

**Change 134**  
**Manual of the Medical Department**  
**U.S. Navy**  
**NAVMED P-117**

**11 Sep 2009**

To: Holders of the Manual of the Medical Department

1. **This Change** completely revises Chapter 8, Nurse Corps. This change updates guidance for the establishment, mission, function, and roles of the Navy Nurse Corps and its officers.

2. **Action**

- a. Remove Chapter 8 and replace with new Chapter 8.
- b. Record this Change 134 in the Record of Page Changes.

*A. M. Robinson, Jr.*

A. M. ROBINSON, JR.  
Chief, Bureau of  
Medicine and Surgery

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**Chapter 8**

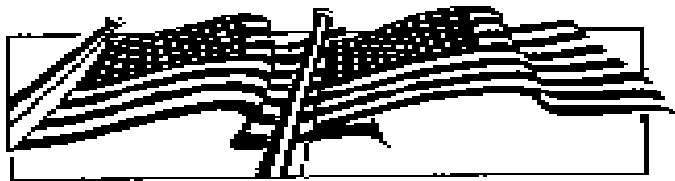
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**NURSE CORPS**

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# Chapter 8

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## Section II

# ORGANIZATION

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### 8-3

#### Director, Navy Nurse Corps

(1) The Director, Navy Nurse Corps is appointed by the Secretary of the Navy upon the recommendation of the Chief, BUMED. The grade of the Director will be Rear Admiral (upper half) and will serve a term of 4 years. (10 USC § 5150).

(2) The Director, Navy Nurse Corps is responsible to the Chief, BUMED via the Vice Chief, BUMED for the administration, direction, and coordination of the Navy Nurse Corps.

### 8-4

#### Office of the Navy Nurse Corps of BUMED

(1) The Director, Navy Nurse Corps is also the Director, Navy Nurse Corps Office, BUMED. The Director is responsible for the performance of all functions of the office. The Office of the Nurse Corps (BUMED-M00C3) plans, advises, and makes recommendations regarding changes in administrative policy related to nursing; promotes and makes

recommendations regarding implementation of professional standards for nursing practice; develops, coordinates, evaluates, and advises on matters pertaining to personnel policy, military requirements, and professional qualifications of Nurse Corps officers and other nursing personnel; makes recommendations to the Navy Personnel Command (NAVPERSCOM) regarding procurement, distribution, separation, training, career development, and accounting of nursing service personnel; and implements policies of the Chief, BUMED, as they relate to nursing practice, service, education, and research.

(2) The Office of the Nurse Corps includes: The Director, Deputy Director, Navy Nurse Corps; Deputy Director, Reserve Component; Assistant for Nurse Corps Career Plans; Assistant for Nurse Corps Policy and Practice; Assistant for Reserve Matters; and Nurse Corps Administrative Fellow (Recruitment and Retention).

(3) Other Nurse Corps officers may supplement the office with their subject-matter expertise, related to their roles and responsibilities in their cognizant BUMED codes, such as:

(a) Nurse Corps officers assigned to the Medical Inspector General team, who are directly responsible to the Medical Inspector General to: Assess all nursing activities in meeting the goals and objectives for providing quality patient care; determine if nursing service standards established by professional nursing organizations and health care

accreditation agencies are being met; assess compliance with BUMED instructions as they relate to patient care and safety; evaluate the physical and social environment of patients and personnel and identify hazardous conditions; determine the adequacy of nursing personnel, supplies, and equipment and evaluate the effect of noted deficiencies in accomplishing patient care objectives; and provide recommendations to assist nursing activities to promote and maintain the highest standards of patient care and nursing practice.

(b) Chief, BUMED's Specialty Leaders of Active and Reserve Component (see BUMEDINST 5420.12 series) provide expert advice to Chief, BUMED and Director, Navy Nurse Corps regarding their clinical specialty, maintain pertinent specialty information to assist with recruiting and accession activities.

(c) Nurse Corps Personnel Plans Analyst, Nurse Corps Manpower Analyst, and others, as applicable.

## 8-5

### Other Nurse Corps Positions

(1) Nurse Corps officers who serve as liaison to the Director may be assigned to, but not limited to, the following positions:

(a) Nurse Corps officers assigned to NAVPERSCOM are responsible to the Commander, NAVPERSCOM. They act as liaison officers to the Office of the Nurse Corps, BUMED for coordinating personnel actions related to assignment, distribution, retirement, recall, and release from active duty.

(b) The Director, Nurse Corps Programs is assigned to the Naval Medicine Manpower, Personnel, Training and Education (NAVMED MPT&E), and is responsible to the Commanding Officer, NAVMED MPT&E. This officer plans, coordinates, administers, and evaluates education and training programs for Nurse Corps officers to meet operational and clinical requirements determined by BUMED.

(c) The Head, Navy Nurse Corps Anesthesia Program works with the Uniformed Services University for the implementation of administrative policies and the management, supervision, and coordination of all phases of training and education for nurse anesthetists.

(d) Nurse Corps officers assigned to research and special projects are responsible for administering and coordinating resource planning; initiating and conducting research projects and studies in clinical nursing, nursing education, and nursing administration designed to improve the delivery of patient care services; interpreting and reporting research findings; and making recommendations for improvement of nursing practice and development of nursing personnel based on these findings.

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## Section III

# NURSE CORPS OFFICERS

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## 8-6 Grades and Strength

(1) The Secretary of the Navy prescribes the authorized strength and grade levels of active duty Nurse Corps officers based upon the overall needs of the Navy Medical Department.

(2) The Nurse Corps consists of officers in the grade of Ensign through Rear Admiral.

## 8-7 Appointments

(1) *Initial appointments in the Nurse Corps, Navy Reserve*, are made in the grades of Ensign, Lieutenant (Junior Grade), and Lieutenant depending upon the professional and personal qualifications of the applicant as outlined in OPNAVINST 1120.7 series. Specific requirements are detailed in Program Authorization 116 and 316 for Active Duty and Program Authorization 215 for Selected Reserve.

(2) *Registration Requirement (Regulatory)*. All Nurse Corps officers are required to maintain an active, current, and unrestricted registration or license as a professional nurse in a State, the District of Columbia, the Commonwealth of Puerto Rico, or a territory of the United States based on a licensing examination provided by the National Council of State Boards of Nursing (NCLEX-RN).



(3) *Advanced Education and Certification Requirements for Nurse Providers.* Additionally, Certified Registered Nurse Anesthetists (CRNAs), Nurse Practitioners (NPs), and Nurse Midwives must have graduated from a graduate educational program, in their respective specialty, approved by the Council of Accreditation of Nurse Educational Programs/Schools and have passed the certification examination for the respective professional specialty organization or the Boards on Certification of the American Nurses Credentialing Center (ANCC).

**8-8**

**Promotions**

(1) Officers of the Nurse Corps become eligible for promotion when they complete the prescribed period of active duty in their current grade or accumulate the required promotion and entry grade credits as specified in Public Law 96-513 of 12 December 1980, the Defense Officer Personnel Management Act (DOPMA). Also see DoD Instruction 6000.13.

(2) Nurse Corps Ensigns and Lieutenants (Junior Grade) are promoted accordingly upon the promulgation of the promotion authority by the Secretary of the Navy and upon the commanding officer's recommendation that the officer is mentally, physically, morally, and professionally qualified.

(a) Promotions to lieutenant commander and above are made upon the recommendations of a selection board convened for each grade. Each Nurse Corps officer is selected for promotion in competition with other Nurse Corps officers of the same grade on the basis of performance as stated in the officer's fitness report.

**8-9**

**Retention of Active Duty**

(1) All Nurse Corps officers on active duty are extended through the process of negotiating permanent change of station (PCS) orders, unless member is requesting release from active duty, resignation, or retirement.

**8-10**

**Release from Active Duty**

(1) *Voluntary.* A Navy Reserve officer desiring release from active duty (RAD) at or beyond completion of their active obligated service must notify NAVPERSCOM by letter, at least 9 months, but not more than 12 months prior to the month. Requests received from Reserve officers who desire early release or release from indefinite extension of active duty are processed per Military Personnel Manual (MILPERSMAN) articles 1920-100 and 1920-200, respectively. A board convened by NAVPERSCOM considers requests for early release of Reserve officers. Active or inactive obligated service in the Naval Reserve Component is delineated in the member's original service contract and in Title 10, USC § 651.

(2) *Involuntary.* The involuntary release of Reserve officers is detailed in MILPERSMAN article 1920-010 and SECNAVINST 1920.6 series.

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**8-11****Resignation**

(1) Officers of the Regular Navy and the Navy Reserve serving on active duty may submit a request for resignation after fulfilling the service requirements of SECNAVINST 1920.7 series.

**8-12****Retirement****(1) Voluntary Retirement, Regular Officers**

(a) OPNAVINST 1811.3 series sets forth the policy concerning retirement of commissioned officers with 20 or more years of active service. An officer of the Navy requesting retirement after completing more than 20 years of active service, of which at least 10 years were as a commissioned officer, may be retired on the first day of the month designated by the President. (Title 10 USC § 6323, as amended by Public Law 101-510 of 5 November 1990). Requests for retirement from members with 20 or more years of active service will be considered on the basis of the overall needs of the service and the merits of the individual request. See MILPERSMAN article 1810-020 for applicability.

(b) Final approval of a request for retirement rests with the Secretary of the Navy. Approval of requests will normally be withheld until the individual will have completed a minimum of 2 years at the current duty station, or 1 year if preceding tour was outside of the Continental United States (OCONUS), as of the official retirement date.

(c) Application for retirement at projected rotation date (PRD) should be submitted in time to reach the NAVPERSCOM 6-9 months prior to PRD. For retirements prior to PRD, applications should be submitted 9-12 months in advance of requested retirement date.

(2) **Statutory Service Retirement, Regular Officers.** General guidance follows:

*A Nurse Corps officer on the active duty list with permanent appointment in the grade of:*

(a) **Captain** will be retired by the President on the first day of the month following the month in which the officer completes 30 years of active commissioned service.

(b) **Commander** who is not on a promotion list to Captain and is considered as having twice failed selection shall be retired by the President on the first day of the month following the month in which the officer completes 28 years of active commissioned service.

(c) **Lieutenant Commander** who is not on a promotion list to Commander and is considered as having twice failed selection shall be involuntarily separated if they have less than 14 years of creditable commissioned service; those with 14 or more years of service may request continuation of service to retirement eligibility, and be retired by the President on the first day of the month following the month in which the officer completes the necessary commissioned service.

(3) **Retirement, Reserve Officers.** MILPERSMAN article 1820-010 contains the basic regulations concerning retirement of Reserve officers on active duty. Additionally, BUPERSINST 1001.39 series, Chapter 20, references Reserve Retirements. Nurse Corps officers of the Navy Reserve may, at any time upon request, be retired with pay after 20 years of service on the active duty list of the Armed Forces. To obtain retirement benefits, Reserve officers must request and be approved for retirement. SECNAVINST 1920.6 series contains the pertinent administrative policy and information for the involuntary release from active to inactive duty of Reserve officers. In general, they are released from active duty on the first day of the month following the month in which they attain retirement eligibility, if they have not officially requested retirement.

(4) **Physical Disability Retirement, Reserve and Regular Officers.** MILPERSMAN article 1850-010 contains the basic regulations relative to retirement as a result of a physical disability.

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## SECTION IV DUTIES OF THE NURSE CORPS OFFICER

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### 8-13

#### General Duty Assignments

(1) Nurse Corps officers are assigned to Navy and Marine Corps activities in the Continental United States (CONUS), OCONUS, and operational billets.

(2) A tour of duty is influenced by several factors. These include, but are not limited to, the ratio of sea and overseas billets to those ashore within CONUS; the number of officers on active duty for limited periods; requirements for officers with special qualifications; billets of an unusually arduous nature or in isolated areas; training requirements; and the desires of the individual officer. Tour lengths follow Bureau of Naval Personnel (BUPERS) policy.

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**8-14**

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**Role Assignments  
and Responsibilities**

(1) Position titles may vary depending upon command structure:

(a) *Staff Nurses* comprise the majority of the Nurse Corps; they are responsible for planning and administering nursing care in any health care environment. They teach and guide both new nurse graduates and Hospital Corpsmen as they develop nursing care skills and refine their assessment abilities in preparation for operational commitments and advanced training.

(b) *Division Officers* are responsible for the administration of nursing functions in a designated patient care area. They ensure quality care through professional knowledge and clinical expertise in assessing, planning, providing, directing, evaluating, and documenting all nursing activities. In addition, the division officer establishes and coordinates educational and training programs for patients and nursing personnel; assigns duties for each staff member, recognizing experience and professional competence; ensures a proper and safe environment for patients and personnel; and assists in research, or special projects as assigned.

(c) *Clinical Nurse Specialists* provide highly skilled, specialized nursing care and are responsible for coordinating the orientation of newly assigned nursing personnel; developing, planning, and implementing new approaches to nursing care; providing assistance and consultation to nursing staff in solving complex patient care problems; conducting specialized clinical teaching on both a formal and informal basis; participating in an interdisciplinary approach to patient care and case management; and conducting research and evaluating current methods and practices. Specific roles vary by facility size, beneficiary population, and mission.

(d) *Department Heads* primarily ensure that nursing personnel provide safe, efficient, and therapeutically effective patient care. To accomplish this function, they organize, direct, supervise, counsel,

instruct, and appraise the performance of nursing personnel in planning, providing, and evaluating nursing care based on the needs and responses of patients while considering the preparation and experience of the available staff. The department head collaborates with appropriate representatives of other services, disciplines, and agencies to improve the quality and quantity of services rendered and to maintain the highest professional standards of care.

(e) *Advanced Practice Nurses* (nurse anesthetists, nurse midwives, and nurse practitioners) are licensed independent health care practitioners who are privileged to diagnose, initiate, alter, or terminate health care treatment regimes in medical treatment facilities, consistent with the provisions of BUMED-INST 6320.66 series, Credentials and Privileging Program. They are assigned as members of the medical staff to the commanding officer in a specialty-coded billet and perform collateral duties as assigned. Administratively, nurse providers serve as or under the clinical department head. They must comply with the continuing education requirements necessary to maintain State licensure and professional specialty certification and must show evidence of continuing competency as required by their professional specialty organization. They should be afforded the opportunity to attend at least one funded professional meeting each year.

(1) *Nurse Practitioners (NP)* function in advanced practice roles in a specialized area of nursing and possess the knowledge and clinical skills to provide expanded services to patients.

(2) *Certified Nurse Midwives (CNM)* deliver full scope of obstetric and gynecologic care from low risk to healthy women and their babies in the areas of prenatal care, labor and delivery management, postpartum care, well-women gynecology, and normal newborn care.

(3) *Certified Registered Nurse Anesthetists (CRNA)* are responsible for the care of patients to be rendered unconscious or insensitive to pain. Their practice includes preoperative evaluation with intraoperative and postoperative monitoring and treatment.

(f) *Senior Nurse Executive (SNE)* is a professional nurse at the executive level responsible to the Regional Commander or medical treatment facility commanding officer, who provides effective coordinated leadership to deliver nursing care, treatment, and services. The SNE carries the ultimate authority and responsibility for planning, directing, coordinating, and evaluating nursing activities. As a member of the executive leadership staff, the SNE participates in formulating facility policy; devising procedures to achieve strategic goals and objectives, and developing and evaluating programs and services. The nature of the position includes accountability for creating a system which fosters the participation of nurse leaders and staff members in planning, implementing, and evaluating nursing practice to ensure safe, efficient, and therapeutically effective nursing care.

(g) *Education Officers* plan, organize, direct, coordinate, evaluate, and document various training programs. From division to command levels, at medical treatment facilities and at training commands, the education officers provide necessary training to ensure clinical skills development and maintenance, technical training, and leadership and management education. Often entering the world of education via a collateral duty assignment, the education officer progresses from novice, possibly through Master Training Specialist, to graduate-prepared Education and Training Management Specialist. They provide instructional, management, and executive expertise at Hospital Corps Class A and C Schools, NAVMED MPT&E commands, the Naval Education and Training Command (NETC), and joint-service training programs.

(h) *Nurse Recruiters* are responsible for the acquisition of qualified applicants into all Medical Department officer corps. They represent the Navy Nurse Corps to the civilian health care community as they conduct interviews of prospective officer applicants and present at professional, educational, and civilian meetings.

(i) *Executive Medicine* opportunities exist for all communities of the Medical Department when assigning the best-qualified officers. Nurse Corps officers who wish to pursue this goal must begin early to acquire the educational prerequisites and management experiences on which to build a repertoire of leadership successes.

(1) *Facility-Based Roles.* Title 10 USC § 5945 allows staff corps officers the opportunity of command over appropriate activities, i.e., medical treatment facilities for Medical Department personnel. Nurse Corps officers meeting the guidelines for executive medicine have the opportunity to serve as directors, as well as executive and commanding officers.

(2) *Headquarters, Tri-service, Department of Defense (DoD) Roles.* Nurse Corps career opportunities are continually expanding. Nurse Corps officers bring a unique perspective to health care management, employee relations, organizational development, and patient care. Their assignments at BUMED, and in tri-service or DoD programs, involve development and implementation of service or department-wide policies and programs to enhance health care system effectiveness.

(j) *Fellowships and Nominative Billets.* Varied opportunities become available throughout the assignment year which requires special attention, application, or nomination by senior level staff. Nurse Corps officers who are interested and possess the basic qualifications should indicate interest in these opportunities in their correspondence with their assignment officers. Generally reserved for experienced officers, fellowships (i.e., Joint Commission (JC) and others) regularly accommodate nominations from the Director, Navy Nurse Corps. Nominative billets (i.e., White House Medical Unit, commanding officer/executive officer assignments, DoD, BUMED, or BUPERS assignments) require additional screening, review, and approval beyond that normally accorded by the medical placement process. Usually mandated only for the more senior or joint-duty positions, this process also pertains to high-visibility and/or high-security assignments.

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## Section V

# MANAGEMENT AND ADMINISTRATION

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## 8-15

### Utilization of Nursing Personnel

(1) Regardless of duty assignment, the principal duty of Nurse Corps officers is to optimize the well-being of military beneficiaries/clients by positively influencing every aspect of the health care delivery system.

(2) As the providers of nursing care, Nurse Corps officers lead, teach, and guide those who assist in meeting the needs of our customers. To accomplish this, they enhance health and wellness through a holistic nursing approach; improve health care by anticipating and responding to their needs; meet operational requirements through personal readiness and teamwork; and shape the future of health care through leadership, role diversification, education, research, and collaboration. They value individual worth; foster personal and professional excellence;

and promote esprit de corps in an environment distinguished by collegiality, commitment, compassion, creativity, empowerment, equity, innovation, integrity, mentoring, and risk-taking.

## 8-16

### Professional Practice Guidelines

(1) The practice of nursing takes place within a dynamic health care system to meet mission requirements. It is client-focused, research-based, and guided by professional standards. Supporting the American Nurses Association's Standards of Practice, the Nurse Corps adapts and consistently applies professional standards to nursing practice in all settings. Facility-specific standards of care and practice are developed by the SNE with other nursing leaders. The SNE has ultimate authority for establishing/approving those standards, consistent with the JC standards.



(2) Nurse providers function within the recognized standards of practice and scope of care delineated by their professional specialty-certifying organizations, as they integrate nursing and medical expertise with clinical research skills. Their practice must also be consistent with the credentials and privileges granted per BUMEDINST 6320.66 series.

## 8-17

### Nursing Proficiency

(1) ***Duty Under Instruction (DUINS) Program.*** Graduate education is the cornerstone of nursing proficiency. As life-long learners, Nurse Corps officers are encouraged to pursue educational opportunities to enhance professional growth. The Navy Campus Office administers the Tuition Assistance Program for part-time course work. The DUINS program provides tuition, in addition to pay and allowances, while Nurse Corps officers attend school full-time as their primary duty.

(a) Selection for graduate and post-graduate training is highly competitive and occurs at formal boards convened annually by the Chief, Navy Personnel Command. Nurse Corps officers are selected and assigned to DUINS to develop the skills necessary to satisfy specific mission requirements.

(b) BUMEDINST 1520.27 series provides detailed information on application and selection considerations. The Nurse Corps education program manager provides specific counseling and coordinates educational requirements.

(c) Nurse Corps officers who fail of selection (FOS) for promotion while assigned to DUINS are evaluated on a case-by-case basis for continued academic enrollment. Factors weighed in this determination include: grade to which member has failed to select and applicable statutes, length of academic program, progress toward program completion, and academic performance.

(d) Nurse Corps officers completing education programs to qualify as nurse providers must satisfy specialty certification requirements within 12-18 months, depending upon the specialty. Those who

fail to do so in the prescribed time are subject to processing for cause as prescribed in SECNAVINST 1920.6 series.

(2) ***Subspecialty Codes.*** As health care increases its complexity, nursing becomes more specialized. Matching billet requirements to specific personnel qualifications is increasingly necessary. The Navy subspecialty code system designates requirements and qualifications in terms of specialty education, experience, and certification. The system enables personnel managers to identify individual officer qualifications and to plan the education and training requirements for the Nurse Corps. NAVPERS 15839I, Manual of Navy Officer Manpower and Personnel Classifications, Volume I, provides detailed guidance on the Navy's subspecialty system. BUMEDINST 1214.1 series provides Medical Department-specific application.

(3) ***The professional area of subspecialty concentration*** is influenced by the needs of the service and the current and anticipated inventory of qualified officers. Individual officers are responsible for acquiring the requisite qualifications and ensuring that their subspecialty codes accurately reflect the most pertinent and current specialty-utilization information as they traverse the career ladder. The Nurse Corps Career Plans Officer and Nurse Corps Personnel Planner provide advice and assistance in preparing requests for and maintaining accurate subspecialty code information. The primary subspecialty code should reflect the individual's area of greatest proficiency and current assignment.

(4) ***Additional Qualification Designation (AQD) Codes*** identify specific additional qualifications, skills, knowledge, or experience required to perform the duties and/or functions of a billet beyond those implicit in the billet designator, grade, Naval Officer Billet Classification (NOBC) Code, or subspecialty code. The Nurse Corps-applicable AQD codes generally reflect operational skills, knowledge, or experience. The Nurse Corps Career Plans Officer and Nurse Corps Personnel Planner assist the Navy Personnel Command assignment and placement officers in administering this process.

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**8-18**

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**Duties in Operational Settings and Contingency Roles**

(1) **Maintaining Readiness.** The primary mission of the Navy Medical Department is to provide for the health care needs of Navy and Marine Corps personnel and others as authorized by law. Professional nursing duties as a naval officer include: Delivering professional nursing care, including health promotion and education; instructing hospital corpsmen in patient care delivery; preparing for nursing care of the casualty following the medical capabilities available to deliver safe patient care while adapting to different health care delivery environments. These requirements are the foundation of the Navy Nurse's commitment to maintain personal and professional readiness to meet any peacetime mission or wartime contingency.

(a) **Active Duty.** Nurse Corps billets provide opportunities for experienced, fully-prepared Nurse Corps officers to serve in assignments with fleet forces and with the Marine Corps. When assigned to CONUS fixed medical treatment facilities, most Nurse Corps officers have a designated contingency assignment which, when activated, becomes their primary duty. Subspecialty code, billet sequence code, and NOBC are the key elements of platform composition and contingency roles. Officers must discontinue, or move to the tertiary position, any subspecialty designation in which they are no longer proficient. Readiness for contingency activation is an essential element of Navy Nursing.

(b) **Selected Reserve.** This same commitment to readiness also permeates the roles of Selected Reserve Nurse Corps officers. Numerous operational requirements are satisfied by drilling reservists. These officers must be professionally astute and attuned to the practice issues associated with operational and disaster-relief contingencies, regardless of their readiness platform or gaining command.

(c) **Individual Ready Reserve (IRR).** When mobilized, the members of the IRR serve in the same manner as the Selected Reserve component.

(2) **Operational Roles and Responsibilities** vary according to the echelon of command and/or mission of the ship or unit to which assigned. Assignments include, but are not limited to, the following: major operational staff, shipboard duty, Fleet Surgical Teams, Marine Logistics Groups, and Field medical Training Battalions.

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**8-19**

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**Participation in Professional Activities**

(1) Nurse Corps officers must establish and maintain the highest standards of ethical and professional practice; keep themselves informed in all areas of nursing; and improve their professional abilities. The Nurse Corps recognizes national certification as the benchmark of knowledge. Funds permitting, Navy Medicine subsidizes the cost associated with subspecialty certification examination. When practical, officers should participate in professional organizations focusing on nursing, health care administration and military matters. Seminars, lectures, and correspondence courses are invaluable sources for professional growth and effective means for acquiring additional knowledge.

(2) Nurse Corps officers bear an equally urgent obligation to share success stories and process improvements throughout the health care system. As leaders in nursing, accomplished researchers, and life-long mentors, Nurse Corps officers have many lessons to share and are encouraged to use every mechanism at hand to do so. The Nurse Corps Office at BUMED provides coordination and support to ensure widest dissemination of information.

**8-20****Publication of  
Professional  
Articles**

(1) Nurse Corps officers are encouraged to make contributions to both military and civilian professional literature. They shall be guided by Navy Regulations and current directives relative to preparation and submission of articles for publication including BUMEDINST 5721.3.

**8-21****Off-Duty  
Employment  
(Regulatory)**

(1) Officers in the Nurse Corps shall comply with Manual of the Medical Department (MANMED) article 1-22 when participating in off-duty remunerative professional employment.

## Section VI

# ACRONYMS AND REFERENCES

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## 8-22

### Acronyms

ANCC	American Nurses Credentialing Center
AQD	Additional Qualification Designation
BUMED	Bureau of Medicine and Surgery
BUPERS	Bureau of Naval Personnel
CNM	Certified Nurse Midwives
CONUS	In the Continental United States
CRNA	Certified Registered Nurse Anesthetists
DoD	Department of Defense
DOPMA	Defense Officer Personnel Management Act
DUINS	Duty Under Instruction
FOS	Failure of Selection
IRR	Individual Ready Reserve
JC	Joint Commission
MANMED	Manual of the Medical Department
NAVMED MPT&E	Navy Medicine Manpower, Personnel, Training & Education
NAVPERSCOM	Navy Personnel Command
NCLEX-RN	National Council of State Boards of Nursing
NETC	Naval Education and Training Command
NOBC	Navy Officer Billet Classification
NP	Nurse Practitioners
OCONUS	Outside of Continental United States
PCS	Permanent Change of Station
PRD	Projected Rotation Date
RAD	Release from Active Duty
SNE	Senior Nurse Executive

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**References with Available Web sites**

**10 USC 651** <http://uscode.house.gov/uscode-cgi/fastweb.exe?search>

**10 USC 5150** <http://uscode.house.gov/uscode-cgi/fastweb.exe?search>

**10 USC 5945** <http://uscode.house.gov/uscode-cgi/fastweb.exe?search>

**10 USC 6027** <http://uscode.house.gov/uscode-cgi/fastweb.exe?search>

**10 USC 6323** <http://uscode.house.gov/uscode-cgi/fastweb.exe?search>

**BUMEDINST 1214.1** <http://navymedicine.med.navy.mil/Files/Media/directives/1214-1.pdf>

**BUMEDINST 1214.1 CH-1** <http://navymedicine.med.navy.mil/Files/Media/directives/1214-1%20CH-1.pdf>

**BUMEDINST 1520.27E** <http://navymedicine.med.navy.mil/Files/Media/directives/1520.27E.pdf>

**BUMEDINST 5420.12D** <http://navymedicine.med.navy.mil/Files/Media/directives/5420-12D.pdf>

**BUMEDINST 5721.3** <http://navymedicine.med.navy.mil/Files/Media/directives/5721.3B.pdf>

**BUMEDINST 6320.66E (Basic)**

[http://navymedicine.med.navy.mil/Files/Media/directives/6320.66E%20-%20Part%201%20\(Basic\).pdf](http://navymedicine.med.navy.mil/Files/Media/directives/6320.66E%20-%20Part%201%20(Basic).pdf)

**BUMEDINST 6320.66E (Appendices A-D)**

[http://navymedicine.med.navy.mil/Files/Media/directives/6320.66E%20-%20Part%202%20\(Privilege%20Sheets%20-%20App%20A-D\).pdf](http://navymedicine.med.navy.mil/Files/Media/directives/6320.66E%20-%20Part%202%20(Privilege%20Sheets%20-%20App%20A-D).pdf)

**BUMEDINST 6320.66E (Appendices E)**

[http://navymedicine.med.navy.mil/Files/Media/directives/6320.66E%20-%20Part%203%20\(Privilege%20Sheets%20-%20App%20E%20only\).pdf](http://navymedicine.med.navy.mil/Files/Media/directives/6320.66E%20-%20Part%203%20(Privilege%20Sheets%20-%20App%20E%20only).pdf)

**BUMEDINST 6320.66E (Appendices F-G)**

[http://navymedicine.med.navy.mil/Files/Media/directives/6320.66E%20-%20Part%204%20\(Privilege%20Sheets%20-%20App%20F-G\).pdf](http://navymedicine.med.navy.mil/Files/Media/directives/6320.66E%20-%20Part%204%20(Privilege%20Sheets%20-%20App%20F-G).pdf)

**BUMEDINST 6320.66E (Appendices H-S)**

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**BUMEDINST 6320.66E CH-1**

<http://navymedicine.med.navy.mil/Files/Media/directives/6320.66E%20CH-1.pdf>

**BUMEDINST 6320.66E CH-2**

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**MILPERSMAN 1920-100**

<http://www.npc.navy.mil/NR/rdonlyres/524CD542-72A9-454F-A020-8087D70E2030/0/1920100.pdf>

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<http://www.npc.navy.mil/NR/rdonlyres/3D8643E3-0F98-44AB-89F8-04287AD35E53/0/1920200.pdf>

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**OPNAVINST 1120.7**

<https://doni.daps.dla.mil/Directives/01000%20Military%20Personnel%20Support/01-100%20General%20Recruiting%20Records/1120.7.pdf>

**OPNAVINST 1811.3**

<https://doni.daps.dla.mil/Directives/01000%20Military%20Personnel%20Support/01-800%20Military%20Retirement%20Services%20and%20Support/1811.3.pdf>

**SECNAVINST 1920.6**

<https://doni.daps.dla.mil/Directives/01000%20Military%20Personnel%20Support/01-900%20Military%20Separation%20Services/1920.6C%20CH-1.pdf>

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**P.L. 96-513 (Not available online)**

**P.L. 101-510 (Not available online)**