DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
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MEDCOM Regulation
No. 350-4

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Training

READINESS TRAINING REQUIREMENTS

Supplementation of this regulation is prohibited without prior approval from Commander, U.S. Army Medical Command, ATTN: MCOP-RT, Fort Sam Houston, TX 78234-6007.

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CHAPTER 1
GENERAL

1-1. HISTORY. This issue publishes a revision of this publication. Because the publication has been extensively revised, the changed portions have not been highlighted.

1-2. PURPOSE. This regulation prescribes the U.S. Army Medical Command (MEDCOM) policy for training in units. (See AR 350-41 for Department of the Army (DA) policy for training in units.)

1-3. REFERENCES. Required and related publications are listed in appendix A.

1-4. EXPLANATION OF ABBREVIATIONS AND TERMS. Abbreviations and terms used in this regulation are explained in the Glossary.

1-5. SCOPE.

a. This regulation is applicable to all MEDCOM units, installations, activities, and Reserve Component (RC) units attached for training.

b. The U.S. Army Medical Centers (MEDCENs) or medical department activities (MEDDACs) will support the dental activities (DENTACs), area dental laboratories (ADLs), veterinary service support areas (VSSAs), and veterinary service support districts (VSSDs) in the execution of the requirements of this regulation in accordance with (IAW) MEDCOM Reg 10-1.

c. This regulation does not address Army Medical Department (AMEDD) numbered courses or the Professional Postgraduate Short Course Program. The U.S. Army Medical Department Center and School (AMEDDC&S) is responsible for the control and oversight of these courses. See MEDCOM Reg 351-1 and Department of the Army Pamphlet (DA Pam) 351-4 for more information on AMEDD numbered courses.

d. Masculine pronouns address both genders unless specifically stated otherwise.

CHAPTER 2
RESPONSIBILITIES

2-1. COMMANDING GENERAL, MEDCOM.

a. Establishes training requirements and develops products to support training in medical units on soldier, leader, and collective tasks IAW Army Regulation (AR) 350-41.

b. Monitors, evaluates, and provides guidance for improving the status of medical readiness as reflected in the Modified Table of Organization and Equipment (MTOE) and Table of Distribution and Allowances (TDA) Unit Status Report (USR) for all AMEDD units.

c. Ensures that the following training management tools are understood and used at the appropriate levels:

(1) Field Manual (FM) 25-100/FM 25-101.

(2) Mission training plans, drills, military qualification standard (MQS) manuals, and soldier's manuals (for common tasks and military occupational specialty (MOS)-specific tasks).

(3) Standard Army Training System in Active Component (AC) and RC units.

(4) DA Pam 350-38.

(5) Training Ammunition Management System (TAMS).

(6) Training Ammunition Management Information System (TAMIS).

2-2. ASSISTANT CHIEF OF STAFF (ACofS) FOR OPERATIONS, MEDCOM.

a. Provides staff supervision for defining concepts, resources, policies, strategies, and programs for training, evaluation, and implementation of DA training policies.

b. Approves all training programs and common military training requirements.

2-3. CHIEF, READINESS AND TRAINING BRANCH, ACofS FOR OPERATIONS, MEDCOM.

a. Annually publishes or updates for subordinate units the Commanding General's annual training guidance.

b. Annually publishes the MEDCOM mission essential task list (METL) and mission statement.

c. Monitors, evaluates, and reviews the quarterly consolidated USR submitted to the MEDCOM.

2-4. MAJOR SUBORDINATE COMMANDERS (MSCs).

a. Train and evaluate assigned forces IAW this regulation.

b. Publish METL and mission statement for their command. These commanders will approve the METL and mission statement of wartime aligned RC subordinate units.

c. Annually publish or update for subordinate units command training guidance and major events calendar. Guidance may include command mission, goals, training philosophy, and training strategy.

d. Minimize training distractions and ensure necessary resources are readily available to support the training plan.

e. Provide a quarterly consolidated USR to the MEDCOM.

f. Coordinate with Forces Command (FORSCOM), Eighth U.S. Army, U.S. Army Pacific (USARPAC), U.S. Army Europe (USAREUR), U.S. Army Reserve Command (USARC), and Regional Support Command (RSC) commanders for assistance in accomplishing required field training.

g. Exercise training responsibilities associated with the WAR TRACE program (AR 11-30).

h. Ensure that the following training management tools are understood and used at the appropriate levels:

(1) FM 25-100 and FM 25-101.

(2) Mission training plans, drills, MQS manuals, and soldier's manuals (for common tasks and MOS-specific tasks).

(3) Standard Army Training System.

(4) DA Pam 350-38.

(5) TAMS.

(6) TAMIS.

2-5. ACTIVITY COMMANDERS.

a. Annually publish METL and mission statement and associated conditions and standards for the unit. The METL is based on higher command's METL IAW FM 25-101.

b. Annually publish or update for subordinate units, command training guidance and major events calendar. Guidance is based on higher headquarters and may include command mission, goals, training philosophy, and training strategy.

c. Set the standard for safety, provide guidance for risk acceptance decisions, and conduct training risk assessments.

d. Keep the RC counterpart (WAR TRACE) commander informed of the activities/medical treatment facilities (MTFs) current training and mission requirements.

e. Provide a quarterly USR to the MSC to which aligned.

f. Publish short-range training guidance which includes a short-range calendar.

g. Ensure that the following training management tools are understood and used at the appropriate levels:

(1) FM 25-100 and FM 25-101.

(2) Mission training plans, drills, MQS manuals, and soldier's manuals (for common tasks and MOS-specific tasks).

(3) Standard Army Training System.

(4) DA Pam 350-38.

(5) TAMS.

(6) TAMIS.

(7) AR 601-142.

(8) Memorandum of Understanding (MOU) dated 10 Jan 96-FORSCOM, Training and Doctrine Command (TRADOC) and MEDCOM: Training evaluations.

h. Ensure Professional Officer Filler System (PROFIS) and Caretaker Officer Professional Filler System (CT PROFIS) personnel meet the training requirements outlined in Chapter 4, paragraph 4-2.

CHAPTER 3
TRAINING MANAGEMENT

3-1. MEDCOM's MISSION. The primary mission of MEDCOM is to organize, train, and equip forces to provide combat health support (CHS) in a variety of operational missions. The MEDCOM:

a. Provides training for medical professional and medical support personnel, and as required or directed, for other Army personnel, members of the other services, federal agencies, and authorized foreign national personnel within policies established by Headquarters Department of the Army (HQDA), Office of The Surgeon General (OTSG).

b. Is responsible for the readiness of the command and maintenance of a "go-to-war" posture through conducting mobilization and operations planning, and publishing a command mobilization plan IAW Department of the Army-Deputy Chief of Staff for Operations and Plans (DA-DCSOPS) published guidance.

c. Ensures the medical support subsystem defined in the Army Mobilization and Operations Planning and Execution System (AMOPES), Volume 1, is maintained for support of the forces in contingencies.

3-2. TRAINING PHILOSOPHY. During long-range planning, the MEDCOM commander and subordinate commanders publish training philosophies as part of command training guidance. This provides a guide for the development of subordinate training programs. The commander's guidance emphasizes areas that are essential for the unit's success, given its mission. The philosophy also emphasizes training methods or programs the unit needs to improve. These include occupation/specialty training; physical training; leader development; common tasks training; nuclear, biological, chemical (NBC) training; weapons qualification; mobilization training; risk assessment and safety.

3-3. ACTIVE COMPONENT PLANNING. Activities will conduct the following planning procedures IAW FM 25-101. Throughout all planning phases, AC unit commanders must emphasize training with their RC counterparts during Annual Training (AT) cycles and other windows of opportunity. Synchronize training of RC units during AC major training exercises or deployments.

a. Long-range planning:

(1) All activities will publish a long-range planning calendar annually. In accordance with FM 25-101, the long-range planning calendar for the AC will be 1 year.

(2) Schedule all known major training events in the long-range planning calendar.

(3) Upon publication and approval by higher headquarters, long-range planning calendars will provide planning stability to subordinate organizations.

b. Short-term planning for AC is 3 months. Short-range planning refines the long-range calendar. It identifies the allocation of resources to subordinate organizations and provides a common basis for preparing near-term training plans. Each level within the health care facility will publish a short-range training calendar. Activity commanders will develop and publish the short-range training guidance quarterly.

c. The RC and AC calendars and plans are mutually supportive especially in the caretaker/backfill missions.

d. Near-term planning for the AC is 6 to 8 weeks.

3-4. RESERVE COMPONENT PLANNING AND INDIVIDUAL TRAINING MANAGEMENT.

a. Reserve Component planning.

(1) Long-range planning: In accordance with FM 25-101, the long-range planning calendar for the RC will be 2 years and should be published annually.

(2) Short-range planning: The RC process is the same as the AC process, but the guidance is published annually as yearly training guidance. The RC short-term planning is 1 year. The RC calendar and plans are mutually supportive of the AC especially in the caretaker/backfill missions. RC commanders need to aggressively ensure that coordination to train with their AC counterpart is accomplished.

(3) Near-term planning is 4 months for the RC.

b. Individual training management.

(1) All RC soldiers in skill levels 1 through 4 will be administered the CTT annually.

(2) All RC soldiers in skill levels 1 through 4 on active duty in an Active Guard Reserve status will take the Common Task Test (CTT) annually.

CHAPTER 4
TRAINING GUIDANCE

4-1. TRAINING EVALUATION AND ASSESSMENT.

a. Sources for training assessment are at a minimum: personal observation, feedback from higher headquarters, USRs, After Action Reviews, Army Training and Evaluation Program (ARTEP), mission training plan, and local external evaluations.

b. War trace unit training evaluations will be conducted using a Training Assessment Model (TAM), FORSCOM Form 1049-R.

4-2. MEDCOM BASELINE TRAINING STANDARDS.

a. The following Baseline Training Standards are listed.

(1) Completion of Officer Basic Course (OBC) or Individual Entry Training (IET). (All personnel.)

(2) Orientation to Operational unit. Applicable for all PROFIS/CT PROFIS personnel. Orientation should include an initial brief by the operational unit or the activity's/MTF's Plans, Operations and Training Division. They will provide PROFIS personnel with an information packet on the operational unit. The brief or packet will include at a minimum, the unit mission, METL, task organization, the PROFIS/CT PROFIS individuals responsibilities and duties.

(3) Soldier Readiness Processing (SRP) qualified. (PROFIS/CT PROFIS)

(4) Weapons Training: All enlisted PROFIS/CT PROFIS will train on the M16 rifle (or their assigned weapon) in the operational unit at the minimum of once every 3 years. Officer and Warrant Officer PROFIS/CT PROFIS will train if assigned a weapon in the operational unit a minimum of once every 3 years.

(5) Common Task Training (CTT): All MEDCOM personnel to include Officer and Warrant Officer personnel will train annually on CTT. Tasks to be trained will be published by MEDCOM NLT 1 September of the preceding fiscal year. Master Sergeants (MSGs) and above will test on tasks designated by MEDCOM for that fiscal year.

(6) Collective Training: All PROFIS and CT PROFIS will collectively train with their operational unit (MTOE) or like unit 5 days annually. Days do not need be consecutive nor do they need to encompass an entire 24-hour period. Reference Health Affairs DoDI 1322.24, PROFIS and CT PROFIS will train with their operational unit at a minimum of 5 days every 3 years.

(7) Mandatory Briefings: All MEDCOM personnel will receive annual briefings on Hague-Geneva/Code of Conduct/Anti-terrorism.

(8) Competency Based Orientation: This is an ongoing requirement within each MTF. Credentialing personnel will verify this requirement annually and meet Joint Commission on Accreditation of Health Care Organizations (JCAHO) guidelines per AR 40-68.

b. Exceptions to training requirements listed in paragraph 4-2a will be requested, in writing, to the first General Officer in the chain of command. Once an exception is approved, it will be placed in the individual's training record and reviewed annually or until the exception is no longer applicable.

4-3. COLLECTIVE TRAINING. Annual collective training for all PROFIS and CT PROFIS personnel is mandatory. Commanders should use every available opportunity for PROFIS designees to participate in Field Training Exercises (FTXs), or Command Post Exercises, with the designated units or like units.

The activities/MTFs can offer the following topics to the MTOE commanders to assist them in planning field training activities. This list of topics is neither exhaustive nor intended to be exclusive of other topics relevant to AMEDD doctrine and combat health support operations.

a. Deployable Medical System (DEPMEDS) equipment training.

b. Packing and using personal field gear.

c. Field sanitation and personal hygiene.

d. Availability of general/medical supplies to TOE units and operation of the supply system.

e. Field medical records (North Atlantic Treaty Organization terminology).

f. Mass casualty management.

g. Patient decontamination procedures.

h. Transportation of sick and wounded (FM 8-10-6).

i. Food service operations in the field.

j. The AMEDD doctrine and CHS operations in the division, corps, and communications zone.

k. Radio telephone procedures.

l. Communications capabilities in a division or separate brigade.

m. Survival, evasion, resistance, and escape (SERE) Level B training.

n. Training in NBC mission-oriented protection posture (MOPP).

o. Applicable ARTEP/MTP manuals.

p. Training in combat stress control prevention and intervention.

4-4. ARMY INDIVIDUAL TRAINING AND EVALUATION PROGRAM. The CTT training and routine evaluation is required for all soldiers, regardless of MOS and duty assignment.

a. All AC soldiers in skill levels 1 through 4 will take a CTT every fiscal year. Other unit personnel may take the CTT at the discretion of the unit commander.

b. Leader assessment is conducted IAW FM 25-101, appendix B. Leader development consists of three phases: reception and integration, basic skills development, and advanced development and sustainment.

CHAPTER 5
LEADER DEVELOPMENT

5-1. **LEADERSHIP DEVELOPMENT.** The leader training program consists of both the Officer Professional Development Program (ODP) and the Noncommissioned Officer Professional Development Program (NCODP).

a. Leader training programs should emphasize, develop, and ensure the practice of hands-on leadership skills.

b. Develop the ODP and NCODP during the training management process and reflect on the unit long-range and short-range training plans.

c. References: FM 25-101, Leader Development Program; AR 600-100, Army Leadership Philosophy and Policies; AR 350-17, Noncommissioned Officer Development Programs; DA Pam 600-25, Noncommissioned Officer Professional Development and Utilization Guide.

CHAPTER 6
THE ARMY PHYSICAL FITNESS PROGRAM

6-1. **GENERAL.** All MEDCOM activities will establish a collective or individual year-round physical fitness program IAW AR 350-41. This program will include all soldiers assigned.

6-2. **MEDICAL SCREENING.** The medical procedures for the Cardiovascular Screening Program are outlined in AR 40-501. All soldiers are responsible for initiating their own medical screening immediately upon becoming 40 years of age.

6-3. **PROFILES.** Personnel will be excused from physical fitness training only during periods of temporary or permanent medical limitations established according to AR 40-501.

6-4. **ADDITIONAL PHYSICAL TRAINING.** Place all active duty Army members who fail a record Army Physical Fitness Test (APFT) in a special conditioning program to correct weaknesses until they can meet Army standards. In accordance with AR 350-41 soldiers without a medical profile will be retested no later than 3 months following the initial APFT failure.

6-5. **TESTING.** Applicable to all personnel assigned.

a. Administer the APFT IAW FM 21-20, chapter 14.

b. All soldiers, both officer and enlisted, may be administered diagnostic APFTs at any time to ensure they meet Army standards of physical fitness.

c. DA Form 705 (Army Physical Fitness Test Scorecard) will be used for all MEDCOM activities.

6-6. **COMMAND INTEREST.** All commanders will monitor the following APFT statistics:

a. The number of soldiers who failed the APFT.

b. The number of soldiers not tested as required (a by-name roster with reason for not testing will be available).

c. The number of administrative actions pending against soldiers who either failed successive APFTs or failed to take an APFT semiannually.

6-7. **REPORTING TO MILITARY SCHOOLS.** Prospective students of military schools are expected to report to these schools in full compliance with the Army's standards of appearance, weight, and physical fitness.

CHAPTER 7
WEAPONS QUALIFICATION

7-1. WEAPONS TRAINING OVERVIEW. This chapter establishes policies, objectives, and guidance for conducting Army training relative to qualification and instructional firing with individual weapons.

7-2. MARKSMANSHIP POLICY.

a. PROFIS/CT PROFIS Weapons Training:

(1) Enlisted PROFIS/CT PROFIS: All enlisted PROFIS/CT PROFIS will train on the M16 rifle or their assigned weapon in the operational unit every 3 years. Training criteria for Enlisted PROFIS/CT PROFIS firing an M16 will consist of day record fire. The NBC and Night fire are encouraged but not mandatory. Enlisted PROFIS/CT PROFIS assigned an M9 pistol in their operational unit will fire on the Combat Pistol Qualification Course (FM 23-35).

(2) Officer PROFIS: Officer PROFIS/CT PROFIS Personnel assigned a weapon in the operational unit will train every 3 years.

b. Weapons Qualification--All Personnel:

(1) TDA soldiers (officer and enlisted) not assigned a weapon and not designated PROFIS/CT PROFIS are exempt from weapons qualification (DA Pam 350-38, AR 350-41).

(2) TDA soldiers (officer and enlisted) needing to qualify for official purposes (EFMB, Promotion Points, NCOES, etc.) will follow procedures IAW DA Pam 350-35:

<u>M16 Qualification</u>: Successfully qualify on the day record fire, NBC and night fire.

<u>M9 Qualification</u>: Successfully qualify on the Combat Pistol Qualification Course (FM 23-35).

c. Commanders are encouraged to offer weapons qualification to assigned personnel despite a lack of authorized weapons in duty positions, provided that ammunition is available (AR 350-41).

CHAPTER 8
AMMUNITION MANAGEMENT

8-1. TRAINING AMMUNITION MANAGEMENT OVERVIEW. This chapter prescribes policies and procedures for managing training ammunition in MEDCOM activities. Commanders must be actively involved in training ammunition management and produce a reasonable estimate of ammunition requirements and expenditures.

8-2. TRAINING AMMUNITION CONSERVATION.

a. Commanders will use training aids, devices, and simulators as an integral part of weapons training programs to teach initial and advanced skills.

b. Training-unique ammunition includes items that have no wartime use but are valuable in training. These items include subcaliber ammunition for rifles, blast simulators, and blank munitions.

8-3. FORECASTING TRAINING AMMUNITION.

a. Training ammunition for MEDCOM activities is forecasted on an annual basis. Forward forecasts to HQ MEDCOM, ATTN: MCHO-OP-RT, not later than 15 March, DA Form 5514-R (TAMIS Training Ammunition Forecast Report) for the upcoming fiscal year. It is essential for activities to forecast only ammunition required to accomplish necessary training.

b. Forecast ammunition requirements to encompass zero, practice record, and record fire tables for the following personnel:

(1) NCOs scheduled to attend Noncommissioned Officers Education System (NCOES) schools.

(2) Enlisted soldiers to improve score for promotion points.

(3) Soldiers who are competing for the EFMB.

(4) Enlisted PROFIS/CT PROFIS will train every 3 years. Officer PROFIS/CT PROFIS assigned a weapon in the operational unit will train every 3 years.

c. Schedule training so that all ammunition is used during the first three quarters of the fiscal year. Maintain record copies of all ammunition transactions. Use the last quarter for rehires and newly assigned personnel.

d. The MEDCOM activities must be familiar with local procedures for drawing ammunition. Many installations require monthly/quarterly updates so that the Ammunition Supply Point can accurately obtain the required amount of ammunition for a given month/quarter. The MEDCOM activities will follow local procedures in drawing ammunition.

e. The MEDCOM activities will not exceed their authorization levels. Any expenditures above authorized levels require a memorandum to DA, through MEDCOM, stating justification for exceeding DA authorizations.

f. Cannon Blasts, Armed Forces Day, Funerals, Retreat/Reveille, Guard ammunition management per Common Table of Allowance (CTA) 59-09. Training ammunition is not to be used for reasons other than soldiers in training.

8-4. AMMUNITION QUARTERLY REPORTS.

a. A cumulative quarterly report will be submitted on the 15th of January, April, July, and October.

b. Report will be submitted through the Regional Medical Commands to Headquarters, MEDCOM, ATTN: MCOP-RT.

c. Report will reflect DODIC, Authorization, Expenditure, and Remaining Quantity.

8-5. AMMUNITION TURN BACKS.

a. All projected excess ammunition must be turned in to the MEDCOM no later than 1 May.

b. The DA will not accept 4th quarter Turn Backs. Excess ammunition as of 30 September will be deducted from that activity's next FY authorizations. Activities with an excess at the end of the 4th quarter must respond by memorandum to DA, through MEDCOM, stating reasons why ammunition was not used.

CHAPTER 9
TRAINING FOR MEDICAL SUPPORT IN NUCLEAR/CHEMICAL ACCIDENTS AND INCIDENTS

9-1. GENERAL. The missions of the U.S. Army Radiological Advisory Medical Team (RAMT) and each Emergency Response Teams (ERT) are outlined in AR 40-13 and DA Pam 50-6. The installation medical authority at each installation with a nuclear or chemical mission will establish an ERT.

9-2. NUCLEAR/CHEMICAL EMERGENCY MEDICAL RESPONSE TEAM AND MEDICAL AUGMENTATION TEAM TRAINING. Health clinics at installations with a chemical/nuclear mission and select MEDCENs/MEDDACs must organize and train a Medical Augmentation Team (MAT) IAW AR 40-13 and DA Pam 50-6.

9-3. REQUIRED COURSES. Courses other than the listed required courses that will benefit the team may be attended at the discretion of the local commander or installation medical authority (see AR 40-13).

a. The RAMT:

(1) The RAMT leader will attend the Senior Officers Nuclear Accident Course conducted by the Interservice Nuclear Weapons School (INWS), Kirkland AFB, NM 87116-5000.

(2) The RAMT members will attend the Nuclear Hazards Training Course conducted by INWS.

b. The ERT and MAT:

(1) The ERT and MAT leaders and members of a team with a nuclear mission will attend the Nuclear Hazards Training Course conducted by INWS.

(2) The ERT and MAT leaders' team with a chemical mission, will attend the Medical Management of Chemical Casualties Course at the U.S. Army Medical Research Institute of Chemical Defense, Aberdeen Proving Ground, Maryland; and the Toxic Chemical Training for Medical Support Personnel Course at the U.S. Defense Ammunition Center and School. This course is conducted at Savanna, Illinois, in cooperation with OTSG (see DA Pam 50-6).

9-4. TRAINING OR EVALUATION EXERCISES. Team leaders will document participation in exercises and indicate and address measures necessary to improve team readiness.

a. Exercise the RAMT annually, at a minimum, and in response to exercises called by appropriate authorities.

b. Each ERT will participate in an emergency preparedness exercise at a minimum of once each quarter as scheduled by the installation commander, the installation medical authority, or the team leader.

CHAPTER 10
FORCE PROTECTION

10-1. GENERAL.

a. AR 525-13 and AR 530-1 hold commanders responsible for the protection of U.S. Army personnel, facilities property, military operations, and activities.

b. The MEDCOM policy is to prevent terrorist incidents and security violations, whenever possible, through protective and preventive measures.

c. Major subordinate commanders must develop effective force protection plans based on the threat and command-unique vulnerabilities. Stress security awareness training. Combating terrorism training must identify the threat and teach the skills and protective measures used to reduce individual vulnerability.

10-2. TRAINING. Conduct the following Operational Security (OPSEC) training and briefings:

a. In accordance with AR 530-1, all MEDCOM personnel will receive an initial OPSEC orientation upon assignment. Annually conduct threat and OPSEC awareness briefings for all assigned personnel.

b. Biennially (every 2 years) conduct the Subversion and Espionage Directed Against U.S. Army (SAEDA) training, as required by AR 381-12, para 2-1.

c. Annually conduct refresher security training, as required, IAW AR 380-5, para 10-103; AR 380-19; and MEDCOM Suppl 1 to AR 380-5.

d. Commanders will ensure that recurring awareness training on Combating Terrorism Training is conducted with the appropriate personnel (see appendix B), as required, to include the following:

(1) Code of Conduct.

(2) Survival, Evasion, Resistance, and Escape (SERE).

(3) Physical Security measures outlined in AR 190-11, AR 190-13, and AR 190-30.

(4) All military personnel traveling on leave, temporary duty, or permanent change of station (PCS) status to, or through, areas that are determined to be "high risk areas," will receive appropriate personal protection and threat briefings.

(5) The MEDCOM installations will exercise Combating Terrorism Training plans annually.

CHAPTER 11
NONCOMMISSIONED OFFICER (NCO) DEVELOPMENT SCHOOLS

11-1. **GENERAL.** This chapter establishes policy and provides guidance relative to schools coordinated by the Assistant Chief of Staff for Operations, ATTN: MCOP-RT.

a. The MEDCOM manages school allocations for AMEDD personnel eligible to attend the First Sergeants Course (FSC).

b. Only Sergeants First Class (SFCs) and MSGs who attended the FSC are eligible for assignment as a First Sergeant (1SG).

c. Applications for the FSC are processed on a first-come, first-serve basis. All first-time 1SGs will attend the resident FSC prior to assuming duties. In the event emergency requirements preclude sending a soldier to the FSC prior to assuming 1SG duties, the soldier must attend the FSC within 6 months. Waiver authority for this action is delegated to the first general officer in the soldier's chain-of-command.

d. The award of the skill qualification identifier (SQI) "M" is based on successful completion of the FSC and 180 days of successful 1SG duty.

e. Battle Staff NCO course is required for Operations NCOICs.

11-2. **OBJECTIVES.** To ensure all NCOs within the MEDCOM being assigned to a 1SG position receive proper training in leadership skills.

11-3. **APPLICATION PREREQUISITES.** Soldiers applying for the FSC must meet the following prerequisites:

a. Must be in the rank of SFC or MSG.

b. Selectees must be graduates of the Advanced NCO Course and have completed 1 year of service after graduation prior to the class start date.

c. Applicants must meet physical fitness standards IAW FM 21-20 and weight standards IAW AR 600-9.

d. The DA Personnel Command must approve requests for stabilization for applicants with more than 24 months time on station.

11-4. **APPLICATION PROCESS.** Applicants must submit:

a. A DA Form 4187 to the MEDCOM.

b. A letter of recommendation signed by the Command Sergeant Major (CSM) or senior medical NCO.

c. A copy of DA Form 2-A and 2-1.

d. A DA Form 705 (Army Physical Fitness Test Scorecard).

e. Medical screening results for soldiers over 40.

f. A copy of the Test of Adult Basic Education (TABE), level A, form 5/6.

CHAPTER 12
MEDICAL PROFICIENCY TRAINING

12-1. GENERAL.

a. Medical Proficiency Training (MPT) is conducted IAW FORSCOM/TRADOC/MEDCOM MOU at MEDCOM facilities for medical personnel. The overall purpose of MPT is to ensure that AMEDD TOE personnel sustain necessary skills in peacetime that are needed for medical readiness in the event of war. To accomplish this, hands-on, documented, individual training will be provided in a fixed activity/MTF.

b. The AMEDD Systematic Modular Approach to Realistic Training (ASMART) program has been developed to provide this type of sustainment training. All MEDCOM activities will use ASMART for MPT. The ASMART packages are normally obtained from the Plans, Training, Mobilization, and Security Office at MTFs where training will be conducted. For those units who will be training at locations other than MEDDACs or MEDCENs, contact:
NONRESIDENT INSTRUCTION BRANCH, ATTN MCCS HSN, CDR AMEDDC&S, BLDG 4191, 2105 11TH STREET, FORT SAM HOUSTON TX 78234-6199.

c. The TDA activity will report results of MPT for each individual student to the TOE unit commander.

12-2. RESPONSIBILITIES.

a. Commanders of MEDCOM facilities are responsible for the execution of MPT within their facilities.

b. Activities will:

(1) Coordinate the MPT program for the MEDCOM activity commander. Specific coordinating activities that must be accomplished are as follows:

(a) Publish the MEDCOM activity commander's guidance for implementing MPT within their command.

(b) Coordinate with the various divisions/departments to ascertain the numbers and types of MOSs that can be legitimately supported for training purposes.

(c) Coordinate with the TOE medical unit commander to determine training requirements, and to provide results of the MPT program.

(2) Periodically conduct a random sample evaluation to determine the following:

(a) Is the student receiving performance oriented training? Can the soldier indeed perform selected tasks to standard?

(b) Is the work center documenting training in the ASMART manual?

(3) Maintain training statistics of the total number of AMEDD soldiers by component and MOS that have participated in the MPT program.

c. Chiefs, Departments/Divisions:

(1) Plan for the reception and training of soldiers within their area of responsibility IAW guidelines published in ASMART manuals.

(2) Document the results of training within the ASMART manual for each soldier. Ensure the soldier departs from MPT and returns to his/her unit with the ASMART manual. Upon request, discuss the soldier's progress with the unit chain of command during the course of the program.

(3) Ensure MPT students are entered into the Uniform Chart of Account Personnel System (UCAPERS) during the inprocessing/orientation period (see para 12-3, below).

(4) Ensure the MTOE unit soldier's activities are oriented toward improving/sustaining individual proficiency in tasks commensurate with the soldier's MOS. Remember, this is a training program and not a Borrowed Military Manpower (BMM) program when determining numbers of MTOE soldiers that can be trained in a cycle.

(5) Report the number of MPT students by component and MOS to the activities training office, at the end of each training cycle.

(6) Maintain a copy of all ASMART manuals which pertain to the functional area for the department/division.

12-3. MANPOWER ACCOUNTING.

a. The MPT students are entered on the Master Personnel File (MPF) as Student Military Nonassigned (SMN) and are considered full-time students. The MPT students are not to be carried as BMM.

b. Once students are entered on the MPF, a routine work schedule reflecting an 8-hour day is generated for the Account Processing Code (APC) indicated on the MPF. The MPT student schedules are updated with the actual available time the student is in training. If the student goes to another work center for training, the new work center creates a schedule for the MPT student using their APC reflecting the available time in that work center. UCAPERS does not require exceptions to the routine work schedule for non-assigned students, such as sick in quarters, leave, etc.

APPENDIX A
REFERENCES

Section I
Required

ARMY REGULATIONS
AR 5-13, Training Ammunition Management System
AR 190-13, The Army Physical Security Program
AR 220-1, Unit Status Reporting
AR 350-15, The Army Physical Fitness Program
AR 350-17, Noncommissioned Officer Development Program
AR 350-28, Army Exercises
AR 350-38, Training Device Policies and Management
AR 350-41, Training in Units
AR 350-91, Army Individual Evaluation Program
AR 350-216, The Geneva/Hague Convention
AR 380-5, Information Security Program
AR 380-19, Information Systems Security
AR 381-12, Subversion and Espionage Directed Against U.S. Army (SAEDA)
AR 385-10, The Army Safety Program
AR 530-1, Operations Security (OPSEC)
AR 600-8-101, Personnel Processing (In- and Out- and Mobilization Processing)
AR 600-9, The Army Weight Control Program
AR 600-20, Army Command Policy
AR 600-21, Equal Opportunity Program
AR 600-85, Alcohol and Drug Abuse Prevention and Drug Control Program
AR 600-100, Army Leadership
AR 601-142, Army Medical Department Professional Officer Filler System
AR 670-1, Wear and Appearance of Army Uniforms and Insignia
Applicable Army Training and Evaluation Program Manuals (ARTEP).

DEPARTMENT OF THE ARMY PAMPHLETS
DA Pam 350-38, Standards in Weapons Training
DA Pam 351-4, U.S. Army Formal Schools Catalog
DA Pam 700-19, Procedures of U.S. Army Munitions Reporting Systems

FIELD MANUALS
FM 8-55, Planning for Health Service Support
FM 21-20, Physical Fitness Training
FM 22-5, Drill and Ceremonies
FM 22-100, Military Leadership
FM 22-101, Leadership Counseling
FM 22-102, Soldier Team Development
FM 23-9, Rifle Marksmanship
FM 23-35, Pistols and Revolvers
FM 25-100, Training the Force
FM 25-101, Battle Focused Training
FM 100-5, Operations

MEDCOM SUPPLEMENTS AND REGULATIONS

MEDCOM Suppl 1 to AR 380-5, DA Information Security Program Regulation
MEDCOM Suppl 1 to AR 385-10, The Army Safety Program
MEDCOM Suppl 1 to AR 530-1, Operation Security (OPSEC)
MEDCOM Suppl 1 to AR 600-20, Army Command Policy
MEDCOM Reg 10-1, Organization and Functions Policy
MEDCOM Reg 40-5, Ambulatory Patient Care
MEDCOM Reg 40-9, MEDCOM Exercise/Support Personnel
MEDCOM Reg 40-25, Army Medical Department (AMEDD) Professional Officer Filler System
MEDCOM Reg 190-1, MEDCOM Key and Lock Control and Physical Security Standards
MEDCOM Reg 350-3, Reserve Component Training
MEDCOM Reg 350-4, Readiness Training Requirements
MEDCOM Reg 351-1, Individual Military Education and Training
MEDCOM Reg 525-1, Soldier Readiness Exercise (Short Title:

SOLDIER TRAINING PUBLICATIONS

STP 21-1-SMCT, Soldier's Manual of Common Tasks
STP 21-II-MQS, Common Tasks for Lieutenants and Captains
STP 21-III-MQS, Leader Development Manual for Majors and Lieutenant Colonels

Section II
Related Publications

ARMY REGULATIONS

AR 10-87, Major Army Commands in the Continental United States
AR 40-3, Medical, Dental, and Veterinary Care
AR 40-5, Preventive Medicine
AR 40-13, Medical Support-Nuclear/Chemical Accidents and Incidents
AR 95-1, Flight Regulations
AR 95-3, Aviation: General Provisions, Training, Standardization, and Resource Management
AR 190-11, Physical Security of Arms, Ammunition and Explosives
AR 190-30, Military Police Investigations
AR 190-52, Countering Terrorism and Other Major Disruptions on Military Installations
AR 190-56, The Army Civilian Police and Security Guard Program
AR 220-10, Preparation of Overseas Movement of Units (POM)
AR 350-9, Overseas Deployment Training
AR 350-30, Code of Conduct/Survival, Evasion, Resistance, and Escape (SERE) Training
AR 351-1, Individual Military Education and Training
AR 385-55, Prevention of Motor Vehicle Accidents
AR 385-63, Policies and Procedures for Firing Ammunition for Training, Target Practice, and Combat
AR 385-95, Army Aviation Accident Prevention

MEDCOM Reg 350-4

AR 500-4, Military Assistance to Safety and Traffic (MAST)
AR 525-13, The Army Combating Terrorism Program
AR 601-210, Regular Army and Army Reserve Enlistment Program
AR 601-280, Army Reenlistment Program

DEPARTMENT OF THE ARMY PAMPHLETS
DA Pam 50-6, Chemical Accident or Incident Response and Assistance (CAIRA) Operations
DA Pam 350-15, The Commander's Handbook on Physical Fitness

FORSCOM/TRADOC SUPPLEMENTS
FORSCOM/TRADOC Suppl 1 to AR 385-95, Army Aviation Accident Prevention (ATPL) (subject matter is endorsed by MEDCOM for aviation units)

FIELD MANUALS
FM 8-10, HSS in a Theater of Operations
FM 8-10-1, The Medical Company
FM 8-10-3, Division Medical Operations Center
FM 8-10-4, Medical Platoon Leaders' Handbook
FM 8-10-5, Brigade and Division Surgeons Handbook
FM 8-10-6, Medical Evacuation in a Theater of Operations
FM 8-10-7, HSS in an NBC Environment
FM 8-10-9, Combat Health Logistics in a Theater of Operations
FM 8-10-14, Employment of the Combat Support Hospital--Tact, Tech, Proc
FM 8-10-24, Area Support Medical Battalion--Tact, Tech, Proc With CHG 1.
FM 8-42, Medical Operations in a Low Intensity Conflict
FM 8-51, Combat Stress Control in a Theater of Operations
FM 21-10, Field Hygiene and Sanitation
FM 22-51, Leaders' Manual for Combat Stress Control
FM 100-7, Decisive Force: The Army in Theater Operations
FM 100-10, Combat Service Support
FM 100-16, Army Operational Support
FM 101-5-1, Operational Terms and Symbols

REGULATORY GUIDANCE
Joint Commission on Accreditation of Health Care Organizations (JCAHO) Standards
Reserve Component Training Development Action Plan (RC TDAP)
SRX)

Section III
Additional References

TC 8-10, Expert Field Medical Badge Test
MEDCOM Mission Statement
MEDCOM Mission Essential Task List
MEDCOM Annual Training Guidance
Any MEDCOM Memorandums of Understanding
Any MEDCOM Memorandums of Agreement

Section IV
Referenced Forms

DA Form 2, Personnel Qualification Record-Part I
DA Form 2-1, Personnel Qualification Record-Part II
DA Form 705, Physical Fitness Scorecard
DA Form 4187, Personnel Action
DA Form 5514-R, TAMIS Training Ammunition Forecast

Report

APPENDIX B
SUMMARY OF MEDCOM TRAINING REQUIREMENTS

SUBJECT	REFERENCE	AUDIENCE	FREQUENCY	PROPONENT	RECORD
SRP	MEDCOM Reg 350-4 AR 220-10 AR 601-142	PROFIS/CT PROFIS designees	Within 60 days of designation and annually thereafter	DCSPER	SRP Packet
Field Training	MEDCOM Reg 350-4	PROFIS/CT PROFIS designees	Annually Annually	ACofS for Operations	Roster
Weapons Training	MEDCOM Reg 350-4 DA Pam 350-38 FM 23-35 AR 350-41	All enlisted. Officer PROFIS/CT PROFIS designees assigned a weapon	Every 3 years	ACofS for Operations	Roster DA Form 88 DA Form 3595
Military Justice		All enlisted upon reenlistment	Upon reenlistment	MEDCOM SJA	Roster
Hague-Geneva	AR 350-41	PROFIS/CT PROFIS designees	Annually	ACofS for Operations	Roster
Code of Conduct	AR 350-30	All personnel	Annually	ACofS for Operations	Roster
Operational unit orientation brief	MEDCOM 350-4	PROFIS/CT PROFIS designees	Within 60 days of designation	ACofS for Operations	Roster

SUBJECT	REFERENCE	AUDIENCE	FREQUENCY	PROPONENT	RECORD
SAEDA	AR 381-12	All military and civilian, Army contractors	Biennially	ACofS for Operations Secty & Intel	Roster
Alcohol & Drug Abuse	DOD 1010.6 AR 600-5	Commanders/All primary and ancillary health care providers	Annually	CLINOPS MEDCOM	Roster
Security Training	AR 350-5 AR 380-19	All personnel	Initial then annually	ACofS for Operations	Roster
Reenlistment NCO	AR 601-280 AR 601-210	Reenlistment NCOs without OOR	Quarterly	DCSPER	MFR
Army Physical Fitness	AR 350-15	All military	Semiannually	ACofS for Operations	DA Form 705
CTT	AR 350-41 MEDCOM 350-4	All MEDCOM military	Annually	ACofS for Operations	Roster
NCO Development Program	AR 350-17	All NCOs	Monthly (2 hrs)	ACofS for Operations	Roster

APPENDIX C
CCQAS MEDICAL READINESS TRAINING SCREEN

The following are instructions on inputting information into the Medical Readiness Training screen.

1. INITIAL MEDICAL READINESS TRAINING COMPLETED (ALL PROVIDERS).

a. **Description:** This is the date that the soldier completed OBC.

b. **Example:** *OBC completion date - 5 Jan 95

INPUT: 051595

c. **Field:** Date (mm/dd/yy)

d. **Interface:** N/A

e. **Update:** Initial entry (no update needed)

*NOTE: Army ORB only contains year in which officer attended. In the event an exact date is unknown, obtain year from ORB and enter 01/01/applicable year.

2. CURRENT MOBILIZATION PLATFORM UNIT IDENTIFICATION CODE (PROFIS AND CT PROFIS ONLY).

a. **Description:** The Current Mobilization Unit Identification Code is the UIC of the unit that the soldier would be assigned in the event of mobilization (Reserve)/Deployment (Active) (War, Conflict, training exercise, etc.).

b. **Example:** Soldier is assigned to Madigan Army Medical Center but is PROFIS to the 249th General Hospital; its UIC is WBJ5AA.

INPUT: WBJ5AA

c. **Field:** Text

d. **Interface:** N/A

e. **Update:** Annually or as needed

3. DATE CURRENT MOBILIZATION PLATFORM UNIT IDENTIFICATION CODE VERIFIED (PROFIS AND CT PROFIS ONLY).

a. **Description:** The Date Current Mobilization Platform Unit Identification Code Verified is the date that the soldier's Mobilization Unit UIC was checked and verified.

b. **Example:** UIC verified on 10 February 1996.

INPUT: 021096

c. **Field:** Date (mm/dd/yy)

d. **Interface:** N/A

e. **Update:** Annually or as needed

4. DATE OF CURRENT COMMANDER'S VERIFICATION OF SUSTAINED MEDICAL READINESS TRAINING CERTIFICATION (PROFIS AND CT PROFIS ONLY).

a. **Description:** The Date of Current Commander's Verification of Sustained Medical Readiness Training Certification is the date that the Commander at the soldier's duty location verified *that* the soldier *was proficient in their Deployment/Mobilization practice specialty*.

b. **Example:** *Commander verifies individual is proficient in their Deployment/Mobilization practice specialty* 12 October 1996.

INPUT: 10/12/96

c. **Field:** Date (mm/dd/yy)

d. **Interface:** N/A

e. **Update:** Initial and Annually thereafter

5. PRACTICE SPECIALTY FOR DEPLOYMENT AND/OR MOBILIZATION (PROFIS AND CT PROFIS ONLY).

a. **Description:** The Practice Specialty for Deployment/Mobilization is the assigned specialty that the soldier will perform at the Mobilization/ Deployment Unit.

b. **Example:** Practitioner's specialty at the 41st CSH is Optometrist.

INPUT: "Optometrist" from the pick list

c. **Field:** Pick List Field

d. **Interface:** N/A

e. **Update:** Annually

APPENDIX D
ORIENTATION BRIEF (EXAMPLE)

OPERATIONAL ORIENTATION BRIEF

NAME: *James, James*
SSN: *111-11-1111*
RANK: *Specialist*
DATE ASSIGNED TO PROFIS POSITION: *1 September 1996*
DATE BRIEFED: *1 October 1996*

SIGNATURE OF PROFIS/CT PROFIS_____

SIGNATURE OF BRIEFER_____

OPERATIONAL UNIT ASSIGNED: *Hosptial Unit, Surgical (Forward) (10 Bed)*

PROFIS POSITION NUMBER: *3157*

POSITION REQUIREMENT: *Operating Room Specialist*

PRIMARY: *91D10*

UNIT TASK ORGANIZATION: *See enclosure 1*

UNIT MISSION: *See enclosure 2*

UNIT METL: *See enclosure 3*

PRIMARY RESPONSIBILITIES: *(Example) Assist the operating room SGT in organizing and overseeing the layout and procedures used in the operating room. Primary responsibilities include recording patient Vital statistics, arranging instruments and supplies on a sterile field, and assisting in placing and positioning patients.*

ADDITIONAL DUTIES: *(Example) Assigned to the Quick Reactionary Force, to be activated on order under the direction of the Team NCOIC.*

OCIE Required Equipment List: *See enclosure 4*

WEAPON ASSIGNED/TYPE: *Yes or No / M16 or M9*

PROTECTIVE MASK ISSUED/SIZE: *Yes or No / S M L XL*

GLOSSARY

Section I
Abbreviations

AC . . . . . Active Component

ACofS . . . . . Assistant Chief of Staff

ADL . . . . . U.S. Army Area Dental Laboratory

AMEDD . . . . . Army Medical Department

AMEDDC&S . . . . . U.S. Army Medical Department Center and School

AMOPES . . . . Army Mobilization and Operations Planning and Execution System

APC . . . . . account processing code

APFT . . . . . Army Physical Fitness Test

ARNG . . . . . Army National Guard

ARTEP . . . . . Army Training and Evaluation Program

ASMART . . . . . AMEDD Systematic Modular Approach to Realistic Training

BLS . . . . . Basic Life Support

BMM . . . . . Borrowed Military Manpower

BSNCO . . . . . Battle Staff Noncommissioned Officer Course

CCQAS . . . . . Centralized Credentials Quality Assurance System

CHS . . . . . Combat Health Support

CONUS . . . . . continental United States

CPR . . . . . cardio-pulmonary resuscitation

CSM . . . . . Command Sergeant Major

CTH . . . . . Caretaker Hospital

CT PROFIS . . . . . Caretaker Professional Officer Filler System

CTT . . . . . Common Task Test

DEPMEDS . . . . . Deployable Medical System

DA . . . . . Department of the Army

DCSOPS . . . . . Deputy Chief of Staff for Operations and Plans

DENCOM . . . . . U.S. Army Dental Command

DENTAC . . . . . dental activity

DPT-MS . . . . . Department of Plans Training - Mobilization Security

ERT . . . . . Emergency Response Team

FM . . . . . Field Manual

FORSCOM . . . . . Forces Command

FTX . . . . . field training exercise

FY . . . . . Fiscal Year

IAW . . . . . in accordance with

INWS . . . . . Interservice Nuclear Weapons School

ITEP . . . . . Individual Evaluation Training Program

JCAHO. . . . . .Joint Commission on Accreditation of Health Care Organizations

LOI . . . . . Letter of Instruction

MACOM . . . . . major Army command

MAT . . . . . Medical Augmentation Team

MEDCEN . . . . . United States Army Medical Center

MEDCOM . . . . . U.S. Army Medical Command

MEDDAC . . . . . Medical Department Activity

METL . . . . . Mission Essential Task List

MOBEX . . . . . mobilization exercise

MOPP . . . . . Mission-Oriented Protective Posture

MOS . . . . . military occupational specialty

MOU . . . . . Memorandum of Understanding

MPF . . . . . Master Personnel File

MPT . . . . . Medical Proficiency Training

MQS . . . . . military qualification standard

MSC . . . . . Major Subordinate Commanders

MSG . . . . . Master Sergeant

MTF . . . . . medical treatment facility

MTOE . . . . . Modification Table of Organization and Equipment

NBC . . . . . nuclear, biological, and chemical

NCO . . . . . noncommissioned officer

NCOPD . . . . . Noncommissioned Officers Professional Development

NCODP . . . . . Noncommissioned Officers Development Program

OML . . . . . Order of Merit List

OPD . . . . . Officer Professional Development

OPSEC . . . . . operations security

OTSG . . . . . Office of The Surgeon General

PCS . . . . . permanent change of station

PLDC . . . . . Professional Leader Development Course

PO&T . . . . . Plans, Operations and Training Division

PROFIS . . . . . Professional Officer Filler System

PTMS . . . . . Plans, Training, Mobilization, and Security

RAMT . . . . . Radiological Advisory Medical Team

RC . . . . . Reserve Component

RSC . . . . . Regional Support Command

SAEDA. . . . . Subversion and Espionage Directed Against U.S. Army

SASO . . . . . Stability and support operations

SERE . . . . . survival, evasion, resistance, and escape

SFC . . . . . Sergeant First Class

SMN . . . . . student military nonassigned

SOP . . . . . standing operating procedure

SQI . . . . . skill qualification identifier

SRP . . . . . soldier readiness processing

TAMIS . . . . . Training Ammunition Management Information System

TAMS . . . . . Training Ammunition Management System

TDA . . . . . table(s) of distribution and allowances

TDY . . . . . temporary duty

TM . . . . . Technical Manual

TOE . . . . . table(s) of organization and equipment

TRADOC . . . . . Training and Doctrine Command

TAM . . . . . Training Assessment Model

UCAPERS . . . . . Uniformed Chart of Accounts, Personnel System

USAR . . . . . U.S. Army Reserve

USR . . . . . Unit Status Report

VETCOM . . . . . U.S. Army Veterinary Command

VSSA . . . . . Veterinary Service Support Area

VSSD . . . . . Veterinary Service Support District

WBGTI . . . . . wet bulb globe temperature index

XO . . . . . Executive Officer

Section II
Terms

Assigned Unit: Unit that the soldier is permanently assigned (Permanent Duty Station).

Deployment: Used for Active Army units which must assemble, prepare, or put into operation for war or operations other than war.

Initial Orientation: Information presented in the form of a briefing or packet which explains to the PROFIS or CT PROFIS individual on what the operational unit's mission, METL, task organization, and position he/she will be filling during times of deployment and/or mobilization.

Interfacility Credential Transfer Brief (ICTB): A report that the Credentialing Facility sends with a practitioner, when the practitioner reports to another medical treatment facility; or when the practitioner is affiliated with a second activity on an ongoing basis.

Medical Readiness Training (MRT): Those courses, hands-on training programs, and exercises designed to develop, enhance, and maintain military medical skills. The MRT includes individual, collective, and unit training experiences required to ensure health care personnel and units are capable of performing operational missions.

a. **Initial Medical Readiness Training:** Occurs when the officer attends OBC or equivalent (OAC, Basic Training (enlisted and prior enlisted personnel), Warrant Officer course). **THIS IS THE ONLY FIELD REQUIRED FOR INPUT OF NON-PROFIS INDIVIDUALS.**

b. **Sustainment Medical Readiness Training:** Training focused on individual development, maintenance of unit specific training with an emphasis on proficiency in their mobilization practice specialty. PROFIS/CT PROFIS assigned to a mobilization or deployable unit will be certified by the unit commander that the individual is proficient in his/her mobilization practice specialty.

Medical Readiness Training Certification: A process that verifies the preparation of health care providers and personnel for operational requirements. MTF commanders will **annually** review and certify that health care personnel assigned, have met initial and sustainment medical readiness training requirements as described in para 5a and b above.

Military Medical Skills: Those first aid tasks necessary to perform lifesaving measures. Skills and tasks that prepare soldiers to function clinically during military operations.

Mobilization: Term used for U.S. Army Reserve or National Guard unit(s) which must assemble, prepare, or put into operation for war or operations other than war.

Mobilization Platform/Operational Unit:

a. **U.S. Army Reserve/U.S. Army National Guard:** A unit which could mobilize in the event of war, conflict, or in operations other than war.

b. **Active Army:** A unit which could deploy in the event of war, conflict, or in operations other than war.

Operational Billet: A position in a unit that a soldier occupies during mobilization (Reserve Component) or deployment (Active Component).

Platform: Unit that a soldier is assigned.

The proponent of this publication is the Assistant Chief of Staff for Operations. Send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, U.S. Army Medical Command, 2050 Worth Road, ATTN: MCOP-RT, Fort Sam Houston, TX 78234-6000.

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