BUMED INSTRUCTION 6550.10B CHANGE TRANSMITTAL 1

From: Chief, Bureau of Medicine and Surgery

Subj: UTILIZATION GUIDELINES FOR NURSE PRACTITIONER AND CERTIFIED NURSE MIDWIVES

Encl: (1) Revised page 3

1. Purpose. To revise the process in the program for Military Nurse Practitioners (NPs) and Certified Nurse Midwives (CNMs) (active component) to request a change in their primary subspecialty code.

2. Action. Remove page 3 of the basic instruction and replace with enclosure (1) of this change transmittal.

3. Retain. For record purposes, keep this change transmittal in front of the basic instruction.

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e. **Primary Care Manager (PCM)**. A PCM is a health care practitioner designated to provide primary and preventive care services, and to facilitate appropriate referrals for other services, including specialty services, for TRICARE Prime enrollees. Per reference (f), certified nurse practitioners may function as PCMs.

6. **Licensure and Certification.** The NP and CNM shall possess a current, valid, and unrestricted license to practice professional nursing from an official agency of a State, the District of Columbia, a commonwealth, territory, or possession of the United States, per reference (b). Initial certification and subsequent recertification as prescribed by the professional specialty organization, AANP, ANCC, or the ACNM is required.

   a. The graduate NP/graduate nurse midwife is required to possess specialty certification within 12 months of completion of the approved graduate level advanced practice nursing educational program. The graduate NP/graduate nurse midwife will practice under a command-approved plan of supervision and be monitored by a licensed practitioner (NP, CNM, or physician) having the same or similar professional privileges per references (b) and (d) until certification is obtained and the privileging process is completed. Although certifying bodies allow for multiple attempts to achieve success, the first attempt for certification must take place within the first 6 months of checking into a member’s new command after the completion of the duty under instruction program. Unless extenuating circumstances exist, the graduate NP/graduate nurse midwife who fails to obtain specialty certification on three attempts or within 12 months will be reassigned to a previous subspecialty setting and redesignated as appropriate. Extenuating circumstances causing significant delays in achieving certification will be communicated to the Nurse Corps Deputy and Head, Nurse Corps assignments via the Specialty Leader for determination of extension period. Command reassignment will be determined by the member’s command and the detailer with the goal of mitigating any gap in the billet.

   b. Military NPs and CNMs (active component) who meet educational and certification requirements and possess unrestricted state advanced practice nursing licenses are eligible to request a change of primary subspecialty codes by applying to the Nurse Corps Redesignation Board when it convenes, if applications for that subspecialty code are being accepted. Otherwise, these NPs and CNMs may apply for a change of secondary subspecialty code by submitting evidence of graduate education, national professional certification, and licensure to the Nurse Corps Career Plans Officer, Bureau of Medicine and Surgery (BUMED), 7700 Arlington Boulevard, Suite 5113, Falls Church, Virginia 22042-5113. Reserve component NPs and CNMs shall submit the same evidence for Navy Officer Billet Classification and subspecialty code assignment per references (f) and (g) to BUMED-M10B at 7700 Arlington Boulevard, Suite 5113, Falls Church, Virginia 22042-5113.

7. **Scope of Practice.** NPs and CNMs are authorized to function within the full scope of their granted privileges as delineated in references (b) and (d). Upon obtaining specialty certification,