



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH VA 22042

Canc: Jun 2020
IN REPLY REFER TO
BUMEDNOTE 1412
BUMED-M10
6 Jun 2019

BUMED NOTICE 1412

From: Chief, Bureau of Medicine and Surgery

Subj: APPLICATION PROCEDURES FOR FISCAL YEAR 2020 RESERVE COMPONENT
NAVY MEDICINE COMMAND SCREENING BOARD

Ref: (a) OPNAVINST 1412.14
(b) COMNAVRESFORNOTE 5400 (Canc: Jan 20)

Encl: (1) Navy Reserve Executive Medicine Categories and Commands
(2) Commanding Officer's Letter of Recommendation for Command Screening Template

1. Purpose. To provide guidance concerning application procedures for the fiscal year (FY) 2020 Navy Medicine (NAVMED) Reserve Component Command Screening Board per references (a) and (b) and set the application deadline of 8 June 2019.
2. Scope and Applicability. This notice applies to all Reserve Component NAVMED activities and Navy Reserve Medicine personnel that desire to be considered for assignment as a commanding officer (CO) or executive officer (XO).
3. Background. Per reference (a), Chief, Bureau of Medicine and Surgery (BUMED) is responsible for establishing a written command qualification program to set minimum standards for command and establish a process to formally screen officers for executive medicine command positions as outlined in enclosure (1) via an administrative screening board held by Navy Personnel Command (NAVPERSCOM). These positions require special expertise, experience, and a documented career progression.
4. Navy Reserve Medicine Professional Qualification Standards. Standards for command qualification for Reserve Expeditionary Medical Facilities (EMF), Operational Health Support Units (OHSU), and Marine Corps medical units are set forth as follows:
 - a. Experience. Eligible officers desiring to screen for command must have a documented track record of success in leadership and non-leadership positions and a pattern of successful completion of operational and non-operational tours or exercises with increasing scope of accountability and responsibility.
 - b. Knowledge, Skills, and Attributes. NAVMED leaders and FY 2020 Command Screening Board applicants should have:
 - (1) Solid knowledge and understanding of the Navy Medicine Enterprise in relationship to Navy and Marine Corps operational missions.

(2) Joint operations experience, highly desired, but not required.

(3) A firm foundation and understanding of business principles and practices as evidenced by increasing scope of responsibilities.

(4) An ability to provide timely and constructive feedback utilizing established military personnel evaluation systems.

(5) Critical and strategic thinking and problem solving skills.

(6) The Joint Medical Executive Skills Program additional qualification designation code (AQD) 67A - Executive Medicine, highly desired, but not required.

(7) Completed the Joint Professional Military Education Phase I, Command and Staff College or War College (resident or non-resident), highly desired, but not required.

(8) An advanced knowledge and understanding of Reserve Component processes.

c. Leadership

(1) Role model in Navy core values, military bearing, and physical fitness.

(2) Develops subordinates; values diversity.

(3) Understands and supports broader organizational goals.

d. Additional Requirements. Must successfully meet physical fitness assessment (PFA) standards. No failures in either category within the last six PFA cycles.

e. Criteria for Selection to Executive Medicine Positions in Reserve EMFs and OHSUs

(1) CO must:

(a) Be in the grade of captain (O-6) or selected to the rank of captain (O-6).

(b) Successfully completed at least 2 years of an XO tour in a Reserve EMF, OHSU, medical or dental battalion, or equivalent leadership position in active duty status.

(2) XO must:

(a) Be in the grade of captain (O-6) or selected to the rank of captain (O-6).

(b) Successfully demonstrated operational or non-operational mid and senior level management. Operational experience is desired, but not required.

f. Criteria for Selection to Reserve Executive Medicine Positions with the Marine Corps (Medical and Dental Battalions)

(1) CO

(a) Officer must be the grade of captain (O-6).

(b) Dental battalion CO billet is coded 2205 designator and Fleet Marine Force Warfare Officer (FMFWO) qualified officer required.

(c) Medical battalion CO billet is coded 2305 designator; however, 2105 and 2905 designators are also eligible. FMFWO qualified officer required. The best qualified officer (2105, 2305, and 2905) will be selected, regardless of designator.

(2) XO

(a) Dental battalion XO billet is coded 2205 designator and must be the grade of captain (O-6).

(b) Medical battalion XO billet is restricted to the grade of commander (O-5). However, the 2D1 AQD is not required for this position.

5. Navy Reserve Medicine Command Screening Board Application Process

a. Officers desiring to be screened by the FY 2020 Command Screening Board must submit an application to BUMED Reserve Policy and Integration (BUMED-M10) mailbox, usn.ncr.bumedfchva.mbx.m10-commandscreen@mail.mil, containing the following documents scanned as a single portable document format file by 8 June 2019:

(1) CO's letter of recommendation. Template provided in enclosure (2).

(2) Military curriculum vitae and biography.

b. Previously screened officers that hold the 2D1 AQD code do not need to submit an application. Incomplete or late applications will not be considered by the board.

c. Oral Board. Per reference (b), the oral board is required to be considered by the administrative screening board to be held at the National Command and Senior Officer (O-5 and O-6) Non-Command Screening and Assignment Board, henceforth referred to as the “APPLY board.” An officer who possesses the requisite Professional Qualification Standard and who is recommended by the oral board will receive the 2D1 AQD. This will indicate that the officer is administrative screening board eligible for appropriate command assignments during the APPLY board. The oral board is a one-time requirement. Candidates who successfully screen for XO are not required to screen again for CO at the completion of their XO tour or anytime thereafter. However, an officer who is not recommended by an oral board for command screening may reapply for command screening in a subsequent year. The oral board is conducted to determine understanding of and readiness for the responsibilities of command.

(1) Membership. Oral boards will be comprised of at least three Medical Department captains (O-6) or above, who are currently serving in command, or who have completed a command assignment.

(2) Scheduling. BUMED-M10 will notify eligible officers of the timing, location, and procedures for requesting an oral board.

(3) Board Content. The senior member will guide the questions of the board and should focus on questions designed to evaluate the candidate’s maturity, character, temperament, judgment, motivation for command, and familiarity with the Medical Department programs and policies. The findings of the oral board will be determined by majority vote. Specific guidance will be provided in an oral board precept.

(4) Report. Within 15 days of completing its deliberations, the oral board must report its findings to Reserve Personnel Administration (PERS-912). Officers not recommended by the oral board will not be considered by the FY 2020 Command Screening Board.

6. Command Screening Board. Per with reference (b), administrative command screening boards will be held in conjunction with the senior APPLY board. The records of all officers who are recommended for Navy Reserve executive medicine command will be reviewed for any changes that may adversely impact the officer’s eligibility for command. Records will be screened and ranked in compliance with the APPLY board processes and precepts. Members applying for command billets will be reviewed and selected based on the requirements as set forth in reference (b).

7. Required Orientation

a. APPLY board selected officers of commissioned units are required to attend the prospective CO or prospective XO course at the Navy Leadership and Ethics Center, Newport, Rhode Island. Per reference (a), prospective COs must complete the prospective CO course within 1 year after their APPLY CO assignment.

b. Upon successful completion of the required prospective CO and XO course, the officer will receive the 2D1 AQD.

c. All prospective COs and XOs are required to attend a week long BUMED orientation prior to or immediately after reporting to their CO or XO assignment. Requests for an attendance waiver for the group course will be reviewed on a case-by-case basis. Waiver requests must be submitted to the orientation coordinator for final approval by the Deputy Chief, BUMED. A waiver does not alleviate the prospective CO and XO from attending BUMED's orientation. Prospective COs and XOs who receive approved waivers will be scheduled for an individual orientation by the orientation coordinator.

8. Responsibilities and Actions. Reserve community flag officers and COs will ensure qualified officers are mentored for executive medicine positions and encouraged to apply for command screening.

9. Records Management

a. Records created as a result of this notice regardless of format or media, must be maintained and dispositioned for the standard subject identification codes (SSIC) 1000 through 13000 series per the records disposition schedules located on the Department of the Navy/Assistant for Administration (DON/AA), Directives and Records Management Division (DRMD) portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this notice or the records disposition schedules, please contact your local records manager or the DON/AA DRMD program office.

10. Information Management Control. Reports required in subparagraphs 5c(4) of this notice are exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, subparagraph 7k.



TERRY J. MOULTON
Acting

Releasability and distribution:

This notice is cleared for public release and is available electronically only via the Navy Medicine Web site, <http://www.med.navy.mil/directives/Pages/BUMEDNotes.aspx>

BUMEDNOTE 1412
6 Jun 2019

NAVY RESERVE EXECUTIVE MEDICINE CATEGORIES AND COMMANDS

EXPEDITIONARY MEDICAL FACILITIES	
EMF BETHESDA	EMF DALLAS
EMF CAMP PENDLETON	EMF GREAT LAKES
OPERATIONAL HEALTH SUPPORT UNITS	
OHSU BREMERTON	OHSU PENSACOLA
OHSU CAMP LEJEUNE	OHSU PORTSMOUTH
OHSU JACKSONVILLE	OHSU SAN DIEGO
OPERATIONAL COMMANDS	
4 TH MEDICAL BATTALION SAN DIEGO, CA	4 TH DENTAL BATTALION MARIETTA, GA

COMMANDING OFFICER'S LETTER OF RECOMMENDATION FOR
COMMAND SCREENING TEMPLATE

(Letterhead)

1412
Ser /
Date

From: Commanding Officer, (insert command name)
To: President, Fiscal Year 20XX Medical Department Command Screening Board
Via: CAPT John Doe, MSC, USN

Subj: LETTER OF RECOMMENDATION FOR COMMAND SCREENING IN CASE OF
CAPT JOHN DOE, MSC, USN

1. (Commanding Officer's Certification). This officer served as _____. I personally observed his or her performance in this capacity.
2. (Commanding Officer's Justification). Briefly describe the officer's performance while in your command and potential for leadership in command positions.
3. (Commanding Officer's Endorsement). I give my _____ recommendation that CAPT _____ be selected for assignment as a commanding officer or executive officer in Navy Medicine.

(Commanding Officer's signature)