

Army Regulation 351-3

Schools

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

**Headquarters
Department of the Army
Washington, DC
8 February 1988**

UNCLASSIFIED

SUMMARY of CHANGE

AR 351-3

Professional Education and Training Programs of the Army Medical Department

This revision consolidates and updates the policies of three regulations as follows:

- o Part one consolidates general information from the three regulations.
- o Part two (was the previous AR 351-3, Professional Training of Army Medical Department Personnel). This part has been revised to-

Update organizational titles and addresses.

Revise withdrawal and probation procedures for Dental Corps training programs (chap 5).

Add the Nonfunded GME Program (NGMEP) for Medical Corps officers (chap 6).

Modify selection board dates (chaps 6 and 8).

Update the active duty service obligation for long-term schooling (chap 10).

- o Part three was (formerly AR 351-24, Affiliation of Civilian Institutions with Army Medical Facilities Program). This part has been revised to-

Revise the statutory authority; modifies the range of eligible programs; and defines responsibilities at each command level (chap 14).

Change the format for affiliation agreements (fig 15-1).

Set policy for the facilities program and gives instructions for processing agreements (chap 15).

- o Part four was (formerly AR 40-67, Army Medical Department (AMEDD) Continuing Health Education Program and Professional Specialty Recognition of AMEDD Personnel). This part has been revised to update organizational titles, addresses, and telephone numbers (chaps 16 through 24).

Effective 8 March 1988

Schools

Professional Education and Training Programs of the Army Medical Department

By Order of the Secretary of the Army:

CARL E. VUONO
General, United States Army
Chief of Staff

Official:

R. L. DILWORTH
Brigadier General, United States Army
The Adjutant General

History. This UPDATE printing publishes a revision which is effective 8 March 1988. This publication has been reorganized to make it compatible with the Army electronic publishing database. No content has been changed.

Summary. This consolidated regulation governs the formal education and professional training of Army Medical Department personnel. It also 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 Program

and professional specialty recognition of Army Medical Department (AMEDD) personnel.

Applicability. This regulation applies to—Active duty AMEDD officers, warrant officers, and enlisted personnel. This regulation does not apply to the Army National Guard (ARNG) or the U.S. Army Reserve (USAR) except where specifically indicated.

Proponent and exception authority. Not applicable.

Impact on New Manning System. This regulation does not contain information that affects the New Manning System.

Army management control process. This regulation is subject to the requirements of AR 11-2. It contains internal provisions but does not contain checklists for conducting internal control reviews. These checklists are published in DA Circular 11-86-3.

Supplementation. Supplementation of this regulation and establishment of command and local forms are prohibited without prior approval from HQDA (SGPS-ED), 5109 Leesburg Pike, Falls Church, VA 22041-3258.

Interim changes. Interim changes to this

regulation are not official unless they are authenticated by The Adjutant General. Users will destroy interim changes on their expiration dates unless sooner superseded or rescinded.

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

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Part 1 Introduction

Chapter 1 General

1-1. Purpose

This regulation prescribes policies, responsibilities, procedures, and prerequisites on the following:

- a. Formal education and training of Army Medical Department (AMEDD) personnel.
- b. Affiliation of non-Federal educational institutions with Army medical facilities.
- c. Continuing Health Education (CHE) Program and professional specialty recognition of AMEDD personnel.

1-2. References

Required and related publications and prescribed and referenced forms are 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) 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, and certain enlisted personnel to attend designated schools and courses.
 - (4) Develop other general training requirements for AMEDD personnel.
 - (5) Develop, coordinate, and monitor 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.
 - (9) Designate the U.S. Army Health Professional Support Agency (USAHPSA) as the executive agent for accomplishing (1) through (8) above and other health education and training functions specified by regulation.
- b. Commanding General, U.S. Army Health Services Command (CG, HSC). The CG, HSC, provides command and control of the Academy of Health Sciences, U.S. Army (AHS).
- c. Commandant, AHS will—
 - (1) Develop educational requirements and courses, devices, literature, and other material needed to support these requirements.
 - (2) Provide training and education to AMEDD officers and enlisted personnel, worldwide, in health care sciences.
 - (3) Provide worldwide evaluation of the effectiveness of AHS training and education programs and AHS developed supporting materials.
 - (4) Provide administrative support for AMEDD personnel assigned to the AMEDD Student Detachment, AHS.
 - d. Commanders at all levels. Commanders at all levels will maintain active supervision of educational programs at AMEDD facilities under their jurisdiction.

1-5. Program goals

Program goals of the AMEDD are to—

- a. Provide an adequate number of qualified 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.

Chapter 2 Overall Guidance for AMEDD Education and Training

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

Training of AMEDD personnel in civilian (non-Federal) institutions is assigned to—

- a. Augment educational experiences conducted in AMEDD health service facilities and service schools. These programs provide essential technical, scientific, and professional education that is not available in training facilities within U.S. Federal establishments.
- b. Provide opportunities for study in civilian institutions in specific fields on a competitive basis to AMEDD personnel. This training is designed to meet established validated requirements, procurement standards, or a recognized nondegree requirement for which training is not readily available at a Federal facility.

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, U.S. Civil Service Commission, U.S. Navy, and U.S. Air Force. When special application forms are specified for other than AMEDD courses, these forms should be completed and submitted under 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 be selected for assignment to the AMEDD Officer Advanced Course, the U.S. Army Command and General Staff College (CGSC), U.S. Armed Forces Staff College (AFSC), and senior service college (SSC) level courses.
- e. Selections for attendance at schools and colleges in *d* above are made at Department of the Army (DA) level after considering all eligible officers. Applications are not required. Officers are encouraged to indicate their desire for this training on DA Form 483 (Officer Assignment Preference Statement) or during career planning interviews.

2-3. Quotas

Quotas for AMEDD personnel are provided as follows:

- a. Officer and enlisted quotas for AMEDD training in Army schools, other Federal agencies, and other institutions, when such schooling is programmed by USAHPSA, will be obtained and monitored by USAHPSA.
- b. Quotas for USAR and ARNG officers will be distributed for AMEDD-sponsored courses by USAHPSA. Quotas for USAR and ARNG enlisted personnel (active duty for training only) will be distributed for AMEDD-sponsored elements by USAHPSA.

2-4. DA Form 3520 (U.S. Army Medical Department Graduation Certificate)

- a. This certificate will be used on successful completion of AMEDD officer and enlisted training. DA Form 3520 is stocked and issued by TSG (DASG-AOP) and will be requisitioned on DA Form 17 (Requisition for Publications and Blank Forms).

b. DA Form 3520 will not be issued for completion of training for medical and dental residencies, internships, or fellowships. DA Form 3492 (U.S. Army Medical Department Certificate for Residents, Interns, and Fellows) will be used for this purpose; it will be issued automatically by TSG (DASG-AOP) to installations conducting these programs.

2-5. Active duty service obligation

For non-AMEDD programs, active duty service obligation (ADSO) determination for officers may be found in AR 350-100. ADSO determination for AMEDD specific programs are as follows:

- a. For officers, see chapter 10.
- b. For enlisted personnel, see AR 614-200.

2-6. Army Weight Control Program

All personnel selected for training under this regulation must comply with AR 40-501 or AR 600-9 as appropriate. Assignment instructions will include a statement that the member must comply with standards in AR 40-501 or AR 600-9. Noncompliance after selection will be a basis for removal from the list of selected applicants.

Part 2 Professional Training of Army Medical Department Personnel

Chapter 3 Introduction

3-1. Scope

a. This part 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 AMEDD health services facilities.
- (2) Non-AMEDD Army schools.
- (3) Non-Army Federal facilities.
- (4) Civilian educational institutions.

b. This education and training is authorized by section 4301, title 10, United States Code (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), formal courses in the several veterinary specialties will be designated by TSG. These courses will be conducted to meet military requirements and requirements of the Council on Education, American Veterinary Medical Association, and appropriate veterinary specialty boards. Other provisions and policies regarding schooling in veterinary specialties will be directed by TSG. Supplementary schooling may be made available at a service school, an approved civilian educational institution, or other teaching facilities when necessary to fulfill requirements.

3-3. AMEDD enlisted education and training policies

- a. Selection of enlisted personnel for instruction in military service schools is governed by AR 614-200 and DA Pam 351-4.
- b. Selection for training in civilian (non-Federal) institutions is governed by chapter 13.

3-4. Funding and orders

Funding for the necessary tuition will be provided by the Commander, USAHPSA (ATTN: SGPS-ED, 5109 Leesburg Pike, Falls Church, VA 22041-3258). Health Services Division (for officer

personnel) and Health Services Branch (for enlisted personnel), U.S.-Total Army Personnel Agency (USTAPA) will issue assignment instructions assigning officer and enlisted personnel to and from student status.

Chapter 4 Programs of Formal Education and Training

Section I Training in Civilian (Non-Federal) Institutions

4-1. Introduction

Individuals whose applications are approved 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 10 unless otherwise indicated.

4-2. Programs and definitions

AMEDD programs providing training in civilian (non-Federal) institutions include the following:

- a. *Long-course instruction.* Training of 20 weeks or more, constituting a permanent change of station (PCS) for the enrollee.
- b. *Short-course instruction.* Training of less than 20 weeks, normally attended in a temporary duty (TDY) status, is governed by part four below.
- c. *Long-term civilian training (LTCT).*

(1) *Fully Funded Program.* Under this program, soldiers may attend a civilian institution for a period not normally to exceed 18 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 nondegree programs will vary with curriculum. Tuition and fees will be paid by the Government. In addition to receiving all pay and allowances and authorization of a PCS, soldiers may be reimbursed for specified educational expenses as prescribed in section III. Input into this program is determined by positions that have a validated requirement, procurement standard, or a recognized non-degree requirement 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 tuition, fees, and textbooks. This program authorizes soldiers up to 18 months of civilian education. Schooling of less than 20 weeks will be on a permissive TDY basis. Schooling of more than 20 weeks will be on a PCS basis. Input into this program is determined by positions that have a validated requirement, procurement standard, or a recognized non-degree requirement for which training is not readily available at a Federal facility.

(3) *Permissive TDY.* Requests for permissive TDY in excess of 30 days will be forwarded to the appropriate AMEDD branch for approval.

d. *Top 5 Percent Program.* LTCT for the top 5 percent of RA appointed U.S. Military Academy (USMA) and Reserve Officers' Training Corps (ROTC) cadets at the master's level is authorized, subject to AR 621-1 and requirements for each corps as stated in this regulation.

(1) Based on academic standing and military performance, selected cadets will be invited to take part in the Fully-Funded Graduate Program to obtain a master's degree. Maximum time allowed to complete the master's degree requirement normally is 18 months.

(2) Eligibility—

(a) ROTC cadets granted a Category A educational delay of entry on active duty to attend graduate school under AR 601-25 are not eligible for graduate schooling under the Top 5 Percent Program after entry on active duty.

(b) Criteria in paragraphs 4-3 and 4-4 also apply.

(3) Graduate schooling under the Top 5 Percent Program will be approved only to meet validated requirements.

(4) Under application dates shown in table 4-1, officers will submit DA Forms 3838 (Application for Professional Training) and a copy of their notification of eligibility to the appropriate AMEDD Branch.

(5) For service obligation, see chapter 10.

(6) Student responsibilities are in paragraph 4-6f.

e. Advanced management training (AMT) for senior officers. Under AR 351-23, AMT courses provide colonels advanced management training through attendance at upper-middle and top management level courses at civilian colleges and universities. Position selection is based on validated requirements for advanced management training. Schools and courses have been selected under DA Pam 600-3. Courses vary in length from 2 to 8 weeks. Officers selected for training incur a 1-year service obligation. To obtain additional information, officers should contact their respective Career Branch. AMT program goals are to—

(1) Increase capabilities of executive managers.

(2) Expand operational and planning techniques.

(3) Increase ability to appraise economic, social, political, and technological changes.

(4) Provide for exchange of expertise between senior executives of national and international industries and Army officers.

f. Fellowships, scholarships, or grants. Under AR 621-7, eligible officers may apply to their respective 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 2 years. Officers incur a service obligation equal to three times the period of schooling unless otherwise stipulated in this regulation. This service obligation is imposed by statute and will be computed in days.

Table 4-1
Procedures for making applications

Category 1—Civilian institution training (active duty personnel only)

Application for: Long courses (fully funded LTCT or partially funded programs).

Use: See below.

Submit to: Commander, USAHPSA (ATTN: SGPS—(proper symbol; see below)), 5109 Leesburg, Pike, Falls Church, VA 22041-3258, through local command channels and local personnel requisitioning authority.

No. of copies and due date: See below.

Application for: SP.

Use: DA Form 3838.

Submit to: SGPS-EDF.

No. of copies and due date: Must be received in 3 copies no later than 1 Sep.

Application for: AN.

Use: DA Form 3838.

Submit to: SGPS-EDN.

No. of copies and due date: Must be received in 3 copies no later than the various dates cited in table 8-1.

Application for: DC.

Use: DA Form 3838.

Submit to: SGPS-EDD.

No. of copies and due date: Must be received in 3 copies no later than 1 Mar.

Application for: MC.

Use: DA Form 3838.

Submit to: SGPS-EDM.

No. of copies and due date: Must be received in 3 copies no later than 1 Oct.

Application for: MS.

Use: DA Form 3838.

Submit to: SGPS-EDA.

No. of copies and due date: Must be received in 3 copies no later than the various dates cited in table 7-1.

Application for: VC

Table 4-1
Procedures for making applications—Continued

Use: DA Form 3838.

Submit to: SGPS-EDF.

No. of copies and due date: Must be received in 3 copies no later than 1 Nov.

Application for: Short courses.

Use: DA Form 3838.

Submit to: Appropriate funding authority as prescribed in Part Four below.

No. of copies and due date: Must be received in 3 copies no later than 60 days prior to beginning of course (PBC).

Category 2a—Federal facility training (such as AMEDD, other Army, or other Federal)—long courses.

Application for: Active duty officer personnel. (See note 1.)

Use: See below.

Submit to: Commander, USAHPSA (ATTN: SGPS—(proper symbol; see below)), 5109 Leesburg Pike, Falls Church, VA 22041-3258, through local command channels and local personnel requisitioning authority.

No. of copies and due date: See below.

Application for: SP.

Use: DA Form 3838.

Submit to: SGPS-EDF.

No. of copies and due date: Must be received in 3 copies no later than 150 days PBC.

Application for: AN.

Use: DA Form 3838.

Submit to: SGPS-EDN.

No. of copies and due date: Must be received in 3 copies no later than between 120 and 180 days PBC. (See note 2.)

Application for: DC.

Use: DA Form 3838.

Submit to: SGPS-EDD.

No. of copies and due date: Must be received in 3 copies no later than 1 Jul.

Application for: MC.

Use: DA Form 3838.

Submit to: SGPS-EDM.

No. of copies and due date: Must be received in 3 copies no later than 1 Oct.

Application for: MS.

Use: DA Form 3838.

Submit to: SGPS-EDA.

No. of copies and due date: Must be received in 3 copies no later than the various dates cited in table 7-10.

Application for: VC.

Use: DA Form 3838.

Submit to: SGPS-EDF.

No. of copies and due date: Must be received in 3 copies no later than 1 Nov.

Application for: Active duty enlisted personnel.

Use: DA Form 4187 (Personnel Action).

Submit to: Commander, USTAPA (ATTN: DAPA-EPT-F), 200 Stovall Street, Alexandria, VA 22331-0400, through command channels.

No. of copies and due date: Must be received in 3 copies no later than 120 days PBC.

Category 2b—Federal facility training (such as AMEDD, other Army, or other Federal)—nonactive duty Army personnel applying for AMEDD long-term courses.

Application for: USAR unit personnel.

Use: DA Form 1058-R (Application for Active Duty for Training and Annual Training for Members of the Army Reserve).

Submit to: Quota source, through command channels.

No. of copies and due date: Must be received in 3 copies no later than 60 days PBC.

Application for: USAR non-unit personnel.

Use: DA Form 1058-R.

Submit to: Commander, USARCPAC (ATTN: AGUZ-OPS-AM), 9700 Page Boulevard, St. Louis, MO 63132.

Table 4-1

Procedures for making applications—Continued

No. of copies and due date: Must be received in 3 copies no later than 60 days PBC.

Application for: ARNG personnel.

Use: NGB Form 64 (Application for School Training).

Submit to: Director, Army National Guard Operating Activity Center(ATTN: Military Education Branch), Aberdeen Proving Ground, MD 21010.

No. of copies and due date: Must be received in 3 copies no later than 60 days PBC.

Category 2c—Federal facility training (such as AMEDD, other Army, or other Federal)—functional service school and AMEDD professional post-graduate short courses.

Application for: Active duty personnel.

Use: DA Form 3838.

Submit to: Commander, USAHPSA (ATTN: SGPS-EDT), 5109 Leesburg Pike, Falls Church, VA 22041-3258.

No. of copies and due date: Must be received in 3 copies no later than 60 days PBC.

Application for: USAR personnel.

Use: DA Form 1058-R.

Submit to: Quota source, through command channels.

No. of copies and due date: Must be received in 3 copies no later than 60 days PBC.

Application for: ARNG personnel.

Use: NGB Form 64.

Submit to: Quota source, through command channels.

No. of copies and due date: Must be received in 3 copies no later than 60 days PBC.

Application for: Civilian personnel.

Use: Letter.

Submit to: Commander of AMEDD facility conducting the course.

No. of copies and due date: Must be received in 3 copies no later than between 30 and 45 days PBC.

Notes:

¹ Applications for U.S. Army-Baylor University Graduate Program in Health Care Administration must be submitted to arrive no later than 1 August for all corps other than MS. MS applications must be submitted to arrive no later than 20 July.

² Applications for the 6A-F5 and 6F-66E courses must arrive no later than 90 days PBC. Applications for 6F-F4, 6F-F5, 6F-66C, 6F-66D, and 6F-66H courses must arrive no later than 180 days PBC. Applications for the 6F-66F course must arrive no later than 28 February.

4-3. Eligibility criteria

AMEDD officers who meet the following requirements will be considered for long-term civilian schooling:

a. Status. At the time of entrance into schooling, the applicant must be a Regular Army (RA) officer on active duty or Reserve Component (RC) officer on active duty serving in an indefinite category. The officer must agree to fulfill the service obligation incurred by acceptance of schooling.

b. Prior service.

(1) The normal time-in-service for commissioned officers on entry into civilian schooling is 5 through 13 years for the advanced degree program. Time-in-service may not exceed a total of 17 years' active Federal service (AFS).

(2) Warrant officers must not exceed the following criteria:

(a) RA warrant officers must enter a civilian school program prior to their 23rd year of AFS.

(b) Other than RA warrant officers must enter civilian school programs prior to their 14th year AFS.

(c) Warrant officers must be able to fulfill their respective service obligation incurred as a result of schooling, prior to their mandatory release date. In the case of RA warrant officers, the mandatory release date is 30 years AFS or age 62, whichever comes first. Other than RA warrant officers have a mandatory release date of 20 years AFS.

c. Security clearance. Officers must have a SECRET clearance as a minimum, unless higher clearance is required.

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

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

f. Personnel overseas. A normal oversea tour must be completed before entry into school. Credit for completion of the normal oversea tour may be granted by TSG under AR 614-30.

g. Promotion status. Officers in a nonselect promotion status are ineligible to apply. Any officer selected for school, but nonselected for promotion, will be deleted from the school-select list. Officers attending LTCT, who are nonselected for promotion, will have a decision made by USAHPSA concerning continuation in LTCT.

4-4. Application, selection, and enrollment procedures

Application, selection, and enrollment procedures are as follows:

a. Applications. Interested officers must initiate and forward to the appropriate career branch the following:

(1) A completed DA Form 3838.

(2) A list of accredited schools chosen by the applicant that meet requirements of the AMEDD Validated Requirement Program for the desired discipline. At least one tax-supported school in the State of which the applicant is considered a legal resident for tuition purposes will be listed among the choices. If attendance at such a school is not possible, the applicant will provide an explanation.

(3) A specific program description from each school, to include a semester-by-semester accounting of courses to be taken.

(4) Applicable examination scores, such as the Graduate Record Examination (GRE) and the Graduate Management Admission Test (GMAT).

(5) Letters of recommendation (number to be determined by the appropriate career branch).

(6) Copy of all undergraduate and graduate transcripts.

(7) Application dates. See table 4-1.

b. Selection. Selection will be determined by board action. Applications from officers will be evaluated by Branches for completeness before submission to the selection board. The selection board decision for approval 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. Prior nonselection does not preclude subsequent consideration.

c. Enrollment. Confirmation of acceptance by civilian institutions of individuals selected for training will be provided by the individual to the appropriate branch. On notification of acceptance, contracts will be negotiated by USAHPSA (SGPS-EDR) with the area regional contracting and procurement offices. Contracts will cover all required fees, including registration, tuition, laboratory, infirmary, library, and graduation fees.

4-5. Orders and assignments

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

a. PCS orders for LTCT. AMEDD Branches will issue assignment instructions assigning officer personnel to student status. Reassignment orders will be published for—

(1) Successful completion of a course or program of instruction (POI).

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

(3) Medical, disciplinary, and other reasons as determined by the USAHPSA. Orders assigning personnel to attend civilian educational institutions will specify a reporting date approximately 10 days before registration date.

b. Assignments. Students attending civilian institutions will be

assigned to the U.S. Army Medical Department Student Detachment, Academy of Health Sciences, U.S. Army, Fort Sam Houston, TX 78234–6100, with duty station at the civilian educational institution being attended. As an exception, individuals who are selected by the Annual Teaching Chiefs' Graduate Medical Education (GME) Selection Board, for specific GME training programs, are authorized by TSG to be assigned to a medical treatment facility (MTF) and attend fully funded courses at a civilian university.

4–6. Administrative procedures

a. USAHPSA (SGPS–ED). The Health Education and Training Division will—

(1) Contact civilian educational institutions to restrict the number of official contacts between the Army and institutions at which training is being conducted or is to be conducted.

(2) Facilitate planning, and ensure accuracy of details on training as described in (3) below.

(3) Obtain and verify data, costs, and other information pertinent to registration of students.

(4) Receive and investigate complaints registered against a civilian institution in connection with training of military personnel.

b. USTAPA Career Branches (AMEDD). All Career Branches will—

(1) Coordinate with SGPS–ED as appropriate.

(2) Monitor academic progress of personnel in their corps who are taking part in civilian schooling.

c. HSC. HSC will provide the student detachment administrative support for AMEDD personnel attending civilian schooling overseas and in the continental United States (CONUS). (See AR 10–43.)

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

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

(2) Negotiate with institutions concerned to cover all mandatory fees.

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 reports from educational institutions.

(3) Forward academic reports to the proper career branch.

(4) Assure that academic reports are submitted under AR 623–1.

(5) Provide pertinent DA publications and forms to students.

f. Students. Students will—

(1) Report to the AMEDD Student Detachment in writing immediately after PCS orders are received.

(2) Forward two copies of their PCS orders to the AMEDD Student Detachment.

(3) Personally visit the proper administrative or registration office at the school to ensure that necessary contractual arrangements have been made.

(4) Refer questions on contracts to the USAHPSA (ATTN: SGPS–ED).

(5) Complete DA Form 2125 (Report to Training Agency) at the time of registration for each academic session (semester, quarter, term, or summer session).

(6) List on the back of DA Form 2125 the student's proposed POI authenticated by the academic advisor. This list must include course number and title, by session, for the entire period.

(7) Obtain approval from their respective career branch before making major changes in their approved academic program. Changes will be included on later submissions of DA Form 2125.

(8) Forward DA Form 2125, with registration, in two copies through the AMEDD Student Detachment to the proper career branch for all academic sessions and as required by major changes under (7) above.

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

(10) Complete degree requirements (including completed thesis or dissertation) as rapidly as possible. If degree requirements will be satisfied sooner than originally planned, or if additional time is required, students will request approval from the appropriate career branch through the AMEDD Student Detachment. This request must arrive in the appropriate career branch no later than 4 months before the finishing 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 giving the exact date the schooling will be completed.

(11) Attend schooling on a full-time uninterrupted basis. (See table 4–2.) This includes summer sessions when applicable. Students attending schools that do not have regular summer sessions will submit a proposed program for research or other educational opportunities during summer sessions to the appropriate career branch. The student will indicate whether credit will be given for the proposed program.

(12) Devote full time to academic studies. Business activities are restricted under AR 600–50. Professional and military activities will be voluntary. Activities will not interfere with the student's academic studies.

(13) Obtain approval of their topic from their respective career branch for programs requiring a dissertation or thesis. Dissertation or thesis efforts should be in areas of interest to the Army and the AMEDD.

(14) Forward a copy of the completed dissertation or thesis to the appropriate career branch for disposition and review by interested agencies. The completed dissertation or thesis must include approval of the student's dissertation or thesis committee or other appropriate school official.

(15) Apply for travel (field trips, conferences, or specialty board examinations). TDY travel, per diem, and reimbursement for related registration fees 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. TDY requests will be submitted by the student, through the AMEDD Student Detachment, to reach USAHPSA (SGPS–EDT), no later than 60 days before the desired date of departure. On approval, USAHPSA will forward appropriate fund cites to the AMEDD Student Detachment for publication of TDY orders.

**Table 4–2
Academic workload for military students (See note.)**

Semester system
Degree being pursued: Graduate. Minimum workload: 12 hours per semester.
Degree being pursued: Undergraduate. Minimum workload: 15 hours per semester.
Total summer period (semester system)
Degree being pursued: Graduate. Minimum workload: 12 hours, if the school has two sessions during the summer period (6 hours each); or 9 hours, if the school has a single session (term) during the summer period.
Degree being pursued: Undergraduate. Minimum workload: Same as for graduate degree.
Quarter system (Including summer quarter if 3 months long)
Degree being pursued: Graduate. Minimum workload: 12 hours per quarter.
Degree being pursued: Undergraduate. Minimum workload: 15 hours per quarter.

Table 4-2
Academic workload for military students (See note.)—Continued

Notes:

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. Also, students are encouraged to carry an additional workload if available.

4-7. Contracts and gratuitous agreements

a. Procedures to be used in contracting and securing gratuitous agreements in connection with training under this regulation are set forth in AFARS, subchapter c, part 17.

b. Direct payment may be made in special cases; for example, for the costs of entering into or administering contracts and other related costs. Payment will be authorized by USAHPSA; necessary instructions to effect direct payment to the school or student will be provided to the appropriate finance and accounting office.

c. Military members will be issued orders or other written instructions to establish their official duties while training under gratuitous agreements. Orders or written instructions will be issued by local command authority. They clearly will establish place, inclusive dates, and scope of training that constitute official duties of individual members. Should any such persons be subjected to medical malpractice claims or litigation associated with gratuitous agreement training, see AR 27-20, chapter 3, and AR 27-40, paragraph 2-3a(4), for further instructions.

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. Formal military training

This category of training includes the following:

a. AMEDD Officer Basic Course (OBC). All AMEDD officers will attend the OBC on entry on active duty or shortly thereafter.

b. AMEDD Officer Advanced Course (AOAC). AMEDD officers normally will attend the resident AOAC during their third through eighth year of AFCS. Attendance will be determined by the respective career branch for officers who branch transfer to the AMEDD.

c. Combined Arms and Services Staff School (CAS3).

(1) CAS3 is an intensive 9-week TDY course designed to—

(a) Prepare officers to perform as senior company grade or field grade officers at battalion, brigade, and division levels, and with on-the-job training at corps and higher levels.

(b) Provide students with the opportunity to perform as members of a combined arms staff in a simulated battlefield environment.

(c) Train officers to function effectively as installation or other staff officers.

(2) Officers must complete a pre-CAS3, nonresident instruction (NRI) Phase I course and pass a written examination on the Phase I material. This NRI course is designed to bring all officers to a common level of understanding of basic organizations, functions, doctrine, and techniques. Only officers who pass the NRI examination can be accepted at the 9-week Phase II resident course. Officers will be given approximately 15 months to complete the NRI course.

(3) AMEDD officers must be AOAC graduates or equivalent and have not more than 9 years of AFCS to attend CAS3.

(4) AMEDD officers' applications for attendance are made by submitting DA Form 3838 to their respective career branch.

(5) Officers selected for attendance do not incur a service obligation; however, officers should have at least 12 months of service remaining after completion of the course.

d. *Combat Casualty Care Course (C4).*

(1) The C4 course is a 9-day, tri-Service course designed to prepare AMEDD officers to successfully function at forward points of the casualty care system in a battlefield situation. This course teaches officers to live and practice in a field environment; it additionally provides advanced trauma life support (ATLS) training. The course is conducted by AHS at Camp Bullis, Texas.

(2) Applications for attendance are made by submitting DA Form 3838 to the proper career branch. MC and MS officers may apply for the course tactical officer positions by submitting DA Forms 3838 to their respective career branch. MC officers who have attended an ATLS instructor course sanctioned by the American College of Surgeons are encouraged to apply for instructor positions by submitting DA Forms 3838 to the MC Career Branch.

(3) Officers selected for attendance do not incur a service obligation. However, officers should have at least 12 months of service remaining after completion of the course.

e. *Combat Casualty Management Course (C4A)*

(1) The C4A course is an 8-day tri-Service course designed to prepare fully-trained Medical Corps officers to assume their command, staff surgeon, and chief-of-service roles in deployed medical facilities in echelons above the division. The course is conducted by AHS at Camp Bullis, Texas.

(2) Applications for attendance by MC officers are made by submitting DA Forms 3838 to the MC Career Branch.

(3) Officers selected for attendance do not incur a service obligation. However, officers should have at least 12 months of service remaining after completion of the course.

f. *Command and staff-level colleges.* This level of training includes CGSC and AFSC. AMEDD officers meeting DA and corps specific eligibility requirements automatically are considered for attendance. Due to the limited number of quotas received, AMEDD officers are encouraged to take part in CGSC nonresident programs. Completion of the nonresident CGSC is equivalent to resident completion for assignment purposes, command, and SSC consideration.

g. *SSC.* AMEDD officers may attend either the U.S. Army War College (AWC) or the Industrial College of the Armed Forces. AMEDD officers meeting DA and corps specific eligibility requirements automatically are considered for resident attendance. AMEDD officers may request consideration on a competitive basis to take part in the AWC Corresponding Studies Program (AWCCSP). This is the only nonresident means through which officers can complete and receive credit for SSC.

h. *Service obligation.* Attendance at these courses of instruction incurs a service obligation as prescribed in AR 350-100, unless otherwise indicated.

4-10. Graduate-level schooling

The graduate-level schooling category of training includes the Uniformed Services University of the Health Sciences (USUHS), U.S. Army-Baylor University Graduate Program in Health Care Administration, and other graduate-level schooling that is corps specific. Additional information on graduate-level schooling is in a through c below.

a. USUHS offers programs of graduate education to AMEDD officers. Specific procedures for applications are in paragraph 4-4 and table 4-1.

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 AHS, and a 12-month residency at either an AMEDD fixed treatment facility or other approved AMEDD or Department of Defense (DOD) facility. 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 program is determined by the appropriate career branch.

(2) For application procedure, see paragraph 4-4 and table 4-1.

(3) For the service obligation, see chapter 10.

c. For information regarding AMEDD corps specific graduate-

level programs, see the appropriate corps chapter in this regulation or contact the appropriate career branch.

Section III Reimbursement of Expenses Incurred Because of Training

4-11. Introduction

Active duty AMEDD personnel attending training under this chapter may be authorized reimbursement for costs of specified educational expenses incurred, as described in this section. Personnel enrolled in fully funded academic programs in civilian institutions are eligible for reimbursement of specified educational expenses. Personnel training in Federal programs that result in an award of a degree are eligible for reimbursement of specified educational expenses. Categories of personnel who are not eligible for reimbursement of educational expenses are those in—

- a. Short-course training.
- b. Partially funded training programs in civilian institutions.
- c. Nondegree-producing training programs in Federal facilities.

4-12. Amounts authorized

a. Students enrolled in a fully funded program in civilian institutions and who attend school for 6 months or more in a fiscal year (FY) are authorized up to \$600 reimbursement for specified expenses incurred during that FY. For less than 6 months' attendance in a given FY, reimbursement is authorized up to a maximum of \$300. When the total length of instruction is less than 6 months, even if training overlaps 2 FYs, reimbursement will not exceed \$300 in total.

b. Students training in Federal facility programs (FFPs) that result in the award of a degree, and who attend school for a period of 6 months or more in a FY, are authorized up to \$300 reimbursement for specified expenses incurred during that FY. For less than 6 months of attendance in a given FY, reimbursement is authorized up to a maximum of \$150. When the total length of instruction is less than 6 months, even if training overlaps 2 FYs, reimbursement will not exceed \$150 in total.

c. In addition to amounts authorized in *a* and *b* above, students in FFPs and students in Federal facility degree programs are authorized reimbursement for costs incurred in preparation of a master's thesis, doctoral dissertation, or other equivalent writing requirement. Total project reimbursement is limited to \$200 for a master's thesis and \$500 for a doctoral dissertation.

4-13. Reimbursable items

Reimbursable items include the following:

- a. Textbooks and reference books required for courses of instruction unless provided by the training facility.
- b. Expendable school supplies required.
- c. Fees for the GRE or other equivalent examinations required by the Army or the educational institution attended.
- d. Fees for transcripts when required by the Army or the educational institution attended for entrance into the training program.
- e. Application fees charged by the educational institution attended unless otherwise covered by contract.
- f. Rental fees for equipment, such as typewriters.
- g. Typing, reproduction, binding, and other costs related to—
 - (1) Course papers required by the school.
 - (2) Thesis, dissertation, or other major equivalent writing requirement.
- h. Other fees for training when determined by HQDA (SGPS-ED) to be essential for successful completion of the program of study.

4-14. Reimbursement procedures

a. *General.* To obtain reimbursement, eligible individuals will submit SF 1034 and SF 1034A (Public Voucher for Purchases and Services Other Than Personal) to the unit to which assigned in a student status. The voucher must be accompanied by paid dated receipts indicating items or services received and costs incurred.

Reimbursement will be claimed for the FY in which an item or service is purchased even though its use may extend over more than 1 FY, unless specifically excepted by this paragraph. Reimbursement vouchers will be submitted not later than 30 days after the end of the FY in which the expense was incurred or after completion of training, whichever occurs first. For purposes of this paragraph, completion of training is that date on which the individual is removed from student status by reassignment. Requests for reimbursement after the established deadline will be returned without action.

b. *Other than thesis or dissertation expenses.* To obtain reimbursement for other than thesis or dissertation expenses up to the maximum limits in paragraph 4-12a and *b*, individuals will submit no more than two vouchers for each FY. Requests for reimbursement of GRE fees, transcript fees, and application fees will be made with the initial voucher submitted, even if the expenses were incurred in a prior year in which the item or service is purchased.

c. *Thesis and dissertation expenses.* Reimbursement for thesis and dissertation expenses must be requested separately from that for other educational expenses. To obtain reimbursement for expenses as specified in paragraph 4-12c, individuals will accumulate costs related to the thesis, dissertation, or other equivalent writing requirement and submit one voucher for reimbursement for total project costs. Expenses claimed on this voucher may be incurred in more than 1 FY.

4-15. Funding sources

a. Funds available for operation of the unit or activity to which the individual is assigned in a student status will be used for reimbursement of educational expenses under this section.

b. As an exception to *a* above, USAHPSA (SGPS-ED) will fund reimbursement of expenses for those individuals assigned to the AMEDD Student Detachment, who meet eligibility requirements of this section, and for those individuals assigned to MTFs who are selected by the Annual Teaching Chiefs' Selection Board to attend fully funded courses at a civilian university for specific GME training programs.

Chapter 5 Dental Corps Residencies and Fellowships

Section I General Administration

5-1. General

General dentistry residencies (Advanced Educational Program in General Dentistry—1 Year), residencies in selected dental specialties, and fellowships will be established at designated Army dental activities (DENTACs) as directed by TSG. These programs will be conducted to meet—

- a. Validated military requirements.
- b. Requirements of the following:
 - (1) Council on Dental Education of the American Dental Association (ADA).
 - (2) Council on Hospital Dental Service.
 - (3) Appropriate American specialty board.

5-2. Eligibility

a. *General dentistry residencies (Advanced Educational Program in General Dentistry—1 Year).* Graduates of dental schools approved by the Council on Dental Education of the ADA are eligible for Army general practice residencies following graduation. Applications will be submitted under AR 601-130.

b. *Residencies and fellowships.* Applications will be submitted on DA Form 3838 (two copies) through channels to Commander, USAHPSA (ATTN:SGPE-EDD), 5109 Leesburg Pike, Falls Church, VA 22041-3258. They will be mailed to arrive no earlier than 1 January and no later than 1 March, to be considered for training beginning the next FY. Copies of dental school transcripts will be submitted along with a current, full-length, official photograph and a

letter of recommendation by the applicant's commander. Applicants in units commanded by other than a dental officer will need, in addition to a letter of recommendation from their unit commander, a letter of recommendation from the senior dental officer at their location. The senior dental officer normally is the DENTAC commander. Officers who recently transferred under PCS orders, as well as officers and students in the AOAC, may submit letters from their previous commander or senior dental officer as indicated above.

5-3. Selection

All selections for training will be made by a board of dental officers appointed by TSG. Those selected for civilian schooling must apply and be accepted by a graduate school that is approved by the U.S. Army Dental Corps. This action will be coordinated through the Graduate Dental Education Branch (SGPE-EDD).

5-4. Withdrawals and probation

a. Reasons for withdrawal. A general dentistry resident (Advanced Educational Program in General Dentistry—1 Year), specialty resident, or fellow may be withdrawn from the program for any of the following reasons:

(1) His or her own request.
(2) Recommendation of the DENTAC commander and the dental education committee.

(3) On authority of the Assistant Surgeon General for Dental Services or a higher authority, to meet the needs of the service.

b. Withdrawal procedures.

(1) When a student wishes to voluntarily withdraw from training, the student must submit a request in writing through the program director and the dental education committee. The request for withdrawal, to include an endorsement by the DENTAC commander, will be forwarded through channels to HSC, and then to the USAHPSA ATTN: SGPS-EDD, 5109 Leesburg Pike, Falls Church, VA 22041-3258, for final action by the Assistant Surgeon for Dental Services.

(2) A DA Form 67-8 (US Army Officer Evaluation Report) will be submitted on any officer withdrawn from training.

c. Probation.

(1) *Cause.* A student may be placed on probation by the dental education committee for unsatisfactory performance.

(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—

1. Any act of 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 dentistry.

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

(d) Lack of motivation and/or application.

(3) *Requests for probation.*

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

(b) The dental education committee will consider the request and determine, by majority vote, whether to place the student on probation.

(4) *Notification of probation.* The director of dental education will notify the student, in writing, of the action of the dental education committee. If the student is placed on probation, the notification will include—

(a) The reasons for probation.

(b) Suggested corrective actions for improvement.

(c) The duration of probation.

(5) *Probationary period.* During the probationary period, which must be for a minimum of 30 days, the student 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 student may be processed for immediate termination, based on matters other than those upon which the probation was based, during any period of probation.

d. Termination of probation.

(1) The probationary status will end—

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

(b) When the student has withdrawn from training.

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

(2) The director of dental education will notify the student, in writing, of the end of probation.

e. Reports. A letter of notification and a special DA Form 1970-R (House Staff Evaluation Report) will be forwarded through channels to the HSC, and then to the USAHPSA, ATTN: SGPE-EDD, 5109 Leesburg Pike, Falls Church, VA 22041-3258, within 5 working days after an individual has been placed on probation or relieved from probation. A copy of the letter of notification sent to the student will be included.

f. Termination of training.

(1) A student may be terminated from a training program by the Assistant Surgeon General for Dental Services or a higher authority upon recommendation of the dental education committee, with concurrence by the DENTAC commander.

(2) 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 635-100, chap 5).

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

(3) Recommendation for termination.

(a) If termination is recommended, the program director will—

1. Submit a written recommendation for termination, with supporting documentation, to the dental education committee.

2. Furnish the student a copy of the recommendation file.

3. Maintain a record of student notification.

(b) After notification of the recommended termination, the student—

1. Will have 5 working days to examine the recommendation file and submit a written statement.

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

3. May not appear before the committee, with or without counsel, nor may his or her counsel appear before the committee, alone, on his or her behalf.

(c) The dental education committee will consider the termination request and determine, by two-thirds vote, whether to recommend termination to the DENTAC commander. The program director's request and the recommendations of the dental education committee will be forwarded to the DENTAC commander within 5 working days.

(4) Actions by the DENTAC commander.

(a) The DENTAC commander will notify the student, in writing, of the dental education committee's recommendation and his or her decision within 5 working days.

(b) 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 HSC, and then to the USAHPSA, ATTN: SGPE-EDD, 5109 Leesburg Pike, Falls Church, VA 22041-3258.

(c) 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 with the commander. The student may not be accompanied by counsel during such personal appearance.

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

g. Further processing.

(1) The DENTAC commander's decision, after the student's appeal, and the dental education committee's recommendation, will be forwarded through channels to the HSC and then to the USAHPSA, ATTN: SGPS-EDD, 5109 Leesburg Pike, Falls Church, VA 22041-3258, for final action by the Assistant Surgeon General for Dental Services.

(2) A DA Form 67-8 will be submitted on any officer terminated from training.

h. Extensions of training.

(1) Students who are absent from any program for more than 30 training days in a training year must either be extended a corresponding number of days or be terminated from training, at the discretion of the Assistant Surgeon General for Dental Services.

(2) The dental education committee will determine, by two-thirds vote, whether a student's training should be extended or terminated. The committee's recommendation, including the duration of any recommended extension, will be forwarded to the DENTAC commander for his or her review.

(3) If the recommendation is for extension in training, the commander will notify the student, in writing, of the decision, of the duration of the recommended extension, and that the recommended extension must be acted on by the Assistant Surgeon General for Dental Services. A copy of the proceedings will be forwarded through channels to the HSC and then to the USAHPSA, ATTN:SGPS-EDD, 5109 Leesburg Pike, Falls Church, VA 22041-3258, for action by the Assistant Surgeon General for Dental Services.

(4) If the recommendation is for termination, the instructions in *f* above will be followed.

i. Service obligation. Students who withdraw or are withdrawn or terminated from training may be required to complete their active duty service obligation (as stated in their contracts or service agreements), 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 active duty 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 service agreement.

Section II Programs

5-5. Advanced educational programs in general dentistry—1 year

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

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

5-6. Dental residency programs

a. Military residencies. Residency programs are offered in selected specialties and general dentistry to all career Army Dental Corps officers to meet military requirements. Programs will be conducted as outlined by the Council on Hospital Dental Service and the Council on Dental Education of the ADA when applicable.

(1) To the extent possible and without interfering with the military mission, residency programs in specialties other than general dentistry will be structured and staffed so that graduates meet the requirements for examination and certification by the appropriate American specialty board.

(2) Residency programs in general dentistry will be monitored by Office of the Surgeon General (OTSG). These programs will be

structured and staffed so that graduates meet requirements for examination and certification by the Federal Services Board of General Dentistry.

b. Civilian residencies. Residencies in civilian educational institutions in various specialties may be made available and used as needed to augment training not otherwise available in Army-conducted programs.

5-7. Dental Fellowship Program

a. The Fellowship Program will provide professional training in selected fields to officers of the Army Dental Corps to meet military requirements.

b. Dental fellowships will be designated on an individual basis and as validated requirements dictate. These programs normally will be 1 year in length, but may be longer to meet military needs.

c. Fellowship programs are intended to provide opportunities for professional advancement and not to meet the requirements of a specialty board.

5-8. Dental master's or doctorate degree training

These programs will provide professional training in selected fields to officers of the Army Dental Corps to meet military requirements.

Section III Conduct of Programs

5-9. Responsibility for programs

The DENTAC commander at installations conducting dental residencies or fellowships will organize, integrate, and supervise dental education programs at that installation.

5-10. Correspondence

a. Correspondence concerning personnel matters will be forwarded to Commander, USTAPA (ATTN: DAPC-OPH-DC), 1900 Half Street, SW, WASH DC 20324-2000.

b. Correspondence concerning functioning and professional content of programs will be forwarded to Commander, USAHPSA (ATTN: SGPE-EDD), 5109 Leesburg Pike, Falls Church, VA 22041-3258.

c. Correspondence regarding accreditation and site visitation will be sent directly to the ADA, Advanced Dental Education, Commission on Dental Accreditation, 211 East Chicago Avenue, Chicago, IL 60611, with an information copy to Commander, USAHPSA (ATTN: SGPS-EDD), 5109 Leesburg Pike, Falls Church, VA 22041-3258.

5-11. Director of dental education

The DENTAC commander normally serves as the director of dental education. However, this duty may be delegated to another dental officer. The director of dental education will organize, integrate, and supervise all dental education programs. He or she coordinates these programs which the DENTAC commander, department chiefs, and section chiefs having an interest in the dental education programs. As appropriate, he or she will be appointed as a member of the medical center (MEDCEN) or 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.

5-12. Dental education committee

a. Membership. A dental education committee will be composed of the DENTAC commander, director of dental education (if a separate individual), and members of the staff directly involved in the teaching programs.

b. Limited membership. Committee membership should be limited to the minimum number necessary to exercise effective control of the training programs and still maintain a multidisciplinary approach.

c. Duties. The dental education committee will meet monthly or as required to—

- (1) Supervise the dental education program.

(2) Evaluate the professional progress of the officer students. A specific recommendation will be made by the committee for the continuation, relief, or advancement of each student at the end of each quarter. The recommendation will be noted in the minutes. DA Form 1970-R will be used for the quarterly evaluation.

(3) Monitor professional activities and special events within 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 students.

(4) Recommend short absences of officer students. If an officer student is absent for more than 1 month in any program year, the committee will submit a request for his or her extension or termination in the program. This request will be sent through Commander, HSC, (ATTN: HSDS-P), Fort Sam Houston, TX 78234-6000, to Commander USAHPSA, (ATTN: SGPS-EDD), 5109 Leesburg Pike, Falls Church, VA 22041-3258.

(5) Approve teaching plans.

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

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

(8) Recommend award of certificates. On completion of an officer student's participation in an educational program, the dental education committee will make a recommendation to the DENTAC commander that the individual be issued a DA Form 3492 reflecting time spent in the program. Certificates will be signed by the DENTAC commander and the chief of the specialty in which training was taken. Certificates for rotating residencies or similar training will be signed by the DENTAC commander and the director of the residency program. DA Form 3492 will be issued automatically by HQDA (DASG-AOP) to installations conducting training programs.

(9) Maintain the minutes of the dental education committee proceedings. 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 Students.

(b) Professional Activities—

1. Title of paper and lecture presented or published.

2. Appointment of DENTAC Officers to Professional Organizations.

3. DENTAC Committee Assignments.

4. Specialty Board Certification.

(c) Absence of Officer Students.

(d) Status of Teaching Plans—(approval/disapproval) should reflect inclusion of conferences per paragraph 5-14.

(e) Research Projects, Clinical Studies, and Professional Papers for the DENTAC.

(f) Attendance of Dental Officers at Professional Postgraduate Short Courses and Dental Professional Meetings.

(g) Awards and Certificates.

(10) Forward a copy of the minutes of each meeting of the committee to the Commander, USAHPSA (ATTN: SGPS-EDD), 5109 Leesburg Pike, Falls Church VA 22041-3258. Also forward a copy to the Commander, U.S. Army Health Services Command (ATTN: HSDS-C), Fort Sam Houston, TX 78234-6000.

5-13. Dental staff

The dental staff of each treatment facility engaged in officer student education programs will be organized into three components. These are discussed below.

a. Assigned staff. The DENTAC commander will designate dental officers assigned to the installation to conduct dental training programs. For the purpose of the dental education program only, and on concurrence of the commander, MEDCEN, or MEDDAC, these dental officers will be designated as members of the hospital staff.

b. Visiting staff. The visiting staff will be composed of civilian dentists who are diplomates of the appropriate American specialty boards or who have equivalent professional capabilities. Their services normally are obtained by appointment as consultants under AR

40-1. Members of the visiting staff should be given responsibility for providing definite parts of the teaching program.

c. House staff. The house staff will be composed of officer students.

5-14. Plans of instruction

a. Teaching plan. The chief of each specialty service of the DENTAC 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. References and teaching aids. Standard detail and medical books, audiovisual materials, and periodicals available in medical libraries will be used as references.

c. Conferences. Conferences indicated below are the minimum required for residency programs. Other conferences may be scheduled at the discretion of the dental education committee.

(1) *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. These conferences normally will be conducted by members of the assigned or visiting staff. However, outstanding nonstaff clinicians may be invited to present papers of general interest. Additional discussions of administrative matters, the medical role of dental officers in combat, review of clinical materials, and case histories also may be included.

(2) *Clinicopathologic conference.* Monthly conferences will be attended by the house staff.

(3) *Departmental conferences.* A rotating schedule of conferences will be conducted by the specialty services of the DENTAC. Topics for discussion will be announced in advance and, unless officially excused, the house staff will take part in all conferences.

(4) *Dental literature review conference.* Once a month a designated officer of the house staff will conduct a review of appropriate current professional literature. Members of the assigned staff will attend and be prepared to take part in all discussions.

(5) *Clinical demonstrations.* Frequent practical demonstrations of clinical techniques should be presented by members of the assigned, visiting, or house staff.

(6) *Combat casualty care.* Each resident will complete a minimum of 25.5 hours of instruction per year in the medical role of dental officers in combat and mass casualty situations.

d. Examinations. No examinations for professional proficiency are specifically required by TSG. Examinations, however, may be used as teaching and evaluation techniques.

e. Professional meetings or courses.

(1) Officer students may be authorized to attend professional meetings under part four.

(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.

f. Professional papers.

(1) Each resident or fellow will be encouraged to prepare a professional paper or to undertake a research project with a view toward eventual publication. Subject matter must be approved by the dental education committee.

(2) Papers suitable for publication should be forwarded to HQDA (DASG-DC).

(3) 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. DA Form 1970-R

The dental education committee will keep an evaluation record of activities of each resident and fellow during his or her period of formal training; this record will be a part of the permanent file of the committee. Should the individual be transferred before completion of training to another Army DENTAC, a copy of this record will be forwarded to the receiving DENTAC. A copy of this record may be

furnished to civilian institutions on request. Reports will be prepared on DA Form 1970-R or equivalent.

a. Purpose. This report provides TSG with information required for selection, evaluation, and termination of residents and fellows. DA Form 67-8 should be consistent with DA Form 1970-R.

b. Preparing agencies. Reports will be prepared by the dental education committee of activities designated to conduct graduate dental education programs.

c. Form supply. DA Form 1970-R may be reproduced locally on 8½- by 11-inch paper printed head to head; a copy of this form for reproduction is located at the back of this regulation.

d. Frequency and period covered. Reports 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 report will be forwarded when a student is placed on probation, is relieved from probation, or is terminated from training for any reason.

(2) Grouped and sent with a letter of transmittal to Commander, USAHPSA (ATTN: SGPS-EDD), 5109 Leesburg Pike, Falls Church, VA 22041-3258, no later than 10 days following the end of the reporting period.

e. Instructions for completing DA Form 1970-R. This form will be used for recording evaluation of the teaching staff in all levels of training and in all specialties.

(1) Parts I through VI of the form will be completed by the resident's or the fellow's teaching chief. Parts I through IV are completed by placing an "X" by the statement that best describes the rated officer. In part V, indicate a recommendation for additional training. Part VI requires a brief narrative description of the rated officer's performance and personal qualities.

(2) The report will be endorsed by the director of dental education and approved by the DENTAC commander with signatures in the appropriate blocks.

(3) A few items in parts I and II of DA Form 1970-R are not equally applicable to all specialties. If teaching mentors believe a particular item in parts I and II cannot be adapted to describe the performance of individuals training in their specialty, they may print "NA" for not applicable and omit the "X" for the item.

f. Rating principles. Evaluations by the rater must be based on the following:

(1) Observations of what the house officer has done or has failed to do.

(2) Typical performance of duty, not a few isolated striking incidents.

(3) Actual observations of the rated officer in the performance of duty.

5-16. DA Form 67-8

The use of DA Form 1970-R is not to be substituted for the proper use of DA Forms 67-8-1 and 67-8 as outlined in AR 623-105, appendix I-3.

Chapter 6 Medical Corps Graduate Medical Education

Section I Introduction

6-1. General

This chapter prescribes procedures for applying for all post-doctoral (doctor of medicine (M.D.) and doctor of osteopathy (D.O.)) programs of GME whether taken in Federal medical facilities, civilian medical facilities, or colleges and universities. It also provides administrative and control guidance for this training. (See chap 10 for obligated service incurred for taking part in this program.)

6-2. Types of training

a. Military internships. Internships are defined as the first post-graduate year (Postgraduate Year One (PGY-1)) of accredited training. Military internships are established as the First Year of Graduate Medical Education (FYGME) in designated hospitals as directed by TSG. The FYGME program may be either categorical (straight), categorical diversified, or transitional. The FYGME program will provide a year of training that is integrated with subsequent years of residency and, where authorized by respective specialty boards, may be considered as the first year of residency. The FYGME program will be conducted to meet military requirements and requirements of the Accreditation Council for Graduate Medical Education (ACGME). Maximum care will be taken to assure that the internship period will be primarily a training experience. Training in laboratory, diagnosis, radiologic interpretation, physical medicine, and pathology should be included. This training should be achieved primarily through integration with the intern's activities on other services. Too frequent rotation of assignments is inconsistent with the conduct of a good internship.

b. Military residencies. Residencies are defined as the second and subsequent postgraduate years (Postgraduate Year Two (PGY-2) or above) of accredited training leading to eligibility for certification by an American specialty board. Residencies in various specialties and subspecialties will be established in designated Army hospitals as directed by TSG. These residencies will be conducted to meet requirements of the Accreditation Council for Graduate Medical Education of the American Medical Association (AMA) as defined in "Essentials of Approved Residencies" and under training requirements of applicable specialty boards.

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. Prespecialty surgical training. Residents in neurosurgery, urology, and otolaryngology normally will complete 1 year of surgical training as part of their training in these specialties. This training may be conducted at a hospital other than where the major specialty training is given. Hospitals conducting prespecialty surgical programs will ensure that training is approved by the ACGME of the AMA as offering satisfactory training in preparation for residency training in the surgical specialties listed above.

e. Civilian residencies. Residencies in civilian hospitals in various specialties may be made available and used as needed; these will augment training not otherwise available in Army hospitals. (See para 6-4e and 6-4f.)

f. Fellowships. Fellowships are defined as formal periods of GME other than internships or residencies. To provide the AMEDD with officers who are adequately trained to meet various medical contingencies, TSG will approve selected officers for training in any specialty or research area necessary to the medical mission.

g. Prerequisites. Physicians applying for GME programs must be citizens of the United States and graduates of approved schools of medicine or osteopathy. Non-U.S. citizens currently on active duty may request a waiver of this requirement in block 24 (Remarks) of DA Form 3838. An individual who holds a degree from a foreign medical school must meet the following prerequisites:

(1) Be certified by the Educational Commission for Foreign Medical Graduates (ECFMG), to include passing the Foreign Medical Graduate Examination in the Medical Sciences (FMGEMS).

(2) Have a full and unrestricted license to practice medicine in the United States jurisdiction providing such license.

6-3. Training spaces

Training spaces available in programs of GME will be determined by TSG under training capabilities of each hospital and requirements of the Army.

6-4. Applications, appointments, advancements, and selections

a. General. Applications, except for the FYGME program, will be made on DA Form 3838. 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 board exists, training periods will be determined by TSG. A GME training year will consist of at least 48 weeks.

b. Internship applications (FYGME program). Applications for appointment to the FYGME program will be submitted under AR 601-130. Applications must be sent to Commander, USAHPSA (ATTN: SGPS-EDM), 5109 Leesburg Pike, Falls Church, VA 22041-3258, by 15 August for consideration for training beginning the following July.

c. Residency and fellowship applications (second year GME or above).

(1) MC officers who meet the prerequisites of paragraph 6-2g, and other physicians who are in practice or enrolled in programs of GME and meet the prerequisites of paragraph 6-2g, are eligible to compete for residency training. Applications will be submitted on DA Form 3838; they will be sent to Commander, USAHPSA (ATTN: SGPS-EDM), 5109 Leesburg Pike, Falls Church, VA 22041-3258, no later than 1 October for consideration for training beginning the following July. Applicants who have not taken part in an Army GME program will submit the following material to the Commander, USAHPSA (ATTN: SGPS-EDM) for inclusion with the application:

(a) Letters of recommendation from the dean of their medical or osteopathy school and director of any former internship, residency, or fellowship program. Applicants on active duty also will request a letter of recommendation from the MC officer responsible for professional supervision of their work, such as the division surgeon or chief of service.

(b) Transcript of medical/osteopathic school records.

(c) Recent military photograph (civilian applicants submit personal photograph).

(d) Curriculum vitae.

(e) Graduates of foreign medical schools must submit a copy of their permanent ECFMG certificate or Fifth Pathway Certificate.

(2) Voluntary indefinite service agreements no longer are required for physicians entering GME training. Obligation expiration dates are specified on training agreements when an individual is selected. The training agreement will serve as the document required to extend the active duty term of the MC officer as specified in AR 135-215, paragraph 2-15g.

d. Advancement of residents and fellows. All residents and fellows automatically will be considered for advancement each year until they complete their training. Advancement is contingent, however, on satisfactory performance.

e. Army-sponsored civilian training. Applications for civilian residency and fellowship training will be submitted on DA Form 3838. Applications will be submitted to reach the Commander, USAHPSA (ATTN: SGPS-EDM), 5109 Leesburg Pike, Falls Church, VA 22041-3258, no later than 1 October for consideration for training beginning the following July.

f. Nonfunded Graduate Medical Education Program (NGMEP). The NGMEP provides an opportunity for active duty physicians to be released from active duty in order to complete residency training at no expense to the Government, in exchange for an agreement to return to active duty upon completion or termination of training. DA Form 3838 will be completed and forwarded to the Commander, USAHPSA, ATTN: SGPS-EDM, 5109 Leesburg Pike, Falls Church, VA 22041-3258 in the format as listed in *c* above. Application must include notification of acceptance from the appropriate institution and will be submitted to reach SGPS-EDM no later than 1 October for consideration for training beginning the following July. Upon notification of selection, other than RA officers must submit a request for release from active duty under AR 635-100, section XX, chapter 3. RA officers must submit an unqualified resignation under AR 635-120, chapter 3, including therein a request for appointment in the USAR. A signed NGMEP Service Agreement must be submitted with the request for release from active duty (see fig 6-1). Figure 6-1 should be reproduced locally as required.

g. Convening authority. All selections for Army GME training are board actions for which the convening authority is TSG.

6-5. Withdrawal, probation, and termination

a. Status. During the period of GME, the officer in training is a student.

b. Withdrawal. An intern, resident, or fellow may be withdrawn from the training program—

(1) At his or her own request.

(2) By the commander of the MTF.

(3) By TSG to meet needs of the Service.

c. Voluntary withdrawal. When an intern, resident, or fellow desires voluntarily to withdraw from training, he or she must submit a request in writing through his or her program director, the director of medical education, and the hospital education committee. The request for withdrawal must include an effective date before it is forwarded to Commander, USAHPSA (ATTN: SGPS-EDM), 5109 Leesburg Pike, Falls Church, VA 22041-3258, for final approval.

d. Probation procedures.

(1) Interns, residents, and fellows may be placed on probation for unsatisfactory performance. Probation may be based on any of the following:

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

(b) Lack of application.

(c) Conduct considered unprofessional by the program director.

(2) Notification of probation.

(a) A written request for probation will be submitted to the hospital education committee by the program director specifying reasons for the request. A copy of this request will be furnished the individual. A record of this notification will be maintained by the program director. The hospital education committee will consider the request and, if recommended by majority vote, recommend to the MTF commander that the individual be placed on probation. An individual may be placed on probation only by the MTF commander.

(b) An individual placed on probation will be notified by the MTF commander or director of medical education of this fact, including reasons for the action. At the time the individual is placed on probation, he or she must be counseled regarding his or her deficiencies and the means by which he or she may correct them.

(c) During the probationary period, which must be for at least 30 days, the individual will be given appropriate opportunity to improve performance to a satisfactory level. The probationary period may be extended by majority vote of the hospital education committee on request of the program director.

(d) An individual who is on probation may have his or her training extended. No provisions exist for appeal on extensions of training. This decision rests with the program director and is subject to the approval by the hospital education committee.

(e) The director of medical education will notify an individual in writing of removal from probation, continuation of probation, and extension of training. Probationary status may end for any one of the following reasons: The individual has improved to a satisfactory state as delineated to the hospital education committee by the program director, the individual has voluntarily withdrawn, or training is terminated.

e. Termination of training. An individual may be terminated from a training program by the MTF commander on recommendation of the hospital education committee.

(1) Termination must be based on any of the following:

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

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

(c) For any act of gross negligence or willful misconduct.

(2) A written request for termination will be submitted to the hospital education committee by the program director. The request must detail reasons for the request and document counseling and the

result of the probationary period. If applicable, a copy of this request will be furnished to the affected individual who will have 5 working days to examine the request and submit a written statement.

(3) The hospital education committee will meet to consider the program director's request and the affected individual's statement. The affected individual will also be given the opportunity to personally appear before the committee if he or she chooses to do so. A two-thirds vote is required to recommend termination to the MTF commander. A copy of minutes of the meeting and the program director's request will be forwarded to the MTF commander.

(4) The MTF commander will notify the affected individual in writing of his or her decision. No right to appeal exists for this decision.

f. Reports. Forward a special DA Form 1970-R through channels to Commander, USAHPSA (ATTN: SGPS-EDM), 5109 Leesburg Pike, Falls Church, VA 22041-3258, within 5 working days after an individual has been placed on probation, relieved from probation, or terminated from his or her training for any reason. This report will—

(1) Cover the individual's performance for the period in question.

(2) Be accompanied by a copy of the letter of notification to the individual.

g. MTF commander termination memorandum. When an intern, resident, or fellow is terminated from training by the MTF commander, forward a memorandum of notification (with a copy of the termination memorandum to the individual) to Commander, USAHPSA (ATTN: SGPS-EDM), 5109 Leesburg Pike, Falls Church, VA 22041-3258. This memorandum must be sent within 5 working days after termination so that appropriate reassignment orders can be issued.

h. ADSO. Individuals who voluntarily withdraw or are terminated from a GME training program will have an ADSO in accordance with chapter 10.

6-6. Applicable publications

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

a. Directory of residency training programs, current year (prepared by the Division of Educational Directories of the AMA).

b. AR 40-1.

c. Manual of Hospital Accreditation.

d. AR 601-130.

e. Applicable directives and regulations pertaining to participants in the Armed Forces Health Professions Scholarship Program.

6-7. Location of programs

MTFs authorized to conduct training under this regulation are designated by TSG. These MTFs are listed in the Directory of Residency Training Programs prepared by the Division of Educational Directories of the AMA. MTFs so designated will conduct only those intern and residency programs which are approved and accredited by the ACGME and by TSG.

Section II Administration

6-8. Correspondence

All correspondence concerning GME training programs will be forwarded to Commander, USAHPSA (ATTN: SGPS-EDM), 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.

6-9. New programs

A request for establishing a new GME training program at an Army MTF must be submitted through the director of medical education or the deputy commander for clinical services (DCCS), the MTF

commander, and the Commander, U.S. Army Health Services Command (ATTN: HSPA), Fort Sam Houston, TX 78234-6000. The request must include—

a. Copies of correspondence between the MEDCEN and civilian accreditation agencies.

b. Proposed start date.

c. Detailed analysis of all additional resources that will be required to conduct the program.

6-10. Accreditation

Accreditation by appropriate accrediting agencies 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.

6-11. Program change

Before withdrawal, program change, or completion date change for any individual in GME, command approval must be obtained in writing from Commander, USAHPSA (ATTN: SGPS-EDM), 5109 Leesburg Pike, Falls Church, VA 22041-3258. Local MTF commanders do not require SGPS-EDM approval to switch an individual in his or her FYGME (internship) program. However, an information copy of the action will be provided SGPS-EDM to ensure accurate up-to-date accounting. When an individual completes residency or fellowship training earlier than originally scheduled, correspondence from the appropriate medical specialty board (if applicable) indicating that he or she has met board requirements must be included with correspondence forwarded for approval to SGPS-EDM. An individual who has been recommended by his or her program director for extension of GME training must sign a statement indicating his or her knowledge of such an extension. The request for extension then will be forwarded to USAHPSA (ATTN: SGPS-EDM) for approval.

6-12. Director of medical education

The DCCS is usually the most qualified physician to serve as director of medical education. These duties may be delegated to another physician at the discretion of the MTF commander. The individual so designated, along with the MTF commander and the various service chiefs, will organize, integrate, and supervise the educational program for the intern and resident staff. A separate physician, with appropriate qualifications and background, may be designated director of intern training.

6-13. Hospital education committee

A hospital education committee will be appointed at MTFs conducting GME programs. The committee will be composed of—

a. The director of medical education (chair).

b. Chiefs of departments, services, or sections, including aviation or preventive medicine officer at MTFs conducting those residencies.

c. Other persons as the commander may designate. The MTF commander should not be a member of this committee, since he or she will be the final reviewing authority. This group will—

(1) Give general supervision to the GME program.

(2) Maintain minutes of committee meetings and forward one copy to the Commander, USAHPSA (ATTN: SGPS-EDM), 5109 Leesburg Pike, Falls Church, VA 22041-3258. (This report is exempt from requirement control under AR 335-15, para 5-2e(4).)

(3) Prepare DA Form 1970-R as prescribed in paragraph 6-25.

(4) Recommend to the MTF commander actions concerning probation, withdrawals, and disciplinary action for cause or other actions pertaining to GME programs and participants.

(5) During the final month of training, create a credentials file on each student as prescribed in AR 40-66.

6-14. Records, clinical statistics, and medical audits

Necessary records and information will be kept under requirements

in the current revision of the Directory of Graduate Medical Education.

6-15. Certificates

On the individual's completion of GME training or transfer to another MTF to continue training, the appropriate MTF will issue a DA Form 3492 for the period of training received up to that time. Certificates will be signed by the MTF commander and chief of the specialty in which training was taken. Certificates for transitional internships or similar training will be signed by the MTF commander and director of medical education. Blank DA Form 3492 will be issued by HQDA (DASG-AOP) to MTFs conducting GME programs. USAHPSA(SGPS-EDM) will coordinate distribution each year. User activities are not required to submit requisitions.

6-16. Surgical operations performed by residents

Individual residents' records of surgical operations performed will be maintained as required by the conference committee on graduate education in surgery and the various specialty boards.

6-17. Absence from training

If a student misses more than 4 weeks of training in 1 training year, a request for extension of training will be submitted to Commander, USAHPSA, (ATTN:SGPS-EDM), 5109 Leesburg Pike, Falls Church, VA 22041-3258.

6-18. Professional staff

The professional staff of each MTF engaged in the GME program will be divided into an assigned staff, a visiting staff, and a house staff.

a. Assigned staff. The assigned staff will be composed of AMEDD officers who are primarily responsible for operation of the teaching program for assigned interns, residents, and fellows.

b. Visiting staff. The visiting staff will be composed of—

(1) Selected civilian authorities qualified to teach the basic sciences.

(2) Physicians who are diplomates of the appropriate American medical specialty boards or who have equivalent training and experience. Services of these experts normally are obtained by obtaining their appointments as consultants under AR 40-1. These physicians will be credentialed under AR 40-66. Members of the visiting staff should be given responsibility for providing a definite part of the teaching program. The visiting staff roster should include those local consultants actively involved in the teaching program.

c. House staff. The house staff will be composed of interns, residents, and fellows.

6-19. Plans of instruction

The chief of each department, service, or section engaged in the teaching program will be responsible for the continuation of a progressive, comprehensive teaching plan. This plan should use the full period of time for which the program is established. It is not essential, nor even desirable, that all internships and residencies should adopt the same program. It is essential, however, that all facilities taking part in GME programs be able to meet fundamental essential requirements for an approved program either alone or in collaboration with other institutions.

6-20. Visiting Professorship Program

The commander of each MTF having one or more residency or fellowship program will be authorized to invite distinguished United States professional leaders to the MTF as visiting professors. This Visiting Professorship Program is designed to supplement the education of the AMEDD residents and fellows and to enhance the prestige of Army residency or fellowship training programs. This program will be funded by the AMEDD teaching facilities.

6-21. Visiting Residency/Fellowship Program

This program authorizes outstanding residents or fellows to receive 2 weeks of supplemental training at accredited medical teaching facilities during their final year of training. This program is not to

be used as a substitute for attendance at other professional development courses or conferences.

a. Purpose. The purpose of the program is to—

(1) Recognize excellence of individual residents and fellows.

(2) Enhance the prestige of Army GME.

(3) Provide intellectual enrichment of Army medicine by an exchange of the latest professional developments and techniques.

b. Procedures. Each MC GME teaching chief is authorized to select one outstanding senior resident or fellow from his or her specialty program to take part each FY. Selectees will be given 2 weeks of TDY at an accredited medical teaching facility of their choice. Either a military or civilian medical teaching facility may be chosen for this purpose. Selectees stationed in CONUS must select a CONUS facility for their training. Outside CONUS (OCONUS) selectees may take their training at either a medical teaching facility in their area or return to CONUS for this purpose. Officers selected to take part will wear an appropriate Army uniform while training at either a military or a civilian facility. Commanders of AMEDD facilities will program, budget, and fund for the TDY for this training in support of their respective GME programs.

6-22. Professional meetings or courses

a. Attendance at professional meetings at Government expense is governed by part four below. A commander may authorize house staff to attend meetings on permissive TDY or on regular TDY only when the training is a necessary or beneficial part of the officer's training program. Normally, physicians in the FYGME (internship) program will not be granted this authorization. Funds for defraying travel expense and per diem may be authorized, but must be budgeted for and funded by the local command concerned.

b. House staff officers are eligible to attend short courses on approval of the hospital or activity commander.

Section III Forms

6-23. DA Form 2214-R (Intern and Residency Training Capabilities)(RCS MED-154)

a. Purpose. The DA Form 2214-R report provides information on status of training capabilities and affiliations for use by TSG in determining distribution and assignment of interns, residents, and fellows. (DA Form 2214-R may be reproduced locally on 8½- by 11-inch paper; a copy of this form for reproduction purposes is located at the back of this regulation.)

b. Preparing agencies. This report will be prepared by commanders of all MTFs designated by TSG to conduct GME programs. (Activities conducting aerospace medicine, general preventive medicine, occupational medicine, and public health residencies are exempt from the requirement.)

c. Frequency, routing, due date, and period covered. DA Form 2214-R will be prepared annually for each GME program being conducted. One copy will be forwarded to Commander, USAHPSA, (ATTN: SGPS-EDM), 5109 Leesburg Pike, Falls Church, VA 22041-3258, no later than 1 September of each year. The report will cover the following school year for all GME programs.

d. Preparing instructions.

(1) *Section A, Training Capabilities by Training Year Level.* Data indicating maximum and optimum number of interns, residents, and fellows will reflect the best opinion of the MTF commander when the following have been considered:

(a) Accepted standards as presented in applicable publications. (See para 6-6.)

(b) Adequacy and availability of clinical material.

(c) Training capabilities of assigned staff and availability of visiting staff.

(d) Adequacy of equipment, space, funds, or other resources and factors having a bearing on the program.

(2) *Section B, Training at Affiliated Hospitals by Training Year Level.* Data in this section will provide the—

(a) Identity of institutions with which a gratuitous agreement exists.

(b) Number of interns, residents, or fellows detailed to that institution.

(c) Average number of weeks an intern, resident, or fellow is detailed during the training year.

(3) *Additional data.* Additional data or information which, in the opinion of the MTF commander, may have a bearing on, or should be considered in relation to, distribution of assignments will be presented under "Remarks" or as a separate attachment.

6-24. DA Form 5127 (Medical Officer's Professional Training Record)

a. Purpose. DA Form 5127 is a record maintained by individual MC officers for presentation to authorized accrediting boards toward granting certification. This record is presented by the officer to boards for evaluation of military experience acquired by MC officers while serving in the AMEDD. The board usually grants a certain amount of credit toward board certification as a result of this record. (DD Form 408 (Medical Officer's Professional Training Record) will be used instead of DA Form 5127 until stocks are exhausted.)

b. Scope. DA Form 5127 is required of those medical officers who are not certified in some specialty and who anticipate applying for certification at some future date. Credit for experience acquired while serving in the AMEDD may be granted when a medical officer's DA Form 5127 has been properly maintained and submitted for evaluation accompanying the application for certification. Any medical officer may maintain the record, if he or she so desires, for use after discharge from the Army.

c. Action by individual. DA Form 5127 is furnished as a convenience to medical officers. Each individual officer will maintain his or her professional training record in a manner that will be acceptable to his or her particular specialty board. The individual may forward the record to the specialty board at any time for evaluation. The record will not be forwarded through OTSG but will be forwarded directly to the board concerned. Ordinarily, the applicant will retain this record until he or she makes formal application to the board. Direct correspondence with boards relative to this matter is authorized.

d. Availability of form. DA Form 5127 is available to interested MC officers and may be obtained through normal publication supply channels. Because of the limited supply and applicability, no reserve stock will be maintained except at publications center level.

e. Instructions for completing form. Items included on DA Form 5127 are self-explanatory and directions for completing each item are given. Medical officers should follow instructions outlined on the form. Questions concerning requirements outlined on the form may be referred by the candidate to the appropriate specialty board.

(1) The form consists essentially of two parts. The first part is a summary sheet outlining information concerning the medical officer and his or her assignments. The second part is a resume of each training experience or assignment. A separate sheet of the second part will be completed and authenticated for each assignment.

(2) DA Form 5127 should indicate character and amount of work performed. The form also should give the name of the head of service, supervisor, or instructor under whom training was completed at each successive post to which the prospective applicant is assigned.

(3) If the form is lost, a new form should be obtained and completed from memory. Verification may be obtained subsequently from former superior officers or supervisors.

6-25. DA Form 1970-R (House Staff Evaluation Report)

The hospital education committee will keep an evaluation record of each intern, resident, and fellow during his or her period of formal GME training; this record will be a part of the permanent file of the committee. Should the individual be transferred for completion of training to another Army MTF, a copy of this record will be forwarded to the receiving MTF. A copy may be furnished, with the

consent of the individual concerned, to requesting civilian institutions. DA Form 1970-R will be prepared and forwarded to Commander, USAHPSA (ATTN: SGPS-EDM), 5109 Leesburg Pike, Falls Church, VA 22041-3258.

a. Purpose. DA Form 1970-R provides the Commander, USAHPSA, and TSG with information required for selection, evaluation, and termination of interns, residents, and fellows. DA Form 67-8 is not designated to fulfill the purpose outlined in this paragraph, nor is it intended as a substitute therefor.

b. Preparing agencies. Reports will be prepared by the hospital education committee (or equivalent) of MTFs designated to conduct GME programs.

c. Frequency and period covered.

(1) *First-year reports.* Two reports will be rendered during an individual's first year of GME in an Army MTF, whether it is an internship, residency, or fellowship year.

(a) If the year is an internship year (or equivalent), the first report will cover the period from the beginning of the intern training to 30 September. The second report will be from 1 October to the completion of the first year of training.

(b) If the year is a residency or fellowship year (second or more year of GME), the first report will cover the period from the beginning of the training year to 31 December. The second report will be from 1 January to the completion of the first year of training.

(c) A copy of each of these reports will be maintained as a part of the permanent file of the hospital education committee. A special report will be forwarded when an intern, resident, or fellow is placed on probation, or is relieved from probation, or is terminated from training for any reason (para 6-5). Evaluations made at termination or withdrawal requiring restricted credentials as a general medical officer (or in a basic specialty if being terminated or withdrawing from fellowship) will specify recommended restrictions.

(d) Evaluations will be forwarded at the time of termination to Commander, USTAPA (ATTN: DAPC-OPH-MC) 1900 Half Street, SW, WASH DC 20324-2000, for use in determining an appropriate assignment. If the evaluation indicates the individual cannot practice as a general medical officer (or basic specialist), then at the time of termination or withdrawal from training, the MTF commander will take action to eliminate the individual from the Service.

(2) *Subsequent reports.* The next report will summarize the entire period of training to 30 June of the last year of training.

(3) *Due date and routing.* Reports will be grouped and sent with a memorandum of transmittal to Commander, USAHPSA (ATTN: SGPS-EDM), 5109 Leesburg Pike, Falls Church, VA 22041-3258, no later than 10 days following the end of the reporting period.

d. Instructions for completing DA Form 1970-R. This form will be used for recording evaluations of the house staff in all levels of training and in all specialties.

(1) The house officer's service chief will—

(a) Complete parts I through VI by placing an "X" by the statement that best describes the rated house officer.

(b) In part V, indicate a recommendation for additional training.

(c) In part VI provide a brief narrative description of the rated house officer's performance and personal qualities.

(2) The report will be endorsed by the director of medical education and approved by the MTF commander by signature in the appropriate blocks.

(3) A few items in parts I and II are not equally applicable to all specialties. If a service chief believes a particular item in parts I and II cannot be adapted to describe the performance of an individual training in his or her specialty, he or she may print "NA" for not applicable. Omit the "X" by any of the descriptive statements for that item.

e. Rating principles. Evaluations by the rater must be based on the following:

(1) Observations of what the house officer has done or has failed to do.

(2) Typical performance of duty; not a few isolated striking incidents.

(3) Actual observation of the rated officer in the performance of duty.

6-26. DA Form 67-8

The use of DA Form 1970-R is not to be substituted for the proper use of DA Forms 67-8 and 67-8-1 as outlined in AR 623-105, appendix I-3.

Chapter 7 Medical Service Corps Education and Training

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 warrant officers in 30 diverse specialties. Unlike other AMEDD corps, no single socialization process is offered (such as medical, dental, veterinary, or nursing school) that serves as a common union for all members of the MS. 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 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) *OBC.* All MS officers normally will attend the OBC.

(2) *AOAC.* MS officers normally will complete between 4 and 6 years of AFCS. All MS officers will attend the resident AOAC. Exceptions will be rare and require individual review and personal approval by the Chief, MS.

(3) *CAS3.* MS officers in Year Group 1979 and beyond should plan to attend CAS3 after AOAC graduation and before completing 10 years of AFCS.

(4) *CGSC.* Officers will be considered for attendance at the resident course when they have attained the grade of major (or captain promotable) between their 10th and 15th years of AFCS. Because of the limited number of quotas available for resident attendance, MS officers are encouraged to enroll in the nonresident course of instruction. To be eligible for the nonresident course, officers should have between 8 and 18 years of AFCS. Waivers can be granted by the Commandant, CGSC, to a minimum of 6 years and a maximum of 24 years of AFCS. Officers who complete the nonresident course and desire to be considered for the resident course must submit their request in writing to the Commander, USAHPSA (ATTN: SGPS-EDA), 5109 Leesburg Pike, Falls Church, VA 22041-3258, before 1 May each year.

(5) *SSC.* Officers will be considered for attendance at an SSC automatically on selection to lieutenant colonel and attaining 15 years of AFCS. Selection for the AWCCSP is the only nonresident instruction equivalent to resident attendance at an SSC. Officers must apply for the AWCCSP under the annual AMEDD message announcing the selection board.

(6) *AMT.* A limited number of officers who are being assigned to the few validated positions requiring this training can apply under paragraph 4-2e. Officers must be serving in the grade of colonel.

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

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 Program.

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

d. Precedence of military courses. Military courses through which 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 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.

(3) Army Comptrollership Program at Syracuse.

(4) Biochemistry/Microbiology Programs at USUHS.

(5) Strategic Intelligence at the Defense Intelligence College.

e. Long-course selections. Long-course selections are made through formal board processes convened by TSG. Attendance at short courses is approved within the MS Branch.

f. Constructive credit. MS officers can apply for constructive credit for military courses under AR 351-1, based on experience and other training. Approval of constructive credit is extremely limited because of opportunities available for MS officers to attend the resident AOAC and enroll in the nonresident CGSC course. Constructive credit is awarded through a formal board process convened by CG, USTAPA.

7-3. Short-course training

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

(1) Other Army courses (airborne; air assault; military personnel officers course; planning, programming and budgeting; military comptrollership; and numerous other courses offered in Army service schools).

(2) Other Federal courses (courses sponsored by the U.S. Air Force and U.S. Navy; Centers for Disease Control; Office of Personnel Management; and other Federal agencies).

(3) Civilian short courses offered by a wide variety of private organizations.

(4) AHS-numbered short courses.

(5) Professional Postgraduate Short Course Program. Courses sponsored by TSG across a wide variety of AMEDD subjects.

b. Applications from MS officers for these courses normally are submitted in accordance with table 4-1.

c. Officers can be funded centrally for attendance at these courses under part four below.

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

e. With the exception of AOAC, officers are encouraged to meet training needs through correspondence courses. DA Pam 351-20 provides detailed information concerning availability of courses and application procedures.

f. Additional guidance is provided for the following training opportunities:

(1) *CAS3.* Eligibility criteria are to be an AOAC graduate and have not more than 10 years of AFCS. Officers attending the AOAC should enroll in the nonresident Phase I while in, or following, that course. Following successful completion of Phase I, officers will be scheduled for the 9-week, resident Phase II at Fort Leavenworth, KS.

(2) *Combat Casualty Care Course (C4).* MS is provided 4 quotas per iteration of C4 to serve as tactical officers and 1 quota for 68-series officers to attend as students. Desired eligibility criteria are to be a graduate of the AOAC, first lieutenant(P) or captain, and possess a mix of field and hospital experience. Selections are made within the MS branch.

(3) *Combat Casualty Management Course (C4A).* MS is provided two quotas per iteration of C4A to serve as tactical officers. Desired

eligibility criteria are to be a captain (P) or major, have attended C4 as a TAC officer, and possess a mix of field and hospital experience. Selections are made within the MS branch.

(4) *Battalion/Brigade Pre-Command Course (PCC)*. MS officers selected by the formal board process for lieutenant colonel- and colonel-level command are scheduled for the applicable three phases of the PCC.

(5) *AMEDD Executive Management Course (7M-F5)*. This course provides officers with a general knowledge of the more significant principles, practices, and interrelationships essential to managing the delivery of health care services in AMEDD activities and hospitals. The MS sends five officers to this course each year. Selection is by nomination to the Deputy Surgeon General. To be eligible, officers must—

- (a) Be in the grade of colonel or lieutenant colonel.
- (b) Be serving as a MEDCEN or MEDDAC executive officer or be on orders to the same.
- (c) Hold a high-level staff position.

(6) *Interagency Institute for Federal Health Care Executives*. MS normally sends five MS officers to this 2-week course each FY. Offered in the spring and early fall, the institute presents knowledge and provides a forum on pertinent health care issues within the Federal delivery systems. Selection for attendance at this course is made by the Chief, MS. Officers serving in, or on orders to, a MEDCEN or MEDDAC executive officer or high-level staff position are considered. Notification of attendance is made in the December/January timeframe.

(7) *Bio-Medical Equipment Officer Orientation*. This course is designed to train officers in the health care logistics field in advanced electronics theory. It serves as an orientation on practical skills essential for installation, inspection, maintenance, and repair of bio-medical equipment. Officers must be in a career status.

7-4. Long-course training

A wide variety of long-course training opportunities is available to every MS officer. The general schedule of boards and application deadlines are noted in table 7-1. Specific dates are announced annually by message.

Table 7-1
MS selection board schedule and application deadline

<p>Program: 1. U.S. Army-Baylor University Graduate Program in Health Care Administration Board or selection panel meets: Late June. Application deadline: 15 May.</p>
<p>Program: 2. Long-term civilian training (includes LEDC/FIT and Syracuse Army Comptrollership Program). Board or selection panel meets: Late June. Application deadline: 15 May.</p>
<p>Program: 3. U.S. Army Medical Materiel Agency Course and Logistics Procurement Officer Program. Board or selection panel meets: Late October. Application deadline: 1 September.</p>
<p>Program: 4. Bio-medical specialty training (includes the following: pharmacy residencies; Medical Technology Course; bloodbank fellowship; 1-year podiatric residency; Social Work Program in Family Studies; social work fellowship in community mental health; and psychology post-doctoral fellowships). Board or selection panel meets: Late October. Application deadline: 1 September.</p>
<p>Program: 5. Senior service college. Board or selection panel meets: Summer. Application deadline: Not required.</p>
<p>Program: 6. Command and Staff College-level training (CGSC and AFSC). Board or selection panel meets: Summer. Application deadline: Not required.</p>
<p>Program: 7. Warrant Officer Master Course. Board or selection panel meets: January.</p>

Table 7-1
MS selection board schedule and application deadline—Continued

Application deadline: Not required.

Program: 8. Aviation training.

Board or selection panel meets: Continuous selection panel.

Application deadline: Open continuously.

Selections for these programs are made on a best-qualified basis. Long-course training includes the following:

a. *Professional military education (SSC, AWCCSP, CGSC, AFSC, and AOAC)*. Officers are not required to apply for this category of training except for AWCCSP. (See para 7-2a(5).) Selection for resident attendance is made by formal selection board process (except AOAC). 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 monitors.

b. *Selection and training of Army aviation officers*. Applications are continuously open for aviation training. MS officers must not have completed 40 months of AFCS and must meet medical standards noted in AR 40-501. Officers interested in applying are encouraged to contact the MS branch directly to obtain current information. (See AR 611-110.)

c. *LTCT*. Numerous opportunities exist for graduate-level training in those disciplines for which the MS has validated requirements. Specific disciplines are deadline dates with supplemental information are announced by an annual message during late January.

(1) *Application procedures*. Officers and warrant officers must apply in the timeframe noted in table 7-1 and the annual message. In addition to requirements of paragraph 4-4, the following procedures apply:

(a) Memorandums of recommendation will not be accepted. Officers may communicate with the President of the board by addressing a memorandum to: President, 19 LTCT Selection Board, ATTN:DAPC-MSB, 200 Stovall Street, Alexandria, Virginia 22332-0400. Supporting documents may be enclosed. Normally, these memorandums are used to communicate significant errors or omissions in their Official Military Personnel File or serve as statements of motivation for the desired training.

(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.

(c) For the Syracuse Program, the GMAT is required. For all other master's-level training, the GRE is required. For doctoral-level training, the GRE is required when the schools to which the officer will apply require it for admission.

(d) Officers applying for doctorate-level training are encouraged to complete a portion of the didactic instruction before applying, to ensure program completion within the prescribed timeframe allowable.

(e) LTCT applications will be retained on file within the MS Education Branch for 1 year. Accordingly, to reapply, officers must submit a new DA Form 3838 along with any new information (such as test scores or program descriptions) or other documents the officer desires to be included with the application.

(f) Officers need not apply to schools before the selection board. 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.

(g) Officers participating in all programs listed under this paragraph will be rendered Academic Evaluation Reports (AERs) under AR 623-1.

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

(a) Must be graduates of the resident AOAC, on orders to the same, or, for branch transfers, have attended another branch's resident advanced course.

(b) Holding primary specialty skill identifier (SSI) 67J applying for master's-level training must have completed all flight requirements of the first gate. 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 LTCT selection board must gain acceptance to a college or university acceptable to DA. Acceptable means that it is accredited and approved for listing by the National Center for Education Statistics, U.S. Department of Education. Additionally, consensus must be reached among the officer concerned, the appropriate specialty consultant, and the MS branch.

(4) *Extensions of LTCT.* Officers entering training will determine the length of the program, to be consistent with paragraph 4-2c(1), 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) also must be submitted, to support the extension and to project when the training will be complete.

d. *HCA.* Officers interested in this training must submit their applications under table 7-1 and paragraph 4-10. Officers must complete the prescribed prerequisite courses (statistics, economics, and financial management) prior to start of school.

e. *Bio-medical specialty training.* The selection board for this training meets in October of each year. Eligibility requirements and application procedures are as announced in an annual DA message. The following specialty training programs are offered within the MS:

(1) *Pharmacy.* One-year residencies in hospital, hematology/oncology, and nuclear pharmacy.

(2) *Medical technology.* 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) National Accrediting for Clinical Laboratory Sciences academic requirements.

(b) Time-on-station policy requirements.

(c) A service requirement of not more than 7 years of AFCS.

(3) *Blood bank fellowship:* A 1-year fellowship at Walter Reed Army Medical Center (WRAMC) for qualified clinical laboratory officers that develops skills and knowledge necessary in operating the Army Blood Bank Program.

(4) *One-year podiatric residency.* A 1-year residency for podiatry officers who are AOAC graduates with at least 4 years of AFCS.

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

(6) *Social Work Fellowship in Community Mental Health.* A 1-year fellowship at William Beaumont Army Medical Center for social work officers that develops skills and knowledge necessary in providing military communities with mental health services.

(7) *Psychology Fellowship in Neuropsychology, Child, Community Mental Health, and Health Psychology.*

(8) *Clinical Psychology Internship.* Information regarding this program is in AR 601-130.

f. *Cooperative Degree Program for Resident CGSC Students.* Officers selected for resident CGSC who do not presently possess a master's degree can take part in the Cooperative Degree Program in a discipline for which validated requirements exist. The maximum period of time following CGSC is 6 months to complete the program.

g. *Top 5 Percent Program.* Officers identified in this program

apply for the desired graduate training opportunity within the MS when they attain eligibility criteria for the program.

h. *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 letter format along with their applications.

i. *Warrant officer LTCT.* Quotas are available each year to support bachelor's-level training in technical management to support validated requirements. Additionally, a start is offered at the master's level in bio-medical engineering. The latter opportunity is offered every fourth year. Warrant officers interested in LTCT should apply under this paragraph and paragraphs 4-3 and 4-4.

j. *U.S. Army Medical Materiel Agency Course.* 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, normally released in February.

k. *Procurement Officer Course.* Selection for this 1-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.

Chapter 8 Army Nurse Corps Education and Training

8-1. Introduction

This chapter provides AN officers with information concerning education and training opportunities available to them. Professional military nursing includes many diverse areas of practice in 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 is meant to summarize the variety of training programs and amplify policies provided in this and associated training directives. The Nursing Education Branch (SGPS-EDN) encourages active participation by officers in planning this aspect of their careers.

8-2. Policies

The following policies related to education and training apply within the AN:

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

(1) *AMEDD OBC.* All AN officers will attend the AMEDD OBC before their first active duty assignment.

(2) *AOAC.* AN officers will attend the resident AOAC between their third and eighth year of AFCS.

(3) *CAS3.* Eligible officers must be AOAC graduates and have not more than 9 years of AFCS. Officers attending the AOAC are encouraged to enroll in the non-resident Phase I while in or following that course. Following successful completion of Phase I, officers must submit DA Forms 3838 to SGPS-EDN to be scheduled for the 9-week, resident Phase II at Fort Leavenworth. Phase II attendance will occur according to available quotas.

(4) *CGSC.* All AN officers who have completed AOAC, attained the rank of major or captain(P), and are serving between their 10th and 15th year of AFCS will be considered. 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 AOAC graduates and have between 8 and 18 years of AFCS. Waivers can be granted by the Commandant, CGSC, to a minimum of 6 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 the AN branch before 1 May each year.

(5) *SSC.* All eligible AN officers will be considered for SSC attendance upon selection to lieutenant colonel and attaining 15

years of AFCS. Eligible officers are encouraged to apply for the AWCCSP. Selection for the AWCCSP is on a competitive basis. Officers must apply for the AWCCSP under the annual AMEDD message announcing the selection board.

(6) *AMT*. A limited number of senior officers presently assigned, or being assigned, to specified validated positions requiring this training can apply. Officers must be in the grade of colonel.

b. Normally, a tour of duty using skills and knowledge developed by the training experience will occur immediately following the training. However, officers can seek other long-term training needs immediately following the AOAC.

c. All education and training opportunities within the AN are generated by need, as assessed by the following methods:

(1) Long-course needs are determined through the Validated Requirement Program.

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

d. Military courses through which graduate degrees are awarded, such as the Anesthesiology for AN Officers Course, take precedence over similar civilian training; this is because of the direct applicability of this course to the AMEDD.

e. Most long-course selections are made through formal board processes convened by the DA Secretariat. Attendance at a short course is approved within SGPS-EDN.

8-3. Short-course training

Many training opportunities exist for AN officers in the following categories:

a. Other Army courses conducted at various Army service schools.

b. Other Federal courses, such as courses sponsored by the U.S. Air Force, U.S. Navy, Centers for Disease Control, and other Federal agencies.

c. Civilian short courses offered by a variety of private organizations and institutions.

d. AHS numbered short courses provide selected AN officers specific learning experiences consistent with the AN officer's current or projected assignment. Each course is usually 2 weeks or less in length. These courses include, but are not limited to, the Principles of Advanced Nursing Administration for AN Officers and the Clinical Head Nurse Course.

e. The Professional Postgraduate Short Course Program (PPSCP) is a series of courses sponsored by TSG annually or biennially. It is concerned with a variety of AMEDD subjects.

8-4. AN specialized nursing courses

AN specialized nursing courses prepare nurses to function at beginning 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 Service. Primary areas of concentration or skill identifiers will be assigned. Specialized nursing courses are discussed below:

a. Specialized nursing courses vary between 2 weeks and 6 months and include, but are not limited to, the following:

- (1) Critical care nursing.
- (2) Psychiatric mental health nursing.
- (3) Adult medical-surgical health care.
- (4) Pediatric nursing.
- (5) Obstetrics/gynecology nursing.
- (6) Operating room nursing.
- (7) Principles of military preventive medicine.

Personnel who complete courses indicated in (1) through (7) above incur a 1-year service obligation.

b. The Anesthesiology for AN Officers Course is sponsored by the Army and is affiliated with Texas Wesleyan College (TWC). Graduates receive a master's degree from TWC. The program consists of—

- (1) A 37-week didactic Phase I conducted at AHS.

- (2) A 69-week residency/didactic Phase II conducted at specific Army MTFs.

8-5. Long-term civilian training

Selection for attendance in a graduate training program is based on current and projected needs of the AN and the Validated Requirement Program. In addition to the requirements of paragraphs 4-3 and 4-4, the following procedures apply:

a. All applicants must submit letters of acceptance from the desired training program as a part of their application.

b. All applicants must be graduates of AOAC, on orders for same, or currently enrolled with a definite completion date before the LTCT start date.

c. Officers applying for doctorate-level training are encouraged to complete a portion of the didactic instruction before submitting their application, to ensure completion of training within the prescribed timeframe.

8-6. School selection

All AN officers applying for master's-level training must gain acceptance to a program accredited by the National League for Nursing to obtain a master's degree in nursing. Nurse anesthetists may complete graduate training in one of the biophysical sciences. Community health nurses may complete a master's of public health program. Other degrees will be considered on an individual basis. Officers applying for doctoral-level training must gain acceptance to a college or university acceptable to DA. The training program must prepare the officer to perform in a validated position.

8-7. Application procedure

AN officers submit applications for training courses on DA Form 3838 to Commander, USAHPSA (ATTN: SGPS-EDN), 5109 Leesburg Pike, Falls Church, VA 22041-3258. Applications must arrive no later than 60 days before the course start date or as outlined in table 8-1.

a. Officers can be centrally funded for courses under part four below.

b. Officers must have at least 1 year of service remaining after completion of training, except as specified in chapter 10.

c. Specific guidance for preparing and submitting applications for AN courses is available at each Army MTF and through the Nursing Education Branch (SGPS-EDN). Applications must include the following:

- (1) A letter of recommendation from the chief, department of nursing.

- (2) Original undergraduate transcripts.

- (3) GRE or Miller Analogies Test (MAT) score.

- (4) Course specific requirements.

d. All applicants must meet the minimum DA stabilization policy of 24 months of time-on-station in CONUS or completion of five-sixths of an OCONUS tour at the time training is to commence. Requests for waivers are considered on an individual basis.

e. Applicants must complete all training prerequisites before submitting their applications.

Table 8-1

AN selection board schedule and application deadline

Program: 1. US Army-Baylor University Graduate Program in Health Care Administration.

Board or selection panel meets: August.

Application deadline: 1 July.

Program: 2. Long-term civilian training.

Board or selection panel meets: January.

Application deadline: 15 December.

Program: 3. Anesthesiology for AN officers—TWC.

Board or selection panel meets: March.

Application deadline: 28 February.

Program: 4. AN specialized nursing courses. (These include operating room nursing; intensive care nursing; pediatric nursing; obstetrics and

Table 8-1**AN selection board schedule and application deadline—Continued**

gynecology (OB-GYN) nursing; psychiatric/mental health care nursing; and adult medical-surgical health care nursing.)

Board or selection panel meets: Applications considered on an individual basis, based on current and projected needs of the AN. (Selection panel.)

Application deadline: 120 days before course start date.

Program: 5. Principles of military preventive medicine.

Board or selection panel meets: May and October.

Application deadline: 15 May and 15 October.

Program: 6. Command and Staff College.

Board or selection panel meets: Summer.

Application deadline: Not required.

Program: 7. Senior service college.

Board or selection panel meets: Summer.

Application deadline: Not required

Chapter 9 Army Medical Specialist Corps Education and Training

9-1. Introduction

This chapter provides SP officers 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 branch encourages participation by officers in planning this aspect of their careers.

9-2. Policies

a. SP officers will obtain advanced professional degrees, complete progressive military schooling, and actively take part in CHE.

b. On completion of long-term professional education or advanced military training, 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 OBC.* Before their first active duty assignment, all SP officers will attend the AMEDD OBC.

b. *AOAC.* SP officers will attend the resident AOAC between their third and eighth year of AFCS.

c. *CAS3.* CAS3 selection will be on a competitive basis because limited quotas prohibit all eligible officers from attending.

d. *CGSC.* All eligible officers will be considered for resident CGSC training unless the officer has requested in writing not to be considered. All eligible officers are encouraged to complete either the nonresident course or the USAR course because of limited quotas in the resident course.

e. *SSC.* All eligible SP officers will be considered for attendance at SSC on selection to lieutenant colonel and attaining 15 years of AFCS. Eligible officers are encouraged to apply for the AWCCSP. Selection for the AWCCSP is on a competitive basis. Officers must apply for the AWCCSP under the annual AMEDD message announcing the selection board.

f. *AMT.* Officers being assigned to a validated position requiring AMT training can apply under paragraph 4-2*e.* Officers must be serving in the grade of colonel.

9-4. Basic professional education

The following policies pertaining to education and training are applicable within the SP.

a. Military courses through which 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) U.S. Army-Baylor University Program in Physical Therapy.
- (2) Occupational therapy internship (field work experience).
- (3) Dietetic Internship Program.

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

c. Programs of instruction for these courses will be approved by TSG and meet requirements for approval by one of the following:

- (1) Council on Medical Education of the AMA.
- (2) American Physical Therapy Association.
- (3) American Dietetic Association.
- (4) American Occupational Therapy Association.

d. Accreditation by appropriate accrediting agencies will be sought and maintained for each program.

e. Individuals selected for training as physical therapists, occupational therapists, or hospital dietitians will be graduates of colleges and universities acceptable to TSG and will be qualified for commission in the USAR. On successful completion of these programs, graduates will be awarded the AOC of 65A, 65B, or 65C as prescribed by AR 611-101.

f. Graduates of courses listed in *a* above must complete the applicable registration, certification, or licensure examination at the earliest possible date following graduation. (See part four.) Individuals who do not attain certification or licensure by completion of their initial tour will not be permitted to continue on active duty. Applicable examinations are—

- (1) National Registration Examination for Dietitians.
- (2) Professional examination for licensure in one of the 50 States for physical therapists.
- (3) National Certification Examination for Occupational Therapists.

g. The Professional Education and Training Committee (PETC) provides general supervision, official support functions, and all professional monitorship, to include probation and termination, of the dietetic and occupational therapy internship programs.

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

- (*a*) Failure to meet academic or clinical performance standards or objectives of the program.
- (*b*) Lack of application.
- (*c*) Conduct considered unprofessional by the program director.
- (*d*) Failure to progress satisfactorily toward correction of identified deficiencies.

(*e*) Any act of gross negligence or willful misconduct.

(2) *Request for probation.* A written request for probation will be submitted to the PETC by the program director specifying reasons for the request. A copy of this request will be furnished to the individual; a record of this notification will be maintained by the program director. The PETC will consider the request and recommend, by majority vote, that the individual be placed on probation. An individual may be placed on probation by the MTF commander only.

(3) *Notification.* An individual placed on probation will be notified by the commander or Chairman, PETC, of this fact, including reasons for the action. At the time the individual is placed on probation, the individual must be counseled regarding deficiencies and the means by which the deficiencies may be corrected.

(4) *Termination.* Termination may occur if a student on probationary status fails to correct identified deficiencies during the specified time. This action is the responsibility of the PETC, which will ensure that due process, to include the opportunity for student appeal, is strictly enforced.

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 AHS. Local procedures and criteria will be established; they will ensure

maintenance of the highest standards of postgraduate education and also ensure compliance with the student's right to due process.

9-5. U.S. Army-Baylor University Graduate Program in Health Care Administration

Officers applying to this program must have the required prerequisites before attendance. Selection is on a competitive basis. (See para 4-10.)

9-6. Long-term civilian training

a. SP officers may be selected for LTCT at either the master's or doctoral level. LTCT courses may include specialization in a professional area, education, basic sciences, administration, or management under current AMEDD validated requirements. Research, including thesis or dissertation, is required. The normal time in service on entry into LTCT is between 4 and 18 years of AFCS. Application procedures outlined in chapter 4 apply. Selection is by board procedure. Application procedures and deadlines are in table 4-1.

b. The Long-Term Training Mentor Program serves to assist each officer engaged in training at a graduate level. This program also ensures that training and research efforts will fulfill the requirements of the AMEDD. An active duty mentor will be assigned to each officer in graduate training. This mentor will advise the branch on approval of all thesis or dissertation proposals.

9-7. Short-course training

Short courses are designed to satisfy the immediate mission requirement of the SP and the AMEDD. Courses are developed to satisfy specific short-term needs. Application for these courses will be made under part four. Course attendance will be determined by consultants based on current training requirements. Individuals normally will be given priority if they—

- a. Have an immediate need for the training.
- b. Have not attended a short course in the past year.
- c. Have been out of basic professional or graduate school at least 1 year.
- d. Have at least 1 year of active duty remaining on completion of the course.

Chapter 10 Active Duty Obligations for AMEDD Officers

10-1. Introduction

This chapter prescribes policies governing active duty obligations (ADOs) incurred for taking part in long-term health and health-related education and training programs. It also includes the policy for recoupment of Government funds from personnel failing to complete prescribed ADOs. The following terms apply to policies described in this chapter:

a. *AMEDD officers.* Those officers and warrant officers serving in the AN, DC, MC, MS, SP, VC, and those members in DOD programs leading to commissioning in any of the above corps.

b. *First-term personnel.* All AMEDD officers, from subsidized or nonsubsidized procurement programs, either entering active duty service for the first time or reentering active duty service after having legally served all prior service relationships. Members of the Selected Reserve, Individual Ready Reserve, Stand-By Reserve, and Retired Reserve who enter or reenter active duty service are excluded from the first-term personnel category. Nonsubsidized members include those officers who enter active duty by direct appointment, reentry (recall), or deferred commissioning programs.

c. *Graduate professional education (GPE).* Internships, residencies, and fellowships, in their respective professional fields only, for MC, DC, VC, and warrant officers.

d. *Long-term health or health-related education and training.* Full-time, DOD-subsidized (military-sponsored) health or health-related education or training in a military or civilian facility of 26

weeks or more. This includes training received in preparation for commissioning as an AMEDD officer (such as medical school) and subsequent to commissioning (such as GPE).

10-2. ADO policies

a. *Exceptions.* Nothing in this chapter will be used to change an ADO or an active duty agreement entered into in writing by an AMEDD officer before the date of implementation of this regulation.

b. *Payback of a prior obligation.* No portion of a prior obligation arising out of the expenditure of Government funds for education or training purposes may be satisfied during any period of long-term health-related education or training.

c. *Payback of an ADO incurred under this chapter.* No portion of an ADO may be satisfied—

- (1) By prior military service.
- (2) During any period of long-term health or health-related education or training.
- (3) Concurrently with any other ADO or with an obligation incurred for DOD subsidized preprofessional (undergraduate) education or training or prior long-term health or health-related education or training.

d. *Payback of an ADO after discharge or release from an education or training program.* A participant in one of the DOD programs for which an ADO is incurred under this regulation, who is dropped or released before completing that program, will be subject to applicable laws, DOD directives, and Army regulations governing the satisfaction or waiver of any ADO incurred up to the point of discharge or release from that program.

e. *Postponement of payback of an ADO.* Postponement of the satisfaction of an ADO incurred under this regulation, to undergo additional long-term education or training, can be authorized by the Army for the convenience of the Government. (For example, an ADO incurred for participation in the Armed Forces Health Professions Scholarship Program (AFHPSP) will be postponed, if approved by the Army, until after completion of graduate professional education.)

f. *Resignation or request for release from active duty.* A resignation or request for release from active duty received from an AMEDD officer performing a period of ADO incurred under this regulation will not be favorably considered except for those officers approved for entry into the NGMEP or when in the best interest of the Government and under applicable law.

g. *Reimbursement.* Officers must reimburse the United States for costs of advanced education for taking part in the fully funded long-term civilian training program if they voluntarily (to include separation as a conscientious objector), or as a result of misconduct (to include such separation basis as homosexuality or drug and alcohol abuse), fail to complete the appropriate ADO set forth in this regulation and in their training agreement. The term "fail to complete" means they served on active duty for some but not all of the required period, or did not serve on active duty at all because such service was not in the best interest of the Army. Costs of advanced education include costs of tuition, books, supplies, and other education costs clearly identified as paid by the United States; they do not include pay, allowances, or travel expenses. The reimbursement amount will be determined under the following formula:

$$\begin{array}{r} \text{amount to be reimbursed} = \\ \text{costs of advanced education} \\ \times \text{unserved portion of ADO} \\ \hline \text{total fully funded long-term civilian} \\ \text{training program ADO} \end{array}$$

h. *Minimum term of service for first-term personnel.* Minimum term of service of first-term personnel will be 2 years for nonsubsidized physicians and 3 years for other AMEDD officers. The following conditions apply:

- (1) Any time spent on active duty after completing the basic

professional degree required for appointment to the AMEDD category to which assigned, including time spent in graduate professional education and in discharging an ADO, will count toward the satisfaction of this minimum term. Prior active duty service does not count toward completion of this requirement.

(2) This minimum term is not additive to ADOs incurred for education or training. However, first-term personnel who have satisfied ADOs of less than the minimum term of service may not be released from active duty until they have served the minimum period of time.

i. Effect on eligibility for special pay. Nothing in this chapter will preclude the crediting of any period of time spent on active duty as a medical, dental, or other AMEDD officer for determining special pay eligibility. This includes periods of time on active duty for satisfaction of obligated requirements. Such eligibility will be determined under statutes, policy directives, and guidance governing such special pay.

10-3. ADO for long-term health education and training programs

a. GPE. GPE for commissioned and warrant officers in the MC, DC, and VC. GPE includes only internships, residencies, and fellowships as defined in paragraph 10-1c.

(1) *Minimum active duty service following GPE.* Notwithstanding other provisions of this regulation, a member will not be released from active duty for a period of 2 years following participation in any period of GPE, except in the best interest of the Government.

(2) *In a military facility.* A member who is—

(a) Already obligated for at least 2 years on entry into a program, will not incur any additional ADO.

(b) Obligated for less than 2 years on entry into a program, will incur an ADO equal to the amount, up to 2 years total, such that the member is obligated for a minimum period of 2 years following any period of participation in the program.

(3) *In a civilian facility.* A member subsidized by DOD during training in a civilian facility will incur an ADO of 1 year for each such year or portion thereof in addition to any other ADO. A member not subsidized by the Department of Defense during training in a civilian facility (NGMEP) will incur an ADO of 2 years which may be served concurrently with any other ADO. No part of an ADO may be satisfied while an officer is undergoing NGMEP training.

(4) *Combined military and civilian programs.* A member whose program consists of 1 year in a civilian institution followed by 1 or more years in a military facility will have an ADO (concurrent with any pre-existing ADO) of 2 years for the program or any portion thereof.

b. AFHPSP. A participant will incur an ADO of 2 years for the first 2 years or portion thereof. Participation in AFHPSP for periods in excess of 2 years will result in an additional ADO of one-half year for each additional one-half year or portion thereof.

c. USUHS. Medical doctor graduates of the USUHS School of Medicine will incur an ADO of 7 years, except as noted below.

(1) Graduates who spend less than 4 school years at USUHS will incur an ADO of 21 months for each year or portion thereof; but in no case will the minimum ADO 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 ADO of one-half year for each additional one-half year or portion thereof for such repeated work.

d. ADOs for all other long-term health or health-related education and training programs. The following policies do not apply to programs already covered in *a* through *c* above:

(1) *Partly funded long-term undergraduate (leading to a baccalaureate degree) or fully funded nondegree education and training in a civilian institution.* Members receive only pay and allowances from DA. A member will incur an ADO of 2 years for the first 2 years or portion thereof. Participation for periods in excess of 2 years will result in an additional ADO of one-half year for each additional one-half year or portion thereof.

(2) *Fully funded long-term undergraduate (leading to a baccalaureate degree) or fully funded nondegree education and training in a military or civilian institution.* Members receive pay and allowances plus tuition and other expenses from DA. A member will incur an ADO of 2 years for the first year or portion thereof. Participation for periods in excess of 1 year will result in an additional ADO of one-half year for each additional one-half year or portion thereof until a maximum ADO of 5 years is incurred.

(3) *Long-term graduate (leading to a master's or doctoral degree) education and training in a military or civilian institution.* A member will incur an ADO equal to three times the length of education or training for the first year or portion thereof. Periods of education or training in excess of 1 year will result in an ADO of three times the length of training until a maximum of 6 years is incurred.

(4) *Fully funded, nondegree, long-term graduate education in psychoanalysis conducted during nonduty time.* A member will incur an ADO of 2 years for the first 3 years of training or portion thereof. Participation for periods in excess of 3 years will result in an additional ADO of 8 months for each year of training, or portion thereof, until a maximum ADO of 4 years is incurred for the 6-year maximum period of training authorized.

(5) *Internship programs in a military facility for other than physicians, dentists, and veterinarians.* A member who already is obligated for at least 2 years on entry into internship will not incur any additional ADO. A member who is obligated for less than 2 years on entry into internship will incur an ADO equal to the amount, up to 2 years total, such that the member is obligated for a minimum period of 2 years following any period of participation in the internship. No existing ADO can be discharged during the period of internship participation.

Chapter 11

The Sabbatical Training Program (STP), The Surgeon General's Physician Recognition Award (TSG-PRA), and The Surgeon General's Physician Assistant Recognition Award (TSG-PARA)

Section I

The Sabbatical Training Program

11-1. Introduction

a. This section establishes the STP for Army physicians assigned to other than Army teaching hospitals. The STP will not be used as a substitute for attendance at other professional development courses or conferences. This program is separate and distinct from TSG's recognition awards, which also are included in this chapter (sec II).

b. The STP seeks to provide professional training opportunities for selected MC officers assigned to other than major AMEDD teaching facilities. Specific purposes of this program are to—

(1) Provide opportunities for selected physicians to be exposed to the latest professional techniques.

(2) Allow selected physicians to take part in training to improve proficiency in medical procedures or medical knowledge of benefit to the Army.

c. The STP applies to all commands, agencies, and organizations (except major AMEDD teaching facilities) with MC officers assigned on a full-time basis.

11-2. Scope and limitations of the STP

The STP permits selected MC officers, except GME participants, to take part in training at a major medical teaching facility in a TDY training status. Sabbatical training for up to 30 days is authorized at Army MEDCENs. Sabbatical training for up to 14 days is authorized at civilian facilities. The accumulative number of physicians chosen to take part each FY in the STP will not exceed 5 percent of any command's or organization's assigned non-GME MC officer strength at the beginning of that FY. Normally, selected MC officers will take the sabbatical at the nearest supporting Army MEDCEN

offering the type of training desired. Physicians stationed in CONUS must select CONUS facilities for their sabbatical. OCONUS physicians may elect to take their sabbatical at theater facilities or return to CONUS if the training is not available at a theater facility.

11-3. Responsibilities for the STP

- a. *TSG.* TSG will exercise staff supervision over the STP.
- b. *Commander, USAHPSA.* The Commander, USAHPSA, will program, budget, and fund the TDY associated with the STP with assistance from supported commanders.
- c. *Commanders of MEDDACs, organizations, and agencies with assigned non-GME MC officers.* These commanders may identify and select no more than 5 percent of their outstanding physicians for participation in the STP. Staff surgeons at all major and lower non-medical command headquarters will assist commanders in this regard. With concurrence of these commanders, selections for the STP may be made by staff surgeons. Nominations will be made by memorandum using figure 11-1 as a guide. (Fig 11-1 is located after appendix B at the back of this regulation.)

11-4. Planning and funding

No later than 15 March of each year, commanders or their staff surgeons identified under paragraph 11-3c will estimate expected participation in the STP for their commands the following FY. These estimates will be stated in a memorandum to Commander, USAHPSA (ATTN: SGPS-EDR), 5109 Leesburg Pike, Falls Church, VA 22041-3258. These estimates will be used primarily for budget-planning purposes and, as a minimum, should project the number of participants expected. Fiscal support of the program is totally dependent on availability of centralized training funds. Specific allocations of funds will be made only on submission and approval of applications described in paragraph 11-5.

11-5. Submission procedures

Submission procedures for the STP are as follows:

- a. *DA Form 3838.* Each selected MC officer will submit a DA Form 3838 in three copies to provide information on location and dates of the sabbatical training desired. DA Form 3838 will be annotated to show "Sabbatical Training" as the category of medical training and will indicate the type of medical training requested.
- b. *Acceptance correspondence.* Correspondence of acceptance from the medical facility at which the sabbatical is to be taken will be attached to DA Form 3838. This correspondence of acceptance must indicate the type of medical training and dates of training that can be accommodated by the facility.
- c. *Endorsement.* The sabbatical training request (DA Form 3838) will be endorsed by the commander concerned; the request will confirm that the STP selection is within the 5 percent limitation for that command. This endorsement also must state that the specific training requested is of benefit to the Army.
- d. *Submitting DA Form 3838.* DA Form 3838 will be addressed to Commander, USAHPSA (ATTN: SGPS-EDT), 5109 Leesburg Pike, Falls Church, VA 22041-3258. The request must be received at least 60 days before requested dates of training.
- e. *Approval.* After professional and technical review and approval, a fund citation will be provided by the Commander, USAHPSA, for issuance of TDY orders at the local command level.
- f. *Uniform.* Participating officers will be in an official TDY status; they will wear an appropriate Army uniform while at the training location.

Section II

The Surgeon General's Physician Recognition Award and The Surgeon General's Physician Assistant Recognition Award

11-6. Introduction

This section established the TSG-PRA and the TSG-PARA for outstanding contributions to military medicine; it also provides for

administration of the awards. TSG-PRA and TSG-PARA are special in that both awards require command nominations.

11-7. Scope and applicability

- a. The annual TSG-PRA and TSG-PARA awards provide personal recognition by TSG to three physicians and one physician assistant who have made significant contributions to military medicine. These awards are intended to increase physician and physician assistant motivation for exceptional job performance. They are separate and distinct from any other awards that may be given for exceptional duty performance.
- b. These award programs apply to all commands, agencies, installations, activities, and organizations that have active duty Army physicians and physician assistants assigned on a full-time basis.

11-8. Eligibility for awards

Eligibility for the TSG-PRA and TSG-PARA awards are as follows:

- a. *Army physicians.* With the exception of officers in the GME program, any active duty 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 1 year of active duty service remaining at time of nomination. Exceptions will be made on an individual basis. Nominations generally will be for duty performance for the year immediately preceding nomination deadlines.
- b. *Army physician assistants.* Any active duty Army physician assistant may be nominated for the TSG-PARA. Having once received the award, an individual is ineligible for future nomination. A physician assistant should have at least 1 year of active duty service remaining at time of nomination. Exceptions will be made on an individual basis. Nominations generally will be for duty performance for the year immediately preceding nomination deadlines.

11-9. Number and timing of awards

- a. *TSG-PRA.* 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 15 August. Recipients will be announced the following October.
- b. *TSG-PARA.* One award will be given each year. Nominations must be received no later than 31 December. The recipient will be announced the following April.

11-10. Responsibilities for TSG-PRA and TSG-PARA

- a. *TSG.* TSG is the awarding authority and will exercise staff supervision over the award nomination and selection process.
- b. *Commanders at all levels.* Commanders at all levels will—
 - (1) Identify potential recipients and submit nominations accordingly. Staff surgeons at all major and lower nonmedical 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. *Commander, USAHPSA.* The Commander, USAHPSA, will program, budget, and fund a sabbatical training opportunity for each recipient.

11-11. Nomination procedures

Commanders and staff surgeon identified in paragraph 11-10b will submit nominations for the TSG-PRA and TSG-PARA directly to HQDA (DASG-PSZ), 5109 Leesburg Pike, Falls Church, VA 22041-3258. Nominations will be made by memorandum, using figure 11-1 as a guide; they will be submitted in triplicate.

11-12. Selection procedures

Nominations for the TSG-PRA and TSG-PARA will be considered by a board appointed by TSG and coordinated by DASG-PTZ. The board will review nominations, make recommended selections, and forward recommended selections to TSG for approval.

11-13. Sabbatical training available for award recipients

a. Period authorized for sabbatical training. Award recipients for the TSG-PRA and TSG-PARA are authorized to take part in sabbatical training for a period not to exceed 14 days at a military or civilian medical facility. This training must be for the same purpose as outlined in paragraph 11-1. The sabbatical, if taken, must be taken during the same FY in which the award is announced.

b. Submission of DA Form 3838. After notification of selection, each award recipient who desires sabbatical training will submit DA Form 3838 in three copies to Commander, USAHPSA (ATTN: SGPS-EDT), 5109 Leesburg Pike, Falls Church, VA 22041-3258, no later than 60 days before requested dates of training. DA Form 3838 will include information on location and dates of the sabbatical desired. DA Form 3838 will be annotated to show TSG-PRA or TSG-PARA Sabbatical Training as category of training and will indicate type of medical training requested.

c. Acceptance correspondence. A correspondence of acceptance from the medical facility in which the sabbatical is to be taken will be attached to DA Form 3838. This correspondence of acceptance must indicate the type of medical training and date of training that can be accommodated by the facility.

d. Endorsement. The sabbatical training request will be endorsed by the commander concerned; it will confirm that the specific training requested is of benefit to the Army.

e. Funding and orders. Commander, USAHPSA, will provide a fund citation for issuance of TDY travel orders at the local command level.

f. Uniform. Officers will be in official TDY status; they will wear an appropriate Army uniform while at the sabbatical training location.

11-14. Command and installation awards

Commanders and staff surgeons shown in paragraph 11-10b are encouraged to establish a similar PRA and PARA at local levels. These awards should provide additional recognition for exceptional duty performance. Local command or installation recipients also may be nominated for the TSG-PRA or TSG-PARA. However, local awards should not be used as the only basis for TSG-PRA or TSG-PARA nominations.

Chapter 12 Validated Requirement Program

12-1. 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 captain-through-colonel level.

(2) Reporting changes of incumbent status.

(3) Elimination of validated positions when no longer required.

b. Validated positions for graduate education may be filled by officers who fulfill one of the following:

(1) Have acquired a graduate degree before entering on active duty.

(2) Have acquired a graduate degree through an Army-sponsored civilian schooling program.

(3) Have acquired a graduate degree at their own expense after entering on active duty. Validated positions for advanced military training require graduates of CGSC, AFSC, SSC, or AMT.

c. The following terms apply to policies described in this chapter:

(1) *AMEDD Educational Requirements Review Committee (ERRC).* The AMEDD ERRC is established under direction of TSG;

it will review, evaluate, and recommend validation of positions requiring GLCE, AMT, CGSC, AFSC, and SSC.

(2) *Validated position.* A validated position has been approved by TSG as requiring assignment of an AMEDD officer who has successfully completed CGSC, AFSC, SSC, AMT, or GLCE beyond the requisite for a commission.

(3) *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.

(4) *Education and training requirement.* The education and training requirement is the course of study, curriculum, or graduate-level degree required to support a position.

(5) *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.

(6) *Initial utilization position.* An initial utilization position is validated to be filled by a graduate of CGSC, AFSC, SSC, AMT, or GLCE immediately following completion of the individual's education or training.

(7) *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 CGSC, AFSC, SSC, AMT, or GLCE who normally has served in an initial utilization position.

12-2. 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 SSIs authorized and approved in The Army Authorization Documents System. All positions will be reviewed and evaluated every third year, based on criteria listed in paragraph 12-3.

12-3. 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 CGSC, AFSC, SSC, or AMT, or graduate- or 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 *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.

12-4. Responsible agencies

a. Requests for validation of positions will be compiled and submitted by AMEDD staff agencies and major Army commands and activities to Commander, USAHPSA (ATTN: SGPS-ED), 5109 Leesburg Pike, Falls Church, VA 22041-3258. USTAPA career branches will compile and submit all AOC-60-series positions identified for validation from non-AMEDD-controlled CONUS commands and units. Requests for validation of branch immaterial positions will be the responsibility of the branch currently filling the

position. The Education and Training Division, USAHPSA, will act as the agent responsible for preparation and presentation of validated requirements to the AMEDD ERRC. TSG's Policy Council will serve as the AMEDD ERRC.

b. 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 or AMT 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 malutilized officers.

12-5. Initial utilization

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 notify Commander, USAHPSA (SGPS-ED), 5109 Leesburg Pike, Falls Church, VA 22041-3258, within 10 days of the required diversion or movement. This notification will include a complete justification for diversion or interruption of the utilization assignment.

12-6. Deletions

If a change to the incumbent status exists to include deletion of the education or training requirement, a report will be forwarded to Commander, USAHPSA (ATTN: SGPS-ED), 5109 Leesburg Pike, Falls Church, VA 22041-3258, within 10 days of the change to incumbent status.

12-7. Training requirements

Annual programmed education and training requirements for military personnel GLCE, AMT, CGSC, AFSC, and SSC are based on the following:

- a. Analysis by the Director of Personnel (DASG-PTZ) of the total number of approved validated positions.
- b. Number of trained acquisitions on active duty.
- c. Number of personnel currently in training against validated positions. This total is then reduced by attrition or unavailability of personnel.

Chapter 13 AMEDD Enlisted Personnel Civilian (Non-Federal) Institution Schooling

13-1. Introduction

a. This chapter prescribes policies concerning civilian education for enlisted medical personnel. Emphasis in this chapter will be on essential nondegree advanced schooling and training otherwise not available in the U.S. Army, in other military services, or in other Federal agencies.

b. OTSG determines and approves the type and level of training necessary to qualify enlisted soldiers to meet anticipated AMEDD requirements in accordance with job descriptions.

- c. Procedures pertaining to the following are in chapters 3 and 4:
 - (1) Contracts and gratuitous agreements with civilian institutions.
 - (2) Orders and travel.
 - (3) Long-course administration (records, reports, and monitoring).
 - (4) Academic reports.
 - (5) Reimbursement for expenses.
 - (6) Submission of vouchers.

13-2. Eligibility

Eligibility requirements for specialties determined to be critical by TSG and for which training is available only at civilian educational institutions will be announced for each specialized area as needed.

13-3. Application and selection

Application and selection procedures will be determined on a program-by-program basis.

13-4. Service obligation

Enlisted medical personnel taking part in nondegree-producing civilian training programs will incur the service remaining requirements under AR 614-200, chapter 4.

13-5. Post-schooling assignments

Assignment instructions will be requested from HQDA (DAPC-EPM-H), ALEX VA 22331-0400, by the student detachment commander. The Health Services Branch, USTAPA will monitor the initial assignment by coordinating with the major Army command (MACOM) to which the enlisted graduate will be assigned; this will ensure the best use of this training. Responsibility for the proper use of enlisted personnel who receive training under this regulation rests with the MACOM to which the individual is assigned. Post-schooling assignments are to be made under current classification and assignment policies and procedures.

Part 3

Affiliation of Non-Federal Educational Institutions with Army Medical Facilities

Chapter 14 Affiliation Policy and Procedures

14-1. General

This part—

- a. Describes the Army Medical Department'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 5 USC 3111 subject to regulations issued by the Office of Personnel Management (OPM).
- c. Does not apply to training under the following programs or regulations:
 - (1) Training of foreign personnel as governed by AR 12-15.
 - (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 DOD 4000.19-R.

14-2. Responsibilities

a. The CGs of the HSC, 7th Medical Command, 18th Medical Command, and the U.S. Army Medical Research and Development Command are the approving authorities for affiliation agreements of Army medical facilities within their respective commands. For Army medical facilities not covered above, the CG, HSC (Commander, US Army Health Services Command, ATTN: HSCO-MA,

Fort Sam Houston, TX 78234-6000), is the approving authority. After consulting with their servicing judge advocates and staff civilian personnel officers, approving authorities may grant exceptions to the format for memorandums of agreement in figure 15-1. This authority may not be delegated to subordinate commands. (Fig 15-1 is located after appendix B in the back of this regulation.)

b. Commanders of Active Army medical facilities will ensure adherence to the requirements in this part of this regulation.

14-3. 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 Army Medical Department. 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 Army Medical Department 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.

14-4. 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.

14-5. 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 (AR 40-66).

14-6. 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 15 Agreements

15-1. Agreements

An affiliation agreement in the form of a memorandum of agreement between the educational institution and the Army medical facility (fig 15-1) 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 fiscal year in which the agreement was approved (for example, HSCO-3-87). The control number will be assigned by the approval authority.

a. *Approval.* The completed memorandum of agreement, accompanied by command recommendations and justification for any proposed deviation from the format in figure 15-1, will be forwarded through channels to reach the approving 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.* The approved memorandum of agreement will continue in effect until terminated by one of the parties under the notice terms agreed on, or by the approving authority at any time.

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.

15-2. Appointment of trainees

a. *Status.* Trainees appointed under this program are not considered employees except for the purposes of 5 USC 8101-8151 (relating to compensation for certain injuries), 28 USC 2671-2680, and 10 USC 1089 (relating to tort claims).

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 FPM, chapter 308, subchapter 7. An SF 52 (Request for Personnel Action) will be submitted by the medical treatment facility to the servicing civilian personnel office (CPO) for each appointment and termination action under FPM Supp 296-33, subchapter 33, and any local policy established by the servicing CPO.

c. *Content of records.* For each student volunteer, the servicing civilian personnel office will establish an official personnel folder (OPF) to contain—

(1) Copies of the appointment and termination SF 50.

(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 Supp 293-31. Note, however, that regulation permits retention of the OPF locally for up to 2 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 civilian personnel office when, because of multiple training periods under an affiliation agreement, this is likely to occur.

15-3. 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.

15-4. 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.

15-5. 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. Nonexpendable items will be hand-receipted and returned.

e. Classroom, conference room, office, dressing room, locker, and storage space required for the conduct of training.

15–6. 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 360–5, 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."

Part 4

Army Medical Department Continuing Health Education Program and Professional Specialty Recognition of AMEDD Personnel

Chapter 16 Introduction

16–1. General

This part prescribes basic policies and procedures for the AMEDD CHE Program. The AMEDD desires that its members maintain their professional competence at the highest possible level. Within the health care field, continual advances result from technological change. Research, new concepts in health care delivery, new clinical procedures, and increased social awareness make continuous learning necessary. AMEDD members must, therefore, take part in a continuing education program to upgrade their knowledge and proficiency. The AMEDD encourages, and often requires, their personnel to attain and maintain professional specialty recognition. This recognition is achieved through State and nationally recognized professional health care societies, associations, and licensing bodies. Specifically, this part—

a. Provides the means for continuing development of professional and technical proficiency for AMEDD personnel.

b. Contributes to the continuing education requirements for relicensure and recertification of AMEDD personnel.

c. Ensures the availability of high-quality, well-planned CHE programs for AMEDD personnel.

d. Fosters communication between AMEDD and other military and civilian academic communities.

16–2. Responsibilities

a. Each member of the AMEDD will—

- (1) Maintain records of participation in CHE programs.
- (2) Ensure that the proper entries are recorded on their DA Form 4319–R (AMEDD Professional Qualification Record—Part I) and DA Form 4319–1–R (AMEDD Professional Qualification Record—Part II). (See AR 640–2–1.)

b. See chapters 18 through 25 for corps specific responsibilities.

16–3. Policy and procedures

a. The goals for attaining CHE for persons of each AMEDD category are given below. Chapters 18 through 25 outline details on the means for attaining CHE contact hours within the AMEDD.

(1) *Army Medical Specialist Corps*. SP officers are expected to achieve at least 25 contact hours of CHE annually. Officers must meet the CHE requirements of the respective national professional association or State professional licensing organization in order to maintain current certification, licensure, or registration. (See chap 18.)

(2) *Army Nurse Corps*. AN officers are expected to achieve at least 20 contact hours of CHE each year. Contact hours awarded by the AN, the American Nurses Association (ANA), State nurses associations, and other accredited professional nursing and nursing specialty organizations are acceptable. Persons licensed in States, territories, or commonwealths that require CHE as evidence of continued competence for relicensure are expected to meet the requirement of the jurisdiction involved. An AN officer must maintain a current, valid license to practice as a registered nurse. (See chap 19.)

(3) *Dental Corps*. DC officers are expected to achieve at least 30 credit hours of CHE each year. Of these 30 hours, 20 hours must be recorded in Category I. (See chap 20.)

(4) *Medical Corps*. MC officers are expected to achieve at least 150 credit hours of CHE every 3 years. This requirement is in accordance with the standards of the AMA PRA. (See chap 21.)

(5) *Medical Service Corps*. MS officers are expected to achieve the minimum requirements of CHE annually for their specialty. The nationally recognized accrediting or certifying agency for each specialty sets these requirements. (See chap 22.)

(6) *Veterinary Corps*. VC officers are expected to achieve at least 24 credit hours of CHE each year. These hours are required to maintain professional competence. As necessary, these hours are required to meet the requirements of professional specialties of those States in which they are licensed and which require CHE for relicensure or certification. A VC officer will maintain a current, valid license. (See chap 23.)

(7) *Food inspection technician (FIT)*. FIT warrant officers are expected to achieve 24 credit hours of CHE each year. These hours are required to maintain state-of-the-art knowledge in food safety, wholesomeness, and quality control. (See chap 24.)

(8) *Physician assistant (PA)*. PA warrant officers are expected to achieve at least 100 credit hours of CHE every 2 years. This requirement is in accord with the standards of the National Commission for Certification of Physician Assistants (NCCPA). (See chap 25.)

(9) *AMEDD enlisted personnel*. Enlisted personnel are expected to meet the requirements of their specialty as required by the State or nationally recognized licensing or certifying agency of which they are members. Enlisted soldiers are also expected to meet the educational requirements necessary for career progression.

b. Each person in the AMEDD requiring CHE according to the goals stated in a above is authorized to attend one funded CHE experience each FY, subject to availability of funds. This limitation will not apply to any course, military or civilian, designated by the OTSG as DA mission essential or for which attendance is directed. AMEDD courses conducted 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. (These are identified by OTSG as health professional education (HPE) courses in the annual DA message, "AMEDD Professional Postgraduate Short Course Program (PPSCP).") For education not sponsored and identified by the AMEDD, the funding authority (table 16–1) 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 630–5 at no expense to the Government. (Table 16–1 is located after appendix B at the back of this regulation.)

c. Local AMEDD CHE programs should help each person satisfy the requirements for continued study.

d. 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.

e. A copy of certificates of training or other proper documents of professional continuing education will be maintained at the local level as outlined in the specific corps chapters. (See chaps 18 through 25.)

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

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

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

16-4. Funding authorities and procedures

a. *Active Army AMEDD personnel.* CHE applications for Active Army AMEDD personnel will be submitted on DA Form 3838 through local command channels to the proper funding authority as shown in table 16-1 and detailed below. Applications should arrive at the funding authority location no later than 60 days prior to the course or conference starting date.

(1) *CG, HSC.* The CG, HSC is the funding authority for attendance of AMEDD personnel assigned to Headquarters, HSC and its subordinate units at CHE experiences conducted by—

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

(b) Private organizations.

(c) AMEDD facilities under the AMEDD PPSCP when central funding is unavailable under (5) below, and for all courses sponsored locally or conferences conducted throughout the AMEDD.

(2) *CG, 7th U.S. Army Medical Command, Europe (7th MEDCOM); and CG, 18th U.S. Army Medical Command, Korea (18th MEDCOM).* The CG, 7th MEDCOM and CG, 18th MEDCOM are the funding authorities for attendance of AMEDD personnel assigned to subordinate units at CHE experiences conducted by—

(a) Private organizations.

(b) Other Army and Federal activities within their respective theaters.

(c) AMEDD facilities under the AMEDD PPSCP when central funding is unavailable under (5) below, and for all courses sponsored locally or conferences conducted throughout the AMEDD.

(3) *CG, United States Army Medical Research and Development Command (USAMRDC).* The CG, USAMRDC is the funding authority for attendance of AMEDD personnel assigned to subordinate units for CHE experiences conducted by—

(a) Private organizations.

(b) AMEDD facilities under the AMEDD PPSCP when central funding is unavailable under (5) below, and for all courses sponsored locally or conferences conducted throughout the AMEDD.

(4) *OTSG and commanders of OTSG field operating agencies (FOAs).* OTSG staff elements and commanders of OTSG FOAs are the funding authorities for attendance of AMEDD personnel assigned to their respective staffs or units for CHE experiences conducted by—

(a) Private organizations.

(b) AMEDD facilities under the AMEDD PPSCP when central funding is unavailable under (5) below, and for all courses sponsored locally or conferences conducted throughout the AMEDD.

(5) *Commander, USAHPSA.* Commander, USAHPSA is the funding authority for attendance of AMEDD personnel for CHE experiences conducted by—

(a) Private organizations for personnel assigned to commands or activities other than (1) through (4) above, when parent organization funding is unavailable.

(b) AMEDD facilities, under the AMEDD 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 that interns, residents, and

fellows participating in GME or GDE at Army facilities are funded by their parent organizations.

(d) AMEDD, Federal, other Army, and private organizations for all AMEDD personnel in long-term civilian training, and all interns, 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 except within theaters OCONUS. (See (2)(b) above.)

b. *ARNG AMEDD personnel.* ARNG 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 ARNG personnel for attendance at CHE courses will be submitted on NGB Form 64 to the U.S. Army National Guard Bureau, Operating Activity Center, Building E6814, Edgewood Area, Aberdeen Proving Ground, MD 21010-5420. Applications should arrive not later than (NLT) 60 days prior to the course or conference starting date.

c. *USAR AMEDD personnel.* USAR AMEDD personnel not on active duty will be funded by USAR funds. The USAR program provides several modes for USAR personnel to attend an annual CHE experience.

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

(2) 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 annual training funded by the unit, an Army Reserve command, or the continental U.S. Army (CONUSA).

(3) Centrally sponsored opportunities are announced annually depending on availability of funds. These programs are available to Individual Ready Reserve (IRR) and Troop Program Unit (TPU) members. Selection of individuals will be made by Army Reserve Personnel Center (ARPERCEN). Applications will be submitted on DA Form 1058-R through command channels as determined by CONUSA to Commander, ARPERCEN, ATTN: DARP-OPS-AM, 9700 Page Boulevard, St. Louis, MO 63132-5260. Applications should arrive NLT 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 active duty for training (ADT). Individuals must meet the standards in AR 135-200, chapter 7, to qualify for ADT.

Chapter 17 Professional Specialty Recognition of AMEDD Personnel (Officer and Enlisted)

Section I AMEDD Officers and Warrant Officers

17-1. General

Examinations and boards are required for specialty recognition of certain officers and warrant officers. 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. (See DA Cir 40-CY-series, published every 2 years.) This section prescribes TDY for officers and warrant officers undergoing examinations for recognition.

17-2. Eligibility

An officer or warrant officer must be eligible to be paid for expenses. Expenses (including TDY) must relate to examinations or boards. To be eligible, the officers or warrant officers must meet the requirements in *a* and *b* below. In cases when the requirements of *a* below are met, but *b* are not, commanders may authorize permissive TDY for persons to take examinations at no expense to the Government. The officer or warrant officer 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 17-6.)

b. Have at least 1 year active duty after the date of the specialty examination or board. If stationed overseas, enough service must be available to permit completing the specified tour for the area of assignment.

17-3. Authorized payments

Payments are subject to paragraphs 17-2 and 17-5. They are also subject to the availability of local TDY funds. The local commander determines if funds are available. AMEDD officers and warrant officers are authorized payment for fees and necessary travel costs. 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 630-5) 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.

17-4. Officers and warrant officers stationed overseas

a. Part I (written) of many authorized examinations is given in various overseas areas. The Department of Defense (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 warrant officers stationed in that area. The areas and departments are listed in table 17-1.

b. If part I of the examination is given in the officer's or warrant officer'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 warrant officers 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 17-2 are met.

d. For officers or warrant officers to take part I of the examination in an area other than the one where they are stationed may be more economical. If so, the AMEDD major Army command (MACOM) 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 warrant officers may be placed on TDY to the place in the United States where such examinations are given if the provisions of paragraph 17-2 are met.

Table 17-1
Overseas part I (written) examination authorities

Area	Department
Pacific	Army
Europe	Army
Mediterranean, North Africa, and Middle East	Navy
Alaska	Air Force

17-5. Authorization and reimbursement for personal expenditure

a. Prior authorization is required in all instances in which reimbursement for personal expenditures will be claimed under this chapter. Exceptions are in *c* and *d* below. The officer or warrant officer will submit an application through command channels on DA Form 2496 (Disposition Form) 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 warrant officer will be considered for acceptance upon receipt of the application fee.

b. The first commander processing the DA Form 2496 who is authorized to issue TDY orders will issue the orders according to AR 310-10. Funds for reimbursement of personnel taking examinations or boards in a TDY-en-route-to-permanent PCS status will be provided by the losing organization except as described in *c* and *d* below. Operational funds available for the activity to which the officer or warrant officer is assigned will be used for reimbursement of expenses relating to examinations or boards for recognition. AMEDD officers and warrant officers assigned to non-AMEDD controlled units will submit applications to HQDA (SGPS-EDT), 5109 Leesburg Pike, Falls Church, VA 22041-3258. AMEDD officers and warrant officers assigned to the AMEDD Student Detachment will submit applications through Commandant, Academy of Health Sciences, U.S. Army, ATTN: HSHA-ZST, Fort Sam Houston, TX 78234-6200 to HQDA (SGPS-EDT), 5109 Leesburg Pike, Falls Church, VA 22041-3258. 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 Subvoucher). (See para 17-6a.)

(2) SF 1034. (See para 17-6b.)

c. Otherwise qualified officers or warrant officers 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 warrant officers 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 Travel Regulations, Volume 1, paragraph M3002.

17-6. Payment of fees

Officers and warrant officers 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 *a* or *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 warrant officer.

(2) Copies of the orders prescribed in paragraph 17-5b.

b. When travel is not involved, submit claims for reimbursement for fees on SF 1034. Include with the SF 1034—

(1) The original receipt or the indorsed canceled personal check, or copy, for the fees paid.

(2) Copy of written authorization (para 17-5), or explanation of failure to obtain authorization (para 17-5c).

Section II AMEDD Enlisted Personnel

17-7. 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 enlisted personnel. Recognition will be by recognized boards and comparable professional organizations. (See DA Cir 40-CY-series, published every 2 years.) TDY is authorized for AMEDD enlisted 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.

17-8. Eligibility

To be eligible for reimbursement of expenses under this chapter, enlisted personnel must be on active duty (other than ADT training). They must be performing duties of their specialty. They must meet the requirements indicated in *a* and *b* below. When *b* below is not met, commanders may authorize permissive TDY for persons to take examinations at no expense to the Government. When *a* and *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 oversea area of assignment. Enlisted personnel must—

a. Arrange for acceptance for examination or board for allied health professional recognition by specialty bodies.

b. Have at least 1 year active duty remaining after the date of the examination.

17-9. Authorized payments

Payments for fees and necessary travel costs are subject to paragraphs 17-8 and 17-10 and the availability of local TDY funds. AMEDD enlisted 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. 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. 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.

17-10. Authorization and reimbursement for personal expenditure

a. Prior authorization of the commander described in *b* below is required when reimbursement for personal expenditures will be claimed under this chapter. Enlisted personnel will submit applications through command channels on DA Form 2496 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 310-10. The first commander processing the DA Form 2496 who is authorized to issue TDY orders will issue the orders. Operational funds available for the activity to which enlisted 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 (para 17-11*a* or *b*).

17-11. 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 *a* or *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 enlisted persons.

(2) Copies of the orders prescribed in paragraph 17-10*b*.

b. When travel is not involved, submit claims for reimbursement for fees on SF 1034. Support SF 1034 with—

(1) The original receipt or the endorsed canceled personal check, or copy, for the fee paid by the enlisted persons.

(2) A copy of the written authorization (para 17-10).

Chapter 18 CHE Details for the Army Medical Specialist Corps

18-1. General

This chapter provides guidance for administering, operating, and approving the CHE program for SP officers.

18-2. Policy and procedures

a. SP officers must achieve at least 25 contact hours of CHE annually. They must also meet the CHE requirements of their national or State professional organization in order to be registered, licensed, or certified. These requirements are as follows:

(1) *Army occupational therapists (OTs).* Army OTs must maintain current certification from the AOTA after successfully completing the certification examination. CHE to maintain competency is strongly encouraged by the AOTA.

(2) *Army physical therapists (PTs).* Army PTs must be licensed in 1 of the 50 States. CHE is required for licensure renewal in several States.

(3) *Army dietitians.* Army dietitians must be registered by the American Dietetic Association (ADA). Examination for registration at the national level is required for initial registration; CHE is required for continued registration.

b. Army dietitians will communicate directly with the ADA for approval of CHE credit to meet requirements for continued registration.

c. PTs will obtain credit for CHE. Credit will be awarded according to criteria set up by the professional organizations within the States in which the therapists are licensed. OTs must obtain documentation (such as training certificates) for contact hours of attendance.

d. Individual SP officers will—

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

(2) Prepare a summary of their CHE activities each year.

(3) Prepare, forward, and maintain DA Form 4319-R and DA Form 4319-1-R per AR 640-2-1.

e. A copy of the DA Form 4319-R for each assigned SP officer will be maintained by the section, division, or directorate. This will meet Joint Commission on Accreditation of Healthcare Organizations (JCAHO)(Formerly JCAH) requirements for documentation experience, training, and CHE.

Chapter 19 CHE Details for the Army Nurse Corps

19-1. General

a. The CHE program for AN officers will assist nurses taking

part to cumulate professionally approved evidence of CHE. It should assist them in meeting the requirements for relicensure in those States in which such evidence is required by law. This chapter—

(1) Provides guidance for administering and operating a CHE program for AN officers.

(2) Describes standards and criteria needed to develop and conduct CHE programs for nurses in AMEDD facilities.

(3) Provides guidelines for documents and reports needed to make it easier for—

(a) OTSG to approve AMEDD AN CHE programs.

(b) MTF chief nurses to award approved CHE contact hours.

b. The following terms are unique to the AN:

(1) *Continuing education (CE)*. Consists of those planned educational 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.

(2) *Contact hour (CH)*. A unit of measurement that describes 50 minutes of an approved, organized educational experience (didactic or clinical).

(3) *Continuing education unit (CEU)*. Defined as 10 contact hours of credit toward an organized continuing education experience.

(4) *Offering*. A single, focused short-term educational activity that may or may not be repeated.

(5) *Program*. A planned, organized series of offerings which have a common theme, broad but distinctive objectives, and a clearly defined beginning and ending for each of the presentations.

(6) *Sponsor*. Refers to the operational unit of an organization that will develop, implement, evaluate, and document a CHE program. AN sponsors include—

(a) MTF department of nursing.

(b) MACOM nursing element.

(c) Nursing Science Division, AHS.

(d) Other Army nursing organizational elements.

(7) *CHE approval*. The process by which the accredited organization approves CHE activities sponsored by the nursing element of AMEDD organizations. Approval allows the sponsor to grant ANA-approved contact hours for its CHE activities.

(8) *Accreditation*. The process by which the ANA determines that the program of the AN meets educational standards. These standards are specified by the ANA.

(9) *Accredited*. The status granted to the AN by the ANA. The status attests to the organization's ability to meet or exceed the criteria for conducting a total CHE program.

(10) *AN CHE monitor*. OTSG representative (AN) for the AN CHE program.

19-2. Army Nurse Corps responsibilities

a. The Chief of the AN—

(1) Acts as agent of each program.

(2) Is the official sponsor or cosponsor of each program.

(3) Takes part in planning and monitoring each program to ensure its overall quality.

b. MTF chief nurses plan, manage, and evaluate local AN CHE programs. The local unit will maintain a record of those nurses taking part in these programs as described in paragraph 19-3i.

c. AN officers will—

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

(2) Document methods of obtaining CHs and the hours acquired for a 12-month period on DA Form 67-8-1 (Officer Evaluation Report Support Form) for rater review.

(3) Prepare, forward, and maintain DA Form 4319-R and DA Form 4319-1-R per AR 640-2-1.

19-3. Criteria (RCS MED-398)

This paragraph prescribes the criteria a CHE program must meet to be approved for ANA-endorsed CHE CHs by the OTSG. Types of programs are listed in the terms section of the glossary under CHE.

a. *Leadership*. A qualified person must be in charge. That person will plan, coordinate, and evaluate each educational activity.

b. *Assessment*. A systematic assessment of participant needs must be made by the program coordinator to determine and plan continuing education.

c. *Written plans*. A five-column educational design format will include—

(1) Specific learning objectives stated in operational and behavioral terms that describe the expected outcomes for the participant.

(2) Content which clearly relates to the corresponding objectives and to nursing knowledge or nursing practice.

(3) Teaching methods or strategies that relate to corresponding objectives and to the principles of adult learning. This section will include name(s) of instructor(s) and type of physical facility.

(4) Timeframe noted by minutes of presentation for each objective. Time spent taking tests will be considered for CH if evidence exists that test results are discussed with participants.

(5) Methodology for evaluating program effectiveness and participant learning.

d. *Adequate teaching staff*. The teaching staff will consist of an adequate number of instructors who have the ability to meet the current intellectual and professional interest of the nurses taking part and are qualified to offer programs of interest and benefit. The program sponsor will maintain a curriculum vitae file on the teaching staff of CHE programs.

e. *Facilities*. Regional sharing of educational facilities is encouraged. The teaching environment should be suitable for the specific activity. It should include the following as appropriate:

(1) The availability of patients and their case records.

(2) Necessary medical and nursing reports.

(3) Laboratories.

(4) Conference rooms.

(5) Classrooms.

(6) Audiovisual materials and aids.

f. *Education methods*. Sufficient time must be allocated to ensure that the participant can meet presentation objectives. The use of audiovisual aids and materials is encouraged. Presentations should not be confined solely to lectures and panel discussions. Participative teaching methods should also be used. Examples include—

(1) Live clinics and bedside rounds.

(2) Seminars.

(3) Open question periods.

(4) Laboratory work.

(5) Supervised study of patients.

g. *Evaluation*.

(1) An essential part of any CHE activity is the evaluation process. This process will show an ongoing plan to appraise the following:

(a) Learning outcomes, using the objectives as a basis for the evaluation.

(b) Provision of service, facilities, and resources needed for the activity.

(c) Effectiveness of the activity in relation to nursing practices.

(2) The evaluation process must consider both the health care needs of the military community and the educational needs of the nurse. Experiments directed toward developing better evaluation means are encouraged. The evaluation process takes many forms. Some examples are—

(a) Pre- and post-program testing.

(b) Questionnaires and critiques.

(c) Patient care audits.

(d) Clinical supervision.

h. *Budget*. The budget must support the CHE program and its continued improvement.

i. *Records*. Records will be maintained per AR 25-400-2 and will include—

(1) CHE files. Each CHE course file will contain—

(a) A copy of the letter of approval with the CHE number as issued by the AN CHE monitor, State association, or other accredited professional nursing organization.

(b) Copies of applications submitted to the AN CHE monitor, State nurses association, or specialty organization for approval (must include items listed in para 19-4d).

(c) A copy of the course afteraction report. This report must contain the title of the presentation, CHE number, date of presentation, name of speaker(s), number of attendees, overall evaluation, applicability, and suggestions for improvement. It should demonstrate involvement of staff and faculty in the evaluation process.

(d) A roster of attendees.

(2) A record of individuals attending each CHE activity on a local standard form. This form will include the title of the offering, the location, the date, and the number of CHs awarded.

j. *Certificate*. CHE sponsors will provide successful participants with DA Forms 87 (Certificate of Training).

k. *Reports (RCS MED-398)*. Annual summary of AN continuing education activities will be submitted, NLT 30 days after the end of each FY through channels, to HQDA (SGPS-EDN), 5109 Leesburg Pike, Falls Church, VA 22041-3258. This report is RCS MED-398 and will be prepared in a five-column format. A sample format is provided in figure 19-1 as a guide for submitting this report. (Fig 19-1 is located after app B at the back of this regulation.)

19-4. Policy and procedures

a. A qualified AN officer assigned to USAHPSA, operating as OTSG's representative, will monitor all AN CHE. The officer will coordinate the activities of the AN CHE review and appeal boards.

b. The AN CHE review board will approve the award of ANA-endorsed CHE contact hours. The criteria outlined in paragraph 19-3 will be applied.

c. Memorandum applications for CHE contact hours 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 AN CHE review board to the AN CHE appeal board which will be convened as needed. AN CHE review and appeal boards are described in paragraphs 19-5 and 19-6, respectively.

d. Memorandum applications for CHE contact hours should be forwarded at least 60 days before the time the training is to be presented in three copies to HQDA (SGPS-EDN), 5109 Leesburg Pike, Falls Church, VA 22041-3258. Each application will include—

(1) The sponsor's name, location, and phone number (for example, Department of Nursing, Dewitt Army Hospital, Fort Belvoir, VA 22060-5000, AUTOVON 354-4117).

(2) The name and title of the CHE coordinator or director.

(3) The title of the presentation.

(4) The dates of the presentation.

(5) The format (short course, institute, workshop, nursing rounds, audiovisual programs, and so forth).

(6) A brief description of the presentation (purpose and overview to include a statement of needs assessment).

(7) The names of the instructional staff and their education and experience qualifications for this specific program. Attach individual curriculum vitae.

(8) A description of the student population (functional or clinical area, minimum education level). Specify target group.

(9) Evaluation techniques to be used (attach sample).

(10) The proposed length of the presentation in minutes. State whether the application is submitted for a program or an offering approval.

(11) The CHs requested.

(12) A description of the facilities to be used.

(13) A five-column lesson plan or educational design as described in paragraph 19-3c.

(14) Enclosures (curriculum vitae for each instructor, evaluation tools, audiovisual materials, and other references).

e. The AN CHE review board will review the application, award the proper CHs, and notify the sponsors through channels.

f. For renewal of a previous application, a complete new application must be submitted with the appropriate update of information.

g. A continuing education experience cosponsored with another

group in the organization must demonstrate the participation of professional nurses in the planning. The nursing aspect of the topic must be evident in the content outline.

h. The original approved programs and offerings may be used by other AMEDD organizations within the specific approval period. Conditions of the presentation must duplicate those of the original site. Reports to the AN CHE monitor must include a copy of the original approval memorandum and the curriculum vitae of the instructor(s) at the satellite site.

19-5. AN CHE review board

The AN CHE review board will meet quarterly and as needed. The AN CHE monitor will convene the board meetings. The AN CHE review board consists of—

a. *Permanent members*.

(1) The Chief, AN Career Branch will be the chairperson.

(2) The senior Professional Development Officer, Nursing Education Branch, OTSG will be the recorder.

b. *Nonpermanent members*. There will be 8 to 14 AN officers, assigned in the Washington, DC, area, who are experts on the clinical content of the subjects to be reviewed.

19-6. AN CHE appeal board

The AN CHE appeal board will meet as required. The AN CHE monitor will convene the board. The AN CHE appeal board will consist of—

a. Assistant Chief, AN, Chairperson.

b. Senior Professional Development Officer, Nursing Education Branch, OTSG, Recorder.

c. Medical/Surgical Nursing Consultant, OTSG.

d. Nursing Consultant, OTSG.

e. Nursing Education Adviser, OTSG.

Chapter 20

CHE Details for the Dental Corps

20-1. General

This chapter 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.

20-2. Dental Corps responsibilities

a. The Assistant Surgeon General for Dental Services/Chief, Army Dental Corps 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 CE program. A director of dental education will be appointed to conduct the program.

c. The director of dental education will—

(1) Manage, operate, and evaluate the local CHE program.

(2) Maintain, for the commander, training records for assigned and attached dental officers per AR 25-400-2.

(3) Ensure that all officers in the command meet the requirements of paragraph 16-3a(3).

d. Dental officers—

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

(2) Are responsible for transfer of the CHE record to their new unit.

(3) Prepare, forward, and maintain DA Form 4319-R and DA Form 4319-1-R per AR 640-2-1.

20-3. 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 part of the following educational activities:

(a) Formal scientific CE courses. These courses are sponsored by

organizations or institutions within the civilian or military community. The sponsors must be approved by the American Dental Association (ADA) or the DC. These organizations and institutions include dental schools, national specialty organizations, military specialty organizations, and constituent societies of the ADA.

(b) Short courses sponsored by OTSG (PPSCP), Armed Forces Institute of Pathology (AFIP), and 7th MEDCOM.

(c) Short courses presented 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 CE program.

(2) Attendance at multiday convention meetings sponsored by an approved organization will be given 5 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 4 weeks in a dental specialty other than general dentistry qualify for 2 hours of CHE credit per 40 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 1 hour of credit per hour completed.

(5) Postgraduate or residency study leading to satisfactory completion of certain advanced educational programs. These programs must be accredited by the Commission on Accreditation of Dental and Dental Auxiliary Educational Programs of the ADA. They may be credited with 30 hours per academic year of study. 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. (CHE credit 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 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. The credit hours may also be given for an individually authored chapter of a textbook. Twenty credit hours may be awarded to the author of an entire textbook. Requests for this type credit will be submitted to HQDA (SGPS-EDD), 5109 Leesburg Pike, Falls Church, 22041-3258. A copy of the article should accompany each request.

(2) Presentation of a paper or lecture at the educational activities described in Category I qualifies for 1 hour of credit per hour of lecture. This credit is in addition to the credit awarded for attending the session.

c. *Category III, clinic 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 4 hours of credit.

(2) Presenting at professional meetings a scientific exhibit on a topic related to dentistry described in Category I. The presentation may be awarded 4 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 may submit written requests for CHE credit to HQDA (SGPS-EDD), 5109 Leesburg Pike, Falls Church, 22041-3258. 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. A committee chaired by the Chief, Graduate Dental Education Branch, Health Education and Training Division, USAHPSA, OTSG, will determine if these activities are acceptable toward the CHE requirement. Requests for credit in Category V must be submitted in writing to HQDA (SGPS-EDD), 5109 Leesburg Pike, Falls Church, 22041-3258.

(3) CE courses not falling within these guidelines must be approved before they are presented as CHE credits for Army dentists. Requests for approval should be submitted to HQDA (SGPS-EDD), 5109 Leesburg Pike, Falls Church, 22041-3258. 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 CE program.

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

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

f. *Inquiries.* Inquiries concerning acceptability of CHE activities, approval of sponsors, or credit hours should be addressed to HQDA (SGPS-EDD), 5109 Leesburg Pike, Falls Church, 22041-3258.

Chapter 21 CHE Details for the Medical Corps

21-1. General

a. This chapter—

(1) Provides guidance for administering and operating a CHE program for MC officers.

(2) Describes standards and criteria needed to plan, develop, and conduct CHE programs for physicians in AMEDD facilities.

(3) Provides procedural guidelines for documents and reports needed to facilitate approval of AMEDD CHE programs by the OTSG, and the award of Category I credit by MC commanders.

(4) Should assist physicians taking part in cumulating credit hours required by the AMA and American Osteopathic Association (AOA). These credit hours enable physicians to receive the AMA's PRA. They also enable physicians to maintain membership in the AMA, AOA, or an equivalent organization to meet recertification or relicensure requirements.

b. OTSG is accredited by the AMA to approve all AMEDD CHE programs for which Category I credit is awarded for the PRA. Thus, OTSG is the official sponsor or cosponsor of each such program. OTSG will plan and monitor such CHE programs as well as ensure their overall quality.

c. The AOA does not formally accredit CHE sponsors or programs as such. Rather, it grants continuing medical education (CME) credits to osteopathic physicians for their part in educational activities meeting certain criteria. In all cases, credit is granted only after the educational activity has been completed and written. Further information on the AOA CME Program may be obtained from the Division of Continuing Medical Education of the AOA.

21-2. Medical Corps responsibilities

a. MC commanders will plan, manage, and evaluate local CHE programs.

b. Physicians will—

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

(2) Prepare a summary of their CHE activity each year.

(3) Prepare, forward, and maintain DA Form 4319-R and DA Form 4319-1-R per AR 640-2-1.

21-3. Criteria

To qualify as an approved CHE program for which Category I credit may be awarded by OTSG, each type of program as defined under CHE must meet the following criteria:

a. Leadership. A certain person must be in charge to plan, coordinate, and evaluate each program. Leadership must be continuous.

b. Written plans. Plans must be in writing. The plans should include the following:

- (1) Selection of a general subject.
- (2) Statement of a specific objective.
- (3) Hour-by-hour agenda.
- (4) Assignment of the agenda to certain members of the teaching staff or visiting lecturers.
- (5) Selection of proper methods of education.

c. Statement of specific objectives. This is a statement of objectives that the overall program or each course should achieve. These objectives will include—

- (1) Positive changes in the attitude and approach of the participant in solving medical problems.
- (2) Correction of the participant's outdated knowledge and facts.
- (3) Implications of new information in specific areas.
- (4) Introduction to, or mastery of, specific new skills and techniques.

(5) Altered habit patterns of the learning physician.

d. Adequate teaching staff. The teaching staff should consist of an adequate number of instructors. The instructors should have proven ability, and be dedicated to developing carefully planned CHE programs in the current intellectual and professional interest of the physicians taking part. The teaching staff should have a suitable voice in the CHE programs. A curriculum vitae file should be maintained on the teaching staff of all CHE programs.

e. Curriculum devoted to related subjects. The entire program or significant segments, should thoroughly explore one subject or a closely related group of subjects. This should prevent concern with unrelated material.

f. Facilities. The teaching environment will include (when proper to the context of the program) the following:

- (1) The availability of patients and their case records.
- (2) Necessary medical reports, laboratories, conference rooms, classrooms, and audiovisual aids, suitable for the specific program.

g. Educational methods.

(1) Program presentations should not be confined to lectures and panel discussions in which physicians are passive recipients. Examples of methods in which physicians take part include—

- (a) Live clinics and bedside rounds.
- (b) Seminars.
- (c) Open question periods.
- (d) Laboratory work.
- (e) Supervised study of patients.

(2) The use of audiovisual aids will be encouraged.

h. Evaluation. An essential part of any CHE program is the evaluation process. This process can take many forms. Experiments directed towards better evaluation means are encouraged. Examples are pre- and post-program testing, questionnaires, and improved patient care as reflected in medical audits. Testing may even be on an anonymous basis. Questionnaires can be as simple as to inquire whether the CHE program will be helpful in the physician's practice and, if so, to include an example of how the program would be helpful. Evaluations must consider that both the health care needs of the military community and the educational needs of the physician are met.

i. Budget. The budget must support the CHE program and its continued improvement.

j. Records. Records will be maintained per AR 25-400-2 and include—

- (1) Program objectives.
- (2) Curriculum (course content).
- (3) Methodology.
- (4) Curriculum vitae of instructors.
- (5) Attendance.

(6) Evaluation.

21-4. Policy and procedures (RCS MED-328)

a. Program selection and approval.

(1) The CG, HSC, and the HSC major subordinate commanders have the authority to approve the award of Category I credit to CHE programs conducted in their organizations. (Within 7th MEDCOM and 18th MEDCOM, the authority to approve the award of Category I credit is the CG, 7th MEDCOM and the CG, 18th MEDCOM, respectively.) To achieve this, these commanders should review their schedule of formal educational activities for each calendar year. Commanders should determine those activities that should be cosponsored by OTSG. They should designate those activities for which Category I credit should be awarded. A CHE program must meet the criteria specified in paragraph 21-3.

(2) CHE programs published in the annual supplement to the Journal of the American Medical Association are approved at the OTSG level for Category I credit.

(3) After selecting those programs for which Category I credit is desired, the commander will ensure that adequate documents are maintained. These records will be maintained according to paragraph 21-3j.

(4) In all cases, OTSG will be shown as either sponsor or cosponsor of the program. MC commanders may continue to arrange for cosponsorship with local or national professional organizations if OTSG is also named as cosponsor. A statement on OTSG sponsorship or cosponsorship will be printed on the program agenda. Another statement will show the number of Category I credit hours that may be claimed for the person's taking part in the program.

b. Administrative procedures (RCS MED-328). Major AMEDD CGs (HSC, 7th MEDCOM, 18th MEDCOM) will submit an annual summary report of CHE activities within the command as of the end of each FY. This report is RCS MED-328. The report will be submitted to HQDA (SGPS-ED), 5109 Leesburg Pike, Falls Church, VA 22041-3258. It must arrive NLT 30 days after the completion of each FY. The report will be specific in nature. It will describe briefly the various types of programs presented. It will describe those courses for which Category I credit was awarded. The report will also reflect that the criteria and guidelines in this regulation were adhered to in the conduct of all like programs. Negative reports are required. A sample is provided as a guide for submitting this report. (See fig 21-1.) (Fig 21-1 is located after appendix B at the back of this regulation.)

21-5. Special references

The following special references apply to this chapter only. These publications can be obtained from the proponent organizations. (See app A, sec II.)

a. Essentials of Approved Programs in Continuing Medical Education, Council on Medical Education of the AMA, June 1970.

b. The Physician's Recognition Award, AMA (published annually).

c. Continuing Medical Education Guide, AOA (published annually).

Chapter 22 CHE Details for the Medical Service Corps

22-1. General

This chapter provides guidance to help MS officers meet the requirements for the CHE program. It should also help them obtain and maintain professional credentials. Appendix B contains a list of professional organizations available to MS officers for professional enrichment and credentialing.

22-2. Medical Service Corps responsibilities

MS officers will—

a. Communicate directly with professional accrediting organizations.

b. Determine if specific training experiences attended or scheduled meet the requirements of the organization where credentialing is maintained.

c. Maintain records of their attendance of CHE experiences.

d. Prepare, forward, and maintain DA Form 4319-R and DA Form 4319-1-R per AR 640-2-1.

22-3. Policy and procedures

MS officers may affiliate themselves with the organizations listed in appendix B for professional enrichment or to meet CHE requirements for licensure or recertification. The organizations are listed by specialty subarea and title.

Chapter 23

CHE Details for the Veterinary Corps

23-1. General

This chapter provides guidance on recording attendance of CHE by VC officers. It includes a listing of training resources available to VC officers.

23-2. Veterinary Corps responsibilities

a. The senior veterinary officer of veterinary activities will maintain a record of the—

- (1) Dates of specific veterinary technical training.
- (2) Names of persons attending.

b. VC officers will—

- (1) Maintain records of their participation in CHE programs.
- (2) Prepare a summary of their CHE activity once a year.

(3) Prepare, forward, and maintain DA Form 4319-R and DA Form 4319-1-R per AR 640-2-1.

23-3. Policy and procedures

a. CHE requirements for VC officers 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:

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

(2) Clinical presentations.

(3) Audiovisual programs obtained from the—

- (a) American Veterinary Medical Association.
- (b) U.S. Public Health Service and other Federal agencies.
- (c) Academy of Health Sciences.
- (d) Army Film Library.
- (e) Pharmacological and animal food companies.
- (f) State and local veterinary medical associations.
- (g) American Animal Hospital Association and other professional associations.

(h) AFIP.

(4) Attendance at professional education or training courses or programs presented by the military.

(5) Presentations by visiting consultants, local practitioners, and members of the allied sciences.

b. A professional library is essential to support CHE for VC officers.

Chapter 24

CHE Details for Food Inspection Technicians

24-1. General

This chapter provides guidance on responsibilities, policy, and procedures concerning the CHE program for FIT warrant officers.

24-2. Food inspection technician responsibilities

a. The senior VC officer of the veterinary activity will—

(1) Plan, manage, and evaluate the local FIT CHE program.

(2) Maintain a record of the date of training and names of personnel in attendance.

b. FITs will—

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

(2) Prepare, forward, and maintain DA Form 4319-R and DA Form 4319-1-R per AR 640-2-1.

24-3. Policy

CHE requirements for FITs will be satisfied by attending meetings sponsored by Government agencies, industry, and academic institutions concerned with food safety, wholesomeness, and quality control.

Chapter 25

CHE Details for Physician Assistants

25-1. General

This chapter provides guidance for administering and operating a CHE program for PA warrant officers. It describes standards and criteria needed to plan, develop, and conduct CHE programs for PAs in AMEDD facilities. It provides procedural guidelines for documents and reports to facilitate the approval of AMEDD CHE programs by the OTSG and the award of Category I credit by MC commanders. It should assist PAs taking part in cumulating credit hours required for recognition.

25-2. Responsibilities

a. MC commanders will plan, manage, and evaluate local CHE programs.

b. PAs will—

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

(2) Prepare a summary of their funded Category I CHE experiences each year.

(3) Prepare, forward, and maintain DA Form 4319-R and DA Form 4319-1-R per AR 640-2-1.

25-3. Policy and procedures

a. The NCCPA has been designated by the American Academy of Physician Assistants (AAPA) as the agency to record CHE credit hours earned by PAs. PAs will communicate directly with the AAPA for final approval and recording of CHE credit. Only those credit hours recorded by the AAPA for a PA are recognized for certification or recertification.

b. To qualify as an approved CHE program by the NCCPA, each type of experience as defined under CHE must meet the criteria of the AAPA. Directors of CHE experiences for PAs will communicate directly with the AAPA for recognition of their CHE experience.

Appendix A References

Section I Required Publications

AFARS

Army Federal Acquisition Regulation Supplement. (Cited in para 4-7a.)

AR 10-43

U.S. Army Health Services Command. (Cited in para 4-6c.)

AR 25-400-2

The Modern Army Recordkeeping System. (Cited in paras 19-3i, 20-2c(2), and 21-3j.)

AR 27-20

Claims. (Cited in para 4-7c.)

AR 27-40

Litigation. (Cited in para 4-7c.)

AR 40-1

Composition, Mission, and Functions of the Army Medical Department. (Cited in paras 5-13b, 16-6b, and 6-18b(2).)

AR 40-3

Medical, Dental, and Veterinary Care. (Cited in para 15-4.)

AR 40-66

Medical Record and Quality Assurance Administration. (Cited in paras 6-13c(5), 16-18b(2), and 14-5.)

AR 40-501

Standards of Medical Fitness. (Cited in paras 2-6, 7-4b, and 9-5.)

AR 135-200

Active Duty for Training and Annual Training of Individual Members. (Cited in para 16-4c(3).)

AR 135-215

Officer Periods of Service on Active Duty. (Cited in para 6-4c(2).)

AR 140-1

Mission, Organization, and Training. (Cited in para 16-4c(2).)

AR 310-10

Military Orders. (Cited in paras 17-5b and 17-10b.)

AR 335-15

Management Information Control System. (Cited in para 6-13c(2).)

AR 350-100

Officer Active Duty Service Obligations. (Cited in paras 2-5, 4-9h, and 5-4.)

AR 351-1

Individual Military Education and Training. (Cited in para 7-2f.)

AR 351-23

Advanced Management Training for Senior Officers. (Cited in para 4-2e.)

AR 360-5

Public Information. (Cited in para 15-6a.)

AR 600-9

The Army Weight Control Program. (Cited in para 2-6.)

AR 600-31

Suspension of Favorable Personnel Actions for Military Personnel in National Security Cases and Other Investigations or proceedings. (Cited in fig 11-1.)

AR 600-50

Standards of Conduct for Department of the Army Personnel. (Cited in para 4-6f(1).)

AR 600-105

Aviation Service of Rated Army Officers. (Cited in para 7-4c(2)(b).)

AR 601-25

Delay in Reporting for and Exemption from Active Duty, Initial Active Duty Training, and Reserve Forces Duty. (Cited in para 4-2d(2)(a).)

AR 601-130

Officer Procurement Programs of the Army Medical Department. (Cited in paras 5-2a, 6-4b, 6-6d, and 7-4e(8).)

AR 611-101

Commissioned Officer Specialty Classification System. (Cited in para 9-4e.)

AR 611-110

Selection and Training of Army Aviation Officers. (Cited in para 7-4b.)

AR 614-30

Oversea Service. (Cited in paras 4-3f and 7-4c(2)(c).)

AR 614-200

Selection of Enlisted Soldiers for Training and Assignment. (Cited in paras 2-5a, 3-3a, and 13-4.)

AR 621-1

Training of Military Personnel at Civilian Institutions. (Cited in para 4-2d.)

AR 621-7

Acceptance of Fellowships, Scholarships, or Grants. (Cited in para 4-2f.)

AR 623-1

Academic Evaluation Reporting System. (Cited in paras 4-6e(4) and 7-4c(1)(g).)

AR 630-5

Leave and Passes. (Cited in para 17-3.)

AR 635-100

Officer Personnel. (Cited in paras 5-4f(2)(c) and 6-4f and fig 6-1.)

AR 635-120

Officer Resignations and Discharges. (Cited in para 6-4f and fig 6-1.)

AR 640-2-1

Personnel Qualification Records. (Cited in paras 16-2, 18-2d(3), 19-2b(3), 20-2d(3), 21-2b(3), 22-2d, 23-2b(3), 24-2b(2), and 25-2b(3).)

AR 690-300

Employment. (Cited in para 15-2b.)

AR 690-800

Insurance and Annuities. (Cited in para 15-4.)

DA Cir 11-86-3

Internal Control Review Checklists. (Cited on title page.)

DA Cir 40-Cy-series

Professional Specialty Recognition of Army Medical Department Officer and Enlisted Personnel. (Cited in paras 17-1 and 17-7.)

DA Pam 351-4

U.S. Army Formal Schools Catalog. (Cited in paras 2-2*b* and 3-3*a*.)

DA Pam 351-20

Correspondence Course Program Catalog. (Cited in para 7-3*e*.)

DA Pam 600-3

Commissioned Officer Professional Development and Utilization. (Cited in para 4-2*e*.)

FPM Chapter 308, Subchapter 7

Acceptance of Volunteer Service. (Cited in para 15-2*b*.)

FPM Chapter 810

Injury Compensation. (Cited in para 15-4.)

FPM Supp 293-31

Basic Personnel Records and Files System. (Cited in para 15-2*d*.)

FPM Supp 296-33

The Guide to Processing Personnel Actions. (Cited in para 15-2*b*.)

JTR

Joint Travel Regulations, Volume I. (Cited in para 17-5*d*.)

OTSG Reg 360-5

Review and Clearance of Scientific and Professional Manuscripts. (Cited in para 5-14*f*(2).) (A copy of this publication may be obtained from HQDA (DASG-AOP), 5109 Leesburg Pike, Falls Church, VA 22041-3258.)

Unnumbered Publication

Directory of Graduate Medical Education. (Cited in para 6-14.) (A copy of this publication may be obtained from the American Medical Association, PO Box 10946, Chicago, IL 60610.)

Unnumbered Publication

Manual of Hospital Accreditation. (Cited in para 6-6*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 merely a source of additional information. The user does not have to read it to understand this regulation.

AR 1-211

Attendance of Military and/or Civilian Personnel at Private Organization Meetings.

AR 12-15

Joint Security Assistance Training (JSAT) Regulation.

AR 135-91

Service Obligations. Methods of Fulfillment, Participation Requirements, and Enforcement Procedures.

AR 140-10

Army Reserve: Assignments, Attachments, Details, and Transfers.

AR 600-7

NonDiscrimination on the basis of Handicap in Programs and Activities Assisted or Conducted by the Department of the Army.

AR 601-141

U.S. Army Health Professions Scholarship Program.

AR 623-105

Officer Evaluation Reporting System.

DOD 4000.19-R

Defense Regional Interservice Support (DRIS) Regulation. (A copy of this publication may be obtained from the Naval Publications and Forms Center, Code 3015, 5801 Tabor Avenue, Philadelphia, PA 19120-5099, using DD Form 1425 (Specifications and Standards Requisition).)

Unnumbered Publication

Continuing Medical Education Guide. AOA (published annually). (A copy of this publication may be obtained from the American Osteopathic Association, 212 East Ohio Street, Chicago, IL 60611.)

Unnumbered Publication

Essentials of Approved Programs by Continuing Medical Education, Council on Medical Education of the AMA, June 1970. (A copy of this publication may be obtained from the American Medical Association, PO Box 821, Monroe, WI 53566.)

Unnumbered Publication

The Physicians Recognition Award, AMA (published annually). (A copy of this publication may be obtained from the American Medical Association, PO Box 10946, Chicago, IL 60610.)

Section III**Prescribed Forms****DA Form 1970-R**

House Staff Evaluation Report. (Prescribed in para 5-15.)

DA Form 2214-R

Intern and Residency Training Capabilities. (Prescribed in para 6-23.)

DA Form 3492

U.S. Army Medical Department Certificate for Residents, Interns, and Fellows. (Prescribed in para 2-4*b*.)

DA Form 3520

U.S. Army Medical Department Graduation Certificate. (Prescribed in para 2-4.)

DA Form 3838

Application for Professional Training. (Prescribed in para 4-2*e*.)

DA Form 5127

Medical Officers Professional Training Record. (Prescribed in para 6-24.)

Section IV**Referenced Forms****DA Form 17**

Requisition for Publications and Blank Forms.

DA Form 67-8

U.S. Army Officer Evaluation Report.

DA Form 67-8-1

Officer Evaluation Report Support Form

DA Form 87
Certificate of Training.

DA Form 483
Officer's Assignment Preference Statement.

DA Form 1058-R
Application for Active Duty for Training and Annual Training for Members of the Army Reserve. (See AR 135-200 for a reproducible copy of this form.)

DA Form 2125
Reporting to Training Agency.

DA Form 2496
Disposition Form.

DA Form 4187
Personnel Action.

DA Form 4319-R
AMEDD Professional Qualification Record—Part I. (See AR 640-2-1 for a reproducible copy of this form.)

DA Form 4319-1-R
AMEDD Professional Qualification Record—Part II. (See AR 640-2-1 for a reproducible copy of this form.)

DD Form 408
Medical Officer's Professional Training Record. (Use this form instead of DA Form 5127 until stocks are exhausted.)

DD Form 1351-2
Travel Voucher or Subvoucher.

DD Form 1425
Specifications and Standards Requisition.

NGB Form 64
Application for School Training.

SF 50
Notification of Personnel Action.

SF 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

American Academy of Medical Administrators
American College of Hospital Administrators American Management Association
American Medical Records Association
American Public Health Association
Association of Clinic Managers
Health Care Financial Management Association

B-2. Audiology

American Speech Language/Hearing Association
Council for Accreditation in Occupational

Hearing Conservation

B-3. Behavioral sciences

American Association of Marriage and Family Therapy
American Association of Sex Educators, Counselors, and Therapists
American Hospital Association
American Psychological Association
National Association of Social Workers

B-4. Biological sciences

American Association for Clinical Chemistry
American Association for Immunology
American Association of Advanced Sciences
American Association of Bloodbanks
American Chemical Society
American Physiological Society
American Society for Microbiology
American Society for Tropical Medicine and Hygiene
American Society of Clinical Pathologists
American Society of Parasitologists
American Society of Medical Technologists

B-5. Biomedical maintenance

Association for Advancement of Medical Instrumentation
Program for Biomedical Engineering Technicians
Veterans Administration Certification

B-6. Computer sciences

Association for Systems Management
Association of Computer Machinery
Data Processing Management Association
Operations Research Society of America

B-7. Entomology

Entomological Society of America

B-8. Environmental/sanitary engineering

American Academy of Environmental Engineers
American Academy of Industrial Hygiene
American Academy of Sanitarians, Incorporated
Board of Certified Safety Professionals
Conference of Federal Environmental Engineers
International Hazard Control Manager
National Environmental Health Association
Society of American Military Engineers

B-9. Health facilities design/management

National Council of Architects Registration Board

B-10. Logistics

American Hospital Association
American Society for Hospital Purchasing and Materials Management
Defense Logistics Association
International Fabric Care Institute
International Materials Management Society
National Association for Hospital Purchasing Materials Management
National Executive Housekeepers Association

B-11. Optometry

American Optometric Association

B-12. Pharmacy

American Pharmaceutical Association

American Society of Hospitals Pharmacists

B-13. Physical sciences

American Board of Health Physics

American Board of Radiology

B-14. Podiatry

American Academy of Podiatric

Administration

American Academy of Podiatric Sports

Medicine

American Association for Women
Podiatrists

American Association of Colleges of Podiatric Medicine

American Association of Hospital

Podiatrists

American Board of Podiatric Surgery

American Board of Podiatric Orthopedics

American College of Foot Orthopedists

American College of Foot Surgeons

American College of Podiatric Radiologists

American College of Podopediatrics

American Podiatry Association

American Society of Podiatric Dermatology

Association of Podiatrists in Federal Service

Podiatry or medical board of individual

State

Table 16-1
CHE funding authorities for active Army AMEDD personnel

Personnel assigned to	Type of CHE experience		
	AMEDD or other Federal course or conference ¹	Other Army course or conference	Private organization course or conference
	is funded by	is funded by	is funded by
HSC			
a. Interns, residents, and fellows in GME or GDE programs at Army facilities	Headquarters, HSC, further delegated to MEDDAC/medical center (MEDCEN)/DENTAC ²	USAHPSA ³	Headquarters, HSC, further delegated to MEDDAC/MEDCEN/DENTAC
b. Personnel in long-term civilian training and interns, residents, and fellows in GME or GDE programs at civilian facilities	USAHPSA ^{3,4}	USAHPSA ³	USAHPSA ³
c. All other AMEDD personnel	USAHPSA ^{3,4}	USAHPSA	Headquarters, HSC, further delegated to MEDDAC/MEDCEN/DENTAC and other subordinate elements
7th MEDCOM, ⁵ USAREUR	USAHPSA ^{3,4}	USAHPSA ⁶	7th MEDCOM
18th MEDCOM, Korea	USAHPSA ^{3,4}	USAHPSA ⁷	18th MEDCOM
USAMRDC	USAHPSA ^{3,4}	USAHPSA ³	USAMRDC
OTSG and OTSG FOAs	USAHPSA ^{3,4}	USAHPSA ³	Elements of OTSG and FOAs responsible for their own assigned personnel
Non-AMEDD controlled units (DOD, DA, Forces Command (FORSCOM), U.S. Army Training and Doctrine Command (TRADOC), and so forth)	USAHPSA ^{3,4}	USAHPSA ³	Parent unit/USAHPSA ⁵

Notes:

¹ AMEDD and other Federal courses or conferences include AMEDD and triservice short courses under the AMEDD PPSCP. Also included are courses or conferences sponsored by other Federal agencies; for example, AFIP.² USAHPSA will fund for a resident or fellow who is a guest speaker or presenting a paper at an AMEDD or triservice course or conference conducted under the AMEDD PPSCP.³ Qualified active duty personnel requesting use of USAHPSA funding for CHE must submit a DA Form 3838 in triplicate to Commander, USAHPSA(ATTN: SGPS-EDT), 5109 Leesburg Pike, Falls Church, VA 22041-3258. Application 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 USAHPSA is unavailable if necessary attendance quotas are obtained from the hosting facility.⁵ Parent unit is the primary source of funding; central funding from USAHPSA is subject to availability and other program priorities.⁶ Within theater courses funded by 7th MEDCOM.⁷ Within theater courses funded by 18th MEDCOM.

SERVICE AGREEMENT
NONFUNDED GRADUATE MEDICAL EDUCATION PROGRAM

1. Authority: 10 USC 3012.

2. Principal purpose: This Service Agreement is used as the contract between the United States Army and Medical Corps officers applying for enrollment in post-doctoral programs of graduate medical education in civilian facilities, not subsidized by the Department of Defense. Information contained in this format is used for identification purposes.

3. Routine uses: A signed and witnessed Service Agreement, which includes the officer's SSN, must be submitted by applicants for the Nonfunded Graduate Medical Education Program (NGMEP). The applicant certifies to specific eligibility statements and that he/she agrees to and understands requirements and the active duty service obligation (ADSO). The SSN is used only for identification purposes. The signed and witnessed Service Agreement becomes a part of the soldier's official military personnel file at the U.S. Total Army Personnel Agency. Other distribution includes the applicant's file at the Graduate Medical Education Office, Education and Training Division, U.S. Army Health Professional Support Agency.

4. Mandatory or voluntary disclosure: Voluntary. If not submitted with DA Form 3838 and other required documents, application for the NGMEP will not be processed.

<i>Name of Applicant (print or type)</i>	<i>SSN</i>
--	------------

5. I am requesting separation from active duty to pursue an accredited program in (medical specialty) at (institution). I certify that--

- a. I meet the eligibility requirements of paragraph 6-2g, AR 351-3;
- b. I have received notification of acceptance into the program from the institution;
- c. The program will begin on _____ and end on _____;
- d. My current ADSO is (years), (months), and (days).
- e. My ADSO (excluding that incurred for NGMEP participation) on the beginning date of the training program will be _____.
- f. I have not twice failed to be recommended for promotion to the next higher grade, nor was I not recommended for promotion to the next higher grade by the last board of officers which considered my records from in or above the promotion zone;
- g. I will be able to fulfill the ADSO incurred by my participation in the NGMEP prior to my mandatory removal date for age or length of service.

6. I hereby agree to--

- a. Pursue my studies on a continuous basis and, to the best of my ability, direct my efforts toward completion of the requirements necessary for receiving accreditation in my designated specialty; and,
- b. Meet and maintain the physical fitness, weight control, and appearance standards established by applicable policy and regulation.

7. As a result of my participation in the NGMEP, I understand that--

- a. (Regular Army (RA) officers only) I will submit a resignation per AR 635-120, chapter 3, and will be tendered an appointment in the United States Army Reserve, which I must accept. (My resignation of my RA appointment is conditioned on my acceptance of a reserve appointment.) I may apply for reappointment in the RA upon my return to active duty, but such reappointment is not guaranteed. (Other than Regular Army officers only) I will submit a request for release from active duty to participate in this program per AR 635-100, Section XX, chapter 3.
- b. Upon release from active duty, I will be placed in the Individual Ready Reserve (IRR) for the duration of my graduate medical education. I may request transfer to the Selected Reserve per AR 140-10, with prior written approval of The Surgeon General or his or her designee.
- c. I will incur an ADSO of 2 years, which may be served concurrently with any other active duty obligation. I will not begin to satisfy this obligation until my return to active duty, which will immediately follow the end of my graduate medical education (*by completion or otherwise*), if such return to active duty is determined to be in the best interest of the Government.

Figure 6-1. Format for a Service Agreement: NGMEP

d. No part of any active duty obligation I now have or will incur by my participation in the NGMEP may be satisfied while I am in this program. Therefore, on my return to active duty I will complete the 2 years ADSO incurred under this program, or the ADSO I have listed in paragraph 5d, above, whichever is greater.

e. I will receive no pay, allowances, or other benefits from the Army while I am not on active duty (unless I am a member of the Selected Reserve), but I will be entitled to accept the normal stipends paid to other trainees in my institution.

f. I will not be eligible for active duty list promotion while I am not on active duty, nor will I be eligible for retroactive promotion with my original peer group when I return to active duty. Non-active duty list promotions, if applicable, will be governed by the regulations in effect at such time as I become eligible.

g. Because I will not receive OERs while participating in this program (unless I am in the Selected Reserve), I may not be as competitive for promotion upon returning to active duty as I may otherwise have been.

h. While I am in this program, I will immediately notify the Commander, U.S. Army Health Professional Support Agency, ATTN: SGPS-PDE, 5109 Leesburg Pike, Falls Church, VA 22041-3258 of--

- (1) Changes in my academic status,
- (2) Service-impairing physical disability,
- (3) A change in my residence and/or telephone number, and
- (4) Other material factors that may impact on my ability to complete my graduate medical education or my return to active duty.

i. I must ensure that a progress report from my training program director is submitted each year to Commander, U.S. Army Health Professional Support Agency, ATTN: SGPS-PDE, 5109 Leesburg Pike, Falls Church, VA 22041-3258 no later than 1 August.

8. I understand that my participation in the NGMEP may be terminated for one or more of the following reasons:

a. I am released from the training program specified above, or voluntarily cease to actively engage in such training;

b. I fail to maintain eligibility requirements;

c. I am convicted of a felony (as defined under Federal, State, or local law), or of an offense which, if tried under the Uniform Code of Military Justice, could result in a sentence of at least 1 year or a Dishonorable Discharge, or of an offense involving moral turpitude (to include sexual offenses and acts involving dishonesty);

d. I commit one or more acts resulting in discreditable involvement with civilian or military authorities, whether or not I am charged, indicted, tried, or convicted for such acts;

e. I become an "unsatisfactory participant" under AR 135-91; or

f. I complete the training program.

9. I understand that if I am unable to complete my graduate medical education for any reason, I will be required to perform active duty service in an appropriate military capacity (as determined by the Secretary of the Army or his or her designee) in accordance with my ADSO, provided that such service is determined to be in the best interest of the Government.

10. I understand that this Service Agreement is the entire contract between myself and the United States Army, and that there are no oral or other agreements or understandings or representations affecting the contract or relating to my military service, except as otherwise specifically provided for or referred to herein.

_____ (Date)	_____ (Name, Rank (type/print))	_____ (Signature)
_____ (Name of witness (type/print))		_____ (Signature)
_____ (Duty address of witness)		
_____ (Date signed by witness)		

Figure 6-1. Format for a Service Agreement: NGMEP

(Appropriate letterhead)

OFFICE SYMBOL (672-5-1b)

DATE

MEMORANDUM THRU: (If applicable)

FOR: HQDA (DASG-PTL-A), 5109 LEESBURG PIKE, FALLS CHURCH, VA 22041-3258

SUBJECT: Nomination for The Surgeon's Physician Recognition Award or The Surgeon General's Physician Assistant Recognition Award

1. Under provisions of AR 351-3, chapter 11, section II, the following individual is nominated for the subject award:
 - a. Grade, name, and social security number:
 - b. Organization of assignment:
 - c. Inclusive dates for which recommended:
 - 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 one page in length. It should be suitable for use as a press release if the nominee is selected for the award.)
3. This nomination is not in contravention to AR 600-31.

Figure 11-1. Format for a nomination for TSG-PRA or TSG-PARA memorandum

(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 (educational institution) by (Army medical facility).
2. Reference. AR 351-3, Professional Training Programs of the Army Medical Department.
3. Problem.
 - a. The (name and location of educational institution), hereafter called educational institution, which is accredited by (name of accrediting body), conducts a program 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 and location of Army medical facility), hereafter called the 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 providers.
 - d. Trainees will be student volunteers under section 3111 of title 5, United States Code (5 USC 3111). They will not be Federal employees, but will be covered by 5 USC 8101-8151, relating to compensation for certain injuries, and by 28 USC 2671-2680 and 10 USC 1089, relating to tort claims.
 - 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.
4. Scope. This agreement applies to not more than (number) of trainees and will not detract from the Army Medical Department's medical and training mission.
5. Understanding.
 - a. This agreement applies to not more than (number) of the category of trainees described in paragraph 3a.

Figure 15-1. Format for a memorandum of agreement—Continued

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.

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.

Figure 15-1. Format for a memorandum of agreement

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.

(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.

(d) A trainee is withdrawn from participation in the clinical learning experience on written notice from the commander of the Army medical facility that further participation by the trainee is not desirable.

6. 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.

7. 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 Army Medical Department.

Format for signature blocks

(Educational institution):

(Army medical facility):

By: _____

By: _____

Title: _____

Title: _____

Date: _____

Date: _____

FOR THE *(Approving authority):*

Approved

By: _____

Title: _____

Date: _____

Figure 15-1. Format for a memorandum of agreement-Continued

(Appropriate letterhead)

OFFICE SYMBOL (351-d)

DATE

MEMORANDUM THRU: (Command channels)

FOR: HQDA (SGPS-EDN), 5109 LEESBURG PIKE, FALLS CHURCH, VA 22041-3258

SUBJECT: Annual Summary Report of AN Continuing Education Activities (RCS MED-398)

1. (Indicate the period this report covers.)

2. The following data is provided:

Dates of presentations	Titles of presentations	Number of contact hours	Approving agency	Number* of attendees
------------------------	-------------------------	-------------------------	------------------	----------------------

(Signature block of commander
or his or her representative)

Identify if
AN, GSRN, or LPN

Figure 19-1. Format for the RCS MED 398 report

(Appropriate letterhead)

OFFICE SYMBOL (351 3a)

DATE

FOR: HQDA (SGPS ED), 5109 LEESBURG PIKE, FALLS CHURCH, VA 22041 3258

SUBJECT: Annual Summary of Continuing Health Education Program in AMEDD Facilities (RCS MED 328)1. (Indicate the period this report covers.)

2. (List the medical facilities where programs are presented.)

3. (List the programs for which Category I credit for the AMA's PRA was awarded. List number of Category I credits awarded to each program. Provide a summary of objectives for each program presented and explain how objectives were met.)

4. (State that the programs for which Category I credit was awarded were conducted according to criteria and guidelines set up by OTSG and this regulation. If not, please explain with specifics.)

5. (Indicate that adequate records were maintained to document each program for which Category I credit was awarded. If not, please explain with specifics.)

6. (Indicate whether the OTSG was reflected as the sponsor or cosponsor of each such program.)

(Signature block of the commander
or his or her representative)

Note: This report is subject to review by accrediting bodies. Therefore, it must be specific in conveying the professional quality of programs for which CHE credit was awarded.

Figure 21-1. Format for the RCS MED 328 report

Glossary

Section I Abbreviations

AAPA

American Academy of Physician Assistants

ACGME

Accreditation Council for Graduate Medical Education

ADA

American Dental Association

ADA

American Dietetic Association

ADO

active duty obligation

ADSO

active duty service obligation

ADT

active duty for training

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

AFSC

Armed Forces Staff College

AHS

Academy of Health Sciences, US Army

AMA

American Medical Association

AMEDD

Army Medical Department

AMT

advanced management training (for senior officers)

AN

Army Nurse Corps

ANA

American Nurses' Association

AOA

American Osteopathic Association

AOAC

AMEDD Officer Advanced Course

AOC

area of concentration

AOTA

American Occupational Therapy Association

ARNG

Army National Guard

ARPERCEN

U.S. Army Reserve Personnel Center

ATLS

advanced trauma life support

AWC

Army War College

AWCCSP

Army War College Corresponding Studies Program

C4

Combat Casualty Care Course

C4A

Combat Casualty Management Course

CAS3

Combined Arms and Services Staff School

CE

continuing education

CEU

continuing education unit

CG

commanding general

CGSC

Command and General Staff College

CH

contact/credit hour

CHE

continuing health education

CME

continuing medical education

CMF

career management field

CONUS

continental United States

CONUSA

continental U.S. Army (numbered USAR)

CPO

civilian personnel office

CPS

chief, professional services

CY

calendar year

DA

Department of the Army

DC

Dental Corps

DCCS

deputy commander for clinical services

DENTAC

dental activity

D.O.

doctor of osteopathy

DOD

Department of Defense

ECFMG

Education Council for Foreign Medical Graduates

ERRC

Education Requirements Review Committee

FFP

Federal facility program

FIT

food inspection technician

FOA

field operating agency

FORSCOM

Forces Command

FPM

Federal Personnel Manual, Civil Service Commission

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

GPE

graduate professional education

GRE

Graduate Record Examination

GSRN

general service registered nurse

HCA health care administration	NLT not later than	RA Regular Army
HPE health professional education	NRI nonresident instruction	RC Reserve Component
HSC U.S. Army Health Services Command	OBC Officer Basic Course	RCS Requirement Control Symbol
HQDA Headquarters, Department of the Army	OB-GYN obstetrics and gynecology	SP Army Medical Specialist Corps
IRR Individual Ready Reserve	OCONUS outside the Continental United States	ROTC Reserve Officers' Training Corps
JCAHO Joint Commission on Accreditation of Healthcare Organizations(formerly JCAH)	OCS Officer Candidate School	SSC senior service college
JSAT Joint Security Assistance Training (Program)	OER Officer Evaluation Report	SSI specialty skill identifier
LEDC/FIT Logistics Executive Development Course/ Florida Institute of Technology	OPF official personnel folder	SSN social security number
LPN licensed practical nurse	OPM Office of Personnel Management	STP Sabbatical Training Program
LTCT long term civilian training	OT occupational therapist	TAG The Adjutant General
MACOM major Army command	OTSG Office of The Surgeon General	TDY temporary duty
MAT Miller Analogies Test	(P) promotable	TPU Troop Program Unit
MC Medical Corps	PA physician assistant	TRADOC U.S. Army Training and Doctrine Command
M.D. doctor of medicine	PBC prior to beginning of course	TSG The Surgeon General
MEDCEN medical center	PCC pre-command course	TSG-PARA The Surgeon General's Physician Assistant Recognition Award
MEDCOM medical command	PCS permanent change of station	TSG-PRA The Surgeon General's Physician Recognition Award
MEDDAC U.S. Army Medical Department activity	PETC Profession Education and Training Committee	TWC Texas Wesleyan College
MS Medical Service Corps	PGY-1 Postgraduate Year One	USAHPSA U.S. Army Health Professional Support Agency
MTF medical treatment facility	PGY-2 Postgraduate Year Two	USAMRDC U.S. Army Medical Research and Develop- ment Command
NA not applicable	POI program of instruction	USAR U.S. Army Reserve
NCCPA National Commission for Certification of Physician Assistants	PPSCP Professional Postgraduate Short Course Program	USAREUR U.S. Army, Europe
NGMEP Nonfunded Graduate Medical Program	PRA Physician Recognition Award	USMA U.S. Military Academy
NGB National Guard Bureau	PT physical therapist	USTAPA U.S. Total Army Personnel Agency

USUHS

Uniformed Services University of the Health Sciences

VC

Veterinary Corps

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.

AMEDD personnel

All officer personnel who are members of the six AMEDD corps, warrant officers whose control branch is one of the six AMEDD corps, and all enlisted personnel in career management field (CMF) 91. For purposes of this regulation the definition is expanded to include those personnel with nonmedical 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. Miniresidencies.
- j. 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. AMEDD courses identified by the OTSG and announced by DA message, subject: AMEDD Professional Postgraduate Short Course Program, published annually, as HPE courses.

Credit/contact hour

One hour of CHE credit hours is 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 credit hour are used synonymously. Credits are accepted toward the PRA on an hour-for-hour basis.

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 credit hours of CHE over a 3-year period. At least 60 of the 150 credit hours 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 recertification and registration or reregistration of certain AMEDD officers and warrant officers. The term will be used also to mean specialty certification and recertification, registration or

reregistration, and licensure or relicensure of AMEDD enlisted 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. Students must meet Federal, State, and local standards regarding the employment of minors.

Section III Special Abbreviations and Terms

There are no special terms.

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RESERVED

HOUSE STAFF EVALUATION REPORT				DATE OF REPORT	
For For use of this form, see AR 351-3; the proponent agency is TSG.					
NAME (Last, First, Middle Initial)			GRADE		SSN
SERVICE AS (Check one)			YEAR		
INTERN: <input type="checkbox"/> ROTATING <input type="checkbox"/> STRAIGHT (Specify) _____			<input type="checkbox"/> RESIDENT <input type="checkbox"/> FELLOW		SPECIALTY _____
NAME OF HOSPITAL			PERIOD OF SERVICE COVERED BY REPORT		
			FROM (Day, month, year)		TO (Day, month, year)
PART I - CLINICAL PERFORMANCE	SECTION A - GENERAL MEDICAL KNOWLEDGE				
	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>
	SECTION B - OBTAINING MEDICAL HISTORY				
	6. <input type="checkbox"/>	7. <input type="checkbox"/>	8. <input type="checkbox"/>	9. <input type="checkbox"/>	10. <input type="checkbox"/>
	SECTION C - PERFORMING PHYSICAL EXAMINATION				
	11. <input type="checkbox"/>	12. <input type="checkbox"/>	13. <input type="checkbox"/>	14. <input type="checkbox"/>	15. <input type="checkbox"/>
	SECTION D - DIAGNOSTIC ACUMEN				
	16. <input type="checkbox"/>	17. <input type="checkbox"/>	18. <input type="checkbox"/>	19. <input type="checkbox"/>	20. <input type="checkbox"/>
	SECTION E - PLANNING, IMPLEMENTING AND EVALUATING THERAPY				
	21. <input type="checkbox"/>	22. <input type="checkbox"/>	23. <input type="checkbox"/>	24. <input type="checkbox"/>	25. <input type="checkbox"/>
SECTION F - KEEPING MEDICAL RECORDS					
26. <input type="checkbox"/>	27. <input type="checkbox"/>	28. <input type="checkbox"/>	29. <input type="checkbox"/>	30. <input type="checkbox"/>	
PART II - ASSUMING RESPONSIBILITIES	SECTION G - FULFILLING ADMINISTRATIVE OBLIGATIONS				
	31. <input type="checkbox"/>	32. <input type="checkbox"/>	33. <input type="checkbox"/>	34. <input type="checkbox"/>	35. <input type="checkbox"/>
	SECTION H - INTEREST IN CONTINUED MEDICAL EDUCATION				
	36. <input type="checkbox"/>	37. <input type="checkbox"/>	38. <input type="checkbox"/>	39. <input type="checkbox"/>	40. <input type="checkbox"/>
	SECTION I - ESTABLISHING EFFECTIVE PHYSICIAN-PATIENT RELATIONSHIP				
41. <input type="checkbox"/>	42. <input type="checkbox"/>	43. <input type="checkbox"/>	44. <input type="checkbox"/>	45. <input type="checkbox"/>	

SECTION J - ATTITUDE AND APPEARANCE						
46. Slovenly immature & often inappropriate in behavior.	47. Occasionally boisterous or sullen, has little insight of problems of co-workers.	48. Is aware of professional position & responsibilities, behavior & appearance are consistently appropriate.	49. Is unusually mature in his judgement & interpersonal relationships, is always courteous & well groomed.	50. His maturity, behavior integrity & grooming are consistent with the highest ideals of the profession.		
SECTION K - WORKING WITH OTHERS						
51. A malcontent who is the source of many complaints by hospital personnel.	52. Has little understanding of co-workers problems. Makes excessive demands & is not thoughtful of ways to make work groups function without friction.	53. A thoughtful, considerate person who respects the rights & problems of all co-workers.	54. Unusually cognizant of personnel & personality problems, his insight is helpful in establishing & maintaining a harmonious milieu.	55. His perception & understanding of interpersonal relationships allows anticipation & correction of potential problem areas, thereby establishing an excellent working situation.		
SECTION L - LEADERSHIP AND RESPONSIBILITY						
56. Totally passive, refuses to accept responsibility or initiative.	57. Assumes responsibility only when stimulated to do so.	58. Readily assumes responsibility & initiative, is respected by patients & co-workers.	59. Consistently demonstrates skill, initiative & capability as a physician. Enjoys responsibility in all spheres.	60. Aggressively assumes medical responsibilities, devotes time & energy selflessly to all duties, is respected by his peers.		
SECTION M - SELF-EVALUATION AND THE USE OF CONSULTANTS						
61. Has no concept of his inadequacies, & has ignored counselling.	62. Limitations in both knowledge & experience have frequently led to misuse (too little or too great) of consultants.	63. Recognizes his limitations & assumes responsibilities proportionate to his knowledge. Uses consultations in an appropriate manner.	64. Excellent insight into his own limitations & uses the proper consultant to aid in patient management as well as to benefit personally.	65. Consistently demonstrates excellent judgment in his initiative, inquisitiveness, assumption of responsibility & the use of consultants.		
PART IV - OVERALL EVALUATION (Counselling With House Officer by Rater is Required)						
66. <input type="checkbox"/> UNSATISFACTORY x Performance falls to meet standards of acceptance, Rehabilitation is doubtful.	67. <input type="checkbox"/> MARGINAL xx xxx Lacks motivation, interest & capability. Performance is limited. Cannot continue without substantial improvement.	68. <input type="checkbox"/> BELOW AVERAGE xx xxxxxx xxxxxxx May continue in program, but performance is below standards.	69. <input type="checkbox"/> EFFECTIVE & COMPETENT x xxxx xxxxxxx xxxxxxxxx xxxxxxxxxxx xxxxxxxxxxx xxxxxxxxxxx Satisfactorily meets the stated objectives.	70. <input type="checkbox"/> VERY FINE xx xxxx xxxxx xxxxxxx A continuing level of high performance in most aspects of stated objectives.	71. <input type="checkbox"/> EXCEPTIONALLY FINE xx xxx Performs outstandingly in most aspects of his job. Initiative, leadership & personality are worthy of special notice.	72. <input type="checkbox"/> OUTSTANDING x Extremely rare. Excellence in everything. Performs far beyond his level of training.
PART V - RECOMMENDATION FOR ADDITIONAL TRAINING						
73. HIGHLY RECOMMEND AND WOULD ACCEPT FOR ADDITIONAL TRAINING IN:	74. WOULD ACCEPT FOR ADDITIONAL TRAINING IN:	75. MIGHT BE EXPECTED TO DO WELL IN A TRAINING PROGRAM IN:	76. SHOULD NOT BE CONSIDERED FOR ADDITIONAL TRAINING IN:			
PART VI - NARRATIVE DESCRIPTION OF PERFORMANCE AND PERSONAL QUALITIES						
NAME OF SERVICE CHIEF			SIGNATURE		DATE	
NAME OF DIRECTOR OF MEDICAL EDUCATION			SIGNATURE		DATE	
APPROVED (Name of Hospital/Facility Commander)			SIGNATURE		DATE	

INTERN AND RESIDENCY TRAINING CAPABILITIES

**REPORTS CONTROL SYMBOL
MED-154**

For use of this form, see AF 351-3; the proponent agency is Office of The Surgeon General.

THRU:

DATE

PERIOD

TO:

TYPE OF PROGRAM

INTERN (Complete first year columns only)

RESIDENT SPECIALTY (Specify)

FROM:

SECTION A - TRAINING CAPABILITIES BY TRAINING YEAR LEVEL

AREA a	MAXIMUM NUMBER					OPTIMUM NUMBER				
	1st year b	2nd year c	3rd year d	4th year e	5th year f	1st year g	2nd year h	3rd year i	4th year j	5th year k
1. WITHIN OWN RESOURCES										
2. OWN RESOURCES, PLUS AFFILIATIONS										

SECTION B - TRAINING AT AFFILIATED HOSPITALS BY TRAINING YEAR LEVEL

AFFILIATED HOSPITALS l	NUMBER OF INDIVIDUALS DETAILED					AVERAGE NUMBER OF WEEKS DETAIL PER INDIVIDUAL DURING YEAR				
	1st year m	2nd year n	3rd year o	4th year p	5th year q	1st year r	2nd year s	3rd year t	4th year u	5th year v
3.										
4.										
5..										
6.										

7. REMARKS

TYPED NAME AND GRADE

SIGNATURE

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