ADMINISTRATIVE REMARKS NAVPERS 1070/613 (REV. 08-2012) PREVIOUS EDITIONS ARE OBSOLETE SUPPORTING DIRECTIVE MILPERSMAN 1070-320			
SHIP OR STATION:			
SUBJECT: Hospital Corpsman (HM) and Basic Dental Assistant (BDA) Perso Qualification Standards (PQS) Program Extension Ref: (a) NAVEDTRA 43699-2 (b) NAVEDTRA 43699-1	onnel	AUTHORITY (IF PERMANENT): BUMEDINST 1510.27 Hospital Corp Standards Program DTD 11 Oct 17	TEMPORARY sman Personnel Qualification
The PQS program delineates the minimum knowledge specific duties and establishes a learning continuum the Hospital Corps.			•
Extension greater than 180 days: Members request to reference.	extent required due da	ate for days has been app	roved as per the
Report Date: Enrollment Date: Required Completion Date: PRD:			
EAOS:			
As prescribed per the references, you are required to centrollment. Failure to complete the PQS and current established within BUMEDINST 1510.27.			
I hereby acknowledge the above NAVPERS 1070/61	3 entry.		
Member Signature/Date		Command PQS Program Manager Signature/Date	
ENTERED AND VERIFIED IN ELECTRONIC SERVICE RE	CORD:		
VERIFYING OFFICIAL RANK OR GRADE/TITLE: HM/BDA PQS Command Program Manager	DATE:	SIGNATURE OF VERIFYING OFF	ICIAL:
NAME (LAST, FIRST, MIDDLE):		DOD ID:	BRANCH AND CLASS: