



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH VA 22042

BUMEDINST 1412.1E
BUMED-N01C
24 Apr 2025

BUMED INSTRUCTION 1412.1E

From: Chief, Bureau of Medicine and Surgery

Subj: COMMAND QUALIFICATION PROGRAM FOR ACTIVE COMPONENT MEDICAL
DEPARTMENT OFFICERS

Ref: (a) OPNAVINST 1412.14
(b) NAVPERS 15560D
(c) SECNAVINST 1412.10A
(d) DoD Instruction 1010.16 of 15 June 2020

Encl: (1) Executive Medicine Categories and Commands
(2) Letter of Recommendation for Command Screening Template

1. Purpose. To issue policy, procedures, and set basic minimum standards for the qualifying and screening of medical department officers for command (commanding officer (CO) and executive officer (XO)) positions. Exceptions to policy (i.e. translatable qualifications) will be considered on a case-by-case basis and will be routed through the Corps Chiefs Office then to a Flag for approval. This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. BUMEDINST 1412.1D.

3. Scope and Applicability. All commands and activities with active component medical department personnel.

4. Background. Per reference (a), Surgeon General of the Navy is responsible for establishing a written command qualification program to set minimum standards for command and establish a process to formally screen officers to Executive Medicine command positions, listed in enclosure (1), via an administrative screening board sponsored by Navy Personnel Command (NAVPERSCOM). Reference (b), Naval Military Personnel Manual (MILPERSMAN), article 1301-804, provides additional guidance on command screening board processes. All medical department officers will be command screened prior to assignment to an executive medicine command position.

5. Navy Medicine (NAVMED) Professional Qualification Standards. Standards for command qualification for medical treatment facilities (MTF), Navy Medicine Readiness and Training Commands (NAVMEDREADTRNCMD), research commands, operational commands, and support commands are set forth in subparagraphs 5a through 5m.

a. Experience. Eligible officers desiring to screen for command must have a documented track record of success in leadership and non-leadership positions in and out of NAVMED, inclusive of operational and joint tours with increasing scope of accountability and responsibility.

b. Knowledge, Skills, and Attributes

(1) Knowledge and understanding of the NAVMED enterprise, line operations of the Navy and Marine Corps (USMC), and partnered organizations (Defense Health Agency, Military Health System, Department of Veterans Affairs, etc.).

(2) Joint operations or experience is highly desired, but not required.

(3) Firm foundation and understanding of business principles and practices.

(4) Knowledge and understanding of quality improvement and patient safety principles and practices.

(5) Ability to function in a complex matrix organization.

(6) Ability to communicate effectively in public and private forums. Understanding of strategic and risk communication.

(7) Ability to provide timely and constructive feedback utilizing established civilian and military personnel evaluation systems.

(8) Critical and strategic thinking and problem-solving skills.

(9) Executive leaders will demonstrate strong judgment, encompassing all attributes listed above, and with a clear understanding of the concepts of the Triad, will demonstrate professional competence, sound decisions, and cultivate a culture of resiliency and trust within the Command.

(10) Achievement of the Joint Medical Executive Skills Program additional qualification designation code (AQD): 67A - Executive Medicine.

(11) Joint Professional Military Education Phase I.

c. Leadership

(1) Role model in Navy Core Values, military bearing, and physical fitness.

(2) Strategic planner and thinker.

- (3) Visionary.
- (4) Inspires others.
- (5) Sound ethical track record.
- (6) Develops subordinates.
- (7) Understands and supports broader organizational goals.

(8) Our leaders must be of the highest moral character and be decisive when making risk informed decisions, all while understanding they are fully accountable and responsible for these decisions. Additionally, our leaders must ensure continuous and honest self-assessment to improve as leaders and to enhance the measurable behaviors and standards of the Command.

d. Additional Requirements. Expectation is that command screened officers:

(1) Will be universally assignable and able to meet permanent change of station parameters. Rare exceptions may be considered and only if they are communicated in the application. Valid exceptions may include dependents who are enrolled in the Exceptional Family Member Program or co-location for dual military.

(2) Must pass the Physical Fitness Assessment (PFA) and be within body composition assessment standards with no failures within the last three PFA cycles; or cannot have medical waivers for the last two consecutive PFA cycles.

(3) For CO positions: Must be able to complete a full CO tour before reaching the statutory age of 62 or mandatory (statutory) retirement date. Please Note: Age waivers are possible and require coordination with Medical Officer Assignments, NAVPERSCOM (PERS-4415) to determine eligibility.

(4) For XO positions: Must have at least 5 years remaining on active duty before the statutory age of 62 or mandatory (statutory) retirement date to facilitate potential assignment to full XO and CO tours.

(5) Actively participating in cohort, have a confirmed seat for, or have completed Quality and Safety Leadership Academy by the end of their tour.

e. Criteria for Selection to MTF, NAVMEDREADTRNCMD, and Hospital Ship (T-AH) Executive Medicine Positions:

(1) CO, NAVMEDREADTRNCMD and T-AH Positions

- (a) Officer must be in or selected for the grade of O-6.

(b) Successful completion of a full XO or deputy commander tour. Fleet experience is required for CO of T-AH positions.

(c) At most commands, the CO of a NAVMEDREADTRNCMD will be dual-hatted as Director, Defense Health Agency MTF, at the discretion of the Director of Defense Health Agency. Therefore, the officer must be capable of balancing NAVMEDREADTRNCMD and MTF director roles and responsibilities.

(2) XO, NAVMEDREADTRNCMD and Deputy Director MTF and T-AH Positions

(a) Officer must be in or selected for the grade of O-6. O5s will be considered on a case-by-case basis.

(b) Successful completion of MTF, NAVMEDREADTRNCMD director, officer in charge, or senior operational or staff tour. Operational experience is desired, but not required.

f. Criteria for Selection to Research Executive Medicine Positions

(1) Commander, Research Activities

(a) Officer must be in or selected for the grade of O-6.

(b) Successful completion of a full XO tour.

(c) Experience in the business aspects of research with knowledge or experience in fiscal management, grants administration and program management, personnel management, contracting, etc. Prior assignment at a research command is highly desired, but not required.

(2) Deputy Commander, Research Activities

(a) Officer must be in or selected for the grade of O-6.

(b) Successful completion of a full XO tour.

(c) Experience in the business aspects of research with knowledge or experience in fiscal management, grants administration and program management, personnel management, contracting, etc. Prior assignment at a research command is highly desired, but not required.

(3) CO, Research Activities

(a) Officer must be in or selected for the grade of O-6. O-5s will be considered on a case-by-case basis.

(b) Successful completion of a full XO tour.

(c) Experience in the business aspects of research with knowledge or experience in fiscal management, grants administration and program management, personnel management, contracting, etc. Prior assignment at a research command is highly desired, but not required.

(4) XO, Research Activities

(a) Officer should be in or selected for the grade of O-6. O-5s will be considered on a case-by-case basis.

(b) Experience in the business aspects of research with knowledge or experience in fiscal management, grants administration and program management, personnel management, contracting, etc. Prior assignment at a research command is highly desired, but not required.

g. Criteria for Selection to Operational Executive Medicine Positions (Medical Battalions, Dental Battalions, or Field Medical Training Battalions)

(1) CO, Operational Activities

(a) Officer must be in or selected to the grade of O-6.

1. Fleet Marine Force experience required. Must have been awarded the Expeditionary Warfare BX2 AQD. Field Medicine 6FA AQD recommended.

2. Must have significant experience having served or serving in a Marine Corps leadership position (i.e. Wing, Battalion, Division, or Component).

3. Must have been awarded the Joint Qualification JS7 AQD and awarded the Executive Medicine 67A AQD.

(b) Experience within a battalion previously is preferred, but not required, and must have successful USMC experience, per reference (c), qualified Fleet Marine Force Warfare Officer (FMFWO).

(c) Medical battalion and field medical training battalion COs require successful USMC experience; FMFWO required.

(2) XO, Operational Activities

(a) Officer must be in or selected for the grade of O-6. O-5's will be considered on a case-by-case basis.

(b) Fleet Marine Force experience required. Must have been awarded the Expeditionary Warfare BX2 AQD. Field Medicine 6FA AQD required.

(c) Must have been awarded the Joint Qualification JS7 AQD, completed all requirements and awarded the Executive Medicine 67A AQD.

(d) Previous experience in a Marine Corps leadership position (i.e. Division, Wing, Battalion, or Component).

(e) Medical battalion and field medical training battalion XOs require successful USMC experience; FMFWO required.

(f) Dental battalion XO billets have a 2200 designator and require successful USMC experience; qualified FMFWO required. O-5s will be considered on case-by-case basis.

h. Criteria for Selection to Expeditionary Medical Facility (EMF) Executive Medicine Positions

(1) CO, EMF Positions

(a) Officer should be in or selected for the grade of O-6.

(b) Must have been awarded the Joint Qualification JS7 AQD, completed all requirements and awarded the Executive Medicine 67A AQD.

(c) Successful completion of a full XO tour. Operational experience is required.

(2) XO, EMF Positions

(a) Officer should be in or selected for the grade of O-6. O-5s will be considered on a case-by-case basis.

(b) Must have been awarded the Joint Qualification JS7 AQD, completed all requirements and awarded the Executive Medicine 67A AQD.

(c) Operational experience is required.

i. Criteria for Selection to Training Executive Medicine Positions

(1) CO, Training Activities

(a) Officer must be in or selected for the grade of O-6.

(b) Successful completion of a full XO tour. Operational experience is required.

(c) Experience in the business aspects of academia with knowledge or experience in requirements generation, curriculum development, life-cycle management, program management, personnel management, etc.

(2) XO, Training Activities

(a) Officer should be in or selected for the grade of O-6. O-5s will be considered on a case-by-case basis.

(b) Experience in the business aspects of academia with knowledge or experience in requirements generation, curriculum development, life-cycle management, program management, personnel management, etc.

j. Criteria for Selection to Logistics Executive Medicine Positions

(1) CO, Logistics Activities

(a) Officer should be in or selected for the grade of O-6. O-5s will be considered on a case-by-case basis.

(b) Successful completion of a full XO tour. Operational experience required.

(c) Experience in the business aspects of medical logistics with knowledge or experience in materiel, fiscal, life cycle, program, personnel management and contracting, etc.

(2) XO, Logistics Activities

(a) Officer should be in or selected for the grade of O-6. O-5s will be considered on a case-by-case basis.

(b) Experience in the business aspects of medical logistics with knowledge or experience in materiel, fiscal, life cycle, program, personnel management and contracting, etc. Operational experience required.

k. Criteria for Selection to Navy and Marine Corps Force Health Protection Command (NAVMCFORHLTHPRTCMD) Executive Medicine Positions

(1) Commander, NAVMCFORHLTHPRTCMD

(a) Officer must be in or selected for the grade of O-6.

(b) Successful completion of full XO tour. Operational experience is desired, but not required.

(c) Experience in the business aspects of public health with knowledge or experience in fiscal management, program management, personnel management, contracting, etc.

(2) Deputy Commander, NAVMCFORHLTHPRTCMD

(a) Officer must be in or selected for the grade of O-6.

(b) Operational experience is desired, but not required.

(c) Experience in the business aspects of public health with knowledge or experience in fiscal management, program management, personnel management, contracting, etc.

l. Criteria for Selection to CO of Navy Drug Screening Laboratories (NAVDRUGLAB) Executive Medicine Positions

(1) CO, NAVDRUGLAB

(a) Officer should be in the grade of O-6 or O-5. If an O-4 best meets the required skill set, they will be considered.

(b) Per reference (d), officer must have at a minimum, a doctorate of philosophy degree in toxicology, biochemistry, or the physical or biological sciences from an accredited university, and a minimum of 3 years of experience in one of the Department of Defense (DoD) forensic toxicology drug testing laboratories or Division of Forensic Toxicology, Armed Forces Medical Examiner System.

(2) XO, NAVDRUGLAB

(a) Officer must be in the grade of O-6, O-5, or O-4.

(b) Minimum of 3 years of experience in one of the DoD forensic toxicology drug testing laboratories or Division of Forensic Toxicology, Armed Forces Medical Examiner System.

m. Criteria for Naval Ophthalmic Support and Training Activity Executive Medicine Positions

(1) Officer should be in or selected for the grade of O-6. O-5s will be considered on a case-by-case basis.

(2) Officer must be a Medical Service Corps officer with the optometry primary subspecialty code (1880).

n. Criteria for Naval Safety and Environmental Training Center Executive Medicine Positions

(1) Officer should be in or selected for the grade of O-6. O-5s will be considered on a case-by-case basis.

(2) Officer should have varied assignment history that includes MTF, fleet, staff, overseas assignments, and a minimum of one operational tour. Certified industrial hygienist or certified safety professional certification desired, but not required.

(3) Officer must be a Medical Service Corps officer with the industrial hygiene primary subspecialty code (1861).

6. Application Process for Unscreened Officers

a. The deadline for application submission to be considered for command is 15 June. Command opportunities vary annually; when the list of opportunities becomes available, it will be distributed throughout the NAVMED communities and published on NAVMED's Executive Medicine Web site on the BUMED SharePoint site
<https://esportal.med.navy.mil/bumed/m00/m00c/pages/executive-medicine.aspx>.

b. Officers who have not been screened (do not have the Command Qualified 2D2 nor Command Eligible 2D1 AQD) must submit an application with the documents listed in subparagraphs 6b(1) through 6b(3), before the advertised deadline in the BUMED announcement:

(1) NAVMED 1412/1 Command Screening Application, fully completed.

(2) An endorsement from commanding officer; deputy commander or chief of staff for headquarters applicants; or superior in charge for operational applicants. Template provided in enclosure (2).

(3) Curriculum vitae and biography.

c. Applications must be submitted via the portal located on NAVMED's Executive Medicine Web site on the BUMED SharePoint site at:
<https://esportal.med.navy.mil/bumed/m00/m00c/pages/executive-medicine.aspx>.

d. Only applicants who submit an application package prior to the submission deadline and who have completed an oral board will be eligible for screening.

7. Command Screening Process for Unscreened Officers (Oral Board)

a. Officers who have not been screened (do not have Command Eligible 2D1 AQD) will be required to pass an oral board before going to the Command Screening Board.

b. Per reference (a), an oral board is required prior to being considered by the command screening board. The oral board is a one-time requirement. However, an officer who is not recommended by an oral board for command screening may reapply for command screening in a subsequent year. The oral board is conducted to determine understanding of and readiness for the responsibilities of command.

(1) Membership. Oral boards will be composed of at least three medical department O-6 or above, senior to the officers being considered and who are currently serving in command, or who have completed a command assignment, in a billet designated with the Navy Officer Billet Classification code for command. Officers who are serving, or have previously been assigned, as “acting” COs are not eligible to serve as board members.

(2) Scheduling. BUMED will notify eligible officers of the timing, location, and procedure for requesting an oral board.

(3) Board Content. The senior member will guide the questions of the board and should focus on questions designed to evaluate the candidate’s maturity, character, temperament, judgment, motivation for command, and familiarity with the medical department programs and policies. The oral board should not dwell on the technical aspects of healthcare delivery. The findings of the oral board will be determined by majority vote. Specific guidance will be provided in an oral board precept.

(4) Report. Within 15 days of completing its deliberations, the oral board must report its findings to PERS-4415 and the officers considered in writing. Officers not recommended by the oral board will not be considered by the command screening board.

8. Application Process for Screened (Banked) Officer

a. The deadline for application submission to be considered for command is 15 June. Command opportunities vary annually; when the list of opportunities becomes available, it will be distributed throughout the NAVMED communities and published on NAVMED’s Executive Medicine Web site on the BUMED SharePoint site <https://esportal.med.navy.mil/bumed/m00/m00c/pages/executive-medicine.aspx>.

b. Banked Officers must submit an application with the documents listed in subparagraphs 8b(1) through 8b(3), before the advertised deadline in the BUMED announcement:

(1) NAVMED 1412/1 Command Screening Application, fully completed.

(2) An endorsement from CO; deputy commander, or chief of staff for headquarters applicants; or superior in charge for operational applicants. Template provided in enclosure (2).

(3) Curriculum vitae and biography.

c. Applications must be submitted via the portal located on NAVMED's Executive Medicine Web site on the BUMED SharePoint site at:

<https://esportal.med.navy.mil/bumed/m00/m00c/pages/executive-medicine.aspx>.

9. Command Screening Board

a. Banked Officers. Previously command screened officers designated as command eligible (previously awarded the Command Eligible 2D1 AQD) will be considered banked officers. Banked officers are not required to be screened at the Command Screening Board. Banked Officers records will undergo an administrative review to ensure they still meet minimum eligibility requirements.

b. The function of the command screening board is to review the records of eligible medical department officers that request to screen for command and to select the best and fully qualified officers as command eligible. NAVPERSCOM will conduct the formal Medical Department Command Screening Board; PERS-4415 serves as the board sponsor.

c. Membership. The board membership must include:

(1) Medical department flag officer who serves as the president.

(2) The Chiefs (or Directors) of the Medical Corps, Dental Corps, Medical Service Corps, and Nurse Corps.

(3) Other medical department flag officers as appointed by the Surgeon General of the Navy.

(4) PERS-4415 will assign the head recorder and assistant recorders as required.

d. Release of Results

(1) The results of the screening board are approved by Commander, NAVPERSCOM. Approved board results are forwarded by PERS-4415 to the Surgeon General of the Navy.

(2) The Surgeon General of the Navy or Deputy Surgeon General of the Navy releases the results of the screening board via the corps chiefs to make personal notifications before posting results publicly on the NAVMED Executive Medicine Web site on the BUMED Corps Chiefs SharePoint site.

(3) Applicants who successfully screen are considered eligible for assignment to any executive medicine position within NAVMED (NAVMEDREADTRNCMD), research activity, support activity, or major operational command), and if slated, will be assigned based on the “needs of the Navy.” Officers who apply for command screening should do so with this in mind and be willing to accept an executive medicine position for which they are slated.

(4) Following release of the results, PERS-4415 will enter the Command Eligible 2D1 AQD into each officer’s record that successfully screened; the AQD code identifies officers as command eligible.

10. Command Slating Process

a. Deputy corps chiefs and PERS-4415 will prepare command leadership slates, proposing screened officers to respective billets. Skill sets, projected rotation dates, proposed fill dates, subspecialty experience, preferences, and the “needs of the Navy” will be considerations in determining the best officer for the position.

b. The proposed slate will be vetted through the corps chiefs and submitted to the Deputy Surgeon General of the Navy who will forward a recommendation for approval to Surgeon General of the Navy. Upon approval, officers selected will be notified of their next assignment. Any officer who refuses assignment after approval of the command slate will be required to submit an official request as outlined in paragraph 14 of this instruction.

11. Command Screening Exceptions. General policy is that only command screened officers will be assigned to Executive Medicine positions. Every effort will be made to assign screened officers prior to any alternate being assigned.

a. On rare occasions, exceptions to this policy may arise when there is no available command screened officers or alternates, thus necessitating assignment of a non-board screened officer with the proper skill sets to a command leadership position.

b. Any non-board screened officer slated to fill a command leadership position will be administratively screened by BUMED Council of Corps Chiefs and Deputy Surgeon General of the Navy who will forward a recommendation for approval to Surgeon General of the Navy.

12. Required Orientation

a. Slated officers are required to attend the prospective CO or prospective XO course at the Navy Leadership and Ethics Center (NLEC), Newport, Rhode Island. Per reference (a), prospective COs must complete the prospective CO course prior to reporting to their CO assignment. PERS-4415 will schedule course dates for all prospective CO and prospective XO courses.

b. All new prospective COs and prospective XOs are required to attend a weeklong BUMED orientation prior to or immediately after reporting to their CO or XO assignment. Requests for an attendance waiver for the orientation will be reviewed on a case-by-case basis. Waiver requests must be submitted to the orientation coordinator for final approval by the respective corps chief. A waiver does not alleviate the prospective CO or prospective XO from attending BUMED orientation. Those with approved waivers will be scheduled for an individual orientation by the orientation coordinator.

c. Second tour COs and XOs should discuss the prospective CO NLEC course and BUMED orientation attendance with their respective Detailer. Per reference (b), article 1305-906, second tour COs are not required to attend the NLEC prospective CO course if it has been fewer than 4 years since last attendance when reporting to their subsequent CO tour.

13. Descreening Process for Officers with Command Qualified 2D2 and Command Eligible 2D1 AQDs

a. Descreening is the process of removing AQD codes based on performance in the position that qualifies the officer for that AQD. Officers who do not successfully screen (i.e., pass the oral screening board or the command screening board) are not considered descreened as they have not been awarded an AQD and therefore it cannot be removed.

b. Process

(1) Regional NAVMED commanders when made aware of declining performance of a CO or XO will be required to notify the officer's corps chief for review of their AQD(s).

(2) Corps chiefs, corps chief deputies, regional commanders, and regional deputy commanders will be responsible for reviewing the performance of the officer and to determine if this officer is fit to serve in command in the future. To make this determination they will review:

(a) Officer's military record, specifically their most recent performance evaluations.

(b) Investigation findings, reports, and related supporting documents, if any.

(c) Recommendations from the officer's immediate chain of command.

(d) Written statements from the officer being considered, if submitted. The statements from the officer being considered will only speak to their motivations to continue to serve in leadership positions in the future. Letters will be addressed to their regional NAVMED commander and Corps Chief.

(3) Corps Chiefs will recommend:

- (a) Permanent removal of the AQD(s) with no reinstatement.
 - (b) Removal of AQD(s). After a non-command tour, the officer will require corps chief's approval to reinstate AQD. If approved, the officer will reapply as screened (banked) officer. If not approved, the officer will need to reapply as an unscreened officer.
 - (c) Officer retains their AQD(s) and can apply for command during the next command slating cycle. Officer will apply as a screened officer.
 - (4) Deputy Surgeon General of the Navy will be the first reviewer of the recommendation from the corps chief and will make final recommendation to the Surgeon General of the Navy.
 - (5) Surgeon General of the Navy will make final determination on the removal of AQD(s).
 - (6) Officer will receive determination letter. PERS-4415 will receive copy of determination letter and take appropriate action.
14. Process for Officers Who Refuse CO or XO assignments. When an officer has been screened for command but refuse their command assignment, the following procedures apply:
- a. An officer indicating refusal of their command assignment will be required to meet with their deputy corps chief to discuss and review their assignment.
 - b. After review with their deputy corps chief and a determination is made to pursue a refusal of their command assignment, the officer will be required to submit an official request to the Surgeon General of the Navy.
 - c. The official request will be routed through their deputy corps chief, corps chief and Deputy Surgeon General of the Navy. Corps chiefs will provide recommendation to Deputy Surgeon General of the Navy.
 - d. Deputy Surgeon General of the Navy will review corps chief's recommendation and make a final recommendation to the Surgeon General of the Navy.
 - e. Surgeon General of the Navy will make final determination on whether the refusal of a command assignment will be granted and the need for the removal of AQD(s). If removal of AQD(s) is determined, then the descreening procedures in paragraph 13 apply.
 - f. Officer will receive the Surgeon General of the Navy determination letter. PERS-4415 will receive copy determination letter and take appropriate action.

g. Officers who refuse their assignment will be subject to the needs of the Navy for future orders that are required to fulfill remaining obligated service. Officers who voluntarily refuse their assignment will be voluntarily resigning their AQDs and will have to apply in the future as an unscreened officer.

15. Additional Information. Medical department officers who desire to request command screening or assignment to executive medicine positions can find additional information on the Office of the Corps Chiefs Executive Medicine SharePoint site at <https://esportal.med.navy.mil/bumed/m00/m00c/pages/home.aspx>.

16. Responsibilities and Actions. Community flag officers and COs will ensure qualified officers are mentored for executive medicine positions and encouraged to apply for command screening.

17. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the DON Assistant for Administration, Directives and Records Management Division portal page at <https://portal.secnave.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the OPNAV Records Management Program (DNS-16).

18. Review and Effective Date. Per OPNAVINST 5215.17A, Office of the Corps Chiefs (BUMED-N01C) will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, DoD, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

19. Forms and Information Management Control

a. Form. NAVMED 1412/1 Command Screening Application is available at the <http://www.med.navy.mil/directives/Pages/NAVMEDForms.aspx>.

BUMEDINST 1412.1E
24 Apr 2025

b. Information Management Control. Reports required in paragraph 6 of this instruction are exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, subparagraph 7k.



D. K. VIA

Releasability and distribution:

This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site, <https://esportal.med.navy.mil/bumed/directives/>

EXECUTIVE MEDICINE CATEGORIES AND COMMANDS

Medical Treatment Facility or Navy Medicine Readiness and Training Command	
NAVMEDREADTRNCMD Portsmouth	NAVMEDREADTRNCMD Cherry Point
NAVMEDREADTRNCMD San Diego	NAVMEDREADTRNCMD Charleston
NAVMEDREADTRNCMD Camp Lejeune	NAVMEDREADTRNCMD Lemoore
NAVMEDREADTRNCMD Bethesda	NAVMEDREADTRNCMD New England
NAVMEDREADTRNCMD Fort Belvoir	NAVMEDREADTRNCMD Oak Harbor
NAVMEDREADTRNCMD Jacksonville	NAVMEDREADTRNCMD Quantico
NAVMEDREADTRNCMD Pensacola	NAVMEDREADTRNCMD Great Lakes
NAVMEDREADTRNCMD Camp Pendleton	U. S. NAVMEDREADTRNCMD Okinawa
NAVMEDREADTRNCMD Bremerton	U. S. NAVMEDREADTRNCMD Yokosuka
NAVMEDREADTRNCMD Twentynine Palms	U. S. NAVMEDREADTRNCMD Naples
NAVMEDREADTRNCMD Beaufort	U. S. NAVMEDREADTRNCMD Rota
NAVMEDREADTRNCMD Annapolis	U. S. NAVMEDREADTRNCMD Sigonella
NAVMEDREADTRNCMD Pearl Harbor	U. S. NAVMEDREADTRNCMD Guantanamo Bay
NAVMEDREADTRNCMD Patuxent River	U. S. NAVMEDREADTRNCMD Guam
NAVMEDREADTRNCMD Corpus Christi	
Jointly Staffed MTF	
Walter Reed National Military Medical Center	Fort Belvoir Community Hospital
Tripler Army Medical Center	
Hospital Ships	
USNS Mercy (T-AH 19)	USNS Comfort (T-AH 20)
Research Activities	
Naval Medical Research Center	Naval Submarine Medical Research Laboratory
Naval Health Research Center	Naval Medical Research Unit - SOUTH
Naval Medical Research Unit - ASIA	Naval Medical Research Unit-San Antonio
Naval Medical Research Unit – EURAFCE-NT	Naval Medical Research Unit-Dayton
Training Activities	
Navy Medicine Training Support Center	Navy Medicine Operational Training Command
Naval Medical Leader and Professional Development Command	
Logistics Activities	
Naval Medical Readiness Logistics Command	
Other Support Activities	
Navy and Marine Corps Force Health Protection Command	Naval Safety and Environmental Training Center
Navy Drug Screening Laboratories	
Operational Commands	
1ST Medical Battalion Camp Pendleton	1ST Dental Battalion Camp Pendleton
2ND Medical Battalion Camp Lejeune	2ND Dental Battalion Camp Lejeune
3RD Medical Battalion Okinawa	3RD Dental Battalion Okinawa
Expeditionary Medical Facility Alpha, Camp Pendleton	Expeditionary Medical Facility Bravo, San Diego
Expeditionary Medical Facility Juliet, Portsmouth	Expeditionary Medical Facility Kilo, Camp Lejeune
Expeditionary Medical Facility Mike, Jacksonville	Field Medical Training Battalion West
Field Medical Training Battalion East	Naval Expeditionary Medicine Warfighter Development

LETTER OF RECOMMENDATION FOR COMMAND SCREENING TEMPLATE
(command letterhead)

1412
Ser 00/
Date

From: Commanding Officer, [insert command name]

To: President, Fiscal Year 20XX Medical Department Command Screening Board

Subj: LETTER OF RECOMMENDATION FOR COMMAND SCREENING IN CASE OF
CAPTAIN JOHN DOE, MEDICAL SERVICE CORPS, UNITED STATES NAVY

1. Commanding officer's certification. This officer served as [_____]. I personally observed his or her performance in this capacity.
2. Commanding officer's justification. Briefly describe the officer's performance while in your command and potential for leadership in command positions.
3. Commanding officer's verification of PFA. I certify that the candidate is within body composition assessment standards with no failures within the last three PFA cycles; or has not had medical waivers for two consecutive PFA cycles.
3. Commanding officer's attestation. Per U.S. Navy Regulations and section 5947 of Title 10 U.S. Code, I have reviewed the Chief of Naval Operations Charge of Command dated January 10, 2022 with [Rank and Name]. Based on personal observation and a thorough assessment of their command potential, I can attest that he or she displays the requisite personal traits, characteristics, and understanding of the leadership expectations outlined in the references listed in this paragraph and deemed essential for success in command.
4. Commanding officer's endorsement. I give my _____ recommendation that Captain _____ be selected for assignment as a commanding officer or executive officer in Navy Medicine.

commanding officer's signature

Copy to:
CAPT Doe