U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CGHQ-1020 (Rev. 04-09)	**OFFICER SPECIALTY/SUB-SPECIALTY DESIGNATION REQUIREMENTS**

SECTION I. General Information *(Complete for all requests)*

1. Sponsor Program	2. Date of Request

3. POC Name	4. POC Telephone Number	5. POC EMail Address

6. Nature of Request *(Pick One)*

New Specialty Designation   New Sub-Specialty Designation   Update Existing Designation

7. Briefly Explain the Request

SECTION II. Specialty Requirements

8. Specialty/Sub-Specialty Title	9. Code *(Existing)*

10. Specialty/Sub-Specialty Description

11. Competency Assignments *(Enter Competency Code and Title)*

Comp Code	Competency Title

12. Desired Experience *(Previous duties or prior assignments)*

13. Education Requirements *(Enter Degree Code, Level, and Title)*

Degree Code	Degree Level	Description

14. Experience in lieu of Education *(Indicate acceptable alternatives to meet educational requirements, if any.)*

15. Training Courses *(Enter Code and Title)*

Course Code	Course Title

16. Experience in lieu of Training *(Indicate acceptable alternatives to meet training requirements, if any.)*

17. Licenses and/or Certifications Requirements *(Enter License/Certification Code, Title, and Importance)*

Lic/Cert Code	License/Certification Title

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SECTION III. Requirements to Maintain Specialty/Sub-Specialty Designation

18. Designation Duration

19. Competency Assignments (*Enter Competency Code and Title*)

Comp Code	Competency Title

20. Desired Experience *(Previous duties or prior assignments)*

21. Education Requirements (*Enter Degree Code, Level, and Title*)

Degree Code	Degree Level	Description

22. Experience in lieu of Education *(Indicate acceptable alternatives to meet educational requirements, if any)*

23. Training Courses (*Enter Code and Title*)

Course Code	Course Title

24. Experience in lieu of Training *(Indicate acceptable alternatives to meet training requirements, if any.)*

25. Licenses and/or Certifications Requirements *(Enter License/Certification Code, Title, and Importance)*

Lic/Cert Code	License/Certification Title

26. Comments

SECTION IV. Review and Approval *(To be completed by OSM/CMSA Staff)*	
27. Review and Comment by the Officer Specialty Management System Administrator *(CG-12A)*	a. Date Received
b. CG-12A Comments	

c. CG-12A Endorsement	d. Date
Approved Approved as Modified Disapproved	
28a. Commandant Approval	b. Date
Approved Approved as Modified Disapproved	

SECTION V. Data Entry *(To be completed by CMSA Staff)*	
29. Direct Access Information	
a. Code	b. Short Description
c. Description *(Title)*	d. Type
e. Category	f. Proficiency Rating Scale
g. Sponsor	h. Date Entered into Dictionary
i. Date Entered into Direct Access	j. Name/Signature of Authorizing Official

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