

Army Nurse Corps

1. Description of the Army Nurse Corps

The Army Nurse Corps (ANC) is a special branch of the Army composed of both Active and Reserve Component commissioned officers. These officers are graduates of accredited baccalaureate, master's, or doctoral degree nursing programs acceptable to the Department of the Army, and hold a current state, District of Columbia, Commonwealth, or Territorial license as a registered nurse and/or an advance practice registered nurse as required by the state issuing the license. These officers must be licensed to practice professional nursing in accordance with the National Council of State Boards of Nursing, National Council Licensure Examination- Registered Nurse/Computerized Adaptive Testing. ANC officers integrate all components of professional nursing: clinical practice, administration, research, and education. Clinical nursing practice is the foundation of Army nursing. ANC officers are responsible for leading, assessing, planning, delivering, managing, operating, controlling, coordinating, and evaluating all facets of nursing practice within every scope of the healthcare mission. ANC officers execute nursing practice in accordance with the standards set forth in the Patient Caring Touch System (PCTS), as it defines what Army nursing believes and values about the profession of nursing. The PCTS delineates the Army nursing professional practice, articulates a capability-building and talent management strategy to ensure the right quantity and quality of Army nurse leaders, and describes how the ANC delivers evidence-based care, to include improving safety and care coordination, in accordance with best standards across care environments. The ANC adheres to the American Nurses' Association (ANA) Standards of Practice and Professional Performance and the ANA's Code of Ethics. The PCTS professional practice model is an evidenced-based nursing framework which standardizes practice and processes in nursing care delivery. It promotes staff satisfaction and retention of nursing staff. The goal is to improve the patient experience of care and emphasize inter-professional collaboration within the healthcare team.

a. *Career development.* ANC career development focuses on the development of a full spectrum leader. A full spectrum leader is an adaptive ANC officer who is a clinical expert and can alter leadership styles to be effective across the horizontal and vertical organizational structures to meet the full spectrum operational mission. Additionally, skill-level 2 Direct Care Professional ANC officers (e.g. Nurse Practitioners, Certified Registered Nurse Anesthetists, and Certified Nurse Midwives) are developed to emphasize preparedness to perform in specific licensed independent provider (LIP) physician clinical and leader roles. Allowed role substitutability (e.g. Flight Surgeon, Family Practice Physician roles, Psychiatrist, or Physician Assistant roles, etc.) ensures overall Army readiness. Career development as depicted in the ANC life cycle model (see figure 2) focuses on formal schooling (military and civilian), professional experience through various assignments, technical proficiency, self-development, and coaching/mentoring and civilian sector acquired skills and training. The ANC supports the development of a full spectrum leader through skill building, personal accountability, self-development, leader succession planning, talent management and management of career expectations, and promoting leader capability standards. Career patterns vary by specialty and are developed with ANC guidance to prepare nurses for nurse-specific as well as immaterial executive roles. To ensure compatibility with the needs of the Army, the Army Medical Department (AMEDD), and the individual nurse, requires the ANC to provide career management that features diversity of managerial, staff and leader assignments in healthcare facilities and command headquarters while maximizing experiences or assignments with operational line units. The MTOE Assigned Personnel or equivalent method is a method to provide operational experience, education and training for ANC officers whose career develops primarily along clinical, administrative, or research areas of emphasis to retain operational skills and relevance.

(1) *Professional military education.* Military education courses facilitate the development of military leadership skills. These courses include the AMEDD Basic Officer Leadership Course (BOLC), and the BG(R) Anna Mae Hays Clinical Nurse Transition Program (CNTP), AMEDD Captain's Career Course (CCC), Intermediate Level Education (ILE) and Senior Service College (SSC).

(2) *Additional training.* Institutional training for ANC officers is anchored in both military education courses (for example, AMEDD BOLC) and professional education programs acquired through the Federal Service, AMEDD, Uniformed Services University of Health Sciences (USUHS), or advanced civilian degree programs (for example, Long Term Health Education and Training (LTHET) for Regular Army officers and the Specialized Training Assistance Program (STRAP) for U.S. Army Reserve (USAR) officers.

(a) *Clinical specialty education.* Formal courses designed to prepare select ANC officers (Active and Reserve Component) to function in a specific clinical nursing Area of Concentration (AOC), or positions requiring a Skill Identifier (SI) are conducted under the auspices of the Army Medical Center of Excellence (MEDCoE) at various AMEDD facilities or through the LTHET program. AOC courses include: Principles of Military Preventive Medicine (Army Public Health Nursing), Psychiatric/Behavioral Health Nursing, Perioperative Nursing, Obstetric and Gynecologic Nursing, Critical Care Nursing, and Emergency Nursing. To be awarded one of the aforementioned specialty AOCs, active component nurses must attend the AOC producing course. AOC producing graduate degree programs include Nurse Anesthetist, Family Nurse Practitioner, Psychiatric/Behavioral Health Nurse Practitioner, and Nurse Midwife programs, of which most have converted to doctorate of nursing practice degree programs. SIs requiring advanced degrees include Informatics, Health Systems Management Analysts (also referred to as Nurse Methods Analyst), Clinical Nurse Specialist, and PhD prepared Nurse Scientists. Active component nurses who obtain an advanced degree on their own may apply for a new AOC or qualifying SI through the ANC Specialty Re-designation process. Additional opportunities are available to USAR officers to develop/enhance their clinical specialty through STRAP. STRAP authorizes training for USAR officers in civilian institutions that support the award of certain AOCs and skills. USAR ANC officers are encouraged to pursue STRAP opportunities and contact Army Human Resources Command (HRC) for current training offerings. Army National Guard (ARNG) officers should contact their state Incentive Manager for current training incentive opportunities.

(b) *Short course programs.* Multiple short courses are available to reinforce professional development and maturation in clinical nursing, and in the mobilization and utilization of resources that contribute to the nursing care and nursing service provided by ANC officers. The Professional Postgraduate Short Course Program (PPSCP) enhances specialized nursing practice and contributes to issue analysis and policy development for the ANC. Examples of PPSCP courses are: Hospital Educators Course, Advanced Anesthesia Nursing Practice Short Course, Army Nurse Senior Leader Course, and the Tri-Service Nursing Research Program (TNSRP) hosted Research and Evidence-Based Practice Dissemination Course. ANC officers also attend courses sponsored by other AMEDD healthcare disciplines or by other federal agencies include but are not limited to the Combat Casualty Care Course (C4), Medical Management of Chemical and Biological Casualties, AMEDD Junior Leader Course, AMEDD Iron Major's Week, the U.S. Army Flight Surgeon Course, Joint Enroute Care Course (JECC), Brigade Healthcare Provider Course, Trauma Nursing Core Course (TNCC), Army Trauma Training Course, Joint Forces Combat Trauma Management Course, Joint Operations Medical Managers Course, the Sexual Assault Medical Forensic Examiner Course, and the Defense Strategy Course.

(c) *Leadership and management development.* Courses for leadership and management development include: Clinical Nurse Officer-In-Charge (CNOIC)/Non-Commissioned Officer-In-Charge (NCOIC) Leader Development Course, Entry Level Executive Nurse Course, AMEDD Executive Skills Course, MedXellence Course, Preventive Medicine Program Management Course, the Interagency Institute for Federal Healthcare Executives, and the Training with Industry (TWI) Program (RAND, Kaiser Permanente, and The Joint Commission).

(d) *Civilian education.* The LTHET program, described in AR 351–3, provides an opportunity for Regular Army ANC officers to attend civilian educational institutions for master's or doctoral degree programs, to include, but not limited to the U.S. Army Baylor University Program in Healthcare Administration, the U.S. Army Graduate Program in Anesthesia Nursing, and the Uniformed Service University for Health Sciences Programs in Anesthesia and Family or Psychiatric/Behavioral Health Nurse Practitioner.

b. *Typical assignments.*

(1) ANC officer operational assignments are designed to be progressive and sequential. There are many types of assignment opportunities available to ANC officers, some of which are identified in figure 2. Assignments are predicated on an officer's abilities, education, previous experiences, and needs of the ANC. Assignments provide the opportunity for officers to demonstrate and apply progressive and integrative levels of clinical, administrative, educational, and research knowledge and skills. There is no specific career track for any of the components of nursing practice. Some assignments may have greater emphasis in one or more components, but the foundation of all assignments is the clinical component. As Army Medicine aligns with the Army Talent Management Strategy, distribution of officers will consider the unique knowledge, skills, and behaviors of each individual officer. Every officer is a professional Soldier and then a leader in their functional area of expertise. In order to execute Army Medicine strategic

priorities, the diverse spectrum of talent must be optimized, to include retention of functional experts whose specialized experience and continued education yields world-class clinicians, academicians, and research scientists. The ability to leverage and retain the depth of diverse talent within the ANC promotes a synergized, learning organization necessary to win in a complex world.

(2) The ANC AOCs, and in some cases the subspecialty SIs, identify the specialties of nursing practice within which the ANC officers typically function. However, all ANC officers possess foundational medical surgical nursing skills and perform core functions inherent to the role of an Army officer. Application of clinical practice, administration, research, education, and officer leadership principles are inherent and must be progressively developed in Army operational assignments throughout an officer's career, from company grade to field grade. The ANC officer who is broadly trained and widely qualified will ensure maximum flexibility for readiness in assignments and utilization. However, functional expert ANC officers are critical to the Army Medicine mission, and are more likely to be broadened within the context of their specialty, rather than completely outside their area of expertise.

c. *Self-development.* The career of an ANC officer requires a lifelong commitment to self-development. Self-development complements advancements and accomplishments gained during formal education and duty assignments. There are three major elements that can contribute to ANC officer self-development: Continuing Education (CE), national certification, and professional organization participation.

(1) *Continuing education.* CE and staff development opportunities are ongoing in every Defense Health Agency (DHA) medical treatment facility and/or Army unit. Specific in-service programs provide orientation and skill training for combat and other contingency casualty care as well as sustaining basic healthcare. CE programs address leadership and management, professional nursing practice issues, current clinical practice advances, staff and patient education principles, and research. Civilian sponsored CE opportunities are also available for Regular Army and RC officers subject to funding availability. Some states require mandatory CE to maintain licensure. ANC officers licensed in these states must comply with this requirement. Regardless of state requirements, all ANC officers are encouraged to achieve 20 contact hours of CE per year. Professional nursing and military literature provide the foundation for specific self-designed reading programs. Duty-related distance learning courses through the AMEDD and Army also provide opportunity for self-development.

(2) *Certification.* Certification by professional nursing organizations is not mandatory for all ANC officers; however, Advanced Practice Nurses, such as Nurse Anesthetists, Family Nurse Practitioners, Psychiatric/Behavioral Health Nurse Practitioners, Nurse Midwives, and Clinical Nurse Specialists do require certification to meet AOC/SI criteria and to practice in those particular specialty areas. Certification for other AOCs is encouraged. Attainment of national certification signifies clinical knowledge excellence and provides an opportunity for ongoing self-development in a particular nursing specialty. Certification in selected professional areas is a prerequisite for board certification pay.

(3) *Professional organizations.* Participation in professional organizations (military and civilian) provides an avenue to increase knowledge of current issues and develop leadership skills that can enhance the ANC officer's ability to contribute to current and future duty assignments. Participation in professional organizations is entirely voluntary, but the value of participation for self-development is recognized.

2. Officer characteristics required

The mission of the ANC is to provide nursing leadership and high quality nursing care that is evidenced based, externally and internally validated, and drives improvements in patient outcomes. The ANC maintains the standards set forth in PCTS which at its most basic level, connects all members of Army Nursing (Active, Reserve, National Guard, civilian RNs, Licensed Practical Nurses (LPNs), medics, and nursing assistants) who have the capacity to improve patient care, to the system's purpose of benefitting all those entrusted to Army Medicine. To meet the readiness mission, the ANC is responsible and accountable for the provision of patient care and the supervision, direction, education and training, evaluation and control of ANC officers, enlisted personnel, and civilians engaged in nursing practice during peacetime, deployment, war, redeployment, humanitarian assistance, nation building, and other contingency operations, in support of the mission of the Army Medical Department and Military Health System. The ANC officer plays a vital role in the development of policies, programs, and operations of healthcare activities.

a. *Core competencies.* The ANC offers a broad spectrum of training and operational assignments to promote and develop expert ANC leaders. In order to execute the broad scope of responsibilities, the ANC officer—

(1) Directs and provides care in all environments: peacetime, deployment, war, redeployment, humanitarian assistance, nation building, and other contingencies.

(2) Utilizes the nursing process to develop plans of care through assessing, diagnosing, planning, implementing, and evaluating care outcomes.

(3) Incorporates a scientific knowledge base, including physiology, pathophysiology and psychosocial effects of disease, illness, health promotion, and combat casualty care.

(4) Develops, applies, and evaluates standards of care, practice, and performance.

(5) Exercises nursing judgment and critical thinking in clinical management and leadership decision making; uses sound ethical and moral basis for decision making.

(6) Initiates emergency care based on professional knowledge, judgment, and skills; ensures a safe patient care environment.

(7) Creates a therapeutic environment for the physiological, psychological, social, cultural and spiritual well-being of patients, families, and healthcare providers; recognizes the disruptive effects of illness and hospitalization on the patient and family; identifies stressors and coping strategies for patients and families.

(8) Promotes respect for patient rights, maintains confidentiality, and provides privacy at all times.

(9) Collaborates and coordinates with other healthcare providers in patient care management, making referrals to other healthcare agencies and disciplines as appropriate; ensures nursing support of the healthcare plan; participates in diagnostic procedures and therapeutic regimens.

(10) Directs and/or participates in utilization management activities, especially in the clinical process of case management (assessing, educating, planning, delivering, and evaluating appropriate direct patient care as necessary) and utilization management with the expectation of improved patient outcomes, access to care, and reducing cost.

(11) Documents nursing care, patient care management, and workload (volume and acuity) data in accordance with regulations and policies.

(12) Initiates, conducts, participates in, and applies evidenced based practice and/or research relevant to nursing practice and patient care.

(13) Participates in the development, implementation, and evaluation of performance/quality improvement, risk management, and utilization management programs.

(14) Educates self, staff, service members, patients, families, and other beneficiaries; provides anticipatory guidance concerning health and healthcare needs.

(15) Promotes wellness and disease and injury prevention among active duty military members, patient's families, colleagues, and subordinates.

(16) Communicates effectively in the military and healthcare environments.

(17) Provides guidance and supervision to professional colleagues and nursing support staff for their professional growth and job satisfaction.

(18) Evaluates self, staff and nursing care comprehensively and without bias.

(19) Participates in professional organization activities; interfaces with and contributes to the local, national, and/or international nursing and healthcare community.

(20) Remains informed of political, military, economic, social, and technological changes that affect the military, nursing and healthcare; participates in evolution of the MHS.

(21) Envisions the future and participates in strategic issue dialogue and resource management/integration at all levels.

b. *Unique officer skills.* The ANC consists of 11 unique nursing specialties or AOCs and seven skill specialties requiring additional training to qualify for the applicable SI. ANC officers receive specialized training and education in these specialties. Prior to and upon completion of an AOC/SI producing course or graduate degree programs, ANC officers have the opportunity to perform a variety of roles in direct patient care, education and training, research, staff development, and operational broadening assignments throughout their career.

c. *Decision making skills.* The nursing process is the cornerstone of professional nursing practice. The five step nursing process includes assessment, diagnosis, planning, implementation and evaluation. The nursing process supports ongoing decision making to ensure optimal patient care outcomes in any setting. For ANC officers, the nursing process, combined with military leadership and decision making

principles, ensures comprehensive and data driven decision making in all clinical and administrative environments. An ability to operate under stress, apply critical thinking skills, make time-sensitive decisions, and translate these skills to battlefield conditions is critical to medical and mission success.

d. *Tactical, technical, and operational skills.* Tactical skills for the ANC officer begins with training offered at BOLC with introduction to Army Warrior Tasks and Battle Drills (AWTB) and Force Health Protection in the contemporary operating environment and continues throughout the ANC career. The Trauma Nursing Core Curriculum (TNCC) course also provides instruction on tactical skills for the trauma environment, and is offered throughout the ANC career. Other tactical training, such as the Medical Management of Chemical and Biological Casualty Course is available to ANC officers to develop skills and foster individual Soldier and medical team readiness. Additionally, these skills are enhanced through various operational assignments, to include FORSCOM assignments and training experience gained with FORSCOM or other operating force (TOE) units. Technical skills are obtained through institutional as well as unit specific training platforms. Operational skills are unique to each particular AOC. Based on the ANC officer's AOC/SI, initial and ongoing Individual Critical Task List (ICTL) training and competencies support skill development and evaluation to ensure a ready medical force. While ANC officers have a generalized career life cycle model (figure 2), each AOC has specific training, operational assignments and self-development opportunities that ensure the officer can perform at advanced levels within the AOC/SI. Tactical, technical and operational skills are all critical to the ability of ANC officers to function as leaders, supervisors, and administrators within the AMEDD and to prepare officers for strategic leadership.

e. *Unique knowledge.* All ANC officers must possess the core competencies to function as a Medical Surgical Nurse, irrespective of their AOC. Expert knowledge of nursing care standards of practice, as well as knowledge of clinical operations in the inpatient and outpatient setting is critical to the ability of ANC officers to perform their roles and functions. ANC officers must possess knowledge of patient assessment, patient triage, patient movement, and patient management in the TOE and TDA environment in order to be effective in ensuring optimal patient outcomes.

f. *Unique attributes.*

(1) *Personal attributes.* ANC 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 competence, training, physical fitness and discipline. They embody the warrior ethos and are well-versed in war fighting and medical/nursing support doctrine. ANC officers are also flexible and adaptable to changing doctrine and care delivery models. They incorporate evidenced based best practices and lessons learned into doctrine development in order to positively affect outcomes for patients and service members.

(2) *Multifunctional attributes.* ANC officers have demonstrated an ability to function effectively in all domains of the healthcare delivery system in the AMEDD and the Military Health System (MHS). Leadership, management, and supervisory abilities are easily translated in any setting which has allowed ANC officers to excel as commanders, advisors, staff officers, health planners and operators. ANC officers utilize these skills in a variety of clinical, administrative, research and operational assignments.

3. Officer professional development

a. Professional development for the ANC officer includes specific training, operational assignments and self-development opportunities at the company and field grade level that produces qualified, highly motivated officers with the professional and leadership attributes to lead at the highest level of responsibility. While clinical education must be satisfied, and varies within the AOC specialties, it is important to integrate operational and deployment education and training of ANC officers at all levels. Each ANC officer, regardless of specialty, should possess the capability to perform 66H medical-surgical nursing skills in the deployed environment. Furthermore, skill-level 2 direct care professional ANC officer capability is maximized in the deployed environment. For example, Nurse Practitioners (per AR 601-142) may deploy as a substitute in Family Medicine Physician (61H) positions or Physician Assistant (65D) positions and Certified Registered Nurse Anesthetists (CRNA) operate independently, all to serve as Physician and Physician Assistant force multipliers. The actual course of an officer's professional development and utilization is influenced by Army requirements, the officer's own abilities and availability, and demonstrated performance. Each officer must seek opportunities that will ensure proficiency within their clinical specialty and develop the leadership skills required to successfully assume positions of increased responsibility. In preparation for COL/LTC and branch immaterial command positions, ANC

officers should attain the 23 healthcare related competencies outlined in the Joint Medical Executive Skills matrix (figure 1).

b. The overall goals for ANC officer professional development are to— facilitate maximum development and utilization of an ANC officer's inherent abilities, aptitudes, acquired skills, and accumulated knowledge; prepare ANC officers to meet the unique requirements of military nursing; develop ANC officers to provide leadership in all positions within the organizational structure; promote and maintain a highly-competent officer corps to ensure nursing practice is efficient, effective, and capable of maximum flexibility to meet any contingency faced by the AMEDD or MHS.

c. ANC officers also have responsibility for their career development. This responsibility can be met by examination and communication of abilities and goals; utilization of each assignment as a constructive learning experience; understanding that the policies and structures of the Army promote assignments of progressive competence, leadership, responsibility, and accountability. Officers entering the ANC with advanced professional education and/or experience will be assigned to permit maximum practice and utilization of professional capability while developing pertinent military competence. Officers must ensure career documents are accurate. Documents include the Officer Record Brief (ORB), Official Military Personnel File (OMPF), Integrated Personnel and Pay System-Army (IPPS-A) file, and DA Form 4213 (Supplemental Data for Army MS Reserve Officer). Officers must also communicate with appropriate staff for professional development (education and assignment) goals and plans. Staff may include: supervisors; Chief, Hospital Education; Chief Nurse; and ANC Branch career manager. Officers express their assignment preferences by communicating preferences to their respective career manager at HRC and the Assignment Interactive Module 2.0 (AIM 2), while simultaneously communicating assignment and training requests through their local chain of Command. AIM 2 is a bridge tool to employ talent management in the officer distribution process until full implementation of IPPS-A.

(1) *Lieutenant/captain.*

(a) *Institutional Domain.* This phase commences upon entry on active duty. The objective of the initial phase is direct nursing and military competency development and is the crucial foundation for progression. Newly commissioned officers attend the AMEDD BOLC. Recent graduates of baccalaureate nursing programs participate in the BG(R) Anna Mae Hays Clinical Nurse Transition Program (CNTP) at their first duty assignment after BOLC (accessed nurses with a specific clinical specialty from civilian nursing experience, but who are new to the military, may also participate in a modified CNTP). Upon completion of the CNTP and when other course prerequisite qualifications are met, officers may apply for selection to attend specific AOC or skill producing courses (tables 1 and 2). If AOC or SI producing courses are not attended, select officers (Reserve component) and direct accession candidates may achieve the classification qualifications in accordance with DA Pam 611–21 to be awarded an AOC or SI. Officers seeking advanced degree specialties can do so in this phase in accordance with ANC application guidelines and board selection for LTHET or through the ANC Specialty Re-designation process. All ANC officers continue their military education by attending the AMEDD CCC. Officers may also be selected to attend or request specific military or leadership training such as the Combat Casualty Care Course (C4), Clinical Nurse OIC/NCOIC Leader Development Course, or other short courses.

(b) *Operational Domain.* Operational assignments predominantly focus on clinical practice in the role of a clinical staff nurse in a TDA or TOE unit. First level managerial skills are developed through the shift/charge nurse role. ANC officers also assume additional duties such as preceptor, unit in–service coordinator, or Unit Practice Council member. Other possible duty positions during this career development phase include: CNOIC at smaller sized MTFs, nurse practitioners, staff officer roles such as a ROTC Brigade Nurse Counselor or U.S. Army Recruiting Command (USAREC) AMEDD recruiter, and selected enlisted Military Occupational Specialties (MOS) course instructors. ANC officers can also serve as branch immaterial company command positions, or at the rank of CPT, may also serve in a Brigade Nurse role (see paragraph 8 for a description of the Brigade Nurse role. Because of the limited opportunity for ANC officers to serve in company command positions, equitable ANC military leader competency development is achieved through the CNOIC role, which expands in scope of responsibility as the unit size and personnel supervised increases through the field grade level. ANC officers should also learn to evaluate, critique, and use applicable nursing research findings in their practice and/or participate in nursing research and Evidenced-Based Practice Project (EBPP) opportunities. ANC officers should also seek out other broadening assignment opportunities such as a Security Forces Assistance Brigade (SFAB) Medical Surgical Nurse. SFAB positions have been deemed critical by the Army senior leadership and provide experience across the Army's strategic mission.

(c) *Self–development.* Continuing education to develop clinical practice skills and officer competencies should be the focus of self–development in the earlier stage of this phase. Officers are also encouraged to consider applicable certification and participation in professional organizations.

(2) *Major.*

(a) *Institutional Domain.* The objective of this phase is to continue professional development in a particular clinical specialty and increase responsibilities in officer leadership. To continue development of nursing practice expertise, graduate education at the master's or doctoral degree level is essential. Officers should consider graduate level studies that have direct applicability to meet the needs of the ANC mission. Graduate studies may have a clinical, administration, education or informatics focus. Research expertise is also developed commensurate with the level of graduate study. Graduate education is intended to nurture the growth and development of officers to synthesize and analyze a variety of nursing and healthcare issues and situations from a macro perspective. If the officer has attained the rank of CPT(P) and has completed a master's degree and any active duty service obligation, doctoral education may be an option for application and selection in this phase. Professional Military Education includes ILE. Additional training includes the Clinical Nurse OIC/NCOIC Leader Development Course, the Entry Level Nurse Executive Course, as well as other various post professional courses.

(b) *Operational Domain.* There are a wide variety of operational assignments in the intermediate phase that promote continued growth and leader development. With extremely limited positions for ANC officer to command, military leader competencies are expanded through clinical leader roles such as CNOIC roles in TOE units or medical centers and Section Chief at mid-size health care facilities. Depending upon previous experience and education, an ANC officer's assignment opportunities may include duties such as Clinical Staff Nurse of larger medical centers; Quality Management Coordinator; Nurse Scientist; Clinical Nurse Specialist; Nurse Practitioner; Nurse Midwife; Infection Control Officer; Clinical Nurse OIC; HRC Career Manager; TOE unit Chief Nurse; Chief, Army Public Health Nursing Section at a small to mid-size MEDDAC; Hospital Education and Staff Development Instructor, Instructor or Deputy Director of enlisted MOS courses (68W, 68C, 68D, 68X) or any of the ANC officer AOC/SI courses; USAREC AMEDD Detachment Executive Officer; and ROTC Nurse Counselor. ANC officers should also continue to use research findings in their practice, participate in research opportunities, assist others in developing research skills and/or conduct and publish nursing research. ANC officers at this level will also serve in selected ANC AOC Immaterial (IM) positions and AMEDD Branch IM command and senior leadership positions.

(c) *Self-development.* Self-development remains an important part of this phase. Officers are encouraged to consider certification and involvement in professional organizations. Reading programs to keep abreast of professional nursing practice and military issues and trends are crucial.

(2) *Lieutenant colonel.*

(a) *Institutional Domain.* The objectives of this phase are for officers to continue to advance in both their clinical specialty and military professional development. Assignments will be made to progressively more responsible and challenging positions and will require application of an officer's managerial expertise, leadership abilities, and overall understanding of the military, ANC, AMEDD, and MHS operations. Initial consideration for selection by a Department of the Army (DA) Board to attend SSC in-residence, participation as an Intra-governmental Fellow, or to complete the SSC Distance Education Program or other SSC equivalent courses begins in this phase of career development.

(b) *Operational Domain.* Operational assignments are based on the level of expertise and education of the officer. Assignments are duty positions that require ANC officers to demonstrate advanced leadership capability for directing clinical practice and developing leadership skills in subordinate staff. ANC officers are offered the opportunity to compete for both Centralized Selection List (CSL) and non-CSL command. With opportunities for command, military leader competencies continue to be refined through clinical leader roles such as Section Chief and functional expert roles which influence operations from the organizational to strategic, enterprise level. Types of assignments include: Clinical Nurse OIC at a MEDCEN; Section Chief for specific clinical area; Chief, Preventive Medicine Service at a MEDDAC; staff officer at Direct Reporting Unit (DRU), Army Command (ACOM), Army Service Component Command (ASCC), Office of The Surgeon General (OTSG), DA, or Department of Defense (DoD); Assistant Chief Nurse at a MEDDAC; Chief Nurse or Deputy Commander, MEDDAC; Medical Brigade Chief Nurse; TOE unit Chief Nurse; advanced practice roles such as Clinical Nurse Specialist or Nurse Practitioner; Chief, Hospital Education, MEDDAC; Program Director of a 68-series nursing MOS course or AOC/SI producing course; U.S. Army Recruiting Command (USAREC) AMEDD Detachment Commander; Nurse Scientist, MEDCEN; or Chief, Nursing Science and Clinical Inquiry Research Service, MEDCEN, Chief, Informatics, MEDCEN, Health Systems Management (Nurse Methods) Analyst. ANC officers recognized for their expertise in a specific AOC or SI specialty are also designated as ANC

Consultants to The Surgeon General (TSG) and ANC in addition to their assigned duty positions. ANC officers at this level will also serve in selected ANC AOC immaterial positions and AMEDD branch immaterial command and senior leadership positions. Officers should also continue to participate in nursing research activities or consult and support research activities that promote nursing practice and health care delivery in a military environment. Officers in this phase have an ethical responsibility to develop policies derived from a research base.

(c) *Self-development*. Self-development activities should focus on continued advancement in professional nursing practice and military leadership.

(3) *Colonel*.

(a) *Institutional Domain*. The objective of this phase is maximum utilization of the ANC officer's acquired professional and military abilities to include clinical expertise, leadership skills, and executive talents in challenging positions mandating the highest level responsibility, accountability, and competence within the ANC and the AMEDD. The ANC officer at this level is a well-rounded expert who fully integrates evidenced based nursing clinical practice, administration, research, and education in all activities. Thorough knowledge of AMEDD, Defense Health Agency (DHA), Army and Joint military operations is essential for officers in this phase of their career. The focus of responsibility for executive phase ANC officers is threefold: to provide leadership within the military environment, to foster and support officer development, and to identify and implement innovative and visionary strategies for the future of the ANC, the AMEDD, and the MHS. One officer is board selected to serve as Chief, ANC. Potential for selection by a DA Board to attend SSC in-residence, participation as an Intra-governmental Fellow, or to complete the SSC Distance Education Program or other SSC equivalent courses occurs in this phase if not already completed at the LTC level.

(b) *Operational Domain*. Operational assignments maximize the officer's capabilities to provide the highest level of leadership, critical thinking and analysis to the ANC, AMEDD, Army, and Joint environment. Examples of some of these operational assignments include: DRU, ACOM, ASCC Chief Nurse (FORSCOM or 18th MEDCOM); Regional Nurse Executive, Regional Health Command; Chief Nurse or Deputy Commander at a large MEDDAC and MEDCEN; Medical Brigade Chief Nurse; TOE unit Chief Nurse; Chief, Army Public Health Nursing Section; Regional Consultant, Public Health; Staff Officer at DRU, ACOM, ASCC, OTSG, DA, or DoD; Chief, ANC Branch at HRC; Chief AN Branch, USAREC; Chief, Department of Nursing Science, MEDCoE; Chief Nurse, Clinical Operations Integration MEDCOM; Corps Specific Branch Proponent Officer, Deputy Corps Chief, ANC. ANC officers at this level will also serve in selected ANC AOC immaterial positions and AMEDD Branch immaterial senior leadership positions and may compete for CSL command positions. Those who perform in COL CSL command positions may also compete for Senior Nominative Command positions (i.e., Commander, Brooke Army Medical Center or Commander, 44th MED BDE).

(c) *Self-development*. Self-development in nursing practice and military leadership continues as part of the officer's commitment to lifelong learning. Supporting and optimizing the opportunity for self-development of officer in earlier phases of career development is also a key responsibility of an executive phase officer.

4. Areas of concentration

ANC AOCs and additional skill codes are listed in tables 1 and 2, respectively. Below is a detailed description of each AOC and skill code.

a. AOC 66B—Army Public Health Nurse.

(1) *Description of duties*. Army Public Health Nursing practice is a critical component in supporting service member readiness through assessment, assurance, and enforcement of regulations that protect health during low through high intensity conflicts, humanitarian missions, other contingency operations, and peacetime; and in the surveillance, reporting, and controlling of communicable diseases among Soldiers, family members, Department of Defense civilians, and host nation populations. Army public health nurses have key roles in both TDA and TOE units. Army Public Health nurses work within Army Public Health Nursing Sections/Preventive Medicine/Public Health Services in Military Treatment Facilities, the U.S. Army Public Health Center, Regional Public Health Commands, MEDCOM-OTSG, Army G-1 (Pentagon), and the U.S. Army Medical Center of Excellence, Civil Affairs, and FORSCOM units. Their scope of practice contributes to the prevention of illness and promotion/maintenance of health. Duties include leading comprehensive community assessments in order to plan, implement, and evaluate public health programs and to establish evidenced based activities designed to promote, protect,

and restore the health of service members, their Families, and other affiliated members/groups within the military community; serving as the AMEDD facility interface agent to liaison with the community members, local/state public health officials, schools, community stakeholders and public affairs office to disseminate health related information to raise public awareness about good health practices, community health status and identified health risks, and available health services; collaborating with the Patient Centered Medical Home to facilitate care coordination, participating in and assisting in ongoing health threat assessments, planning and monitoring across the continuum of the deployed forces operational environment and in disaster preparedness/humanitarian assistance and response. When needed, Public Health Nurses may function in an expanded role using clinical practice guidelines or protocols for patient intervention approved by the Executive Committee of the Medical Staff and senior nursing leadership. In this role, the Public Health Nurse may refill prescriptions or perform other clinical function of a more complex nature, but do not initiate, alter or discontinue any medical treatment. The nurse's scope, responsibilities, and authority for professional practice expand with education and experience. Officers demonstrate and apply progressive and integrative levels of clinical, administrative, educational, and research knowledge and skills in their career development. Advanced public health nurses are role models for the specialty, providing leadership and clinical guidance.

(2) *Descriptions of positions.* Unique duty positions include: Clinical Staff Nurse in Army Public Health Nursing Section; Chief, Army Public Health Nursing Section; Chief, Department of Preventive Medicine/Public Health; Instructor/Program Director of 66B Course; G-1 Health Promotion Policy Officer; OTSG Army Public Health Nurse Staff Officer; Senior Army Public Health Nurse at Regional Public Health Commands; Civil Affairs Public Health Nurse; Chief Public Health Nurse Executive at Army Public Health Center; Army Public Health Nursing and Health Promotion Consultant to TSG.

(3) *Qualifications.* The ANC officer with formal education such as the MEDCoE Principles of Military Preventive Medicine (Army Public Health Nursing/66B) Course. Select RC officers and direct accession candidates may request a course waiver for documented experience as a public health nurse in a civilian agency in accordance with DA Pam 611-21.

(4) *Licensure/certification requirements.* See paragraph 1. Certification in Public Health Nursing and/or Public Health is encouraged but not required.

(5) *Restrictions.* One year of Army medical/surgical nursing or equivalent experience is required prior to attending the Principles of Military Preventive Medicine Course (6AF5). Exceptions to be determined by the designated consultant.

(6) *Unique education/training requirements.* Successful completion of the Principles of Military Preventive Medicine Course is required if there is no acceptable documented experience in this clinical specialty. Advanced roles such as Program Director at Army Public Health Center, Public Health Command, and Instructor/Course Director 6AF5 require a master's degree in Public Health or acceptable related healthcare field in accordance with ANC policy. Doctoral degrees may be preferred for selected advance roles. ILE is a validated educational requirement for select 66B positions.

b. AOC 66C—Psychiatric/Behavioral Health Nurse.

(1) *Description of duties.* Psychiatric nursing practice is a critical component in providing healthcare during low through high intensity conflicts, humanitarian missions, other contingency operations, and peacetime. Psychiatric nurses have key roles in both TDA and TOE units. Their scope of practice encompasses prevention through behavioral health promotion activities, intervention when emotional/behavioral health problems develop, and stabilization of individuals to their highest level of functioning. Psychiatric nurses work in the following clinical areas: medical detachments within the Field Hospital Center, pending addition back into the Combat Operational Stress Control units for prolonged care scenarios and theater treatment of mild Traumatic Brain Injury, inpatient psychiatric units, alcohol/drug rehabilitation programs, day treatment programs, behavioral health clinics, and in soldier readiness units as case managers. Duties include patient counseling and education; assessment; crisis intervention; milieu management; group counseling, critical incident debriefings; and nursing treatment, planning and execution. The nurse's scope, responsibilities, and authority for professional practice expand with education and experience, particularly as the 66C is a key feeder into the 66R Psychiatric Behavioral Health Nurse Practitioner AOC. Officers demonstrate and apply progressive and integrative levels of clinical, administrative, educational, and research knowledge and skills in their career development. Expert psychiatric nurse are role models for the specialty, providing leadership and clinical guidance.

(2) *Description of positions.* Unique duty positions include: Psychiatric Clinical Staff Nurse; Psychiatric Clinical Nurse OIC; Clinical Nurse OIC of a Residential Treatment Program; Clinical Nursing Section Chief; Instructor at enlisted 68X course; Instructor or Program Director of 66C course; Chief Nurse of Behavioral Health; unit member, team leader, or commander of a Combat Stress Control Detachment or Medical Detachment.

(3) *Qualifications.* The ANC officer with formal education such as the MEDCoE Psychiatric/Behavioral Health Nursing course. Select RC officers and direct accession candidates may request a course waiver for documented experience in psychiatric/behavioral health nursing in accordance with DA Pam 611–21.

(4) *Licensure/certification requirements.* See paragraph 1. Certification in Psychiatric/Behavioral Health or Addiction Nursing is encouraged but not required.

(5) *Restrictions.* One year of Army medical/surgical nursing experience is required prior to attending the Psychiatric/Behavioral Health Nursing Course.

(6) *Unique education/training requirements.* Successful completion of the 66C Psychiatric/Behavioral Health Nursing Course or acceptable documented experience in psychiatric/behavioral health nursing is required in accordance with DA PAM 611-21. Masters and doctoral degrees may be preferred for selected advanced roles. ILE is a validated educational requirement for selected 66C positions.

c. AOC 66E—Perioperative Nurse.

(1) *Description of duties.* Scope of practice is based on the areas of professional nursing practice in TDA and TOE practice environments, including operating rooms, delivery rooms, ambulatory surgical clinics (ASCs), post-anesthesia recovery rooms, Sterile Processing Departments (SPD), critical care areas and outpatient surgical clinics. Perioperative nurses are responsible for the preoperative, intraoperative and post-operative nursing care of all surgical patients. These nurses are also responsible for the delivery of nursing care as a scrub nurse or circulating nurse; and as part of the surgical team, these officers coordinate the delivery of surgical care. These officers demonstrate and apply progressive and integrative levels of clinical, administrative, educational, and research knowledge and skills in their career development. Expert perioperative nurses are role models for the specialty, using scientific principles as the basis for clinical practice and management. Their scope of practice encompasses the following duties in both the TOE and TDA practice environments:

(a) Manages or supervises the management of the perioperative experience of the surgical patient in concert with other members of the surgical team.

(b) Monitors and controls the environment to ensure patient and personnel safety during surgery.

(c) Assesses, plans, implements, and evaluates nursing care throughout the entire surgical experience that includes preoperative preparation, intraoperative care, and postoperative evaluation.

(d) Supervises and participates in the preparation, sterilization, monitoring, maintenance, and storage of surgical supplies and equipment.

(e) Teaches the principles and practice of perioperative management to 68D and 66E students.

(f) Maintains administrative accountability for perioperative service in the operating room, ASC, SPD, and other areas where invasive patient care is provided.

1. Administers the professional development of nursing personnel within the perioperative areas.

2. Administers the capital expense and operational budgets for the operating room, ASC, and SPD.

3. Develops strategic plans.

4. Manages the equipment procurement program for the operating room, ASC, and SPD.

(g) Plans, organizes, directs, staffs, and controls all perioperative nursing services.

(2) *Description of positions.* Unique duty positions include: Perioperative Clinical Staff Nurse; Clinical Nurse OIC of specific clinical specialty area in the operating room; Clinical Nurse Specialist; Clinical Nurse OIC, ASC; Chief, SPD; Instructor/Program Director, 68D/66E courses; Staff Development Officer; Preceptor, 68D Phase II Program; Assistant Chief and Chief, Perioperative Nursing Section; Regional Consultant for Perioperative Nursing Practice; Consultant to TSG for Perioperative Nursing.

(3) *Qualifications.* ANC officers with formal education such as the MEDCoE Perioperative Nursing Course. Select RC officers and direct accession candidates may request a course waiver for documented experience in perioperative nursing in accordance with DA Pam 611–21.

(4) *Licensure/certification requirements.* See paragraph 1. Certification in Perioperative Nursing and Sterile Processing is encouraged but not required.

(5) *Restrictions*. One year of Army medical/surgical nursing experience is required prior to attending the Perioperative Nursing Course.

(6) *Unique educational/training requirements*. Successful completion of the Perioperative Nursing Course is required if there is no acceptable documented experience in this clinical specialty. Advanced roles require a master's degree in Nursing or other acceptable healthcare related field in accordance with ANC policy. A doctoral degree may be preferred for selected advanced roles. ILE is a validated educational requirement for selected 66E positions.

d. AOC 66F—Nurse Anesthetist.

(1) *Description of duties*. The 66F AOC is a critical wartime medical specialty with an independent scope of anesthesia practice in TDA and TOE environments. With vast operational requirements encompassing conventional Army Role 2 Forward Resuscitative Surgical Detachments, Role 3 Field Hospital Centers, as well as Special Operations Resuscitation Teams, Joint Medical Augmentation Unit, and non-doctrinal missions such as the Expeditionary Resuscitation Surgical Teams. The 66F AOC is one of the most deployed military medicine specialties. In their TDA role, 66Fs provide anesthesia care throughout military healthcare facilities, to include: inpatient operating rooms, ASCs, delivery rooms, post-anesthesia recovery rooms, critical care units, and emergency departments. Nurse anesthetists may be assigned to emergency response teams or rapid deployment teams. Expert nurse anesthetists are role models for the specialty, demonstrating exemplary clinical practice as well as interdisciplinary communication and collaboration. The nurse anesthetist's specialized scope of practice encompasses the following duties:

(a) Develops an anesthetic plan based on a pre-anesthetic evaluation. Performs or supervises the performance of the anesthetic experience in collaboration with an anesthesiologist and/or appropriate physician throughout the preoperative, intraoperative and postoperative phases of anesthesia and surgery. Administers analgesia and anesthesia for the labor and delivery process. Is actively involved in the acute postoperative pain management of the surgical patient utilizing various techniques and pharmacological agents.

(b) Selects and applies appropriate monitoring devices. Selects, obtains, and administers the anesthetic, adjuvant, and accessory drugs and fluids necessary to maintain the anesthetics.

(c) Documents the anesthetic process to include physiological and psychological reactions to anesthesia and surgery.

(d) Provides consultation and service for cardiopulmonary resuscitation and airway management.

(e) Demonstrates and applies progressive and integrative skills of clinical, administrative, educational, and research knowledge and skills in their career development.

(2) *Description of positions*. Unique duty positions include— Clinical Staff Nurse, TDA or TOE MTF or Forward Surgical Team; Instructor; Phase II Director; Program Director or Deputy Program Director; Assistant Chief or Chief, Anesthesia Nursing Section, Chief, Department of Operative and Anesthesia Services, (DOAS), and TSG Consultant for Anesthesia Nursing.

(3) *Qualifications*. Per DA Pam 611–21, ANC officers with formal education in anesthesia nursing such as the U.S. Army Graduate Program in Anesthesia Nursing (USAGPAN) and certification by the Council on Certification of Nurse Anesthetists.

(4) *Licensure/certification requirements*. See paragraph 1. Officers must possess a current, active, valid, and unrestricted license as a Registered Nurse (RN) and/or Advanced Practice Registered Nurse (APRN) as required by the state issuing the license, as well as national certification by the Council on Certification of Nurse Anesthetists.

(5) *Restrictions*. One year of critical care nursing experience is required.

(6) *Unique education/training requirements*. Formal education in Anesthesia Nursing such as the U.S. Army Graduate Program in Anesthesia Nursing, USUHS, the Health Professionals Scholarship Program (HPSP), or other acceptable programs by DA is required. Selected advanced roles are validated for doctoral level education in nursing or acceptable healthcare related field in accordance with ANC policy. ILE is a validated educational requirement for selected 66F positions. Specific Continuing Education (CE) requirements are required to maintain certification. With difficulty recruiting fully qualified nurse anesthetists and a chronic shortage of 60N physician anesthesiologists, the Army relies on federal anesthesia training programs to fill military anesthesia requirements. The 66F training pipeline is lengthy with critical care nursing experience required prior to training entry, thus making the 66H and 66S AOC force structure critical enablers in creating 66F anesthesia capability.

e. AOC 66G—Obstetric/Gynecologic Nurse (Maternal Child Health Nurse).

(1) *Description of duties.* Obstetric/Gynecologic nursing practice is a critical component in conserving the health of the increasing female contingent of active duty officer and enlisted military members in both the inpatient and outpatient care practice setting. In addition, obstetric/gynecologic nursing duties incorporate medical–surgical and perioperative nursing skills crucial for the go–to–war healthcare environment. Obstetric/gynecologic nurses have key roles in both TDA and TOE units with ability to serve in operational force 66H, branch immaterial, and AMEDD immaterial positions. Their scope of practice includes the care of women, neonates, and families within the areas of antepartum, intrapartum, neonatal, and gynecological nursing. Obstetric/gynecologic (OB/GYN) nurses work in the following clinical areas: antepartum/postpartum units, mother/baby units, newborn nursery, labor and delivery units, OB/GYN clinics, and antepartum diagnostic clinics. Obstetric/gynecologic nurses work with families across the life span, both in situations of health that benefit from professional nursing support, for example normal pregnancy, and in acute illness or chronic disease situations. The nurse's scope, responsibilities, and authority for professional practice expand with education and experience. Officers demonstrate and apply progressive and integrative levels of clinical, administrative, educational, and research knowledge and skills in their career development. Expert obstetric/gynecologic nurses are role models for the specialty, providing leadership and clinical guidance.

(2) *Description of positions.* Unique positions include: Clinical Staff Nurse, Obstetrics/Gynecology; Clinical Nurse OIC, Obstetrics/Gynecology/Mother Baby unit; Clinical Nurse Specialist; Instruction/Program Director, 66G Course; Chief, Maternal/Child Health Nursing Section; ANC Consultant for Maternal Child Health Nursing.

(3) *Qualifications.* ANC officers with formal education in Obstetric/Gynecologic Nursing such as the MEDCoE Obstetric and Gynecologic Nursing Course. Select RC officers or direct accessions candidates may request a course waiver for documented experience in obstetric, gynecologic, and newborn nursing in accordance with DA Pam 611–21.

(4) *Licensure/certification requirements.* See paragraph 1. Certification in Obstetric and Gynecologic or Perinatal Nursing is encouraged but not required.

(5) *Restrictions.* One year of Army medical/surgical nursing experience is required prior to attending the Obstetric/Gynecologic Nursing Course.

(6) *Unique educational/training requirements.* Successful completion of the 66G Obstetric and Gynecologic Nursing Course is required if there is no acceptable documented experience in this clinical specialty. Advanced roles such as clinical nurse specialist require a master's degree in Nursing. A doctoral degree may be preferred for selected advanced roles. ILE is a validated educational requirement for selected 66G positions.

f. AOC 66H—Medical–Surgical Nurse.

(1) *Description of duties.* Scope of practice includes medical–surgical clinical areas such as inpatient, ambulatory, emergent, or outpatient settings, in both the TDA and TOE environment. Medical–surgical nurses care for patients across the entire age spectrum and the continuum of healthcare needs. Medical–surgical nursing duties are critical in providing nursing care to all types of combat casualties during low to high intensity conflicts, wartime environments, and other contingency activities. The nurse's responsibility and authority for professional nursing practice expand with education and experience. Officers demonstrate and apply progressive and integrative levels of clinical, administrative, educational, and research knowledge and skills in their career development. Expert medical–surgical nurses are role models for the specialty, providing leadership and scientifically based programs for effective nursing practice.

(2) *Description of positions.* Unique duty positions include: Clinical Staff Nurse; Clinical Nurse OIC; Clinical Nurse Specialist; Instructor, Nursing/Hospital Education; MEDCoE Staff Officer, AOC/SI and MOS Course Instructor; Program Director; Section Chief, Medical–Surgical or Ambulatory Nursing.

(3) *Qualifications.* In accordance with DA Pam 611–21, AOC 66H is awarded upon accession to officers without other specific qualification. Selected roles within the 66H AOC designated by skills, and/or specific clinical experience, require additional formal education.

(4) *Licensure/certification requirements.* See paragraph 1. Certification in Medical–Surgical Nursing or related specialties (for example, post-anesthesia care, oncology, orthopedics, or clinical specialist) is encouraged but not required.

(5) *Restrictions.* None.

(6) *Unique education/training requirements.* Annual and periodic workshops and conferences on various medical–surgical nursing topics enhance performance in this AOC. Advanced roles for medical–

surgical nursing include clinical nurse specialist (7T) which requires a master's or doctoral degree in nursing or acceptable healthcare related field in accordance with DA Pam 611–21 and ANC policy. ILE and SSC are validated educational requirements for selected 66H positions.

g. AOC 66N - Nurse Immaterial.

(1) *Description of duties.* The 66N is a duty only AOC filled by ANC officers of any specialty. Most 66N positions are senior executive positions such as Chief Nursing Officer, Deputy Commander Inpatient Services, in TDA units or Chief Nurse or Assistant Chief Nurse in TOE units. The 66N force structure is not only instrumental in operational and strategic leadership for the Corps and AMEDD, policy and training development, but also supports the ANC lifecycle and leader development for a diverse AMEDD senior leader and general officer talent pool.

h. AOC 66P—Family Nurse Practitioner.

(1) *Description of duties.* Family Nurse Practitioners (FNPs) are a critical component in providing primary healthcare support for adults and children during wartime, humanitarian missions, other contingency operations, and peacetime. Family Nurse Practitioners have key roles in both TDA and TOE units. Family Nurse Practitioners work in the ambulatory setting in stand-alone clinics, hospitals, and medical centers during peacetime, and in TOE roles as substitutable for Family Medicine Physicians and Physician Assistants in accordance with policies outlined in AR 601–142. 66Ps also support flight medicine readiness requirements with N1 Skill Identifier training. 66Ps duties are also expanding to support of the TRADOC Organic Medical Structure initiative as Battalion health care providers. Their scope of practice extends from primary, secondary and tertiary levels of care as well in the areas of health, wellness and disease/injury prevention. Duties include eliciting comprehensive health histories, performing complete physical examinations, ordering, conducting, supervising, and interpreting diagnostic and laboratory tests, prescribing pharmacological agents and non-pharmacologic therapies, and teaching and counseling patients. As licensed, independent providers, FNPs practice autonomously and in collaboration with health care professionals and other individuals. They serve as clinical leaders of integrated teams, health care researchers, interdisciplinary consultants, process improvements advisors, and patient advocates. The nurse's scope, responsibilities, and authority for professional practice expand with education and experience. Officers demonstrate and apply progressive and integrative levels of clinical, administrative, educational, and research knowledge and skills in their career development. Expert Family Nurse Practitioners are role models for the specialty, providing leadership in improving clinical outcomes, utilizing analytics to support evidence-based practice, and innovation of improving the patient experience of care.

(2) *Description of positions.* Unique duty positions include: Family Nurse Practitioner; Clinic OIC; Chief, Primary Care Department; Chief, Health Promotion; Instructor or Program Director USUHS; Family Nurse Practitioner Consultant to TSG.

(3) *Qualifications.* Per DA Pam 611–21, ANC officers with formal education as a Family Nurse Practitioner from a program acceptable to Department of the Army and national certification as a Family Nurse Practitioner within one year after graduation from an accredited Masters of Science Nursing (MSN) or Doctorate of Nursing Practice (DNP) program or within one year of accession to the ANC.

(4) *Licensure/certification requirements.* See paragraph 1. Officers must possess a current, active, valid, and unrestricted license as a RN and/or APRN as required by the state issuing the license, as well as national certification as a Family Nurse Practitioner.

(5) *Restrictions.* One year of work experience as a Registered Nurse is required before completing either the master's or doctoral degree in a FNP program.

(6) *Unique education/training requirements.* Master of Science in Nursing or a Doctorate of Nursing Practice, with specialization as a Family Nurse Practitioner from an accredited program acceptable to Department of the Army. Didactic and clinical courses provide FNPs with specialized knowledge and clinical competency which enable them to practice in primary care, acute care, long-term care, and deployed settings. Specific CE training is required to maintain certification. Self-directed continued learning and professional development are hallmarks of FNP education. ILE is a validated educational requirement for selected 66G positions.

i. AOC 66R—Psychiatric/Behavioral Health Nurse Practitioner.

(1) *Description of duties.* Psychiatric/behavioral health nurse practitioners are a critical component in providing care within the behavioral health system of care during low through high intensity conflicts, humanitarian missions, other contingency operations, and peacetime. With a chronic shortage of 60W physician psychiatrists, psychiatric/behavioral health nurse practitioners have key roles in both

TDA and TOE units as licensed, independent providers, ensuring critical access to behavioral health care, in particular medication management with prescription writing authority. 66Rs serve on Combat Operational Stress Control units and in garrison, serve in positions encompassing staff positions to OIC and Department Chief of Behavioral Health Clinics, OIC/Medical Director of Inpatient Psychiatry, and OIC/Medical Director of Intensive Outpatient or Residential Treatment Facilities. Expert 66Rs are a role model for the special, may serve in dual-hat installation Behavior Health Leadership advisor roles, and provide leadership for training and development of the entire behavioral health nursing team, and enterprise policy development. Their scope of practice encompasses prevention through behavioral health promotion activities, intervention when emotional/behavioral health problems develop, and stabilization of individuals to their highest level of functioning. They assess, diagnose, and treat behavioral, psychiatric, addictive and emotional disorders, and can also provide biopsychosocial assessments, multi-modal treatment interventions, education, health promotion, and disease prevention to patients, families, groups and the community. Psychiatric/Behavioral Health Nurse Practitioners can provide crises evaluations, risk assessments, comprehensive psychiatric evaluations, supportive counseling, psychotherapy, psychoeducation, holistic care, and administer medications. They may also assess, stabilize, and disposition patients with emergent conditions, to include admitting patients if permitted by hospital policy.

(2) *Description of positions.* Unique duty positions include: Chief, Department of Behavioral Health; practitioner or OIC, Outpatient Behavioral Health Clinics; practitioner or OIC, Embedded Behavioral Health Clinics; Clinical Nurse OIC or Medical Director of Inpatient Psychiatry; practitioner or OIC, Intensive Outpatient or Residential programs; practitioner or Chief, Consultation/liaison services; practitioner or Commander, Combat and Operational Stress Control (COSC) units; Instructor or Program Director, 66C course; Instructor, 68X course; Instructor or Program Director, USUHS; Chief Nurse, Department of Behavioral Health; OIC, Division Behavioral Health; Installation Director of Psychological Health; Team Member, Team Leader, Clinical Operation OIC, or Commander, Combat Stress Control Detachment, Behavioral Health Officer, and Behavioral Health Nursing Consultant to TSG.

(3) *Qualifications.* ANC officers with formal education as a psychiatric/behavioral health nurse practitioner from a program acceptable to the Department of the Army and national certification as a psychiatric/behavioral health nurse practitioner within one year of accession to the ANC.

(4) *Licensure/certification requirements.* See paragraph 1. Officers must possess a current, active, valid, and unrestricted license as a RN and/or APRN as required by the state issuing the license, as well as national certification as a Psychiatric/Behavioral Health Nurse Practitioner.

(5) *Restrictions.* None.

(6) *Unique education/training requirements.* Master's degree in Nursing or a Doctorate in Nursing Practice, with specialization in a Psychiatric/Behavioral Health Nurse Practitioner accredited program accepted to the Department of the Army. Doctoral degrees may be preferred for selected advanced roles. Specific CE training is required to maintain certification. ILE is a validated educational requirement for selected 66R positions.

j. AOC 66S—Critical Care Nurse.

(1) *Description of duties.* Critical Care Nursing (CCN) is a specialty within nursing that specifically addresses the human responses to life-threatening illness and injury. The CCN provides holistic care to critically ill patients and their families. The scope of practice includes performance in intensive care units (ICU) in both TDA and TOE environments. CCNs are essential in providing critical care nursing to all categories of combat casualties in support of unified land operations. CCNs care for patients across the age spectrum and throughout the continuum of critical care. CCNs practice in settings in which patients require extremely complex assessments, high intensity therapies and interventions, and continuous nursing vigilance. CCNs conduct thorough assessments and take immediate life-saving action as required. CCNs operate across the broad continuum of critical care, to include Burn Trauma Nursing, Surgical Trauma Nursing, Surgical Intensive Care Nursing, Post-anesthesia care, Medical Intensive Care Nursing & Cardiac/Cardiovascular Intensive Care Nursing. The CCN relies upon a specialized body of knowledge, skills and expertise to provide care to a wide range of beneficiaries. The CCN's responsibility and authority for professional nursing practice expand with education and experience. Expert CCNs are role models for the specialty, providing leadership and evidence-based programs for optimal nursing practice.

(2) *Description of positions.* Unique duty positions include: Clinical Staff Nurse, FRSD, Field Hospital or Field Hospital Center Detachments; Clinical Nurse OIC, Critical Care Unit; Clinical Nurse

Specialist, Critical Care; Chief, Critical Care Section; Course Instructor, Critical Care Course; Program Director, Critical Care Course.

(3) *Qualifications.* ANC officers with formal education in Critical Care Nursing such as the MEDCoE Critical Care Nursing Course. Select RC officers and direct accession candidates may request a course waiver for documented critical care nursing experience in accordance with DA PAM 611-21.

(4) *Licensure/certification requirements.* See paragraph 1. Certification in Critical Care Nursing as a Critical Care Registered Nurse (CCRN) by the American Association of Critical-Care Nurses is encouraged but not required for Officer who obtain the AOC by attending the Critical Care Nursing Course.

(5) *Restrictions.* A minimum of two years of medical-surgical experience is required prior to attending Critical Care Nursing Course.

(6) *Unique education/training requirements.* CCNs must possess the skills and knowledge to care for patients not only across the lifespan but also in the specialized environment of critical care. 66S candidates must have successfully completed the training in Advanced Cardiac Life Support (ACLS), and it is highly encouraged to have completed the Trauma Nursing Core Course (TNCC), Advanced Burn Life Support (ABLS) and either Pediatric Advanced Life Support (PALS) or Emergency Nursing Pediatric Course (ENPC). Annual and periodic workshops and conferences on various critical care nursing topics enhance performance in this AOC. Advanced practice nursing roles in critical care nursing (for example, clinical nurse specialist) require a master's or doctoral degree in Critical Care Nursing. Doctoral degrees are preferred for the advanced practice critical care nursing roles. ILE is a validated professional military education requirement for selected 66S positions.

k. AOC 66T—Emergency Nurse.

(1) *Description of duties.* Emergency nursing practice is a critical capability of both TOE and TDA units with trauma care readiness a critical requirement for the go-to-war mission in the contemporary Joint environment. Emergency nurses operate in locations along the continuum of care from forward-based locations through fixed facilities for combat missions, humanitarian missions, other contingency operations, and peacetime. Emergency nurses are not only proficient in critical care trauma nursing, but possess the knowledge and skills to perform a wide variety of critical care nursing tasks, including enroute care, in addition to essential medical-surgical nursing skills providing ambulatory, inpatient, and patient hold capability. The scope of emergency nursing practice involves the assessment, analysis, nursing diagnosis, outcome identification, planning, implementation of interventions, and evaluation of human responses to perceived, actual or potential, sudden or urgent, physical or psychosocial problems that are primarily episodic or acute, and which occur in a variety of settings. These may require minimal care to life-support measures; patient, family, and significant other education; appropriate referral and discharge planning; and knowledge of legal implications. Emergency patients are people of all ages with diagnosed or undiagnosed problems of varying complexity. Emergency nurses also interact with and care for individuals, families, groups and communities. Emergency nursing practice is independent and collaborative in nature. The practice of emergency nursing also includes the delivery of compassionate, competent care to consumers through education, research and consultation with expert emergency nurses serving as role models for the specialty. Duties include the following:

(a) Assessment, analysis, nursing diagnosis, planning, implementation of interventions, outcome identification, and evaluation of human responses of individuals in all age groups whose care is made more difficult by the limited access to past medical history and episodic nature of their health care.

(b) Triage and prioritization.

(c) Emergency operations preparedness.

(d) Stabilization and resuscitation.

(e) Crisis intervention for unique patient populations, such as sexual assault survivors.

(f) Provisions of care in uncontrolled, unpredictable, and/or austere environments.

(g) Consistency as much as possible across the continuum of care.

(2) *Description of positions.* Unique duty positions include: Clinical Staff Nurse, FRSD or Field Hospitals; Clinical Nurse OIC, Emergency Department or Emergency Medical Treatment Section; Clinical Nurse Specialist, Emergency Medicine; Instructor, Emergency Nursing Course; Program Director, Critical Care and Emergency Nursing Course, Emergency Nursing Consultant to TSG.

(3) *Qualifications.* ANC officers with formal education in Emergency Nursing such as the MEDCoE Emergency Nursing Course. Select RC officers and direct accession candidates may request a course waiver for documented emergency nursing experience in accordance with DA PAM 611-21.

(4) *Licensure/certification requirements.* See paragraph 1. National certification as a Certified Emergency Nurse (CEN) by the Emergency Nurses Association is encouraged but not required for officers who obtain the AOC by attending the Emergency Nursing Course.

(5) *Restrictions.* A minimum of two years of medical/surgical experience is required prior to attendance at the Emergency Nursing Course.

(6) *Unique education/training requirements.* 66T must possess the skills and knowledge to care for patients not only across the lifespan but also in the specialized environment of trauma care. 66T candidates must have successfully completed the training in Advanced Cardiac Life Support (ACLS), either Pediatric Advanced Life Support (PALS) or Emergency Nursing Pediatric Course (ENPC), Advanced Burn Life Support (ABLS) and the Trauma Nursing Core Course (TNCC). Annual and periodic workshops and conferences on various critical care and emergency trauma nursing topics enhance performance in this AOC. Advanced practice nursing roles in emergency nursing (for example, Clinical Nurse Specialist) require a master's or doctoral degree in Emergency Nursing. Doctoral degrees are preferred for the advanced practice emergency care nursing roles. ILE is a validated professional military education requirement for selected 66T positions.

I. AOC 66W - Midwife.

(1) *Description of duties.* Certified Nurse Midwives (CNM) are a critical capability for war-time, peacetime, humanitarian and Global Health Engagements. CNMs provide primary and low-risk, full-scope gynecological and obstetric health care to female Service Members of all ages, with an additional capability to serve in surgical first-assist roles. Certified Nurse Midwives have key roles in both TDA units with ability to serve in operational force. The 66W operational role is readily adaptable to serve in 66H, branch or AMEDD immaterial positions. In the TDA setting, 66Ws are key readiness enablers, ensuring global access to care in remote and OCONUS locations. As vital service extenders, they support 60J surgical readiness through assumption of the bulk of routine OB/GYN care, thus supporting 60J operational surgical skill readiness. 66Ws work in outpatient and inpatient settings and their scope of practice includes the care of women, neonates, and families within the areas of antepartum, intrapartum, neonatal, gynecological, and primary care. Unique to this advanced-practice role, CNMs have privileges for hospital admission and disposition. Duties include eliciting comprehensive health histories, performing complete physical examinations, ordering and/or performing diagnostic tests, analyzing data, formulating problems lists, developing and implementing plans of care, collaborating with other health professionals, and referring patients as appropriate. 66Ws provide strategic leadership for Army readiness through ongoing efforts to enhance readiness and mitigate morbidity and mortality specific to the female Service Member. The provider's scope, responsibilities, and authority for professional practice expand with education and experience. Officers demonstrate and apply progressive and integrative levels of clinical, administrative, educational, and research knowledge and skills in their career development. Expert Certified Nurse Midwives are role models for the specialty, providing leadership and clinical guidance and preceptorship reinforcing the midwifery model of care to a variety of clinical learners.

(2) *Description of positions.* Unique duty positions include: Certified Nurse Midwife; Chief, Midwifery Service; Chief, OB/GYN Department; Chief, Ambulatory Nursing; Instructor/Program Director, 66G Course; Chief, Maternal/Child Health Nursing Section; Consultant to The Surgeon General for Women's Health Advanced Practice Nursing and Chief/Deputy Women's Health Service Line, Office of the Surgeon General.

(3) *Qualifications.* Per DA Pam 611-21, ANC officers with formal education as a certified nurse midwife from a program acceptable to the Department of the Army.

(4) *Licensure/certification requirements.* See paragraph 1. Officers must possess a current, active, valid, and unrestricted license as a RN and/or APRN as required by the state issuing the license as well as national certification. The Certified Nurse Midwife will be certified through the American Midwifery Certification Board or approved governing organization by the American College of Nurse Midwives within one year after accredited program graduation (per DA PAM 611-21).

(5) *Restrictions.* Completion of 66G AOC course is preferred and one year of obstetrics/gynecologic nursing required before applying for a Doctor of Nursing Practice CNM Program. Direct accessions will have passed boards prior to being accessed onto active duty

(6) *Unique education/training requirements.* A Certified Nurse Midwife Doctor of Nursing Practice program that meets the Department of the Army standards. Specific CE training is required to maintain certification.

Table 1
Army Nurse Corps areas of concentration

AOC	Title
66B	Army Public Health Nurse
66C	Psychiatric/Behavioral Health Nurse
66E	Perioperative Nurse
66F	Nurse Anesthetist
66G	Obstetric-Gynecologic Nurse
66H	Medical Surgical Nurse
66N	Operational Nurse (duty AOC only)
66P	Family Nurse Practitioner
66R	Psychiatric/Behavioral Health Nurse Practitioner
66S	Critical Care Nurse
66T	Emergency Nurse
66W	Certified Nurse Midwife

Notes: 66N, Operational Nurse, is a duty only ANC immaterial AOC; positions may be filled by any ANC officer possessing the knowledge, skills, and behaviors required for the particular 66N position.

5. Skill codes

Per DA Pam 611–21, skill identifier (SI) codes provide a means whereby officers who have education and experience in certain subspecialties and advanced roles of nursing can be identified at headquarters level, as well as providing utilization guidance to local commanders and chief nurses. While the Clinical Nurse Specialist (7T) and Aviation Medicine Nurse Practitioner (N1) skill codes represent advanced degree training within the officer's primary AOC; and the Case Management SI (M9) is available to 66B, 66C, and 66H AOCs; the remaining skill codes may be obtained by officers holding any one of the ANC AOCs. Skill codes are not intended to classify an officer for utilization limited to the skill code subspecialty within an AOC or utilizations only in positions coded with the applicable skill identifier. Officers should have flexibility in assignments and utilization to broaden their leadership skills while refining their subspecialty skills to meet the Army and AMEDD Talent Management objectives, and prepare the officer for executive leadership roles or functional expert roles at the strategic level.

a. SI - Clinical Nurse Specialists (CNS) are master's or doctoral prepared nurses who are considered subject matter experts and consultants within their clinical specialty AOC. Eligible AOCs include 66E, 66G, 66H, 66S and 66T. Several CNS graduate programs additionally offer the ability to attain additional advanced practice nurse practitioner certification or sub-specialty certifications within their clinical specialty such as Wound, Ostomy, and Continence Nursing; Oncology; Palliative and End-of-Life Care, etc. Advanced Practice RN Clinical Nurse Specialists, must possess a current, active, valid, and unrestricted license as a RN and/or APRN as required by the state issuing the license as well as their national certification as a Clinical Nurse Specialist. Focused on maximizing quality outcomes; risk mitigation; and implementation of effective interventions, protocols, and treatments; the CNS skill set of advanced clinical practice and education enables their vital role in clinical skill acquisition, maintenance, and enhancement for the bedside clinician. Additionally, they serve a key role in regional CNSCI cells to advance the professional nursing knowledge base through ongoing research and expanded application of evidenced based nursing practices at the bedside. In collaboration with the multidisciplinary health care team, CNSs engage in diagnostic and clinical decision making whether through individual patients or through protocol and policy development. CNSs serve as subject matter experts and clinical leaders spanning from the organizational level to the enterprise level.

b. SI - Health Systems Management Analyst. ANC officers who qualify as a Health Systems Management Analyst, are also referred to as Nurse Methods Analysts (NMA). NMAs are master's or doctoral level prepared nurses in Health Care Administration or Business Administration from accredited programs acceptable to DA. The NMA skillset is a deliberate blend of clinical expertise and analytical business acumen to ensure critical resources are utilized to provide high quality outcomes through the most efficient methods. NMAs employ decision science methods to support the current and future healthcare landscape by analyzing system workflow, accurately capturing and reporting workload, and

through the development and refinement of staffing models for both inpatient and outpatient clinical activities. Senior NMAs support AMEDD force structure management and health care delivery policy development at the strategic level and in executive leadership roles.

c. SI - Medical Research, Development, Test and Evaluation. ANC officers who qualify for the Medical Research, Development, Test, and Evaluation SI are also referred to as Nurse Scientists. The nurse officer must possess a graduate degree in a relevant research discipline (PhD), demonstrated active participation in at least three funded studies as primary investigator (PI), and must have at least three peer-reviewed publications. Through clinical inquiry, high-level knowledge management, and research, Nurse Scientists guide the generation of new knowledge into health care delivery and administrative strategies to meet individual and enterprise requirements. Individual Nurse Scientists may develop expertise within an area of inquiry, but also serve as proactive leaders and mentors, advancing the professional science of nursing through regional Clinical Inquiry Cells and strategic work groups.

d. SI – Enroute Critical Care Nurse (ECCN). The M5 SI is limited to the 66S and 66T AOCs. ECCNs provide a critical operational capability performing advanced critical care transport for patients across a variety of casualty transport platforms which may include air, ground, ship, or other platforms of opportunity. In the operational setting, ECCNs are authorized to transport from point of injury, but the ECCN capability is optimized as an adjunct to the Critical Care Flight Paramedic or ground transportation medic when transporting complex polytrauma patients and hemodynamically fragile patients from Role 2 to 3 levels of medical care following damage control surgical and resuscitation procedures. ECCNs also serve on fixed wing evacuation/transportation missions requiring enroute care of multiple critically ill or injured patients. To qualify for the M5 SI, ECCNs possess at least twelve months of critical care and resuscitation skills in the Intensive Care Unit or Emergency Department prior, a current class three flight physical, and successful completion of the Joint Enroute Care Course every two years.

e. SI - Nurse Case Manager. Nurse Case Managers serve a vital role in the coordination of clinical healthcare delivery and resource access to meet complex care needs for optimal clinical outcomes. The Nurse Case Manager skill set combines clinical expertise with expert knowledge of available resources and navigation of the healthcare system. As a patient advocate and liaison with the multidisciplinary health care team, they are pivotal in clinical decision making, patient and family education, and at the senior level, policy development. Eligible ANC officers include 66B, 66C, and 66H. To qualify for the M9 skill identifier, eligible officers must meet minimum qualifications of a bachelor's degree and one of the following: attain national certification as a Case Manager or have completed an acceptable formal case management training course. Officers who are functional experts in this specialty may also possess graduate level training in Case Management.

f. SI - Aviation Medicine Nurse Practitioner. ANC officers who qualify for this skill identifier must first qualify as a Family Nurse Practitioner (66P) and have attended the U.S. Army Flight Surgeon Course. Aviation Medicine Nurse Practitioners are employed as unit Flight Surgeons, supporting the unique medical readiness requirement of aviation units. These officers possess the skills and knowledge of Army regulations pertaining to aviation medicine, Army flight surgeon responsibilities and procedures, Army Flying Duty Medical Exam administration, Army aviation organization and operations, rotary wing aerodynamics, aviation safety, aircraft accident investigation, flight physiology, aviation medicine issues of clinical specialties, health service support of aviation units and operations, aeromedical evacuation, and deployment medicine issues of the aviation operation environment.

g. SI - Clinical Informatics Officer. ANC officers who qualify as a Clinical Informatics Officer, are also referred to as Nursing Informatics Officers. This specialty leverages the officer's knowledge of clinical and business processes within health systems to optimize use of computer science, information systems, and related technology to promote health through clinical and business intelligence. The focus of the graduate trained informatics nurse is not the computer itself, or an individual piece of healthcare technology equipment. As a liaison and proponent for the clinical end users, including service members and patients, Clinical Informatics Officers codify requirements to the Information Technology (IT) community and lead clinical system training and support, integration, and facilitate activities through strategic planning, acquisition and requirements analysis, contracting, project management, and program execution. To qualify for the skill identifier, officers must possess a master's degree in Informatics or a related clinical field (medical, nursing, or public health), attend the Health Systems Functional Proponent Course, and complete 2 years of experience in an AMEDD clinical informatics position. Board certification in an informatics specialty (medical, nursing, or public health) is recommended, but not required.

h. SI – AMEDD Special Operations Officer. While there are no positions coded for this skill identifier, this skill identifier identifies qualified AMEDD officers who possess unique Special Forces education and experience that may be leveraged to meet Army and AMEDD Talent Management Strategy objectives. To qualify, the officer must have completed 12 months in an active duty capacity in any AMEDD AOC with a Special Operations Forces (SOF) designated unit, participated in a SOF designated unite deployment/mission for four consecutive months, qualified by way of formal schooling through the Unites States John F. Kennedy Special Warfare Center and School. USAR officers require the same qualification, but must complete a cumulative 24 months of assignments in a SOF designated unit.

Table 2
Army Nurse Corps skill codes

Skill Identifier Code	Title
7T	Clinical Nurse Specialist
8S	Health Systems Management Analyst (Nurse Methods Analyst)
8Z	Medical Research, Development, Test and Evaluation (Nurse Scientist)
M5	Enroute Critical Care Nurse
M9	Nurse Case Manager
N1	Aviation Medicine Nurse Practitioner
N2	Clinical Informatics Officer
S1	AMEDD Special Operations Officer

Notes: 1 Other skill codes/titles that may be applicable to selected ANC officers are: 4T Recruiter; 5K Instructor; 5P Parachutist; 5N Inspector General; and 7Y Combat Development. Also see DA Pam 611–21.

6. Proficiency designators

Medical proficiency designators (MPDs) are awarded in conjunction with the AOC which indicates the ANC officer's degree of proficiency based on formal education and professional experience in that particular AOC. The ANC utilizes proficiency designator of 9A-9F (table 2). When enrolled in an ANC AOC producing course, the officer is awarded the new AOC upon the first day of the course instruction, and carries the proficiency designator of 9D or 9E (depending on course length) to indicate student status until course completion. For initial specialty training, the officer will then be awarded the 9C designator upon course completion. If the officer attains national board certification from their specialty's national professional organization, they are eligible for the 9B designator. For advanced practice nurses, national board certification is required to be credentialed to practice as a licensed independent medical provider. For all ANC AOCs, the highest level of proficiency is 9A, which indicates the ANC officer is an expert in his/her field of AOC or Skill Identifier specialty. The 9A designator is awarded on an individual basis upon endorsement by TSG's Classification Board in accordance with DA Pam 611–21. Officers who seek the 9A proficiency designators may be nominated by their Corps Chiefs, consultant, HRC Career Manager and Commanders. Packets will be reviewed by the Corps Specific Branch Proponent Officer prior to submitting packets to HRC for board consideration.

Table 3
Army Nurse Corps proficiency designators

9A	Expert in the specialty determined by the OTSG Classification Board
9B	Board Certified in a specialty
9C	Fully qualified to hold the AOC, but not eligible for the MPD 9B
9D	Currently participating in a course 13 months or longer that leads to the award of an AOC or advanced degree
9E	Currently participating in an AOC producing course of 12 months or less in duration
9F	Fully qualified 66F, 66P, 66R, or 66W officers in advanced fellowship or PhD training
9Z	Unspecified proficiency

7. Branch immaterial positions

a. *Description of duties.* The AOC 66N is an AOC IM duty position only, and is considered specialty immaterial. The positions are grade specific, spanning the ranks of CPT to COL. Assignment occurs in designated staff, executive, and command positions within a variety of commands (that is, TRADOC, USAREC, HRC, FORSCOM, MEDCOM, USAREUR, PACOM, CENTCOM, AFRICOM, and Eighth Army) in which ANC officers perform a variety of planning, coordination, supervisory, and/or executive functions.

b. *Description of positions.* Duty positions include USAREC AMEDD Recruiters; ROTC counselors and staff officers; HRC Staff Officer; Chief, Hospital/Nursing Education and Staff Development; Chief Nurse or Deputy Commander, MEDDAC, MEDCEN, and Regional Health command; Infection Control Officer; Nurse Methods Analyst; OTSG/DRU, ACOM, ASCC/DA/DoD Staff Officer; Nursing Research Officer; Deputy Chief Information Officer/ Informatics, MEDCoE instructors. Selected positions are validated for doctoral level education in accordance with policy. ILE and/or SSC are validated requirement for selected 66N positions.

c. *Qualifications.* Officers must possess a primary AOC and maintain clinical proficiency in that AOC, as noted in paragraph 4. The officer must also have demonstrated managerial and/or executive skills and meet the specific qualifications or requirements of a specified position in which duties are being performed.

8. Brigade Nurse Role

a. *Description of duties.* While there is no specific AOC or SI for this role, the Brigade Nurse role is a unique and critical operational force capability, particularly to lead the provision of prolonged care in the deployed environment when immediate evacuation is not possible or is delayed. ANC officers at the rank of CPT are assigned to the Brigade Combat Team (BCT) to serve as the subject matter expert (SME) in nursing, including emergency, trauma, holding, evacuation, and ambulatory care (nurse case management, care coordination, public health/community health issues) on the multidisciplinary care team for the functional BCT. In garrison, the Brigade Nurse serves to enhance medical readiness, planning, training, coordination, and communication within the BCT, and acts as a liaison to supporting organizations. During deployment, they provide oversight and direction of nursing care delivery in the Brigade Support Medical Company treatment platoon, patient hold, and enroute care sections. The Brigade Nurse is the champion for the sustainment of enlisted medic skills to promote a ready and deployable medical force. Within TSG lines of effort, the Brigade Nurse capability contributes as follows:

b. *Combat Casualty Care.* The Brigade Nurse develops and sustains nursing skills in trauma management through attendance at pre-hospital and trauma care training (TNCC, Tactical Combat Casualty Care, Joint Forces Trauma Care Medical Course, etc.) and helps ensure enlisted medic skills within the brigade develop and sustain their trauma management skills. Skill sustainment is enhanced through participation in patient care at garrison and local medical treatment facilities through borrowed military manpower memorandums of agreement. During field training exercises and while deployed, the Brigade Nurse supervises the delivery and documentation of nursing care in the medical treatment platoon and patient hold squads. Additionally, the Brigade Nurse assists the BCT Operations Officer and

Brigade Surgeon with medical planning, offering specific expertise in nursing specific considerations, community assessments, and medical trend analysis. They develop and refine policy to ensure compliance with Joint Clinical Practice Guidelines (CPGs) and collaborate with all medical assets within the area of operations.

c. *Medically Ready Force*. The Brigade Nurse assists the brigade in integrating strategies that promote comprehensive fitness and resilience (i.e., Health Promotion Councils, Access to Care, and Behavioral Health). They identify and assess emerging and current public health threats, partnering with local Public Health Command officials for development and implementation of public and force protection health solutions, while also providing direct nursing care as part of the BCT healthcare team.

d. *Ready and Deployable Medical Force*. The Brigade Nurse assists with 68W recertification coordination, as well as coordinate and plan other low density enlisted 68 Career Management Field MOS sustainment activities. In conjunction with the Brigade Surgeon, the Brigade Nurse advises the command on medical training plans while maintaining personal clinical relevancy through clinical patient care at the local military treatment facility or through equivalent facilities under a memorandum of agreement. The Brigade nurse also assist with the review maintenance, and sustainment of medical equipment sets and supplies within the brigade.

e. *Health of the Soldier and Beneficiaries (Families and Retirees)*. The Brigade Nurse coordinates multidisciplinary care for the Soldiers in the brigade. This involves typical nurse case management activities, such as coordinating referrals for specialty care to ensure efficient Soldier access to these services. As such, the Brigade Nurse advocates for the command and the Service Members in the delivery of healthcare.

9. Operational Substitution

ANC officers may serve in operational unit positions or support operational taskers for other ANC or AMEDD AOCs. For example, a 66P officer is a suitable substitution for 65D. Additionally, AN officers with additional specialty training such as 66G may serve in 66H Medical-Surgical Nurse positions since they possess the baseline education and training requirements. However, any officer serving as a substitute in another AOC operational role should possess the requisite knowledge, skills, and behaviors outlined in the position AOC's Individual Critical Task List (ICTL). The guide for Operational Substitution will migrate from PROFIS Army Regulation to Table 3-1 of DA PAM 611-21.

10. Reserve Component officers

The overall goals and ANC officer responsibilities for career development in the RC parallel the Regular Army. The unique career development opportunities and expectations in the RC are described in chapter 6 of the DA PAM 600-4.

11. Army Nurse Corps executive skills

Executive skills constitute a body of knowledge and skills in 35 competencies that are required in order to be a successful military health executive. These skills are developed through formal training by attendance of the Executive Skills Course at the MEDCoE and are also further developed in the normal course of career progression. Figure 1 below depicts 23 healthcare related executive skills within several disciplines as defined by the Joint Medical Executive Skills Institute.

12. Army Nurse Corps life cycle models

The Regular Army and Reserve Component life cycle development and utilization is depicted in the ANC Life Cycle model (figure 2).

Health Law and Policy Competencies	Health Resources Allocation Competencies
11. Public Law 12. Medical Liability 13. Medical Staff By-Laws 14. Regulations 15. Accreditation and Inspections	16. Financial Management 17. Human Resource Management 18. Labor-Management Relations 19. Materiel Management 20. Facilities Management
Ethics in the Healthcare Environment Competencies	Individual and Organizational Behavior Competencies
22. Personal and Professional Ethics 23. Bioethics 24. Organizational Ethics	25. Individual Behavior 26. Group Dynamics 27. Conflict Management 28. Interpersonal Communication 29. Public Speaking 30. Strategic Communication
Performance Measurement and Improvement Competencies	
31. Population Health Improvement 32. Research and Investigation 33. Integrated Healthcare Systems 34. Quality Management and Performance Improvement	

Figure 1. Healthcare related executive skills

