ADMINISTRATIVE REMARKS NAVPERS 1070/613 (REV. 08-2012) PREVIOUS EDITIONS ARE OBSOLETE

SUPPORTING DIRECTIVE MILPERSMAN 1070-320

SHIP OR STATION:

Quantitution 5 tanàna (1 Q5) 1 rogina Entension	X PERMANENT	TEMPORARY	
	AUTHORITY (<i>IF PERMANENT</i>): BUMEDINST 1510.27 Hospital Corpsman Personnel Qualification Standards Program DTD 11 Oct 17		
(b) NAVEDTRA 43699-1			

The PQS program delineates the minimum knowledge, skills, and abilities individuals must demonstrate before performing specific duties and establishes a learning continuum that focuses on developing a higher level of medical proficiency within the Hospital Corps.

Extension less than 180 days: Members request to extent required due date for _____ days has been approved as per the reference.

Report Date: Enrollment Date: Required Completion Date: PRD:

EAOS:

As prescribed per the references, you are required to qualify in the HM/BDA PQS Program within 12-months from the date of enrollment. Failure to complete the PQS and current requirements with the prescribed time may result in administrative action as established within BUMEDINST 1510.27.

I hereby acknowledge the above NAVPERS 1070/613 entry.

Member Signature/Date

Command PQS Program Manager Signature/Date

ENTERED AND VERIFIED IN ELECTRONIC SERVICE RECORD:				
VERIFYING OFFICIAL RANK OR GRADE/TITLE: HM/BDA PQS Command Program Manager	DATE:	SIGNATURE OF VERIFYING OFFICIAL:		
NAME (LAST, FIRST, MIDDLE):		DOD ID:	BRANCH AND CLASS: USN	