



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

IN REPLY REFER TO
BUMEDINST 5353.4C
BUMED-N3
30 Aug 2023

BUMED INSTRUCTION 5353.4C

From: Chief, Bureau of Medicine and Surgery

Subj: STANDARDS FOR ALCOHOL AND SUBSTANCE MISUSE SERVICES

Ref: (a) DoD Instruction 1010.04 of 20 February 2014
(b) DHA Procedural Instruction 6025.15
(c) OPNAVINST 5350.4E
(d) Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (NOTAL)
(e) American Society of Addiction Medicine, Patient Placement Criteria for Treatment of Substance Use Disorders, Third Edition (NOTAL)
(f) VA/DoD Clinical Practice Guideline, Management of Substance Use Disorders
(g) DoD Instruction 6490.08 of 17 August 2011
(h) Marine Corps Order 5300.17A

Encl: (1) Service-Specific Guidelines for Treatment of Substance Misuse
(2) Alcohol Misuse Voluntary Care Program
(3) Substance Abuse Rehabilitation Program Counselor of the Year Program

1. Purpose. To update a uniform set of standards for the provision of substance misuse services applicable to the Department of the Navy (DON) highlighted in enclosures (1) and (2), to establish guidelines and procedures, and to recognize outstanding achievements for military and civilian Substance Abuse Rehabilitation Program (SARP) counselors stationed afloat and ashore highlighted in enclosure (3). This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. BUMEDINST 5353.4B and BUMEDINST 1650.6.

3. Scope and Applicability. This instruction applies to all budget submitting office 18 activities, ashore and afloat. For the purpose of this instruction, budget submitting office 18 activities must follow the detailed processes outlined in enclosures (1) through (3).

4. Background. Section 702 of the National Defense Authorization Act of 2017, and the Assistant Secretary of Defense for Health Affairs (ASD(HA)) James Stewart Memorandum of 27 March 2019, assign responsibility for “substance misuse prevention and treatment” as a shared readiness and healthcare delivery function. DON continues to be responsible for the “deployability, assignability, or employability” of Service members. In executing these shared functions, the DON implemented specific readiness-related requirements specific to DON. Chief, Bureau of Medicine and Surgery (BUMED), maintains responsibility for the management of DON standards for prevention, early intervention, and aftercare services and treatment for

alcohol and other substance misuse, as well as oversight of the Navy Drug and Alcohol Counselor School (NDACS), the U.S. Navy Certification Board (USNCB), and the Clinical Preceptorship Program for alcohol and drug counselors (ADC).

5. Action and Policy. This instruction implements policies outlined per references (a) and (b) for the delivery of substance misuse services within DON substance misuse clinics and facilities, and aboard operational units. Reference (b) provides information for implementing alcohol and substance use disorder treatment services for the American Society of Addiction Medicine Levels 1 through 3. Reference (c) contains administrative guidance related to the assessment, treatment, and aftercare of Service members on active duty. Enclosures (1) and (2) describe the Navy-specific requirements for alcohol and substance misuse services. Diagnosis of substance use disorders must follow reference (d). References (e) and (f) provide guidance for determining the intensity and duration of all substance misuse interventions and substance use disorder services. Reference (e) is available at: <https://www.asam.org/asam-criteria>. Reference (f) is available at: <https://www.healthquality.va.gov/guidelines/MH/sud/>. A licensed and privileged health care practitioner, as outlined in reference (b), will be responsible for all clinical services provided by the SARP. For administrative standardization, these services will be referred to as the Navy SARP. The SARP program manager falls under Operations (BUMED-N3).

6. Roles and Responsibilities

a. Director, Operations (BUMED-N3) will:

(1) Provide oversight and standards for the provision of substance misuse services for DON, per enclosures (1) and (2).

(2) Designate a BUMED SARP program manager with the responsibility for BUMED policy execution and oversight at all SARP clinics, both medical treatment facilities (MTF) and operational, including the setting of strategic goals and objectives of the program, and the coordination with MTF and operational stakeholders on policy related to alcohol and substance misuse services, prevention, and treatment.

(3) Serve as Navy Medicine's (NAVMED) principal advocate and sponsor overseeing the SARP Counselor of the Year Program, per enclosure (3).

b. Commanding Officers of Navy Medicine Readiness and Training Commands will:

(1) Coordinate with the Defense Health Agency lead agent, as designated by ASD(HA), to develop an integrated plan for the delivery of substance misuse care and services to DON personnel.

(2) Ensure all prevention, early intervention, and aftercare recovery support for substance misuse and substance use disorder services meet the guidance in this instruction, including all references.

c. SARP Directors will: Submit a quarterly report, via the DON electronic tasker system, to the BUMED SARP program manager, BUMED-N3 to assist in access to medical readiness monitoring, system resource allocation, and clinical outcomes tracking.

d. Operational Medical Units: Provide assessment and treatment services for alcohol and substance use disorders are directed to adhere to, the maximum extent possible, all guidelines and references in this instruction, as well as all current substance misuse program instructions found in operational, shipboard, and aviation medical procedure manuals, where applicable.

e. Officer in Charge, Surface Warfare Medicine Institute, San Diego, CA will:

(1) Be responsible for the NDACS, which, through an intense, evidence-based introductory training curriculum, prepares enlisted Sailors as Navy ADCs.

(2) Coordinate the development of ADC training requirements and standards review for NDACS curriculum with the BUMED SARP program manager. Provide oversight of all contracts aimed at ADC training and development in consultation with the BUMED SARP program manager.

(3) Provide oversight to the USNCB.

f. USNCB will:

(1) Administer the Navy Alcohol and Drug Counselor Certification program.

(2) Serve as a member board of the International Certification & Reciprocity Consortium (IC&RC) and ensure adherence to IC&RC requirements in the testing and credentialing of IC&RC reciprocal level credentials.

(2) In consultation with the SARP program manager, develop policies and procedures for testing and credentialing of Navy alcohol and drug counselors, delineate and enforce the ethical requirements for appropriate practice as a counselor, and direct removal of the relevant counselor Navy enlisted classification and credentials when warranted.

7. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division program office.

7. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-N3 will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

9. Information Management Control. Reports required in subparagraph 6c, enclosure (1) subparagraph 2b(1), enclosure (1) subparagraph 5b, and enclosure (3) paragraph 6 of this instruction are exempt from reports control per Secretary of the Navy Manual 5214.1 of December 2005, part IV, subparagraph 7k.



D. K. VIA
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Releasability and distribution:

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

SERVICE-SPECIFIC GUIDELINES FOR TREATMENT OF SUBSTANCE MISUSE

1. Referral. Service members may refer themselves or be referred for evaluation and treatment services through different avenues. Service members involved in an alcohol or drug incident will be referred by their command for evaluation to determine the extent of alcohol or substance misuse and any co-occurring mental health concerns. Individuals referred by another medical service (e.g., emergency services, primary care manager, mental health provider, chaplain) will have an initial screening or clinical evaluation, which applies to the precipitating referral.

a. The SARP licensed provider's responsibility is to ensure these individuals are assessed to determine the existence and extent of alcohol and substance use, including an assessment of any co-occurring mental health concerns. This evaluation will include a biopsychosocial clinical assessment, diagnosis, and recommended level of care.

b. Policy and procedures of confidentiality apply to all patients. However, the extent and limits of confidentiality, as it applies to Service members, will be addressed before beginning any substance misuse evaluation. Informed consent will be obtained from all Service members prior to substance misuse evaluation and treatment.

2. Early Intervention. Early intervention programs will adhere to the principals of a continuum of care model outlined in the current edition of the American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Substance-Related Disorders, reference (e).

a. Level 0.5 is a psychoeducational program intended for individuals whose problems and risk factors appear to be related to alcohol or substance use, and who do not meet diagnostic criteria for alcohol or substance use disorders. Early intervention services are designed to explore and to address problems or risk factors that appear to be related to substance misuse and other mental health concerns, and to assist the individual in recognizing the harmful consequences and behaviors associated with problematic alcohol or substance use.

b. The early intervention program is designed as a structured or self-paced course with a set length, which is typically 16 hours, and curriculum. All SARP clinics ashore and afloat will utilize the Prevention Research Institute's current "Prime for Life" or virtual, self-paced "MyPrime" curriculum for all early intervention services provided.

(1) "Prime for Life" and "MyPrime" participants must submit a copy of their certificate of completion to their referring SARP clinic to meet the requirements of completing early intervention, whether completed virtually (self-paced) or in person.

(2) All certificates of completion will be scanned and entered in the Service member's Department of Defense electronic health record, and a copy sent to the Service member's commanding officer for all SARP command referrals.

3. Treatment. Substance use disorder treatment at Levels 1 through 3 will follow guidance set forth in references (a) and (b).

4. Aftercare

a. Aftercare recovery supports for Service members diagnosed with a moderate or severe alcohol or other substance use disorder are based on the clinical recommendation that abstinence is necessary for recovery. A primary goal of aftercare with this population is to set the foundation for developing an abstinent lifestyle. To this end, peer run, self-help recovery support groups, whether in-person or virtually, such as 12 Step, Celebrate Recovery, SMART Recovery, Secular Organizations for Sobriety, and other appropriate abstinence-based programs will be a based component of an abstinence-based aftercare program. In most cases, recovery support group participation is recommended for 1 year or more following Level 2 or 3 treatment. Frequency and duration of self-help recovery group participation will vary based on the clinical needs of the Service member.

b. SARP continuing care recovery support groups will be made available to Service members diagnosed with moderate or severe alcohol or substance use disorders, following completion of Level 2 or 3 treatment, or in other circumstances where abstinence may be clinically appropriate. SARP continuing care frequency and duration of participation is based on the clinical needs of the Service member, and in coordination with the Service member's command.

c. Aftercare requirements for Marines are outlined in reference (h).

5. Completion of Treatment. Reference (c) describes the potential consequences (i.e., up to and including administrative separation) for Sailors who do not demonstrate the expected level of recovery during treatment and aftercare. Successful completion is based on a Service member's ability and willingness to achieve the goals and objectives of their individualized treatment plan, including all recommended aftercare. A clearly defined list of treatment expectations must be included in the individualized treatment plan signed by the Service member, which remains applicable throughout the course of treatment, to include any recommended recovery supports.

a. Missed appointments, failure to complete treatment assignments, failure to make progress on the agreed upon treatment plan, and failure to attend recommended aftercare are examples of not demonstrating an expected level of recovery. Unsuccessful attempts to address this behavior may result in discharge from the Service member's treatment program, and notification of discharge to the Service member's command.

b. The SARP interdisciplinary treatment team may consider a transition to a higher level of care, a change in treatment plan, or a discharge from the treatment program when a patient's progress is impeded beyond reconciliation. Discharge from the treatment program will also be considered if an individual's actions place the recovery of other Service members at risk. A

summary of care will be provided to the Service members command, which will reflect the steps taken to intervene before treatment discharge. Per reference (c), it is the responsibility of commanding officers to determine whether any Service member discharged from a treatment program has the potential for further useful service and to submit a waiver.

6. Program Staff and Organization

a. Shore-based substance use disorder treatment services may be delivered through free-standing clinics of military MTFs, departments within MTFs, or as a component of a mental health department. Shipboard and aviation alcohol misuse and substance use disorder treatment services are provided through the command's medical department.

b. Enlisted certified and intern alcohol and drug counselors are involved in the direct provision of clinical services as their primary duty. Significant consideration will be given to minimize collateral duty assignments and to ensure counselors are able to develop and maintain effective substance use disorder counseling competencies and skills.

c. The importance of completing the intern supervised clinical supervision hours in a timely manner, typically 18 to 24 months, and impact on quality of patient care will be considered before intern counselors are pulled from their assigned SARP clinic to fill other positions or collateral duties or deployments.

d. Enlisted counselors will not be in positions (e.g., disciplinary review board) where their involvement can be perceived as a conflict of interest. Enlisted counselors will not be utilized as a drug and alcohol program advisor, alcohol and drug control officer, urinalysis program coordinator, or otherwise assist in the collection of non-medical urine samples.

e. Recognizing the unique nature of prevention, early intervention, and treatment of substance use disorders, all SARP clinical personnel will be trained in the assessment and treatment of alcohol and substance use disorders, including other mental health disorders and will attend appropriate professional development conferences and workshops to maintain current knowledge in this specialty. Funding for continuing education and training is the responsibility of the local command.

7. Executive Advisory Committee (EAC). A SARP EAC reporting to and providing input to BUMED Operations (BUMED-N3) SARP program manager will be maintained. The purpose of the EAC is to identify priority action issues and to make continuous process and policy improvement recommendations that impact medical readiness to the BUMED SARP program manager. The EAC also assists in developing policy, guidelines, implementation instructions, education plans, and readiness outcome measures. The committee may establish work groups, as appropriate, to address significant processes impacting substance misuse services.

- a. Membership. EAC core membership will consist of department heads or their representatives from: NDACS and SARPs in Portsmouth, Virginia; San Diego, California; Jacksonville, Florida; Camp Pendleton, California; and Camp Lejeune, North Carolina. Two additional ad hoc members will be drawn from other SARP locations across the enterprise. A Fleet enlisted counselor representative and addiction psychiatry subspecialty leader representative, when available, will also be appointed as permanent SARP voting members. Other members-at-large may be appointed at the discretion of the BUMED SARP program manager. Ad hoc SARP members will serve for 3 fiscal years, regardless of any change in personnel.
- b. Members will be required to participate in-person, telephonically, via e-mail, or virtually as required by the BUMED program manager. Participation may include attending committee meetings and consultations on a regular or recurring basis, provide support for projects, serving as a selection board member for the SARP Counselor of the Year award, and otherwise advising the BUMED program manager when changes to policy or strategy are recommended. Members are expected to be involved or to attend all scheduled EAC meetings, to respond to other requests from the BUMED program manager, and to identify an authorized designee if unavailable.
- c. Chair. Chair is appointed from one of the core voting members by the SARP program manager and will serve for 3 fiscal years. In conjunction with the BUMED program manager, the chair of the committee will convene and preside at all virtual or in-person meetings of the EAC, set its agenda, and coordinate its work.
- d. The EAC will meet, at a minimum, once per fiscal year. Meetings may be held by video conference, teleconference, or e-mail.
- e. Navy Drug and Alcohol Deterrence Office (OPNAV N173) will provide consulting staff support to the EAC, as available.
- f. Approval. This Charter will remain in effect until amended or replaced.

ALCOHOL MISUSE VOLUNTARY CARE PROGRAM

1. As part of the ongoing effort to eliminate the stigma of help-seeking behavior for alcohol misuse, per reference (b), NAVMED will institute a voluntary care pathway for alcohol misuse. Voluntary alcohol misuse care, as distinguished from mandatory enrolled substance use disorder treatment, does not require notification to a Service member's commanding officer as outlined in reference (g). This program creates a pathway for Service members who meet specific criteria to receive alcohol misuse services without notification to their commanders, if the criteria for non-notification are met and maintained throughout voluntary care. These criteria will be fully explained to all Service members participating in the program, as part of the informed consent process prior to commencement of SARP screening and evaluation for treatment.

2. Criteria for command notification of Substance Misuse Treatment. Licensed healthcare providers and ADCs will conduct a complete clinical assessment to determine whether an alcohol or substance use disorder diagnosis is present. The Service member will be enrolled in regular substance use disorder treatment, with notification to the Service member's command, when any of the conditions in subparagraphs 2a through 2e of this enclosure are present:

a. The Service member has a substance use disorder diagnosis related to illicit drug use, including illicit use of prescription drugs.

b. The Service member's alcohol use is identified through military or civilian law enforcement investigation or apprehension, an alcohol breath or blood test indicating alcohol impairment while the Service member is on duty, or a diagnostic assessment confirming the presence of an alcohol or substance use disorder. Per reference (c), there can be no credible evidence that the Service member seeking the referral has been involved in an alcohol or other substance incident.

c. Following screening, or at any point during treatment, the Service member is recommended by a licensed independent provider for a level of care at or above American Society of Addiction Medicine Level 2. This could include an intensive outpatient program or partial hospitalization program (Level 2), a residential treatment program (Level 3), or inpatient detoxification (Level 4).

d. The Service member's alcohol use affects his or her judgment, reliability, or trustworthiness, or presents a clear risk to safety, security, occupational functioning, or mission. Providers and alcohol and drug counselors will notify commanders of any concerns related to safety or mission readiness consistent with command notification requirements for other behavioral health conditions, per reference (g).

e. The Service member has specific command notification or other requirements to maintain compliance with their community's personnel reliability program.

3. Alcohol misuse voluntary care will follow the procedures applicable to all other types of substance use disorder care. Service members are eligible to receive voluntary alcohol misuse care when requested by the Service member, without requiring a referral or coordination with the Service member's command or drug and alcohol program advisor. Scheduling for early intervention or Level 1 services may proceed, provided alcohol misuse, or alcohol use disorder, mild, is present, but the Service member does not meet any of the criteria for enrollment in mandatory substance use treatment described in subparagraphs 2a through 2e of this enclosure.
4. A treatment plan will be developed in collaboration with the Service member, ADC, and licensed healthcare provider tailored to meet the Service member's identified needs (e.g., frequency and type of visits, psychoeducation needs, support group participation). If at any time a Service member receiving alcohol misuse voluntary care meets any of the criteria for enrollment in formal mandatory substance use disorder treatment as described in subparagraphs 2a through 2e of this enclosure, the healthcare provider or ADC will provide notification to the Service member's commander. Following this notification to the command, the Service member will be enrolled in regular alcohol or other substance use disorder treatment.
5. A choice to discontinue voluntary alcohol misuse treatment by a Service member is not considered an inability to demonstrate an expected level of recovery by a SARP clinic or facility. A history of seeking voluntary alcohol misuse treatment, including discontinuation of this care, will not be used by the Service member's command as a basis for administrative separation or non-judicial punishment.

SUBSTANCE ABUSE REHABILITATION PROGRAM
COUNSELOR OF THE YEAR PROGRAM

1. SARP alcohol and drug counselors are highly trained Navy petty officer and civilian healthcare providers with clinical and management skills necessary to operate in any setting under the supervision of a licensed independent practitioner. Whether providing counseling services afloat or ashore, SARP counselors play an integral role to the success of the Navy Medicine readiness mission. The SARP Counselor of the Year Award recognizes and encourages notable contributions by Navy SARP counselors and serves to promote esprit de corps and an atmosphere and expectation of excellence by spotlighting the most outstanding SARP counselors serving in each community.
2. BUMED will select one military and one civilian SARP counselor based upon contributions made to their clinic or team during the fiscal year. Personnel previously nominated as the SARP Counselor of the Year are not precluded from being nominated in subsequent years. A sample format for all nomination packages is included in this enclosure. Nominations will be submitted via their respective operational or MTF chain of command.
3. BUMED-N3 will serve as NAVMED's principal advocate and sponsor overseeing the conduct of the SARP Counselor of the Year award. BUMED-N3 will convene an awards board composed of all voting SARP EAC members. The awards board will grade and rank each nomination package and forward results to BUMED-N3 for final review and selection of awardees. The SARP Counselor of the Year nomination message will be forwarded annually to all commands with SARP counselors assigned via the DON electronic tasker system.
4. Award Categories and Criteria. Commanding officers and officers in charge with a SARP may nominate one individual per category.
 - a. Active Duty SARP Counselor of the Year must:
 - (1) Be in the grade of E-4 through E-9.
 - (2) Hold Navy enlisted classification code 810C or current Bureau of Naval Personnel equivalent designation, certified Navy alcohol and drug counselor.
 - (3) Have worked in a nominating MTF or operational command for a minimum of 12 months. Time worked between two separate SARP clinics may be combined to meet the 12-month eligibility requirement.
 - b. Civilian SARP Counselor of the Year:
 - (1) Must be general schedule or contract staff. Commands nominating contractor staff must notify the contractor's contracting officer representative for approval.

(2) Must be certified at the ADC II level at the time of nomination or hold International Certification & Reciprocity Consortium or state equivalent civilian certification.

(3) Must have worked in a nominating MTF or operational command SARP for a minimum of 12 months. Time worked between two or more separate SARP clinics may be combined to meet the 12-month eligibility requirement.

5. Award Nomination Package Requirements. Nomination packages must include:

a. Letter of Recommendation. Must be endorsed by commanding officer or officer in charge.

b. Brief Biography. Document is limited to one single-spaced page, 12 point, Times New Roman Font.

c. Nomination Narrative. Document is not more than two single-spaced pages, 12 point, Times New Roman Font. Highlighted accomplishments of eligible nominees should be included, but are not limited to:

(1) Demonstrated competency in completing assessments, documentation, and providing individual and group counseling, workshop facilitation, and other contributions to their SARP.

(2) Proven excellence in leadership and management of SARP duties.

(3) Active development of professional skills through advanced certification, workshops, higher education, and preceptorship.

(4) Unique contributions to their SARP and how those contributions have impacted the overall NAVMED readiness mission.

(5) Other relevant considerations supporting the nomination for SARP Counselor of the Year.

6. Submission Deadline. Nominees must have their award packages submitted to BUMED-N3 SARP program manager no later than 1 November annually. Award packages should be submitted via the DON electronic tasker system. Operational SARPs afloat and ashore may alternatively submit nomination packages directly via e-mail to the BUMED SARP program manager or designee, if the DON electronic tasker system is not accessible to the command.

7. Award Notification. Enlisted SARP Counselor of the Year awardees will be presented with a Flag Letter of Commendation signed by Chief, BUMED. General schedule and contract counselors will be presented with a certificate of appreciation.

BUMEDINST 5353.4C
30 Aug 2023

SUBSTANCE ABUSE REHABILITATION PROGRAM COUNSELOR OF THE YEAR
AWARD NOMINATION PACKAGE FORMAT
(command letterhead)

SSIC
Code/Ser
Date

From: Commanding Officer, USS Serenity
To: Chief, Bureau of Medicine and Surgery

Subj: SUBSTANCE ABUSE REHABILITATION PROGRAM COUNSELOR OF THE
YEAR AWARD NOMINATION – ACTIVE DUTY CATEGORY IN CASE OF MR1
JOSEPHINE SUPERSAILOR, USN

Encl: (1) MR1 Josephine Supersailor Biography
(2) MR1 Josephine Supersailor Nomination Narrative

1. MR1 Josephine Supersailor is hereby nominated for the Substance Abuse Rehabilitation Program Active Duty Counselor of the Year Award. Enclosures (1) and (2) are submitted for consideration. MR1 Supersailor is an exemplary professional and has my highest endorsement for the Substance Abuse Rehabilitation Program Active Duty Counselor of the Year Award.

2. MR1 Supersailor's superior professionalism, distinctive performance, and exemplary attitude make her an ideal nominee.

3. Point of contact for this command is CDR John Superboss. He can be reached at (123) 456-7891 or john.superboss@navy.mil.

[commanding officer or authorized official]

MR1 JOSEPHINE SUPERSAILOR BIOGRAPHY
(limit to one page)

[Use this space to tell us about the nominee. For example, life prior to enlisting in or taking a job with the Navy, career highlights since enlisting in or taking a job with the Navy, any significant awards or honors received either prior to or since enlisting in or taking a job with the Navy, educational or volunteer accomplishments, or anything else that reflects character or highlights interests.]

MR1 JOSEPHINE SUPERSAILOR NOMINATION NARRATIVE

(limit to two pages)

1. Demonstrated competency in completing assessments and documentation, and providing individual and group counseling, workshop facilitation, and other contributions to their SARP.
2. Clear examples of proven excellence in leadership and management of SARP duties.
3. Active development of professional skills through workshops, higher education, advanced certification, and active preceptorship involvement.
4. Unique contributions to their SARP and how those contributions have impacted the overall Navy and Marine Corps mission.
5. Other considerations supporting the nomination.