Change 174
Manual of the Medical Department
U.S. Navy
NAVMED P-117

20 Aug 2026

To: Holders of the Manual of the Medical Department

1. **This Change**. Updates Chapter 8, Nurse Corps.

2. **Summary of Changes**. This change represents the first update of Chapter 8 of the Manual of the Medical Department in 15 years. Several articles have been revised to clarify language or maintain consistency with other governing instructions that have been modified, but the overall intent has remained unchanged. While a complete reading of the entire chapter is necessary to discover all the changes, the major revisions include:

a. Section I, article 8-2 updated to reflect current mission of the Nurse Corps.

b. Section II, article 8-3 updated title for the head of the Nurse Corps from director to chief to align with current law.

c. Section II, article 8-4 position titles updated to align under the title of chief; code updates to align with current Bureau of Medicine and Surgery (BUMED) activities.

d. Section II, article 8-5 removed. Information included in article 8-4.

e. Section IV, article 8-9 through 8-12 were removed; these sections provided general information, not specific to the Nurse Corps.

f. Section V removed and replaced with references.

3. **Action**

a. Remove Chapter 8 and replace with the revised Chapter 8.

b. Record Change 174 in the Record of Page Changes.

M. CASE
Acting Chief, Bureau of Medicine and Surgery

Chapter 8
Nurse Corps

Responsible Office	Corps Chief's Office, Nurse Corps (BUMED-N01C)	Phone: COM DSN	(703) 681-8924 761-8924

See list of references used in this chapter in article 8-13, page 8-12.

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Section I
Establishment

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8-1 Establishing Legislation

(1) The Navy Nurse Corps was created by an Act of Congress on May 13, 1908 (35 Stat. 146). The present Nurse Corps, a component of the Navy Medical Department, was established as a staff corps of the Navy by the Act of April 16, 1947 (as revised and reenacted 10 USC § 8090).

8-2 Mission

(1) The Navy Nurse Corps develops and delivers an enduring and agile force that is integrated with Navy Medicine to support the Fleet, Fleet Marine Force, and Joint Forces in high end competition, crisis, and combat.

(2) The Navy Nurse Corps works to promote, protect, and restore the health of all entrusted to our care anytime, anywhere.

(3) The Navy Nurse Corps assists in the development of Hospital Corps personnel to provide care across the full range of operational environments.

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Organization

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8-3 Chief, Navy Nurse Corps

(1) The Chief, Navy Nurse Corps is appointed by the Secretary of the Navy (10 USC § 8090).

(2) The Chief, Navy Nurse Corps is responsible for the administration, direction, and coordination of the Navy Nurse Corps, and reports to the Navy Surgeon General, who also performs the duties of Chief, Bureau of Medicine and Surgery (BUMED).

8-4 Office of the Navy Nurse Corps of BUMED

(1) The Office of the Nurse Corps includes: the Chief, Navy Nurse Corps; Deputy Chief, Reserve Component; Deputy Chief, Active Component; Nurse Corps career planner; Nurse Corps policy and practice; and the Reserve Affairs officer.

(2) The Office of the Nurse Corps plans, advises, and makes recommendations regarding changes in administrative policy related to nursing; promotes and makes recommendations regarding implementation of professional standards for nursing practice; develops, coordinates, evaluates, and advises on matters pertaining to personnel policy, military requirements, and professional qualifications of Nurse Corps officers and other nursing personnel; makes recommendations to the Navy Personnel Command (NAVPERSCOM) regarding procurement, distribution, separation, training, career development, and accounting of nursing service personnel; and implements policies of the Navy Surgeon General (Chief, BUMED), as they relate to nursing practice, service, education, and research.

(3) Other Nurse Corps officers may supplement the office with their subject matter expertise, related to their assigned roles and responsibilities, such as:

(a) Nurse Corps personnel plans analyst, Nurse Corps manpower analyst, and others, as applicable.

(b) The Navy Surgeon General's (Chief, BUMED's) specialty leaders of the Active and Reserve Component Nurse Corps (see BUMEDINST 5420.12H) provide expert advice to the Surgeon General (Chief, BUMED) and Chief, Navy Nurse Corps regarding their specialty.

(c) Nurse Corps officers who serve as liaisons to the Chief may be assigned to, but not limited to the positions in subparagraphs (3)(c)(1) and (3)(c)(2) of this article:

(1) Nurse Corps officers assigned to NAVPERSCOM are responsible to the Commander, NAVPERSCOM. They act as liaison officers to the Office of the Nurse Corps, BUMED for coordinating personnel actions related to assignment, distribution, retirement, recall, and release from active duty.

(2) The Director, Nurse Corps Programs is assigned to the Naval Medical Leader & Professional Development Command (NMLPDC) and is responsible to the Commanding Officer, NMLPDC. This officer plans, coordinates, administers, and evaluates graduate education and training programs for Nurse Corps officers to meet operational and clinical requirements determined by BUMED.

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Nurse Corps Officers

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8-5 Grades and Strength

(1) The Secretary of the Navy prescribes the authorized strength and grade levels of Nurse Corps officers based upon the overall needs of the Navy Medical Department.

(2) The Nurse Corps consists of officers in the grade of ensign through rear admiral. When a Nurse Corps Officer (designator 2900) is promoted to rear admiral, they become a Senior Health Care Executive Officer (designator 2700).

8-6 Appointments

(1) Initial appointments in the Nurse Corps, or Navy Nurse Corps Reserve, are made in the grades of ensign, lieutenant (junior grade), and lieutenant depending upon the professional and personal qualifications of the applicant as outlined in OPNAVINST 1120.7A. Specific requirements are detailed in Program Authorization 116.

(2) License Requirements (Regulatory). All Nurse Corps officers are required to maintain an active, current, and unrestricted license as a professional nurse in a state, the District of Columbia, the Commonwealth of Puerto Rico, or a territory of the United States based on the National Council Licensure Examination for Registered Nurses provided by the National Council of State Boards of Nursing.

(3) Advanced Education and Certification Requirements for Nurse Providers. Certified registered nurse anesthetists, nurse practitioners, and nurse midwives must have graduated from a graduate education program in their respective specialty, approved by the Council of Accreditation of Nurse Educational Programs or Schools, have passed the certification examination for the respective professional specialty organization or the Boards on Certification of the American Nurses Credentialing Center, and must maintain a license as an advanced practice nurse as required in BUMEDINST 6010.30.

8-7 Promotions

(1) Officers of the Nurse Corps become eligible for promotion when they complete the prescribed period of active duty in their current grade or accumulate the required promotion and entry grade credits as specified in Public Law 96-513 of 12 December 1980, the Defense Officer Personnel Management Act. Also see Department of Defense (DoD) instruction 6000.13.

(2) Nurse Corps ensigns and lieutenant (junior grade) are promoted upon the promulgation of the promotion authority by the Secretary of the Navy and upon the commanding officer's recommendation that the officer is mentally, physically, morally, and professionally qualified.

(3) Promotions to lieutenant commander and above are made upon the recommendations of selection boards convened for each grade. Nurse Corps officers are selected for promotion in competition with other Nurse Corps officers of the same grade that are eligible for promotion.

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Section IV
Duties of Nurse Corps Officers

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8-8 General Duty Assignments

(1) Nurse Corps officers are assigned to Navy and Marine Corps activities in the continental United States, outside the continental United States, and operational billets.

(2) A tour of duty is influenced by several factors. These include, but are not limited to, the ratio of sea and overseas billets to those ashore within the continental United States, the number of officers on active duty for limited periods; requirements for officers with special qualifications; billets of an unusually arduous nature or in isolated areas; training requirements; and the desires of the individual officer. Tour lengths follow Bureau of Naval Personnel policy.

8-9 Role Assignments and Responsibilities

(1) Staff Nurses comprise the majority of the Nurse Corps and are responsible for the planning and execution of nursing care in any health care environment. They teach and guide nurse colleagues and hospital corpsmen as they develop advanced care skills and refine their assessment abilities in preparation for care in the operational setting.

(2) Division officers are responsible for the administration of nursing functions in a designated patient care area. They ensure quality care through professional knowledge and clinical expertise in assessing, planning, providing, directing, evaluating, and documentation of nursing activities in their designated patient care area. In addition, the division officer establishes and coordinates educational and training programs for patients and nursing personnel; assigns duties for each staff member, recognizing experience and professional competence; ensures a proper and safe environment for patients and personnel; and assists in research, or special projects as assigned.

(3) Department heads are responsible for the efficient management and safe care delivery within their department. To accomplish this function they organize, direct, supervise, counsel, instruct and appraise the performance of active duty nurses, enlisted members, and civilian personnel. The department head collaborates with other leaders and appropriate representatives of other services, disciplines, and agencies to improve the quality and quantity of services rendered and to maintain the highest professional standards.

(4) Clinical nurse specialists primarily ensure that nursing personnel provide safe, efficient, and therapeutically effective patient care. Clinical nurse specialists accomplish this function through being an expert in their field of specialized nursing care; coordinating the orientation of newly assigned nursing personnel; evaluating current methods and practices; developing, planning, and implementing new approaches to nursing care; collaborating on new approaches to multidisciplinary care and case management; providing assistance and consultation to nursing staff in solving complex patient care problems; and conducting specialized clinical teaching on both a formal and informal basis.

(5) Nurse practitioners are licensed independent health care practitioners who are privileged to diagnose, initiate, alter, or terminate health care treatment regimens. They are assigned as members of the medical staff to the commanding officer in a specialty coded billet and perform collateral duties as assigned. Administratively, nurse practitioners serve as or under the clinical department head.

a. Nurse practitioners function in advanced practice roles in a specialized area of nursing and possess the knowledge and clinical skills to provide expanded services to patients.

b. Certified nurse midwives deliver a comprehensive scope of obstetric and gynecologic care including prenatal care, labor and delivery management, postpartum care, normal newborn care, gynecologic care, and primary care.

c. Certified registered nurse anesthetist specializes in administering anesthesia and providing pain management care. Their practice includes preoperative assessment, anesthesia administration, pain management, patient monitoring, post-anesthesia care, emergency response, and education and counseling about anesthesia and pain management plans.

(6) Directors lead the monitoring, review, evaluation, and analysis of existing and proposed health care programs, and recommend management alternatives to improve services to beneficiaries. Directors include but are not limited to the Director for Surgical Service, Director of Branch Clinics, Director of Clinical Support Services, Director of Mental health, and Director of Medical Services and are assigned by and responsible to the commanding officer for the coordination of and delivery of safe and effective health care through the executive officer.

(7) Education officers plan, organize, direct, coordinate, evaluate, and document various training programs. From division to command levels, at medical treatment facilities and at training commands, the education officers provide necessary training to ensure clinical skills development and maintenance, technical training, and leadership and management education.

(8) Nurse recruiters are responsible for the acquisition of qualified applicants into all Medical Department officer corps. They represent the Navy Nurse Corps to the civilian health care community as they conduct interviews of prospective officer applicants and present at professional, educational, and civilian meetings.

(9) Headquarters, Tri-service, DoD Roles. Nurse Corps career opportunities are continually expanding. Nurse Corps officers bring a unique perspective to health care management, employee relations, organizational development, and patient care. Their assignments at BUMED, and in tri-service or DoD programs, involve development and implementation of service or department-wide policies and programs to enhance health care system effectiveness.

(10) Fellowships and Nominative Billets. Varied opportunities become available throughout the assignment year which requires special attention, application, or nomination by senior level staff. Nurse Corps officers who are interested and possess the basic qualifications should indicate interest in these opportunities in their correspondence with their assignment officers. Nominative billets (i.e., White House Medical Unit, commanding officer or executive officer assignments, DoD, BUMED, or Bureau of Naval Personnel assignments) require additional screening, review, and approval beyond that normally accorded by the medical placement process. Usually mandated only for the more senior or joint duty positions, this process also pertains to high visibility or high-security assignments.

(11) The Fleet Nurse is assigned to U.S. Fleet Forces (USFF) Fleet Medical Office, coordinates with Pacific Fleet (PACFLT) Medical Officer, and is responsible to U.S. Fleet Forces Fleet Surgeon. This officer serves as the principal Nursing Advisor to USFF and PACFLT Surgeons, Numbered Fleet Surgeons, and Type Command Force Surgeons; coordinates the Fleet Clinical Quality Management Program; and provides senior nursing leadership and collaboration for USFF and PACFLT assigned nurses.

(12) Medical Inspector General (MEDIG) Program Inspector is an Assistant Medical Inspector General who conducts assessments for BUMED activities to evaluate compliance, effectiveness, and efficiency in support of NAVMED's mission. The MEDIG office conducts inspections of over 40 BUMED and Navy programs. Inspectors develop inspection plans, provide direction and coordination to team members in inspection preparation, on-site review, analysis, and report development. They communicate and collaborate directly with BUMED program managers and Navy Medicine Regional Commands, assuming additional responsibilities as necessary.

8-10 Executive Medicine and Career Milestone Opportunities

(1) The Navy Surgeon General has designated certain Navy Medicine billets as career milestone billets. Career milestone billets will be assigned by NAVPERSCOM.

(a) Executive Medicine opportunities exist for all communities of the Medical Department when assigning the best-qualified officers. Nurse Corps officers who wish to pursue

this goal must begin early to acquire the educational prerequisites and management experiences to support success in future senior executive medicine roles.

(1) Commanding officers are appointed by the Navy Surgeon General. General duties include serving as commanding officer and accomplishing the effective, and efficient performance of functions and operations of the clinic or hospital per U.S. Navy Regulations, the Manual of the Medical Department (MANMED), and other directives issued by competent authority. The commanding officer is responsible for the delivery of high quality care and services provided to patients and for the safety and well-being of the entire command. Subject to the orders of higher authority, the commanding officer is vested with complete military jurisdiction for those under his or her purview.

(2) Executive officers are appointed by the Navy Surgeon General. General duties include serving as executive officer and assuming command in the absence of the commanding officer. In the performance of these duties, the executive officer must conform to and implement the policies and orders of the commanding officer and must keep the commanding officer informed of all significant matters pertaining to the command. The executive officer will be primarily responsible, subject to the directives of the commanding officer, for the organization, performance of duty, operational readiness, provision of services, training plans, and good order and discipline of the entire command.

(3) Chief nursing officers are appointed by the Navy Surgeon General. A chief nursing officer is a professional nurse at the executive level responsible to the medical treatment facility or regional commander, who provides effective coordinated leadership to deliver nursing care, treatment, and services. The chief nursing officer carries the ultimate authority and responsibility for planning, directing, coordinating, and evaluating nursing activities. As a member of the executive leadership staff, the chief nursing officer participates in formulating facility policy; devising procedures to achieve strategic goals and objectives, and developing and evaluating programs and services. The nature of the position includes accountability for creating a system which fosters the participation of nurse leaders and staff members in planning, implementing, and evaluating nursing practice to ensure safe, efficient, and therapeutically effective nursing care.

8-11 Off-Duty Employment

(1) Officers in the Nurse Corps must comply with MANMED, Chapter 1, article 1-22 when participating in off-duty remunerative professional employment.

8-12 Publication of Professional Articles

(1) Nurse Corps officers are encouraged to make contributions to both military and civilian professional literature. They will be guided by Navy Regulations and current directives relative to presentations and preparation and submission of articles for publication including BUMEDINST 5721.3E.

Section V
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8-13 References

REFERENCES USED IN THIS CHAPTER

All BUMED Instructions listed are available at http://www.med.navy.mil/Directives/

BUMEDINST 5420.12G	Roles and Responsibilities Related to Medical Department Specialty Leaders
BUMEDINST 5721.3E	Approval Process for Public Release of Information
BUMEDINST 6010.30	Credentialing and Privileging Program

DoD Instruction 6000.13	Accession and Retention Policies, Programs, and Incentives for Military Health Professions Officers – available at https://www.esd.whs.mil/directives/issuances/dodi/

MANMED Chapter 1, article 1-22, Off-Duty Remunerative Professional Employment – available at http://www.med.navy.mil/directives/Pages/NAVMEDP-MANMED.aspx

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OPNAVINST 1120.7A	Appointment of Regular and Reserve Officers in the Nurse Corps of the Navy - available at https://www.secnav.navy.mil/doni/opnav.aspx

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Program Authorization 116 Nurse Corps (NC) - available at https://www.mynavyhr.navy.mil/Career-Management/Community-Management/Officer/Program-Authorizations/

Public Law 96-513 – available at https://www.congress.gov/public-laws/96th-congress

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All United States Codes are available at https://uscode.house.gov/browse/prelim@title10/subtitleC/part1/chapter809&edition=prelim

10 USC § 6027	Medical Department: Composition
10 USC § 8090	Staff Corps of the Navy
35 Stat. 146 (NOTAL)	