



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
7700 ARLINGTON BOULEVARD  
FALLS CHURCH, VA 22042

IN REPLY REFER TO  
BUMEDINST 1412.1B  
BUMED-M00C  
31 Mar 2017

BUMED INSTRUCTION 1412.1B

Subj: COMMAND QUALIFICATION PROGRAM

Ref: (a) OPNAVINST 1412.14  
(b) MILPERSMAN 1301-804  
(c) DOD Instruction 1010.16 of October 10, 2012

Encl: (1) Acronyms  
(2) Executive Medicine Categories/Commands  
(3) Commanding Officer's Letter of Recommendation for Command Screening Template  
(4) Navy Medicine Regional Commander/Flag Officer Immediate Superior-in-Command Endorsement for Command Screening Template

1. Purpose. To issue policy, procedures, and set basic minimum standards for the qualifying and screening of Medical Department officers for command (commanding officer (CO) and executive officer (XO) positions). Enclosure (1) is a list of acronyms used in this instruction.

2. Cancellation. BUMEDINST 1412.1A.

3. Scope. All commands and activities with Medical Department personnel.

4. Background. Per reference (a), the Chief, Bureau of Medicine and Surgery (BUMED) is responsible for establishing a written command qualification program to set minimum standards for command and establish a process to formally screen officers to Executive Medicine command positions (enclosure (2)) via an administrative screening board sponsored by Navy Personnel Command (NAVPERSCOM). Reference (b) provides additional guidance on command screening board processes. All Medical Department officers will be command screened prior to assignment to an executive medicine position.

5. Navy Medicine Professional Qualification Standards. Standards for command qualification for medical treatment facilities (MTFs), research commands, operational commands, and support commands are set forth as follows:

a. Experience. Eligible officers desiring to screen for command must have a documented track record of success in leadership and non-leadership positions and a pattern of successful completion of MTF and/or non-MTF (i.e., headquarters staff at BUMED, Bureau of Naval Personnel, Research and Development, etc.) and/or operational tours with increasing scope of accountability and responsibility.

b. Knowledge/Skills/Attributes

- (1) Solid knowledge and understanding of the Navy Medicine enterprise in relationship to the operational mission.
- (2) Joint Operations/Experience. (Highly desired, but not required).
- (3) Firm foundation and understanding of business principles and practices.
- (4) Knowledge and understanding of quality improvement and patient safety principles and practices.
- (5) Ability to function in a complex matrix organization.
- (6) Ability to communicate effectively in public and private forums. Understanding of strategic and risk communication.
- (7) Ability to provide timely and constructive feedback utilizing established civilian and military personnel evaluation systems.
- (8) Critical and strategic thinking and problem solving skills.
- (9) Achievement of the Joint Medical Executive Skills Program additional qualification designation code (AQD) 67A - Executive Medicine.
- (10) Joint Professional Military Education Phase I, Command and Staff College or War College (resident/non-resident) desired, but not required.

c. Leadership

- (1) Role model in Navy core values, military bearing, and physical fitness.
- (2) Strategic planner and thinker.
- (3) Visionary.
- (4) Develops subordinates; values diversity.
- (5) Understands and supports broader organizational goals.

d. Additional Requirements. Expectation is that command screened officers:

- (1) Will be universally assignable and able to meet Permanent Change of Station parameters. Rare exceptions may be considered.

(2) Must pass the physical fitness assessment (PFA) and be within body composition assessment standards with no failures within the last six PFA cycles, or cannot have medical waivers for two consecutive PFA cycles.

(3) For CO positions: Must be able to complete a full CO tour before reaching the statutory age of 62 or mandatory (statutory) retirement date.

(4) For XO positions: Must have at least 5 years remaining on active duty before the statutory age of 62 or mandatory (statutory) retirement date to facilitate potential assignment to full XO and CO tours.

e. Criteria for Selection to MTF and Hospital Ship (T-AH) Executive Medicine Positions

(1) CO MTF/T-AH Positions

(a) Officer must be in the grade of Captain (O-6).

(b) Successful completion of at least 1 year of an XO or Deputy Commander tour. Fleet experience is required for CO of T-AH positions.

(2) XO MTF/T-AH Positions

(a) With rare exception, officer will be in the grade of Captain (O-6).

(b) Successful demonstration of MTF/operational mid/or senior level management. Operational experience is desired, but not required.

f. Criteria for Selection to Research Executive Medicine Positions

(1) Commander/CO Research Activities

(a) Officer must be in the grade of Captain (O-6).

(b) Successful completion of at least 1 year of an XO tour.

(c) Experience in the business aspects of research with knowledge or experience in fiscal management, grants administration and program management, personnel management, contracting, etc. Prior assignment at a research command is highly desired, but not required.

(2) Deputy Commander/XO Research Activities

(a) Officer should be in the grade of Captain (O-6). In the event that a Commander (O-5) best meets the required skill set, the officer cannot be failed of selection to Captain.

(b) Experience in the business aspects of research with knowledge or experience in fiscal management, grants administration and program management, personnel management, contracting, etc.

g. Criteria for Selection to Operational Executive Medicine Positions (Medical Battalions, Dental Battalions, or Field Medical Training Battalions)

(1) CO Operational Activities

(a) Officer should be the grade of Captain (O-6). In the event that a Commander (O-5) best meets the required skill set, the officer cannot be failed of selection to Captain.

(b) Dental Battalion CO billets are coded 2200 designator and require successful Marine Corps experience; Fleet Marine Force Warfare Officer (FMFWO) qualified officer preferred.

(c) Medical Battalion/Field Medical Training Battalion CO billets are coded 2300 designator and require successful Marine Corps experience; FMFWO qualified officer preferred. Any Medical Department officer with requisite skills and experience may be considered on a case-by-case basis. The best qualified officer will be selected, regardless of designator.

(2) XO Operational Activities

(a) Officer should be, at minimum, the grade of Commander (O-5). Officers cannot be failed of selection to Captain. In the event that a Lieutenant Commander (O-4) best meets the required skill set, the officer cannot be failed of selection to Commander.

(b) Dental Battalion XO billets are coded 2200 designator and require successful Marine Corps experience; FMFWO qualified officer preferred.

(c) Medical Battalion/Field Medical Training Battalion XO billets are coded 2300 designator and require successful Marine Corps experience; FMFWO qualified officer preferred. Any Medical Department officer with requisite skills and experience may be considered on a case-by-case basis. The best qualified officer will be selected, regardless of designator.

h. Criteria for Selection to Training Executive Medicine Positions

(1) CO Training Activities

(a) Officer must be in the grade of Captain (O-6).

(b) Successful completion of at least 1 year of an XO tour. Operational experience is desired, but not required.

(c) Experience in the business aspects of academia with knowledge or experience in requirements generation, curriculum development, life-cycle management, program management, personnel management, etc.

(2) XO Training Activities

(a) Officer should be in the grade of Captain (O-6). In the event that a Commander (O-5) best meets the required skill set, the officer cannot be failed of selection to Captain.

(b) Experience in the business aspects of academia with knowledge or experience in requirements generation, curriculum development, life-cycle management, program management, personnel management, etc.

i. Criteria for Selection to Logistics Executive Medicine Positions

(1) CO Logistics Activities

(a) Officer must be in the grade of Captain (O-6).

(b) Successful completion of at least 1 year of an XO tour. Operational experience is desired, but not required.

(c) Experience in the business aspects of medical logistics with knowledge or experience in materiel, fiscal, life-cycle, program, personnel management and contracting, etc.

(2) XO Logistics Activities

(a) Officer must be, at minimum, the grade of Commander (O-5).

(b) Experience in the business aspects of medical logistics with knowledge or experience in materiel, fiscal, life-cycle, program, personnel management and contracting, etc.

j. Criteria for Selection to Navy and Marine Corps Public Health Center (NMCPHC) Executive Medicine Positions

(1) CO, NMCPHC

(a) Officer must be in the grade of Captain (O-6).

(b) Successful completion of at least 1 year of an XO tour. Operational experience is desired, but not required.

(c) Experience in the business aspects of public health with knowledge or experience in fiscal management, program management, personnel management, contracting, etc.

(2) XO, NMCPHC

(a) Officer must be in the grade of Captain (O-6).

(b) Operational experience is desired, but not required.

(c) Experience in the business aspects of public health with knowledge or experience in fiscal management, program management, personnel management, contracting, etc.

k. Criteria for Selection to CO of Navy Drug Screening Laboratories (NDSL) Executive Medicine positions

(1) CO NDSL

(a) Officer should be, at minimum, the grade of Commander (O-5). Officers cannot be failed of selection to Captain. In the event that a Lieutenant Commander (O-4) best meets the required skill set, the officer cannot be failed of selection to Commander (O-5).

(b) Per reference (c), officer must have, at a minimum, a doctor of philosophy degree in toxicology, biochemistry, or the physical or biological sciences from an accredited university, and at least 3 years of experience in one of the Department of Defense Drug Screening Laboratories.

(2) XO NDSL

(a) Officer must be, at minimum, the grade of Lieutenant Commander (O-4). Officers cannot be failed of selection to Commander (O-5).

(b) Prior assignment at a NDSL is highly desired, but not required.

l. Criteria for Naval Ophthalmic Support and Training Activity Executive Medicine positions

(1) Officer must be, at minimum, the grade of Commander (O-5). Officers cannot be failed of selection to Captain (O-6).

(2) Officer must be a Medical Service Corps Officer with the optometry primary subspecialty code (1880).

m. Criteria for Selection as CO of Naval Safety and Environmental Training Center

(1) Officer must be, at minimum, the grade of Commander (O-5). Officers cannot be failed of selection to Captain (O-6).

(2) Officer should have diverse assignment history that includes MTF, fleet, staff, overseas assignments, and at minimum of one operational tour. Officer with certified industrial hygienist or certified safety professional certification desired, but not required.

(3) Officer must be a Medical Service Corps Officer with the industrial hygiene primary subspecialty code (1861).

#### 6. Command Screening Board Application Process

a. Command Screening Board Application. BUMED will release guidance in the second quarter of each FY announcing the command screening board dates, the application processes, and the deadline for application submission. The announcement will be distributed throughout the Navy Medicine communities and published on Navy Medicine's executive medicine web page on the BUMED SharePoint site <https://esportal.med.navy.mil/bumed/m00/m00c/pages/executive-medicine.aspx>.

b. Officers desiring to be screened must submit an application to NAVPERSCOM containing the following documents before the advertised deadline in the BUMED announcement:

(1) NAVMED 1412/1, Command Screening Application, fully completed.

(2) CO's letter of recommendation. Template provided as enclosure (3).

(3) An endorsement from the echelon 3 commander or immediate superior-in-charge (flag grade officer). Template provided as enclosure (4).

(4) Curriculum vitae and biography.

c. The preferred method for submitting an application is via encrypted e-mail with scanned copies of signed documents attached. Signed applications will also be accepted via mail or facsimile. Applications must be sent to NAVPERSCOM (PERS-4415) and be received by the application deadline.

d. Only applicants who submit an application package prior to the submission deadline and who have completed an oral board will be eligible for screening.

e. Oral Board. Per reference (a), an oral board is required prior to being considered by the command screening board. The oral board is a one-time requirement. However, an officer who is not recommended by an oral board for command screening may reapply for command screening in a subsequent year. The oral board is conducted to determine understanding of and readiness for the responsibilities of command.

(1) Membership. Oral boards will be composed of at least three Medical Department Captains (O-6) or above, senior to the officers being considered and who are currently serving in command, or who have completed a command assignment, in a billet designated with the Navy Officer Billet Classification code for command. Officers who are serving, or have previously been assigned, as “acting” commanding officers are not eligible to serve as board members.

(2) Scheduling. BUMED will notify eligible officers of the timing, location, and procedure for requesting an oral board.

(3) Board Content. The senior member will guide the questions of the board and should focus on questions designed to evaluate the candidate’s maturity, character, temperament, judgment, motivation for command, and familiarity with the Medical Department programs and policies. The oral board should not dwell on the technical aspects of health care delivery. The findings of the oral board will be determined by majority vote. Specific guidance will be provided in an oral board precept.

(4) Report. Within 15 days of completing its deliberations, the oral board must report its findings to PERS-4415 and the officers considered in writing. Officers not recommended by the oral board will not be considered by the command screening board.

## 7. Command Screening Board

a. The function of the command screening board is to review the records of eligible Medical Department officers that request to screen for command and to select the best and fully qualified officers as command eligible. NAVPERSCOM will conduct the formal Medical Department Command Screening Board; PERS-4415 serves as the board sponsor.

b. Banked Officers. Previously command screened officers designated as command eligible (2D1 AQD) will be considered banked officers. All banked officer records will be reviewed at each command screening board to ensure these officers continue to meet Navy Medicine’s executive medicine professional qualification standards as outlined in this instruction.

c. Membership. The board membership must consist of the following:

- (1) Medical Department flag officer who serves as the President.
- (2) Corps Chiefs flag officers.
- (3) Medical Department flag officers with operational and or research experience.
- (4) PERS-4415 will assign the head recorder and assistant recorders as required.

d. Release of Results



(1) The results of the screening board are approved by Commander, NAVPERSCOM. Approved board results are forwarded by PERS-4415 to Chief, BUMED.

(2) The Chief or Deputy Chief, BUMED releases the results of the screening board via the Corps Chiefs to make personal notifications before posting results publicly on the Navy Medicine executive medicine Web page on the BUMED Corps Chiefs SharePoint site.

(3) Applicants who successfully screen are considered eligible for assignment to any executive medicine position within Navy Medicine (MTF, research activity, support activity, or major operational command), and if slated, will be assigned based on the "Needs of the Navy." Officers who apply for command screening should do so with this in mind, and be willing to accept an executive medicine position for which they are slated.

(4) Following release of the results, PERS-4415 detailers will enter the AQD code 2D1 into each officer's record that successfully screened; the AQD code identifies officers as command eligible. If any officer is de-screened, PERS-4415 will remove the command eligible (2D1) and/or command qualified (2D2) AQDs from the officer's record.

#### 8. Command Slating

a. Following approval of the board screening results, all command eligible officers desiring an executive medicine position must provide a letter of intent, current curriculum vitae and biography, and desired positions to their respective deputy corps chief. Banked officers must also provide an endorsement from their CO.

b. Medical Department senior detailers and deputy corps chiefs will prepare command leadership slates, proposing screened officers to respective billets. Skill sets, projected rotation dates, proposed fill dates, subspecialty experience, preferences, and the needs of the Navy will be considerations in determining the best officer for the position.

c. The proposed slate will be vetted through the corps chiefs and submitted to the Deputy Chief, BUMED and the Council of Corps Chiefs for approval and submission to Chief, BUMED. Upon approval, officers slated for CO or XO assignment will be notified of their next assignment. Any officer who refuses assignment after approval of the command slate will be required to submit a declination letter per the Military Personnel Manual article 1301-818.

9. Command Screening Exceptions. General policy is that only command screened officers will be assigned to executive medicine positions. Every effort will be made to assign screened officers prior to any alternate being assigned.

a. On rare occasions, exceptions to this policy may arise when there are no command screened officers or alternates available, thus necessitating assignment of a non-boarded screened officer with the proper skill sets to a command leadership billet.

b. Any non-boarded screened officer slated to fill a command leadership billet will be administratively screened by BUMED, Council of Corps Chiefs and the Deputy Chief, BUMED who will forward a recommendation for approval to Chief, BUMED.

10. Required Orientation

a. Slated officers are required to attend the Prospective Commanding Officer (PCO) or Prospective Executive Officer (PXO) course at the Navy Leadership and Ethics Center, Newport, RI. Per reference (a), PCOs must complete the PCO course prior to reporting to their CO assignment. PERS-4415 will schedule course dates for all PCO and PXO courses.

b. All PCOs and PXOs are required to attend a week long BUMED Orientation prior to or immediately after reporting to their CO/XO assignment. Requests for an attendance waiver for the group course will be reviewed on a case-by-case basis. Waiver requests must be submitted to the orientation coordinator for final approval by the Deputy Chief, BUMED. A waiver does not alleviate the PCO/PXO from attending BUMED Orientation. Those with approved waivers will be scheduled for an individual orientation by the orientation coordinator.

11. Additional Information. Medical Department officers who desire to request command screening and/or assignment to executive medicine positions can find additional information on the Office of the Corps Chiefs Executive Medicine SharePoint site at: <https://esportal.med.navy.mil/bumed/m00/m00c/pages/home.aspx>.

12. Responsibilities and Actions. Community flag officers and COs will ensure qualified officers are mentored for executive medicine positions and encouraged to apply for command screening.

13. Records Management. Records created as a result of this instruction, regardless of media and format, must be managed per SECNAV M-5210.1 of January 2012.

14. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED will review this instruction annually on the anniversary of its effective date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will automatically expire 5 years after effective date unless reissued or cancelled prior to the 5-year anniversary date, or an extension has been granted.

15. Forms. NAVMED 1412/1 Command Screening Application is available at the <http://www.med.navy.mil/directives/Pages/NAVMEDForms.aspx>.



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Acting

Releasability and distribution:

This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site:

<http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx>.

ACRONYMS

|            |  |
|------------|--|
| AQD        | Additional Qualification Designator        |
| BUMED      | Bureau of Medicine and Surgery             |
| CO         | Commanding Officer                         |
| FMFWO      | Fleet Marine Force Warfare Officer         |
| MTF        | Medical Treatment Facility                 |
| NAVHOSP    | Naval Hospital                             |
| NAVPERSCOM | Navy Personnel Command                     |
| NDC        | Naval Dental Center                        |
| NDSL       | Naval Drug Screening Laboratory            |
| NHC        | Naval Health Clinic                        |
| NMC        | Naval Medical Center                       |
| NMCPHC     | Navy and Marine Corps Public Health Center |
| PCO        | Prospective Commanding Officer             |
| PFA        | Physical Fitness Assessment                |
| PXO        | Prospective Executive Officer              |
| T-AH       | Hospital Ship                              |
| USNH       | United States Naval Hospital               |
| XO         | Executive Officer                          |

**EXECUTIVE MEDICINE CATEGORIES/COMMANDS**

| MEDICAL TREATMENT FACILITIES                         |   |
|--|---|
| HOSPITALS  |   |
| Naval Hospital (NAVHOSP) Jacksonville                | United States Naval Hospital (USNH) Okinawa                   |
| NAVHOSP Pensacola                                    | USNH Yokosuka   |
| NAVHOSP Camp Pendleton                               | USNH Naples   |
| NAVHOSP Camp Lejeune                                 | USNH Rota   |
| NAVHOSP Bremerton                                    | USNH Sigonella  |
| NAVHOSP Twentynine Palms                             | USNH Guantanamo Bay   |
| NAVHOSP Lemoore                                      | USNH Guam   |
| NAVHOSP Oak Harbor                                   | Naval Medical Center (NMC) Portsmouth                         |
| NAVHOSP Beaufort                                     | NMC San Diego   |
| NAVAL HEALTH CLINICS                                 |   |
| Naval Health Clinic (NHC) Naval Academy              | NHC Charleston  |
| NHC Hawaii   | NHC New England   |
| NHC Patuxent River                                   | NHC Quantico  |
| NHC Corpus Christi                                   | Federal Health Care Center Lovell (Great Lakes)               |
| NHC Cherry Point                                     |   |
| JOINTLY STAFFED MTFs                                 |   |
| Walter Reed National Military Medical Center         | Fort Belvoir Community Hospital                               |
| Tripler Army Medical Center                          |   |
| HOSPITAL SHIPS                                       |   |
| USNS Mercy (T-AH 19)                                 | USNS Comfort (T-AH 20)  |
| RESEARCH ACTIVITIES                                  |   |
| Naval Medical Research Center                        | Naval Submarine Medical Research Laboratory                   |
| Naval Health Research Center                         | Naval Medical Research Unit 6-Lima                            |
| Naval Medical Research Center-Asia                   | Naval Medical Research Unit-San Antonio                       |
| Naval Medical Research Unit 3-Cairo                  | Naval Medical Research Unit-Dayton                            |
| TRAINING ACTIVITIES                                  |   |
| Navy Medicine Professional Development Center        | Navy Medicine Operational Training Center                     |
| Navy Medicine Training Support Center                |   |
| LOGISTICS ACTIVITIES                                 |   |
| Navy Medical Logistics Command                       | Navy Expeditionary Medical Support Command                    |
| Naval Ophthalmic Support and Training Activity       |   |
| OTHER SUPPORT ACTIVITIES                             |   |
| Navy and Marine Corps Public Health Center           | Naval Safety and Environmental Training Center                |
| Navy Drug Screening Laboratories                     |   |
| OPERATIONAL COMMANDS                                 |   |
| 1ST Medical Battalion Camp Pendleton                 | 1ST Dental Battalion/Naval Dental Center (NDC) Camp Pendleton |
| 2ND Medical Battalion Camp Lejeune                   | 2ND Dental Battalion/NDC Camp Lejeune                         |
| 3RD Medical Battalion Okinawa                        | 3RD Dental Battalion/NDC Okinawa                              |
| Field Medical Training Battalion West Camp Pendleton | Field Medical Training Battalion East Camp Lejeune            |

**COMMANDING OFFICER'S LETTER OF RECOMMENDATION FOR  
COMMAND SCREENING TEMPLATE**

1412  
Ser 00/  
Date

From: Commanding Officer, (insert command name)  
To: President, Fiscal Year 20XX Medical Department Command Screening Board  
Via: CAPT John Doe, MSC, USN

Subj: LETTER OF RECOMMENDATION FOR COMMAND SCREENING IN CASE OF  
CAPT JOHN DOE, MSC, USN

1. **Commanding Officer's Certification.** This officer served as \_\_\_\_\_. I personally observed his/her performance in this capacity.
2. **Commanding Officer's Justification.** Briefly describe the officer's performance while in your command and potential for leadership in command positions.
3. **Commanding Officer's Endorsement.** I give my \_\_\_\_\_ recommendation that CAPT \_\_\_\_\_ be selected for assignment as a Commanding Officer/Executive Officer in Navy Medicine.

Commanding Officer's signature

BUMEDINST 1412.1B  
31 Mar 2017

**NAVY MEDICINE REGIONAL COMMANDER/FLAG OFFICER IMMEDIATE  
SUPERIOR-IN-COMMAND ENDORSEMENT FOR COMMAND SCREENING  
TEMPLATE**

1412  
Ser 00/  
Date

FIRST ENDORSEMENT on (insert command name) ltr 1412 Ser (00/XXXXXX) of (Date)

From: Commander, Navy Medicine (East or West)

To: President, Fiscal Year 20XX Medical Department Command Screening Board

Subj: LETTER OF RECOMMENDATION FOR COMMAND SCREENING IN CASE OF  
CAPT JOHN DOE, MSC, USN

1. Forwarded, recommending \_\_\_\_\_.
2. Regional Commander's Justification. Briefly describe the officer's performance and potential for success in command positions.

Regional Commander/Immediate Superior-in-  
Charge signature

Copy to:  
(Insert originating command)  
CAPT Doe

Enclosure (4)