BUMED NOTICE 1900

From: Chief, Bureau of Medicine and Surgery

Subj: ADMINISTRATIVE SEPARATIONS FOR CONDITIONS NOT AMOUNTING TO A DISABILITY

Ref: (a) ASN (M&RA) memo of 9 Jan 18 (NOTAL)
(b) DASN (M&RA) memo of 31 Jan 18 (NOTAL)
(c) DoD Instruction 1332.18 of 5 August 2014
(d) SECNAVINST 1850.4E
(e) DoD Instruction 1332.14 of 27 January 2014
(f) DoD Instruction 1332.30 of 25 November 2013
(g) MCO 1900.16
(h) NAVPERS 15560D
(i) NAVMED P-117
(j) 38 CFR Part 4
(k) BUMEDINST 6320.85A
(l) DoD Instruction 6490.04 of 4 March 2013
(m)SECNAVINST 5300.30E

Encl: (1) Template - Required Information from Command
(2) Template - United States Navy Non-Personality Disorder Recommendation Letter
(3) Template - United States Marine Corps Non-Personality Disorder Recommendation Letter
(4) Template - United States Navy Personality Disorder Recommendation Letter
(5) Template - United States Marine Corps Personality Disorder Recommendation Letter

1. **Purpose.** To provide policy and guidance for the medical process for administrative separation (ADSEP) recommendations for conditions not amounting to a disability (CnD).

2. **Scope and Applicability.** This notice applies to all ships and stations having Medical Department personnel.

3. **Policy.** This notice includes new requirements to process all CnD ADSEP recommendations through a Medical Evaluation Board (MEB), and the mandatory use of the CnD module in the Limited Duty Sailor and Marine Readiness Tracker (LIMDU SMART).

   a. References (a) and (b) direct all recommendations for ADSEP for a CnD made by Navy providers, to include providers with fleet and Marine force units, receive MEB review to determine the appropriate avenue for separation. Appropriate avenues include, Disability
Evaluation System (DES), governed by references (a) through (f); ADSEP, governed by references (a) through (h); or another process such as assignment to limited duty as clinically indicated. Criteria for additional medical flag officer endorsement is also outlined in references (a) and (b).

b. Per references (a) and (b), all recommendations for ADSEP for a CnD made by Navy providers, including providers with fleet and Marine force units, must be endorsed by a Bureau of Medicine and Surgery (BUMED) appointed MEB convening authority (CA) prior to delivery of the recommendation to the Service member’s command. Per reference (i), Manual of the Medical Department, chapter 18, the commanding officer (CO) of the military treatment facility (MTF) is the CA and may delegate signature authority to a director, department head, or chief of a clinical service. Recognizing the CA workload has increased significantly with new readiness requirements, COs are authorized to delegate CA signature authority to trusted physicians (or doctor of philosophy (Ph.D) level clinical psychologists for behavioral health conditions) with experience levels similar to chiefs of clinical services.

(1) CnD recommendations for Service members receiving care at sites where Navy providers are unavailable will be processed by the naval MTFs and region with geographic medical cognizance over the site where the member is receiving care, per reference (k). The Deputy Chief, Readiness & Health, BUMED may work with other Service MTFs or Defense Health Agency directors to select and authorize CAs within those facilities.

(2) CnD recommendations will be documented using the CnD module in LIMDU SMART.

(3) Criteria for additional medical flag officer endorsements is outlined in references (a) and (b).

4. Background. The intent of references (a) through (h) and reference (i), chapter 18 is to allow for the timely separation of Service members who have been identified to have a condition not compatible with military service, but does not constitute a compensable disability per reference (j).

a. Per references (a) through (h), medical conditions which do not rise to the level of disability may be cause for ADSEP. These conditions must interfere with a Service member’s performance of duty, not constitute a physical disability, and not be ratable as a disability per reference (j), available at https://www.gpo.gov/fdsys/granule/CFR-1998-title38-voll/CFR-1998-title38-voll-part4. Service members with multiple conditions interfering with his or her performance of duty must be referred to the DES if any of the conditions are potentially ratable per reference (j).
b. Pre-existing conditions (existing prior to service entry) that are potentially disabling must be referred into the DES. Per reference (d), the Physical Evaluation Board (PEB) is the only adjudicative body allowed to determine if a condition existed prior to accession and the condition was not exacerbated by military service.

c. This policy does not apply to entry level separations occurring prior to a member completing 180 days of service. Entry level separations are governed by references (g) and (h), Military Personnel Manual, article 1910-308.

5. Responsibilities

a. Deputy Chief, Readiness & Health. Must coordinate with other Service MTFs or Defense Health Agency directors to select and authorize CAs within those facilities as deemed appropriate.

b. Director, Medical Readiness (M34) must:

   (1) Monitor program compliance.

   (2) Ensure sustained functionality and performance of the LIMDU SMART system.

c. Commanders, Navy Medicine East and West must:

   (1) Make recommendation or endorsement of CnD recommendation within 5 business days of receipt within the CnD module in LIMDU SMART.

   (2) Sign as the flag officer endorsement authority for all members of the U.S. Navy, except for members of the U.S. Navy assigned to U.S. Marine Corps (USMC) units. Per reference (k), this authority includes those members assigned to multi-service markets or non-naval MTFs within the regional geographic area of responsibility.

d. The Medical Officer of the Marine Corps (TMO). Per reference (a), serves as the flag officer endorsement authority for all members of the USMC, and those members of the U.S. Navy assigned to USMC units. TMO is responsible for endorsement of CnD recommendations within 5 business days of receipt within the CnD module in LIMDU SMART.

e. CO, MTFs. Are designated as the CA and may delegate signature authority to a director, department head, chief of a clinical service, or trusted physicians (or Ph.D-level clinical psychologists for behavioral health conditions) with experience levels similar to chiefs of clinical services.
f. **CA must:**

   (1) Use the utmost diligence to ensure members that qualify for processing through DES are not recommended for CnD ADSEP.

   (2) Ensure CnD recommendations are made within 5 business days of the first MEB provider signature within the CnD module in LIMDU SMART.

   (3) Ensure patients enrolled in the DES, have also been evaluated by the MEB as the authority to find the member medically fit for full duty and fit for deployment prior to submission of the case to the PEB.

      (a) If the MEB finds the potentially compensable condition does not rise to the level of disability, the member may be found fit. The member must be removed from DES and processed for CnD ADSEP for the non-compensable condition.

      (b) If the MEB finds the individual not fit for full duty or identifies any new deployment limitations not already addressed by prior PEB adjudication or policy (e.g., blood borne pathogen policy (reference (m)), the member should be referred to the PEB for the compensable condition only. Because it is not compensable, the CnD condition must not be listed as a referred condition.

      (c) If the PEB finds the member fit for retention on active duty service, then the member may be processed for CnD ADSEP for a non-compensable condition.

   g. **Medical Providers must:**

   (1) Complete a thorough record review to ensure all potentially disabling conditions are considered in addition to the identified CnD condition. Due consideration must be given to a referral to the DES when recommending ADSEP.

   (2) Request the necessary demographic and service information from the Service member’s command using the template provide in enclosure (1) prior to entering the case into the CnD module in LIMDU SMART.

   (3) Notify the member’s CO of the MEB review and determinations using the appropriate CnD recommendation letter template (enclosures (2) through (5)). The differences in the notification templates (enclosures (2) through (5)) capture Service and diagnosis specific requirements.

      (a) The signature and approval page from the CnD module in LIMDU SMART must be printed and provided as an enclosure to the CnD recommendation letter to validate the member’s case was reviewed by the MEB per references (a) and (b).
(b) Initiating providers must submit the CnD recommendation letter and supporting documentation to the member’s CO within 5 business days of case final approval within the CnD module in LIMDU SMART.

h. Department Head, Patient Administration Department must ensure:

(1) The MTF user roles within the CnD module in LIMDU SMART are assigned and maintained.

(2) All cases are screened to determine if flag-level review is required, and any case requiring flag officer review are routed to the appropriate flag office using parameters in references (a) and (b).

(3) CnD module user training is facilitated and feedback provided to BUMED-M34 on LIMDU SMART system performance.

(4) The completed and signed CnD recommendation letters are scanned into the Health Artifact and Image Management Solution.

6. Additional CnD Guidance. The following guidance is provided per references (a) and (b).

a. Separation on the basis of a mental health condition not constituting a physical disability, including personality disorders and other mental health conditions, is only authorized if:

(1) Diagnosis is confirmed by an authorized mental health provider (physician or clinical psychologist, Ph.D. level), as defined by reference (l).

(2) Diagnosis is made using the Diagnostic and Statistical Manual of Mental Disorders available at https://www.psychiatry.org/psychiatrists/practice/dsm.

(3) Mental health provider concludes the disorder does not constitute a disability, and is so severe the member’s ability to function effectively in the military environment is significantly impaired.

b. Some non-disabling medical conditions may preclude the member from overcoming the deficiency, i.e., certain types of asthma or allergies such as stinging insect venom. Providers must advise COs if the condition warrants an opportunity to overcome the medical condition and the resulting negative impact on performance.

c. Screening refusal, or inability to participate in, or pass, a physical readiness test are not appropriate reasons for CnD ADSEP.
d. ADSEP for CnD is not appropriate, nor should it be pursued, when separation is warranted on the basis of unsatisfactory performance or misconduct.

7. **Records Management.** Records created as a result of this notice, regardless of media and format, must be managed per the Secretary of the Navy Manual 5210.1 of January 2012.

8. **Information Management Control.** The reports required in paragraphs 5c(2), 5f(2), 5g(3), and 5h(4) of this instruction are exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, subparagraph 7k.

Signed:

TERRY J. MOULTON
Acting

Releaseability and distribution:
This notice is cleared for public release and is available electronically only via Navy Medicine Web site, [http://www.med.navy.mil/directives/Pages/BUMEDNotes.aspx](http://www.med.navy.mil/directives/Pages/BUMEDNotes.aspx).
MEMORANDUM

Date

From: [Provider initiating medical review for conditions not amounting to a disability]
To: [Service Member’s Command]

Subj: MEDICAL REVIEW FOR ADMINISTRATIVE SEPARATION FOR A CONDITION NOT AMOUNTING TO A DISABILITY IN CASE OF RANK/RATE FIRST M. LAST, USN [or] USMC, DEPARTMENT OF DEFENSE IDENTIFICATION NUMBER (1234567890)

1. The following information is needed in order to initiate a medical review for the Service member for administrative separation for a condition not amounting to a disability:
   a. Unit Identification Code or Reporting Unit Code.
   b. Rate or military occupational specialty.
   c. Rank or grade.
   d. Active duty service date.
   e. Expiration of active obligated service.
   f. Has the Service member ever received imminent danger pay?

2. This information should be returned to [Provider initiating medical review for conditions not amounting to a disability] via secure e-mail or facsimile. Contact information: [phone, facsimile, and e-mail].

SIGNATURE (Can also be digitally signed)
[Signature Block]
Physician Specialty

Enclosure (1)
From: [Medical Evaluation Board#1 – initiating provider]
To: Commanding Officer, [Service member’s command]

Subj: RECOMMENDATION FOR ADMINISTRATIVE SEPARATION FOR A CONDITION NOT AMOUNTING TO A DISABILITY IN CASE OF RANK/RATE FIRST M. LAST, USN, DEPARTMENT OF DEFENSE IDENTIFICATION (1234567890)

Ref: (a) DoD Instruction 1332.14 of 27 January 2014
     (b) NAVPERS 15560D
     (c) NAVMED P-117
     (d) DoD Instruction 1332.30 of 25 November 2013
     (e) SECNAVINST 1920.6C

Encl: (1) Medical Evaluation Board Findings and Recommendations (Condition Not Amounting to a Disability Sailor and Marines Readiness Tracker Signature Page)

1. Per references (a) through (e), the Service member is recommended for administrative separation (ADSEP) for a condition not amounting to a disability (CnD). The member was evaluated by [diagnosing provider] on [diagnosis date]. References (b), Military Personnel Manual, article 1910-120, and (d) through (e), permit officer CnD ADSEP for personality disorder and other conditions generally resulting in an honorable discharge for enlisted personnel.

2. Findings: This Service member is recommended for ADSEP per references (a) and (b), article 1910-120, and based on the diagnosis of [diagnosis].
   a. Brief clinical history: [Brief clinical history and criteria met for diagnosis].
   b. Impairment: [Explain how the condition interferes with the performance of duty].

3. The member has a behavioral condition incompatible with military service, but does not amount to a physical disability.
   a. Per references (a) and (c), Manual of the Medical Department, chapter 18, article 18-12, section 7c, and in review of the member’s clinical history in the course of the evaluation, there is no basis for referral to the Physical Evaluation Board (PEB).
Subj: RECOMMENDATION FOR ADMINISTRATIVE SEPARATION FOR A CONDITION NOT AMOUNTING TO A DISABILITY IN CASE OF RANK/RATE FIRST M. LAST, USN, DEPARTMENT OF DEFENSE IDENTIFICATION (1234567890)

b. The member’s condition is so severe the member’s ability to function effectively in the military environment is significantly impaired.

c. The member [does or does not] have a diagnosis of service-related traumatic brain injury. [If potentially disabling, stop and complete Disability Evaluation System (DES) referral].

d. The member [does or does not] have a diagnosis of service-related post-traumatic stress disorder. [If potentially disabling, stop and complete DES referral].

e. The member [does or does not] have a history of other mental illness co-morbidity. [If potentially disabling, stop and complete DES referral].

4. The aforementioned diagnosis and treatment recommendations were discussed with and understood by the member.

5. Further mental health treatment, though recommended, is unlikely to result in symptom resolution.

6. Recommendations to the Commanding Officer:

   a. Per reference (a), it is Department of Defense policy “separations are used to strengthen the concept that military service is a unique calling, different from that of a civilian occupation.” Further, “enlisted Service members who do not demonstrate the commitment or potential for further service should be separated.”

   b. Per references (a) and (b), article 1910-120 separation processing will not be initiated until the Service member has been formally counseled on his or her deficiencies; and the condition does not qualify as a disability. The commanding officer must provide the member reasonable time to overcome deficiencies, if possible. References (a) and (b), article 1910-120 include examples of the required counseling.

   c. The timeframe to correct deficiencies depends upon the severity of the member’s symptoms and ongoing risk that continued service incurs to the individual and the organization. Per reference (c), MANMED, chapter 18, article 18-12, section 7(c), psychiatric hospitalization may be evidence that a condition is administratively unsuitable.
Subj: RECOMMENDATION FOR ADMINISTRATIVE SEPARATION FOR A CONDITION NOT AMOUNTING TO A DISABILITY IN CASE OF RANK/RATE FIRST M. LAST, USN, DEPARTMENT OF DEFENSE IDENTIFICATION (1234567890)

d. The member is mentally responsible for their behavior and possess sufficient capacity to understand and cooperate intelligently. There are no contraindications to the member participating in any applicable administrative proceedings. The member is deemed fit to continue duty for the purpose of ADSEP processing per reference (b), article 1910-120.

7. Service members should be expeditiously processed for separation when diagnosed with conditions that are chronic in nature and represent a serious ongoing threat to self or others if retained on active duty. ADSEP for CnD is not appropriate, nor should it be pursued, when separation is warranted on the basis of unsatisfactory performance or misconduct.

8. Risk. If there is a need to address access to weapons, access to classified material, or other concerns, those matters should be pursued through separate correspondence and in coordination with the Staff Judge Advocate.

9. Point of contact for this evaluation is [Medical Evaluation Board (MEB) #1] who can be reached at [MEB #1 phone and e-mail].

10. Enclosure (1) shows that this recommendation has been reviewed and endorsed by the Medical Evaluation Board members [and flag officer if indicated].

SIGNATURE (Can also be digitally signed)
[Signature Block]
Physician Specialty
From: [Medical Evaluation Board #1 – initiating provider]
To: Commanding Officer, [Service member’s command]

Subj: RECOMMENDATION FOR ADMINISTRATIVE SEPARATION FOR A CONDITION NOT AMOUNTING TO A DISABILITY IN CASE OF RANK/RATE FIRST M. LAST, USMC, DEPARTMENT OF DEFENSE IDENTIFICATION (1234567890)

Ref: (a) DoD Instruction 1332.14 of 27 January 2014
(b) MCO 1900.6
(c) NAVMED P-117
(d) DoD Instruction 1332.30 of 31 March 2017
(e) SECNAVINST 1920.6C

Encl: (1) Medical Evaluation Board Findings and Recommendations (Condition Not Amounting to a Disability Sailor and Marines Readiness Tracker Signature Page)

1. Per references (a) through (e), the Service member is recommended for administrative separation (ADSEP) for a condition not amounting to a disability. The Service member was evaluated by [diagnosing provider] on [diagnosis date].

2. Findings: This Service member is recommended for ADSEP per references (a) and (b) based on the diagnosis of [diagnosis].

   a. Brief clinical history: [Brief clinical history and criteria met for diagnosis].

   b. Impairment: Explain how the condition interferes with the performance of duty.

3. The member has a behavioral condition incompatible with military service, but does not amount to a physical disability.

   a. Per references (a) and (c), Manual of the Medical Department, chapter 18, article 18-12, section 7(c), and in review of the member’s clinical history in the course of the evaluation, there is no basis for referral to the Physical Evaluation Board (PEB).

   b. The member’s condition is so severe that the member’s ability to function effectively in the military environment is significantly impaired.
Subj: RECOMMENDATION FOR ADMINISTRATIVE SEPARATION FOR A CONDITION NOT AMOUNTING TO A DISABILITY IN CASE OF RANK/RATE FIRST M. LAST, USMC, DEPARTMENT OF DEFENSE IDENTIFICATION (1234567890)

c. The member [does or does not] have a diagnosis of service-related traumatic brain injury. [If potentially disabling, stop and complete Disability Evaluation System (DES) referral].

d. The member [does or does not] have a diagnosis of service-related Post-Traumatic Stress Disorder. [If potentially disabling, stop and complete DES referral].

e. The member [does or does not] have a history of other mental illness co-morbidity. [If potentially disabling, stop and complete DES referral].

4. The aforementioned diagnosis and treatment recommendations were discussed with and understood by the member.

5. Further mental health treatment, though recommended, is unlikely to result in symptom resolution.

6. Recommendations to the Commanding Officer:

a. Per reference (a), it is Department of Defense policy “separations are used to strengthen the concept that military service is a unique calling, different from that of a civilian occupation.” Further, “enlisted Service members who do not demonstrate the commitment or potential for further service should be separated.”

b. Per references (a) and (b) separation processing will not be initiated until the Service member has been formally counseled on his or her deficiencies and the condition does not qualify as a disability. The commanding officer must provide the member reasonable time to overcome deficiencies, if possible. References (a) and (b) include examples of the required counseling.

c. The timeframe to correct deficiencies depends upon the severity of the member’s symptoms and ongoing risk that continued service incurs to the individual and the organization. Per reference (b) paragraph 6105, no certain amount of time can be used to define “reasonable opportunity.” This must be determined by the commanding officer on a case-by-case basis. Per reference (c), MANMED, chapter 18, article 18-12, section 7(c), psychiatric hospitalization may be evidence that a condition is administratively unsuitable.

e. The member is mentally responsible for their behavior and possess sufficient capacity to understand and cooperate intelligently. There are no contraindications to the member participating in any applicable administrative proceedings. The member is deemed fit to
continue duty for the purpose of ADSEP processing under reference (b) paragraph 6203.2 (condition not a disability, adjustment disorder), with proceedings per reference (b) paragraph 6303 or 6304, as appropriate.

7. Service members. Should be expeditiously processed for separation when diagnosed with conditions that are chronic in nature and represent a serious ongoing threat to self and others if retained on active duty. ADSEP for CnD is not appropriate, nor should it be pursued, when separation is warranted on the basis of unsatisfactory performance or misconduct.

8. Risk. If there is a need to address access to weapons, access to classified material, or other concerns, those matters should be pursued through separate correspondence and in coordination with the Staff Judge Advocate.

9. Point of contact for this evaluation. [Medical Evaluation Board (MEB) #1] who can be reached at [MEB#1 phone and e-mail].

10. Enclosure (1) shows that this recommendation has been reviewed and endorsed by the Medical Evaluation Board members [and flag officer if indicated].

SIGNATURE (Can also be digitally signed)
[Signature Block]
Physician
From: [Medical Evaluation Board #1 – initiating provider]
To: Commanding Officer, [Service member’s command]

Subj: RECOMMENDATION FOR ADMINISTRATIVE SEPARATION DUE TO PERSONALITY DISORDER, A CONDITION NOT AMOUNTING TO A DISABILITY, IN CASE OF RANK/RATE FIRST M. LAST, USN, DEPARTMENT OF DEFENSE IDENTIFICATION (1234567890)

Ref: (a) DoD Instruction 1332.14 of 27 January 2014
     (b) NAVPERS 15560D
     (c) NAVMED P-117
     (d) DoD Instruction 1332.30 of 31 March 2017
     (e) SECNAVINST 1920.6C

Encl: (1) Medical Evaluation Board Findings and Recommendations (Condition Not Amounting to a Disability Sailor and Marines Readiness Tracker (Signature Page)

1. Per references (a) through (e), the Service member (hereafter “member”) is recommended for administrative separation (ADSEP) due to personality disorder, a condition not amounting to a disability. The member was evaluated by [diagnosing provider] on [diagnosis date].

2. Findings: This member is recommended for ADSEP per references (a) and (b), Military Personnel Manual, article 1910-122, based on the diagnosis of [diagnosis].

   a. Brief Clinical History: [Brief clinical history and criteria met for diagnosis].
   
   b. Impairment: [Explain how the condition interferes with the performance of duty].
   
   c. Review by Second Professional. The aforementioned diagnosis and recommendations were reviewed and agreed upon by [second behavioral health provider] per reference (a). [If second behavioral health provider is not also one of the signing Medical Evaluation Board members, then include documentation showing review and concurrence via co-signature on this memorandum or signature on a separate memorandum].

Enclosure (4)
3. The member has a behavioral condition that is incompatible with military service but does not amount to a physical disability. The member manifests a long-standing disorder of character and behavior that is of such severity as to render this individual unsuitable for continued military service. This condition is not amenable to treatment in the military medical system.

   a. Per references (a) and (b), and in review of the member’s clinical history in the course of the evaluation, there is no basis for referral to the Physical Evaluation Board per reference (c), chapter 18.

   b. The member’s condition is so severe that the member’s ability to function effectively in the military environment is significantly impaired.

   c. The member [does or does not] have a diagnosis of service-related traumatic brain injury. [If potentially disabling, stop and complete Disability Evaluation System (DES) referral].

   d. The member [does or does not] have a diagnosis of service-related post-traumatic stress disorder. [If potentially disabling, stop and complete DES referral].

   e. The member [does or does not] have a history of other mental illness co-morbidity. [If potentially disabling, stop and complete DES referral].

4. The aforementioned diagnosis and treatment recommendations were discussed with and understood by the member.

5. Further mental health treatment, though recommended, is unlikely to result in symptom resolution.

6. Recommendations to the Commanding Officer. The member is recommended for ADSEP. When processing the member, careful attention must be paid to comply with reference (b), article 1910-122. Reference (b), article 1910-122, provides that a member may be processed for separation based on a clinical diagnosis of a personality disorder when the disorder is so severe that the member’s ability to function effectively in the Navy environment is significantly impaired, and impairment interferes with a member’s performance of duty, or poses a threat to the safety or well-being of the member or others. However, separation processing may not be initiated until the member has been counseled formally concerning deficiencies and has been afforded an opportunity to overcome those deficiencies.
Subj: RECOMMENDATION FOR ADMINISTRATIVE SEPARATION DUE TO PERSONALITY DISORDER, A CONDITION NOT AMOUNTING TO A DISABILITY, IN CASE OF RANK/RATE FIRST M. LAST, USN, DEPARTMENT OF DEFENSE IDENTIFICATION (1234567890)

a. Required Documentation. Reference (a), subparagraph 2b, provides that “observed behavior of specific deficiencies should be documented in appropriate counseling or personnel records and include history of sources such as supervisors, peers, and others, establish that the behavior is persistent, interferes with assignment to or performance of duty, and has continued after the member was counseled and afforded an opportunity to overcome the deficiencies.”

b. Per references (a) and (b), article 1910-122, separation processing will not be initiated until the Service member has been formally counseled on his or her deficiencies and the condition does not qualify as a disability. The commanding officer must provide the member reasonable time to overcome deficiencies, if possible. References (a) and (b), article 1910-122, include examples of the required counseling.

c. Reasonable Time to Correct Deficiencies. The timeframe to correct deficiencies depends upon the severity of the member’s symptoms, and ongoing risk that continued service incurs to the individual and the organization.

d. Risk. Further mental health treatment, though recommended, is unlikely to result in symptom resolution.

e. The member is mentally responsible for their behavior and possess sufficient capacity to understand and cooperate intelligently. There are no contraindications to the member participating in any applicable administrative proceedings. The member is deemed fit to continue duty for the purpose of ADSEP processing.

7. Members should be expeditiously processed for separation when diagnosed with conditions that are chronic in nature and represent a serious ongoing threat to self and others if retained on active duty. ADSEP for CnD is not appropriate, nor should it be pursued, when separation is warranted on the basis of unsatisfactory performance or misconduct.

8. Risk. If there is a need to address access to weapons, access to classified material, or other concerns, such matters should be pursued through separate correspondence and in coordination with the Staff Judge Advocate.

9. Point of contact for this evaluation is [(MEB) #1] who can be reached at [MEB #1 phone and e-mail].
Subj: RECOMMENDATION FOR ADMINISTRATIVE SEPARATION DUE TO PERSONALITY DISORDER, A CONDITION NOT AMOUNTING TO A DISABILITY, IN CASE OF RANK/RATE FIRST M. LAST, USN, DEPARTMENT OF DEFENSE IDENTIFICATION (1234567890)

10. Enclosure (1) shows that this recommendation has been reviewed and endorsed by the MEB members [and flag officer if indicated].

SIGNATURE (Can also be digitally signed)
[Signature Block]
Physician Specialty
Date

From: [Medical Evaluation Board#1 – initiating provider]
To: Commanding Officer, [Service member’s command]

Subj: RECOMMENDATION FOR ADMINISTRATIVE SEPARATION DUE TO PERSONALITY DISORDER, A CONDITION NOT AMOUNTING TO A DISABILITY, IN CASE OF RANK/RATE, FIRST M. LAST, USMC, DEPARTMENT OF DEFENSE IDENTIFICATION (1234567890)

Ref: (a) DoD Instruction 1332.14 of 27 January 2014
(b) MCO 1900.16
(c) NAVMED P-117
(d) DoD Instruction 1332.30 31 March 2017
(e) SECNAVINST 1920.6C

Encl: (1) Medical Evaluation Board Findings and Recommendations (Condition Not Amounting to a Disability Sailor and Marines Readiness Tracker Signature Page)

1. Per references (a) through (e), the Service member (hereafter “member”) is recommended for administrative separation (ADSEP) due to personality disorder, a condition not amounting to a disability. The member was evaluated by [diagnosing provider] on [diagnosis date].

2. Findings: This member is recommended for ADSEP per references (a) and (b) based on the diagnosis of [diagnosis].
   
   a. Brief Clinical History: [Brief clinical history and criteria met for diagnosis].

   b. Impairment: [Explain how the condition interferes with the performance of duty].

   c. Review by Second Professional. The aforementioned diagnosis and recommendations were reviewed and agreed upon by [second behavioral health provider] per reference (a). [If second behavioral health provider is not also one of the signing Medical Evaluation Board (MEB) members, then include documentation showing review and concurrence via co-signature on this memorandum or signature on a separate memorandum].
Subj: RECOMMENDATION FOR ADMINISTRATIVE SEPARATION DUE TO PERSONALITY DISORDER, A CONDITION NOT AMOUNTING TO A DISABILITY IN CASE OF, RANK/RATE, FIRST M. LAST, USMC DEPARTMENT OF DEFENSE IDENTIFICATION (1234567890)

3. The member has a behavioral condition that is incompatible with military service but does not amount to a physical disability. The member manifests a long-standing disorder of character and behavior that is of such severity as to render this individual unsuitable for continued military service. This condition is not amenable to treatment in the military medical system.

   a. Per references (a) and (b), and in review of the member’s clinical history in the course of the evaluation, there is no basis for referral to the Physical Evaluation Board (PEB) per reference (d).

   b. The member’s condition is so severe that the member’s ability to function effectively in the military environment is significantly impaired.

   c. The member [does or does not] have a diagnosis of service-related traumatic brain injury. [If potentially disabling, stop and complete Disability Evaluation System (DES) referral].

   d. The member [does or does not] have a diagnosis of service-related post-traumatic stress disorder. [If potentially disabling, stop and complete DES referral].

   e. The member [does or does not] have a history of other mental illness co-morbidity. [If potentially disabling, stop and complete DES referral].

4. The aforementioned diagnosis and treatment recommendations were discussed with and understood by the member.

5. Further mental health treatment, though recommended, is unlikely to result in symptom resolution.

6. Recommendations to the Commanding Officer. The member is recommended for ADSEP. When processing the member, careful attention must be paid to comply with reference (b). Reference (b) provides that a member may be processed for separation based on a clinical diagnosis of a personality disorder when the disorder is so severe that the member’s ability to function effectively in the Navy environment is significantly impaired, and impairment interferes with a member’s performance of duty, or poses a threat to the safety or well-being of the member or others. However, separation processing may not be initiated until the member has been counseled formally concerning deficiencies and has been afforded an opportunity to overcome those deficiencies.
Subj: RECOMMENDATION FOR ADMINISTRATIVE SEPARATION DUE TO PERSONALITY DISORDER, A CONDITION NOT AMOUNTING TO A DISABILITY, IN CASE OF RANK/RATE, FIRST M. LAST, USMC, DEPARTMENT OF DEFENSE IDENTIFICATION (1234567890)

a. Required Documentation. Reference (a), paragraph 2b provides that “observed behavior of specific deficiencies should be documented in appropriate counseling or personnel records and include history of sources such as supervisors, peers, and others, as necessary to establish that the behavior is persistent, interferes with assignment to or duty, and has continued after the member was counseled and afforded an opportunity to overcome the deficiencies.”

b. Per references (a) and (b), separation processing will not be initiated until the Service member has been formally counseled on his or her deficiencies and the condition does not qualify as a disability. The commanding officer must provide the member reasonable time to overcome deficiencies, if possible. References (a) and (b) include examples of the required counseling.

c. Reasonable Time to Correct Deficiencies. The timeframe to correct deficiencies depends upon the severity of the member’s symptoms, and ongoing risk that continued service incurs to the individual and the organization.

d. Risk. Further mental health treatment, though recommended, is unlikely to result in symptom resolution.

e. The member is mentally responsible for their behavior and possess sufficient capacity to understand and cooperate intelligently. There are no contraindications to the member participating in any applicable administrative proceedings. The member is deemed fit to continue duty for the purpose of processing administrative separation per reference (b).

7. Service members should be expeditiously processed for separation when diagnosed with conditions that are chronic in nature and represent a serious ongoing threat to self and others if retained on active duty. ADSEP for CnD is not appropriate, nor should it be pursued, when separation is warranted on the basis of unsatisfactory performance or misconduct.

8. Risk. If there is a need to address access to weapons, access to classified material, or other concerns, such matters should be pursued through separate correspondence and in coordination with the Staff Judge Advocate.

9. Point of contact for this evaluation is [MEB #1] who can be reached at [MEB #1 phone and e-mail].
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10. Enclosure (1) shows that this recommendation has been reviewed and endorsed by the MEB members [and Flag officer if indicated].

SIGNATURE (Can also be digitally signed)
[Signature Block]
Physician Specialty