actively seek volunteers for assignment to contingency installations for designation to PROFIS Airborne positions.

k. PROFIS commanders will be recommended by a DA Command Selection Board and approved by the Chief of Staff, Army. HRC will establish procedures to fill other requirements designated as key personnel (that is, chief nurses at COL/LTC level). Key personnel will be coded "K" in the PROFIS automated database. HRC (AHRC-OPH) will provide MEDCOM with the names of key personnel PROFIS fillers as they are assigned to PROFIS positions. HRC will notify key personnel PROFIS fillers upon their selection and will identify a replacement for key personnel prior to their permanent change of station (PCS), expiration of term of service (ETS), release from active duty, or retirement. TSG will ensure, in coordination with HRC, that individuals designated as key personnel are assigned based on the results of the DA selection board.

l. PROFIS personnel detailed to fill deploying units will report to the Personnel Service Company (PSC)/Military Personnel Detachment (MPD) serving the deploying unit within the time frame established by the gaining unit commander. PROFIS personnel designated to fill forward deployed units outside continental United States (OCONUS) will be instructed to report to a designated central processing location or continental United States (CONUS) Replacement Center (CRC) for SRP processing and issue of equipment. In cases where a central processing center or CRC is not designated, PROFIS fillers will report to a designated Aerial Port of Embarkation (APOE). In these cases, SRP processing and issue of equipment is the responsibility of the home station (losing organization).

m. OCIE for PROFIS fillers flowing to forward deployed OCONUS units will normally be issued at a designated central processing center or CONUS CRC. If a central processing center or CRC has not been designated, the losing installation will issue OCIE to the PROFIS fillers prior to deployment. FORSCOM, USARPAC, USARSO, and USASOC fillers will be issued their OCIE through the gaining MTOE unit.

n. Questions regarding the implementation of PROFIS should be sent through command channels to HQDA (DASG-PTZ), 5109 Leesburg Pike, Falls Church, VA 22041-3258.

**Table 1**  
**Substitutability criteria**

Branch (See note 1, which applies to all branches.)	Level of re- placement	Primary specialty (See note 2.)	Substitute specialty (See note 3.)
Medical Corps	100%	60A Operational Medicine	All 60/61/62 series specialties
		60B Nuclear Medicine	None
		60C Preventive Medicine	60D Occupational Medicine
			61N Flight Surgeon (Certified)
		60J Obstetrician/ Gynecologist (OB/GYN)	None
		60K Urologist	None
		60L Dermatologist	None
		60N Anesthesiologist	None
		60S Ophthalmologist	None
		60T Otolaryngologist	None
	60V Neurologist	60R Pediatric Neurologist	
	60W Psychiatrist	60U Child Psychiatrist	
	61A Nephrologist	None	
	61F Internist	60F Pulmonary Disease	
		60G Gastroenterologist	
		60H Cardiologist	
		61A Nephrologist	
	61B Hematologist/Oncologist		
	61C Endocrinologist		
	61D Rheumatologist		
	61G Infectious Disease		
	60B Nuclear Medicine (only if completed Internal Medicine training)		
	60M Allergist/Clinical Immunologist (only if completed Internal Medicine training)		
	61F Internist	None	
	61G Infectious Disease	None	

**Table 1**  
**Substitutability criteria—Continued**

Branch (See note 1, which applies to all branches.)	Level of replacement	Primary specialty (See note 2.)	Substitute specialty (See note 3.)
	75%	61H Family Physician	62A Emergency Medicine 62B Field Surgeon
	100%	61J General Surgeon (See note 4.)	60P Pediatrician (Non-fellowship trained) 61K Thoracic Surgeon 61L Plastic Surgeon (only if General Surgery training was completed)
	35%	61J General Surgeon (See note 4.)	61W Peripheral Vascular Surgeon 60J Obstetrician/Gynecologist (only if Gynecology-Oncology fellowship training was completed)
	25%	61J General Surgeon	60K Urologist (only if Urology-Oncology fellowship training was completed)
	15%	61J General Surgeon (See note 4.)	60K Urologist
		61K Thoracic Surgeon	60J Obstetrician/Gynecologist
		61M Orthopedic Surgeon	None
		61N Flight Surgeon	None
	100%	61R Diagnostic Radiologist	None
		61U Pathologist	60B Nuclear Medicine
		61W Peripheral Vascular Surgeon	61Q Therapeutic Radiologist (only if Diagnostic Radiology training was completed)
		61Z Neurosurgeon	None
	50%	62A Emergency Physician	None
	100%	62B Field Surgeon (See note 2.)	None
			61H Family Physician
			<b>Substitution Tier 1</b>
			60P Pediatrician (Non-fellowship trained)
			61H Family Physician
			61F Internist
			<b>Substitution Tier 2</b>
			60C Preventive Medicine
			60D Occupational Medicine
			60F Pulmonary Disease
			60G Gastroenterologist
			60H Cardiologist
			60L Dermatologist
			60M Allergist/Clinical Immunologist
			60P Fellowship-trained Pediatric Sub-specialists
			60Q Pediatric Cardiologist
			60R Child Neurologist
			60V Neurologist
			61B Hematologist/Oncologist
			61C Endocrinologist
			61D Rheumatologist
			61G Infectious Disease
			61N Flight Surgeon
			61P Physiatrist
			62A Emergency Physician
			<b>Substitution Tier 3</b>
			60J Obstetrician/Gynecologist
			60K Urologist
			60T Otolaryngologist
			61J General Surgeon
			61K Thoracic Surgeon
			61L Plastic Surgeon
			61M Orthopedic Surgeon
			61W Peripheral Vascular Surgeon
			61Z Neurosurgeon
			<b>Substitution Tier 4</b>
			60S Ophthalmologist
			61A Nephrologist
			61E Clinical Pharmacologist
Dental Corps	100%	63A Dental Officer	63B Comprehensive Dentist
	50%		63K Pedodontist
			63F Prosthodontist

**Table 1**  
**Substitutability criteria—Continued**

Branch (See note 1, which applies to all branches.)	Level of replacement	Primary specialty (See note 2.)	Substitute specialty (See note 3.)
	25%		63D Periodontist 63E Endodontist 63H Preventive Dentistry/Dental Public Health 63M Orthodontist 63N Oral Surgeon 63P Oral Pathologist
	25%	63B Comprehensive Dentist	None
	25%	63F Prosthodontist, Fixed	63B Comprehensive Dentist
	25%	63H Preventive Dentistry/Dental Public Health	63B Comprehensive Dentist
		63N Oral Surgeon	None
	100%	63R Executive Dental Officer	All 63 series specialties
Veterinary Corps	100%	64A00 Senior Veterinarian (Duty Position)	All MFA 75 series specialties except 75A64
	100%	75A64 Field Veterinary Services Officer	All MFA 75 series specialties
	50%	75B64 Veterinary Preventive Medicine Officer	All MFA 75 series specialties except 75A64
		75C64 Veterinary Laboratory Animal Medicine	None
		75D64 Veterinary Pathologist	None
		75E64 Veterinary Microbiologist	None
		75F64 Veterinary Comparative Medicine	None
Army Medical Specialist Corps		65A Occupational Therapist	None
		65B Physical Therapist	None
		65C Dietitian	None
	100%	65D Physician Assistant (See notes 2 and 3.)	<b>Substitution Tier 1</b> 62B Field Surgeon <b>Substitution Tier 2</b> 60P Pediatrician 62A Emergency Physician 61H Family Physician
Army Nurse Corps		66A Nurse Administrator	None
		66C Psychiatric/Mental Health Nurse	None
		66E Operating Room Nurse	None
		66F Nurse Anesthetist (CSH, field hospital (FLD), general hospital (GEN)) (See note 5.)	60N Anesthesiologist
	100%	66H Medical–Surgical Nurse (MASH/CSH)	None
		66H Medical–Surgical Nurse (FLD/GEN)	66A Nurse Administrator 66B Community Health Nurse 66D Pediatric Nurse 66G OB/GYN Nurse 66J Clinical Nurse
	50%	66H8A Critical Care Nurse (MASH/CSH)	None
	100%	66H8A Critical Care Nurse (FLD/GEN)	66H Medical–Surgical Nurse
		66J Clinical Nurse	66B Community Health Nurse 66D Pediatric Nurse 66G OB/GYN Nurse 66H Medical–Surgical Nurse
Medical Service Corps MFA 70 Health Services	100%	67A Health Services Officer (Duty position)	Any MFA 70 series officer
		70A67 Health Care Administrator	None
		70B67 Health Services Officer	Any MFA 70 series company grade officer
		70C67 Health Services Comptroller	None
		70D67 Health Services Systems Manager	None
		70E67 Patient Administration Officer	None
		70F67 Health Services Hum Res Mgr	None
		70H67 Health Services Plans Opns, Intel, & Trng Officer	None
		70K67 Health Services Materiel Manager	None
MFA 71 Laboratory Sciences		67B Lab Sciences Officer (Duty Position)	All MFA 71 series specialties
		71A67 Microbiologist	None
		71B67 Biochemist (See note 6.)	None

**Table 1**  
**Substitutability criteria—Continued**

Branch (See note 1, which applies to all branches.)	Level of re- placement	Primary specialty (See note 2.)	Substitute specialty (See note 3.)
MFA 72 Preventive Medicine	100%	71B67 Physiologist (See note 6.)	None
		71C67 Parasitologist	None
		71D67 Immunologist	None
		71E67 Clin Lab/Laboratory Manager	None
		71F67 Research Psychologist	None
		67C Preventive Medicine Officer (Duty Position)	All MFA 72 series specialties
		72A67 Nuclear Medical Science Officer	None
		72B67 Entomologist	None
		72C67 Audiologist	None
		72D67 Environmental Science Officer	72E67 Sanitary Engineer
		72E67 Sanitary Engineer	None
MFA 73 Behavioral Sciences	100%	67D Behavioral Sciences Officer (Duty Position)	All MFA 73 series specialties
		73A67 Social Work Officer	None
		73B67 Clinical Psychologist	None
		67E00 Pharmacy Officer	None
Separate AOCs		67F00 Optometry Officer	None
		67G00 Podiatrist	None
		67J00 Aeromedical Evacuation Officer (See note 7.)	None
			None

Notes:

<sup>1</sup> Substitution for the required grade may be made by using an officer up to two grades below or one grade above the requirement. (For example, a requirement for a MAJ may be filled by an officer in the grade of LTC, MAJ, CPT, or 1LT.) Conversely, an officer may fill a requirement two grades up or one grade down from his or her current grade. (For example, a MAJ may fill a position requiring a COL, LTC, MAJ, or CPT.)

<sup>2</sup> The complete inventory of personnel with the primary specialty must be exhausted within the RMC before substituting with an alternate specialty. However, the primary specialty and Substitution Tier 1 specialty must be exhausted within the RMC/major subordinate command (MSC)/unit before substituting with a Substitution Tier 2 specialty. Similarly, primary specialty Substitution Tiers 1 and 2 will be exhausted within the RMC/MSC/unit before substituting with a Substitution Tier 3 specialty, and Substitution Tier 3 will be exhausted before substituting with a Substitution Tier 4 specialty. Additionally, the complete inventory of Army Medical Specialist Corps Physician Assistants (65D) must be exhausted before substituting with a Substitution Tier 1 specialty.

<sup>3</sup> The substitutability criteria defined in this regulation are applicable to the Active Army, the Army National Guard, and the U.S. Army Reserve components. This substitutability criteria system designates qualified active Army AMEDD personnel in table of distribution and allowances units to fill MTOE units of FORSCOM, USARPAC, USAREUR, and EUSA forward deployed units.

<sup>4</sup> See paragraph 5h for requirements applicable to general surgery substitute providers.

<sup>5</sup> One-way operational substitution of 60N for 66F is permitted as a temporary fill in CSHs, FLDs, GENs, and forward surgical teams.

<sup>6</sup> Biochemist and Physiologist are combined under AOC 71B67.

<sup>7</sup> Enlisted PROFIS positions requiring an ASI must be filled with a soldier who holds the ASI. However, when filling a PROFIS position that does not require an ASI, the soldiers with ASI may fill it (for example, a 91W may be filled with an 91WN9).

## 6. Procedures

*a. Determining requirements.* MTOE units will compare their total MTOE requirements against their authorizations to determine PROFIS requirements. Any AMEDD officer requirement that is not authorized, or that is authorized but not normally staffed (non-officer distribution plan supported) during peacetime becomes a PROFIS requirement. This includes the enlisted soldier (Career Management Field 91) requirements of the selected FORSCOM (that is, caretaker hospitals and specialty augmentation teams) and EUSA units only.

*b. Changes to requirements.* Proposed changes to PROFIS requirements will be entered into the PROFIS automated database at the unit level for FORSCOM units. Proposed changes will be electronically transmitted to the FORSCOM surgeon's office for validation. FORSCOM validated changes will be sent through HQDA (DASG-PTZ) for approval to HRC (AHRC-OPH) for implementation. Once approved, the PROFIS database will be changed to reflect the new requirement. This change will be transmitted to the appropriate MACOM or FOA for fill. USAREUR, EUSA, USARPAC, USARSO, and USASOC will submit changes directly to HQDA (DASG-PTZ) for approval and submission to HRC (AHRC-OPH). These changes must also be incorporated into the appropriate OPLAN shelf. AHRC-OPH will develop procedures to distribute requirements to providing commands for fill. Once validated and sent to the providing command, the requirement will be filled within 20 working days. Upon PCS, ETS, or other anticipated loss of the designated PROFIS filler, including lack of SRP/POM qualification, a replacement will be entered into the automated database within 20 working days. Replacement for anticipated losses will be identified no less than 90 days before the loss occurs. Changes will be submitted as they occur.

*c. Activation of PROFIS.* After all fully qualified personnel within a MEDCOM organization have been assigned to PROFIS positions, substitution criteria defined in table 1 will be used to fill the remaining requirements. Fillers may be

substituted one grade down or two grades up from their present grade (see table 1, note 1). Critical shortages in certain specialties may also necessitate fills outside the grade criteria.

(1) *OCONUS units.* PROFIS, as part of the OPLAN filler requirement, is activated at the request of the supported combatant commander or by OPLAN implementation. Upon HQDA (Office of the Deputy Chief of Staff for Operations and Plans) approval request for implementation, the Personnel Contingency Cell (PCC) in the Army Operations Center will direct HRC to begin filler and/or casualty replacement flow against the supporting Army Component Commander's shelf requirement. The TSG representative in the PCC will dispatch a message to the MEDCOM to instruct the providing commands to initiate the flow for the forward deployed portion of PROFIS. The headquarters of the providing commands will dispatch a message to their subordinate units directing deployment of PROFIS to forward deployed positions for supported operations. The losing organization's personnel officer will request that the losing installation adjutant general (AG) publish temporary change of station (TCS) orders (format 401), as discussed *ind*(1) below. Personnel flowing to OCONUS forward deployed units will report to a CRC or other designated central processing center for soldier readiness verification and OCIE issue. CRCs will coordinate the movement of PROFIS fillers to the APOE. PROFIS personnel reporting to forward deployed units in Korea/Latin America will flow directly to the designated APOE.

(2) *CONUS units.* PROFIS personnel designated to fill CONUS deploying units will report to their gaining unit at the request of the gaining unit commander, with approval of FORSCOM Headquarters. Headquarters, FORSCOM will notify MEDCOM and/or the providing headquarters and TSGs representative in the PCC of units activating their PROFIS fillers. The losing organization's personnel officer will instruct the losing installation AG to publish TCS orders and assist in making travel arrangements.

(3) *Contingency operations.* The preferred method of PROFIS activation for contingencies is the same as (2) above. However, operational security and short notice may preclude advance notification to TSG and the headquarters of the providing unit. In these instances, the MTOE unit will utilize its recall roster to notify the commander of the organization providing their designated PROFIS personnel. The providing organization commander will honor the request and deploy the PROFIS personnel. The losing organization's personnel officer will request that the losing installation AG publish TCS orders. As soon as operational security permits, TSGs representative in the Army Operations Center and the losing MACOM will notify the appropriate activities, as necessary, of PROFIS implementation.

(4) *Backfill requests.* Requests for backfill at organizations losing PROFIS personnel will be transmitted from the organization commander to the appropriate MACOM. Backfill requirements will be consolidated by the MACOM and provided in Army Operation Center/installation level of detail by electronic message to HQDA (DASG-PTZ) with an information copy to HRC (AHRC-ZA).

*d. Assignment/attachment orders.*

(1) Upon activation of the PROFIS, personnel deploying to the theater of operations as individuals will move in a TCS status. Military personnel record jackets (MPRJ) will be handcarried by the soldier to the gaining PSC/MPD, CRC, or other replacement processing activity according to AR 600-8-104, paragraph 6-15k(1). Soldiers will process through one of these activities prior to deployment. TCS orders directing this reassignment will be prepared by the losing installation AG on execution of the operation. These orders will be used to obtain travel to the PSC/MPD servicing the deployed/deploying unit, central processing center, CRC, APOE, or as otherwise directed within the orders. Format 401 orders published by the losing AG according to AR 600-8-105 will be used to reassign individual fillers. The format 401 order is a self-terminating order that may be endorsed, as required, to reflect movement within the replacement system to the forward deployed unit and return to home station.

(2) PROFIS personnel deploying to the theater of operations as members of deploying units will move in a TCS status using orders format 745 according to AR 600-8-105. Each PROFIS filler deploying with the unit will be provided copies of the unit movement order, and the annex listing the individuals included in the move.

(3) SRP requirements, levels 1, 2, and 3 must be met by all soldiers, whether moving as a member of a unit or as an individual, if the move is from CONUS to OCONUS, or from one OCONUS location to another. The losing MTF commander is responsible for ensuring all PROFIS soldiers complete the required SRP processing, levels 1 through 3. (See AR 600-8-101.)

(4) SRP requirements, level 4, must be met by all soldiers moving to the theater of operations. Specific level 4 requirements that must be met will be announced by message from HQDA (DCS, G-1).

(5) MPRJs will not be deployed to the theater of operations. The PSC/MPD servicing the deployed/deploying unit is responsible for maintenance of the PROFIS fillers MPRJ during periods of deployment. (See AR 600-8-101.)

(6) All PROFIS fillers will deploy with a deployment packet in their possession according to AR 600-8-104, paragraph 6-15k(2).

(7) All PROFIS personnel moving as individuals will be out-processed by the losing station and in-processed by the gaining station.

(8) Units with contingency missions and missions short of full mobilization require the TCS assignment of PROFIS personnel to the MTOE unit for the period of deployment. Contingency operations may require a rapid response, not leaving time to prepare TCS orders at the time of the operation. Therefore, upon assignment to a PROFIS position in a

contingency unit, the losing unit personnel officer will request that the losing installation AG publish TCS orders to the gaining MTOE unit, using AR 600–8–105, format 401. These orders would only be activated upon deployment of the unit.

(9) TCS filler personnel will be accounted for in Standard Installation/Division Personnel System as assigned to the gaining unit (that is, departed by losing unit and arrived by gaining).

*e. Training.*

(1) The losing organization will provide requested PROFIS personnel for approved training exercises whenever possible. Every reasonable effort will be made to provide the designated individual(s) from the current PROFIS roster.

(2) PROFIS commanders will train quarterly with their designated MTOE unit. In addition to planning for future field training exercises, the PROFIS commander will be updated on the unit's readiness posture and other subjects as deemed necessary.

*f. PROFIS command of medical units.* The designated PROFIS commander assigned or attached to a medical MTOE unit deployed to receive and treat patients as a result of a military operation, will assume command of that unit until properly relieved. Command will be assumed from the regularly assigned commander when the unit is declared operationally ready to receive patients. During training exercises, the PROFIS commander will train with the regularly assigned commander, but will not assume command.

*g. Officer Evaluation Reporting System.*

(1) Personnel designated as PROFIS fillers will include a brief description of their PROFIS duties in their performance evaluation job description. MTOE unit commanders will provide letter input to be used in the filler's officer evaluation report. Raters and senior raters will briefly comment on the individual's performance and potential related to these duties based on the MTOE commander's letter of input.

(2) Corps, division, and separate brigade surgeons will have letter input to the rater of their respective PROFIS commanders. PROFIS commanders will coordinate with their respective corps surgeon to ensure that the name and unit of their rater is current and a matter of record.

## **7. PROFIS reports**

The annual validation of U.S. Army Medical Department Professional Filler System Requirements (RCS MED 397) is required from the commands listed in *b* below. Changes should be submitted as they occur. However, an annual validation of all requirements will be submitted to HQDA (DASG–PTZ) as follows:

*a.* Units will submit DA Form 5537 (U.S. Army Medical Department Professional Filler System Requirements) (RCS MED 397) through command channels to their MACOMs by 30 August each year.

*b.* The following commands will submit a consolidated report to HQDA (DASG–PTZ), 5109 Leesburg Pike, Falls Church, VA 22041–3258 by 30 September each year:

- (1) FORSCOM.
- (2) USAREUR.
- (3) USARSO.
- (4) USARPAC.
- (5) USASOC.
- (6) EUSA.

*c.* DASG–PTZ will review, validate and forward copies to HRC (AHRC–OPH) for changes and HRC (AHRC–ZA) for replacement operations planning/execution in accordance with AMOPES, Annex E, Appendix 4.



## **Appendix A References**

### **Section I Required Publications**

#### **AR 600–8–101**

Personnel Processing (In-and-Out and Mobilization Processing) (Cited in paras 4-*d*(3), 6*d*(3), and 6*d*(5).)

#### **AR 600–8–105**

Military Orders (Cited in paras 6*d*(1), 6*d*(2), and 6*d*(8).)

### **Section II Related Publications**

#### **AR 220–1**

Unit Status Reporting

#### **AR 600–8–6**

Unit Personnel Accounting and Strength Reporting

#### **AR 600–8–104**

Military Personnel Information Management/Records

### **Section III Prescribed Forms**

Unless otherwise stated, DA Forms are available on the Army Publishing Directorate Web site ([www.apd.army.mil](http://www.apd.army.mil)).

#### **DA Form 5537**

U.S. Army Medical Department Professional Filler System Requirements (RCS MED 397) (Prescribed in para 7.)

### **Section IV Referenced Forms**

This section contains no entries.

## **Glossary**

### **Section I Abbreviations**

**AG**

adjutant general

**AMC**

U.S. Army Materiel Command

**AMEDD**

Army Medical Department

**AMOPES**

Army Mobilization, Operations, Planning and Execution System

**AOC**

area of concentration

**APOE**

aerial port of embarkation

**CG**

commanding general

**CONUS**

continental United States

**CRC**

CONUS Replacement Center

**CSH**

combat support hospital

**DA**

Department of the Army

**DCS, G-1**

Deputy Chief of Staff, G-1

**ETS**

expiration of term of service

**EUSA**

Eighth U.S. Army

**FLD**

field hospital

**FOA**

field operating agency

**FORSCOM**

U.S. Army Forces Command

**GEN**

general hospital

**GHE**

graduate health education

**GME**

graduate medical education

**HQDA**

Headquarters, Department of the Army

**HRC**

U.S. Army Human Resources Command

**MACOM**

major Army command

**MASH**

mobile army surgical hospital

**MEDCOM**

U.S. Army Medical Command

**MFA**

Medical Functional Area

**MPD**

Military Personnel Detachment

**MPRJ**

military personnel record jacket

**MSC**

major subordinate command

**MTF**

medical treatment facility

**MTOE**

modified table(s) of organization and equipment

**OCIE**

organizational clothing and individual equipment

**OCONUS**

outside continental United States

**OPLAN**

operation plan

**PCC**

personnel contingency cell

**PCS**

permanent change of station

**PGY**

post graduate year

**POM**

preparation for overseas movement

**PROFIS**

Professional Filler System

**PSC**

Personnel Service Company

**P4**

PROFIS Paid Parachute Positions

**P4**

PROFIS Paid Parachute Positions

**RMC**

regional medical command

**TCS**

temporary change of station

**TSG**

The Surgeon General

**USAREUR**

U.S. Army, Europe and Seventh Army

**USARPAC**

U.S. Army Pacific

**USARSO**

U.S. Army South

**USASOC**

U.S. Army Special Operations Command

**USR**

unit status report

**Section II****Terms****AMEDD professional fillers**

Active Duty AMEDD personnel in table of distributions and allowances units that are designated for reassignment/attachment to vacancies in MTOE Active Army units upon initiation of contingency deployment or mobilization.

**AMEDD Professional Filler System**

The system designed to assign/attach Active Duty AMEDD personnel to Active Army Mobilization Table of Organization Equipment required positions that are not authorized or not normally filled.

**Contingency deployment**

National command authority designated operations requiring deployment of forces within 72 hours or less.

**CONUS Replacement Center**

A portion of the wartime Army replacement system used for marshaling non-unit personnel in preparation for deployment.

**Early deploying units**

Units deploying within the first 44 days in support of a specific OPLAN.

**Major Army Commands**

Consists of the command organizations of Army forces in the CONUS (other than HQDA), the Army components of unified commands, and one Army specified command.

**Operating agency**

A command, headquarters, or agency assigned a code designation for consolidating fiscal data for budgetary analysis.

**Section III****Special Abbreviations and Terms**

This section contains no entries.

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