Army Regulation 601–142

Personnel Procurement

Army Medical Department Professional Filler System

UNCLASSIFIED

SUMMARY of CHANGE

AR 601–142
Army Medical Department Professional Filler System

This major revision, dated 9 April 2007--

o Clarifies the responsibilities of The Surgeon General (para 4).

o Clarifies responsibilities of the commanders of the U.S. Army Pacific, U.S. Army South, and U.S. Army Special Operations Command (para 4).

o Updates the lists of the actions required by modified tables of organization and equipment unit commanders (para 4).

o Clarifies the priorities for the Professional Filler System fill (para 5).

o Clarifies the policy for using officers participating in graduate health care education (para 5).

o Explains how organizational clothing and individual equipment is issued (para 5).

o Clarifies procedures for determining Professional Filler System requirements (para 6).

o Updates procedures for personnel deployment (para 6).

o Revises substitutability criteria for specialty skills (para 6, table 1).

o Defines Professional Filler System requests arriving at the U.S. Army Medical Command at least 90 calendar days prior to the start date of the requests as timely. (para 6e).

o Adds that the U.S. Army Medical Command organization commanders unable to support requests will provide a reclamma to the U.S. Army Medical Command Commander within (10) calendar days of receipt of the request for support (para 6e).

o Adds that the U.S. Army Medical Command Deputy Chief of Staff for Operations will notify the U.S. Forces Command Surgeon Office of an unresolved reclamma within 5 days of receipt of the reclamma from the supporting command (para 6e).

o Adds the Professional Filler System Deployment System process and structure (6h).

Personnel Procurement

Army Medical Department Professional Filler System

By Order of the Secretary of the Army:

PETER J. SCHOOMAKER
General, United States Army
Chief of Staff

Official:

JOYCE E. MORROW
Administrative Assistant to the
Secretary of the Army

History. This publication is a major revision.

Summary. This regulation provides guidelines to identify, assign, train, and qualify Active Army Medical Department personnel to round out Army units with the Professional Filler System for training events and military operations.

Applicability. This regulation applies to the Active Army and the U.S. Army Reserve modified tables of organization and equipment and tables of distribution and allowances units that provide or receive Active Army Medical Department fillers.

This publication is applicable for mission-essential training and all levels of graduated mobilization for combat and contingency operations.

Proponent and exception authority. The proponent of this regulation is The Surgeon General. The proponent has the authority to approve exceptions or waivers to this regulation that are consistent with controlling law and regulations. The proponent may delegate this approval authority, in writing, to a division chief within the proponent agency or a direct reporting unit or field operating agency of the proponent agency in the grade of colonel or the civilian equivalent. Activities may request a waiver to this regulation by providing justification that includes a full analysis of the expected benefits and must include formal review by the activity's senior legal officer. All waiver requests will be endorsed by the commander or senior leader of the requesting activity and forwarded through their higher headquarters to the policy proponent. Refer to AR 25–30 for specific guidance.

Army management control process. This regulation contains management control provisions, but it does not identify key management controls that must be evaluated.

Supplementation. Supplementation of this regulation and establishment of command and local forms are prohibited without prior approval from HQDA (ATTN: DASG–HR), 5109 Leesburg Pike, Falls Church, VA 22041–3258.

Suggested improvements. The proponent agency of this regulation is the Office of The Surgeon General. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to HQDA (DASG–HR), 5109 Leesburg Pike, Falls Church, VA 22041–3258.

Distribution. This publication is available in electronic media only and is intended for command levels A, B C, and D for the Active Army and the U.S. Army Reserve.

Contents (Listed by paragraph and page number)

*This regulation supersedes AR 601–142, dated 24 February 2006, and rescinds DA Form 5537, dated 1 June 2004.

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Table List

Glossary

1. Purpose

This regulation assigns responsibilities and provides Department of the Army (DA) policy and procedures for managing the Army Medical Department (AMEDD) Professional Filler System (PROFIS). This system designates qualified Active Army AMEDD personnel in table of distribution and allowances (TDA) units to fill modified table of organization and equipment (MTOE) units of the U.S. Army Forces Command (FORSCOM), U.S. Army Pacific (USARPAC), U.S. Army South (USARSO), U.S. Army Special Operations Command (USASOC), U.S. Army Europe and Seventh Army (USAREUR), Eighth U.S. Army (EUSA), and the U.S. Army Reserve Command (USARC). The objective of the Professional Filler System Deployment System (PDS) is to resource MTOE units to their required level of organization with AMEDD personnel in accordance with the Army Mobilization, Operations, Planning and Execution System (AMOPES) upon execution of an approved Joint Chiefs of Staff Operation Plan (OPLAN), or upon execution of a contingency operation, or for the conduct of mission-essential training.

2. References

Required and related publications and prescribed forms are listed in appendix A.

3. Explanation of abbreviations and terms

Abbreviations and terms used in this regulation are explained in the glossary.

4. Responsibilities

The Surgeon General (TSG) is the proponent for the PROFIS. The Commander, U.S. Army Human Resources Command (HRC) is the lead agent. The responsibilities for implementing the PROFIS are as follows:

a. TSG will—

(1) Provide policy guidance on the PROFIS.

(2) Fund the PROFIS automation system.

(3) Maintain liaison with Army Commands (ACOMs), Army Service Component Commands (ASCCs), and Direct Reporting Units (DRUs) involved in the PROFIS.

(4) Monitor the PROFIS fill to the ACOMs, ASCCs, and DRUs and the readiness of the PROFIS fillers through the automated PROFIS database, and monitor the impact on readiness through the unit status reports (USR).

(5) Identify U.S. Army Medical Command (MEDCOM) duty positions exempt from utilization as PROFIS fillers.

(6) Direct the use of AMEDD officers participating in graduate medical education (GME) and other graduate health education (GHE) programs/courses to meet PROFIS requirements.

b. The commanding general (CG), HRC will—

(1) Verify ACOM, ASCC, and DRU PROFIS validations and forward updated PROFIS requirements to MEDCOM.

(2) Maintain liaison with ACOMs, ASCCs, and DRUs involved in the PROFIS process.

c. The CG, MEDCOM will—

(1) Ensure reviews of the Medical Operational Data System (MODS) are conducted as required.

(2) Receive all validated PROFIS requirements from HRC and forward validated Active Army (AA) and Reserve Component (RC) PROFIS requirements to the appropriate MEDCOM organization for fill. The MEDCOM organization designated to provide a filler will utilize the procedures in paragraph 6 to select a qualified filler.

(3) Ensure fillers have completed the Officer Basic Course or basic training; are qualified in their area of concentration (AOC)/military occupational specialty (MOS); are appropriately credentialed, privileged, and licensed in accordance with AR 40–68; and are prepared to deploy in accordance with AR 600–8–101.

(4) Ensure MEDCOM regional medical command (RMC)/major subordinate command (MSC) commanders provide immediate replacements when PROFIS fillers become non-deployable. Replacements should be identified and loaded into MODS within 20 working days.

(5) Ensure PROFIS fillers receive required collective annual MTOE.

(6) Ensure PROFIS fillers receive individual training at their TDA facility.

(7) Coordinate with subordinate commands to ensure requests for PROFIS fillers are adequate and executable. Requests for deployment should be received at least 60 days prior to deployment and 90 days prior to scheduled training events. Deploying units will receive PROFIS personnel no earlier than 30 days prior to expected deployment date. Exceptions may be granted if submitted and approved through The Office of The Surgeon General, ATTN: DASG–HCZ, Chief, Current Operations.

(8) Notify HRC (AHRC–OPH) of problems filling PROFIS requirements due to shortfalls in either assigned or available strength.

d. The CG, FORSCOM, will—

(1) Validate AA requirements for PROFIS fillers with HRC (AHRC–OPH) as the manpower documents change.

(2) Validate/update RC requirements for PROFIS fillers with the USARC annually.

(3) Ensure all AA subordinate units validate their PROFIS requirements at least annually.

(4) Ensure subordinate commanders receiving PROFIS fillers provide collective field training for the fillers. Unit

training with PROFIS personnel should be scheduled as far in advance as possible and entered on the unit's long range training schedule. The PROFIS training request should be provided to MEDCOM Operations at least 90 days in advance for appropriate tasking and sourcing.

(5) Ensure that AA and RC subordinate commanders who receive PROFIS fillers provide a commander's welcome letter and/or unit orientation packet to the fillers not later than 30 working days following notification of their identity to the gaining MTOE unit.

(6) Coordinate with MTOE commanders requesting PROFIS fillers for scheduled field training exercises (unclassified) to ensure requests for PROFIS fillers are validated and entered in the AMEDD Resource Tasking Systems (ARTS). PROFIS requests in support of actual deployments will be processed over secure Internet protocol router (SIPR) communications.

(7) Ensure AA subordinate commanders review the PROFIS database monthly, and RC commanders quarterly, in conjunction with the completion of the USR, to verify availability of PROFIS fillers.

(8) Ensure subordinate units provide PROFIS fillers with their organizational clothing and individual equipment (OCIE) and other unit common table of allowance equipment, protective masks and weapons, and appropriate Army Authorization Documents System equipment.

(9) Identify and incorporate PROFIS requirements into the Training Resource Model (TRM) Program Objective Memorandum (POM) and submit through normal TRM POM submission channels to ensure adequate funding is received to cover PROFIS personnel OCIE requirements.

(10) Submit a unit fill priority list to MEDCOM (MCPE–MO) no later than 30 September each year. Update the list whenever there is a change of priority.

(11) Provide MEDCOM (MCPE–MO) a roster of the units that will be granted access to the PROFIS database and each unit's level of access.

e. CG USAREUR, CG, EUSA, CG, USARPAC, CG, USARSO, and the CG, USASOC will—

(1) Validate PROFIS requirements with HRC (AHRC–OPH) annually. These PROFIS requirements must also be included in the appropriate OPLAN shelf requisitions and be provided to the Commander, HRC (AHRC–MOB) in accordance with AMOPES, Annex E, Appendix 4.

(2) Communicate with commands providing PROFIS fillers. Ensure subordinate commanders review the PROFIS database monthly in conjunction with the completion of the USR.

(3) Identify and incorporate PROFIS requirements into TRM POM and submit through normal TRM POM submission channels to ensure adequate funding is received to cover PROFIS OCIE requirements at the installation at which they reside.

(4) Ensure subordinate commanders receiving PROFIS fillers provide collective field training for the fillers. Unit training with PROFIS personnel should be scheduled as far in advance as possible and entered on the unit's long range training schedule. Provide to MEDCOM Operations the PROFIS training request at least 90 days in advance for appropriate tasking and sourcing.

(5) Ensure that AA subordinate commanders who receive PROFIS fillers provide a commander's welcome letter and/or unit orientation packet to the fillers not later than 30 working days following notification of their identity to the gaining MTOE unit.

(6) Coordinate with MTOE commanders requesting PROFIS fillers for scheduled field training exercises (unclassified) to ensure requests for PROFIS fillers are validated and entered in the AMEDD Resource Tasking Systems (ARTS). PROFIS requests in support of actual deployments will be processed over SIPR communications.

(7) Ensure subordinate units provide PROFIS fillers with their organizational OCIE and other unit common table of allowance equipment, protective masks and weapons, and appropriate Army Authorization Documents System equipment.

(8) Submit a unit fill priority list to MEDCOM (MCPE–MO) no later than 30 September each year. Update the list whenever there is a change of priority.

(9) Provide MEDCOM (MCPE–MO) a roster of the units that will be granted access to the PROFIS database and each unit's level of access.

f. CG, U.S. Army Reserve Command will—

(1) Validate with FORSCOM annually the RC requirements for PROFIS fillers.

(2) Ensure subordinate commanders receiving PROFIS fillers schedule annual training.

(3) Ensure RC subordinate commanders gaining PROFIS fillers provide a commander's welcome letter and unit orientation packet to the fillers not later than 30 working days following notification of their identity to the gaining MTOE unit.

(4) Coordinate with MTOE commands requesting PROFIS fillers to ensure requests for PROFIS fillers are validated.

(5) Ensure RC subordinate commanders review the PROFIS roster provided by the Army Reserve quarterly, in conjunction with the completion of the USR, to verify availability of PROFIS fillers.

(6) Ensure RC PROFIS personnel data involving credential, privilege, and licensure requirements in accordance with AR 40–68 are updated as prescribed by the Army Reserve Clinical Credentialing Affairs Office (ARCCA).

(7) Ensure subordinate units provide PROFIS fillers with their OCIE and other unit common table of allowance equipment, protective masks and weapons, and appropriate Army Authorization Documents System equipment.

(8) Identify and incorporate PROFIS requirements into TRM POMs and submit through normal TRM POM submission channels to ensure adequate funding is received to cover PROFIS OCIE requirements

(9) Submit a unit fill priority list to FORSCOM (ATTN: AFMD) no later than 31 August annually.

(10) Provide MEDCOM (ATTN: MCPE–MO) with a roster of units that will be granted access to the PROFIS database and each unit's level of access.

g. MTOE unit commanders will—

(1) Submit annual training calendars to MEDCOM organizations of PROFIS personnel no later than 31 October of each fiscal year.

(2) Provide annual collective field training for PROFIS fillers.

(3) Provide PROFIS fillers a welcome letter and unit orientation packet within 30 working days of being designated to an AA or RC PROFIS position. Units will include information about the unit location, mission, individual duty position description, special qualifications (that is, advanced trauma life support or airborne training), training requirements, individual equipment packing lists, schedule of future training opportunities, a reception itinerary/in processing training schedule, the timeframe to report after notification of PROFIS activation, and the level of security clearance required.

(4) Review the PROFIS database monthly, in conjunction with completion of the USR, to verify availability of AA PROFIS fillers.

(5) Review the PROFIS roster provided by the Army Professional Medical Command (APMC) quarterly, in conjunction with the completion of the USR, to verify availability of RC PROFIS fillers (RC MTOE commanders only).

(6) Provide PROFIS fillers the OCIE appropriate for the area of assignment prior to training exercises or deployment operations.

(7) Report additions and deletions of PROFIS requirements to the ACOM, ASCC, and DRU as changes occur.

(8) Provide PROFIS personnel with billeting and messing during unit training.

h. MEDCOM organization commanders providing the PROFIS fillers will—

(1) Fill PROFIS positions with personnel who are in compliance with at least levels 1 and 2 of Soldier readiness processing (SRP) requirements as described in AR 600–8–101 and are capable of performing their wartime mission during a no-notice deployment.

(2) Provide travel funds for the PROFIS filler to and from either the gaining MTOE unit or the training site.

(3) Ensure PROFIS personnel comply with AR 40–68 credential, privilege, and licensure requirements in the tasked AOC/MOS/Additional Skill Identifier (ASI).

(4) Ensure fair, equitable PROFIS assignments within available staff to utilize the total inventory of available personnel, avoid repetitive deployments, and maximize stabilizations.

(5) Maintain personnel data on PROFIS fillers in the Medical Operational Data System (MODS) and immediately annotate the system with changes in the status of the fillers and provide replacements within 20 working days or sooner upon determination that PROFIS fillers have become non-deployable.

(6) Ensure PROFIS fillers establish and maintain regular contact with the gaining MTOE units.

(7) Track training with PROFIS fillers and their MTOE units.

(8) Ensure that deployment status for PROFIS personnel is updated in ARTS and MODS upon deployment.

(9) Update ARTS on all redeploying PROFIS personnel during the post-deployment phase of the Deployment Cycle Support (DCS) Program.

5. Policy

a. MEDCOM provides PROFIS fillers to EUSA, FORSCOM, USAREUR, USARPAC, USARSO, USASOC, and USARC.

b. Unless otherwise instructed, PROFIS requirements will be filled to 100 percent at the higher priority level before proceeding to the next level. During contingencies, priority of PROFIS resources must shift to early deployers going into theater. The priorities for PROFIS fill are early deploying units and those units identified for upcoming deployment operations in the following rank order:

(1) Active Army units.

(2) Multi-component units.

(3) Reserve units.

c. In support of the Global War on Terrorism or future contingency operations, TSG may authorize the use of the PROFIS Deployment System (PDS) in order to help sustain an increased operations tempo and personnel tempo for the AMEDD.

(1) The PDS is a MEDCOM internal selection system within the overall PROFIS framework that enables MED-COM to thoroughly plan for sustained long-term operational deployments. This corollary system is designed to help better manage low-density and high-criticality AOC/MOS/ASIs that fill deployable PROFIS requirements in support of the Army's wartime missions.

(2) PDS will only be activated and implemented for a contingency, an operation, or a conflict on the order of TSG. When activated, PDS will compliment the current system and shift management and PROFIS selection decision authority from medical treatment facilities and regional medical commands to Headquarters, MEDCOM. The system has a tiered approach that identifies specific specialties to be managed by MEDCOM for Tier I, RMCs for Tier II, and medical treatment facility commands for Tier III. The PROFIS requirements that are managed in PDS will only consist of those positions that support deploying units in accordance with the published time phased force deployment list (TPFDL). Typically PROFIS personnel will be identified for PDS requirements at least 120 days prior to any deployment to ensure training and preparation time is adequate. Additional Soldiers will be identified as "stand-by deployable personnel" and will be trained and ready to augment any additional requirements or to replace un-forecasted losses with minimal notification.

(3) The entire automated PDS will be managed in MODS. The PDS is managed off-line from the live PROFIS module in MODS and is eventually merged back into the live PROFIS module with no effect to readiness reporting. At the discretion of TSG, PDS may be used for any size of operation and has the ability to remain active for long periods of time. The system will create stability, provide deployment equity, and help strategically manage PROFIS deployments during any extended conflict, operation, or war. The PDS is managed at HQ, USAMEDCOM, Personnel Operations Branch, 2050 Worth Road, Fort Sam Houston, Texas 78234–6000. For additional information, please contact MEDCOM Headquarters, ATTN: MCPE–MO.

d. Soldiers may be assigned to both PROFIS positions and special medical augmentation response teams (SMART). SMART are secondary to the above priorities, and PROFIS deployment missions will take precedence over SMART requirements.

e. Medical treatment facility (MTF) commanders, deputy commanders, and graduate medical education/graduate health education (GME/GHE) program directors will not normally be assigned to PROFIS requirements.

f. PROFIS requirements for units not listed on the time-phased force and deployment list (TPFDL) will be equitably distributed to the RMCs by MEDCOM based on availability of personnel in separate AOCs, MOSs, and ASIs. Geographic distribution of PROFIS requirements will be considered during the decision-making process. Units listed on the TPFDL will be locked in accordance with TSG guidance. Changes to locked positions will only be allowed with MEDCOM approval.

g. MEDCOM must approve RMC requests to implement the substitution criteria in table 1 after the inventory of primary skills within the MEDCOM is exhausted to ensure that equity within particular specialties can be safeguarded. Any PROFIS requirements that cannot be filled by the local MEDCOM organizations will then be covered by other assets from within the RMC. RMCs will exhaust all assets prior to returning PROFIS requirements to MEDCOM.

h. MEDCOM organizations will continue to fill non-PDS PROFIS requirements in addition to filling PDS requirements. PDS requirements will have priority of fill.

i. AMEDD officers participating in GME/GHE training programs or area of concentration (AOC)/MOS, ASI producing courses exceeding 20 weeks in length will not be routinely used as PROFIS fillers. If all fully trained AMEDD officers have been scheduled for deployment and TSG authorizes the use of these students, the following criteria must be used:

(1) Regardless of the level of emergency, trainees in their postgraduate year (PGY)-1 are exempt from deployment, unless approved by TSG.

(2) Trainees PGY–2 and beyond, who are in fully or partially funded civilian training, will not be removed from their training programs unless approved by TSG.

(3) Trainees may be employed on a short-term basis (fewer than 90 days) to backfill positions in TDA facilities that are vacated by the implementation of PROFIS. Fellows will be used before residents.

(4) Trainees will be used in their basic AOC. After completion of 50 percent of their training, they may be used in the AOC for which they have been trained, provided adequate competency has been achieved. The priority for the removal of trainees from their GME or GHE program is as follows:

(a) Trainees who would be given enough credit from their final phase of training to graduate off-cycle.

(b) Trainees who could be deployed to medical units that would permit their deployed time to be credited for training (for example, in a deployed unit where clinical supervision and patient load are appropriate).

(5) Trainees will not be used to fill division level or below or high-priority contingency positions (for example, forward surgical teams) unless approved by TSG. They should not be in a position where the trainee is the sole provider.

(6) GME or GHE participants will be among the first to redeploy in order to minimize the impact on remaining training requirements.

(7) Commanders of MEDCOM teaching hospitals will report to the Commander, MEDCOM, ATTN: Director of

Medical Education, Falls Church, Virginia 22041 if anticipated deployments could cause GME, GHE, or other training programs to be placed on probation.

6. Procedures

a. Determining PROFIS requirements. As official manpower documents change, but no later than 31 August of each year, AA MTOE units will compare their total MTOE requirements against authorizations in order to determine PROFIS requirements. RC MTOE units will compare their requirements against their assigned personnel to determine PROFIS requirements no later than 31 August of each year. MEDCOM will determine what RC PROFIS requirements can be supported and those that will be returned to FORSCOM. MTOE units that require PROFIS fillers will electronically forward to their ACOMs, ASCCs, and DRUs a roster of validated PROFIS requirements with the unit identification code (UIC), AOC/MOS, ASI, required grade, and paragraph and line number, to include sequence numbers. Any AA AMEDD officer requirement that is not authorized, or that is authorized but not normally staffed (not officer distribution plan supported), becomes a PROFIS requirement. Any AA AMEDD enlisted (CMF 68) requirement that is required and not authorized becomes a legitimate PROFIS requirement. Coordination between HRC and MEDCOM will be ongoing to mitigate these situations as they arise.

b. Changes to requirements.

(1) Proposed additions and deletions to AA PROFIS requirements will be entered into the Personnel PROFIS database module of MODS at the ACOM, ASCC, and DRU level. ACOMs', ASCCs', and DRUs' new AA requirements will be sent electronically to HRC (AHRC–OPH) for validation. Within 10 working days of receiving new PROFIS requirements, HRC will validate the requirements, change the PROFIS database to reflect the new requirements, and subsequently transmit the new requirements to MEDCOM for fill. ACOMs, ASCCs, and DRUs will delete PROFIS requirements as necessary.

(2) Proposed additions to Army Reserve PROFIS requirements will be entered into the PROFIS database by the Army Professional Medical Command (APMC) and electronically forwarded to FORSCOM for validation and to MEDCOM for fill. The APMC will delete PROFIS requirements throughout the year as necessary.

c. Assigning PROFIS fillers to PROFIS requirements.

(1) After receipt of the new PROFIS requirements, MEDCOM will task its subordinate organizations to fill the requirements. Providing RMCs must fill identified requirements within 20 working days of notification. The MEDCOM organizations designated to provide fillers will select, and enter into the PROFIS database, fillers with the required AOC or MOS (including ASI), the appropriate security clearance and any additional skills needed to fill the MTOE PROFIS requirements. AR 220–1, table D–2, Unit Status Reporting, will be used to determine personnel available for PROFIS fill. MEDCOM may direct use of substitution criteria in table 1 to fill the remaining requirements

(2) Fillers may be substituted one grade down or two grades up from their present grade (see table 1 and app B-1). Certain positions may be designated by MEDCOM for fill with the tasked grade, or MEDCOM may waive the grade requirement. Critical shortages may also necessitate fills outside the grade criteria if directed by MEDCOM.

(3) PROFIS flight surgeon positions will be filled by currently practicing flight surgeons or MC Officers not currently occupying 61N Flight Surgeon slots who have completed the Army Flight Surgeon Primary Course and are substitutable for 62B Field Surgeons (see table 1), provided they attend a 61N Flight Surgeon refresher training course offered at Fort Rucker, AL.

(4) If a PROFIS filler separates from the Army, experiences a permanent change of station (PCS), or becomes non-deployable, a replacement will be entered into the PROFIS database within 20 working days of notification of the loss. Replacements for anticipated losses will be identified by the MEDCOM organization at least 90 days before the loss occurs, and the departing filler must be coded as unavailable in MODS. However, if there is no replacement identified or available, the Soldier must remain in the slot until 7 days prior to the loss.

Table 1
Substitutability criteria

Branch (See app B-1; the note applies to all branches.)	Level of Replacement	Primary specialty (See apps B-2 and B-3.)	Substitute specialty (Primary AOC only)
MEDICAL CORPS	100%	60A Operational Medicine	All 60/61/62 series specialties
		60B Nuclear Medicine Officer	None
	100%	60C Preventive Medicine Officer	60D Occupational Medicine Officer 61N Flight Surgeon (only if residency in Aerospace Medicine has been completed)
		60J Obstetrician/ Gynecologist (OB/ GYN)	None
		60K Urologist	None

Table 1
Substitutability criteria—Continued

Branch (See app B-1; the note applies to all branches.)	Level of Replacement	Primary specialty (See apps B-2 and B-3.)	Substitute specialty (Primary AOC only)
		60L Dermatologist	None
		60N Anesthesiologist	None
		60S Ophthalmologist	None
		60T Otolaryngologist	None
	100%	60V Neurologist	60R Child Neurologist
	100%	60W Psychiatrist	60U Child Psychiatrist
		61A Nephrologist	None
	100%	61F Internist	60F Pulmonary Disease Officer 60G Gastroenterologist 60H Cardiologist 61A Nephrologist 61B Hematologist/Oncologist/Hematologist 61C Endocrinologist 61D Rheumatologist 61G Infectious Disease Officer
	50%	61F Internist	60B Nuclear Medicine Officer (only if Internal Medicine training has been completed) 60M Allergist, Clinical Immunologist (only if Internal Medicine training has been completed) 61E Clinical Pharmacologist (only if Internal Medicine training has been completed)
		61G Infectious Disease Officer	None
	75%	61H Family Physician	62A Emergency Physician 62B Field Surgeon 60P Pediatrician (general and fellowship trained) 61N Flight Surgeon (MC holding AOC that is substitutable for 62B Field Surgeon and has previously completed the Army Flight Surgeon Primary Course) 61F Internist
	35%	61H Family Physician (See app B–4h.)	66P Family Nurse Practitioner
	100%	61J General Surgeon (all units) (See app B-4.)	61K Thoracic Surgeon 61L Plastic Surgeon 61W Peripheral Vascular Surgeon
	35%	61J General Surgeon (FST and CSH) (See app B-4.)	60J Obstetrician and Gynecologist (only if Gynecology–Oncology fellowship was completed) 60K Urologist (only if Urology–Oncology fellowship was completed)
	25%	61J General Surgeon (all non-FST elements) (See note B–4c.)	60J Obstetrician and Gynecologist (no requirement for fellowship training) 60K Urologist (no requirement for fellowship training) 61L Plastic Surgeon (trained in ENT and plastic surgery, but not trained in general surgery)
		61K Thoracic Surgeon	None
		61M Orthopedic Surgeon	None
	100%	61N Flight Surgeon (See app B-4j.)	Any MC provider holding an AOC that is substitutable for 62B Field Surgeon and has previously completed, as a minimum, the Army Flight Surgeon Primary Course
	100%	61R Diagnostic Radiologist	60B Nuclear Medicine Officer (only if the individual has completed a 61R Diagnostic Radiology residency training program) 61Q Therapeutic Radiologist (only if the individual has completed a 61R Diagnostic Radiology residency training program)
		61U Pathologist	None
		61W Peripheral Vascular Surgeon	None
		61Z Neurosurgeon	None
	50%	62A Emergency Physician	61H Family Physician

Table 1
Substitutability criteria—Continued

Branch (See app B-1; the note applies to all branches.)	Level of Replacement	Primary specialty (See apps B-2 and B-3.)	Substitute specialty (Primary AOC only)
	100%	62B Field Surgeon (See apps B-2 and B-3.)	**Substitution Group 1** 60P Pediatrician (non-fellowship trained) 61F Internist 61H Family Physician **Substitution Group 2** 60C Preventive Medicine Officer 60D Occupational Medicine Officer 60F Pulmonary Disease Officer 60G Gastroenterologist 60H Cardiologist60L 60P Pediatrician (fellowship-trained) 60V Neurologist
	100%	62B Field Surgeon (See app B-2 and B-3.)	**Substitution Group 2 continued** 61C Endocrinologist 61D Pheumatologist 61N Flight Surgeon 61P Physiatrist 62A Emergency Physician **Substitution Group 3** 60J Obstetrician and Gynecologist 60L Dermatologist 60M Allergist, Clinical Immunologist 61B Medical Oncologist/Hematologist 61E Clinical Pharmacologist
DENTAL CORPS	100%	63A General Dentist	63B Comprehensive Dentist 63K Pediatric Dentist
	50%	63A General Dentist	63F Prosthodontist
	25%	63A General Dentist	63D Periodontist 63E Endodontist 63H Public Health Dentist 63M Orthodontist 63N Oral and Maxillofacial Surgeon 63P Oral Pathologist
		63B Comprehensive Dentist	None
		63D Periodontist	None
		63E Endodontist	None
	25%	63F Prosthodontist, Fixed	63B Comprehensive Dentist
	25%	63H Public Health Dentist	63B Comprehensive Dentist
		63N Oral and Maxillofacial Surgeon	None
	100%	63R Executive Dentist	All 63 series specialties
VETERINARY CORPS	100%	64A Field Veterinary Service	All 64 series specialties
		64B Veterinary Preventive Medicine (See app B-7.)	None
		64C Veterinary Laboratory Animal Medicine	None
		64D Veterinary Pathology	None
		64E Veterinary Comparative Medicine	None
		64F Veterinary Clinical Medicine	None
	100%	64Z Senior Veterinarian (Duty Position)	All 64 series specialities except 64A
ARMY MEDICAL SPECIALIST CORPS		65A Occupational Therapy	None
		65B Physical Therapy	None
		65C Dietitian	None

Table 1
Substitutability criteria—Continued

Branch (See app B-1; the note applies to all branches.)	Level of Replacement	Primary specialty (See apps B-2 and B-3.)	Substitute specialty (Primary AOC only)
	100%	65D Physician Assistant (See apps B-2 and B-3.)	**Substitution Group 1** 62B Field Surgeon 60P Pediatrician (non-fellowship trained) 61F Internist 61H Family Physician **Substitution Group 2** 60C Preventive Medicine Officer 60D Occupational Medicine Officer 60F Pulmonary Disease Officer 60G Gastroenterologist 60H Cardiologist 60P Pediatrician (fellowship trained) 60V Neurologist 61C Endocrinologist 61D Rheumatologist 61G Infectious Disease Officer
	100%	65D Physician Assistant continued (See apps B-2 and B-3.)	**Substitution Group 2 continued** 61N Flight Surgeon 61P Physiatrist 62A Emergency Physician **Substitution Group 3** 6OJ Obstetrician and Gynecologist 60L Dermatologist 60M Allergist, Clinical Immunologist 61B Medical Oncologist/Hematologist 61E Clinical Pharmacologist
	50%	65D Physician Assistant (Level II Medical Company only– see app B-4*k.*)	66P Family Nurse Practitioner
ARMY NURSE CORPS		66B Community Health Nurse	None
		66C Psychiatric/Mental Health Nurse	None
		66E Operating Room Nurse	None
	100%	66F Nurse Anesthetist (See app B-4*d.*)	60N Anesthesiologist
	20%	66H Medical–Surgical Nurse (See apps B-4*g* and B-10.)	66G Obstetric-Gynecologic Nurse
		66H8A Critical Care Nursing	None
		66HM5 Emergency Nursing	None
		66P Family Nurse Practitioner	None
		66N Generalist Nurse (See app B-4*e.*)	All 66 series specialities (See app B-4*e.*)
MEDICAL SERVICE CORPS	100%	67A Health Services (Duty Position) (See app B-4*i.*)	Any 70 series officer
		70A Health Services Administration (See app B-4*i.*)	None
	100%	70B Health Services Administration (See app B-4*i.*)	Any 70 series company grade officer
	100%	70C Health Services Comptroller (See app B-4*i.*)	None
		70D Health Services Systems Management (See app B-4*i.*)	None
		70E Patient Administration (See app B-4*i.*)	None
		70F Health Services Human Resources (See app B-4*i.*)	None
		70H Health Services, Plans, Operations, Intelligence, Security, and Training (See app B-4*i.*)	None
		70K Health Services Material (See app B-4*i.*)	None
	100%	70K9I Health Facilities Planner (See app B-4*i.*)	70K (Must be approved by TSG consultant for 70K9I)
	100%	67B Laboratory Sciences (Duty Position)	All 71 series specialities

Table 1
Substitutability criteria—Continued

Branch (See app B-1; the note applies to all branches.)	Level of Replacement	Primary specialty (See apps B-2 and B-3.)	Substitute specialty (Primary AOC only)
		71A Microbiology (See app B-5.)	None
		71B Biochemistry	None
		71E Clinical Laboratory	None
		71F Research Psychology	None
	100%	67C Preventive Medicine Sciences (Duty position)	All 72 series specialities
		72A Nuclear Medical Science	None
		72B Entomology	None
		72C Audiology	None
	100%	72D Environmental Science	72E Environmental Engineer
	100%	72E Environmental Engineer	72D Environmental Science
	100%	67D Behavioral Sciences (Duty Positon)	All 73 series specialities
		73A Social Work	None
	35%	73B Clinical Psychology (CSC Detachment only) (See app B-4*l.*)	66C7T Psychiatric/Mental Health Clinical Nurse Specialist (Must have 7T ASI-Clinical Nurse Specialty)
		67E Pharmacy	None
		67F Optometry	None
		67G Podiatry	None
		67J Aeromedical Evacuation	None
ENLISTED MOS	100%	68WM6 Practical Nurse	68WM3 Dialysis Specialty (Must be approved by the Senior Enlisted Advisor, Health Policy and Services, MEDCOM)
	100%	68 Series MOS (See app B-4*f.*)	MEDCOM will provide oversight on all enlisted MOS/ASIs substitutions

d. PROFIS paid parachute positions. Requirements coded as PROFIS paid parachute positions should be filled by airborne-qualified personnel. The first priority of fill for these positions is volunteers who are airborne qualified who are assigned, or eligible for reassignment, to the local MEDCOM organization. The second priority is qualified volunteers currently assigned or eligible for reassignment within a 300-mile radius of the gaining MTOE unit. The third priority is volunteers for airborne training who are currently assigned or eligible for reassignment to the local MEDCOM organization. The final priority is volunteers for airborne training who are currently assigned or eligible for reassignment within a 300-mile radius of the gaining MTOE unit. Personnel not currently airborne qualified who volunteer to fill a PROFIS paid parachute position requirement will submit a request for airborne training within 30 days of acceptance to fill the PROFIS position. Qualified PROFIS fillers or appropriate substitutes from table 1, occupying PROFIS paid parachute positions are authorized jump pay.

e. PROFIS fillers assigned to deploying units. These fillers will report to the gaining MTOE units in accordance with mobilization guidance. PROFIS fillers designated to fill forward deployed units outside continental United States (OCONUS) will report to a designated central processing center or Continental United States (CONUS) Replacement Center (CRC) for SRP processing and equipment issue. If a central processing center or CRC is not designated, PROFIS fillers will report to a designated aerial port of embarkation (APOE). In these cases, SRP processing and equipment issue will be the responsibility of the home station or losing installation prior to deployment.

f. OCIE for PROFIS fillers deploying to forward-deployed OCONUS units (for example, EUSA, USAREUR, and USASOC). These PROFIS fillers will normally be issued OCIE at a designated central processing center or CONUS CRC. If a central processing center or CRC has not been designated, the losing installation will issue OCIE to the individual PROFIS fillers prior to deployment. PROFIS fillers to FORSCOM, USARPAC, USARSO, and USASOC deploying MTOE units, will be issued their OCIE through the gaining (FORSCOM, USARPAC, or USARSO) unit's OCIE provider.

g. Questions regarding the implementation of PROFIS. These questions should be sent through command channels to HQDA (DASG–HR), 5109 Leesburg Pike, Falls Church, VA 22041–3258.

h. Requesting PROFIS for mission-essential training.

(1) The losing MEDCOM organization will provide requested PROFIS personnel for scheduled training. Every effort will be made to provide the designated personnel from the current PROFIS roster unless the filler is unavailable as defined in AR 220–1, table D–1.

(2) PROFIS requests (for other than contingency operations and Joint Chiefs of Staff (JCS) deployment rotations) must arrive at HQ MEDCOM Current Operations Branch no later than 90 days prior to the reporting date to be considered timely. These requests are processed by the area of responsibility (AOR) desk officer to the RMC/MSC.

Requests received 60–89 days prior to the report date require the Chief, Current Operations Branch review and prior coordination with RMC to release. Unless contingency related, requests received 59 days or less from execution will be disapproved as untimely. The Chief, Current Operations Branch is the approval authority for exceptions to this policy. Replacement Operations may have different timelines depending on the nature of the replacement action being requested.

(3) Requests will be sent via the ARTS through appropriate command channels to the supporting units.

(4) If the tasked RMC/MSC cannot support the requirement, they should notify HQ MEDCOM Current Operations Branch as soon as possible, but **no later than 10 calendar days** after the date the ARTS tasker was created and tasked to the RMC. Once tasked, the RMC/MSC is responsible to fill the request until notified by Current Operations Branch that relief is approved. The HQ MEDCOM Current Operations Branch is the only authorized agent that can terminate a MEDCOM tasking requirement. TSG consultants provide recommendations to Health Policy & Services (HP&S) at HQ MEDCOM and cannot terminate or alter tasking requirements.

(5) MEDCOM DCSOPS will notify the FORSCOM Surgeon of an unresolved reclamma within 5 days of receipt of the reclamma from the supporting MEDCOM organization commander.

i. Activating PROFIS.

(1) Requests for PROFIS fillers. These requests for any contingency or operation will be through secure channels of communication. The providing MEDCOM organization commander will deploy the PROFIS fillers. The losing units' personnel officers will request that the losing installation human resources directorate (HRD) publish TCS orders. As soon as operational security permits, TSG's representative in the Army Operations Center will notify the appropriate activities of PROFIS implementation.

(2) OCONUS units. The PROFIS, as part of the OPLAN filler requirement, is activated at the request of the supported combatant commander or by OPLAN implementation. Upon HQDA (Office of the Deputy Chief of Staff for Operations and Plans) approval request for implementation, the Personnel Contingency Cell (PCC) in the Army Operations Center will direct HRC to begin filler and/or casualty replacement flow against the supporting Army Component Commander's shelf requirement. TSG's representative in the PCC will send a message to MEDCOM to initiate the flow for the forward deployed portion of PROFIS. MEDCOM will send a message to its subordinate units directing deployment of PROFIS to forward deployed positions for supported operations. The losing MEDCOM organizations' personnel officers will request that the losing installation HRD publish temporary change of station (TCS) orders (format 401). Personnel flowing to their OCONUS forward deployed unit as replacements will report to a CRC or other-designated central processing center for Soldier readiness verification and OCIE issue. CRCs will coordinate the movement of PROFIS fillers to the APOE. PROFIS personnel reporting to forward deployed units in Korea will flow directly to the designated APOE.

(3) CONUS units. ACOMs, ASCCs, and DRUs will notify MEDCOM and TSG's representative in the PCC of units activating their PROFIS fillers. PROFIS fillers designated to fill CONUS deploying units will report to their gaining units as directed by mobilization guidance. The losing MEDCOM organizations' personnel officers will instruct the losing installation HRD to publish TCS orders and assist with travel arrangements.

(4) Assignment/attachment orders.

(a) Upon activation of the PROFIS, personnel deploying to the theater of operations as individuals will move in a TCS status. Soldiers will process through the servicing HRD prior to deployment. TCS orders directing this reassignment will be prepared by the losing installation HRD on execution of the operation. In accordance with the appropriate Personnel Planning Guidance (PPG), these orders will be used to obtain travel to the HRD servicing the deployed/ deploying unit, central processing center, CRC, APOE, or as otherwise directed within the orders. Format 401 orders published by the losing HRD according to AR 600–8–105 will be used to reassign individual fillers. The format 401 order is a self-terminating order that may be endorsed, as required, to reflect movement within the replacement system to the forward deployed unit and return to home station.

(b) PROFIS fillers deploying to the theater of operations as members of deploying units will move in a TCS status using orders format 745 according to AR 600–8–105. Each PROFIS filler deploying with the unit will be provided copies of the unit movement order and the annex listing the individuals included in the move.

(c) In the event a unit requests their PROFIS for a Homeland Security Mission, such as CONUS disaster relief, the losing unit is responsible for providing an order to the PROFIS individual in the format specified in the ARTS tasker/ OPORD.

1. Soldier readiness processing (SRP) during peacetime and mobilization.

a. Levels 1 and 2 SRP requirements are mandatory for all PROFIS fillers whether moving as a member of a unit or as an individual, if the move is from CONUS to OCONUS or from one OCONUS location to another. The losing MEDCOM organization commander is responsible for ensuring all PROFIS fillers complete the required levels 1 and 2 SRP processing in accordance with AR 600–8–101.

b. Levels 3 and 4 SRP requirements must be accomplished before a Soldier can participate in an individual or unit movement. However, these levels may be waived by a general officer in command of the deploying organization. Specific level 3 and 4 requirements will be announced by message from HQDA (ATTN: DCSPER).

2. Military personnel record jackets (MPRJs) will not be deployed to the theater of operations. The HRD servicing

the deployed/deploying unit is responsible for maintenance of the PROFIS fillers' MPRJs during periods of deployment in accordance with AR 600–8–101.

3. Requests for backfill at MEDCOM organizations losing PROFIS fillers will be transmitted thru RMC/MSC commanders to MEDCOM (ATTN: Plans and Operations).

4. All PROFIS fillers will deploy with a Personnel Readiness Folder (PRF) in their possession, in accordance with AR 600–8–104, paragraph 6–15*k*(2).

5. All PROFIS fillers moving as individuals will out-process at the losing station and in-process at the gaining station. Losing station personnel offices must ensure appropriate eMILPO transactions are processed showing the Soldier deployed.

6. If mobilization is declared, messages will be released by HQDA to implement any policy adjustments that may be necessary for the Officer and NCO Evaluation Reporting System.

7. Units with contingency missions and missions short of full mobilization require the TCS assignment of PROFIS fillers to the MTOE unit for the period of deployment. Contingency operations may require a rapid response, not leaving time to prepare TCS orders at the time of the operation. Therefore, upon assignment to a PROFIS position in a contingency unit, the losing unit personnel officer will request that the losing installation HRD publish TCS orders to the gaining MTOE unit, using AR 600–8–105, format 401. These orders would only be activated upon deployment of the unit.

8. TCS filler personnel will be accounted for in eMILPO in accordance with published personnel planning guidance.

Appendix A
References

Section I
Required Publications

AR 40–68
Clinical Quality Management. (Cited in paras 4*c*(3), 4*f*(6), 4*h*(3).)

AR 220–1
Unit Status Reporting. (Cited in paras 6*c*(1), 6*h*(1).)

AR 600–8–101
Personnel Processing (In-, Out-, Soldier Readiness, Mobilization, and Deployment Processing). (Cited in paras 4*c*(3), 4*h*(1), 6*i*(4), 6*i*(4).)

AR 600–8–105
Military Orders. (Cited in paras 6*i*(4)*(a)*, 6*i*(4)*(b)*, 6*i*(4)*(c)*, 6*i*(5), 6*i*(10).)

Section II
Related Publications

AR 600–8–6
Unit Personnel Accounting and Strength Reporting

AR 600–8–104
Military Personnel Information Management/Records

AR 623–3
Evaluation Reporting System

Section III
Prescribed Forms
This section has no entries.

Section IV
Referenced Forms
This section has no entries.

Appendix B
Notes for Substitutability Criteria

1. Grade substitution
With the exception of the Medical Service Corps (MS), an officer up to two grades below or one grade above the required position grade is an authorized substitution. (For example an officer in the grade of LTC, MAJ, CPT or 1LT may fill a position requirement for a MAJ). Conversely, an officer may fill a position requirement two grades up or one grade down from his or her current grade. (For example, a MAJ may fill a position requiring a COL, LTC, MAJ, or CPT). MEDCOM may require a position to be filled at the tasked grade or may waive the grade requirement. The grade substitution for MS officers is limited to one grade above or below the requirement. This is based upon the level of experience required to execute mission requirements. Unlike healthcare AOCs, which can have skills in common, administrative AOCs have fewer common skills.

2. For non-PROFIS Deployment System (non-PDS)
The Medical Treatment Facility (MTF) will exhaust the complete inventory of personnel with the primary specialty within the MTF before substituting with a Substitution Group 1 specialty. After the primary specialty and Substitution Group 1 specialties are exhausted within a Regional Medical Command (RMC), RMCs must request approval from HQ MEDCOM to substitute from another Substitution Group of specialties.

3. For PROFIS Deployment System (PDS) requirements

The PDS has a tiered approach that identifies specific specialties that will be managed by MEDCOM (Tier I); RMCs (Tier II); and MTF commands (Tier III). However, any recommended substitutions within PDS must comply with table 1 and any changes after a tier is locked must be approved by HQs, USA MEDCOM, Personnel Operations Branch, ATTN: MCPE–MO.

4. Substitutions

HQ MEDCOM approves all substitutes by another specialty for 61J General Surgeons even if the substitution is in accordance with table 1, Substitutability Criteria. In addition, the following requirements must be met:

a. 61K Thoracic Surgeons, 61L Plastic Surgeons, and 61W Peripheral Vascular Surgeons who have completed a general surgery residency training program may be substituted for a 61J, General Surgeon (100 percent). 61L Plastic Surgeons who have completed a general surgery residency program or an integrated program consisting of 3 years general surgery and 3 years plastic surgery may also be substituted for a 61J General Surgeon (100 percent). 61L Plastic Surgeons who have trained in ENT and plastic surgery, but have not trained in general surgery, will be utilized at the 25 percent substitution level.

b. For forward surgical teams (FST):

(1) All FSTs require one 61M Orthopedic Surgeon (non-substitutable) and three 61J General Surgeons. Substitution of any or all of the 61J General Surgeons is authorized by 61K Thoracic Surgeons, 61L Plastic Surgeons, or 61W Peripheral Vascular Surgeons as long as the requirements specified in paragraph 4*a* above are met.

Note. 61L Plastic Surgeons that have been trained in ENT and plastic surgery, but not trained in general surgery, are not authorized in a FST.

(2) 60J Obstetrician-gynecologists or 60K Urologists who have completed a surgical oncology fellowship may only substitute for one of the three 61J General Surgeon requirements in a FST.

c. For all non-FST elements:

(1) Substitutions of any or all of the 61J General Surgeons by 61K Thoracic Surgeons, 61L Plastic Surgeons, or 61W Peripheral Vascular Surgeons are authorized provided they meet the requirements specified in paragraph 4*a*, above.

(2) 61J General Surgeon requirements may be filled at a maximum 35 percent level of replacement by 60J Obstetrician-Gynecologists and 60K Urologists who have completed a surgical oncology fellowship.

(3) 61J General Surgeon requirements may also be filled at a maximum 25 percent level of replacement by 60J Obstetrician-gynecologists or 60K Urologists. Fellowship training is not required for substitution in this situation.

(4) 61L Plastic Surgeons who have been trained in ENT and plastic surgery, but are not trained in general surgery, will be utilized at the 25 percent substitution level in a non-FST element.

d. A one-way operational substitution of 60N Anesthesiologist for 66F Nurse Anesthetist is permitted as a temporary fill in combat support hospitals (CSH) and FSTs.

e. A 66N Generalist Nurse requirement must be filled with a 66N-qualified Army Nurse Corps Officer in the grade of LTC or COL.

f. Enlisted PROFIS positions requiring an ASI must be filled with a Soldier who holds the ASI. However, MEDCOM will provide oversight on all enlisted MOS/ASIs substitutions working with the Regional Medical Commands to resolve any conflicts. 68WM3 can substitute for 68WM6 only if approved by Senior Enlisted Advisor, Health Policy and Services, MEDCOM. 68WM6 may only be substituted for 68Ws in Level III elements. A SM up to two grade levels below or one grade level above the required position grade is an authorized substitution. (For example a SM in the grade of SFC, SSG, SGT or SPC may fill a position requirement for a SSG.) Conversely, an SM may fill a position requirement two grades up or one grade down from his or her current grade. (For example, a SSG may fill a position requiring a MSG, SFC, SSG, or SGT.) MEDCOM may designate some positions be filled at the tasked grade or may waive the grade requirement. 91 series MOS transition to 68 series MOS (effective Oct 2006).

g. The region will exhaust the complete inventory of personnel within the tasked specialty before recommending substitution of listed specialty to MEDCOM. MTF Deputy Commander for Nursing will validate the officer's current competency in the tasked specialty for any recommended substitutions. MEDCOM may reassign deploying PROFIS requirements to another region to maximize stabilization when all deployable personnel have previously deployed.

h. Substitution of one 66P Family Nurse Practitioner for a 61H Family Physician is permitted in a CSH only if at least two remaining positions are filled by 61H Family Physician, 62A Emergency Medicine, 62B Field Surgeon, 60P Pediatrician (general and fellowship trained), 61N Flight Surgeon (Army Flight Surgeon Primary Course trained 62B Field Surgeon or equivalent), or 61F Internist.

i. Grade substitution for MS officers is limited to one grade above or below the requirement. This is based upon the level of experience required to execute mission requirements.

j. MC officers who have completed the Army Flight Surgeon Primary Course and are substitutable for 62B Field Surgeon, but are not currently occupying 61N Flight Surgeon slots, may be used to satisfy 61N Flight Surgeon requirements provided they attend a 61N Flight Surgeon refresher course.

k. In Level II elements that have a total of at least four providers, a 66P Family Nurse Practitioner may substitute for one of the 65D Physician Assistant requirements only if at least three remaining providers are either 65D Physician Assistants or 62B Field Surgeons (does not include 65D Physician Assistants or 62B Field Surgeons who are in command and control positions). 66P Family Nurse Practitioners selected to fill these 65D Physician Assistant requirements must meet supplemental trauma training requirements before deploying as established by Chief, Health Policy and Service Division, MEDCOM.

l. 66C Psychiatric/Mental Heath Nurses with an additional skill identifier (ASI) of 7T Clinical Nurse Specialty may substitute for one of three 73B Clinical Psychology requirements in a Combat Stress Control Detachment.

5. 71B Biochemistry and 71B Physiology

These positions were combined under AOC. 71B Biochemistry, 71C Parasitology, and 71D Immunology were merged with 71A Microbiology and no longer exist.

6. Newly accessed Medical Surgical Nurses (66H)

These positions may fill PROFIS requirements, but will complete the Nursing Preceptorship Program at their initial assignment before deployment. This criterion applies only if AOC inventory can support the requirements within the regional medical command.

7. 64B Veterinary Preventive Medicine Officers

These officers require special public health and/or preventive medicine training that the other 64 series AOCs do not require.

Glossary

Section I
Abbreviations

AA
Active Army

ACOM
Army Command

AG
Adjutant General

AMC
U.S. Army Materiel Command

AMEDD
Army Medical Department

AMOPES
Army Mobilization, Operations, Planning and Execution System

AOC
area of concentration

AOR
area of responsibility

APMC
Army Professional Medical Command

APOE
aerial port of embarkation

ARCCA
Army Reserve Clinical Credentialing Affairs Office

ARTS
AMEDD Resource Tasking Systems

ASCC
Army Service Component Command

ASI
additional skill identifier

ATTN
attention

CC
combatant commander

CG
commanding general

CMF
career management field

CONUS
continental United States

CPT
captain

CRC
Continental United States Replacement Center

CSD
clinical services division

CSH
combat support hospital

DA
Department of the Army

DCS
deployment cycle support

DCS, G–1
Deputy Chief of Staff, G–1

DCS, G–3
Deputy Chief of Staff, G–3

DRU
Direct Reporting Unit

eMILPO
electronic military personnel office

ETS
expiration of term of service

EUSA
Eighth U.S. Army

FLD
field hospitals

FOA
field operating agency

FORSCOM
Forces Command

FSP
force support package

FST
forward support teams

GEN
general hospitals

GHE
graduate health education

GME
graduate medical education

HP&S
health policy and services

HQ
headquarters

HQDA
Headquarters, Department of the Army

HRC
Human Resources Command

HRD
Human Resources Directorate

JCS
Joint Chief of Staff

LTC
lieutenant colonel

MAJ
major

MC
Medical Corps

MEDCOM
Medical Command

MEDCOM DCSOPS
MEDCOM Deputy Chief of Staff for Operations

MFA
medical functional area

MODS
Medical Operational Data System

MOS
military occupational specialty

MPRJ
military personnel record jacket

MSG
master sergeant

MTF
medical treatment facility

MTOE
modified tables of organization and equipment

NCO
noncommissioned officer

OB/GYN
obstetrics/gynecology

OCIE
organizational clothing and individual equipment

OCONUS
outside continental United States

OPLAN
operation plan

OPORD
operation order

PCC
personnel contingency cell

PCS
permanent change of station

PDS
Professional Filler System Deployment System

PGY
post graduate year

POM
program objective memorandum

PPG
personnel policy guidance

PRF
personnel readiness folder

PROFIS
Professional Filler System Deployment System

RC
Reserve Component

RMC
regional medical command

RRSF
rapid response support force

SGT
sergeant

SFC
sergeant first class

SIPR
secure Internet protocol router

SMART
special medical augmentation response team

SPC
specialist

SRP
soldier readiness processing

SSG
staff sergeant

TCS
temporary change of station

TDA
table of distribution and allowances

TPFDL
time phased force and deployment list

TRM
training resource model

TSG
The Surgeon General

USARC
U.S. Army Reserve Command

USAREUR/7A
U.S. Army, Europe and Seventh Army

USARPAC
U.S. Army Pacific

USARSO
U.S. Army South

USASOC
U.S. Army Special Operations Command

USR
unit status report

Section II
Terms

AMEDD professional fillers
Active duty AMEDD personnel in table of distributions and allowances units who are designated for reassignment/ attachment to vacancies in MTOE Army units upon initiation of training, contingency deployment, or mobilization.

AMEDD Professional Filler System
The system designed to assign/attach Active Duty AMEDD personnel to Army Mobilization.

Table of organization equipment
Required positions that are not authorized or not normally filled.

Contingency deployment
National command authority designated operations requiring deployment of forces within 72 hours or less.

CONUS Replacement Center
A portion of the wartime Army replacement system used for marshaling personnel who do not deploy as part of a unit movement.

Early deploying units
Units deploying within the first 35 days in support of a specific OPLAN.

Operating agency
A command, headquarters, or agency that is assigned a code designation for consolidating fiscal data for budgetary analysis.

Working days
For purposes of this regulation—5 days/week.

Section III
Special Abbreviations and Terms
This section contains no entries.

USAPD

ELECTRONIC PUBLISHING SYSTEM
OneCol FORMATTER WIN32 Version 236

PIN: 058547–000
DATE: 04-17-07
TIME: 15:30:11
PAGES SET: 24

DATA FILE: C:\wincomp\r601-142.fil
DOCUMENT: AR 601–142

SECURITY: UNCLASSIFIED
DOC STATUS: REVISION