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BUREAU OF MEDICINE AND SURGERY
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BUMEDINST 1510.27A
BUMED-N01C5
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BUMED INSTRUCTION 1510.27A

From: Chief, Bureau of Medicine and Surgery

Subj: HOSPITAL CORPSMAN PROFICIENCY ASSURANCE PROGRAM

Ref: (a) NAVEDTRA 43699-2A
(b) NAVEDTRA 43699-1
(c) NAVPERS 18068F
(d) BUMEDINST 6010.30

Encl: (1) Hospital Corpsman Personnel Qualification Standards
(2) Hospital Corpsman Skills Sustainment
(3) Hospital Corpsman Skills Sustainment Matrix
(4) Sample Administrative Remarks for NAVPERS 1070/613

1. Purpose. To establish policy, procedures, and responsibilities for the Hospital Corpsman (HM) Proficiency Assurance Program, per references (a) and (b) and enclosure (3). Both the HM PQS and Basic Dental Assistant PQS will be referred to as "HM PQS". This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. BUMEDINST 1510.27.

3. Scope and Applicability. This applies to Active Duty and Training and Administration of the Reserves. All HMs E-1 to E-7 with Navy Enlisted Classification (NEC) (0000 or L03A) are required to complete the HM PQS. The HM Skills Sustainment will be completed on an annual basis.

4. Policy. The Proficiency Assurance Program consists of two sections to ensure HMs are prepared and have continued skills sustainment of HM competencies per reference (c), volume I.

a. Enclosure (1) validates the minimum capabilities which the Navy expects and requires of individuals within the HM rating. References (a) and (b) are aligned with the duties and responsibilities as outlined in volume 1 of reference (c).

b. Enclosure (2) provides annual validation of the minimum capabilities which the Navy expects and requires of individuals within the HM rating, in enclosure (1) and aligned with the duties and responsibilities as outlined in volume 1 of reference (c).

5. Review and Effective Date. Per OPNAVINST 5215.17A, Director, Hospital Corps (BUMED-N01C5) will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of War, Secretary of the Navy, 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.

7. 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.secnav.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).

8. Forms and Information Management Control

a. Form. NAVPERS 1070/613 Administrative Remarks is available <https://www.mynavyhr.navy.mil/References/Forms/NAVPERS/>

b. Information Management Control. Reports required in enclosure (1) paragraph 3 and enclosure (2) paragraph 3 of this instruction are exempt from reports control per Secretary of the Navy Manual 5214.1 of December 2005, part IV, subparagraph 7k.


R. FREEDMAN
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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/>

HOSPITAL CORPSMAN PERSONNEL QUALIFICATION STANDARDS

1. HM PQS Scope. All HMs E-1 to E-7 with NECs (0000 or L03A) are required to complete the HM PQS to provide organizational benefit and must complete reference (a) within 12 months of reporting to their first assignment. HM NEC L33A, must complete reference (b) within 12 months of reporting to their first assignment in a dental billet. All Reserve Component HMs should make every effort to complete their corresponding HM PQS, references (a) and (b), during their annual training period or on active duty orders within 36 months of reporting onboard.

2. Documentation of HM PQS

a. HM PQS completion must be documented utilizing NAVPERS 1070/613 and uploaded into the Fleet Training Management Planning System (FLTMPS).

b. Failure to complete, or non-compliance of the HM PQS must be documented utilizing NAVPERS 1070/613 and documented in FLTMPS.

c. Selective Reserve and Training and Administration of the Reserve's HMs must contact their respective command training officer to upload PQS completion documentation into FLTMPS.

3. Roles and Responsibilities

a. Bureau of Medicine and Surgery is responsible for ensuring all Budget Submitting Offices with HMs assigned comply with all aspects of this instruction using the Privileging Authority per reference (d).

b. Commander, Naval Medical Forces Development Command must designate an HM PQS Model Manager to develop, issue, and maintain currency of references (a) and (b).

c. Per reference (d), Commander, Naval Medical Forces Atlantic; Commander, Naval Medical Forces Pacific; Fleet Surgeon, U.S. Fleet Forces; Fleet Surgeon, U.S. Pacific Forces; Force Surgeon Marine Corps Forces Atlantic; Force Surgeon, Marine Corps Forces Pacific, and Commander Naval Special Warfare Force Medical Officer must:

(1) Ensure subordinate commands (commanders, commanding officers (CO), officers in charge (OIC), Navy Medicine Readiness Training Commands (NAVMEDREADTRNCMD), and Navy Medicine Readiness Training Units (NAVMEDREADTRNUNIT)) are compliant with this instruction.

(2) Designate in writing a HM PQS Regional Program Manager (E-7 or above).

d. Qualifiers. Command approved HM second class petty officers (E-5) or above and licensed military healthcare providers. Qualifiers must have HM PQS candidates demonstrate proficiency in each of the competencies as documented in the HM PQS sections contained in references (a) and (b) to receive a valid signature for completion of a task

e. HM PQS Regional Program Managers must:

(1) Monitor program compliance via quarterly reports received from the Command Program Coordinators.

(2) Report program compliance via annual reports to their Privileging Authority no later than 31 January of every calendar year, utilizing enclosure (5).

f. Commanders, COs, NAVMEDREADTRNCMDs, and OICs, NAVMEDREAD-TRNUNITs must:

(1) Designate in writing a HM PQS Command Program Coordinator (E-6 or above).

(2) Publish in writing all command approved HM PQS Qualifiers.

(3) Develop a rotational plan of various clinical areas, as needed, to provide HMs the broadest access to patient encounters to meet HM PQS completion requirements.

(4) Ensure clinical providers are afforded appropriate time to train HMs.

(5) Grant extension waivers greater than 180 days, if applicable.

g. Command Program Coordinator must:

(1) Ensure all HMs complete HM PQS within 12 months of reporting if active duty and within 36 months if Selective Reservist.

(2) Document completion of HM PQS in FLTMPS.

(3) Track and report compliance of HM PQS to the regional program manager via quarterly and annual reports using standard Naval format. The report must contain the information identified in subparagraph, 3g(3)(a) through 3g(3)(h).

(a) Command:

(b) UIC: 00000

(c) Period Covered: [MM DD YYYY] to [MM DD YYYY]

- (d) Total current HMs on board: [input]
 - (e) Total qualified HMs on board: [input]
 - (f) Total HMs not qualified: [input]
 - (g) Total deficient HMs: Meets criteria identified in paragraph 1of enclosure (1).
 - (h) Report must have an enclosure listing every Sailor who is deficient. It must include: Last Name, First Name, MI; Rank; UIC; projected qualified date [MM DD YYYY].
- (4) Grant extension waivers less than 180 days, if applicable.
 - (5) Coordinate extension waivers greater than 180 days with the commanding officer.
 - (6) Document extension waivers utilizing NAVPERS 1070/613 and uploaded in NSIPS.

HOSPITAL CORPSMAN SKILLS SUSTAINMENT

1. Hospital Corpsman (HM) Skills Sustainment Scope. All HMs E-1 to E-7 with NECs (0000 or L03A) are required to complete the HM Skills Sustainment to provide organizational benefit and must complete one of two tables within enclosure (3) dependent on assigned platforms or duty station. Enclosure (3) is the minimum required HM Skills Sustainment to maintain proficiency and must be completed and documented annually as designated within the matrix of enclosure (3).

a. If assigned to a NAVMEDREADTRNCMD or NAVMEDREADTRNUNIT; HMs E-1 to E-7 (0000 and L03A) must complete HM Skills Sustainment proficiency annually using table 1 of enclosure (3).

b. If assigned to an Expeditionary Medicine Platform (EXMED); HMs E-1 to E-7, regardless of NEC, must complete HM Skills Sustainment proficiency annually using table 2 of enclosure (3).

c. Regardless of Budget Submitting Office, if not covered by the local type-commander instruction; HMs E-1 to E-7 (0000 and L03A) must complete HM Skills Sustainment proficiency annually using table 2 of enclosure (3).

d. All Selective Reserve HMs should make every effort to complete the HM Skills Sustainment annually while on active duty orders but are not required.

2. Documentation of HM Skills Sustainment

a. HM Skills Sustainment Completion must be documented utilizing NAVPERS 1070/613 and uploaded into Fleet Training Management Planning System (FLTMPS).

b. Failure to complete HM Skills Sustainment annually must be documented utilizing NAVPERS 1070/613 and uploaded in FLTMPS.

3. Roles and Responsibilities

a. Bureau of Medicine and Surgery is responsible for ensuring all Budget Submitting Offices with HMs assigned comply with all aspects of this instruction using the privileging authority, per reference (d).

b. Commander, Naval Medical Forces Development Command must publish approved HM Skills Sustainment resources via the Navy Medical Forces Development Command Web site; <https://www.med.navy.mil/Naval-Medical-Forces-Development-Command/>.

c. Per reference (d), Commander, Naval Medical Forces Atlantic; Commander, Naval Medical Forces Pacific; Fleet Surgeon, U.S. Fleet Forces; Fleet Surgeon, U.S. Pacific Forces; Force Surgeon Marine Corps Forces Atlantic; Force Surgeon, Marine Corps Forces Pacific, and Commander Naval Special Warfare Force Medical Officer must:

(1) Develop and document annual HM Skills Sustainment for their Budget Submitting Office using enclosure (3).

(2) Ensure subordinate commands commanders and COs, NAVMEDREADTRNCMDs, and OICs, NAVMEREADTRNUNITs are compliant with this instruction.

(3) Designate in writing an HM Skills Sustainment Regional Program Manager (E-7 or above).

d. Qualifiers. Command approved HM second class petty officers (E-5) or above and licensed military healthcare providers. Qualifiers must have HM Skills Sustainment candidates demonstrate proficiency identified in enclosure (3) for the prescribed frequencies annually.

e. HM Skills Sustainment Regional Program Managers must:

(1) Monitor program compliance via quarterly reports received from the command program coordinators.

(2) Report program compliance via annual reports to their privileging authority no later than 31 January of every calendar year. The report must comply with the guidance outlined in subparagraph, 3g(3) through 3g(3)(h).

f. Commanders and COs, NAVMEDREADTRNCMDs and OICs, NAVMEDREADTRNUNITs must:

(1) Designate in writing an HM Skills Sustainment command program coordinator (E-6 or above).

(2) Publish in writing all command approved HM Skills Sustainment qualifiers.

(3) Develop a rotational plan of various clinical areas, as needed, to provide HMs the broadest access to patient encounters required to meet HM Skills Sustainment completion.

(4) Ensure clinical providers are afforded appropriate time to train HMs.

(5) Grant extension waivers greater than 180 days, if applicable.

g. Command Program Coordinator must:

- (1) Document annual completion of HM Skills Sustainment in FLTMPs.
- (2) Track and report compliance of HM Skills Sustainment to the Regional Program Manager utilizing enclosure (5).
- (3) Document Satisfactory or Deficiency compliance utilizing NAVPERS 1070/613 and then upload into NSIPS. Enclosure (4) provides an example for standardized documentation.

HOSPITAL CORPSMAN SKILLS SUSTAINMENT MATRIX

	METRIC	EVERY 12 MONTHS
1	Dehydration Casualties Evaluated and Treated (Real or Simulation)	2
2	Environmental Cold Injuries Evaluated and Treated (Real or Simulation)	2
3	Environmental Heat Injuries Evaluated and Treated (Real or Simulation)	2
4	Intramuscular or Subcutaneous Medications Administered / Prepared	5
5	Intra Venous (IV) Catheters Removed, Tubing Prepared, Fluid Bags Administered, Lines Placed and Monitored (Real and Simulation)	5
6	Medications Administered Orally (Simulated patients acceptable)	5
7	Patients Treated for Shock or Massive Hemorrhage and Positioned Correctly (Real and Simulation)	4
	Performed O2 administration appropriately (Simulated patients acceptable)	2
8	Patients Assessed for Breathing and Airway; Inserts Adjunct Airways (Oral Pharyngeal and Nasopharyngeal airways) (Real and Simulation)	2
9	Patients Assessed for Chief Complaint and whom History is Taken and Secondary Assessment Completed	2

Tab 1. Skills Sustainment Proficiency

	METRIC	EVERY 12 MONTHS
1	Dehydration Casualties Evaluated and Treated (Real or Simulation)	2
2	Environmental Cold Injuries Evaluated and Treated (Real or Simulation)	2
3	Environmental Heat Injuries Evaluated and Treated (Real or Simulation)	2
4	Intramuscular or Subcutaneous Medications Administered and Prepared	5
5	IV Catheters Removed, Tubing Prepared, Fluid Bags Administered, Lines Placed and Monitored (Real and Simulation)	5
6	Medications Administered Orally (Simulated patients acceptable)	5
7	Patients Treated for Shock or Massive Hemorrhage and Positioned Correctly (Real and Simulation)	4
8	Performed O2 administration appropriately (Simulated patients acceptable)	2
9	Patients Assessed for Breathing and Airway (Real or Simulated patients acceptable)	2
10	Disaster Drills and MASCALs Participated in Where Triage Was Simulated	1
11	Disaster Drills and MASCALs Participated in Where Evacuation Was Simulated	1
12	Disaster Drills and MASCALs Participated in Where Patient Transports Are Simulated	1
13	Patients Assessed for Breathing and Airway; Pulse and Level of Consciousness (Vital Signs)	30
14	Intra-osseous Catheters Placed (Simulated patients acceptable)	1
15	Venipunctures Performed	6
16	Patient lower extremity splinted (Real or Simulated patients acceptable)	4
17	Patient upper extremity splinted (Real or Simulated patients acceptable)	4
18	Pressure dressings applied (Real or Simulated patients acceptable)	10
19	Nasopharyngeal placed (Real or Simulated patients acceptable)	4
20	Needle Decompressions placed (Real or Simulated patients acceptable)	4
21	Tourniquets placed on lower extremity (Real or Simulated patients acceptable)	6
22	Tourniquets placed on upper extremity (Real or Simulated patients acceptable)	6

Table 2. Skills Sustainment Proficiency

SAMPLE ADMINISTRATIVE REMARKS FOR NAVPERS 1070/613

Use of this verbiage will be the standard to use across all commands. Times New Roman, font 12. CAPITALIZE and bold the first word.

For satisfactory completion of the HM PQS use:

SATISFACTORY completed the HM PQS _____
Date

For non-completion of the HM PQS use:

DEFICIENT documentation of the HM PQS _____
Date

For satisfactory completion of the HM Skills Sustainment use:

SATISFACTORY completed the HM Skills Sustainment _____
Date

For non-completion of the HM Skills Sustainment use:

DEFICIENT documentation of the HM Skills Sustainment _____
Date