



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

IN REPLY REFER TO  
BUMEDINST 1001.2C  
BUMED-M1  
20 Sep 2018

BUMED INSTRUCTION 1001.2C

From: Chief, Bureau of Medicine and Surgery

Subj: RESERVE OFFICER CLASSIFICATION, SUBSPECIALTY, AND QUALIFICATION DESIGNATOR CODES

Ref: (a) NAVPERS 15839I  
(b) BUPERSINST 1001.39F  
(c) BUMEDINST 6010.30  
(d) SECNAVINST 1920.6C

1. Purpose. To provide guidelines for Medical Department Selected Reserve (SELRES) and Individual Ready Reserve (IRR) officers to acquire and maintain Navy officer billet classifications (NOBC), subspecialty codes, and when applicable, additional qualification designator (AQD) Codes. This instruction is a complete revision and should be read in its entirety.

2. Cancellation. BUMEDINST 1001.2B.

3. Scope and Applicability. Ships and stations having Medical Department personnel.

4. Background

a. Reserve Medical Department officers must be assigned an NOBC, subspecialty, and if applicable, AQD code to match active duty mobilization requirements.

b. Direct commission officers are assigned a NOBC, subspecialty, and if applicable, AQD by a corps-specific Professional Review Board at the Bureau of Medicine and Surgery (BUMED). Upon accession, the officer's NOBC, subspecialty, and AQD are entered into the Inactive Manpower and Personnel Management Information System (IMAPMIS). For Nurse Corps, subspecialty code(s) is verified by Centralized Credentialing and Privileging Department (CCPD) when the member receives a credential letter, not the Professional Review Board.

c. When a Navy Active Component (AC) officer transfers to the Reserve Component (RC), the officer's NOBC(s), subspecialty code(s), and AQD(s) will be transferred from the AC BUMED information system to IMAPMIS. However, for Nurse Corps officers, the subspecialty codes will be assigned based upon RC credentialing and will not automatically transfer the AC subspecialty codes.

## 5. Definitions

a. NOBC. A code that identifies officer billet requirements and officer occupational experience acquired through billet experience or through a combination of education and experience. NOBCs are used to assist in describing billet requirements for officer assignment and for analysis of manpower resources.

b. Subspecialty. A code that facilitates the assignment of officers to subspecialty-coded billets and generates the Navy's advanced education requirements. The subspecialty is used to identify officer requirements for advanced education, functional training, and significant experience in various fields and disciplines and for identifying officers who acquire those qualifications. In the RC, the primary subspecialty is also used, along with the billet authorizations, to determine subspecialty manning levels. The codes are made up of five characters, four numerals, and an alphabetic suffix. The suffix indicates the level of education, training, and experience pertaining to the unique staff corps subspecialty. For Medical Corps and Nurse Corps, members need a credential letter from CCPD to practice in this specialty within the Military Health System.

c. AQD. A code that supplements NOBCs and subspecialties by identifying more specifically the qualifications required by a billet or a unique qualification awarded to an officer through service in the coded billet.

## 6. Policy

a. Each Medical Department SELRES and IRR officer must maintain at least one Medical Department NOBC, along with a corresponding subspecialty identifying qualifications related to training, education, professional experience, and certification.

(1) Medical Department SELRES officers who are unable to achieve and maintain the billet-required codes will not be retained in that billet. CCPD reviews each credentialed officer's record every 24 months to ensure maintenance of professional requirements and code qualifications.

(2) Failure to meet any Medical Department NOBC and subspecialty qualifications can result in administrative separation.

b. SELRES and IRR officers should review their NOBC, subspecialty, and AQD codes throughout their career and may apply for other NOBCs, subspecialties, or AQDs for which they qualify. All supporting documentation, which may include a certified copy of transcripts, diplomas, or fitness reports and credential letter (as necessary to demonstrate qualifications), must be submitted. A curriculum vitae or resume may also be enclosed.

c. When advanced education training is completed, Reserve Medical Department officers must forward their request for assignment of NOBC, subspecialty, or AQD to the corps-specific Reserve Affairs officer. Officers are required to notify the corps-specific Reserve Affairs officer and CCPD if they no longer qualify for any of their assigned NOBC, subspecialty, or AQD codes. NOBCs, subspecialties, or AQDs should not be retained unless an officer can perform the full range of duties required. Independent practitioners should have full and unrestricted privileges.

#### 7. Qualifying for NOBCs, Subspecialties, or AQDs

a. NOBCs, subspecialties, or AQDs codes designate the required training, education, and experience of Medical Department officers.

b. NOBCs, subspecialties, or AQDs may be earned through a combination of drill participation, active duty, documented applicable civilian experience, education, or training applicable to the codes requested.

c. Medical Department officers classified as Training in Medical Specialties should retain an NOBC pertinent to their corps as their primary NOBC. Their secondary NOBC should reflect their resident or fellowship status. Their training status is further defined by a subspecialty, with the suffix of "T" listed on their subspecialty. Officers must notify the corps-specific Reserve Affairs officer, upon completion of their training, so their codes can be updated.

d. Medical Department SELRES or IRR officers are expected to meet practice standards of the codes assigned.

#### 8. Maintenance of NOBCs, Subspecialties, and AQDs

a. SELRES and IRR officers are responsible for maintaining their NOBCs, subspecialties, and AQDs. Officers who do not maintain the qualifications for their codes should request code deletion.

b. NOBCs, subspecialties, and AQDs may be removed by the corps-specific Reserve Affairs officer if:

- (1) Licensure or certification is not maintained and verified by CCPD.
- (2) Full and unrestricted privileges have not been exercised.
- (3) The skills required by the NOBC, subspecialty, or AQD have not been maintained or utilized.
- (4) Competency is not documented and provided to CCPD for verification.

9. Priority of NOBC, Subspecialty, and AQD Codes

- a. The initial priority sequence of NOBC, subspecialty, and AQD codes is made by the corps-specific Reserve Affairs officer.
- b. Reserve officers may maintain multiple codes. Multiple subspecialties may qualify an officer for all billets coded with those subspecialties regardless of priority or sequence of the codes.
- c. Individual officers may request a change to the sequence of codes to reflect current or future billet assignment through the corps-specific Reserve Affairs officer. Because subspecialties are used to determine specialty manning levels, only the Reserve Affairs officer can approve and make the change.

10. Request for Assignment of NOBC, Subspecialty, and AQD Codes

- a. Requests for assignment should be sent to the corps-specific Reserve Affairs officer. If documentation for a Medical Department officer is in the CCPD database, the application does not need a copy of the original supporting documents.
- b. Officers will receive notification of adjudication of code assignment requests from the corps-specific Reserve Affairs officer once it has been added to the officer's record in IMAPMIS.

11. Records Management

- a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned for the standard subject identification codes (SSIC) 1000, 2000, and 4000 through 13000 series per the records disposition schedules located on the Department of the Navy/Assistant for Administration (DON/AA), Directives and Records Management Division (DRMD) portal page at <https://portal.secnav.navy.mil/orgs/DUSNM /DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.
- b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact your local records manager or the DON/AA DRMD program office.

12. Review and Effective Date. Per OPNAVINST 5215.17A, Manpower and Personnel (BUMED-M1) will review this instruction annually around the anniversary of its issuance 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 be in effect for 5 years, unless revised or cancelled in the

interim, and will be reissued by the 5-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

13. Information Management Control. Reports required in paragraph 6b of this instruction are exempt from reports control per Secretary of the Navy Manual 5214.1 of December 2005, part IV, subparagraph 7k.



C. FORREST FAISON III

Releasabilty and distribution:

This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site at, <http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx>.