



**USAREC TECHNIQUES PUBLICATION 3-10.5**

**MEDICAL RECRUITING**



**13 September 2021  
Headquarters  
United States Army Recruiting Command  
1307 3rd Avenue,  
Fort Knox, KY 40121**

# ***SUMMARY of CHANGE***

USAREC Techniques Publication 3-10.5 Medical Recruiting

Headquarters  
United States Army Recruiting Command  
Fort Knox, KY 40121  
13 Sep 2021

# Medical Recruiting

## Table of Contents

PREFACE .....	vi
<b>Part I Medical Recruiting Environment.....</b>	<b>1</b>
<b>Chapter 1 Medical Recruiting Brigade .....</b>	<b>1-1</b>
History.....	1-1
Command .....	1-2
Roles and Responsibilities .....	1-3
Medical Recruiting Brigade (MRB) Headquarters .....	1-3
Medical Recruiting Battalion (MRB).....	1-4
Medical Recruiting Company.....	1-4
Medical Recruiting Station .....	1-5
Challenges .....	1-6
Transition from NPS Recruiting to Medical Recruiting .....	1-6
<b>Chapter 2 Missioned Market .....</b>	<b>2-1</b>
Corps .....	2-1
Area of Concentration.....	2-1
Missioning Process.....	2-1
Mission Memo.....	2-2
711 .....	2-2
Closed Caution Concern .....	2-3
<b>Chapter 3 Recruiting Network.....</b>	<b>3-1</b>
Population-Centric Recruiting Actions .....	3-1
Internal Network.....	3-1
External Network .....	3-2
Community Partner / Center of Influence / Community Partner Advocate.....	3-3
<b>Part II Medical Recruiting Operations.....</b>	<b>2</b>

<b>Chapter 4 Intelligence</b> .....	<b>4-1</b>
General .....	4-1
Intelligence Preparation of the Battlefield .....	4-1
Market Awareness .....	4-3
Situational Awareness .....	4-4
<b>Chapter 5 Operations</b> .....	<b>5-1</b>
Decisive Operations Introduction.....	5-1
Shaping Operations .....	5-2
Sustaining Operations .....	5-2
Virtual Activities .....	5-2
Lines of Effort.....	5-3
Operation Planning .....	5-3
Battle Rhythm .....	5-6
Board Schedule .....	5-7
Backwards Plan .....	5-7
Hospital Recruiting Plan .....	5-9
College Recruiting Plan .....	5-9
Events.....	5-10
Targeting Process.....	5-10
Training.....	5-11
Institutional.....	5-11
Organizational.....	5-12
Individual.....	5-12
<b>Part III Medical Recruiting Functions</b> .....	<b>3</b>
<b>Chapter 6 Prospecting</b> .....	<b>6-1</b>
General .....	6-1
Face to Face Prospecting.....	6-1
Telephone Prospecting.....	6-1
Virtual Prospecting.....	6-2
Referrals .....	6-3
Follow Up.....	6-4
Prequalification .....	6-4
Army Interview .....	6-4
<b>Chapter 7 Processing</b> .....	<b>7-1</b>
General .....	7-1
Agree to Process .....	7-1
Direct Commissioning and Accessioning (DCA) .....	7-1

Army Career Explorer (ACE) Record .....	7-2
Curriculum Vitae (CV).....	7-2
Scroll.....	7-2
Physical .....	7-4
Licensures and Malpractice.....	7-5
National Practitioners Data Base (NPBD) Check.....	7-5
Foreign Applicants.....	7-6
Quality Check Procedures.....	7-6
Workflows .....	7-8
Moral Waiver.....	7-9
Medical Waiver .....	7-10
Age Waiver .....	7-10
Age In Grade Waiver .....	7-11
Minimum Acceptance Criteria (MAC) Waiver.....	7-11
Exception to Policy .....	7-11
Re-Enlistment Eligibility Data Display (REDD).....	7-12
Prior Service Request.....	7-12
DA Form 4187 .....	7-12
DA Form 368 .....	7-12
Vacancy Load.....	7-13
REFRAD / IRR / TPU.....	7-13
<b>Chapter 8 Officer Management Program .....</b>	<b>8-1</b>
Responsibilities.....	8-1
Timelines .....	8-1
Commissioning .....	8-2
After Commissioning.....	8-3
HPSP Involvement After Commissioning.....	8-3
Decline.....	8-4
Advanced Education In General Dentistry.....	8-4
<b>Part IV Resources .....</b>	<b>4</b>
<b>Chapter 9 Tools.....</b>	<b>9-1</b>
IKROme .....	9-1
Sharepoint .....	9-3
Recruiter Zone (RZ).....	9-5
BI Zone .....	9-8
Intelligence.....	9-8
Mission Command.....	9-8
Processing .....	9-9

Prospecting .....	9-9
GAMAT .....	9-9
Medical Recruiting App.....	9-10
Pocket Recruiter Guide .....	9-11
<b>Appendix A .....</b>	<b>1</b>
Creating and Maintaining a Virtual Presence .....	7
Virtual Audit .....	10
Regulations.....	12
Forms.....	13
Websites .....	18
<b>Glossary .....</b>	<b>1</b>

## **PREFACE**

USAREC TP 3-10.5 - The United States Army Recruiting Command (USAREC) Publication, USAREC Techniques Publication (UTP) 3-10.5 Medical Recruiting, expands on the fundamental concepts and requirements introduced in USAREC Manuals 3, 3-0, 3-29, 3-30, and 3-31. This UTP provides common concepts and techniques to execute or support the execution of the critical tasks associated with medical recruiting performance. USAREC's Medical Recruiting Brigade (MRB) has a uniquely distinguished mission of finding and recruiting medically qualified men and women to fill areas of concentration (AOC) that make up the Army Medical Department's (AMEDD) six corps.

The recruitment of AMEDD candidates relies on recruiting's expert personnel trained in the art and science of recruiting operations and articulating in detail the opportunities, rewards, and responsibilities that come with service to the top medical professionals. This techniques publication provides officers and noncommissioned officers (NCOs) assigned to the MRB, a foundation for planning and conducting successful operations.

## **PURPOSE**

This techniques publication establishes the doctrine for the MRB. Designed primarily for station and company level but includes all levels within the MRB and higher affiliated units. Leaders should not view this techniques publication's contents as the all-inclusive final authority on recruiting but rather as the foundation for their operations. This publication will help bridge the gap of learning amongst the 79Rs, OICs, and DA Select Recruiters, giving them the necessary skills to confidently and competently tackle the assigned mission. USAREC seeks to foster a climate of innovation to develop adaptive, self-aware leaders willing to take intelligent risks to pursue mission accomplishment.

## **SCOPE**

This techniques publication has four parts. Part I (Chapters 1 through 3) and Part II (Chapters 4 and 5) discuss the environment and operations as they apply to the MRB, and the application at the station level. It addresses decisive, shaping, and sustaining operations, and presents examples for conducting each type of process. Part III (Chapters 6 through 8) discusses some of the recruiting functions, in particular prospecting, processing, and the Officer Management Program (OMP). Part IV (Chapters 9 and Appendix A) is a resource guide. Recruiters should use these tools to assist them in their daily efforts.

## **APPLICABILITY**

This techniques publication provides the foundation for the Soldiers of the MRB. Every recruiting leader must read, understand, adapt, and apply the doctrine for medical recruiting, leadership, and training.

# INTRODUCTION

This techniques publication provides the best business practices for the MRB recruiting units. Successful MRB recruiting leaders have shared their own experiences throughout this techniques publication to develop these practices; providing tested examples that work on the rigors of real-world medical recruiting. Even though these practices have been successful, no single approach is suitable for every situation. This manual offers recruiters and leaders a foundation of “how to think” about conducting decisive, shaping, and sustaining operations in the field.

With USAREC Manuals 3 and 3-0 as its doctrinal base, this techniques publication seeks to promote a culture of innovation within the MRB recruiting force. MRB recruiting leaders should study the examples in this manual and use them as a guide to develop operational plans tailored for their mission and situation. MRB recruiting leaders should read USAREC Manuals 3 and 3-0 to get the most out of this publication.

## ADMINISTRATIVE INFORMATION

The proponent for this techniques publication is the Recruiting and Retention College, Doctrine Division. Send comments and recommendations on DA Form 2028 (Recommended Changes to this Publication) directly to US Army Recruiting and Retention College, ATTN: Doctrine Division, 1929 Old Ironsides Ave, Fort Knox, KY 40121 or by email to [usarmy.knox.usarec.list.rrc-doctrine@mail.mil](mailto:usarmy.knox.usarec.list.rrc-doctrine@mail.mil).

Unless stated otherwise, masculine nouns or pronouns do not refer exclusively to the male gender.

The terms AMEDD, Medical, and Health Care are used interchangeably throughout this publication.

# PART I

## MEDICAL RECRUITING ENVIRONMENT

**Chapter 1** – This chapter introduces the Medical Recruiting Brigade (MRB) and its operational environment (OE). It captures how the brigade came to be and the uniquely challenging mission they have been entrusted with filling the ranks of the Medical Corps.

**Chapter 2** – This chapter outlines the MRB mission and the AMEDD professions they recruit for daily. Here we will discuss the distribution of the mission and key tools from the Health Services Directorate (HSD) and MRB.

**Chapter 3** – Strategic networking enhances the MRB's presence within the local community. Here we discuss the MRB recruiting network and how to utilize the network to maximize mission accomplishment.

# Chapter 1

## MEDICAL RECRUITING BRIGADE

### HISTORY

**1-1.** Providing the Nation's strength requires stakeholders within the Army accessions enterprise to focus available resources to meet Army recruiting requirements. The Medical Recruiting Brigade (MRB) is a key enabler of the health and spiritual readiness of the force. MRB must continuously evolve, re-assess, and re-train on necessary skills to ensure recruiting success and meet or exceed our assigned mission.

**1-2.** The only Army Medical Department (AMEDD) Commissioned Officer mission under the Recruiting Command before 1995 was the Army Nurse Corps; the other five corps missions fell under the Office of the Surgeon General and the Office of the Chief, Army Reserve. The AMEDD recruiting strength consisted of noncommissioned officers who served with the enlisted recruiting battalions and companies across the nation. These three separate entities, each with its own historical lineage, united Oct. 1, 1995, in a partnership that still exists today:

**1-3.** USAREC assumed responsibility for recruiting Active Duty and Reserve Health Care Professionals for all six Corps. Synchronizing command and control, USAREC formed five medical recruiting detachments with both officer and enlisted recruiters. A decade later, USAREC leadership directed the transition of the medical recruiting detachments to medical recruiting battalions. In 2006, the medical recruiting teams transitioned to medical recruiting companies.

**1-4.** The Medical Recruiting Brigade (provisional) was formed and assumed operational control of USAREC's AMEDD recruiting mission in April 2007, absorbing the Health Services Directorate (HSD) mission to synergize the MRB's recruiting efforts and create a single voice of authority. The MRB 'Highlanders' were formally activated Oct. 2, 2007, assuming control of the five medical recruiting battalions:

- The 1st Medical Recruiting Battalion (MRBn)- known as "Patriots" at Fort Meade, Md., are responsible for the North-eastern U.S.
- The 2nd MRBn Gladiators at Redstone Arsenal, Ala., responsible for the Southeastern U.S.
- The 3rd MRBn Spartans at Fort Knox, Ky., responsible for the Upper Midwestern and Great Lakes region
- The 5th MRBn Titans at Fort Sam Houston, Texas, responsible for the South- western, and Central U.S.
- The 6th MRBn Centurions at North Las Vegas, Nev., responsible for the Western U.S. Additional Special Missions added in October 2009

**1-5.** The MRB added to their core mission and responsibility for Special Operations Soldiers and Chaplains recruiting mission. The MRB assumed administrative control of the Special Operations Recruiting Battalion at Fort Bragg, N.C., and the Chaplain Recruiting Branches, based at Fort Knox. The MRB headquarters at Fort Knox provides the command, administrative, marketing, logistical and operational support to more than 600 recruiters stationed across a worldwide footprint.

**1-6.** In 2010, the MRB requested and received the Unit Special Designation "Allgood's Highlanders" in memory of Colonel Brian D. Allgood, the highest-ranking medical officer, to give his life for his country in the war against terror. COL Allgood was killed when the Black Hawk he was riding in was forced down by enemy fire and then ambushed northeast of Baghdad on Jan. 20, 2007. He was known for his steadfast commitment to his Soldiers, patients, staff, and Army families. The MRB leadership adopted the Brigade Motto: "Vigilant and Steadfast," or "Aireachail an Grunn-dail," in Gaelic.

# COMMAND

1-7. The Medical Recruiting Brigade (MRB), located at Fort Knox, KY, is comprised of five battalions, 16 companies, and 88 stations (see Figure 1). The MRB's footprint encompasses the same area as all of USAREC. An MRB battalion's footprint equates to that of an enlisted recruiting brigade, and an MRB company's footprint equates to that of an enlisted recruiting battalion.

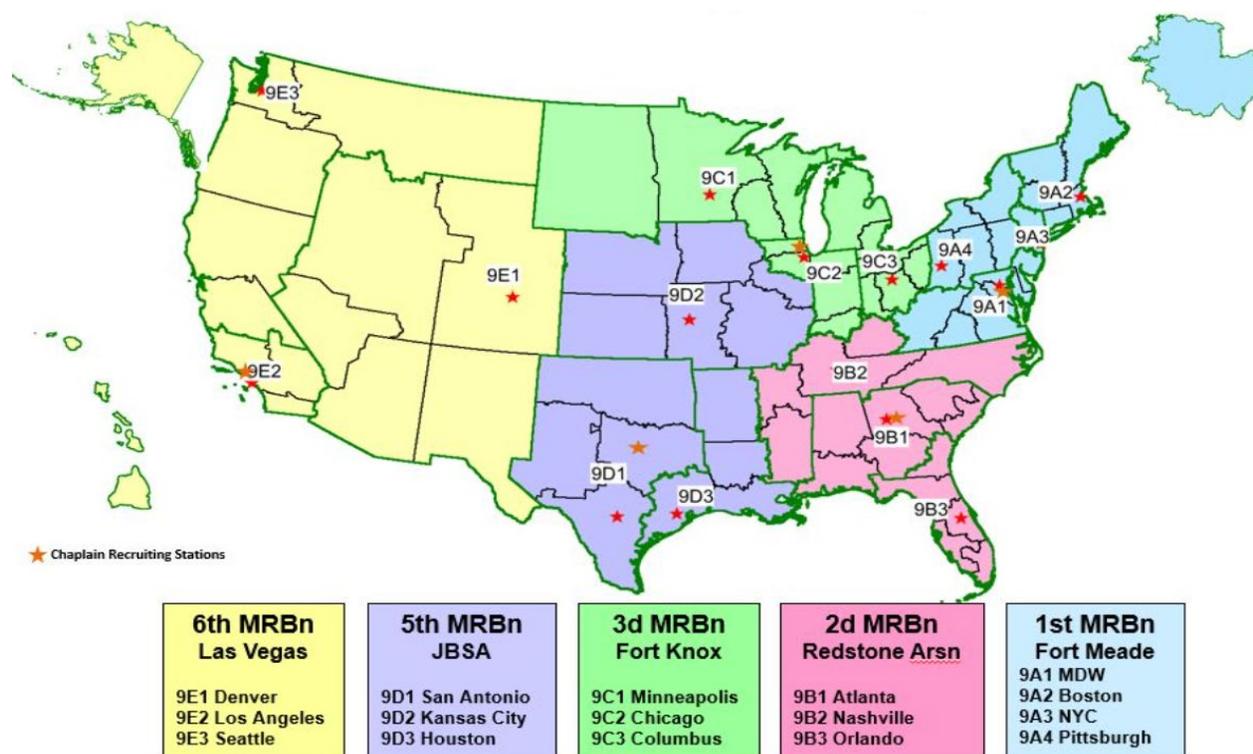


Figure 1-1. Medical Recruiting Brigade

1-8. The MRB recruits highly qualified, motivated, licensed/credentialed health care and spiritual professionals, including Physicians, Dentists, Medical Specialists, Medical Service Specialists, Nurses, Veterinarians, and Chaplains for the United States Army and United States Army Reserve through effective recruiting operations, synchronized marketing campaigns, quality partnerships, and precision targeting to resource the Army's medical & religious missions to enable commanders to fight & win our Nation's wars.

1-9. Health Services Directorate (HSD). HSD is the boarding and accessioning arm of USAREC for the Army Medical Department (AMEDD) applicants and the tracking mechanism for the Chaplain Branch applicants. It consists of the Program Managers from each of the six corps, the Board Officers, Inter-service Recruiting Programs, and the Human Resource team. Accessions policies are coordinated from HSD in conjunction with the Office of the Surgeon General (OTSG), Office of the Chief of Army Reserve (OCAR), Department of the Army (DA) G1, and initiatives encompassing incentives, both monetary and non-monetary. Some examples are Special Pay, Health Professions Scholarship Program (HPSP) Accession Bonus, Critical Wartime Skills Accession Bonus, and Select Reserve Incentive Programs.

# ROLES AND RESPONSIBILITIES

**1-10.** The most important duty of any recruiting leadership team is to establish a climate of integrity, mutual trust, confidence, and respect. When a Battalion Commander and Command Sergeant Major, or Company Commander and First Sergeant, do not synchronize, their subordinates know it. Leadership in a geographically dispersed command places a premium on communication and rank maturity. In recruiting, as in combat operations, the leader moves to the critical point and leads by personal example. Good leaders encourage Soldiers to develop good ideas and strong values. Leaders should take deliberate action to generate energy and channel it to productive uses. Every medical recruiting station has a Station Commander (SC), Officer in Charge (OIC) who holds an AMEDD AOC, Enlisted Recruiters, and in some areas, a civilian Human Resource Technician (HRT). The MRB also encompasses the Chaplain Recruiting Mission.

## MEDICAL RECRUITING BRIGADE (MRB) HEADQUARTERS

**1-11.** Advertising and Public Affairs (A&PA): Develop media/marketing plans that involve determining the best advertising channel to reach the target market, i.e., print, online, direct mail, social media, etc. Once a determination is made, they work with vendors to provide the appropriate product within budget constraints. They create flyers, event programs, and social media content for the recruiter level to support events and local recruiting efforts. A&PA also assists in obtaining exhibit space, both in-person and virtual, and TAIR events. A&PA conducts Public Affairs programs through command information, media relations, and community relations to support the recruiting mission. Develop and execute annual advertising, marketing, outreach, and public affairs plans. A&PA can assist in engaging media outlets to leverage the events' influence on the public and enhance engagement and attendance. The A&PA can assist by constructing a relationship with media, producing public affairs themes, messages, and talking points for media interactions. They provide media ground rules, coordinating instruction for media facilitation support, providing accurate responses to media queries, and producing media entities to cover events.

**1-12.** Brigade and Market & Mission Analysis (BDE S-2); The BDE S-2 provides strategic and tactical decision support for a wide array of actions. Actions include but are not limited to directing, organizing, and executing market intelligence functions and assessments and models that guide the assignment of subordinate unit recruiting market areas, allocating recruiters to units within markets, and assigning unit recruiting missions. The BDE S-2 compiles and validates various quantitative data to evaluate and characterize local recruiting markets, assessing marketing performance and organizational effectiveness. The BDE S-2 plays a critical role in the brigade fusion cell through the identification of high payoff recruiting markets, proposing recruiting market engagement strategies to increase market penetration, and evaluation of the effectiveness of marketing activities executed.

**1-13.** Brigade Operations (BDE S-3): The BDE S-3 develops, coordinates, and implements policy, plans, and guidance for recruiting throughout the brigade's operational area and serves as the field's liaison with Health Directorate Services (HSD). The BDE S-3 monitors mission accomplishment, coordinates, and monitors all operational activities while serving as a liaison with supported companies, troop program units, and other command-supported organizations. They also assist in the operation and maintenance of the brigade production management system, assists in the brigade mission objectives and estimates based on operational strength, and develops and executes training.

**1-14.** Brigade Training: A section of the BDE S-3, Brigade Trainers, serve as members of the Brigade Mobile Recruiting Training Team (MRTT). The MRTT supports battalion personnel, assists in training the battalion Master Trainers, and assists in determining battalion training needs. The MRTT coordinates and conducts field training assistance visits, follow-up assessments, and conduct AAR's for training and MRTT events. They provide input and participate in the USAREC Quarterly Training Briefs; develop and implement new brigade training programs and serve on the brigade targeting cell. The MRTT also analyzes battalion training data and provides recommendations; coordinates and conducts training for policy, doctrine, and information management systems and technology changes; manages all developmental programs and the Brigade's NCOES OML.

**1-15.** Recruiting Integration Officer (RIO): One Medical Corps RIO and one Dental Corps RIO serves as the Face of Army Medicine/ Dentistry. Each supports the recruiting operations for professionals of their

perspective corps. The RIOs provide support by serving as consultants of their corps to the Brigade Commander, serving as a liaison for their corps, and translating each command's goals. The RIOs conduct recruiting activities as a Subject Matter Expert (SME) in all things related to their corps; train recruiters on the most current and relevant information of their corps related to the recruiting mission; outlining best practices for recruitment of professionals of their corps. Primarily, the Medical Corps and Dental Corps RIO's provide key subject matter expertise and first-hand experience to the units of the MRB to ensure that the US Army selects the most highly qualified professionals.

## **MEDICAL RECRUITING BATTALION (MRB)**

**1-16. Battalion Education Services Specialist (ESS):** Manages the battalion's education programs in accordance with USAREC regulatory guidance. Serves as the Education Community Liaison between the recruiting force and the education community to help position the battalion for mission success. Supports the recruiting mission by enhancing recruiter visibility, school access, and obtaining student directory information.

**1-17. Battalion (A&PA):** The Battalion A&PA plans and executes the annual advertising budget to support the Battalion's recruiting missions using the most effective and cost-efficient media vehicles available. They produce battalion advertising plans based upon the Battalion Commander's guidance, company requests, regulatory requirements, and budgetary considerations. The Battalion A&PA serves as an advisor to the Battalion Commander on all public affairs issues and provides guidance on items of potential media interest. As the Battalion spokesperson, the A&PA establishes and maintains professional relationships with local news media, civic and business leaders, and other centers of influence and coordinates local news coverage of recruiting events.

**1-18. Battalion Operations (BN S-3):** The BN S-3 develops, coordinates, and implements policy, plans, and guidance for recruiting throughout the battalion's operational area. The BN S-3 monitors mission accomplishment, coordinates, and monitors all operational activities, maintains as a liaison with supported companies, troop program units, and other command-supported organizations. The BN S-3 assists in the operation and maintenance of the Battalion Production Management System. They assist in the battalion mission objectives and estimates based on operational strength and develops and executes training.

**1-19. Battalion Training:** A section of the BN S-3, the Battalion Trainers serve as the Subject Matter Experts for all battalion training initiatives; conduct field training assistance visits; support recruiting personnel, recruiting stations, and recruiting companies to identify training deficiencies and develops a needs-based training plan In Compliance With (ICW) battalion leadership; responsible for assessing, planning, conducting, and evaluating the training of First Sergeants; coordinates and conducts primary training for policy, doctrine and new information management systems and technology changes; conducts training at battalion training functions; manage all developmental programs and the battalion's NCOES OML.

## **MEDICAL RECRUITING COMPANY**

**1-20. Company Commander:** Commands geographically dispersed medical recruiting stations, leads, and sets the conditions by driving the operations process to recruit the Nation's best Health Care Professionals in 108 different specialties for the Regular Army and Army Reserve. Commanders develop strategies and implement systems to manage recruiting, training, marketing, and logistics across the area of operations. They provide efficient stewardship of all command resources to including a local advertising budget, a fleet of vehicles, facilities, and property. Lastly, they establish a climate of dignity and respect in which Soldiers, families, and DA Civilians thrive while achieving the Army's medical recruiting mission to increase Army readiness.

**1-21. Company First Sergeant (1SG):** Performs duties as a Medical Recruiting Company First Sergeant. The 1SG serves as the primary advisor to the Company Commander on all Soldier, morale, and recruiting-related issues. As the 79R subject matter expert (SME), they are responsible for all administrative, logistical, and maintenance requirements. They are accountable for all recruiting activities in colleges and hospital programs; the 1SG trains, mentors, and motivates all assigned Soldiers towards successful mission accomplishment. The 1SG is responsible for meeting all assigned recruiting objectives.

# MEDICAL RECRUITING STATION

**1-22. Officer in Charge (OIC):** The Officer in Charge (OIC) holds a TDA authorized and coded position in AMEDD recruiting stations. Working in concert with the assigned station personnel conducts recruiting operations to meet the station's annual recruiting mission of qualified health care professionals for the US Army Medical Department in a number of specialties, student programs, and incentive programs supporting the Regular Army and the US Army Reserve. The station OIC is a leadership position in medical recruiting stations. The station OIC serves as the Army's senior AMEDD SME in a designated geographical location. The station OIC is responsible for their personal mission contribution, and at times will receive direction from the station commander. The station OIC requires identical access to recruiting systems as the station commander and deputy station commander for command and control of the recruiting station. The station OIC assists the station commander in developing the station operation plan, the processing of candidates, and assisting in the quality control of all candidate application packets. The OIC oversees the shaping operations within the station's Area of Operation (AO). Contacts, interviews, and counsels pre-health care professional students and health care professionals in key target markets on service benefits as an AMEDD commissioned officer in the US Army. Manages center of influence (COI) and key leader engagements for the station, ensuring market expansion and development. The OIC trains, mentors, and accounts for all Future Soldiers (education delayed entry) awaiting entry onto active or reserve duty.

**1-23. Station Commander (SC):** The SC will be responsible for everything that happens or fails to happen in the station. The SC manages personnel within the office. The SC is responsible for accountability and efficient use of all resources associated with the recruiting station. They will also conduct the AO's necessary market, functions, and trend analysis and intelligence preparation of the battlefield to ensure all prospecting and processing are in line to support the prescribed mission. Reports trends during weekly After Action Reviews (AAR)/Planning meetings. Identifies training needs and performs immediate action or develops a plan of action to correct identified deficiencies. Above all else, the SC is the recruiting subject matter expert within the office.

**1-24. Deputy Station Commander (DSC) or Assistant Station Commander:** The DSC/ASC position is a leadership development position managed through the USAREC assignments process and prepares recruiters for the assignment as a station commander. The DSC/ASC primary focus is to develop the station's prospecting requirements through analysis and to manage the recruiting station's prospecting activities to achieve the station's assigned recruiting mission. Assists the SC in conducting market and trend analysis, intelligence preparation of the battlefield (IPB). Reports trends during weekly After Action Reviews (AAR)/Planning meetings. Identifies training needs and performs immediate action or develops a plan of action to correct identified deficiencies. Assist the SC in updating the 60-day Company/Station Training Assessment Review (CSTAR). DSC's provide quality assurance and oversight of the station's applicant processing as delegated by the SC. They receive individual prospecting requirements assigned by the SC through Prospecting Requirements Operational Plan (PROP). In the absence of the SC, the DSC/ASC will assume all responsibilities and authority of the SC and will be IAW all policies, regulations, and SOPs covering the SC duties.

**1-25. Health Care Recruiter:** Conducts recruiting operations to procure qualified health care professionals for the US Army; contacts, interviews, and counsels health care specialists on the benefits of service as a commissioned officer; coordinates recruiting activities in college and hospital programs; attends national, state, and local medical conventions promoting a positive image of AMEDD; trains, mentors and accounts for all Future Officers (FO) awaiting entry onto active duty; responsible for meeting all assigned recruiting objectives. The medical recruiter will also update the assigned records to ensure accuracy for processing through the Officer Management Program (OMP) (see Chapter 9).

**1-26. Human Resource Technician (HRT):** Is located at predominately large MRB stations. In support of the stations recruiting mission, HRTs submit automated applications utilizing the Direct Commissioning and Accessioning System (DCA). Also, perform quality control checks IAW established guidelines and regulations on applications as they are processed and assist the applicant in completing all required forms. The HRT verifies the authenticity of all professional documents with appropriate local, state, and national accrediting bodies/boards/commissions for pre-credentialing of health care providers and informs leadership of any deficiencies found and corrects the application before submission to the station commander. The HRT will also track and complete all Future Officer incentives and enrollment applications pending accession into

all RA and AR programs. Including Health Professions Scholarship Program (HPSP) enrollment documents, Health Professions Loan Repayment (HPLR) documents, and all AR incentive packets. HRT's monitor and complete all required status change documents, additional boarding packets, and future accession packets to ensure recommissioning is submitted. Lastly, HRTs provide timely submission of all program requirements for enhanced training and commissioning.

## CHALLENGES

**1-27.** The Army's recruiting mission in a complex and rapidly evolving environment with considerable challenges for leaders at all levels. The MRB's mission compounds the challenges of Non-Prior Service (NPS) recruiting with the complex and unique challenges of the medical recruiting operational environment (OE), impacting strategic, operational, and direct recruiting operations.

**1-28.** The MRB's mission requires precision recruitment of both students and currently practicing professionals, which make up only a small fraction of the population. Recruiting a small population of professionals becomes complicated by limited capabilities to identify and contact individuals in the targeted markets. Recruiters largely depend on key stakeholders and virtual recruiting efforts to access targeted markets that already receive highly competitive salaries. Furthermore, a high turnover rate of Medical Recruiting Officers and NCO's adds significant risk to successful preservation of critical stakeholders that support medical recruiting operations.

**1-29.** The rapid evolution of corporate medicine dissolving private practice continues to create challenges unique to MRB. Corporate hospitals view professionals with privileges as revenue generators leading them to categorize the MRB's medical recruiting professionals as threats to their capability to generate revenue. In turn, they create active and passive barriers preventing access to the MRB's desired markets.

**1-30.** MRB's biggest challenge is carrying a mission for nine out of the top 10 highest paid jobs in America. That military compensation often cannot match civilian compensation for health care professionals. A way to overcome this obstacle is to ensure every prospect receives a complete Army interview to standard. The interview will display all the intangibles and allow the recruiter to uncover any additional motivators to join. For more information on the Army interview, see UTC 5-03.2

**1-31.** Furthermore, precision in recruiting production requires precision in performance by leaders and recruiters alike. Successful organizations and their recruiters thoroughly understand their environment, develop robust plans for their operations, and develop an in-depth understanding of the socio-economic and socio-cultural factors relevant to their targets.

## TRANSITION FROM NPS RECRUITING TO MEDICAL RECRUITING

**1-32.** Recruitment is about seeking the best talent for any organization; however, medical recruiting is more in line with "talent acquisition" vs. "recruiting." So what's the difference? Both "talent acquisition" and "recruiting" are about achieving short/long-term headcount needs to fill vacancies! However, talent acquisition is an ongoing process that tends to identify and vet appropriate candidates for executive-level positions, leadership roles, and careers requiring specialized skills.

**1-33.** Health care recruiting is a meaningful and challenging professional opportunity for all assigned to the MRB. The MRB mission is unique and requires pinpoint accuracy to achieve one of the 108 Areas of Concentrations (AOC). With this in mind, it takes a strategic mind and exceptional talent to earn the "4N" (Health Care Recruiter) identifier. Medical recruiting is a daily challenge and require a mastery of not only the art and science of recruiting but utilize a vast amount of critical and out-of-the-box thinking.

**1-34.** The MRB mission has a direct impact on every Soldier in the Army. Recruiters find the population of officers that will care for the health of our force. The Army relies on every MRB recruiter to find and commission the best medical professionals to ensure our Soldiers receive the best medical care. These Officers have the potential to save lives and keep Soldiers operational. The MRB mission is a No-Fail mission.

# Chapter 2

## MISSIONED MARKET

### CORPS

2-1. There are six different AMEDD Corps in the United States Army. These include the Medical Corps, Nurse Corps, Dental Corps, Specialist Corps, Medical Service Corps, and Veterinary Corps.

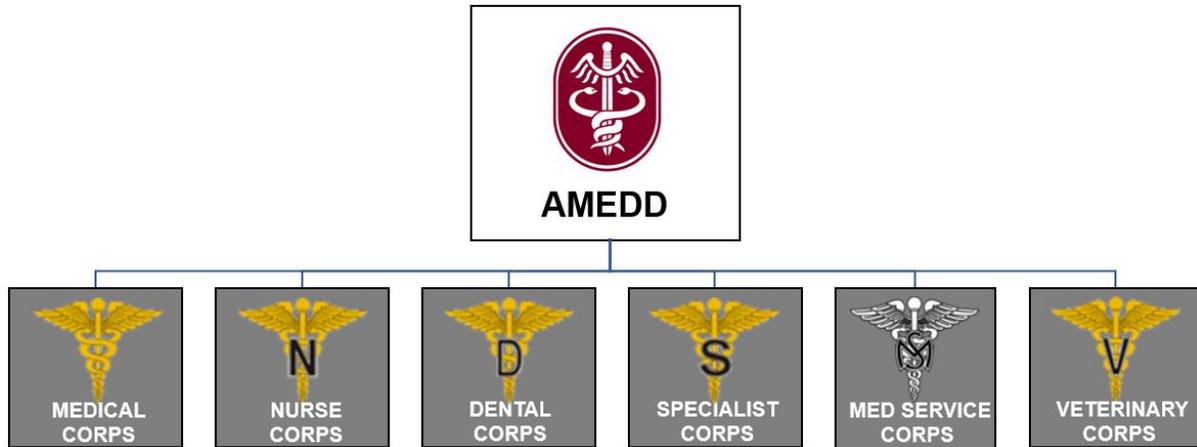


Figure 2-1. AMEDD Corps

## AREA OF CONCENTRATION

2-2. There are currently over 108 different Area of Concentration (AOC) within the six AMEDD Corps. (See Appendix A-1). Similar to Military Occupational Specialty (MOS), AOC's are the specific job title for officers. Just because there is an AOC for an applicant's specialty, does not mean processing can begin. Refer to the mission memo and the Closed Caution Concern (CCC) list to ensure prospecting and processing can be conducted.

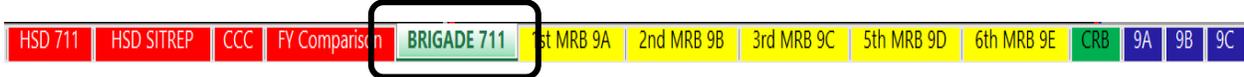
## MISSIONING PROCESS

2-3. Brigade receives its mission from Department of the Army G1 in a mission memorandum. Behind the scenes, the BDE S-2 is already conducting the IPB process (see Chapter 4) with assistance from the Executive Officer (XO). The BDE S-2 divides the mission among the battalions and companies based on historical data and AOC matriculating programs. The BDE command team receives a briefing of mission breakdown with supporting intelligence for approval or changes. Once approved, BNs receive their mission for review. The brigade holds a mission conference to identify any mission changes the BN's identify to restructure the mission within reason. The BDE adjusts the 711, the internal tracker for mission (refer to section 2-5, 711), and sends the mission to the BNs, and sends it to the companies. Companies receive their mission breakdown and disseminate it to the station level. The stations assess their missions and bounce them off of their historical data and supporting programs. The company adjusts the mission with the station's feedback and sends it to BN. BN sends the mission break down back to BDE for approval. Upon approval, the BDE disseminates the mission to the battalions, companies, and stations for them to accept.

# MISSION MEMO

**2-4.** To locate this memo, look at the HSD SharePoint under shared public documents. At the bottom of the file, choose the desired tab. HSD SharePoint link: <https://recruiting.rsn.army.mil/hq/HSD/SitePages/Home.aspx>. The document location is on the HSD SharePoint under "Shared Public Documents" in the current fiscal year folder. This memo shows what the annual assigned mission is from HSD down to the company level and the real-time mission accomplishment. It also shows the Closed Caution Concern list and historical mission accomplishment.

## 711



**Figure 2-2. Brigade 711**

**2-5.** The 711 is an internal excel spreadsheet used to track the annual mission from the brigade through the station level. The Brigade 711 tab reflects the annual MRB mission. The mission provides both components (active and reserve component) and then by AOC. This tracker updates throughout the year serving as a real-time snapshot of where the BDE stands on mission accomplishment. The battalion and company mission breakdowns are visible by scrolling to the right of this tab (See Figure 2-2),. Stations will independently create and manage their own 711 when they receive their mission as described in 2-3, Mission Processing. See Figure 2-3 to become familiar with the columns and what each is reflecting. Since IKROme only tracks the mission by component, the MRB created the 711 to ensure MRB recruiters focused on their precision mission rather than purely achieving the raw number of contracts per component. The 711 allows recruiters to see each AOC and where we stand as a command in mission accomplishment.

ACTIVE COMPONENT								RESERVE COMPONENT							
FY 21															
Medical Corps RA	MSN	Ach	Pend	Pnd Rel	OML	% Ach		MSN	Total Ach	MSN Ach	Pend	Pnd Rel	OML	% Ach	RE FRA D Ach
Direct	53			1				60C Preventive Medicine Officer (OP 5)	24						
60C Preventive Medicine	2							60F Pulmonary Disease/Critical Care (OP 13)	10						
60W Psychiatrist (OP 5)	7							60J Obstetrician and Gynecologist	7						
60F Internal Medicine (OP 15)	4							60K Urologist	6			1			
60H Family Medicine (OP 15)	4							60N Anesthesiologist	5			1	2		
61J General Surgeon (OP 20)	10							60W Psychiatrist	7						
61K Thoracic Surgery (OP 20)	1							61H Family Medicine Physician	45	3		1	7	6.67%	3
61M Orthopedic Surgery	2							61J General Surgeon	30			1	2		
62A Emergency Medicine (OP 20)	10							61K Thoracic Surgeon	15				1		
Financial Assistance Program (FAP)								61M Orthopedic Surgeon (OP 21)	34						
*The ONLY Approved FAP AOCs are those released	13			1				61F Diagnostic Radiologist	3				3		
Other MC Specialties (61Z OP 20)								61Z Neurosurgeon	1						
OGE MC HPSP	375	49	92					62A Emergency Medicine Physician	10	4			3	40.00%	4
MC 4 Year HPSP	290	49	90					MDSSP	50			3	13		
MC 3 Year HPSP	25		1					Other MC Specialties		3					3
MC 2 Year HPSP								<b>Total Recruitment Requirements</b>	<b>247</b>	<b>10</b>	<b>6</b>	<b>25</b>		<b>4.05%</b>	<b>10</b>
<b>Total Recruitment Requirements</b>	<b>368</b>	<b>49</b>	<b>93</b>												

**Figure 2-3. Regular and Army Reserve 711 Annual Breakdown**

<b>MSN</b>	Mission	Assigned annual mission for the Brigade
<b>Total Ach</b>	Total Achieved	Credited mission achievement
<b>MSN Ach</b>	Mission Achieved	Credited mission achievement
<b>Pend</b>	Pending	Pending Commissioning
<b>Pnd Re</b>	Pending Release	Pending Scroll, Physical, Waiver, or Appointment Offer action
<b>OML</b>	Order of Merit List	Alternate selectees
<b>% Ach</b>	Percent Achieved	Percentage of total achievement for the specific AOC mission
<b>REFRAD ACH</b>	Release from Active Duty Achieved	REFRADS are Officers on RA who choose to go AR and have been credited

Figure 2-4. Form 711 Key

## CLOSED CAUTION CONCERN

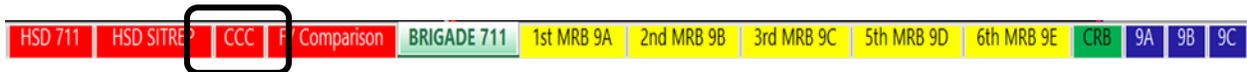


Figure 2-5. Closed Caution Concern

2-6. The Closed Caution Concern (CCC) tab (see Figure 2-4) looks a lot like the 711 but serves as a snapshot of where the mission achievement currently stands and the AOC's closure rate. After accomplishing the mission, the applicant will be placed on the OML or held until the next FY unless the AOC allows overproduction. This tool assists the SC and OIC when developing their prospecting plan and contract placement. It is also good to check the CCC before committing a plan of action to a prospect. See Figure 2-5 to become familiar with the columns and what each is reflecting. See Appendix A-3 for the total CCC sample.

**Example:** Recruiter meets a person wanting AR 65D. Recruiter checks the CCC before the meeting and learns that the MRB was missioned for eight. They have six achieved, four under caution, three OML, and three under TPU. Knowing this, the Recruiter can manage expectations and timelines for the prospect and accurately manage their workload.

Medical Corps RA	MSN	Closed	Caution	Concern	OML	Medical Corps USAR	MSN	Closed	Caution	Concern	OML	TPU
60C Preventive Medicine	2					60C Preventive Medicine Officer (OP 51)	24		1	1		1
60W Psychiatrist (OP 5)	7					60F Pulmonary Disease/Critical Care (OP 13)	10					
61F Internal Medicine (OP 15)	4					60J Obstetrician and Gynecologist	7					
61H Family Medicine (OP 15)	4		1	1		60K Urologist	6			1		
61J General Surgeon (OP 20)	10					60N Anesthesiologist	5		2			
61K Thoracic Surgery (OP 20)	2					60W Psychiatrist	7			3		
61M Orthopedic Surgery	2					61H Family Medicine Physician	45		6	7		5

Figure 2-6. Closed Caution Concern (CCC) Tab

Closed=AOC is closed do not submit	Green
Caution=(Within 5) Will Close within next two boards	Yellow
Concern=Low number of packets submitted to make mission	Red
OP/OML=OP# Remaining/Board for OML only	Blue

Figure 2-7. Closed Caution Concern (CCC) Key

## Chapter 3

### RECRUITING NETWORK

#### POPULATION-CENTRIC RECRUITING ACTIONS

**3-1.** Recruiting operations require leaders at all levels to conduct population-centric operations in support of the strategic mission to sustain the All-Volunteer Force. Critical tasks include exercising mission command in a geo-dispersed environment, building enduring networks with community partners, and synchronizing efforts to optimize results for every mission. Leaders must accomplish these tasks while taking care of Soldiers, DA Civilians, Future Officers, and Families.

#### INTERNAL NETWORK

**3-2.** The internal network consists of every Soldier, DA Civilian, and contractor assigned to USAREC as well as Future Soldiers and family members. Leaders must aggressively seek out best practices from within their organization and then create forums for cross-talk to ensure maximum benefit from a best practice. Moreover, it is the responsibility of every member of the internal network to promote the sharing of best practices, tactics, techniques, and procedures across the command. The primary responsibility of each medical recruiting company is to develop and sustain relationships with operational unit leaders. To include staff, unit administrators, others that support warriors throughout the Army, professional organizations, and other community leaders and groups that help the MRB recruiters.

**3-3.** Non-Prior Service (NPS). Like medical recruiters, NPS recruiters are embedded within the community but have more locations. They come across qualified applicants daily who may qualify for an AOC. Recruiters can increase their referrals by creating a relationship with them which expands the reach further. Even if there is no NPS station in the area, the use of technology (i.e., FaceTime, Social Media, Zoom, and Microsoft Teams), can extend the influence. Invite them to help with table setups, train them on medical recruiting, or even provide them with AMEDD subject matter experts (SME) to help them gain access to schools or engender a commitment from an applicant. Conducting shaping operations with the NPS recruiting stations is a long-term payoff for the medical recruiting and positively affects the mission.

**3-4.** Reserve Officers Training Corps (ROTC). Very useful in helping overcome recruiting obstacles, such as access to schools. Potential pipeline to qualified individuals who have the opportunity to attend post-baccalaureate AMEDD education. Working relationship with Professor of Military Science (PMS) and other ROTC Staff will assist in potential expedited educational delay requests.

**3-5.** Troop Program Unit (TPU). Community-based grassroots programs are instrumental in overcoming barriers based on fear, lack of knowledge, and misinformation. A well-designed program can engage, equip, sustain, and utilize credible advocates to support the annual operation plan. When properly informed and motivated, community leaders can become passionate advocates and trusted sources of information. Over time, they can positively influence local perceptions of the Army and build an environment that is more favorable to the Army's recruiting message. Because of their status within the community, advocates can also help overcome recruiting obstacles, such as access to schools. Utilizing TPU members in the daily business of recruiting is smart business. What better way to give a presentation or conduct an Army interview than to have a respected teacher, friend, relative, etc., be present to validate and give credibility to the Army Story. There are TPU Soldiers in all civilian community sectors that recruiters can rely on to cultivate their market. Utilizing the right people will make all the difference in the TPU partnership and mission success.

**3-6.** The Reserve Recruiting Partnership Council (R2PC) is a perpetual partnership forum designed to improve communications and synchronize recruiting efforts between USAREC elements, supported USAR units, USACC detachments, and Army Reserve Careers Division (ARCD) personnel within their respective areas of operation. HQ USAREC and the DCS, G-1 guide this effort with the ultimate goal of building and sustaining unit personnel strength and readiness. (Refer to AR 601-2, Army Recruiting Support Programs, for more details). Recruiters are the face of the Army to many within their communities, and often the

highest-ranking military officer or NCO some people will have ever met in person. Establishing and developing relationships with Community Partners (CPs) networks have wide-reaching and influential contacts across the recruiting footprint. As mentioned, they could be members of the supported TPU and provide connections and leads with the AR market. (See USAREC TC 5-03.3, Partnerships, for more details on establishing Community Partnerships).

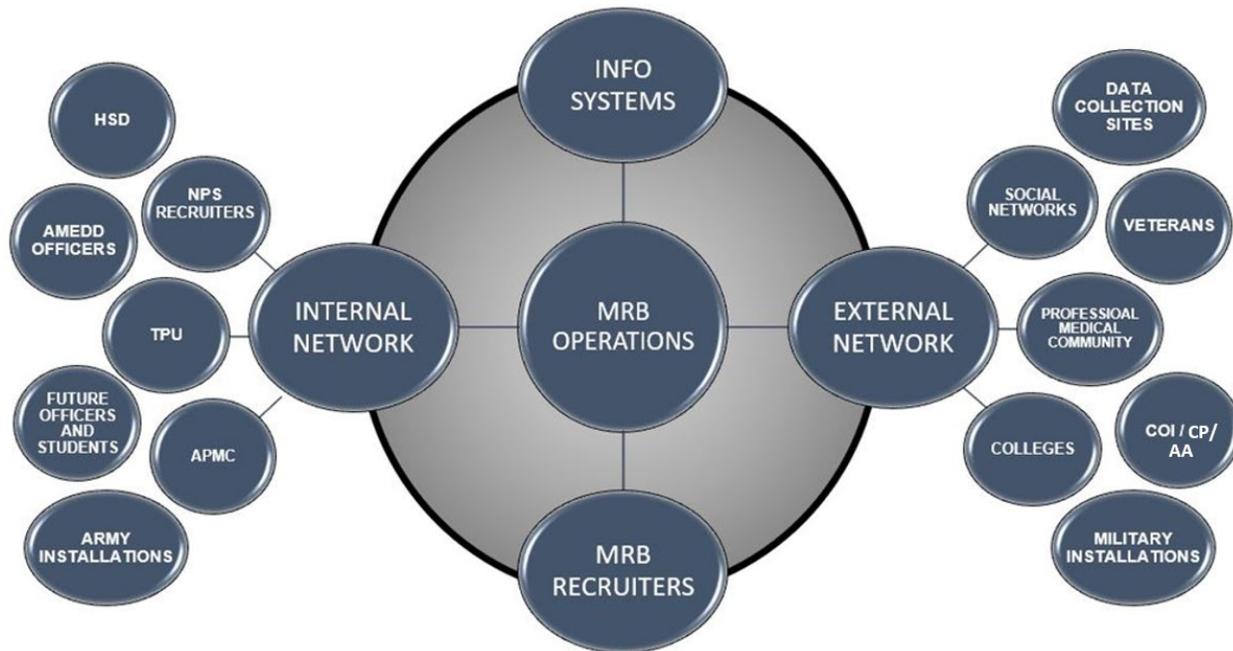
**3-7.** Army Medical Department Professional Management Command (APMC). Responsible for providing centralized credentialing for the more than 6,300 Army Reserve medical professionals, ensuring needed assets are available for mobilization while positively impacting readiness, recruiting, and retention for the Army Reserve's medical community

**3-8.** Establish a relationship with local 79V's. 79V's can assist with the processing of IRR to TPU transfers and to gain IRR to TPU leads for Reserve mission. IRR to TPU guidelines is in the MRB Processing Policy Letter.

**3-9.** Establish a relationship with local 79S and Silver Siege Officers. Local 79S and the local Silver Siege Officer assist with the processing of REFRADs from BDE's monthly REFRAD list and to gain additional REFRAD leads for Reserve Mission. REFRAD guidelines are in the MRB Processing Policy Letter.

## EXTERNAL NETWORK

**3-10.** External networks are elements external to the U.S. Army. A robust network can contain members from various organizations—school officials, community leaders, business leaders, civic organizations, veterans, Civilian Aides to the Secretary of the Army (CASA), Reserve Ambassadors, and Community Partners (CPs). This network can provide commanders with access and placement who can serve as force multipliers in support of the recruiting mission. For more information, read USAREC TC 5-03.3, Partnerships.



**Figure 3-1. Medical Recruiting Internal and External Networks**

## COMMUNITY PARTNER / CENTER OF INFLUENCE / COMMUNITY PARTNER ADVOCATE

**3-11.** A Community partner (CP) is a person other than Active Army or Army Reserve members who, by virtue of their relationship with and access to enlistment age youths, can directly or indirectly influence these youths to seek more information about Army enlistment opportunities. Community Partners include educators, Civilian Aide to the Secretary of the Army (CASA), CEOs, hospital administrators, school board members, and elected officials, members of the Chamber of Commerce, and other leaders who have the potential to affect the futures of our Nation's youth.

**3-12.** A Center of Influence (COI) is a person of great importance or influence, especially a dignitary who commands special treatment. In recruiting, COIs are mayors, governors, legislators, and other influential public figures. COIs typically do not provide leads to recruiters, but they can support the Army by volunteering their time to present testimony supporting the recruiting effort. COIs could also be those that discourage military service or not friendly to military recruiting efforts, yet they are still influencers. Recruiting personnel should take time to develop CPs and Community Partner Advocates (CPA) properly.

**3-13.** Community Partner Advocate (CPA) is a community partner willing to support directly, lead, and/or advocate Army service. CPs advocate for helping the Army with community-wide credibility. They assist with access to schools if the schools are hesitant in allowing recruiters in. CPA's are walking billboards for AMEDD and the MRB mission. Nurture this relationship closely to build and motivate a lasting partnership.

**3-14.** An excellent way to ensure CP educators and college staff become CPA's is the Education Tour. The purpose of the tour is to heighten awareness of Army opportunities, training, lifestyle, etc., to support the recruiting force by improving recruiter access to the priority post-secondary schools (colleges/universities, graduate), professional schools, targeted and critical AOCs from residency programs, teaching hospitals, nursing schools and targeted AOC programs. Guests should be educators who directly influence young people, school administrators and policy makers, college deans, presidents, residency directors, etc., and influencers from the community. Further guidance is available in the Brigade Educator Tour SOP along with UR 601-2. The end goal is to create/reinforce positive attitudes about the Army, which will, in turn, open more doors and create more leads. The A&PA will provide talking points, key messages.

**3-15.** In the area of operation, following up with COIs, CPs, and CPAs is critical to referral success. Contact influencers and important persons every day to establish a stable relationship and to gather intelligence. Social media sites are an excellent way to develop new contacts and maintain existing relationships. In concise terms, team members know more about their recruiting AO than they know about their hometown. Be involved. Offer community service. Demonstrate personal interest. Discuss Army activities, coming events, CP functions, and educator tours. Call all COIs, CPs, and CPAs to discuss or update the status of leads they provided. The COI, CP, and CPA who provided a lead have a stake in the individual, and recruiting leaders should inform them of their progress. Diligent follow-up communicates respect for the influencer. Never be afraid to ask COIs, CPs, and CPAs for leads. Recruiters should continue to build COIs, CPs, and CPAs throughout their recruiting duty to assist in recruiting efforts. Recruiters should follow up with these individuals frequently and update the CP/CPA/COI information to remain current. Reference UTC 5-03.3 for more guidance.

**3-16.** It is essential to establish a relationship with the CASA in the area, provide the CASA with command-approved talking points, and updated messaging on matters central to mission requirements. When encountering challenges in the market that prevent access to High-Value Target (HVT) markets, ensure the CASA and other key CPs are informed and use their networking to mitigate the challenge. Army Reserve Ambassadors develop awareness and advocacy for the Army Reserve and are essential bridges to communities across the Nation. Army Reserve Ambassadors are a powerful means of message delivery to the American people, and they provide invaluable connections for our community partners to engage local stakeholders.

**3-17.** UTC 5-01.1, Para 8-2, defines follow-up as something done to reinforce an initial action. Typical follow-up activities can include contacting a CP, CPA, or COI to obtain a lead, contacting a prospect met at a college event to arrange an interview or contacting an applicant who already interviewed who wanted some time to think before making a decision. Persistent, well-planned, and faithfully executed follow-ups result in more leads, prospects, interviews, and enlistments—this type of consistency in effort with timely, creative,

and purposeful follow-up results in recruiting success.

**3-18.** The goal of follow-up is to sustain relationships with the recruiting Station's network and facilitate further processing with prospects. Maintain regular follow-up with prospects, applicants, Future Officers, school or college faculty members, and other CPs, CPAs, and COIs. The frequency of follow-up varies based on the type of follow-up and its importance to the mission.

## PART II

# MEDICAL RECRUITING OPERATIONS

**Chapter 4** - Intelligence drives recruiting operations (UM 3-0). We rely on intelligence to put us in the right place, at the right time, and with the right message. The MRB Soldiers can take many avenues of approach to ensure they are the most informed with analytical data to accomplish the mission and fill the AMEDD ranks with highly qualified Officers.

**Chapter 5** - Trust and credibility are the foundations of recruiting. Recruiters establish, preserve, and strengthen trust and credibility every day with the American public, enabling the successful execution of recruiting operations. Trust is the foundation, while credibility is the plane upon which the Army Values maintain a delicate balance. Recruiting operations are a combination of art and science: both are necessary to achieve mission success. The application of art and science in recruiting operations, however, differs from operational units. The use of the eight recruiting functions will assist recruiters in being successful.

# Chapter 4

## INTELLIGENCE

### GENERAL

**4-1.** The purpose of intelligence is to support commanders, staff, and recruiters to gain a situational understanding of the market (USAREC Manual 3-0). Situational awareness is the product of applying analysis and judgment to relevant information to determine the revision of plans and facilitate decision-making (Army Doctrine Publication (ADP) 5-0, The Operations Process). Intelligence supports the planning, preparing, execution, and assessment of recruiting operations. The most critical role of intelligence is to support commanders and decision-makers at all levels.

**4-2.** What is intelligence as defined by the Army? In Army Techniques Publication (ATP) 2-01.3 (Intelligence Preparation of the Battlefield/Battlespace), 'Intelligence' is defined as the product resulting from the collection, processing, integration, evaluation, analysis, and interpretation of available information.

**4-3.** Recruiters and leaders in USAREC have access to significant amounts of information; thus, forming a coherent intelligence picture during planning is complicated. It is vital to leverage the tools and metrics discussed later in this chapter and collaborate, share information and best practices throughout the command to develop an effective plan. Medical recruiting has a unique environment, including a unique process of gathering intelligence as described in 4-6. Leaders will apply it to different markets; some include the student, professional student, medical student, and working medical professional.

**4-4.** Strengths, Weakness, Opportunities, and Threats (SWOT) analysis helps identify what is going on to impact the mission, vulnerabilities, and areas to improve.

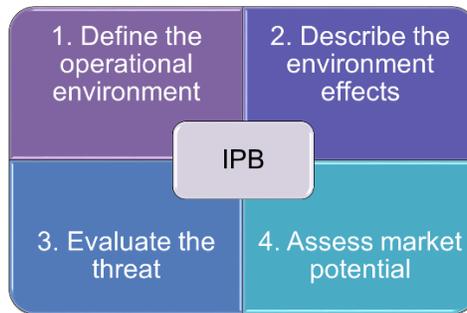


**Figure 4-1. Strength, Weakness, Opportunities, and Threat (SWOT) Analysis**

## INTELLIGENCE PREPARATION OF THE BATTLEFIELD

**4-5.** The Intelligence Preparation of the Battlefield (IPB) is a process which produces invaluable tools to help achieve mission accomplishment. To fully understand the IPB process and further intelligence gathering knowledge in the recruiting environment, reference UTC 5-02. This process helps leaders at all levels understand their recruiting market and environment. UTC 5-02 explains how ASCOPE and PMSEII-PT apply to daily operations. ADRP 3-0 (Operations) defines the Operational Environment as the composite of the

conditions, circumstances, and influences that affect the employment of capabilities and bear on the UTP 3-10.5. Commander's decisions. An operational environment consists of many interrelated variables and sub-variables and the relationships and interactions among them. See figure 4-2 to see the IPB steps.



**Figure 4-2. IPB Steps**

**4-6.** The BDE starts the IPB process six months from the start of the new FY. Since the qualified market is so specific, the data and reports used by the NPS are invalid for medical recruiting purposes. The S-2 pulls the majority of their data from national websites, labor statistics, purchased lists, and from the recruiters on the ground. Market shifts occur naturally with time, making the IPB process continuous.

**4-7.** From the IPB, the BDE S2 provides resources and training needed to drive prospecting during Annual S2 training. BDE S2 provides the tools and data for BNs to identify high-value markets and targets. Leaders can locate these Intelligence products in the BDE Digital Battle Book inside the Market Intelligence Folder. The BDE S2 develops all data in AMEDD Analyst Folder. The AMEDD Analyst Folder is a BDE Internal data source for BNs. BNs S2s use information in the AMEDD Analyst table to identify opportunities within their BNs. BN S2s find, pull, analyze and internally publish intelligence on key markets. This information is critical to station operations since intelligence drives prospecting. Understand, the IPB is Commander-led, with bottom-up refinement. With the lack of reports fed through USAREC to BiZone or Department of Defense (DoD) market share, the MRB relies on the Soldiers on the ground at the station to feed the intelligence they acquire up through the chain of command. Figure 4-3 is an example of one of the deliverables from the IPB process for the MRB Soldiers review and implementation.



Figure 4-3. Medical Recruiting Brigade Annual Recruits Strategy

## MARKET AWARENESS

4-8. Understanding the individual station’s mission is very different from other areas of recruiting. It doesn't use vast information like DOD potential in the area, tactical segmentation of zip codes, or propensity of persons in the area of operation. An example of a suggested mission breakdown is as follows (MRB Mission Model)

- 20% AR Vacancies/Authorizations (USAR)
- 20% Past Production
- 15% REFRAD (Officers leaving active duty in the area) (USAR)
- The remainder of the mission consists of certified/practicing medical specialists, Residency programs, school matriculates and depends on the individual mission categories

4-9. The main focus areas are Priority 1 through Priority 3 Hospitals, Residency Programs, and Medical and Dental Schools. Remember, the station’s mission is assigned with these focus areas in consideration along with historical production data and health care providers' population in the area of operation. The Graphical Analysis Mapping Analysis Tool (GAMAT) is a great tool to help give a geographic snapshot of the footprint and locations of any hospitals, residency programs, and schools in the area.

4-10. Recruiters, Station Commanders, and OICs, should develop an intrinsic knowledge of intelligence in

their market. Using this information and a few tools like the MRB Strategy Guide to provide some intelligence is a good start and helps develop an effective plan, but recruiters and leaders must transcend beyond these to find the markets of opportunity.

## **SITUATIONAL AWARENESS**

**4-11.** MRB's operational environment is pervasive and requires research that does not exist in any doctrine. Applying principles like ASCOPE helps give a formatted approach to gathering intelligence. But the data collected will differ significantly from an NPS recruiting environment. Recruiters are experts on their assigned area and all the happenings that take place within it that affect the mission, whether positively or negatively. Embedding within organizations and following up with COI/CP/CPA's are great ways to stay abreast of what's going on.

**4-12.** A robust virtual presence for both recruiters and stations can significantly assist in maintaining situational awareness. Following assigned colleges and hospitals on social media can aid in the data collection process and ensure recruiters receive the latest news and updates relevant to the market. Following high-profile military leaders and influencers in the medical community can also provide valuable intelligence and insight. Some large social media networks (such as Facebook and LinkedIn) have niche "groups" for specified target markets, such as critical care nurses or pre-medical college students. The social media accounts of COIs, CPs, and CPAs can also be a valuable source of information to stay informed in between meetings and follow-ups. Platforms with a high number of working professionals, such as Twitter and LinkedIn, can also provide information on trending topics and articles within medical or academic communities.

# Chapter 5

## OPERATIONS



Figure 5-1. MISSION COMMAND

**5-1.** Mission command is fundamental to both the art and science of recruiting operations. Leaders combine both the art of command and the science of control to accomplish their mission. Mission command integrates and synchronizes the recruiting functions into the recruiting operation plan to direct and lead subordinate units. Leaders use the command's communication and information systems to understand, visualize, describe, direct, lead and assess operations. Mission command also leverages knowledge management to enhance leader, unit, and Soldier performance.

**5-2.** Mission command is the exercise of authority and direction by the commander using mission orders to enable disciplined initiative within the commander's intent to empower agile and adaptive leaders in recruiting operations. Mission Command is a philosophy guided by seven principles that assist commanders and staff in blending the art of command with the science of control. Those principles are 1) competence; 2) build cohesive teams through mutual trust; 3) create shared understanding; 4) provide a clear commander's intent; 5) exercise disciplined initiative; 6) use mission orders, and 7) accept prudent risk. See ADP 6-0 and UTC 5-01 for more information

## DECISIVE OPERATIONS INTRODUCTION

**5-3.** Decisive operations are personal encounters between a recruiter and an individual that starts the enlistment, commission, or in-service reclassification process. Decisive operations most often work in sequence; each activity depends on the completion of the previous one. Prospecting operations generate Army interviews, which leads to processing, and ultimately an enlistment, commission, or reclassification through in-service recruiting efforts. Decisive operations are the spearhead of recruiting operations. All other operations and activities support decisive operations.



**Figure 5-2. The Operations Process**

## SHAPING OPERATIONS

**5-4.** Shaping operations create and preserve conditions for effective decisive operations. Shaping operations include school recruiting programs, national and local advertising, promotions, and Army support assets that target the civilian, professional, and military communities and schools. Shaping operations can become decisive when creating conditions for interpersonal contact between the Recruiter and their target market. Shaping operations can occur before, during, or after the start of decisive operations and remove obstacles or create opportunities that enhance current or future decisive operations.

## SUSTAINING OPERATIONS

**5-5.** Sustaining operations focus resources to support the commander’s intent and the concept of operations during execution of decisive and shaping operations. Sustaining operations also ensure that team members possess the resources they will need to accomplish all assigned missions. In the MRB, these resources will often differ from other recruiting environments. Developing an understanding of what capabilities and prospecting platforms the battalion and brigade provides will help recruiters be nested in their efforts. Many sustainment functions, such as marketing and outreach, require weeks or even months of planning and coordination. Limited time, money, personnel, and equipment will require careful analysis of the market to find out where, when, and how to implement sustainment resources.

## VIRTUAL ACTIVITIES

**5-6.** Virtual Activities encompasses all online (or virtual) tools, tactics, and strategies that support the recruiting effort. Virtual activities allow leaders to develop comprehensive recruiting strategies that unify decisive, shaping and sustaining operations in new ways. Virtual tools and tactics are constantly evolving and have changed how we approach all eight of USAREC’s Recruiting Functions. While virtual efforts will not replace any of our key functions, they will significantly enhance all of those functions. Due to this, leaders must take a holistic approach by incorporating virtual operations into nearly all aspects of planning, strategy development, and execution.

**5-7.** Virtual efforts greatly enhance our ability to conduct decisive operations. Nearly every type of personal encounter that can take place in person can now take place virtually as well. We engage in virtual prospecting primarily through email and professional social media networks such as LinkedIn. Video conferencing platforms such as Zoom and Teams allow us to attend events, give a presentation, conduct appointments, and begin processing virtually.

**5-8.** A key aspect of shaping operations is maintaining a strong virtual presence (see Appendix A-10). Potential prospects should be able to easily find the office’s current contact information office via major internet search engines, as well as map applications for both Apple and Android phones. Maintaining active profiles on major social media platforms also provides another method for prospects and CPs to contact the station easily. By posting relevant and localized information about programs and benefits, events, and future officers, recruiters can help create a positive view of the Army and increase the propensity for service in the targeted markets.

**5-9.** Sustaining Operations and Virtual Activities are far more connected in medical recruiting than in NPS recruiting. Given the nature of our target market, we must utilize a host of virtual tools, many of which require direct funding. Niche platforms such as Indeed, LinkedIn, Practice Match, Healthy Careers, and others that

target medical professionals can greatly aid in precision mission accomplishment. Some colleges use networking platforms (such as Handshake) or have their own internal platforms (such as University of Florida's GatorLink). Premium accounts with video conferencing platforms such as Zoom allow for meetings with hundreds of prospects with advanced features. Stations can request short advertisements or "boosts" on social media platforms to support specific initiatives or events and must play into the overall recruiting strategy. Recruiters must provide the necessary funding, tools, and resources and involve themselves directly in the marketing efforts of the station in support of mission accomplishment.

**5-10.** Virtual Activity is a vital supplement to the development of both Internal and External Networks. Face-to-face meetings are preferable with CPs and CPAs but are not always feasible. The utilization of email and social media can significantly enhance relationships with key figures and increase the regularity of contact. CPAs should also be encouraged to share recruiter content and advocate for the station on their social media platforms, which will greatly increase visibility and credibility.

**5-11.** Consideration must be given to Virtual Activities when developing operations plans, College Recruiting Plans, and Hospital Recruiting Plans. The virtual environment is not a "one size fits all" approach, as each tool and platform have different strengths and weaknesses. Since there is such a vast amount of virtual tools and tactics available, it is only through strategic planning that leaders can select the most appropriate and effective ones to support each task. This ensures the maximization of time and resources with targeted virtual efforts.

## LINES OF EFFORT

**5-12.** The intelligence-gathering process within MRB is different in many aspects. To help build a better general understanding, one must first read and understand (USAREC Manual 3-29) and (UTC 5-02). Having this base of general knowledge and experience will allow for a practical approach to gathering relevant market information and how to apply it to the market and Operation Plan (OP).

## OPERATION PLANNING



**Figure 5-3. Operation Plan**

**5-13.** Planning is essential for success. The MRB's mission is unique and requires forethought and strategic planning to ensure its success. The development of the OP is different at each echelon, but each tier compliments the next. The OP is a consolidated gathering of analyses, with the intent to accomplish the

mission across the three lines of effort—processing, prospecting, and future officers. The OP unifies decisive, shaping, and sustaining operations to achieve the station’s mission (UM 3-31). By synchronizing these lines of effort with the recruiting operations plan, the station commander enables the recruiting force to identify and assess qualified individuals for commissioning. Figure 5-4 shows the trajectory of the OP once a mission is received. UM 3-29 (Brigade and Battalion Operations), UM 3-30 (Company Operations) and UM 3-31 (Station Operations).

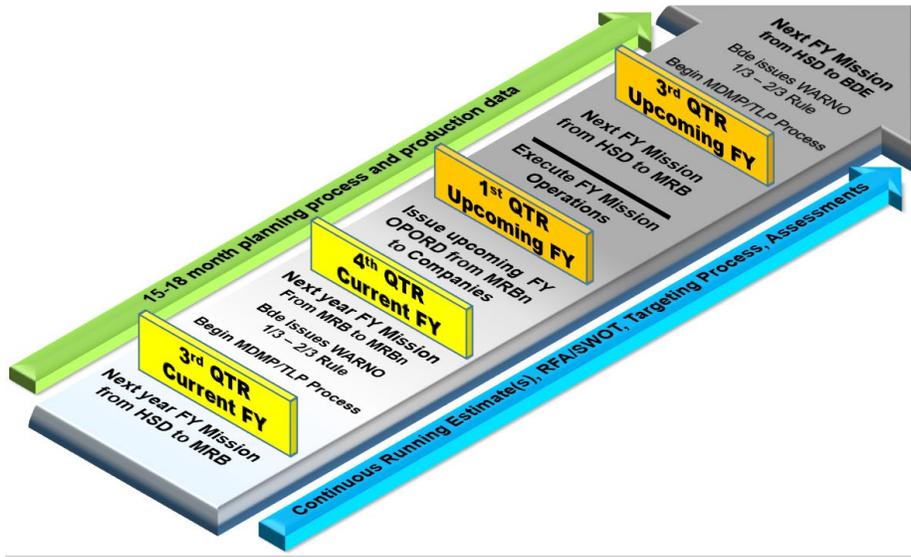


Figure 5-4. Missioning Trajectory

5-14. While developing the plan, keeping balance is the key. Significant shifts to the pendulum between prospecting and processing could cause inconsistencies and inconveniences for all. By maintaining an even flow, posturing to be proactive rather than reactive.

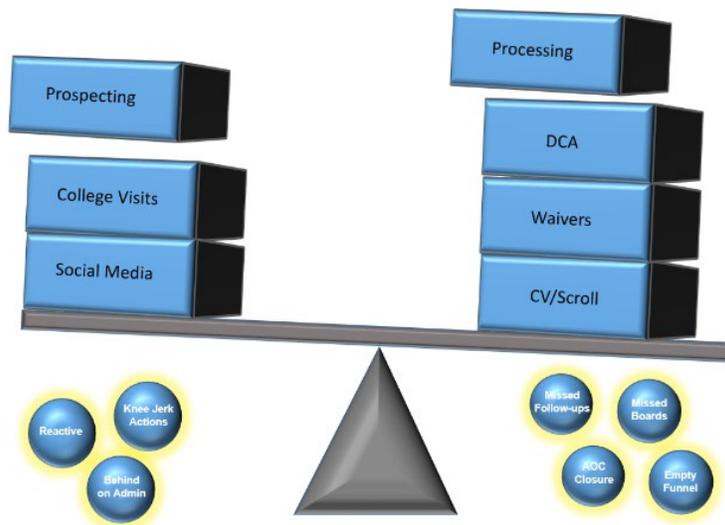
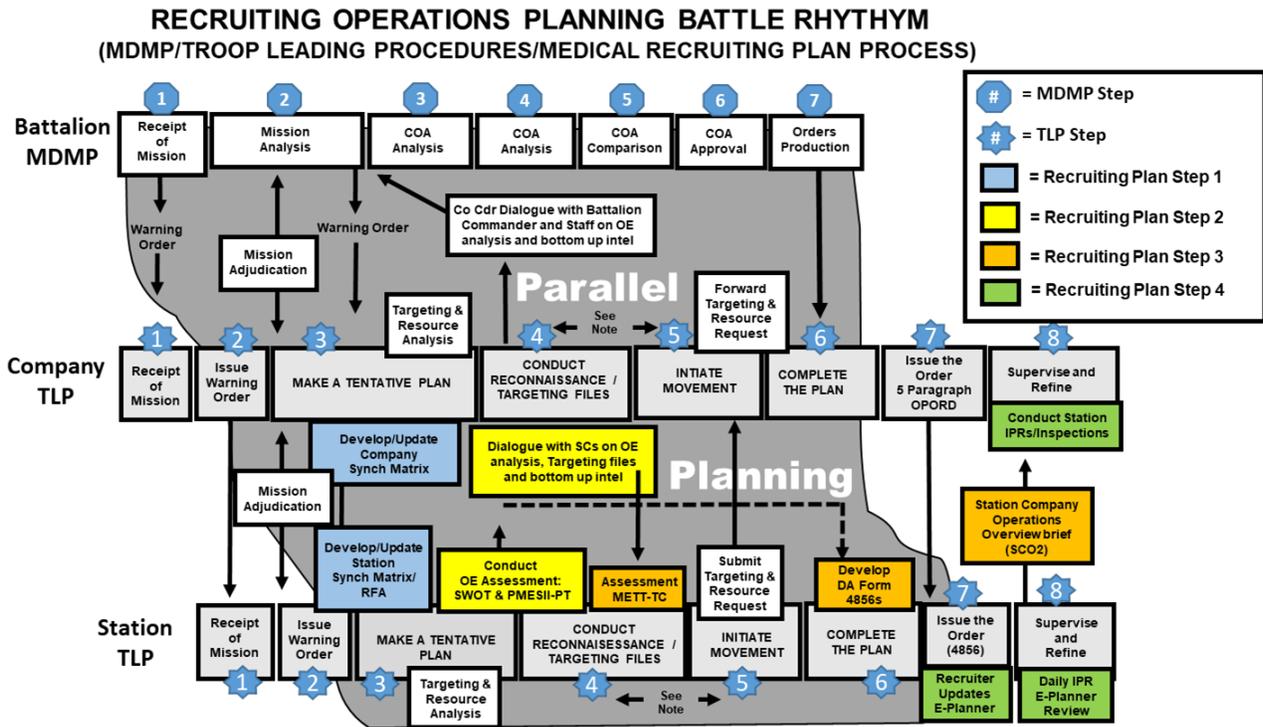


Figure 5-5. Plan Balancing

**5-15.** Issuance of the recruiting mission occurs in the 3rd QTR before the Fiscal Year (FY) starts. Planning (MDMP/TLP/OPORD development/issuance) through mission execution is a 15-18 months process (see Figure 5-6 for an example of this flow). Reference Chapter 3 for how the mission is broken down and distributed. MRB will issue a five paragraph OPORD. Each echelon will back brief their recruiting plan to higher HQs for approval during 3rd/4th QTR before mission start. All plans are nested and support the MRB intent and end-state objectives.



**NOTE:** USAREC TLP Steps 4 & 5 are reverse from Army TLP described in ADP 5-0

**Figure 5-6. Recruiting Battle Rhythm**

**5-16.** To assist in the development of the OP, refer to UM 3-29, UM 3-30, UM 3-31, UTC 5-01, UTC 5-02, and UTC 5-03.1. Commanders, at all levels, are important participants in the recruiting operations process. While recruiters and staff perform essential functions that amplify the effectiveness of operations, commanders drive the operations process through understanding, visualizing, describing, directing, leading, and assessing operations. Accurate and timely running estimates and analysis (Recruiting Functions Analysis (RFA), Strength Weaknesses Opportunities Threats (SWOT), and Operational Environment (OE) are key knowledge management tools that assist commanders in driving the operations process. (See Figure 5-7)

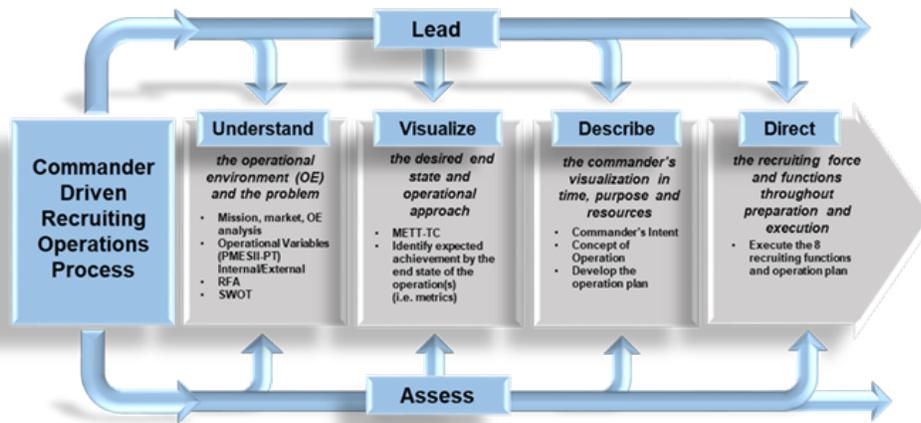


Figure 5-7. Operations Process

5-17. Battalions and companies establish incentive programs to supplement USAREC and BDE incentive programs. Incentive programs are nested with the BDE CDR's intent and priorities. The incentive programs allow leadership to recognize and reward Recruiters for accomplishments and motivate the formation towards mission accomplishment

## BATTLE RHYTHM



Figure 5-8. Example of IPR Sequence of Events

5-18. Leaders must create predictable battle rhythms and set conditions for unit success across the entire spectrum of command to include mission accomplishment, safety, training, readiness, supply discipline, administration, and the welfare of Soldiers and Department of the Army Civilians and families. Empowerment of subordinates develops leaders and expands commanders' span of control in geographically dispersed operating environments. The battle rhythm is an interwoven plan starting from the brigade to the station. By adhering to their strategic sequence of events, all echelons can ensure they support the mission methodically without distracting from the mission. For example, The operations (S-3) conducts weekly combined IPRs from BDE Operations down to the station for upcoming boards within 90 days. The purpose is to flatten communication and expedite the processing of applicants for upcoming boards. Without a married tiered battle rhythm getting everyone together could become cumbersome and a burden (see Figure 5-9). At this point, the BDE publishes the recruiting strategy for the Fiscal Year (FY) moving forward.

Monday	Tuesday	Wednesday	Thursday	Friday
	BDE Chaplain OPs IPR w/ BN OPs (0930-1630)			
	BDE Combined IPR w/ BNs & COs 1 <sup>st</sup> BN (1000-1200)	BDE Combined IPR w/ BNs & COs 5 <sup>th</sup> BN (1100-1230)	BDE Combined IPR w/ BNs & COs 3 <sup>rd</sup> BN (1100-1230)	
BDE Roundtable w/ BNs (VTC) (1300) Every 3 <sup>rd</sup> Week is Production				BDE Command & Staff (Monthly) (1300)
	BDE Combined IPR w/ BNs & COs 2 <sup>nd</sup> BN (1400-1530)	BDE XO Huddle w/BN XOs (1300)	BDE Combined IPR w/ BNs & COs 6 <sup>th</sup> BN (1400-1530)	
		BDE Ops Sync w/BN S3s (1500)		
Weekly/Bi-Weekly Deliverables				
	BN SITREPs Due to H6/H7 Bi-weekly (1200)	BDE Weekly FRAGORD Published to BNs, COs, Stations (1300)		
	BN OPs Sync Slides Due to BDE OPs (1700)		BN Production Roundtable Slides Due to BDE OPs (1700)	
Monthly	Quarterly	Semi-Annual	Annual	
BDE Targeting Meeting (DCO/XO/S2/S3) BDE Command & Staff (All Staff) BN Training Report due to BDE TNG (S3) RIO GVS Training (RIOs)	MRB Town Hall (XO/HHC CDR) Stand Down Day (S3/HHC) Company OUA/QTB (S3) BDE Targeting Board (Fusion Cell)	CG Operations Assessment (OUA) (S3/BNs) Army Chaplain Experience (CH REC) Highlander Academy CH Semi-Annual Training	MRB Governance Forum (S3) Recruiting Operations Plan (S3) Annual Training Guidance (S3) USAREC Ann. Leaders Training Conference (ALTC) BDE & BN ROP Back briefs HSD Program Manager Update BDE Ops Annual Training (S3)	

Figure 5-9. Example of Tiered Battle Rhythm

## BOARD SCHEDULE

5-19. Every year, HSD published the FY's Boards Schedule and archives it in the HSD SharePoint. This file displays the year's boards for every AOC. Referring to this file will assist in the backwards planning process to ensure correct prospecting for leads and processing applicants at the appropriate time of the year. See Appendix A-5 for a sample Board Schedule.

## BACKWARDS PLAN

5-20. Backwards planning is a crucial part of the station's OPTEMPO. The Station Commander and OIC adhere to and enforce the backwards plan for each applicant that has agreed to process. The first thing to consider is a realistic board date for the applicant. During the prospecting plan, use board dates for an even flow of saturation and adequate focus on AOC's at the proper time. Once a year, boards are prime examples of why this consideration is so important. Depending on the station's conversion data and assigned mission, the plan will vary. As always, allow ample time for adequate prospecting efforts to maximize the ability to achieve the desired AOC's. As Benjamin Franklin said, "If you fail to plan, you are planning to fail." Figure 5-10 walks leaders through the MRB backwards planning to ensure prospecting and processing for each AOC in advance.

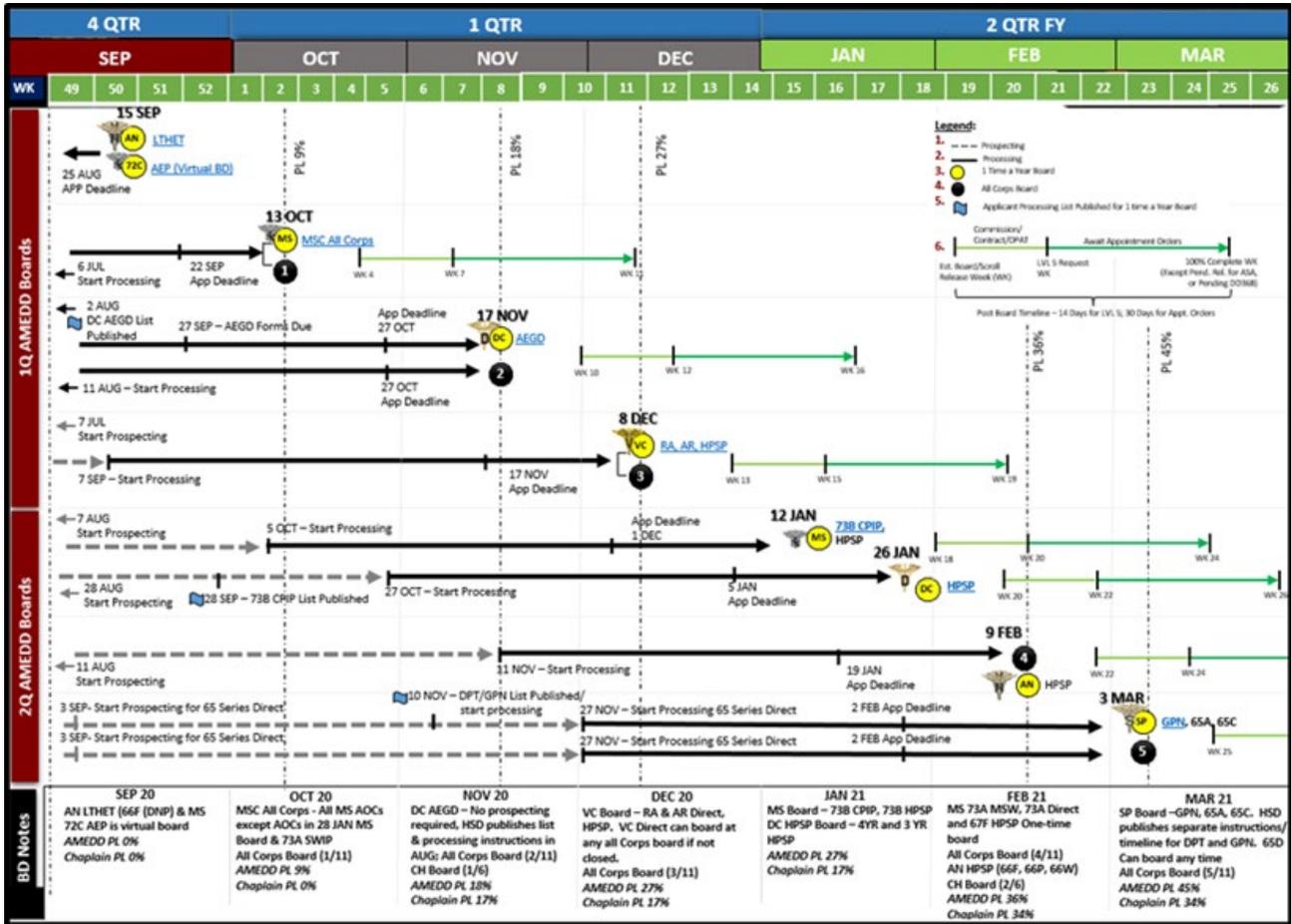


Figure 5-10. Example of MRB Backwards Plan

5-21. Processing begins with establishing a realistic board date for the applicant. Communicate choke points between the initial appointment and the projected board date for the Recruiter and applicant to meet and move the processing forward. Remember, to take charge of the process. Do not be afraid to hold the applicant to the established dates. See Figure 5-11 for an example of backwards planning.

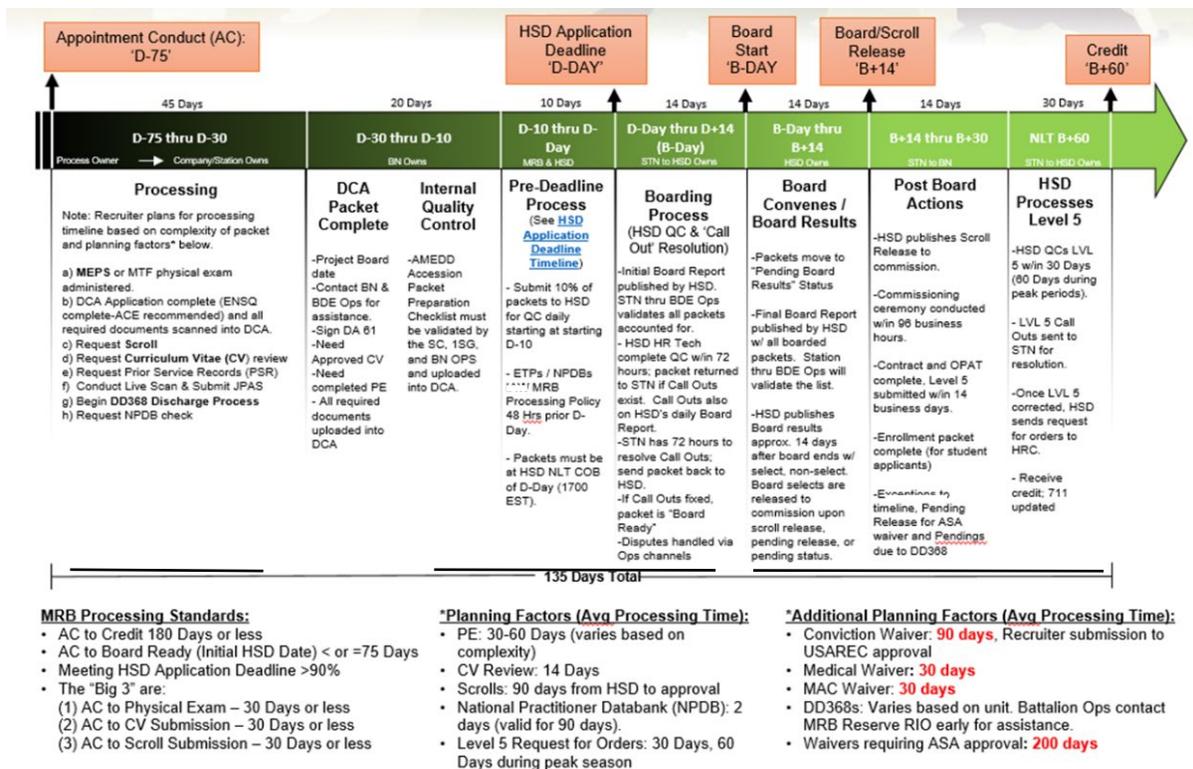


Figure 5-11. Example of Recruiter Backwards Planning

## HOSPITAL RECRUITING PLAN

**5-22.** Hospital recruiting plans are no different than any other prospecting plan in general, but they will differ significantly across the brigade. There will be no right or wrong, and it will take trial and error to cultivate a plan to show return on investment finally. The most crucial factor that must be applied is "Professionalism". Recruiters should always convey they are a professional and remember that they represent a professional organization. First impressions are important when engaging staff members, but remember they work just as hard to recruit quality individuals and retain them. So getting past the initial phase of engagement can be very challenging. If there are teaching hospitals with residencies in the area, these will be one of the best ways to get a foot in the door. Offering a Subject Matter Expert (SME) to give a presentation will help spark interest. Offering a SME and a meal during the presentation will definitely increase the attendance at the event and overall impact. Be creative and always have something to offer. Continue to network to find the right person to be in front of. Finding the right person will help recruiters become more established in other hospital areas. Remember, recruiters will not come back with a stack of lead cards. They must still put forth the effort to show that Army medicine is a great opportunity. It also establishes the station as a professional organization associated with their program.

## COLLEGE RECRUITING PLAN

**5-23.** Due to the unique nature of the AMEDD market, School recruiting education programs involves post-secondary undergraduate schools, Graduate Medical Education (GME) programs, Host Teaching Hospitals, and Medical Centers. There is a critical need for practical clinic workshops for undergraduate students pursuing a career in the health field. At the graduate level and graduate medical education, didactic lectures are essential for fulfilling accreditation sustainment of an institution or grand rounds. These workshops are an opportunity to bring in SMEs that can share the Army Medicine Experience on a professional level. The

programs provide:

a. Provide AMEDD recruiter with targeted leads of pre-medical/dental students, nursing students, medical/dental students, physicians in Graduate Medical Education, Dentist in Advanced Education in General Dentistry (AEGD).

b. Provides advisors, college clubs and societies, hospitals, medical centers, and GME programs a unique opportunity to identify and satisfy learning gap analysis and fulfill requirements needed to maintain accreditation.

c. Bring in Army SMEs to help cross-fertilize standards of practice and improve the continuum of care for a growing veteran population.

**5-24.** The college plan provides guidance to the recruiting field, so recruiters have a road map or plan of action to ensure a successful recruiting school year. The goal of the school plan is to provide recruiters tools and information needed to establish, gain, and maintain access to schools. Establishing rapport with school officials is a key step in maintaining access to schools. School recruiting is critical to both short-term and long-term recruiting success. Recruiters will establish rapport with key influencers. Recruiters should seek out the Dean, Registrars, Financial office, Resident Program Managers, Professors, and Professional Clubs and Organizations.

**5-25.** Develop a professional relationship with those at Residency Programs who may assist with identifying students who qualify for the current health care incentives. These Points of Contacts (POC) will be part of the CP list and added to School Zone. Residency comes after one graduates from a professional school and matches to a residency training program to further their training, advance their knowledge, and develop their skills, generally at a hospital that varies from three to seven years. A resident holds a Doctor of Medicine/Dental Medicine and practices medicine in a hospital or clinic under the direct supervision of an attending physician.

The Accreditation Council for Graduate Medical Education (ACGME) accredits sponsoring institutions and residency and fellowship programs

## EVENTS

**5-26.** The conducting of events within the station's area of operation on a regular basis is essential for engagement and visibility. The purpose of these events is to generate lead information, establish appointments, and continue to develop the relationship with the CPs and COIs. Some examples of these events are college fair, career fair (in-person/virtual), webinars, conventions, residency briefings, table setups, education tour, Stop the Bleed Training, suture training, and lunch and learns. Get with the Battalion A&PA for historical event AARs. Ensure to be the honest broker. The majority of the time, participation in these events costs money. If the return of investment (ROI) is not worth the event's money, capturing this on AARs is critical, so the Battalion does not continue to spend the money, and the station does not continue to waste valuable time.

## TARGETING PROCESS

**5-27.** Assets are available for the recruiter's use. The items listed below have a limited quantity. By working on the long-term plan and submitting all requests through the chain of command to the A&PA early in the planning phase, the greater chance the station has of receiving an asset.

**5-28.** U.S. Army Marketing and Engagement Brigade (MEB) Enterprise Marketing Management (EMM) approved events are published weekly. This list details which USAMEB assets will be utilized at upcoming events. MEB's RSID is 7. EMM tracks the leads from events to show the return on investment (ROI).

**5-29.** Total Army Involvement in Recruiting (TAIR) - When setting up a long-term plan, consider working with A&PA to create a TAIR event. Reference USAREC Pamphlet 601-2-1 for more guidance and examples of the UF 601-2-1.1 (TAIR Support Request/Evaluation and Healthcare Prospect Tour Checklist).

**5-30.** The U.S. Army Mission Support Battalion (MSB). Conducts professional mobile and static exhibits, provides multimedia and graphics support, and develops and produces marketing and incentive products to connect America's people with America's Army, enhance public awareness, and provide quality leads to the

U.S. Army accessions effort. Elevate the next event by working with A&PA to request an adventure trailer to attract more attention. Recruiters can request the AS5 Semi which specifically targets health care professionals. This interactive asset could help give a better understanding and insight into what it means to be an Army Medical Officer. (See Figure 5-12)



**Figure 5-12. Army Mission Support Battalion AS5 Medical Marketing Semi**

**5-31.** MEB Branding Support the MEB Branding Support Catalog offers options for command-customized branding. The catalog only serves as an example. If there is an idea that is not in the catalog, use the branding request form to explain the need, and they will do their best to support those goals.

**5-32.** The Marketing Distribution Center (MDC) supports approximately 6,000 customers, including the Army Marketing Research Group, Army Recruiting Command, Cadet Command, and the Army Reserve. The center uses an online e-commerce system that allows customers to order from a selection of recruiting materials. The requested items are shipped directly to the customer's location.

**5-33.** Every Company is assigned a trailer with items to use during shaping operations in support of the mission. These trailers may vary, including the wrapped trailer, cell phone charging station, and a simulation man. These assets will help draw a crowd at any event.

## TRAINING

### INSTITUTIONAL

**5-34.** The Health Care Recruiter Course (HCRC) is a three-week resident course to provide specialized training for Health Care Recruiters. The Health Care Recruiter Course simultaneously educates three cohorts (OIC, 79R, and DA Select Recruiters) and evaluates eleven individual critical tasks identified by job performers as vital for a Health Care Recruiter's success. Following this course, graduates are qualified to interact with health care professionals and commission them as Army Medical Department officers. They possess the skills to effectively communicate the vast amount of AMEDD programs available with precise execution. Course curriculum addresses product knowledge, communication skills, interview skills, basic

eligibility, AR and RA programs and incentives, scholarship programs, and processing procedures necessary to perform as a health care recruiter. Students learn to navigate the DCA. This course elevates the competencies of personnel assigned to this critical mission that goes beyond the skills of the 79 CMF. The HCRC is an ASI (4N) producing course.

**5-35.** The Health Care Recruiting Officer in Charge Course (HCOICC) is a 5-week, 40-hour live-lecture, distance learning course designed to supply Health Care Recruiting Officers in Charge (OIC) with the tools and expertise required to manage a Health Care Recruiting Station. This course is relevant for all Officers assigned to a health care recruiting station in a supervisory capacity. HCROIC is an online course where the learning management system (LMS) provides an active forum for student interaction. Many of the practical exercises (PEs) require participation in online threaded discussion forums. Discussion forums provide students with the opportunity to share in an environment that promotes student-centered learning openly. Students will focus on principles of Mission Command, Network Centric Recruiting Environment, and Intelligence Preparation of the Battlefield, Recruiting Information Systems, Station After-Action Review (AAR), Station Recruiting Plan, and Station Operations Brief.

## ORGANIZATIONAL

**5-36.** Station Commanders will ensure all recruiters assigned to their station receive training outlined in AR 350-1 to develop further the skills required for critical tasks. All training will be recorded using the USAREC Form 350-1.1 or USAREC Form 350-1.2 and tracked through the Digital Training Management System (DTMS). Station Commanders may contact the Battalion Master Trainer to receive further guidance and frequency.

**5-37.** The CSTAR is a tool used to analyze the company's or station's operational capabilities and identify training needs. The CSTAR facilitates the review of a company or station's performance measurements, enables identifying root causes of training deficiencies using scientific data, and assists leaders in developing a training plan to optimize organizational performance. This analysis must be completed every 60 days and uploaded into DTMS on the 5th working day after 60 days. Get with the Battalion Training Shop for timelines and additional requirements

## INDIVIDUAL

**5-38.** Initial training results in the MOS qualified 68W certified at the National Registry of Emergency Medical Technicians (NREMT) EMT level. During the two-year certification period, the EMT must complete sustainment training. EMT is responsible for recording this standardized competency training of the 68W in the MODS sustainment training database. Sustainment training, skills testing, and CPR leads to NREMT recertification of the 68W.

**5-39.** By maintaining the NREMT certification, 68Ws demonstrate that they meet 68W Military Occupational Skill (MOS) Qualifications in accordance with AR 40-68, Clinical Quality Management, Chapter 4-3 Paragraph 2 (a) & (b) and ALARACT 058-2010. NREMT certification is mandatory for all 68Ws and must recertify to maintain current with the NREMT no later than (NLT) 31 March of their respective renewal year to remain MOS qualified IAW AR 40-68, Clinical Quality Management, Chapter 4-3 paragraph 2(b). Accomplish NREMT recertification in the following manner:

- a. CPR Certification - Submission of currently approved CPR credential
- b. 72 CEs earned during recertification period by utilizing TC 8-800, MEDIC Tables I-VII training (preferred method) when conducted annually, yields 48 Continuing Education Units (CEUs) for a total of 96 within a recertification period.
- c. Skills Validation utilizing TC8-800 (MEDIC) Table VIII (preferred method)

**5-40.** 68Ws who possess a lapsed NREMT certification are subject to reclassification or separated from service IAW AR40-68, Clinical Quality Management, ALARACT 058/2010, and ALARACT 214/2012. Effective 01 APR 10, the automatic 90-day post-deployment extension agreed upon between NREMT and the Department of the Army expires. Late recertification will require a Commander's (0-5 or above) endorsement based upon mitigating circumstances involving NREMT recertification/sustainment. US Army

EMS will serve as the approving authority for all (extensions, late, and lapsed) recertification requests.

**Note:** Updates of the requirements listed above in the individual's 68W MODS application profile

## PART III

# MEDICAL RECRUITING FUNCTIONS

**Chapter 6** - Prospecting is a recruiting function, operation, and critical task whereby a recruiter attempts to contact leads to generate interest in an Army commission (UTC 5-03.1). This function is a critical action executed throughout the day. Prospecting is a combination of skill and art that must be finessed and practiced.

**Chapter 7** – Processing is where we spend the bulk of our time. By educating ourselves on how to process effectively as experts, recruiters can save time, assisting the other recruiting functions. Waivers are standard on the medical side of recruiting. We recruit professionals who are older and have experienced more. Identify the waivers necessary early in the process to help stay on track with the backwards plan. Prior service applicants require additional steps to their process. Whether they are currently serving or separated, accomplishing the chapter's steps is critical to ensure correct processing procedures of packets are met.

**Chapter 8** – Every part of a recruiter's day is essential, but none as important as building and sustain a robust Officer Management Program (OMP). So much time goes into every applicant, from the conduct to commissioning. The OMP keeps the Future Officers (FO) informed, engaged, and committed to the Army, as well as turns them into COI's to grow the referral market.

# Chapter 6

## PROSPECTING

### GENERAL

**6-1.** UTC 5-03.1 defines a “lead” as a name with an address, telephone number, email address, or social media site and has not had an appointment for an Army interview. There must be enough actionable information for the Recruiter to establish interactive contact.



Figure 6-1. Lead process

## FACE TO FACE PROSPECTING

**6-2.** Recruiters must be proficient in conducting face-to-face prospecting activities in both the "working" and "student" markets. Recruiters must focus their prospecting efforts on markets that support the Station's mission. Hospitals, clinics, colleges, and universities within the station's area should be divided into sectors to minimize travel time between stops and allow for the seamless integration of other recruiting activities.

**6-3.** Recruiters should visit established CPs, CPAs, and COIs to maintain their professional relationships and update those regarding AMEDD programs. This time should also be used to obtain any lists, schedule and confirm future presentations, and possibly meet and develop new CPs, CPAs, and COIs.

**6-4.** Recruiters should visit areas such as hospitals and student unions where potential AMEDD applicants gather. While there, recruiters should also post flyers and business cards, where allowed, with appropriate AMEDD literature. Talk with students and professionals and identify those who may show interest. Deliver a brief message about AMEDD, conduct a short interview, schedule a formal one, and always ask for a referral.

**6-5.** Recruiters must follow-up with all individuals who demonstrated an interest in the Army. Contact all the referrals obtained during the face-to-face prospecting as soon as possible and document all actions. It is a good business practice to call and thank the COIs, CPs, and CPAs who visited for their time and help.

## TELEPHONE PROSPECTING

**6-6.** Plan and implement telephone prospecting sessions within the station to target specific market segments and achieve the mission. The main benefit of telephone prospecting is its efficiency; it allows recruits to contact potential prospects in the shortest amount of time quickly. Telephone prospecting will enable recruiters to switch from one market to another during the same prospecting session. Flexibility is a good strategy for simultaneous market penetration. By continuously staying engaged in events and schools, the station can ensure a steady flow of contact numbers to call. Properly upload them into RZ or through the ALRL loader.

**6-7.** Telephone prospecting takes strategic planning to ensure it will be successful. Recruiters must continuously refine their prospect lists by adding new leads generated from other activities while also removing old leads that have been attempted numerous times with no success. By continually scrubbing the system, the Recruiter will continuously have a new list of leads to work from, increasing their contact rate.

**6-8.** Recruiters must be professional while on a phone call. They must communicate information in a clear

and concise manner. They should introduce themselves and state why they are reaching out to the lead. They should not be afraid to ask for the appointment and lock in a day and time. Recruiters should give just enough information to get a lead interested, but save the rest for meeting them for their initial appointment. Always prequalify them and ask for referrals. Last, but certainly not least, smile. The person on the other end can hear a smile, and this simple act could set the mood for a successful phone call.

## VIRTUAL PROSPECTING

**6-9.** Recruiters and leaders need to understand the difference between virtual recruiting, virtual canvassing, and virtual lead-generating activities. They are all important, but they have different expectations for ROI. Doctrine defines prospecting as the recruiter attempting to contact an existing lead with the goal of making an appointment.

**6-10.** The primary method of virtual prospecting is email. Email provides the ability to reach a high number of leads in a short amount of time. It is also advisable to personalize content whenever possible. The use of email tools such as “mail merge” can improve the ability to personalize content while still reaching a large number of leads in a short amount of time. The subject heading should also be clear and appealing to the audience and encourage them to open and read the message. Many college students and medical professionals receive a high volume of emails, so every effort must be made to stand out from the pack to get the message across and generate enough interest for them to contact a recruiter for more information.

**6-11.** When dealing with a highly educated and professional audience, ensure emails are professional so they do not diminish credibility. It is imperative that messaging is accurate, concise, and free of spelling or grammatical errors. A long message with too much information or attachments will either cause them to lose interest or lead them to believe they are fully informed and have no need to respond. Avoid acronyms and military jargon, as civilians may not clearly understand the message. Ensure the signature block clearly states name, title, contact information, and station social media links.

**6-12.** Virtual prospecting can use professional social networking platforms to generate a conversation that leads to an appointment. It accomplished this by sending connection requests and messages to leads. As with emails, the messages should be concise, accurate, and free of grammatical or spelling errors. Try to avoid contacting leads on non-professional social media platforms, such as Facebook.

**6-13.** Virtual events provide opportunities to conduct virtual prospecting. If known leads are in attendance, a recruiter can engage them directly and attempt to engender commitment for an appointment. Virtual events allow recruiters to engage any new leads in real-time and attempt to make an appointment via room chat or video communication.

**6-14.** In support of virtual prospecting, recruiters can also engage in virtual lead-generating activities. Lead generating activities use online means to find qualified leads for prospecting. There are two basic types of virtual lead generation: passive and active. Active lead generation, like prospecting, means that the recruiter is actively engaging in activities that generate new leads. Passive lead generation, like shaping operations, sets the stage for prospects to engage the recruiter directly.

**6-15.** A key method of active virtual lead generation is data mining. By utilizing any major search engine, recruiters can search for sites that cater to medical professionals. An example would be a professional medical organization that provides convention and conference schedules. Professional networking sites, like LinkedIn, also allow recruiters to search for health care professionals with specific job titles within a given geographical region or metro area. Other possible resources for data mining to generate new leads include colleges (pre-professional, graduate, alumni); medical and dental schools, student clubs and associations; and hospital websites. Most hospitals with residency programs have a section on their website dedicated to highlighting their residents, which typically includes pictures, bio, and email addresses.

**6-16.** Recruiters can use video to generate new leads on a variety of platforms actively. The use of live video allows recruiters to present information about programs and also engage with potential prospects in real-time. Video conferencing platforms, such as Teams or Zoom, allow recruiters to set up and host their virtual events and webinars. Virtual career fairs often have chat rooms for on-the-spot conversations and interviews. Many social media platforms also allow live streaming of video content. Common examples of live video content include interviews with high-ranking Army medical officers, Future Officer Testimonials, Q&A sessions, Town Hall discussions, or informational presentations about specific programs or benefits.

**6-17.** Passive virtual lead generation requires an upfront investment of time, followed by low levels of upkeep to cultivate a steady stream of new leads for the station. The virtual environment offers an impersonal and non-confrontational way for health care professionals to inquire about the Army and its opportunities. Conducting a virtual audit (see Appendix A-10) can ensure consistent and accurate presence across the internet. Simply by maintaining an active presence on social media for the station, recruiters provide an avenue for prospects to reach out directly and learn more.

**6-18.** A common and effective form of passive lead generation is job postings. By listing job postings on major employment websites, as well as niche platforms for medical professionals, we can receive and review resumes, which recruiters can quickly convert to qualified leads and prospects.

**6-19.** Referral generation is another powerful form of passive lead generation online. When influencers share our content on social media, it exponentially increases the number of people that see, share, and engage with it. When Future Officers give their testimonials on social media, it gets the attention and interest of their friends and colleagues who often have similar qualifications. Community Partner Advocates can encourage their followers and professional network to support our initiatives and inquire about opportunities. Recruiters can request that hospitals and colleges update their websites and social media with links to the station's social media accounts, contact information, and/or the AMEDD Recruiting website <https://www.healthcare.goarmy.com>.

**6-20.** Successful recruiters in MRB must not merely rely on school lists to be successful. By engaging in both passive and active lead generation activities, recruiters can effectively create their targeted prospecting lists, as well as an online network that provides a steady flow of new leads.

**6-21.** Ensure that all posts and correspondence align with the command's intent and guidance. The social media rules of engagement (ROE) can be located on the IKROme homepage, as well as a content section. Refer to UTP 3-10.4, The Conduct of Virtual Recruiting Activities, for more information on virtual recruiting.

## REFERRALS

**6-22.** Referrals are the Recruiter's most productive lead source. The contact to contract ratio is the lowest of all other prospecting methods. Additionally, since referrals come from someone within the lead's circle of influence, credibility naturally transfers from the influencer to the Recruiter. When contacting a referral from a friend, relative, associate COI, or CP, they are more likely to agree to an appointment. Gaining a lead who expects a call or visit gives the Recruiter a greater sense of purpose and enthusiasm. It is essential to develop and maintain rapport with all local recruiting stations and solicit health care referrals. By cultivating an environment of influencers, the mission can make itself and free up time to complete other recruiting functions.

**6-23.** Recruiters should visit all local enlisted recruiting stations in their area, introducing themselves and exchanging contact information with the enlisted recruiters. Station Commanders should also coordinate with NPS station commanders on conducting AMEDD training with their stations to provide them with an overview of the types of health care professionals the AMEDD station is searching for.

**6-24.** Utilizing social media to highlight the success stories of Future Officers is a powerful method of referral generation. Sharing photos and videos along with biographical information can generate interest among their peers, family, and associates. Furthermore, school and hospital officials are more likely to share content and advocate for Army programs if it also promotes their organization in a positive light through the accomplishments of the Future Officer.

**6-25.** The use of Social Media can generate referrals through the use of influencers. By encouraging Future Officers and CPAs to share flyers, success stories, and other AMEDD content with their followers in the college and medical communities, recruiters can cultivate a strong referral market focusing on precision mission accomplishment.

## FOLLOW UP

**6-26.** Follow-up with all individuals who were no-shows or rescheduled their appointments. Assume the prospect has a valid reason for not meeting with the team member to discuss Army service.

**6-27.** Follow-up with applicants as agreed to during the interview. Call when the team member said they would call. If there was not a time agreed upon for follow-up, plan and conduct a follow-up with the applicant. Follow-up within 72 hours of the first interview to schedule processing, discuss test or physical results and answer questions the applicant is likely to have raised since the interview. A good practice is to add the follow-up activity to the calendar in Recruiter Zone so the applicant's information is readily available.

## PREQUALIFICATION

**6-28.** A recruiter's time is valuable. When a lead agrees to an appointment, the first thing recruiters will do is ask prequalification questions to ensure the lead meets the vigorous criteria necessary for accessions. Recruiters will use the guidance prescribed below to determine an applicant's appointment eligibility.

- Army Regulation 135-100 Appointment of Commissioned and Warrant Officers of the Army
- Army Regulation 135-101 Appointment of Reserve Commissioned Officers for Assignment to Army Medical Department
- Army Regulation 601-37 Army Medical Recruiting Program
- Army Regulation 601-100 Appointment of Commissioned and Warrant Officers in the Regular Army
- Army Regulation 601-210 Regular Army and Reserve Components Enlistment Program
- Army Regulation 40-501 Standards of Medical Fitness

## ARMY INTERVIEW



**Figure 6-2. Prospect Process**

**6-29.** The Army interview is conducted the same as the NPS side of recruiting; the programs are just different. It is important to follow the Army Interview steps to ensure all the information is delivered methodically, rapport is built, and their motivators are uncovered. Often time's prospects are not forthright with what motivated them or what brought them into the station. By using counseling skills, recruiters can dig below the surface and begin to tie them to what the Army offers, whether tangible or intangible. The people who agree to an appointment most likely did a great deal of research on their specific AOC before coming in. Ensure to show them what all the Army has to offer them. See Figure 6-3 and Figure 6-4 for the results of a survey asking what motivated other health care professionals to join and what benefits/incentives enticed them to join. Reference UTC 5-03.2 for the interview process and how to turn a prospect into an applicant.

Somewhat... to Very Important	FY17	FY18	FY19
Service to Country/Patriotism	90.0%	89.6%	88.9%
Job Satisfaction	82.2%	85.1%	83.8%
Income Stability and Growth	76.2%	76.5%	76.2%
Sense of Adventure	72.5%	75.5%	75.4%
Teaching/Mentoring Others	69.3%	70.7%	71.2%
Job Security	63.4%	66.3%	64.7%
Change of Pace	61.1%	64.5%	69.3%
Military Lifestyle	62.7%	64.0%	54.5%
Greater Autonomy	61.9%	62.2%	65.9%
No Business Expenses	43.47%	47.4%	41.8%
Family Tradition	43.3%	46.1%	46.2%

Figure 6-3. Example of survey for Motivations to Join

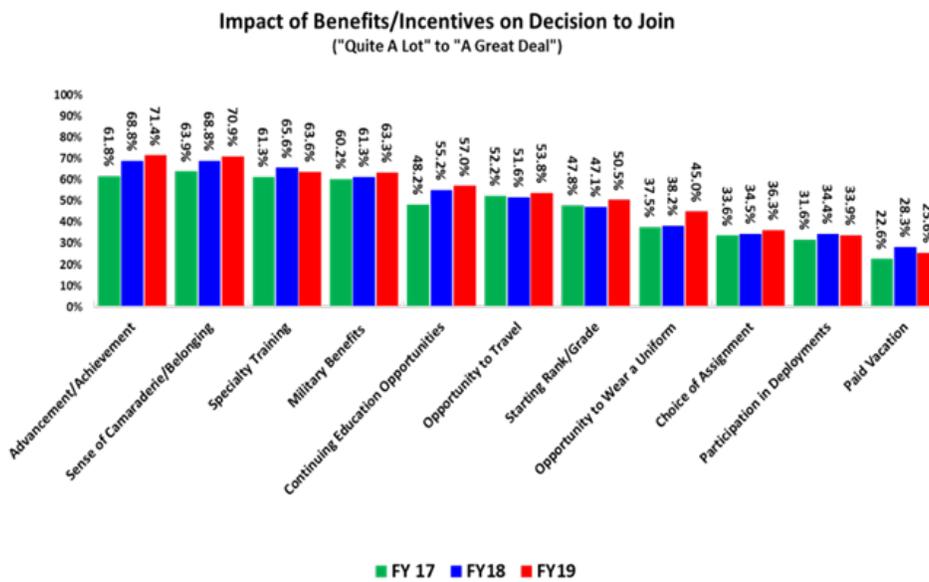


Figure 6-4. Example of survey for Benefits and Incentives to Join

# Chapter 7

## PROCESSING

### GENERAL

**7-1.** Processing an AMEDD applicant is similar to processing an OCS applicant but with a significant amount of additional steps. Their packet requires external actions which delay the flash to bang (F2B). The MRB strives to keep the processing time of each applicant to 90 to 180 days, but it is not uncommon to see applicants in the process for 180 days to a year. All levels within the MRB must ensure each packet is treated with the utmost care and consideration to prevent any delays.

### AGREE TO PROCESS



**Figure 7-1. Applicant Process**

**7-2.** Processing begins when an applicant “Agrees to Process” (ATP) in Recruiter Zone (RZ) and is a complex series of interrelated tasks. Understanding these tasks and backwards planning is key to efficient and effective processing (see section 9-13)

**7-3.** During initial processing, also known as pre-board processing, request required documents, submit the Request for Scroll and Curriculum Vitae (CV) as soon as possible. Determine the applicant’s board date IAW the Board Schedule posted to the HSD SharePoint. Then develop a plan to complete the packet well ahead of the application deadline. Consider factors such as rank, law violations, and medical issues.

### DIRECT COMMISSIONING AND ACCESSIONING (DCA)

**7-4.** Direct Commissioning and Accessioning (DCA) is the system of record for processing AMEDD applicants. Header information, hyperlinks, four interrelated steps, and an “I want to” drop-down menu comprises DCA records. For a record to populate DCA basic data must be entered into RZ. An appointment made and conducted in RZ with a disposition of ‘Agrees to Process.’ If done correctly, a notification will appear at the top of the screen stating that the record is now available in DCA. Navigate to the IKROme home page, use the “MY APPS” drop-down and select DCA. Assigned applicants will be visible and listed by disposition.

**Note:** Completing the first screen of each record is critical before the record will progress to the disposition of Packet Prep.

**7-5.** Header information, or basic data, located at the top of each applicant’s home page includes PRID (Person Identification), Disposition, E-validation, QC Summary Status, and other auto-populated information. Include the PRID identification number, which is unique to each record when requesting higher echelons assistance. Disposition is a description of where a given record is in terms of progress. E-validation is the result of an automated QC check performed in the system. When a 2N is received, DCA will describe the error and the screen on which the error exists. To view, click on the blue 2N hyperlink. Correct errors and perform validation again. QC Summary Status is the status of a given workflow. Including I for initiated and Y for approval.

**Step 1** of DCA is a series of questionnaires or screens designed to capture required processing information. This can be tedious but is critical as all AMEDD applicants need a Secret Security Clearance. Utilizing the Army Career Explorer (ACE) record function can expedite this step. Note: Contract Details and Contract Witness Info screens must be completed during pre-board processing.

**Step 2** is a list of required documents based on data entered in Step 1. If data in step one is changed, click the "Update Document To-Dos" under the packet information on their main screen to refresh the list. Load documents if needed into ERM by clicking the hyperlinks next to the documents name or using the drop-down to the screen's right.

**Step 3** (Submit waivers and exceptions) Consist of Waivers and Exceptions and can be initiated via the functions on the right of step 3.

**Step 4** (Assemble a board packet) Designed to generate commonly used documents.. Users can create documents ready for digital signature.

## Army Career Explorer (ACE) RECORD

**7-6.** ACE records allow applicants to access their DCA record remotely and add data into Step 1 of DCA. This function saves time and is highly encouraged. Applicants will not have the ability to mark screens as complete; only save data entered. The Recruiter's responsibility is to verify all data input by applicants and mark the screens as complete.

**7-7.** To utilize this function, the Recruiter must complete the following screens: Instructions, Person, Corps/AOC, and Contact Method, including email address. Use the "Verify/ Register ACE Applicant" function in the "I Want to" drop-down. Select "Verify" and then select "Continue with Registration." This action will generate an email sent with instructions and a link to the applicant's email address.

## CURRICULUM VITAE (CV)

**7-8.** The Curriculum Vitae (CV) is the applicant's professional resume and written by the applicant. CVs are written in reverse chronological order, include all professional work experience and education. The Program Manager (PM) provides AOC specific CV information found on the HSD SharePoint.

**7-9.** The CV is quality checked by the Recruiter and uploaded to DCA through the step 2 section into the appropriate section. Start the CV workflow by clicking the "Submit CV" button in DCA, which triggers the system. Package the CV with the cover page (see A-6) and route it through the chain of command to the Corps Program Manager for action. Utilize the WF Locator function and observe the Corps AOC screen in Step 1 to check status.

**7-10.** The approval authority usually is a consultant, but for some AOCs, the delegation of approval authority goes to the PM or HSD. All CVs are routed to the PMs and then onto consultants as required. Consultants are appointed positions and an additional duty for those Officers. Understanding this is crucial for timely approval. CVs that are improperly formatted, missing information, or incorrect contact information can slow or stop the process.

**7-11.** Recruiters are the subject matter expert. Thoroughly assess each CV before adding it to the applicant's packet. The authors of the CV are not infallible. Recruiters will work to ensure each submission is error-free. See Appendix A-7 for a sample letter for recommenders.

## SCROLL

**7-12.** The scroll is the official confirmation of rank by the approval authority (Congress). Scrolls are specific to grade, AOC, Corps, and component. The scroll must be requested before boarding and approved before commissioning. HSD will enter the requested date and approval date into DCA. Without a requested scroll date in DCA, the record will not pass validation for boarding. Without a requested appointment scroll, DCA will not validate to allow an applicant to board. Delays in the process of requesting the scroll will impact the length of time required to appoint the officer following board selection. It is strongly recommended that

scrolls be requested at least 45 days prior to the board date. .

**7-13.** To initiate a scroll request, the Recruiter must calculate Constructive Service Credit (CSC), complete DA Form 5074-R Record of Award of Entry Grade Credit (Medical and Dental Officers), or the DA Form 5074-1-R Record of Award of Entry Grade Credit (Health Services Officers). Then either DA Form 5074 is forwarded via email; Recruiter-Station Leadership-Company Leadership-BN Operations- HSD. The scroll request is to be QCed at each level, and HSD will verify accuracy before forwarding it to HRC.

**7-14.** To request a scroll, the Recruiter must calculate Constructive Service Credit (CSC), while adhering to the following guidelines and current DODI guidance when calculating CSC:

a. The CSC awards year for year credit for education above the bachelor's degree. A master's degree would yield two years of CSC, and a doctorate would yield four years. Internships, Residencies, and fellowships will be granted year for year credit for MC, DC, and VC applicants if in the AOC for which the applicant is applying.

b. The CSC awards no credit for the bachelor's degree or additional education not relevant to the applicant's AOC.

c. If education and work experience overlap, they cannot be counted twice. Calculate CSC to the benefit of the applicant.

d. Work experience is calculated at half-time credit up to the first six years, resulting in three years of CSC. Work experience must be full-time and in the same specialty in which the applicant is applying. CSC will not count for any additional work experience. See unusual credit for MC only.

e. Unusual credit is not to be calculated by the recruiter. It is for work experience beyond the first six years, is authorized by the Consultant to the Surgeon General on a case by case basis, and is for work experience that is deemed above and beyond the scope of practice.

f. Best practice: submit the CV as soon as possible and follow the consultant's recommendation for unusual credit. . Do not attempt to calculate unusual credit or promise applicants any rank that require it.

g. All HPSP applicants will be scrolled as 2LT regardless of experience or prior service.

h. Commissioned Service must be calculated first. Officers changing their AOC may only receive half credit for their time unless they are a Reserve of the Army Officer transferring to the Regular Army at which point no credit is awarded. Time periods may only be counted once and cannot overlap.

i. Example 1: Sarah Johnson is fully qualified agrees to process for 66H. She has a BSN, an MSN, and a Masters in World Health. She has been working full-time as a medical-surgical nurse for eight years.

BSN=0
MSN=2
Work experience 6X.5=3
-----
Total CSC 5 years

**Note:** The applicant's Master's in World Health does not count because it is not relevant to the 66H AOC, and only their first six years of work experience apply.

**7-15.** Applicants with prior service may receive CSC credits if IAW the following guidelines.

a. The applicant's prior service must have been as a commissioned officer. Enlisted service does not count towards rank or CSC.

b. Prior service as a commissioned officer will be calculated at half-time credit unless the applicant has previously served in the same component, corps, and AOC in which they are currently applying. In this case, granting of year-for-year credit is authorized.

c. Applicants cannot receive CSC twice for the same period of time.

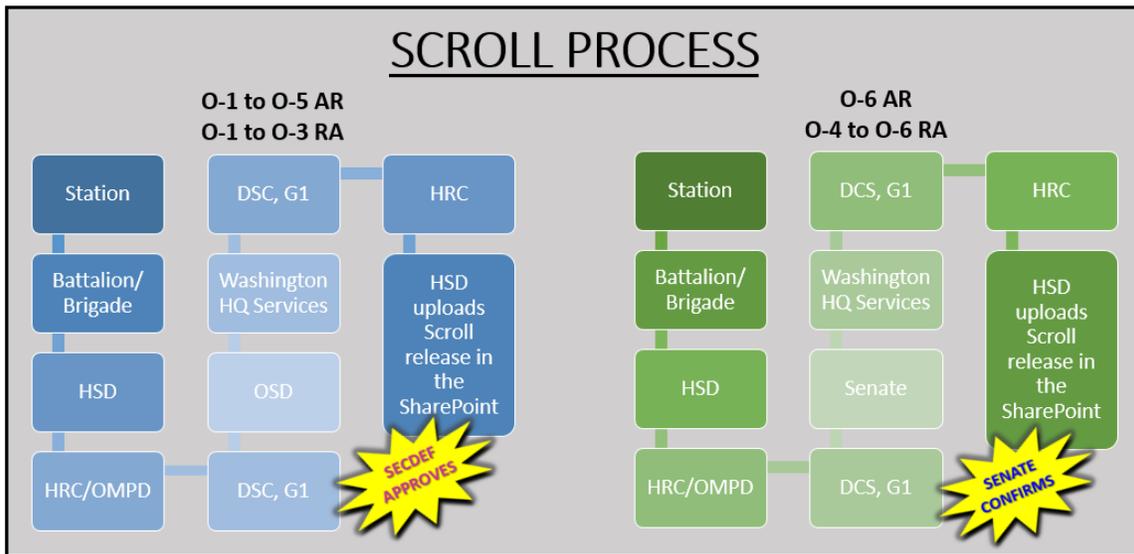
d. Officers processing a Release from Active Duty (REFRAD) will retain their current rank.

**7-16.** Once CSC calculates credits, the appropriate rank is determined by applying the thresholds below and complete applicable DA Form 5074 based on AOC.

**Note:** Rank thresholds for Major and above are corps specific.

- a. 1LT- 1 year and six months.
- b. CPT- 4years.
- c. MAJ- AN 10 years, SP 10 years 2 months, MS 10 years, VC, 9 years 10 months, DC and MC 10 years.
- d. LTC- AN 16 years and 2 months, MS 16 years and 5 months, SP 16 years and 3 months, VC 16 years and 7 months, MC and DC 16 years.

**Note:** DODI 6000.13 establishes the criterion for constructive credit. If an individual has either never served or never worn the grade of LTC a Grade Above Major Board (GAMB) is required. Army G1 (DMPM) is the approval authority for GAMB results.



**Figure 7-2. Scroll Request Approval Authority Process**

## PHYSICAL

**7-17.** Scheduling and completing a commissioning physical exam (PE) must be a priority early in pre-board processing and is valid for 24 months. MEPS or Military Treatment Facility (MTF) can assist in providing this physical. MEPS should be the primary option, and MTFs utilized when MEPS are not available. DODMERB PEs should not be considered a primary processing option and are typically only accepted for ROTC applicants with approved education delays. These three separate ways of obtaining a commissioning physical are separate processes and are not to be intertwined. Example: If an applicant starts a physical at MEPS, they must finish their physical at MEPS. USAREC Command Surgeon is the approving authority for all AMEDD applicants regardless of the commissioning physical location. All applicants must meet standards IAW AR 40-501 CH 2, including currently serving applicants.

**7-18.** AMEDD Recruiters understand the integration of both the MEPS and DCA systems to complete applicant physicals. Projections will be completed via the "Project Applicant for Physical" function under the "I Want To" drop-down, and MIRS PULHES will populate DCA. Medical waivers, also known as 507, will only be required when an applicant fails to meet standards IAW AR 40-501. MEPS will schedule and incur the expense of any required consultations.

**7-19.** All Medical Treatment Facility (MTF) physicals will require a medical waiver submitted through DCA, but scheduling is directly through the MTF. MTFs do not have the ability to input PULHES that will populate DCA. The medical waiver provides the CMD Surgeon the opportunity to validate the MTF physical

exam (PE) and enter PULHES. When an MTF PE requires a consultation, the applicant will incur this expense and cause additional processing delays. All physicals completed at the MTF, regardless if a medical waiver is required, will submit a DCA Medical Waiver to USAREC Command Surgeon to review physical and determine if physical is IAW AR 40-501, Chapter 2. All MTF physicals require an electronic SF507.

**7-20.** Collection and scanning into ERM all required documents is the Recruiter's responsibility regardless of PE type. These documents include the 680-3A-E, 2807-2, 2807-1, and 2808. Medical waivers, or 507s, will be scanned into DCA ERM by the USAREC Command Surgeon. The Recruiter must ensure that data entered into DCA and on the forms are consistent, including law violations, piercings, and tattoos.

**7-21.** Currently serving officer applicants will use their current Periodic Health Assessment (PHA). The PHA must be current and within the last 15 months IAW UM 19-034. The applicant will submit their original commissioning 2808, PHA, and Individual Medical Readiness (IMR). All categories on the IMR record that are coded "RED" must have a Memorandum for Record (MFR) from the Reserve Unit (TPU), Commander confirming the resolution of any issues after receipt of the code "RED."

**7-22.** Request a copy of the local MEPS SOP to learn about their Special-Category processes. USMEPCOM Regulation 601-23 states, "Special-category processing is intended to recognize an applicant who is older, more educated, and deserving of special treatment commensurate with their expected position in military Service. This applies to an applicant for direct commission such as a health care professional, chaplain, and attorney." This consideration allows the Recruiter to continue the red carpet treatment. The following are the considerations that are afforded to their process:

- Special-category processing will be offered daily; start times will be offered no earlier than (NET) 0900 and NLT 1000.
- Special-category processing will not normally be scheduled on a Saturday opening. If Saturday processing is requested, MEPS resources may not be available to support a special-category processing consideration.
- A special-category processing applicant must be projected by the established MEPS cut-off time. If a special-category processing applicant arrives at the MEPS without a projection scheduled, the applicant will be processed IAW walk-in policy and given head-of-line privilege only.
- A special-category processing applicant may elect to process with any other applicant. The SL/ GC office must identify the applicant appropriately, and it will be understood that no individualized special-category processing will be offered.
- Each MEPS Commander will establish an appointment time for at least one special-category processing applicant per service on the days authorized for special-category processing. If projected floor counts or under-utilization by another Service on a given day allow, MEPS are encouraged to meet the needs of the professional. The MEPS will manage the allocation of the slots to ensure a fair distribution to each service. The MEPS personnel will work closely with the sponsoring SL/GC office to correct an administrative issue promptly.

## **LICENSURES and MALPRACTICE**

**7-23.** Recruiters must obtain verification of all licenses held by the applicant, past and current. The recruiter will annotate license information with the "Prof. License" screen of DCA Step 1 and scanning of verification by the appropriate entity into ERM. Most license verifications can be obtained online.

**7-24.** Prime Source Verification (PSV) of all current and previous malpractice insurance is required and listed on the "Malpractice Insurance Providers" screen in DCA. The PSV can be obtained from the insurance provider and must include claims history. If the claims history indicates a claim against the applicant, list the incident in the "Malpractice Claim" screen of DCA, collect corresponding court documents and initiate Malpractice Waivers as required.

## **NATIONAL PRACTITIONERS DATA BASE (NPBD) CHECK**

**7-25.** National Practitioners Data Base Check (NPDB) occurs for all records with licenses entered into DCA Step 1 regardless of validity or pertinence to the applicants AOC. This happens as an alternate workflow. Upon BN OPS approval of the level 2 WF, the record will go to BDE and remain the disposition of Pending

NPDB Check until complete. The WF will then resume its normal course and arrive at HSD in the status of 3Y/ 3I Pending Board QC. Recruiters should anticipate at least 72 hours for completion and plan accordingly.

## FOREIGN APPLICANTS

**7-26.** Applicants of foreign origins may apply if they meet the citizenship and educational requirements listed below.

**7-27.** Lawful Permanent Residents, also known as Green Card or I-551 holders, may apply for United States Army Reserve (USAR) positions only. The Lawful Permanent Resident Card or I551 extension must be current, and the applicant meets moral, medical, and educational requirements.

**7-28.** Applicants with Dual Citizenship in the US and another country may apply to Regular Army (RA) and USAR positions if otherwise qualified. See current USAREC Message for further guidance.

**NOTE:** Applicants are not required to renounce any citizenship to apply.

**7-29.** Foreign applicants must meet the educational requirements IAW UR 601-37, AR 135-101, AR 601-100, DA Pam 600-4, and DA Pam 611-21. That is to say, applicants must have graduated from an accredited US-based school. Foreign education does not meet US Army requisites. The only exceptions to this are physicians with an approved Education Commission for Foreign Medical Graduates (ECFMG), veterinarians with an approved Education Commission for Foreign Veterinary Graduates (ECFVG), and dentists who complete their education at an approved program in Canada.

## QUALITY CHECK PROCEDURES

**7-30.** Quality Checks are the Recruiter, Station Leadership, Company Leadership, and BN OPS responsibility. Correspondingly, level 2 WFs follow this path. The Recruiter and either the SC or OIC signs the UF 601-37.66. Recruiters will scan into ERM before level 2 WFs submission to the Company level. The processing of an MRB applicant is lengthy. Errors can delay the process for an applicant, so it's vital to ensure the checks at the Station and Company level are happening before sending it forward. See Figure 7-3 to see the complete process and all the hands that check and recheck the packets.

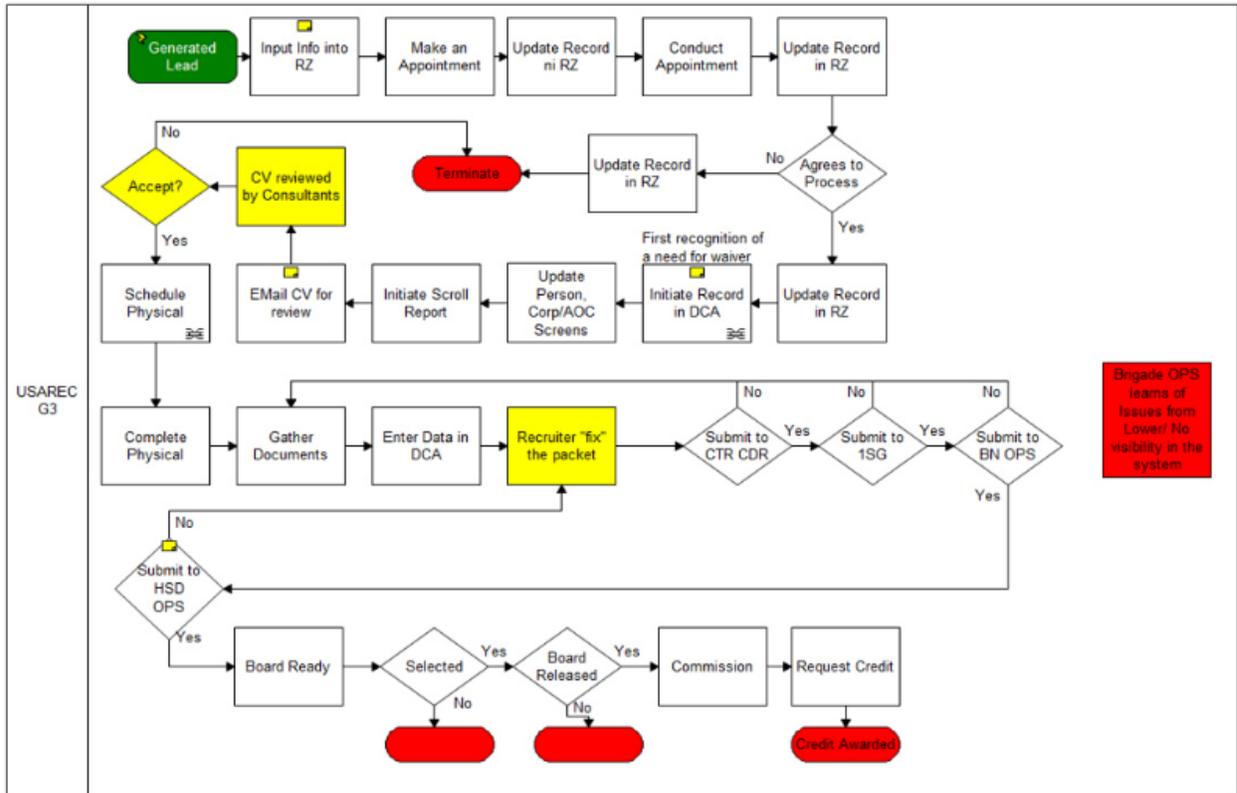


Figure 7-3. Medical Recruiting Packet Quality Control Flowchart

7-31. While waiting for a record to be complete, provides a comprehensive QC of the record; doing this can cause untimely delays during a critical time. If a recruiter has to obtain any new documents to correct an issue identified days before an application deadline, the applicant may miss their board date. For this reason, a rolling, or ongoing, QC is advisable at the station level. In this type of QC, designated personnel or member of the station leadership reviews each document and corresponding data in DCA before upload. This way, issues can be identified and corrected long before the application deadline. See Figure 7-4 for the timeline leading to the board date.

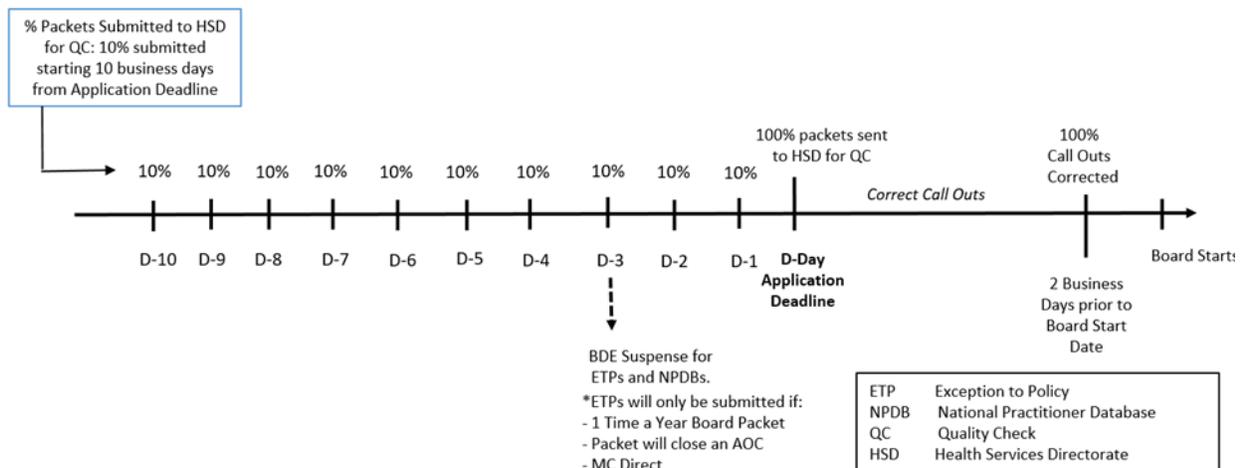


Figure 7-4. Packet Timeline from Board Date

**7-32.** Common pre-board errors.

- 2808 Not marked as commissioning PE.
- 2808 Missing physician's signature or PE completion date.
- 2807-1 or 2808 indicate law violations, tattoos, or piercings not listed in DCA or vice versa.
- Letters of Recommendation (LOR) not on official letterhead, missing date and or signature.
- Transcripts missing, not official, sent to the applicant, or missing conferred degree. Collection of transcripts must come from each post-secondary school attended is mandatory.
- DA 61 missing required data.
- Expired of licenses and malpractice insurance. An expired license or malpractice insurance will cause the record to fail validation and prevent commissioning. Make a note of expiration dates or set reminders in Outlook. Request updates to DCA well ahead of commissioning.
- DA 71 dated after contract. The dynamic contract must be signed the same day or after the Oath of office.
- Incorrect incentives. Generate a draft contract and ensure incentive amounts and duration are correct before commissioning the applicant.

## WORKFLOWS

**7-33.** DCA utilizes four primary workflows to progress a record from creation to credit. Understanding these workflows, QC statuses, and corresponding disposition are vital to efficient processing.

**7-34.** Level 2 workflows are the initial WF in the boarding process. They are generated by the Recruiter and routed to the station leadership. If approved, the WF goes to the Company Leadership team and then to BN OPS. If at any point the WF is disapproved, the Recruiter will make the required corrections and initiate a new WF.

- Level 2 WFs have an auto-forward function. The record will forward to the next echelon every 24 hours until it reaches BN OPS. This function is useful when a member or members of the WF chain are unavailable.
- If the record contains any licenses, route the WF to BDE. Upon approval of the NPDB, send the WF to HSD.

**7-35.** Level 3 WFs are system generated, no action required by Recruiter, and exist between the tech and senior tech at HSD. As with level 2, disapproved WFs will return the record to the Recruiter and must restart after making corrections.

**7-36.** Level 4 WFs are Station internal and serve as a pre-commissioning QC of the record. They are initiated by the Recruiter and approved by Station Leadership. DCA requires an approved Level 4 WF IOT to generate the dynamic contract.

**7-37.** Level 5 WFs are the final recruiter action and indicate that commissioning is complete. These WFs route the same as level 2 WFs. Disapproved level 5 WFs the record reverts Board Select, and the applicant will have to resign the contract. This makes the pre-commissioning QC vital.

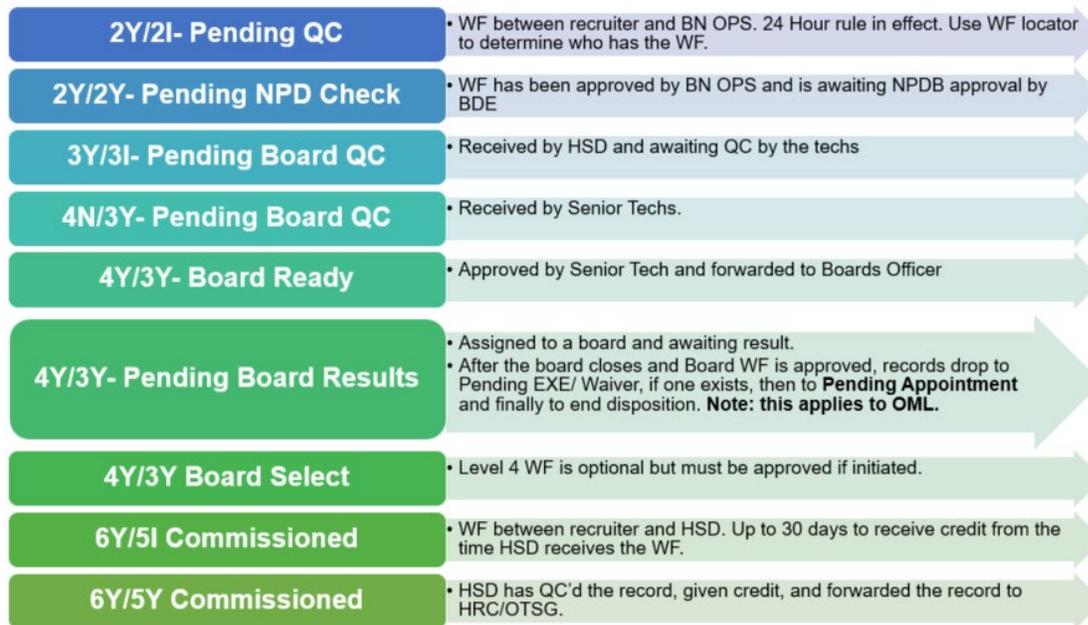


Figure 7-5. Workflow Process

## MORAL WAIVER

**7-38.** RA applicants who do not meet the conviction/moral standards listed in AR 601-100 require a waiver. AR applicants who do not meet the conviction/moral standards listed in AR 135-100 require a waiver.

**7-39.** When processing conviction/moral waivers, list all offenses. If multiple charges arise out of a single act that results in a civil court conviction or other adverse disposition, consider all charges for accession eligibility purposes. For example, during attempted shoplifting, a person caught by police who then resists arrest and fined \$300 and one-year unsupervised probation would require waivers for shoplifting and resisting arrest. Do not combine or stack charges as one charge. Consider all charges for waiver purposes. Refer doubtful cases to HSD through the CoC.

**7-40.** Typical offenses for traffic, non-traffic, misconduct, and major misconduct will follow the same guidelines found for Enlistment Assessments and current DoDi guidance

**7-41.** Every request for a conviction/moral waiver will require the MRB, MRBn, and MRC commanders' letter of recommendation to accompany the waiver request. The MRBn and MRC commander will conduct an interview with the applicant as part of this requirement.

**7-42.** All conviction/moral waivers require the submission of the following documents:

- a. MRB Commander's letters of recommendation using the whole person concept.
- b. DD Form 369 - requesting all criminal record information from city, county, and state law enforcement agencies where offenses occurred plus all locations the applicant has lived, worked, and went to school for the past 3 years. Consider this information confidential and do not disclose it other than recruiting purposes. If the applicant is prior service, obtain a 369 from the Provost Marshal.
- c. AMEDD Recruiters cannot accept DD Form 369s obtained by recruiters from other armed services or ARNG recruiters for RA and AR waiver processing.
- d. USAREC Form 601-210.02 or all court documents for all charges admitted by the applicant or uncovered during processing submitted by the Recruiter to all applicable courts. If the charge for a copy of the court document is for a purpose other than a copying expense, do not obtain the document. Recruiters will check the online police agency list (PAL) on the Enterprise Portal.
- e. USAREC Form 601-210.2 documents the court information when the court will not furnish a copy of

court documents or charges a fee other than copying expense but will provide information about the applicant's court history. Recruiters will ensure all information required and availability is on the UF 601-210.2. If the court will not complete the form nor furnish court documents but will allow the Recruiter to review court records, the Recruiter will record the court history on UF 601-210.2 and sign the form indicating that he or she extracted the information from official court records. If no court record exists, the applicant will complete the UF 601-210.2.

f. USAREC Form 601-210.2 requesting all information from probation and parole officers. The Recruiter will ensure the UF 601-210.2 includes the period of probation or conditions and the reason terminated. If checks with law enforcement agencies and the applicant indicate that no probation or parole history is involved, then probation and parole UF 601-210.2 are not required.

g. Use USAREC Form 601-210.04 to obtain a correctional facility report for all applicants detained, committed, or confined in a law enforcement facility. Confinement and detainment are applicable only when the restrained applicant could not leave the law enforcement facility, by whatever means, for a period over one day. For applicants under house arrest, obtain UF 601-210.4 from the person having to monitor the program.

h. All prior service records pertaining to non-judicial punishment and/or any military court actions involving the applicant. These records include all copies of the DD214/215 and amendments.

i. Applicant's affidavit explaining the circumstances of the offense with any mitigating factors addressing all court/ legal requirements, if requested by MRB Operations.

j. DD Form 369, USAREC Form 601-210.2, and USAREC Form 601-210.4 are valid indefinitely unless the applicant has new charges in that area.

k. USAREC Form 601-210.08 and the CVT Moral Checklist are also required documents for a waiver.

## MEDICAL WAIVER

**7-43.** RA and AR AMEDD applicants must complete a full physical examination at either a Military Entrance Processing Station (MEPS) or (MTF); unless the applicant has a complete physical with labs from an "Other Commissioning Source" (i.e., ROTC, USUHS, etc.) UM 19-034

**7-44.** Defense Medical Examinations Review Board (DODMERB) will not except; unless "Other Commissioning Source" provides DODMERB and labs. Exceptions are not authorized.

**7-45.** All AMEDD applicants that start a physical at an MTF will complete the physical at the same MTF location. Applicants physically disqualified by an MTF will complete required consults through the same MTF. The required documents needed for submission of medical waiver:

- DD 2807-2 (Medical Prescreen Report)
- DD 2807-1 (Report of Medical History)
- DD 2808 (Report of Medical Examination)
- Audiometry
- Labs
- USMEPCOM 40-1-15
- DA 5500 / 5501 (If applicable)
- Medical Documents (if applicable)

## AGE WAIVER

**7-46.** Age requirements are different between active duty and reserves. The minimum age for an appointment is 21 years of age, and the maximum age to apply for RA is 42 years of age IAW AR 601-100 paragraph 1-9, maximum age to apply for AR is 40 IAW AR 140-10 paragraph 7-3 and 7-13. Applicants must not have reached the birthday of the maximum age shown before accession.

## AGE IN GRADE WAIVER

**7-47.** Age in grade for AMEDD branches. Below reflects the maximum age in grade limits. Applicants must not have reached the birthday of the maximum age shown below before appointment in the grade listed. The age limits may be increased for former officers of any component of the Armed Forces by an amount not to exceed the authorization of length of prior service in the grade in which appointed. Prior service means any period of commissioned service that an officer has served on active duty or active Reserve service in any component of the Armed Forces. No authorization for an increase in age if an applicant will have less than two years before being removed from active status (AR 140-10 or NGR 600-100) if applying for an appointment and concurrent active duty before being removed from active duty with the Active Army (AR 135-175). The minimum age for appointment and assignment to an AMEDD branch is 21.

**7-48.** Applicants who will meet or exceed the age limit based on their accession rank will require an Age-In-Grade waiver. Their qualifying degree determines the rank. Applicants may need both an age waiver and an age-in-grade waiver simultaneously.

## MINIMUM ACCEPTANCE CRITERIA (MAC) WAIVER

**7-49.** All Medical HPSP applicants must meet the Minimum Application Criteria (MAC). The MAC shall consist of the minimum requirements listed below:

**7-50.** All Medical HPSP applicants must have an undergraduate degree grade point average (GPA) of 3.2 or higher based upon a 4.0 maximum grading scale, verified from official undergraduate transcripts and a minimum Medical College Admission Test (MCAT) score of 500; minimum of 124 in each section. Medical HPSP applicants must have a bachelor's degree or be in the final year of a bachelor's degree producing program. An applicant accepted by a medical school without meeting this standard requires a MAC waiver.

**7-51.** MC HPSP 4-year applicants must provide a Dean's letter from the current college or university stating the applicant is in a degree-producing program, clearly stating the start and expected graduation date. The Recruiter will scan the letter into the DCA source folder before boarding and forward it with the Enrollment Documents after selection.

**7-52.** All packets must contain the following documents:

- a. Letter of recommendation from Regional Recruiting Brigade or Headquarters Recruiting Brigade Commander.
- b. Letter(s) of acceptance from medical school
- c. Undergraduate transcript(s)
- d. All MCAT score(s) regardless of the age of test score.
- e. AMCAS or AACOMAS Report (Must be the "Processed" or "Verified" copy) the "Applicant copy" will not suffice.

## EXCEPTION TO POLICY

**7-53.** Exceptions to Policy (ETP)- during an applicant's processing, circumstances may arise requiring the use of ETP's, anything that prevents an otherwise qualified applicant's record from moving forward. While ETP's can be very beneficial when processing an applicant, do not always rely on using an ETP to move an applicant forward merely because it is easier. ETP's are granted on a case-by-case circumstance and not always 100% granted. Below are the most common types of ETP's that are submitted, guidance on how to process and submit the MRB controls each one:

- a. Extension To Application Deadline Date
- b. General Exception
- c. Missing Documents

- d. MTF PE
- e. Working Copy of PE
- f. Pending Scroll Approval
- g. Board Without Physical

**7-54.** It is essential to understand that each ETP initiated in DCA consists of 2 workflows. The initial WF requests permission to board with a pending issue. The second WF is used to notify HSD of any issues resolved. DCA will generate the second WF upon approval of the first. This WF will appear in the Workflow inbox of the person who initiated the first WF. After the recruiter has resolved the applicant's issue, they should forward the second ETP WF. If this fails to occur, the record will remain in pending exceptions and will not progress.

## **RE-ENLISTMENT ELIGIBILITY DATA DISPLAY (REDD)**

**7-55.** The purpose of the Defense Manpower Data Center (DMDC) Re-enlistment Eligibility Data Display (REDD) Report is to give quick, applicable responses regarding the reenlistment eligibility of Prior Service (PS) and Glossary Non-Prior Service (GNPS) applicants enlisting in the Regular Army (RA) and Army Reserve (AR). The Military Recruiting Information Suite (MRIS) use to access the DMDC REDD Report is authorized to all recruiting personnel. Work with the IMO or Security Officer to fill out the DD 2875 for processing. Access REDD Reports at <https://www.dmdc.osd.mil/mris>.

## **PRIOR SERVICE REQUEST**

**7-56.** A prior service request (USAREC FL 142) will be run on all PS and currently serving applicants. This request includes ROTC scholarship recipients. The request form channels through the chain of command to the USAREC liaison team at the Archives building in St Louis, Missouri. The request may take a considerable amount of time, so this form should go forward when the applicant ATPs.

## **DA FORM 4187**

**7-57.** DA Form 4187 for the Soldier's command is a requirement for currently serving Active Duty service members. The Purpose removes the requirement for the Redundant Original Appointment (Dual Scrolling) for RA AMEDD Direct Accessions. Officers appointed into the RA will no longer be appointed into the Army Reserve (AR) before attending training. Individuals will execute their Oath of Office and DA 71 upon arrival at the Direct Commission Course (DCC)/Basic Officers Leadership Course (BOLC) or first unit of assignment as appropriate.

## **DA FORM 368**

**7-58.** The Conditional Release or DD 368 is a form ensuring a currently serving applicant's Chain of Command (CoC) is aware of the applicant's intent and supports the transition. The applicant will submit two DD 368s. The company commander signs the first. The DD 368 is not official; it begins the process. The second is the official one. This form requires the signature of the first general officer in the applicant's chain of command. Recruiters will scan in any signature of authority memo along with the DD Form 368.

## VACANCY LOAD

**7-59.** The BN Operations handle USAR vacancy load requests. They will initiate a vacancy lock for the applicant or help search available vacancies in request that might not show otherwise

## REFRAD / IRR / TPU

**7-60.** Released from Active Duty (REFRAD), Recruiter will submit Individual Ready Reserve (IRR) transfers or Army National Guard (NG) transfer Credit Requests to HSD for processing NLT 30 Sep of each Fiscal Year (FY). REFRAD or Transfer Orders with the effective date prior to 1 Oct will receive credit in the FY in which it was effective. If the effective date on or after 1 Oct, the record will receive credit in the following FY. No exceptions are authorized. Recruiters are not authorized or permitted to sign or process UF 601-37.48 US Army Reserve and Army National Guard Incentives Declaration Statement. USAREC does not process REFRAD, IRR Transfer, or ARNG Transfer incentives; retention offices are responsible for all applicant incentives.

**7-61.** Credit Procedures for REFRAD applicants:

a. Recruiting personnel will build a DCA record, only completing the first three screens (Instructions, Person, and Corps/AOC).

b. The recruiter will coordinate and assist retention office centers in collecting the following required items to be loaded into DCA:

(1) DD 214: Ensure loaded into DCA clearly and ensure DD 214 does not transfer applicant into IRR. Accession date entered into DCA record by HSD Ops will be effective one (1) day after the release date on DD 214.

(2) DA Form 5691 Request for Reserve Component Assignment Orders: Assignment, AOC/MOS on the form, must match the DCA record. This awards AOC credit to the AOC listed. If an Immaterial AOC is listed, recruiters must acquire a memorandum from the reserve unit showing the position, paragraph/line number, and the applicants rated AOC; AOC of credit will be awarded to the AOC listed on the memorandum.

(3) Memorandum from Retention Office, verifying their assistance. The letterhead on the memorandum must show retention office is from the 79V's local area of concentration.

(4) Discharge orders: Must match DD214, and orders must not place the applicant into the IRR.

(5) Assignment Orders: Validate officer assignments to a reserve unit and not IRR.

# Chapter 8

## OFFICER MANAGEMENT PROGRAM

### RESPONSIBILITIES



**Figure 8-1. Future Officer Process**

**8-1.** The recruiter must be systematic and organized in all follow-up activities to ensure Future Officers (FO) receive all necessary program guidance and information. The OIC is in charge of the OMP, but its every recruiter's responsibility is to ensure their program is robust and the FO's are engaged. Recruiting personnel will document all interactions through the "Maintain Contact History" section of the FOs record.

**8-2.** Post-board processing includes monitoring the applicant's record for Direct Commissioning Accessioning (DCA) progression, request record updates as needed, QC, performing Commissioning procedures, and final workflows. If record boards with an active exception or waiver, the record will reflect Pending Exceptions' disposition until that exception is satisfied. Refer to the official Board Results posted to the HSD SharePoint to verify if the applicant was selected, non-selected, or placed on the Order of Merit List (OML). Licenses and malpractice policies may expire during processing, and Recruiters must update before commissioning, or validation errors will occur.

**8-3.** Future Officers put a great deal of trust in their recruiter as a mentor and counselor. After the required Future Officer Orientation, be sure to follow-up regularly with Future Officers to keep them abreast of Army news. Inform them of any changes that may affect their enlistment. Speak (and listen) to all Future Officers to ensure awareness of any changes in their lives that may affect their enlistment. Offer assistance and counsel regarding life, school, job, and so on. Show an interest in their lives. Seek opportunities to discuss the Future Officer's decision to enlist with key influencers, such as parents or other loved ones. Of course, follow-up with all Future Officers is a requirement, but it is more than that. These recruits are the future of the Army. Take good care of them.

**8-4.** The recruiter should ensure the FO is prepared to proceed to their unit of assignment. OIC/SC's will: Schedule transportation briefings, assist in uniform purchases, deliver the OBC brief, and verify the officer has all current, required licenses and a valid physical before departure for their duty station or OBC.

**8-5.** The OIC will schedule a Future Officer orientation to conduct the OPAT and brief the FO on their responsibilities while in the OMP. These responsibilities will include going over both the Direct Commissioning Course and Basic Officer Leadership Course websites (see 14-3.). These websites contain an abundant amount of valuable information that will help future officers prepare for these courses. The information available on these sites include; student handbook, reporting procedures, course dates, and cadre contact information.

## TIMELINES

**8-6.** The OIC and SC must determine the sustainment procedures for each of their selects, such as those preparing for direct commissions, educational delays, and AR commissions. Direct Commission Selects will be contacted a minimum as follows:

- Once every 14 and 7 days before OBC attendance
- Students and education delays semi-annually
- AR commissions once a month until orders arrive

- Upon receipt of orders, the recruiter will accompany the AR officer to their first drill. Contacting requirements for applicants placed on the Order of Merit List (OML) should be a minimum of once every 30 days. A great way to keep in touch is to conduct Officer Mentorship Training with developmental training.

## COMMISSIONING

**8-7.** The Commissioning takes place after the Future Officer drops to the "Board Select" section of DCA and reflects on the PDF Scroll Release. For HPSP, refer to UF 601-37.34 for additional required documents.

**8-8.** Step 1: Notify the FO to allow them the opportunity to invite friends and family. Remember, this is just a step in the process for the Station, but it is a significant life event for them. Make the moment memorable and capitalize on it through social media.

**8-9.** Step 2: Prepare the documents. The (\*) means the recruiter can print the form from the DCA record.

- SGLV 8286\* - Service members' Group Life Insurance
- DD Form 93\* - Record of Emergency Data
- DA Form 5960\* - Authorization to start, stop or change basic allowance for quarters and/or variable housing allowance.
- DA Form 71\* - Oath of Office. See notes in step 3
- W-4 (current year) – Employees withholding certificate. Email ahead of time, so they bring it in completed the day of the Commissioning.
- SF 1199-A – Direct Deposit. Email ahead of time, so they bring it in completed the day of the Commissioning.
- OPAT Consent Statement
- OPAT Score Card
- DD Form 2983 - Recruit/Trainee Prohibited Activities Acknowledgment

**8-10.** Step 3: Prepare the contract details. On the right side of the FO's DCA screen, click on "Contract Details." Recruiters will ensure to fill all blocks and the incentive and obligation time is correct.

**8-11.** Step 4: Prepare the Contract Witness Info. On the right side of the FO's DCA screen, click on "Contract Witness Info." I would suggest adding the OIC or person administering Oath and print the DA Form 71. After prefilling DA Form 71, go back and change the witness to whoever is going over and signing the contract with the FO.

**8-12.** Step 5: Click "Perform E-Validate" to go from 4Y/3Y to 5Y/3Y

**8-13.** Step 6: Set up OPAT with local NPS station, base or ROTC if the station doesn't have the equipment. Recommend conducting and submitting the OPAT right after commissioning to expedite the process.

**8-14.** Step 7: Schedule a commissioned officer to administer the Oath of Office. Typically this will be the OIC. Reach out to Reserve Units or the Chain of Command for support in their absence. Identifying this ahead of time will prevent last moment issues or a repeat of steps. If the FO has a family member or a friend who is/was an officer and outranked the FO, they may administer the Oath. Remember, this is a big moment for the FO, so accommodate IAW regulations (10 U.S. Code 936. Art 136 and 10 U.S. Code 1031), if possible.

**8-15.** To ensure the event is memorable for the Future Officer, Recruiters will make all efforts to maximize the importance and prestige of the commissioning ceremony. The inviting of family members, associates, CPs, and CPAs to join the ceremony, along with guest speakers, is encouraged. Government officials, local media, hospital administrators, and college staff should be invited, as appropriate. There should be an assigned recruiter to take photos to commemorate the occasion. If the Future Officer wishes, the event can be live-streamed on platforms like Facebook and YouTube so that their friends and family that cannot attend can watch along. A large event can help to reinforce the commitment of the Future Officer, as well as provide an opportunity for the station to strengthen relationships in the community. Photos and videos of the event can also be posted to station social media accounts to generate referrals and increase interest in the target markets.

**8-16.** The recruiter will identify the reason(s) for declination, inform the chain of command of the declination, and salvage the appointment when possible. If attempts to rescue the commitment are unsuccessful, notify the chain of command, forward the applicant's declination letter through the chain of command along with the applicants' contact history, and inform the applicant they can reapply after one year. Recruiters will process all declinations of appointments in a timely fashion. The Station/Company/Battalion will not sit on known declines. Failing to take appropriate actions holds up opportunities for qualified individuals committed to waiting on the OML.

## AFTER COMMISSIONING



**Figure 8-2. AMEDD Officer/COI Process**

**8-17.** Once the FO Commissions have accessed, however, they are still the station's responsibility. They will still need guidance and mentorship to become the best AMEDD Officer they can be. This is also the station's opportunity to mold the AMEDD Officer into a COI. If done correctly, these new officers can bring in referrals to stack the stations funnel. This population can help tap into markets that were previously out of reach. The success of this relationship lies solely on the rapport the station has developed and the experience they had as an applicant and FO.

## HPSP INVOLVEMENT AFTER COMMISSIONING

**8-18.** The station's involvement with HPSP recipients does not end once they are commissioned. If the student moves out of the area to attend their medical school, reach out to the nearest MRS, and transfer the record to their Station.

**8-19.** It's a good practice to reach out to local Medical and Dental Schools for a list of all service HPSP recipients. These individuals are walking billboards for the station's mission and a great way to gain referrals.

**8-20.** Offer assistance throughout the year. The HPSP recipients will require guidance when purchasing and assembling uniforms. By setting up quarterly HPSP events, Q&A's or briefings, recruiters can ensure they are in constant communication and continue extending the red carpet treatment established at the beginning of their process. Remember, these are all future leaders, and they need all the help they can get in the front to set them up for success and ensure they do not fall between the cracks. See Figure 8-3 for the life cycle of an HPSP recipient.

**8-21.** Just as with a Future Soldier, HPSP recipients need attention and mentorship. They are new to the Army, and there is a lot to know, and it may get confusing. A good practice would be a quarterly training meeting to help keep them engaged and the ability to ask questions. The current HPSP Handbook is located on the Health Care Recruiter Course home page through the Recruiting and Retention College SharePoint. The handbook has a lot of information to help guide recruiter through the process. It is everyone's responsibility to groom this succession of cohorts to become the next great leaders of AMEDD.

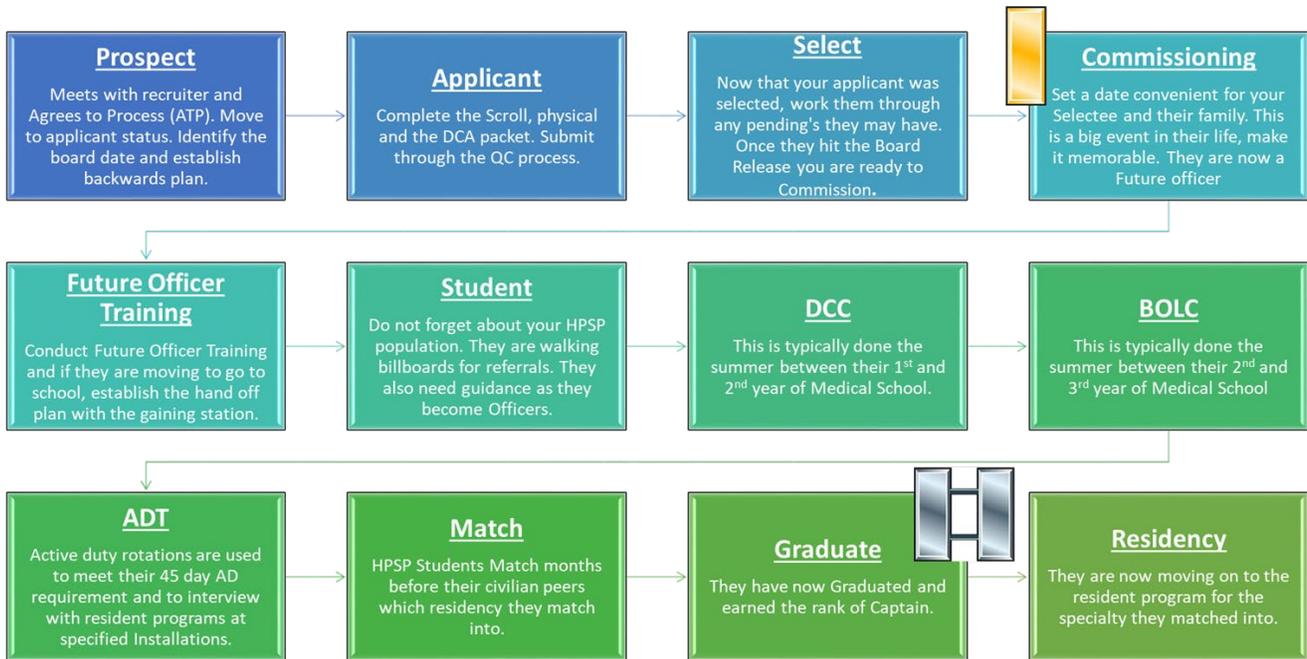


Figure 8-3. Life Cycle HPSP Applicant

## DECLINE

**8-22.** A decline refers to an applicant who became board selected and decides to "decline" their Commissioning and stop their process of becoming an AMEDD Officer. The first line of defense against taking declines is to have a robust FOP and continue to keep those selected engaged and motivated. If necessary, refer back to the Army Interview notes and their reasons for joining in the first place.

## ADVANCED EDUCATION IN GENERAL DENTISTRY

**8-23.** Advanced Education in General Dentistry (AEGD) is a 1-year post doctoral residency that 4th-year Dental HPSP students are required to apply. They can apply to other residencies, but applying to the 1-year is mandatory. Brigades receive the tasking to provide local MRB recruiters to assist with the turn-in of AEGD packets. Since these officers are in a student program, they fall under the station's responsibility and the Officer management program. Add this program requirement into the long-term battle rhythm to ensure oversight of this population of Officers. Required Documents for their packet include:

- USAREC Form 601-37.19
- USAREC Form 601-37.26
- USAREC Form 601-37.42
- DA Form 61
- Official Dental School transcripts
- Letter from Dean of Dental School
- Three LORs
- National Board Dental Exam Part 1
- Statement of Motivation

# PART IV

## RESOURCES

**Chapter 9** – The number of tools we have at our disposal is endless. What matters, though, is understanding these tools and how to use them to aid the station in achieving success. The tools listed in this section are the most common, but are not the only ones.

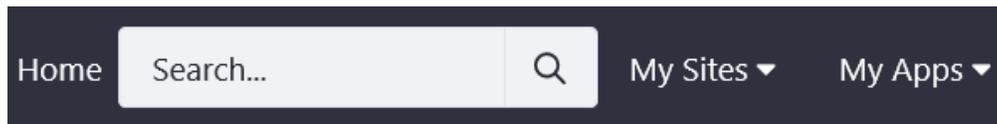
## Chapter 9

### TOOLS

### IKROme

**9-1.** IKROme houses all things recruiting. Through this secure network, recruiters can access virtually anything needed to be successful. USAREC built many of these applications for NPS Recruiting, so this list will break down what applies to medical recruiting.

**9-2.** The top dropdowns:



**Figure 9-1.** IKROme Dropdown

**9-3.** My Site:

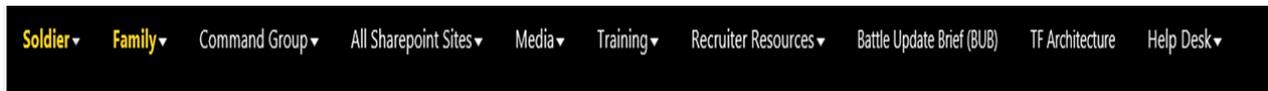
- Recruiting and Retention College
- Technical Alerts
- USAREC (org)
- USAREC G1 eSOP
- USAREC Messages
- USAREC-MRB

**9-4.** My Apps:

- Action Review: Personnel actions
- ADC: RPI ordering system. Must have access granted by the battalion.
- ALRL Loader: Loading Lists for prospecting
- BI Zone: Previous Chapter
- CAC Registration
- **DCA**
- ERM Document Viewer
- ERM Inbox: Work Flow location
- GAMAT: Prospecting tool
- Global Address Book (GAL): Direct link to milConnect.
- Leader Zone: Station Commander and OIC have access. They may give access to their Soldiers in their absence. (Phasing out, merging all applications with RZ)
- Mobile Registration
- My Profile: Personnel actions
- QC Inbox
- Reclassification Assessment
- Recruiter Zone
- Recruiting Calendar
- Recruiting Center Search
- Remedy

- Reserve Unit Zone
- School Zone

**9-5. Top Bar:**



**Figure 9-2. Top Bar**

**9-6.** This bar allows recruiters to search the various Command Groups, recruiting tools, briefs, training, and contacts. Here are a few bread crumbs to useful links:

**Soldier:**

- MilSuite
- Outlook Webmail
- Army Career Tracker
- Army Cool

**Family:**

- BAH Calculator
- Soldier and Family Assistance

**All SharePoint Sites:**

- G2: AR Vacancy Tool
- G3: Divisions – Enlisted Eligibility Processing Division – Waivers Branch (helps gauge timelines on 507s)
- Health Services Directorate: All the critical information needed for the boards.
- Recruiting and Retention College
- MRB

**Media:**

- Brand Portal
- MOS Videos
- Specialty Videos
- Social Media Content
- Digital Resource Hub
- Social Media SOP
- Social Media ROE
- Digital Fact Sheets
- Digital RPI
- VRD News
- BSP Catalog
- BSP Order Form

**Training:**

- ALMS
- G3 Training Div
- IKROme Training

**Recruiter Recourses:**

- Recruiting Toolbox
- Ask the Oracle Archive
- Enlisted Recruiter Presentation
- Business Cards
- Pocket Guide
- Recruiting Glossary
- Station Appearance Guide
- Recruiter Flyer

**Battle Update Brief (BUB)**

**TF Architecture**

**Help Desk:**

- Brigade and Below
- USAREC HQ

**9-7.** On the bottom left corner of the home page, recruiters can search for a plethora of information, guidance, and tools.



Figure 9-3. IKROme Quick Link Tabs

## SHAREPOINT

**9-8.** SharePoint houses all the USAREC directorates and units along with a collection of information pertinent to each. Get with the IMO and set up the stations/company's sharepoint or gain access if it's already in existence. Recruiters can create folders and store station pertinent documents for everyone to access and update depending on the user roles established. SharePoint folders come in handy when utilizing trackers such as an internal APL, Future Officer Log, or even a MEDPRO/training date reminder. This simple, straightforward tool can help keep the station or company on track and on the same page.

**9-9.** There are many SharePoint pages recruiters will frequent. The most common is the HSD SharePoint. Recruiters new to AMEDD need to spend some time familiarizing themselves with all the folders and tabs. One general rule of thumb is not to save any of the documents pulled. They are all subject to change at any time. Downloading current documents and information from SharePoint before starting work on items such as CVs with old formatting or selling an applicant on an incentive that no longer exists, will save considerable time.

**9-10.** From the HSD home page, recruiters can access corps and AOC information in two different ways. The top bar circled in red brings users to the branch homepage with the Program Managers Point of Contacts. At the bottom of each homepage, a link will bring users to the library of documents.

**9-11.** The section circled in green on the left side brings users directly to the corps libraries. Each library has sample CV's and checklists of what the Program Managers must have. They also post information about various programs and information that may help recruiters take care of their applicants.



Figure 9-4. USAREC Health Service Directorate Homepage

9-12. On the main page, below the HSD POC's, is a link to shared documents. This link will take users to HSD's internal documents and trackers.

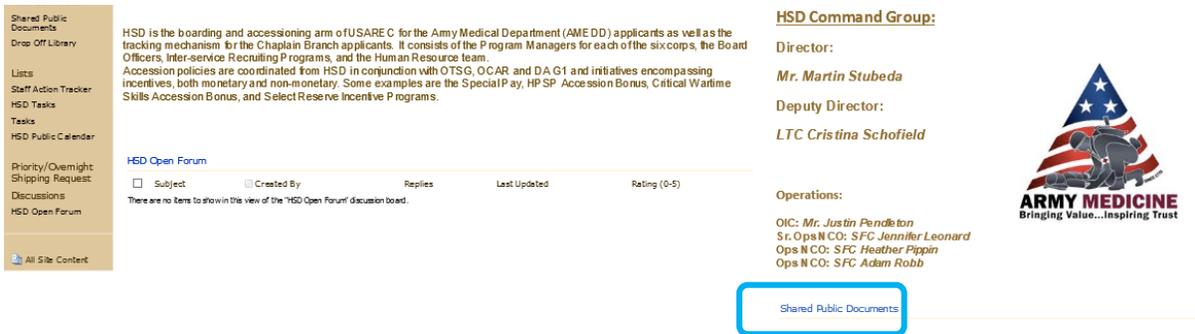


Figure 9-5. Health Services Directorate Shared Documents Link

9-13. Every year, create a new folder. Each corps can go through and alter the format of the CV and change the checklist. Again, recruiters must pull these forms directly from SharePoint so as to not waste valuable time.

9-14. Here is a list of items to pay close attention too:

**Scroll Tracker:** This will show where applicants are in the scroll removal process.

**Board Releases:** This is where HSD will archive the PDF results from each board. Do not go off of the applicant section of DCA. The board release is the official list.

**Scroll Waiver Release:** This is where HSD will archive the PDF allowing the application to commission. Applicants may not commission until they come down on this list.

**FY 20 USAREC and ASA Waivers:** Tracker for waivers.

**Applicant File:** This is an MRB comprehensive tracker of all applicants. HSD will add notes for due-outs for resolve. Stay on this list to ensure prompt processing of applicants. If there are any discrepancies, work with the chain of command to resolve them.

**Mission Memo:** This spreadsheet reflects the current FY's mission and current posture. This one tracker has:

- HSD 711: Break down of the assigned mission. It also shows where those selected are in the process, achieved, pending, pending release, and OML. When sitting with a potential AMEDD applicant, it's essential to know not only the station's 711 but the mission of the company, battalion, and brigade so we can all support the mission. It's also good practice to check missioning requirements to see what AOCs are needed for every level. For example, a recruiter is processing a 72C that they are not carrying a mission for, but someone would need it. The recruiter gets everything in DCA completed and the physical knocked out to find out the mission changed, and the 711 no longer carries a mission for 72C students. Not only did the recruiter waste time and the time of the applicant, but the trust and credibility that was built is gone.
- CCC: This list is helpful to predict potential AOC closures. The SC and OIC team must use this list when developing and fine-tuning their prospecting plan.
- AMEDD Program Guide: Outlines the Army Medical Department's programs and incentives in a pocket format. It serves primarily as a ready reference for commanders, recruiters, and staff within the US Army Recruiting Command (USAREC).
- AC Army HPO Pay Plan: Active component incentives
- USAR HPSI Pay Plan: Reserve component incentives

## RECRUITER ZONE (RZ)

**9-15.** The amount of processing recruiters will do in Recruiter Zone is minimal, but it will assist in processing goals and insert a lead into the system if used correctly. This section will break down how to build a prospect, build an appointment, conduct an appointment and send it to DCA, building a calendar, searching for leads and prospects, and how to take credit for work.

**9-16.** Build a Lead

Step 1: Click on "People" and select "Add Person" and click "Go."



**Figure 9-6. Example of Building a Lead**

Step 2: Build lead

**Add Person**

\* = Required Field

Last Name:\* Bowman

First Name:\* Danielle

SSN: 222 - 55 - 5888

Email: Danielle.Marie.Bowman@gmail.co

Phone: 502 - 830 - 7130 Ext:

Component Code:\* ACTIVE

Lead Source Type:\* Office Visit Lead Source:\* WALK IN

Add Add & Continue

Figure 9-6. Example of Building a Lead (Cont. 2 of 3)

Correctly identifying the lead source will help the SC figure out the Stations LPA to fine to prospecting efforts.

**9-17.** Now there is a lead in the system. Recruiters can search the lead by last name, social, phone number, or email. They can also make notes under the contact history so they can track interactions with them.

Prospect

One item found.

Select	Rating	RSID/REC	Status	Person Information	Contact History	Education	Quick Actions
<input type="checkbox"/>	System Rating: ★★★★☆ Recruiter Rating: ★★★★★	9C2L - BOWMAN, DANIELLE SFC	Prospect	<a href="#">Bowman, Danielle</a> 502-830-7130 <a href="#">Danielle.Mar...</a> <a href="#">details</a>	Last Act: AE Last Dt: 20200212 Next Act: IA Next Dt: 20200214 Disposition: IA	School: Grad Yr: Edu: 16K PS: N	<a href="#">Add to Map</a> <a href="#">Log call</a> <a href="#">Log email</a> <a href="#">Log other</a> <a href="#">Refer to</a> <a href="#">Action Required</a>

One item found.

Revive Reassign

Figure 9-6. Example of Searched Lead Record

**9-18.** Build an Appointment - Once the lead has agreed to an appointment, the lead becomes a prospect. Search for the lead's record in RZ.

**9-19.** Fill out the four tabs on the top of the screen. While gathering information on the lead, recruiters MUST pre-qualify applicants using the APPLE-MDT method (reference the Prequalification chapter). This information will help screen the applicant for any disqualifications. Recruiters should add as much detail as possible to the record so they will have something to reference. Having influencers present for the appointment is always a good practice. When feasible, get their influencer's name. Add the appointment to the calendar, set a reminder, and click "Save." Another window will ask to save and continue. Click yes.

**Note-** Ensure to select "Appointment-Initial" under the "Next Action" section. Doing so is what prompts the system to create an appointment. The record now reflects as a prospect.

**Update Person** Log Phone Attempt

**Bowman, Danielle** ★★★★ System Rating ★★★★ Recruiter Rating

Active - SSN: 5888 PRID: 139763950 Phone: 502-830-7130 Origin Dt: 14 Feb 2020

Lead Source: WI ASVAB: -

Interest Category: EDUCATION

Blueprint/Prequal | Person Info | School Info | **Contact History**

**Contact History**

**Contact Detail**

Contact Method: Office Visit Contact Method Activity: Walk In

Contact Date: 12 Feb 2020 Contact Time: 12 : 00

Result: Conducted Disposition Category: Follow Up

Disposition: Interested - Follow Up

Recruiter Remarks: Applicant walked in to set up an appt. She is a student at UofL and has LOA to Med School. 3.8 GPA, 515 MCAT, Tonsillectomy at 8yo, no further medical. 1 speeding ticket and 1 campus parking ticket. No dependents, not PS, Meets H/W. Dad is PS Marine.

**Set Next Action and Reminders**

Next Action: Appointment-Initial Recruiter's Calendar: SFC BOWMAN, DANIELLE

Next Action Date: 14 Feb 2020 Next Action Start Time: 13 : 00

Add to Calendar  End Time: 15 : 00

Address Type:  Station  Person  School  Other

Street Address: 9505 WILLIAMSBURG PLZ STE 1 City: LOUISVILLE

State: KENTUCKY ZIP Code: 40222

Add Reminder Time  Reminder Time: 09 : 00

Reminder Date: 14 Feb 2020

Calendar/Reminder Remarks: Dad will be attending, PS Marine, Donald Bowman.

\*=Required fields Save Cancel

**Figure 9-7. Example of Completed Lead Record**

**9-20.** The record now reflects as a prospect and can be searched for on the main screen by their last name, email, SSN, phone number, or PRID.

**9-21.** Conduct the appointment and send to DCA - The recruiter conducts the Army Interview with the prospect. The prospect agrees to process and has now gone from a prospect to an applicant. Now, find the record in RZ and annotate the meeting outcomes.

**Log Other Contact**

Enter the required information about your contact below then select Save.

**Contact History**

\* = Required Field

Person: Bowman, Danielle ★★★★ System Rating ★★★★ Recruiter Rating Status: Prospect

**Contact Detail**

Contact Method: \* Appointment-Initial

Contact Date: \* 20200214 YYYYMMDD Contact Time: \* 14 : 00

Result: \* Conducted

Disposition: \* Agreed To Process

Recruiter Remarks: \* Appt went well and she did agree to process. Over came obstacle of moving away from home. We developed a backwards plan to get her to the April All Corps Board. FT set and Physical will be projected at that time. Send ACE Link.

**Set Next Action and Reminders**

Next Action: Packet Review

Next Action Date: 20200219 YYYYMMDD Next Action Start Time: 10 : 00

Add to Calendar:  End Time: \* 12 : 00

Address Type: \*  Station's Address  Person's Address  School's Address  Other Address

Street Address: 9505 Williamsburg Plaza City: Louisville

State: KENTUCKY ZIP Code: 40222

Add Reminder Time:  Reminder Time: \* 09 : 00

Reminder Date: \* 20200218 YYYYMMDD

Calendar/Reminder Remarks: She is bringing in all documents to scan in. She agreed to complete the ACE record this weekend.

Save

**Figure 9-8. Example of Prospect to Applicant Process**

**9-22.** Once a person becomes an applicant, the recruiter must take charge of the process. Always give them an exact timeline and set follow-up meetings with goals to ensure the process is continuing forward and process them in a timely and effective way.

**9-23.** By clicking save, the message in Figure 9-8 below will appear:

**Messages:**

- The Applicant Record is now available for processing in the Direct Commission and Accession (DCA) system



**Figure 9-8. Example of Prospect to Applicant Process (Cont. 2 of 2)**

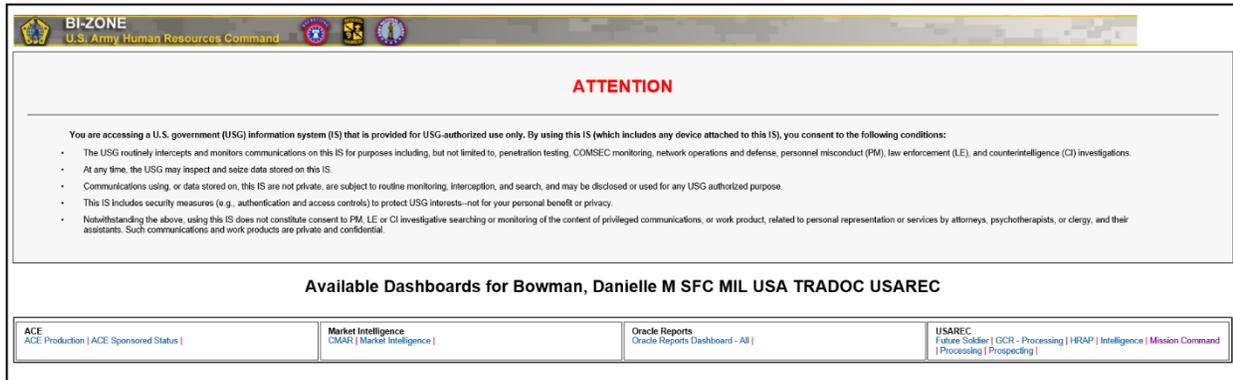
**9-24.** Navigate to DCA to start working the applicant's packet. If the message does not appear, follow the guidance the error message gives to remedy the situation.

Note: Not every prospect becomes an applicant. Only Agree to Process (ATP) if they are ready to process and join the Army.

**9-25.** Build a calendar that is comprised of the recruiting actions and efforts for every day of the week that will be carried out IAW the OP, SOP, MRB/MRBn/CO/SC guidance.

## BI Zone

**9-26.** From the IKROme Home page (<http://ikrome.usaac.army.mil/>), click on the "My Apps" tab and select "BI Zone" Keep in mind a lot of the content in this application focuses on the NPS side of recruiting. This section intends to show which applications are helpful in AMEDD recruiting.



**Figure 9-8. BiZone Applications**

## INTELLIGENCE:

- MRB GAMAT- This application will help recruiters develop a prospecting plan and give intelligence about the area. Users can search for Hospitals, Medical Residencies, Colleges, Dental Residencies, Nursing Schools, Medical Schools, Dental Schools, and Veterinary Schools.

## MISSION COMMAND:

- AMEDD Alumni: Search for AMEDD Officers who are Alumni of Colleges and Residencies. This is a valuable tool when setting up events for colleges or finding an SME to talk to an applicant.

- AMEDD Analyst Report: This is an excellent tool to capture the work ethic of what's going into the system and what stage they are at in their process. Users can toggle the search by Packet Prep date, Board Select date, Commission date, Accession date, and Mission Credit date.
- AMEDD Mission and Achievement: Issues with this link at the moment.
- Contact an AMEDD Officer: This is another excellent way to find an SME for the applicant.
- Gold Badge Points: This application tracks Gold Badge points. Refer to the current UM for incentive thresholds.
- Recruiter Production: Shows a consolidated list of the station's plans.
- RSIDs with Unassigned Records: For SC or OIC
- RSIDs with Unassigned Schools: For SC or OIC
- RSIDs with Unassigned Zip Codes: For SC or OIC

## PROCESSING:

- AMEDD CV Status Report
- AMEDD Level 5 Final QC Status
- AMEDD LVL 3 Workflow Report
- AMEDD LVL 5 Workflow Report
- AMEDD Pending Board QC
- AMEDD Waiver and Exception Report
- MRB Processing List
- HPSP Enrollment Packet Report
- Live Scan Report
- MRB RAG HSD Proj Board
- MRB RAG RCTR Proj Board

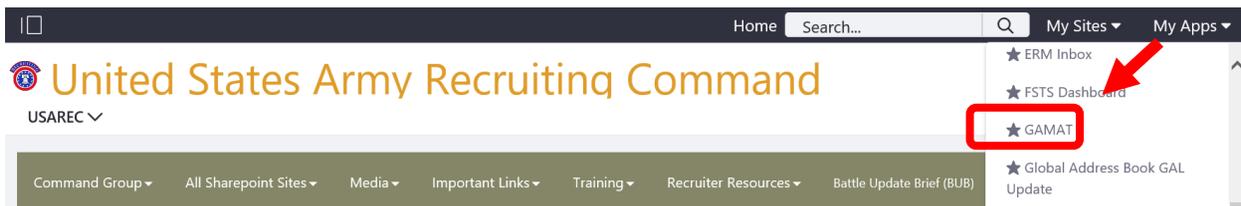
## PROSPECTING:

- ALRL List Loaded Schools

## GAMAT

**9-27.** The Graphical Accessions Mapping Analysis Tool gives us a competitive edge and improves our operational deficiency by providing intelligence about our marketplace.

**9-28.** To get to GAMAT, click on Ma Apps and select GAMAT from the Drop Down.



**Figure 9-9. Accessing GAMAT**

**9-29.** There are three tabs that will help align the analysis to the need.

**Layers** – Select the people and places the user wants to populate on the analysis.

**Search** – This tab allows the user to search for people or places specifically.

**Boundaries** – This tab allows the user to adjust the scope of view. Typically the station view is preferred unless assigned to the battalion or brigade.

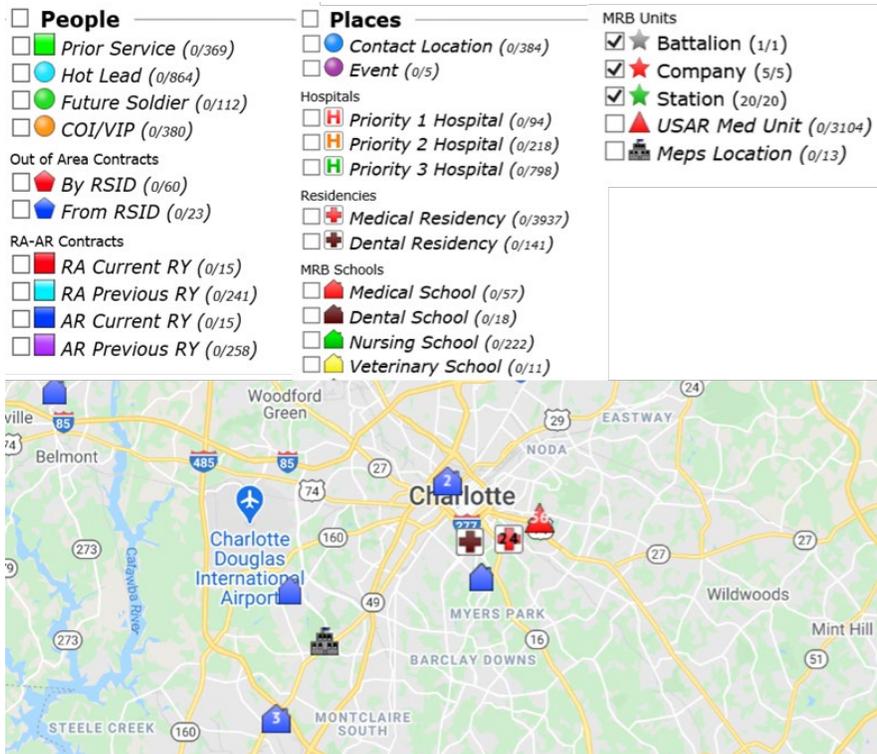
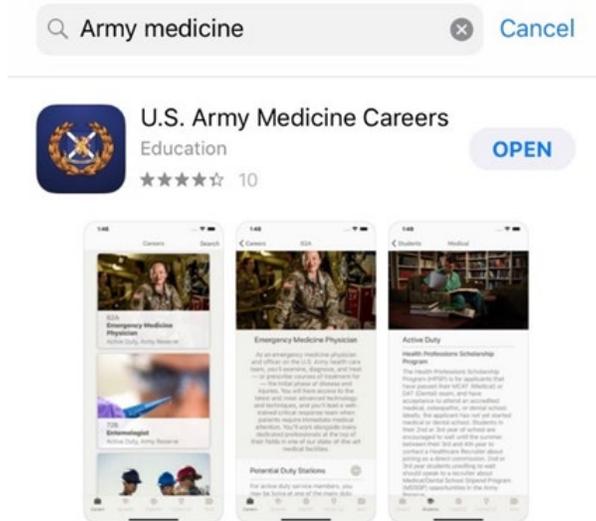


Figure 9-10. Example of GAMAT Capabilities

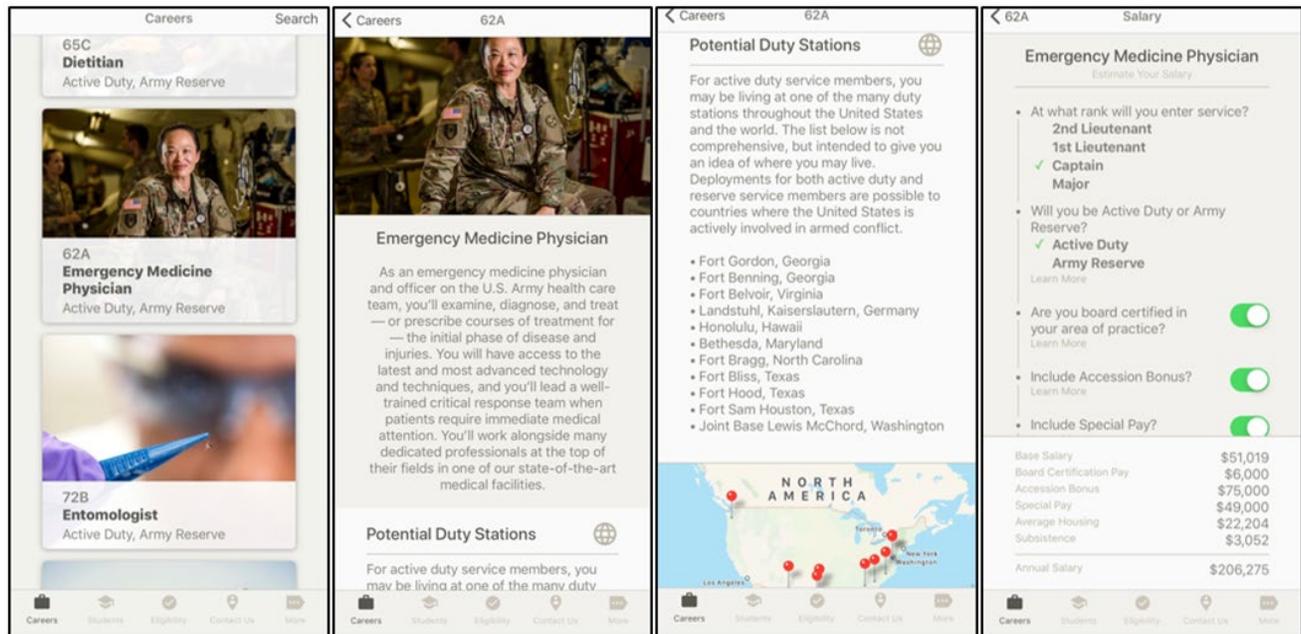
## MEDICAL RECRUITING APP

**9-30.** MRB has done a great job creating a quick reference app on various AMEDD AOC's. Search "U.S. Army Medicine Careers" through the App Store and download this free app on the government-issued phone or personal device.



**Figure 9-11. Medical Recruiting Application**

**9-31.** This app is a great tool to use while talking to applicants. It also allows them to search possible career fields on their own with accurate information. The app shows featured AOCs. Once an AOC is selected, the lead/prospect can explore a description, potential duty stations, salary breakdown, incentives (RA and AR), and view videos with relevant information to their inquiry. Below is an example of the 62A (Emergency Medicine Physician) tab.



**Figure 9-12. Example of Medical Recruiting App 62A Emergency Medicine Physician**

## POCKET RECRUITER GUIDE

**9-32.** On the IKROme home page under Recruiter Resources, users will find the pocket guide. This is a quick reference guide recruiters may choose to use when coming across a lead.



Figure 9-13. IKROme Pocket Recruiter Guide Location

## Appendix A

UNITED STATES ARMY MEDICAL DEPARTMENT AREA OF CONCENTRATION					
<b>Medical Corps (MC)</b>		<b>61Q</b>	Radiation Oncologist	<b>63F</b>	Prosthodontist.
<b>60A</b>	Operational Medicine	<b>61R</b>	Diagnostic Radiologist	<b>63H</b>	Public Health Dentist.
<b>60B</b>	Nuclear Medicine Officer	<b>61U</b>	Pathologist	<b>63K</b>	Pediatric Dentist.
<b>60C</b>	Preventive Medicine Officer	<b>61W</b>	Peripheral Vascular Surgeon	<b>63M</b>	Orthodontist.
<b>60D</b>	Occupational Medicine Officer	<b>61Z</b>	Neurosurgeon	<b>63N</b>	Oral and Maxillofacial Surgeon.
<b>60F</b>	Pulmonary Disease Officer	<b>62A</b>	Emergency Physician	<b>63P</b>	Oral Pathologist
<b>60G</b>	Gastroenterologist	<b>62B</b>	Field Surgeon	<b>Specialist Corps (SC)</b>	
<b>60H</b>	Cardiologist	<b>Medical Service Corps (MSC)</b>		<b>65A</b>	Occupational Therapy
<b>60J</b>	Obstetrician and Gynecologist	<b>70A</b>	Healthcare Administration	<b>65B</b>	Physical Therapy
<b>60K</b>	Urologist	<b>70B</b>	Health Services Officer	<b>65C</b>	Dietitian
<b>60L</b>	Dermatologist	<b>70C</b>	Health Services Comptroller	<b>65D</b>	Physician Assistant
<b>60M</b>	Allergist, Clinical Immunologist	<b>70D</b>	Health Services Systems Manager	<b>Nurse Corps (NC)</b>	
<b>60N</b>	Anesthesiologist	<b>70E</b>	Patient Administrator	<b>66B</b>	Public Health Nurse
<b>60P</b>	Pediatrician	<b>70F</b>	Human Resources Manager	<b>66C</b>	Psychiatric-Mental Health Nurse
<b>60Q</b>	Pediatric Sub-Specialist	<b>70H</b>	Health Svcs Plans/Ops/Intel/Sec/T	<b>66E</b>	Peri-Operative Nurse
<b>60R</b>	Child Neurologist	<b>70K</b>	Health Services Materiel	<b>66F</b>	Nurse Anesthetist (CRNA)
<b>60S</b>	Ophthalmologist	<b>67J</b>	Aeromedical Evacuation	<b>66G</b>	Obstetrics-Gynecological Nurse
<b>60T</b>	Otolaryngologist	<b>71A</b>	Microbiologist	<b>66H</b>	Medical-Surgical Nursing
<b>60U</b>	Child Psychiatrist	<b>71B</b>	Biochemistry	<b>66N</b>	Generalist Nurse
<b>60V</b>	Neurologist	<b>71E</b>	Clinical Laboratory	<b>66P</b>	Family Nurse Practitioner (FNP)
<b>60W</b>	Psychiatrist	<b>72A</b>	Nuclear Medical Science	<b>66R</b>	Psych Nurse Practitioner
<b>61A</b>	Nephrologist	<b>72B</b>	Medical Entomology	<b>66S</b>	Critical Care Nurse
<b>61B</b>	Oncologist/Hematologist	<b>72C</b>	Audiology	<b>66T</b>	Emergency Room Nurse
<b>61C</b>	Endocrinologist	<b>72D</b>	Environmental Sci. and Eng. Office	<b>Veterinarian Corps (VC)</b>	
<b>61D</b>	Rheumatologist	<b>73A</b>	Social Work	<b>64A</b>	Field Veterinary Service
<b>61E</b>	Clinical Pharmacologist	<b>73B</b>	Clinical Psychology	<b>64B</b>	Veterinary Preventive Med
<b>61F</b>	Internist	<b>71F</b>	Research Psychology	<b>64C</b>	Veterinary Lab. Animal Med
<b>61G</b>	Infectious Disease Officer	<b>67E</b>	Pharmacy	<b>64D</b>	Veterinary Pathology
<b>61H</b>	Family Medicine	<b>67F</b>	Optometry	<b>64E</b>	Veterinary Comparative Med
<b>61J</b>	General Surgeon	<b>67G</b>	Podiatry	<b>64F</b>	Veterinary Clinical Medicine
<b>61K</b>	Thoracic Surgeon	<b>Dental Corps (DC)</b>		<b>For more information visit:</b> <a href="https://goarmy.com/amedd.html" style="color: white;">https://goarmy.com/amedd.html</a>	
<b>61L</b>	Plastic Surgeon	<b>63A</b>	General Dentist		
<b>61M</b>	Orthopedic Surgeon	<b>63B</b>	Comprehensive Dentist		
<b>61N</b>	Flight Surgeon	<b>63D</b>	Periodontist		
<b>61P</b>	Physiatrist	<b>63E</b>	Endodontist		

Figure A-1. Areas of Concentration (AOC) List

A-1. Areas of Concentration (AOC) List

1/1/2021								Medical Corps USAF							
FY 21								MSN	Total Ach	MSN Ach	Pend	Prod Rel	OML	% Ach	REFRAG Ach
<b>Medical Corps RA</b>															
Direct								83				1			
MDC Preventive Medicine								2							
MDC Psychologist (OP 8)								7							
MDC Internal Medicine (OP 18)								4							
MDC Family Medicine (OP 18)								4							
MDC General Surgeon (OP 21)								12							
MDC Thoracic Surgeon (OP 21)								1							
MDC Orthopedic Surgery								2							
MDC Emergency Medicine (OP 21)								12							
Financial Assistance Program (FAF)								13				1			
*The OML Approved RFP AOCs are listed below*															
Other MC Specialties (MDC OP20)															
MDC 4 Year HPSP								218	54	27					
MDC 3 Year HPSP								200	54	0					
MDC 2 Year HPSP								35							
MDC 1 Year HPSP															
Total Recruitment Requirements								368	54	27					
11															
<b>Dental Corps RA</b>															
Direct								20				7			
ESA General Dentist								18							
ESN Oral Maxillofacial Surgeon								2				1			
Other DC Specialties															
MDC DC HPSP								95				1			
DC 4 Year HPSP								75							
DC 3 Year HPSP								12							
DC 2 Year HPSP															
DC 1 Year HPSP															
Total Recruitment Requirements								108				7			
4															
<b>Veterinary Corps RA</b>															
Direct								0				0	4		
MSA General Veterinarian								0							
MSB Veterinarian Preventive Med Off								2							
Other VC Specialties															
MDC VC HPSP								33				2	10	26	
VC 3 Year HPSP								33				2	10	26	
Total Recruitment Requirements								43				2	10	26	
3															
<b>Specialist Corps RA</b>															
Direct								13							
MSA Occupational Therapist								13							
MSB Physical Therapist								19							
MSB Physical Therapy Students (DPT)								34							
MSB Physical Therapist								19							
MSB Physical Therapy Students (DPT)								34							
MSB Dietician								19							
MDC Genetic Counselor (GCN)								15							
MDC Physician Assistant								12							
Other AN Specialties															
Total Recruitment Requirements								111							
7															
<b>Army Nurse Corps RA</b>															
Direct								139	3	31	20	5	2.16%		
MNF Nurse Anest (OP UNL)								20							
MNF Student LT/DET								30	3	15	1		10.00%		
MNF Family Nurse Practitioner								20							
MNF Psych Nurse Practitioner (OP UNL)								15							
MNS Critical Care Nurse (Four or More years exp) (OP UNL)								12				1	8		
MNS Critical Care Nurse (Less than Four years exp) (OP UNL)								12				3	2		
MNS Student Program								15				6	9	6	
MNT Emerg. Room/Trauma Nurse								10				1	5		
AN HPSP (MFL, MFL, and MFP)								8							
Other AN Specialties															
Total Recruitment Requirements								139	3	31	20	5	2.16%		
0															
<b>Medical Service Corps RA</b>															
Direct								117	1	39	10	82	6.95%		
MTE Pharmacy Officer								0				1	32		
MFA Microbiology/Parasitology/Immunologist (MA)								1				1	1		
MFA Microbiology/Parasitology/Immunologist (PDC) *One accession of PDC will cover MA shortage*								4				2			
MFB Biochemist								7				3	1		
MFC Clinical Lab Officer								5	1	3	1	7	20.00%		
MFD Research Psychologist								3				3			
MFE Nuclear Med Sci Officer								5				1	1		
MFG Entomologist								4				1			
MFC Audiologist (AUSP) (OP 1) (OPR) (OPR)								4				4			
MFC Environmental Science (EMSB) Degree								9				11	4	22	
MFC Environmental Engineer								4				3			
MFC Social Worker															
*One accession of MFA will cover MSW shortage*								5							
MFA Social Worker (Entry in MSW)								22				2			
MFA Social Worker HPSP								5							
MFB Clinical Psychologist								3							
MFB CPP/Custom Life Skills								24							
MFB CPP HPSP															
MFB Clinical Psychologist FAJ								3							
Other MS Specialties															
MWB/MS Clinical Psychologist HPSP								20							
MWB 2 Year HPSP								15							
MWB 1 Year HPSP								7							
MWB 3 Year HPSP								5							
MWB 4 Year HPSP								5							
MWB 5 Year HPSP								3							
MWB 6 Year HPSP								2							
MWB 7 Year HPSP								1							
Total Recruitment Requirements								137	1	39	10	82	6.75%		
22															
<b>Chaplain Production</b>															
MSA MS CHAPLAINS								120							
MSA AR CHAPLAINS								120							
MSA CHAPLAIN CANDIDATES								105							
Total Recruitment Requirements								345							

MSN	Total Ach	MSN Ach	Pend	Prod Rel	OML	% Ach	REFRAG Ach
24							
10							
7							
6							
5							
7							
46	3						
30							
18							
34							
3							
1							
10	4						40.00%
80	3						3.75%
127	13						4.66%
14							
MSN	Total Ach	MSN Ach	Pend	Prod Rel	OML	% Ach	REFRAG Ach
3							
3							
10							
10							
20	4						4
20	4						20.00%
2							
MSN	Total Ach	MSN Ach	Pend	Prod Rel	OML	% Ach	REFRAG Ach
7	2						28.57%
7	2						28.57%
1							
MSN	Total Ach	MSN Ach	Pend	Prod Rel	OML	% Ach	REFRAG Ach
2	1						50.00%
3	3						100.00%
3	3						100.00%
10	3						30.00%
18	7						43.75%
4	1						
MSN	Total Ach	MSN Ach	Pend	Prod Rel	OML	% Ach	REFRAG Ach
5							
5							
10							
15	1						6.67%
5							
10	1						10.00%
2							
2	3						150.00%
55	12						21.82%
7							
MSN	Total Ach	MSN Ach	Pend	Prod Rel	OML	% Ach	REFRAG Ach
3	1						33.33%
4	1						25.00%
4							
11	11						100.00%
11	13						118.18%
3							
MSN	Ach	%	OP	%			
903	4					0.44%	
356	40					13.48%	
120	17					14.17%	
120	16					13.33%	
105	25					23.81%	
345	80					23.19%	
1,259	52					4.13%	
56							
32	1						
80	1						
3							
91	1						
TOTAL	MSN	Ach	Pend	Prod Rel	OML	% Ach	
TOTAL RA	903	4				0.44%	
TOTAL USAF	356	40				13.48%	
TOTAL RA CHAP	120	17				14.17%	
TOTAL AR CHAP	120	16				13.33%	
TOTAL CANDO	105	25				23.81%	
TOTAL CHAP MSN Total	345	80				23.19%	
TOTAL Med MSN Total	1,259	52				4.13%	
RA AOC	56						
USAF AOC	32	1					
MED Combined AOC	80	1					
CHAP CAT	3						
Combined AOC/CA	91	1					
TOTAL	MSN	Ach	Pend	Prod Rel	OML	% Ach	
TOTAL RA	903	4				0.44%	
TOTAL USAF	356	40				13.48%	
TOTAL RA CHAP	120	17				14.17%	
TOTAL AR CHAP	120	16				13.33%	
TOTAL CANDO	105	25				23.81%	
TOTAL COMBINED	1,804	115				6.38%	

Figure A-2. Mission Memo & 711



<b>FY21 Boards Schedule</b>				
<b>USAREC HEALTH SERVICES DIRECTORATE FY21 BOARDS SCHEDULE</b>				
<b>FY21 SCHEDULED BOARDS (Oct 20 - Sep 21)</b>	<b>APPLICATION DEADLINE</b>	<b>BOARD START DATE</b>	<b>NUMBER OF DAYS</b>	<b>NUMBER OF BOARD MEMBERS</b>
<b>October-20</b>				
<b>MS All Corps (Except one time a year boards)</b> **If AOC is not closed can board at ANY All Corps Board**	<b>22-Sep-20</b>	<b>13-16 OCT 20</b>	<b>4</b>	<b>6</b>
<b>All Corps Board</b>				
<b>November-20</b>				
<b>MS All Corps (pre-identified packets only)</b>	<b>6-Oct-20</b>	<b>3-6 NOV 20</b>	<b>4</b>	<b>3</b>
<b>DC Corps AEGD 1-Year Program</b> **If AOC is not closed can board at ANY All Corps Board**	<b>27-Oct-20</b>	<b>17-20 NOV 20</b>	<b>4</b>	<b>6</b>
<b>All Corps Board</b>				
<b>CH Accession Board (56A/56X)</b>	<b>28-Oct-20</b>	<b>3-6 NOV 20</b>	<b>4</b>	<b>5</b>
<b>December-20</b>				
<b>VC HPSP</b>				
<b>RA / AR VC Direct</b> **If AOC is not closed can board at ANY All Corps Board**	<b>17-Nov-20</b>	<b>8-11 DEC 20</b>	<b>4</b>	<b>7</b>
<b>All Corps Board</b>				
<b>January-21</b>				
<b>MS Corps Board (73B CPIP/73B HPSP)</b> <b>73A MSW Board, 73A (RA/AR Direct)</b>	<b>4-Dec-20</b>	<b>12-15 JAN 21</b>	<b>4</b>	<b>6</b>
<b>DC HPSP Board</b>	<b>5-Jan-21</b>	<b>26-29 JAN 21</b>	<b>4</b>	<b>3</b>
<b>February-21</b>				
<b>All Corps Board</b>				
<b>67F HPSP Board</b>	<b>19-Jan-21</b>	<b>9-11 FEB 21</b>	<b>3</b>	<b>6</b>
<b>AN HPSP Board</b>				
<b>CH Accession Board (56A/56X)</b>	<b>27-Jan-21</b>	<b>2-5 FEB 21</b>	<b>4</b>	<b>5</b>
<b>March-21</b>				
<b>SP Board- GPN</b> <b>65A,65C (RA/AR Direct)</b> **RA and USAR 65Ds can board at ANY All Corps Board**	<b>2-Feb-21</b>	<b>2-5 MAR 21</b>	<b>4</b>	<b>6</b>
<b>All Corps Board</b>				
<b>April-21</b>				
<b>SP Board DPT and 65B</b>	<b>30-Mar-21</b>	<b>20-22 APR 21</b>	<b>3</b>	<b>6</b>
<b>All Corps Board</b>				
<b>CH Accession Board (56A/56X)</b>	<b>30-Mar-21</b>	<b>6-9 APR 21</b>	<b>4</b>	<b>5</b>
<b>May-21</b>				
<b>All Corps Board</b>				
<b>RA/AR 640A/670A WO Board</b>	<b>26-Apr-21</b>	<b>11-13 MAY 21</b>	<b>3</b>	<b>6</b>

Figure A-4. Sample: Board Schedule with Notes

**NOTES:**

**Application Deadline Date: Packets arriving after this date will only be considered if they have received an exception to process.**

**All packets received by this date must have a completed valid physical.**

Consolidate boards wherever possible / Eliminate low-census boards

SWIP= Social Work Internship Program  
AECP= AMEDD Enlisted Commissioning Program  
Year Program  
AEP= Audiology Externship Program  
AR=Army Reserve Direct Accession/Appointment  
HPSP=Health Professions Scholarship Program  
MSW Program=Army/University of Kentucky MSW Program  
Physical Therapy  
640A=Food Service Officer  
GPN=Graduate Program in Nutrition  
\*Virtual Board

LTHET= Long Term Health Education and Training  
AEGD=Advanced Education in General Dentistry 1-

RA=Regular Direct Accession/Appointment  
CPIP=Clinical Psychology Internship Program  
IPAP=Inter Service Physician Assistant Program  
PT Baylor=Baylor University Doctoral Program in

670A=Health Services Maintenance Technician  
OTD- Occupational Therapy Doctorate

**Yellow Highlight = 1 x Per Year Board**

**\* 640A/670A Warrant Officer (WO) Board will be in May for FY 2021**

**Figure A-4. Sample: Board Schedule with Notes (Continued 2 of 2)**



Dear Evaluator,

Mr. Kelly is applying for a position in the US Army Medical Department and due to your familiarity with his character, work ethic and future potential as a military leader; he has chosen you to provide a, "Letter of Recommendation" (LOR) on his behalf. The Army Health Professions Board places great emphasis on LOR's in evaluating who is selected for our limited positions available.

Please rate this individual with his peers with the same experience level. Your full and extended appraisal of this individual's abilities, accomplishments, attitude, character, integrity, etc, is of the utmost importance to her chances of receiving one of these prestigious positions.

The following are some of the attributes that the Army Medical Department Selection Committee looks at when making their selections for these very competitive positions. Please address any or all of the following attributes that you feel best represents him.

**Clinical Judgment**  
**Honesty/Integrity**  
**Leadership Ability/Potential**  
**Professional Appearance**  
**Reliability**  
**Analytical Skills**  
**Communication Skills**  
**Assumes Responsibility**

**Clinical Skills**  
**Initiative**  
**Clinical Knowledge**  
**Professional Demeanor**  
**Tact**  
**Conceptual Skills**  
**Maturity**  
**Judgment**

Please address your LOR to the Army Selection Committee and include your NAME (ALSO SIGNED), POSITION, CONTACT INFORMATION (address, email address and phone number) AND DATE. If your organization has an official letterhead please use it. Please indicate if you are their supervisor/professor to include from date only, if current and to date if previous supervisor/professor. If you are a Peer, please include dates from your time of acquaintance. Your LOR will be held in the strictest of confidence and will only be available to myself and the selection board for their consideration of this application. Please scan a copy of the reference letter to [medicalrecruitingstation@mail.mil](mailto:medicalrecruitingstation@mail.mil) and mail the originals to my address below.

If you have any questions or concerns, please feel free to call me at (502) 626-5555. Your prompt response will ensure they receive the best care possible throughout the application process! Thank you in advance for your time and consideration.

Sincerely,

SFC Moss, Nate  
1889 Old Ironsides Ave  
Fort Knox, KY 40121  
U.S. Army Healthcare Recruiter

Figure A-5. Sample: Letter to Recommender (LOR)

# Creating and Maintaining a Virtual Presence

A-2. The creation and maintenance of a strong virtual presence are vital in modern recruiting. From strategic planning to tactical execution, the process requires involvement at all levels of leadership.

A-3. The first step is to take a complete inventory of the station's existing virtual presence. In doing so, recruiters and leaders develop an awareness of all existing references and platforms that the station exists on. This includes social media profiles, job search websites, professional networking, search engine results, map applications, and anywhere else the station is referenced or represented online.

A-4. It is important to gain control of or shut down duplicate social media accounts. The Battalion A&PA should be able to assist with this. Once the inventory is complete, leaders and recruiters should have control of their total virtual presence online. This will give leaders a holistic view of what assets currently exist and what should be created to assist with the mission. At this point, the station can conduct an audit to streamline and standardize its virtual presence online. The station should have the same contact information, pictures, and branding across all platforms. It should also remain in line with USAREC standards and the platform's terms of service.

## Sample Virtual Presence Audit Checklist

<b>Google</b>
Is your contact information correct on the station Google Business profile?
Do you (or someone in the station) have administrative control of the Google Business Profile?
Does the website listed lead to a station social media account, or AMEDD website?
If you search for the station on Google Maps app, does the correct location and information come up?
<b>Facebook Station Page</b>
Ensure at least 2 Soldiers in the station have admin rights, as well as BN A&PA
Is station address and phone number correct?
In the "Long Description" section, have you pasted in the USAREC disclaimer/privacy statements? (See below)
In the "Impressum" section, have you pasted in the appropriate statement for posting rules? (see below)
Are there to any duplicate station pages that are not under our control?
Website in Page info should lead to another station social media account, or AMEDD Recruiting website
Sample general description: This is the official Facebook page for the Crowsyn US Army Medical Recruiting Station. We assist medical professionals who aspire to serve in the US Army and US Army Reserve as Medical Officers. We cover (list of major cities). (Optional, list major colleges/med schools/hospitals that you work with).
Has your PAGE (not profile) "liked" all other station pages in the company?
Have you linked your Instagram / Facebook profiles?
Is "service area" updated to include all major cities that you cover?
Under additional contact info, is the station email address listed?
Under additional contact info, are the Station's Twitter and Instagram Accounts listed?
Under Privacy Policy, post this link: <a href="https://www.goarmy.com/privacy.html?fbclid=IwAR1D8U_0bFKNkQEM_YaxXbMY8KLwJ0L0jGPa9pms4kjK96Ox84Z_s3s3Zdg">https://www.goarmy.com/privacy.html?fbclid=IwAR1D8U_0bFKNkQEM_YaxXbMY8KLwJ0L0jGPa9pms4kjK96Ox84Z_s3s3Zdg</a>
Have all recruiters who have professional Facebook accounts "liked" the station page?
<b>Apple</b>
If you search for the station on Apple Maps, does the correct location come up?

<b>Twitter</b>
Twitter bio sample: Official Twitter page of the Crowsyn US Army Medical Recruiting Station. (Following, RTs, & Links ≠ endorsement). facebook.com/your page
Do the Cover photo and Profile pic match the ones on Facebook?
Have all recruiters who have professional Twitter accounts "followed" the station page?
Station Twitter should follow all other station pages in the company, as well as relevant profiles in the chain of command.
Station Twitter should follow all assigned hospitals, colleges, and CPs.
<b>Instagram</b>
Sample Bio: Official Instagram of Crowsyn US Army Medical Recruiting Station. Facebook.com/your page
Under website, paste link to station Facebook page or AMEDD Recruiting site
Is your Instagram page set up as a business page?
Is your Instagram page linked to your Facebook page?
Once Instagram is set up as a business, update the category to "Medical and Health"
Once Instagram is set up as a business, update Contact Options to Business Address and add address

**Table A- 1. Sample Virtual Presece Audit Checklist**

A-5. Once the audit is complete, and the virtual presence is fully established, leaders must decide how virtual operations will play into the station strategies. Each platform and tactic should have a specific purpose, with clear expectations for ROI. The Operations Plan, College Recruiting Plan, and Hospital Recruiting Plans should all take into account virtual strategy and incorporate how virtual assets or efforts can contribute to the success of the mission.

A-6. Certain platforms allow for direct prospecting efforts, while others are more geared towards shaping operations. Some tactics are tied to passive or active lead generation. While leaders do not need to become "experts" in all types of virtual recruiting operations, they should ensure they have a baseline understanding so that they can set realistic goals and expectations.

A-7. Here is a sample overview of commonly used platforms and some key differences:

	<b>Facebook</b>	<b>Twitter</b>	<b>LinkedIn</b>	<b>Instagram</b>
<b><i>Content should appeal to...</i></b>	Friends, Family, and Associates of fans	Community Partners and SMEs	Leads, CPs, Prospects, SMEs	College Students and school organizations
<b><i>Hashtags</i></b>	0-2; Mostly for tracking conversations	At least 1, but no more than 3; Be part of a conversation and get noticed by CPs	0-2; Be part of a conversation (trending)	ALL of them; It's the basis of finding content and conversations

<b>Primary Content</b>	Video	Trending Hashtags	Articles, Photos, Updates	Photo
<b>Voice</b>	Personalized, First person, casual, generally short	Extremely Brief, 3 <sup>rd</sup> person	Professional at all times, post lengths can be much longer	Short 1-sentence caption followed by a link and many hashtags
<b>Goal</b>	Engagement, New page likes from those in our community	Retweets / Comments from CPs	New connections, referrals, and engagement	Engagement, new followers

**Table A-2. Sample Overview Of Commonly Used Platforms**

A-8. By having a baseline understanding of how each platform or virtual asset can be utilized, leaders can create more comprehensive strategies and provide more effective guidance to recruiters.

A-9. Once strategies are created, recruiters must be consistent and innovative in their implementation. As previously discussed, each platform is unique, and recruiters cannot take a “one size fits all approach” to social media posts. Each post should be made to fit the culture of that platform, with the intended ROI in mind. Recruiters must also be mindful that when operating in the virtual space, our content is geared towards the general public. As such, the writing should avoid acronyms, abbreviations, and military lingo that civilians would be unfamiliar with.

A-10. Consistency, engagement, and follow-up are the most important elements of a virtual strategy. Recruiters must post regularly and not leave any social media presence dormant. When operating in the virtual space, engagement with the audience is essential. Messages to station profiles should be answered promptly, like any email or phone call. On most social media platforms, the likelihood of someone seeing content from a specific recruiter’s platform is generally tied to their engagement levels with the profile and posts. Therefore, the more recruiters can directly interact with their audience, the more likely they will see future posts.

A-11. The MRB’s mission target market is significantly lower than the NPS side of recruiting. Since we are going after a niche market with particular qualifications, social media marketing efforts must be strategic and precise to ensure maximum views from the desired audience. Remember to always tag people, groups, and even professions before posting. For example, when posting about a new HPSP recipient, ensure to tag relevant groups, their undergraduate school, and the professional school they will be attending. When posting about a new USAR medical professional, tag the schools they attended for both Bachelors and Masters Degrees, as well as the hospital or medical organization they work for as a civilian.

A-12. Once a strong virtual presence is created, implemented into station strategies, and maintained appropriately, recruiting personnel can regularly evaluate working and adjusting fire as needed. The virtual world is a rapidly changing and evolving environment, so it is only through strategic planning and precise tactics that we can maximize our presence in support of mission accomplishment.

# Virtual Audit

RECORD OF AWARD OF ENTRY GRADE CREDIT (MEDICAL AND DENTAL OFFICERS)			
For use of this form, see AR 135-101 and AR 601-100; the proponent agency is The Office of The Surgeon General.			
1. NAME <i>(Last, first, MI)</i> Smith, John, I (last 4 of SSN)	2. CORPS <input checked="" type="checkbox"/> MED <input type="checkbox"/> DEN	3. DATE OF APPOINTMENT	4. SPECIALTY IN WHICH APPOINTED 62A- INTERNAL MEDICINE
PART I - CONSTRUCTIVE SERVICE CREDIT			
SECTION A - CREDIT FOR BASIC QUALIFYING DEGREE			
5. TITLE OF DEGREE Qual. Degree	6. DATE GRANTED YYYY/MM/DD	7. INCLUSIVE DATES OF ATTENDANCE YYYY/MM/DD - YYYY/MM/DD	
8. NAME AND LOCATION OF ACADEMIC INSTITUTION NAME AND LOCATION			9. CREDIT AWARDED 04-00-00
SECTION B - CREDIT FOR INTERNSHIP			
10. WHERE PERFORMED NAME AND LOCATION		11. INCLUSIVE DATES YYYY/MM/DD	12. CREDIT AWARDED 00-00-00
SECTION C - CREDIT FOR GRADUATE PROFESSIONAL EDUCATION			
13. TYPE TNG & SPECIALTY	14. CERTIFYING BOARD	15. INCLUSIVE DATES	16. CREDIT AWARDED
	BOARD	YYYY/MM/DD	00-00-00
	BOARD	YYYY/MM/DD	
	BOARD	YYYY/MM/DD	
SECTION D - CREDIT FOR ADVANCED EDUCATION BEYOND BASIC QUALIFYING DEGREE			
17. DEGREE	18. ACADEMIC INSTITUTION	19. INCLUSIVE DATES	20. CREDIT AWARDED 00-00-00
SECTION E - CREDIT FOR PROFESSIONAL EXPERIENCE			
21. LOCATION OF PRACTICE LICENSURE(STATE)		22. INCLUSIVE DATES WORK DATES WHILE LICENSED	23. CREDIT AWARDED 00-00-00
SECTION F - CREDIT FOR TRAINING OR EXPERIENCE IN UNUSUAL CASES			
24. BASIS FOR AWARD DO NOT TOUCH		25. INCLUSIVE DATES DO NOT TOUCH	26. CREDIT AWARDED DO NOT TOUCH
27. JUSTIFICATION FOR CLASSIFICATION AS UNUSUAL CASE <i>(Attach additional pages as necessary)</i>			
PART II - PRIOR ACTIVE COMMISSIONED SERVICE CREDIT			
SECTION A - CREDIT FOR SERVICE AS A <input type="checkbox"/> MEDICAL OFFICER OR <input type="checkbox"/> DENTAL OFFICER			
28. UNIFORMED SVC & STATUS AOC AND STATUS		29. INCLUSIVE DATES YYYY/MM/DD	30. CREDIT AWARDED 00-00-00
SECTION B - CREDIT FOR SERVICE AS OTHER THAN A MEDICAL OR DENTAL OFFICER			
31. UNIFORMED SVC & STATUS <i>(Include Corps or Specialty)</i> AOC AND STATUS		32. INCLUSIVE DATES YYYY/MM/DD	33. CREDIT AWARDED 00-00-00
PART III - COMPUTATION OF ENTRY GRADE AND DATE OF RANK			
34. TOTAL CONSTRUCTIVE CREDIT 9+12+16+20+23	35. TOTAL PRIOR SVC CREDIT <i>(Years, Months, Days)</i> 30+33	36. TOTAL ENTRY GRADE CREDIT <i>(Years, Months, Days)</i> 34+35	37. ADJUSTED TOTAL ENTRY GRADE CREDIT <i>(Years, Months, Days)</i>
38. GRADE FOR WHICH CREDIT QUALIFIES O-?			ENTRY GRADE CREDIT IS LIMITED TO 14 YEARS, 0 MONTHS. SEE AR 601-100 OR AR 135-101 FOR JUSTIFICATION AND WAIVER REQUIREMENTS FOR AMOUNTS IN EXCESS OF 14 YEARS.
39. CREDIT REQUIRED FOR GRADE <i>(Years, Months, Days)</i> TOTALS FROM MEMO			
40. CREDIT IN EXCESS OF THAT REQUIRED FOR GRADE #36-#39=#40			
41. DATE OF ENTRY ON ACTIVE DUTY <i>(Or date of appointment)</i>			
42. LESS EXCESS CREDIT			
43. DATE OF RANK			
PART IV - AUTHENTICATION			
44. TYPED NAME/GRADE OF PREPARING OFFICIAL		SIGNATURE	DATE PREPARED
45. TYPED NAME/GRADE OF APPROVING OFFICIAL		SIGNATURE	DATE

DA FORM 5074-R, FEB 1982

(See instructions on reverse)

APD LC v1.01ES

Figure A-6. Example: DA Form 5074-R

RECORD OF AWARD OF ENTRY GRADE CREDIT (HEALTH SERVICES OFFICERS)			
For use of this form, see AR 135-101 and AR 601-100; the proponent agency is The Office of The Surgeon General.			
1. NAME (Last, first, MI) Smith, John, I (last 4 of SSN)	2. CORPS corps (AN)	3. DATE OF APPOINTMENT (Or entry on Active Duty)	4. SPECIALTY IN WHICH APPOINTED AOC(66S Critical Care Nurse)
<b>PART I - CONSTRUCTIVE SERVICE CREDIT</b>			
<b>SECTION A - CREDIT FOR BASIC QUALIFYING DEGREE</b>			
5. TITLE OF DEGREE Qual. Degree (BSN)	6. DATE GRANTED YYYY/MM/DD	7. NAME OF ACADEMIC INSTITUTION University	
8. INCLUSIVE DATES OF ATTENDANCE (YYYY/MM/DD)-(YYYY/MM/DD)			9. CREDIT AWARDED 00-00-00
<b>SECTION B - CREDIT FOR ADVANCED EDUCATION BEYOND BASIC QUALIFYING DEGREE</b>			
10. DEGREE	11. ACADEMIC INSTITUTION	12. INCLUSIVE DATES	13. CREDIT AWARDED
<b>SECTION C - CREDIT FOR POST BACCALAUREATE EDUCATION</b>			
14. EDUC PROG & SPECIALTY	15. CERTIFYING BOARD	16. INCLUSIVE DATES	17. CREDIT AWARDED
<b>SECTION D - CREDIT FOR PROFESSIONAL EXPERIENCE</b>			
18. BASIS FOR AWARD LICENSURE(STATES)		19. INCLUSIVE DATES WORK DATES WHILE LICENSED	20. CREDIT AWARDED 00-00-00
21. JUSTIFICATION FOR CLASSIFICATION AS UNUSUAL CASE (Attach additional pages as necessary)			
<b>PART II - PRIOR ACTIVE COMMISSIONED SERVICE CREDIT</b>			
22. UNIFORMED SERVICE & STATUS	23. CORPS OR SPECIALTY	24. INCLUSIVE DATES	25. CREDIT AWARDED
<b>PART III - COMPUTATION OF ENTRY GRADE AND DATE OF RANK</b>			
26. TOTAL CONSTRUCTIVE CREDIT (Years, Months) 9+13+17+20	27. TOTAL PRIOR SERVICE CREDIT (Years, Months, Days) #25	28. TOTAL ENTRY GRADE CREDIT (Years, Months, Days) 26+27	29. ADJUSTED TOTAL ENTRY GRADE CREDIT (Years, Months, Days)
30. GRADE FOR WHICH CREDIT QUALIFIES O-?		REMARKS ENTRY GRADE IS LIMITED, SEE AR 601-100 OR AR 135-101 FOR CREDIT LIMITS, JUSTIFICATION, AND WAIVER REQUIREMENTS FOR AMOUNTS IN EXCESS OF LIMITS.  ALL DATES MUST BE IN A YYYY/MM/DD FORMAT.	
31. CREDIT REQUIRED FOR GRADE TOTALS FROM MEMO			
32. CREDIT IN EXCESS OF THAT REQUIRED FOR GRADE #28-#31=#32			
33. DATE OF ENTRY ON ACTIVE DUTY (Or date of appointment)			
34. LESS EXCESS CREDIT			
35. DATE OF RANK			
<b>PART IV - AUTHENTICATION</b>			
36. TYPED NAME/GRADE OF PREPARING OFFICIAL	SIGNATURE	DATE PREPARED	
37. TYPED NAME/GRADE OF APPROVING OFFICIAL	SIGNATURE	DATE	

DA FORM 5074-1-R, FEB 1982

APD LC v1.01ES

Figure A-7. DA Form 5074-1-R

# Regulations

Standard regulations used during the Medical Recruiting process include (but are not limited to):

## **Department of Defense:**

DoDD 6000.12 Health Services Operation Readiness  
DoDI 6130.03 Medical Standards for Appointment, Enlistment, or Induction in the Military Services

## **Army Publications:**

AR 25-50 Preparing and Managing Correspondence  
AR 40-501 Standards of Medical Fitness  
AR 135-100 Appointment of Commissioned and Warrant Officers of the Army  
AR 135-101 Appointment of Commissioned Officers for Assignment to Army Medical Department Branches  
AR 351-3 Professional Education and Training Programs of the Army Medical Department  
AR 140-10 Assignments, Attachments, Details, and Transfers  
AR 600-8-22 Military Awards  
AR 600-9 The Army Body Composition Program  
AR 601-100 Appointment of Commissioned and Warrant Officers in the Regular Army  
AR 601-210 Regular Army and Reserve Components Enlistment Program  
AR 601-141 U.S. Army Health Professions Scholarship, Financial Assistance, and Active Duty Health Professions Loan Repayment Programs  
AR 621-5  
AR 670-1 Guide to the Wear and Appearance of Army Uniforms and Insignia

## **Department of the Army Pamphlets:**

DA PAM 600-4 Army Medical Department Officer Professional Development and Career Management  
DA PAM 611-21 Military Occupational Classification and Structure

## **Army Doctrine Publication:**

ADP 5-0 The Operations Process

## **Army Training Pamphlet:**

APT 2-01.3 Intelligence in Preparation of the Battle Field

## **USMEPCOM Regulations:**

USMEPCOM 601-23 Personnel Procurement Enlistment Processing  
USMEPCOM 680-3 Personnel Information Systems Entrance Processing and Reporting System Management

## **USAREC Regulations:**

UR 350-1 Training and Leader Development  
UR 350-13 School Recruiting Programs  
UR 601-37 Army Medical Recruiting Program  
UR 601-56 Waiver, Future Soldier Program Separation, and Void Enlistment Processing Procedures  
UR 601-210 Enlistment & Accessions Processing

## **USAREC Manuals:**

UM 3 Recruiting  
UM 3-0 Recruiting Operations  
UM 3-29 Recruiting Brigade and Battalion Operations  
UM 3-30 Recruiting Company Operations  
UM 3-31 Recruiting Station Operations

## **USAREC Training Circulars:**

UTC 5-01 Mission Command  
UTC 5-02 Intelligence

UTC 5-03.1     Prospecting, Processing & Analysis  
 UTC 5-03.3     Partnerships  
 UTC 5-03.4     Training and Leader Development  
 UTC 5-03.5     Future Soldiers

**USAREC Techniques Publications:**

UTP 3-10.2     Reserve Recruiting  
 UTP 3-10.4     The Conduct of Virtual Recruiting Activities

## FORMS

Common Forms used during the Medical Recruiting process include (but are not limited to):

**Department of the Army Forms:**

Form #	Form Name	DCA Upload
61	Application for appointment	Prior Service
71	Oath of office	Appointment, common documents
160-R	Application for active duty	Appointment, common documents
591	Application for initial (educational) delay from entry on active duty and supplemental agreement	Prior Service
591-G	ROTC supplemental service agreement for special medical program participant	Prior Service
597-1	Acknowledgment of understanding – a non-scholarship two-year program	Prior Service
597-3	Army senior reserve officers' training corps (ROTC) scholarship cadet contract	Prior Service
1059	Service school academic evaluation report	Prior Service
1506	Statement of service – for computation of the length of service for pay purposes.	Prior Service
4187	Personnel action	Source, Current Service Documents
4572	Statement of understanding for appointment as a commissioned officer	Appointment, statement of understanding documents
5074-1	Record of award of entry grade credit (health care officers)	Source, HQ Document
5074-1-R	Record of award of entry grade credit (health service officers)	Source, HQ Document
5252-R	Statement – Evidence of citizenship status	Source, Common
5500	Body fat content worksheet - Male	Medical
5501	Body fat content worksheet - Female	Medical
5960	Authorization to start, stop, or change basic allowance for quarters and variable housing allowance.	Appointment, common documents

7653	Verification of clinical competencies for critical care nursing skill identifier (SI 8A)	Source, Common
7654	Verification of clinical competencies for emergency nursing skill identifier (SI M5)	Source, Common

Table A-3. Department of the Army Forms

**Department of Defense Forms:**

Form #	Form Name	DCA Upload
93	Record of emergency data	Appointment, common documents
214	Certificate of release or discharge from active duty	Prior Service
215	Correction to DD214	Prior Service
368	Conditional release	Prior Service
369	Police record check	Waiver
2807-1	Report of medical history	Medical
2807-2	Accessions medical prescreen report.	Medical
2808	Report of medical examination	Medical
2983	Recruit/Trainee prohibited activities Acknowledgement.	Appointment Other

Table A-4. Department of Defense Forms

**USAREC Forms:**

Form #	Form Name	DCA Upload
FL 142	Request for prior service verification information	Prior Service
601-37.10	Army Specialty Delay Training Program Enrollment verification form	Board, common documents
601-37.11	Applicant evaluation worksheet (LOR)	Source, Common
601-37.12	Certificate of enrollment for the US health professions scholarship program	Source, Current Service Documents
601-37.13	AMEDD application worksheet	Board, common documents
601-37.14	Statements of understanding	Board, common documents
601-37.15	New STRAP application cover sheet	NA
601-37.16	Request for health professions accessions bonus	Appointment, program incentive
601-37.19	AMEDD transmittal sheet	NA
601-37.2	AD Student Program – AMEDD appointment application checklist	Appointment, program incentive
601-37.20	APMC assignment verification and Acceptance	Source, Current Service Documents
601-37.22	Application for the US Army HPSP	Board, program incentive

601-37.23	Incentive enrollment datasheet	Appointment, program incentive
601-37.24	Strap enrollment verification	Board, program incentive
601-37.25	National practitioner data bank search information	Board, common documents
601-37.26	Statement of requirement for dental licensure	Appointment, statement of understanding documents
601-37.27	DA Armed Forces Service Agreement – F. Edward Hebert Armed Forces Financial Program	Appointment, statement of understanding documents
601-37.28	DA Forces Service Agreement – HPSP	Appointment, common documents
601-37.29	DA Armed Forces Service Agreement – Armed Forces Dental Officer Accessions Bonus Program	Appointment, program incentive
601-37.30	Certification of participation in the Financial Assistance Program	Source, Common
601-37.31	Army specialty delay training program home address form	Board, common documents. other
601-37.32	Army Active Duty Health Professions Loan Repayment Program Enrollment Letter of Document Checklist	Appointment, program incentive
601-37.33	Select reserve special pay program contract	Appointment, program incentive
601-37.35	Verification of academic and current military service obligation for entry into the US Army Health Professions Scholarship Program (HPSP)	Appointment, program incentive
601-37.37	Statement of understanding-individual mobilization augmentee positions	Appointment, statement of understanding documents
601-37.38	Army medical specialist corps student programs-listing of academic courses in progress or to be taken	Board, program incentive
601-37.39	Regular Army Nurse Corps Incentives Declaration Statement	Appointment, program incentive
601-37.4	USAR-STRAP AMEDD appointment application checklist	NA
601-37.40	Pharmacy officer accession bonus	Appointment, program incentive
601-37.41	Statement of requirement for USMLE, COMPLEX, NBEO, or NCDE	Board, program incentive
601-37.42	Educational delay accession data	Board, program incentive
601-37.43	Application for Army Clinical Psychology Internship Program	Board, program incentive
601-37.44	AMEDD academic program worksheet	Source, Common
601-37.45	Application for army audiology externship program	Board, statement of understanding

601-37.46	AMEDD general exception	NA
601-37.47	Agreement for army nurse corps generic course selection program	Appointment, program incentive
601-37.48	US Army Reserve and National Guard Incentives Declaration Statement	Appointment, program incentive
601-37.49	Statement for the appointment-army policy	Appointment, statement of understanding documents
601-37.5	USAR-APMC Attachment AMEDD Appointment Application Checklist	NA
601-37.50	Statement for appointment-concealment of information	Appointment, statement of understanding documents
601-37.56	US Army Active Duty Incentives Declaration Statement for DC/MC/SP/MS and VC	Board, program incentive
601-37.57	DA Service Agreement US Army Clinical Psychology Internship Program	Appointment, statement of understanding documents
601-37.58	Election or declination of HPSP bonus	Appointment, common documents
601-37.59	Contract for the Army Medical Department Enlisted Commissioning Program	Appointment, program incentive
601-37.6	AMEDD enlisted commissioning program Application Checklist	NA
601-37.60	Post board application checklist	NA
601-37.61	Army medical department enlisted commissioning program statement of understanding.	Appointment, statement of understanding documents
601-37.62	U.S. Army-Baylor Univ. Doctoral Program in Physical Therapy Applicant Service Preference	Board, common documents
601-37.63	Department of the Army Armed Forces Service Agreement-critical wartime skills accession bonus for physician and dental specialist	Appointment, program incentive
601-37.64	Request for a professional evaluation	NA – Program Manager
601-37.66	AMEDD Accession Packet Preparation Checklist	Waiver Packet QC Checklist
601-37.68	Department of the Army Service Agreement F. Edward Hebert-Armed Forces Uniformed Services University of the Health Services for the Post-Graduate Clinical Psychology Program	Appointment, common docs
601-37.69	The Army Master of Social Work Program Training Agreement	Appointment, common docs
601-37.7	Health professionals scholarship program AMEDD appointment application checklist	Other appointment docs, common docs

601-37.70	Application and enrollment checklist for ROTC/HPSP Pharmacy Health Professions Scholarship Program	Board, other
601-37.71	Social work internship program training program agreement	Board, other
601-37.9	Department of the Army Service Agreement F. Edward Hebert Armed Forces Uniformed Services University of the Health Sciences	NA
NA	OPAT Consent Statement	Medical
NA	OPAT Score Card	Medical

**Table A-5. USAREC Forms**

**Other Forms:**

<b>Form #</b>	<b>Form Name</b>	<b>DCA Upload</b>
APMC 12-R	Requirement participation agreement	Source, Current Service Documents
I-20	Certificate of eligibility for nonimmigrant student	Source, Common
I-94	Arrival/departure record	Source, Other
I-797	Notice of action (INS)	Source, Common
NGB 22	National Guard report of separation and record of service	Prior Service
SGLV 8286	Service members' Group Life Insurance	Appointment, common documents
SF 86	Questionnaire for national security positions	Appointment Security Clearance Application
SF 507	Medical Record	Medical
USMEPCOM 40-1-15	Supplemental health screening questionnaire	Medical
USMEPCOM 680-3ADP		Medical
USMEPCOM 680-3-AE	Request for examination	Medical
W-4	Employee's withholding certificate	Source, Common

**Table A-6. Other Foms**

## Websites

Standard websites used during the Medical Recruiting process include (but are not limited to):

<b>Name</b>	<b>URL</b>
ACEN	<a href="https://www.acenursing.org">https://www.acenursing.org</a>
Brooke Army Medical Center (BAMC)	<a href="http://www.bamc.amedd.army.mil">http://www.bamc.amedd.army.mil</a>
BOLC	<a href="https://medcoe.army.mil/bolc">https://medcoe.army.mil/bolc</a>
CASA	<a href="https://casa.army.mil">https://casa.army.mil</a>
CCNE	<a href="https://www.aacnnursing.org/CCNE">https://www.aacnnursing.org/CCNE</a>
Darnall Army Community Hospital	<a href="http://www.crdamc.amedd.army.mil/default.asp?page=gme">http://www.crdamc.amedd.army.mil/default.asp?page=gme</a>
DCC	<a href="https://sill-www.army.mil/30ada/amedd_dcc.html">https://sill-www.army.mil/30ada/amedd_dcc.html</a>
DEERS	<a href="http://www.dmdc.osd.mil/rsl">www.dmdc.osd.mil/rsl</a>
DEERS Locator (RAPIDS)	<a href="https://idco.dmdc.osd.mil/idco/">https://idco.dmdc.osd.mil/idco/</a>
Directory of Graduate Medical Education Training Programs	<a href="https://www.ama-assn.org/">https://www.ama-assn.org/</a>
Dwight D Eisenhower Army Medical Center (EAMC)	<a href="http://www.ddeamc.amedd.army.mil/GME/">http://www.ddeamc.amedd.army.mil/GME/</a>
GoArmy	<a href="https://goarmy.com/amedd.html">https://goarmy.com/amedd.html</a>
Madigan Army Medical Center (MAMC)	<a href="http://www.mamc.amedd.army.mil">http://www.mamc.amedd.army.mil</a>
Martin Army Community Hospital	<a href="http://www.martin.amedd.army.mil">http://www.martin.amedd.army.mil</a>
MODS	<a href="https://www.mods.army/medicaleducation">https://www.mods.army/medicaleducation</a>
National Capital Consortium Fort Belvoir	<a href="http://www.fbch.capmed.mil/sitepages/home.aspx">http://www.fbch.capmed.mil/sitepages/home.aspx</a>
National Center For Education Statistics	<a href="https://nces.ed.gov/collegenavigator/">https://nces.ed.gov/collegenavigator/</a>
National sex offender public website	<a href="https://www.nsopw.gov">https://www.nsopw.gov</a>
NLN	<a href="http://www.nln.org">http://www.nln.org</a>
Tripler Army Medical Center (TAMC)	<a href="http://www.tamc.amedd.army.mil/gme/clerkship/gme_index.htm">http://www.tamc.amedd.army.mil/gme/clerkship/gme_index.htm</a>
Walter Reed National Medical Center	<a href="http://www.wrnmmc.capmed.mil/sitepages/home.aspx">http://www.wrnmmc.capmed.mil/sitepages/home.aspx</a>
William Beaumont Army Medical Center (WBAMC)	<a href="http://www.wbamc.amedd.army.mil">http://www.wbamc.amedd.army.mil</a>
Womack Army Medical Center (WAMC)	<a href="http://www.wamc.amedd.army.mil/pages/default.aspx">http://www.wamc.amedd.army.mil/pages/default.aspx</a>

**Table A-7. MRB Process Standart Websites**

# GLOSSARY

## Section I Abbreviations

Common abbreviations and acronyms used during the Medical Recruiting process include (but are not limited to):

**AAC**

Automatic Acceptance Criteria

**AANA**

American Association of Nurse Anesthetists

**AAPA**

American Academy of Physician Assistants

**AC**

Active Component

**ACGME**

Accreditation Council on Graduate Medical Education

**ACS**

Active Commissioned Service

**AD**

Active Duty

**ADHPLRP**

Active Duty Health Professions Loan Repayment Program

**ADA**

American Dental Association; American Dietetic Association

**ADN**

Associate Degree in Nursing

**ADO**

Active Duty Obligation

**ADSO**

Active Duty Service obligation

**ADOS-RC**

Active Duty Operational Support – Reserve Component

**ADT**

Active Duty for Training

**AECPP**

AMEDD Enlisted Commissioning Program

**AEGD**

Advanced Education in General Dentistry

**AEP**

Audiology Externship Program

**AFCS**

Active Federal Commissioned Service

**AFHPS**

Armed Forces Health Professions Scholarship

**AFS**

Active Federal Service

**AGD**

Advanced General Dentistry

**AGR**

Active Guard Reserve

**AMA**

American Medical Association

**AMEDD**

Army Medical Department

**AMEDDC&S**

Army Medical Department Center and School

**AMU**

U.S. Army Marksmanship Unit

**AN**

Army Nurse Corps

**AO**

Appointment Offer

**AOA**

American Osteopathic Association

**AOC**

Area of Concentration

**AOTA**

American Occupational Therapy Association

**A&PA**

Advertising & Public Affairs

**APA**

American Psychological Association

**ARNG**

Army National Guard

**ARNGUS**

Army National Guard of the United States

**APMC**

AMEDD Professional Management Command

**APPIC**

Association of Psychology Postdoctoral and Internship Centers

**APTA**

American Physical Therapy Association

**AR**

Army Reserve

**ARC-PA**

Accreditation Review Commission on Education for the Physician Assistant

**ARISS**

Army Recruiting Information Support System

**ASA (M&RA)**

Assistant Secretary of the Army (Manpower & Reserve Affairs)

**ASI**

Additional Skill Identifier

**AT**

Annual Training

**ATP**

Agree to Process

**Au.D.**

Doctor of Audiology

**AVMA**

American Veterinary Medical Association

**BCP**

Board Certification Pay

**BDE**

Brigade

**BLS**

Bureau of Labor Statistics

**BN**

Battalion

**BOLC**

Officer Basic Course

**BSN**

Bachelor of Science in Nursing

**CADE**

Commission on Accreditation for Dietetic Education

**CASA**

Civilian Aid to the Secretary of the Army

**CCNE**

Commission on Collegiate Nursing Education

**CDR**

Commission on Dietetic Registration

**CMIF**

Career Management Individual File

**CMO**

Career Management Officer; Chief Medical Officer

**COI**

Center of Influence

**COMLEX**

Comprehensive Osteopathic Medical Licensing Examination

**CP**

Community Partner

**CPA**

Community Partner Advocate

**CPIP**

Clinical Psychology Internship Program

**CRNA**

Certified Registered Nurse Anesthetist

**CV**

Curriculum Vitae

**DA**

Department of the Army

**DASP**

Dental Additional Special Pay

**DAT**

Dental Admissions Test; Drug and Alcohol test(ing)

**DC**

Dental Corps

**DCA**

Direct Commissions and Accessions Application

**DDEAMC**

Dwight David Eisenhower Army Medical Center

**DFAS**  
Defense Finance and Accounting Service

**DIMA**  
Drilling Individual Mobilization Program

**DOB**  
Date of Birth

**DoD**  
Department of Defense

**DoDI**  
Department of Defense Instruction

**DOMRB**  
Dental Officer Multiyear Retention Bonus

**DPL**  
Diploma

**DPT**  
Doctor of Physical Therapy

**DRASH**  
Deployable Rapid Assembly Shelter

**DTMS**  
Digital Training Management System

**EAD**  
Entry on Active Duty

**ECFMG**  
Educational Commission of Foreign Medical Graduates

**ECFVG**  
Educational Commission for Foreign Veterinary Graduates

**ECLT**  
English Comprehension Level Test

**ECP**  
Early Commissioning Program

**EPSQ**  
Electronic Personnel Security Questionnaire

**ETP**  
Exception to Policy

**ETS**  
Expiration Term of Service

**F2F**  
Face to Face

**FAP**

Financial Assistance Program

**FBI**

Federal Bureau of Investigation

**FGT**

Field Grade Template

**FO**

Future Officer

**FOP**

Future Officer Program

**FY**

Fiscal Year

**FYGME**

First-Year of Graduate Medical Education

**GC**

Guidance Counselor

**GME**

Graduate Medical Education

**GN**

Graduate Nurse

**GPA**

Grade Point Average

**GPE**

Graduate Professional Education

**GRE**

Graduate Record Examination

**HCRC**

Health Care Recruiting Course

**HCROIC**

Health Care Recruiting Officer in Charge Course

**HPLR/P**

Health Professions Loan Repayment/ Program

**HPPED**

Health Professions Pay Entry Date

**HPSP**

Health Professions Scholarship Program

**HQDA**

Headquarters, Department of the Army

**HRC**

Human Resources Command

**HSD**

Health Service Directorate

**IDN**

Initial Distribution Number

**IMA**

Individual Mobilization Augmentation

**INS**

Immigration and Naturalization Service

**IPAP**

Inter-service Physician Assistant Program

**IRR**

Individual Ready Reserve

**ISP**

Incentive Specialty Pay

**JAGC**

Judge Advocate General's Corps

**JC**

Joint Commission

**JSGMESB**

Joint Service Graduate Medical Education Selection Board

**LNCO**

Liaison Noncommissioned Officer

**LOA**

Leave of Absence

**LOI**

Letter Of Intent

**LOR**

Letter of Recommendation

**LPN**

Licensed Practical Nurse

**LTHET**

Long-Term Health Education Training

**LVN**

Licensed Vocational Nurse

**MAC**

Minimal Acceptance Criteria

**MAMC**

Madigan Army Medical Center

**MC**

Medical Corps

**MCAT**

Medical College Admission Test

**MDSSP**

Medical and Dental School Stipend Program

**MEB**

Marketing Engagement Brigade

**MEDCOM**

Medical Command

**MEEPC**

Medical Education Enrollment Processing Center

**MEPS**

Military Entrance Processing Station

**MFR**

Memorandum for Record

**MILPO**

Military Personnel Office

**MODS**

Medical Occupation Data System

**MOS**

Military Occupational Specialty

**MRB**

Medical Recruiting Brigade

**MRBn**

Medical Recruiting Battalion

**MRC**

Medical Recruiting Company

**MS**

Medical Service Corps

**MSB**

U.S. Army Mission Support Battalion

**MSC**

Medical Service Corps

**MSN**

Master of Science in Nursing

**MSO**

Military service Obligation

**MTF**

Medical Treatment Facility

**MTS**

Minimum Term of Service

**NAC**

National Agency Check

**NAQ**

National Agency Questionnaire

**NARA**

National Archives and Records Administration

**NBCOT**

National Board for Certification in Occupational Therapy

**NBDE**

National Board Dental Examination

**NACLC**

National Agency Check with Local Records and Credit Check

**NCCPA**

National Commission on Certification of Physician Assistants

**NCLEX-RN**

National Council Licensure Examination - Registered Nurse

**NG**

National Guard

**NLNAC**

National League for Nursing Accrediting Commission

**NOAA**

National Oceanic and Atmospheric Administration

**NPDB**

National Practitioner Data Bank

**NPS**

Non-Prior Service

**NRMP**

National Residency Matching Program

**OASD (HA)**

Assistant Secretary of Defense (Health Affairs)

**OCAR**

Office of the Chief of Army Reserve

**OIC**  
Officer in Charge

**OML**  
Order of Merit List

**OMPF**  
Official Military Personnel File

**OT**  
Occupational Therapist

**OTSG**  
Office of the Surgeon General

**PA**  
Physician Assistant

**PAL**  
Police Agency Listing

**PANCE**  
Physician Assistant National Certifying Examination

**PE**  
Physical Examination

**PGY**  
Postgraduate Year

**Ph.D.**  
Doctor of Philosophy

**PHS**  
Public Health Service

**PM**  
Program Manager

**PMO**  
Personnel Management Officer

**POV**  
Privately-Owned Vehicle

**PS**  
Prior Service

**PSR**  
Podiatry Surgical Residency

**PT**  
Physical Therapist

**QC**  
Quality Control

**QPA**  
Qualified Pending Accession

**RA**  
Regular Army

**RC**  
Reserve Component

**RD**  
Registered Dietitian

**RE**  
Reenlistment Eligibility

**REDD**  
Re-enlistment Eligibility Data Display

**REFRAD**  
Release from Active Duty

**REQUEST**  
Recruit Quota System

**RFD**  
Reserve Forces Duty

**RFI**  
Request for Information

**RIO**  
Recruiting Integration Officer

**RN**  
Registered Nurse

**RSID**  
Recruiting Station Identification Designator

**ROTC**  
Reserve Officers' Training Corps

**RSO**  
Reserve Service Obligation

**RWOA**  
Returned Without Action

**RZ**  
Recruiter Zone

**SC**  
Station Commander

**SAMMC**  
San Antonio Military Medical Center

**SECDEF**

Secretary of Defense

**SELRES**

Selected Reserve

**SP**

Army Medical Specialist Corps

**STRAP**

Specialized Training Assistance Program

**SWOT**

Strengths, Weakness, Opportunities, and Threats

**TAMC**

Tripler Army Medical Center

**TC**

Training Circular

**TDY**

Temporary Duty

**TIG**

Time in Grade

**TIS**

Time in Service

**TL**

Transmittal Letter

**TPU**

Troop Program Unit

**TSG**

The Surgeon General

**UCMJ**

Uniform Code of Military Justice

**UIC**

Unit Identification Code

**UM**

USAREC Manual

**USAPT**

U.S. Army Parachute Team

**USAR**

U.S. Army Reserve

**USARC**

United States Army Reserve Command

**USAREC**

U.S. Army Recruiting Command

**USC**

United States Code

**USMA**

United States Military Academy

**USMLE**

United States Medical Licensing Examination

**USUHS**

Uniformed Services University of the Health Sciences

**UTP**

USAREC Techniques Publication

**VC**

Veterinary Corps

**VSP**

Variable Special Pay

**WAMC**

Womack Army Medical Center

**WF**

Work Flow

**WO**

Warrant Officer

**WRNMMC**

Walter Reed National Military Medical Center

**Section II****Terms**

This section contains no entries.

**UTP 3-10.5**  
13 Sep 2021

**FOR THE COMMANDER:**

**MARK DANNER**  
Colonel, GS  
Chief of Staff

Official

*Ronnie L. Creech*

Ronnie L. Creech  
Assistant Chief of Staff, CIO/G6

**DISTRIBUTION:**  
United States Army Recruiting Command. To be distributed in electronic media.