

Medical Services
FORSCOM AMEDD PERSONNEL SUPPORT OF FORT HOOD MEDDAC/DENTAC

SUPPLEMENTATION. Local supplementation of this regulation is prohibited except upon approval of HSXI-CO.

SUGGESTED IMPROVEMENTS. The proponent of this regulation is the Director of Health Services (DHS). Users are invited to send comments and suggested improvements to the Commander, III Corps and Fort Hood, ATTN: HSXI-CO.

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*This regulation supersedes FH Regulation 40-2, 28 November 1986.

SECTION I GENERAL

1-1 PURPOSE. This regulation establishes policies and procedures for the training and use of United States Forces Command (FORSCOM) medical personnel assigned to Fort Hood in support of health care services.

1-2 APPLICABILITY. This regulation applies to FORSCOM units at Fort Hood with assigned Army Medical Department (AMEDD) personnel. During full mobilization, portions of this regulation remain in effect.

1-3 REFERENCES. See appendix A.

1-4 TERMS.

a. Special Duty (SD) Positions. A position staffed by FORSCOM AMEDD personnel assets working in their primary military occupational specialty (PMOS). A position is established to increase medical department activity (MEDDAC)/dental activity (DENTAC) table(s) of distribution and allowances (TDA) personnel resources to better accomplish assigned missions. SD positions may be established in functional areas as follows:

(1) Where a military or civilian TDA requirement exists, but is not authorized, nor has an individual been assigned as 'excess'.

(2) Where a military or civilian position is authorized, but the position is vacant.

(3) Where missions are assigned, but are not recognized in manpower requirements or authorizations.

b. Medical Proficiency Training (MPT). MPT is a program of formal instruction and on-the-job training (OJT) for FORSCOM AMEDD personnel conducted in the patient-care environment of the Fort Hood MEDDAC/DENTAC. MPT requires approval of the respective MEDDAC/DENTAC commanders. Personnel undergoing MPT are not considered SD personnel. They are placed on temporary duty for proficiency training as outlined in FORSCOM Reg 350-1 (Active Component Training).

1-5 RESPONSIBILITIES.

a. The Commander, III Corps and Fort Hood is responsible for:

(1) Implementing the provisions of the Memorandum of Understanding (MOU) among the Commander, FORSCOM; Commander, United States Army Training and Doctrine Command (TRADOC); and Commander, United States Army Health Services Command (HSC), dated 23 September 1982, as it applies to III Corps and Fort Hood.

(2) Directing the use of FORSCOM AMEDD resources to carry out the mission of health care for the command, while maintaining the readiness posture of table of organization and equipment (TOE) medical units and organic medical elements of nonmedical TOE organizations.

b. Major subordinate commanders are responsible for:

(1) Making sure the unit medical personnel participate in annual MPT in accordance with (IAW) FORSCOM Reg 350-1.

(2) Coordinating with the III Corps Surgeon to identify special medical training needs (e.g., improving skill levels in specific medical military occupational specialties (MOSs).

(3) Making sure that AMEDD TOE units and medical elements of nonmedical TOE units maintain a high readiness posture, while supporting the Fort Hood health care delivery system (see appendix B).

c. The III Corps Surgeon is responsible for:

(1) Serving as the principal advisor to the Commander, III Corps and Fort Hood and his staff on matters concerning the delivery of health care and environmental health services.

(2) Serving as the single manager of FORSCOM AMEDD personnel resources assigned to III Corps. Recommendations for cross-leveling of personnel assets will be made in coordination with Health Services Branch, Personnel Command (PERSCOM).

(3) Acting for the Commander, III Corps and Fort Hood, in exercising staff supervision of FORSCOM AMEDD resources.

(4) Advising the Commander, III Corps and Fort Hood, on the best use of FORSCOM AMEDD personnel and equipment for maintaining both the health of the command and the readiness posture of TOE medical units and elements.

(5) Recommending distribution among major subordinate commands of taskings for FORSCOM AMEDD resources to fill approved SD positions. Recommendations will be provided to the III Corps G3 Operations, SD Program Management Section.

(6) Performing other functions as prescribed by AR 40-1 (Composition, Mission, and Functions of the Army Medical Department), AR 40-2 (Army Medical Treatment Facilities: General Administration), AR 40-3 (Medical, Dental and Veterinary Care), MOU's among the major Army command (MACOM) commanders, and as directed by the Commander, III Corps and Fort Hood.

d. Army Medical Department Resource Utilization Board (ARUB). The ARUB serves as the executive planning board for the AMEDD activities at Fort Hood. The Director of Health Services (DHS) is the chairman. Membership includes, as a minimum, major subordinate command surgeons (1st Cavalry and 2d Armored Division and 6th Cavalry Brigade); major medical unit commanders (1st Medical Group, 21st Evacuation Hospital, and 47th MEDSOM; Director of Dental Services (DDS); both the Deputy Commanders for Clinical Services (DCCS) and Administration (DCA), MEDDAC, and the Chief, Department of Primary Care and Community Medicine (DPCCM), MEDDAC. The ARUB is responsible for:

(1) Improving the health care provided to the command and resolving health related problems.

(2) Improving medical unit training and readiness.

(3) Establishing priorities for the planning of future activities (i.e., field training exercises, expert field medical badge (EFMB) testing).

(4) Coordinating the use of III Corps and Fort Hood AMEDD resources. On an annual basis, or when significant changes occur in missions, personnel strengths, and other factors that impact on AMEDD TOE units located at Fort Hood, the ARUB recommends tasking revisions through the III Corps Surgeon to the III Corps G3 Operations, SD Program Management Section.

(5) Serving as a forum for the exchange of information.

(6) Determining additional functions and membership composition of the ARUB.

(7) Meeting quarterly or at the call of the chairman.

**SECTION II
ESTABLISHING AND FILLING SD POSITIONS**

2-1 SD POSITIONS. SD positions for the MEDDAC/DENTAC are established, renewed, approved, and managed as outlined in FH Reg 614-1 (Special Duty Program Management (Administration and Control)). Requests for SD positions are routed through the Chief, Resource Management Division, MEDDAC for validation of the position. Validated requests are sent through III Corps G3 Operations, ATTN: SD Program Management Section, for processing, to the III Corps Chief of Staff. Requests for SD personnel in grades E7 and above require Commander, III Corps approval. III Corps G3 Operations coordinates approved requests with the Corps Surgeon for tasking distribution recommendations.

2-2 OTHER MANPOWER REQUIREMENTS/TASKINGS. Other manpower requirements for specific missions of short duration (e.g., single event) are submitted and processed through III Corps, G3 Tasking as outlined in FH Reg 350-12 (Tasking of III Corps and Fort Hood Assets and Diversion of Soldiers from Scheduled Training). Only requests for long term or continuing manpower requirements are submitted through the III Corps G3 Operations, SD Program Management Section.

**SECTION III
PERSONNEL MANAGEMENT POLICY**

3-1 GENERAL.

- a. Consistent with quality patient care and sustained combat readiness, FORSCOM AMEDD personnel will be used in their PMOS to the maximum extent possible.
- b. Personnel tasked to fill SD positions at the MEDDAC/DENTAC will remain assigned to their parent unit.
- c. TOE unit personnel filling SD positions will retain their unit identity and integrity to the greatest extent possible, consistent with patient care requirements.
- d. FORSCOM AMEDD personnel performing duty under the SD program in the MEDDAC/DENTAC will not be granted constructive credit for MPT.

3-2 FORSCOM AMEDD OFFICER AND WARRANT OFFICER PERSONNEL.

- a. The Corps Surgeon routinely coordinates with the major subordinate command surgeons on the use of FORSCOM AMEDD commissioned and warrant officers assigned to TOE units at Fort Hood.
- b. Duty Assignments. The following FORSCOM AMEDD officers, subsequent to inprocessing and TOE unit orientation, will perform duties in the MEDDAC/DENTAC systems:
 - (1) Medical Corps (MC) (except major subordinate command surgeons).
 - (2) Dental Corps (DC).
 - (3) Veterinary Corps (VC).
 - (4) Medical Services Corps (MSC) officers with the following areas of concentration (AOC): 68F - Clinical Laboratory Officers, 68H - Pharmacy Officers, 68K - Optometry Officers, 68M - Audiologists, 68R - Social Work Officers, except those assigned to Army Community Services (ACS), and 68S - Psychologists.
- c. Physicians Assistant (PA) Assignments.
 - (1) PAs are granted clinical privileges, supervised, administered efficiency reports, and perform duties as outlined in AR 40-48 (Nonphysician Health Care Providers).

NOTE: Technical supervision of PAs in garrison battalion aid stations (BASs)/troop medical clinics (TMCs) is the overall responsibility of the C, DPCCM, MEDDAC, with coordination of the appropriate MSC command surgeon.

(2) PAs will perform their primary duties in their respective BASs. Additional duty assignments will be scheduled at TMCs through their appropriate MSC command surgeons. Duty assignments for each major subordinate command are distributed as follows:

| <u>MSC</u> | <u>TMC</u> |
|----------------------------------|------------|
| 1 st Cavalry Division | CTMC #1 |
| 2d Armored Division | 1,2,9 |

(a) TMC 3 (Optometry Clinic) is not staffed with PAs.

(b) TMC 10 and 12 (Aviation Medicine Clinics) will receive PA support based on the availability of PAs with an aviation skill qualifier (011AA).

(c) 1st Cavalry Division and 2d Armored Division will maintain duty rosters to provide the following coverage:

(1) One PA each to staff TMC 6, when PA strength in MSC can support this additional tasking.

(2) One PA, on alternating months, to provide sick call and on-call coverage to the Fort Hood Installation Detention Facility (IDF).

(3) One PA each per week to work in Physical Examination Section, MEDDAC, when PA strength in the MSC can support this additional tasking.

(4) Length of duty per PA will be at least one week.

d. Efficiency Reports.

(1) FORSCOM AMEDD officer and warrant officer efficiency reports are completed as outlined in AR 623-105 (Officer Evaluation Reporting System). Particular emphasis must be given to AR 623-105, paragraph 3-18 in those cases where dual supervision exists. Physicians and PAs assigned to TOE units, who perform their primary duties in a clinical environment, will have a physician included in their rating scheme to be sure that a technical evaluation is rendered. This physician may be the rater, intermediate rater, or senior rater.

(2) Rating Schemes. Major subordinate commands determine the rating scheme for assigned FORSCOM AMEDD officers in coordination with the III Corps Surgeon. Copies of approved rating schemes are provided to the III Corps Surgeon and unit personnel officer.

e. Training and Education.

(1) AMEDD officers, including MSC officers and warrant officers, may be released from MEDDAC/DENTAC duty assignments to participate in field training or other unit exercises essential for maintaining medical proficiency, unit readiness, and the health of the unit. Approval authority for release to participate in field training is the III Corps Surgeon. Command surgeons and AMEDD unit commanders must submit requests for AMEDD personnel to support field training requirements at least seven weeks prior to the start of the exercise as outlined in FH Reg 350-12. Exceptions are made for emergency deployment readiness exercises (EDREs) and real-mission deployments away from Fort Hood.

(2) The MEDDAC/DENTAC establishes local professional continuing education programs. The parent unit programs and funds professional courses and seminars. Centrally-funded training may be requested through the parent

unit using DA Form 3838 (Application for Professional Training). As an exception, Army Nurse Corps (AN) personnel with duty at the MEDDAC may be funded by the MEDDAC for nursing continuing education. An information copy of courses and seminars programmed and budgeted by the unit will be provided to the III Corps Surgeon upon approval. Documentation of the continuing medical education (CME) category I training is provided the DCCS, MEDDAC for enclosure in medical practitioners credential files (PCF).

(3) Travel of AMEDD officers and warrant officers for professional speciality recognition (boards) will be IAW AR 40-67 (Army Medical Department (AMEDD) Continuing Health Education Program and Professional Specialty Recognition of AMEDD Personnel), chapter 3. FORSCOM AMEDD officers may request centralized funding using DA Form 3838 through their respective unit of assignment. If funds are not available, permissive temporary duty (TDY) may be authorized IAW AR 630-5 (Leaves and Passes).

f. Rostered Duties. MSC officers assigned to FORSCOM units, but working within the MEDDAC (see sec 3-2, para b (4), this regulation) will not be carried on MEDDAC duty rosters as long as they are carried on duty rosters (e.g., staff duty officer (SDO)) at the parent unit.

g. Leave Policy. Leave requests by FORSCOM AMEDD officers and warrant officers with duty in the MEDDAC, DENTAC, or TMC, should be submitted 30 days ahead and processed as follows:

(1) Coordination with first-line, medical supervisor in the medical work area to be sure of only minimal disruption of health care services.

(2) Approval by parent unit commander.

h. Civilian Employment. FORSCOM AMEDD personnel will not engage in off-duty civilian employment without prior command approval. Requests are submitted as outlined in MEDDAC/DENTAC Reg 600-3 (AMEDD Policy Pertaining to Off-Duty Civilian Employment of MEDDAC/DENTAC Military Staff). FORSCOM AMEDD personnel, who perform their primary duties in the MEDDAC, will submit their requests for approval to the MEDDAC IAW FH MEDDAC Reg 40-1 (Medical Services Comprehensive Support Plan). Copies of the request, once approved, will be provided to both the individual concerned and the parent unit commander. Exceptions, other than as specified in AR 40-1, will not be granted.

3-3 AMEDD ENLISTED PERSONNEL.

a. Duty Assignments. Enlisted personnel should perform duty or undergo MPT with the MEDDAC/DENTAC for a maximum of 89 days annually to maintain technical skill proficiency. In cases where duty duration extends beyond 89 days, the MEDDAC/DENTAC assumes responsibility for skills qualification and common task training and enlisted evaluation reporting.

(1) SD personnel may be extended for periods not to exceed one year. Requests for extensions are submitted as outlined in FH Reg 614-1 and this regulation, paragraph 2-1, and must include justification and a mission impact statement.

(2) SD personnel will be used in their PMOS at their qualified skill level or higher.

(3) SD and MPT personnel are subject to shift work, holiday work, and training schedules. They are released from unit duties, formations, and training that conflict with MEDDAC/DENTAC training or duty requirements. FORSCOM AMEDD personnel will be returned to their parent unit for EDREs, Army Training and Evaluation Programs (ARTEPs), emergency leave, command musters, personnel asset inventories, and for actual deployment for real-world and contingency missions. SD personnel will be returned to the MEDDAC/DENTAC immediately following the conclusion of the unit requirement. Release of SD and MPT personnel for any reason must be coordinated with the office of the III Corps Surgeon (287-4331), and the Chief, Plans, Training, Mobilization and Security (PTM&S), MEDDAC (288-3345/3446).

b. Training and Education.

(1) Personal knowledge training and testing, as defined in FORSCOM Reg 350-1, and weapons proficiency training are done by the parent unit before or after periods of duty with the MEDDAC, DENTAC, or TMC. Personnel with the MEDDAC, DENTAC, or TMC for duty or training undergo Army Physical Fitness Training (APFT) and testing with the MEDDAC, DENTAC, or TMC. APFT results will be forwarded to the parent unit commander.

(2) The purpose of MPT is to provide medical/technical skills training for those skills that cannot be readily taught and evaluated by the parent organization. In order to participate in MPT, soldiers must have at least six months time in service (TIS) remaining on active duty upon completion.

(3) The duration of MPT is up to 89 days for personnel in AMEDD MOSs CMF91, including two weeks of didactic instruction for selected soldiers followed by 11 weeks of on-the-job training (OJT). Participants are rotated through at least two DACH wards and/or clinics for nursing personnel. For low density MOSs, it includes an evaluation of current skills and one or two different rotations depending on MOS and the identified needs of the soldier.

(4) The number of MPT personnel provided by each MSC will be established quarterly by the III Corps Surgeons Office.

(5) MPT is being provided to other AMEDD MOSs on a test basis through the AMEDD Systematic Modular Approach to Realistic Training (ASMA) program.

(6) A list of personnel participating in standard name line (SNL) format will be forwarded through the Corps Surgeons Office in sufficient time to arrive at the office of the C, PTM&S, MEDDAC NLT 30 days prior to the start date of scheduled MPT classes.

(7) Professional Specialty Recognition (boards). TDY of FORSCOM AMEDD enlisted personnel for board/license exams is authorized IAW AR 351-3 (Professional Education and Training Programs of the Army Medical Department). Funding is the responsibility of the parent unit. If funding is unavailable, permissive TDY may be authorized IAW AR 630-5.

c. Clothing. Prior to reporting to the MEDDAC/DENTAC for SD or MPT, FORSCOM AMEDD personnel, except those in PMOS 71G, 35G, and 35U, will obtain eight sets of hospital duty white uniforms from the central issue facility (CIF). Hospital whites are not available for issue at the MEDDAC. The MEDDAC will provide hospital surgical scrub uniforms as required.

d. Scheduling and Absences.

(1) Personnel undergoing MPT may be eliminated from the program for excessive absences (authorized or not), if they miss more training than they can make up in a reasonable time and manner, as determined by the training supervisor.

(2) Night shift (2300-0700) training will be scheduled only to accomplish valid training requirements, and should not exceed one-third of the total OJT phase.

(3) Personnel undergoing training will not be released for ordinary leave or pass, nor will they be excused from training for off-duty employment or civilian education.

(4) SD personnel may request leave or pass through their SD medical supervisor, from their parent unit commander. SD personnel granted ordinary leave or pass are not replaced during this absence.

(5) Emergency Leave. Unit commanders must notify the Chief, PTM&S, MEDDAC (288-3318), of SD and MPT personnel granted emergency leave. The MEDDAC/DENTAC may request a replacement for SD personnel on emergency leave; such requests include a mission impact statement. MPT personnel are not replaced.

e. Performance Evaluations.

(1) Technical Tasks. The parent unit may provide for each MPT participant a list of tasks, which cannot be trained or evaluated in the parent unit, in which the individual requires training. Upon completion of MPT, the parent unit commander is provided one copy of a completed evaluation checklist.

(2) Noncommissioned Officer Evaluation Reports (NCO-ERs). Guidance on the submission of NCO-ERs for SD personnel is contained in AR 623-205 (Enlisted Evaluation Reporting System) and DA Cir 623-88-1 (Noncommissioned Officer Evaluation Reporting System) Interim Change # 101. SD and MPT training are both designed for cycles of up to 89 days to preclude the necessity of change of rater NCO-ERs. Performance appraisals are given to unit commanders via performance checklists, and letter input if warranted. The MEDDAC/DENTAC assumes responsibility for preparing NCO-ERs for FORSCOM AMEDD enlisted personnel under their direct daily supervision for 90 days or longer. Each soldier to be rated in this manner will be notified of the rating scheme IAW AR 623-205, and the parent unit commander provided an approved copy of the rating scheme, including the duty phone number of each person listed in the scheme. Upon receipt, the parent unit will forward a DA Form 2166 (NCO Evaluation Report), with Part I completed, to the Chief, Personnel Division, MEDDAC.

(3) Recognition of Performance. Individuals are considered for recognition of exceptional contributions to MEDDAC/DENTAC patient care systems by their first line medical supervisor. Letters and recommendations for awards are forwarded from the chief of the applicable MEDDAC/DENTAC department through the MEDDAC Commander to the parent unit commander. Personnel completing MPT will receive a certificate of training.

(4) Relief from Training or Duty. FORSCOM AMEDD personnel may be returned to their parent unit by the MEDDAC/DENTAC commander for: demonstrated poor attitude and apathy, severe personal problems which preclude adequate participation or performance, excessive absences as outlined above, and conduct that may result in disciplinary action. Any such relief will be coordinated through the office of the III Corps Surgeon by the Chief, PTM&S, MEDDAC before the soldier is returned to the parent unit. The MEDDAC/DENTAC commander provides necessary documentation of the relief action to the parent unit commander. Replacements are not provided for relieved MPT personnel.

f. Command and Control. Soldiers are returned to the control of their parent unit as outlined above. The parent unit commander retains command authority. The MEDDAC/DENTAC is responsible for periodic counseling IAW AR 635-200 (Enlisted Personnel), as required, with a copy provided to the parent unit commander. Requests for disciplinary action are forwarded through PTM&S, MEDDAC and the office of the III Corps Surgeon to the parent unit commander for final disposition.

g. Coordination. The office of the III Corps Surgeon will coordinate matters pertaining to FORSCOM AMEDD personnel performing duty or training with the MEDDAC/DENTAC. Requirements or requests that interfere with the scheduled duty or training of FORSCOM AMEDD enlisted personnel will be routed through command channels to the office of the Corps Surgeon.

SECTION IV STAFFING OF JOINTLY OPERATED FIXED MEDICAL AND DENTAL TREATMENT FACILITIES

4-1 STAFFING LEVELS. Staffing will be maintained at least at the levels authorized by current approved MEDDAC/DENTAC manpower authorization documents.

4-2 MISSION OR WORKLOAD CHANGES. Changes that effect staffing requirements should be brought to the attention of the Director of Health Services, Fort Hood.

4-3 RESPONSIBILITIES. Major subordinate commands are assigned responsibility for staffing TMCs as outlined in appendix B of this regulation.

FOR THE COMMANDER:



PAUL T. WEYRAUCH
Brigadier General, GS
Chief of Staff

OSCAR N. WHITE, JR.
LTC, SC
DOIM

- 2 Appendices
- A. References
- B. Staffing and Mission of Troop Medical Clinics

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APPENDIX A

REFERENCES

| <u>References</u> | <u>Title</u> |
|-------------------|---|
| AR 40-1 | Composition, Mission, and Functions of the Army Medical Department |
| AR 40-2 | Medical, Dental, and Veterinary Care |
| AR 40-3 | Army Medical Department Facilities and Activities |
| AR 40-48 | Nonphysician Health Care Providers |
| AR 40-66 | Medical Record and Quality Assurance Administration |
| AR 40-67 | Army Medical Department (AMEDD) Continuing Health Education Program and Professional Specialty Recognition of AMEDD Personnel |
| AR 600-3 | AMEDD Regulation Governing Off-Duty Employment of MEDDAC/DENTAC Staff |
| AR 623-105 | Officer Evaluation Reporting System |
| AR 623-205 | Enlisted Evaluation Reporting System |
| AR 630-5 | Leaves and Passes |
| AR 635-200 | Enlisted Personnel |
| FH Reg 40-1 | Composition, Mission, and Functions of Fort Hood Medical Services |
| FH Reg 95-9 | Aviation Pre-accident and Crash Rescue Plan |
| FH Reg 350-12 | Tasking of III Corps and Fort Hood Assets and Diversion of Soldiers from Scheduled Training |
| FH Reg 614-1 | Assignment, Management, and Accountability of HHC, USAG, and III Corps Military Personnel |
| FORSCOM Reg 350-1 | Active Component Training |
| MEDDAC Reg 40-1 | Medical Services General Administration |
| MOU | Memorandum of Understanding (MOU) among the Commander, Forces Command; Commander, U.S. Army Training and Doctrine Command; and Commander, U.S. Army Health Services Command, dated 23 September 1982. |

APPENDIX B

STAFFING AND MISSION OF TROOP MEDICAL CLINICS

| <u>TMC</u> | <u>Phone #</u> | <u>Bldg #</u> | <u>Unit</u> | <u>Service</u> |
|------------|----------------|----------------|--|--|
| CTMC #1 | 8-5082/5083 | 33003 | 1st Cav Div | Routine Sickcall Optometry, Physical Therapy, Occupational Therapy, Community Mental Health. |
| 1 | 7430/5996 | 9409 | 2d Armd Div | Routine Sickcall |
| 2 | 0996/2228 | 10045 | 2d Armd Div | Routine Sickcall |
| 3 | 2427/2913 | 507 | 2d Armd Div | Optometry Clinic |
| 4 | 4115/5178 | 87009 | 6th Cav Bde | Aviation Medicine |
| 6 | 5219/5621 | 39001 | 13th COSCOM (Enl) DACH (Physician) 1st Cav Div/2d Armd Div (PA) | Routine Sickcall |
| 9 | 5026/8784 | 239 | 2d Armd Div | Routine Sickcall |
| 10 | 288-9426 | 90043 RGAAF | DACH/CAB, 1 CD (Physician) 1CD/2AD (PA as appropriate) 13th COSCOM (Enl) | Aviation Medicine |
| 11 | 6966/3719 | 2818 | 1st Cav Div | Optometry Clinic |
| 12 | 4612/6594 | 7016 | DACH/CAB, 2AD (Physician) 1CD/2AD (PA as appropriate) 13th COSCOM (Enl) | Aviation Medicine |
| *13 | 6472 | 4327 IDF | 1CD/2AD (PA) | Routine Sickcall |
| 14 | 532-0157 | 56502 | As assigned | Routine Sickcall on seasonal basis |

* TMC at IDF is considered as BAS equivalent

GLOSSARY

| | |
|---------|---|
| ACS | Army Community Services |
| AMEDD | Army Medical Department |
| AN | Army Nurse Corps |
| AOC | area of concentration |
| APFT | Army Physical Fitness Training |
| AR | Army Regulation |
| ARTEP | Army Training and Evaluation Program |
| ARUB | Army Medical Department Resource Utilization Board |
| ASMARK | AMEDD Systematic Modular Approach to Realistic Training |
| BAS | battalion aid station |
| CIF | Central Issue Facility |
| CME | continuing medical education |
| DC | Dental Corps |
| DCA | Deputy Commander for Administration |
| DCCS | Deputy Commander for Clinical Services |
| DDS | Director of Dental Services |
| DENTAC | dental activity |
| DHS | Director of Health Services |
| DISCOM | division support command |
| DPCCM | Department of Primary Care and Community Medicine |
| DRM | Director of Resource Management |
| EDRE | emergency deployment readiness exercise |
| EFMB | expert field medical badge |
| ER | evaluation report |
| FORSCOM | United States Forces Command |
| HSC | United States Army Health Services Command |
| IAW | in accordance with |
| IDF | installation detention facility |
| MACOM | major Army command |
| MC | Medical Corps |
| MEDDAC | medical department activity |
| MOS | military occupational speciality |
| MOU | Memorandum of Understanding |
| MPT | medical proficiency training |
| MSC | Medical Service Corps |
| NCO | noncommissioned officer |
| OJT | on-the-job training |
| PA | physician assistant |
| PCF | practitioners credential files |
| PERSCOM | Personnel Command |
| PMOS | primary military occupational speciality |
| PTM&S | Plans, Training, Mobilization, and Security |
| SD | special duty |
| SDO | staff duty officer |
| SNL | standard name line |
| TDA | table of distribution and allowances |
| TDY | temporary duty |
| TIS | time in service |
| TMC | troop medical clinic |
| TOE | table of organization and equipment |
| TRADOC | United States Army Training and Doctrine Command |
| VC | Veterinary Corps |

Glossary 1