



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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BUMEDINST 1001.2E
BUMED-N1
19 Feb 2025

BUMED INSTRUCTION 1001.2E

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 6010.3
(d) SECNAVINST 1920.6D
(e) BUMEDINST 6010.37

1. Purpose. To provide guidelines for medical department Selected Reserve (SELRES) and Individual Ready Reserve officers to acquire and maintain subspecialty (SSP), Navy officer billet classifications (NOBC), and additional qualification designator (AQD) codes. This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. BUMEDINST 1001.2D.

3. Scope and Applicability. Commands having Reserve Component (RC) medical department personnel.

4. Policy

a. Each medical department SELRES, to include voluntary training unit (VTU) officers, must maintain at least one medical department SSP to identify 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 billet. The Corps specific Reserve affairs officer (RAO) and Centralized Credentialing and Privileging Department (CCPD) reviews each credentialed officer's record every 24 months to ensure maintenance of professional requirements and code qualifications.

(2) Per reference (d) and (e), failure to meet any medical department SSP qualifications can result in administrative separation.

(3) Members of the Individual Ready Reserve who wish to maintain their SSP qualifications must contact CCPD directly.

b. SELRES and VTU officers should review their SSP, NOBC, and AQD codes throughout their career and may apply for other codes for which they qualify. All supporting documentation, which may include a certified copy of transcripts, diplomas, fitness reports, and credential letter (as necessary to demonstrate qualifications), are required.

c. When advanced education training is completed, Reserve medical department officers must forward their request for assignment of SSP, NOBC, or AQD to the Corps specific RAO. Officers are required to notify the Corps specific RAO and CCPD if they no longer qualify for any of their assigned SSP, NOBC, or AQD codes. SSPs, NOBCs, or AQDs should not be retained unless an officer can perform the full range of duties required. Licensed independent practitioners should have full and unrestricted privileges.

5. Background

a. Per references (a) and (b), Reserve medical department officers are assigned an SSP, NOBC, and if applicable, AQD code to match active duty mobilization requirements. SSPs, NOBCs, and AQDs identify knowledge, skills, and abilities that are important to identify billets and capabilities for which officers can apply in Reserve Force Manpower Tool to meet the Navy Reserve medicine mission.

b. Direct commission officers are assigned an SSP, NOBC, and if applicable, AQD by a Corps specific Professional Review Board at the Bureau of Medicine and Surgery (BUMED). Upon accession, the officer's SSP, NOBC, and AQD are entered into Navy Standard Integrated Personnel System (NSIPS). Per reference (c), SSPs for clinicians are not assigned by the Professional Review Board but are verified by CCPD when the member receives a credential letter.

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

6. Definitions

a. SSP. A code that facilitates the assignment of officers to SSP-coded billets and generates the Navy's advanced education requirements. The SSP is used to identify officer requirements for advanced education, functional training, and significant experience in various fields and disciplines, and for identifying officers with those qualifications. In the RC, the primary SSP is used, along with the billet authorizations, to determine SSP 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 SSP. For clinicians, officers need a credential letter from CCPD to practice in this specialty within the Military Health System.

b. NOBC. An AC 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. Not all SSPs have a corresponding NOBC.

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

7. Qualifying for SSPs, NOBCs, or AQDs

a. SSPs, NOBCs, or AQDs codes designate the required training, education, and experience of medical department officers.

b. SSPs, NOBCs, 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 SSP pertinent to their Corps as their primary SSP. Their secondary SSP should reflect their resident or fellowship status. Their training status is further defined with the suffix of “T” listed on their SSP. Officers training in medical specialties must notify the Corps specific RAO, upon completion of their training, so their codes can be updated.

d. Medical department SELRES and VTU members are expected to meet practice standards of the codes assigned.

8. Maintenance of SSPs, NOBCs, and AQDs

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

b. SSPs, NOBCs, and AQDs may be removed by the Corps specific RAO 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 SSP, NOBC, or AQD have not been maintained or utilized.

(4) Competency is not documented and provided to CCPD for verification.

9. Priority of SSP, NOBC, and AQD Codes

- a. The initial priority sequence of SSP and NOBC codes are managed by the Corps specific RAO. AQDs are prioritized by date acquired.
- b. Reserve officers may maintain multiple codes. Multiple SSPs may qualify an officer for all billets coded with those SSPs regardless of priority or sequence of the codes.

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

- a. Requests for code assignment should be sent to the Corps specific RAO. 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. The RAOs can add, remove, change, or reorder medical SSPs and NOBCs in NSIPS; however, the RAO is not the approver. The RAO enters the previously approved code into the officer's record after the proper documentation and verification has been received. Approval for codes require endorsement from CCPD, specialty leaders, Redesignation Boards, BUMED-N1R, or other approving agencies.
- c. Officers will receive notification of adjudication of code assignment requests from the Corps specific RAO once it has been added to the officer's record in NSIPS. The codes can be viewed in the officer's Service record and in Reserve Force Manpower Tool.

11. Records Management

- a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the DON Assistant for Administration, Directives and Records Management Division portal page at <https://portal.secnave.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-InformationManagement/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 the local records manager or the OPNAV Records Management Program (DNS-16).

12. Review and Effective Date. Per OPNAVINST 5215.17A, Manpower and Personnel (BUMED-N1) will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of Defense (DoD), Secretary of the Navy and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim and will be reissued by the 10-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 subparagraph 6b of this instruction are exempt from reports control per Secretary of the Navy Manual 5214.1 of December 2005, part IV, subparagraph 7k.



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Releasability and distribution:

This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site, <https://www.med.navy.mil/Directives/>