

Medical Service Corps

1. Description of the Medical Service Corps

The Medical Service Corps (MSC) is comprised of a wide diversity of health care administrative and scientific specialties ranging from the management and support of the Army's health services system to direct patient care. IAW 10 USC 7068, the leadership within the MSC consists of the Corps Chief and four Assistant Corps Chiefs who also function as the chiefs of the four medical functional areas (MFAs): Administrative Health Services, Medical Allied Sciences, Preventive Medicine Sciences, and Behavioral Health Sciences. A fifth Assistant Corps Chief functions as a Reserve and National Guard Advisor. The MSC consists of four MFAs, four separate areas of concentration (AOC), and one military occupational specialty (MOS). The Assistant Chiefs provide career direction to their respective MFA/AOC/MOS as well as recommend policies to the Corps Chief. In addition to the Assistant Chiefs, each AOC (and certain skill identifiers) has a specific consultant that advises the Corps Chief and Assistant Chiefs. The operational element which implements Corps policies concerning the career development of Regular Army MSC officers is the Medical Services Branch at HRC, which coordinates military and civilian schooling, assignments, skill classification, career management assistance, and other personnel management actions. A primary objective of this branch is to assist each officer to attain career goals by providing appropriate assignments and ensuring objective consideration for educational opportunities. The MSC consists of four MFAs that have 22 AOCs. All MSC officers (except warrant officers) will be awarded one of the 22 MSC AOCs: 67E, 67F, 67G, 67J, 70A, 70B, 70C, 70D, 70E, 70F, 70H, 70K, 71A, 71B, 71E, 71F, 72A, 72B, 72C, 72D, 73A, and 73B. The first two characters (numeric), such as 70, 71, 72, and 73 identify the MFA and the third character (alpha) identifies the specific specialty. AOCs 67E, 67F, and 67G are stand-alone AOCs and not associated with a MFA. AOC 67J is normally associated with MFA 70, but these officers will retain AOC 67J as their primary AOC unless it is withdrawn. AOC 67A is used to identify Administrative Health Services immaterial (IM) positions that must be filled by officers holding MFA 70 AOCs or AOC 67J. Similarly, AOC 67B identifies IM positions for MFA 71 AOCs; AOC 67C identifies IM positions for MFA 72, and AOC 67D identifies IM positions for MFA 73. AOC O5A identifies AMEDD immaterial positions, meaning that AOCs from two or more Corps can fill those positions. MOS 670A identifies MSC warrant officers. MFAs/AOCs and MOS within the MSC are listed in table 1.

Table 1
Medical Service Corps specialties

MFA/AOC/MOS	Title
MFA 70	Administrative Health Services
67A	Health Services (IM)
70A	Health Care Administration
70B	Health Services Administration
70C	Health Services Comptroller
70D	Health Information Technology
70E	Patient Administration
70F	Health Services Human Resources
70H	Health Services Plans, Operations, Intelligence, Security and Training
70K	Health Services Materiel
67J	Aeromedical Evacuation
MOS 670A	Health Services Maintenance Technician
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MFA 71	Medical Allied Sciences
67B	Medical Allied Sciences (IM)
71A	Microbiology

71B	Biochemistry
71E	Clinical Laboratory
71F	Research Psychology

MFA 72	Preventive Medicine Sciences
67C	Preventive Medical Sciences (IM)
72A	Nuclear Medical Science
72B	Entomology
72C	Audiology
72D	Environmental Science

MFA 73	Behavioral Health Sciences
67D	Behavioral Health Sciences (IM)
73A	Social Work
73B	Clinical Psychology

Separate AOCs	
67E	Pharmacy
67F	Optometry
67G	Podiatry

2. Officer characteristics required

MSC officers must be warrior leaders skilled in the tactics, techniques, and procedures necessary to understand and support the Warfighter. They must possess strong Army Values, leader attributes and skills and fully understand the key leadership actions that must be taken to ensure success. The linear battlefields of the past have disappeared and MSC officers of today must be prepared to face the tactical challenges of the full spectrum environment on today's asymmetric battlefields while preparing for the Joint Operating Environment and the unique threats it will bring. Additionally, there are unique, knowledge, skills, behaviors, and attributes in each functional area that require professional development.

a. *Competencies and actions common to all.* The MSC offers a broad spectrum of opportunities. Every officer learns and trains to be a well-rounded MSC officer, gaining expertise and experience in diverse specialties and skills. The MSC equally values assignments in the operating force as well as the generating force. Successful assignment in either and/or both of the areas within a career will enable promotion through the rank of LTC. With the successful completion of preferred branch assignments, at various grades, additional promotion opportunities are available past the rank of LTC. Every officer must serve successfully in leadership positions and hone higher skills in the key staff positions to be considered for promotion. Although there are many AOCs within the MSC, there are common skill sets: leadership, technical, and tactical, that every officer should develop and maintain (figure 1).

b. *Unique officer skills.* Officers are generally looked at as either Health Services or Health Sciences officers. The Health Services officer typically starts out as a generalist and slowly progresses to a specialist as his/her career progresses. Health Services officers may perform staff officer functions on battle staffs from battalion to regional combatant command levels. Health Sciences officers typically start out as a specialist and slowly progresses to a generalist as his / her career progresses. Health Sciences officers may perform as staff officers, provide direct patient care, or conduct research in a variety of facilities around the world. All AOCs are open to male and female officers and have command opportunities at all levels (detailed descriptions of each MFA/AOC are outlined in para 3 and 4).

c. *Unique warrant officer skills.* The MSC requires warrant officers who are trained, educated, and

experienced in the areas of clinical engineering, medical device systems management, and medical logistics. Health Services Maintenance Technician, 670A, is the only MOS in the MSC and is an integral part of the corps.

d. *Decision-making skills.* MSC officers often work in an environment where time available for problem analysis is seriously constrained but where sound timely decisions are urgent. Information gained in this environment will vary in its completeness and ambiguity. An ability to operate under stress, apply critical thinking skills, make decisions, effectively communicate those decisions, and act in austere field conditions is critical to mission success.

e. *Tactical and technical skills.* MSC officers must be warrior leaders who are technically proficient with technical application of branch and mission unique equipment, tools, and systems. The MSC mission success requires the proper balance between technical skills and the ability to understand and apply the appropriate tactical skills at the right moment. These skills must be gained and developed through operational assignments and continuous professional study and self-development. MSC officers must operate on a non-linear, non-contiguous battlefield and negotiate asymmetric threats to accomplish their missions.

f. *Unique knowledge.*

(1) Officers must possess expert knowledge in health services management, combined arms and general support and coordination principles. This knowledge includes practical experience in tactics, combined arms operations and deployment operations.

(2) Officers gain this knowledge through a logical sequence of continuous education, training and experience supported by mentoring.

(3) Individual officers enhance knowledge through institutional training and education, duty in operational assignments, continuous self-development, and progressive levels of assignments within their specialty.

g. *Unique attributes.*

(1) *Personal attributes.* MSC officers uphold Army traditions and maintain the highest standards of personal and professional integrity. They live the Army Values and enforce high standards of technical and tactical competence, training, physical fitness and discipline, embody the warrior ethos and are extremely well-versed in warfighting and medical support doctrine. However, they are also adaptable to changing environments and can update health estimates and apply non-doctrinal solutions in unique situations. Repetitive training is important to maintain unit readiness. The dynamics associated with training and operations require a sense of ingenuity and foresight. Officers must recognize the importance of physical and mental fitness since high levels of stamina and vigor are critical to sustained endurance. These standards require both officer and warrant officers to know and routinely execute within established Standard Operating Procedures (SOP) and regulations.

(2) *Multifunctional attributes.* At the company grade level, Health Sciences officers are specialty oriented but become increasingly multifunctional within the career field; Health Services officers are multifunctional and become more specialized within a career field. As all officers progress, work eventually blends across systems and skills serving to cross several career fields. Officers must develop and use a diverse set of skills as they move between AOC specific assignments in operating force and generating force positions, and as they serve in branch and AMEDD immaterial assignments.

3. Medical Service Corps Health Services area of concentration/medical functional areas and military occupational specialty (MFA 70 and AOC 67J)

a. *MFA 70—Administrative Health Services.*

(1) *General.* Provides unique health services administration leadership to the AMEDD in the functioning of health care facilities and organizations, and in support of the Operational Army. Assignments range from Health Services Generating Force (TDA) to Operating Force (TOE) units, in both CONUS and OCONUS.

(2) *Immaterial (IM) positions.* The IM positions in MFA 70 (Coded AOC 67A00) include, but are not limited to, the following: Health Services Officer, OTSG; Inspector General, MEDCEN; MEDCEN Chief of Staff/Deputy Commander for Administration; Health Services Officer, MEDCoE; Team Chief, U.S. Army RCs Support Group; Executive Officer, Multifunctional Medical Battalion/Combat Support Hospital (CSH);

Assistant Dean, MEDCoE; Instructor, MEDCoE; Health Services Officer, U.S. Army Medical Command (MEDCOM); Deputy Chief of Staff, MEDCOM.

(3) *Critical officer developmental assignments.* Officers must meet certain standards in terms of schooling and operational assignments to be a proficient Health Services officer at each grade. Meeting these standards ensures that the officer has acquired the skills, knowledge, and attributes to remain proficient in the MSC at that grade and is competitive for promotion or retention in the branch. The Health Services officer standards at the ranks of CPT, MAJ, LTC, and COL are detailed below. It is essential that the MSC have officers who are outstanding troop leaders as well as those who can provide requisite technical expertise in other areas, such as in specialized areas of concentration. For an officer to be considered fully trained in MFA 70, the officer should be tactically and technically proficient, be physically fit, and be of the highest moral and ethical character. Recognizing that various assignments require different strengths, techniques, and backgrounds, an officer's most important assignment is the current one and the officer should focus on an outstanding performance in that job assignment. Underpinning officer development are the three domains of leader development: military education/skill development, leadership assignments, and self-development. These domains are described in phases below. Self-development is the responsibility of every officer and ranges from professional reading during off-duty time to aggressively seeking out positions of increased responsibility. Each officer, with support from mentors, should develop career goals and clearly articulate those goals to their commander and their Assignment Officer at HRC. Always remember that an officer is his or her own best career manager. By actively participating in the management of career decisions, officers will improve the likelihood of a successful career. Professional development is divided into five phases: LT, CPT, MAJ, LTC, and COL with particular job assignments and schooling appropriate to each phase (see fig 1). Officers should also seek out broadening assignment opportunities in a Security Forces Assistance Brigade (SFAB). SFAB positions have been deemed critical by the Army senior leadership and provide experience across the Army's strategic mission.

(a) *Lieutenant.*

1. *Education.* All officers accessed into MFA 70 are designated AOC 70B, Health Services Administration. In a global geo-political and complex environment, the MSC requires junior MFA 70 officers to develop into competent pent-athlete Soldiers with the essential characteristics necessary to lead a wide range of functional health services areas in Army formations across the globe. To prepare newly commissioned MFA 70 officers to meet the challenge of these duties, their training will occur in three phases. Phase I is conducted prior to commissioning (ROTC, USMA, OCS), with phases II and III conducted upon initial entry to active duty. During phase II, newly commissioned officers will attend AMEDD BOLC at Joint Base San Antonio, TX. During this course, the officer receives training in general military subjects, such as leadership, military justice, weapons and tactics, and is provided with an introduction to the general functions of health service support. Phase II is a branch immaterial experiential leader-training phase that produces LTs, who have a common combined arms bond, developed through a shared leadership experience, armed with basic combat skills. Phase III is branch specific technical and tactical training conducted at the MEDCoE at Joint Base San Antonio, TX. During this phase, the officer is groomed in technical health services functions of a Medical Platoon Leader. 70B LTs are prepared for service as Platoon Leaders and battalion level staff officers. Officers also receive instruction in operational MFA 70 areas of concentration, providing sufficient background to develop graduates as MFA 70 generalists, capable of filling any MFA 70 LT position.

2. *Assignments.* MFA 70 LTs must become agile thinkers with the acumen to conceptualize, plan, and execute challenging and realistic training to prepare their Soldiers for operations against a variety of known and unknown adversaries with a broad range of military capabilities in diverse environments. As a LT, MFA 70 officers can expect to be assigned to MTOE units, typically at the company level, in order to gain troop experience and build a solid leadership foundation. Assignments to a brigade combat team will follow the natural deployment cycle of the unit, typically 24–36 months. Officers may also be assigned to other operating and generating force units for 24–36 months. Officers should seek company grade assignments, to include (but not limited to), Medical, Treatment or Ambulance Platoon Leader, and Executive Officer, and complement this with staff experience at the battalion level. To fulfill Army needs, a small number of LTs are assigned to generating force assignments, in training units or at military treatment facilities. In all assignments, LTs should concentrate on learning the basics of the Profession of

Arms and AMEDD, small unit leadership, and basic officership. Regardless of assignment, officers should be focused on achieving outstanding duty performance to continue appropriate and timely leader developmental opportunities. Assignments will be based on the needs of the Army, professional development requirements, and the officer's individual preferences.

3. *Self-development.* Opportunities include furthering civilian and military education by attending AOC producing schools located at the MEDCoE, Joint Base San Antonio, TX; there are numerous courses offered at each installation that are required to perform additional duties; and there are a number of online courses available through Army eLearning Programs. During this time, a LT should spend significant time developing reading, writing and briefing skills, as these skills are essential to a successful career.

(b) Captain.

1. *Education.* Upon promotion to or selection for CPT, all officers must attend a CCC. MFA 70 officers may attend either the AMEDD CCC, the Logistics Captains Career Course (LOGC3), or the Signal Corps Captains Career Course (those seeking 70D)). 67J officers will attend the Aviation Captains Career Course (AVC3) and the AMEDD Branch Training for Aeromedical Evacuation Officer (67J) Course. The ACCC is the course attended by most MSC officers. However, should an officer wish to pursue opportunities in logistics (AOC 90A), attendance of LOGC3 is mandatory. Generally, only AOCs 70H and 70K pursue 90A opportunities. For those officers that wish to have a more robust Combined Arms experience during CCC, they may attend LOGC3 without tracking 90A.

2. *Assignments.* It is imperative that officers aggressively seek company command as a preferred assignment. This enhances professional development and complements staff experience at the unit level. Some specific company grade professional development assignments for officers in MFA 70 include company command, primary battalion staff positions, and support operations positions. Overall successful duty performance in assignments is key to success. Through these assignments an officer should become technically proficient and master essential troop leading skills. Assignments will be based on needs of the Army, professional development requirements, and the officer's individual preferences. Officers should also seek out broadening assignment opportunities in a Security Forces Assistance Brigade (SFAB).

3. *Self-development.* An MFA 70 officer who has a sound educational background, has completed the required career course, and successfully commanded a company-sized unit, may apply for a fully funded advanced degree in a discipline directly related to his or her desired area of concentration. This program is highly competitive and selection is based on demonstrated performance and potential for promotion. Selected officers attend graduate school to meet specific Army requirements established by the Army Education Requirements Board. The Army approves the university or college the officer selects. MFA 70 areas of concentration have a high requirement for advanced degrees. MFA 70 officers also have the opportunity, post company command, to participate in the TWI Program. This program provides officers the opportunity to spend up to 12 months with a civilian industry that provides training in civilian health services procedures and practices. The training is designed to enhance knowledge, experience and perspectives in management and operational techniques. There are also internship/fellowship opportunities on the Department of the Army and Joint staffs. These opportunities are designed to enhance the officer's ability to work at a strategic level. Officers are also highly encouraged to seek advanced degrees on their own through off duty programs at military installation education centers.

4. *Area of concentration designation process.*

a. After attending an AOC producing school or internship, an MFA 70 officer must submit a digital request through the 70B and gaining AOC consultants to HRC requesting that the desired AOC become the officer's projected AOC. Once approved, this AOC will appear in the "Projected Career Management Field" of the officer's ORB.

b. 70B officers must carefully tackle developmental assignments that posture them to be competitive for their AOC of choice between their 6th and 8th years of AFCS. During this time frame, an AOC Designation Panel consisting of AMEDD senior leaders will identify officers in target year groups for assessment into appropriate functional AOCs based on required/acquired skills, officer preferences, and needs of the MSC as determined by the Objective Force Model. All 70B officers eligible for promotion consideration to MAJ in the BZ category will have their AOC designated by the panel. Officers may also request to opt-in for early designation starting two years prior to their promotion group's BZ look to MAJ.

AOC designation of promotion year groups (PYG) that opt-in early are capped. Officers in their final AOC designation panel (prior to their BZ board) still have an opportunity for designation into every MFA 70 AOC (a minimum of 25% per AOC, or IAW the current AMEDD Objective Force Requirements). The panel assesses tools similar to a promotion board, such as an officer's ORB, and performance file, as well as officer's AOC preference sheet and latest LTHET board results. Officers select their first, second, and third choice AOC when filling out their AOC preference sheet in accordance with their professional and personal career goals and discussions with mentors. HRC AMEDD Branch AOs provide AOC preference sheets directly to eligible officers during AOC designation period. Based on the officer's experiences, desires and the needs of the Army, the board will determine the officer's career AOC. At this time, the new AOC will appear in the "Fnctl Area/MedMos2/Smos" Field.

(c) *Major.*

1. *Education.* MFA 70 MAJs must successfully attain Military Education Level 4 (MEL 4). Military education required during this phase is completion of Intermediate Level Education (ILE) Common Core and AOC qualification. MFA 70 officers will complete ILE by either the 10-month resident course at Fort Leavenworth, 14-week satellite campus at one of the sites, or through distance learning. Eligible officers are board-selected to attend either the 10-month resident course or 14-week satellite campus and incur a two-year active duty service obligation (ADSO) for attendance at either of these two ILE opportunities.

2. *Assignments.* Assignments may be in Operating Force and Force Generating units. The key to promotion is successful completion of every assignment. The more time officers successfully spend in branch preferred experience positions, the more competitive the officer is for future command and leadership positions. Time is a critical factor in determining and selecting assignment opportunities. MAJs have approximately five years from their pin on point until their primary zone LTC promotion board meets. MFA 70 MAJs must make informed assignment decisions to complete both ILE/MEL 4 and key positions. ILE/MEL 4 education programs provide MFA 70 MAJs skills that enhance their ability to be successful as field grade officers and in key developmental positions. ILE/MEL 4 is also a consideration used by commands when slating MAJs for developmental positions. Officers should also seek out broadening assignment opportunities in a Security Forces Assistance Brigade (SFAB).

3. *Developmental positions.* An officer's performance during these assignments demonstrates a mastery of skills, knowledge and attributes expected of an officer for his or her grade. The purpose of this is to determine an officer's potential to command and fill key leadership positions at the LTC level. MAJs should strive for successful assignment in at least one (12 months minimum) of the following types of positions; however, it is to successfully serve a total of 24 months in the positions that are listed here— Battalion/CSH Executive Officer; Multifunctional Medical Battalion/CSH S-3; Medical Brigade Primary Staff Officer (S-1, S-3, S-4); Multifunctional Medical Battalion Support Operations Officer; Deputy Division Surgeon; Chief of Clinical Support Division; Chief of Managed Care; Chief of Resource Management Division; Division Medical Logistics Planner; Chief of Logistics, MEDDAC; Chief of Materiel, MEDCEN; Troop Commander; Chief of Human Resources; Chief of Patient Administration Division; Chief of Information Management/Information Technology; Joint assignments (Joint or COCOMstaffs).

4. *Professional development.* Compared to the rank of CPT, the time spent as a MAJ is relatively short. This time can be the most diversifying of an officer's career. MFA 70 officers have an opportunity to broaden their professional development in a designated area of concentration. Once MFA 70 officers master the tactical level, they should strive to diversify their experience at operational and strategic level assignments.

b. *Lieutenant colonel command opportunity.* Officers desiring to command LTC troop units should have developmental assignments to include command at the CPT level. In addition, continued successful performance in the developmental assignments enhances an officer's selection potential for LTC commands. Note: To be competitive for a multifunctional logistics (FA 90) command, officers must meet FA90 qualifications, see Smartbook DA Pam 600-3 at <https://www.milsuite.mil/book/groups/smartbook-da-pam-600-3>.

1. *Additional assignments.* Once an officer has demonstrated mastery of common core and branch skills, as well as knowledge and attributes that ensure the strong professional development foundation essential for success in the senior field grades, they will have opportunity to serve at the Combined, Joint, DA, or DRU, ACOM, ASCC staff level. Examples include—J4, Joint Staff Surgeon, Health Services Division; COCOM Surgeon's Office; DA Staff, OTSG; TRADOC / FORSCOM Surgeon's Office; MEDCOM

staff. Officers should also seek out broadening assignment opportunities in a Security Forces Assistance Brigade (SFAB).

2. *Self-development.* Self-development should include distance learning courses, civilian education, and institutional training. Officers should also devote time to a professional reading and writing program to broaden their warfighting perspective. Also important at this level is obtaining professional certification for professional excellence in an organization recognized by the MSC for inclusion on their ORB.

a. *Civilian education.* Other objectives should be obtaining a master's degree in an AOC related field. Those officers not possessing a graduate degree are strongly encouraged to do so.

b. *Military education.* For MAJs, military education opportunities expand to include not only traditional military schools but also fellowships and internships. These include but are not limited to RAND Arroyo Fellowships, White House Fellowships, Congressional Fellowships, and Joint internships. Joint assignments will offer the opportunity for military schooling. Those officers selected for the School of Advanced Military Studies (SAMS) at Fort Leavenworth, KS, must serve an initial utilization tour as a Plans Officer on corps or division level staffs.

(b) Lieutenant colonel.

1. *Professional development.* Upon selection for LTC, HRC AOs review each LTC selectee's file for career experience. The review then acts as a guide for recommending the officer's utilization plans for the remainder of the officer's career. This phase provides the Army with officers in senior grades who have developed the expertise needed in specific career fields. A majority of LTCs serve in key staff positions throughout the Army as well as in Joint duty assignments. A successful assignment as a LTC commander, Brigade Executive Officer, or DCA also enhances the officer's potential for future command. At the LTC level or higher, officers can expect to be assigned to senior staff positions at the Army, Joint, and DoD level where they will serve in a wide variety of branch or generalist positions, unless selected for higher level command or schooling. While LTC CSL command and schooling are career goals, selection is extremely competitive.

2. *Assignments.* The majority of Health Services MSC LTCs should concentrate on seeking out and performing well in critical staff positions at the corps, Army, Joint, and DoD levels. A LTC should serve in a battalion level command of an operating/generating force battalion, Joint assignment, primary staff member of a BDE, MTF (or its equivalent), and/or staff officer position at OTSG, MEDCOM, or combatant command. Officers should also seek out broadening assignment opportunities in a Security Forces Assistance Brigade (SFAB).

3. *Self-development.* LTCs benefit by having an advanced degree and also gain an advantage by being selected for and attending a Senior Service College or completing the U.S. Army War College Distance Education Course (MEL 1).

4. *Desired branch experience.* The majority of MFA 70 LTCs should concentrate on seeking out and performing in critical staff positions at the Medical Brigades, MTF, MEDCOM, Army, Joint and DoD levels.

(c) Colonel.

1. *Education.* Attendance at a Senior Service College or completion of U.S. Army War College Distance Education Course (MEL 1) is advantageous and selective. Except through an established resident program such as the Army War College (AWC), the Dwight D. Eisenhower School for National Security and Resource Strategy (formally known as the Industrial College of the Armed Forces, or ICAF), and similar senior service courses, completion of the non-resident course is the only other means by which an Army officer can receive credit for Senior Service College training (MEL 1). However, once selected and enrolled in the non-resident course, an officer is no longer eligible to attend a resident Senior Service College. Therefore, it is recommended that the officer discuss this with his or her assignment officer prior to applying for the distance learning course. The Senior Service College selection board is responsible for selection of all active duty officers for participation in the U.S. Army War College Distance Education Course (see AR 350-1).

2. *Assignments.* COLs should serve in one or more types of positions— Command at a MEDCEN, Brigade, CSH, depot or garrison level; DA, OTSG/MEDCOM, DRU, ACOM, ASCC or MEDCEN Staff Officer; Joint/COCOM or OSD assignment; or Chief of Staff of a MEDCEN, Brigade or MEDCOM. Officers should also seek out broadening assignment opportunities in a Security Forces Assistance Brigade (SFAB).

3. *Desired branch experience.* COLs should focus on seeking CSL command, qualifying at the MEL–1 Level of military education, and performing well in strategic staff positions at the RHC, MEDCEN, OTSG/MEDCOM, HQDA, OSD, and Joint/COCOM levels.

c. Areas of concentration.

(1) 70B–Health Services Administration.

Description of duties. At the operational level, plans, coordinates, monitors, evaluates, and advises unit commanders and staff in both medical and non–medical areas of patient evacuation, treatment and tracking; preventive medicine, organizational administration, supply, training, operations, transportation, and maintenance. Duties are performed primarily in TOE and occasionally TDA organizations, both CONUS and OCONUS. This is the entry level AOC for MFA 70. MSC accessions come primarily from AOC 70B; all officers entering the MSC in AOC 70B will be reclassified into another specialty prior to promotion to MAJ (see para 3.a.(3) (b)(4) above).

(a) Description of positions. Positions requiring the AOC include— Medical Platoon Leader, Commander, Medical/Dental Company/Detachment; Hospital Administrative Officer; and most company grade positions in MFA 70.

(b) Qualifications. Must have at least a baccalaureate degree to meet AMEDD commissioning requirements and successfully completed the AMEDD BOLC.

(c) Restrictions. For use by AMEDD officers within MFA 70.

(d) Unique education/training opportunities. Through coordination with HRC Branch, officers in this AOC may attend military schools to attain projected AOCs in the MFA 70. Airborne, Air Assault, and Ranger training may be attended depending on current/projected assignments, available training opportunities, and needs of the Army. It is highly encouraged that officers compete for and obtain the Expert Field Medical Badge (EFMB). EFMB training/testing is conducted at each post and is usually managed at the brigade combat team, division, corps, or installation level. Another strategic training opportunity includes Program Management Acquisition Internships (PMAIP), with opportunities identified in Long Term Health Education and Training (LTHET) MILPER messages.

(2) AOC 70A–Health Care Administration.

(a) Description of duties. 70A Health Care Administrators serve in a variety of critical roles throughout the entire spectrum of military health. 70As plan, direct, manage, support, and lead health care organizations; 70As work with Army, Navy, Air Force, and Veterans Affairs personnel while supporting and managing clinical support processes, TRICARE operations, as well as, overseeing other administrative/ logistical support processes in the organization. Health Care Administrators manage the clinical business processes critical to ensuring the viability of a health care organization in both operational and institutional settings. 70As pull together the health care teams required to achieve success, regardless of the setting, saving lives while providing the most efficient, effective, health care with finite resources. 70As command or advise commanders at all levels on health care delivery and the management of health care facilities. They participate at all levels of command in establishing and implementing policies and procedures affecting the U.S. Army Medical Department and the Military Health System.

(b) Description of positions. On the operational side, 70As serve as Commanders, Executive Officers, DCAs, advisors to allied forces, etc. On the generating and sustainment side, 70As serve as commanders, Chiefs of Staff, DCAs, Army-Baylor University Graduate Program in Health and Business Administration Director or faculty, Executive Officers, Chiefs of Clinical Operations, clinical support, and managed care divisions. They service as analysts, policy makers, or advisors in all TRICARE regions, MEDCOM, OTSG, DA, and TRICARE Management Activity (TMA). 70As should also seek out broadening assignment opportunities in a Security Forces Assistance Brigade (SFAB). SFAB positions have been deemed critical by the Army senior leadership and provide experience across the Army's strategic mission.

(c) Qualifications. Must be a graduate of the BOLC, AMEDD CCC or LOGC3 and have a minimum of 3 years of experience in a fixed medical/dental facility or field medical activity. Qualifying degrees include: Commission on the Accreditation of Health Care Management Education accredited master's degree in health care administration or an Association to Advance Collegiate Schools of Business accredited master's degree in business administration. Officers who possess other master's/doctor of philosophy (PhD) degrees in administration, may request evaluation of their master's degree for validation for award

of this AOC. Officers with these degrees may be required to complete selected courses to ensure a common educational base in health care administration. Requests will be forwarded to the 70A Consultant who will review the degree for appropriateness with the Chief, Medical Service Branch, Health Services Division, HRC and Director of the Army-Baylor University Graduate Program in Health and Business Administration.

(d) *Restrictions.* For use by AMEDD officers in MFA 70 or 67J.

Unique education/training opportunities. Basic Health Care Administration Course, AMEDD Executive Skills Course, Inter–Agency Institute for Federal Health Care Executives post–graduate seminar; fellowships with organizations such as the American Hospital Association, Rand Corporation, Congressional Fellowship, Department of Veteran Affairs (DVA), or Centers for Medicare & Medicaid Services; TWI Program with civilian health care organizations; Army-Baylor University Graduate Program in Health and Business Administration; master’s and doctoral degree programs in health services administration, health care economics, operations research/systems analysis, and business administration. Another strategic training opportunity includes Program Management Acquisition Internships (PMAIP), with opportunities identified in Long Term Health Education and Training (LTHET) MILPER messages.

(e) *70A Unique Skills.* Besides the skill sets outlined in figure 1, 70As are expected to have developed the following skill sets at the following levels:

1. *CPT.* Understanding of Joint Commission (TJC) survey standards; budget management at clinic/departmental level; TRICARE policies; Army appointing and business process policies; Army civilian human resource management.

2. *MAJ.* Contract/project management skills; facilities maintenance and environment of care knowledge; health care law and contract law; civilian employee regulations and HR practices; business plan development to include understanding of workload measurement tools and financial reimbursement / budgeting models. Complete initial training and if possible obtain certification in Lean Daily Management, Lean Six Sigma, or Project Management. Develop analytic skills to include data extraction, manipulation, and hypothesis testing. Attend the WISDOM Course and/or Clinical Excellence Training.

3. *LTC.* Thorough understanding of TRICARE contracts and roles and responsibilities of TRICARE Regional Offices and enhanced Multi-Service Markets; knowledge of DVA/DoD Sharing programs; budget management at the facility level; strategic planning to include common environmental assessment / analysis tools, organizational assessment tools, and robust performance improvement systems like Balanced Scorecard, Lean Six Sigma, data dashboards, and decision support tools.

4. *COL.* Strategic communications; Medical executive competencies.

(g) *Self-Development.* 70A officers are strongly encouraged to seek board certification from a professional health care administration organization like the American College of Health Care Executives or the Medical Group Management Association. Membership in these organizations offers continuing education in health care management topics and demonstrate the officer’s commitment to continued development and professional ethical standards.

(3) *AOC 70C–Health Services Comptroller.*

(a) *Description of duties.* Serves as the principal adviser to the commander on all aspects of resource management to include financial, budgeting, programming, manpower management, management analysis, expense reporting, commercial activities, agreements, business case analysis (BCA), and internal controls. Makes recommendations that optimally balance the organization’s mission with available resources, while minimizing risk and maximizing return on investment. Maintains proficiency with multiple financial databases, managed care reports and analyses, and systems knowledge in order to generate data-driven recommendations and insights for the commander. Interprets financial laws and Comptroller General decisions. Provides oversight and guidance on agreements, including Memorandum Of Understanding (MOU), Memorandum Of Agreement (MOA), and Intergovernmental/Inter-service Support Agreements (ISSA). Prepares, consolidates, and analyzes financial data and management information systems reports in support of the Planning, Programming, Budgeting, and Execution (PPBE) process. Prepares and distributes reports and financial statements to provide the commander and staff with adequate information on management, status of funds, and budget execution. Develops and implements plans and policies for effective and economical utilization of manpower resources. Manages the Medical Expense Reporting System (MEPRS), the command’s internal control program, review and

analysis, and is responsible for organizational strategic planning. Develops policies for, coordinates, and performs all finance and accounting functions. Examines, manages, and certifies military and civilian payrolls, travel, commercial accounts, and other vouchers and claims. Directs disbursement and receipt of both appropriated and non-appropriated funds. Provides administrative assistance in support of payment of legal obligations of the Army or collection of monies due the United States. Plans, develops, and implements changes to financial accounting systems which support the overall Army mission and takes advantage of advances in productivity and efficiency. Trains military and civilian personnel in all areas of resource management. Duties are performed in TOE and TDA organizations both CONUS and OCONUS.

(b) Description of positions. Positions requiring this AOC include: Comptroller, MEDDAC/MEDCEN/RHC/TOE; Chief Financial Officer, MEDDAC/MEDCEN/RHC; Chief, Program & Budget Office, MEDCEN/MEDCOM; Chief, Management Division, MEDCOM; Staff Officer, MEDCOM/OTSG/Defense Health Agency (DHA); Program Analyst, MEDCOM/OTSG/DHA; Professor, Army-Baylor Program; Congressional Affairs Coordination Office (CACO); Plans, Analysis, & Evaluation (PA&E); Resource Manager, Multi-Service Market (MSM)/Enhanced Multi-Service Market (eMSM). 70Cs should also seek out broadening assignment opportunities in a Security Forces Assistance Brigade (SFAB).

(c) Qualifications. Must have successfully completed the AMEDD BOLC, CCC, Department of Defense FM Certification, and the Health Services Comptroller Internship. Health Services Comptroller Internship starts are requested through the LTHET non-degree program, or as follow-on to a 70C, LTHET degree program. To hold resource management positions at the LTC and COL levels, officers should possess a master's/PhD degree in business. Officers who possess a master's/PhD degree in other related administrative areas (health services administration, health care administration, or public administration) from an accredited program may request evaluation of their degree. These officers may be required to complete selected courses to ensure a common educational base. Requests will be forwarded through the Health Services Comptroller Consultant to the Chief, Medical Service Branch, HSD, HRC. There is one Skill Identifier (SI) that is individually managed within the 70C population: 8X (Army Medical Department Acquisition Officer). 8x is an SI for officers specializing in Program Management of Contracting.

(d) Restrictions. For use by AMEDD officers in MFA 70 and AOC 67J.

(e) Unique education/training opportunities. LTHET programs include opportunities for master's and PhD degrees, TWI Program, the Health Services Comptroller Internship, and other professional/military fellowships. Additional professional development opportunities include Syracuse University comptrollership courses, professional military comptroller courses; resource management courses, the TRICARE Financial Management Education Program (TFMEP), and Certified Defense Financial Management (CDFM) courses and examination preparation. Courses in information management, acquisition, contract administration, negotiation skills, health care administration, and data processing systems management enhance performance in this AOC. Another strategic training opportunity includes Program Management Acquisition Internships (PMAIP), with opportunities identified in Long Term Health Education and Training (LTHET) MILPER messages.

(f) 70C Unique Skills. 70Cs develop the following skill sets at the following levels:

1. *CPT.* Budgeting, Defense Travel System (DTS), Government Purchase Card (GPC) Program, General Fund Enterprise Business System (GFEBs).

2. *MAJ.* MHS financing and budgeting; MHS strategic planning and resourcing, agreements, contracting/acquisitions, PA&E, Review and Analysis, and business plan development to include understanding of workload measurement tools and financial reimbursement / budgeting models. After completion of the Health Services Comptroller Internship, CPTs/MAJs are generally assigned to KD positions as the Chief, Resource Management Division in generating force (MEDDACs) or the S8 in the operation force (Medical Brigades). CPTs/MAJs serve in KD assignments a minimum of 24 months and a maximum of 36 months. KD assignments while a CPT are not required for promotion to MAJ, but are required before being eligible for promotion to LTC. These assignments make an officer competitive for future health care executive and enterprise opportunities. The following in table 1 are the KD assignments for CPTs/MAJs:
(Tables 1 and 2 To be added)

3. *LTC.* Commercial sector health care financing; commercial sector best business practices in

business and health care administration; health plan management and operations.

(a) The only KD assignment for a LTC is a CSL position. These are generally O-5 level commands. KD assignments are generally 24-36 months. KD assignments while a LTC are not required for promotion to COL. These assignments make an officer competitive for future health care executive and enterprise opportunities.

i. Former O-5 commanders are managed and assigned to specific jobs based on the needs of the Army.

ii. Broadening assignments. All other assignments that are not a centrally selected command billet or key billet are considered to be broadening. Experience gained as a LTC provides the Army with officers who have mastery of tactical and operational levels and are adapting to strategic levels.

iii. The following in Table 3 are examples of broadening assignments for LTCs: *(To be added)*

4. COL. Commercial sector health care financing; commercial sector best business practices in business and health care administration; health plan management and operations. The only KD assignment is selection for a CSL command or a nominative key billet. Officers serve in the same four CSL command categories as LTCs; garrison command tour lengths are 24 months but can be extended to 36 months. Former O-6 commanders are managed and assigned to specific jobs based on the needs of the Army.

(4) AOC 70D—Health Information Technology.

(a) *Description of duties.* Advises and assists the medical commander or staff surgeon in the area of health care information management and cyber security. Develops strategy, policy, and plans for the development, implementation, operation, and evaluation of clinical/patient oriented information systems and the administration of support for medical information systems. Develop and participate in governance, budgeting, and life cycle management of health information technology systems, applications, and end user devices. Integrates telecommunications, cyber security, information system administration, administrative services (including functions such as mail, records keeping and official distribution), network engineering, visual information and printing equipment in support of hospital and operational medicine environments. Provides consultative services and detailed technical analysis on planning, developing, implementing, operating, maintaining, securing, and disposing of information systems and networks at medical activities both TDA and TOE. Provides medical communication planning and management for Combat Casualty Care situations. Enable TDA and TOE commanders with Virtual Health capability.

(b) *Description of positions.*

1. TOE. Operational positions at the company and field grade ranks as the S-6, G-6, J-6, Health Information Systems Officer, and Health Informatics Officer. Officers are also highly competitive for Battalion Executive and Operations Officer positions in medical brigades, medical battalions, and troop commands. 70Ds should also seek out broadening assignment opportunities in a Security Forces Assistance Brigade (SFAB).

2. TDA. Strategic positions in this AOC include Health Care Information Management Officer; Chief, Technology Officer; Information Systems Analysis; Chief, Information Management Officer, OTSG G-6; Deputy/ACS/M; Assistant Chief of Staff for Information Management; Health Informatics Officer; Information Management/ Information Technology (IM/IT) Planner for Health Facilities Planning Agency; Information Management Officer; Information Management Staff Officer; Program or Project Management Officer in the Defense Health Agency or Program Executive Office.

(c) *Qualifications.* All 70Ds officers must be a graduate of the Medical Information Management Course and receive this designation as their primary AOC as determined by the AOC Designation Panel around six to eight years of commissioned service as 70B. There are two Skill Identifiers (SI) that are individually managed within the 70D population, 9B (Board Certification) and 8X (Army Medical Department Acquisition Officer). 9B is an SI for officers who earn one of the following board certifications: College of Healthcare Information Management Executives (CHIME) Certified Healthcare Chief Information Officer (CHCIO) or the Certified Professional in Healthcare Information and Management Systems (CPHIMS). 8X is an SI for AMEDD officers in the Army Acquisition Workforce specializing in Information Technology or Program Management.

(d) *Restrictions.* For use by AMEDD officers in MFA 70, AOC 67J, and MOS 670A.

(e) *Unique education/training opportunities.*

1. TOE. Operational training opportunities include the Medical Information Management Course; and Information Systems Engineer (ISE) Course (FA26B); Brigade and Battalion S6 Staff Course; access to short courses at installation Signal Universities to include SharePoint and CompTIA certifications in A+, Net+, Sec+, and Advanced Security Practitioner Certification; and the Joint Medical Operations Course; Medical Communications for Combat Casualty Care System Administration Course; Joint Medical Planning Tool Course; Small Group Instructor Training Course; Project Management Course; Healthcare Administration and Management Course; Patient Administration Course.

2. TDA. Strategic training opportunities include earning the Federal Chief Information Officer Certificate through the National Defense University; funded 70D civilian graduate level degree programs (master's and doctoral) to include the U.S. Army–Baylor University Program in Health and Business Administration; TWI Program opportunities at various locations such as Baptist Health System; Program Management Acquisition Internships (PMAIP) and information technology (IT) Acquisition Level I-III certifications; project management training; a master's degree in Information Management, Information Technology, Cyber Security, Technology Management, and Health Care Administration; Doctoral degrees in Information Management, Information Technology, Technology Management, and Operations Research/Systems Analysis.

3. Both. Members of the 70D AOC will have opportunities to work in and become subject matter experts in the domains of; Information Resource Management; Cyber Security; Mobility-Virtual Health; and IM/IT Acquisitions. Another strategic training opportunity includes Program Management Acquisition Internships (PMAIP), with opportunities identified in Long Term Health Education and Training (LTHET) MILPER messages.

(f) *70D Unique Skills*. Besides the skill sets outlined in figure 1, 70Ds are expected to have developed the following skill sets at the following levels:

1. *CPT*. DoD 8570 Information Assurance Manager Level 1, Information Technology Acquisition Level 1, Business Process Improvement, solid understanding of all AMEDD and Army administrative systems and how they interrelate. Produce a medical information technology concept of support. Plan health information technology requirements. Plan for management of health information technology equipment. Employ health IT at echelon. Administer health IT at echelon. Manage mission command systems at echelon. Implement Role 1 electronic medical record. Implement Role 2 electronic medical record. Administer electronic health record. Establish knowledge management. Plan for mission command systems (MCS) and Health IT (HIT) employment and management at echelon. Employ MCS at echelon. Facilitate access to operational medical logistics information system (DCAM). Facilitate access to virtualized healthcare applications (AVHE). Facilitate access to inter-agency health record viewer (JLV). Facilitate access to operational inpatient health care information system (TC2). Facilitate electronic health record interface with theater archive (TMDS). Facilitate access to health information systems applications (MSAT).” – these are ICTLs for CPT.

a. *Developmental assignments*. While there are no established key developmental positions for the AMEDD, CPTs are encouraged to assume or seek out a company or detachment command. It's recommended that CPTs complete career course prior to assuming command. After graduation, CPTs are generally assigned to battalion or brigade level staff positions.

b. *Self-Development*. Self-development actions fall into three categories: immediate, near-term, and long-range goals. Immediate goals focus on correcting weakness and reinforcing strengths associated with your current assignment. Near-term goals focus on developing those skills, knowledge, and attributes needed for your next operational assignment. Long-term goals focus on preparing for more complex duties beyond your next operation assignment. CPTs must continue to develop their expertise in medical materiel management, while expanding their general sustainment base of knowledge. It is highly recommended for CPTs to seek out a mentor or mentors that can provide them guidance, perspective, and act as sounding boards for ideas and career development.

c. *Desired experience*. When not in command assignments, CPTs are optimally at battalion or brigade level before moving to a broadening assignment. As officers progress from company grade to field grade, assignments grow increasingly multifunctional. The goal is for officers to develop a diverse set of skills between functional and multifunctional assignments. 70D CPTs should also be competent in battalion staff operations, data analysis, and understanding Joint capabilities.

2. *MAJ*. DoD 8570 Information Assurance Manager Level 2/3, Information Technology Acquisition Level 2, Health Systems Functional Proponent Graduate, Project Management, requirements generation process. Develop medical information technology common operating picture. Administer the operational health information systems. Implement Role 3 electronic medical record. Manage a cybersecurity program for a mission” – these are ICTLs for MAJs.

a. *Developmental Assignments*. After completion of ILE, MAJs are generally assigned to staff positions in the operating and generating forces while competing for KD positions. MAJs serve in KD assignments a minimum of 12 months and a maximum of 24 months. KD assignments while a MAJ are not required for promotion to LTC. These assignments make an officer competitive for future health care executive and enterprise opportunities. KD assignments include Executive Officer, Battalion/Brigade S6.

b. *Self-Development*. During this phase, the officer’s primary goal is the completion of a graduate-level degree. Expanding educational knowledge is the key. Degrees in information systems, business, and management are of the greatest value. Officers are expected to establish a professional reading program, participate in civilian professional organizations, or become a certified professional in healthcare IT. Conducting research and writing articles for professional publications are basic self-developmental tools.

c. *Desired experience*. MAJs should become experts in mission command systems. A variety of assignments across the civilian, private sector, governmental, Joint, planning, functional, and multifunctional assignments achieve this end. Expanding the officer’s range of adaptability and broadening their critical thinking skills for future assignments at the strategic level is the goal. Mastery of health information technology operations, medical acquisition and contracting, understanding operational planning and warfighting,(corps–division), corporate understanding of the AOC, personnel management, understanding contract administration, Joint interoperability, Joint Operational Medical Information Systems, understanding of both operational and fixed health facility management, and mentoring of junior officers.

3. *LTC*. Information Technology Acquisition Level 3, Federal CIO Certificate, Program Management, Joint Executive Skills Certification and understanding of AMEDD, Army and Joint health service support system, business planning, staff operations (Direct Reporting Units, Army Command, Army Service Component Command/Joint Component Command), understanding Planning Programming Budgeting Executing, Joint integration of medical systems, executive leadership, resource management, project management, strategic planning, requirements generation process, future focus 3–5 years. Evaluate health information technology requirements via planning, programming, budget execution (PPBE) process” – this is the ICTL for LTC’s.

a. *Developmental Assignments*. The only KD assignment for a LTC is a CSL position. These are generally O-5 level command or Product Manager; there is no other KD assignments. KD assignments are generally 24-36 months. KD assignments while a LTC are not required for promotion to COL. These assignments make an officer competitive for future health care executive and enterprise opportunities.

b. *Self-development*. Officers expand their professional reading program to include other services, health IT periodicals, participate in civilian professional organizations, become a certified professional in healthcare IT, and conduct research and write articles for professional publications. The officer should have completed a graduate degree in a healthcare administration or information technology discipline. Additionally, LTCs should continue their self-development in all facets of healthcare IT, particularly in Joint and multinational operations.

c. *Mentorship and talent management (TM)*. Mentorship and identification of an officer’s unique talents is one of the primary responsibilities of LTCs. LTCs are expected to focus on this important legacy and grow officers for the future success of the Army. Mentoring officers through teaching and coaching truly builds our pool of leaders for tomorrow. The Army Career Tracker (ACT) is one tool to help officers plan and develop their career maps. Officers are invited to be mentors via the ACT and the tools within it are helpful to the mentor and mentee. Senior officers are expected to assist in TM through the identification of officer’s unique skill sets and desires. Helping officers find the broadening venues that expand an officer’s talents is best done by their raters and mentors. Raters and mentors help officers through discussion or correspondence with the officer’s HRC branch manager concerning the unique talents and interests of individual officer.

d. *Desired experience*. Promotion to LTC is the mark of a successful career. Select officers have

the opportunity to command. Those not selected for command make significant contributions at all levels of the Army and can expect to serve in a wide variety of professionally challenging and personally rewarding assignments. Understanding the Joint health service support system, business planning, staff operations (Army–Joint), understanding PPBE, Joint integration of medical systems, executive leadership, resource management, management of enterprise level health information technology, project management, strategic planning, future focus 3–5 years.

4. COL. DoD CIO Certificate, War College Graduate, and mastery of AMEDD, Army, Joint, and VA health service support systems, strategic planning and operations, PPBE/POM execution, interagency operations, strategic planning, influence key stakeholders, program management, executive leadership, future focus 5–10 years.

a. Developmental Assignments. The only KD assignment is selection for a CSL command or a nominative key billet. Officers serve in the same four CSL command categories as LTCs; garrison command tour lengths are 24 months but can be extended to 36 months.

b. Strategic billet positions. Analogous to the Army's Key Billet definition within AR 600-3, the AMEDD defines a strategic billet as a duty assignment at the rank of senior LTC/COL requiring specific, highly developed skills and experience. The Surgeon General/CG MEDCOM, or other AMEDD General Officer/Flag Officer designee will select these officers. Functional (Corps or AOC-specific) and AMEDD Immaterial (O5A) positions are advertised annually for self-nomination and adjudicated during Strategic Talent Reviews conducted by senior AMEDD leadership.

c. Self-development. COLs must maintain their skills and keep current on all changes that affect the Soldiers and Civilians that they command and/or lead. COLs continue to expand their professional reading program, participate in civilian professional healthcare technology organizations, become a certified professional in healthcare IT, and write articles for professional publications.

d. Desired experience. The critical assignments for COLs are O-6 Level I command and nominative Key Billet assignments. Successful completion of a COL CSL command and SSC provide an opportunity to compete for Senior Nominative command. Only a limited number of officers will have the opportunity to command. COLs, when not in command, serve primarily in staff and/or Joint positions. The primary goal is to use the officer's experience and knowledge to provide significant contributions in MEDCOM/OTSG, DHA, MSCs and at the strategic level. Officers not selected for command provide exceptional service in assignments of increasing responsibility. 70D COLs should have a mastery of Joint healthcare information technology, strategic planning and operations, PPBE / POM execution, interagency operations, strategic, influence, program management, and executive leadership.

(5) AOC 70E–Patient Administration.

Description of duties. Advises commanders and staff in all aspects of patient administration. Plans, organizes, directs, and controls patient administration in a variety of health care agencies, including command headquarters at the DoD, JCS and Health Affairs levels, health services facility, clinical support division, department, service, or branch of a military medical/dental facility. Collects and analyzes patient and institutional data. Assists medical staff in evaluating quality of patient care and in developing criteria and methods for such an evaluation. Advises the medical commander on issues pertaining to patient accountability, disability evaluation processing, health information management, privacy, medical coding, eligibility for care, decedent affairs, and patient movement. Further serves as an advisor on matters pertaining to the standards prescribed by the Joint Commission. Duties are performed in TOE/TDA organizations, both CONUS and OCONUS.

(a) Description of positions. Positions requiring this AOC include: Chief, Patient Administration Division MEDDAC/MEDCEN, Medical Brigades, Combat Support Hospitals, and Multi-functional Medical Battalions; Director or Instructor Medical Center of Excellence; consultant or staff officer, OTSG; Director or staff officer, Patient Administration Systems and Biostatistics Activity; Patient Movement /Operations Officer at the following levels: Theater and Joint Patient Movement Requirements Centers. 70Es should also seek out broadening assignment opportunities in a Security Forces Assistance Brigade (SFAB).

(b) Qualifications. Must have successfully completed the AMEDD BOLC and CCC. Must have successfully completed the AMEDD Patient Administration Course and completed a one year internship as the Chief, PAD or deputy Chief, PAD at an MTF. To hold positions in this AOC at the LTC and COL levels, should possess a master's/PhD degree in a directly related discipline from an accredited program

acceptable to TSG. Qualifying degrees include: master's degree in Health Information Management, Health Care Administration or Business. Officers who possess other master's/PhD degrees (such as those outline in paragraph (e) below) may request evaluation of their master's degree for validation for award of this AOC following completion of the Patient Administration course and the one year internship. Requests will be forwarded through the Patient Administration Consultant to the Chief, Medical Service Branch, HSD, HRC.

(c) *Restrictions.* For use by AMEDD officers in MFA 70 or AOC 67J.

(d) *Unique education/training opportunities.* The University of Pittsburgh Program in Health Information Systems and The U.S. Army–Baylor University Program in Health and Business Administration are recommended for officers in this AOC. A program in Health Information Management (HIM) prepares professionals responsible for the development and management of health information systems consistent with the clinical, fiscal, administrative, ethical, and legal requirements of health care institutions. Graduates of an HIM program are expected to analyze, design, implement, and evaluate health information systems. As members of the health care team, they interact with other health care professionals and administrators, and provide health care data for patient care, research, quality improvement, strategic planning, reimbursement, and related managerial functions. A 70E officer should also consider programs that offer specialized courses of study for students who are seeking eligibility to sit for the credentialing examination to become a Registered Health Information Administrator. Other master's degree programs appropriate for officers within this AOC are health services administration, medical informatics, health services management, business administration, business management, financial management, biostatistics, public health, and homeland security/medical emergency preparedness. Recommended courses include Medical Management of Chemical Casualties Course, Contracting Officer Representative Course, Health Care Administrators Course (short course), Operations Research/Systems Analysis, Civilian Personnel Management, Medical Information Management Officer Course, Project Management Course, Functional Proponent Course, and the NATO Joint Medical Planners Course. Fellowships and TWI Program opportunities are also recommended for patient administration officers but vary in availability. Another strategic training opportunity includes Program Management Acquisition Internships (PMAIP), with opportunities identified in Long Term Health Education and Training (LTHET) MILPER messages.

(e) *70E Unique Skills.* Besides the skill sets outlined in figure 1, 70Es are expected to have developed the following skill sets at the following levels:

1. *CPT.* Understanding of the Joint Commission survey standards; understanding of HIPAA; functional knowledge of patient movement systems and processes; MTF revenue cycle; civilian employee regulations and HR practices.

2. *MAJ.* Contract/project management skills; business plan development to include understanding of workload measurement tools and financial reimbursement/budgeting models, knowledge of project/program management. Knowledge of Army, Joint, and federal health care information (clinical and administrative) architecture and how it relates to the Global Information Infrastructure, theater, Army, Joint and federal health care environments; understanding of the Health Incident Command System. Professional certifications.

LTC. Roles and responsibilities of TROs/eMSMs; knowledge of DVA/DoD Sharing programs; strategic planning to include common environmental assessment / analysis tools, organizational assessment tools, and management systems like BSC, LSS, dashboards, and decision support center tools. PPBE/POM execution, Joint integration of medical systems, 9A Proficiency designation should be pursued.

(6) *AOC 70F–Health Services Human Resources.*

(a) *Description of duties.* Advises commanders and staff in all aspects of health services human resources management to include shaping the force and matters/policies pertaining to all assigned military personnel, DoD civilian personnel, and contractors. Plans, develops, and directs administrative management activities and services in medical organizations which include: distribution, publications, correspondence, records and files management, and desktop publishing. Plans, develops, and directs human resource systems that support and implement programs concerning the components of the human resources management life cycle. Included are strength management, accessions, personnel operations, personnel requisitioning, awards, promotions and reductions, classifications and reclassifications, assignments, finance and special pays, evaluations reports, reenlistments, eliminations, and separations.

Manages the activities of personnel operational elements providing support to organizations, headquarters, and individuals. Trains military and civilian personnel in personnel services support and organizational administration. Plans and develops human resource best practices in support of the re-engineering of business practices. Duties are performed in TOE/TDA organizations, both CONUS and OCONUS, at the tactical, operational, and strategic levels.

(b) Description of positions. Positions requiring this AOC include: Adjutant; BN/MSC S-1; RHC G-1; Secretary General Staff; RHC/MSC; Chief, Personnel HR Division; Health Services HR Officer; AMEDD Health Care Recruiter; HRC Assignment Officer; Commander; AMEDD Personnel Proponency Directorate (APPD); Professional Education and Training Department (PETD); Directorate of Military Personnel Management (DMPM); AMEDD Personnel System Staff Officer (APERSSO) (AGR); Director of HR, OTSG. 70Fs should also seek out broadening assignment opportunities in a Security Forces Assistance Brigade (SFAB).

(c) Qualifications. Must have successfully completed the AMEDD Human Resources Manager Course. To hold positions in this AOC at the LTC and COL levels, 70Fs should possess a master's degree in an HR-related discipline from an accredited program.

(d) Restrictions. For use by AMEDD officers in MFA 70 or AOC 67J.

(e) Unique education/training opportunities. A 70F officer may attend the Human Resources "Track" during attendance at the AMEDD CCC. The AMEDD Human Resources Manager Course at the MEDCoE provides invaluable training for the human resources officer. In addition, officers in this AOC will gain tremendous insight by working as an AMEDD Health Care Recruiter. Recommended master's degree programs include majors in human resources management, human resources development, business administration and management, public administration, industrial administration, labor relations, international business, organizational behavior and development, management of information systems, marketing, education, health care administration, and operational research and systems analysis. Officers within this AOC may apply for LTHET in a human resources discipline. They may also apply for an opportunity to serve as an intern at the OTSG, MTF, or the AMEDD Personnel Proponency Directorate (APPD), or for an opportunity to take part in a TWI Program experience. Officers are encouraged to attend the annual HR Symposium. Another strategic training opportunity includes Program Management Acquisition Internships (PMAIP), with opportunities identified in Long Term Health Education and Training (LTHET) MILPER messages.

(7) AOC 70H—Health Services Plans, Operations, Intelligence, Security, and Training.

(a) Description of duties. Serves as the principal advisor to commanders at all levels in the areas of field medical operations. Directs and coordinates staff functions pertaining to health services plans, operations, intelligence, security, and training. Duties are performed in TOE/TDA organizations, both CONUS and OCONUS.

(b) Description of positions. Positions requiring this AOC include: Medical Plans, Operations, Intelligence, Security, and Training Officer; Plans, Intelligence and Operations Officer; Assistant Chief of Staff (ACoS), Plans and Training Officer; Intelligence Officer; Instructor; ACoS, Plans, Intelligence, and Operations, MEDCOM/ Brigade; Health Services Plans, Intelligence, Security, and Training Operations Research Analyst; Battalion S-3; Medical Operations Officer, BDE Surgeon Cell (UA); Special Forces Group; Medical Operations Officer; Observer / Controller; Instructor MEDCoE / LOGC3; Plans and Training Officer MEDCoE; Battalion Executive Officer; Support Operations Officer; Force Health Protection Officer (FHP); Brigade S-3; Medical Planner, UA, COCOM, DRU, ACOM, ASCC; Plans and Training Officer, Regional Health Command; Medical Operations Officer, USA Special Operations Command (USASOC); Staff Officer, Department of the Army, Department of Defense, Joint, OTSG, MEDCoE; Medical Planner, NORTHCOM, Joint Task Force National Capital Region, USASOC, Special Operations Command; Chief of Staff, Medical Brigade; Joint Regional Medical Planner, NORTHCOM; Deputy Surgeon, UA, Combatant and Major Commands. 70Hs should also seek out broadening assignment opportunities in a Security Forces Assistance Brigade (SFAB).

(c) Qualifications. Must have successfully completed the AMEDD CCC or LOGC3 to hold positions through MAJ; must be an ILE graduate to hold positions through COL; and should possess a master's degree from an accredited program acceptable to TSG in a field related to the management of health services.

(d) Restrictions. For use by AMEDD officers in MFA 70 or AOC 67J.

(e) *Unique education/training opportunities.* Courses to obtain skills in Strategic Intelligence, Operations Research/Systems Analysis, and Training Development are some of the opportunities available to officers in this AOC. Short courses include the Health Services Plans, Operations, Intelligence Security and Training Course (70H Course), Tactical Combat Casualty Care Course, Medical Strategic Leadership Program. 70Hs assigned to USASOC can attend the Special Operations Medical Indoctrination Course, the Joint Special Operations Medical Orientation. 70Hs assigned to or seeking Joint experience should attend the Joint Medical Operations Course, the NATO Joint Medical Planners Course, and the Joint Medical Planning Tool Course. Courses to obtain skills in Strategic Intelligence, Operations Research/Systems Analysis, and Training Development are some of the opportunities available to officers in this AOC. Broadening assignment opportunities include the RAND Fellowship, Red Cross Fellowship, and Congressional Fellowship. Master's degree programs recommended for officers within this MFA should include the following courses: Operations Research; Operations Management; Health Care Education Administration; Health Care Planning; Health Care Policy and Management; Health Care Information Systems; Health Care Technology; Health Systems Management; Health Care Management; Health Policy and Management; Master's degree in Public Health with related concentration; International Policy and Management; International Health Development; International Humanitarian Assistance; International Health Organization and Management; Government and International Public Administration; International Health Planning and Development; History, Science and Technology; History of Military Medicine; History of Health Sciences; Strategic Intelligence; International Strategy and Intelligence; Homeland Security; Government with Homeland Security Concentration; National Security; Emergency Management; Emergency Management Concentration; Emergency and Disaster Preparedness; and Health Management and Policy. Another strategic training opportunity includes Program Management Acquisition Internships (PMAIP), with opportunities identified in Long Term Health Education and Training (LTHET) MILPER messages.

(8) *AOC 70K—Health Services Materiel.*

(a) *Description of duties.* Health Services Materiel Officers (HSMO) command medical units and serve as Logistics staff officers. HSMOs serve at the tactical, operational, and strategic levels and require extensive knowledge and experience in planning, preparing, executing, and assessing all warfighting functions while maintaining an AOC in the sustainment warfighting function subcomponents, health service support and logistics (see ADP 4-0 Sustainment for discussions on the sustainment warfighting functions). Health service support tasks include casualty care, medical evacuation and medical logistics. Medical logistics tasks include, but are not limited to acquisition, Class VIII medical supply and maintenance, blood storage and distribution, optical fabrication and production, property management, and medical facilities management. Logistics tasks include, supply, field services, transportation, maintenance, distribution, operational contract support, and general engineering. HSMOs must be competent in these tasks across all warfighting functions in support of both conventional force and SOF. HSMOs must be adaptive and trained to support any force by nontraditional means across dispersed logistically undeveloped non-permissive areas for enduring operations. HSMOs serve across the functional, health care executive, and enterprise talent management lanes. HSMOs are interwoven into clinical support and supply chain management system. HSMOs are competitive for functional and AMEDD immaterial command and key billets. Select HSMOs have the opportunity to compete for FA90 and Acquisition (Contracting and Product Management) CSL positions. The Health Facilities Planner specialty is included in this AOC. A Health Facilities Planner may be responsible for planning, programming, design management, design review, and construction management of health care facilities. HSMOs develop their expertise through the four logistical learning areas of supply chain management, health industry management, life-cycle management, and logistical/facilities planning.

(b) *Description of positions.* Positions requiring this AOC include: Chief, Logistics; Deputy Chief of Staff/ACS, Logistics; Commander, Medical Logistics Battalion; S-4; Contracting Officer; Stock Control Officer; Clinical Engineer; Medical Logistics Programmer, OTSG / Assistant Secretary of the Army for Acquisition, Logistics and Technology; Medical Logistics Staff Officer; Division Medical Supply Officer; Property Book Officer; Logistics Systems Officer; Medical Logistics Plans/Operations Officer; Medical Logistics Staff Officer; Hospital Materiel Officer; Health Facility Planning Officer; Commander, Health Facility Planning Agency; Chief, Facilities Division; Chief, Design and Development; Chief, Program and Analysis; Chief, Project Management; Architect; Health Facility Project Officer; Deputy Chief of Staff, Facilities; Executive Officer, Health Facility Planning Agency; and Senior Health Facility Planning Officer,

Planning and Portfolio Management Division, Assistant Secretary of Defense for Health Affairs. 70Ks should also seek out broadening assignment opportunities in a Security Forces Assistance Brigade (SFAB).

(c) *Qualifications.* Health Services Materiel Officer (70K) is the primary AOC for the HSMO. All officers must be a graduate of the Medical Logistics Officer Course and receive this designation as their primary AOC as determined by the AOC Designation Panel around six years of commissioned service as 70B. 70Ks are also eligible to obtain FA90 as a secondary AOC. There are two Skill Identifiers (SI) that are individually managed within the 70K population, 9I (Health Facilities Planner) and 8X (Army Medical Department Acquisition Officer).

1. 9I is the SI designation for officers specializing in facilities management, design, planning and engineering. Facility planners (70K9Is) provide the AMEDD with health care facility planning, programming, and acquisition capabilities. Health facility planning and acquisition encompasses new construction, initial outfitting and transition, sustainment of existing facilities and modernization of aging infrastructure. Operational assignments include Brigade Engineer and Facilities Staff Officer. Officers must possess an undergraduate or graduate degree in architecture, engineering, construction management (A/E/CM) or closely related field, complete the Health Services Materiel Course and a two year utilization tour to be eligible for award of the SI. Officers without undergraduate or graduate degree in architecture, engineering, construction management or closely related field may be awarded the SI after completion of five years cumulative experience serving in 70K9I positions. On a case by case basis, officers without technical or professional degrees in A/E/CM or closely related field may receive partial constructive credit towards the fifth year cumulative experience by achieving professional certifications associated to health facility planning. Award of the 9I SI designation is approved by the 70K9I consultant after a thorough review of the officer's academic and experiential qualifications.

2. 8X is an SI for officers specializing in Program Management or Contracting.

(d) *Unique education/training opportunities.* Strategic training opportunities include the Program Management Acquisition Internship Program (PMAIP), with opportunities identified in Long Term Health Education and Training (LTHET) MILPER messages.

1. Multifunctional Logistics (AOC 90A) MSC officers are offered the chance to hold FA90 KD positions at the CPT and MAJ level, the more common positions being 90A company commands and later as a MAJ in the Support Operations Officer and Executive Officer positions. Ideally, MSC officers will attend LOGC3 in order to obtain the requisite training for them to be successful at those jobs. The Support Operations Course is an acceptable training substitute if an officer did not have the opportunity to attend LOGC3 as a CPT. This applies to both the AC and RC service components. It is this combination of training in conjunction with CPT or MAJ level KD experiences that allow MSC officers to be competitive for command of multifunctional logistics battalions and brigades. Those officers who do not have the requisite training and KD experiences at either the CPT or MAJ level will not be allowed to compete in those LTC/COL command categories. MSC officers that serve in 90A positions and meet the requirements to compete for LTC/COL commands will retain their primary 67 AOCs and the 90A will become a secondary (and/or tertiary) AOC. Active Component officers may branch transfer into the Logistics branch at the rank of CPT if they have less than nine years of AFCS. Transfer authorizations are based on the needs of the Army and may not be available year-to-year. See Smartbook DA PAM 600-3 for further details.

(d) *Skill Identifiers (SI) and Coded Positions for Logistics Officers.* The below listing includes additional SIs that are critical and available to all AOC 70K logisticians. The SI appears on the officer's ORB upon completion of training or specific utilization assignments. Officers may serve in coded positions if they hold the identifier or are scheduled for training.

1. Advanced Military Studies Program (AMSP) (6S).
2. Air Assault (2B).
3. Capabilities Development (7Y).
4. Force Management (3R)
5. Green Belt in Lean Six Sigma (LSS) (1X), Black Belt LSS (1Y).
6. Instructor (5K).
7. Joint Planner (3H) for MAJ and above.
8. Parachutist (5P); Jumpmaster (5W)

9. Operational Contract Support (3C).
10. Project Management Professional (PMP) (W5)
11. Special Operations Experience (S-1).

(e) *Special Operations Experience*. All HSMOs willing to attend Airborne School can serve in SOF formations. Opportunities are available for LTs through LTCs to serve in 70K positions within various SOF formations. HSMOs gain SOF experience as they move between SOF and conventional force assignments performing KD and broadening assignments throughout. These logisticians must be managed with reassignments to SOF to provide continuity of experience that enables a solid foundation for success at the LTC level positions within SOF. SOF assignments are best filled with HSMOs who have previously served successful tours in SOF and these assignments should be managed accordingly when the available assignment pool allows. This TM will provide SOF commanders with the best continuity of support by medical logisticians who have progressively invested and built on their SOF experience.

(f) *Restrictions*. For use by AMEDD officers in MFA 70, AOC 67E or AOC 67J.

(g) 70K Unique Skills. Besides the skill sets outlined in figure 1, 70Ks are expected to have developed the following skill sets at the following levels:

1. *LT*. Although an officer carries the 70B designation as a LT there are functional positions that will develop the skills, knowledge, and attributes desired for 70Ks. The Brigade Medical Supply Officer within the Brigade Support Medical Company, Logistics Support Platoon Leader in the Medical Logistics Company, and Health Facility Project Officer are examples of functional LT assignments.

2. *CPT*. The developmental objective for this phase is to develop an officer's expertise across the spectrum of health services while continuing to sharpen their functional expertise. Officers who have demonstrated leadership capabilities and future potential are provided the privilege of competing for company or detachment command. The majority of CPT-level commands are in the tactical force. After command, top-level CPTs compete for competitive academic, unified action partner or strategic enabling broadening assignments.

a. *Professional Military Education*. The PME requirements for 70K CPTs is completion of the AMEDD CCC or the LOGC3 before the end of an officer's fifth year of service. Officers that choose to attend AMEDD CCC receive advanced instructions in Health Service Support (HSS). Officer who choose to attend LOGC3 will receive advanced instructions in HSS and are exposed to tactical and operational logistics (Transportation, Quartermaster, and Ordnance). Both courses provide knowledge and techniques in commanding at the company or detachment level and tools for performing as a staff officer.

b. *Developmental assignments*. While there are no established key developmental positions for the AMEDD, CPTs are encouraged to assume or seek out a company or detachment command. It's recommended that CPTs complete career course prior to assuming command. After graduation, CPTs are generally assigned to battalion or brigade level staff positions.

(1) Command for 18 months is the standard but the minimum requirement is 12 months. There are many types of company and detachment commands; some are multifunctional or branch immaterial, such as a brigade support medical company, headquarters, or recruiting command. Some are functional commands, such as a medical logistics company. It does not matter what type of company or detachment an officer commands. All are competitive command selected positions and count as developmental assignment.

c. *Broadening Assignments*. Officers are expected to continuously develop their mastery of their basic branch while developing multifunctional expertise. Junior CPTs hone their skills in the tactical force. After company command, broadening occurs in academic, unified action partner and strategic enabler assignments. Below are noteworthy opportunities that broaden an officer's skills and abilities at the CPT level (in no particular order).

(1) Broadening assignments for CPTs in the 70K AOC include the following in table 2:

Table 2
70K CPT Broadening Assignments

Broadening assignment	Broadening level
AC/RC assignments	Strategic Enabler
Aide-de-camp	Strategic Enabler
U.S. Army Medical Materiel Agency	Unified Action Partner
U.S. Army Medical Materiel Center (Europe, Southwest Asia, or Korea)	Unified Action Partner
Battalion primary staff	Tactical
Brigade staff	Tactical
CTC observer/trainer	Unified Action Partner
MEDCoE Capabilities Developer	Strategic Enabler
Instructor at a service school	Strategic Enabler
Joint, multinational and/or coalition staff or trainer	Unified Action Partner
USAREC	Strategic Enabler
Medical Treatment Facility Log Division staff	Tactical/Functional
Health Facilities Planning Enterprise (9I)	Functional
Health Acquisition Enterprise (8X)	Functional

Notes:

1. Unified Action Partner refers to an expansion of the term formerly known as JIIM. These opportunities broaden an Officer in Joint, governmental, nongovernmental, and private sector organizations with whom Army forces interact. These environments provide an understanding of diverse service and/or business cultures and unique understanding of the national level of policy, capability, procedures, strategy, and planning.

2. Strategic enablers describe organizations and stakeholders involved in providing materiel solutions for our Soldiers. It incorporates all the materiel life-cycle functions to include research, development, acquisition, testing, distribution, supply, maintenance, industrial base operations, and materiel disposal. It also encompasses the institutional Army providing trained and ready Soldiers, education, leadership development, doctrine, and capabilities.

d. *Self-Development*. Self-development actions fall into three categories: immediate, near-term, and long-range goals. Immediate goals focus on correcting weakness and reinforcing strengths associated with your current assignment. Near-term goals focus on developing those skills, knowledge, and attributes needed for your next operational assignment. Long-term goals focus on preparing for more complex duties beyond your next operation assignment. CPTs must continue to develop their expertise in medical materiel management, while expanding their general sustainment base of knowledge. It is highly recommended for CPTs to seek out a mentor or mentors that can provide them guidance, perspective, and act as sounding boards for ideas and career development.

e. *Desired experience*. When not in command assignments, CPTs are optimally at battalion or brigade level before moving to a broadening assignment. As officers progress from company grade to field grade, assignments grow increasingly multifunctional. The goal is for officers to develop a diverse set of skills between functional and multifunctional assignments. 70K CPTs should be competent in

operational medical logistics planning (company-brigade), Class VIII commodity management, supply accountability/property book management, battalion staff operations, data analysis, understanding Joint capabilities, and health facility project management.

3. MAJ. The developmental objective for this phase is to build on diverse experiences at the theater level and below while broadening their knowledge through academic, unified action partner and strategic enabler assignments. Blending KD and broadening experiences provides the skill sets required for future senior leadership. MAJs are primarily staff officers, serving in positions across the tactical and operational forces. They plan and organize sustainment missions, demonstrate the ability to manage organizations, and build competence in sustainment. An officer's performance is critical to demonstrating a mastery of mission command, sustainment, and leadership skills.

a. *Professional Military Education.* Officers are expected to complete PME requirements prior to assignment to KD positions. The requirement is completion of ILE Common Core, in which selection is a merit-based process that provides Joint PME (JPME) 1 and Military Education Level (MEL) 4). To be competitive for LTC, MAJs should have also obtained a graduate level degree prior to their selection for promotion to LTC.

(1) Officers who meet the criteria in AR 350–1 (Army Training and Leader Development) regardless of component or branch compete for the 10-month residency course at the Command and General Staff College, Fort Leavenworth, KS or the 14-week satellite campus programs on a best-qualified basis. Active Duty officers not selected for the above opportunities complete ILE via distance learning and are enrolled within six months after release of the selection board results through HRC. Active Duty distance learning students have 18 months to complete the course from date of enrollment. Completion of ILE through any of the three methods listed above and AOC qualification meets the officer's MEL 4 education requirements.

b. *Developmental Assignments.* After completion of ILE, MAJs are generally assigned to staff positions in the operating and generating forces while competing for KD positions. MAJs serve in KD assignments a minimum of 12 months and a maximum of 24 months. KD assignments while a MAJ are not required for promotion to LTC. These assignments make an officer competitive for future health care executive and enterprise opportunities. The following in table 3 are the KD assignments for MAJs:

Table 3
70K Developmental assignments for MAJs

Assignment	Broadening level
Brigade, Group, Regimental S-4 (MAJ or LTC authorized)	Tactical
Division Medical Logistics Officer	Tactical/Functional
Executive Officer ¹	Tactical
Logistics Planner or Chief of Plans (6S or P1 coded positions only) ²	Unified Action Partner
Health Contracting Cell (HCC) Chief	Tactical/Functional
Support Operations Officer (MAJ or LTC authorized) ¹	Tactical
Health Facility Program Manager (MAJ or LTC authorized)	Tactical/Functional

Notes:

¹ 90A, 67A, or 70K duty positions in TDA or TOE units led by a command-select list commander.

² SAMS and TLog graduates (P1) may serve a total of 36 months in KD positions if 24-months are part of their utilization tour as a planner in a coded P1 or 6S position as a MAJ. The remaining 12 months is for assignment to a tactical KD position.

c. *Broadening assignments.* MAJs who have completed KD assignments compete for or are assigned to broadening assignments in academic, unified action partner or strategic enabling categories.

(1) The following in table 4 are examples of broadening assignments for MAJs:

Table 4
70K Broadening assignments for MAJs

Broadening assignment	Broadening level
MEDCOM/DHA staff	Unified Action or
ASCC or Defense Logistics Agency staff position	Unified Action or
Brigade, TLAMM staff	Tactical
USAMMA Staff	Strategic Enabler
Hospital Chief of Logistics	Tactical/Functional
Deputy Consultant	Strategic Enabler
HQDA or Combatant Command (COCOM) staff	Unified Action or
Instructor at a service school	Strategic Enabler
Joint, multinational or coalition assignment	Unified Action Partner
Life-cycle materiel management team	Strategic Enabler
MEDCoE Capability Developer	Strategic Enabler
Health Facilities Planning Agency staff	Functional
Acquisition Corps staff	Functional

(2) Academic and strategic broadening opportunities are listed in the LTHET message and can also be found in the Army Career Tracker (ACT). Other opportunities for MAJs are listed below.

(a) The School of Advanced Military Studies (SAMS) is a resident course. This course educates leaders at graduate level to think operationally and strategically, solving complex problems. SAMS consists of the Advanced Military Studies Program (AMSP) for MAJs. The program awards a master's degree in Military Arts and Sciences. Upon completion, a utilization tour as a Plans Officer at echelons above brigade in a 6S coded position is required. This one or two year utilization tour as a MAJ is a KD assignment. Officers need to discuss with their branch manager if they are considering attending SAMS after the ILE course. The 6S SI is awarded for completion of this course.

(b) Fellowships – MILPER messages are routinely published throughout the year announcing fellowship opportunities. These include the Army Congressional Fellowship Program, the White House Fellowship Program, and Interagency fellowships outside of the LTHET Program.

(3) Broadening short course educational opportunities for MAJs are listed below:

(a) Hospital Medical Logistics Course: Provides training to qualified 70K, 670A, 68J20/50, DoD Civilians and Contractors in TDA mid-level inventory management positions. This course is designed to provide Item Managers, System Administrators and Warehouse Managers with an analytical understanding of the management aspects of the Inventory Management, Customer Area Inventory Management, Customer Service, Business Objects and the System Services modules in Medical Logistics Automations Systems. This course is intended for personnel that already have a working knowledge of Medical Logistics Automations Systems.

(b) MEDLOG Systems: Provides training in the principles and techniques used to manage logistical functions in MTF. Provides advanced skills training to AMEDD officers in the AOC 70K, MOS 670A, 68A, 68J and DA civilians assigned to hospital medical logistics management positions. Provides advanced training in hospital materiel management, procurement and acquisitions strategies, and environment of care.

(c) Health Facility Planning PPSC: Provides 70K9Is and AMEDD facility professionals with required continuing education, training and information on medical facility planning, design and construction principles. Reinforces basic facilities processes, introduces emerging facility concepts and procedures critical to the management of an Army Medical Treatment Facility or Research Institution to include: facility life cycle management, military construction (MILCON), planning, programming, master planning, design, and facility condition assessment.

(d) Health Care Logistics PPSC: This biennial training event is conducted jointly by the MEDCoE Logistics Management Branch (LMB) and the OTSG Directorate of Logistics (DOL). The week-long Health Care Logistics PPSC provides training on lessons learned from the Army Combat Training Centers (CTC) and actual combat operations along with new emerging concepts from the MEDCoE Capabilities Development Integration Directorate (CDID). Training is tailored to junior and mid-grade medical logistics leaders serving in the operating force in order to improve their unit's readiness and to increase overall Army medical readiness. The Health Care Logistics PPSC provides exposure to knowledge focusing on the unique aspects of medical logistics management within the Army operating concepts. This event consists of plenary briefings, break-out groups, exercises, and hands on application to ensure dissemination of standard operating procedures and learned experiences.

(e) Defense Support of Civil Authorities Course, administered by U.S. Northern Command, focuses on inter- governmental and interagency response to domestic emergencies. This course integrates national, state, local, and DoD statutes; directives plans; and command and control relationships with regard to DoD support for domestic emergencies and for designated law enforcement activities. This course is especially pertinent to planners from the medical brigade to the ASCC level of all components. This course is recommended for all components, but especially National Guard and U.S. Army Reserve officers. There are distance learning and resident phases that combine to produce Defense Support of Civil Authorities Certification.

(f) Interagency Logistics Course provides training in the concepts of planning and response to interagency logistical needs. This Federal Emergency Management Agency Course integrates federal, state, nongovernmental, voluntary organizations active in disasters, and private sector supply chain professionals in logistical management interaction. This course is recommended for all components, but especially National Guard and U.S. Army Reserve officers. There is a resident or mobile training team phase that produces a certificate.

(g) Joint Humanitarian Operations Course administered by the U.S. Agency for International Development focuses on civil-military roles in international disaster response. This course is especially pertinent to planners from the medical brigade to the ASCC level of all components. This is a resident or mobile training team course that is certificate producing.

(h) Joint Logistics Course provides theater-level, Joint logistics operations training for assignments to Joint logistics planning, inter-service, and multinational sustainment assignments. This course is recommended for officers of all components assigned to Joint duty positions. This is a resident course and produces a certificate of completion.

(3) *Self-Development*. During this phase, the officer's primary goal is the completion of a graduate-level degree. Expanding educational knowledge is the key. Degrees in logistics, automation, business, accounting, contracting, and management are of the greatest value. Officers are expected to establish a professional reading program, participate in their regimental association and civilian professional logistics organizations, or become a certified professional logistician. Completing logistics and Joint distance learning courses and conducting research and writing articles for professional publications are basic self-developmental tools.

(4) *Desired experience*. MAJs should become experts in mission command systems. A variety of assignments across the civilian, private sector, governmental, Joint, planning, functional, and multifunctional assignments achieve this end. Expanding the officer's range of adaptability and broadening their critical thinking skills for future assignments at the strategic level is the goal. Mastery of medical logistics operations, distribution management, commercial supply chain management, medical acquisition and contracting, understanding operational planning and warfighting, (corps-division), corporate understanding of the AOC, personnel management, understanding contract administration, Joint interoperability, TLAMM operations understanding both operational and institutional medical logistics support, health facility planning and management, and mentoring of junior officers.

4. *LTC*. The developmental objective for this phase is to demonstrate excellence in tactical and technical sustainment skills and the ability to lead, train, motivate, and care for Soldiers and Civilians in both command and staff environments. As rank increases, officers serve in a great number of assignments in the realm of unified action partners and strategic enablers. These roles expand the officer's adaptability and prepare them for senior positions of great responsibility at the strategic level.

d. *Professional Military Education.* In order to compete for command-select positions, LTCs must be MEL 4/ILE qualified. Officers are also strongly encouraged to complete graduate-level education in an appropriate discipline prior to their first LTC board. Officers should review the educational opportunities outlined in the COL's education section concerning SSC.

(1) LTCs selected for Centralized Selection (CSL) positions must complete Pre-Command Course (PCC) depending on the type of organization. Examples are the PCC at Fort Leavenworth and the AMEDD or Logistics PCC at Army Logistics University (ALU).

(2) Senior Service College (SSC) is the apex of field grade officer PME and awards JPME 2/MEL 1 credit and the SSC graduate code. Officers are considered for SSC annually after their 16th year of service to their 23rd year. The SSCs and fellowship programs prepare officers for senior command and staff positions. It provides thorough knowledge of strategy at the national level and use of the elements of national power. There are three paths to complete SSC PME: attendance at the U.S. Army War College or other accredited sister Service, a Senior Service Fellowship, or completion of the Army War College Distance Education Course. A selection to one of these programs identifies those officers with exceptional promotion potential for service in positions of increased responsibility at the next higher grade. SSC equivalency is required prior to the officer assuming a COL Senior Nominative command. SSC opportunities include, but are not limited to, the following.

(a) Air, Marine Corps, and Naval War Colleges.

(b) Eisenhower School for National Security and National War College generally has Joint duty utilization assignments on completion.

(c) The U.S. Army War College Distance Education Program provides an alternate means of attaining MEL 1 education. Eligible officers who apply are compared against the most current promotion list to COL and most current SSC Selection Board Order of Merit List to determine the final slate. AR 350-1 provides details of the selection and application processes. Once an officer has enrolled in the distance learning course, they are no longer eligible for resident SSC attendance. Officers enrolling in the U.S. Army War College Distance Education Program incur a 2-year ADSO. The ADSO starts at course completion or termination.

e. *Developmental Assignments.* The only KD assignment for a LTC is a CSL position. These are generally O-5 level command or Product Manager; there is no other KD assignments. KD assignments are generally 24-36 months. KD assignments while a LTC are not required for promotion to COL. These assignments make an officer competitive for future health care executive and enterprise opportunities. Former O-5 commanders/PMs are managed and assigned to specific jobs based on the needs of the Army.

f. *Broadening assignments.* All other assignments that are not a centrally selected command billet or key billet are considered to be broadening. Experience gained as a LTC provides the Army with officers who have mastery of tactical and operational levels and are adapting to strategic levels. Operationally, LTCs serve primarily in senior staff and/or Joint positions, medical brigades, MSCs, MEDCOM, Corps, and higher staffs.

(1) The following in table 5 are examples of broadening assignments for LTCs:

Table 5
70K Broadening assignments for LTCs

Broadening assignment	Broadening level
OTSG/DHA Staff	Strategic Enabler
ASCC senior staff	Unified Action Partner
Chief of Log, MEDCEN	Functional
USAMMA Director	Strategic Enabler
Course Director for MEDCoE/ METC	Strategic Enabler
Defense Logistics Agency senior staff	Strategic Enabler
Deputy Commander/Executive Officer	Available all levels

Medical BDE S-4	Tactical
DLA Staff	Strategic Enabler
Regional Health Contracting Office (RHCO) Chief	Strategic Enabler
Combatant Command (COCOM) staff	Strategic Enabler
Joint, multinational, or coalition staff	Unified Action Partner
Reserve Officer Training Corps Professor of Military Science	Strategic Enabler
MEDCoE Capabilities Developer	Strategic Enabler
Health Facilities Planning Agency Director/Staff	Functional
Deputy Commander, U.S. Army Health Facility Planning Agency	Strategic Enabler
Acquisition Corps staff	Functional

g. *Self-development*. Officers expand their professional reading program to include other services, logistics periodicals, participate in civilian professional logistics organizations, become a certified professional logistician, and conduct research and write articles for professional logistics publications. The officer should have completed a graduate degree in a logistics discipline. Additionally, LTCs should continue their self-development in all facets of logistics, particularly in Joint and multinational operations.

h. *Mentorship and talent management (TM)*. Mentorship and identification of an officer's unique talents is one of the primary responsibilities of LTCs. LTCs are expected to focus on this important legacy and grow officers for the future success of the Army. Mentoring officers through teaching and coaching truly builds our pool of leaders for tomorrow. The Army Career Tracker (ACT) is one tool to help officers plan and develop their career maps. Officers are invited to be mentors via the ACT and the tools within it are helpful to the mentor and mentee. Senior officers are expected to assist in TM through the identification of officer's unique skill sets and desires. Helping officers find the broadening venues that expand an officer's talents is best done by their raters and mentors. Raters and mentors help officers through discussion or correspondence with the officer's HRC branch manager concerning the unique talents and interests of individual officer.

i. *Desired experience*. Promotion to LTC is the mark of a successful career. Select officers have the opportunity to command. Those not selected for command make significant contributions at all levels of the Army and can expect to serve in a wide variety of professionally challenging and personally rewarding assignments. Understanding the Joint health service support system, business planning, staff operations (Army-Joint), understanding PPBE, Joint integration of medical systems, executive leadership, resource management, management of MEDLOG Automated Information Systems (AIS), project management, strategic planning, future focus 3-5 years.

3. *COL*. The professional development objective for this phase is excellence in functional and multifunctional skills. The ability to lead, train, motivate, care for Soldiers and Civilians in both command and staff environments requires the experience acquired over a career of leadership, management, and executive talents. The strategic level leaders in the Army are COLs. COLs are expected to be leaders and strategic-creative thinkers; builders of leaders and teams; competent Warfighters; skilled in governance, statesmanship, and diplomacy.

a. *Professional Military Education*. SSC equivalency is required prior to the officer assuming a COL Senior Nominative command. SSC opportunities are listed under the LTC portion of this section.

b. *Developmental Assignments*. The only KD assignment is selection for a CSL command or a nominative key billet. Officers serve in the same four CSL command categories as LTCs; garrison command tour lengths are 24 months but can be extended to 36 months. Commander, U.S. Army Health Facility Planning Agency is a non-CSL nominative assignment for 70K9I.

c. *Strategic billet positions*. Analogous to the Army's Key Billet definition within AR 600-3, the AMEDD defines a strategic billet as a duty assignment at the rank of senior LTC/COL requiring specific, highly developed skills and experience. The Surgeon General/CG MEDCOM, or other AMEDD General Officer/Flag Officer designee will select these officers. Functional (Corps or AOC-specific) and AMEDD Immaterial (O5A) positions are advertised annually for self-nomination and adjudicated during Strategic Talent Reviews conducted by senior AMEDD leadership.

d. Former O-6 commanders are managed and assigned to specific jobs based on the needs of the Army.

e. Broadening assignments. COL's assignments are nominative based on the officer's skills and positions available. Assignments include the following:

- (1) MEDCOM primary staff officer.
- (2) DHA primary staff officer.
- (3) MSC G4/DCSLOG.
- (4) DLA staff officer
- (5) Joint Staff
- (6) OSD-HA (Health Affairs)

f. *Self-development*. COLs must maintain their skills and keep current on all changes that affect the Soldiers and Civilians that they command and/or lead. COLs continue to expand their professional reading program, participate in civilian professional logistics organizations, become a certified professional logistician, write articles for professional publications, and obtain a postgraduate degree in a logistics discipline.

g. *Mentorship and talent management (TM)*. COLs are expected to foster and develop talent in our mid-grade officers. This is an essential task of our senior leaders. COL should have a group of officers that they are actively involved in mentoring through their careers. Mentoring of officers through teaching and coaching truly builds our leaders of tomorrow. Officers are highly encouraged to provide this mentorship and build trust, respect, and provide guidance within our ranks. The Army Career Tracker (ACT) is one tool to help officers plan and develop their career maps. Officers are invited to be mentors via the ACT and the tools within it are helpful to the mentor and mentee. Senior officers are expected to assist in TM through the identification of an officer's unique skill sets and desires. Helping officers find the broadening venues that expand the officer's talents is best done through their raters and mentors. As senior raters and mentors, COLs help officers through discussion or correspondence with their officer's HRC branch manager concerning unique talents.

h. *Desired experience*. The critical assignments for COLs are O-6 Level I command and nominative Key Billet assignments. Successful completion of a COL CSL command and SSC provide an opportunity to compete for Senior Nominative command. Only a limited number of officers will have the opportunity to command. COLs, when not in command, serve primarily in staff and/or Joint positions. The primary goal is to use the officer's experience and knowledge to provide significant contributions in MEDCOM/OTSG, DHA, MSCs and at the strategic level. Officers not selected for command provide exceptional service in assignments of increasing responsibility. 70K COLs should have a mastery of Joint health service support system, strategic planning and operations, PPBE / POM execution, interagency operations, strategic, influence, program management, and executive leadership.

(9) *AOC 67J00–Aeromedical Evacuation*.

(a) *Description of duties*. The Aeromedical Evacuation Officer is specially trained to serve in a variety of key AMEDD, Army Aviation, and Joint, and Combined positions. Possesses full knowledge of AMEDD, Army Aviation and Joint doctrine, organization, and equipment. Employs the use of aeromedical evacuation aircraft, personnel, and equipment as a part of the JHSS or an Operational TF. Plans and executes intra-theater tactical, operational and strategic aeromedical evacuation within a theater of operations, for wounded combatants and non-combatants (IAW the Law of War and Medical Rules of Eligibility), this includes support to Joint, coalition & allied partners, DoD employees and contractors, Interagency personnel; military working dogs; Detainees; Enemy Prisoners of War, and Host Nation and Non-Government Organizations. Additionally executes emergency: Class VIII re-supply, movement of blood, movement of medical personnel, and movement of medical equipment as well as provides aeromedical evacuation support to Defense Support of Civil Authorities (DSCA) operations. Duties include AMEDD, Army Aviation and Joint staff positions at various levels, service school and/or training center instructor, research and development positions, advisory duty with RC aviation units, MEDEVAC Program Management, and other roles as required. Duties are performed in a variety of TOE/TDA organizations, both CONUS and OCONUS.

(b) *Description of positions*. Positions requiring this AOC include: Aeromedical Evacuation Consultant to the Army Surgeon General; Director, Medical Evacuation Proponency Directorate; Deputy, Director, Medical Evacuation Proponency Directorate; DA G3/5/7 Aeromedical Evacuation Staff Officer, Aviation

Directorate, DA; Branch Chief, Joint Directorate of Military Support (JDOMS), the Joint Staff; Aeromedical Evacuation Staff Officer, OTSG; Aeromedical Evacuation Staff Officer, COCOMs; 67J Assignment Officer, HRC; Product Director, MEDEVAC, PM Utility, PEO Aviation; Branch Chief, Directorate of Training and Doctrine (DOTD); Utility Chief / MEDEVAC Officer, TCM-Lift, USAACE; Commander, Air Ambulance Company or Detachment; Section Leader/Platoon Leader, Air Ambulance Company or Detachment; AMEDD, Army Aviation and Joint Aeromedical Evacuation Staff Officer; Deputy Director, U.S. Army Aeromedical Research Laboratory (USAARL); Aeromedical Research and Development Staff Officer, USAARL; Deputy Dean, USASAM; Aeromedical Evacuation Officer, USASAM; Aeromedical Evacuation Officer, Force Provider Branch, Directorate of Combat and Doctrine Development (DCDD), MEDCoE; Deputy Commander, U.S. Army Aviation Medical Center (USAAMC); Aeromedical Evacuation Instructor, Leader Training Center, MEDCoE. Officers should also seek out broadening assignment opportunities in a Security Forces Assistance Brigade (SFAB).

(c) *Qualifications.* Must hold a baccalaureate degree from an accredited college/university in a discipline acceptable to TSG, be a graduate of AMEDD BOLC, Aviation BOLC (67J-specific start point), and the Medical Evacuation Doctrine Course (2C-F7). Must maintain qualifications for unrestricted utilization as an Aeromedical Evacuation Officer. Before entering the promotion window for MAJ, officers must have successfully completed the AMEDD and Aviation courses mentioned above followed by the AVC3 and the AMEDD Branch Training for Aeromedical Evacuation Officer (67J) Course. Secondary AOC designation: No earlier than the sixth year and no later than the eighth year of aviation rated service, all 67Js will be selected for secondary AOC designation. All 67Js will hold 67J as their primary AOC, unless the officer voluntarily elects to opt out of 67J and convert their secondary AOC as their primary AOC. This action will forfeit their entitlement to Aviation Career Incentive Pay (ACIP). To hold key executive level positions at the LTC and COL levels, must have successfully completed ILE and should possess a master's degree from an accredited program acceptable to TSG in a discipline related to one of the AOCs in the MFA 70 or AOC 67J.

(d) *Licensure/certification requirements.* Army Aviator; Senior Aviator; Master Aviator.

(e) *Restrictions.* Medically qualified Class II.

(f) *Unique education/training opportunities.* Short courses in Safety, Aviation; distance learning courses in Aviation, Aviation Safety; UH-60 Maintenance Officer Course/Test Pilot Course; Joint Forces University, School of Advanced Military Studies (SAMS), TWI Program, master's degree programs in Aviation Management and Systems Safety, Public Administration, Strategic Studies, Defense Studies, Homeland Security, Capability and Material Development, Program Management/Maintenance, Aviation Research, Finance/Budgeting, Education, Public Administration, Personnel Management.

(g) *67J Unique Skills.* In addition to the skill sets outlined in figure 1, 67Js are expected to have developed the following skill sets at the following levels. The most unique feature of Aeromedical Evacuation Officer is the fact that they are all aviators and must develop technical proficiency in their aviator skills. They must master the aviation platform as they master both Aviation and AMEDD operations. It is in the Army's best interest to retain these officers in operational flying positions until meeting their first ACIP gate (eight years of TOFDC) to ensure experience and competency in aviation technical and tactical skills as well as medical evacuation operations. Another strategic training opportunity includes Program Management Acquisition Internships (PMAIP), with opportunities identified in Long Term Health Education and Training (LTHET) MILPER messages.

1. Lieutenant.

a. *Professional military education.* All newly commissioned MSC LTs attend AMEDD BOLC at Joint Base San Antonio, TX, followed by Aviation BOLC (67J-specific start point), and the Medical Evacuation Doctrine Course (2C-F7) at Fort Rucker, AL. When an officer completes all phases of BOLC and flight training, they are awarded the Basic Army Aviator Badge. Due to the time intensive initial training requirements of AMEDD and Aviation training, follow-on schooling en route to their next assignment (for example, Airborne, Air Assault) will only be approved by exception due to the compressed career timeline.

Operational assignments. Junior officers initially assigned to a CONUS installation will be stabilized at their first installation for an extended period of time that allows for branch advancement to the rank of CPT and IAW the ARFORGEN cycle. This initial extended tour may include hardship tours or attendance at leader development schools (TDY or PCS) but in each case the officer should return to their stabilization

installation. LTs should serve at the company level to gain troop leading and flight experience. The officer will concentrate on planning and executing the tactics, techniques and procedures specific to the aeromedical evacuation mission. The single most important assignment consideration for personnel managers and commanders is ensuring that the new LT is assigned to a job which will allow the officer adequate opportunity to develop flight experience and troop leading skills. LTs should serve 18–24 months in a section leader position. Due to the length of flight school, this may overlap into the officer's first year as a CPT. Promotions will not automatically alter positions. The promotion of a LT to CPT while still serving in an operational assignment such as section leader will not be a negative consideration when determining the officer's future potential for promotion. The overall goal is for an officer to gain as much aeromedical evacuation, flight and leadership experience as possible prior to moving to another operational assignment

b. *Self-development.* All officers should be afforded every opportunity to achieve a total of 500 flight hours and qualification as a pilot in command prior to attending the AVC3 and the AMEDD Branch Training for Aeromedical Evacuation Officer (67J) Course. A LT's focus should be to refine troop leading, aviator, medical evacuation, tactical, logistic (medical, maintenance and supply), force protection (risk management) and administrative skills. The key milestone in a LT's development should be attaining pilot in command status. In doing so, LTs will acquire much needed technical, medical evacuation and tactical experience, which will serve them well in future assignments. LTs should also strive to obtain key training experiences that enhance normal garrison training, to include— Combat Training Center (CTC) rotations, Aviation Training Exercises (ATX), Joint and combined exercise deployments, and deployment on real-world contingency operations. To successfully compete for promotion to CPT, an officer must possess a thorough knowledge of aeromedical evacuation operations, aviation tactics, operations and principles.

2. Captain.

a. *Professional military education.* The AVC3 and the AMEDD Branch Training for Aeromedical Evacuation Officer (67J) Course. CPTs should be afforded the opportunity to obtain at least 500 flight hours and earned pilot-in-command status for their particular airframe before they are allowed to attend the AVC3 and the AMEDD Branch Training for Aeromedical Evacuation Officer (67J) Course. Aeromedical Evacuation Officers will attend the AVC3 and the AMEDD Branch Training for Aeromedical Evacuation Officer (67J) Course between their 5th and 8th year of commissioned service. Only the AVC3 meets established prerequisites for Total Operational Flying Duty Credit (TOFDC) assignments. Following the CCC or no earlier than the 6th year and no later than the 7th year of rated aviation service, Aeromedical Evacuation Officers will request a secondary AOC within MFA 70 through the 67J Consultant to HRC. No later than the 8th year of aviation rated service, the 67J will be boarded by HRC for award of their secondary AOC. Repetitive operational flying assignments through the rank of CPT are critical in order to meet the first ACIP gate. If an aviator has not met their first ACIP gate, they will lose ACIP beyond the 12th year of aviation service. Thus, the education and utilization requirements of the requested secondary AOC must allow CPTs to achieve their first ACIP gate. HQDA waivers are possible, but highly unlikely.

b. *Operational assignments.* CPTs are utilized as Forward Support MEDEVAC Platoon (FSMP) leaders, Area Support MEDEVAC Platoon Leaders, and Flight Operations Officers at the company level. Their primary goal is to successfully lead a TOE/TDA FSMP 18–24 months and serve as an Air Ambulance Company Flight Operations Officer for 18–24 months. CPTs also fill key staff positions which include positions within the General Support Aviation Battalion (GSAB), Medical Brigade, Division Surgeon Cell, MEDCOM, Multifunctional Medical Battalion (MMB), CTC/OC positions and SGI/Instructor positions at MEDCoE, USASAM, and USAACE, as well as command and staff positions within their approved AMEDD secondary AOC. Even when assigned to staff positions, CPTs should continue to hone their leadership skills, build flight experience, and achieve/maintain pilot in command status. CPTs may also perform key and developmental Aviation assignments as a GSAB S-3 if requested by the GSAB, Combat Aviation Brigade (CAB) commanders and approved by HRC and the 67J Consultant.

Self-development. CPTs should gain an in-depth understanding of AMEDD and Aviation doctrine, JHSS system, Joint patient movement doctrine, medical regulating, aeromedical evacuation operations in support of Defense Support of Civil Authorities (DSCA), aviation brigade operations, combined arms operations, aircraft maintenance and Army Airspace Command and Control (A2C2). CPTs should dedicate time to a professional reading program to gain a historical perspective on solutions to medical, aviation,

tactical and leader challenges. CPTs should strive for the same qualitative leadership building experiences as during their LT years: Combat Training Center rotations; Joint and combined exercises, and deployment on real-world contingency operations. Performing the challenges at the CPT level will greatly enhance the officer's tactical and technical skills, as well as build critical flight experience (Commanders must obtain Pilot-in-Command status within 180 days of obtaining RL 1 status after taking command). CPTs should strive to meet the requirements for award of the Senior Aviator Badge by the time they are promoted to MAJ. CPTs should broaden their understanding of AMEDD, Aviation, and Joint medical evacuation doctrine through extension courses and independent study. CPTs should also attempt to acquire a graduate degree in disciplines outlined in paragraph i6 and may also participate in the LTHET program to acquire a graduate degree in these same disciplines. CPTs who intend to track 8X should take advantage of opportunities to command as a CPT to allow for greater flexibility in the Acquisition career track.

3. Major.

a. *Professional military education.* MAJs will complete the ILE Course before they are selected for aeromedical evacuation company command and enter the primary zone of consideration for promotion to LTC. MAJs will attend the Aeromedical Evacuation Pre-Command Course (PCC) at Fort Rucker, AL, once selected for aeromedical evacuation company command. Finally, MAJs should seek Joint education opportunities if they desire to work on Joint staffs.

b. *Operational assignments.* MAJs should serve as Air Ambulance Company commanders for 18–24 months and in one of the following assignments for 12–24 months: CAB staff, medical brigade staff, Capability Developer staff; Materiel Developer staff; Department of the Army Systems Coordinator staff; TCM-Lift staff, USAACE; DOTD staff, USAACE; MEDCOM staff, MMB staff, Joint staff, OTSG staff, USAREC staff, RC advisor, instructor positions at MEDCoE, USASAM, USAACE, and Combined Arms Command (CAC) as well as staff positions within their approved AMEDD secondary AOC. MAJs may also perform Army Aviation key and developmental assignments as an XO or S-3 if requested by the GSAB and CAB commanders and approved by HRC and the 67J Consultant. MAJs should seek key and developmental assignments that assist them in promotion and create the qualities of a fully multifunctional, expeditionary officer, in both the AMEDD and Aviation Branch. MAJs should seek a field grade Joint duty assignment once tactical and technical experiences have been attained. MAJs in the ARNG may also perform duties as Security and Support Aviation Battalion XO if requested by the Adjutant General or other approving authority in the State's National Guard.

c. *Self-development.* MAJs should focus self-developmental efforts on acquiring expertise in organizational leadership techniques, operations at corps level and above. Their self-development must focus on Joint and combined arms operation, as well as a full understanding of the JHSS system. This can be accomplished through distance learning courses or institutional training. MAJs should attempt to acquire a graduate degree in disciplines outlined in paragraph i6 and may also participate in the LTHET program to acquire a graduate degree in these same disciplines. Aeromedical Evacuation MAJs self-development should also be focused on refreshing themselves with new aviation technologies in the cockpit. They should set the example for the younger generation of officers by continuing to place a strong emphasis on their medical evacuation expertise as well as their technical and tactical aviation proficiency. Aeromedical Evacuation MAJs should strive to attain the Master Aviator Badge by the time they are promoted to LTC. A master's degree is strongly recommended, but is not required for promotion to LTC.

4. Lieutenant colonel.

a. *Professional military education.* No specific military education requirements exist for LTCs. A HQDA board determines selection for resident SSC or the U.S. Army War College Distance Education Course. Officers selected for battalion command will attend the Army's PCC at Fort Leavenworth, KS, and other required PCCs. Battalion command designees who have special courts martial convening authority will attend the Senior Officer Legal Orientation Course (SOLO) at Charlottesville, VA.

b. *Operational assignments.* 67J LTCs may compete for AMEDD immaterial battalion commands, General Support Aviation Battalion (GSAB) and Aviation Support Battalion (ASB) commands, and battalion commands within their secondary AOC. 67J8X officers are eligible to compete as members of the Army Acquisition Corps for HQDA Board Selected Critical Acquisition Positions as well as AMEDD-specific Critical Acquisition Positions and Key Leader Positions (Battalion Command Equivalent). LTCs who successfully complete an AMEDD or Aviation battalion level command may remain competitive for

AMEDD COL command and SSC selection. Officers have the option of selecting the category or categories in which they desire to compete for command, while declining competition in other categories. LTCs may serve in positions within their approved AMEDD secondary AOC and in the following key 67J assignments: Deputy Director, Medical Evacuation Proponency Directorate; OTSG Aeromedical Evacuation Staff Officer; G3/5/7 Aeromedical Evacuation Staff Officer, Aviation Directorate, DA; FORSCOM Aeromedical Evacuation Staff Officer; COCOM Aeromedical Evacuation Staff Officer; 67J Career Manager, HRC; Product Director, MEDEVAC, Utility Helicopters Project Office PEO Aviation; Program Manager, MEDEVAC, U.S. Army Medical Research and Materiel Command (MRMC); Deputy Dean, USASAM; Aeromedical Evacuation Officer, Force Provider Branch, Directorate of Combat and Doctrine Development, MEDCoE; Chief, Doctrine Branch, Department of Doctrine and Training, DOTD, USAACE; Utility Chief/Aeromedical Evacuation Officer, TCL-Lift, USAACE; Aeromedical Evacuation Plans Officer, JDOMS, the Joint Staff; Deputy Commander, USAARL; and Deputy Commander for Administration, USAAMC. The following assignments are not necessarily coded as 67J, however they are considered key and developmental assignments: AMEDD Brigade XO, Recruiting Officer, OTSG, DRU, ACOM, ASCC staff, ARSTAF, Joint staffs, selected Regular Army/RC assignments. Performance in demanding assignments is a prime consideration for promotion and school selection boards. LTCs should also seek a Joint duty assignment. LTCs in the ARNG may compete for Security and Support Aviation Battalion Command. The ARNG possesses multi-functional Security and Support Aviation Battalions that include a MEDEVAC (UH-72A Air Ambulance Company). The GSAB serves as precedent for this requested action.

c. *Self-development.* Officers should continue to build AMEDD, Aviation, Joint and expeditionary expertise.

5. Colonel.

a. *Professional military education.* Although a specific mandatory military education requirement does not exist for COLs, the primary professional development goal is the completion of SSC. Resident or non-resident attendance at a SSC also identifies those officers with exceptional promotion potential for service in strategic AMEDD positions of increased responsibility. Officers selected for AMEDD COL command will attend the Army's Pre-Command Course (PCC) at Fort Leavenworth, KS; and the AMEDD PCC at Joint Base San Antonio, TX. Brigade command selectees may also attend the Senior Officer Legal Orientation Course (SOLO) at Charlottesville, VA.

b. *Operational assignments.* COLs may serve in positions within their approved AMEDD secondary AOC and in the following key 67J assignments: Aeromedical Evacuation Consultant, OTSG; Director, Medical Evacuation Proponency Directorate; Dean USASAM. The following example assignments, some not necessarily coded as 67J are also developmentally key: Joint Duty, MEDCOM G3; Director, MCIC, MEDCoE; Director, FM, OTSG; Medical Service Branch Chief, HRC; CoS, MEDCoE; CoS, MEDCOM; ARSTAF, DRU, ACOM, ASCC staff, and Joint Staffs; and selected Regular Army/RC assignments.

c. *Self-development.* Self-development goals should focus on perfecting organizational level leadership skills, medical, aviation, and Joint, coalition and theater level operations. An advanced degree is not required but is strongly recommended.

d. *Skills.* Skills enhancing the unique capabilities of 67J include as well as MFA 70 include, but are not limited to, the following: 3H, Joint Planner; 3R, Nuclear, Biological, and Chemical (NBC) Officer; 4B, Operations Research/Systems Analysis; 4P, Security Assistance Officer; 5F, Technical Intelligence; 5K, Instructor; 5N, Inspector General; 5P, Parachutist; 5T, Equal Opportunity Advisor; 5U, Air Operations Officer; 6P, Master Fitness Training. 6S, MANPRINT Officer; 6Y, Installation Management; 7Q, Training Development; 7Y, Capability Developer; and 8X, Acquisition Officer.

4. Medical Service Corps Health Sciences area of concentration/medical functional areas and military occupational specialty (MFA 71, 72, 73 and AOCs 67E, 67F, and 67G)

a. *MFA 71.* Medical Allied Sciences Officer; MFA 72-Preventive Medicine Officer; MFA 73-Behavioral Health Sciences; and stand-alone AOCs 67E, 67F, and 67G (Pharmacy; Optometry, and Podiatry).

(1) *Job description.* Provides medical-unique health science services to the AMEDD and the Army. Assignments vary widely within each MFA/AOC and officers serve in range from health services TDA to

TOE units, both CONUS and OCONUS.

(2) *Critical officer developmental assignments.* Officers must meet certain standards in terms of schooling to be a health services officer. The schooling and licensing requirements for each AOC are outlined below. Meeting these standards ensures that the officer is an accomplished professional that has acquired the skills, knowledge, and attributes to remain proficient in the MSC at that grade and is competitive for promotion or retention in the branch. The health science officer standards at the grades of LT/CPT, MAJ, LTC, and COL are detailed below. It is essential that the MSC have officers who are outstanding troop leaders as well as those who can provide requisite technical expertise in other areas, such as in specialized areas of concentration. For an officer to be considered fully trained, the officer should be tactically and technically proficient, be physically fit, and be of the highest moral and ethical character. Officers must be effective statesmen, communicators, and leaders, capable of building teams and managing large organizations to adapt to the needs of the transforming Army. Recognizing that various assignments require different strengths, techniques, and backgrounds, an officer's most important assignment is the current one and the officer should focus on an outstanding performance in that job assignment. Underpinning officer development are the 3 domains of leader development: education, operational assignments, and self-development. These domains are detailed by rank below. Self-development and commitment to lifelong learning is the responsibility of every officer and ranges from professional reading during off-duty time to aggressively seeking out positions of increased responsibility. Each officer, with support from mentors, should develop career goals and clearly articulate those goals to the commander, respective AOC consultant and their AOs at HRC. Always remember that an officer is his or her own best career manager. By actively participating in the management of career decisions, officer will improve the likelihood of a successful career. Professional development is divided into 5 phases: LT, CPT, MAJ, LTC, and COL with particular job assignments and schooling appropriate to each phase (see figure 1). Officers should also seek out broadening assignment opportunities in a Security Forces Assistance Brigade (SFAB). SFAB positions have been deemed critical by the Army senior leadership and provide experience across the Army's strategic mission.

(a) *Lieutenant/captain.*

1. *Education.* To prepare newly commissioned Allied Science officers to meet the challenge of their duties, they will attend the AMEDD BOLC at Joint Base San Antonio, TX. During this course, the officer receives training in general military subjects, such as leadership, military justice, weapons and tactics, and is given an introduction to the general functions of health service support. Officers will also receive instruction in their specific areas of concentration, providing sufficient background to develop the graduates for their first assignment.

2. *Assignments.* As a LT/CPT, some officers (typically, Social Workers, Clinical Psychologists, and Optometrists) are assigned at the company level. Those officers with assignments to a brigade combat team will generally be assigned to the brigade for the deployment cycle of the unit, 24–36 months. Officers assigned to other operating force and generating force units will have the ability to move to other units. In all assignments, new officers should concentrate on learning the basics of how the Army works, how to lead Soldiers, and how to maintain a motivated and positive outlook. Regardless of assignment, outstanding duty performance allows an officer to advance. Assignments will be based on the needs of the Army, professional development requirements, and officer's preferences.

3. *Self-development.* Opportunities include furthering civilian and military education by attending courses located at the MEDCoE, Joint Base San Antonio, TX; there are numerous courses offered at each installation that are required to perform additional duties; and there are a number of online courses available through Army eLearning Programs. Officers should strongly consider taking acquisition courses to further develop their skill sets. During this time, a LT should spend significant time developing reading, writing and briefing skills. These skills are essential to a successful career. Clinicians also have the opportunity to attend non-degree producing training.

(b) *Captain.*

1. *Education.* Upon promotion to or direct commission as a CPT, all Allied Science officers must attend the AMEDD CCC prior to going before the MAJ promotion board.

2. *Assignments.* Officers should aggressively seek leadership positions or company command as appropriate within the officer's MFA/AOC. This enhances professional development and complements staff experience at the unit level. Overall successful duty performance in assignments is key to success. Through these assignments an officer should become technically proficient and master essential troop-

leading skills. Assignments will be based on needs of the Army, professional development requirements, and officer's preferences.

3. *Self-development.* An MSC officer, who has a sound educational background and has completed the required career course, may apply for a fully funded advanced degree in a discipline directly related to his or her desired area of concentration. This program is highly competitive and selection is based on demonstrated performance and potential for promotion. Selected officers attend graduate school to meet specific Army requirements established by the Army Education Requirements Board. The Army approves the university or college the officer selects. Allied Science officers have a high requirement for advanced degrees. Some Allied Science officers also have the opportunity to participate in the TWI Program. This program provides an officer an opportunity to spend up to 12 months with a civilian industry that provides training in civilian health services procedures and practices. The training is designed to enhance knowledge, experience and perspectives in management and operational techniques. There are also internship/fellowship opportunities on the Department of Army and Joint staffs. These opportunities are designed to enhance the officer's ability to work at a strategic level. Officers are also highly encouraged to seek Advanced Civil Education (ACE) on their own through off duty programs at military installation education centers.

(c) Major.

1. *Education.* Allied Science MAJs must successfully attain MEL 4. Military education required during this phase is completion of ILE Common Core and AOC qualification. MFA 70 officers will complete ILE by either the 10-month resident course at Fort Leavenworth, 14-week satellite campus at one of three sites, or through distance learning. Eligible officers are board-selected to attend either the 10-month resident course or 14-week satellite campus and incur a two-year ADSO for attendance at either of these two ILE opportunities.

2. *Assignments.* Includes assignments to force structure and force generation units. The key to promotion is successful completion of every assignment. The more time officers successfully spend in branch preferred experience positions, the more competitive the officer is for future command and leadership positions. Time is a critical factor in determining and selecting assignment opportunities.

MAJs have approximately 5¹/₂ years from their pin on point until their primary zone LTC promotion board meets. Of those 5¹/₂ years, three years are required to attain ILE/MEL 4 and to complete branch preferred experience positions if desired. Allied Science MAJs must make informed assignment decisions to complete both ILE/MEL 4 and branch preferred experience positions. ILE/MEL 4 education programs provide MAJs skills that enhance their ability to be successful as field grade officers and in branch preferred experience positions. ILE/MEL 4 is also a consideration used by commands when slating MAJs for branch preferred experience positions.

3. *Professional development.* Compared to the grade of CPT, the time spent as a MAJ is relatively short. This time can be the most diversifying of an officer's career. Officers have an opportunity to broaden their professional development in their area of concentration.

4. *Additional assignments.* Once an officer has demonstrated mastery of common core and branch skills, as well as knowledge and attributes that assure the strong professional development foundation essential for success in the senior field grades, they will have opportunity to serve in career broadening jobs generally within their AOC or in MFA immaterial commands and positions.

5. *Self-development.* Self-development should include distance learning courses, civilian education, and institutional training. Officers should also devote time to a professional reading program to broaden their warfighting perspective. Civilian education— other objectives should be obtaining a master's degree or PhD in an AOC related field. Those officers not possessing a graduate degree are strongly encouraged to do so. Military Education— for MAJs military education opportunities expand to include not only traditional military schools but also fellowships and internships. These include White House Fellowships, Congressional Fellowships, and Joint Internships. Joint assignments offer the opportunity for military schooling.

(d) Lieutenant colonel.

1. *Professional development.* Upon selection for LTC, HRC AO review each LTC selectee's file for career experience. The review then acts as a guide for recommending the officer's utilization plans for the

remainder of their career. This phase provides the Army with officers in senior grades who have developed the expertise needed in specific career fields. A majority of LTCs serve in key staff positions throughout the Army as well as in Joint duty assignments. A successful assignment as a LTC commander or DRU, ACOM, ASCC staff officer also enhances the officer's potential for future command. At the LTC level or higher, officers can expect to be assigned to senior staff positions at the Army, Joint, and DoD level where they will serve in a wide variety of branch or generalist positions, unless selected for higher level command or schooling. While LTC and COL functional command and schooling are career goals, selection is extremely competitive.

2. *Assignments.* The majority of Allied Science MSC LTCs and COLs should concentrate on seeking out and performing well in critical staff positions at corps, Army, Joint, and DoD levels.

3. *Self-development.* LTCs benefit by having an advanced degree and also gain an advantage by being selected for and attending a Senior Service College or completing the U.S. Army War College Distance Education Course (MEL 1).

(e) Colonel.

1. *Education.* Attendance at a Senior Service College or completion of U.S. Army War College Distance Education Course (MEL 1) is advantageous and selective. Except through an established resident program such as the Army War College (AWC), the Dwight D. Eisenhower School for National Security and Resource Strategy (formally known as the Industrial College of the Armed Forces, or ICAF), and similar senior service courses, completion of the non-resident course is the only other means by which an Army officer can receive credit for Senior Service College training (MEL 1). However, once selected and enrolled in the non-resident course, an officer is no longer eligible to attend a resident Senior Service College. Therefore, it is recommended that the officer discuss this with his or her assignment officer prior to applying for the distance learning course. The Senior Service College selection board is responsible for selection of all Active Duty officers for participation in the U.S. Army War College Distance Education Course. (See AR 350-1) Army Training and Education.

2. *Desired branch experience.* COLs should focus on qualifying at the MEL-1 Level of military education, seeking CSL Command, and performing well in strategic staff positions at the RHC, MEDCEN, OTSG/MEDCOM, HQDA, OSD, and Joint/COCOM levels.

b. MFA 71—Medical Allied Sciences.

(1) *Job description.* Plans, supervises, and conducts highly specialized laboratory testing, research and development, field surveys, and environmental analyses in support of medical operations both CONUS and OCONUS. Serves initially as a Clinical or Research Allied Sciences officers and later as Laboratory Branch/Division Chief or Clinical Laboratory Manager. Assignments are normally made to TDA hospitals and laboratories, but positions may be designated for TOE organizations are available at all levels for specific AOCs.

(2) *Immaterial positions.* The IM positions in MFA 71 (coded AOC 67B00) include, but are not limited to, the following: Section/Division Chief, Acquisition Officer, Deputy Commander, Clinical Laboratory Officer, MRMC; Laboratory Manager, MEDDAC / MEDCEN; Branch Chief, Department of Clinical Support (DCSS), MEDCoE, Chief, DCSS, MEDCoE. Officers should also seek out broadening assignment opportunities in a Security Forces Assistance Brigade (SFAB).

(3) Areas of concentration.

(a) AOC 71A—Microbiology.

1. *Description of duties.* Serves as a Microbiologist and/or Section, Branch, Department, or Division Chief responsible for the planning, resourcing, execution and/or acquisition of clinical laboratory testing or medical research and development consistent with unit mission. Supervises testing, provides consultation and expert advice, conducts/directs research, and manages laboratory operations including fiscal and personnel resources.

2. *Description of positions.* Positions designated with this AOC include Section, Branch, Department, and Division Chiefs at clinical and medical research laboratories where the specialty of microbiology, virology, bacteriology, parasitology, immunology or molecular biology is required. Officers should also seek out broadening assignment opportunities in a Security Forces Assistance Brigade (SFAB).

3. *Qualifications.* Minimum of master's degree with specialization in microbiology, virology, bacteriology, parasitology, immunology, or molecular biology from an accredited program acceptable to

TSG.

4. *Licensure/certification requirements.* For clinical / diagnostic positions, the American Board of Medical Microbiology (ABMM), the American Board of Bioanalysis (ABB), the Board of the National Registry of Microbiologists or American Society of Clinical Pathology are highly recommended, but not required. ABMM or ABB certification is required of Directors of Clinical Laboratories. Acquisition Workforce certification is a requirement of product development/research positions coded with the 8X Skill Identifier. Additional certifications include Clinical Pharmacology (Applied Pharmacology), Regulatory Affairs and Project Management Professional.

5. *Restrictions.* For use by AMEDD officers within MFA 71.

6. *Unique education/training opportunities.* The PhD programs in microbiology; Annual Medical Laboratory Sciences (Tri–Services) Short Course; clinical microbiology internship; fellowship with the U.S. Food and Drug administration; continuing medical education conferences from associations such as the American Society for Microbiology, American Society of Tropical Medicine and Hygiene and Infectious Diseases Society of America. Another strategic training opportunity includes Program Management Acquisition Internships (PMAIP), with opportunities identified in Long Term Health Education and Training (LTHET) MILPER messages.

7. *71A Unique Skills.* Besides the skill sets outlined in figure 1, 71As are expected to have developed the skill sets to successfully execute the jobs at the levels of — CPT: MRMC/MEDCEN - Microbiologist, Primary/Principal Investigator, Section Chief; Area Medical Laboratory; PM Medical Detachment; MAJ: MEDCoE – Branch Chief; MRMC - Chief of Laboratory/Department, Principal Investigator, HQ Staff; USAMMDA - Product Manager; MEDCEN - Section Chief; Area Medical Laboratory; PM Medical Detachment; LTC: MRMC - Deputy Commander, Division/Deputy Division Director, Department Chief, CSL Acquisition Product Manager, Deputy to the MRMC Principal Assistant for Acquisition/Principal Assistant for Research and Technology/Program Area Director; MEDCEN - Laboratory Director, Division Chief; USAMMDA - Project Manager; Defense Health Agency Division Director; COL: MRMC – Commander, Deputy Commander, Executive Officer, Division Director, Laboratory Director, CSL Acquisition Project Manager, MRMC Program Area Director; MEDCEN – Laboratory Director; USAMMDA – Project Manager; Commander Area Medical Laboratory; OTSG staff.

(b) AOC 71B–Biochemistry.

1. *Description of duties.* Serves as Section, Branch, Division, or Department Chief or Director responsible for the planning and execution of clinical laboratory testing, sample testing for drugs of abuse, or medical research and development consistent with unit mission. Supervises testing, provides consultation and expert advice, conducts/directs research, and manages laboratory operations including fiscal and personnel resources.

2. *Description of positions.* Positions designated with this AOC include Section, Branch, Division, Department Chiefs, or Director at clinical, forensic and medical research laboratories where the specialty of analytical chemistry, biochemistry, organic chemistry, physiology, toxicology, research pharmacology, or environmental chemistry is required. Officers should also seek out broadening assignment opportunities in a Security Forces Assistance Brigade (SFAB).

3. *Qualifications.* To function as a biochemist or toxicologist minimally requires a master's degree with specialization in biochemistry or another chemistry specialty (obtainment of a PhD in biochemistry or another chemistry specialty is strongly encouraged to advance through the field grade ranks.). To function as a physiologist requires a PhD in human physiology or in a biological science specialty. Degrees must have been obtained from an accredited program acceptable to TSG.

4. *Licensure/certification requirements.* The American Board of Clinical Chemistry and the National Registry in Clinical Chemistry are recommended, but not required.

5. *Restrictions.* For use by AMEDD officers within MFA 71.

6. *Unique education/training opportunities.* The PhD programs in areas such as biochemistry, pharmacology, medicinal chemistry, molecular biology, toxicology, analytical chemistry, and clinical chemistry; Annual Medical Laboratory Sciences (Tri–Service) Short Course. Short courses and conferences include those held by the American Association for Clinical Chemistry, American Society for Clinical Pathology, American Chemical Society, and the Federation of American Societies for Experimental Biology. Another strategic training opportunity includes Program Management Acquisition

Internships (PMAIP), with opportunities identified in Long Term Health Education and Training (LTHET) MILPER messages.

7. *71B Unique Skills.* Besides the skill sets outlined in figure 1, 71Bs are expected to have developed the skill sets to successfully execute the jobs at the levels of— CPT: Staff Scientist, Principal investigator, Branch / Section Chief, Staff Scientist DCI; MAJ: Clinical Chemist, Principal Investigator, Project Manager, Section/Branch Chief MEDCEN / MEDCoE / USAMRMC Laboratory, Department Chief USAMRMC laboratory; LTC: Laboratory Director, Commander Forensic Laboratory, Branch Chief, MEDCoE, Product Manager, Department Chief USAMRMC laboratory / Clinical Laboratory; COL: Laboratory Director MEDCEN, Deputy Medical Examiner AFMES, Director Drug Testing and Program Policy Division, Chief USAMRMC Laboratory, Commander / Deputy Commander immaterial positions.

(c) *AOC 71E—Clinical Laboratory.*

1. *Description of duties.* Serves as Section, Branch, Division, Department Chief, or Laboratory Manager responsible for the planning and execution of clinical laboratory testing or medical research and development consistent with unit mission. Supervises testing, provides consultation and expert advice, conducts/directs research, and manages laboratory operations including regulatory requirements, quality systems, fiscal and personnel resources to ensure readiness and standards of care.

2. *Description of positions.* Positions designated with this AOC include Section, Branch, Division or Department Chiefs, and Laboratory Managers at medical laboratories where broad-based, general laboratory/medical technology, training and experience are required to comply with federal and regulatory requirements. With specialized training such as the Tri-Service Blood Bank Fellowship Program, clinical laboratory officers may serve as Chief of Blood Services, Army Blood Donor Centers, Transfusion Services, or Blood Support Detachment (BSD) Commanders. Positions on unified and Joint staff such as the Joint Blood Program Officer are available for officers interested in plans and operations. Officers should also seek out broadening assignment opportunities in a Security Forces Assistance Brigade (SFAB).

3. *Qualifications.* Requires a bachelor's degree and certification in Medical Technology/Medical Laboratory Science by a national organization acceptable to TSG.

4. *Licensure/certification requirements.* Certification in Medical Technology/ Medical Laboratory Science by a national organization acceptable to TSG (e.g. ASCP- American Society for Clinical Pathology).

5. *Restrictions.* For use by AMEDD officers within MFA 71.

6. *Unique education/training opportunities.* Various degree and non-degree opportunities are announced annually through MILPER messages such as the LTHET message. Graduate degree opportunities usually include management, informatics, medical technology, and immunohematology disciplines. Non-degree opportunities usually include the TWI Program (e.g. Food & Drug Administration (FDA), American Association of Blood Banks (AABB), Clinical Laboratory Standards Institute (CLSI), etc.). Officers are encouraged to complete at least Program Management Level 1 Defense Acquisition University online training. Officers are strongly encouraged to partake of online or resident training courses (e.g. Defense Acquisition University, Medical Management of Chemical and Biological Casualties (MCBC) or skill badges (Expert Field Medical Badge- EFMB), etc.). Officers are strongly encouraged to become active members in professional organizations (e.g. Society of American Federal Medical Laboratory Scientists (SAFMLS), Clinical Laboratory Management Association (CLMA), AABB, etc.). Another strategic training opportunity includes Program Management Acquisition Internships (PMAIP), with opportunities identified in Long Term Health Education and Training (LTHET) MILPER messages.

7. *71E Unique Skills.* Besides the skill sets outlined in figure 1, 71Es are expected to develop the following skill sets at the respective levels. Each level skill sets build on previous level skill sets.

a. LT/CPT: Select and manage military and civilian personnel, evaluate military and civilian personnel performance, train lab personnel, competency assess lab personnel, establish relationship with the union, comply with regulatory and accrediting standards, participate in quality improvement processes, manage point of care testing, order and manage supplies and equipment, track expenditures/manage budget, provide technical quality assurance for contracts, assess resource adequacy and utilization, manage lab department/service operations at Army Health Clinic or small community hospital, participate in interdisciplinary committees, build interdisciplinary partnerships. Wartime Critical Skills – Setup/tear down lab portion of DEPMEDS, sustain CSH lab readiness if PROFIS, receive and process specimens, maintain

equipment, complete tests and release valid results, write and review standing operating procedures, conduct emergency blood collections, store blood products, prepare blood products, distribute blood products, generate blood reports, serve as XO Blood Detachment.

b. MAJ: Write or edit civilian position descriptions, evaluate military and civilian personnel performance as second level rating official, bolster relationship with the union, review clinical laboratory standards for publication, manage lab department operations at medium or large community hospital, manage lab department/service support functions, lead department/service quality management program, oversee competency assessment program, mentor junior 71E/assure junior 71E are meeting career management objectives, oversee 68K/MLT and 71E/MT clinical training programs, oversee newest implementation, sustain department/service accreditation readiness, plan and program resources, conduct annual resource reviews, serve as Contracting Officer Representative, serve as College of American Pathologists (CAP) or AABB inspector, lead interdisciplinary committees, sustain CSH lab readiness if PROFIS, plan and participate in technology assessment and requirements analysis (TARA), lab informatics functional expertise, life cycle manage equipment, instructor develop combat concepts and documents at the MEDCoE or METC. Wartime Critical Skills – Setup/tear down lab portion of DEPMEDS, sustain CSH lab readiness if PROFIS, receive and process specimens, maintain equipment, complete tests and release valid results, write and review standing operating procedures, conduct emergency blood collections, store blood products, prepare blood products, distribute blood products, generate blood reports, serve as a Blood Detachment Commander.

c. LTC: Manage entire aspects of lab department operations at large community hospital or medical center (MEDCEN); write policy and monitor compliance for Army Lab Program/Army Blood Program offices or Armed Services Blood Program; lead academic programs or administrative support programs at MEDCoE or METC, serve as XO or Deputy Commander, serve as special staff at headquarters level, manage or lead organization level projects/programs/directorates, serve as Deputy Director for enterprise/service level projects/programs/directorates. Wartime Critical Skills - Oversee emergency blood collections/blood product distribution/reporting, advise COCOM/Coalition/Multinational Surgeon and/or Ministry of Health, serve as Area or Joint Area Blood Program Officer (71E8T).

d. COL: Manage entire aspects of lab department/division operations at MEDCEN providing regional support and consultation, manage enterprise/service/DoD level projects/programs/directorates, chair academic programs or administrative support programs at MEDCoE or METC, and provide strategic level leadership or expertise in a Joint/interagency/intergovernmental/multinational environment.

(d) AOC 71F—Research Psychology.

1. *Description of duties.* Plans, supervises, and conducts research to determine the effects of physiological, psychological, cognitive, and social variables on the health, readiness, and performance of military personnel; develops research-based programs and products to ameliorate the effects of stressors and enhance health, readiness, and performance.

2. *Description of positions.* Positions designated with this AOC include Section, Branch, Division, or Department Chiefs at medical research laboratories where the specialty of neuroscience, human performance research, sleep management research, environmental stressors research, animal models of behavior research, or occupational health and deployment clinical health research is required. Officers also serve in senior staff positions within the AMEDD, TRADOC and HQDA.

3. *Qualifications.* Requires a PhD in psychology or related behavioral science with strong research emphasis from an accredited program acceptable to TSG.

4. *Licensure/certification requirements.* None beyond the doctorate.

5. *Restrictions.* For use by AMEDD officers within MFA 71.

6. *Unique education/training opportunities.* Biennial AMEDD Post Graduate Course in Psychology; acquisition training, master's degree in Research Administration, in addition to the entry-level required Doctorate degree in Psychology. Another strategic training opportunity includes Program Management Acquisition Internships (PMAIP), with opportunities identified in Long Term Health Education and Training (LTHET) MILPER messages.

(4) *MFA 71 Skills.* Skills enhancing the unique capabilities of MFA 71 include: 5K, Instructor, 7A, Environmental Chemistry; 8T, Blood Banking; 8Z, Medical Research, Development, Test, and Evaluation; 8R, Master Resilience Trainer; 9F, Microbiology; 9G, Immunology; 9H, Parasitology; 9J, Physiology; 9K, Radiobiology; 9L, Toxicology; 9N, Biochemistry; 9P, Pharmacology; 9Q, Psychology (Research and

Development Administration); 9A (proficiency level), 8X, Acquisition.

c. MFA 72—Preventive Medicine Sciences.

(1) *Job description.* Plans, directs, and executes activities relating to various facets of health physics, environmental health, medical entomology, sanitary/environmental engineering, hearing conservation and audiology. Duties are job specific, but include command staff assignments, consultant assignments, and involve evaluation of risks relating to the health, morale, and environment of personnel for which DA is responsible, and/or any activity that will improve the health and well-being of the Soldier. Duties are performed in TOE/TDA organizations, both CONUS and OCONUS.

(2) *Immaterial positions.* The IM positions in MFA 72 (coded AOC 67C00) include, but are not limited to, the following: Instructor, MEDCoE; Commander, U.S. Army Public Health Center; Preventive Medicine Science Officer, USAMRMC; Commander, APHC-Atlantic/Central/Europe/Pacific. Officers should also seek out broadening assignment opportunities in a Security Forces Assistance Brigade (SFAB).

(3) *Areas of concentration.*

(a) *AOC 72A—Nuclear Medical Science.*

1. *Description of duties.* Plans, leads, directs, and executes activities relating to health physics (radiation safety) and CBRN medical defense in support of military operations. Functions in medical nuclear/radiological defense operations, nuclear elimination missions, radiation safety programs, staff assignments, and as instructors in these and related fields of public, occupational, and environmental health physics. Provides identification, evaluation, and guidance for personnel protection and for control of potential radiation hazards in TOE/TDA working environments, materiel, munitions, and armament. Serves as health physics subject matter expert on emergency response teams, including Radiological Advisory Medical Teams (RAMT). Provides health physics guidance in the life cycle management of radioactive Army commodities. Provides input to Army and AMEDD policy regarding depleted uranium munitions and armor. Manages Nuclear Regulatory Commission (NRC) licenses in the health care setting, facilitating direct patient care in nuclear medicine, radiation oncology, and other diagnostic and therapeutic modalities.

2. *Description of positions.* Positions requiring this AOC include: Radiological Hygiene Consultant, OTSG; Department of Homeland Security Nuclear Detection Specialist; CBRN Medical Defense Staff Officer, Nuclear Disablement Team Member; Pentagon Force Protection Radiological Detection Specialist; Chief, Health Physics; Radiation Safety Officer; Research Investigator; CBRN/Physics/Health Physics Instructor; Commander/OIC/SME Nuclear Medical Science Officer of various TOE/TDA units. Officers should also seek out broadening assignment opportunities in a Security Forces Assistance Brigade (SFAB).

3. *Qualifications.* Minimum required degree for initial entry into the AOC is a Bachelor of Science degree in Physics (any type), Engineering (any type), Radiobiology, or Chemistry from a school acceptable to TSG; preferred initial entry degrees are health physics, medical physics, and nuclear engineering. Required degree for full AOC qualification is a Master of Science or PhD in Health Physics, Medical Physics, or Nuclear Engineering. For retention at the field grade level, officers should possess full academic AOC qualifications.

4. *Licensure/certification requirements.* For retention at the field grade level, certification by the American Board of Health Physics (ABHP) or the American Board of Radiology (ABR) is encouraged.

5. *Restrictions.* For use by AMEDD officers within MFA 72.

6. *Unique education/training opportunities.* Opportunities are available to earn a centrally-funded postgraduate degree (Master of Science or PhD in Health Physics, Medical Physics, or Nuclear Engineering), with subsequent utilization in an appropriate command, staff, or technical application assignment. A limited number of opportunities may be available for the TWI Program, with subsequent utilization tour. Annual and periodic specialty-specific workshops, courses, and conferences are also available, such as the Radiological Hazards Operations Training course and the Medical X-ray Survey Techniques course. Courses conducted at the Defense Nuclear Weapons School are also available, such as the Nuclear Weapons Orientation Course and the Nuclear Weapons Incident Response Training course. Leadership enhancement courses are also available for managing military and civilian personnel and understanding business processes and procedures. Another strategic training opportunity includes Program Management Acquisition Internships (PMAIP), with opportunities identified in Long Term Health

Education and Training (LTHET) MILPER messages.

7. *72A Unique Skills*. In addition to the skill sets outlined in figure 1, 72As are expected to develop the following skill sets at the following levels:

a. *LT/CPT*. Basic-level health physics skills: Radiation health risk assessment; radiation dose calculations (including fetal dose calculations); medical effects of ionizing radiation (MEIR Course) and non-ionizing radiation; diagnostic x-ray room shielding design and verification; area radiation and contamination surveys; radiation instrumentation, detection and measurement (ORAU Applied Health Physics Course); compliance inspections of diagnostic imaging equipment (6H-F18: Medical X-Ray Survey Techniques course); decontamination of people and materiel; radiological response to emergency and CBRN operations (6H-F45, Radiological Hazards Operator Course; 6H-F37: Field Management of Chemical and Biological Casualties Course; 6I-F10: Hospital Management of Chemical, Biological, Radiological, Nuclear, and Explosive Incidents Course; ORAU Health Physics in Radiation Emergencies Course); packaging, storage, and disposition of radioactive waste (Radioactive Commodities Identification and Transportation course). Manage radiation safety programs at the unit or MEDDAC level, including limited-scope NRC licenses; decommission radioactive material facilities with limited-scope NRC licenses; obtain or terminate limited-scope NRC licenses. Serve as Laser Safety Officer (6H-F17: Laser and Radiofrequency Radiation Hazards course). Preventive Medicine officer development (6A-F5: Principles of Military Preventive Medicine course). Potential to command at HHC level within a TDA or TOE assignment. Officers of this rank should complete Part 1 of their certification (ABHP or ABR).

b. *MAJ*. Advanced-level health physics skills. Basic-level health physics skills as above, plus: population radiation health risk assessment and communication (Health Risk Communication Training); linear accelerator and high-activity radiation source shielding design and verification; portable and laboratory-based radiation instrumentation. Manage radiation safety programs at the MEDCEN, Regional, or medical task force level, including broad-scope NRC licenses; decommission radioactive materials facilities with broad-scope NRC licenses; obtain or terminate broad-scope NRC licenses. Team Chief for the RAMT or the Specialized MEDCOM Response Capabilities – Public Health (SMRC-PH) Team. Conduct nuclear elimination missions and provide Operational Exposure Guidance recommendations to tactical commanders. Provide doctrine and technical input to nuclear/radiological policies at the AMEDD level; manage training programs for nuclear elimination missions. Instruct at the MEDCoE, the U.S. Military Academy (USMA), or the U.S. Army CBRN School. Potential for staff leadership opportunities within the Medical Treatment Facilities to include Chief, Preventive Medicine Service. Officers of this rank should complete their certification (ABHP or ABR).

c. *LTC*. Program-level health physics skills. Advanced health physics skills as above, plus: Conduct Joint radiological operations in a deployed environment. Perform or support radiation research. Manage training programs at the MEDCoE and the U.S. Army CBRN School. Manage radiation safety programs at the major subordinate command or deployed MEDCOM level. Potential for Senior Executive Leadership positions and command opportunities internal to MEDCOM.

d. *COL*. Consultative health physics skills. Provide health physics consultation at the OTSG and Army level. Author Army policy for control of radiation and radioactive material. Conduct Joint and interagency planning for radiological/nuclear emergencies. Oversee AMEDD health physics capabilities for response to a radiological attack or other radiation emergency. Provide technical oversight to Army reactor operations, the Army Radiation Safety Program, and the depleted uranium post-exposure program. Coordinate on health physics issues with other Services and government agencies. Manage radiation safety programs at the DRU, ACOM, ASCC or theater level. Potential for 05A immaterial MEDCOM Senior Executive Leadership positions and command.

(b) AOC 72B–Entomology.

1. *Description of duties*. Plans, leads, manages, advises, directs, and participates in operational, consultative, training, product development and research in medical entomology to ensure effective control of pests and vectors of disease affecting the health, morale, and environment of all Army personnel. Also serves in command and staff assignments throughout the DoD and Army to ensure property and materiel are not damaged by invertebrate and vertebrate pests.

2. *Description of positions*. Officers in this AOC will fill positions including, but not limited to, the following: Director, Deputy Director, Contingency Liaison Officer, or Research Liaison Officer at the

Armed Forces Pest Management Board; DRU, ACOM, ASCC entomologist for Defense Logistics Agency; Commander or Executive Officer of a TOE detachment; Division Chief or staff officer for DCSOPs, Army Public Health Center (APHC); Entomology Staff Officer in a TOE medical brigade or command; Commander, Entomology Division Chief, or staff officer of a APHC subordinate command; Entomology Branch Chief or instructor at the Medical Center of Excellence; Branch Chief or entomologist in the Preventive Medicine Service of a MEDDAC or MEDCEN; Chief, Department of Entomology or Research Investigator at either the Walter Reed Army Institute of Research, one of its subordinate commands, or the U.S. Army Medical Research Institute of Infectious Disease. Officers should also seek out broadening assignment opportunities in a Security Forces Assistance Brigade (SFAB).

3. *Qualifications.* Requires a master's or doctoral degree from an accredited program acceptable to TSG in medical entomology. Additional considerations include Master of Science or PhD degrees from accredited programs acceptable to TSG in related biological disciplines with significant medical entomology courses and laboratory work, extensive professional entomological experience in combination with a graduate degree from an accredited program acceptable to TSG, or Bachelor of Science degree in Entomology from an accredited program acceptable to TSG, combined with an appropriate medical entomology course work and/or applicable professional experience.

4. *Licensure certification requirements.* For retention at all grades, 72B officers must maintain current DoD Pest Management Certification and Re-certification at required intervals via approved DoD courses (6H-F12, 13). Designation as a Board Certified Entomologist (BCE) in the category of Medical and Veterinary Entomology can be attained through the Entomological Society of America. The Entomological Society of America provides designation as a Board Certified Entomologist (BCE) in the category of Medical and Veterinary Entomology through a nationally recognized program. Upon successful completion, 72B officers may add the BCE as an official entry on their ORB.

5. *Restrictions.* Available to MSC officers who qualify for the 72B AOC.

6. *Unique education/training opportunities.* Principles of Military Preventive Medicine (6A-F5), DoD Pest Management Certification and Re-certification Courses (6H-F12, 13) taught at the AMEDD Center & School; DoD Pest Management Workshops sponsored by the Armed Forces Pest Management Board; USAF Aerial Application of Pesticides Certification Course; USN Operational Entomology Course. Annual and periodic specialty-specific workshops, courses, and conferences are also available to military entomologists. A limited number of opportunities to return to graduate school to earn a M.S. or PhD in entomology, or to participate in a TWI Program experience are available through a competitive, board selection process. Another strategic training opportunity includes Program Management Acquisition Internships (PMAIP), with opportunities identified in Long Term Health Education and Training (LTHET) MILPER messages.

7. *72B Unique Skills.* Besides the skill sets outlined in figure 1, 72Bs are expected to have developed the following skill sets at the following levels:

- a. *LT/CPT.* DoD Pest Management Certification.
 - b. *MAJ.* Board Certification, Entomological Society of America.
 - c. *LTC.* 9A Designator in Entomology.
 - d. *COL.* Committee Chairperson, AFPMB.
- (c) *AOC 72C-Audiology.*

1. *Description of duties.* Provides services in support of the Army Hearing Program (AHP) which includes operational hearing, hearing readiness, clinical hearing, and hearing conservation services for all military personnel and civilian personnel routinely exposed to hazardous noise.

a. *Operational Hearing Services:* Provides policy guidance on hearing conservation, communicates with medical units on hearing-related issues, monitors and analyzes hearing loss trends of deployed Soldiers, provides consultation and on-site technical assistance to support noise evaluations, provide clinical services in theater, serve as subject matter expert for hearing protection and communication devices.

b. *Hearing Readiness Services:* Ensures that Soldiers have the required hearing capability to perform their duties. Conducts monitoring audiometry, assigns hearing readiness classification, educates on the effects of noise exposure, and provides hearing protection and appropriate communication devices.

c. *Clinical hearing services:* Performs audiologic and balance evaluations to quantify auditory injury and to determine auditory fitness for duty, develops and implements audiologic treatment, rehabilitation,

and management plan. Determines and assigns hearing profile as appropriate. Provides training and counseling regarding hearing health.

d. Hearing conservation services: Manages comprehensive programs for all noise-exposed personnel. Program components are: noise hazard identification, engineering controls, hearing protectors, monitoring audiometry, health education, program enforcement, and program evaluation. Serves as a Course Director, Council for Accreditation of Occupational Hearing Conservationists (CAOHC) to train and certify technicians.

2. *Description of positions.* Positions requiring this AOC include: Chief/Director, Audiology/Hearing Program, MEDDAC; Instructor, AMEDD C&S/METC; Chief/Director, Audiology/ Hearing Program MEDCEN; Director, Acoustics Research; Hearing Program Staff Officer, USAPHC; Staff Officer, Public Health Directorate, OTSG; RHC Audiology/Hearing Program Consultant, and Audiology/Hearing Program Consultant to TSG. Officers should also seek out broadening assignment opportunities in a Security Forces Assistance Brigade (SFAB).

3. *Qualifications.* Requires a doctoral degree from an educational program accredited by the American Speech-Language Hearing Association's (ASHA) Council on Academic Accreditation in Audiology and Speech Pathology (CAA) or the Council on Higher Education Accreditation (CHEA). Candidates with a clinical doctoral degree (Au. D) must have completed an accredited one-year clinical audiology externship or be enrolled in the Army Audiology Externship Program (AEP). Professional qualifications for unrestricted practice must be met.

4. *Licensure/certification requirements.* Must have a license to practice audiology in the United States. Certificate of Clinical Competence awarded by the American Speech–Language–Hearing Association or the Audiology Board Certification (ABA) awarded by the American Academy of Audiology (AAA) is required prior to entrance on active duty for fully qualified candidates. For AEP candidates, certification must be obtained upon completion of the externship year. Certification as a CAOHC course director is required within 2 years of entry to active duty.

5. *Restrictions.* For use by AMEDD officers within MFA 72.

6. *Unique education/training opportunities.* A limited number of opportunities are available to earn a centrally-funded postgraduate advanced degree (PhD and master's degree level), with subsequent utilization in an appropriate staff or technical application assignment. Annual and periodic specialty-specific workshops, courses, and conferences are also available. A doctoral degree in audiology is the standard entry-level degree for officers in this AOC, although master's degree level audiologists may be granted an exception to this guideline, dependent upon their professional experience. Another strategic training opportunity includes Program Management Acquisition Internships (PMAIP), with opportunities identified in Long Term Health Education and Training (LTHET) MILPER messages.

7. *72C Unique Skills.* Besides the skill sets outlined in figure 1, 72Cs are expected to have developed the following skill sets at the following levels provided in table 6 below.

Table 6
Skill sets for 72C

Rank: LT/CPT

Education: In addition to attending the AMEDD Basic Officer Leader Course, the 72C officer will attend the Military Principles of Preventive Medicine Course, 6AF5. This course is designed to provide PM officers with the skills and knowledge to function in preventive medicine specialty areas at an entry level. Preventive medicine core topics provide a broad overview of each of the specialty areas for all students, preparing them to function as part of a multidisciplinary team. Each specialty group also receives additional instruction in appropriate specialty topics, preparing them to function independently at an entry level within their specialties. Upon promotion to or selection to CPT (AEP graduates), fully qualified 72C officers must attend the AMEDD CCC. Additional courses include the following: Basic Industrial Hygiene Course; Field Management of Chemical & Biological Casualties; and Combat Casualty Care Course.

Assignments: As a LT/CPT, a 72C is usually assigned as Hearing Program Manager at MEDDAC level. Regardless of assignment, outstanding duty performance allows a junior CPT to advance. Assignments

will be based on the needs of the Army, professional development requirements, and officer's preferences.

Self-Development: Opportunities include earning skill qualification badges (e.g. Airborne, Air Assault, and Expert Field Medical Badge), and furthering civilian and military education by attending AOC producing schools located at the MEDCoE, Joint Base San Antonio, Texas. There are numerous courses offered at each installation that are required to perform additional duties, and there are a number of on-line courses available through Army eLearning programs. During this time, a LT/CPT should spend significant time developing reading, writing and briefing skills. These skills are essential to a successful career.

Rank: MAJ

Education: Must successfully attain MEL 4. Military education required during this phase is completion of ILE Common Core and AOC qualification. The 72C should attend the Preventive Medicine Program Management Course, 6AF6. Pursue Long-term Health Education and Training to pursue a PhD or master's degree in Public Health.

Assignments: As a MAJ, a 72C is usually assigned as Hearing Program Manager, OCONUS assignment, serve as a staff officer at PHC, and/or serve as an instructor at MEDCoE. Regardless of assignment, outstanding duty performance allows a MAJ to advance. Assignments will be based on the needs of the Army, professional development requirements, and officer's preferences.

Self-Development: Opportunities include furthering civilian and military education by attending courses located at the MEDCoE, Joint Base San Antonio, Texas; there are numerous courses offered at each installation that are required to perform additional duties, and there are a number of online courses available through Army eLearning programs. During this time, a MAJ should spend significant time developing reading, writing and briefing skills. These skills are essential to a successful career.

Rank: LTC

Education: Pursue obtaining MEL 1 by attending Senior Service College or completing the U.S. Army War College Distance Education Course.

Assignments: Serve as Manager, Army Hearing Program or Director, Audiology and Speech Center, WRNMMC. Serve as a research director at one of the Army Research Labs, Hearing Program Consultant, Hearing Program Manager at large MEDDAC, or staff officer at the OTSG.

Self-Development: Professional continuing education through accredited instruction and online learning Army eLearning Programs.

Rank: COL

Education: Pursue MEL 1 (i.e. Senior Service College or U.S. Army War College Distance Education Course).

Assignments: Serve as Manager, Army Hearing Program or Director, Audiology and Speech Center, WRNMMC. Serve as an auditory researcher at one of the Army Research Labs (ARL, USAARL). Serve as a regional Hearing Program Consultant. Hearing Program Manager at large MEDDAC. Serve as staff officer at the OTSG.

Self-Development: Professional continuing education through accredited instruction and online learning Army e-Learning Programs.

(d) AOC 72D-Environmental Science & Engineer Officer.

1. *Description of duties.* Advises on or performs professional and scientific work in environmental health, public health, industrial hygiene, vector ecology, and environmental engineering. Functions include: identification, evaluation, and formulation of recommendations for the control of potential health hazards; health hazard assessment of weapons, equipment, clothing, training, and materiel systems; development of environmental health and industrial hygiene criteria and standards; promotion of policies, programs, practices, and operations directed toward the prevention of disease, illness, overall morbidity and injury; and design and formulations of recommendations to preserve and enhance health and environmental conditions to include air, water, food sanitation waste water, noise, solid and hazardous

waste treatment and management, and institutional hygiene. Duties are performed in TOE/TDA organizations, both CONUS and OCONUS.

2. *Description of positions.* Positions requiring this AOC include: Commander, TOE Preventive Medicine Detachments, various TDA Activities and Agencies; Executive Officer and Environmental Sciences Officer, various TOE Units; Assistant, Occupational Health, Army and DoD Secretariat; Environmental Science and Engineering Staff Officer, OTSG and various COCOMs; Action Officer for the Joint Chiefs of Staff and The Assistant Secretary of Defense (Health Affairs); Program Manager, Industrial Hygiene Field Services, Army Institute of Public Health, USAPCS; Division and Department Chief, USAPHS Region; Project Officer, various Research, Development, Test, and Evaluation organizations; Chief, Environmental Health Section, various MEDDACs and MEDCENs; Instructor, Environmental Health Branch, MEDCoE; faculty U.S. Military Academy (USMA) or Uniformed Services University of the Health Sciences (USUHS); Assistant Professor, USMA and USUHS; and capability developer, MEDCoE. Officers should also seek out broadening assignment opportunities in a Security Forces Assistance Brigade (SFAB).

3. *Qualifications.* Must have completed, at a minimum, a bachelor's degree from an educational program accredited by the Council on Education for Public Health (CEPH) or an agency acceptable to TSG with a major in a public health-relevant field. Preferred majors include public health, environmental health, industrial hygiene, environmental science, epidemiology, and safety management. Degrees with 45 semester hours of mathematics, physics, chemistry, biology and/or physical sciences may also be considered. Alternately, to hold the N4 skill identifier, a bachelor's degree from a program accredited by the Accreditation Board for Engineering and Technology (ABET), with a major in an environmental engineering-relevant field, is also acceptable. Preferred majors include environmental engineering, civil engineering, chemical engineering, and mechanical engineering. Waiver requests to the bachelor's degree requirements will be reviewed and adjudicated by the Environmental Science and Engineering Consultant to TSG. Must be academically qualified for graduate work.

4. *Licensure/certification requirements.* Obtaining professional state or national registration or certification in a specialty area prior to the field grade level is strongly encouraged. Acceptable licenses/certifications are registration as a Registered Sanitarian or Environmental Health Specialist (RS/REHS) by a State Registration Board or the National Environmental Health Association; licensure as a Professional Engineer (PE) from a State Board in coordination with the National Council of Engineering Examiners; Certification in Public Health (CPH) by the National Board of Public Health Examiners; certification as a Diplomat by the American Academy of Sanitarians (DAAS); certification as a Certified Industrial Hygienist (CIH) by the American Board of Industrial Hygiene; certification as a Safety Professional (CSP) by the Board of Certified Safety Professionals; Board Certified Environmental Engineer (BCEE) by the American Academy of Environmental Engineers and other professional certification acceptable by the Environmental Science and Engineering Consultant to TSG.

5. *Restrictions.* For use by AMEDD officers within MFA 72.

6. *Unique education/training opportunities.* A limited number of opportunities are available for achievement of a centrally-funded postgraduate advanced degree (PhD and master's degree level), with subsequent utilization in an appropriate command, staff or technical application assignment. Annual and periodic specialty-specific workshops, courses, and conferences are also available. Recommended graduate degrees include public health, environmental health, industrial hygiene, environmental science, environmental engineering, and other degree concentrations acceptable to TSG. Another strategic training opportunity includes Program Management Acquisition Internships (PMAIP), with opportunities identified in Long Term Health Education and Training (LTHET) MILPER messages.

7. *72D Unique Skills.* Besides the skill sets outlined in figure 1, 72Ds are expected to have developed the following skill sets at the following levels provided in table 7 below.

Table 7
Skill sets for 72D

Rank: LT

Education: In addition to attending the AMEDD Basic Officer Leader Course (BOLC), the 72D officer will attend the Military Principles of Preventive Medicine (6A-F5) Course and the DoD Pest Management Course (6H-F11). These courses are designed to provide Preventive Medicine Science Officers with the skills and knowledge to function in entry level military public health. Public health core topics provide a broad overview of each of the specialty areas for all students, preparing them to function as part of a multidisciplinary team. Each specialty group also receives additional instruction in appropriate topics, preparing them to function independently at an entry level within their career disciplines. Additional courses include the Pest Management Certification Course, Radiological Hazard Operators Training Course (RHOT), Basic Waste Management Course, and Health Risk Communication Course.

Assignments: As a LT, a 72D officer is usually assigned as a Brigade Combat Team Environmental Science and Engineering Officer (ESEO), Preventive Medicine Detachment Executive Officer, or USAPHC Project/Staff Officer. Regardless of assignment, outstanding duty performance allows a junior officer to advance. Assignments will be based on the needs of the Army, professional development requirements, and officers' preferences.

Self-Development: Opportunities include earning skill qualification badges (e.g., Airborne, Air Assault, etc.), especially the Expert Field Medical Badge (EFMB). Additional opportunities include furthering civilian and military education by attending AOC-enhancing courses at select installations and the MEDCoE, Joint Base San Antonio, Texas. Numerous courses are offered at each installation to perform collateral duties, and there are a number of on-line courses available through Army eLearning Programs. During this time, a LT should spend significant time developing reading, Army writing style skills, and briefing skills, since these skills are essential to a successful career.

Rank: CPT

Education: Upon promotion or selection to CPT, a 72D officer must attend the AMEDD CCC. Additional courses include the following: Field Management of Chemical and Biological Casualties, Combat Casualty Care Course, Medical Intelligence/Operations short courses, Preventive Medicine Senior Leaders Course, and pursue Long Term Health Education and Training (LTHET) to earn a graduate degree in a public health-relevant field of study.

Assignments: As a CPT, a 72D officer is usually assigned as a Chief, Environmental Health Section of a MEDDAC, USAPHC Project/Staff Officer, Special Forces Group ESEO, or Multifunctional Medical Battalion ESEO. Regardless of assignment, outstanding duty performance allows a company grade officer to advance. Assignments will be based on the needs of the Army, professional development requirements, and officers' preferences. 72D officers holding the N4 skill identifier are afforded opportunities to work in specific engineering positions.

Self-Development: Opportunities include earning skill qualification badges (e.g., Airborne, Air Assault, etc.), especially the Expert Field Medical Badge (EFMB). Additional opportunities include furthering civilian and military education by attending AOC-enhancing courses at select installations and the MEDCoE, Joint Base San Antonio, Texas. Earn state or national registration or certification as a professional Sanitarian or Environmental Health Specialist (RS/REHS) by a State Registration Board or the National Environmental Health Association is strongly encouraged. Acceptable alternates include; licensure as a Professional Engineer (PE) from a State Board in coordination with the National Council of Engineering Examiners; certification as a Certified Industrial Hygienist (CIH) by the American Board of Industrial Hygiene; or other professional certification acceptable to Environmental Science and Engineering Consultant to TSG. Numerous courses are offered at each installation to perform collateral duties, and there are a number of online courses available through Army eLearning Programs. During this time, a CPT should continue to spend significant time developing reading, Army writing style, and

briefing skills, since these skills are essential to a successful career. 72DN4 officers should be gaining engineering work experiences necessary to qualify to take and pass the Professional Engineer exam.

Rank: MAJ

Education: Upon promotion or selection to MAJ, a 72D must successfully attain MEL 4 by completing ILE Common Core and AOC qualification. Additional courses include the following: Preventive Medicine Senior Leaders Course (6A-F6) Course and Medical Intelligence/Operations short courses. In order to be successful and competitive at the field grade level, a 72D officer will possess a graduate degree in a public health-relevant field of study, such as public health, environmental health, environmental science, industrial hygiene, environmental engineering, or another concentration approved by the Environmental Science and Engineering Consultant for TSG. The graduate degree program must be accredited by CEPH (for public health-related programs), or another agency approved by TSG.

Assignments: As a MAJ, a 72D is usually assigned as a Preventive Medicine Detachment Commander, Division ESEO, Environmental Health Section Chief of a MEDCEN, USAPHC Program Manager/Division Chief, MEDCoE/USMA/USUHS Instructor, Joint Staff / Combatant Command Intern or MEDCoE Capability Developer, or Medical Brigade ESEO. Regardless of assignment, outstanding duty performance allows a junior field grade officer to advance. 72D officers holding the N4 skill identifier are afforded opportunities to work in specific engineering positions. Assignments will be based on the needs of the Army, professional development requirements, and officers' preferences.

Self-Development: Obtain professional state or national registration or certification in a specialty area prior to the field grade level is strongly encouraged. Acceptable are: registration as a professional Sanitarian or Environmental Health Specialist (RS/REHS) by a State Registration Board or the National Environmental Health Association; licensure as a Professional Engineer (PE) from a State Board in coordination with the National Council of Engineering Examiners; Certification in Public Health (CPH) by

the National Board of Public Health Examiners; certification as a Diplomat by the American Academy of Sanitarians (DAAS); Certified as an Industrial Hygienist (CIH) by the American Board of Industrial Hygiene; Certification as a Safety Professional (CSP) by the Board of Certified Safety Professionals; Board Certified Environmental Engineer (BCEE) by the American Academy of Environmental Engineers; or other professional certification acceptable to the Environmental Science and Engineering Consultant to TSG.

Rank: LTC

Education: Upon promotion to LTC, pursue attaining MEL 1 by attending Senior Service College or completing the U.S. Army War College Distance Education Course. In order to be successful and competitive at the field grade level, a 72D officer should possess a graduate degree in a public health-relevant field of study, such as public health, environmental health, environmental science, industrial hygiene, environmental engineering, or another concentration approved by TSG. The graduate degree program must be accredited by CEPH (for public health-related programs), or another agency approved by TSG.

Assignments: As a LTC, a 72D is usually assigned as a COCOM or ASCC Environmental Science and Engineering Staff Officer, Medical Deployment Support Command ESEO, RHC Environmental Health Consultant, USAPHC Program Manager/Department Chief/Executive Officer, MEDCoE Environmental Health Branch Chief, USUHS/USMA Faculty Member. Regardless of assignment, outstanding duty performance allows a field grade officer to advance. 72D officers holding the N4 skill identifier are afforded opportunities to work in specific engineering positions and supervisory positions. Assignments will be based on the needs of the Army, professional development requirements, and officers' preferences.

Self-Development: Obtain professional state or national registration or certification in a specialty area listed for AOC 72D is strongly encouraged in an area relevant to public health, Board Certified Environmental Engineer (BCEE) by the American Academy of Environmental Engineers; or other professional certification acceptable to the Environmental Science and Engineering Consultant to TSG.

Rank: COL

Education: Pursue attaining MEL 1 by attending Senior Service College or completing the U.S. Army War

College Distance Education Course.

Assignments: As a COL, a 72D is usually assigned as an Occupational Health Assistant to the Army or DoD Secretariat, OTSG/MEDCOM Environmental Science and Engineering Staff Officer, COCOM or ASCC Force Health Protection/Environmental Science and Engineering Staff Officer, Medical Deployment Support Command Environmental Science and Engineering Staff Officer, USAPHC Deputy Director/Staff Officer, MEDCoE Department of Preventive Health Services Chief, or USUHS Faculty Member. 72D officers holding the N4 skill identifier are afforded opportunities to work in specific engineering positions and supervisory positions. Assignments will be based on the needs of the Army, professional development requirements, and officers' preferences.

Self-Development: Opportunities include participating in the Medical Strategic Leadership Program hosted by the MEDCoE.

d. MFA 73—Behavioral Health Sciences.

(1) *Job description.* Plans, directs, manages, and administers programs and services relating to clinical psychology and social work. These programs promote all aspects of mental health and the social well-being of all personnel entitled to care. The Behavioral Health Sciences officer educates, consults, and develops policies on various subjects of emotional and mental health in his/her MFA. Duties are performed in TOE/TDA organizations, both CONUS and OCONUS.

(2) *Immaterial positions.* IM positions in MFA 73 (coded AOC 67D) include, but are not limited to, the following: Chief, Behavioral Science Division, MEDCoE; Chief, Directorate of Mental Health, U.S. Army Correctional Activity.

(3) *Areas of concentration.*

(a) *AOC 73A—Social Work.*

1. *Description of duties.* Performs social work functions which include providing direct services, clinical counseling, crisis intervention, disaster relief, traumatic event management, teaching and training, supervision, research, administration, consultation, and policy development in various military settings. These functions are provided to enhance unit readiness and the emotional well-being of military members, their eligible Family members, and DA civilians as appropriate. Duties are performed in CONUS and OCONUS MTOE and TDA organizations.

2. *Description of positions.* Positions includes: Social Work Officer; Behavioral Health Science Officer in a TOE Brigade (Brigade Combat Team, Combat Aviation Brigade, Sustainment Brigade, Special Forces Group, etc.); MTF Social Work Internship Program Director; Corrections Social Work Officer; Instructor at MEDCoE; Chief, Department of Behavioral Health (DBH); Team leader, Embedded Behavioral Health (EBH) Team; Chief, Tele-behavioral Health (TBH); Chief, Addictions Medicine Intensive Outpatient Program (AMIOP); Chief, Intensive Outpatient Program (IOP); Chief, Multi-Disciplinary Outpatient (Multi-D) clinic; Chief, Child and Family Behavioral Health Services (CAFBHS); Director, Family Advocacy Program, U.S. Army Community and Family Support Center; Chief, Behavioral Health Division, MEDCOM; Director, Behavioral Health, United States Disciplinary Barracks; and Social Work Consultant to TSG of the Army. Officers should also seek out broadening assignment opportunities in a Security Forces Assistance Brigade (SFAB).

3. *Qualifications.* Requires a master's degree in Social Work from a program accredited by the Council on Social Work Education and an independent license which must be acceptable to TSG (i.e. LCSW) and meeting requirements of AR 40-68. All professional qualifications for unrestricted practice must be met.

4. *Licensure/certification requirements.* All military social workers are required to be licensed. Continuing Education units in accordance with individual's license are required.

5. *Restrictions.* For use by AMEDD officers within MFA 73A/67D.

6. *Unique education/training opportunities.* Family Advocacy Staff Training Course; Family Advocacy Staff Training Advanced Course; LTHET for a doctoral degree in social work; LTHET for Baylor Master of Health Administration (MHA)/Master of Business Administration (MBA); social work fellowship in Child and Family Practice, evidence-based PTSD treatment courses, traumatic event management and substance use disorder training. Another strategic training opportunity includes Program Management Acquisition Internships (PMAIP), with opportunities identified in Long Term Health Education and Training (LTHET)

MILPER messages.

7. *73A Unique Skills*. Besides the skill sets outlined in figure 1, 73As are expected to have developed the following skill sets at the following levels provided in table 8 below.

Table 8
Skill sets for 73A

Rank: First lieutenant/captain

Education: Newly commissioned social work officers attend the AMEDD Basic Officer Leader Course (BOLC) at Joint Base San Antonio, Texas. Officers will also receive instructions in social work services, providing sufficient background to develop the graduates for their first assignment. Upon promotion to or selection for CPT, all social work officers must attend the AMEDD CCC.

Assignments: Officers who are required to attend the Social Work Internship Program (SWIP) will be assigned to a SWIP training program at designated MTFs. New social work officers are assigned to TOE brigades, MEDCENs or large MEDDACs for at least two years. Social work officers with prior clinical experience may be assigned to other positions. Assignments would include a various TOE brigades (Brigade Combat Team, Combat Aviation Brigade, Sustainment Brigade, Special Forces Group), Medical Treatment Facility, and Corrections. In all assignments, LTs and junior CPTs should concentrate on learning the military culture, the basics of how the Army works, honing their clinical skills in evidence- based treatment, case management, domestic violence, unit needs assessments, command consultation, combat operational stress, traumatic event management, management of high risk patients including suicide management, substance use disorders, and how to maintain a motivated and positive outlook. As CPTs complete the CCC, they seek COSC detachment leadership positions, and MEDDAC chief positions (such as Chief, Family Advocacy Program; Chief, Multi-Disciplinary outpatient clinic; Chief, Intensive Outpatient Program). These assignments enhance professional development and complements staff experience. In these assignments an officer should become technically proficient and master essential troop leading skills. Overall successful duty performance in all assignments is essential for success. Assignments are based on needs of the Army, professional development requirements and officer preference.

Professional Development: N/A.

Self-Development: Opportunities include furthering civilian and military education by attending continuing education courses on topics as evidence-based treatment modalities, family violence, substance use disorders, traumatic event management, disaster-related mental health, grief/bereavement, sexual assault, and other courses located at MEDCoE. During this time, a LT should spend significant time developing reading, writing and briefing skills. These skills are essential to a successful career. A social work officer, who has completed the required career course (usually senior CPT), may apply for a fully funded doctoral degree in social work. This program is highly competitive and selection is based on demonstrated performance and potential for promotion. Selected officers attend graduate school to meet specific Army requirements established by the Army Education Requirements Board. The Army approves the university or college the officer selects. There is also a 2 year Child and Family Fellowship training opportunity at Walter Reed National Military Medical Center.

Desired Branch Experience: N/A.

Rank: Major

Education: As an Allied Science officer, social work MAJs must successfully attain MEL 4. Military education required during this phase is completion of ILE Common Core and AOC qualification. 73A officers will complete ILE by either the 10-month resident course at Fort Leavenworth, 14-week satellite campus at one of three sites, or through distance learning. Eligible officers are board-selected to attend either the 10-month resident course or 14-week satellite campus and incur a two-year ADSO for attendance at either of these two ILE opportunities.

Assignments: As a MAJ, the 73A is usually assigned as a Combat Operational Stress Control Detachment Commander, Deputy Chief, Department of Behavioral Health, Staff Officer at the Behavioral Health Service Line (MEDCOM) or a Chief of an outpatient/intensive outpatient program. The key to promotion is successful completion of every assignment. Time is a critical factor in determining and selecting assignment opportunities. MAJs have approximately 4¹/₂ years from their pin on point until their primary zone LTC promotion board meets. Of those 4¹/₂ years, social work officers must make informed assignment decisions to complete both ILE/MEL 4 and ensure diversity of experience positions. ILE/MEL 4 education programs provide MAJs skills that enhance their ability to be successful as field grade officers and in branch preferred/staff positions. An officer's performance during these assignments demonstrates a mastery of skills, knowledge and attributes expected of an officer for his or her grade. The potential to command and/or fill key leadership positions at the LTC level is assessed. Completing these assignments does not mean automatic selection for LTC command and key leadership positions, but rather that an individual officer is eligible to be considered.

Professional Development: Compared to the grade of CPT, the time spent as a MAJ is relatively short. This time can be the most diversifying of an officer's career. Officers have an opportunity to broaden their professional development in their area of concentration.

Self-Development: Should include correspondence courses, civilian education, and institutional training. Officers should also devote time to a professional reading program to broaden both their clinical skills and warfighting perspective. Other objectives should be obtaining a doctoral degree in social work or an additional master's degree in a related field and compete for White House and Congressional Fellowships.

Desired Branch Experience: N/A.

Rank: Lieutenant colonel

Education: Upon promotion to LTC, pursue attaining MEL 1 by attending Senior Service College or completing the U.S. Army War College Distance Education Course.

Assignments: Many social workers at the LTC level serve in key staff positions at DA, OTSG/MEDCOM, USUHS and WRAIR. Others serve in medical brigades, and medical centers assigned as Chiefs, Department of Behavioral Health, Chief, Mental Health Services United States Disciplinary Barracks (USDB). LTC's may also be considered for senior staff positions at MEDCoE for either the Army Master of Social Work Program or Department of Behavioral Health Sciences.

Professional Development: The majority of Allied Sciences MSC LTCs and COLs should concentrate on seeking out and performing well in critical staff positions at MACOM, Army, Joint, and DoD levels or in a departmental leadership position.

Self-Development: LTCs benefit by having an advanced degree and also gain an advantage by being selected for and attending a Senior Service College or completing the U.S. Army War College Distance Education Course (MEL 1).

Desired Branch Experience: LTCs enhance their consideration for promotion by having a successful senior staff assignment.

Rank: Colonel.

Education: Attendance at a Senior Service College or completion of U.S. Army War College Distance Education Course (MEL 1) is advantageous and selective. Except through an established resident program such as the Army War College (AWC), the Industrial College of the Armed Forces (ICAF), and similar senior service courses, completion of the non-resident course is the only other means by which an Army Officer can receive credit for Senior Service College training (MEL 1). The Senior Service College selection board is responsible for selection of all active duty officers for participation in the U.S. Army War College Distance Education Course.

Assignments: N/A

Professional Development: N/A

Self-Development: N/A

Desired Branch Experience: Generally officers will be assigned duties in strategic positions within their MFA/AOC. Some social workers may be assigned to positions at DoD, OCLL, DA, and MEDCOM and

MEDCoE. The ultimate experience is selection to serve as the Social Work Consultant to The Surgeon General.

(b) AOC 73B—Clinical Psychology.

1. *Description of duties.* Applies psychological principles, theories, methods, and techniques through direct patient services, consultation, education, and research in problems of human effectiveness, adjustment, and emotional disturbance in medical and other settings. Concerned with investigations, evaluations, and amelioration of mental and behavior disorders; prevention of mental illness; promotion of effective mental health.

2. *Description of positions.* Positions requiring this AOC include: Clinical Psychology Consultant, OTSG; Clinical Psychology Consultant, DRU, ACOM, ASCC; Chief, Clinical Psychology Service, MEDCEN; Director of Training, Psychology Internship/Fellowship Program; Chief, Clinical Psychology Service, MEDDAC; Staff Psychologist, Clinical Psychology Service; Combat Stress Control Detachment/ Company Psychologist; Division Psychologist; Operational Psychologist. Officers should also seek out broadening assignment opportunities in a Security Forces Assistance Brigade (SFAB).

3. *Qualifications.* Must possess a PhD or PsyD in clinical psychology or counseling psychology, from an American Psychological Association (APA) accredited program. Must have completed a one year APA accredited clinical psychology internship or its equivalent. Professional qualifications for unrestricted practice must be met.

4. *Licensure/certification requirements.* Must have a current, valid, and unrestricted license to independently practice psychology in the United States, U.S. Territories, or the District of Columbia. For Clinical Psychology Internship Program (CPIP) graduates, there are two possible licensing pathways. All CPIP graduates will obtain a license within 18 months after completion of all requirements for a doctoral degree. During this time period, these CPIP graduates will not have favorable personnel actions suspended because they are unlicensed. Direct accession clinical psychologists must possess a current, valid, and unrestricted license upon commissioning.

5. *Restrictions.* For use by AMEDD officers within MFA 73.

6. *Unique education/training opportunities.* Aeromedical Psychology Short Course, Behavioral Science Consultation Team Course and the Combat Casualty Care Course (C4). Postdoctoral fellowships include neuropsychology, child/pediatric psychology, health psychology, forensic psychology, trauma treatment and health care delivery. Another strategic training opportunity includes Program Management Acquisition Internships (PMAIP), with opportunities identified in Long Term Health Education and Training (LTHET) MILPER messages.

7. *Skills.* Professional level 9A is a skill enhancing the unique capabilities of MFA 73. Instructor qualification 5K, BSCT qualification 8B, SERE Psychologist M6 and Aeromedical Psychologist qualification N7 are also skills which enhance AOC 73B.

(c) AOC 67E00—Pharmacy.

(1) *Description of duties.* Plans, implements, directs, executes, and evaluates pharmaceutical activities in TOE/TDA organizations, both CONUS and OCONUS. Duties include clinical and consultative pharmacy, and pharmacy service administration and operations.

(2) *Description of positions.* Positions requiring this AOC include: Pharmacy Consultant, OTSG; Chief, Pharmacy Service; OIC, Pharmacy Section; Staff Pharmacist; Senior Staff Positions at USAMRMC; AMEDD C&S HRCoE; and other DoD and DHA staff positions. Officers should also seek out broadening assignment opportunities in a Security Forces Assistance Brigade (SFAB).

(3) *Qualifications.* Must be a graduate of an accredited school of pharmacy, possess a current license to practice pharmacy in the United States, U.S. Territories, or the District of Columbia, and be a graduate of the AMEDD BOLC. Must have successfully completed the AMEDD CCC and ILE to hold executive positions at the LTC and COL levels.

(4) *Licensure/certification requirements.* Required to be licensed as outlined in qualifications.

(5) *Unique education/training opportunities.* Opportunities include Postgraduate Year One (PGY1) and Postgraduate Year 2 (PGY2) pharmacy residency programs in Pharmacy, Health-System Pharmacy Administration, Managed Care Pharmacy, Oncology Pharmacy, Pharmacoeconomics and Outcomes Research, Pharmacy Informatics, and other Specialized Areas of Pharmacy Practice as available. The residencies are accredited by the American Society of Health-System Pharmacists. Also available are the

AMEDD Pharmacy Operations Course, Basic Health Care Administrators Course and TWI Program opportunities with organizations such as the Institute for Safe Medication Practices, the American Pharmacists Association, the American Society of Health-System Pharmacists, the Joint Commission and other professional associations. Fellowship opportunities are also available in Pharmacoeconomics/Outcomes and other areas when available. One week short courses on hematology/oncology pharmacy are also offered annually. In addition, master's and doctoral degrees in Health Care Administration, Business Administration, Pharmacy, Epidemiology, Hospital Pharmacy Administration, Pharmacoeconomics and Clinical Pharmacy are also available. Other military courses, such as Combat Casualty Care Course (C4), are also available. Another strategic training opportunity includes Program Management Acquisition Internships (PMAIP), with opportunities identified in Long Term Health Education and Training (LTHET) MILPER messages.

d. AOC 67F00—Optometry.

(1) *Description of duties.* Serves as an independent primary health care provider, in various fixed and field medical organizations. Optometrists examine, diagnose, treat, and manage diseases, injuries, and disorders of the visual system, the eye, and associated structures as well as identify related systemic conditions affecting the eye. They prescribe medications, low vision rehabilitation, vision therapy, spectacle lenses, contact lenses, and perform certain surgical procedures. They counsel their patients regarding surgical and non-surgical options that meet their visual needs related to their occupations, avocations, and lifestyle. Duties include consultation in such areas as vision conservation, refractive surgery, combat eye protection, vision readiness, and occupational and aviation visual requirements. The wartime mission also includes the initial diagnosis and management of eye injuries on the battlefield. Duties are performed in TOE/TDA organizations, both CONUS and OCONUS.

(2) *Description of positions.* Positions requiring this AOC include: Optometry Consultant, OTSG; Chief, Optometry Program Manager; Regional Optometry Consultant, Chief, Optometry Service/Department; Staff Optometrist; Optical Laboratory Officer; Optometry Research and Developer; Instructor, US Army Medical Center of Excellence; Consultant, Medical Command (Deployment Support) Clinical Services; Commander and Executive Officer, Medical Detachment (Optometry); Vision Conservation Officer. Officers should also seek out broadening assignment opportunities in a Security Forces Assistance Brigade (SFAB).

(3) *Qualifications.* Must be a graduate of an accredited school of optometry acceptable to TSG, possess a current license to practice optometry in the United States, U.S. Territories, or the District of Columbia, and be a graduate of the AMEDD BOLC. Professional qualifications for unrestricted practice must be met. Must have successfully completed the AMEDD CCC to hold executive positions at the LTC level, and must have successfully completed ILE to hold executive positions at the COL level.

(4) *Licensure/certification requirements.* Licensed Optometrist. Board Certification and Fellowship in the American Academy of Optometry is highly encouraged but not mandatory.

(5) *Unique education/training opportunities.* Training opportunities include the Combat Casualty Care Course (C4), Federal Service Optometry Symposium Short Course and clinical residencies in family practice, primary eye care, and neuro-rehabilitation. Master's and doctoral degree programs include School of Choice (Master of Public Health (MPH), MBA, MHA), the Army Baylor Program (MBA/MHA), Combined MBA or MHA/Residency Programs and PhD in physiological optics or vision sciences. Another strategic training opportunity includes Program Management Acquisition Internships (PMAIP), with opportunities identified in Long Term Health Education and Training (LTHET) MILPER messages.

e. AOC 67G00—Podiatry.

(1) *Description of duties.* Doctors of podiatric medicine (DPM) provide comprehensive medical and surgical management of disorders of the foot and ankle. This includes examination, diagnosis, medical and surgical treatment, prevention, and care of conditions/functions of the foot and related structures. Podiatric surgeons are members of the surgery service.

(2) *Description of positions.* Positions requiring this AOC include: Podiatric Consultant, OTSG; Chief, Podiatry Service; Podiatrist. Officers should also seek out broadening assignment opportunities in a Security Forces Assistance Brigade (SFAB).

(3) *Qualifications.* Podiatric surgeons will have a DPM degree (4-year DPM degree) from an accredited college or university of podiatric medicine acceptable to TSG. Podiatric surgeons with residency

graduation date after 1 July 2011 must have successfully completed a 3-year podiatric medicine and surgical residency in accordance with Council on Podiatric Medical Education guidelines. The podiatry consultant to TSG must approve any exceptions. Professional qualifications for unrestricted practice must be met. Must have graduated from the AMEDD BOLC, CCC to hold executive positions at the LTC level, and must have successfully completed the ILE to hold executive positions at the COL level.

(4) *Licensure/certification requirements.* Requirements include: successful completion of Podiatry National Boards, Parts I and II; current state license from any state including Puerto Rico; a valid podiatric residency certificate and a doctor of podiatric medicine degree from any of the nine colleges of podiatric medicine. Board certification is not required, but strongly encouraged: American Board of Foot and Ankle Surgery or American Board of Podiatric Medicine.

(5) *Unique education/training opportunities.* Combat Casualty Care Course (C4); Orthopedic Pathology Course; Combat Extremity Surgery Course; Microvascular Course; AO Osteosynthesis Course; U.S. Army Podiatric Surgery Residencies; M2C3; BCLS/ACLS. Another strategic training opportunity includes Program Management Acquisition Internships (PMAIP), with opportunities identified in Long Term Health Education and Training (LTHET) MILPER messages.

(6) *67G Unique Skills.* Besides the skill sets outlined in figure 1, 67Gs are expected to have developed the following skill sets at the following levels:

- (a) *CPT-MAJ:* 9B proficiency level for Board Certification
- (b) *LTC-COL:* 9A proficiency level

5. Branch Immaterial positions (67A, 67B, 67C, 67D). IM positions are available to company and field grade officers in the Administrative Health Services, Medical Allied Sciences, Preventive Medicine Sciences, and Behavioral Health Sciences MFAs to fill key positions. The positions are available in addition to specific authorizations for each AOC. Officers retain their AOCs while serving in IM positions. IM positions require an MFA, but no specific AOC; therefore, several officers in one MFA with different AOCs may be eligible for the same IM positions.

6. Medical Service Corps warrant officer career/leadership development

Purpose. Optimizes readiness, accountability, safety, and security of all medical devices and medical device systems providing prognostic, diagnostic, and therapeutic care in support of the Military Health System in garrison and deployed. The Health Services Maintenance Technician serves as the only DoD multifunctional specialty trained officer focused on total life cycle management to enhance mission readiness, reliability, maintainability, supportability and supportability strategies, quality assurance/control, logistical support, and cybersecurity of all medical devices and medical device systems focused on life/patient safety and clinical care. Supervises the technical and tactical performance of a myriad of enlisted logistics MOSs with primary focus towards Biomedical Equipment Repair Technicians or Biomedical Engineering Service Technicians. Leader in technical analysis and the procurement process of medical devices and medical device systems serving as a technical consultant to commanders and DoD health care staff.

a. *Functions.* The Health Services Maintenance Technician provides in-depth technical, tactical, and leadership skills in life cycle, sustainment, and logistics management of medical devices and medical device systems focused on life/patient safety and clinical care at all aspects of unified land operations from the deployed to non-deployed health care platforms and serve as the Joint command, control, and medical device and medical device systems integrators. The Health Services Maintenance Technician's responsibility include-

(1) Forecast, develop, plan, and execute the acquisition and readiness sustainment of medical devices and medical device systems to ensure compliance with all Food and Drug Agency, DoD, and Army regulatory and command maintenance objectives. Uses industry guideline for certification to maintain safe medical devices and medical device systems (AAMI, ECRI, META, CCE, GUID) documented sustainment.

(2) Continuously monitors FDA and manufacturer networks for life/patient safety industry recalls, alerts, upgrades, and modification requirements or investigations in support of medical devices and medical device network systems. Communicates and coordinates medical device and medical device

remediation requirements documentation in the master medical device or system equipment record.

(3) Integrate clinical user and medical devices on the Medical Community of Interest (COI) network. Encompass all aspects of planning, designing, installing, operating, maintaining, managing, securing and defending medical devices and medical device networks to include IEHR links, medical devices, and other components of medical device networks.

(4) Document all interactions, modifications, and patient safety incidents pertaining to medical devices and medical device systems.

(5) Integrate tactical, strategic and sustaining medical device communications, patient biometric information processing and management systems into a seamless global information grid that provides authoritative clinical patient data to the IEHR for Army, joint and coalition operations.

(6) Plan, develop, train, or facilitate training programs for multiple logistics MOS's and clinical staff in the proper care and operator maintenance of medical devices and medical device systems. Ensures proper documentation is recorded for user/operator and sustainer training requirements.

(7) Coordinate with contracting, procurement, and materiel acquisition programs, and manage the development of training/supportability packages and sustainment contracts to ensure Army personnel are prepared to operate and sustain new systems prior to fielding to the deployed and non-deployed health care platforms in the DoD Health Care System.

(8) Ensure the Enlisted MOS 68A is professionally and technically developed to sustain, train, and perform sustainment management functions as an integral part of the Medical Logistics sustainment team.

(9) Oversee the TWI Program that provide training in industry procedures and practices not readily available through military service schools or civilian education. The TWI Program provides warrant officers and enlisted personnel with vital knowledge, experience, and perspective in management and operational techniques to the deployed and non-deployed health care platforms in the DoD Health Care System. The TWI Program provides the trainee an opportunity to grapple with real problems inherent to the health care business environment. Currently, these programs are concentrated in the areas of procurement, logistics management, low density medical devices and medical device systems.

c. Unique knowledge and skills of a Health Services Maintenance Technician. Health Services Maintenance Technicians are adaptive technical experts, logisticians, leaders, trainers, and advisors. Through progressive levels of expertise obtained during enlisted and officer assignments, training, and education, they plan, administer, manage, sustain, operate, integrate and secure a myriad of medical device and medical device system to provide secure biometric prognostic, diagnostic, and therapeutic information services to all echelons in support of the full range of Army, Joint, combined, and coalition operations. MSC warrant officers are integrators of emerging technologies, dynamic teachers, Warfighters, and leaders of specialized teams of Soldiers enabling surgeons, nurses, and clinical staff to provide prognostic, diagnostic, and therapeutic live saving medical care.

e. Military training. Health Services Maintenance Technicians are professionally developed through a variety of assignments and training opportunities. Each warrant officer should strive to achieve the professional development described within. Achieving these professional development objectives ensures that each Health Services Maintenance Technician is fully qualified. Outstanding performance is the key to success in all duties. A technically and tactically proficient warrant officer who has gained knowledge, respect, and professional credentials is essential to ensuring safe, quality patient care.

(1) *Preappointment training.* Preappointment training consists of the Warrant Officer Candidate School (WOCS) and two WOBCs. The 6-week WOCS emphasizes leadership and professional development for entry into the warrant officer system. This phase of training culminates with an appointment as a warrant officer contingent upon completion of WOBC training within two years. WOBC training consists of a resident course, the Health Services Maintenance Technician Course, conducted at the MEDCoE. This training prepares warrant officer for assignments as a Health Services Maintenance Technician. Other military training which enhances professional development at this level includes the Battalion Maintenance Officer Course.

(2) *Warrant Officer professional development.* DA Pam 600-3 further outlines the Commissioned Officer Professional Development and outlines the Warrant Officer Education System.

(3) *Unique education/training opportunities.* Opportunities include various medical device and device systems sustainment and management refresher courses. LTHET School of Choice master's degree programs in Clinical Biomedical Engineering, Business Administration/Technology Management,

Health Care Administration from the Army Baylor program, and programs available in the same disciplines at baccalaureate level; U.S. Army Medical Materiel Agency Medical Logistics Management and Health Facility Planning Agency. In addition to the unique education/training opportunities listed, all warrant officers should strive to achieve professional certification in one of the following areas relevant to medical equipment and technology management: Certified Biomedical Equipment Technician (CBET), Certified Radiology Equipment Specialists (CRES), Certified Laboratory Equipment Specialists (CLES), Project Management Professional (PMP), Program Management Professional (PMP), Lean Six Sigma (LSS), Certified Health Care Technology Manager (CHTM), Certified Quality Systems Manager (CQSM), American Society for Health Care Engineering (ASHE), Acquisition Certification Level I/II/III and Clinical Engineer (CE).

f. Military occupational specialty qualification and development.

(1) *Accessions level qualification.* Must have completed the DoD Biomedical Equipment Course (MOS 68A-Army/4A2xx-AF/HM8478-Navy) and hold the MOS for four years or have a combine military and civilian equivalent experience. Must have an accredited associate's degree in Engineering Technology, Business and/or Management acceptable by TSG.

(2) *Basic Company Grade MOS qualification.* Graduate of WOCS must be certified by the proponent by graduating the AMEDD WOBC and completing the Medical Logistics Management Course (MLMC). For ARNG and USAR, WO1's must graduate the AMEDD WOBC within two years of appointment and MLMC within four years.

(3) *Advanced Company Grade MOS qualification.* Prior to promotion to CW3, Health Services Maintenance Technicians must successfully complete the 670A Warrant Officer Advanced Course (WOAC) consisting of: AMEDD CCC Phase 1 (non-resident), Phase 2 (resident at AMEDD CCC), Phase 3 (670A Technical Track) and hold an accredited baccalaureate degree in engineering technology, business and/or management acceptable by TSG and attend WOAC. All CW2s are eligible to attend WOAC regardless of TIG. CW2s assigned to CW3 positions should attend their MOS WOAC prior to assignment. The ARNG CW2 must attend the WOAC before being eligible for promotion to CW3. CW2s through CW4 may be selected for fully funded advanced civilian schooling or the TWI Program in an MOS related discipline.

(4) *Field Grade MOS qualification.* All RA and USAR CW3s are eligible to attend Warrant Officer Intermediate Level Education (WOILE) regardless of TIG. Warrant officers must attend WOILE prior to the CW4 promotion board to be considered fully qualified. CW3s assigned to CW4 positions will attend WOILE prior to, but not later than two years after their assignment. The ARNG requires three years' time in grade as a W-3 to attend WOILE. The ARNG and USAR CW3s must attend WOILE before being eligible for promotion to CW4. Warrant officers must attend WOILE prior to attending the Warrant Officer Senior Staff Course.

(5) *Senior Field Grade MOS qualification.* All CW4s are eligible to attend WOSSC regardless of TIG. Warrant officers will attend their WOSSC prior to their CW5 zone promotion board to be considered fully qualified. CW4s assigned to CW5 positions will attend WOSSC prior to assignment, but not later than two years after their assignment. The ARNG and USAR CW4s must attend the WOSSC before being eligible for promotion to CW5. CW5s must hold an accredited master's degree in Engineering Technology, Business, and/or Management acceptable by TSG within four years after promotion.

(6) *Professional development.* MSC warrant officers are adaptive technical experts, logisticians, leaders, trainers, and advisors. Through progressive levels of expertise development utilizing training, experience (assignments) and education, the MSC warrant officers provide the total life cycle management to enhance mission readiness, reliability, maintainability, supportability and supportability strategies, quality assurance/control, logistical support, and cybersecurity of all medical devices and medical device systems to all echelons in support of the full range of Army, Joint, combined, and coalition operations. MSC warrant officers are integrators of emerging technologies, dynamic teachers, Warfighters, and leaders of specialized teams of Soldiers enabling surgeons, nurses, and clinical staff to provide prognostic, diagnostic, and therapeutic lifesaving medical care. Throughout their career, MSC warrant officers should continue their self-development, to include the pursuit of a specialty-related graduate degree and/or advanced industry certification programs (PMP, CE, CHTM, LSS). The following are the professional development goals for MSC warrant officers:

(1) Continuing education.

(a) Complete a minimum of 80 hours of MOS related continuing education credits a year. Continuing education credit means one contact hour of training.

(b) Complete an associate's degree in a MOS related degree program and/or a MOS related certification program to be competitive for promotion to CW3.

(c) Complete a baccalaureate degree in a MOS related degree program and/or an advanced certification program to be competitive for promotion to CW4.

(d) Complete a graduate degree in a MOS related degree program and/or a second advanced certification program to be competitive for promotion to CW5.

(2) MOS 670A WO1/CW2.

(a) WO1/CW2s are basic company grade level, tactical, and technical experts who should expect to serve in company and small readiness health care platform-level positions.

(b) The focus during this phase is on acquiring and refining technical, tactical, administrative, and leadership skills, as well as the MOS unique technical skills required to plan, procure, install, forecast, administer, manage, sustain, operate, integrate net worthiness and cybersecurity, service, secure, and troubleshoot medical device and medical device systems, services, contracts, warranties, business case/root cause analysis, and the supervision and training of associated Joint military, civilian, and contracted personnel. In addition to MOS-unique tasks, Health Services Maintenance Technicians should also become proficient in common core tasks.

(c) Typical assignments include:

1. Chief, Clinical Engineering (Equipment Management Branch) small readiness platforms.
2. Unit Maintenance Officer.
3. Medical Device Planner, Health Facilities Planning Agency.
4. Platoon Leader/Maintenance Officer.
5. Forward Sustainment Team Chief, 6th MLMC.
6. AMEDD Test Board Clinical Engineering Advisor.
7. DoD BMET School, METC Curriculum Developer/Instructor

(3) MOS 670A CW3.

(a) CW3s are field grade level, tactical, and technical experts who should expect to serve in Battalion/Divisional and medium/large readiness health care platform-level positions. *The* focus during this phase is on providing leader development, mentorship, advice, and counsel to NCOs, warrant officers, branch officers and advising commanders on medical device and medical device systems technical and warrant officer issues. Continued refinement of technical, tactical, administrative, and leadership skills, as well as the MOS unique technical skills required to plan, procure, install, forecast, administer, manage, sustain, operate, integrate net worthiness and cybersecurity, service, secure, and troubleshoot medical device and medical device systems, services, contracts, warranties, business case/root cause analysis, and the supervision and training of associated Joint military, civilian, and contracted personnel at the division and medium/large readiness health care platform-level positions. In addition to MOS unique tasks, Health Services Maintenance Technicians should also become familiar in common core tasks and familiar with general Army organizational roles, functions, and missions.

(b) Typical assignments include:

1. Chief, Clinical Engineering (Equipment Management Branch) medium/large readiness platforms.
2. Battalion Maintenance Officer, Multifunctional Medical Battalion.
3. TAC Officer, WOCC
4. Division/Joint/Combined Staff Maintenance/Logistics Officer.
5. DoD BMET School, METC Curriculum Developer/Instructor Team Chief.
6. Clinical Engineering Combat Developer.
7. Clinical Engineering Warrant Officer, DLA
8. Forward Sustainment Team Chief, 6th MLMC.
9. Chief, Maintenance Depot Operations, USAMMA
10. Medical Device Planner, Health Facilities Planning Agency.

11. Special assignments.

(4) MOS 670A CW4.

(a) CW4s are advanced field grade level, tactical, and technical experts who should expect to serve in brigade/corps/echelons above corps level positions and Medical Center readiness health care platform-level positions.

(b) The focus during this phase is providing leader development, mentorship, advice, and counsel to NCOs, warrant officers, and branch officers. CW4s have special mentorship responsibilities for other warrant officers and provide essential advice to commanders on medical device and medical device system technical, patient safety, net worthiness and cybersecurity and warrant officer issues. CW4s should continue acquiring and refining advanced technical, tactical, administrative, and leadership skills, as well as the MOS unique technical skills required to plan, procure, install, forecast, administer, manage, sustain, operate, integrate, service, integrate net worthiness and cybersecurity, and troubleshoot medical device and medical device systems, services, contracts, warranties, business case/root cause analysis, and the supervision and training of associated Joint military, civilian, and contracted personnel at the brigade/corps/echelons above corps level positions and Medical Center readiness health care platform-level positions. In addition to MOS unique tasks, Health Services Maintenance Technicians should also become proficient in common core tasks and familiar with general Army organizational roles, functions, missions, and functions and missions at the ACOM staff levels to include the force management processes.

(c) Typical assignments include:

1. Chief, Clinical Engineering, MEDCEN.
2. Senior Medical Brigade Maintenance Officer/CCWO.
3. Program Director DoD BMET School, METC.
4. Chief, Clinical Engineering, Division/corps/Joint/combined/corps staff.
5. Clinical Engineering Advisor, ACOM/ASCC/DRU (FORSCOM, CASCOM, USASOC)
6. Logistics Informatics Enterprise Analyst, OTSG
7. Deputy Chief, Clinical Engineering/G4(M), OTSG/U.S. Army Medical Command
8. Program Director/Instructor, MEDCoE Warrant Officer Development
9. Chief, Clinical Engineering Regional Commands
10. Chief, Clinical Engineering Division, 6th MLMC

(5) MOS 670A CW5.

(a) CW5s are senior field grade master-level, tactical and technical experts who serve in strategic supervisory, advisory, staff, logistics and nominative MOS non-specific positions in DRU and higher commands, Service school, CASCOM, Defense Health Agency, Army staff or separate DoD agencies. CW5s may serve in positions that are MOS non-specific. CW5s at this level should provide leader development, mentorship, advice, and counsel to NCOs, warrant officers, and branch officers in support of a globally responsive and regionally engaged Army. CW5s should become familiar with the constitutional, statutory, and regulatory basis for the force projection Army and the capabilities that are sustained through management of doctrinal, organizational, and materiel change. He/she should become familiar with Army organizational roles, functions and missions, especially at the ACOM/ASCC/DRU and Army secretariat/staff levels; and with the force management processes, from the determination of force requirements through the resourcing of requirements and the assessment of their utilization in order to accomplish Army functions and missions in a Joint/combined environment.

(b) MOS 670A assignment include:

1. Senior Clinical Engineering Officer Consultant, OTSG/AMEDD CCWO.
2. Senior Clinical Engineering Officer Advisor/CCWO, DHA.
3. Senior Clinical Engineering Officer/G4(M), OTSG/U.S. Army Medical Command
4. Director, AMEDD National Maintenance Program.
5. Senior Warrant Officer Advisors.
6. CCWO immaterial.

(c) CW5 670A, desired experience. A minimum of 14 years' experience through progressive levels of education, Army and civilian, and assignments covering combinations of deployable and non-deployable readiness platforms, Medical Brigades, MEDCEN, and senior AMEDD staff positions.

(d) CW5. Capstone achievement for all MOSs. Once a warrant officer has reached the pinnacle grade, they should strive to obtain training and assignments that will give them the additional skills necessary to become premier technical experts. This training and assignments are often outside of normal MSC positions, and are nominative or JIIM in nature. Lifelong learning, supported by both civilian and military education, provides critical opportunities to develop both Joint and expeditionary competencies. Flexible time lines enable warrant officers to serve longer in developmental assignments ensuring warrant officers have adequate time to gain skills and experience and also support unit readiness, patient safety, and overall effectiveness of the health system.

(e) *Life cycle model*. See figure 24.

(f) *Skills*. Skills enhancing the unique capabilities of MOS 670A include: 6P, Master Fitness Trainer; 9M, Technical Intelligence Technician; M1, Deployable CAT Scan Repairer; 9I, Facility Planner; 6B, General Safety (ARNG only).

(g) *Professional affiliations, organizations, and associations*. These include: Association for the Advancement of Medical Instrumentation; Society of Biomedical Equipment Technicians; American Society of Hospital Engineers; Biomedical Engineering Society; and International Certification Commission for Clinical Engineering and Biomedical Technology.

7. Reserve Component officers

RC officer development objectives and qualifications parallel those planned for their Regular Army counterparts. Accession grade into the RC is determined IAW DoDI 6000.13. All RC MSC officers should strive for institutional training, operational assignments and self-development that yield the same officer developmental opportunities as their Regular Army counterparts.

8. Corps life cycle models

See figures 2 through 24 for AC life cycle models and figures 25 through 26 for RC life cycle model

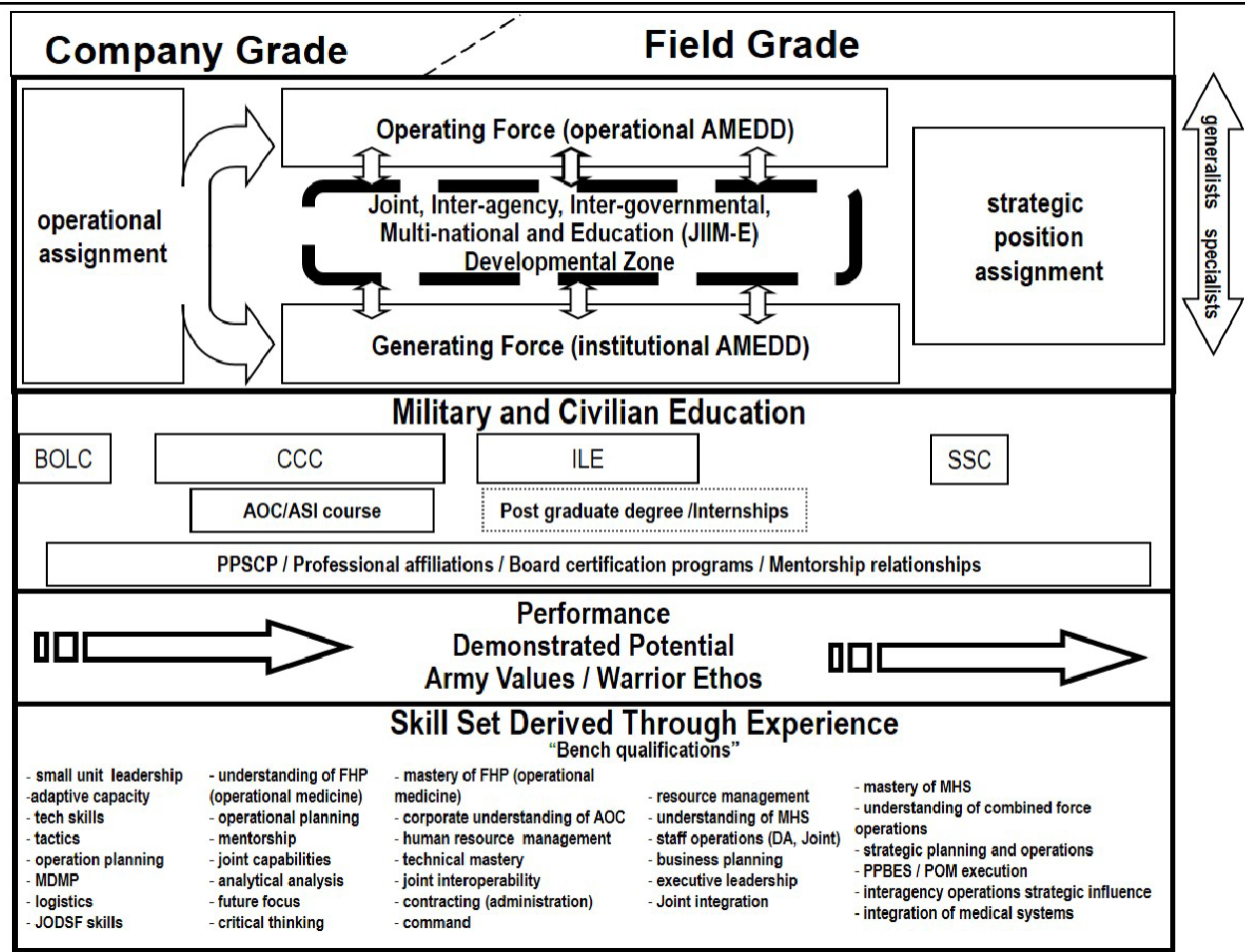


Figure 1. Medical Service Corps career map

YEARS	0	3	8	10
Rank	2LT	1LT	CPT	
Institutional Domain	B O L C		AMEDD CCC / CLC3	
Skill Development	<p>Skill Qualification Courses (Airborne / Ranger / Air Assault / Pathfinder)</p> <p>Expert Field Medical Badge (EFMB)</p> <p>AOC Short Courses (70E / 70F / 70H / 70K / Basic Healthcare Admin Course)</p> <p>Additional Duty Schools: (NBC Officer / Arms Room Officer / Motor Pool Officer / EO)</p> <p>JIIME (Joint, Interagency, Intergovernmental, Multinational Education)</p>			
Operational Domain	Developmental Assignments			
	Operational Assignments (BCT, MMB, CSH)		Mix of Operating & Generating Force Assignments	
			AOC Transition	
	<ul style="list-style-type: none"> - *Platoon Leader - BN Staff - Support Operations - Company XO <p>*Key leadership developmental assignments</p>	<ul style="list-style-type: none"> - *Platoon Leader - Company XO - BMSO - BN Staff - Support Operations - Aide de Camp 	<ul style="list-style-type: none"> - *Company Command - BN/BDE Staff (S1, S3, S4, S6) - Support Operations - AMEDD Recruiter - Clinic Administrator / XO - Assistant Chief HR / PAD / OPS / LOG / IMD 	<ul style="list-style-type: none"> - Observer / Controller - Instructor - AC / RC Trainer - Aide-de-camp - Internships - MSC Chief Special staff - AMEDD Comptroller - Army Staff - Joint Staff
Professional Civilian Education				Graduate Degree / LTHET Professional Certifications
Self Development Domain	Professional Reading & Writing Program / Online Learning			

Figure 2. 70B Health Services Administration life cycle development and utilization

Years	8	10	20	30
Rank	CPT	MAJ	LTC	COL
Institutional Domain	CCC	ILE	SSC	
Skill Development		- Training with industry - Postgraduate studies	- AMEDD executive skills	- Interagency Institute for Healthcare Execs - Medical Strategic Leadership Program
Operational Domain	AOC transition			
	Developmental and Utilization Assignments			
Operational Domain	Mix of Operational and Generating Force Assignments			
	<ul style="list-style-type: none"> - Company Command* - Healthcare Administrator (HCA) MEDDAC/MEDCEN - Clinic XO 	<ul style="list-style-type: none"> -HCA: OTSG / MEDDAC / MEDCEN - Chief CSD: MEDDAC / MEDCEN - DCA: MEDDAC* - XO: MEDCEN - Primary BN/BDE Staff - AMEDD/MACOM/DA/DOD Staff - Chief, Managed Care: MEDDAC/MEDCEN - Staff: TRO, TMA - Clinic Commander* - Army Baylor faculty 	<ul style="list-style-type: none"> - DCA*: MEDCEN - Senior Staff: MEDCOM / OTSG / DA / DOD/TMA - Commander*: MEDDAC/MEDCEN 	<ul style="list-style-type: none"> - Army Baylor director*
*Key leadership development positions			PhD: Faculty, O-5 CSL Command, Director/Dean	
Self Development Domain	Army Baylor Program/MHA Program			
	Professional Certifications			
		PhD (LTHET)		
	Professional Reading and Writing Program / Online Learning			

Figure 3. 70A Health Care Administration life cycle development and utilization

Years	8	10	20	30	
Rank	CPT		MAJ	LTC	COL
Institutional Domain	CCC		ILE	SSC	
Skill Development	Comptroller Internship		"A" proficiency designator		
	DoD FM Certification (Level 1-3)				
	Acquisition Certification, Level I through III				
	Projection Management Course and Certification				
	Fellowships: Congressional, CFO Leadership, OSD Comptroller, OSD Cost Assessment and Program Evaluation				
	Training with Industry				
Operational Domain	AOC transition		Developmental and utilization assignments		
	Mix of operational and generating force assignments				
	<ul style="list-style-type: none"> - Company Command* - Chief, RMD for a MEDDAC or Research Lab - TO&E Comptroller / ACSRM - Chief, Budget for a MEDCEN - Branch immaterial: Executive Assistant/Aide de Camp 	<ul style="list-style-type: none"> - Chief, Resource Management MEDDAC or Research Lab - TO&E Comptroller/ ACSRM - Deputy Comptroller, MEDCEN - HQDA Staff Officer - MEDCOM Staff Officer - Congressional Action Officer/Liaison - XO, WRAIR - Branch immaterial: BN XO, CDR, Army Staff, DCA, Aide/EA 	<ul style="list-style-type: none"> - Chief, Resource Management, MEDCEN or Research Lab -Deputy RM, RMC - TO&E G8 - HQDA/ MEDCOM Staff Officer - Chief, TRO Business - Congressional Action Officer/ Liaison - Branch immaterial: CDR, DCA, VA Liaison, EA 	<ul style="list-style-type: none"> - Chief, RMD, RHC or MRMC - ACSRM, MEDCOM/OTSG* - Senior Staff: MEDCOM, OTSG, HQDA, DOD - Chief, Program and Budget, MEDCOM - Branch immaterial: CDR, Chief of Staff 	
*Key leadership development positions					
Self Development Domain	Master's degree (LTHET) - business, data analytics, accounting, legislative affairs, healthcare policy		PhD		
	Professional certifications: CDFM-A, FACHE, CHFP, FHFMA				
	Professional Reading and Writing Program, Online Learning				

Figure 4. 70C Health Services Comptroller life cycle development and utilization

Years	8	10	20	30	
Rank	CPT		MAJ	LTC	COL
Institutional Domain	CCC SCCC	CGSOC/ILE		SSC/Fellowships	
Skill Development	Medical Info Management Course				
	IT acquisition training and certification – level I		IT acquisition training and certification – level II	IT acquisition training and certification – level III	
	PMAIP, Cyber Internship		Training with Industry		
	7E-53A Course				
	DODD 8570 information assurance workforce training requirements and certifications, such as IA manager levels I, II, III, or HIPAA				
Continuing education and certification in the CIO competencies (the "Clinger-Cohen competencies") and other statutory requirements					
Operational Domain	AOC transition		Developmental and Utilization Assignments		
	Mix of Operational and Generating Force Assignments				
	<ul style="list-style-type: none"> - Company Command¹ - IMO MEDCEN, MEDDAC, MED R&D, AMEDDC&S - HISO MEDCOM (DS), MED BDE, CSH - S-6 MMB, MLMC, TAML 	<ul style="list-style-type: none"> - Chief, IMD / CIO MEDDAC, MEDCEN MEDDAC, MED R&D, LAB - S-6 MED BDE, CSH - HISO, MEDCOM (DS) - COCOM / Army / JTF Surgeon Staff - IM Staff Officer USA MEDCOM / OTSG - Combat Developer - Asst .Program Manager - Professor for Baylor MHA / MBA - XO BN¹ 	<ul style="list-style-type: none"> - CTO RMC - Chief, IMD / CIO MEDCEN - G-6 MEDCOM (DS) -COCOM / Army / JTF Surgeon Staff - IM Staff Officer USA MEDCOM, OTSG, MHS - PM Army - Commander BN/Clinic - DCA MEDDAC 	<ul style="list-style-type: none"> - AMEDD CIO - CIO RMC, MSC - CDR USAMITC / AMEDD CTO - IM staff officer USA MEDCOM, OTSG, MHS - PM Army / Joint - Commander BDE/MEDDAC - DCA MEDDAC, MEDCEN 	
¹ Key leadership development positions					
**key certifications	Graduate Degree – Master's and Doctoral				
Self Development Domain	Professional Certifications (such as certified healthcare CIO, Fed CIO, DOD CIO)**				
	Professional affiliations, industry trends, trade journals, conferences				

Figure 5. 70D Health Information Technology life cycle development and utilization

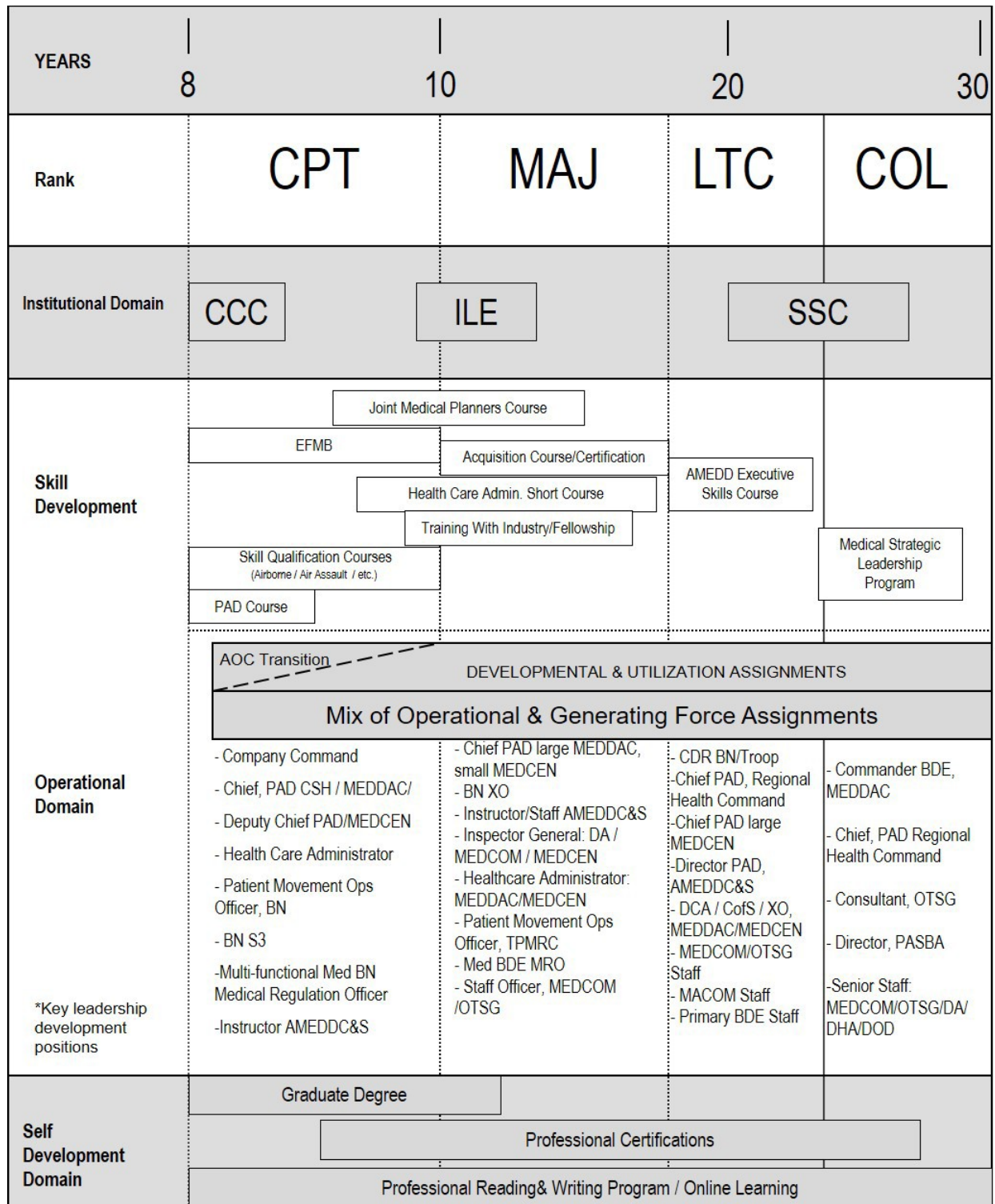


Figure 6. 70E Patient Administration life cycle development and utilization

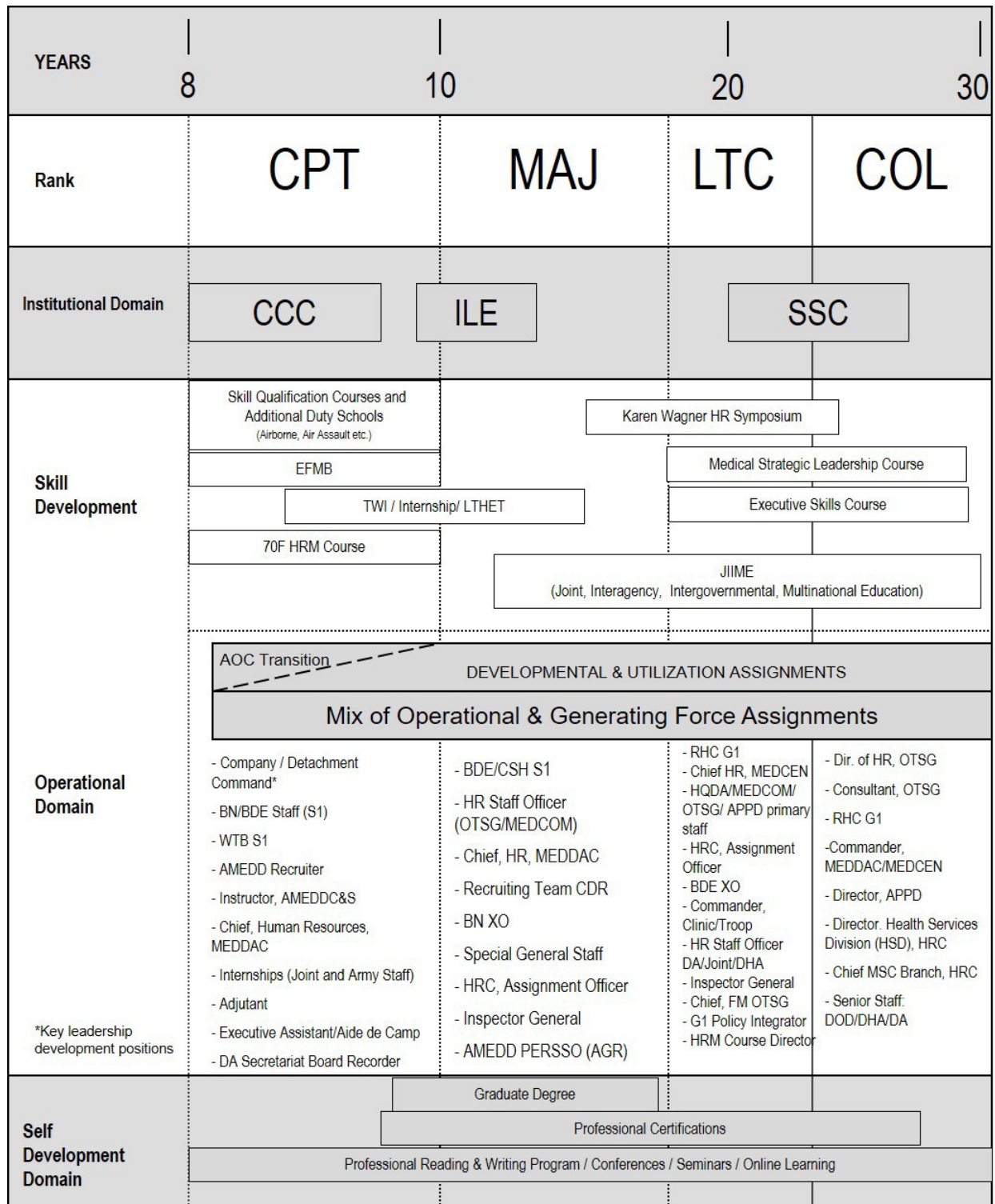


Figure 7. 70F Health Services Human Resources life cycle development and utilization

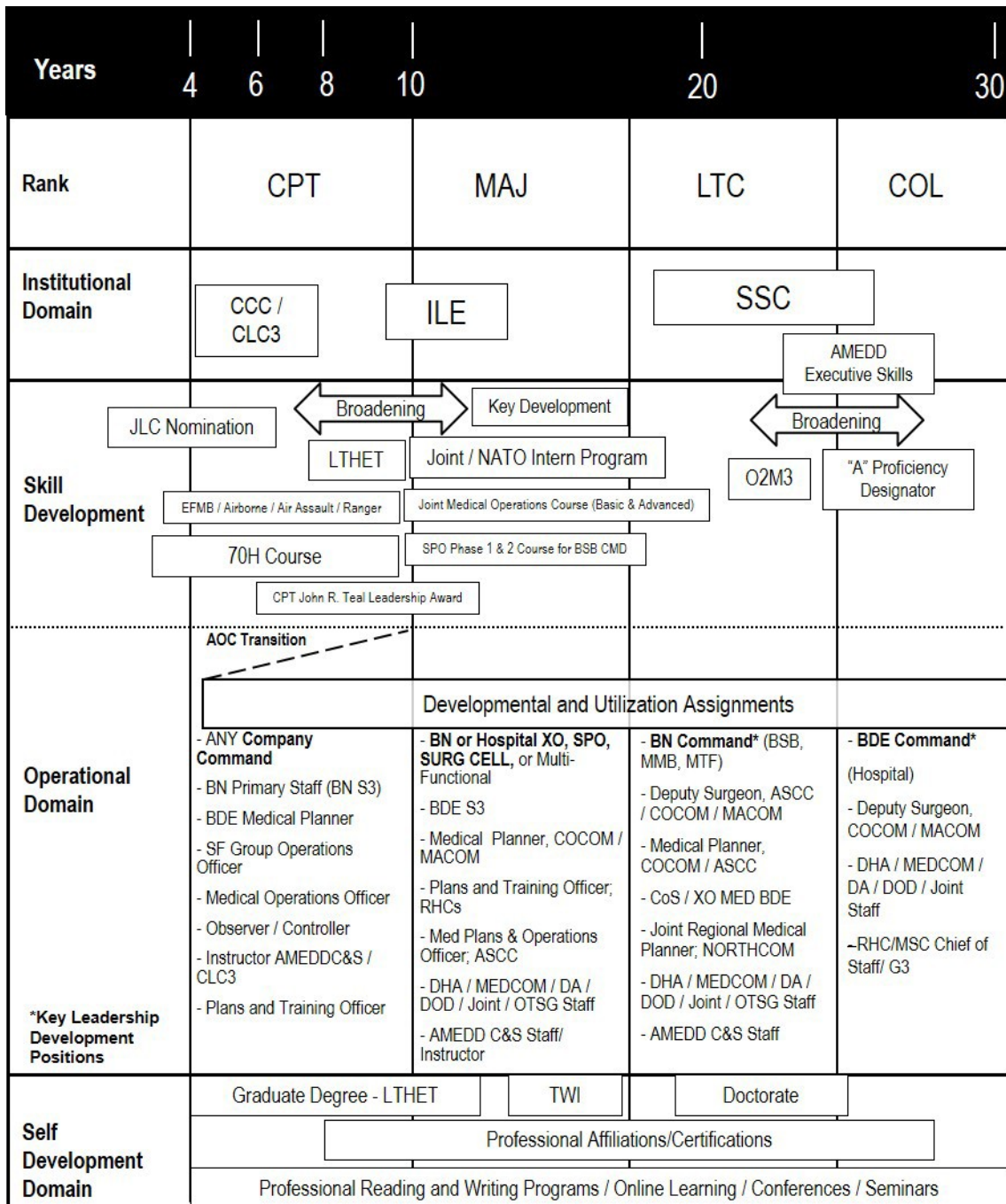


Figure 8. 70H Health Services Plans, Operations, Intelligence, Security and Training life cycle development and utilization

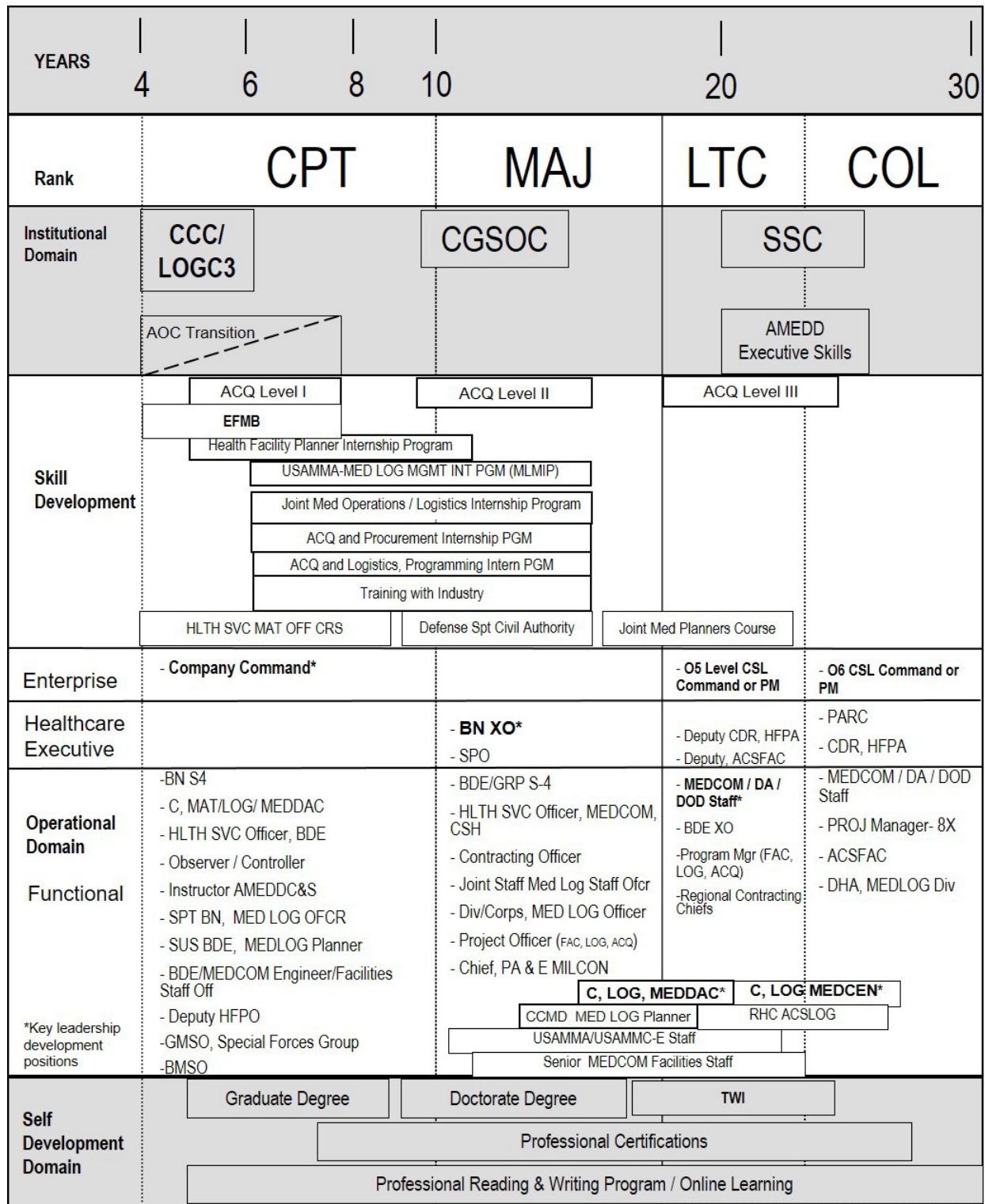


Figure 9. 70K Health Services Materiel Officer life cycle development and utilization

Years	0	10	20	30	
Rank	LT	CPT	MAJ	LTC	COL
Institutional Domain	B O L C Flight School XXI	AMEDD CCC Aviation CCC	ILE	SSC	
Additional Training		EFMB / Airborne/Air Assault		Joint Service Education	
		Secondary AOC no later than 8 th year	12 year gate 96 TOFDC	18 year gate 120 TOFDC 144 TOFDC	
Operational Domain	Developmental and Utilization Assignments				
	Operational Assignments		Mix of Operational and Generating Force Assignments		
	- AA Section Leader*	-AA Platoon Leader* -AA Flight Operations* - Aviation Company Command* -AVN Staff-MEDEVAC Operations* -Secondary AOC -AMEDD Company Command* -AC/RC* -CTC o/c* -AMEDDC&S	-AA Company Command* -CAB/GSAB S-3/XO* -TCM-LIFT (Rucker)* -AVN Staff-MEDEVAC Operations* -Secondary AOC -DA Staff* -DOTD (Rucker)* -Joint Staff - AMEDDC&S	-AMEDD Battalion Command* -GSAB Command* -APM-MEDEVAC* -Secondary AOC -AVN BDE XO (Rucker)* -OTSG* -Joint Staff* -MACOM Staff* -DOTD (Rucker)*	-Level 1 and 2 Command -AMEDD Staff* -Secondary AOC -DA Staff* -Chief, HSSD, J4* -Director MEPD -Dean, USASAM -MACOM Staff -AMEDDC&S
*Key Leadership Development positions					
Self Development Domain	Baccalaureate Degree	Graduate Degree			
			LTHET/TWI		
	Professional Reading Program / Online Learning				

Figure 10. 67J Aeromedical Evacuation life cycle development and utilization

YEARS	0	10	20	25	
RANK	LT/CPT		MAJ	LTC	COL
Institutional Domain	B O L C	CCC	ILE		SSC
Skill Development	Skill Qualification Courses: Airborne, Air Assault, EFMB, etc.				
	LTHET: Ph.D., ABMM Certification, Internships, Clinical Fellowship, Training with Industry				
	Acquisition Certification/ US Army Acquisition Corp membership, ASI (8Z,8X, 8H)				
	Medical Qualification Skills: PROFIS, MCBC, FIBWA, OCID, GCP, GLP				
	Mix of Operational & Generating Force Assignments				
				*Key leadership development positions	
Clinical Leader Development	Regional Joint MEDCEN (BAMC, LRMC, MAMC, TAMC, WRNMMC) - Section Chief MEDCEN (EAMC, WAMC, WBAMC, CDRAMC, Korea) - Micro Chief 1 ST Area Medical Laboratory - Endemic Disease Chief*	Regional Joint MEDCEN (BAMC, LRMC, MAMC, TAMC, WRNMMC) - Dep Micro Chief* MEDCEN (EAMC, WAMC, WBAMC, CDRAMC, Korea) - Micro Chief* 1 ST Area Medical Laboratory - Section Chief*	Regional Joint MEDCEN (BAMC, LRMC, MAMC, TAMC, WRNMMC) -Micro Director* WRAIR/OCONUS Lab - Clinical Trial Coordinator 20 th CBRNE Command - Chief Micro* Pentagon FPA - Chief Micro	Regional Joint MEDCEN (BAMC, LRMC, MAMC, TAMC, WRNMMC) - Micro Director* - Deputy Commander Patient Services 1 st Area Medical Lab - Commander OTSG/MEDCOM Staff	
Research Leader Development	MRMC Lab (WRAIR, USAMRIID, ISR) - Principal Investigator DCI (MAMC, TAMC) - Principal Investigator AFRI -Principal Investigator MRMC OCONUS Lab (Kenya, Thailand, Georgia) - Branch Chief	AMEDDC&S Branch Chief MRMC Lab (WRAIR, USAMRIID, ISR) - Chief of Department * DCI (MAMC, TAMC) - Lab Chief* MRMC OCONUS Lab (Kenya, Thailand, Georgia) - Branch Chief* USAMMDA - Product Manager*	MRMC Laboratory - Division Director* - Dep Div Director* - Chief of Department - CSL Acquisition Director* MRMC HQ - Dep PAAPART USAMMDA - Product/Project Mgr* - Dep Commander Assistant Prof, USMA ASA(ALT) -Dep Dir, Med Sys*	MRMC Laboratory* - Commander - Deputy Commander - Executive Officer - Division Director - OCONUS Lab Dir MRMC HQ* - Director, RAD, MIDRP - Director, CDMRP USAMMDA - Project Manager* OTSG/MEDCOM Staff	
Self Development Domain	Post Graduate Degree (PhD)	Professional Affiliations/Certifications			
	Professional Reading & Writing Program / Online Learning				

Figure 11. 71A Microbiology life cycle development and utilization

Years	0	10	20	30
Rank	LT/CPT	MAJ	LTC	COL
Institutional Domain	B O L C CCC	ILE		SSC
Skill Development	Skill Qualification Courses (Airborne, Air Assault, etc.) EFMB LTHET for Ph.D. Internships/ ESEP/ LTHET Training with Industry Clinical Postdoctoral Fellowship			
Operational Domain	Mix of Operational and Generating Force Assignments			
Key Leadership Development positions	MRMC/MEDCEN - Staff Scientist - Primary/Principal Investigator (PI) - Section Chief DCI Staff Scientist Area Medical Lab (AML) (TO&E) Forensic Laboratory - Section Chief	AMEDDC&S - Chief, Branch* MRMC / PHC lab - Chief, Lab Department* - PI - Program/Product Manager (PM)* - Acquisition Staff - HQ Staff USAMMDA / MCS - Product Manager* - Executive Officer MEDCEN: - Chief, Lab Section* AFMIC - Analyst AML (TO&E) - Forensic Laboratory XO / Deputy CDR*	AMEDDC&S - Chief, Branch MRMC Lab - Deputy CDR - Division/Deputy Division Director* - Chief, Department - PM - Acquisition CDR* / Staff - USAMMDA / MCS/ JSTO Product Manager* MEDCEN - Lab Director* - Chief, Division - Drug Lab CDR*	MRMC lab - CDR - Deputy CDR - Executive Officer - Division Director - Lab Director - Acquisition CDR - Program Area Director MCS - Joint Project Manager MEDCEN - Lab Director - Chief Department AML CDR OTSG Staff AFMES, Deputy Medical Examiner Director, Drug Testing and Program Policy
Self Development Domain	Postgraduate degree (PhD) Level 1	Acquisition Certification Level 2	Level 3	
	Professional Certifications			
	Professional Reading and Writing Program / Online Learning			

Figure 12. 71B Biochemistry life cycle development and utilization

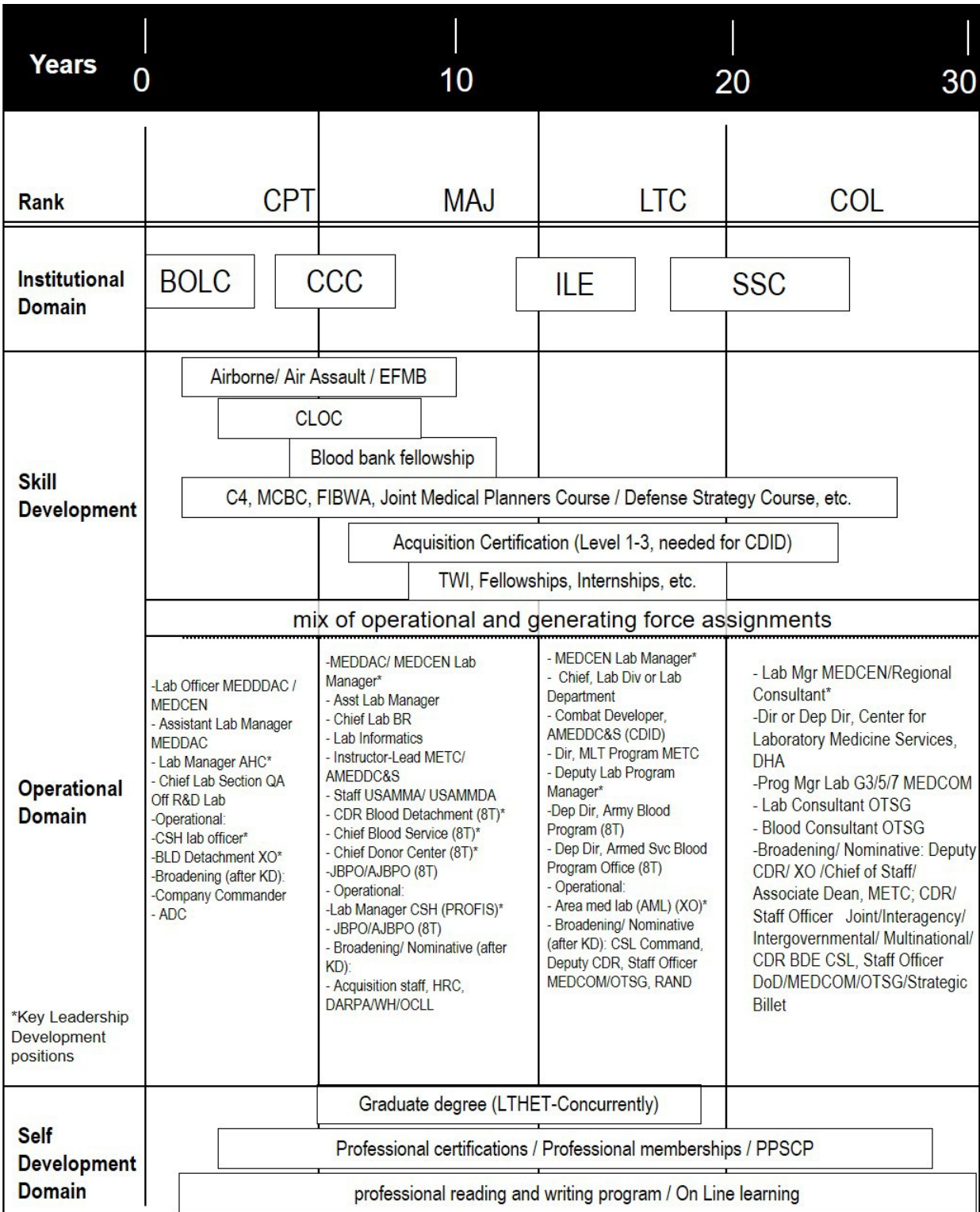


Figure 13. 71E Clinical Laboratory life cycle development and utilization

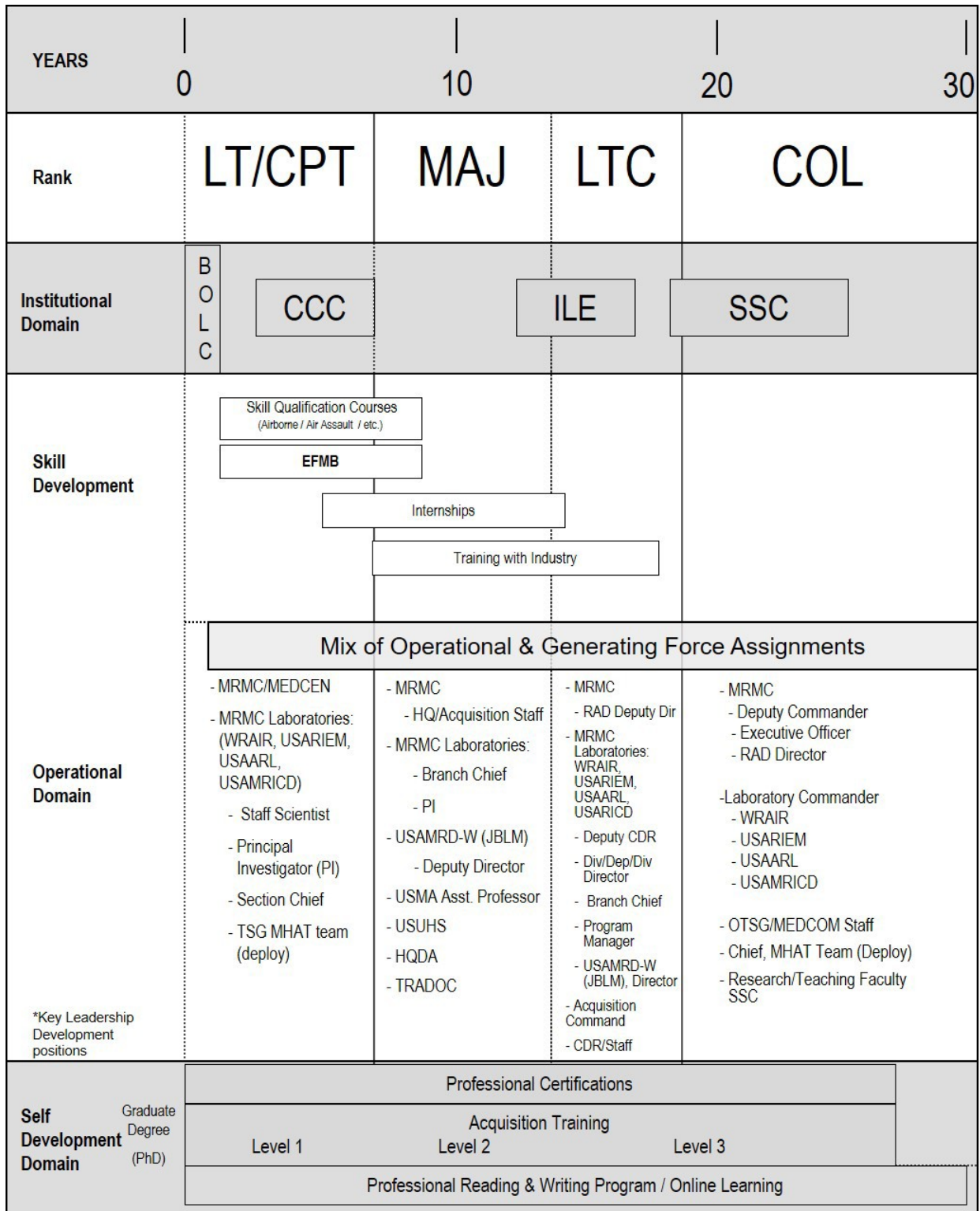


Figure 14. 71F Research Psychology life cycle development and utilization

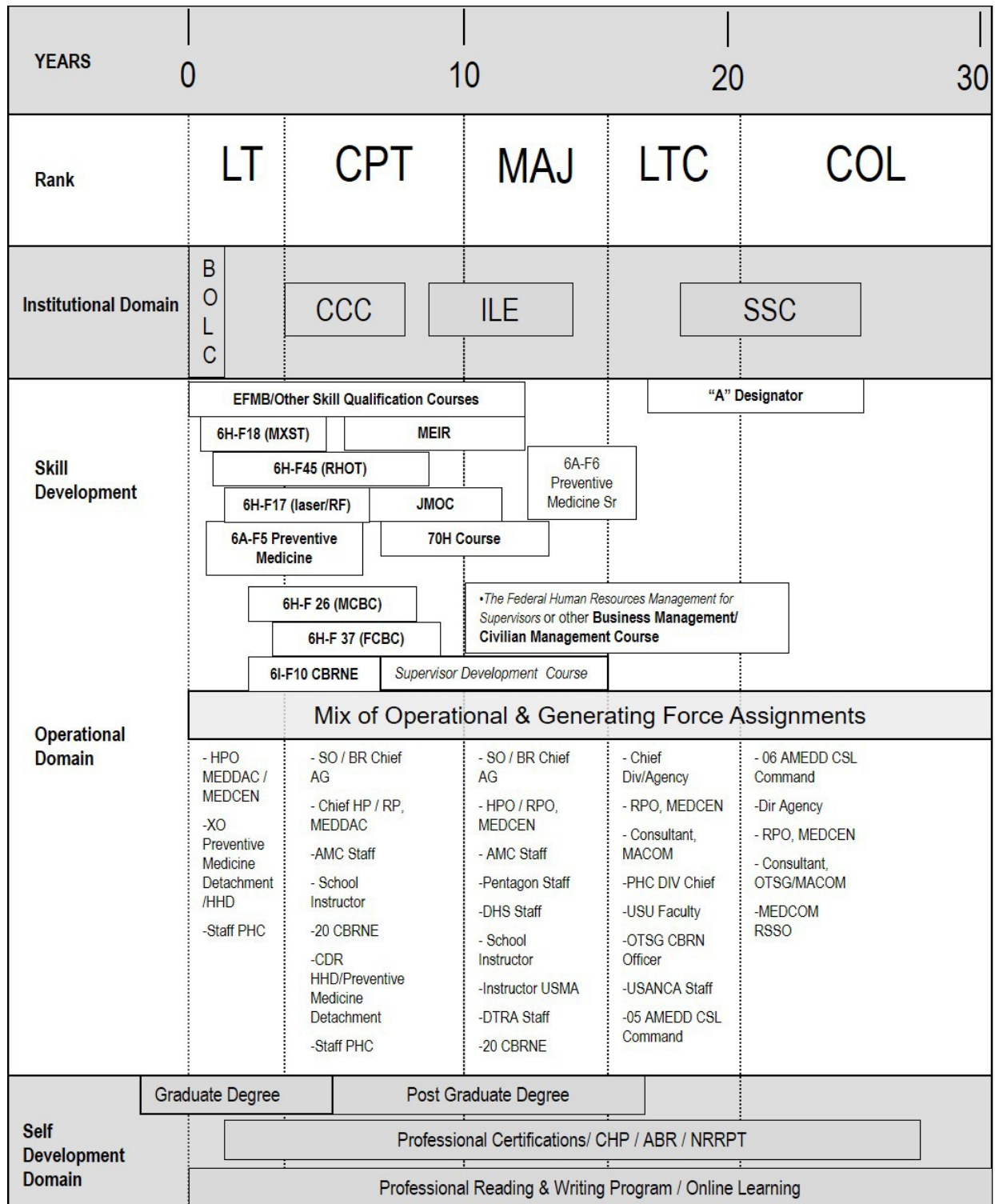


Figure 15. 72A Nuclear Medical Science life cycle development and utilization

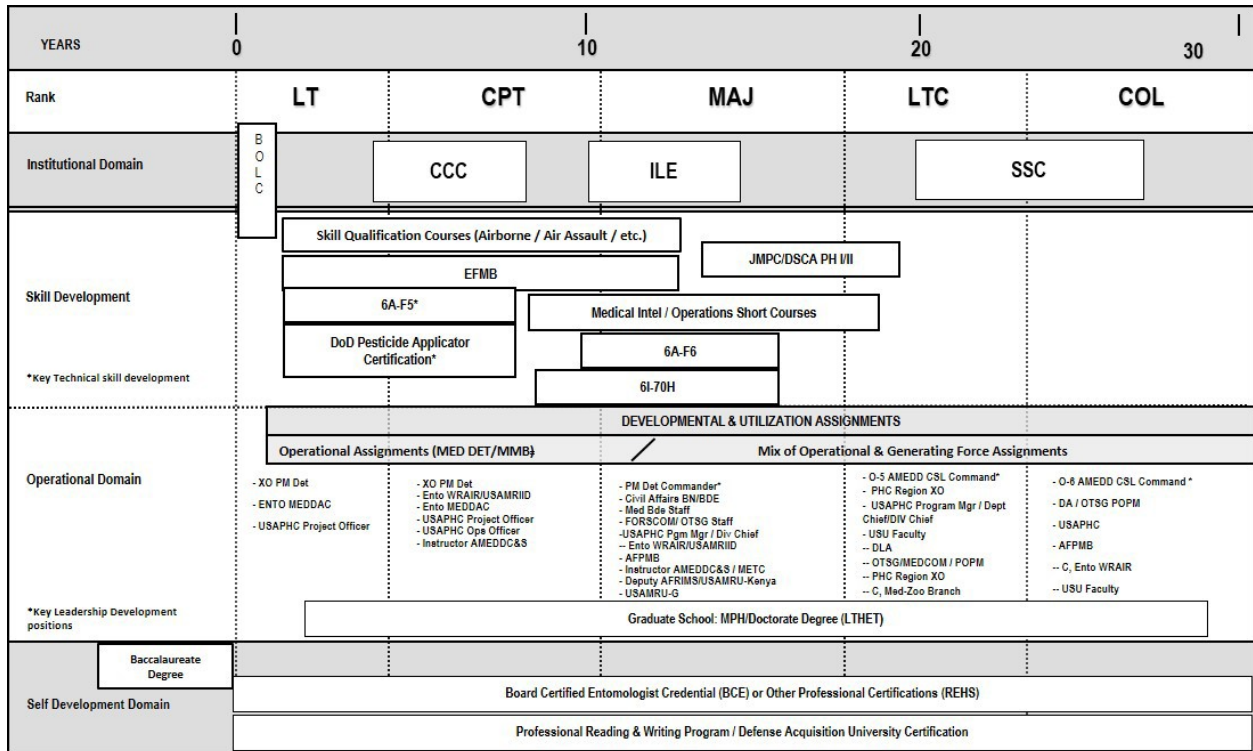


Figure 16. 72B Entomology life cycle development and utilization

YEARS	0	10	20	30	
Rank	LT	CPT	MAJ	LTC	COL
Institutional Domain	BOLC	CCC	ILE	SSC	
Skill Development	Audiology Externship Program ↓ EFMB ↓ Skill Qualification Courses ↓ 6AF5/IH Course		LTHET ↓ 6AF6		
	Mix of Operational & Generating Force Assignments/Developmental and Utilization Assignments				
Operational Domain	-Deputy Director, Army Hearing Program, MEDDAC	-Deputy Director, Army Hearing Program, MEDDAC	-Director, Army Hearing Program/MEDDAC /MEDCEN/OCONUS - AHP Staff Officer, USAPHC -Instructor, METC -Regional Director, Army Hearing Program	-Director, Army Hearing Program/MEDDAC /MEDCEN/OCONUS -Director, USAARL Acoustic Research - Audiology /Hearing Program Consultant, RHC -Army Liaison, DOD Hearing Center of Excellence	-OTSG Staff Officer, Public Health Directorate* - Audiology/Army Hearing Program Consultant to TSG* -Program Manager, Army Hearing Program* -Director, Audiology and Speech Center, WRNMMC* -Senior MSC positions
*Key Leadership Development positions					
Self Development Domain	Graduate Degree	Post Graduate Degree—MPH/PhD		Professional Qualifications (ABA,ASHA/CAOHC-CD, Adjunct Faculty)	
	Professional Reading & Writing Program / Online Learning				

Figure 17. 72C Audiology life cycle development and utilization

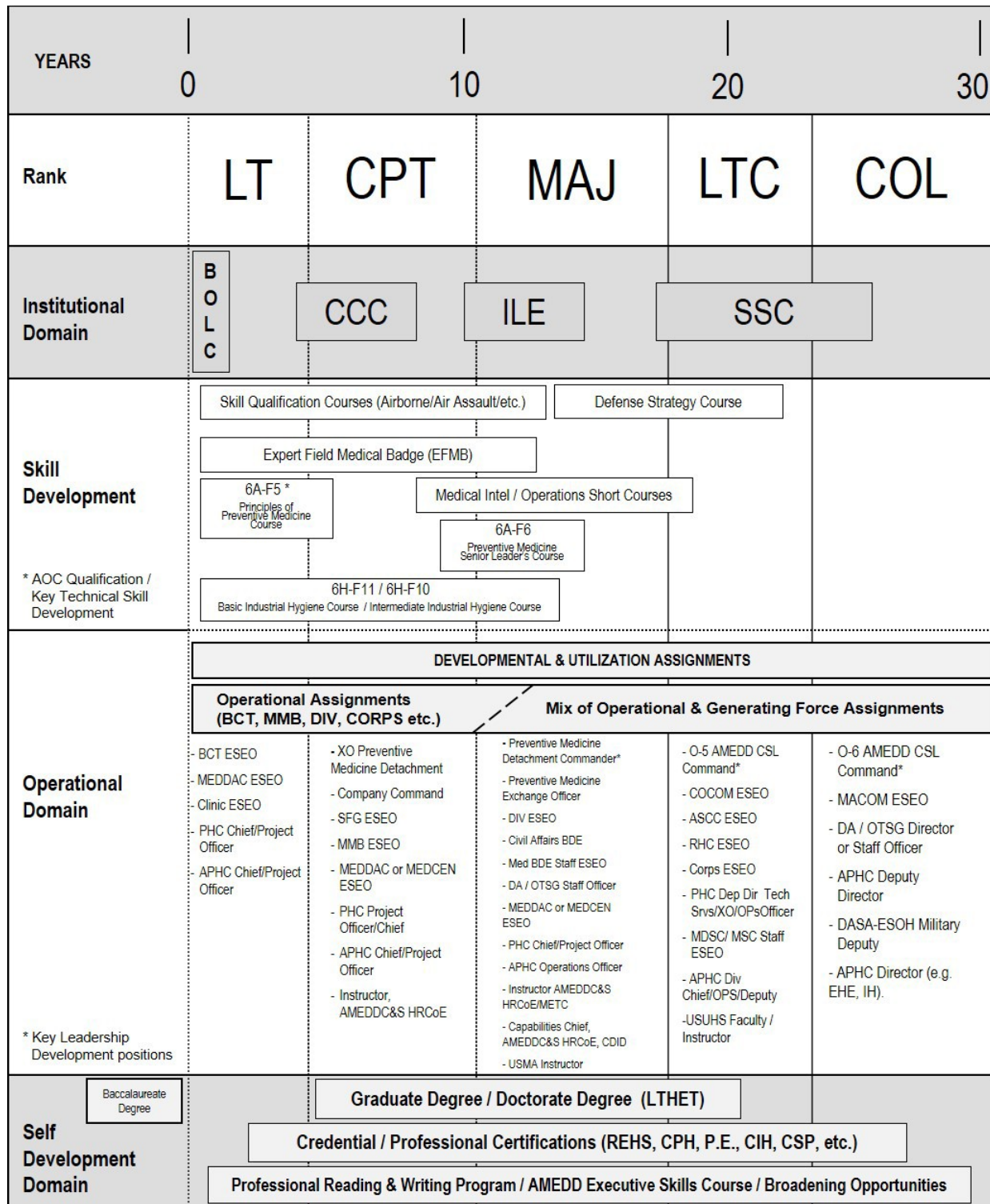


Figure 18. 72D Environmental Science and Engineering life cycle development and utilization

Years	0	10	20	30	
Rank	LT	CPT ~ 7 yrs	MAJ ~ 6 yrs	LTC ~ 5 yrs	COL
Institutional Domain	B O L C	CCC	ILE	SSC	
Skill Development	SWIP	EFMB Specialty Schools (ABN, AASLT, RANGER)			
		Evidenced-Based Practice Courses & AMEDDC&S Functional Courses			
		Broadening: HRC AO, Staff Officer – OTSG, RAND, IG, EO Officer, Instructor, Strat Billet			
	mix of operational and generating force assignments				
Operational Domain		<ul style="list-style-type: none"> - BDE BH Officer - BH Clinic Chief (i.e., EBH, FAP, Multi-D, CAFBHS) - Instructor, AMEDDC&S 68X Branch 	<ul style="list-style-type: none"> - CDR, MED DET (COSC) - C, Dept of BH (MEDDAC) - SWIP Program Director - BH Staff, OTSG/MEDCOM - Instructor, AMEDDC&S 	<ul style="list-style-type: none"> - C, Dep of BH (MEDDAC) - Dep Chief, DBH MEDCEN - BH Director, USA - Disciplinary Barracks. - C, DBHS AMEDDC&S 	<ul style="list-style-type: none"> - C, Dep of BH, MEDCEN - C, OTSG BHSL - DEP CDR - Consultant to OTSG - DOD policy office - ACSIM, FAP - Dir MSW Program - AMEDD Strategic Billet
Graduate degree		LTHET (Ph.D.; Baylor MHA/MBA; Fellowship)			
Self Development Domain	Professional Certifications				
	Professional Reading and Writing Program / Online Learning				

Figure 19. 73A Social Work life cycle development and utilization

Years	0	10	20	30	
Rank		CPT	MAJ	LTC	COL
Institutional Domain	B O L C	CCC	ILE	SSC	
Skill Development		Skill Qualification Courses (Airborne/Air Assault/etc.) EFMB SERE School, Aeromedical Psychology Course			
	C P I P	C P R P	Licensure		
	Mix of Operational and Generating Force Assignments				
Operational Domain	- Staff Psych, MEDCEN - BCT Psych - Special Ops Staff Psych	- CDR, CSC Detachment* - Chief, Special Ops Program* - Internship Director - Residency Director -USAREC Psych - IDPH MEDDAC	-Fellowship Dir. - Faculty, AMEDD C&S -IDPH, MEDCEN OTSG/ MEDCOM staff	- GO Level Command Psychologist -RHC Consultant - Chief, MEDCEN - OTSG Consultant - OTSG/MEDCOM Staff Director	
*Key Leadership Development positions		Broadening Assignments			
Self Development Domain	Graduate degree	Post Doctoral Fellowship			
	Professional Certifications; Board Certifications				
	Continuing Education / Online Learning				

Figure 20. 73B Clinical Psychology life cycle development and utilization

YEARS		0	10	20	30	
RANK		CPT		MAJ	LTC	COL
INSTITUTIONAL DOMAIN		B O L C	CCC	ILE	SSC	
SKILL DEVELOPMENT			ASI Courses Airborne – 5P, Air Assault – 2B, Instructor – 5K, Acquisition – 8X Skill Qualification Courses Nuclear & Hem-Onc Orient Crs, Pharmacy Operations Crs MMCBC Crs, Acquisition Training, C4, EFMB	Residency / Fellowship / Advanced Skills/ Additional AOC Courses Residency: Nuclear, Oncology, Informatics, Admin Training With Industry (TWI), ISMP/APhA Fellowship Joint Opns Med Mgrs Crs, Homeland Sec Med Exec Crs, Mil Med Hum Assist Crs, 70K – Hlth Svcs Mat Off Crs, 70H – Hlth Svcs Plns, Opns, Intel, Sec & Tng Crs		
OPERATIONAL DOMAIN		Mix of Operational Force & Generating Force Assignments				
		- Chief, Health Clinic Pharm Section Chief MEDDAC Pharm (Med/Lg) - Chief, MEDDAC Pharmacy (Sm) - Assistant Chief, MEDDAC - USAMMA Staff Officer - Pharmacy Log Officer (USAMMCE, USAMMC-K) - AMEDD C&S Junior Instructor - Division Pharmacy Officer - CSH Pharmacy Officer - MMB Pharmacy Officer - Company Command	- Chief MEDDAC Pharm (Med) - Sect Chief MEDCEN Pharm - Clinical Coordinator - Specialty Pharm (Nuc, Hem-Onc, IT) - USAMMCE/K Liaison - AMEDD C&S Senior Instructor - Chief, CSH Pharmacy - MLMC Pharm Consult - DHA Staff Officer	- Deputy Dir, Service Line, USAMEDCOM - Chief MEDDAC Pharm (Lg) - Asst Chief MEDDCEN Pharm - Deputy Dir, Immunization Health Branch - Deputy Director, PVC - Pharmacy Consultant, USAMMA - Staff Pharm, MRMC - Residency Pgm Director - Corps/CJTF Pharm Consultant - Level 1 Command (05A) - LTC Acquisition Cmd	- Consultant to TSG/ Dir, Pharm Service Line MEDCOM - Regional Health Command Pharmacy Consultant - Chief, MEDCEN Pharmacy - Chief Regulatory Affairs & Research and Protections Office, MRMC - Dir, MEDCOM Medication Safety, CPAD - Deputy Director, DHA - MDSC Pharmacy Consultant - COCOM/Theater Army Surg Sec Pharm Off - Level 1/2 Command (05A) - COL Acquisition Command	
SELF DEVELOPMENT DOMAIN		Graduate Degree Post Graduate Degree (MS, PhD, Baylor MBA/MHA)		PPSCP / Programs / Professional Affiliations / Special Pay / Professional Certification – Board Certification		
		Professional Reading & Writing Program / Online learning / Mentorship Relationships				

Figure 21. 67E Pharmacy life cycle development and utilization

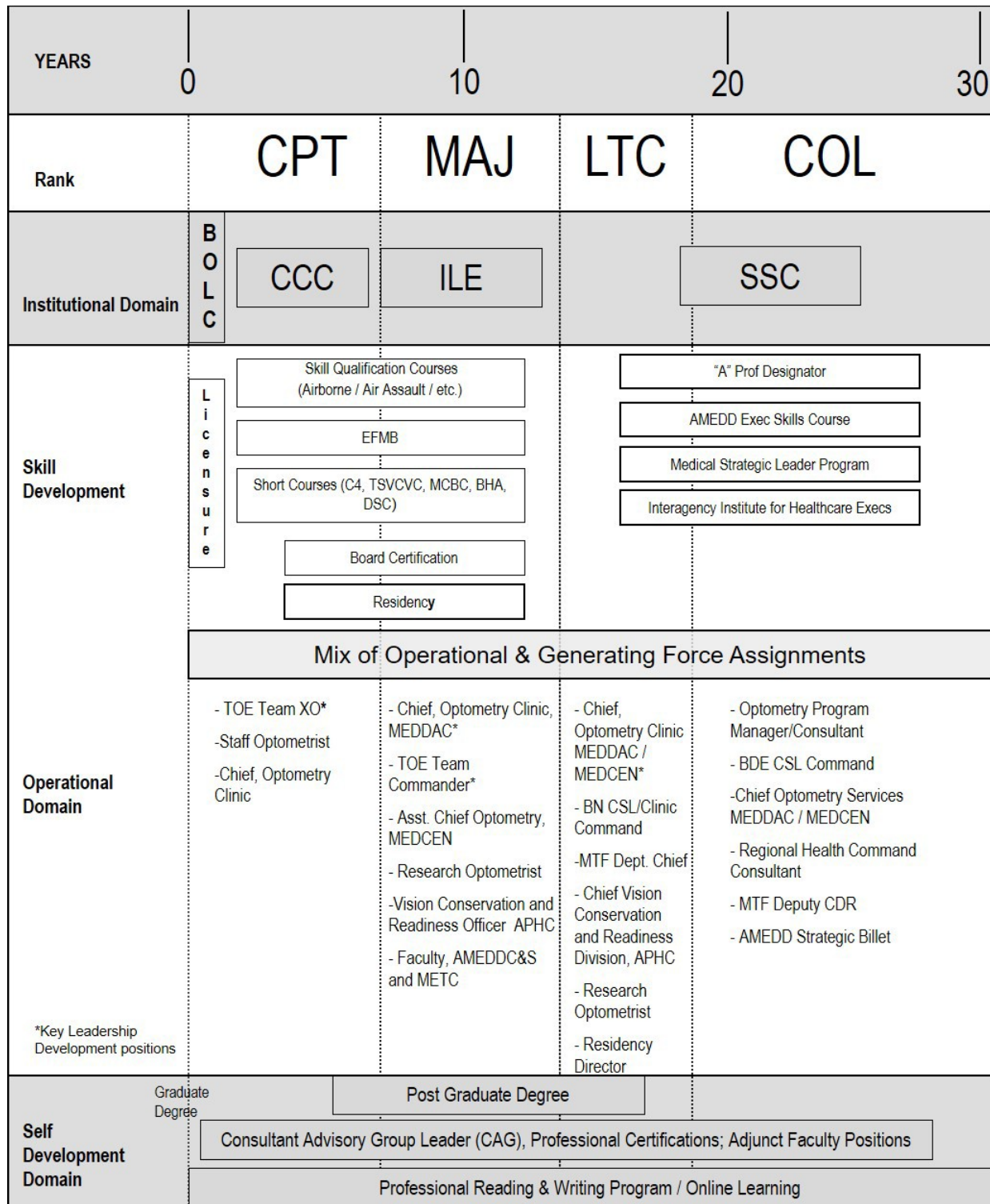


Figure 22. 67F Optometry life cycle development and utilization

Years	0	10	20	30
Rank	CPT	MAJ	LTC	COL
Institutional Domain	B O L C	CCC	ILE	SSC
Skill Development	Residency, (36 months) Licensure after first year of residency	F e l l o w s h i p 1 y r	B a y l o r P r o g r a m	Combat Casualty Care Course (C4) Board Certification EFMB / AIRBORNE/ AIR ASSAULT
Operational Domain	Mix of Operational & Generating Force Assignments			
*Key Leadership Development positions	- POD, MEDDAC / MEDCEN - Chief, POD SVC MEDDAC - Company Command	- Chief, POD MEDDAC --Chief, Department of Surgery MEDDAC (small)	- Chief, POD MEDCEN --Chief, Department of Surgery/Ortho and Rehab MEDDAC (large) MEDCEN - Residency/ Fellowship Director - OTSG Consultant - Commander, MEDDAC	- Chief, POD MEDCEN --Chief, Department of Surgery/Ortho and Rehab - Commander, MEDCEN - RHC / OTSG Consultant
Self Development Domain	Graduate degree	Postgraduate Degree (MBA/MPH)		Professional Certifications / Professional Memberships (ACFAS/APMA)
	Professional Research / Publications / Poster Presentations			

Figure 23. 67G Podiatry life cycle development and utilization

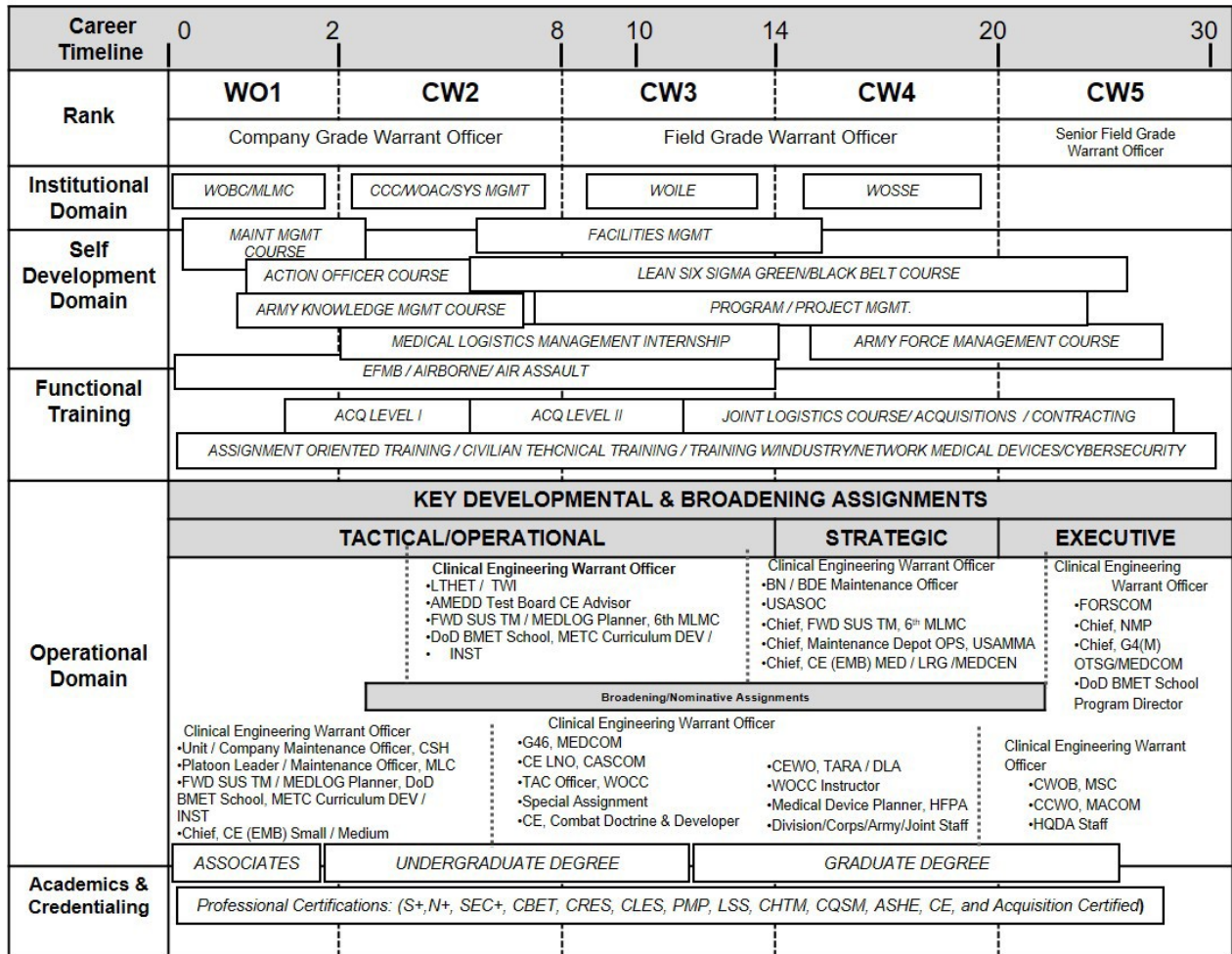


Figure 24. 670A Health Services Maintenance Technician life cycle development and utilization

Years	0	10	20	30		
Rank		LT	CPT	MAJ	LTC	COL
Institutional Domain	B O L C	CCC	ILE (waiver after 17 years)	SSC		
Skill Development		EFMB / Airborne/ Air Assault / Ranger	Medical Functional Areas: 70A, 70C, 70D, 70E, 70F, 70H, 70K	Additional Skill Identifiers Applicable to MFA		
Operational Domain	Developmental & Utilization Assignments		Mix Of Operational And Generating Force Assignments			
Professional Development - Education	- PLT Leader* - XO	- Company Command* - Primary Staff BN/BDE - Instructor, USARF / AMEDD C&S	- HHC Command* - Primary Staff BN/BDE - Instructor, USARF / AMEDD C&S	- BN Command - Advisor	- BDE/GRP Command - Advisor (AGR/IMA) - Consultant	
	*DIMA Positions (USAR only): MEDCOM, RHC, AMEDD C&S, OTSG					
	<ul style="list-style-type: none"> RC National Security Course Defense Strategy Course BDE Healthcare Provider Course 					
*Key Leadership Development positions					Medical Strategic Leadership Program	
Self Development Domain	Baccalaureate Degree	Graduate Degree		Professional Certifications		
	Professional Reading & Writing Program / Online Learning					

Figure 25. Reserve Component (due course officers)

Years	0	10	20	30	
Rank	LT	CPT	MAJ	LTC	COL
Institutional Domain	B O L C	CCC	ILE (waiver after 17 years)	SSC	
Skill Development		EFMB /C4/ ATLS			
		Postgraduate Degree			
		Proficiency Designators: 9A, 9B, 9C Skill Identifiers: M2, M3			
		Post Professional Short Courses/Continuing Medical Education		Executive Skills Course	
Operational Domain		Mix Of Operational And Generating Force Assignments			
		*Mix of TDA / TOE Staff Positions			
		Recruiter, Company Commander		Command	
		*DIMA Positions (USAR only): MEDCOM, RHC, AMEDD C&S, OTSG			
Professional Development - Education			<ul style="list-style-type: none"> RC National Security Course Defense Strategy Course BDE Healthcare Provider Course 		
				Medical Strategic Leadership Program	
Self Development Domain	Graduate degree	Professional Certifications			
		Professional Reading & Writing Program / Online Learning			
		Participation and Leadership in Professional and Educational Organizations			

Figure 26. Reserve Component (non-due course officers)