

**Army Regulation 601-142**

**Personnel Procurement**

# **Army Medical Department Professional Filler System**

**Headquarters  
Department of the Army  
Washington, DC  
22 October 2015**

**UNCLASSIFIED**

# ***SUMMARY of CHANGE***

AR 601-142

Army Medical Department Professional Filler System

This major revision, dated 22 October 2015--

- o Allows decision authorities to execute simultaneous assignment of Soldiers to professional filler system and special medical response capability teams (para 5d).
- o Restricts professional filler system decisionmakers from assigning medical treatment facility commanders, deputy commanders, graduate medical education/graduate health education program directors, troop commanders, company commanders, or first sergeants to professional filler system requirements (para 5e).
- o Requires U.S. Army Medical Command to equitably distribute professional filler system requirements for units not listed on the time-phased force and deployment list (para 5f).
- o Instructs professional filler system decisionmakers to fill enlisted positions with the required military occupational specialties and substitute Soldiers one grade up or two grades down from their present grade (para 6c).


Personnel Procurement

Army Medical Department Professional Filler System

By Order of the Secretary of the Army:

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General, United States Army  
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Official:



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**History.** This publication is a major revision.

**Summary.** This regulation provides guidelines to identify, assign, train, and qualify Active Army Medical Department personnel to round out Army units with the professional filler system for training events and military operations.

**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 or waivers to this regulation that are consistent with controlling law and regulations. The proponent may delegate this approval authority, in writing, to a division chief within the proponent agency or 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 internal control process.** This regulation contains internal control provisions in accordance with AR 11–2 and identifies key internal 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 Headquarters, Department of the Army (DASG–HR), 7700 Arlington Boulevard, Suite 5145, Falls Church, VA 22042–5145.

**Suggested improvements.** Users are invited to send comments or suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to Headquarters, Department of the Army (DASG–HR), 7700 Arlington Boulevard, Suite 5145, Falls Church, VA 22042–5145.

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

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**Glossary**

## 1. Purpose

This regulation assigns responsibilities and provides Department of the Army (DA) policy and procedures for managing the Army Medical Department (AMEDD) Professional Officer Filler System (PROFIS). This system designates qualified Active Army AMEDD personnel in table of distribution and allowances (TDA) units to fill modified table of organization and equipment (MTOE) units of the U.S. Army Forces Command (FORSCOM), U.S. Army Pacific (USARPAC), U.S. Army South (USARSO), U.S. Army Special Operations Command (USASOC), U.S. Army Europe and Seventh Army (USAREUR), Eighth U.S. Army (EUSA), and the U.S. Army Reserve Command (USARC). The objective of the professional filler deployment system (PDS) is to resource MTOE units to their required level of organization with AMEDD personnel in accordance with Joint Staff validate, Secretary of Defense-approved contingency operations, or for the conduct of mission-essential training.

## 2. References

See appendix A.

## 3. Explanation of abbreviations and terms

See the glossary.

## 4. Responsibilities

*a. The Surgeon General.* The TSG will—

- (1) Provide policy guidance on the PROFIS.
- (2) Fund the PROFIS automation system.
- (3) Maintain liaison with Army commands (ACOMs), Army service component commands (ASCCs), and direct reporting units (DRUs) involved in the PROFIS.
- (4) Monitor the PROFIS fill to the ACOMs, ASCCs, and DRUs and the readiness of the PROFIS fillers through the automated PROFIS database, and monitor the impact on readiness through the unit status reports (USR).
- (5) Identify U.S. Army Medical Command (MEDCOM) duty positions exempt from utilization as PROFIS fillers.
- (6) Direct the use of AMEDD officers participating in graduate medical education (GME) and other graduate health education (GHE) programs/courses to meet PROFIS requirements.

*b. Commanding General, MEDCOM.* The CG, MEDCOM will—

- (1) Ensure reviews of the Medical Operational Data System (MODS) are conducted as required.
- (2) Receive all validated PROFIS requirements from U.S. Army Human Resources Command (HRC) and forward validated Active Army (AA) and Reserve Component (RC) PROFIS requirements to the appropriate MEDCOM organization for fill. The MEDCOM organization designated to provide a PROFIS fill will utilize the procedures in paragraph 6 to select qualified personnel.
- (3) Ensure fillers have completed the Basic Officer Leader Course or Basic Combat Training; are qualified in their area of concentration (AOC)/military occupational specialty (MOS); are appropriately credentialed, privileged, and licensed in accordance with AR 40–68; and are prepared to deploy in accordance with AR 600–8–101.
- (4) Ensure MEDCOM regional health command (RHC)/subordinate command commanders provide immediate replacements when PROFIS fillers become non-deployable. Replacements should be identified and loaded into MODS within 20 working days.
- (5) Ensure PROFIS fillers receive required collective annual training with any like MTOE or the gaining unit (no more than 15 days collective training per fiscal year).
- (6) Ensure PROFIS fillers receive individual training at their TDA facility.
- (7) Coordinate with subordinate commands to ensure requests for PROFIS fillers are adequate and executable. Requests for deployment should be received at least 60 days prior to deployment and 90 days prior to scheduled training events. Deploying units will receive PROFIS personnel no earlier than 30 days prior to expected deployment date. Exceptions may be granted if submitted and approved through The Office of The Surgeon General (DASG–HCZ) Chief, Current Operations.
- (8) MEDCOM will notify HRC (AHRC–OPH) of problems filling PROFIS requirements due to shortfalls in either assigned or available strength.

*c. Commanding General, FORSCOM.* The CG, FORSCOM, will—

- (1) Validate AA requirements for PROFIS fillers with MEDCOM as the manpower documents change.
- (2) Validate/update RC requirements for PROFIS fillers with the USARC annually.
- (3) Ensure all AA subordinate units validate their PROFIS requirements at least annually.
- (4) Ensure subordinate commanders receiving PROFIS fillers provide collective field training for the fillers. Unit training with PROFIS personnel will be scheduled as far in advance as possible and entered on the unit's long range training schedule. The PROFIS training request should be provided to MEDCOM Operations at least 90 days in advance for appropriate tasking and sourcing.
- (5) Ensure that AA and RC subordinate commanders who receive PROFIS fillers provide a commander's welcome

letter and/or unit orientation packet to the fillers not later than 30 working days following notification of their identity to the gaining MTOE unit.

(6) Coordinate with MTOE commanders requesting PROFIS fillers for scheduled collective training exercises and deployment/contingency operations and enter all required PROFIS requirements (based on official MTOE) into the AMEDD Resource Tasking Systems (ARTS). PROFIS requests in support of actual deployments will be processed over secure internet protocol router (SIPR) communications.

(7) Ensure AA subordinate commanders review the PROFIS database monthly, and RC commanders quarterly, in conjunction with the completion of the USR, to verify availability of PROFIS fillers.

(8) Ensure subordinate units provide PROFIS fillers with their organizational clothing and individual equipment (OCIE) and other unit common table of allowance equipment, protective masks and weapons, and appropriate Army Authorization Documents System equipment.

(9) Identify and incorporate PROFIS requirements into the training resource model (TRM) program objective memorandum (POM) and submit through normal TRM POM submission channels to ensure adequate funding is received to cover PROFIS personnel OCIE requirements.

(10) Submit a unit fill priority list to MEDCOM (MCHR–MO) no later than 30 September each year. Update the list whenever there is a change of priority.

(11) Provide MEDCOM (MCHR–MO) a roster of the units that will be granted access to the PROFIS database and each unit's level of access.

*d. Commanding General, USAREUR/7A; Commanding General, EUSA; Commanding General, USARPAC; Commanding General, USARSO; and Commanding General, USASOC.* The CG, USAREUR/7A; CG, EUSA; CG, USARPAC; CG, USARSO; and CG, USASOC will—

(1) Validate PROFIS requirements with HRC (AHRC–OPH) annually.

(2) Communicate with commands providing PROFIS fillers. Ensure subordinate commanders review the PROFIS database monthly in conjunction with the completion of the USR.

(3) Identify and incorporate PROFIS requirements into TRM POM and submit through normal TRM POM submission channels to ensure adequate funding is received to cover PROFIS OCIE requirements at the installation at which they reside.

(4) Ensure subordinate commanders receiving PROFIS fillers provide collective field training for the fillers. Unit training with PROFIS personnel should be scheduled as far in advance as possible and entered on the unit's long range training schedule. Provide to MEDCOM Operations the PROFIS training request at least 90 days in advance for appropriate tasking and sourcing.

(5) Ensure that AA subordinate commanders who receive PROFIS fillers provide a commander's welcome letter and/or unit orientation packet to the fillers not later than 30 working days following notification of their identity to the gaining MTOE unit.

(6) Coordinate with MTOE commanders requesting PROFIS fillers for scheduled field training exercises (unclassified) to ensure requests for PROFIS fillers are validated and entered in the ARTS. PROFIS requests in support of actual deployments will be processed over SIPR communications.

(7) Ensure subordinate units provide PROFIS fillers with their organizational OCIE and other unit common table of allowance equipment, protective masks and weapons, and appropriate Army Authorization Documents System equipment.

(8) Submit a unit fill priority list to MEDCOM (MCHR–MO) no later than 30 September each year. Update the list whenever there is a change of priority.

(9) Provide MEDCOM (MCHR–MO) a roster of the units that will be granted access to the PROFIS database and each unit's level of access.

*e. Commanding General, U.S. Army Reserve Command.* The CG, USARC will—

(1) Validate with FORSCOM annually the RC requirements for PROFIS fillers.

(2) Ensure subordinate commanders receiving PROFIS fillers schedule annual training.

(3) Ensure RC subordinate commanders gaining PROFIS fillers provide a commander's welcome letter and unit orientation packet to the fillers not later than 30 working days following notification of their identity to the gaining MTOE unit.

(4) Coordinate with MTOE commands requesting PROFIS fillers to ensure requests for PROFIS fillers are validated.

(5) Ensure RC subordinate commanders review the PROFIS roster provided by the Army Reserve quarterly, in conjunction with the completion of the USR, to verify availability of PROFIS fillers.

(6) Ensure RC PROFIS personnel's credentialing documentation conforms to AR 40–68 as validated by the AMEDD Professional Management Command (APMC) Credentialing Division. Submit Inter-facility Credentialing Transfer Brief to the applicable MEDCOM privileging authority to ensure clinical privileges are granted prior to PROFIS Soldier deployment.

(7) Ensure subordinate units provide PROFIS fillers with their OCIE and other unit common table of allowance equipment, protective masks and weapons, and appropriate Army Authorization Documents System equipment.

(8) Identify and incorporate PROFIS requirements into TRM POMs and submit through normal TRM POM submission channels to ensure adequate funding is received to cover PROFIS OCIE requirements

(9) Submit a unit fill priority list to FORSCOM (AFMD) no later than 31 August annually.

(10) Provide MEDCOM (MCHR–MO) with a roster of units that will be granted access to the PROFIS database and each unit's level of access.

*f. Modified table of organization and equipment commanders.* MTOE unit commanders will—

(1) Submit annual training calendars to MEDCOM organizations of PROFIS personnel no later than 31 October of each fiscal year.

(2) Provide annual collective field training for PROFIS fillers.

(3) Provide PROFIS fillers a welcome letter and unit orientation packet within 30 working days of being designated to an AA or RC PROFIS position. Units will include information about the unit location, mission, individual duty position description, special qualifications (that is, advanced trauma life support or airborne training), training requirements, individual equipment packing lists, schedule of future training opportunities, a reception itinerary/in processing training schedule, the timeframe to report after notification of PROFIS activation, and the level of security clearance required.

(4) Review the PROFIS database monthly, in conjunction with completion of the USR, to verify availability of AA PROFIS fillers.

(5) Review the PROFIS roster provided by the APMC quarterly, in conjunction with the completion of the USR, to verify availability of RC PROFIS fillers (RC MTOE commanders only).

(6) Provide PROFIS fillers the OCIE appropriate for the area of assignment prior to training exercises or deployment operations.

(7) Report additions and deletions of PROFIS requirements to the ACOM, ASCC, and DRU as changes occur.

(8) Provide PROFIS personnel with billeting and messing during unit training.

*g. U.S. Army Medical Command commanders.* MEDCOM organization commanders providing the PROFIS fillers will—

(1) Ensure primary and alternate managers are identified on appointment orders. Managers will obtain access to MODS PROFIS/PDS module, Non-Deployable module, Volunteer Management module, and the Homeland Support Missions module.

(2) Fill PROFIS positions with personnel who are in compliance with level 1 of Soldier readiness process (SRP) requirements as described in AR 600–8–101 and are capable of performing their wartime mission during a no-notice deployment. If a RC backfill is provided enter RC Soldiers into the Homeland Support Mission module within 72 hours of reporting to the unit.

(3) Provide travel funds for the PROFIS filler to and from either the gaining MTOE unit or the training site.

(4) Ensure PROFIS personnel comply with AR 40–68 credential, privilege, and licensure requirements in the tasked AOC/MOS/skill identifier (SI)/additional skill identifier (ASI).

(5) Ensure fair, equitable PROFIS assignments within available staff to utilize the total inventory of available personnel, avoid repetitive deployments, and maximize stabilizations.

(6) Maintain personnel data on PROFIS fillers in MODS and immediately annotate the system with changes in the status of the fillers and provide replacements within 20 working days or sooner upon determination that PROFIS fillers have become non-deployable/unavailable. Remove RC Soldiers from the Homeland Support Mission module within 72 hours of departing the unit. Validate each volunteer listed in the Volunteer Management module within 14 days of request. Authenticate the Volunteer Management module monthly.

(7) Ensure PROFIS fillers establish and maintain regular contact with the gaining MTOE units.

(8) Track training with PROFIS fillers and their MTOE units.

(9) Ensure that deployment status for PROFIS personnel is updated in ARTS and MODS upon deployment.) Update ARTS on all redeploying PROFIS personnel during the post-deployment phase of the Deployment Cycle Support Program.

(10) Ensure that PROFIS requirements are filled with fully worldwide deployable personnel at a 90 percent fill rate or higher to ensure MTOE units remain at Personnel Level (P–Level) One (100–90% Available Strength) in accordance with DA Pam 220–1.

(11) Ensure that PDS requirements will be sourced at a 100 percent fill rate in accordance with the current fiscal year Army Manning Guidance to ensure MTOE units identified for deployment or on a prepare to deploy order can perform its mission at the highest standard.

## **5. Policy**

*a.* MEDCOM provides PROFIS fillers to EUSA, FORSCOM, USAREUR, USARPAC, USARSO, USASOC, and USARC.

*b.* MEDCOM will fill PROFIS requirements to 100 percent at the higher priority level before proceeding to the next level, unless otherwise instructed by the TSG. During contingencies, MEDCOM will shift priority of PROFIS resources to early deployers moving into theater in the following rank order:

- (1) AA units.
- (2) Multi-component units.
- (3) Reserve units.

*c.* In support of contingency operations, TSG may authorize the use of the PDS to sustain increased operations and personnel tempo in support of current or future contingency operations.

(1) The PDS is a MEDCOM internal selection system within the overall PROFIS framework that enables MEDCOM to thoroughly plan for sustained long-term operational deployments. This corollary system is designed to help better manage low-density and high-criticality AOC/MOS/ASIs that fill deployable PROFIS requirements in support of the Army's wartime missions.

(2) MEDCOM will only activate PDS for a contingency, an operation, or a conflict on the order of TSG. When activated, PDS will complement the current system and shift management and PROFIS selection decision authority from medical treatment facilities and RHCs to Headquarters, MEDCOM. The system has a tiered approach that identifies specific specialties to be managed by MEDCOM for Tier I, RHCs for Tier II, and medical treatment facility commands for Tier III. The PROFIS requirements that are managed in PDS will only consist of those positions that support deploying units in accordance with the published time phased force and deployment list (TPFDL). Typically PROFIS personnel will be identified for PDS requirements at least 120 days prior to any deployment to ensure training and preparation time is adequate. Additional Soldiers will be identified as "stand-by deployable personnel" and will be trained and ready to augment any additional requirements or to replace un-forecasted losses with minimal notification.

(3) MEDCOM will manage the automated PDS through MODS. The PDS is managed off-line from the live PROFIS module in MODS and is eventually merged back into the live PROFIS module with no effect to readiness reporting. At the discretion of TSG, PDS may be used for any size of operation and has the ability to remain active for long periods of time. The system will create stability, provide deployment equity, and help strategically manage PROFIS deployments during any extended conflict, operation, or war. The PDS is managed at Headquarters (HQ), MEDCOM, Human Resources Operations Branch, 2050 Worth Road, Fort Sam Houston, TX 78234-6000. For additional information, please contact MEDCOM Headquarters (MCHR-MO).

*d.* Decision authorities may execute simultaneous assignment of Soldiers to PROFIS and special medical response capability (SMRC) teams. SMRC teams are secondary to the above priorities, and PROFIS deployment missions will take precedence over SMRC requirements.

*e.* Decision authorities will not normally assign medical treatment facility (MTF) commanders, deputy commanders, graduate medical education/graduate health education (GME/GHE) program directors, troop commanders, company commanders, or first sergeants to PROFIS requirements. MEDCOM (MCHR-MO) has the authority to make the exception.

*f.* MEDCOM will equitably distribute PROFIS requirements for units not listed on the TPFDL to the RHCs based on availability of personnel in separate AOCs, MOSSs, and ASIs. MEDCOM will consider geographic distribution of PROFIS requirements as an element of the decisionmaking process. MEDCOM will lock PROFIS positions to units on the TPFDL in accordance with TSG guidance, and will only unlock positions with an approved reclamation.

*g.* MEDCOM must approve RHC requests to implement the substitution criteria in table 1 after the inventory of primary skills within the MEDCOM is exhausted to ensure that equity within particular specialties can be safeguarded. Any PROFIS requirements that cannot be filled by the local MEDCOM organizations will then be covered by other assets from within the RHC. RHCs will exhaust all assets prior to returning PROFIS requirements to MEDCOM.

*h.* MEDCOM organizations will continue to fill non-PDS PROFIS requirements in addition to filling PDS requirements. PDS requirements will have priority of fill.

*i.* AMEDD officers participating in GME/GHE training programs or AOC/MOS, ASI-producing courses exceeding 20 weeks in length will not be routinely used as PROFIS fillers. If all fully trained AMEDD officers have been scheduled for deployment and TSG authorizes the use of these students, the following criteria must be used:

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

(2) Trainees PGY-2 and beyond, who are in fully- or partially-funded civilian training, will not be removed from their training programs unless approved by TSG.

(3) Trainees may be employed on a short-term basis (fewer than 90 days) to backfill positions in TDA facilities that are vacated by the implementation of PROFIS. Fellows will be used before residents.

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

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

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



(5) Trainees will not be used to fill division level or below or high-priority contingency positions (for example, forward surgical teams (FSTs)) unless approved by TSG. They should not be in a position where the trainee is the sole provider.

(6) GME or GHE participants will be among the first to redeploy in order to minimize the impact on remaining training requirements.

(7) Commanders of MEDCOM teaching hospitals will report to the Commander, MEDCOM (Director of Medical Education), Falls Church, VA 22042, if anticipated deployments could cause GME, GHE, or other training programs to be placed on probation.

## 6. Procedures

*a. Determining PROFIS requirements.* As official manpower documents change, but no later than 31 August of each year, AA MTOE units will compare their total MTOE requirements against authorizations in order to determine PROFIS requirements. MEDCOM will determine what RC PROFIS requirements can be supported and those that will be returned to FORSCOM. MTOE units that require PROFIS fillers will electronically forward to their ACOMs, ASCCs, and DRUs a roster of validated PROFIS requirements with the unit identification code, AOC/MOS, ASI, required grade, and paragraph and line number, to include sequence numbers. Any AA AMEDD officer requirement that is not authorized, or that is authorized but not normally staffed (not Human Capital Distribution Plan supported), becomes a PROFIS requirement. Any AA AMEDD enlisted (career management field 68) requirement that is required and not authorized becomes a legitimate PROFIS requirement. Coordination between HRC and MEDCOM will be ongoing to mitigate these situations as they arise.

### *b. Changes to requirements.*

(1) Proposed additions and deletions to AA PROFIS requirements will be entered into the Personnel PROFIS database module of MODS at the ACOM, ASCC, and DRU levels. ACOM, ASCC, and DRU new AA requirements will be sent electronically to HRC (AHRC–OPH) for validation. Within 10 working days of receiving new PROFIS requirements, HRC will validate the requirements, change the PROFIS database to reflect the new requirements, and subsequently transmit the new requirements to MEDCOM for fill. ACOMs, ASCCs, and DRUs will delete PROFIS requirements as necessary.

(2) Proposed additions to Army Reserve PROFIS requirements will be entered into the PROFIS database by MEDCOM (MCHR–MO) after validation from FORSCOM. MEDCOM (MCHR–MO) will delete PROFIS requirements throughout the year as necessary.

### *c. Assigning PROFIS fillers to PROFIS requirements.*

(1) After receipt of the new PROFIS requirements, MEDCOM will task its subordinate organizations to fill the requirements. Providing RHCs must fill identified requirements within 20 working days of notification. The MEDCOM organizations designated to provide fillers will select and enter into the PROFIS database, fillers with the required AOC or MOS (including ASI), the appropriate security clearance, and any additional skills needed to fill the MTOE PROFIS requirements. MEDCOM may direct use of substitution criteria in table 1 to fill the remaining requirements.

(2) PROFIS personnel may be substituted one grade up or two grades down from their present grade (see table 1 and para B–1). Certain positions may be designated by MEDCOM for fill with the tasked grade, or MEDCOM may waive the grade requirement. Critical shortages may also necessitate fills outside the grade criteria if directed by MEDCOM.

(3) PROFIS flight surgeon positions will be filled by currently practicing flight surgeons or Medical Corps (MC) officers not currently occupying 61N Flight Surgeon slots who have completed the Army Flight Surgeon Primary Course and are substitutable for 62B Field Surgeons (see table 1), provided they attend a 61N Flight Surgeon refresher training course offered at Fort Rucker, AL.

(4) If a PROFIS filler separates from the Army, experiences a permanent change of station, or becomes non-deployable, a replacement will be entered into the PROFIS database within 20 working days of notification of the loss. Replacements for anticipated losses will be identified by the MEDCOM organization at least 90 days before the loss occurs, and the departing filler must be coded as unavailable in MODS. However, if there is no replacement identified or available, the Soldier must remain in the slot until 7 days prior to the loss.

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

Branch (See para B-1; the note applies to all branches.)	Level of Replacement	Primary Specialty (See paras B-2 and B-3.)	Substitute Specialty (Primary AOC only)
<b>MEDICAL CORPS</b>	100%	60A Operational Medicine	All 60/61/62 series specialties
		60B Nuclear Medicine Officer	None
	100%	60C Preventive Medicine Officer	60D Occupational Medicine Officer 61N Flight Surgeon (only if completed residency in Aerospace Medicine)
		60J Obstetrician/Gynecologist	None
		60K Urologist	None
		60L Dermatologist	None
		60N Anesthesiologist	None
		60S Ophthalmologist	None
		60T Otolaryngologist	None
	100%	60V Neurologist	60R Child Neurologist
	100%	60W Psychiatrist	60U Child Psychiatrist
		61A Nephrologist	None
	100%	61F Internist	60F Pulmonary Disease Officer 60G Gastroenterologist 60H Cardiologist 61A Nephrologist 61B Hematologist/Oncologist/Hematologist 61C Endocrinologist 61D Rheumatologist 61G Infectious Disease Officer
	50%	61F Internist	60B Nuclear Medicine Officer (only if completed Internal Medicine training) 60M Allergist, Clinical Immunologist (only if completed Internal Medicine training) 61E Clinical Pharmacologist (only if completed Internal Medicine training)
		61G Infectious Disease Officer	None
	75%	61H Family Physician	62A Emergency Physician 62B Field Surgeon 60P Pediatrician (General and Fellowship trained) 61N Flight Surgeon (MC holding AOC that is substitutable for 62B, Field Surgeon with previously completed Army Flight Surgeon Primary Course) 61F Internist
	35%	61H Family Physician (See para B-4h.)	66P Family Nurse Practitioner
	100%	61J General Surgeon All Units (See para B-4.)	61K Thoracic Surgeon 61L Plastic Surgeon 61W Peripheral Vascular Surgeon

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

Branch (See para B-1; the note applies to all branches.)	Level of Replacement	Primary Specialty (See paras B-2 and B-3.)	Substitute Specialty (Primary AOC only)
	35%	61J General Surgeon FST and combat support hospital (CSH)	60J Obstetrician and Gynecologist (only if completed Gynecology-Oncology Fellowship)
		See para B-4.	60K Urologist (only if completed Urology-Oncology Fellowship)
	25%	61J General Surgeon all non-FST elements	60J Obstetrician and Gynecologist (no requirement for Fellowship Training)
		See para B-4c.	60K Urologist (no requirement for Fellowship Training)
			61L Plastic Surgeon (trained in Ear, Nose, and Throat (ENT) and Plastic Surgery, but not trained in General Surgery)
		61K Thoracic Surgeon	None
		61M Orthopedic Surgeon	None
	100%	61N Flight Surgeon (See para B-4j.)	Any MC provider with an AOC that is substitutable for 62B Field Surgeon and has previously completed, as a minimum, the Army Flight Surgeon Primary Course
	100%	61R Diagnostic Radiologist	60B Nuclear Medicine Officer (only if completed a 61R Diagnostic Radiology residency training program)
			61Q Therapeutic Radiologist (only if completed a 61R Diagnostic Radiology Residency Training Program)
		61U Pathologist	None
		61W Peripheral Vascular Surgeon	None
		61Z Neurosurgeon	None
	50%	62A Emergency Physician	61H Family Physician
	100%	62B Field Surgeon See paras B-2 and B-3.	<b>Substitution Group 1</b>
			60P Pediatrician (Non-Fellowship Trained)
			61F Internist
			61H Family Physician
			<b>Substitution Group 2</b>
			60C Preventive Medicine Officer
60D Occupational Medicine Officer			
60F Pulmonary Disease Officer			
60G Gastroenterologist			
60H Cardiologist 60L			
60P Pediatrician (Fellowship Trained)			
60V Neurologist			
100%	62B Field Surgeon (See paras B-2 and B-3.)	61C Endocrinologist	
		61D Pheumatologist	
		61N Flight Surgeon	
		61P Physiatrist	
		62A Emergency Physician	
		<b>Substitution Group 3</b>	

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

Branch (See para B-1; the note applies to all branches.)	Level of Replacement	Primary Specialty (See paras B-2 and B-3.)	Substitute Specialty (Primary AOC only)	
			60J Obstetrician and Gynecologist	
			60L Dermatologist	
			60M Allergist, Clinical Immunologist	
			61B Medical Oncologist/Hematologist	
			61E Clinical Pharmacologist	
DENTAL CORPS	100%	63A General Dentist	63B Comprehensive Dentist	
			63K Pediatric Dentist	
	50%	63A General Dentist	63F Prosthodontist	
	25%	63A General Dentist	63D Periodontist	
			63E Endodontist	
			63H Public Health Dentist	
			63M Orthodontist	
			63N Oral and Maxillofacial Surgeon	
			63P Oral Pathologist	
			63B Comprehensive Dentist	None
			63D Periodontist	None
			63E Endodontist	None
	25%	63F Prosthodontist, Fixed	63B Comprehensive Dentist	
25%	63H Public Health Dentist	63B Comprehensive Dentist		
		63N Oral and Maxillofacial Surgeon	None	
	100%	63R Executive Dentist	All 63 series specialties	
VETERINARY CORPS	100%	64A Field Veterinary Service	All 64 series specialties	
		64B Veterinary Preventive Medicine (See para B-7.)	None	
		64C Veterinary Laboratory Animal Medicine	None	
		64D Veterinary Pathology	None	
		64E Veterinary Comparative Medicine	None	
		64F Veterinary Clinical Medicine	None	
		100%	64Z Senior Veterinarian (Duty Position)	All 64 series specialties except 64A
ARMY MEDICAL SPECIALIST CORPS		65A Occupational Therapy	None	
		65B Physical Therapy	None	
		65C Dietitian	None	
	100%	65D Physician Assistant (See paras B-2 and B-3.)	<b>Substitution Group 1</b>	
			62B Field Surgeon	
			60P Pediatrician (Non-Fellowship Trained)	
61F Internist				
		61H Family Physician	<b>Substitution Group 2</b>	

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

Branch (See para B-1; the note applies to all branches.)	Level of Replacement	Primary Specialty (See paras B-2 and B-3.)	Substitute Specialty (Primary AOC only)
			60C Preventive Medicine Officer
			60D Occupational Medicine Officer
			60F Pulmonary Disease Officer
			60G Gastroenterologist
			60H Cardiologist
			60P Pediatrician (Fellowship Trained)
			60V Neurologist
			61C Endocrinologist
			61D Rheumatologist
			61G Infectious Disease Officer
			61N Flight Surgeon
			61P Psychiatrist
			62A Emergency Physician
			<b>Substitution Group 3</b>
			60J Obstetrician and Gynecologist
			60L Dermatologist
			60M Allergist, Clinical Immunologist
61B Medical Oncologist/Hematologist			
61E Clinical Pharmacologist			
	50%	65D Physician Assistant Level II Medical Company only (See para B-4k.)	66P Family Nurse Practitioner
ARMY NURSE CORPS		66B Community Health Nurse	None
		66C Psychiatric/Mental Health Nurse	None
		66E Operating Room Nurse	None
	100%	66F Nurse Anesthetist (See para B-4d.)	60N Anesthesiologist
	20%	66H Medical-Surgical Nurse (See paras B-4g and B-10.)	66G Obstetric-Gynecologic Nurse
		66H8A Critical Care Nursing	None
		66HM5 Emergency Nursing	None
		66P Family Nurse Practitioner	None
		66R Psychiatric Nurse Practitioner	None
	100%	66N Generalist Nurse (See para B-4e.)	All 66 series specialties (See para B-4e.)
MEDICAL SERVICE CORPS	100%	67A Health Services (Duty Position) (See para B-4i.)	Any 70 series officer
		70A Health Services Administration (See para B-4i.)	None
	100%	70B Health Services Administration (See para B-4i.)	Any 70 series company grade officer
		70C Health Services Comptroller (See para B-4i.)	None

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

Branch (See para B-1; the note applies to all branches.)	Level of Replacement	Primary Specialty (See paras B-2 and B-3.)	Substitute Specialty (Primary AOC only)
		70D Health Services System Management (See para B-4i.)	None
		70E Patient Administration (See para B-4i.)	None
		70F Health Services Human Resources (See para B-4i.)	None
		70H Health Services Plans, Operations, Intelligence, Security, and Training	None
		70K Health Services Material (See para B-4i.)	None
	100%	70K9I Health Facilities Planner (See para B-4i.)	70K (Must be approved by TSG consultant for 70K9I.)
	100%	67B Laboratory Sciences (Duty Position)	All 71 series specialties
		71A Microbiology (See para B-5.)	None
		71B Biochemistry	None
		71E Clinical Laboratory	None
		71F Research Psychology	None
	100%	67C Preventive Medicine Sciences (Duty Position)	All 72 series specialties
		72A Nuclear Medical Science	None
		72B Entomology	None
		72C Audiology	None
	100%	72D Environmental Science	72E Environmental Engineer
	100%	72E Environmental Engineer	72D Environmental Science
	100%	67D Behavioral Sciences (Duty Position)	All 73 series specialties
		73A Social Work	None
	35%	73B Clinical Psychology (Combat Stress Control Detachment only) (See para B-4l.)	66C7T Psychiatric/Mental Health Clinical Nurse Specialist (Must have 7T ASI—Clinical Nurse Specialty)
		67E Pharmacy	None
		67F Optometry	None
		67G Podiatry	None
		67J Aeromedical Evacuation	None
ENLISTED MOS	100%	68C Practical Nurse	68CM3 Dialysis Specialty (must be approved by the Senior Enlisted Advisor, Health Policy and Services, MEDCOM)
	100%	68 series MOS (See para B-4f.)	MEDCOM will provide oversight on all enlisted MOS/ASIs substitutions.

*d. PROFIS paid parachute positions.* Requirements coded as PROFIS paid parachute positions should be filled by airborne-qualified personnel based on MEDCOM's available inventory. Qualified PROFIS fillers or appropriate substitutes from table 1 occupying PROFIS paid parachute positions are authorized jump pay.

*e. PROFIS fillers assigned to deploying units.* All PROFIS Soldiers will deploy per the Army Deployment Period Policy. These fillers will report to the gaining MTOE units in accordance with reporting instructions. PROFIS fillers designated to fill forward deployed units outside the continental United States (OCONUS) will report to a designated

central processing center or continental United States (CONUS) Replacement Center (CRC) for SRP processing and equipment issue. If a central processing center or CRC is not designated, PROFIS fillers will report to a designated aerial port of embarkation (APOE). In these cases, SRP processing and equipment issue will be the responsibility of the home station or losing installation prior to deployment.

*f. OCIE for PROFIS fillers deploying to forward-deployed OCONUS units (for example, EUSA, USAREUR/7A, and USASOC).* These PROFIS fillers will normally be issued OCIE at a designated central processing center or CONUS CRC. If a central processing center or CRC has not been designated, the losing installation will issue OCIE to the individual PROFIS fillers prior to deployment. PROFIS fillers to FORSCOM, USARPAC, USARSO, and USASOC deploying MTOE units, will be issued their OCIE through the gaining (FORSCOM, USARPAC, or USARSO) unit's OCIE provider.

*g. Questions regarding the implementation of PROFIS.* These questions should be sent through command channels to Headquarters, Department of the Army (HQDA) (DASG-HR), 7700 Arlington Boulevard, Falls Church, VA 22042-5145.

*h. Requesting PROFIS for mission-essential training.*

(1) The losing MEDCOM organization will provide requested PROFIS personnel for scheduled training. Every effort will be made to provide the designated personnel from the current PROFIS roster unless the filler is unavailable.

(2) PROFIS requests (for other than contingency operations and Joint Chiefs of Staff deployment rotations) must arrive at HQ, MEDCOM Current Operations Branch no later than 90 days prior to the reporting date to be considered timely. These requests are processed by the area of responsibility desk officer to the RHC/subordinate command. Requests received 60 to 89 days prior to the report date require the Chief, Current Operations Branch review and prior coordination with RHC to release. Unless contingency related, requests received 59 days or less from execution will be disapproved as untimely. The Chief, Current Operations Branch is the approval authority for exceptions to this policy. Replacement actions may have different timelines depending on the nature of the replacement action being requested.

(3) Requests will be sent via the ARTS through appropriate command channels to the supporting units.

(4) If the tasked RHC/subordinate command cannot support the requirement, they should notify HQ, MEDCOM Current Operations Branch as soon as possible, but no later than 10 calendar days after the date the ARTS tasker was created and tasked to the RHC. Once tasked, the RHC/subordinate command is responsible to fill the request until notified by Current Operations Branch that relief is approved. The HQ, MEDCOM Current Operations Branch is the only authorized agent that can terminate a MEDCOM tasking requirement. TSG consultants provide recommendations to MEDCOM Clinical Policy Services and cannot terminate or alter tasking requirements.

(5) MEDCOM Deputy Chief of Staff for Operations will notify the FORSCOM Surgeon of an unresolved reclamma within 5 days of receipt of the reclamma from the supporting MEDCOM organization commander.

*i. Activating PROFIS.*

(1) *Requests for PROFIS fillers.* These requests for any contingency or operation will be through secure channels of communication. The providing MEDCOM organization commander will deploy the PROFIS fillers. The losing units' personnel officers will request that the losing installation human resources directorate (HRD) publish temporary change of station (TCS) orders. As soon as operational security permits, TSG's representative in the Army Operations Center will notify the appropriate activities of PROFIS implementation.

(2) *OCONUS units.* The PROFIS, as part of the operations plan (OPLAN) filler requirement, is activated at the request of the supported combatant commander or by OPLAN implementation. Upon HQDA (Office of the Deputy Chief of Staff for Operations and Plans) approval request for implementation, the personnel contingency cell (PCC) in the Army Operations Center will direct HRC to begin filler and/or casualty replacement flow against the supporting Army component commander's shelf requirement. TSG's representative in the PCC will send a message to MEDCOM to initiate the flow for the forward deployed portion of PROFIS. MEDCOM will send a message to its subordinate units directing deployment of PROFIS to forward deployed positions for supported operations. The losing MEDCOM organizations' personnel officers will request that the losing installation HRD publish TCS orders (format 401). Personnel flowing to their OCONUS forward deployed unit as replacements will report to a CRC or other-designated central processing center for Soldier readiness verification and OCIE issue. CRCs will coordinate the movement of PROFIS fillers to the APOE. PROFIS personnel reporting to forward deployed units in Korea will flow directly to the designated APOE.

(3) *CONUS units.* ACOMs, ASCCs, and DRUs will notify MEDCOM and TSG's representative in the PCC of units activating their PROFIS fillers. PROFIS fillers designated to fill CONUS deploying units will report to their gaining units as directed by mobilization guidance. The losing MEDCOM organizations' personnel officers will instruct the losing installation HRD to publish TCS orders and assist with travel arrangements.

(4) *Assignment/attachment orders.*

(a) Upon activation of the PROFIS, personnel deploying to the theater of operations as individuals will move in a TCS status. PROFIS personnel should receive TCS orders no later than 30 days prior to departure. Soldiers will process through the servicing HRD prior to deployment. TCS orders directing this reassignment will be prepared by the losing installation HRD on execution of the operation. In accordance with the appropriate Personnel Policy Guidance, these orders will be used to obtain travel to the HRD servicing the deployed/deploying unit, central processing center,

CRC, APOE, or as otherwise directed within the orders. Format 401 orders published by the losing HRD according to AR 600–8–105 will be used to reassign individual fillers. The format 401 order is a self-terminating order that may be endorsed, as required, to reflect movement within the replacement system to the forward deployed unit and return to home station.

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

(c) In the event a unit requests their PROFIS for a Homeland Security Mission, such as CONUS disaster relief, the losing unit is responsible for providing an order to the PROFIS individual in the format specified in the ARTS tasker/operation order (OPORD).

1. SRP during peacetime and mobilization.

a. Levels 1 and 2 SRP requirements are mandatory for all PROFIS fillers whether moving as a member of a unit or as an individual, if the move is from CONUS to OCONUS or from one OCONUS location to another. The losing MEDCOM organization commander is responsible for ensuring all PROFIS fillers complete the required levels 1 and 2 SRP processing in accordance with AR 600–8–101.

b. Levels 3 and 4 SRP requirements must be accomplished before a Soldier can participate in an individual or unit movement. However, these levels may be waived by a general officer in command of the deploying organization. Specific level 3 and 4 requirements will be announced by message from HQDA (DCS, G–1).

2. Official military personnel files (OMPFs) will not be deployed to the theater of operations. The HRD servicing the deployed/deploying unit is responsible for maintenance of the PROFIS fillers' OMPFs during periods of deployment, in accordance with AR 600–8–101.

3. Requests for backfill at MEDCOM organizations losing PROFIS fillers will be transmitted through RHC/subordinate command commanders to MEDCOM (Plans and Operations).

4. All PROFIS fillers will deploy with a personnel readiness file in their possession, in accordance with AR 600–8–104.

5. All PROFIS fillers moving as individuals will out-process at the losing station and in-process at the gaining station. Losing station personnel offices must ensure appropriate electronic military personnel office (eMILPO) transactions are processed showing the Soldier deployed.

6. If mobilization is declared, messages will be released by HQDA to implement any policy adjustments that may be necessary for the Officer and Noncommissioned Officer Evaluation Reporting System.

7. Units with contingency missions and missions short of full mobilization require the TCS assignment of PROFIS fillers to the MTOE unit for the period of deployment. Contingency operations may require a rapid response, not leaving time to prepare TCS orders at the time of the operation. Therefore, upon assignment to a PROFIS position in a contingency unit, the losing unit personnel officer will request that the losing installation HRD publish TCS orders to the gaining MTOE unit, using AR 600–8–105, format 401. These orders would only be activated upon deployment of the unit.

8. TCS filler personnel will be accounted for in eMILPO in accordance with published personnel planning guidance.



## **Appendix A References**

### **Section I Required Publications**

#### **AR 40-68**

Clinical Quality Management (Cited in para 4-b(3).)

#### **DA Pam 220-1**

Defense Readiness Reporting System—Army Procedures (Cited in para 4g(10).)

#### **AR 600-8-101**

Personnel Processing (In-, Out-, Soldier Readiness, and Deployment Cycle) (Cited in para 4-b(3).)

#### **AR 600-8-105**

Military Orders (Cited in para 6-I(4)(a).)

### **Section II Related Publications**

#### **AR 11-2**

Managers' Internal Control program

#### **AR 25-30**

The Army Publishing Program

#### **AR 600-8-104**

Army Military Human Resource Records Management

### **Section III Prescribed Forms**

This section has no entries.

### **Section IV Referenced Forms**

Unless otherwise indicated, DA forms are available on the APD Web site ([www.apd.army.mil](http://www.apd.army.mil)).

#### **DA Form 11-2**

Internal Control Evaluation Certification

#### **DA Form 2028**

Recommended Changes to Publications and Blank Forms

## **Appendix B Notes for Substitutability Criteria**

### **1. Grade substitution**

With the exception of the Medical Service Corps, an officer up to two grades below or one grade above the required position grade is an authorized substitution. (For example, an officer in the grade of lieutenant colonel (LTC), major (MAJ), captain (CPT) or first lieutenant may fill a position requirement for a MAJ. Conversely, an officer may fill a position requirement two grades up or one grade down from his or her current grade. (For example, a MAJ may fill a position requiring a colonel (COL), LTC, MAJ, or CPT). MEDCOM may require a position to be filled at the tasked grade or may waive the grade requirement.

### **2. For professional officer filler system deployment system requirements**

The PDS has a tiered approach that identifies specific specialties that will be managed by MEDCOM (Tier I); RHCs (Tier II); and MTF commands (Tier III). However, any recommended substitutions within PDS must comply with table

1 and any changes after a tier is locked must be approved by HQ, MEDCOM, Personnel Operations Branch (MCHR–MO).

### 3. Substitutions

HQ, MEDCOM approves all substitutes by another specialty for 61J General Surgeons even if the substitution is in accordance with table 1. In addition, the following requirements must be met:

*a.* 61K Thoracic Surgeons, 61L Plastic Surgeons, and 61W Peripheral Vascular Surgeons who have completed a general surgery residency training program may be substituted for a 61J, General Surgeon (100 percent). 61L Plastic Surgeons who have completed a general surgery residency program or an integrated program consisting of 3 years general surgery and 3 years plastic surgery may also be substituted for a 61J General Surgeon (100 percent). 61L Plastic Surgeons who have trained in ENT and plastic surgery, but have not trained in general surgery, will be utilized at the 25 percent substitution level.

*b.* For FSTs—

(1) All FSTs require one 61M Orthopedic Surgeon (non-substitutable) and three 61J General Surgeons. Substitution of any or all of the 61J General Surgeons is authorized by 61K Thoracic Surgeons, 61L Plastic Surgeons, or 61W Peripheral Vascular Surgeons as long as the requirements specified in subparagraph a, above, are met. 61L Plastic Surgeons that have been trained in ENT and plastic surgery, but not trained in general surgery, are not authorized in a FST.

(2) 60J Obstetrician-gynecologists or 60K Urologists who have completed a surgical oncology fellowship may only substitute for one of the three 61J General Surgeon requirements in a FST.

*c.* For all non-FST elements—

(1) Substitutions of any or all of the 61J General Surgeons by 61K Thoracic Surgeons, 61L Plastic Surgeons, or 61W Peripheral Vascular Surgeons are authorized provided they meet the requirements specified in subparagraph a, above.

(2) 61J General Surgeon requirements may be filled at a maximum 35 percent level of replacement by 60J Obstetrician-Gynecologists and 60K Urologists who have completed a surgical oncology fellowship.

(3) 61J General Surgeon requirements may also be filled at a maximum 25 percent level of replacement by 60J Obstetrician-gynecologists or 60K Urologists. Fellowship training is not required for substitution in this situation.

(4) 61L Plastic Surgeons who have been trained in ENT and plastic surgery, but are not trained in general surgery, will be utilized at the 25 percent substitution level in a non-FST element.

*d.* A one-way operational substitution of 60N Anesthesiologist for 66F Nurse Anesthetist is permitted as a temporary fill in CSHs and FSTs.

*e.* A 66N Generalist Nurse requirement must be filled with a 66N-qualified Army Nurse Corps Officer in the grade of LTC or COL and approved by MEDCOM.

*f.* Enlisted requirements will be filled with Soldiers with the required MOS. Soldiers will fill requirements up to two grade levels below or one grade level above the required position grade is an authorized substitution. (For example, Soldiers in the grade of sergeant first class (SFC), staff sergeant (SSG), sergeant (SGT) or specialist may fill a position requirement for a SSG). Conversely, Soldiers may fill a position requirement one grade up or two grades down from his or her current grade. (For example, a SSG may fill a position requiring a master sergeant, SFC, SSG, or SGT.) MEDCOM may designate some positions be filled at the tasked grade or may waive the grade requirement.

*g.* The RHC should exhaust the complete inventory of personnel within the tasked specialty before recommending substitution of listed specialty to MEDCOM. MTF deputy commanders for nursing will validate the officer's current competency in the tasked specialty for any recommended substitutions. MEDCOM may reassign deploying PROFIS requirements to another region to maximize stabilization when all deployable personnel have previously deployed.

*h.* Substitution of one 66P Family Nurse Practitioner for a 61H Family Physician is permitted in a CSH only if at least two remaining positions are filled by 61H Family Physician, 62A Emergency Medicine, 62B Field Surgeon, 60P Pediatrician (general and fellowship trained), 61N Flight Surgeon (Army Flight Surgeon Primary Course trained 62B Field Surgeon or equivalent), or 61F Internist.

*i.* MC officers who have completed the Army Flight Surgeon Primary Course and are substitutable for 62B Field Surgeon, but are not currently occupying 61N Flight Surgeon slots, may be used to satisfy 61N Flight Surgeon requirements provided they attend a 61N Flight Surgeon refresher course.

*j.* In Level II elements that have a total of at least four providers, a 66P Family Nurse Practitioner may substitute for one of the 65D Physician Assistant requirements only if at least three remaining providers are either 65D Physician Assistants or 62B Field Surgeons (does not include 65D Physician Assistants or 62B Field Surgeons who are in command and control positions). 66P Family Nurse Practitioners selected to fill these 65D Physician Assistant requirements must meet supplemental trauma training requirements before deploying as established by Chief, Health Policy and Service Division, MEDCOM.

*k.* 66C Psychiatric/Mental Health Nurses with an SI of 7T Clinical Nurse Specialty may substitute for one of three 73B Clinical Psychology requirements in a combat stress control detachment.

#### **4. Newly accessed Medical Surgical Nurses (66H)**

These positions may fill PROFIS requirements, but will complete the Nursing Preceptorship Program at their initial assignment before deployment. This criterion applies only if AOC inventory can support the requirements within the RHC.

#### **5. 64B Veterinary Preventive Medicine Officers**

These officers require special public health and/or preventive medicine training that the other 64 series AOCs do not require.

### **Appendix C Internal Control Evaluation**

#### **1. Function**

The function covered by this evaluation is the management of PROFIS and competencies of PROFIS managers.

#### **2. Purpose**

The purpose of this checklist is to assist PROFIS managers in evaluating the key internal controls identified below. This checklist is not intended to address all controls.

#### **3. Instructions**

Answers must be based on the actual testing of key internal controls (for example, direct observation, review of files or other documentation, analysis, sampling, simulation and interviews). Answers that indicate deficiencies must be explained and corrective action indicated in supporting documentation. These controls must be formally evaluated at least once every 5 years. Certification that this evaluation has been conducted must be accomplished on DA Form 11-2 (Internal Control Evaluation Certification).

#### **4. Test questions**

- a.* Are there primary and alternate PROFIS managers appointed on orders to oversee the PROFIS process?
- b.* Do all managers have access to the PROFIS, PDS, MEDCOM Deployment Volunteer Management, and Homeland Support Missions MODS modules?
- c.* Do all managers fill PROFIS requirements within 20 working days?
- d.* Do all managers identify permanent change of station, expiration of term of service, release from active duty, and retirement losses within PDS and replace them within 20 working days after departure?
- e.* Do all managers use DA Pam 220-1 to identify eligible PROFIS Soldiers to fill required vacancies in the MODS PROFIS module?
- f.* Do PROFIS personnel receive TCS orders no later than 30 days prior to departure?
- g.* Are volunteer requests entered into the MODS Volunteer module validated within 14 days?
- h.* Do managers at the RHCs and MTFs purge the Homeland Support Missions module monthly?
- i.* Do subordinate commands who account for RC Soldiers enter them into the Homeland Support Missions module within 72 hours of reporting to the assigned unit?
- j.* Do subordinate commands who account for RC Soldiers remove them from the Homeland Support Missions module within 72 hours of departure?

#### **5. Supersession**

This evaluation is the initial internal control evaluation for the PROFIS Program.

#### **6. Comments**

Help make this a better test for evaluating internal controls. Submit comments to The Surgeon General (DASG-HR), 7700 Arlington Boulevard, Suite 5145, Falls Church, VA 22042-5145.

## **Glossary**

### **Section I Abbreviations**

**AA**

Active Army

**ACOM**

Army command

**AMEDD**

Army Medical Department

**AOC**

area of concentration

**APMC**

Army Medical Department Professional Management Command

**APOE**

aerial port of embarkation

**ARTS**

AMEDD Resource Tasking Systems

**ASCC**

Army service component command

**ASI**

additional skill identifier

**CG**

commanding general

**COL**

colonel

**CONUS**

continental United States

**CPT**

captain

**CRC**

CONUS Replacement Center

**CSH**

combat support hospital

**DA**

Department of the Army

**DCS**

Deputy Chief of Staff

**DRU**

direct reporting unit

**eMILPO**

electronic military personnel office

**ENT**

Ear, Nose, and Throat

**EUSA**

Eighth U.S. Army

**FORSCOM**

U.S. Army Forces Command

**FST**

forward surgical team

**GHE**

graduate health education

**GME**

graduate medical education

**HRC**

U.S. Army Human Resources Command

**HRD**

human resources directorate

**HQ**

headquarters

**HQDA**

Headquarters, Department of the Army

**LTC**

lieutenant colonel

**MAJ**

major

**MC**

Medical Corps

**MEDCOM**

U.S. Army Medical Command

**MODS**

Medical Operational Data System

**MOS**

military occupational specialty

**MTF**

medical treatment facility

**MTOE**

modified table of organization and equipment

**OCIE**

organizational clothing and individual equipment

**OCONUS**

outside the continental United States

**OMPF**

official military personnel file

**OPLAN**

operations plan

**OPORD**

operation order

**PCC**

personnel contingency cell

**PDS**

professional filler deployment system

**PGY**

postgraduate year

**POM**

program objective memorandum

**PROFIS**

Professional Officer Filler System

**RC**

Reserve Component

**RHC**

regional health command

**SGT**

sergeant

**SFC**

sergeant first class

**SI**

skill identifier

**SIPR**

secure internet protocol router

**SMRC**

special medical response capability

**SRP**

Soldier readiness process

**SSG**

staff sergeant

**TCS**

temporary change of station

**TDA**

table of distribution and allowances

**TPFDL**

time phased force and deployment list

**TRM**

training resource module

**TSG**

The Surgeon General

**USARC**

U.S. Army Reserve Command

**USAREUR/7A**

U.S. Army Europe and Seventh Army

**USARPAC**

U.S. Army Pacific

**USARSO**

U.S. Army South

**USASOC**

U.S. Army Special Operations Command

**USR**

unit status report

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

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

**AMEDD Professional Filler System**

The system designed to assign/attach active duty AMEDD personnel to Army Mobilization.

**Contingency deployment**

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

**CONUS replacement center**

A portion of the wartime Army replacement system used for marshaling personnel who do not deploy as part of a unit movement.

**Early deploying units**

Units deploying within the first 35 days in support of a specific OPLAN.

**Operating agency**

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

**Working days**

For purposes of this regulation—5 days per week.

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

This section contains no entries.

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**PIN 058547-000**