



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

BUMEDINST 5050.6B  
BUMED-N7  
14 Jan 2026

BUMED INSTRUCTION 5050.6B

From: Chief, Bureau of Medicine and Surgery

Subj: CONTINUING EDUCATION, PROFESSIONAL UPDATE TRAINING, AND  
ALTERNATIVE INSTRUCTIONAL SYSTEMS FOR MEDICAL DEPARTMENT  
PERSONNEL

Ref: (a) SECNAVINST 5050.6A  
(b) OPNAVINST 7220.13A  
(c) DoD 7000.14-R, Administrative Control of Funds and Antideficiency Act Violations,  
May 2023  
(d) DCMO memo, Department of Defense Conference Guidance (Version 4.0),  
of 26 June 2016

1. Purpose. To provide policy and guidance for authorized attendance by Navy Medical Department personnel at health-related or required continuing education (CE) and professional update training (PUT) activities, conferences, and professional meetings. To promote and encourage the use of alternative instructional systems (AIS) as a preferred source for CE credits and skills maintenance. This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. BUMEDINST 5050.6A

3. Scope and Applicability. This instruction applies to all ships and stations having Navy Medical Department personnel.

4. Definitions

a. CE (Nonconference Travel). Planned learning experiences based on specific educational objectives designed to increase knowledge, develop and update skills, and maintain competence. CE includes professional seminars and short courses, offered by military or civilian institutions or associations, and are related specifically to military and professional duties.

b. PUT (Conference Travel). Attendance at periodic health-related meetings, conferences, and conventions of a scientific, technical, or professional nature with emphasis on general knowledge and information interchange vice specific skills and knowledge improvement. Specific CE experiences are often incorporated into PUT programs.

c. AIS. Professional staff educational activities conducted by other institutions within the local geographic area or within the medical or dental treatment facility that provide CE credits in a cost-effective manner, reduce time spent on travel, and provide knowledge and skills enhancement related specifically to military and professional duties.

## 5. Background

a. Innovations in health technology, program administration and management, and health care delivery necessitate CE and PUT. Proof of competence, progressing from individual responsibility to an increasingly mandated requirement for state licensure, specialty recertification, and Medical Department credentialing and privileging reinforces the importance of CE and PUT.

b. AIS reduces the need for funded temporary additional duty (TAD) course attendance and is a cost-effective means to fulfill CE requirements. AIS should be explored and capitalized to the greatest extent possible. Local resources such as tri-service programs, specialty societies, universities, and hospitals provide local CE opportunities near most medical treatment facilities. Additionally, distance learning via internet applications, video teletraining, video conferencing, and other means are available through military and commercial sources.

c. CE credits for Medical Corps, Nurse Corps, and Medical Service Corps officers can be awarded by the Naval Medical Leader and Professional Development Command (NAVMEDLEADPRODEVCOM) for educational activities within medical treatment facilities that meet criteria of the Accreditation Council for Continuing Medical Education, the American Nurse Credentialing Center, and the American College of Healthcare Executives. CE credits for Dental Corps officers can be awarded at dental treatment facilities, providing activities conform to criteria published by the American Dental Association Continuing Education Recognition Program and the Dental Corps Chief, and are approved by the Navy Dental Corps' American Dental Association Continuing Education Recognition Program administrative authority at the Naval Postgraduate Dental School prior to being conducted.

## 6. Policy

a. Individuals. Each health care professional must maintain or improve the knowledge and skills for which they are credentialed and privileged and comply with appropriate certification and licensing requirements. While individuals have the ultimate responsibility for obtaining CE credits required for licensure and certification, the immediate responsible command will make every effort to ensure opportunities and funding are available.

(1) Officers. All medical department officers are encouraged to attend appropriate professional health-related meetings and courses that provide knowledge and skills-enhancement critical to their military assignment or the specialty in which they are credentialed.

(2) Enlisted. Enlisted personnel, who require certification, licensure, or CE credits by virtue of their primary Navy Enlisted Classification will be afforded appropriate opportunity to fulfill these requirements.

b. Command AIS. Commands will encourage and assist medical department personnel to develop, accredit, and implement quality, cost effective, in-house CE programs that provide CE credits and maintain professional competence.

c. Optimal Use of Funds. Appropriated funds are limited, and priority will be given to meeting or conference sites in the nearest geographical proximity, particularly if a significant travel savings is anticipated. Attendance at outside the continental United States meetings should not normally be funded unless the member is serving outside the continental United States. Funding may not be approved if release from active duty or expiration of active obligated service date is less than 12 months after requested TAD. Member's supervisor is responsible for verification of end of active duty obligated service date.

d. Priority Use of Funds. Commands with TAD approval authority for CE or PUT should prioritize use of funds by all Corps within the command, relative to the command's mission, and in support of broader Navy Medicine objectives, which include:

(1) CE directly related to wartime readiness requirements, such as courses or meetings emphasizing military health care or emergency, trauma, or critical care clinical topics.

(2) CE to correct performance deficiencies identified during quality assurance reviews.

(3) Meetings at which the traveler will present a scientific paper or seminar that will enhance the status of a military program.

(4) CE or PUT to maintain state-of-the-art health care practice by faculty or Navy education and training programs.

(5) CE for certification, licensure, or credentialing and privileging.

(6) CE or PUT to maintain state-of-the-art health care practice by health care providers.

e. Source of Funds

(1) Budget Submitting Office (BSO) 18 Funded Activities. Travel funds used in support of CE and PUT are available in the expense operating budget of each activity funded by the Bureau of Medicine and Surgery (BUMED).

(2) Non-BSO 18 Funded Activities. Funds are provided to the Commanding Officer, NAVMEDLEADPRODEVCMD to fund, as appropriate and when available, the CE and PUT travel of Navy Medical Department personnel attached to non-BSO-18 funded activities, such as the operating forces. It is desirable that local funding is pursued initially and NAVMEDLEAD-PRODEVCMD funding be considered as an alternative.

f. Attendance at Personal Expense. Reference (a) specifies conditions that may warrant consideration of Navy Medicine employee requests to attend a conference at personal expense and identifies variables the approval authority should consider in the decision process. Reference (a) is available for review at, <https://www.secnav.navy.mil/doni/Directives/05000%20General%20Management%20Security%20and%20Safety%20Services/05-00%20General%20Admin%20and%20Management%20Support/5050.6A.pdf>.

g. Military Courses and Exercises Exclusion. Military, leadership, and operational courses are not included within the scope of this instruction.

h. Approval. Final approval for attendance is subject to command authorization based on funding availability and mission criticality. A SECNAV 5050/2 Conference Request Form signed by the Surgeon General of the Navy, who also performs the duties of Chief, BUMED, or other authorized 2-star or higher flag officer or senior executive service who is a 2-star equivalent, is an authorization only and NOT an order to commands to force attendance.

i. Guidance for Fiscal Officers

(1) All or None Funding. Per references (b) and (c), volume 14, chapter 2, funding of TAD orders will be on an “all or none” basis. Funding may be provided from more than one source to equal the total travel costs; however, the individual may not agree to fund part of the travel without reimbursement. If directive TAD orders are issued, the individual will be entitled to all travel allowances, per diem, miscellaneous costs, and fees, per reference (b). Authorization orders (no cost TAD) will not entitle the individual to reimbursement.

(2) Reductions in Per Diem. Reference (a) clarifies policy and procedures under which reduced per diem may be authorized.

(3) Training Expenses and Conference Fees. Conference registration fees should be paid via the government purchase card. Conference registration fees may be paid via the government travel charge card only in the exceptional circumstances indicated in reference (c), volume 14, chapter 2. Registration fees to be paid via government travel charge card should be authorized in the member’s TAD orders. Early registration, when available and financially advantageous, should be encouraged.

(a) Training expenses and conference fees should be placed on the purchase card. This includes non-severable food and lodging costs.

(b) A conference fee that includes meals is a proper use of Government funds for an event that the employee has been authorized to attend. If meals or lodging are included in the conference fee, the traveler must so indicate when filing for travel reimbursement so that the Government does not pay twice but instead, reimburses the traveler for legitimate charges only (reduces per diem).

(c) Use of the travel card for payment of conference fees is highly discouraged. However, conference fees may be placed on the travel card, but ONLY when feasible to do so; e.g., a nominal fee, not aware of fee until at conference, short lead time, etc. The travel card is not structured to accommodate conference fees.

(d) For payment of “early bird” fees, the purchase card is the preferred method to use.

(e) The command internal operating procedures will state the command’s plan of action for using travel card when the purchase card is not feasible, and how it plans to avoid inappropriate reimbursements to card holders and delinquency with this method.

## 7. Responsibility

a. Commanding officers are responsible for funding CE and PUT for personnel attached to their commands. Per reference (b), commanding officers must maintain records of conference approvals, ensure travel claims are filed within 5 calendar days following completion of travel, and (as applicable) ensure travelers forward a liquidated copy of their travel claim to the funding command.

b. Medical Department personnel assigned to non-BSO-18 activities unable to fund CE or PUT TAD may request funding support from NAVMEDLEADPRODEVCMDCMD via the chain of command. Forwarding endorsements must verify non-availability of funds. NAVMEDLEAD-PRODEVCMDCMD will consider such requests based on funds availability.

c. Commanding officers and members requesting funded TAD for CE or PUT must comply with guidance in reference (a) regarding travel approval. Navy Medicine Conference Information and Policy Guidance are available at, <https://esportal.med.navy.mil/bumed/m00/m00c/Pages/conferenceinfo.aspx> in the “Conference Information” tab.

d. NAVMEDLEADPRODEVCMDCMD will:

(1) Establish and maintain procedures:

(a) For submission, review, and approval of programs for CE credit.

(b) To assist medical department personnel, assigned to non-BSO 18 funded activities, to apply for funding consideration for CE and PUT.

(2) Assist medical department activities in the planning and implementation of quality education opportunities designed to increase competence, promote standards of professional practice, and maintain accreditation.

8. Action

a. Medical Department Activities

(1) Commanding officers and officers in charge will administer CE and PUT following the policies and responsibilities cited in this instruction. Resources in local operating budgets that support this program will be included in annual financial plans.

(2) Individuals will forward requests for CE and PUT to his or her commanding officer following local command policies and procedures.

(3) Commanding officers and officers in charge must, as appropriate, develop, use, and fund cost effective CE programs at the local level via AIS cited in subparagraph 4c of this instruction. Additionally, the command will ensure the education and training departments are appropriately staffed, trained, and equipped to support command CE programs.

(4) For policy and guidance on sponsoring conferences, refer to Navy Medicine's Conference Information and Policy Web site, <https://esportal.med.navy.mil/bumed/m00/m00c/Pages/conferenceinfo.aspx>.

(5) Payment of Fees for Guest Speakers, Lecturers, and Panelists. Payment of fees for guest speakers, lecturers, and panelists will need to be included in the budget of the conference approval process per reference (a).

b. Commanding Officer, NAVMEDLEADPRODEVCMO. As funding allows, Commanding Officer, NAVMEDLEADPRODEVCMO will fund non-BSO 18 requests. For guidance, procedures, and points of contact, refer to: <https://www.med.navy.mil/Naval-Medical-Leader-and-Professional-Development-Command/Professional-Development/GME-CME-Funding-Opportunities/>.

9. 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 Department of the Navy Assistant for Administration, Directives and Records Management Division 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 the local records manager or the OPNAV Records Management Program (DNS-16).

10. Review and Effective Date. Per OPNAVINST 5215.17A, Director, Education and Training (BUMED-N7) 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, 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.



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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/>