

ADMINISTRATIVE REMARKS

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

SUPPORTING DIRECTIVE MILPERSMAN 1070-320

SHIP OR STATION:

Command Name

SUBJECT:

Hospital Corpsman (HM) and Basic Dental Assistant (BDA) Personnel Qualification Standards (PQS) Program Enrollment
 Ref: (a) NAVEDTRA 43699-2
 (b) NAVEDTRA 43699-1

PERMANENT

TEMPORARY

AUTHORITY (IF PERMANENT):

BUMEDINST 1510.27 Hospital Corpsman Personnel Qualification Standards Program DTD 11 Oct 17

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.

Check all Applicable:

_____ I understand that as an Active Duty or Full Time Support (FTS) HM, with Navy Enlisted Classification (NEC) code 0000/8404 only, I must complete the HM PQS, reference (a) within 12 months of reporting to my first assignment at a Military Treatment Facility (MTF).

_____ I understand that as an Active Duty or Full Time Support (FTS) BDA, with NEC 8701 only, I must complete the BDA PQS, reference (b) within 12 months of reporting to my first assignment at a Dental Treatment Facility.

_____ I understand that as a Selective Reserve HM, I should make every effort to complete my corresponding PQS during my annual training period, or on active duty orders while assigned to an MTF within 36 months of reporting onboard.

Initial Each:

_____ I understand that I must demonstrate proficiency in each of the competencies as documented in the PQS and will complete all 300 series watch stations contained in references (a) and/or (b) as applicable.

_____ I understand that I am responsible for reporting PQS completion updates at least Monthly to the HM/BDA PQS Program Coordinator.

_____ I understand that failure to complete the PQS in the prescribed period of time or evidence of gun decking will be documented utilizing NAVPERS 1070/613, and uploaded in NSIPS and Navy Medicine LMS and that I fail to meet eligibility criteria towards advancement examination.

_____ I understand that extension waivers may be granted on a case by case basis to allow additional time to complete or re-mediate the PQS. Extension waivers less than 180 days may be granted by the command HM/BDA PQS Program Coordinator. Extension waivers greater than 180 days may be granted by the Commanding Officer. Extension waivers will be documented utilizing NAVPERS 1070/613, and uploaded in NSIPS and Navy Medicine LMS.

I hereby acknowledge the above NAVPERS 1070/613 entry and that I fully understand this agreement and must complete the PQS by: _____.

 Signature/Date

ENTERED AND VERIFIED IN ELECTRONIC SERVICE RECORD:

VERIFYING OFFICIAL RANK OR GRADE/TITLE:

HM/BDA PQS Program Manager

DATE:

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SIGNATURE OF VERIFYING OFFICIAL:

NAME (LAST, FIRST, MIDDLE):

DOD ID:

BRANCH AND CLASS:

USN