

Army Regulation 351-3

Schools

**Professional
Education and
Training
Programs of the
Army Medical
Department**

Headquarters
Department of the Army
Washington, DC
15 October 2007

UNCLASSIFIED

SUMMARY of CHANGE

AR 351-3

Professional Education and Training Programs of the Army Medical Department

This major revision, dated 15 October 2007--

- o Revises the active duty Service obligation for long-term health education and training, training with industry, graduate professional education, and health care incentive programs (paras 2-6, 2-7, 2-8, and 2-9).
- o Revises the amounts authorized and payment procedures for students in a professional training program (para 3-5).
- o Changes the eligibility criteria for training in civilian institutions (para 4-3).
- o Revises the application, selection, and enrollment for Corps-specific programs (para 4-4).
- o Revises administrative procedures (para 4-6).
- o Changes military professional training (para 4-9).
- o Revises Dental Corps general administration (para 5-1).
- o Changes the Army Dental Corps policies on education and training (para 5-2).
- o Revises the Dental Corps eligibility for graduate level training (para 5-3).
- o Revises the Dental Corps selection of students for training (para 5-4).
- o Revises the Dental Corps residency programs for both military and civil residencies (para 5-7).
- o Revises the Medical Corps policies pertaining to education and training (para 6-2).
- o Changes the Medical Corps allocation of training spaces (para 6-4).
- o Revises the Medical Corps applications, appointments, advancements, service agreements, and selections of applicants for training (para 6-5).
- o Revises the Medical Corps due process for students in graduate medical education (para 6-6).
- o Prescribes new Medical Corps resident supervision and duty hours of students in graduate medical education (para 6-7).

- Prescribes new Medical Corps military unique curriculum for Army medical treatment facility engaged in graduate medical education (para 6-8).
- Prescribes new Medical Corps institutional requirements for graduate medical education training programs (para 6-9).
- Prescribes new Army Medical Corps procedure for establishing new training programs (para 6-13).
- Revises the Medical Corps accreditation procedure for graduate medical education programs (para 6-14).
- Changes the Medical Corps program change procedures for graduate medical education programs (para 6-15).
- Revises the Medical Corps Institutional Director of Medical Education responsibilities (para 6-16).
- Revises the Medical Corps Institutional Graduate Medical Education Committee responsibilities (para 6-17).
- Changes the Medical Corps institutional agreement requirements for graduate medical education programs (para 6-18).
- Revises the Medical Corps records, clinical statistics, and medical audits requirements for graduate medical education programs (para 6-19).
- Revises the Medical Corps requirements and authorization for the distribution of certificates upon completion of a graduate medical education program (para 6-20).
- Changes the Medical Corps procedure of processing absences from a graduate medical education training program (para 6-21).
- Revises the Medical Corps plans of instruction and the responsibilities of the program director (para 6-22).
- Changes the Medical Corps attendance of professional meetings or courses and command authority (para 6-24).
- Prescribes new Medical Corps evaluation and trainee file procedure for graduate medical education programs (para 6-25).
- Prescribes new continuing medical education for Medical Corps officers, introduction to guidance, administering, and operating a continuing medical education program (para 6-27).
- Revises the Medical Corps responsibilities for commanders and students (para 6-28).

- Revises the Medical Corps policy and procedures on program selection and approval (para 6-30).
- Changes the Medical Corps continuing medical education opportunity for award recipient's procedure (para 6-38).
- Revises the Medical Service Corps policies on education and training programs (para 7-2).
- Revises the Army Nurse Corps policies on professional military education (para 8-2).
- Revises the long-term health education and training policy for selection for attendance to an Army Nurse Corps graduate education program (para 8-6).
- Changes the continuing health education details for the Army Nurse Corps the guidance for administration and operation of the Army Nurse Corps Continuing Health Education Program (para 8-8).
- Revises the Army Medical Specialist Corps entry-level professional education policies on precedence of programs (para 9-4).
- Revises the Army Medical Specialist Corps guidance policy for long-term health education and training (para 9-6).
- Changes the Army Medical Specialist Corps procedure on the administration of specialty training (para 9-7).
- Revises the Veterinary Corps long-term health education and training programs (para 10-5).
- Revises the Veterinary Corps funding policy for long-term health education and training and professional/military training (para 10-9).
- Revises the Veterinary Corps and student's responsibilities for continuing health educations for required licensure and accreditation (para 10-12).
- Changes the Enlisted Personnel Professional Postgraduate Short Course Program policy on objectives, attendance, and funding (para 11-2).
- Revises the active duty Service obligations for U.S. Army Medical Department enlisted personnel in Army Enlisted Commissioning Program (para 11-4).
- Revises the Chaplain Corps pastoral education programs policies (para 12-1).
- Revises the policies and procedure for medical training for the reserve and guard components (para 13-1).
- Changes the authorization policies for reimbursement for professional boards and certification of U.S. Army Medical Department personnel (para 14-5).
- Revises the affiliation policies on responsibilities and approving authorities for affiliation agreements of non-Federal educational institutions (para 15-2).

- o Revises the agreement policies on publications of material related to a graduate program (chap 16).
- o Revises the validated requirement program policies and procedure (para 17-1).
- o Changes the responsible agencies for validated requirements of validation program (para 17-4).

Schools

Professional Education and Training Programs of the Army Medical Department

By Order of the Secretary of the Army:

GEORGE W. CASEY, JR.
General, United States Army
Chief of Staff

Official:


JOYCE E. MORROW
Administrative Assistant to the
Secretary of the Army

History. This publication is a major revision.

Summary. This regulation sets policies and procedures for internships, residencies, and fellowships. It sets policy and procedures for affiliation of non-Federal educational institutions with Army medical facilities. It sets forth the applicable standards and discusses the Continuing Health Education Programs and professional specialty recognition of Army Medical Department personnel. It also defines the Professional Postgraduate Short Course Program and sets policies and procedures for that program.

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

Proponent and exception authority. The proponent of this regulation is The

Surgeon General. The proponent has the authority to approve exceptions to this regulation that are consistent with controlling law and regulations. The proponent may delegate the approval authority, in writing, to a division chief within the proponent agency or its direct reporting unit or field operating agency, in the grade of colonel or the civilian equivalent. Activities may request a waiver to this 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 contains management control provisions and identifies key management controls that must be evaluated (see appendix C).

Supplementation. Supplementation of this regulation and establishment of command and local forms are prohibited without prior approval from The Surgeon General, ATTN: DASG-HR, 5109 Leesburg Pike, Falls Church, VA 22041-3258.

Suggested improvements. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to Department of Health Education and Training, ATTN:

MCCS-HE, 1750 Greeley Road, Suite 201, Fort Sam Houston, TX 78234-5075.

Committee Continuance Approval. The Department of the Army Committee Management Officer concurs in the establishment and/or continuance of the committee(s) outlined herein, in accordance with AR 15-1, Committee Management. AR 15-1 requires the proponent to justify establishing/continuing its committee(s), coordinate draft publications, and coordinate changes in committee status with the Department of the Army Committee Management Office, ATTN: SAAA-RP, Office of the Administrative Assistant, Resources and Programs Agency, 2511 Jefferson Davis Highway, Taylor Building, 13th Floor, Arlington, VA 22202-3926. Further, if it is determined that an established "group" identified within this regulation later takes on the characteristics of a committee, the proponent will follow all AR 15-1 requirements for establishing and continuing the group as a commit.

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

*This regulation supersedes AR 351-3, dated 8 February 1988 and rescinds DA Form 2214-R, dated December 1973 and DA Form 5127, dated August 1972.

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Glossary

Chapter 1

General

1-1. Purpose

This regulation establishes policy procedures for advanced education obtained at Federal and non-Federal institutions. It sets forth standards and requirements for the following non-exclusive subject areas:

- a.* Formal education and training of U.S. Army Medical Department (AMEDD) personnel.
- b.* Continuing health education (CHE) programs and professional specialty recognition of AMEDD personnel.
- c.* Affiliation of non-Federal educational institutions with Army medical facilities.
- d.* Professional Short Course Program (PPSCP)
- e.* Other unnumbered, non-area of concentration (AOC)/additional skill identifier (ASI) producing programs.

1-2. References

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

1-3. Explanation of abbreviations and terms

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

1-4. Responsibilities

- a.* The Surgeon General (TSG)/Commander, U.S. Army Medical Command (MEDCOM) will—
 - (1) Develop policies and exercise staff responsibility for health education and training programs of the Army.
 - (2) Exercise overall supervision of clinical and technical training of AMEDD personnel.
 - (3) Control quotas and select AMEDD officers, warrant officers (WOs), and enlisted (EN) personnel to attend designated schools and courses.
 - (4) Develop other general training requirements for AMEDD personnel.
 - (5) Direct, control, and supervise programs for training foreign nationals in AMEDD schools and facilities.
 - (6) Establish AMEDD CHE policy.
 - (7) Determine the criteria and guidelines for developing and conducting CHE programs at the local level.
 - (8) Exercise overall supervision of training affiliation programs in Army medical facilities.
- b.* Commander, Army Medical Department Center & School (AMEDDC&S) will—
 - (1) Develop educational requirements and the courses, devices, literature, and other materials needed to support these requirements.
 - (2) Provide training and education in health care sciences to AMEDD officers and EN personnel, members of other services, and authorized foreign nationals.
 - (3) Provide worldwide evaluation of the effectiveness of AMEDDC&S training and education programs and AMEDDC&S developed supporting materials.
 - (4) Provide administrative support for AMEDD personnel assigned to the AMEDD Student Detachment, AMEDDC&S.
 - (5) Support the training initiatives of TSG and AMEDD Corps chiefs.
- c.* Commanders at all levels will maintain active supervision of educational programs for assigned and attached AMEDD personnel.

1-5. Educational goals

Educational goals of the AMEDD are to—

- a.* Provide the validated professional and administrative personnel to meet requirements of the AMEDD and the Army.
- b.* Provide AMEDD personnel with—
 - (1) Opportunities for consistent and progressive professional education and training.
 - (2) Opportunities for professional development that aid career progression.
 - (3) Education and training in an orderly, logical, planned, and systematic manner under direction and guidance of qualified instructors.
 - (4) Educational opportunities in support of the overall AMEDD mission.

Chapter 2

Overall Guidance for Army Medical Department Education and Training

Section I

General

2-1. Training in civilian (non-Federal) institutions

Training of AMEDD personnel in civilian (non-Federal) institutions is designed to augment educational experiences conducted in AMEDD military treatment facilities (MTFs) and other Federal training institutions and to meet established validated requirements, procurement standards, and/or a recognized requirement for which training is not readily available at a Federal facility. Applications for schooling will be approved contingent on requirements for training, individuals qualifications, and availability of funds.

2-2. Training in Federal facilities

Information pertaining to training of AMEDD personnel in Federal facilities is as follows:

a. Applications for schooling will be approved contingent on requirements for training, individual qualifications, and availability of funds.

b. Scope and prerequisites for training in U.S. Army facilities are in DA Pam 351-4. The scope and prerequisites for training in other Federal facilities are listed in training publications of the U.S. Public Health Service, the Office of Personnel Management (OPM), the Uniformed Services University of the Health Sciences (USUHS), the U.S. Navy, and the U.S. Air Force. When special application forms are specified for other than AMEDD courses, these forms should be completed and submitted according to paragraph 4-4.

c. Military commands are authorized to communicate directly with the sponsoring agency or course sponsor concerning detailed information about scope and content of a specific course.

d. Officers will apply for attendance to the AMEDD Captains Career Course (CCC). Selections for attendance at the Military Education Level (MEL) 4 Equivalent Course, and Senior Service College (SSC) are made at Department of the Army (DA) level after considering all eligible officers.

2-3. Quotas

a. Officer and EN quotas for AMEDD training in Army schools, other Federal agencies, and other institutions are obtained and monitored by Department of Health Education and Training (DHET), AMEDDC&S, based on availability of funds.

b. Non-funded quotas for attendance at AMEDD-sponsored Professional Postgraduate Short Course Program (PPSCP) courses by the U.S. Army Reserve (USAR), the Army National Guard (ARNG)/Army National Guard of the United States (ARNGUS) officers and EN personnel (active duty for training (ADT) only), and other non-Army attendees are distributed by DHET.

2-4. Army Weight Control Program

All Army personnel selected for training under this regulation must comply with AR 600-9 as appropriate. Assignment instructions will include a statement that the Soldier must comply with standards in AR 600-9.

2-5. Foreign national participation

The participation of foreign nationals in professional education and training programs of the AMEDD is governed by the Arms Export Control Act, as amended; The Foreign Assistance Act of 1961, as amended; and AR 12-15/NAVINST 4950.4/AFR 50-29. All requests for foreign national participation in professional educational and training programs are to be forwarded to Headquarters, Department of the Army, ATTN: DASG-HCZ-IP, 5109 Leesburg Pike, Falls Church, VA 22041-3258.

Section II

Active Duty Service Obligation

2-6. Introduction

a. Active duty Service obligations (ADSOs) are governed by DODI 6000.13. This regulation is not intended to supersede or DODI 6000.13. There are two basic purposes for ADSOs. ADSOs help the Army effectively manage its resources by maintaining an experienced, well-qualified officer Corps. ADSOs incurred because of promotion to certain grades, permanent change of station (PCS), or by acceptance of career status are designed to enhance stability in the officer force.

b. This section prescribes policies governing ADSOs incurred for participation in long-term health and health-related education and training programs. The following terms apply to policies described in this chapter.

(1) *AMEDD officers.* Those officers and WOs serving in the Army Nurse Corps (AN), Dental Corps (DC), Medical

Corps (MC), Army Medical Service Corps (MS), Specialist Corps (SP), Veterinary Corps (VC), and those members in Department of Defense (DOD) programs leading to or requiring commissioning in any of the above Corps.

(2) *First-term personnel*. Except as noted in DODI 6000.13, all health professions officers, from subsidized or non-subsidized procurement programs, who are either entering active duty (AD) for the first time or are entering AD after legally having served all prior military Service relationships. Members of the Selected Reserve (SELRES), the Individual Ready Reserve (IRR), the Stand-By Reserve, and the Retired Reserve who enter or reenter AD are excluded from the first-term personnel Category. Non-subsidized members include those who enter AD by direct appointment, reentry (recall), and deferred commissioning programs.

(3) *Graduate professional education (GPE)*. GPE includes internships, residencies, and fellowships in their respective professional fields for all AMEDD officers. ADSOs for GPE will be in accordance with DODI 6000.13.

(4) *Long-term health education and training (LTHET)*. Full-time, DOD-subsidized (military-sponsored) health or health-related education or training in a military or civilian facility of 26 weeks or more including education or training received in preparation for commissioning as a health professions officer (for example, medical school) and subsequent commissioning (for example, GPE).

2-7. Minimum terms of Service and active duty Service obligations for health professions officers

a. The minimum term of Service (MTS) for first-term personnel will be two years following internship for physicians and three years for other health professions officers. The minimum term is not additive to ADSOs incurred for education and training. Prior AD and internship or any other initial qualifying training program may not count toward fulfilling the MTS. ADSOs will be assigned in accordance with DODI 6000.13.

b. No portion of an ADSO may be satisfied as follows:

- (1) By prior military Service.
- (2) During any period of LTHET.
- (3) Concurrently with any other ADSO or with an obligation incurred for DOD-subsidized, pre-professional (undergraduate) education or training or prior long-term health or health-related education or training.
- (4) Except as otherwise provided below, ADSOs are governed by Federal statutes, DOD guidance, and terms established by the Secretary of the Army.

c. The ADSOs for GPE for physicians, dentists, and veterinarians (includes only residencies and fellowships) will be as prescribed by current DOD guidance and applicable contracts.

(1) The ADSOs for participation in medical internship programs and Advanced General Dentistry 1-Year Program (AGD-1) will be prescribed by current DOD guidance and applicable contracts.

(2) The ADSOs for participation in dental residencies and graduate training programs will be prescribed by current DOD guidance and applicable contracts and applicable contracts.

d. The ADSOs for all other LTHET programs will be as follows:

(1) Participants of partially-funded, long-term undergraduate (leading to a baccalaureate degree), or partially funded education and training in a civilian institution (participants receive only pay and allowances from the Army) will incur an ADSO as prescribed by current DOD guidance. Participation for periods in excess of two years will result in an ADSO as prescribed by current DOD guidance.

(2) Participants of fully-funded, long-term undergraduate (leading to a baccalaureate degree), or fully-funded education or training in a military or civilian institution (participants receive pay and allowances plus tuition and other authorized reimbursable expenses from the Army), will incur an ADSO as prescribed by current DOD guidance.

(3) Participants of long-term graduate (leading to a master's or doctoral degree) education and training in a military or civilian institution will incur an ADSO as prescribed by current DOD guidance.

(4) For exceptional ADSOs, the ADSO for the Physician Assistant Training Program is 4 years or based on current Army Medical Specialist Corps policy. The ADSO for the 1-year pharmacy residency program is 3 years or as prescribed by current DOD guidance.

(5) The ADSO for U.S. Army-Baylor University Graduate Program in Health Care Administration is as prescribed by current DOD guidance. Payback of the ADSO begins after completion of the didactic phase of the training.

(6) The ADSOs for training with industry (TWI) are equal to 2 years or 3 times the length of schooling, computed in days, whichever is greater.

(7) The ADSOs for military internships are equal to three times the length of schooling, computed in days, whichever is greater.

e. Reimbursement is done as follows:

(1) Officers must reimburse the Government for costs of advanced education for participation in the fully-funded LTHET program (including LTHET fully-funded residencies and fellowships) if they voluntarily leave the program (including separation as a conscientious objector) or because of misconduct or other reasons, fail to complete the ADSO set forth in this regulation and in their training agreement. The term "fail to complete" means completing a portion or none of the required period of Service on AD. Costs of advanced education include tuition, books, supplies,

and other education costs incurred by the Government. They do not include pay, allowances, or travel expenses unless otherwise specified in this regulation, DODI 6000.13, or law. Interest on reimbursement of advanced education costs may further be assessed under other existing law or in accordance with DOD guidance. The reimbursement amount will be determined under the formula in figure 2–1, below.

$$\frac{\text{Cost of advanced education} \times \text{Unserviced portion of ADSO}}{\text{Total fully-funded Long Term Civilian Training program ADSO}}$$

Figure 2–1. Reimbursement formula for failure to complete active duty Service obligation

(2) Participants in the Armed Forces Health Professions Scholarship Program (AFHPSP) and/or Financial Assistance Program (FAP) must reimburse the Government as prescribed by law, current DOD guidance, and the service agreement (SA) if they fail to complete the ADSO incurred for participation in the programs, as determined by the SA.

2–8. Active duty Service obligations for health care incentive programs

a. Armed Forces AFHPSP/FAP. Each participant will incur an ADSO or alternative obligation as prescribed by law, current DOD guidance, and the SA, as determined by the SA.

b. USUHS. Physician graduates of the USUHS School of Medicine will incur an ADSO of seven years, except as noted below.

(1) Graduates who spend less than 4 school years at USUHS will incur an ADSO of 21 months for each year or portion thereof, but in no case will the minimum ADSO be less than 27 months.

(2) Graduates who repeat a year or portion of a year for academic or other reasons and are delayed in graduation will incur an additional ADSO of 1/2 year for each additional 1/2 year or portion thereof for such repeated work.

(3) A participant who is dropped prior to program completion will incur an ADSO equal to the period of participation or one (1) year, whichever is greater.

(4) An alternative obligation may be imposed for participants who fail to complete the ADSO.

2–9. Modifying active duty Service obligations

a. Most ADSOs are established by law, DOD policy, and terms established by the Secretary of the Army (and typically promulgated in contract). Additionally, ADSOs are typically based on the terms of a program and are not tailored to fit an individual. Given these factors, requests to change the non-statutory ADSO for a certain program should follow the guidance below.

b. Requests to modify the ADSO of a specific program, except AFHPSP/FAP/GME/USHUS, may be made in memorandum form with necessary supporting documentation. All requests must be forwarded through command channels to the appropriate consultant and AMEDD Corps chief. AMEDD education program managers will consolidate requests for modified ADSOs at Academy of Health Sciences, Department of Health Education and Training (DHET), 1750 Greeley Road, Suite 201, ATTN: MCCS–HE, Fort Sam Houston, TX 78234–5075, for staffing across Corps and AMEDD Personnel Proponent Division (APPD) and then forward the request to the Office of The Surgeon General (OTSG) for final approval.

Chapter 3

Professional Training of Army Medical Personnel

Section I

General

3–1. Scope

a. This section prescribes the responsibilities, policies, procedures, and prerequisites governing the professional development and qualification of AMEDD personnel through the following:

- (1) Programs of formal education and training at Army medical treatment facilities.
- (2) Non-AMEDD Army schools.
- (3) Federal facilities.
- (4) Civilian educational institutions, industries, or organizations.
- (5) Continuing health education programs designed to maintain and enhance professional competencies through continued learning and professional specialty recognition programs.

b. This education and training is authorized by Title 10 United States Code, Section 4301 (10 USC 4301).

3–2. Corps-specific education and training policies

Corps-specific education and training policies are listed in the following chapters:

- a.* For Dental Corps (DC), see chapter 5.
- b.* For Medical Corps (MC), see chapter 6.
- c.* For Medical Service Corps (MS), see chapter 7.
- d.* For Army Nurse Corps (AN), see chapter 8.
- e.* For Army Medical Specialist Corps (SP), see chapter 9.
- f.* For Veterinary Corps (VC) see chapter 10.
- g.* For Enlisted Corps (EN), see chapter 11.
- h.* For Chaplain Corps (CH), see chapter 12.

3–3. Funding and orders

a. Funding for necessary tuition for fully-funded LTHET will be provided by Academy of Health Sciences, DHET, ATTN: MCCS–HEC, 1750 Greeley Road, Suite 201, Fort Sam Houston, TX 78234–5075. Health Services Division (for officer personnel) and Health Services Branch (for EN personnel), U.S. Army Human Resources Command (AHRC) will issue assignment instructions assigning officer and EN personnel to and from student status.

b. Funding for selected short course education and training attendees will be provided by Academy of Health Sciences, DHET, 1750 Greeley Road, Suite 201, ATTN: MCCS–HEC, Fort Sam Houston, TX 78234–5075. Temporary duty (TDY) orders will be prepared by the unit to which the attendee is assigned.

c. Funding for educational expenses is the responsibility of the unit to which the AD Soldier is assigned.

d. Headquarters, Department of the Army (HQDA) ATTN: DASG–PSZ–M, 5109 Leesburg Pike, Falls Church, VA 22041, is the approval authority for application of MC officers to attend selected short course activities. The Joint Service Graduate Medical Education Selection Board (JSGMESB) serves as the selection board for all MC LTHET activities.

Section II

Reimbursement of Training Expenses

3–4. Introduction

Active duty AMEDD personnel attending training under this regulation may be authorized payment for costs of specified educational expenses incurred as described in this section. Personnel enrolled in fully-funded, degree producing academic programs are eligible for payments of specific educational expenses. Categories of personnel who are not eligible for payments of educational expenses are those in—

- a.* Short-course training.
- b.* Partially-funded training programs in civilian institutions.
- c.* Non-degree producing training programs in civilian or Federal facilities.

3–5. Amounts authorized and payment procedures

a. Students enrolled in fully-funded, degree producing programs in civilian institutions will be authorized a single payment per academic year (AY) to defray cost of books and expendable supplies. Reimbursement is also provided for preparation of a master's degree thesis or a doctoral dissertation. The amounts authorized for reimbursements will be according to published fiscal year (FY) policy and procedures.

b. An AY is twelve months (or any portion thereof) and begins on the course start date. The annual book reimbursement stipend is payable once the Central Training Program Branch (CTP) of the AMEDDC&S has received the required documentation as described in Chapter 7 of the Handbook for Students found on the student detachment Web site. Chapter 7 of the Handbook for Students also describes which expenses are reimbursable and which ones are non-reimbursable. Procedures for reimbursement for a thesis or dissertation can also be found in chapter 7. Payments will not be paid for students who have been granted a LTHET extension.

c. Expenses for students enrolled in the U.S. Army Graduate Program in Anesthesia Nursing (6F-66F), U.S. Army-Baylor University Graduate Program in Physical Therapy (6H-65B), and U.S. Army-Baylor University Graduate Program in Health Care Administration (6H-70A) are paid by the AMEDD Center and School.

3-6. Funding authorities and procedures for continuing health education

a. Each person in the AMEDD requiring CHE according to the goals stated in each of the AMEDD Corps specific chapters, as listed in paragraph 3-2, is authorized to attend one funded CHE training experience each FY, subject to availability of funds. Courses conducted by the AMEDD for the primary purpose of CHE, and not included as DA mission essential or DA directed, will be counted against a person's limit of one funded CHE course each year. (DHET identifies these as health professional education courses in an annual message, "Professional Postgraduate Short Course Program (PPSCP).") For education not sponsored and identified by the AMEDD, the funding authority (see table 3-1, below) will determine if the experience is CHE as defined in the glossary. When CHE funding is not available, commanders may authorize permissive TDY under AR 600-8-10 at no expense to the Government.

Table 3-1
Continuing health education funding authorities for active U.S. Army Medical Department personnel

Type of CHE experience	AMEDD or other Federal course or conference ¹	Other Army course or conference	Private organization course or conference
Personnel assigned to	is funded by	is funded by	is funded by
1. MEDCOM units:			
a. Interns, residents and fellows in GME and GDE programs at Army facilities	HQ, MEDCOM, further delegated to MEDDAC/DENTAC/MEDCEN ²	DHET ³	HQ, MEDCOM, further delegated to MEDDAC/DENTAC/MEDCEN ²
b. Personnel in long-term civilian training and interns, residents, and fellows in GME or GDE programs at civilian facilities	DHET ³	DHET ³	DHET ^{3,4}
c. All other AMEDD personnel	DHET ^{3,4}	DHET ^{3,6}	HQ, MEDCOM, further delegated to MEDDAC/DENTAC/MEDCEN and other subordinate elements ⁷
2. Non-MEDCOM controlled units (for example, DOD, DA, FORSCOM, TRADOC)	DHET ^{3,4}	DHET ³	Parent Unit/DHET ⁵

Notes:

¹ The AMEDD and other Federal courses or conferences include AMEDD and tri-service short courses under the PPSCP. Also included are courses or conferences sponsored by other Federal agencies (for example, Armed Forces Institute of Pathology (AFIP)).

² The DHET may fund a resident or fellow who is a guest speaker or presenting a paper at an AMEDD or tri-service course conducted under the PPSCP.

³ Qualified AD personnel requesting DHET funding for CHE must submit a commander approved DA Form 3838 (Application for Short Course Training) to the appropriate program manager at DHET, 1750 Greeley Road, Suite 201, Building 4011, Fort Sam Houston, Texas 78234-5075. DA Form 3838 must arrive at least 60 days before the requested course or conference starting date.

⁴ Units may fund the attendance of assigned AMEDD personnel at AMEDD and other Federal courses or conferences when central funding from DHET is unavailable. Prior approval from the hosting facility and project officer is required.

⁵ Parent unit is the primary source of funding; central funding from DHET is subject to availability and other program priorities.

⁶ Within theater courses are funded by ERM/ERDC/18th MEDCOM.

⁷ Elements of OTSG and field operating agencies (FOAs) responsible for their own assigned personnel.

⁸ All funding is subject to availability.

b. Personnel must ensure competency in their professional practice. Lack of available Army funding for CHE does not relieve personnel from the responsibility for meeting these requirements.

c. A copy of certificates of training or other proper documents of professional continuing education (CE) will be maintained at the local level as outlined in the specific Corps chapters (see chaps 5 through 12.)

d. The AMEDD personnel attending civilian CHE in a TDY status will—

(1) Wear their military uniform during the conference or meeting.

(2) Visit the AMEDD procurement counselor exhibit areas, when appropriate, during the conference or meeting and provide any technical assistance that may be required.

e. The CHE applications for Active Army AMEDD personnel will be submitted on DA Form 3838 (Application for Short Course Training) through local command channels to the proper funding authority as shown in table 3-1, above, and also detailed below. Applications should arrive at the funding authority location no later than 60 days prior to the course or conference starting date.

(1) The Commander, MEDCOM, is the funding authority for attendance of AMEDD personnel assigned to Headquarters, MEDCOM, and its subordinate units at CHE programs conducted by—

(a) The AMEDD and other Federal activities for all interns, residents, and fellows participating in GME or graduate dental education (GDE) programs at Army facilities.

(b) Private organizations.

(c) The AMEDD facilities under the PPSCP when central funding is unavailable under paragraph 3-6e(3)(e), below, and for all courses sponsored locally or conferences conducted throughout the AMEDD.

(2) The DHET is the funding authority for attendance of AMEDD personnel for CHE programs conducted by—

(a) Private organizations for personnel assigned to commands or activities other than MEDCOM when parent organization funding is unavailable.

(b) The AMEDD facilities under the PPSCP except that interns, residents, and fellows participating in GME or GDE programs at Army facilities are funded by their parent organization unless they have been invited to make presentations at the courses.

(c) Other Federal activities except interns, residents, and fellows participating in GME or GDE at Army facilities are funded by their parent organizations, with the exception of Army pathology residents who are authorized attendance at the annual AFIP problems in anatomic pathology short course.

(d) The AMEDD, Federal, other Army, and private organizations for all AMEDD personnel in LTHET, and all residents and fellows participating in GME or GDE under Army sponsorship at civilian facilities.

(e) Other Army organizations for all AMEDD personnel regardless of parent organization.

(3) The USAR and ARNGUS funding authorities for their respective personnel.

(a) The ARNGUS AMEDD personnel will be funded by the National Guard Bureau (NGB). Funding depends on the availability of these Federal funds at state level. Applications for ARNGUS personnel for attendance at CHE courses will be submitted on DA Form 1058-R (Application for Active Duty for Training, Active Duty for Special Work, Temporary Tour of Active Duty, and Annual Training for Soldiers of The Army National Guard and U.S. Army Reserve) to the Army National Guard of the United States Readiness Center, ATTN: NGB-ART, 111 South Mason Drive, Arlington, VA 22204-1382. Applications should arrive not later than 60 days prior to the course or conference starting date.

(b) The USAR AMEDD personnel not on AD will be funded by USAR funds. The USAR program provides several modes for USAR personnel to attend an annual CHE experience.

(c) Each individual in the USAR AMEDD requiring CHE is encouraged to attend one funded, accredited CHE experience each FY subject to funding availability.

(d) Local programs must be used to satisfy most CHE requirements. Unit commanders may authorize attendance at CHE under AR 140-1 in a regular scheduled training status in lieu of AT funded by the unit, a USAR command, or the continental United States. Army (CONUSA).

(e) Centrally sponsored opportunities are announced annually depending on availability of funds. These programs are available to IRR, Individual Mobilization Augmentee (IMA), and Troop Program Unit (TPU) members. Selection of individuals will be made by AHRC, St. Louis. Applications will be submitted on DA Form 1058-R through command channels to Commander, AHRC, St. Louis, ATTN: AHRC-HS-CHE, 1 Reserve Way, St. Louis, MO 63132-5200. Applications should arrive not later than 45 days prior to the course or conference starting date. A copy of the program of study or other appropriate documentation of CHE approval must accompany all requests for ADT. Individuals must meet the standards in AR 135-200, chapter 7, to qualify for ADT.

Chapter 4 Programs of Formal Education and Training

Section I Training in Civilian (Non-Federal) Institutions

4-1. Introduction

Individuals who have been selected for LTHET will be permitted to attend courses at accredited civilian (non-Federal) educational institutions that offer college credit or accredited degrees, certificates, or diplomas. Soldiers selected for training in civilian (non-Federal) institutions incur a service obligation as specified in chapter 2, unless otherwise indicated.

4-2. Definitions and programs

- a. *Long-course instruction.* Training of 20 weeks or more, constituting a PCS for the enrollee.
- b. *Short-course instruction.* Training of less than 20 weeks, normally attended in a TDY status.
- c. *LTHET.*

(1) *Fully-funded program.* Under this program, Soldiers may attend a civilian institution for a period not normally exceeding 24 months at the baccalaureate level, 24 months at the master's level, and 36 months at the doctorate level. Length of training for personnel in programs will vary with the curriculum. Enrollment in programs exceeding these time frames will require prior approval by the Corps program manager. Tuition, fees, and specified expenses will be paid by the Government as authorized by published FY policy and procedures. In addition to receiving all pay and allowances and authorization of a PCS, personnel may receive payment for specified educational expenses as prescribed in chapter 3. Input into this program is determined by positions that have validated standards or requirements for which training is not readily available at a Federal facility.

(2) *Partially-funded program.* Under this program, Soldiers may attend a civilian institution full-time. The Army authorizes full pay and allowances but the Soldier must pay for all educational expenses. This program authorizes Soldiers up to 20 weeks of civilian education on a permissive TDY basis. Schooling of more than 20 weeks to a maximum of 24 months will be on a PCS basis. Input into this program is determined by positions that have validated standards or requirements for which training is not readily available at a Federal facility.

(3) *Permissive TDY.* Requests for permissive TDY to support LTHET requirements in excess of 30 days will be forwarded to the appropriate AMEDD branch within AHRC for approval, in accordance with AR 621-1, paragraph 5-5 and AR 600-8-10.

(4) *Fellowships, scholarships, or grants.* Under AR 621-7, eligible officers may apply to their respective Corps education branch for permission to accept fellowships, scholarships, or grants offered by corporations, foundations, funds, or educational institutions. Participation in such programs normally will not exceed two years. Officers incur a service obligation as prescribed by current Army regulations.

(5) *Extensions of LTHET.* Officers entering training will determine the length of the program, to be consistent with paragraph 4-2c(1), above, before applying. Requests for extension must be submitted in letter format from the officer concerned explaining the reason for the required extension. Documentation from an appropriate school official (such as a dean, department head, or program director (PD)) must also be submitted to support the extension and to project when the training will be complete. Payment for extension of training is subject to availability of funds.

d. *TWI.* TWI is designed to provide training and/or skills in industrial procedures and practices not available through existing military or advanced civilian schooling programs. Officers selected to participate in the TWI program receive training for 1 year in the civilian sector and serve in positions that require interaction with the private sector on a routine basis. The skills obtained must be applicable to the officer's immediate follow-on assignment. TWI validated positions are not interchangeable with advanced civilian schooling (ACS) validated positions. Gratuitous Agreements for officers in the TWI program will be prepared in accordance with DODD 1322.6. Agreements will include language approved by the U.S. Department of Justice to ensure protection from liability against Government personnel will be reviewed by the servicing staff judge advocate of the activity preparing the agreement and will be signed by a Contracting Officer. Point of contact for executing TWI Gratuitous Agreements is the U.S. Army Human Resources Command, ATTN: AHRC-OPL-L, Leader Development Division.

4-3. Eligibility criteria

The AMEDD officers who meet the following requirements will be considered for training in civilian (non-Federal) institutions:

a. *Status.* At the application suspense date, the applicant must be an officer on the AD status list (ADL). The officer must agree to fulfill the service obligation incurred by acceptance of schooling.

b. *Time-in-service (TIS).*

- (1) Time-in-service for commissioned officers on entry into civilian schooling is 5 through 13 years, although the

time may be extended up to 17 years at the discretion of the Corps. Request for waivers of the TIS requirement may be submitted through command channels to AHRC.

(2) The WOs must meet the following criteria.

(a) Active Army WOs must enter a civilian school program prior to their 23rd year of AFS.

(b) Other-than-Active Army WOs must enter civilian school programs prior to their 17th year AFS.

(c) The WOs must be able to fulfill their respective service obligation incurred as a result of schooling prior to any mandatory release date. In the case of Active Army WOs, the mandatory release date is 30 years active warrant commissioned officer service or age 62, whichever comes first. Other-than-Active Army WOs have a mandatory release date of 20 years AFS or after the second non-selection to chief WO 3 unless retained for retirement or selectively continued, whichever occurs first.

c. *Security clearance.* Officers must have a SECRET clearance at a minimum unless higher clearance is required.

d. *Potential.* Officers must demonstrate a capacity for advanced education as determined from examination of past academic records and appropriate test results. Officers also must demonstrate potential for advancement in grade.

e. *Interest.* Individuals must express specific interest in such schooling by submitting an application.

f. *Personnel overseas.* A normal overseas tour must be completed before entry into training. Credit for completion of the normal overseas tour may be granted by TSG under AR 614–30. Foreign service tour extensions will be used to meet school dates.

g. *Promotion status.* Officers in a nonselect status are ineligible to apply. Any officer selected for school, but nonselect for promotion, will be deleted from the school-select list, except for DC. Officers attending LTHET who are nonselect for promotion may be continued in LTHET at the discretion of the chief of the pertinent Corps. DC officers passed over for promotion are ineligible to apply for or start long-term training programs unless a waiver is granted by the Chief, DC.

4–4. Application, selection, and enrollment procedures

a. *Application.* Interested officers must initiate and submit applications in accordance with applicable messages released by each Corps. Normally, applications will include—

(1) A completed application as designated by the Corps.

(2) Applicable examination scores, such as the Graduate Record Exam (GRE) or the Graduate Management Admission Test (GMAT).

(3) Letters of recommendation (number to be determined by the appropriate Corps education branch).

(4) Official copies of all undergraduate and graduate transcripts.

(5) Other Corps-specific application requirements as directed.

b. *Selection.* Selection will be determined by each Corps using a board action or selection board panel. Applications from officers will be evaluated by the Corps' education branches for completeness before submission into the Corps selection process. The selection will be guided by Corps-specific, validated requirements. Applicants will be selected on a best-qualified basis for each field of study. An applicant who consents may be selected for a field of study other than his or her first choice. Declination of schooling, except for valid military or compassionate reasons, will eliminate an applicant from further consideration, except for DC. Prior non-selection does not preclude subsequent consideration.

c. *CTP payment procedures.* Confirmation of acceptance by civilian institutions of individuals selected for training will be provided by the individual to the appropriate Corps education branch. On notification of acceptance, payment with the long-term training facilities will be coordinated for fully-funded students by DHET (MCCS–HE).

4–5. Orders and assignments

Assignment and reassignment orders for AMEDD personnel selected for LTHET are provided for as follows:

a. *PCS orders for LTHET.* AMEDD Officer Personnel Branches, AHRC, will issue assignment instructions assigning officer personnel to student status. Reassignment orders will be published for—

(1) Successful completion of a course or program.

(2) Failure of a student to meet academic standards established by the institution concerned.

(3) Removal from the program for medical, disciplinary, or other reasons as determined by the DHET.

b. *Assignments.* Students attending civilian institutions will be assigned to the AMEDD student detachment, AMED-DC&S, Fort Sam Houston, TX 78234–5018, with duty station at the civilian educational institution being attended. Orders assigning personnel to attend civilian educational institutions will specify a reporting date approximately 10 days before registration date. As an exception, MC officers who are selected by the Annual Joint Service GME Selection Board for specific GME training programs are authorized by TSG to be assigned to an MTF and attend fully-funded courses at a civilian university. Students participating in military training programs will be assigned to the facility where the program is conducted.

4-6. Administrative procedures

a. *DHET (MCCS-HE)*. The DHET will receive and investigate complaints registered against a civilian institution in connection with training of military personnel.

b. *AHRC Branches (AMEDD)*. AHRC will—

(1) Coordinate training issues with the DHET (MCCS-HE) as appropriate.

(2) Monitor academic progress of personnel in the Corps that are taking part in civilian schooling.

c. *MEDCOM*. MEDCOM will provide the AMEDD Student Detachment administrative support for AMEDD personnel attending civilian schooling overseas and in the continental United States (CONUS) (see AR 10-87).

d. *Purchasing and contracting officers*. Purchasing and contracting officers will—

(1) Apply provisions of the Federal Acquisition Regulation (FAR), Defense Federal Acquisition Regulation Supplement (DFARS), and the Army Federal Acquisition Regulation Supplement (AFARS) to all contracts.

(2) Negotiate with institutions concerned to cover all mandatory fees for which payment is authorized.

e. *AMEDD student detachment*. Necessary training spaces within the student detachment are established automatically by issuance of PCS orders assigning personnel. These spaces automatically are withdrawn when these persons are reassigned. The AMEDD student detachment will—

(1) Manage personnel administration and strength accounting for student personnel.

(2) Obtain academic evaluation reports (AERs) from educational institutions.

(3) Forward AERs to the officer evaluation reports (OER) branch at AHRC.

(4) Assure that academic reports are submitted according to AR 623-3 and AR 621-1.

(5) Provide pertinent publications and forms to students.

f. *Students will—*

(1) Notify the AMEDD student detachment, AMEDDC&S, Fort Sam Houston, TX 78234-5018, in writing immediately after PCS orders are received and forward two copies of their PCS orders to the unit. The student should also provide the unit with a mailing address, telephone number, and the start date of their civilian training.

(2) Personally contact the proper administrative or registration office at their school to ensure necessary financial arrangements have been made.

(3) Refer questions on financial arrangements to the Chief, CTP, AMEDDC&S.

(4) Complete degree requirements expeditiously (including completed thesis or dissertation). If degree requirements will be satisfied sooner than originally planned or if additional time is required, students will request approval from AHRC. This request must arrive no later than four months before the original completion date. The request must contain a letter from the dean of the college or head of the academic department concerned attesting to the need for additional time and the exact date the schooling will be completed. For AMEDD Early Commission Program (AECPP) students, request approval through Program Manager at U.S. Army Recruiting (USAREC) to the assistant chief of AN.

(5) Attend school on a full-time, uninterrupted basis (see table 4-1, below). This includes summer sessions when applicable. Students attending schools that do not have regular summer sessions will submit to AHRC a proposed program for research or other educational opportunities during summer sessions. The student will indicate whether credit will be given for the proposed program.

(6) Select a curriculum that will meet the specific educational requirements of the training program for which attendance was approved.

(7) Devote full time to academic studies. Business activities are restricted under DOD 5500.7-R. Professional and military activities will be voluntary. Professional activities such as professional/military organizations or attendance at military events (ceremonies, staff duty, committees, and so on) will be voluntary and will not interfere with the student's academic studies.

(8) Obtain approval of their topic from their respective specialty consultant for programs requiring a dissertation or thesis. Dissertation or thesis efforts should be in areas of interest to the Army and the AMEDD. Topics should be identified as early as possible to the respective Corps representative.

(9) Forward a copy of the abstract of the completed dissertation or thesis and signed approval sheet to the respective Corps representative. The completed dissertation or thesis must include approval by the student's dissertation or thesis committee or other appropriate school official.

(10) Forward TDY requests will be submitted by the student through the AMEDD student detachment to each Corps program manager at DHET (MCCS-HE) no later than 60 days before the desired date of departure. On approval by the appropriate Corps program manager, DHET will forward appropriate fund cites to the AMEDD student detachment for publication of TDY orders. TDY travel, per diem, and reimbursement for required related registration fees (field trips, conferences, specialty board examinations) may be approved when such travel is required by the civilian institution as part of the training program. The request submitted by the student on DA Form 3838 will include dates of TDY (excluding travel), registration cost, and a statement from the civilian institution that the travel is a required part of the program.

Table 4–1
Academic workload for military students

System	Degree type	Minimum workload
Semester	Graduate	12 Hours per semester (As directed by the university or college standards for graduate student status).
Semester	Undergraduate	Same as for graduate.
Total summer Semester	Graduate	As directed by the university or college standards for graduate student status.
Total summer Semester	Undergraduate	Same as for graduate.
Quarter (Including summer quarter if three months long)	Graduate	12 Hours per quarter.
Quarter (Including summer quarter if three months long)	Undergraduate	15 Hours per quarter.

Notes:

¹ The hours prescribed in this table are the academic hours per training period. Academic hours do not include audit courses except those approved by the training agency.

4–7. Gratuitous agreements

a. General. This paragraph sets policies, procedures, and responsibilities for establishing and operating the Gratuitous Agreement Program. A gratuitous agreement is a contractual document to obtain short or long term training for military residents/fellows at civilian or Federal educational institutions when these institutions agree to provide training at no cost to the Government.

b. Short-term training agreements.

(1) *Short-term training agreements responsibilities are as follows:*

(a) Commanders of major subordinate commands (MSCs) are supervisory authorities for gratuitous agreements for their respective treatment facilities. The Commanding Generals of U.S. Army MEDCOM and 18th MEDCOM are the supervisory authorities for Army medical treatment facilities within their respective commands. The MEDCOM, Assistant Chief of Staff for Resource Management, ATTN: MCRM–M, provides general oversight for gratuitous agreements. Gratuitous agreements will be reviewed by the MTF’s supporting Office of the Staff Judge Advocate (OSJA) and will be signed only by an authorized contracting officer.

(b) Commanders of Active Army MTFs will ensure adherence to the requirements in this part of this regulation and implementing guidance.

(2) *Program cost.* There will be no payment of charges or fees between the Army MTF and the educational institution for the short term training.

(3) *Procedures are as follows:*

(a) Procedures for use in contracting and securing agreements in conjunction with training under this regulation are set forth in the DFARS, Subpart 237.72 and the AFARS, Subpart 5137.72.

(b) Gratuitous agreements will follow the format established by TSG. The format provides that the educational institution will afford the military trainee the benefits and protection normally afforded employees of the educational institution regarding liability insurance and legal representation.

(c) The authorized contracting officer supporting the MTF executes gratuitous agreements that conform to the prescribed format with the prior approval of the facility commander.

(d) The oversight authority stated above, in coordination with MEDCOM OSJA, will approve in advance all requested deviations from the format. The contracting officer will not execute gratuitous agreements that deviate from the prescribed format without this approval.

(e) The MTF will provide a complete copy of each gratuitous agreement and subsequent changes or modifications to the supervisory authority’s support agreement manager within five (5) days of execution.

(f) Military health care providers will request short term training through their chain of command.

(g) The local command authority will issue TDY orders for military members to establish their official duties while training under gratuitous agreements. Orders will clearly establish place, inclusive dates, and scope of training that constitute official duties of individual members.

(h) The MTFs will review each existing gratuitous agreement annually.

(i) Persons subject to medical malpractice claims or litigation associated with gratuitous agreement training will refer to AR 27–20 and AR 27–40 for further instructions.

c. Long-term medical training agreement.

(1) The OTSG is the supervisory authority for long term medical training agreements. AMEDD Center and School, DHET (MCCS-HE), is responsible for the preparation and execution of long term medical training agreements.

(2) Procedures used in execution of long term medical training agreements are outlined in the DFARS, Subpart 237.72, and AFARS, Subpart 5137.72.

(3) These medical training agreements afford the military medical residents/fellows the benefits and protection normally afforded employees of the educational institutions regarding malpractice liability insurance and legal representation. Personnel subject to medical malpractice claims or litigation will refer to AR 27-20 and AR 27-40 for further instructions.

(4) The AHRC-OPH-XX (appropriate Corps) will issue PCS orders assigning selectees to the AMEDD student detachment, AMEDDC&S, Fort Sam Houston, TX 78234-5018 to establish their official duties while undergoing training under medical training agreements.

d. Program cost. There will be no payment of charges or fees between the Government and educational institutions for either short- or long-term training.

Section II

Training in Federal Facilities

4-8. Introduction

Training in Federal facilities includes formal military training and training provided by service schools that offer college credit or accredited degrees, certificates, or diplomas through affiliations with civilian educational institutions.

4-9. Military training

This category of training includes the following:

a. The AMEDD OBLC. All AMEDD officers will attend the OBLC on entry on AD or shortly thereafter.

b. The AMEDD CCC. AMEDD officers normally will attend the CCC during their fourth through seventh year of Active Federal Commissioned Service (AFCS). Specific attendance time will be determined by the respective career branch. Attendance requirements for officers who branch transfer to the AMEDD will be determined by the respective career branch. Selected MS officers may attend the Combined Logistics Captains Career Course (CLC3) at Fort Lee, VA.

c. The MEL 4 Equivalent Course. AMEDD officers meeting DA and Corps-specific eligibility requirements automatically are considered for attendance by a selection board. Due to the limited number of quotas received, AMEDD officers are encouraged to take part in MEL 4 equivalent nonresident programs. Completion of the nonresident MEL 4 Equivalent Course is the same as resident completion for assignment purposes, command, and SSC consideration.

d. The SSC. AMEDD officers may attend the U.S. Army War College (AWC), the Industrial College of the Armed Forces (ICAF), or an AMEDD MEL 1 equivalent fellowship. AMEDD officers meeting DA and Corps-specific eligibility requirements automatically are considered for resident attendance by a DA selection board. AMEDD officers on the order of merit list (OML) for SSC may request consideration on a competitive basis to take part in the AWC Distance Education Program (AWCDEP). This is the only nonresident means through which officers can complete and receive credit for SSC.

e. Service obligation. Attendance at these courses of instruction incurs a service obligation as prescribed in this regulation, unless otherwise indicated.

4-10. Graduate-level schooling

The graduate-level schooling category of training includes the USUHS, U.S. Army-Baylor University Graduate Program in Health Care Administration, and other graduate-level schooling that is Corps-specific. Application procedures should be obtained from respective AMEDD Corps program managers.

a. The USUHS offers a program of graduate education to AMEDD officers.

b. The U.S. Army-Baylor University Graduate Program in Health Care Administration is a fully-funded program consisting of a 12-month didactic phase conducted at AMEDDC&S and a 12-month residency at an AMEDD fixed-treatment facility, an approved AMEDD or DOD facility, or a civilian organization. This is the only program through which an officer may obtain a master's degree in health care administration (HCA) under Army sponsorship.

(1) Location of the residency phase is determined by the appropriate career branch.

(2) For application procedures, contact the respective AMEDD branch program manager.

c. For information regarding AMEDD Corps-specific graduate-level programs, see the appropriate Corps chapter in this regulation or contact the appropriate Corps education branch.

Section III

Professional Postgraduate Short Course Program

4-11. Definition

The PPSCP is a military-unique education and training program that focuses on emerging trends and readiness issues to support the AMEDD mission.

4-12. General

The Surgeon General has responsibility for the PPSCP and exerts operational control through the Commander, AMEDDC&S, who provides funding and administrative oversight. Education programs are determined by AMEDD Corps chiefs and their subordinate consultants to meet current mission requirements. Courses are administered by AMEDD Corps-specific program managers who are responsible for fiscal planning and execution and assisting course project officers with technical course content.

4-13. Course listing

Courses are listed on the DHET homepage and course scheduling information is available through the AMEDD Corps program manager in the DHET.

4-14. Attendance

Centrally funded (CTP) attendance at all PPSCP courses is limited to AD Soldiers. Enrollment is also open to the RC; locally funded AD personnel; and space available, non-CTP funded civilians. Other private persons may also attend, space available, based on approval and justification from the corps. Centrally funded attendance is limited to one PPSCP course per person per FY. Exceptions can be granted if attendance is in the best interest of the Army.

4-15. Application

Application is according to current guidelines, published by the DHET. Specific questions should be directed to the appropriate program manager.

Chapter 5

Policy and Dental Corps Policy and Programs

Section I

General Administration

5-1. General

The AGD-1 program in selected dental specialties and fellowships will be established at designated Army dental activities (DENTACS) as directed by TSG. Additional training positions may be required through civilian institutions or integrated with the other services. These programs will be conducted to meet—

- a. Military requirements as determined by the Chief, DC.
- b. Requirements of the Council on Dental Education and Licensure and American Dental Association (ADA) Continuing Education Recognition Program (CERP) Standards and Procedures of the American Dental Association.

5-2. Policies

The following policies pertaining to education and training apply within the DC. The general sequence for military professional training is discussed below.

- a. *The AMEDD OBLC.* All Active Army DC officers will attend the OBLC before their first AD assignment when possible. RC DC officers will attend OBLC within 3 years of commissioning.
- b. *The CCC.* DC officers in career status will normally attend the resident AMEDD CCC between their second to eighth year of AFCS. CCC consists of two phases: Phase I is a one hundred-hour correspondence course, which is followed by the ten-week resident Phase II course at Fort Sam Houston.
- c. *The MEL 4 equivalent course.* Officers will be considered for attendance at the resident course when they have attained the grade of major between their eighth and twelfth years of AFCS. Because of the limited number of quotas available for resident attendance, DC officers are encouraged to enroll in the nonresident correspondence course of instruction or USAR course. To be eligible for the nonresident course, officers must have completed CCC, be in the grade of CPT (P) or higher and have between 7 and 18 years AFCS (waiverable to 6 years for majors).
- d. *The SSC.* All eligible DC officers will be considered for SSC attendance. Eligibility consists of rank of lieutenant colonel or colonel and AFCS between 11 to 22 years. Officers on the SSC (AWC) alternate list are encouraged to apply for the AWCDEP.

e. Graduate-level training. Graduate-level training consists of dental-related formally accredited advanced general dentistry or specialty training of at least one (1) year duration.

5-3. Eligibility

a. General requirements. General requirements for graduate level training, excluding the AGD-1, in Federal or civilian facilities—

(1) All officers are eligible to apply for all dental specialties. Those officers serving in outside the continental United States (OCONUS) assignments selected for training may be granted a deferment until the officer's scheduled date of expected return from overseas and the next training class begins according to current policy.

(2) Officers must be Active Army on AD to begin a training program.

(3) Officers not selected for promotion are ineligible to apply for or start long-term training programs unless a waiver is granted by the Chief, DC.

(4) Officers who previously entered into a long-term training program and were involuntarily removed from the program are ineligible to reapply for training. Officers who voluntarily withdrew from a training program can regain eligibility to apply for another training program. However, they must wait until one AY has passed after the AY of their withdrawal, provided they satisfy other eligibility criteria.

(5) Officers must be in compliance with DOD, DC, and OTSG directives and policies pertaining to state licensure.

(6) Officers must be in compliance with Army weight control and physical fitness standards as established by AR 600-9. Commanders will promptly notify the Chief, GDE, if a selectee for long-term training fails the Army Physical Fitness Test (APFT) or does not meet Army weight standards. Selectees who are not in compliance with these standards may be deleted from the resident selection list.

(7) An officer who has completed one long-term training program may apply for a second program at the discretion and approval of the Chief, DC.

(8) Waivers may be requested regarding any of the above criteria. See paragraph 5-3c, below, for specific guidance on waivers.

b. Residencies and fellowships. Applications will be submitted using online application to the Academy of Health Sciences, DHET, 1750 Greeley Road, Suite 201, ATTN: MCCS-HED, Fort Sam Houston, TX 78234-5075. If applications are mailed, they must arrive no later than the deadline announced each year via worldwide message to be considered for training beginning the next FY. The following supporting documents will also be forwarded no later than the deadline:

(1) Official dental school transcripts.

(2) Applicant's memorandum of intent.

(3) Dental National Board, GRE, or GMAT scores, as appropriate.

(4) Current official photograph if the applicant is an AD member. If a senior dental student or otherwise obligated to the DC, the applicant must submit a passport type photo.

(5) Memorandum of recommendation from the applicant's commander. Applicants in units commanded by other than a dental officer may obtain, in addition to a memorandum of recommendation from their unit commander, a memorandum of recommendation from a specialist in the specialty to which they are applying. Officers who recently transferred under PCS orders may submit one memorandum of recommendation from either their previous commander or current commander, but not both.

c. Waivers. Any requests for waivers to any of the criteria identified in paragraphs 5-3a and 5-3b, above, should be directed through the commander who prepares an endorsement with a recommendation for either concurrence or nonconcurrence. The request is then submitted through the Academy of Health Sciences, ATTN: MCCS-HED, through Chief, DC branch, AHRC, for concurrence or nonconcurrence and submitted to the Chief, DC for approval or disapproval.

5-4. Selection

a. All selections for training will be made by a selection panel. If not directed by the DC to attend a specific civilian program, individuals selected for civilian schooling must apply to, and be accepted by, a school that is approved by the DC. This action will be coordinated through and approved by the GDE branch, ATTN: MCCS-HED.

b. The selectee must meet weight control in accordance with AR 600-9 prior the start of training.

5-5. Withdrawal, probation, termination, and extension

Dental residency program directors (PDs) and commanders of dental units sponsoring residency training programs are responsible for ensuring that residents satisfactorily complete all requirements for their respective specialty training programs and are clinically and academically competent to practice the specialty prior to graduation. Deficiencies in performance will be identified and documented as early as possible in the training program. When deficiencies are identified, PDs and assigned teaching staff will make every reasonable effort to assist residents in improving their performance. A resident is expected to complete all degree requirements within the time specified. If additional time is required, the resident will submit a request for extension to the DC, GDE office, at the above address. This request

must arrive in the career branch from the GDE office no later than four months prior to the required need for additional time and the exact date that the training will be completed. If deficiencies cannot be overcome despite the best efforts of the PD and teaching staff, procedures for withdrawal, probation, termination, or extension will be initiated as outlined below.

a. Reasons for withdrawal. An AGD-1, specialty resident, or fellow may be withdrawn from the program for any of the following reasons:

- (1) Voluntary request.
- (2) Recommendation of the DENTAC commander and the Dental Education Committee.
- (3) On authority of the Chief, DC to meet the needs of the Army.

b. Withdrawal procedures. The withdrawal procedures are as follows:

(1) When a resident wishes to voluntarily withdraw from training, the resident must submit a request in writing through the PD and the Dental Education Committee. The request for withdrawal, to include an endorsement by the unit commander and an effective date, will be forwarded through the Academy of Health Sciences, Chief, GDE, ATTN: MCCS-HED, through Chief, DC branch, AHRC, for final action by the Chief, DC.

(2) A DA Form 67-9 (Officer Evaluation Report) will be submitted on an officer withdrawn from training in accordance with procedures outlined in AR 623-3.

(3) Residents attending a civilian program who desire to withdraw from training prior to completion must submit a request to Academy of Health Sciences, DHET, 1750 Greeley Road, Suite 201, ATTN: MCCS-HED, Fort Sam Houston, TX 78234-5075. The request must contain an effective date of withdrawal and a statement from the training PD indicating acceptance of the withdrawal request. Appropriate channels will be notified by the Corps program manager.

c. Probation. The following are reasons for probation:

(1) *Cause.* A resident may be placed on probation by the unit commander for unsatisfactory performance for no less than 30 days and must receive notification in writing that he or she has been placed on probation. During the probationary period, the resident will be given appropriate opportunity to improve performance to a satisfactory level. The probationary period may be extended. A resident may be processed for immediate termination, based on matters other than those upon which the probation is based, during the period of probation.

(2) *Unsatisfactory performance.* Examples of unsatisfactory performance include, but are not limited to—

(a) Failure to meet academic or technical performance standards or objectives of the program.

(b) Unprofessional conduct. Such conduct includes, but is not limited to—

1. Any act of omission constituting misconduct, or moral or professional dereliction as that phrase is described in AR 600-8-24.

2. Any act of omission which is inconsistent with the safe, orderly, and competent practice of dentistry.

3. Inappropriate personal conduct that disrupts the academic atmosphere, adversely affects patient care, or casts doubt upon a resident's future value to the DC.

4. Lack of motivation and/or application.

d. Procedures for requests for probation are as follows:

(1) A written request for probation, with supporting documentation, may be submitted to the dental education committee by the PD. A copy of this request will be furnished to the resident and a record of this notification will be maintained by the PD.

(2) The Dental Education Committee will consider the request and, if recommended by the majority vote, recommend to the commander that the resident be placed on probation. A resident may be placed on probation only by the unit commander.

e. Notification of probation. The Director of Dental Education or unit commander will notify the resident, in writing, that he or she has been placed on probation. The notification will include—

(1) The reasons for probation.

(2) The suggested corrective actions for improvement.

(3) The duration of probation.

f. Probationary period. During the probationary period, which must be for a minimum of 30 days, the resident will be given appropriate opportunity to improve performance to a satisfactory level. The probationary period may be extended by a majority vote of the dental education committee. A resident may be processed for immediate termination, based on matters other than those upon which the probation was based, during any period of probation.

g. Termination of probation procedures are as follows:

(1) The probationary status will end—

(a) When the resident has improved to a satisfactory level, as determined by the dental education committee.

(b) When the resident has voluntarily withdrawn from training.

(c) When the resident has been terminated from training.

(2) The Director of Dental Education will notify the resident, in writing, of the end of probation.

h. Reports. A Dental Resident Evaluation Report will be completed and forwarded through the Academy of Health Sciences, ATTN: MCCS–HED, Suite 201, 1750 Greeley Road, Fort Sam Houston, TX 78234–5075, within five working days after an individual has been placed on probation or relieved from probation. A copy of the letter of notification sent to the resident will be included.

i. Procedures for termination of training are as follows:

(1) *Authority.* A two-thirds vote of the Dental Education Committee is required to recommend termination.

(2) *Reasons for termination.* Examples of reasons for termination include, but are not limited to—

(a) Failure to satisfactorily progress toward correction of deficiencies while on probation.

(b) Regression or failure to satisfactorily progress in training after removal from probation.

(c) Any act of gross negligence, misconduct, or moral or professional dereliction (see AR 600–8–24).

(d) Demonstrated inability or unwillingness to engage in the safe, orderly, and competent practice of dentistry.

j. Procedures for recommendation for termination are as follows:

(1) If termination is recommended, the PD will—

(a) Submit a written recommendation for termination with supporting documentation to the Dental Education Committee.

(b) Furnish the resident a copy of the recommendation for termination.

(c) Maintain a record of resident notification.

(2) After notification of the recommended termination, the resident—

(a) Will have five working days to examine the recommendation and file and submit a written statement.

(b) May consult with counsel (who need not be a lawyer).

(c) May not appear before the committee, with or without counsel, nor may have his or her counsel appear before the committee alone on the resident's behalf.

(3) The Dental Education Committee will consider the termination request and the affected resident's statement to determine whether to recommend termination to the commander. A two-thirds vote is required to terminate. The PD's request and the recommendations of the Dental Education Office will be forwarded to the commander within five working days.

k. The following are actions by the commander:

(1) The commander will notify the resident in writing of the Dental Education Committee's recommendation and their decision within five working days.

(2) If the commander's decision is to continue the resident in training, an information copy of the proceedings will be forwarded through the Academy of Health Sciences, Department of Health Education and Training, 1750 Greeley Road, Suite 201, ATTN: MCCS–HED, Fort Sam Houston, TX 78234–5075.

(3) If the commander's decision is termination of training, the resident will be given five working days to submit a statement of appeal to the commander and/or request a personal appearance with the commander. The resident may not be accompanied by counsel during such personal appearance.

(4) The commander should consider whether further action, such as initiation of elimination action, is appropriate under the circumstances of the case.

l. Further processing. If further processing is needed—

(1) The commander's decision with resident appeal, if provided, and the Dental Education Committee's recommendation will be forwarded to the Academy of Health Sciences, Department of Health Education and Training, 1750 Greeley Road, Suite 201, MCCS–HED, Fort Sam Houston, TX 78234–5075, for final action by the Chief, U.S. Army Dental Corps.

(2) A DA Form 67–9 will be submitted on an officer terminated from training in accordance with procedures outlined in AR 623–3.

m. Procedures for extensions of training are as follows:

(1) Residents who are absent from any program for more than 30 training days in an AY or who otherwise fail to satisfactorily complete requirements for graduation must either be extended or be terminated from training at the discretion of the Chief, DC.

(2) The Dental Education Committee will determine whether a resident's training should be extended or terminated. The committee's recommendation, including the duration of any recommended extension, will be forwarded to the commander for his or her review and concurrence.

(3) If the recommendation is for extension in training, the commander will notify the resident in writing of the decision; the duration of the recommended extension; and that the recommended extension must be acted upon by the Chief, DC. A copy of the proceedings will be forwarded through the Academy of Health Sciences, DHET, 1750 Greeley Road, Suite 201, ATTN: MCCS–HED, Fort Sam Houston, TX 78234–5075, for final action by the Chief, DC.

(4) If the recommendation is for termination, the instructions in paragraph 5–5j, above, will be followed.

n. Active duty service obligation. Residents who withdraw or are terminated from training may be required to complete their ADSO (as stated in their contract or SAs), at the option of the Chief, DC and with approval of the Secretary of the Army. However, nothing in this policy will be construed as limiting the authority of HQDA to

discharge, separate, or release from AD any officer whose conduct, record, qualifications, status, or performance would permit such action under applicable regulations. Further, nothing in this policy will be construed to modify the ADSO provisions of any contract SA.

o. Other Federal programs. Withdrawal, probation, terminations, and extension procedures are determined by applicable agreements and other regulatory guidance of the sponsoring institutions.

Section II

Educational Programs

5–6. Advanced general dentistry 1–year

a. Requirements. Each program must meet the requirements outlined by the Council on Dental Education of the ADA.

b. Time allocated to specialties. The time allocated to each specialty must fulfill the requirements as published by the Council on Dental Education of the ADA.

5–7. Dental residency programs

a. Military residencies. Residency programs are long-term training and are offered in selected specialties to eligible Army DC officers to meet military requirements. Officers may be selected for additional residencies provided the eligibility requirements are met. Residents will receive special pay in accordance with published FY policy and procedures while in initial residency training. Programs will be conducted as outlined by the Council on Dental Education of the ADA.

b. Civilian residencies. Residencies in civilian educational institutions may be made available as needed to augment training not otherwise available in Federal programs. Residents will receive special pay in accordance with published FY policy and procedures while in training.

5–8. Dental Fellowship Program

The Dental Fellowship Program will provide professional training in selected fields to meet military requirements and is not considered long-term training. These programs normally will be one year in length. Fellowships are not designed to meet the requirements of a specialty board.

5–9. Degree-producing programs

These programs will provide professional training in selected fields to DC officers to meet military requirements.

Section III

Administration of Educational Programs

5–10. Responsibility for programs

The DENTAC commander at installations conducting dental residencies or fellowships is responsible for the organization, integration, and supervision of dental education programs at that installation.

5–11. Administrative points of contact

a. Correspondence concerning personnel matters will be forwarded to Commander, AHRC, ATTN: AHRC–OPH–DC, 200 Stovall Street, Alexandria VA 22332–0417.

b. Correspondence concerning functioning and professional content of programs will be forwarded to Academy of Health Sciences, DHET, 1750 Greeley Road, Suite 201, ATTN MCCS–HED, Fort Sam Houston, TX 78234–5075.

c. Correspondence regarding accreditation and site visitation will be sent directly to the ADA, Council on Dental Education, 211 East Chicago Avenue, Chicago, IL 60611, with an information copy to Academy of Health Sciences, DHET, 1750 Greeley Road, Suite 201, ATTN: MCCS–HED, Fort Sam Houston, TX 78234–5075.

5–12. Director of Dental Education

The commander will appoint a qualified dental officer to serve as Director of Dental Education. The Director of Dental Education will assist the commander in the organization, integration, and supervision of all dental education programs along with department chiefs and section chiefs having an interest in the programs. As appropriate, the officer will be appointed as a member of the medical center (MEDCEN) or the U.S. Army Medical Department Activity (MEDDAC) Education Committee. This will be done to coordinate requirements of the Dental Education Program with the facilities and teaching program of the MEDCEN or MEDDAC.

5–13. Dental Education Committee

a. Membership. A Dental Education Committee will be composed of the Director of Dental Education (chair) and members of the staff directly involved in the teaching programs. To establish the commander as a separate and higher appeal authority, the DENTAC commander will not be a member of this committee.

b. Limited membership. Committee membership will be limited to the minimum number necessary to exercise effective control of the training programs and still maintain a multi-specialty approach.

c. Duties. The Dental Education Committee will meet as required to—

(1) Supervise the Dental Education Program.

(2) Evaluate the professional progress of the officer residents. A specific recommendation will be made by the committee for the continuation, relief, or advancement of each resident at the end of each quarter. The recommendation will be noted in the minutes. A Dental Resident Evaluation Report will be used for the quarterly evaluation.

(3) Monitor professional activities and special events sponsored by the DENTAC to include listing titles of papers and lectures, appointment to professional organizations, committee assignments, information relative to specialty board certification, and other pertinent data concerning the committee or residents.

(4) Recommend extensions or terminations. If a resident is absent for more than 30 training days in any AY, the committee will submit a request for extension or termination in the program. This request will be forwarded through the Academy of Health Sciences, DHET, 1750 Greeley Road, Suite 201, ATTN: MCCA-HED, Fort Sam Houston, TX 78234-5075 for final action by the Chief, DC.

(5) Approve teaching plans.

(6) Approve research projects, clinical studies, and professional papers by officer residents.

(7) Recommend attendance of officer residents at short professional courses or professional meetings.

(8) Recommend award of certificates. On completion of an officer resident's participation in an educational program, the Dental Education Committee will make a recommendation to the commander that the individual be issued a U.S. Army Medical Department Certificate for Residents, Interns, and Fellows reflecting satisfactory completion of the requirements. Certificates will be signed by both the commander and the director of the residency program.

(9) Record and maintain committee minutes. These minutes will provide a source record for accreditation evaluation by the ADA. The dental education committee minutes will have, as a minimum, the following topic headings:

(a) Professional progress of officer residents.

(b) Professional activities—

1. Title of paper and lecture presented or published.

2. Appointment of DC officers to professional organizations.

3. DENTAC committee assignments.

4. Specialty board certification.

(c) Absence of residents.

(d) Status of teaching plans—(approval/disapproval) should reflect inclusion of conferences per paragraph 5-14, below.

(e) Research projects, clinical studies, and professional papers.

(f) Attendance of DC officers at AMEDD short courses and dental professional meetings.

(g) Awards and certificates.

(10) Forward a copy of the minutes of each meeting to the Academy of Health Sciences, DHET, 1750 Greeley Road, Suite 201, ATTN: MCCA-HED, Fort Sam Houston, TX 78234-5075.

5-14. Requirements for dental activities conducting residency programs

a. Teaching plan. The mentor for each specialty area directly involved in the training program will develop and periodically review a progressive, comprehensive teaching plan. The dental education committee will approve each plan and integrate it into the complete program. The program will be published for the information and guidance of all concerned.

b. Conferences. Conferences indicated below are the minimum requirements for DENTACs sponsoring residency programs. Other conferences may be scheduled at the discretion of the dental education committee.

(1) *The DENTAC professional staff conferences.* A minimum of 12 professional staff conferences will be held during the training year. They will consist of presentations on professional matters of general interest and all dental officers may attend.

(2) *Additional wartime role training.* Training will be conducted in accordance with guidelines established by the Chief, DC.

c. Professional meetings or courses.

(1) Officer residents may be authorized to attend professional meetings under section IV of this chapter.

(2) Residents may attend local professional meetings at the discretion of the commanding officer. Residents should be encouraged to present table clinics or other professional material.

d. Professional papers.

(1) Each resident or fellow is required to prepare a military relevant professional paper or to undertake a research project with a view toward eventual publication.

(2) Papers approved for publication may be presented at local, regional, or national meetings. Funds for defraying travel expenses and per diem may be authorized but must be made available by the local commander.

5-15. Dental Resident Evaluation Report

The Dental Education Committee will maintain a Dental Resident Evaluation Report for the professional activities of each resident and fellow during periods of formal training. The record will be a part of the permanent file of the committee. Should the individual be transferred to another Army DENTAC before completion of training, copies of these evaluations will be forwarded to the gaining DENTAC.

a. Purpose. This report provides information required for professional progress of residents and fellows.

b. Preparing agencies. Reports will be prepared by the Dental Education Committee on activities designated to conduct GDE programs.

c. Frequency and period covered. Evaluations will be—

(1) Prepared quarterly during the period of training. A copy of these reports will be maintained as a part of the permanent file of the Dental Education Committee. A special evaluation will be completed when a resident is placed on probation, is relieved from probation, or is terminated from training for any reason.

(2) Grouped and sent with a transmittal memorandum to the Academy of Health Sciences, DHET, 1750 Greeley Road, ATTN: MCCS-HED, Ft. Sam Houston, TX 78234-5075.

Section IV

Continuing Health Education Details for the U.S. Army Dental Corps

5-16. General

This section provides guidance for administering and operating a CHE program for DC officers. It outlines responsibilities for CHE and provides procedural guidelines for continuing dental education.

5-17. Dental Corps responsibilities

a. The Chief, DC is responsible for policy and procedural guidelines to develop and conduct continuing dental education.

b. The DENTAC commander/director of dental services is responsible for the management, operation, and evaluation of the local dental CHE program. A Director of Dental Education will be appointed to conduct the program.

c. The Director of Dental Education will—

(1) Implement, supervise, manage, evaluate, and provide continuous quality improvement for the local CHE program.

(2) Provide assigned DC officers with an annual statement of CHE credits earned during the preceding year and a triennial statement of CHE credits earned for each 3-year period.

(3) Include in any advertisement for CHE under the supervision of the Dental Education Committee that the program has CERP approval through the ADA.

d. Dental officers will—

(1) Maintain records of their participation in CHE programs.

(2) Obtain 30 hours of CHE each year, of which 20 are from Category I.

5-18. Policy and procedures

Categories of acceptable dental education activities and credits to be recorded are listed below.

a. Category I, scientific dental courses.

(1) One hour of credit will be recorded for each hour completed in the scientific portion of the following educational activities:

(a) Formal scientific CE courses are sponsored by organizations or institutions within the civilian or military community. The sponsors must be approved by the ADA or MCCS-HED. These organizations and institutions may include, but are not limited to, dental schools; national specialty organizations; military specialty organizations; and constituent societies of the ADA.

(b) Short courses sponsored by ASCP, AFIP, and ACOMs.

(c) Short courses sponsored by other Federal Services.

(d) Dental or medical professional staff conferences having a formal scientific CE program to include lectures or formally presented audiovisual materials.

(e) Local civilian dental society meetings that are part of a scientific CHE program.

(2) Attendance at multi-day convention meetings sponsored by an approved organization will be given five hours credit. Meetings may be at international, national, regional, or state level. An additional hour-for-hour credit for such meetings may be gained by attending—

(a) Lectures or clinics within these meetings, as verified by the sponsor.

(b) A breakfast or luncheon session having a scientific program.

(3) Formal clinical rotations of at least four weeks in a dental specialty other than general dentistry qualify for one hour of CHE credit per eight hours of rotation. The clinical study must be under the guidance of a board-eligible or certified specialist in that specialty.

(4) Study clubs formally organized under the direct or indirect supervision of an approved sponsor may be given one hour of credit per hour completed.

(5) Postgraduate or residency study leading to satisfactory completion of certain educational programs may be credited with 50 hours per AY of study. These programs must be accredited by the ADA. This provision is made to cover the many learning presentations for residents. This credit is in addition to other forms of CE normally attained outside academic residency training. Credit for CHE is specifically excluded for lectures given by mentors as a part of their normal duties within teaching programs.

b. Category II, papers, publications, and scientific presentations. Credit for activities may be given as follows:

(1) Ten credit hours (CHs) may be given to each author of a scientific paper relevant to the dental profession that is published in a national or state recognized health care journal. Ten CHs may also be given for an individually authored chapter of a textbook. Twenty CHs may be awarded to the author of an entire textbook. Requests for this type credit will be submitted to the Academy of Health Sciences, DHET, ATTN: MCCS–HED, Suite 205, 1750 Greeley Road, Fort Sam Houston, TX 78234–5075. A copy of the article or textbook must accompany each request.

(2) Presentation of a paper or lecture at the educational activities described in Category I qualifies for one hour of credit per hour of lecture. This credit is in addition to the credit awarded for attending the session.

c. Category III, clinics and exhibits. Credit will be given for—

(1) Presenting a table clinic at a professional meeting described in Category I. The presentation may be awarded four hours of credit.

(2) Presenting an exhibit on a topic related to dentistry described in Category I at professional meetings. The presentation may be awarded four hours of credit.

d. Category IV, self-instruction. Formal training extension courses and self-assessment tests seen as exportable self-study packages may be given CHE credit. (Extension courses must use a testing mechanism.) Persons completing such courses will submit written requests for CHE credit to the Academy of Health Sciences, DHET, ATTN: MCCS–HED, Bldg. 4011, 1750 Greeley Road, Fort Sam Houston, TX 78234–5075. The request should include—

(1) The published course description.

(2) A copy of the diploma, certificate, or letter showing satisfactory course completion.

e. Category V, other educational activities.

(1) One hour of credit may be given for each hour completed in programs related to managing a dental practice.

(2) Other meritorious education activities not discussed in these guidelines may be given CHE credit. The Chief, GDE branch, Academy of Health Sciences, will determine if these activities are acceptable toward the CHE requirement. Requests for credit in Category V must be submitted in writing to the Academy of Health Sciences, DHET, ATTN: MCCS–HED, 1750 Greeley Road, Suite 205, Fort Sam Houston, TX 78234–5075.

(3) Continuing health education courses not falling within these guidelines must be approved before they are presented as CHE credits for Army DC officers. Requests for approval should be submitted to the Academy of Health Sciences, DHET, ATTN: MCCS–HED, 1750 Greeley Road, Suite 205, Fort Sam Houston, TX 78234–5075. Such approval does not prevent the review of sponsoring organizations or their individual programs. Sponsors seeking approval must be formally organized. The courses they offer must have intellectual or practical content and deal primarily with the practice of dentistry or the professional responsibility of those enrolled. Requests should include—

(a) The name and address of the person or organization responsible for conducting the course.

(b) An outline of the CHE program.

(c) A description of the facilities in which the course will be conducted.

(d) Any other appropriate data that will enhance course approval.

f. Inquiries. Inquiries concerning acceptability of CHE activities, approval of sponsors, or CHs should be addressed to the Academy of Health Sciences, DHET, ATTN: MCCS–HED, 1750 Greeley Road, Suite 205, Fort Sam Houston, TX 78234–5075.

5–19. Professional Postgraduate Short Course Program

Applications for PPSCP training will be submitted on DA Form 3838, 60 days prior to the start date of the short course. AD officer applications may be sent to the program manager at the Academy of Health Sciences, DHET, 1750 Greeley Road, Suite 205, ATTN: MCCS–HED, Fort Sam Houston, TX 78234–5075. USAR and ARNG will submit applications in accordance with local policies. The project officer will notify approved attendees. Details may be obtained from the current PPSCP handbook.

Chapter 6 Medical Corps Policy and Programs

Section I Introduction

6-1. General

This chapter prescribes procedures for applying for all programs of GME whether taken in Federal or civilian medical facilities or colleges and universities. It also provides administrative and control guidance for GME training.

6-2. Policies

The following policies pertaining to education and training apply within the MC:

a. Military professional training sequence. The general sequence for military professional training is discussed below.

(1) *The AMEDD OBLC.* All AC MC officers will attend the OBLC before their first AD assignment in a non-GME status. All RC MC officers will attend OBLC within 3 years of commissioning.

(2) *Combat Casualty Care Course (C4).* Except for those who have attended equivalent training, attendance at the C4 course is required for trainees under the military unique requirement. It is recommended for all career status MC officers between their second and eleventh year of AFCS.

(3) *The CCC.* MC officers in career status will normally attend the resident AMEDD CCC between their fourth to seventh year of AFCS. MC officers participating in GME training will not be released to attend CCC except under unusual circumstances and must be approved by HQDA, OTSG ATTN: DASG-PSZ-MG.

(4) *The MEL 4 equivalent course.* Officers will be considered for attendance at the resident course when they have attained the grade of major or captain promotable (P) between their fifth and eleventh years of AFCS. Because of the limited number of quotas available for resident attendance, MC officers are encouraged to enroll in the nonresident correspondence course of instruction or USAR course. To be eligible for the nonresident course, officers must have completed the CCC and have between 8 and 18 years of AFCS. Waivers may be granted by the commandant, MEL 4 equivalent course, for AFCS.

(5) *The SSC.* All eligible MC officers will be considered for SSC attendance. Eligibility consists of grade of lieutenant colonel or colonel and AFCS between 11-22 years. Officers on the SSC (AWC) OML are encouraged to apply for the AWCDEP.

b. Utilization tours for training. A tour of duty using skills and knowledge developed by significant training experiences will normally occur immediately following the training. The major exception to this general policy is that utilization tours following the CCC and C4 are not required.

c. Methods of assessing needs. Education and training opportunities within the MC, other than GME, are generated by need as assessed by the following methods:

(1) Long-course needs are determined by validated requirements, procurement standards, and recognized requirements.

(2) Short-course needs are determined by a series of annual needs assessments using input from the field, MC specialty consultants, and the MC branch.

d. Training selections. Long-term training selections, other than GME, are made through a formal board process convened by the director, OPMD, AHRC, for degree programs and the chief, MC branch for non-degree programs. Attendance at short courses is approved within the MC branch, AHRC.

e. Constructive credit. MC officers can apply for constructive credit for military courses under AR 350-1 based on experience and other training. Approval of constructive credit is limited because of opportunities available for MC officers to attend the resident CCC and enroll in the nonresident MEL 4 Equivalent Course. Constructive credit is awarded through a formal board process convened by the Commander, AHRC.

6-3. Types of training

a. Military first year graduate medical education (FYGME). This is defined as the first postgraduate year (postgraduate year one (PGY-1)) of accredited training immediately following medical school. The FYGME programs are established in designated hospitals as directed by TSG. The FYGME program will be conducted to meet military requirements and educational standards of the Accreditation Council for Graduate Medical Education (ACGME).

b. Military residencies. Residencies are defined as a formal program of medical specialty training that includes the second and subsequent postgraduate years (postgraduate year two (PGY-2) or above) of accredited training. Completion of training leads to eligibility for certification by an American Board of Medical Specialties. Residencies will be established in designated Army hospitals as directed by TSG. These residencies will be conducted to meet military requirements and educational standards of the ACGME as defined in "Essentials of Accredited Residencies in GME" in order to satisfy requirements for board certification.

c. Chief residents. Where more than one resident is assigned to serve in the last year of clinical training, a chief

resident may be appointed to assume executive responsibility for supervision. This duty may be rotated among the senior residents.

d. Pre-specialty training. Training in certain specialties may require completion of prerequisite training in a separate program. Hospitals conducting this prerequisite will ensure that training is approved by the appropriate specialty board as offering satisfactory training in preparation for specialty board eligibility.

e. Civilian residencies. Residencies in civilian hospitals in various specialties may be made available and used as needed.

f. Fellowships. Fellowships are defined as a formal program of medical subspecialty training following completion of primary specialty training. TSG will approve selected officers as needed for training at military and civilian hospitals in any specialty or research area necessary to the medical mission.

6-4. Training spaces

The Surgeon General will annually approve through an official school year plan the number and location of all specialty training positions available for MC officers. This will consider training capacity at each hospital and Army requirements.

6-5. Applications, appointments, advancements, service agreements, and selections

a. General. All GME applicants must meet prerequisites and all other requirements as prescribed annually under an applicable GME guidance issued by TSG for selection in the training year. However, all applicants must be United States citizens. Active duty applicants must be MC officers. The only means available for an Army AD officer or a civilian to apply for and participate in GME training (PGY2 year and above) is through a Web-based application. Contact the program manager for additional information. Deadline date for application is 15 September of each year. Civilian applicants meet requirements as prescribed under the applicable GME guidance. All GME applications will be submitted as prescribed in the applicable GME guidance. Appointments of medical officers into residency or fellowship training programs will be for the period of time needed to achieve eligibility for an American specialty board. When no specialty board exists, training periods will be determined by TSG. A GME training year (includes the FYGME program) will consist of at least 48 weeks. Medical officers appointed to GME programs having research requirements remain in a training status assigned to the primary training program for the duration of the research period, regardless of the location of the research experience. Research periods performed at other than the primary training program site will not require funding or a permanent change of duty station.

b. Requirements. All Army obligated military medical students, including Reserve Officers' Training Corps (ROTC), Armed Forces Health Professions Scholarship Program (HPSP) and USUHS, are required to apply for the Army FYGME program (PGY-1 year of training). Applicants (military and civilian) must comply with requirements as indicated in the applicable annual FYGME letter of instruction (LOI).

c. Prerequisites for FYGME. Applicants requesting FYGME training must meet, as a minimum, the eligibility requirements, to include security requirements for appointment in the MC USAR (see AR 135-101) and meet the following special eligibility requirements:

- (1) Be a United States citizen.
- (2) Be enrolled full-time in the senior year of a medical degree program in an accredited educational institution in the United States or Puerto Rico. The educational program must be accredited by the appropriate accrediting organization recognized by the Army.
- (3) Meet other eligibility criteria and the established deadline dates as stated in the FYGME LOI available on the Web site.

d. Categories of training. The Army offers GME training in military programs and sponsored and non-sponsored civilian programs. The specialty, start date, and number of positions offered within each Category are published in an annual GME procedural guidance. Sponsored civilian trainees remain on AD and receive full pay and allowances.

e. Non-funded Graduate Medical Education Program (NGMEP). The NGMEP provides an opportunity for AD physicians to be released from AD in order to complete GME training at no expense to the Government in exchange for an agreement to return to AD upon completion, termination, or resignation from training. Applications for the NGMEP will be submitted in the same manner as all other GME applications. If available, training spaces for this program will be approved in the annual GME school year plan.

(1) Eligibility requirements for the NGMEP are as prescribed in the applicable GME guidance. Selectees must disclose any medical condition that would render them ineligible for reentry onto AD under existing requirements. Selected applicants with disqualifying conditions are ineligible for the NGMEP and selection is automatically void.

(2) Upon notification of Army selection, other than Active Army officers must submit a request for release from AD under AR 600-8-24, section VII, chapter 2. Active Army officers must submit an unqualified resignation under AR 600-8-24, section II, chapter 3, including therein a request for appointment in the USAR. A signed NGMEP SA must be submitted with the request for release from AD.

f. Army weight control, Army physical fitness, and licensure. All individuals selected for PGY-2 training and above must comply with AR 600-9 and FM 21-20 as appropriate and licensure requirements as prescribed by applicable law,

DOD, Army and GME guidance. Officers entering a new GME program at the PGY-2 year and above must have passed the APFT within six months "prior to" entering the GME program or have passed the last scheduled APFT, whichever is later. Noncompliance with the Army weight, physical fitness, or license requirements may be a basis for withdrawal of a GME selection or for denial of advancement in GME pursuant to existing policy. The disposition of trainees already in training will be as prescribed under existing guidance governing weight and physical fitness standards and licensure requirements.

g. Advancement of students (PGY-2 year or above). All trainees beginning GME at the PGY-2 or above year of training will be considered for advancement each year until they complete their training as long as specialty educational requirements are met. As a condition of advancement/continuation, the trainee must maintain compliance with prescribed Army and GME policy.

h. SAs and ADSO. All selected applicants must sign a SA for any category of GME training unless the training is covered under a preexisting SA. The ADSO and MTS will be as prescribed in the SA and DOD guidance. The GME training agreement will serve as the document required to extend the AD term of the MC officer as specified in AR 135-215, paragraph 4-2i. Individuals who voluntarily withdraw or are terminated from a GME training program will have an ADSO in accordance with chapter 2.

i. Convening authority.

(1) The JSGMESB is convened annually under the authority of the Assistant Secretary of Defense for Health Affairs (ASD (HA)) and the surgeons general of the U.S. Army, the U.S. Navy, and the U.S. Air Force. Annually, ASD (HA) publishes the rules governing the joint aspects of GME selections. Each surgeon general retains approval authority for the results of their Service's board including assignment of selected applicants from other Services to their Service's teaching programs.

(2) The JSGMESB board membership will consist of individuals as prescribed in the Army memorandum of instruction (MOI) to the selection board. Board members will observe the policies/rules established in the MOI approved each year by the Army SG related to Army selections and rules published by the ASD (HA). The board president of the Army portion of the JSGMESB will be the chief of the MC.

j. Selection results. TSG is the final review and approval authority for all GME selections. All board proceedings are subject to review by the ASD (HA). HQDA, OTSG, ATTN: DASG-PSZ-MG, will release the Army GME results of the JSGMESB.

k. Standby board. If necessary the Army SG will convene a standby board to fill any vacant GME positions. Information concerning available specialties, training locations, deadline date for receipt of applications, and the date of the board will be published by the HQDA, OTSG, ATTN: DASG-PSZ-MG. Selection will be consistent with existing procedural guidance.

l. Selection review board. MC officers selected for GME at the JSGMESB are conditionally selected contingent upon continued satisfactory performance up to the date of entry into GME. Adverse personnel actions and academic difficulties to include the need for imposition of probation and other negative events represent a significant deviation from this satisfactory level of performance. Individuals at institutions (includes appropriate chain of command at non-GME locations) where the selectee is assigned must report adverse actions or decline in performance to HQDA, OTSG, ATTN: DASG-PSZ-MG. As outlined in the provisional selection notification, selection will be re-evaluated by a board appointed by TSG. This board may elect to rescind the selection for entry into a GME program. The Chief, MC is the approval authority for such action.

6-6. Due process

All trainees in GME must be afforded due process as prescribed by policy issued by TSG and as outlined by the ACGME institutional requirements. These policies will be applied uniformly and fairly to all trainees and faculty in all programs. Due process is an institutional methodology through which a trainee is appraised of academic, professional, or behavioral issues which adversely impact the training experience, the proposed interventions, and the measures of success or failure which demonstrate that the identified issues have been rectified. The trainee has the right to respond either writing or person via a formal hearing process. Each institution accredited to conduct GME must develop specific written policies and procedures in accordance with the ACGME institutional requirements and TSG policy compatible with local circumstances. The guidance must address documentation, probation, remediation, termination, training extension, resident resignation, resident's rights, appeals, conduct of GME committee hearings, GME selection, and GME reentry.

6-7. Resident supervision and duty hours

a. Army facilities conducting GME must provide sufficient oversight to ensure that residents are appropriately supervised. Residents must be supervised by teaching staff in such a way that the residents assume progressively increasing responsibility according to education level, ability, and experience. Each institution accredited to conduct GME must develop specific policies and procedures in accordance with: Residency Review Committee (RRC) and ACGME institutional requirements and compatible with local circumstances; standards on resident supervision established by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and supervision policy prescribed by TSG. The guidance must address documentation, privileging of residents, evaluation of residents and

attending physicians, monitoring procedures, and the responsibilities of staff, residents, and institutional governing bodies and authorities.

b. Army facilities conducting GME must ensure that each training program establishes formal written policies governing resident duty hours that foster resident education and facilitate patient care. Duty hours must be consistent with the institutional and program requirements of the specialties and subspecialties that apply to each program. These formal policies must apply to all institutions to which a resident rotates. Off duty employment is strictly prohibited while on AD in a trainee status (to include civilian sponsored residencies and fellowships).

6–8. Military unique curriculum

Each Army MTF engaged in GME must develop and incorporate military unique curricula (MUC) training into GME programs under policy prescribed by ASD (HA) and TSG. Each training facility must include a standardized MUC as part of GME programs. Policy prescribes minimum requirements for training evaluation, documentation, and reporting. Curricula for all GME programs should include aspects of practice unique to the military, including attendance at C4, standardized specialty immaterial PGY–1 curriculum, and military unique curriculum that is standardized and specialty specific for PGY2 and above that includes operational experiences when available, practical and within resource constraints (for example, readiness exercises and participation in short-term deployments and field training exercises). Completion of MUC requirements must be documented and training evaluated. Training plans should include subject matter outlines with the format for instruction as well as lectures, distance learning, and types of operational experiences (for example, field, deployment). The MUC training plan should be reviewed locally at least annually at the time the training report is prepared for submission. Training progress must be reported annually to HQDA, OTSG, ATTN: DASG–PSZ–MG prior to 1 September for consolidation and annual reporting to the ASD (HA) by 30 September of the completed training year.

6–9. Institutional requirements

As stated in ACGME requirements, the purpose of GME is to provide an organized educational program with guidance and supervision of the resident, facilitating the resident’s ethical, professional, and personal development while ensuring safe and appropriate care for patients. Training programs must operate under the authority and control of a sponsoring institution. There must be a written statement of institutional commitment to GME that is supported by the governing authority, the administration, and the teaching staff. Sponsoring institutions must be in substantial compliance with the institutional requirements and must ensure that their ACGME accredited programs are in substantial compliance with the program requirements and the applicable institutional requirements. Failure to comply substantially with the institutional requirements may jeopardize the accreditation of all of its sponsored residency programs.

6–10. Applicable publications

Conduct of Army GME programs will conform to provisions described in the following:

- a.* The GME directory (current year, published by the American Medical Association (AMA)).
- b.* AR 40–1.
- c.* Manual of Hospital Accreditation.
- d.* AR 135–101.
- e.* AR 135–100.
- f.* AR 600–9.
- g.* Applicable directives and regulations pertaining to participants in the HPSP, USUHS, and the ROTC Program.
- h.* Applicable GME directives/policies issued by TSG.
- i.* DODD 6000.12.
- j.* DODI 6000.13.
- k.* DODI 6015.24.
- l.* DOD 6025.13–R.

6–11. Location of programs

a. The MTFs authorized to conduct training under this regulation are designated by TSG. These MTFs are listed in the GME directory prepared by the AMA. MTFs so designated will conduct only those FYGME, residency, and fellowship programs that are approved and accredited by the ACGME and by TSG.

b. In addition to training available at Army MTFs, TSG will designate specific GME training programs conducted at civilian institutions that are integrated or affiliated with co-located MTFs. In such designated programs, the following policies exist if the student remains on AD status:

- (1) Sponsored students will be designated as military students for purposes of determining obligation.
- (2) Sponsored students will be assigned to the affiliated MTF.
- (3) The MTF will issue a certificate of training. Such certificate must indicate integration with the civilian institution.

Section II Administration

6–12. Correspondence

All correspondence concerning GME training programs will be forwarded to HQDA, OTSG, ATTN: DASG–PSZ–MG, Skyline 6, Room 691, 5109 Leesburg Pike, Falls Church, VA 22041–3258. Any correspondence with the AMA, the ACGME, or the American medical specialty boards may be exchanged directly. Information copies must be forwarded to the above address.

6–13. New programs

A request to establish a new training program at an Army MTF must follow OTSG procedures as well as local MTF coordination procedures. Requests are considered annually as part of the school year plan and must be approved by TSG. Information on the policies, timing, and requirements may be obtained from HQDA, OTSG, ATTN: DASG–PSZ–MG.

6–14. Accreditation

Accreditation by the ACGME will be sought and maintained for all Army GME programs. Commanders of AMEDD teaching facilities will program, budget, and fund for accreditation surveys and related expenses of their respective programs in support of this objective. Commanders are responsible for ensuring all programming and funding activities can support any request for program increases before submission of any request to increase the size of GME programs in advance of or during the JSGMESB.

6–15. Program change

Written approval must be obtained from HQDA, OTSG, ATTN: DASG–PSZ–MG, before withdrawal, program change, or completion date change for any student in GME. Local MTF commanders do not require GME approval to switch any student in their FYGME specialty program. However, an information copy of the action will be provided to the above office for accounting purposes. Correspondence from the appropriate medical specialty board (if applicable) indicating board requirements must be included with correspondence forwarded for approval to the above office when a trainee completes GME earlier than the date specified in the training agreement.

6–16. Responsibilities of medical education

The DME is the institutional official having the authority and the responsibility for oversight and administration of GME programs. Each training hospital must designate a physician to serve as DME. The designated individual should have medical education experience, ideally as a PD, as a minimum prerequisite to serve as DME. The individual so designated, along with the MTF commander and the various service chiefs and PDs, will organize; integrate; and supervise the educational program.

6–17. Institutional Graduate Medical Education Committee

a. The ACGME requirements prescribe each training hospital conducting GME must have an organized administrative system to oversee all residency programs. In addition, there must be a designated institutional official who has the authority and the responsibility for the oversight and administration of the GME programs.

b. The Graduate Medical Education Committee (GMEC) is an institutional committee that is responsible for monitoring and advising on all aspects of GME. Each training hospital conducting GME will designate a GMEC. The GMEC will be composed of the DME (accountable institutional official), PDs, and at least one resident representative. The MTF commander may designate other persons as members, but a designated member should not be a GMEC member since he/she is the final reviewing authority. All GMEC members, including the resident, are voting members. All members participate in hearings related to adverse action. The GMEC responsibilities will be as prescribed by ACGME, RRCs, and Army requirements.

6–18. Institutional agreement

a. All institutions conducting GME are responsible for the quality of GME and must retain authority over trainees. Current institutional agreements governing all GME programs are required. Army MTFs sponsoring GME programs will establish and provide trainees with a written hospital training agreement outlining the terms and conditions of the GME appointment. Institutions must also provide trainees with applicable due process, supervision, duty hours, and other policies pertaining to the training experience. The implementation of the terms and conditions must be monitored by the PDs. PDs must ensure residents adhere to established practices, procedures, and policies of the institution. Hospital agreements must conform to ACGME requirements and Army policy.

b. The closure or reduction of a GME program will be in accordance with current DOD guidelines and procedures. Army MTFs must include the following statement in the agreement: “When training programs are directed to close, as may occur due to closure of military institutions or downsizing of training positions, placement of residents in other military or civilian programs is given the highest priority in accordance with the Army and resident’s best interests. It

is preferred that residents complete their training in their current institution if this can be accommodated within the timeframe of the closure. If this is not feasible or not in the best interest of the resident, placement in other military or civilian institutions should be pursued. All residents will be placed so they may complete their GME training with as little disruption as possible. If placed in a civilian institution, military residents will be provided full funding through completion of training.”

c. The hospital training agreement/student contract signed by each student will be maintained by the MTF during the entire period of training.

6–19. Records, clinical statistics, and medical audits

Necessary records and information will be kept in accordance with ACGME requirements and Army policy.

6–20. Certificates

On the individual’s completion of GME training or transfer to another MTF to continue training, the appropriate MTF will issue a certificate for the period of training received up to that time. Certificates will be signed by the MTF commander and chief of the specialty or training PD in which training was taken. Certificates for transitional year residencies or similar training will be signed by the MTF commander and the DME or transitional director. Blank DA Forms 3492 are controlled forms and will be issued by HQ HQDA, OTSG, ATTN: DASG–PSZ–MG, DA, to MTFs conducting GME programs. User activities are not required to submit requisitions. GME programs sponsored by Consortia (National Capital Consortium and San Antonio Uniformed Services Health Education Consortium) are authorized to issue approved Consortium certificates instead of the Army specific DA Form 3492 (U.S. Army Medical Department Certificate for Residents, Interns and Fellows). Blank Consortium certificates are distributed through Consortium administrative offices.

6–21. Absence from training

Absence for more than four weeks (physically present for training for less than 48 weeks) of training in one training year may result in an extension of training. All absences must be reviewed by the PD for the reason and or impact on the individual educational experience as well as the program. Trainees must be informed of the effects on their educational program and potential of extension of training or ADSO impact. The institutional GMEC is the local approval authority for such absences. If approved by the GMEC, a request for extension of training outlining the nature of such absences will be submitted to HQDA, OTSG, ATTN: DASG–PSZ–MG, for final approval of adjusted completion date. The request must state a scheduled completion date of GME and a signed statement from the individual indicating their acknowledgment of such extension.

6–22. Plans of instruction

The PD will be responsible for the development of a progressive, comprehensive curriculum. This plan must include all elements as stated in the ACGME program requirements for the specialty and MUC.

6–23. Visiting Professorship Program

The commander of each MTF having one or more residency or fellowship programs will be authorized to invite distinguished United States professional leaders to the MTF as visiting professors. This Visiting Professorship Program is designed to supplement and to enhance the prestige of the AMEDD GME programs. Commanders of MTFs will program, budget, and fund for the TDY for this training in support of their respective GME programs.

6–24. Professional meetings or courses

A commander may authorize trainees to attend meetings in a permissive or regular TDY status only when the training is a necessity or a beneficial part of the GME program. Physicians in the FYGME program will not be granted this authorization. Funds for defraying travel expense and per diem must be funded by the MTF concerned.

Section III

Forms

6–25. Evaluation and trainee file

a. An evaluation summary report of a trainee’s progression and performance is required for each GME participant. All MTFs conducting GME will maintain written evaluation summary reports. The report will be prepared by the residency PD according to guidelines established by the respective ACGME RRC or other accrediting or certifying agencies. Individual programs will establish evaluation mechanisms and procedures in accordance with specialty requirements and as stated in the GME directory. The DA Form 1970 (House Staff Evaluation Report) may be used, but is not mandatory, as an evaluating document.

b. Trainee evaluation summary reports provide information required for selection, evaluation, and termination of students. DA Form 67–9 is not to be substituted for this purpose.

(1) Trainee evaluations must be performed at least twice annually and a written evaluation summary report must be

prepared each time. The first report is an interim report covering the initial portion of the training year. The second report will be prepared at the completion of the training year.

(2) A final report that summarizes the entire training experience must also be prepared when the trainee completes training and when a trainee departs training for any other reasons. This final report as well as those used in the application for GME or prepared when a trainee resigns or is terminated from training must adhere to the content and format requirements in Army policy.

c. A permanent trainee file is required for each trainee participating in GME. The file must include contracts, rotation and summary evaluations reports, documentation of compliance with MUC requirements, and any other document prescribed by Army policy and the ACGME.

d. A copy of all summary reports will be maintained as a part of the permanent file of the hospital GMEC. A copy of this record will be forwarded to the gaining MTF if the trainee is transferred to another MTF for completion of training. A copy may be furnished, with the consent of the student concerned, to requesting civilian institutions. Except for graduation, a copy of all other evaluations will be forwarded to HQDA, OTSG, ATTN: DASG-PSZ-MG.

6-26. Use of DA Form 67-9

Trainee evaluation summary reports are not to be substituted for the proper use of DA Forms 67-9 and 67-9-1 (Officer Evaluation Support Form) as outlined in AR 623-3, appendix H.

Section IV

Continuing Medical Education for Medical Corps Officers

6-27. Introduction

a. This section provides guidance for administering and operating a continuing medical education (CME) program for MC officers. It also describes standards and criteria needed to plan, develop, and conduct CME programs for physicians in Active Army/RC AMEDD facilities.

b. The MEDCOM is accredited by the Accreditation Council for Continuing Medical Education (ACCME) as a sponsor of CME activities. Therefore, all MEDCOM policies and procedures pertaining to CME are in full accordance with ACCME requirements and Federal regulations. As an accredited sponsor, the MEDCOM may award AMA Physician Recognition Award (PRA) Category I credit for activities that are planned and conducted in compliance with the ACCME standards. The MEDCOM mission statement for CME describes the types of activities, target audience, and subject matter that are appropriate for its sponsorship. Entities within the AMEDD that are planning CME activities that are felt to be consistent with the mission statement and who wish to offer CME credit for participation may choose to work with the MEDCOM for sponsorship. Those interested should refer to current policies to ensure compliance with all requirements. MEDCOM will not sponsor any activity that fails to comply with all requirements.

c. The CME is defined under existing policy issued by TSG in accordance with principles and direction of the ACCME. Any activity for which credit is requested must meet the definition of CME to award credit. No entity may indicate on any certificate or other document sponsorship by MEDCOM for CME credit unless approved by HQDA, OTSG, ATTN: DASG-PSZ-M.

d. The CME is a separate function from GME. Programs should be planned and produced that address the needs of physicians who are not in residency training.

e. Numerous options are available to MC officers for CME participation. These include hospital-based activities, courses provided by other Federal organizations, short courses, and civilian institutions. MC officers are expected to meet licensure standards as prescribed by the state licensing authority, their specialty-specific boards, and participate in CME as part of their professional duties. They must ensure participation is documented to meet applicable credentialing and licensure authorities requirements.

f. The MC officers apply for short course training as prescribed by MOI issued by HQDA, OTSG, ATTN: DASG-PSZ-MC. Table 3-1 outlines the funding sources for all AMEDD personnel to attend short courses. Officers must have at least 1 year of service remaining after completion of the desired training.

g. Army personnel must conduct all activities according to the standards of ethics and conduct established by the DOD 5500.7-R and the Army. The ACCME standards do not address all the requirements that Army personnel must meet when accepting support from non-Federal sources. However, Army regulations and standards of ethics and conduct must prevail whenever there is conflict between ACCME and Army standards, unless ACCME rules are stricter. Army personnel are strongly encouraged to consult with their servicing ethics counselor prior to accepting any support from a non-Federal entity or beginning travel where support from a non-Federal entity is anticipated.

(1) The Army has strict guidelines that govern the acceptance of support from non-Federal sources. A non-Federal entity is generally a self-sustaining, non-Federal person or organization, established, operated, and controlled by any individuals acting outside the scope of any official capacity as officers, employees, or agents of the Federal Government.

(2) Entities planning activities who wish to accept support from non-Federal sources must follow guidelines

prescribed by Army policy documents and complete all required actions to receive such support. Gifts must be processed in accordance with current regulatory and policy guidance.

6–28. Medical Corps responsibilities

a. Commanders, through their CME committees and with guidance from MEDCOM, will plan; manage; and evaluate local CME programs.

b. Physicians will maintain records of their participation in CME programs and submit copies of CME certificates to their respective credentials offices for inclusion in their records.

6–29. Criteria

a. The CME activities must be sponsored by an accredited organization and be designated as AMA PRA Category I education by that organization in order to award AMA PRA Category I credit to participants.

b. The AMA PRA Category I activities can take a variety of forms including lectures, seminars, use of self-study materials, self-assessment programs, and audio-visual or computer based materials as long as they are designated as Category I.

c. To qualify as an approved CME program for which AMA PRA Category I credit may be awarded by MEDCOM, each type of program as defined under CME must meet the ACCME and MEDCOM requirements.

d. The MEDCOM, as an accredited provider, does not designate activities for AMA PRA Category II credit. Physicians should claim credit for appropriate AMA PRA Category II activities through the AMA.

6–30. Policy and procedures

a. Program selection and approval is as follows:

(1) Authority to award AMA PRA credit resides with MEDCOM as the accredited sponsor. Commanders of the MEDCOM and its MSCs, through the CME committees in their organizations, will plan and implement jointly sponsored programs with MEDCOM within their facilities in accordance with the ACCME requirements. Institutional officials must complete required documentation for all CME conducted in Army MTFs. The local CME director may approve activities to be jointly sponsored with MEDCOM. The commander will ensure that a complete record is maintained for each activity awarding Category I credit according to paragraph 6–29, above, for 6 years.

(2) Course directors for AC/RC AMEDD CME activities attended by physicians from more than one facility must complete and submit a planning document as prescribed by applicable CME guidelines to the MEDCOM CME office for review and approval of the activity for AMA PRA Category I credit. The planning documents must be submitted 45 days prior to the activity start date. These must be reviewed and approved before the activity is conducted. Approval and sponsorship cannot be given retroactively. An after-action report must be submitted following the conclusion of each course.

b. Deputy commanders for clinical services or CME director will submit an annual summary report as prescribed by applicable CME guidelines of MEDCOM sponsored CME activities within their commands as of the end of each FY. Negative reports are required. The report will be submitted to HQDA, OTSG, ATTN: DASG–PSZ–MC. It must arrive no later than 45 days after the completion of each FY.

c. Commanders and CME planners must maintain signed letters of agreement for all commercial sponsorship. Further references on CME policy and guidelines are detailed on the MEDCOM CME Web site: <https://apps.mods.-army.mil/cmeweb/secured>.

Section V

The Surgeon General’s Physician Recognition Award

6–31. Introduction

This section establishes The Surgeon General’s Physician Recognition Award (TSG–PRA) for outstanding contributions to military medicine; it also provides for administration of the awards. TSG–PRA is special in that the award requires command nominations.

6–32. Scope and applicability

a. The annual TSG–PRA award provides personal recognition by TSG to three physicians who have made significant contributions to military medicine. These awards are intended to increase physician motivation for exceptional job performance. They are separate and distinct from any other awards that may be given for exceptional duty performance.

b. This award program applies to all commands, agencies, installations, activities, and organizations that have AD Army physicians assigned on a full-time basis.

6–33. Eligibility for awards

With the exception of officers in the GME program, any AD Army physician in the grade of captain through lieutenant

colonel may be nominated for the TSG–PRA. An otherwise eligible officer currently in the Army GME program may be nominated for exceptional performance as a military physician before entering GME training. Having once received the award, an individual is ineligible for future nomination. A physician should have at least one year of AD Service remaining at the time of nomination. Exceptions will be made on an individual basis. Generally nominations will be for duty performance for the year immediately preceding nomination deadlines.

6–34. Number and timing of awards

Three awards will be given each year, one each for the grades of captain, major, and lieutenant colonel. Nominations must be received no later than 30 August. Recipients will be funded through HQDA, OTSG, ATTN: DASG–PSZ–MG to receive the award at the JSGMESB.

6–35. Responsibilities for The Surgeon General’s Physician Recognition Award

a. TSG. TSG is the awarding authority and will exercise staff supervision over the award nomination and selection process.

b. Commanders at all levels and consultants to TSG. Commanders at all levels and consultants to TSG will—

(1) Identify potential recipients and submit nominations accordingly. Staff surgeons at all major and lower non-medical command headquarters will assist commanders in the nomination process. With concurrence of these commanders, nominations may be submitted by staff surgeons.

(2) Publicize the award and its recipient when announced. Within security and privacy act requirements, publicity will emphasize duty performance and contribution to military medicine for which the award was given.

c. Corps-specific branch proponent officer (CSBPO) for MC. The CSBPO will fund a CME training opportunity for each recipient based on availability of funds.

6–36. Nomination procedures

Commanders, staff surgeons, and consultants to TSG identified in paragraph 6–35*b*, above, will submit nominations for the TSG–PRA directly to Headquarters, MEDCOM, ATTN: MCHO–CL–C, 2050 Worth Road, Suite 10, Fort Sam Houston, TX 78234–6010. Nominations will be made by memorandum as defined by the MEDCOM. A current curriculum vitae (CV) and officer record brief (ORB) should be included with each nomination.

6–37. Selection procedures

Nominations for the TSG–PRA will be considered by a board appointed by the Chief, MC and coordinated by Headquarters, MEDCOM, MCHO–CL–C. The board will review nominations, make recommended selections, and forward recommended selections to TSG for approval.

6–38. Continuing medical education opportunity for award recipients

a. CME training. Award recipients for the TSG–PRA are authorized to take part in a CME training opportunity based on availability of funds. The training, if taken, must be taken during the same FY in which the award is received.

b. Funding and orders. The CSBPO will provide a fund citation for issuance of TDY travel orders at the local command level.

6–39. Command and installation awards

Commanders and staff surgeons shown in paragraph 6–35*b* are encouraged to establish a similar PRA at local levels. These awards should provide additional recognition for exceptional duty performance. Local command or installation recipients may also be nominated for the TSG–PRA. However, local awards should not be used as the only basis for TSG–PRA nominations.

Section VI

The Surgeon General’s Award for Military Academic Excellence (The Lewis Aspey Mologne Award)

6–40. Introduction

This section establishes the TSG Award for Military Academic Excellence. It also provides for administration of the award.

6–41. Scope and applicability

a. The annual TSG Award for Military Academic Excellence provides personal recognition to a physician for outstanding leadership in military/academic medicine. This prestigious award is separate and distinct from any other award that may be given to a physician for exceptional duty performance.

b. This award applies to all commands, agencies, installations, activities, and organizations that have AD Army physicians assigned on a full-time basis.

6-42. Eligibility for award

Eligibility for the TSG Award for Military Academic Excellence is as follows:

- a.* Eligibility is limited to MC officers on AD in the grade of colonel. General officers are not eligible.
- b.* Individuals nominated should exhibit a balance between leadership in military medicine and teaching.
- c.* Nominees should have demonstrated academic excellence through—
 - (1) Service as residency training PDs.
 - (2) Participation in research as evidenced by scientific publications.
 - (3) Holding office in national or international professional societies.

6-43. Number and timing of awards

One award is presented annually. Nominations must be received no later than 15 July of each year. The recipient will be funded through HQDA, OTSG, ATTN: DASG-PSZ-MC to receive award at the annual JSGMESB.

6-44. Responsibilities for award

- a.* The Surgeon General is the awarding authority and will exercise staff supervision over the award nomination and selection process.
- b.* Commanders, at all levels, and consultant to TSG will—
 - (1) Identify potential recipients and submit nominations accordingly.
 - (2) Publicize the award and its recipient when announced. Within security and privacy act requirements, publicity will emphasize duty performance and contribution to military medicine for which the award was given.

6-45. Nomination procedures

Commanders and consultants to TSG identified in paragraph 6-44*b*, above, will submit nominations for the TSG Award for Military Academic Excellence directly to Headquarters, MEDCOM, ATTN: MCHO-CL-C, 2050 Worth Road, Suite 10, Fort Sam Houston, TX 78234-6010. Nominations will be made by memorandum using figure 6-1, below, as a guide. A current CV and ORB should be included with each nomination.

E X A M P L E

MEMORANDUM FOR Commander, U.S. Army Medical Command,
ATTN: MCHO-CL-C , 2050 Worth Road, Suite 10, Fort Sam Houston, TX 78234-6010

SUBJECT: Nomination for The Surgeon General's (indicate which award is being recommended)

1. Under the provisions of AR 351-3, the following individual is nominated for subject award:

- a. Grade, name, and SSN:
- b. Organization of assignment:
- c. Inclusive dates for which recommended: (generally the year immediately preceding nomination deadline)
- d. Grade and duty assignment during the recommended period:

2. The following summary of the individual's duty performance provides the basis for this nomination.

a. Provide specific and factual information, giving concrete examples of exactly what the person did. Describe how it was done, what benefits or results were realized, and state why such results merit recognition by The Surgeon General.

b. Keep the narrative unclassified and not more than two pages in length. It should be suitable for use as a press release if the nominee is selected for the award.

3. A curriculum vitae and officer record brief are attached.

4. This nomination is not in contravention of AR 600-8-1.

AUTHORITY LINE (if applicable)

SIGNATURE BLOCK

Figure 6-1. Format for a nomination for The Surgeon General award memorandum

6-46. Selection procedures

Nominations for the TSG Award for Military Academic Excellence will be considered by a board appointed by the Chief, MC and coordinated by Headquarters, MECOM, ATTN: MCHO-CL-C. The board will review nominations, make a recommended selection, and forward the recommended selection to TSG for approval.

6-47. Continuing medical education training available for the award recipient

a. Award recipient for the TSG Award for Military Academic Excellence is authorized to take one CME training opportunity based on availability of funds. The CME, if taken, must be taken during the same FY in which the award is received. Application and funding will be in accordance with current FY published policy and procedures and is subject to funding availability.

b. The CSBPO will provide a fund citation for issuance of TDY travel orders at the local command level.

Chapter 7

Medical Service Corps Policy and Programs

Section I

General

7-1. Introduction

a. This chapter provides MS officers with information relative to education and training opportunities available to them. The MS is a heterogeneous group of officers and WOs with numerous, diverse AOCs. Accordingly, the MS is involved in a widely diversified training program.

b. Material presented in this chapter is meant to summarize this variety and, in some cases, amplify policies provided in this and associated training directives. The MS education branch, AHRC, encourages direct telephonic or written inquiries concerning education and training of MS officers.

7-2. Policies

The following policies pertaining to education and training apply within the MS:

a. *Military professional training sequence.* The general sequence for military professional training is discussed below.

(1) *The AMEDD OBLC.* Generally, MS officers will attend the OBLC before their first AD assignment. On occasion, some officers will move to their first AD assignment and then attend AMEDD OBLC as a TDY and return.

(2) *The CCC.* MS officers in career status will normally attend the resident AMEDD CCC between their fourth to seventh year of AFCS. Selected officers may apply for and, if selected, attend the CLC3 at Fort Lee, VA, or the Aviation Officer Advanced Course (AOAC) at Fort Rucker, AL. Application for these courses is with the MS education branch, AHRC.

(3) *The MEL 4 equivalent.* Officers are automatically considered for attendance at the resident course when they have attained the grade of major or captain (P) between their tenth and fourteenth years of AFCS. Because of the limited number of seats available for resident attendance, MS officers are encouraged to enroll in the Web based distance learning. To be eligible for the nonresident course, officers must have completed the CCC; be selected or promoted to major; and have between 8 and 18 years of AFCS. Waivers for AFCS may be granted by the Commandant, MEL 4 Equivalent Course.

(4) *The SSC.* All eligible MS officers will be considered for SSC attendance. Eligibility consists of lieutenant colonel or colonel and AFCS between 16 to 25 years. Officers on the SSC (AWC) OML are encouraged to apply for the AWCDEP.

b. *Utilization tours for training.* A tour of duty using skills and knowledge developed by significant training experiences will normally occur immediately following the training. The major exception to this general policy is that utilization tours following the CCC are not required. Officers can request other long-term training immediately following the CCC.

c. *Methods of assessing needs.* All education and training opportunities within the MS are generated by need as assessed by the following methods:

(1) Long-course needs are determined through the validated requirements, procurement standards, and recognized requirements.

(2) Short-course needs are determined by a series of annual needs assessments using input from the field, MS specialty consultants, and the MS branch, AHRC.

d. Precedence of military programs. Military programs through which graduate degrees are awarded take precedence over all similar civilian programs because of the direct applicability of these programs to the AMEDD. Examples of these military programs are listed below.

- (1) Logistics Executive Development Course/Florida Institute of Technology (LEDC/FIT).
- (2) U.S Army-Baylor University Graduate Program in Health Care Administration (HCA).
- (3) Biochemistry/Microbiology Doctoral Programs at USUHS.
- (4) Military Medical History Master's Program at USUHS.
- (5) Strategic Intelligence at the Defense Intelligence College.

e. Training selections. Long-term training selections are made through a formal board process convened by the Director, OPMD, AHRC, for degree programs and the chief, MC branch for non-degree programs. Attendance at short courses is approved within by the MS program manager, MS branch, AHRC. Funding is based on current published FY policy and procedures.

f. Constructive credit. MS officers can apply for constructive credit for military courses under AR 350-1, based on experience and other training. Approval of constructive credit is extremely limited because of opportunities available for MS officers to attend the resident CCC and enroll in the nonresident MEL 4 Equivalent Course. Constructive credit is awarded through a formal board process convened by the commander, AHRC.

Section II

Training Programs

7-3. Short-course education and training

a. A wide variety of training opportunities exists for MS officers in the following five categories:

(1) *Other Army.* These are courses conducted at various Army Service schools to include military training courses such as C4, airborne, air assault, planning, programming, budgeting, and execution (see DA Pam 351-4 for a complete listing).

(2) *Other Federal.* These are courses sponsored by the U.S. Air Force, the U.S. Navy, the Centers for Disease Control, and other Federal agencies. Examples include: Nuclear Hazards Training Course, Medical Effects of Nuclear Weapons, and Interagency Institute for Federal Health Care Executives (IIFHCE).

(3) *Civilian institution.* These include short courses offered by a variety of private organizations and institutions.

(4) *The AMEDDC&S functional courses.* These provide selected MS officers with specific learning experiences consistent with the MS officer's current or projected assignment (for example, patient administration, medical logistics management, health services human resources manager, and DOD pest management).

(5) *The PPSCP.* These courses are sponsored by the OTSG (annually or biennially) covering a wide variety of AMEDD specialty areas (for example, world wide patient administration symposium, Biennial Medical Entomology Course, Federal Services optometry, and Army medical evacuation). Individuals normally will be given priority if they have not attended a short course in the past year. Funding is based on current published FY policy and procedures.

b. Officers must have at least 1 year of service remaining after completion of the desired training.

c. With the exception of the CCC, officers are encouraged to meet training needs through correspondence courses. DA Pam 350-59 provides detailed information concerning availability of courses and application procedures.

d. Additional guidance is provided for the following training opportunities not addressed in paragraph 4-9:

(1) *Battalion/brigade Pre-Command Course (PCC).* MS officers selected (by the command designated position list board process) for lieutenant colonel and colonel-level command are required to attend the AMEDD PCC and the brigade/battalion PCC at Fort Leavenworth, KS. Other courses may be required depending on the command. Point of contact for further guidance is MS branch, AHRC.

(2) *IIFHCE.* A two-week course offered in the spring and early fall, the institute presents knowledge and provides a forum on pertinent health care issues within the Federal health care delivery systems. Selection for attendance at this course is made by the chief, MS branch, AHRC. Officers serving in, or on orders to, a MEDCEN or MEDDAC chief of staff or high-level staff position are considered.

7-4. Long-term health education and training

A wide variety of long-term training opportunities are available to every MS officer. Funding is based on current published FY policy and procedures. Specific dates for boards or selection panels and application deadlines are announced annually by DA message. Selections for these programs are made on a best-qualified basis. Long-course training includes the following:

a. Professional military education (for example, SSC, AWCCSC, CSC). Officers are not required to apply for this Category of training except for AWCCSC. Selection for resident attendance is made by formal selection board process.

Eligibility for all these programs is announced by DA message each year. MS officers are encouraged to discuss this significant category of training with their respective career manager.

b. Selection and training of MC aviators. Officers are selected for aviation training by a centralized board which is announced by message annually. Officers must meet the following criteria to be eligible for consideration:

- (1) Have less than 48 months AFCS at the start of flight training.
- (2) Be eligible for PCS.
- (3) Be less than 30 years of age at the start of flight training.
- (4) Meet the medical standards of AR 600–9.
- (5) Achieve a minimum score of 90 on the Flight Aptitude Skills Test.

c. The LTHET. Numerous opportunities exist for graduate-level training in those disciplines for which the MS has validated requirements. Specific disciplines and deadline dates with supplemental information are announced by an annual DA message released during the second quarter of the FY. Separate messages are released for degree and programs.

(1) *Application procedures.* Officers and WOs must apply in the timeframe noted in the annual messages. In addition to requirements of paragraph 4–4, the following procedures apply:

(a) Memoranda of recommendation will not be accepted. Officers may communicate with the president of the board by addressing a memorandum to: President, LTHET Selection Board, ATTN: AHRC–OPH–MS, 200 Stovall Street, Alexandria, VA 22332–4170. Supporting documents may be enclosed. Normally, the memorandum is used to communicate significant errors or omissions in an individual’s official military personnel file.

(b) Academic program descriptions must adequately describe the requested program and include precise registration and program beginning and ending dates. Federal facilities will determine program lengths and set beginning and ending dates, if known.

(c) The GMAT, GRE, or Miller Analogies scores are required with all degree program applications.

(d) Officers need not apply to schools before the selection board or panel convenes. Selections will be contingent on gaining admission to a college or university acceptable to DA. Officers may apply to universities if they desire, and may include letters of admission with their applications.

(e) Officers assigned to the AMEDDC&S student detachment will be rendered Academic Evaluation Reports under AR 623–1.

(2) *Eligibility.* In addition to eligibility criteria established in paragraph 4–3, officers—

(a) The MS officers who intend to apply for LTHET must be graduates of the C3 or CCC. Exceptions to the eligibility criteria are for clinical laboratory officers and blood bank fellows.

(b) Who are holding primary AOC 67J and applying for master’s-level training must have completed the initial six-year ADSO incurred as a result of flight training. If applying for doctorate-level training, officers must voluntarily withdraw from the flight program under AR 600–105. If selected for training, a statement to this effect must be included in the application.

(c) Must meet the minimum DA stabilization policy. This is 24-months time-on-station in CONUS or completion of an OCONUS tour under AR 614–30 unless a waiver is granted.

(3) *Selection of school.* Officers selected by the LTHET Selection Board must gain acceptance to a college or university that is regionally accredited by an appropriate agency and acceptable to DA. Also, consensus must be reached among the officer concerned; the appropriate specialty consultant; and the MS branch as to which institution will be attended.

d. Long-term training programs unique to the MS. The following are examples of long-term training programs unique to the MS. Not all programs are offered each year. Funding is based on current published FY policy and procedures. Announcement of programs is made in the training messages released in the 2d quarter of the FY.

(1) *Pharmacy.* A 1-year residency in pharmacy specialties is available to AD pharmacy officers and new officer accessions who qualify for a commission as a pharmacist. An AD officer will not be in competition with a new accession as the ceiling for residency positions has been increased to accommodate this recruiting tool. New accessions will not be offered residencies until after AD officers have been selected. AD officers should refer to the annual message on LTHET to determine eligibility criteria and specialty residencies offered.

(2) *Clinical Laboratory Officers Course (CLOC).* A 1-year course for officers with strong scientific undergraduate backgrounds that will qualify selected officers for classification and assignment as clinical laboratory officers. To apply, officers must meet—

(a) Academic requirements delineated by the CLOC director, Walter Reed Army Medical Center (WRAMC).

(b) DA Pam 351–4 requirements.

(3) *Blood Bank Fellowship Program.* An eighteen-month master’s program at WRAMC for qualified clinical laboratory officers that develops skills and knowledge necessary in operating the Army Blood Bank Program.

(4) *Three-year podiatric residency.* Graduates of civilian podiatry programs may apply for a 3-year podiatry residency offered by the Army immediately following graduation.

(5) *Social Work Advanced Program in Family Studies*. Social Work Advanced Program in Family Studies is a 2-year fellowship at WRAMC that specializes in care and treatment of the family unit.

(6) *Psychology*. Psychology Fellowship in Neuropsychology, Child/Pediatric Psychology, and Health Psychology.

(7) *Clinical Psychology Internship*. Information about this program is in DA Pam 611-21.

(8) *Optometry Residency*. A two year program that combines a residency in family practice optometry with an M.B.A. The business education provides a strong foundation in management, and the residency provides an opportunity to gain clinical experience and expertise in one or more areas of specialization within family practice optometry.

(9) *Procurement Officer's Internship*. A two-year program to provide the AMEDD with skilled personnel in career program 14 (contracting).

(10) *Comptroller Internship*. A fourteen month program of study that provides future resource managers with conceptual perspectives, practical and analytical tools and management skills.

(11) *Human Resources Internship*. A one-year program to provide a human resources professional with an orientation to corporate and strategic human resources management within the AMEDD.

e. Waivers of eligibility criteria. Officers may request waivers of eligibility criteria for various long-term programs. To request waivers, officers must demonstrate full justification of why the criteria do not apply in their situation. Requests will be submitted in memorandum format, along with their applications, to the chief, MS branch (AHRC-OPH-MS).

f. Warrant officer LTHET. The LTHET message will announce if program starts are available for WOs for bachelor degree completion or master's programs. WOs interested in LTHET should apply in accordance with the LTHET messages released in the second quarter of the FY.

g. U.S. Army Medical Materiel Agency (USAMMA) Medical Logistics Management Internship. Selection for this 6-month logistics course is made by a formal selection board. The board selects officers for the following July start and January start. Officers should apply for the course dates that they desire. Selected officers will be slated within the MS branch. Courses will be announced by annual DA message.

h. Procurement Officer Course Internship Program. Selection for this 2-year logistics training course is made by a formal selection board, with training starting on or about 1 July. Eligibility requirements and application procedures are as announced in an annual DA message.

7-5. New programs

A request to establish a new training program at an Army MTF must follow the procedures outlined in this regulation as well as local MTF coordination procedures.

Section III

Continuing Health Education Programs

7-6. Continuing health education details for the Medical Service Corps-general

This section provides guidance to help MS officers meet the requirements for the CHE program. It should also help them obtain and maintain professional credentials.

7-7. Professional organizations

a. List. The list below contains a compilation of professional organizations available to MS officers for professional enrichment and credentialing.

(1) *Administration*.

(a) American Academy of Medical Administrators.

(b) American College of Hospital Administrators.

(c) American Management Association.

(d) American Medical Records Association.

(e) American Public Health Association.

(f) Association of Clinic Managers.

(g) Healthcare Financial Management Association.

(h) American College of Health Care Executives.

(i) Society for Human Resource Management.

(j) Medical Group Management Association.

(2) *Audiology*.

(a) American Speech Language/Hearing Association.

(b) Council for Accreditation in Occupational Hearing Conservation.

(c) American Academy of Audiology.

(d) National Hearing Conservation Association.

(3) *Behavioral sciences*.

- (a) American Association of Marriage and Family Therapy.
- (b) American Association of Sex Educators, Counselors, and Therapists
- (c) American Hospital Association
- (d) American Psychological Association.
- (e) National Association of Social Workers.
- (f) Council on Social Work Education
- (4) *Biological sciences.*
 - (a) American Association for Clinical Chemistry.
 - (b) American Association for Immunology.
 - (c) American Association of Advanced Sciences.
 - (d) American Association of Blood Banks.
 - (e) American Chemical Society.
 - (f) American Physiological Society.
 - (g) American Society for Microbiology.
 - (h) American Society for Tropical Medicine and Hygiene.
 - (i) American Society of Clinical Pathologists.
 - (j) American Society of Parasitologists.
 - (k) American Society of Medical Technologists.
 - (l) Society of Forensic Toxicologists.
- (5) *Biomedical maintenance.*
 - (a) Certified Biomedical Equipment Technician.
 - (b) Certified Lab Equipment Specialist.
 - (c) Certified Radiology Equipment Specialist.
 - (d) Certified Clinical Engineer.
 - (e) Veterans Administration Certification.
- (6) *Computer sciences.*
 - (a) Association for Systems Management.
 - (b) Association of Computer Machinery.
 - (c) Data Processing Management Association.
 - (d) Operations Research Society of America.
- (7) *Entomology.* Entomological Society of America.
- (8) *Environmental/sanitary engineering.*
 - (a) American Academy of Environmental Engineers.
 - (b) American Academy of Industrial Hygiene.
 - (c) American Academy of Sanitarians, Incorporated.
 - (d) Board of Certified Safety Professionals.
 - (e) Conference of Federal Environmental Engineers.
 - (f) International Hazard Control Manager.
 - (g) National Environmental Health Association.
 - (h) Society of American Military Engineers.
 - (i) American Industrial Hygiene Association.
 - (j) American Conference of Governmental Industrial Hygienists.
- (9) *Health facilities design/management.* National Council of Architects Registration Board.
- (10) *Logistics.*
 - (a) Certified Professional in Health Information and Management Systems.
 - (b) Certified healthcare executive.
 - (c) Certified professional contracts manager.
 - (d) Certified Federal contract manager.
 - (e) National Society of Professional Engineers.
 - (f) Certified healthcare environmental services professional.
 - (g) Certified materials resource professional.
 - (h) Defense Acquisition Certification - Level III.
- (11) *Optometry.*
 - (a) American Optometric Association.
 - (b) American Academy of Optometry.
 - (c) Armed Forces Optometric Society.

- (12) *Pharmacy.*
 - (a) American Pharmaceutical Association.
 - (b) American Society of Hospital Pharmacists.
- (13) *Health physics.*
 - (a) American Board of Health Physics.
 - (b) American Board of Radiology.
 - (c) American Board of Medical Physics.
- (14) *Podiatry.* American Board of Podiatric Surgery.
 - b. *MS officer responsibilities.* MS officers will—
 - (1) Communicate directly with professional accrediting organizations.
 - (2) Determine if specific training experiences, attended or scheduled, meet the requirements of the organization where credentialing is maintained.
 - (3) Maintain records of their attendance of CHE experiences.

Chapter 8

Army Nurse Corps Policy and Programs

Section I

General

8–1. Introduction

This chapter provides information concerning education and training opportunities available to AN officers. Professional military nursing includes the practice areas of clinical specialization, education, research, and nursing administration. AN officers have a responsibility to enhance their knowledge and skills as professional military officers and as professional nurses. The information presented in this chapter summarizes the variety of educational programs available and amplifies policies provided in this and associated training directives. AN branch, AHRC (AHRC–OPH–AN) and the nursing education branch (MCCS–HEN), Department of Health Education and Training, Academy of Health Sciences, encourages active participation by officers in planning this aspect of their careers.

8–2. Policies

- a. The general sequence of professional military education is as follows:
 - (1) *AMEDD OBLC.* All AN officers will attend the AMEDD OBLC before their first AD assignment. RC AN officers will attend OBLC (RC course) within 3 years of commissioning.
 - (2) *AMEDD CCC.* Due course AN officers will generally attend the resident CCC between their fourth and seventh year of AFCS. Officers who do not enter the ANC as second lieutenants may need to attend CCC earlier than the four year mark. These “non-Due Course” officers should contact their chief nurse and or AN branch manager to discuss an appropriate time line from attendance at CCC. Officers must hold the grade of captain or first lieutenant (P) to enroll in the non-resident Phase I AMEDD CCC. Phase I completion is necessary for enrollment in Phase II. RC AN officers are encouraged to attend non-resident CCC.
 - (3) *MEL 4 Equivalent Course.* Due course AN officers who have completed CCC, attained the grade of major or captain (P), and are serving between their tenth and fourteenth year of AFCS will be considered for resident attendance at the MEL 4 equivalent course. All eligible officers are encouraged to enroll in either the nonresident correspondence course or the USAR course. To be eligible for the nonresident course, officers must be CCC graduates and have less than 18 years of AFCS. However, non-due course officers may attend before their eighth year of AFCS. Waivers can be granted by the Commandant, MEL 4 Equivalent Course, to a minimum of 7 years and a maximum of 24 years. Officers who complete the nonresident course and desire not to be considered for the resident course must submit their request in writing to AHRC, ATTN: AHRC–OPH–AN before 1 May each year.
 - (4) *SSC.* All eligible AN officers will be considered for SSC attendance. Eligibility consists of grade of lieutenant colonel or colonel and AFCS between 15 to 22 years. Officers on the SSC (AWC) OML are encouraged to apply for the AWCDEP.
- b. Normally, a tour of duty using skills and knowledge developed by the training experience will occur immediately following military education. However, officers can seek other long-term training needs immediately following the AOAC.

8–3. Educational opportunities

- a. All education and training opportunities within the AN Corps are generated by need as assessed by the following methods:
 - (1) Long-course needs are determined through validated requirements.

(2) Short-course needs are determined by a series of annual or biennial need assessments using input from the field, AN nursing specialty consultants, AMEDDC&S, and AHRC (AHRC-OPH-AN).

b. Most long-course selections are made through formal selection processes. Attendance at a short course is approved within MCCS-HEN or AHRC-OPH-AN, depending on the course, or by the RC AN officer's chain of command.

c. Funding for education and training opportunities are based on current published FY policy and procedures.

8-4. Short-course education and training

Educational opportunities exist for AN officers in the following categories:

a. *Other Army.* These are courses conducted at various Army Service schools, to include military training courses such as the medical management of chemical casualties and the medical defense against biological warfare and infectious diseases courses.

b. *Other Federal.* These include courses sponsored by the U.S. Air Force, the U.S. Navy, the Centers for Disease Control, and other Federal agencies such as the Nuclear Hazards Training Course, medical effects of nuclear weapons, and interagency institute for federal health care executives.

c. *Civilian institution.* These are short courses offered by a variety of private organizations and institutions.

d. *AMEDDC&S functional courses.* These provide selected AN officers specific learning experiences consistent with the AN officer's current or projected assignment. These courses include, but are not limited to, professional leadership development/executive skills courses such as the Advanced Nurse Leadership Course and Preventive Medicine Program Management.

e. *PPSCP.* The PPSCP is a series of courses sponsored by TSG (annually or biennially) that includes the strategic issues symposium, clinical issues in military nursing practice, Advanced Anesthesia Nursing Practice Short Course, TOE Field Nursing/Field Medicine Short Course, C.J. Reddy Leadership Short Course, Hospital Educators Short Course, and Phyllis J. Verhonick Research Short Course. Additionally, AN officers may attend several conferences sponsored by other Corps (for example, Behavioral Science Conference).

8-5. Army Nurse Corps specialized nursing courses

The AN specialized nursing courses prepare nurses to function at entry levels within a nursing specialty area. Graduates of these courses serve as primary personnel resources to meet requirements for nursing specialty areas. On completion of these courses, utilization tours are based on the needs of the Corps. Primary AOCs or skill identifiers are assigned following successful completion of the course. Specialized nursing courses are discussed below.

a. Specialized nursing courses are 16 weeks in length and include the following:

- (1) Critical care nursing.
- (2) Psychiatric mental health nursing.
- (3) Obstetrics/gynecology nursing.
- (4) Perioperative nursing.
- (5) Principles of military preventive medicine.
- (6) Emergency nursing

b. The AC personnel who complete courses indicated in paragraph 8-5a(1) through 8-5a(5), above, incur a 1-year Service obligation.

8-6. Long-term health education and training

Selection for attendance in a graduate education program is based on current and projected needs of the AN Corps and validated requirements. Funding is based on current FY policy and procedures. The following procedures apply:

a. At the application suspense date, the applicant must be an officer on the ADL.

b. The Army Nurse Corps (Active Army) Life Cycle Model indicates that the most appropriate time for officers to attend LTHET is at the company and field grade level between years 6 and 16. Officers must have been on AD a minimum of two years prior to applying for graduate education programs. Officers with more than 16 years of AFS are not precluded from LHET programs, but they must be able to complete the ADSO prior to reaching 20 years of Service or be Active Army.

c. All applicants must be graduates of AMEDD CCC, on orders for same, or currently enrolled with a definite completion date before the LTHET start date.

d. All AN officers selected for master's-level education must gain acceptance to an accredited program to obtain a master's degree in nursing. Community health nurses may complete a master of public health program. Other non-nursing degrees will be considered on an individual basis. Officers selected for doctoral-level training must gain acceptance to a college or university acceptable to AN branch, AHRC. The doctoral training program must prepare the officer to perform in a validated position.

e. The U.S. Army Graduate Program in Anesthesia Nursing is a LTHET program sponsored by the Army in affiliation with a graduate school of nursing. Graduates receive a master's degree. The program consists of—

- (1) A 51-week didactic Phase I conducted at AMEDDC&S.
- (2) A 73-week clinical/didactic Phase II conducted at specific Army MTFs.

8-7. Application procedures

Officers of AN apply for LTHET by completing the application found on the AN branch of the AHRC Web site. Application guidelines and deadline dates are updated annually by AN branch, AHRC, and are available on line. Specialty and numbered course dates and application deadlines are published annually by AN branch, AHRC, and are also available on line. Officers interested in applying for PPSCP courses are encouraged to contact the nursing education branch, DHET, AMEDD Center and School, for application information. Funding is based on current FY policy and procedures. An annual listing of PPSCP courses is provided on the DHET Web page. RC AN officers will follow the instructions for application published by their respective component headquarters.

Section II

Continuing Health Education Details for the Army Nurse Corps

8-8. General

a. This section—

(1) Provides guidance for administration and operation of the Army Nurse Corps Continuing Health Education Program (ANC-CHEP).

(2) Provides guidelines for the quarterly CHE report (see para 8-13).

b. The ANC-CHEP serves to approve and monitor the provision of quality, relevant, and timely CE activities in accordance with the American Nurses' Credentialing Center (ANCC) Commission on Accreditation standards and criteria. (The ANCC is a subsidiary of the American Nurses Association (ANA).) The program ensures that a broad range of CE experiences are made available, providing the opportunity for nurses assigned and practicing in various roles to learn and advance in professional nursing practice; administration; and management.

c. The ANC-CHEP guidelines describe specific policy and procedures for the program as well as criteria for approval of CE activities. This manual is revised as needed. Current ANC-CHEP Guidelines can be obtained from the AMEDDC&S Web page or the Army Nurse Corps Web page. It can also be obtained from the nursing education branch at: Academy of Health Sciences, DHET, 1750 Greeley Road, Suite 201, ATTN: MCCS-HEN, Fort Sam Houston, TX 78234-5075.

d. The ANC-CHEP assists AN officers and civilian nurses in accumulating professionally-approved CE credit (contact hours). The program may assist nurses in meeting CE requirements for professional certification and/or licensure in those states in which such evidence is required by law.

e. While ANC-CHEP provides a cost-effective method for obtaining professionally approved CHs, participation in this program is voluntary. MTFs and other medical units may choose to obtain approval for their nursing CE activities from state or specialty organizations in lieu of ANC-CHEP approval.

f. The nursing education branch, DHET, Academy of Health Sciences, is the accredited approval unit for ANC-CHEP.

g. The ANC-CHEP approval unit uses criteria provided by the ANCC Commission on Accreditation to review and approve the following three categories of CE:

(1) *Provider-directed activity*. An educational activity that involves participant attendance. The pace of the activity is determined by the provider who plans and schedules the activity. When approved, the activity is current for a 2-year period.

(2) *Learner-directed activity*. An educational activity designed for completion by learners, independently, at the learner's own pace and time. When approved, the activity is current for a 2-year period.

(3) *Approved provider*. An individual or institution approved for a three year period to plan, implement, and evaluate CE activities for their respective facility. Approval is based on an in-depth analysis of the quality of several CE activities already presented as well as the policies, procedures, and resources available to maintain a quality educational program.

h. The following terms are unique to ANC-CHEP:

(1) *Accreditation*. The process by which the ANCC determines that the ANC-CHEP Board has the capacity to approve quality CE over an extended period of time.

(2) *ANC-CHEP approver unit*. The ANs' administrative body, responsible for coordinating all aspects of the CE approval process. This body approves provider-directed activities, learner-directed activities, and approved providers from its constituency and has a six-year accreditation by the ANCC, which falls under the ANA.

(3) *ANC-CHEP approved provider*. The MTF or medical unit administrative body responsible for coordinating all aspects of the nursing CE activities sponsored by the provider at the local MTF level. The approved provider reviews and awards CHs for CE activities as developed and implemented (provided) at and for that specific MTF.

(4) *ANC-CHEP monitor*. The AN officer who has overall responsibility for ANC-CHEP.

(5) *CE*. Consists of planned learning activities intended to build upon the educational and experiential bases of the

professional nurse for the enhancement of practice, education, administration, research, or theory development to the end of improving the health of the public.

(6) *Constituent.* Those whom ANC-CHEP serves. For ANC-CHEP, constituents include all DOD AN officers, as well as civilian, contract and other Federal nurses working within Army MTFs or other medical units.

(7) *CH.* A unit of measurement that describes the number of hours of an approved, organized educational experience based on current ANCC and ANC-CHEP Guidelines. One contact hour is a block of 60 minutes. ANC-CHEP does not use the term “continuing education unit (CEU)”.

(8) *Provider.* An individual, institution, organization, or agency responsible to develop, implement, evaluate, document, budget, and maintain quality assurance for CE activities.

8-9. Army Nurse Corps Continuing Education Program responsibilities

a. The Chief, AN—

(1) Acts as agent of the ANC-CHEP program.

(2) Is the official sponsor of the ANC-CHEP program.

(3) Takes part in monitoring the ANC-CHEP program to ensure its overall quality. This responsibility is delegated to the chief, nursing education branch, DHET, Academy of Health Sciences.

b. Chief nurses and or nursing/hospital educators are responsible for planning and managing CE activities. Each local unit will manage nursing CE activities to include record keeping and reporting according to established policies and procedures of their ANC-CHEP, Federal, or state nursing organization.

c. AN officers—

(1) Are expected to obtain 20 CHs of CE per year. This may be accomplished through ANC-CHEP approved activities, or those approved by state or specialty nursing organizations.

(2) Will maintain records of their participation in CE activities, according to local policy.

8-10. Army Nurse Corps Continuing Health Education Program policy and procedures

a. A qualified AN officer assigned to Nursing Education Branch, DHET, will monitor all ANC-CHEP activities. The officer will direct the activities of the ANC-CHEP Review and Appeal Boards.

b. The ANC-CHEP Review Board will approve the award of ANCC-endorsed CE CHs. The criteria outlined in the ANC-CHEP guidelines will be applied.

c. Applications for CE CHs not meeting the criteria will be returned to the sponsors unapproved. Suggestions to help the sponsor meet those criteria will be included. Sponsors may appeal the decision of the ANC-CHEP Review Board to the ANC-CHEP Appeal Board, which will be convened as needed. ANC-CHEP Review and Appeal Boards are described in paragraphs 8-11 and 8-12, respectively.

d. Applications for CE CHs should be forwarded via e-mail to chief, nursing education branch, at least 30 days before the time the CE activity is to be presented. Guidelines for application are delineated in the ANC-CHEP Guidelines.

e. The ANC-CHEP review board will review the application, approve the application for the proper number of CHs, and notify the constituent of the review board’s decision.

f. A copy of the complete application to include the approval letter will be maintained at the nursing education branch for five years.

g. For renewal of a previous application, a complete new application must be submitted with the appropriately updated information.

h. A CE activity co-sponsored with another professional group in the organization must demonstrate the participation of a professional nurse in the planning. The nursing aspect of the topic must be evident in the content outline.

i. The original, approved CE activities may be used by other AMEDD organizations within the specific two approval period. Conditions of the presentation must duplicate those of the original site. The original sponsor of the CE activity determines the appropriateness of satelliting the activity to another organization.

8-11. Army Nurse Corps Continuing Health Education Program Review Board

The ANC-CHEP Review Board will meet quarterly and as needed. The ANC-CHEP monitor will convene the board meetings. The ANC-CHEP review board consists of—

a. *Chairperson.* The chief, nursing education branch/AN-CHEP monitor.

b. *Subject matter experts.* Ten to 20 AN officers assigned in the San Antonio, TX, area who are experts on the content of the subjects to be reviewed.

8-12. Army Nurse Corps Continuing Health Education Program Appeal Board

The ANC-CHEP Appeal Board will meet as required. The ANC-CHEP monitor will convene the board. The ANC-CHEP Appeal Board will consist of—

a. Nursing education consultant, chairperson.

- b. Senior nursing executive officers/consultants, minimum of two.

8–13. Reports

a. A Quarterly summary of all ANC–CHEP CE activities will be submitted not later than 30 days after the end of each quarter through the MTF chief nurse to the nursing education branch. The report will be prepared in the format indicated in the most current ANC–CHEP Manual. In addition, one packet, which has been awarded CHs, must be submitted to be reviewed by the ANC–CHEP Review Board.

b. The End-of-the-Calendar-Year Report is a summary of each Approved Provider’s annual CE activities and is due to the ANC–CHEP approver unit by 31 January each year.

Chapter 9 Army Medical Specialist Corps Policy and Programs

Section I Introduction

9–1. General

This chapter provides occupational therapists (OTs), physical therapists (PTs), registered dietitians (RDs), and physician assistants (PAs) of the SP Corps information concerning education and training opportunities available to them. SP officers have a responsibility to enhance their knowledge and skills as professional military officers and as medical professionals. The SP Corps chief encourages participation by officers in planning this aspect of their careers.

9–2. Policies

a. Officers of SP will obtain advanced professional degrees, complete progressive military schooling, actively take part in CHE, and maintain the appropriate credentials and clinical privileges required of their assignment. AR 40–68 addresses issues pertaining to credentials and the privileging process.

b. On completion of long-term professional education; advanced military training; or TWI, officers will be assigned a utilization tour. Assignment will be in a position with a validated requirement for the recently acquired skills.

9–3. Military training

The general sequence for military professional training is as follows:

a. *AMEDD OBLC*. Before their first AD assignment, all SP officers should attend the AMEDD OBLC. RC officers will attend OBLC within 3 years of commissioning.

b. *CCC*. AC SP officers will enroll in the correspondence phase and then attend the resident phase of CCC between their fourth and seventh year of AFCS. RC SP officers are encouraged to attend CCC before entering the promotion zone to major.

c. *MEL 4 Equivalent Course*. All SP officers are expected to complete MEL 4 Equivalent Course before entering the promotion zone to lieutenant colonel. All eligible officers will be considered for resident MEL 4 equivalent training unless the officer has requested in writing not to be considered. All eligible officers are encouraged to complete the course either by nonresident instruction (NRI) or through a USAR unit because of limited quotas in the resident course.

d. *SSC*. All eligible SP officers will be considered for attendance at SSC on selection to lieutenant colonel and attaining 16 years of AFCS unless the officer has requested in writing not to be considered. Eligible officers are encouraged to apply for the AWCDEP if afforded the opportunity. Selection for the AWCDEP is on a competitive basis.

Section II Training Programs

9–4. Entry-level professional education

a. Military courses through which professional/graduate degrees are awarded take precedence over all similar civilian training because of the direct applicability of these courses to the AMEDD. Examples of these military courses are—

- (1) Occupational therapy internship (field work experience).
- (2) U.S. Army-Baylor University Doctoral Program in Physical Therapy.
- (3) Military Dietetic Internship/Masters Degree Program.
- (4) Interservice PA Program.

b. These military courses will be established in designated Army facilities as directed by TSG.

c. Program of instruction (POI) for these courses will be approved by TSG and accredited by one of the following accrediting agencies as appropriate:

- (1) American Occupational Therapy Association (AOTA).
- (2) American Physical Therapy Association (APTA).
- (3) Commission on Accreditation for Dietetics Education of the American Dietetic Association.
- (4) Accreditation Review Commission on Education for the Physician Assistant (ARC-PA).

d. Individuals selected for training as PTs, OTs, and RDs will be graduates of colleges and universities acceptable to TSG and will be qualified for commission in the USAR. Enlisted, WO, and commissioned officers selected for training as PAs will meet the academic and personnel criteria outlined in AR 601-20. Enlisted and WO graduates of the Interservice Physician Assistant Program (IPAP) will be eligible for a commission into the USAR as AMSC officers upon graduation from Phase II training. Commissioned officers selected for PA training will be conditionally reappointed as AMSC officers upon arrival at the program and will be granted constructive service credit calculated in accordance with DODI 6000.13, paragraph 6.1.2. Enlisted personnel selected for training as PAs will meet the academic and personnel criteria outlined in AR 601-20 and the FY update. Upon successful completion of the program, they will be eligible for a Active Army commission in the AMSC and will be awarded the AOC of 65D as prescribed by AR 611-1.

e. Graduates of courses listed above must complete the applicable registration, certification, or licensure examination at the earliest possible date following graduation. Individuals who do not attain certification or licensure will be restricted in their duties as per AR 40-68 or not be permitted to continue on AD beyond the initial tour and/or obligation for training.

f. Officers selected for the U.S. Army OT Internship Program, who are required to pay tuition and fees associated with the required fieldwork experience as earned credit toward the OT degree at the entry level, may apply for funding under the LTHET program. Funding will be in accordance with published FY policy and procedures.

g. The Professional Education and Training Committee (PETC) or GMEC of the training MTF provides general supervision, official support functions, and all professional mentorship, to include student probation and termination action, of the occupational therapy internship programs.

(1) *Probation.* Student probation will be monitored by the PETC/GMEC. Probation may be based on any of the following:

- (a) Failure to meet academic or technical performance standards or objectives of the training program.
- (b) Lack of application to include, but not limited to, unexcused absences; tardiness; and/or failure to perform clinical duties in a timely or adequate fashion.
- (c) Conduct considered unprofessional by the PD that directly affects the practice of medicine or the course of training.
- (d) Failure to meet professional or administrative responsibilities such as those prescribing weight, physical fitness, licensure, or other requirements.
- (e) Any incident of gross negligence or willful misconduct including a violation of the Uniform Code of Military Justice (UCMJ).

(2) *Request for probation/termination.* Procedures for processing requests for probation and termination will be determined by the PETC/GMEC. Termination may occur if a student on probationary status fails to correct identified deficiencies during a specified time. This action is the responsibility of the PETC/GMEC, which will ensure that due process, to include the opportunity for student appeal, is strictly enforced. The director of the training program will notify the appropriate professional organization of the termination. Procedures for release from AD are outlined in AMEDDC&S and FSH Regulation 351-12 and in AR 600-8-24. The Commander, AMEDDC&S, will establish policies governing processing requests for probation and termination.

h. Probation or termination procedures for students taking part in the U.S. Army-Baylor Program in physical therapy will be consistent with standards established by Baylor University and the AMEDDC&S. The Commander, AMEDDC&S, will establish policies governing processing requests for probation and termination.

i. Probation or termination procedures for students taking part in the Military Dietetic Internship/Master's Degree Program will be consistent with the standards established by the affiliating university and the AMEDDC&S. The Commander, AMEDDC&S, will establish policies governing processing requests for probation and termination.

j. Probation, extension, or termination procedures for students taking part in the IPAP will be consistent with the Student Evaluation Plan, AMEDDC&S and FSH Regulation 351-12, contractual standards of the affiliating university and, in the case of Phase II students, the Phase II Policies and Procedures Manual. The Commander, AMEDDC&S will establish policies governing processing requests for probation and termination.

9-5. U.S. Army-Baylor University Graduate Program in health care administration

Officers applying to this program must obtain an academic evaluation and acceptance to the program prior to submitting their application for training for consideration by the SP LTHET selection board. If required, prerequisite

courses must be completed prior to attendance. In addition, officers must have completed CCC prior to starting this program.

9-6. Long-term health education and training

a. Army SP officers may apply for LTHET at civilian institutions at the doctoral or master's level. LTHET programs may include specialization in a professional area, education, basic sciences, public health, administration, or management under current AMEDD validated requirements. Research, including thesis or dissertation, may be required. The normal TIS on entry into any LTHET is between 5 and 13 years AFCS. Applicants must be able to complete the ADSO for training prior to their mandatory retirement date. Application procedures are announced annually by worldwide message. SP Corps officers are encouraged to select training programs for which they will qualify for in-state tuition. Budgetary restrictions will determine funding at a full or partial basis. Funding will be in accordance with published FY policy and procedures. Selection is by board procedure.

b. During the period of training, the officer is assigned to the student detachment, AMEDDC&S. The SP program manager, DHET, AMEDDC&S, will manage CTP funding for TDY expenses incurred due to travel associated with degree requirements, specialty boards, and CHE/CME. Approval is subject to the endorsement of the officer's respective assistant Corps chiefs, SP and to the availability of funds.

c. Requests for extensions for training are not normally approved. Extenuating circumstances for extensions for training will be considered on a case-by-case basis. The officer will contact the appropriate assistant Corps chief to discuss the circumstances leading to the need to extend training. A formal request will be forwarded through the assistant Corps chief, AHRC, SP branch, to the chief, SP Corps for approval. If approved, the SP program manager, DHET, AMEDDC&S, will verify the availability of additional LTHET funding to support the extension and forward the approved extension to the SP branch AHRC.

d. DA Form 1059-1 (Civilian Institution Academic Evaluation Report) will be submitted at the completion of each AY to the Commander, student detachment, AMEDDC&S. Officers are encouraged to contact AHRC, SP branch for guidance on completing the content for the AER.

9-7. Specialty training

Advanced specialty training for OTs (65A), PTs (65B) and PAs (65D) in selected specialties will be established at designated MTFs as directed by TSG or at civilian medical centers. Applications for specialty training are considered by the SP LTHET Selection Board on a competitive basis. Officers are assigned to the local MTF during the period of training. Expenses associated with specialty training, such as students CHE, will be funded by the local MTF.

a. Current POIs.

(1) *OTs.* Specialty Training in Ergonomics at U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM)USACHPPM, Aberdeen Proving Ground, MD. Program length is 12 months.

(2) *PTs.*

(a) Residency in sports physical therapy leading to a Doctor of Science degree. Keller Army Community Hospital, West Point, NY. Program length is 18 months.

(b) Residency in orthopedics physical therapy leading to a Doctor of Science degree. Brooke Army Medical Center, Fort Sam Houston, TX. Program length is 18 months.

(c) Specialty training in ergonomics leading to a master's degree in Public Health through USUHS and a one-year residency at USACHPPM, Aberdeen Proving Ground, MD. Program length is 24 months.

(3) *PAs.*

(a) *Cardiovascular perfusion.* WRAMC, Washington, D.C. Program length is 18 months.

(b) *Emergency medicine.* Brooke Army Medical Center, Fort Sam Houston, TX; Madigan Army Medical Center, Tacoma, WA, and Darnell Army Community Hospital, Fort Hood, TX. Program length is 1 year.

(c) *Orthopedics.* Brooke Army Medical Center, Fort Sam Houston, TX; Womack Army Medical Center, Fort Bragg, NC, and Madigan Army Medical Center, Tacoma, WA. Program length is 1 year.

b. *Training spaces.* Spaces for advanced specialty training will be determined by TSG with advisement from the assistant Corps chiefs and based upon the training capabilities of each MTF and requirements of the Army.

c. *Withdrawal, probation, and termination of officers in specialty training.*

(1) When a student wishes to voluntarily withdraw from training at a military institution, the student must submit a written request through the PD and the Education Committee. The request must contain an effective date of withdrawal and a statement from the training program recommending approval/disapproval of the request. A final evaluation report should be provided to SP branch, AHRC, no later than 15 days after the effective date of withdrawal. The request for withdrawal will be forwarded through command channels to the Chief, SP, for final action. If student is assigned to the student detachment, AMEDDC&S, a copy of the approved withdrawal will be forwarded to the SP branch, AHRC, SP program manager, DHET, AMEDDC&S, and to the unit of assignment.

(2) When a student wishes to voluntarily withdraw from training at a civilian institution, the student must submit a request in writing through the civilian PD, the appropriate SP consultant, to the Chief, SP for final action. Notification

of withdrawal will be provided to the SP branch, AHRC, SP program manager, DHET, and Commander, AMEDD student detachment.

d. Probation and termination.

(1) *Military.* Cause: A student may be placed on probation by the commander for any unsatisfactory performance which includes, but is not limited to, the following:

(a) Failure to meet academic or technical performance standards or objectives of the program.

(b) Unprofessional conduct, which includes—

1. Any act or omission constituting misconduct or moral or professional dereliction. Depending on the severity of the conduct, administrative separation, or termination of training may be more appropriate than probation.

2. Any act or omission which is inconsistent with the safe, orderly, and competent practice of veterinary medicine.

(c) Inappropriate personal conduct which disrupts the academic atmosphere, adversely affects animal care, or casts doubt upon a student's future value to the SP.

(d) Lack of motivation and/or application.

(2) *Civilian.*

(a) *Cause.* A student may be placed on probation under the circumstances of paragraph 9-7c(1), above. A student placed on probation under the policies of a civilian university will also be considered for probation.

(b) *Procedures.* Students attending civilian institutions will notify SP branch, AHRC, and the Commander, AMEDD student detachment, immediately if placed on probation by their institution. SP branch, in consultation with the appropriate consultant, and chief, SP, as necessary, will recommend appropriate actions to the student detachment. Notification procedures of paragraph 9-7c(3), below, will apply. Non-academic probation requests will be considered in accordance with procedures established by the student detachment in consultation with SP branch, AHRC, and chief, SP.

(3) *Requests for probation/termination.*

(a) Probationary procedures will be established by the PDs at the military programs. The facility will ensure that the student receives due process during the probationary and/or termination proceedings. If a student is placed on probation, the student will be provided notification in writing which will include, at the minimum—

1. The reason for probation.

2. Suggestive corrective actions for improvement.

3. The duration of the probation.

(b) During the probationary period, the student will be given appropriate opportunity to improve performance to a satisfactory level. The probationary period may be extended. During any period of probation, a student may be processed for immediate termination based on matters other than those upon which the probation was based.

(c) The probationary status will end when the student has improved to a satisfactory level as determined by the education committee, has voluntarily withdrawn, or has been terminated from training.

(d) If termination is desired, the PD will submit a written recommendation for termination with supporting documentation to the education committee and furnish a copy to the student. The education committee will consider the termination request and determine whether to recommend termination to the commander.

(e) The commander will provide the student written notification of his decision within 5 working days. If the commander's decision is to continue the student in training, an information copy of the proceedings will be forwarded through channels to the Chief, SP.

(f) If the commander's decision is termination of training, the student will be given 5 working days to submit a statement of appeal to the commander and/or request a personal appearance. The student may not be accompanied by counsel during personal appearance.

(g) The commander will consider whether action, such as initiation of elimination action, is appropriate under the circumstances of the case. The commander will maintain a record of student notification.

(h) An appropriate evaluation report will be submitted on any officer terminated from training.

(i) All documents pertaining to any relief decision will be forwarded to the Chief, SP.

e. Extensions of training.

(1) The Education Committee will determine by a majority vote whether a student's training should be extended or be terminated based on absence from the program for more than 30 training days in any AY. The committee's recommendation will be forwarded to the commander for his final action.

(2) If the decision is for extension, then the commander will notify the student in writing of the extension and specify its duration.

(3) If the decision is for termination, the instructions in 9-7c, above, apply.

f. Certificate of Completion of Training. Upon successful completion of specialty training, the MTF commander will issue a certificate, or its equivalent, for the period of training. The certificates are to be signed by the MTF commander and the PD.

g. Evaluation and grading reports. PDs will develop a grading report that will facilitate the evaluation of the student's medical proficiency and personal attributes. A copy of the evaluation is maintained in the student's folder. At

the conclusion of training, the numerical grades and evaluation forms will be forwarded to the appropriate specialty consultant.

h. AER. Upon completing of training, an AER must be completed in accordance with AR 623-3.

Section III

Continuing Health or Medical Education for Specialists Corps Officers

9-8. Introduction

This section provides guidance for administration, operation, and approval of the CHE/CME program for SP officers.

a. Minimum requirements. Army Medical SP officers are expected to maintain and extend their clinical proficiency through continued CHE and CME as a condition of maintaining clinical credentials and privileges. Officers must also meet the CHE requirements of their national or state professional organization in order to be registered, licensed, or certified. It is recommended that OTs, PTs, and RDs obtain at least 25 CHs of CHE annually. Army PAs must obtain at least 50 CHs of CME annually. Funding authorities for CHE/CME expenses are outlined in table 3-1.

b. Professional organizations requirements—

(1) Army OTs must be licensed in a state offering licensure in occupational therapy. CHE requirements for licensure renewal are established by each state licensing agency.

(2) Army PTs must be licensed in 1 of the 50 states. CHE requirements for licensure renewal are established by each state licensing agency.

(3) Army dietitians must be registered by the American Dietetic Association. Examination for registration at the national level is required for initial registration; CHE is required for continued registration. Army dietitians must obtain and maintain a state license from a state which offers licensure.

(4) Army PAs must obtain and maintain National Commission on Certification of Physician Assistants (NCCPA) certification through re-registration of a minimum of 100 CHE hours each 2-year period and re-certification every 6 years.

c. CHE/CME credit approval.

(1) The PTs and OTs will seek CHE credit approval based upon the criteria established by the professional organizations within the state in which the therapist is licensed.

(2) Dietitians will communicate directly with the ADA for approval of CHE credit to meet requirements for continued registration.

(3) The PAs will seek approval for CME credit through the American Academy of Physician Assistants (AAPA). PAs may record their CME credit through AAPA or directly with NCCPA. Only those credits recorded by these agencies will be recognized for certification or re-registration. AAPA recognizes CME credit pre-approved by the American Medical Association, AAPA, American Association of Physician Assistants (American Academy of Physician Assistant), ACCME, American Osteopathic Association (AOA), or American Academy of Family Practice (AAFP).

d. Coordinators of programs granting CHE/CME. Course coordinators must contact the appropriate approving agency to arrange for the award of CHE/CME credit. They should also issue a certificate or statement announcing the number of approved hours to be awarded to the attendees of the course.

e. SP officers. Individual SP officers will—

(1) Advise their commander of their CHE requirements for licensure and credentialing purposes.

(2) Maintain records of their participation in CHE programs and, if required, submit the summary to the credit approving authority.

9-9. Professional Postgraduate Short Course training

a. The PPSCP courses are designed to satisfy the immediate mission requirement of the SP and the AMEDD. Courses are developed to satisfy specific short-term needs and emerging trends in the AMEDD. Course attendance will be determined by the assistant Corps chiefs based on current training requirements and on the availability of funding. Funding will be in accordance with published FY policy and procedures. Individuals normally will be given priority if they—

(1) Have an immediate need for the training.

(2) Have not attended a short course in the past year.

(3) Have been out of basic professional or graduate school at least 1 year.

b. Eligibility for attendance includes at least 1 year of ADSO remaining on completion of the course, no pending unfavorable personnel actions, and compliance with AR 600-9. Officers apply for short course training by submitting DA Form 3838 to the SP course project officer 60 days prior to the start of the course.

Section IV

The Surgeon General's Physician Assistant Recognition Award Program

9–10. Introduction

The annual The Surgeon General's Physician Assistant Recognition Award (TSG–PARA) award provides personal recognition by TSG to a PA who has made a significant contribution to military medicine. The award is intended to increase PA motivation for exceptional job performance. The program applies to all commands, agencies, installations, activities, and organizations having PAs assigned on a full-time basis.

9–11. Policy

a. Eligibility. Any AD PA may be nominated for the award. Having once received the award, an individual is ineligible for future nomination. The PA should have at least 1 year of AD remaining at the time of nomination. Nominations generally will be for duty performance for the year immediately preceding the nomination deadline.

b. Responsibilities.

(1) TSG is the awarding authority.

(2) Commanders at all levels will identify potential recipients and submit nominations accordingly. Staff surgeons at all major and lower non-medical command headquarters will assist commanders in this regard. With concurrence of these commanders, nominations may be submitted by staff surgeons. Commanders will publicize the award and its recipient when announced. Within security and privacy act requirements, publicity will emphasize duty performance and contribution to military medicine for which the award was given.

(3) Commander, AMEDDC&S and SP program manager, DHET, AMEDDC&S, will program; budget; and fund a CME training opportunity for the recipient based on current published FY policy and procedures.

c. Nomination procedures. Nominations should include nominee's grade, name, SSN, organization of assignment, inclusive dates for which recommended, and grade and duty assignment during the recommended period. A narrative justification of no more than one page in length should summarize specific and factual evidence of the nominee's exceptional duty performance and the impact on military medicine. The nomination should be unclassified and suitable for use as a press release. The nomination should be forwarded to Commander, U.S. Army Medical Department Center and School, HQ MEDCOM, ATTN: MCHO–CL–L, 2050 Worth Road, Fort Sam Houston, TX 78234–6100. The nomination must include a statement that the nomination is not in contravention with AR 600–8–2. Nominations are submitted in triplicate and must arrive no later than 31 December of each year. The recipient will be announced the following April.

d. Selection procedures. Nominations will be considered by a board appointed by TSG and coordinated by the assistant chief SP–chief, PA section. The board will review nominations, make recommended selections, and forward recommended selections to TSG.

e. CME training for recipient. The award recipient is authorized to take part in military- or civilian-sponsored CME training. This training must provide an exposure to the latest professional techniques or improve proficiency in medical procedures or medical knowledge of benefit to the Army. The CME training may be taken during the same or following FY in which the award is announced. Funded CME training must be approved by the PA Consultant and by the chief, SP. A DA Form 3838 is submitted prior to the desired start date of the training to the SP program manager, DHET, AMEDDC&S at least 60 days prior to the desired start date of training. Funding will be in accordance with published FY policy and procedures. The SP program manager will provide a fund citation for the issuance of TDY travel orders by the local command. The officer will be in official TDY status and will wear an appropriate Army uniform while at the training.

f. Command and installation recognition awards. Commanders and staff surgeons are encouraged to establish similar recognition award programs at local levels. These awards should provide additional recognition for exceptional duty performance. Local commands or installation recipients may also be nominated for the TSG–PARA. However, local awards should not be used as the only basis for TSG–PARA.

Chapter 10

Veterinary Corps Policy and Programs

Section I

Training Programs

10–1. Introduction

This chapter provides information on education and training policy and program opportunities available to Veterinary Corps officers (VCOs), VC food safety officers and or WOs. VCOs have a responsibility to enhance their knowledge

and skills as both military officers and as medical professionals. The VC chief and VC branch (AHRC–OPH–V), AHRC, encourage participation by officers in planning the educational aspects of their careers.

10–2. Policies

a. The VCOs will obtain advanced professional degrees; complete progressive military schooling; actively take part in CHE; and maintain the appropriate credentials, licenses, and board certifications required of their assignments.

b. Upon completion of LTHET or advanced military training, officers will generally be assigned to a utilization tour. The utilization assignment will be in a position with a validated requirement for the recently acquired skills.

10–3. Military training for commissioned officers

a. The general sequence of professional military training for commissioned officers is as follows:

(1) *AMEDD OBLC.* All VCOs will attend the AMEDD OBLC and the veterinary track within their first year on AD.

(2) *AMEDD CCC.* VCOs will attend CCC before they are in the primary zone of consideration for promotion to major.

(3) *Intermediate level education (ILE).* All VCOs who have completed CCC, attained the grade of major or captain (P), and have less than 14 years of AFCS will be considered by the DA Selection Board for the 14-week resident ILE course unless the officer declines consideration. The VC receives a very limited number of resident seats per year; therefore, all VC officers are strongly encouraged to enroll in either the ILE correspondence course or the USAR course (if available). To be eligible for the ILE correspondence course, officers must have completed CCC and be a captain (P) with greater than 6 years AFCS or hold the rank of major.

(4) *SSC.* All eligible VCOs will automatically be considered for SSC attendance unless the officer declines consideration by the board. VCOs must hold the grade of lieutenant colonel or colonel to be considered. For other eligibility requirements, see the annual MILPER message pertaining to the SSC board. The VC generally has one seat each year for the ten-month resident SSC course. Officers selected as alternates are encouraged to apply for the AWCDEP. This can be coordinated through the VC branch, AHRC.

b. Officers may accrue an ADSO for attendance at some of these military training courses. ADSOs for specific courses can be found in AR 350–1 or by contacting the VC branch, AHRC.

10–4. The Military Veterinary Corps Food Safety Officer Training Program

a. Veterinary WOs are accessed through the Military VC Food Safety Officer Training Program. Application procedures are announced annually by the U.S. Army Recruiting Command. Selection is by a board action. EN personnel eligible to apply include veterinary food inspection specialists (MOS 91R) and preventive medicine specialists (MOS 91S).

b. Applicants must qualify for an appointment in the USAR. Upon successful completion of WOCS training, EN personnel will be discharged from the EN grades, awarded the AOC 640A, and accessed as a WO.

(1) The general sequence of training for VC food safety officers is as follows:

(2) Warrant Officer Candidate School (WOCS) has a mandatory 6-week entry training at Fort Rucker, AL.

(3) Warrant Officer Basic Course (WOBC) has a mandatory 5-week training at Fort Sam Houston, TX.

(4) Warrant Officer Advanced Course (WOAC) has a mandatory 6-week training at Fort Sam Houston, TX. WOs with two years time-in-grade (TIG) as a CW2 may apply.

(5) Warrant Officer Staff Course (WOSC) has a mandatory 4-week training at Fort Rucker, AL, in the year of promotion to CW4.

(6) Warrant Officer Senior Staff College (WOSSC) has a mandatory 5-week training at Fort Rucker, AL, in the year of promotion to CW5

c. Students attending the AMEDD WOBC will be required to acknowledge the criteria for student participation and graduation as outlined in the Student Evaluation Plan (SEP).

d. WOs may accrue an ADSO for attendance at some or all of these military training courses. ADSOs for specific courses can be found in AR 350–1 or by contacting the VC branch, AHRC.

10–5. Long-term health education and training

a. Education and training opportunities are based upon the needs of the VC and its DOD missions. The normal TIS upon entry into LTHET is between 3 and 12 years AFCS. VC food safety officers may apply with 4 to 12 years of WO Service. Application procedures are announced annually on the VC branch, AHRC Web site. Selection is by board process. Board composition will include VC representation and will convene annually to consider candidates for entry into schools and programs the following AY. This board considers candidates for the following education programs:

(1) Three-year doctoral programs at civilian and DOD universities.

(2) Two-year master's programs at civilian and DOD universities.

(3) Three-year master's degree producing residencies at civilian universities.

(4) Three-year pathology residencies at military institutions.

- (5) Two- or three- year laboratory animal medicine residencies at civilian universities and military institutions.
- (6) Internships and internship/master's degree programs.
- (7) Bachelor's degree completion and master's degree programs at civilian universities for WOs.
- (8) Degree-producing formal training programs at civilian and or Government institutions and facilities.

b. Some veterinary internship and residency programs may involve a duty position within a military institute.

c. While attending LTHET at civilian universities, the officer is assigned to the student detachment, AMEDDC&S. Subject to the availability of funds the VC program manager, DHET, AMEDDC&S, will budget and obtain CTP funding for TDY expenses associated with travel directed by the educational institution as required. Funding will be in accordance with current FY policy and procedures. Subject to the availability of funds, certification board examination fees, and TDY expenses may be funded by the VC program manager.

d. Students attending LTHET programs will accrue an ADSO. ADSOs for a specific type of program can be found in this regulation or by contacting the VC branch, AHRC.

10-6. Professional Postgraduate Short Course training

a. Military. VCOs may apply to attend a variety of military PPSCP courses. The VC branch may direct attendance at some of these courses to prepare a VCO for an upcoming assignment. Applications are submitted on a DA Form 3838 to the VC branch, AHRC, who will verify the eligibility to attend and forward to the VC program manager, DHET, AMEDDC&S not later than 60 days prior to the course start date.

b. Other Federal and civilian courses. VCOs may be directed to attend courses offered by other Federal agencies and civilian institutions as required training for upcoming assignments. The courses include, but are not limited to, the following U.S. Department of Agriculture (USDA) and Food and Drug Administration (FDA) Courses:

- (1) The USDA 2-week Foreign Animal Disease Diagnostician's Course.
- (2) The 4-day FDA Milk Pasteurization Controls and Test Course.
- (3) The 4-day FDA Investigating Foodborne Illnesses Course.
- (4) Interagency Institute for Federal Healthcare Executives.
- (5) State or regional courses in egg quality, laboratory examination of dairy products, and similar courses.

c. Application. A DA Form 3838 is submitted to the VC branch, AHRC, AHRC-OPH-VC, who will verify the applicant's eligibility to attend PPSCP. The application is then forwarded to the VC program manager, DHET, AMEDDC&S, for funding. Funding will be in accordance with published FY policy and procedures.

10-7. Training with industry

The VCOs and VC food safety officers may train with industry and Governmental agencies as part of the TWI program. This program is offered on a limited basis.

10-8. Application procedures

Applications must be received in the VC branch, AHRC, as indicated in the annual VC LTHET message. Communication with the consultant for a particular program prior to applying for LTHET is strongly recommended. A list of the various consultants can be found on the VC branch, AHRC, Web site. Program desires and career timing should be discussed with the VC branch, AHRC. Eligibility requirements and application procedures can be found on the VC branch, AHRC, Web site. Funding will be in accordance with published FY policy and procedures.

10-9. Funding

a. LTHET. Fully-funded LTHET programs pay for all authorized fees and tuition associated with training for the approved period of training based on current published FY policy and procedures. An annual payment for books and authorized miscellaneous supplies, authorized with published FY policy and procedures, is also provided upon request from the officer. All doctoral programs are fully-funded with the additional sum available for dissertation expenses. Residencies offered at military institutions do not require funding.

b. Professional/military training. All short courses offered by the AMEDDC&S are funded by AMEDDC&S. Funding will be in accordance with published FY policy and procedures. Short courses not offered by the AMEDDC&S and other Federal courses will be funded by the local MEDCOM unit if the VCO applying is attached to a MEDCOM/VETCOM unit. Any VCO not attached to a MEDCOM/VETCOM unit must apply for funding by submitting a DA Form 3838 to AHRC, ATTN: AHRC-OPH-VC, 200 Stovall Street, Alexandria, VA 22332-0417.

10-10. Withdrawals and probation

a. Criteria. Criteria for withdrawing a VCO from a training program include, but are not limited to, the following reasons:

- (1) By request of the student.
- (2) On recommendation of the training institution based on non-academic reasons or academic failure.
- (3) On authority of the Chief, VC, to meet the needs of the Service.

b. Withdrawal procedures.

(1) When a student wishes to voluntarily withdraw from training at a military institution, the student must submit a written request through the PD and the Education Committee. The request must contain an effective date of withdrawal and a statement from the training program recommending approval/disapproval of the request. A final evaluation report should be provided to VC branch, AHRC, no later than 15 days after the effective date of withdrawal. The request for withdrawal will be forwarded through command channels to the chief, VC, for final action. If student is assigned to the student detachment, AMEDDC&S, a copy of the approved withdrawal will be forwarded to the VC branch, AHRC, VC program manager, DHET, AMEDDC&S, and to the unit of assignment.

(2) When a student wishes to voluntarily withdraw from training at a civilian institution, the student must submit a request in writing through the civilian PD, the appropriate VC consultant, to the chief, VC for final action. Notification of withdrawal will be provided to the VC branch, AHRC, VC program manager, DHET, and Commander, AMEDD student detachment.

c. Probation and termination.

(1) *Military.* Cause: A student may be placed on probation by the commander for any unsatisfactory performance which includes, but is not limited to, the following:

(a) Failure to meet academic or technical performance standards or objectives of the program.

(b) Unprofessional conduct, which includes—

1. Any act or omission constituting misconduct or moral or professional dereliction. Depending on the severity of the conduct, administrative separation, or termination of training may be more appropriate than probation.

2. Any act or omission which is inconsistent with the safe, orderly, and competent practice of veterinary medicine.

(c) Inappropriate personal conduct which disrupts the academic atmosphere, adversely affects animal care, or casts doubt upon a student's future value to the VC.

(d) Lack of motivation and/or application.

(2) *Civilian.*

(a) *Cause.* A student may be placed on probation under the circumstances of paragraph 10-10c(1), above. A student placed on probation under the policies of a civilian university will also be considered for probation.

(b) *Procedures.* Students attending civilian institutions will notify VC branch, AHRC, and the Commander, AMEDD student detachment, immediately if placed on probation by their institution. The VC branch, in consultation with the appropriate consultant, and the chief, VC, as necessary, will recommend appropriate actions to the student detachment. Notification procedures of 10-10c(3), below, will apply. Non-academic probation requests will be considered in accordance with procedures established by the student detachment in consultation with the VC branch, AHRC, and the chief, VC.

(3) *Requests for probation/termination.*

(a) Probationary procedures will be established by the PDs at the military programs. The facility will ensure that the student receives due process during the probationary and/or termination proceedings. If a student is placed on probation, the student will be provided notification in writing which will include, at the minimum—

1. The reason for probation.

2. Suggestive corrective actions for improvement.

3. The duration of the probation.

(b) During the probationary period, the student will be given appropriate opportunity to improve performance to a satisfactory level. The probationary period may be extended. During any period of probation, a student may be processed for immediate termination based on matters other than those upon which the probation was based.

(c) The probationary status will end when the student has improved to a satisfactory level as determined by the education committee, has voluntarily withdrawn, or has been terminated from training.

(d) If termination is desired, the PD will submit a written recommendation for termination with supporting documentation to the education committee and furnish a copy to the student. The education committee will consider the termination request and determine whether to recommend termination to the commander.

(e) The commander will provide the student written notification of his decision within 5 working days. If the commander's decision is to continue the student in training, an information copy of the proceedings will be forwarded through channels to the Chief, VC.

(f) If the commander's decision is termination of training, the student will be given 5 working days to submit a statement of appeal to the commander and/or request a personal appearance. The student may not be accompanied by counsel during personal appearance.

(g) The commander will consider whether action, such as initiation of elimination action, is appropriate under the circumstances of the case. The commander will maintain a record of student notification.

(h) An appropriate evaluation report will be submitted on any officer terminated from training.

(i) All documents pertaining to any relief decision will be forwarded to the Chief, VC.

d. Extensions of training.

(1) The Education Committee will determine by a majority vote whether a student's training should be extended or

be terminated based on absence from the program for more than 30 training days in any AY. The committee's recommendation will be forwarded to the commander for his final action.

(2) If the decision is for extension, then the commander will notify the student in writing of the extension and specify its duration.

(3) If the decision is for termination, the instructions in 10–10c, above, apply.

(4) Students who desire an extension of their current program to obtain a higher degree or to obtain further specialized training in their programs should apply in writing to the VC Branch, AHRC. The VC Consultants will determine by a majority vote whether a student's training should be extended in these cases. Funding for this extension will be determined by current FY policy and procedures and may not be funded by the military (DHET).

e. Service obligations. Students who wish to withdraw or are withdrawn or terminated from a training program may be required to complete their ADSO (as stated in their contracts or SAs) at the option of the Secretary of the Army. However, nothing in this policy will be construed as limiting the authority of HQDA to discharge, separate, or release from AD any officer whose conduct, record, qualifications, status, or performance would permit such action under applicable regulations. Further, nothing in this policy will be construed to modify the service obligation provisions of any contract or SA.

Section II

Continuing Health Education Details for the Veterinary Corps

10–11. General

This section provides guidance on recording attendance at CHE by VCOs. It includes a listing of training resources available to VCOs.

10–12. Veterinary Corps responsibilities

a. The VC will assist VCOs in procuring funding to complete CHE required for licensure and accreditation.

b. VCOs will—

(1) Maintain records of their participation in CHE programs.

(2) Forward required documentation of CHE to the appropriate licensing entities.

10–13. Policy and procedures

The CHE requirements for VCOs will be satisfied primarily by attending local, regional, or national meetings. Meetings will be sponsored by recognized professional or health associated societies, associations, or academic institutions. Other training resources available are as follows:

a. Journal clubs that provide for the review, presentation, and discussion of articles from current professional journals.

b. Clinical presentations.

c. Audiovisual programs obtained from the—

(1) American Veterinary Medical Association.

(2) U.S. Public Health Service and other Federal agencies.

(3) AMEDDC&S.

(4) Army film library.

(5) Pharmacological and animal food companies.

(6) State and local veterinary medical associations.

(7) American Animal Hospital Association and other professional associations.

(8) AFIP.

d. Attendance at professional education or training courses or programs presented by the military.

e. Presentations by visiting consultants, local practitioners, and members of the allied sciences.

Chapter 11

Army Medical Department Enlisted Personnel Policy and Programs

11–1. Introduction

This chapter describes policies concerning AMEDD EN training in the AMEDD Enlisted Commissioning Program (AECP) and the Professional Postgraduate Program (PPSCP).

11-2. The Enlisted Army Medical Department Professional Postgraduate Short Course Program

a. The Enlisted PPSCP is designed to enhance health care education for AMEDD Soldiers by providing a forum for subject matter experts to present current and future technological advancements and a platform for CHE credits.

b. The PPSCP is controlled by the Academy of Health Sciences, DHET, 1750 Greeley Road, Suite 201, ATTN: MCCS-HEI, Fort Sam Houston, TX 78234-5075. The MEDCOM Command Sergeant Major, in the role of EN Chief, provides overall guidance for the program.

c. The PPSCP is available to all AMEDD EN personnel in career management field (CMF) 91 in grades SGT-SGM/CSM. Funding will be in accordance with published FY policy and procedures.

d. The program manager coordinates specific MOS/ASI related short courses with consultants (project officers) for respective specialties, establishing dates; quotas; and agendas. Messages will be transmitted worldwide announcing short courses and dates prior to the beginning of each FY.

e. Applications will be made by submitting DA Form 3838 not later than 60 days prior to the start date of scheduled short course. Submissions for attendance will be sent to Academy of Health Sciences, Department of Health Education and Training, 1750 Greeley Road, ATTN: MCCS-HED, Fort Sam Houston, TX 78234-5075. USAR and ANGUS will submit appropriate applications in accordance with local policies.

f. Applications by Army National Guard Soldiers of the United States will be submitted to Army National Guard Readiness Center, Office of the Army Surgeon (NGB-ARS), 111 South George Mason Drive, Arlington, VA 22204-1382, (703) 607-7145, DSN: 327-714,5 FAX: (703) 607-7187/7183.

g. Applications by Army Reserve Soldiers will be submitted to Commander, AHRC, ATTN: AHRC-HS-CHE, 1 Reserve Way, ATTN: AHRC-HS-CHE, St. Louis MO 63132-5200, 1-800-325-4729, Ext 3417, FAX: (314) 592-0435.

11-3. United States Army Medical Department Enlisted Commissioning Program

a. The AMEDD Enlisted Commissioning Program (AECP) provides eligible Soldiers the opportunity to complete a baccalaureate degree in nursing, become a registered nurse (RN), and be commissioned in the AN. Participants continue to receive their current pay and allowances during school. Academic costs are funded by the program for up to 24 months of enrollment. Funding will be in accordance with published FY policy and procedures.

b. Eligibility, policies, and application procedures, including ADSO, are described in AMEDD Enlisted Commissioning Program Guidelines for Enlisted Army Personnel.

11-4. Active duty Service obligations for United States Army Medical Department enlisted personnel in the Army Medical Department Enlisted Commissioning Program

Soldiers in the AECP will incur an ADSO in accordance with current policies and procedures. In order to ensure all enrolled EN personnel are aware of their obligations, the student detachment will prepare and execute a counseling checklist prior to any individual beginning a program.

Chapter 12 Chaplain Corps Policy and Programs

Section I Clinical Pastoral Education

12-1. Introduction

This section provides chaplains with information concerning the Army Clinical Pastoral Education (CPE) Program. CPE provides chaplains clinical pastoral skills which will enable them to function effectively in institutional ministries at medical centers; medical department activities; medical brigades; and, as appropriate, in the Army disciplinary barracks. The 49-week course provides graduates with the 7R ASI. Funding will be in accordance with published FY policy and procedures.

12-2. Responsibility for clinical pastoral education

The CPE program is accredited by the Association of Clinical Pastoral Education (ACPE) and conducted under the auspices of the DA, Office of the Chief of Chaplains, designated as proponent and the AMEDDC&S Chaplain, designated as the functional proponent.

12-3. Eligibility

Eligibility will be based on the OML as determined by the Chaplain's CPE Selection Board. Top selectees will be offered the opportunity to apply for CPE.

12-4. Selection and application process

Selected individuals will be notified by the personnel actions officer, DACH-PER, and will receive a CPE packet. Applicants will complete the packet. Packets will be forwarded to DASH-PER and screened by the selection committee. The chosen applicants will be assigned to a CPE Center for training.

12-5. Active duty Service obligation

Following graduation, AD Army chaplains will incur a 3-year ADSO and serve a utilization tour as determined by the Chief of Chaplains (or their designee). The Service obligation of the non-AD Army graduates will be determined by RC and/or the Service of the student.

Section II

Professional Postgraduate Short Course Program

12-6. Introduction

This section provides chaplains with information concerning the PPSCP. Chaplain short courses are intended to provide continuing CE opportunities in areas of the clinical chaplaincy.

12-7. Application process

Application procedures are as follows:

a. Formal application for clinical chaplain short courses is accomplished by completing a DA Form 3838. The completed form should be addressed to Academy of Health Sciences, ATTN: MCCS-GCH, Bldg. 2840, Fort Sam Houston, TX, 78234-6122. The request must be received at least 60 days prior to the training start date. Funding will be in accordance with published FY policy and procedures.

b. After review of requests, the AMEDDC&S chaplain's office will notify all applicants of their acceptance or non-acceptance. Those accepted will be provided an LOI outlining time, date, place, uniform, and other requirements/instructions. When appropriate, a fund citation will be included in this LOI.

Chapter 13

Medical Training in the Reserve Components

13-1. Introduction

This chapter prescribes policies and procedures for providing training to RC AMEDD Soldiers in the ARNGUS and the USAR. The purpose is to create an environment in which each AMEDD Soldier in a RC unit performs 48 paid inactive duty training (IDT) periods annually, plus two weeks of annual training (AT). It is preferable for a unit member to train with his or her unit at regularly scheduled unit training assemblies (UTAs); but when this is not possible, flexible training opportunities will be used to maximize the satisfactory participation of the AMEDD Soldier. Overall guidance for RC missions, organization, and training is found in National Guard Regulations (NGRs) 350-1, 351-1 (ARNGUS), and AR 140-1 (USAR). An additional reference is found in AR 350-1. Funding will be in accordance with published FY policy and procedures.

13-2. Guidance

The following guidelines apply to RC AMEDD Soldiers:

a. All RC medical training is structured to achieve medical readiness that will ensure the maximum effectiveness of combat forces during wartime.

b. When practical and economically feasible, medical training will be designed to encourage—

(1) The integration of RC and Active Army, Army medical units, and members scheduled to work together in wartime and train together in peacetime.

(2) Regular RC medical participation in command post exercises and field training exercises.

(3) Interaction between RC health care personnel and civilian health care personnel at civilian academic institutions through the use of medical training opportunities.

(4) Flexible training opportunities for RC health care personnel.

(5) The RC health care personnel to attend both civilian and military CHE courses.

(6) The RC medical units to drill at hospitals of the uniformed Services when appropriate.

(7) Required medical training for all Soldiers of the RC consistent with their mobilization assignment and training category.

13-3. Training objectives

The overall minimum training objectives for RC AMEDD Soldiers are the same as AC AMEDD and non-AMEDD

Soldiers. They include individual proficiency in the officer's AOC or EN member's military occupational specialty (MOS) and job specific proficiency required for the accomplishment of the unit's collective mission. These objectives encompass AMEDD professional and military related skills.

- a. Training will consist of a combination of IDT, AT, and ADT.
- b. Training must not be considered as part of the individual's routine private practice for which he or she receives personal compensation.
- c. Training will be related to the Soldier's wartime medical duties.
- d. Appropriate uniform will be worn while performing duties credited as training. An example of appropriate uniform for surgery is surgical clothing, while an appropriate uniform for conducting physicals is a class B uniform with a lab coat. Attendance at CHE meetings will be in either class A or class B uniform. Field training will be accomplished in appropriate field uniform.
- e. All training requires the same supervision and verification consistent with the expenditure of any Government funds.
- f. Training must be conducted according to NGR 350-1 (for ARNGUS Soldiers) and AR 140-1. Pay and retirement point credit will be awarded under NGR 680-1 and AR 140-185, AR 140-1, and AR 350-1.

13-4. Training programs

Commanders are tasked with planning and providing innovative training which challenges AMEDD Soldiers who have unique duties and responsibilities to their clients and/or communities that may prevent them from attending UTAs, thus requiring flexibility in training. This flexibility may make it necessary to mix many different types of training programs. Flexible training will require considerable effort, coordination, and control. The emphasis will be placed on what can be done rather than what cannot be done for each AMEDD Soldier. The following training programs are designed to attract and retain appropriate health care personnel with the desired skills for the RC. Individuals regularly assigned to SELRES units, IMA positions, and members of the IRR are eligible to participate in these programs, except as otherwise noted.

a. *Reserve flexibility training (FLEXTRAIN)*. FLEXTRAIN provides an opportunity for RC health care personnel to receive pay and/or retirement points by developing flexible scheduled training programs instead of attending regularly scheduled unit training assemblies (RSUTAs). Training activities must be approved by the Soldier's unit commander or other authorized supervisors before participation in the proposed activity. Training must enhance the Soldier's military medical readiness and must not be considered part of his or her private practice for which compensation is awarded. For IRR members, participation in IDT will be for points only and have approval of the applicable career manager officer (CMO) at the AHRC, St. Louis (AHRC-STL). To obtain credit for FLEXTRAIN and rescheduled training (RST) must be in accordance with AR 140-1, paragraph 3-12.

b. *Continuing health education to enhance readiness (CHEER)*. The purpose of CHEER is to give healthcare personnel the opportunity to maintain and enhance their professional skills through attendance at CHE, CME, and AMEDD professional development education (PDE) activities. It is designed to help meet professional certification, re-certification, and licensure requirements while simultaneously contributing to mobilization readiness. All training must comply with provisions of AR 140-1.

- (1) The CHE meeting must relate to the Soldier's AOC/MOS and/or mobilization wartime skills.
- (2) When appropriate, CHE, CME, or PDE meetings must be accredited by an approving agency that is officially recognized by professional health organizations such as (but not limited to): TSG, AMA, TSG-PRA Category I and 2 CME credit, ANCC, American Dietetic Association, National Federation of Licensed Practical Nurses, and National Association of Practical Nurse Education and Service to qualify for IDT, ADT, or AT credit.
- (3) The TPU Soldiers attending CHE, CME, or PDE meetings of private organizations will be compensated at the rate of one day of military pay and one retirement point for each day of the meeting. The meeting must be a minimum of four hours to qualify for pay.
- (4) A private organization's meeting that is at least two hours but less than four hours in duration may be used to claim one retirement point as IDT. ACs may authorize two two-hour meetings conducted on separate dates to be combined to make 4-hour blocks for one day's pay and one retirement point.
- (5) The CHE activities conducted as part of an UTA will be compensated at the rate of one day's military pay and one retirement point for each 4 hours of CHE training.
- (6) If military pay is desired, application for attendance at CHE activities not held at the unit will be submitted by the individual through his or her unit or appropriate personnel management office (PMO). A copy of the flyer, brochure, or acceptable CHE verification will be submitted with the appropriate application form.
- (7) Soldiers who desire only retirement point credit for attendance at CHE meetings of private organizations will submit a DA Form 1380 (Record of Individual Performance of Reserve Duty Training) to the unit or appropriate PMO.

c. *PPSCP*. RC Soldiers are encouraged to attend short courses as part of their CHE program. TSG establishes postgraduate short courses and the AMEDDC&S publishes the list annually.

d. *U.S. Army Correspondence Course Program*. Soldiers who wish to augment their training or who cannot attend

UTAs may enroll in U.S. Army correspondence courses. Retirement points are earned as stated in AR 140–185; NGRs 350–1, 351–1, and 680–1; and 680–2. The program cannot be used to receive military pay in an IDT status.

e. Research projects/special projects. AMEDD personnel may receive IDT pay and/or retirement points for research projects as stated in AR 140–185 which are directly related to mobilization and readiness.

(1) To perform research in an IDT status, the Soldier in a TPU must provide the following information to the medical unit commander for project approval:

(a) A brief outline or explanation of the research topic and the intended product of the research (lecture, paper, or journal article).

(b) An estimate of the amount of time that will be required to perform the research and prepare the research report (the time estimate should be in 4-hour increments).

(c) Identification of an individual in the supervisory chain who will be designated to monitor the project, review attainment of results, and sign DA Form(s) 1380.

(2) If the Soldier is a member of the IRR or IMA, he or she must provide the information as shown in paragraphs 13–4e(1)(a), 13–4e(1)(b), and 13–4e(1)(c), above, to the appropriate CMO at AHRC, St. Louis, for project approval.

(3) No more than four IDT periods (16 hours) will be authorized for a literature search, and no more than a total of eight IDT periods (32 hours), including the literature search, will be permitted for research in any training year.

(4) Research will not commence in an IDT status until written approval has been received.

(5) An interim report describing status of the research will be submitted with the DA Form 1380. The DA Form 1380 may be submitted monthly or upon completion of the project.

(6) Research projects will qualify for one day of military pay (for TPU and IMA) and one retirement point for every 4-hour period of research/preparation.

f. AMEDD Professional Management Command (APMC). The APMC is an administrative headquarters. It provides a flexible program of USAR participation for AMEDD officers who cannot participate satisfactorily in the UTA of a TPU but desire membership in the SELRES. Individuals are assigned against TPU vacancies for readiness reporting and mobilization and then attached to the APMC for all management and personnel/finance support. Attachments to the APMC will only be considered when the applicant cannot meet TPU requirements for participation. Selection of the unit of assignment is based on the existence of a position vacancy in the AOC/MOS of the APMC member and the achievement of overall personnel readiness of the Reserve Force structure. Home of record of the APMC member is not a factor in the selection process. The unit of assignment will be selected by the APMC, and APMC members will remain in these positions unless the unit commander indicates a need for the position for a reservist desiring full participation with the unit.

g. Specialized Training for Army Reserve Readiness (STARR) Program. The STARR program is designed to allow EN personnel an opportunity to obtain advanced individual training in critically short medical skills by attending accredited civilian community colleges and technical schools throughout the country. The program provides the opportunity for technical training and experience in a medical MOS in exchange for individual service commitment in the USAR.

h. Civilian Contract Training Program. The Civilian Contract Training Program can be instrumental in resolving critical AMEDD shortages. Soldiers will be on ADT while attending a local civilian accredited school in a program that will allow the individual to be awarded an AMEDD MOS per DA Pam 611–21. Application and funding for this program in the USAR will be through the chain of command to the major USAR RRCs.

i. Authorized absences from IDT or AT. Authorized absences are governed by AR 135–91, AR 140–1, and AR 140–185.

j. Special projects. There are numerous opportunities that may provide meaningful training for AMEDD personnel. Special projects must be well planned, documented, and approved by the commander before the start of the projects. Activities inconsistent with this regulation include those which are unrelated to mobilization or readiness, are less than the prescribed time period, or consist of on call library or research work not approved or otherwise not performed under the conditions outlined in paragraph 13–4g, above. More than one person may be involved in a project at the same time or in sequence. For special projects to be approved, they must—

(1) Have a direct military mobilization/readiness benefit.

(2) Have a definite objective.

(3) Have measurable milestones at the end of every two UTAs if the projects exceed two UTAs.

k. Other activities that may be used as guidelines for flexible training include but are not limited to the following:

(1) *AMEDD Officer Development Program.* The career development of AMEDD officers should provide the necessary training, background, and experience to exercise leadership and to assume command and high-level staff positions. This includes completion of military education and training appropriate for the Soldier's branch/AOC.

(2) *Noncommissioned Officer Development Program (NCODP).* Noncommissioned officer professional development involves the full range of training, education, and other experiences received throughout a career. NCODP is one of the more important elements of professional development. It is the training an NCO receives while a member of a unit.

(3) *Wartime Alignment of Reserve and Active Medical Systems (WARAMS).* WARAMS is a training program

designed to maximize the mobilization readiness and operational effectiveness of medical units and members. The objective of WARAMS is to fully integrate RC and Active Army medical units so that Soldiers who may work together in wartime and train together in peacetime. WARAMS promotes effective identification, organization, training, and operations of the total force medical assets (WARTRACE).

(4) *Medical readiness exercises (MEDREX)*. MEDREX are designed to allow RC medical units to participate fully with the Active Army in command post exercises and field training exercises. MEDREX attempts to increase operational readiness capabilities to meet wartime medical support requirements. For maximum effectiveness, exercises are conducted at actual wartime employment locations in the United States and in potential overseas theaters of operations. WARAMS and MEDREX provide a collective basis to achieve the highest level of medical readiness (for example, Ulchi Focus Lens, Reception Staging Onward Movement and Integration (RSO&I), Pacific Warrior, Cobra Gold, Golden Medic).

(5) *Programs for nurses and EN health care personnel*. Programs for nurses and other critically short health care specialists will accomplish objectives similar to those of physician reservists in medical universities and schools (PRIMUS). Military pay and retirement points will be credited while performing IDT or ADT at, or with, universities or schools and their branches or other designated locations for the following:

- (a) Completion of a master's degree.
- (b) Completion of a Bachelor of Science in Nursing.
- (c) Completion of an Associate Degree in Nursing.
- (d) Completion of courses that have a direct relation to mobilization and readiness.
- (e) Certification courses (for example, cardiopulmonary resuscitation, advanced cardiac life support, advanced trauma life support (ATLS), and so on).
- (f) Certification/licensure examinations.

13-5. Mandatory training activities

Unit commanders will prescribe that AMEDD personnel attend mandatory drills with their unit unless excused or exempt. This is to promote unit cohesion and to ensure participation in minimum mandatory training activities required of every Soldier in the unit. This policy should not be interpreted as requiring attendance at every, or even the majority, of drills. The intent is to assist in balancing the needs of the unit with the training requirements of the individual and the special situation involving the AMEDD Soldier. Each ARNGUS or USAR unit commander has full authority to grant all types of training flexibility afforded by the AMPC except for crossing geographical boundaries. Commanders are encouraged to exercise this authority whenever possible to promote unit cohesion and unit membership.

13-6. Training reports

a. Attendance at unit training will be recorded per AR 37-104-10. DA Form 1379 (U.S. Army Reserve Components Unit Record of Reserve Training) will be completed as required in AR 140-185.

b. The AMEDD personnel performing duty away from the unit or at a time different from the RSUTA will use sign-in rosters verified by the person in charge, if applicable. DA Form 1380 will be used as required in AR 140-1 and AR 140-185.

(1) The form must bear the signature of the officer or person in charge who supervised or had direct knowledge of the training (DA Form 1380, blocks 11 and 12).

(2) If the AMEDD Soldier is a civilian employee of the facility, the DA Form 1380 must be annotated to state that the duties performed were above and beyond any regularly scheduled duties and were performed in an appropriate uniform.

(3) If a military person cannot be named at a CHE meeting, a Soldier may state their attendance on the DA Form 1380. Officers who attend those meetings listed by TSG will add the following statement: "I have attended two session, each lasting four hours, at the time(s) and date(s) indicated within an approved meeting, seminar, convention, symposium, conference, or training session approved by The Surgeon General and hereby certify my justification for military pay and/or the award of retirement point credit under provisions of AR 140-1, AR 140-185, and NGR 680-2."

Chapter 14

Professional Boards and Certification of United States Army Medical Department Personnel

Section I

United States Army Medical Department Officers and Warrant Officers

14-1. General

Examinations and boards are required for specialty recognition of certain officers and WOs. This section prescribes payment (from appropriated funds) of fees and travel expenses for these examinations and boards. Payments will be

made for recognition by boards and comparable professional organizations. This section prescribes TDY for officers and WOs undergoing examinations for recognition. Funding will be in accordance with published FY policy and procedures.

14-2. Eligibility

An officer or WO must be eligible to be paid for expenses. Expenses (including TDY) must relate to examinations or boards. To be eligible, the officers or WOs must meet the requirements in paragraphs 14-2a and 14-2b, below, and must be on AD (other than AT or ADT). In cases when the requirements of 14-2a, below, are met, but 14-2b are not, commanders may authorize permissive TDY for persons to take examinations at no expense to the Government. The officer or WO must—

a. Arrange for examinations and boards for recognition with the proper specialty bodies. In some cases, a specialty body will not accept a candidate for an examination or board before receipt of an application fee. In such cases, a statement should be obtained from the specialty body that the candidate will be considered for acceptance upon receipt of such fee. To prevent denial of reimbursement, applicants are cautioned not to remit application fees before receipt of authorization (see para 14-6).

b. Have at least one-year AD remaining after the date of the specialty examination or board. If stationed overseas, enough service must also be available to permit completing the specified tour for the area of assignment.

14-3. Authorized payments

Payments are subject to paragraphs 14-2, above, and 14-5. They are also subject to the availability of local TDY funds. The local commander determines if funds are available. AMEDD officers and WOs are authorized payment for fees, necessary travel costs, and legitimate and documented costs associated with preparation of records for a board examination. Fees and costs must relate to examinations and boards for specialty recognition by recognized boards and comparable professional organizations as directed by DA. An examining board may require the presence of a patient. Thus, an assistant may be needed to deliver treatment effectively. If so, both a patient and an assistant for the examinees are authorized TDY travel and per diem (if determined eligible by the local commander). If a candidate fails to achieve recognition on the first attempt, permissive TDY (AR 600-8-10) may be authorized for later attempts. Funded TDY will not be authorized for second attempts. Fees authorized for payment under this regulation do not include those fees or dues for memberships of persons in societies or associations. Such membership fees or dues are not payable from appropriated funds. Funding will be in accordance with published FY policy and procedures.

14-4. Officers and warrant officers stationed overseas

a. Part I (written) of many authorized examinations is given in various overseas areas. DOD has named one of the military departments in each major overseas area to assist the specialty boards in giving part I of their examinations to officers and WOs stationed in that area. The areas and departments are listed in table 14-1, below.

**Table 14-1
Overseas part I (written) examination authorities**

Area	Department
Pacific	Army
Europe	Army
Mediterranean, North Africa, and Middle East	Navy
Alaska	Air Force

b. If part I of the examination is given in the officer’s or WO’s overseas area, the member will not be authorized to return to CONUS to take this part of the examination. This is true even though the member may otherwise be eligible for TDY to take specialty board examinations.

c. Officers or WOs serving in overseas areas where part I of the proper examination is not given may be placed on TDY to the places of examinations within the United States if the provisions of paragraph 14-2 are met.

d. It may be more economical for officers or WOs to take part I of the examination in an area other than the one where they are stationed. If so, the AMEDD AC or the command surgeon of the area will arrange with the responsible agency of the other area for them to take this part of the examination.

e. Part II examinations are generally oral or performance examinations. Part II examinations and examinations of boards having single or combined examinations are normally not given overseas. Officers and WOs may be placed on TDY to the place in the United States where such examinations are given if the provisions of paragraph 14-2 are met.

14-5. Authorization and reimbursement for personal expenditures

a. Prior authorization is required in all instances in which reimbursement for personal expenditures will be claimed under this chapter. Funding will be in accordance with published FY policy and procedures. Exceptions are in paragraphs 14-5*c* and 14-5*d*, below. The officer or WO will submit an application through command channels on a memorandum upon receipt of either of the following:

- (1) Evidence of acceptance for an authorized examination or board for recognition.
- (2) A statement from the specialty body showing that the officer or WO will be considered for acceptance upon receipt of the application fee.

b. The first commander processing the memorandum who is authorized to issue TDY orders will issue the orders according to AR 600-8-105. Funds for reimbursement of personnel taking examinations or boards in a TDY-en-route-to-PCS status will be provided by the losing organization except as described in paragraphs 14-5*c* and 14-5*d*, below. Operational funds available for the activity to which the officer or WO is assigned will be used for reimbursement of expenses relating to examinations or boards for recognition. Except for MC and MS, AMEDDC&S officers and WOs assigned to non-AMEDD controlled units or assigned to the Student Detachment will submit applications to Academy of Health Sciences, DHET, 1750 Greeley Road, Suite 201, ATTN: MCCS-HE, Fort Sam Houston, TX 78234-5075. MC officers should submit their applications to HQDA, OTSG, ATTN: DASG-PSZ-MC, 5109 Leesburg Pike, Falls Church, VA 22041-3258. MS officers should submit applications to Commander, U.S. AHRC, Health Services Division, ATTN: AHRC-OPH-MS, 200 Stovall Street, Alexandria, VA 22332-0417. Upon review and approval, a fund cite will be issued subject to the availability of funds. Orders will state that reimbursement is authorized according to this regulation upon submission of either of the following forms:

- (1) DD Form 1351-2 (Travel Voucher or Sub-voucher) (see para 14-6*a*).
 - (2) SF 1034 and SF 1034A (Public Voucher for Purchases and Services Other than Personal) (see para 14-6*b*).
- c.* Otherwise qualified officers or WOs who fail to obtain authorization before expending personal funds relating to examination or boards for recognition may be reimbursed. If so, the appropriate commander may authorize reimbursement of such expenses upon presentation of reasonable justification.

d. Otherwise qualified officers or WOs who fail to obtain written authorization before spending personal funds for travel relating to examination or boards for recognition may be reimbursed for that travel. Reimbursement of such expenses will be made if later confirmation is obtained in accordance with Joint Federal Travel Regulations (JFTR), Volume I.

14-6. Payment of fees

Officers and WOs will pay the application and examination or board fees for recognition directly to the examining bodies from personal funds. They will obtain a receipt to support their claim for reimbursement after the date of examination or board according to paragraphs 14-6*a* or 14-6*b*, below. Instead of the original receipt, the endorsed canceled personal check, or copy, may be submitted to support the claim.

a. When travel is involved, prepare a DD Form 1351-2 to claim reimbursement or travel costs incurred or fees paid. Include with DD Form 1351-2—

- (1) The original receipt or the endorsed canceled personal check, or copy, for the fee paid by the officer or WO.
- (2) Copies of the orders prescribed in paragraph 14-5*b*.

b. When travel is not involved, submit claims for reimbursement for fees on SF 1034 and SF 1034A. Include with the SF 1034 and SF 1034A—

- (1) The original receipt or the endorsed canceled personal check, or copy, for the fees paid.
- (2) A copy of written authorization (see para 14-5), or explanation of failure to obtain authorization (see para 14-5*c*).

Section II

United States Army Medical Department Enlisted Personnel

14-7. General

This section provides for payment from public funds of fees and other expenses relating to examinations or boards for allied health professional recognition of AMEDD EN personnel. Funding will be in accordance with published FY policy and procedures. Recognition will be by recognized boards and comparable professional organizations. TDY is authorized for AMEDD EN persons to undergo examinations relating to examinations or boards for such recognition. However, commanders will attempt to have the examiner come to the installation to administer the examination to large groups. When this is done, the examiner's fees and travel costs are paid from funds available for the operation of the facility where the examinations are given. Cite this regulation as authority.

14-8. Eligibility

To be eligible for reimbursement of expenses under this chapter, EN personnel must be on AD (other than AT or ADT). Funding will be in accordance with published FY policy and procedures. They must be performing duties of

their specialty. They must meet the requirements indicated in paragraphs 14–8*a* and 14–8*b*, below. When paragraph 14–8*b*, below, is not met, commanders may authorize permissive TDY for persons to take examinations at no expense to the Government. When paragraphs 14–8*a* and 14–8*b*, below, are met and members are stationed overseas, commanders may authorize TDY to CONUS only if they are unable to take the examination in the overseas area of assignment. EN personnel must—

- a.* Arrange for acceptance for examination or board for allied health professional recognition by specialty bodies.
- b.* Have at least one year AD remaining after the date of the examination.

14–9. Authorized payments

Payments for fees and necessary travel costs are subject to paragraphs 14–8, above, and 14–10, below, and the availability of local TDY funds. AMEDD EN personnel are authorized payment for fees and travel costs relating to examinations and boards for allied health professional recognition by recognized boards and comparable professional organizations as directed by OTSG. MSC commanders at the O–6 level may approve a certification testing when the certification is from a nationally certified board and the skills acquired through the certification process enhance the Soldier’s ability to perform his or her duties. If a candidate fails to achieve recognition on the first attempt, permissive TDY may be authorized for later attempts. Funded TDY will not be authorized for second attempts, with the exception of the 91W/M6 licensed practical nurse licensure examination, which may be funded for second attempts. Fees authorized for payment under this regulation do not include those fees and dues for memberships of persons in societies and associations. Such membership fees and dues are not payable from appropriated funds.

14–10. Authorization and reimbursement for personal expenditure

a. Prior authorization of the commander described in paragraph 14–10*b*, below, is required when reimbursement for personal expenditures will be claimed under this chapter. EN personnel will submit applications through command channels on a memorandum when they receive either of the following:

- (1) Evidence of acceptance for an authorized examination or board for recognition.
- (2) A statement from the specialty body showing that they will be considered for acceptance upon receipt of the application fee.

b. Orders will be issued according to AR 600–8–105. The first commander processing the memorandum who is authorized to issue TDY orders will issue the orders. Operational funds available for the activity to which EN persons are assigned will be used for reimbursement of these expenses. Funds for reimbursement of personnel taking examinations or boards in a TDY-en-route-to-PCS status will be provided by the losing organization. Also, orders will state that reimbursement of expenses relating to examinations or boards is authorized according to this regulation. Reimbursement will be made upon submission of DD Form 1351–2 or SF 1034 and SF 1034A (see para 14–11*a* or para 14–11*b*, below).

14–11. Payment of fees

Enlisted personnel will pay the application and examination or board fees for allied health professional recognition directly to the examining boards from personal funds. They will obtain receipts to support their claims for reimbursement after the examination or board according to paragraph 14–11*a* or 14–11*b*, below. Instead of the original receipt, the endorsed canceled personal check, or copy, may be submitted to support the claim.

a. When travel is involved, indicate so on DD Form 1351–2 to include the travel costs incurred for the examination or board. Support DD Form 1351–2 with—

- (1) The original receipt or the endorsed canceled personal check, or copy, for the fee paid by the EN person.
- (2) Copies of the orders prescribed in paragraph 14–10*b*, above.

b. When travel is not involved, submit claims for reimbursement for fees on SF 1034 and SF 1034A. Support SF 1034 and SF 1034A with—

- (1) The original receipt or the endorsed cancelled personal check, or copy, for the fee paid by the EN person.
- (2) A copy of the written authorization (see para 14–10, above).

Chapter 15 Affiliation Policy and Procedures

15–1. General

This chapter—

a. Describes the AMEDD’s overall affiliation of non-Federal educational institutions with The Army Medical Facilities Program.

b. Sets policies, procedures, and responsibilities for establishing and operating education and training programs in

active Army medical facilities under a student volunteer program authorized by Title 5 United States Code, Section 3111 (5 USC 3111) subject to regulations issued by the OPM.

c. Does not apply to training under the following programs or regulations:

- (1) Training of foreign personnel as governed by AR 12–15/NAVINST 4950.4/AFR 50–29.
- (2) Training of Army personnel in civilian institutions as governed by part two of this regulation.
- (3) The Army Health Professions Scholarship Program as governed by AR 601–141.
- (4) Training arrangements with other Federal agencies as governed by DODI 4000.19.

15–2. Responsibilities

a. The commanding generals of MEDCOM and 18th MEDCOM are the approving authorities for affiliation agreements of Army MTFs within their respective commands. Approval authority is further delegated to commanders of Active Army medical and dental facilities for affiliation agreements of their facilities, provided the agreement is in the prescribed MEDCOM format. For Army medical facilities not covered above, the Commander, MECOM (ATTN: MCRM–M), is the approving authority and will provide general oversight for affiliation agreements.

b. Affiliation agreements should be coordinated through the servicing staff judge advocates, staff civilian personnel officers, and resource management officers. Requests for exception to the prescribed format will be forwarded to the oversight authority cited above. The MTF will provide a copy of each affiliation agreement and subsequent modifications to the approving authority's support agreement manager within five (5) days of execution.

c. Commanders of Active Army medical and dental facilities will ensure adherence to this regulation.

15–3. Training programs

Army medicine and civilian education both benefit from an exchange of information and clinical expertise. Training affiliation programs can improve this exchange, reflect favorably on military medicine, and encourage civilian health care providers to explore careers in the AMEDD. Training affiliation programs must serve the best interest of the Army and must not detract from the medical mission of the Army medical facility or the education and training needs of AMEDD personnel. Special programs for the sole benefit of the educational institution or its trainees will not be established. Any work benefits derived are incidental to training.

15–4. Program cost

There will be no payment of charges or fees between the Army medical facility and the educational institution. Trainees are to serve without compensation and may not be reimbursed for their out-of-pocket traveling and living expenses. Trainees will not be charged by the educational institution for services, supplies, and materials that have been provided by the Army.

15–5. Quality assurance

Because the Army is responsible for health care provided in its facilities, trainees in affiliation programs could expose the United States to liability. They will be supervised by the Army medical facility staff while participating in the program. Their involvement in patient care will be governed by the Army medical facility's quality assurance program (see AR 40–68).

15–6. Personnel accountability

Trainees serving under affiliation agreements will not be counted against personnel ceilings. Positions will not be created for them on tables of distribution and allowances. Trainees will not be counted as "other personnel" for manpower survey purposes.

Chapter 16 Agreements

16–1. Affiliation agreements

An affiliation agreement in the form of a memorandum of agreement between the educational institution and the Army medical facility (see fig 16–1, below) will be used as the basis for the acceptance, appointment, and clinical assignment of the educational institution's trainees by the Army medical facility. Each agreement will bear a control number identifiable by the organization symbol, consecutive number, and FY in which the agreement was approved (for example, MCRM–97). The control number will be assigned by the approval authority.

a. *Approval.* The completed memorandum of agreement will be forwarded to reach the approving authority at least 30 days before the proposed starting date. Requests for deviation to the prescribed format will be forwarded to the oversight authority at least 30 days before the proposed starting date. Training will not start before the memorandum of agreement is approved and the trainees are appointed.

b. *Duration and termination.* Either party may terminate the arrangements under this agreement by giving 30 days

advance written notice of the effective date of termination. Except under unusual conditions, the notice will be given before the beginning of a training period. It is understood that the approving authority may terminate these arrangements at any time to meet the mission needs of the AMEDD.

c. Periodic review. Army medical facilities will review each existing memorandum of agreement annually to determine whether it should remain in effect and whether an amendment is required by changed circumstances or a change in this regulation. All amendments, except those made to incorporate changes in this regulation, are subject to approval by the approving authority.

(Appropriate Letterhead)

Agreement Number _____

MEMORANDUM OF AGREEMENT
BETWEEN
(ARMY MEDICAL FACILITY) AND (EDUCATIONAL INSTITUTION)

SUBJECT: Affiliation Agreement for the Acceptance, Appointment, and Clinical Assignment of **(educational institution)**'s trainees by **(Army medical facility)**

1. Purpose. To define the acceptance, appointment, and clinical assignment of trainees from *(name and location of educational institution)*, hereafter called the educational institution, by *(name and location of Army medical facility)*, hereafter called the Army medical facility.

2. References.

a. AR 351-3, Professional Education and Training Programs of the Army Medical Department.

b. DoD Regulation 6025-18-R, DoD Health Information Privacy Regulation, 24 January 2003.

3. Privacy and Security of Protected Health Information (PHI). The Army medical facility agrees to provide training on its Health Insurance Portability and Accountability Act (HIPAA) policies and procedures to those who will be working in the facility. The educational institution's trainees and faculty shall abide by the Army medical facility's HIPAA policies. No PHI or PHI data is anticipated to be exchanged between the Army medical facility and the educational institution. It is understood that the trainees and faculty are considered members of the Army medical facility's workforce while receiving clinical training pursuant to this agreement, and so do not meet the definition of *Business Associates* under HIPAA. Therefore, no Business Associate Agreement between the Army medical facility and educational institution is necessary. **[NOTE: IF PHI IS ANTICIPATED TO BE USED OUTSIDE THE MTF, SEE REQUIRED HIPAA LANGUAGE AT BOTTOM OF TEMPLATE]**

4. Background.

a. The *(name of educational institution)* which is accredited by *(name of accrediting body)* conducts a program

Figure 16-1. Sample format for an affiliation agreement

of training for (specialty and level of trainee). The program is accredited by (name of national agency or certifying body) and leads to a (name of degree, certificate, or license). The program curriculum requires that the trainees obtain clinical learning experience.

b. The (name of Army medical facility), conducts certain clinical activities in which trainees in the educational program, if allowed to participate, can obtain all or part of their required clinical learning experience.

c. An affiliation under this memorandum will benefit both parties by contributing to the educational preparation of a future supply of health care personnel.

d. Trainees will be student volunteers and are governed by section 3111 of title 5, United States Code (5 USC 3111).

e. Selection for this training will be made without regard to race, sex, color, religion, creed, national origin, lawful political or other affiliation, marital status, age (other than legal minimum age limitations), or physical handicap. Handicapped persons will not be provided benefits, service, or training that is different or separate from what is provided to others unless such action is required to provide equity. A qualified handicapped person will not otherwise be limited in the enjoyment of any right, privilege, advantage, or opportunity granted to others receiving the training and benefits of this agreement.

5. Scope. This agreement applies to not more than (number) trainees and will not detract from the Army Medical Department's medical and training mission.

6. Understanding.

a. This agreement applies to not more than (number) of the category of trainees described in paragraph 4a.

b. Affiliation under this agreement must not detract from the medical mission of the Army medical facility or the education and training needs of Army Medical Department personnel.

c. There will be no payment of charges or fees between the parties to this agreement and no payment of compensation by the United States to the trainees.

Figure 16-1. Sample format for an affiliation agreement—Continued

d. Insofar as the commander of the Army medical facility finds it consistent with his or her command's basic mission, the Army medical facility will:

(1) Screen prospective trainees to ascertain their qualifications and suitability and arrange for their appointment as student volunteers.

(2) Coordinate with the educational institution to prevent conflict of schedules and activities during the clinical learning experience and designate an appropriate point of contact for this purpose. This coordination involves -

(a) Planning with representatives of the educational institution.

(b) Orienting trainees and assigning them to specific clinical cases and experiences including attendance at selected conferences, clinics, courses, and programs conducted by the Army medical facility.

(3) Retain responsibility for patient care in the facility and will exercise supervision over trainees consistent with the facility's quality assurance program.

(4) Permit, on reasonable request, the inspection of clinical and related facilities by agencies charged with accreditation of the educational institution program.

(5) Notify the school of any intent to release a student.

e. The educational institution will:

(1) At least 30 days before the beginning of each training period, provide the names of the trainees eligible to be appointed, the dates and hours for which training is requested, and the clinical activities in which training is requested.

(2) Permit trainees to accept Federal appointment as student volunteers for the purpose of participating in clinical learning experiences and provide such personal information on trainees as is necessary. Verify that they meet minimum age requirements (____ years) and, on request, certify that they are enrolled at least half-time in the educational institution's program. Ensure that trainees are available for completion of the appointment process before the training period begins.

Figure 16-1. Sample format for an affiliation agreement—Continued

(3) Notify the Army medical facility of a change in the enrollment status of any trainee.

(4) Designate an appropriate point of contact to coordinate trainee activities under this agreement.

(5) Provide and maintain the personnel records and reports necessary to document the trainee's clinical learning experience for the purpose of academic credit.

(6) Be responsible for such health and other medical examinations and protective measures as the commander of the Army medical facility deems necessary.

(7) Assist in the enforcement of such rules and regulations governing trainees as may be issued by the commander of the Army medical facility and its host installation.

(8) Assist in enforcing the prohibition against the publication by trainees of any material related to the clinical learning experience that has not been reviewed and cleared by the Army medical facility to assure that--

(a) No classified information is published.

(b) Infringement of patients' rights to privacy is avoided.

(c) Military procedures are completely accurate.

(9) Trainees are withdrawn from participation in the clinical learning experience on written notice from the commander of the Army medical facility when it is determined that further participation by the trainee is not desirable.

7. Effective period. The terms of this agreement:

a. Will be effective on (date), subject to approval by (title of approving authority), and will continue in effect until terminated.

b. May be amended by the parties without referral to the approving authority only to incorporate changes required by Army Regulation 351-3.

8. Termination. Either party may terminate the arrangements under this agreement by giving 30 days advance written notice of the effective date of termination.

Figure 16-1. Sample format for an affiliation agreement—Continued

Except under unusual conditions, the notice will be given before the beginning of a training period. It is understood that the approving authority may terminate these arrangements at any time to meet the mission needs of the Army Medical Department.

(educational institution): (Army medical facility):

By: _____ By: _____
Title: _____ Title: _____
Date: _____ Date: _____

NOTE: IF PROTECTED HEALTH INFORMATION IS ANTICIPATED TO BE USED OUTSIDE THE MTF, SUBSTITUTE FULL TEXT OF HIPAA LANGUAGE BELOW IN PARAGRAPH 3 OF TEMPLATE.

Privacy and Security of Protected Health Information (PHI).

a. Terms used in this section shall have the same meaning as those terms in 45 CFR part 160 and part 164 and/or DOD Regulation 6025.18-R, DoD Health Information Privacy Regulation.

b. Obligations and Activities of educational institution. The educational institution--

(1) Will not use or disclose PHI other than as permitted or required by agreement or law.

(2) Will use appropriate safeguards to prevent use or disclosure of PHI other than as provided for by this agreement.

(3) Will implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of

Figure 16-1. Sample format for an affiliation agreement—Continued

the electronic PHI that it creates, receives, maintains, or transmits on behalf of the Government.

(4) Will report to the Army medical facility any use or disclosure of the PHI not provided for by this agreement or any security incident of which it becomes aware.

(5) Will ensure that any agent to whom it provides electronic PHI that it creates, receives, maintains, or transmits on behalf of the Government agrees to the same restrictions and conditions that apply through this agreement to the educational institution with respect to such information.

(6) Will mitigate, as practicable, any harmful effect known to the educational institution of a security incident or use/disclosure of PHI by the educational institution in violation of the requirements of this agreement.

(7) Will provide access, at the request of the Government, in order to meet the requirements of 45 CFR 164.524.

(8) Will make any amendment(s) to PHI in a Designated Record Set that the Government directs or agrees to pursuant to 45 CFR 164.526.

(9) Will make available internal practices, books, and records relating to the use and disclosure of PHI for purposes of the Secretary, Health and Human Services, determining the Government's compliance with the Privacy or Security Rule.

(10) Agrees to document such disclosures of PHI and information related to such disclosures as would be required for the Government to respond to a request by an individual for an accounting of disclosures of PHI accordance with 45 CFR 164.528.

(11) Agrees to provide to the Government or an Individual information collected in accordance with this Clause to permit the Government to respond to a request by an Individual for an accounting of disclosures of PHI accordance with 45 CFR 164.528.

a. Except as otherwise limited in this agreement, the educational institution--

(1) May use or disclose PHI to perform functions or

Figure 16-1. Sample format for an affiliation agreement—Continued

services for, or on behalf of, the Army medical facility as specified in this agreement, provided that such use or disclosure would not violate the Privacy Rule if done by the Army medical facility. May create, receive, maintain, or transmit electronic PHI on behalf of the Army medical facility as specified in this agreement, provided such action would not violate the Security Rule if done by the Army medical facility.

(2) May use PHI for the proper management and administration of the educational institution or to carry out the legal responsibilities of the educational institution.

(3) May disclose PHI for the proper management and administration of the educational institution, provided that disclosures are required by law or the educational institution obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person; and the person notifies the educational institution of any instances of which it is aware in which the confidentiality of the information has been breached.

a. Obligations of Army medical facility. The Army medical Facility--

(1) Upon request shall provide the educational institution with the notice of privacy or security practices that the Army medical facility produces, as well as any changes to such notice.

(2) Shall provide the educational institution with any changes in, or revocation of, permission by individual to use or disclose PHI, if such changes affect the educational institution's permitted or required uses and disclosures.

(3) Shall notify the educational institution of any restriction to the use or disclosure of PHI that Army medical facility has agreed to IAW 45 CFR 164.522.

e. A breach of this clause by the educational institution may be grounds to terminate the agreement in accordance with termination provisions contained herein.

f. Any ambiguity in this clause shall be resolved in favor of a meaning that permits the Government to comply

Figure 16-1. Sample format for an affiliation agreement—Continued

with the Health and Human Services Final HIPAA Privacy and Security Rules.

Figure 16–1. Sample format for an affiliation agreement—Continued

16–2. Appointment of trainees

a. Status. Trainees appointed under this program are governed by 5 USC 3111(b).

b. Processing. The designated servicing civilian personnel officer will act for the appointing authority in carrying out necessary personnel actions under the governing civilian personnel regulations. Trainees accepted under this program will be appointed as student volunteers per instructions contained in AR 690–300, chapter 308, subchapter 7, and the Federal Personnel Manual (FPM), Chapter 308, Subchapter 7. An SF 52 (Request for Personnel Action) will be submitted by the MTF to the servicing Civilian Personnel Operating Center (CPOC) for each appointment and termination action under FPM Supplement 296–33, Subchapter 33, and any local policy established by the servicing CPOC.

c. Content of records. For each student volunteer, the servicing CPOC will establish an official personnel folder (OPF) to contain—

- (1) Copies of the appointment and termination SF 50 (Notification of Personnel Action).
- (2) Copies of any license required for the category of position to which the student volunteer is appointed.
- (3) A brief statement of the duties performed (which may be a standardized statement covering an entire trainee group).
- (4) A record of time and attendance (which may be a format agreed to between the Army medical facility and the educational institution as long as it shows the dates and hours of training at the Army medical facility).

d. Disposition of records. When student volunteer service is terminated, the OPF should be sent to the National Personnel Records Center in accordance with FPM Supplement 293–31. Note, however, that regulation permits retention of the OPF locally for up to two years after termination when it is probable that a student volunteer will be training repeatedly for short periods. The Army medical facility should notify the servicing CPO when, because of multiple training periods under an affiliation agreement, this is likely to occur.

16–3. Equal opportunity

Efforts must be made to assure that all students have equal access to participate under this program. Selection for this training will be made without regard to race, sex, color, religion, creed, national origin, lawful, political, or other affiliation, marital status, age (other than legal minimum age limitations), or physical handicap. Handicapped persons will not be provided different or separate benefits, service, or training than that which is provided to others unless such action is required to provide equity. A qualified handicapped person will not otherwise be limited in the enjoyment of any right, privilege, advantage, or opportunity granted to others receiving the training and benefits of this agreement.

16–4. Medical care of trainees

Medical or dental care for illness contracted or injury suffered while undergoing training at an Army medical facility will be provided as specified in AR 40–3 and, as appropriate, AR 690–800, chapter 810, and FPM, chapter 810.

16–5. Program support

Trainees in these programs are not entitled to travel allowances or transportation, meals, quarters, or other benefits in kind. However, Army medical facilities may provide the following items, not considered benefits, which are necessary to support the training effort:

- a. Meals on a reimbursable basis at employee or guest rates when the training schedule requires trainee presence during mealtime.
- b. Sleeping quarters in the facility during 24-hour call duty when the training schedule requires the trainee to perform such duty.
- c. Transportation between Army medical facilities when the training schedule requires such travel. However, this authority will not be used to circumvent the prohibition against transportation between living quarters or the educational institution and the Army medical facility.
- d. Textbooks, supplies, and equipment required for use in the training at the Army medical facility. Non-expendable items will be hand-receipted and returned.
- e. Classroom, conference room, office, dressing room, locker, and storage space required for the conduct of training.

16-6. Clearance of publications

- a. Trainees who participate in training affiliation programs may not publish materials related to the program without prior review and clearance by the Army medical facility. Such review will apply the standards in AR 360-1, with particular effort to assure that—
 - (1) No classified information is published.
 - (2) Infringement on patients' rights to privacy is avoided.
 - (3) Accuracy with respect to military procedures is complete.
- b. Clearance of materials will include the requirement for a disclaimer paragraph in the publication which states: "The opinions and conclusions presented here are those of the author and do not necessarily represent the views of the Department of the Army or any other Governmental agency."

Chapter 17 Validated Requirement Program

17-1. Introduction

- a. This chapter sets forth policies and procedures for—
 - (1) Establishing validated positions requiring graduate level civilian education (GLCE) and advanced military training at the warrant and captain-through-colonel level.
 - (2) Reporting changes of incumbent status.
 - (3) Eliminating validated positions when no longer required.
- b. Validated positions for graduate education may be filled by officers who have fulfilled one of the following:
 - (1) Acquired a graduate degree before entering on AD.
 - (2) Acquired a graduate degree through an Army-sponsored civilian schooling program.
 - (3) Acquired a graduate degree at their own expense after entering on AD. Validated positions for advanced military training require graduates of ILE or SSC.
- c. The following terms apply to policies described in this chapter:
 - (1) *Validated position.* A validated position has been approved by TSG as requiring assignment of an AMEDD officer who has successfully completed ILE, SSC, or GLCE beyond the requisite for a commission.
 - (2) *Excepted position.* An excepted position must be filled by an individual who holds a graduate degree as a requisite for commissioning, such as an M.D. for those commissioned as MC officers.
 - (3) *Education and training requirement.* The education and training requirement is the course of study, curriculum, or graduate-level degree required to support a position.
 - (4) *Source of education and training.* The source of education and training is a program under which the individual completes a course of study, a curriculum, or a graduate degree.
 - (5) *Initial utilization position.* An initial utilization position is validated to be filled by a graduate of ILE, SSC, or GLCE immediately following completion of the individual's education or training.
 - (6) *Reutilization position.* A reutilization position is a validated position which is either of the following:
 - (a) Supervisory or policy-level position.
 - (b) At the grade of lieutenant colonel or colonel for a graduate of ILE, SSC, or GLCE who normally has served in an initial utilization position.

17-2. Authorization and review

Validated positions within the AMEDD are those positions for which TSG has responsibility for assigning AMEDD personnel. These positions will be based on the total number of AOCs authorized and approved in The Army

Authorization Documents System. All positions will be reviewed and evaluated annually, based on criteria listed in paragraph 17-3, below. Authorization for this is in accordance with AR 621-108, chapter 3.

17-3. Evaluation criteria

Evaluation of positions for the Validated Requirements Program should be based on—

a. Positions (excluding excepted positions) in which primary duties of the incumbent cannot be performed except by an individual possessing qualifications acquired through ILE, SSC, or graduate/postgraduate-level education in a relevant field of study.

b. Positions that must be filled by individuals required to exert direct technical supervision over military or civilian personnel who are required to possess education and training listed in paragraph a above. These positions should be exclusively supervisory or assistant supervisory in nature. A general relationship should exist among positions, the educational field, and the type of organization.

c. Positions that, for optimum effectiveness, must be filled by individuals who possess knowledge of specific education or training to allow for effective staff planning, coordination, and command advisory functions. Such knowledge should include capability to comprehend theories, principles, terminology, processes, and techniques necessary for effective appraisal and evaluation of complex programs.

d. A position for which education or training requirements exist even though the incumbent does not possess the education or training background. Positions will not be validated based only on—

- (1) Philosophical justification or desirable education and training.
- (2) Incumbent possessing an advanced degree or a certain level of education or training.

17-4. Responsible agencies

a. The Deputy Chief of Staff, G-1 will establish the policy and procedures for the Validated Requirements Program. The Validated Requirements Program validates the number of positions by Corps that require graduate level training beyond commissioning requirements. On approval by TSG, the organizational table in which the position is authorized will be annotated as requiring assignment of an officer with appropriate education or training. Officer requisitions, when subsequently submitted, will contain the same annotation. Consistent with existing assignment priorities, military personnel may be assigned against these requisitions on the basis of experience considered equivalent to the indicated discipline and level of education or training. However, requisitions for military personnel possessing GLCE will not be considered valid without the above-described annotation. Failure to properly use officers assigned to the command against validated positions may result in—

- (1) Cancellation of subsequent requisitions for the position.
- (2) Cancellation of the validated position.
- (3) Reassignment of poorly utilized officers.

b. In accordance with AR 621-108, paragraph 1-4, AHRC Health Services Division (HSD) will consolidate all validated positions received from ACs, agencies, and/or activities; manage the database of validated positions; manage the assignments of officers trained to fill validated positions; and provide each AC, agency, and/or activity a listing of validated positions.

c. In accordance with AR 621-108, paragraph 1-4, the CG AMEDD C&S, as the AMEDD proponent, will be responsible for receiving and validating all requirements from the ACs, agencies, and/or activities and will recommend approval or disapproval of positions submitted for validation. The AMEDD C&S will manage all validated positions on The Army Authorization Documents System (TAADS).

d. Requests for validation of branch immaterial positions will be the responsibility of the AMEDD Corps currently filling the position.

17-5. Initial utilization

The AMEDD policy for assignment and utilization of officers educated against a validated position specifies that officers will be assigned to and serve in a validated position for a utilization tour, normally 3 years. The utilization tour for command positions will be as directed by DA policy. Initial utilization assignments will be deferred only as directed by the director of personnel (DASG-PTZ). Diversion from a validated position is an indicator that position qualification requirements may not justify the expense, in time and money, to educate an officer to fill the position. In those cases where a field command requires temporary diversion or movement of an officer from a validated position, the command will coordinate with HSD, AHRC, within 30 days of the required diversion or movement. This notification will include a complete justification for diversion or interruption of the utilization assignment.

17-6. Deletions

If an education or training requirement is deleted, a report will be forwarded to APPD within 10 days of the change to incumbent status.

17-7. Training requirements

Annual programmed education and training requirements for military personnel to attend LTHET, ILE, and SSC are based on the following:

- a.* The analysis by the Director of APPD of the total number of approved, validated positions.
- b.* The number of trained personnel in the specialties in question on AD.
- c.* The number of personnel currently in training against validated positions. This total is then reduced by attrition, unavailability of personnel, and assignment to senior leadership and branch immaterial positions.

Appendix A References

Section I Required Publications

AR 10-87

Major Army Commands in the Continental United States (Cited in para 4-6c.)

AR 27-20

Claims. (Cited in paras 4-7b(3)(i), 4-7c(3).)

AR 27-40

Litigation. (Cited in paras 4-7b(3)(i), 4-7c(3).)

AR 40-1

Composition, Mission, and Functions of the Army Medical Department. (Cited in para 6-10b.)

AR 40-3

Medical, Dental, and Veterinary Care. (Cited in para 16-4.)

AR 40-68

Clinical Quality Management. (Cited in paras 9-2a, 9-4e, 15-5.)

AR 135-91

Service Obligations, Methods of fulfillment, Participation Requirements, and Enforcement Procedures (Cited in para 13-4i.)

AR 135-101

Appointment of Reserve Commissioned Officers for Assignment to Army Medical Department Branches. (Cited in paras 6-5c, 6-10d.)

AR 140-1

Mission, Organization, and Training. (Cited in paras 3-6e(3)(d), 13-1, 13-3f, 13-4b, 13-4i, 13-4a, 13-6b, 13-6b(3).)

AR 350-1

Army Training and Leader Development. (Cited in paras 6-2e, 7-2f, 10-3b, 10-4d, 13-1, 13-3f.)

AR 360-1

The Army Public Affairs Program. (Cited in para 16-6a.)

AR 600-8-24

Officer Transfers and Discharges. (Cited in paras 5-5c(2)(b), 5-5i(2)(c), 6-5e(2), 9-4g(2).)

AR 600-9

The Army Weight Control Program. (Cited in paras 2-4, 5-3a(6), 5-4b, 6-5f, 6-10f, 7-4b(4), 9-9b.)

AR 600-105

Aviation Service of Rated Army Officers. (Cited in para 7-4c(2)(b).)

AR 601-20

The Interservice Physician Assistant Training Program. (Cited in para 9-4d.)

AR 611-1

Military Occupational Classification Structure Development and Implementation. (Cited in para 9-4d.)

AR 614-30

Overseas Service. (Cited in paras 4-3f, 7-4c(2)(c).)

AR 621-1

Training of Military Personnel at Civilian Institutions. (Cited in paras 4-2c(3), 4-6e(4).)

AR 621-7

Army Fellowships and Scholarships. (Cited in para 4-2c(4).)

AR 621-108

Military Personnel Requirements for Civilian Education. (Cited in paras 17-2, 17-4b, 17-14c.)

AR 623-3

Evaluation Reporting System. (Cited in paras 4-6e(4), 5-5b(2), 5-5l(2), 6-26, 7-4c(1)(e), 9-7h.)

AR 690-300

Employment (Civilian Personnel). (Cited in paras 16-2b, 16-4.)

DA Pam 351-4

U.S. Army Formal Schools Catalog. (Cited in paras 2-2b, 7-3a(1), 7-4d(2)(b).)

AFARS

Army Federal Acquisition Regulation Supplement. (Cited in paras 4-6d(1), 4-7c(2), 4-7b.) (Available at <http://farsite.hikk.af.mil/VFAFARI.htm>.)

AMEDDC&S Regulation 351-12

Enrollment, Relief, New Start/Recycle, Administrative Disposition, and Counseling of Student Personnel. (Cited in paras 9-4j, 9-4g(2).) (Available at <https://www.cs.amedd.army.mil/rmb/regulations.asp>.)

DOD 5500.7-R

Joint Ethics Regulation (JER). (Cited in paras 4-6f(1)(g), 6-27g.) (Available at <http://www.dtic.mil/whs/directives/>.)

DOD 6025.13-R

Military Health System Clinical Quality Assurance Program Regulation. (Cited in para 6-10l.) (Available at <http://www.dtic.mil/whs/directives/>.)

DODD 1322.6

Fellowships, Scholarships, Training with Industry (TWI), and Grants for DOD Personnel. (Cited in para 4-2d.) (Available at <http://www.dtic.mil/whs/directives/>.)

DODD 6000.12

Health Services Operations and Readiness. (Cited in para 6-10i.)

DODI 6000.13

Medical Manpower and Personnel. (Cited in paras 2-6a, 2-6b(2), 2-6b(3), 2-7a, 2-7e(1), 6-10j, 9-4d.) (Available at <http://www.dtic.mil/whs/directives/>.)

DODI 6015.24

Sizing of Graduate Medical Education (GME) and Program Closure Procedures. (Cited in para 6-10k.)

FM 21-20

Physical Fitness Training. (Cited in para 6-5f.) (Available at <https://www.ataim.train.army.mil/>.)

NGR 350-1

Army National Guard Training. (Cited in paras 13-1, 13-3f.) (Available at <http://www.ngbpdc.ngb.army.mil/>.)

JFTR

Joint Federal Travel Regulations, Volume I, Uniformed Service Members. (Cited in para 14-5d.) (Available at <http://secureapp2.hqda.pentagon.mil/perdiem/trvlregs.html>.)

UCMJ

Uniform Code of Military Justice. (Cited in para 9-4g(1)(e).)

5 USC 3111

Acceptance of volunteer service. (Cited in para 15–1*b*.) (Available at <http://uscode.house.gov/>.)

10 USC 4301

Members of Army: detail as students, observers, and investigators at educational institutions, industrial plants, and hospitals. (Cited in para 3–1*b*.) (Available at <http://uscode.house.gov/>.)

Unnumbered Publication

AMEDD Enlisted Commissioning Program Guidelines for Enlisted Army Personnel. (Cited in para 11–3*b*.) (Available at <http://www.usarec.army.mil/AECP/>.)

Unnumbered Publication

Manual of Hospital Accreditation. (Cited in paras , 6–10*c*.) (A copy of this publication may be obtained from the Joint Commission on Accreditation of Healthcare Organizations, 875 N. Michigan Avenue, Chicago, IL 60611.)

Section II**Related Publications**

A related publication is a source of additional information. The user does not have to read it to understand this regulation.

AR 11–2

Management Control

AR 12–15/SECNAVINST 4950.4A/AFI 16–105

Joint Security Assistance Training (JSAT)

AR 135–100

Appointment of Commissioned and Warrant Officers of the Army

AR 135–200

Active Duty for Missions, Projects, and Training for Reserve Component Soldiers

AR 135–215

Officer Periods of Service on Active Duty

AR 140–10

Assignments, Attachments, Details, and Transfers

AR 140–185

Training and Retirement Point Credits and Unit Level Strength Accounting Records

AR 600–7

Non-Discrimination on the Basis of Handicap in Programs and Activities Assisted or Conducted by the Department of the Army

AR 600–8–2

Suspension of Favorable Personnel Actions (Flags)

AR 600–8–10

Leaves and Passes

AR 600–8–105

Military Orders

AR 601–141

U.S. Army Health Professions Scholarship, Financial Assistance, and Active Duty Health Professions Loan Repayment Programs

AR 690–800

Insurance and Annuities

DA Pam 611-21

Military Occupational Classification and Structure

AFARS, Subpart 5137.72

Educational Service Agreements. (Available at <http://farsite.af.mil/reghtml/regs/other/afars/>.)

DFARS

Defense Federal Acquisition Regulation Supplement

DFARS, Subpart 237.72

Educational Service Agreements. (Available at <http://www.acq.osd.mil/dpap/dars/dfars/>.)

DOD 6490.1

Mental Health Evaluations of Members of the Armed Forces. (Available at <http://www.dtic.mil/whs/directives/>.)

DODD 6025-18-R

DOD Health Information Privacy Regulation. (Available at <http://www.dtic.mil/whs/directives/>.)

DODI 4000.19

Inter-Service and Intergovernmental Support. (Available at <http://www.dtic.mil/whs/directives/>.)

FAR

Federal Acquisition Regulation. (Available at <http://www.arnet.gov/far/>.)

Federal Personnel Manual

Available at <http://www.gao.gov/>.

FPM Supplement 293-31

The Guide to Personnel Recordkeeping. (Available at <http://cpol.army.mil/library/staff/>.)

FPM Supplement 296-33

The Guide to Processing Personnel Actions. (Available at <http://cpol.army.mil/library/staff/>.)

FSH Regulation 351-12

Enrollment, Relief, Recycle, and Administrative Disposition of Student Personnel. (Available at <http://www.cs.amedd.army.mil/>.)

NGR 25-5

Army National Guard Training Areas. (Available at <http://www.ngbpdc.ngb.army.mil/>.)

NGR 37-104-3

Military Pay and Allowances Policy and Procedures (ARNG). (Available at <http://www.ngbpdc.ngb.army.mil/>.)

NGR 37-106

Official Participation of National Guard Personnel at Meetings of Private Organizations and Government Agencies Outside of the Department of Defense. (Available at <http://www.ngbpdc.ngb.army.mil/>.)

NGR 37-111

Administration of Training and Special Work Workdays. (Available at <http://www.ngbpdc.ngb.army.mil/>.)

NGR 40-3

Medical Care for Army National Guard Members. (Available at <http://www.ngbpdc.ngb.army.mil/>.)

NGR 40-501

Standards of Medical Fitness-Army National Guard. (Available at <http://www.ngbpdc.ngb.army.mil/>.)

NGR 135-381

Management of the Army National Guard Incapacitation System. (Available at <http://www.ngbpdc.ngb.army.mil/>.)

NGR 200-3

State and Federal Environmental Responsibilities. (Available at <http://www.ngbpdc.ngb.army.mil>.)

NGR 230-65

Unit Funds. (Available at <http://www.ngbpdc.ngb.army.mil>.)

NGR 350-6

Competitive Marksmanship. (Available at <http://www.ngbpdc.ngb.army.mil>.)

NGR 350-10

Competitive Biathlon. (Available at <http://www.ngbpdc.ngb.army.mil>.)

NGR 351-1

Total Army School System. (Available at <http://www.ngbpdc.ngb.army.mil>.)

NGR 351-3

Noncommissioned Officer Evaluation System. (Available at <http://www.ngbpdc.ngb.army.mil>.)

NGR 351-5

State Military Academies. (Available at <http://www.ngbpdc.ngb.army.mil>.)

NGR 385-5

Aviation Support Activity Accident Prevention Survey (ASAAPS) Program. (Available at <http://www.ngbpdc.ngb.army.mil>.)

NGR 385-10

Army National Guard Safety and Occupational Health Program. (Available at <http://www.ngbpdc.ngb.army.mil>.)

NGR 500-1

Military Support to Civil Authority. (Available at <http://www.ngbpdc.ngb.army.mil>.)

NGR 600-2

Screening of the Army National Guard. (Available at <http://www.ngbpdc.ngb.army.mil>.)

NGR 600-21

Equal Opportunity Program in the Army National Guard. (Available at <http://www.ngbpdc.ngb.army.mil>.)

NGR 600-100

Commissioned Officers-Federal Recognition and Related Personnel Actions. (Available at <http://www.ngbpdc.ngb.army.mil>.)

NGR 614-1

Inactive Army National Guard. (Available at <http://www.ngbpdc.ngb.army.mil>.)

NGR 635-101

Efficiency and Physical Fitness Boards. (Available at <http://www.ngbpdc.ngb.army.mil>.)

NGR 635-102

Officer and Warrant Officer Selective Retention. (Available at <http://www.ngbpdc.ngb.army.mil>.)

NGR 672-1

Trophies and Awards Program for Army National Guard. (Available at <http://www.ngbpdc.ngb.army.mil>.)

NGR 672-5

Service Recognition. (Available at <http://www.ngbpdc.ngb.army.mil>.)

NGR 680-1

Personnel Assessment, Attendance, and Accounting. (Available at <http://www.ngbpdc.ngb.army.mil>.)

NGR 680-2

Automated Retirement Point Accounting System-Army National Guard. (Available at <http://www.ngbpd.c.ngb.army.mil>.)

NGR 870-5

Army National Guard Lineage and Honors. (Available at <http://www.ngbpd.c.ngb.army.mil>.)

NGB Pam 600-3

Professional Development and Utilization of Commissioned Officers in the Army National Guard. (Available at <http://www.ngbpd.c.ngb.army.mil>.)

Unnumbered Publication

Directory of Graduate Medical Education Guide, AMA (published annually). (A copy of this publication may be obtained from the American Medical Association, 515 N State Street, Chicago, IL 60610.)

Unnumbered Publication

Continuing Medical Education Guide, AOA (published annually). (A copy of this publication may be obtained from the American Osteopathic Association, Member Service Center, 142 East Ontario Street, Chicago, IL 60611.)

Unnumbered Publication

Essentials and Guidelines for Accreditation of Sponsors of Continuing Medical Education, Accreditation Council for Continuing Medical Education (Accreditation Requirements). (Available at <http://accme.org/index.cfm>.)

Unnumbered Publication

Standards for Commercial Support of Continuing Medical Education, Accreditation Council for Continuing Medical Education, September 2004. (Available at <http://accme.org/index.cfm>.)

Unnumbered Publication

The Physicians Recognition Award Information Booklet, AMA (published annually). (A copy of this publication may be obtained from the American Medical Association, P.O. Box 930876, Atlanta, GA 31193-0876. A copy is also available at <http://www.ama-assn.org/go/pr.a>.)

Section III**Prescribed Forms**

Unless otherwise indicated, DA forms are available on the APD Web site (<http://www.apd.army.mil>); DD forms are available on the OSD Web site (<http://www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm>); Standard Forms (SF) and Optional Forms (OF) are available on the GSA Web site (<http://www.gsa.gov>).

DA Form 1970

House Staff Evaluation Report. (Prescribed in para 6-25a.)

DA Form 3492

U.S. Army Medical Department Certificate for Residents, Interns and Fellows. (Prescribed in para 6-20.)

DA Form 3838

Application for Short Course Training. (Prescribed in paras 3-6e, 4-6f(2), 5-19, 9-9b, 9-11e, 10-6a, 10-6c, 10-9b, 11-2c, 12-7a.)

Section IV**Referenced Forms****DA Form 11-2-R**

Management Control Evaluation Certification Statement

DA Form 67-9

Officer Evaluation Report

DA Form 67-9-1

Officer Evaluation Report Support Form

DA Form 1058–R

Application for Active Duty for Training, Active Duty for Special Work, Temporary Tour of Active Duty, and Annual Training for Soldiers of the Army National Guard and U.S. Reserve

DA Form 1059–1

Civilian Institution Academic Evaluation Report

DA Form 1379

U.S. Army Reserve Components Unit Record of Reserve Training

DA Form 1380

Record of Individual Performance of Reserve Duty Training

DA Form 2028

Recommended Changes to Publications and Blank Forms

DD Form 1351–2

Travel Voucher or Sub-voucher

SF Form 50

Notification of Personnel Action

SF Form 52

Request for Personnel Action

SF 1034 and SF 1034A

Public Voucher for Purchases and Services Other than Personal

Appendix B**Accrediting Organizations for Medical Service Corps Officers****B–1. Administration**

- a.* American Academy of Medical Administrators.
- b.* American College of Hospital Administrators American Management Association.
- c.* American Medical Records Association.
- d.* American Public Health Association of Clinic Managers.
- e.* Health Care Financial Management.

B–2. Audiology

- a.* American Speech Language/Hearing Association.
- b.* Council for Accreditation in Occupational Hearing Conservation.

B–3. Behavioral sciences

- a.* American Association of Marriage and Family Therapy.
- b.* American Association of Sex Educators, Counselors, and Therapists.
- c.* American Hospital Association.
- d.* American Psychological Association.
- e.* National Association of Social Workers.

B–4. Biological sciences

- a.* American Association for Clinical Chemistry.
- b.* American Association for Immunology.
- c.* American Association of Advanced Sciences.
- d.* American Association of Blood Banks.
- e.* American Chemical Society.
- f.* American Physiological Society.
- g.* American Society for Microbiology.
- h.* American Society for Tropical Medicine and Hygiene.

- i.* American Society of Clinical Pathologists.
- j.* American Society of Parasitologists.
- k.* American Society of Medical Technologists

B-5. Biomedical maintenance

- a.* Association for Advancement of Medical Instrumentation.
- b.* Program for Biomedical Engineering Technicians.
- c.* Veterans Administration.

B-6. Computer sciences

- a.* Association for Systems Management.
- b.* Association of Computer Machinery.
- c.* Data Processing Management Association.
- d.* Operations Research Society of America.

B-7. Entomology

Entomological Society of America.

B-8. Environmental/sanitary engineering

- a.* American Academy of Environmental Engineers.
- b.* American Academy of Industrial Hygiene.
- c.* American Academy of Sanitarians, Incorporated.
- d.* Board of Certified Safety Professionals.
- e.* Conference of Federal Environmental Engineers.
- f.* International Hazard Control Manager.
- g.* National Environmental Health Association.
- h.* Society of American Military Engineers.

B-9. Health facilities design/management

National Council of Architects Registration Board.

B-10. Logistics

- a.* American Hospital Association.
- b.* American Society for Hospital Purchasing and Materials Management.
- c.* Defense Logistics Association.
- d.* International Fabric Care Institute
- e.* International Materials Management Society.
- f.* National Association for Hospital Purchasing Materials Management.
- g.* National Executive Housekeepers Association.
- h.* AR 351-3.

B-11. Optometry

American Optometric Association.

B-12. Pharmacy

- a.* American Pharmaceutical Association.
- b.* American Society of Hospitals Pharmacists.

B-13. Physical sciences

- a.* American Board of Health Physics.
- b.* American Board of Radiology.

B-14. Podiatry

- a.* American Academy of Podiatric Administration.
- b.* American Academy of Podiatric Sports Medicine.
- c.* American Association for Women American Association of Colleges of Podiatric Medicine.
- d.* American Association of Hospital Podiatrists.
- e.* American Board Podiatric Surgery.
- f.* American Board of Podiatric Orthopedics.

- g.* American College of Foot Orthopedists.
- h.* American College of Foot Surgeons.
- i.* American College of Podiatric Radiologists.
- j.* American College of Podopediatrics.
- k.* American Podiatry Association.
- l.* American Society of Podiatric Dermatology.
- m.* Association of Podiatrists in Federal Service.
- n.* Podiatry or medical board of individual state.

Appendix C

Management Control Evaluation Checklist

C-1. Function

The functions covered by this checklist are for health education and training programs of the AMEDD. This evaluation should be used at the following levels: HQDA, FOA, MACOM, INSTL, and TOE.

C-2. Purpose

The purpose of this checklist is to assist health education and training program managers and staff in evaluating the key management controls listed below. It is not intended to cover all controls.

C-3. Instructions

Answers must be based on the actual testing of key management controls (for example, document analysis, direct observation, sampling, simulation, other). Answers that indicated deficiencies must be explained and corrective action indicated in supporting documentation. These key management controls must be formally evaluated at least every five years. Certification that this evaluation has been conducted must be accomplished on DA Form 11-2-R (Management Control Evaluation Certification Statement).

C-4. Test questions

- a.* Are procedures in place to ensure Soldiers meet the criteria specified in paragraph 4-3?
- b.* Are procedures in place to ensure Soldiers are eligible to receive DHET LTHET funding under this regulation?
- c.* Are procedures in place to ensure Soldiers receive approval to attend LTHET from the appropriate AMEDD approval authority?
- d.* Are procedures in place to ensure Soldiers receive approval to attend PPSCP from the appropriate AMEDD approval authority?
- e.* Are the most current copies of the school and course codes on hand being used?
- f.* Are procedures established to verify all mathematical computations?
- g.* Are procedures in place to ensure all students meet the eligibility criteria for reimbursement of educational expenses as established in paragraph 3-6?
- h.* Are procedures in place to ensure the training institution furnishes certification of attendance for each Army-sponsored student to the AMEDD Student Detachment?
- i.* Are procedures in place to ensure student detachments exercise adequate follow-up measures to preclude undetected student absent without leave (AWOL)?
- j.* Do training agreements require schools to initiate notification of student termination or withdrawal?
- k.* Are procedures in place to ensure Soldiers are assigned to the AMEDD Student Detachment for duty at a training institution only upon successful negotiation of an educational support agreement with that training institution?
- l.* Are procedures in place to ensure prescribed formats are followed for gratuitous agreements and affiliation agreements? If a deviation from the format is required, is approval obtained from oversight authority?

C-5. Supersession

The information contained in this checklist was previously contained in the DA Circular 11 series.

C-6. Comments

In order to make this a better tool for evaluating management controls please provide your comments to Academy of Health Sciences, Department of Health Education and Training, 1750 Greeley Road, Suite 201, ATTN: MCCS-HE, Fort Sam Houston, TX 78234-5075.

Glossary

Section I Abbreviations

AAFP

American Academy of Family Practice

AAPA

American Academy of Physicians Assistants

ACOM

Army Command

ACCME

Accreditation Council for Continuing Medical Education

ACGME

Accreditation Council for Graduate Medical Education

ACPE

Association of Clinical Pastoral Education

ACS

advanced civilian schooling

AD

active duty

ADA

American Dental Association

ADL

active duty list

ADSO

active duty Service obligation

ADT

active duty for training

AECP

Army Medical Department Enlisted Commissioning Program

AER

Academic Evaluation Report

AFARS

Army Federal Acquisition Regulation Supplement

AFCS

Active Federal Commissioned Service

AFHPSP

Armed Forces Health Professions Scholarship Program

AFIP

Armed Forces Institute of Pathology

AFS

active Federal Service

AGD 1–Year

advanced general dentistry 1–year

AHRC

U.S. Army Human Resources Command

AHS

Academy of Health Sciences

AMA

American Medical Association

AMEDD

U.S. Army Medical Department

AMEDDC&S

Army Medical Department Center & School

AN

Army Nurse Corps

ANA

American Nurses' Association

ANCC

American Nurses Credentialing Center

AN–CHEP

Army Nurse Corps Continuing Health Education Program

AOA

American Osteopathic Association

AOAC

Aviation Officer Advanced Course

AOC

area of concentration

AOTA

American Occupational Therapy Association

APFT

Army physical fitness test

APMC

U.S. Army Medical Department Professional Management Command

APPD

Army Medical Department Personnel Proponent Division

APTA

American Physical Therapists Association

ARC–PA

Accreditation Review Commission on Education for the Physician Assistant

ARNGUS

Army National Guard of the United States

ASD (HA)

Assistant Secretary of Defense for Health Affairs

ASI

additional skill identifier

AT

annual training

ATLS

advanced trauma life support

AWC

Army War College

AWCDDE

Army War College Department of Distance Education

AWCDEP

Army War College Distance Education Program

AWOL

absent without leave

AY

academic year

C4

Combat Casualty Care Course

CCC

Captains Career Course

CE

continuing education

CERP

Continuing Education Recognition Program

CEU

continuing education unit

CH

CH

CHE

continuing health education

CHEER

continuing health education to enhance readiness

CLC3

Combined Logistics Captains Career Course

CLOC

Clinical Laboratory Officers Course

CME

continuing medical education

CMF

career management field

CMO

career manager officer

CONUS

continental United States

CONUSA

continental United States Army

CPE

clinical pastoral education

CPOC

Civilian Personnel Operating Center

CSBPO

corps specific branch proponency officer

CSC

command and staff officer

CTP

Central Training Program

CV

curriculum vitae

DA

Department of the Army

DC

Dental Corps

DENTAC

United States Army Dental Activity

DFARS

Defense Federal Acquisition Regulation Supplement

DHET

Department of Health Education and Training

DME

director of medical education

DO

doctor of osteopathy

DOD

Department of Defense

DODD

Department of Defense Directive

DODI

Department of Defense Instruction

DRF

deferment request form

ECFMG

Education Council for Foreign Medical Graduates

EN

Enlisted Corps

FAP

Financial Assistance Program

FAR

Federal Acquisition Regulation

FDA

Food and Drug Administration

FLEXTRAIN

flexibility training

FOA

Field operating agency

FPM

Federal Personnel Manual

FY

fiscal year

FYGME

first-year graduate medical education

GDE

graduate dental education

GLCE

graduate-level civilian education

GMAT

Graduate Management Admission Test

GME

graduate medical education

GMEC

Graduate Medical Education Committee

GPE

graduate professional education

GRE

Graduate Record Examination

HCA

Health Care Administration

HIPAA

Health Insurance Portability and Accountability Act

HPSP

Health Professional Scholarship Program

HQDA

Headquarters, Department of the Army

HSD

health services division

ICAF

Industrial College of the Armed Forces

IDN

initial distribution number

IDT

inactive duty training

IIFHCE

Interagency Institute for Federal Health Care Executives

ILE

intermediate level education

IMA

Individual Mobilization Augmentee

IRR

Individual Ready Reserve

IPAP

Interservice Physician Assistant Program

JCAHO

Joint Commission on Accreditation of Healthcare Organizations (formerly JCAH)

JFTR

Joint Federal Travel Regulation

JSGMESB

Joint Service Graduate Medical Education Selection Board

LEDC/FIT

Logistics Executive Development Course/Florida Institute of Technology

LOI

letter of instruction

LTHET

long-term health education and training

MC

Medical Corps

MEDCEN

Medical Center

MEDCOM

U.S. Army Medical Command

MEDDAC
U.S. Army Medical Department Activity

MEDED
medical education directorate

MEDREX
medical readiness exercises

MEL
military education level

MOI
memorandum of instruction

MOS
military occupational specialty

MS
Medical Service Corps

MSC
major subordinate command

MTF
medical treatment facility

MTS
minimum terms of service

MUC
military unique curriculum

NAAD
National Army Medical Department Augmentation Detachment

NCCPA
National Commission for Certification of Physician Assistants

NCLEX–RN
National Council Licensure Examination for Registered Nurses

NCODP
Noncommissioned Officer Development Program

NGB
National Guard Bureau

NGMEP
Non-funded Graduate Medical Education Program

NGR
National Guard regulation

NMRP
National Resident Matching Program

NRI
nonresident instruction

OBLC

Officer Basic Leader Course

OCONUS

outside the continental United States

OER

Officer Evaluation Report

OIC

officer-in-charge

OML

order of merit list

OPF

official personnel folder

OPM

Office of Personnel Management

ORB

officer record brief

OSJA

Office of the Staff Judge Advocate

OT

occupational therapist

OTSG

Office of the Surgeon General

(P)

promotable

PA

physician assistant

PCC

Pre-Command Course

PCS

permanent change of station

PD

program director

PDE

professional development education

PETC

Profession Education and Training Committee

PGY-1

postgraduate year one

PGY-2

postgraduate year two

PHI

protected health information

PMO

personnel management office

POI

program of instruction

PPSCP

Professional Postgraduate Short Course Program

PRA

Physician Recognition Award

PRIMUS

physician reservists in medical universities and schools

PT

physical therapist

RC

Reserve Component

RCS

requirement control symbol

RD

registered dietitian

RN

registered nurse

ROTC

Reserve Officers' Training Corps

RRC

Residency Review Committee

RSO&I

reception staging onward movement and integration

RST

rescheduled training

RSUTA

regularly scheduled unit training assembly

SA

service agreement

SELRES

selected reserve

SEP

student evaluation plan

SP

U.S. Army Medical Specialist Corps

SSC

Senior Service College

SSN

social security number

STARR

specialized training for Army reserve readiness

TAADS

The Army Authorization Documents System

TDY

temporary duty

TIG

time-in-grade

TIS

time in Service

TPU

troop program unit

TSG

The Surgeon General

TSG-PARA

The Surgeon General's Physician Assistant Recognition Award

TSG-PRA

The Surgeon General's Physician Recognition Award

TWI

training with industry

UCMJ

Uniform Code of Military Justice

USACHPPM

U.S. Army Center for Health Promotion and Preventive Medicine

USAMMA

U.S. Army Medical Material Agency

USAR

U.S. Army Reserve

USAREC

U.S. Army Recruiting

USDA

U.S. Department of Agriculture

USUHS

Uniformed Services University of the Health Sciences

UTA

unit training assembly

VC

U.S. Army Veterinary Corps

VCO

veterinary corps officer

VETCOM

veterinary command

VST

veterinary service technician

WARAMS

Wartime Alignment of Reserve and Active Medical Systems

WO

warrant officer

WOAC

Warrant Officer Advanced Course

WOBC

Warrant Officer Basic Course

WOCS

Warrant Officer Candidate School

WOSC

Warrant Officer Staff Course

WOSSC

Warrant Officer Senior Staff College

WRAMC

Walter Reed Army Medical Center

Section II**Terms****Affiliation agreement**

A written agreement between an educational institution and an Army medical facility that defines and limits the participation of the institution's trainees to clinical learning experiences at the Army medical facility, and defines the respective roles and responsibilities of the educational institution and the Army medical facility. It is not a Government contract within the meaning of the Federal Acquisition Regulation.

Army medical facility

Any Army medical, dental, or veterinary facility, activity, installation, unit, medical laboratory or research facility that conducts clinical activities.

Army Medical Department personnel

All officer personnel who are members of the six AMEDD Corps, WOs whose control branch is one of the six AMEDD Corps, and all EN personnel in career management field 91. For purposes of this regulation, the definition is expanded to include those personnel with non-medical specialties assigned to AMEDD activities.

Category I credit

Credit awarded by the AMA for taking part in CHE programs with accredited sponsorship.

Continuing health education

Planned professional development experiences that are health care related. Educational objectives of these experiences are to increase knowledge, develop, and update skills, and assure quality standards of professional performance. These

experiences should enhance practice, education, administration, and research geared to improving health care. They may include but are not limited to—

- a. Lectures
- b. Grand rounds.
- c. Training rounds.
- d. Department scientific meetings.
- e. Seminars.
- f. Workshops.
- g. Clinical traineeships.
- h. Clinical research experiences and fellowships.
- i. Mini-residencies.
- j. The CHE course of health service societies, including—
 - (1) Local, regional, state, national, or international professional meetings.
 - (2) Visiting lecture programs.
 - (3) Packaged courses, including those based on audiovisual materials.
 - (4) Nontraditional activities such as journal clubs, professional paper presentations, and publications of papers and books.
- k. The AMEDD courses identified by the OTSG and announced by DA message, subject: AMEDD Professional Postgraduate Short Course Program, published annually, as health professional education courses.

Credit hour

Credit awarded according to guidelines of the accrediting body. Various accrediting bodies differ in preferred terms to denote CHE credit. For the purpose of this regulation, the terms contact hour and CH are used synonymously. Credits are accepted toward the PRA on an hour-for-hour basis.

Due course officer

The AMEDD officers who require no additional entry grade credit beyond the minimum entry level for accession. Non-due course officers receive credit for years of education and prior service and are eligible for promotion with less years active Federal Commissioned Service than due course Officers.

Educational institution

An accredited non-Federal high school, trade school, technical or vocational institute, junior college, college, university, or other accredited educational institution that conducts health care education and training programs.

Health professional education

Courses conducted for the primary purpose of providing CHE.

Physician's Recognition Award

An award offered by the AMA to physicians who have completed at least 150 CHs of CHE over a 3-year period. At least 60 of the 150 CHs must be Category I. The 60 hours must be accredited for that purpose by the AMA. OTSG is the official accrediting organization in the AMEDD.

Private organization

A technical, scientific, professional or similar association, society, institution, or other group. A private organization independent of Federal, state, or local Government agencies, departments, or activities.

Recognition

The specialty certification or re-certification and registration or re-registration of certain AMEDD officers and WOs. The term will be used also to mean specialty certification and re-certification, registration or re-registration, and licensure or re-licensure of AMEDD EN personnel.

Trainee

A student who is enrolled not less than half-time in an educational institution which requires clinical training as part of a health care education or training program. The program must be accredited by the appropriate national agency or professional certifying body recognized by the Secretary of Education. Secretary of Education recognizes only the Liaison Committee on Medical education and the American osteopathic Association Bureau of Professional Education as accrediting bodies for undergraduate medical education. Students must meet Federal, state, and local standards regarding the employment of minors.

TRICARE

A provider of medical support services.

WARTRACE

Promotes effective management of the total force medical assets.

Section III**Special Abbreviations and Terms**

This section contains no entries.

UNCLASSIFIED

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