

**Army Regulation 40-1**

**MEDICAL SERVICES**

**COMPOSITION,  
MISSION, AND  
FUNCTIONS OF  
THE ARMY  
MEDICAL  
DEPARTMENT**

**Headquarters  
Department of the Army  
Washington, DC  
1 July 1983**

**Unclassified**

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# ***SUMMARY of CHANGE***

AR 40-1

COMPOSITION, MISSION, AND FUNCTIONS OF THE ARMY MEDICAL DEPARTMENT

MEDICAL SERVICES

COMPOSITION, MISSION, AND FUNCTIONS OF THE ARMY MEDICAL DEPARTMENT

By Order of the Secretary of the Army:

JOHN A. WICKHAM, JR.  
General, United States Army  
Chief of Staff

Official:

ROBERT M. JOYCE  
Major General, United States Army  
The Adjutant General

**History.** This revision provides for the designation of The Assistant Surgeon General for Veterinary Services as Executive Agent for all DOD Veterinary Services; sets the policy pertaining to contract surgeons, to include justification for employment, duties, qualifications, full-time or part-time status, compensation and leave, contract negotiations, and contracts; sets the policy pertaining to off-duty employment of Army Medical Department (AMEDD) officers;

makes changes in processing procedures for applications for employment as social workers and psychologists; updates the composition of, and duties of, officers in all AMEDD Corps; makes changes in AMEDD warrant officer descriptions, to reflect Food Inspection Technicians (military occupational specialty 051A); and adds an appendix of required reference publications.

**Summary.** Not applicable.

**Applicability.** This regulation applies to—  
a. The Active Army and Army National Guard (ARNG).

b. The US Army Reserve (USAR) when called to active duty.

**Proponent and exception authority.** Not applicable

**Impact on New Manning System.** This regulation does not contain information that affects the New Manning System.

**Army management control process.** Not applicable.

**Supplementation.** Supplementation of the

is regulation is prohibited unless prior approval is obtained from HQDA (DASG-HCD), WASH DC 20310.

**Interim changes.** Interim changes to this regulation are not official unless they are authenticated by The Adjutant General. Users will destroy interim changes on their expiration dates unless sooner superseded or rescinded.

**Suggested Improvements.** The proponent agency of this regulation is the Office of The Surgeon General. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to HQDA (DASG-HCD), WASH DC 20310.

**Distribution.** Active Army, ARNG, USAR: To be distributed in accordance with DA Form 12-9A requirements for AR Medical Services-A. (Applicable to All Army Elements)

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\*This regulation supersedes AR 40-1, 5 May 1976.

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## **Glossary**

## Chapter 1 INTRODUCTION

### 1-1. Purpose

This regulation—

*a.* Prescribes the composition, mission, and functions of the Army Medical Department (AMEDD).

*b.* Provides general information regarding the AMEDD, each AMEDD Corp, and civilian personnel employed by the department.

### 1-2. Applicability.

This regulation applies to—

*a.* The Active Army and Army National Guard (ARNG).

*b.* The US Army Reserve (USAR) when called to active duty.

### 1-3. References.

Required publications are listed in appendix A.

### 1-4. Explanation of abbreviations.

Abbreviations used in this regulation are explained in the glossary.

### 1-5. Concept.

*a.* The AMEDD encompasses those Army special branches that are under the supervision and management of The Surgeon General. Specifically, these special branches are the Medical Corps (MC), Dental Corps (DC), Veterinary Corps (VC), Medical Service Corps (MSC), Army Nurse Corps (ANC), and Army Medical Specialist Corps (AMSC).

*b.* The mission of the AMEDD is to—

(1) Maintain the health of members of the Army.

(2) Conserve the Army's fighting strength.

(3) Prepare for health support to members of the Army in time of war, international conflict, or natural disaster.

(4) Provide health care for eligible personnel in peacetime, concurrently with (3) above.

*c.* Accomplishment of this mission requires the following:

(1) Development and execution of coordinated plans and programs to provide the best possible health service in war and peace to eligible personnel, within available resources.

(2) Establishment of health standards.

(3) Selection of medically fit personnel; disposition of the medically unfit.

(4) Application of effective means of preventative and curative health services.

(5) Execution of the approved medical research, development, test, and evaluation (RDTE) program.

(6) Application of effective means of health education and management.

*d.* The AMEDD will provide health services for members of the Army and other agencies and organizations under AR 10-5. Each AMEDD component contributes to accomplishing the mission and functions of the AMEDD in its particular sphere of responsibility.

### 1-6. Responsibilities.

Responsibilities within the AMEDD are outlined below.

*a.* *The Surgeon General (TSG).* TSG is a general officer of the MC who has—

(1) Overall responsibilities for development, policy direction, organization, and management of an integrated Army-wide health services system.

(2) Direct access to the Secretary of the Army and the Chief of Staff, US Army (CSA) on all health and medical matters; these matters include the utilization of AMEDD professional personnel. (See AR 10-5.)

*b.* *Deputy Surgeon General.* The Deputy Surgeon General is a general officer of the MC who will—

(1) Perform duties prescribed by TSG.

(2) Serve as acting TSG in TSG's absence.

*c.* *Assistant Surgeon General for Dental Services.* The Assistant Surgeon General for Dental Services, a general officer of the DC, will make recommendations to TSG and through TSG to CSA on all

matters concerning dentistry and the dental health of members of the Army. All dental functions of the Army are under the direction of the Assistant Surgeon General for Dental Services.

*d.* *Assistant Surgeon General for Veterinary Services.* The Assistant Surgeon General for veterinary services, a general officer of the VC, will—

(1) Serve as the Executive Agent for all veterinary services within the Department of Defense (DOD).

(2) Advise, represent, and act for, as directed, TSG on all aspects of DOD veterinary functions.

*e.* *Officers commissioned in the MC, DC, VC, MSC, ANC, and AMSC.* Officers commissioned in these special branches of the AMEDD will carry out the duties outlined in chapter 2.

*f.* *Warrant officers of the AMEDD.* Warrant officers assigned to AMEDD specialties will carry out the duties outlined in chapter 3.

*g.* *Enlisted personnel assigned to the AMEDD.* Enlisted personnel assigned to AMEDD specialties will perform medically related technical and administrative functions prescribed in AR 611-201.

*h.* *Civilian personnel.* Civilian personnel assigned to the AMEDD will perform the duties shown in chapter 4. These civilian personnel include the following: Physicians, dentists, veterinarians, nurses, specialists in science allied to the practice of medicine, medical support and service personnel, contract surgeons, and professional consultants.

*i.* *Fee-basis physicians.* Fee-base physicians will perform duties set forth in AR 601-270.

### 1-7. Policy.

*a.* An AMEDD member may not be assigned to perform professional duties unless qualified to perform those duties. Assignments that involve professional expertise as recognized in the civilian sector must be filled by members of the AMEDD with equal, or similar, qualifications; however, emergency situations could cause exceptions. Qualifications may be met by education, training, or experience in a particular profession.

*b.* AMEDD members (including contract surgeons and other civilian employees) while on duty will not recommend to anyone authorized to receive health service in a Uniformed Services medical treatment facility (MTF) or at Army expense that this person receive health services from the member when off duty; this prohibition will include civilians associated in practice with the member. An exception would be that such health service would be provided without cost to the patient, the Government, or any other person or firm.

(1) Active members of the Army will not accept payment or other compensation for providing health services at any time or place to anyone authorized to receive health services in a Uniformed Services MTF, under AR 40-121 and AR 40-3 or at Army expense. Payment or other compensation will exclude military pay and allowances, and whether received directly or indirectly. Health services will include examination or consultation.

(2) AMEDD personnel who are active duty members or civilian employees are prohibited by Federal law from receiving additional US Government compensation of any nature, whether received directly or indirectly, for health services rendered to any person. Active duty members or civilian employees are defined in section 2105, title 5 United States Code; the Federal law cited above is section 5536, title 5, United States Code. Compensation of any nature also cited above will be other than ordinary pay and allowances.

*c.* The furnishing of testimony or production of records in civil courts by members of the AMEDD will be governed by AR 27-40 and guidance published in related technical bulletins.

(1) Testimony before civilian tribunals can involve State, Federal, or foreign courts, and many different situations. A member of the AMEDD in a nonduty status can appear in court on personal business not connected with the member's profession or official duties; usually, no official clearance will be required for this situation and appearance normally will be in civilian clothing. In cases where litigation is of interest to the United States, appearances and other

matters related to the litigation will be reported to The Judge Advocate General of the Army. A member of the AMEDD receiving an informal request or formal subpoena to give evidence or produce documents immediately will consult with the judge advocate or legal adviser of the member's command or agency.

(2) A member of the AMEDD whose official duties lead to appearance in court as a witness, or to furnishing testimony by deposition in litigation to which the Government is not a party, will not accept payment or compensation other than pay and allowance. Travel and subsistence expenses may be collected if the testimony is limited to matters observed in the performance of official duties. If the member's appearance in court is unrelated to his/her performance of official duties, and if he/she testifies as an expert on behalf of a State or the District of Columbia, or for a private individual, corporation, or agency (for example, other than the US Government) on matters outside the scope of his duties, he/she may accept pay as an expert witness. Further guidance may be obtained from the local Judge Advocate. However, all appearances by military personnel and civilian employees as expert witnesses require prior approval of TJAG under AR 27-40.

(3) No member of the AMEDD is authorized to give testimony against the Government except in the performance of official duty or under AR 27-40.

(4) If a member needs to take time off during normal duty hours because of something connected with his/her off-duty employment, duty or leave status is covered by AR 27-40.

*d.* No active duty member or civilian employee of the AMEDD, including contract surgeons, will accept appointments as, or act in the capacity of, a State or local official if contrary to Federal law or if included within the restrictions of AR 600-20. Before accepting appointment as, or acting in the capacity of, a State or local official, the advice of the local Judge Advocate will be sought. (See AR 600-50 for restrictions on other outside employment.)

#### **1-8. Remunerative professional civilian employment.**

*a.* A commissioned or warrant officer of the AMEDD on active duty will not engage in civilian employment without command approval. This will include the furnishing of testimony for remuneration. Active duty officers are in a 24-hour, 7-day duty status; their military duties at all times will take precedence on their time, talents, and attention. Subject to the limitations set forth in this regulation, members will not be restrained from employment during their normal off-duty hours. Permission for remunerative civilian professional employment will be withdrawn at any time by the commander when such employment is inconsistent with this regulation. In a case where such permission is withdrawn, the affected officer may submit to the commander a written statement containing views or information pertinent to the situation.

*b.* Before authorizing engagement in remunerative civilian professional employment, commanders will consider the following conditions of each case regarding the civilian community and the officer involved:

(1) The officer's primary military duty will not be impaired by civilian employment. Requests for civilian employment that exceed 16 hours a week usually will be denied. Commanders can grant exceptions if circumstances clearly show that the additional hours will not adversely affect military duties. Because of potential conflict with military obligations, AMEDD officers will not assume primary responsibility for the care of critically ill or injured persons on a continuing basis nor engage in private (solo) practice. Officer trainees (in graduate training programs) are prohibited from remunerative professional employment.

(2) The officer will not request, or be granted administrative absence for the primary purpose of engaging in civilian employment. However, ordinary leave may be granted to provide testimony in connection with authorized off-duty employment (para 1-7c), providing such absence does not adversely affect military duties.

(3) Civilian employment will not involve expense to the Federal Government nor involve use of military medical equipment or supplies.

(4) Individuals will advise employers that they will be subject to respond to alerts or emergencies that—

(a) May arise during non-duty hours.

(b) Could possibly delay the individual in reporting for civilian employment.

(c) Could require the individual to leave his or her civilian employment without warning.

(5) Civilian employment will be conducted entirely during non-duty hours and outside the Army MTF. Military personnel may not be employed by AMEDD officers in civilian employment.

(6) Except as indicated in (7) below, a demonstrated need must exist because of the relative lack of civilian physicians, veterinarians, nurses, or other professional personnel to serve the local community. A letter from the local professional society (or other responsible community agency) expressing no objection to such employment will be a required attachment to the request. This letter also must certify to the need and to the fact that such service is not available from any reasonable civilian source.

(7) AMEDD officers may engage in charitable civilian employment when voluntarily performed for, or for the benefit of, institutionalized persons and recognized nonprofit, charitable organizations; examples are the Boy Scouts and community clinics. (A letter to the benefiting institution or nonprofit organization should clearly state that the officer is performing charitable work as a private citizen and that the Government assumes no responsibility for the officer's actions.)

(8) Medical, nursing, dental, or veterinary officers prescribing drugs in civilian employment are subject to all the requirements of the Federal narcotic law. This will include Drug Enforcement Agency (DEA) registration and payment of taxes that are imposed upon other physicians, nurses, dentists, or veterinarians conducting private practice.

*c.* The responsibility for meeting local licensing requirements is a personal matter for officers who wish to engage in civilian employment. Similarly, malpractice insurance is a personal responsibility of the individual requesting permission to engage in civilian employment. The Army will not be responsible for officers' acts while they are engaged in off-duty employment.

*d.* Officers will submit written requests when they wish to engage in off-duty employment. The request will describe the position to be filled and the terms of employment; it will state that requester fully understands the provisions of this paragraph concerning off-duty employment; see appendix F. Commanders will approve or disapprove the request in writing and return a copy to the requester within 10 days. Approved requests will be reviewed at least annually by the commanders concerned.

*e.* Provided the provisions cited in b through d above are met (and authorized absence during normal duty hours does not adversely affect military duties) AMEDD officers—

(1) May, in isolated cases, provide remunerative advice or services to civilian practitioners in the diagnosis or treatment of patients not entitled to medical, dental, or veterinary care under AR 40-3. Employment must be authorized by their commanders; officers must be certified by an American Specialty Board or recognized by TSG as having achieved an equivalent level of professional ability.

(2) Will perform procedures necessary to save life or prevent undue suffering at any time in an emergency.

(3) May engage in teaching, lecturing, and writing as provided in AR 600-50.

#### **1-9. Command positions.**

*a.* The provisions of AR 600-20 apply in the designation or assumption of command; exceptions are shown in the modifications outlined below.

(1) *Health clinics.* Administrative directions of small outpatient health clinics may be vested in any qualified health care professional officer; this will be done without regard to the officer's basic health care profession. These clinics will be integral parts of the US Army Medical Center (MEDCEN) or medical department activity (MEDDAC) organization. In implementing this policy, due consideration will be given to the availability of qualified officers and the

size and mission of these outpatient facilities. In certain Army health clinics, the senior position is designated as commander. These commanders will provide for disciplinary control over personnel assigned to these clinics. The clinic will remain as an organizational element of the MEDCEN or MEDDAC to which assigned; the parent organization will be responsible for administrative control over personnel and financial resources. Professional direction of health clinics will come from the MEDCEN or MEDDAC commander, or an MC officer designated for this purpose.

(2) *Dental clinic.* Professional direction of dental clinics will come from the Director of Dental Services (DDS) or dental activity (DENTAC) commander.

b. MEDCENs, MEDDACs, community hospitals, and specific Army health clinics designated by HQDA(DASG-ZA) will be commanded by an MC officer qualified to assume command under AR 600-20. The MC officer will command, even though an officer of another branch may be the senior regularly assigned officer present.

c. DENTACs and dental units and detachments will be commanded by a DC officer qualified to assume command under AR 600-20. The DC officer will command, even though an officer of another branch may be the senior regularly assigned officer present.

d. When tables of organization and equipment (TOE) units normally commanded by MC, DC, or VC officers are in a training status, they will be commanded by the senior AMEDD officer qualified to assume command under AR 600-200, unless otherwise directed by HQDA.

#### **1-10. Utilization of AMEDD officers.**

a. AMEDD officers' duty time will be devoted, to the maximum extent possible, to actions and procedures for which they are specifically trained. They normally will be utilized in their primary occupational specialties.

b. Commanders of AMEDD units will establish local utilization policies for assigned members of their commands. These policies will include performance of additional duties. Policies will be based on—

- (1) Workload.
- (2) Assigned level of personnel.
- (3) General situation of the command.
- (4) Utilization guidance provided in subsequent chapters in this regulation for each AMEDD Corps and for AMEDD warrant officers.

## **Chapter 2 CORPS OF THE ARMY MEDICAL DEPARTMENT**

### **Section 1 MEDICAL CORPS**

#### **2-1. Composition.**

The Medical Corps (MC) consists exclusively of commissioned officers who are qualified doctors of medicine or doctors of osteopathy.

#### **2-2. Duties of MC officers.**

a. *Professional.* Professional duties are those directly related to—

- (1) Evaluation of medical fitness for duty of members and potential members of the Armed Forces.
- (2) Analysis of the medical and physical condition of patients.
- (3) Practice of preventive and therapeutic medicine.
- (4) Development and adoption of medical principles required for the—

- (a) Prevention of disease and disability.
  - (b) Treatment of patients.
  - (5) Solution, through research and development (R&D), of medical professional problems in the—
    - (a) Prevention of disease and injury.
    - (b) Treatment and reconditioning of patients.
- b. *Staff.*

(1) The senior MC officer present for duty with a headquarters (other than medical) will be officially titled—

- (a) The "surgeon" of the field command.
- (b) The "chief surgeon" of the oversea major Army command (MACOM).
- (c) The "director of health services (DHS)" at the installation level.

These titles indicate the medical officer's staff position rather than qualifications.

(2) Duties of these individuals are advisory or technical: advisory as staff officers; technical in the supervision of all medical units of the command. These individuals—

(a) Advise the commander and members of the staff on all medical matters pertaining to the command.

(b) Take part in all planning activities dealing with military operations.

(c) Exercise complete technical control within a command over medical units in the maintenance of health, and in the care of the sick and wounded. This care will include those means of evacuation that are organic to the AMEDD.

(3) Except for direct coordination of professional and technical matters, coordination with staff counterparts at higher and subordinate headquarters is through command channels.

(4) When medical and nonmedical TOE units are stationed at installations where a DHS is authorized and assigned, the designated DHS, if other than the MEDDAC or MEDCEN commander, may retain the position, on approval of the installation commander (see AR 10-43), even though a senior MC officer is on duty with the TOE units.

(5) By mutual agreement between commanders, the appropriate medical staff officer may, as an additional duty, serve as the staff surgeon to other commands which do not have medical staff officers assigned.

(6) Specific duties of a medical staff officer are explained in AR 10-6 and AR 611-101.

#### **2-3. Utilization of MC officers.**

a. MC officers' duty time will be devoted, to the maximum extent possible, to actions and procedures for which they are specially trained. A minimum of time will be given to those duties that can be adequately performed under their direction by other AMEDD personnel

b. Except when regulations provide otherwise, such officers will not be—

- (1) Detailed as members of—
  - (a) Courts-martial.
  - (b) Nonprofessional boards or committees.
- (2) Assigned to other duties in which medical training is not essential.

To preclude requiring the personal appearance of MC officers as witnesses to present testimony, every effort consistent with due process of law will be made to use reports, depositions, or affidavits submitted by MC officers in connection with courts-martial and boards or committees.

#### **2-4. Applicability of Federal and State licensing laws.**

When duties are performed by MC officers under valid orders issued by lawful Federal authority, such officers are—

- a. "Exempt officials," as explained by the DEA.
- b. Not required to register and pay the Federal narcotics tax.

### **Section II DENTAL CORPS**

#### **2-5. Composition.**

The Dental Corps (DC) consists exclusively of commissioned officers who are qualified doctors of dental surgery or dental medicine.

#### **2-6. Duties of DC officers.**

a. *Professional.* Professional duties will be those directly related to the science of dentistry as practiced by the dental profession.



These will include dental examinations, preservation and promotion of dental health, and execution of approved dental RDTE programs.

*b. Staff.*

(1) The primary duty of the senior DC officer present for duty with a non-DENTAC headquarters will be that of dental staff officer, except where designated as deputy commander. The title of a dental staff officer will be "dental surgeon."

(2) Individuals exercise complete technical control within the command over dental activities in the—

(a) Prevention of oral disease.

(b) Care of dental patients.

(3) Coordination with staff counterparts at high and subordinate headquarters is through command channels; an exception will be for direct coordination of professional and technical matters.

(4) By mutual agreement between commanders, the appropriate dental staff officers may, as an additional duty, serve as the staff dental surgeon to other commands that do not have a dental staff officer assigned.

(5) Specific duties of a dental staff officer are explained in AR 10-6 and AR 611-101.

### **2-7. Utilization of DC officers.**

This applicable portions of paragraph 2-3 govern in the utilization of dental officers.

### **2-8. Dental organizations.**

*a.* Dental personnel required by commands will be organized into DENTACs, as well as US Army Area Dental Laboratories (ADLs), and TOE units, as required. The DENTAC is part of the MEDCEN or MEDDAC table of distribution and allowance (TDA); however, the DENTAC is supported by, not commanded by, the MEDCEN or MEDDAC. The DENTAC receives complete administrative and logistical support from the MEDCEN or MEDDAC.

*b.* The dental care program is managed separately by the appropriate AMEDD command headquarters (for example, Headquarters US Army Health Services Command (HQ, HSC); Medial Command (TOE 8-111H2)) as a discrete, functionally managed program. On matters pertaining to the dental health of the command, the installation commander will communicate directly with the DDS, under AR 5-3.

### **2-9. Application of narcotic and licensing laws to DC officers.**

Paragraph 2-4 applies.

## **Section III VETERINARY CORPS**

### **2-10. Composition.**

The Veterinary Corps (VC) consists exclusively of commissioned officers who are qualified doctors of veterinary medicine.

### **2-11. Duties of VC officers.**

*a.* The Assistant Surgeon General for Veterinary Services—

(1) Serves as executive agent for veterinary services for the DOD; see DODD 6015.5.

(2) Provides veterinary support to the DA, Department of the Navy and the US Marine Corps, the Air Force, all DOD agencies, and the US Coast Guard.

*b.* Professional duties of VC officers are discussed below.

(1) Provide consultative services to personnel performing food hygiene, safety, and quality assurance inspections. This will include advising the appropriate authority on the acceptability of food as follows:

(a) Food processing inspections incident to and following the procurement of foods of animal origin or other foods, when requested by proper authority.

(b) Sanitation inspection of establishments in which foods are produced, processed, prepared, manufactured, stored, or otherwise handled; excluded are food service facilities, such as dining facilities and snack bars.

(c) Inspections on receipt at destination for identity and condition of all foods of animal and non-animal origin.

(d) Perform professional functions in medical laboratories, such as chemical, bacteriological, and radiological analyses of foods.

(e) Inspections to determine fitness for human consumption of all foods which may have been contaminated by chemical, bacteriological, or radioactive materials.

(2) Assist the senior medical staff officer or the MEDCEN or MEDDAC commander at all levels of command in discharging responsibilities for conducting a comprehensive preventive medicine program. This will include the prevention and control of diseases common to man and animals in areas of responsibility specified by the—

(a) Senior medical staff officer.

(b) MEDCEN or MEDDAC commander.

(3) Provide a comprehensive program for prevention and control of diseases or conditions that may—

(a) Be transmissible to humans or animals.

(b) Constitute a military community health problem.

(4) Provide veterinary service support—

(a) In AMEDD training programs.

(b) To medical and subsistence R&D programs and activities.

(5) Provide complete veterinary services for US Government public-owned animals. Morale support activities—owned animals will be provided veterinary services as time and resources permit.

(6) Collect and maintain data on—

(a) Food supplies and animal diseases that may affect the health of members to the Army.

(b) Animal diseases that may affect the health of public animals.

In this respect, they will advise and make recommendations to the appropriate authority of existing or anticipated conditions that may be of military or civilian significance. Under applicable circumstances, these would include local, State, Federal, and comparable agencies.

(7) Provide technical consultation to the senior medical staff officer or the MEDCEN or MEDDAC commander. In this capacity the VC officer will—

(a) Identify unsanitary conditions associated with subsistence and animals.

(b) Make recommendations for correction of these unsanitary conditions.

(8) Assist, on request and when authorized, civilian authorities or other Federal departments in emergency animal disease control programs.

*c.* Specific duties of a veterinary staff officer are defined in AR 10-6 and AR 611-101.

### **2-12. Utilization of VC officers.**

*a.* Applicable portions of paragraph 2-3 govern the utilization of VC officers.

*b.* At installations and activities where no VC officer is assigned, required military veterinary service may be provided on an attending basis; this must be authorized by the Commanding General, US Army Health Services Command (CG, HSC) and the oversea MACOM commander for their areas of responsibility.

### **2-13. Title of VC officers.**

*a.* The general officer in the VC may, when so designated by TSG, be called—

(1) The Assistant Surgeon General for Veterinary Services.

(2) Chief, Veterinary Services.

(3) Chief, VC.

*b.* The title of the senior VC officer assigned to a command, agency, or activity is "Veterinarian."

## **Section IV MEDICAL SERVICE CORPS**

### **2-14. Composition.**

The Medical Service Corps (MSC) is authorized one officer in the grade of Brigadier General who serves as Chief of the MSC. The

MSC by law (section 3068, title 10, United States Code) is organized into four sections: Pharmacy, Supply, and Administration Section; Medical Allied Sciences Section; Sanitary Engineering Section; and Optometry Section. An officer is selected and certified by TSG and the Chief of the MSC to be Chief of each Section; each officer concurrently is designated an Assistant Chief of the MSC. These MSC sections are subdivided as follows:

*a. Pharmacy, Supply and Administration Section.*

- (1) Health care administration.
- (2) Field medical assistant.
- (3) Health services comptroller.
- (4) Biomedical information systems.
- (5) Patient administration.
- (6) Health services personnel management.
- (7) Health services manpower control.
- (8) Health services plans, operations, intelligence, and training.
- (9) Aeromedical evaluation.
- (10) Health services materiel.
- (11) Health facilities planning.
- (12) Pharmacy.

*b. Medical Allied Sciences Section.*

- (1) Microbiology.
- (2) Biochemistry.
- (3) Parasitology.
- (4) Immunology.
- (5) Clinical laboratory.
- (6) Physiology.
- (7) Podiatry.
- (8) Audiology.
- (9) Social work.
- (10) Clinical psychology.
- (11) Research psychology.

*c. Sanitary Engineering Section.*

- (1) Nuclear medical science.
- (2) Entomology.
- (3) Environmental science.
- (4) Sanitary engineering.

*d. Optometry Section.*

**2-15. Duties of MSC officers.**

*a.* Officers of the branch perform a wide variety of administrative, technical, scientific, and clinical duties within the AMEDD. These duties will be consistent with the officer's education, training, and experience. MSC officers will perform duty in branch immaterial assignments only when authorized by HQDA (DASG-PTZ).

*b.* See AR 10-6 and AR 611-101 for a more definitive explanation of duties of MSC officers.

**2-16. Utilization of MSC officers.**

*a.* MSC officers normally will be utilized in their primary professional specialty.

*b.* Applicable portions of paragraph 2-3 govern the utilization of those MSC officers who, in the performance of their assigned duties, provide patient care through either of the following:

- (1) Direct professional services on an appointment basis.
- (2) Preventative medicine functions.

*c.* Exceptions to *b* above are duties involving courts, boards, administrative officer of the day (AOD), or staff duty officer (SDO).

*d.* Provisions of paragraph 1-9*d* and the annually published HQDA Letter (MEDO Letter) govern MSC officers exercising command.

**Section V**  
**ARMY NURSE CORPS**

**2-17. Composition.**

The Army Nurse Corps (ANC) consists exclusively of the Chief, Assistant Chief, and other commissioned officers who are qualified, registered, professional nurses.

**2-18. Duties of ANC officers.**

*a. Professional.* Duties of ANC officers are those related to the theory and practice of nursing.

(1) The focus of the practice of nursing is on the assessment of individual, family, or group health care needs to—

- (a) Promote health.
- (b) Prevent illness.

(c) Provide assistance in coping with physical and psychological aspects of illness. This goal is accomplished by a variety of modalities, such as teaching, counseling, case-finding, and skilled supportive care.

(2) Nursing is based on recognized professional standards of practice. It has certain functions for which its practitioners accept responsibility. These include both independent nursing functions and delegated medical functions that may be either—

(a) Performed autonomously in coordination with other health team members.

(b) Delegated by the professional nurse to other persons.

(3) In US Army MEDCENS and MEDDACs the Department of Nursing is the administrative unit that provides the organization framework for nursing activities to accomplish the following:

(a) Define, design, and implement nursing care systems.

(b) Establish specific nursing care technologies, processes, and standards; develop mechanisms to insure that these standards are maintained.

(c) Collect and evaluate data concerning categories of patients and nursing resources.

(d) Assess and evaluate results of nursing actions on a continuous basis.

(e) Forecast and plan for requirements in money, materials, and personnel resources.

(f) Coordinate nursing actions with other health care providers.

(g) Establish a climate for and promote nursing research.

(h) Provide opportunities for continuing education for nursing personnel.

(i) Provide flexibility and modification of practice in response to technological advances and social changes.

*b. Staff and other duties.* Detailed duties, responsibilities, and titles of ANC officers are outlined in AR 40-6, AR 10-6, and AR 611-101.

**2-19. Utilization of ANC officers.**

*a.* ANC officers will be assigned to nurse-related professional, administrative, and staff duties that directly contribute to the accomplishment of the AMEDD mission. ANC officers will be considered appropriately assigned when performing duties related to their specialty skills identifier.

*b.* The applicable portions of paragraph 2-3 govern the utilization of ANC officers may be detailed as members of courts-martial boards of nonprofessional boards or committees when ANC officers or other nursing service personnel are involved in the proceedings.

*c.* ANC officers will not perform AOD, SDO, or other additional duties in which nursing professional education, training, and experience are not essential. Exceptions include serving—

(1) In an administrative headquarters (for example, HQ, HSC; HQDA; or Medical Group (TOE 8-122H)).

(2) As an administrative resident.

(3) As chief nurse in a TOE unit.

**Section VI**  
**ARMY MEDICAL SPECIALIST CORPS**

**2-20. Composition.**

*a.* The Army Medical Specialist Corps (AMSC) is composed of a Dietitian Section, Occupational Therapist Section, and Physical Therapist Section.

*b.* The AMSC consists exclusively of officers who are—

(1) Registered dietitians, certified occupational therapists, or licensed physical therapists.

(2) Eligible for membership in the American Physical Therapy Association.

(3) Taking part in AMSC professional education programs for the purpose of becoming qualified in one of the specialties cited in (1) or (2) above.

### **2–21. Duties of AMSC officers.**

*a.* Duties of AMSC officers will be directly related to the specialties of dietetics, physical therapy, or occupational therapy, as practiced by the respective civilian professions. These will include development and adoption of principles and standards to meet the total needs of patients in these specialized fields.

*b.* See AR 10–6 and AR 611–101 for specific duties of AMSC officers.

### **2–22. Utilization of AMSC officers.**

*a.* When AMSC officers are assigned to Army MTFs—

(1) The senior dietitian will be Chief of the Food Service Division.

(2) The senior physical therapist and senior occupational therapist will be chiefs of their respective sections.

*b.* The applicable portions of paragraph 2–3 govern the utilization of AMSC officers. An exception is that AMSC officers may be detailed as members of courts–martial boards or nonprofessional boards or committee when the following are involved in the proceedings:

(1) AMSC officers.

(2) Other food service, physical therapy, or occupational therapy personnel.

*c.* AMSC officers working regularly established clinic hours may perform AOD and SDO functions. Fair and equitable scheduling of those officers who work shifts or who are on weekend and holiday duty rosters within their sections must be evident.

*d.* AMSC officers will not be assigned to AOD or SDO or assistant AOD or SDO function when they are taking part in the following:

(1) The Army Dietetic Internship Program.

(2) The Army Occupational Fieldwork Program.

*e.* AMSC officers will not be assigned special administrative duties. These include, but are not limited to, additional duties; for example, line inventory, drug inventory, hospital inspection, and cash verification. The only exception would be those officers serving—

(1) In an administrative HQ.

(2) As administrative residents.

## **Chapter 3 ARMY MEDICAL DEPARTMENT WARRANT OFFICERS**

### **3–1. Physician assistant, military.**

*a. Composition.* Military physician assistants (PAs) are school–trained warrant officers who are qualified for and who have been awarded military occupational specialty (MOS) 011A.

*b. Duties.* Military PAs have the following duties:

(1) Provide general medical care for the sick and wounded under the supervision of designated physicians. Perform technical and administrative duties as—

(*a*) Indicated in AR 611–112.

(*b*) Assigned by supervisors in MTFs.

(2) Provide for preparation and maintenance of necessary records and reports.

(3) Supervise or assist in supervising enlisted specialists and comparable civilian employees in utilization, care, and maintenance of medical supplies and equipment.

(4) Assist in the training of enlisted specialists and comparable civilian employees in technical aspects of patient care and treatment.

*c. Utilization.* The provisions of paragraph 1–10 and AR 40–48 govern the utilization of military PAs.

(1) PAs will be utilized only within their MOS in troop medical

clinics, aviation medicine clinics, emergency rooms, physical examination sections, general outpatient clinics, family practice clinics, other primary care clinics, field medical units, and other medical facilities.

(2) Career management of military PAs is monitored by the MC Career Activities Office, US Army Medical Department Personnel Support Agency, WASH DC 20324; this office comes under the direction of the Directorate of Personnel, Office of The Surgeon General (OTSG), HQDA.

### **3–2. Biomedical equipment repair technician.**

*a. Composition.* Biomedical equipment repair technicians are warrant officers who are qualified for and have been awarded MOS 202A.

*b. Duties.* Biomedical equipment repair technicians perform specialized, equipment–oriented management functions; these include skills, knowledge, and abilities to manage programs for the maintenance of medical equipment. AR 611–112 prescribes the full range of duties performed by biomedical equipment repair technicians. Specific areas of responsibility are shown below.

(1) Planning and scheduling workload.

(2) Supervising and instructing subordinates.

(3) Administering a repair parts program.

(4) Recording maintenance performance and historical equipment data; coordinating with user and support activities.

(5) Developing and operating ancillary support programs.

(6) Advising on the layout of health care facilities as related to equipment and applicable installation requirements.

(7) Advising the commander and staff on maintenance–related matters.

*c. Utilization.* Provisions of paragraph 1–10 and AR 40–48 govern utilization of biomedical equipment repair technicians.

(1) Personnel with this specialty will be utilized only in their MOS; they normally will be assigned to TDA hospitals, MEDCENs, MEDDACs, or equivalent modifications TOE units. Some personnel also will be assigned for the following functions:

(*a*) Managing depot or combined maintenance operations.

(*b*) Performing as equipment specialists in varying assignments.

(*c*) Serving as instructors in service schools.

(*d*) Commanding TOE medical equipment maintenance detachments.

(2) Other personnel with this specialty also serve in successively higher levels of management with MACOMs and the National Maintenance Point.

(3) Career management of biomedical equipment repair technicians is monitored by the MSC Career Activities Office, US Army Medical Department Personnel Support Agency, WASH DC 20324; this office comes under the direction of the Directorate of Personnel, OTSG, HQDA.

### **3–3. Food inspection technician.**

*a. Composition.* Food inspection technicians are school–trained warrant officers who are qualified for and have been awarded MOS 051A.

*b. Duties.* Food inspection technicians—

(1) Manage and direct personnel, facilities, and equipment required for military hygiene, safety, and quality assurance.

(2) Provide assistance in programs to—

(*a*) Prevent animal diseases.

(*b*) Control zoonotic and foodborne illnesses.

(3) Assist in animal control programs.

(4) Prepare reports relative to veterinary activities.

(5) Maintain liaison with Federal, State, and local health agencies.

(6) Assistant in the conduct of training of enlisted personnel and civilian employees.

(7) Other technical and administrative duties are performed as—

(*a*) Indicated in AR 611–112.

(*b*) Assigned by the technician’s supervisor.

*c. Utilization.* The provisions of paragraph 1–10 govern the utilization of food inspection technicians. They will be utilized only

within their MOS in TOE units, TDA activities, MEDCENs or MEDDACs, and other DOD agencies and activities. Career management of food inspection technicians is monitored by the VC Career Activities Office, US Army Medical Department Personnel Support Agency, WASH DC 20324; this office comes under the direction of the Directorate of Personnel, OTSG, HQDA.

## Chapter 4 ARMY MEDICAL DEPARTMENT CIVILIAN PERSONNEL

### 4-1. Civilian employees.

*a. Composition.* The civilian complement of the AMEDD consists of US citizens and direct- and indirect-hire local nationals employed under appropriate regulations issued by the US Office of Personnel Management, HQDA, and the AMEDD.

*b. Duties.* Civilian are employed in a wide range of occupational categories; these include physicians, nurses, those in other medical and allied specialties, and support and service personnel.

*c. Utilization.* General utilization policy of AMEDD civilian employees is outlined in AR 570-4.

*d. Social workers and psychologists.* Policy for employment of social workers and psychologists is contained in appendix E.

### 4-2. Contract surgeons.

*a. Authorization.* In an emergency, TSG may employ as many contract surgeons as may be necessary within applicable personnel limitations (section 4022, title 10, United States Code). An emergency may exist when utilization of the services of an MC officer or a graded Civil Service physician is not practicable or feasible for providing essential health services. Contract surgeons will not be employed as a means for circumventing general schedule pay scales (Civil Service) established for physicians employed by the US Government.

*b. Justification for employment.* Justification for employment of private physicians as contract surgeons in peacetime will be forwarded for approval through command channels to HQDA (DASG-PSC), WASH DC 20310, to arrive 60 days before the desired date of employment. When intermediate MACOM commanders do not concur with any part of the justifications, it will be returned to the originator with reasons for nonoccurrence. As a minimum, each justification submitted to HQDA will contain appropriate data with the following information:

(1) Workload data for the most recent 6-month period. This will include, for example, the number of visits (inpatient and outpatient, as appropriate) and the number of medical examinations, as pertains to areas in which a private physician will be employed.

(2) Projected workload data for period of contract. (See (1) above.)

(3) Number, by type of personnel (military, civil service, contract surgeon, or fee-for-service), presently authorized, required, and assigned in the work area where the contract surgeon is required.

(4) Other procurement actions taken to provide necessary services; an example is through the US Office of Personnel Management.

(5) Number of active duty medical officers programmed to fill existing or projected vacancies.

(6) Effective dates of contract.

(7) Activity or installation to be serviced by contractor.

(8) Compensation; hourly, daily, weekly, monthly, or yearly, as applicable.

(9) Hours, days, place of duty, and full-time or part-time; examples of place of duty are clinic or emergency room.

(10) Types of services to be provided; examples are sick call or emergency room.

(11) Types of personnel to be provided medical care; see AR 40-3 for eligibility for medical care. Specify as active duty Army, other active duty, dependents of US Uniformed Services personnel

(active duty and retired), retired US Uniformed Services personnel, or other personnel.

(12) Restrictions imposed or contemplated to be imposed upon the contractor.

(13) Proposed source and address.

(14) Monitoring headquarters; name and telephone (automatic voice network (AUTOVON)) of the individual conducting preliminary negotiations with the private physician.

(15) Statements that—

(a) Employment will be within all applicable personnel limitations and funding availability.

(b) The contractor will possess the applicable qualifications outlined in d below.

*c. Duties.* Professional and administrative duties of contract surgeons will be comparable to those which MC officers with similar training and experience normally would be called upon to perform. Contract surgeons are not eligible for detail on courts-martial boards, but may be detailed to serve on—

(1) Medical boards convened under AR 40-3.

(2) Administrative boards to which civilian employees may be appointed.

*d. Qualifications.*

(1) To be eligible as a contract surgeon within the United States, the contractor must be one of the following:

(a) A graduate of a medical school approved by the Council on Medical Education and Hospitals of the American Medical Association.

(b) A graduate of a school of osteopathy approved by the Bureau of Professional Education Committee in Colleges of the American Osteopathic Association.

(c) A holder of a permanent certification by the Educational Council for Foreign Medical Graduates.

(2) The candidate must—

(a) Have a full or unrestricted license to practice medicine in a State, the District of Columbia, the Commonwealth of Puerto Rico, or a territory of the United States.

(b) Be legally authorized to prescribe and administer all drugs and perform all surgical procedures in the area concerned.

(3) Oversea MACOM commanders will prescribe the qualifications for contract surgeons for their respective area of employment.

*e. Full-time and part-time status.*

(1) A full-time contract surgeon is one who is required to devote full time to the performance of duties under the contract; full time here means not less than 40 hours each calendar week.

(2) A part-time contract surgeon is one who is required each week to devote less than 40 hours to the performance of duties under the contract.

*f. Compensation and leave.*

(1) Pay and allowances for full-time and part-time contract surgeons will be as prescribed in Misc Publ 13-1.

(2) Pay of part-time contract surgeons may not exceed the monthly base pay of an officer, O3, with over 4, but less than 6, years of service.

(3) Part-time contract surgeons are entitled only to the travel and transportation allowances in the same amount and under the same conditions as allowed for commissioned officers.

(4) Special and incentive pays may not be included in the contract for either part-time or full-time contract surgeons.

(5) Contract surgeons are not entitled to officers' uniform allowances.

(6) Within the limitations prescribed above, oversea MACOM commanders are authorized to determine applicable compensation of part-time contract surgeons within the geographical limits of their commands. These rates will take in account—

(a) Comparable rates paid for similar services in the locality.

(b) Background, experience, and other qualifications of the contractor.

(c) Extent of service required under to contract.

*g. Contract negotiation.* Section 2304a(4) and 2304a(6), title 10, United States Code and Misc Pub 28-25, paragraph 22-102.1 contain authority for negotiation of contracts with private physicians.

On approval of justification by HQDA (DASC-PSC) (para 4-2b), commanders of installations and activities may enter into contracts for services of contract surgeons.

*h. Contracts.*

(1) *General.* The following provisions apply to both full-time and part-time contract surgeons:

(a) Contracts will be executed by the local contracting officer under applicable provisions of Misc Pub 28-24 and Misc Pub 28-25 (32 CFR 591 et seq.).

(b) The term of the contract will be for a specific period of time; it will not extend beyond the end of a fiscal year during which the available appropriated funds are authorized to be obligated.

(c) A contract will not be renewed automatically upon expiration. Justifications for re-employment of private physicians as contract surgeons for the ensuing fiscal year will be forwarded under paragraph 4-2b.

(d) One copy of each executed contract will be forwarded to HQDA (DASG-PSC), WASH DC 20310 within 10 working days after the effective date of the contract; the executed contract will be for initial employment or re-employment.

(2) *Contract format.*

(a) Contracts will conform to the format prescribed by Misc Pub 28-24 (para 16-102.2) and by Misc Pub 28-25 (app F 100-26).

(b) Each contract will contain a statement of work substantially as shown in appendixes B, C, or D. Modifications to these statements to meet local requirements are not prohibited; however, changes should be kept to a minimum.

### 4-3. Professional consultants.

*a. General.* This paragraph contains information and instructions regarding professional consultants (hereafter referred to as consultants). Those portions of this paragraph that deal with civilian consultants supplement CPR A-9 and FPM chapter 304. Unless otherwise specifically indicated, provisions of this paragraph are applicable to both military and civilian consultants.

*b. Duties.*

(1) Consultants will—

(a) Assist in the maintenance of high standards of professional practice and research.

(b) Further the educational program for the advancement of AMEDD officers in the medical, dental, nursing, and allied specialties.

(c) Provide close liaison with leaders in related professions.

(2) These consultants will assist TSG, the Commanding General, US Army Medical Research and Development Command (CG, USAMRDC), the CG, HSC, chief surgeons of overseas MACOMs, and commanders of AMEDD activities, particularly treatment and R&D facilities—

(a) On matters pertaining to professional practice by providing advice on professional subjects.

(b) On new developments in prophylaxis, diagnosis, treatment, and technical procedures.

(c) By stimulating interest in professional problems and aiding in their investigation.

(d) By giving advice on RDTE programs.

(e) By encouraging participation in programs such as clinical and pathological conferences, ward rounds, and journal clubs.

(3) Proper performance of these duties involves an appraisal of all factors concerned with the prevention of disease and the professional care of patients. These include—

(a) Organization and program of professional services in medical installations.

(b) Quality, numbers, distribution, and assignment of specialty qualified professional personnel.

(c) Diagnostic facilities and availability and suitability of equipment and supplies for professional needs.

(d) Dental care, nursing care, and dietary provisions.

(e) Physical therapy and occupational therapy.

(f) Reconditioning and recreational facilities.

(g) Other ancillary services which are essential to the welfare and morale of patients.

(4) Execution of these duties involves periodic visits to MTFs and other types of AMEDD units concerned with health service or medical R&D activities.

*c. Utilization categories.* Utilization of consultants falls into the following categories:

(1) *OTSG.* In addition to AMEDD officers assigned or designated as consultants, other specialty qualified individuals may be utilized to—

(a) Provide TSG with professional advice or assistance, as required.

(b) Perform duties set forth in b above.

(2) *OTSG field operating agencies (FOAs).* OTSG FOAs are activities under the command jurisdiction of TSG.

(a) Consultants may be utilized to perform duties set forth in b above. Their services will be utilized, as required, for professional advice or assistance. (For further information regarding the educational program of the AMEDD in the medical, dental, nursing, and allied specialties, see AR 351-3.)

(b) In activities where intern or residency training programs are conducted, a representative consultant may be appointed to the Hospital Education Committee. This consultant may advise and recommend on all matters pertaining to graduate education. (For further information regarding AMEDD residency or intern training programs see AR 351-3.)

(3) *HSC.*

(a) Consultants may be utilized to perform duties set forth in b above. Their services will be utilized, as required, for professional advice or assistance.

(b) In hospitals conducting residency or intern training, a representative consultant may be appointed to the Hospital Education Committee. This consultant may advise and recommend on all matters pertaining to graduate education.

(4) *Overseas MACOMs.*

(a) Consultants may be utilized to perform duties set forth in b above. Their services will be utilized, as required, for professional advice or assistance.

(b) In hospitals conducting residency or intern training, a representative consultant in surgery, internal medicine, psychiatry and neurology, pathology, and dentistry may be appointed to the Hospital Education Committee. These consultants may advise and recommend on matters pertaining to graduate education.

### 4-4. Administrative procedures for professional consultants.

Before the initial appointment of consultants in the medical, dental, nursing, and allied specialties, the appropriate command or agency will evaluate the prospective consultant's professional qualifications.

*a. Appointment.*

(1) *Military consultants.* In addition to AMEDD officers assigned as consultants, other specialty qualified individuals may be utilized to advise TSG, the CG, USAMRDC, the CG, HSC, and overseas MACOM commanders on major subjects and board problems connected with the following:

(a) Policy and practice in the prevention of disease.

(b) Care of patients.

(c) Health and environment activities.

(d) Evaluation and maximum utilization of specialized personnel.

(e) R&D program.

(f) Postgraduate education.

(g) Continuing education programs for AMEDD officers.

(h) Other important professional matters. TSG and MACOM commanders will appoint these designated individuals on appropriate military orders.

(2) *Civilian consultants.* TSG, the CG, HSC, the CG, USAMRDC, and overseas MACOM commanders may approve appointment of civilian consultants within their respective commands or agencies. Normally, civilian consultants will not be utilized for a period or periods exceeding 90 calendar days in 1 fiscal year. Prior approval by the appropriate approval authority must be obtained in

additional days of service are required during any fiscal year. In order to maintain a single pay account and to insure that consultants do not exceed the authorized maximum number of days in any fiscal year, civilian consultants will be carried in an appointive status on the rolls of only one command or agency. Short-term consultant appointments, not to exceed 6 months in total tenure, will be requested when individuals are required for brief periods of time to carry out special assignments; examples would be a trip overseas or giving a series of lectures.

(a) *Security requirements.* The security requirements established in the FPM, chapter 732 and CPR A-9, chapter 732 for assignment OT civilian positions in the competitive service will apply to civilian consultants. Nonsensitive positions require completion of National Agency Check and written inquiries with satisfactory results. These may be conducted as post-appointive actions.

(b) *Reappointment.* Civilian consultants will be reappointed by the employing command or agency at the end of each fiscal year instead of at the end of the service year, as specified in CPR A-9.

(c) *Roster.* To maintain a current roster of all AMEDD civilian consultants to the Army in an appointive status, each appointing command or agency will publish an annual roster no later than 15 July of each year. Addendum's will be published as required. Appointment data on consultants is provided through the DA Civilian Personnel Information System (CIVPERSINS). If needed, rosters may be obtained through CIVPERSINS channels.

b. *Joint utilization.* Consultants appointed by one command or agency may be used by another command or agency through agreements made between the commands or agencies concerned. Payment for services rendered by civilian consultants, plus travel and per diem for military consultants, will be made by the parent command from funds available for this purpose and cited by the using command. Transfer of funds between commands is not authorized.

c. *Civilian spaces incident to employment.* Approving authorities will determine the number of civilian spaces required for the employment of consultants in activities under their respective jurisdiction. Such spaces will be included in their overall manpower programs.

d. *Payment.* The rate of pay for each civilian consultant will be determined by the approving authority. However, consultants will not be paid more than the maximum rate per day stated in AT 40-330, paragraph 6.

(1) Consultants will be paid by the parent command or agency. For joint utilization (see b above), prior coordination will be made. Information concerning the consultant's visit must be forwarded to the appropriate command or agency on completion of the visit; such information will include the purpose, additional costs, funding cite, and services rendered.

(2) Funds available locally will be used for employment of professional consultants.

e. *Special services.* Purchase requests for consultant services will clearly state the specific services to be performed.

(1) When the services of a civilian consultant are desired on a one-time basis, a consultant appointment is not required. Services of these individuals may be obtained by contract under Misc Pub 28-24 and Misc Pub 28-25.

(2) A contract can be negotiated locally by the contracting officer when—

(a) The services required are non-personal.

(b) An end product is involved.

(3) Contracts for consultant services that are purely personal in nature will be submitted through contracting channels for advance approval under Misc Pub 28-25, paragraph 22-205. Determinations and findings will be prepared under Misc Pub 28-24, paragraph 22-205.

## Appendix A References

### Section I Required Publications

#### **DODI 6015.5**

Joint Use of Military Health and Medical Facilities and Services. Cited in paragraph 2-11a. This publication may be obtained from Commander, US Naval Publications and Forms Center (ATTN: Code 301), 581 Tabor Ave., Philadelphia, PA 19120.)

#### **AR 5-3**

Installation Management and Organization. Cited in paragraph 2-8b.

#### **AR 10-5**

Department of the Army. Cited in paragraphs 1-5d and 1-6a(2).

#### **AR 10-6**

Branches of the Army. Cited in paragraphs 2-2b(6), 2-6b(5), 2-11c, 2-15b, 2-18b, and 2-21b.

#### **AR 10-43**

US Army Health Services Command. Cited in paragraph 2-2b(4).

#### **AR 27-40**

Litigation. Cited in paragraphs 1-7c and c(2), (3), and (4).

#### **AR 40-3**

Medical, Dental, and Veterinary Care. Cited in paragraphs 1-7b(1), 1-8e(1), 4-2b(11), and 4-2c(11).

#### **AR 40-6**

Army Nurse Corps. Cited in paragraph 2-18b.

#### **AR 40-48**

Health Care Extenders. Cited in paragraph 3-1c and 3-2c.

#### **AR 40-121**

Uniformed Services Health Benefits Program. Cited in paragraphs 1-7b(1) and B-5a.

#### **AR 40-330**

Rate Codes and General Policies for Army Medical Department Activities. Cited in paragraph 4-4d.

#### **AR 351-3**

Professional Training of Army Medical Department Personnel. Cited in paragraphs 4-3c(2)(a) and (b).

#### **AR 570-4**

Manpower Management. Cited in paragraph 4-1c.

#### **AR 600-20**

Army Command Policy and Procedures. Cited in paragraphs 1-7d and 1-9a, b, c, and d.

#### **AR 600-50**

Standards of Conduct for Department of the Army Personnel. Cited in paragraphs 1-7d and 1-8e(3).

#### **AR 601-270**

Armed Forces Examining and Entrance Stations. Cited in paragraph 1-6i.

#### **AR 611-101**

Commissioned Officer Specialty Classification System. Cited in paragraphs 2-2b(6), 2-6b(5), 2-11c, 2-15b, 2-18b, and 2-21b.

#### **AR 611-112**

Manual of Warrant Officer Military Occupational Specialties. Cited in paragraphs 3-1b(1)(a), 3-2b, and 3-3b(7).

#### **AR 611-201**

Enlisted Career Management Fields and Military Occupational Specialties. Cited in paragraph 1-6g.

#### **AR 630-5**

Leave, Passes, Permissive Temporary Duty, and Public Holidays. Cited in paragraph B-4b.

#### **Misc Pub 13-1**

DOD Military Pay and Allowances Entitlements Manual. Cited in paragraphs 4-2f(1) and B-4b.

#### **Misc Pub 28-24**

Defense Acquisition Regulation. Cited in paragraphs 4-2h(1)(a) and (2)(a) and 4-4e(1) and (3).

#### **Misc Pub 28-25**

Army Defense Acquisition Regulation Supplement (ADARS). Cited in paragraph 4-2g and h(1)(a) and (2)(a) and 4-4e(1) and (3).

#### **FPM, chapter 304**

Federal Personnel Manual, US Civil Service Commission. Cited in paragraph 4-3a.

#### **FPM, chapter 732**

Federal Personnel Manual, US Civil Service Commission. Cited in paragraph 4-4a(2)(a).

#### **CPR A-9**

Employment of Experts and Consultants. Cited in paragraphs 4-3a and 4-4a(2)(a) and (b).

#### **OPM HDBK X-118**

Qualification of Standards for Position Under the General Schedule. Cited in paragraph E-2.

#### **HQDA Ltr (Sngl Address to MACOMs) (Current FY)**

Staffing Authorization and Utilization of Army Medical Department Personnel in Active Component MTOE Unite of US Army Forces Command (FORSCOM) (Short Title: MEDO Letter). Cited in paragraphs 2-16d.

### **Section II**

#### **Related Publications**

This section contains no entries.

### **Section III**

#### **Prescribed Forms**

This section contains no entries.

### **Section IV**

#### **Referenced Forms**

This section contains no entries.

## **Appendix B**

### **SUGGESTED STATEMENT OF WORK FOR FULL-TIME CONTRACT SURGEON CONTRACT (DUTIES TO BE PERFORMED AT A GOVERNMENT FACILITY)**

#### **B-1. Scope of contract.**

a. The contractor agrees, during the term of this contract, to perform for and on behalf of the Government the duties of a contract surgeons, US Army, under—

(1) The laws and regulations in effect on the execution of this contract, and as they may be amended from time to time.

(2) Duty assignments specified by the contracting officer or his or her duly authorized representative. Services rendered to eligible personnel will be at no expense to the individual.

b. b. The contractor will not, while on duty, advise, recommend, or suggest to persons authorized to receive medical care at Army expense that such persons should receive medical care from—

(1) The contractor when he or she is not on duty.

(2) A civilian associated in practice with the contractor. An exception will be unless such medical care will be furnished without cost to the patient, the Government, or any other person or firm.

c. The contractor is not prohibited, by reason of employment under this contract, from conducting a private medical practice, if the following prevail:

(1) No conflict with the performance of duties under the contract exists.

(2) Practice is not conducted during the regular hours established under this contract, during which the contractor is required to render services to the Government.

(3) The contractor makes no use of any Government facilities or other Government property in connection with this contract.

### **B-2. Duty hours.**

The contractor will be on duty

at \_\_\_\_\_

(name and location of medical facility)

on a full-time basis, 40 hours per week, for performance under this contract, in accordance with duties prescribed by this contract and a schedule mutually agreed upon between the contractor and the contracting officer. This schedule may be changed from time to time by mutual agreement.

### **B-3. Duties.**

a. The contractor agrees to perform the service which a Medical Corps officer with similar training and experience normally would be called on to perform while in a similar duty assignment. The contractor's professional and administrative duties will consist of providing health services as specified in this contract, under the control and general supervision of the contracting officer or designated representative.

b. The contractor further agrees to be on call for emergencies at any time. Duty performed as a result of an emergency situation will be credited against the number of hours specified in the contract, when feasible; however, duty performed as a result of emergency situation, in excess of the number of hours specified in contract will not be the subject of additional compensation.

c. The contractor will maintain proper medical records on all military and dependent personnel to whom treatment is provided. The contractor will prepare such additional records and reports, when requested, as would be required of officers of the Army Medical Department charged with the same professional or administrative responsibilities.

d. Specific duties to be performed will include those shown below.

*Note.* Duties shown below are suggested for guidance. They may be modified, deleted, or supplemented as appropriate to the specific position.)

(1) Sick call service to military personnel on active duty at

\_\_\_\_\_ (name and location of installation concerned)

(2) Sick call service to eligible dependents of such military personnel. (Only applicable when care is also furnished to military.)

(3) Pre-school and pre-athletic examinations, as required.

(4) Administration of vaccines and immunizing agents furnished by the US Government.

(5) Planning and administration of the Army Occupational or Industrial Health Program.

(6) Direction of special preventive medicine programs such as vision or hearing programs and chest X-ray surveys.

(7) Conducting sanitary inspections; submission of appropriate recommendations to concerned commanders.

(8) Other duties appropriate for performance by a contract surgeon as directed or assigned by the contracting officer or duly authorized representative.

### **B-4. Compensation.**

a. For the satisfactory performance of the services required under this contract, the contractor will be paid the basic pay, basic allowances, and other allowances of a commissioned officer in pay grade O3 with over 4, but not more than 6, years of service, as authorized under section 421(a), title 37, United States Code. The contractor's entitlement to pay continues during periods of authorized leave. Special and incentive pays may not be included in the contracts for part-time or full-time contract surgeons.

b. The laws and regulations as to leave of absence for commissioned officers, as they will exist from time to time, will govern leaves and absences of the contractor. The contractor is not entitled to sick leave as such under AR 630-5. (This paragraph may be omitted if leave is not authorized. See Misc Pub 13-1, part four, chap 6.)

c. Subject to a above, the contracting officer will assure that payments are made monthly during the period at the rate of \$\_\_\_\_\_ per month on SF Form 1034 (Public Voucher for Purchases and Services Other Than Personal), directed to the finance and accounting officer. This contract must be presented at the time of payment for appropriate notation as to the payment made, together with a statement signed by the contracting officer that services have been satisfactorily rendered under terms of this contract.

### **B-5. Exclusions.**

This contract does not include—

a. Medical and surgical care of dependents of military personnel who are hospitalized, or receiving treatment, under conditions that provide a basis for separate reimbursement in accordance with the dependents' medical care under AR 40-121.

b. Routine medical and surgical care of dependents or military personnel involving house calls, furnishing medication, or other care which is considered to be other than office or sick call service.

c. Provision of medicines or medical supplies other than those—

(1) Normally furnished as part of office or sick call treatment.

(2) For which no additional charge is made, unless otherwise provided for by contract.

## **Appendix C SUGGESTED STATEMENT OF WORK FOR PART-TIME CONTRACT SURGEON CONTRACT DUTIES TO BE PERFORMED AT A GOVERNMENT FACILITY**

### **C-1. Scope of contract.**

See paragraph B-1.

### **C-2. Duty hours.**

The contractor will be on duty for the medical treatment of eligible military personnel and their dependents at

\_\_\_\_\_ from \_\_\_\_\_

(name and location of medical facility)

hours to \_\_\_\_\_ hours on \_\_\_\_\_

(days of week)

### **C-3. Duties.**

a. See paragraph B-3a

b. The contractor further agrees to be on call for emergencies in situations when no other physician employee is available. Duty performed as a result of an emergency situation will be credited against the number of hours specified in the contract, when feasible; however, duty performed as a result of an emergency situation, in excess of the number of hours specified in the contract, will not be the subject of additional compensation.



- c. See paragraph B-3c.
- d. See paragraph B-3d.

**C-4. Compensation.**

a. The Government will pay the contractor the sum of \$\_\_\_\_\_ for the satisfactory performance of services described in and required by this contract. (Compensation is limited under AR 40-1, para 4-2f.) Special and incentive pays may not be included in the contracts for part-time and full-time contract surgeons.

b. Same as paragraph B-4c.

**C-5. Exclusions.**

See paragraph B-5.

**Appendix D  
SUGGESTED STATEMENT OF WORK FOR  
PART-TIME CONTRACT SURGEON CONTRACT  
DUTIES TO BE PERFORMED OUTSIDE  
GOVERNMENT FURNISHED FACILITY**

*Note.* The statement of work will follow the suggested format in app C for a part-time contract surgeon who performs at a Government facility. Exceptions and additions are shown below.

</paratext>

**D-1. Duty hours.**

Add to the end of paragraph C-2, duty hours, the address at which the contractor will be on duty for the purpose of this contract.

**D-2. Duties.**

Under paragraph C-3d, Duties, those duties to be performed by the contractor will be specified in detail, since supervision by the Government will not be feasible.

**D-3. Additional provisions.**

The following additional provisions will be included as a separate subparagraph to paragraph C-3, Duties:

a. A requirement for furnishing drugs and medications or medical supplies from Government sources. Restrictions as to types and quantities of such items will be clearly set forth and procedures for resupply specified.

b. Methods established to determine eligibility for care.

c. Instructions for referral of patients to service medical treatment facilities for further evaluation or hospitalization.

**Appendix E  
PROCESSING PROCEDURES FOR APPLICATIONS  
FOR EMPLOYMENT AS SOCIAL WORKERS AND  
PSYCHOLOGISTS**

**E-1. General.**

a. To insure uniformity of professional standards and a high degree of professional competency, this appendix provides procedures for the processing of applications of civilian personnel for employment or placement in the position of Social Workers, GS-185, or Psychologists, GS-180. These will include those whose duties will be concerned, all or in part, with research activities.

b. Civil Service personnel employed as social workers and psychologists will be under the direction and responsibility of the commander of the installation or MTF on whose TDA the position is authorized. They will be guided in their utilization by overall policies established by TSG.

**E-2. Qualifications.**

The qualification standards for the position of Social Worker and

Psychologist as set forth in OPM HDBK X-118, will be observed. These are minimum standards; fullest efforts will be made to locate candidates who, for the position of social worker, hold a master's degree in social work. For the position of psychologist, individuals must hold an acceptable doctoral degree in clinical or counseling psychology with an American Psychological Association (APA)-approved internship in clinical psychology if they are to do clinical work. If they do research work they must hold a doctoral degree in psychology in an appropriate specialty. The degree in clinical, counseling, or other sub-specialties of psychology must be from a school accredited by the APA or otherwise acceptable to TSG or the regional psychology consultant (when specifically designated for that purpose).

**E-3. Procedure.**

Applications for Civil Service positions in social work and psychology will be screened by the commander of the installation or MTF on whose TDA to position is authorized. After determination of the best qualified applicants, and before employment and placement in positions as social workers and psychologists, an appraisal of professional qualifications and an approval of the appointments will be obtained from HQDA(DASG-PSC), WASH DC 20310. For positions that are on medical TDA within the continental United States (CONUS), Alaska, Hawaii, Panama, 7th Medical Command, and 8th Medical Command (Provisional), approval will be obtained from the medical command social worker or psychology consultant, when specifically authorized by OTSG, together with HQDA(DASG-PSC), WASH DC 20310. Forwarded recommendations will be accompanied by—

a. Complete SF 171 (Application for Federal Employment).

b. Official transcript of all graduate work completed by the applicant toward professional training.

c. Written appraisal of the applicant's professional performance by at least three former supervisors or employers familiar with the applicant's work. Letters should contain relevant and specific information regarding individual's qualifications for the position to be filled.

**Appendix F  
SUGGESTED REQUEST FOR OFF-DUTY  
REMUNERATIVE PROFESSIONAL CIVILIAN  
EMPLOYMENT**

FROM: \_\_\_\_\_ GRADE: \_\_\_\_\_  
name (last, first, middle)

BRANCH: \_\_\_\_\_ SERVICE: \_\_\_\_\_  
TO: COMMANDER

(activity)

SUBJECT: Request for Off-Duty Remunerative Professional Civilian Employment

**F-1.** In accordance with AR 40-1, paragraph 1-8, I request permission to engage in remunerative professional civilian employment apart from my assigned military duties. I have attached a statement from the local medical, dental, or other applicable association indicating no objection to my professional employment in the community.

a. Type of employment and nature of work:

b. Beginning date: \_\_\_\_\_

c. Hours per day: \_\_\_\_\_ Number of days per week: \_\_\_\_\_

TOTAL hours per week: \_\_\_\_\_

d. Location of work: \_\_\_\_\_

(name and address of employer)

Telephone number at place of employment: \_\_\_\_\_

**F-2.** I understand the provisions of AR 40-1, paragraph 1-8 concerning off-duty employment and I agree to conduct any off-duty employment activities in accordance with those provisions. Further, I understand that—

a. It is my obligation to inform my commanding officer in writing of any deviation in my off-duty employment from my proposal, as set forth in this letter, before the inception of such change.

b. No outside responsibilities will be assumed that will in any manner compromise the effective discharge of my duties as an officer in the US Army Medical Department, both as to number of hours devoted to outside work and my individual limit and capacity.

c. A copy of this proposal may be forwarded to the Office of The Surgeon General of the US Army, HQDA(DASG-PSZ), WASH DC 20310.

**F-3.** I recognize that I am prohibited from, and cannot in good conscience assume, the primary responsibility as an individual practicing health care, provide for the care and critically ill or injured patients on a continuing basis as this will inevitably result in the compromise of my responsibility to the patient on the one hand, or the primacy of my military obligation on the other hand.

\_\_\_\_\_  
requester (signature)

\_\_\_\_\_  
date

1st Ind

FROM: Commander

TO: Requester

Subject request is \_\_\_\_\_ approved

\_\_\_\_\_ not approved Reasons: \_\_\_\_\_

\_\_\_\_\_  
signature (commander)

\_\_\_\_\_  
(date)

## **Glossary**

### **Section I Abbreviations**

#### **ADL**

Area Dental Laboratory

#### **AMEDD**

Army Medical Department

#### **AMSC**

Army Medical Specialist Corps

#### **ANC**

Army Nurse Corps

#### **AOD**

administrative officer of the day

#### **ARNG**

Army National Guard

#### **AUTOVON**

automatic voice network

#### **CG**

Commanding General

#### **CIVPERSINS**

Civilian Personnel Information System

#### **CPR**

Civilian Personnel Regulation

#### **DC**

Dental Corps

#### **DDS**

Director of Dental Services

#### **DEA**

Drug Enforcement Agency

#### **DENTAC**

dental activity

#### **DHS**

Director of Health Services

#### **DOD**

Department of Defense

#### **FPM**

Federal Personnel Manual

#### **HSC**

US Army Health Services Command

#### **HQ**

Headquarters

#### **HQDA**

Headquarters, Department of the Army

#### **MACOM**

major Army command

#### **MC**

Medical Corps

#### **MEDCEN**

US Army medical center

#### **MEDDAC**

medical department activity

#### **MOS**

military occupational specialty

#### **MSC**

Medical Service Corps

#### **MTF**

medical treatment facility

#### **NAC**

National Agency Check

#### **OTSG**

Officer of The Surgeon General

#### **PA**

physician assistant

#### **R&D**

research and development

#### **RDTE**

research, development, test, and evaluation

#### **SDO**

staff duty officer

#### **SSI**

specialty skills identifier

#### **TDA**

table of distribution and allowances

#### **TJAG**

The Judge Advocate General

#### **TOE**

table of organization and equipment

#### **TSG**

The Surgeon General

#### **USAR**

US Army Reserve

#### **VC**

Veterinary Corps

### **Section II**

#### **Terms**

This section contains no entries.

### **Section III**

#### **Special Abbreviations and Terms**

This section contains no entries.

**Unclassified**

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