



DEPARTMENT OF THE NAVY
OFFICE OF THE CHIEF OF NAVAL OPERATIONS
2000 NAVY PENTAGON
WASHINGTON, D.C. 20350-2000

OPNAVINST 1120.4B
N131
7 JUL 2011

OPNAV INSTRUCTION 1120.4B

From: Chief of Naval Operations

Subj: APPOINTMENT OF REGULAR AND RESERVE OFFICERS IN THE
MEDICAL CORPS OF THE NAVY

Ref: (a) DoD Instruction 1310.02 of 8 May 2007
(b) SECNAVINST 1000.7F
(c) DoD Instruction 1300.04 of 27 Dec 2006
(d) 10 U.S.C.
(e) DoD Instruction 6000.13 of 30 Jun 97
(f) DoD Instruction 1312.03 of 6 Oct 2006
(g) SECNAVINST 1420.1B of 28 Mar 2006
(h) SECNAVINST 5510.30B
(i) SECNAVINST 5300.28E
(j) NAVMED P-117, Manual of the Medical Department
(k) SECNAVINST 1920.6C
(l) BUMEDINST 6320.66E
(m) DoD Instruction 6025.13 of 27 Feb 2011
(n) NAVPERS 15839I, Manual of Navy Officer Manpower and
Personnel Classifications, Volume I
(o) DoD Instruction 1320.08 of 14 Mar 2007
(p) OPNAVINST 1427.2
(q) Program Authorization 113, Direct Appointment as
Officers in the Medical Corps (MC) of the United
States Navy, Designator 2100, Apr 2009

Encl: (1) Credit for Special Experience and Advanced Education

1. Purpose. To provide regulations governing:

a. Appointment of officers in the Medical Corps, including appointment in the Active and Reserve Components under reference (a), and in either component through interservice transfer from another uniformed service under references (b) and (c);

b. Voluntary recall of officers of the Medical Corps to the active duty list (ADL); and

c. Award of entry grade credit on appointment in the Medical Corps under reference (d), section 533 and under references (e) and (f).

2. Cancellation. OPNAVINST 1120.4A.

3. Applicability. This instruction applies to all individuals appointed as Regular and Reserve officers in the Medical Corps, including officers transferred from another uniformed service, Reserve officers transferred into the Regular Component, officers recalled voluntarily to the ADL, and officers transferred from the line community or another staff corps into the Medical Corps. Additional guidance on the transfer of Regular and Reserve officers from other uniformed services into the Medical Corps is found in reference (b).

4. Policy. The Department of the Navy will maintain authorized strength and grade levels in the Medical Corps and its approved specialties by recruiting the personnel required to support the annual 5-year promotion plan approved under reference (g), to provide a base for a Regular Navy career force, and to attain authorized strength in the Reserve Component to meet approved requirements for mobilization.

a. Requirements for newly appointed officers on the ADL will be filled from diverse programs, which include direct procurement of qualified civilians, Uniformed Services of Health Sciences, Armed Forces Health Professions Scholarship Program (AFHPSP), Financial Assistance Program (FAP), health sciences collegiate programs and health professions loan repayment programs. Any other request for active duty commission will be handled on a case-by-case basis. All initial appointments, other than AFHPSP and FAP, shall be in the Regular Navy.

b. Requirements for the Selected Reserve and Individual Ready Reserve will be filled primarily through transfer of officers from the ADL. Requirements that cannot be met from this source will be met through direct procurement of former military officers and other civilians qualified in the approved specialties.

5. Accessions Plans

a. Deputy Chief of Naval Operations (Manpower, Personnel, Training and Education) (DCNO (N1)) will establish an annual accession plan for the Active and Reserve Components, which, together with retention incentives, will strive to attain authorized strength in each of the specialties in the Medical Corps. There must be sufficient accessions to support the annual 5-year promotion plans for the active and inactive duty Reserve Components and ensure that the promotion opportunity and flow points necessary to meet authorized strength requirements are maintained.

b. In determining the proportions of accession programs used to attain and maintain specialty authorizations, both the current and projected supply and demand for officers in each of the approved specialties shall be considered. Maximum use of the most effective program, relative to cost and time to attain Medical Corps officers will be used in preference to more expensive programs taking into account continuation rates of each program. Plans will ensure flexibility to adjust to changes in the civilian market and in specialty requirements. Reasonable career progression opportunities for the authorized strength of entry-level applicants shall be maintained.

6. Basic Qualifications. To be eligible for appointment as a Medical Corps officer in either the Active or Reserve Component, the applicant must meet the following requirements:

a. Citizenship. Must be a citizen of the United States and pass a personnel security investigation as identified in reference (h).

b. Entry Age. Entry age eligibility criteria are established to meet the goal of maintaining an officer corps to meet arduous duty requirements, such as duty at sea and in hostile locations. As such, the entry age standard for appointment in the Active and Reserve Components is that the applicant must be able to attain 20 years of active commissioned service by age 68.

c. Waivers for Specialties Critically Needed in Wartime. In order to ensure that there is a recruiting pool large enough

to meet accession requirements, the entry age may be waived for all Medical Corps specialities designated as a "specialty critically needed in wartime" in a biennial memo signed by the Assistant Secretary of Defense for Health Affairs (ASD (HA)).

(1) Maximum Entry Age

(a) Active and reserve applicants must be commissioned before their 58th birthday. Commander, Navy Recruiting Command (COMNAVCRUITCOM) is granted waiver authority for applicants between ages 47 and 57. Waivers cannot be sub-delegated below the flag level and COMNAVCRUITCOM shall maintain on file written justification for each waiver granted.

(b) Active and reserve applicants age 58 or older who possess critical skills as designated by the ASD (HA) may be considered for an exception to the age waiver policy if they can complete a full 3-year service obligation. DCNO (N1) is the waiver authority for applicants age 58 or older.

(2) Maximum Age Allowed for Service in the Medical Corps. Upon reaching age 68, which is the maximum age allowed for service in both the Active and Reserve Components per reference (d), section 14703, Service members will be transferred to the retired list, if eligible, or discharged from their appointment.

(3) Applicant Acknowledgement of Age Limitations

(a) Before appointment, non-prior service applicants who will be unable to complete 20 years of active commissioned service by age 68 will be required to complete a statement of understanding that stipulates their ineligibility for Regular appointment. Those prior enlisted applicants who will be unable to complete 20 years of creditable active duty service and 10 years of active commissioned service prior to age 68 will also be required to complete the same statement of understanding.

(b) Before appointment, applicants who will be unable to complete 20 years of creditable active duty service for retirement will be required to acknowledge the same in writing.

(4) Examples of Eligibility Based on Age

(a) Example (non-prior service over age 57): Dr. Jones is 61, a psychiatrist (designated as a critical wartime specialty), and desires to join the Navy. This applicant could be considered for a DCNO (N1) approved age waiver based on the critical wartime specialty in which the individual could serve for the minimum 3-year contract. However, Dr. Jones must acknowledge ineligibility for Regular appointment and inability to earn 20 years creditable service for retirement.

(b) Example (non-prior service under age 57): Dr. Smith is 51 years old and desires to join the Navy. This applicant could be considered for a COMNAVCRUITCOM approved age waiver. However, Dr. Smith must acknowledge ineligibility for Regular appointment and inability to earn 20 years creditable service for retirement.

(c) Example (prior service): Dr. Sailor has 16 years prior service, and is now 66, and he cannot earn 20 years creditable service before the statutory requirement to be retired or discharged by age 68. Individual also could not complete a 3-year service obligation, so Dr. Sailor is not eligible for naval service.

d. Moral Character. Must be of good moral character and of unquestioned loyalty to the United States as determined by interview and investigation. As prescribed in reference (i), individuals who are chemically dependent, who abuse drugs or alcohol, whose pre-service abuse of drugs or alcohol indicates a proclivity for continued abuse, or who have a record of any drug trafficking offenses, shall not be permitted to enter the Medical Corps.

e. Physical Standards. Must meet the physical standards for service on active duty as recommended by the Chief, Bureau of Medicine and Surgery (BUMED) and approved by the Chief of Naval Operations (CNO). DCNO (N1), upon recommendation of BUMED, may waive physical defects that will not interfere with performance of active duty within the guidelines of reference (j).

f. Availability for Mobilization. Appointments in the Reserve Component, not on the ADL, are predicated upon mobilization requirements and the applicant's availability for mobilization. Members of Congress, Federal political appointees, elected State and local government officials, and Federal career Senior Executive Service (SES) employees may not be tendered an original direct appointment without prior approval of DCNO (N1).

g. Indoctrination Requirements. Officers appointed directly to the ADL or the reserve active status list (RASL) must complete an officer development training course. Optimally, this requirement should be met by the officer development school. On a case-by-case basis, the Direct Commission Officer Indoctrination Course (DCOIC) may meet this requirement. The alternative for DCOIC will be based upon a recommendation from the Chief, BUMED, with final approval from DCNO (N1), or delegated authority.

h. Failure to Complete Initial Training Requirements. Officers who fail to complete officer development training requirements shall be separated for cause under reference (k). Officers who fail to satisfactorily complete their first year of Graduate Medical Education (GME1) may be reappointed in a different competitive category to complete any incurred active duty obligation. Assistant Secretary of the Navy (Manpower and Reserve Affairs) (ASN (M&RA)), considering the recommendations and supporting justifications of DCNO (N1), may waive the service obligation when such action would be in the best interest of the Navy. Officers with no incurred active duty obligation and officers for whom active duty obligation has been waived shall be separated for cause under reference (k).

7. Professional Qualifications. To be eligible for appointment in the Medical Corps or for voluntary recall from the Reserve Component to the ADL, the applicant must meet the following educational requirements:

a. Physician (Doctor of Medicine). Must be a graduate of a medical school in the United States, Canada, or Puerto Rico, approved by the Liaison Committee on Medical Education of the American Medical Association and be licensed to practice medicine or surgery in a State, territory, or commonwealth of the United States or the District of Columbia, except as noted

in reference (l). Applicants for appointments to the ADL must have completed at least 12 months of first year GME1 subsequent to graduation unless selected for GME1 (internship) in the Navy. Applicants for appointment in the Reserve Component may be appointed during their first year of GME1 prior to acquiring a license. Officers who fail to satisfactorily complete their first year of GME1 may be reappointed in another competitive category to complete any incurred active duty obligation. ASN (M&RA) may relieve an officer of incurred active duty obligation, considering the recommendation and supporting justification by DCNO (N1), when such action would be in the best interest of the Navy. Officers with no incurred active duty obligation and officers for whom active duty obligation has been waived shall be separated for cause under reference (k).

b. Physician (Doctor of Osteopathy) (DO). Must be a graduate of a college of osteopathy approved by the American Osteopathic Association and be licensed to practice medicine, surgery, or osteopathy in a State, territory, or commonwealth of the United States or the District of Columbia, except as noted in reference (l). Appointments to the ADL must have completed at least 12 months of first year GME1 subsequent to graduation unless accepted for GME1 (internship) in the Navy. Applicants for appointment in the Reserve Component may be appointed during their first year of GME1 prior to acquiring a license. Officers who fail to satisfactorily complete their first year of GME1 may be reappointed in another competitive category to complete any incurred active duty obligation. ASN (M&RA) may relieve an officer of incurred active duty obligation, considering the recommendation and supporting justification by DCNO (N1), when such action would be in the best interest of the Navy. Officers with no incurred active duty obligation and officers for whom active duty obligation has been waived shall be separated for cause under reference (k).

c. Physician Graduates of Foreign Medical Schools. Practicing physicians in medical and surgical specialties who obtained their medical degrees from medical schools other than those specified in subparagraph 7a must meet the following requirements:

(1) Pass either the Foreign Medical Graduate Examination of the Medical Sciences or the previous certifying examination of the Educational Commission on Foreign Medical Graduates.

Applicants who meet this criterion will be given entry grade credit for the initial professional degree under paragraph 9.

(2) Be certified by the American Board of Medical Specialties in the medical or surgical specialty for which being considered for appointment, or be board eligible and subsequently complete certification within 1 year of commissioning. Officers who fail to attain certification shall be separated for cause under reference (k).

(3) Complete GME1 in the United States, Canada, or Puerto Rico in programs approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association creditable under paragraph 8 below.

(4) Be licensed to practice medicine or surgery in a State, territory, or commonwealth of the United States or the District of Columbia, except as noted in reference (l).

(5) Be physicians in good standing and currently engaged in clinical practice of the specialty for which being considered.

(6) Demonstrate written and spoken proficiency in the English language in an interview with a Navy physician.

d. Entry Level Appointment of Graduates of Foreign Medical Schools. When authorized appointment sources cannot supply the required number of entry level accessions qualified under the criteria in subparagraphs 7a and 7b, DCNO (N1) may authorize procurement of graduates of foreign medical schools who are certified by Chief, BUMED, to be professionally acceptable. DCNO (N1) may authorize this exception for specified medical or surgical specialties for a specified period of time.

8. Examination of Professional Qualifications. The Chief, BUMED, shall review the credentials and examine the professional qualifications of all applicants for appointment in the Medical Corps or for voluntary recall of a Reserve officer to active duty. Credentials shall be verified by the Navy Medicine Support Command, Centralized Credentials and Privileging Directorate as a part of the accession package prior to review by the Chief, BUMED.

a. Voluntary Recall. Reserve and retired officers must be doctors in good standing, currently engaged in medical practice, have current board certification in the medical or surgical specialty for which recalled, and provide documentation necessary to recertify professional qualifications as indicated in reference (m) in order to be recalled. BUMED, or designee, shall recertify professional qualifications specified for appointment in paragraph 7. Recalled officers will be recalled in the rank held as a reserve and will not have entry grade recomputed.

b. Professional Review Procedure

(1) BUMED shall appoint a Medical Corps Professional Review Board (PRB) to examine the professional qualifications of all applicants. The PRB shall be composed of senior Medical Corps officers on the ADL. At least three, but not more than five, PRB members shall review applicants' records. The senior member of the PRB shall be in the grade of captain or above. When considering applicants for classification in one of the specialties, the PRB shall confer with an officer designated by BUMED, as the medical or surgical specialty leader when readily available. When the specialty leader is not readily available, the PRB shall confer with another physician certified to practice in the specialty being considered.

(2) The PRB may require applicants to demonstrate their professional qualifications by written, oral, or practical examination. The PRB will review the applicant's credentials, including academic performance, post-graduate medical training, professional and managerial experience, professional recognition, such as membership in professional societies and authorship of professional publications, professional reputation, current experience in a primary specialty, and level of certification and licensure.

(3) The PRB shall recommend to Chief, BUMED, which specific qualifications of the table in paragraph 9 are met; recommend entry grade credit for those qualifications; state the degree to which documented supervisory and managerial experience qualifies applicants for appointment in grades O5 and above for assignment to specific classes of command, executive and administrative billets in those grades; provide an evaluation of the quality and desirability of the candidate based on their

professional qualifications and experience in the medical or surgical specialty for which being considered and confirm the authenticity of the documents comprising the entering professional credentials file. The PRB shall make its report directly to BUMED, or delegated authority, without intervening endorsements or clearances.

(4) BUMED, or its designee, shall make recommendations regarding approval or disapproval directly to COMNAVCRUITCOM, without intervening endorsements or clearances.

(5) Once BUMED has evaluated the applicant's professional qualifications, COMNAVCRUITCOM shall determine whether the applicant is qualified for a commission as a medical officer in the primary medical or surgical specialty for which designated. Except as provided in paragraph 14, no applicant shall be appointed as a Medical Corps officer without these determinations.

9. Entry Grade Credit. A prospective Medical Corps officer's entry grade and rank within grade shall be determined by the number of years of entry grade credit awarded on original appointment, designation, or assignment as a Medical Corps officer. The entry grade credit to be awarded shall equal the sum of constructive service credit and prior commissioned service credit (other than as a commissioned warrant officer), except in cases where the total exceeds the maximum credit allowed, and as stated in the below table. A period of time shall be counted only once when computing entry grade credit. Prior commissioned service credit includes commissioned service on active duty or in an active status as a commissioned officer as required by references (e) and (f). Constructive service credit includes credit for advanced education and training and may also include credit for professional experience. Entry grade credit will be subject to the computation and maximum credit criteria in paragraphs 10 and 11 and as specified in the following table.

ENTRY GRADE CREDIT TABLE

	PRIOR COMMISSIONED SERVICE CREDIT	CREDIT
1.	Commissioned service on active duty in an active status as a Medical Corps officer in any of the uniformed services in the specialty being appointed.	1 year for each year.
2.	Commissioned service on active duty or in an active status in any of the uniformed services other than as a Medical Corps officer.	One-half year for each year.
3.	Initial medical doctor (MD) or Doctor of Osteopathic degree awarded under criteria in paragraph 7.	4 years.
4.	Successful completion of first year GME1.	1 year.
5.	Graduate medical education towards American Board Specialty Certification. To be credited, the education must have occurred after the GME1 in qualification 4 above, be in a medical or surgical specialty authorized by CNO in reference (n), part E, and to which the applicant will be assigned, and be creditable toward certification by an American Specialty Board or certification equivalence awarded by BUMED.	1 year for each year or school year.
6.	Advanced degrees, in addition to specialty and subspecialty training in qualifications 3 through 5 of this table. The degree must be in a field listed in enclosure (1) that contributes directly to performance in the primary medical or surgical specialty to which the applicant will be appointed. Credit may be given for only one degree in a single field. Credit for the degree shall be based on full-time equivalent education but not more than 2 years	1 year for each year (or school year) limited by level of degree earned.

	PRIOR COMMISSIONED SERVICE CREDIT	CREDIT
	<p>for a master's degree and 3 years for a doctorate degree. Credit for a master's may not be added to credit for a doctorate degree. Credit shall not be awarded for a degree earned concurrently with the primary credential (i.e., MD or DO). A period of time will only be counted once.</p>	
<p>7.</p>	<p>Experience as a practicing physician after graduation from medical or osteopathic school. No credit may be given for practice outside the United States, and Puerto Rico, Canada except when BUMED certifies the level of clinical practice in a given primary medical or surgical specialty to be equivalent to practice in the United States.</p>	<p>One-half year for each year of experience up to a maximum of 3 years.</p>
<p>8.</p>	<p>In unusual cases, additional credit may be granted for special professional experience in the specialty in which appointed when that experience is accrued after obtaining the qualifying degree. This additional credit applies only to individuals who have an experience level that uniquely distinguishes that from the normal qualifications required for appointment as a commissioned officer. Maximum credit for experience must be earned under qualification 7 of this table before earning any experience credit under this paragraph. Credit under this provision will not be given to health professionals solely on the basis of special experience that is unassociated with advanced education or an advanced degree.</p>	<p>1 year for each year of special professional experience (if 6 months or less no credit will be granted).</p>

10. Limits and Computation of Entry Grade Credit. Entry grade credit shall be computed as follows:

a. A period of time or special qualification shall be counted only once.

b. Qualifying period of less than 1 full year shall be credited proportionately to the nearest day except where noted otherwise.

c. Credit will not be awarded for service as an enlisted member, warrant officer, or commissioned warrant officer.

d. In general, credit will not be granted for work experience prior to the qualifying degree.

e. Graduates of the Service academies will not be awarded credit for service performed or education, training, or experience obtained before graduation from the academy.

f. Credit will not be awarded for graduate education under paragraphs 4 through 6 of the entry grade credit table for periods during which the applicant served as a commissioned officer. Credit for such service shall be awarded under paragraph 1 or 2 of the entry grade credit table.

g. The recall of a Medical Corps officer in the Reserve Component not on the ADL is not an original appointment; therefore, such officers are not entitled to additional entry grade credit.

11. Maximum Entry Grade Credit. Total entry grade credit granted shall normally be limited to 15 years. After considering the recommendations of DCNO (N1), ASN (M&RA) may waive the 15-year limit on a case-by-case basis in the following circumstances:

a. For Appointment as a Regular Officer for Service on the ADL. When there is a shortage against authorized strength in the Medical Corps specialty for which the appointee is nominated which cannot be met by the following:

(1) Direct and in-service procurement of qualified health professionals in the grades of lieutenant commander and below.

(2) Voluntary recall to active duty of qualified Reserve officers.

(3) Continuation of officers subject to mandatory retirement for service under reference (o).

(4) In-zone promotion under the 5-year promotion plan approved by Secretary of the Navy (SECNAV).

(5) When a gross inequity to the applicant would otherwise result.

b. For Appointment in the Reserve Component. When there is a shortage against authorized strength in the Medical Corps specialty for which the appointee is nominated which cannot be met by the following:

(1) Transfer of officers from the ADL.

(2) Direct procurement of qualified health professionals in the grades of lieutenant commander and below.

(3) In-zone promotion under the 5-year promotion plan approved by SECNAV.

(4) A gross inequity to the applicant would otherwise result.

12. Entry Grade Credit in Transition Period. This instruction provides for entry grade credit to be awarded to individuals being appointed in the Medical Corps from the effective date of this instruction. There shall be no retroactive changes, as a result of this instruction, to the entry grade credit granted to officers appointed in the Medical Corps prior the date of this current instruction.

13. Appointments. Appointments in the Medical Corps shall be made subject to the following guidance:

a. Entry Grade. A prospective Medical Corps officer who is not awarded entry grade credit under the entry grade credit table shall be appointed in the grade of lieutenant with the date of rank coinciding with the date of appointment. A prospective Medical Corps officer who is awarded entry grade credit under the entry grade credit table shall be appointed in a grade based on total entry grade credit awarded under reference (e). The minimum entry grade credit required for each grade is equal to the promotion flow points prescribed in the approved annual 5-year promotion plan in effect at the time of appointment. Under references (b) and (c), officers transferred from other uniformed services into the Medical Corps of the Navy shall continue to hold the same grade and date of rank held in their prior uniformed service except as provided in reference (c).

b. Date of Rank. When the minimum entry grade credit required for appointment in a given grade is granted, the date of rank shall be the date of appointment. When entry grade credit is granted in excess of the minimum years required for appointment in a given grade, but less than the amount necessary to justify the next higher grade, the excess credit shall be used to adjust the date of rank within grade.

c. Assignment of Precedence. Each appointee will be placed on the ADL as follows:

(1) Appointees ordered to active duty or retained on active duty (other than Reserve officers on active duty for special work (ADSW)) and mobilized reserve as described in reference (d), section 641, incident to appointment, shall be placed on the ADL under reference (p).

(2) Officers in the grades of lieutenant, lieutenant commander, and commander, in-zone and above-zone eligible officers whose placement on the ADL is within 1 year of the convening dates of selection boards are automatically deferred unless they specifically request to be considered. Under reference (g), the officer may waive this deferment and request consideration for promotion, in writing, to Navy Personnel Command (NAVPERSCOM) (PERS-802), 5720 Integrity Drive, Millington, TN 38055. The waiver request must be received by

NAVPERSCOM Eligibility and Promotion Branch (PERS-802) not later than 1 day prior to the convening date of board. If NAVPERSCOM (PERS-802) receives a timely written waiver request from an officer otherwise eligible for consideration, that officer's record shall be placed before the selection board for consideration. Once waived, deferment will not be reinstated.

(3) Appointees on the RASL not concurrently ordered to, or retained on, active duty, other than ADSW described in reference (d), section 641, shall be placed on the inactive duty precedence list.

14. Application Processing

a. To facilitate rapid application processing, DCNO (N1) will establish all military and professional documentation required for the application.

b. Completed applications for appointment on the ADL shall be forwarded expeditiously to COMNAVCRUITCOM, 5722 Integrity Drive, Building 784, Millington, TN 38054-5057.

c. The professional credentialing documents must be obtained from the issuing source or validated for authenticity through contact with the issuing source or a secondary source approved by the Surgeon General to meet the requirements of reference (m).

d. COMNAVCRUITCOM shall immediately notify DCNO (N1) of any contact initiated by Members of Congress, political appointees of the Executive Branch, or members of the Federal judiciary who desire to seek a commission in the Navy Reserve. DCNO (N1) retains sole authorization authority for the initiation of any action to recruit or process these applicants. If authorized by DCNO (N1), COMNAVCRUITCOM will ensure the interested applicants are interviewed or screened to appropriate qualifications for service entry. COMNAVCRUITCOM will assess, and report to DCNO (N1), the member's qualification (or non-qualification) for continued processing based upon initial screening. COMNAVCRUITCOM will provide regular reports to DCNO (N1) on the status of these applicants. COMNAVCRUITCOM will immediately notify DCNO (N1) when any applicant in these special status categories has been determined to be unqualified for commissioning, or when any applicant has been professionally

recommended by a selection board for commissioning. All letters of notification of selection for commission, or disqualification, to any applicant in this category will be approved by DCNO (N1) or higher authority.

15. Responsibilities

a. DCNO (N1) shall:

- (1) Ensure successful execution of the policy and program guidance in this instruction;
- (2) Procure and appoint Medical Corps officers per this instruction;
- (3) Establish the annual accession plan for the Active and Reserve Components;
- (4) Approve entry grade credit and establish entry grades and dates of rank of Medical Corps officers per the guidelines in this instruction; and
- (5) Ensure that all direct accession applications are processed within the maximum time standard in this instruction.

b. BUMED shall:

- (1) Certify professional qualifications and provide the calculation of entry grade credit to DCNO (N1); and
- (2) Establish the Medical Corps PRB and review qualifications required by reference (q).

c. COMNAVCRUITCOM shall:

- (1) Determine grade and date of rank based on calculations provided by BUMED, subject to approval of DCNO (N1), per the guidelines in this instruction; and
- (2) Maintain statistical data required for preparation of summary reports for DCNO (N1) and for special reports when required by ASD (HA) or ASN (M&RA).

16. Records Management. Records created as a result of this instruction, regardless of media and format, shall be managed per SECNAV Manual 5210.1 of November 2007.

17. Reports Control. The PRB reports required by subparagraph 8b(3) are exempt from reports control per SECNAV M-5214.1 of December 2005.



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CREDIT FOR SPECIAL EXPERIENCE AND ADVANCED EDUCATION

1. Credit for advanced education may be awarded for master's or doctorate degrees when the degree contributes directly to performance in the primary medical or surgical specialty to which the applicant will be assigned. Types of advanced education that may be considered include:

a. Post-graduate education in a medical or surgical specialty addressed in qualification 5 of paragraph 9 of the entry grade credit table.

b. A master's degree or doctorate degree as provided in reference (f), in the following fields, when the degree contributes directly to performance in the medical or surgical specialty to which the applicant will be appointed as addressed in qualification 6 of the entry grade credit table:

- (1) Anatomy
- (2) Bacteriology
- (3) Basic Science
- (4) Biochemistry
- (5) Clinical Laboratory Science
- (6) Education (medical-related sciences)
- (7) Environmental Health
- (8) Immunology
- (9) Medical Entomology
- (10) Medical Laboratory Sciences
- (11) Microbiology
- (12) Nuclear Medical Science
- (13) Parasitology

- (14) Pharmacology
- (15) Physiology
- (16) Public Health (excluding administration)
- (17) Virology

c. Advanced education fields not listed above may be credited when the degree contributes directly toward meeting a requirement approved by the CNO and identified by a medical or surgical subspecialty classification code in reference (n), part E, based on the recommendations of DCNO (N1), and is approved, on a case-by-case basis, by ASN (M&RA).

2. In unusual cases, credit may be awarded for special experience or education directly related to a primary medical or surgical specialty which uniquely distinguishes the applicant's qualifications from the normal level of qualification required for appointment as an officer fully trained and board-eligible in that specialty. Types of special experience addressed in qualification 8 of the entry grade credit table, which may be considered, include the following:

a. Full time teaching experience in primary medical or surgical specialty.

b. Other experience serving in an academic appointment in the primary medical or surgical subspecialty.

c. Professional experience in an advanced subspecialty contributing directly to performance in the primary medical or surgical subspecialty.

d. Experience as a board certified specialist in a second primary medical or surgical specialty.

e. Graduate medical education in a medical or surgical specialty other than that specialty to which the officer will be assigned. The specialty must be authorized by the CNO and identified by a medical or surgical specialty in reference (j), part E.

f. Extensive clinical experience as a practicing physician after board certification in the primary specialty to which the applicant will be appointed and after any creditable commissioned service as a Medical Corps officer. Such experience may be credited as special experience only when the applicant is not credited with any other special experience or education.

g. The maximum credit which may be granted as extensive experience practicing the subspecialty is that amount which would qualify the applicant for appointment in the grade next above that grade supported by credit awarded under qualifications 1 through 7 of the entry grade credit table in paragraph 9, but not to qualify the applicant for appointment in grade of O6.

3. Credit for special experience and advanced education may be awarded on a case-by-case basis with the approval of ASN (M&RA), based on the recommendations and supporting justification of DCNO (N1).