Medical Service Corps

A Junior Officer's Survival Guide

07 November 2008

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1 November 2008

Medical Service Corps Officers:

I am delighted to present to you the "Medical Service Corps Junior Officer Seabag," a resource guide written by our Professional Development Executive Team led by LCDR Sheri Parker, LCDR Lorena Marshall, and LT Bobbie Turner and guided by CAPT Martie Slaughter, Executive Steering Council Champion.

Strong and proactive mentoring continues to be one of many, many attributes of the Medical Service Corps affecting all aspects of the "values triad" of family, professionalism, and relevance. In this spirit, the elements comprising the "Seabag," ranging from records management to selection board information to fitness report writing and beyond, will offer readily available resource guides to assist in the transition period for our newly commissioned officers simultaneously serving as refreshers for our more seasoned officers.

While my expectation remains that senior officers will continue to teach and provide guidance to junior officers and that junior officers will continue to take responsibility for their own career progression, as a resource guide the "Seabag" will augment these efforts well in this regard—it is my hope that you will refer to it often.

Best wishes and thank you for your service

Michael H. Mittelman
RDML SHCE USN
Director, Medical Service Corps

Welcome to the Medical Service Corps Junior Office Seabag. This document was designed following feedback from specialty leaders, detailers, the Medical Service Corps Executive Steering Committee and most importantly, you, the first tour Medical Service Corps Officer. The goal of this seabag is to provide you with the necessary tools to make your career as a Naval Officer a successful one. This document is not intended to be all encompassing; instead, it is intended as a starting point and resource guide to assist you as embark on your Naval Career.

Personal and professional experiences from many Medical Service Corps Officers demonstrated the necessity for developing this guide. Our team members and participants consisted of both junior and mid-grade officers, with senior officers serving as advisors, from a variety of fields to include first tours at a small research command, providing clinical care at a major hospital, performing a patient administration tour or serving in an operational capacity. Collectively, through our experiences and relying on the experiences of our fellow MSC's we noted that despite our best intentions, our junior officers intermittently lacked the basic information they needed to include career advice, record management, and mentorship.

We trust that this guide will provide for you an introduction into the occasionally overwhelming milieu as you inaugurate your Medical Service Corps Career. As a Naval Officer, your career is your responsibility, this document is not a substitute for your accountability, but is intended to provide you with an introduction to the necessary tools to manage your career. The term "Seabag", a noun, is defined as a cylindrical drawstring bag used by Sailors to hold their clothes and other gear. Please take this gear and use it wisely. WELCOME ABOARD!

LCDR Sheri B Parker, MSC, USN

LT Bobbie Turner, MSC, USN

Members of the Professional Development Team:

LT Bobbie Turner, MSC, USN (co-team leader)

LCDR Sheri B Parker, MSC, USN (co-team leader)

LCDR Lorena Marshall, MSC, USN (co-team leader)

LCDR Aaron Harding, MSC, USN

LCDR Danielle Wenzel, MSC, USN

LTJG Andrew Weiss, MSC, USN

CAPT Martie Slaughter, MSC, USN (MSC ESC Champion)

CDR Sue Hite, MSC, USN (MSC ESC Champion)

CAPT Eleanor Valentine, MSC, USN (advisor)

CAPT John Schmidt, MSC, USN (consultant)

A special thank you to all who provided information for the seabag:

CAPT Denise Weber, MSC, USN

CDR George Schoeler, MSC, USN

CDR Patricia Miller, MSC, USN

LCDR Rose Conway, MSC, USN

LCDR Joseph Cohn, MSC, USN

LCDR Ray Perez, MSC, USN

LT Erich Dietrich, MSC, USN

Mr. Glenn Smith

2. History of the Medical Service Corps

The history of the Medical Service Corps begins with the foundation of its predecessor, the Navy Hospital Corps. During World War I, the number of warrant officers in the Hospital Corps increased significantly and as a result, 65 Pharmacists and Chief Pharmacists received temporary commissions in the Medical Corps of the Navy. Following the end of the war, however, only a few of these officers were allowed to retain their temporary commissions and the majority of them were reverted back to their prior status.

The need for an officer category composed of individuals trained in administration, professional, and scientific specialties became readily apparent; however, a separate Corps would finally emerge after the next World War. During World War II, 1429 officers were again given temporary appointments in the Hospital Corps. In addition, 845 Pharmacists, Optometrists, and other specialists and scientists allied to medicine and dentistry received temporary appointments as Naval Reserve Officers. The vital role and need for a permanent officer category to compliment and supplement the existing Officer Corps was again emphasized by senior leadership during World War II.

The Army-Navy Medical Service Corps Act of 1947, Public Law 337, was officially signed by President Truman on 04 August 1947. As a result, the Navy Medical Service Corps was created and was originally comprised of four specialty areas: Supply and Administration, Optometry, Allied Sciences, and Pharmacy.

Today, the Medical Service Corps is the most diversified Corps within Navy Medicine. It is comprised of active duty and reserve officers from the ranks of Ensign to Rear Admiral serving in 31 different specialty areas. Medical Service Corps officers serve in hundreds of commands throughout the world, delivering direct patient care and serving in operational units, training and research command, occupational and preventive medicine units, materials and logistic support, and headquarters commands. Health care scientists and clinical care specialists make up over half of the total corps and health care administrators make up the remainder.

The Twig

The caduceus has long been a symbol for the medical profession. The modern insignia of the commissioned officers of the United States Navy Medical Department, however, had no symbolic basis in the history or traditions of the medical profession. The gold oak leaf motif used to denote officers of the Medical Department is based solely upon uniform traditions of the United States Navy. Arrangements of oak leaves and acorns have long adorned the uniforms of United States Naval officers. All dress uniforms, whether staff or line, were copiously festooned with oak leaves and acorns. So much, that it once was said that a Navy physician of the 1830s looked like a "walking arboretum."

The insignia for the Medical Service Corps was approved by the Bureau of Medicine and Surgery Policy Board on 28 August 1947, authorized by the Bureau of Naval Personnel on 5 February 1948, and promulgated by Change No. 1 to the Uniform Regulations of 1947. It was natural that a gold leaf motif be adopted as the insignia for the newest commissioned Corps of the Medical Department. Selection of the modifier was the challenge. The distinctive twig at the stem of an oak leaf was first suggested as early as September 1945. A proposal for establishment of a Navy Medical Scientist Corps suggested that the Corps device "shall consist of a modification of the oak leaf and acorn of the Medical Corps. The modification shall be a small gold bar, attached to the base of the oak leaf, centered and at right angles to the stem." The uniform regulations defined the Corps device as "a spread oak leaf embroidered in gold, with a twig below the stem and attached thereto; the twig to be inclined at an angle of 30 degrees from horizontal." A revision of the Uniform Regulations of 1948 changed the angle of the twig from 30 to 15 degrees. Worn on the sleeve, the spread oak leaf is positioned stem down with the lower end of the twig to the front. When the device is worn on shoulder boards, the oak leaves (one on each side) are positioned to “cross” in the back. It is the twig on the base of the gold oak leaf that has inspired the sobriquet "Twig" denoting officers of the Navy Medical Service Corps

3. How to Manage Your Success: There is no Magic Formula

We must remember that we are Naval Officers first, Medical Service Corps Officers second and Specialty Officers third. Due to the diversity of each of our specialties, each individual in our Corps must have a career plan. The basis of the career plan is to consider our families, relevance to the United States Navy and Department of Defense and professionalism. One of the keys in developing a career plan is not to review the requirements as "boxes to check" but to clearly develop, with mentors and others, a plan that challenges you to become the best Naval Officer you can be.

The Medical Service Corps developed career roadmaps for each specialty. Each roadmap is a flexible path outlining a combination of work experiences on and off ramps, specialty training, education and training to build competency to help the officers achieve career goals. Competencies are defined as "the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values and reflection in daily practice," (Hundert et al. 1996). The needs of the Navy are paramount; an officer may have to fill a critical billet within their specialty rather than take an off ramp. It is still very possible for officers to "bloom where they are planted," building advanced level competencies on the job by actively seeking opportunities for professional growth and development. Active involvement in a mentor relationship is paramount to career success and is spotlighted in the road map. (*Further information can be found in the career map brief. The career roadmaps will be placed on Navy Knowledge Online on the Medical Service Corps home page).*

One of the key points in developing a career plan is the importance of finding a mentor. Appropriate mentorship will help you understand professional roles and norms of being a Naval Officer and Medical Service Corps Officer. Your mentor can assist you in developing skills both by giving and receiving feedback, strategically developing work relationships across the organization, developing a balance between roles within and outside of work, and actively helping you to manage and to plan your career. There really is no magic formula for promotion, with the exception of performance, performance, performance!

Mentorship is a key component to most successful Medical Service Corps Officers. Often, the best way to find a mentor is to meet other Naval Officers. It is best to find a mentor that you are compatible with. This requires exposure to the Naval community at large. Often, this exposure starts with the Medical Service Corps Community. How do you become involved? Opportunities include the joining local Medical Service Corps Organization. This is especially important for those Medical Service Corps Officers that are in smaller commands, joint commands or the sole Medical Service Corps officer at a command. Consider participating in societies of interest to Medical Service Corps Officers: Association of Military Surgeons of the United States (AMSUS), American College of Health Care Executives (ACHE), American Academy of Medical Administrators (AAMA), Federation of American Society of Experimental Biology (FASEB) and the local Medical Service Corps Association or Ball Committee. What if you are involved and still cannot find a mentor? Talk with your specialty leader, as they at one time sat in your shoes. They are aware of the potential pitfalls and what is necessary to gain exposure and mentorship.

4. How to Manage Your Record

a. What is in my officer record?

Your officer record consists of multiple sections. They include your ODC (Officer Data Card), your PSR (Performance Summary Record) and your actual record on CD-ROM

What is an ODC?

The Active Duty Officer ODC (Officer Data Card), NAVPERS 1301/51, is a report containing personal information for active Officers and is created from the Officer Personnel Information System (OPINS) database. The ODC contains personal data, education data, service school data, assignment history, promotion history, etc. for the active officer.

What is a PSR?

A PSR is a Performance Summary Record**.** For the Active Duty Officer the PSR consists of three separate documents:

- Part I - also known as the Officer Summary Record (OSR), OSR 'Top Sheet' or NAVPERS 1070/123. This report contains much of the same data as that on the Officer Data Card (ODC). Both the OSR and the ODC are generated from the Officer Personnel Information System (OPINS) database. Since most of the fields are the same, instructions in the on-line ODC will be used for correction of the OSR fields as well.
- Part II - also known as the Officer Summary Record (OSR) 'Bottom Sheet', pre-96 PSR or NAVPERS 1070/50, contains performance fitness and evaluation history prior to 1 January 1996.
- Part III - also known as the Performance Summary Report (PSR) or post-96 PSR contains performance fitness and evaluation history since 1 January 1996

Where do I find my ODC and PSR?

To access your ODC/OSR/PSR online, go to https://www.bol.navy.mil/ and click on the BUPERS On-Line tab, and log in. From here you can view your Officer Data Card, Performance Summary Record and Officer Summary Record by clicking on the "ODC, OSR, PSR, ESR" tab. **Navigation hint**: If you left click on the block name, a separate window will open that explains that block. This works for all 3 forms (ODC, OSR, PSR). If you experience problems accessing these items online contact the BUPERS help desk at (901) 874-4717 (DSN 882).

What is on my Record on CD-ROM?

Your CD-Rom contains copies of all the information found in your ODC, OSR and PSR. It contains the actual documents (transcripts, service schools, officer photographs, etc).

How do I request it?

Your CDROM can be requested through BUPERS on-line. Log in as discussed above and click the "Request Record on CD" Tab. You may also request your CD in writing from BUPERS (PERS 312). Either fax your request to (901) 874-2664 (DSN 882) or mail it to: **Bureau of Naval Personnel, PERS 312 Records, 5720 Integrity Drive, Millington, TN 38055-3130.**

With a CAC enabled computer you can review your record online. Select the web enabled record review on BUPERS on line!

b. How do I update my officer record?

How do I update my ODC, OSR, PSR or CD-Rom?

Please see the regular update from Naval Personnel Command linked here in this document. You may also request an update from your detailer.

How often should I update my record?

- Order your CD every year or review it online!
- Review your ODC, OSR and PSR on line at least once per year.
- You now have the capability of reviewing your record directly online with a CAC enabled computer and CAC card. (select web enabled record review)

What should I be looking for?

It is important to look for what items are missing in your record. Items that may be missing from your service record (service record is used collectively to reflect the ODC, OSR, PSR and the CD-Rom) include:

FITREPs – be certain that all of your FITREPs are located on both your CD-Rom and your PSR. Make sure the dates are continuous (i.e. there are no dates of service that are unaccounted for).

AWARDs – be certain all of your awards are appropriately documented in the OSR and in the Navy Department Awards Web Service (NDAWS) and on your CD-Rom.

Photographs- Photographs are required for all officers of the Navy and the Navy Reserve, regardless of status, within 3 months after acceptance of each promotion. MILPERSMAN Instruction 1070-080 refers to the requirements for officer photographs. http://www.npc.navy.mil/NR/rdonlyres/12E4FB57-ED2C-4F80-90BA-AE5DA6926E0E/0/1070180.pdf

Service Schools – Keep in mind only service schools (courses) listed in the **"Navy Officer Manpower and Personnel Classifications, Volume II – The Officer Data Card" may be added to the ODC/OSR;** service schools not listed cannot be added to your ODC. Therefore it is important if you have attended a service school that cannot be listed in your ODC, that you reflect it in your Fitness Report.

Academic Degrees – be certain all of your degrees of accredited institutions are reflected in your ODC and OSR.

Additional Qualified Designators (AQD) - Your respective detailer manages and assigns AQDs. To request an AQD, contact your detailer (via e-mail/phone) for guidance on required documentation, qualifications and the overall process. AQD's assigned to Medical Service Corps Personnel include: Aeromedical Safety Officer, Aerospace Optometrist, Fleet Marine Force Medical Logistics, Aviation Optometry, Radiation Safety Officer, Radiation Teletherapy Physicist, Instructor, Assistant, Associate or Full Professor, Researcher, Executive Medicine (https://nmmpte.med.navy.mil/eme2/home.asp), Managed Care Coordinator, Defense Acquisitions Workforce Level I, II or II certification. AQD's typically assigned to medical service corps officers are listed in this document. For a complete list of AQD's you can review Navy Officer Manpower and Classifications, NAVPERS 15839I Vol II, section D. https://buperscd.technology.navy.mil/bup_updt/508/OfficerClassification/i/PT_D.htm

c. What to keep in my personal record?

In addition to your official officer record at Navy Personnel Command, you should create a paper or electronic file with the following:

1. **PAPERWORK MAINTENANCE:**
    a. Obtain at least two three ring binders to maintain all of your record information.
        i. In one binder, place chronological copies of all your fitness reports.
        ii. In a second binder, place all your awards and training information. Include in this binder all of your certificates, letters of recognition, etc. Also include copies of your training certificates.
    b. Keep additional files to include copies of your security questionnaire, orders, PCS information etc.
2. **FITREP PREPARATION:**

    Throughout the year, maintain an electronic or hard copy of your accomplishments. Set aside an e-mail folder to place your “bravo zulu’s and atta boy’s”. Bravo Zulu is a naval signal, conveyed by flag or voice radio, meaning "well done".
3. **YOUR OFFICER SERVICE RECORD**

    Depending upon where you are stationed and when you entered the service, you may be required to maintain custody of your officer service record. This is the record which includes hard copies of the following (this is not an inclusive list)
    a. Dependency Applications and Dependant Care Plan
    b. Administrative Remarks
    c. Service Group Life Insurance Election and Certificate
    d. Original Stamped Orders
    e. Officer Application
4. **BIOGRAPHY/CURRICULUM VITAE**
    a. One of the items you should consider drafting is a biography. A biography and/or curriculum vitae may be required for various reasons including applying for training opportunities or even collateral duties.
    b. Examples of some relevant biographies are below. These examples are of senior military leaders, unmistakably, a first tour Medical Service Corps Officer’s biography will not be as profound. Consider asking your specialty leader for their biography as an example**.**
        i. Admiral Mike Mullen, Chairman, Joint Chiefs of Staff
        ii. Rear Admiral Michael H. Mittelman

5. Fitness Report (FITREP) Writing

Your FITREP is the single most important personnel management tool—since it impacts all personnel decisions. FITREPs are used to determine not only selection for promotion but selection to training programs and job assignment opportunities. PERFORMANCE IS EVERYTHING—your key to success is to "bloom where you are planted," i.e. perform brilliantly regardless of the assignment. Performance in competitive jobs is the number ONE indicator of success.

It is imperative to review the guidance provided by our corps chief. Highlighted below are key points discussed. Other helpful information is included in the FITREP Brief.

Block 29:

- 14 character/space primary job abbreviation—use your leadership role, e. g. Director, Department Head, etc. rather than specialty.
- Include job scope - # of people supervised, budget oversight if applicable (optional for operational billets).

Block 40: Don't leave blank! Milestones should be consistent with rank and specialty. For example, an ensign should not be recommended for an executive officer position.

Block #41:

- **Narrative Text:**
  - Short breakout opening statement. For example: #3 of 15 LCDRs regardless of designator (esp if 1/1 billet);
  - White space
  - Several bullets with most important listed first (Cause and effect ~ impact ~ bullets). These should be hard-hitting effects based bullets that document actions that generated specific effects
  - White space
  - Closing statement with promotion recommendation. The narrative and promotion recommendation must be synchronous.
- Write for your audience and write for impact (18 lines only): Different MSC sub-specialties, other Navy Medical Department Officers and line officers on selection boards. Eliminate technical language known only to your specialty!
- Do not write a job description (that is already in block 29)
- Do not clutter the write-up so that it is difficult to read

Helpful Hints:

- Have other MSC's, Medical and Line Officers review your FITREP prior to sending it through the chain of command.
- Provide a brag sheet with complete information to your senior, so they can reference or add additional information to the FITREP you submitted. Throughout the year, maintain an electronic

or hard copy of your accomplishments. Set aside an e-mail folder to place your "bravo zulu's and atta boy's"

- Start EARLY! Do not wait to the last week before the input is due!

Additional References:

- The Naval Institute Guide to Naval Writing Robert Shenk, 2nd edition, 1997.
- Webpage www.navyfitrep.com

6. Your Next Duty Station

a. **When do I start?**

You should start working with your detailer and specialty leader at least 12 months before your projected rotation date. Keep your detailer and specialty leader informed of any changes that may affect your next assignment (additional degrees, designators, family readiness issues). Start networking for your next duty station after one year aboard your current duty station.

b. **Why is it so complicated?**

The assignment process involves many different factors including the needs of the Navy, the career needs of the officer and family considerations.

c. **What is the role of the specialty leader?**

For each of the different specialties, the specialty leader may play a different role in the assignment. In general, the specialty leader is a source of professional counsel to an officer regarding career development, while the detailer is the person whom each officer must ultimately work to assign specific billets. In smaller communities, the specialty leader often works in concert with the detailer on the assigning of billets. The detailer, however, will always make the final decision and facilitate the actual order writing.

7. Preparing for Selection Boards

a. Start when you are first below the zone.

(1) What does it mean to be "in zone"

There are three basic promotion zones. Below the Zone, In-Zone and Above the Zone.

Below the Zone refers to an officer serving on the Active Duty List who is being considered early for the next paygrade, before they would normally be In Zone. Non-selection does NOT constitute a failure of selection or FOS). This is the time to start getting your record prepared for the board. Up to 10% of those recommended may be selected below the zone. Most officers are selected for promotion In-Zone.

In-Zone refers to an officer serving on the Active Duty List who is being considered for the next paygrade and has been identified in the annual "Zone Message" as being in the zone for promotion. Non-selection DOES constitute a failure of selection or (FOS).

Above the Zone refers to an officer serving on the Active Duty List who has been previously considered 1 or more times for this paygrade after being identified on the annual "Zone Message" as being in the zone for promotion. Non-selection DOES constitute a failure of selection or FOS). Also Note: Officers serving on the Active Duty List who are above the identified zone but have NOT been previously considered for this paygrade will be identified and treated as being In Zone. An officer that fails to select twice should consult Naval Personnel Command as to their eligibility to be retained on active duty service.

(2) How to I determine if I am in zone?

The ALNAV stating what officers are eligible for the selection board is typically released in December of each year. Do not wait to prepare for a selection board. You should start preparing for the board, the first time you are below zone. Begin to actively review your record the first time you are below zone.

(3) How to I determine my lineal number?

The register Number assigned is the number which indicates the officer's relative seniority on the Active-Duty List. The Active-Duty List register number is the lineal number. Lineal numbers are assigned per SECNAVINST 1427.2 according to seniority as determined by the promotion history card, maintained by Pers-85. All register numbers contain eight places, the first six places are considered the whole number, and the final two places the sub-number. Use of the sub-number allows additions and changes to the list without renumbering the entire list.

You can locate your lineal number by visiting the Naval Registrar at
http://buperscd.technology.navy.mil/bup_updt/upd_CD/BUPERS/Register/naval_register.html

b. Request a record review with your detailer

Set up a phone conference with your detailer at least 12 months prior to the promotion cycle to review your record. Your detailer will have access to the same record system the selection board will be using.

c. Order your record and review it for the following:

(1) Regular FITREP Continuity

(2) Personal Awards

(3) Education Information (degrees & service schools)

(4) AQD's

d. Letters to the Board

(1) Directions for submitting letters to the board can be found on the active officer promotion website at the Navy Personnel Command: http://www.npc.navy.mil/Boards/ActiveDutyOfficer/

(2) Recommend only send letters for first time consideration to update record if something is missing or to augment your record including:

a) New job not previously documented.

b) FITREPs requiring explanation/amplification.

c) Missing or illegible FITREPs, awards, academic or professional achievements.

(3) Testimonial letters from others (reserve for above zone)

a) Must have substance.

b) May be necessary if above zone—a letter may send a message to the board that you are serious about your career.

8. Web Sites to have in listed in your "favorites" (additional websites are listing in the Training Section)

CAREER INFORMATION SITES:

1. Naval Personnel Command - www.npc.navy.mil
    a. Access to career, detailer, promotion and selection board information
    b. Family readiness support information
    c. Links to other websites including Stay Navy
    d. Links to ALNAV (all navy messages) NAVADMIN (Naval Administrative Messages), Instructions and Directives (become familiar with instructions in the Instruction/Directives section).
2. BUPERS (Bureau of Naval Personnel) On-line – https://www.bol.navy.mil/
    a. Order your CD, OSR/PSR, review your record online (with CAC enabled computer)
    b. Access to PRIMS (physical readiness information management system).
3. Navy Knowledge On-line - http://www.nko.navy.mil
    a. Links to various training programs (see training program sections)
    b. Medical Service Corps Homepage (directions to adding as a favorite). Individual Specialty Homepages are part of the Medical Service Corps Homepage.
4. Navy Medicine Online - http://navymedicine.med.navy.mil/
5. Awards - https://awards.navy.mil/

PAY SITES:

1. My Pay - https://mypay.dfas.mil/
    a. Access to W-2
    b. Leave and Earning Statement (LES)
    c. Main DFAS website has links to other important pay information and pay rates www.dfas.mil
2. Thrift Savings Plan - http://www.tsp.gov/
3. Pay and Compensation Calculator: https://staynavytools.bol.navy.mil/PCC/?B3=Launch+Calculator

TRAVEL:

1. DoD Per Diem, Travel, and other allowance rates - http://perdiem.hqda.pentagon.mil/perdiem/
    a. Information about travel pay, allowance rates, etc.
2. Joint Federal Travel Regulations - http://perdiem.hqda.pentagon.mil/perdiem/trvlregs.html
3. Defense Travel System (DoD travel program) http://www.defensetravel.osd.mil/dts/site/index.jsp

OTHER WEBSITES:

1. Civilian Personnel:
    a. Department of the Navy Civilian Human Resources - https://www.donhr.navy.mil/
    b. National Security Personnel System - http://www.cpms.osd.mil/nsps/
    c. Office of Personnel Management: www.opm.gov
2. Department of Veterans Affairs - http://www.va.gov/
3. Seamen to Admiral Program STA-21 Program - https://www.sta-21.navy.mil/

9. Training Websites and/or Information

1. Chief of Naval Education and Training - https://www.cnet.navy.mil/
    a. Leadership Continuum Courses (Basic, Intermediate, Advanced and Command)
2. Navy Knowledge Online (NKO): http://www.nko.navy.mil
    a. Multiple courses including:
        i. Basic Medical Department Officers Course (mandatory training for O-1 to O-3) and prerequisite for AMDOC (Advanced Medical Dept Officers Course)
        ii. Expeditionary Medicine
        iii. CBRNE (chemical, biological, radiological, nuclear, and high yield explosive) Emergency Medical Preparedness and Response
        iv. General Military Training and other lifelong learning programs.
        v. Directions to access Medical Service Corps Home Page
3. Defense Medical Readiness School - http://dmrti.us/
4. Joint Medical Executive Skills - http://jmesi.army.mil/ & https://nmmpte.med.navy.mil/eme2/home.asp
5. Naval War College - http://www.nwc.navy.mil/
6. Naval Operational Medical Institute (NOMI) - http://www.nomi.med.navy.mil/
7. NMPT&E - http://navmedmpte.med.navy.mil/
    a. Patient Admin School
    b. Plans and Operations Medical Readiness
    c. Advanced Medical Readiness
    d. Clinic Managers Course
    e. Advanced Medical Department Officers Course
8. Defense Acquisition University http://www.dau.mil/
    a. Fundamentals of Systems Acquisitions (ACQ 101)
9. Tuition Assistance Program - https://www.navycollege.navy.mil/ta1.html
10. SMART Transcripts - https://smart.navy.mil/smart/
11. Montgomery GI Bill - http://www.gibill.va.gov/
12. Navy College Program - https://www.navycollege.navy.mil/

10. Instructions/Directives (of particular interest - this a small list only)

Please note, most of these instructions can be found on the NPC website (or are listed in other sections in this guide):

Fitness Reports & Evaluations – BUPERS 1610.10B

http://www.npc.navy.mil/NR/rdonlyres/A1FA25A4-D292-4F83-9490-0010944D5565/0/161010.pdf

Physical Readiness Program – OPNAVINST 6110.1H

http://doni.daps.dla.mil/Directives/06000%20Medical%20and%20Dental%20Services/06-100%20General%20Physical%20Fitness/6110.1H.pdf

Uniform Regulations (NAVPERS 15665I) - http://buperscd.technology.navy.mil/bup_updt/508/unireg/uregMenu.html

Military Personnel (MILPERS) manual - http://buperscd.technology.navy.mil/bup_updt/508/milpers/index_milpersman.htm

Navy Medicine Directives - http://navymedicine.med.navy.mil/default.cfm?selTab=Directives

Medical Service Corps Duty Under Instruction Program http://navymedicine.med.navy.mil/Files/Media/directives/1520-40B.pdf

Navy Medicine Hotline Program http://navymedicine.med.navy.mil/Files/Media/directives/5370.3.pdf

Correspondence Manual SECNAVINST 5216.5D

SSIC Manual SECNAV M-5210.2

Awards –SECNAVINST 1650.1H

Equal Opportunity – SECNAVINST 5350.16

Sexual Harassment – SECNAVINST 5300.26D

Advancement Manual - BUPERSINST 1430.16F

Family Advocacy Program - OPNAVINST 1752.2A & SECNAVINST 1752.38

U.S. Navy Family Care Policy - OPNAVINST 1740.4B

Command Sponsor and Indoctrination Program - OPNAVINST 1740.3B

Enlisted to Officer Commissioning Programs Application Administrative Manual -OPNAVINST 1420.1A

Manual of the Judge Advocate General - JAGINST 5800.7E

Medical Service Corps Subspecialty Codes:

The subspecialty coding system for Navy officers is based on their education. The Navy uses subspecialty codes to identify officers with requisite knowledge not specifically related to their warfare designator to fill critical billets both at sea and ashore. The highest level codes are D codes, which require a doctoral degree program covering critical skills designated by the Navy. For those with a master's degree, the letter "P" will follow the subspecialty code. For example, if an Aerospace Physiology as a master's degree, then their subspecialty code would be 1836P. Following is the list of subspecialty codes for the MSC community:

General Specialty	Subspecialty	Subspecialty Code
HCS	Aerospace Experimental Psychology	1844
HCS	Aerospace Physiology	1836
CCS	Audiology	1862
HCS	Biochemistry	1810-11
CCS	Clinical Dietetics	1876
CCS	Clinical Psych	1840-43
HCA	Comptroller	3111
HCA	Education & Training Mgt	3150
HCS	Entomology	1850
HCS	Environmental Health	1860
HCA	Health Care Administration	1800
HCS	Industrial Hygiene	1861
HCA	Information Systems	1803 & 6201
HCA	Material Logistics Mgt	1802 & 3121
HCA	Med Construct Liaison	1804
CCS	Medical Technology	1865
HCS	Microbiology	1815-21
HCA	MPTA (Manpower Personnel)	3130

CCS	Occupation Therapy	1874
HCA	Operation Research	3211
CCS	Optometry	1880
HCA	Patient Admin	1801
CCS	Pharmacy, General	1887/88
CCS	Physical Therapy	1873
CCS	Physician Assistant	1893
HCS	Physiology	1835
HCA	Plans/Ops/Med Intelligence	1805
CCS	Podiatry	1892
HCS	Radiation Health	1825/28
HCS	Research Psych	1845
CCS	Social Work	1870

If you recently completed a Master's degree, PhD, board certification, or other advanced training, you may need to update your subspecialty code accordingly. Your detailer is unable to award or update your subspecialty code; it MUST be requested through the Medical Service Corps Chief office at BUMED. Information about updating your subspecialty code is provided in "How to manage your record" section of this manual. Career information for each of these specialties is located at Navy Knowledge Online via the Medical Service Corps Homepage.

Additional Key Terms

Officer Designator Codes:

The officer designator codes are four-digit numbers used to group officers by categories for personnel accounting and administrative purposes and to identify the status of officers. These codes identify, through the first three digits, the categories in which officers are appointed and/or designated and, through the fourth digit, the status of the officers within the various categories. The designator code 230x is for all medical service corps officers. According to the instruction NAVPERS 15839I, 2300 or 2305 (if Naval Reserve) is for Staff Corps Officer billet requiring Medical Service (Health Care Administration, Medical Allied Science, Optometry, Pharmacy, or Medical Specialist) specialty. The forth digit may be replaced with the number 2, if the staff officer is in a specialty that requires operational flying (Aerospace Physiologist or Aerospace Experimental Psychologist).

Abbreviations

AD - Active Duty
ALNAV - All Navy
AQD - Additional Qualified Designator
ARC - American Red Cross
AWOL - Absent Without Leave
BOQ - Bachelor Officers Quarters
BAS - Basic Allowance for Subsistence
BAH - Basic Allowance For Housing
BCNR - Board for Correction of Navy Records
BUMED - Bureau of Medicine and Surgery
BUPERS - Bureau of Naval Personnel
BZ - “Bravo Zulu”
CDO - Command Duty Officer
CNO - Chief of Naval Operations
CO - Commanding Officer
COLA - Cost of Living Allowance
CONUS - Continental United States
COW - Chief of the Watch
CMC - Command Master Chief
CNP – Chief of Naval Personnel
CPO - Chief Petty Officer
DEERS - Defense Enrollment Eligibility Reporting System
DFAS - Defense Finance and Accounting Systems
DITY - Do It Yourself move
DLA - Dislocation Allowance
DO - Duty Officer
DOD - Department of Defense
DOR - Date of Rank
EDVR - Enlisted Distribution Verification Report
EFT - Electronic Funds Transfer
EOM - End of Month
EOY - End of Year
FPO - Fleet Post Office

FSA - Family Separation Allowance
FFSC – Fleet and Family Support Center
FY - Fiscal Year
FYTD - Fiscal Year To Date
GMT -General Military Training
HDIP - Hazardous Duty Incentive Pay
HHG - Household Goods
HOR - Home of Record
HQ - Headquarters
HPLRP - Health Professions Loan Repayment Program
IAW - In Accordance With
JAG - Judge Advocate General
JCS - Joint Chiefs of Staff
LES - Leave and Earning Statements
LPO - Leading Petty Officer
MCPON - Master Chief Petty Officer of the Navy
MP - Military Police
MWR - Morale, Welfare and Recreation
NATO - North Atlantic Treaty Organization
NCIS - Naval Criminal Investigation Service
NJP - Non Judicial Punishment
NLT - Not Later Than
NMCRS - Navy-Marine Corps Relief Society
OCONUS - Outside Continental United States
OCS - Officer Candidate School
OIC - Officer-in-Charge
OJT - On the Job Training
OOD - Officer Of the Deck
OPNAV - Office of the Chief of Naval Operations
PAT - Process Action Team
PCS - Permanent Change of Station
PEBD - Pay Entry Base Data
PERSCOM - Personnel Command
POA - Power of Attorney
POC - Point of Contact
POV - Privately Owned Vehicle
PRD - Projected Rotation Date
PSD - Personnel Support Detachment
QA - Quality Assurance
QTRS - Quarters (living area)
R&D - Research and Development
REG - Regulation
SBP - Survivor Benefit Plan
SEAL - Sea-Air-Land
SECDEF - Secretary of Defense
SECNAV - Secretary of the Navy
SGLI – Servicemembers' Group Life Insurance
SOP - Standard Operation Procedure
SOQ - Sailor of the Quarter
SOY - Sailor of the Year
SRB - Selective Reenlistment Bonus

TAD - Temporary Additional Duty
TAP - Transition Assistance Program
TDY - Temporary Duty
TIG - Time In Grade
TLA - Temporary Living Allowance
UA - Unauthorized Absence
UIC - Unit Identification Code
XO - Executive Officer
YTD - Year To Date

RDML Mittleman's Selection Board Feedback

Navy Medicine Leaders,

I recently served as President of the Commander Selection Board. Here are some of my observations and thoughts on the fitness reports we reviewed and the selection board process in general.

1. Promotion to Commander signifies our high level of confidence that an officer will lead his or her peers and subordinates in assuring operational readiness and meeting those challenges that present themselves in the future. The purpose of a fitness report is to clearly document and articulate an officer's future potential to lead Navy Medicine to the next plane of excellence. While past performance is often a great indicator of this, fitness reports must clearly identify those officers who are ready to move into the next level of leadership and increased responsibility. It was my observation that the quality of many of the fitness reports that were reviewed fell short of clearly delineating an officer's future leadership potential, thus forcing the selection board to "guess" what message was being sent by some Reporting Seniors.

2. The Surgeon General has often said that selection boards always pick the right records, but the right records do not always translate to the right people unless the records adequately reflect each officer's performance. The major task for our COs is to ensure the best people actually have the best records. The disparity when the record doesn't match the officer can cause 'wrong' selections and non-selections. There are several key areas in an officer's career and fitness reports that need attention to ensure the best qualified are selected. As I see it, the most important areas are as follows:

a. We are a Navy Medical Department at war, with many of our personnel deploying, either as MAP's or Individual Augmentees with other services. Deployments must be clearly documented on fitness reports. Just because someone has deployed from a command is certainly no reason to drop them into a different competitive group. As always, performance both while deployed and in garrison must be clearly accounted and documented. Additionally, concurrent fitness reports for those who deployed for significant periods were not always available. We need to take steps to ensure that these are written and make it into the record.

b. There must be a noticeable increase in responsibility as an officer moves into new positions. It is difficult to say an officer is progressing if he or she is a LCDR who has served in a succession of LT billets or has recently moved to a LT billet. There must be a visible accretion of duties and clear progression into positions of increasingly responsible leadership.

c. An officer must have a good balance between operational, overseas, MTF, clinical, scientific and administrative experience, somewhat depending upon their specialty. This experience can come in many forms; shipboard duty, a tour with the Fleet Marine Force, a Type Commander staff tour, or an overseas medical treatment facility or lab, to name a few. Every new duty station needs to build on the officer's already existent experience base.

d. An officer must consistently do well when compared with peers in a summary group. Larger summary groups offer a better opportunity to identify leaders. Reports which continually place an officer in a "1 of 1" category at consecutive duty stations are more challenging to evaluate and should include a "soft" breakout for that officer in the narrative.

e. Continual improvement of professional skills, and expertise should be a life-long endeavor. Officers can demonstrate commitment and leadership by pursuing advanced training and education to

improve performance and prepare for positions of greater responsibility. This includes both academic training as well as military training. The importance of obtaining JMPE I training, such as through the Naval War College resident, non-resident or correspondence courses or other Service Colleges is essential as we more consistently work in a joint environment.

f. A promotion recommendation and recommendation for future command is essential. Normally, officers consistently in the early promote and must promote categories do very well in the selection board process. Officers in the promotable category are the most difficult to evaluate. Matching the promotion recommendation and narrative is critical in determining which officers in the promotable category should be selected. The narrative must succinctly describe the officer's performance, leadership potential, and ability to perform at the next paygrade. If an officer has been in the promotable category on consecutive fitness reports, the narrative should clearly outline the reason he or she has failed to progress into the must promote category.

g. The narrative needs to be written for impact. There should be a short initial paragraph, ideally with a “soft” breakout (my #1 of 6 EP’s) and recommendation for promotion. This should be followed by a few hard-hitting, effects-based bullets that document actions that generated specific effects. The final paragraph should provide a short summary of the officer’s future leadership potential to include recommendations for promotion and future command, if applicable. In between these words, there needs to be white space. It should not be the goal to fill the space up with superfluous words. Hard-hitting statements that clearly display an officer’s future potential are much more useful to a board than documenting how someone served on the social committee for a local golf tournament.

h. Finally, the narrative and promotion recommendation must be synchronous. It is difficult to evaluate an officer who is described as "the best I've seen," then given a promotable recommendation. Use the narrative to break out your top performers in the promotable category. These records end up in the "crunch" and the more descriptive the narrative, the better job the board can do at selecting the most qualified officers for promotion. Suggestion: in plain English, tell the promotion board which of the promotable officers should receive the highest priority for promotion consideration.

3. As a current or future Reporting Senior, you are the ultimate career counselor for all of our officers. You play a key role in selecting our future leaders. The Navy depends upon you to tell selection board officers, in clear language, who should be promoted and who should not. When the communication lines are clear, we have a much better chance of selecting the very best. If you have any questions on selection boards or fitness reports, please don't hesitate to contact me or my Deputy at (202) 762-3606.

Hope this is helpful!

V/R,

RDML Mike Mittelman, SHCE
Director, Medical Service Corps

Personnel Command Record Updated (August 2008)

OFFICER DATA CARD/OFFICER SUMMARY RECORD/PERFORMANCE SUMMARY REPORT (ODC/OSR/PSR)

To access your ODC/OSR/PSR online, go to http://www.npc.navy.mil/channels and click on the BUPERS On-Line tab, and log in. From here you can view your Officer Data Card, Performance Summary Record and Officer Summary Record by clicking on the "ODC, OSR, PSR, ESR" tab. **Navigation hint**: If you left click on the block name, a separate window will open that explains that block. This works for all 3 forms (ODC, OSR, PSR). If you experience problems accessing these items online contact the BUPERS help desk at (901) 874-4717 (DSN 882). Reserve officers not on active duty, must contact NRPC at 866-250-4778 to update their information through completion/update of the Naval Reserve Qualifications Questionnaire (NRQQ).

REQUEST FOR RECORD ON CDROM

Your CDROM can be requested through BUPERS on-line. Log in as discussed above and click the "Request Record on CD Tab". You may also request your CD in writing from BUPERS (PERS 312). Either fax your request to (901) 874-2664 (DSN 882) or mail it to: **Bureau of Naval Personnel, PERS 312 Records, 5720 Integrity Drive, Millington, TN 38055-3130.**

To update your CD, send required updates (miscellaneous documentation such as service schools, transcripts, etc.), to PERS-312 Records (address listed above). Importantly, information submitted to PERS-312 **WILL NOT** automatically be included on your ODC/OSR, but **WILL ONLY** update your permanent record (CD). Changes/updates to your ODC/OSR are handled as discussed below. Ensure that all documentation submitted to PERS 312 has your social security number written or typed in the upper right hand corner.

OFFICER DATA CARD & OFFICER SUMMARY REPORT UPDATES/CORRECTIONS

Updates or corrections to your ODC are done through the appropriate PERS code at Navy Personnel Command, or by the **Navy Standard Integrated Pay/Personnel System** (NSIPS), depending on the block of the ODC that requires update or change.

Change requests to the OSR are done by requesting changes to the ODC **(you cannot update the OSR, you must make change requests to the ODC; updates/corrections to your ODC will automatically reflect on your OSR).** Most changes or additions to the ODC that need to be reflected on the OSR involve academic degrees, service schools, personal decorations (awards) and special qualifications (AQDs). The following sections explain procedures to update or change this information. For questions regarding other blocks of the OSR, contact your detailer.

To make changes to your ODC, log on to BUPERS on-line and access your ODC (ODC, OSR, PSR, ESR link). Then, click on Officer Data Card (ODC) and verify that your email address and telephone numbers are correct; make any required changes on the page and they will be saved. Click on the "**build and view ODC**" button. To make changes or updates, click on the block that needs to be changed or updated, or click on "click here to add a new line". *For the ODC*, if you left click on the data in the block itself, you start the change procedure. Once the update/change has been entered, click "submit". The system will generate a screen titled "ODC Online". At the top of this screen, it says "save or print this screen as a file and follow the instructions in SECTION 2"; however, these instructions are currently incorrect **– follow the procedures below for additions or corrections**.

SERVICE SCHOOLS

Only service schools (courses) listed in the **"Navy Officer Manpower and Personnel Classifications, Volume II – The Officer Data Card" may be added to the ODC/OSR;** service schools not listed cannot be added to your ODC. If you feel a service school should be added to the Officer Manual, you will need to contact your community manager. The community manager will determine if the school needs to be added and they will work with PERS-341 to make this addition.

To access the list of service schools that can be added:

- Log onto http://www.npc.navy.mil/Channels/ .
- On the top bar menu, highlight "**Reference Library**" and **select "Instructions**"
- Scroll down and click on Bureau of Naval Personnel (BUPERS) Directives.
- On the top bar menu, click on **CD-Rom Menu; when that page loads -**
- Move your cursor over "**CD-Rom Menu"**
- Highlight "**What's New on BUPERS CD-Rom**"
- Scroll to the right and click on "**Navy Officer Manpower and Personnel Classifications, Volume I, - Major Code Structure.**
- Go to the "**OFFICER DATA CARD, VOLUME II** link" and view in html format so that links will be enabled.
- Scroll down and select "Appendix C - Service School Codes"
- You can then select service school listing grouped by subject listing, numerically by code number (if known), or alphabetically by abbreviation.

To enter the service school into the ODC, the correct service school code and course abbreviation is required. To add a service school to your ODC/OSR, log on to BUPERS on-line and access your ODC (ODC, OSR, PSR, ESR link). Then, click on Officer Data Card (ODC). Click on the "**build and view ODC**" button. Go to the "Education section, block 52 and select the button "click here to add a new line". Enter the course code, course name (correct abbreviation from the listing mentioned above), completion date (MM/YY) and duration (weeks, or "cc" if correspondence course). Once this information is entered, click "submit". The system will generate a screen titled "ODC Online". At the top of this screen, it says "save or print this screen as a file and follow the instructions in SECTION 2"; however, these instructions are currently incorrect **– do not send the ODC Online form to the address listed in Section 2.** Instead, print, sign and date the form. This form, along with the course completion certificate must be sent to NSIPS for the course to be entered on your ODC/OSR. **Submit either by fax (comm 504-697-5033, DSN 647-5033), or scan and email** (WORD or PDF format) **to NSIPSHELPDESK@navy.mil.** NSIPS can also be reached through the 24-hour toll-free Help Line at (comm) **1-877-589-5991**. As a last resort, you can send the documents via regular mail through the U. S. Postal Service to: **NSIPS CUSTOMER SUPPORT CENTER, CDM SECTION, 2251 LAKESHORE DR., NEW ORLEANS, LA. 70145**.

In addition, course completion certificates should be sent to PERS-312 for addition to the Officer's permanent record. Send documents to: **Bureau of Naval Personnel, PERS 312 Records, 5720 Integrity Drive, Millington, TN 38055-3130.**

ACADEMIC DEGREES

To add academic degrees to the ODC/OSR, refer to the **"Navy Officer Manpower and Personnel Classifications, Volume II – The Officer Data Card**" (instructions to access are listed above), **Appendix D "Education Codes"**. This appendix shows a listing of Institution (College/University) abbreviations, major fields of study, etc.

To add an academic degree to the ODC/OSR: log on to BUPERS on-line and access your ODC (ODC, OSR, PSR, ESR link). Then, click on Officer Data Card (ODC). Click on the "**build and view ODC**" button. Go to the "Education section, formal education, blocks 54-60, 61 and select the button "click here to add a new line". Enter the appropriate information (codes/abbreviations can be obtained from the links mentioned above); once this information is entered, click "submit". The system will generate a screen titled "ODC Online". At the top of this screen, it says "save or print this screen as a file and follow the instructions in SECTION 2"; however, these instructions are currently incorrect **– do not send the ODC Online form to the address listed in Section 2.** Instead, print, sign and date the form. This form, along with legible transcripts (official transcripts from the institution are not needed – legible transcripts can be provided directly from the officer), are sent to PERS-45E: **Navy Personnel Command, PERS-45E, 5720 Integrity Dr., Millington, TN 38055-3120**. Documents may also be scanned and emailed to PERS-45E at MILL_PERS45E@navy.mil. If transcripts are not available, PERS-45E will also accept diplomas for degrees awarded, however transcripts are preferred.

In addition, degree information should be sent to PERS-312 for addition to the Officer's permanent record. Send documents to: **Bureau of Naval Personnel, PERS 312 Records, 5720 Integrity Drive, Millington, TN 38055-3130.**

FITNESS REPORTS

There is normally a two to three-month lag time for fitness reports to appear in your record. The reporting senior's cumulative average takes up to three months to appear on your PSR. Your fitness reports will appear on your PSR first and then on your microfiche. **Reports for officers in zone for a selection board get priority for processing.** If you are missing a fitness report (more than 6 months old) on your PSR or on your CDROM, have an error on your PSR regarding a fitness report, or have any question about fitness reports, contact PERS-311D customer service at (901) 874-4881/4882/3313 (DSN 882). Sending duplicate reports compounds the processing problem, so it is best to call and check on the report first. If a fitness report is missing from your record, you may have to send a copy signed by the member and the reporting senior to**: Bureau of Naval Personnel, PERS 311, 5720 Integrity Drive, Millington, TN 38055-3110, AFTER** contacting PERS-311D to ensure that they have not already received the report.

Of note: Requests for administrative changes to submitted fitness reports can be requested by letter to PERS-311 (address above); members can request corrections of obvious errors to blocks 1-19 and blocks 21 to 27 by submitting a letter requesting the corrections to PERS-311. Changes to other blocks on the fitrep **must** be requested by the reporting senior that signed the original report.

PERSONAL AWARDS

The Navy Department Awards Web Service (NDAWS) database contains the primary data elements of personal and unit Navy Awards. NDAWS Authorities enter the 1650 data into the system, and it is automatically transmitted on a weekly basis to BUPERS for posting. After uploading your 1650 information in the database, the NDAWS Authority will mail a copy of your certificate/citation to BUPERS for scanning into your official record. The only way to check to see if your award certificates/ citations are in your record is to order your OMPF/CDROM from BUPERS. The NDAWS website is located at https://awards.navy.mil

You can see your own awards information via three methods: 1) From a personal awards search conducted on NDAWS; 2) From your OSR available via BUPERS Online; or, 3) From your OMPF/CDROM. For missing awards:

1) If an award is missing from NDAWS and from your OSR: Make a copy of the award certificate, write your SSN in the top right-hand corner of the copy (if award is an MSM or higher you must include the citation with the certificate). Submit copies of the certificate (and citation if applicable) to the NDAWS Authority/Administrator in your chain-of-command. A list of these commands, including mailing information, is available under the "NDAWS Authorities" link on the NDAWS website.

2) If the award is listed on your OSR but is not in your official file (CDROM): Mail a legible, clean copy of the citation (with your SSN in the upper right corner) to **Navy Personnel Command (PERS-312C), 5720 Integrity Dr., Millington, TN 38055-3120**. No cover letter is required.

3) If an award is listed in NDAWS but not on your OSR: Fax (901-874-2000) a copy of the citation and summary of action **with your social security number written in the upper right hand corner of the certificate and write "in NDAWS not in OSR".** For questions regarding this process, call PERS-312D at 901-874-4871 (DSN 882).

4) If an award is listed on your OSR but is not listed in NDAWS, send a copy of the certificate/citation to the NDAWS Authority/Administrator in your chain-of-command (see item #1 above).

Note: Awards are no longer submitted to the Navy Board of Decorations and Medals!

ADDITIONAL QUALIFICATION DESIGNATOR (AQD)

Your respective detailer manages/assigns AQDs. To request an AQD, contact your detailer (via e-mail/phone) for guidance on required documentation, qualifications and the overall process. AQDS will only be assigned/awarded after a record review, or after the appropriate documentation submitted, to determine that eligibility requirements have been met. Please contact the MSC Science Detailer, CDR Duane A. Eggert, MSC, USN for further info. He can be reached at duane.a.eggert@navy.mil or via phone at 901-874-4115.

SUBSPECIALTY CHANGES/UPDATES

If you recently completed a Master's degree, PhD, board certification, or other advanced training, you may need to update your subspecialty code accordingly. Your detailer is unable to award or update your subspecialty code; it MUST be requested through your respective Corps Chief office at BUMED. Contact your detailer or respective Corps Personnel Plans Analyst (listed below) to determine procedures/requirements to update or change subspecialties.

Medical Corps **– *Mr. Tony Frabutt, , MC Personnel Plans Analyst***, Navy Medicine, Manpower, Personnel, Training & Education Command, Directorate for Workforce Management, 8901 Wisconsin Avenue, Bethesda, MD, 20889-5612, Comm: (301) 295-1807, DSN 295-1807, Fax: (301) 295-1817, Email: Anthony.Frabutt@med.navy.mil.

Dental Corps – ***LT Richard Gilliard, Jr., MSC, USN, DC Personnel Plans Analyst***, Navy Medicine, Manpower, Personnel, Training & Education Command, Directorate for Workforce Management, 8901 Wisconsin Avenue, Bethesda, MD, 20889-5612, Comm: (301) 295-1780, DSN 295-1780, Fax: (301) 295-1817, Email: Richard.Gillard@med.navy.mil.

Medical Service Corps - ***LT Erich Dietrich, MSC, USN, MSC Personnel Plans Analyst,*** Navy Medicine, Manpower, Personnel, Training & Education Command, Directorate for Workforce Management, 8901 Wisconsin Avenue, Bethesda, MD, 20889-5612, Comm: (301) 295-1781, DSN 295-1781, Fax: (301) 295-1817, Email: Erich.Dietrich@med.navy.mil.

Nurse Corps – ***CDR Linda Hood, NC, USN***, ***NC Personnel Plans Analyst***, Navy Medicine, Manpower, Personnel, Training & Education Command, Directorate for Workforce Management, 8901 Wisconsin Avenue Bethesda, MD 20889-5612, Comm: (301) 295-1779, DSN: 295-1779, Fax: (301) 295-1817, Email: Valerie.Morrison@med.navy.mil

OFFICER PHOTOGRAPHS

MILPERSMAN article 1070-180 (Aril 2007) re-established the requirement for Officer Photographs to be included in an Officer's permanent record. Photographs are required of all active duty and reserve officers, regardless of status, within three months of each promotion; photographs are now required in COLOR and are scanned and entered into the record in color. MILPERSMAN article 1070-180 outlines the uniform requirements for the photograph, and includes a link to NAVPERS form 1070/884 (04-07); this form is the correct form on which to submit photographs. Attach the photograph to this form, sign and date the form, and mail to: **Navy Personnel Command, PERS-312C, 5120 Integrity Drive, Millington, TN 38055-3120.**

To check if the current COLOR photograph has been entered into the permanent record: Log on to BUPERS on line, go to the "Fitreps/Evals" reports link, click on the "Performance Evaluation Continuity Link", under "Individual Continuity". At the bottom right of the continuity report is a block that has "Photo Information" that will show "Y" if a color photo is in the Officer's record, and if the photo is in the Officer's current grade.

ADDITIONAL INFORMATION

Record information submitted by members for consideration by selection boards (submitted by letter to a selection board) **WILL NOT** automatically be forwarded to appropriate PERS codes or NSIPS to update personnel records (CD, ODC, OSR, PSR). All information submitted to boards is immediately destroyed following the board completion. Information submitted to selection boards that needs to be included in the member's record(s) must be submitted according to the directions contained above.

AQD Assignments

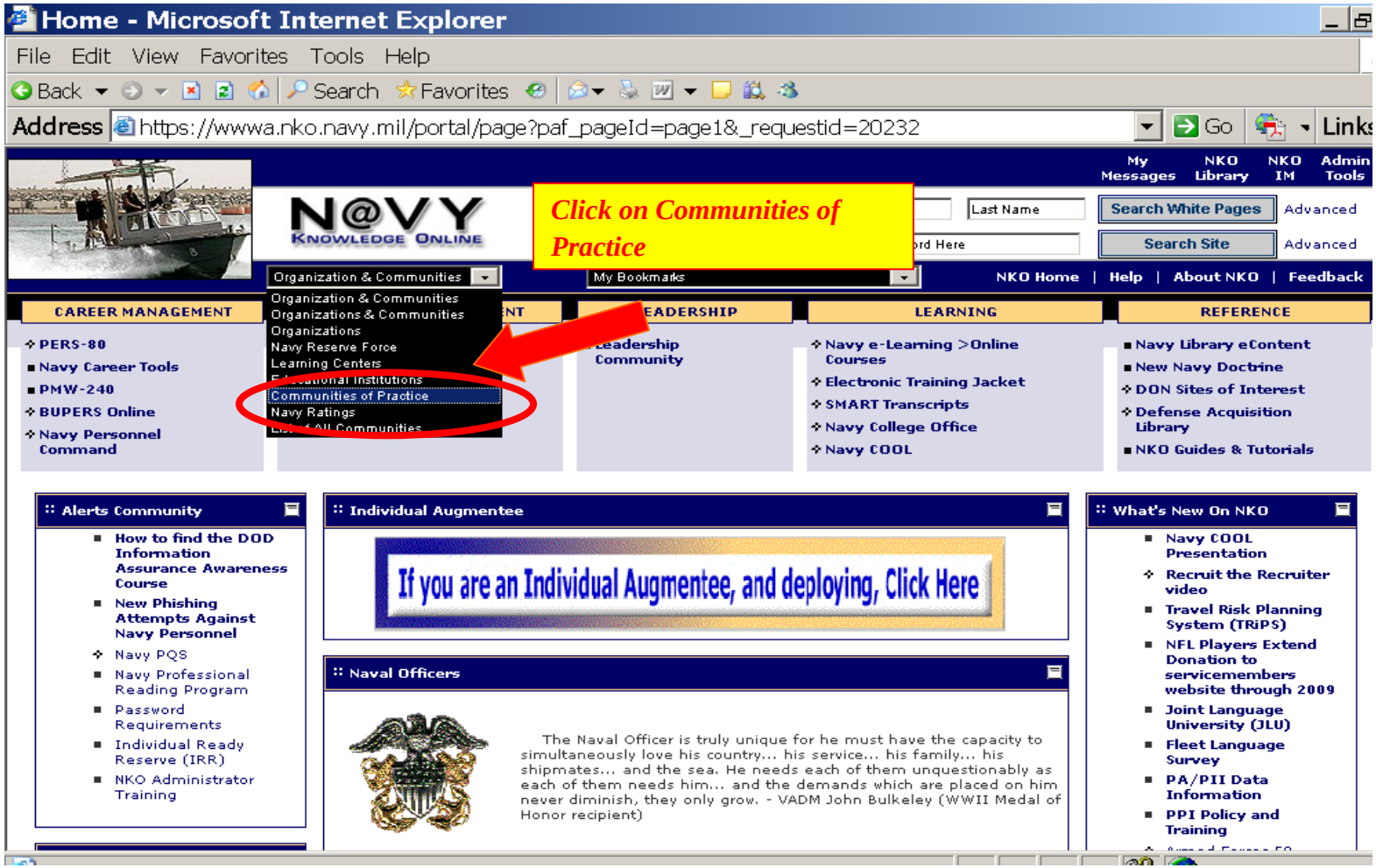
The following is a list of some of the more common Additional Qualification Designators (AQDs) assignable to active duty and reserve MSC officers. Active duty should contact their detailers for assignment. For a complete listing of AQDs, see the Manual of Navy Officer Manpower and Personnel Classifications, (NAVPERS 15839I), http://buperscd.technology.navy.mil/bup_updt/508/OfficerClassification/i/PT_D.htm

AQD	TITLE	QUALIFICATIONS
AW*	**Acquisition: SPRD&E Certification**	Systems Planning, Research Design and Engineering Acquisitions Certification, third character is dependent upon billet and certification.
LA7	**Medical Dept. Surface Warfare**	Surface Warfare Medical Department Officer (SWMDO) Qualification and Designation, OPNAVINST 1412.8B
6AM	**Aeromedical Safety Officer**	MSC Officer (Designator 2302, Grades O-2 to O-5) who has successfully completed all of the following: 1. Formal aerospace physiology training at the Naval Operational Medical Institute; 2. A tour as either an Aerospace Physiologist or Aerospace Experimental Psychologist; 3. The Aviation Safety Officer Course at the Naval Postgraduate School.
6FA	**Marine Corps Med. Dept. Officer**	A Medical Department officer who has successfully completed a Marine Corps tour of duty.
6FC	**FMF Medical Logistics**	A MSC officer who has successfully completed the USMC Ground Supply Officer School and holds AQD 6FA.
6GA	**Aviation Optometry**	Officer is coded after completing aeromedical and aviation familiarization training for administering the Navy and Marine Corps aviation contact lens programs and maximizing the man-machine interface between night visions systems and the visual system.
6HL	**Orthopedic Physician Assistant**	Physician Assistants who have completed a formal program in Orthopedics or have at least 24 months on the job training (OJT) under clinical supervision of an Orthopedic Surgeon.
6KL	**Radiation Safety Officer**	A Medical Department Officer who is certified by BUMED as a Radiation Safety Officer, i.e., must meet training requirements or Title 10 Part 35 Code of Federal Regulations.
6LJ	**Upper Extremity Neuromusculo - skeletal Evaluator (UENMSE)**	MSC Officer with designator 230X who is serving as an Occupational Therapist (NOBC 1874) who has: a. Completed U.S. Army Upper Extremity Neuromusculo-skeletal Evaluators Course offered by Fort Knox Medical Department Activities or other course deemed appropriate by the Occupational Therapy Specialty Leader; or b. Completed a minimum of 5 years experience in an orthopedic-based clinic with proven clinical ability and performance; and c. Completed a 6 month preceptorship. An orthopedic hand surgeon must accept responsibility, provide supervision throughout this 6 month period, and provide the officer with a minimum of 2 written performance evaluations.
6OB	**Shipboard Assignment**	Medical Department Officer who has completed a shipboard tour (other than hospital ship).

6OC	**Hospital Ship Assignment**	Medical Department Officer who has completed a tour aboard a hospital ship.
6OF	**FDPMU (Forward Deployable Preventive Medicine Unit)**	MSC (1810, 1815, 1825, 1850, 1860, 1861) who completed all the required FDPMU training and/or certification courses presently required by the Navy Environmental Health Center (NEHC) and have (a) one year experience while assigned to an FDPMU, or (b) have completed one tour while stationed at NEHC, a Navy Environmental and Preventive Medicine Unit, or a Navy Disease Vector Ecology and Control Center (verification must be provided by unit training officer or FDPMU coordinator, and endorsed by unit OIC).
6ON	**Medical Regulator**	Officer who has successfully completed formal training in medical regulating and a tour in a medical regulating assignment.
6OU	**Fleet Hospital Assignment**	Medical Department Officer who has served 90 days in a deployed fleet hospital.
6ZF	**Researcher**	Officer who has: a. completed an IRB approved research project fully consistent with the guidelines as promulgated by NMETC; and b. met the rigorous guidelines of their medical community for publication in a Peer-reviewed journal.
67A	**Executive Medicine**	Officer awarded this code will have met all the competencies of the Joint Medical Executive Skills Development Program.
67G	**Managed Care Coordinator**	Code awarded to Medical Department Officer who has completed one-year Managed Care related experience and who has met the appropriate Joint Medical Executive Skills Development Program competencies.
67H	**Ambulatory Care Administration (ACA) Officer**	Code awarded to officers with a master's degree and has successfully completed: a. 18 months in an ACA officer related position; or b. 12 months in an ACA officer related position provided master's degree obtained in concentration in ACA.
67I	**Credentialed HCA**	HCA with master's degree who is a diplomate in ACHE or Credentialed Medical Administrator (CMA) in AAMA.

Directions to access the MSC pages on NKO

Log into www.nko.navy.mil



Address https://wwwa.nko.navy.mil/portal/page/?paf_pageId=pg15500057
Go
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NKO IM
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N@VY KNOWLEDGE ONLINE
Welcome To NKO
LCDR Danielle Wenzel
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CAREER MANAGEMENT
PERSONAL DEVELOPMENT
LEADERSHIP
LEARNING
REFERENCE
ORGANIZATIONS & COMMUNITIES
Organizations
Navy Reserve Force
Learning Centers
Educational Institutions
Communities of Practice
Navy Ratings
ORGANIZATIONS & COMMUNITIES > COMMUNITIES OF PRACTICE
EMAIL PAGE
Communities of Practice
Chaplain Corps
EDO
EED Enterprise Engine
Expeditionary Warfare
Far East (FE) Knowledg
Human Resource Office
Info Assurance
Information Operations
Intel Community Manage
Information Warfare Offi
IP Officers
JAG Civil Law
JAG Legal Assistanc
JAG Military Justice
Learning Standards Officer
and Chief Warrant Officer
Navy Medicine
METOC Officers
Mission Planning
Naval Ordnance
Naval Security Group Reserve
Personal and Family Readiness Board of Directors
Shore Station Mgrs
Space Cadre
Supply Corps Officers
Surface Warfare Enterprise
Undersea Experimentation Working Group (UEWG)
Click on Navy Medicine
Programs
Defense Travel System (DTS)
DON Business Innovation
DON XML
Individual Augmentation
Naval Mobilization Processing Site (NMPS)
Navy Cyber Defense Operations Command (NCDOC)
NAVY ERP Program
Navy Family Community
Navy Marine Corps Intranet (NMCI)
OPNAV N6 Cellular Initiative
OPNAV N6 Enterprise Website Consolidation
Personnel Qualification Standards
SEAPRINT

Address https://wwwa.nko.navy.mil/portal/page?paf_communityId=co49900010
Go
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Enter Keyword Here
Search Site
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My Bookmarks
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CAREER MANAGEMENT
PERSONAL DEVELOPMENT
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NAVY MEDICINE
Homeland Security
Chief Petty Officer Medical Community
Civil Service
Navy Medical Support Command
Navy Medicine East
Navy Medicine West
Navy Medicine National Capital Area
Medical Reference Library
Senior Executive Medicine
Professional School Liaison Officer (PSLO) Program
Graduate Medical Education (GME)
Periodic Health Assessment
Dental Corps
Financial Improvement Program (FIP)
Hospital Corps
Medical Corps
Medical Service Corps
Nurse Corps
NAVY MEDICINE
EDIT PAGE | EMAIL PAGE
:: Navy Medicine Organization
NAVY MEDICINE
World Class Care...Anytime, Anywhere
Adam M. Robinson Jr.
Vice Admiral, Medical Corps, U.S. Navy
Surgeon General of the Navy and Chief,
Surgery.
Click on Medical Service Corps
Vice Admiral Robinson's Bio
Bureau of Medicine and Surgery (BUMED)
:: Navy Medicine NSPS Training Links
Hot!
National Security Personnel System (NSPS) is coming in March 2008. For more informaiton follow the training links below.
NSPS 101
http://www.cpms.osd.mil/nsps/nsps101/nsps/index.htm
iSuccess http://www.cpms.osd.mil/nsps/isuccess/
Additional training is avaialble through Navy E-learning.
1. Enter Navy E-learning.
2. Click on "Browse Training".
3. Select "Department of Defense (DOD) Training" link.
4. Select the "National Security Personnel System" Link.
5. Finally select the category of training desired (ie. Executive, Manager/Supervisor, or Employee).
The POC is CDR Ethan Josiah. He may be reached at ethan.josiah@med.navy.mil and via phone DSN 295-4746.
:: Navy Medicine News & Publications (New)

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Hospital Corps
Medical Corps
Medical Service Corps
Environmental Health Officer
General Health Care Admin
Research Psychology
Social Work
POMI
NAVY MEDICINE > MEDICAL SERVICE CORPS
:: DIRECTOR, MEDICAL SERVICE CORPS
:: DIRECTOR, RESERVE AFFAIRS
Deputy Director for Reserve Affairs, Medical Service Corps; Deputy Commander, Task Force Navy Family; Associate Chief, Bureau of Medicine and Surgery, Health Care Operations
RDML Gintzig's Bio
*Click on My Bookmarks
*Then Add a Bookmark (when you log into NKO you can go back to your bookmarks to go directly to the MSC page)
Specialty Pages
What's New
Active Staff 06 (CAPT) Selections
Reserve Staff 06 Selections
Results of Communication Survey
Selection Board Dates/Zone List/Lineal Numbers
Retirement List
Assignment of NOBC, SSP & AQD Codes BUMEDINST 1001.2B
AT pointers
Career Management Calendar
Information for Employees entering Military Active Duty
IRR Information
MSC Reserve Specialty Leaders Contact Info Specialties covered, phone numbers & email!
MSC Reserve Specialty Leaders NKO web page MSC Reserve SLs, RC MSCs, RC links, etc.!
Navy Medicine's Reference Library
Navy Medicine Reserve Utilization Program BUMEDINST 1001.4
Navy Personnel Command Career mgt., selection boards, etc.
Procedures for becoming a Selected Reservist

Medical Service Corps

ROADMAPS TO CAREER EXCELLENCE

2008

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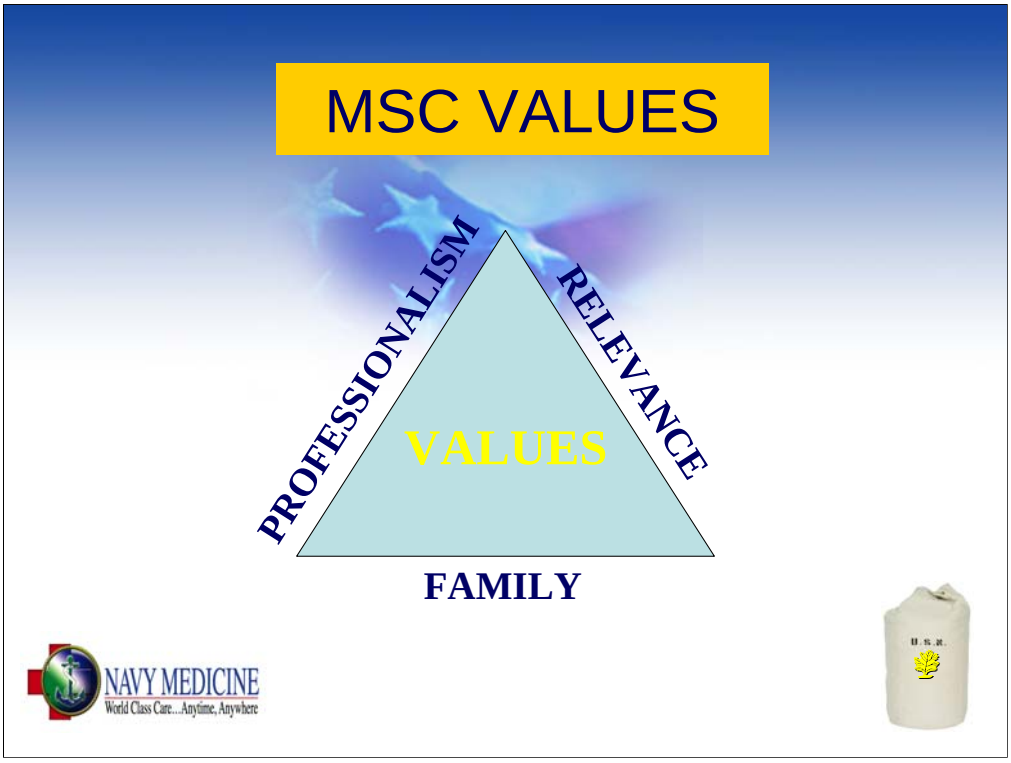
My charge today is to discuss career planning. The Medical Service Corps is very strong and RDML Mittelman and his team are working hard to ensure that we remain strong! The Office of the Medical Service Corps offers career planning and guidance through the Career Planner.



My objective today is to further translate RDML Mittelman's vision into MSC career planning. Each Individual in our Corps must have a plan; the basis of the career plan is to consider our families, relevance to the United States Navy and Department of Defense and professionalism. Encourage each of our officers not to think of professional development and career planning as a list of requirements to fulfill, but as a path to the future that they choose. Not all of our officers aspire to be in Executive Medicine. The roadmaps for your Specialty are displayed on the MSC home page and offer a conceptualization of what is available currently and the options/off ramps other's have taken.

CAREER PLANNING

- Naval Officer
- MSC Officer
- Sub-specialty Officer

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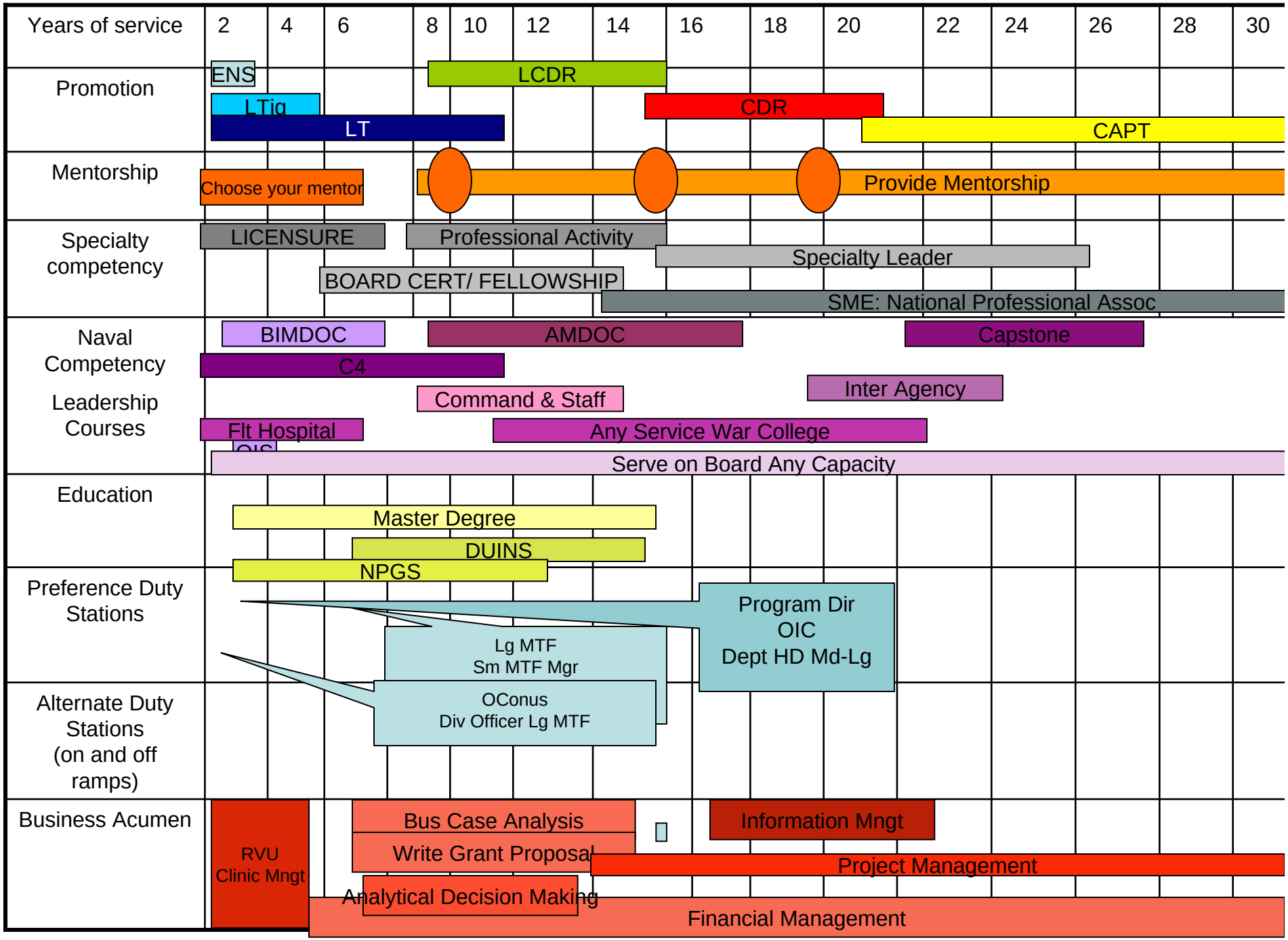
Three Integrated Roles of Your Career


Years of service
2
4
6
8
10
12
14
16
18
20
22
24
26
28
30
Promotion
ENS
LCDR
LTig
CDR
LT
CAPT
Mentorship
Choose your mentor
Provide Mentorship
Specialty competency
LICENSURE
Professional Activity
Specialty Leader
BOARD CERT/ FELLOWSHIP
SME: National Professional Assoc
Naval Competency
BIMDOC
AMDOC
Capstone
C4
Leadership Courses
Inter Agency
Command & Staff
Flt Hospital
Any Service War College
Serve on Board Any Capacity
Education
Master Degree
DUINS
NPGS
Preference Duty Stations
Program Dir
OIC
Dept HD Md-Lg
Lg MTF
Sm MTF Mgr
Alternate Duty Stations (on and off ramps)
OConus
Div Officer Lg MTF
Business Acumen
RVU
Clinic Mngt
Bus Case Analysis
Information Mngt
Write Grant Proposal
Project Management
Analytical Decision Making
Financial Management

The roadmap depicted in the slide above is a flexible path outlining a combination of work experiences on and off ramps, specialty training, education and training to build competency to help the officers achieve career goals. Competencies are defined as “the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values and reflection in daily practice (Hundert et al.’ 1996). As Specialty Leaders you know that the needs of the Navy are paramount and that you may have to fill a critical billet within your specialty rather than take an off ramp. It is still very possible for officers to bloom where they are planted, building advance level competencies on the job by actively seeking opportunities for professional growth and development. Active involvement in a mentor relationship is paramount to career success and is spotlighted in the road map.

Mentorship

- Entry Level: (ENS, LTJG. Or LT)
- Midlevel Managers: (Senior LT or LCDR)
- Senior Level: (CDR and CAPT)

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I cannot stress selecting a mentor and senior involvement in a mentorship enough. Appropriate mentorship helps JOs understand professional roles and norms of being a Naval Officer and Medical Service Corps Officer, develops skills in giving and receiving feedback; strategically develops work relationships across the organization; develops balance between roles within and outside of work; actively helps them to manage and plan career; facilitates the development one's expertise either clinically or administratively. Midlevel officers: should seek opportunities to observe and model senior level norms; cultivating working relationships across the organization; maintaining effective work-life integration; active plan for senior leadership positions. Senior officers: Striving to be a model of professionalism and encouraging professionalism in others; Cultivating a feed-back rich environment; helping direct reports and mentees align career goals with organizational objectives; encouraging others to pursue professional development; Preparing successors; role modeling and encouraging contributions to the organization and developing a climate that facilitates others' contributions.

Specialty Education &Board Certification

- Clinicians, Scientist and HCAs should pursue advanced certification in the appropriate professional organizations

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Given the constant change affecting to our professions an ongoing relationship with a broader professional organization is essential to maintain the awareness of current practice and cutting edge information. Important to read professional journals that apply to your specialty and regularly attending continuing education programs/online programs. Tom Peter's in his book Essentials of Leadership: Inspire, Liberate and Achieve states "I am hopeful that in the new Economy people will see the power that comes from taking responsibility for their professional lives. The harsh news is that this is not optional. The microchip will colonize all rote activites. And we will have to scramble to reinvent ourselves-as we did when we came off the farm…"

Officer Learning Continuum

- Basic
  - ➢Combat Casualty Course
  - ➢Basic Medical Dept Officer Course (BMDOC)
  - ➢Divo Line Leadership Training
  - ➢Expeditionary Medicine Online Course (now available)

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The road map focuses on the officer learning continuum at all stages of development. Navy Medicine: Manpower, Personnel, Training and Education web site has descriptions of many of the courses available: http://navmedmpte.med.navy.mil.

One of the exciting new courses which is now available on line is the Expeditionary Medicine Course on Navy Knowledge on Line. This course is 20 hours of instruction but the modules are self contained so that they provide an excellent training opportunity to be facillitated by more senior peronnel. This is a required course for all officers during the first two years of service.

Advanced Training

- Advanced Medical Dept Officers Course
- Clinic Management Course
- Critical Decision-making for Medical Executives
- Joint Operations Medical Managers Course
- Senior Officer Course in Military Justice
- TRICARE Financial Management Education

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RDML Mittelman is encouraging all MSCs at the O4-05 level to enroll in War College as an excellent joint military learning experience as we move to a unified medical Command. There are opportunities in residence, nonresident and through distance learning. The process for applying to service schools is outlined on the MSC home page.

Executive Training

- Military Health System Capstone Course
- Command Leadership School
- Interagency Institute for Federal Health Care Executives

These classes are exclusively reserved for O6 or O6 select officers in significant leadership positions.

Joint Medical Executive Skills

- https://nmmpte.med.navy.mil/eme2/home.asp
- JMESI www.jmesi.org reference library
- Executive skills training online
- Focuses on the 40 competencies required by Congress for executive medicine
- Officers can complete self assessment clicking on the officer login on the site

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Important to begin building the awareness of all officers to the JMESP (Joint Medical Executive Skills Program). I am hearing from JOs that many are not aware of this exceptional resource. Many CDRs only have 3 years before they go in zone for Captain so it is important to begin the process early if officers are interested in executive medicine or other senior leadership billets. This web site is not only useful for those desiring to go into executive medicine but important for professional development in the joint medical arena. The course work is divided into 8 domains: Military Medical Readiness; General Management; Health Law/Policy; Health Resources Allocation and Management; Ethics in Health Care Environment; Individual and Organizational Behavior; Clinical Understanding; Performance Measurement and Improvement. Each section outlines behaviors that should be able to be demonstrated to ensure competency. The goal here is performance.

Naval Competency

- OOD/CDO or Line watch standing certification for all MSCs
- Fitness Report writing

One of the best methods to build competency as a Naval Officer is to qualify to stand watch as OOD and CDO. Some of our specialties have opportunities to qualify for line watch standing. The point is our JOs and Midlevel officers need to work outside of their traditional positions to get more of the big picture of the organization. These opportunities provide excellent face time.

Fitness report writing has been identified by the RADML Mittelman as a weakness for the Medical Service Corps. This competency spans the continuum from JOs, Mid to senior levels in the Medical Service Corps. BUPERS reports that this is a problem across Corps. Resources are provided in the MSC Sea bag and on the MSC homepage. Fitness reports should not be written in a vacuum. Review them with your mentor, your specialty leader or the career planner before submitting them to your supervisor.

Career success is in measured by the individual officer and can take many different pathways as demonstrated by the road maps. It is so important that each officer have a plan with goals and objectives to achieve their desired end state. Many refuse to be goal oriented because they are afraid that they will fail. To be successful, we must accept that we will occasionally fail --- and then we must decide to get to work anyway. The alternative is to let fear dictate our actions, which will lead to one of three results: waste, drifting or mediocrity. Refusing to set goals means that we will be acting without purpose--- expending time and energy, money and energy but lacking productivity. We as the leaders of our Corps must provide the structure and focus to help our officers to be successful. In the end though the responsibility rests on them.

TAKE HOME MESSAGE

- Family, Relevance, and Professionalism
- Continuous learning is paramount for success
- Fitness reports are the reporting mechanism for officer performance so we must all be involved to ensure the best are promoted
- Each individual MSC officer is responsible for their career and Mentorship is crucial

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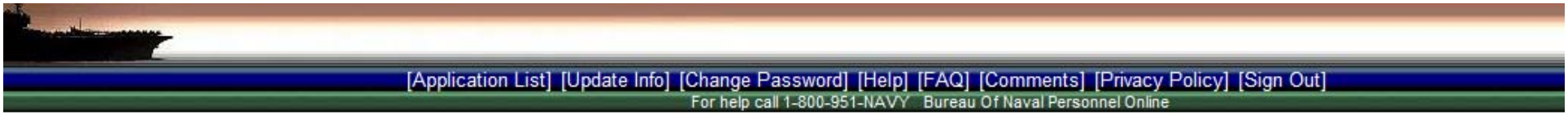

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- [PRIMS 2008]
- [Request Record on CD]
- [Selection Board Member/Recorder Training]
- [Selective Reenlistment Bonus]
- [Update Race/Ethnicity Preference]
- [View Orders]
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Click on any information icon to the right of a menu item to see additional information about that application.

To review your OSR/PSR →

To request a CD Rom of your record →

To review your record online (CAC required) →