

Academic Year 2025-26
DENTAL CORPS
FTOS/OFI POLICIES AND PROCEDURES
MANUAL

**FOR DENTAL OFFICERS ASSIGNED TO
NAVY FULL-TIME OUTSERVICE (FTOS)
AND OTHER FEDERAL INSTITUTIONS (OFI)
GRADUATE DENTAL EDUCATION**



Prepared by:
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INTRODUCTION

This booklet has been prepared to provide process and program information to Navy Dental Corps selectees for duty under instruction (DUINS) who have been accepted and assigned to Full-Time Out-Service (FTOS) and Other Federal Service (OFI) programs. It is a requirement to read this manual thoroughly and understand its contents. To confirm that you have read the manual you will sign and submit to us the “Memorandum of Acknowledgement” (Appendix A) **within 10 working days** of receipt of this updated manual. Current FTOS residents must re-submit this form acknowledging that you have read and understand the updated manual. Please keep this manual with your DUINS documents. Any changes and updated information will be e-mailed to you.

****For all email communication with this office you must use this address****
usn.bethesda.navmedleadprodevcmd.list.nmpdc-dental-corps-gp@health.mil

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This manual contains essential guidance to follow prior to and while you are enrolled in a FTOS/OFI training program. You have been selected for an exceptional opportunity that you are sure to find to be a productive and rewarding experience.

Since officers in FTOS/OFI programs are removed from the Navy environment, this manual was prepared to provide comprehensive directions and advice on military and professional responsibilities. **You will need to comply with the procedures explained in this document to ensure successful progression in your Navy career and continued funding of your training.**

Your acceptance of FTOS/OFI training constitutes your agreement to follow the Navy's related administrative requirements.

1. **PROGRAM SELECTION AND ACCEPTANCE PROCEDURES**

a. **Notification of Acceptance of Training.** By now you have been notified of your selection and you should have already sent your written acceptance of DUINS training within ten (10) working days of notification of selection to the Graduate Dental Programs (GDP) Office.

The Dental Officer Graduate Professional Education Training Agreement identifies:

- Residency program accepted
- Type of Residency: Full-Time In-Service (FTIS), Full-Time Out-Service (FTOS), or Other Federal Institution (OFI)
- Program length
- Commencement date of program
- Active Duty Service Obligation (ADSO) incurred as a result of the training.

b. **Active Duty Service Obligation Worksheet.** Upon receipt of your acceptance form by the GDP Office, your Active Duty Obligation Worksheet will be updated. This calculates your new ADSO, calculating in any prior incurred ADSO such as for the HPSP or HSCP program, USNA or ROTC education, or Accession Bonus.

c. **Applying for Civilian Residency Programs.** FTOS DUINS Selectees who will be attending a civilian training institution must immediately contact their Specialty Leader to coordinate the application process for applying to civilian training schools. Specialty Leaders and the GDP Office must approve of the schools to which residents may apply. Schools must be accredited by the ADA Council on Dental Accreditation (CODA) where applicable (for example, Operative Dentistry is not CODA accredited). Some institutions may not be approved because they may not meet accreditation requirements, have certain liability requirements, or they do not meet the needs of the Navy. You are responsible for all costs incurred for applications to civilian programs and the “Match,” including any travel incurred to do interviews. Therefore, it is incumbent upon you to verify that an institution you want to apply for is an approved institution. Contact your specialty leader to verify this **before** incurring significant application, travel, and interview expenses. All expenses related to applying and interviewing are non-reimbursable.

(1) **Application.** Once an applicant has an approved program list, they can begin the application process to those programs. This does not apply to those who must participate in the Match and PASS application programs (see below). It is recommended that you apply to more than one program to help ensure your selection into a program. Contact the program and follow their application processes. It is vital you work with the Specialty Leader during this process.

(2) **Direct appointment to Programs.** Some residencies have only one civilian institution that is approved by the Specialty Leader and the Graduate Programs Office, and they have an informal agreement with the Navy to accept the applicant we have selected. In this case, the applicant would work directly with the Specialty Leader to get appointed to the program.

(3) **The Match.** The Postdoctoral Dental Matching Program (the "Match") is used for applicants to Oral & Maxillofacial Surgery, Pediatric Dentistry, and Orthodontics. Note for Orthodontics: unless you are specifically selected to attend a civilian training program, you will be attending the Tri-service Orthodontic Residency Program (TORP) at Lackland Air Force Base

in San Antonio, and you will not participate in the Match program. For those applying via the Match, work with the Specialty Leader during this process. The Match can be viewed at: <https://www.nrmp.org/>

(4) **ADEA PASS.** The ADEA Postdoctoral Application Support Service (ADEA PASS) is available to all individuals applying to the over 700 participating advanced dental education programs. ADEA PASS simplifies the application process by allowing you to complete one standardized application, rather than individual applications to each program. Advanced dental education programs benefit by receiving uniform information on all applicants. For those applying via the PASS, work with the Specialty Leader during this process. The Graduate Dental Programs Office is not authorized to reimburse for any fees associated with the ADEA PASS process. ADEA PASS can be viewed at: <https://www.adea.org/PASSapp/>

d. **Program Acceptance.** Upon acceptance to a program or programs, inform your specialty leader. Discuss your options and make a final selection. Once that is done, inform the GDP Office and detailer which school you selected so orders can be written. Submit the following information to the GDP Office immediately:

- Acceptance letter from the institution offering you a position. This must be on letterhead.
- Copy of your signed acceptance letter to that program
- Completed Appendix B to provide contact information for the program director or administrator for the purpose of preparing a Memorandum of Understanding (MOU).
- A copy of the ADA Commission on Dental Accreditation (CODA) accreditation letter for your residency program for CODA accredited programs.

e. **Program Registration Fees.** Do NOT pay any pre-registration/registration fees. Contact the GDP office immediately if the school you are accepted to requests a registration fee.

f. **Memorandum of Understanding (MOU).** A MOU is an agreement between the civilian training institution and the United States Navy. It communicates policies, requirements, and responsibilities for both parties. This agreement is required for all civilian institutions providing clinical or didactic programs. The MOU will be negotiated by NMLPDC prior to your program start date. You may request a copy of the MOU from NMLPDC once it is completed.

2. **RECEIPT OF ORDERS AND PRE-REPORTING REQUIREMENTS**

a. **Receipt of Orders.** Upon receipt of orders, you must review all information regarding the following: detaching activity, estimated date of departure, reporting activity, estimated date of arrival, planned rotation date, and reporting instructions. Pay special attention to your reporting command. It may or may not be co-located with the training institution. The reporting command, also referred as your administrative command, will be responsible for all check-in and administrative paperwork. Ensure all information in the orders is correct. Report any errors immediately to the detailer. Email a copy of your orders to the GDP Office.

b. **Cost Quote Memorandum.** If your training institution **requires tuition payment**, contact the GDP Office **ASAP!** You must complete a Cost Quote Memorandum (CQM) using

Appendix C. This needs to be at the GDP Office at least **90 days** prior to the start of your first billable academic term. **NOTE:** CQMs need to be completed prior to the start of every billable academic term. The CQM must include the exact dates and tuition/fees for that term only. Some institutions may not have accurate figures for a specific term tuition amount until **AFTER** the term has started. In this case, either submit the CQM as a placeholder using the same tuition amount from the same term as the previous year, or request that the university/program provide an estimate that can later be changed when the actual figures are announced. Once the actual tuition is announced you will need to contact the GDP Office with the true amount by submitting a modified CQM. **WE MUST** have a contract in place **prior** to you starting the program. Detailed instructions on how to do this can be found in section 7.c.

****Failure to comply with these NMLPDC administrative requirements may result in an UNAUTHORIZED COMMITMENT to the government (Ref: NAVSUPINST 4200.85C).** Starting class without a government contract in place is setting up a promise by the government to pay your tuition without prior approval. **An UNAUTHORIZED COMMITMENT to the government is a very serious matter for both you and the Navy. Do not put yourself and the Navy in this unfortunate position.**

c. **Academic Degree Plan.** Provide the GDP Office with your program's Academic Degree Plan (ADP). Your program director will need to provide you with a copy of this. If the program does not have an established ADP, Appendix D can be used as a guide. This must reflect any required rotations or meetings away from the institution that are required as part of your training. The GDP Office provides funding for travel related to these Integral Parts of Training (IPOT). See section 4.d. for further explanation of IPOT.

3. REPORTING TO YOUR TRAINING INSTITUTION AND ADMINISTRATIVE COMMAND.

a. **Permanent Change of Station (PCS).** Once you have your orders, you can begin to coordinate your PCS move to your residency training site. For those who are active duty, your current command will have resources available to assist you. For those who are graduating from dental school, your administrative command and the detailer will be able to assist you. It is recommended that as soon as you have orders that you begin the PCS process. There are many steps that are spelled out in your orders, and many that are not, but all must be completed to have a successful move.

b. **Reporting to the Training Institution.** Once accepted to a residency program, maintain constant contact with the program director to ensure you have a smooth move. You will follow the guidelines for your training institution per getting checked in with them. Note that the GDP Office needs the CQM 90 days prior to you starting classes, and you should not start classes until the MOU is signed by the school and NMLPDC. Guidance on these is explained above.

c. **Reporting to Your Administrative Command.** We realize that when you start your training program you will be extremely busy. These items will not take much of your time. You must complete this checklist as soon as possible upon arrival at your training site.

- Check into the administrative command that you are attached to. If you are unsure who you are administratively attached to, please refer to your orders. This is usually a Naval Reserve Officer Training Corps (NROTC) unit, a Navy Recruiting Command (NRC), or a Navy/Marine Corps Reserve Center. It may also be a nearby Navy Medicine command. They will be writing your fitness reports (FITREPs), conducting your Physical Fitness Assessment (PFA), Body Composition Assessment (BCA), tracking your required military training, approving leave, and coordinating required official Temporary Additional Duty (TAD) such as travel to attend IPOT or challenging board exams. It is imperative that they become familiar with you and your progress in your residency, as they will be writing and signing your FITREPs.
- Report to the Admin Department for personnel accounting as directed by your administrative command. Your service and pay record will normally be verified and maintained at the Navy Personnel Support Detachment (PSD) closest to the training site. PSD is also your primary source for all matters related to your pay and allowances. If you have any pay discrepancies, notify them immediately. Special pays for Dental Officers are managed by the Navy Medicine Special Pays Office (see section 7 for more details).
- You are encouraged to make an appointment to meet your Commanding Officer. Your Commanding Officer writes your FITREP, endorses Temporary Additional Duty (TAD) requests, and approves your leave requests.

d. **Reporting and Residency Information Sheet.** Complete the Reporting and Residency Information Sheet (Appendix E) as soon as possible after reporting to your program and Administrative Command and forward to the GDP Office.

SUMMARY OF REQUIRED DOCUMENTATION UPON REPORTING TO YOUR RESIDENCY PROGRAM.

The following should be sent to the GDP office before or shortly after arriving at your training location:

1. Acceptance letter from the institution offering you a position (this must be on letterhead).
2. Copy of your signed acceptance letter to that program.
3. Copy of your Orders.
4. Memorandum of Acknowledgement (Appendix A) within 10 working days of receipt of the FTOS manual.
5. Completed (Appendix B) to provide contact information for the program director or administrator for the purpose of preparing a Memorandum of Understanding (MOU).
6. A copy of the ADA's Council on Dental Accreditation (CODA) accreditation letter for your residency program for CODA accredited programs.
7. Cost Quote Memorandum (Appendix C).
8. Copy of your program's Academic Degree Plan (Appendix D).
9. Reporting and Residency Information Sheet (Appendix E).

4. **REQUIREMENTS DURING TRAINING**

a. **Training Performance.** All FTOS residents are required to follow and meet all requirements for the program for which they are enrolled.

b. **Documentation of Performance.** FTOS residents are required to ensure the GDP Office is kept informed of their progress during their program. This must be done at least annually, but preferentially according to the grading term of the program (quarter, semester, annual). Progress reports are to be submitted by the program director (using Appendix F) to the GDP Office at the end of each grading term (NOTE: A fillable PDF is available and can be provided.). Alternately, if a program has an existing evaluation form, they can submit that in lieu of Appendix F. Additional documentation to accompany the reports can include resident performance reports, plans of action, and grade reports. Directions for the program directors are included on the form. FTOS residents are responsible for ensuring the progress reports are submitted in a timely manner at the end of each marking period. Coordinate submission of progress reports with your Program Director. The assessment can come from the program director directly or be submitted via the resident provided the program director's signature is on the assessment.

c. **Payment of Tuition.** FTOS Residents are responsible to ensure that the GDP Office is aware of all tuition charges by the training institution. See sections 2.b. and 7.d.

d. **Integral Parts of Training (IPOT).** IPOT is a period of training that is not available at the parent institution and is required by all residents (civilian and military) as an integral part of the training program. IPOT may include attendance at external rotations, courses, conferences, meetings, or seminars that are away from the training institution. Any such requirement must appear in the Academic Degree Plan. The MOU will identify who is responsible for funding such activities. In some cases, the training institution provides the funding. In others, NMLPDC funds the activity, including paying for travel, lodging, and per diem. In order for IPOT funding to be approved, the activity must directly support and be an integral part of the training program and be identified in the training curriculum plan. The Academic Degree Plan and IPOT letter from the Program Director (using Appendix H as a template) must clearly identify the training year group during which that IPOT will occur (i.e., during the second year of residency training) and must state that the IPOT is a requirement that all residents of that year group, military and civilian, are required to complete.

- You must ensure that any IPOT training requiring funding by NMLPDC be identified to the GDP Office prior to or at the start of the residency. This is done on the REPORTING AND RESIDENCY INFORMATION form (Appendix E).
- Conference/Specialty Meeting Attendance. To request IPOT funding for a conference or an annual meeting of a specialty organization, the resident must complete the following:
 - 1) No later than 90 days from the meeting, contact the GDP Office of pending IPOT travel via email. Include what the IPOT is (name of meeting, conference, or training), location of IPOT, inclusive dates of travel, and cost to register for the IPOT. Also include the conference/meeting brochure and your Program Director's IPOT verification letter. The

GDP Office will send you authorization to pay the registration fee for the meeting with your own funds. Be sure to obtain a zero-balance receipt when you pay the registration fee. You will submit this when you liquidate your travel claim after the IPOT travel is complete. Then begin the travel funding request process below.

- 2) Complete an IPOT Funding Request (using Appendix G as a template). Submit the completed request, conference/meeting brochure, and Program Director's IPOT verification letter to your Administrative Command and include Appendix I as a template for them to do the command endorsement. Once completed, your command can send all documents to the GDP Office directly or they can be returned to you to forward to the GDP Office. Follow up with your command if there is a delay in getting the paperwork done.
 - 3) Complete a digital TMCA Form. Contact the GDP Office to obtain a current digital TMCA Form. Use Appendix J for guidance on completing the TMCA Form. The TMCA form does not need to be routed via your chain of command. However, you will need to work with your administrative travel personnel to calculate the estimated cost of the travel to be included on the TMCA form. Save and send it directly to the GDP Office in digital format. This needs to be received at least 60 days prior to travel.
- For FTOS residents in Air Force or Army programs, the host service is responsible for funding required rotations and meetings that are Integral Parts of Training, unless costs to the parent service have been identified at the time of Inter-service Placement and Selection. In this case, submission for IPOT funding must follow the above guidance.
 - Navy residents may participate in courses, seminars, meetings, rotations, or exams funded by the institution as part of the program, provided that residents do not directly receive money. These activities must be covered in the MOU between the institution and NMLPDC.
 - Funding for IPOT is contingent upon the availability of appropriated funds. Refer to BUMEDINST 1500.20A for additional information regarding IPOT.
<https://www.med.navy.mil/Portals/62/Documents/BUMED/Directives/Instructions/1500.20A%20with%20CH-1.pdf?ver=ys5kNJL7gBNap7m70Axsuw%3d%3d>
 - Once an IPOT request is submitted to the GDP Office, it will be processed by the Dental Corps Program Specialist and forwarded to the NMLPDC Travel Office for final approval and processing. Once approved, funding data will be provided to your administrative command so that orders can be written, and travel can be coordinated.
 - ***DO NOT TRAVEL if you have not received an approved line of accounting.*** After-the-fact requests for travel funding CANNOT be approved. There is no exception to this rule. If you are about to travel but have not been told specifically that you have an approved accounting line, contact the GDP Office *immediately!* Traveling before the accounting line is approved will result in travel and per diem not being funded.

- Travel claims must be submitted within 5 working days of completion of travel. These are coordinated through your administrative command. Failure to submit your travel claim within 5 days could result in denial of payment for any costs incurred.

Checklist for requesting funding and orders for IPOT

<u>Requirement</u>	<u>Timing</u> <u>No Later Than</u>
1. IPOT must be listed on the Academic Degree Plan.	Start of residency
2. Send Program Director IPOT letter to GDP Office.	Start of residency
3. Contact GDP Office and notify them of IPOT travel.	90 days before travel
4. Submit IPOT funding request (Appendix G) to command.	60 days before travel
5. Submit TMCA to GDP Office.	60 days before travel
6. Send IPOT funding request w/command endorsement to GDP Office.	As soon as received
7. Verify that Accounting has been provided to admin command.	30 days before travel
8. Coordinate travel with administrative command.	When #7 is complete
9. Travel for IPOT. Keep all receipts.	At time of meeting
10. Submit travel claim for reimbursement.	Within 5 days upon return from travel

Failure to comply with NMLPDC administrative requirements will result in withholding of NMLPDC funding for IPOT.

e. **Auditing Classes.** You may audit a class that is not a requirement for your program if it is related to your particular discipline. An audited course must be taken in addition to the credits needed for full-time student status. Consult with the GDP Office prior to registration. NMLPDC will not fund audited classes.

f. Summer Sessions, Recess Periods, Breaks, and Intercessions – Leave or TAD.

- If there are any breaks in your training which will not maintain your full-time status with the institution, such as academic institution recess, summer sessions that do not offer required or relevant elective courses, or a holiday period, you must report to your assigned reporting senior. You may be required to take leave, or possibly be assigned to temporary active duty within the administrative command, or to a nearby Navy healthcare facility. Realize that if you are away from your assigned place of duty (i.e., your school) and you are supposed to be in a leave status, but did not take leave, and something happens to you (such as an accident, a legal issue, etc.), you will be at risk for legal action and possible loss of benefits (e.g., medical benefits, etc.). If you are taking time away from school for any reason, check with your administrative command to determine the requirement for leave or TAD orders.
- An additional option for an extended summer session where you will not be in session is that you may take required or supporting courses at the same institution or at another college or university in the same vicinity, provided no travel is required. The courses you take must be approved by your program director, accepted by your training institution, and must appear on the final transcript from your training institution. To receive funding

for this, you must submit a CQM for this training with a letter from your program director or Dean stating that requested course(s) will significantly add to your residency training. Final approval must be given by NMLPDC.

g. **Publication of Professional Articles, Presentation of Table Clinics, Posters, and Lectures.** Navy Medical Department personnel are encouraged to contribute to professional literature. BUMEDINST 5721.3E, found at: <https://www.med.navy.mil/Portals/62/Documents/BUMED/Directives/Instructions/5721.3E.pdf?ver=daOqZvVseq4Fl33zh7YDGw%3d%3d>. This delineates the policy for publication of articles and presentations given by Navy Medicine personnel. A summary of the policy and guidelines for requesting approval from the Public Affairs Officer (PAO) are provided in Appendix K.

- Any paper or article that will be submitted for publication or table clinic, poster, or lecture that will be presented in a civilian environment and will include the name of a Navy Dental Officer as an author **must** have approval prior to submission to the publishing organization or presentation at the designated venue. The final draft of the manuscript or presentation must be submitted to the NMLPDC PAO for review and approval. This process can take up to three or more weeks. The NAVMED 5721.2 form must be sent with the manuscript or presentation to the GDP office and NMLPDC PAO. This form can be downloaded from the BUMED website:

- <https://www.med.navy.mil/Portals/62/Documents/BUMED/Directives/Secured%20Directives/NAVMED%20Forms/NAVMED%205721.pdf>

You will be notified once approval is received. Once approval is obtained, any changes in the manuscript or presentation in terms of content prior to publishing or presentation must be resubmitted for approval. Grammatical or formatting changes do not need to be resubmitted.

h. **Moonlighting.** In compliance with the Manual of the Medical Department, Chapter 1-22, "Medical Department officer residents are prohibited from off-duty remunerative professional civilian employment. Trainees may not moonlight or receive payment for any services incident to their training." There are **no exceptions** to this policy.

i. **Program Completion Requirements.** Upon completion of residency training, residents are required to send a copy of their final program assessment, official transcript (if provided by the institution), a copy of the residency certificate and/or degree, and a copy of the detaching FITREP to the GDP Office.

j. **Extension of Training.** On rare occasions, extension of training is required for a resident to complete their training program. This cannot occur without prior approval of NMLPDC and the Specialty Leader. Approval will be dependent upon the needs of the Navy and projected costs in terms of manpower and funding. Extensions can potentially be denied which could result in the resident not completing the training and not receiving their specialty certificate or degree. It is paramount that residents complete training in the given residency period. In the unfortunate event that this does occur, additional service obligation may be incurred at the rate of six months of Active Duty Service Obligation (ADSO) for each six months, or portion thereof, of training. A modification of the ADSO form will be sent for signature acknowledging this additional obligation.

5. **MILITARY RESPONSIBILITIES**. You are required to maintain military requirements and meet military standards at all times. Your administrative command will be your primary point of contact for all matters military. Proper liaison with your military reporting senior should prevent conflicts with your training. You are advised that it is in your best interest to update your reporting senior on training progress, military issues, and personal events, and to seek out opportunities to interact with him or her. Participation in as many military functions at your reporting command as possible will increase your visibility with your reporting senior and assist him or her in completing your FITREP (more on this below). Should you have any problems in this regard that cannot be resolved at the local level, contact the GDP Office immediately.

a. **Uniforms and Grooming Standards.** Residents generally wear civilian attire when they attend their institution. Appropriate uniform of the day will be worn when reporting to, and checking out of, your reporting command, or when conducting military business at PSD or other military activities. The Regional Line Commander determines the uniform of the day to be worn by all Navy personnel within a certain geographic area. Contact your reporting command for uniform information. You may be required to stand for uniform inspections at your reporting command, so please keep in mind that you are representing the Navy and Navy Medicine and are expected to maintain appropriate standards of military bearing and grooming at all times.

b. **Medical Readiness.** You are required to maintain your medical readiness status to include the annual Preventive Health Assessment (PHA), through your administrative command.

c. **Physical Readiness and Physical Fitness.** You are required to stay within body composition and fitness standards and pass the Physical Fitness Assessment (PFA) in accordance with Navy PFA directives. Therefore, you **must** participate in the semiannual PFA. This will be completed and monitored through your administrative command. Recent changes in the PFA were announced in NAVADMIN 040/22. For the most current information regarding the PFA: <https://www.mynavyhr.navy.mil/Portals/55/Messages/NAVADMIN/NAV2022/NAV22040.txt?ver=1RYQRB6efwewDH0erstBCA%3d%3d>

d. **Recruiting.** Navy recruiting offices frequently request support from Medical Department personnel attending civilian institutions. We are permitted to provide your name and official contact information only. The recruiter in your area may contact you and ask for assistance in interviewing applicants, answering questions from prospective applicants, or arranging for campus visits. Assistance you provide is voluntary but is always much appreciated. This can also be used as a bullet in your Fitness Report.

e. **Military Training Requirements.** You are required to complete all mandatory general military training, which includes both online and direct training. Examples of this are annual training requirements such as Sexual Assault Prevention and Response (SAPR), Fraternization, Hazing, Diversity, Equal Opportunity, Information Assurance Awareness (IA)/Cyber Awareness, and Personally Identifiable Information. Your reporting command may have additional locally required training and is responsible for monitoring your completion of required training. Most training can be completed via Navy eLearning at: <https://learning.nel.navy.mil/ELIAASv2p/> (CAC required), but some will require in-person training at your administrative command. On

occasion, the GDP Office will require proof of completion of training as directed by NMLPDC.

f. **Other Military Requirements.** You may have other military specific requirements, such as urinalysis testing, as determined by your reporting command.

g. **Fitness Reports.** Your reporting senior is responsible for completing and submitting your Fitness Report (FITREP). However, **you are responsible for ensuring that your FITREP is completed on time**, and that your reporting senior has the best possible picture of your activities during the reporting period. Once completed, you must submit a copy to the GDP Office.

- Active Duty Officer FITREPS are due as follows:

<u>Rank</u>	<u>Annual Fitness Report</u>	<u>Mid-Term Counseling</u>
Captain	31 July	January
Commander	30 April	October
Lieutenant Commander	31 October	April
Lieutenant	31 January	July

- Some officers in past years have failed to select for promotion while in FTOS training because they had FITREPs with little information, missing FITREPS, or no FITREP at all for their period of FTOS training. It is imperative that you establish a good working rapport with your military reporting senior. The best way to accomplish this is to interact in-person with your parent command and CO as much as possible.

- As an FTOS trainee, you will likely get a non-observed FITREP. This is because that due to the remote location of the command from the actual training site and the intensive FTOS training schedule, which limits the ability of the trainee to be involved with activities at the command, the reporting senior usually has little contact with the FTOS trainee.

- Some officers may feel that a non-observed FITREP is not beneficial. However, properly completed non-observed FITREPs provide a selection board with the information they will need to view you competitively for promotion. You must ensure that valuable information is presented in the "narrative" section (Block 41) of the FITREP. To accomplish this, you should provide information about your achievements to your reporting senior. This can be done through the use of your periodic resident performance reports, a letter from your program director, and by personally providing information to the reporting senior. This is why it is critical that you ensure you have had regular and recurring contact with your reporting senior. The more familiar he/she is with you, the easier it will be for him/her to write your FITREP.

- In some cases, you may get an observed FITREP. This may occur if you are training in a military facility other than Navy (i.e., Tri-service Orthodontic Residency Program (TORP)) or you are located near a military medical command (University Texas Health Science Center at San Antonio). In these circumstances, you may find that your reporting senior desires to do an observed FITREP where you would be ranked against other Dental Corps Officers who are also in residency training within that command. It is imperative that you

ensure your reporting senior is familiar with you and your performance in the residency.

- Should your reporting senior have any questions regarding your FITREP, he/she may contact us at the GDP Office. A sample FITREP is provided in Appendix L. For the most current information regarding fitness reports, please visit the Navy Personnel Command site MyNavy HR: <https://www.mynavyhr.navy.mil/Navy-Personnel-Command/>

h. Preparation for a Promotion Board.

- **In Zone.** This phrase is used when you are eligible for promotion. There is also the phrase “Below Zone Eligible.” This means that even though you are not in the primary selection zone, you are still eligible for selection if the board selects below the zone. Determination of when you are in zone is dependent upon your lineal number and where it falls in the selection zone. To find out if you are “in zone” or “below zone,” please contact the Dental Corps Career Planner.
- **Promotion Board.** Information about upcoming promotion boards and preparation for the board can be found at the link below. Review all the links at the bottom of the website. Specific promotion board information for the rank to which you will promote is found in the left box. Select the “Staff” rank that you will be promoting to.
<https://www.mynavyhr.navy.mil/Career-Management/Boards/Active-Duty-Officer/>
- **Service Record.** To ensure that your service record is maintained to give you the best opportunity at promotion, it is critical that you keep your service record up to date with the most current information. For information regarding managing your service record and preparing for a promotion board, visit the following two sites:
<https://www.mynavyhr.navy.mil/Career-Management/Boards/Active-Duty-Officer/>
<https://www.bol.navy.mil/bam/>
- In addition to FITREPS, you may submit letters to a selection board. The purpose of this is to bring to the board’s attention any issue that may need an explanation. For example, if your Administrative CO will only provide limited information in the block 41 of the FITREP, you may wish to provide the board with a letter from your program director espousing your performance in the residency. It is recommended that you have a discussion with the Head, Graduate Dental Programs, prior to submitting a letter to a selection board.

i. Promotion. Congratulations!!

- Officers who are selected for the next rank are eligible to promote when the appropriate NAVADMIN announcing their promotion date is released. Ensure that your administrative command is aware of your select status so they can help monitor the NAVADMINs and ensure that you are promoted on time. Promotion NAVADMINs can be found at:
<https://www.mynavyhr.navy.mil/Career-Management/Boards/Active-Duty-Officer/>

- **Promotion Ceremony.** It is up to each individual as to the format of the promotion ceremony. The administrative command will provide administrative support and ensure that all appropriate paperwork is completed. Promotion zones for the following fiscal year are normally announced in late November-early December. If you have questions as to whether or not you are in the promotion zone, your detailer will be able to clarify. For the most current information regarding promotions visit the Officer section of the BUPERS Online site: <https://www.mynavyhr.navy.mil/Career-Management/Boards/Active-Duty-Officer/>.

j. **Government Travel Credit Card.** All Navy personnel traveling on official orders must use the government issued travel credit card to pay for all official travel costs (flight, hotel, transportation, etc.) that are not coordinated through the Defense Travel System (DTS). It cannot be used for personal purposes **AT ANY TIME**. If you do not have a government travel card, contact your administrative command immediately to apply for one. If you have one already, ensure that your command's travel office has transferred your account into their system.

k. **Detailing/Duty Assignment.** Prior to residency training, the junior detailer is responsible for detailing you to your residency. As soon as you have your selection to a residency program and have accepted it, contact the junior detailer: Commercial (901) 874-4093 or DSN 882-4093. When you start the last year of your residency, contact your specialty leader to begin discussing your follow-on assignment. You will also need to talk to the senior detailer at (901) 874-4044 or DSN 882-4044. Contact information for Specialty Leaders and the Detailers can be found in Appendix M.

l. **Navy Family Accountability and Assessment System (NFAAS).** You must keep NFAAS up to date with your personal and family information at least semi-annually. Review and update family information at: <https://navyfamily.navy.mil/>

m. **Security Clearance.** All Navy Officers are required to have a security clearance. For FTOS residents, the level of clearance required is "Confidential." You can check to see if you have an active clearance at the Navy Standard Integrated Personnel System (NSIPS). Log in and click on *View Personal Information*. On the left side select *Member Data Summary*. The second section is the security clearance section which will tell you if you have a clearance and what level it is. If you do not have a clearance listed, then you must contact your administrative command to get one done. This is critical especially as you come to the end of your program. Do not wait to the last minute. Security clearances take months to get done. You will need this to PCS to your duty station following residency.

n. **Navy Medicine Officer Leadership Courses.** You are encouraged to complete leadership courses throughout your career in the Navy. These provide you with tools to help you lead within the Navy and specifically Navy Medicine, and they are important "checks" to complete to enhance your military record and improve your chance for promotion. It's an extensive document that can be obtained by contacting the Dental Corps Career Planner.

o. **Non-Funded Travel.** Any time you leave the area of your assigned training you need to be in one of the following duty statuses: funded TAD, non-funded TAD, or Leave. Funded TAD (IPOT section 4.d and Board Challenges section 6.c.) and leave (section 4.f.) are discussed

elsewhere in this manual. Non-funded TAD can be requested via your administrative command to attend a training event, meeting, or conference that is not considered IPOT, is not local to your residency program, and is not funded by NMLPDC. This allows you to be away from your place of duty and not be in a leave status.

6. **PROFESSIONAL INFORMATION**

a. **Individual Credentials File (ICF).** This is the documentation that identifies your clinical credentials and allows you to practice dentistry in the Navy. The tracking system is called Centralized Credentials Quality Assurance System (CCQAS). It tracks your clinical credentials (licensure, training, certifications, etc.) and identifies which clinical procedures you are allowed to do while on Active Duty.

- Active Duty Personnel going to FTOS training. When you detach to report for FTOS training, your ICF shall be forwarded by your current command to the Centralized Credentialing and Privileging Directorate, BUMED DET JAX (CCPD-BUMED), in Jacksonville, Florida. CCPD-BUMED will maintain your current practice status in CCQAS. Upon completion of FTOS, the CCPD-BUMED shall forward the ICF to the gaining privileging authority at your next command. You are responsible for providing accurate and current evidence of your professional qualifications. You must immediately inform the CCPD-BUMED and the GDP Office of any change that may impair your ability to provide safe and competent health care services. Upon completion of your training program, CCPD-BUMED will forward your ICF to your new duty station who will request primary source documentation of your internship/residency certificate and required competency documentation. Contact CCPD-BUMED at (904) 542-6905 or by email at: usn-ccpd-archives@health.mil

- HPSP or HSCP Officers going to FTOS Training. The ICF will not be created until you report to your first command after completion of your residency. The gaining command will do the primary source verification (get documents directly from the source) for all required information to include but not limited to your dentistry degree, internship/residency certificate, licensure/certification, and required competency documentation.

- In instances where you may be doing a temporary clinical assignment at a military facility, such as for periods where you may have a long break from your program, you will need to request privileges to practice in that location. The command that you will be assigned to will request an Inter-Facility Credentials Transfer Brief (ICTB) from CCPD-BUMED to grant you privileges in that command. The privileging authority of that command will work with you directly to get that accomplished.

b. **Dental Licensure.** You are required to have a valid unrestricted state dental license while in residency training. Dental licenses restricted in any way are not acceptable. You are responsible for maintaining that license and updating the GDP Office when you renew your license. Initial licensure and maintenance costs are borne by the Dental Officer and cannot be paid via Navy funding.

- Portability. The BUMED Legal Office has provided guidance regarding the nationwide portability of your dental license. As a military active-duty dentist assigned to a civilian training institution, you are not required to acquire an additional license from the state where your civilian training institution is located. Specific legal language in Title 10 United States Code §§1094 (d) (1) and (2) states:

(1) Notwithstanding any law regarding the licensure of a U.S. Navy trainee, a healthcare professional may practice the health profession or professions of the health-care professional in any state, District of Columbia, or a Commonwealth, territory, or possession of the U.S., regardless of whether the practice occurs in a healthcare facility of the Department of Defense, or any other location authorized by the Secretary of Defense.

(2) A healthcare professional referred to in paragraph (1) is a member of the armed forces who (a) has a current license to practice medicine, osteopathic medicine, dentistry, or another health profession; and (b) is performing authorized duties for the Department of Defense.

- Please note that if you match with a training institution that requires a dental license from its particular state and it is your desire to train at that site, you must pay for the dental license.
- Be aware that some special pays are tied to possessing a valid unrestricted state dental license. Both the Incentive Pay (IP) and Retention Bonus (RB) require that you have a valid unrestricted state dental license to be eligible for these pays.

c. **Board Certification Exams.** Contingent upon availability of appropriated funds, qualified Dental Officers will be funded for their specialty board professional certifying examination as outlined in BUMEDINST 1500.20A. This includes officers in residency programs where taking the board is part of the normal progression in the residency. The GDP Office will pay for the board examination fees as well as any travel to the nearest location to take that examination. Funding is provided for each part of the board exam if there are multiple segments.

- Funding will be provided ONLY for one challenge of the board exam. If you are funded an attempt of the exam and do not pass, any re-take of the exam will not be funded by the Navy.
- Some board exams are administered during the annual meeting or conference of the specialty organization. If the meeting is an Integral Parts of Training, you will be required to complete the request forms for IPOT in addition to the forms for Board Certification. If the meeting is not an IPOT for the residency, only the board challenge fee and travel required to challenge the exam will be funded. The resident can still attend the meeting, but the meeting fee, any additional hotel nights, and per diem will not be funded. The resident must request permissive TAD for this time period from the administrative command.
- Some examining bodies require materials to be submitted to the examination board. NMLPDC will fund the postage for mailing the material to the board. Contact the GDP Office for guidance before mailing materials to the board.

- Procedures to request funding for board exams.
 - 1) Inform the GDP Office of pending board challenge via email. Include what board and section you are taking and if travel is required. If travel is required, provide the inclusive dates of travel, and cost to register for the examination. We will send you authorization to pay the registration for the examination with your own funds. Obtain a zero-balance receipt. You will submit this when you liquidate your travel claim after the travel is complete. Then begin the travel funding request process below.
 - 2) Complete the Board Certification Funding Request form using Appendix N as a template. Submit the completed request to your Administrative Command and include Appendix O as a template for them to do the command endorsement. These can be returned to you once they are completed. Forward all signed and completed forms to the GDP Office immediately.
 - 3) Completed digital TMCA Form. Contact the GDP Office to obtain a current TMCA Form. Use Appendix J for guidance on completing the TMCA Form. The TMCA form does not need to be routed via your chain of command. However, you will need to work with your administrative travel personnel to calculate the estimated cost of the travel to be included on the TMCA form. Send it directly to the GDP Office in digital format. This needs to be received at least 60 days prior to travel. This is NOT required if you do not need to travel to take the board, which may occur when the written portion of the exam is at a testing site that is local to you or is online.
- Upon approval you will be informed, and travel arrangements can be coordinated by your administrative command.
- **DO NOT TRAVEL if you don't have an approved line of accounting.** After-the-fact requests for travel funding will NOT be approved. There is no exception to this rule. If you are about to travel but have not been told specifically that you have an approved accounting line, contact the GDP Office **immediately!** Traveling before the accounting line is approved will result in travel and per diem not being funded.
- Travel claims must be submitted within 5 working days of completion of travel. These are coordinated through your administrative command. Failure to submit your travel claim within 5 days could result in denial of payment for any costs incurred.
- For boards that do not require travel, NMLPDC will still pay all required fees. Contact the GDP Office before making any payments for guidance. You will follow the same administrative procedures outlined above to request funding. However, unlike for travel, you will NOT receive an accounting line. After you have taken the exam, you will need to submit a zero-balance receipt from the examining board and a completed SF1034 form. Guidance on completion of the form is provided in Appendix P.

Checklist for requesting funding and orders for Board Challenge

<u>Requirement</u>	<u>No Later Than</u>
1. Contact GDP Office and notify them of board travel	Before paying registration fee
2. Submit Board Funding Request (Appendix N) to command	60 days before travel
3. Submit TMCA to GDP	60 days before travel
4. Send Board funding request w/command endorsement to GDP Office	As soon as received
5. Verify that Accounting has been provided to admin command	30 days before travel
6. Coordinate travel with admin command	When #5 is complete
7. Travel for Board Exam. Pass exam. Keep all receipts.	At time of exam
8. Submit travel claim for reimbursement	Within 5 days upon Return from travel

7. PAY, PAYMENTS, REIMBURSEMENTS

a. **Military Pays.** FTOS residents are eligible for Base Pay, Basic Allowance for Subsistence (BAS), and Basic Allowance for Housing (BAH). These military pays are managed through the PSD of the administrative command to which you are assigned. Guidance on regular military pay can be found at: <https://www.dfas.mil/militarymembers.html>

b. **Dental Officer Special Pays.** Dental Officer Special Pays are managed by the BUMED Special Pays Office. Dental Officers, even while in training, may be eligible for one or more of the Dental Officer Special Pays. This is only a summary and guide to Dental Officer special pays. Consult the FY MC-DC Special Pay Implementation Guidance (available on the BUMED Special Pays Website) that is released every fiscal year for specific guidance. Note that you **MUST** have an active unrestricted state dental license to be eligible for these pays. Submit any request for Dental Officer Special Pays to your administrative command to complete the endorsement and then forward your request to BUMED Special Pays at:

usn.ncr.bumedfchva.mbx.specialpays-bumed@health.mil
<https://www.med.navy.mil/Special-Pays/>

General Dentist Consolidated Special Pay Plan:

- **General Dentist Incentive Pay (IP):** General Dentist IP is \$20,000 paid in equal monthly amounts. *Nearly all of you are eligible for this pay.* Obligation for this is one year which is paid off starting the effective date of the contract even while you are in a training status on active duty. You are eligible for this pay starting 90 days after your date of graduation from dental school, provided you are licensed, privileged, and practicing on this date.
- **General Dentist Retention Bonus (RB):** This is a multiyear contract. You cannot take this if you have any existing obligation for education (i.e., still under obligation for dental school scholarship). If you have served your initial obligation for education, and before you start your residency*, you are eligible for this bonus. This is contracted in conjunction with IP. Obligation is year for year, paid concurrently with the RB contract period and it is served concurrently with future obligation for training. If you have an existing RB contract in place

at the time you would start your residency, you can renegotiate your RB to start one day before residency and ensure you get it for the maximum time during residency.

*You can take the RB after you start residency, but payback would be consecutive with your residency obligation. This would also affect your Dental Specialist RB payback if you took it before your other obligations were complete. Dental Specialist RB payback is consecutive with both General Dentist RB obligation and residency obligation. This would increase the obligation tail during which you would not receive a RB and you would incur years where you would not get your Dental Specialist RB.

- Dental Specialist Retention Bonus (RB): Eligible to Dental Officers who are specialists and have completed any active-duty service commitment incurred for dental education, training, and Accession Bonus or Accession Health Professions Loan Repayment Program.
- Detailed information regarding amounts, guidance, and request forms for Dental Officer special pays can be found at: <https://www.med.navy.mil/Special-Pays/>. The Dental Officer Pay Plan can be found by clicking on: Dental Corps Special Pay Guidance located on the right side of the page.
- Questions concerning BUMED Special Pays can be directed to: usn.ncr.bumedfchva.mbx.specialpays-bumed@health.mil. You can also contact the Dental Corps Career Planner, CDR Daniel Honl, at daniel.j.honl.mil@health.mil

c. **Stipends and Compensation.**

- The Standard of Conduct and Government Ethics states that Navy Officers, while on active duty, may not legally receive a stipend or other compensation from public or private institutions incident to any services performed. Should you receive any stipends or allowances from sources other than the Navy, the sum of such payments must be turned over to the Treasurer of the United States. Payments must be processed through the disbursing officer holding your pay record for credit to the NMLPDC Comptroller.
- There are certain situations for which the trainee may be allowed to receive gifts/funds. Guidelines are outlined in OPNAVINST 4001.1G and the DOD 5500.7, Joint Ethics Regulations. These directives set dollar amounts and scenarios that dictate if the trainee is allowed to accept the gift. The trainee may be able to accept educational stipends that are offered to non-military trainees, which are utilized for educational purposes (courses, meetings, seminars, texts) supplementing the fellowship or residency. An example of this compensation which you would be authorized to accept is hospital-subsidized housing which is offered to all the other fellows or residents in your program. Another example would be a \$900.00 fund from your program which is offered to all the other fellows or residents in your program that can be applied towards reference books or travel to meetings/conferences. Additionally, there may be authority to accept a monetary award for winning an academic competition sponsored by the institution. Acceptance of such funds or gifts requires appropriate administrative protocols. **Contact the GDP Office to discuss any funds or items you are offered before accepting them.**

d. Tuition and Fees.

- If you are in a training program requiring tuition payments, **you must submit a CQM for each term** (Appendix C) at least **90 days** prior to the beginning of the academic period. Additionally, an Academic Degree Plan (**ADP**) must be on file with the GDP Office. This is a major responsibility for FTOS officers. If your institution bills on a yearly basis, then one CQM is required for the year. If the institution bills on a quarter/semester basis, one CQM is required for each term. Again, this must be completed prior to starting any quarter/semester.
- Contact the Bursar or Registrar's office to obtain the tuition costs. The CQM must have a breakdown of the tuition and all fees. If you must estimate the CQM, estimate high.
- If the work order to pay the tuition is processed and the funds are insufficient, the process may need to start all over and there is a risk that funds will not be paid on time. **IF A CQM IS NOT RECEIVED IN TIME AND PAYMENT APPROPRIATELY PROCESSED PRIOR TO STARTING THE TERM, YOUR TUITION WILL BE CONSIDERED AN "UNAUTHORIZED COMMITMENT." THIS IS A VERY SERIOUS SITUATION FOR BOTH YOU AND THE NAVY.** Do not put yourself in this predicament.

Should the institution threaten to withhold your grades or not allow you to register for the next term because the purchase order did not cover the cost of your tuition, please contact the GDP Office immediately.

e. Reimbursement for Non-Tuition Expenses

- You may submit a Claim for Reimbursement (SF1034) for certain expenses and purchases required for your program. General guidance on authorized and unauthorized items and fees is listed below. Authorized funding is only for items that are required for all residents and are needed specifically for the residency.
- You must submit a letter from the program director to the GDP Office with a detailed itemized list for pre-authorization **prior to purchase** of items required for residency that are not covered in tuition payments. The Program Director must state in the letter that all items are required for all residents, military or civilian.
- Include all original receipts, cash register receipts, and/or copies of cancelled checks (front and back) for each expense. A copy of a credit card receipt is acceptable only if costs are itemized. The request for payment **MUST** be received in the same fiscal year in which the items were purchased. Requests received on or after 01 Oct for items purchased in the prior year will be denied. Guidance on completion of SF1034 is provided in Appendix P. The form can be downloaded from the site: <https://www.gsa.gov/portal/forms/download/115462>
- The following is general guidance on what will and what will not be reimbursed. Submitting a pre-authorization request and getting approval prior to purchase will increase the chance

that you will be reimbursed, but this benefit is only available as funds allow. This list is not all-inclusive and there may be certain restrictions on items listed as “authorized” below.

NMLPDC IS AUTHORIZED TO PAY FOR THE FOLLOWING:

1. Tuition is paid via the CQM. Tuition should include any of the following fees: Normal tuition, registration fees, graduation fees, building use fees, computer user fees, mandatory student activity fees (includes Instructionally Related Activity Fees), mandatory student union fees, laboratory fees, and health services fees when waiver from exclusion cannot be obtained from the institution.
2. Copying/Binding Expenses for Thesis/Dissertation (**Does Not** include formatting, editing, or proof-reading expenses)
3. Postage for submitting required material to a specialty exam board.
4. Loupes – if in compliance with BUMEDINST 6750.6
5. Textbooks
6. Clinical Camera
7. Computer Software specifically related to the residency

NMLPDC IS NOT AUTHORIZED TO PAY FOR THE FOLLOWING: Any fees not directly related to your residency will not be funded.

1. University Parking and Transportation Costs
2. Calculators
3. Notebooks
4. Note Taking Services
5. Copying Expenses for Academic Papers
6. Personal Computers or other Computer Hardware
7. Transcripts
8. Malpractice Insurance
9. Athletic Equipment and School Athletic Fees
10. Consumable Supplies and Equipment
11. Reference Books/Manuals
12. DEA Numbers Fee
13. Prep course for licensure
14. Journal Subscriptions
15. Prep course for certification
16. Reimbursement for diplomas

8. **HEALTH CARE AND HEALTH BENEFITS**

a. **TRICARE.** All FTOS residents are covered by TRICARE. You can obtain more information regarding TRICARE eligibility, coverage, access, plans and benefits by going to <https://www.tricare.mil/>.

b. **Health Service Fee.** If your academic institution charges a health services fee to all of its residents and a Military Treatment Facility (MTF) is within 40 miles, you may be able to obtain a waiver for such payment. If your institution will provide health benefits at no cost, and a MTF is over 40 miles away, you may accept their health care benefits. The fee for this is

reimbursable and is usually included in tuition that is itemized on the CQM.

c. **Medical Treatment When Traveling.** If you are traveling outside your assigned TRICARE region, as may occur if you are on vacation, you must obtain approval from TRICARE prior to receiving urgent, routine, or elective health care services from a civilian facility. Alternatively, if you are near a MTF in your travels, you should report to and obtain treatment at that facility.

d. **Emergency Care.** Should there be a need for emergency care from a civilian institution, you or your dependents can be treated without authorization, but you need to contact TRICARE as soon as possible following treatment.

e. **Defense Enrollment Eligibility Reporting System.** Your dependents must be listed in the Defense Enrollment Eligibility Reporting System (DEERS) to receive TRICARE benefits. Active Duty Officers can verify their DEERS file at their local MTF. Alternatively, you can go to the TRICARE DEERS website to get the phone number or use the link to update the information online at: <https://www.tricare.mil/DEERS>.

f. **Exceptional Family Member Program (EFMP).** If you have a family member in the EFMP, please ensure your EFMP status is up-to-date, and please ensure the detailee is aware if you will be bringing your EFMP family member with you on your training orders.

9. **LIABILITY COVERAGE AND FEDERAL TORT CLAIMS ACT**

- The Memorandum of Understanding/Training Affiliation Agreement (MOU/TAA) will indicate the following in reference to liability coverage:
- “The trainee, affected by this Agreement, assigned to the training institution, under orders issued by the U.S. Navy, remains an employee of the United States and performs duties within the course and scope of the Federal Employment. Consequently, the provisions of the Federal Tort Claims Act (title 28, USC, sections 1346(b), 2671-2680), including its defenses and immunities, will apply to allegations of negligence or wrongful acts or omissions of the trainee while acting within the scope of duties pursuant to this Agreement.”
- Additionally, in compliance with BUMEDINST 7050.3A, Para 6 (1), Navy GME must comply with lawful order, requiring that the civilian training institution also provides malpractice insurance. Why? If liability, salary, and health benefits are provided for the non-Navy trainees, why shouldn't the Navy trainee also be entitled to the malpractice benefit? The Navy pays for the trainee's salary and health benefits. The training institution is authorized to bill for the Navy trainee's care. In exchange for these benefits, the Navy will simply ask the training institution to provide standard malpractice coverage (para. 5h of the MOU), and to accept responsibility for trainee actions when they are under the institution's OWN control and supervision (para. 5i of the MOU).
- There are other reasons in which it may be in the training institutions best interest to provide malpractice insurance, even though the Navy trainee is covered by the FTCA. The FTCA

has a statute of limitations of 2-years. There are certain patient populations and procedures that authorize the patient up to an 18-year statute of limitations. In these situations, the FTCA would not be sufficient for the Navy trainee, thus requiring the training institution to provide malpractice coverage sufficient to protect the trainee under their supervision.

- There are situations in which the training institution will not be authorized to provide malpractice to the Navy trainee. In some instances, the training institution is only authorized by state law to provide malpractice to trainees who are employees of the institution. The Navy trainee is not authorized to be considered an employee of the training institution. In these instances, the training institution can ask for a waiver for the malpractice coverage requirement through the GDP Office.

10. **USEFUL WEBSITES:** The list of websites is periodically updated; however, electronic information is continuously changing. If you have difficulty reaching any of the following portals of information, please inform the GDP Office so we can update them.

Bureau of Medicine and Surgery (BUMED)

<https://www.med.navy.mil/Bureau-of-Medicine-and-Surgery/>

Naval Personnel Command (NAVPERSCOM)

<https://www.mynavyhr.navy.mil/>

Officer Development School (ODS)

<https://www.ocs.navy.mil/ods.asp>

U.S. Navy Uniform Regulations

<https://www.mynavyhr.navy.mil/References/US-Navy-Uniforms/Uniform-Regulations/>

Defense Finance and Accounting Service (DFAS)

<https://www.dfas.mil/>

MyPay DFAS

<https://mypay.dfas.mil/#/>

Navy Electronic Directives System: (SECNAV and OPNAV Instructions)

<https://www.secnav.navy.mil/doni/directives/forms/allitems.aspx>

Official U.S. Navy Website

<https://www.navy.mil>

Navy Housing

<https://ffr.cnmc.navy.mil/Navy-Housing/>

TRICARE Services (i.e. Military's Health Plan)

Medical Care: <https://www.tricare.mil/>

Dental Care: <https://www.tricare.mil/CoveredServices/Dental>

Thrift Savings Plan

<https://www.tsp.gov>

**Fleet and Family Support Center including
Family Support Relocation Assistance Program (RAP)**

<https://ffr.cnrc.navy.mil/Family-Readiness/Fleet-And-Family-Support-Program/>

Navy Exchange

<https://www.mynavyexchange.com/>

Navy Recruiting Command

<https://www.cnrc.navy.mil/>

Navy Family Accountability and Assessment System (NFAAS)

<https://navyfamily.navy.mil/>

U.S. Department of Defense

<https://www.defense.gov/>

Department of Veterans Affairs

<https://www.va.gov>

Service Members' & Veterans' Group Life Insurance (SGLI)

<https://www.benefits.va.gov/insurance/sgli.asp>

Navy Sexual Assault Helpline (SAPR)

<https://www.sapr.mil/dod-safe-helpline>

Navy Times

<https://www.navytimes.com>

US Navy Judge Advocate General's Corps

<https://www.jag.navy.mil/>

Navy and Marine Corps Public Health Center

<https://www.med.navy.mil/sites/nmcphc/Pages/Home.aspx>

Navy Historical Center

<https://www.history.navy.mil>

Military.com Resources

<https://www.military.com>

Military OneSource

<https://millifelearning.militaryonesource.mil/MOS/mcfp-prod/f?p=SIS:2:0:>

Military Partners (Armed Forces Resource Center)

<http://www.militarypartners.com>

Military Money

<https://www.militarymoney.com>

APPENDICES

MEMORANDUM OF ACKNOWLEDGEMENT

I have received, read, and understand the Full-Time Out-Service (FTOS)/Other Federal Institution (OFI) Policies and Procedures Manual for Dental Officers assigned to Graduate Dental Education Duty Under Instruction (DUINS) Residency Training, and will comply with all requirements set forth.

Name/Rank: _____

Signature: _____ Date: _____

Once completed, scan this page and email to NMLPDC GDP:

usn.bethesda.navmedleadprodevcmd.list.nmpdc-dental-corps-gp@health.mil

PROGRAM DIRECTOR/ADMINISTRATOR POINT OF CONTACT

Complete and return this form to the GDP Office with your letter of acceptance to a civilian program and the institution's CODA Accreditation Letter (if applicable):

usn.bethesda.navmedleadprodevcmd.list.nmpdc-dental-corps-gp@health.mil

Name and Rank: _____

Specialty of Residency: _____

1. School Information:

a. Name of Institution: _____

b. Address: _____

2. Dean of Dental School:

a. Name: _____

b. Phone: _____

c. Email: _____

3. Program Director:

a. Name: _____

b. Phone: _____

c. Email: _____

4. Point of Contact for developing the Memorandum of Understanding:

a. Name: _____

b. Phone: _____

c. Email: _____

SAMPLE COST QUOTE MEMORANDUM

DATE

From: (Name)

To: NMLPDC, Graduate Dental Programs (1WPGDC), Building 1, 16th Deck, 8955 Wood Road, Bethesda, MD 20889-5628

Subj: COST QUOTE MEMORANDUM

1. Tuition and Fee Schedule for _____ Term/Semester _____ (year)

2. Inclusive Dates: From: _____ To: _____

3. Number of Credit Hours for Term/Semester: _____

4. Tuition Cost for Term/Semester: \$ _____ Resident ☐ Non-Resident ☐

5. General Fees: Registration, Student Activity Fee, etc. (Does not include books, instruments, supplies, etc. that are requested using SF1164):

a. Name of Fee	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

6. Total amount billed for tuition and fees for this term: \$ _____

7. Address to where payment is to be sent:

8. The above information can be verified by the following university official:

Name and Title: _____

Phone: _____

THIS FORM **MUST** BE RECEIVED AT NMLPDC GRADUATE DENTAL PROGRAMS (1WPGDC) **THREE MONTHS** PRIOR TO THE APPLICABLE TERM.

SAMPLE ACADEMIC DEGREE PLAN

2-Year AEGD Comprehensive Dentistry Residency
Projected Graduation Date: Jun 20XX

First-Year Program

The program unites basic and dental sciences in a formal schedule. Courses in the biological sciences are designed to update the dental officer's knowledge in these areas, and the student is then expected to correlate the subject matter with clinical practice. The program provides time for study, research, and clinical practice. During the year, the dental officer is required to engage in a research project.

First-Year Curriculum

Course	Contact Hours
NPDS 227 Advanced Oral Diagnosis	10
NPDS 249 Anxiolysis	7
NPDS 201 Applied Dental Psychology	8
NPDS 252 Complete Dentures	36
NPDS 223 Dental Implantology	24
NPDS 208 Endodontics	42
NPDS 253 Fixed Prosthodontics	35
NPDS 288 General Dentistry Sick Call Rotation	28
NPDS 281 Forensic Dentistry	14
NPDS 318 Integral Parts	16
NPDS 218 Management of Medical Emergencies	2
NPDS 344 Maxillofacial Prosthetics (hours 24-26)	3
NPDS 204 Microbiology	18
NPDS 221 Naval Operational Management	14
NPDS 224 Occlusion	24
NPDS 225 Operative Dentistry	44
NPDS 236 Oral and Maxillofacial Pathology	34
NPDS 239 Oral and Maxillofacial Surgery	14
NPDS 285 Orofacial Pain	32
NPDS 240 Orthodontics	20
NPDS 222 Pediatric Dentistry	16
NPDS 241 Periodontics	44
NPDS 228 Pharmacotherapeutics in Clinical Dentistry	18

NPDS 259 Removable Partial Dentures	26
NPDS 263 Research Methodology I	10
NPDS 264 Research Project	120
NPDS 365 Seminar, Comprehensive Dentistry	124
NPDS 368 Seminar, Comprehensive Dentistry ABGD Board Examination	20
NPDS 286 Seminar, Diagnosis and Treatment Planning	4
NPDS 279 Seminar, Operative Dentistry	20
NPDS 217 Specialty Clinic, Comprehensive Dentistry	601
NPDS 231 Systemic Disease in Clinical Dentistry	21
NPDS 353 Treatment Rendered Seminar	19
NPDS 206 Topographical Anatomy	20
Feedback Sessions	7
Orientation, GMT, PRT, Integral Parts, etc.	80
Total hours	1575

Second-Year Program

The second-year curriculum complements the first-year program and expands the clinical experience to 80 percent of contact hours. Board-certified specialists from each Naval Postgraduate Dental School (NPDS) clinical department are designated as consultants to augment the comprehensive dentistry staff. Each consultant has assignments in the Comprehensive Dentistry Clinic to observe and mentor residents during patient treatment.

The didactic portion of the second-year course consists of regularly scheduled seminars for literature review, clinical pathology, and treatment planning. Periodically, special lecturers and outside consultants are scheduled. In both the clinical and didactic portions of the course, NPDS staff members from each discipline are responsible for articulating the treatment philosophies of their various specialties and coordinating these philosophies with the concept of comprehensive dentistry.

Additionally residents are required to challenge the American Board of General Dentistry during their second year and attend the Academy of Operative Dentistry Annual Meeting to present their table clinics.

Second-Year Curriculum

Course	Contact Hours
NPDS 321 Basic Life Support (Recertification)	4
NPDS 371 Dental Administrative Management	12
NPDS 311 Ethics	7
NPDS 324 General Dentistry Sick Call Rotation	56

NPDS 314 Oral Surgery Rotation	66
NPDS 323 Orofacial Pain Rotation	9
NPDS 315 Pediatric Dentistry Rotation	20
NPDS 355 Research Methodology II	5
NPDS 369 Research Project	150
NPDS 365 Seminar, Comprehensive Dentistry	124
NPDS 368 Seminar, Comprehensive Dentistry ABGD Board Examination	28
NPDS 367 Seminar, Comprehensive Dentistry ABGD Board Preparation	17
NPDS 331 Seminar, Clinical Oral Pathology	20
NPDS 317 Seminar, Occlusion	9
NPDS 360 Seminar, Oral Medicine	10
NPDS 358 Seminar, Orofacial Pain	6
NPDS 312 Seminar, Orthodontics	7
NPDS 325 Seminar, Periodontics	6
NPDS 359 Seminar, Prosthodontics	12
NPDS 318 Special Guest Lecturers/Consultant Visits	16
NPDS 319 Specialty Clinic, Comprehensive Dentistry	921
NPDS 320 Teaching, Comprehensive Dentistry	5
NPDS 310 Teaching Methods Seminar	5
NPDS 353 Treatment Rendered Seminar	19
Feedback Sessions	1
Orientation, GMT, PRT, Integral Parts, etc.	40
Total hours	1575

Integral Parts of Training: In addition to the above course load, residents are required to attend the Operative Dentistry Annual Meeting to present a table clinic during their second year.

Program Director: _____

Signature: _____ Date: _____

REPORTING AND RESIDENCY INFORMATION

This information must be e-mailed to the GDP Office immediately after arrival to your training location: usn.bethesda.navmedleadprodevcmd.list.nmpdc-dental-corps-gp@health.mil

Name/Rank: _____

1. Contact information while in residency:

a. Address where you will be living while in residency:

b. Mailing Address (if different from above address):

c. Home Phone: _____ Mobile Phone: _____

d. Primary E-mail: _____

e. Secondary E-mail: _____

2. Reporting Date: _____

3. Navy reporting chain:

a. Command: _____

b. Reporting Senior: _____

c. Address:

d. Phone: _____ DSN: _____

e. E-mail: _____

4. Training Institution Information:

a. Name of Institution: _____

b. Address:

c. Phone: _____

5. Dean of Dental School:

a. Name: _____

b. Phone: _____

c. Email: _____

6. Division/Department: _____

7. Program Director:
- a. Name: _____
 - b. Phone: _____
 - c. Email: _____
8. University is on a: ☐ semester ☐ trimester ☐ quarter system
9. There is a fee for the residency: ☐ Yes ☐ No
10. Which of the following will you earn upon completion of your residency (check all that apply): ☐ Masters ☐ PhD ☐ Doctorate (i.e. MD) ☐ Certificate Only, No Degree
11. Resident student classification: ☐ In-state ☐ Out-of-state
12. Does your program require a research thesis? ☐ Yes ☐ No
13. Does your program require an off-site rotation or rotations? ☐ Yes ☐ No If "Yes":
- a. Title or Description of off-site rotation: _____
 - b. Location of off-site rotation: _____
 - c. Cost of meeting fee (if applicable): \$ _____
 - d. Projected dates of off-site rotation: _____ to _____
(Month/Year) (Month/Year)
14. Date of projected residency completion: _____
(Day-Month-Year)
15. Date of projected graduation (if different from residency completion date): _____
(Day-Month-Year)
16. Career Information
- a. Date of Rank: _____
 - b. Promotion Status: ☐ Regular ☐ Selected – projected mm/yy of promotion: ____/____
 - c. Any Active Duty Obligation for Training Outstanding prior to starting residency?
☐ No ☐ Yes - ____ months
17. Do you have a U.S. Government Travel Card? ☐ Yes ☐ No If no, request a card through your administrative chain of command. This is required for any government paid travel.
18. Additional Information you wish to inform NMLPDC GDP of:
- _____
- _____
- _____

Once completed, scan and/or email to NMLPDC GDP:

usn.bethesda.navmedleadprodevcmd.list.nmpdc-dental-corps-gp@health.mil

NAVY MEDICINE DENTAL RESIDENT/FELLOW POSTGRADUATE TRAINING PERFORMANCE AND PROGRESS REPORT

Trainee Name: _____ Status: ____ Resident ____ Fellow
Last, First MI.

Name of Institution: _____

Program: _____ Program Enrollment: _____ to _____
Specialty/Subspecialty MMYM MMYM

Current Resident Program Year: PGY - _____ Semester/Quarter Assessed: _____

Research Year Dates (if applicable): _____ to _____ Projected Graduation Date: _____
MM/YY MM/YY (MM/DD/YYYY)

1. Performance: Place an "x" in the appropriate box

Competency Rating	Significant Problems 1	Below Expectations 2	Meeting Expectations 3	Above Expectations 4	Well above Expectations 5
Patient Care:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental and Medical Knowledge:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice-based Learning and Improvement:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal and Communication Skills:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Systems-based Practice:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical/Surgical Performance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research/Thesis Performance: <input type="checkbox"/> Check if n/a:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Evaluation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Is the resident on track to successfully complete curriculum requirements sufficient to be advanced to the next program year or graduate on time? Yes _____ No _____
3. Is the trainee on probation? Yes _____ No _____
If yes, please attach a copy of their probationary letter identifying the issue and plan of action.

4. Summary. Please comment on notable accomplishments, competency performance ratings less than 3, and other significant issues (expand box as needed):

5. Please attach any periodic assessment forms, summary grade sheets, or transcripts as indicated.
6. Please attach any additional documents you feel contribute to this assessment and wish the Graduate Dental Programs Office to be aware of regarding the performance of the resident/fellow.
7. Complete only upon program completion (check if n/a at this time ____):

Based on the resident/fellow's performance, I ____ recommend/ ____ do not recommend active staff appointment with clinical privileges in _____.
Specialty/Subspecialty

8. Resident Counseling. I have reviewed this assessment and acknowledge its contents.

Resident's Signature

Date

Program Director's Name (Print)

Program Director's Signature

Date

Program Director Contact Info: Phone: _____ e-mail: _____

PLEASE DIGITIZE OR SCAN AND SEND COMPLETED FORM TO:
usn.bethesda.navmedleadprodevcmd.list.nmpdc-dental-corps-gp@health.mil

IPOT FUNDING REQUEST TEMPLATE

Date

From: (Rank, Name of Applicant, Command or Residency Program Name and School)
To: Commanding Officer, Naval Medical Leader and Professional Development Command,
(Code 1WPGDC), Building 1, 16th Deck, Room 16125, 8955 Wood Road, Bethesda MD
20889-5628
Via: Commanding Officer, (Applicant's Command)

Subj: REQUEST FOR FUNDING OF INTEGRAL PARTS OF TRAINING

Ref: (a) BUMEDINST 1500.19B
(b) Joint Travel Regulations (JTR 01-01-18)

Encl: (1) Course/conference/meeting brochure (if applicable)
(2) Letter of verification from Program Director

1. I request approval to attend the Integral Parts of Training described in enclosure (1), and listed below, on TAD orders per reference (a). Enclosure (2) is provided as documentary evidence that this is required Integral Parts of Training (IPOT).

- a. Title of course/conference/meeting/rotation:
- b. Location:
- c. Inclusive dates (not including travel): From _____ to _____.
- d. Cut-off date for registration:
- e. Sponsoring institution of course/conference/meeting/rotation:
- f. Course/conference/meeting/rotation fees (highlight on enclosure (1)):
- g. Estimated travel cost:
 - (1) Travel is requested from (location) to (location) and return to (location).
 - (2) Contract airfare is available and desired: Yes No
 - (3) Government transportation (GTR) is available and desired: Yes No
 - (4) Accounting data should be in: DTS ATOS
 - (5) Per diem at training location:
 - (6) Government quarters are available: Yes No

(7) Government messing is available: Yes No

h. Estimated miscellaneous expenses: \$_____

i. Continuing education units, credits, or program hours to be awarded: _____ hours

j. Leave to be taken in conjunction with this IPOT Travel: From _____ to _____

2. I have/have not (select one) received orders for RAD/RET/PCS moves. My projected rotation date from my current duty station is _____.

3. I may be reached by:

a. Phone: (____)_____

b. FAX: (____)_____

c. E-mail: _____

4. The TAD point of contact at my Command to receive the funding information and process my orders is:

Name(s): _____

E-Mail Address(es): _____

Phone(s): _____

5. I certify the following:

a. Attendance at the above course/conference/meeting/rotation will meet all requirements set forth in references (a) and (b).

b. I am a member/nonmember (select one) of the sponsoring agency or organization.

c. I understand any advance payment of fees or related expenses from personal funds will be my responsibility if this request is not approved.

d. I understand I shall comply with reference (b) by submitting a travel claim to my local personnel support detachment (PSD) within 5 calendar days of return from travel.

Signature
(Printed Name)

PROGRAM DIRECTOR VERIFICATION OF IPOT LETTER TEMPLATE
(On Institution or Department Letterhead)

Date

From: Program Director's Name, Program, Institution
To: Commanding Officer, Naval Medical Leader and Professional Development Command,
(Code 1WPGDC), Building 1, 16th Deck, Room 16125, 8955 Wood Road, Bethesda MD
20889-5628

Subj: VERIFICATION OF REQUIRED INTEGRAL PARTS OF TRAINING I.C.O.
(RESIDENT'S NAME)

Encl: (1) Pamphlet/Announcement/Flier for Event

1. The requested travel funding for (*title of training event*) is required as an integral parts of training for (*Resident Name*). This is a required course/conference/meeting/rotation that all residents of this program are required to attend.

2. I can be reached at:

a. Phone:

b. Email:

Program Director Signature
Printed Name

**COMMANDING OFFICER ENDORSEMENT
FOR INTEGRAL PARTS OF TRAINING TEMPLATE**
(On Command Letterhead)

1500
Ser
Date

FIRST ENDORSEMENT on Rank, First MI. Last, DC, USN ltr dated _____

From: Commanding Officer, (Name/address of Non-BSO 18 Activity)

To: Commanding Officer, Naval Medical Leader and Professional Development Command,
(Code 1WPGDC), Building 1, 16th Deck, Room 16125, 8955 Wood Road, Bethesda MD
20889-5628

Subj: REQUEST FOR FUNDING OF INTEGRAL PARTS OF TRAINING

Ref: (a) BUMEDINST 1500.19B

1. Forwarded, recommending approval.
2. Current Command TAD funding is unavailable, and it is requested that Navy Medicine, Manpower, Personnel, Training and Education Command provide funding per reference (a).

Commanding Officer

DIRECTIONS FOR COMPLETION OF THE DIGITAL TMCA FORM

Parent Command: check appropriate box for the command YOU are attached to. If none of the options are your command, check OTHER and type in your command.

FTOS residents: type your administrative command in the other box and put your school name next to your name in line 1.

Line 1: Put Rank, Full Name, DC, USN.

Line 2: Put City and State of the TAD location

Line 3: Put in Travel Dates. Travel to date is one day before the start of training or examination. Return date is almost always on the last day of the training or examination.

Line 4: Put in reason for trip following example go-bys below:

Conference Example: “Attend the Academy of Great Dentistry Annual Session. I am listed on the Conference Attendance Roster.”

CE Course Example: “Attend the Bethesda CE Course ‘Great Dentists Made Better’ to obtain CE hours for board/licensure maintenance.”

Board Example: “Challenge the American Association of Great Dentists Board Exam”

For IPOT travel: “IPOT Travel: Attendance at the conference/course is a required integral parts of training for my residency program.”

Line 5: Use the following wording depending on your type of travel:

For CE or Conference Travel: “Training cannot be obtained via teleconferencing, videoconferencing, or other online media. It is hands on/direct attendance training and is not broadcast online. Direct contact hours are needed for board/licensure maintenance.”

For Board Challenge travel: Travel is for challenge of the (Specialty) Part (?) of the Board Certification Examination which is not offered via online media.

For IPOT travel: “Training cannot be obtained via teleconferencing, videoconferencing, or other online media. It is hands on/direct attendance training and is not broadcast online. Attendance is required as an Integral Parts of Training for my residency.

Line 6: Total Estimated Cost: Put in the estimated cost for the TAD. Contact the travel office of your administrative command and have them provide the estimated cost for TAD to the location of the exam. This should show the total cost of the travel, to include flight, hotel, cost of the meeting or examination fee, per diem and miscellaneous expenses.

Funded By: Check OTHER and type in NMLPDC

Complete Block 2 as appropriate and digitally sign; DO NOT print, sign, and scan. Save the form and email back to us in digital format.

Send the completed digital form to:

usn.bethesda.navmedleadprodevcmd.list.nmpdc-dental-corps-gp@health.mil

BUMED/ NMLPDC PUBLICATION AND PRESENTATION APPROVAL GUIDELINES

Many students need to publish their thesis, dissertation, or research project in order to graduate. Others have to present a poster or lecture at a conference or symposium at the university. If that is in your future the following guidance and information is given.

Bottom Line Up Front:

You need the approval of the Public Affairs Officer before you submit your manuscript for publication or give a presentation. Authored work guidance is outlined in BUMEDINST 5721.3E and approval is provided via the submission of the NAVMED 5721/2. The review and routing process can take approximately 10 working-days from submission.

Think Ahead:

There are certain topics deemed sensitive by BUMED which require additional review at the Echelon 3 (NMFSC) level and/or BUMED level prior to approval to publish. The list is dynamic and BUMED can add or remove a topic at any time. The most recent BUMEDNOTE 5700 was published 23 Feb 2022 and lists several topics.

Since the list is not cleared for public release, you may access the notice via the Navy Medicine internal website: <https://www.med.navy.mil/Directives/> or contact NMLPDC's Public Affairs Officer at (301) 319-8074 if you have any questions.

IRB Guidance:

Does your research or area of investigation require an IRB statement? There is an assumption that a case study, a literature research, or chart review does not require an IRB review. BUMED provided guidance for IRB statements:

Three separate types of activities are as follows:

- (a) A case study,
- (b) Literature research, and
- (c) Chart reviews.

In an effort to consider which one of these activities qualifies for IRB review, it is important to note the following definitions:

1. Per **32 CFR 219.102(d)**, research is defined as "**a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge. Activities which meet this definition constitute research for purposes of this policy, whether or not they are conducted or supported under a program which is considered research for other purposes.** For example, some demonstration and service programs may include research activities."

2. Per **32CFR219.102(f)**, a "human subject means a living individual about whom an investigator (whether professional or student) conducting research obtains (1) Data through intervention or interaction with the individual, or (2) Identifiable private information." A single case study for IRB purposes is a retrospective analysis of one clinical case. Although a single case study is considered a medical/educational activity, it does not meet the above definition of "research" as it is not considered "a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge." Therefore, **a single case study does not usually require review by an IRB**. However, **more than one case study** which examines more than one clinical case may "contribute to generalizable knowledge" and **will likely require review by an IRB**.

Literature research, or literature review, includes a review and analysis of already published research. This activity does not involve human subjects and therefore **does not require IRB review**.

Finally, **chart reviews** (e.g., medical records) evaluate patient data and use information that has usually been collected for reasons other than research. **Chart reviews** meet both of the federal definitions of "research" and "human subject" that are listed above and therefore **require IRB review**. **Chart reviews** also have **HIPAA requirements** that may need to be addressed by a Privacy Board.

3. **SECNAVINST 3900.39D para 4.b.(1)** states the following: (1) Activities that do not qualify as research or activities that do not involve human subjects as defined in 32 CFR 219 and as determined by IRB Chairs, IRB Vice Chairs, designated IRB administrators, or designated officials of the HRPP. Investigators shall not make this determination. Based on this requirement, **someone other than the investigator** (e.g., IRB Chairs, designated officials of the HRPP) shall **determine** whether or not a project **qualifies as research** or involves human subjects. Therefore, for more than one case study, and for chart reviews, an IRB should be consulted for a review and a determination. However, literature research does not meet the definitions of "research" and "human subject" and therefore will likely not require IRB review.

Required Disclaimers:

Your presentation or manuscript **must** have the official disclaimer.

"The views expressed in this [insert type of publication] are those of the author and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, nor the U.S. Government."

or

"The views expressed in this [insert type of publication] reflect the results of research conducted by the author(s) and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, nor the U.S. Government."

If applicable for human or animal research, researchers **review IRB guidance** above and **add** the appropriate IRB statement:

“The study protocol was approved by the (pertinent organization/command) Institutional Review board in compliance with all applicable Federal regulations governing the protection of human subjects.”

If material is a report of Clinical Investigation Program – sponsored research, the following statement must be included in written materials:

“Research data derived from an approved _____, Institutional Review Board protocol number _____.”

Steps to take for successful publication or presentation:

1. Select your area of investigation.
2. Consult if it needs an IRB review. Get it done.
3. Write your paper or prepare your presentation or poster.
4. Add the official disclaimer.
5. If your project qualifies as research add the additional appropriate IRB statement.
6. Fill out Clearance Request Form 5721/2. This is a form fillable PDF file and it is strongly urged it remain digital. The PAO will sign it using a CAC card. Fill out a separate form for each presentation or manuscript.
7. Send an email with the manuscript/presentation and its Clearance Request Form as a set of attachments to your Dean or Assistant Dean for your graduate program. If you have several presentations or manuscripts send each set in a separate email.
8. Timing: Please send your work at least 10 working days before your presentation or manuscript publication deadline to your Dean or Assistant Dean for your graduate program. Plan for 21 working days or longer if the topic is deemed sensitive.
9. Once approved and the form signed by the PAO you should receive an email from your Dean or Assistant Dean for your graduate program that you can present or publish your work.

Reasons for the process:

Many of you have read literature, reviewed journals, and looked up information on the internet. The approval process protects you and the Navy against other research misquoting you or stating, “The Navy says ...,” when the Navy does not say. Your work is kept for comparison in case the Public Affairs Officer has to clear up this type of problem. When giving a speech of gratitude after winning an award your work is close at hand to the Public Affairs Officers when media requests additional information on your work. The timeline is requested by BUMED in case it is sent for higher review and coordination. There have been times when BUMED crafted specific disclaimers for individual researchers and specific projects.

SAMPLE FITNESS REPORT (FITREP)

FITNESS REPORT & COUNSELING RECORD (W2-O6)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) STUDENT, IMA A				2. Grade/Rate LT		3. Desig 2200		4. SSN 123-45-6789			
5. ACT <input checked="" type="checkbox"/> FTS <input type="checkbox"/> INACT <input type="checkbox"/> AT/ADSW/ <input type="checkbox"/> 265		6. UIC 00000		7. Ship/Station STU MED DEPT OST			8. Promotion Status REGULAR		9. Date Reported 14JUL01		
Occasion for Report				Detachment <input type="checkbox"/>		Detachment of <input type="checkbox"/>		Period of Report			
10. Periodic <input checked="" type="checkbox"/>		11. of Individual <input type="checkbox"/>		12. Reporting Senior <input type="checkbox"/>		13. Special <input type="checkbox"/>		14. From: 14FEB01		15. To: 15JAN31	
16. Not Observed Report <input checked="" type="checkbox"/>		Type of Report		17. Regular <input checked="" type="checkbox"/>		18. Concurrent <input type="checkbox"/>		19. OpsCdr <input type="checkbox"/>		20. Physical Readiness PP	
21. Billet Subcategory (if any) RESIDENT		22. Reporting Senior (Last, FI MI) BOSS, U R		23. Grade CAPT		24. Desig 2100		25. Title CO		26. UIC 00000	
27. SSN		28. Command employment and command achievements. NROTC Mid American Region: Develop Navy and USMC Officer Candidates to be the best they can be.		29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.) RESIDENT PRI: RESIDENT IN ORAL SURGERY AT UNIV OF DENTISTRY-12. COLL: CHIEF RESIDENT - 6. PFA: 14-2, 15-1.		30. Date Counseled NOT REQ		31. Counselor		32. Signature of Individual Counseled	
For Mid-term Counseling Use. (When completing FITREP, enter 30 and 31 from counseling worksheet, sign 32.)											
PERFORMANCE TRAITS: 1.0 - Below standards/not progressing or UNSAT in any one standard; 2.0 - Does not yet meet all 3.0 standards; 3.0 - Meets all 3.0 standards; 4.0 - Exceeds most 3.0 standards; 5.0 - Meets overall criteria and most of the specific standards for 5.0. Standards are not all inclusive.											
PERFORMANCE TRAITS		1.0* Below Standards		2.0 Pro- gressing		3.0 Meets Standards		4.0 Above Standards		5.0 Greatly Exceeds Standards	
33. PROFESSIONAL EXPERTISE: Professional knowledge, proficiency, and qualifications. NOB <input checked="" type="checkbox"/>		-Lacks basic professional knowledge to perform effectively. -Cannot apply basic skills. -Fails to develop professionally or achieve timely qualifications.		-		-Has thorough professional knowledge. -Competently performs both routine and new tasks. -Steadily improves skills, achieves timely qualifications.		-		-Recognized expert, sought after to solve difficult problems. -Exceptionally skilled, develops and executes innovative ideas. -Achieves early/highly advanced qualifications.	
34. COMMAND OR ORGANIZATIONAL CLIMATE/EQUAL OPPORTUNITY: Contributing to growth and development, human worth, community. NOB <input checked="" type="checkbox"/>		-Actions counter to Navy's retention/reenlistment goals. -Uninvolved with mentoring or professional development of subordinates. -Actions counter to good order and discipline and negatively affect Command/Organizational climate. -Demonstrates exclusionary behavior. Fails to value differences from cultural diversity.		-		-Positive leadership supports Navy's increased retention goals. Active in decreasing attrition. -Actions adequately encourage/support subordinates' personal/professional growth. -Demonstrates appreciation for contributions of Navy personnel. Positive influence on Command climate. -Values differences as strengths. Fosters atmosphere of acceptance/inclusion per EO/EEO policy.		-		-Measurably contributes to Navy's increased retention and reduced attrition objectives. -Proactive leader/exemplary mentor. Involved in subordinates' personal development leading to professional growth/sustained commitment. -Initiates support programs for military, civilian, and families to achieve exceptional Command and Organizational climate. -The model of achievement. Develops unit cohesion by valuing differences as strengths.	
35. MILITARY BEARING/CHARACTER: Appearance, conduct, physical fitness, adherence to Navy Core Values. NOB <input checked="" type="checkbox"/>		-Consistently unsatisfactory appearance. -Unsatisfactory demeanor or conduct. -Unable to meet one or more physical readiness standards. -Fails to live up to one or more Navy Core Values: HONOR, COURAGE, COMMITMENT.		-		-Excellent personal appearance. -Excellent demeanor or conduct. -Complies with physical readiness program. -Always lives up to Navy Core Values: HONOR, COURAGE, COMMITMENT.		-		-Exemplary personal appearance. -Exemplary representative of Navy. -A leader in physical readiness. -Exemplifies Navy Core Values: HONOR, COURAGE, COMMITMENT.	
36. TEAMWORK: Contributions toward team building and team results. NOB <input checked="" type="checkbox"/>		-Creates conflict, unwilling to work with others, puts self above team. -Fails to understand team goals or teamwork techniques. -Does not take direction well.		-		-Reinforces others' efforts, meets personal commitments to team. -Understands team goals, employs good teamwork techniques. -Accepts and offers team direction.		-		-Team builder, inspires cooperation and progress. -Talented mentor, focuses goals and techniques for team. -The best at accepting and offering team direction.	
37. MISSION ACCOMPLISHMENT AND INITIATIVE: Taking initiative, planning/prioritizing, achieving mission. NOB <input checked="" type="checkbox"/>		-Lacks initiative. -Unable to plan or prioritize. -Does not maintain readiness. -Fails to get the job done.		-		-Takes initiative to meet goals. -Plans/prioritizes effectively. -Maintains high state of readiness. -Always gets the job done.		-		-Develops innovative ways to accomplish mission. -Plans/prioritizes with exceptional skill and foresight. -Maintains superior readiness, even with limited resources. -Gets jobs done earlier and far better than expected.	

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FITNESS REPORT & COUNSELING RECORD (W2-O6) (cont'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix) STUDENT, IMA A				2. Grade/Rate LT		3. Design 2200		4. SSN 123-45-6789	
PERFORMANCE TRAITS		1.0* Below Standards		2.0 Pro- gressing		3.0 Meets Standards		4.0 Above Standards	
		5.0 Greatly Exceeds Standards							
38. LEADERSHIP: Organizing, motivating and developing others to accomplish goals.		-Neglects growth/development or welfare of subordinates. -Fails to organize, creates problems for subordinates. -Does not set or achieve goals relevant to command mission and vision. -Lacks ability to cope with or tolerate stress. -Inadequate communicator. -Tolerates hazards or unsafe practices.		-Effectively stimulates growth/development in subordinates. -Organizes successfully, implementing process improvements and efficiencies. -Sets/achieves useful realistic goals that support command mission. -Performs well in stressful situations. -Clear, timely communicator. -Ensures safety of personnel and equipment.		-Inspiring motivator and trainer, subordinates reach highest level of growth and development. -Superb organizer, great foresight, develops process improvements and efficiencies. -Leadership achievements dramatically further command mission and vision. -Perseveres through the toughest challenges and inspires others. -Exceptional communicator. -Makes subordinates safety-conscious, maintains top safety record. -Constantly improves the personal and professional lives of others.		NOB <input checked="" type="checkbox"/>	
39. TACTICAL PERFORMANCE: (Warfare qualified officers only) Basic and tactical employment of weapon systems.		-Has difficulty attaining qualification expected for the rank and experience. -Has difficulty in ship(s), aircraft, or weapons systems employment. Below others in knowledge and employment. -Warfare skills in specialty are below standards compared to others of same rank and experience.		-Attains qualifications as required and expected. -Capably employs ship(s), aircraft, or weapons systems. Equal to others in warfare knowledge and employment. -Warfare skills in specialty equal to others of same rank and experience.		-Fully qualified at appropriate level for rank and experience. -Innovatively employs ship(s), aircraft, or weapons systems. Well above others in warfare knowledge and employment. -Warfare skills in specialty exceed others of same rank and experience.		NOB <input checked="" type="checkbox"/>	
40. I recommend screening this individual for next career milestone(s) as follows: (maximum of two) Recommendations may be for competitive schools or duty assignments such as: SCP, Dept Head, XO, OIC, CO, Major Command, War College, PG School.									
41. COMMENTS ON PERFORMANCE: * All 1.0 marks, three 2.0 marks, and 2.0 marks in Block 34 must be specifically substantiated in comments. Comments must be verifiable. Font must be 10 or 12 Pitch (10 or 12 Point) only. Use upper and lower case.									
<p>LT Student is in a Navy Duty Under Instruction program. She is in her final year of a four year Oral and Maxillofacial Surgery Residency at the University of Dentistry. She has performed superbly and has had high praises from her program director. Specific accomplishments include:</p> <ul style="list-style-type: none"> - Attended the AAOMS Conference and presented the table clinic: "Painless Oral Surgery Made Simple." She received the Conference Resident Award of Excellence for her presentation, a strong competition against 23 other residents. - Completed above average surgical procedures. Ranked by her program director as one of the top residents he has ever worked with. - Active in the mentorship of HPSP and HSCP dental students at the University of Dentistry. Has been a valuable asset to the local recruiting command as a reference and interviewer for potential dental Navy scholarship students. <p>LT Student is a top resident and expected to complete her program with honors. Most strongly recommended for promotion to LCDR.</p>									
Promotion Recommendation	NOB	Significant Problems	Progressing	Promotable	Must Promote	Early Promote	44. Reporting Senior Address		
42. INDIVIDUAL	X						COMMANDING OFFICER NROTC MID AMERICA DIST 100 SOME STREET SOMECITY, ST 00000		
43. SUMMARY		0	0	0	0	0			
45. Signature of Reporting Senior					46. Signature of Individual evaluated. I have seen this report, been apprised of my performance, and understand my right to submit a statement.				
Date:					I intend to submit a statement. <input type="checkbox"/> I do not intend to submit a statement. <input type="checkbox"/>				
Member Trait Average: 0.00					Summary Group Average: 4.50				
47. Typed name, grade, command, UIC, and signature of Regular Reporting Senior on Concurrent Report									
Date:									

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SPECIALTY LEADER AND DETAILER CONTACT INFORMATION

SPECIALTY LEADERS (and POCs)			
Specialty	Name	Comm	Email
Advanced Restorative Digital Dentistry	LCDR Frank Getz	(847) 688-3553 ext. 60602	frank.i.getz.mil@health.mil
Clinical Restorative Digital Dentistry	CDR Liz Griffis	(904) 546-7196	elizabeth.a.griffis.mil@health.mil
Comprehensive Dentistry & ACP General Dentistry	CDR Bradley Martinsen	39-095-56-4088	bradley.d.martinsen.mil@health.mil
Comprehensive Dentistry & ACP General Dentistry Assistant	CDR Stephanie Mora		stephanie.n.mora.mil@health.mil
Dental Infection Control	CDR Brittany Turner	(301) 295-4013	brittany.l.turner19.mil@health.mil
Dental Laboratory Services	LCDR Krystal Burns		krystal.h.burns.mil@health.mil
Dental Public Health	LCDR Jessica Norris	(703)-681-9089	jessica.r.norris9.mil@health.mil
Dental Research	CDR Rachel Werner	(210) 539-6848	rachel.l.werner2.mil@health.mil
Endodontics	CAPT Susan Hinman	(301) 319-4676 DSN:285-4676	susan.e.hinman.mil@health.mil
Laser Dentistry (POC)	CDR Brooke Ahlstrom		brooke.t.ahlstrom.mil@health.mil
Maxillofacial Prosthetics/ Implants	CDR Sam Richards	(301) 295-5828 DSN: 295-5828	samuel.i.richards2.mil@health.mil
Operative Dentistry	CAPT Kristi Erickson	(301) 319-4687 DSN:285-4687	Kristi.E.Erickson.mil@health.mil
Oral and Maxillofacial Pathology & Forensic Odontology	LCDR Kerry Bauman	(619) 532-9342 DSN: 532-9342	kerry.b.baumann.mil@health.mil
Oral and Maxillofacial Surgery & ACP Exodontia	CDR Drew Havard	(228) 669-1792	drew.b.havard.mil@health.mil
Oral and Maxillofacial Radiology	CAPT Benjamin Gray	39 081 629 6011 DSN: 314-629-6011	benjamin.m.gray4.mil@health.mil
Orofacial Pain	CDR James Hawkins	(301) 295-1495 DSN:295-1495	james.m.hawkins77.mil@health.mil

Orthodontics	CDR Ian Kaemmer	(210) 292-8626	Ian.j.kaemmer.mil@health.mil
Pediatric Dentistry	CDR Carey Collins-Deisley	(314) 727-3733 DSN:727-3233	carey.h.collinsdeisley.mil@health.mil
Periodontics	CDR Brooke Ahlstrom		brooke.t.ahlstrom.mil@health.mil
PGY-1 Programs	CAPT Joshua Cohen	(760) 725-5870	joshua.e.cohen2.mil@health.mil
PGY-1 Programs Assistant	CDR Marina Hernandez-Feldpausch	(301) 400-3027 / 2060	marina.hernandezfeldpausch.mil@health.mil
Preventive Dentistry	CDR Tracy D'Antonio	(314) 626-5986	tracy.a.dantonio.mil@health.mil
Prosthodontics	CDR Stacy Yu	301-319-8523	stacy.l.yu.mil@health.mil
DETAILERS			
Senior Detailer	CDR Eric Villarreal	(901)874-4093 DSN: 882-4093	eric.d.villarreal.mil@us.navy.mil
Junior Detailer	CDR Chris Bradley	(901) 874-4093	christopher.d.bradley15.mil@us.navy.mil

SAMPLE REQUEST FOR BOARD CERTIFICATION EXAMINATION FUNDING

Date of Request

From: Name of Applicant, Corps, USN, Command Address

To: Commanding Officer, Naval Medical Leader and Professional Development Command,
(Code 1WPGDC), 8955 Wood Road, Bethesda MD 20889-5628

Via: Commanding Officer, Applicant's Command

Subj: REQUEST FOR CERTIFICATION EXAMINATION FUNDING

Ref: (a) BUMEDINST 1500.20A CH-1

(b) Joint Travel Regulations (JTR)

1. Per reference (a), I request funding to participate in the certification examination for (name of certification examination, written or oral board, part 1 or 2) as described below.

a. Inclusive dates of examination: (Including leave in conjunction with temporary additional duty (TAD) and travel dates).

(1) Date travel starts:

(2) Date of examination:

(3) Date travel ends:

b. Location of nearest testing site to permanent duty station: (Including overseas)

c. Mode of transportation desired:

(1) Originating point: (specify airport)

(2) Destination point: (specify airport)

d. Sponsor or agency offering the examination:

e. Examination fee:

f. Government quarters are or are not available.

g. Government messing is or is not available.

Subj: REQUEST FOR CERTIFICATION EXAMINATION FUNDING

2. Requestor's contact information:

- a. Commercial telephone:
- b. DSN telephone:
- c. E-mail:
- d. TAD office point of contact (POC):
- e. TAD office POC commercial telephone:
- f. TAD office POC e-mail:

3. I am not in receipt of release from active duty or retirement orders. I agree to remain on active duty for at least 1 year from the date of the certification examination. My projected rotation date from my current command is (enter date).

4. If this request is not approved, I understand any advance payment of fees or related expenses from personal funds will be my responsibility.

5. I understand that I must comply with reference (b) by submitting a travel claim to my local TAD office, Personnel Support Detachment, or Defense Travel System within 5 calendar days of return from travel.

6. I will forward a copy of the official results to my local command credentialing office and to the Navy Dental Corps Personnel Planner (BUMED-N13), within 5 business days of receipt.

Signature of Member

**SAMPLE COMMAND ENDORSEMENT
FOR BOARD CERTIFICATION EXAMINATION FUNDING**
(Must be on letterhead and signed prior to sending to NMLPDC)

1500
Ser Code/Serial Number
Date

FIRST ENDORSEMENT on Rank, First MI. Last, USN ltr of

From: (Commanding Officer or Commander, your command)

To: Commanding Officer, Naval Medical Leader and Professional Development Command,
(Code 1WPGDC), 8955 Wood Road, Bethesda MD 20889-5628

Subj: REQUEST FOR CERTIFICATION EXAMINATION FUNDING

Ref: BUMEDINST 1500.20A CH-1

1. Forwarded, recommending approval.
2. The member's absence from the duty station for the time required to take the examination will not cause significant interruption of service and care.
3. Point of contact name and contact information.

Commanding officer signature
Commanding officer name

Copy to:
(Enter member's rank and last name)

DIRECTIONS FOR COMPLETING SF1034 (REQUEST FOR REIMBURSEMENT)

Complete only the following blocks on the SF1034:

BLOCK: U.S. Department, Bureau, or Establishment and Location:
ENTRY: NAVAL MEDICAL LEADER & PROFESSIONAL
DEVELOPMENT COMMAND
8955 WOOD ROAD
BETHESDA, MD 20889

BLOCK: Payee's Name and Address
ENTRY: Your name and address

BLOCK: Date of Delivery or Service
ENTRY: For items purchased, list the date that shows on the receipt. For payment of board fee or meeting registration, put the date you sent or submitted the payment.

BLOCK: Articles or Services
ENTRY: Spell out what was purchased. For example:
If paying board fee put "Exam Fee: American Board of Excellent Dentistry"
If paying registration fee put "Conference Registration Fee: American Board of Excellent Dentistry"
If paying for an item purchased, list each item individually by name, i.e.
Textbook: Doing Excellent Dentistry
Loops 3.5X Mag
Dental Imaging Software

BLOCK: Quantity
ENTRY: Put quantity purchased

BLOCK: Unit Price: Cost
ENTRY: Put cost per item

BLOCK: Unit Price: Per
ENTRY: Describe unit type: each, kit, set, etc.

BLOCK: Amount
ENTRY: Put total amount for that line

BLOCK: TOTAL
ENTRY: Add up all costs under amount and enter total here

Save form with your name in the format: RANK_LASTNAME_SF1034. Forward to the GDP Office with all receipts or if paying a fee, zero balance receipts that show payment. Email to: usn.bethesda.navmedleadprodevcmd.list.nmpdc-dental-corps-gp@health.mil

Appendix P