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

IN REPLY REFER TO
BUMEDINST 6550.10B CH-1
BUMED-M00C
26 May 2015

BUMED INSTRUCTION 6550.10B CHANGE TRANSMITTAL 1

From: Chief, Bureau of Medicine and Surgery

Subj: UTILIZATION GUIDELINES FOR NURSE PRACTITIONER AND CERTIFIED NURSE MIDWIVES

Encl: (1) Revised page 3

1. Purpose. To revise the process in the program for Military Nurse Practitioners (NPs) and Certified Nurse Midwives (CNMs) (active component) to request a change in their primary subspecialty code.

2 Action. Remove page 3 of the basic instruction and replace with enclosure (1) of this change transmittal.

3. Retain. For record purposes, keep this change transmittal in front of the basic instruction.

M. L. NATHAN

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http://www.med.navy.mil/directives/Pages/default.aspx

e. Primary Care Manager (PCM). A PCM is a health care practitioner designated to provide primary and preventive care services, and to facilitate appropriate referrals for other services, including specialty services, for TRICARE Prime enrollees. Per reference (f), certified nurse practitioners may function as PCMs.

6. Licensure and Certification. The NP and CNM shall possess a current, valid, and unrestricted license to practice professional nursing from an official agency of a State, the District of Columbia, a commonwealth, territory, or possession of the United States, per reference (b). Initial certification and subsequent recertification as prescribed by the professional specialty organization, AANP, ANCC, or the ACNM is required.

a. The graduate NP/graduate nurse midwife is required to possess specialty certification within 12 months of completion of the approved graduate level advanced practice nursing educational program. The graduate NP/graduate nurse midwife will practice under a command-approved plan of supervision and be monitored by a licensed practitioner (NP, CNM, or physician) having the same or similar professional privileges per references (b) and (d) until certification is obtained and the privileging process is completed. Although certifying bodies allow for multiple attempts to achieve success, the first attempt for certification must take place within the first 6 months of checking into a member's new command after the completion of the duty under instruction program. Unless extenuating circumstances exist, the graduate NP/graduate nurse midwife who fails to obtain specialty certification on three attempts or within 12 months will be reassigned to a previous subspecialty setting and redesignated as appropriate. Extenuating circumstances causing significant delays in achieving certification will be communicated to the Nurse Corps Deputy and Head, Nurse Corps assignments via the Specialty Leader for determination of extension period. Command reassignment will be determined by the member's command and the detailer with the goal of mitigating any gap in the billet.

b. Military NPs and CNMs (active component) who meet educational and certification requirements and possess unrestricted state advanced practice nursing licenses are eligible to request a change of primary subspecialty codes by applying to the Nurse Corps Redesignation Board when it convenes, if applications for that subspecialty code are being accepted. Otherwise, these NPs and CNMs may apply for a change of secondary subspecialty code by submitting evidence of graduate education, national professional certification, and licensure to the Nurse Corps Career Plans Officer, Bureau of Medicine and Surgery (BUMED), 7700 Arlington Boulevard, Suite 5113, Falls Church, Virginia 22042-5113. Reserve component NPs and CNMs shall submit the same evidence for Navy Officer Billet Classification and subspecialty code assignment per references (f) and (g) to BUMED-M10B at 7700 Arlington Boulevard, Suite 5113, Falls Church, Virginia 22042-5113.

7. Scope of Practice. NPs and CNMs are authorized to function within the full scope of their granted privileges as delineated in references (b) and (d). Upon obtaining specialty certification,

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BUMEDINST 6550.10B
BUMED-M00C
9 Mar 2015

BUMED INSTRUCTION 6550.10B

From: Chief, Bureau of Medicine and Surgery

Subj: UTILIZATION GUIDELINES FOR NURSE PRACTITIONERS AND CERTIFIED NURSE MIDWIVES

Ref: (a) American Association of Nurse Practitioners' Scope of Practice for NPs
(b) BUMEDINST 6320.66E
(c) American College of Nurse-Midwives Position Statement: Independent Midwifery Practice
(d) Scope and Standard of Practice for Psychiatric-Mental Health Nursing
(e) BUMEDINST 6010.17B
(f) BUMEDINST 6300.19
(g) BUMEDINST 1001.2B
(h) NAVPERS 15839I
(i) Position Classification Standard for Nurse Series, GS-6 10
(j) BUMEDINST 12430.4
(k) American College of Nurse-Midwives Position Statement: Collaborative Management in Midwifery Practice for Medical, Gynecologic and Obstetric Conditions
(l) MANMED, Chapter 21
(m) BUMEDINST 6010.13
(n) ASD(HA) Policy Memo 96-047 of 30 May 1996
(o) ASD(HA) Policy Memo 97-026 of 22 Jan 1997

Encl: (1) Certified Nurse Midwife New Graduate Suggested 8-Week Orientation
(2) Family Nurse Practitioner Recommended New Graduate Orientation Program
(3) Pediatric Nurse Practitioner Recommended New Graduate Orientation Program
(4) Psychiatric-Mental Health Nurse Practitioner Recommended New Graduate Orientation Program
(5) Acronym Listing

1. Purpose. To clarify, expand, and reemphasize guidelines for the utilization of military and civilian nurse practitioners and certified nurse midwives within the Navy health care delivery system. References (a) through (o) provide further guidance.

2. Cancellation. BUMEDINST 6550.10A and BUMEDINST 6550.11.

3. Background. Nurse practitioners (NP) are licensed independent practitioners that function in an expanded and specialized area of nursing and possess the knowledge and clinical skills required to accept and provide services to patients requiring primary care management as

described in references (a) and (b). Reference (a) is available at: http://www.aanp.org/images/documents/publications/scopeofpractice.pdf. Active and Reserve component Navy primary care nurse practitioner specialties include family and pediatric nurse practitioners, as well as non-primary care specialties including certified nurse midwives (CNM), per reference (c), and psychiatric-mental health nurse practitioners. Each Navy NP specialty is designated by a specific subspecialty code. Reference (c) is available at: http://midwife.org/index.asp?bid=59&cat=3&button=Search. Other civilian NP roles that meet credentials and privileging requirements as defined in reference (b), may be assigned to, employed by, contracted to, or under partnership agreements with Department of the Navy, activities as needed. Per reference (d), the NP is a member of the Naval Medical Department medical staff. Reference (d) is available at: http://www.ispn-psych.org/docs/standards/scope-standards-draft.pdf.

4. Scope. This policy applies to all ships and stations having medical department personnel on board.

5. Definitions

a. NPs and CNMs. An NP or a CNM is a professional registered nurse who has successfully completed a graduate educational program approved by the Council on Accreditation of Nurse Educational Programs/Schools, and has passed the certification examination of the professional specialty organization (such as the American College of Nurse-Midwives (ACNM) or the Pediatric Nursing Certification Board, the American Academy of Nurse Practitioners (AANP) the boards on certification of the American Nurses Credentialing Center (ANCC). NPs and CNMs are licensed independent practitioners.

b. Graduate Nurse Practitioner and Nurse Midwives. A graduate NP or graduate nurse midwife has successfully completed a NP or nurse midwifery graduate education program and all other prerequisites to sit for the certification examination.

c. Primary Care. Primary care is a method of definitive health care delivery, which engages the patient during the initial encounters and assumes ongoing responsibility for the health care needs of the patient across the health continuum. Primary care includes health promotion, health maintenance, patient education and counseling, and management of acute and chronic illnesses. This personal care involves a unique interaction and communication between patient and health care provider. Comprehensive in scope, primary care includes the overall coordination of the patient's biologic, behavioral, and sociologic health care needs. Appropriate use of consultants and community resources is an essential part of effective primary care.

d. Medical Home Port. Medical home port is a concept of delivering primary care and has been embraced by Navy Medicine, per reference (e). It involves engaging the patient as an entire team. NPs are recognized as competent members of the health care team, able to serve as leader of a medical home port team.

e. Primary Care Manager (PCM). A PCM is a health care practitioner designated to provide primary and preventive care services, and to facilitate appropriate referrals for other services, including specialty services, for TRICARE Prime enrollees. Per reference (f), certified nurse practitioners may function as PCMs.

6. Licensure and Certification. The NP and CNM shall possess a current, valid, and unrestricted license to practice professional nursing from an official agency of a State, the District of Columbia, a commonwealth, territory, or possession of the United States, per reference (b). Initial certification and subsequent recertification as prescribed by the professional specialty organization, AANP, ANCC, or the ACNM is required.

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b. Military NPs and CNMs (active component) who meet educational and certification requirements and possess unrestricted state advanced practice nursing licenses are eligible to request a change of primary subspecialty codes by applying to the Nurse Corps Redesignation Board when it convenes, if applications for that subspecialty code are being accepted. Otherwise, these NPs and CNMs may apply for a change of secondary subspecialty code by submitting evidence of graduate education, national professional certification, and licensure to the Nurse Corps Career Plans Officer, Bureau of Medicine and Surgery (BUMED), 7700 Arlington Boulevard, Suite 5113, Falls Church, Virginia 22042-5113. Reserve component NPs and CNMs shall submit the same evidence for Navy Officer Billet Classification and subspecialty code assignment per references (f) and (g) to BUMED-M10B at 7700 Arlington Boulevard, Suite 5113, Falls Church, Virginia 22042-5113.

7. Scope of Practice. NPs and CNMs are authorized to function within the full scope of their granted privileges as delineated in references (b) and (d). Upon obtaining specialty certification,

the NP or CNM shall request a professional staff appointment to include the broadest scope of core and supplemental privileges commensurate with their level of professional qualification, current competence, and the ability of the facility to support the privileges requested.

8. Orientation of the Graduate NP and the Graduate Nurse Midwife. Graduate NPs/graduate nurse midwives must transition from the expert bedside nurse to a novice licensed independent provider, which, without a proper orientation, promulgates two potential risks in both the clinical and deployed environments: (1) adverse patient outcomes and (2) provider role transition problems. The establishment of a standardized new graduate orientation program for the CNM, family NP, pediatric NP, and psychiatric mental health nurse practitioner will eliminate variation and maximize integration of the graduate NPs/graduate nurse midwives across Navy Medicine. The ultimate benefit would be a fully functioning provider who has the skills required to coordinate care, network with specialists, and review cases with subject matter experts with which they have developed collegial relationships.

a. Length of time required for the orientation program depends on the program from which the new NP or new nurse midwife has graduated. Graduate nurse practitioners who graduate from the Uniformed Services University of the Health Sciences (USU) will undergo a 5-week orientation program, with 1 week dedicated to command and base check-in. Civilian prepared graduate NPs and graduate nurse midwives, whether prepared at the masters or the doctorate level, will undergo an 8-week orientation program, with 1 week dedicated to command and base check-in.

b. It is recognized that each NP or CNM specialty trains its graduates different and has unique requirements that must be met to maximize orientation to their new roles. Therefore, enclosures (1) through (4) contain the week-by-week orientation plan for each of the following specialties: CNM, family NP, pediatric NP, and psychiatric mental health NP. Enclosure (5) is provided for information and clarification.

9. Utilization. Guidelines for utilization of NPs have been established.

a. Military (Active and Reserve component) NPs and CNMs are assigned to the commanding officer in a subspecialty coded billet per references (f) and (g). Civilian NPs and CNMs are assigned to the medical activity and their position is guided by references (h) and (i). Collateral duties may be assigned by the commanding officer. Reference (i) is available at: https://acpol2.army.mil/fasclass/search_fs/search_fasclass.asp.

b. Many NPs routinely function as PCMs. In this role, the NP uses the broadest scope of their designated privileges, providing primary and preventive care services within their practice scope. Additionally, PCMS facilitate appropriate referrals for other routine and specialty services. NPs functioning as PCMs will have patients empanelled to them within the individual command's enrollment guidelines.

c. NPs and CNMs work in a collaborative role with other members of the health care team. Physician consultations will be utilized as needed, per references (a) and (j).

d. Direct lines of communication must remain open between the NP or CNM and the senior nurse executive to keep abreast of current Nurse Corps issues and for career counseling. Overall responsibility for military fitness reports remains with the cognizant department head in collaboration with the senior nurse executive. Responsibility for civilian performance appraisals is guided by references (h) and (i). The senior NP or CNM will mentor junior NPs or CNMs. The specialty leaders will be available for community-specific guidance.

e. Clinical management of patients is an expectation. Per reference (d), NPs and CNMs may
assume administrative positions in addition to clinical duties when deemed to be best qualified; the NP or CNM may fulfill a leadership role, provided he or she is free of any commitments which require full-time assignment to the clinical area, such as with Registered Nurse-Incentive Specialty Pay (RN-ISP). NPs and CNMs are strongly encouraged to participate in prevention (clinical preventive services, health promotion, and wellness) programs for operational forces.

f. NP and CNM watches/calls will be performed within the clinical specialty of the NP or CNM, with physician consultation available. NPs watches may include those in the emergency department or after-hour urgent care settings. NPs shall not be the sole providers in an emergency department. CNM watches/calls usually consist of labor/delivery coverage, with an obstetrician available within at least a 30 minutes physical response time.

10. Medical Records. Legibility and accuracy of their entries on medical records are the responsibility of the NP or CNM. Orders written on patient medical records by NPs or CNMs do not require a physician co-signature; if the NP or CNM is under a plan of supervision, co-signatures are required per reference (b).

11. Prescribing Medication. Medications must be prescribed as directed per reference (l).

12. Monitoring and Evaluating Activities. The ongoing evaluation of the quality of care, both process and outcome, rendered by NPs and CNMs must be in compliance with the facility quality assurance instruction and in conformance to guidelines in references (d) and (l). Health record review will focus on the NP's or CNM's performance within the scope of clinical privileges in order to improve the quality and usefulness of the medical record for making decisions regarding performance and competence of patient care. Whenever possible, peer review will be accomplished by other NPs or CNMs of the same specialty; if NPs or CNMs are not available for timely peer review, a physician in a like specialty must review the health record. Input from these activities must be incorporated into the privileging process as directed in reference (b) that prescribes the performance appraisal report for NPs or CNMs.

13. Board Certified Pay. Active duty Navy NPs and CNMs are eligible for board certified pay as outlined in references (m) and (n). Officers meeting the requirements must submit

documentation, via the chain of command to BUMED-M132, including board certification or copy of notification letter of certification, in addition to diploma and transcripts showing completion of master's degree in the same advanced practice specialty as their certification.

a. Board certified pay will be terminated upon expiration of board certification, loss of certification or upon separation from active duty per references (m) and (n).

b. Forward recertification certificates to BUMED-M132 immediately to avoid termination of board certified pay.

14. Continuing Education. The NP or CNM must comply with continuing education requirements necessary to maintain registered professional nurse State licensure and specialty certification.

15. 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.

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CERTIFIED NURSE MIDWIFE
NEW GRADUATE SUGGESTED 8-WEEK ORIENTATION

	SCHEDULE
Week 1	Check In Command Orientation Credentials Workspace/Hospital General orientation Meet with primary preceptor to discuss orientation schedule and expectations
Week 2	Armed Forces Health Longitudinal Technology Application (AHLTA)/Composite Health Care System/Essentris training Coding training Shadow preceptor Orientation to Labor and Delivery
Week 3	2 days (8-, 10- or 12-hour day shift) Labor and Delivery with preceptor present 1 day exposure to specialty clinics gynecology (GYN)/Colposcopy (COLPO)/ Complicated Obstetrics 1-day clinic with 60-minute appointments; preceptor readily available
Week 4	1 day (24-hour shift/call) or 2 days (10- or 12-hour shift) Labor and Delivery w/preceptor present 2.5-day clinic w/40 minutes return Obstetrics (OB), 60 minutes GYN/Postpartum, 90 minutes New OB 0.5 day meet with preceptor to review orientation progress
Week 5	1 day (24 hour shift/call) or 2 days (10- or 12-hour shift) Labor and Delivery w/preceptor present 3-day clinic with same template as Week 4
Week 6	5-day clinic with 30 minutes return OB, 40 minutes GYN/postpartum; 60 minutes New OB
Week 7	Labor and Delivery Independent with preceptor available Full appointments with regular appointment slots 0.5 day meet with preceptor to discuss orientation finish 0.5 day meet with coder to review documentation
Week 8	Labor and Delivery Independent Full appointments with regular appointment slots

Appointment Type and Length:

- **New OB:** 40-60 minutes
- **Routine OB:** 20 minutes
- **Well Women/GYN:** 20-30 minutes
  - Not all inclusive: contraception, Intrauterine Device, Nexplanon, Sexually Transmitted Disease screening, vaginal discharge, vaginal bleeding/spotting.
- **Colposcopy:** 30 minutes

FAMILY NURSE PRACTITIONER RECOMMENDED
NEW GRADUATE ORIENTATION PROGRAM

*1 hour on each Friday will be dedicated to reviewing the week's progress

WEEK	ROTATION	APPOINTMENT TIME
1	Command/Department Orientation	N/A
2	Medical Home Port	60 minutes
3	Medical Home Port	40 minutes
4	*1 day in each specialty clinic available*[1]	*Clinical Observation*
5	Medical Home Port	Mix of 40 minutes and 30 minutes
6	*Role Orientation*[2]	*Clinical Observation*
7	Medical Home Port	Mix of 30 minutes and 20 minutes
8	Medical Home Port	20 minutes

[1] MUST include Radiology if available at site
[2] Topics to be covered: medical boards, completion of separation and retirement physical exams, and completion of sick in quarters (SIQ)/light duty, re-enlistment, overseas screening, sea duty screening paperwork

Prerequisites: The entire check-in process, credentialing, and all check-in training (command/ provider orientation, Health Insurance Portability and Accountability Act (HIPAA)/AHLTA training, etc.) should be completed before the start of this orientation program. A clinical mentor within the medical home port must be clearly identified to assist during this orientation period. If possible, a family nurse practitioner should be the clinical mentor. Otherwise, it is the responsibility of the department head, or selected individual, to act as a clinical mentor.

Week 2 and 3: 60-minute appointments for week 1 in clinic. Provide 2 days of all well appointments and 2.5 days of all acute appointments. 40-minute appointments for week 2 in clinic. Provide 2 days of all well appointments and 2.5 days of all acute appointments.

Week 4: 1-2 days in each specialty clinic available at the command. Required to spend at least 1 day in radiology if radiologist is available on-site.

Mid-Orientation Evaluation: At the end of week 4, a mid-orientation evaluation should be completed to assess the orientee's readiness to move to 30-minute appointments. When moving to 30-minute appointments, the orientee should be able to complete the patient encounter within 20 minutes and use the last 10 minutes of the appointment researching information, asking pertinent clinical questions, etc. If the orientee is not ready for 30-minute appointments, week 5 of orientation may be used for strictly 40-minute appointments.

Week 5: Mix of 30- and 40-minute appointments. Provide 2.5 days of all well appointments and 2 days of all acute appointments.

Week 6: Role orientation with a focus on medical board evaluation reports, completion of separation and retirement physical exams, and completion of SIQ/light duty/reenlistment/ overseas screening/sea duty screening paperwork.

Week 7 and 8: Template with 30-minute appointments, transitioning to 20-minute appointments for the remainder of the orientation period, with 50 percent well and 50 percent acute appointments per day. In week 8, a template with 20-minute appointments must be used. If the orientee is not able to move to 20-minute appointments at week 8, an extended orientation period must be considered.

5-WEEK PROGRAM FOR USU DOCTOR OF NURSING PRACTICE GRADUATE

*1 hour on each Friday will be dedicated to reviewing the week's progress

WEEK	ROTATION	APPOINTMENT TIME
1	Command/Department orientation	N/A
2	Medical Home Port	30 minutes
3	Medical Home Port	30 minutes[3]
4	Medical Home Port	Mix of 30 minutes and 20 minutes
5	Medical Home Port	Mix of 30 minutes and 20 minutes[3]

[3] Preceptee, preceptor, and department head may deter minutes whether or not this orientation week is needed

Week 2 and 3: Provide 2.5 days of all well appointments and 2 days of all acute appointments.

Week 4 and 5: Template with 30-minute appointments, transitioning to 20-minute appointments for the remainder of the orientation period, with 50 percent well and 50 percent acute appointments per day.

PEDIATRIC NURSE PRACTITIONER
RECOMMENDED NEW GRADUATE ORIENTATION PROGRAM

8-WEEK PROGRAM WITH 2 WEEKS IN SPECIALTY CLINICS

WEEK	ROTATION	APPOINTMENT TIME
1	Radiology	Clinical Observation
2	Specialty Training	Clinical Observation
3	Medical Home Port	60 minutes
4	Medical Home Port	60-minute days Monday-Tuesday, 40-minute days Wednesday-Friday
5	Medical Home Port	40 minutes (mid-orientation Evaluation)
6	Medical Home Port	30-minute appointments
7	Medical Home Port	Mix of 30- and 20-minute appointments
8	Medical Home Port	20-minute appointments

Prerequisites: The entire check-in process, credentialing, and all check-in training (command/ provider orientation, HIPAA/AHLTA training, etc.) should be completed BEFORE the start of this orientation program. A clinical mentor within the medical home port must be clearly identified to assist during this orientation period. If possible, a pediatric nurse practitioner should be the clinical mentor. Otherwise, it is the responsibility of the department head, or selected individual, so act as a clinical mentor.

Week 1 and 2 - Subspecialty Training: Radiology – REQUIRED for at least 1 week. Pick one other specialty (i.e., Orthopedics, Dermatology, etc.) to spend 1 week. Option: Spend an additional 1 week with Radiology. If specialty training is unavailable in the first 2 weeks of orientation due to scheduling conflicts, every effort should be made for this training to be completed within the 8-week orientation period or as soon as possible after the orientation period.

Week 3 through 5 (to include additional weeks if needed): Week 3: Recommend 60-minute appointments. Provide 4 days of all well appointments and 3 days of all acute appointments. Week 4 through 5: Recommend 40-minute appointments. Provide 4 days of all well appointments and 4 days of all acute appointments.

Mid-Orientation Evaluation: At the end of week 5, a mid-orientation evaluation should be completed to assess the orientee's readiness to move to 30-minute appointments. When moving to 30 minutes appointments, the orientee should be able to complete the patient encounter within 20 minutes and use the last 10 minutes of the appointment researching information, asking pertinent clinical questions, etc. If the orientee is not ready for 30-minute appointments, the next 1 to 2 weeks (week 6 to 7) of orientation may be used for 40-minute appointments.

Week 6 through 8: Template with 30-minute appointments, transitioning to 20-minute appointments for the remainder of the orientation period. Recommend 50 percent well and 50 percent acute appointments per day. In week 8, a template with 20-minute appointments must be used. If the orientee is not able to move to 20-minute appointments at week 8, an extended orientation period must be considered.

PSYCHIATRIC-MENTAL HEALTH NURSE PRACTITIONER
RECOMMENDED NEW GRADUATE ORIENTATION PROGRAM

8-WEEK PROGRAM WITH 3 WEEKS INPATIENT EXPOSURE
*Every Friday reserve 1 hour for preceptor feedback of notes, time management

WEEK	ROTATION	APPOINTMENT TIME
1	Command orientation with systems classes.	60 minutes
2	Orientation to primary department.	40 minutes
3	Rotation to inpatient/outpatient Mental Health Substance Abuse Rehabilitation Department (SARD)/Deployment Health.	Mix of 40 minutes and 30 minutes
4	Rotation to inpatient/outpatient Mental Health/SARD/Deployment Health.	*Clinical Observation*
5	Rotation to inpatient/outpatient Mental Health/SARD/Deployment Health.	30 minutes
6	Return to primary department.	Start with a template of three specialty appointments (new patients) 90-minute appointments and time for documentation.
7	Primary department	One specialty appointment (new patient) 90 minutes and three established patients (follow ups) 60 minutes and time for documentation
8	Primary department	One specialty appointment (new patient), three established patients (follow ups), four medication management, 30 minute-appointments.

5-WEEK PROGRAM FOR USU DOCTOR OF NURSING PRACTICE GRADUATE
*1 hour on each Friday will be dedicated to reviewing the week's progress

WEEK	ROTATION	APPOINTMENT TIME
1	Command/Department orientation and in-processing	
2	Behavioral Health	Three specialty appointments (new patient) 90 minutes, One walk-in/acute appointment.
3	Behavioral Health	Three specialty appointments (new patient) 90 minutes, One walk-in/acute appointment.[1]
4	Behavioral Health	Two specialty appointments (new patient) 90 minutes, Two follow-up 30 minutes, One walk-in/acute appointment.
5	Behavioral Health	Two specialty appointments (new patient) 90 minutes, Two follow-up 30 minutes, One walk-in/acute appointment.[1]

[1] Preceptee, preceptor, and department head may determine whether or not this orientation week is needed

ACRONYM LISTING

ACNM	American College of Nurse-Midwives
AANP	American Academy of Nurse Practitioners
AHLTA	Armed Forces Health Longitudinal Technology Application
ANCC	American Academy of Nurse Practitioners
BUMED	Bureau of Medicine and Surgery
CNM	Certified Nurse Midwife
COB	Complicated Obstetrics
COLPO	Colposcopy
GYN	Gynecology
HIPAA	Health Insurance Portability and Accountability Act
IUD	Intrauterine Device
NP	Nurse Practitioners
OB	Obstetrics
PCM	Primary Care Manager
SARD	Substance Abuse Rehabilitation Department
SIQ	Sick-In-Quarters
STD	Sexually Transmitted Disease
USU	Uniformed Services University of the Health Sciences