

**MEDDAC Memorandum 40-27**

**Medical Services**

# **Utilization of Reserve Component Nursing Personnel**

**Headquarters  
U.S. Army Medical Department Activity  
Fort George G. Meade  
2480 Llewellyn Avenue  
Fort George G. Meade, MD 20755-5800  
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**Unclassified**

# ***SUMMARY of CHANGE***

MEDDAC MEMO 40-27

Utilization of Reserve Component Nursing Personnel

Specifically, this revision—

- o Has been published in a new format that includes a cover and this “Summary of Change” page.
- o Reformats the title page. The Contents section now includes the page numbers that the various chapters and paragraphs begin on.

Department of the Army  
Headquarters  
United States Army Medical Department Activity  
2480 Llewellyn Avenue  
Fort George G. Meade, Maryland 20755-5800  
24 January 2003

\* MEDDAC  
Memorandum 40-27

## Medical Services

### Utilization of Reserve Component Nursing Personnel

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FOR THE COMMANDER:

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Official:



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ally published on 18 December 1997.

**Summary.** This publication covers policies, procedures, and responsibilities for utilizing Reserve Component (RC) nursing personnel at Kimbrough Ambulatory Care Center (KACC).

**Applicability.** This memorandum applies to Headquarters, U.S. Army Medical Department Activity, Fort George G. Meade (MEDDAC) (that is, KACC).

**Proponent.** The proponent of this memorandum is the Deputy Commander for Nursing (DCN).

**Suggested improvements.** Users of this publication are invited to send comments and suggested improvements, by memorandum, directly to the Commander, U.S. Army Medical Department Activity, ATTN: MCXR-ZN, Fort George G. Meade, MD 20755-5800, or to the MEDDAC's Command Editor by e-mail to john.schneider@na.amedd.army.mil or fax to (301) 677-8088.

**Distribution.** Distribution of this memorandum is by electronic medium only.

**History.** This is fourth revision of this publication, which was origin-

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\* This publication supersedes MEDDAC Memo 40-27, dated 1 October 2001.

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## **Glossary**

## **Chapter 1 Introduction**

### **1-1. Purpose**

This memorandum establishes responsibilities, policies, and procedures concerning the utilization of RC nursing personnel at KACC.

### **1-2. References**

Required and related references are listed in appendix A. Prescribed and referenced forms are also listed in appendix A.

### **1-3. Explanation of abbreviations**

Abbreviations and special terms used in this memorandum are explained in the glossary.

### **1-4. Responsibilities**

a. *The Chief, Nursing Administration and department chiefs.* (The term “department” is explained in the glossary.) The Chief, Nursing Administration and department chiefs will—

(1) Coordinate the scheduling of RC training with the Chief, Plans, Training, Mobilization and Security Division (PTM&S).

(2) Coordinate the assignment of RC personnel with the Senior Clinical Noncommissioned Officer (NCO), Nursing Services.

(3) Provide administrative processing of RC personnel, to include verification of licensure and Basic Life Support (BLS) registration.

(4) Conduct the orientation to Nursing Services.

b. *Officers in charge (OICs), head nurses, and NCOs in charge (NCOICs) of individual areas of assignment.* OICs, head nurses, and NCOICs of individual areas of assignment will—

(1) Ensure that individual RC personnel receive orientations to the unit in accordance with (IAW) Competency-based Orientation Program guidelines. (See MEDDAC Reg 600-8-2.)

(2) Designate a preceptor for each RC individual.

(3) Supervise RC personnel and evaluate their performance.

c. *Preceptors.* Preceptors will provide direct supervision and assistance to RC personnel.

## **Chapter II**

### **Pre-arrival Coordination, Determining Assignments, Inprocessing and Orientation, and Evaluation Reports**

#### **2-1. Pre-arrival coordination**

a. Prior to arrival at KACC, the documentation listed in para b below will be furnished to the Chief, Nursing Administration. For troop program unit (TPU) personnel, the chief nurse of the TPU will submit the documentation. Individual Mobilization Augmentation (IMA), Individual Ready Reserve (IRR), and National Army Medical Department (AMEDD) Augmentation Detachment (NAAD) personnel will submit the documentation themselves.

b. Required documentation.

(1) State of licensure for registered nurses and licensed practical nurses. [Nursing Services will verify licenses.]

(2) Proof of current BLS registration. [All.]

- (3) Information concerning civilian nursing education and experience. [All.]
- (4) Training goals and objectives. [All.]

c. A credentials packet, completed IAW AR 40-48 and MEDDAC Reg 40-20, for each credentialed nursing provider (nurse practitioners and nurse anesthetists) must be provided to the KACC Credentials Coordinator not later than 45 days before training is scheduled to begin.

(1) *TPU*. TPU units will complete the credentials packets for TPU personnel.

(2) *IMA, IRR, and NAAD*. IMA, IRR, and NAAD personnel will complete their own credentials packets. After the packet is received by the Credentials Coordinator, it will be reviewed by the chief of the department that the individual will be working in, and the DCN, then presented to the MEDDAC Credentials Committee for approval. If a packet is not submitted for a soldier, is received late, or is incomplete, the soldier will be prohibited from practicing as a credentialed provider during the training period, or until such time as the credentials are validated.

## **2-2. Determining assignments**

a. *TPU*. Assignments of TPU personnel will be based on the following factors:

(1) The military occupational specialties of enlisted personnel and special skill identifiers of officers.

(2) Specific requests by a unit's chief nurse.

(3) Identified professional goals and objectives of the RC personnel.

(4) The needs of the MEDDAC.

b. *IMA, IRR, and NAAD*. IMA, IRR, and NAAD personnel will be assigned according to the needs of the MEDDAC and the individuals' qualifications.

## **2-3. Inprocessing and orientation**

All RC personnel will—

a. Report to PTM&S (Bldg 2455, second floor) to turn in a copy of their orders and receive a MEDDAC (no picture) security badge.

b. Report to Military Personnel Division (Bldg 2455, first floor) to turn in a copy of their orders.

c. Report to Nursing Services (Bldg 2480, Rm 1C5) to present their nursing license.

(1) Officers will schedule an appointment to meet with the Chief Nurse.

(2) NCOs will schedule an appointment to meet with the Chief Clinical NCO.

d. Receive an orientation of KACC, presented by PTM&S.

e. Receive a unit orientation from the clinical unit to which assigned.

## **2-4. Evaluation reports**

Evaluation reports for RC personnel on annual training (AT) at KACC will be prepared IAW this paragraph and AR 623-105, chapter 4 (officers and warrant officers (WOs)) or AR 623-205, chapter 5 (NCOs). Questions regarding evaluations of RC personnel should be addressed to the Chief, Military Personnel Division. RC personnel will be evaluated as follows:

a. *TPU*. TPU officers, WO, and NCOs will be rated on MEDDAC Form 130 (Individual Reservist Evaluation Report – Troop Program Units on Annual Training (AT)). Completion of MEDDAC Form 130 is self-explanatory. The form is issued in bulk to Nursing Services and PTM&S. OICs and NCOICs who require copies of this form should request them from Nursing Services.

b. *IMA, IRR, and NAAD*.

(1) *Officers and WOs*. IMA, IRR, and NAAD officers, WOs, will be rated on DA Form 67-9 (Officer Evaluation Report). In addition, DA Form 67-9-1 (Officer Evaluation Support Form) will also be completed for captains and above and WO2 and above, and DA Form 67-9-1a (Junior Officer Development Support Form) will be completed for all lieutenants and WO1s within two days of arrival.

(2) *NCOs*. IMA, IRR, and NAAD NCOs will be rated on DA Form 2166-7 (NCO Evaluation Report). In addition, DA Form 2166-7-1 (NCO Counseling Checklist/Record) will be completed within two days of arrival.

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## **Appendix A References**

### **Section I**

#### **Required Publications**

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

Nonphysician Healthcare Providers. (Cited in para 2-1.)

##### **AR 623-105**

Officer Evaluation Reporting System. (Cited in para 2-4.)

##### **AR 623-205**

Noncommissioned Officer Evaluation Reporting System. (Cited in para 2-4.)

##### **MEDDAC Reg 40-20**

Credentialing, Privileging, and Competency of Healthcare Practitioners. (Cited in para 2-1.)

##### **MEDDAC Reg 600-8-2**

Competency-based Orientation (CBO) Program. (Cited in para 1-4.)

### **Section II**

#### **Related Publications**

A related publication is merely a source of additional information. The user does not have to read it in order to understand this publication.

##### **AR 140-145**

Individual Mobilization Augmentation Program

##### **AR 310-25**

Dictionary of United States Army Terms

##### **AR 310-50**

Authorized Abbreviations, Brevity Codes, and Acronyms

### **Section III**

#### **Prescribed Forms**

##### **MEDDAC Form 130**

Individual Reservist Evaluation Report – Troop Program Units on Annual Training (AT). (Prescribed in para 2-4.)

### **Section IV**

#### **Referenced Forms**

##### **DA Form 67-9**

Officer Evaluation Report

##### **DA Form 67-9-1**

Officer Evaluation Support Form

##### **DA Form 67-9-1a**

Junior Officer Development Support Form

##### **DA Form 2166-7**

NCO Evaluation Report

##### **DA Form 2166-7-1**

NCO Counseling Checklist/Record

## Glossary

### Section I

#### Abbreviations

#### AMEDD

Army Medical Department

#### BLS

Basic Life Support

#### DCN

Deputy Commander for Nursing

#### IMA

Individual Mobilization Augmentation

#### IRR

Individual Ready Reserve

#### KACC

Kimbrough Ambulatory Care Center

#### MEDDAC

U.S. Army Medical Department Activity, Fort George G. Meade

#### NAAD

National Army Medical Department (AMEDD) Augmentation Detachment

#### NCOIC

noncommissioned officer in charge

#### OIC

officer in charge

#### PTM&S

Plans, Training, Mobilization and Security Division

#### RC

Reserve Component

#### TPU

troop program unit

### Section II

#### Terms

#### Department

Any organizational element within KACC whose chief is directly subordinate to the Deputy Commander for Clinical Services. This includes some services and special clinical staff sections.