

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF VIRGINIA
Alexandria Division**

NICHOLAS HARRISON, *et al.*,

Plaintiffs,

v.

MARK ESPER, Secretary of Defense, *et al.*,

Defendants.

No. 1:18-cv-641 (LMB/IDD)

RICHARD ROE, *et al.*,

Plaintiffs,

v.

MARK ESPER, Secretary of Defense, *et al.*,

Defendants.

No. 1:18-cv-1565 (LMB/IDD)

**REPLY BRIEF IN SUPPORT OF
DEFENDANTS' CROSS-MOTIONS
FOR SUMMARY JUDGMENT**

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INTRODUCTION

The Court should grant summary judgment in favor of Defendants in both *Harrison* and *Roe*. Defendants have explained, in detail, how combat deployments pose unique challenges that make the risk of deploying HIV-positive service members unacceptably high. Plaintiffs respond by misrepresenting Defendants’ argument as contending that a restriction on HIV deployment is rational unless there is “quantifiably *no* risk.” Pls. Combined Response & Reply, *Roe* ECF No. 297 (“Pls. Resp.”), at 26. But Defendants do not justify their policies on that ground; rather, Defendants have submitted undisputed evidence showing that the risks posed by HIV are elevated in the context of a combat deployment, that civilian medical authorities would require various precautions to mitigate these risks, and that the precautions employed in civilian medicine would likely be unavailable during combat deployments. Plaintiffs simply ignore these realities or pretend that they are irrelevant. With respect to accessions, Plaintiffs also ignore the other independently sufficient rationales for strict medical accessions standards – cost burdens, the development of side effects and comorbidities, and the needs of future battlefields – all of which counsel against accessing an individual with a known, chronic health condition.

Plaintiffs’ failure to meet their burden to negate every conceivable basis for the policies they challenge under the Equal Protection Clause is put into stark relief by their failure to even address many of the bases identified by Defendants. Additionally, even with respect to the procedural APA claims in *Roe*, Plaintiffs failed to meaningfully respond to Defendants’ record evidence and thorough explanation of why the Air Force’s discharges of *Roe* and *Voe* were proper. Defendants are entitled to summary judgment on all counts.

STATEMENTS OF FACTS

I. Responses and Replies to Statements of Undisputed Facts

Pursuant to Local Civil Rule 56(B), Defendants provide the following response to Plaintiffs’ Supplemental Statement of Undisputed Facts (“Def’s. Resp. to PSSUF”), and reply to Plaintiffs’ Responses to Defendants’ Statement of Undisputed Facts (“Def’s. Reply to PRDSF”). By addressing

statements of fact below, Defendants do not suggest that these disputes preclude summary judgment; the disputes are either immaterial or Defendants' position is clearly correct on the face of the record. *See* Mem. in Supp. of Defs.' Cross-Mots. for Summ. J. & in Opp'n to Pls.' Mots. for Summ. J., *Roe* ECF 276/*Harrison* ECF 264 ("Defs. Br."), at 27. Defendants reply here only to Plaintiffs' Responses to Defendants' Statement of Material Facts that warrant responses and Defendants do not offer an additional sur-reply to Plaintiffs' replies, *see* Pls. Resp. 17-22. The lack of a reply or sur-reply regarding a particular fact indicates that Defendants are standing on their original Statement of Undisputed Fact ("SUF"), *see* Defs. Br. 3-27, responses to Plaintiffs' statement of facts ("DRPSF"), *see* Defs. Br. 27-40, and any discussion of that fact within their argument. It does not mean that a fact is undisputed or immaterial.

A. Response to Plaintiffs Supplemental Statement of Undisputed Facts¹

105. [REDACTED]

107. Plaintiffs' statement is incomplete. The SHEA Guidelines recommend various precautionary measures, including wearing double pairs of puncture-resistant gloves, frequently changing gloves, and at least biannual viral load testing, that all HIV-positive medical professionals must undertake before performing trauma surgery. Pls. Ex. 72, SHEA Guidelines, at 220.

B. Reply to Plaintiffs' Responses to Defendants' Statement of Undisputed Facts²

7. The AMSWG did not handle HIV differently than any other conditions that it considered, nor did the ASMWG rely on outdated medical science. At various points in the recording cited by Plaintiffs, the AMSWG references the need to "start fresh" based on current medical knowledge, set an HIV policy consistent with other conditions, and consider the latest knowledge regarding

¹ The numbers in this section refer to the numbers in Plaintiffs' Supplemental Statement of Undisputed Facts ("PSSUF"), *see* Pls. Resp. 16-17.

² The numbers in this section refer to the numbers in Defendants' SUF, *see* Defs. Br. 3-27, and Plaintiffs' Response to those facts ("PRDSF"), *see* Pls. Resp. 3-16.

treatment requirements, treatment costs, and comorbidities. *See, e.g.*, Pls. Ex. 64, AMSWG Meeting (Audio Recording) 3:17-3:21 (Aug. 5, 2015).

20. Plaintiffs misunderstand the purpose of the criteria in DoDI 1332.18. No single criterion dictates separation; rather, a determination of whether a service member “can reasonably perform his or her duties includes consideration of” deployability among other stated criteria. Ex. 8, DoDI 1332.18, Encl. 3, App. 2, § 4(a). A condition that limits deployability can require referral for an assessment of fitness for continued duty under both DoDI 6485.01 and AFI 44-178. *SUF ¶¶ 25, 27.*

21. Plaintiffs are incorrect. Ex. 63, Shell Supp. Dep. 254:10-16, 269:1-19 (“I looked at some [SOFAs], yes.”).

29. Defendants’ reference to the “2017 policy discussions” is potentially unclear. Defendants intended to refer to the policy discussion *beginning* in 2017 but continuing through 2018, which is described in Ex. 25, Soper Decl., at ¶¶ 27-32.

34. [REDACTED]

36. [REDACTED]

37. [REDACTED]

3 [REDACTED]

45. Plaintiffs misreport rates of viral suppression. The 99% who achieved viral suppression applies only to the 793 service members (out of 1,050 total) who remained on ART over one year, none of whom were assigned to contingency deployments. *See* DRPSF ¶ 59; Ex. 36, Blaylock Decl. ¶ 23.

Plaintiffs cite rates of viral suppression of service members who are generally restricted from contingency deployments, which present increased risks of non-adherence. *SUF* ¶ 50.

46. Plaintiffs' unsupported opinion departs from both HHS and military standards of care.

47. Viral load rebound increases transmission risks and the military's policy is based, in part, on the likelihood of treatment interruption and battlefield scenarios which could result in possible transmissions. *See* Defs. Br. 57-70.

75. Lt. Col. Lute has direct knowledge because she was notified of the donation as part of her official duties. Ex. 68, Lute Supp. Dep 110:13-111:9.

104. The PEP Guidelines are the most current available, with a "Published Date" of "9/25/2013 Update (May 23, 2018)." *See* <https://stacks.cdc.gov/view/cdc/20711> (last visited July 13, 2020).

Plaintiffs do not suggest they have been superseded by new guidance. The PEP Guidelines specify that blood testing should be done immediately following an exposure as well as 6 weeks, 12 weeks, and 6 months thereafter. However, Plaintiffs are correct that the Guidelines refer to HIV antibody testing, not viral load testing. Ex. 54, PEP Guidelines at 37. Nonetheless, proper HIV antibody testing would be difficult or impossible in the deployed environment. *See* Ex. 53, Peel Decl. ¶¶ 18, 33-35; *SUF* ¶ 98 (describing general limitations on processing blood in theater). In particular, the military could not rely on point-of-care tests because none are FDA approved, they are not always available, they may provide false-negative or false-positive results, and they have comparatively high error rates. Ex. 53, Peel Decl. ¶ 85; *SUF* ¶¶ 76-77.

II. Evidence Should Not Be Excluded Under Rule 37.

Plaintiffs make scattered references to Federal Rule of Civil Procedure 37, suggesting that certain evidence should be excluded as a discovery sanction. These arguments are meritless. As an initial matter, Plaintiffs' unexplained and unadorned citations to "FRCP 37" fail to adequately put Defendants on notice about what, exactly, they are asking this Court to do and why. In any case, there is no basis – in any part of Rule 37, or elsewhere – for the relief that Plaintiffs are seeking.

Plaintiffs argue that "all opinion testimony from Lt. Col. Jason Blaylock should be excluded under Federal Rule of Civil Procedure 37." Pls. Resp. 2. Plaintiffs claim that "[b]ecause Lt. Col. Blaylock was not disclosed as an expert, Plaintiffs were denied the opportunity to properly prepare for and depose him, to ask questions about the articles on which he purportedly relied in forming some opinions, and to otherwise probe the validity of those opinions."⁴ *Id.*

Plaintiffs appear to misunderstand the nature of this testimony: Lt. Col. Blaylock is not offering his *own* testimony at all, but rather was designated under Rule 30(b)(6) to testify on behalf of the United States Army. Plaintiffs requested the Army's testimony about, among many other things, "concerns the Defendants have about providing the necessary health care to a service member living with HIV overseas, including in combat zone," "battlefield transfusions," and "the factual bases for

⁴ Plaintiffs also seek to exclude – again citing only "FRCP 37" with no further explanation – passages from the declarations of Dr. Peel and Lt. Col. Cron. Pls. Resp. 3 n.2. Dr. Peel was disclosed as an expert on (among other things) the subject of "clinical testing relating to the detection and monitoring of HIV." Ex. 69, Rule 26(a)(2)(C) Disclosure, Dr. Peel ¶ 4. That is a subject on which Dr. Peel – the Director of the Diagnostics and Countermeasures Branch in the Center for Infectious Disease Research, at the Walter Reed Army Institute of Research – has more than sufficient expertise to make the (presumably undisputed) factual and relevant statement that "[i]t is possible for HIV to develop resistance, over time, to an ART drug regimen – even in patients who take their ART medication[s] consistently." Ex. 53, Peel Decl. ¶ 28. And with respect to Lt. Col. Cron, as a Preventive Medicine Officer at CENTCOM, he had more than sufficient basis to testify about the intersection of military medicine and battlefield realities. *See* Ex. 26, Cron Decl. ¶ 30 (offering an example of a battlefield scenario that presents a "risk of accidental HIV-transmission": a "trauma scenario[]" in which "a patient may be incapacitated in the field, with treating medics moving quickly and working with limited protective equipment and poor lighting on wounds which may feature embedded shrapnel or bone fragments"). Rule 37 is no obstacle to any of that (also plainly relevant) testimony, which is based on Lt. Col. Cron's personal knowledge and information made available to him in the course of his official duties. *See id.* ¶ 4.

any concerns the Army or Department of Defense have that a transmission of HIV could occur in a combat zone.” Ex. 70, Pls. Notice of Deposition of Defs. Pursuant to Fed. R. Civ. P. 30(B)(6) (topics 20-25). In other words, this isn’t Lt. Col. Blaylock’s opinion testimony, it is *the Army’s* testimony – and all of it falls well within the topics on which *Plaintiffs* demanded testimony from the Army, and for which Lt. Col. Blaylock was designated. And the fact that some of the testimony to be offered comes from a deposition transcript, and some comes from a subsequent declaration on the same subject, does not alter that fundamental distinction. *Cf. Joseph v. Penn. Dep’t of Envtl. Prot.*, Civ. A. No. 06-4916, 2009 WL 3849696, at *5 (E.D. Pa. Nov. 16, 2009) (permitting defendant’s reliance at summary-judgment on “affidavits of its 30(b)(6) witnesses”).

Even accepting Plaintiffs’ assertions at face value, Rule 37 exclusions require a showing of prejudice, Fed. R. Civ. P. 37(c)(1), and here there is none. At the outset, it is simply untrue that “Plaintiffs were denied the opportunity to properly prepare for and depose him,” Pls. Resp. 2 – Lt. Col. Blaylock sat for a seven-hour deposition. Plaintiffs did not object at that deposition about his expertise, or about any alleged disclosure problem. Nor did they have any basis to object, given the settled rule that *anyone* may be designated as a 30(b)(6) witness, as long as they are prepared to testify on the noticed subjects – even a witness without relevant personal knowledge (let alone specialized expertise). *See, e.g., Sprint Commc’ns Co. v. TheGlobe.com, Inc.*, 236 F.R.D. 524, 529 (D. Kan. 2006). And that is all setting aside the (apparently undisputed) reality that Lt. Col. Blaylock *is* plainly qualified to be an expert on the subject of HIV in the military, as the Chief of Medicine (and formerly the Chief of Infectious Diseases) at Walter Reed National Military Medical Center. And Plaintiffs have identified no problems with any of the (fully public) journal articles cited in the declaration.

Finally, it is especially hard to know what to make of Plaintiffs’ request to exclude “all opinion testimony from Lt. Col. Jason Blaylock” given that *Plaintiffs themselves* repeatedly cite and rely upon that very same testimony – with respect to a wide variety of military and scientific propositions – including testimony from Lt. Col. Blaylock’s deposition transcript, and also from his

summary-judgment declaration. *See* PRDSF ¶¶ 45, 50, 57, 94 (citing Blaylock Decl.); *id.* ¶¶ 51, 75 (citing Blaylock Dep.); PSUF ¶ 63 (citing Blaylock Dep.); Pls. Reply to DRPSF ¶ 63 (same).

ARGUMENT

I. Threshold Defenses

A. Plaintiffs Harrison and MMAA Lack Standing.

Plaintiffs Harrison and MMAA lack standing to bring their claims. With respect to MMAA, Plaintiffs incorrectly suggest that “law-of-the-case” renders standing no longer an issue. *See* Pls. Resp. 25 n.4. But a finding of standing at one stage of a case does not relieve that party from the obligation to prove standing at all other stages. *See Am. Canoe Ass’n v. Murphy Farms, Inc.*, 326 F.3d 505, 516 (4th Cir. 2003) (holding the Article III requirements for standing “trump the prudential goals of preserving judicial economy and finality” that underlie the “law of the case” doctrine) (citing *Public Interest Research Grp. of N.J., Inc. v. Magnesium Elektron, Inc.*, 123 F.3d 111, 118 (3d Cir. 1997)).

As for Sgt. Harrison, the Court last addressed his standing before discovery began. *See Harrison Hrg. Tr.* (Sept. 14, 2018) at 16-17, *Harrison* ECF 78-4. Sgt. Harrison’s claim arises from his inability to commission, not from the entire accessions policy. *See* Defs. Mot. to Dismiss Br. 22, *Harrison* ECF 43. Sgt. Harrison has failed to establish that his inability to commission is redressable by striking down the accessions policy. As previously briefed, the commissioning of officers is a matter of discretion of the President. *Id.* [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED] he has not established he has standing to challenge the policy.

B. The Deployment Policies Are Committed To Agency Discretion By Law.

Plaintiffs only cursorily engage with the substance of Defendants’ arguments concerning the applicability of the APA to *Roe* Counts 4 and 5. *See* Defs. Br. 41-42. Plaintiffs incorrectly suggest that Defendants’ § 701(a)(2) argument is a mere “reboot” of previously-raised arguments about deference and justiciability. Pls. Resp. 22. But the § 701(a)(2) bar, which is a distinct issue from both deference and justiciability, was not briefed at the preliminary injunction stage, and therefore neither this Court nor the Fourth Circuit has decided it. *See Roe v. Dep’t of Def.*, 947 F.3d 207, 224 n.2 (4th Cir. 2020). Although Defendants previously argued that Plaintiffs’ APA and constitutional claims should be dismissed as nonjusticiable under *Guerra v. Scruggs*, 942 F.2d 270 (4th Cir. 1991), that argument involved a different test under a judge-made doctrine, whereas the § 701(a)(2) issue is based on the text of the APA and applies only to Plaintiffs’ APA claims. Whether § 701(a)(2) applies is also a distinct question from whether a court should give deference to an agency: courts regularly defer to an agency’s substantive expertise without dismissing APA claims under § 701(a)(2).

The § 701(a)(2) bar applies only to Plaintiffs’ APA challenge to the substantive deployment policies (*Roe* Counts 4 and 5), not to Plaintiffs’ procedural APA challenge (*Roe* Counts 2 and 3). Plaintiffs argue that this distinction is unworkable because “[e]stablishing policy or rules is

considered agency action and is subject to arbitrary and capricious review under the APA.” Pls. Resp. 23. But the entire point of § 701(a)(2) is a recognition that some types of agency action are *not* subject to arbitrary and capricious review, and the question here is whether deployment policies fall under the category of non-reviewable agency action. *See Heckler v. Chaney*, 470 U.S. 821, 828 (1985) (“[B]efore any [APA] review at all may be had, a party must first clear the hurdle of § 701(a).”). Defendants explained in their opening brief why the deployment policies fall under the § 701(a)(2) bar but Plaintiffs’ challenges to their DES processing do not. *See* Defs. Br. 42-43. Because Plaintiffs have failed to substantively respond to those arguments, summary judgment should be granted in favor of Defendants on *Roe* Counts 4 and 5. *See Webster v. Doe*, 486 U.S. 592, 601-02 (1988) (precluding review of an employment action brought under the APA when the decision was “committed to agency discretion” but holding that constitutional claims were not also precluded).

Additionally, Defendants’ opening brief explained that *Roe* Counts 4 and 5 should also be dismissed under the APA provision that exempts review of “military authority exercised in the field in time of war or in occupied territory.” 5 U.S.C. § 701(b)(1)(G). Plaintiffs did not substantively respond to this argument, which provides an independent basis to dismiss *Roe* Counts 4 and 5.

II. Plaintiffs Failed to Satisfy the Threshold Requirements for an Equal Protection Claim.

Defendants are entitled to summary judgment in *Harrison* and on *Roe* Count 1 because Plaintiffs have failed to meet their burden to establish an equal protection claim. Plaintiffs failed to show that Sgt. Harrison, Roe, Voe, and those like them, have been treated differently from others similarly situated or that any different treatment was the result of intentional discrimination. *See Morrison v. Garrahy*, 239 F.3d 648, 654 (4th Cir. 2001). Rather than responding to Defendants’ argument that there are no similarly situated medical conditions, Plaintiffs merely declare that their “equal protection claims place all people living with HIV on one side of the equal protection equation and all people who do not have HIV on the other side, because that is the line that Defendants draw in their policies.” Pls. Resp. 23. This bare assertion fails for three reasons.

First, basing an equal protection claim on HIV status alone fails to acknowledge that without treatment HIV is symptomatic, progressive, and eventually fatal. This Court, the Fourth Circuit, and all parties have assumed throughout this litigation that the substance of the case is about the risk and burdens of deploying and accessing virally suppressed and asymptomatic individuals. *See* Defs. Br. 1, n.1. Plaintiffs themselves admit that HIV-positive service members who do not achieve viral suppression could “legitimately be excluded from deployment.”⁵ Pls. Resp. 27. By advancing an expanded equal protection framework based on HIV status alone, Plaintiffs implausibly suggest that the military violates the Constitution if it does not accept the burden of accessing and deploying symptomatic or otherwise unmanaged HIV-positive individuals in an equal manner to healthy individuals without HIV.

Second, there is no basis to suggest that equal protection analysis requires a durably virally suppressed, asymptomatic HIV-positive individual to be treated similarly to someone without HIV. For the purposes of equal protection analysis, similarly situated people must be “in all relevant respects alike.” *Nordlinger v. Hahn*, 505 U.S. 1, 10 (1992). Other district courts that have already addressed this issue and found that HIV-positive individuals are *not* similarly situated to those who do not carry a transmittable, incurable, blood borne infection, which requires daily treatment. *See* Defs. Br. 49 (collecting cases). Plaintiffs do not point to a single authority that has held the opposite.

Third, Plaintiffs have offered no evidence to support their burden of establishing an inference of animus. And “[w]hether an inference is reasonable cannot be decided in a vacuum; it must be considered ‘in light of the competing inferences’ to the contrary.” *Sylvia Dev. Corp. v. Calvert Cty.*, 48 F.3d 810, 818 (4th Cir. 1995) (quoting *Matsushita Elec. Induc. Co. v. Zenith Radio Corp.*, 475 U.S. 574, 588 (1986)). Defendants have provided evidence to support the competing inference that there was no animus and multiple rationales for the deployment and accessions policies. *See* SUF ¶¶ 42-43.

⁵ Plaintiffs suggest service members who have been virally suppressed for six months should be allowed to deploy. *See* Pls. Resp. 24. Even this conflicts with Plaintiffs’ argument that viral load monitoring can be extended to intervals of fifteen months or more. Per CDC guidelines, until an HIV-positive individual achieves *durable* viral suppression following two years of consistent treatment, they should receive clinical monitoring every three to fourth months. *See* SUF ¶ 96.

Further, all of the Military Services retain some or all service members with well-managed, asymptomatic HIV, which directly conflicts with the inference of animus that the Plaintiffs advance.

Accordingly, Plaintiffs have failed to meet their burden to establish an equal protection claim in *Harrison* and *Roe* Counts 1 and Defendants are entitled to summary judgment.

III. Plaintiffs Have Not Negated Every Rational Basis for the Accessions Policy.

Defendants are also entitled to summary judgment in *Harrison* because Plaintiffs fail to negate every conceivable reason, including those provided by Defendants, that the accessions policy is rationally related to the military's legitimate interest in maintaining strict health requirements for accessions. *See* SUF ¶ 5. Plaintiffs attempt to blur the distinctions between the *Harrison* and *Roe* cases by incorrectly suggesting that the military's accessions policy is entirely based on CENTCOM's current deployment restriction, *see, e.g.*, Pls. Resp. 26, but the accessions policy is a broader, more general policy independent of any specific combatant command limitation and is based on various reasons unrelated to a specific deployment area. Under rational basis review, if Plaintiffs fail to negate any conceivable reason for the accessions policy, not limited to the reasons advanced by Defendants, their equal protection claim fails. *See Heller v. Doe by Doe*, 509 U.S. 312, 320 (1993); *Thomasson v. Perry*, 80 F.3d 915, 928 (4th Cir. 1996) (en banc).

Cost. The military has a legitimate interest in prohibiting the accession of candidates who impose additional cost burdens on the military health care system. The military would incur tens of thousands of dollars of treatment expenses for each HIV-positive service member each year. SUF ¶ 60; PRDSF ¶ 60. In a footnote, Plaintiffs suggest it is improper for the military to consider cost burden by comparing their equal protection case to other cases arising outside of the military context. *See* Pls. Resp. 36 n.8.⁶ But even when the alleged constitutional rights of service members are involved, the Supreme Court has held that the Court should defer to the political branches as to

⁶ Defendants have asserted the cost of medical treatment is a rational basis for the accessions policies challenged in *Harrison*, not for the deployment policies in *Roe*. Plaintiffs are correct that the military already pays for the medical treatment of service members who contracted HIV during their military service (as required, by regulation, for all medical conditions). But it is certainly rational for the military to avoid *additional* costs by barring accessions of individuals with a known, costly illness.

whether a benefit “consumes the resources of the military to a degree . . . beyond what is warranted.” *Middendorf v. Henry*, 425 U.S. 25, 45 (1976); *see also Rostker v. Goldberg*, 453 U.S. 57, 81 (1981) (“It is not for this Court to dismiss such problems [as administrative burdens] as insignificant in the context of military preparedness and the exigencies of a future mobilization.”).

Plaintiffs, unable to rebut the legitimate military interest in avoiding treatment cost on the merits, instead argue that Defendants cannot raise cost as a reason for the policies because it was not included in a 2018 Report to Congress. *See* Pls. Resp. 35. That suggestion turns the standard for rational basis review on its head. Defendants “‘need not actually articulate at any time the purpose or rationale supporting its classification,’ and [they are] not required to produce evidence showing the rationality of its classification.” *Pulte Home Corp. v. Montgomery Cty.*, 909 F.3d 685, 693 (4th Cir. 2018) (quoting *Heller*, 509 U.S. at 320). Rather, it is Plaintiffs’ burden to negate all possible justifications.

Comorbidities and Side Effects. Even well-managed HIV carries the risk of comorbidities and side effects. SUF ¶¶ 52, 59. The military has a legitimate interest in denying accession to individuals at risk of being unable to complete their term of service and at risk of lost duty time because of these conditions. Plaintiffs seek to re-write the military’s policy criteria by arguing that the military should only consider the prognosis for a medical condition based on an “initial term of service.” *See* Pls. Resp. 28-29. The evidence in the record clearly establishes that the accessions policy is based on the military’s legitimate consideration of the health of a candidate for both the initial term of service *and* throughout their longer career. SUF ¶ 8.

But, even accepting Plaintiffs’ incorrect construction focused on the eight-year “initial term of service,” the military’s reasons are still legitimate. Plaintiffs do not dispute that the risks at issue are real. Instead, Plaintiffs dismiss, rather than rebut, the military’s concerns with comorbidities and side effects, by arguing that they will take years to develop, are relatively minor, or are associated with aging. *See* Pls. Resp. 29. But not every candidate for accessions is both young and just beginning their HIV treatment. And even if side effects or comorbidities are less likely in a young or newly diagnosed patient, the severity and type of side effects vary by individual and uncertainty remains

regarding the side effects of newer ART regimens. SUF ¶¶ 52-55. Further, the parties agree that neurocognitive impairment is a known comorbidity occurring in some individuals with HIV, and although science in this area is still developing, it represents a risk to continued service.⁷ SUF ¶¶ 56-57; PRDSF ¶ 56. The military has acted rationally in setting its accessions medical standards based on the risk of these medical conditions.

HIV is Transmissible. Plaintiffs do not dispute that the military has a legitimate interest in barring accessions of individuals who carry “contagious diseases that may endanger the health or safety of other members.” *See* Pls. Resp. 25-26 (emphasis omitted). It is undisputed that even if the viral load is undetectable, HIV remains transmissible. SUF ¶ 61; PRDSF ¶ 61. In the context of combat deployments, the military is reasonable in assuming that there is also risk that a deployed service member may have a detectable viral load due to medication non-adherence, *infra*, increasing the likelihood of transmission. Despite these facts, Plaintiffs suggest that HIV is only “technically” contagious, and there is therefore a low risk of transmission to other service members. Pls. Resp. 25. But rare, contagious diseases can still be transmitted and endanger other people. The Court should reject Plaintiffs’ request that the military ignore its interest and assessment of risk in order to access individuals with HIV, while continuing to deny accessions of other individuals carrying contagious diseases.

Worldwide Deployment. In addition to presently applicable deployment limits, discussed *infra*, the military’s judgment that HIV-positive service members may not be deployable to regions outside of CENTCOM and to *future* conflicts is a rational basis to exclude them from accessions. Future conflicts could be in remote locations that strain supply chains, against advanced adversaries that increase the difficulties of logistics and operations, with extended deployment lengths. *See* SUF ¶¶ 14, 15, 90, 92, 96. Plaintiffs suggest these concerns are irrelevant because, in their opinion, resupply lines should always support medication refills and, if a deployment lasts too long, an HIV-

⁷ The parties agree that that HIV research is still evolving on this comorbidity. Therefore, the military is also reasonable in not accepting the risk of such a significant condition while the newly developing research remains uncertain regarding its progression, prevalence, and severity. *See* SUF ¶ 57 (collecting recent research on this condition).

positive service member can simply be transported to another location to receive medical care. *See, e.g.,* Pls. Resp. 28-29. But, as the evidence shows: transportation within and to and from a combat zone is extraordinarily risky (especially without air superiority); a unit might be “one deep” and removing a service member from such a unit might deprive the unit of a needed skill; and resupplies may be unreliable and limited to high priority needs. *See* SUF ¶¶ 91, 92, 100. The military’s considered judgment is that these combat burdens required to accommodate deployment of HIV-positive service members are unacceptable, and Plaintiffs lack expertise to dispute that judgment.

IV. The Deployment Limitations on HIV-Positive Service Members Are Lawful.

Defendants’ opening brief described in detail why the harsh nature of a combat deployment poses unique challenges for ensuring the safety of HIV-positive individuals and their fellow service members. Plaintiffs largely ignore these difficulties or demand that the military accept those associated risks. But given the conditions of combat deployment – which make the chances of viral rebound more likely, increase the likelihood of transmission, and limit the military’s ability to mitigate HIV-related risks – the military’s deployment policies are plainly rational.

A. Deployed Service Members May Not Fully Adhere To Their Medications, Making Them More Contagious.

Throughout this litigation, one of Plaintiffs’ fundamental arguments has been that a service member on ART would maintain an undetectable viral load and have highly reduced transmissibility. *See, e.g.,* *Roe* Compl. ¶ 2. This argument appears to have been critical in the Fourth Circuit’s affirmance of the preliminary injunction. *See Roe*, 947 F.3d at 234. But individuals will maintain an undetectable viral load only if they take their daily medications, and as Defendants showed in their opening brief, there is a substantial risk that ART medications could be lost or destroyed on deployment, or that individuals would fail to maintain daily adherence to their medications due to the stress and exigencies of combat. *See* Defs. Br. 58-60. Should either happen, service members could experience viral rebound, making them more contagious to others, and could also develop

resistance to their medications.⁸ *See id.* In response, Plaintiffs half-heartedly try to downplay the chance of rebound occurring, and then ultimately contend that even if rebound is foreseeable, the military should simply accept and ignore the risk. Neither argument has merit.

1. There Is a Substantial Risk of Viral Rebound During Contingency Deployments.

Plaintiffs do not meaningfully grapple with the evidence that viral rebound could occur during deployment. Instead, Plaintiffs argue Defendants did not provide “evidence in support” of the contention “that a significant number of service members will suddenly stop taking their HIV medications while deployed,” evidence Defendants have no burden to provide. Pls. Resp. 27.

Lost or Destroyed Medications. In their statement of undisputed facts, Defendants stated that “[d]eployment presents increased risks of medicine being lost or destroyed,” citing testimony from military doctors familiar with combat medical care. SUF ¶ 51. Plaintiffs did not dispute this. PRDSF ¶ 51.

Plaintiffs also attempt to downplay the significance of lost or destroyed medication by baldly asserting that the military “has to be able to resupply its troops wherever they are,” and that even in a future conflict with a near-peer adversary the military must “eventually” be able to resupply its troops. Pls. Resp. 28. But the fact that a deployed fighting force will of course “eventually” need to be re-supplied does not mean it is a trivial task to get a specialized medication to a particular individual in a combat zone. *See generally* SUF ¶¶ 89-92 (discussing undisputed challenges of combat logistics). Nor do Plaintiffs address logistical limitations or the military’s strategic choices to prioritize other supplies.

In any event, the critical point is not whether an individual will “eventually” be re-supplied,

⁸ Plaintiffs claim that resistance is very unlikely to occur if an individual’s medication is lost or destroyed and the individual abruptly stops taking the medication. PRDSF ¶ 48. Although less than the risk posed by intermittent adherence, there is still some risk of resistance after a sudden halt. *See* SUF ¶¶ 48-49; *see also* Ex. 36, Blaylock Decl. ¶ 31. It is also foreseeable that an individual would intermittently adhere to their medication *because* some of the medication was lost or destroyed. For example, if an individual does not have enough pills to last until the next shipment, they may space out the remaining doses until new medication arrives. This decision would present a high chance of developing resistance, and the military cannot rule out the possibility. Defendants also explain below why the stress of combat may make intermittent adherence more likely.

but rather *when* the individual will be re-supplied. If a service member's ART is lost or destroyed, viral rebound may occur before a new batch of medication arrives. With respect to the amount of time for viral rebound to occur, Plaintiffs state that the parties "quibble over details that are not material." Pls. Resp. 27. The question of timing is actually quite material, but there is no dispute about it. It is undisputed that viral rebound can occur within weeks, or even a few days. SUF ¶ 47; PRDSF ¶ 47. It is also undisputed that it could take a month or longer for the military to re-supply lost ART medication in the deployed environment, even in mature theaters. SUF ¶¶ 90-91. Thus, the undisputed evidence establishes a substantial risk of viral rebound during deployment, elevating the risk of transmission until the viral load can be brought down again.

Non-adherence. Defendants also have explained that highly variable conditions of combat deployments – which may involve constant movement, lack of sleep, high stress, irregular schedules, working at night, and operations away from base in which service members might not carry extra pills – increase the risk that individuals will not strictly adhere to their daily ART medications. SUF ¶ 50. In response, Plaintiffs wave away these commonsense points by claiming these concerns are "*ipse dixit*." PRDSF ¶ 50. That, of course, is not a denial sufficient to make the statement disputed. In any event, the concerns with non-adherence are supported by the considered judgment of military medical authorities. *See* Ex. 24, Murray Decl. ¶¶ 47-50 (discussing adherence during deployment); *id.* ¶¶ 4-15 (discussing background and expertise of declarant); *see also* SUF ¶ 50 (citing CDC).

Unable to dispute Defendants' evidence concerning non-adherence, Plaintiffs claim that only 85% adherence is needed to maintain viral suppression (approximately four missed doses per month), suggesting the military need not be concerned with missed doses. Pls. Resp. 27. But given the undisputed assertion that there are many reasons why the conditions of deployment may make it harder to maintain adherence, SUF ¶ 50, it is not unreasonable to assume that a service member might miss four doses in a month. Plaintiffs go on to suggest that this concern is unwarranted because service members generally have a very high rate of medication adherence. *See* Pls. Resp. 27;

PRDSF ¶ 50. But the numbers Plaintiffs cite concern *non-deployed* service members who follow a regular domestic routine, and are thus inapplicable to the very combat conditions Defendants are most concerned about. *See* Ex. 24, Murray Decl. ¶¶ 47-50. Plaintiffs have offered no evidence that displaces Defendants' military judgment that the risk of non-adherence during combat is unacceptably high.

2. It Is Rational For The Military To Bar Deployments of HIV-Positive Individuals Because Service Members May Not Be Able To Maintain Viral Suppression.

It is rational to conclude that some deployed service members will not closely adhere to their medication regimens – either because the medications are lost or destroyed or because the stress and demands of combat deployments make adherence more difficult. Plaintiffs have not (and cannot) contradict Defendants' evidence, so they have effectively conceded that some military members could be expected to experience viral rebound during deployment. *See* Pls. Resp. 26-27. Recognizing this, Plaintiffs indifferently describe a suppressed viral load as “icing on the cake” that does not meaningfully affect the risk of transmission during deployment. Pls. Resp. 28 n.5; PRDSF ¶ 47. Although Plaintiffs may think that the risks associated with viral rebound are worth accepting, it is reasonable for the military to reach the opposite conclusion.

As discussed below, there are several routes of transmission that present a meaningful risk of infection during deployment, and an elevated viral load increases the risk of all of them. Plaintiffs' position that non-adherence has little effect on the rate of transmission also does not account for the separate risk that an infection could develop resistance, particularly in the case of periodic non-adherence. Moreover, to ignore the possibility of viral rebound would treat HIV differently than other communicable diseases that the military requires to be resolved before deployment. *See, e.g.*, Ex. 71, Cron. Supp. Dep. 106:12-19 (waivers have been granted for resolved Hepatitis C but not active Hepatitis C); Ex. 26, Cron Decl. ¶ 20 (waivers would not be granted for Zika virus or West Nile virus “at least until the conditions had resolved”); Ex. 21, Cron. Dep. 107:17-108:5 (deployment waivers would not be granted for “current or recent active tuberculosis”).

In sum, Plaintiffs do not dispute that individuals with HIV may not be able to maintain viral

suppression during deployment. Lack of viral suppression raises the risk that an individual with HIV could infect others on deployment or that the service member could develop resistance to treatment. It is rational for the military to decline to accept these risks.⁹

B. HIV Could Be Transmitted By Deployed Service Members.

1. Blood Transfusions

The military relies on the walking blood bank to provide lifesaving blood transfusions during combat. SUF ¶¶ 65-66. These facts are undisputed: HIV-positive individuals, regardless of viral load, can transmit the virus via blood transfusion (SUF ¶¶ 67-68; PRDSF ¶ 68); the walking blood bank relies on unscreened blood donations (*see* SUF ¶¶ 65-66; Pls. Resp. 31); there are known incidences of transmission of blood borne pathogens from the walking blood bank's use of unscreened donations (SUF ¶ 70); and despite the low incidence of blood borne infections in the military, there have been instances of blood donations despite orders to not donate. SUF ¶ 75 (HIV); Ex. 24, Murray Decl. ¶ 56 (Hepatitis C). This is actual experience, not speculation; although rational speculation is sufficient in any event. *See Wilkins v. Gaddy*, 734 F.3d 344, 348 (4th Cir. 2013). And in light of these undisputed facts, Plaintiffs' unfounded presumption that these risks are non-existent cannot stand. The military's judgment – that deployment of service members carrying blood borne pathogens, including HIV, to combat operations risks the safety of the blood supply – is a rational reason for its deployment policy. Although Plaintiffs propose certain mitigations that might reduce (but not eliminate) the risk of transmission through the walking blood bank, *see* Pls. Resp. 31, the military has determined that those protections are insufficient.

⁹ Should there be viral rebound to detectable levels, HIV could also be transmitted sexually. SUF ¶ 64. Although Plaintiffs ask the Court to exclude this argument, Pls. Resp. 35-36, Plaintiffs do not dispute that sexual activity occurs during deployments. SUF ¶ 64. Nor can Plaintiffs claim they are prejudiced by this argument since Plaintiffs plainly know that sexual transmission is possible at elevated viral loads. *Roe* Compl. ¶ 54. And though Plaintiffs now point to one study in which sexual transmission was not detected below a viral load of 400 copies/mL, PRDSF ¶ 64, it is rational for the military to adhere to CDC guidance which states that sexual transmission is impossible only for undetectable viral loads. *See* SUF ¶ 62. The possibility of sexual transmission provides yet another risk factor that further underscores the rationality of Defendants' deployment policies.

First, Plaintiffs’ unfounded supposition – that it is unlikely that the walking blood bank will use unscreened blood – should be rejected. *See id.* One of the quintessential military purposes of the walking blood bank is to save lives in precisely the time-critical, combat scenarios in which screened, FDA-approved blood products are less likely to be available. *See* Defs. Br. 61-62 (citing SUF ¶¶ 65-66). And the military has determined that service members with blood borne contagions present too great a risk that they might donate blood despite their condition. *See* Defs. Br. 62. Someone with a rare blood type, by contrast, can still safely donate blood. *Id.* (citing RSUF ¶ 100). Individuals with a minimal risk of carrying a blood borne pathogen (e.g., a person who gets a tattoo) may pose some risk if they donate, but it is not the same risk as for those who carry a *known* transmittable pathogen that could endanger another service member who receives the donation.¹⁰ *See id.* (citing RSUF ¶ 99). For these reasons, Plaintiffs’ flawed comparisons fail to undermine this interest.

Second, the military has determined that an order not to give blood is insufficient to protect the blood supply. *See* Defs. Br. 62-63. Plaintiffs seem to object to testimony from multiple military officials on the effectiveness of relying on military orders to mitigate the risks of HIV transmission. *See* PRDSF ¶¶ 72-73. But to the extent any of that testimony is appropriately characterized as “opinion testimony,” it is “not based on scientific, technical, or other specialized knowledge within the scope of Rule 702,” Fed. R. Evid. 701, and thus is fully admissible, even from military lay witnesses with personal knowledge of these realities. And, even if some of this is qualified as expert testimony, Col. Murray, as a “colonel in the United States Army and a medical doctor specializing in infectious diseases” who was qualified as an expert witness on both the subjects of “infectious disease medical care in the military,” and “the military’s operational environment,” Ex. 24, Murray Decl. ¶¶ 1, 3, is qualified to explain the shortcomings of reliance on orders not to donate blood to mitigate risks to the blood supply. That testimony – about “peer pressure to donate,” the possibility that orders are misunderstood, and the reality that service members do not “obey all orders” – is

¹⁰ Yet again, Plaintiffs appear to be proposing that service members with HIV be treated *differently* than other service members with other contagious blood borne conditions, such as Hepatitis B, C, and HTLV, who are also barred for deployment in part out of consideration for the integrity of the blood supply for the walking blood bank. SUF ¶ 93.

based on Col. Murray's "decades of experience in the military," and including a specific example "of a soldier with Hepatitis C donating blood despite being instructed not to do so." *Id.* ¶ 56. In light of this evidence, *see* SUF ¶¶ 73-75, Plaintiffs' suppositions regarding the effectiveness of certain orders is untethered from any credible evidence.¹¹

2. Transmission During Medical Care

The civilian medical community considers the risk of HIV transmission during medical care to be substantial. *See* Defs. Br. 64-65. And the risk of transmission during medical care is of greater concern in the deployed environment than in civilian medicine. SUF ¶ 81. Combat medical care often involves extreme trauma and large volumes of blood, an increased risk of blood-to-blood exposure given the presence of sharp objects within wounds, the reduced ability to apply universal precautions such as sterile medical gloves, and the likely unavailability of post-exposure prophylaxis to mitigate the risk of exposure. SUF ¶¶ 79-84.

Plaintiffs dispute none of this evidence. Instead, they respond by (1) attempting to preclude consideration of this evidence, (2) introducing new evidence in an attempt to undercut Defendants' risk assessment, and (3) speculating about the likelihood of HIV medical exposure. None of Plaintiffs' arguments alter the conclusion that Defendants' deployment policies are a rational response to the risk of HIV transmission during combat medical care. *See Doe v. Univ. of Md. Med. Sys. Corp.*, 50 F.3d 1261, 1266 (4th Cir. 1995) (holding that there is a "significant risk" of HIV transmission during medical care even after extra precautions are employed, such as double-gloving).

First, Plaintiffs argue (apparently under FRCP 37) that the Court should not consider evidence relating to HIV transmission during surgery, insisting that the Court should only consider

¹¹

evidence concerning transmission during “buddy aid,” allegedly because the military did not mention other types of medical transmission in the 2014 or 2018 Reports to Congress. Plaintiffs are incorrect.¹²

Plaintiffs do not attempt to show prejudice, as required by Rule 37. *See supra*. Nor could they: the possibility of transmission during combat medical care was the subject of several depositions. *See* SUF ¶¶ 80-83 (citing depositions). In any event, the military wrote in the 2018 Report to Congress that “even well-managed HIV infection carries risks of . . . potential communicability, *including* in circumstances of buddy-aid . . .” Ex. 14, 2018 Report to Congress, at 9 (emphasis added). The use of “including” indicates that the list that follows is not exhaustive. And the Report goes on to discuss the risk of HIV transmission during “occupational exposures,” meaning needlesticks and other blood-to-blood contact common among medical professionals. *Id.* at 19-20. The difference between buddy aid and other forms of combat medical care is immaterial: in either case, transmission may occur when an individual touches another’s wound and is cut by a sharp object, leading to blood-to-blood exposure. Finally, because the proper standard of review is rational basis, so long as the policy rationale is conceivable, Plaintiffs bear the burden of negating that rationale. *See FCC v. Beach Commc’ns, Inc.*, 508 U.S. 307, 313 (1993).

Second, Plaintiffs next introduce new evidence (the “SHEA Guidelines”), seemingly in an attempt to demonstrate that the military’s concerns about the degree of risk of HIV transmission during medical care are not shared by the medical community. Pls. Resp. 33-34. But the SHEA Guidelines actually provide further evidence that the deployment restrictions comport with medical guidance. The SHEA Guidelines state that all HIV-positive individuals should undertake extra precautions when performing medical care, including wearing double gloves during procedures and taking viral load tests at least twice a year to confirm that the viral load is below 500 copies/mL. Pls.

¹² Plaintiffs also state that Defendants “attempt to blur the lines regarding which medical personnel would actually be at risk if providing care to service members with HIV.” Pls. Resp. 33. It is not clear what Plaintiffs mean by this, but there is a risk of transmission whenever HIV-positive blood enters the bloodstream of an HIV-negative person. It does not matter if the source of the blood is the patient, a combat buddy providing first aid, a combat surgeon, or anyone else.

Ex. 72, SHEA Guidelines, at 220. The SHEA Guidelines also note that the availability of PEP “has likely contributed to the dramatic decrease in occupationally acquired HIV infection in healthcare workers in the United States.” *Id.* at 217. But while those precautions may be readily undertaken in a civilian hospital, Plaintiffs do not dispute that in combat medical care a caregiver may not have sterile gloves (SUF ¶ 82); that it would be impractical to conduct viral load monitoring twice yearly during deployments (SUF ¶¶ 97-99); and that PEP will often be unavailable (SUF ¶ 95). And if the viral load increases to 500, as is possible on deployment, the SHEA Guidelines prohibit individuals from performing procedures involving placing fingers inside a patient’s body alongside sharp objects, as occurs in combat medical care. *See* Pls. Resp. 33; SUF ¶ 81.

Third, Plaintiffs contend that the risk of transmission during medical care is too low to rationally justify the deployment policies because transmission depends on the conjunction of two risks: (a) that an exposure such as a needlestick actually occur, and (b) that the exposure leads to HIV transmission. Pls. Resp. 34. Setting aside again that it is for the military to judge what is an acceptable level of risk to tolerate on the battlefield, Plaintiffs’ argument suffers from several flaws.

Plaintiffs first argue that because there are so few HIV-positive service members, the likelihood that one of them would be the source of blood-to-blood exposure is very low. *See* Pls. Resp. 34. But even if that were true, the military may reasonably plan for that contingency.¹³ That is, even if the chance of any specific individual being wounded and needing combat medical care may be low, the military knows that *some* service members will be wounded, and there is no way to know who those persons will be. It is therefore rational for the military to plan for the possibility that a deployed individual with HIV may be the source of an exposure during combat medical care. In addition, Defendants submitted undisputed evidence that needlestick-type injuries are more common in combat medical care than in civilian medicine. SUF ¶ 81. Plaintiffs’ argument also undermines itself: if Plaintiffs were to prevail in this case (thus allowing more HIV-positive service

¹³ Likewise, even though people with HIV also make up a very small percentage of the U.S. population, PRDSF ¶ 83, that does not mean that civilian hospitals need not take mitigation measures to avoid the risk of HIV transmission such as having PEP available. *See* SUF ¶ 103.

members to deploy), the number of sources of possible transmission would increase.

Next, Plaintiffs reiterate their argument that the per-act exposure risk of a needlestick or similar injury is low. Pls. Resp. 34. But again the military must prepare for the possibility that such exposures will occur, and Plaintiffs do not dispute that civilian medical authorities consider such exposures to be “urgent medical concerns” that should be “treated immediately,” even when the source has an undetectable viral load. SUF ¶ 103. Plaintiffs also ignore that the CDC and U.S. Public Health Service state that whenever “a surgeon who sustains an occupational exposure to HIV while performing a surgical procedure should promptly scrub out of the surgical case, if possible, and seek immediate medical evaluation for the injury and PEP.” Defs. Br. 65 n.27. That may be easy to do in a civilian hospital, but could be impossible in a deployed environment.¹⁴

3. Other Transmission Routes During Deployment

Plaintiffs also assert that “[t]here is no dispute that the risk of transmission through other types of battlefield exposures is infinitesimal – and quite possibly zero.” Pls. Resp. 34. Defendants assuredly dispute that statement. What *is* undisputed is that there is some risk of transmission whenever HIV-positive blood enters the bloodstream of an HIV-negative person. SUF ¶¶ 62, 68, 103. Even blood from a source with an undetectable viral load can still contain virus copies, and the more blood that a person is exposed to, the greater the risk of infection. *See* Ex. 24, Murray Decl. ¶ 51. Thus, even if the average bone shard in a catastrophic injury had less blood in it than a hollow-bore needle (*see* Pls. Resp. 34), an individual could still be exposed to a greater amount of blood than the average needlestick if he or she suffered injuries from multiple bone shards or other objects.

Plaintiffs are also incorrect in stating that their experts provide “unchallenged opinions extrapolating the information regarding the reduction in sexual transmission risk created by an undetectable viral load to these other situations.” Pls. Resp. 34. If Plaintiffs are saying that studies about sexual transmission demonstrate that blood borne transmission is impossible with an undetectable viral load, the CDC disagrees: “[e]xposure to a source patient with an undetectable

¹⁴ Much of this evidence was not before the Fourth Circuit at the preliminary injunction stage.

serum viral load does not eliminate the possibility of HIV transmission.” SUF ¶ 103; *see also id.* ¶ 62. And Plaintiffs again ignore that there is a meaningful risk of viral rebound to detectable levels during deployment. *See supra*. Even if there have been no documented cases of transmission via wound-to-wound contact or catastrophic injury, *see, e.g.*, Pls. Resp. 28 n.5, that does not demonstrate they are impossible on the battlefield (or some future battlefield), where HIV-positive service members have always been restricted from deploying and where the possibilities of blood-to-blood exposure are substantially greater than in everyday life. *See* Defs. Br. 66-67.

C. The Military’s Ability to Mitigate HIV-Related Risks Is Limited.

Defendants explained in their opening brief that many of the routine precautions taken in civilian healthcare to minimize HIV-related risks would be unavailable during deployments. *See* Defs. Br. 67-70. For example, “universal precautions” such as sterile gloves may be unavailable (SUF ¶ 82), the same is true for PEP (SUF ¶¶ 95, 102), and regular viral load monitoring is either unavailable or would require substantial disruption to military operations (SUF ¶¶ 97-98).

Plaintiffs barely grapple with these points, and they express no concern about the lack of gloves or PEP. *See* Pls. Resp. 35. The only precaution that Plaintiffs discuss in any meaningful sense is viral load monitoring, but even then Plaintiffs casually dismiss its importance and the military’s difficulty in conducting it on deployment. Routine viral load testing is a standard aspect of HIV healthcare, as it is an important means of ensuring that individuals are adhering to their ART medication, *see* PRDSF ¶ 46, which would be particularly important on deployment given the risk of non-adherence during combat, *see supra*. Although Plaintiffs assert in a single sentence that “monitoring care could be made available and would not be resource intensive,” they provide no support for that statement except to cite their original statement of facts. PRDSF ¶ 97. But Defendants explained in their opening brief why viral load testing during deployment could not be easily made available, *see* Defs. Br. 68-69, and Plaintiffs do not respond to those arguments. Instead, Plaintiffs now suggest that the military could entirely forgo viral load monitoring during deployment (even for 15 months or longer), because doing so “would not be a significant deviation from the

global standard of HIV care, which recommends such monitoring evaluation every 12 months.” Pls. Resp. 28-29. But the military is not required to follow this “global standard of care,” which is less cautious than the CDC-recommended schedule of conducting viral load tests every six months (and more frequently if the individual has not established durable viral suppression). SUF ¶ 96. Indeed, Plaintiffs admit that the CDC’s recommendations are “the optimal standards of care.” PRDSF ¶ 96.

In short, Plaintiffs do not dispute that these mitigation measures would be unavailable on deployment; instead, Plaintiffs say the military need not worry about the absence of these precautions, going so far as to say that the risks of HIV transmission are so low that they “do not require mitigation.” Pls. Resp. 35. But the military is not required to adopt this approach. It is for the military to determine whether a risk requires mitigation, as well as whether it would be worth changing military operations in order to mitigate a particular risk. Defs. Br. 67. And civilian medical authorities agree these risks are meaningful. SUF ¶¶ 102-103. At a minimum, it cannot be irrational for the military to restrict the deployment of HIV-positive individuals when the military would be unable to employ several precautions that are required in civilian healthcare. *See Doe*, 50 F.3d at 1266 (courts should “defer to the reasonable medical judgment of public health officials”).

D. Foreign Relations

Finally, DOD and CENTCOM have a legitimate interest in considering a host nation’s tolerance for admitting of a member of a foreign military carrying a contagious disease prior to granting a waiver for an HIV-positive service member to deploy into the region. *See* Defs. Br. 70-71. Failing to rebut this rationale on its merits, Plaintiffs counterfactually assert that there are no local laws for the DOD to consider. *See* Pls. Resp. 32 n.7. But Defendants have demonstrated that many countries, particularly in the CENTCOM region, continue to place restrictions on HIV-positive foreigners. *See* SUF ¶ 22. The military is permitted to consider the risk to foreign relations and service members’ access to local health care before granting a waiver to deploy to this region. *See Mathews v. Diaz*, 426 U.S. 67, 81 (1976) (courts lack competence in foreign relations).

V. The Air Force Correctly Followed Its Own Regulations In Its Discharge Decisions.

Because the Air Force properly followed its own procedures in deciding to discharge Roe and Voe, and because those decisions were not arbitrary, Defendants are entitled to summary judgment on Roe Counts 2 and 3. *See* Defs. Br. 72-78.

First, Plaintiffs fixate on AFI 44-178's statement that "HIV seropositivity alone is not grounds for medical separation or retirement." But Plaintiffs continue to ignore the rest of the statement: members with laboratory evidence of HIV infection "*who are able to perform the duties of their office, grade, rank and/or rating*, may not be separated solely on the basis of laboratory evidence of HIV infection." SUF ¶ 27 (emphasis added). As long as the Air Force correctly concludes that an airman cannot perform his or her military duties (as is true for Roe and Voe), AFI 44-178 provides no impediment to their separation. Any other reading is inconsistent with the plain text of the policy.

Roe and Voe were not separated "solely" because of HIV seropositivity. As the Supreme Court recently held in *Bostock v. Clayton Cty.*, 140 S. Ct. 1731, 1739 (2020), drafters of statutes and regulations include the term "solely" to indicate that actions taken 'because of the confluence of multiple factors do not violate the law.' The Air Force determined that Roe and Voe should be discharged because: (i) they were expected to deploy relatively frequently to Central Command's area of responsibility because of their individual career fields, and tenure within those fields; *and* (ii) they were unlikely to be able to deploy to CENTCOM because of their HIV status. SUF ¶ 40. That determination – which was based on the "confluence" of two factors, only one of which took HIV status into account – is not based solely on HIV status. Plaintiffs' contention that this reasoning is circular because the CENTCOM deployment restriction depends on airmen's HIV status ignores both the facts of Roe and Voe's discharges and the requirements of the AFI. As explained above, it is not improper for the Air Force to consider in a separation determination a factor that depends on HIV status so long as that is not the *sole* factor on the basis of which an action is taken.¹⁵ Roe and

¹⁵ Plaintiffs reiterate without further explanation their incorrect argument that CENTCOM's deployment restriction is "administrative" and not medical. As explained in Defendants' brief, deployability is a required consideration for medical fitness to continue service. Defs. Br. 77.

Voe were properly discharged because they were presumptively unable to deploy to CENTCOM *and* because their career fields and positions within those fields were likely to deploy frequently to CENTCOM, a factor independent of their HIV status. *Id.* ¶ 40. By contrast, airmen with HIV alone, in positions that are unlikely to require deployment, are being properly retained. *Id.* ¶¶ 40-41.

Second, Plaintiffs contend that the Air Force acted arbitrarily when it separated Roe and Voe because the Air Force departed from its previous approach toward HIV-positive airmen. Pls. Resp. 38-39. However, this argument misapprehends both the record and Defendants' explanation thereof. Plaintiffs' argument rests on the fact that Voe's retention was voted on twice by the SAFPC and two different results were reached based on the same information. *Id.* Defendants do not dispute that the facts relevant to Voe were the same at the time of each vote nor that the language of the applicable regulations was unchanged between the two votes. However, Plaintiffs are incorrect that there was no material change in Air Force policy between the two votes, and they have failed to respond to the evidence of that change or Defendants' explanation of the change.

As explained in Defendants' Motion, Defs. Br. 78, and in the Soper Declaration, *see* SUF ¶¶ 25-28, 39, the Air Force's practice of automatically returning all asymptomatic HIV-positive service members to duty conflicted with the requirements of DoDI 6485.01. DoDI 6485.01 requires that all HIV-positive service members be referred for medical evaluation for continued service in the same manner as other service members with other chronic and progressive diseases. SUF ¶ 25. Regardless of Plaintiffs' views on the appropriateness of deployment restrictions on HIV-positive service members, it is clear under the regulations that a limitation on or inability to deploy is a factor that must be considered in any retention determination. SUF ¶ 26. The Air Force's change of practice to come into consistent compliance with its own regulation and that of the DoD cannot be arbitrary and capricious.

Third, Plaintiffs argue that because the Air Force assumed that waivers would not be granted for Roe and Voe – rather than affirmatively asking for such a determination – Roe and Voe failed to receive an “individualized” determination of fitness. Pls. Resp. 39-40. This argument fails for the

reasons outlined in Defendants' opening brief, and Plaintiffs neither respond to those arguments nor engage with any of the additional evidence submitted at the summary judgment stage, but merely reiterate the arguments from their motion for preliminary injunction. *See id.* 39-40.

Contrary to Plaintiffs' assertion, CENTCOM's deployment policy is not a categorical bar to deployment for HIV-positive service members. CENTCOM presumptively bars all deployments of HIV-positive individuals, but if an individual with HIV were ordered deployed, that person could seek a waiver, following the same procedure that is applied to a multitude of other conditions described in Mod 13. SUF ¶ 19.¹⁶ For HIV infection, CENTCOM would grant a waiver only in extraordinary circumstances for an individual with highly specialized skills to complete a mission with an extraordinary need. *Id.* ¶¶ 18-19. Contrary to Plaintiffs' implication, the fact that no such deployment waiver has yet been granted proves only that such extraordinary circumstances have not yet arisen in a situation involving one of the relatively small numbers of HIV-positive service members who could potentially deploy to CENTCOM. The fact that thousands of medical waivers are requested from the CENTCOM Surgeon every year, Pls. Resp. 38, proves nothing about the restrictions on HIV-positive deployment, but rather demonstrates that HIV status is not singled out and that many conditions are disqualifying and subject to the same waiver process.

Moreover, the presumption that a deployment waiver will not be granted is not inconsistent with providing someone an "individualized determination." All the DES procedures require is that an unfitness determination must be based upon "objective evidence in the record, as distinguished from personal opinion, speculation, or conjecture." SUF ¶ 24. Plaintiffs received such a determination. Along with the DES's indisputably correct assumption that deployment waivers for HIV were unlikely to be granted by CENTCOM, the only "individualized" information needed to

¹⁶ Defendants' statement in the 2018 Report to Congress is consistent with these regulations. The Report accurately explained that HIV-positive service members are not permitted on the face of the applicable regulations to deploy to contingency operations. However, the waiver process exists, for HIV seropositivity and many other conditions, to allow exceptions to these regulations when military need requires. Moreover, even if the Report had misstated the relevant regulations, it is the regulations themselves that are controlling for purposes of the APA. As Plaintiffs admit CENTCOM MOD 13 "is not written as a categorical bar." Pls. Resp. 37.

find Roe and Voe unfit is the fact that they are HIV-positive and that they are in career fields that are relatively likely to require deployment to CENTCOM. *Id.* ¶ 40.

Nonetheless, Plaintiffs argue it was improper for Defendants to separate Roe and Voe because “they had not been asked to deploy,” “[t]hey had not sought a waiver and been refused,” and “[t]here had been no determination that they could not operate in the austere conditions of a proposed location.” Pls. Resp. 38. For that to happen, however, the DES would either have had to submit a hypothetical waiver request on behalf of Roe and Voe before separation, or the Air Force would have needed to wait until Roe and Voe were ordered deployed and denied waivers before commencing separation proceedings. Plaintiffs insist that they are not suggesting a hypothetical waiver process, *id.*, leaving as the only possible option waiting until a deployment is ordered to request a waiver and engage in the DES process. As Defendants explained in detail in their opening brief, such proceedings are inconsistent with Air Force regulations and would be wholly unworkable in practice. Defs. Br. 73-76; *see* Ex. 25, Soper Decl. ¶¶ 22-26.

Plaintiffs make no attempt to address Defendants’ explanation of the DES, for which “predictive judgments” are an essential component of the regulatory procedure. This explanation of the DES procedure and supporting evidence was not before the Fourth Circuit in the preliminary injunction appeal. As explained, Defs. Br. 74-76, CENTCOM must, by regulation, be informed of the “position [an individual will] be placed in, any known specific hazards of the position, anticipated availability and need for care while deployed, [and] the benefit expected to accrue from the waiver,” before granting a deployment waiver. SUF ¶ 19. A waiver request must necessarily be tailored to an actual planned deployment to allow CENTCOM to determine the specific hazards the individual will face, the medical care likely available, and the benefit expected from the waiver. *Id.* Conversely, discharge decisions are made in the DES process, which is wholly distinct from CENTCOM’s waiver process, and which by regulation must be initiated when the service member is referred on the basis of their diagnosis, and which is not tethered to any specific deployment. *Id.* ¶¶ 25-27.

Plaintiffs have not distinguished HIV from any other deployment limiting condition, and if their apparent argument is taken to its logical conclusion, it would prohibit the Services from instituting separation proceedings in all cases of potentially disqualifying conditions until the most inconvenient time for both the service member and the Service: weeks before a planned deployment. *Id.* ¶¶ 19-20. This extensive last minute disability determination would undermine or even incapacitate the entire deployment system. *See Id.* ¶ 20.

Plaintiffs' APA claims challenge only the Air Force's compliance with its own regulations, but their arguments conflate their position on the propriety of the deployment policy with the procedures of the DES process. Under the applicable regulations, the DES process does not rely on whether any CENTCOM waiver determination has been made. Thus, the Air Force properly followed its regulations relevant to separation, and Plaintiffs have not contradicted any of the evidence or arguments supporting that conclusion.

VI. Even if the Court Enters Judgment for Plaintiffs, the Remedies Should be Limited.

In Section V of Defendants' opening brief, Defendants explained at length how Plaintiffs' requests for relief overreached in several respects, for reasons of both law and fact. Defs. Br. 78-80. Plaintiffs' "[f]ailure to respond" to any of these remedial arguments "results in a concession." *United Supreme Council, 33 Degree of Ancient & Accepted Scottish Rite of Freemasonry v. United Supreme Council of Ancient Accepted Scottish Rite for 33 Degree of Freemasonry*, 329 F. Supp. 3d 283, 292 (E.D. Va. 2018), *aff'd on other grounds*, 792 F. App'x 249 (4th Cir. 2019). Accordingly, as explained in greater detail in Defendants' opening brief, any relief should (at most) be limited to remedying the specific injuries (if any) that have been adequately demonstrated by the named Plaintiffs, and in particular should not include any order to actually commission or deploy any specific individual. *See* Defs. Br. 78-80.

CONCLUSION

The Court should enter summary judgment for Defendants on all claims.

DATE: July 20, 2020

Respectfully submitted,

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I HEREBY CERTIFY that on this date, I filed the foregoing using the Court's CM/ECF system, which will send a notification of electronic filing (NEF) to the following counsel of record:

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EXHIBIT 61

**Department of the Army
Pamphlet 40–502**

Medical Services

Medical Readiness Procedures

**Headquarters
Department of the Army
Washington, DC
27 June 2019**

UNCLASSIFIED

SUMMARY

DA PAM 40–502
Medical Readiness Procedures

This new publication, dated 27 June 2019--

- o Describes the reorganization of the medical readiness classification codes and consolidates the medical readiness classification 3 “A” and medical readiness classification 3 “B” categories to a single medical readiness classification 3 (para 1–6).
- o Reorganizes the structure describing deployment-limiting conditions to seven codes (table 1–1 and para 3–3*b*).
- o Describes how the Commander’s Portal and the Healthcare Portal provide access to all medical readiness tools in the Medical Protection System, to streamline overall visibility of Soldiers’ health and medical services (paras 2–2 and 2–6).
- o Describes processes used, as directed in AR 40–502, when profiling providers complete all profiles for conditions lasting greater than 7 days, both temporary and permanent, in e-Profile (para 2–3).
- o Describes how the administrative portal provides customized reporting and administrative support to optimize medical readiness and deployment (para 2–7).
- o Describes how unit commanders can make deployable determinations for their Soldiers in medical readiness classification 3, deployment-limiting 1 or 2, and upon receipt of a combatant command waiver (para 3–4).
- o Explains how temporary profiles are assigned a medical readiness classification (para 4–4).
- o Describes the reorganized physical category structure as post board codes and deployment-limiting codes (para 4–5).
- o Describes the profiling provider roles, and signature requirements, for temporary and permanent profiles. Explains the level of review to create or change a permanent “3”, “4”, or assign a deployment-limiting physical category code as the approval authority (para 4–8).
- o Describes the profiling changes for Soldiers allergic to stinging insects (para 4–10).
- o Explains that a single DA Form 3349–SG (Physical Profile) is used to record both permanent profiles and temporary profiles, to provide a holistic view of a Soldier’s duty limitations (para 4–14*a*(1)).
- o Describes required examinations and assessments (chap 5 and paras 6–6 and 6–7).
- o Describes the administrative requirements for deployment and assignment to remote locations (para 7–2).
- o Describes the medical requirements for deployment (para 7–3).

Headquarters
Department of the Army
Washington, DC
27 June 2019

Department of the Army
Pamphlet 40–502

Medical Services
Medical Readiness Procedures

By Order of the Secretary of the Army:

MARK A. MILLEY
General, United States Army
Chief of Staff

Official:


KATHLEEN S. MILLER
Administrative Assistant
to the Secretary of the Army

History. This publication is a new Department of the Army pamphlet.

Summary. This pamphlet describes the processes and procedures for assessing, documenting, reporting, and administering medical readiness; it is to be used with AR 40–502, Medical Readiness. This regulation provides individual medical readiness

and physical profile information; it explains the information technology, exams, and forms associated with medical readiness; and it describes the physical examination and assessment procedures. Specifically, this regulation provides instructions necessary to carry out the medical readiness policies established in AR 40–502.

Applicability. This pamphlet applies to the Regular Army, the Army National Guard/Army National Guard of the United States, and the U.S. Army Reserve, unless otherwise stated.

Proponent and exception authority. The proponent of this regulation is The Surgeon General. The proponent has the authority to approve exceptions or waivers to this regulation that are consistent with controlling law and regulations. The proponent may delegate this approval authority, in writing, to a division chief within the proponent agency or its direct reporting unit or field operating agency, in the grade of colonel or the civilian equivalent. Activities

may request a waiver to this regulation by providing justification that includes a full analysis of the expected benefits and must include formal review by the activity's senior legal officer. All waiver requests will be endorsed by the commander or senior leader of the requesting activity and forwarded through their higher headquarters to the policy proponent. Refer to AR 25–30 for specific guidance.

Suggested improvements. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to the Office of The Surgeon General (DASG–HCO) 7700 Arlington Boulevard, Falls Church, VA 22042.

Distribution. This pamphlet is available in electronic media only and is intended for the Regular Army, the Army National Guard/Army National Guard of the United States, and the U.S. Army Reserve.

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Chapter 1

Introduction

1–1. Purpose

This Department of the Army pamphlet explains and documents the basic processes and general procedures for assessing, documenting, and reporting medical readiness. It contains individual medical readiness (IMR) definitions, assessment, reporting, and monitoring; physical profile definitions, assessment, reporting, and monitoring; medical examinations and assessments; deployment and geographical area considerations. AR 40–501 is the authoritative publication for medical standards of fitness; AR 40–502 is the authoritative publication for medical readiness. If any provisions in this DA Pam conflict with the most recent versions of these policies, the provisions in AR 40–502 take precedence.

1–2. References and forms

See appendix A.

1–3. Explanation of abbreviations and terms

a. To describe the basic processes and general procedures for accessing, documenting, and reporting medical readiness the following definitions are used throughout this pamphlet.

(1) Deployable personnel – Soldiers under the direct operational control of the reporting unit, whether present or able to be present within 72 hours, who are in compliance with all required personnel readiness standards and are not restricted from deploying to perform the unit's core designed and/or assigned mission. Commanders use the medical readiness information to determine if a Soldier is deployable and can contribute to the unit's core designed mission or assigned mission, in accordance with readiness reporting guidance (AR 220–1 and DA Pam 220–1).

(2) Medical readiness – Medical readiness classification (MRC) is an administrative determination made by health care providers, using a standardized system across the total force. This system enables the commander to measure, achieve, and sustain their Soldiers' health and ability to perform his or her wartime requirement in accordance with their military occupational specialty (MOS) or area of concentration (AOC) from accession to separation.

b. Also see the glossary.

1–4. Overview

a. Soldiers, health care providers, unit commanders, and oversight and reporting officials will find basic processes and general procedures to provide medical information and to support force management officials and senior Army leaders. This DA Pam is not intended to provide detailed instructions for every data entry option or requirement in the medical readiness application. It must be used in concert with the supporting medical readiness application help features, the applicable user's guide, training support package, online tutorials, and/or other user assistance materials that are available at, or linked to, the medical readiness suite of applications. AR 40–502 is the authoritative publication for medical readiness policy.

b. The medical readiness and electronic profiling systems of record will post updates to the Healthcare Portal and Commander's Portal (see para 2–2). The systems will also maintain current policy and doctrine, processes, information, information technology, training guidance, and reporting requirements.

c. The Medical Protection System (MEDPROS) is the system of record for all medical readiness data elements (see AR 40–502). e-Profile is the electronic profiling system of record, and is required by AR 40–502 for all temporary profiles greater than 7 days, and all permanent profiles.

d. Individual medical readiness is a Soldier responsibility that contributes to unit readiness as managed by commanders and supported by the medical assets.

1–5. Command application of medical readiness

Unit commanders will collaborate closely with unit, staff, or military treatment facility (MTF) providers and use the medical classification, profile review, and their knowledge of the Soldier to make deployability determinations. Commanders will make a deployable or non-deployable determination within MEDPROS in accordance with AR 40–502. Commanders will consider the expected Soldier duties, unit mission, geographic force health protection (FHP) requirements, and policy conditions in their deployability determination. This means that a detailed consideration of the Soldier's capabilities and limitations should be considered with the mission, tasks, responsibilities, and role in the organization that will influence the command decision regarding the Soldier's deployment status. Limitations in the functional activities of the profile are likely to have universal mission impact as they relate to basic Soldier skills that all Soldiers should be able to perform.

These deployability determinations do not change the medical readiness of the Soldier. The determinations are merged with the personnel deployability determinations to determine deployment status for readiness reporting. The design of the commander portal consolidates operational medical information to inform the commander regarding Soldier medical readiness. To comply with the Department of Defense (DOD) privacy policy, the reason for a profile is obscured for all users except the commander. The medical instructions, which convey the capabilities and limitations, and the Army Physical Readiness Training (PRT) information must remain operational in nature and should never have the diagnosis or documentation of medical care.

1–6. Medical readiness classification

Healthcare providers determine medical readiness. The medical readiness classes are described below:

a. Medical readiness class 1 – fully medically ready. The MRC 1 – fully medically ready Soldiers have a current status for; a completed Periodic Health Assessment (PHA), dental readiness classification (DRC) 1 or DRC 2 assessment, immunization requirements, medical readiness and laboratory studies, individual medical equipment; and are without any deployment-limiting medical conditions or medications. This class includes Soldiers with temporary profiles up to 7 days in length.

b. Medical readiness class 2 – partially medically ready. The MRC 2 – partially medically ready classification includes Soldiers who lack one or more immunizations, human immunodeficiency virus (HIV) test, Deoxyribonucleic acid (DNA) specimen, individual medical equipment, or are hearing readiness class (HRC) or vision readiness class (VRC) 4. This class includes Soldiers with temporary profiles greater than 8 and up to 30 days in duration.

c. Medical readiness class 3 – not medically ready. The MRC 3 – not medically ready Soldiers have deployment-limiting (DL) conditions for longer than 30 days. Specific deployment-limiting conditions or medications may be identified by combatant command (CCMD) FHP requirements, policies, and DOD guidance. See table 1–1. The physical profile describes duty limitations of Soldiers within MRC 3. These conditions may include temporary or permanent profiles over 30 days, pregnancy, those undergoing administrative review or medical board process, permanent assignment limitations, hospitalization, recovery, or rehabilitation time from serious illness or injury, and/or individuals in DRC 3.

d. Medical readiness class 4 – medical readiness indeterminate. MRC 4 – medical readiness indeterminate is used when the Soldier's current health status cannot be determined due to missing health information; this includes an overdue PHA and/or dental exam. A missing dental exam is described as a DRC 4.

Table 1–1
Deployment-limiting codes

Code	Description
DL 1	Temporary profile > 30 days
DL 2	Dental readiness class 3
DL 3	Pregnancy and postpartum
DL 4	Permanent profile indicating MOS Administrative Retention Review Program (MAR2) needed ¹
DL 5	Permanent profile indicating Medical Evaluation Board (MEB) needed ²
DL 6	Permanent profile indicating non-duty related action is needed
DL 7	Permanent profiles with a deployment/assignment restriction code (F, V, or X) ³

¹ See AR 635–40 for description of MAR2

² See AR 40–400 for description of the MEB

³ See table 4–3 for description of these codes

Table 1–2
Medical readiness classification chart

Medical readiness class	Short definition	Medical definition	Commander's deployment status personnel determination
MRC 1	Medically ready/deployable	MRC 1 Meets all medical readiness requirements and has dental readiness class 1 or 2 – Temp profile ≤ 7 days	Not required
MRC 2	Partially medically ready/deployable	MRC 2 <i>Soldier is deficient in one or more of the following:</i> – Temp profile between 8 and 30 days inclusive – Hearing readiness class 4 (current within 13 months) – Vision readiness class 4 (current within 15 months) – DNA (drawn, on file with DOD repository) – HIV (drawn, validated with DOD repository) – Immunizations current or valid exception (routine adult immunization profile, to include HepA, HepB, TDA, or TDaP, MMR, polio, varicella, (influenza-seasonal)) – Individual medical equipment (1 pair of mask inserts, 2 pairs eye glasses, MCEP–I, medical warning tag, and hearing aid with batteries if required)	Not required
MRC 3	Not medically ready/non-deployable (CDR determines deployment status for): – Temp profile >30 days (DL 1) to include VRC 3 or HRC 3 profiled conditions – Dental readiness class 3 (DL 2)	MRC 3 Soldier is deficient in one or more of the following: DL 1 – Temp profile > 30 days DL 2 – Dental readiness class 3 DL 3 – Pregnancy and post-partum DL 4 – Permanent profile indicating a MAR2 action is needed DL 5 – Permanent profile indicating a MEB action is needed DL 6 – Permanent profile indicating a non-duty related action is needed DL 7 – Permanent profiles with a deployment /assignment restriction code (F, V, or X)	DL conditions: DL 1 or 2: Soldier is not medically ready/non-deployable, and commander determines deployment status DL 3, 4, 5, 6, or 7: Soldier is not medically ready/non-deployable. Unit commander cannot make a deployability determination for routine readiness reporting When assigned a mission, deployment status will be in accordance with CCMDFHP requirements and policies
MRC 4	Not medically ready/non-deployable and CDR determines deployment status (default non-deployable)	MRC 4 Status is unknown Soldier is deficient in one of the following: – PHA (current within 15 months) – Dental readiness class 4 (current within 15 months)	Soldier is not medically ready/non-deployable, and commander determines deployment status

Chapter 2

Medical Readiness Information Management and Information Technology

2–1. Overview

The Medical Protection System (MEDPROS) is a software application in the Medical Operational Data System (MODS). MEDPROS interfaces with systems across the Army that support personnel actions, readiness reporting, assignments,

logistics, and senior leader decisions. MEDPROS receives data from many other applications on MODS and systems across the Army. This information informs leaders, commanders, and health care providers guiding the policies and procedures, resource management and medical support planning to achieve and maintain a medically ready and deployable force. This supports the DOD and Army senior leader's medical readiness goals to achieve and maintain a high level of Army readiness. MEDPROS data is accessible through the commander, healthcare, and administrative portals. These portals increase transparency, involve the chain of command in medical readiness, improve reporting mechanisms, and link commanders to profiling providers for communication in making accurate deployability determinations throughout the Army. The healthcare team portals provide the tools to enhance readiness, support medical team development, and enhance administrative review and support of readiness at every visit.

2–2. Commander's Portal

a. The Commander's Portal synthesizes and displays the data from MEDPROS and other MODS applications into actionable information for the company commander. The commanders, or their trained designees, use this information to improve medical readiness and make deployability determinations at the company level. Battalion commands can view the same information as the company commanders, to include communication with the profiling provider. The battalion commander may override a company commander decision. Higher commands can view medical readiness data for Soldiers who have been on profile long enough to require a review at that leader's level. Senior commanders can view aggregate medical readiness of their subordinate commands, and one level down, to support their ability to assess and impact the health and readiness of their subordinate commands. Actions that improve IMR will culminate in improved unit medical readiness. Various user guides describe the details and use of the Commander's Portal.

b. The four areas of focus are "dashboard," "manage readiness," "categories overview," and "messages." Key components of the dashboard include unit readiness, profile management, action items and deployment status management with links to predictive analytics through the Medical Readiness Assessment Tool (MRAT) statistics and Integrated Disability Evaluation System (IDES) dashboard, which tracks actions through the disability process.

(1) Commanders will use the "manage readiness" section to make deployability determinations.

(2) The categories overview displays the unit medical readiness by the MRC and deployment-limiting (DL) codes with the Deployment Health Assessment (DHA) exam status.

(3) Messaging supports one of the essential functions of communication between providers and commanders for profile clarifications or concerns. Profiling providers provide medical instructions and describe potential duty limitations through the Soldier's profile. Commanders use the profile to make the duty assignment and deployability determinations, balancing mission accomplishment, Soldier employment, and the health and welfare of the Soldiers. As an example, a profile might be written as follows: "Soldier is on a sedating medication which will impact concentration and memory and requires increased rest; no climbing or range operations." The commander makes the duty modifications of duty hours and adjusts task performance for the Soldier. Unit commanders may not override duty limitations or instructions on DA Form 3349–SG (see AR 40–502); communication with the profiling provider is essential for clarification, concerns, and optimal individual and unit medical readiness. IMR and profiling will be described in more detail in subsequent chapters.

2–3. e-Profile

e-Profile is an application within MODS, and is the Army profiling system of record. All duty limitations of more than 7 days must be written in e-Profile by profiling providers as described in the profiling chapter of this document and AR 40–502. The system supports provider and commander communication, tracks historical data, and describes the capabilities and duty limitations that impact the Soldier's duty assignment, IMR class, and applicable board process.

a. e-Profile tracks temporary and permanent profiles describing capabilities, training, and duty limitations. The medical instructions, duty limitations, physical training (PT) adjustments, and duration are displayed on DA Form 3349–SG. The physical profile is displayed in the commander portal for review, duty assignments and deployability determination. The DA Form 3349–SG is an electronically system-generated form, and no hand-written forms are valid.

b. Variance across the Army decreases with the use of customizable templates approved by the Office of the Surgeon General (OTSG) consultants within e-Profile. These templates maximize plain language, clearly describe medical instructions and PT requirements, and support accurate administrative data entry. Some profile templates associated with unique medical conditions are mandatory, as they are centrally tracked. The best examples are the concussion, pregnancy, and tuberculosis templates. Pregnancy and tuberculosis profiles are the only temporary profiles that extend beyond 90 days (described in more detail in the profiling chapter). Manually entering profiles without templates increases workload and adds unwanted variance by provider, by specialty, and installation. This variance confuses commanders and obscures the clear communication of capabilities and limitations. Temporary profiles are no longer associated with the physical profile serial system (or "physical capacity, upper, lower, hearing, eyes, psychiatric (PULHES);" see AR 40–502). There are more detailed descriptions of the profiling process in subsequent chapters of this pamphlet and the associated user's guide.

c. When a Soldier receives healthcare from a civilian provider, and they have limitations that need to be communicated to the command, the Soldier will request a copy of the medical records, and provide a DA Form 7809 (Summary of Care by Non-Military Provider), as a communication tool. The profiling provider may complete a profile from the information in the medical record or the DA Form 7809. This form helps civilian providers by asking for specific information that will be necessary to complete a quality profile.

d. e-Profile is the cornerstone tool for communication between the profiling provider and commander regarding medical instructions and Soldier duty assignments. It records the commander's electronic signature when they view a profile in the commander portal and documents it on DA Form 3349-SG. The provider's electronic signature is prominently displayed on the same line as the reason or condition that they described in the profile. The commander's and provider's signatures link to their contact information through the messaging feature for any necessary further communication and to ensure appropriate disposition. The messaging feature in the commander portal is restricted to the commander, and not available to a designee, or staff. This allows providers to share appropriate medical information. The reason for profile is only visible to the commander or their designee. The minimum necessary rule under the Health Insurance Portability and Accountability Act (HIPAA) applies to these communications.

e. The duration of the Soldier's temporary profile, or PULHES for a permanent profile, will impact the medical readiness class described in chapter 3.

2-4. Medical Readiness Assessment Tool

The Medical Readiness Assessment Tool (MRAT) is a 3-in-1 medical-readiness risk-decision support tool. This tool displays the composite risk, and component risk factors, for permanent medical non-deployable status. Permanent medical non-deployable status is defined as a permanent level 3 or 4 profile in the physical (P), upper extremity (U), lower extremity (L), or behavior health (S) domains of the PULHES system. Role-based access to the tool is available for members of the following cohorts: commanders and commander designees; hospital clinicians and support staff; unit clinicians and support staff. This data currently are for AC Soldiers only.

a. Commanders and commander designees may access the MRAT Leader Tool by clicking the MRAT Statistics link from the Medical Readiness Commander's Portal. Commanders will see the percent of their unit's Soldiers at high risk, or with key risk factors. With training, the commander's designee can build custom graphs comparing the commander's unit against peer units, or comparing subordinate units. Based on review of trends and identification of outlying units, commanders may resource focused efforts to mitigate future medical readiness risk.

b. Hospital clinicians and support staff may access the MRAT 24-Month Trend Tool through links in the electronic health record, the Medical Readiness Clinician Portal, and the health assessment modules (such as the Periodic Health Assessment) in MODS. A 10-45 second review enables the medical team to identify Soldiers who are not responding to treatment and optimize therapeutic plans. The 24-month trend review supports clinicians' accurate response to a commander's questions regarding return to duty timeframes and fitness for duty. As musculoskeletal and/or behavioral health conditions comprise the majority of deployment-limiting conditions, review is recommended in primary care, physical therapy, behavioral health, and readiness clinics. A 24-month trend review will be conducted during inprocessing, out-processing, and Soldier readiness processing (SRP). Specific elements available to hospital care teams include:

- (1) 24-month trends on permanent medically non-deployable risk.
- (2) Healthcare utilization.
- (3) Body mass index.
- (4) Army Physical Fitness Test (APFT) scores.
- (5) Non-deployment medication days' supply.
- (6) Days on profile and max pain scores.
- (7) A summary table.

c. In addition to the 24-Month Trend Tool, unit clinicians also have access the MRAT Screening Tool. This tool displays similar risk factors, by Soldier, based on unit identification code. By default the display is ordered by highest risk for permanent medically non-deployable. The MRAT Screening Tool may be sorted by specific risk factors, like number of consecutive or non-consecutive days on profile in the last 365 days, body mass index, or deployment-limiting medications. Unit-based providers can access these tools through the Medical Readiness Clinician Portal and the MODS Command Management System (CMS). This consolidated unit view supports proactive risk identification and effective mitigation strategies throughout the command.

d. It is essential to understand that the detailed Soldier data needs to be interpreted by a medically trained professional and represents a component of a Soldier's holistic health assessment. The calculated MRAT score represents percentile individualized risk, not probability of outcome. Administrative actions should never be based on the MRAT permanent medical non-deployment status risk scores. Specific information about this tool is available in the MRAT handbook.

2–5. Medical Protection System

a. MEDPROS is the Army’s authoritative data source for medical readiness. MEDPROS obtains other aspects of IMR, such as the PHA, audiogram, vision, and dental screening dates from other MODS applications or supporting systems. MEDPROS receives the information from e-Profile, describing the medical readiness impacts of the duty limitations. All of this information determines the Soldier’s medical readiness category, as described in chapter 1 of this pamphlet. Integration of MEDPROS and the electronic health record (EHR) continue to improve and streamline health care and medical readiness operations.

b. Per DODI 6025.19, Soldiers’ PHA and annual dental exam expire at 12 months and is overdue at 15 months. To help commanders prevent Soldiers from becoming overdue in IMR-related services, MEDPROS notifies all Soldiers via email at 9 months, providing more lead time. These emails contain all other IMR deficiencies (vision, hearing, DNA, and so forth), with instructions on how to resolve each issue until the deficiency is corrected. Additionally, modifications to the stoplight functionality within AKO’s “My Medical Readiness” and the new Soldier landing page within MEDPROS will alert commanders via email. As such, the stoplight colors may not directly correlate to the MRC color. MRC logic is predefined to identify all Soldiers who are MRC 3, then MRC 4, then MRC 2, and finally MRC 1.

c. As Army readiness requirements evolve, the timelines and definitions of IMR deficiencies are subject to change. However, managing individual readiness is the Soldier’s responsibility, along with their unit CDR.

d. With the full implementation of the new Healthcare and Administrative Portals, the design and functionality of MEDPROS will change drastically to incorporate all readiness elements into a single sign-on system based on user roles. Individual Soldiers who need to see their own medical readiness data within MEDPROS will not require any special access privileges or training requirements. Other users (such as commanders, administrative personnel, and providers) will have to meet mandatory training requirements and be granted approval by a Commander’s Portal access manager (CPAM). Each one and two star command will appoint a Commander’s Portal approval authority (CPAA). Each command at the BDE level is directed to have at least two CPAMs. CPAAs will train, support, and ensure the CPAMs maintain accurate access for commanders and staff/designee. This process will work through the operational command lines. MEDCOM will establish training requirements and transition to Joint Knowledge On-line (JKO) as the primary source to train the force. Commands are free to direct how many CPAAs are needed within their direct reporting units. There is no MOS, AOC, rank, or grade restriction; however, CPAAs must have knowledge of user’s roles in order to validate user’s requests. CPAMs and CPAAs ensure the right person makes deployability determinations and has the right level of access to Soldier health data.

2–6. Healthcare Portal

The Healthcare Portal is a role-based application with functionality built to support the responsibilities of the health care team member. This portal will help integrate medical readiness into every patient encounter with the health care team. Roles will include differentiation of the levels of function between types of providers and medical staff members. The health care team will have a single location to access the medical readiness functionality that was previously in multiple readiness applications with a single sign-on. Examples of the medical readiness functionality include the ability to do a PHA, write a profile, and update immunizations all from the same location. The provider role will also have the messaging and an integrated action item list. An individual search will yield all their medical readiness information in a single view to support the integration of all readiness services with optimal efficiency. Support staff will be able to use this capability to pro-actively manage readiness, prevent IMR items from becoming overdue, and improve patient care with optimal efficiency.

2–7. Administrative Portal

This portal gives those in an administrative role the ability to appropriately post administrative codes, manage access, create, and use customizable administrative reports that will pull data from all of the readiness systems. A single report will be able to use data from multiple or all the medical readiness functionality, for example e-Profile, MEDPROS web reporting, and medical health assessments.

Chapter 3

Individual Medical Readiness - Key Elements, Standards, Categories, and Goals

3–1. Overview

Maintaining their readiness is an individual Soldier’s responsibility. Per DODI 1332.45, Soldiers, commanders and healthcare providers must immediately correct all IMR deficits to ensure Service members are medically ready to deploy. IMR is the foundation of a unit’s Armywide medical readiness and deployability determinations. Medical readiness is a

key component of Army personnel readiness, which impacts the Army's mission. MEDPROS reports IMR and the commander's deployability determination to the electronic military personnel office (e-MILPO) and the Defense Readiness Reporting System – Army (DRRS–A). AR 220–1 describes the Army readiness reporting process and will govern whether commanders can override determinations made in the Commander Portal. Medical readiness classification and a commander's deployability determination in MEDPROS combine with administrative deployment status requirements to determine personnel deployment status as part of the Army readiness reporting process. Being not medically ready is a leading cause of non-deployable status. Profiling providers and teams initially enter IMR information into e-Profile or MEDPROS. The health care and administrative portals streamline the system access requirements and medical readiness support, for every healthcare visit to be a readiness visit. The Commander's Portal brings medical reporting capabilities developed over the last decade to commands throughout the Army in a single cohesive platform.

3–2. Individual medical readiness

a. General. DODI 6025.19 establishes IMR as a Soldier's responsibility. There are six measurable elements of IMR for all Services. Senior leaders report IMR data to the DOD. The Army reports IMR as:

- (1) PHA currency (required by DOD).
- (2) DL conditions (required by DOD).
- (3) DRC (required by DOD).
- (4) Immunization status (required by DOD).
- (5) HIV test and DNA specimen (required by DOD).
- (6) Individual medical equipment (required by DOD).
- (7) Hearing readiness (Army-specific requirement).
- (8) Vision readiness (Army-specific requirement).

b. Commander programs. Since IMR is the basis of unit readiness, commanders must ensure that all unit members comply with IMR requirements and coordinate with supporting medical assets to achieve the Army's readiness goals. Commanders should develop programs to monitor and intervene to ensure their units achieve or exceed the DOD IMR goal. This is essential, since there are additional requirements for personnel readiness beyond being medically ready. The leadership goals for medical readiness and deployment status are different. Optimizing the unit medical readiness supports optimal Army readiness and the unit status report.

c. Medical asset support of individual medical readiness. Key areas of support include accurate and timely update of the EHR and the medical readiness system of record, referral management, and access to medical support. It is best practice to update applicable systems at the time medical service is provided, but if impractical during service provision, all providers (to include Reserve Health Readiness Program (RHRP) providers) and profiling officials will update applicable systems within 72 hours from the time of service. e-Profile will be reviewed and all active profiles updated by a profiling officer, in conjunction with completion of the PHA, as directed in AR 40–502. All active and recently expired profiles should be extended, linked, expired, or modified to most accurately describe the Soldier's capabilities and limitations. Unit medical readiness and organizational management improve with active referral management and clinical support of deployment-limiting conditions. Finally, timely access to care and medical services is essential to ensure medical personnel and Soldiers remain physically, mentally, and medically ready to deploy.

d. Commander tracking. Commanders and leaders at all levels of the Army ensure support of the medical readiness requirements and needs of our Soldiers. Leaders will track their unit's IMR against published DOD goals in the medical readiness system of record as directed in AR 40–502. The Army supports all Soldiers' medical readiness needs while optimizing both the individual and unit.

e. Reporting. For DOD IMR reporting purposes, the Army includes Active and Selected Reserve Soldiers, both officers and enlisted, except those specifically excluded as directed in DODI 6025.19 and agreed upon by DCS, G–1 and the respective Reserve Component (RC) commands.

3–3. Individual medical readiness - key elements

The eight key elements in the Army's IMR program are described in detail below:

a. Periodic Health Assessment.

(1) The PHA is an annual (every 12 months) screening assessment for changes in health status, especially those that could impact a Soldier's ability to perform military duties. However, for DOD reporting purposes, the Army will use the reporting criteria directed in DODI 6025.19 to determine when a PHA is overdue. Per this DODI, the PHA is overdue if it has not been completed within 3 months of the month due date (for example, a PHA due in October 2017 will be counted as overdue if it has not been completed by the last day of January 2018). Once overdue, the Soldier's readiness status will transition to "indeterminate" for PHA currency and become MRC 4 (medically not ready). Commanders and health care providers need to make every effort to prevent Soldiers from becoming non-compliant with their PHA. A commander can make

individual deployability determinations within the Commander's Portal, as authorized by AR 40–502. Not making a deployability determination can increase a commander's non-deployable population, decrease their unit's medical readiness, and decrease personnel readiness in their unit readiness reporting. Maintaining their readiness is an individual Soldier's responsibility. Per DODI 1332.45, Soldiers, commanders, and health care providers must immediately correct all IMR deficits to ensure Service members are medically ready to deploy.

(2) Healthcare personnel ensure the PHA results and e-Profile updates are entered into the medical readiness system of record during the patient encounter. The medical readiness information (PULHES, profile codes, and date of PHA) will automatically update the information in the medical readiness system of record and associated personnel databases. The PULHES is updated through the e-Profile module.

(3) Deployed Soldiers' PHA requirements are deferred until 3 months after their return. This allows the Soldiers ample time to complete their PHA. These opportunities support minimizing the MRC 4 rate.

(4) Members of the Individual Ready Reserve (IRR) have a requirement to promptly report any medical (including mental health) conditions that may affect their readiness to deploy. Human Resources Command will determine what reporting tools the IRR Soldiers (not on active duty) will use to meet the annual PHA requirement. For example, an IRR Soldier may be directed to use the DA Form 3725 (Army Reserve Status and Address Verification) or the virtual muster. If the Soldier reports any conditions, they are required to provide supporting documentation to the Human Resources Command, if requested.

b. Deployment-limiting medical conditions. As directed in AR 40–502, profiling providers describe all medical conditions, including potentially deployment-limiting conditions, on a DA Form 3349–SG. When a medical condition places the Soldier in MRC3, they will receive one of seven deployment-limiting codes (see table 1–1). Commanders must make initial deployability determinations for MRC 3, DL 1 in the Commander's Portal upon review of the profile. The determination will be reviewed monthly while the Soldier has a condition that makes them DL 1. All IMR deficiencies must be immediately corrected to ensure Service members are medically ready to deploy.

c. Dental readiness classification. DODI 6490.07, DODI 6025.19 (as implemented by AR 40–3), and AR 40–502 establish the requirements for dental readiness.

(1) *Dental readiness classification 1.* DRC 1 Soldiers hold a current dental examination and no requirement for dental treatment or reevaluation. DRC 1 Soldiers are medically ready and deployable; these Soldiers align with MRC 1.

(2) *Dental readiness classification 2.* DRC 2 Soldiers hold a current dental examination, which requires non-urgent dental treatment or reevaluation for oral conditions that are unlikely to result in dental emergencies within 12 months. DRC 2 Soldiers have active dental disease that requires treatment. DRC 2 Soldiers are medically ready and deployable; these Soldiers align with MRC 1.

(3) *Dental readiness classification 3.* DRC 3 Soldiers require urgent or emergent dental treatment, or are expected to need urgent or emergent treatment within the next year. DRC 3 Soldiers are not medically ready. All DRC 3 conditions must be treated and resolved prior to deploying. These Soldiers are part of the MRC 3 population.

(4) *Dental readiness classification 4.* DRC 4 Soldiers require annual or other dental examinations, such as a digital panoramic image of diagnostic quality for the Army Dental Digital Repository (ADDR). Soldiers whose ADDR data is blank in MEDPROS (dental class unknown) are also DRC 4 (in accordance with AR 40–3 and AR 40–35). DRC 4 Soldiers are not medically ready and are part of the MRC 4 population. This IMR deficiency must be corrected immediately, per DODI 1332.45. These Soldiers contribute to the medically non-deployable population and are eligible for monthly commander's determinations.

d. Immunizations.

(1) *Readiness reporting tracks the adult routine immunization profile.* (See AR 40–562 for complete information.) If there is an interruption in an immunization series, Soldiers should receive the delayed doses as soon as feasible. Do not restart the series unless clinically indicated. Ensure patients receive doses according to the published vaccine schedule, since in an immunization series, receiving an immunization early may require additional doses for completion. Ensure validation of all immunization medical exemptions with either a lab result or a documented medical encounter. MTFs and facilities providing immunizations must enter the immunizations into the medical readiness system of record within 24 hours whenever practicable, and no later than 72 hours after the immunization is given in accordance with AR 40–502. MTFs do not turn away any Army Soldier, who can be validated within DEERS, who requires readiness services and data entry. Profiling providers conducting serological titer testing ensure that all positive results are entered into the medical readiness system of record.

(2) *Routine adult series:* See AR 40–562 for guidance on mandatory immunizations. Soldiers are medically ready if they are current on all mandatory immunizations. If the Soldier is missing one or more mandatory immunizations, the Soldier is partially medically ready (MRC 2) unless there are other IMR deficiencies.

(3) *Other immunizations.* Other immunization requirements specified in AR 40–562 are just as important to successful service, but not reflected in the IMR since they apply only to limited populations or are mission specific. Examples include

the rabies pre-exposure prophylaxis for those with occupational risk of exposure to rabid animals or forces assigned to locations where access to definitive care is likely to exceed 24 hours.

e. DNA specimen and HIV test.

(1) *DNA.* Soldiers provide a single DNA specimen for storage at the DOD Serum Repository at the Armed Forces Repository of Specimen Samples for the Identification of Remains (AFRSSIR). Soldiers with a DNA sample on file and recorded in the medical readiness system of record are medically ready. Soldiers are partially medically ready (MRC 2) if:

- (a) There is no evidence that a DNA specimen was drawn (“D” in MEDPROS).
- (b) There is no evidence that a specimen is on file at the AFRSSIR.
- (c) The DNA on file category in MEDPROS is blank.

(2) *Entering the record.* A “D” for drawn will be entered into the medical readiness system of record within 24 hours, and no later than 72 hours after the DNA sample is drawn.

(3) *Current HIV test.* Soldiers with a current HIV antibody test received at the Armed Forces Health Surveillance Branch, in accordance with the AR 600–110 testing timeframe (once every 2 years), are medically ready. Soldiers without a current HIV test are partially medically ready (MRC 2).

(a) A “D” for drawn will be entered into the medical readiness system of record within 24 hours whenever practicable, and no later than 72 hours after the DNA sample is drawn.

(b) In accordance with AR 600–110, Soldiers with confirmed HIV infection are exempt from this requirement.

f. Individual medical equipment. The DOD core IMR requirement is one pair of gas mask inserts for Soldiers needing visual correction. The Army individual medical equipment requirement also includes:

(1) Documentation of a current eyewear prescription, such as DD Form 771 (Eyewear Prescription) if required, that is less than 4 years old in MEDPROS VRC.

(2) Physical possession of two pairs of glasses (2PG).

(3) One pair of military combat eye protection (MCEP) inserts (MCEP–I).

(4) One pair of mask inserts (1MI).

(5) One pair of serviceable MCEP eyewear (MCEP) from the authorized protective eyewear list (APEL).

(6) One hearing aid with batteries (HAB), if required.

(7) One medical warning tag (MWT), if required.

Note: AD, ARNG, and USAR Soldiers in deployment status missing any of the above items are partially medically ready.

g. Hearing readiness. (See DA Pam 40–501.)

(1) The Army Hearing Program is described in detail in DA Pam 40–501. The Defense Occupational and Environmental Health Readiness System – Hearing Conservation (DOEHRS–HC) hearing test system is the only authorized system for conducting and recording audiograms (DD Form 2215 (Reference Audiogram) and DD Form 2216 (Hearing Conservation Data)). The DOEHRS–HC hearing test system is comprised of the DOEHRS–HC software application; current DOD approved audiometer; and the DOEHRS–HC data repository web-based application.

(2) All military personnel receive a reference audiogram DD Form 2215 at initial entry training, or Basic Officer Leader Course, prior to noise exposure.

(3) DA Pam 40–501 requires all active duty Soldiers (regardless of unit assignment) and RC Soldiers assigned to table of organization and equipment (TO&E) units to complete an annual (12 months) DD Form 2216 to determine hearing readiness.

(4) Hearing readiness categories are as follows:

(a) *Hearing readiness category 1.* The HRC 1 Soldier had a DOEHRS–HC audiogram within 12 months; unaided hearing is within H–1 standards for both ears. See table 4–1. Soldier is medically ready, and this aligns with MRC 1.

(b) *Hearing readiness category 2.* The HRC 2 Soldier had a DOEHRS–HC audiogram within 12 months; unaided hearing is within H–2 or H–3 standards. The Soldier has a current DA Form 3349 in e-Profile assigned (H–2 or H–3) and has completed both the appropriate Military Operational Hearing Test (MOHT) battery (for example, the Speech Recognition in Noise Test (SPRINT)) and MOS administrative retention review (MAR2). Soldier has hearing aids, if required, and a 6-month supply of batteries. Soldier is medically ready, and this aligns with the MRC 1 population.

(c) *Hearing readiness category 3.* The HRC 3 Soldier has a DOEHRS–HC audiogram within 12 months; unaided hearing is within H–2 or H–3 standards in table 4–2, but the Soldier requires audiological evaluation to determine and document an H–2 or H–3 hearing profile on a DA Form 3349 in e-Profile. Routine hearing loss profiles will not be written until the comprehensive audiological evaluation is completed. Soldiers with permanent H–3 hearing loss confirmed in the comprehensive audiological evaluation will require referral to the MAR2. This Soldier is not medically ready, nor deployable. Their medical readiness is described as MRC 3, DL 4. Temporary hearing loss profiles are for conditions that temporarily prevent the wearing of hearing protection, or an acute acoustic trauma that has not stabilized for permanent evaluation.

(d) *Hearing readiness category 4.* The HRC 4 Soldier either does not have a DOEHRs–HC audiogram within 12 months or requires a followup test to assess a pure tone standard threshold shift. This designation includes Soldiers who do not have a DD Form 2215 audiogram. These HRC4 Soldiers are partially medically ready (MRC2). Commanders ensure completion of all required evaluations and correction of any deficiencies identified prior to deployment.

h. *Vision readiness.* The Army Vision Conservation and Readiness Program is described in DA Pam 40–506, and contributes to medical readiness. Vision readiness includes an annual (12 months) assessment of a Soldier’s distance visual acuity, near acuity if age 45 or older, and currency of the Soldier’s optical devices, if required. Health care personnel will not conduct visual acuity testing with the Soldier wearing contact lenses. For Soldiers prescribed spectacles, undergoing a military examination (to include the PHA), health care personnel will measure visual acuity first without spectacles and then with spectacles. During pre-deployment processing, Soldier readiness processing, and after bring provided optometric care to correct a non-deployable status, health care personnel will update the vision readiness module of the medical readiness system of record. Soldiers using civilian eye care should submit a complete DA Form 7655 (Eye and Vision Readiness Summary) to an MTF or unit readiness coordinator to update their vision readiness status in MEDPROS. The vision readiness categories are as follows:

(1) *Vision readiness classification 1.* The VRC 1 Soldier possesses one serviceable APEL-approved MCEP system and achieves distance and near (if age 45 or older) visual acuity of 20/40 or better with both eyes open. Or, the Soldier possesses a medical waiver for correctable vision worse than 20/40. If the Soldier requires spectacles to achieve 20/40 binocular vision, or as a condition of the medical waiver, a record of the required spectacle prescription that is less than 4 years old must be recorded in MEDPROS and must validate possession of two pairs of glasses, one combat eye protection insert, and one protective mask insert. Referral to optometry is recommended if best vision is worse than 20/20. VRC 1 Soldiers are visually and optically medically ready and align with MRC 1.

(2) *Vision readiness classification 2.* The VRC 2 classification only applies to Soldiers who do not have an APEL-approved MCEP system and Soldiers who require spectacles either to achieve 20/40 or better binocular vision, or as a condition of their medical waiver. The Soldier’s spectacle prescription must be less than 4 years old and recorded in MEDPROS, but possession of all optical devices may not be complete. VRC 2 Soldiers are visually prepared for deployment and possess a current spectacle prescription but lack one or more optical devices. VRC 2 Soldiers are considered medically ready and align with MRC 1.

(3) *Vision readiness classification 3.* VRC 3 Soldiers require optometric treatment, because their best corrected visual acuity at a distance or near (if age 45 or older) is worse than 20/40 at the time of screening, or their required spectacle prescription listed in MEDPROS is older than 4 years. VRC 3 Soldiers are not visually and/or optically ready, not medically ready, and align with MRC 3. Duty limitations of Soldiers in the VRC 3 will be documented through the profiling process with the appropriate DL code to describe the condition and any board requirements.

(4) *Vision readiness classification 4.* VRC 4 Soldiers do not have a documented vision readiness screening in MEDPROS, or have a vision readiness screening in MEDPROS that is older than 15 months. VRC 4 Soldiers are classified as indeterminate, partially medically ready, and align with MRC 2. Commanders ensure completion of all required evaluations and correction of any deficiencies identified prior to deployment.

3–4. Commander deployability determinations

a. In making deployability determinations, unit commanders should consider the Soldier’s duties, type of mission, and geographic conditions or concerns. Execution and support for medical readiness both improve when there is close collaboration with supporting (unit or MTF) health care providers. Army leaders need accurate deployment statuses and readiness assessments to train, man, and equip the force.

b. Deployability determinations for Soldiers with missing IMR requirements and duty limitations will be made upon review of a Soldier’s medical readiness information and profile. The determination will be documented in the Commander’s Portal. The electronic profiling system digitally tracks and documents the commander’s profile review. The command staff and commander’s designee may view the described capabilities, duty limitations, and training guidance, but will not be able to view the reason for the profile, and their signatures will not be digitally captured on the profile. The Commander’s Portal tracks and submits Soldier deployment status defaults and/or commander’s determinations and submits them to personnel and Army readiness systems.

c. While unit commanders can make deployability determinations for their Soldiers in MRC 3 or DL 1, a Soldier deemed deployable will not preclude the need for a deployment medical waiver. CCMDs establish the medical deployment policy and waiver process for their area of responsibility. Upon receipt of an assigned mission, the deploying Soldier will be screened according to the currently published CCMD guidance applicable to the assigned mission. Any Soldier with a deployment-limiting condition or requiring a waiver will receive a temporary profile to identify their deployment status limitation and the need to fix the deployment-limiting condition (for example DRC 3) or engage in the CCMD waiver

process if the commander wishes to deploy the Soldier. The commander reviews and discusses with the evaluating provider, and can request a CCMD waiver in accordance with the published policy. When the CCMD waiver decision is returned, the originating medical authority indicates the result in e-Profile and expires the temporary profile for the CCMD waiver process. A successful CCMD waiver allows the commander to make the deployability determination for Soldiers who are in MRC 3, DL7 for up to 1 year.

d. Commanders ensure Soldiers are medically ready prior to deployment. During a deployment, the commander assesses changes in a Soldier's deployment status, whether from injuries, worsening of known medical conditions, or the diagnosis of new medical conditions.

3–5. Individual medical readiness categories

Using the eight key elements of IMR and e-Profile information, the medical readiness system of record will indicate the MRC assigned in accordance with paragraph 1–5. This application of the IMR to determine the MRC subsequently supports many personnel actions throughout the Army, from readiness to PCS requirements.

3–6. Disposition of individual medical readiness data

a. MEDPROS is the database of record for all medical readiness data elements. Profiling providers will also document all readiness assessments in the EHR or the service treatment record. The medical readiness system of record and the EHR continue to gain efficiencies of communication and connectivity.

b. All IMR data will be updated in MEDPROS for all Army personnel (all components (COMPOS)), including deploying DA Civilians, regardless of TRICARE enrollment.

c. Healthcare personnel who document IMR services in the EHR (with the exception of immunizations) will update MEDPROS within 72 hours.

3–7. Individual medical readiness goals

See AR 40–502 for the Army's goals. AR 40–502 and current guidance from the Assistant Secretary of Defense, Health Affairs establish the Army IMR goal. There are no published goals for each element of IMR. Reports that provide medically ready statistics, by element, display all personnel who are current or deficient for that element. A Soldier is placed in the order of precedence for the MRCs as follows: MRC 3, then MRC 4, then MRC 2, and finally MRC 1. Personnel may be deficient for more than one element, but will only count once against the unit IMR. For example, Soldier 1 is deficient in three elements and Soldier 2 is deficient in only one element; both deficiencies count against the unit IMR score equally and only once. Soldier 1 needs to correct three items to resolve their IMR deficits and improve unit readiness. Soldier 2 needs to correct one item to become ready and improve the unit readiness.

Chapter 4 Physical Profiles

4–1. General

a. This chapter describes processes for communicating functional abilities, medical instructions and recovery time estimates to commanders, for accurate readiness and duty assignment. The Commander's Portal increases transparency in communication between profiling providers and commanders. Commanders must use the Commander's Portal to track and report personnel deployment status metrics. Standardized, accurate, and clearly worded profiles are critical to inform commanders of both a Soldier's capabilities and functional limitations, such as those outlined in table 4–1. In accordance with AR 40–502, unit commanders may not override duty limitations or instructions on DA Form 3349. Commanders will use these instructions and the functional information about the Soldier in making duty assignments to include deployment determinations. AR 40–501 provides disease-specific profiling requirements for certain medical conditions, to include but not limited to, asthma and coronary artery disease, and establishes the retention standards for medical conditions. Anatomical defects, pathological conditions, prognosis, and the possibility of further aggravation all contribute to the Soldier's ability to perform his or her duty. Profiles must be realistic with specific functional limitations written in lay terms.

b. Determining individual assignments or duties is a commander's decision. Limitations such as "no field duty," or "no overseas duty," are not proper medical recommendations. Administratively, Soldiers in certain deployment-limiting categories will have these constraints (such as pregnant Soldiers and Soldiers pending medical and administrative boarding action). Profiling providers must provide specific information on the Soldier's functional limitations, capabilities, and a description of what the Soldier "can do" to enable assignment or duty determination by the nonmedical commander or U.S. Army Human Resources Command. The profiling provider ensures that complete and accurate administrative information is annotated on the DA Form 3349.

Table 4–1
Profiling comment examples

Profiling comments with specific duty limitations and rationale: generally appropriate	Overly restrictive comments without guidance to a commander: generally inappropriate
Requires eight consecutive hours of sleep in every 24 hour period	SM can only work from 9–5, or Soldier cannot present to work until 1000 hours
Soldier should not be exposed to stimuli suggestive of combat experiences (for example, no simulator training, no ranges, no simulated mortars, no patrol lanes, no IED training, and so forth).	No uniforms
No alcohol	No formations
No weapons or ammunition	No 24-hour duty
Soldier has been referred to the MEB process. No deployments to an austere environment per personnel policy regulations. This Soldier should not be issued an individually assigned military weapon, or attend any live fire drills or ranges. Soldier should remain stationed near an MTF where definitive specialty care is available for timely IDES processing.	

c. The commander or personnel management officer determines proper assignment and duty, based on knowledge of the Soldier's profile, assignment limitations, and the duties of the grade and MOS.

d. The commander has the final decision on the deployment of Soldiers in his or her unit. When health care providers and commanders disagree on the medical readiness status of a Soldier, the decision will be raised to the first O–6 in the Soldier's chain of command, who makes the final decision whether to deploy the Soldier in consultation with the appropriate medical officer. Deployment waivers may be required for certain areas of operation.

4–2. Application

As specified in AR 40–502, the physical profile system applies to members of any COMPO of the U.S. Army throughout their military service, from accession to separation.

4–3. Physical profile serial system

a. The basis for the physical profile serial system is the function of body systems and their relation to military duties. Profiling providers will use permanent profiles to describe and rate the function of the extremities, sensory organs, physical capacity, and mental health according to the system described in the following paragraphs. The analysis of the individual's medical function plays an important role in assignments and welfare of Soldiers. Individual duty limitations can impact other Soldiers and unit mission capability. The profiling providers must execute the functional grading, restrictions, and medical instructions with great care and accuracy. Clear and accurate medical instructions to support the recovery, stable function, and maximal safe employment of Soldiers are essential.

b. The permanent physical profile has six functional areas “P–U–L–H–E–S” with four numerical designations used to reflect different levels of functional capacity, described in the following paragraph and table 4–2. The determination of the numerical designation 1, 2, 3, or 4 evaluates the functional capacity of a particular organ or system of the body.

c. The functional areas for consideration are:

(1) *P – Physical capacity or stamina.* This is general physical capacity and normally includes conditions of the heart; respiratory system; gastrointestinal system and genitourinary system; nervous system; allergic, endocrine, metabolic, and nutritional diseases; diseases of the blood and blood-forming tissues; oral maxillofacial conditions; dental conditions; diseases of the breast, and other organic defects and diseases that do not fall under other specific factors of the system.

(2) *U – Upper extremities.* This is the function and/or diseases of hands, arms, shoulder girdle, and upper spine (cervical and thoracic); as they affect strength, range of motion (ROM), and general efficiency.

(3) *L – Lower extremities.* This is the function and/or diseases of feet, legs, pelvic girdle, lower back musculature, and lower spine (lumbar and sacral) as they affect strength, ROM, and general efficiency.

(4) *H – Hearing and ears.* This is auditory performance.

(5) *E – Eyes.* This is visual acuity and diseases and defects of the eye.

(6) *S – Psychiatric.* This is personality, emotional stability, and psychiatric diseases.

d. There are four numerical designations to describe a Soldier's functional capacity, in each of the six functional areas of the physical profile serial system, applied to the permanent profiles. Guidance for assigning numerical designators is in table 4-2. Soldiers with a numerical designator of 3 or 4 are non-deployable until they have completed the medical or administrative board process described in AR 635-40. The profile serial and physical category codes described in para 4-5 support and document progress through the medical or administrative board processes.

e. All profiles will describe the Soldier's functional limitations whether the condition is just presenting or has a thorough evaluation and has reached the Medical Retention Determination Point (MRDP). The MRDP is reached if a medical condition which has been temporarily profiled has stabilized or cannot be stabilized in a reasonable period of time for up to twelve months and impacts successful performance of duty. Successful performance of duty is defined as the ability to perform basic soldiering skills required by all military personnel (section 4 of DA Form 3349 and passing one aerobic AFPT event) and perform the duties required of his or her MOS, grade, or rank. If after reaching MRDP, and transitioning to a permanent profile, the Soldier does not meet the medical retention standards listed in AR 40-501, then the numerical designator must be a 3 or a 4. Any persistent deployment-limiting condition requires inherently significant duty limitation and indicates a numerical designator of 3 or 4. This clearly communicates the significance of the duty limitations and any known deployment-limiting conditions to the commander. The Soldier's functional limitations identified in e-Profile, the ability to meet retention standards and the numerical designator of the profile (permanent 3 or 4), determines DES initiation (see AR 635-40 for description of the DES). The numerical designators described below are also exemplified in table 4-2.

(1) An individual having a numerical designation of "1" describes a high level of medical fitness, deployable.

(2) A physical profile designator of "2" under any factors indicates some medical condition or physical defect that requires some minor functional or activity limitations, deployable. (Note, a Soldier may meet medical retention standards but require a permanent 3, thus, requiring referral to MAR2 in accordance with AR 635-40).

(3) A profile containing one or more numerical designators of "3" describes one or more medical conditions or physical defects with significant functional or activity limitations and warrant processing through a MAR2 or DES process.

(4) A profile containing one or more numerical designators of "4" describes one or more medical conditions or physical defects with severe limitations of military duty performance, requires a DES board evaluation.

Table 4-2
Physical profile functional capacity guide

Profile	P	U	L	H	E	S
Serial	Physical capacity	Upper extremities	Lower extremities	Hearing-ears	Vision-eyes	Psychiatric
Factors to consider	Organic defects, strength, stamina, agility, energy, muscular coordination, function, and similar factors.	Strength, ROM, and general efficiency of upper arm, shoulder girdle, and upper back, including cervical and thoracic vertebrae.	Strength, ROM, and efficiency of feet, legs, lower back to include lumbar, sacral, and pelvic girdle.	Auditory performance	Best corrected visual acuity at distance and organic diseases, defects or injuries of the eyes, eyelids, and/or visual system that affect the visual field and overall visual function.	Type. Severity, and duration of current psychiatric symptoms, disorder, or prognosis. Environmental and individual factors that may affect prognosis for recovery and risk for future decompensation.
1	Good muscular development with ability to perform maximum effort for indefinite periods.	No loss of digits or limitation of motion; no demonstrable abnormality; able to grasp and hold body weight (hanging bar); able to push or pull body weight; able to perform upper body	No loss of digits or limitation of motion; no demonstrable abnormality; able to perform long marches; stand over long periods, run.	Audiometric threshold at 500, 1000, and 2000 Hz not more than 25 dB in better ear AND not more than 30 dB in worse ear; at 3000 Hz not more than 25 dB in better	Distance visual acuity of 20/20, or better, in each eye with or without spectacle lenses AND the absence of any visual functional limitation due to diseases, defects, or injuries.	No current psychiatric disorder. May have a behavioral health disorder in complete remission that requires no duty limitation.

Table 4–2
Physical profile functional capacity guide

Profile	P	U	L	H	E	S
		combative to include grappling and submission holds.		ear AND not more than 35 dB in worse ear; at 4000 Hz not more than 25 dB in better ear AND not more than 45 dB in worse ear; at 6000 Hz not more than 60 dB in better ear. The better or worse ear is determined for each frequency and may not be the same at all frequencies.		
2	Able to perform maximum effort over long periods of time but may require shaving restriction, the use of daily medication such as for hypertension or asthma but remains fully deployable without deployment restrictive administrative codes.	Minimal limitations that may have slight joint mobility limitations, muscle weakness or skeletal defects that do not prevent combatives (excluding grappling and submission holds), PRT climbing drills and prolonged effort.	Minimal limitations that may have slight joint mobility limitations, muscle weakness or skeletal defects that do not prevent Marching up to 2 miles with full IOTV and 5 miles in standard uniform, APFT timed walk, ability to bike 3 miles and swim up to 300 meters, running at own pace and distance or prolonged effort.	Audiometric thresholds in both ears not more than 40 dB at 500 Hz, 40 dB at 1000 Hz, and 60 dB at 2000 Hz AND audiometric thresholds in at least one ear not more than 25 dB at 500 Hz, 30 dB at 1000 Hz, 25 dB at 2000 Hz, 40 dB at 3000 Hz, 60 dB at 4000 Hz, and 70 dB at 6000 Hz OR meets MOHT battery H2 criteria.	Best corrected distance visual acuity OR the presence of organic diseases, defects, or injuries with mild visual functional limitations that may require non-standard spectacles (tinted lenses, prism, and so forth) or workplace accommodations.	Mild, residual symptoms of a behavioral health disorder responding to outpatient treatment. Minimal risk of decompensating without continuous behavioral health support. Stable on medications without impairing side effects.
3	Unable to perform full effort for more than 15 minutes without rest.	Defects or impairments that require significant restriction of use but able to lift, push, or pull up to 40 lbs.	Defects or impairments that require no running, inability to stand over 30 minutes but able to perform the APFT bike or swim.	Exceeds H2 audiometric threshold criteria AND meets MOHT battery H3 criteria.	Best corrected distance visual acuity of 20/40 in the better-seeing eye that requires the use of optical devices other than spectacle lenses	Active behavioral health disorder that limits mission capability and/or social/ occupational functioning. Recent need for inpatient or intensive outpatient

Table 4–2
Physical profile functional capacity guide

Profile	P	U	L	H	E	S
					OR the presence of organic diseases, defects, or injuries that result in moderate visual functional limitations	treatment. Impairing side effects or significant lab monitoring requirements from medications for behavioral health disorders.
4	Functional level below P3.	Functional level below U3.	Functional level below L3.	Functional level below H3 as determined by exceeding H2 audiometric threshold criteria AND meets MOHT battery H4 criteria.	Functional level below E3.	Chronic psychiatric symptoms that drastically limit the performance of military duties.

4–4. Temporary vs. permanent profiles

There are many electronic requirements for recording profiles. As designated in AR 40–502, profiling provider must complete all profiles for medical conditions lasting greater than 3 days, both temporary and permanent, in e-Profile. The DA Form 689 (Individual Sick Slip) may be used only once for a medical condition limited to acute, minor, self-limited illnesses requiring only 1 to a maximum of 7 days of recovery. DA Form 689 may also be used to write out medical instructions for Service members from other Services, to communicate back to other commanders. Any residual duty limitations and all conditions with functional limitations clinically expected to extend beyond 7 days must be recorded on a temporary profile in accordance with AR 40–502. Profiling for the full expected duration of the condition is essential to the integrity and transparency of the readiness system. This ensures adequate communication with the commander and appropriate duty expectation for the Soldier. Temporary profiles are not associated with a PULHES or the physical function capacity; rather they are assessed by duration only. To prevent unnecessary restrictions for predictable conditions, progressive medical instructions may be written, or the profile can be modified during re-evaluation and progress in care. Additionally, to ensure maximal Soldier participation and readiness, health care providers should support duty assignments and expectations with positive profiling that clearly indicates what necessary Soldier functions a Soldier can perform. No profile will be printed without having been created in the e-Profile electronic application. Leaders accept only valid profiles created and completed within e-Profile.

a. e-Profile is an application in MODS with connectivity to the EHR. Interface capabilities will change over time, and the process will become more seamless with further integration between the EHR and the medical readiness system. Access to e-Profile is role-based. Authorized users can always access the e-Profile application at: www.mods.army.mil and then linking to e-Profile. Commanders and their designees view e-Profile information in the Commander's Portal and are no longer authorized to access e-Profile directly.

b. The DA Form 3349 consolidates all of the Soldier's permanent and temporary duty limiting conditions on a single form.

(1) Section 1 is the Soldier information.

(2) Section 2 is the permanent conditions with physical profile serial and any applicable profile codes. The profiling provider and approval authority electronically sign in the designated blocks at the end of each reason for profile.

(3) Section 3 is the active temporary conditions for a profile. Temporary conditions are described by the severity, mechanism of injury, duty status, and expiration date. The days on profile updates automatically in the system even after the document are signed. When reviewing a printed profile, the "days on profile" is static, and it becomes important to consider the date the profile was printed. Each reason for profile has the electronic signature of the profiling provider on the same line. Profiling providers will describe when a Soldier will be eligible for a record APFT for both temporary and permanent conditions. This clinical decision and clearance for activity, which may be up to twice the length of the profile and may

not exceed 90 days, will determine when a Soldier is authorized to take a record APFT. There is no mandatory recovery period. For example, if a medication requires a profile by policy with no limitations on their ability to do an APFT, the Soldier would be available for a record APFT throughout the profile, and no recovery period should be authorized. This section also captures the number of days a Soldier has been on a profile within a 12- and 24-month period.

(4) Sections 4–7 describe the medical instructions, limitations, and PT guidance. All aspects that are permanent are in bold type in the form.

(a) Section 4 is the functional activities for all Soldiers, regardless of MOS and AOC. Any permanent limitation in these functional activities indicates severe limitations and requires the condition to have a numerical designation of 3 or 4. This will initiate Soldier referral to the appropriate medical or administrative board.

(b) Section 5 contains the medical instructions. These instructions cannot be ignored. Temporary instructions will be in plain type, and permanent instructions will be in bold type.

(c) Section 6 describes any permanent or temporary APFT limitations. To complete the APFT a Soldier must complete the 2-mile run or an alternate aerobic event. If a Soldier permanently cannot perform at least an alternate aerobic event, the profile serial will have a 3 in the appropriate PULHES designator, and the Soldier will be referred to the MEB.

(d) Section 7 describes the physical readiness training capabilities. Healthcare providers will describe authorized alternate PT events from a medical perspective, for temporary and permanent conditions. For permanent conditions, a Soldier cannot perform at least an alternate aerobic event, the profile serial will have a permanent 3 in the appropriate PULHES designator. The templates will help guide the implementation of FM 7–22 in this section.

(e) Section 8 is the commander's signature block. This will automatically populate with the commander's signature when they view the profile in the Commander's Portal application.

c. Temporary profiles. Indications for a temporary profile are conditions with limitations that will improve over time. Correction or treatment of temporary conditions is medically advisable, and should usually result in a higher level of function and employment. Profiling providers manage Soldiers receiving medical or surgical care, recovering from illness, injury, or surgery by designating a temporary condition on the Soldier's DA Form 3349. The addition of the limitations to any previously existing temporary or permanent limitations in the e-Profile system will provide the commander a single source for the Soldier's medical instructions and duty limitations.

(1) Duration: The profiling provider will write the profile for the entire length of the expected recovery up to 90 days (except as directed in paras 4–8d (tuberculosis) and 4–9 (pregnancy)). The profiling provider will extend and modify the profile for the temporary condition, to communicate with the command, until the Soldier reaches the point in their evaluation, recovery, or rehabilitation where they have returned to full duty or the profiling provider determines that the Soldier has achieved the MRDP. MRDP may occur before the 12-month administrative timeline if the condition is stable and no further functional progress is expected. At MRDP, the profiling provider will transition any remaining duty limitations to a permanent profile. All permanent profiles require two profiling provider signatures. The second signature will need to be a physician, or for profiles within their area of expertise, an audiologist or podiatrist are second signature authorities for profiles without deployment limitations. If the profile has deployment limitations, either a 3 or 4 in the PULHES or a deployment-limiting physical-category code, the second signature must be an approval authority. The maximum duration of temporary profiles is 12 months for the same medical condition without an exception, as described in paragraph 4–4c(4) below. At 12 months, the Soldier is administratively defined to have reached MRDP. Profiling providers need to ensure that extensions link to the original profile. Extensions will continue to contribute to the days on profile for that condition. Creating new temporary conditions without linking them to the previous temporary profile will disrupt the tracking system for the days on profile for that condition and can compromise the accuracy of the days on profile, or delay a Soldier's progress toward MRDP. This loss of transparency impedes a commander's ability to manage their formations and undermines the readiness of the Army. All Soldiers with a temporary profile will have an updated functional assessment with medical instructions at least every 3 months and prior to extending the profile.

(2) Temporary profiles exceeding 6 months' duration, for the same medical condition, will be referred to a physician or medical specialist if clinically indicated, for that medical condition, or as required by policy. Specific conditions in AR 40–501 require specialty evaluation to determine if the Soldier meets retention standards. These referrals ensure the optimal care and support to help the Soldier return to duty, or ensure documentation of the injury or illness that supports the medical or administrative board process. Reviewing physicians or specialty health care providers will consider one of the following actions:

(a) Continuation of a temporary profile, for the same medical condition or injury, up to a maximum of 12 months from the initial profile start date;

(b) If the condition has reached MRDP, transition to a permanent profile;

(c) Determination of whether the Soldier meets the medical fitness standards for retention in accordance with AR 40–501 and, if not, refer to the DES. Once MRDP is met for one condition which does not meet retention standards, referral into the DES must commence regardless of the status of other co-existing conditions. If MRDP is met, and the Soldier

meets the medical retention standards of AR 40–501, the permanent profile must address the requirements of the MOS or AOC and may indicate referral to an administrative board in accordance with AR 635–40.

(3) Prolonged Soldier review: There are higher authority reviews for profiles lasting over 120 days. Profiles over 120 days in duration will be reviewed by operational profile review boards, above company level, every month. Commanders above the company level will use the Commander's Portal to perform a monthly review of all temporary profiles as noted below:

(a) Battalion and squadron (O–5 or equivalent) commanders will perform a monthly review of temporary profiles lasting 120 days or more.

(b) Brigade commanders (O–6 or equivalent) will perform a monthly review of temporary profiles lasting 180 days or more.

(c) Senior general officer commanders (above BDE, installation level, or equivalent) will perform a review of temporary profiles 240 days or older.

(4) Temporary profiles for conditions with duty limitations beyond 12 months are usually converted to permanent profiles. For all Soldiers, the application of the second signature for a permanent profile that does not meet retention standards initiates the requirement for DES or appropriate processing. For Active duty Soldiers whose condition does not meet retention standards, the second signature on the permanent profile also initiates the DES timeline. For the Reserve COM-POs 2 and 3, the receipt of the MEB packet at the Medical Evaluation Board Tracking Office initiates the timeline for the DES and the RC non-duty related (RC–NDR) process. Requests for exceptions are very rare because the 12-month limit for temporary profiles to reach MRDP ensures timely access to DES and RC–NDR processes, ensures consistent application of the standards, and supports Army readiness. Exceptions to the 12-month, temporary physical profile restriction must be approved by the first general officer in the Soldier's chain of command, in consultation with the senior approval authority and the senior medical officer. Requests for exceptions to the 12-month temporary profile restriction must include:

(a) A detailed written treatment plan: who, what, when, where, and how.

(b) An explanation of why the Soldier has not been referred to the DES or administrative review board.

(c) An expected MRDP.

(5) Providers who see Soldiers (officer and enlisted) in basic training, and MOS- and AOC-specific training may utilize the initial military training (IMT) templates in e-Profile to prescribe clear and concise medical recommendations to the Basic Combat Training (BCT) and Advanced Individualized Training (AIT) commanders and their drill sergeants, regarding the injured Soldier's training.

d. *DD Form 689.*

(1) The DD Form 689 is a means of communication, management, and disposition of short term (1 to 7 days) acute, minor, self-limited illnesses and medical conditions that are expected to resolve quickly and do not limit the functional capabilities of the Soldier beyond 7 days.

(2) The concepts from the IMT sick slip (established by OTSG/MEDCOM Policy Memo 11–095, now expired) were instrumental in the design of the new profile form to capture what the Soldier can do to train and avoid excessive limitation while protecting the Soldier to allow healing and return to full duty. The staff that provides care for BCT and AIT Soldier population will complete their profile training and utilize the IMT templates instead of the legacy IMT sick slips.

(3) See AR 40–66 for instructions on completing the "Disposition of patient" block on the form.

(4) Functional limitations expected to be greater than 3 days will be entered into e-Profile as a temporary profile, by a profiling provider, for the commander's medical readiness accountability and tracking.

e. *Permanent profiles.* Soldiers whose condition(s) have reached MRDP will receive a permanent profile. All permanent profiles require two profiling provider signatures; paragraph 4–6 authorizes specific roles to be the second signature. If the profile has deployment impacts either with a 3 or 4 in the PULHES or a deployment-limiting physical-category code, the second signature must be an approval authority. Some diagnoses do not meet retention standards by definition and will be referred to DES upon diagnosis, in accordance with AR 40–501.

(1) The profiling provider must evaluate whether or not the Soldier meets the medical retention standards in accordance with AR 40–501. A comprehensive review the Soldiers medical records, to include consultation notes and other pertinent medical documentation is essential to ensure that the Soldier's medical condition and treatment meet MRDP requirements. The numerical designator will describe the severity of the functional limitation and will guide further processing. Permanent profiles are reviewed annually with each PHA and will be updated to reflect any clinical change. There is no requirement to rewrite the profiles every 5 years.

(2) The MEB physician or RC approving authority reviews all MEB referrals from e-Profile prior to signing as the approval authority and second signature:

(a) To ensure that MRDP has been achieved prior to initiating referral into the DES.

(b) To coordinate inappropriate DES referrals, via e-Profile, back through the profiling provider for appropriate disposition.

(c) To assist physician approving authorities in reconciling profiling provider's questions and concerns about MRDP timing.

(d) To help discern MAR2 versus DES referrals.

(3) Medical and administrative processes once a Soldier reaches MRDP and does not meet medical retention standards.

(a) Duty related processes through one of the three forms of DES: legacy DES, IDDES, or expedited DES.

(b) Non-duty related physical evaluation board (ND-PEB) processing is for the reserve COMPOs only. Soldiers who do not meet retention standards due to a non-duty related condition may request non-duty processing to determine if they may be retained and continue to serve.

(c) Administrative processing for Reserve COMPO Soldiers with non-duty related conditions proceeds when the Soldier does not request a ND-PEB.

(4) Medical and administrative processes once a Soldier reaches MRDP and meets medical retention standards.

(a) Transition to a permanent profile describing the permanent duty limitations. The Soldier's commander may also discuss a permanent profile, with the profiling provider, request a review of an established permanent profile, and/or initiate a fitness for duty request to clarify any duty performance observations or deployment status concerns. Specific guidance regarding profiling Soldiers with pseudo folliculitis is available in TB MED 287.

(b) The MAR2 is an administrative process to evaluate the Soldier's ability to serve in their MOS. Outcomes from the MAR2 are to retain the Soldier in their MOS, reclassify them to another MOS, or refer the Soldier for DES processing in accordance with AR 635-40.

4-5. Physical category codes

The physical category codes indicate limitations in personnel and administrative matters and are used in numerous Army systems. The current physical category codes described in tables 4-3 and 4-4 describe a history of an accession waiver, assignment, and deployment limitations, or the completion of medical board or administrative processing. Previously there were medically descriptive codes, but in accordance with AR 40-502, these are rescinded, and the profiling provider will describe these limitations in plain language on the profile to inform the commander's duty assignments and deployment determinations. The profiling provider may record up to three physical category codes on the DA Form 3349, in section 2, block 12. In the unlikely event that more than three codes are necessary, the additional codes will present in section 5, preceding any other medical instructions to the commander. These codes are administrative in nature and are not authorized for use in medical records to identify limitations.

Table 4-3
Physical category codes (deployment options)

Code	Description or assignment limitation	Medical criteria (examples)
Code F	No assignment or deployment to OCONUS areas where definitive medical care for the Soldier's medical condition is not available.	Individuals who require continued medical supervision with hospitalization or frequent outpatient visits for serious illness or injury.
Code V	This code identifies a Soldier with deployment restrictions to certain areas.	Explanations of condition(s) and specific restrictions are noted in the medical record.
Code X	This Soldier is allowed to continue in the military service with a disease, injury, or medical defect that is below medical retention standards, pursuant to a waiver of an unfit finding and continued on active duty or in active reserve status under AR 635-40.	

Table 4–4
Physical category codes (post board options)

Code	Description/assignment limitation
Code S	Soldier has been determined to meet medical retention standards of chapter 3 by a Medical Evaluation Board (MEB)
Code T	Waiver granted for a disqualifying medical condition, or standard, for initial enlistment or appointment. The disqualifying medical condition, or standard, for which a waiver was granted will be documented in the Soldier's accession medical examination
Code W	This Soldier has a permanent 3 or 4 profile that has been evaluated by a MAR2 with a recommendation to retain or reclassify and return to duty.
Code Y	This Soldier has been found fit for duty through the disability evaluation system (DES) (not entitled to separation or retirement because of physical disability) after complete processing under AR 635–40.

4–6. Profiling provider and approving authority

a. Profiling providers. Commanders of Army MTFs, USARC surgeons, regional support command surgeons, and the State surgeons may designate one or more physicians, dentists, optometrists, podiatrists, audiologists, chiropractors, nurse practitioners, nurse midwives, licensed clinical psychologists, licensed clinical social workers (master's level), and physician assistants (PA) as credentialed profiling providers. The commander ensures the designated profiling providers are thoroughly familiar with the contents of AR 40–502, AR 40–501, AR 635–40, and DA Pam 40–502. Profiling providers will attain and maintain profiling credentials within their scope of practice. Designating authorities will develop and institute a peer review quality assurance process for profiling providers. Profiling providers will not write temporary or permanent profiles for themselves. All permanent profiles require two profiling provider signatures. If the profile impacts deployment status with either a 3 or 4 in the PULHES, or a deployment-limiting physical-category code, the second signature must be an approval authority. Profiling provider limitations are as follows:

(1) *Physicians.* No limitations except for temporary profiles that exceed 6 months when there is a clinical indication for specialty evaluation or care. Physicians may provide second signature authority for profiles with permanent profiles with a 2 in the PULHES that do not impact deployment status. Approval authorities are required to be the second signature for permanent profiles with a 3 or 4 in the PULHES or those that assign a deployment-limiting physical-category code.

(2) *Dentists.* Dentists are specialty health care providers with no limitations within their field. Dentists will write temporary profiles for dental and oral medical conditions. Dentists may be the first signature authority on a permanent 2, 3, or 4 profiles and the second signature on permanent MRC 2 profiles without a deployment-limiting physical-category code. If a temporary dental profile is created through a system interface, it will remain active until the Soldier's dental classification changes in the medical readiness and profiling systems of record. Permanent and temporary profiles need to inform the commander's deployability determinations. Dentists have no profiling authority outside their field.

(3) *Optometrists.* No limitation within their specialty for awarding temporary profiles up to 90 days' duration. Any temporary extension beyond 90 days must be reviewed by a physician. Optometrists have no profiling authority outside their field.

(4) *Chiropractors.* No limitation within their specialty for awarding temporary profiles up to 90 days' duration. Any temporary extension beyond 90 days must be reviewed by a physician. Chiropractors have no profiling authority outside their field.

(5) *Physical therapists, occupational therapists, licensed clinical psychologists, and licensed clinical social workers.* No limitation within their specialty for awarding temporary profiles up to 90 days' duration. Any temporary extension beyond 90 days must be reviewed by a physician. Physical therapists and occupational therapists, licensed clinical psychologists, and licensed clinical social workers may initiate a permanent profile.

(6) *Audiologists.* No limitation within their specialty for awarding temporary profiles and permanent profiles in cases of sensorineural hearing loss. Physicians and audiologists can serve as the second signature on a permanent profile with an H–2 within their specialty. Any profile that assigns deployment-limiting physical-category codes must have an approval authority as the second signature. Changing to or from a permanent numerical designator “3” or “4”, adding, or removing a deployment-limiting code requires an approval authority for the second signature. Audiologists have no profiling authority outside their field.

(7) *Physician assistants, nurse midwives, and nurse practitioners.* Any extension of a temporary profile beyond 180 days must be reviewed by a physician, except when the provisions of paragraph 4–9 apply. However PAs with AOC 65DM1, certified in orthopedics, have no limitations on awarding temporary orthopedic profiles or permanent profiles.

PAs, nurse midwives, and nurse practitioners may initiate permanent profiles for submission to a physician profiling provider, or the approving authority, for second signature.

(8) *Podiatrists*. No limitation within their specialty for awarding temporary and permanent profiles. Physicians and podiatrists can serve as the second signature on a permanent 2 without a deployment-limiting physical-category code within their specialty. Changing to or from a permanent numerical designator 3 or 4, or adding or removing a deployment-limiting physical-category code requires an approval authority second signature. Podiatrists have no profiling authority outside their field.

(9) *Athletic trainers*. Athletic trainers are not profiling providers, but in command-specified settings will have limited profiling authority, under the supervision of their physician or physical therapist. Athletic trainers may award short term, temporary profiles up to 7 days' in duration. They may make a one-time extension of the profile for 7 additional days. A profiling provider will complete any profiling beyond 14 days (total). Significant illnesses or injuries that are not expected to heal in this period should be referred to the appropriate health care provider to prevent any delay in care. All profiling by athletic trainers will be constrained to designated templates for the musculoskeletal system. Athletic trainers may generate temporary profiles for upper and lower extremities for mild and moderate severity.

(10) *Military Entrance Processing Station physicians, PAs, and nurse practitioners*. MEPS physicians, PAs, and nurse practitioners will be designated as profiling providers. The profiling provider must generate the profile electronically, in e-Profile.

(11) *Other Department of Defense physicians*. A physician from another Service can be a profiling provider, upon completing required training. The profiling provider must generate the profile electronically, in e-Profile. Other methods of communicating capabilities and limitations will be received as clinical input, pending the review, and to inform a valid profile from a profiling provider.

(12) *TRICARE Prime Remote profiling providers*. The RHRP profiling officials may generate profiles in accordance with contractual guidance from the supported component and Army policy. The profiling provider must generate the profile electronically, in e-Profile and ensure clinical coordination as directed by the supported component. RHRP will provide the regional health commands with a referral list of Soldiers requiring further evaluation or care coordination for active duty Soldiers.

b. Approving authority. Army MTF commanders, USARC surgeons, and the State surgeons may designate or delegate one or more physicians as approving authorities serving within their command. They ensure that the designated approval authorities are thoroughly familiar with AR 40–502, AR 40–501, AR 635–40 and DA Pam 40–502. The approving authority must be a physician. Generally, the chief medical officer or deputy commander for medical services, as appointed by the MTF commander, serves as the senior approving authority by position. Army Reserve Regional Support Command (RSC) surgeons are approval authorities by position, but cannot designate other approval authorities. All permanent profiles require two profiling provider signatures. If the profile has a 3 or 4 in the PULHES or assigns a deployment-limiting physical-category code, the second signature must be an approval authority. If the approval authority determines that a permanent 2 profile with a deployment-limiting physical-category code should be a permanent 3 profile, they should return the profile to the original profiling provider for adjustment and to initiate MEB processing in accordance with their standard procedures.

4–7. Recording and reporting of an accession physical profile

a. Individuals accepted for initial appointment, enlistment, or induction normally will be given a numerical designator of 1 or 2. The initial numerical designator will be recorded on DD Form 2808 (Report of Medical Examination) by the MEPS medical officer, at the time of the initial appointment, enlistment, or induction medical examination. The numerical designators assigned by a MEPS physician are for MEPS administrative purposes only and do not represent a “profile” as defined in accordance with this regulation.

b. The accession documentation will identify the initial numerical designator serial (DD Form 2808 and DD Form 1966 (Record of Military Processing—Armed Forces of the United States)). The modifier “T” with a brief, nontechnical description of the defect on the serial, or in those exceptional cases where the numerical designator “3” is used on initial examination, is recorded in the “Summary of Defects” section on the DD Form 2808, in addition to the exact diagnosis. It is the practice for the MEPS to assign a numerical designator “3” pending a medical waiver review of a disqualifying condition. This initial PULHES numerical designator is for MEPS administrative purposes only. It is NOT a PULHES from a DA Form 3349 in e-Profile. If the individual receives a medical waiver, the waiver documentation completed by the waiver authority should indicate the appropriate PULHES, in accordance with table 4–1. If the applicant enters the Army with any documented functional limitations or any numerical designator other than a 1 on the DD Form 2808, a DA Form 3349 in e-Profile must be completed at initial entry training.

4–8. Profiling reviews and approvals

a. Permanent “3” or “4” profiles, or profiles with a deployment-limiting physical-category code require the signatures of a profiling provider, and a physician approving authority, unless specified by policy. Permanent profiles of “3” or “4” for the IRR require two signatures to include the Army Human Resources Command Surgeon, or his or her designee. Temporary profiles require the signature of an authorized profiling provider. Permanent profiles with a PULHES of “2” without a deployment-limiting code require the initial signature of one profiling provider and the second signature of an approved profiling provider authorized in paragraph 4–6.

b. Situations that require a mandatory review of an existing physical profile include—

(1) Return to duty of a previously hospitalized Soldier. The attending physician will ensure that the patient has the correct e-Profile, assignment limitations(s), and medical follow-up instructions, as appropriate.

(2) Placing a Soldier on convalescent leave. The attending physician or component profiling provider, ensures that the patient has a profile entered into e-Profile, functional limitations(s), and medical follow-up instructions, as appropriate.

(3) When directed by the approving authority in cases of discrepancy or controversial nature requiring temporary revision of profile.

(4) At the time of the PHA or other medical examination.

(5) Upon request of the unit commander.

(6) Upon request of a PEB.

(7) A profiling provider and approving authority signatures are necessary to either change a permanent “3” or “4” profile to a permanent “1” or “2” or remove a deployment-limiting physical-category code.

(8) A change in the Soldier’s health that impacts his or her basic Soldier function and ability to perform their duty.

c. The profiling provider adds a temporary condition for a Soldier in e-Profile when, in their opinion, the functional limitations or capacity of the individual temporarily alters their ability to perform their duty. Temporary e-Profiles will not exceed 3 months (90 days) except as provided for in paragraphs 4–8d and 4–9. Temporary functional limitations limited to acute, minor, and self-limited illnesses written on DA Form 689 will not exceed 3 days. The utilization of e-Profile for acute conditions lasting for 3–7 days supports the tracking, medical support, and communication with commands regarding the recovery of their Soldiers.

d. Tuberculosis patients returned to a duty status that requires anti-tuberculosis chemotherapy, following hospitalization, will be given a temporary profile for 1 year. The medical instructions will include assignment limitations to a fixed installation for the required medical care, support, and supervision for 1 year.

e. The hospital commander, appropriate clinical deputy, or command surgeon may verify or revise the physical profile in controversial or equivocal cases.

f. Reserve COMPO reviews and approvals are as follows. The U.S. Army Reserve Regional Support Command surgeons, major subordinate commands staff surgeons, Active Army medical facility profiling providers, State Army National Guard (ARNG) and USAR contracted profiling providers, the U.S. Army Reserve Command (USARC) Surgeon, and the U.S. Army Human Resources Command Surgeon, or their designees (IRR only), may accomplish physical profiles for Reserve COMPO Soldiers not on active duty and for those Soldiers activated on orders for less than 30 days in the Ready Reserve (ARNG/USAR), Standby Reserve (USAR), and Retired Reserve (USAR).

(1) Army Reserve profile providers will accomplish profiles for Army Reserve Soldiers, in accordance with USARC surgeon policy and procedures. The approving authority for the Army Reserve to include troop program unit (TPU) Soldiers is the USARC command surgeon and the RSC surgeons. The USARC command surgeon may delegate profile approving authorities to the operational, functional, training, and support command surgeons, and other physicians, depending on their current duty position and the need for additional approving authorities.

(2) State ARNG/Army National Guard of the United States (ARNGUS) profile providers will accomplish profiles for ARNG/ARNGUS Soldiers not on active duty in accordance with State policy. The respective State Surgeon, or their designated physician alternate, is the approving authority for permanent “3” or “4” profiles. The National Guard Bureau (NGB) Chief Surgeon is an ARNG approving authority for all ARNG/ARNGUS Soldiers. The State surgeons establish processes for awarding profiles to Soldiers with the W, V, and/or F codes, if warranted.

g. The Army Physical Disability Agency identifies Soldiers who are found unfit by a PEB but approved or COAD or COAR status with an “X” code.

h. When Soldiers are returned to duty pursuant to a PEB finding of “fit” in accordance with AR 635–40, the Army Physical Disability Agency applies the Y physical category code. The Army Physical Disability Agency submits the case file to the MEB physician to review and update the profile—to include but not limited to—adding or removing deployment-limiting physical category codes. MEB providers either determine that residual limitations warrant a permanent 2 profile, or retain the 3. Additionally, the MEB providers apply any appropriate deployment-limiting physical-category code. For ND–PEB “fit” determinations, the Army Physical Disability Agency applies the Y physical category code and return to the originating approval authority. The originating approval authority either determines that residual limitations warrant a

permanent 2 profile, or retain the 3 status. Additionally, the originating approval authority applies any appropriate deployment-limiting physical-category code. This is to ensure the returning Soldier receives a physical profile commensurate with their functional capacity under the appropriate PULHES factor. The modified profile includes assignment limitations and specific medical instructions determined in the medical board process.

i. MEB physicians, when completing the narrative summary, ensure a full record of all functional limitations is on the DA Form 3349, in e-Profile. The MEB proceeding referring the Soldier to a PEB submits the consolidated DA Form 3349. On that form, the MEB physician may be the profiling provider (1st signature). Cooperation between the MEB physician, PEB liaison officers, and the PEB is essential to support when the PEB requests additional medical information or profile reconsideration by the MTF. The functional limitations described on the profile form may affect the decision of fitness by the PEB.

j. When a MAR2 is complete:

(1) Regular Army. U.S. Army Human Resources Command applies the W code for retained and reclassified Soldiers returning to duty. At completion of the administrative review, the Soldier's primary-care health care provider determines if the Soldier has any deployment-limiting conditions, and applies a V or F physical category code as indicated.

(2) ARNG/ARNGUS: The State surgeons establish policies and processes for awarding profiles to Soldiers with the W, V, and/or F codes, if warranted.

(3) The USARC Surgeon establishes policies and processes for awarding profiles to Soldiers with the W, V, and/or F codes if warranted.

k. Commanders review all DA Form 3349s in e-Profile on their assigned and attached Soldiers. The Commander's Portal supports the commander by presenting this information in a single consolidated location.

4–9. Profiling Soldiers who are pregnant

a. *Intent.* The intent of these provisions is to protect the health of the Soldier and fetus while ensuring productive use of the Soldier. The commander ensures a viable program, in consultation with the Soldier and the provider. This profile guidance has been revised and includes: mandating an occupational health interview to assess risks to the Soldier and fetus; adding additional restrictions to reduce exposure to solvents, lead, and fuels that may be associated with adverse pregnancy outcomes; and authorizing the wearing of non-permethrin treated uniforms for Soldiers who are pregnant and or post-partum. After a review of the risks and benefits of permethrin treatment and that non-permethrin treated uniforms are limited to the garrison environment, the health care team may provide medical authorization for issue of non-permethrin treated uniforms. The Soldier brings this documentation to the commander who provides the paperwork to order the requested uniforms at clothing and sales.

b. *Responsibilities.*

(1) *Soldier.* Soldiers trying to get pregnant should seek appropriate pre-natal care. They may also request medical authorization to obtain and wear permethrin-free uniforms. Pregnant Soldiers seek medical confirmation of pregnancy and comply with the instructions of medical personnel and the individual's unit commander.

(2) *Medical personnel.*

(a) The health care team reviews the risks and benefits of permethrin treatment and may provide medical authorization for the command to issue non-permethrin treated uniforms when a Soldier intends to get pregnant. The request to wear a non-permethrin uniform is not a condition for profile, and the medical authorization is strictly administrative. Non-permethrin treated uniforms are limited to the garrison environment.

(b) For pregnant Soldiers, a credentialed health care provider (physician, nurse midwife, nurse practitioner, or PA) confirms pregnancy and, once confirmed, initiate prenatal care of the Soldier and issue a pregnancy profile by using the pregnancy profile template in e-Profile. Nurse midwives, nurse practitioners, and PAs are authorized to issue routine or standard pregnancy e-Profiles for the duration of the pregnancy. An occupational history, using DD Form 2807–1 (Report of Medical History), is taken at the first visit to assess potential exposures related to the Soldier's specific MOS. This history is ideally taken by the occupational medicine physician, occupational health PA, or occupational health nurse. However, if not feasible, the profiling provider completes the occupational history. After reviewing the occupational history, the profiling provider (physician, nurse midwife, nurse practitioner, or PA), in conjunction with the occupational health clinic as needed, determines whether any additional occupational exposures, other than those indicated in the paragraphs below, should be avoided for the remainder of the pregnancy. Examples include, but are not limited to, hazardous chemicals, ionizing radiation, and excessive vibration. If the occupational history or industrial hygiene sampling (that is, motor pool) data indicate significant exposure to physical, chemical, or biological hazards, then the e-Profile is rewritten to restrict exposure from these workplace hazards.

(3) *Unit commander.* The commander counsels all female Soldiers as required by AR 600–8–24, or AR 635–200. The unit commander consults with medical personnel as required. This includes establishing liaison with the occupational

health clinic and requesting site visits by the occupational health and industrial hygiene personnel, if necessary, to assess any work place hazards.

c. *Physical profiles.* Pregnancy profiles stand for the duration of the pregnancy (use the pregnancy profile template in e-Profile). Pregnancy profiles list the diagnosis as “pregnancy, estimated delivery date”; prenatal ultrasounds or other testing are not required to validate an estimated delivery date for the profile. The unit commander reviews the profile in e-Profile. Upon completion of pregnancy, the profiling provider describes the Soldier’s duty limitations in a new profile.

d. *Limitations.* Unless superseded by an occupational health assessment, the standard pregnancy profile, DA Form 3349, indicates the following limitations:

(1) Except under unusual circumstances, the Soldier should not be reassigned to overseas commands until pregnancy is complete. (See AR 614–30 for waiver provisions and for criteria curtailing outside the continental United States (OCONUS) tours.) She may be assigned within CONUS. Medical clearance must be obtained prior to any reassignment.

(2) The Soldier will not receive an assignment to duties where nausea, easy fatigue, or sudden lightheadedness would be hazardous to her, or others, to include all aviation duty, classes 1, 2, 3, or 4. However, there are specific provisions in the medical fitness standards for flying duty of AR 40–501 that allow the aircrew member to request, and be permitted, to remain on flight status as further described in the aeromedical policy letters. Air traffic control (ATC) personnel may continue ATC duties with approval of the flight surgeon, obstetrician, and ATC supervisor.

(3) Restrict exposures to military fuels. Pregnant Soldiers must be restricted from assignments involving frequent or routine exposures to fuel vapors or skin exposure to spilled fuel such as fuel handling, or otherwise filling military vehicles with fuels such as motor gasoline, JP8, and JP4.

(4) No weapons training in indoor firing ranges is allowed, due to airborne lead concentrations and bore gas emissions. Firing of weapons is permitted at outdoor sites. (See para (13) below, for other weapons training restrictions.) No exposure to organic solvent vapors above permissible levels. (For example, work in arms room is permitted if solvents are restricted to 1999 MIL–PRF–680, degreasing solvent.)

(5) No work in the motor pool involving painting, welding, soldering, grinding, and sanding on metal, parts washing, or other duties where the Soldier is routinely exposed to carbon monoxide, diesel exhaust, hazardous chemicals, paints, organic solvent vapors, or metal dusts and fumes (for example, motor vehicle mechanics). It does not apply to pregnant Soldiers who perform preventive maintenance checks and services (PMCS) on military vehicles using impermeable gloves and coveralls, nor does it apply to Soldiers who do work in areas adjacent to the motor pool bay (for example, administrative offices) if the work site is adequately ventilated, and industrial hygiene sampling shows carbon monoxide, benzene, organic solvent vapors, metal dusts and fumes do not pose a hazard to pregnant Soldiers. (See para (13), below, for PMCS restrictions at 20 weeks of pregnancy.)

(6) The Soldier must avoid excessive vibrations. These occur in larger ground vehicles (greater than 1 1/4 ton) when the vehicle is driven on unpaved surfaces.

(7) Upon a diagnosis of pregnancy, the Soldier is exempt from regular unit physical readiness training, APFT testing, and body composition standards for the duration of the pregnancy and 180 days past pregnancy completion. After receiving medical clearance from a health care provider to participate in PT, commanders enroll Soldiers who are pregnant or postpartum to take part in Army Pregnancy Postpartum PT (P3T), in accordance with AR 350–1 and FM 7–22. P3T is designed to maintain health and fitness levels of pregnant Soldiers, and successfully integrate postpartum Soldiers back into unit physical readiness training programs, with emphasis on achieving the APFT standards, in accordance with guidance provided in the Army PRT Program, and meeting body composition standards in accordance with guidance provided in AR 600–9. Pregnant and postpartum Soldiers must be cleared by a health care provider prior to participating in P3T.

(8) Once pregnancy is confirmed, the Soldier is exempt from wearing load carrying equipment (LCE) to include interceptor body armor (IBA) and/or any other additional equipment. Wearing individual body armor and/or any other additional equipment is not recommended and must be avoided after 14 weeks’ gestation.

(9) The Soldier is exempt from all immunizations except influenza and tetanus-diphtheria and from exposure to all fetotoxic chemicals noted on the occupational history form. The Soldier is exempt from exposure to chemical warfare and riot control agents (for example, nuclear, biological, and chemical training) and from wearing mission-oriented protective posture (MOPP) gear at any time.

(10) The Soldier may work shifts.

(11) The Soldier must not climb or work on ladders or scaffolding.

(12) The Soldier is authorized to wear the Army combat uniform without permethrin.

(13) At 20 weeks of pregnancy, the Soldier is exempt from standing at parade rest or attention for longer than 15 minutes. The Soldier is exempt from participating in swimming qualifications, drown proofing, field duty, and weapons training. The Soldier must not ride in, perform PMCS on, or drive in vehicles larger than light medium tactical vehicles, due to concerns regarding balance, vibrations, and possible hazards from falls.

(14) At 28 weeks of pregnancy, the Soldier must be provided a 15-minute rest period every 2 hours. Her duty week should not exceed 40 hours and the Soldier should not work more than 8 hours in any one day. The 8-hour work day does include the time spent in P3T and the hours worked after reporting to work or work call formation, but does not include the PT hygiene time and travel time to, and from, PT.

e. Performance of duty. A woman who is experiencing a normal pregnancy may continue to perform military duty until delivery. Only those women experiencing unusual and complicated problems (for example, pregnancy-induced hypertension) will be excused from all duty, in which case they may be hospitalized or placed sick in quarters. Medical personnel assist unit commanders in determining duties.

f. Sick in quarters. A pregnant Soldier is not placed sick in quarters solely on the basis of her pregnancy, unless there are complications present that would preclude any type of duty performance.

4–10. Stinging insect allergy

a. Soldiers are required to carry their prescribed epinephrine autoinjectors and wear appropriate medical warning tags. Profiling officers should prepare P2 profiles for Soldiers who are prescribed epinephrine autoinjectors, in order to inform their supervisors on the potential for use.

b. Venom immunotherapy (VIT) that can be supported in a garrison or deployed setting with a maximum interval between maintenance VIT shots every 4 weeks during the first 12 months of VIT, every 8 weeks during the second year, and every 12 weeks for the third year and thereafter, is recommended. Allergists review the service member annually for progress to resolution or worsening. Soldiers who decline VIT, should receive a P3 profile and referred to the DES.

c. After 3 years of VIT, the allergist determines:

(1) If no additional treatment or epinephrine auto-injector is required, recommend removal of P2 profile.

(2) If additional treatment is recommended, the Soldier may restart venom shots. Soldier may remain fully functional and deployable despite requiring venom allergy shots more than 3 years as long as the appropriate shot intervals are maintained.

(3) Soldiers who do not require further venom allergy shots after 3 years, but are recommended by an allergist-immunologist to carry an epinephrine auto injector, should maintain a P2 profile without deployment restrictions.

4–11. Cancer in remission

a. When an oncologist determines a Soldier is in remission after treatment for cancer and that there are no physical residuals, they may issue a P2 profile. The Soldier is considered non-deployable while in surveillance, unless the oncologist deems Soldier deployable after discussing mission requirements with CDR. If the Soldier remains in a remission up to 5 years, then the P2 profile may expire. Chronic cancers such as chronic lymphocytic leukemia or follicular lymphoma, which have not required treatment over the 5-year interval, may also have an expiration of the P2 profile.

b. If at 5 years or sooner, the Soldier experiences relapse or progression of his or her disease that is not expected to return to a prolonged remission, the oncologist writes a P3 profile and refers to the DES.

4–12. Postpartum profiles

a. Convalescent leave (as prescribed by AR 600–8–10 and Army Directive 2016–09) after delivery, is for a period determined by the attending physician. This is normally for 42 days. If a postpartum Soldier meets the definition of a birth event and service requirements from AD 2016–09, she is authorized up to 12 weeks of non-chargeable maternity leave by policy. The service requirement is that the postpartum Soldier be either on active duty or a RC Soldier, serving on call or order to active service, for a continuous period of at least 12 months. Regardless of the Soldier's eligibility for maternity leave, if there are medical indications for convalescent leave beyond the normal 42-day period, the commanders and profiling providers may grant convalescent leave as warranted.

b. Convalescent leave after completion of pregnancy (to include miscarriage) is determined on an individual basis, by the attending physician.

c. Prior to commencing convalescent leave, postpartum Soldiers are issued a postpartum profile, starting on the day of discharge, or the completion of the pregnancy if the Soldier is not hospitalized. The post-partum profile allows PT at the Soldier's own pace. Soldiers are encouraged to use the at-home component of Army P3T while on convalescent leave. If a Soldier decides to return early from convalescent leave, the temporary profile remains in effect for the entirety.

d. Soldiers receive clearance from the profiling provider to return to full duty.

e. All postpartum (any pregnancy that lasts 20 weeks and beyond) Soldiers, in accordance with DODD 1308.1, are exempt from the APFT and for record weigh-in for 180 days following completion of pregnancy. After receiving clearance from a profiling provider to resume PRT, postpartum Soldiers take part in the postpartum component of Army P3T. Postpartum Soldiers must receive clearance from a health care provider prior to returning to regular unit PRT if it is before 180

days following pregnancy completion. After receiving clearance from a health care provider to resume PRT, they are expected to use the time in preparation for the APFT.

f. Postpartum and nursing Soldiers are authorized to wear the ACU without permethrin.

g. The above guidance is only modified if, upon evaluation of a physician, it has been determined the postpartum Soldier requires a more restrictive or longer profile because of complicated or unusual medical problems.

4–13. Concussion profiles

a. *Significance.* Concussion, also known as traumatic brain injury, is a significant military concern that can adversely affect Soldier health, unit readiness, and mission accomplishment. Extensive research and progress in the recognition, care, and treatment of concussion has led to current policies and clinical practice guidelines for the management of concussions in the garrison and deployed environment. These programs and tools improve recognition, access to care and ultimately, outcomes.

b. *Profiling.* In order to ensure optimal care and reduce variance, profile providers use the appropriate concussion profile template, as required in AR 40–502. These templates also make patient and outcome tracking easier, which supports ongoing improvements in Soldier care in garrison and deployed environments. The limitations associated with repeat brain injuries are different to optimize healing and patient outcomes, and it is essential to communicate this to commanders. The DA Form 689 is not authorized for use for Soldier's diagnosed with a concussion.

4–14. Preparation, approval, and disposition of DA Form 3349

a. *Preparation of DA Form 3349.*

(1) A single DA Form 3349 is used to record the profiles for both permanent and temporary conditions providing a holistic view of the Soldier's duty limitations.

(2) All DA Form 3349s must be completed in e-Profile for all profiles over 7 days' duration, and using e-Profile for acute conditions lasting for 1–7 days is encouraged, to improve Soldier accountability and unit readiness tracking.

(3) Profiling providers use the various DA Form 3349 OTSG-approved templates available in e-Profile to use clear, standardized communication in lay terms. The templates align by the reason for profile and severity. For permanent profiles, the profiling providers describe severity with the physical profile functional capacity guide. All templates are thoroughly reviewed and staffed to ensure the highest quality, with clear and accurate communication. Future template suggestions and updates may be sent to the proponent of this policy.

(4) The DA Form 3349 is prepared as follows:

(a) *Section 1: items 1–8.* Profiling providers can initiate a profile using the Soldier's name (last, first), DOD ID number, or the Social Security number (SSN). e-Profile pre-populates as much of the section as is available from the available databases and systems of record. The profiling provider completes any unpopulated fields. Table 4–5 displays the current organization (CURORG) list that providers populate, in item 5, on DA Form 3349–SG.

Table 4–5
Current organization list

CURORG	A	Active National Guard of the United States
CURORG	B	Air National Guard of the United States
CURORG	C	Army National Guard (inactive)
CURORG	D	United States Marine Corps Reserve
CURORG	E	United States Navy, Reserve
CURORG	F	United States Coast Guard Reserve
CURORG	G	United States Air Force Reserve
CURORG	H	United States Army Reserve Troop Program Unit
CURORG	I	USAR Control Group (Individual Mobilization Augmentation (IMA))
CURORG	J	USAR Control Group (active, Guard/Reserve)
CURORG	K	USAR Control Group (annual training)

Table 4–5
Current organization list—Continued

CURORG	L	USAR Control Group (reinforcement)
CURORG	M	USAR Control Group (officer active duty obligor (OADO))
CURORG	N	USAR Control Group (dual component)
CURORG	O	USAR Standby Reserve (active status list)
CURORG	P	USAR Standby Reserve (inactive status list)
CURORG	R	USAR Retired Reserve
CURORG	S	RA Delayed Entry Program
CURORG	T	USAR Control Group Reserve Officer Training Corps (ROTC)
CURORG	U	Service academy
CURORG	V	USAR Delayed Entry Program
CURORG	Y	archived record
CURORG	Z	unknown
CURORG	1	Active Army
CURORG	2	Active Marine Corps
CURORG	3	Active Navy
CURORG	4	Active Coast Guard
CURORG	5	Active Air Force
CURORG	6	United States Army retired list
CURORG	7	Permanent Disability retired list
CURORG	8	Temporary Disability retired list
CURORG	9	Army of the United States (AUS) retired list

(b) *Section 2: items 9–14.* The profiling provider completes these sections only for permanent conditions. The template describes the reason for profile in lay terms. The profiling provider completes the PULHES and any pertinent profile codes. The profiling provider who initiates the profile is associated with that specific condition. Specific profiling providers (for example, physicians, audiologists, dentists, podiatrists, and so forth) are authorized to be the second signature for permanent conditions with a numerical designator of 2, without a deployment-limiting physical-category code, within their specialty. Approval authorities may review and approve permanent profiles with a numerical designator of 3 or 4, and profiles with deployment-limiting physical-category codes. An approval authority may not be both the profiling provider and the approval authority. If an approval authority rewrites a profile, they need to send the profile to either another physician or approval authority (for permanent 2, 3, or 4 profiles) to complete the second signature as described above. The approval authority is encouraged to return the profile, or provide feedback to the profiling provider to improve the process. The digital signature and date is electronically recorded on signing. The MEB physician, State surgeon, USARC surgeon, or their designees, determine whether the Soldier does or does not meet retention standards. A Soldier who enters the DES process secondary to a permanent 3 or 4 profile, indicating that they do not meet retention standards, is initially evaluated by the local or regional MEB. If the appropriate authority determines that the Soldier meets retention standards, then the MEB rewrites the profile to reflect the appropriate limitations. The modified profile accurately reflects the Soldier's limitations with a permanent 2, or a permanent 3, when indicated by policy, and the "S" code applies. The MEB profiling

provider documents the circumstances of the process and decision in section 5 on the DA 3349 to include the board members: rank, full name; date of MEB final determination; MTF or location. Permanent 3 profiles with an S code are referred to the MAR2 for personnel review. If the Soldier, upon MEB review does not meet retention standards, DES processing continues in accordance with AR 635–40. The S code identifies Soldiers who underwent MEB processing only (NOT PEB) and were found to meet retention standards with either a permanent 2 or 3 profile. MEBs completed before the S code was introduced in 2011 should be rewritten in e-Profile with an S code, current accurate capabilities and limitations, and considered for modification as described above.

(c) *Section 3: items 15–22.* The profiling provider completes these sections only for temporary profiles. Temporary profiles are for temporary conditions that are expected to change and improve with treatment. To allow tracking and reflect the fluidity of these conditions, e-Profile displays the as of date on the top of section 3. These conditions are selected from the temporary profile taxonomy with the designation of mild, moderate, or severe. The profiling provider selects the mechanism of injury, duty status, and expiration date. Profiling providers ensure that extensions of expired temporary conditions remain linked to the original profile, to ensure accurate calculation of the number of days.

1. The mechanism of injury is chosen from a drop down list.
2. The duty status is chosen from a drop down list. The provider's entry is based on Soldier self-report. This is independent and exclusive of any association with the line of duty process.
3. The provider sets the expiration date. e-Profile uses this to calculate the total days on temporary profile in the last 12 months, and 24 months, displaying the as of date for block 22.
4. The digital signature and date are electronically recorded on signing.

(d) *Block 23.* This block documents the Soldier's availability to take a record APFT for either a permanent or temporary condition. If the condition is temporary, the provider enters the anticipated APFT availability date. It is important to note, this block is to inform the command of the Soldier's capabilities and limitations and does not require the command to administer an APFT. There is no longer a prescribed recovery period after a profile; the profiling provider includes the necessary recovery period in this block. The recovery time is factored into the date authorized to take the APFT based on the profiling provider's judgment and is not to exceed 90 days (except as directed above in paragraph 4–9d(7) for pregnancy).

(e) *Section 4: items 24–26.* This section describes the functional activities necessary to perform within retention standards, the additional physical restrictions that guide personnel assignments, and the medical or administrative board referral. An "N" for No documents a Soldier who cannot perform a functional activity in either the P or T columns for permanent or temporary limitations. The additional physical restrictions require more description in weight, time or pace for permanent and/or temporary conditions. The last block documents the indicated medical or administrative board (if any). All new permanent 3 or 4 profiles require a determination in box 26.

(f) *Section 5: item 27.* This section documents the medical instructions to the unit commander for mission and duty assignment. These instructions have permanent restrictions listed in bold type and temporary instructions listed in normal type. The profiling provider writes the medical instructions in plain language, clearly, and to encompass the minimal limitations anticipated supporting Soldier health, welfare, and recovery of function. The commander communicates with the profiling provider for any clarification of the instructions. The medical instructions may not be ignored.

(g) *Section 6.* This section describes the Army Physical Fitness Test restrictions and alternative options for the aerobic event. The profiling provider documents "Yes" or "No" under either the permanent or temporary columns. Providers refer any Soldier with a permanent condition to the DES process, if they cannot complete at least one alternate event, unless prevented by a temporary condition.

(h) *Section 7.* This section describes the physical readiness training capabilities for the commander. These should be positive statements to describe what the Soldier can do regarding PT. It is imperative that profiling providers avoid over-limiting Soldiers which would needlessly impair their ability to train, constraining the Soldier's mission readiness. Conversely, it is important to identify training restrictions that allow a Soldier to heal.

(i) *Section 8.* A profile is a communication tool between the profiling officer and the commander. This can only be effective if the profiling officer generates an accurate, clear, and consistent profile and the unit commander views the profile information to make duty and mission assignments appropriately.

b. *Disposition of DA Form 3349 (temporary and permanent).* The electronic profile displays in the Commander's Portal for command review. The electronic profile displays in the PHA for the health care provider to complete their annual review. An electronic copy of the profile is available in Army Knowledge Online (AKO) for the Soldier review. The DA Form 3349 is valid when signed by the profiling provider for temporary and permanent 1 and 2 conditions. Permanent 2 profiles are valid from when they are written and the first signature is applied. They remain valid and in a pending status until the appropriate second signature is applied or until the profile automatically expires. The limits of automatic expiration are set in the system of record for Active and Reserve COMPOs. Permanent 3 and 4 profiles, and profiles that assign a deployment-limiting physical-category code are valid when signed by the approval authority. The commander's signature

is electronically applied when they view the profile in the Commander's Portal and has no impact on the validity of the profile. The Soldier may request a printed copy of the DA Form 3349 completed in e-Profile.

4–15. Responsibility for personnel actions

a. Commanders and personnel officers take necessary personnel actions, including appropriate entries on personnel management records and the assignment of the individual to military duties commensurate with the individual's physical profile and recorded assignment limitations.

b. Profiles are communication tools between the profiling providers and the commanders. All company level commanders are to review the profiles for the Soldiers under their command through the Commander's Portal. Senior commanders review the medical readiness of their subordinate units and provide guidance and mentorship to ensure accurate readiness reporting.

c. If the Soldier's commander believes the Soldier cannot perform within the limits of the permanent profile, or the profile limitations do not address or prevent training that the Soldier can safely complete without aggravating the condition, the commander requests clarification and reconsideration of the profile by the profiling provider. Reconsideration starts with the same profiling provider who seeks to understand the commander's observations and concerns, then either rewrites the profile or revalidates the profile as initially written. This should be a collaborative process to provide the optimal care and employment of the Soldier. In the event that the profiling provider and commander cannot come to an agreement on a temporary or a permanent profile, the commander can request a fitness for duty evaluation with another profiling provider. The second profiling provider has access to the original profile and all applicable notes.

d. The commander reviews all new or modified profiles within 14 days for active duty, and 30 days for the RCs.

4–16. Physical profile and the Army Body Composition Program

AR 600–9, is a personnel program. The DA Form 3349 does not excuse Soldiers from the provisions of AR 600–9. The AR 600–9 contains a standard memorandum for completion by a physician if there is an underlying or associated disease process that is the cause of the overweight condition. The inability to perform all APFT events or the use of certain medications is not generally sufficient medical rationale to exempt a Soldier from AR 600–9.

Chapter 5

Medical Examinations—Administrative Procedures

5–1. General

This chapter provides—

a. General administrative policies relative to military medical examinations.

b. Administrative requirements for periodic medical examinations, PHA, Separation History and Physical Examination (SHPE), mobilization, and other medical examinations.

c. Policies relative to hospitalization of examinees for diagnostic purposes and use of documentary medical evidence, consultations, and the individual health record.

d. Policies relative to the scope and recording of medical examinations and assessments accomplished for stated purposes.

5–2. Application

The provisions contained in this chapter apply to all medical examinations and assessments accomplished at U.S. Army medical facilities or accomplished for the U.S. Army.

5–3. Physical fitness

a. Maintenance of physical and medical fitness is an individual military responsibility. Soldiers have an obligation to maintain themselves in a physical condition that enables them to perform Soldier duties efficiently. Soldiers are to seek timely medical care and advice whenever they have a medical condition or physical defect and report any effects on their readiness status. Soldiers are not to wait until their annual periodic health assessment to report medical conditions. Soldiers need to provide their military health care provider, unit commander, or medical readiness noncommissioned officer with any civilian health records. The active and RC Soldier's military health record and/or scanned EHR documents any civilian health records which may impact the Soldier's readiness status.

b. Commanders ensure the documentation of a Soldier's readiness and medical status in the personnel systems of record and that the appropriate follow-up action is taken regarding the Soldier's medical or readiness status.

c. Commanders ensure that Soldiers complete and maintain all medical readiness requirements.

d. Commanders safeguard all protected health information and ensure it is entered into the Soldier's Service Treatment Record (STR) and EHR.

5-4. Consultations

- a. AR 40-400 and AR 601-270 authorize the referral and use of specialty consultants, either military or civilian.
- b. The indications for consultation in evaluation of individuals applying for military service, including United States Military Academy (USMA) and Reserve Officers' Training Corps (ROTC), are as follows:
 - (1) Verification, or establishment, of the exact nature or degree of a given medical condition or physical defect necessary for the determination of the examinee's medical acceptability or unacceptability based on the medical fitness standards prescribed in AR 40-501; or
 - (2) Consultation assists higher headquarters in the review and resolution of a questionable or borderline case; or
 - (3) The examining or reviewing profiling provider deems it necessary.
- c. Active duty Soldiers receive a consultation, as indicated, to ensure the proper medical care and disposition of the Soldier.
- d. A medical examiner requesting a consultation routinely furnishes the consultant with—
 - (1) The purpose or reason for examination; for example, enlistment.
 - (2) The reason for the consultation.
 - (3) A brief statement of the desired documentation from the consultant.
 - (4) Pertinent extracts from available medical records.
- e. The examining and reviewing entities append the consultation reports to DD Form 2808, DD 2807-1, PHA, and scan the documentation into the Soldier's STR or EHR.

5-5. Distribution of medical reports

- a. The STR, in accordance with AR 40-66, and the designated EHR system, or outpatient treatment record permanently documents copies of the PHA. The DD Form 2766 (Adult Preventive and Chronic Care Flowsheet), EHR (as applicable), and MEDPROS are used to document all IMR items. Legible and permanent copies reproduced from signed medical readiness documents are acceptable for any purpose unless specifically prohibited by the applicable regulation. Only authorized personnel or agencies may receive distribution of copies.
- b. DD Form 2808 and DD Form 2807-1—
 - (1) All remaining military examinations, to include, examinations to attend special schools, permanent separation from the military, and retirement use the DD Form 2808 and DD Form 2807-1. Medical examinations/histories accomplished in accordance with this chapter are valid. Military medical examinations, other than those conducted at U.S. Military Entrance Processing Command (USMEPCOM), do not require the DD Form 2807-2 (Medical Prescreen of Medical History Report).
 - (2) When completing DD 2808 and DD 2807-1, the examining facility, and either the Soldier's electronic permanent health record (in accordance with AR 40-66), or outpatient treatment record retains a copy of each document. Legible and permanent copies reproduced from signed copies are acceptable for any purpose unless specifically prohibited by the applicable regulation. Only authorized personnel or agencies may receive distribution of copies.

5-6. Documentary medical evidence

- a. Documentary medical evidence can provide a broader understanding of an individual's medical history, level of function and readiness. Examining entities encourage the use of documentary medical evidence to increase clarity and accuracy in the medical examinations. An examiner, or his or her representative, may submit documentary medical records and other documents prepared by physicians or other individuals as evidence of the presence, absence, or treatment of a defect or disease. This evidence receives due consideration by the examiner(s).
- b. Reports of consultation and medical documentation of special tests are documentary medical evidence.
- c. The examining or reviewing entities append each piece of documentary medical evidence received to:
 - (1) Each copy of the DD Form 2808 with annotation in the summary of defects or the originating PHA with annotation in the medical progress note.
 - (2) Scan into the Soldier's EHR, or STR progress note.

5-7. Facilities and examiners

- a. Physicians, PAs, and nurse practitioners may perform medical examinations of any type except where specific requirement exists for the examination to be conducted by a physician qualified in a specialty. Optometrists, audiologists, and podiatrists, properly qualified by appropriate training and experience, may accomplish the aspects of the medical

examination within their field and sign the report of medical examination (DD Form 2808) documenting those portions of the examination. In all cases, the profiling provider signs the report of medical examination in block 81 of the DD 2808.

b. In general, facilities of the Armed Forces, using military medical officers on Active or Reserve Duty, or full-time or part-time civilian employee physicians, with the assistance of dentists, PAs, nurse practitioners, optometrists, audiologists, and podiatrists complete Army medical examinations and PHAs. Contract agreements with civilian or Department of Veterans Affairs facilities, to perform military medical examinations, PHAs, or SHPEs establish an overseeing Army MTF or Reserve Command. (See table 5–1 for SHPE qualification categories.) This ensures review to assess the contracted medical examinations that uphold medical retention standards in AR 40–501. Military physicians and credentialed health care providers familiar with these standards will make accurate and competent retention determinations. Soldiers have to be medically fit for retention, retirement, or non-DES separation. Profiling providers accurately, clearly, and concisely complete the DA Form 3349 to describe the capabilities and any functional limitations identified in the examination. If the Soldier's condition does not meet retention standards, they enter the DES process as described in AR 635–40.

c. The DOD Medical Examination Review Board (DODMERB) conducts and coordinates the medical examinations for qualification and admission to the USMA, the U.S. Naval Academy, the U.S. Air Force Academy, and the respective preparatory schools. DODMERB also conducts and coordinates the examinations for the University of Health Sciences. These students may complete their accession lab requirements at their AMEDD Direct Commission Course. All other entities must complete a memorandum of understanding with DHA to describe the process for completing the accession lab requirements.

Table 5–1
Summary of separation history and physical exam qualification categories

Soldier	SHPE required	Notes
Active Component (AC) or Active Guard and Reserve	Yes	The SHPE must be completed prior to separation from active duty. Not filing claim: Complete the SHPE at an MTF or by DOD-contracted services. Filing claim: No later than 90 days prior to date of separation from active duty, complete the separation exam with the VA when possible. Soldiers who separate from overseas locations should refer to the Services for SHPE location and timing.
RC separating after ≥ 180 days of continuous service on active duty (AD) orders or RC separating with ≥ 30 days of continuous service on AD orders in support of a contingency operation	Yes	Not filing claim: Complete the SHPE at an MTF or by DOD-contracted services prior to separation from active duty. Filing claim: Complete the separation exam with the VA when possible. The SHA must be completed prior to separation from active duty. When conducted by the VA, a separation exam up to 180 days prior to the date of separation from active duty is acceptable. In accordance with DODI 6040.46, Paragraph 3.3, a DOD official must review the VA performed exam and make an entry into the STR. The presence of this entry must be validated as current no more than 30 days prior to the date of separation from active duty, consistent with separation processing procedures of the military department concerned.
USCG	Yes	Complete SHPE at a cognizant USCG, MTF, or VA medical facility. When assigned to Navy, follow Navy procedures.
RC separating after 30 to 179 days of continuous service on AD orders or RC separating with ≤ 30 days of continuous service on AD orders in support of a contingency operation	No	Document health status and complete a medical assessment prior to separation from active duty.
Potentially unfit for continued military service	No	Refer to the DES or IDES. DES examinations meet the SHPE requirement.
Other: Not under control of secretaries (for example, unauthorized absences or civilian incarceration)	No	Commands should request waiver through HRC to HQDA DCS, G–1, or his or her deleguee. Memos must include: 1. "In accordance with DODI 6040.46, Separation History and Physical Examination (SHPE) for the DOD Separation Health Assessment (SHA) Program, dated 14 April 2016, I hereby request a waiver for the requirement of a SHPE in the separation action pertaining to Rank Name under AR 635–200, paragraph XX." 2. Brief reason why SHPE is not capable of being done. 3. Point of contact for this memorandum A copy of this request and the approved waiver must be included in the Soldier's EHR/STR.

5–8. Hospitalization

AR 40–400 authorizes hospitalization if necessary for evaluation in connection with a medical examination or PHA.

5–9. Objectives of medical examinations

The objectives of military medical examinations and periodic health assessments are to provide information to:

- Assess the Soldier's medical readiness status and to update the IMR status.
- Review PULHES and update any profiles.
- Inform the individual of modifiable health risks and to identify potential lifestyle modifications.
- Identify an injury or illness that requires treatment or has readiness implications.
- Meet administrative and legal requirements.

f. Update information on current medical conditions, medications, readiness, duty, or deployment-limiting conditions and determine if a Soldier meets medical retention standards.

g. Determine an individual Soldier's permanent medical non-deployment status risk and health indicator trends by reviewing the MRAT 24-Month Trend Tool.

5–10. Scope of medical examinations

a. The scope of a medical examination conforms to the intended use of the examination. The medical examination routine describes each abnormality, whether or not it affects the examinee's medical fitness to perform military duty. The designated sections on the DD Form 2807–1 and DD Form 2808 annotate all symptoms and diagnoses. DD Form 2807–2 is used in the accessions process. Chapter 6 describes the details of specific examinations and completing the medical examination forms.

b. AR 601–270 describes the administrative procedures pertaining to procurement medical examinations conducted at MEPS. DODI 6130.03 (Medical Standards for Appointment, Enlistment, or Induction in the Military Services) and AR 40–501 provide the standards for procurement exams. describes the processes of appointment of commissioned and warrant officers of the Army.

c. For procedures pertaining to enrollment in the Army ROTC, see AR 145–1.

d. For procedures pertaining to USMA and ROTC Scholarship applicants.

e. Medical examinations for airborne qualification on DD Form 2351 (DOD Medical Examination Review Board (DODMERB) Report of Medical Examination), or DD Form 2808 are valid for 24 months from the date of medical examination. If the examination is older than 2 years, applicants for airborne school must have a current PHA noting any known change in their medical condition since the last examination. A credentialed profiling provider reviews any clinical changes with duty limitations, to ensure the Soldier meets airborne school medical standards.

f. Medical examinations are valid for 24 months from completion date of medical examination until the start date for all U.S. Army John F. Kennedy Special Warfare Center and School (USAJFKSWCS) schools. This includes Special Forces Assessment and Selection; Special Forces, Civil Affairs (CA) and Psychological Operations training; Military Free Fall (MFF); Special Forces/Ranger Combat Diver; and Survival, Evasion, Resistance, and Escape (SERE) training. Military Free Fall Jumpmaster, Dive Supervisor, and Diving Medical Technician (DMT) training are not initial qualification courses. As such, these courses only require a current MFF/Combat Diver Qualification Course (CDQC) physical valid for the period specified in 6–3. Candidates for DMT, not on dive status, require an initial combat diver physical to attend this school.

g. The provisions of paragraphs 5–11 through 5–16 and paragraph 6–2 apply to flying duty medical examinations (FDME), flying duty health screenings (FDHS), and aeromedical summaries for Army aircrew to include unmanned aircraft system (UAS) operators and ATCs. This includes Active Army, Reserves, ARNG, Department of the Army Civilians (DAC), and contract civilians under employment by the DA or firms under contract to the DA. The FDME and FDHS are performed for occupational and preventive medicine purposes to promote and preserve the fitness, medical readiness, and safety of aviation personnel and resources.

h. For all flying classes, evaluation of each disqualifying defect or condition determines if it—

- (1) Is progressive.
- (2) Is subject to aggravation by military service.
- (3) Precludes satisfactory completion of training and/or military service.
- (4) Constitutes an undue hazard to the individual or to others.

i. Aeromedical health care providers consider the factors involved in the use of medicines (Aeromedical Policy Letters (APL), Medications) for treatment of the condition and determine if—

- (1) The medication is effective without aeromedically significant side effects.
- (2) There is a problem with medication compliance.
- (3) The medication is readily available during mobilization.
- (4) The medication does not mask symptoms subject to acute incapacitation or complications in the aviation environment.

j. The aeromedical health care provider considers whether continued flying duty may—

- (1) Compromise personal health.
- (2) Pose a risk to aviation safety.
- (3) Jeopardize mission completion.
- (4) Result in medical limitations that may affect deployment status.

5–11. Aviation administration definitions

a. AR 600–105 (Aviation Service of Rated Army Officers) and AR 600–106 (Flying Status for Nonrated Army Aviation Personnel) provide additional definitions and policies pertaining to aviation duties.

b. The term aircrew duties, when used in this chapter, refer to and are interchangeable with, ATC duties, aviation service, flying status, flight status, UAS operator duties, and flying duty.

c. The terms aircrew and aircrew member are interchangeable and refer to personnel who are in, or graduated from, corresponding aviation, aeromedical, UAS, or ATC training programs.

d. Flight surgeons (FS), aeromedical physician assistants (APA), and aviation medicine nurse practitioners (AMNP) are licensed health care providers awarded their respective aeronautical designation after graduation from a basic level U.S. military aviation medicine training program.

e. An aerospace medicine specialist is a FS who successfully completed a residency in aerospace medicine, or equivalent as determined by the American Board of Preventive Medicine, American Osteopathic Board of Preventive Medicine, or TSG.

f. An Army aeromedical examiner (AME) is a physician with sufficient aeromedical training to allow him or her to independently conduct FDMs and FDHSs, write aeromedical summaries, and issue DD Form 2992 (Medical Recommendation for Flying or Special Operational Duty). The Dean, School of Army Aviation Medicine (SAAM) or the Director, US Army Aeromedical Agency (USAAMA) validates and approves the aeromedical training. This term is distinct from Federal Aviation Administration (FAA) aeromedical examiners. FAA aeromedical examiners perform only FAA examinations.

g. The Aeromedical Consultants Advisory Panel (ACAP) is a panel of subject matter experts assembled by the USAAMA Director (either physically or virtually) designed to advise the director on such issues as precedent setting cases and policies. It is not a formal medical board such as a MEB or PEB. Its membership may be composed of senior Fort Rucker aviators, senior flight surgeons and medical specialists with various medical specialty credentials and other subject matter experts as necessary.

h. An Aeromedical Summary (AMS) is a medical information packet summarizing a case history and requesting waiver or suspension for one or more medical conditions. It is prepared by a FS, APA, AMNP, or AME and once properly reviewed, submitted by a FS or AME via the Aeromedical Electronic Resource Office (AERO) to USAAMA for review and disposition.

i. An aeromedical disqualification (DQ) is an unfitting medical condition for aircrew duties as prescribed in the accession and aeromedical standards published in AR 40–501.

j. AR 600–105 is central to the administration of rated aviators and flight surgeons and includes definitions and procedures for:

- (1) Definitions and procedures for temporary medical suspension.
- (2) Medical termination of aviation service.
- (3) Aeromedical waivers.
- (4) Return to aviation service after termination of aviation service.
- (5) Procedures for nonmedical disqualifications for aviation service.
- (6) Flying Evaluation Boards (FEB).
- (7) In-flight aeromedical evaluations.

k. Full flying duties (FFD) is a recommendation of medical fitness permitting aircrew duties as annotated by a FS, APA, AMNP, or AME on a DD Form 2992 (Medical Recommendation for Flying or Special Operational Duty).

l. Duties not including flying (DNIF) is a recommendation of medical unfitness prohibiting flying or ATC duties as annotated by a FS, APA, AMNP, or AME or other health care professional on a DD Form 2992.

m. Date of medical incapacitation (DOMI) is the date of definitive disqualifying medical condition determined by history, examination, or testing. This date is the basis for the effective date of medical termination from aviation service and may not always correspond with the date the local FS, APA, AMNP, or AME issued a DNIF on a DD Form 2992.

n. The AERO is a web based system for recording and tracking flight physicals and aeromedical summaries. The FS, APA, AMNP, or AME creates and submits FDMs, FDHSs, and AMSs in AERO. USAAMA dispositions the FDMs and FDHSs and makes a final recommendation for all AMSs to the aeromedical waiver authority who then grants or denies a waiver, using the AERO system. The AERO system allows service members to view and print their documents contained in the AERO system.

o. The Aviation Epidemiology Data Registry (AEDR) is an OTSG-directed Aeromedical database that migrates and achieves flight physical and aeromedical summary data from the AERO system.

5–12. Flying Duty Medical Examinations

a. U.S. military or civilian FS, APA, AMNP, or AMEs conduct initial FDMEs. Initial FDMEs meet the Army-specific administrative requirements for completion as outlined in the Aeromedical Technical Bulletins. The FS, APA, AMNP, or AME applies U.S. Army aeromedical standards from accession and aviation standards published in AR 40–501 and APLs to determine medical fitness for flying duty. The FDME is invalid and incomplete without the electronic or actual signature of a FS, APA, AMNP, or AME on the DD Form 2808 and DD Form 2807–1.

b. Trained FS, APA, AMNP, and AMEs conduct comprehensive FDMEs and Interim FDHSs for all Classes, when available. Any military, DAC, contract civilian physician or non-aeromedically trained PA or FNP may conduct the FDME when a FS, APA, AMNP, or AME is not available. Only a FS reviews and signs the DD Form 2808, Report of Medical Examination, and DD Form 2807–1 (Report of Medical History), or DA Form 4497 (Interim (Abbreviated) Flying Duty Medical Examination), prior to sending (either by mail (Director, USAAMA, Building 110, 6th Avenue, Fort Rucker, AL 36362) or Aeromedical Electronic Resource Office system (AERO)) to USAAMA for central review. When non-U.S. Army medical facilities perform a FDME, a FS, APA, AMNP, or AME conducts the FDME to meet the administrative requirements of that branch of the U.S. Armed Forces or host allied nation in accordance with STANAG 3526 (Interchangeability of NATO Aircrew Medical Categories), and AR 12–15 (Joint Security Cooperation Education and Training). The aeromedical cardiovascular screening program still applies. The FS, APA, AMNP, or AME must apply Army aeromedical standards from accession and aviation standards published in AR 40–501 for the determination of medical fitness for flying duties. If the DD Form 2808 and DD Form 2807–1 are not available when host allied nations perform FDMEs, the allied examiner completes in English the allied documents designed for the same purpose. Include a memorandum for record outlining the unusual circumstances with the FDME.

c. DAC or DA contract civilian health care providers with a previous military aeronautical rating of FS, APA, AMNP, or AME practicing in medical specialties other than aviation medicine may complete FDMEs if they meet credentialing requirements. The SAAM provides Army Aviation Medicine refresher training for FS, APA, AMNP, or AMEs to meet credentialing requirements. Other physicians and health care professionals sign the DD Form 2808 for the portions of the examination they accomplish. The FDME is invalid and incomplete without the signature of a FS, APA, AMNP, or AME on the DD Form 2808 and DD Form 2807–1 or DA Form 4497, and the USAAMA final review stamp on the DD Form 2808 or DA Form 4497.

d. APAs and AMNPs may conduct FDMEs and FDHSs and sign and submit directly to USAAMA for review and disposition, normal FDMEs and FDHSs meeting aeromedical class standards and FDMEs and FDHSs with existing waivers meeting annual waiver requirements.

e. APAs and AMNPs may not submit new disqualifications and those not meeting annual waiver requirements. These require the supervising FS review and co-sign prior to submission. In circumstances when the supervising FS is unavailable, APAs and AMNPs annotate same on DD Form 2808, Block 73, “Notes” or DA Form 4497 for USAAMA FS staff to assume that role.

f. MTFs complete additional tests, procedures, and consultations required to complete initial and annual FDMEs or FDHSs, and AMSs for all aircrew classes, to include civilians, active duty, and RC, when possible. MTF commanders or ARNG State Adjutant General’s Office may permit supplementary examinations from civilian medical sources to determine fitness for flying duty. These additional tests and consultations are not for the treatment or correction of disqualifying conditions even if such therapeutic interventions may result in the individual being qualified for flight. Conduct additional testing only to the extent required by annual waiver requirements, Aeromedical Policy Letter, or USAAMA Director to determine aeromedical fitness.

g. AERO is the primary method for entering and submitting FDME, FDHS, and AMS data.

h. Purpose, frequency, and period of validity of flying duty medical examinations:

(1) *Initial Flying Duty Medical Examinations (classes 1, 2, 2F/2P, 3, and 4).*

(a) Perform Initial FDMEs on applicants to determine aeromedical qualification for initial aviator, ATC, UAS operator or aviation medicine training, other aviation applicants for positions described in AR 600–105, inter-service transfer, transition from active duty to RC, for return to active duty if the break in service exceeds 12 months, and hiring into the DAC work force.

(b) All flight school applicants (class 1 FDMEs) must pass the Selection Instrument for Flight Training before initiating the FDME, and the aviation medicine clinic staff verifies a passing score.

(c) The results of Initial FDMEs are recorded on DD Form 2807–1 and DD Form 2808.

(d) The initial FDME is valid for a period of 18 months from the date of examination.

(e) Repeat initial FDMEs are required if the FDME expires while awaiting selection for or the start of initial aviator, UAS operator, ATC, or aeromedical training. The FDME must be valid and qualified by the Director, USAAMA before the applicant’s acceptance into and prior to arrival for any aviator, UAS operator, ATC, or aviation medicine training program.

(2) *Fort Rucker class 1 Flying Duty Medical Examination.* Class 1 aviator training program students must have a valid, approved initial class 1 FDME before acceptance into aviator training programs and upon arriving for flight training at Fort Rucker. Lyster Army Health Clinic will perform a Fort Rucker class 1 FDME before enrolling the student in flight training to revalidate that the student meets class 1 medical standards of fitness for flying duties. Repeat the entire Initial FDME if the Initial FDME is no longer valid. This physical is valid for up to 24 months to allow completion of the Flight Training programs. Upon graduation and PCS to the next duty station, the aviator completes a FDME or FDHS and birth month realignment, as prescribed in the Aeromedical Technical Bulletins and table 5–2.

(3) *Classes 2, 2F/2P, 3, and 4 validity.* Requirements are:

(a) Following the initial FDME, subsequent comprehensive FDMEs or interim FDHSs align with the aircrew member's birth month using table 5–2.

(b) *Comprehensive Flying Duty Medical Examination.*

1. Perform a comprehensive FDME on all classes of aircrew if there is no requirement for an Initial FDME or FDHS. Record the results of the Comprehensive FDME on DD Form 2808 and DD Form 2807–1. Report interim changes in medical history on DD Form 2807–1 if not previously documented on an AEDR Medical History Verification Report or Aeromedical Summary. Contract aircrew members (except ATC) are the exception when processed using FAA medical standards and forms. Perform the Comprehensive FDME every 5 years beginning with age 20, or as applicable, at ages 25, 30, 35, 40, and 45. Beginning at age 50, the requirement is for an annual comprehensive FDME.

2. Air crew members complete their FDME within 90 days (2 calendar months prior to the birth month plus the birth month) before the end of the birth month. The FDME is valid until the end of the next birth month.

3. Complete and submit a comprehensive FDME after any class A or B mishap.

4. Comprehensive FDMEs are also required for the following: Soldiers requesting a return to aviation service after termination, mishap, FEB, or a disqualifying illness or injury present for more than 365 days. Those terminated from aviation service and requesting a return to aviation service require a comprehensive FDME.

(c) *Interim Flying Duty Medical Examination/Flying Duty Health Screen.*

1. Perform the FDHS on all classes of aircrew if there is no requirement for an initial FDME or comprehensive FDME. Record the results of the FDHS on DA Form 4497 or DD Form 2808 with identified blocks specific for FDHS completion. Report interim changes in medical history on DD Form 2807–1 if not previously documented on an AEDR Medical History Verification Report or Aeromedical Summary.

2. Aircrew members complete their FDHS within 90 days (2 calendar months prior to the birth month plus the birth month) before the end of the birth month. The FDHS is valid until the end of the next birth month.

(d) *Rated aviators in aviation service.* AR 600–105 requires rated aviators not performing operational flying duties to complete an annual FDME or FDHS, to the standards of AR 40–501, with issuance of a DD Form 2992.

(e) *Retirement.* If an FDME is required within 90 days of retirement from Federal service, it will be a comprehensive FDME to include all required components of the SHPE described in chapter 6. The requirement for completion of a SHPE prior to active duty separation is all retiring active duty Soldiers, and RC Soldiers either on active duty orders greater than 180 days or on contingency operations for more than 30 days. Although not otherwise eligible for a SHPE, RC members not on active duty and civilian aircrew members eligible for an FDME within 90 days of retirement should have a comprehensive FDME and ensure the evaluation meets all the requirements of a SHPE.

i. The requirement to perform FDMEs and FDHSs continues during training exercises or military mobilization unless TSG authorizes a suspension. Requests for authorization to suspend FDMEs proceed through the Director, USAAMA, who coordinates authorization with the OTSG aerospace medicine consultant (AMC).

j. Complete the FDME or FDHS to the extent the MTFs permit when aircrew are on duty or in mobilization at a station OCONUS with limited military medical facilities. Submit in the AERO system as deployed incomplete. If AERO is not available email or attach a cover letter to the FDME or FDHS addressed to Director, USAAMA, explaining the facility limitations. Accomplish the missing portions of the annual FDMEs and FDHSs within 90 days upon return to a station with adequate medical facilities. Align subsequent comprehensive or interim FDHSs with the aircrew member's birth month using table 5–2.

k. During certain missions without U.S. or allied military medical officer support (for example, special operations), the commander having custody of the field personnel files may defer the FDME until feasible. Annotate in the remarks section of the DD Form 2992 with an explanation of the deferment.

Table 5–2
Number of months for which a Flying Duty Medical Exam is valid

Month in which last FDME was given												
Birth month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Jan	12	11	10	9	8	7	18	17	16	15	14	13
Feb	13	12	11	10	9	8	7	18	17	16	15	14
Mar	14	13	12	11	10	9	8	7	18	17	16	15
Apr	15	14	13	12	11	10	9	8	7	18	17	16
May	16	15	14	13	12	11	10	9	8	7	18	17
Jun	17	16	15	14	13	12	11	10	9	8	7	18
Jul	18	17	16	15	14	13	12	11	10	9	8	7
Aug	7	18	17	16	15	14	13	12	11	10	9	8
Sep	8	7	18	17	16	15	14	13	12	11	10	9
Oct	9	8	7	18	17	16	15	14	13	12	11	10
Nov	10	9	8	7	18	17	16	15	14	13	12	11
Dec	11	10	9	8	7	18	17	16	15	14	13	12

Note: 1Read down the left column to the examinee's birth month; read across to month of last FDME; intersection number is the maximum validity period. When last FDME was within the 3-month period preceding the end of the birth month, the validity period will normally not exceed 15 months. When the last FDME was for entry into aviation training, for FEB, post-accident, post-hospitalization, pre-appointment (warrant officer candidate) and so forth, the validity period will range from 7 to 18 months. Validity periods may be extended, in accordance with paragraph 6–2f, by 1 month only for completion of an examination begun before the end of the birth month.

5–13. Review and disposition of Flying Duty Medical Examinations

a. Review. The aeromedical health care provider reviews the individual health record, FDME, and FDHS with, and counsels the examinee, regarding—

- (1) Conditions found during the FDME.
- (2) Continuing care, including annual waiver requirements, of conditions under treatment and/or waiver.
- (3) General preventive health education, including, but not limited to smoking, cholesterol control, weight control, drug, and alcohol abuse, and other high-risk behavior.
- (4) Profile status. The PULHES section of the DD Form 2808 and e-Profile will document the examinee's current PULHES profile status. Any changes to the PULHES must be done on a DA Form 3349 in e-Profile.

b. Class 1 and initial classes 2, 2F, 2P, 3, and 4. Completed FDMEs (originals of DD Form 2807–1, DD Form 2808, and other supporting documents) accomplished for application to aviation and aviation medicine training programs will proceed through the applicant's procurement chain of command, preferably via AERO, to Director, USAAMA for central aeromedical review and disposition. The FS's office must place a copy of the FDME and all enclosures in the electronic medical record or STR and retain a copy in the office for a minimum of 2 years for submissions that did not use AERO. The AERO serves as a repository for the information. In no case does the applicant, or other individuals not in the procurement chain of command, receive the originals. The Director, USAAMA, must make a final recommendation of fitness for flying duties before accepting and assigning initial applicants for aviator, UAS, ATC, and aviation medicine training programs.

c. Trained classes 2, 2F, 2P, 3, and 4. Completed FDMEs and FDHSs (DD Form 2808 and DD Form 2807–1 or DA 4497, other supporting documents, and, if applicable, Aeromedical Summary) is forwarded directly to the Director, USAAMA, for central aeromedical review and disposition. The FS's office must place a copy of the FDME or FDHS and all enclosures in the electronic medical record or STR and retain a copy in the office for a minimum of 2 years if submission is not accomplished via AERO. AERO serves as a repository for the information.

d. Tracking. The FS tracks FDMEs and FDHSs via AERO from initiation to final recommendation and/or disposition by USAAMA to include disposition by the waiver authority. The AERO report "My Submissions Stats" and other tools available support flight physical and waiver tracking. If disqualified, the flight surgeon and aviation unit take action, per AR 600–105 and AR 600–106.

e. Distribution of documentation. Waiver and suspension recommendation letters are documents shared between USAAMA and the waiver authority and do not belong in the flight record. Abbreviated waiver disposition letters generated by the waiver authority are filed in the individual flight record folder (IFRF). Health Insurance Portability and Accountability Act rules and regulations regarding protected health information are always respected.

5–14. Temporary medical suspension from aviation service**a. Temporary flying duties pending waiver.**

(1) For defects that will not preclude the safe and efficient performance of flying duties nor be aggravated by aviation duty or military mission, the local commander may permit an individual to continue performance of aviation duties pending completion of the formal waiver process and upon favorable recommendation for temporary FFD by the local FS, APA, AMNP, or AME.

(2) When used to recommend temporary flying duties, the remarks section of DD Form 2992 will reflect a limited length of time covered by the issued clearance, for example: “Temporary FFD, 90 days, pending receipt of waiver.”

b. Temporary medical suspension not pending waiver.

(1) Temporary aeromedical disqualifications that are minor, self-limited, and likely to result in requalification within 365 days require a temporary medical suspension restricting aircrew from flying duties. Examples include ankle sprain, acute rhinitis, gastroenteritis, and simple closed fracture.

(2) The FS, APA, AMNP, or AME consults a FS at USAAMA, or the major Army command’s aviation medicine consultants in the U.S. Army, Europe, or Korea, before issuing a DD Form 2992 in complex or questionable cases, when a temporary FFD is being considered. This includes but is not limited to:

(a) Severe coronary artery disease as manifested by angina, infarction, or stroke, or positive treadmill stress test.

(b) Seizures, either idiopathic or secondary.

(c) Cancer (except for skin).

(d) Class 4 drug use.

(e) Significant behavioral health disorders including substance use disorders and/or those requiring psychotropic medication.

(f) Any other disorder thought by FS to represent excessive aeromedical risk.

(3) The local FS, APA, AMNP, or AME evaluates all aircrew with possible aeromedical DQs identified by the aviator, immediate commander, FS, AMNP, or AME, or USAAMA. The FS, APA, AMNP, or AME follows the established standards of aeromedical care (this regulation, APLs, and ATB series).

(4) The FS, APA, AMNP, or AME recommends a date of medical incapacitation and recommend DNIF on DD Form 2992. Establishment of the DOMI is important to determine the 365 day period allowable for temporary aeromedical disqualifications. If the incapacitation persists beyond 365 days, it meets the criteria and requirements of permanent medical suspensions below. The immediate commander sets the date of medical incapacitation and impose the temporary medical suspension by approving the recommendation on the DD Form 2992.

(5) Aircrew under temporary medical suspension may not be assigned flying/UAS/ATC duties or operate the flight controls of a military aircraft. As an exception, the FS, APA, AMNP, or AME may recommend by DD Form 2992 that the Soldier operate flight simulators, perform ground run-up procedures, and/or undergo an aeromedical consultation with in-flight evaluation as appropriate. (See AR 600–105.)

(6) The immediate commander may remove the temporary medical suspension upon favorable recommendation by a FS, APA, AMNP, or AME by approving the recommendation on the DD Form 2992.

(7) Medical termination from aviation service (see para 5–15) is mandatory if the temporary medical suspension exists for greater than 365 days (AR 600–105). In this case, the temporary medical disqualification (DQ) becomes a permanent medical DQ. The FS, APA, AMNP, or AME notifies the immediate commander by a DD Form 2992 and forward an Aeromedical Summary to Director, USAAMA.

5–15. Permanent medical suspension from aviation service

a. Aeromedical disqualifications that are not likely to result in requalification within 365 days require medical termination from aviation service (permanent medical suspension). Issuance of orders for an aeromedical waiver by an aviation service aeromedical waiver authority authorizes continuation of flying duties.

b. The local FS, APA, AMNP, and AME thoroughly evaluate the disqualifying condition in accordance with applicable regulations and Aeromedical Policy Letters and make a preliminary determination of medical fitness for flying duty.

c. Upon verification of the condition, the FS, APA, AMNP, or AME will—

(1) Recommend a medical termination from aviation service (permanent medical suspension) on a DD Form 2992 and forward the notification to the immediate commander.

(2) The FS or AME sends an Aeromedical Summary recommending suspension and a date of medical incapacitation (DOMI) to Director, USAAMA.

d. The Director, USAAMA, makes final recommendations to the aviation service aeromedical waiver authority and recommend a—

(1) Date of medical incapacitation.

(2) Final aeromedical disposition.

- (a) Medical termination from aviation service; or
- (b) Aeromedical waiver for continuation of aviation service with the permanent aeromedical DQ; or
- (c) Requalification without aeromedical DQ ("For Information Only").
- e. In the case of concurrence with USAAMA's suspension recommendation, the aviation service aeromedical waiver authority—
 - (1) Establishes the date of medical incapacitation.
 - (2) Establishes the date of medical termination from aviation service and publish an order (in accordance with AR 600–8–105).
 - (3) Ensures any referral to the MAR2 or DES processes comply with AR 635–40. Civilian personnel regulations govern the management of DAC aircrew, and contract requirements govern the management of contract aircrew, though in both cases the waiver authority initiates personnel actions.

5–16. Aeromedical waiver and requalification

- a. In the case of permanent aeromedical disqualification, the aircrew member may request consideration for an aeromedical waiver for continued aviation service through a local FS, APA, AMNP, or AME.
- b. The FS, APA, AMNP, or AME completes an evaluation within the aeromedical standards of care (this regulation, APLs, and ATB series). The FS, APA, AMNP, or AME prepares an aeromedical summary, and the FS or AME reviews and forwards to Director, USAAMA.
- c. The Chief, Aeromedical Consultation Service—
 - (1) Reviews the case.
 - (2) Arranges or requests additional evaluation by aeromedical consultants, medical specialists, or flight evaluations (AR 600–105) as required.
 - (3) Requests ACAP evaluation if needed.
 - (4) Refers the case with recommendations to Director, USAAMA.
- d. The Director, USAAMA—
 - (1) Determines whether an aeromedical waiver is advisable and if so, defines specific flight restrictions and annual waiver requirements to maintain the waiver.
 - (2) Forwards final recommendations in the form of a waiver recommendation letter to the aviation service aeromedical waiver authority.
- e. The aviation service aeromedical waiver authority—
 - (1) Reviews the aeromedical recommendations and supportive enclosures, considers the needs of the U.S. Army, and makes a final determination to grant or deny an aeromedical waiver.
 - (2) Issues a waiver disposition letter to the aircrew member, either allowing continuation of aviation service with a waiver, or medically terminating aircrew member from aviation service (permanent medical suspension).
 - (3) Removes a waiver and all annual waiver requirements, if documentation supports the recommendation from the Director, USAAMA to rescind a waiver.
- f. The aircrew member acknowledges the waiver and, if applicable, restrictions and follow-up evaluation, in writing, to the aviation service aeromedical waiver authority. Failure to do so, or declining the waiver, results in a nonmedical disqualification due to dereliction of duty and may result in an FEB (AR 600–105).
- g. The FS, APA, AMNP, and AME may recommend amendments to the conditions for continuation or removal of waivers in effect, as required, by submitting written justification in an aeromedical summary along with supportive documents to the Director, USAAMA.
- h. Personnel who are dual-status (such as ARNG members and DACs) require a waiver or suspension action from each authority of assignment.
- i. Aviation service waiver authority contacts:
 - (1) For all classes of Active Army and USAR, or international military pilots and flight students of non-NATO or Partnership for Peace (PfP) countries: through Director, USAAMA (MCXY–AER), Fort Rucker, AL 36362–5333; for Commander, Army Human Resources Command (AHRC–EPB–T), 1600 Spearhead Division Ave., Room 2–1–021, Fort Knox, KY 40122. AERO is used for these transmissions.
 - (2) All Active Army or USAR FSs, APAs, and AMNPs: through Director, USAAMA (MCXY–AER), Fort Rucker, AL 36362–5333; for Commander, Army Human Resources Command (AHRC–OPH–C), 1600 Spearhead Division Ave, Dept. 250, Fort Knox, KY 40122. AERO is used for these transmissions.
 - (3) All classes of ARNG: through Director, USAAMA (MCXY–AER), Fort Rucker, AL 36362–5333; for Chief, National Guard Bureau (NGB–AVN–OP), 111 South George Mason Drive, Arlington, VA 22204–1382. AERO is used for these transmissions.

(4) For all classes of contract civilians falling under Army aeromedical standards and not FAA aeromedical standards for certification: through Director, USAAMA (MCXY–AER), Fort Rucker, AL 36362–5333; through the contracting officer representative, for the commanding general, or the commanding general’s designated the waiver authority, of the installation with the DA contract (usually the airfield commander or the command aviation officer of the installation with the DA contract; for example, at Fort Rucker, command aviation officer (DPT–AD), Fort Rucker, AL 36362–5333). The Contracting Office and the firm under contract to DA will receive the final determination.

(5) All classes of DAC: through Director, USAAMA (MCXY–AER), Fort Rucker, AL 36362–5333; through aviation unit commander; for the commanding general, or the commanding general’s designated waiver authority (usually the airfield commander or command aviation officer; for example, at Fort Rucker, command aviation officer (DPT–AD), Fort Rucker, AL 36362–5333). The local Civilian Personnel Office will receive the final determination.

j. An aircrew member with a medical termination (suspension) from aviation service may request aeromedical requalification if the medical DQ resolves or is no longer disqualifying due to policy or standard changes.

k. The procedure for requesting requalification is the same as the procedure for requesting an aeromedical waiver. Upon receipt of a favorable recommendation from Director, USAAMA the aviation service aeromedical waiver authority determines if requalification meets the needs of the Army, and if so, the waiver authority—

- (1) Publishes orders establishing date of the aeromedical requalification.
- (2) Publishes orders of assignment and travel.
- (3) Issues an administrative waiver if required.

5–17. Active duty for training, active duty for special work, annual training for Ready Reserves, and inactive duty training

a. Individuals on ADT/active duty operational support (ADOS; AC, RC, OP) for 30 days or less do not require medical examinations prior to separation unless there is clinical indication.

b. TPU/IMA Soldiers on AT for 30 days or less must have a current PHA and dental exam but are not required to undergo a specific medical examination prior to initiating orders unless there is clinical indication for the examination. IRR and Standby Active Soldiers are required to receive a PHA prior to reporting on AT orders. Army Human Resources Command Surgeon is the waiver authority for the required PHA prior to AT orders for IRR and Standby Active Soldiers.

c. An individual on ADT/ADOS (AC, RC, and OP) who incurs an injury during such training that may result in disability, or who alleges medical unfitness or disability, must complete a medical examination.

d. The medical retention standards contained in AR 40–501 describe the indications for referral into the DES.

5–18. Retiree recalls

A current (within the past 12 months) medical examination to include periodic health assessment, SHPE, or retirement medical examination meets requirements.

5–19. Health records

Medical examiners review the STR and/or EHR of each examinee, whether an examination is for relief from active duty, resignation, retirement, separation from the Service, or any other physical examination—to include exams done for schools, flight duties, and so forth—or as part of a PHA. The examiner notes any significant problems, patient education, and follow-up care on the DD Form 2766 (Adult Preventive and Chronic Care Flowsheet), as appropriate.

5–20. Mobilization of units and members of Reserve Components of the Army

Mobilization or call-up for war or contingency operations requires a current (within 12 months) PHA and pre-deployment health assessments. See paragraph 6–7 for separation examinations requirements.

5–21. Frequency of additional and alternate examinations

a. *Female examinations.* Examinations specific to females are no longer mandatory. Evidence-based women’s preventive health services remain important, and Soldiers should follow the clinical guidelines to ensure they receive optimal care. United States Preventative Services Task Force (USPSTF) recommendations include breast and cervical cytology screening examinations (see website for most current guidance: <http://www.uspreventiveservicestaskforce.org/page/name/recommendations>).

b. *Medical surveillance examinations.* The frequency of medical surveillance examinations varies according to job exposure. Annual or less frequent examinations are performed during the birth month. More frequent examinations are scheduled during the birth month and at appropriate intervals thereafter.

5-22. Deferment of examinations

a. Armywide or at specific installations. In circumstances requiring Armywide or installation deferment of periodic examinations (where conditions preclude doing periodic examinations or periodic health assessments due to resources requirements of other missions—for example, screening for mobilization or contingency operations, heavy casualties, and so on), submit requests for exceptions to policies deferring examinations to TSG (DASG-HCO, G-37, Medical Readiness, USARMY NCR HQDA OTSG List Medical Readiness, usarmy.ncr.hqda-otsg.list.medical-readiness@mail.mil).

b. Soldiers in isolated areas. Commanders of Soldiers stationed in isolated areas (specifically Army attachés, military missions, and military assistance advisory groups (MAAGs)) may delay periodic health assessments, where medical facilities are not available. Soldiers accomplish delayed periodic health assessments at the earliest opportunity in conjunction with leave, temporary duty, or on assignment or attachment to military installation with a medical facility. All health readiness platforms support these readiness requirements regardless of empanelment. Medical examination of such individuals for retirement purposes may not be delayed.

c. Other deferments. In exceptional circumstances, in the case of an individual Soldier, where conditions of the service preclude the accomplishment of the annual periodic health assessment, it may be deferred by direction of the commander having custody of personnel files until such time as its accomplishment becomes feasible. An appropriate entry explaining the deferment is made in the EHR or personnel file when such a situation exists.

5-23. Promotion

A complete annual PHA medically qualifies officers, warrant officers, and enlisted personnel, regardless of component, for promotion.

5-24. Miscellaneous medical examinations

a. Special Forces (SF), CA, Psychological Operations (PSYOPS), MFF parachutists, Special Forces/Ranger combat divers, survival, and SERE medical examinations. Entrance into SF, CA, PSYOPS, MFF, Special Forces/Ranger Combat Diver, and SERE training is only be accomplished after meeting the medical fitness standards documented by completing the appropriate physical exam.

b. Certain geographic areas.

(1) On alert or order for assignment to the system of Army attachés, military missions, MAAGs, or to isolated areas, the commander of the station of assignment refers the individual and his or her dependents, if any, to the medical facility of the command.

(2) The physician of the facility carefully reviews the health records and other available medical records of incoming personnel and dependents. Medical fitness standards and factors to consider in the evaluation are contained in chapter 7 of this DA Pam and in AR 40-501. Reviewing the medical records and personally interviewing the individuals provides pertinent information about their health. The credentialed health care provider will consider such other factors as length of time since the last PHA or medical examination, age, and the physical adaptability of the individual to the new area.

(3) After review of the clinical records and pertinent discussion, the credentialed health care provider will determine the necessity of a complete medical examination and support accomplishment.

(4) The commander will ensure complete medical evaluations and qualification prior to the individual's departure from his or her home station.

(5) If, as a result of their review of available medical records, discussion with the individual, and findings of the medical examination, the physician finds the individual medically qualified in every respect to include established combatant command guidance, *and* qualified to meet the conditions encountered in the area of contemplated assignment, the physician will complete and sign DA Form 3083 (Medical Examination for Certain Geographical Areas), prior to a permanent change of station. The completing health care providers will ensure documentation of this statement in the health record or outpatient record (AR 40-66), the EHR, and provide a copy to the originating commander.

(6) Screening of all family members will follow the procedures prescribed in AR 608-75. If any family member meets the criteria for enrollment in the Exceptional Family Member Program (EFMP), assignment coordination with appropriate medical and educational representatives will determine the availability of identified required services. If the projected assignment area cannot meet the medical needs, the medical representative will recommend disapproval of accompanied family travel. The examiner will not disclose the cause of the disqualification of a dependent to the commander without the consent of the dependent, and the parent, if the disqualification relates to a minor. If the Soldier or dependent has a temporary disqualification, the evaluating credentialed health care provider will schedule a reexamination following resolution of the condition and apprise the commander.

(7) If the disqualification of the Soldier is permanent or if it is determined that the disqualifying condition will be present for an extended period of time, the physician must refer the Soldier to an MEB if the Soldier does not meet medical retention standards. The DA Form 3349 in e-Profile will be completed outlining specific limitations.

c. Potential rabies exposure examinations. The frequency of potential rabies exposure examinations varies according to exposure. Document the examination on the DD Form 2341 (Report of Animal Bite – Potential Exposure) to collect information necessary to record the history and assessment of rabies risk to a person who was potentially exposed to rabies through an animal bite or other route (that is, bat in a bedroom or dormitory), and to record exam observations, animal laboratory findings, disposition results, and follow-up care for that person.

5–25. Cardiovascular Screening Program

The Cardiovascular Screening Program (CVSP) required in AR 40–502 may be completed in association with a PHA or routine care. All screening is to be accomplished in accordance with the USPSTF A and B level recommendations for each Solider.

5–26. Army Approved Auditory Fitness for Duty Test for H–3 profile Soldiers

a. Audiologists at all Army facilities will use the MOHT to assess all Soldiers with projected H–3 profiles to determine actual profile category and to provide recommendations concerning functional hearing limitations that might have negative operational impacts. The MOHT will be administered by audiologists, trained ear, nose, and throat specialists (MOS 68U), or trained civilian technicians in a sound treated room, under earphones without use of hearing aids.

b. The Soldier's score on the MOHT, along with the audiogram, will be used to determine an appropriate profile category and administrative recommendations based on the procedure in table 4–2.

c. The recommendations concerning operational impacts of hearing loss should be made to MAR2 and MEBs and considered when completing the physical profile assignment limitations on DA Form 3349 in the EHR. The recommendations provide appropriate information for medical and administrative boards to make a final determination.

Chapter 6

Medical Examinations—Forms and Specified Exams

6–1. General

a. This chapter describes the procedure for ensuring complete and accurate documentation of various medical examinations.

b. DD Form 2992 is the outcome of the FDME process and describes the flying duty recommendations to the commander.

c. The DD Form 2808 will document the results of a medical examination for most purposes. AR 40–29 describes the use of DODMERB forms for specific accession evaluations.

d. The annual periodic health assessment is the medical readiness screening tool for all Soldiers. The DOD PHA is completed electronically within the Medical Readiness Portal within MODS.

e. The separation health physical examination (SHPE) is described in para 6–7.

6–2. DD Form 2992 use

a. DD Form 2992 (Medical Recommendation for Flying or Special Operational Duty) is an official, non-medical document used by the aeromedical provider (FS, APA, AMNP, and AME) to communicate with the aviation commander. It reports the aeromedical readiness status of, and recommends aeromedical fitness for, all classes of military and civilian aircrew duties (except contractors using FAA forms).

b. Complete the DD Form 2992—

(1) After the completion of an FDME or FDHS.

(2) After an aircraft mishap.

(3) After an FEB.

(4) When reporting to a new duty station or upon assignment to operational flying duty.

(5) When admitted to and discharged from any medical or dental treatment facility (inpatient or outpatient, military or civilian), or sick in quarters.

(6) When treated by a health care professional other than a military FS, APA, AMNP, or AME without authorization to issue a DD Form 2992.

(7) Upon return to flight status after termination of temporary medical suspension, issuance of waiver for aviation service, or requalification after medical or nonmedical termination of aviation service.

(8) Other occasions as required by the FS, APA, AMNP, or AME or command.

c. AR 600–105 requires rated aviators not performing operational flying duties to complete an annual FDME or FDHS with issuance of a DD Form 2992.

d. The aeromedical health care provider completes three copies of the DD Form 2992.

(1) Place copy 1 in the outpatient medical record (to include uploading into the EHR).

(2) Forward copy 2 to the examinee's unit commander who signs and forwards it to the flight operations officer for inclusion in the flight records (TC 3–04.11 para 6–23).

(3) Provide copy 3 to the examinee for their records.

e. If the local FS, APA, AMNP, or AME finds the examinee qualified for flying duty, in accordance with the accession and aviation standards of AR 40–501, then issuance of the DD Form 2992 will constitute an aeromedical recommendation for flying duty pending final review of the FDME or FDHS by USAAMA. If the examinee requires a waiver, and local FS, APA, AMNP, or AME finds the examinee qualified for flying duty, in accordance with the accession and aviation standards of AR 40–501, then issuance of the DD Form 2992 will constitute an aeromedical recommendation for flying duty pending the approval by the appropriate aviation service aeromedical waiver authority. The aeromedical clearance will expire when the current FDME or FDHS is no longer valid. The unit commander is the approval authority for all aeromedical recommendations on the DD Form 2992.

f. During their birth month, the aircrew member may request an extension of the validity period of a current FDME or FDHS for a period of 1 calendar month after the birth month. The aeromedical provider does not have to support the request, and the commander does not have to authorize an extension. If the extension expires, the aircrew member must complete the FDME or FDHS with one of the following three dispositions:

(1) Found medically qualified and returned to FFD.

(2) Administratively restricted from flying duties if no aeromedical DQ exists and be considered for a non-medical DQ and FEB as described in AR 600–105.

(3) Medically restricted from flying duties if an aeromedical DQ exists. In some cases, temporary flying duties may be recommended on a DD Form 2992.

g. Personnel authorized to sign the DD Form 2992 are as follows:

(1) Any physician or health care provider may sign a DD Form 2992 for the purpose of restricting aircrew from aviation duties when an aeromedical DQ exists.

(2) A FS, APA, AMNP, and AME may sign the DD Form 2992 to return aircrew to FFD. Annotate recommended restrictions in the remarks block of a DD Form 2992.

(3) A non-aeromedically trained health care provider under the supervision of a FS may sign the DD Form 2992 to recommend returning aircrew to FFD when a FS is not locally available by obtaining case-by-case telehealth guidance from a FS, documenting the name of the consulted FS on the DD Form 2992, and in the EHR.

h. When host allied nations provide aeromedical support and a DD Form 2992 is not available, the Army will accept host or allied nations' forms designed for the same purpose.

i. Contract aircrew using FAA for aeromedical certification must possess the applicable FAA Form 8500–9, Aviation Medical Exam, in lieu of a DD Form 2992.

6–3. DD Form 2808 (Report of Medical Examination)

a. *Required forms.* The required form for all Army military medical examinations (not used for the PHA) is DD Form 2808. The electronic DD Form 2808 is available to users at <http://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2808.pdf>, supersedes the paper version of the form, and will be utilized whenever available. The "Laboratory Findings" section of this form may not contain enough space to include all required tests. If additional space is needed, the "Notes" section in box 73 may be used for that purpose. MTFs should use standard overprints, stamps, and so forth, in box 73 for that purpose. Table 6–1 contains model entries and explanatory notes for every box on the DD Form 2808. All examinations do NOT require all items.

b. *All examinations.* All Army military medical examinations require the following items. Additional items may be clinically indicated. See paragraphs c through g below for additional items required for special examinations. The box number from the DD Form 2808 that corresponds to the appropriate item to be completed is listed following each item.

(1) *Administrative data.*

(a) Date of examination (box 1).

(b) SSN and/or DOD ID per direction (box 2).

(c) Name of examinee (box 3).

(d) Home address; current address, not "home of record" if different (box 4).

(e) Home or contact information to include telephone number (box 5).

(f) Grade/rank (box 6).

(g) Date of birth (box 7).

(h) Age (box 8).

(i) Sex (box 9).

- (j) Race and ethnic categories (box 10).
- (k) Service (box 15a).
- (l) Component (box 15b).
- (m) Purpose of exam (box 15c).
- (n) Name of examining facility (box 16).
- (o) The Soldier's name, SSN, and/or DOD ID, per direction will also be completed on the top of all pages with entries for this information on the DD Form 2808.

(2) *Clinical evaluation section (boxes 17 through 42).* This includes examination of head, face, neck, scalp, nose, sinuses, mouth, throat, ears (drums), eyes (includes ophthalmoscopy), heart, lungs, vascular system, anus, abdomen, upper and lower extremities, feet, spine, skin, breast exam, neurologic exam, and testicular exam on males. (All examinations do not require rectal exams, and pelvic exams on females.)

(3) *Dental defects and disease.* This is usually completed by a physician, PA, or nurse practitioner who will be noting any obvious gross abnormalities. This does not replace the dental examination by a dentist required in AR 40–3. The physician, PA, or nurse practitioner may check the box acceptable or unacceptable but are not authorized to attribute a dental class. Only a dentist will assign a dental “class” after a dental examination as described in AR 40–3.

(4) *Notes section (box 44).* Area to explain any abnormalities and to indicate the dental exam is not performed by a dentist.

(5) *Urinalysis for albumin and sugar (boxes 45a and 45b).*

(6) *Miscellaneous measurements.* Height (box 53), weight (box 54), temperature (box 56), pulse (box 57), blood pressure (box 58a), distant vision (box 61), near vision (box 63), and audiometer results (box 71a).

(7) *Qualification for service (box 74a).* For separation and retirement exams, qualification is based on whether the examinee meets the medical retention standards of chapter 3.

(8) *Physical profile (box 74b).* This section does not replace the requirements for a DA Form 3349 in e-Profile as described in chapter 4.

(9) *Summary of defects (box 77).*

(10) *Recommendations (box 78).*

(11) *Name and signatures of examining physician, PA, or nurse practitioner (boxes 81a and 81b), and of examining or approving physician (boxes 82a and 82b or 84a and 84b).*

(12) *Date examination completed.* This is entered in box 85c.

c. *Initial examinations for appointment, enlistment, or induction.* In addition to the items listed for “All Examinations” (paragraph b above), the following items are required. (See AR 40–29 for DODMERB exams.)

Note. MEPCOM will provide instructions to the MEPS on completion of the required forms for Army applicants. These instructions will include additional items on the DD Form 2808 that are used solely by the MEPS (for example, boxes 75, 79, and 80).

- (1) Pregnancy testing on female applicants (box 46).
- (2) HIV testing (box 49). See AR 600–110.
- (3) Drug and alcohol test. USMA Superintendent and the Cadet Command will develop and maintain their testing policies to complete the DODMERB physical for accession and commissioning (boxes 50 and 51).
- (4) Chest x-ray result, if clinically indicated (record in box 73).
- (5) Color vision (record results in box 66).

d. *Examinations for the U.S. Army Special Operations Command (USASOC) and U.S. Army John F. Kennedy Special Warfare Center and School (USAJFKSWCS) to include Special Forces, Civil Affairs, Psychological Operations, SERE, MFF, Special Forces/Ranger Combat Diver.* In addition to the items listed for “All Examinations” (paragraphs b(1), (2), (3), and (4) above), these exams require the following items (laboratory and other studies must be completed within 3 months of the physical examination and the physical examination must be dated within 2 years of the class start date to be valid):

- (1) Laboratory tests–
 - (a) Urinalysis for albumin and sugar, all exams (boxes 45a and 45b).
 - (b) CBC-complete blood count [HGB/HCT (box 47), WBC, platelet count (box 73)].
 - (c) HIV (box 49).
 - (d) Urine specific gravity and urine microscopic, all exams (record in box 52c).
 - (e) Blood type, *initial exam only; do not repeat.*
 - (f) Sick Cell Screen, *initial exam only; do not repeat*, must document existing results (record in box 73).
 - (g) Glucose-6-phosphate dehydrogenase, *initial exam only; do not repeat*, may document existing results (record in box 73).

(h) Complete cholesterol results to include: total cholesterol, LDL, High-density lipoprotein (HDL), and Triglycerides (record in box 73).

(i) Occult blood, age 40 and older (record in box 73).

(j) Prostate Specific Antigen test (PSA) for males age 50 and older (record in box 73).

(2) Miscellaneous measurements—

(a) Height (record in box 53).

(b) Weight (record in box 54).

(c) Pulse (record in box 57).

(d) Blood pressure (record in box 58a).

(3) Vision requirements.

(a) Distance vision (record in box 61).

(b) Near vision (record in box 63).

(c) Color vision, *not* required for CA, PSYOPS, and CST unless also attending Airborne School (record in boxes 59 and 66).

(d) Intraocular pressure measurement (record in box 70).

(e) Visual fields (record in box 68).

(f) Night vision (record in box 69).

(g) Refraction. If vision does not correct to 20/20 in each eye with spectacles or contact lenses, or if uncorrected vision is worse than 20/100 in either eye, not required for SERE (record in box 62).

(h) Pre-surgical refraction for anyone who has had PRK, LASEK, or LASIK or implantable collamer lens (ICL) (record in box 73).

(4) Audiometer results (record in box 71a).

(5) Valsalva (record in box 72b.).

(6) Chest x-ray (PA/LAT) signed by radiologist, *not* required for CA, PSYOPS, unless indicated by current or past clinical history (record in box 73).

(7) Electrocardiogram (ECG) (record in box 73). Include actual ECG with physical examination.

(8) Tuberculin purified protein derivative (PPD) or tuberculin skin test (TST) (record in box 73).

(9) Dental examination by a dentist, *not* required for CA, PSYOPS, and CST unless indication of active clinical dental disease.

(10) “I am informing the examining health care provider of any changes in my health since my last physical examination” (record in box 73).

(11) Cardiac statement: “I have never experienced sudden loss of consciousness due to physical exertion, and I have no family history of sudden cardiac death” (record in box 73).

(12) SERE statement: “I have no fear of heights, depths, dark, or confined spaces” (record in box 73).

(13) Documentation of a neurological examination in block 42 to include mental status, cranial nerves, motor, sensory, coordination, and deep tendon reflexes.

(14) All female candidates to USASOC and USAJFKWCS schools must complete the following *in addition* to the above:

(a) HCG required within 30 days of course attendance.

(b) Papanicolaou’s (Pap) test within the last 12 months, if over age 21, INITIAL EXAM ONLY. Frequency of ongoing women’s health examinations is in accordance with the American Congress of Obstetricians and Gynecologists (ACOG) guidelines. See current guidelines at <http://www.acog.org>.

(c) Mammogram in accordance with the American Congress of Obstetricians and Gynecologists (ACOG) guidelines. See current guidelines at <http://www.acog.org>.

(15) Qualification for service (record in box 74a).

(16) Summary of defects (record in box 77).

(17) Recommendations (record in box 78).

(18) Name and signatures of examining health care provider with date examination completed (record in boxes 81a and 81b).

e. Examination for Engineer Diving (MOS 12D). In addition to the items listed in “All Examinations” (paragraphs b(1), (2), (3), and (4) above), these exams require the following items (complete laboratory, immunizations, and other studies must be within 3 months of the medical examination):

(1) Laboratory tests:

(a) Urinalysis for albumin and sugar (boxes 45a and 45b).

(b) CBC-complete blood count [HGB/HCT (box 47), WBC, platelet count (box 73)].

(c) HIV and Hepatitis C (HCV) (box 49).

- (d) Urine specific gravity, urine microscopic, and dipstick (record in box 52c).
- (e) Blood type. *Initial exam only; do not repeat.*
- (f) Sick Cell Screen. *Initial exam only; do not repeat.* May document existing results (record in box 73).
- (g) Glucose-6-phosphate dehydrogenase. *Initial exam only; do not repeat.* May document existing results (record in box 73).
- (h) Complete cholesterol results (fasting lipid panel) to include: total cholesterol, LDL, HDL, and triglycerides (record in box 73).
- (i) Fasting blood glucose and A1C (record in box 73).
- (j) Occult blood, age 40 and older (record in box 73).
- (k) Prostate Specific Antigen test (PSA), males age 40 and older (record in box 73).
- (2) Miscellaneous measurements.
 - (a) Height (record in box 53).
 - (b) Weight (record in box 54).
 - (c) Pulse (record in box 57).
 - (d) Blood pressure (record in box 58a).
- (3) Vision requirements.
 - (a) Distance vision (record in box 61).
 - (b) Near vision (record in box 63).
 - (c) Color vision (record number correctly identified (as applies) and “pass/fail” in boxes 59 and 66).
 - (d) Intraocular pressure measurement (record in box 70).
 - (e) Visual fields (record in box 68).
 - (f) Night vision (record in box 69).
 - (g) Refraction. If vision does not correct to 20/20 in each eye with spectacles or contact lenses, or if uncorrected vision is worse than 20/100 in either eye (not required for SERE) does not qualify (record in box 62).
 - (h) Distant visual acuity that does not correct to 20/20 in both eyes with spectacle lenses does not qualify. Any refractive error in spherical equivalent of worse than plus or minus 8 diopters does not qualify (record in box 62).
 - (i) Pre-surgical refraction for anyone who has had PRK, LASED, or LASIK (record in box 73).
- (4) Audiometer results (record in box 71a).
- (5) Valsalva (record in box 72b).
- (6) Chest x-ray (PA/LAT) signed by radiologist (record in box 73).
- (7) ECG (record in box 73); include actual ECG with physical examination.
- (8) PPD or TST.
- (9) Hepatitis A and Hepatitis B complete series or the Hepatitis A/Hepatitis B combined vaccine (Twinrix), unless identified as Medically Immune. All other immunizations must be up to date and documented on the MEDPROS 2766C printout to be included with physical examination (record in box 73).
- (10) Dental examination by a dentist or a FS, APA, AMNP, or AME.
- (11) Add AR 40–8 statement: “I understand I must be cleared by a FS, APA, AMNP, or AME after hospitalization or sick quarters (IAW AR 600–105), or after treatment or activities which may require restriction (IAW AR 40–8). I am informing the examining health care provider of any changes in my health since my last physical examination” (record in box 73).
- (12) Cardiac statement: “I have never experienced sudden loss of consciousness due to physical exertion, and I have no family history of sudden cardiac death” (record in box 73).
- (13) SERE statement: “I have no fear of heights, depths, dark, or confined spaces” (record in box 73).
- (14) Documentation of a neurological examination in block 42 to include mental status, cranial nerves, motor, sensory, coordination, and deep tendon reflexes. For engineer divers (MOS 12D), the required neurological examination is outlined in the Navy Dive Manual.
- (15) All females must complete the following in addition to the above:
 - (a) PAP test within the last 12 months, if over age 21, *initial exam only*. Frequency of ongoing women’s health examinations is in accordance with the American Congress of Obstetricians and Gynecologists (ACOG) guidelines. See current guidelines at <http://www.acog.org/>.
 - (b) Mammogram in accordance with the American Congress of Obstetricians and Gynecologists (ACOG) guidelines. See current guidelines at <http://www.acog.org/>.
 - (c) Women’s health exam may be transcribed. May annotate from medical records.
- (16) Qualification for service (record in box 74a).
- (17) Summary of defects (record in box 77).
- (18) Recommendations (record in box 78).

(19) Name and signatures of examining health care provider with date examination completed (record in boxes 81a and 81b).

f. Flying duty medical examinations. See Aeromedical Technical Bulletins, Army Flight Surgeon's Administrative Guide and chapters 5 and 6 of this pamphlet to apply the aeromedical standards in AR 40–501.

g. Airborne examinations. In addition to the items listed in “All examinations” (paragraph b(1), (2), (3), and (4) above), the following items are required:

(1) Valsalva (box 72b).

(2) Color vision (boxes 59 and 60).

h. Examination for Ranger School. In addition to the items listed in “All Examinations” the following items are required:

(1) *Age 34 and under.* Urinalysis with microscopy (box 52), HCT (box 47); HIV test within 2 years (box 49); Sickle Cell Screen, *initial examination only*, may document existing results (record in box 73). This exam requires an evaluation by a dentist.

(2) *Age 35 and older.* Urinalysis with microscopy (box 52); HCT (box 47); HIV test within 2 years (box 49); Sickle cell screen, *initial examination only*, may document existing results (record in box 73); fasting blood sugar (box 73); CBC (box 52); fasting lipid panel, ECG, occult blood for age 40 and older (record in box 73). This exam requires an evaluation by a dentist. The requirements in paragraph 5–25 for indications of medical follow-up for elevated or abnormal test results should be followed for these exams on applicants 35 and older and the results forwarded with the medical examination to the Ranger School for review.

6–4. Report of medical history forms

a. Preparation of DD Form 2807–1 (Report of Medical History). DD Form 2807–2 is not required. When the electronic version of the DD Form 2807–1 becomes available, it will supersede the paper form and will be the only one used. The examinee completes this form prior to the examination. The examinee must complete a DD Form 2807–1 in all cases to inform the completion of the DD Form 2808. The DD 2807–1 provides the examining physician with indication of the need for special discussion with the examinee and areas with indications for detailed examination, special tests, or consultation referral. The information entered on this form is confidential and is not for release to unauthorized sources. The examinee should be informed of the confidential nature of his or her entries and comments. Trained enlisted medical service personnel and qualified civilians may inform the examinees of the confidential nature of their entries and comments, instruct, and assist examinees in preparing the DD 2807–1. Trained enlisted medical service personnel and qualified civilians will make no entries on the form other than the date of examination and the examining facility. Prepare the DD Form 2807–1 in an original and one copy with all items complete. Responses will be typewritten or printed in ink. The DD 2807–1 must be dated within 2 years of the class start date to be valid for entrance to USASOC and USAJFKSWCS schools.

b. Signature. The examinee will sign the form in black or dark blue ink or sign electronically when available.

c. The physician's summary (or PA's or nurse practitioner's) and elaboration of the examinee's medical history.

(1) The credentialed health care provider (physician, PA, or nurse practitioner) will summarize and elaborate upon the examinee's medical history and in the case of military personnel, the examinee's health record, and cross-referencing their comments by item number. The examiner will clarify all affirmative responses and fully describe all abnormalities noted.

(2) If the examinee is applying for enlistment or appointment and answers reveal that this Soldier was either previously rejected for military service or discharged for medical reasons, ascertain, and record the exact reason.

(3) A facsimile stamp will not be used for signature. Enter the typed and printed name of the physician, PA, or nurse practitioner and the date into the designated blocks. The physician, PA, or nurse practitioner will sign in black or dark-blue ink, or sign electronically when available.

6–5. Validity times for DD Forms 2808

a. Medical examinations are valid for the purpose and periods below, provided there has been no significant change in the individual's medical condition. (Do not complete a DD Form 2808 to document a PHA). The physician completing the final medical evaluation of the individual signs and dates the report in Block 85. The date recorded in Block 85 on the DD Form 2808 will reflect the completion date of the medical examination.

(1) Medical examinations will be valid for 24 months from the date of medical examination to qualify for entrance into USMA, the Uniformed Services University of the Health Sciences (USUHS), ROTC, Officer Candidate School (OCS), USMA Preparatory School, induction, enlistment, initial appointment as a commissioned officer or warrant officer (with the exceptions noted in (2) and (3) below). Paragraph 6–7 addresses validity for separation.

(2) At National Advanced Leaders Camp, ROTC Cadets complete a medical screening on DD Form 2807–1, with a focused medical examination as clinically indicated, and laboratory screening tests for DNA, HIV, urinalysis, and drug or

alcohol testing. This medical screening and the required laboratory tests are part of the qualification process for a cadet to continue in ROTC and subsequent commissioning.

(3) To qualify a USMA cadet for commissioning complete a DD Form 2807–1, with a focused medical examination as clinically indicated, and the required DNA, HIV, and drug/alcohol tests, if the laboratory tests have not been accomplished during the cadet's tenure.

(4) The entry examination to qualify for PA school serves as the commissioning examination provided there has been no interval change in the student's medical condition as documented on the current PHA.

(5) See paragraph 5–12 for validity periods for FDMes/FDHSs.

(6) A current DOD periodic health assessment within the last 12 months or medical examination, to include documentation of all indicated laboratory tests and consults, for Active Component Soldiers and ARNGUS and USAR Soldiers will be valid for reenlistment if an individual has been out of the Service for up to 6 months, as well as attendance at Army or civilian schools, ADT, ADOS, and temporary tour of active duty tours unless the specific school requires a medical examination or a shorter validity period (for example, special forces, diving school, or aviation training). Shorter validity periods for Army Schools must be prescribed by Army regulation or DA pamphlet. The periodic examinations or PHA will be valid only if there has been no change in the Soldier's medical condition since the last complete PHA or medical examination (para 6–6 defines the periodic health assessment). See AR 600–110 for specific requirements for HIV testing.

(7) Medical examinations are valid for 18 months for entry into Ranger School, and entry into aviation classes 1, 2, 3, and 4.

b. A medical examination conducted for one purpose is valid for any other purpose within the prescribed validity periods, provided the examination is of the proper scope, and using the standards prescribed in AR 40–501. If the examination is deficient in scope, obtain and record the deficient tests, procedures, and results. The PHA is defined as the DD Form 3024 in the prescribing DODI.

c. The medical examination or PHA for members of the ARNG/ARNGUS and USAR will be valid for the purpose of qualifying for immediate reenlistment in ARNG/ARNGUS and USAR, provided there has been no change in the individual's medical condition since the medical examination or PHA. Paragraph 5–20 describes the administrative requirements for mobilization or contingency operations, and chapter 7 for deployment-specific information. During deployment, the pre-deployment assessment will meet this requirement to support reenlistment during the deployment.

d. Medical examinations for engineer divers (MOS 12D):

(1) Engineer divers (MOS 12D) must have an initial diving medical examination within 2 years prior to the start of Diver Phase Two training at the Naval Diving and Salvage Training Center in Panama City, FL.

(2) Engineer divers (MOS 12D) must have a full diving medical examination every 5 years. The dive medical officer (DMO)/UMO or FS trained in diving medicine (or has completed a residency in aerospace medicine) performs or reviews the medical examination for engineer divers.

e. The DD Form 2808 must be dated within 2 years of the class start date to be valid for entrance to USASOC and USAJFKSWCS schools.

6–6. Periodic health assessments

a. *Application.*

(1) An annual PHA is a DOD requirement for all officers, warrant officers, and enlisted personnel of the Army, regardless of component.

(2) The DOD PHA is a medical readiness assessment and public health screening tool and has a different focus than other required examinations. The PHA is a stand-alone assessment that must be completed using the DOD PHA form. A medical exam may not be substituted for a DOD PHA even if a Soldier undergoes a medical examination within 1 year, the scope of which is equal to or greater than that of the required PHA (such as annual FDME or FDHS).

(3) All RC general officers (grade O7 and above) will complete an annual PHA within the standard 3 calendar months before the end of the general officer's birth month. The PHA may be completed at any military medical facility capable of completing the assessment. If the healthcare provider completing the PHA indicates a need for further evaluation or medical treatment, the general officer will be referred to his/her civilian medical healthcare provider.

(4) General officer (grade O7 and above) PHA completion verification to include date of completion, indication of permanent or temporary profile (with expiration date if applicable) and any duty or deployment limitations will be sent to the following:

(a) For Active Component (AC) general officers: mail to General Officer Management Office (DACS–GO), Office of the Chief of Staff, Army 200 Army Pentagon, Room 2A476, Washington, DC 20310–0200 or email to usarmy.pentagon.hqda-gomo.mbx.gomo@mail.mil/.

(b) For ARNG general officers: mail to Chief, National Guard Bureau, (NGB–GO–AR) Room 2D366, The Pentagon, Washington, DC 20310–2500. For the purpose of requesting clarification email can be used; Contact information for ARNG GO organization: ng.ncr.arng.mbx.gomailbox@mail.mil.

(c) For USAR general officers: email to: usarmy.knox.hrc.mbx.gomo-ar-pers@mail.mil.

b. *Procedure.* The PHA consists of three parts—

(1) *Part 1, self-reported health assessment.* A current self-reported health assessment and review completed by the Soldier. The electronic version of the PHA, DD Form 3024 (Annual Periodic Health Assessment), is how to complete the DOD PHA. Handwritten forms will not be accepted. PHAs can be completed with the deployment health assessments. The DOD PHA provides an opportunity for the Soldier to express new health concerns and identify possible impacts to readiness. The Soldier must make an appointment with a healthcare provider to complete the DOD PHA within 60 days after completing the self-reported health status. Whenever possible, the Soldier self-reported health assessment section will be done prior to arrival at the clinic, medical facility, physical exam section, Soldier readiness platform, or local detachment.

(2) *Part 2, medical record review.* A record review will include the Soldier's height and weight, MRAT 24-month trends (AC only), current medical conditions and deployment-related health problems, to include screening for traumatic brain injury exposure, allergies, medications, required immunizations, update of HIV test and DNA specimen, audiology, and visual acuity results. The DD Form 2766 (Adult Preventive and Chronic Care Flow-sheet) will be updated with the most current information. Medical readiness elements will be documented and/or updated electronically during the record review or encounter. Part 2 of the PHA is conducted, coordinated, and documented by any healthcare provider to include medics, licensed practical nurses, registered nurses or medical providers if needed.

(3) *Part 3, review by a healthcare provider.* A physician, nurse practitioner or PA, preferably the Soldier's primary care team, unit providers, or component providers, will—

(a) Review the Soldier's statement of health, any pertinent tests and reports, PULHES, accuracy of DA Form 3349 in e-Profile, MRAT 24-month trends (AC only), readiness screening information, and make referrals as indicated. The healthcare provider review will occur within 60 days for Soldiers after completion of the Soldier's self-reported health assessment. See AR 600–110 for specific requirements for HIV testing, documentation, and follow-up.

(b) Perform a symptom-focused exam if warranted, to address concerns identified by the Soldier in his/her self-reported health assessment. The PHA will include screening for mental health disorders, behavioral health risks, to include screening for traumatic brain injury exposure, and physical health conditions that may impact mental status or emotional well-being. The provider will make recommendations for referrals to address treatment of medical problems and/or preventive health services as warranted. (Health screening recommendations are to be based on the United States Preventive Task Force Guidelines.)

(c) Whenever possible, the PHA will be accomplished in a single appointment. Active duty TRICARE Prime Remote, ARNG/ARNGUS, and USAR Soldiers may complete the PHA and IMR requirements via the current agencies contracted to provide these medical services.

(d) The PHA includes the current DOD Mental Health Assessment (MHA), which is an independent annual requirement. Healthcare providers must complete the one time DOD MHA training to properly administer this part of the examination.

(e) The physician, nurse practitioner or PA will document the Soldier's disposition by assessing their IMR status, deployment-limiting conditions, dental, immunization, laboratory, and medical equipment as ready or not ready. This will support an assessment of the Soldier as fully medically ready, partially medically ready, not medically ready, or medically indeterminate.

(f) Referrals and recommendations will be documented and orders entered, where applicable, for any required preventive or readiness related medical services not immediately available during the PHA process.

(g) The examining physician, nurse practitioner, PA, or record reviewer thoroughly investigates and documents the Soldier's current medical status. A copy of the provider summary and recommendations from the PHA is copied into AHLTA (for active duty). A copy of the actual PHA is placed into HRR for RC Soldiers.

(h) The PHA status is reported as complete when the credentialed healthcare provider reviews, confirms, and signs the PHA, and it is annotated within the EHR. The credentialed healthcare provider does not have to wait for results of laboratory tests or consults to complete the PHA. The credentialed healthcare provider will sign the PHA on the same day whenever possible but no later than 24 hours after the provider review. Follow-up clinical notes on laboratory tests or consults will be documented in the Soldier's EHR.

(i) The DOD PHA may not be completed as part of a DD Form 2795, DD Form 2796, or DD Form 2900 (Post-Deployment Health Re-Assessment, Post-Deployment Health Assessment (PDHA)). The DOD PHA must always be completed on its own and in its entirety despite completion of a deployment health assessment.

1. All periodic health assessments are reviewed and signed by a credentialed physician, nurse practitioner or PA.

2. The Soldier is informed of remedial conditions found upon examination. Referrals will be made and/or recommended as indicated (by component) for the purpose of evaluations or care, for general health education matters including, but not limited to nutrition, smoking, alcohol and drug abuse, and weight control.

3. All personnel with potential hazardous exposures in their work environment, for which medical surveillance examinations are required, will receive information to assure appropriate medical surveillance examinations are conducted. Such occupational health examinations will be specific to job exposure.

c. Follow-up. Soldiers of the ARNG/ARNGUS or USAR who are not on active duty will be scheduled for follow-up appointment and consultations at Government expense only when appropriate documentation is completed. Treatment of conditions or remediable defects as a result of a PHA screening will be facilitated if authorized through the component process. If individuals are not authorized treatment at government expense, they will be advised to consult a private physician of their own choice at their own expense. (See AR 600–8–4.)

d. Frequency. (See paras 5–12 for aircrew, ATCs, and UAS operators.)

(1) Special Forces, Ranger combat divers, MFF parachutists.

(a) Following the initial medical exam, Special Forces/Ranger combat divers and MFF parachutists' subsequent comprehensive exams and PHAs will be aligned with the Soldier's birth month using table 5–2. The medical examination for engineer divers must be performed or reviewed by a DMO or a FS trained in diving medicine. The physical examination for Army MFF must be performed by or reviewed by a FS, DMO, or AME. A DD Form 2992 will be issued annually in conjunction with the medical examination.

(b) The comprehensive exam for Special Forces/Ranger combat divers, and MFF parachutists is performed every 5 years beginning at ages 35, 40, 45, and 50. Beginning at age 40, a comprehensive exam will include CVSP, and beginning at age 50 will be an annual requirement. It will be performed within 90 days before the end of the birth month in the year it is due. Comprehensive exams will be completed and submitted after any class A and B mishap.

(c) Interim exam Special Forces/Ranger combat divers and MFF parachutists' PHA (a DA Form 4497 may be used) is performed in the interim years when an initial or comprehensive exam is not required. It will be performed within 90 days before the end of the birth month and is valid until the end of the next birth month.

(d) Special Forces/Ranger combat divers and MFF parachutists in specialty service are required to maintain a comprehensive or interim Army Special Operations Forces, MFF parachutists, combat divers and divers (MOS 12D) divers exam even when the Soldier is not assigned to operational duty positions.

(2) All other personnel on active duty will have a PHA on record no older than 12 months beginning after enlistment or commissioning.

(3) All members of the Selected Reserve will have a PHA at least once every 12 months. Army commanders, the Commander, Army Human Resources Command, and the Chief Army Reserve, NGB may, at their discretion, direct more frequent medical assessments or physical examinations in individual cases MEDPROS data will reflect non-compliance if a PHA has not been reported or is older than 15 months.

(4) Members of the IRR have a requirement to promptly report any medical (including mental health) conditions that may affect their readiness to deploy. Army Human Resources Command will determine what reporting tools the IRR Soldiers (not on active duty) will use to meet the annual PHA requirement. For example, an IRR Soldier may be directed to use the DA Form 3725 and virtual muster or the DA Form 7349 (Initial Medical Review - Annual Medical Certificate). The DA Form 7349 is prescribed to collect medical information of sufficient detail for uniformity in medical evaluation for Soldiers who are not required by policy to complete an annual PHA. This form evaluates Soldiers in terms of medical conditions and physical defects which may require medical care or which may require a profile to describe capabilities and limitations. If the Soldier reports any conditions, they are required to provide supporting documentation to Army Human Resources Command if requested.

6–7. Separation History and Physical Exam

The Separation History and Physical Exam (SHPE) is a joint program to support the evaluation of Soldier disability claims and transition of care to the VA. The SHPE must be completed prior to separation from active duty for the eligible population as described in AR 40–502 and table 5–1. There are program requirements, Soldier responsibilities, Command responsibilities, credentialed provider duties, and patient administration duties prescribed in DODI 6040.46.

a. The SHPE program requirements includes DOD reporting SHPEs and Separation Health Assessments (SHA) completion by component throughout the DOD. To ensure accurate information, these exams will be coded with a joint standardized code in the electronic health record, V70.5_9 “SEPARATION / TERMINATION / RETIREMENT EXAM”.

b. The SHPE program has specific timeline requirements outlined in the SHPE user guide to ensure that the required SHPE exam is complete and validated by 30 days from separation. The requirement for a physical exam within 12 months of separation is fixed; other interval timelines may be adjusted for terminal leave as allowed by DOD and VA policy.

c. This assessment is to determine any existing medical condition incurred during active duty Service, provide baseline information for future care, complete a member's military medical record, and provide a final opportunity before separation to document any health concerns, exposures, or risk factors associated with active duty service. File all SHPE associated forms, studies, and laboratory test in the Soldier's EHR/STR. Any duty limitations are described through the profiling system, and completing a SHPE does not exempt a Soldier from unit physical readiness training, any physical fitness tests, field, or any other type of duty assignment.

d. When the Soldier is filing a service connected disability claim, complete the physical examination through the VA, when possible, prior to separation. The VA refers to SHPEs as Separation Health Assessments.

e. The Soldier completes the DD Form 2807-1 and DD Form 2808 in the medical readiness system of record. If the physical is over 6 months (180 days) from retirement and needs to be updated, the DD Form 2697 (Report of Medical Assessment) will also be completed in the medical readiness system of record. The Soldiers who are filing a VA claim will need to adhere to VA policies and procedures, ensure their claim is initiated and their medical records are available to the VA to support their SHPE and any additional exams. The VA will complete the SHPE for Soldiers between 180-90 days from separation.

f. Unit commanders ensure Soldiers are preparing and attending appointments and complete the SHPE unless the Service member is not under control of the Secretary of a Military Department such as unauthorized absences or civilian incarceration. If a Soldier refuses or fails to comply with the processes necessary to complete the physical exam portion of the SHPE, the unit commander will generate a brief memorandum to document the refusal or non-compliance and provide a copy to the servicing military treatment facility. The memorandum will serve in lieu of the separation report and be documented in the STR to meet the documentation requirements of DODI 6040.46.

g. The military treatment facility commander or their designee ensures access and appropriate review to support SHPE requirements. Coordination with the VA will necessitate access and training on the use of the Bidirectional Health Information Exchange.

h. Patient Administration provides copies of the STR, supports the transition of care and communication between the DOD, VA, and the Soldier to accomplish the SHPE requirements. The VA providers do not have access to the Army medical readiness system of record and do not use AHLTA, so printed DD Form 2807-1, DD Form 2808, the AHLTA web-print file (or equivalent in future systems), and STR need to be provided. Patient Administration also supports the use of the Bidirectional Health Information Exchange and Joint Legacy Viewer to enhance communication between the DOD and VA systems.

i. The SHPE is an individualized health assessment sufficient to evaluate the health of the Soldier at the time of discharge. A SHPE will consist of the following.

(1) DD Form 2807-1, initiated by the Soldier, completed by the Soldier, with comments on all positive responses completed by the healthcare provider performing the SHPE that has that has verified credentials deemed appropriate by the MTF privileging authority to perform such exams, such as a physician, physician's assistant, or nurse practitioner.

(2) A review of the Soldier's DD Form 2807-1 and their medical record will be completed to identify any complaints or potential active duty service-related (incurred or aggravated) illness or injury. The health care provider will address and document all concerns related to the subjective input provided by the Soldier. When an allegation of sexual assault arises during an SHPE, the health care provider will ask the Soldier if they have received counseling by a Sexual Assault Response coordinator or victim advocate has been provided, including explanation of the restricted and unrestricted reporting options. If not, the exam will be paused and the Sexual Assault Response Coordinator or Victim Advocate will be contacted. Other parts of the exam may be performed, but the exam and report cannot be completed until the Sexual Assault Response coordinator or victim advocate counseling is provided. Whether the Soldier elects for restricted or unrestricted reporting, per DOD policy documentation of the alleged sexual assault will not be included in the SHPE. Medical documentation will be consistent with the standard provided in DODI 6495.02, Enclosure 7. If completing a SHPE through the VA, follow VA instructions for completing these exams.

(3) DD Form 2808, completed by a credentialed health care provider and a review of medical record and a record of significant medical conditions.

(4) A threshold audiogram completed within the past 6 months, A comprehensive audiology evaluation is necessary abnormal audiograms and referral guidelines per DA Pam 40-501. For RC members, the comprehensive audiogram may be completed after the SHPE, but it must be documented in the STR no later than the final separation from military service to include any subsequent evaluations of a standard to temporary threshold shift.

(5) Optional HCV testing per U.S. Centers for Disease Control guidelines at <http://www.cdc.gov/hepatitis/hcv/> and any additional testing appropriate to the Soldier's health status, as determined by the examining credentialed health care provider and in accordance with current DOD and DA policies to include a discussion of the "A" and "B" rated USPSTF recommendations based on the Soldier's age and gender.

(6) An assessment regarding the Soldier's qualification for retention according to AR 40-501.

(7) All occupational health termination examinations required by DOD and DA policy (for example, hearing conservation, radiation medical surveillance) and medical surveillance programs because of hazardous job exposure, must be completed before the SHPE is completed. Ensure currency of any periodic testing required by other issuances (for example, HIV testing in accordance with DODI 6485.01), before referral for SHPE.

j. The SHPE may be waived in accordance with DOD and Service guidance. See table 5–1.

k. If a full physical examination, with a DD Form 2807–1 and 2808, has been completed in the previous 12 months, a DD Form 2697 may be used to highlight any health changes and be an additional document to the current DD Form 2808. The Soldier must acknowledge with his or her signature in block 19 of DD Form 2697 and DD Form 2808 that the information provided is true and complete.

l. In accordance with 10 USC 1145(a)(5), the SHPE occurs immediately before the scheduled separation. With the consent of the Soldier and concurrence of the unit commander, the requirement may be met in any of the ways shown below. No more than 30 days prior to separation, there must be an administrative review and validation of the qualifying SHPE by completing block 85 on the DD Form 2808. When the Soldier has terminal leave, the final out-processing date may be used in lieu of the date of separation from active duty for the timeline requirements (other than the 12-month period).

(1) A SHPE up to 30 days prior to the date of separation from active duty requires no further documentation.

(2) A SHPE up to 90 days prior to the date of separation from active duty must be validated as current not more than 30 days prior to the date of separation. Such validation is an administrative requirement and does not require a separate entry into the STR, though an entry may be made if necessary for tracking purposes.

(3) When conducted by the VA, a separation exam up to 180 days prior to the date of separation from active duty is acceptable. In accordance with DODI 6040.46, a DOD official must review the VA performed exam and make an entry into the STR. The presence of this entry must be administratively validated as current no more than 30 days prior to the date of separation from active duty.

(4) A DOD physical exam performed between 90 days and 12 months prior to separation from active duty if it meets the SHPE minimum standards and is updated with a new medical assessment no more than 30 days prior to separation from active duty and documented in the STR.

m. When accomplished incident to retirement, discharge, or REFRAD, medical examinations, including the SHPE and annual PHA, are valid for a period of 12 months from the date of examination or assessment.

Table 6–1
Recording of medical examination

Box no.	Block description	Explanatory notes and model entries (Model entries are in parentheses) Refer to the glossary for abbreviations used
1	(Date of examination)	Enter the date on which the medical examination is accomplished
2	(Social Security number)	Examinee's number (SSN 396–38–0699)
3	(Name)	Record the entire last name, first name, and middle name. When using a suffix, Jr., Sr., or III, it appears after the middle name. (Jackson, Charles John Jr.)
4	(Home address)	Examinee's current mailing address (not the "home of record" —if different) (Street number, city, state, Zip code or unit mailing address)
5	(Telephone number)	Enter telephone number to reach the examinee—home or unit (202–555–1212)
6	(Grade)	Enter examinee's grade (E8, O4)
7	(Date of birth)	Record as year, month, day
8	(Age)	List years of age at the time of examination (28 yr.)
9	(Sex)	Check female or male
10	(Race)	Check the applicable block
11	(Years of Government service)	Not required
12	(Agency if not DOD)	To be used by other agencies, as appropriate
13	(Organization unit)	The examinee's current military unit of assignment, Active or Reserve. If no current military affiliation, enter a dash (for example, "B Company, 2D Battalion, 325th, Infantry, 82nd Airborne Division, Fort Bragg, NC 28307–5100")
14a	(Rating or specialty) (Aviators only)	Not required on Army examinations unless directed by USAAMA
14b	Total Flying Time	Not required on Army examinations unless directed by USAAMA

Table 6–1
Recording of medical examination—Continued

	(Aviators only)	
14c	Last 6 months (Flying Time – Aviators only)	Not required on Army examinations unless directed by USAAMA
15a	(Service)	Check the appropriate service
15b	(Component)	Check the appropriate component
15c	(Purpose of examination)	Check or enter the purpose of the examination
16	(Name of examining facility)	Name of the examining facility or examiner and address. If an Army post office, include local national location (Military Entrance Processing Station, 310 Gaston Ave., Fairmont, WV 12441–3217)
17 ²	(Head, face, neck, scalp)	Record all swollen glands, deformities, or imperfections of the head or face. If a defect of the head or face, such as moderate or severe acne, cyst, exostosis, or scarring of the face is detected, a statement will be made as to whether this defect will interfere with the wearing of military clothing or equipment. If an examiner detects enlarged lymph nodes of the neck describe them in detail with a clinical opinion of the etiology
18	(Nose)	Record all abnormal findings. Record estimated percent of obstruction to airflow if septal deviation, enlarged turbinates, or spurs are present
19	(Sinuses)	Record all abnormal findings (“Marked tenderness over left maxillary sinus”)
20	(Mouth, throat)	Record any abnormal findings, to include enucleated tonsils (Tonsils enucleated)
21	(Ears)	If operative scars are noted over the mastoid area, annotate simple or radical mastoidectomy and describe any other clinical findings (for example, “Bilateral severe swelling, injection and tenderness of both ear canals”)
22	(Eardrums)	Record all abnormal findings. In the event of scarring of the tympanic membrane, record the percent of involvement of the membrane as well as the mobility of the membrane. If tested, a definite statement will be made as to whether the eardrums move on valsalva maneuver or not and also noted in item 72b
23	(Eyes)	Record abnormal findings. If an examiner finds ptosis of lids, state the cause and extent of the interference with vision. If an examiner finds pterygium, note: 1. Encroachment on the cornea, in millimeters, 2. Progression, 3. Vascularity For example, “Ptosis, bilateral, congenital. Does not interfere with vision. Pterygium, left eye, 3 mm encroachment on cornea; nonprogressive, avascular”
24	(Ophthalmoscope)	Describe opacities of the lens regarding size, progression since last examination, and interference with vision (for example, “Redistribution of pigment, macular, right eye, no loss of visual function. No evidence of active organic disease”)
25	(Pupils)	Record all abnormal findings
26	(Ocular motility)	Record all abnormal findings
27	(Heart)	Describe abnormal heart findings completely to include the time in the cardiac cycle, the intensity, the location, transmission, effect of respiration, or change in the position, and a statement as to whether the murmur is organic or functional. When describing murmurs by grade, indicate basis of grade (for example, “Grade II/IV soft, systolic murmur heard only in pulmonic area and on recumbency, not transmitted. Disappears on exercise and deep inspirations, physiological murmur”)

Table 6–1
Recording of medical examination—Continued

28	(Lungs and chest)	Lungs: Describe the cause of any rales and other abnormal sounds detected on exam. The examinee will be evaluated on the basis of the cause of the pulmonary sounds and not simply on the presence of such sounds (for example, “Sibilant and sonorous rales throughout chest. Prolonged expiration”). Breast exam: Note location, size, shape, consistency, discreteness, mobility, tenderness, erythema, dimpling over any mass, in a comprehensive clinical description
29	(Vascular system)	Adequately describe any abnormalities. When varicose veins are present, a statement will include location, severity, and evidence of venous insufficiency (for example, “Varicose veins, mild, posterior superficial veins of legs. No evidence of venous insufficiency”)
30	(Anus, rectum) (Prostate if indicated)	Describe surgical scars and the size, number, severity, and location of hemorrhoids. Check fistula, cysts, and other abnormalities (for example, “One small, mild, external hemorrhoid. Digital rectal normal. Stool guaiac negative”). In prostate exam note grade of prostatic enlargement, surface, consistency, shape, size, sensitivity, mobility.
31	(Abdomen, viscera)	Include hernia. Note any abdominal scars and describe the length in inches, location, and direction. If a dilated inguinal ring is found, a statement will be included in item 31 as to the presence or absence of a hernia (2-inch linear diagonal scar, right lower quadrant).
32	(External genitalia)	Describe any abnormalities. Include results of testicular exam on males.
33	(Upper extremities)	Record any abnormality or limitation of motion. If applicant has a history of previous injuries or fracture of the upper extremity, as, for example, a history of a broken arm with no significant finding at the time of examination, indicate that no deformity exists and function is normal. Make a positive statement in addition to checking the “normal” column. If an examinee has a history of dislocation, make a statement describing the function, and any limitations at the time of examination (for example, “No weakness, deformity, or limitation of motion, left arm”).
34	(Lower extremities)	Record any abnormality or limitation of motion. If applicant has a history of previous injuries or fracture of the lower extremity, as, for example, a history of a broken leg with no significant finding at the time of examination, indicate that no deformity exists and function is normal. Make a positive statement in addition to checking the “normal” column. If the examinee has a history of dislocation, make a statement describing the function, and any limitations, at the time of examination (for example, “No weakness, deformity, or limitation of motion, left leg”).
35	(Feet)	Record any abnormality. Describe detected flat feet with the stability of the foot, presence of symptoms, presence of eversion, stable, and bulging of the inner border. Describe pes planus as mild, moderate, or severe (for example, “Flat feet, moderate. Foot asymptomatic, no eversion or bulging; no rotation”). Circle category relating to arch, degree, and symptoms.
36	(Spine, other musculoskeletal)	Include pelvis, sacroiliac, and lumbosacral joints. Check history. If scoliosis is detected, the amount and location of deviation in inches from the midline will be stated.
37	(Identifying body marks)	Record scars or marks of purely identifying significance and those that interfere with function here. Fully describe tattoos that are obscene or so extensive as to be unsightly (for example, “1-in. vertical scar, dorsum; 3-in. heart-left forearm; shaped tattoo, lateral aspect middle 1/3 left arm”).
38	(Skin)	Describe pilonidal cyst or sinus. If skin disease is present, its chronicity and response to treatment should be recorded. State also whether the skin disease will interfere with the wearing of military clothing or equipment (for example, “Small discrete angular, flat papules of flexor surface of forearms with scant scale; violaceous in color; umbilicated appearance and tendency to linear grouping”).
39	(Neurologic)	Record complete description of any abnormality.
40	(Psychiatric)	Record all abnormalities. Before making a psychiatric diagnosis, a minimum psychiatric evaluation will include non-axial diagnosis and clinical criteria for the diagnosis.
41	(Pelvic)	Note type of exam (for example, “bi-manual”). Record any abnormal findings. (See item 52a for pap test.)
42	(Endocrine):	Describe every abnormality noted.

Table 6–1
Recording of medical examination—Continued

43	(Dental)	Examining physicians will apply the appropriate standards prescribed in AR 40–501, and indicate “acceptable “ or “non-acceptable. “ This does not replace the required annual dental examination by a dentist or the dentist's determination of the appropriate dental classification.
44	(Notes)	Describe every abnormality noted. Enter pertinent item number before each comment. Continue in item 73 if necessary.
45 ³	(Urinalysis) a. Albumin b. Sugar	Record results (For other urine microscopic or specific gravity, record in box 52c.)
46	(Urine HcG)	Record results
47	(Hemoglobin/hematocrit)	Record results
48	Blood Type	Record results
49	(HIV)	Record date, results, add HIV specimen ID label in indicated section.
50	(Drugs)	Record results of Drug Tests, add Drug Test Specimen ID to indicated space.
51	(Alcohol)	Record results of alcohol screen
52	(Other / results)	52a (use to record results of pap test) 52b (use to record PSA result) 52c (use to record urine microscopic or urine specific gravity.)
53	(Height)	Record in inches to the nearest quarter inch (without shoes). For initial Class 1 FDME: Leg length, sitting height, and functional arm reach will be measured, in accordance with APL, Anthropometrics.
54	(Weight)	Record in pounds to the nearest whole pound (in PT clothes without shoes, or hospital gown).
55	(Maximal allowable weight)	This item is for accession medical examinations only. This does not replace the official weigh-in for Soldiers in conjunction with the APFT and AR 600–9
56	(Temperature)	Record in degrees Fahrenheit, to the nearest tenth
57	(Pulse)	Record with arm at heart level
58 a, b, c	(Blood pressure)	Record Results (for example, 110/76), record repeat readings in 58 b and c if initially elevated.
59	(Red/green vision test)	Record a pass/fail for vivid red/green vision if the examinee fails the color vision test in item 66.
60	(Other eye or vision test)	For example, results of red lens test.
61	(Distant vision)	Record the English Snellen Linear System (20/20, 20/30, and so forth) of the uncorrected vision of each eye. If uncorrected vision of either eye is less than 20/20, record the corrected vision of each eye (for example, “Right 20/50 corrected (corr) to 20/20 and Left 20/70 corr to 20/20”).
62	(Refraction)	Enter the word “manifest” or “cycloplegic,” whichever is acceptable, after refraction. Indicate an emmetropic eye by plano or 0. For corrective lens, record refractive value (for example, “Right By –1.25 S – 0.25 CX 005. Left By –1.75 S – 0.25 CX 175”).
63	(Near vision)	Record results in terms of reduced Snellen. Whenever the uncorrected vision is less than normal (20/20), enter the corrected vision for each eye and lens value after the word “by” (for example, “Right 20/40 corrected to 20/20 by Same and Left 20/40 corrected to 20/20 by + 0.50”).
64	(Heterophoria)	Identify the test used; for example, either Maddox Rod or Stereoscope, Vision Testing (SVT), and record results, Prism Divergence not required. All subjective tests will be at 20 feet or at a distance setting of the SVT. Record distance interpupillary distance (PD) in mm (for example, “Esophoria degree 4, Exophoria degree 0, right hyperphoria 0, left hyperphoria 0, PD 63”).
65	(Accommodation)	Record values without using the word “diopters” or symbols (for example, “Right 10.0; Left 9.5”).
66	(Color vision)	Record the test used and the number of plates correctly identified over the number of plates tested (for example, PIP, 12/14, pass or PIP, 3/14, fail). The Cone Contrast Test and Service approved computer based tests are also acceptable for flight physicals. If the examinee fails a color discrimination test, utilize the Red/Green color naming test and record the result in Block 59 if accepted for the purpose of the exam.
67	(Depth perception)	Record the test used and score in the appropriate space “corrected” or “uncorrected,” as applicable. Enter the best depth perception score achieved by the examinee in seconds of arc (accession standards is 40 seconds of arc) and whether that score equates to pass or fail for the purposes of the examination (for example, RANDOT, 40” arc, pass or TITMUS Stereoacuity, 120” arc, fail).
68	(Field of vision)	Identify the test used and the results. If a vision field defect is found or suspected in the confrontation test, use a more exact perimetric test and a perimeter and/or tangent screen. Record findings on a visual chart and describe them in item 77. Copy of the visual chart must accompany the original DD Form 2808 (for example, “Confrontation test: Normal, full”).
69	(Night vision)	Test used and Score For aviation, the examiner will record any loss of night vision or report that it is not indicated by history.

Table 6–1
Recording of medical examination—Continued

70	(Intraocular tension)	Identify type of test used: applanation or non-contact. Record results numerically in millimeters of mercury of intraocular pressure. Describe any abnormalities (for example, "Normal O.D. 18 O.S. 17").
71a,b	(Audiometer)	Test and record results at 500, 1000, 2000, 3000, 4000, and 6000 Hertz using procedures prescribed in DA Pam 40–501. (use 71b for repeat tests if applicable)
72a	(Read Aloud Test)	Enter RAT satisfactory or unsatisfactory
72b	(Valsalva)	Enter satisfactory or unsatisfactory
73	(Notes)	Examiner will enter notes on examination about significant medical events in the individual's life, such as major illnesses or injuries and any illness or injury since the last in-service medical examination. The examiner will develop the history by reviewing health record entries and questioning the examinee. Note complications, sequelae, or absence thereof, where appropriate. Comments from other items may also continue into this space if annotated appropriately. This space is also used for additional tests when there is no specific box for the test on the DD Form 2808. For instance enter the results, if accomplished, of ECGs, chest x-rays, FBS, Fasting lipid profile, cholesterol, occult blood tests, sickle cell screens. Overprints or stamps may be used in this space.
74a ⁴	(Examinee/applicant qualification)	Indicate is qualified or not qualified for service corresponding to the intent for the exam. NOTE: THE PURPOSE OF THE EXAMINATION IN ITEM 15c AND MUST CHECK EITHER QUALIFIED OR UNQUALIFIED IN THIS SECTION WITH THE PURPOSE OF EXAM (FOR EXAMPLE, "QUALIFIED FOR ACCESSION (Chap 2); QUALIFIED FOR RETENTION (Chap 3); QUALIFIED FOR SEPARATION (Chap 3); QUALIFIED FOR RETIREMENT (Chap 3)").
74b	(Physical profile)	The physical profile as prescribed in chapter 7 will be recorded. Any permanent profile with above a numerical designator of 1 should have an associated DA Form 3349 attached (for example, "111121") and in e-Profile.
75	(Signature of examinee)	The examinee will sign the DD Form 2808 if he/she has a disqualifying condition to indicate that he/she has been advised of the disqualifying condition.
76	(Significant or disqualifying defects)	List the significant or disqualifying defects. On accession exams, list the correct ICD code that corresponds to the disqualifying condition. Any medical waivers for accession should also be noted here.
77	(Summary of defects)	Summarize medical and dental defects considered significant. Record all defects considered serious enough to require disqualification, further consideration, such as waiver, or more complete survey. Also record any defect that may be of future significance, such as non-static defects that may become worse. Enter item number followed by a short, concise diagnosis; do not repeat the full description of a defect previously described under the appropriate item. Do not summarize minor, non-significant findings.
78	(Recommendations)	Notation will be made of any indication for further specialized examinations or tests.
79	(MEPS WORKLOAD)	(MEPS use only)
80	(Medical inspection date and physicians signature)	Used at the MEPS and includes inspection prior to movement to basic training of height, weight, body fat if applicable, pregnancy test and a note of qualified or unqualified. The physician signature is the physician who has done the inspection and should not be confused with items 83–85 that are the signatures of the medical examiners who accomplished and reviewed the medical examination.
81–84	(Physician or examiner)	Enter the typed or printed names of examiner and signature (physician, PA, or NP). If examination is not performed by a physician, a physician must co-sign the form in item 82a.
85	Administrative review	Any administrative review should be noted here by the signature of the reviewer, grade and date. Also indicate the number of attached sheets if applicable.
86	(Waiver granted)	Indicate any waiver outcome. Who granted it, for what medical condition, and the date.
87	(Number of attached sheets)	List the number and type of any attached sheets needed. For example, waivers, specialty consult, DA Form 3349 in e-Profile, and so forth.

Notes:

¹ Not all items are required on all examinations. See paragraph 6–3 to determine the scope of the examination based on the purpose of the examination.

² Note on the DD Form 2808, items 17 through item 39, the examiner must check normal, abnormal, or NE (not examined). All abnormalities will be described in item 44 and continued in items 73 and 77 if needed.

³ On page two of the DD Form 2808, re-enter the name and Social Security number of the examinee in the spaces provided.

⁴ On page three of the DD Form 2808, re-enter the name and Social Security number of the examinee in the spaces provided.

6–8. Fitness for Duty Exams

These evaluations will span from profile review and adjudication to a military clinical evaluation to determine if a Soldier has reached MRDP. When a fitness for duty evaluation is for a profile, all original duty limitations remain in effect until the fitness for duty evaluation is completed and the profile is/is not modified.

a. MTF commanders, State Surgeons, and the USARC Surgeon will develop processes and procedures to conduct fitness for duty evaluations within their areas of responsibility. These initial fitness for duty evaluations will seek to provide a second review of the Soldier's capabilities and limitations for the command teams.

b. Military clinical evaluations to determine a Soldier's capabilities, limitations, and potential retention issues may be requested of the MTF or medical supporting entity. The MTF or medical supporting entity will complete Fit for Duty exams on all AC and RC Soldiers as indicated and/or requested. Completing these exams for RC Soldiers is irrespective of the current duty status, DEERS enrollment status, or line of duty (LOD) investigation. RC members not enrolled into TRICARE are not entitled to treatment, unless the condition is duty related. For Soldiers who are not eligible for care, the initial civilian evaluations will be submitted with the request. The request will be in memorandum format to the MTF commander or supporting medical authority with the commander's justification, any supporting documentation, and the original profile.

Chapter 7

Deployment and Geographical Area Requirements

7-1. General instructions and criteria

a. Medical readiness and the deployment health assessment programs (DHAP) support the commander's ability to accomplish their unit's designed and assigned missions. Deployable Soldiers are under the direct operational control of the reporting unit, either present or can be present within 72 hours, are in compliance with all required personnel readiness standards, and are not restricted from deploying to perform the unit's core designed and assigned missions. The health care providers will evaluate and report the Soldier's medical readiness. The commander will use this information for their deployability determination. When determining whether a Soldier can deploy with a physical profile, commanders should discuss their questions and concerns with the profiling provider, or request input from the Soldier's medical health care provider.

b. Commander reservations and concerns: Any reservations should be based on the commander's personal knowledge and firsthand observations of the Soldier's physical activities. If a profiling provider and commander cannot agree on a Soldier's duty limitations, the commander should request a "fitness for duty" evaluation. Medical instructions described on a physical profile may not be ignored, however. It is the commander's responsibility to counsel the Soldier about physical profiles that may affect their deployment status. In all cases, the role of the commander is to ensure Soldiers do not violate their profiles and are assigned duties that they can perform without undue risk to health and safety. This collaboration will ensure high quality medical care, appropriate duty assignments, and accurate deployability determinations. The DHAP supports sustained readiness.

7-2. Deployment, mobilization, and assignment-specific medical requirements

a. *Medical requirements.* AR 40-502 implements individual deployment-specific medical requirements by status described in DODI 6490.03, DODI 6490.12, DTM 17-004, and DODI 3020.41. Soldiers and the DOD Civilian expeditionary workforce will maintain a high state of pre-deployment health and medical readiness with a personal commitment to readiness. Deploying unit commanders execute all Army policies and CCMD guidance, regarding deployable personnel medical requirements in accordance with DODI 6490.03.

(1) Deployable personnel will maintain a high state of pre-deployment health and medical readiness.

(2) Deploying personnel will receive briefings on deployment health threats and are trained and equipped with necessary countermeasures.

(3) Force health protection prescription products (FHPPPs) will include a minimum of a 90 day supply of prescription medication. Readiness testing automated neuropsychological assessment metrics, required laboratory studies, and immunizations will be administered as required per DOD, Army, and/or CCMD guidance.

(4) All deployable medical personnel, Soldiers, and DA Civilians will receive training on the signs, symptoms, medical countermeasures, and treatments of exposure to endemic diseases, environmental, occupational, and chemical, biological, radiological, and nuclear (CBRN) health threats.

(5) Deployable individuals' immunization, medical, and dental records will be updated in EHR, STR, and MEDPROS. The custody for these records will be established.

(6) Within 30 days prior to re-deployment inpatient, outpatient medical and dental encounter documentation (including medical and dental treatment records on DOD personnel from allies and coalition partners) will be consolidated and transported back to the deployed Soldiers and/or Civilians home station, to be combined with individuals' permanent medical and dental records.

b. Assessments. The DHAP, including the Pre-Deployment Health Assessments (Pre-DHA) and Post-Deployment Health Assessments (PDHA) and Post-Deployment Health Re-Assessment (PDHRA) will be completed by going into AKO, select “My Medical Readiness,” under the “Self Service” then select “Deployment Health Assessments” (DHA), and finally, select appropriate DHA within the following timelines:

(1) DD Form 2795 (Pre-Deployment Health Assessment (Pre-DHA)) screens for physical and behavioral health readiness and provides the individual the opportunity to correct any health deficiencies prior to deployment and is completed within 120 days of deployment.

(2) DD Form 2796 (Post-Deployment Health Assessment (PDHA)) is completed not earlier than 30 days before redeployment date and not later than 30 days after redeployment, and for RC members, before they are released from active duty. The PDHA screens for immediate deployment related injuries such as physical, mental, or behavioral issues the individual may have sustained during deployment. Soldier responses are compared to the Pre-DHA responses and with documentation of care during deployment found in the deployment health record.

(3) DD Form 2900, PDHRA, is completed within 90–180 days after redeployment, and screens for physical and behavioral health issues that may have evolved over time since the individual’s return from deployment.

(4) Within the DHAP timelines all deployable personnel will have a face-to-face interview with a trained health care provider to review their assessments. Medical and dental referrals and follow-up visits for health concerns or issues will be scheduled as appropriate. Deployment Health Assessments (DHA) are required for all OCONUS deployments greater than 30 days to locations without fixed U.S. MTF and may be required for CONUS deployments at the discretion of the unit commander.

(5) RC Soldiers receive medical and dental care and disability evaluations in accordance with DODI 1241.01 prior to release of RC Soldiers from active duty. If the member does not stay on active duty, coordination will be made to transition the medical and dental care to the VA.

(6) Mandatory Post-deployment health and risk communications debriefings will be provided to all personnel who have returned or are returning from deployment.

(7) DHAP metrics include compliance (completion of the required assessments in the required timeframe) and completion (completion of the required assessments within or outside the timeframe specified in policy). For example, a Soldier who completes a post deployment assessment 29 days after returning from deployment is compliant and complete; a Soldier who completes the same assessment at 31 days is not compliant, but complete.

c. Deployability determinations When the commander receives an assigned mission, they review the CCMD guidance, medical readiness and deployability determination to determine deployment status for the assigned mission and the need to request any CCMD waiver.

(1) Commanders must make sure all IMR and any specific health deficiencies are corrected prior to individual deployment or assignment to remote locations.

(2) The commander assigns duties that comply with the medical instructions and counsel Soldiers to follow their profiles and perform duties without undue risk to health and safety. If a commander has any questions or concerns regarding the duty limitations described in the profile and their assessment of the Soldier’s performance, they are to communicate with the profiling provider for clarification or request a fitness for duty evaluation by another health care provider.

d. Psychiatric. Personnel with psychiatric conditions controlled by medication (for over 90 days) are not automatically non-deployable. The commander may consider Soldiers with a psychiatric disorder in remission, or whose residual symptoms do not impair duty performance for deployment duties. The commander makes the ultimate decision whether to deploy the Soldier after consulting with the treating physician or other credentialed health care provider. The availability, accessibility, and practicality of a course of treatment or continuation of treatment in theater or austere environment should be consistent with clinical practice standards. If there are any questions on the safety of psychiatric medication, consult a psychiatrist. Further information is in Assistant Secretary of Defense (Health Affairs) Memo, Clinical Practice Guidance for Deployment-Limiting Psychiatric Conditions and Medications, dated October 7, 2013.

e. Dental. Oral conditions that require urgent or emergent dental treatment with a risk of progression to a dental emergency within 12 months (DRC 3) are not normally deployable and require correction prior to deployment. A non-DOD civilian dentist will use DD Form 2813 (DOD Active Duty/Reserve/Guard/Civilian Forces Dental Examination), as proof of dental examination (DD Form 2813 is available on the internet at http://www.esd.whs.mil/directives/forms/dd2500_2999/).

7–3. Deployment-limiting medical conditions

a. Soldiers, DA Civilians and Army contractors having no deployment-limiting conditions are considered medically qualified to serve in certain geographical areas and theater specific operations.

b. Combatant commands establish the requirements for their areas of responsibility and any waiver processes. The following medical conditions need careful health care provider review before making a recommendation for deployment into a combat zone or austere isolated area where medical treatment for these conditions may not be readily available.

(1) A history of emotional or mental disorders, including character disorders, of such a degree as to have interfered significantly with adjustment or is likely to require treatment during this tour.

(2) Any medical conditions where maintenance medication is of such toxicity as to require frequent clinical and laboratory follow up or where the medical condition requires frequent follow up that cannot be delayed for the extent of the tour.

(3) Inherent, latent, or incipient medical or dental conditions that are likely to be aggravated by the climate or general living environment prevailing in the area where the Soldier is expected to reside, to such a degree as to preclude acceptable performance of duty.

(4) Of special consideration are Soldiers with a history of chronic cardiovascular, respiratory, or nervous system disorders that are scheduled for assignment and/or residence in an area 6,000 feet or more above sea level. While such individuals may be completely asymptomatic at the time of examination, hypoxia due to residence at high altitude may aggravate the condition and result in further progression of the disease. Examples of areas where altitude is an important consideration are La Paz, Bolivia; Quito, Ecuador; Bogota, Columbia; and Addis Ababa, Ethiopia.

(5) Remediable medical, dental, or physical conditions or defects that might reasonably be expected to require care during a normal tour of duty in the assigned area are to be corrected prior to departure from CONUS.

7-4. Special circumstances

a. Transition. Prior to installation clearance for ETS, retirement, separation from the service or transition to IRR, regardless of timeframe, Soldiers are screened for DHAP assessment requirement so that they can be complete even if the timing of their personnel actions preclude them from being compliant with the timeframe specified in policy. Those near or overdue are completed during out-processing. Soldiers transitioning due to PCS, the Army Reserve, or ARNG are required to complete the PDHRA within the 90-180 day period in accordance with DODI 6490.03.

b. Frequent deployers. Personnel who deploy again within 180 days following the end of a deployment may not have sufficient time to complete the PDHRA (DD Form 2900). Completing the Pre-DHA (DD Form 2795) within 180 days after returning from a deployment meets the PDHRA requirement.

c. Warrior Transition Units. Soldiers assigned or attached to a WTU or Community Care Units (CCU) who deployed for greater than 30 days outside the continental United States to locations without a fixed Health Readiness Platform will complete all Deployment Health Assessments per DODI 6490.03. Deployment health activities are required for U.S. military and DOD Civilian individuals deploying for greater than 30 days to OCONUS contingency operations (including Humanitarian and Peacekeeping Operations) in locations without fixed MTFs. Deployment health activities may also be required for individuals deploying for 30 days or less to CONUS or OCONUS locations, based on identified health risks or per the decision of the commander exercising operational control. These assessments are designed to address deployment related physical and behavioral health needs and concerns of Soldiers within the deployment cycle. Soldiers in care at a WTU or CCU are an important population for this program. Per AR 40-502, there are no exceptions or exemptions regardless of Component for Soldiers in a WTU.

d. Remote. Commanders of Soldiers enrolled in Active Duty TPR and TRICARE Prime Remote Overseas administered through the Reserve Health Readiness Programs will instruct Soldiers to complete the PDHRA (DD form 2900) self-assessment in the medical readiness system of record and coordinate the person to person interview.

e. During deployment. Routine medical readiness assessments are deferred during deployment, however a Soldier's medical readiness classification can change due to injury, worsening, or development of a medical condition.

Appendix A

References

Section I

Required Publications

Unless otherwise indicated, DOD publications are available at <http://www.esd.whs.mil/dd/dod-issuances/>.

AR 12–15

Joint Security Cooperation Education and Training (Cited in para 5–12*b*.)

AR 40–3

Medical, Dental, and Veterinary Care (Cited in para 3–3*c*.)

AR 40–8

Temporary Flying Restrictions Due to Exogenous Factors Affecting Aircrew Efficiency (Cited in para 6–3*e*(11).)

AR 40–35

Preventive Dentistry and Dental Readiness (Cited in para 3–3*c*(4).)

AR 40–66

Medical Record Administration and Healthcare Documentation (Cited in para 4–4*d*(3).)

AR 40–400

Patient Administration (Cited in table 1–1.)

AR 40–501

Standards of Medical Fitness (Cited in para 1–1.)

AR 40–502

Medical Readiness (Cited in the title page.)

AR 40–562

Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases (Cited in para 3–3*d*(1).)

AR 220–1

Army Unit Status Reporting and Force Registration – Consolidated Policies (Cited in para 1–3*a*(1).)

AR 350–1

Army Training and Leader Development (Cited in para 4–9*d*(7).)

AR 600–8–10

Leaves and Passes (Cited in para 4–12*a*.)

AR 600–8–24

Officer Transfers and Discharges (Cited in para 4–9*b*(3).)

AR 600–8–105

Military Orders (Cited in para 5–15*e*(2).)

AR 600–9

The Army Body Composition Program (Cited in para 4–9*d*(7).)

AR 600–105

Aviation Service of Rated Army Officers (Cited in para 5–11*a*.)

AR 600–106

Flying Status for Nonrated Army Aviation Personnel (Cited in para 5–11*a*.)

AR 600–110

Identification, Surveillance, and Administration of Personnel Infected with Human Immunodeficiency Virus (Cited in para 3–3*e*(3)(*b*).)

AR 601–270

Military Entrance Processing Station (MEPS) (Cited in para 5–4*a*.)

AR 608–75

Exceptional Family Member Program (Cited in para 5–24b(6).)

AR 614–30

Overseas Service (Cited in para 4–9d(1).)

AR 635–40

Disability Evaluation for Retention, Retirement, or Separation (Cited in table 1–1.)

AR 635–200

Active Duty Enlisted Administrative Separations (Cited in para 4–9b(3).)

DA Pam 40–501

Army Hearing Program (Cited in para 3–3g.)

DA Pam 40–506

The Army Vision Conservation and Readiness Program (Cited in para 3–3h.)

DA Pam 220–1

Defense Readiness Reporting System – Army Procedures (Cited in para 1–3a(1).)

DODD 1308.1

DOD Physical Fitness and Body Fat Program (Cited in para 4–12e.)

DODI 1241.01

Reserve Component (RC) Line of Duty Determination for Medical and Dental Treatments and Incapacitation Pay Entitlements (Cited in para 7–2b(5).)

DODI 3020.41

Operational Contract Support (OCS) (Cited in para 7–2a.)

DODI 6025.19

Individual Medical Readiness (IMR) (Cited in para 2–5b.)

DODI 6130.03

Medical Standards for Appointment, Enlistment, or Induction in the Military Services (Cited in para 5–10b.)

DODI 6485.01

Human Immunodeficiency Virus (HIV) in Military Service Members (Cited in para 6–7i(7).)

DODI 6490.03

Deployment Health (Cited in para 7–2a.)

DODI 6490.07

Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees (Cited in para 3–3c.)

DODI 6490.12

Mental Health Assessments for Service Members Deployed in Connection with a Contingency Operation (Cited in para 7–2a.)

DTM 17–004

Department of Defense Expeditionary Civilian Workforce (cited in para 7–2a.)

FM 7–22

Army Physical Readiness Training (Cited in para 4–4b(4)(d).)

STANAG 3526

Interchangeability of NATO Aircrew Medical Categories (Cited in para 5–12b.)

Guide to Clinical Preventive Services

Recommendations of the U.S. Preventive Services Task Force (Cited in para 6–6b3(b).) Available at <https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/index.html>

Section II**Related Publications**

A related publication is a source of additional information. The user does not have to read a related publication to understand this publication. Unless otherwise indicated, publications are available on the Army Publishing Directorate (APD) website, at <https://armypubs.army.mil/>. DOD publications are available at <http://www.esd.whs.mil/>. The United States Code and the Code of Federal Regulations are available at <https://www.govinfo.gov/>.

AD 2012–23

Body Fat Standards for U.S. Army Enlisted Accessions

AD 2016–09

Maternity Leave Policy

AR 25–30

Army Publishing Program

AR 40–68

Clinical Quality Management

AR 56–9

Watercraft

AR 135–18

The Active Guard Reserve Program

AR 135–91

Service Obligations, Methods of Fulfillment, Participation Requirements, and Enforcement Procedures

AR 135–100

Appointment of Commissioned and Warrant Officers of the Army

AR 135–133

Ready Reserve Screening, Qualification Records System, and Change of Address Reporting

AR 140–1

Mission, Organization, and Training

AR 140–185

Training and Retirement Point Credits and Unit Level Strength Accounting Records

AR 145–1

Senior Reserve Officers' Training Corps Program: Organization, Administration, and Training

AR 600–8–4

Line of Duty Policy, Procedures, and Investigations

AR 600–20

Army Command Policy

AR 601–210

Active and Reserve Components Enlistment Program

AR 611–75

Management of Army Divers

AR 614–10

U.S. Army Personnel Exchange Program with Military Services of Other Nations

AR 670–1

Wear and Appearance of Army Uniforms and Insignia

Army Flight Surgeon's Administrative Guide

Administrative Guide (Available at https://vfso.rucker.amedd.army.mil/public/downloads/army_apls_may2015.pdf/)

Assistant Secretary of Defense (Health Affairs) Policy Memorandum

Clinical Practice Guidance for Deployment-Limiting Mental Disorders and Psychotropic Medications, dated 7 October 2013 (Available at <http://www.health.mil/policies?&query=mental%20disorders>)

ATB

Aeromedical Technical Bulletins (Available at https://vfso.rucker.amedd.army.mil/public/downloads/army_apls_may2015.pdf/)

DA Pam 40–501

Army Hearing Program

DA Pam 385–90

Army Aviation Accident Prevention Program

DA Pam 600–8

Military Human Resources Management Administrative Procedures

DA Pam 611–21

Military Occupational Classification and Structure

DOD 5400.11–R

Department of Defense Privacy Program

DOD 6025.18–R

DOD Health Information Privacy Regulation

DOD 7000.14–R, Vol. 7A

Military Pay Policy and Procedures – Active Duty and Reserve Pay

DODI 1332.45

Retention Determinations for Non-Deployable Service Members

DSM–V

Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM–5), American Psychiatric Association

Navy Dive Manual

Revision 7, Appendix 5A (Available at <http://www.navsea.navy.mil/home/supsalv/00c3-diving/diving-publications/>.)

NGR 600–200

Enlisted Personnel Management and Fiscal Year (FY) Enlistment Criteria Memorandum (ECM) (Available at the Guard Knowledge Online (GKO) <https://gko.ngb.army.mil/>.)

NGR 635–101

Efficiency and Physical Fitness Boards (Available at http://www.ngbpdc.ngb.army.mil/pubs/635/ngr635_101.pdf)

OPM Operating Manual

Qualification Standards Handbook for General Schedule Positions (Available at <http://www.opm.gov/qualifications/index.htm>.)

TB MED 250

Dental Record Administration, Recording, and Appointment Control

TB MED 507

Heat Stress Control and Heat Casualty Management

TB MED 523

Control of Hazards to Health from Microwave and Radio Frequency Radiation and Ultrasound

TB MED 524

Control of Hazards to Health from Laser Radiation

TC 3–04.11

Commander's Aviation Training and Standardization Program

5 CFR Part 339

Medical qualification determinations

14 CFR Part 61

Certification: Pilots, flight instructors, and ground instructors

14 CFR Part 65

Certification: Airmen other than flight crewmembers

14 CFR Part 67

Medical standards and certification

10 USC 1145(a)(5)

Health benefits

10 USC 1177

Members diagnosed with or reasonably asserting post-traumatic stress disorder or traumatic brain injury: medical examination required before administrative separation

10 USC 10148

Ready Reserve: failure to satisfactorily perform prescribed training

10 USC 10206

Members: physical examinations

10 USC 12303

Ready Reserve: members not assigned to, or participating satisfactorily in, units

Section III

Prescribed Forms

Except where otherwise indicated below the following forms are available as follows: DA Forms are available on the Army Publishing Directorate (APD) website (<http://www.apd.army.mil>).

DA Form 7349

Initial Medical Review - Annual Medical Certificate (prescribed in para 6–6d(4).)

DA Form 7809

Summary of Care by Non-Military Provider (prescribed in para 2–3c.)

Section IV

Referenced Forms

Except where otherwise indicated below the following forms are available as follows: DA Forms are available on the APD website (<https://www.armypubs.army.mil>); DD Forms are available on the Executive Services Directorate website (<https://www.esd.whs.mil/directives/forms>).

DA Form 2028

Recommended Changes to Publications and Blank Forms

DA Form 3083

Medical Examination for Certain Geographical Areas

DA Form 3349–SG

Physical Profile

DA Form 3725

Army Reserve Status and Address Verification

DA Form 4497

Interim (Abbreviated) Flying Duty Medical Examination

DA Form 7655

Armed Forces Eye and Vision Readiness Summary

DD Form 689

Individual Sick Slip

DD Form 771

Eyewear Prescription

DD Form 1966

Record of Military Processing – Armed Forces of the United States

DD Form 2215

Reference Audiogram

DD Form 2216

Hearing Conservation Data

DD Form 2341

Report of Animal Bite – Potential Rabies Exposure

DD Form 2351

DOD Medical Examination Review Board (DODMERB) Report of Medical Examination

DD Form 2697

Report of Medical Assessment

DD Form 2766

Adult Preventive and Chronic Care Flowsheet

DD Form 2795

Pre-Deployment Health Assessment

DD Form 2796

Post-Deployment Health Assessment (PDHA)

DD Form 2807–1

Report of Medical History

DD Form 2807–2

Accessions Medical Prescreen Report

DD Form 2808

Report of Medical Examination

DD Form 2813

DOD Active Duty/Reserve/Guard/Civilian Forces Dental Examination

DD Form 2900

Post-Deployment Health Re-assessment (PDHRA)

DD Form 2992

Medical Recommendation for Flying or Special Operational Duty

DD Form 3024

Annual Periodic Health Assessment

FAA Form 8500–9

Aviation Medical Exam (Available at <https://medxpress.faa.gov/medxpress/>.)

Glossary

Section I

Abbreviations

ADDR

Army Dental Digital Repository

ADOS

active duty operational support

ADT

active duty for training

AERO

Aeromedical Electronic Resource Office

AFRSSIR

Armed Forces Repository of Specimen Samples for the Identification of Remains

AKO

Army Knowledge Online

AME

aeromedical examiner

AMNP

aviation medicine nurse practitioner

AOC

area of concentration

APA

aeromedical physician assistant

APD

Army Publishing Directorate

APEL

authorized protective eyewear list

APFT

Army physical fitness test

APL

aeromedical policy letters

ARNG

Army National Guard (State)

ARNGUS

Army National Guard of the United States

BCT

Basic Combat Training

CA

civil affairs

CCMD

Combatant Command

CDQC

Combat Diver Qualification Course

COAD

continued on active duty

COAR

continued on active reserve

COMPO

components

CURORG

current organization

DA

Department of the Army

DES

Disability Evaluation System

DHAP

Deployment Health Assessment Program

DMO

diving medical officer

DMT

diving medical technician

DNA

deoxyribonucleic acid

DOD

Department of Defense

DODI

Department of Defense instruction

DRC

dental readiness classification

ECG

electrocardiogram

EFMP

Exceptional Family Member Program

EHR

electronic health records

FAA

Federal Aviation Administration

FDHS

Flying Duty Health Screen

FDME

Flying Duty Medical Examination

FEB

Flying Evaluation Board

FFD

full flying duties

FS

flight surgeon

HCV

hepatitis c virus

HDL

High-density lipoprotein

HIV

human immunodeficiency virus

IMR

Individual medical readiness

IMT

initial military training

IRR

Individual Ready Reserve

MAR2

MOS Administrative Retention Review Program

MCEP

military combat eye protection

MEB

Medical Evaluation Board

MEDPROS

Medical Protection System

MEPCOM

U.S. Military Entrance Processing Command

MEPS

Military Entrance Processing Stations

MFF

military freefall

MHA

Mental Health Assessment

MODS

Medical Operational Data System

MOHT

Military Operational Hearing Test

MOPP

mission oriented protective posture

MOS

military occupational specialty

MRC

medical readiness classification

MRDP

medical retention determination point

MTF

military treatment facility

NATO

North Atlantic Treaty Organization

NGB

National Guard Bureau

OCONUS

outside the continental United States

P3T

pregnancy/post partum physical training

PA

physician assistant

PCS

permanent change of station

PDHRA

Post Deployment Health Reassessment

PEB

Physical Evaluation Board

PHA

periodic health assessment

PSYOPS

psychological operations

PT

physical training

PULHES

“Physical, upper, lower, hearing, eyes, psychiatric” in the profile functional capacity guide

RC

Reserve Component

RC–NDR

Reserve Component non-duty-related

REFRAD

Release from Active Duty

RHRP

Reserve Health Readiness Program

ROM

range of motion

ROTC

Reserve Officers’ Training Corps

SAAM

School of Army Aviation Medicine

SERE

survival, evasion, resistance, escape

SHPE

separation history and physical exam

SPRINT

speech recognition in noise test

SSN

Social Security number

STANAG

standardization agreement

STR

service treatment record

TPR

TRICARE Prime Remote

TRICARE

Tri-Service Medical Care

TSG

The Surgeon General

USAAMA

U.S. Army Aeromedical Activity

USAJFKSWCS

U.S. Army John F. Kennedy Special Warfare Center and School

USAR

U.S. Army Reserve

USASOC

U.S. Army Special Operations Command

USC

United States Code

USMA

United States Military Academy

USPSTF

U.S. Preventive Services Task Force

VRC

vision readiness classification

WTU

Warrior Transition Unit

Section II

Terms

accepted medical principles

Fundamental deduction consistent with medical facts and based upon the observation of a large number of cases. To constitute accepted medical principles, the deduction must be based upon the observation of a large number of cases over a significant period and be as reasonable and logical as to create a moral certainty that they are correct.

Active Component

A Federal force of full-time Soldiers and Department of the Army Civilians who make up the operational and institutional organizations engaged in the day-to-day missions of the Army. These Army organizations are designated as force structure component (COMPO) 1. Upon mobilization, ARNGUS/ARNG (COMPO 2) and USAR (COMPO 3) units do not become “Active Component” organizations; they retain their applicable force structure component designations while on active duty. See DA Pam 220–1.

applicant

A person not in a military status who applies for appointment, enlistment, or reenlistment in the USAR.

authorized protective eyewear list

Eyewear that has satisfied all applicable qualification requirements (such as, meets Army standards for ballistic protection) and is listed on Program Executive Office Soldier (PEO Soldier) Qualified Products List (QPL). See <http://www.peosoldier.army.mil/equipment/eyewear/>.

candidate

Any individual under consideration for military status or for a military service program whether voluntary (appointment, enlistment, ROTC) or involuntary (induction).

civilian physician

Any individual who is legally qualified to prescribe and administer all drugs and to perform all surgical procedures in the geographical area concerned.

deployable

A Soldier under the direct operational control of the reporting unit, whether present or able to be present within 72 hours, who is in compliance with all required personnel readiness standards and not restricted from deploying to perform the unit’s core designed and assigned missions. Commanders use the medical readiness information to determine if a Soldier

is medically deployable and can contribute to the unit's core designed mission or assigned mission in accordance with readiness reporting guidance.

deployment

The relocation of forces and materiel to desired operational areas. Deployment encompasses all activities from origin or home station through destination, specifically including intercontinental United States, intertheater, and intratheater movement legs, staging, and holding areas.

Disability Evaluation System

Procedures that apply in determining whether a Soldier is unfit because of physical disability to reasonably perform the duties of his or her office, grade, rank, or rating. The DES consists of medical evaluation boards (a function of the Army Medical Department), physical evaluation boards (elements of the U.S. Army Physical Disability Agency (USAPDA)), and case reviews, when applicable, by USAPDA.

enlistment

The voluntary enrollment for a specific term of service in one of the Armed Forces, as contrasted with induction under the Military Selective Service Act.

health care provider

Licensed or certified health care personnel (specifically, a physician, physician assistant, nurse practitioner, dentist, optometrist, physical therapist, chiropractor, occupational therapist, audiologist, podiatrist, nurse midwives, clinical psychologist, clinical social worker, advanced practice nurse, independent duty corpsman, special forces medical sergeant, independent duty medical technician, or independent duty health services technician) who have received PHA program-specific training. This definition does not imply authority to prescribe use of prescription drugs.

impairment of function

Any anatomic or functional loss, lessening, or weakening of the capacity of the body, or any of its parts, to perform that which is considered by accepted medical principles to be the normal activity in the body economy.

latent impairment

Impairment of function that is not accompanied by signs and/or symptoms but is of such a nature that there is reasonable and moral certainty, according to accepted medical principles, that signs and/or symptoms will appear within a reasonable period of time or upon change of environment.

manifest impairment

Impairment of function that is accompanied by signs and/or symptoms.

medical capability

General ability, fitness, or efficiency (to perform military duty) based on accepted medical principles.

medical readiness

A standardized system across the total force to enable the commander to measure, achieve, and sustain Soldiers' health to perform their war time requirement (MOS/AOC) from induction to separation.

Medical Readiness Class 1 (Fully Medically Ready, MRC 1)

Soldiers who are current in PHA (completed), dental readiness assessment classified as DRC 1 or DRC 2, immunization status, medical readiness and laboratory studies, individual medical equipment, and without any deployment-limiting medical conditions and medications.

Medical Readiness Class 2 (Partially Medically Ready, MRC 2)

Soldiers who are lacking one or more immunizations, medical readiness laboratory studies, HRC 4, VRC 4, and/or individual medical equipment.

Medical Readiness Class 3 (Not Medically Ready, MRC 3)

Soldiers with use of a deployment limiting medication, a chronic or prolonged deployment limiting medical or mental condition as described in AR 40–501. These conditions may also include temporary or permanent profiles of category 3 or higher, pregnancy, undergoing administrative review or medical board process, permanent assignment limitations, hospitalization, recovery, or rehabilitation time from serious illness or injury, and/or individuals in Dental Class 3.

Medical Readiness Class 4 (Medical Readiness Indeterminate, MRC 4)

Inability to determine the Soldier's current health status because of missing health information, including Soldiers with an overdue PHA, and/or those in DRC 4.

Medical Retention Determination Point

The Medical Retention Determination Point (MRDP) is reached if a medical condition which has been temporarily profiled has stabilized or cannot be stabilized in a reasonable period of time for up to 12 months and impacts successful performance of duty. Successful performance of duty is defined as the ability to perform basic soldiering skills required by all military personnel (section 4 of DA Form 3349 and passing one aerobic AFPT event) and perform the duties required of his or her MOS, grade, or rank.

obesity

Excessive accumulation of fat in the body manifested by poor muscle tone, flabbiness, and folds; bulk out of proportion to body build; dyspnea and fatigue upon mild exertion; and frequently accompanied by flat feet and weakness of the legs and lower back.

Operational Profile Review Board

A board convened monthly at battalion level and higher to review all temporary profiles of greater than 120 days in length (battalion), greater than 180 days in length (brigade), and greater than 240 days in length (senior command and higher).

physical disability

Any manifest or latent impairment of function due to disease or injury, regardless of the degree of impairment that reduces or precludes an individual's actual or presumed ability to perform military duty. The presence of a physical disability does not necessarily require a finding of unfitness for duty. The term "physical disability" includes mental diseases other than such inherent defects as behavior disorders, personality disorders, and primary mental deficiency.

physician

An individual possessing a degree in medicine or osteopathy and licensed by a State, Commonwealth, territory, or jurisdiction to practice medicine.

Reserve Component

Applies to Army National Guard of the United States (ARNGUS), Army National Guard (ARNG), and U.S. Army Reserve (USAR) units. See DA Pam 220-1.

retirement

Release from active military Services because of age, length of service, disability, or other causes, in accordance with Army regulations and applicable laws, with or without entitlement to receive retired pay. For the purposes of this regulation, this includes both temporary and permanent disability retirement.

sedentary duties

Tasks to which military personnel are assigned that are primarily sitting in nature, do not involve any strenuous physical efforts, and permit the individual to have relatively regular eating and sleeping habits.

separation

An all-inclusive term that is applied to personnel actions resulting from release from active duty, discharge, retirement, dropped from rolls, release from military control or personnel without a military status, death, or discharge from the ARNGUS with concurrent transfer to the Individual Ready, Standby, or Retired Reserve. Reassignments between the various categories of the U.S. Army Reserve (Selected, Ready, Standby, or Retired) are not considered as separations.

Section III**Special Abbreviations and Terms**

This section contains no entries.

UNCLASSIFIED

PIN 204085-000

EXHIBIT 62



DoD INSTRUCTION 6200.06

PERIODIC HEALTH ASSESSMENT (PHA) PROGRAM

Originating Component: Office of the Under Secretary of Defense for Personnel and Readiness

Effective: September 8, 2016

Releasability: Cleared for public release. Available on the DoD Issuances Website at <http://www.dtic.mil/whs/directives>.

Approved by: Peter Levine, Acting Under Secretary of Defense for Personnel and Readiness

Purpose: This issuance establishes policy, assigns responsibilities, and prescribes procedures for implementing all aspects of the PHA program for Active Duty and Reserve Components of the DoD, in accordance with DoD Directive (DoDD) 5124.02 and Sections 1074a, 10149, and 10206 of Title 10, United States Code.

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DoDI 6200.06, September 8, 2016

SECTION 1: GENERAL ISSUANCE INFORMATION

1.1. APPLICABILITY. This issuance applies to OSD, the Military Departments (including the Coast Guard at all times, including when it is a Service in the Department of Homeland Security by agreement with that Department), the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD.

1.2. POLICY. It is DoD policy that the DoD will establish a PHA program forming the foundation for all military health assessments. This program includes the development and oversight of a single PHA tool and other deployment-related health assessment tools, when allowed by law, for use by all Military Services. The PHA program will be standardized across the Military Services in order to:

- a. Assess the medical readiness of Service members.
- b. Assess currency of individual medical readiness (IMR) requirements, in accordance with DoD Instruction (DoDI) 6025.19.
- c. Identify if Service members are within the time frame for completion of required deployment-related health assessments, in accordance with DoDIs 6490.03 and 6490.12.
- d. Include a person-to-person mental health assessment with a health care provider trained to perform mental health assessments, in accordance with Section 1074n of Title 10, United States Code. Licensed mental health professionals may conduct this assessment in accordance with DoDI 6490.12.
- e. Identify if Service members require separation histories and physical examinations.
- f. Provide a standardized PHA tool based on prevention and evidence-based medical recommendations provided by the U.S. Preventive Services Task Force. All the Military Services and their components will use this PHA tool.
- g. Provide guidance that includes appropriate preventive health education and screening for currency of occupational medical examinations and special duty physicals.
- h. Monitor health of the force and identify duty-limiting and deployment-limiting conditions, in accordance with DoDIs 1332.18 and 6490.07.
- i. Provide preventive health screening and determine if further health evaluation is indicated for Service members.
- j. Include a face-to-face encounter with a trained health care provider if clinically indicated in any part of the process, or requested by the Service member.

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k. Comply with DoD 6025.18-R.

l. Use standardized medical coding, in accordance with the current International Statistical Classification of Diseases and Related Health Problems (also commonly referred to as International Classification of Diseases).

DoDI 6200.06, September 8, 2016

SECTION 2: RESPONSIBILITIES

2.1. UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS

(USD(P&R)). The USD(P&R) has overall responsibility for the PHA program and will revise this policy after considering recommendations of the Assistant Secretary of Defense for Health Affairs (ASD(HA)).

2.2. ASD(HA). Under the authority, direction, and control of the USD(P&R), and under DoDD 5136.01, the ASD(HA):

- a. Directs development and implementation of a comprehensive PHA program, to include the PHA tool and other deployment-related health assessment tools.
- b. Supports the development of a comprehensive, web-based, annual PHA tool, DD Form 3024, "Annual Periodic Health Assessment," compatible with major browser systems that provides information security and information privacy, in accordance with DoDI 8320.02, DoDD 5400.11, DoD 5400.11-R, and DoD 6025.18-R.
- c. Requires appropriate information sharing between DoD Components (except where limited by law, policy, or security classification), and that data produced as a result of the responsibilities assigned in this issuance are visible, accessible, and understandable across the Department, as appropriate, in accordance with DoDI 8320.02, DoDI 6490.08, DoDD 5400.11, DoD 5400.11-R, and DoD 6025.18-R.

2.3. DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR HEALTH READINESS POLICY AND OVERSIGHT (DASD(HRP&O)). Under the authority, direction, and control of the ASD(HA), the DASD(HRP&O):

- a. Oversees implementation of this issuance.
- b. Establishes performance measures, provides guidance for development of metrics, and monitors metrics implementation and analysis.

2.4. DIRECTOR, DEFENSE HEALTH AGENCY (DHA). Under the authority, direction, and control of the USD(P&R), through the ASD(HA), and under DoDD 5136.13, the Director, DHA:

- a. Develops and establishes a DHA procedural instruction to specify how this issuance will be implemented and monitored.
- b. Develops and maintains a validated, comprehensive, web-based, annual PHA program that provides information security and information privacy in accordance with DoDI 8320.02, DoDD 5400.11, DoD 5400.11-R, and DoD 6025.18-R, and is compatible with major browser systems.

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- c. Recommends changes or revisions to PHA program policy, as needed.
- d. Establishes quality assurance and quality control metrics for uniform implementation across all DoD Components and monitoring of the PHA program.
- e. Provides leadership and oversight in identifying functional requirements of a uniform information management and information technology health assessment system.
- f. Establishes procedures for both Active and Reserve Components to follow to achieve the same PHA program outcomes.
- g. Establishes and manages a workgroup to monitor and update the PHA program, as needed.
- h. Develops and implements a comprehensive PHA training program for health care providers and health care personnel.
- i. Conducts surveillance and analysis of PHA-related data.

2.5. ASSISTANT SECRETARY OF DEFENSE FOR MANPOWER AND RESERVE AFFAIRS (ASD(M&RA)). Under the authority, direction, and control of the USD(P&R), the ASD(M&RA) monitors PHA program policies for the Selected Reserve to assure they are consistent with policies established for the Active Component, in accordance with Title 10, United States Code, DoDD 5125.01, and the March 20, 2015, Deputy Secretary of Defense Memorandum.

2.6. SECRETARIES OF THE MILITARY DEPARTMENTS AND THE COMMANDANT, UNITED STATES COAST GUARD. The Secretaries of the Military Departments and the Commandant, United States Coast Guard:

- a. Develop Service-specific implementation guidance consistent with the DHA procedural instructions for their respective departments and assure compliance with this issuance.
- b. Provide unit commanders with access to Service members' PHA self-assessment completion rates as an integral part of the IMR program.
- c. Provide personnel, training, and support to implement requirements of this issuance.
- d. Ensure Active Component and Selected Reserve Service members complete an annual PHA self-assessment. Ensure Service members not required to complete an annual PHA self-assessment (e.g., certain members of the Ready Reserve) are screened in accordance with section 10206 of Title 10, United States Code.

DoDI 6200.06, September 8, 2016

SECTION 3: PROCEDURAL REQUIREMENTS

3.1. PHA PROGRAM OBJECTIVES. The PHA program objectives define the baseline from which the Director, DHA, will develop and establish the DHA procedural instruction. The objectives include:

- a. Assessing IMR status.
- b. Identifying and documenting potential duty-limiting or deployment-limiting conditions.
- c. Providing age- and gender-specific, evidence-based preventive health information and recommendations to Service members.
- d. Assessing currency of required occupational and environmental health evaluations, exams, and special duty physicals as prescribed by DoD 6055.05-M.
- e. Completing annual person-to-person mental health assessments and deployment-related health assessments, as appropriate.

3.2. GENERAL GUIDELINES.

- a. Service members are required to complete a PHA every 12 months.
- b. The PHA is recorded as overdue if it is not completed within 90 days after the due date.
- c. Health care personnel trained to perform the record review process will review Service members' responses and PHA record review section questions.
- d. A trained health care provider's signature completes the PHA.
- e. Special duty physicals may include duty-specific requirements not identified in the PHA.

3.3. PHA PROGRAM.

- a. Service members will complete a comprehensive, web-based, annual PHA within the timeline prescribed by Title 10, United States Code. At any time during the PHA process, a face-to-face visit with a health care provider or other appropriate individual may be indicated and scheduled.
- b. Trained health care personnel will review the Service member's self-assessment, available health records, and other information from medical encounters since at least the Service member's last PHA.
- c. A person-to-person mental health assessment between the Service member and a health care provider trained to perform mental health assessments is required. Trained health care

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personnel may determine if the Service member requires further evaluation or health education and contact the Service member.

d. In accordance with the DHA PHA procedural instruction, health care providers who have received PHA program-specific training will:

(1) Conduct the person-to-person mental health assessment if not previously completed within the current calendar year.

(2) Assess and document significant findings.

(3) Document dispositions of the PHA in the appropriate medical system of record.

e. The PHA is considered current for reporting purposes when health care providers have completed all of the following:

(1) Reviewed records and self-assessments.

(2) Conducted a person-to-person mental health assessment.

(3) Identified, reviewed, and initiated appropriate actions of all items requiring evaluation or health education.

(4) Provided recommended clinical preventive education and information to the Service member and documented recommended referrals and other recommendations.

(5) Recorded the PHA completion date in the Service-specific medical readiness system of record. Completion of the PHA does not constitute fulfillment of all IMR requirements.

(6) Sent to and archived in the approved medical record data collected from the PHA, in accordance with DoDI 6040.45.

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GLOSSARY

G.1. ACRONYMS.

ASD(HA)	Assistant Secretary of Defense for Health Affairs
ASD(M&RA)	Assistant Secretary of Defense for Manpower and Reserve Affairs
DASD(HRP&O)	Deputy Assistant Secretary of Defense for Health Readiness Policy and Oversight
DHA	Defense Health Agency
DoDD	DoD directive
DoDI	DoD instruction
IMR	individual medical readiness
MHS	Military Health System
PHA	periodic health assessment
USD(P&R)	Under Secretary of Defense for Personnel and Readiness

G.2. DEFINITIONS. These terms and their definitions are for the purposes of this issuance.

clinical preventive services. Services recommended by the U.S. Preventive Services Task Force intended to prevent or reduce the risk for heart disease, cancer, infectious diseases, and other conditions and events that impact health.

DHA procedural instruction. Under the authority of DoDD 5136.13, implements policy, common business practices and clinical process within shared services, functions, and activities of the Military Health System (MHS) in the administration of all DoD medical and dental programs. Provides overarching procedures to execute policy within the MHS. Issues program direction for the execution of policy within the MHS.

face-to-face. An encounter when the individuals are physically in the presence of each other.

health care providers. Licensed or certified health care personnel (specifically, a physician, physician assistant, nurse practitioner, advanced practice nurse, independent duty corpsman, special forces medical sergeant, independent duty medical technician, or independent duty health services technician) who have received PHA program-specific training. This definition does not imply authority to prescribe use of prescription drugs.

person-to-person. Face-to-face, telephone, or video teleconference dialogue with an individual that is conducted in a private setting to foster trust and openness in discussing sensitive health concerns.

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preventive health screening. Refers to certain questions in the PHA self-assessment as identified by the U.S. Preventive Services Task Force.

PHA. The annual comprehensive medical readiness health assessment that includes routine annual preventive health care screening, in accordance with regulations prescribed by the Secretary of Defense, that reflect morbidity and mortality risks associated with the military service, age, and gender of a Service member. The PHA is the basis for individual Service members to document their medical readiness to perform military duties.

PHA program. A program that provides over-arching management of the PHA, to include: DHA procedural instruction; update and maintenance of the PHA tool in accordance with the U.S. Preventive Services Task Force recommendations; development of information management and information technology specifications and requirements; targeted health education for the Service member; record reviewer and health care provider education; and quality assurance measures.

PHA self-assessment. Annual requirement for Service members to communicate their medical and health readiness status, as required by DoD IMR standards.

PHA tool. Comprehensive, web-based application with standardized questions and medical assessment procedures for conducting required annual PHAs of Service members (DD Form 3024).

special duty physicals. Examinations which, because of the individual's military occupation (e.g., divers, aviators), are required.

trained health care personnel. Health care personnel who have received PHA program-specific training.

U.S. Preventive Services Task Force. An independent, volunteer panel of national public health experts in prevention and evidenced-based medicine. The Task Force makes recommendations such as screenings, counseling services, and preventive medications as a means to improve the health of all Americans.

DoDI 6200.06, September 8, 2016

REFERENCES

- Deputy Secretary of Defense Memorandum, “Re-designation of the Positions of Assistant Secretary of Defense for Reserve Affairs and Assistant Secretary of Defense for Readiness and Force Management,” March 20, 2015
- DoD 5400.11-R, “Department of Defense Privacy Program,” May 14, 2007
- DoD 6025.18-R, “DoD Health Information Privacy Regulation,” January 24, 2003
- DoD 6055.05-M, “Occupational Medical Examinations and Surveillance Manual,” May 2, 2007, as amended
- DoD Directive 5124.02, “Under Secretary of Defense for Personnel and Readiness (USD(P&R)),” June 23, 2008
- DoD Directive 5125.01, “Assistant Secretary of Defense for Reserve Affairs (ASD(RA)),” December 27, 2006, as amended
- DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013
- DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013
- DoD Directive 5400.11, “DoD Privacy Program,” October 29, 2014
- DoD Instruction 1332.18, “Disability Evaluation System (DES),” August 5, 2014
- DoD Instruction 6025.19, “Individual Medical Readiness (IMR),” June 9, 2014
- DoD Instruction 6040.45, “DoD Health Record Life Cycle Management” November 16, 2015
- DoD Instruction 6490.03, “Deployment Health,” August 11, 2006
- DoD Instruction 6490.07, “Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees,” February 5, 2010
- DoD Instruction 6490.08, “Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members,” August 17, 2011
- DoD Instruction 6490.12, “Mental Health Assessments for Service Members Deployed in Connection with a Contingency Operation,” February 26, 2013, as amended
- DoD Instruction 8320.02, “Sharing Data, Information, and Information Technology (IT) Services in the Department of Defense,” August 5, 2013
- International Statistical Classification of Diseases and Related Health Problems 10th revision, 2016
- Public Law 104-191, “Health Insurance Portability and Accountability Act (HIPAA),” August 21, 1996
- United States Code, Title 10

EXHIBIT 63

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF VIRGINIA
ALEXANDRIA DIVISION

- - - - - X

NICHOLAS HARRISON and :
OUTSERVE-SLDN, INC., :
Plaintiffs, :

vs. : No. 1:18-cv-00641

JAMES N. MATTIS, In His : LMB-IDD
Official Capacity As Secretary:
of Defense; MARK ESPER, In His:
Official Capacity As the :
Secretary of the Army; and the:
UNITED STATES DEPARTMENT OF :
DEFENSE, :
Defendants. :

- - - - - X

RICHARD ROE, VICTOR VOE, and :
and OUTSERVE-SLDN, INC., :
Plaintiffs, :

vs. : No. 1:18-cv-01565

JAMES N. MATTIS, In His :
Official Capacity As Secretary:
of Defense; HEATHER A. WILSON, :
In Her Official Capacity as :
Secretary of the AIR FORCE; :
and the UNITED STATES :
DEPARTMENT OF DEFENSE, :
Defendants. :

- - - - - X

VIDEOTAPED 30(b)(6) DEPOSITION OF THE
DEPARTMENT OF DEFENSE GIVEN BY DONALD SHELL

DATE: Friday, March 8, 2019

TIME: 9:41 a.m.

LOCATION: Winston & Strawn
1700 K Street, N.W.
Washington, D.C.

1 REPORTED BY: Denise M. Brunet, RPR
2 Reporter/Notary
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6 Veritext Legal Solutions
7 1250 Eye Street, N.W., Suite 350
8 Washington, D.C. 20005
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A P P E A R A N C E S

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(Appearances continued on the next page.)

1 APPEARANCES (continued):

2

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8 Room 3B688

9 Washington, D.C. 20301

10 (703) 614-5610

11 stuart.c.sparker.civ@mail.mil

12

13 ALSO PRESENT: Solomon Francis, Videographer

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1 You may answer.

2 THE WITNESS: No. And I'm not a
3 disabilities act expert, but there is a difference
4 between a service member and a civilian. And
5 there is an inherent difference. And everything
6 that's applicable to a service member is not
7 applicable to a civilian. And so a
8 differentiation has to be made between the two.

9 BY MR. SCHOETTES:

10 Q You can set that document aside.

11 I want to turn to topic 26. And we have
12 it as the bilateral agreement with provisions that
13 prohibit deployment of service members to foreign
14 nations based on HIV diagnosis.

15 And Rob has explained that this has been
16 interpreted to discuss more broadly the
17 restrictions that prohibit deployment of service
18 members to foreign nations based on an HIV
19 diagnosis. Are you prepared to provide testimony
20 on this topic as a representative of the
21 Department of Defense?

22 MR. NORWAY: You may answer.

23 THE WITNESS: Yes.

24 BY MR. SCHOETTES:

25 Q Are you aware of agreements with other

1 countries that discuss the operations and
2 activities of U.S. military forces while in those
3 other countries?

4 A I believe that there are certain
5 documents in existence.

6 Q Do you know what those agreements are
7 called?

8 MR. NORWAY: Objection. Vague.
9 You can answer.

10 THE WITNESS: I believe they may be
11 called SOFAs or -- but I don't have access to
12 those specific documents that are used by the
13 department.

14 THE REPORTER: SOFAs?

15 THE WITNESS: S-O-F-As, status of force
16 agreements, I believe, but I'm...

17 BY MR. SCHOETTES:

18 Q Sir, you're here to testify about this
19 topic today, but you don't have access to the
20 status of force agreements that are at issue?

21 MR. NORWAY: He's here to testify more
22 broadly about country restrictions. Objection to
23 the extent it mischaracterizes the reason why --
24 or the topic for which we're representing him for.

25 You may go ahead and answer.

1 THE WITNESS: So I am aware that the
2 decision tree or the decision process for deciding
3 if a service member requiring a waiver has to take
4 into consideration the agreements with host nation
5 requirements and, in developing the report to
6 Congress, we address the host nation requirements
7 as part of the responsibilities that the combatant
8 commanders have to take into consideration.

9 BY MR. SCHOETTES:

10 Q So these host nation agreements or status
11 of forces agreements are -- could potentially be
12 part of the restrictions on the deployment of
13 service members to foreign nations?

14 MR. NORWAY: Objection. Form.

15 You may answer.

16 THE WITNESS: It could.

17 BY MR. SCHOETTES:

18 Q Have you ever seen a SOFA?

19 MR. NORWAY: Objection. Form.

20 Objection. Out of scope to the extent it calls
21 for personal knowledge.

22 But go ahead, answer.

23 THE WITNESS: No.

24 MR. SCHOETTES: Just -- I want to get
25 clear with you, Rob. The government is relying

1 consideration for a waiver for someone to deploy,
2 would take into consideration through the approval
3 of the combatant command the information that's
4 made available in this particular document in
5 these particular countries.

6 BY MR. SCHOETTES:

7 Q And would you expect other SOFA
8 agreements to similarly cover the topic of whether
9 passport and visa regulations and immigration and
10 inspection are waived between the sending state
11 and the receiving state?

12 MR. NORWAY: Objection. Form.
13 Objection. Scope.

14 You may answer.

15 THE WITNESS: I wouldn't make the
16 assumption. I would have to look at each document
17 individually.

18 BY MR. SCHOETTES:

19 Q So where can I find one of those
20 documents? Or -- I'm sorry. You said the
21 Department of Defense doesn't have those
22 documents, correct?

23 MR. NORWAY: Objection to the extent it
24 mischaracterizes former testimony. Form.

25 You may respond.

1 THE WITNESS: I said that I am not
2 responsible for SOFA agreements, nor have access
3 to departmental SOFA agreements, that my looking
4 into host nation requirements led me into this --
5 attempting to understand better what those host
6 nation requirements are, but I don't have
7 visibility or access to all of the status of force
8 agreements between the department of the United
9 States and all the countries around the world.

10 BY MR. SCHOETTES:

11 Q Did you look at or review the -- did you
12 review the status of forces agreements that were
13 provided to plaintiffs in this case?

14 MR. NORWAY: Objection. Form.

15 You may respond.

16 THE WITNESS: I looked at some, yes.

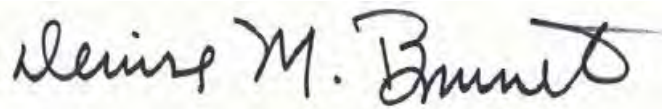
17 BY MR. SCHOETTES:

18 Q You reviewed the provisions of the status
19 of forces agreements?

20 A The documents that were provided
21 addressing host nations. If status of forces
22 agreement were publicly facing and made available
23 and included in the inquiry that I made on my own
24 about looking at host nation requirements, then
25 the documents I provided are documents that I've

CERTIFICATE OF NOTARY PUBLIC

I, Denise M. Brunet, the officer before whom the foregoing deposition was taken, do hereby certify that the witness whose testimony appears in the foregoing deposition was sworn by me; that the testimony of said witness was taken by me stenographically and thereafter reduced to print by means of computer-assisted transcription by me to the best of my ability; that I am neither counsel for, related to, nor employed by any of the parties to this litigation and have no interest, financial or otherwise, in the outcome of this matter.

A handwritten signature in black ink that reads "Denise M. Brunet". The signature is written in a cursive, flowing style.

Denise M. Brunet

Notary Public in and for
The District of Columbia

My commission expires:
December 14, 2022

Veritext Legal Solutions
1100 Superior Ave
Suite 1820
Cleveland, Ohio 44114
Phone: 216-523-1313

March 15, 2019

To: Mr. Norway

Case Name: Roe, Richard, Et Al. v. Shanahan, Patrick M., Et Al.

Veritext Reference Number: 3235712

Witness: Donald Shell , 30(b)(6) Deposition Date: 3/8/2019

Dear Sir/Madam:

Enclosed please find a deposition transcript. Please have the witness review the transcript and note any changes or corrections on the included errata sheet, indicating the page, line number, change, and the reason for the change. Have the witness' signature notarized and forward the completed page(s) back to us at the Production address shown above, or email to production-midwest@veritext.com.

If the errata is not returned within thirty days of your receipt of this letter, the reading and signing will be deemed waived.

Sincerely,
Production Department

NO NOTARY REQUIRED IN CA

DEPOSITION REVIEW
CERTIFICATION OF WITNESS

ASSIGNMENT REFERENCE NO: 3235712

CASE NAME: Roe, Richard, Et Al. v. Shanahan, Patrick M., Et Al.

DATE OF DEPOSITION: 3/8/2019

WITNESS' NAME: Donald Shell , 30(b)(6)

In accordance with the Rules of Civil
Procedure, I have read the entire transcript of
my testimony or it has been read to me.

I have made no changes to the testimony
as transcribed by the court reporter.

Date Donald Shell , 30(b)(6)

Sworn to and subscribed before me, a
Notary Public in and for the State and County,
the referenced witness did personally appear
and acknowledge that:

They have read the transcript;

They signed the foregoing Sworn
Statement; and

Their execution of this Statement is of
their free act and deed.

I have affixed my name and official seal

this _____ day of _____, 20____.

Notary Public

Commission Expiration Date

FILED UNDER
SEAL
EXHIBIT 64

FILED UNDER
SEAL
EXHIBIT 65

EXHIBIT 66

Army Regulation 135-100

Army National Guard and Army Reserve

**Appointment of
Commissioned
and Warrant
Officers of the
Army**

Headquarters
Department of the Army
Washington, DC
1 September 1994

UNCLASSIFIED

SUMMARY of CHANGE

AR 135-100

Appointment of Commissioned and Warrant Officers of the Army

Change 13. This change--

- o Updates office symbols for the U.S. Total Army Personnel Command necessitated by a realignment of functions.
- o Consolidates the authority to tender Reserve of the Army appointments of commissioned officers and warrant officers at HQDA (TAPC-OPD-R) level (para 1-4a).
- o As an exception, incorporates policy allowing USAR warrant appointments to be tendered to enlisted graduates of the Warrant Officer Candidate School and Warrant Officer Candidate School (Reserve components) (para 1-4c).
- o Incorporates other recommendations of the Warrant Officer Leader Development Action Plan (paras 1-4c, 1-6a, 1-6d(3), 1-8a (2), 1-9b, and 2-7.1).
- o Eliminates appointments above grade of WO1 for applications from commissioned and former commissioned officers (para 1-9b).
- o Revises the memorandum for appointment as a Reserve Warrant Officer of the Army (fig 2-3).

Headquarters
Department of the Army
Washington, DC
1 September 1994

Army Regulation 135–100

Effective 1 October 1994

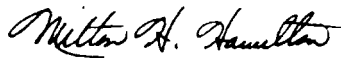
Army National Guard and Army Reserve

Appointment of Commissioned and Warrant Officers of the Army

By Order of the Secretary of the Army:

GORDON R. SULLIVAN
General, United States Army
Chief of Staff

Official:



MILTON H. HAMILTON
Administrative Assistant to the
Secretary of the Army

History. This publication was originally printed on 1 February 1984. Since that time, permanent changes 1 through 12 have been issued. As of 1 June 1990, those changes remain in effect. This UPDATE printing incorporates those changes into the text. This UPDATE printing also publishes a Change 13. This publication has been reorganized to make it compatible with the Army electronic database. No content has been changed.

Summary. This regulation establishes responsibility and provides procedures for the appointment of commissioned and warrant officers in the Reserve Components of the Army. This regulation does not govern appointments of Reserve general officer grades (AR 135–156), Army

Medical Department commissioned officers (AR 135–101), graduates of senior Reserve Officer Training Corps (ROTC) units (AR 145–1), graduates of officer candidate schools (AR 351–5 and AR 140–50), or warrant officer preappointment courses (AR 56–9).

Applicability. This regulation applies to United States Army Reserve (USAR) and Army National Guard (ARNG) soldiers. It also applies to HQDA agencies and installations that provide support to USAR and ARNG soldiers governed by this regulation.

Proponent and exception authority. The proponent of this regulation is the Deputy Chief of Staff for Personnel (DCSPER). The DCSPER has the authority to approve exceptions to this regulation that are consistent with controlling laws and regulation. The proponent may delegate this authority in writing to a division chief within the proponent agency in the grade of colonel or the civilian equivalent.

Army management control process. This regulation is not subject to the requirements of AR 11–2. It does not contain internal control provisions.

Supplementation. Supplementation of this regulation and establishment of forms other than DA Forms are prohibited without prior approval from the ODCSPER, Policy Coordination Office, ATTN:

DARP–ZPO, 9700 Page Boulevard, St. Louis, MO 63132–5200.

Interim changes. Interim changes to this regulation are not official unless they are authenticated by The Administrative Assistant to the Secretary of the Army. Users will destroy interim changes on their expiration dates unless sooner superseded or rescinded.

Suggested Improvements. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to ODCSPER, Policy Coordination Office, ATTN: DARP–ZPO, 9700 Page Boulevard, St. Louis, MO 63132–5200.

Distribution. Distribution of this publication is made per the requirements of DA Form 12–09–E, block number 2559, intended for command level B for the Active Army, A for the ARNG, and A for the USAR.

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Chapter 1 General

1-1. Purpose

This regulation prescribes policy and procedures for the appointment of commissioned and warrant officers in the Army National Guard of the United States (ARNGUS) and the United States Army Reserve (USAR).

1-2. References

Required and related publications and prescribed and referenced forms are listed in appendix A.

1-3. Explanation of abbreviations and terms

Abbreviations and special terms are explained in the consolidated glossary located in the back of this Volume.

1-3.1. Responsibilities

The Deputy Chief of Staff for Personnel (DCSPER), Headquarters, Department of the Army (HQDA) has overall general staff responsibility for policy and procedures governing Reserve of the Army appointments. Specific responsibilities of other agencies are specified when applicable.

1-4. Appointing authority

The authority to tender appointment of commissioned officers and warrant officers (WOs) in the Reserve Components of the Army is delegated in a, and c below. (See AR 135-101 for Army Medical Department branches.)

a. The authority to tender appointment of commissioned officers and warrant officers

b. (Rescinded.)

c. Warrant Officer Candidate School Program. Effective 1 October 1992, as an exception to a above, the Commander, U.S. Army Aviation Center and Fort Rucker, Fort Rucker, Alabama may tender Reserve of the Army appointments, with or without concurrent call to active duty to enlisted graduates of the Warrant Officer Candidate School (WOCS). The Commandant, Army Reserve Readiness Training Center, Fort McCoy, Wisconsin may tender Reserve of the Army appointments without concurrent call to active duty to enlisted graduates of WOCS-RC.

(1) (Rescinded.)

(2) (Rescinded.)

1-5. Basic branch appointment limitations

Basic branch appointments will be limited per year to the total authorized by the DA Total Army Accession Plan.

a. Commissioned officers to fill—

(1) Mobilization table of distribution vacancies on review of application.

(2) Ready Reserve troop program unit (TPU) vacancies. Applications for direct appointment will be processed for position vacancies only when there is no qualified officer available. (See para 2-3a(3) for statement required in this instance.) This requirement does not pertain to enlisted personnel applying for Officer Candidate School (OCS).

(3) The rank of captain or below to meet the need for Ready Reserve reinforcements for assignment to the Individual Ready Reserve (IRR). Appointments will be tendered only to exceptionally well-qualified persons. Appointment is limited to applicants who cannot otherwise obtain a commission because of the lack of a position vacancy in USAR units. This includes mobilization table of distribution vacancies or an inability to join a unit due to geographical location. Chaplains may be appointed to the IRR without regard to unit vacancies or geography.

(4) AD requirements when qualified Reserve officers are not available.

b. WOs to fill—

(1) Mobilization table of distribution vacancies on review of application.

(2) Ready Reserve TPU vacancies based on military occupational specialty (MOS) requirement regardless of the number of WOs assigned. This is provided WOs assigned as over strength are not qualified in the MOS required for the position vacancy. They must be given first opportunity to become qualified in the MOS and to accept assignment to the position. (See para 2-3a(3) for statement required in this instance.)

(3) Ready Reserve reinforcements for assignment to the Control Group (Reinforcement). Appointments will be tendered only to meet the needs of the IRR of those applicants who are exceptionally well-qualified persons. Appointment is limited to applicants for critical/extremely short skills, who cannot otherwise obtain appointment as a warrant officer due to lack of a position vacancy or because a position vacancy no longer exists in USAR units. This includes mobilization table of distribution vacancies or an inability to join a unit due to geographical location.

(4) AD requirements under specific allocations announced by HQDA, when qualified Reserve WOs are not available.

c. The restrictions in a above do not apply to—

(1) WOs and enlisted personnel in the Active Army.

(2) Reserve officers in a grade above colonel who cease to occupy a position commensurate with their grade.

(3) Regular Army (RA) officers selected for involuntary discharge as a result of reduction in force, applying for appointment without concurrent AD, effective the day after discharge.

(4) RA officers applying for appointment in the Army Reserve concurrent with their unqualified resignation. Also included are National Oceanic and Atmospheric Administration (NOAA) officers eligible for appointment as an exception to paragraph 1–7e.

1–6. Eligibility criteria

Applicants with qualifications listed in *a* through *i* below may apply for appointment. Soldiers enrolled in or formally approved for OCS or WOEC programs are exempt.

a. Age and years of service.

(1) Minimum and maximum age limitations are shown in table 1–1. The applicant must not have reached the birthday of the maximum age indicated prior to appointment.

(2) The Army goal is to access WO's with 8 or less years of service. Warrant officer applicants with concurrent call to active duty must not have exceeded 12 years of active Federal service as of the date the DA Form 61 (Application for Appointment) is signed by the applicant.

Table 1–1
Minimum and maximum age limitations

Grade	Minimum age	Maximum age less than
Second Lieutenants, except Chaplain Candidates	18	28
Second Lieutenants—Chaplain Candidates	18	34
First Lieutenants—Chaplains	18	40
First Lieutenant	21	33
Captain		39
Major		48
Lieutenant Colonel		51
Colonel		55
Warrant Officer	18	46

Notes:

Maximum age limitations may be increased for former officers and warrant officers by an amount not more than the length of previous service in grade in which appointment is authorized. (Previous service includes active duty or Active Reserve service in any component of the Armed Forces.) An increase in age is not authorized if an applicant will have less than 2 years to serve before being removed from an active status under provisions of AR 140–10, or if applying for appointment and concurrent active duty before being removed from active duty with the Active Army under the provisions of AR 635–100.

b. Citizenship.

(1) An applicant must be a U.S. citizen or have lawfully entered the United States for permanent residence. Applicable provisions of the Immigration and Naturalization Act as amended apply. An applicant is exempt if he or she is currently serving, or has served previously, in the U.S. Armed Forces. Foreign nationals living in the United States or its possessions who have not applied for permanent residence (nondeclarant alien) may submit applications for initial appointments. However, it will be with the provision that if accepted, application for permanent residence will be made. Medical, dental, and allied category specialists liable for induction and applicants indicated in (2) below are exempt.

(2) Applicants for Military Intelligence (MI) and Civil Affairs Branches must be citizens of the United States.

(3) Under no circumstances will appointments be made from the following categories:

(a) Applicants convicted of wartime desertion or evasion of military service, as specified in the Immigration and Naturalization Act.

(b) Any person barred from citizenship who after applying is later relieved or discharged from service in the Armed Forces by reason of alienage.

c. Mental.

(1) Applicants for appointment as a commissioned officer must achieve a General Technical Aptitude Area (GT) score of 110 or higher. A score of 90 or higher on Subtest 2 on the Officer Selection Battery (OSB) is also required. Applicants for appointment as WOs must have a recorded standard score of 110 or above on the GT. If either of these required scores is not recorded, then the applicant will be tested to determine mental qualification.

(2) Provisions of (1) above are not applicable for appointment—

(a) In the Army Medical Department (AMEDD), Chaplain's Branch, or JAGC.

(b) Of a former commissioned officer applying for reappointment as a commissioned officer or appointment as a WO.

(c) Of a former WO applying for reappointment as a WO.

(3) Applicants from other Armed Forces must submit evidence of attainment of a qualifying GT score of 110 or higher. If available, records of scores will be sent by the custodian of the applicant's personnel records to the commander of the Army installation processing the application. If required test scores are not available, arrangements will be made to administer the entire test battery. All aptitude area scores will be computed including the GT. The retest scores will become the official scores of record for all personnel programed. The test control officer will submit the test results to the commander processing the application.

d. Education. Each applicant must—

(1) Have demonstrated understanding and proficiency in the English language. Non-prior service applicants who are native to Samoa, Guam, or Puerto Rico or who are not native speakers of English or have resided in the United States less than 1 year will be administered the English Comprehension Level Test (ECLT) at MEPS. Applicants for appointment as a commissioned officer or as a WO must score a minimum of 80 on the ECLT (AR 621-5, chap 8).

(2) For appointment as a commissioned or warrant officer the individual must—

(a) Be a graduate of high school or school of comparable level, or

(b) Pass the General Education Development (GED) test (high school level or higher).

(c) Meet any additional requirements for specific officer branches or warrant officer MOS, as appropriate.

(3) For appointment as a warrant officer, the soldier must complete all phases of WOCS or WOCS-RC within 2 years of selection. Exceptions to this requirement will be reviewed on a case-by-case basis. A USAR warrant officer candidate who desires an exception will send a written request with supporting documentation through his or her immediate commander, to Commander, U.S. Army Reserve Personnel Center, ATTN: DARP-OPF-WO, 9700 Page Boulevard, St. Louis, MO 63132-5200. HQDA (DAAR-PE) is the final approval authority for such exceptions. Army National Guard WO candidates will submit applications per NGR 600-101. No delegation of authority is authorized. All appointments are contingent on technical and tactical certification by completion of the appropriate Warrant Officer Basic Course (WOBC) or certification by the MOS proponent as technically and tactically certified for award of an authorized MOS (para 2-7.1). Commissioned, former commissioned, and warrant officers may apply for warrant officer appointment without enrolling in WOCS or WOCS-RC. These individuals must have had sufficient education, technical training, and practical experience to ensure satisfactory performance of duties in the MOS for which application is made. Applicants for marine WO must meet the requirements of AR 56-9.

e. Character. Each applicant must be of good moral character.

f. Leadership. Applicants must possess traits as potential leaders and have the ability to deal effectively with people. Such traits may be evaluated in terms of the applicant's background and experience.

g. Medical.

(1) Medical requirements are prescribed in AR 40-501, chapter 2. Effective 1 August 1987, all applicants for direct appointment must meet the retention weight standards of AR 600-9.

(a) For flight training. A Type B medical examination is needed to meet class 1A flying duty medical fitness standards. AR 40-501, chapters 4 and 8, contains information on medical examinations.

(b) For continuance of aviation duty. A Type B medical examination is needed to meet class II flying duty medical standards prescribed in AR 40-501, chapter 4.

(c) For all other personnel. A Type A medical examination is required to meet medical fitness standards listed in AR 40-501, chapter 2. AR 40-501, chapters 2 and 8, contains information on medical examinations.

(2) The appointing authority will process medical examinations and waivers as follows:

(a) Forward class 1A flying duty medical examinations to HQDA(DASG-PSC), WASH DC 20310-2300, for review. Waivers are not authorized.

(b) Designate flight surgeons or aviation medical officers to review all class II and class III flying duty medical examinations. Forward any cases of questionable or controversial nature directly to HQDA(DASG-PSC), WASH DC 20310-2300, for review.

(c) Take action on all other reports of medical examinations.

(d) Effective 1 August 1987, applicants for ARNG appointments in all basic and special branches who exceed retention weight standards of AR 600-9 must request a waiver from the State Adjutant General. Waivers above initial procurement standards of AR 40-501 and those found in special procurement programs as in (a) above are not authorized.

(e) Effective 1 August 1987, applicants for direct USAR appointment in the Chaplain's Branch or the JAGC who exceed retention weight standards of AR 600-9 must request a waiver from HQDA (DACH-PEP), WASH DC 20310-2700 or the Commandant, TJAGSA, ATTN: JAGS-GRA, Charlottesville, VA 22903-1781. Waivers above initial procurement standards of AR 40-501 are not authorized.

(f) Effective 1 August 1987, applicants for direct USAR appointment in all basic branches who exceed retention weight standards of AR 600-9 must request a waiver from PERSCOM, Appointment Directorate, ATTN: TAPC-OPD-R, 9700 Page Boulevard, St. Louis, MO 63132-5200. Waivers above initial procurement standards of AR 40-501 are not authorized.

h. Security requirements.

(1) Applicants will have as a minimum, a Secret security clearance prior to being tendered an appointment.

(2) Applicants for appointment as commissioned officers with assignment to MI Branch will be informed of the time required to obtain clearances. Applicants for appointment as warrant officer in an MOS which requires a security investigation status or clearance above Secret under AR 611–112 must submit documents per paragraph 2–1f. Special background investigations and final clearances may take up to 12 months to complete. The originating unit commander will initiate a special background investigation per AR 140–192 for USAR applicants. NGR 600–100 applies to commissioned officer applicants in the ARNG. NGR 600–101 applies to warrant officer applicants in the ARNG. Applicants for MI must be declared eligible for access to sensitive compartmented intelligence. Applicants for MOS 351E, Interrogation Technician, are exempt.

(3) As an exception, health professionals, chaplains, and attorneys may be commissioned in the Reserve Components prior to completion of a NAC/DNACI provided that—

(a) A NAC/DNACI is initiated at the time an application for a commission is submitted; and

(b) The applying health professional, chaplain, or attorney agrees in writing that, if the results of the investigation are unfavorable, he or she will be subject to discharge if found to be ineligible to hold a commission. Under this exception, commissions in the Reserve Components other than the National Guard may be tendered to immigrant alien health professionals, chaplains, and attorneys.

(4) Waivers of above requirements will not be granted.

(5) **(Rescinded.)**

(6) **(Rescinded.)**

(7) **(Rescinded.)**

(8) **(Rescinded.)**

i. *Examining boards.* Applicant must appear before an examining board as prescribed in chapter 4. However, those applicants applying under paragraphs 1–7c(4)(b), 1–7c(5), and 1–7e(2), and as otherwise provided for in this regulation or in regulations governing specific appointments, are exempt.

1–7. Ineligibles

The following persons are not eligible for appointment unless a waiver is authorized under paragraph 1–8:

a. Conscientious objectors, except those classified by Selective Service 1–A–O who volunteer for noncombat service with concurrent AD. (See paragraph 2–1j for statement required of these applicants.)

b. Persons adjudged as youthful offenders or have a record of convictions by any type of military or civil court. This excludes minor traffic violations involving a fine or forfeiture of \$100 or less.

c. Persons dropped from the rolls or released from AD, or separated from any component of the U.S. Armed Forces for any of the following reasons:

(1) Under other than honorable conditions. If, on appeal, an individual's discharge was changed to separation "under honorable conditions," he or she is not eligible for appointment solely because of such change. The change in the character of discharge does not alter the official record of the service. Appointment will be tendered or refused based on the facts and merit of the individual case.

(2) For unsatisfactory service.

(3) Resignation for the good of the service in lieu of court-martial, involuntary separation, or any form of disciplinary or corrective action.

(4) Commissioned officers twice passed over for promotion or otherwise released from AD or active status. This is due to failure to be promoted to a higher commissioned grade except—

(a) Individuals in this category are eligible to apply for appointment as a USAR WO if otherwise qualified.

(b) RA officers discharged from that component with less than 20 years active Federal service may apply for a Reserve commission. To qualify, the officer must have been discharged due to a second passover for RA promotion. Officers who voluntarily resign before such discharge from the RA may also apply. Submit applications to PERSCOM, Appointment Directorate, ATTN: TAPC–OPD–R, 9700 Page Boulevard, St. Louis, MO 63132–5200. When it is determined that applicants can be used in a Reserve status, they may be appointed in an active Reserve status. The limitations in paragraph 1–5 are disregarded. Also, if desired, they may request concurrent transfer to the Retired Reserve. Appointments will be tendered only to former RA officers whose overall record of previous performance indicates they have a high degree of potential for service in the Reserve Components.

(5) WO's twice nonselected for Active Army or USAR promotion are ineligible for appointment as a commissioned officer. A WO on the ADL with less than 20 years of active Federal service who is discharged for being twice nonselected for RA promotion or who resigns in advance of such a discharge may apply for a Reserve appointment as a WO, not on active duty. Send applications to PERSCOM, Appointment Directorate, ATTN: TAPC–OPD–R, 9700 Page Boulevard, St. Louis, MO 63132–5200. Applications for appointment in the Army National Guard will be processed per NGR 600–101. RA warrants who voluntarily resign before such discharge are also eligible to apply. Send applications to PERSCOM, Appointment Directorate, ATTN: TAPC–OPD–R, 9700 Page Boulevard, St. Louis, MO 63132–5200. When it is determined that applicants can be used in a Reserve status during mobilization, they may be appointed in an Active Reserve status. Disregard the limitations in paragraph 1–5. If the soldier desires, he or she

may request concurrent transfer to the Retired Reserve. However, soldiers so appointed will not be brought to AD under any procurement program except an involuntary order to AD, during a mobilization.

(6) Separated from any component of the Armed Forces as a security risk. Forward applications filed by persons who were under security investigation at time of their separation to PERSCOM, Appointment Directorate, ATTN: TAPC-OPD-R, 9700 Page Boulevard, St. Louis, MO 63132-5200.

(7) For failure to maintain eligibility for retention in an Active Reserve status. After 1 year, a member may be considered for appointment if the obstacles to Active Reserve participation have been removed. A person in this category must—

(a) Prove conclusively that a valid reason for nonparticipation existed but is no longer an obstacle.

(b) Agree to participate actively if appointed.

d. Commissioned officers, WOs, and enlisted personnel drawing retired pay for services with any of the Armed Forces.

e. Commissioned officers of the Regular components of the Armed Forces, Public Health Service, and NOAA, except—

(1) Officers of the RA, as indicated in c(4)(b) above. This includes RA officers in grade of major and below who apply for Reserve appointment concurrent with their unqualified resignation. Also, it includes RA field grade Medical Corps and Dental Corps officers subsequent to unqualified resignation, and RA officers selected for involuntary discharge as a result of a reduction in force. These officers are not eligible for appointment as Reserve commissioned officers with concurrent call to AD.

(2) Officers commissioned from the Army ROTC Program who are about to be separated from the NOAA before completing at least 6 years AD. Such officers will be appointed on discharge from the NOAA, if otherwise qualified. This is without regard to the provisions of paragraph 2-3c(4)(c).

f. Cadets, United States Military Academy, United States Air Force Academy, and United States Coast Guard Academy, and midshipmen, United States Naval Academy.

g. Persons pursuing a course of graduate study in one of the health professions (medicine, osteopathy, dentistry, veterinary medicine, or optometry). Those participating in programs sponsored by the Surgeon General are not included.

h. Applicants whose appointment would cause them to hold more than one Reserve status simultaneously. This does not preclude appointment when separation from the current Reserve status can be done. For example, an Army Reserve member on AD cannot be separated from that current status so long as he or she is to remain on AD in that status. His or her appointment to another Reserve status will not be made unless the member is to be placed on AD under the new Reserve status.

i. Persons denied retired pay or annuities under the so-called “Hiss Act” (Act of 1 September 1954 (68 Stat. 1142), as amended (5 USC 8311 et seq.)).

j. Individuals who are, or have been, members of any foreign or domestic organization, association, movement, group, or combination of persons advocating a subversive policy or seeking to alter the form of Government by unconstitutional means, whose case has not been adjudicated favorably by the Department of the Army.

k. Citizens of the United States residing in a foreign country, except those—

(1) Residing in a country where the United States has troops stationed.

(2) Residing in a country where the United States has a military mission, advisory, or similar group.

(3) Employed by the U.S. Government and on duty with an Embassy, Legation, or Consular office of the United States.

(4) Residing in an area occupied by the Armed Forces of the United States.

Note. Request to obtain the official consent of the country in which they reside to accept appointment as a USAR commissioned or WO from persons in (1) through (3) above will be submitted through diplomatic channels.

l. Applicants with a Selective Service classification of 1-A, or whose classification could be changed to 1-A, with loss of deferment status, except when applying for appointment with concurrent AD. This is except as indicated in AR 135-101.

m. Enlisted members of the Reserve Components of the Armed Forces of the United States with a remaining service obligation. These members have not completed an initial tour of AD or active duty for training (ADT). Applications may be accepted from such applicants when concurrent AD is requested.

n. Applicants for appointment as commissioned officers who are unable to complete 20 years creditable service for retirement. Included are those unable to complete 20 years for retired pay before mandatory removal from an active status. Also, those applying for concurrent AD who are unable to qualify for retirement before attaining 28 years service. (10 USC 3911 and 3853, covers 20 years or more of Reserve commissioned service and computation of years of service respectively.) This equally applies to applicants for WO appointment who are unable to complete 20 years of satisfactory active Federal service before age 62.

o. Persons transferred to the Standby Reserve or discharged from the Army as a result of approved exemption from involuntary order to AD as a member of the Ready Reserve.

p. Those who are in the military service of a foreign government, or those employed by a foreign government.

q. Members who currently hold USAR commissioned officer appointments will not be initially appointed under chapter 3, sections V, VI, or VII. No person will be appointed whose separation from previous service was under conditions indicating an attempt to set aside normal promotion procedures.

r. RA WOs whose appointment would cause them to hold dual WO status. However, they may apply for direct appointment as a commissioned officer or WO with concurrent AD. This is provided they submit a resignation from their RA status.

(1) **(Rescinded.)**

(2) **(Rescinded.)**

1-8. Waiver

Submit the request for waiver with the application to the address in *a* below. It must contain complete justification, including recommendations of intermediate commanders when applicable. Waiver of both education and experience will not be considered for appointment under chapter 3, sections V or IX.

a. Forward the following requests for waivers to PERSCOM, Appointment Directorate, ATTN: TAPC-OPD-R, 9700 Page Boulevard, St. Louis, MO 63132-5200.

(1) Waiver of minimum age is not authorized. Exceptions to maximum age, education, experience, and military training will be considered. However, members must possess unusual skills or technical qualifications fulfilling a specific need. Waiver of both education and experience will not be considered for appointment under chapter 3.

(2) Waivers of age and years of service.

(a) Waivers of age will be considered on a case-by-case basis for appointment in the grade of second lieutenant in excess of 32 years and 6 months and a warrant officer grade in excess of 46 years when applicant possesses outstanding military experience, leadership abilities, or educational qualifications. The final approval authority for such waivers is HQDA (DAPE-MPO) for USAR applicants and CNGB (NGB-ARP-PO) for Army National Guard applicants. (See below.)

(b) Waivers of more than 12 years active Federal service for warrant officer applicants applying for concurrent call to active duty will be considered on a case-by-case basis for shortage MOS's or exceptional circumstances. HQDA (DAPE-MPO) is the final approval authority for such waivers.

(3) Waiver of conviction of the following offenses will be submitted with the application and evaluated with the NAC:

(a) Felony under local, Federal, or military law.

(b) One which resulted in sentence to confinement in prison, stockade, or detention area, or in sentence to hard labor.

(c) One involving moral turpitude.

(4) Applications from persons employed by a foreign government for final determination by the Secretary of the Army.

(5) Waiver of requirements in paragraph 3-11a and c for appointment in the JAGC.

(6) Persons discharged for twice failing to be selected for USAR promotion will be considered for waiver of paragraph 1-7c(4). This will be based on promotion service accrual while regularly enrolled as students in approved medical or dental schools. This also applies to those undergoing civilian internship or residency training.

(7) Exceptions to paragraph 1-7o may be made when appointment is for concurrent AD. Standby Reserve members requesting waiver under this subparagraph must also meet the terms of paragraph 1-7h.

(8) Waiver of the provisions of paragraph 1-7n may be considered at HQDA on an individual basis. This is applicable to persons applying for appointment without concurrent AD who possess outstanding qualifications.

(9) Waiver of WO MOS not authorized by procurement directives for concurrent AD will not be considered for appointment under chapter 3, section IX.

b. Waiver of disqualifications other than those authorized in this paragraph will be granted only by the Secretary of the Army. Waiver requests will be based on recommendation of the CNGB or CAR through DCSPER, DA. Requests for waiver will be submitted through command channels. The waiver must be fully justified as being in the best interest of the Army. The waiver request must also clearly state with supporting documentation that the experience or professional qualifications of the member uniquely suit the position to which he or she is to be appointed.

c. Requests for exceptions to maximum age limitations for initial appointment in the Chaplain branch will be forwarded directly to HQDA(DACH-ZA), WASH DC 20310-2700. Applicants ineligible under paragraph 1-7n must complete the statement in paragraph 2-1p.

d. Appointing authority may grant a waiver for offenses under military or civil codes, except as specified in a(3) above. However, the applicant's conduct and character at this time must be above reproach. Also, the potential value of the applicant's services must be considered very high.

e. Appointing authorities (para 1-4b) may approve requests for waiver of maximum age 28 up to 32 years and 6

months as of the date of appointment for initial appointment as second lieutenant when authorized to appoint without referral to PERSCOM (TAPC-OPD-R) (STL), for approval.

f. Requests for exceptions to maximum age limitations for appointment in the AMEDD branches will be forwarded directly to HQDA (SGPE-PD), 1900 Half Street, SW, WASH DC 20324-2000. PERSCOM (TAPC-OPD-R) (STL) is the final approval authority for these requests based on the recommendations of HQDA (SGPE-PD). Applicants for appointment in AMEDD branches will be processed according to AR 135-101.

1-9. Grade on appointment

If otherwise qualified, applicants may be appointed in grades indicated.

a. Commissioned officers.

(1) Applicants for direct appointment will not be appointed above the grade of second lieutenant. See paragraphs 3-7 and 3-12 for applicants who qualify for appointment in the Chaplain Branch or the JAGC.

(2) Subject to the requirements of this regulation, officers and former officers will be appointed in the highest grade to which entitled under 10 USC 3359, (see Table 1-2).

Table 1-2
Grade on appointment

Commissioned Service Credit: Less than 3 years

Appointment Grade: Second Lieutenant

Commissioned Service Credit: 3 years or more, but less than 7 years

Appointment Grade: First Lieutenant

Commissioned Service Credit: 7 years or more, but less than 14 years

Appointment Grade: Captain

Commissioned Service Credit: 14 years or more, but less than 21 years

Appointment Grade: Major

Commissioned Service Credit: 21 years or more, but less than 23 years

Appointment Grade: Lieutenant Colonel

Commissioned Service Credit: 23 years or more

Appointment Grade: Colonel or Lieutenant Colonel as determined by HQDA

(3) Appointment to fill TPU and mobilization vacancies will be in the appropriate branch and in the grades authorized. Those grades are listed in (1) and (2) above and (4) below. An applicant qualified for appointment in a grade of second lieutenant or above may be appointed in a vacancy in which the table(s) of organization and equipment (TOE) or tables of distribution and allowances (TDA) authorized grade is up to two grades above the grade of appointment. An officer occupying a position in which a higher grade is authorized will not be counted against the strength authorization in the TOE or TDA for his or her grade.

(4) See appropriate sections in chapter 3 for grades on appointment with assignment to the JAGC or Chaplain Branch. (See AR 135-101 for grades on appointment in the AMEDD.)

(5) Applicants may be appointed in grades up to and including colonel.

(6) A former commissioned officer appointed as a Reserve officer after 14 September 1981 in a grade lower than the grade held when previously discharged may be appointed in a Reserve grade equal to the officer's former grade. Officers who believe they may be eligible for such appointments may contact PERSCOM, Appointment Directorate, ATTN: TAPC-OPD-RA, 9700 Page Boulevard, St. Louis, MO 63132-5200.

(7) A commissioned officer of a regular component who is discharged or who resigns may be appointed as a Reserve commissioned officer. The appointment will be in the grade, with time in grade for promotion purposes equal to the amount of time in the permanent grade held as a regular officer at the time of discharge or resignation.

b. *Warrant officers.* Effective 1 October 1992, all applicants for warrant officer appointment will be appointed to WO, W-1, on successful completion of WOCS or WOCS-RC, in MOS code 001A and per the procedures in paragraph 2-7.1 below, except—

(1) A chief warrant officer (CWO) or a former CWO may be appointed in the highest WO grade satisfactorily held.

(2) Applications from commissioned and former commissioned officers for appointment as a warrant officer will be reviewed by the appropriate WO MOS proponent for certification for the award of the MOS prior to final action by PERSCOM (TAPC-OPD-R)(STL).

(3) For National Guard applicants, the provisions of NGR 600-101 will govern grade determination and date of appointment.

1-10. Service obligations

a. See AR 135-91 and DA form 3574 (Certificate of Acknowledgement and Understanding of Service Requirements for Individuals Applying for Appointment in the USAR Under the Provisions of AR 135-100, or AR 135-101, As Applicable—Individuals Without Prior Service) and DA form 3575 (Certificate of Acknowledgement and Understanding of Service Requirements For Individuals Applying for Appointment in the USAR Under the Provisions of AR 135-100, or AR 135-101, As Applicable—Individuals Without a Statutory Service Obligation) for obligations incurred on initial appointment.

b. Nonobligated personnel appointed as commissioned officers or WOs must be available for service during any emergency or mobilization. Applicants must have full knowledge of this requirement when submitting applications.

c. Applicants appointed as commissioned officers or WOs with concurrent AD must serve in an active status for a specified period. The duration of this term of service will be according to regulations or DA circulars announcing each procurement program.

Chapter 2

Processing

2-1. Applications and allied papers

Applications for appointment will include the following documents, except as indicated in *r* through *t* below:

- a. DA Form 61 in triplicate.
 - (1) When submitting applications under chapter 3, section V, show the specialty in Item 41 (Remarks).
 - (2) Persons currently holding any other USAR status will include a statement in Item 41 that they understand their present Reserve status will be vacated by acceptance of appointment.
 - (3) Members serving in overseas commands will include in Item 41 the scheduled date of return to continental United States (CONUS) or rotation to another location in an overseas command.
 - (4) All basic branch lieutenant appointees in the USAR without concurrent active duty will include in Item 41 the statement: "I understand that I must complete a resident officer basic course within 36 months from the date of appointment as a lieutenant or be subject to discharge per AR 135-175 for failure to complete a basic branch course." This statement must be dated and signed by the applicant.
 - (5) Each applicant for appointment will complete, date, and sign the statement of acknowledgment of Army policy concerning accommodating religious practices at figure 3-4. Statement will be attached to the DA Form 61. Failure to sign the statement may result in nonacceptance of the applicant.
 - (6) Applications will consist of the following documents and will be assembled in the following order for USAR TPU or IRR personnel.
 - (a) Recommendation by applicant's commander.
 - (b) DA Form 61 (original) per paragraph *a* above with APFT height and weight statement in item 41.
 - (c) A statement that the individual has at least a Secret clearance. The statement must indicate the date the clearance was granted and the type of investigation conducted and date completed. If a security clearance is not held, paragraph *d* below applies.
 - (d) DA Form 2 (Personnel Qualification Record—Part I) (copy).
 - (e) DA Form 2-1 (Personnel Qualification Record—Part II) (copy).
 - (f) DA Form 2166-7 (NCO Evaluation Report).
 - (g) Statement as required in paragraph (5) above.
 - (h) Photograph as outlined in paragraph 2-1y.
 - (i) Educational qualification, if required per paragraph *b* below.
 - (j) DA Form 1058-R (Application for Active Duty for Training). The applicant will indicate in the Remarks section of the DA Form 1058-R his/her training option and the inclusive dates of their 1st, 2d, and 3d choices to attend the Warrant Officer Candidate School (WOCS).
 - (k) DA Form 145 (Army Correspondence Course Enrollment Application) for ARNG WOCS students only.
 - (l) DA Form 3574 or 3575, per paragraph *m* and *n* below.
 - (m) Civilian or military resume is optional.
 - (7) Applications will consist of the following documents and will be assembled in the following order for AD personnel.
 - (a) Recommendation by applicant's commander.
 - (b) DA Form 61 (original) per paragraph *a* above with APFT height and weight statement in item 41.
 - (c) DA Form 160 (Application for Active Duty) (original).
 - (d) Official photograph as outlined in paragraph 2-1y.
 - (e) A statement that the individual has at least a Secret clearance. The statement must indicate the date the clearance

was granted and the type of investigation conducted and date completed. If a security clearance is not held, paragraphd below applies.

- (f) DA Form 2 (Personnel Qualification Record—Part I) (copy).
- (g) DA Form 2–1 (Personnel Qualification Record—Part II) (copy).
- (h) Statement as required in paragraph (5) above.
- (i) Educational qualification, if required, per paragraphb below.
- (j) Civilian or military resume is optional.

b. Documentary evidence of educational qualifications. Consolidated transcripts of college and university study will be signed by an official of the institution attended. Photostatic or true copies are acceptable. Documentation with WO application is only required if AR 611–112 requires civilian education.

c. **(Rescinded.)**

c.1. WO applicants, other than former commissioned officers and WO's who are granted technical and tactical certification by the appropriate proponent will complete a statement of understanding (fig 2–3.1) acknowledging the requirement to complete WOBC (formerly WOTTC).

d. A statement that the applicant has a Secret clearance or in the case of health professional, chaplain, or attorney applicants a statement that the applicant has a Secret clearance or has an initiated or completed NAC/DNACI as applicable. Mechanically reproduced copies of DA Form 873 are not authorized. Applicants for appointment as health professionals, chaplains, and attorneys will sign a statement indicating their understanding that if they are appointed before completion of a NAC/DNACI they may be discharged if found to be ineligible for a commission (para 1–6h(3)(b)). (See figure 2–5.) Additionally, alien health professional, chaplain, and attorney applicants will have a statement included that they understand they will remain ineligible for a security clearance as long as they remain non–U.S. citizens. (See figure 2–6.)

e. Standard Form (SF) 88 (Report of Medical Examination) will be prepared in duplicate. SF 93 (Report of Medical History) will be prepared in original only. If a previous medical examination is valid under AR 40–501, a new one is not needed. An examination is required only if the appointing authority has reason to question the medical fitness of the applicant, or if the applicant requests one. Any applicant drawing a pension, disability compensation, or retired pay must undergo a medical fitness examination. This is regardless of how recently the last medical examination was done. Applicants for appointment with concurrent AD are not required to undergo a medical examination until PERSCOM, (TAPC–OPD–R)(STL), notifies them of selection for appointment. This does not apply to members of the other Armed Forces. USAR applicants will submit a medical examination for over 40 physical screening if their age is 39 ½ at time of application. USAR applicants for WOCS or WOCS–RC will submit a physical that has been taken within the last 18 months. All USAR applicants will have a current appointment/flight physical, as appropriate, with their application.

f. Additional information required for appointment as a commissioned officer in MI and MP Corps and when certain security investigations or clearances are required by AR 611–112 for appointment as a WO.

(1) Applications for MI branch with concurrent AD will include five copies of DD Form 398. This will be without regard to any prior investigation completed. Complete all applicable items per AR 381–20. On the last page of DD Form 398 (Personnel Security Questionnaire) from personnel records, indicate a record of prior clearances. Also include two copies of FD Form 258 (Fingerprint Card), DD Form 398–2 (Dept. of Defense National Agency Questionnaire (NAQ)), and two full–length photographs approximately postcard size.

(2) Applications for MI branch without concurrent AD will include documents per AR 140–192..

(3) Applications for appointment as a WO will include the following forms when the applicant does not possess the security investigation or level of clearance required by AR 611–112.

(a) DD Form 398 (Statement of Personal History), 5 copies completed per AR 381–20.

(b) FD Form 258 (Fingerprint Card), 2 copies.

(c) DD Form 398–2 Department of Defense National Agency Questionnaire (NAQ) completed per AR 604–5, appendix M.

(d) Two full–length photographs, approximately post card size.

(e) Additional documentation required by AR 195–3 when applying for MOS 951A (CID Special Agent) only.

g. **(Rescinded.)**

h. DA Form 160 (Application for Active Duty) in duplicate, when applying for concurrent AD. Members of other Armed Forces applying for MOS or SSI requiring completion of specific Army courses must indicate in item 13 (remarks) completion of equivalent formal instruction within the specific area. Applications must contain verification of courses completed as well as scope of instruction.

i. Former conscientious objectors will furnish a signed statement expressing abandonment of such beliefs. This will be so far as they pertain to their willingness to bear arms and to give full and unqualified military service to the United States. They must also agree that they will not apply for separation by reason of conscientious objection during the period of their contracted agreement.

j. Conscientious objectors applying for appointment in the Chaplains branch or a corps of the AMEDD except for

the Veterinary Corps (VC) must also submit a statement. The statement in effect must state that he or she conscientiously objects to combat service as a Chaplain or officer of the AMEDD. Conscientious objectors applying under this provision must possess a Selective Service Classification of no higher than 1-A-O. This is as opposed to I-O.

k. Members of Reserve Components of other services not on AD must submit a conditional release obtained through official channels. This includes members of the Navy, Air Force, Marine Corps, Coast Guard, and Public Health Service. This requirement does not apply to members on AD from other Armed Forces (except U.S. Coast Guard). Their applications will be accepted and processed without a statement of conditional release from the losing service. Applications from U.S. Coast Guard members must be accompanied by a conditional release or a copy of a request for such release.

l. A statement from the State adjutant general that an ARNG or ARNGUS member applying for appointment will be separated from National Guard status if appointed.

m. Nonprior-service applicants without a previously incurred service obligation will complete DA Form 3574 in triplicate.

n. Prior-service applicants appointed following a break-in service will complete DA Form 3575 in triplicate.

o. Persons not citizens of the United States by birth will submit a statement as shown in figure 2-1. Children born of an American parent or parents outside the United States acquire citizenship through their parents. Verification of citizenship of these children will be made in one of two ways:

(1) Presentation of a Form N-600 (Certificate of Citizenship) issued by the Immigration and Naturalization Service. Applicants without this document are advised to apply at the nearest office of the Immigration and Naturalization Service. This will preclude a future challenge to their claim of citizenship.

(2) Presentation of an authenticated copy of Department of State Form 240 (Report of Birth Abroad of a Citizen of the United States of America). This form is also known as the Consular Report of Birth. Obtain this document from the Authentication Officer, Department of State, WASH DC 20520.

p. The following signed statement from an applicant for appointment as a Chaplain who because of paragraph 1-7n is unable to qualify for retirement benefits. This statement is not required for those unable to qualify for retirement under 10 USC 3911 before reaching age 60.

Note. "I understand that, because of my age, the possibility of my becoming entitled to military retirement benefits under existing legislation is contingent upon the passage of future events which are not accurately predictable at this time."

q. Applicants will complete a chronological listing of all civilian employment and degree of responsibility at each position.

r. During a time of induction, a statement by applicants who are enlisted members of the Reserve Components of the Armed Forces is required. This requirement applies to those members who have completed 6 months AD or an initial tour of ADT. The statement acknowledges that if their induction is caused by a failure to participate satisfactorily in required training, they will be ineligible for AD as an officer or WO. In addition, their commission or warrant will be terminated.

s. In lieu of formal application, the applicants listed in (1) through (5) below may request appointment in letter form. For the purpose of (4) below, USAR officers are not authorized to branch transfer between a basic branch and a special branch. Nor may they transfer between special branches, or from a special branch to a basic branch (AR 140-10, para 3-1). Applicants will complete the statement at figure 3-4 and attach it to their appointment request. Failure to sign the statement may result in nonacceptance of the applicant.

(1) RA officers applying for USAR appointment concurrent with RA resignation.

(2) Members currently serving on AD as officers of the other Armed Forces when applying for appointment with concurrent AD per AR 614-120.

(3) WOs applying under paragraph 3-28a(3) and (4), and former officers under paragraph 3-28a(5) when applying within 1 year from date of discharge. They must meet requirements of paragraph 1-6g.

(4) USAR officers applying for appointment in another branch or grade. They must furnish written evidence of educational level as required for the branch. This includes any forms, documents, or information required by other regulations or the section of those regulations governing the particular branch. In addition, a current medical examination per AR 40-501 is required.

(5) RA officers eligible to apply for Reserve appointments as commissioned officers without concurrent AD, effective the day after discharge.

t. For NOAA members applying under paragraph 1-7e, the forms required by a, c, d, and f above.

u. Ordinarily, applicants will be appointed in the name reflected in a birth, baptismal, citizenship, or naturalization certificate, or court order authorizing a change of name. An applicant may be appointed by request in the name by which known in the community. This is provided the assumption of that name was not for fraudulent purposes.

(1) An applicant desiring an appointment in a name as noted above must submit a written request for name change. The signatures of two persons who can attest to the truth of the applicant's request must also be furnished. Their statement should read, "The attached information is true to the best of my knowledge and belief." The statement must be dated and signed. The current addresses (including ZIP codes) must be given. Indicate the relationship to the

applicant. It is preferable that the witnesses include the applicant's natural parents, stepparents, or legal guardian. In suitable cases, the witnesses may include reliable members of the community, such as school officials, clergy, close relatives, and neighbors.

(2) In appropriate cases, the DD Form 369 (Police Record Check) should reflect both the name as recorded on one of the above official documents and the name assumed by the applicant.

v. A copy of enlisted applicant's DA Form 2 (Personnel Qualification Record – Part I) and DA Form 2–1 (Personnel Qualification Record– Part II) will accompany the application. Applicants who are members of the Air Force, Navy, Marine Corps, or U.S. Coast Guard will submit a copy of the equivalent form used by the parent service.

w. Persons who apply for appointment as a WO with concurrent AD must complete the following statement:

Note. I,....., hereby volunteer to remain on active duty for a period of years in warrant officer status subsequent to my appointment and/or call to active duty. I understand that my retention on active duty during this period is subject to the normal release provisions of AR 635–100. I further understand that I may not be voluntarily retired before completion of this service obligation.

x. A statement signed by a responsible official from one of the other Armed Forces that the applicant has a minimum of a Secret clearance (para 1–6h) will be accepted by DA. The statement must indicate the date and by whom the clearance was granted. Certification by the applicant is not acceptable.

y. A full-length recent photograph, approximately post card size, with the applicant's name on the back, will accompany the applications of all personnel requesting appointment as a WO.

z. Additional information required for appointment as a Marine WO is prescribed in AR 56–9.

2–2. Submission of application

Applications for appointment will be submitted and processed under this chapter. As an exception, applicants for appointment under chapter 3 must meet special requirements outlined in that chapter. Applicants for appointment in the AMEDD will be guided by AR 135–101. Applications for appointment as Marine WOs will be guided by AR 56–9. No command or headquarters, except the one conducting the evaluation board (para 2–3c (4)(c)) will hold an application beyond 5 working days. Submit applications as follows:

a. For appointment with assignment to Army Reserve TPUs, mobilization table of distribution vacancies, and Ready Reserve Reinforcement vacancies—

(1) Through the unit commander for enlisted and WO members of Active Reserve units.

(2) Through the commander of the unit where assignment is requested for persons not members of the Army Reserve.

(3) Through the commanding officer of the unit where applicant is assigned for duty when the person is currently on AD.

(4) Through the overseas area commander, if appropriate, for those nonunit members of the Ready Reserve or the Standby Reserve to the Commander, ARPERCEN, ATTN: DARP–OPF–WO, 9700 Page Boulevard, St. Louis, MO 63132–5200.

(5) *(Rescinded.)*

(6) Through the Army commander to PERSCOM, Appointment Directorate, ATTN: TAPC–OPD–RD, to the address shown in a(4) above for commissioned officer applicants who are unit members to fill mobilization table of distribution vacancies. WO application packets (for this same category of applicants) should be forwarded to Commander, USAREC, ATTN: RCRC–WO, Fort Knox, KY 40121–2726.

b. For appointment with concurrent AD.

(1) USAR personnel who are TPU members will submit commissioned officer applications through the unit commander directly through the chain of command to PERSCOM (TAPC–OPD–R). Nonunit USAR personnel will submit applications through the CG, ARPERCEN to PERSCOM, Appointment Directorate, ATTN: TAPC–OPD–RD, at the address shown in a(4) above.

(2) ARNGUS personnel will submit applications through normal ARNG channels to the appropriate State adjutant general who will forward the approved applications to PERSCOM, Appointment Directorate, ATTN: TAPC–OPD–RD, at the address shown in a(4) above.

(3) Civilian applicants will submit applications directly to PERSCOM, Appointment Directorate, ATTN: TAPC–OPD–RD, at the address shown in a(4) above.

(4) Applicants for appointment in the Chaplains Branch will forward applications directly to HQDA(DACH–ZA), WASH DC 20310–2700.

(5) Personnel on AD with any of the other Armed Forces will send applications to the commander having custody of their personnel records. Applications will in turn be forwarded to PERSCOM (TAPC–OPD–RD) at the address shown in a(4) above.

(6) Forward applications from Air Force members who are Office of Strategic Information agents through Air Force District Offices to the Directorate of Special Investigations (AFISIM). This agency will determine an availability date should the member be selected. AFISIM will forward applications directly to PERSCOM, Appointment Directorate, ATTN: TAPC–OPD–RD, 9700 Page Boulevard, St. Louis, MO 63132–5200.

(7) Personnel on AD with the Army will send applications through their unit and intermediate commanders to the

commander having custody of their personnel records. They will in turn (except as provided in (9) through (11) below) forward the applications through the installation commander directly to Commander, USAREC, ATTN: RCRO-SM, Fort Knox, KY 40121-2726 for warrant officers and the Commander, U.S. Total Army Personnel Command, ATTN: TAPC-OPD-CP, 200 Stovall Street, ALEX VA 22332-0400 for commissioned officers. The installation commander will submit applications from Active Army soldiers applying for WO MOS 670A, Health Services Maintenance Technician; 640A, Veterinary Services Technician; and 550A, Legal Administrator, directly to the activities shown in (9) and (10) below..

(8) Personnel who are on AD with the Army and assigned to activities in the District of Columbia will submit their applications to Commander, U.S. Army Military District of Washington, Fort Lesley J. McNair, WASH DC, 20319-5000. This applies to members who are not within a geographic area of responsibility of an installation commander.

(9) Installation commanders will forward applications from Active Army soldiers applying for the following MOSs directly to HQDA, DASG, ATTN: SGPS-PDD (MOS 670A) or ATTN: SGPS-PDB (MOS 640A), 5111 Leesburg Pike, Falls Church, VA 22041-3258.

(10) The installation commander will forward applications from Active Army soldiers applying for MOS 550A directly to HQDA, The Judge Advocate General, ATTN: DAJA-PTW, 2200 Army, Pentagon, WASH DC 20310-2200.

(11) ***(Rescinded.)***

(12) AGR WO application packets will contain a DA Form 4187 (Personnel Action), and be submitted through their immediate commander then forwarded directly to the individual's career manager at Commander, ARPERCEN, ATTN: DARP-ARE, 9700 Page Boulevard, St. Louis, MO 63132-5200. The career adviser will then forward the application to Commander, USAREC, ATTN: RCRC-WO, Fort Knox, KY 40121-2726.

c. For appointment and assignment to the IRR.

(1) Civilian applicants for appointment as commissioned officers will submit applications directly to PERSCOM, Appointment Directorate, ATTN: TAPC-OPD-RA, at the address shown in (4) above.

(2) Former commissioned and WO applicants for WO appointment will submit applications directly to PERSCOM, Appointment Directorate, ATTN: TAPC-OPD-RA, 9700 Page Boulevard, St. Louis, MO 63132-5200.

(3) Applicants who are assigned to the IRR will submit applications through the Commander, ARPERCEN, ATTN: DARP-EPO-WO, 9700 Page Boulevard, St. Louis, MO 63132-5200 or the OCONUS ARPERCEN liaison office for those who are nonunit Ready Reserve or Standby Reserve soldiers applying for the WOEC-AC or WOEC-RC. ARPERCEN will in-turn forward the application to Commander, USAREC at the address shown in (7) above.

(4) Applicants who are assigned to the IRR will submit applications through the Commander, ARPERCEN, ATTN: DARP-OP, 9700 Page Boulevard, St. Louis, MO 63132-5200 or the OCONUS ARPERCEN Liaison Office for those who are nonunit Ready Reserve or Standby Reserve soldiers applying for appointment as commissioned officers.

2-3. Processing of application

a. The commander initially receiving the application or the commander having custody of the applicant's personnel records (for personnel on AD with the Army) will—

(1) Review application for completeness and determine applicant's administrative eligibility to apply for appointment.

(2) Return application if applicant does not meet the basic administrative prerequisites for appointment, giving reasons for rejection.

(3) Include the following statement, signed by the unit commander in forwarding endorsement when the application is to fill a TPU vacancy.

Note. "An actual vacancy exists in this unit for a required officer position in the grade, MOS/SSI....., TDA/TOE....., para....., position number.... This vacancy is advertised on the REQUEST Vacancy Control Number.... There is no officer assigned to this unit, including overstrength or awaiting position assignment on the Unit Manning Report, qualified to fill this vacancy. I am aware that ARPERCEN may fill this position with a qualified officer if such an officer is geographically available for assignment."

(4) See AR 140-192 for actions required in processing applications for MI without concurrent AD.

(5) Forward applications of qualified commissioned officer applicants with appropriate recommendation, through any intermediate commanders to PERSCOM, Appointment Directorate, ATTN: TAPC-OPD-RD, 9700 Page Boulevard, St. Louis, MO 63132-5200. For applications to fill a TPU vacancy, CONUSA headquarters or USARC, as appropriate, will endorse the appointment packet directly to ARPERCEN, ATTN: DARP-OPM. The CONUSA or USARC, as appropriate, will include in their forwarding endorsement that they have reviewed the unit UMR and confirm that no qualified officer is assigned in an over strength or pending assignment category in that unit. ARPERCEN in their forwarding endorsement will include a statement that there are x number or no qualified officers that are geographically available to fill the vacant officer position. Unit commanders will forward applications of qualified WO applicants with appropriate recommendations directly to Commander, USAREC, ATTN: RCRO-SM, Fort Knox, KY 40121-2726. (See exception at para 2-3c(1).)

(6) Process applicants for appointment under paragraph 2-2b(7) through (11) with authority to appoint examining boards (para 4-1a(4) or (5)). Process the application according to c(1) through (9) below.

b. Intermediate commander will—

(1) Review application and allied papers and endorse to the area commander.
 (2) Indicate availability or nonavailability of qualified officer for position vacancies named in statement required by a(3) above.

(3) Return applications when—

(a) The applicant does not meet the basic administrative prerequisites.
 (b) Errors are found that cannot be corrected without referring the application to the originator or to the unit of assignment.

c. Area commanders will—

(1) Review commissioned officer applications for correctness and determine eligibility of each applicant. Refer JAGC commissioned officers and WO MOS 550A, Legal Administrator applications that are administratively complete to The Judge Advocate General's School, Army, ATTN: JAGS-GRA, Charlottesville, VA 22903-1781.

(2) Return application if—

(a) Applicant is not recommended for appointment.
 (b) State the reasons for rejection.

(3) **(Rescinded.)**

(4) When an applicant has been determined eligible and recommended for appointment—

(a) Initiate action to obtain security requirements per paragraph 1-6h. Applicants, except members of the other Armed Forces applying for concurrent AD will not require action per paragraph 1-6h, until notified by PERSCOM (TAPC-OPD-RD) that application is approved.

(b) Arrange for a Type A medical examination per AR 40-501, chapter 8 for applicants who are members of the other Armed Forces and concurrent AD is requested.

(c) Refer application to the president of an examining board for action as provided in chapter 4. This is except as otherwise provided in this or other regulations governing the specific appointment. Instruct the boards to advise all applicants that their application will be processed as quickly as possible. Telephonic and written inquiries on status of an application only delay the processing. Cases will be processed and forwarded as quickly as possible. The objective is to complete board action within a 2-week period immediately following receipt of application. RA WOs, Reserve of the Army WOs, and former commissioned officers are not required to appear before an examining board.

(5) On receipt of examining board report, have scores computed for applicant's interview record and appraisal sheet (para 4-4 and 4-5).

(6) Review the entire applicable record, including report of board proceedings and NAC. Determine applicant's administrative eligibility and professional acceptability.

(7) Notify rejected applicants and furnish the specific reason for rejection. When a recommendation of disapproval made by the examining board is approved by the convening authority, the application will be disapproved and returned to the applicant.

(8) **(Rescinded.)**

(9) Forward applications, with appropriate recommendations, requiring approval of HQDA to PERSCOM, Appointment Directorate, ATTN: TAPC-OPD-RA, 9700 Page Boulevard, St. Louis, MO 63132-5200. For AD personnel applying for commissioned or WO appointments with concurrent call to AD, send applications directly to the proper activity shown in paragraphs 2-2b(7), (9), (10), or (11). Process applications submitted under paragraph 2-2b(7) through (11) that require a waiver per paragraph 1-8 through PERSCOM, Appointment Directorate, ATTN: TAPC-OPD-RD, 9700 Page Boulevard, St. Louis, MO 63132-5200.

d. PERSCOM (TAPC-OPD-RD) will receive and process appointment applications from non-TPU personnel.

e. The Commandant, TJAGSA, will—

(1) Refer the application and allied papers to a board of judge advocate officers who will prepare a recommendation for appointment. In the case of a WO application, a WO with MOS 550A will be appointed to the board as technical advisor (with vote). Personal appearance of applicants before the examining board is not required.

(2) Approve or disapprove the application as designee of The Judge Advocate General. No applicant will be appointed to the JAGC, USAR, without such approval.

(3) Forward the application and allied papers to PERSCOM, Appointment Directorate, ATTN: TAPC-OPD-RA, 9700 Page Boulevard, St. Louis, MO 63132-5200.

2-4. Status reports and station changes

a. Commanders will report change in status to include unfavorable personnel actions which may influence application.

b. Applicants will immediately report any change in status or station to the agency processing the application.

c. Commander, U.S. Total Army Personnel Command, ATTN: TAPC–OPD–CP will notify applicants when applications are approved for concurrent AD.

d. Advise applicants informed of tentative selection that they should not expend personal funds or make any other permanent plans in connection with their appointment until they have executed their oath of office.

2-5. Resubmission

Prior nonselection does not bar members from submitting another application. This is provided the person is otherwise medically, morally, and professionally qualified at the time of submission. Nonselected applicants may not reapply earlier than 1 year after the date of last application. They may reapply earlier when more pertinent qualifications have been acquired. They may also reapply earlier when vacancies for which that individual has not been considered are announced. However, this must have occurred after submission of the last application. WO applications requesting appointment with concurrent call to AD may be withdrawn by personal request through channels after receipt by HQDA. This is to permit the applicant to submit information about a major change in qualifications. Examples include attainment of an MOS related academic degree, change of grade, and completion of an MOS related resident military school course of at least 8 weeks. To reapply for a WO appointment, the requested MOS must be announced open for procurement (para 1-5b(4)). A new application must also be initiated for consideration.

2-6. Discontinue procurement

When sufficient applications have been received, an announcement will be made to delete a specific branch, SSI, or MOS from the AD procurement program. Qualified and interested applicants should submit applications as soon as possible after announcement of the procurement program. Applicants should submit their applications with the understanding that their applications may be returned without further processing at any time procurement needs no longer exist.

2-7. Commissioned officer appointment procedures

On approval of an application, the appointing authority will—

a. Assign officers to an appropriate branch.

(1) Branches for applicants not on AD will be determined by their qualifications and the vacancies which they are to fill, or according to (2) below.

(2) Former commissioned officers of any U.S. Armed Forces on AD in the Army in a WO or enlisted status, if qualified, will have the option of accepting appointment in the—

(a) Branch in which they have been assigned or detailed, provided they are qualified.

(b) Branch in which they have formerly held an appointment.

b. Issue and send to each appointee, a memorandum of appointment (fig 2-2) and DA Form 71 (Oath of Office—Military Personnel) to be completed per instructions thereon.

(1) A signed oath of office is required for appointment in any component of the Army.

(2) The execution and return of the oath of office constitutes acceptance of appointment. No other evidence is required. However, acceptance of an appointment may be “expressed” as by formal acceptance in writing or “implied” as by entering on the performance of the duties of the office.

(3) An oath of office properly dated and signed by the appointed officer and taken before a person believed qualified but unauthorized to administer oaths is ineffective as an oath of office because of defective attestation. However, it is valid as an acceptance and will be recorded as such on all Army records. In such instances, a valid oath of office will be secured and will be dated as of the date actually accomplished. Both oaths will accompany the papers forwarded under paragraph 2-8b(1).

(4) When the appointment involves a WO or enlisted member of the Active Army, enter the member’s current grade in parentheses under appointee’s address.

(5) Indicate the number of years, months, and days credited after “D” on the memorandum of appointment. This is when credit for service in an active status based on education and experience is used to determine grade eligibility at the time of appointment.

(6) An oath of office executed with reservations of any nature or modification will not be recorded as an acceptance. Appointment will be canceled if the member does not desire to execute an oath without reservations.

c. Unless for justifiable reasons, the appointee should reply within 90 days or in sufficient time to comply with orders for concurrent AD. If this is not done, notify the appointee of withdrawal of the appointment and request return of documents sent him or her earlier.

d. Major commanders will notify PERSCOM (TAPC–OP) (appropriate control branch), ALEX VA 22332–0400, of all selected officers not ordered to AD. Include the reason why officers were not ordered to AD. Notify PERSCOM, Appointment Directorate, ATTN: TAPC–OPD–RD, 9700 Page Boulevard, St. Louis, MO 63132–5200 when selected applicants are not tendered an appointment or when the appointment is not accepted.

e. Do not execute the oath of office before date of entry on AD when the appointment is for concurrent AD, and the

appointee is currently serving in the active Armed Forces. Do not execute the oath of office before the graduation date when an appointment depends on satisfactory completion of prescribed schooling.

f. Notify PERSCOM (TAPC-OPD-R) when a member declines an appointment and PERSCOM is the approving authority. Send the letter of appointment and allied papers with the letter of declination to PERSCOM (TAPC-OPD-RD) (STL) as noted *ind* above.

2-7.1. Warrant officer appointment procedures

a. Effective 1 October 1992 all warrant officer candidates (WOC) required to attend WOCS or WOCS-RC will be appointed to WO, W-1 on successful completion of the course. For Army National Guard applicants, the provisions of NGR 600-101 will govern appointments.

b. On successful completion of 50% of WOCS or WOCS-RC, the WOCS is responsible for notifying the appointment authority of the names, social security numbers, and WOCS graduation date of all WOC in the current class. This should be coordinated through the Office of the Deputy Assistant Commandant (ARNG) and Deputy Assistant Commandant (USAR) in the case of Reserve component candidates.

c. The appointing authority will issue a memorandum of appointment, Reserve warrant officer, (fig 2-3) and DA Form 71 (Oath of Office—Military Personnel)/NGB Form 337 (Oath of Office), to be completed per instructions thereon, to the WOCS for execution on graduation day. NGB Form 89a (Certificate of Eligibility) may be issued by the Chief, NGB for those ARNG WOCS graduates not being appointed as warrant officers. For USAR appointees without concurrent call to active duty, the memorandum of appointment will contain the current USAR unit of assignment and UIC in the standard name line.

d. All appointments (to include current or former commissioned officers) to WO, W-1, except appointments under paragraph 1-9b(1), will be contingent on technical and tactical certification by successful completion of the appropriate Warrant Officer Basic Course (WOBC) or certification by the MOS proponent as technically and tactically certified for award of an authorized WO MOS.

(1) Failure to successfully complete technical and tactical certification as stated above may result in termination of the WO appointment. (See AR 135-175, AR 635-100, NGR 600-101, and NGR 635-100.)

(2) Reserve component WO, W-1, not on active duty, must successfully complete technical and tactical certification within 2 years of appointment unless extended by HQDA (see para 2-7.1d(3) below).

(3) Reserve component WO, W-1, not on active duty, may request a 1-year extension, when through no fault of their own, they are unable to successfully complete technical and tactical certification within 2 years of appointment. Requests will be forwarded through command channels to HQDA (DAAR-PE) or NGB (NGB-ARP-PO), as appropriate.

e. The Oath of Office (DA Form 71/NGB Form 337) will be executed upon WOCS or WOCS-RC graduation. NGB Form 89a (Certificate of Eligibility) may be issued by the Chief, NGB for those ARNG WOCS graduates not being appointed as warrant officers. The soldier will be provided the originals of the Memorandum of Appointment (fig 2-3) and a copy of the Oath of Office (DA Form 71/NGB Form 337).

f. Appointing authority will provide CDRUSTAPC, Alexandria, VA//TAPC-OPD-CW//via electrical message with the standard name line of all individuals appointed to WO1 with concurrent active duty. For USAR appointees to WO1 without concurrent active duty, electrical message will be provided CDRARPERCEN ST. LOUIS MO//DARP-OPF-WO//. Message must be sent within 48 hours of appointment.

2-8. Disposition of appointment documents

a. On receipt of DA Form 71, the appointing authority will—

(1) Record the officer's date of acceptance on the memorandum of appointment.

(2) For all original appointments, send an officer's commission (DD Form 1A), or WO's appointment (DA Form 1290) to the appointee. Indicate the date of the member's acceptance on the commission or warrant as the date of appointment. Forward a copy of DA Pam 600-2 (The Armed Forces Officer) to all commissioned officers.

b. The appointing authority will take the following action:

(1) When appointment is for concurrent AD, send documents in the order shown below to PERSCOM (TAPC-MSR) ALEX VA 22332-0400. All other appointments will be sent to Commander, ARPERCEN, ATTN: DARP-PRA 9700 Page Boulevard, St. Louis MO, 63132-5200. Send copies of records indicated *ina* through *f* below to Commander, ARPERCEN, ATTN: DARP-OPL, 9700 Page Boulevard, St. Louis, MO 63132-5200 for all basic branch lieutenants appointed in the USAR without concurrent AD.

(a) One copy of the memorandum of appointment.

(b) DA Form 71.

(c) Original DA Form 61.

(d) Original SF 88.

(e) Original DD Form 398-2 when appropriate.

(f) Original DD Form 398.

(g) Original DA Form 160, when applicable.

(h) Original DA Form required by paragraph 2–1m or *n* as applicable.

(2) File copies of the records indicated in (1)*a, c, d, e, f,* and *h* above with a copy of the SF 93 in MPRJ or Health Record, as appropriate. AR 640–10 governs documents filed in the MPRJ. Forward records of officers appointed with concurrent AD to the first duty station. For those appointed from an Active Army status, send the records to the member's commanding officer. Forward records for all other appointees to the appropriate commander or Cdr, ARPERCEN, ATTN: DARP–PRA–A as noted in *b*(1) above.

c. The appointing authority will establish necessary procedures for notifying the losing service or State adjutant general of the member's acceptance. This applies to Reserve commissioned officers or WOs of the Army. Provide adequate information so the losing agency can identify the member involved. When appointment is made for assignment to the Civil Affairs Branch, send a copy of the appointment letter to HQDA(DAMO–ODS) WASH DC 20310–0440.

d. The appointing authority will send a memorandum as in figure 2–4 to each commissioned officer (other than a commissioned warrant officer) initially appointed in the USAR. This applies to officers not ordered to concurrent AD or not serving on AD in any status.

e. The examining board report and related papers will be processed as prescribed in AR 25–400–2. Original documents will be returned to the applicant when no longer needed.

2–9. Commissions and warrants

Obtain stocks of DD Form 1A and DA Form 1290 from AG publications channels. Appointing authorities will safeguard these forms at all times and protect them from mutilation during mailing.

a. Citizens by naturalization.

I have this date seen the original certificate of citizenship, No. . . (or certified copy of the court order establishing citizenship) stating that *(Name)* was admitted to the United States citizenship by the court of *(City and State)* on *(Date)*.

b. Citizenship through naturalization of parent.

I have this date seen the original certificate of citizenship, No. . . issued to *(Name)* by the Immigration and Naturalization Service, Department of Justice, stating that *(Name of applicant)* acquired citizenship on *(Date)* .

c. Noncitizen who has declared *(His) (Her)* intention to become a citizen of the United States.

I have this date seen the original Alien Registration Receipt Card Form No. 1–151, bearing No. . . issued to *(Name)* on *(Date)*.

Note. 1. An individual, not a citizen of the United States by birth, will submit a statement by an officer of the Army or a notary public as indicated above. (This requirement may be omitted for commissioned officers and warrant officers of the Army holding current appointments.) Facsimiles or copies, photostatic or otherwise, of naturalization certificates, declarations of intention, certificates of citizenship, or alien registration receipt cards will not be made. The reproduction of these certificates or any parts thereof without proper authority constitutes a felony.

2. If the applicant does not possess Form No. 1–151, the commander processing the application will request a statement as to lawful entry of the individual into the United States for permanent residence from the District Director, Immigration and Naturalization Service of the district in which the alien resides. Statement of lawful entry will be made a part of the application. Evidence of lawful entry is not required for a noncitizen serving in the Active Army within the United States if he entered such service outside the United States and was ordered to the United States for military service. For such individual the verification that the individual was ordered to the United States by competent military orders will be attached to the application.

Figure 2–1. Citizenship statements for applicants not citizens of the United States by birth

a. Citizens by naturalization.

I have this date seen the original certificate of citizenship, No. . . (or certified copy of the court order establishing citizenship) stating that *(Name)* was admitted to the United States citizenship by the court of *(City and State)* on *(Date)*.

b. Citizenship through naturalization of parent.

I have this date seen the original certificate of citizenship, No. . . issued to *(Name)* by the Immigration and Naturalization Service, Department of Justice, stating that *(Name of applicant)* acquired citizenship on *(Date)* .

c. Noncitizen who has declared *(His) (Her)* intention to become a citizen of the United States.

I have this date seen the original Alien Registration Receipt Card Form No. 1-151, bearing No. . . issued to *(Name)* on *(Date)*.

Note. 1. An individual, not a citizen of the United States by birth, will submit a statement by an officer of the Army or a notary public as indicated above. (This requirement may be omitted for commissioned officers and warrant officers of the Army holding current appointments.) Facsimiles or copies, photostatic or otherwise, of naturalization certificates, declarations of intention, certificates of citizenship, or alien registration receipt cards will not be made. The reproduction of these certificates or any parts thereof without proper authority constitutes a felony.

2. If the applicant does not possess Form No. 1-151, the commander processing the application will request a statement as to lawful entry of the individual into the United States for permanent residence from the District Director, Immigration and Naturalization Service of the district in which the alien resides. Statement of lawful entry will be made a part of the application. Evidence of lawful entry is not required for a noncitizen serving in the Active Army within the United States if he entered such service outside the United States and was ordered to the United States for military service. For such individual the verification that the individual was ordered to the United States by competent military orders will be attached to the application.

1 Encl

(Signature block)

Date of acceptance_____

(Note. To be entered on all copies not furnished the applicant.)

The following paragraph will be added when the appointment is with concurrent active duty:

6. Failure to comply with active duty orders will result in cancellation of this appointment.

Figure 2-2. Memorandum of appointment, Reserve commissioned officer (other than a commissioned warrant officer)

(Type on appropriate headquarters letterhead.)

(Date)

MEMORANDUM FOR:

A:
B:

SUBJECT: Appointment as a Reserve Warrant Officer of the Army under sections 591 and 597, title 10, United States Code.

1. By order of the Secretary of the Army you are appointed as a Reserve warrant officer of the Army effective on your acceptance, in the grade and with the social security number shown in the address above.
2. This appointment is for an indefinite term.
3. Execute the enclosed form for oath of office and return promptly to this headquarters, ATTN: . . . Your execution and return of the oath of office constitutes your acceptance of appointment. Prompt action is requested since cancellation of this appointment is required if acceptance is not received within 90 days, or as otherwise prescribed. On receipt of the properly executed oath of office, a warrant (DA Form 1290 will be forwarded to you. If you do not desire to accept the appointment, return this memorandum with your statement of declination thereon.
4. The component to which you will be assigned after your appointment becomes effective is shown after A above. Your primary MOS is shown after B.
5. After acceptance of this appointment, any change in your permanent home address or a temporary change of address of more than 30 days duration will be reported by you to the custodian of your military personnel records.

FOR THE COMMANDER:

2 Encl

(Signature block)

Date of acceptance _____

Note: To be entered on all copies not furnished the applicant.)

The following paragraph will be added for initial appointments following completion of WOCS or WOCS-RC:

6. You must successfully complete technical and tactical certification by successful completion of the appropriate Warrant Officer Basic Course (WOBC) per the Statement of Understanding at Enclosure 2 and other regulations or you will be subject to discharge under provisions of Army Regulations.

The following paragraph will be added when the appointment is with concurrent active duty:

7. Failure to comply with active duty orders will result in cancellation of this appointment.

Figure 2-3. Memorandum of appointment, Reserve warrant officer

Statement of Understanding for Appointments as a Warrant Officer

I understand that if I am appointed as a warrant officer in the Reserve of the Army with concurrent active duty, that this appointment is contingent on technical and tactical certification by successful completion of the appropriate Warrant Officer Basic Course (WOBC) unless I have been pre-certified by WO MOS Proponent.

I further understand that if I am appointed as a warrant officer in the Reserve of the Army without concurrent active duty, that this appointment is contingent on technical and tactical certification by successful completion of the appropriate Warrant Officer Basic Course (WOBC) within 2 years of appointment unless I have been pre-certified by the WO MOS proponent or unless extended by IIQDA.

I also understand that if I am eliminated from, or fail to successfully complete the technical and tactical certification as specified above, I may be subject to discharge, under regulations in effect at that time, from the Reserve of the Army *(Date)*.

(Signature)

(Name typed)

(Social Security Number)

Figure 2-3.1. Statement for applicants for appointment as warrant officers contingent on successful Warrant Officer Technical and Tactical Certification for a WO MOS (para 2-1c)

(Type on appropriate headquarters letterhead.)

(Date)

MEMORANDUM FOR: *(On Initial Appointment, send to each officer of the USAR not ordered to, or serving on active duty in any status)*

SUBJECT: Army Reserve Officer Career Development Pattern

1. Welcome to the officer ranks of the Army of the United States. This appointment is only the beginning in your military career. Within statutory limitations and dependent on your personal circumstances the Army has many opportunities for you to acquire military education and experience and earn professional advancement. You are encouraged to take maximum advantage of those opportunities.

2. It is important as you enter your current grade that you understand just what your obligations are for military education for promotion to the next higher grade. AR 135–155 gives this information for both mandatory *(Unit and nonunit members)* and Troop Program Unit Vacancy promotions *(Unit members only)*. In the case of mandatory promotions, you must complete the military education requirements by the convening date of the board held in the year preceding your promotion eligibility date or you will not be considered eligible for selection and nonselection for promotion will result. Two successive nonselections to the grade of LTC and below terminate, by law, your career as a USAR commissioned officer. Individuals appointed in Army promotion list branches as lieutenants must complete a resident basic course within 36 months of appointment or be subject to discharge. Also, all MAJs promoted to LTC by either mandatory or unit vacancy board selection who were educationally qualified by completing the 50 percent C&GS must successfully complete the remainder of C&GS within 3 years of the effective date of promotion or be removed from the Active Reserve status.

3. AR 135 155 and the Army Reserve Magazine are good sources that you should read to keep you current on the latest Reserve promotion policies and help you plan your Reserve career. Please address any questions on your Reserve status and career progress to your unit commander or if you are a nonunit member, to the Commander, U.S. Army Reserve Personnel Center, ATTN: DARP-OP, 9700 Page Boulevard, St. Louis, MO 63132–5200.

(Signature of appointing authority)

Figure 2–4. Memorandum for initial commissioned officer appointees (other than a commissioned warrant officer)

Statement of Understanding for Appointment as a Commissioned Officer

(Date)

I understand that my appointment as a commissioned officer in the United States Army Reserve may be/is being accomplished prior to completion of a National Agency Check/DOD National Agency Check Plus Written Inquiries, issuance of a Secret security clearance, and a Federal Bureau of Investigation Name Check.

I further understand that if as a result of the post-commissioning investigative processes, I am determined unacceptable for appointment as a commissioned officer, I will be discharged from the United States Army Reserve and that I will receive an appropriate discharge certificate

(Date) .

(Signature)

(Name typed)

(Social security number)

Figure 2–5. Statement for applicants for appointment in the health professional, chaplain, or attorney who are being appointed or may be appointed prior to completion of a National Agency Check/DOD National Agency Check Plus Written Inquiries (NAC/DNACI) (para 2–1d)

Statement of Understanding for Appointment as a Commissioned Officer

I understand that due to my immigrant alien status, I will not be eligible to obtain a security clearance during my tenure in the United States Army Reserve. I further understand that I will be precluded from assignment to positions and duties requiring access to classified information. If I decide to become a citizen of the United States of America, I understand I will be eligible to apply for a security clearance after I have attained citizenship.

(Date)

(Signature)

(Name typed)

(Social security number)

Figure 2–6. Statement for immigrant alien applicants for appointment as a health professional, chaplain, or attorney who are requesting appointment as a commissioned officer. (Para 2–1d)

Chapter 3 Appointments

Section I Appointment of Officers and Former Officers

3–1. General

Applications of officers and former officers must meet the requirements in chapter 1 and be processed according to chapter 2. Applications will be sent to PERSCOM, Appointment Directorate, ATTN: TAPC–OPD–RD, 9700 Page Boulevard, St. Louis, MO 63132–5200. This activity will conduct a review of the official military personnel file (OMPF).

3–2. Restriction on appointments

Appointments under this section will not be made in general officer grades or for assignments in—

- a. AMEDD.
- b. Chaplain.
- c. Civil Affairs.
- d. JAGC.

Section II Appointment as Commissioned Officers of Army Warrant Officers and Enlisted Personnel

3–3. General

a. This section lists special requirements and procedures for appointment of enlisted personnel and WOs as commissioned officers in the USAR. Chapters 1 and 2 apply except as otherwise indicated in this section.

b. Appointments will not be made for assignment in—

- (1) Army Medical Department.
- (2) Chaplains.
- (3) Judge Advocate General's Corps.
- (4) Staff Specialist.
- (5) Civil Affairs.

c. Applicant must not have reached his or her 28th birthday at date of appointment. Waiver of maximum age limitations will be considered when—

(1) Applicant becomes overage due to administrative processing. This is provided the application was submitted within a reasonable period to permit normal processing. Also, the delay encountered resulted from circumstances beyond the control of the applicant. To ensure adequate time for a processing, applicant should submit application before the 27th birthday. Submit any waiver with detailed explanation of delay in processing per paragraph 1–8a.

(2) The applicant has outstanding leadership qualifications for which a requirement exists. Requests for such waivers will be sent with recommendations for final determination by the proper CONUSA.

3-4. Special requirements

Personnel in the following categories may apply under this section.

a. WOs and enlisted persons serving on AD in any component of the Armed Forces in grades E-5 through E-9. Applicant must have completed at least 6 months honorable AD in those grades in any component of the Armed Forces. Completion of the Army Precommission Extension Course (APCEC) is not required. It is desirable for personnel without wartime service. Former WOs and enlisted personnel who have become administratively eligible by enlistment or transfer as a Reservist of the Army in one of the upper five grades. To qualify, one must have had 6 months AD in the rank of WO or in one of the upper five enlisted grades.

b. Army Reservists currently serving in active status in grades E-2 through E-4 subject to the following:

- (1) Completion of 1 year of AD in the Army or 1 year of Active Reserve service and an initial tour of ADT.
- (2) Successful completion of the APCEC.

(3) Possessing marked qualifications that justify appointment prior to service in the upper five enlisted grades.

c. Reserve WOs and enlisted members in grades E-5 through E-9 who meet all of the following requirements.

(1) Are in an active status in the Army Reserve.

(2) Have satisfactorily completed the APCEC.

(3) Have completed an initial tour of ADT.

(4) Successful completion of a National Guard State OCS approved by HQDA will be substituted for (2) or (3) above. Applicants will not be required to appear before an examining board.

d. WOs and enlisted personnel of any component of the Armed Forces of the United States and former WOs and former enlisted personnel (*not in categories (a) through (c) above*) who have—

(1) Completed at least 1 year of honorable AD in any of the Armed Forces of the United States.

(2) At least a baccalaureate degree from an accredited college or university as listed in *Education Directory—Colleges and Universities*.

Section III

Appointments of Chaplains

3-5. General

This section prescribes special requirements and procedures for appointment of qualified members of the clergy for assignment as chaplains. Chapters 1 and 2 apply except as otherwise provided in this section.

3-6. Special requirements

a. Applicants with prior service as chaplains in any component of the Armed Forces of the United States must meet the requirements shown in (2) below. Applicants for initial appointment in ranks above second lieutenant and former officers without prior service as chaplains must meet the following criteria:

(1) Education—

(a) Possess a baccalaureate degree of not less than 120 semester hours from a college that is listed in the *Education Directory, Colleges and Universities* or from a school whose credits are accepted by a college listed therein.

(b) Have completed 3 resident years of graduate professional study in theology or related subjects (normally validated by the possession of a Master of Divinity or equivalent degree or 90 semester hours), that lead to ecclesiastical endorsement as a member of the clergy fully qualified to perform the ministering functions of a chaplain, at a graduate school listed in the *Education Directory Colleges and Universities* or an accredited school listed in the *Directory, ATS Bulletin Part 4* or at a school whose credits are accepted by a school listed as accredited in these two documents.

(c) As an exception to (b) above, a senior seminary student may apply 180 days before graduation and ordination. This is provided the request is for appointment with concurrent AD. Along with the transcript of undergraduate credits, an applicant must submit a consolidated transcript of graduate credits completed at the time of application. Also include a statement from the registrar of the hours that will be completed on graduation. The Chief of Chaplains will verify successful completion of graduate studies prior to appointment.

(2) Ecclesiastical endorsement. Receive endorsement from an ecclesiastical endorsing agency recognized by the Armed Forces Chaplains Board. In granting ecclesiastical endorsement, endorsing agents must use DD Form 2088, Ecclesiastical Endorsement. Obtain copies of the forms from the Executive Director, Armed Forces Chaplains Board (OASD MI&L), WASH DC 20301-4000. This endorsement will certify that the applicant is—

(a) A fully qualified member of the clergy of a religious faith group represented by the certifying endorsing agency.

(b) Qualified spiritually, morally, intellectually, and emotionally to serve as a chaplain of the Army.

(c) A member of the clergy who is qualified to provide for the free exercise of religion by all members of the Army, their dependents, and other authorized persons.

(d) The conditional endorsement will indicate the applicant will receive full endorsement on graduation from the seminary and/or ecclesiastical affirmation as a fully qualified member of the clergy. The Chief of Chaplains will verify ecclesiastical endorsements before appointment. A senior theological student requesting AD on graduation must secure conditional ecclesiastical endorsement by a recognized endorsing agency. This is an exception to the above.

b. Interview Statement. Each applicant must be interviewed by a senior chaplain, Active or Reserve Component, who will serve as a field screening chaplain. This requirement does not pertain to applicants for the Staff Specialist branch (Chaplain Candidate). The procedure for initiating the interview and forwarding the interview statement is as follows:

(1) The applicant will arrange for the interview. The name and location of the nearest field screening chaplain may be obtained by consulting with the State Area Command chaplain for National Guard applicants. Army Reserve applicants may contact the nearest Army Reserve unit or Office of the Staff Chaplain of the CONUSA in which the application is being initiated. Should there be no chaplain of the appropriate component in the area to conduct the interview, it may be conducted by a chaplain of another component; e.g. National Guard for Army Reserve, Army Reserve for National Guard, or by an Active Army chaplain. In cases where no military chaplain is accessible, HQDA(DACH-PEP), WASH DC 20310-2700 should be consulted for guidance. Applicants will not be reimbursed for any travel or incidental expenses connected with the interview requirement.

(2) The applicant will list the date and place of the interview and the identity of the interviewing chaplain in the Remarks section of NGB Form 62(Application for Federal Recognition as an Army National Guard officer or Warrant officer and Appointment as a Reserve Commissioned officer or Warrant officer of the Army in the Army National Guard of the United States.) or DA Form 61.

(3) Chaplains conducting interviews will forward the interview statement directly to HQDA(DACH-PEP), WASH, DC 20310-2700. Use the military letter format. (See the format at fig 3-2 for applicant interview statement.)

c. Each chaplain applicant will complete, date, and sign the statement of understanding for chaplain appointment at figure 3-3. This serves as the final action of applying for appointment as chaplain with any and all components of the Army chaplaincy. It must be completed after the interview required by paragraph 3-6b has been conducted. Applicants for concurrent active duty should mail it directly to HQDA(DACH-PEP), Pentagon, WASH DC 20310-2700. Applicants not applying for concurrent active duty should forward the statement of understanding as part of their application packet.

d. Applicants for initial appointment in the rank of second lieutenant with assignment to the Staff Specialist Branch, SSI, 00A56 (Chaplain Candidate) must meet the following:

(1) Present consolidated transcript of a minimum of 120 semester hours of undergraduate credits as described in a(1)(a) above.

(2) Present ecclesiastical approval from an endorsing agency recognized by the Department of Defense.

(3) Present a statement that the applicant is either enrolled as full-time student or has been accepted for the next entering class. This statement must be from a registrar of a graduate theological seminary or other graduate school as described in a(1) above. Also acceptable is an official transcript from a graduate theological seminary indicating that the applicant has graduated. Add to this a statement from the denominational endorsing agency that the applicant is actively engaged in fulfilling the requirement to become a qualified member of the clergy.

(4) **(Rescinded.)**

3-7. Appointment grade and date of rank

a. Grade.

(1) Appointment will not be made in the rank of second lieutenant, except as provided in (2) below or in general officer grades. Entry grade and date of rank in commissioned officer grades will be determined by the entry grade credit awarded on appointment. The entry grade credit awarded will be the sum of the prior commissioned service allowed. This includes the amount of constructive service credit allowed (para 3-7a(3) and (4)). A period of time will be counted only once when computing credit. Appointment may be made in the following grades:

(a) Applicants without prior commissioned service will be credited with 3 years service in an active status. They will be appointed in the rank of first lieutenant.

(b) Reserve Component commissioned officers will be ordered to AD with assignment to the Chaplain Branch. Assignment will be in their Reserve grades unless a higher grade, below that rank of major is authorized.

(c) Former commissioned officers (other than commissioned WOs) will be appointed in the highest grade for which they qualify. This is based on the total credit allowed under (3) and (4) below.

(d) Reserve Component commissioned officers of an Armed Force other than the Army approved for interservice transfer may be appointed in the Reserve of the Army. These officers will be given the same grade and date of rank (DOR) as held in the former Armed Force.

(2) Applicants (para 3-6d) may be appointed as second lieutenants with assignment to the Staff Specialist Branch, SSI 00A56. This is until they become eligible for appointment as first lieutenant in the Chaplain Branch. An applicant

when appointed as a first lieutenant will be credited with the actual service and constructive service credit allowed under (3) and (4) below. Such credit will not be less than 3 years service in an active status.

(3) Constructive service credit. The purpose of constructive service credit is to provide grade and DOR comparability. This is for a person who begins commissioned service after obtaining the additional education, training, or experience required for appointment or assignment as a commissioned officer in a professional field. This relates to a contemporary who began commissioned service immediately after obtaining a baccalaureate degree. Compute and award constructive service credit as follows:

- (a) Count a period of constructive service only once.
- (b) Do not count periods of time spent in an active status as a commissioned officer or on AD.
- (c) Credit qualifying periods of less than 1 full year proportionately.
- (d) The number of years creditable as constructive service credit may not exceed the following:

Table 3-1
Creditable service credit

Category: Entry grade for appointment or assignment.

Credit: 3 years

Category: Seven or more years of extensive practical experience in a ministry as documented on DD Form 2088 submitted by the individual's Ecclesiastical Endorsing Agency.

Credit: 1-year

Category: Unusual cases involving special experience or unique qualifications as determined by the Secretary of the Army or his designee, upon the recommendation of the Chief of Chaplains.

Credit: One-half year for each year to maximum 3 years.

(4) Prior active commissioned service credit. Credit for prior service as a commissioned officer may not exceed that computed in accordance with the following table: Qualifying periods of less than one full year shall be proportionately credited.

Table 3-2
Qualifying periods

Qualifications: (a) Active duty commissioned service (other than as a commissioned warrant officer) to include periods of active duty for training.

Credit: 1 year for each year served

Qualifications: (b) Commissioned service (other than as commissioned warrant officers) in an active status, but not on active duty, for persons appointed as Reserve commissioned officers.

Credit: 1 year for each year served

(5) Maximum entry grade credit. Total entry grade credit granted will not exceed that which the person needs to receive an entry grade of major.

b. Date of rank.

(1) The DOR of an officer commissioned in the Reserve of the Army and appointed to the Chaplain Branch will be determined by the entry grade credit awarded on appointment.

(2) The DOR of a chaplain in the Reserve of the Army, ordered to AD and placed on the Active Duty List (ADL), may be adjusted. This is provided under AR 600-20, chapter 6.

3-8. Applications

a. Appearance before an examining board by applicants for the Chaplains Branch or the Staff Specialist Branch (Chaplain Candidate) is not required. Exception may be directed by HQDA. Applicants for rank above second lieutenant must furnish the documents listed below and those required by chapter 2. Second lieutenant Staff Specialist Branch appointees with SSI 00A56 need not submit transcripts of undergraduate studies or forms required by chapter 2. These are forms other than DA Form 61, SF 88, and SF 93.

(1) Senior theological students.

(a) Transcript and statement of registrar as specified in paragraph 3-6a(1)(c).

(b) Conditional ecclesiastical endorsement as specified in paragraph 3-6a(2)(d).

(2) Other applicants.

(a) A consolidated transcript of undergraduate and graduate work.

(b) Ecclesiastical endorsement.

b. Applicants applying for the rank of second lieutenant will furnish the papers required by chapter 2 and other documents specified in paragraph 3-6d.

c. Forward ecclesiastical approvals, conditional endorsements, or ecclesiastical endorsements directly to HQDA (DACH-PEP) WASH DC 20310-2700. This may be done by either the applicant or the denominational endorsing agency. Area commanders are authorized to send applications and allied papers to HQDA(DACH-PEP) without these documents when appointment is without concurrent AD.

d. When a second lieutenant assigned to the Staff Specialist Branch, SSI 00A56 (Chaplain Candidate) fails to qualify for appointment as first lieutenant with assignment to Chaplains, action will be taken as prescribed in AR 135-175.

e. Applicant will furnish two copies of a recent photograph, head and shoulder type, 3-by-5 inches, with the name printed on the back.

f. Applicants for appointment as chaplains may be appointed before completion of a NAC/DNACI or obtaining a Secret clearance provided they sign a statement of understanding as shown in figure 2-5.

3-9. Verification of ecclesiastical and educational qualifications

a. The area commander will send the application and allied papers of favorably considered applicants to HQDA(DACH-PEP), WASH DC 20310-2700 (para 3-8c).

b. HQDA(DACH-PEP) will secure verification of the applicant's ecclesiastical and educational qualifications. Application and allied papers will be returned to PERSCOM, Appointment Directorate, ATTN: TAPC-OPD-RD, 9700 Page Boulevard, St. Louis, MO 63132-5200. Include a statement that the applicant does or does not meet the ecclesiastical and educational requirements.

Section IV

Appointment in the Judge Advocate General's Corps

3-10. General

This section prescribes the special requirements for appointment of personnel in the JAGC. Only qualified applicants will be appointed in the JAGC. This section lists the minimum requirements. Application packets for appointment to the JAGC, USAR should be obtained from either the Commandant, TJAGSA, ATTN: JAGS-GRA, Charlottesville, VA 22903-1781 or PERSCOM, Appointment Directorate, ATTN: TAPC-OPD-RA, 9700 Page Boulevard, St. Louis, MO 63132-5200.

3-11. Special eligibility requirements

The general eligibility requirements of chapter 1 are supplemented by this section. Applicants must—

a. Meet the eligibility requirements of AR 27-1.

b. Have successfully completed the minimum military education requirements of AR 27-1 for JAGC officers. This education is for appointment in the grade for which the applicant is otherwise eligible under paragraph 3-12 below, except:

(1) If the applicant is otherwise qualified, The Judge Advocate General (TJAG) has the discretion to authorize the applicant's appointment in the JAGC, with the condition that—

(a) Company grade officers complete The Judge Advocate Officer Basic Course within 12 months of the date of appointment.

(b) Field grade officers complete The Judge Advocate Officer Advanced Correspondence Course within 30 months of the date of appointment.

(c) Reserve officers under conditional appointments must not fail to satisfy the educational requirements of (a) or (b) above. Failure will result in the termination of the appointment unless an extension is granted. TJAG may grant an extension to the time periods in (a) or (b) on a showing of good cause. Extension will be for a specific period designated by TJAG. The extension will operate to continue the conditional appointment. The appointment will be terminated for failure to complete the education requirement within the extension period (AR 135-175, para 4-4a(18)).

(2) These military education prerequisites are waived if the applicant requests appointment and concurrent voluntary AD with the JAGC under AR 601-102.

3-12. Appointment grade and date of rank

a. *Grade.*

(1) Appointments under this section are subject to the requirements of chapter 1 and paragraph 3-11. Persons receiving original appointments as Reserve officers of the Army with assignment to the JAGC will be appointed in the highest grade entitled under 10 USC 3359 as follows:

Table 3–3
Appointment grades

Commissioned Service Credit: 3 years or more, but less than 7 years

Appointment Grade: First Lieutenant

Commissioned Service Credit: 7 years or more, but less than 14 years

Appointment Grade: Captain

Commissioned Service Credit: 14 years or more, but less than 21 years

Appointment Grade: Major

Commissioned Service Credit: 21 years or more, but less than 23 years

Appointment Grade: Lieutenant Colonel

Commissioned Service Credit: 23 years or more

Appointment Grade: Colonel or Lieutenant Colonel as determined by HQDA.

Notes:

In determining the appointment grade of a prospective JAGC officer, the years of commissioned service credit will be the sum of all credit awarded for constructive service credit and prior commissioned service under paragraphs (2), (3), and (4) below. A period of time will be counted only once when computing credit. Qualifying periods of less than one full year will be proportionately credited.

(2) Constructive service credit will be computed and awarded as follows:

Table 3–4
Constructive service credit

Qualifications: (a) Award of the first professional law degree (J.D. or LL.B) by a law school accredited by the American Bar Association (ABA) at the time the applicant received the degree.

Credit: 3 years

Qualifications: (b) Special legal experience in unusual cases, based on the needs of the Army command or activity to which the appointee will be assigned.

Credit: One-half year for each year of qualifying experience, up to a maximum of 3 years credit.

Notes:

Requests for such credit will accompany the application for appointment and will fully justify the unique needs of the command or activity and the special qualifications of the person to be appointed. Periods spent in an active status or on AD may not be counted when computing constructive service credit.

(3) Credit for prior commissioned service will be computed as follows:

Table 3–5
Prior commissioned service credit

Qualifications: (a) Active duty commissioned service (other than as a commissioned warrant officer) to include periods of annual training or other active duty for training performed while a member of any component of the military services.

Credit: 1 year for each year of service

Qualifications: (b) Commissioned service (other than as a commissioned warrant officer) in an active status, while serving in any component of the military services, but not on extended active duty.

Credit: 1 year for each year of service

(4) An officer completing an educational program qualifies for constructive service credit under (2)(a) above, while in an active commissioned status, in less than 3 years may be credited with constructive service credit in the amount by which 3 years exceeds the time spent in the qualifying educational program in an active status.

b. Date of rank.

(1) The date of rank of an officer commissioned in the Reserve of the Army and assigned to the JAGC is the date of appointment. The DOR will further be backdated by the period of commissioned service credit awarded under *a* above. This is in excess of that amount used to establish the officer's appointment grade.

(2) The DOR of a JAGC Reserve officer ordered to AD and placed on the ADL may be adjusted under AR 600–20, chapter 6.

3–13. Applications

a. Applications for JAGC Reserve officer appointments with concurrent order to voluntary AD with the JAGC under

AR 27–1 must comply with the requirements of that regulation. All other applicants must comply with the general requirements of chapter 2 and submit the following documents.

(1) A consolidated transcript of all undergraduate and law school studies. The transcript must be prepared by the schools where the work was completed. If the schools compute class standings, the transcript should show the applicant's class standing.

(2) A certificate or statement from the clerk of the highest court of a State or a Federal court. It should show the admission to practice and current standing before the bar.

(3) Letters based on personal acquaintance from at least three judges, lawyers, law school professors, or military officers. The letters will relate to the applicant's reputation and professional standing.

(4) Description of the applicant's full-time or part-time legal experience. Legal experience includes private practice, governmental, judicial teaching, military legal experience, and legal clerkships.

(5) Two copies of a recent photograph, head and shoulder type, 3– by 5–inches with the applicant's name on the back.

b. Individuals applying for a TPU vacancy, or an IMA vacancy will forward the application—

(1) Through the commander and any intermediate commanders where assignment is requested.

(2) Through the Office of the Staff Judge Advocate of the CONUSA concerned and in the case of applications to fill TPU vacancies, through the FORSCOM Staff Judge Advocate.

(3) Through the Commandant, TJAGSA, ATTN: JAGS–GRA, Charlottesville, VA 22903–1781.

(4) To PERSCOM, Appointment Directorate, ATTN: TAPC–OPD–RA, 9700 Page Boulevard, St. Louis, MO 63132–5200.

c. Applicants for appointment as JAGC officers may be appointed before completion of a NAC/DNACI or obtaining a Secret clearance provided they sign a statement of understanding as shown in figure 2–5.

Section V

Appointment of Professional and Technical Personnel

3–14. General

This section provides for the appointment of professional and technical specialists as commissioned officers in the USAR. The categories for appointment under this section are listed below. Chapters 1 and 2 will apply except as indicated in this section.

- a.* Archivist.
- b.* Aeronautical engineering.
- c.* Automotive engineering.
- d.* Bacteriology.
- e.* Biochemistry.
- f.* Biological sciences.
- g.* Business administration.
- h.* Chemical engineering and chemistry.
- i.* Civil engineering.
- j.* Education specialists.
- k.* Electrical accounting machine specialists.
- l.* Electrical engineering, including radio, television, and wire communications.
- m.* Electronic data processing system specialists.
- n.* Entomology.
- o.* Fire prevention and firefighting.
- p.* Food technology (inspection, procurement, testing, research, and related subjects).
- q.* Geographers.
- r.* Geology, geophysics, and meteorology.
- s.* Geopolitical and area specialists.
- t.* Guided missile specialists.
- u.* Harbor craft specialists.
- v.* Health physicist.
- w.* Highway engineering and traffic.
- x.* Industrial specialists (engineering, management, and security).
- y.* Language and foreign liaison.
- z.* Law enforcement officials, administrative, and allied investigative specialists.
- aa.* Legal.
- ab.* Marine engineering.

- ac. Mathematicians, statisticians, and physicists.
- ad. Mechanical engineering.
- ae. Metallurgical engineering.
- af. Military historians.
- ag. Mining engineering.
- ah. Naval architectural.
- ai. Nuclear specialists (nuclear physicist, radiological chemist, nuclear chemistry, nuclear engineering, and nuclear effects engineering, biophysics, and bioradiology).
- aj. Parasitology.
- ak. Penology.
- al. Petroleum and natural gas engineering.
- am. Pharmacology and toxicology.
- an. Photographic (still, motion picture, television, and related subjects).
- ao. Plant pathology.
- ap. Plant physiology.
- aq. Postal.
- ar. Printing and reproduction.
- as. Psychology.
- at. Psychological warfare (journalism, international relations, psychology, and related subjects).
- au. Public information, including field press censorship.
- av. Purchasing, storage, and distribution (logistics).
- aw. Radar engineering.
- ax. Railway service.
- ay. Safety engineering.
- az. Submarine diving.
- ba. Traffic management.
- bb. Zoology.
- bc. Operations Research/Systems Analysis.

3-15. Branch

The branch of assignment for applicants will be determined by the authority tendering appointment. It is based on the applicant's qualifications and the needs of the service. Female applicants must refer to AR 611-101 for all current restrictions which apply to specialty codes, specialty skill identifiers, or additional skill identifiers which may not be awarded to women and the types of units in which women may not serve consistent with the Direct Combat Probability Coding Policy.

3-16. Special requirements

- a. Each applicant for a direct appointment must possess the professional or technical ability required to perform the duties appropriate to the grade of appointment and branch of assignment. This is in addition to the requirements of chapter 1.
- b. For appointment to fill vacancies in the Reserve Troop Program, an applicant's service must be required. There must not be a qualified Reserve commissioned officer of the appropriate or lower grade available to fill the vacancy.
- c. For appointment with concurrent AD, an applicant's services must be required to meet the needs of the Active Army.
- d. Applicants for appointment must have *at least a baccalaureate degree* from an accredited college or university as listed in the *Education Directory—Colleges and Universities*. It is preferable that a major field of study closely relates to the specialty serving as the basis for appointment. Further, the applicant must have completed at least 1 year of full-time employment after receiving a baccalaureate degree in a position directly related to the degree.
- e. Area commanders will ensure that members satisfactorily pursue the proper military education in order to qualify for promotion and retention.
- f. Include the following letters of appraisal with the application for appointment of all persons without prior military service:
 - (1) Letter of appraisal from a college official who has had direct contact with the applicant.
 - (2) Letters of appraisal from last two employers (full or part time). Use DD Form 370 (Request for Reference)). For members without work experience, submit two letters of appraisal from school officials in addition to (1) above.
 - (3) Letters of appraisal from two residents of the applicant's home community.

3-17. Grade

Appointment is authorized in grade of second lieutenant.

Section VI**Appointment for Assignment in the Civil Affairs Branch****3-18. General**

Applicants seeking appointment with assignment to the Civil Affairs Branch must meet the special requirements. This is in addition to the requirements of chapters 1 and 2 of this text.

Not used

Section VII**Appointment for Assignment in the Staff Specialist Branch****3-19. General**

a. This section prescribes the special requirements and procedures for appointment and assignment to Staff Specialist Branch. Chapters 1 and 2 apply except as indicated.

b. Appointments to the Staff Specialist Branch will not be made when a person can be properly assigned to another branch.

3-20. Eligibility

Chaplain candidates should consult section III for eligibility requirements. All other applicants must—

- a. Meet general requirements of chapter 1.
- b. Qualify for a SSI listed in paragraph 3-22.
- c. Possess advanced professional or technical experience and training.
- d. If he or she is a staff specialist who acquired qualifications in any other branch, he or she must be transferred to that branch according to AR 140-10. Those members with exceptional technical and professional skills are exempt when approved by PERSCOM (TAPC-OPD-R). Successful completion of an appropriate level branch school qualifies a member in that branch.

3-21. Applications

- a. Chaplain candidates will apply under section III.
- b. Other applications will be processed according to chapter 2. PERSCOM (TAPC-OPD-R) is the approval authority for appointment in the Staff Specialist Branch other than Chaplain candidates, Selective Service officers, or Nonmilitary Subject Instruction officers.

3-22. Specialist categories for appointment

Appointment may be made in the Staff Specialist Branch for the following SSI listed below. This is as determined by PERSCOM (TAPC-OPD-R). Appointment is based on the professional and technical qualifications and overall value to the service on an individual basis.

Table 3-6

Specialist categories for appointment

Proponent agency: Chief of Chaplains (DACH-PEP)

Title: Duty unassigned (chaplain candidate or seminarian)

SSI: 00A56

Proponent agency: PERSCOM (AG Branch, TAPC-OPG-A)

Title: Selective service officer

SSI: 41B

Proponent agency: PERSCOM (AG Branch, TAPC-OPG-A)

Title: Appropriate specialty instructor (teaching methods)

Proponent agency: PERSCOM (AG Branch, TAPC-OPG-A)

Title: Appropriate specialty instructor (physical science)

Proponent agency: PERSCOM (AG Branch, TAPC-OPG-A)

Title: Appropriate specialty instructor (English)

Proponent agency: PERSCOM (AG Branch, TAPC-OPG-A)

Title: Appropriate specialty instructor (social science)

Table 3–6
Specialist categories for appointment—Continued

Notes:

As determined by PERSCOM (TAPC–OPD–R) based on the professional and technical qualifications and overall value to the service on an individual case.

Section VIII

Appointment in the Army National Guard of the United States

3–23. General

- a. When federally recognized, an officer or WO of the ARNG will be appointed as a Reserve of the Army for service as a member of the ARNGUS.
- b. Grade on appointment will be as provided in paragraph 1–9.
- c. Applicants requiring a waiver of conviction of any of the offenses listed in paragraph 1–8a(3)(a) through (c), will not be permitted to appear before a Federal Recognition Board before granting of waiver. Forward requests for waiver to PERSCOM, Appointment Directorate, ATTN: TAPC–OPD–R, 9700 Page Boulevard, St. Louis, MO 63132–5200.

3–24. Personnel eligible to be appointed

To become an officer of the ARNGUS, a person must first be appointed and federally recognized in the same grade in the ARNG. That person must also meet the security standards of paragraph 1–6h.

3–25. Applications

Applications for appointment as Reserve commissioned or WOs of the Army will be submitted according to NGR 600–100 and NGR 600–101.

3–26. Notice of appointment

Letters tendering appointments as Reserve commissioned or WOs of the Army are dated when actually issued. An exception occurs when an officer is granted Federal recognition based on temporary Federal recognition. The appointment will be on the date issued. However, such appointments are considered to have been accepted on, and effective from the date of such temporary Federal recognition.

Section IX

Appointment as Reserve Warrant Officers of the Army

3–27. General

This section prescribes special requirements for the appointment of Reserve WOs of the Army for service in the Army Reserve. Chapters 1 and 2 apply as provided in this section.

3–28. Special requirements

a. Personnel listed in (1) through (6) below qualifying for WO MOSs currently authorized in AR 611–112 may apply for appointment under this section. Former commissioned and warrant officers may qualify for the award of an MOS by previous training and experience. Enlisted members will attain qualification for appointment through completion of WOCS or WOCS–RC. This is indicated in DA Pam 351–4. Reserve enlisted personnel and Reserve officers are eligible for appointment under this regulation. Acceptance of appointment as Reserve WO will automatically terminate any other Reserve status. Persons serving on AD will be appointed only as authorized in paragraph 1–5b(4).

- (1) Enlisted personnel of the Reserve Components of the Armed Forces.
- (2) Enlisted soldiers in the active military service of the Armed Forces. This is if they submit an application for AD (DA Form 160) with their application for appointment.
- (3) Former WOs currently in civilian status. Applicants applying under this section, of otherwise qualified, will not be subject to the requirements of paragraphs 1–5 and 1–6a. However, they must have been appointed within 1 year after date of last discharge as a WO.
- (4) WOs in the active military service holding only temporary appointments, without component, may request appointment as a Reserve WO at any time before release from AD.
- (5) Officers and former officers who qualify for a WO MOS except for commissioned officers who have been removed or are approaching mandatory removal from an active status for completion of maximum age or service are ineligible.

(a) **(Rescinded.)**

(b) **(Rescinded.)**

(c) (Rescinded.)

(6) Qualified technical experts or specialists who are former members of any component of any U.S. Armed Forces or civilians with no military status.

b. Applications for Army attache career WOs will be limited to persons who meet the requirement of AR 611–60. In addition, the must have been assigned and performed duties in any Army attache office for at least 6 months in a military or civilian status.

c. Applicants for the intelligence career fields must meet the requirements specified in AR 140–192.

d. Applicants for bandmaster must meet additional technical requirements. Evaluations are made in the following areas to determine qualifications:

(1) Civilian and service music education and experience.

(2) Knowledge of sound band management, to include the operation of concert bands, dance bands, and ensembles.

(3) Conducting capabilities to include baton techniques, musicality of presentation, and rehearsal techniques. Also, included are a member's podium presence, military bearing, and sound leadership traits.

(4) Technical skills, to include sight-reading, melodic dictation, harmonic dictation, aural and written harmony, arranging and knowledge of instrumentation. In some cases, a definite evaluation cannot be made by a review of the application and allied papers. In this event, PERSCOM (TAPC–OPD–R) will direct that a technical examination be administered to the applicant by a bandmaster. This examination will be at the CONUS Army HQs or major oversea headquarters where the member applied or at HQs Forces Command. All travel involved will be at the applicant's expense.

(5) Personnel applying for Army Band Officer will include the following items with their applications and allied papers.

(a) Chronological listing of all military and civilian positions held to include specific scope of responsibilities.

(b) Representative list of programs of solos played or recitals given on major instruments for public performance.

(c) Representative list or programs of band numbers conducted in public performance.

e. Appearance before examining board is waived for personnel on AD applying for WO WO MOS 670A, Health Services Maintenance Technician.

Section X

Appointment in the Physician Assistant (PA) Program

3–29. General

(Rescinded.)

3–30. Military trained

(Rescinded.)

3–31. Civilian trained

(Rescinded.)

Section XI

Appointment For Duty in The Army General Counsel's Honors Program

3–32. General

The section prescribes the procedures for determining appointment grade and date of rank of officers appointed under the Army General Counsel's Honors Program. AR 601–337 outlines the procedures for applying for commissioning under the Honors Program.

3–33. Appointment grade and date of rank

Officers who receive a new appointment as Reserve commissioned officers under the Army General Counsel's Honors Program (AR 601–337) will have their appointment grade and date of rank determined under the procedures described in paragraph 3–12.

Statement of Understanding for Appointment as a Commissioned Officer

I understand that my appointment as a commissioned officer in the United States Army Reserve is being accomplished prior to completion of required National Agency Check and Federal Bureau of Investigation Name Check.

I further understand that if as a result of completion of the post-commissioning investigative processes I am determined unacceptable for appointment as a commissioned officer, I will be discharged from the United States Army Reserve and that I will receive an appropriate discharge certificate.

(Date)

(Signature)

(Name typed)

(Social security number)

Figure 3–1. Statement for applicants for appointment in the Chaplains Branch who are being appointed prior to completion of National Agency Check (para 3–8)

(Type on appropriate headquarters letterhead.)

(Office Symbol)

(Date)

MEMORANDUM FOR: OFFICE, CHIEF OF CHAPLAINS, ATTN: DACH-PEP, WASH DC 20310-2700

SUBJECT: Interview Statement for (Applicant's name)

1. I interviewed *(Applicant's name)* an applicant for a commission in the ARNG or USAR Chaplaincy, on *(Date)*
2. In my opinion, the applicant *(Does) (Does not)* meet the eligibility criteria set out in AR 135–100. *(Specify criteria that the applicant does not meet.)*
3. My evaluation of the applicant is as follows: *(Answer each item below with at least 25 words.)*
 - a. Professional and academic qualifications.
 - b. Pastoral abilities.
 - c. Military experience.
 - d. Motivation for ministry in the Army Chaplaincy.
 - e. Willingness to work cooperatively with chaplains of other faith groups and respect the integrity of other faith groups.
 - f. Ability to deal with people.
 - g. Personality traits.
 - h. Appearance, poise, and general physical condition.
 - i. Overall potential for ministry in the Army Chaplaincy.
 - j. Assignment limitations.
 - k. Demonstrates verbal and written proficiency in the English Language.
4. I *(Do) (Do not)* recommend that *(His) (Her)* application for a commission in the ARNG or USAR Chaplaincy be accepted. *(Explain the reason for reaching your decision.)*

(Name)

(Rank)

(Position)

Figure 3–2. Format for applicant interview statement

Statement of Understanding for Chaplain Appointment

I *(Name)* understand that I have been endorsed to serve as a chaplain officer with the Army National Guard or the U.S. Army Reserve with or without concurrent active duty by *(Name of religious faith group)*. As certified by the endorsement which I have received, I am a fully qualified member of the clergy of *(List religious faith group or independent church)*. I consider myself spiritually, morally, intellectually, and emotionally qualified to serve as a chaplain. I attest that during my pre-appointment interview with a field screening chaplain, *(Name)* the interview treated my professional and academic qualifications, pastoral abilities, military experience, and motivation for ministry in the Army chaplaincy. The interview treated my willingness to work cooperatively with chaplains of other faith groups and to respect their integrity. While remaining faithful to my denominational beliefs and practices, I understand that, as a chaplain, I must be sensitive to religious pluralism and will provide for the free exercise of religion by military personnel, their families, and other authorized personnel served by the Army. The interview also treated my ability to deal with people and my personality traits. The interviewer had the opportunity to assess my appearance, poise, and general physical condition. Further, my verbal and written proficiency in the English language was assessed. The interviewer determined whether or not any personal concerns affecting myself or my family would result in the limitation of assignment world-wide in the future. My responses in the interview constitute a valid tool for assessment of my overall potential for service with the Army chaplaincy. I have completed *(Number)* years of active professional clergy service after completion of the educational requirements for the chaplaincy.

(Signed)

(Date)

Figure 3-3. Statement of understanding for Chaplain appointment

Department of Defense policy is to accommodate religious practices when accommodation will not have an adverse impact on military readiness, unit cohesion, standards, health, safety or discipline.

The Army places a high value on the rights of its members to observe the tenets of their respective religions.

Unit commanders are authorized to initially approve or deny requests for accommodation of religious practices. Conditions of accommodation may change based on military need.

Policy guidelines are contained in AR 600-20 and AR 165-20.

I understand that the Army cannot guarantee accommodation of religious practices.

(Signed)

(Date)

Figure 3-4. Statement of acknowledgment for accommodation of religious practices (para 2-1)

Chapter 4 Examining Boards

4-1. Appointment

a. HQ USAREC will appoint boards of officers to examine applications for selection and attendance at WOCS or WOCS-RC. Area commanders and PERSCOM TAPC-OPD-A (STL), will appoint boards of officers to examine commissioned officer applicants for appointment when required. Boards will consist of an uneven number of members of not less than three. All members should be field grade officers serving in a grade equal to or higher than that under consideration. Officers in grade of captain may be substituted when a sufficient number of field grade officers are not available. At least one member of the board must be from the branch the applicant is applying. Two members will be from the Active Army and, where possible, from the RA. The member designated as president will be from the Active Army and will be the senior member. If members of the Active Army are not available, a Reserve who is on an Active Guard/Reserve (AGR) tour may be used. A commissioned officer Army aviator will be included as a member of the board when considering applicants for appointment with assignment on an aviation commissioned officer SSI or WO MOS. A rated aviation WO may be used if a commissioned officer is not available. Waiver of this requirement may be granted when a rated Army aviator is not accessible. A WO of the specialty for which the applicant is applying will be appointed to serve as a technical adviser (with vote) to examining board members when interviewing a WO applicant. A commissioned officer with a SSI related to that of the specialty for which the applicant is applying may be appointed to serve as a technical adviser (with vote). This applies when it is determined that an appropriate WO is not available within a reasonable commuting distance. Also, the substitute officer must have the means and is willing to travel the

distance involved. Authority to appoint boards may be delegated by appointment authorities to those organizations as follows:

- (1) Installation commander for applicants being considered for appointment in grades of major and below.
- (2) Commanders of General Officer Commands and U.S. Army Reserve Commands for applicant being considered for appointment in grade of lieutenant colonel. This is only if applicant held a previous appointment as a commissioned officer in the Armed Forces.
- (3) The Defense Attache will examine applicants for appointment with concurrent AD as Attache Technical Assistants, MOS 350L. Personnel serving at isolated stations with less than three commissioned officers assigned will be examined by the Defense Attache and the Attache Technical Assistant using DA Form 6225 (Interview Appraisal Sheet). These applications will be further examined by a board of MI officers appointed by the Chief, MI Branch, PERSCOM (TAPC-OPF-M).
- (4) Installations commanded by a general officer will normally appoint boards to consider applications from personnel on AD with the Army who are applying for concurrent AD. When the installation is not commanded by a general officer, the application will be sent to the next higher headquarters in the normal chain of command. Installation commanders having general court-martial convening authority may appoint boards when it is determined an applicant is not within a reasonable commuting distance of the examining board.
- (5) The U.S. Army Military District of Washington will appoint boards of those applications as stated in paragraph 2-2b(8).
- (6) Commandant, TJAGSA, will appoint a board of judge advocate officers (with a WO technical advisor, with vote, as appropriate) who will consider requests for direct appointment as Reserve officers of the Army with assignment to the JAGC or as a WO with MOS 550A
 - b. Boards will be convened as close as practicable to the location of the applicant concerned.
 - c. Boards will be appointed and proceedings conducted according to AR 15-6 and this regulation.
 - d. For AD applicants for commissioned officer appointment, centralized selections will be conducted at HQDA and no field board is required. For USAR (TPU), board levels will be determined by area commanders. For ARNG, board level will be determined by Chief, NGB.
 - e. For all WO applicants less ARNG centralized selection boards will be conducted by HQ USAREC.
 - f. The examining board will notify in writing the Commander, ARPERCEN, ATTN: DARP-OPF-WO, 9700 Page Boulevard, St. Louis, MO 63132-5200 of the best qualified for the USAR TPU/AGR WO vacancy and all others who are qualified as WOC. The qualified individual's application minus the board proceeding will be sent to ARPERCEN at above address.

4-2. Notification to applicants

- a. When the examining board receives applications and allied papers from members seeking appointment, the following is done. The board president will notify the applicant of the time and place of the appearance before the board. Travel and other expenses incurred by the applicant not on AD will not be chargeable to the Government.
- b. Applicants will be scheduled so that no one will have to spend more than 1 day at the examining place.
- c. When possible, applicants for the same branch will be scheduled in sequence so that the board member of that branch may sit without interruption.
- d. When necessary, the applicant will be advised in advance of any additional information the board desires or regulations required to correct or complete an application.

4-3. Retest policy

When a retest is required (para 1-6c), the entire test battery will be administered and retest scores become the official scores of record. The test examiner will provide for a written statement. It will show the date and place the test was administered, title, and form of test, and score attained. Only those applicants attaining the required score will be authorized to continue with the examination.

4-4. Interviewing

The board will interview each applicant prior to having access to applications or allied papers using the DA Form 6227 (Officer Leadership Board Interview, Interview Record, OLB-1 Answer Sheet). This is except as provided in paragraph 4-5b. Instructions for conducting and recording results of the interview are contained in DA Pam 611-227.

4-5. Appraisal of experience

- a. Applicants without prior commissioned officer service. After the interview, a rest period will be given the applicant while the board considers the application and allied papers. The board will then question the applicant on personal history, training, and experience to supplement the facts shown in the application and allied papers. This questioning will be led by the board member of the branch concerned. Technical competence will be inferred from the applicant's history and the impression made on the board during the interview. Each board member will make an individual, independent appraisal of the applicant on one of the forms listed in (1) and (2) below (original only). The

word “civilian” will be substituted for “military” on the form listed in (1) below when the applicant is applying from civilian life and has not had military experience. When the applicant is considered better qualified for a branch other than one applied for, the board may recommend such assignment.

(1) For commission applicants, except for Chaplains and JAG Branches, use DA Form 6224 (Interview Appraisal Sheet M).

(2) For WOs, Chaplains, and JAG Branch applicants, use DA Form 6225 (Interview Appraisal Sheet S). (This form will be modified to indicate WO application when appropriate.)

b. Applicants with prior commissioned or WO service. In recognition of commissioned or former commissioned status and/or RA and Reserve of the Army WO status, board action will be waived.

4-6. Disposition of records

a. The board will forward the following papers through channels to the appropriate commander concerned for action:

- (1) Report of proceedings of the board of officers.
 - (2) Copy of military memorandum/letter appointing the board.
 - (3) Application and allied papers for each applicant.
 - (4) Test score statement, when required by paragraph 4-3.
 - (5) DA Form 6227 completed by each board member on each applicant.
 - (6) DA Form 6224 or DA Form 6225, as appropriate, completed by each board member for each applicant.
- b. A statement substantially as follows will be included in the board report when applicable:

“This correspondence is marked FOR OFFICIAL USE ONLY solely because of the addition of Exhibit through. When these exhibits are removed, protective markings will be canceled.”

Chapter 5 Posthumous Appointments

5-1. General

This chapter prescribes special requirements and procedures for tendering posthumous appointments as Reserve of the Army commissioned and WOs.

5-2. Authority to tender appointments

PERSCOM (TAPC-OPD-R)(STL) is the only authority for tendering posthumous Reserve of the Army commissioned and WO appointments.

5-3. Conditions under which posthumous appointments may be tendered

a. Posthumous commissions. Posthumous commissions may be issued when—

(1) The member was appointed to a commissioned grade but was unable to accept the appointment because of death in line of duty.

(2) The member successfully completed a course of instruction which authorizes appointment on successful completion of the course. Further, the member was recommended for appointment by the commanding officer or officer in charge of the school. However, the member was unable to accept the appointment because of death in line of duty on or after the scheduled date of completion of the course of instruction.

(3) The member was officially recommended for appointment and the recommendation was approved by the appropriate appointing authority. However, the member was unable to accept the appointment because of death in line of duty on or after the date of approval.

b. Posthumous warrants. Posthumous warrants may be issued when—

(1) The member was appointed to a WO grade but was unable to accept the appointment because of death in line of duty.

(2) The member successfully completed a course of instruction which authorizes WO appointment on successful completion of the course. Further, the member was recommended for appointment by the commanding officer or officer in charge of the school. However, the member was unable to accept the appointment because of death in line of duty on or after the scheduled date of completion of the course of instructions.

(3) The member was officially recommended for appointment by an examining board. However, the member was unable to accept the appointment because of death in line of duty on or after the scheduled date of completion of the course of instruction.

5-4. Submission

Commanders with knowledge of a member who may be considered for a posthumous appointment will furnish the information listed in (a) through (d) below. Forward it through proper military channels to PERSCOM, Appointment Directorate, ATTN: TAPC-OPD-RD, 9700 Page Boulevard, St. Louis, MO 63132-5200.

- a. Date and cause of member's death.
- b. A statement indicating that the member's death was or was not in the line of duty. In this connection, a posthumous commission or warrant may be issued in the name of a reservist whose cause of death was incurred in line of duty while he or she was—
 - (1) Serving on AD or ADT.
 - (2) Traveling to or from ADT.
 - (3) Engaged in IADT.
- c. Scheduled date of completion of course of instruction, date the member was recommended for appointment as a result of successful completion of course of instruction, and official who made the recommendation.
- d. Date member was officially recommended for appointment, date the recommendation was approved, and official who approved the recommendation for appointment.

5-5. Bonus, gratuity, pay, or allowance

No person is entitled to any bonus, gratuity, pay, or allowance because of a posthumous commission or warrant.

5-6. Effective date of appointment

A commission or warrant issued under paragraph 5-3a or b will be issued as of the date of the appointment, recommendation, or approval, as the case may be.

Appendix A References

Section I Required Publications

AR 15–6

Procedures for Investigating Officers and Boards of Officers. (Cited in para 4–1.)

AR 25–400–2

The Modern Army Recordkeeping System (MARKS). (Cited in para 2–8e.)

AR 27–1

Judge Advocate legal Service. (Cited in para 3–11 and 3–13.)

AR 40–501

Standards of Medical Fitness. (Cited in paras 1–6g, 2–1, and 2–3.)

AR 56–9

Watercraft. (Cited in paras 1–6d(3), 2–1z and 2–2.)

AR 135–91

Service Obligations, Methods of Fulfillment, Participation Requirements, and Enforcement Procedures. (Cited in para 1–10a.)

AR 135–101

Appointment of Reserve Commissioned Officers for Assignment to Army Medical Department Branches. (Cited in paras 1–4, 1–71, 1–9a, 1–10a, and 2–2.)

AR 140–10

Assignments, Attachments, Details, and Transfers. (Cited in paras 2–1s and 3–20.)

AR 140–192

Organization, Training, Assignment and Retention Criteria for Military Intelligence, Signals Intelligence, Electronic Warfare and Signal Security Units. (Cited in paras 1–6h, 2–1, 2–3, and 3–28c.)

AR 195–3

Acceptance and Accreditation of Criminal Investigative Personnel. (Cited in para 2–1.)

AR 381–20

U.S. Army Counterintelligence (CI) Activities. (Cited in para 2–1.)

AR 600–20

Army Command Policy and Procedures. (Cited in paras 3–7b and 3–12b.)

AR 611–60

Assignment to Army Attache Duty. (Cited in para 3–28b.)

AR 611–101

Commissioned Officer Specialty Classification System. (Cited in para 3–15.)

AR 611–112

Manual of Warrant Officer Military Occupational Specialties. (Cited in para 3–28.)

NGR 600–100

Commissioned Officers—Federal Recognition and Related Personnel Activities. (Cited in para 3–25.)

NGR 600–101

Warrant Officers—Federal Recognition and Personnel Actions. (Cited in para 3–25.)

DA Pam 351–4

U.S. Formal Schools Catalog. (Cited in para 3–28.)

DA Pam 600–2

The Armed Forces Officer. (Cited in para 2–8.)

DA Pam 611–227

Manual for the Officer Leadership Board Interview, Interview Record. (Cited in para 4–4.)

Section II

Related Publications

AR 40–48

NonPhysician Health Care Providers

AR 135–155

Promotion of Commissioned Officers and Warrant Officers Other Than General Officers

AR 135–156

General Officer Assignments, Promotions, Retention In and Removal From an Active Status

AR 140–50

Officer Candidate School Course

AR 145–1

Senior ROTC Program: Organization, Administration, and Training

AR 351–5

Army Officer Candidate Schools

AR 600–3

The Army Specialty Proponent System

AR 600–8–104

Military Personnel Information Management/Records

AR 600–39

Dual Component Personnel Management Program

AR 601–210

Regular Army and Army Reserve Enlistment Program

AR 611–85

Selection of Enlisted Volunteers for Training as Aviation Warrant Officers

AR 614–120

Interservice Transfer of Army Commissioned Officers on the Active Duty List

AR 635–100

Personnel Separations—Officer Personnel

Section III

Prescribed Forms

DA Form 61

Application for Appointment. (Cited in paras 1–6a(2), 2–1a, 2–8, and 3–8a.)

DA Form 71

Oath of Office—Military Personnel. (Cited in paras 2–7b and 2–8 and figures 2–2 and 2–3.)

DA Form 1290

Warrant Officer Commission. (Cited in paras 2–8a(2), 2–9, and fig. 2–3.)

DA Form 3574

Certificate of Acknowledgement and Understanding of Service Requirements for Individuals Applying for Appointment in the USAR Under the Provisions of AR 135–100, or AR 135–101, As Applicable—Individuals Without Prior Service. (Cited in paras 1–10a, 2–1a(6)(l), and 2–1m.)

DA Form 3575

Certificate of Acknowledgement and Understanding of Service Requirements For Individuals Applying for Appointment in the USAR Under the Provisions of AR 135–100, or AR 135–101, As Applicable—Individuals Without a Statutory Service Obligation. (Cited in paras 1–10a, 2–1a(6)(l), and 2–1n.)

DD Form 1A

Officers Commission. (Cited in paras 2–8a(2) and 2–9.)

Section IV

Referenced Forms

DA Form 2

Personnel Qualification Record—Part I. (Cited in para 2–1a(6)(d).)

DA Form 2–1

Personnel Qualification Record—Part II. (Cited in paras 2–1a(6)(e) and 2–1v.)

DA Form 145

Army Correspondence Course Enrollment Application. (Cited in para 2–1a.(6)(k))

DA Form 160

Application for Active Duty. (Cited in paras 2–1a (7)(c), 2–1h, 2–8b(1)(g), and 3–28a(2).)

DA Form 1058–R

Application for Active Duty for Training. (Cited in para 2–1a.(6)(j).)

DA Form 2166–7

NCO Evaluation Report. (Cited in para 2–1a(6)(f).)

DA Form 4187

Personnel Action. (Cited in para 2–2b(12).)

DA Form 6224

Interview Appraisal Sheet M. (Cited in paras 4–5a(1) and 4–6a(6).)

DA Form 6225

Interview Appraisal Sheet S. (Cited in paras 4–1a(3), 4–5a(2), and 4–6a(6).)

DA Form 6227

Officer Leadership Board Interview, Interview Record OLB–1 Answer Sheet. (Cited in paras 4–4 and 4–6a(5).)

DD Form 369

Police Record Check. (Cited in para 2–1u(2).)

DD Form 370

Request for Reference. (Cited in para 3–16f(2).)

DD Form 398

Personnel Security Questionnaire. (Cited in paras 2–1f(1), and 2–8b(1)(f))

DD Form 398–2

Dept of Defense National Agency Questionnaire (NAQ) Check. (Cited in paras 2–1f(1) and 2–8(e).)

DD Form 2088

Required Information to Accompany Ecclesiastical Endorsement/Approval. (Cited in para 3–6a(2).)

SF 88

Report of Medical Examination. (Cited in paras 2–1e, 2–8b(1)(d), and 3–8a.)

SF 93

Report of Medical History. (Cited in paras 2–1e and 3–8a.)

Form 1–151

Immigration and Naturalization Service Alien Registration Receipt Card. (Cited in fig 2–1.)

Form 240

Department of State Report of Birth Abroad of a Citizen of the United States of America. (Cited in para 2–1o(2).)

FD Form 258

Fingerprint Card. (Cited in para 2–1f(1).)

Form N–600

Immigration and Naturalization Service Certificate of Citizenship. (Cited in para 2–1o(1).)

NGB Form 62

Application for Federal Recognition as an Army National Guard Officer or Warrant officer and Appointment as a Warrant officer and Appointment as a Reserved Commission officer or Warrant officer of the Army in the Army National Guard of the United States. (Cited in para 3–6b(2).)

NGB Form 89A

Certificate of Eligibility. (Cited in para 2–7.1c.)

NGB Form 337

Oath of Office. (Cited in para 2–7.1c.)

Glossary

Section I Abbreviations

AANT

additional assembly for nuclear training

AAPART

Aviator Annual Proficiency and Readiness Test

AAUTA

additional airborne unit training assembly

ABA

American Bar Association

ABCMR

Army Board for Correction of Military Records

ACH

Army community hospital

ACB

Army Classification Battery

ACIP

aviation career incentive pay

ACOA(F&A)

Assistant Comptroller of the Army for Finance and Accounting

ACS

Army community service

ACT

American College Test

AD

active duty

ADA

air defense artillery, additional drill assembly

ADAPCP

Alcohol and Drug Abuse Prevention and Control Program

ADL

active duty list

ADRB

Army Discharge Review Board

ADSW

active duty for special work

ADT

active duty for training

AEC

Army extension courses

AER

academic evaluation report

AFA

Army Flight Activity

AFQT

Armed Forces Qualification Test

AFS

a Federal service

AFTP

additional flight training periods

AG

Adjutant General

AGR

Active Guard Reserve

AHS

Academy of Health Sciences

AIDS

acquired immunity deficiency syndrome

AIM

Airman's Information Manual

AIMA

aviation individual mobilization augmentee

AIT

advanced individual training

ALEDC

Associate Logistics Executive Development Course

ALO

authorized level of equipment

ALSE

aviation life support equipment

AMC

Army Medical Center

AMEDD

Army Medical Department

AMEDD/ECP

Army Medical Department/Early Commissioning Program

AMOS

additional military occupational specialty

AMSA

Area Maintenance Support Activity

AMSC

Army Medical Specialist Corps

AMTP

Aviation Mobilization Training Program

ANC

Army Nurse Corps

ANCOC

Advanced Noncommissioned Officers Course

AOC

area of concentration

APART

annual proficiency and readiness test

APCEC

Army Precommissioning Extension Course

APFT

Army Physical Fitness Test

APL

Army promotion list

APO

Army post office

AR

armor

ARCOM

Army Reserve Command

ARFPC

Army Reserve Forces Policy Committee

ARG

Aviation Readiness Group

ARM

Army Reserve Marksman

ARMS

Aviation Resource Management Survey

ARMR

Army Readiness and Mobilization Region

ARNG

Army National Guard

ARNGUS

Army National Guard of the United States

ARPERCEN

U.S. Army Reserve Personnel Center

ARRTC

U.S. Army Reserve Readiness Training Center

ARSTAF

Army Staff

Art

Article

ARTEP

Army Training and Evaluation Program

ASA

Assistant Secretary of the Army

ASA (M&RA)

Assistant Secretary of the Army for Manpower and Reserve Affairs

ASF

aviation support facility

ASI

additional skill identifier

ASMRO

Armed Services Medical Regulatory Office

ASVAB

Armed Services Vocational Aptitude Battery

AT

annual training

ATA

additional training assemblies

ATC

air traffic control

ATCAR

Active Transition/Conversion Army Reserve (ATCAR) Program

ATM

aircrew training manual

ATP

Aircrew Training Program, alternate training phase

ATPU

aviation troop program units

ATM

aviation training manual

ATTN

attention

AUG

augmentation

AUS

Army of the United States

AUSA

Association of the United States Army

AUVS

automated unit vacancy system

AVIM

aviation intermediate maintenance

AVUM

aviation unit maintenance

AWOL

absent without leave

BAMC

Brooke Army Medical Center

BAQ

basic allowance for quarters

BASD

basic active service date

bde

brigade

BFITC

Battle Focused Instructor Training Course

BG

brigadier general

BI

background investigation

BNCOC

Basic Noncommissioned Officers Course

BOAC

Branch Officer Advanced Course

BP

basic pay

BPED

basic pay entry date

br

branch

BT

basic training

CA

Civil Affairs

CAC

casualty area commander

CAR

Chief, Army Reserve

CART

Centralized aviation readiness training

CAS³

Combined Arms and Services Staff School

CC

Cadet Command

CCF

Central Personnel Security Clearance Facility

CCSP

Commissioning of Completion Students Program

CDAP

career development aviator program

Cdr

commander

CDT

cadet

CE

Corps of Engineers

CEWI

combat electronics warfare intelligence

CG

commanding general

CGSOC

Command and General Staff Officers Course

CH

Chaplain

CHAMPUS

Civilian Health and Medical Program of the Uniformed Services

CHAMPVA

Civilian Health and Medical Program of the VA

CINC

commander-in-chief

CID

Criminal Investigation Division

CINCUSAREUR

Commander in Chief, U.S. Army, Europe and Seventh Army

CL

Clerical Aptitude Area

CLP

Consolidated Loan Program

CMF

career management field

CMIF

career management information file

CNGB

Chief, National Guard Bureau

CO

combat operations, commanding officer

COE

Chief of Engineers

COL

colonel

con

control

CONUS

continental United States

CONUSA

the numbered armies in the continental United States

CPL

corporal

CPMOS

Career progression military occupational speciality

CPT

captain

CRCGSC

Chaplain Reserve Component General Staff Course

CRNA

Certified Registered Nurse Anesthetist

CSA

Chief of Staff, Army

CSC

Command and Staff College

CSM

command sergeant major

CVSP

cardiovascular screening program

CWO

chief warrant officer

DA

Department of the Army

DAMPL

Department of the Army Master Priority List

DC

Dental Corps

DCSPA

Deputy Chief of Staff for Personnel and Administration

DCSPER

Deputy Chief of Staff for Personnel

DD/EFT

direct deposit/electronic fund transfer

DEERS

Defense Enrollment Eligibility Reporting

DENTAC

U.S. Army Dental Activity

DEP

Delayed Entry Program

DEROS

date eligible for return from overseas

DFAS

Defense Finance and Accounting Service

DFR

dropped from the rolls

DIC

Dependency and Indemnity Compensation

DIMA

drilling individual mobilization augmentee, Drilling Individual Augmentation Program

DLPE

date of last physical examination

DMOS

duty military occupational specialty

DNACI

DOD National Agency Check Plus Written Inquiries

DOB

date of birth

DOD

Department of Defense

DODPM

Department of Defense Military Pay and Allowances Entitlements Manual

DOR

date of rank

DROS

date returned from overseas

DS

drill sergeant/direct support

DSM

Diagnostic and Statistical Manual of Mental Disorders

DSN

Defense Switched Network

ECG

Electrocardiogram

ECP

Early Commissioning Program

EIC

excellence-in-competition

EL

electronics aptitude area

ENTNAC

Entrance National Agency Check

EOM

end of month

EPTS

existed prior to entry service

ET

equivalent training

ETS

expiration term of service

FA

field artillery

FAA

Federal Aviation Administration

FAO

finance and accounting office

FEB

flight evaluation board

FEMA

Federal Emergency Management Agency

FHP

Flying Hour Program

FICA

Federal Insurance Contribution Act

FISL

Federal Insured Student Loan

FLIP

flight information publications

FOA

field operating agency

FORSCOM

United States Forces Command

FTNGD

Full-time National Guard duty

FTTD

full-time training duty

FTUS

full-time unit support

FW

fixed wing

FY

fiscal year

FYME

Army First-Year Graduate Education Program

G1

Assistant Chief of Staff, G1 (Personnel)

G2

Assistant Chief of Staff, G2 (Intelligence)

G3

Assistant Chief of Staff, G3 (Operations and Plans)

G4

Assistant Chief of Staff, G4 (Logistics)

GCMCA

general court-martial convening authority

GED

general education development

GM

general-mechanics

GO

general officer

GOCOM

United States Army Reserve General Officer Command

Gp

Group

GPO

U.S. Government Printing Office

GS

general staff, or general support

GSL

Guaranteed Student Loan

GT

general technical aptitude area

HDL

High Density Lipoprotein

HHB

headquarters and headquarters battery

HHC

headquarters and headquarters company

HHD

headquarters and headquarters detachment

HIV

human immunodeficiency virus

HPLR

Health Professionals Loan Repayment

HPSP

U.S. Army Health Professions Scholarship Program

HQDA

Headquarters, Department of the Army

HREC

health record

HSA

health service area

HSC

U.S. Army Health Services Command

HSG

high school graduate

HSDG

high school diploma graduate

HSR

health services region

IADT

initial active duty for training

IAFT

individual aircrew flight training

IATF

individual aircrew training folders

IDT

inactive duty training

IET

initial entry training

ILD

in line of duty

IMA

individual mobilization augmentee, Individual Mobilization Augmentation

IMFL

Intensive Management Force List

inf

infantry

ING

Inactive Army National Guard

IRR

Individual Ready Reserve

ISN

input station number

ISR

In-service recruiter, Individual Soldier Report

ITC

Instructor Training Course

JAG

judge advocate general

JAGC

Judge Advocate General Service Organization

JD

juris doctor

JFTR

Joint Federal Travel Regulations

JTR

Joint Travel Regulations

JUMPS

Joint Uniform Military Pay System

JUMPS–RC

Joint Uniform Military Pay System-Reserve Components

LD

line of duty

LEDC

Logistics Executive Development Course

LLB

Bachelor of Laws

LTC

lieutenant colonel

M&RA

Manpower and Reserve Affairs

MAC

Military Airlift Command

MACOM

major Army command

MAJ

major

MARC

manpower requirements criteria

MC

Medical Corps

MCM

Manual for Courts-Martial

MDW

United States Army Military District of Washington

MEB

Medical Evaluation Board

MEDCEN

U.S. Army Medical Center

MEDDAC

U.S. Army medical department activity

MEDEVAC

medical evaluation

MEDDETS

Army medical detachments

MEPCOM

Military Entrance Processing Command

MEPS

Military entrance processing stations

MG

major general

MI

Military Intelligence, middle initial

mil

military

MJC

military junior college

MM

motor mechanics

MOBTDA

mobilization table of distribution and allowances

MOI

memorandum of instruction

MOS

military occupational specialty

MOSC

military occupational specialty code

MOU

memorandum of understanding

MP

military police

MPA

Military Personnel—Army

MPC

military personnel code

MPRJ

Military Personnel Records Jacket, U.S. Army

MPV

military pay voucher

MRD

mandatory removal date

MSC

Medical Service Corps

MSG

master sergeant

MSO

military service obligation

MTDA

modification table of distribution and allowances

MTF

medical treatment facility

MTOE

modification table of organization and equipment

MUSARC

Major United States Army Reserve Command

MUTA

Multiple Unit Training Assembly

NA

not applicable

NAC

National Agency Check

NBPRP

National Board for the Promotion of Rifle Practice

NCO

noncommissioned officer

NCO-ER

Noncommissioned officer evaluation report

NCOES

Noncommissioned Officer Education System

NDSL

National Direct Student Loan

NGB

National Guard Bureau

NGPA

National Guard Personnel, Army

NGPEC

National Guard Professional Education Center

NGR

National Guard regulation

NLD

not in line of duty

No.

number

NOAA

National Oceanic and Atmospheric Administration

NOK

next of kin

NPS

nonprior service, no prior service

NRA

National Rifle Association

OADO

office active duty obligor

OBC

officer basic course

OC

outpatient clinic

OCAR

Office of the Chief, Army Reserve

OCOA

Office of the Comptroller of the Army

OCONUS

outside continental United States

OCRC

Officer Candidate Reserve Component Course

OCS

Officer Candidate School

OCSA

Office of the Chief of Staff, U.S. Army

ODCSOPS

Office of the Deputy Chief of Staff for Operations and Plans

ODCSPER

Office of the Duty Chief of Staff for Personnel

OER

officer evaluation report

OJT

on-the-job-training

OLB

officer leadership board

OLBI

officer leadership board interview

OMAR

operations and maintenance, Army Reserve

OMB

Office of Management and Budget

OML

order of merit list

OMPF

official military personnel file

OPMS-USAR

Officer Personnel Management System—U.S. Army Reserve

OPS

operations

OSB

Officer Selection Battery

OSD

Office of the Secretary of Defense

OSGLI

Office of Servicemen's Group Life Insurance

OSUT

one station unit training

OTJAG

Office of the Judge Advocate General

OTSG

Office of the Surgeon General

PA

physician assistant

PAD

patient administration division

PCS

permanent change of station

PE

physical examination

PEB

Physical Evaluation Board

PEBD

pay entry basic date

PEBLO

physical evaluation board liaison officer

PED

promotion eligibility date

PERSCOM

U.S. Total Army Personnel Command

PFC

private first class

PFR

personal financial record

PHS

Public Health Service

PL

public law

PLDC

Primary Leadership Development Course

PMNCO

personnel management noncommissioned officer

PMO

personnel management officer

PMOS

primary military occupational specialty

PMOSC

primary military occupational specialty code

PMS

professor of military science

POV

privately owned vehicle

PP

proficiency pay

PS

prior service

PSG

platoon sergeant

PTCA

percutaneous transluminal coronary angioplasty

PV1&2

Private E-1 & E-2

PW

prisoner of war

PZ

primary zone

QMC

Quartermaster Corps

QRP

Qualitative Retention Program

R&D

research and development

RA

Regular Army

RC

Reserve components

RC-SBP

Reserve Component—Survivor Benefit Plan

RCC

Reserve Component Category

RCCPDS

Reserve Components Common Personnel Data System

RCMPF

Reserve Component Master Pay File

RCRPL

Reserve Components Resource Priority List

RCS

requirements control symbol

RCS-CSRES

reports control symbol; control symbol Army Reserve

RCTB

Reserve Components Troop Basis

RCTI

Reserve Component Training Institute

RCTMF

Reserve Component Tax Master File

RCUMF

Reserve Component Unit Master File

reasg

reassign

RE-code

reenlistment eligibility code

reenl

reenlist

REFRAD

release from active duty

regt

regiment

reinf

reinforcement

RFD

Reserve forces duty

RMA

readiness management assembly

ROA

Reserve Officers Association

ROTC

Reserve Officers' Training Corps

ROTC/SMP

Reserve Officers' Training Corps/Simultaneous Membership Program

RPA

Reserve Personnel Army

RPMF

Reserve Personnel Master File

RRC

United States Army Region Recruiting Command

RST

rescheduled training

RSUTA

regularly scheduled unit training assembly

RT

readiness training, refresher training, reinforcement training

RTU

Reinforcement Training Unit

RY

retirement year

RYE

retirement year ending

S2

intelligence officer (U.S. Army)

S3

operations and training officer (U.S. Army)

S4

supply officer (U.S. Army)

SA

Secretary of the Army

SADT

special active duty for training

SAP

supervisory aircraft pilot

SBI

Special Background Investigation

SBP

Survivor Benefit Plan

SC

surveillance-communications

SDAP

special duty assignment pay

SECDEF

Secretary of Defense

SF

standard form

SFC

sergeant first class

SFTS

synthetic flight training systems

SGLI

Servicemen's Group Life Insurance

SGM

sergeant major

SGT

sergeant

SIDPERS

Standard Installation/Division Personnel System

SIDPERS-USAR

Standard Installation/Division Personnel System United States Army Reserve

SLRP

Student Loan Repayment Program

SMOS

secondary military occupational specialty

SMP

simultaneous membership program

SMSO/LNCO

State Military Support Office/Liaison NCO

SOF

special operations forces

SOJT

supervised on-the-job training

SOS

statement(s) of service

SOUTHCOM

United States Army Southern Command

SPC

specialist

SPCMCA

special court-martial convening authority

SPD

separation program designator

SQI

special qualifications identifiers

SQT

skill qualification test

SRC

Standard requirement code

SRIP

Selected Reserve Incentive Program

SS

staff specialist

SSC

Senior Service College

SSG

staff sergeant

SSI

specialty skill identifier

SSN

social security number

SSS

Selective Service System

ST

skilled technical service

STA

split training assembly

Stat

statute

STRAP

Special Training Assistance Program

svc

service

SZ

secondary zone

TAADS

The Army Authorization Documents System

TAG

The Adjutant General

TDA

table of distribution and allowances

TDPFO

temporary duty pending further orders

TDRL

temporary disability retired list

TDY

temporary duty

temp

temporary

TIMIG

Time in grade

TIS

time in service

TJAG

The Judge Advocate General

TO

transportation officer

TOE

table of organization and equipment

TPC

training pay category

TPU

troop program unit

TR

transportation request

TRADOC

United States Army Training and Doctrine Command

TRC

Training Retirement Category

TSG

The Surgeon General

TTAD

temporary tour of active duty

UCMJ

Uniform Code of Military Justice

UIC

unit identification code

USACE

United States Army Corps of Engineers

USACGSC

United States Army Command and General Staff College

USAREC

United States Army Enlisted Records and Evaluation Center

USAHPSA

United States Army Health Professional Support Agency

USAHSC

United States Army Health Services Command

USAIRR

United States Army Investigative Records Repository

USAIS

United States Army Infantry School

USAPDA

United States Army Physical Disability Agency

USAR

United States Army Reserve

USARAE

United States Army Reserve Affairs, Europe

USAR-AGR

United States Army Reserve Active Guard Reserve

USARB

United States Army recruiting battalion

USARC

United States Army Reserve Command

USAREC

United States Army Recruiting Command

USAREUR

United States Army, Europe

USARF

United States Army Reserve Forces

USAROTCC

United States Army Reserve Officer Training Corps Cadet Command

USARPAC

United States Army Pacific Command

USASMA

United States Army Sergeants Major Academy

USASOC

United States Army Special Operations Command

USASSC

United States Army Soldier Support Center

USC

United States Code

USCG

U.S. Coast Guard

USESSA

United States Environmental Science Services Administration

USF

uniformed services facility

USMA

United States Military Academy

USMAPS

United States Military Academy Preparatory School

USMEPC

United States Military Enlistment Processing Center

USPFO

United States property and fiscal officer

USPHS

United States Public Health Service

UTA

unit training assemblies

VA

Veterans' Affairs

VC

Veterinary Corps

vol

voluntary

WO

warrant officer

WOCS/WOCS-RC

Warrant Officer Candidate School (Reserve Components)

WOTS

Warrant Officer Training System

YTP

yearly training program

1SG

first sergeant

1LT

first lieutenant

2LT

second lieutenant

Section II**Terms**

(The following terms have been tailored to fit specific regulations as indicated and as such may not be completely applicable to other regulations. AR 310–25 is the official Dictionary of Army Terms.)

Active Army

a. The Active Army consists of (1) Regular Army soldiers on active duty; (2) Army National Guard of the United States and Army Reserve soldiers on active duty except as excluded below; (3) Army National Guard soldiers in the service of the United States pursuant to a call; and (4) all persons appointed, enlisted, or inducted into the Army without component.

b. Excluded are soldiers serving on (1) active duty for training (ADT); (2) Active Guard Reserve (AGR) status; (3) active duty for special work (ADSW); (4) temporary tours of active duty (TTAD) for 180 days or less; and (5) active duty pursuant to the call of the President (10 USC 673b).

Active duty

Full-time duty in the active military service of the United States. As used in this regulation, the term is applied to all Army National Guard of the United States and U.S. Army Reserve soldiers ordered to duty under Title 10, U.S. Code, other than for training. It does not include AGR personnel in a full-time National Guard duty status under Title 32, U.S. Code. (AR 135–18.)

Active duty list (ADL)

An order of seniority list (required by 10 USC 620) of commissioned officers on active duty in the U.S. Army other than those listed below (10 USC 641).

- a. Reserve officers.
 - (1) On active duty for training.
 - (2) On active duty under 10 USC 175, 265, 3015, 3019, 3033, 3496, or 32 USC 708.
 - (3) On active duty under 10 USC 672(d) or 32 USC 502 or 503 in connection with organizing, administering, recruiting, instructing, or training the Reserve Components.
 - (4) On active duty to pursue special work.
 - (5) Ordered to active duty under 10 USC 673 b, or
 - (6) On active duty under 50 USC App 460(b)2 for the administration of the Selective Service System.
- b. The Director of Admission, Dean, and permanent professors at the United States Military Academy. The Registrar, Dean, and permanent professors at the United States Air Force Academy.
- c. Warrant officers
- d. Retired officers on active duty.
- e. Students at the Uniformed Services University of the Health Sciences. (AR 135–155)

Active duty credit

Soldiers who are credited with completing 2, 3 or 4 years of active duty when they serve to within 90 days of the 2-, 3- or 4-year periods. (AR 140–10)

Active Guard Reserve (AGR)

Army National Guard of the United States (ARNGUS) and U.S. Army Reserve (USAR) personnel serving on active duty (AD) under Title 10, U.S. Code, section 672(d) and Army National Guard (ARNG) personnel serving on full-time National Guard duty (FTNGD) under Title 32, U.S. Code, section 502(f). These personnel are on FTNGD or AD (other than for training or AD in the Active Army) for 180 days or more for the purpose of organizing, administering, recruiting, instructing, or training the Reserve components and are paid from National Guard Personnel, Army or Reserve Personnel, Army or Reserve Personnel Army appropriations. Exceptions are personnel ordered to AD as

- a. General officers
- b. United States Property and Fiscal Officers under 32 USC 708.
- c. Members assigned or detailed to the Selective Service System serving under the Military Selective Service Act, (50 USC App 460(b)(2)).
- d. Members of the Reserve Forces Policy Board serving under 10 USC 175.
- e. Members of Reserve components on active duty to pursue special work (10 USC 115(b)(1)(B)(vi) and 10 USC 641(I)(D)).

Active status

The status of an Army National Guard of the United States or U.S. Army Reserve commissioned officer, other than a

commissioned warrant officer, who is not in the inactive Army National Guard, in the Standby Reserve (Inactive List), or in the Retired Reserve.

Active service

Service on active duty or full time National Guard duty. (AR 135–18.)

Administrative board procedure

An administrative separation action wherein the respondent will have a right to a hearing before a board of commissioned, warrant, or noncommissioned officers. It is initiated in the same manner as the Notification Procedure. (AR 135–178)

Administrative separation

Discharge or release from expiration of enlistment or required period of service, or before, as prescribed by the Department of the Army (DA) or by law. If one of the basis for separation includes a continuous unauthorized absence of 180 days or more, the consulting counsel will advise the soldier that a discharge under other than honorable conditions is a conditional bar to benefits administered by the Veterans Administration, notwithstanding any action by a Discharge Review Board. Separation by sentence of a general or special court-martial is not an administrative separation. (AR 135–178)

Administrative separation board

A board of officers, or officers and NCO's, appointed to make findings and to recommend retention in or separation from the service. The board states the reason and recommends the type of separation or discharge certificate to be furnished. (AR 135–178)

Applicant

a. A person who applies voluntarily for reenlistment in the USAR and is found eligible. A participant in the USAR AGR Program is considered an applicant on signing a completed DA Form 3340. (AR 140–111)

b. A member of the RA, ARNG, ARNGUS, or USAR who applies voluntarily for order to active duty or full-time National Guard duty in the Active Guard Reserve Program. (AR 135–18.)

Appointed counsel for consultation

Can be defined as either *a* or *b*.

a. A qualified counsel who is a commissioned officer of the Judge Advocate General's Corps who is appointed to consult with and advise, at the outset of any initiated involuntary separation proceedings, an individual being processed for separation under chapter 2, section II. This officer will advise the individual concerning the basis for his or her contemplated separation and its effect, the rights available to him or her, and the effect of any action taken in waiving such rights. The consulting counsel may advise the individual regarding the merits of the contemplated separation action when, in his or her professional judgement, such advice is appropriate. The consulting counsel should, however, inform the individual that he or she cannot represent him or her before a board of officers unless he or she is also appointed as counsel for representation. Communications between the individual and consulting counsel regarding the merits of the separation action are privileged communications between the attorney and client. (AR 135–175)

b. A qualified counsel who is a commissioned officer of the Judge Advocate General's Corps who is appointed to consult with and advise, at the outset of any initiated involuntary separation proceedings, and individual being processed for separation under this regulation. Nonlawyer counsel may be appointed when the soldier's place of assignment is more than 250 miles from sufficient judge advocate resources. When a nonlawyer counsel is appointed, appropriated authority will certify in a permanent record that a lawyer with these qualifications is not available and state the qualifications of the substituted nonlawyer counsel, who must be a commissioned officer in the grade of first lieutenant or higher. Such counseling may be accomplished face-to-face, by mail, or by telephone, as appropriate. This officer will advise the individual concerning the basis of the contemplated separation and its effect, the rights available to the soldier, and the effect of any action taken by the soldier in waiving such rights. The soldier will also be advised that the enlistment may be voided if he or she is being considered for separation for fraudulent entry (desertion from another military service). Consulting counsel may also advise the soldier regarding the merits of the contemplated separation when counsel believes such advice is proper. The soldier should be informed that the counsel cannot represent the soldier before an administrative board unless appointed as counsel for representation. Consulting counsel will advise the soldier that if he or she receives a discharge certificate which is less than an honorable discharge certificate, there is no automatic upgrading nor review by any Government agency. Upgrading is considered only on application to the Army Board for Correction of Military Records of the Army Discharge Review Board. Consideration by either of these boards does not guarantee upgrading of a discharge certificate that is less than an honorable discharge certificate. Communications between the soldier and consulting counsel regarding the merits of the separation action are privileged communications between the attorney and his or her client. If one of the basis for separation includes a continuous unauthorized absence of 180 days or more, the counsel

will inform the soldier that a discharge under other than honorable conditions is a conditional bar to benefits administered by the Veterans Administration, notwithstanding any action by a Discharge Review Board. (AR 135–178)

Appointed counsel for representation

Can be defined as either *a* or *b*.

a. A counsel appointed to represent an individual who is being processed for separation during the course of any hearing before a board of officers. This counsel will possess the qualifications in (1) or (2) below, as applicable. The appointed counsel for representation and the appointed counsel for consultation need not be the same individual.

(1) The appointed counsel for an individual being processed for separation, which could result in issuance of a discharge under other than honorable conditions (chap 2), is a lawyer within the meaning of the Uniform Code of Military Justice, Article 27(b)(1), unless an appropriate authority certifies in the permanent record that a lawyer with these qualifications is not available and states the qualifications of the substitute nonlawyer counsel. (See fig 1–1 for an example of a statement of nonavailability and appointment of counsel.)

(2) The appointed counsel for an individual being processed for separation for cause, where only separation with an Honorable Discharge Certificate may be effected (para 2–11), should be a lawyer if one is reasonably available. This lawyer need not be qualified under Article 27(b)(1), UCMJ. If a lawyer is not reasonably available, the appointed counsel must be a commissioned officer in the grade of first lieutenant or higher. (AR 135–175)

b. A military counsel designated per AR 27–10, chapter 6, or a civilian counsel retained by the soldier at no expense to the Government, to represent the soldier in a hearing before an administrative separation board. Such military counsel will be a lawyer per Article 27B91), Uniform Code of Military Justice. The convening authority may designate a nonlawyer as assistant counsel. The appointed counsel for representation and the appointed counsel for consultation need not be the same individual (AR 135–178).

Approved applicant

A USAR soldier selected to attend an officer candidate course. (AR 140–50)

ARCOM

A table of distribution and allowance unit commanding USAR units in a geographical area.

Area command

A geographic area of command with RC functions and responsibilities. (AR 140–1)

Area commands

The following are defined as area commands:

- a.* (Rescinded.)
- b.* United States Army, Europe (USAEUR)
- c.* United States Army Pacific Command USARPAC
- d.* United States Army Southern Command (SOUTHCOM)
- e.* United States Army Special Operations Command (USASOC)
- f.* United States Army Reserve Personnel Center (ARPERCEN)
- g.* United States Army Reserve Command (USARC)

Area commanders

Commanders of area commands.

Area Maintenance Support Activity (AMSA)

A USAR activity established to provide, on an area basis, technical assistance and organizational maintenance support beyond the supported units' capability to accomplish during scheduled training assemblies. (AR 140–1)

Armed Forces (Interservice) Championships

Annual matches held at the interservice level. Pistol championships are held in Nashville, Tennessee, and are conducted by the National Guard. Service rifle championships are conducted at Quantico, Virginia, by the U.S. Marine Corps prior to the National Matches. International matches are conducted by the U.S. Army at Fort Benning, Georgia.

Army

The Regular Army, Army of the United States Army National Guard of the United States, and the United States Army Reserve (AR 140–111).

Army promotion list (APL)

A promotion list of officers under consideration which includes all branches except AMEDD and CH. The AMEDD promotion list includes all its branches. These branches are MD, DC, VC, ANC, MSC, and AMSC. (AR 135–155 And AR 140–10)

Army Reserve Command (ARCOM)

A table of distribution and allowance unit, with a numerical designation, commanding USAR units within a geographical area.

Basic training

Initial entry training which provides nonprior service personnel instruction in basic skills common to all soldiers and precedes advanced individual training (AIT). (AR 135–178)

Candidate

An approved applicant who is actually attending an officer candidate school. (AR 140–45)

Character of service for administrative separation

A determination reflecting a soldier's military behavior and performance of duty during a specific period of service. The three characters are: Honorable, General (Under Honorable Conditions); and under Other Than Honorable Conditions. This service of soldiers in entry level status is normally described as uncharacterized.

Civilian-sponsored distance

The greatest distance a soldier may be expected to travel daily from home to the duty station. Departure must be a reasonable hour on the reporting date with arrival during the hours specified in the orders. (AR 135–200)

Commuting distance

The greatest distance a soldier may be expected to travel daily from home to the duty station. Departure must be a reasonable hour on the reporting date with arrival during the hours specified in the orders. (AR 135–200).

Competition

Any firing of arms in which scores are kept and official bulletins published or awards given. The match may or may not require entry fees.

Contractually obligated member

A soldier who has completed his or her statutory service obligation and is serving on a contractual obligation or a member enlisted or appointed under circumstances in which a statutory obligation was not incurred (AR 135–92)

Contractual term of service

The military service obligation incurred by completion of the oath of enlistment on an enlistment, of reenlistment agreement. Contractual and statutory service may run concurrently. The Selected Reserve contractual term of service is that portion of a military service obligation which is to be served in a unit of the Selected Reserve. Example. The 3X3 enlistment option requires that 3 years be served in a unit of the Selected Reserve and the remaining 3 years be served in the Individual Ready Reserve (IRR). (AR 135–7 and AR 140–111)

Convening authority

Can be defined as either *a* or *b*.

a. The separation authority.

b. A commanding officer who is authorized by this regulation to process the case, except for final action, and who otherwise has the qualifications to act as a separation authority. (AR 135–178)

Deactivate

When a Reserve unit stands down and the soldiers are reassigned, the TDA/TOE is eliminated, and the flag/colors are permanently retired.

Defense support industry

Any business or corporation so determined by the Federal Emergency Management Agency (FEMA). (AR 135–133)

Delayed Entry Program (DEP)

A program where soldiers may enlist and who are assigned to USAR Control Group (Delayed Entry) until they enlist in the Regular Army. (AR 135–178)

Dependent

The following definition does not apply for purposes of pay and allowance, medical care, exchange privileges, or other benefits. For the purpose of this regulation, to determine eligibility for voluntary order to active military service, dependent means

a. A spouse. This definition does not include a common law spouse unless the marriage has been recognized by a civil court.

b. An unmarried natural or adopted child. Any unmarried natural (legitimate or illegitimate) or adopted child, under 18 years of age, of an applicant. The term "natural child" includes any illegitimate child determined to be the applicant's natural or adopted child is not a dependent if

- (1) The child has been adopted by another person (final adoption court order or decree issues and effective), or
- (2) Custody has been terminated by court order (final court order issued and effective) or as provided by State law.

c. Stepchild. A stepchild under 18 years of age living with the applicant.

d. Another supported person. Any other person who, in fact, depends on the applicant for over over-half of their support, (AR 134-18)

Distinguished Designation

Award of the Distinguished Pistol Shot or Distinguished Rifleman Badge. These awards are made to individuals who have earned 30 credit points while firing a service rifle or a service pistol and service ammunition in Excellence in Competition Matches.

Education levels

a. High School Diploma Graduate credentials.

(1) *High school diploma graduate (HSDG).* A diploma issued to an individual who has attended and completed a 12-year or grade day program of classroom instruction. The diploma must be issued from the school where the individual completed all of the program requirements. The following are included in the high school diploma category:

(a) Is attending high school in the senior year, is entering the senior year, or has achieved senior status and at the time of enlistment presents the documentation that he or she has met all requirements to graduate. Documentation will be one of the following:

1. A certificate of graduation.
2. An official school transcript.
3. A statement of completion from and appropriate school official.

4. A letter dated and signed by the principal, vice-principal, or custodian of records which states the applicant is a high school graduate.

5. A statement from and appropriate school official that the applicant is a high school graduate.

(b) Is attending high school in the senior year, enlisting for the Alternate (Split) Training Program and scheduled to enter the first phase of initial active duty for training (IADT) within 270 days of enlistment. The applicant must submit proof of graduation (see (a) above) before entering on IADT.

(c) Is attending high school in the junior year, enlisting for the Alternate (Split) Training Program and scheduled to enter the first phase of IADT within 280 days of enlistment. The applicant must have received a high school diploma, or submit proof of graduating (see (a) above), before entering the second phase of IADT. The bonus or SLRP addendum's to the reenlistment contract are void where the soldier enters the second phase of IADT without proof of graduation.

(d) The applicant has lost the original diploma issued by the high school and submits proof of graduation per (a) 1 through 4 above.

(2) *High school diploma graduate via adult education diploma (ADUL).* A secondary school diploma awarded on the basis of attending and completing an adult education or external diploma program, regardless of whether the diploma was issued by a secondary or post secondary institution. Diploma must have been issued as a result of attendance and not issued solely on the basis of a test.

(3) *High school diploma graduate via college credit (HSDC).* An individual who has attended a college or university and successfully completed at least 12 semester hours or 22 quarter hours of college level credit. Credit that is earned through testing or for the pursuit of high school equivalency is not acceptance under this definition. Credits

will only be accepted from schools which are accredited by one of the following agencies (for foreign credentials, evaluated per para *g* below):

- (a) New England Association of Colleges and Secondary Schools.
- (b) Middle States Association of Colleges and Secondary Schools.
- (c) North Central Association of Colleges and Secondary Schools.
- (d) Northwest Association of Colleges and Secondary Schools.
- (e) Southern Association of Colleges and Secondary Schools.
- (f) Western Association of Colleges and Secondary Schools.

b. Alternate High School credentials.

(1) *Test Based Equivalency Diploma (GEDH)*. A diploma or certificate of General Education Development (GED) or other Test-Based High School Equivalency Diploma. This includes state-wide testing programs such as the California High School Proficiency Examination (CHSPE), whereby examinees may earn a certificate of competency or proficiency. A state or locally issued secondary school diploma obtained solely on the basis of such equivalency testing is not to be considered a High School Diploma.

(2) *Occupational Program Certificate of Attendance (VOCT)*. A certificate awarded for attending a non-correspondence vocational, technical, or proprietary school for at least 6 months. The individual must also have completed 11 years of regular day school.

(3) *Correspondence School Diploma (CORR)*. A secondary school diploma or certificate awarded on completion of correspondence school work, regardless of whether the diploma was issued by a correspondence school, a state, or a secondary or post-secondary educational institution.

(4) *Home Study Diploma (HOME)*. A secondary school diploma or certificate, typically by a parent or guardian that an individual completed their secondary education at home.

(5) *High School Certificate of Attendance (ATTN)*. An attendance-based certificate or diploma. These are sometimes called certificates of competency or completion but are based on course completion rather than a test such as the GED or CHSPE. A state or locally issued secondary school diploma obtained solely on the basis of an attendance credential is not considered a high school diploma.

c. Less than a High School Diploma, Non-High School Graduate (NHSG). An individual who has not graduated from high school or has not received an alternate credential listed in *b* above.

d. High School Senior (HSSR). An individual who is currently enrolled in an established high school as defined for a high school diploma graduate and is expected to graduate within 356 days.

e. Currently in High School (CIHS). A high school student, other than a senior, who has completed the 10th grade.

f. Degree credentials.

(1) *Associate Degree*. A certificate conferred on completion of a 2-year program at a junior college, university, or degree producing technical institute.

(2) *Professional Nursing Diploma*. A certificate conferred on completion of a 3-year hospital school of nursing program.

(3) *Baccalaureate Degree*. A certificate conferred on completion of a 4-year college program other than a First Professional Degree.

(4) *First Professional Degree*. A certificate conferred on completion of the academic requirement for the first degrees awarded in selected professions: Architecture, Certified Public Accountant, Chiropractic or Podiatry (D.S.C. or

POD.D), Dentistry (D.D.S. or D.M.D.), Medicine (M.D.), Optometry (O.D.), Osteopathy (D.O.), Pharmacy, Veterinary Medicine, Law (L.L.B. or J.D.), and Theology (B.D.), Rabbi, or other First Professional Degree.

(5) *Master's Degree*. A certificate conferred on completion of additional academic requirements beyond the Baccalaureate or First Professional Degree but below the Doctorate level.

(6) *Post Master's Degree*. A certificate conferred on completion of additional academic requirements beyond the Master's Degree but below the Doctorate level.

(7) *Doctorate Degree*. A certificate conferred in recognition of the highest academic achievement within an academic field, excluding Honorary Degrees and First Professional Degrees.

g. Foreign credentials.

(1) A person completing high school or having college credits from foreign colleges or universities must have his or her documents evaluated and accredited by one of the following:

(a) A State Board of Education, a state university or recognized university or college listed in the Accredited Institutions of Post-secondary Education book published by the American Council on Education (ACE).

(b) International Education Research Foundation, P.O. BOX 66940, Los Angeles, CA 90066.

(c) World Education Services, Inc., Old Chelsea Station, P.O. Box 745, New York, NY 10011.

(d) International Consultants, Inc. (ICI), of Delaware, 107 Barksdale Professional Center, Newark, DE 19711.

(e) Education Credentials Evaluation, Inc., (ECE), P.O. Box 17499, Milwaukee, WI 53217.

(f) Educational Records Evaluation Service, Senator Hotel Office Building, 1121 L Street, Suite 1000, Sacramento, CA 95814.

(2) The following countries, territories and nations are exempt from evaluation requirement and their education documents will be treated in the same manner as any U.S. school:

(a) Federated States of Micronesia.

(b) Republic of Marshall Islands.

(c) Commonwealth of the Northern Mariana Islands.

(d) Guam.

(e) American Samoa.

(f) Canada.

(g) Puerto Rico.

(h) Virgin Islands.

(i) Department of Defense Dependent School System.

(3) Evaluation of transcripts may require a fee to be paid by the individual.

(4) An evaluation of transcripts as outlined above for foreign transcripts, diplomas, etc., is in lieu of being listed in the Accredited Institutions of Postsecondary Education, published by the American Council of Education.

Enlisted Personnel Management System USAR

A centralized personnel management system for the USAR enlisted force, beyond the MOS system, that affects all aspects of enlisted personnel management, including training, evaluation, classification, use and promotion. (AR 135–205)

Enlisted

a. ARNG. An original or first voluntary term of military service in the ARNGUS consummated by subscription to the oath of enlistment (DD Form 4). Where eligible per applicable laws and regulations, persons authorized an enlistment are personnel without prior service or personnel without prior service in any of the other U.S. Armed Forces except the Air National Guard (ANG).

b. USAR. A voluntary enrollment in the USAR as an enlisted soldier. An enlistment is consummated by subscription to the prescribed oath of enlistment. The term “enlistment” includes enlistment of both nonprior service and prior service personnel with the latter category also including prior USAR personnel and personnel with prior service in any of the other U.S. Armed Forces. (AR 135–7)

Entry level status

Status which begins on enlistment in the ARNG or USAR. It terminates

a. For soldiers ordered to IADT for one continuous period 180 days after beginning training.

b. For soldiers ordered to IADT for the split or alternate training option 90 days after beginning Phase II (AIT). (Soldiers completing Phase (BT or BCT) remain in entry level status until 90 days after beginning Phase II.)

c. (Rescinded.)

d. Service which is not creditable per DODPM, table 1–1–2, is excluded from the period of entry level status.

Entry on duty date

The date travel officially begins (per compete orders). The official travel date is determined by the mode of

transportation authorized and actually used to comply with the reporting date shown on the order. (AR 135–200 and AR 124–210)

Equipment concentration site

An equipment storage area established by a MUSARC commander to support USAR units during MUTA, AT, and mobilization. (AR 140–1)

Equivalent in hours

Flexibility of the length of USAR school constructional assemblies for instructors and students (that is, 48 2-hour training assemblies, 24 unit training assemblies (UTA), or 12 multiple unit training assemblies (MUTA–2)). (AR 140–1)

Equivalent training (ET)

Can be defined as either *a* or *b*.

a. Training, instruction, or appropriate duty for individual members of a unit which is in lieu of regular scheduled unit training (RST) or regularly scheduled unit training assemblies (RSUTA), and for which pay and/or retirement point credit is authorized. (AR 135–91)

b. Training in lieu of RST or RSUTA. (See RST and RSUTA below and para 3–11.) (AR 140–1)

Excellence-in-Competition Badge

An award presented for placing in the top 10 percent of the eligible non-distinguished competitors in an Excellence-in-Competition Match.

Excellence-in-Competition Match

A match in which credit toward the Distinguished designation may be earned and bronze or silver Excellence-in-Competition badges awarded. Also referred to as a “Leg” match.

Expiration term of service (ETS)

The scheduled date on which an individual’s statutory or contractual (whichever is later) term of military service will end.

Extended active duty (EAD)

Active duty performed by a member of the ARNGUS or USAR when strength accountability passes from the ARNG or USAR to the Active Army.

Extensions

Can be defined as either *a* or *b*.

a. Are not new contracts or agreements but extensions of the terms of service of the existing, or current, USAR enlistment contracts or agreements. Such extensions never extend the statutory obligation of the individual (AR 135–7 and AR140–111).

b. The continuation of active ARNG service with the ARNG of the same State, Territory, or Commonwealth consummated by subscription to the oath of extension. This definition may be used with the term immediate reenlistment. (AR 135–7)

Extreme community hardship

A situation that may, because a reservist is mobilized, have a substantially adverse effect on the health, safety, or welfare of the community. Any request for a determination of such hardship shall be made by the reservist and must be supported by documentation as required by the Secretary of the Army. (AR 135–133).

Extreme personal hardship

An adverse impact on a reservist’s dependents resulting from his or her mobilization. Any request for a determination of such hardship will be made by the reservist and must be supported by documentation as required by the Secretary of the Army. (AR 135–133)

Full-Time National Guard Duty (FTNGD)

Training or other duty, other than inactive duty, performed by a member of the Army National Guard of the United States or the Air National Guard of the United States in the member’s status as a member of the National Guard of a State or territory, the Commonwealth of Puerto Rico, or the District of Columbia under section 316, 502, 503, 504, or 505 to Title 32, U.S. Code, for which the member is entitled to pay from the United States or for which the member has waived pay from the United States. (AR 135–18.)

Full-Time Support (FTS) Program

This program encompasses personnel assigned as a full-time basis for the purposes of organizing, administering, recruiting, instructing, or training the Army National Guard and the U.S. Army Reserve. These personnel include civilian personnel, members of the Active Army, and personnel serving on Active Guard Reserve status. The Active Guard Reserve Program is a component of the Full-Time Support Program. (AR 135–18.)

General Officer Command (GOCOM)

A USAR TPU other than an ARCOM, commanded by a general officer. (AR 140–1)

Immediate reenlistment

Can be defined as either *a* or *b*.

a. A voluntary enrollment in the USAR as an enlisted soldier immediately on separation from service in the USAR. This term represents a concurrent action in which the separation documents are not given to the individual until the individual has been reenlisted. It differs from the term reenlistment since it implies that there will be no break in continuous USAR service. (AR 135–7 and 140–111)

b. This term represents concurrent action in which the separation/discharged documents are not given to the soldier until reenlistment (within 24 hours from date of separation/discharge) in the ARNG of the same or another state has been effected. When discharged documents have not been prepared, see the term “extension.” (AR 135–7)

Inactivate

Occurs when a Reserve unit stands down and the soldiers are reassigned, but the Colors and TDA/TOE are only temporarily retired.

Individual Mobilization Augmentation (IMA) detachment

A functional non-TPU that consists of at least five Army mobilization designees, providing IDT for soldiers in a nonpay status. (ARR 140–1 and AR 140–10)

Individual Mobilization Augmentation (IMA) proponent

Any DOD, DA, or other Federal agency whose mobilization TDA or TOE provides positions to be filled by preselected USAR soldiers. (AR 140–1)

Individual Ready Reserve (IRR)

Soldiers who are assigned to the following Ready Reserve USAR Control Groups: (AT), (Reinf), and (OADO). (AR 135–91, AR 135–200, AR 140–10 and AR 140–50)

Initial entry training (IET)

A term used to identify mandatory training each member of the U.S. Army must complete upon initial entry in the service to qualify in a military speciality or branch and which is required by law for deployability on land outside the continental limits of the United States per 10 USC 671. The term encompasses the completion of basic training and speciality or branch qualification while serving on active duty or active duty for training. For ARNGUS and USAR soldiers it includes completion of initial active duty for training (IADT) the officer basic course (OBC), and the warrant officer basic course (WOBC).

Involuntary separation

Separation from commissioned or warrant status as a Reserve of the Army based on cause (i.e., substandard performance of duty, moral or professional dereliction, or for security reasons). (AR 135–175)

Inservice personnel

Personnel currently serving in USAR units of the Selected Reserve, or as Individual Ready Reserve or Standby Reserve soldiers. (AR 140–111).

Installation championships

Matches conducted at the installation level prior to the MACOM and continental U.S. Army championships.

Instruction

Includes teaching, assisting, preparing instruction, practicing, taking part as a student, or giving assistance either in a classroom or practical application. Also included as firing on ranges while training, but not in competition.

Joint AT–ADT–IDT training

AT or ADT in conjunction with, but not concurrent with, IDT by subsections or by individual members of a unit to provide for travel away from the IDT site. (See AR 140–1, para 3–15.)

Juvenile offender

A person judged guilty of an offense by a domestic court of the United States or its territorial possessions, or by a foreign court, without regard to whether a sentence has been imposed or suspended, or any other subsequent proceedings in the case. The law of the jurisdiction of the court will determine whether a given proceeding constitutes an adjudication of guilt. Adjudication as a juvenile offender includes adjudication as a juvenile delinquent, wayward minor, or youthful offender. (AR 135–178)

“Leg”

A term derived from the stand or legs upon which a trophy cup is placed. In order to take which a trophy cup is placed. In order to take permanent possession of certain trophies, the trophy had to be won more than one time, and the winner took possession of one of the “Legs.” Previous regulations required that Army competitors win Excellence-in-Competition Badges in specific matches, coined “Leg” matches, prior to being awarded a Distinguished Designation Badge. The present system is based on a credit point system. Total credit points earned in any one match constitutes a “Leg.”

Major commands

The following are defined as major commands:

- a. Major United States Army Reserve Commands (MUSARC).
- b. Army Reserve Commands (ARCOM).
- c. General Officer Commands (GOCOM).

Major U.S. Army Reserve Command (MUSARC)

Any ARCOM/GOCOM that reports directly to the U.S. Army Reserve Command or any area command for the 7th and 9th ARCOMs and USAR units falling under the Special Operations Command.

Mandatory training requirement

That part of the military service obligation in which assignment to a unit or Control Group (AT) is mandatory. (AR 140–10)

Material error

One or more errors of such a nature that in the judgement of the reviewing official (or body) caused an individual's nonselection by a promotion board. Had such error(s) been corrected at the time the individual was considered, a reasonable chance would have resulted that the individual would have been recommended for promotion. (AR 135–155)

Members and former members

A member of a Reserve component who holds a current status in the Army National Guard or the U.S. Army Reserve. Generally, for officers of the Army Reserve, and individual who accepted an indefinite term appointment under the provision of title 10, USC, chapter 337, and whose appointment has not been terminated, is current member. A former member is one who formerly held status in a Reserve component, but who does not hold a current status in any such component. (AR 135–180)

Military Intelligence (MI) combat electronic warfare intelligence (CEWI) units

Integrated tactical intelligence units at corps and below. (Pending completion of activation of CEWI units, the term also refers to existing tactical signal intelligence electronic warfare, signal security, and MI units in support of corps and lower level units.) (AR 140–1)

Military record

An account of a soldier's behavior while in military service, including personal conduct and performance of duty. (AR 135–178)

Minister of Religion

A person classified as either a duly ordained minister of religion a regular minister of religion as follows:

- a. Duly ordained minister of religion. A person who has been ordained per the ceremonial ritual or discipline of a church, religious sect, or organization, established on the basis of the community's doctrine and practices of a religious character, to preach and teach the doctrines of such church, sect, or organization and to administer the rites and ceremonies in public worship, and whom as regular customary vocations, preaches and teaches the principles of

religion and administers the ordinances of worship as embodied in the creed or principles of such church, sect, or organization.

b. Regular minister of religion. A person who as a customary vocation, preaches and teaches the principles of the religion of a church, a religious sect, or an organization of which he or she is a member, without having been formally ordained as a minister of religion but who is recognized by such church, sect, or organization as a regular minister.

Minority group

Any group distinguished from the general population in terms of race, color, religion, gender, or national origin. (See AR 600–20 DA Pam 600–26.)

Moral or professional dereliction

Conduct within the control of the individual concerned, which tends to bring the individual or the Army into disrepute. (AR 135–175)

Multiple Unit Training Assembly (MUTA)

Two or more UTAs conducted consecutively. (AR 135–91)

National Board for the Promotion of Rifle Practice

A Federal advisory committee consisting of prominent representatives from the military services and civilian marksmanship community. It provides recommendations and other advice to the Secretary of the Army.

National matches

The National Matches (AR 920–30) are part of the Civilian Marksmanship Program (AR 920–20) and include the National Trophy Matches, the NRA National Rifle and Pistol Championships, the Small Arms Firing School, and special events and ceremonies. The National Matches are conducted annually at Camp Perry, Ohio.

Nominee

An ARNGUS or USAR soldier in the zone of consideration for promotion to the next higher grade. (AR 135–155)

Non-distinguished competitor

An individual who has not earned 30 credit points for the weapon being used in an Excellence in Competition Match.

Nonlocatee

An enlisted soldier who has failed to furnish an address through which personal contact is possible. (AR 135–178)

Nonpay training status

The status of individual members who, with their consent and when authorized by the CG, ARPERCEN, and ARCOM or GOCOM commander, OCONUS or OCONUS unit commander, take part in training or related activity, without pay, for retirement credit only. (AR 140–1)

No previous (prior) service (NPS)

This term is used to identify an applicant who, at the time of enlistment or appointment in the U.S. Army Reserve, has never previously served creditably in a Regular or Reserve component, or without a component, as a member of an armed force of the United States.

Notification procedure

The initiation of an administrative separation process in which the respondent is notified in writing of the proposed separation, the bases thereof, the results of separation, and his or her rights. This term is commonly used when the respondent does not have a right to a hearing before a board of officers. (AR 135–178)

Nonobligated member

Soldiers who have completed their statutory military service obligation and are serving on a contractual obligation, or were enlisted or appointed under circumstances in which a statutory obligation was not incurred. (AR 140–10)

Obligated member

Soldier who have not completed their statutory military service obligation. The statutory military service obligation. The statutory obligation is incurred by law on initial entry into the service. (AR 140–19)

Obligated officer

An officer who has an obligation incurred by operation of law or by execution of a contractual agreement to serve in a Reserve status for a specified period of time. (AR 135–175)

Officer

Includes commissioned officers, warrant officers (W1–W5), and commissioned warrant officers (W2– W4), unless otherwise specified.

Office active duty obligor

An officer appointed in the USAR from the ROTC program, or under programs monitored y TSG, the Chief of Chaplains, or TJAG, who is obliged to serve on AD or ADT and does not enter on AD at the time of the appointment. (AR 135–91, AR 135–200, and AR 140–1)

Officer Personnel Management System—USAR

A centralized personnel management system for units and nonunit IRR USAR officers who are not on extended AD. (AR 140–1)

One station unit training (OSUT)

Initial entry training in which elements of BT and AIT are provided in the same unit, under one cadre throughout the total period of training. In OSUT, elements of BT and AIT are either integrated provided simultaneously, or are nonintegrated provided in distinct BT/AIT phases. (AR 135–178)

Organizational maintenance shops

The structures that house functional areas used to train organizational maintenance personnel and to perform organizational level maintenance on USAR unit equipment. (AR 140–1).

Other approved EIC matches

EIC matches approved by the Secretary of the Army or a designee and conducted in conjunction with NRA regional or state championships.

Overstrength

Assigned strength which exceeds that authorized by the TOE and TDA. Assignment of a soldier as overstrength may be the result of a unit reorganization, deactivation, or relocation. It may also be as a result of an assignment error, or as an authorized exception to policy to correct an injustice. (AR 135–155)

Permanent promotion

A promotion in the Regular Army or in a Reserve component of the Army. (AR 135–155)

Preponderance of evidence

Evidence which after a consideration of all the evidence presented, points to a certain conclusion as being more credible and probable than any other consistent with two or more opposing propositions, it is insufficient. (AR 135–178)

Previous (prior) services (PS)

This term is used to identify a soldier who, at the time he or she is accessed to the U.S. Army Reserve by enlistment, appointment, or by operation of law has previously served 1 or more days of creditable service in a Regular or Reserve component, or without a component, as a member of an armed force of the United States.

Note. 1. Soldiers classified as Glossary No Previous Service, or Glossary Nonprior Service for the purpose of enlistment in a Regular or Reserve component should be identified, processed, and administered as having previous military service on enlistment in the U.S. Army Reserve. 2. USAR soldiers being assigned between elements or commands within the USAR (i.e. from the IRR to a TPU) are classified as “in-service” personnel.

Prior enlistment or period of service

Service in any component of the Armed Forces which culminates in the issuance of a discharge certificate or certificate of service. (AR 135–178)

Professional development

A function of individual training education and experience to sustain a combat ready force. (AR 135– 7).

Promotion eligibility date (PED)

The earliest date on which an officer who is recommended and selected may be promoted to the next higher grade. (AR 135–155)

Promotion to fill officer position grade vacancies

An authorized promotion to fill an officer position vacancy in a troop program unit with an officer of the appropriate grade. (AR 135–155).

Readiness training

Specialty related training for IRR soldiers, coordinated and administered by ARPERCEN. (AR 135– 200)

Ready Reserve

Units and individual reservists liable for active duty as outlined in 10 USC 672 and 673. (AR 135– 133)

Reasonable commuting distance

The longest distance a soldier can be expected to travel involuntarily between his or her residence and a site where inactive duty training (IDT) will be conducted.

a. For officers, warrant officers, and enlisted soldiers, it is a distance within a 50–mile radius of the IDT site. It will not exceed 1½ hours of travel time one-way by car under average traffic, weather, and road conditions.

b. An alternative reasonable commuting distance for enlisted soldiers can be applied when all of the conditions are met. It is a distance within a 100–mile radius of the IDT site. It will not exceed 3 hours of travel time on-way by car under average traffic, weather, and road conditions. The alternative reasonable commuting distance may be applied only when the soldier is assigned to a unit that normally conducts multiple unit training assemblies (MUTA) on 2 connective days (MUTA–4) and Government-provided meals and quarters are furnished at the training site.

Reenlistment

a. A second or subsequent voluntary enrollment in the USAR. This term differs from the term “immediate reenlistment” since it is used to identify continuing military service or reentry into the military service from civilian status as a prior service applicant. (AR 135–7 or 140–111)

b. Reentry into the ARNG of an individual who has had a break in ARNG service or has been discharged from one State for the purpose of joining the ARNG of another State, regardless of a break in service, or is joining the ARNG from the Air National Guard (ANG). (AR 135–7)

Reenlistment activity

Refers to individuals, offices, agencies, or commands, responsible for, or rendering, reenlistment administrative support to USAR enlisted personnel. (AR 140–111)

Regularly scheduled unit training assembly (RSUTA)

Training time treated as a UTA or MUTA for which pay and retirement point credit are authorized. (AR 140–1)

Release from active duty

Termination of active duty status and transfer or reversion to inactive duty status, including transfer to the IRR. Unit members of ARNGUS and USAR revert to their respective Reserve component to complete unexpired enlistment’s and/or statutory obligations. (AR 135–178 or AR 140–111)

Reinforcement Training Unit (RTU)

Provides training in a nonpay status. (AR 140–1)

Required period of duty

Period of active duty or active duty for training (ADT) that an officer is obligated to perform, either by law or by execution of a contractual agreement. (AR 135–175)

Rescheduled training (RST)

Training placed on the unit training schedule for subsections of the unit or for individuals at a time, date, and location other than the RSUTA. Pay and retirement point credit are authorized. (AR 140– 1.)

Reserve Components of the Army

The Army National Guard of the United States (ARNGUS) and the United States Army Reserve.

Reserve of the Army

Enlisted members of the ARNGUS and the USAR. (AR 135–178)

Respondent

An enlisted soldier who has been notified that action has been initiated to separate the soldier. (AR 135–178)

Retired Pay

Pay granted members and former members of the Reserve components under title 10, USC, section 1331, after completion of 20 or more years of qualifying service and on attaining age 60. This pay is based on the highest grade satisfactorily held at any time during an individual's entire period of service, other than in an inactive section of a Reserve component. (AR 135–180)

ROTC cadet

A student enrolled in the Senior Reserve Officers' Training Corps (SROTC) as a cadet under 10 USC 2104 or 10 USC 2107 (AR 135–178).

ROTC program

The Senior Reserve Officers' Training Corps of the Army. (AR 135–91, AR 135–178, and AR 135– 91)

Satisfactory participation

A level of performance where a soldier avoids incurring the condition of unsatisfactory participation as defined in AR 135–91 paras 3–1 and 3–2. (AR 135–7 or AR 135–91)

Selected Reserve

Can be defined as follows:

- a. Part of the Ready Reserve of each Reserve component consisting of units and individuals who participate actively in paid training periods and serve on paid active duty for training each year. (AR 135–133)
- b. USAR Selected Reserve units and individuals that comprise all TPUs, IMAs, and full-time AD support personnel. This term should not be confused with Selected Reserve Force(s) in JCS Pub 1. (The term Selected Reserve is included here to preclude a possible misinterpretation of the language used in 10 USC 268 which directly relates to this regulation.) (AR 140–1)
- c. Officers, warrant officers, and enlisted soldiers who are:
 - (1) Members of the Army National Guard of the United States (ARNGUS).
 - (2) Assigned to troop program units of the USAR.
 - (3) Serving on active duty (10 USC 672d or full-time duty (32 USC 502f) in an Active Guard Reserve (AGR) status.
 - (4) Individual mobilization augmentees (IMA).

Self-terminating orders

Orders that direct ADT, ADSW, TTAD, or AT for a specific time. When the orders expire, a soldier is automatically released from such duty without further action. (AR 135–200 and 135–210)

Separation

An all inclusive term which is applied to personnel actions resulting from release from active duty, discharge, retirement, dropped from the rolls, release from military control or personnel without a military status, death, or discharge from the Army National Guard of the United States with concurrent transfer to the Individual Ready, Standby, or Retired Reserve. Reassignments between the various categories of the U.S. Army Reserve (Selected, Ready, Standby, or Retired) are not considered as separations. (AR 135–91 or AR 135–178)

Separation authority

An officer authorized to take final action on specified types of separations. (AR 135–178)

Standby Reserve

Units or members of the Reserve Components, other than those in the Ready Reserve or Retired Reserve, who are liable for active duty as provided in 10 USC 672 and 10 USC 674. (AR 135–133)

Statutorily obligated member

A soldier who is serving by reason of law. (AR 135–91 or 135–178)

Statutory term of service

The military service obligation incurred on initial entry into the Armed Forces under 10 USC 651. (AR 135–7 and AR 140–111)

Substandard performance of duty

Performance of duty which has fallen below standards prescribed by the Secretary of the Army. (AR 135–175)

Temporary promotion

Promotion to a grade in which a soldier holds a temporary appointment in the AUS. (AR 135–155)

Temporary tours of active duty

Voluntary active duty performed for a prescribed period of time by Army National Guard and U.S. Army Reserve soldiers in support of an Active Army mission. Normally, such tours will not exceed 139 days. (AR 140–158)

Troop program unit (TPU)

A TOE or TDA unit of the USAR organization which serves as a unit on mobilization or one that is assigned a mobilization or one that is assigned a mobilization mission. The “unit” in this case is the largest separate unit prescribed by the TOE or TDA. (AR 135–155)

Unit Training Assembly (UTA)

An authorized and scheduled training assembly of a least 4 hours. This assembly is mandatory for all troop program unit members. (AR 135–91)

Unit vacancy

A position authorized by paragraph and line number of a TOE or TDA which is unoccupied or is filled by an officer of a lower grade than that authorized for the position and provided that an officer in the grade of the position vacancy is not assigned as overstrength. (AR 135–155)

Unsatisfactory participant

A member of a unit or the USAR Control Group who fails to participate as outlined in AR 135–91, chapter 4, section III. (AR 135–7 or AR 135–91.)

U.S. Army Civil Preparedness Support Detachment

A USAR unit which provides communication support to FEMA. (AR 140–1)

U.S. Army Reserve (USAR)

A Federal force, consisting of individual reinforcements and combat, combat support, and training type units organized and maintained to provide military training in peacetime and a reservoir of trained units and individuals reservists to be ordered to active duty in the event of a national emergency. (AR 140–1 and AR 140–111).

U.S. Army Reserve Army Flight Activity (AFA)

A TDA activity of a MUSARC that has the same mission, responsibility, and degree of authority as an ASF, but supports fewer assets (for example, fewer than 20 aircraft assigned, and fewer than 30 aviators assigned or attached for training). (AR 140–1)

U.S. Army Reserve Aviation Support Facility (ASF)

A TDA activity of a MUSARC that assures the proper use and operation of USAR aviation assets. Provides aviation training and logistics support beyond the capability of supported units during training assemblies. (AR 140–1)

U.S. Army Reserve Command (ARCOM)

A TDA HQ of the USAR established to command a grouping of attached, nondivisional units of the USAR. (AR 140–1)

U.S. Army Reserve Personnel Center (ARPERCEN)

A field operating agency of the Chief, Army Reserve (CAR) which manages the professional career development of individual USAR soldiers to provide trained individual USAR soldiers for mobilization. This agency commands the IRR and Standby Reserve, and administers the USAR, AGR, and IMA programs. (AR 140–1)

U.S. Army Small Arms Championships

Annual rifle, pistol, and machine gun matches held at Fort Benning, Georgia.

USAR Active Guard Reserve Management Program (USAR-AGR-MP)

A centralized personnel management system that provides a program a career development for USAR personnel serving on active duty in an Active Guard Reserve status, not programmed against the Active Army end strength. Administered by CG, APERCEN, it provides a highly qualified corps of USAR projects ad programs. (AR 135-210 and AR 140-111)

Warrant officers

All USAR warrant officers not on active duty and Reserve warrant officers on active duty who are

- a. On active duty for training.
- b. On active duty under 10 USC 175M 265, 3015, 3019, 3033, 2496, or 32 USC 708, or
- c. On active duty under 10 USC 672(d) or under 32 USC 502 or 503 in connection with organizing, administering, recruiting, instructing, or training the Reserve Components. (AR 135-155)

Years for percentage purposes

Denotes total qualifying service converted to years for use as a multiplier in determining pay (AR 135-180).

Section III

Special Abbreviations and Terms

This section contains no entries.

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EXHIBIT 67

HEADQUARTERS
DEPARTMENT OF THE ARMY
Washington, DC 20310-2500
15 April 1994

*NATIONAL GUARD REGULATION (AR) 600-100

Personnel - General

COMMISSIONED OFFICERS - FEDERAL RECOGNITION AND RELATED PERSONNEL ACTIONS

Summary. This regulation provides procedures for processing all applications for Federal recognition, waivers, revises the list of documents required for appointment, gives new policy on the Early Commissioning Program, announces new policy dealing with civilian and military education requirements, changes special branch assignment policies, changes special branch promotion policies, changes general officer management policies, incorporates NGR 600-4 as it pertains to commissioned and general officers and adds **appendix H**, **appendix I**, and **appendix J**.

Applicability. This regulation applies to the Army National Guard (ARNG).

Internal control systems. This regulation is not subject to the requirements of AR 11-2. It does not contain internal control provisions.

Supplementation. Supplementation of this regulation is prohibited without prior approval from the Chief, National Guard Bureau, ARNG Readiness Center, **ATTN: NGB-ARP-PO**, 111 South George Mason Drive, Arlington, Virginia 22204-1382.

Interim changes. Interim changes to this regulation are not official unless they are authenticated by the Chief, Administrative Services, National Guard Bureau. Users will destroy interim changes on their expiration dates unless sooner superseded or rescinded.

Suggested Improvements. Users of this regulation are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to NGB-ARP-PO.

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*This regulation supersedes NGR 600-100, 15 November 1985 and NGR 600-4, 15 May 1978

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Chapter 1

Introduction

1-1. Purpose

This regulation prescribes policies and procedures governing the appointment, assignment, temporary Federal recognition, Federal recognition, reassignment, transfers between States, branch transfers, area of concentration designation, utilization, branch detail, attachment, and separation of commissioned officers of the Army National Guard (ARNG). Exceptions to this regulation will be considered on an individual basis; they will neither be considered as a precedent for changes in policy, nor blanket approval for future requests.

1-2. References

Related references are listed in **appendix A** of this regulation.

1-3. Explanation of abbreviations and terms

Abbreviations and special terms used in this regulation are explained in the **glossary**.

1-4. Responsibilities

a. National Guard Bureau (NGB).

(1) **Director, ARNG.** The Director, ARNG is responsible for the overall development and management of commissioned officers of the ARNG.

(2) **Personnel Directorate (NGB-ARP).** The Personnel Directorate is the agent for the Director, ARNG, providing technical guidance on the overall development and management of commissioned officers of the ARNG, approving modifications to the system, and authorizing changes made by the States. No changes to the system are authorized to be made by the States without prior written approval. All changes must be approved at NGB.

b. State Activities.

(1) **State Adjutant General (AG).** The State AG will manage and develop commissioned officers at the State level.

(2) **State Personnel Officer.** The State Personnel Officer will serve as the manager of the officers at the State level on behalf of the State AG. The State Personnel Officer will maintain personnel records, assign and utilize officers, and perform all actions required to support the personnel system.

1-5. Policy

The officer personnel management system (OPMS) and policies through which the ARNG manages the officer corps must result in officers who are dedicated, competent, and aggressive leaders with high morals and integrity. The profession of arms requires a strong professional and ethical officer corps capable of making the decisions needed to sustain the excellence of the officer ranks. Personnel actions prescribed here as a result of these policies will be made without regard to race, color, religion, gender, or national origin. Special exceptions for classification and assignment of female officers are contained in AR 611-101 and paragraph 4-4g of this regulation.

1-6. Relative rank

Commissioned officers of the ARNG, when not on active duty in a Federal status, rank among themselves according to the laws of the State in which appointed. When commissioned officers of the ARNG enter on active duty under any provision of the law, they will rank among commissioned officers of the same grade who are on active duty according to the provisions of AR 600-20.

1-7. Appointment grade

Federal recognition and initial Reserve of the Army appointment will be limited to the grade of second lieutenant except for those individuals who are entitled to three or more years of service credit under Title 10, USC, section 3353. Service credit consists of the sum of any prior commissioned service credit awarded for advanced education, training, or special experience. Award of constructive service credit is limited to those commissioned officers seeking appointment in one of the special branches.

Chapter 2

Appointments

2-1. Appointment

Commissioned Officers of the ARNG are appointed by the several States under Article 1, Section 8, of the United States Constitution. These appointments may be federally recognized by the Chief, National Guard Bureau under such regulations as the Secretary of the Army may prescribe and under the provisions of this regulation. Officers who are federally recognized in a particular grade and branch shall be tendered an appointment in the same grade as Reserve commissioned officers of the Army with assignment to the Army National Guard of the United States (ARNGUS), as provided in Title 10, USC, sections 3351(a) and 3359, if they have not already accepted such appointment. Nonprior service personnel appointed in the ARNG incur a military service obligation as set forth in AR 135-91. Prior service personnel who are receiving service credit under Title 10, USC, section 3353, must have their Reserve of the Army grade determined IAW Title 10, USC, section 3359.

2-2. Policy

a. The appointment of officers in the ARNG is a function of the State concerned, as distinguished from the Federal recognition of such appointment. Upon appointment in the ARNG of a State and subscribing to an oath of office, an individual has a State status under which to function. Such individuals acquire a Federal status when they are federally recognized and appointed as a Reserve of the Army.

b. The effective date of Federal recognition for original appointment is that date on which the commissioned officer executes the oath of office in the State.

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c. Federal recognition will continue in effect as long as the commissioned officer continues to meet requirements of the grade and position, or until recognition is withdrawn in accordance with regulations, or as otherwise provided by law.

2-3. Exercise of command

The policies prescribed in AR 600-20 govern exercise of command. In addition, the following will apply:

a. Temporary Federal recognition upon initial appointment and permanent Federal recognition, in the case of promotion, establish the authorized grade to be used by all officers in their federally recognized status.

b. Official correspondence, when referring to an officer by grade, should indicate the grade in which he/she is Federally recognized, whether as a part of the signature block or in the body of the communication. If the grade shown is not Federally recognized, but is a State appointment, it will be followed by the State abbreviation in parenthesis. For example, LTC (MA).

2-4. Wearing of the uniform and insignia

Pursuant to Title 10, USC, section 772(a), AR 670-1 prescribes the wear of Army uniforms, insignia, and accouterments for Army National Guard soldiers.

a. Officers appointed to a higher grade by the States, but who have not been federally recognized in that grade, will not wear the uniform or insignia of the higher grade until Federal recognition of their promotion has been extended in orders by CNGB. The practice of frocking will not be used except as discussed in chapter 11 of this regulation.

b. All newly appointed officers will wear the Army uniform with the insignia of grade in which appointed when granted temporary Federal recognition by a FRB.

c. Retired members of any component of any military service who are employed as State or Federal civilian employees are not authorized to wear Federal uniforms during periods of civilian employment with the following exceptions:

(1) Retired reserve officers who serve as adjutants general.

(2) Retired regular officers who serve as adjutants general or assistant adjutants general under separate Reserve of the Army appointments.

d. Retired members may, however, wear their uniforms as members of the State Defense Forces when correctly altered IAW NGR 10-4. Retired members are authorized to wear their Federal uniforms on appropriate occasions such as: military ceremonies, military balls, etc.

2-5. Appointment of chiefs of State military departments

Appointment authority and Federal recognition criteria for chiefs of State military departments are prescribed in chapter 11 of this regulation.

2-6. Appointment as a Reserve commissioned officer of the Army

a. Upon being federally recognized, a commissioned officer who does not hold an appointment as a Reserve commissioned officer of the Army shall be appointed a Reserve officer of the Army in the same grade in which the officer holds a federally recognized appointment in the ARNG and concurrently shall become a member of the ARNGUS. (That term of a Reserve appointment is not contingent upon continued Federal recognition (Title 10, USC, section 3351)). Individuals receiving service credit under Title 10, USC, section 3353, must have their Reserve of the Army appointment grade determined IAW Title 10, USC, section 3359.

b. Officers who have attained status as Reserve commissioned officers of the Army with assignment to the ARNGUS may be transferred in grade to the Army Reserve with the consent of the Governor or other appropriate authority of the State, Puerto Rico, the Virgin Islands, Guam, or the District of Columbia National Guard under such regulations as the Secretary of the Army may prescribe. Unless an ARNGUS officer is discharged from the Reserve of the Army concurrent with withdrawal of Federal recognition, the officer becomes a member of the Army Reserve upon separation from the ARNG (Title 10, USC, section 3352).

2-7. Eligibility criteria

Individuals possessing the qualifications outlined below may apply for initial appointment (or reappointment following a break in service) as ARNGUS commissioned officers. This paragraph is not applicable to applicants for promotion or change in branch.

a. Assignment. The applicant must apply for assignment to an authorized position in a federally recognized unit.

b. Age.

(1) **Minimum age.** No applicant will be examined for Federal recognition who is less than 18 years of age. If a State law establishes a minimum age that is greater than 18 years of age, the applicant will not be considered for Federal recognition until that State's minimum age requirement has been met.

(2) **Maximum age.**

(a) Applicants for Federal recognition in the basic branches must not have attained the birthday shown below prior to appointment in the grade indicated. Age limits may be increased by an amount not to exceed length of previous service in the same or higher grade on active duty in any Active Component of the Armed Forces or on active duty and/or in an active status in any Reserve Component of the Armed Forces.

GRADE	AGE
Second lieutenant	30
First lieutenant	33
Captain	39
Major	48
Lieutenant Colonel	51
Colonel	55

(b) Maximum age limitations for AMEDD officers are set forth in AR 135-101.

(c) Maximum age limitations for JAGC officers are set forth in AR 135-100.

(d) Maximum age limitations for Chaplains are set forth in AR 135-100.

(e) Waiver of the maximum age limitation of basic branch commissioned officers may be considered if the applicant:

1/ Becomes over-age due to administrative processing.

2/ Possesses outstanding potential, military experience, leadership abilities, and/or educational qualifications that are clearly documented in the application.

3/ In exceptional cases, the State Adjutant General may waive the maximum age limitations to allow entry and participation in a Federal or State officer candidate school (OCS) program. Age at date of commission may not exceed 32 years, 6 months. Chief, NGB, ATTN: NGB-ARP-CO, is the waiver authority for individuals exceeding this limitation.

4/ An original appointment as a second lieutenant must be made prior to the individual's 35th birthday. The limitations described in Title 10, USC, section 532(a)(2) apply to Army National Guard officers.

(f) An applicant's age must be such that the officer can serve at least 20 years before Federal recognition will be terminated under mandatory removal requirements prescribed in NGR 635-100.

c. Citizenship. The applicant must be a citizen of the United States.

d. Mental. Applicants must attain the minimum test scores on tests required by NGR 351-5. Administration of these tests is not required for:

(1) Applicants for appointment in the Army Medical Department (except AOC 67J or MFA 70).

(2) Applicants for appointment in the Chaplains Branch or Chaplain Candidate/Staff Specialist.

(3) Applicants for appointment in the JAGC.

(4) Former commissioned officers applying for initial appointment or reappointment.

e. Education. Each applicant must:

(1) Have demonstrated understanding and proficiency in the English language.

(2) Meet the specific civilian education requirements for appointment, promotion, and retention of basic branch commissioned officers as prescribed in chapters 8 and 9 of this regulation.

(3) Medical Corps applicants who have received their medical degree in another country may apply only if they comply with the provisions of AR 135-101.

(4) Medical Service Corps applicants must meet specific civilian education appointment requirements in AR 135-101 and AR 611-101.

f. Character. Each applicant must be of good moral character.

g. Leadership. Applicants must possess qualifications as potential leaders and have the ability to deal effectively with people. Such qualifications may be evaluated in terms of the applicant's age, education, background, and experience.

h. Medical. Medical requirements are prescribed in AR 40-501. Applications for appointment must be accompanied by a medical examination accomplished within the time frame prescribed below.

(1) The following applications for Federal recognition will have the SF 88 (Report of Medical Examination) and SF 93 (Report of Medical History) qualified under the physical standards for appointment of AR 40-501 (The physical examination must have been completed within the 24 months prior to appointment):

(a) Initial appointment or appointment from enlisted to commissioned officer status regardless of prior component or branch of service.

(b) Initial appointment or appointment of a civilian to commissioned officer status.

(c) Initial appointment or appointment of a commissioned officer from any service other than the U.S. Army to commissioned officer status.

(d) Initial appointment or appointment of a warrant officer from any service other than U.S. Army to commissioned officer status.

(2) The following applications for Federal recognition will have the SF 88 and SF 93 qualified under the medical fitness standards for retention specified in AR 40-501 (the physical must have been completed within the 60 months prior to appointment):

(a) Appointment of ROTC cadets initially appointed and commissioned in the USAR by Commander, ARPERCEN with no break in commissioned service

(b) Appointment of commissioned officers from a commissioned or warrant officer status from any component of the U.S. Army with no break in service.

(3) Applicants for aviation training, special training programs, (e.g., airborne, ranger, special forces) will be qualified under the appropriate sections of AR 40-501.

i. Security clearance. Applicants must have a final secret clearance prior to appointment or reappointment as commissioned officers in the ARNG. As an exception, applicants for one of the special branches may be commissioned prior to completion of a NAC/DNACI provided that:

(1) The NAC/DNACI is initiated at the time an application for appointment is submitted, and

(2) The special branch applicant agrees in writing that, if the results of the investigation are unfavorable, he or she will be subject to discharge if found to be ineligible to hold an appointment. Waivers of this requirement will not be granted.

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2-8. Persons ineligible for Federal recognition and waivers not authorized

- a.** Subversive or disloyal persons;
- b.** Persons against whom proceedings have been initiated under AR 604-10 and whose cases have not been concluded in their favor;
- c.** Applicants who refuse to completely answer any pertinent question in the course of an official investigation, interrogation, or examination conducted, for the purpose of ascertaining the existence or extent, or both, of conduct described in AR 380-67;
- d.** Applicants who are serving a period of probation resulting from conviction by any type of military or civil court;
- e.** Persons who are presently conscientious objectors;
- f.** Persons dropped from the rolls, released from AD, or separated from any component of the U.S. Armed Forces for any of the following reasons:
 - (1) Under other than honorable conditions;
 - (2) For unsatisfactory service;
 - (3) Resignation in lieu of court-martial, elimination for any form of corrective or disciplinary action, or for the good of the service;
 - (4) Reserve commissioned officers or warrant officers of the U.S. Armed Forces twice nonselected for promotion by a Reserve selection board convened by the Secretary concerned;
 - (5) As a security risk or for other than security reasons while undergoing a security investigation IAW AR 380-67 or AR 604-10; and
 - (6) Any individual regardless of prior U.S. military service component that was not retained through a qualitative management program to include Reserve Component Selective Retention Boards.
- g.** Persons on an active or retired list of the Armed Forces other than the U.S. Army (members on active or retired list of the Active Components of the Navy, Air Force, Marine Corps, and Coast Guard);
- h.** Individuals denied retired pay or annuities under the Hiss Act (Title 5, USC, section 8312);
- i.** Applicants who are in the military service of a foreign government or who are employed by a foreign government;
- j.** Persons on the retired list of the U.S. Army.
 - (1) Regular Army officers unless appointed to general officer grade in the ARNG of a State with assignment as State Adjutant General or Assistant Adjutant General.
 - (2) Reserve officers who are members of the Retired Reserve and who are eligible for or have been retired under Title 10 USC, section 1293, unless prior approval has been granted by the Secretary of the Army IAW AR 140-10.

(3) Enlisted personnel retired under Title 10, USC, section 3914;

k. Except in the case of State adjutants general, commissioned officers of the U.S. Armed Forces separated by reason of length of service, time in grade, or age from:

- (1) Active duty (members of Active Components).
- (2) Active status (members of Reserve Components).

l. Commissioned officers, warrant officers, and enlisted soldiers separated from any component of the Armed Forces by elimination procedures of a derogatory nature similar to those contained in AR 635-100 or AR 635-200; and

m. Former Regular Army officers who have been denied appointment in the U.S. Army Reserve IAW AR 135-100.

2-9. Persons ineligible for Federal recognition unless waiver is granted

a. Former conscientious objectors. A former conscientious objector will be required to furnish an affidavit expressing abandonment of such beliefs so far as it pertains to an unwillingness to bear arms, and to give full and unqualified military service to the United States. Waiver authority is CNGB. Requests will be forwarded to NGB-ARP-CO.

b. Applicants with a record of prior convictions. Waiver authority is CNGB. Requests will be forwarded to NGB-ARP-CO.

(1) Individuals who have been adjudged youthful offenders or have a record of convictions of any type of military or civil court, excluding minor traffic violations involving a fine or forfeiture of \$300 or less;

(2) Conviction of a felony under local, Federal, or military law;

(3) Conviction that resulted in sentence to confinement in prison, stockade, or detention area or in sentence to hard labor; and

(4) Conviction involving moral turpitude.

c. Persons previously discharged for dependency or hardship. A person previously discharged from any of the Armed Forces of the United States for hardship or dependency may not be accepted for appointment, unless it has been determined by investigation conducted by the unit commander that the reasons for discharge no longer exist. A copy of the applicant's affidavit, giving reasons for discharge, how they have been overcome, and that applicant will be available in the event of an emergency, will be included in the request for waiver. Waiver authority is delegated to State adjutants general.

d. Applicants previously separated. Applicants who were previously separated from any component of the Army because of failure to complete any required military education or course within the time frame prescribed. Waivers for the basic branch course may be considered only if the school commandant or

faculty board authorizes the failure to be resolved by completion of nonresident courses or reenrollment in a resident program. Waiver authority is CNGB. Requests will be forwarded to NGB-ARP-CO.

e. Applicants unable to complete 20 years. Applicants unable to complete 20 years of creditable service for retirement or retired pay prior to mandatory removal from an active status as prescribed in NGR 635-100. Waiver may be considered upon demonstration that an applicant possesses truly outstanding qualifications. Waiver authority is delegated to State adjutants general. Applicant must sign a statement, which becomes a permanent part of his/her record, stating that he/she understands that he/she will not be able to complete twenty years of creditable service for retirement prior to reaching his/her mandatory removal date.

f. ROTC graduates. ROTC graduates who are required to complete two years or more of active duty upon completion of baccalaureate or higher degree requirements may not be appointed unless entry on active duty is delayed for 12 months or more. Waiver authority is delegated to the State adjutants general.

2-10. Waiver

a. All requests for waiver which require a decision by the CNGB or higher authority will be forwarded through The Adjutant General to the approving authority as indicated below. A copy of the approved waiver, as determined by either the CNGB or The Adjutant General, will be included as an enclosure to the appointment application.

b. Decisions on all personnel actions considered under this chapter will be made after a complete review of the entire record of each individual case. The unit commander's recommendation must include favorable evidence of individual's military and civilian education, character, civilian employment status, and financial responsibility. Discriminators, such as a record of indebtedness, questionable character traits, nonjudicial punishment, history of problems with civilian employment, and lack of substantive support by the chain of command will lessen the chances for approval.

c. Applicants requiring waivers will not be permitted to appear before an FRB prior to waiver approval.

d. Waiver of disqualifications other than those authorized in paragraph 2-9 and this paragraph may only be granted by the Secretary of the Army or his designee. Waiver requests will, among other factors, be based on recommendation of the CNGB through HQDA, DCSPER. Requests for waiver will be submitted through command channels. The waiver must be justified fully as being in the best interest of the Army. The waiver request must also clearly state with supporting documentation that the experience or professional qualifications of the individual uniquely suit the position to which appointment is requested.

e. Waiver requests for prior convictions will be considered only if the applicant's conduct and character at present time are above reproach, and the potential value of the applicant's service as an officer is considered to be very high. Requests must be supported by NGB Form 62, official court documents citing the offense, court action, and judgment rendered and will include a statement of circumstances from the applicant and should be submitted to NGB-ARP-CO.

f. Requests for medical waivers should be submitted with all supporting documents to NGB-ARP-HS.

g. Requests for age waivers should be submitted with all supporting documents to NGB-ARP-CO.

h. Requests for civilian education and military education waivers will be submitted with supporting documentation to NGB-ARP-PO.

i. All requests for predetermination and all requests for waiver will contain documents normally provided to the FRB. In addition to those documents listed in the paragraphs above and **appendix B** of this regulation, the application will contain records of prior military service. As a minimum, copies of enlisted and/or officer evaluation reports, performance qualification records (e.g., DA Form 2-1), and academic evaluations from service schools must be included.

2-11. Procurement sources

Individuals will be selected from the following sources:

a. U.S. Army Reserve (USAR) commissioned officers and former commissioned officers of any component of the U.S. Army and U.S. Marine Corps (USMC). U.S. Army Reserve commissioned officers and former commissioned officers with previous honorable and creditable service in any component of the U.S. Army or USMC who have demonstrated their qualifications by service in the grade requested.

b. Holders of Certificates of Eligibility. Individuals who have a Certificate of Eligibility (NGB Form 89a), as provided in paragraph 2-12 below, may be appointed to the grade and branch for which qualified as stated in the certificate, provided all current appointment criteria are met at the time of appointment.

c. Graduates of accredited officer candidate schools (OCS). Graduates of an accredited OCS, including those of the other services, may be appointed in the grade of second lieutenant. Graduates who are not qualified for appointment at the time of graduation have two years from the date of the OCS completion certificate to become qualified and receive Federal recognition or become ineligible for appointment.

d. Applicants for assignment to aviator positions. Applicants for aviator positions who were formerly rated military aviators with previous honorable and creditable service in any component of the Armed

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Forces may be extended recognition in the equivalent grade in which they previously served, provided their assignment is to fill Army aviator position vacancies, and they are otherwise qualified.

e. Commissioned officers and former commissioned officers other than U.S. Army or USMC. Commissioned officers and former commissioned officers with previous honorable and creditable service in a component of the Armed Forces, other than U.S. Army or USMC, who have demonstrated their qualifications by service in the grade requested may be extended Federal recognition with assignment to:

(1) A combat support or combat service support branch provided the officer's duty or assignment in the other Armed Forces required similar qualifications to those of the requested grade and branch. Under certain circumstances, training and assignment of former U.S. Navy and U.S. Air Force officers may qualify for assignment to combat arms positions. Review of application by FRB and State personnel managers should determine assignment restrictions.

(2) Any Army aviation position.

f. Special branches. Eligibility of applicants for appointment will be determined by the Chief of each respective special branch and the CNGB. Applications for appointment in one of the special branches will be processed IAW appendix I or J of this regulation.

g. Technical Specialists. Prior to appointment, a predetermination of the applicant's eligibility will be made by the CNGB. Requests for such predetermination will be documented by a completed copy of NGB Form 62 and allied papers for appointment. Except as otherwise provided, no applicant for appointment under the provisions of this paragraph will be permitted to appear before an FRB prior to receipt of a favorable predetermination from the CNGB. Requests should be forwarded to NGB-ARP-PO.

h. ROTC graduates. Officers commissioned from ROTC who:

(1) Have completed their obligated period of active duty/ADT, or

(2) Are selected to satisfy their service obligation by Reserve Forces Duty (RFD) without an active duty commitment of two or more years.

i. ROTC Early Commissionees. Officers commissioned from the ROTC early commissioning program who meet the criteria established in chapter 12 of this regulation.

j. ROTC graduates accepting appointments in May and June. ROTC graduates who accept appointment in May or June of any year, will have their date of promotion service computed from the date of graduation of the cadets of the United States Military Academy (USMA) in that year, for promotion to first lieutenant (Title 10, USC, section 2106).

k. Prior service enlisted soldiers or prior warrant officers.

(1) Applicants having a minimum of two years of honorable active service in any Armed Force may apply for a direct appointment as a second lieutenant in the ARNG following a predetermination of their eligibility by NGB-ARP-PO. An applicant must meet the following eligibility criteria:

(a) Be a four-year college graduate with a bachelor degree from an accredited institution;

(b) Have a minimum of one year active status in an authorized position in a federally recognized unit in the ARNG;

(c) Have successfully completed the U.S. Army Precommissioning Correspondence Course; and

(d) Have successfully passed the Advanced Physical Fitness Test (APFT) IAW FM 21-20.

(2) The State must have a valid authorized position vacancy in the branch in which the applicant is requesting appointment.

(3) Once appointed, applicants must attend a full resident officer basic course.

(4) Applicants under this program are limited to the basic branches.

(5) Request for predetermination will be documented by submitting a completed copy of NGB Form 62 and allied papers for appointment. No applicant under the provisions of this paragraph will be permitted to appear before an FRB prior to receipt of a favorable predetermination from CNGB.

l. All requests for predetermination will be forwarded to NGB-ARP-PO.

2-12. Certificate of Eligibility

a. Purpose. In order that ARNG soldiers, for whom there are no position vacancies, may be examined to determine their fitness for future appointments or promotions, The Adjutant General may accept applicants for Certificates of Eligibility (NGB Form 89a).

b. Procedures. Each application will consist of the records and documents prescribed in chapter 3 or chapter 8, as applicable, except for the appointment order and oath of office. Applicants will not appear before an FRB until evidence of a favorable National Agency Check (NAC) has been received by The Adjutant General. If found qualified in all respects except for position vacancy for a particular grade and branch, the report of board proceedings and allied papers, to include evidence of a secret or higher security clearance based on a favorable NAC (or other investigation as prescribed by AR 380-67) in initial appointment cases, will be forwarded with appropriate endorsement by The Adjutant General to NGB-ARP-CO. In addition to the above listed required documents, cases pertaining to direct appointment based upon civilian education and experience will include the documents from the soldier's Military Personnel Records Jacket (MPRJ) such as qualification records, promotion and award orders, transcripts from school, course completion certificates, evaluation reports, and similar documents supporting the request. In the event the soldier has had prior service, the official records of the service will

be obtained by the State or applicant and forwarded with the action. The endorsement by the State should indicate if the soldier is participating in any type of tour and the location of that tour. If approved, NGB Form 89a will be issued to the soldier.

c. OCS graduates. NGB Form 89a, issued in the grade of second lieutenant to graduates of approved OCS programs, will indicate eligibility in "any basic branch." Accordingly, NGB Form 62 and Form 89a should reflect "any basic branch" in the appropriate spaces.

d. Validity period. NGB Form 89a is effective for two years, unless an earlier expiration date is specified on the certificate and provided the holder thereof remains otherwise qualified. If during this period, The Adjutant General should appoint the holder of the certificate to a position vacancy of the same grade and branch in which qualified, a request for Federal recognition will be forwarded, accompanied by an appointment order and an Oath of Office (NGB Form 337) to NGB-ARP-CO. Medical examinations submitted with these applications for Federal recognition must have been completed within the preceding 24 months. The CNGB will extend Federal recognition effective the date of appointment in the ARNG when each of the requirements contained herein has been fulfilled.

e. Reissue. Upon expiration, an NGB Form 89a may be reissued through the same procedure as provided in subparagraph 2-12a, above, except that the required records and documents may be limited to a current medical examination and the report of board proceedings. If the individual circumstances require a waiver for any disqualification for appointment, it must be requested formally as outlined in paragraph 2-10, above.

2-13. Temporary Federal recognition of ARNG appointments

Temporary Federal recognition may be extended to an officer who has been appointed in the ARNG of a State and found to be qualified by an FRB pending final determination of eligibility and appointment as a Reserve commissioned officer of the Army. Such recognition may be withdrawn at any time. If not sooner withdrawn or replaced by the granting of permanent Federal recognition, temporary Federal recognition will automatically terminate six months after the effective date of State appointment (Title 32, USC, section 308). However, should the initial period of temporary Federal recognition expire due to administrative processing delays, through no fault of the applicant, a subsequent FRB should be convened to consider the request again and grant another new period of temporary Federal recognition if warranted. Applicants for the JAGC or Chaplain Corps must be approved by the Army TJAG or Chief of Chaplains prior to holding a FRB. This paragraph is not applicable to the following:

a. Applicants for Federal recognition as general officers.

b. Applicants federally recognized as commissioned officers of the ARNG.

c. Officers of the U.S. Army Reserve seeking Federal recognition in the same grade and branch held.

Chapter 3 Processing Applications for Appointment and Federal Recognition

3-1. Actions required by individual

The following actions will be taken to initiate appointment and Federal recognition. Records and documents required are listed by type of action and are summarized in appendix B.

a. Initial appointment or Certificate of Eligibility. Applications, initial appointment, Certificate of Eligibility, and transfer from the USAR will include the following documents:

(1) NGB Form 62 (Application for Federal Recognition). Complete in five copies. The first and second copies will be furnished to NGB-ARP-CO together with allied papers following appointment processing. The third copy will be retained by The Adjutant General; the fourth copy will be filed as pending until receipt of permanent Federal recognition and then filed as a permanent document in the MPRJ; the fifth copy will be retained by the applicant. Instructions for completion of the NGB Form 62 are printed on the reverse of the form. Required test scores will be entered in the remarks section of the form.

(2) Birth certificate. Each applicant not previously commissioned in the Armed Forces of the United States will provide a copy of his or her birth certificate or other documentary evidence that will satisfy the requirements of AR 600-2 to substantiate date of birth and name shown on application and allied papers.

(3) Documents. Copies of Reserve of the Army promotion letters, orders, or other documents which attest to commissioned officer status in another component, if applicable.

(4) Security clearance. Verification of a security clearance being granted by the U.S. Army Central Personnel Clearance Facility indicating a final personnel security clearance of secret or higher must be submitted using the example provided in figure 3-5 of this regulation. Applications for appointment in the Military Intelligence Corps must also provide evidence that a Special Background Investigation (SBI) has been initiated.

(5) Medical examination, SF 88 and SF 93 (Report of Medical Examination and Report of Medical History). If the applicant for recognition has successfully undergone an appropriate medical examination within the time frame prescribed in chapter 2 of this regulation prior to appearance before the Federal recognition board (FRB), photocopy or certified true copy of such examination may be accepted in lieu of a new medical examination. Medical examinations for Aviation Branch applicants and aeromedical evacuation officers (AOC 67J) must be approved by

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the U.S. Army Aeromedical Center, Ft. Rucker, AL, prior to appointment.

(6) **Civilian education.** Evidence of the highest civilian schooling accomplished. A copy of the certified college transcripts documenting at least the minimum semester hours required from an accredited institution, IAW chapter 9, or the degree or advanced degree received. Transcripts will be documented as indicated in figure 3-4 of this regulation (para 9-5). The institution must be accredited by the American Council of Education.

(7) **NGB Form 89.** Copies of NGB Form 89, Record of the Federal Recognition Board.

(8) **Oath of Office (NGB Form 337/DA Form 71).** Except for applications for Certificates of Eligibility, the oath should be administered and dated on the effective date of officer's appointment in the ARNG of the State. The original will be provided with the application forwarded to NGB-ARP-CO.

(9) **Evidence of satisfactory completion of Army service school courses when applicable.** A graduate of OCS applying for commission as a second lieutenant will provide evidence indicating satisfactory completion of the course.

(10) **Waivers of requirements.** Waivers will be obtained prior to the appearance of the applicant before the FRB. The Adjutant General is charged with furnishing the FRB with the evidence of any approved required waiver prior to the appearance of the applicant.

(11) **Aviation orders.** Aeronautical aviation orders if applicable.

(12) **Military service obligation.** A signed statement of military service obligation for nonprior service applicants will be furnished IAW AR 135-91.

(13) **Members of other Reserve Components or ARNG of another State.** If the applicant is a member of any other Reserve Component or ARNG of another State in a commissioned, warrant, or enlisted status, he or she will provide a copy of conditional release from such membership. The release will be obtained by the applicant in advance of appearance before the FRB when such appearance is required. The use of DD Form 368 is prescribed for non-unit members of the USAR (para 3-1b (14) and (15) below).

(14) **Certificate of service.** An applicant with prior service in the Armed Forces of the United States will present copies of discharge certificates and/or certificates of service (DD Form 214 or similar document).

(15) **Evidence of citizenship.** An individual, not a citizen of the United States by birth, will submit a signed or notarized statement by a commissioned officer, warrant officer, or notary public, respectively as shown in figure 3-1 or figure 3-2 below. Facsimiles, photostatic copies, or other means of reproducing naturalization certificates are not authorized by law and will not be accepted. The reproduction of these certificates or any parts thereof without proper authority constitutes a felony.

(16) **State appointment.** Copies of the State appointment order.

(17) **Chaplain applicants.** Except chaplains of the USAR seeking Federal recognition in the ARNG,

each applicant for Federal recognition as a chaplain will submit an ecclesiastical endorsement from the appropriate denominational endorsing agency and evidence of qualifying experience as prescribed in AR 135-100 and/or AR 611-101. (See app I of this regulation.) Applicants must also submit an interview statement as prescribed in AR 135-100 and AR 165-1.

(18) **The Judge Advocate General's Corps applicants.** Except for the JAGC officers of the USAR seeking Federal recognition in the ARNG, each applicant for Federal recognition as a JAGC officer will submit evidence of professional education, appropriate current authority to practice law, certificates, interviews, statements, letters, photographs, and evidence of qualifying experience as prescribed in AR 135-100 and/or AR 611-101.

(19) **Applicants for appointment in the health professions and related specialties.** Except for AMEDD officers of the USAR seeking Federal recognition in the ARNG, each applicant for Federal recognition with assignment to the Medical Corps (MC), Dental Corps (DC), Veterinary Corps (VC), Army Nurse Corps (AN), Army Medical Specialist Corps (SP), and Medical Service Corps (MS) will submit evidence of professional education, appropriate current license, and evidence of qualifying experience as prescribed in AR 135-101 and/or AR 611-101. Requests for appointment will include a request for award of AOC required by the position the officer will occupy.

(20) **Verification of social security number (SSN).** Each applicant will submit a facsimile of the personal social security card or a statement signed by a commissioned officer, warrant officer, or notary public. See figure 3-3 below.

(21) **Awards and decorations.** Copies of orders and correspondence relating to decorations, citations, and commendations.

(22) **Statement of understanding.** If applicable, a statement of understanding that the applicant will be unable to complete 20 years of creditable service for retirement prior to mandatory removal from an active status.

(23) **Former conscientious objectors.** A signed statement will be furnished by former conscientious objectors expressing abandonment of such beliefs so far as they pertain to their willingness to bear arms and to give full and unqualified military service to the United States and agreeing that they will not apply for separation by reason of conscientious objection during the period of their contracted agreement.

b. Appointment or transfer from USAR in grade, but a new branch. Applicants will include the following documents as applicable, prepared as prescribed for initial appointment:

(1) NGB Form 62.

(2) Copies of Reserve of the Army appointment.

(3) Copies of Reserve of the Army promotion letters, orders, or other documents which attest to commissioned officer status in another component, if applicable.

(4) Verification of a security clearance granted by the U.S. Army Central Personnel Clearance Facility indicating a final personnel security clearance of

secret or higher must be submitted using the example provided in **figure 3-5** of this regulation. Applications for appointment in the Military Intelligence Corps must also provide evidence that a Special Background Investigation (SBI) has been initiated.

(5) Medical examination. SF 88 and SF 93 (Report of Medical Examination and Report of Medical History). If the applicant for recognition has successfully undergone an appropriate medical examination within the time frame prescribed in chapter 2 of this regulation prior to appearance before the FRB, photocopy or certified true copy of such examination may be accepted in lieu of a new medical examination. Medical examinations for Aviation Branch applicants must be approved by the U.S. Army Aeromedical Center, Ft. Rucker, AL, prior to appointment.

(6) Evidence of the highest civilian schooling accomplished. A copy of the certified college transcripts documenting at least the minimum semester hours earned (IAW **Table 9-1** of this regulation) or the degree or advanced degree received. Transcripts will be documented as indicated in **figure 3-4** of this regulation (para 9-5). The institution must be accredited by the American Council of Education.

(7) Copies of NGB Form 89, Record of the Federal Recognition Board.

(8) Oath of Office (NGB form 337/DA form 71). Except for applications for Certificates of Eligibility, the oath should be administered and dated on the effective date of officer's appointment in the ARNG of the State. The original will be provided with the application forwarded to NGB-ARP-CO.

(9) Evidence of satisfactory completion of Army service school courses when applicable. A graduate of OCS applying for commission as a second lieutenant will provide a copy of evidence indicating satisfactory completion of the course.

(10) Waivers of requirements. Waivers will be obtained prior to the appearance of the applicant before the FRB. The Adjutant General is charged with furnishing the FRB with the evidence of approval or any required waiver prior to the appearance of the applicant.

(11) Aeronautical aviation orders if applicable.

(12) A signed statement of military service obligation for nonprior service applicants will be furnished IAW AR 135-91.

(13) A soldier assigned to a troop program unit will be required to obtain a conditional release from his/her USAR assignment prior to being appointed in the ARNG. After appointment, DD Form 368 will be prepared and endorsed to Commanding General, U.S. Army Reserve Personnel Center (ARPERCEN), 9700 Page Blvd., St. Louis, MO 63132-5200, to advise ARPERCEN that the officer's appointment in ARNG will result in USAR TPU vacancy. A copy of the form will be included with the application for Federal recognition to facilitate the release of the OMPF from Commanding General, ARPERCEN.

(14) A non-unit soldier assigned to a USAR control group, other than delayed categories, may be appointed in the ARNG pending receipt of final clearance from the Commanding General, ARPERCEN. After appointment, DD Form 368 will be prepared and en-

dorsed to the Commanding General, ARPERCEN. A copy of the form will be included with the application for Federal recognition.

(15) Certificate of service. An applicant with prior service in the Armed Forces of the United States will present copies of discharge certificates and/or certificates of service (DD Form 214 or similar document).

(16) Evidence of citizenship. An individual, not a citizen of the United States by birth, will submit a signed or notarized statement by a commissioned officer, warrant officer, or notary public, respectively as shown in **figure 3-1** or **figure 3-2** below. Facsimiles, photostatic copies, or other means of reproducing naturalization certificates are not authorized by law and will not be accepted. The reproduction of these certificates or any parts thereof without proper authority constitutes a felony.

(17) Copies of the State appointment order.

(18) Chaplain applicants. Except chaplains of the USAR seeking Federal recognition in the ARNG, each applicant for Federal recognition as a chaplain will submit an ecclesiastical endorsement from the appropriate denominational endorsing agency and evidence of qualifying experience as prescribed in AR 135-100 and/or AR 611-101. (See **app I** of this regulation.) Applicants must also submit an interview statement as prescribed in AR 165-1.

(19) The Judge Advocate General's Corps applicants. Except for the JAGC officers of the USAR seeking Federal recognition in the ARNG, each applicant for Federal recognition as a JAGC officer will submit evidence of professional education, appropriate current authority to practice law, certificates, interviews, statements, letters, photographs, and evidence of qualifying experience as prescribed in AR 135-100 and/or AR 611-101.

(20) Applicants for appointment in the health professions and related specialties. Except for AMEDD officers of the USAR seeking Federal recognition in the ARNG, each applicant for Federal recognition with assignment to the Medical Corps (MC), Dental Corps (DC), Veterinary Corps (VC), Army Nurse Corps (AN), Army Medical Specialist Corps (SP), and Medical Service Corps (MS) will submit evidence of professional education, appropriate current license, and evidence of qualifying experience as prescribed in AR 135-101 and/or AR 611-101. Requests for appointment will include a request for award of AOC required by the position the officer will occupy.

(21) Verification of social security number (SSN). Each applicant will submit a facsimile of the personal social security card or a statement signed by a commissioned officer, warrant officer, or notary public. See **figure 3-3** below.

(22) Copies of orders and correspondence relating to decorations, citations, and commendations.

(23) If applicable, a statement of understanding that the applicant will be unable to complete 20 years of creditable service for retirement prior to mandatory removal from an active status.

c. Appointment of USAR officers in grade and branch. USAR officers applying for Federal

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recognition in the ARNG in their present grade and branch will submit:

- (1) NGB Form 62.
- (2) Copies of Reserve of the Army appointment.
- (3) Copies of Reserve of the Army promotion letters, orders, or other documents which attest to commissioned officer status in another component, if applicable.
- (4) Medical examination. SF 88 and SF 93 (Report of Medical Examination and Report of Medical History). If the applicant for recognition has successfully undergone an appropriate medical examination within the time frame prescribed in chapter 2 of this regulation prior to appearance before the FRB, photocopy or certified true copy of such examination may be accepted in lieu of a new medical examination. Medical examinations for Aviation Branch applicants must be approved by the U.S. Army Aeromedical Center, Ft. Rucker, AL, prior to appointment.
- (5) Evidence of the highest civilian schooling accomplished. A copy of the certified college transcripts documenting at least the minimum semester hours required IAW chapter 9 of this regulation or the degree or advanced degree received. Transcripts will be documented as indicated in figure 3-4 of this regulation (para 9-5).
- (6) Oath of Office (NGB Form 337). Except for applications for Certificates of Eligibility, the oath should be administered and dated on the effective date of officer's appointment in the ARNG of the State. The original will be provided with the application forwarded to NGB-ARP-CO.
- (7) Evidence of satisfactory completion of Army service school courses when applicable. A graduate of OCS applying for commission as a second lieutenant will provide evidence indicating satisfactory completion of the course.
- (8) Waivers of requirements. Waivers will be obtained prior to the appearance of the applicant before the FRB. The Adjutant General is charged with furnishing the FRB with the evidence of approval or any required waiver prior to the appearance of the applicant.
- (9) Aeronautical aviation orders if applicable.
- (10) A signed statement of military service obligation for nonprior service applicants will be furnished IAW AR 135-91.
- (11) A soldier assigned to a troop program unit will be required to obtain a conditional release from his/her USAR assignment prior to being appointed in the ARNG. After appointment, DD Form 368 will be prepared and endorsed to the Commanding General, U.S. Army Reserve Personnel Center (ARPERCEN), 9700 Page Blvd., St. Louis, MO 63132-5200, to advise ARPERCEN that the officer's appointment in ARNG will result in USAR TPU vacancy. A copy of the form will be included with the application for Federal recognition to facilitate the release of the OMPF from the Commanding General, ARPERCEN.
- (12) A non-unit soldier assigned to a USAR control group, other than delayed categories, may be appointed in the ARNG pending receipt of final clearance from the Commanding General, ARPERCEN. After appointment, DD Form 368 will be prepared and en-

dorsed to the Commanding General, ARPERCEN. A copy of the form will be included with the application for Federal recognition.

(13) Certificate of service. An applicant with prior service in the Armed Forces of the United States will present copies of discharge certificates and/or certificates of service (DD Form 214 or similar document).

(14) Evidence of citizenship. An individual, not a citizen of the United States by birth, will submit a signed or notarized statement by a commissioned officer, warrant officer, or notary public respectively as shown in figure 3-1 or figure 3-2 below. Facsimiles, photostatic copies, or other means of reproducing naturalization certificates are not authorized by law and will not be accepted. The reproduction of these certificates or any parts thereof without proper authority constitutes a felony.

(15) Copies of the State appointment order.

d. Appointment of ARNG officer of another State. Federally recognized ARNG officers transferring between States in grade and branch will furnish the following information and documents:

- (1) Letter requesting appointment in new State that reflects current home address and requested assignment.
- (2) Copy of Reserve of the Army appointment.
- (3) Copy of the last Reserve of the Army promotion.
- (4) Civilian education. (Paras 3-1a(6) and 9-5 of this regulation).
- (5) Oath of Office (NGB Form 337/DA Form 71). Except for applications for Certificates of Eligibility, the oath should be administered and dated on the effective date of officer's appointment in the ARNG of the State. The original will be provided with the application forwarded to NGB-ARP-CO.
- (6) NGB aviation service orders which remain in effect IAW NGR (AR) 95-1 and NGR 600-105.
- (7) Conditional release. (NGB Form 61).
- (8) Copies of the new State appointment orders.

e. ROTC graduates. Officers commissioned from ROTC and applying for Federal recognition in the ARNG during the interim period between their appointment in the Army Reserve and the reporting date for initial active duty for training will include the documents required by paragraph 3-1b or 3-1c above, as appropriate, and the statement at figure 12-1 and figure 12-2.

3-2. Actions required by immediate commander

The commander initially receiving the application for any of the personnel actions described in paragraph 3-1 above, will--

a. Review the application for completeness and determine the applicant's administrative eligibility to apply for the desired personnel action.

b. Return the application if the applicant does not meet the basic administrative prerequisites for appointment, giving the reasons for rejection.

c. Include the appropriate remarks in forwarding endorsement, regarding the position vacancy to be filled.

d. Forward the application with the appropriate recommendation, through any intermediate commanders to The Adjutant General.

3-3. Actions required by intermediate commanders

Intermediate commanders will--

a. Review the application and allied papers, and endorse it through remaining intermediate commanders, if any, to the State Adjutant General.

b. Indicate the availability of a position vacancy.

c. Return the application when the applicant does not meet the basic administrative prerequisites or when errors are found that cannot be corrected without referring the application to the originator or to the unit of assignment.

3-4. Actions required by The Adjutant General

Upon receipt of applications for personnel actions, The Adjutant General will--

a. Review the application and allied papers for:

(1) Completeness and accuracy, including verification of prior National Guard service. Such verifications will be typed, written, or stamped on each copy of NGB Form 62, when used.

(2) Determination that the applicant meets the qualifications and standards for the requested personnel action.

(3) Determination that appropriate position vacancy exists, and assignment policies prescribed in chapter 4 of this regulation have been considered.

(4) Evidence that the security requirements of Chapter 2 of this regulation and AR 380-67 have been met.

(5) Evidence that the civilian education requirements of chapters 2 and 9 of this regulation have been met. Transcripts will be documented as indicated in figure 3-4 (paras 3-1a(6) and 9-5 of this regulation).

b. Perform following additional actions when FRB examination is not required:

(1) If applicant is an ARNG soldier of the State in which the personnel action is being considered, examine evaluation reports and other documents that describe the applicant's qualifications and past duty performance.

(2) Attach a copy of the order that vacated the position to which the officer is being assigned, if the position was previously occupied.

(3) Issue the appropriate orders announcing the personnel action. A copy of the order will be made a part of the application.

(4) Require the applicant to complete the oath of office, if applicable.

(5) The application will be endorsed to NGB-ARP-CO, containing documentation prescribed by this chapter and appendix B.

c. Perform the following additional actions when FRB examination is required:

(1) Attach a copy of the order that vacated the position to which the officer is being assigned if the position was previously occupied.

(2) Attach a copy of the order directing the applicant to appear before the FRB, if applicable.

(3) Furnish the FRB copies of the applicant's evaluation reports and other documents which attest to his or her qualifications and past performance.

(4) Forward the application and allied papers to the FRB.

3-5. Categories requiring FRB action

FRB action is required for the following:

a. Initial appointment;

b. Reappointment;

c. Appointment of USAR officers in the same grade but in new branch, except second lieutenants who have not completed a basic officer course or its equivalent; and

d. Transfer of ARNG officers between States in a new branch, except second lieutenants who have not completed a basic officer course or its equivalent.

3-6. Categories not requiring FRB action

FRB actions are not required for the following:

a. Appointment of USAR officers in grade and branch;

b. Transfer of ARNG officers between States in the same grade and branch;

c. Officers previously federally recognized in the same grade and branch to which a transfer is being requested;

d. Officers of the Army Reserve in grades above second lieutenant and below colonel who are appointed in the next higher grade to fill an authorized position vacancy in a Federally recognized unit, provided they have been recommended for promotion to the higher grade by a Reserve component selection board convened by HQDA and remained in an active status since being recommended, and further provided that they are appointed in the same branch as that in which selected by the DA selection board;

e. Second lieutenants who are promoted to the grade of first lieutenant to fill authorized position vacancies on the date they complete three (3) years of promotion service; and

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f. Initial specialty redesignation with resultant branch transfer of second lieutenants who have not completed a basic officer course or equivalent.

3-7. Procedures for FRB

Actions required by FRB are prescribed in chapter 10 of this regulation.

"I have this date seen the original certificate of citizenship, No. _____ (or certified copy of the court order establishing citizenship) stating that _____ was admitted to United States citizenship by the court of _____ at _____ (city and state) on _____ (date) ."

Figure 3-1. Citizenship by Naturalization

"I have this date seen the original certificate of citizenship, No. _____ issued to _____ by the Immigration and Naturalization Service, Department of Justice, stating that _____ acquired citizenship on _____ (date) ."

Figure 3-2. Citizenship Through Naturalization of Parent

"I have this date verified that the following Social Security number: _____ is identical to the number listed on the Social Security card issued to _____ ."

Figure 3-3. Social Security Number Verification

"I hereby certify that I have this date seen the original/official ("raised seal") transcripts issued by _____ stating that _____ has acquired _____ college semester hours and/or an AA, BA, BS, MA, PhD (or equivalent) degree. A photostatic copy of these transcripts is attached immediately following this page.

(State MILPO)

(Date)

Figure 3-4. Civilian Education Certification

I have seen the computer generated DA Form 873, Certificate of Clearance and/or Security Determination, issued by the US Army Central Personnel Clearance Facility on _____ (Date) stating that _____ (Name/SSN) has a security clearance at the TOP SECRET/SECRET/CONFIDENTIAL level based on a SBI/BI/NACI/NAC/ENTNAC. The original DA Form 873 is on file in the soldier/applicant's MPRJ.

Date Investigation Completed: _____

Date final clearance granted: _____

(State MILPO/State Security Manager)

(Date)

Figure 3-5. Security Clearance Verification

I understand that I may not be able to accrue enough creditable service for retirement purposes prior to reaching my mandatory removal date. Thus, I may not be able to receive any retirement benefits from my service in the Army National Guard.

(Signature of applicant)

(Date)

Figure 3-6. Applicant May Not be Able to Retire

Chapter 4 Assignments

4-1. General

The assignment, reassignment, and utilization of commissioned officers of the ARNG not on the Federal active duty list (ADL) (Title, 10 USC) is a function of the State concerned. State Adjutants General and personnel managers should follow management principles of the Officer Personnel Management System (OPMS), appropriate Army and NGB regulations, special branch assignment criteria, career patterns of the individual officer based on branch and AOC development requirements, and the needs of the Army.

4-2. Active Service

a. General. Officers of the ARNG may be ordered to Federal active duty without being on the active duty list or under the strength accountability of the Active Army under various provisions of law. This paragraph provides guidance to the States on how to account for such officers.

b. Assignments. In time of peace, a commissioned officer of the ARNG, except the United States Property and Fiscal Officer (USPFO), who is ordered to Federal active duty, other than for training, for a period in excess of six months will be transferred to and carried as an additional officer of the Headquarters, State Area Command (STARC) for the period of such active duty. Upon release from active duty, the officer will continue to be carried as an additional active officer of the STARC headquarters for a period not to exceed six months.

c. Disposition of personnel. Upon termination of the six month period after relief from Federal active duty, such additional active officers as have not been assigned to an MTOE or TDA vacancy will be subject to termination of their Federal recognition by the CNGB and transferred to the USAR or the Inactive Army National Guard. Requests for extensions are limited to instances where assignment to an authorized position is imminent or when all other alternatives have been exhausted and the results would cause a severe injustice or extreme personal hardship.

4-3. Assignment policies

a. Officer Personnel Management System (OPMS) overview. OPMS was instituted in the ARNG in 1976 to improve the effectiveness of the commissioned officer corps. OPMS covers all policies and procedures by which commissioned officers are procured, trained, developed, assigned, promoted, and separated. The overall philosophy is in DA Pam 600-3; the principles of OPMS for the ARNG are in NG Pam 600-3. Although special branch officers are not covered by OPMS, this chapter applies to all officers unless otherwise stated.

b. The primary factor influencing an officer's assignment is the needs of the ARNG. Other factors influencing assignment considerations are:

- (1) Grade, AOC, education, and experience of the officer;
- (2) Professional development needs of the officer;
- (3) Availability of officers with required qualifications; and
- (4) Officer's potential for advancement.

c. Except as otherwise specified in this regulation, assignments will be made that will result in an officer's being selected to fill a position for which current individual qualifications, grade, AOC, and branch match those of the position authorization to be filled. The ARNG officer inventory does not match total authorizations or requirements. **Appendix F** provides an AOC substitution table for assignments and additional guidelines to be followed in assignment decisions.

d. In certain positions, there is no single AOC that will satisfy the requirement. Aides-de-camp, inspectors general, and instructors are examples. Additionally, the vast majority of the positions in State military academies are filled by officers in all AOCs who bring individual talents to the training mission. These are examples of exceptions to assignment rules and will require individual management decisions.

e. Effective 1 April 1994, all battalion and brigade commanders in the Army National Guard will attend the appropriate branch specific Pre-Command Course (PCC) prior to assumption of command. The Fort Leavenworth PCC does not satisfy this requirement. If circumstances require that a waiver be requested, the request for waiver should be forwarded through the Adjutant General to the Chief, National Guard Bureau, **ATTN: NGB-ARP-PO**.

f. Grade. Because of the ARNG promotion system and requirement that all commissioned officers, unless specifically exempt, must be assigned to an authorized position, grade becomes a dominant factor in commissioned officer assignments. The applicable MTOE or TDA position will determine the highest authorized grade in which a commissioned officer may be assigned, except as modified below:

(1) Medical Corps, Dental Corps, Veterinary Corps, Army Nurse Corps, Army Medical Specialist Corps, and Medical Service Corps officers (except 67J and medical functional area 70) may be assigned to MTOE or TDA positions regardless of the authorized grade, provided that the officer is professionally qualified.

(2) Chaplain Branch officers may be assigned to chaplain positions in any higher grade position and one lower grade position than the grade in which he/she is currently federally recognized. In other words, a captain can serve in any position from first lieutenant through colonel, a major can serve in any position from captain through colonel, a lieutenant colonel can serve in any position from major through colonel, and a colonel can serve in either a lieutenant colonel or a colonel position. Chaplains assigned in violation of this policy have one year from the

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effective date of this regulation to be reassigned in accordance with this paragraph.

(3) The Judge Advocate General's Corps officers in the grade of colonel or below may be assigned to authorized positions one grade lower than the grade in which the officer is currently serving.

(4) Authorized MTOE or TDA lieutenant aviator positions may be filled by rated Army aviators in the rank of captain, provided qualified officers of the prescribed grade are not available and all other rated MTOE and TDA positions in the unit in the grade of captain or above are filled.

(5) Authorized warrant officer aviator positions may be filled by rated company grade officer aviators, provided qualified warrant officers are not available and all other rated MTOE or TDA positions in the unit are filled. A commissioned officer so assigned will be immediately reassigned upon availability of a rated warrant officer.

(6) Subject to the command and staff limitations in paragraph 1-7, AR 611-112, authorized company grade aviator positions in MTOE or TDA applicable to the ARNG may be occupied by rated warrant officer aviators provided qualified company grade officers are not available and all other rated MTOE or TDA positions in the unit that specify warrant officer are filled. When a rated company grade officer becomes available for assignment, any warrant officer assigned under this policy will be immediately reassigned.

(7) Lieutenants may be assigned to warrant officer positions in operational Special Forces units. Officers must be qualified or scheduled to attend training for the award of AOC 18A.

(8) A qualified first lieutenant, after having declined promotion as authorized under AR 135-155, may be promoted to the grade of captain upon completion of the maximum declination period without change of assignment, provided qualified lieutenants are not available and all other positions in the unit in the grade of captain or above are occupied.

(9) USAR commissioned officers and former commissioned officers with active duty service for a minimum of two years in any component of the U.S. Army or USMC, who are eligible for appointment in the grade of captain and ARNG officers on conditional release from another State, may be assigned to authorized lieutenant positions, provided all other positions in the unit that specify the grade of captain or above are filled. Any captain so assigned will be removed from the lieutenant position immediately upon occurrence of an appropriate vacancy, or three years following appointment, whichever is earlier.

(10) There is no limit on assigning a commissioned officer to a position calling for a higher grade. However, as a guideline, due to the increased responsibility and authority, a commissioned officer should not be assigned to a position more than one grade higher than that of the officer, except in the most unusual circumstances.

g. Branch (BR), Area of Concentration (AOC), Functional Area (FA), and Skills. The most important aspect of commissioned officer assignments involves matching the individual qualifica-

tions, which are expressed as BR, AOC, FA, and skills with the requirements of the authorization document. Unless provided for below, all commissioned officers must be qualified and have been awarded the BR and AOC or appear before a FRB for branch transfer prior to assignment.

(1) A Medical Service Corps (AOC 67J or MFA 70) officer who is otherwise qualified to command pursuant to AR 600-20 may be assigned to command a MTOE/TDA unit that normally is commanded by a Medical Corps officer when the unit is in a training status, is not engaged in the care and treatment of patients, and is not under call or order to active duty.

(2) When a position must be filled to meet an immediate mission requirement and a fully qualified commissioned officer is not available, the assignment may be made within the guidelines of appendix F.

4-4. Limitation on assignments

a. Medical Corps, Dental Corps, Veterinary Corps, Army Nurse Corps, Army Medical Specialists Corps, Chaplains, Chaplain Candidates, and The Judge Advocate General's Corps officers will be assigned only to positions requiring their respective branch and area of concentration. Individuals not professionally qualified as MC, DC, VC, AN, SP, and JA officers will not be assigned to positions of these branches.

b. Former members of the Peace Corps will not be assigned duties in the military intelligence field that would preclude their use in the event of mobilization.

c. Chaplain vacancies may not be filled by other than officers commissioned as chaplains or chaplain candidates.

d. Soldiers assigned as military police criminal investigators and laboratory technicians must be eligible for accreditation as prescribed in AR 195-3.

e. Unit commanders will not assign tasks requiring skills normally possessed by branch qualified officers to officers of other branches if such assignment would endanger life, property, or health.

f. Commissioned officers should be rotated in their assignments to provide for varied experience and career development opportunity. Command tenure for commander and deputy commander positions should be limited to three (3) years. Assignment to a primary staff position should be limited to four (4) years. Further, this three and four year assignment limitation will be extended by the State only under unique circumstances.

g. **Female commissioned officers.** The Direct Combat Probability Code (DCPC) is the only position assignment policy. Positions coded DCPC 1 are restricted to male only assignments. Many units contain a combination of DCPC codes. The restriction on classification and assignment of female commissioned officers specified in AR 611-101 and AR 600-13 are applicable to the classification and assignment of female ARNG commissioned officers.

4-5. Assignment of commissioned officers to Army aviation positions

For assignment to aviation position vacancies, to remain so assigned, or to be promoted in aviation positions, the officer must be qualified as an Army aviator or, if not currently qualified, meet the following requirements:

a. Agree in writing to attend flight training within 18 months, provided training slots are available. Commissioned officers appointed under the Early Commissioning Program (ECP) will be granted additional time to complete degree requirements.

b. Pass a class IA flight medical examination annually until accepted for training.

c. Lieutenants must have completed the officer basic course (OBC), and captains must have completed an officer advanced course (OAC) prior to entry into flight training. Aviation OBC and OAC are preferred.

d. Obtain a score of 90 or higher on the Flight Aptitude Selection Test (FAST) to qualify for further processing of aviation training applications. Soldiers who fail to make a minimum qualifying score of 90 may be retested one time only, but not sooner than six months after initial testing. The applicant's immediate commander may approve the retest. Under no circumstances may an individual be tested three times.

e. Commissioned officers not flight qualified must continue to meet all requirements for entry into the flight training program.

f. Except for applicants who will be assigned to positions coded with AOC 67J, commissioned officers selected for aviation training will be initially appointed or transferred to the Aviation Branch. Commissioned officers awaiting training will be assigned to authorized position vacancies or in an overstrength status within the limits of the current ARNG Officer Strength Management memorandum.

4-6. Transfer of commissioned officers

The reassignment of an ARNG commissioned officer not involving a change in grade, initial AOC, or branch may be made subject to the following conditions:

a. There must be an authorized position vacancy in the same or higher grade unless otherwise authorized in this regulation.

b. The officer reassigned must meet all requirements of the new position. Exceptions will be authorized for those commissioned officers in the process of completing educational stipulations established by the FRB or Officer Personnel Classification Board (OPCB). Commissioned officers must complete educational stipulations set by the FRB or OPCB within the time frame established by chapter 6 of this regulation.

c. The provisions of NGR 614-1 apply in the transfer of personnel to and from the Inactive Army National Guard (ING).

4-7. Overstrength and additional TDA assignment policies

a. The annual policy statement on the management of commissioned officers assigned in overstrength status and to temporary additional TDA positions at Headquarters, STARC, is the ARNG Officer Strength Management memorandum. This memorandum will be published annually by NGB-ARP-PO and must be reviewed before making assignments in an overstrength status or requesting additional TDA positions.

b. Officers are authorized to be assigned in an overstrength status under the following conditions:

(1) Upon involuntary reassignment caused by a DA directed reorganization or unit conversion (1 year).

(2) Upon return to the State following Active Army service with component of ARNGUS (6 months).

(3) Upon transfer between States (6 months).

(4) Upon involuntary reassignment due to position being filled under the AGR Program (1 year).

(5) Basic and special branch officers as authorized in the annual Strength Management memorandum. Length of assignment and retention in an overstrength status will be outlined in the policy statement.

c. The period of overstrength may be extended, normally not to exceed six months, by the CNGB, **ATTN:** NGB-ARP-PO, when requested by The Adjutant General. Such exceptions are limited to instances where assignment to an authorized position is imminent.

d. Requests for exception to the limitation on assignment in overstrength status must contain as a minimum, the officer's name, grade, SSN, current unit of assignment, AOC, and initial date of assignment in an overstrength status. Additionally, the request must provide justification for continued assignment in overstrength status as well as anticipated date of assignment to a valid MTOE/TDA position vacancy. Requests are to arrive at NGB-ARP-PO NLT 60 days prior to the end of the authorized overstrength period.

e. Commissioned officers are authorized to be assigned in a temporary additional TDA status under the following conditions:

(1) National Guard Bureau Long Tour Program. These are officers serving on Title 10 and Title 32 tours established by the National Guard Bureau. Temporary additional TDA positions will be authorized for the duration of the duty period plus six months for officers serving under either of these authorities.

(2) Resident senior service college selectees for a period of one year.

(3) Special branch officer (CH, DE, AN, VC, SP, MC officers and medical students) as authorized by the annual policy statement.

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g. Requests for temporary additional TDA positions will be submitted to NGB-ARF-ID or as outlined in the ARNG Officer Strength Management Memorandum.

Chapter 5 Attachments

5-1. General

a. Commissioned officers normally will be expected to train with the unit to which assigned. If this is not practical, they may be authorized to train with other units in an attached status provided such training meets the training standards set forth in FORSCOM/ARNGR 350-2. Attachments will be held to a minimum and will be of the shortest duration possible.

b. At the discretion of The Adjutant General, chaplains and officers in the AMEDD branches (less MS with medical functional area 70 or AOC 67J), may be attached to any unit which will provide maximum utilization of their AOC.

c. Commissioned officers will not be promoted or extended Federal recognition in a higher grade based on the position to which they are attached.

5-2. Attachment authority

a. Adjutants General are authorized IAW State law to attach within their State and, with the consent of the appropriate adjutant general, outside their State, commissioned officers under their jurisdiction as outlined below. This authority may not be further delegated. Except for OCS cadre, special branch officers, and officers in special programs, periods of attachment will not exceed one year subject to the following limitations:

(1) Attachment of an officer who is senior to the commander of the contemplated unit of attachment is not authorized except for chaplains or medical personnel as outlined in FORSCOM/ARNGR 350-2.

(2) Female officers will not be attached to units or positions coded P-1 under the Direct Combat Probability Code (DCPC) unless authorized under AR 600-13, paragraph 1-13.

b. Unless otherwise stated in orders, officers will be relieved from attachment when the following circumstances occur:

(1) When the officer's unit of attachment is ordered to active duty under Title 10, USC, section 673, or mobilized.

(2) Upon completion of the period of attachment as stated in published orders.

5-3. Administration and records

a. The commander of the unit of attachment will be responsible for administration, pay, and training as indicated in the attachment order. Attachments for less than 30 days will not include attachment for pay. Attachments within the State for periods of 30 days or more will include attachment for pay. When agreed upon by both State adjutants general, attachment out of state for periods over 30 days may include attach-

ment for pay. Out of state attachments that do not specify pay will be paid through the parent unit based on certificates of duty performance. Pay administration for all personnel will be as outlined in NGR (AR) 37-104-3 and in NG Pam (AR) 37-104-3 and NGB Pam 37-104-10.

b. Attachment orders will cite this chapter as authority and will state whether the attachment is for training, pay, and/or administration. The officer's MPRJ will be forwarded to the unit of attachment for maintenance whenever an officer is attached for administration. If the unit of attachment is managed by the same Personnel Services Company (PSC) then the MPRJ will be handled under that PSC's standard operating procedures. Effective date of attachment must be at least one day later than date individual was assigned to a parent unit.

Chapter 6 Branch Transfers, AOC, and Functional Area Designation/Redesignation

6-1. Authority

Title 32, USC, section 307.

6-2. Limitations

Branch transfers are not authorized to or between Chaplain, JAGC, and AMEDD branches. Provided they have a source of commission other than direct appointment, special branch officers who desire assignment to the basic branches must apply for a new appointment under the provision of chapter 2 of this regulation. Basic branch officers may apply for a new appointment as special branch officers under the provision of chapter 2 of this regulation provided they are educationally or professionally qualified.

6-3. General policy and procedures for branch transfer, AOC, and functional area designation/redesignation

a. Branch transfer will be initiated by or with the consent of the officer concerned.

(1) The action will be acknowledged by the officer in letter form through channels to The Adjutant General, enclosing evidence of the officer's qualification for the new branch. When branch transfer is requested in connection with reassignment to another unit, a statement (or endorsement) of acceptability from the gaining unit will be included.

(2) A FRB will be conducted IAW this regulation.

b. Functional area designation/redesignation.

(1) Functional areas can be designated for each basic branch officer between the fourth and seventh year of commissioned service.

(2) The officer personnel manager (OPM) will initiate this action IAW AR 611-101.

c. Award of Areas of Concentration (AOC).

(1) Each branch and functional area has associated areas of concentration. The AOC is shown as a

three character alpha-numeric code in authorization documents. All AOCs are described in AR 611-101.

(2) A commissioned officer may be assigned to any duty position authorized by the Commissioned Officer Branch/Functional Area Substitution Table (app F), and no branch transfer will be required. However, the Officer Personnel Classification Board (OPCB) will determine duty position qualification. Commissioned officers may be awarded the appropriate AOC upon meeting position qualifications.

(3) ARNG commissioned officers may hold multiple AOC or specialties but should only be assigned to them for duty if the commissioned officer has maintained current qualifications through military or civilian education or experience.

d. Initiating changes in branch/functional area/AOC. At any time during ARNG service, the officer, the commander, the OPM, or The Adjutant General may determine that long term development and utilization of the commissioned officer requires a change in branch, functional area, or AOC. Although the officer's personal desires will be considered, the needs of the ARNG will normally be the determining factor.

6-4. Branch Transfer

a. Branch transfer will be accomplished with the authority of The Adjutant General, based on the recommendation of the State OPM.

b. Branch transfer will be necessary and should be accomplished only when it is required to comply with assignment criteria and career progression.

c. Branch transfer will normally occur when--

(1) An officer requests branch transfer to achieve greater compatibility with a civilian occupation or changes residence to an area where unit vacancies in the previously held branch are limited.

(2) A change in an officer's physical profile restricts performance in the current branch.

(3) The State OPM recommends a change to meet State needs and long-range career development of commissioned officers.

(4) Unit reorganizations result in an inability of the State OPM to place a commissioned officer in a new duty position for which qualified within a one year period.

(5) No other qualified commissioned officer is available for assignment to a unit vacancy.

6-5. Exemption from Federal Recognition Board (FRB) action

FRB examination is not required for--

a. Change in initial branch of second lieutenants who have been extended Federal recognition or temporary Federal recognition and who have not yet completed a commissioned officer basic course.

b. Transfer of a commissioned officer who served on active duty or in an active ARNG status in the same branch and grade, currently being requested.

c. Any action that is covered by paragraph 6-7, below.

6-6. The Officer Personnel Classification Board (OPCB)

a. Adjutants General will establish a State OPCB to review changes in AOC that do not require branch transfer of commissioned officers. The OPCB will also review assignments of commissioned officers to branch substitutable positions in other than their initial or additional AOC and requests for the award of additional AOC (app F). The OPCB is responsible for recommending to The Adjutant General any educational requirements to be completed by commissioned officers in these categories.

(1) As a minimum, the OPCB will be composed of the OPM and two other officers, one of whom will be senior in grade to any officer being considered.

(2) The OPCB will meet as often as required.

b. If the redesignation in initial specialty does not require branch transfer or FRB review is not required, the OPCB will review the action and stipulate any educational requirements. These redesignations reflect a lesser change in the officer's additional qualification requirements than redesignations requiring branch transfer. See appendix G to determine which redesignations do not require branch transfer.

c. When designating AOC and establishing educational stipulations, civilian experience of each officer must be evaluated by examining both educational background and employment history.

d. The OPCB will stipulate additional training requirements and impose a time limitation of 18 months, extendable to 24 months by The Adjutant General.

(1) Not all commissioned officers assigned to positions with a given AOC are required to satisfy identical requirements such as completion of correspondence courses, schools, or independent study.

(2) In addition to evaluating each commissioned officer's military education and experience, the OPCB should carefully consider qualifications for accomplishing specific tasks required of the position and not necessarily the full scope of the branch and AOC as described in AR 611-101. The officer will be expected to become fully qualified in the AOC through assignment experience, unit training, and requirements which may be directed by the commander. This process may take longer than the formal education requirements imposed by the OPCB.

6-7. Educational stipulations and award of AOC/functional area Designation/Redesignation

a. Educational stipulations may be imposed by either the FRB or OPCB. However, requirements imposed by the FRB and the OPCB should be comparable. Both boards should consult AR 611-101 which contains the qualifications required for commissioned officers to be awarded the various branches, functional areas, and areas of concentration.

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b. The Adjutant General may review all educational requirements imposed and request reevaluation to ensure consistency and fairness.

c. Officers may appeal any educational requirements imposed by the FRB or OPCB they feel excessive or inconsistent to the State Adjutant General. Appeals should be based on the grounds that the board(s) failed to adequately consider complete civilian and military backgrounds.

d. Officers may not be considered for award of branch, functional area, or AOC until they have completed education requirements stipulated by the FRB or OPCB, demonstrated appropriate knowledge, and satisfactorily performed required duties. State OPM and commanders will follow State policy regarding procedures.

e. Commissioned officers assigned to a position who are not qualified must qualify for award of the required branch, functional area, or AOC within 18 months extendable to 24 months by The Adjutant General.

f. Commissioned officers failing to obtain performance qualification in the branch, functional area, or AOC by the end of the prescribed period must be re-assigned to a position for which qualified.

g. Award of branch, functional area, AOC, skill, and language indicator code (LIC) after the requisite testing, will be accomplished by The Adjutant General and will not be delegated below State level.

h. Withdrawal of branch, functional area, AOC, skill, and LIC (if the periodic testing is not completed) may be accomplished on the recommendation of the commander, State OPM, or the request of the officer concerned. Review should be accomplished on a yearly basis to determine whether old or outdated branch, functional areas, AOC, skills, or LIC should be withdrawn. Officers should only retain those branches, functional areas, AOC, skills, and LIC in which currently qualified. When an officer has not been assigned to an appropriate position or received related training (either military or civilian) within five years, consideration should be given to withdrawing the branch, functional area, AOC, skill, or LIC.

6-8. Unit reorganization

The reorganization of ARNG units is governed by NGR 10-1.

a. Commissioned officers whose duty positions are deleted or changed during unit reorganizations may be carried without branch transfer in a duty position corresponding to their grade for up to 12 months. Such assignments are authorized without regard to AOC qualifications. However, such action should be taken only if there are no other positions in the reorganized unit in which the officer may be properly assigned. This assignment policy does not apply to special branch officers.

b. At the end of the 12-month period, officers assigned IAW paragraph 6-9a above, will be processed by an FRB for branch transfer unless the assignment meets the requirements of the substitution table at **appendix F** of this regulation. When possible, the officer should initiate action to become qualified in the new branch prior to the reorganization and continue during the 12-month exception period.

6-9. Area of concentration (AOC) qualifications

a. All officers must be qualified in the duty AOC to which assigned.

b. Exceptions to the above rule may be made in the following cases:

(1) Branches may be substituted as indicated in **appendix F** of this regulation. Substitutions must be reviewed prior to assignment for determination of any educational stipulations. Educational stipulations should be based upon the requirements of the particular assignment, not upon overall AOC requirements.

(2) Initial AOC changes necessary for long term career development resulting in a change of branch must be reviewed by an FRB prior to the officer's assignment to the position. The FRB will determine educational stipulations.

c. The assignment of commanders, executive officers, and operations officers at battalion and higher level commands requires carefully planned personnel management decisions. The qualification of officers selected to fill these positions must be continuously monitored.

(1) Battalion and higher level commanders, executive officers, and operations officers (S3, G3) must be branch and military education qualified IAW DA Pam 600-3 and chapter 8 of this regulation for the branch the authorization document mandates for the position. This policy requires that every reasonable effort be taken to assign officers to these critical positions who have previous assignments and training in the branch and AOC designated for the position. Except as noted below, no branch substitutions are authorized for the commander, executive officer, or operations officer positions at battalion or brigade level. As an exception, in a brigade of combined infantry and armor battalions, the brigade commander, brigade executive officer, and/or brigade operations officer may be either armor or infantry branch only.

(2) No commander, executive officer, or operations officer position should ever be left vacant. The importance of these positions dictates that they be filled with competent and qualified officers at all times. Should no officer that is branch qualified be available for assignment to one of these positions, The Adjutant General may on a case-by-case basis assign officers that are not branch qualified. The assignment will be for a specific, limited period of time or until a branch qualified officer can be assigned to the position.

(3) No commissioned officer who requires a branch transfer in order to be assigned as a commander, executive officer, or operations officer may be

placed in such a position without first completing FRB action.

(4) Adjutants General must establish procedures and controls to ensure that the FRB is conducted prior to assignment and educational stipulations are completed at the specified time.

6-10. Personal appearance before the FRB or OPCB

Personal appearance before the FRB or OPCB will be at the discretion of the board president.

Chapter 7 Duty Details

7-1. General

Generally, duty details are a command function; however, their use must meet the prescribed regulations and accepted officer personnel management practices. The authority to detail officers to duty in the categories General Staff with troops, Inspector General, Adjutant, or Aide-de-camp is a function of State Adjutants General and may be further delegated to general officer commands. A duty detail does not affect the branch in which a commissioned officer is assigned or appointed.

7-2. General Staff with Troops

a. Positions for General Staff with troops will be designated in approved modified tables of organization and equipment (MTOE) and in approved tables of distribution and allowances (TDA).

b. Positions that are purely administrative, technical, or instructional or do not involve more than a single branch are not authorized General Staff with troops.

c. Commissioned officers below the grade of captain may be detailed General Staff with troops when officers of the appropriate grade (according to MTOE or TDA) are not available for assignment.

d. Chaplains will not be detailed to General Staff with troops.

e. Officers of the AMEDD (less MS with AOC 67J or MFA 70) and the JAGC will not be detailed without approval of TSG or TJAG. Requests will be submitted through CNGB.

7-3. Inspector General

a. Under authority contained in Title 10, USC, section 3065(a), commissioned officers will be detailed as inspectors general (IG) to fill IG positions.

b. IG positions will be designated in approved MTOE and TDA.

c. The following commissioned officers will not be detailed as IG unless otherwise indicated:

(1) Chaplains.

(2) AMEDD and JAGC officers, except as noted in paragraph 7-2e above.

(3) Officers detailed as general staff with troops and aides-de-camp.

d. The minimum standards for detail as an IG are contained in AR 614-100.

7-4. Adjutant appointments

a. Only officers (CW2 through MG) currently holding a commission will be appointed as an adjutant, assistant adjutant, or acting assistant adjutant.

b. Appointment to any of the positions listed above is not appropriate solely to delegate signature authority. Several duties which are authorized by the above titles may only be performed by officers currently holding a commission. Commanders may delegate signature authority to any of their subordinates in accordance with AR 25-50.

c. The following commissioned officers will not be detailed as an adjutant unless otherwise indicated:

(1) Chaplains.

(2) AMEDD and JAGC officers, except as noted in paragraph 7-2e above.

(3) Officers detailed as inspectors general.

7-5. Aide-de-camp appointments

a. Each general officer occupying a position in an approved MTOE may be assigned an aide-de-camp, if authorized.

b. Each general officer occupying the position of adjutant general or occupying a command position in an approved TDA may be assigned an aide-de-camp, if authorized.

c. The following commissioned officers will not be detailed as an aide-de-camp unless otherwise indicated:

(1) Chaplains.

(2) AMEDD and JAGC officers, except as noted in paragraph 7-2e above.

(3) Officers detailed as inspectors general.

7-6. Detail appointment notification

Detail of officers to any of the above listed duty details will be accomplished by command letter or memorandum. Relief from assignment to the unit or from the authorized position requires simultaneous relief from detail. Officers may qualify for award of an additional AOC or skill based upon duty detail performance. Appropriate entries on personnel qualification record are authorized.

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Chapter 8

Promotion for Other Than General Officers

Section I

General

8-1. Responsibility

The promotion of officers in the ARNG is a function of the State. As in original appointments, a commissioned officer promoted by State authorities has a State status in the higher grade under which to function. However, to be extended Federal recognition in the higher grade, the officer must have satisfied the requirements prescribed herein.

8-2. Promotion criteria

a. Promotion criteria will be based on efficiency, time in grade, time in commissioned service, demonstrated command and staff ability, military and civilian education, and potential for service in the next higher grade. Promotion will not be used solely as a reward for past performance. Neither a soldier's marital status nor the employment, educational pursuits, or the volunteer service activities of his or her spouse may be considered when determining whether to recommend a soldier for federal recognition.

b. Except as provided in this chapter, promotion will be accomplished only when an appropriate MTOE or TDA position vacancy in the grade exists in the unit.

c. Promotions will support equal opportunity goals and will be made without regard to race, color, religion, sex, or national origin.

d. All officers recommended for promotion must be fully qualified under the terms of this regulation.

e. When an officer is being considered for promotion to a grade above first lieutenant in a ROUNDUP/ROUNDOUT unit, a Contingency Force Package unit or a divisional or separate brigade unit, the recommended promotion will be reviewed by an active duty officer for concurrence/nonconcurrence with the promotion before the promotion is made. The Personnel Services Division (NGB-ARP-C) will publish annual guidance regarding promotion review policy and procedures.

8-3. Promotion as a Reserve commissioned officer of the Army

A commissioned officer who has been promoted by the State and extended Federal recognition in the higher grade will be concurrently promoted to the higher grade in the Reserve of the Army with assignment to the ARNGUS.

8-4. Computation of promotion service

a. An ARNGUS officer's years of service for purposes of promotion and federal recognition will be computed IAW Title 10, USC, section 3350. Such service is generally computed by adding all service that the officer has or is credited by the Secretary of the Army with having, in grade in the Army, or at the dis-

cretion of the Secretary of the Army, any other armed force, while in an active status or as a regular officer on the active list of that service, or on the active duty list of the U.S. Army.

b. No service may be counted more than once.

c. For State adjutants general and assistant adjutants general, not federally recognized as a general officer, service in any armed force while in an active status or on the active duty list in their current grade may be counted as promotion service.

8-5. Personnel Security screening (AR 380-67)

8-6. Wearing of insignia

Wearing of insignia of the higher grade is not authorized until Federal recognition has been extended by the CNGB. For promotions to the grade of lieutenant colonel and above, the higher grade may not be worn until confirmation by the Senate has been received. All insignia of grade and branch will be worn as prescribed in AR 670-1.

Section II

Promotion to fill unit vacancies

8-7. Eligibility for promotion

a. To be considered for Federal recognition and subsequent Reserve of the Army promotion following State promotion to fill a unit vacancy, an ARNG commissioned officer must--

(1) Be in an active status;

(2) Be medically fit in accordance with AR 40-501 and meet the height and weight standards prescribed in AR 600-9;

(3) Have completed the minimum years of promotion service indicated in paragraph 8-8, below;

(4) Have completed the minimum military education requirements prescribed in paragraph 8-9, below;

(5) Have completed the minimum civilian education requirements prescribed in chapter 9; and

(6) Have passed an APFT within the time frame prescribed. An officer who has failed the APFT or failed to take the APFT should be flagged in accordance with AR 600-8-2 and is not eligible for Federal recognition. As of 1 January 1989 over 40 physical screening is no longer a requirement for participation in the PT program.

b. An ARNG commissioned officer who has been in the ING or in an inactive status or a Reserve commissioned officer in the USAR who has been in an inactive status will not be considered for Federal recognition to the next higher grade until at least one year after the date of return to an active status.

c. States will not promote a commissioned officer who is being considered by a HQDA Selection Board from the time the board convenes until its recommendations are announced.

d. An officer in the grade of first lieutenant through major who was nonselected by a mandatory selection board convened under AR 135-155 will not be considered for promotion under this section unless selected on subsequent DA mandatory boards.

e. Except for officers assigned as MC, DC, VC, AN, SP, CH, and SS (LTC and below): officers retained beyond their mandatory removal date (MRD) and who are otherwise qualified for promotion to the next higher grade will not be promoted without prior approval of the Secretary of the Army or his designee. Action to promote officers in this category must be taken within two years of their original MRD. If the officer was not selected for promotion by the last Department of the Army mandatory selection board that considered the officer, the officer is not eligible for promotion and the recommendation will not be forwarded.

8-8. Minimum years of promotion service

a. A commissioned officer must complete the following minimum years of promotion service prior to being considered for promotion and Federal recognition in the higher grade:

<u>Grade</u>	<u>Minimum promotion service years in lower Grade</u>
2LT to 1LT	3
1LT to CPT	2
CPT to MAJ	4
MAJ to LTC	4
LTC to COL	3

b. An officer in the grade of second lieutenant or first lieutenant who has been assigned and served creditably for at least one year in a position for which the authorized MTOE or TDA grade is captain or higher may be examined by the FRB for promotion to the next higher grade. Further, that officer must have served for at least one year in the grade immediately preceding the rank to which he or she is being promoted. An officer may be promoted only once under this exception and must meet all other promotion eligibility criteria.

c. Except as provided in paragraph 8-8b above, a second lieutenant who is promoted to the grade of first lieutenant will be extended Federal recognition in the higher grade on the date he or she completes three years of promotion service. Before a second lieutenant is recommended for promotion, a careful evaluation must be made of the service as a commissioned officer to determine if continued service is warranted. Particular attention should be given to any possible grounds for elimination such as demonstrated substandard performance, inaptitude, unfitness, and unsuitability. A second lieutenant who is not promoted to first lieutenant on or before the date upon which three years of promotion service is completed must be separated from the ARNG IAW NGR 635-100. The officer shall either be discharged from his/her reserve ap-

pointment or transferred to the USAR (IRR) to complete any remaining military service obligation (MSO) (Title 10, USC, section 3820).

d. ROTC graduates who accept appointment in May or June of any year will have their promotion service computed from the date of graduation of the cadets of the United States Military Academy (USMA) in that year for promotion to first lieutenant (Title 10, USC, section 2106).

8-9. Military education requirements

a. The minimum military education requirements for promotion are as follows:

<u>For promotion to:</u>	<u>Military education re- quirements:</u>
1LT and CPT	Any officer basic course (OBC) equivalent Group III course listed in appendix E of this regulation.
MAJ	Any officer advanced course (i.e., AC or RC OAC) equivalent Group II course listed in appendix E of this regulation. Effective 1 Oct 94, AC or RC Combined Arms and Services Staff School (CAS3).
LTC	Completion of 50% of six-phase Command and General Staff Officer Course (CGSOC) or Phase I of new (Oct 93) CGSOC or equivalent Group I course listed in appendix E of this regulation.
COL	Completion of six-phase CGSOC or Phase II of new CGSOC (Oct 93) or equivalent Group I course listed in appendix E of this regulation.

b. Basic branch commissioned officers and AMEDD officers in AOC 67J or MFA 70, appointed in the ARNG after 1 May 1991 must attend an OBC in residence within 12 months of appointment in the ARNG. Adjutants General may waive this requirement for an additional six months if an officer cannot obtain an OBC seat within the 12 month period. Under exceptional circumstances TAGs may request an exception to policy from the CNGB for officers who have not completed OBC within the above time frames. Requests will be forwarded to NGB-ARP-PO. Exceptions to this policy

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are Early Commissioning Program lieutenants as outlined in paragraph 8-9e, below and chapter 12 of this regulation.

c. Basic branch officers and AMEDD officers AOC 67J or MFA 70 appointed prior to 1 May 1991 must attend an OBC in residence within 18 months of appointment. TAGs may waive this requirement for an additional six months if an OBC seat cannot be obtained within the 18 month period. Under exceptional circumstances TAGs may request a waiver from the CNGB for officers who have not completed OBC within the above time frames. Requests will be forwarded to NGB-ARP-PO.

d. All other AMEDD officers including medical students will attend an appropriate AMEDD OBC within 24 months of appointment. JAGC officers appointed in grade of captain and below must complete the Judge Advocate OBC correspondence course within 12 months of date of appointment (AR 135-316 and AR 135-100). Chaplain OBC requirements are in AR 165-1. Resident officer basic course schooling for special branch officers (less AOC 67J or MFA 70) may be in lieu of AT.

e. Early commissionees will attend a resident OBC, scheduled by ARPERCEN, upon selection and transfer to Reserve Forces Duty (RFD) status or if selected for active duty, ECPs will be scheduled for OBC on orders by PERSCOM. Early commissionees with a year or less remaining until graduation will be scheduled for an Active Component resident OBC upon graduation, unless they volunteer to attend a resident OBC (Active or Reserve Component) when appointed.

f. Commissioned officers who attend a Reserve Component OBC may be required to complete a follow-on nonresident correspondence phase prior to being awarded a diploma by the proponent school. Enrollment in the correspondence phase of RC-OBC is initiated at the completion of the resident phase of RC-OBC. Officers must maintain satisfactory progress in accordance with Army Institute of Professional Development (IPD) and DA Pam 351-20, the Army Correspondence Program Catalog. Although awarded an AOC upon completion of the RC-OBC resident phase completion of all requirements is a prerequisite for promotion. The diploma will be issued upon completion of the required correspondence courses by the proponent school when notified by the IPD of completion of the correspondence phase of RC-OBC. The officer is responsible for ensuring that the diploma is properly placed in his/her records.

g. An officer delayed to obtain a graduate degree and assigned to the Obligated Active Duty Officer (OADO) control group or under administrative control of the OADO control group with concurrent assignment to an ARNG unit will be determined educationally qualified for promotion to first lieutenant or captain during the period of this assignment.

h. Effective 1 Oct 93, ARNG lieutenant colonels must have completed CGSOC to be assigned to battalion or higher command positions and in brigade executive officer or S-3 positions. Additionally, lieutenant colonels with three (3) years time in grade must have completed CGSOC to qualify for assignment to any principal staff position at brigade or higher level commands. This policy will not be waived.

i. The only Group I course which may be taken in nonresidence to satisfy this requirement is the U.S. Army CGSOC. Effective 1 Oct 91, CPTs with a date of rank after 30 Sep 87 will be ineligible to enroll in CGSOC without successful completion of CAS3. Captains with a date of rank after 30 Sep 87 who were enrolled in or completed CGSOC prior to 1 Oct 91 will not be required to complete CAS3. To be promotion eligible, all captains must be graduates from CAS3 or CGSOC effective 1 Oct 94.

j. Completion of either the Logistics Executive Development Course (LEDC) or the Associate Logistics Executive Development Course (ALEDC) will satisfy the requirement to complete 50 percent of CGSOC, IAW AR 135-155. Officers will be required to complete CGSOC IAW paragraph *h* above to be eligible for promotion to colonel.

k. The minimum military educational requirements for promotion for AGR officers and military technicians are as follows:

(1) Military technicians in the military rank of captain and below who have not completed an advanced course before 1 August 1985 will complete a resident (AC or RC) advanced course prior to the promotion to major.

(2) AGR officers in the rank of captain and below who have completed an advanced course before 1 April 1987 will complete a resident (AC or RC) advanced course prior to promotion to major.

l. The following alternate requirements or exceptions are authorized:

(1) Officers who completed the Combined Arms Services Staff School (CAS3) resident course prior to 1 November 1984 or CAS/RC CAS3 after 1 November 1984 but prior to 1 September 1989 are considered to have met the educational requirement for promotion to lieutenant colonel.

(2) Upon request, equivalent credit for CGSOC may be awarded on an individual basis by HQDA by virtue of successful completion of an equivalent resident or higher level resident course conducted by another school of the U.S. or foreign military service. Equivalent credit, if awarded, will be for promotion purposes only.

(3) Commissioned officers assigned to Selective Service Sections must meet the military education requirements for promotion prescribed in NGR 600-102.

(4) Exceptions for Chaplains and Chaplain Candidates (Staff Specialists) are contained in AR 165-1.

(5) Mandatory military education requirements for promotion are waived for Medical Corps, Dental

Corps, Army Nurse Corps, Army Medical Specialists Corps and Medical Service Corps officers with AOC 67E, 67F, 67G or MFA 71, 72, 73 (except as specified in paragraph 8-9d above). Medical Service Corps officers participating in the Army Medical Student Commissioning Program are also exempt from mandatory military education requirements to qualify for promotion.

8-10. Civilian education requirements

Civilian education requirements are in chapter 9.

8-11. Federal recognition board (FRB) procedures

a. The FRB will review the records of commissioned officers recommended for promotion. Commissioned officers under consideration will not be required to personally appear before the board unless so desired by the president of the FRB. The FRB will consider documentary evidence submitted by the officer's commander together with appropriate official files, including medical records, performance evaluation reports, training certificates and academic reports, evidence of civilian education, and other pertinent documents that cite the officer's manner of performance. Such records will be made available by The Adjutant General.

b. FRBs will review each recommendation under guidance provided by the Secretary of the Army regarding standards for promotion of ARNG commissioned officers as Reserve commissioned officers of the Army.

c. If a commissioned officer has been selected for promotion by a HQDA board convened under mandatory selection criteria, the State may promote the officer under unit vacancy criteria prior to the mandatory promotion eligibility date. The requirement to conduct an FRB is waived if the unit vacancy promotion is in the same branch and AOC as that for which the officer received mandatory promotion selection.

8-12. Required documents

The following records and allied documents will be forwarded to the CNGB, in the case of commissioned officers promoted to fill unit vacancies:

a. Memorandum of recommendation from the applicant's immediate commander, properly endorsed by all commanders concerned and by The Adjutant General in sufficient copies so as to reach the NGB in original and one copy. Format of memorandum and endorsements are contained in **appendix D** of this regulation.

b. Copy of document appointing the FRB.

c. NGB Form 89, Record of Proceedings of Examining Board.

d. Copy of State promotion order.

e. Copy of the State order that created the vacancy, unless the officer is being promoted vice himself, or original vacancy.

f. Evidence of completion of required military education.

g. Evidence of completion of required civilian education.

h. Any other pertinent documents.

i. Current physical examination or statement in lieu thereof.

j. DA Form 705, APFT score card.

8-13. Certificate of eligibility for promotion

a. Qualified commissioned officers for whom there are no position vacancies may appear before an FRB to determine their eligibility for future promotion. Certificates will be issued only for promotion to the grades of lieutenant colonel and colonel.

b. Requests for certificates of eligibility for promotion, with all documents listed in **appendix B**, will be forwarded to NGB-ARP-CO.

c. Commissioned officers possessing a certificate of eligibility for promotion to a higher grade will be subject to HQDA Selection Board consideration if they are within the announced zone of consideration.

d. A certificate of eligibility is effective for two years from date of issue unless otherwise prohibited. The officer must remain otherwise qualified. The Certificate of Eligibility becomes invalid when:

(1) Officer reaches mandatory removal date unless administratively retained.

(2) If officer is selected by the HQDA Selection Board, the certificate is no longer necessary. The procedures for mandatory promotion will take precedence. Nonselection by HQDA Selection Board terminates a certificate of eligibility effective on the date the Board announces its decision for majors that are nonselected for promotion to lieutenant colonel, since nonselection is considered a passover for promotion. A nonselection for promotion to colonel does not constitute a passover for promotion. A Certificate of Eligibility for promotion to colonel will remain valid as originally issued with the original expiration date.

Section III

Mandatory Consideration for Promotion

8-14. Mandatory consideration for promotion as a Reserve of the Army

ARNG commissioned officers will be mandatorily considered for promotion as Reserve commissioned officers of the Army when they meet minimum promotion service requirements prescribed for the zone of consideration. The provisions of AR 135-155 will apply.

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8-15. Federal recognition after selection for promotion as a Reserve of the Army

a. An ARNG commissioned officer, not on active duty, who is selected for promotion as a Reserve commissioned officer of the Army resulting from mandatory consideration may be extended Federal recognition in the higher grade, subject to the following conditions:

(1) The officer has reached promotion eligibility date (PED).

(2) The officer has remained in an active status since the date selected for promotion.

(3) The officer is medically qualified IAW AR 40-501 and meets the height and weight standards IAW AR 600-9.

(4) The officer has received Senate confirmation for promotion to the grade of lieutenant colonel or colonel.

(5) The officer is promoted in State status to fill an appropriate position vacancy in the higher grade. The following exceptions are authorized:

(a) Medical Service Corps officers assigned in lieu of Medical Corps officers as provided in chapter 4 of this regulation and selected for promotion upon mandatory consideration may be extended Federal recognition in a higher grade without change of assignment provided they occupy an authorized position equal to or higher than the grade to which promotion will be made.

(b) Medical, Dental, Veterinary, Army Nurse, and Army Medical Specialist Corps officers who have been selected for promotion as Reserve commissioned officers under AR 135-155 may be extended Federal recognition in the higher grade, provided promotion is to the grade of colonel or below, and it is not more than one grade higher than that specified for the position in the MTOE or TDA. These officers may be extended Federal recognition in the higher grade on or after the announced promotion eligibility date.

(c) Chaplains and Judge Advocate General's Corps officers who have been selected for promotion as a Reserve commissioned officer under AR 135-155 may be extended Federal recognition in the higher grade, provided promotion is to the grade lieutenant colonel or below, and it is not more than one grade higher than that specified for the position in the MTOE or TDA. These officers may be extended Federal recognition in the higher grade on or after the announced promotion eligibility date.

(d) Professional commissioned officers (AMEDD clinicians, chaplains, and the Judge Advocate General's corps) assigned to temporary additional TDA positions may be promoted to the next higher grade and remain assigned to the temporary additional TDA if selected upon mandatory consideration.

(e) Officers assigned in an overstrength status due to reorganization may be promoted to the next higher grade and remain in an excess or overstrength status if selected upon mandatory consideration. The period during which an officer may remain in this status following promotion is established by paragraph 9c(4), NGR 10-1 and chapter 4 of this regulation. The requirements of paragraph 4-7 of this regulation remain unchanged.

b. Upon notification from The Commanding General, ARPERCEN that an officer has been selected for promotion the following records will be forwarded to NGB-ARP-CO:

(1) Copy of ARPERCEN letter announcing promotion selection.

(2) Copy of State promotion order.

(3) Copy of the State order that created the vacancy, unless the officer is being promoted vice himself/herself or original vacancy.

(4) Evidence of completion of required civilian education (paras 3-1a(6) and 9-5).

(5) Medical examination or statement in lieu thereof.

8-16. Declination of promotion as a Reserve of the Army

a. Declination of a mandatory promotion will be accomplished IAW AR 135-155. The declination period may be granted by the governor or his designated representative in any increment up to a maximum of three years from the date the promotion board adjourned. Officers must transfer to USAR Control Group and accept promotion to the next higher grade effective the last day of the approved declination.

b. The Secretary of the Army may extend the declination period for a commissioned officer of the Alaska Scout Battalion. Requests for extension will be forwarded to CNGB, ATTN: NGB-ARP-CO.

c. An ARNG officer in the grade of major and below who is serving under a declination, if otherwise qualified and has remained in an active status since the date of selection for promotion, may be promoted to fill a unit vacancy at any time prior to the expiration date of the declination. Documents prescribed in paragraph 8-15b above will be forwarded to NGB-ARP-CO.

d. An officer who is selected for promotion to the grade of colonel will be removed from the promotion list if the officer declines the promotion. The officer will be considered by succeeding promotion boards.

e. Officers serving under a declination of promotion are ineligible for transfer to the ING. (See para 4-3, NGR 614-1.)

8-17. Delay of Promotion

a. Officers serving on AGR tours, Title 10 or Title 32, who are selected for promotion by the DA Mandatory Board but cannot be promoted because of grade authorizations or because they are not in a position calling for the higher grade are not required to decline promotion. The promotion of these officers is delayed and they remain on the promotion list until they are--

(1) Removed from the promotion list IAW AR 135-155, chapter 3.

(2) Promoted to the higher grade following grade authorization availability or reassignment to an AGR position calling for the higher grade.

(3) Promoted to the higher grade following release from the AGR program.

b. An officer in a delay status who is released from the AGR program and remains in an ARNG unit may decline promotion to the higher grade for any remaining period of time up to three years from the board adjournment date IAW AR 135-155, paragraph 4-22.

c. Upon notification that an AGR officer has been selected for promotion, the State will notify Personnel Services Division, NGB, of any AGR officers that will have their promotion delayed under this paragraph.

8-18. Promotion of ARNGUS officers entering active duty and posthumous promotion
Promotion of ARNGUS officers entering active duty during promotion consideration by the DA Mandatory Board and posthumous promotions of officers recommended for promotion by the DA Mandatory Board will be accomplished IAW AR 135-155, chapter 4.

Section IV **Promotion of ARNG officers serving on Title 10 AGR Tours**

8-19. General

This section provides the procedures for promotion and continuation on active duty of ARNGUS commissioned officers serving on Title 10 AGR Tours.

8-20. Procedures

a. Upon selection for assignment and promotion to a position requiring a higher grade, the AGR Management Branch will forward correspondence inviting the State to promote the officer to the next higher grade effective on a specific date. If acceptable, the State will issue orders promoting the officer citing this regulation. A copy of the State order will be forwarded immediately to the Personnel Services Division, **ATTN:** NGB-ARP-CO.

b. States are only authorized to promote Title 10 AGR officers and continue them on active duty when the following conditions have been met:

(1) The officer is eligible and qualified for promotion in accordance with all other provisions of this regulation (Federal recognition board is required unless the officer has been selected for promotion by the DA Mandatory Selection Board).

(2) The officer is serving in a higher grade MTOE/TDA position and an appropriate grade authorization has been provided to the respective State by the National Guard Bureau, AGR Management Branch.

c. If the State does not desire to promote the officer, the National Guard Bureau, AGR Management Branch will be notified and the promotion procedure will be terminated.

Section V **Promotable Status**

8-21. Promotable Status

An officer promoted by the State is not authorized to use the (P) (to designate serving in a promotable status) after his or her rank in a signature block. When the CNGB Federally recognizes the State promotion, the officer is authorized to wear the rank.

Chapter 9 **Civilian Education**

9-1. General

As a reflection of the Total Army, the demand for higher educated officers within the ARNG has escalated sharply in recent years, and promises to continue to do so.

9-2. Civilian education requirements

a. Table 9-1 sets forth the minimum educational requirements for ARNG basic branch commissioned officers. Civilian educational requirements for special branch officers are contained in AR 135-100, AR 135-101, and AR 611-101.

b. Waivers are not authorized for civilian educational requirements.

9-3. Civilian education goals

Officers who have obtained a baccalaureate degree are encouraged to pursue a graduate program or specialized education related to one of their military specialties.

9-4. Civilian education documentation (fig 3-4)

a. College semester hours/degree may be earned by any method, but must be documented on an original/official ("raised seal") transcript issued from an accredited college or university meeting the standards of AR 640-2-1, Table 3-1.

b. Original/official ("raised seal") transcripts will be issued from the college/university directly to the office of The Adjutant General.

c. Original/official ("raised seal") transcripts need not be included in appointment/promotion packets. However, the State MILPO will certify photostatic copies of transcripts, as indicated in figure 3-4 of this regulation, for inclusion in appointment/promotion packets.

d. Transcripts marked: "Student Copy," "Issued to Student," or words to that effect are unacceptable and will not be accepted by CNGB in appointment or promotion actions.

9-5. Civilian education requirements for State OCS graduates

Each applicant must:

a. Have demonstrated understanding and proficiency in the English language.

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b. Have earned the appropriate amount of college semester hours (IAW table 9-1) from an accredited institution with the intent of obtaining a baccalaureate degree from an accredited college or university.

(1) Appointments under this educational criteria are limited to the basic branches.

(2) State OCS candidates failing to meet the minimum number of college semester hours required for appointment are ineligible for a certificate of eligibility upon satisfactory completion of OCS training. An OCS candidate failing to meet the civilian education requirement for appointment will be eligible to seek appointment within two years of completing OCS, provided he or she has earned credit for the appropriate amount of college semester hours. Waivers beyond this two year period are not authorized.

c. The standards for entrance into State OCS are stated in NGR 351-5.

9-6. Civilian education requirements for direct appointment applicants

a. Applicants for direct appointment in all of the special branches must meet the educational requirements IAW AR 611-101, AR 135-100, and/or AR 135-101, as appropriate.

b. Applicants for direct appointment in the basic branches must have a baccalaureate degree from an accredited institution.

9-7. Promotion

a. All commissioned officers appointed after 30 September 1983, who did not have prior commissioned service, must have a baccalaureate degree from an accredited institution in order to meet the civilian educational prerequisites for promotion to the rank of major. This policy applies to both the unit vacancy and mandatory promotion selection procedures.

b. Officers who hold the rank of captain and above on 1 October 1995 have no statutory requirement for a baccalaureate degree. However, they are required to meet the regulatory educational requirements in table 9-1.

c. Effective 1 October 1995, no person may be Federally Recognized in a grade above first lieutenant unless that person has been awarded a baccalaureate degree from an accredited educational institution, except a person who is appointed in a health profession for which a baccalaureate degree is not a condition of original appointment.

d. The statutory requirement for commissioned officers to possess a baccalaureate degree for promotion to the next higher grade has a "grandfather clause" for officers promoted to captain before 1 October 1995. Officers grandfathered from the statutory requirements still must meet the requirements of this regulation as applicable.

e. First lieutenants without a baccalaureate degree who are boarded by a Department of the Army (DA) Mandatory Board prior to 1 October 1995 will be placed into one of the following categories:

(1) **Non-selected.** Officers who are non-selected the first time will require a baccalaureate degree for their second consideration if it occurs on or after 1 October 1995. If an officer does not have a baccalaureate degree for his or her second consideration, the record will be labeled "NOT CIVILIAN EDUCATIONALLY QUALIFIED" which is an automatic non-selection.

(2) **Selected.** First lieutenants who are selected for promotion prior to 1 October 1995 have the following options:

(a) Accept the promotion in the State/Territory prior to 1 October 1995.

(b) Transfer to the Individual Ready Reserve (IRR) to accept the promotion prior to 1 October 1995.

(c) Decline the promotion. If the promotion is later accepted, a baccalaureate degree will be required if the date of promotion is on or after 1 October 1995.

f. Officers who hold the rank of captain and above on 1 October 1995 have no statutory requirement for a baccalaureate degree. However, they fall under one of the following regulatory requirements:

(1) Officers who were initially appointed prior to 1 October 1983 must have an associate degree or 60 semester hours.

(2) Officers who were initially appointed on or after 1 October 1983 must have a baccalaureate degree to qualify for promotion to the rank of major.

g. First lieutenants promoted under unit vacancy criteria must have a date of rank prior to 1 October 1995 to avoid the statutory baccalaureate degree requirement. Captains and above promoted under unit vacancy criteria must still meet the regulatory educational requirements as stated in this regulation.

9-8. Transition period requirements

a. ARNG officers must satisfy civilian educational requirements established in table 9-1.

b. All officers who do not meet the educational requirement of table 9-1, Rule 2, will be ineligible for Federal recognition for promotion to the next higher grade until they satisfy the educational requirement.

9-9. Montgomery GI Bill requirements

The prerequisites and criteria for use of the Montgomery GI Bill are prescribed in AR 135-7.

Table 9-1
Civilian Education Requirements

Rule: If the individual is a(an): **then the educational requirement is to:**

REGULATORY

1. Commissioned officer who was serving in an active ARNG status as of 30 Sep 83, or an applicant with prior commissioned service	Obtain an associate degree or 60 college semester hours prior to Federal recognition being granted for the next higher grade.
2. Commissioned officer who received initial appointment after 30 Sep 83 and who has no commissioned service prior to that date	Obtain a baccalaureate degree in order to qualify for promotion to the rank of major. After 30 Sep 95, must be awarded a baccalaureate degree from an accredited educational institution to be promoted above the rank of first lieutenant unless the officer held the rank of captain or above on 1 Oct 95.

3. Applicant for OCS

<u>Effective</u>	<u>College Semester Hours Required to Enroll in OCS</u>	<u>College Semester Hours Required to Be Commissioned a Second Lieutenant</u>
1 Oct 92	40	70
1 Oct 93	50	80
1 Oct 94 and after	60	90

Rule: If the individual is a: **then the educational requirement is to:**

STATUTORY

Commissioned officer who was in the grade of first lieutenant and below after 30 Sep 95.	Have a baccalaureate degree from an accredited educational institution to be appointed above the grade of first lieutenant.

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Chapter 10

Federal Recognition Boards for Other Than General Officers

10-1. General

Commissioned officers of the ARNG are appointed and promoted by the States under Article 1, Section 8 of the U.S. Constitution. In order for an officer to be concurrently appointed, promoted, or receive a branch transfer as a Reserve commissioned officer of the Army, the State action must be federally recognized. Federal recognition action is the acknowledgment by the Federal government that an officer appointed, promoted, or transferred to an authorized grade and position vacancy in the ARNG meets the prescribed laws and regulations. This chapter outlines the personnel actions requiring examination for Federal recognition and for the conduct of an FRB.

10-2. Authority

Under Title 32, USC, section 307, a board of officers will be convened to determine whether applicants for Federal recognition meet the medical, moral, and professional qualifications to perform the duties of the grade and position for which examined. A commissioned officer who is federally recognized is tendered an appointment as a Reserve commissioned officer of the Army with assignment to the ARNGUS (Title 10, USC, section 3351).

10-3. Appointment

FRBs are appointed by the numbered Continental US Army (CONUSA) commanders having jurisdiction. Appointments are made for the Secretary of the Army. This authority may be further delegated. The Senior Regular Army Adviser (SRAA) is the delegated authority to appoint FRBs and sign the appointment order for the CONUSA Commander.

10-4. Composition

FRBs shall consist of a total of three commissioned officers of the Active Army and the ARNG. In the selection of officers from the ARNG, State Adjutants General may be requested to nominate officers for membership.

a. All officers on an FRB must be at least a captain and at least one grade senior to the applicant who is to be examined for promotion. For other actions (such as appointment and branch transfers), all officers on an FRB must be at least a captain and senior in date of rank to the applicant who is to be examined.

b. One, and preferably two, of the three officers of the board will be from the Active Army. The remaining officer(s) will be from the ARNG. The Active Army officers may be from any of the three components; RA, ARNGUS, or USAR on the Active Duty List. USAR officers not serving on the Active Duty List are not eligible for membership. ARNG officers must be in an active ARNG status. When it is determined by the Army commander that Active Army officers are not available, ARNG officers may be detailed in their place. If no Active Army officers are members of the

board, at least one ARNG officer must be serving in an active duty or full time National Guard duty (FTNGD) status authorized by Title 10 or 32, USC. Each ARNG officer must be federally recognized in grade and branch. The assignment of ARNG officers in place of Active Army officers should be used as a last resort.

c. The senior officer on the FRB will serve as president of the FRB.

d. Whenever possible a minimum of one officer on the FRB, and preferably two, should be in the same branch (federally recognized if ARNG officers) or be qualified in the same specialty for which the applicant is to be examined.

e. When available, a commissioned Army aviator will be included as a member of the board when considering applicants for appointment with assignment to an aviation position.

f. Whenever possible, board membership should include a minority group or female officer when considering minority group or female applicants.

g. In selection of Active Army members, Readiness Groups may be requested to nominate officers for board membership. The SRAA will, whenever possible, convene the board using internal assets. In cases where this is not possible, the SRAA is authorized to coordinate directly with the Readiness Group supporting State training, other Active Army activities, and adjoining State Army National Guard headquarters.

10-5. Board site

The FRB should be established at State headquarters level to provide a uniform basis for selection and to assure that only candidates possessing full qualifications and high potential for success as commissioned officers are appointed or promoted. When geographical considerations warrant the designation of multiple board sites, their number should be strictly limited, and each board will be given identical guidance.

10-6. Notification to applicants

a. Upon receipt by the board of applications and allied papers required by the regulations under which individuals are applying for Federal recognition, the president of the board will notify the applicants of the time and place of appearance before the board.

b. Applicants will be so scheduled that, so far as practicable, no one need spend more than one day at the board site.

c. Whenever possible, applicants for the same branch will be scheduled in sequence so that the board member(s) of that branch may sit without interruption.

d. When necessary, the applicant will be advised in advance of any additional information desired by the board or required by regulations to correct or complete an application.

10-7. Procedure

a. Conduct of the board. The board will assemble at the time and place designated and proceed as follows:

(1) The recorder will read the order appointing the board.

(2) Challenges shall be received. If challenges are received, follow procedures prescribed in 10-7c, below.

(3) The recorder shall administer the oath to all other members of the board.

(4) The recorder briefs the members of the board as to their responsibilities.

(5) The president of the board will discuss with the other members of the board the Memorandum of Instructions.

(6) If required, interview applicant.

(7) It shall be the responsibility of the board to determine from the records submitted whether or not the applicant meets all requirements for Federal recognition in the grade and position for which being considered.

(8) The president of the board will advise the applicant that all statements made to the board and all forms submitted in connection with the application for Federal recognition will be verified against available records, and the disclosure of any false or incomplete statement may be cause for denial of Federal recognition by the Chief, National Guard Bureau.

(9) The board shall proceed with the examination of the applicant as specified in the following paragraphs. If at any time during the examination it is determined that the applicant is not qualified, the examination will cease, and the applicant will be excused.

(10) The findings and recommendations of the board will be indicated on NGB Form 89.

b. Attendance.

(1) **Members.** Full membership of a board constitutes a quorum. If all members are not present, the board will adjourn until such time as the attendance of all members can be obtained. If all members cannot be assembled within a reasonable time, the president of the board will report that fact to the appointing authority.

(2) **Applicants.** All applicants, except as indicated below, will be required to appear in person before the FRB.

(a) Applicants being considered for promotion need not appear, unless the president of the FRB desires.

(b) Applicants being considered for branch transfer need not appear, unless the president of the FRB desires.

(c) Graduates of approved officer candidate schools applying for initial appointment as second lieutenants need not appear. The OCS selection process and the evaluation procedures for successful course completion are considered sufficient for that purpose.

(d) The State Adjutant General may grant a waiver for an applicant for initial appointment to not have to appear, if a scheduling conflict that cannot be overcome arises. This should only be used in extreme

cases. (Example: a doctor has been called away for a medical emergency.)

c. Challenges. Each applicant shall be given an opportunity to challenge any member or members for causes as follows:

(1) Only one challenge will be made at a time.

(2) The applicant will declare cause on which each challenge is based.

(3) The board, exclusive of the challenged member, will determine the validity of the challenge.

(4) When a challenge is sustained, the board will suspend proceedings and transmit the record of proceedings to the appointing authority.

(5) The appointing authority may:

(a) Approve the action of the board and replace the challenged member, or

(b) Disapprove the action and direct the board to proceed.

d. Oaths. Oaths will be administered to the board to proceed.

(1) By the recorder to the other members of the board:

"You, _____, do solemnly swear (or affirm) that you will, without prejudice or partiality, and having in view both the special fitness of officers and the efficiency of the Army, perform the duties imposed upon you, and further, that you will not divulge the proceedings or results thereof except as may be directed by proper authority."

(2) By the president to the recorder:

"You, _____, do solemnly swear (or affirm) that you will keep a true record of the proceedings of this board, and further, that you will not divulge the proceedings or results thereof pertaining to the selection or nonselection of individual officers except to proper authority."

10-8. Examination

a. General qualifications. The board will determine the general qualifications of each applicant to evaluate suitability for military service in the grade and branch for which Federal recognition is being applied for by considering:

(1) Military and civilian education, age, mental aptitude, citizenship, personal character and leadership traits, and motivation.

(2) Military, business, and professional experience.

(3) Efficiency of military unit under applicant's command, if applicable.

(4) Responsibilities that will devolve upon the applicant.

(5) Review of officer's evaluation report file.

(6) Security requirements and evidence that proper screening has been initiated or completed.

b. Medical qualifications. In determining the medical qualifications of an applicant, the board will not be limited to a review of the records submitted but may, if indicated, require additional medical evidence or examination. If all records and evidence indicate that the applicant is medically disqualified, the board

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will conclude its examination and report the cause that produced the disqualification.

c. Physical fitness standards.

(1) Weight/body fat standards in AR 600-9 apply for all commissioned officers to include initial appointment.

(2) Officers who have failed the most recently administered, or have not taken the APFT within the time frame prescribed in AR 350-15 will be flagged IAW AR 600-8-2 and be in a nonpromotable status.

d. Integrity and character. Throughout the selection process, consideration must be given to an officer's integrity and moral character. These constitute the real foundation of successful leadership. An officer who has sacrificed his or her integrity has forfeited the respect and trust of those with whom he or she serves. Absolute integrity of word, deed, and signature is a matter that permits no compromise. Thus, the individual officer bears great responsibility for the establishment and observance of scrupulous ethical and moral standards. Nonselection properly may be based on a major action, relief for cause, demonstrated cowardice, lack of integrity, moral turpitude, or professional ineptitude. The board will inquire into the moral character of the applicant, is authorized to seek verification in writing of the statements made by the applicant, and may seek additional information from reliable sources to clarify any unfavorable situations. The applicant will be informed of any unfavorable statements of facts relative to moral character and will be given an opportunity to refute or explain such statements.

e. Professional qualifications. It is within the prerogatives of the board to prescribe such professional examinations, either written or by practical test, as it deems necessary to determine the professional qualifications of the individuals if the records indicate that such is desirable.

10-9. Determination of qualifications of U.S. Army Reserve officers

An USAR officer applying for Federal recognition in the same grade and branch as that held as a Reserve commissioned officer of the Army is exempt from examination by a FRB. Additionally, a second lieutenant who has not completed an officer basic course or equivalent applying for Federal recognition in a branch other than that held as a Reserve commissioned officer of the Army is exempt from examination by a FRB, providing the second lieutenant has previously been awarded Federal recognition or has a Reserve of the Army commission. Other officers of the USAR seeking appointments in the ARNG in branches other than those held as Reserve commissioned officers of the Army must appear before a FRB for a determination of their qualifications for the new branch and position involved.

10-10. Appraisal of experience

a. Applicants without prior commissioned officer service or who are not graduates of an OCS course will be examined in the following manner. After re-

viewing the application and allied papers, the board will then question the applicant on personal history, training, and experience to supplement the facts shown in the application and allied papers. Technical competence will be inferred from the applicant's record of training and experience and the impression made on the board during the interview or review of records.

b. Applicants with prior commissioned officer service or OCS course credit. The board will examine the application and allied papers and question the applicant regarding experience. Matters which are listed in paragraph 2-7, but which were waived by the CNGB prior to the applicant's appointment, will not by themselves be the basis of finding the applicant unqualified for Federal recognition. Additionally, the applicant's evaluation reports, inspection reports, and AT evaluations that cite the officer's manner of performance will be thoroughly reviewed to determine general fitness.

10-11. Appraisal of promotion qualifications

Applicants for promotion or for a certificate of eligibility for promotion will be examined IAW the current Memorandum of Instruction providing Secretary of the Army guidance to FRB members regarding standards for promotion of ARNG officers as Reserve commissioned officers of the Army.

10-12. Findings

a. The findings and recommendations of the board will be reported on NGB Form 89. This form shall be regarded as privileged information, marked "FOR OFFICIAL USE ONLY," and forwarded to The Adjutant General through the Senior Army Adviser. If the applicant is found "not qualified," the reasons will be indicated on NGB Form 89.

b. After adjournment, members are encouraged to familiarize other officers with Federal recognition board procedures in general. However, specific analysis or details of the board's proceedings pertaining to selection or nonselection of individual officers, whether recorded or unrecorded, will not be disclosed, except as directed by appropriate authority.

c. Board membership will not be revealed until the board adjourns. The board will not adjourn until authorized to do so by The Adjutant General or his designated representative.

10-13. Unanimity of recommendations

To receive a favorable recommendation for Federal recognition, the board must recommend in unanimity. Less than a unanimous recommendation by the board will be regarded as an unfavorable recommendation.

10-14. Reconsideration for Federal recognition

An applicant who is not recommended for Federal recognition upon consideration by the FRB may be authorized by The Adjutant General to be considered by a subsequent FRB when evidence indicates that a material error existed in the record or that the deficiency for which the individual was initially rejected no longer

exists and the individual meets all other requirements specified for initial consideration. Reconsideration requires personal appearance before the FRB.

10-15. Procedures upon completion of examination by the board

a. Preparation of NGB Form 89. Upon completion of the examination of each applicant, the examining board will prepare a written record of the proceedings (NGB Form 89) in duplicate, including as exhibits any documents they deem pertinent to their findings and recommendations and as such are required to become a part of the record of proceedings.

b. Granting of temporary Federal recognition.

(1) Temporary Federal recognition may be granted by the FRB to those eligible, as indicated in paragraph 2-13, when the board finds that the applicant:

(a) Has successfully passed the examination prescribed herein.

(b) Has subscribed to the oath of office (NGB Form 337).

(c) Has been appointed by a State order for assignment to a position vacancy in a federally recognized unit of the ARNG.

(2) When temporary Federal recognition is granted, NGB Form 89 will contain a statement as follows: "Applicant extended temporary Federal recognition as provided by NGR (AR) 600-100, to be effective (Date) .

(3) Temporary Federal recognition shall be effective on the date that final action prescribed by (1) above, was accomplished.

(4) In the case of an applicant's being considered for Federal recognition contingent upon successful completion of an officer candidate course, NGR 351-5 will apply. In all other cases, the date of adjournment of the board may not be earlier than the date of successful completion of the qualifying course and evidencing of all other requirements for Federal recognition.

10-16. Disposition of records

a. All records of the board are subject to review and approval by the CNGB, acting for the Secretary of the Army.

b. The board will forward the following papers to The Adjutant General through the SRAA for completion of action(s) indicated in paragraph 10-18:

(1) NGB Form 89 in duplicate.

(2) All copies of application and allied papers.

c. A statement as follows will be included in the board report when applicable:

"This correspondence is marked **FOR OFFICIAL USE ONLY** solely because of the addition of Exhibits _____ through _____. When these exhibits are removed, protective markings will be canceled."

10-17. Actions required by Senior Army Advisor (SRAA)

Upon receipt of the board proceedings, the SRAA, acting for the appointing authority, will review the board proceedings to ensure administrative accuracy and completeness. If the proceedings are found to be in error, they will be returned to the board with instructions to correct. If found in order, the SRAA will forward the proceedings to The Adjutant General by endorsement indicating the board was conducted IAW this regulation and the current memorandum of instruction to the Army National Guard Federal Recognition Board by the Secretary of the Army.

10-18. Actions required by The State Adjutant General

The Adjutant General will take the following action when:

a. The applicant is favorably recommended by the board:

(1) Examine application for completeness of NGB Form 89, NGB Form 337, and other documents entered into the record of the board.

(2) Endorses application to NGB-ARP-CO.

b. The applicant is not favorably recommended by the board. Notify rejected applicants through channels used for submission of application furnishing reason for disqualification. If the reason for rejection does not act as a permanent bar to Federal recognition, advise applicant of procedure and requirements for resubmission of application.

10-19. Actions by the Chief, National Guard Bureau

a. Review the record of board proceedings and the recommendations of the State Adjutant General to determine if the application meets the qualifications and requirements for Federal recognition.

b. Extends permanent Federal recognition to the applicant in the grade and branch in which the individual is qualified.

c. Concurrently requests Commanding General, ARPERCEN to appoint applicant as a Reserve commissioned officer of the Army in the grade in which federally recognized.

d. Grant temporary Federal recognition, for a period not to exceed six months from date of State order, for commissioned officers whose application and credentials require further review.

e. Issue Certificates of Eligibility to applicants who have applied under the provisions of paragraph 2-12.

f. If upon review of all records, an applicant is not granted Federal recognition, The Adjutant General will be notified. Temporary Federal recognition, if in effect, will be withdrawn.

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Chapter 11 General Officers

11-1. Appointment and promotion authority

The appointment and promotion of ARNG officers to and within general officer grades are functions of the State concerned, as distinguished from the Federal recognition of such appointment or promotion.

11-2. Appointment of chiefs of State military departments

a. Of a State. The appointment of an individual as the Chief of the State Military department, his or her authorized assistant, and his or her tenure of office are governed by the laws of the State. (Normally, these positions are entitled State Adjutant General and State Assistant Adjutant General, but the exact titles are governed by the laws of the State).

b. Of a Territory, the District of Columbia and the Commonwealth of Puerto Rico. The Commanding General of the District of Columbia National Guard is appointed by the President with such grade and qualifications as he/she may prescribe. The Adjutants General, Puerto Rico and Guam are appointed by the Governor of the Commonwealth of Puerto Rico and the Governor of Guam, respectively.

11-3. Federal recognition criteria for Chiefs of State Military Departments

a. State Adjutants General.

(1) A State Adjutant General may be appointed and serve in that capacity without Federal recognition.

(2) No officer will be federally recognized to serve in the position authorized for the State Adjutant General other than the officer who is appointed as the State Adjutant General and performs the duties of that position.

(3) State Adjutants General may be federally recognized in the grade authorized by the respective State code, but not to exceed the grade of major general, subject to the following:

(a) Commissioned officers or former commissioned officers of the Armed Forces who have served in the grade of brigadier general for a minimum of one year and are otherwise qualified may, as State Adjutants General, be considered for Federal recognition in the grade of major general.

(b) Commissioned officers or former commissioned officers of the Armed Forces who have served in the grade of colonel for a minimum of one year and are otherwise qualified may, as State Adjutants General, be considered for Federal recognition in the grade of brigadier general.

(c) Commissioned officers or former commissioned officers of the Armed Forces who have attained the grade of lieutenant colonel or below may, upon appointment as State Adjutants General, be considered for Federal recognition in the highest federally recognized grade previously held.

(d) To be considered for Federal recognition in general officer grades, State Adjutants General, including officers noted in paragraph 11-3a, must meet

the requirements for the grade sought as prescribed by paragraph 11-4.

(e) Upon termination of appointment as a State Adjutant General, an officer who has so served will be eligible for Federal recognition in the highest grade and in the branch for which he/she is otherwise qualified.

b. State assistant Adjutants General. Officers assigned as State Assistant Adjutants General may be considered for Federal recognition in the grade of brigadier general only, subject to the provisions of chapter 8 and when one or more of the following conditions exists:

(1) The State Adjutant General is federally recognized as an Air officer by the Department of the Air Force;

(2) The State Military Department is organized into separate departments for Army and Air, under the State code, with a general officer as the head of each department;

(3) The State code provides specifically for a State Assistant Adjutant General for Army in the grade of brigadier general; or

(4) The State code provides specifically for a State Assistant Adjutant General in the grade of brigadier general who could be either Army or Air.

c. Commissioned officers holding a certificate of eligibility for Federal recognition in the grade of brigadier general may be extended Federal recognition in that grade if appointed as State Adjutants General or State Assistant Adjutants General. Commissioned officers holding a certificate of eligibility for Federal recognition in the grade of major general may be extended Federal recognition in that grade if appointed as State Adjutant General.

11-4. Prerequisites for consideration for Federal recognition in general officer grades

To be considered for Federal recognition in a general officer grade, the candidate must meet the following requirements:

a. Hold an appointment in the ARNG of a State, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, or the District of Columbia in the grade for which being considered.

b. Be assigned to a federally recognized general officer position.

c. Have completed the following minimum promotion service computed under paragraph 8-5:

(1) Other than as a State Adjutant General:

COL to BG	2 years
BG to MG	2 years

(2) A State Adjutant General for Federal recognition:

COL to BG	1 year
BG to MG	1 year

(3) For State Adjutants General and State assistant Adjutants General, service in any of the Armed forces while in an active status or on the active duty list in their current grade may be counted as promotion service.

d. Be in an active status at the time a FRB is convened. This requirement is not applicable to State Adjutants General or retired Regular Army officers appointed to general officer grade as State Assistant Adjutants General.

e. Have served continuously for five years in an active status immediately preceding consideration by a FRB. When recommended by the board, this requirement may be waived by the Secretary of the Army if an officer has been in an inactive status for no more than two years during the five year period. A commissioned officer who has been in inactive status may not be considered for promotion until at least one year after the date on which he/she is returned to active status (Title 10, USC, section 3364(e)). This requirement is not applicable to State Adjutants General or retired Regular Army commissioned officers appointed to general officer grade as State Assistant Adjutants General.

f. Have sufficient time remaining in an active status as of the first day of the month in which a FRB is scheduled to be convened to meet the following promotion eligibility requirements:

(1) State Adjutants General must have at least two years remaining to serve in an active status before reaching age 64.

(2) Officers assigned to special branches (Chaplains Branch, CH; the Judge Advocate General's Corps, JAGC; and Army Medical Department, AMEDD) positions must have at least two years remaining to serve in an active status before reaching age 60. This requirement may be waived by the Secretary of the Army in exceptional cases when recommended by a FRB.

(3) All other officers, including general officers whose branch, immediately preceding appointment in the grade of brigadier general, was other than a special branch, must have sufficient time remaining to serve in an active status before reaching age 60:

(a) Two years in the grade of major general.

(b) Five years in the grade of brigadier general.

(4) Prior service in an active status in the same grade as that sought or in a higher grade is creditable toward the remaining service requirement.

g. Have successfully completed or received constructive credit for one of the following: United States Army Command and General Staff College or equivalent course so designated in AR 351-1; the Judge Advocate General's Reserve Component General Staff Course; the Chaplain Reserve Component General Staff Course; the Army Medical Department Reserve Component General Staff Course; or a resident course of instruction at a senior service college as defined in AR 351-1. Effective 1 October 1996, colonels must

have completed Army War College or its MEL 1 equivalent prior to consideration for promotion to brigadier general.

h. Have one of the following:

(1) Command experience at battalion level or higher which totals two years for command in the Reserve Components or one year of such command while serving on active duty in the Active Component.

(2) A written description, submitted by the officer, of assignments such as an assistant division commander, chief of staff, NGB or USAR School Commandant (lieutenant colonel or higher), or a deputy of a command authorized a general officer which the officer feels should be considered as experience equivalent to command.

(3) A written explanation submitted by the officer identifying other key assignments for consideration as equivalent to command experience.

i. Be medically qualified as follows:

(1) Officers other than State Adjutants General, must meet the medical standards for retention prescribed by AR 40-501.

(2) State Adjutants General must meet the medical standards for retention prescribed by AR 40-501. Where an officer's Federal recognition in a lower grade has been authorized administratively under NGR 635-101 despite a medical disqualification or where a medical waiver for retention in an active status has been authorized previously, a FRB may recommend Federal recognition in the higher grade if it determines that the disqualification will not hamper performance of duty under mobilization conditions and recommends the officer for appointment with a waiver.

(3) All candidates must meet the weight and/or body fat standards of AR 600-9.

j. Candidates administratively retained past mandatory removal date are ineligible. This requirement may be waived by the Secretary of the Army for commissioned officers within two years following their mandatory removal date and who are otherwise qualified for consideration for Federal recognition in the higher grade. This requirement is not applicable to officers assigned to special branch positions.

k. Reserve Component officers receiving retired pay under the provisions of Title 10, USC are ineligible. However, a Reserve Component officer receiving retired pay under the provisions of Title 10, USC may be placed in an active status by the Secretary of the Army and federally recognized to serve as a State Adjutant General or Assistant State Adjutant General.

l. Have evidence of a favorable investigative files check and be in possession of a DA Form 873 (Certificate of Clearance and/or Security Determination) indicating a security clearance of Top Secret based on a favorable Background Investigation (BI) or Special Background Investigation (SBI), or Single Scope Background Investigation not older than four and one-half years. For those individuals who do not possess a Top Secret Clearance, a background

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investigation must be initiated prior to the convening date of the Federal Recognition Board.

m. Must possess a baccalaureate degree or higher from an institution accredited by the American Council of Education. This requirement may be waived by the Secretary of the Army in exceptional cases.

11-5. Frocking

a. The practice of frocking as described in AR 135-156, can be used in exceptional cases. The frocking of an Adjutant General requires a written request from the governor. The frocking of a promotable colonel requires a written request with justification from the Adjutant General. The request in both cases must be approved by CNGB and the Chief of Staff, Army.

b. State Adjutants General may be authorized to wear the grade insignia of their State appointed general officer grade. This grade may not exceed one grade above their federally recognized grade or exceed the grade of major general.

c. A colonel awaiting promotion to brigadier general may be authorized to wear the grade insignia of brigadier general, if he/she holds Federal commissioned status in the Reserve of the Army as a Reserve of the Army, is assigned to a general officer position, and is confirmed by the Senate for promotion to brigadier general.

11-6. Prerequisites for consideration for certificate of eligibility for Federal recognition to or within general officer grades

A candidate for certificate of eligibility for Federal recognition in general officer grade must meet all requirements for consideration for Federal recognition in the grade and branch authorized for the position sought, as prescribed by paragraph 11-4 of this regulation, except for holding a State appointment in the new grade or branch and assignment to a general officer position.

11-7. Limitations of Certificates of Eligibility

a. A certificate of eligibility for general officers is effective for two years from the date of issue, unless otherwise prohibited. The officer must remain otherwise qualified. The Certificate of Eligibility becomes invalid when the officer reaches mandatory removal date and has not been assigned to a federally recognized general officer position.

b. Receipt of an extension to the mandatory removal date for essentiality or to qualify for a civil service retirement annuity will not invalidate an existing Certificate of Eligibility.

11-8. Recommendation procedure and documentation

a. Upon announcement by the CNGB that a General Officer FRB will be convened by the Secretary of the Army, the following documents will be submitted by the State to CNGB for each officer to be considered by the board.

(1) Letter of recommendation prepared in the format at appendix D. The letter must contain the specific reasons for selection of the individual for assignment to a general officer position. For candidates for a certificate of eligibility, the letter must specify the projected assignment, identify the incumbent, and provide the date and reason the incumbent will vacate the position. For State adjutants general, the letter must be signed by the Governor.

(2) Full-length, color, glossy, official military photograph (4x10 or 8x10 inches) taken within the past two years and showing the officer in an Army green uniform (less headgear) with name tag, current insignia of grade, all authorized awards and decorations, and basic branch insignia if appropriate. The photograph will meet the following specifications:

(a) Officer will be standing, with the body turned to the right about 30 degrees from axis of camera to subject, head facing camera, feet slightly apart, with hands at sides.

(b) Retouching of negative or print is not permitted.

(c) Officer's signature must be on the back of the photograph with height and weight.

(3) Biographical summary that includes a separate addendum describing the nature of the officer's civilian occupation and the scope and extent of responsibilities. Format of the summary is prescribed in appendix H of this regulation. If individual is a candidate for certificate of eligibility, assignment should be "proposed." Enlisted military education and duty assignments should not be included. Only Federal decorations and badges should be listed. Each entry on the biographical summary must be documented on the officer's Official Military Personnel File (OMPF). If an entry is not documented on the OMPF, the substantiating document(s) must be provided in hard copy. DA Form 2-1 is not a substantiating document.

(4) For a State Adjutant General or State Assistant Adjutant General, an extract of the pertinent portion of the State code governing appointment and grade. For a State Assistant Adjutant General, the State code must provide specifically for such position in the grade of brigadier general. Executive orders or other directives which implement a State code, but are not specific, are not sufficient for Federal recognition purposes.

(5) Copy of State orders appointing and assigning the officer to general officer grade and position in the ARNG. State adjutants general and State assistant adjutants general are branch immaterial. Special branch officers will be federally recognized in their branch specialty only. Candidates for certificate of eligibility for Federal recognition in general officer grade do not need to have a copy of State orders.

(6) Copy of State order reassigning former incumbent of the position (unless the position is newly authorized). This requirement is not applicable to candidates for certificate of eligibility for Federal recognition in general officer grade.

(7) Current Retirement Points Accounting System (RPAS) printout covering the past five years or a statement of retirement points accumulated during each of the past five years, categorized as inactive

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duty, membership, extension course and active duty points.

(8) Medical examination:

(a) Original copy of Standard Form 88 (Report of Medical Examination) with attachments and Standard Form 93 (Report of Medical History) executed at an Active military medical facility within one year immediately preceding the date the board is scheduled to be convened and prepared in accordance with AR 40-501.

(b) The medical exam must include the over 40 cardiovascular screening. DA Form 4970 (Medical Screening Summary Over 40 Physical Fitness Program) must accompany the physical examination results.

(c) If the date of the examination is less than one year, but more than 180 days, before the board is scheduled to be convened, a height/weight statement verified and signed by the Senior Army Adviser or by a doctor at a Federal facility within 180 days of the board must also be included.

(d) For an officer whose weight exceeds the screening table weight in AR 600-9, a DA Form 5500-R must be completed by a medical officer indicating that an evaluation of body fat content has been made and the percent of body fat is within the limit set by AR 600-9 for the officer's age and sex. This form must be enclosed.

(9) Special officer evaluation report covering service immediately preceding transmittal of application. This requirement may not be applicable to State adjutants general.

(10) Two color, glossy, portrait photographs (4x5 inches) taken within the past two years in Army green uniform (less headgear).

(11) Justification for requests for waiver, if appropriate.

(12) If a candidate for general officer is a technician at the time of submission, both NGB-TN and NGB-GO will be notified.

(13) Statement of verification of the DA Form 873 indicating current security clearance. Provide date that latest periodic reinvestigation was completed, AR 380-67 applies.

(14) Copy of the official transcripts from the highest civilian education completed.

b. Records of candidates will be screened by CNGB or accuracy and completeness and to ensure that officers meet the requirements for consideration for Federal recognition or certificate of eligibility for Federal recognition in general officer grade.

c. The CNGB will forward to Headquarters, Department of the Army, a list of those officers to be examined by the General Officer Federal Recognition Board. Documentation prescribed by paragraph 11-6a of his regulation, results of an investigative files check, and a microfiche copy of the officer's OMPF will be enclosed for each candidate.

11-9. General Officer Federal Recognition Boards

a. Authority. Under the provisions of Title 32, USC, section 307, a board of officers will be convened by the Secretary of the Army to determine the physical, moral, and professional fitness of candidates for Federal recognition in the general officer grade and branch for which examined.

b. Appointment. Boards for examination of candidates for Federal recognition in general officer grades will be appointed by the Secretary of the Army. Such boards will be convened at Headquarters, Department of the Army, twice a year, normally in May and November. As an exception, a board to consider officers for positions of State Adjutants General will be convened at such time as appointments are made by the Governor of the State concerned, and applications are received.

c. Composition. The board will consist of three general officers, two of whom will be from the active component and one from the ARNGUS. Additional nonvoting members, such as a medical officer and recorder, may be appointed.

d. Organization. The organization of the board will be prescribed by its president.

e. Procedures.

(1) The procedure and extent of the examination will be prescribed by the president of the board.

(2) For each officer not recommended for Federal recognition, the board will specify the deficiency or deficiencies that form the basis for its recommendation and, if appropriate, the period of time, not to exceed one year, that the officer should remain assigned to the position before being reconsidered for Federal recognition.

(3) Candidates will not appear before the board. Records of candidates, as prescribed by paragraph 11-6 of this regulation, will be considered by the board.

11-10. Disposition of findings

Board reports will be forwarded through the Chief of Staff of the Army to the Secretary of the Army for action.

11-11. Granting of Federal recognition

Federal recognition will be extended by the CNGB to those officers found qualified by the board and approved by the Secretary of the Army after Senate confirmation of appointment. The effective date of Federal recognition will be the date of Senate confirmation if vacancies exist within the statutory limitation prescribed by Title 10, USC, section 3218, or, if no vacancies exist at that time, on the date such vacancies occur. Recess appointments will be effective on the date approved by the President or, if no vacancies exist at that time, on the date such vacancies occur.

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11-12. Date considered recommended for promotion

ARNGUS officers who have been appointed to and within general officer grades in the ARNG are considered to be recommended for promotion within the context of Title 10, USC, section 3851 (b), as follows:

a. For an officer not holding a certificate of eligibility for Federal recognition in the higher grade, on the date the General Officer Federal Recognition Board adjourns.

b. For an officer holding a certificate of eligibility for Federal recognition in the higher grade, on the date of:

- (1) Assignment to the position for which he/she was granted the certificate of eligibility or
- (2) Promotion in the State if the officer is already assigned to the position.

11-13. Reconsideration for Federal recognition in the same grade

a. A candidate for Federal recognition in general officer grade who is not recommended for Federal recognition upon initial consideration by a board for any reason, other than medical disqualification, may be authorized to be considered by a subsequent board, provided evidence clearly indicates that the deficiency for which he or she was rejected initially no longer exists and the officer can meet all of the other requirements specified for initial consideration.

b. A candidate for Federal recognition in general officer grade who is not recommended for Federal recognition upon initial consideration by a board due to medical disqualification may be authorized to be considered by a subsequent board when circumstances specified in paragraph 11-4i of this regulation exist.

c. No candidate for Federal recognition in general officer grade, other than for the position of State Adjutant General, may be considered by a board more than twice for the same grade.

d. State Adjutants General and Assistant Adjutants General, previously federally recognized as general officers, Adjutant General Corps, who meet the eligibility criteria for line general officer may be reconsidered for Federal recognition as general officers of the line in their current grade while serving in their current position.

11-14. Reassignment Eligibility

a. State Adjutants General and State Assistant Adjutants General who are federally recognized in general officer grades, Adjutant General's Corps, are not eligible for reassignment to line positions in grade.

b. Federally recognized general officers of the line may be reassigned to State Adjutant General or State Assistant Adjutant General positions without change in grade or branch.

c. Reassignment of general officers serving in Adjutant General or Assistant Adjutant General positions, who are not federally recognized in the Adjutant General Corps, to a line position must be approved by the CNGB so as not to exceed statutory limitations. Mandatory removal dates must also be recalculated. No reassignments to line positions will be made without CNGB (ATTN: NGB-GO) approval.

11-15. AMEDD assignment limitations

An officer promoted to brigadier general or major general, ARNGUS, whose branch immediately prior to appointment as general officer was in AMEDD (other than Medical Service Corps) retains identity as an officer of the AMEDD and may not be assigned (except within the AMEDD) to a position that exercises command, including a position requiring assumption of command in the absence of the commander as an integral part of the position, such as deputy or assistant commander (Title 10, USC, section 3579(a)).

Chapter 12**ROTC Early Commissioning Program****12-1. General**

AR 145-1, Senior ROTC Program, Organization, Administration, and Training, authorizes the early commissioning of ROTC cadets who have completed all ROTC requirements except that of obtaining a baccalaureate degree.

12-2. Eligibility for Appointment

a. The Early Commissioning Program (ECP) is restricted to Military Junior College (MJC) cadets who contract into the ROTC Advanced Course after 1 Dec 91. Other ROTC Cadets who contracted into the ROTC Advanced Course on or prior to 1 Dec 91, who have been accessed Reserve Forces Duty (RFD), and who have been accepted by The Adjutant General into a valid ARNG MTOE/TDA officer vacancy will also be eligible for the ECP.

b. MJC ECP cadets are allowed the full 24 months to complete a baccalaureate degree, no exceptions or extensions will be granted beyond this period.

12-3. Commissioning of cadets

A cadet is first commissioned in the USAR under normal ROTC procedures. A memorandum of acceptance from the ARNG unit for a valid unit vacancy verified by The Adjutant General (fig 12-1) and a memorandum of understanding signed by the cadet (fig 12-2) are required prior to commissioning. A copy of these memoranda will accompany the application for Federal recognition.

12-4. Applying for Federal recognition

Lieutenants seeking ARNG appointments from the ECP will apply for Federal recognition IAW the procedures for transfer from the USAR established in chapter 3 of this regulation.

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12-5. Military personnel records jacket (MPRJ)

The PMS or ROTC camp commander will establish an MPRJ for each cadet commissioned under the ECP. Within 30 working days after commissioning, the PMS will forward the MPRJ to The Adjutant General for officers being assigned to ARNG units.

12-6. Establishment and transfer of OMPF and accessions into ARNGUS

a. The Commanding General, ARPERCEN, will establish the OMPF and notify each officer by letter of the obligation to report changes in status (e.g., address, college enrollment status, physical) promptly to ARPERCEN.

b. After administering the State oath to an officer commissioned under this program, the State will prepare an DD Form 368, Request for Clearance from USAR for enlistment/appointment in the ARNG, and forward to Commanding General, ARPERCEN, ATTN: DARP-OPL-A. The DD Form 368 will be annotated "Early Commissioning Program."

c. Upon receipt of a DD Form 368 from The Adjutant General, the Commanding General, ARPERCEN, will forward the officer's OMPF to NGB-ARP-CO.

12-7. Control of officer pending call to AD or Initial active duty training (IADT)

a. The Commanding General, ARPERCEN, will establish controls over all officers commissioned under this program to ensure that they are processed for RA, AD, RFD, or graduate delay status upon graduation. Failure to enroll in a baccalaureate program, disenrollment from college, or failure to obtain a baccalaureate degree within 24 months will cause control of the officer to transfer to ARNG.

b. IAW AR 611-101, the reporting classification code for all ROTC commissionees awaiting initial active duty for training in the appropriate resident officer basic course will be designated as 00D.

12-8. OBC training for officers commissioned under ECP

a. Early commissionees will attend an Active Component resident OBC upon graduation from college or they may volunteer to attend an Active or Reserve Component resident OBC upon appointment.

b. Resident attendance at OBC is the only method for a newly appointed basic branch officer to become branch qualified and eligible for the award of the appropriate AOC.

c. Officers selected for RFD will be scheduled to attend a resident OBC as soon as practical following graduation, unless required to attend prior to that time IAW the policy in this paragraph. The ARNG policy is that all newly appointed officers complete OBC within 12 months of commissioning. Waivers may be granted to 18 months by The Adjutant General. At the end of

24 months after appointment, if the officer has not completed OBC, that officer will be discharged.

d. The Reserve Component versions of OBC currently offered by the Infantry, Armor, Engineer, and Signal Schools were designed for officers commissioned from OCS through the State military academies and ROTC-ECP commissionees required to attend prior to graduation. If not accomplished prior to graduation, all ROTC graduates attending OBC following completion of degree requirements must attend the full length OBC in the appropriate branch.

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LETTERHEAD

(Office symbol)

(Date)

MEMORANDUM THRU The Adjutant General
Professor of Military Science

FOR ROTC Region Commander

SUBJECT: Acceptability of ROTC Cadet for Assignment to an ARNG Unit Under the Provisions of the Early Commissioning Program

1. ROTC Cadet (first name, MI, last name), (SSN), has requested consideration for assignment to the (State) Army National Guard on or about (Date) as a commissioned officer under the provisions of AR 145-1. I certify that a unit vacancy exists and that Cadet (name) is acceptable for assignment upon commissioning to the (unit designation), (unit location), (UIC), (PARA/LN NO.), (TOE/TDA NO.), (AOC), (grade).

2. I understand that Cadet (name) is obligated by law to serve on active duty for a period established by his/her contract and depending upon Cadet (name)'s desires and the needs of the Army. By accepting Cadet (name) for assignment to the unit listed in paragraph 1 above, I agree to release him/her for active duty at the appropriate time.

3. I further understand that in the event the unit to which Cadet (name) is assigned is mobilized, he/she will be ordered to active duty with the unit; however, he/she cannot be deployed overseas until he/she has completed his/her initial active duty training (IADT).

4. I also understand that Cadet (name) will be commissioned in the United States Army Reserve (USAR) and initially assigned to the USAR Control Group (OADO) and that he/she will be transferred to the (State) Army National Guard upon receipt by the Commanding General, U.S. Army Reserve Personnel Center (ARPERCEN) of a properly executed NGB Form 60 which I agree to initiate.

(AUTHORITY LINE - IF USED)

ARNG Unit Adjutant or Commander
(signature block)

Figure 12-1. Letter of Acceptance by ARNG of a Cadet for ECP

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LETTERHEAD

(Office symbol)

(Date)

THRU Professor of Military Science

FOR ROTC Region Commander

SUBJECT: Cadet Statement of Understanding Concerning Appointment as an Officer Under the Provisions of the Early Commissioning Program

1. I understand that if commissioned early under the provisions of AR 145-1, I am still obligated by law to serve on active duty until completion of my initial active duty training (IADT), the terms of my contractual service obligation are completed, or the needs of the Army are met. Any time that may be spent in the Reserve Components, prior to that tour of active duty, will not be credited toward completion of my active duty obligation.
2. I further understand that if commissioned early, I will be given up to 24 months to complete a baccalaureate degree (without being called to active duty). If upon expiration of the 24 month period I have not obtained a baccalaureate degree, or if at any time before the 24 month period has expired, I do not enroll or am disenrolled from college I will be released to the control of the Army National Guard and processed for separation. At the present time, it is my intent to obtain a baccalaureate degree on _____ (date).
3. I also understand that--
 - a. If the Army National Guard unit to which I am assigned is mobilized, my delay of 24 months to obtain a baccalaureate degree will automatically terminate and I will be ordered to active duty with the unit. I also understand that this delay in baccalaureate degree completion does not negate my requirement to complete OBC within 24 months after appointment. At the end of 24 months after appointment, I am aware that I will be discharged from the Army National Guard if I have not completed OBC.
 - b. I must attend a resident officer basic course (OBC) upon graduation from college, or if I have one year or more remaining until graduation I will be scheduled to attend an OBC NLT 12 months from my appointment date.
4. I agree to comply with any and all orders or instructions issued by the Commanding General, U.S. Army Reserve Personnel Center (ARPERCEN). I will keep ARPERCEN informed of my status in school by providing copies of my grades after each semester or term, any change in address, and any other pertinent data. Should I be disenrolled from school for any reason, I will immediately notify Commanding General, ARPERCEN, ATTN: DARP-OPL-E, 9700 Page Boulevard, St. Louis, MO 63132-5000.
5. Under the provisions AR 145-1, I understand that I am eligible to apply for a Regular Army (RA) appointment or active duty if I--
 - a. Am otherwise qualified.
 - b. Have not been previously selected by the Department of the Army for Reserve Forces Duty (RFD).
 - c. Am scheduled to receive a baccalaureate degree during the school year in which I am applying.
6. If I am not eligible or become ineligible to apply for RA or AD or if I have a Guaranteed Reserve Forces Duty (GRFD) contract, I will automatically be selected for RFD.
7. I understand that scholarship and subsistence benefits terminate at the time I accept this commission.

Cadet's Signature Block

Figure 12-2. Sample of Cadet Statement of Understanding

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Chapter 13 ARNG Simultaneous Membership Program (SMP)

Section I Introduction

13-1. Scope

a. The SMP is a voluntary officer training program that requires Reserve Component (RC) enlisted status for eligibility. The SMP permits:

(1) Soldiers assigned to an ARNG unit to enter the Advanced Course (MS III and MS IV) of the Reserve Officer's Training Corps (ROTC) Program and serve as officer trainees.

(2) Eligible ROTC Advanced Course cadets to enlist in an ARNG unit and serve as officer trainees.

(3) Enlistment of eligible individuals into the ARNG as a potential SMP participant.

b. Comprehensive policy and guidance concerning ROTC is contained in AR 145-1.

c. SMP eligibility requirements for enlistment, as contained in table 13-1 of this regulation, are also included in NGR 600-200.

d. SMP advancement and reduction guidance is included in NGR 600-200.

e. Guidance for SMP discharge from the ARNG or concurrent discharge from Reserve of the Army status is included in chapter 8, NGR 600-200.

Section II SMP Eligibility Requirements and Policy

13-2. SMP eligibility, requirements, and policy
SMP eligibility, requirements, and policy are outlined in table 13-1 of this regulation.

Section III Policy

13-3. Policies applicable to enlisted personnel that take part in the SMP who are not enrolled in the ROTC Advanced Course

a. The information in table 13-1 of this regulation applies. Additionally, potential SMP participants will:

(1) Serve in the enlisted grade currently held;
(2) Be coded in SIDPERS using reporting code 09R10 if applying for SMP and 09R20 when contracted as an MS III and accepted as an SMP participant;
(3) Be paid in the grade and years of service attained;

(4) Be used in the enlisted MOS for which they have been trained. In the absence of training they will be used in an appropriate enlisted MOS as determined by the commander of the unit to which assigned or attached.

(5) Be subject to the same standards for satisfactory performance applicable to other enlisted personnel assigned to the unit.

b. Guaranteed Reserve Forces Duty (GRFD). Prior to enrollment in the ROTC Advanced Course, potential SMP participants may initiate a GRFD contract with their ROTC Institution which allows the potential SMP participant to elect the RFD option as a means to fulfill his or her military obligation. Once enrolled in the ROTC Advanced Course, cadets without a GRFD contract may opt for extended active duty or Reserve Forces Duty (RFD) during the branching cycle, but their preference will not be guaranteed. They will be assigned according to the needs of the service after they obtain a baccalaureate degree. Potential SMP participants should be advised to request a GRFD if they wish to remain in the ARNG after college graduation.

c. Apply for enrollment in ROTC Advanced Course within one year. To apply for enrollment, the applicant must be at least an academic sophomore with a 2.0 cumulative grade point average (GPA) (on a 4.0 GPA scale).

13-4. Policies applicable to persons enrolled in the ROTC Advanced Course, but not members of the ARNG

a. Participants in the ROTC Advanced Course may, if otherwise qualified, be enlisted in the ARNGUS as officer trainees (reporting code 09R20), and if serving in a pay grade lower than E-5, such participants shall be promoted to Sergeant E-5 IAW NGR 600-200.

b. Table 13-1 of this regulation applies.

c. Commander's interview. Prior to acceptance, the unit commander will--

(1) Personally interview potential SMP applicants to ascertain evidence of eligibility.

(2) Discuss the applicant's qualifications with the Professor of Military Science (PMS) concerned.

13-5. Policies applicable to participants in the SMP

a. Reporting code 09R20 will be assigned when all provisions for acceptance into the SMP are fulfilled. This will be effective on the date that the ROTC Advanced Course contract, DA Form 597 and DD Form 4 (ROTC), is signed or the date of enlistment, whichever is later.

b. Officer trainees will be promoted to Sergeant E-5 if not already serving in pay grade E-5, IAW NGR 600-200. Officer trainees who hold a pay grade higher than E5 will retain their current pay grade. They are not eligible for further promotion or advancement while a member of the SMP. The effective date for promotion and pay as an E5 for officer trainees will be the date the member is contracted in both the ARNGUS and the ROTC Advanced Course as an SMP participant and assigned the reporting code 09R20.

c. Officer trainees will be paid at the rate applicable to the grade and longevity attained, but not less than the grade of E5. Adjustments to pay during the period of enrollment in the ROTC Advanced Course until commissioning will include basic pay table annual increases, adjustments to Basic Allowance for Subsistence (BAS) and Basic Allowance for Quarters (BAQ), and adjustment to drill pay for years of service and longevity for all service creditable for computation of basic pay. The advanced ROTC subsistence allowance is not affected by membership in the Selected Reserve in a paid drill status.

d. An officer trainee granted a leave of absence by the PMS under the provisions of AR 145-1 will not be deleted from the SMP. The officer trainee who is granted a leave of absence or who otherwise extends the period of enrollment beyond the period of enlistment must voluntarily extend the enlistment by an amount equal to the period of the extended enrollment (AR 145-1).

e. The period of time spent as a participant in SMP is not credited for purposes of longevity or retirement as an officer. If an individual is not commissioned, then the time spent as an SMP participant may be creditable for longevity and retirement purposes (Title 10, USC, sections 2106 and 2107; and Title 37, USC, section 205).

f. Table 13-1 of this regulation applies.

13-6. Policies applicable to ARNG members who conditionally contract into the ROTC Advanced Course

a. ARNGUS enlisted members may conditionally contract in the ROTC Advanced Course while awaiting the final determination of their conditional status. The conditional period of participation is limited to one academic year. The conditional status must be favorably resolved within the specified period or the SMP cadet must be released from the SMP.

b. ARNG members who wish to conditionally participate as SMP nonscholarship cadets must sign a written agreement (fig 13-4) stating that they agree to the following:

(1) Promotion to Sergeant E-5 (MOS 09R20) in the ARNGUS will be effective the day that the cadet is fully contracted, no longer in a conditional status. Any reenlistment or extension bonuses due to the cadet during the conditional period will be paid and will not be subject to recoupment.

(2) The conditional status must be resolved within one academic year or such status will be terminated. Further, they will not be allowed to continue in the ROTC Advanced program until the disqualifying condition is resolved and the cadet becomes fully eligible to reenter under current enrollment criteria.

(3) The cadet understands that the time spent in the ROTC Advanced program as a conditional participant is creditable towards meeting Military Science requirements for commissioning but will not be credited for either length of service (Title 10 USC, sections

2106 and 2107) or for pay purposes (Title 37, USC, section 205) as a commissioned officer.

(4) The cadet understands that his or her promotion to Sergeant E-5, if awarded as a result of becoming a SMP participant, is effective only so long as he or she continues to be a SMP participant. Should a cadet cease to be a SMP participant or be disenrolled for any reason from SROTC, the cadet will revert to the grade held immediately prior to promotion to E-5 as a SMP participant, unless the provisions of AR 145-1 dictate a higher grade.

13-7. Policies applicable to officer trainees who have completed the ROTC Advanced Course

a. Commissioning.

(1) Officer trainees who have a baccalaureate degree at the time they complete the ROTC Advanced Course and those persons scheduled to receive a baccalaureate degree within eight months after completion of ROTC Advanced Course may be commissioned IAW AR 145-1 and may be subsequently appointed in the ARNG.

(2) Officer trainees commissioned under the ROTC Early Commissioning Program (ECP) must compete for officer position vacancies. Unit membership as an SMP participant does not guarantee a position within the unit under ECP. Selection will be based upon individual qualification and demonstrated potential.

(3) Officer trainees with GRFD contracts will receive priority consideration for ARNG unit assignments.

(4) Officer trainees unqualified for appointment under this regulation, but qualified for commission under other provisions of AR 145-1 will be granted a conditional release from the ARNGUS to accept appointment in another component.

(5) Officer trainees with a remaining Military Service Obligation (MSO) who are disenrolled from ROTC Advanced Course, fail to complete the ROTC Advanced Course, fail to be tendered a commission, fail to volunteer for ECP, or fail to accept a commission will be retained in their enlisted status if otherwise qualified, for the completion of their MSO. See table 13-1 and processing procedures in paragraph 13-20 of this regulation.

(6) Officer trainees not qualified for retention in an enlisted status will be discharged in accordance with NGR 600-200.

b. SMP completion cadets: SMP officer trainees (who are not commissioned after completing all ROTC Advanced course requirements except graduation may continue their SMP status with their ARNG unit for a maximum of 24 additional months. All SMP's must remain satisfactory participants in their ARNG Troop Program Unit (TPU).

c. Officer trainees granted a commissioning delay due to academic deficiencies are subject to reevaluation by their unit commander as to whether they should be discharged, retained in an officer trainee status, or transferred to USAR Control Group (ROTC). The unit

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commander will consult with the PMS before taking action. If transferred to USAR Control Group (ROTC), the individual's records will be forwarded to the PMS.

Section IV Evaluation and Assignment

13-8. Evaluation of officer trainees

a. Officer trainees will be evaluated on their performance. At the unit level, the officer trainee should be given maximum exposure to commissioned officers' duties and then given progressive leadership responsibilities. Utilization should be IAW paragraph 13-13 below.

b. The commander's evaluation of the officer trainee's performance and development will be provided to the PMS. The evaluation for the first year of unit performance and the two weeks annual training should be forwarded to the PMS not later 1 August. A second evaluation should be completed 90 days prior to the projected commissioning date and will include a recommendation to commission or not to commission. An evaluation is required in any case of unsatisfactory performance and may be submitted at any time.

c. The commander is encouraged to provide informal evaluations to aid in the development of the officer trainee. Ongoing communication between the PMS and the unit commander is essential to provide optimum training and assistance to the officer trainee as well as to preclude possible problems at the time of commissioning.

d. An enlisted evaluation report will not be prepared while the individual is an SMP participant. If the individual is removed from the SMP, the performance evaluation will be maintained in the Military Personnel Records Jacket (MPRJ).

13-9. Assignment

a. An SMP participant will be assigned as an officer trainee in a unit based on current or projected commissioned officer vacancies. This includes authorized overstrength positions. Once the person is assigned to a position as an officer trainee, that position will not be used to justify additional officer trainees until the person originally assigned has been commissioned or disqualified from participating in SMP. The unit may fill this position with a commissioned officer at any time, and the officer trainee may continue participating in an overstrength status until either commissioned or disqualified from participating in SMP.

b. The total number of SMP participants will be limited by the commander to the number which can be effectively supervised and properly trained.

c. The total number of SMP per State will not exceed 4 percent of wartime required Aggregate (Officer and Enlisted) without prior approval of CNGB. All requests for waiver to exceed the authorized number of

SMP in the State will be forwarded through The Adjutant General to NGB-ARP-PO.

d. SMP participants may be attached to other units. However, the total number attached must be controlled by the State Officer Personnel Manager (OPM).

e. Priorities for acceptance into the SMP. When the number of SMP participants exceeds the capability for effective supervision and quality training, only the best qualified should be selected under a State managed system. Priorities for selection by category will be (in order of priority):

(1) Current ARNG enlisted soldiers who are participating in State funded scholarship programs or recipients of an ARNG-RFD-ROTC or two year Military Junior College (MJC) scholarship.

(2) Other applicants who are enrolled in the ROTC Advanced Course.

Section V Training and Utilization

13-10. Training

a. Officer trainees are required to attend ARNG Annual Training (AT) and ROTC advanced camp. When AT and ROTC advanced camp dates overlap, the priority will be given to the ROTC advanced camp and AT will be rescheduled in accordance with NGR (AR) 350-1. Commanders will interview all of their officer trainees to determine the best time for scheduling their AT. The scheduling of AT will not conflict with the college classes or course work. Attendance at ROTC airborne or air assault school is encouraged and authorized. Constructive credit will be used to report these members on the DA Form 1379 for Inactive Duty for Training (IDT) or AT.

b. The commander will ensure that an appropriate training plan is prepared and proper supervision given to assist in the development of the officer trainee.

c. Commanders will provide a copy of the unit training schedule to the PMS to assist in preventing training conflicts.

d. Commanders should be aware of the ROTC classroom and field instruction being received by the officer trainee, and when possible, training given by the unit to the officer trainee should complement the training received from ROTC participation.

e. If a conflict occurs between an ROTC field training exercise (FTX), Dining In, or military ball and weekend drill, the following applies:

(1) If the ROTC event is part of the required program of instruction in Military Science (MS) III or MS IV, attendance is mandatory for the officer trainee and the ROTC training will have priority. However, the officer trainee must notify the unit of the conflict in advance and provide a training attendance certificate.

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(2) If the ROTC training is not part of the required program of instruction and is voluntary, the ARNG weekend drill will have priority.

(3) When a weekend drill is missed, the commander has the option to grant a split unit training assembly (SUTA) which authorizes normal drill pay, authorize an excused absence (no pay involved), or authorize equivalent training (for pay). A SUTA or equivalent training may be authorized for duties performed with ROTC.

f. A cadet who has completed Initial Active Duty for Training (IADT) is eligible for AT with a unit deploying for overseas deployment for training (ODT). ROTC Basic Camp and/or any combination of MS I, MS II, MS III, and MS IV do not equate to IADT and do not qualify the individual for ODT deployment (Title 10, USC, section 671).

13-11. Policy, utilization of officer trainees

a. Officer trainees will be assigned duties commensurate with the grade of second lieutenant. Commanders should ensure that officer trainees are given the respect and courtesy (except saluting) normally reserved for commissioned officers of the United States Armed Forces. Officer trainees will be expected to salute all officers and warrant officers.

b. As part of their training, officer trainees should be exposed to duties (in a supervisory capacity) normally accomplished by lower grade enlisted personnel (e.g., guard duty, K.P., motor stables, etc.).

c. Commanders will provide the officer trainee with continuous counseling on the officer's leadership role. The commander must always be aware of the officer trainee's future role as a commissioned officer and provide regular feedback on how the officer trainee is executing leadership functions.

d. Officer trainees will not be placed in any position requiring them to act directly for the commander, e.g., duty officer, member of a courts martial, officer solely responsible for the conduct of live fire training, handling of public monies or records pertaining to same, or to any position requiring an officer's certification. Officer trainees may serve as officer of the guard or officer of the day, but such duties must be performed under the supervision of the staff duty officer.

e. Officer trainees will be referred to as "Mister" or "Ms." Terms such as "sir," "ma'am," or sergeant will not be used as a form of military courtesy.

Section VI

Uniform, Subsistence, and Billeting

13-12. Uniform

a. The specific uniform worn by the officer trainee at ARNG unit activities will be determined by the State. Officer trainees will receive the normal unit issue authorized by CTA 50-900 (clothing bag). The ROTC unit

will not issue clothing items furnished by the ARNG according to CTA 50-900.

b. The following are not appropriate for wear while participating in ARNG training activities:

- (1) ROTC cadet rank, ribbon, and fourragere;
- (2) Officer or enlisted military rank insignia; and
- (3) Unit insignia (crest) on utility or garrison caps.

c. ROTC insignia is authorized for wear while in ARNG status.

13-13. Subsistence

During IDT and AT, officer trainees will not be charged for meals but will be required to sign for meals on the unit signature headcount sheet (DA Form 3351).

13-14. Billeting

Officer trainees should be billeted with junior officers during periods of training which require overnight billeting.

Section VII

Processing

13-15. General

Officer trainees must be reported at time of accession under the ARNG SIDPERS system. States are encouraged to coordinate with the PMS to ensure accurate reporting and to resolve any discrepancies between the ARNG SIDPERS and the U.S. Army ROTC Cadet Command Management Information System (MIS).

13-16. Enlistment procedures

a. Soldiers currently enlisted in the ARNG who volunteer and meet the requirements for the SMP must execute the SMP Agreement Annex (NGB Form 594-1R).

b. When an extension of enlistment is required to comply with table 13-1 of this regulation, the provisions of NGR 600-200 apply. The soldier will execute the DA Form 4836 (Oath of Extension of Enlistment or Reenlistment).

c. When an individual is enlisting in the ARNG for the SMP, the provisions of NGR 600-200 apply except as follows:

(1) In DD Form 1966, Item 39, enter "Enl for ARNG ROTC/SMP Program NGR (AR) 600-100 as a (SMP participant) (potential SMP participant)."

(2) In Item 43a, enter "ARNG ROTC/SMP, chapter 13, NGR (AR) 600-100 (SMP participant) (potential SMP participant)."

d. NGB Form 594-1 will be prepared in original and four copies and disposed of as follows:

- (1) One copy in each enlistment packet.
- (2) One copy will be given to the PMS.

e. One copy of each form (DD Form 1966, DD Form 4, NGB Form 594-1, etc.) will be sent to the PMS.

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f. Copies of the PMS Certification (fig 13-1) will be included in each enlistment packet.

13-17. Processing soldiers dropped from potential SMP participation

a. A soldier who has been dropped from potential SMP status will remain as a member of the unit. The unit commander will complete the Notice of Removal from SMP (fig 13-3) and forward copies as shown below:

- (1) The original will be maintained in the soldier's MPRJ;
- (2) A copy will be forwarded to the State Adjutant General; and
- (3) A copy will be provided the soldier.

b. The Adjutant General, or designated representative will obtain an IADT training reservation for the soldier.

13-18. Processing officer trainees who are disenrolled from or fail to complete the ROTC Advanced Course, fail to volunteer for ECP, fail to accept a commission, or fail to be tendered a commission

a. Officer trainees in any of the above categories will be dropped from the SMP and, if otherwise qualified, retained in the ARNG in an enlisted status until completion of their obligation (statutory or contractual).

b. A soldier retained in the ARNG under a., above, must complete BT and AIT, if not previously completed. Individual must enter training within 90 days of disenrollment from ROTC.

c. The unit commander will complete the Notice of Removal from SMP (fig 13-3).

d. The soldier's grade will be adjusted, if required, to the grade attained prior to becoming an officer trainee (NGR 600-200).

e. The soldier will be assigned to an appropriate enlisted position.

f. The soldier will be briefed on the other opportunities available to qualify for appointment as an officer in the ARNG.

g. The PMS will forward the soldier's ROTC records to the commander of the unit to which the soldier is assigned.

h. Enlisted service for those who did not complete the ROTC program is creditable as follows:

- (1) Any ARNG/USAR service concurrent with the ROTC Advanced Course is creditable for longevity and retirement purposes.
- (2) Any uniformed service prior to signing the ROTC Advanced Course contract is creditable enlisted service for all purposes.
- (3) No service credit is awarded solely for participation in the ROTC Advanced program.

13-19. Processing officer trainees for ARNG discharge and reassignment to USAR Control Group (ROTC)

a. An officer trainee having no remaining statutory MSO may request discharge from the ARNG and transfer to the USAR Control Group (ROTC). Such transfer will require the approval of the State Adjutant General.

b. An officer trainee who has incurred an MSO will be discharged from the ARNG and assigned to USAR Control Group (ROTC) when he or she--

(1) Accepts an ROTC scholarship other than an ARNG-RFD-ROTC scholarship or two year MJC scholarship (table 13-1 of this regulation).

(2) Requests a transfer because of a change of residence which results in the individual living beyond a reasonable distance from the unit. The Adjutant General will certify that no units are within commuting distance of the individual's residence and school of attendance.

(3) Requests a transfer to the USAR Control Group (ROTC). The PMS, in coordination with the unit commander, certifies in writing that taking part in unit training is seriously hindering the officer trainee's ability to train with the ROTC and to successfully graduate.

(4) Has been declared an unsatisfactory participant in the ARNG in accordance with AR 135-91 and is not pending disenrollment from the ROTC Advanced Course.

(a) Officer trainees are subject to the same standards and regulations for satisfactory performance that apply to enlisted personnel assigned to the unit.

(b) States will notify the PMS at the school concerned of officer trainees who are not participating satisfactorily in writing.

(c) Notification of reason(s) for discharge will be made to the PMS. The PMS will determine if the officer trainee should continue in or be eliminated from ROTC.

c. Officer trainees will not be transferred to the USAR Control Group (ROTC) solely to be discharged from the ARNG and thereby avoid their statutory or contractual MSO.

d. Discharge from the ARNG and transfer to USAR Control Group (ROTC) will be processed as follows:

(1) Unit commander will submit a written request through command channels to The Adjutant General. This letter must contain justification for ARNG discharge and transfer and will be accompanied by the officer trainee's MPRJ. The Adjutant General has final approval/disapproval authority.

(2) Should The Adjutant General disapprove the transfer, the letter of request and MPRJ will be returned to the sender without further action.

(3) Upon approval of transfer, the following actions will be taken:

(a) Orders will be issued discharging the officer trainee from the ARNG and transferring him or her to USAR Control Group (ROTC) IAW NGR 600-200.

(b) Prepare NGB Form 22, NGB Form 23C, and discharge certificate, if applicable.

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(c) Forward the officer trainee's MPRJ and copies of the discharge orders to the PMS.

(d) Forward a copy of the order to Commanding General, ARPERCEN ATTN: DARP-PAT-R, 9700 Page Boulevard, St Louis, MO 63132-5200.

13-20. SIDPERS ARNG

a. Reporting code will be entered as 09R10 or 09R20 (para 13-5a, above) as appropriate.

b. Training pay retirement category: see Data Element Dictionary, NGB Pam (AR) 25-10.

c. Changes will be made to update SIDPERS as follows:

(1) If disqualified/disenrolled from the SMP but retained in the ARNG, delete the SMP reporting code and enter an enlisted PMOS/DMOS.

(2) If disqualified/disenrolled from the SMP and discharged from the ARNG, delete from the system.

(3) If appointed as an officer in the ARNG, change to appropriate officer status code.

(4) If discharged from the ARNG for the purpose of accepting a commission in another component, delete from the system.

13-21. Processing procedures for commissioning

a. Officer trainees who receive an early commission will be monitored by ROTC Directorate under the administrative control of the USAR Control Group (OADO).

b. Officer trainees must be discharged in the grade held prior to enrollment in SMP IAW NGR 600-200 from the ARNG before being appointed as a commissioned officer. Effective date of discharge will be the day preceding commissioning in the Reserve of the Army with assignment to the USAR. The authority to issue discharges for this purpose is The Adjutant General. A conditional release will be given to the PMS upon request in order that the individual may be appointed upon completion of ROTC requirements. A separate order will then be prepared using the Oath of Office (DA Form 71) to discharge the individual from enlisted status. State/unit personnel should be present for the commissioning ceremony if possible. The officer being appointed in the ARNG will be appointed effective the date following the USAR assignment.

13-22. Commissioned Status

Once commissioned, the officer will be managed under the provisions of this regulation.

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LETTERHEAD

(ROTC Institution)

(Office symbol)

(Date)

MEMORANDUM FOR

SUBJECT: PMS Certification

1. According to Chapter 13, NGR (AR) 600-100, officials of the Army National Guard must have certificates from a PMS, ROTC, that an applicant for the ROTC/SMP will be enrolled in the ROTC Advanced Course, before the ARNG enlistment can be completed.

2. As a result of an interview with (Name) on (Date) , I hereby certify that he/she will be accepted for enrollment in the ROTC Advanced Course. The applicant appears to have those qualifications necessary for becoming an effective Army officer.

(Signature Block of PMS)

Figure 13-1. Sample PMS (ROTC) Certification

ANNEX _____ DD FORM 4/DA FORM 4836
SIMULTANEOUS MEMBERSHIP PROGRAM AGREEMENT ARMY NATIONAL GUARD
[TO BE TYPED ON NGB FORM 594-1]

A. AGREEMENTS

1. I hereby agree to amendment of my previous Agreement as follows and understand that --

- a.* I (am)(am not) required to complete basic training prior to enrollment in the Advanced ROTC Course.
 - b.* I am required to apply for enrollment in the Advanced ROTC Course, if not already enrolled, within one year from the date of this Amendment.
 - c.* Should I be a member of the USAR Control Group (ROTC), I will be discharged from the USAR Control Group (ROTC) and transferred for enlistment/reenlistment in the ARNG.
 - d.* Should I later be awarded an Army ROTC scholarship, which does not provide for Reserve Forces Duty (RFD), or is not a two year Junior Military College Scholarship, I will be discharged from the ARNG and transferred for assignment to the USAR Control Group (ROTC) prior to acceptance of such scholarship.
 - e.* I may not, when a commissioned officer, apply credits which stem from enlisted service performed concurrently with Advanced ROTC Course training toward computation of length of service for any purpose.
 - f.* I will volunteer for commissioning under the ROTC Early Commissioning Program if upon completion of the ROTC Advanced Course I am not scheduled to receive, within 8 months, a baccalaureate degree.
 - g.* Upon becoming a SMP participant, I must have four years remaining on my original or extended enlistment/reenlistment contract in the Selected Reserve from date of enrollment in the SMP.
 - h.* Unless I obtain a Guaranteed Reserve Forces Duty (GRFD) contract prior to enrollment in Advanced ROTC, I will serve with the ARNG after commissioning until I obtain a baccalaureate degree. Upon obtaining the degree, I will then be selected for either Reserve Forces Duty or Extended Active Duty according to the needs of the service.
2. Additional details of my participation in the SMP are in Section ____.

B. FOR ALL DIRECT SMP ENLISTMENTS/REENLISTMENTS

3. My enlistment/reenlistment in the ARNG is for the purpose of directly participating in the Simultaneous Membership Program. As a participant in the SMP, I understand that --

- a.* If I fail to apply for enrollment in the Advanced ROTC Course, as required, I will--
 - (1) Be deleted from the SMP,
 - (2) Be retained in the enlisted grade held prior to participation in the SMP,
 - (3) Be required to execute the terms of my enlistment/reenlistment agreement excluding this amendment, and
 - (4) Complete Basic Training (BT) and Advanced Individual Training (AIT) if not previously completed.
- b.* If I apply for enrollment in the Advanced ROTC Course, but fail to be accepted, then I may--
 - (1) Elect deletion from the SMP in order to continue in an enlisted status as if I had failed to apply for enrollment (para 3a, above), or
 - (2) Elect discharge as a Reserve of the Army and as a member of the ARNG.
- c.* If I am enrolled in the Advanced ROTC Course and fail to volunteer for ECP, and as required, fail to accept a commission or fail to be tendered a commission, then I will be deleted from the SMP and be required to continue in an enlisted status as if I had failed to apply for enrollment (para 3a, above).

Figure 13-2

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C. FOR CURRENT ARNG MEMBERS ELECTING PARTICIPATION IN SMP

4. As a current ARNG member, my original enlistment/reenlistment agreement is to be held in abeyance in order that I may participate in the SMP. As a participant in the SMP, I understand that --

a. Upon acceptance into the SMP, I am not eligible to continue in the ARNG Incentive Program. I will not be entitled to further incentive payments. Acceptance into the SMP does not constitute a condition where recoupment of incentive payments is required.

b. If I am disenrolled from or I fail to complete the Advanced ROTC Course, or fail to be tendered a commission or accept a commission, or fail to volunteer for the ROTC Early Commissioning Program, then provisions of para 3a, above, apply.

D. CONFIRMATION OF SMP AGREEMENT

5. My acceptance into the SMP is based on my desire to volunteer for the program which requires enlisted status for eligibility.

6. I certify that I have carefully read this document. Any questions I had were explained to my satisfaction. I fully understand that "ONLY THOSE AGREEMENTS IN SECTION A AND __ OF THIS DOCUMENT OR THOSE RECORDED AND ACKNOWLEDGED BY ME, WILL BE HONORED. ANY OTHER PROMISES OR GUARANTEES MADE TO ME BY ANYONE ARE WRITTEN BELOW." (Include brief description of any recorded document other than this agreement, if NONE, check "NONE" and initial.

() _____
Initials of Applicant

E. AUTHENTICATION

(Signature of Unit Commander)

(Signature of Applicant)

(Date)

(Typed Name of Unit Commander)

(Grade)

(SSN)

Unit for which Enlisted:

(Unit Address)

(Officer Trainee Position)

(Paragraph and Line Number)

Figure 13-2--Continued

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LETTERHEAD

(Office symbol)

(Date)

MEMORANDUM FOR

SUBJECT: Notice of Removal from Participation in SMP with Continuing Membership in the Unit of Assignment

1. Effective this date, Officer Trainee _____, SSN: _____, is hereby removed from the SMP as a result of--

- a. Not having enrolled in the ROTC Advanced Course within one year of entry into the SMP;
- b. Not having been accepted for enrollment in the ROTC Advanced Course;
- c. Having been disenrolled from the ROTC Advanced Course;
- d. Refusing to accept a commission when tendered; or,
- e. Not having been tendered a commission.

2. _____ has a remaining military service obligation, either statutory or contractual. He/she is thereby retained as a member of the ARNG, currently assigned to this unit, until the date of expiration of term of service (ETS), which is _____.

3. The following additional information is provided--

- a. IAW NGR 600-200, enlisted pay grade reverts from Officer Trainee to _____.
- b. Reporting code is changed from 09R10/09R20 to _____ (PMOS/DMOS) _____.
- c. Entry on IADT to complete basic training or advanced individual training, or both, (is) (is not) required. A training reservation (has) (has not) been obtained through the REQUEST system. The member will enter on IADT _____ at _____ to undergo training in MOS _____.

FOR THE COMMANDER:

(Signature Block)

Figure 13-3. Notice of Removal from Participation in SMP

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LETTERHEAD

(Office symbol)

(Date)

MEMORANDUM FOR

SUBJECT: Statement of Understanding of Conditional Enrollment - Simultaneous Membership Program (SMP)

I, _____, have been briefed and understand that while conditionally enrolled in the ROTC Simultaneous Membership Program I am subject to the following:

- a. I can only be conditionally enrolled in the ROTC Advanced Course for a maximum of one academic year.
- b. I will receive commissioning credit for the time spent as a conditional cadet provided I meet all eligibility requirements and become fully contracted within one academic year.
- c. I will be eligible for any reenlistment or extension bonuses due as an actively participating enlisted member of the ARNG while in a conditional status.
- d. If not already in a pay status equivalent to E-5 or above, I will be eligible for an administrative advancement to Cadet/E-5 (MOS 09R20) in the ARNG effective on the day that I am fully contracted into the ROTC Advanced Course.
- e. I will not receive credit for my reserve time for either length of service (Title 10 USC, section 2106(c)) or pay purposes (Title 37 USC, section 205(d)) once I am commissioned.

(Signature of Applicant)

(Signature of PMS or Enrollment Officer)

Figure 13-4. Statement of Understanding of Conditional Enrollment - Simultaneous Membership Program (SMP)

Table 13-1
SMP Standards and Policy

Applicable to nonprior service and prior service applicants qualified for enlistment in the ARNG who can meet criteria for enrollment in MS III, ROTC.

Part 1. Prerequisites that must be met before enlistment

a. Meet basic eligibility standards for enlistment as prescribed by NGR 600-200, to include full Military Entrance Processing Station (MEPS) processing, unless fully contracted as an MS III or MS IV.

b. Meet additional requirements below for enrollment in ROTC.

- (1) Agree to apply for enrollment in ROTC Advanced Course within one year after enlistment in ARNG.
- (2) Be of good moral character.
- (3) Be a citizen of the United States.
- (4) Be at least 18 years of age and under 30 years of age at the time of appointment as a commissioned officer in the Reserve of the Army. HQDA (DAPC-OPP-P) will consider requests for waiver in exceptional cases when approval is recommended by the unit commander concerned, The Adjutant General, and the Commanding General, U.S. Army ROTC Cadet Command. An approved waiver of maximum age will constitute a waiver for enrollment in the ROTC Advanced Course and for appointment as a Reserve commissioned officer of the Army.
- (5) Meet medical fitness standards prescribed in AR 145-1 for enrollment in ROTC Advanced Course.
- (6) Have qualifications for becoming an effective Army officer as evidenced by appearance, record, personality, scholarship, extracurricular activities, and aptitude for military training. See AR 145-1 for personnel ineligible for enrollment in the ROTC Advanced Course.
- (7) Achieve a satisfactory score on the Officer Selection Battery (OSB), the mental screen for enrollment in MS III, and have a minimum grade point average of 2.0 (on a 4.0 scale).
- (8) Be enrolled or intend to enroll with a minimum of two years remaining in a full-time regular course of instruction leading to a baccalaureate or advanced degree at an eligible institution hosting or having a Cross-enrollment Agreement or Extension Center Agreement with another institution hosting an Army ROTC program. This requirement does not apply to individuals contracted and enrolled in MS III or MS IV at time of enlistment. Questions on enrollment status are to be resolved through coordination with the PMS concerned (AR 145-1).
- (9) Cannot currently be a ROTC scholarship recipient.

c. Prior service applicants must agree to a minimum contractual service obligation of four years on enlistment. Nonprior service applicants must enlist for an eight year MSO (minimum 4x4 Enlistment option). ARNG soldiers with less than four years remaining on their enlistment must reenlist or extend their enlistment to a period of four years IAW NGR 600-200.

d. Have completed PMS Certification (fig 13-1) which shows that the applicant will be enrolled in the ROTC Advanced Course.

e. Complete the SMP agreement (NGB Form 594-1) (fig 13-2).

Part 2. Prerequisites that must be met after enlistment/enrollment

a. Satisfactory participation with the unit at all scheduled training assemblies and AT periods. A discharge from the ARNG for unsatisfactory participation may result in disenrollment from the ROTC program.

b. If soldier has no prior military service, he or she must enter on IADT within 270 days after enlistment and successfully complete the IADT requirement. This requirement is deferred for individuals contracted in MS III or MS IV at the time of enlistment. No part of the ROTC program, to include ROTC Basic or Advanced Camp, satisfies the IADT requirement.

c. Maintain height and weight standards of AR 600-9.

Part 3. Policy

Applicant will be informed of the requirements in Part 2 a, b, and c above and the following:

a. SMP is a voluntary officer training program that requires ARNG/USAR enlisted status for eligibility.

b. In computing length of service for any purpose, an SMP member subsequently commissioned will not be credited with enlisted service for the period covered by MS III and IV (Title 10 USC, section 2106). Service may be used in computing basic pay if soldier reverts to enlisted or warrant officer status without accepting a commission.

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Table 13-1--CONTINUED
SMP Standards and Policy

Part 3. Policy--Continued

c. Participants in the RFD Scholarship Program will participate in the SMP upon enrollment as a RFD scholarship cadet. Recipients of a two year MJC scholarship have an option to join the SMP. SMP participants may apply for Army ROTC scholarships other than RFD scholarships or two year MJC scholarships. However, they will be discharged from the ARNG and transferred to USAR Control Group (ROTC) before they accept such a scholarship. Acceptance of a RFD scholarship or a two year MJC scholarship will not require discharge from the ARNG and transfer to the USAR Control Group (ROTC).

d. Should any of the following occur, the soldier will be retained in the unit in an enlisted status, if otherwise qualified, until completion of his or her statutory or contractual obligation and will be required to undergo any IADT not previously completed to include AIT for MOS qualification. The terms of the original enlistment, reenlistment or extension agreement, if enlisted prior to contracting as an MS III, will apply.

(1) Potential SMP participants who fail to apply for enrollment in ROTC Advanced Course within one year after enlistment, reenlistment, or extension for the SMP.

(2) Officer trainee who is disenrolled from ROTC Advanced Course.

(3) Officer trainee who fails to complete ROTC Advanced Course.

(4) Officer trainee who fails to volunteer for the ECP, if applicable.

(5) Officer trainee who fails to accept a commission.

(6) Officer trainee who fails to be tendered a commission.

e. An SMP participant who was contracted in the ROTC Advanced Course prior to enlistment in the ARNG and subsequently disenrolled from the ROTC Advanced Course may request:

(1) Discharge from the current enlistment agreement.

(2) Retention in the unit in an enlisted status with same requirements as Part 3d above.

f. If required, the unit commander will reduce the soldier IAW policy in NGR 600-200 (figure 13-3).

g. Incentive Programs. SMP participants are not eligible to participate in the enlistment bonus, education assistance, affiliation bonus, or retention bonus programs. Upon acceptance into the SMP, participants in these incentive programs will not be entitled to further incentive payments. Acceptance into the SMP does not require recoupment of incentive payments (See AR 135-7).

h. Refer to AR 135-7 for eligibility for the Montgomery GI Bill.

i. If the participant is separated from the ARNG and still enrolled in ROTC, he/she will be transferred to USAR Control Group (ROTC) (paragraph 13-22).

j. The PMS will establish the MPRJ which will contain the documents as specified in AR 145-1 and will forward it to the appropriate State Adjutant General when the officer trainee is commissioned or disenrolled/disqualified from the ROTC Advanced Course.

k. The Officer Personnel Management File (OPMF) will be established by ARPERCEN and will be forwarded to the Personnel Services Division upon receipt of the NGB Form 60. The State will annotate that the person was appointed from the ROTC SMP program.

Part 4. Individuals who are already contracted in the ROTC Advanced Course

a. Nonprior service individuals who are already enrolled in the ROTC Advanced Course and who are enlisting under the SMP are required to undergo the ASVAB. An enlistment physical is not required provided the ROTC Advanced Course physical is not more than four years old, and there have been no medical problems since the date of the last physical to be fully MEPS processed.

b. Individual must have a remaining obligation (statutory or contractual) of four or more years at time of enlistment.

c. Individual must complete NGB Form 594-1.

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**Appendix A
References**

Title 5, United States Code
Government Organization and Employees

Title 10, United States Code
Armed Forces

Title 32, United States Code
National Guard

AR 25-50
Preparing and Managing Correspondence

AR 40-68
Quality Assurance Administration

AR 40-501
Standards of Medical Fitness

AR 135-91
Service Obligations, Methods of Fulfilment, Participation Requirements, and Enforcement Procedures

AR 135-100
Appointment of Commissioned and Warrant Officer of the Army

AR 135-101
Appointment of Reserve Commissioned Officers for Assignment to Army Medical Department Branches

AR 135-155
Promotion of Commissioned Officers (Other than general officers) and Warrant Officers of the Army

AR 140-10
Assignments, Attachments, Details, and Transfers

AR 165-1
Chaplain Activities in the US Army

AR 380-67
The Department of the Army Personnel Security Program

AR 600-2
Name and Birth Data and Social Security Number

AR 600-8-2
Suspension of Favorable Personnel Actions (FLAGS)

AR 600-9
Army Weight Control Program

AR 600-20
Army Command Policy

AR 604-10
Military Personnel Security Program

AR 611-101

Personnel Selection and Classification, Commissioned Officers Classification System

AR 611-112
Personnel Selection and Classification, Manual of Warrant Officer Military Occupational Specialties

AR 614-100
Officer Assignment Policies, Details and Transfers

AR 635-100
Officer Personnel

AR 635-200
Enlisted Personnel

AR 670-1
Wear and Appearance of Army Uniforms and Insignia

DA Pam 600-3
Commissioned Officers Professional Development and Utilization

DA Pam 600-4
AMEDD Officer Development and Career Management

FORSCOM/ARNGR 350-2
Reserve Component Training

NGR 10-1
Organization and Federal Recognition of Army National Guard Units

NGR (AR) 37-104-3
Military Pay and Allowances - Army National Guard

NGR (AR) 95-1
Army National Guard Aviation: Flight Regulations

NGR 351-5
State Military Academies

NGR 600-105
Aviation Service of Rated Army Officers

NGR 614-1
Inactive Army National Guard

NGR 635-100
Termination of Appointment and Withdrawal of Federal Recognition

NGB Pam (AR) 37-104-3
Unit Level Military Pay Procedures, Army National Guard

NGB Pam 37-104-10
State Level Military Pay and Allowance Procedures, Army National Guard

NGB Pam 600-3
Professional Development and Utilization of Commissioned Officers in the Army National Guard

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Appendix B
Documents Required by National Guard Bureau for Federal Recognition
(For Other Than General Officers)

DOCUMENT		Initial appointment	Reappointment/New appointment	Appointment from USAR in grade and branch	Appointment from USAR in grade but in new branch	Branch transfer	Interstate transfer in branch	Interstate transfer in new Branch	Unit promotion	Certificate of Eligibility Appointment	Certificate of Eligibility Promotion
1	NGB Form 62	X	X	X	X				X	X	
2	Birth certificate	X							X		
3	Copy of Reserve of the Army appointment		X	X	X		X	X		X	
4	Copy of Reserve of the Army promotion letters/orders	X	X	X	X		X	X	X	X	X
5	Verification of Security Clearance (see fig 3-5 of this regulation)	X	X		X					X	
6	SF 88 and SF 93	X	X	X	X				X	X	X
7	Evidence of highest civilian education (copy of certified transcript)	X	X	X	X		X	X	X	X	X
8	NGB Form 89 (Proceeding of FFR)	X	X	X	X		X	X	X	X	X
9	NGB Form 337/DA Form 71 (Oath of Office)	X	X	X	X		X	X	X	X	X
10	Diploma from OCS/required MEL course	X	X	X	X		X		X	X	X
11	Waivers granted by TAG, CNGR, or SA	X	X	X	X				X	X	X
12	Aeronautical aviation orders	X	X	X	X		X	X			
13	Statement of MSO IAW AR 135-91	X	X	X	X						
14	Conditional release from another component/State (NGB Form 61 or DD Form 368)	X	X	X	X		X	X			
15	DD Form 214 or similar documents to substantiate prior service	X	X	X	X				X		
16	Evidence of citizenship	X	X	X	X				X		
17	Orders announcing personnel action	X	X	X	X		X	X	X		
18	Current ecclesiastical endorsement and, documents required by AR 135-100 and appendix I, NGR (AR) 600-100 (Chaplain applicant)	X	X		X				X		
19	Highest State Court/US District Court Certificate, interviews, statements, and photographs required by AR 135-100 (JAGC applicants)	X	X		X				X		
20	Documents required by AR 135-101 and appendix J, NGR (AR) 600-100 (AMEDD applicant)	X	X		X				X		
21	Verification of applicant's SSN	X			X				X		
22	Copies of orders relating to awards, decorations, and citations	X	X	X	X				X		
23	Statement of understanding if unable to complete 20 years retirement service	X	X	X	X				X		

Appendix C**Documents Required for Consideration for Federal Recognition
to and Within the Grades of General**

DOCUMENT	NUMBER OF COPIES
1. Letter of recommendation (format is prescribed in appendix D of this regulation, individual's branch, AOC and functional area are those he or she holds as a federally recognized colonel; reasons why individual is well qualified for Federal recognition as a general officer should be included).	1
2. State order appointing individual as brigadier or major general, Adjutant General's Corps, line or special branch. ¹	1
3. State order assigning individual to a position authorized for a brigadier or major general. ¹	1
4. State order reassigning former incumbent of the position (unless position is newly authorized). ¹	1
5. Original of Standard Form 88 (Report of Medical Examination) with attachments and Standard Form 93 (Report of Medical History) executed at an Active military medical facility within 1 year immediately preceding the date the board is convened and prepared in accordance with AR 40-501 (must be signed by Medical Corps officer).	1
6. Extract (readable copy) of the pertinent portion of the State code which provides that the position to which the individual is assigned requires (or stipulates) the grade of brigadier or major general for Adjutant General or Assistant Adjutant General.	1
7. Current Retirement Points Accounting System (RPAS) printout.	1
8. Biographical summary that includes a separate addendum describing the nature of the officer's civilian occupation and the scope and extent of responsibilities (format is prescribed in appendix H of this regulation). If individual is a candidate for certificate of eligibility, assignment should be "proposed." Enlisted military education and duty assignments should be included. Only Federal decorations and badges should be listed. Each entry on the biographical summary must be documented on the officer's Official Military Personnel File (OMPF). If an entry is not documented on the OMPF, the substantiating document(s) must be provided in hardcopy. DA Form 2-1 is not a substantiating document.	1
9. Full-length, color, glossy, official military photograph (4x10 or 8x10 inches) taken within the past 2 years and showing the officer in an Army green uniform (less headgear) with name tag, current insignia of grade, all authorized awards and decorations, and basic branch insignia. Officer's signature must be on the reverse of the photograph, along with his name, grade, SSN, height, weight, and the date of the photograph.	2
10. Color, glossy, portrait photograph (4x5 inches) taken in Army green uniform (less headgear).	2

NOTE:¹ Not required for Certificate of Eligibility.

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Appendix C**Documents Required for Consideration for Federal Recognition
to and Within the Grades of General--Continued**

DOCUMENT	NUMBER OF COPIES
11. If end date of current OER to submission suspense date of promotion packet to NGB is greater than 120 days, prepare a special OER covering the time period and submit original in promotion packet.	1
12. Statement verifying current security clearance	1
13. Biographical sketch (narrative format is that used in "General Officers of the Army and Air National Guard").	1

Appendix D

Format for Promotion Recommendations

Basic memorandum

LETTERHEAD

(Office symbol)

(Date)

MEMORANDUM THRU *(Intermediate commanders)*

FOR *(State Adjutant General)*

SUBJECT: Recommendation for Promotion of Officer

1. Under the provisions of chapter 8, NGR (AR) 600-100, recommend that the following named officer be promoted in the Army National Guard:

- a. Name:
- b. SSN:
- c. Branch:
- d. Area of concentration and/or functional area
- e. Present grade:
- f. Present assignment and unit (include paragraph and line number):
- g. Grade, assignment and unit for which recommended (include MTOE/TDA paragraph and line number):
- h. Mailing address: Home and Unit

2. This officer has clearly demonstrated the required fitness for the responsibilities and duties of the position, grade and branch for which recommended.

- a. The following periods of service are creditable for promotion to the higher grade:
- b. The officer meets the minimum military and civilian educational requirements. See enclosed evidence.
- c. Individual meets the height and weight standards of AR 600-9: (Yes/No) Height _____ Weight _____.

Encl
as

SIGNATURE BLOCK
(the Immediate Commander)

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Appendix D

Format for Promotion Recommendations--Continued

Endorsement by State Adjutant General

(Endorsement heading)

SUBJECT: Recommendation for Promotion of Officer

(State Adjutant General, address and date)

FOR: President, Federal Recognition Board, *(address)*

1. Concur with recommendation contained in basic communication.
2. Request records be examined to determine officer's qualification for Federal recognition in the Army National Guard in the branch and higher grade.
3. Promotion in the Army National Guard of the State will be accomplished if recommended by the board.
4. Entries listed in the basic communication have been verified from the official records in this office.

(Authority line, when used)

Encl
Added ____ Encls
Added ____ Encls
____ Order appointing board Personnel records

SIGNATURE BLOCK
(the Adjutant General or Representative)

Appendix D

Format for Promotion Recommendations--Continued

Endorsement by Federal Recognition Board

(Endorsement heading)

SUBJECT: Recommendation for Promotion of Officer

President, Federal Recognition Board, (address and date)

THRU Senior Regular Army Advisor, (address)

TO The Adjutant General, (State and address)

The examination of the officer has been completed with the results in the proceedings of the board.

___ Encl
Added ___ Encl
___ NGB Form 89

SIGNATURE BLOCK
(President of the Board)

Endorsement by Senior Regular Army Advisor

(Endorsement Heading)

SUBJECT: Recommendation for Promotion of Officer

Office of the Senior Army Advisor, (address and date)

FOR The Adjutant General, (State and address)

As provided in Chapter 10, NGR (AR) 600-100, the Federal Recognition Board proceedings have been reviewed and the following action is recommended:

Encl

SIGNATURE BLOCK
(Senior Regular Army Advisor)

15 April 1994

NGR (AR) 600-100

Appendix D

Format for Promotion Recommendations--Continued

Endorsement by State Adjutant General to Chief, National Guard Bureau

(Endorsement heading)

SUBJECT: Recommendation for Promotion of Officer

State Adjutant General, *(address and date)*

FOR Chief, National Guard Bureau, Personnel Services Division, ARNG Readiness Center,
111 South George Mason Drive, Arlington, VA 22204-1384

Request that Federal recognition to date from *(effective date)* be extended to *(first, middle, and last name)*,
(SSN), *(grade)*, *(branch)*, with assignment to *(MTOE/TDA position)*, *(unit designation)*.

(Authority line, when used)

___ Encl

wd personnel records

Added ___ Encl

___ State promotion order

___ Documents required by Appendix A if not
previously part of action

SIGNATURE BLOCK

(State Adjutant General or Representative)

Appendix E

List of Qualifying Courses for Military Educational Requirements for Promotion

GROUP I COURSES

US Army Command and General Staff Officer Courses (*Notes 1, 2, 3, 4, and 5*):

- Command and General Staff Officer - Active Component
- Command and General Staff Officer - Reserve Component
- USAR School (*resident/nonresident program*)
- Nonresident program - ACCP
- Chaplain's Reserve Component General Staff Course
- JAGC Reserve Component General Staff Course
- AMEDD Reserve Component General Staff Course
- Air Command and Staff College Course (*resident course*)
- Marine Command and Staff College Course (*resident course*)
- Naval College of Command and Staff (*resident course*)
- Armed Forces Staff College (*resident course*)
- School of the Americas Course (*resident course*)

Any other course for which the Army awards military education level (MEL) 4 (DA Pam 351-4) that is taken completely in residence.

GROUP II COURSES

Branch School Courses:

- Officer Advanced Course - Active Component
- Officer Advanced Course - Reserve Component (*resident*)
- Officer Advanced Course - USARF School (*resident/non-resident*)
- Officer Advanced Course - Army Correspondence Course Program (ACCP) (*resident/non-resident*)

GROUP III COURSES

Branch School Courses:

- Officer Basic Course - Active Component
- Officer Basic Course - Reserve Component (*resident*)

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Appendix E

List of Qualifying Courses for Military Educational Requirements for Promotion--Continued

NOTES:

1. The Combined Arms and Services Staff School (CAS3) consists of 140 hours of nonresident correspondence instruction and 9 weeks resident training. IAW AR 135-155, officers who completed CAS3 resident course prior to 1 Nov 84 or CAS/RC-CAS3 after 1 Nov 84 but prior to 1 Sep 89 are considered to have met the educational requirement for promotion to LTC. RC-CAS3 may be completed through USARF School attendance. Phase I is the same 140 hour correspondence instruction that must be completed prior to enrollment into Phase II. Phase II is completed through participation in one Annual Training period and eight MUTA 5 training periods.
2. Effective 1 Oct 91, captains with a date of rank after 30 Sep 87 will be ineligible to enroll in CGSOC without CAS3.
3. Effective 1 Oct 94, completion of CAS3 is a requirement for promotion to major and enrollment into CGSOC.
4. Completion of either the Logistics Executive Development Course (LEDC) or the Associate Logistics Executive Development Course (ALEDC) will satisfy the requirement for 50% completion of Command and General Staff Officers Course for promotion to LTC. Officers must complete 100% of the Command and General Staff Officer Course for promotion to colonel.
5. Effective 1 Oct 93, ARNG policy will require lieutenant colonels to have completed CGSOC to be assigned in battalion or higher command positions and in brigade executive officer or S-3 positions. Additionally, lieutenant colonels with three years time in grade must have completed CGSOC to qualify for assignment to any principal staff positions at brigade or higher level commands.

Appendix F

Commissioned Officer Branch/Functional Area Substitution Table

If MTOE/TDA position description is:	It may be filled by substituting officers who have the following branch or functional area code (see notes 1, 2, and 3):
1. Commander (all levels)	No substitution authorized. Officers selected to command must be qualified IAW the requirements of the MTOE/TDA position. (See chapter 6 of this regulation.)
2. Executive officer, deputy commander (all levels)	No substitution authorized. Officers selected to command must be qualified IAW the requirements of the position. (See chapter 6 of this regulation.)
3. Adjutant; personnel staff officer (G1, S1); ACofS G1	11, 12, 13, 14, 15, 18, 21, 25, 31, 35, 41, 42, 70, 88, 91, and 92
4. Assistant adjutant; assistant personnel staff officer (G1, S1); Deputy ACofS G1	Same as item 3 above.
5. Division, brigade, and battalion level operations officer (G3, S3)	Same as item 2 above.
6. Operations, plans, training; TAC, or force development officer not at brigade or battalion level	54 or Area of Concentration(AOC) designated on authorization document. Substitution to be determined based on individual qualifications and position requirements.
7. Supply staff officer (G4, S4)	11, 12, 13, 14, 15, 18, 21, 25, 31, 35, 70, 88, 91, 92, 97
8. Assistant supply staff officer (G4, S4), logistics officer	Same as item 7 above.
9. Supply and service officer; assistant supply and service officer	21, 25, 70, 88, 91, 92, 97
10. Supply management officer	Same as item 9 above.
11. Maintenance staff officer, unit maintenance officer	Same as item 9 above.
12. ACofS G5	Same as item 3 above.
13. ACofS G2, S2, security officer (See notes 4, 5, and 6.)	11, 12, 13, 14, 15, 18, 21, 25, 31, 70, 88, 91, 92
14. Military intelligence officer (See notes 4, 5, and 6.)	All other positions coded 35 may be filled with codes in item 13 above.
15. Human relations officer	Branch immaterial. Officer must have skill 5T.
16. Motor officer	Branch immaterial.
17. Communications and electronics officer	No substitution authorized in signal units. All other positions coded 25 may be filled with the codes in item 3 above.

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Appendix F

Commissioned Officer Branch/Functional Area Substitution Table--Continued

If MTOE/TDA position description is:	It may be filled by substituting officers who have the following branch or functional area code (see notes 1, 2, and 3):
18. Chemical officer	No substitution authorized in chemical units. All other positions coded 74 may be filled with the codes in item 3 above.
19. Headquarters commandant	Same as item 3 above.
20. Rotary wing and fixed wing aviators	15. Officer must meet skill requirements of the position.
21. Aeromedical evacuation officer	67J (MSC Branch required).
22. Aide-de-camp	Same as item 3 above.
23. Recruiting and induction officer	Same as item 3 above.
24. Selective service officer	Branch immaterial.
25. Civil affairs officer	48.
26. Psychological operations officer	48.

NOTES:

1. This table is intended to be used as a guide in making assignments which do not meet full management and utilization criteria found in the regulations. It allows for branch and functional area substitution pending training of the incumbent officer or future assignment of a fully qualified officer.

2. Officers assigned under the substitutability criteria of this table will immediately be given educational stipulations to qualify for award of the AOC required by the authorization document. An exception to this requirement is authorized for MS officers assigned in lieu of MC officer under the provisions of paragraph 4-3f(2) of this regulation.

3. The staff specialist branch is a branch of the Army to which personnel of the ARNG and the USAR may be appointed and serve. The three categories of personnel who are appointed and assigned to the staff specialist branch are chaplain candidates or seminarians, officers assigned to Selective Service positions, and selected instructors.

4. The substitution of non-branch-qualified officers in CMF 35, Military Intelligence Corps, positions in Combat Arms and Combat Support Arms units (to include Battalion and Brigade S2 sections) is permitted provided that:

a. A qualified CMF 35 MI officer is not available

b. Prior to being assigned to or appointed in the intelligence duty position, the prospective officer possesses:

(1) A TOP SECRET security clearance and eligibility for access to sensitive compartmented information (SCI).

(2) A completion certificate from the correspondence phase of the Reserve Component MI Officer Transition Course unless the officer has completed other MI courses leading to branch qualification IAW AR 611-101.

c. Within one year of assignment to the position, the officer has completed the correspondence and resident phases of the Reserve Component MI Officer Transition Course of any course in AR 611-101 that supports branch qualification.

Appendix F

Commissioned Officer Branch/Functional Area Substitution Table--Continued

NOTES:

5. An officer assigned to a non-CMF 35 S2 position at Brigade level or higher (primarily accounts for artillery brigades) will complete the Reserve Component MI Officer Transition Course of any MI course in AR 611-101 that would normally support MI branch qualification within one year.
6. Branch qualification will require that each of the stipulations of AR 611-101 and DA PAM 600-3 is met in order to consider personnel "qualified" in Military Intelligence or the Military Intelligence position. Unit Commanders and the State Officer Personnel Classification Board may not waive these prerequisites.

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Appendix G Branch and Functional Area Code Table

G-1. Redesignation of an initial AOC to another AOC associated in the same basic branch does not require FRB action. Review by OPCB is required to ensure officer's qualifications match those in appropriate classification guidance.

G-2. All redesignations of AOCs to or within special branches will be in accordance with guidance and limitations set forth in AR 611-101.

G-3. If found qualified by OPCB, officers may be awarded and assigned duties in AOCs listed in Section II of this appendix without branch redesignation or FRB action.

*Section I - The Basic and Special Branches of the Army and their associated Branch Code (*Denotes Special Branch)*

<u>Branch</u>	<u>Associated Code</u>
Infantry	11 - Infantry
Armor	12 - Armor
Field Artillery	13 - Field Artillery
Air Defense Artillery	14 - Air Defense Artillery
Aviation	15 - Aviation
Special Forces	18 - Special Forces
Corps of Engineers	21 - Corps of Engineer
Signal Corps	25 - Signal Corps
Military Police Corps	31 - Military Police Corps
Military Intelligence	35 - Military Intelligence
Adjutant General's Corps	42 - Adjutant General's Corps
Finance Corps	44 - Finance Corps
*Judge Advocate General's Corps	55 - Legal
*Chaplains Branch	56 - Chaplain
*Medical Corps	60-62 - Medical Corps
*Dental Corps	63 - Dental Corps
*Veterinary Corps	64 & 75 - Veterinary Corps
*Army Medical Specialist Corps	65 - Army Medical Specialist Corps
*Army Nurse Corps	66 - Army Nurse Corps
*Medical Service Corps	67, 70, 71, 72, & 73 - Medical Service Corps
Chemical	74 - Chemical
Transportation Corps	88 - Transportation Corps
Ordnance	91 - Ordnance Corps
Quartermaster Corps	92 - Quartermaster Corps
Staff Specialist Branch	00 - See ¹

Appendix G

Branch and Functional Area Code Table--Continued

Section II - Functional areas not associated with a specific branch and their associated code

Associated Code

41 - Personnel Programs Management

45 - Comptroller

46 - Public Affairs

48 - Foreign Area Officer

49 - Operations Research/Systems Analysis

50 - Force Development

51 - Research/Development

52 - Nuclear Weapons

53 - Systems Automation Officer

54 - Operations, Plans, and Training

97 - Contracting and Industrial Management

NOTE:

¹ The staff specialist branch is a branch of the Army to which personnel of the ARNG and the USAR may be appointed and serve. The three categories of personnel who are appointed and assigned to the staff specialist branch are chaplain candidates or seminarians, officers assigned to Selective Service positions, and selected instructors.

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Appendix H**Biographical Summary Format****BIOGRAPHICAL SUMMARY**

2 September 1990

DOE, JOHN J., 123-45-6789 (Jack)
 Spouse Name: Mary
 Colonel, Field Artillery, ARNGUS

Date and Place of Birth: 2 September 1939, Seattle, Washington

Mandatory Removal Date: 31 May 1992

Home Address: 1615 Gentry Blvd, Gering, Nebraska 69341

Home Telephone: (999) 555-1234

Present Assignment: Commander, 1-168th Field Artillery, Nebraska Army National Guard, Scottsbluff, Nebraska 69361

Unit Telephone: (999) 554-5678 AV 222-9999

Civilian Occupation: Human Resources Director, Winchell Enterprises, Scottsbluff, Nebraska

Business Telephone: (999) 555-9876

Enlisted Service: Over 4 years

Source and Date of Commission: ROTC (Distinguished Graduate), 21 May 1965

Years of Active Commissioned Service: Over 27 years

Total Years of Service: Over 31 years

Military Schools Attended**Year Completed**

Field Artillery School, Officer Basic Course	1965
Field Artillery School, Officer Advanced Course	1970
Command and General Staff College (Commandant's List)	1975
Field Artillery School, FA Update Course	1981
Army War College	1983
National Defense University, Reserve Components National Security Course	1985

Civilian Education**Degrees Received**

High School, Ayer, Massachusetts	Graduated 1957
Chaminade University, Honolulu, Hawaii	BA (Biology)
La Verne University, La Verne, California	MA (Management)
Georgetown University, Washington, DC	PhD (Human Resources)

Appendix H

Biographical Summary Format--Continued

BIOGRAPHICAL SUMMARY

U.S. Decorations/Badges

Legion of Merit
 Meritorious Service Medal
 Army Commendation Medal
 Army Achievement Medal
 Army Reserve Components Achievement Medal
 National Defense Service Medal
 Armed Forces Reserve Medal
 Army Service Ribbon

Chronological List of Appointments

Second Lieutenant	USAR	2 Nov 60
Second Lieutenant	AUS	10 Jun 61
First Lieutenant	AUS	12 Jul 62
First Lieutenant	ARNG	21 Dec 63
Captain	ARNG	23 Aug 66
Major	ARNG	20 Feb 74
Lieutenant Colonel	ARNG	8 Nov 79
Colonel	ARNG	1 Sep 83

Chronological Record of Duty Assignments

	From	To
USAR - Not on Active Duty		
USAR Control Group	Nov 60	Jun 61

ACTIVE DUTY

Student, FA School, Fort Sill, OK	Jun 61	Dec 61
Casual, Fort Sill, OK	Dec 61	Feb 62
Plt Ldr, 29th USAFAD, 559th USAAG, Italy	Feb 62	Jul 62
Det Cdr, 12th USAFAD, 559th USAAG, Italy	Jul 62	Dec 63

ARNG - Not on Active Duty

Executive Officer, Battery A, 1-168th FA Battalion, Nebraska Army National Guard	Dec 63	Aug 66
Commander, Battery A, 1-168th FA Battalion, Nebraska Army National Guard	Sep 66	Sep 69
S-1, 1-168th FA Battalion, Nebraska Army National Guard	Sep 69	Dec 70
Bn FSO, TF 1-195, 67th Inf Brigade, Nebraska Army National Guard	Jan 70	Jun 72
Bde FSO, 67th Inf Brigade, Nebraska Army National Guard	Jul 72	Jul 74
S-3, 1-168th FA Battalion, Nebraska Army National Guard	Jul 74	Sep 77
Executive Officer, 1-168th FA, Nebraska Army National Guard	Sep 77	Sep 80
Commander, 1-168th FA, Nebraska Army National Guard	Sep 80	Jul 83

Appendix H

Biographical Summary Format--Continued

BIOGRAPHICAL SUMMARY

	From	To
ACTIVE DUTY		
Student, Army War College	Aug 83	Jun 84
ARNG - Not on Active Duty		
Executive Officer, 35th Division Artillery, Kansas Army National Guard	Jun 84	Dec 87
Commander, 35th Division Artillery, Kansas Army National Guard	Dec 87	
ACTIVE DUTY		
Student, Army War College	Aug 82	Jun 83
ARNG - Not on Active Duty		
Deputy Commander, 45th Infantry Brigade (Separate) Oklahoma Army National Guard	Jun 83	Dec 87
Commander, 45th Infantry Brigade (Separate), Oklahoma Army National Guard	Dec 87	

Appendix I

Instructions for processing applications for Chaplain and Judge Advocate General Corps Branches

I-1. Application processing

Application processing is divided into three distinct actions.

- a. Medical review.
- b. Professional certification/predetermination.
- c. Granting of permanent Federal recognition.

I-2. Appointment in the Chaplain or Judge Advocate General's Corps Branch

Applicants for initial appointment in the Chaplain or Judge Advocate General's Corps Branch will not be extended temporary Federal recognition prior to completion of a predetermination of eligibility by the DA Chief of Chaplains (DACH) or DA The Judge Advocate General (TJAG) as appropriate.

a. Utilize AR 135-100 and this regulation to determine if the applicant meets all the prerequisites for the branch being sought and the documentation necessary for submitting the appointment packet for a predetermination.

b. Applicants may be considered for a predetermination of eligibility prior to completion of a NAC/DNACI.

c. Temporary Federal recognition may be extended in their eligible grade after the predetermination is completed and prior to completion of a NAC/DNACI provided that:

(1) The NAC/DNACI is initiated at the time an application for a commission is submitted.

(2) The applicant agrees in writing that, if the results of the investigation are unfavorable, he or she will be subject to discharge if found to be ineligible to hold a commission. Commissions in the Army National Guard may not be tendered to immigrant alien applicants.

(3) Waivers of the above requirements will not be granted.

I-3. Medical review of the application

a. If an applicant requires a medical waiver, prior to sending the initial appointment packets, the State will electronically transmit the applicant's physical (SF-88 and SF-93, to include any consultations and requests for waiver) through NGB-ARP-R to NGB-ARP-H via facsimile as soon as the physical has been completed and reviewed at the State level. Each physical so transmitted requires an endorsement which will include the applicant's special branch to which appointment is desired and the sender's name, duty phone number, and facsimile phone number, for reply purposes.

b. Once the physical has been reviewed, NGB-ARP-R will send the approved/disapproved physical back to the State MILPO. When the completed appointment packet is subsequently sent to NGB-ARP-CO, the approved facsimile copy of SF-88 and SF-93 must be included. If the physical is not included, the packet will be returned to the State without action.

I-4. Professional certification and predetermination of the application

a. All requests for waivers; i.e., age, etc., will be requested and included by the State upon submission of the packet for predetermination. Waivers will be granted by the Chief, NGB, DACH, or TJAG, as determined by appropriate regulation, in conjunction with approval of professional qualifications and the needs of the service.

b. Applicants for direct accessions from active duty and USAR transfers in grade and branch:

(1) JAG officer applicants do not require predetermination by TJAG and therefore these packets will be sent directly to NGB-ARP-CO for Federal recognition upon effecting appointment in the State.

(2) Chaplain and Chaplain Candidate transfers require an updated DD 2208 (Ecclesiastical Endorsing Agent Certification) on which the applicant's endorser indicates endorsement/approval for appointment to the Army National Guard. Applicant will request the endorser to provide update DD 2208 to the Office of the Chief of Chaplains. Appointment packets will be directed to the Army National Guard Bureau, Office of the Chaplain, ATTN: NGB-ARZ-CH, The Pentagon, Rm 2E420, Washington, DC 20310-2500.

c. All packets must be complete when submitted. Chaplain packets will include a verification that the ecclesiastical endorsement has been granted by the respective denominational endorsing agent and the original has been sent to the Office, Chief of Chaplains. The interview statement, as required by AR 135-100, will also be sent directly to the Chief of Chaplains; however, the applicant should ensure that the remarks section of the NGB Form 62 list the date and place of interview and the identity of the interviewing chaplain.

d. Applications for predetermination, with all allied documents, will be forwarded to the NGB Liaison Office:

(1) THRU: Army National Guard Bureau
Office of the Chaplain
ATTN: NGB-ARZ-CH
The Pentagon, Rm 2E420
Washington, DC 20310-2500

(2) TO: (Either)
Office of the Chief of Chaplains
ATTN: DACH-PER
The Pentagon, Rm. 1E421
Washington, DC 20310-2700

(or)

The Judge Advocate General's School
ATTN: JAGS-GRA
Charlottesville, VA 22903-1781

15 April 1994

NGR (AR) 600-100

e. States will ensure a photocopy of entire packet is maintained for future action as indicated below.

f. Once the liaison officer identified above obtains a favorable predetermination of the applicant's eligibility and all waivers are granted, NGB-ARZ-CH will notify the State by facsimile of such approval that will include the following:

- (1) Grade eligible for initial appointment.
- (2) Years commissioned service credit.
- (3) Type waivers granted.

I-5. Permanent Federal recognition of the application

a. Upon receipt by the State MILPO of a favorable predetermination, the applicant will be scheduled for consideration by a Federal Recognition Board (FRB) in order to effect the appointment. The FRB will be provided the photocopy of the case being maintained by the State and the facsimile from NGB reflecting approval of predetermination.

b. States will forward by cover letter NGB Form 89 (Proceedings of a Federal Recognition Examining Board), NGB Form 337 (Oath of Office), one copy of appointment order and a completed NGB Form 62 to NGB-ARP-CO requesting issuance of Federal recognition. In addition, if final security clearance (NAC/DNAC) was not included in original predetermination packet, evidence of such clearance must be transmitted.

c. States will notify NGB liaison officer of those applicants not accepting their appointment within 90 days of a favorable predetermination. Such cases will then be returned to the State for normal processing.

Appendix J

Instructions for processing applications for all Army Medical Department (AMEDD) Branches

AMEDD appointment packet processing is divided into two distinct actions, credentialing and permanent Federal recognition. All States will utilize the procedures outlined in the NGB AMEDD Appointments SOP.

J-1. All States will use, as a minimum, AR 40-68, AR 135-100, AR 135-101, AR 611-101, NGR (AR) 600-100, the National Guard Bureau (NGB) AMEDD Appointments SOP, and this appendix to determine the required documentation and format for submitting AMEDD initial appointments, AMEDD USAR transfers, and appointment packets of basic branch officers to an AMEDD branch.

J-2. It is important that the appropriate application checklist in the SOP be used for each packet. The checklist will be placed as the cover document for all applications. The only documents which have precedence over the checklist are memoranda and indorsements used to forward the packet through appropriate channels. All documents required by the

application checklist must be placed in the correct order. Checklists are found at the beginning of each corps/branch section of the NGB AMEDD Appointments SOP.

J-3. Certain items on the application checklist, i.e., license(s), diploma(s), certificate(s), must be prime source verified. Prime source verification will be accomplished by the State AMEDD Recruiter or designated AMEDD recruiting point of contact (POC) in States not authorized an AMEDD Recruiter. Verification statements are annotated on the document IAW NGB AMEDD Appointments SOP (See "Verification Statement" section in the SOP).

J-4. SF 88 and 93 Requirements

a. All AMEDD initial appointment application packets must contain a current Chapter 2 physical exam IAW AR 40-501, to include current Army enlisted soldiers, warrant officers, and basic branch officers.

b. Army officers on active duty and USAR officers transferring to the ARNG in grade and branch require a current Chapter 3 physical exam IAW AR 40-501.

c. Appointment physicals taken at MEPS or an Active Army Medical Treatment Facility (MTF), where the individual was found qualified IAW appointment standards of AR 40-501, do not require approval by Health Services Division, Medical Care/Physical Standards Branch (NGB-ARP-HS) prior to granting temporary Federal recognition. Exceptions are listed in paragraph 4d below.

d. States may request a NGB waiver for individuals who are disqualified by MEPS. All physicals not performed at a MEPS or an Active Army MTF will be sent by facsimile to NGB-ARP-HS as soon as the physical has been completed and reviewed by the State. All physicals in these categories must be approved by NGB-ARP-HS prior to granting temporary Federal recognition. A photocopy of the approved physical exam must accompany the application packet.

J-5. Waiver Requests

All waiver requests must be favorably acted upon by the appropriate authority prior to granting temporary Federal recognition.

J-6. Temporary Federal recognition automatically terminates six months after the effective date of the State appointment (Title 32, USC, Section 308).

J-7. AMEDD Appointment Packet Submission Procedures

a. After the State MILPO Officer Section has completed all required actions, the appointment packet will be returned to the State AMEDD Recruiter or AMEDD POC for a final quality assurance (QA) review. After this QA review is completed, the packet will be forwarded to the following address:

Army National Guard Readiness Center
ATTN: NGB-ARP-HN (Medical Procurement
 Section)
 111 South George Mason Drive
 Arlington, Virginia 22204-1382

b. All requests from NGB-ARP-HN for additional documentation to complete the packet will be sent through the State MILPO and Recruiting and Retention Manager (RRM) to the AMEDD Recruiter. States must respond and/or comply with requests for documentation within 15 working days or the entire packet will be returned to the State without action.

J-8. All packets that are administratively correct will be forwarded to Headquarters, Department of the Army, Office of The Surgeon General (HQDA, OTSG) for boarding and final approval.

a. After OTSG publishes results of the board, the entire packet, if approved, will be endorsed through NGB-ARP-HN to NGB-ARP-CO for processing of the permanent Federal Recognition action.

b. Once NGB-ARP-CO receives the packet from NGB-ARP-HN, it will be reviewed to insure that it is administratively correct IAW this regulation. If the packet is complete, permanent Federal recognition orders are published.

c. Packets not approved by OTSG will be returned to NGB-ARP-HN. NGB-ARP-HN will then notify the State to withdraw the officer's temporary Federal recognition.

J-9. Direct accessions from active duty Army and USAR officers transferring in grade and branch do not require board action by OTSG. However, these packets must be sent directly to NGB-ARP-HN. Upon completion of a QA review, packets will be forwarded to NGB-ARP-CO to award permanent Federal recognition.

Glossary

Section I Abbreviations

AA
associate degree

ADL
active duty list

ADT
Active Duty for Training

AMEDD
Army Medical Department

AN
Army Nurse Corps

APFT
Army Physical Fitness Test

ARNG
Army National Guard

ARNGUS
Army National Guard of the United States

ARPERCEN
Army Reserve Personnel Center

BA
bachelor of arts

BI
background investigation

BR
branch

BS
bachelor of science

CH
Chaplain

CNGB
Chief, National Guard Bureau

CPT
captain

COL
colonel

CW2
Chief Warrant Officer Two

DC
Dental Corps

DCPC
Direct Combat Probability Code

DCSPER
Deputy Chief of Staff for Personnel

DNACI
Department of Defense National Agency Check with Inquiry

DOPMA
Defense Officer Personnel Management Act

ECP
Early Commissioning Program

ENTNAC
Entrance National Agency Check

FA
Field Artillery

FAST
Flight Aptitude Selection Test

FORSCOM
United States Army Forces Command

FRB
Federal Recognition Board

HQDA
Headquarters, Department of the Army

ING
Inactive National Guard

JAGC
Judge Advocate General's Corps

IG
Inspector General

LIC
Language Indicator Code

LT
lieutenant

LTC
lieutenant colonel

MA
master of arts

MC
Medical Corps

MG
major general

MEPS
military entrance processing station

MILPO
military personnel officer

MPRJ
Military Personnel Records Jacket

MS
Medical Service Corps

MTOE
Modified Table of Organization and Equipment

NAC
National Agency Check

NGB
National Guard Bureau

OAC
officer advanced course

OBC
officer basic course

OCS
officer candidate school

OMPF
Officer Management Personnel File

OPCB
Officer Personnel Classification Board

OPMS
Officer Personnel Management System

PhD
Doctor of Philosophy

PSC
personnel services company

RFD
Reserve Forces Duty

ROTC
Reserve Officers Training Corps

SBI
special background investigation

SP
Army Medical Specialist Corps

SSN
Social Security Number

STARC
State Area Command

TDA
Table of Distribution and Allowances

TJAG
The Judge Advocate General

TSG
The Surgeon General

UCMJ
Uniform Code of Military Justice

USAR
United States Army Reserve

USC
United States Code

USMA
United States Military Academy

USMC
United States Marine Corps

USPFO

United States Property and Fiscal Officer

VC

Veterinary Corps

Section II

Terms

Active Army

The Active Army consists of (1) Regular Army soldiers on active duty, (2) Army National Guard of the United States and Army Reserve soldiers on active duty (other than for training or in an Active Guard Reserve status), (3) Army National Guard soldiers in the service of the United States pursuant to a call, and (4) all persons appointed, enlisted, or inducted into the Army without component.

Active duty

Full-time duty in the active military service of the United States. As used in this regulation, the term is applied to all Army National Guard of the United States and US Army Reserve soldiers ordered to duty under Title 10 USC, other than for training. It does not include AGR personnel in a full-time National Guard duty status under Title 32 USC (AR 135-18).

Active status

The status of an Army National Guard of the United States or US Army Reserve commissioned officer, other than a commissioned warrant officer, who is not in the inactive Army National Guard, in the Standby Reserve (Inactive List), or in the Retire Reserve.

Active service

Service on active duty or full time National Guard duty (AR 135-18).

By Order of the Secretary to the Army:

Official:

E. DARDEN BAINES

Chief

Administrative Services

Distribution: B

Applicant

A member of the RA, ARNG, ARNGUS, or USAR who applies voluntarily for order to active duty or full time National Guard duty in the Active Guard Reserve Program (AR 135-18). A person who voluntarily applies for entrance into the State or Federal OCS program.

Associates Degree

A Certificate conferred on completion of a two year program at a junior college, university, or degree producing technical institute.

Baccalaureate Degree

A certificate conferred on completion of a four year college program other than a First Professional Degree, i.e., DDS, DMD, MD.

Candidate

An approved applicant who is actually attending an officer candidate school (AR 140-50).

Officer

A person holding a commission or warrant in one of the armed forces.

Overstrength

Assigned strength which exceeds that authorized by the TOE and TDA. Assignment of an officer as overstrength may be the result of unit reorganization, inactivation, or relocation. It may also be as a result of an assignment error, or as an authorized exception to policy to correct an injustice (AR 135-155).

RAYMOND F. REES

Major General, USA

Acting Chief, National Guard Bureau

EXHIBIT 68

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF VIRGINIA
ALEXANDRIA DIVISION

:
NICHOLAS HARRISON and :
OUTSERVE-SLDN, INC., :
:
Plaintiffs, :
:
v. : No. 1:18-CV-00641-LMB-IDD
:
JAMES N. MATTIS, in his:
official capacity as :
Secretary of Defense; :
MARK ESPER, in his :
official capacity as :
Secretary of the Army; :
and the UNITES STATES :
DEPARTMENT OF DEFENSE, :
:
Defendants. :

:
Tuesday, January 9, 2019

Videotape Deposition of LT. COL. LISA
M. LUTE, taken at the Law Offices of Winston &
Strawn LLP, located at 1700 K Street Northwest,
Washington, D.C., beginning at 9:26 a.m.,
before Ryan K. Black, a Registered Professional
Reporter, Certified Livenote Reporter and Notary
Public in and for the District of Columbia.

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18 LITIGATION DIVISION

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25 Representing - Department of the Army

1 ALSO PRESENT:

2 Alexandra Hemmings, Winston & Strawn Law Clerk

3 Solomon Francis, Legal Videographer

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I N D E X

TESTIMONY OF:	LT. COL. LISA M. LUTE	PAGE

By Mr. Schoettes	10

E X H I B I T S

EXHIBIT	DESCRIPTION	PAGE

Exhibit No. 1	the 30(b)(6) Notice of Deposition	21

Exhibit No. 2	a document titled Department of Defense Personnel Policies Regarding Members of the Armed Forces Infected with HIV	33

Exhibit No. 3	a photocopy of AR 600-110	99

Exhibit No. 4	a document Bates Numbered US00025589 through 25590	122

Exhibit No. 5	a document Bates Numbered US00025945 through 25947	134

Exhibit No. 6	an e-mail Bates Numbered US00025970 through 25973	147

Exhibit No. 7	an e-mail Bates Numbered US00025689	161

Exhibit No. 8	an e-mail Bates Numbered US00025924 through 25925	168

Exhibit No. 9	a document titled Declaration of Lt. Col. Lisa Lute	178

I N D E X (Cont'd)

EXHIBIT	DESCRIPTION	PAGE
Exhibit No. 10	a document titled Department of Defense Instruction 1332.45	201
Exhibit No. 11	a document Bates Numbered US00006912 through 6919	203
Exhibit No. 12	a one-page Memorandum dated 9 November 2018, signed by Marshall M. Williams	213
Exhibit No. 13	a document titled Department of Defense Instruction Number 6490.07	216
Exhibit No. 14	a document Bates Numbered US00025937	228
Exhibit No. 15	an e-mail Bates Numbered US0002498 through 2500	232
Exhibit No. 16	a document Bates Numbered US00025518 through 25540	235
Exhibit No. 17	a document Bates Numbered US00001136	246
Exhibit No. 18	a document Bates Numbered US00001136	278
Exhibit No. 19	a document Bates Numbered US00000991 through 996	282

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I N D E X (Cont'd)		
EXHIBIT	DESCRIPTION	PAGE
Exhibit No. 19A	a document titled Exception to	
	AR 600-110	283

1 in AR 600-110 as a basis for the HIV-related
2 policies, correct, the safety of the military
3 blood supply?

4 A. Yes, sir.

5 Q. And you're here to testify about
6 the factual bases for 600 -- AR 600-110,
7 correct?

8 A. Yes, sir.

9 Q. Was it more than one incident of which
10 you are aware that someone attempted to donate
11 blood while living with HIV?

12 MR. NORWAY: Objection. Outside the
13 scope.

14 You may answer.

15 THE WITNESS: There's only one
16 incident that I'm aware of.

17 BY MR. SCHOETTES:

18 Q. And did it take place while you were,
19 I think you said, working in San Antonio?

20 A. I was, yes, as --

21 MR. NORWAY: Objection. Outside the
22 scope.

23 You may answer.

24 THE WITNESS: -- as a public health
25 nurse.

1 BY MR. SCHOETTES:

2 Q. Do you recall the circumstances, or
3 do -- do you know the circumstances of what
4 actually occurred?

5 MR. NORWAY: Objection. Outside the
6 scope.

7 You may answer.

8 THE WITNESS: And before I go ahead,
9 I want to clarify that there are two different
10 blood bank issues here, okay?

11 BY MR. SCHOETTES:

12 Q. Okay.

13 A. Okay. The blood bank that would
14 be downrange, which is already available,
15 there's no testing. The incident that I'm
16 aware of occurred, and it was a -- a group of
17 individuals, the individual was aware that he
18 was HIV-positive. He was out with his friends,
19 and they all decided they were going to donate
20 blood. There's a lot of camaraderie in the
21 military. It's not cool -- you know, you kind
22 of -- you don't want to be the -- the one man
23 that didn't do that thing.

24 And so they all went to donate blood,
25 and he did go to donate blood. It was through

1 one of the local blood donation sites, which
2 then, in turn, when he came up positive on their
3 screening, then I'm notified because I -- I,
4 as the public health nurse, would receive the
5 HIV-positive results for that installation,
6 so ...

7 Q. So this was a blood donation through a
8 civilian blood collection center?

9 A. Correct.

10 Q. Do you know if this person was
11 given an opportunity during that process to
12 anonymously -- confidentially indicate that his
13 blood should not be used?

14 MR. NORWAY: Objection. Outside of
15 scope.

16 You may answer.

17 THE WITNESS: I cannot speak to that
18 specific organization's process, but what I can
19 say that the standard of practice is, that there
20 is a set of questions and -- and opportunities
21 that are given so that anyone that has any
22 disease process that would preclude them from
23 donating has the opportunity to indicate such
24 on their form or with the individual that
25 screens them.

1 Lt. Col. Lisa M. Lute

3 C E R T I F I C A T E

5 I do hereby certify that the aforesaid
6 testimony was taken before me, pursuant to
7 notice, at the time and place indicated; that
8 said deponent was by me duly sworn to tell the
9 truth, the whole truth, and nothing but the
10 truth; that the testimony of said deponent was
11 correctly recorded in machine shorthand by me
12 and thereafter transcribed under my supervision
13 with computer-aided transcription; that the
14 deposition is a true and correct record of the
15 testimony given by the witness; and that I am
16 neither of counsel nor kin to any party in said
17 action, nor interested in the outcome thereof.

18
19 WITNESS my hand and official seal this
20 24th day of January 2019.

21
22 

23 Ryan K. Black
24
25

Veritext Legal Solutions
1100 Superior Ave
Suite 1820
Cleveland, Ohio 44114
Phone: 216-523-1313

January 24, 2019

To: Robert M. Norway, Esq.

Case Name: Harrison, Nicholas, et al. v. Mattis, James N., et al.

Veritext Reference Number: 3189088

Witness: Lt. Col. Lisa M. Lute Deposition Date: 1/9/2019

Dear Sir/Madam:

Enclosed please find a deposition transcript. Please have the witness review the transcript and note any changes or corrections on the included errata sheet, indicating the page, line number, change, and the reason for the change. Have the witness' signature notarized and forward the completed page(s) back to us at the Production address shown above, or email to production-midwest@veritext.com.

If the errata is not returned within thirty days of your receipt of this letter, the reading and signing will be deemed waived.

Sincerely,
Production Department

NO NOTARY REQUIRED IN CA

DEPOSITION REVIEW
CERTIFICATION OF WITNESS

ASSIGNMENT REFERENCE NO: 3189088

CASE NAME: Harrison, et al. v. Mattis, James N., et al.

DATE OF DEPOSITION: 1/9/2019

WITNESS' NAME: Lt. Col. Lisa M. Lute

In accordance with the Rules of Civil Procedure, I have read the entire transcript of my testimony or it has been read to me.

I have made no changes to the testimony as transcribed by the court reporter.

Date Lt. Col. Lisa M. Lute

Sworn to and subscribed before me, a Notary Public in and for the State and County, the referenced witness did personally appear and acknowledge that:

They have read the transcript;
They signed the foregoing Sworn Statement; and
Their execution of this Statement is of their free act and deed.

I have affixed my name and official seal

this _____ day of _____, 20____.

Notary Public

Commission Expiration Date

DEPOSITION REVIEW
CERTIFICATION OF WITNESS

ASSIGNMENT REFERENCE NO: 3189088

CASE NAME: Harrison, et al. v. Mattis, James N., et al.

DATE OF DEPOSITION: 1/9/2019

WITNESS' NAME: Lt. Col. Lisa M. Lute

In accordance with the Rules of Civil Procedure, I have read the entire transcript of my testimony or it has been read to me.

I have listed my changes on the attached Errata Sheet, listing page and line numbers as well as the reason(s) for the change(s).

I request that these changes be entered as part of the record of my testimony.

I have executed the Errata Sheet, as well as this Certificate, and request and authorize that both be appended to the transcript of my testimony and be incorporated therein.

Date

Lt. Col. Lisa M. Lute

Sworn to and subscribed before me, a Notary Public in and for the State and County, the referenced witness did personally appear and acknowledge that:

They have read the transcript;
They have listed all of their corrections in the appended Errata Sheet;
They signed the foregoing Sworn Statement; and
Their execution of this Statement is of their free act and deed.

I have affixed my name and official seal
this _____ day of _____, 20____.

Notary Public

Commission Expiration Date

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ERRATA SHEET
VERITEXT LEGAL SOLUTIONS MIDWEST
ASSIGNMENT NO: 1/9/2019

PAGE/LINE(S) / CHANGE /REASON

Date Lt. Col. Lisa M. Lute

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____

DAY OF _____, 20_____.

Notary Public

Commission Expiration Date

EXHIBIT 69

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF VIRGINIA
Alexandria Division**

NICHOLAS HARRISON, and
OUTSERVE-SLDN, INC.,

Plaintiffs,

v.

PATRICK M. SHANAHAN, in his official
capacity as Acting Secretary of Defense;
MARK T. ESPER, in his official capacity as
Secretary of The Army; and the UNITED
STATES DEPARTMENT OF DEFENSE,

Defendants.

No. 1:18-cv-641-LMB-IDD

RICHARD ROE; VICTOR VOE; and
OUTSERVE-SLDN, INC.,

Plaintiffs,

v.

PATRICK M. SHANAHAN, in his official
capacity as Acting Secretary of Defense;
HEATHER A. WILSON, in her official
capacity as Secretary of the Air Force; and
the UNITED STATES DEPARTMENT OF
DEFENSE,

Defendants.

No. 1:18-cv-1565-LMB-IDD

**DEFENDANTS' DISCLOSURE PURSUANT TO RULE 26(a)(2)(C)
CONCERNING SHEILA PEEL, MSPH, Ph.D.**

Defendants, by and through counsel, hereby disclose hybrid fact/expert testimony of Sheila Peel, MSPH, Ph.D. pursuant to Federal Rule of Civil Procedure 26(a)(2)(A) and (C). The subject matter of Dr. Peel's testimony, as well as a summary of the facts and opinions about which she is expected to testify, are set forth below.

1. Dr. Peel is Chief of the Department of Laboratory Diagnostics and Monitoring and the Director of the HIV Diagnostics and Reference Laboratory (HDRL) of the U.S. Military HIV Research Program at the Walter Reed Army Institute of Research. Dr. Peel joined the Walter Reed Army Institute of Research in 1996. She has served as Chief of the Department of Laboratory Diagnostics and Monitoring since 2009 and Director of HDRL since 2005. Dr. Peel also serves as a Subject Matter Expert/HIV Clinical Laboratory Consultant to the Office of the Armed Forces Medical Examiner, the U.S. Medical Entrance Processing Command, U.S. Army Medical Command, U.S. Army Surgeon General, the Army Blood Program, and the Armed Forces Blood Program Office. She serves as a peer reviewer for many scientific journals and serves on numerous national and international committees and technical panels. Dr. Peel holds a Master's of Science in Public Health and a Doctorate of Philosophy in Medical Parasitology from the University of North Carolina at Chapel Hill.

2. In her current position, Dr. Peel is the College of American Pathologist Laboratory Director of HDRL, which serves as the Department of Defense Tri-Service HIV Reference Laboratory and is the final authority for generation of laboratory evidence for HIV infection status for all U.S. Army and Navy components and U.S Air Force by request. Under Dr. Peel's direction, the laboratory directly conducts more than a 400,000 HIV screening and confirmatory tests per year; and, provides technical oversight for over 775,000 tests per year conducted by the

U.S. Army HIV Force Testing Services contract laboratory in San Antonio, TX. Under her direction, HDRL also performs, among other things, clinical monitoring of HIV infection (HIV viral load); HIV RNA and total nucleic acid qualitative and quantitative assays for acute and primary HIV infection, detection of HIV viral reservoir, and for HIV-2; HIV therapeutic monitoring (HIV protease, reverse transcriptase, and integrase genotyping assays); sexually transmitted infection testing (Syphilis, Chlamydia trachomatis, Neisseria gonorrhoeae, Trichomonas vaginalis, Mycoplasma genitalium), Hepatitis B serology and viral load; and, Hepatitis C serology and viral load testing.

3. In addition, Dr. Peel is responsible for managing various clinical, translational, and applied research programs. For example, Dr. Peel directs research programs developing state-of-the-art diagnostics and clinical and therapeutic monitoring for HIV, sexually transmitted infections, and blood borne pathogens. She also directs clinical laboratory support for vaccine and therapeutic trials, public health investigations, and operational research applicable to battlefield operations; her laboratories generate data use to inform or revise DOD and/or Service specific policy. Dr. Peel consults with government agencies, commercial partners, and non-governmental organizations to develop and advance HIV, sexually transmitted infection, and blood borne pathogen detection technologies.

4. Given her experience and knowledge, Dr. Peel is expected to testify generally about clinical testing relating to the detection and monitoring of HIV, including equipment and procedures used by the U.S. Military HIV Research Program to conduct HIV viral load and HIV genotype testing for clinical and therapeutic monitoring of U.S. Service Members, respectively.

5. More specifically, Dr. Peel is expected to testify that deployed environments present substantial medical and logistical challenges to conducting HIV viral load and HIV genotype testing for deployed service members.

6. Dr. Peel is expected to rebut the testimony of Plaintiffs' experts. Specifically, Dr. Peel is expected to testify that Dr. Craig Hendrix did not adequately consider the requirements for proper collection, processing, and handling of specimens for HIV viral load and resistance genotype testing.

DATE: April 22, 2019

Respectfully submitted,

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The undersigned hereby certifies that a true and correct copy of the above document was served on this 22nd day of April, 2019, to the following counsel of record via electronic mail.

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EXHIBIT 70

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF VIRGINIA
ALEXANDRIA DIVISION**

NICHOLAS HARRISON and
OUTSERVE-SLDN, INC.

Plaintiffs,

v.

JAMES N. MATTIS, in his official capacity as
Secretary of Defense; MARK ESPER, in his
official capacity as the Secretary of the Army;
and the UNITED STATES DEPARTMENT OF
DEFENSE,

Defendants.

NO. 1:18-CV-00641-LMB-IDD

**PLAINTIFFS' NOTICE OF DEPOSITION
OF DEFENDANTS PURSUANT TO FED. R. CIV. P. 30(B)(6)**

PLEASE TAKE NOTICE that, under Federal Rule of Civil Procedure 30(b)(6), Plaintiffs Nicholas Harrison and Outserve-SLDN, Inc., by and through their undersigned counsel, intend to take testimony by deposition upon oral examination of Defendants James N. Mattis, Mark Esper, and the United States Department of Defense (collectively "Defendants") on January 8, 2019, at 9:00 a.m. at the offices of Winston & Strawn LLP, 1700 K Street NW, Washington, DC, 20006, or at such other time and place as may be agreed upon by counsel.

Pursuant to Rule 30(b)(6), Defendants shall designate one or more officers, directors, managing agents, or other persons most knowledgeable and best qualified to testify concerning the subject matter identified in Attachment A. The definitions identified below govern the topics set forth in Attachment A. No later than seven days before the deposition, Defendants are requested to designate to Plaintiffs in writing the persons who will testify on their behalf, specifying the matters as to which each person will testify.

The oral examination will be conducted before a court reporter, notary public, or other person authorized by law to administer oaths under the Federal Rules of Civil Procedure and the Local Rules of the United States District Court for the Eastern District of Virginia. The oral examination will be recorded by stenographic and video-graphic means, and will continue from day to day until completed. All counsel of record are invited to attend the depositions and examine the deponent(s) in accordance with the Rules.

DEFINITIONS

Notwithstanding any definition set forth below, each word, term, or phrase used in the topics set forth in Attachment A is intended to have the broadest meaning permitted under the Federal Rules of Civil Procedure. In the topics set forth in Attachment A, the following terms are to be given their ascribed definitions:

1. The term “Plaintiffs” means Nicholas Harrison and Outserve-SLDN, Inc.
2. The term “Individual Defendants” means James N. Mattis and Mark Esper, including their predecessors.
3. The term “Military Services” means the United States Army, the United States Navy, the United States Marine Corps, the United States Air Force, or the United States Coast Guard.
4. The term “DoD” means the United States Department of Defense, including its various components and agencies (including but not limited to the Military Services), current or former officials, officers, subordinates, employees, contractors, agents, and attorneys.
5. The terms “Defendants,” “you” and/or “your” means the Individual Defendants and the DoD.
6. The term “DoD 2014 Report to Congress” means the Report to Congressional Defense Committees on Department of Defense Personnel Policies Regarding Members of the Armed Forces with HIV or Hepatitis B (Sept. 2014) (ECF No. 53-2).
7. The term “DoD 2018 Report to Congress” means the Report to the Committees on the Armed Services of the Senate and House of Representatives on Department of Defense Personnel Policies Regarding Members of the Armed Forces Infected with Human Immunodeficiency Virus (Aug. 2018) (ECF No. 53-3).

8. The term “DOGO Instruction” means DoD Instruction 1332.45, *Retention Determinations for Non-Deployable Service Members* (effective July 30, 2018) (ECF No. 53-1).

9. The term “DOGO Policy” means the Memorandum for Secretaries of the Military Departments, Chairman of the Joint Chiefs of Staff, Under Secretaries of Defense, Deputy Chief Management Officer; Chief, National Guard Bureau; Director of Cost Assessment and Program Evaluation regarding “DoD Retention Policy for Non-Deployable Service Members” (Feb. 14, 2018) (ECF No. 26-1).

10. The term “DoDI 6485.01” means DoD Instruction 6485.01, *Human Immunodeficiency Virus (HIV) in Military Service Members* (June 7, 2013), including any prior versions or amendments thereof.

11. The term “DoDI 6130.03” means DoD Instruction 6130.03, *Medical Standards for Appointment, Enlistment, or Induction into the Military Services* (May 6, 2018), including any prior versions or amendments thereof.

12. The term “DoDI 6490.07” means DoD Instruction 6490.07, *Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees* (Aug. 11, 2006; Certified Current as of September 30, 2011), including any prior versions or amendments thereof.

13. The term “AR 600-110” means Army Regulation 600-110, *Identification, Surveillance, and Administration of Personnel Infected with Human Immunodeficiency Virus* (Apr. 22, 2014), including any prior versions or amendments thereof.

14. The term “person” or “persons” means and includes any natural person, corporation, company, proprietorship, partnership, joint venture, association, firm, government entity or any other entity recognized in law, and shall include the owners, officers, directors, agents, trustees, parents, subsidiaries, affiliates, assignees, predecessors, and successors of each such

“person.”

15. The phrase “third party” means and includes any person or persons other than Plaintiffs or Defendants.

16. “Communication” means any oral, written, electronic, or other exchange of words, thoughts, information or ideas to another person or entity, whether in person, in a group, by telephone, by letter, by Telex, by facsimile, or by any other process, electric, electronic, otherwise. All such communications in writing shall include, without limitation, printed, typed, handwritten, or other readable documents, correspondence, memoranda, reports, contracts, drafts (both initial and subsequent), computer discs or transmissions, e-mails, instant messages, tape or video recordings, voicemails, diaries, log books, minutes, notes, studies, surveys and forecasts, and any and all copies thereof. The definition is not limited to transfers between persons, but also includes other transfers, such as records and memoranda to file; any written letter, memorandum, or other document that was sent by one or more individuals to another or others; any telephone call between one or more individuals and another or others, whether such call was by chance or prearranged or not, formal or informal; and any conversation or meeting between one or more individuals and another, whether such contact was by chance or prearranged or not, formal or informal.

17. “Document” and “documents” shall have the broadest possible meaning allowed by Rule 34(a) of the Federal Rules of Civil Procedure, and includes (without limitation) any writing of any kind, including originals and all non-identical copies (whether different from the original by reason of any notation made on such copies or otherwise). The terms “document” and “document(s)” shall include electronically stored information (“ESI”) and shall also include, without limitation, the following items, whether printed or reproduced by any process, or written or produced by hand or stored in computer memory, magnetic or hard disk or other data storage

medium, and whether or not claimed to be privileged, confidential or otherwise excludable from discovery, namely, notes, letters, correspondence, communications, telegrams, memoranda, summaries or records of telephone conversations, summaries or records of personal conversations or meetings, diaries, reports, laboratory and research reports and notebooks, recorded experiments, charts, plans, drawings, diagrams, illustrations, requests for proposals, press releases, drafts of documents, and all other materials fixed in a tangible medium of whatever kind known to you or in your possession, custody, or control.

18. The terms “thing” and “things” mean and include any tangible item other than a Document, and includes objects of every kind and nature.

19. “Identify,” “identity,” or “identification” means:

- a. when used with reference to a natural person, to state the person's full name, address, and telephone number, and state the person's present or last known position and employer.
- b. when used with reference to any entity (including without limitation corporation, company, firm, partnership, joint venture, association, governmental body or agency, or persons other than a natural person), to state the full legal name of the entity, the place of incorporation or organization, the address and telephone number of the principal place of business, and the nature of the business conducted by that entity.
- c. when used with reference to any document or ESI, to summarize the substance of the document or ESI and state the document's or ESI's title, date, form (e.g., letter, memorandum, email, etc.), production number range, author(s), recipient(s), the present location of the document or ESI, and the name of its

present custodian; if the document or ESI existed at one time but does not presently exist, the reason(s) why it no longer exists and the identity of the last person having custody of it; and, if the document or ESI is in a foreign language, whether an English translation of the document or ESI exists, whether partial or complete.

- d. when used with reference to a tangible thing, to provide: (i) any model or catalogue number; (ii) any article or model name; (iii) any technical or promotional materials describing the article or its use; and (iv) the dates and locations of its production.
- e. when used with reference to any communication, to (i) summarize the substance of the communication; (ii) state the date and place of the communication; (iii) identify each person who was present at, involved in, connected with or who participated in the communication; (iv) state the form of communication (e.g., telephone call, meeting, letter, etc.); and (v) identify each document and ESI memorializing or referring to the communication.

20. As used herein, the present tense includes the past and future tenses. The singular includes the plural, and the plural includes the singular. “All” means “any and all,” “any” means “any and all.” “Including” means “including but not limited to.” “And” and “or” encompass both “and” and “or.” Words in the masculine, feminine, or neutral form shall include each of the other genders.

21. The terms “reflect,” “reflecting,” “relate to,” “refer to,” “relating to,” and “referring to” shall mean relating to referring to, referencing, concerning, mentioning, reflecting, pertaining to, evidencing, involving, describing, discussing, commenting on, embodying, containing,

comprising, consisting of, responding to, supporting, showing, summarizing, memorializing, contradicting, or constituting (in whole or in part), as the context makes appropriate, including having any legal, logical, or factual connection with the designated subject matter referred to in the request.

Attachment A

In accordance with Fed. R. Civ. P. 30(b)(6), Defendants shall identify, designate, and produce for deposition one or more officers, directors, managing agents, or other person(s) most knowledgeable to testify on their behalf regarding the subject matter of the following:

1. The factual bases for the statements made in the DoD 2018 Report to Congress and, in particular, the factual bases for the Department of Defense's assertion that its "personnel policies pertaining to members of the Armed Forces infected with HIV are evidence-based in accordance with current clinical guidelines and are reviewed and updated to align with evolving medical capabilities, technologies, evidence-based practices, and current scientific understanding of the nature of HIV infection, transmission, and management."
2. The factual bases for DoDI 6485.01, including the factual bases for the DoD policy set forth in Section 4 that denies "eligibility for Military Service to individuals with serologic evidence of HIV infection for appointment, enlistment, pre-appointment, or initial entry training for Military Service according to DoD Directive 6130.3."
3. The factual bases for DoDI 6130.03 in general and specifically for the DoD policy set forth in Section 1.2 and Section 5.23 ("Systemic Conditions").
4. The factual bases for DoDI 6490.07 in general and specifically for the DoD policy set forth in Section 4 and Enclosure 3 ("Medical Conditions Usually Precluding Contingency Deployment"), section (e) ("Infectious Diseases").
5. The factual bases for Army Regulation 600-110, including the factual bases for the policies set forth in Chapter 1, Section III.
6. The factual bases for Army Regulation 40-501, including the factual bases for the policies set forth in Section 2-30 ("Systemic diseases") (a) and AR 40-501, Section 3-7

(“Blood and blood-forming tissues diseases”) (h), Section 4-5 (“Blood and blood-forming tissue diseases”) (b), Section 4-33 (“Medical standards for ATC personnel”) (8), Section 5–14 (“Medical fitness standards for deployment and certain geographical areas”) (12) and (17).

7. The factual bases for Defendants’ contention that a person living with HIV is not fit or capable of performing his or her duties in the military.

8. The reasons that Nick Harrison did not receive a medical waiver or an exception to policy, including all reasons the Army believes Nick Harrison is not fit or capable of performing as an officer.

9. The work of the Accession Medical Standards Working Group concerning the medical accession standards for individuals living with HIV.

10. The facts concerning any waivers and/or exceptions to policy granted with respect to DoDI 6485.01, DoDI 6130.03, DoDI 6490.07, Army Regulation 600-110, and Army Regulation 40-501, including the number of such waivers granted and the factual circumstances regarding each such request for waiver or exception to policy.

11. The reasoning behind the manner in which DoDI 6485.01, DoDI 6130.03 (Section 5.23) and DoDI 6490.07 (with respect to HIV) are implemented in the Army, including the process and standards by which waivers and exceptions to policy are granted or denied.

12. The reasoning behind the manner in which DoDI 6485.01, DoDI 6130.03 (Section 5.23) and DoDI 6490.07 (with respect to HIV) are implemented in the Air Force, including the process and standards by which waivers and exceptions to policy are granted or denied.

13. The reasoning behind the manner in which DoDI 6485.01, DoDI 6130.03 (Section 5.23) and DoDI 6490.07 (with respect to HIV) are implemented in the Navy, including the process and standards by which waivers and exceptions to policy are granted or denied.

14. The reasoning behind the manner in which DoDI 6485.01, DoDI 6130.03 (Section 5.23) and DoDI 6490.07 (with respect to HIV) are implemented in the Marines, including the process and standards by which waivers and exceptions to policy are granted or denied.

15. The reasoning behind the manner in which DoDI 1332.45 is being implemented in the Army, including the process and standards by which retention determinations are made for service members who are classified as non-deployable.

16. The reasoning behind the manner in which DoDI 1332.45 is being implemented in the Air Force, including the process and standards by which retention determinations are made for service members who are classified as non-deployable.

17. The reasoning behind the manner in which DoDI 1332.45 is being implemented in the Navy, including the process and standards by which retention determinations are made for service members who are classified as non-deployable.

18. The reasoning behind the manner in which DoDI 1332.45 is being implemented in the Marines, including the process by which retention determinations are made for service members who are classified as non-deployable.

19. The process by which deployed service members are provided with healthcare, including annual physicals and any semi-annual or tri-annual or quarterly visits with healthcare providers.

20. The process by which diagnostic and other blood tests are handled for service members deployed by the Army to foreign bases, including those in combat zones.

21. The process by which service members requiring daily medication are provided with that medication.

22. Any purported concerns the Defendants have about providing the necessary health care to a service member living with HIV while deployed overseas, including in a combat zone.

23. The accessions and deployment policies with respect to people who have dyslipidemia, hypothyroidism, diabetes, medical conditions requiring hormone replacement therapy, and any medical condition requiring medication on a daily or weekly basis.

24. The Military Services' blood collection program, battlefield transfusions, any individuals or groups of individuals who are allowed to deploy even though they cannot donate blood.

25. The factual bases for any concerns the Army or Department of Defense have that a transmission of HIV could occur in a combat situation.

26. The bilateral agreements with provisions that prohibit deployment of service members to foreign nations based on an HIV diagnosis.

27. The factual bases for your statement that "Defendants' policies are rationally related to their legitimate government interest in ensuring that every Service member is fit and capable of performing his or her job." Defs.' Answer at ¶3, ECF No. 62.

28. The factual bases for the denials set forth in Defendants' Answer to Plaintiffs' Complaint in this action.

29. The factual bases for any affirmative defenses you will rely on in this action.

Dated: December 5, 2018

/s/ Andrew R. Sommer

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CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of the above document was served on this 5th day of December, 2018 to the following counsel of record via electronic mail.

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EXHIBIT 71

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF VIRGINIA
ALEXANDRIA DIVISION

NO. 1:18-CV-00641-LMB-IDD

NICHOLAS HARRISON and
OUTSERVE-SLDN, INC.,

Plaintiffs,

vs.

JAMES N. MATTIS, in his official
capacity as Secretary of Defense;
MARK ESPER, in his official capacity as
the Secretary of the Army; and
the UNITED STATES DEPARTMENT OF
DEFENSE,

Defendants.

201 North Franklin Street
Tampa, Florida
9:00 a.m. to 3:41 p.m.
March 15, 2019

VIDEO-RECORDED DEPOSITION OF KEVIN CRON

Taken on behalf of the PLAINTIFFS before Kim
Auslander, RPR, CRR, Notary Public in and for the State
of Florida at Large, pursuant to Notice of Taking
Deposition in the above cause.

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19
20 ALSO PRESENT: Paul Singletary, Videographer
21
22
23
24
25

I N D E X

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* * *

E X H I B I T S

PLAINTIFF'S

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1 a waiver to deploy with HIV positive status; is that
2 right?

3 A I might have misspoken. I believe CENTCOM has
4 disapproved eight to ten waivers for HIV. I'm not sure
5 how many I directly participated in as an individual.

6 Q Okay. And when you make that distinction,
7 would you be talking about waivers that were processed
8 prior to the time that you became the waiver authority?

9 A Correct.

10 Q And do you know how many that you personally
11 have --

12 A Very few.

13 Q Very few, being less than five?

14 A I believe so.

15 Q Returning to the "Infectious Disease" section
16 of Cron Deposition Exhibit 7, which is Tab A, let me
17 start with number 1; Blood 1 diseases, Hepatitis B,
18 Hepatites C, and HTLV that may be transmitted to others
19 in a deployed environment. Do you see where I'm at?

20 A Yes, ma'am.

21 Q Then you provide:

22 "The waiver request for persons testing
23 positive for a blood-borne disease should include a full
24 panel test for the disease, including all antigens,
25 antibodies, viral load, and appropriate test for

1 affected organ systems."

2 Do you see that?

3 A I do.

4 Q Why does the waiver request which needs to
5 include those additional things, why is that language
6 not included in the paragraph below for confirmed HIV
7 infection?

8 MR. NORWAY: Objection, vague. You may
9 answer.

10 THE WITNESS: That language is primarily
11 geared towards hepatites, in that hepatites by
12 definition is inflammation of liver, so you have,
13 like, basically a very single target of the virus
14 and a single organ system to pay close attention to
15 in evaluating the impact of that virus on an
16 individual.

17 HIV is more pervasive. It's in a special
18 category in terms of both the level of parent
19 policy and the level of science around it, but also
20 in terms of the legal issues that we previously
21 discussed.

22 Our concern was that if we lumped it in with
23 hepatites, with all these other things, it might
24 get lost, it might be overlooked, so we pulled it
25 out and put it in its own sub-bullet.

1 Additionally, because it has its own DoDI, it
2 has its own body of parent doctrine that we had to
3 refer to. If we referred to an HIV DoDI when we're
4 talking about hepatites, it confuses people.

5 BY MS. BAUER:

6 Q Have you personally ever granted a waiver
7 allowing someone to deploy to CENTCOM when they have
8 been diagnosed with Hepatitis B?

9 A I have.

10 Q On how many occasions?

11 A I don't know.

12 Q Have you ever personally granted a waiver or
13 application allowing someone with Hepatitis C to deploy
14 to CENTCOM?

15 A Not with active disease. We have granted
16 waivers for resolved disease.

17 Q I'm sorry?

18 A For resolved disease, where they have had
19 definitive cure, or at least how it's defined.

20 Q And if they have a definitive cure for
21 Hepatitis C, are they allowed to donate blood?

22 MR. NORWAY: Objection, scope. You may answer
23 to the extent that you know.

24 THE WITNESS: I don't believe so. I don't
25 have authority over that.

1 In my professional capacity, I would not
2 recommend it. I don't know. We take our blood
3 transfusion requirements from the Red Cross, so we
4 would basically -- I would defer to my blood
5 officers on that.

6 BY MS. BAUER:

7 Q How about HTLV; have you ever personally
8 granted a waiver allowing someone to deploy to CENTCOM
9 when they have HTLV?

10 A Not that I recall.

11 Q And how about, number 3 is latent
12 tuberculosis; have you ever granted a waiver allowing
13 someone to deploy to CENTCOM with latent tuberculosis?

14 A Yes.

15 Q On how many occasions?

16 A I don't know.

17 Q Number 4 is a history of active tuberculosis.
18 Have you ever granted a waiver allowing
19 someone to deploy to CENTCOM with a history of active
20 tuberculosis?

21 A Misleading. I have not -- a history of active
22 tuberculosis and a current diagnosis of latent
23 tuberculosis can be present in the same individual,
24 because one becomes the other.

25 I would say immediately history -- if they

1 have active tuberculosis, we have not approved a waiver
2 for that.

3 Q If they have active tuberculosis?

4 A If they have current or recent active
5 tuberculosis. It's poor wording on our part.

6 Q Is an inability to donate blood in itself
7 disqualifying for deployment to CENTCOM?

8 A Potentially.

9 Q What do you mean by "potentially?"

10 MR. NORWAY: Vague. You may answer.

11 THE WITNESS: As a global requirement, no. If
12 you said, if they can go anywhere, do any job, in
13 any place, for any time, it's fine, because there's
14 going to be exceptions. If they are on a small
15 team operating in a remote location, then yes, it
16 would be.

17 There are -- we have operations where the
18 ability to serve as a blood donor is a requirement
19 to go on that mission.

20 BY MS. BAUER:

21 Q So, would it depend on what they're being
22 deployed for, essentially?

23 A It would. It would be heavily dependent not
24 only on their occupation, but also the operational
25 environment to which they are going, what we anticipate

REPORTER'S DEPOSITION CERTIFICATE

I, KIM AUSLANDER, Registered Professional Reporter, certify that I was authorized to and did stenographically report the deposition of KEVIN CRON, the witness herein on March 15, 2019; that a review of the transcript was requested; that the foregoing pages numbered from 1 to 212 inclusive is a true and complete record of my stenographic notes of the deposition by said witness; and that this computer-assisted transcript was prepared under my supervision.

I further certify that I am not a relative, employee, attorney or counsel of any of the parties, nor am I a relative or employee of any of the parties' attorney or counsel connected with the action.

DATED this 15th day of March, 2019.



KIM AUSLANDER

Registered Professional Reporter

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Veritext Legal Solutions
1100 Superior Ave
Suite 1820
Cleveland, Ohio 44114
Phone: 216-523-1313

March 21, 2019

To: Robert Norway

Case Name: Harrison, Nicholas, et al. v. Mattis, James N., etc., et al.

Veritext Reference Number: 3246683

Witness: Kevin Cron Deposition Date: 3/15/2019

Dear Sir/Madam:

Enclosed please find a deposition transcript. Please have the witness review the transcript and note any changes or corrections on the included errata sheet, indicating the page, line number, change, and the reason for the change. Have the witness' signature notarized and forward the completed page(s) back to us at the Production address shown

above, or email to production-midwest@veritext.com.

If the errata is not returned within thirty days of your receipt of this letter, the reading and signing will be deemed waived.

Sincerely,

Production Department

NO NOTARY REQUIRED IN CA

Veritext Legal Solutions

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888-391-3376

DEPOSITION REVIEW
CERTIFICATION OF WITNESS

ASSIGNMENT REFERENCE NO: 3246683

CASE NAME: Harrison, Nicholas, et al. v Mattis, James N., etc.

DATE OF DEPOSITION: 3/15/2019

WITNESS' NAME: Kevin Cron

In accordance with the Rules of Civil Procedure, I have read the entire transcript of my testimony or it has been read to me.

I have made no changes to the testimony as transcribed by the court reporter.

19 Apr 2019

Date

[Signature]
Kevin Cron

Sworn to and subscribed before me, a Notary Public in and for the State and County, the referenced witness did personally appear and acknowledge that:

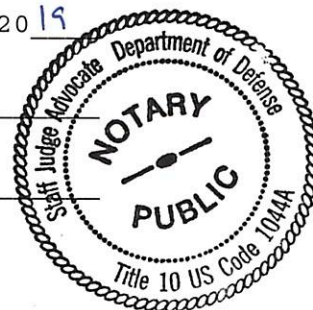
They have read the transcript;
They signed the foregoing Sworn Statement; and
Their execution of this Statement is of their free act and deed.

I have affixed my name and official seal

this 19th day of April, 2019

[Signature]
Notary Public

23 June 2022
Commission Expiration Date



BRENT W. JOHNSON, SSgt, USAF
Paralegal

DEPOSITION REVIEW
CERTIFICATION OF WITNESS

ASSIGNMENT REFERENCE NO: 3246683

CASE NAME: Harrison, Nicholas, et al. v Mattis, James N., etc.

DATE OF DEPOSITION: 3/15/2019

WITNESS' NAME: Kevin Cron

In accordance with the Rules of Civil Procedure, I have read the entire transcript of my testimony or it has been read to me.

I have listed my changes on the attached Errata Sheet, listing page and line numbers as well as the reason(s) for the change(s).

I request that these changes be entered as part of the record of my testimony.

I have executed the Errata Sheet, as well as this Certificate, and request and authorize that both be appended to the transcript of my testimony and be incorporated therein.

19 April 2019
Date

[Signature]
Kevin Cron

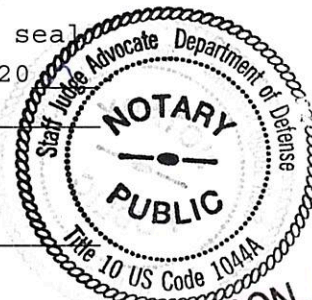
Sworn to and subscribed before me, a Notary Public in and for the State and County, the referenced witness did personally appear and acknowledge that:

They have read the transcript;
They have listed all of their corrections in the appended Errata Sheet;
They signed the foregoing Sworn Statement; and
Their execution of this Statement is of their free act and deed.

I have affixed my name and official seal
this 19th day of April, 20

[Signature]
Notary Public

23 June 2022
Commission Expiration Date



Page 212

ERRATA SHEET

VERITEXT LEGAL SOLUTIONS MIDWEST

ASSIGNMENT NO: 3/15/2019

PAGE/LINE(S) / CHANGE /REASON

Attached Separately (2 pages)

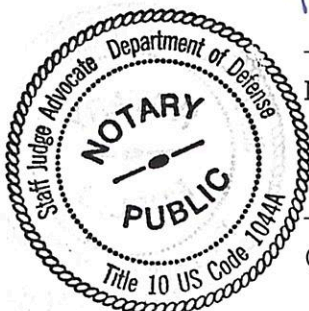
19 April 2019

Date

Kevin Cron

SUBSCRIBED AND SWORN TO BEFORE ME THIS 19th

DAY OF April, 20 19.



Notary Public BRENT W. JOHNSON, Sgt, USAF
Paralegal

23 June 2022

Commission Expiration Date

Veritext Legal Solutions

PAGE/LINE(S)	CHANGE	REASON
10/13	Should be "...Institute of Research, in Preventive Medicine, in..."	Transcription error
10/21	"preventative" should be "preventive"	Semantic change
11/5, 17, 20, 21, 25	"preventative" should be "preventive"	Semantic change
12/3	"preventative" should be "preventive"	Semantic change
12/14	"working with comp" should be "workmens comp"	Transcription error
13/10	"preventative" should be "preventive"	Semantic change
14/19	"sit" should be "sick"	Transcription error
15/5, 23	"preventative" should be "preventive"	Semantic change
15/7, 9	"Combat and Command" should be "Combatant Command"	Transcription error
24/17	"Combat and Command" should be "Combatant Command"	Transcription error
30/18	"met" should be "limit"	Transcription error
32/17	"preventative" should be "preventive"	Semantic change
33/6, 9	"preventative" should be "preventive"	Semantic change
33/22	"Combat and Command" should be "Combatant Command"	Transcription error
34/1,5,6	"Combat and Command" should be "Combatant Command"	Transcription error
35/5	"Combat and Command" should be "Combatant Command"	Transcription error
40/2	NAVCENT should be AFCENT	Error
51/7-8	"I'm here not just as" should be "I'm here just as"	Error
51/9	"Combat and Command" should be "Combatant Command"	Transcription error
58/5	"Combat and Commander's" should be "Combatant Commander's"	Transcription error
58/19, 20	"Combat and Command" should be "Combatant Command"	Transcription error
59/9-10	"Combat and Command" should be "Combatant Command"	Transcription error
59/21	"Purilla" should be "Kurilla"	Name error
60/7,11,12,13-14,24	"Combat and Command" should be "Combatant Command"	Transcription error
62/10, 11-12	"Combat and Command" should be "Combatant Command"	Transcription error
63/16,21	"Combat and Command" should be "Combatant Command"	Transcription error
66/19	"own" should be "only"	Transcription error
70/16	"Vivant" should be "Vyvanse"	Name error
79/14,15	"Combat and Command" should be "Combatant Command"	Transcription error

Signed 14 April 2019 

80/20,21,22	"Combat and Command" should be "Combatant Command"	Transcription error
81/17,24,25	"Combat and Command" should be "Combatant Command"	Transcription error
82/20	"Combat and Command" should be "Combatant Command"	Transcription error
87/11,16,22	"Combat and Command" should be "Combatant Command"	Transcription error
88/5	"Combat and Command" should be "Combatant Command"	Transcription error
89/4,11,15	"Combat and Command" should be "Combatant Command"	Transcription error
90/3,8	"Combat and Commanders" should be "Combatant Commanders"	Transcription error
103/7	"win with" should be "whim of"	Transcription error
123/5	Possible missed speaker break starting with And	Possible speaker change
124/9	"remission" should be "the mission"	Transcription error
126/20	"hadn't" should be "had"	Error
126/22	"disagreement" is a bad choice of words. Should be "waiver denial"	Misstatement
127/24	"Combat and Command" should be "Combatant Command"	Transcription error
156/13	"prevents" should be "presents"	Error
162/17	"Combat and Command" should be "Combatant Command"	Transcription error
163/18	"Combat and Commander" should be "Combatant Commander"	Transcription error
164/12,14	"Combat and Commands" should be "Combatant Commands"	Transcription error
165/16	"Combat and Commands" should be "Combatant Commands"	Transcription error
170/5,12	"Combat and Command" should be "Combatant Command"	Transcription error
195/7	"bulk" should be "balk"	Transcription error
204/6,7,9,17	"Combat and Command" should be "Combatant Command"	Transcription error

Signed 19 April 2019 

H. Far