DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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IN REPLY REFER TO
BUMEDINST 6440.5D
BUMED-M9
12 May 2016

BUMED INSTRUCTION 6440.5D

From: Chief, Bureau of Medicine and Surgery

Subj: NAVY MEDICINE'S AUGMENTATION PROGRAM

Ref: (a) DoD Instruction 6025.19 of 9 June 2014
(b) OPNAVINST 3501.360A
(c) OPNAVINST 3501.161D
(d) OPNAVINST 5440.75B
(e) OPNAVINST 3501.347A
(f) NWP 4.02
(g) DoD Instruction 6490.07 of 5 February 2010
(h) OPNAVINST 3000.13D
(i) DoD Instruction 1322.24 of 6 October 2011
(j) CJCSI 3500.01H
(k) BUMEDINST 1510.25
(l) NAVMC 3500.84A
(m) MCO 3501.1D
(n) OPNAVINST 3060.7B
(o) JP 4-02

Encl: (1) Navy Medicine's Augmentation Program Procedures Guide

1. Purpose. To issue policy and procedural guidelines for the sourcing and deployment of Budget Submitting Office (BSO) 18 personnel to augment Department of Defense (DoD); Joint Staff; Office of the Chief of Naval Operations (OPNAV); Headquarters, Marine Corps (HQMC); and United States Fleet Forces Command (USFF) in support of contingency operations, full-scale war, or other national emergencies. References (a) through (o) are provided for additional information. This is a complete revision and must be read in its entirety.

2. Cancellation. BUMEDINST 6440.5C.

3. Background. Navy Medicine (NAVMED) relied heavily on the individual augmentation process to support operational requirements during Operation Iraqi Freedom (OIF), Operation Enduring Freedom (OEF), Operation New Dawn, and other overseas contingency operations. Declining overseas access and growing engagement in under-developed areas of the world have created a growing demand for United States (U.S.) Forces to again provide deployable, scalable medical capabilities, ready anytime, anywhere. Naval Forces must be prepared to rapidly respond to a wide range of operational environments with capable Naval Expeditionary Health Service Support (NEHSS) operating from the sea or deploying ashore into austere locations.

NAVMED will provide NEHSS platforms across the full range of military operations (ROMO) in addition to supporting global force augmentation requirements.

4. Scope and Applicability. This instruction applies to all BSO-18 activities inside and outside the continental United States (CONUS/OCONUS), NAVMED Echelon 3 activities, and all medical treatment facilities (MTF) as the sourcing commands for Active Component (AC), BSO-18 Augmented Platforms and Capabilities (Appendix C of enclosure (1)), Individual Augmentees (IA), Temporary Additional Duty (TEMADD), and all stakeholders involved in or affected by the execution of this guidance. Additionally, this instruction applies to the Navy Component activities at Fort Belvoir Community Hospital, Walter Reed National Military Medical Center, and Captain James A. Lovell Federal Health Care Center.

5. Action. The NAVMED Augmentation Program (NMAP) shall be implemented by following enclosure (1) and its appendices.

6. Records. Records created as a result of this instruction, regardless of media and format, shall be managed per SECNAV M-5210.1 of January 2012.

7. Reports. The reports required in this instruction, are exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, paragraph 7p.

8. Forms

a. The following forms are available at:
https://navalforms.documentservices.dla.mil/web/public/forms

(1) NAVPERS 1070/602W, Dependency Application/Record of Emergency Data Worksheet

(2) NAVPERS 1740/6, Family Care Certificate

(3) NAVPERS 1070/604, Enlisted Qualifications History

(4) NAVMED 6440/1, Individual Deployment Readiness Checklist

b. DD 2766 (01-00), Adult Preventive and Chronic Care Flowsheet is available in hard copy only via the Navy Supply System, National Stock Number: 7530-01-458-4708.

C. FORREST FAISON III

Distribution is electronic only via the Navy Medicine Web site at:
http://www.med.navy.mil/directives/Pages/default.aspx

BUMEDINST 6440.5D
12 May 2016

BUREAU OF MEDICINE AND SURGERY

NAVY MEDICINE'S AUGMENTATION PROGRAM PROCEDURES GUIDE

Enclosure (1)

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CHAPTER 1
ROLES AND RESPONSIBILITIES

1. Chief, Bureau of Medicine and Surgery (BUMED)

a. Directs, coordinates, and monitors the readiness and execution of the NEHSS Platforms, IA, and emergent mission support programs and must provide a ready medical force in support of Navy, Marine Corps, Joint, and Coalition operating forces.

b. Provides input to higher authority regarding individual and platform augmentation fill rates, assignment details, and readiness status.

c. Provides recommendations or nominations for designated platform leadership positions.

2. BUMED Total Force

a. Deputy Director, Military Manpower & Personnel (BUMED-M1)

(1) Serves as the principal advisor for NAVMED Total Force (includes active duty, reserve, civilian, and contractor) programs and practices.

(2) Ensures enterprise-wide medical billets, to include the Reserve Component, are properly aligned in the Navy's designated official manpower data systems - Total Force Manpower Management System (TFMMS), and Defense Medical Human Resource System-internet (DMHRSi).

(3) Maintains NAVMED's designated official readiness system - Expeditionary Medicine Platform Augmentation, Readiness, and Training System (EMPARTS) - by ensuring personnel and platform readiness elements are properly documented and data is updated on a weekly basis.

(4) Responsible for mapping authorized peacetime billets to operational platforms.

(5) Monitors augmentation requirements and Associated Billet Identification Number (ASSOC_BIN) platform assignments for the overall readiness of platforms.

(6) In collaboration with Operational Medicine & Capabilities Development (BUMED-M9), maintains current activity manpower documents (AMD) which accurately reflect requirements for full expansion capability and reviews this data annually.

b. Deputy Director, Education and Training (BUMED-M7)

(1) Establishes policy to ensure individual and platform training programs are complied with and sufficiently meet operational readiness requirements.

(2) Advocates the fulfillment of medical training requirements for individual and platform augments.

(3) Translates the requirements for individual and platform augmentation personnel to participate in realistic training in Joint and combined exercises.

c. Office of the Corps Chiefs

(1) Provides guidance to NAVMED Specialty Leaders.

(2) NAVMED Specialty Leaders. Make recommendations on personnel augmentation assignments to NAVMED Echelon 3 activities, as needed. Make recommendations on leadership positions to BUMED.

3. BUMED Business Operations/Comptroller

a. Deputy Director, Fleet Support & Logistics (BUMED-M4)

(1) Ensures NAVMED logistics readiness elements, including platform equipment and supply sets, are ready to execute requirements of respective platform Required Operational Capability (ROC) and Projected Operational Environment (POE).

(2) Provides centralized planning and control of all resources necessary to design, procure, and maintain deployable expeditionary medical facility (EMF) platforms in support of missions across the range of military operations.

(3) Coordinates, as appropriate, combatant command (CCMD) requests for Navy deployable medical systems or specific medical materiel support.

(4) Coordinates, as appropriate, with other DoD activities for Navy medical materiel and logistic support.

b. Deputy Director, Financial Management/Comptroller (BUMED-M8)

(1) Plans programs and budgets for NMAP requirements for which BSO-18 is financially responsible.

(2) Develops and oversees a cost accounting structure to track costs for NMAP missions.

4. BUMED Readiness and Health. Deputy Director, Operational Medicine and Capabilities Development (BUMED-M9)

a. Executes validated missions, mobilization, and augmentation requirements received via the official Naval Message system - Navy Interface for Command e-mail (NICE).

b. Tasks NAVMED Echelon 3 activities for the deployment execution of individual and platform augments via official Naval Message.

c. Coordinates with other BUMED codes and directorates to support the readiness and deployment of BSO-18 individual and platform augments.

d. Directs, coordinates, and monitors the execution of operational readiness compliance and readiness reporting.

e. Provides assessments of personnel, training, and logistics readiness and readiness reporting for current platforms of record and impacts on BSO-18 health care operations on a quarterly basis. If required, develops strategic-level mitigation strategies and resource allocation solutions and recommended solutions to leadership.

5. Commander, Navy Medicine Education and Training Command

a. In conjunction with BUMED-M7 serves as the resource advocates for medical training requirements.

b. In conjunction with BUMED-M7, sourcing commands and platform sponsors will monitor the compliance of medical training requirements for individual and platform augmentation personnel.

c. Provides end-to-end assessment from the defined and desired job duty tasks to the training solution. A requirement may be met by an existing course or may need to develop training to meet objectives that support requirements.

d. Manages assessment of the effectiveness and relevance of training against the requirements through periodic course review and off-cycle review when significant changes in operations are identified by the requirement sponsor.

e. Develops standardized, requirement-driven, performance-based medical department training for BSO-18 platforms based on Navy Training System Plans or other BUMED policy issuances.

f. Utilizing programmed resources, provides medical training and technical guidance for standardized medical training. Ensures courses meet readiness requirement and are standardized across training venues.

g. Assesses resource sufficiency and articulates requirements to BUMED.

h. Synchronizes training activities and programs between NAVMED training commands across all echelons, the NAVMED Echelon 3 activities, and the individual MTF Staff Education and Training (SEAT) departments.

6. NAVMED Echelon 3 Activities

a. Responsible for ensuring sourcing commands provide ready medical personnel through meeting readiness training requirements and relevant practice to support operational skills sustainment.

b. Provides technical guidance and administrative support to sourcing commands within their area of responsibility (AOR).

c. Conducts assist visits every 2 years or as requested with the sourcing commands to ensure compliance with this instruction.

d. When tasked by BUMED, tasks sourcing command(s) to provide qualified personnel within their NAVMED Echelon 3 activities AOR and employs regional sourcing as a mitigating strategy to source shortfalls or substitutions as prescribed in this instruction. Assists sourcing commands with filling platform assignments and vacancies as prescribed in this instruction.

e. Adjudicates sourcing command's request to deploy individual or platform personnel outside of the restrictions outlined in chapter 3 Manning, the Assignment Guidelines.

f. Validates that qualified personnel are appropriately assigned to platform specific billets.

g. Supports, advocates, and coordinates within their sourcing commands in order to maximize training events to the fullest extent possible.

h. Monitors ability of sourcing commands to meet platform augmentation requirements and training and readiness status using EMPARTS. Provides analysis on readiness status to BUMED leadership, as needed.

i. Conducts quarterly data analysis for personnel deficiencies, thresholds of compromised beneficiary services, deployment trends, and readiness of Navy medical forces obligated to platforms or operating forces, and impacts on sourcing command health care

operations, as required. Develops command-level mitigating strategies and resource allocation solutions based on analysis. Provides analysis and recommended solutions to sourcing command leadership, as needed.

7. Navy Sourcing Commands

a. Commanders, Commanding Officers (COs), and Officers in Charge (OICs) of BSO-18 Sourcing Commands and non-BSO-18 Sourcing Commands Under Memorandum of Understanding (MOU) Authority

(1) Responsible for providing ready medical personnel to support the full ROMO.

(2) Responsible for the overall readiness of their activities and ensures Service members maintain a high state of personal, physical, and professional readiness, capable of rapid worldwide deployment.

(3) Ensures individuals are accurately reported in EMPARTS.

(4) Supports platform training within their sourcing command in order to ensure personnel assigned to platforms are trained per the platform's requirements.

(5) Budgets and purchases the prescribed camouflage utility uniforms, except for Navy Working Uniforms (NWUs), for EMF – and Forward Deployable Preventive Medicine Unit (FDPMU) – assigned personnel.

(6) Obtains approval from NAVMED Echelon 3 activities when the command must deploy individual or platform personnel outside of the restrictions outlined in chapter 3 Manning, the Assignment Guidelines.

(7) Maintains Operational Control (OPCON) of personnel until they have reported to the gaining operational command or CCMD.

(8) Maintains Administrative Control of personnel throughout the deployment. This includes coordinating via Echelon 3 and BUMED, enlisted evaluations and advancements, officer fitness reports and promotion requirements.

(9) Appoints, in writing, a sourcing command plans operations, and medical intelligence (POMI) officer or enlisted to execute the day-to-day responsibilities outlined in this instruction.

(10) Appoints, in writing, a sourcing command operational support officer (OSO) who will support the command POMI and advise the CO/OIC on Reserve Component (RC) matters.

b. Sourcing Command POMI

(1) Develops a local policy and procedures manual for implementation and execution of this instruction.

(2) Provides qualified personnel per validated missions, mobilization, and augmentation requirements.

(3) Ensures all personnel are trained permission or platform requirements.

(4) Maintains and reports individual command personnel readiness utilizing EMPARTS.

(5) Conducts the quarterly data analysis for personnel deficiencies, deployment trends, and readiness of Navy medical forces obligated to platforms or operating forces, and impacts on sourcing command health care operations, as required. Develops command-level mitigating strategies and resource allocation solutions based on analysis. Provides analysis and recommended solutions to sourcing command leadership, as needed.

c. Sourcing Command OSO

(1) Assumes the Command POMI responsibilities, if needed.

(2) Advises and supports the CO/OIC on RC matters as it pertains to this instruction.

(3) Coordinates the credentialing of reserve augmentation personnel. A summary of each health care provider's credentials must be forwarded to the receiving command before deploying the Service member.

d. Sourcing Command SEAT Department. Executes the individual and platform training requirements as directed.

e. All BSO-18 Personnel

(1) Responsible for maintaining their Individual Deployment Readiness. Reports to the sourcing command POMI immediately upon identification of changes or events that affect their deployment readiness status within 48 hours of knowledge of change in condition.

(2) Executes the individual and platform training requirements as directed by the sourcing command POMI and command Education and Training Department.

f. CONUS Naval Hospitals. If tasked, develop procedural guidance for the reception, transportation, berthing, orientation, and assimilation of augmentation personnel coming from CONUS- or OCONUS-based sourcing commands to meet expansion requirements.

7. Joint/Interagency Sourcing Commands

a. BSO-18 personnel may be assigned to sourcing commands that are Joint or Interagency.

b. BSO-18 personnel assigned to these commands remain BSO-18 assets and will be tasked as such. Individuals are responsible for maintaining their Individual Deployment Readiness and any additional responsibilities mandated by their ASSOC_BIN billet.

c. All requests by the Joint/Interagency sourcing command to utilize BSO-18 personnel for their operational tasking for missions, mobilization, and augmentation requirements must be approved by the appropriate NAVMED Echelon 3 activities.

d. The following Joint/Interagency Sourcing commands fall under NAVMED East:

(1) Fort Belvoir Community Hospital

(2) Walter Reed National Military Medical Center

(3) Captain James A. Lovell Federal Health Care Center

CHAPTER 2
READINESS

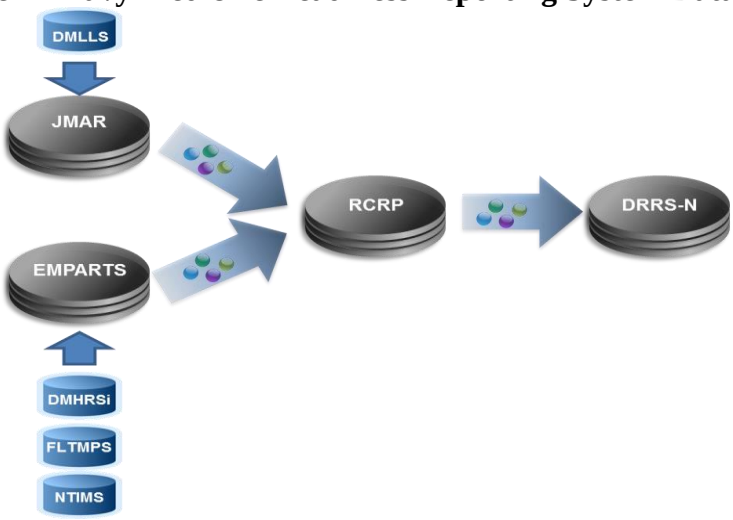
1. Readiness Reporting

a. Naval Forces must be prepared to rapidly respond to a wide range of operational environments with agile, scalable, and capable NEHSS operating from the sea or deploying ashore into austere locations across the full ROMO. NAVMED must remain at a constant state of individual, personnel, and platform readiness and have visibility of the readiness status of its NEHSS capabilities to meet U.S. Marine Corps (USMC) and Fleet requirements. Per reference (a), DoD requires that all of the Services report readiness.

b. It is imperative that NAVMED's readiness is prioritized and monitored to track the status of individual personnel and platforms.

c. NAVMED utilizes a web-based automated information management system to monitor and report readiness of personnel designated to support NEHSS platforms in support of contingency operations and humanitarian missions. EMPARTS is NAVMED's designated official readiness tracking and reporting system. Its foundational data is derived from Navy Personnel Command (NPC) - managed databases (e.g., TFMMS, Officer Personnel Information System, Navy Enlisted System, Reserve Headquarters Support data), and DMHRSi. See Figure 1.

Figure 1 - Navy Medicine Readiness Reporting System Data Flow



d. For details and standard operating procedures (SOPs) on how data is managed in EMPARTS reference its Web site at: https://214.1.35.9/EMPARTS2/. Access to utilize EMPARTS can be requested by e-mailing the EMPARTS Support Team at:

usn.jacksonville.bumedfchva.list.bumed-det-jax-emparts@mail.mil. Individual requests must be sent via the sourcing command POMI Officer or in the case of the sourcing command POMI Officer needing access from the Director for Administration.

e. The Readiness and Cost Reporting Program (RCRP) is being developed to serve as a bridge to bring authoritative data from disparate DoD and Navy data sources that are not approved to directly interface with the Defense Readiness and Reporting System-Navy (DRRS-N).

f. Per reference (b), the Navy utilizes DRRS-N as the authoritative system to meet DoD's requirement to report readiness. DRRS-N collects and displays the status and or availability of resources information for personnel, equipment, supply, training, ordnance and facilities (PESTOF), as applicable, to the unit type.

g. RCRP will serve to aggregate the data into a reporting tool that provides the requisite information to structure DRRS-N Personnel, Equipment, Supply, and Training (PEST) Figure of Merit readiness indicators for all Navy Mission Essential Tasks and capabilities for NAVMED NEHSS readiness reporting units. The consolidated reporting structure will accurately link capabilities, readiness, resources, and cost to balance risk and meet operational demands. RCRP data will be primarily sourced by extracts from Defense Medical Logistics Standard Support via Joint Medical Asset Repository System and EMPARTS to translate a comprehensive NAVMED readiness 'man, train, and equip' profile in DRRS-N. See Figure 1.

h. NAVMED is responsible for reporting on PEST. NAVMED Echelon 3 activities and sourcing commands are only responsible for reporting readiness as it relates to P and T, as well as Administrative status or A-status, using EMPARTS.

2. Readiness Analysis Tool

a. Accountability Tool. The Accountability Tool captures assignment and personnel reporting information and provides a feedback loop. By capturing snapshots from EMPARTS, NAVMED Echelon 3 activities adjustments and the operational unit's muster report in a standard format, BUMED-M9 can analyze consistency of operational assignments to increase responsiveness and fidelity of the operational unit. The main capture mechanism is a common spreadsheet, the Accountability tool template, which provides built-in drop lists, automated formatting, a summary report and instructions. The spreadsheet is imported into a database that stores the snapshots allowing for the reporting of trends, data mining and predictive analysis. The tool is capable of exporting standard and ad-hoc queries as well as custom reports.

b. Accountability Drill. The Accountability Drill provides BUMED-M9 with information concerning the current and projected readiness status of Platform-assigned personnel including

but not limited to fit to fill and current substitutions. The Accountability tool template must be forwarded to BUMED-M9 within 24 hours of an official Naval Message initiating a drill.

c. Training Exercise Report. The Training Exercise Report provides BUMED with information concerning the projected and actual attendance and substitution rates for Platform Training Exercises. The Accountability tool must be forwarded to BUMED-M9 within 5 business days of the completion of a Training Exercise.

3. Individual Deployment Readiness Administrative Requirements

a. Minimum requirements are listed in NAVMED 6440/1, Individual Deployment Readiness Checklist.

b. Individuals shall report to the command POMI upon identification of delinquent items or a change in status for all items in NAVMED 6440/1.

c. If necessary, the CCMD will provide additional and more specific guidance regarding security clearance, uniforms, immunizations, individual combat equipment, reporting requirements, training, passport/visa requirements, and transportation.

4. Individual Non-Deployable Status

a. Personnel can be designated in a "non-deployable" status if the condition is temporary.

(1) If a member in a platform billet receives TEMADD orders or is in a temporary "non-deployable" status, NAVMED Echelon 3 activities, in coordination with the sourcing command POMI, must ensure that platform billet vacancy is filled with a qualified individual. Non-deployable members of a platform shall have a ready substitute identified.

(2) Once the non-deployable status has been resolved, personnel will be returned to their platform assignment.

(3) If personnel are determined to have a temporary condition that renders them non-deployable for greater than 90 days, then the individual will not remain assigned to a platform. In coordination with the detailer, personnel will be detailed out of the platform and placed in a billet without an ASSOC_BIN and replaced by another qualified member.

b. If an individual is determined to have a permanent condition, they may not remain assigned to a platform and will be replaced by another qualified member.

c. The sourcing command POMI must ensure an accurate depiction of the command's and individual's current state of readiness, including currently deployed and recently returned personnel that are in dwell, by updating the individual's information in EMPARTS within 2 business days of notification.

5. Platform Readiness States/Category. The ROC-POE provides the necessary details to describe the mission areas, environment, and operational capabilities. The Readiness States in the ROC-POE denote the assets assigned and functions performed and supported for various operational capabilities.

a. Details on the hospital ship (T-AH) Readiness State Thresholds, see references (c) and (d).

b. Details on the FDPMU Readiness Category Thresholds, see reference (e).

CHAPTER 3
MANNING

This chapter will provide procedural guidance for sourcing NEHSS platform augmentation, IAs, and Temporary Additional Duty (TEMADD).

1. Assignment

a. General Assignment Guidelines

(1) Personnel assigned to sourcing commands are ordered to a billet with a specific Billet Identification Number (BIN). If that billet/BIN has an associated platform assignment, it will also have an ASSOC_BIN which maps personnel to a supported platform.

(2) The intent of the ASSOC_BIN is to identify requirements for wartime contingency platforms in order to establish and facilitate optimum platform readiness.

(3) Personnel can only be assigned to one ASSOC_BIN at a time. Once assigned to a platform, personnel will not be removed from that platform until he/she detaches from the command, are no longer qualified for the assignment, or unless otherwise directed by NPC.

b. BSO-18 Platforms and Capabilities Augmentation Precedence. BSO-18 platforms and capabilities shall be augmented according to the following precedence (reference Appendix C):

(1) Marine Forces (MARFOR)

(2) Casualty Receiving and Treatment Ship (CRTS)

(3) T-AH

(4) EMF

(5) FDPMU

(6) OCONUS MTF

(7) Blood Processing Unit (BPU)

c. Individual Augmentation Assignment Guidelines. If the Combatant Commander requires medical support beyond that already obligated to the platforms or needs a mission-specific medical capability beyond what the platforms can provide, the operating force commander, through their chain of command, may request individual medical personnel augmentation via a Request for Forces (RFF) or Request for Support (RFS) as an ad-hoc solution, see reference (f) and Appendix D.

d. Leadership Assignment Guidelines. Leadership selection ([CO]/Executive Officer [XO]/Director for Administration DFA/Director for Nursing Services DNS/Command Master Chief billets) will be tasked via the Council of Corps Chiefs at BUMED for a recommendation provided to the Deputy Chief and/or Chief, BUMED for final selection. For leadership positions that are required for training/exercises or the operational mission, and have not been listed in the previous sentence – personnel must be assigned to the platform filling an AMD billet. The billet and the individual's skillset being utilized for a leadership position will not be replaced.

e. Temporary Additional Duty (TEMADD) Assignment Guidelines. TEMADD, which is a type of temporary duty, involves one journey away from the Service member's permanent duty station (PDS) in the performance of prescribed duties at one or more places with return to the starting point directed upon completion.

(1) NAVMED Echelon 3 activities must be notified of all TEMADD that is greater than 30 days, for personnel assigned to platforms, no later than 30 days prior to member's requested TEMADD report date.

(2) NAVMED Echelon 3 activities must be notified of any timeframe that requires TEMADD travel OCONUS, for personnel assigned to platforms, no later than 30 days prior to member's requested TEMADD report date.

f. Process Step Responsibilities for this Section

(1) Specialty Leaders: NAVMED Specialty Leaders will work with NPC to identify appropriate individuals to fill vacant platform billets during the initial assignment process.

(2) Sourcing command POMI:

(a) Ensure that the Deployable Personnel Readiness Record is updated, maintained, and accurately entered into EMPARTS.

(b) Ensure all platform augmentee personnel, within their command; ASSOC_BIN assignment information is updated in order to maintain the readiness status of the platform.

(c) Validate deployable status upon the member's completion of the NAVMED 6440/1.

(d) If an individual is determined to be in a non-deployable status, work with the individual to resolve all outstanding issues. If outstanding issues cannot be resolved, see Readiness Chapter 2 to determine if the individual should be reassigned.

(e) Distribute the sourcing command letter of platform assignment (LOPA) (Appendix E) and associated guidance (identifying their platform assignment/status, responsibilities, and training requirements) upon check-in of a platform-assigned individual reporting to the command.

(3) Individual Member:

(a) Completes NAVMED 6440/1 within 30 working days upon check-in and maintains requirements continually thereafter. The medical/dental appointments to be physically qualified to deploy must be made within 30 working days upon check-in (it is understood that the appointment itself may not be completed within 30 working days upon check-in). The LOPA will detail required platform-specific screenings.

(b) Reports to the sourcing command POMI immediately upon identification of changes or events that affect their deployment readiness status within 48 hours of knowledge of change in condition.

(c) Executes the individual and platform training requirements as directed by the sourcing command POMI and command Staff Education and Training (SEAT) Department. This includes coordinating with the Department Head, Director, Command POMI, Command Security Officer, and Command SEAT Department to complete administrative, readiness, and training requirements as well as becoming familiar with the directives of their assigned platforms.

2. Tasking

a. Prioritization of Missions. BSO-18 may need to mitigate competing mission requests. BUMED-M9, in coordination with the requesting command and OPNAV, will evaluate these missions and determine prioritization. The final prioritization of missions will be tasked to Echelon 3 through official Naval message.

b. Two types of tasking. The two types of taskings are RFF and RFS, see reference (f) and Appendix D.

(1) RFF. An RFF originates from the Naval Component Commander through the Joint Staff for capabilities in support of CCMD requirements. These requests support deployments, operations, or exercises.

(2) RFS. A Navy-to-Navy request from a Navy component for capabilities in support of Navy requirements. These are usually short-duration requests (under 30 days) in support of deployments, operations, or exercises.

c. Tasking Process

(1) USFF and OPNAV request BSO-18 personnel in support of IA and Platforms. Taskings that have not been validated by OPNAV prior to being received by BUMED will not be tasked to Echelon 3. In order to provide the Echelon 3 with as much time as feasible, BUMED-M9 may issue Warning Orders (WARNORDs) to allow the Echelon 3 to begin reviewing current inventory to support the mission or training evolution. BUMED-M9 will officially task the Echelon 3 via official Naval Message once the tasker is validated. Echelon 3 will not execute any tasking unless in receipt of an official Naval Message from BUMED-M9.

(2) Upon receipt of the validated tasking requirement (existing, new or emergent) from USFF or OPNAV, BUMED-M9 determines a due date that affords Echelon 3 with as much time as feasible and officially tasks NAVMED Echelon 3 activities accordingly via official Naval Message.

(3) BUMED-M9 will task the appropriate NAVMED Echelon 3 activity, via official Naval Message as soon as possible but no later than 2 working days after receiving the official notification from USFF or OPNAV. There may be exigent circumstances where access to the NICE system is not available; in that event, utilization of e-mail or phone is authorized for official tasking with an official Naval Message to follow within 24 hours.

(4) Echelon 3 will meet the BUMED-M9 established due date set forth in the official tasking.

(5) When initial/preliminary information is obtained on a mission, BUMED-M9 may provide this information to the NAVMED Echelon 3 activities and NAVMED Specialty Leader(s) for situational awareness via official Naval Message or e-mail as a WARNORD. When additional information required for mission execution (e.g., Reporting Instructions, Line of Accounting) is obtained, BUMED-M9 will provide this information via official Naval Message.

(a) Platform. BUMED-M9 will task the designated NAVMED Echelon 3 activity for the particular platform accordingly. The NAVMED Echelon 3 activity utilizing the Platform's AMD billets reviews the personnel assigned to those billets and working with the sourcing command determines if any substitutions are necessary per the Vetting Section outlined in this chapter.

(b) IA. BUMED-M9 determines which NAVMED Echelon 3 activities to task based on a detailed review of EMPARTS.

(c) Once BUMED-M9 identifies which NAVMED Echelon 3 activities shall be tasked with the mission, it will create a mission number in EMPARTS. Mission numbers assigned by BUMED-M9 shall be used to identify mission duration, location, number of personnel or platform assigned.

d. Extensions. Echelon 3 must submit all requests for extensions no later than 3 business days (unless no extension is available to BUMED-M9 per original tasking via USFF or OPNAV) prior to the due date set forth in the original tasking. For short-fused taskers, the extension request should be provided to BUMED-M9 as soon as possible but prior to the due date set forth in the original tasking.

e. Direct Liaison Authorized (DIRLAUTH)

(1) DIRLAUTH shall not be assumed.

(2) DIRLAUTH between Echelon 3 and Commands outside of BSO-18 or higher echelons is only granted by BUMED.

(3) BUMED may grant DIRLAUTH between the requestor and Echelon 3 after an activation order has been issued or an approved RFF/RFS has been tasked to the NAVMED Echelon 3 activity.

(4) DIRLAUTH will never be granted between the requestor and the sourcing commands, without OPNAV approval.

(5) DIRLAUTH is granted between OPNAV and Navy Medicine Logistics Command (NAVMEDLOGCOM) for all equipment and logistics coordination necessary for mission success. OPNAV may grant DIRLAUTH between NAVMEDLOGCOM and the necessary commands once mission requirements are determined to ensure efficiency of all logistics for the mission.

(6) For certain enduring missions or other special circumstances, a MOU may be put in place between the NAVMED Echelon 3 activity supporting the requirement and a requestor or owner of that enduring mission. Where a valid MOU exists, follow the process for DIRLAUTH in the MOU.

3. Vetting. This section details how to screen individuals assigned to platforms or sourced for IA missions. It explains how Echelon 3 will liaise to mitigate deficiencies and shortfalls in sourcing individual or platform augments. The vetting process should be conducted in the following order: (1) waiver, (2) substitution, and (3) reclamation (reclama).

a. Mission Projected Rotation Date (PRD) requirements. If a member's PRD will not support the mission's duration, then request the member to extend their PRD:

(1) If the member is willing to extend their PRD, then official approval of an extension from NPC must be submitted 10 days prior to nomination deadline but no later than (NLT) 90 days prior to the mission.

(2) If a member is not willing to extend their PRD or official approval from NPC is not obtained 90 days prior to the mission, then the NAVMED Echelon 3 may request for the inbound permanent replacement to arrive early, in coordination with the member, the member's current command, and NPC. (3) If a member is not willing to extend their PRD or official approval from NPC is not obtained 90 days prior to the mission, and the inbound permanent replacement cannot arrive early, then the NAVMED Echelon 3 activity should source utilizing the substitution policy outlined in this instruction.

b. IA. Once a NAVMED Echelon 3 activity is tasked, they may work directly with the Specialty Leaders to provide recommendations. If the Specialty Leader recommends a Service member outside of the tasked NAVMED Echelon 3 activity, this does not relieve the NAVMED Echelon 3 activity of the tasking. The tasked NAVMED Echelon 3 activity is responsible for the nomination of the qualified individual.

(1) Submitting primary and alternate nominations for IA missions (reference Appendix F):

(a) Prior to submitting an alternate nomination to BUMED-M9, NAVMED Echelon 3 must ensure the items in Appendix G have been verified as meeting the requirements in the tasking.

(b) Alternates: NAVMED Echelon 3 must provide an alternate nominee for every O-5 and below requirement. The alternate nominee should be notified and prepared to deploy as originally tasked in the event the primary falls out.

(c) NAVMED Echelon 3 to Echelon 3 coordination is highly encouraged in order to identify sourcing solutions; BUMED retains final adjudication authority.

(d) The tasked NAVMED Echelon 3 activity submits qualified primary and alternate nominees NLT the BUMED-M9 nomination due date set forth in the tasking message. If a NAVMED Echelon 3 activity fails to meet this due date, BUMED-M9 will "By Name Request" individual(s) (primary and alternate) to fill the tasked requirement. BUMED-M9 will notify the NAVMED Echelon 3 activity, to include NAVMED Echelon 3 leadership, of the selected nomination(s) and allow the NAVMED Echelon 3 activity 2 business days to accept or assign another qualified nominee(s), unless the requesting command or CCMD requirement does not allow for additional time.

(e) If either the primary or alternate nomination is assigned to a platform, a risk analysis and justification (see Appendix H or K) for utilizing platform personnel must be provided to BUMED-M9 along with the nominee submission.

(f) In all cases, Echelon 3 must ensure that all Service member identified as IA candidates, both primary and alternate, are personally and immediately notified prior to nomination submission to BUMED-M9.

(g) Echelon 3 must activate alternate or provide a replacement nomination within 1 business day of notification that the primary nominee has fallen out.

(h) Only in the most extreme cases will BUMED-M9 authorize the swapping of personnel once names have been provided to USFF and/or orders written. NAVMED Echelon 3 activities must ensure each nomination is properly vetted before submission to BUMED-M9.

c. Waivers

(1) Types

(a) Rank/Paygrade - a request to use a member that is not of the same rank set forth in the requirement.

(b) Medical - a request to use a member who is not medically qualified to deploy or cannot meet the additional medical requirements (e.g., Flight Physical, Sea Duty Screening).

(c) Specialty/Skill set – a request to use a member that does not have the specialty or skill set (e.g., Navy Enlisted Classification (NEC)/Navy Officer Billet Classification (NOBC)/Additional Qualification Designator (AQD)) set forth in the requirement.

(2) Utilization. The waiver request process will be used when a member does not meet all of the requirements for the mission.

(a) Requests for medical waivers are to be submitted to BUMED-M9 for final adjudication by the CCMD, as per reference (g).

(b) Medical waivers require CCMD-specific forms, which can be requested from BUMED-M9.

(c) BUMED-M9 will maintain supply of the current medical waiver forms for each CCMD.

(d) Requests for rank and skillset waivers are to be submitted to BUMED-M9 for final adjudication by the CCMD, as Appendix J for skillset waivers see Appendix K for Corps Chief-approved substitutions. Final adjudication for rank and skill set waivers is by the CCMD.

d. General Substitution Policy (applies to both IA and platforms). Substitutions (see Appendix K), for personnel assigned to platforms or nominated IAs, will not be authorized by BUMED-M9, except for the valid justifications identified below:

(1) Member, assigned or nominated, is not physically qualified.

(2) Member is unable to maintain required security clearance for mission.

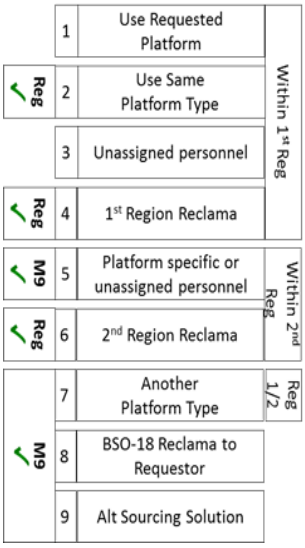
(3) Member is separating prior to mission completion (e.g., Release from Active Duty [RAD], retiring).

(4) An emergency leave situation – authorized by the member's leadership.

(5) An emergent IA mission arises that takes precedence.

(6) Exigent circumstances causing extraordinary hardship to the member will be evaluated on a case-by-case basis with final approval by the NAVMED Echelon 3 activity.

e. Platform Substitution Policy. If the member associated with the platform BIN does not fit the requirement, utilize the following steps in order to fill the requirement. Substitutions of assigned personnel will only be authorized if a valid justification is provided. All requests to source requirements using other platforms must be approved by BUMED-M9 in writing. Platform Substitutions will be identified utilizing the following step-by-step process:



(1) Fill the requirement utilizing qualified personnel assigned to the requested platform. All waivers should be requested at this time.

(2) If no qualified personnel can be found from Step 1, then the NAVMED Echelon 3 activity must notify BUMED-M9 and provide the risk analysis and justification (see appendix H or K) for filling the requirement using qualified personnel assigned to the same platform type.

(3) Fill the requirement utilizing qualified unassigned personnel within the NAVMED Echelon 3 activity.

(4) When steps 1-3 have been exhausted, the NAVMED Echelon 3 activity will submit a reclama to BUMED-M9.

(5) BUMED-M9 will then task the second NAVMED Echelon 3 activity to fill the requirement utilizing same platform type personnel or unassigned personnel.

(6) Second NAVMED Echelon 3 activity submits a reclama to BUMED-M9, if it has exhausted Step 5.

(7) If no qualified personnel can be identified by any NAVMED Echelon 3 activity through the requested platform's billet sequence codes (BSC), the same platform type, or unassigned personnel, then BUMED-M9 will determine if personnel may be sourced from another platform type and will disseminate guidance to Echelon 3 via an official Naval Message.

(8) If BSO-18 cannot source the requirement, BUMED-M9 will reclama on behalf of BSO-18 to the requestor.

(9) If BUMED's reclama is denied, then BUMED-M9 will provide guidance to Echelon 3 on how to source the requirement.

f. Reclamas. If Echelon 3 are unable to fill a tasking utilizing the guidance in this instruction, Echelon 3 must submit a reclama to BUMED-M9 using the template in Appendix L. Appendix L is the only acceptable format for a reclama submission from the NAVMED Echelon 3 activity to BUMED-M9. Appendix M is the only acceptable format for a reclama submission from the sourcing command to the NAVMED Echelon 3 activity. (1) A reclama shall include detailed justification regarding inability to support. Note that if new or emergent requirements arise, less time may be allotted for reclama submission. In all cases, reclama due dates will be annotated on the BUMED tasking message to the NAVMED Echelon 3 activities. Reclamas will not be accepted after the nomination due date. NAVMED Echelon 3 activities may submit a reclama if it meets one of the following acceptable justifications:

(a) If the waiver process has been completely exhausted.

(b) If the substitution process has been completely exhausted.

g. Navy Personnel Tempo and Operating Tempo Program. Per reference (h), personnel can be deployed at any time if they meet the vetting criteria, but all reasonable efforts should be made to allow personnel to have sufficient dwell time and time to acclimate to a new command.

4. Pre-deployment

a. Fallouts. In the event of a last-minute fallout, the sourcing command POMI should notify the NAVMED Echelon 3 activity immediately. The NAVMED Echelon 3 activity must then notify BUMED-M9 immediately.

(1) For IA - the pre-identified alternate nomination will be notified and report as originally instructed.

(2) For platforms - utilize the substitution process steps listed in the Vetting Section of this Chapter.

b. Pre-deployment Checklist. Once a member is identified for deployment, the sourcing command POMI must revalidate NAVMED 6440/1.

5. Deployment. Personnel Casualty Replacement

a. Organic medical personnel casualties are immediately sourced internally from command assets; they are not replaced by utilizing the NMAP. An RFF may be submitted when the command cannot replace from their organic medical personnel.

b. Augmented personnel casualties or depleted Service medical personnel inventory are replaced through normal Service procedures for requesting replacement using a request for forces.

c. Replacements will report to the designated Service activity for pre-deployment training and/or undergo administrative processing prior to assignment and deploying to an Operating Force unit.

6. Post-deployment

a. Dwell. Per reference (h), personnel can be deployed at any time if they meet the training/exercise or operational mission requirements and the vetting criteria. Per reference (h), all reasonable efforts should be made to allow personnel to have post-deployment dwell time.

b. Duty in Garrison

(1) Defined as home station or home port duty (i.e., pier side unit training, other platform or unit training events) performed at the permanent location that the member's unit occupies when not committed to an operation.

(2) Is a Non-deployment personnel tempo (PERSTEMPO) Event and does not count towards high deployment thresholds.

CHAPTER 4
TRAINING

1. General

a. The Operating Forces will identify and validate training requirements based on a continuum of individualized and platform training to enhance readiness and skill levels of assigned augmentation personnel per references (i) and (j).

b. Personnel designated to augment operating force platforms will receive standardized training based on mission essential task lists and forward medical readiness training requirements per references (i) and (j).

c. Frequency and duration of training for augmentation personnel are based on Service-codified training requirements. Training requirements of the Fleet and USMC shall be properly coordinated through the component and type commander to ensure a fully mission-capable force. The mission essential tasks of the supported organization and complexity of the skills employed will ultimately influence training duration.

d. At a minimum, individual members must comply with platform training plans, as applicable. Additional requirements based on the specific platforms and planned utilization may exist above the common minimum requirements for all platforms. Commands must support compliance by individual members, as appropriate, to meet these requirements.

(1) BUMED Notice 1500 Phased Medical Readiness Trauma Training Requirements, updated annually, outlines the core requirements for individual members supporting a CENTCOM mission. This instruction establishes minimum NAVMED core trauma training requirements for phased medical readiness training. The goal of this instruction is to delineate CENTCOM specific training that proactively and adequately prepares NAVMED personnel for the mission, while minimizing time spent away from the sourcing command.

(2) Reference (k) establishes the guidelines to enhance operational readiness by ensuring active duty and reserve Hospital Corpsmen, physicians, physician assistants (PAs), advanced practice nurses, and nurse generalists possess the basic skills required in a tactical setting through the establishment of the training requirements for the Tactical Combat Casualty Care (TCCC) Program.

2. MARFOR Augmentation Platform Training

a. References (l) and (m) establish training standards, regulations, and policies regarding the training of Marines and assigned Navy personnel in the Health Services occupational field.

b. In order to ensure NAVMED is able to fully support training requirements outlined in references (l) and (m), BUMED-M9 will request medical-oriented training, exercise, and employment plans from HQMC.

CHAPTER 5
EQUIPPING

1. Force Health Protection. It is imperative that all NAVMED personnel are responsible for maintaining their Individual Deployment Readiness so that they are current on their required inoculations at all times. Personnel must report to the sourcing command POMI immediately upon identification of changes or events that affect their deployment readiness status within 48 hours of knowledge of change in condition.

2. Uniforms. NPC uniform regulations outline the minimum NWU requirements for all NAVMED Personnel. Personnel assigned to Platforms as part of completing NAVMED 6440/1 must comply with these regulations.

a. Individual Augmentation

(1) Per reference (n) personnel with Orders to report to the Navy Expeditionary Combat Readiness Center/Navy Mobilization Processing Sites (ECRC/NMPS) must report in the prescribed uniform of the day. At the ECRC/NMPS, personnel will receive mission-specific uniform and ancillary uniform items required for deployment, as well as Organizational Clothing and Individual Equipment (OCIE) and rapid field initiative survivability gear at the Navy Individual Augmentee Combat Training (NIACT) site or at their assigned U.S. Army training installation site.

b. Platform Augmentation

(1) OCIE items will be funded by the Requesting Command or CCMD.

(2) CRTS and T-AH platform-assigned personnel must comply with current shipboard uniform regulations. Working uniforms are required for shipboard use.

(3) Uniforms other than NWUs for the EMF and FDPMU will be funded by the sourcing command.

c. MARFOR Individual and Platform Augmentation

(1) OCIE items will be issued by the operational platform in support of the mission.

(2) Per Marine Corps Bulletin (MCBUL) 10120, updated every fiscal year, Navy enlisted personnel serving with Marine Corps units are authorized Special Initial Clothing allowances - Special Initial Utility Uniform Allowance (SIUUA).

(a) The SIUUA is intended for Navy enlisted personnel who routinely wear the utility uniform during the performance of their work while assigned to Marine Corps units.

(b) Navy officers may purchase and wear the utility uniform at their option and expense (which is highly recommended for unit cohesion and integrity).

(c) The SIUUA is authorized for Active Navy enlisted personnel and Reserve Navy enlisted personnel on extended active duty (greater than 179 days of continuous active duty), permanently assigned or assigned on a TEMADD basis for augmentation purposes due to contingency operational commitments to Marine Corps Forces.

(d) Authorized Navy enlisted personnel will receive only one entitlement to this allowance during any one period of continuous assignment to such duty.

(e) Additionally, personnel who have received this allowance will not be authorized a subsequent allowance of the same items upon assignment to a new Marine Corps unit if less than 3 years have elapsed between assignments (i.e., there must be a 3-year break in service with the Marine Corps in order to receive a new SIUUA).

(f) MARFOR platform-assigned personnel will comply with Navy and Marine Corps uniform regulations on the wearing of Marine Corps uniform.

(g) Purchase of name and service cloth strips is the responsibility of the member.

CHAPTER 6
FUNDING

1. Financial Responsibilities

a. The sourcing command is responsible for funding the following:

(1) Travel expenses for NMAP personnel from the sourcing command to the port of embarkation or the CONUS ECRS/NMPS.

(2) Travel expenses for NMAP personnel from the port of debarkation (POD) back to the sourcing command.

(3) Camouflage utility uniforms for EMF – and FDPMUs – assigned personnel. These will be issued as organizational clothing and managed accordingly.

(4) All expenses to ensure the medical readiness of deploying military personnel (e.g., immunizations).

b. The sourcing command is not responsible for funding the following:

(1) Consumable medical supplies and equipment to be used during platform training/exercise and contingency operations. BSO-18 activities may supply these items to be reimbursed by the command executing the training/exercise or operational mission.

(2) Travel costs, miscellaneous expenses, supplies and equipment for training exercises. These are the responsibility of the command executing the training/exercise or operational mission.

(3) Personal protective equipment (PPE).

(4) Individual Protective Equipment.

(5) Firearms and ammunition.

(6) Uniforms and uniforms items for the following:

(a) MARFOR platforms. Navy enlisted personnel serving with Marine Corps units are authorized Special Initial Clothing allowances - SIUUA as per MCBUL 10120. OCIE items will be issued by the operational platform in support of the mission.

(b) IA missions. Per reference (n), at the ECRC/NMPS, personnel will receive mission-specific uniform and ancillary uniform items required for deployment, as well as OCIE and rapid field initiative survivability gear at the NIACT site or at their assigned U.S. Army training installation site.

(c) Hospital Ships and CRTSs shipboard working uniforms.

(d) Name and service cloth strips for uniforms. These are the member's personal responsibility.

2. Financial Processes

a. Travel

(1) Travel between the port of embarkation/POD and the sourcing command: The traveler will remain in the sourcing command's Defense Travel System (DTS) hierarchy. Travel expenses will be charged to a sourcing command Line of Accounting (LOA) established for the training/exercise or operational mission.

(2) Travel during the training/exercise or operational mission (DTS-processed): The traveler will remain in the sourcing command's DTS hierarchy. The requesting command or CCMD funding the travel will share the appropriate LOA and routing list in DTS with the traveler and state the LOA and routing list in either the traveler's orders or in a separate correspondence to the traveler. The traveler will then use the given LOA and routing list to submit their authorization and voucher in DTS.

(3) Travel during the training/exercise or operational mission (non DTS-processed): Travel will be routed and approved following the procedures of the requesting command or CCMD funding the travel.

b. Consumable medical supplies and equipment. The requesting command or CCMD will provide a funding document (e.g., DD 448 Military Interdepartmental Purchase Request, NC 2275 Order for Work and Services, NC 2276 Request for Contractual Procurement, or NC 2276A Order for Work and Services/Direct Citation). Upon acceptance of the funding document, the supplying command will provide the requested supplies and equipment.

3. Cash-Flowing Operational Missions. BSO-18 activities may be asked to support emergent operations and temporarily fund costs that are ultimately the financial responsibility of the operational requesting command or CCMD. Examples include overseas humanitarian, disaster and civic aid (OHDACA) operations commenced prior to receipt of OHDACA appropriations. BSO-18 commands may use their operating funds to cash flow such emergent operations, provided that:

a. They obtain written approval from BUMED-M8; and,

b. They use specific cost codes to capture such costs for subsequent billing back to the requesting command or CCMD/fund source.

APPENDIX A: DEFINITIONS

ASSOC_BIN. Associated Billet Identification Number (ASSOC_BIN) – The ASSOC_BIN aligns manpower to operational platforms.

Administrative Control. Direction or exercise of authority over subordinate or other organizations in respect to administrative matters, such as personnel management, supply services, and other matters not included in the operational missions of the subordinate or other organizations.

A-Status. Measures the percentage of administrative items completed.

Augmentation. Process in which CCMD medical requirements are filled to establish full mission capability.

Budget Submitting Office (BSO). Formally known as Claimancy. (Claimancy 18, 27, 60, etc.)

Combatant Command. A unified or specified command with a broad continuing mission under a single commander established and so designated by the President, through the Secretary of Defense (SECDEF) and with the advice and assistance of the Chairman of the Joint Chiefs of Staff. CCMDs typically have geographic or functional responsibilities.

Contingency Operation. A military operation that is either designated by the SECDEF as a contingency operation or becomes a contingency operation as a matter of law. A contingency operation as a military operation that:

a. Is designated by the SECDEF as an operation in which members of the Armed Forces are or may become involved in military actions, operations, or hostilities against an enemy of the United States or against an opposing military force; or

b. Results in the call or order to, or retention on, active duty of members of the Uniformed Services or any other provision of law during a war or during a national emergency declared by the President or Congress.

Critical Core (CC). Per references (c) and (d), the CC is composed of the personnel necessary for activating the T-AH (Hospital Ship) MTF. The CC provides the expertise necessary to rapidly integrate personnel to the T-AH MTF during activation and ensures unity of effort in readying the T-AH MTF for deployment.

Deployment. The relocation of forces and materiel to desired operational areas. Deployment encompasses all activities from origin or home station through destination, specifically including intra-CONUS, inter-theater, and intra-theater movement legs, staging, and holding areas.

Dwell Time. Dwell is the period of time between operational deployments. Dwell begins when the simple majority of a unit, detachment, or individual arrives at their homeport or permanent duty station following an operational deployment.

Expeditionary Medicine Platform Augmentation, Readiness, and Training System (EMPARTS). A web-based automated information management system to monitor and report readiness of personnel designated to support NEHSS platforms in support of contingency operations and humanitarian missions. EMPARTS is NAVMED's designated official readiness tracking and reporting system. Its foundational data is derived from NPC - managed databases (e.g., TFMMS, Officer Personnel Information System, NES, Reserve Headquarters Support data), and DMHRSi.

Individual Augmentee. A United States military member assigned to a specific unit and billet for the purpose of filling in for, or augmenting, members of that unit. IAs can be used to fill manpower shortages or when an individual with specialized knowledge or skill set is required. As a result, IAs can include members from any branch of Service. IAs receive individual deployment orders from NPC (PERS-4G). Types of IA – (a). Individual Augmentee Manpower Management Assignment: An Active Component Service member serving either voluntarily or involuntarily in a rip-to-fill IA billet under Temporary Additional Duty orders away from the Parent Command; (b). Reserve Component Mobilization: A Reserve Component Service member not mobilized as part of an established commissioned Reserve Component unit.

Memorandum of Understanding (MOU). A MOU describes a bilateral or multilateral agreement between two or more parties. It expresses a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where parties either do not imply a legal commitment or in situations where the parties cannot create a legally enforceable agreement.

Non-deployable Personnel. Members whose administrative, medical, or legal status, as coded in EMPARTS temporarily precludes the service member from deployment.

Operational Support Officer (OSO). Formerly known as the Reserve Liaison Officer (RLO); coordinates Reserve utilization within the sourcing command.

Operational Control (OPCON). Authority delegated to a commander to direct assigned forces to accomplish specific missions; generally limited by function, time, or location; to deploy units concerned; and, to retain or assign tactical control of those units. It does not include the authority to assign missions not normally performed by the unit, separate employment of components of the units, administrative, or logistic control.

Platforms. BSO-18 resources aligned to Operating Force requirements.

P-Status. Measures percentage of operational billets filled in EMPARTS.

R-Status. Measures the overall readiness status of a member or platform based on their training (T-Status) and platform billet assignment/fill rate (P-Status) in EMPARTS.

Readiness Training. Professional and military training for a mission, platform, or environment in support of operational medicine.

Re-deployment. For purposes of this instruction, upon completion of mission, to return personnel home via demobilization and redeployment stations for out-processing requirements, reintegration, and return of issued gear and equipment.

Supported Command. Activity that originates the requirement for support for a specific mission. The requesting command may not be the actual receiving command.

Supporting Command. Activity that receives and supports the functions of personnel or materiel. This command normally has direct operational control over assets throughout the duration of the mission.

Temporary Additional Duty (TEMADD). TEMADD, which is a type of temporary duty, involves one journey away from the Service member's permanent duty station (PDS) in the performance of prescribed duties at one or more places with return to the starting point directed upon completion.

APPENDIX B: ACRONYMS/ABBREVIATIONS

AC	Active Component
AMD	Activity Manpower Document
AOR	Area of Responsibility
AQD	Additional Qualification Designator
ASSOC_BIN	Associated Billet Identification Number
BIN	Billet Identification Number
BPU	Blood Processing Unit
BSC	Billet Sequence Code
BSO	Budget Submitting Office
BUMED	Bureau of Medicine and Surgery
BUMED-M1	Military Manpower & Personnel
BUMED-M4	Fleet Support & Logistics
BUMED-M7	Education and Training
BUMED-M8	Financial Management/Comptroller
BUMED-M9	Operational Medicine & Capabilities Development
BUPERS	Bureau of Naval Personnel
C4	Combat Casualty Care Course
CC	Critical Core
CCMD	Combatant Command
CMD	Command
CO	Commanding Officer
CONUS	Continental United States
CPF	Commander, U.S. Pacific Fleet
CRTS	Casualty Receiving and Treatment Ship
DESIG	Designator
DIRLAUTH	Direct Liaison Authorized
DMHRSi	Defense Medical Human Resource System internet
DoD	Department of Defense
DoDI	Department of Defense Identification
DRRS-N	Defense Readiness Reporting System – Navy
DTS	Defense Travel System
EAOS	End of Active Obligated Service
EDIPI	Electronic Data Interchange Personal Identifier
ECRC	Expeditionary Combat Readiness Center
EMF	Expeditionary Medical Facility
EMPARTS	Expeditionary Medicine Platform Augmentation, Readiness, and Training System
FDPMU	Forward Deployable Preventive Medicine Unit
FMF	Fleet Marine Force
HFPPO	Health Facility Planning and Project Officer
HQMC	Headquarters, Marine Corps
IA	Individual Augmentee

LOA	Line of Accounting
LOPA	Letter of Platform Assignment
MARFOR	Marine Forces
MCBUL	Marine Corps Bulletin
MI	Middle Initial
MOB	Mobilization
MOU	Memorandum of Understanding
MTF	Military Treatment Facility
NAVMED	Navy Medicine
NAVMEDLOGCOM	Navy Medicine Logistics Command
NEC	Navy Enlisted Classification
NEHSS	Naval Expeditionary Health Service Support
NIACT	Navy Individual Augmentee Combat Training
NICE	Navy Interface for Command E-mail
NICU	Neonatal Intensive Care Unit
NLT	No Later Than
NMAP	Navy Medicine's Augmentation Program
NMPS	Navy Mobilization Processing Site
NOBC	Navy Officer Billet Classification
NPC	Navy Personnel Command
NWU	Navy Working Uniform
OB-GYN	Obstetrician-Gynecology
OCIE	Organizational Clothing and Individual Equipment
OCONUS	Outside the Continental United States
OEF	Operation Enduring Freedom
OHDACA	Overseas Humanitarian, Disaster, and Civic Aid
OIC	Officer in Charge
OIF	Operation Iraqi Freedom
OPCON	Operational Control
OPNAV	Office of the Chief of Naval Operations
OSO	Operational Support Officer
PA	Physician Assistant
PCS	Permanent Change of Station
PDS	Permanent Duty Station
PERSTEMPO	Personnel Tempo
PEST	Personnel, Equipment, Supplies, and Training
PESTOF	Personnel, Equipment, Supplies, Training, Ordnance, and Facilities
POC	Point of Contact
POD	Port of Debarkation
POE	Projected Operational Environment
POMI	Plans, Operations, and Medical Intelligence
PPE	Personal Protective Equipment
PPO	Plans, Policies, and Operations (USMC)
PRD	Projected Rotation Date

PSA	Personnel Support Activity
PSD	Personnel Support Detachment
PSUB	Primary Subspecialty
RAD	Release from Active Duty
RC	Reserve Component
RCMOB	Reserve Component Mobilization
RCRP	Readiness and Cost Reporting Program
RECLAMA	Reclamation
RFF	Request for Forces
RFS	Request for Support
RLO	Reserve Liaison Officer
ROC	Required Operational Capability
ROMO	Range of Military Operations
SEAT	Staff Education and Training
SECDEF	Secretary of Defense
SG	Surgeon General
SGLI	Servicemen's Group Life Insurance
SIUUA	Special Initial Utility Uniform Allowance
SUBPCT	Substitution Percentage
SSN	Social Security Number
SOP	Standard Operating Procedure
SSP	Subspecialty
TEMADD	Temporary Additional Duty
T-AH	Hospital Ship
TCCC	Tactical Combat Casualty Care
TEEP	Training, Exercise, and Employment Plan
TFMMS	Total Force Manpower Management System
UIC	Unit Identification Code
US	United States
USFF	U.S. Fleet Forces Command
USMC	U.S. Marine Corps
WARNORD	Warning Order
XO	Executive Officer

APPENDIX C: BSO-18 PLATFORMS & CAPABILITIES AUGMENTATION PRECEDENCE

1. BSO-18 Augmented Platform:

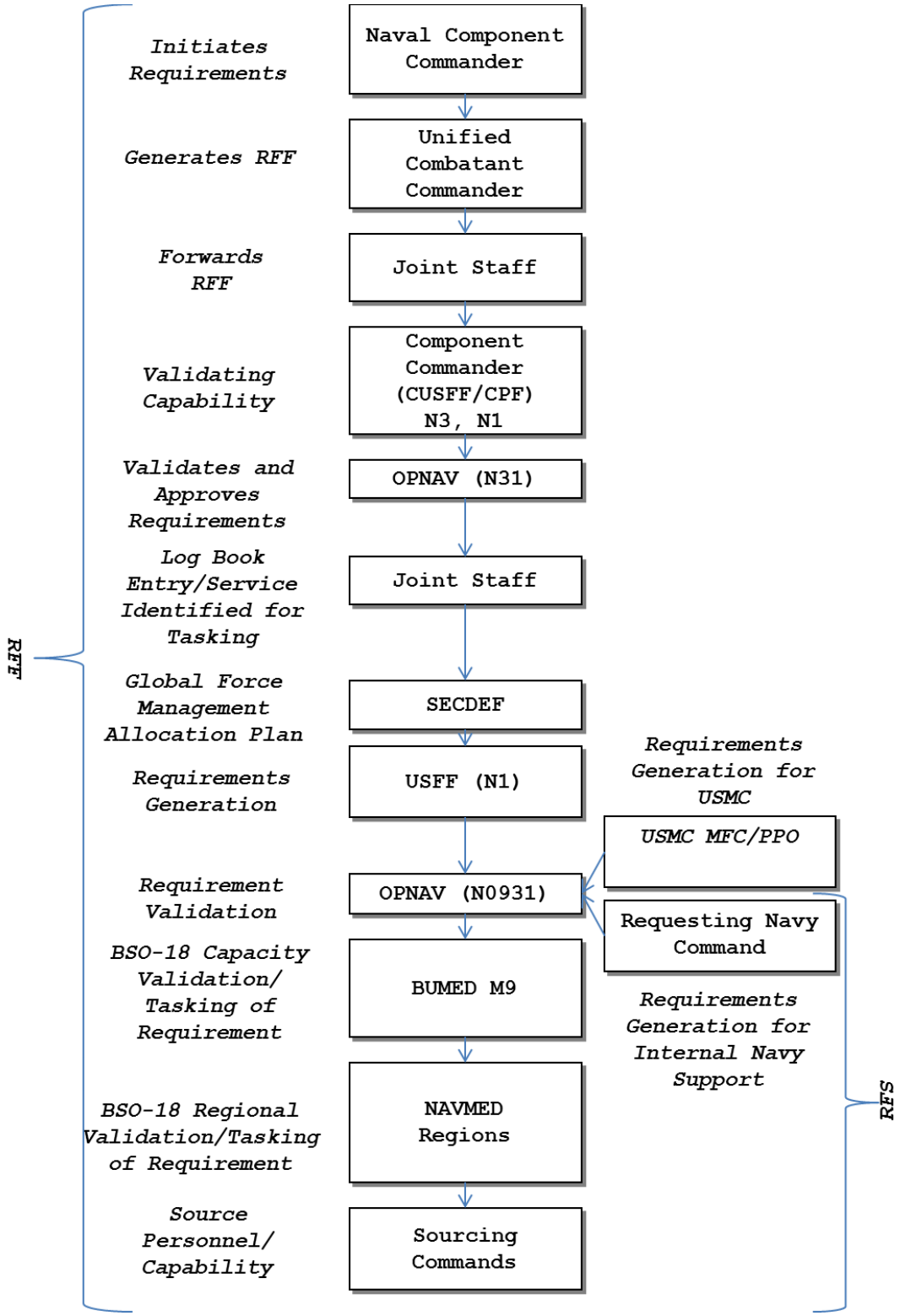
    a. MARFOR
    b. CRTS
    c. T-AH
    d. EMF
    e. FDPMU

2. BSO-18 Augmented Capabilities:

    a. OCONUS United States Naval Hospitals. MTFs outside the United States designed to provide personnel augmentation and expanded bed capacity for up to Role 4 medical care.

    b. BPU. BPUs are in support of Armed Services Whole Blood Processing Laboratory ASWBPL and Blood Donor Centers whose staffs increase during contingencies.

APPENDIX D: REQUEST FOR FORCES AND REQUEST FOR SUPPORT PROCESS



APPENDIX E: LETTER OF PLATFORM ASSIGNMENT TEMPLATE

PLACE ON COMMAND LETTERHEAD

6440
00
Date

From: Commanding Officer, *Naval Hospital XYX*
To: *PS2 Joe Service member, USN, (Insert DoDI Number)*

Subj: PLATFORM ASSIGNMENT ICO *PS2 JOE* Service member, USN

Ref: (a) BUMEDINST 6440.5D

1. Per reference (a), you are assigned to the *insert name of platform* until superseded by a new assignment or upon execution of your projected rotation date (PRD):

RESCUE SWIMMER/BSC *98765*, MOB FM *68908*, MOB TO *12345*, *PS1*, *0170*

2. Training required for this assignment (references (j) and (k)):

3. Billet Specific requirements:

a. Deployability Screening: *(i.e., Sea Duty Screening, Flight Physical)*

b. Additional Training*: (i.e.,* Joint Enroute Care Course, Flight Medic Course*)*

c. *ABCDEFG…*

4. Other information supporting the assignment, are attached as appropriate. *(i.e., Instructions, references, etc…)*

5. You are responsible to:

a. Set up the appointments for the deploy ability screenings to be physically qualified to deploy within 30 working days of check-in.

Subj: PLATFORM ASSIGNMENT ICO *PS2 JOE SERVICE MEMBER*, USN

b. Bring your NAVMED 6440/1, Medical Readiness Reporting System information (available on Bureau of Naval Personnel (BUPERS) Online), Common Access Card, Family Care Plan (if applicable) (NAVPERS 1740/6, Family Care Certificate) and Sea Bag (E3 and below) to the Command POMI Office within 30 working days of check in.

c. Maintain current and accurate NAVPERS 1070/602W, Dependency Application/Record of Emergency Data (also known as your Page 2).

d. Maintain a valid Government Travel Credit Card.

6. You are responsible for keeping the Chain of Command and your Command Plans, Operations and Medical Intelligence (POMI) informed of any condition which may impact your deployable status within 48 hours of knowledge of change in condition.

7. My point of contact is *INSERT POMI NAME,* (sourcing command) POMI, at XXX-XXX-XXXX or via e-mail at (insert e-mail address).

I. M. COMMANDING OFFICER

APPENDIX F: NOMINATION GRID TEMPLATE

PRIMARY Augmentee's Information:

- Billet Line Number:
- Member UIC:
- Date Service member notified:
- SSN (no dashes):
- DoD ID (Electronic Data Interchange Personal Identifier (EDIPI))#:
- Rank/Rate:
- Date of Birth:
- Volunteer Status:
- Full Name (LAST, FIRST MI):
- DESIG/NOBC/PSUB (Officer):
- NOBC/NEC (include SSP/AQD if applicable:
- PRD:
- End of Active Obligated Service (EAOS) (for enlisted):
- Security Clearance:
- Security Clearance Date:
- Screen Date NAVMED 1300/4:
- Contact Phone #:
- Personal E-mail Address:

ALTERNATE Augmentee's Information:

- Billet Line Number:
- Member UIC:
- Date Service member notified:
- SSN (no dashes):
- DoD ID(EDIPI)#:
- Rank/Rate:
- Date of Birth:
- Volunteer Status:
- Full Name (LAST, FIRST MI):
- DESIG/NOBC/PSUB (Officer):
- NOBC/NEC (include SSP/AQD if applicable:
- PRD:
- EAOS (for enlisted):
- Security Clearance:
- Security Clearance Date:
- Screen Date NAVMED 1300/4:
- Contact Phone #:
- Personal E-mail Address:

APPENDIX G: NOMINATION VETTING CHECKLIST

Name	Provide proper spelling of first, middle, last and any suffixes*
DoD ID	Ensure numbers are correct*
Security Clearance	Will not expire for the duration of the mission. If not current ensure that there is an open investigation in Joint Personnel Adjudication System
UIC	Matches where the member and the billet are assigned
Rank/Grade	Matches billet requirement (+/- 1 rank) unless no rank sub is authorized
Designator	Confirm it matches the billet requirement
NOBC/NEC (SSP or AQD)	Confirm it matches the billet requirement or an authorized substitution**unless no substitutions are allowed
EAOS	The date is no less than 90 days prior to end of mission to ensure member meets separation requirements**
PRD	The date is no less than 90 days prior to end of mission to ensure member meets transfer requirements**
SSN	Ensure numbers are correct*
Gender	Ensure correct*

*Cross reference with Fleet Training Management and Planning System and EMPARTS
**Reference: USFF 072338Z OCT 2010, Individual Augmentation Gram 10

APPENDIX H: INFORMATION ASSURANCE RISK ANALYSIS AND JUSTIFICATION REQUEST TEMPLATE

Due date: Per the BUMED tasking message

NAVMED Echelon 3 Activity:

NAVMED Echelon 3 Activity POC Name:
NAVMED Echelon 3 Activity POC Phone:
NAVMED Echelon 3 Activity POC E-mail:

1. Noble Eagle Number/Noble Oscar/Mission Name & Description:

2. Proposed primary NOM's information:

    a. Command:
    b. Rank:
    c. Name:
    d. Specialty/NEC:
    e. Phone:
    f. E-mail:

3. Proposed alternate NOM's information:

    a. Command:
    b. Rank:
    c. Name:
    d. Specialty/NEC:
    e. Phone:
    f. E-mail:

Provide justification for the primary and alternate nomination below:

4. Proposed nomination current platform assignment:

5. Describe the risk to the platform. *Impact on readiness of the platform (R-status), ability of platform to internally mitigate loss of individual (i.e,. one of ones), and cumulative effect of current individual deployments from the same platform.*

6. Justify the risk to the platform. *Why are personnel from this alternate platform being utilized to source this mission (including why this specific platform)?*

APPENDIX I: PLATFORM RISK ANALYSIS AND JUSTIFICATION REQUEST TEMPLATE

Due date: Per the BUMED tasking message

NAVMED Echelon 3 Activity:

NAVMED Echelon 3 Activity POC Name:
NAVMED Echelon 3 Activity POC Phone:
NAVMED Echelon 3 Activity POC E-mail:

1. Noble Eagle Number/Noble Oscar/Mission Name & Description:

2. Member currently assigned:

    a. Rank:
    b. Name:
    c. Specialty/NEC:
    d. BSC:
    e. Reason for substitution:

3. Substitute's information:

    a. Command:
    b. Rank:
    c. Name:
    d. Specialty/NEC:
    e. Phone:
    f. E-mail:

4. Proposed substitute's current platform assignment:

5. Describe the risk to the platform. *Impact on readiness of the platform (R-status), ability of platform to internally mitigate loss of individual (i.e,. one of ones), and cumulative effect of current individual deployments from the same platform*

6. Justify the risk to the platform. *Why is this platform being utilized to source this mission (including why this specific platform)?*

APPENDIX J: Waiver Request (Rank/Skillset) Template

Due date: Per the BUMED tasking message

NAVMED Echelon 3 Activity:

NAVMED Echelon 3 Activity POC Name:
NAVMED Echelon 3 Activity POC Phone:
NAVMED Echelon 3 Activity POC E-mail:

1. Waiver For: RANK SKILLSET

2. Complete for Rank Waiver

   Noble Eagle Number/Noble Oscar/Mission Name & Description:
   Billet Sequence Code (BSC)/Billet Number:
   Last Name, First Name, RANK, DoD ID #:
   Tasker Rank:
   Waiver Requested Rank:
   Justification:

3. Complete for Skillset Waiver

   Noble Eagle Number/Noble Oscar/Mission Name & Description:
   Billet Sequence Code (BSC)/Billet Number:
   Last Name, First Name, RANK, DoD ID #:
   Tasker Skillset: (NEC/NOBC/AQD/SSP)
   Waiver Requested Skillset: (NEC/NOBC/AQD/SSP)
   Justification: *(add member's additional qualifying skills, training, or experience)*
   Has Subspecialty (SSP) Code Substitutions (Appendix I) been consulted?

APPENDIX K: SUBSPECIALTY CODE SUBSTITUTIONS

DENTAL CORPS REQUIREMENT			DENTAL CORPS SUBSTITUTION		
NOBC	**PSUB**	**SPECIALTY**	**PSUB**	**SPECIALTY ALL PLATFORMS**	**SUBPCT**
0335	1700	General Dentistry			
			1724	Advanced Clinical Practitioners	100%
			1725	Comprehensive Dentistry	100%
			1740	Operative Dentistry	100%
			1769	Prosthodontics	100%
0510	1710	Endodontics			
			1700	General Dentistry	25%
			1724	Advanced Clinical Practitioners	35%
			1725	Comprehensive Dentistry	50%
0335	1724	Advanced Clinical Practitioners			
			1700	General Dentistry	75%
			1725	Comprehensive Dentistry	100%
			1740	Operative Dentistry	100%
			1769	Prosthodontics	100%
0525	1725	Comprehensive Dentistry			
			1700	General Dentistry	50%
			1724	Advanced Clinical Practitioners	75%
			1740	Operative Dentistry	50%
0340	1740	Operative Dentistry			
			1700	General Dentistry	50%
			1724	Advanced Clinical Practitioners	50%
			1725	Comprehensive Dentistry	100%
0550	1749	Exodontia			
			1700	General Dentistry	25%
			1724	Advanced Clinical Practitioners	25%
			1725	Comprehensive Dentistry	50%
			1750	Oral Maxillofacial Surgery	100%
0550	1750	Oral Maxillofacial Surgery			
			1725	Comprehensive Dentistry	25%
			1749	Exodontia	25%
0560	1760	Periodontics			
			1724	Advanced Clinical Practitioners	25%
			1725	Comprehensive Dentistry	50%
0569	1769	Prosthodontics			
			1725	Comprehensive Dentistry	25%
			1740	Operative	25%

Note: **All other subspecialties are not substitutable.**

HOSPITAL CORPS REQUIREMENT		HOSPITAL CORPS SUBSTITUION	
NAVY ENLISTED CLASSIFICATION	**SPECIALTY**	**NAVY ENLISTED CLASSIFICATION**	**SUBSTITUTION PERCENTAGE**
0000	General Duty Corpsman	All Navy Enlisted Classification	100%
8401	Search & Rescue Medical Technician	None	
8402	Submarine Force Independent Duty Corpsman	None	
8403	Fleet Marine Force Reconnaissance Independent Duty Corpsman	None	
8404	Field Medicine Service Technician	8427, 8403	100%
8406	Aerospace Medicine Technician	8401	100%
8407	Radiation Health Technician	8402	100%
8408	Cardiovascular Technician	None	
8409	Aerospace Physiology Technician	None	
8410	Biomedical Equipment Technician	None	
8416	Nuclear Medicine Technician	None	
8425	Surface Force Independent Duty Corpsman	8402, 8494	100%
8427	Fleet Marine Force Reconnaissance Basic	8403	100%
8432	Preventive Medicine Technician	8425	100%
8434	Hemodialysis Technician	None	
8437	Ophthalmology Surgery Technician ch	8483	50%
8447	Ultrasound Technician	None	
8450	Mammography Technician	None	
8452	X-Ray Technician	8447, 8450	100%
8454	Electroneurodiagnostic Technician	None	
8463	Optician	None	
8466	Physical Therapy Technician	8467	50%
8467	Occupational Therapy Technician	8466	50%
8482	Pharmacy Technician	None	
8483	Surgical Technician	8486	100%
8485	Behavioral Health Technician	None	
8486	Urology Technician	8483	50%
8489	Cast Room Technician	None	
8493	Medical Deep Sea Diving Technician	8427, 8403, 8494	100%
8494	Deep Sea Diving Independent Duty Corpsman	8403	50%
8496	Mortician	None	
8503	Histology Technician	None	
8506	Medical Laboratory Technician	None	
8541	Respiratory Therapy Technician	None	
8701	Dental Assistant	8702	100%
8702	Advanced Dental Assistant	8701	50%
8708	Dental Hygienist	8701, 8702	25%
8752	Dental Laboratory Technician Basic	8765	100%
8753	Dental Laboratory Technician Advanced	8752	50%
8765	Dental Laboratory Technician, Maxillofacial	None	

MEDICAL CORPS REQUIREMENT			MEDICAL CORPS SUBSTITUTION			
PSUB	**AQD**	**Specialty**	**PSUB**	**AQD**	**Specialty**	**SUB PCT**
15A0		Aviation Medicine, General	15A1		Aerospace Medicine	100%
15A1		Aerospace Medicine	15A0		Aviation Medicine, General	50%
15B0		Anesthesia, General	15B1		Anesthesia, Subspecialist	100%
15C0		General Surgeon	15C1		Surgeon, Subspecialist*	100%
15C1	6CG	Laparoendoscopic Surgery			NO SUBSTITUTIONS	
15C1	6CM/ 62C	Trauma/Critical Care Surgery			NO SUBSTITUTIONS	
15C1	6CL	Surgical Oncology			NO SUBSTITUTIONS	
15C1	6CD	Cardiothoracic Surgery			NO SUBSTITUTIONS	
15C1	6CJ	Plastic Surgery			NO SUBSTITUTIONS	
15C1	6CI	Peripheral Vascular Surgery			NO SUBSTITUTIONS	
15C1	6CE	Colon Rectal Surgery			NO SUBSTITUTIONS	
15D0		Neurosurgery, General	15D1		Neurosurgery, Subspecialists	100%
15E0		OB-GYN, General (Minimum OB-GYN percentage 66%)				
			15E1		OB-GYN, Subspecialist	100%
			16Q1	6QF	Family Medicine-Obstetrics	33%
15G0		Ophthalmology, General	15G1		Ophthalmology, Subspecialists	100%
15H0		Orthopedics, General	15H1		Orthopedics, Subspecialists	100%
15H1	6HK	Ortho Trauma Surgery			NO SUBSTITUTIONS	
15I0		Otolaryngology, General	15I1		Otolaryngology, Subspecialists	100%
15J0		Urology, General (Minimum Urology percentage 50%)				
			15J1		Urology, Subspecialists	100%
			15E1	6EJ	OB-GYN (Uro/Pelvic)	50%
15K0		Preventative Medicine				
			15A1		Occupational Medicine	100%
			16R1	6RP	IM Infectious Disease	100%
15K2		Occupational Medicine				
			15A1		Aerospace Medicine	100%
			15A0		Aviation Medicine, General	100%
15L0		Physical Med & Rehab, General	15L1		Physical Med & Rehab, Subspecialists	100%
15M0		Pathology, General	15M1		Pathology, Subspecialists	100%
15M1	6MD	Pathology Blood Bank			NO SUBSTITUTIONS	
15M1	6MH	Forensic Pathology			NO SUBSTITUTIONS	
15N0		Dermatology, General	15N1		Dermatology, Subspecialists	100%

16P0		Emergency Medicine, General (Minimum EMD percentage 66%)				
			16P1		Emergency Medicine, Subspecialists	100%
			16Q0/16Q1		Family Medicine, Gen or Subspecialist	33%
			16R0/16R1		Internal Medicine, Gen or Subspecialist	33%
			16V0/16V1		Pediatrics, Gen or Subspecialist	20%
16Q0		Family Medicine, General (Minimum family medicine percentage 60%)				
			16Q1		Family Medicine, Subspecialist	100%
			16R0/16R1		Internal Medicine, Gen or Subspecialist	40%
			16V0/16V1		Pediatrics, Gen or Subspecialist	25%
			16P0/16P1		Emergency Med, Gen or Subspecialist	40%
16Q1	62G	Family Medicine Sports Medicine	15L1		Physical Med & Rehab, Subspecialist	100%
16Q1	62A	Family Medicine Adolescent	16V1	62A	Pediatrics, Adolescent	100%
16R0		Internal Medicine, General (Minimum internal medicine percentage 66%)				
			16R1		Internal Medicine, Subspecialist	100%
			16V0/16V1		Pediatric, General or Subspecialist	33%
			16Q0/16Q1		Family Medicine, General or Subspecialist	33%
			16P0/16P1		Emergency Med, Gen or Subspecialist	33%
16R1	62C/6RR	Critical Care/Pulmonary Medicine (Minimum critical care percentage 66%)				
			16V1	62C	Pediatric Critical Care	33%
			16V1	6VR	Pediatric Pulmonary	33%
			16T1	62C	Neurology Critical Care	33%
16R1	6RL	Internal Medicine Gastroenterology	16V1	6VL	Pediatric Gastroenterology	50%
16R1	6RG	Internal Medicine Cardiology, General (Minimum cardiology percentage 50%)				
			16R1	6RH	Cardiac Electrophysiology	100%
			16R1	6RI	Interventional Cardiology	100%
			16V1	6VG	Pediatric Cardiology	50%
16R1	6RK	Internal Medicine Endocrinology	16V1	6VK	Pediatric Endocrinology Metabolism	50%
16R1	6RP	Internal Medicine Infectious Disease	16V1	6VP	Pediatric Infectious Disease	50%
16R1	62B	Internal Medicine Allergy/Immunology	16V1	62B	Pediatric Allergy/Immunology	100%
16R1	6RS	Internal Medicine Rheumatology			NO SUBSTITUTIONS	

16R1	6RV	Internal Medicine Tropical Medicine				
			16R1	6RP	Internal Medicine Infectious Disease	100%
			15K0		Preventative Medicine	100%
16R1	6RQ	Internal Medicine Nephrology	16V1	6VQ	Pediatric Nephrology	50%
16T0		Neurology, General (Minimum neurology percentage 66%)				
			16T1		Neurology, Subspecialists	100%
			15L0/15L1		Physical Medicine & Rehab, General & Subspecialist	33%
16U0		Undersea Medicine, General	16U1		Undersea Medicine, Subspecialists	100%
16V0		Pediatrics, General	16V1		Pediatric, Subspecialists	100%
16V1	62A	Pediatrics, Adolescent Medicine	16Q1	62A	Family Medicine Adolescent	100%
16V1	6VP	Pediatrics, Infectious Disease			NO SUBSTITUTIONS	
16W0		Nuclear Medicine, General	16Y1	6YG	Nuclear Radiology	100%
16X0		Psychiatry, General	16X1		Psychiatry, Subspecialists	100%
16X1	6XL	Forensic Psychiatry				
			16X0		Psychiatry, General	100%
			16X1		Psychiatry, Subspecialists	100%
16X1	6XK	Consult Liaison Psychiatry				
			16X0		Psychiatry, General	100%
			16X1		Psychiatry, Subspecialists	100%

*Plastic Craniofacial Surgeons and Hand Surgeons CANNOT substitute

MEDICAL SERVICES CORPS REQUIREMENT			MEDICAL SERVICE CORPS SUBSTITUTION		
NOBC	**PSUB**	**SPECIALTY**	**PSUB**	**SPECIALTY**	**SUBPCT**
3965		Personnel/Manpower Management			
			3110	Financial Mgmt	50%
			1800	Health Care Administration	100%
			1801	Patient Admin	100%
			1802	Medical Logistics	100%
			1805	POMI	100%
9705		ADP Systems Director	1803	No Substitution	
0002	1800	Medical Department Staff			
			3110	Financial Mgmt	100%
			1800	Health Care Admin	100%
			1801	Patient Admin	100%
			1802	Medical Logistics	100%
			1803	Health Care Info Systems	100%
			1805	POMI	100%
0055	1800	CO FMF CMPY			
			3110	Financial Mgt	50%
			1800	Health Care Admin	100%
			1801	Patient Admin	100%
			1802	Medical Logistics	100%
			1803	Health Care Info Sys	100%
			1805	POMI	100%
			1850	Entomologist	100%
			1860	Environment Health Officer	100%
0800	1800	Health Care Administration			
			1805	POMI	100%
			1800	Health Care Admin	100%
			1801	Patient Admin	100%
			1802	Medical Logistics	100%
			3110	Financial Mgmt	100%
			1803	Health Care Info Systems	100%
			1804	HFPPO	100%
			1805	POMI	100%

0820	1800	OPSMGT MEDFAC/HCA			
			1800	Health Care Admin	100%
			1804	HFPPO	100%
2615	1800	Administrative Officer			
			3110	Financial Mgt	100%
			1800	Health Care Admin	100%
			1801	Patient Admin	100%
			1802	Medical Logistics	100%
			1803	Hlth Care Info Sys	100%
			1805	POMI	100%
9436	1800	XO Shore Act/HCA			
			3110	Financial Mgt	100%
			1800	Health Care Admin	100%
			1801	Patient Admin	100%
			1802	Medical Logistics	100%
			1803	Hlth Care Info Sys	100%
			1805	POMI	100%
0808	1801	Patient Admin			
			1800	Health Care Admin	100%
			1805	POMI	100%
1918	1802	Medical Logistics	1802	No Substitution	
0031	1805	POMI		No Substitution	100%
0849	1836	Aerospace Physiology		No Substitution	
0851	1840	Clinical Psychologist	1841-43	No Substitution	
0860	1850	Entomology		No Substitution	
0861	1860	Environmental Health		No Substitution	
0862	1861	Industrial Hygiene		No Substitution	
0866	1865	Med Technology		No Substitution	
0841	1815	Microbiologist	1810	Biochemist	50%
0840	1810	Biochemist		No Substitution	
0845	1825	Radiation Health Officer		No Substitution	
0873	1873	Physical Therapy		No Substitution	
0876	1876	Clinical Dietetics	1876	No Substitution	
0880	1880	Optometry		No Substitution	
0887	1887	Pharmacy/Gen	1887	No Substitution	
0892	1892	Podiatry		No Substitution	
0113	1893	Phys Asst		No Substitution	

NURSE CORPS REQUIREMENT			NURSE CORPS SUBSTITUTION		
NOBC	PSUB	SPECIALTY	PSUB	SPECIALTY ALL PLATFORMS	SUBPCT
0944	1900	General Nurse			
			1900D	Nursing Researcher	50%
			1903	Nursing Education	50%
			1920	Maternal-Child Nurse	50%
			1922	Pediatric Nurse	50%
			1930	Psychiatric Nurse	50%
			1940	Community Health Nurse	50%
			1974	Pediatric Nurse Practitioner	50%
			1976	Family Nurse Practitioner	50%
			1973	Psychiatric Nurse Practitioner	50%
			1981	Nurse Midwife	50%
			1910	Medical-Surgical Nurse	25%
			3150	Education and Training Management	50%
			3130	Manpower	50%
ALL PLATFORMS					
0944	1910	Medical-Surgical Nurse			
			1900	General Nurse	50%
			1903	Nursing Education	50%
			1920	Maternal-Child Nurse	50%
			1922	Pediatric Nurse	50%
			1930	Psychiatric Nurse	50%
			1940	Community Health Nurse	50%
			1974	Pediatric Nurse Practitioner	50%
			1976	Family Nurse Practitioner	50%
			1973	Psychiatric Nurse Practitioner	50%
			1981	Nurse Midwife	50%
			1900D	Nurse Researcher	50%
			3130	Manpower	50%
			3150	Education & Training Mgmt	50%
OCONUS AUGMENT					
0906	1945	ER/Trauma Nurse			
			1960	Critical Care Nurse	50%
			1910	Medical-Surgical Nurse	25%
0932	1950	Perioperative Nurse		**No Substitution Any Platform**	
T-AH					
0904	1960	Critical Care Nurse			
			1945	ER/Trauma	75%
			1964	NICU	75%

EMF					
0904	1960	Critical Care Nurse			
			1945	ER/Trauma	75%
			1964	NICU	75%
MARFOR					
0904	1960	Critical Care Nurse			
			1974	NICU	75%
			1945	ER/Trauma	75%
CRTS					
0904	1960	Critical Care Nurse			
			1945	ER/Trauma	75%
			1964	NICU	75%
OCONUS					
0904	1960	Critical Care Nurse			
			1945	ER/Trauma	75%
			1964	NICU	75%
0952	1972	Nurse Anesthetist		No Substitutions Any Platform	
0963	1976	Family Nurse Practitioner		No Substitutions Any Platform	

APPENDIX L: Reclama Request Template (NAVMED Echelon 3 Activities to BUMED)

Due date: Per the BUMED tasking message

NAVMED Echelon 3 Activity:

NAVMED Echelon 3 Activity POC Name:
NAVMED Echelon 3 Activity POC Phone:
NAVMED Echelon 3 Activity POC E-mail:

Command (CMD):
CMD POC Name:
CMD POC Phone:
CMD POC E-mail:

1. Tasked Specialty/NEC:

2. Tasked Rank:

3. Noble Eagle Number/Noble Oscar/Mission Name & Description:

4. Number of Authorized/Assigned Active Duty Personnel in requested Specialty/NEC:

5. List all Military Personnel in this Specialty/NEC at command and reason they are non-deployable (Deployed, Dwell, SG PCS In/Out Safe Haven, Graduate Medical Education Student/Staff, etc.):

6. Prospective Gains for the Specialty/NEC:

7. Has the waiver process been completely exhausted?

8. Has the substitution process been completely exhausted?

9. Detailed justification regarding inability to support.

****Reclamas will not be accepted after the nomination due date****

APPENDIX M: Reclama Request Template (Sourcing Command to the NAVMED Echelon 3 Activities)

Due date: Must be submitted prior to NAVMED Echelon 3 activity suspense date

Sourcing Command:
POC (Rank/Name/Phone/E-mail):

1. Mission Name/Line Number:

2. Specialty/PSUB/NEC:

3. Billet Title:

4. Mission Requirements:

   Start Date: Mission End Date:

   PRD: EAOS: Security Clearance:

   Additional Requirements: (i.e.: Male Only; Shipboard experience required)

5. Number of Authorized/Assigned Active Duty Personnel in requested Specialty/NEC:

6. Number of Authorized/Assigned Civil Service Personnel in requested Specialty/NEC:

7. Number of Authorized/Assigned Contract Personnel in requested Specialty/NEC:

8. Number of Patient Encounters on average per month over the last FY in Specialty/NEC clinic:

9. Number of RVUs produced on average per month over last FY in Specialty/NEC clinic:

10. MTF Operational Risk statement concerning consequences if Reclama is disapproved (such as decreased capability to provide services with insufficient Network capacity to absorb workload):

11. List all Military Personnel in this Specialty/NEC at command and reason they are non-deployable. For members who are supporting a mission, insert time period of support. (Deployed, Dwell, SG PCS In/Out Safe Haven, Graduate Medical Education Student/Staff, etc.):

Rank/Name: Platform/BSC: Reason for Non-Deployability:

12. Prospective Gains for the Specialty/NEC (data from BUPERS Slates, ODCR, EDVR, etc.)