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CFETP 4N0XX

Parts I and II

May 1997

AFSC 4N0XX

MEDICAL SERVICE SPECIALTY

Master

Senior

Basic

**CAREER FIELD
EDUCATION AND TRAINING PLAN**

CAREER FIELD EDUCATION AND TRAINING PLAN
MEDICAL SERVICE SPECIALTY
AFSC 4N0XX

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MEDICAL SERVICE SPECIALTY
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CAREER FIELD EDUCATION AND TRAINING PLAN

Preface

1. This Career Field Education and Training Plan (CFETP) is a comprehensive education and training document that identifies life-cycle education/training requirements, training support resources, and minimum core task requirements for this specialty. The CFETP will provide personnel a clear career path to success and will instill rigor in all aspects of career field training. The clear expectation is that medical service specialty personnel be utilized to the full extent of their knowledge/task certification. Using guidance provided in the CFETP will ensure individuals in this specialty receive effective and efficient training at the appropriate point in their career. This plan will enable us to train today's work force for tomorrow's jobs.

2. Initial skills training requirements were identified during the Medical Service Specialty Utilization and Training Workshop, held 13-24 September 1993 at Sheppard AFB, Texas; the Command Medical Service Managers Conference, held 14-20 November 1993 at Randolph AFB, Texas; and the Career Field Planning Group Meeting, held 17-23 April 1994 at Sheppard AFB. The decision to train specific tasks and knowledge items in the initial skills course is based on a review of Occupational Survey Report (OSR) data, Training Requirements Analysis (TRA) data, and 4N0X1 subject matter expert (SME) input. Three changes to the August 1994 CFETP were implemented in October 1995, March 1996, and April 1996, respectively, as a result of decisions made during subsequent Command Medical Service Managers Conferences. At conferences held in November 1996 and March 1997, the Career Field Manager and MAJCOM Medical Service Functional Managers drafted, reviewed, and approved this new publication of the 4N0XX CFETP, thereby superseding the August 1994 CFETP and Changes 1, 2, and 3.

3. The CFETP consists of two parts. Both parts of the plan are used by formal course developers and field supervisors to plan, manage, and control training within the career field.

3.1. Part I contains five sections that provide information necessary for overall management of the specialty.

3.1.1. Section A explains how everyone will use the plan.

3.1.2. Section B identifies career progression information pertaining to the specialty description, skill level progression, training decisions, Community College of the Air Force information, and the career field path.

3.1.3. Section C explains the purpose and training requirements for each skill level.

3.1.4. Section D indicates resource/training constraints such as funds, manpower, equipment, facilities, etc.

3.1.5. Section E is reserved for use as a transitional training guide for merging career fields (Note: Not applicable to this CFETP).

Note: AFMAN 36-2108, Airman Classification, contains specialty descriptions.

3.2. Part II contains six sections. At the unit level, supervisors and trainers use Part II to identify, plan, and conduct training commensurate with the overall goals of this plan.

3.2.1. Section A contains the Specialty Training Standard (STS). A proficiency code key is used to identify qualitative requirements for appropriate knowledge and task competency required for each skill level. The STS specifies tasks, knowledge, and technical references used to support training, core task and wartime course requirements, a designated area to document on-the-job training (OJT) certification, proficiency codes used to indicate training/information provided by Air Education and Training Command (AETC) courses, and tasks identified as having a Qualification Training Package (QTP) requirement.

3.2.2. Section B contains information on how to obtain a listing of course objectives used in formal training courses. Supervisors can use this information to determine if airmen have satisfied training requirements.

3.2.3. Section C identifies available Qualification Training Packages (QTPs) that have been developed and are mandatory for use to support OJT. These packages are indexed in AFIND 8 and are classified as distribution "F".

3.2.4. Section D contains a training course index that supervisors can use to determine resources available to support training. Included here are both mandatory and optional courses.

3.2.5. Section E is used to identify MAJCOM unique training requirements.

3.2.6. Section F explains the approved method of documenting training, as well as information pertaining to specific training programs.

ABBREVIATIONS/TERMS EXPLAINED

Advanced Training (AT). A formal course designed to train selected career airmen at the advanced level of an AFS for a technical or supervisor-level AFS.

Air Force Career Field Manager (AFCFM). Responsible for the development, implementation, and maintenance of the CFETP, among other responsibilities, within an AFS.

Air Force Job Qualification Standard/Common Job Qualification Standard (AFJQS/CJQS). A comprehensive task list which describes a particular job type or duty position. The listings are used by supervisors to document task qualifications. The tasks on the AFJQS/CJQS are common to all persons serving in the described duty position.

Air Reserve Components (ARC). Air Force Reserve Command (AFRC) and Air National Guard (ANG) components and their members.

Career Development Course (CDC). A published training course designed to provide the information necessary to satisfy the career knowledge requirements for a particular skill level of a specialty.

Career Field Education and Training Plan (CFETP). A comprehensive, multipurpose document encapsulating the entire spectrum of education and training for a career field. It outlines a logical growth plan that includes training resources and is designed to make career field training identifiable, to eliminate duplication, and to ensure this training is budget defensible.

Certification. A formal indication of an individual's ability to perform a task to required standards.

Certification Official. A properly trained person whom the commander assigns to determine an individual's ability to perform a task to required standards.

Continuation Training. Additional training exceeding requirements with emphasis on present or future duty assignments.

Core Task. Tasks that AFCFMs identify as minimum qualification requirements within an AFSC.

Course Objective List (COL). A publication, derived from initial/advanced skills course training standards, identifying the tasks knowledge requirements and respective standards provided to achieve a specific skill level in this career field. Supervisors use the COL to conduct graduate evaluations in accordance with AFI 36-2201, Developing, Managing, and Conducting Training.

Distance Learning. Training that is conducted where the instructor and student are geographically separated. Some examples of distance learning are Career Development Courses (CDCs), Read Ahead Modules (RAMs), and exportable courses.

Go/No Go. In OJT, the stage at which an individual has gained enough skill, knowledge, and experience to perform the tasks without supervision.

Initial Skills Training. A formal resident training course which results in award of a 3-skill level AFSC.

Instructional System Development (ISD). A deliberate and orderly, but flexible, process for planning, developing, implementing, and managing instructional systems. ISD ensures personnel are taught, in a cost efficient way, the knowledge, skills, and attitudes essential for successful job performance.

Major Command (MAJCOM) Medical Service Functional Manager. A person appointed as the senior representative for an AFS within a specific MAJCOM. Among other responsibilities, MAJCOM Functional Managers work with the AFCFM to develop, implement, and maintain the CFETP.

Medical Treatment Facility (MTF). Any USAF facility (area medical center, regional hospital, clinic, or other medical unit) that provides health care to active duty members and their dependents, or retired military members and their dependents. MTFs are also locations where patient care training is conducted.

Occupational Survey Report (OSR). A detailed report showing the results of an occupational survey of tasks performed within a particular AFS.

On-the-Job Training (OJT). Hands-on, over-the-shoulder training conducted to certify personnel in both upgrade (skill level award) and job qualification (duty position certification) training.

Optimal Training. The ideal combination of training settings resulting in the highest levels of proficiency on specified performance requirements within the minimum time possible.

Phase II Training. Formerly called clinical training, this type of training is a continuation of a formal resident course that provides airmen with realistic hands-on experience before beginning on-the-job training at the permanent duty location.

Position Qualification Training. Actual hands-on task performance-based training designed to qualify an airman in a specific duty position. This training program occurs both during and after the upgrade training process. It is designed to provide the performance skills training required to do the job.

Qualification Training Package (QTP). An instructional checklist designed for use at the unit by supervisors and trainers to qualify or aid qualification in a duty position, on a piece of equipment, or on a performance item identified for competency verification within this CFETP. QTPs establish performance standards and are designed to standardize skills verification and validation of task competency. Tasks that have a QTP requirement are identified in the STS in column 4.D. A complete listing of all available QTPs is included in Part II, Section C. QTPs identified by supervisors as applicable to duties performed in an individual's duty position are mandatory for use.

Read Ahead Module (RAM). A type of training used as a prerequisite requirement before actual attendance in a formal resident training course. When a RAM is required, supervisors are responsible to ensure all RAM requirements are met before subordinates attend formal resident training.

Resource Constraints. Resource deficiencies, such as money, facilities, time, manpower, and equipment, that preclude desired training from being delivered.

Scope of Practice. The extent or range of subject knowledge, task knowledge, and task performance that Medical Service Specialty personnel apply in the performance of duty at the 3, 5, and 7 skill levels.

Specialty Training. A mix of formal training (technical school) and informal training (on-the-job) to qualify and upgrade airmen in each skill level of a specialty.

Specialty Training Standard (STS). An Air Force publication that describes an Air Force Specialty in terms of tasks and knowledge which an airman in that specialty may be expected to perform or to know on the job. It further serves as a contract between Air Education and Training Command and the functional user to show which of the overall training requirements for an Air Force Specialty code are taught in formal schools and correspondence courses. It also specifies the level of proficiency that the individual is trained to in each formal course. A chart that explains qualitative requirements accompanies the STS to assist course developers and field supervisors in determining the actual definition of each level of prescribed proficiency.

Standard. A fixed quantity or quality.

Task Certifier. (See Certification Official).

Total Force. All collective Air Force components (Active, Reserve, Guard, and civilian elements of the United States Air Force).

Trainer. A trained and qualified individual who teaches airmen to perform specific tasks on-the-job. The term is also used in reference to some equipment that is used to teach specific tasks.

Training Capability. The ability of a unit or base to provide training. Authorities consider the availability of resources (such as equipment, reference materials, qualified trainers, etc.) when determining a unit's training capability.

Training Impact Decision System (TIDES). A computer-based decision support technology that can be used to assist Career Field Managers in making critical judgments relevant to what training should be provided to personnel within the career field, when the training should be conducted (at what career points), and where training should be conducted (training setting). TIDES also provides a template for use in the actual development of a CFETP.

Training Requirements Analysis. A detailed analysis of tasks for a particular AFS to be included in the training decision process.

Training Setting. The type of forum in which training is provided (formal resident school, on-the-job, field training, mobile team training, distance learning, etc.).

Upgrade Training (UGT). Training that leads to the award of a higher skill level in an Air Force Specialty.

Utilization and Training Workshop (U&TW). A forum lead by the Career Field Manager that incorporates the expertise of MAJCOM Medical Service Functional Managers, subject matter experts (SMEs), and AETC training personnel to determine career ladder training requirements.

PART I, SECTION A - GENERAL INFORMATION

1. Purpose of the CFETP. This CFETP provides information necessary for the Career Field Manager (CFM), MAJCOM Medical Service Functional Managers, commanders, training managers, technical training course developers and instructors, field supervisors, and trainers to use to plan, develop, manage, and conduct an effective career field training program. This plan outlines training that individuals must receive to develop and progress throughout their career. The plan also identifies initial skills, upgrade, qualification, advanced, and continuation training requirements. Initial skills training is the AFS specific training an individual receives upon entry into this specialty. Initial skills training is provided by the 882d Training Group at Sheppard AFB, Texas (AETC). Upgrade training identifies the mandatory courses, task qualification requirements, and correspondence course completion required for award of the 3, 5, 7, and 9 skill levels. Qualification training is actual hands-on task performance training designed to qualify an airman in a specific duty position. This training program occurs both during and after the upgrade training process. It is designed to provide the performance skills/knowledge training required to do the job. Advanced training is formal Air Force Specialty training used for selected airmen. Continuation training is additional training conducted in-residence, through distance learning, or on-the-job, provided to 3, 5, 7, and 9 skill level personnel to increase their skills and knowledge beyond the minimum required. The CFETP also serves the following purposes:

1.1. Serves as a management tool to plan, manage, conduct, and evaluate a career field training program. It is also used to help supervisors identify training at the appropriate point in an individual's career.

1.2. Identifies task and knowledge training requirements and generally describes the scope of practice in the Medical Service Specialty and recommends training/education throughout each phase of an individual's career.

1.3. Lists training courses available in the specialty, identifies sources of training, and the training delivery method.

1.4. Identifies major resource constraints which impact full implementation of the desired career field training program.

2. Use of the CFETP. This plan will be used by all levels of supervisory and management personnel to ensure comprehensive and cohesive training programs are available/instituted for each individual in the specialty.

2.1. The CFETP will be managed by the Air Force Career Field Manager. The Medical Service Specialty Career Development Course (CDC) Writer/Manager will assist the CFM in the maintenance and publication of the CFETP and any subsequent changes. The CFM, MAJCOM Medical Service Functional Managers, and AETC personnel will review the CFETP annually to ensure currency and accuracy.

2.2. AETC training personnel will develop/revise formal resident and distance learning training based on requirements established by the users and documented in Part II of the CFETP. They will also work with the CFM to develop acquisition strategies for obtaining resources needed to provide the identified training.

2.3. MAJCOM Medical Service Functional Managers will ensure MAJCOM training programs complement the CFETP mandatory initial, upgrade, and proficiency requirements. Identified requirements can be satisfied by

OJT, resident training, contract training, or distance learning courses. MAJCOM-developed training used to support this AFS must be identified for inclusion in this plan and must not duplicate already available training.

2.4. Each individual will complete the mandatory training requirements specified in this plan. The lists of courses in Part II, Section D, will be used as a reference to support training.

3. Coordination and Approval of the CFETP. The CFM is the approval authority for the CFETP. MAJCOM Medical Service Functional Managers and AETC training personnel will identify and coordinate through proper channels all initial and subsequent changes to the CFETP. The Medical Service Specialty Career Development Course (CDC) Writer/Manager is the OPR for maintenance and publication of the CFETP.

PART I, SECTION B - CAREER PROGRESSION AND INFORMATION

1. Specialty Descriptions.

1.1. Medical Service Manager (4N000).

1.1.1. Specialty Summary: Manages medical service personnel in planning, providing, and evaluating patient care activities and related training programs. Organizes and directs administrative duties. Related DoD Occupational subgroup: 300.

1.1.2. Duties and Responsibilities:

1.1.2.1. Manages patient care activities in major medical treatment facilities. Coordinates with the executive management team and participates in managing medical services. Assists in establishing and maintaining optimum patient care standards. Maintains functional control of enlisted medical service specialty personnel. Ensures effective use of manpower, materiel, and money. Coordinates clinical activities with medical and base agencies. Plans, directs, and implements aeromedical evacuation procedures. Ensures controls for maintaining equipment and complying with safety regulations. Inspects activities and procedures, interprets findings, and recommends corrective action.

1.1.2.2. Directs, performs, and coordinates administrative functions. In coordination with the executive management team, establishes administrative policies for medical and nursing functions. Supervises correspondence and records preparation and maintenance, and determines methods and sources of obtaining data for routine or special reports. Directs, coordinates, and validates budget requirements. Serves as MAJCOM Medical Service Functional Manager or consultant. Participates or assists in developing and implementing command programs, staff assistance visits, and consultant visits. Assists the executive management team with developing, interpreting, and evaluating regulations, policies, and procedures. Oversees and participates in implementation of continual quality improvement plans and programs.

1.2. Medical Service Superintendent (4N091).

1.2.1. Specialty Summary: Manages medical service personnel in planning, providing, and evaluating patient care activities and related training programs. Organizes and directs administrative duties. Related DoD Occupational Subgroup: 300.

1.2.2. Duties and Responsibilities:

1.2.2.1. Manages patient care activities in medical treatment facilities. Coordinates with the executive management team, and participates in managing medical services. Assists in establishing and maintaining optimum patient care standards. Maintains functional control of enlisted medical service personnel. Ensures effective use of manpower, materiel, and money. Coordinates clinical activities with medical and base agencies. Plans, directs, and implements aeromedical evacuation procedures. Ensures controls for maintaining equipment and complying with safety regulations. Inspects activities and procedures, interprets findings, and recommends corrective action.

1.2.2.2. Advises the medical treatment facility staff of technical and administrative training needs.

1.2.2.3. Directs, performs, and coordinates administrative functions. In coordination with executive management team, establishes administrative policies for medical and nursing functions. Supervises correspondence and records preparation and maintenance, and determines methods and sources of obtaining data for routine or special reports. Directs, coordinates, and validates budget requirements. Evaluates supply and equipment needs. Serves as consultant to the MAJCOM Medical Service Functional Manager. Participates or assists in developing and implementing command programs, staff assistance visits, and consultant visits. Assists the executive management team with developing, interpreting, and evaluating regulations, policies, and procedures. Assists with developing, implementing, and evaluating medical readiness plans and programs.

1.3. Apprentice (4N031), Journeyman (4N051), and Craftsman (4N071).

1.3.1. Specialty Summary: Participates in planning, providing, and evaluating patient care at the appropriate skill level. Organizes the medical environment and directs support activities in patient care situations, including disasters. At the appropriate skill level/training, performs duty as an independent duty medical technician or aeromedical evacuation technician. Performs/supervises allergy and immunization functions. Performs/ supervises neurology functions. Related DoD Occupational subgroup: 300.

1.3.2. Duties and Responsibilities:

1.3.2.1. Provides/supervises patient care.

1.3.2.2. Performs nursing tasks. Monitors and records physiological measurements. Performs portions of medical treatment, diagnostic, and therapeutic procedures. Cares for, observes, and reports on postoperative patients and seriously or critically ill patients. Prepares and gives medications under a nurse's or physician's direct supervision. Performs selected treatments and reports results. Assembles, operates, and maintains therapeutic equipment. Provides field medical care in disasters or contingencies. Performs basic life support and triage in emergency situations. Performs care of deceased patients. Orients new patients to the hospital environment. Admits, discharges, and transfers patients as directed. Observes patient status and documents observations in patient progress notes. Reports observations in team conferences. Assists professional personnel in identifying patient needs or problems in team conferences. Identifies patient problems and assists in developing and evaluating patient care plan.

1.3.2.3. Performs as team leader and team member.

1.3.2.4. Maintains linen and supply areas. Obtains, stores, maintains, and expends supplies. Maintains medical records. Initially receives and screens patients. Assists with patient medical treatment. Provides emergency care. Operates medical emergency and transportation vehicles. Loads and unloads litter patients. Assists physician or nurse with clinic procedures. Submits reports of treatments rendered. Participates in field training exercises.

1.3.2.5. Administers unit inservice training programs. Schedules inservice training in new procedures, techniques, and equipment. Evaluates, plans, and conducts training. Provides required basic life support

training. Conducts or schedules periodic disaster training, fire drills, and evacuation procedures.

2. Skill/Career Progression. It is essential that everyone involved in training do their part to plan, develop, manage, conduct, and evaluate an effective training program. The guidance provided in this part of the CFETP will ensure individuals receive viable training at the appropriate points in their career. The following narrative and the AFSC 4N0X1 career field flow charts identifies the training career path. It defines the training required in an individual's career.

2.1. Apprentice Level (3). Initial skills training in this specialty consists of the tasks and knowledge training provided in the 3 skill level resident course (J3AQR4N031 003) conducted at Sheppard AFB, Texas. Successful completion and award of the National Registry of Emergency Medical Technicians Basic (NREMT-B) certification is mandatory. Upon graduation from the resident course, students will attend the 3 skill level Phase II course (J3ABO4N031 003) located at one of the Phase II training facilities. Individuals must successfully complete both the resident and Phase II courses to be awarded AFSC 4N031.

2.2. Journeyman Level (5). Upgrade training to the 5 skill level in this specialty consists of completing (1) CDC 4N051A and CDC 4N051B, (2) all STS core tasks (including core task QTPs), (3) the rank of Senior Airman, and (4) at least one year OJT. Continuation training is available and should be used based on the individual's particular training needs. To assume the grade of SSgt, individuals must be graduates of the Airmen Leadership School. Current minimum certification as an NREMT-B is mandatory.

2.3. Craftsman Level (7). Upgrade training to the 7 skill level in this specialty consists of (1) completing all STS core tasks (including core task QTPs), (2) successful completion of the 7 level RAM and resident technical school courses, and (3) 18 months time in upgrade training (12 months for retrainees). Requirements to attend the 7 level resident course are (1) 12 months time in upgrade training (6 months for retrainees), (2) completion of all prerequisites, and (3) SSgt (sew-on). Continuation training is available and should be used based on the individual's particular training needs. To assume the grade of MSgt, individuals must be graduates of the NCO Academy. Current minimum certification as an NREMT-B is mandatory.

2.4. Superintendent Level (9). To be awarded AFSC 4N091, an individual must be a SMSgt or SMSgt selectee, complete the Senior NCO Academy (active duty must attend in-residence), and any other requirement specified in AFMAN 36-2108, Airman Classification. Current minimum certification as an NREMT-B is mandatory when required by the duty position.

2.5. Chief Enlisted Manager Level (0). AFSC/CEM code 4N000 awarded upon selection for promotion to CMSgt.

3. Training Decisions. This CFETP uses a building block approach (simple-to-complex) to encompass the entire spectrum of life-cycle training requirements for the Medical Service Specialty. The spectrum includes a strategy for when, where, and how to meet the training requirements. The strategy must be apparent and affordable to reduce duplication of training and eliminate a disjointed approach to training. Decisions were made as to the content of the CFETP as explained in the preface to this document.

3.1. Initial Skills Training. Initial skills course content (3 skill level) was revised to provide training needed to prepare graduates for Medical Service Specialty positions.

3.2. Upgrade Training. The current Career Development Courses (CDCs) used for Journeyman training in this specialty are CDC 4N051A and CDC 4N051B. These CDCs are being revised in a two-step process to incorporate all changes made to this CFETP. Step 1 of this process includes the development of a supplemental volume for CDC 4N051A and a supplemental volume for CDC 4N051B. Step 2 includes the development of both CDC 4N051A and CDC 4N051B in an electronic intelligent tutor format.

3.3. Core tasks and other requirements for 5 and 7 skill levels were established.

3.4. Qualification Training Packages (QTPs). QTPs have been developed to standardize qualification/training for the Medical Service Specialty. QTPs were developed by the 882d Training Group and reviewed by the MAJCOMs to support Medical Service Specialty duty positions. QTPs are mandatory for use by all active duty, Air Force Reserve, and Air National Guard 4N0X1 personnel when identified as a task performed in the individual's duty section.   Duty position-related QTPs must be accomplished annually unless specified otherwise in this CFETP. QTPs are indexed in AFIND 8, as is the CFETP.

4. Community College of the Air Force (CCAF).

4.1. Enrollment in CCAF occurs upon completion of basic military training. Off-duty education is a personal choice, but highly encouraged.

4.2. CCAF provides the opportunity to obtain an Associates in Allied Health Sciences Degree as follows:

4.2.1. The skilled (5) level must be held at the time of program completion.

4.2.2. Degree requirements:

Subject	Semester Hours
Technical Education	24
Leadership, Management, and Military Studies	6
Physical Education	4
General Education	15
Program Elective (Technical Education; Leadership, Management, and Military Studies; or General Education)	15
Total Requirement:	**64**

4.2.2.1. Technical Education (24 Semester Hours). A minimum of 12 semester hours of Technical Core subjects/courses must be applied and the remaining semester hours applied from Technical Core/Technical Elective subjects/courses. Requests to substitute subjects/courses must be approved in advance by the Services Branch. Technical education may be obtained as follows:

Technical Core	
Subjects/Courses	*Semester Hours*
CCAF Internship	16
Emergency Medicine	6
Human Anatomy and Physiology	8
Hyperbaric Medicine	12
Kinesiology	3
Nursing	6
Occupational	6

Technical Electives	
Subjects/Courses	*Maximum Semester Hours*
AF Enlisted Professional Military Education	12
Algebra-Based Physics	4
Basic Medical Readiness	3
Computer Science	6
General Biology	4
General Chemistry	6

4.2.2.2. Leadership, Management, and Military Studies (6 Semester Hours). Professional military education and/or civilian management courses. The preferred method of completing Leadership, Management, and Military Studies is through attendance at an Airman Leadership School, Major Command NCO Academy, and/or Air Force Senior NCO Academy. However, civilian courses that emphasize fundamentals of managing human or material resources may also be applicable.

4.2.2.3. Physical Education (4 Semester Hours). This requirement is satisfied by completion of basic military training.

4.2.2.4. General Education (15 Semester Hours). This requirement is satisfied by application of courses accepted in transfer or by testing credit. The following is a specific breakdown of requirements:

Subjects/Courses	Semester Hours
Oral Communication (Speech)	3
Written Communication (English composition)	3
Mathematics: Intermediate algebra or a college-level mathematics course is required. If an acceptable mathematics course is applied as a Technical or Program Elective, a natural science course meeting General Education Requirement (GER) application criteria may be applied as a GER.	3
Social Science: Anthropology, archaeology, economics, geography, government, history, political science, psychology, sociology.	3
Humanities: Fine arts (history, criticism, and appreciation), foreign language, literature, philosophy, religion.	3

4.2.2.5. Program Elective (15 Semester Hours). Satisfied with applicable Technical Education; Leadership, Management, and Military Studies; or General Education subjects/courses, including natural science courses meeting GER application criteria. Six semester hours of CCAF degree-applicable technical credit otherwise not applicable to this program may be applied.

4.3. In addition to the associates degree program, CCAF offers the following:

4.3.1. Occupational Instructor Certificate. Upon completion of instructor qualification training, consisting of an instructor methods course and supervised practice teaching, CCAF instructors who posses an associates degree or higher may be nominated by their school commander/commandant for certification as an Occupational Instructor.

4.3.2. Trade Skill Certification. When a CCAF student separates or retires, a trade skill certification is awarded for the primary occupational specialty. The College uses a competency-based assessment process for trade skill certification at one of four proficiency levels: Apprentice, Journeyman, Craftsman/Supervisor, or Master Craftsman/Manager. All are transcribed on the CCAF transcript.

4.3.3. Instructor of Technology and Military Science. CCAF provides the opportunity to obtain an Associates in Instructor of Technology and Military Science Degree. This degree is available to AETC Technical Instructors. For further information, refer to the CCAF general catalog.

5. Career Field Path.

5.1. Medical Service Specialty 4N0XX training and career progression/broadening (Figure 5-1).

5.2. Enlisted education and training requirements (Figure 5-2).

MEDICAL SERVICE SPECIALTY 4N0XX
TRAINING AND CAREER PROGRESSION/BROADENING

NOTE: This chart shows the MINIMUM rank eligible for each training and career progression/broadening area.

TRAINING AND CAREER PROGRESSION/BROADENING	AMN/ AIC	SRA	SSG	TSG	MSG	SMS	CMS
Target manning percentage	23.7%	28.3%	24%	21.5%	8.5%	2%	1%
3 Skill Level Training	X						
Medical Service Apprentice skill level award	X						
5 Skill Level Training	X						
Medical Service Journeyman skill level award		X					
7 Skill Level Training		X					
Medical Service Craftsman skill level award			X				
Superintendent (9 level)						X	
Chief Enlisted Manager (CEM)							X
Airman Leadership School (ALS)		X					
Noncommissioned Officer Academy (NCOA)				X			
Senior NCOA (SNCOA)					X		
4N0X1A (Allergy/Immunization Technician)		X					
4N0X1B (Neurology Technician)		X					
SEI 486 (Hemodialysis Medical Technician)		X					
SEI 490 (Hyperbaric Medical Technician)		X					
SEI 494 (Aeromedical Evacuation Technician)	X*	X					
SEI 496 (Independent Duty Medical Technician)			X				
Specialty Instructor		X					
MAJCOM SG Staff						X	
Recruiter			X				
Military Training Instructor		X					
PME Instructor		X					
First Sergeant					X		
Senior Enlisted Advisor							X
Group Superintendent							X
Lead Agent							X
MAJCOM Medical Service Manager							X
Career Field Manager							X
Off Duty Education	X						

* ARC only

Figure 5-1

EDUCATION AND TRAINING REQUIREMENTS

☞ **BASIC MILITARY TRAINING SCHOOL**

☞ **APPRENTICE TECHNICAL SCHOOL (3 SKILL LEVEL)**

☞ **UPGRADE TO JOURNEYMAN (5 SKILL LEVEL)**
- 3 MONTHS DUTY POSITION/APPRENTICE EXPERIENCE REQUIRED BEFORE ENTERING JOURNEYMAN TRAINING
- MIMIMUM 12 MONTHS ON-THE-JOB TRAINING (OJT)
- COMPLETE APPROPRIATE CDCs
- SEW-ON SRA
- MAINTAIN CURRENT NREMT-B CERTIFICATION

☞ **AIRMAN LEADERSHIP SCHOOL (ALS)**
- MUST BE A SRA WITH 48 MONTHS TIME IN SERVICE OR BE A SSGT SELECTEE
- RESIDENT GRADUATION IS A PREREQUISITE FOR SSGT SEW-ON *

☞ **UPGRADE TO CRAFTSMAN (7 SKILL LEVEL)**
- MINIMUM RANK OF SSGT (SEW-ON)
- 18 MONTHS TIME IN UPGRADE TRAINING (12 MONTHS FOR RETRAINEES)
- FORMAL ADVANCED SKILL TRAINING
- SUCCESSFUL COMPLETION OF 7 LEVEL READ AHEAD MODULE (RAM) AND RESIDENT COURSE
- MUST BE 7 LEVEL TO SEW-ON TSGT
- MAINTAIN CURRENT NREMT-B CERTIFICATION

☞ **NONCOMMISSIONED OFFICER ACADEMY (NCOA)**
- MUST BE A TSGT OR TSGT SELECTEE *
- RESIDENT GRADUATION IS A PREREQUISITE FOR MSGT SEW-ON

☞ **USAF SENIOR NCO ACADEMY (SNCOA)**
- MUST BE A MSGT OR ABOVE *
- RESIDENT GRADUATION IS A PREREQUISITE FOR CMSGT SEW-ON

☞ **UPGRADE TO SUPERINTENDENT (9 SKILL LEVEL)**
- MINIMUM RANK OF SMSGT OR SMSGT SELECTEE
- MUST BE A RESIDENT SNCOA GRADUATE *

☞ **OJT TRAINER**
- MUST BE OFFICIALLY APPOINTED AND CERTIFIED
- MUST ATTEND FORMAL OJT TRAINER COURSE

☞ **OJT CERTIFIER**
- MUST BE OFFICIALLY APPOINTED AND CERTIFIED
- MUST ATTEND FORMAL OJT CERTIFIER COURSE

* ACTIVE DUTY ONLY

Figure 5-2

5.3. Career Field Flow Charts: The career path outlines when training is required for each skill level and function within this specialty. Flow charts are included in this section to illustrate training requirements.

5.3.1. 4N0XX - Medical Service Specialty flow chart (Figure 5-3).

5.3.2. 4N0X1A - Allergy/Immunization Technician flow chart (Figure 5-4).

5.3.3. 4N0X1B - Neurology Technician flow chart (Figure 5-5).

5.3.4. SEI 486 - Hemodialysis Medical Technician flow chart (Figure 5-6).

5.3.5. SEI 490 - Hyperbaric Medical Technician flow chart (Figure 5-7).

5.3.6. SEI 494 - Aeromedical Evacuation Technician flow chart (Figure 5-8).

5.3.7. SEI 496 - Independent Duty Medical Technician flow chart (Figure 5-9).

4N0XX
MEDICAL SERVICE SPECIALTY
CAREER PATH

```
┌─────────────────────────────┐
│       BASIC TRAINING        │
│             AB              │
└─────────────────────────────┘
              │
              ▼
┌─────────────────────────────┐
│     TECHNICAL TRAINING      │
│   (RESIDENT & PHASE II)     │
└─────────────────────────────┘
              │
              ▼
┌─────────────────────────────┐
│      4N031 APPRENTICE       │
│          AMN/A1C            │
└─────────────────────────────┘
              │
              ▼
┌─────────────────────────────┐
│    CDC 4N051A & 4N051B      │
│             OJT             │
└─────────────────────────────┘
              │
              ▼
┌─────────────────────────────┐        ┌──────────┐
│     4N051 JOURNEYMAN        │───────▶│   ALS    │
│          SRA/SSGT           │◀───────│   SRA    │
└─────────────────────────────┘        └──────────┘
              │
              ▼
┌─────────────────────────────┐
│ 7 LEVEL READ AHEAD MODULE (RAM) │
│             OJT             │
└─────────────────────────────┘
              │
              ▼
┌─────────────────────────────┐
│   7 LEVEL RESIDENT COURSE   │
└─────────────────────────────┘
              │
              ▼
┌─────────────────────────────┐        ┌──────────┐
│      4N071 CRAFTSMAN        │───────▶│   NCOA   │
│       SSGT/TSGT/MSGT        │◀───────│   TSGT   │
└─────────────────────────────┘        └──────────┘
              │
              ▼
┌─────────────────────────────┐        ┌────────────┐
│    4N091 SUPERINTENDENT     │───────▶│   SNCOA    │
│           SMSGT             │◀───────│ MSGT/SMSGT │
└─────────────────────────────┘        └────────────┘
              │
              ▼
┌─────────────────────────────┐
│      4N000 MANAGER          │
│           CMSGT             │
└─────────────────────────────┘
```
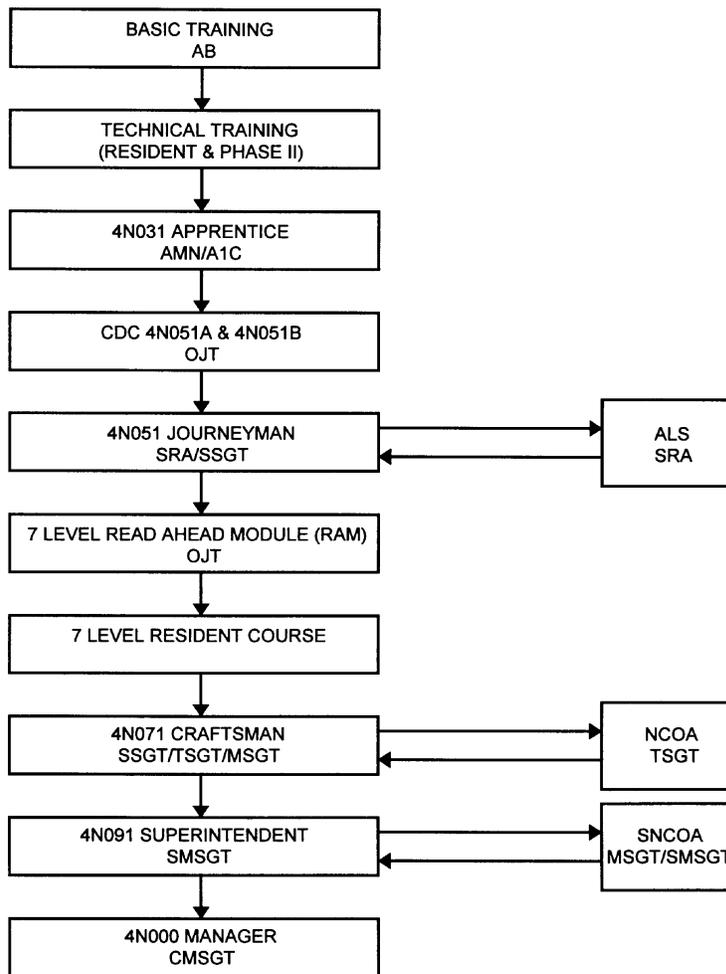
Figure 5-3

4N0X1A
ALLERGY/IMMUNIZATION (A/I) TECHNICIAN
CAREER PATH

Note: "A" shred awarded upon assignment as an A/I Technician after formal course completion.

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┌─────────────────────┐
│        ENTRY        │
└─────────┬───────────┘
          │
          ▼
┌─────────────────────┐
│       4N031         │
└─────────┬───────────┘
          │
          ▼
┌─────────────────────┐
│       4N051         │
└─────────┬───────────┘
          │
          ▼
        ◇◇◇◇◇
      ◇         ◇
    ◇   4N0X1A    ◇        Y      ┌──────────────────┐      ┌──────────────────────────┐
    ◇  TRAINING   ◇ ─────────────▶│      WRMC        │─────▶│      ASSIGNMENT          │
    ◇  SELECTION  ◇               │ RESIDENT COURSE  │      │ (minimum 4 years in      │
      ◇         ◇                 └──────────────────┘      │      specialty)          │
        ◇◇◇◇◇                                               └────────────┬─────────────┘
          │                                                              │
          │ N                                                            │
          ◀──────────────────────────────────────────────────────────────┘
          ▼
┌─────────────────────┐
│       4N071         │
└─────────┬───────────┘
          │
          ▼
┌─────────────────────┐
│       4N091         │
└─────────┬───────────┘
          │
          ▼
┌─────────────────────┐
│       4N000         │
└─────────────────────┘
```

Figure 5-4

21
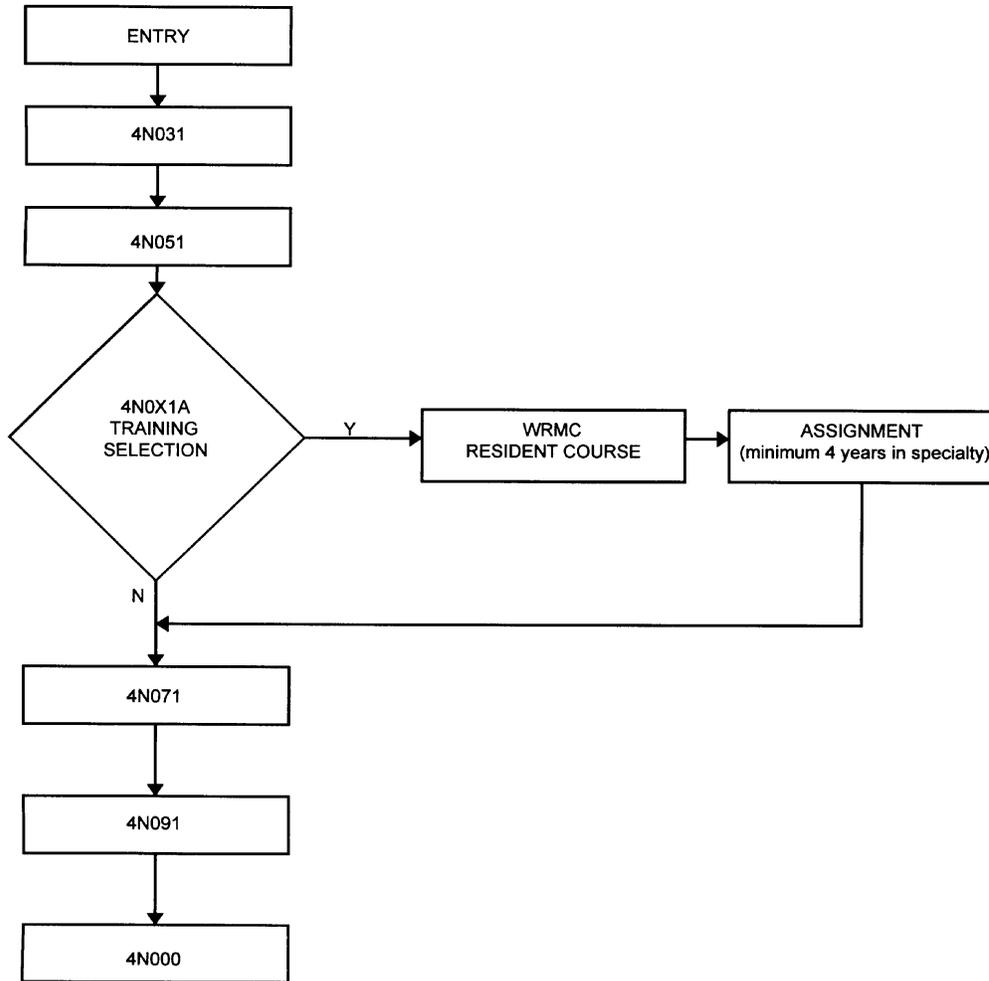
4N0X1B
NEUROLOGY TECHNICIAN
CAREER PATH

Note: "B" shred awarded upon assignment as a Neurology Technician after formal course completion.

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         ┌─────────────────┐
         │      ENTRY       │
         └────────┬────────┘
                  │
         ┌────────▼────────┐
         │      4N031       │
         └────────┬────────┘
                  │
         ┌────────▼────────┐
         │      4N051       │
         └────────┬────────┘
                  │
              ╱───▼───╲
            ╱  4N0X1B   ╲        ┌──────────────────┐      ┌────────────────────────────┐
          ╱   TRAINING    ╲  Y   │     BETHESDA     │      │        ASSIGNMENT          │
          ╲   SELECTION   ╱─────▶│ RESIDENT COURSE  │─────▶│ (minimum 4 years in specialty)│
            ╲           ╱        └──────────────────┘      └────────────────────────────┘
              ╲───┬───╱                                                 │
                  │ N ◀───────────────────────────────────────────────┘
         ┌────────▼────────┐
         │      4N071       │
         └────────┬────────┘
                  │
         ┌────────▼────────┐
         │      4N091       │
         └────────┬────────┘
                  │
         ┌────────▼────────┐
         │      4N000       │
         └─────────────────┘
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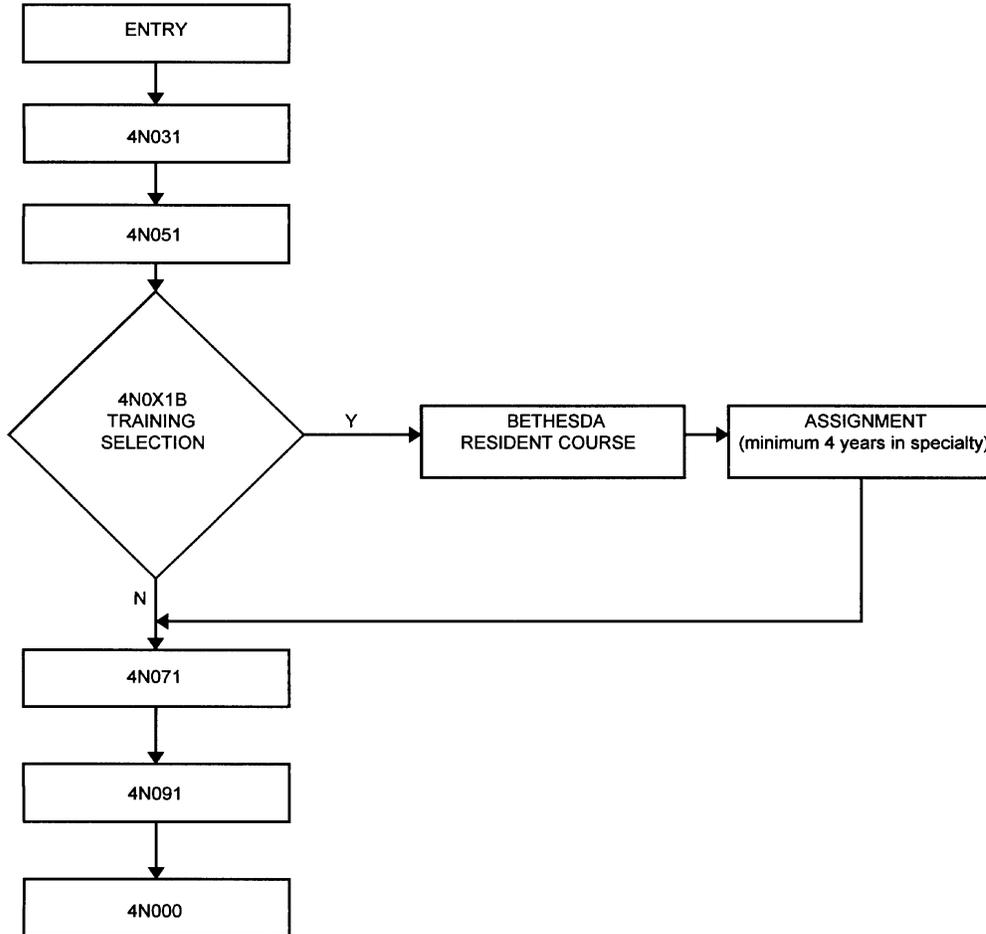
Figure 5-5

4N0X1 SEI 486
HEMODIALYSIS MEDICAL TECHNICIAN
CAREER PATH

Note: SEI 486 awarded after 12 months OJT.

```
┌─────────────────────┐
│        ENTRY        │
└─────────────────────┘
           │
           ▼
┌─────────────────────┐
│        4N031        │
└─────────────────────┘
           │
           ▼
┌─────────────────────┐
│        4N051        │
└─────────────────────┘
           │
           ▼
        ╱╲
      ╱      ╲                    ┌──────────────────────────┐
    ╱  SEI 486 ╲        Y         │   FACILITY SPECIFIC      │
   ╱  TRAINING   ╲───────────────▶│   IN-HOUSE TRAINING      │
    ╲ SELECTION  ╱                │  (recommend maximum      │
      ╲        ╱                  │   3 year assignment)     │
        ╲    ╱                    └──────────────────────────┘
         ╲╱                                   │
          │ N  ◀─────────────────────────────┘
          ▼
┌─────────────────────┐
│        4N071        │
└─────────────────────┘
           │
           ▼
┌─────────────────────┐
│        4N091        │
└─────────────────────┘
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┌─────────────────────┐
│        4N000        │
└─────────────────────┘
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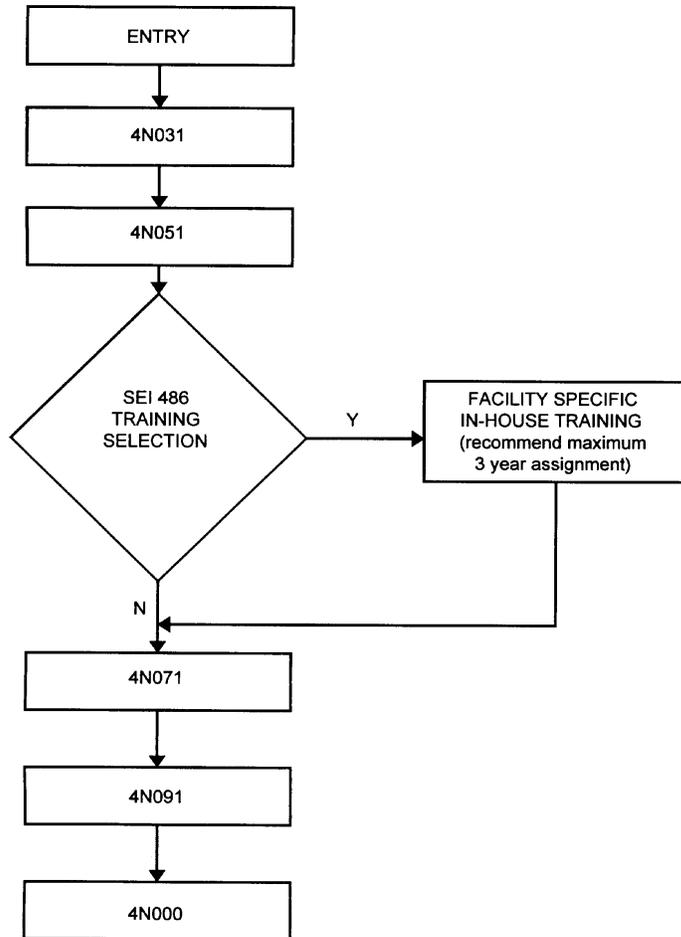
Figure 5-6

4N0X1 SEI 490
HYPERBARIC MEDICAL TECHNICIAN
CAREER PATH

Note: SEI 490 awarded after formal course completion and 12 months OJT.

```
        ┌─────────────────┐
        │      ENTRY      │
        └────────┬────────┘
                 │
                 ▼
        ┌─────────────────┐
        │      4N031       │
        └────────┬────────┘
                 │
                 ▼
        ┌─────────────────┐
        │      4N051       │
        └────────┬────────┘
                 │
                 ▼
             ╱╲
           ╱    ╲         Y      ┌──────────────────┐        ┌────────────────────────┐
         ╱  SEI 490 ╲──────────▶│      BROOKS      │───────▶│      ASSIGNMENT        │
        ╱  TRAINING   ╲         │ RESIDENT COURSE  │        │ 2 SLOTS FOR SSGT/TSGT  │
         ╲ SELECTION  ╱         └──────────────────┘        │  AT BROOKS, TRAVIS, &  │
           ╲        ╱                                       │        WPAFB           │
             ╲    ╱                                         │   (recommend maximum   │
              ╲╱                                            │    4 years in specialty)│
               │ N                                          └───────────┬────────────┘
               ◀──────────────────────────────────────────────────────┘
               ▼
        ┌─────────────────┐
        │      4N071       │
        └────────┬────────┘
                 │
                 ▼
        ┌─────────────────┐
        │      4N091       │
        └────────┬────────┘
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        ┌─────────────────┐
        │      4N000       │
        └─────────────────┘
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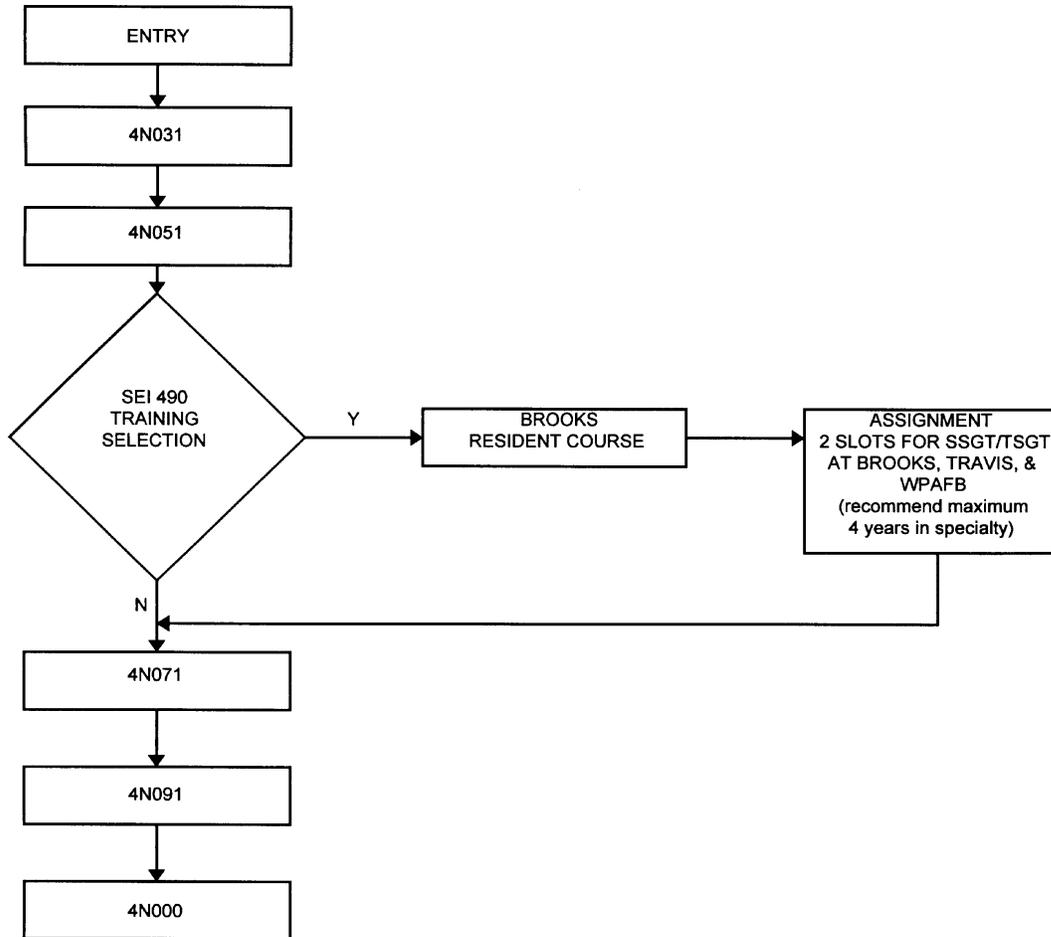
Figure 5-7

4N0X1 SEI 494
AEROMEDICAL EVACUATION TECHNICIAN
CAREER PATH

Note: SEI 494 awarded after formal course completion and initial weapons system qualification.

```
┌─────────────┐
│    ENTRY    │
└─────────────┘
       │
       ▼                    Y    ┌──────────────────────────┐
┌─────────────┐──────────────────│  AIR RESERVE COMPONENTS   │
│    4N031    │                   └──────────────────────────┘
└─────────────┘                               │
    N │                                        │
      ▼                                         │
┌─────────────┐                                 │
│    4N051    │                                 │
└─────────────┘                                 │
       │                                         │
       ▼                                         ▼
    ╱─────╲                Y    ┌──────────────────┐      ┌──────────────────────┐
   ╱ SEI 494╲───────────────────│     BROOKS       │─────▶│     ASSIGNMENT        │
  ╱  TRAINING ╲                  │ RESIDENT COURSE  │      │ (recommend maximum   │
  ╲ SELECTION ╱                  └──────────────────┘      │  2 consecutive tours)│
   ╲─────────╱                                              └──────────────────────┘
       │                                                              │
     N │                                                              │  N
       ▼◀─────────────────────────────────────────────────────────────┤
┌─────────────┐                                                        │  Y
│    4N071    │                                                        ▼
└─────────────┘                                                     ╱─────╲
       │                                                           ╱ AD SLOTS╲
       ▼                                                           ╲FOR SMSGT ╱
┌─────────────┐                                                     ╲───────╱
│    4N091    │◀──────────────────────────────────────────────────────┘
└─────────────┘
       │
       ▼
┌─────────────┐
│    4N000    │
└─────────────┘
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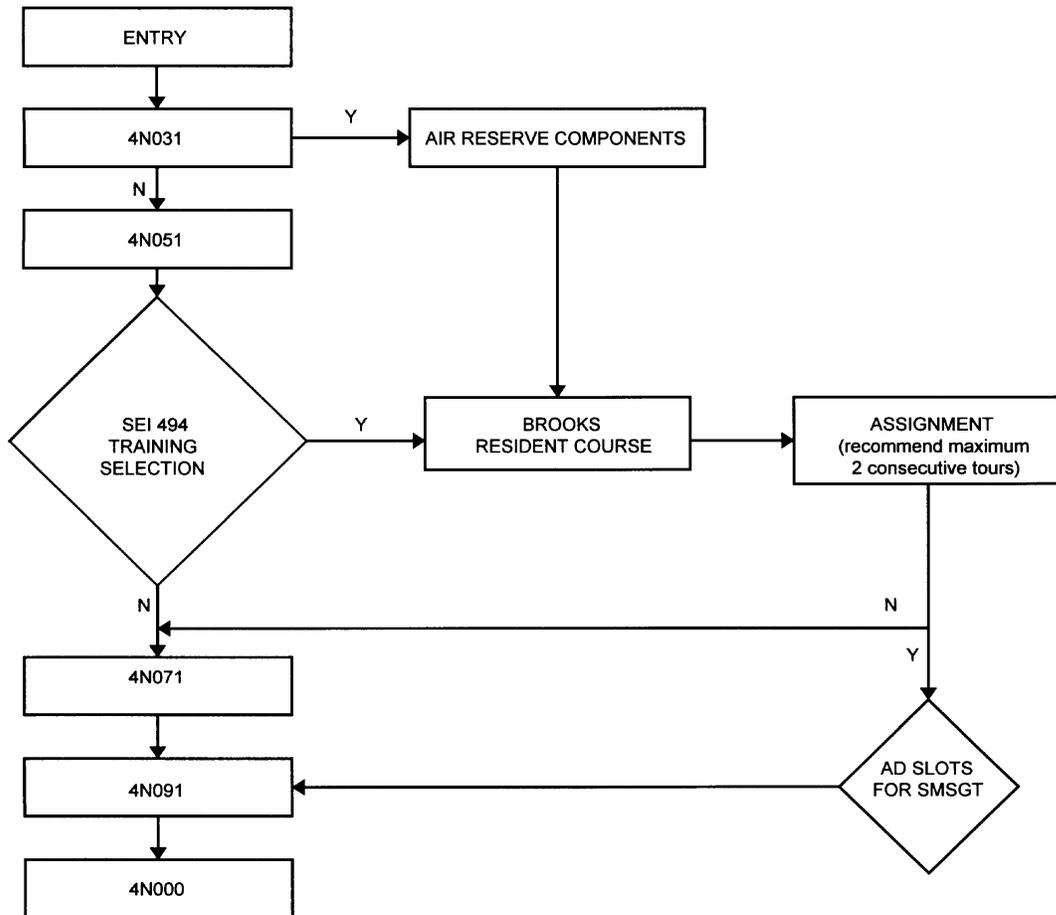
Figure 5-8

4N0X1 SEI 496
INDEPENDENT DUTY MEDICAL TECHNICIAN
CAREER PATH

Note: SEI 496 awarded upon formal course completion.

```
┌─────────────────┐
│      ENTRY      │
└────────┬────────┘
         │
         ▼
┌─────────────────┐        ┌─────────────────┐                ◇ ASSIGNMENT    Y    ┌──────────────────┐
│     4N031       │        │   SHEPPARD      │──────────────►  AVAILABLE ──────────►│      IDMT         │
└────────┬────────┘        │ RESIDENT COURSE │                                      │   ASSIGNMENT      │
         │                 └─────────────────┘                     │ N              │recommend maximum  │
         ▼                                                         ▼                │  2 consecutive    │
┌─────────────────┐                                    ┌─────────────────────┐     │   non-MTF tours   │
│     4N051       │                                    │ MTF MAINTAINS IDMT  │     │    (AD only)      │
└────────┬────────┘                                    │ SKILLS USING AF     │     └──────────────────┘
         │                                             │ APPROVED REFRESHER  │
         ▼                                             │      COURSE         │
   ◇ SPECIAL                                           └──────────┬──────────┘
     DUTY                                                         │
     ASSIGNMENT      Y                                            ▼
     ACCEPTED ───────────────────────────┐            ◇ IDMT              Y
     (SSgt (sel) or                      │              ASSIGNMENT ────────────────┐
     above)                              │              SELECTEE                   │
         │ N                             │                  │ N                    │
         ▼                               │                  ▼                      │
   ◇ MAJCOM                              │       ┌─────────────────────┐           │
     IDENTIFIED       Y                  │       │ MTF MAINTAINS IDMT  │           │
     REQUIREMENT ────────────────────────┘       │ SKILL USING AF      │◄──────────┘
                                                 │ APPROVED REFRESHER  │
                                                 │      COURSE         │
                                                 └──────────┬──────────┘
                                                            ▼
                                                 ┌─────────────────────┐
                                                 │      4N071           │
                                                 └──────────┬──────────┘
                                                            ▼
                                                 ┌─────────────────────┐
                                                 │      4N091           │
                                                 └──────────┬──────────┘
                                                            ▼
                                                 ┌─────────────────────┐
                                                 │      4N000           │
                                                 └─────────────────────┘
```

Figure 5-9

PART I, SECTION C - SKILL LEVEL TRAINING REQUIREMENTS

1. Purpose. Skill levels in this career field are defined in terms of tasks and knowledge requirements. This section outlines the specialty qualification requirements for each skill level in broad, general terms and establishes the mandatory requirements for entry, award, and retention of each skill level. The specific task and knowledge training requirements are identified in the STS at Part II, Section A of this CFETP.

2. Specialty Qualifications.

2.1. Apprentice (3 skill level) training requirements.

2.1.1. Specialty qualification.

2.1.1.1. Knowledge:

2.1.1.1.1 For the basic AFSC, knowledge of the following is mandatory: medical terminology, anatomy and physiology, nursing techniques and procedures, emergency medical treatment (to include cardiopulmonary resuscitation, aseptic technique, medical ethics, and legal aspects), administering drugs, operating and maintaining therapeutic equipment, military hygiene and sanitation, risk management, basic procedures and components of Putting Prevention Into Practice (PPIP), disaster preparedness and chemical warfare, and care and transportation of the sick and injured.

2.1.1.1.2. For ARC apprentices assigned as Aeromedical Evacuation Technicians (SEI 494), knowledge of flight physiology and aeromedical evacuation patient care procedures are mandatory.

2.1.1.2. Education: Completion of high school or general educational development (GED) equivalency is mandatory for entry into this AFSC. Courses in general science, biology, psychology, and chemistry are desirable.

2.1.1.3. Training:

2.1.1.3.1. Completion of the medical service apprentice courses (resident and phase II) and current minimum certification as an NREMT-B are mandatory for award of the apprentice skill level.

2.1.1.3.2. Completion of the aeromedical evacuation course is mandatory before being assigned to aeromedical evacuation duties.

2.1.1.4. Experience: No requirement.

2.1.1.5. Other: General AQE 43 minimum, no record of emotional instability, and a valid civilian drivers license are mandatory.

2.1.2. Training Sources/Resources: Completion of the Medical Service Apprentice Course (J3AQR4N031 003) at Sheppard AFB, TX and the Medical Service Apprentice Phase II Course (J3ABO4N031 003) satisfies the

knowledge and training requirements specified in para 2.1.1. for award of the 3 skill level. QTPs are Air Force publications that have been developed and are mandatory for use during upgrade/qualification training when available for a duty position, program, or piece of equipment. They are obtained through normal publication channels in accordance with the procedures specified in AFIND 8. Procedures for requesting QTP development are also contained in AFIND 8. A list of all training courses to support education and training, to include QTPs, is in Part II, Sections D and C, respectively, of this CFETP.

2.1.3. Implementation: After 3 level graduation, job qualification training starts when an individual is assigned to their first duty position. Thereafter, it is initiated anytime an individual is assigned duties they are not qualified to perform. QTPs will be used concurrently to obtain necessary duty position qualifications.

2.2. Journeyman (5 skill level) training requirements.

2.2.1. Specialty qualification.

2.2.1.1. All 4N031 qualifications apply to the 4N051 requirements to include current minimum NREMT-B certification.

2.2.1.2. Knowledge:

2.2.1.2.1. For the basic AFSC, including all shredouts and Special Experience Identifiers (SEIs), knowledge of the following is mandatory: medical terminology, anatomy and physiology, nursing techniques and procedures, emergency medical treatment (to include cardiopulmonary resuscitation, aseptic technique, medical ethics, and legal aspects), administering drugs, operating and maintaining therapeutic equipment, military hygiene and sanitation, risk management, disaster preparedness and chemical warfare, and care and transportation of the sick and injured.

2.2.1.2.2. For the journeyman assigned as an Allergy/Immunization Technician (4N051A), knowledge of the following is mandatory: vaccination procedures, methods of properly administering intradermal, subcutaneous, and intramuscular injections, composition of vaccines, and treatment of anaphylactic reactions.

2.2.1.2.3. For the journeyman assigned as a Neurology Technician (4N051B), knowledge of the following is mandatory: electronic fundamentals and neurological anatomy and physiology.

2.2.1.2.4. For the journeyman assigned as a Hemodialysis Medical Technician (SEI 486), knowledge of the following is mandatory: fundamentals of hemodialysis invasive procedures and renal anatomy and physiology. Critical care experience is desired.

2.2.1.2.5. For the journeyman assigned as a Critical Care Medical Technician (SEI 487), knowledge of the following is mandatory: critical care nursing, invasive procedures, and hemodynamic monitoring.

2.2.1.2.6. For the journeyman assigned as a Medical Development NCO (SEI 489), knowledge of the following is mandatory: NREMT instructional programs. Instructor experience and knowledge of Instructional System Design is desirable.

2.2.1.2.7. For the journeyman assigned as a Hyperbaric Medical Technician (SEI 490), knowledge of the following is mandatory: depth physiology and hyperbaric treatment procedures.

2.2.1.2.8. For the journeyman assigned as an Aeromedical Evacuation Technician (SEI 494), knowledge of flight physiology and aeromedical evacuation procedures is mandatory.

2.2.1.2.9. For the journeyman assigned as an Independent Duty Medical Technician (SEI 496), knowledge of the following is mandatory: routine medical care, emergency medical and dental treatments, basic pharmacology, bioenvironmental services, public health, health care administration, and logistics procedures.

2.2.1.3. Education: To assume the rank of SSgt, individuals must be graduates of the Airman Leadership School.

2.2.1.4. Training:

2.2.1.4.1. Completion of the following requirements is mandatory for the award of the 5 skill level AFSC: CDC 4N051A, CDC 4N051B, all STS core tasks, all QTPs identified for the assigned duty position, the rank of Senior Airman, and at least one year OJT. Current minimum certification as an NREMT-B is mandatory. Continuation training is available and should be used based on the individual's particular training needs.

2.2.1.4.2. Completion of the Allergy/Immunization Technician course is mandatory before being assigned to Allergy/Immunization duty. Current minimum certification as an NREMT-B is mandatory.

2.2.1.4.3. Completion of the Neurology Technician course is mandatory before being assigned Neurology Technician duty. Current minimum certification as an NREMT-B is mandatory.

2.2.1.4.4. Completion of one year OJT in the hemodialysis specialty is mandatory before award of SEI 486 (Hemodialysis Medical Technician). Current minimum certification as an NREMT-B is mandatory.

2.2.1.4.5. Completion of the Hyperbaric Medical Technician course is mandatory before being assigned to clinical hyperbaric duty. Upon assignment to a clinical hyperbaric facility, individuals must obtain National Board of Diving and Hyperbaric Medical Technology certification as a Hyperbaric Technician within one year. Current minimum certification as an NREMT-B is mandatory.

2.2.1.4.6. Completion of the Aeromedical Evacuation Technician course is mandatory before being assigned to aeromedical evacuation duties. ARC AETs will continue to be assigned flying duties pending full implementation of the AET training expansion initiative (full AET course attendance/initial aircrew qualification). Current minimum certification as an NREMT-B is mandatory.

2.2.1.4.7. Completion of the Independent Duty Medical Technician course is mandatory before being assigned to independent duty. Current minimum certification as an NREMT-B is mandatory.

2.2.1.5. Experience: Current qualification as a Medical Service Apprentice is mandatory.

2.2.1.6. Other: For journeyman assigned to Aeromedical Evacuation Technician or Hyperbaric Medical Technician duty, physical qualification according to Class III medical standards per AFR 48-123, Medical Examinations and Standards, is mandatory.

2.2.2. Training Sources/Resources: Completion of CDC 4N051A and CDC 4N051B satisfies the knowledge requirements specified in para 2.2.1. for award of the 5 skill level. The STS in Part II of this CFETP identifies all core tasks required for qualification. Upgrade and qualification training are provided by qualified trainers using available QTPs written for the duty position, program to be managed, equipment to be used, or procedure to be performed. QTPs are Air Force publications that have been developed and are mandatory for use when available for a duty position, program, or piece of equipment. They are obtained through normal publication channels in accordance with the procedures specified in AFIND 8. Procedures for requesting QTP development are also contained in AFIND 8. A list of all training courses to support education and training, to include QTPs, is in Part II, Sections D and C, respectively, of this CFETP.

2.2.3. Implementation: Entry into upgrade training is initiated when an individual possesses the 3 skill level and the required three months experience at the 3 skill level. Qualification training is initiated anytime an individual is assigned duties they are not qualified to perform. CDC 4N051A, CDC 4N051B, and all core tasks will be completed for award of the 5 skill level. Current minimum certification as an NREMT-B is mandatory.

2.3. Craftsman (7 skill level) training requirements.

2.3.1. Specialty qualification.

2.3.1.1. All 4N051 qualifications apply to the 4N071 requirements to include current minimum NREMT-B certification. All 4N051 shredout qualifications apply to 4N071 shredout requirements. All 4N051 SEI qualifications apply to 4N071 SEI requirements.

2.3.1.2. Knowledge: Knowledge of the following is mandatory: nursing theory and techniques, patient needs, nursing approaches, team nursing, medical terminology, anatomy and physiology, emergency care, drugs and their administration, medical ethics, legal aspects, infection control concepts to include aseptic techniques and universal precautions, operating and maintaining therapeutic equipment, personnel and unit management, disaster preparedness and chemical warfare, and risk management.

2.3.1.3. Education: To assume the rank of MSgt, individuals must be graduates of the NCO Academy.

2.3.1.4. Training: Completion of the following requirements is mandatory for the award of the 7 skill level: Completing all STS core tasks (including core task QTPs), successful completion of the 7 level RAM and resident technical school courses, and 18 months time in upgrade training (12 months for retrainees). Requirements to attend the 7 level resident course are 12 months time in upgrade training (6 months for retrainees), completion of all prerequisites, and the rank of SSgt (sew-on). Continuation training is available and should be used based on the individual's particular training needs. Current minimum certification as an NREMT-B is mandatory.

2.3.1.5. Experience: Prior qualification as a Medical Service Journeyman is mandatory. Experience in both the inpatient and outpatient care setting is desirable.

2.3.1.6. Other: None.

2.3.2. Training Sources/Resources: Completion of the 7 level RAM, 18 months time in upgrade training (12 months for retrainees), and the resident 7 level course satisfies the knowledge and skill requirements specified in para 2.3.1. for award of the 7 skill level. The STS in Part II of this CFETP identifies all core tasks required for qualification. Upgrade and qualification training are provided by qualified trainers using available QTPs written for the duty position, program to be managed, equipment to be used, or procedure to be performed. QTPs are Air Force publications that have been developed and are mandatory for use when available for a duty position, program, or piece of equipment. They are obtained through normal publication channels in accordance with the procedures specified in AFIND 8. Procedures for requesting QTP development are also contained in AFIND 8. A list of all training courses to support education and training, to include QTPs, is in Part II, Sections D and C, respectively, of this CFETP.

2.3.3. Implementation: Entry into upgrade training is initiated when an individual is selected for promotion to SSgt and possesses the 5 skill level. Qualification training is initiated anytime an individual is assigned duties they are not qualified to perform. The 7 skill level RAM, resident AFSC awarding course, and certification of all core tasks and appropriate QTPs will be completed for award of the 7 skill level. Current minimum certification as an NREMT-B is mandatory.

2.4. <u>Superintendent (9 skill level) training requirements</u>.

2.4.1. Specialty qualifications.

2.4.1.1. Knowledge: Knowledge of the following is mandatory: nursing theory and techniques, anatomy and physiology, and medical ethics and legal aspects. Familiarization with management of IDMT emergency medical and dental treatment, surgical procedures, sterilization and aseptic techniques, aeromedical evacuation procedures, care and transportation of the sick and injured, maintaining therapeutic equipment, medical readiness, organization and function of the medical service, resource management, quality improvement, risk management, administration, and subspecialty shredouts/SEIs is desirable.

2.4.1.2. Education: Completion of the Senior NCO Academy is mandatory for award of the 9 skill level.

2.4.1.3. Training: Completion of the duty position training requirements is mandatory for award of the 9 skill level. Current minimum certification as an NREMT-B is mandatory when required by the duty position.

2.4.1.4. Experience. Qualification is mandatory as a Medical Service Craftsman. Experience is also mandatory in directing functions such as medical, surgical, or related health care administrative activities.

2.4.1.5. Other: Physical qualification for aircrew duty according to AFI 48-123, Medical Examinations and Standards, is mandatory.

2.4.2. Training Sources/Resources: Qualification training is provided by certified trainers using appropriate QTPs written for the duty position, program to be managed, equipment to be used, or procedure to be performed. QTPs are Air Force publications that have been developed and are mandatory for use when available for a duty position, program, or piece of equipment. They are obtained through normal publication channels in accordance with the procedures specified in AFIND 8. Procedures for requesting QTP development are also contained in AFIND 8. A list of all training courses to support education and training, to include QTPs, is in Part II, Sections C and D, respectively, of this CFETP.

2.4.3. Implementation: Entry into training is initiated when an individual possesses the 7 skill level and is a SMSgt or SMSgt selectee. Qualification training is initiated anytime an individual is assigned duties they are not qualified to perform.

PART I, SECTION D - RESOURCE CONSTRAINTS

1. Purpose. This section identifies known resource constraints which preclude optimal/desired training from being developed or conducted, including information such as cost and manpower. Narrative explanations of each resource constraint and an impact statement describing what effect each constraint has on training are included. Also included in this section are actions required, office of primary responsibility, and target completion dates. Resource constraints will be, as a minimum, reviewed and updated annually.

Note: There are currently no resource constraints. This area is reserved.

PART I, SECTION E - TRANSITIONAL TRAINING GUIDE

1. Purpose. This section outlines specialty requirements to satisfy transitional training needs when two or more specialties are merging.

Note: There are currently no transitional training requirements. This area is reserved.

PART II

SPECIALTY TRAINING STANDARD (STS)
For AFSC 4N0X1 and Applicable Shredouts/SEIs

MEDICAL SERVICE APPRENTICE
MEDICAL SERVICE JOURNEYMAN
MEDICAL SERVICE CRAFTSMAN

1. Implementation. This STS will be used for technical training provided by AETC effective with Medical Service Apprentice Course (J3AQR4N031 003) Class 970506.

2. Purpose. As prescribed in AFI 36-2201, Developing, Managing, and Conducting Training, this STS:

2.1. Provides a qualitative training requirement proficiency code key in attachment 1 that is used to indicate the level of training provided by resident and career development courses. Training objectives in the each course are designed to match the criteria established by the proficiency code key.

2.2. Lists in column 1 of attachments 2 through 8 the most common tasks and knowledge necessary for airmen to perform duties in the 3, 5, and 7 skill levels. These are based on an analysis of duties specified in AFMAN 36-2108, Airman Classification. A complete listing of all training references (TRs) that may be used for both formal course development and continuing education in the field is included in attachment 9.

2.3. Functionally groups tasks by subject and/or job position to aid in task selection and reduce duplication. Supervisors may select tasks from the appropriate attachment to accurately define a job and required training.

2.4. Identifies in column 2 of attachments 2 through 8 which of the items in column 1 are designated as core (C) tasks for the duty positions listed below. Medical Service Specialty personnel occupying any 4N0X1 duty position must be trained and certified on all respective core tasks to be duty position qualified. To be considered fully qualified and eligible for any skill level award, personnel must be duty position qualified, trained, and certified on any/all core tasks.

2.4.1. Attachment 2 applies to all 4N0X1 personnel (4N0X1).

2.4.2. Attachment 3 applies to allergy/immunization technicians (4N0X1A).

2.4.3. Attachment 4 applies to neurology technicians (4N0X1B).

2.4.4. Attachment 5 applies to hemodialysis technicians (SEI 486).

2.4.5. Attachment 6 applies to hyperbaric technicians (SEI 490).

2.4.6. Attachment 7 applies to aeromedical evacuation technicians (SEI 494).

2.4.7. Attachment 8 applies to independent duty medical technicians (SEI 496).

2.5. Identifies in column 2 of attachments 2 through 8 which of the items in column 1 are designated as wartime (W) tasks. Wartime tasks are those items trained in the resident wartime course (an abbreviated course taught during wartime).

2.6. Provides in column 3 of attachments 2 through 8 a means to record completion of tasks and knowledge training requirements in order to provide certification for OJT. Task/knowledge certification must show a certification/completed date.

2.7. Indicates formal resident training requirements in columns 4A and 4C of attachments 2 through 8. These columns specify the proficiency to be demonstrated on the job by the graduate as a result of training in the initial skills (3 level awarding for the basic 4N0X1 or specialty awarding for shredouts and SEIs) and advanced (7 level awarding) courses, respectively, as described in AFCAT 36-2223, USAF Formal Schools.

2.8. Indicates correspondence course training requirements in column 4B of attachments 2 through 8. This column specifies the proficiency to be demonstrated on the job by the graduate as a result of training in the 5 level awarding Career Development Courses. The course writer is not restricted to the identified subjects. Additional subjects may be included as they apply to the 4N051 career field. See ECI/AFSC/CDC listing maintained by each unit training manager for current CDC listings.

2.9. Specifies in column 4D of attachments 2 through 8 which tasks have an available Qualification Training Package (QTP) to use on the job for both initial and recurring skills recertification training purposes. The number in column 4D designates the QTP volume number that the module can be found in. When applicable, items that relate to a common task are consolidated into one QTP module.

2.10. Is a job qualification standard (JQS). Supervisors and trainees are responsible for accurate documentation within this document. When used as a JQS, the following requirements apply:

2.10.1. Circle the appropriate letter/number in column 1 of attachments 2 through 8 to identify tasks/knowledge applicable to the trainee's current duty position.

2.10.2. Document task qualification by annotating the month and year (mm/yy) training is completed in column 3B of attachments 2 through 8. The trainer, certifier, and trainee must complete the remaining blocks in column 3 as applicable. This document may be automated in whole or part to reflect duty position requirements and qualifications.

2.10.3. Trainees are trained, evaluated, and certified to the "go" level on the tasks in column 1 of attachments 2 through 8. "Go" means the trainee can perform the task without assistance and meets requirements for accuracy, competency, and timeliness. Medical Service Managers and superintendents will manage this process by assessing 4N051 qualifications.

2.10.4. Trainers must be certified in the task to be trained, be recommended by the supervisor, appointed by the commander, and complete a formal trainer course.

2.10.5. Certifiers must be at least a SSgt with a 5 skill level or civilian equivalent, certified in the task being evaluated, appointed by the commander, be someone other than the trainer, and complete a formal certifier course. *Note: Guidance is provided in AFMAN 36-2245, Managing Career Field Education and Training, for procedures to follow when transcribing previous documentation to this new STS.*

2.11. Is a guide for development of promotion tests used in the Weighted Airman Promotion System (WAPS). Specialty Knowledge Tests (SKTs) are developed at the USAF Occupational Measurement Squadron by senior NCOs with extensive practical experience in their career field. The tests sample knowledge of STS subject matter areas judged by test development team members as most appropriate for promotion to higher grades. Questions are based upon study references listed in the WAPS catalog. Individual responsibilities are in chapter 14 of AFI 36-2606, Reenlistment in the United States Air Force.

3. Recommendations.

3.1. Report unsatisfactory performance of individual course graduates through proper channels to 882 TRG/CCT, 939 Missile Rd. STE 2, Sheppard AFB, TX 76311-2260. Reference specific STS paragraphs when forwarding reports. For a quick response to concerns, supervisors may call the 24 hour customer service information line, DSN 736-3752, to identify graduates who may have received over or under training on task/knowledge items listed in this STS.

3.2. Report inadequacies of and suggest corrections to this STS through proper channels to the same POC listed in paragraph 3.1.

Supersedes STS 4N0X1, August 1994 and all subsequent changes.

BY ORDER OF THE SECRETARY OF THE AIR FORCE

OFFICIAL   CHARLES H. ROADMAN II
                                                 Lieutenant General, USAF, MC
                                                 Surgeon General

9 Attachments
1. Qualitative requirements
2. STS: 4N0X1 personnel
3. STS: Allergy Immunization Duty
4. STS: Neurology Duty
5. STS: Hemodialysis Duty
6. STS: Hyperbaric Duty
7. STS: Aeromedical Evacuation Duty
8. STS: Independent Medical Technician Duty
9. Training references

This Block Is For Identification Purposes Only		
Name of Trainee		
Printed Name (*Last, First, Middle Initial*)	**Initials** (*Written*)	**SSAN**
Printed Name of Certifying Official and Written Initials		
N/I	*N/I*	
N/I	*N/I*	
N/I	*N/I*	
N/I	*N/I*	
N/I	*N/I*	
N/I	*N/I*	
N/I	*N/I*	
N/I	*N/I*	

QUALITATIVE REQUIREMENTS

Proficiency Code Key		
Item	**Scale Value**	**Definition: The individual**
Task Performance Levels	1	Can do simple parts of the task. Needs to be told or shown how to do most of the task. (EXTREMELY LIMITED)
	2	Can do most parts of the task. Needs only help on hardest parts. (PARTIALLY PROFICIENT)
	3	Can do all parts of the task. Needs only a spot check of completed work. (COMPETENT)
	4	Can do the complete task quickly and accurately. Can tell or show others how to do the task. (HIGHLY PROFICIENT)
*Task Knowledge Levels	a	Can name parts, tools, and simple facts about the task. (NOMENCLATURE)
	b	Can determine step-by-step procedures for doing the task. (PROCEDURES)
	c	Can identify why and when the task must be done and why each step is needed. (OPERATING PRINCIPLES)
	d	Can predict, isolate, and resolve problems about the task. (ADVANCED THEORY)
**Subject Knowledge Levels	A	Can identify basic facts and terms about the subject. (FACTS)
	B	Can identify relationship of basic facts and state general principles about the subject. (PRINCIPLES)
	C	Can analyze facts and principles and draw conclusions about the subject. (ANALYSIS)
	D	Can evaluate conditions and make proper decisions about the subject. (EVALUATION)

Explanations:

*   A task knowledge scale value may be used alone or with a task performance scale value to define a level of knowledge for a specific task.   (Example: b and 1b)

** A subject knowledge scale value is used alone to define a level of knowledge for a subject not directly related to any specific task, or for a subject common to several tasks.

- This mark is used alone instead of a scale value to show that no proficiency training is provided in the course or CDC (training must be conducted through OJT).

X This mark is used alone in course columns to show that training is required but not given due to limitations in resources.

NOTE 1: Users are responsible for annotating pen-and-ink and page inserts/deletions when specified by subsequent changes to this CFETP.

NOTE 2: Items in Column 2 identified with a "C" have been identified as core tasks by the Career Field Manager and MAJCOM Medical Service Functional Managers. These tasks must be certified for all 4N0X1 personnel, including shredouts and SEIs.

NOTE 3: Items in Column 2 identified with a "W" are tasks/knowledge trained in the resident wartime course.

NOTE 4: Columns 4A, B, and C specify the level of training provided by the 3 skill level resident and Phase II courses, the 5 skill level Career Development Courses (CDCs), and the 7 skill level course, respectively.

NOTE 5: Column 4D identifies, when applicable, the Qualification Training Package (QTP) volume number that the identified task can be found in.

Training references (TRs) applicable to the 4N0X1 portion of the STS (areas 1 through 13) that are approved for use in course development, QTP development, and OJT are listed in attachment 9, table 1 at the end of the entire STS.

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level Course	B 5 Skill Level CDCs	C 7 Skill Level Course	D QTP Volume Number
1. CAREER FIELD PROGRESSION										
a. Airman career fields							-	B	-	
b. Progression in 4N0X1 career ladder/ paths	W						A	B	C	
c. Career Job Reservation (CJR)							-	A	B	
d. Duties of AFS 4N031, 4N051, 4N071, 4N091, CEM 4N000							A	B	C	
e. Educational opportunities in the Air Force							A	B	C	
f. USAF Medical Service:										
(1) Mission:										
(a) Readiness	W						A	B	C	
(b) TRICARE	W						A	B	C	
(c) Rightsizing	W						A	B	C	
(d) Building healthy communities	W						A	B	C	
(2) Organization	W						A	B	-	
(3) Function	W						A	B	-	

1. Tasks, Knowledge, and Technical References	2. Core (C) / Wartime (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
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2. MEDICAL READINESS (Note: Initial Medical Readiness Training is provided by the Basic Medical Readiness Training (BMRT) course conducted at the 882d Training Group, Sheppard AFB, Texas. Continuing/ongoing Medical Readiness Training for the individual is the responsibility of each medical facility).										
a. Echelons of care	W						-	B	-	
b. Contingency roles of the 4N0X1:										
(1) Peacetime (Disaster Casualty Control Plan)	W						-	B	-	
(2) Wartime (Contingency Support Plan)	W						-	B	-	
c. Laws of Armed Conflict	W						-	B	-	
3. MEDICAL SERVICE MANAGEMENT										
a. Orientate new personnel							A	B	-	
b. Assign personnel to work area							A	B	-	
c. Plan work assignments and priorities							A	B	2c	
d. 8/12 hour/Alternative duty scheduling							-	b	2c	
e. Specific OPSEC, COMSEC, and COMPUSEC vulnerabilities of AFSC 4N0X1	W						A	B	C	
f. Basic computer skills:										
(1) Keyboarding							1a	-	2b	
(2) Word processing							-	-	2b	
(3) Computer generated products							-	-	2b	
(4) Electronic communication							A	-	b	
g. Prepare, review, and edit written:										
(1) Correspondence							-	-	2c	
(2) Reports							-	-	2c	
(3) Records/logs							-	-	2c	
(4) Procedures							-	-	2c	
(5) Policies							-	-	2c	
h. Establish military and civilian position descriptions							-	b	2c	
i. Establish military and civilian performance standards							-	b	2c	
j. Evaluate work performance of military and civilian personnel							-	-	2c	

1. Tasks, Knowledge, and Technical References	2. Core (C)/War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
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3.k. Building healthy communities:										
(1) Putting Prevention Into Practice (PPIP)							A	B	C	
(2) Health and Wellness Centers							A	B	C	
(3) Perform health and wellness duties							-	-	-	
l. Counseling principles in the medical service environment							A	B	2c	
m. Initiate action to correct substandard performance by personnel							-	-	B	
n. Evaluate medical formal course graduates							-	B	C	
o. Career field surveys							-	A	B	
p. Resource Management:										
(1) Medical Expense Personnel Reporting System (MEPRS) data considerations							A	B	C	
(2) Calculation and reporting of workload (biometrics):										
(a) Inpatient							-	B	-	
(b) Outpatient							-	B	-	
(3) Manpower considerations and documents:										
(a) Manpower resourcing tools							-	A	B	
(b) Unit Manpower Document (UMD)							-	A	b	
(c) Unit Personnel Management Roster (UPMR)							-	A	b	
(d) Authorization Change Request (ACR) / Authorization Change Notice (ACN)							-	A	B	
(e) Urgent manning requests							-	-	B	
(4) Budget considerations and development							-	A	2b	
(5) Cost analysis considerations							-	B	-	
(6) Perform cost analysis							-	-	2b	
q. Quality Air Force:										
(1) Practice quality improvement methods							1a	b	c	
(2) Medical Treatment Facility (MTF) inspection programs							-	A	-	

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3.q. (3) Assist in developing MTF self inspection checklists							-	-	2b	
(4) Perform risk management functions							1a	b	c	
r. Personnel Reliability Program (PRP) implications for AFSC 4N0X1							A	B	2b	
4. ON THE JOB TRAINING (OJT)										
a. Evaluate personnel to determine need for training							-	b	c	
b. Planning and supervising OJT:										
(1) Prepare job qualification standards							-	b	c	
(2) Conduct training							-	b	c	
(3) Counsel trainees regarding progress							-	b	2c	
(4) Monitor effectiveness of training:										
(a) Career knowledge							-	b	c	
(b) Job proficiency upgrade							-	b	c	
(c) Certification/qualification							-	b	c	
c. Enlisted Training and Competency Folder (6 Part Folder)							A	B	C	
d. Recommend personnel for formal training							-	-	-	
e. Evaluate effectiveness of formal training programs							-	-	-	
f. Nursing inservice training							-	a	2b	
5. AIR FORCE OCCUPATIONAL AND ENVIRONMENTAL SAFETY, FIRE PROTECTION, AND HEALTH (AFOSH) PROGRAM										
a. Principles of general safety	C/W						B	-	-	
b. AF Form 55, Employee Health and Safety Record							-	A	B	
c. Safety considerations and precautions during job performance	C/W						2b	B	C	
d. Hazard/Accident/Incident reports	C/W						a	b	c	
e. Fire safety considerations and procedures	C/W						2b	B	C	
f. Development and review of unit safety program	W						-	B	C	
g. Ground safety and fire inspections	W						B	-	C	
h. Hazard Communication (HAZCOM) program and procedures	W						A	B	C	
i. AFOSH standards for AFSC 4N0X1							A	B	C	

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6. PROFESSIONAL AND PATIENT RELATIONSHIPS										
a. Professional standards of ethics:										
(1) Standards of conduct for patient care	W						A	B	-	
(2) Patient rights and responsibilities	W						A	B	-	
(3) Chaperone responsibilities							A	B	-	
(4) Death and dying	W						A	B	-	
b. Legal aspects of patient care:										
(1) Intentional torts	W						A	B	C	
(2) Consent for treatment	W						A	B	C	
(3) Standards of care	W						A	B	C	
(4) Living wills							A	B	C	
(5) Durable powers of attorney							A	B	C	
c. Promote professional relationships with patients and medical personnel:										
(1) Interpersonal relationships	W						1b	c	2c	
(2) Effective communications	W						1b	c	2c	
(3) Stress management	W						1b	c	2c	
(4) Patient sensitivity	W						1a	b	2c	
(5) Emotional support for patient and significant others	W						1a	b	2c	
(6) Patient advocacy	W						1a	b	2c	
7. MEDICAL LOGISTICS PROCEDURES/ RESOURCE PROTECTION										
a. Air Force accountability and responsibility:										
(1) Supply/equipment records:										
(a) Activity issue/turn-in summary							-	B	-	
(b) Backorder report							-	B	-	
(c) Custodial actions/ custodial report listing							A	B	-	
(d) AF Form 1297, Temporary Issue/Hand Receipt							A	B	-	
(2) Supplies/equipment:										
(a) Establish/maintain stock levels	W						A	B	-	
(b) Supply/equipment requests and processing							-	B	2b	

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
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7.a.(2)(c) Blanket Purchase/ Standard Service Agreement							-	A	b	
(d) Automatic resupply system (ARS)/Internal Distribution System (IDO)							-	B	-	
(3) Report of Survey/Statement of Charges							A	B	2b	
(4) Air Force Fraud, Waste, and Abuse (FWA) prevention and detection							A	B	C	
b. Equipment Authorizations List (Table of Allowances)							-	A	B	
c. Operator maintenance of medical and nonmedical equipment	W						A	B	-	
8. PUBLICATIONS										
a. Official publications indexes							-	B	C	
b. Locate required information in official and commercial publications							-	b	c	
c. Initiate requests for official and commercial publications							-	b	c	
d. Maintain bulletins, manuals, and publication files							-	b	c	
9. BASIC SCIENCES										
a. Medical calculations:										
(1) Perform metric and apothecary conversions	W						1b	c	-	
(2) Calculate weights and measures	W						1b	c	-	
b. Human anatomy:										
(1) Descriptive terms and topographic anatomy	W						A	B	-	
(2) Major organs and systems	W						A	B	-	
c. Physiology of cells and tissues:										
(1) Fluid and chemical balance	W						A	B	-	
(2) Functions and adaptations of cells and tissues	W						A	B	-	
(3) Thermal regulation	W						A	B	-	
(4) Metabolism and energy production	W						A	B	-	
d. Physiology processes of life, disease, and injury:										
(1) Oxygenation and circulation	W						A	B	-	
(2) Nutrition and elimination	W						A	B	-	
(3) Activity and rest	W						A	B	-	

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
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9.d.(4) Protection and regulation	W						A	B	-	
(5) Reproduction							A	B	-	
e. Human growth, development, and the aging process	W						A	B	-	
10. FUNDAMENTALS OF NURSING CARE										
a. Medical documentation:										
(1) Medical vocabulary and abbreviations	W						B	C	-	
(2) Use medical terms in reporting and recording	W						1a	b	c	
(3) Maintain inpatient medical records	W						2b	c	-	
b. Basic human needs theory	W						A	B	C	
c. Factors that influence health:										
(1) Personal hygiene	W						A	-	-	
(2) Environmental/community health	W						A	B	-	
(3) Nutrition and exercise	W						A	B	-	
(4) Psychological adjustments/ mental health	W						A	B	-	
(5) Substance abuse	W						A	B	C	
(6) Body defenses and healing processes	W						A	B	C	
d. Infection control:										
(1) Perform handwashing/aseptic technique	C/W						3a	b	c	
(2) Maintain sterility of supplies/ equipment:										
(a) Don/doff gown and sterile gloves	C/W						3a	b	c	
(b) Maintain sterile field	C/W						3a	b	c	
(3) Prepare supplies/equipment for sterilization	W						1b	c	-	
(4) Sterilization procedures	W						A	B	-	
(5) Perform disinfection procedures	W						2b	c	-	
(6) Disposition of contaminated materials	C/W						3a	b	c	
(7) Terminal cleaning of patient unit	W						3a	b	c	
(8) Perform isolation precautions	W						2b	c	-	
(9) Identify and report infection hazards	W						3a	b	c	
(10) Infectious processes; modes of transmission	W						A	B	-	

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
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10.d.(11) Housekeeping duties on nursing unit/clinic	W						3a	b	c	
e. Vital signs:										
(1) Measure and record manual and electronic:										
(a) Temperature	C/W						3c	c	-	
(b) Pulse rate	C/W						3c	c	-	
(c) Respiratory rate	C/W						3c	c	-	
(d) Blood pressure	C/W						3c	c	-	
(e) Height and weight	C/W						3c	c	-	
(f) Orthostatic vital signs	C/W						3b	c	-	
(2) Assist with central venous monitoring set-up	W						A	B	-	
(3) Measure central venous/arterial pressures	W						A	B	-	
(4) Measure and record intake and output	W						3c	c	-	
(5) Set-up cardiac monitor/ defibrillator	C/W						1a	b	-	
(6) Perform 12-lead EKG	W						1a	b	-	
(7) Life-threatening arrhythmia recognition	W						A	B	2b	
(8) Monitor pulse oximetry oxygen saturation							2b	c	-	
(9) Perform neuro checks	W						2b	c	-	
(10) Measure and record body/ abdominal girth	W						2b	c	-	
f. Patient instruction or guidance:										
(1) Patient orientation to hospital:										
(a) Unit orientation and policy	W						2b	c	-	
(b) Fire/disaster evacuation plan	W						2b	c	-	
(2) Instruct patients regarding tests and procedures	W						1a	b	-	
(3) Patient admission/discharge/ transfer	W						2b	c	-	
(4) Aeromedical evacuation procedures	W						1a	b	-	
g. Patient safety, comfort, and hygiene:										
(1) Make bed:										
(a) Unoccupied	W						3b	c	-	
(b) Occupied	W						3b	c	-	
(c) Surgical	W						3b	c	-	
(2) Give bed bath	W						3b	c	-	

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10.g.(3) Give skin care:										
(a) Back massage	W						2b	c	-	
(b) Perineal hygiene (male/ female)	W						2b	c	-	
(c) Shampoo	W						2b	c	-	
(d) Shave	W						2b	c	-	
(e) Foot care	W						2b	c	-	
(4) Give oral hygiene	W						2b	c	-	
(5) Turn and position patient	W						2b	c	-	
(6) Assist with bedpan and urinal	W						2b	c	-	
(7) Apply protective/restraining devices	W						2b	c	-	
(8) Use manual restraints/holds	W						2b	c	-	
(9) Perform nursing measures for pain management	W						b	c	-	
(10) Sponge for fever/tepid bath	W						b	c	-	
h. Patient transfer techniques:										
(1) Proper body mechanics							A	B	-	
(2) Assist to and from:										
(a) Bed	W						2b	c	-	
(b) Wheelchair/geriatric chair	W						2b	c	-	
(c) Bathtub/commode	W						2b	c	-	
(d) Automobile	W						2b	c	-	
(e) Ambulance	W						2b	c	-	
(f) Stretcher/gurney	W						2b	c	-	
(g) Examining table	W						2b	c	-	
(3) Use mechanical aids for lifting and moving:										
(a) Transfer belt	W						2b	c	-	
(b) Turning sheet	W						2b	c	-	
(c) Hydraulic lift	W						2b	c	-	
(4) Ambulate patients	W						2b	c	-	
(5) Prepare patient with special equipment for transfer with:										
(a) Cardiac monitor	W						2b	c	-	
(b) Oxygen	W						2b	c	-	
(c) Drainage system	W						2b	c	-	
(d) Intravenous lines	W						2b	c	-	
(6) Move patients on/off elevators in wheelchair/stretcher	W						2b	c	-	
i. Planning patient care:										
(1) Identify problems and special needs	W						2b	c	-	

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10.i.(2) Suggest nursing approaches in planning patient care	W						2b	c	-	
(3) Assist with patient care evaluation	W						A	B	C	
j. Specimen collection and special procedures:										
(1) Prepare requisitions for tests and procedures	W						2b	c	-	
(2) Collect and label:										
(a) Emesis	W						2b	c	-	
(b) Urine	W						2b	c	-	
(c) Sputum	W						2b	c	-	
(d) Stool	W						2b	c	-	
(e) Drainage	W						2b	c	-	
(f) Blood from venipuncture	W						2b	c	-	
(g) Throat culture	W						2b	c	-	
(3) Collect and label cerebral spinal fluid (CSF)	W						A	B	-	
(4) Collect and label specimen for cytology							A	B	-	
(5) Strain urine for calculi	W						b	c	-	
(6) Test urine for sugar and acetone	W						2b	c	-	1
(7) Test urine for specific gravity	W						2b	c	-	1
(8) Perform hematests	W						2b	c	-	1
(9) Perform finger stick for blood sampling	W						2b	c	-	1
(10) Perform heel stick for blood sampling							-	c	-	1
(11) Use blood glucose meter	W						2b	c	-	1
k. Medications and fluid therapy under supervision of nurse or physician:										
(1) Prepare and administer:										
(a) Oral medication	W						b	c	-	1
(b) Subcutaneous injection	W						2b	c	-	1
(c) Intramuscular injection	W						2b	c	-	1
(d) Intradermal injection	W						b	c	-	1
(e) Agents in prefilled or Tubex syringes	W						b	c	-	1
(f) Rectal suppository	W						b	c	-	1
(g) Vaginal suppository	W						b	c	-	1
(h) Vaginal douche for medication delivery	W						b	c	-	1
(i) Ophthalmic ointments and drops	W						2b	c	-	1
(j) Otic drops	W						2b	c	-	1

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10.k.(1)(k) Topical medication	W						2b	c	-	1
(l) Inhaled medication:										
1 Via updraft nebulizer	W						2b	c	-	1
2 Via prescribed inhaler							2b	c	-	3
(m) Intravenous medication	W						b	c	-	
(n) Sublingual medication	W						2b	c	-	3
(2) Assist with intravenous fluid and blood administration:										
(a) Set-up/regulate/monitor intravenous fluid administration	W						2b	c	-	1
(b) Initiate peripheral intravenous infusion	W						1b	c	-	1
(c) Apply armboard or restraints to secure infusion	W						2b	c	-	1
(d) Set-up and regulate infusion pumps/ controllers	W						2b	c	-	1
(e) Set-up and regulate infusion pressure bag	W						2b	c	-	1
(f) Change intravenous fluid bags/bottles	W						2b	c	-	1
(g) Obtain blood/blood products from blood bank	W						a	b	c	1
(h) Set-up blood warmer and pump	W						a	b	-	1
(i) Monitor blood transfusion	W						a	b	c	1
(j) Discontinue intravenous infusion	W						2b	c	-	1
(k) Set-up and maintain intermittent infusion device	W						b	c	-	1
(3) Safety factors in administration of medications and fluid therapy	W						B	C	-	1
(4) Medication orders:										
(a) Pharmacological abbreviations	W						A	B	C	1
(b) Calculate dosage	W						1b	c	-	1
(5) Document medication administration and fluid therapy	W						2b	c	-	1
(6) Medication actions, side effects, and guidelines for administration:										
(a) Analgesics	W						A	B	-	

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10.k.(6)(b) Sedatives and hypnotics	W						A	B	-	
(c) Immunological preparations	W						A	B	-	
(d) Antiarrythmics	W						A	B	-	
(e) Antiinfectives and antibiotics	W						A	B	-	
(f) Cathartics and stool softeners	W						A	B	-	
(g) Local anesthetic agents	W						A	B	-	
(h) Psychotherapeutic agents	W						A	B	-	
(i) Insulin and oral hypoglycemics	W						A	B	-	
(j) Anticoagulants	W						A	B	-	
(k) Antacids	W						A	B	-	
(l) Antihypertensives	W						A	B	-	
(m) Antiemetics	W						A	B	-	
(n) Antidiarrheal	W						A	B	-	
(o) Antiinflammatory	W						A	B	-	
l. Assist with medical examinations/ special procedures:										
(1) Assemble supplies and equipment for:										
(a) Basic physical examination	W						2b	c	-	
(b) Chest tube insertion/water seal drainage	W						a	b	-	2
(c) Pelvic examination	W						a	b	-	
(d) Sigmoidoscopy/ proctoscopy/colonoscopy	W						1a	b	-	
(e) Bronchoscopy							-	a	-	
(f) Paracentesis/thoracentesis	W						a	b	-	
(g) Lumbar puncture	W						1a	b	-	
(h) Biopsy	W						a	b	-	
(i) Bone marrow aspiration							a	b	-	
(j) Exercise tolerance testing							-	a	-	
(k) Holter monitoring							-	a	-	
(l) Endoscopy							-	a	-	
(m) Laser procedures							-	a	-	
(n) Cystoscopy							-	a	-	
(o) Tympanometry							-	a	-	
(p) Amniocentesis							-	a	-	
(q) Colposcopy							-	a	-	
(2) Maintain treatment room supplies	W						2a	b	-	

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11. NURSING CARE OF PATIENTS WITH SPECIAL NEEDS										
a. Pulmonary assessments:										
(1) Monitor patient on mechanical ventilator							A	B	C	
(2) Measure peak expiratory flow	W						1b	c	-	
b. Special pulmonary procedures:										
(1) Perform endotracheal care	W						b	c	-	
(2) Perform tracheostomy care	W						1b	c	-	
(3) Perform chest percussion and postural drainage	W						1b	c	-	
(4) Draw radial arterial blood gas (ABG) sample percutaneously							-	b	-	2
(5) Obtain ABG sample from arterial line manifold							-	b	-	2
c. Pulmonary treatments:										
(1) Set-up and operate oxygen/ compressed air: (a) Hood							a	b	-	
(b) Croup tent							a	b	-	
(c) Humidifier	W						a	b	-	
(2) Vaporizer	W						b	c	-	
(3) Assist with incentive spirometer	W						1b	c	-	
d. Cardiovascular deficit/abnormal cardiovascular functions	W						B	C	-	
e. Cardiovascular procedures:										
(1) Arterial line insertion							-	a	-	2
(2) Central venous line insertion							-	a	-	2
(3) Pulmonary artery catheter insertion							-	a	-	2
(4) Perform pulmonary artery pressure measurements							-	a	-	2
(5) Perform cardiac output measurements							-	a	-	2
(6) Measure for elastic stockings	W						1b	c	-	
(7) Apply/remove elastic/ pneumatic stocking devices	W						b	c	-	
f. Wound management:										
(1) Soft tissue injuries							A	B	-	
(2) Complicated wounds							A	B	-	

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11.f.(3) Wound management procedures:										
(a) Evaluate extent of wounds	W						b	c	-	
(b) Evaluate extent of burns	W						b	c	-	
(c) Scrub and irrigate wounds	W						1a	c	-	
(d) Debride wounds	W						a	b	-	
(e) Debride burns	W						a	b	-	
(f) Incision and drainage of abscesses	W						a	b	-	
(g) Evacuate subungual hematoma	W						a	b	-	
(h) Assist with minor surgery	W						a	b	-	
(i) Set-up/monitor vacuum drainage system	W						a	b	-	
(4) Local anesthetic agents:										
(a) Indications/ contraindications							A	B	C	
(b) Actions/precautions							A	B	C	
(5) Administer local anesthetic agents:										
(a) Topical	W						a	b	c	2
(b) Local infiltration	W						a	b	c	2
(c) Digital block	W						a	b	c	2
(6) Wound closure:										
(a) Approximate wound edges with sterile tape strips	W						b	c	-	
(b) Suture laceration	W						a	b	c	2
(c) Care of clips and staples in wound management	W						a	b	c	2
(d) Remove sutures/clips/ staples	W						a	b	c	2
(7) Apply/change sterile dressing:										
(a) Dry	C/W						2b	c	-	
(b) Wet-to-damp	W						a	b	-	
(c) Wet-to-wet	W						a	b	-	
(8) Apply heat and cold treatments	W						2b	c	-	
g. Nutrition and elimination related procedures:										
(1) Prepare patient for meals	W						2b	c	-	
(2) Assist with patient feeding	W						2b	c	-	
(3) Pass water/appropriate fluids	W						b	c	-	
(4) Bottle feed infant							2b	c	-	

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11.g. (5) Insert/irrigate/remove nasogastric tube	W						1b	c	-	
(6) Perform tube feeding	W						1b	c	-	
(7) Administer cleansing enema	W						1b	c	-	
(8) Administer retention enema	W						a	b	-	
(9) Perform colostomy care	W						b	c	-	
(10) Check for/remove fecal impaction	W						a	b	-	
(11) Set-up and assist with sitz bath	W						1b	c	-	
(12) Apply/insert and remove:										
(a) External condom catheter	W						1b	c	-	
(b) Foley catheter	W						1b	c	-	
(c) Straight catheter	W						a	c	-	
(13) Establish/maintain closed urinary drainage system	W						2b	c	-	2
(14) Perform continuous/intermittent bladder irrigations	W						b	c	-	
(15) Remove closed urinary drainage system							2b	c	-	2
h. Orthopedic injuries and limited activity related procedures:										
(1) Assist patients ambulating with walkers, canes, and crutches	C/W						2b	c	-	
(2) Log roll patient	C/W						1b	c	-	
(3) Turn patient in body shell or hip spica	W						1b	c	-	
(4) Place patient on fracture bedpan	W						1b	c	-	
(5) Set-up and rotate patient on a turning frame	W						a	b	-	2
(6) Set-up and rotate patient on a circle bed							-	-	-	2
(7) Apply/remove orthopedic braces	W						-	a	-	
(8) Transfer patients with immobilization devices (casts, splints, braces, restraints)	W						a	b	-	
(9) Set-up skeletal traction	W						a	b	-	
(10) Check/correct traction alignments/weights	W						a	b	-	
(11) Apply skin traction	W						-	a	-	
(12) Pin care	W						b	c	-	
(13) Position patient with head halter/cervical tongs	W						b	c	-	
(14) Instruct patients regarding isometric or active exercises	W						2b	c	-	
(15) Perform passive or passive assisted exercise	W						2b	c	-	

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11.h.(16) Use constant motion device (CMD)							-	-	-	
i. Nursing considerations for patients with special limitations and problems:										
(1) Hazards of immobility	W						A	B	-	
(2) Visually impaired	W						A	B	-	
(3) Hearing impaired	W						A	B	-	
(4) Diabetic	W						A	B	-	
(5) Paralyzed	W						A	B	-	
(6) Elderly							A	B	-	
(7) Infant/child							A	B	-	
(8) Mental health	W						A	B	-	
(9) Cancer							A	B	-	
(10) Seizure	W						A	B	-	
(11) Amputees	W						A	B	-	
(12) Unconscious patient	W						A	B	-	
(13) Immunodeficiency disorder							A	B	-	
(14) Dialytic therapy							A	B	-	
(15) Abusive/self-abusive	W						A	B	-	
(16) Electrosensitive patient							-	-	-	
(17) Terminally ill patient	W						A	B	-	
j. Pre- and postoperative considerations							A	B	-	
k. Pre- and postoperative care procedures:										
(1) Give preoperative instructions	W						b	c	-	
(2) Assist with duties on preoperative checklist	W						b	c	-	
(3) Perform preoperative shaves/ scrubs	W						b	c	-	
(4) Assist with anesthesia-related safety measures	W						b	c	-	
(5) Observe and report postoperative complications	W						b	c	-	
(6) Assist with pulmonary toilet (turn, cough, and deep breathing) exercises	W						2b	c	-	
l. Nursing considerations for obstetrical patients							A	B	-	
m. Nursing care of obstetrical patients:										
(1) Provide nursing care during pregnancy							b	c	-	
(2) Monitor patient during labor							a	b	-	
(3) Monitor fetal heart tones							b	c	-	
(4) Set-up delivery room							b	c	-	
(5) Assist in labor and delivery							b	c	-	

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11.m.(6) Set-up for emergency cesarean section							a	b	-	
(7) Assist with initiation of emergency cesarean section							a	b	-	
(8) Clean delivery room							b	c	-	
(9) Observe childbirth							1a	-	-	
n. Nursing considerations for newborns							A	B	-	
o. Nursing care of newborns:										
(1) Prevent hypothermia							b	c	-	
(2) Suctioning							b	c	-	
(3) Assist with APGAR assessment							b	c	-	
(4) Perform identification procedures							b	c	-	
(5) Obtain body measurements							b	c	-	
(6) Bathe infant							b	c	-	
(7) Administer hemorrhagic/ ophthalmic prophylaxis							b	c	-	
(8) Umbilical cord care							b	c	-	
(9) Operate incubators (fixed/ transport)/infant care center							b	c	-	
(10) Set-up and monitor oxygen levels on newborn							b	c	-	
(11) Set-up phototherapy							b	c	-	
(12) Set-up for circumcision							b	c	-	
(13) Perform infant abduction/ protection procedures							b	c	-	
p. Perform postmortem care	W						b	c	-	
12. NURSING CARE OF PATIENTS IN EMERGENCY SITUATIONS										
a. Emergency Medical Services (EMS):										
(1) Mission	W						B	-	-	
(2) Ambulance dispatch	W						A	B	-	
(3) In-flight emergency/mishap response	W						A	B	-	
(4) Emergency care considerations:										
(a) Toxicological	W						A	B	-	
(b) Environmental	W						A	B	-	
(c) Hazardous materials (HAZMAT) awareness level	W						A	B	-	3
(d) Bites, stings, and skin irritations	W						A	B	-	
(e) Violent crimes	W						A	B	-	
(f) OB/GYN	W						A	B	-	
(g) Behavioral	W						A	B	-	
(h) Orthopedics	W						A	B	-	

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12.a.(4)(i) Eyes, ears, nose, and throat (EENT)	W						A	B	-	
(j) Dental	W						A	B	-	
(k) Pediatrics							A	B	-	
(l) Geriatrics							A	B	-	
b. Emergency procedures:										
(1) Communications:										
(a) Operate and monitor radio	W						a	b	-	
(b) Plot grid maps	W						1b	c	-	
c. Ambulance system operations	W						1b	c	-	
d. Emergency care procedures:										
(1) Prehospital emergency care							3c	c	-	
(2) Field triage	W						1b	b	3c	3
(3) Administer initial patient care:										
(a) Patient assessment	W						3c	c	-	
(b) Extrication	W						3c	c	-	
(c) Observe and monitor patient	W						3c	c	-	
(4) Perform Basic Life Support (BLS)	C/W						3c	-	-	
(5) Assist with Advanced Cardiac Life Support (ACLS):										
(a) Set-up equipment for cardioversion/defibrillation/pacemaker	W						1b	c	-	3
(b) Operate Auto/Semiautomated External Defibrillator (A/SAED)	C/W						3c	c	-	3
(6) Pulmonary assessments and procedures:										
(a) Breath sounds							2b	B	2c	
(b) Abnormal respirations/oxygen deficit	C/W						B	C	-	
(c) Position head and neck to open/maintain airway	C/W						3c	c	-	
(d) Set-up suctioning equipment	C/W						3c	c	-	
(e) Suction oral/nasal pharynx	C						3c	c	-	
(f) Assemble fixed and portable oxygen delivery systems	C/W						3c	c	-	
(g) Interchange fixed and portable oxygen delivery systems	C/W						3c	c	-	

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12.d.(6)(h) Insert nasopharyngeal airway	C/W						3c	c	-	
(i) Insert oropharyngeal airway	C/W						3c	c	-	
(j) Ventilate patient with pocket mask	C/W						3c	c	-	
(k) Ventilate patient with bag-valve-mask	C/W						3c	c	-	
(l) Ventilate patient with flow restricted oxygen powered ventilation device (FROPVD)	C						3c	c	-	
(m) Nasal cannula	C/W						3c	c	-	
(n) Simple face mask	C/W						3c	c	-	
(o) Nonrebreathing mask	C/W						3c	c	-	
(p) Venturi mask	W						a	b	-	
(q) Aviator's positive-pressure mask	W						a	b	-	
(7) Shock and control of bleeding:										
(a) Apply pressure dressing	C/W						3c	c	-	
(b) Elevate bleeding part	C/W						3c	c	-	
(c) Use pressure points to control bleeding	C/W						3c	c	-	
(d) Apply tourniquet	C/W						3c	c	-	
(e) Place patient in shock position	C/W						3c	c	-	
(f) Apply/remove antishock garment with medical direction	W						b	c	-	
(g) Control bleeding from shunt or invasive monitoring/therapy line	W						a	b	-	
(8) EENT emergency care procedures:										
(a) Remove contact lenses	W						a	b	-	
(b) Irrigate eyes	W						2b	c	-	3
(c) Perform visual acuity	W						2b	c	-	
(d) Perform fluorescein eye stain	W						b	c	-	
(e) Patch eyes	W						2b	c	-	
(f) Irrigate ears	W						2b	c	-	
(g) Control anterior nasal hemorrhage with pressure	W						2b	c	-	
(9) Management of orthopedic injuries:										
(a) Assess for sprains, strains, and fractures	C/W						3c	c	-	

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		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level Course	B 5 Skill Level CDCs	C 7 Skill Level Course	D QTP Volume Number
12.d.(9)(b) Apply cervical collar	C/W						3c	c	-	
(c) Apply soft splints	C/W						3c	c	-	
(d) Apply traction splints	C/W						3c	c	-	
(e) Apply rigid splints	C/W						3c	c	-	
(f) Apply simple cast/splint	W						a	b	-	3
(g) Bivalve cast	W						a	b	-	3
(h) Trim/petal cast	W						a	b	-	3
(i) Remove cast	W						a	b	-	3
(j) Apply elastic wraps	W						2b	c	-	
(k) Measure for crutches	W						3c	c	-	
(l) Teach crutch gaits/cane walking	W						2b	c	-	
(m) Apply extrication device	C/W						3c	c	-	
(n) Apply/transport patient on long spine board	C/W						3c	c	-	
(o) Apply/transport patient on breakaway stretcher	C/W						3c	c	-	
(10) Manage multisystem trauma	W						3c	c	-	
(11) Manage burns	W						3c	c	-	
(12) Actions/side effects/ administration of emergency medications:										
(a) Epinephrine autoinjector							3b	c	-	3
(b) Oral glucose							3b	c	-	3
(c) Activated charcoal							3b	c	-	3
(d) Syrup of ipecac							3b	c	-	3
13. NURSING CARE IN THE OUTPATIENT CLINIC										
a. Technician managed clinic procedures:										
(1) Pseudofolliculitis barbae (PFB)							a	b	-	4
(2) Wart (verrucae)							a	b	-	4
b. Administrative procedures:										
(1) Maintain outpatient health records	W						1b	c	-	
(2) Prepare reports of treatment	W						a	b	-	
(3) Use Composite Healthcare Computer Systems (CHCS):										
(a) Sign-in procedures	W						a	-	-	
(b) Report of patient count							a	b	-	
(c) Ambulatory Data System (ADS)							a	b	c	
c. Perform initial screening of patients	W						2b	c	-	
d. Assist physician and nurse with clinic procedures	W						2b	b	-	

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level Course	B 5 Skill Level CDCs	C 7 Skill Level Course	D QTP Volume Number
13.e. Assist with non-flying physical examinations	W						a	b	-	

NOTE 1: Allergy/Immunization (A/I) Technicians are responsible to maintain appropriate patient care skills (core tasks) listed in attachment 2 of this STS and must maintain current minimum certification as an NREMT-B.

NOTE 2: This attachment applies to all personnel who have completed formal training and are currently being utilized as an A/I Technician.

Training references (TRs) applicable to the 4N0X1A portion of the STS (area 14) that are approved for use in course development, QTP development, and OJT are listed in attachment 9, table 2 at the end of the entire STS.

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A A/I Course	B N/A	C N/A	D QTP Volume Number
14. ALLERGY/IMMUNIZATION SPECIALTY										
a. Allergy:										
(1) Classes of allergic reaction:										
(a) Class I, immediate hypersensitivity							B			
(b) Class II, III, and IV							B			
(2) Pollen agents:										
(a) Local allergy-causing pollen							B			
(b) Seasons of specific allergy-causing pollen							B			
(3) Principles of specific allergies:										
(a) Allergic rhinitis:										
1 Seasonal							C			
2 Perennial							C			
3 Sinusitis							B			
(b) Nasal polyposis							-			
(c) Vasomotor rhinitis							C			
(d) Stinging insect hypersensitivity:										
1 Local reaction							B			
2 Systemic reaction							B			
3 Delayed reaction							B			
(e) Anaphylaxis							C			
(f) Urticaria							C			
(g) Food allergy							B			
(h) Drug allergy							B			

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level Course	B 5 Skill Level CDCs	C 7 Skill Level Course	D QTP Volume Number
14.a.(3)(i) Irritants and physical agents							B			
(j) Allergy to immunization vaccines							C			
(k) Dermatological manifestations of allergy							B			
(l) Asthma							C			
(4) Administer and interpret diagnostic procedures:										
(a) Prick test							2c			
(b) Intradermal test							2c			
(c) Other diagnostic/ therapeutic procedures:										
1 Tuberculosis detection:										
a Tine and mono-vac test							c			
b Intermediate strength purified protein derivation (PPD)							3c			
c First and intermediate strength PPD							b			
2 Delayed hypersensitivity (DTH) skin testing:										
a Coccidioidin							2c			
b Mumps							2c			
c Trichophyton test							2c			
d Candida albicans (monilia) test							2c			
e Tetanus toxoid							2c			
3 Immunotherapy:										
a Aqueous							2c			
b Alum-precipitated							2c			
c Hymenoptera							2c			
c Administration techniques							2c			
(d) Pulmonary diagnostic and therapeutic procedures:										
1 Perform routine spirometry/flow volume loops							-			
2 Perform pre- and post bronchodilator studies							-			

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level Course	B 5 Skill Level CDCs	C 7 Skill Level Course	D QTP Volume Number
14.a.(4)(d)3 Perform asthma challenge test							-			
4 Perform peak flowmeter studies							b			
5 Prepare and administer respiratory medication:										
a Metered dose inhaler							2b			
b Hand-held/updraft nebulizers							1c			
(5) Application of allergy controls:										
(a) Environmental:										
1 Relocation from the source of irritants							C			
2 Air conditioning							C			
3 House dust mite precaution and avoidance program							C			
4 Mold/fungal avoidance							C			
5 Animal and hymenoptra avoidance program							C			
(b) Pharmaceuticals:										
1 Antihistamines							B			
2 Decongestants							B			
3 Bronchodilators							B			
4 Expectorants							B			
5 Steroids							B			
6 Combinations							B			
7 Blood pressure/cardiac medications (beta blockers)							B			
(6) Extract preparations:										
(a) Systems:										
1 Mix weight/volume allergens							b			
2 Mix protein nitrogen units							b			
3 Alum precipitated							b			
4 Diluents							c			
(b) Prepare stock dilution							b			
(c) Prepare serial dilutions							2c			
(d) Label extract vial							2c			

1. Tasks, Knowledge, and Technical References	2. Core (C) / Wartime (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level Course	B 5 Skill Level CDCs	C 7 Skill Level Course	D QTP Volume Number
14.a.(7) Extract administrative procedures:										
(a) Complete allergy prescription form							2c			
(b) Order allergy refills							2c			
(c) Immunotherapy informed consent							2c			
(d) Immunotherapy dosage adjustment							2c			
(8) Refill program:										
(a) Information to other clinics							-			
(b) Distribution of extracts							-			
(9) Assist physician with fiberoptic rhinoscopy							-			
b. Immunization:										
(1) Principles of immunization:										
(a) Active immunization							C			
(b) Passive immunization							C			
(c) Vaccines:										
1 Types							C			
2 Composition							C			
3 Dosages							c			
4 Storage							c			
5 Purpose							C			
6 Precautions							C			
7 Side effects							C			
(2) Administrative considerations:										
(a) Geographical requirements:										
1 World health and international requirements							C			
2 Waivers							A			
3 Permanent exemptions							A			
4 Disqualification medical board							A			
(3) Administrative procedures:										
(a) Prepare immunization records							2c			
(b) Perform mobility processing checklist/ guidelines							a			

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level Course	B 5 Skill Level CDCs	C 7 Skill Level Course	D QTP Volume Number
14.b.(3)(c) Vaccine Information Statements (VIS)							B			
(d) Vaccine Adverse Event Reporting System (VAERS)							C			
(e) Document patient visit:										
1 Medical records							3c			
2 Clinic logs							a			
3 Computer tracking							a			
(4) Administer parenteral medications and vaccines:										
(a) Subcutaneous							3c			
(b) Intramuscular							3c			
(c) Intradermal							3c			
(5) Treatment of adverse reactions:										
(a) Anaphylactic							3c			
(b) Vasovagal							3c			
(6) Post-immunization patient instructions							C			

NOTE 1: Neurology Technicians are responsible to maintain appropriate patient care skills (core tasks) listed in attachment 2 of this STS and must maintain current minimum certification as an NREMT-B.

NOTE 2: This attachment applies to all personnel who have completed formal training and are currently being utilized as a Neurology Technician.

Training references (TRs) applicable to the 4N0X1B portion of the STS (area 15) that are approved for use in course development, QTP development, and OJT are listed in attachment 9, table 3 at the end of the entire STS.

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A Neurology Course	B N/A	C N/A	D QTP Volume Number
15. NEUROLOGY SPECIALTY										
a. Patient management:										
(1) Obtain patient history							2b			
(2) Schedule patient for examination							2b			
(3) Brief patient on examination							2b			
(4) Maintain required records							2b			
b. Laboratory management:										
(1) Maintain laboratory with necessary equipment							2b			
(2) Take precautionary measures with examination room equipment:										
(a) Types of locations to be avoided							2b			
(b) Sufficient storage space							2b			
(3) Maintain filing system for records and reports							2b			
c. Introduction to the electroencephalograph (EEG):										
(1) History of EEG equipment							A			
(2) Uses of EEG equipment in diagnosing diseases of the brain							A			
(3) Basic neuroanatomy							A			
(4) Neurophysiological principles							A			
(5) Physics of EEG							A			
d. Neurodiagnostic equipment operation:										
(1) Prepare patient for examination							2b			

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level Course	B 5 Skill Level CDCs	C 7 Skill Level Course	D QTP Volume Number
15.d.(2) Place patient in appropriate position for desired examination							2b			
(3) Prepare neurodiagnostic equipment for desired examination							2b			
(4) Utilize the recording symbols of the 10-20 system							2b			
(5) Provide care for patients with specific needs:										
(a) Children							2b			
(b) Epileptic							2b			
(c) Confused							2b			
(d) Aphasic							2b			
(e) Psychotic							2b			
(f) Stuporous							2b			
(g) Comatose							2b			
e. Electrode considerations:										
(1) Infection control techniques as applied to electrodes							A			
(2) Disc electrodes							A			
(3) Additional types of electrodes							A			
f. Application of electrodes to patient:										
(1) Disc electrodes - paste							3b			
(2) Disc electrodes - collodion							3b			
(3) Additional electrodes							3b			
g. EEG recording processes:										
(1) Perform appropriate recording methods to obtain brain wave recordings:										
(a) Referential methods							2b			10
(b) Bipolar methods							2b			10
(c) Mapping montages							2b			10
(d) Sleep recordings							2b			10
(e) Hyperventilation and photic stimulation							2b			10
(f) Activation methods							2b			10
(g) Portable recordings at bedside							2b			10
(h) Electrocortical silence recordings (brain death)							2b			10
(i) Double distance montage							2b			10
(j) Neonatal methods							2b			10
(k) Intraoperative methods							2b			10

1. Tasks, Knowledge, and Technical References	2. Core (C)/Wartime (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level Course	B 5 Skill Level CDCs	C 7 Skill Level Course	D QTP Volume Number
15.g.(1)(l) Multiple sleep latency test (MSLT)							2b			10
(m) MSLT montage							2b			10
(2) Recording techniques:										
(a) Detect artifacts							2b			10
(b) Identify artifacts							2b			10
(c) Eliminate artifacts							2b			10
(d) Annotate graph form with artifact information							2b			10
(e) Assist in evaluating pathological waveforms of recording							2b			10
h. Preventive maintenance of neurodiagnostic equipment:										
(1) Perform minor maintenance on EEG equipment							2b			
(2) Maintain oscillograph pens							2b			
(3) Replace worn-out electrode leads							2b			
(4) Lubricate external mechanisms							2b			
(5) Perform routine troubleshooting to locate defects							2b			
(6) Report major breakdown of equipment							2b			
(7) Maintain required maintenance records							2b			
i. Assist medical officer in procedures:										
(1) Electromyography							1b			10
(2) Nerve conduction velocities							1b			10
j. Evoked potential recording modalities:										
(1) Perform appropriate recording methods to obtain evoked potential:										
(a) Visual evoked potential - pattern reversal	W						2b			10
(b) Visual evoked potential - light emitting diode (LED)	W						2b			10
(c) Brainstem auditory evoked potential	W						2b			10
(d) Somatosensory evoked potential - upper extremity	W						2b			10
(e) Somatosensory evoked potential - lower extremity	W						2b			10

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level Course	B 5 Skill Level CDCs	C 7 Skill Level Course	D QTP Volume Number
15.j.(2) Recording techniques:										
(a) Detect artifacts	W						2b			10
(b) Eliminate artifacts	W						2b			10
(c) Perform technical analysis of recording	W						2b			10
(d) Assist in evaluating pathological waveforms of recording	W						2b			10
k. Nerve conduction recording processes:										
(1) Perform appropriate recording methods to obtain nerve conduction velocity study:										
(a) Upper extremity stimulate	W						2b			10
(b) Lower extremity stimulate	W						2b			10
(c) Specialized studies	W						2b			10
(2) Recording techniques:										
(a) Detect artifacts	W						2b			10
(b) Identify artifacts	W						2b			10
(c) Eliminate artifacts	W						2b			10
(d) Perform technical analysis of recording	W						2b			10
(e) Assist in evaluating pathological waveforms of recording	W						2b			10

NOTE 1: Hemodialysis Technicians are responsible to maintain appropriate patient care skills (core tasks) listed in attachment 2 of this STS and must maintain current minimum certification as an NREMT-B.

NOTE 2: This attachment should be used to conduct on the job training for Hemodialysis Technicians. Items marked with a dash (-) in column 4A have been identified as items that each Hemodialysis Technician must receive on-the-job training on by qualified trainers.

Training references (TRs) applicable to the SEI 486 portion of the STS (area 16) that are approved for use in QTP development and OJT are listed in attachment 9, table 4 at the end of the entire STS.

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A OJT	B N/A	C N/A	D QTP Volume Number
16. HEMODIALYSIS SPECIALTY										
a. Hemodialysis physiology:										
(1) Purpose and evolution							-			
(2) Physiological basis and treatment for:										
(a) End stage renal disease							-			
(b) Acute renal failure							-			
(c) Drug intoxication							-			
(d) Fluid overload							-			
(e) Hyperkalemia							-			
(f) Severe acidosis/alkalosis							-			
(3) Indications for hemodialysis							-			
(4) Renal anatomy and physiology							-			
b. Universal precautions:										
(1) Personal protective equipment (PPE)							-			
(2) Hazardous communication standards							-			
(3) Occupational Safety and Health Administration (OSHA)							-			
c. Dialysis procedures:										
(1) Chronic hemodialysis treatment							-			
(2) Acute hemodialysis treatment							-			
(3) Single needle							-			
(4) Hemoperfusion							-			
(5) Ultrafiltration							-			
(6) Continuous arterial venous hemodialysis (CAVHD)							-			

1. Tasks, Knowledge, and Technical References	2. Core (C) / Wartime (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level Course	B 5 Skill Level CDCs	C 7 Skill Level Course	D QTP Volume Number
16.c.(7) Continuous veno-venous hemodialysis (CVVHD)							-			
(8) Cyclic peritoneal dialysis:										
(a) Continuous ambulatory peritoneal dialysis (CAPD)							-			
(b) Continuous cyclic peritoneal dialysis (CCPD)							-			
(9) Perform operating procedures:										
(a) Set-up hemodialysis machine:										
1 Controls							-			
2 Testing procedures							-			
3 Input data							-			
4 Blood pressure monitor							-			
5 Extracorporeal blood circuit							-			
6 Dialysate/bicarbonate							-			
(b) Set-up portable reverse osmosis (RO)							-			
(c) Water treatment system testing procedures							-			
(d) Set-up peritoneal cycler:										
1 Controls							-			
2 Testing procedures							-			
3 Input data							-			
4 Delivery system							-			
5 Dialysate							-			
(e) Set-up manual peritoneal dialysis system:							-			
1 Manifold										
2 Y-set							-			
(f) Machine maintenance:										
1 External disinfection							-			
2 Internal disinfection							-			
(g) Set-up/assist with renal biopsy							-			
(h) Set-up/assist with external catheter placement							-			
(i) Initiation/termination of dialysis:										
1 Arterial-venous (AV) graft/fistula							-			
2 External catheter							-			

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level Course	B 5 Skill Level CDCs	C 7 Skill Level Course	D QTP Volume Number
16.c.(9)(j) Troubleshooting							-			
(k) Flush external catheter							-			
(l) Increase dialysate/ electrolyte levels							-			
(m) Infusion of blood							-			
d. Perform emergency operations:										
(1) Mechanical emergencies							-			
(2) Electrical failure							-			
(3) Evacuation							-			
(4) Termination of dialysis via manual controls							-			
(5) Clotted dialyzers							-			
(6) Blood leak							-			
(7) Hemostasis of access sites							-			
(8) Troubleshooting access sites							-			
e. On-call procedures							-			
f. Patient care considerations:										
(1) Prepare/maintain dialysis treatment forms							-			
(2) Patient evaluation procedures:										
(a) Vital signs							-			
(b) Weight							-			
(c) Calculate target loss							-			
(d) Complaints							-			
(3) Patient instructions on hemodialysis/peritoneal dialysis							-			
(4) Isolation procedures							-			
g. Patient care procedures for patients with specific disorders/emergency conditions:										
(1) Cardiac arrest							-			
(2) Air embolus							-			
(3) Hypotension							-			
(4) Hypertension							-			
(5) Arrhythmias							-			
(6) Cramping							-			
(7) Syncope							-			
(8) Bleeding							-			
(9) Shock							-			
(10) Hemolysis							-			
(11) Nausea/vomiting							-			
(12) Seizures							-			
(13) Hypoxia							-			
(14) Infiltration							-			

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level Course	B 5 Skill Level CDCs	C 7 Skill Level Course	D QTP Volume Number
16.h. Dialysis medications:										
(1) Heparin							-			
(2) Mannitol							-			
(3) Albumin							-			
(4) Lidocaine							-			
(5) Normal saline flushes							-			
(6) Oxygen							-			
(7) Working knowledge of:										
(a) Urokinase							-			
(b) Erythropietin							-			
(c) 50% dextrose							-			
(d) Concentrated sodium chloride							-			
(e) Calcitriol							-			

NOTE 1: Hyperbaric Medical Technicians are responsible to maintain appropriate patient care skills (core tasks) listed in attachment 2 of this STS and must maintain current minimum certification as an NREMT-B.

NOTE 2: This attachment applies to all personnel who have completed formal training and are currently being utilized as a Hyperbaric Medical Technician.

Training references (TRs) applicable to the SEI 490 portion of the STS (area 17) that are approved for use in course development, QTP development, and OJT are listed in attachment 9, table 5 at the end of the entire STS.

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A Hyperbaric Course	B N/A	C N/A	D QTP Volume Number
17. HYPERBARIC SPECIALTY										
a. Hyperbaric medicine:										
(1) Purpose and evolution	W						A			
(2) Physiological principles of the hyperbaric environment:										
(a) Decompression physiology	W						B			
(b) Decompression tables	W						2b			
(3) Physiological basis and treatment for disorders with hyperbaric medicine:										
(a) Acute disorders	W						B			
(b) Chronic disorders	W						B			
(c) Experimental							B			
b. Hyperbaric chamber:										
(1) Principles of managing and organizing hyperbaric treatment facilities							A			
(2) Principles of hyperbaric chamber systems:										
(a) Air pressurization	W						B			
(b) Fire suppression	W						B			
(c) Communication	W						B			
(d) Mask Breathing System (MBS)	W						B			
(e) Liquid Oxygen (LOX)	W						B			
(f) Console controls							B			
(g) Suction	W						B			
(h) Gas analysis							B			

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level Course	B 5 Skill Level CDCs	C 7 Skill Level Course	D QTP Volume Number
17.b.(3) Operations:										
(a) Systems:										
1 Air pressurization							b			
2 Fire suppression	W						2b			
3 Communications	W						2b			
4 MBS	W						2b			
5 LOX							a			
6 Console controls							b			
7 Suction	W						2b			
8 Gas analysis							1a			
(b) Ancillary equipment:										
1 Self-contained breathing apparatus/ emergency escape breathing device	W						2b			
2 Gas mixer							a			
3 Hyperbaric breathing mask	W						2b			
4 Protocol box							a			
(c) Team duties and responsibilities	W						B			
(d) Perform hyperbaric chamber crew duties:										
1 Crew chief	W						a			
2 Chamber operator	W						a			
3 Medical attendant							2b			
4 Inside observer:										
a Clinical	W						2b			
b Operational							2b			
(e) Perform research chamber crew duties:										
1 Crew chief							a			
2 Chamber operator							a			
(f) Appropriate safety procedures when working in hyperbaric facilities	W						2b			
(g) Proficiency in handling chamber emergencies:										
1 Mechanical emergencies	W						b			
2 Power loss	W						b			
3 Loss of accumulator air supply	W						b			

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level Course	B 5 Skill Level CDCs	C 7 Skill Level Course	D QTP Volume Number
17.b.(3)(g)4 Interior/exterior chamber fire	W						2b			
5 Contaminated air supply	W						2b			
6 Compressor failure	W						b			
7 Loss of breathing gases	W						2b			
8 Window failure	W						2b			
(h) Apply procedures for protocol monitoring							-			
(i) Operate pass-thru lock							2b			
(4) Hyperbaric maintenance:										
(a) Perform daily inspections and maintenance on hyperbaric chamber systems and ancillary equipment							b			
(b) Perform basic troubleshooting procedures on hyperbaric systems							b			
c. Hyperbaric patient care:										
(1) Manage patient needs with specific disorders/emergency conditions:										
(a) Cardiac arrest	W						3c			
(b) Oxygen seizure	W						1b			
(c) Hypoglycemic reaction	W						1b			
(d) Anxiety	W						1b			
(e) Claustrophobia	W						1b			
(f) Decompression sickness	W						1b			
(g) Arterial gas embolism	W						1b			
(h) Barotrauma (ears, sinuses, lungs)	W						1b			
(i) Combative patient	W						1b			
(2) Ancillary medical equipment:										
(a) Cardiac monitor/ defibrillator	W						2b			
(b) BVM	W						3c			
(c) Suction device	W						3c			
(d) Infusion pump							b			
(e) Glucose monitor	W						2b			
(f) Ventilator	W						1a			
(g) Hemodynamic monitor							a			
(h) End tidal volume monitor							a			
(i) Pulse oximeter							1a			
(j) End tidal CO2 monitor							a			

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level Course	B 5 Skill Level CDCs	C 7 Skill Level Course	D QTP Volume Number
17.c.(2)(k) Oxygen hoods/nebulizer	W						2b			
(l) Tracheostomy cuffs	W						2b			
(m) Transcutaneous oxygen monitor							2b			
(3) Patient care considerations:										
(a) IV monitoring	W						2b			
(b) Surgical drains	W						2b			
(c) Indications for hyperbaric therapy							B			
(d) Schedule/assist in patient evaluation	W						1a			
(e) Patient photos							a			
(f) Assist with/perform wound care	W						2b			
d. Infection control considerations:										
(1) Maintain standards for hyperbaric treatment facilities	W						2b			
(2) Clean, store, and maintain dive clothing and linen	W						b			
(3) Clean and store medical equipment							2c			
(4) Prepare medical equipment for sterilization							-			
e. Hyperbaric administration:										
(1) Hazardous duty pay qualification procedures							A			
(2) Schedule/conduct tour and briefings							-			
(3) Schedule test of pressure dives							-			
(4) Prepare and maintain call rosters							a			
(5) Schedule daily chamber activities							a			
(6) Orient medical supplemental team members:										
(a) Administrative procedures							-			
(b) Inside observer duties							-			
(c) Principles of hyperbaric chamber safety and equipment familiarization							-			
(7) Documentation and forms:										
(a) Patient documentation:										
1 Research record	W						A			

1. Tasks, Knowledge, and Technical References	2. Core (C)/ War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level Course	B 5 Skill Level CDCs	C 7 Skill Level Course	D QTP Volume Number
17.e.(7)(a)2 Inpatient/outpatient record	W						A			
3 AF Form 1389, Clinical Hyperbaric Treatment Record	W						1b			
(b) Personnel documentation							A			
(8) Computer operations:										
(a) Patient registry database							A			
(b) Enter, modify, and retrieve data from unit computer systems							a			
f. Hyperbaric patient and lecture slide repository:										
(1) Initiate patient slide series							a			
(2) Locate and retrieve patient and lecture slides							a			
(3) Set-up and maintain slide repository:										
(a) Patient slides							-			
(b) Lecture slides							-			
(4) Use patient research microfiche library							-			

NOTE 1:   Aeromedical Evacuation (A/E) Technicians are responsible to maintain appropriate patient care skills (core tasks) listed in attachment 2 of this STS and must maintain current minimum certification as an NREMT-B.

NOTE 2:   This attachment applies to all personnel who have completed formal training and are currently being utilized as an A/E Technician.

NOTE 3:   To prevent duplication of documentation following completion of formal training, AF Form 3831, Ground Training, will be used to document all A/E Technician qualification/certification training and will be filed appropriately in Part 2, Section C of the member's Enlisted Training and Competency Folder.

NOTE 4:   Successful completion of course B3AZY4N0X1 001, Medical Survival Training, is a mandatory requirement for A/E course graduation.

Training references (TRs) applicable to the SEI 494 portion of the STS (area 18) that are approved for use in course development, QTP development, and OJT are listed in attachment 9, table 6 at the end of the entire STS.

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A A/E Course	B N/A	C N/A	D QTP Volume Number
18. AEROMEDICAL EVACUATION										
a. Development of aeromedical airlift:										
(1) History							A			
(2) Process							B			
b. Aeromedical evacuation team:										
(1) Aeromedical crew responsibilities	W						B			
(2) Support organization's responsibilities	W						B			
c. Aeromedical evacuation system:										
(1) Terms	W						B			
(2) Elements	W						B			
(3) Worldwide systems	W						B			
d. Aeromedical evacuation aircraft:										
(1) Identify primary characteristics	W						a			
(2) Operate oxygen systems as applicable	W						a			
(3) Operate suction system as applicable	W						a			
(4) Operate electrical systems for medical use as applicable	W						a			
(5) Operate lighting system as applicable	W						a			
(6) Operate doors/litter door ramp/ hatches as applicable	W						a			

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level Course	B 5 Skill Level CDCs	C 7 Skill Level Course	D QTP Volume Number
18.d.(7) Operate public address system as applicable	W						a			
(8) Use litter support systems as applicable	W						2c			
(9) A/E aircraft configurations as applicable	W						A			
(10) Aircraft emergency equipment	W						b			
(11) Galley operations/comfort pallet as applicable							A			
e. Patient aeromedical evacuation process:										
(1) Selection of patients							B			
(2) Classification codes	W						B			
(3) Movement precedence							B			
(4) Patient reporting procedures	W						B			
(5) Responsibilities of originating medical facilities	W						B			
(6) Responsibilities of the Aeromedical Evacuation Coordination Center (AECC)							B			
(7) Remain overnight (RON) responsibilities	W						B			
(8) Responsibilities of destination medical facilities	W						B			
f. Supplies and equipment:										
(1) Structure of the medical material section	W						A			
(2) Use of specific equipment:										
(a) NATO litter	W						2b			
(b) Litter backrest							1b			
(c) Child restraint seat							b			
(d) Bassinet							b			
(e) Transport incubator							2b			
(f) Turning frame	W						2b			
(g) Traction device	W						2b			
(h) Portable Therapeutic LOX system (PTLOX)	W						2b			
(i) Chest drainage system	W						b			
(j) Heimlich valve	W						b			
(k) Oxygen analyzer	W						2b			
(l) Adult ventilator	W						2b			
(m) Neonatal/pediatric ventilator							-			
(n) Air compressor							b			
(o) In-flight kits							b			
(p) Cardiac monitor/ defibrillator	W						2b			

1. Tasks, Knowledge, and Technical References	2. Core (C)/War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level Course	B 5 Skill Level CDCs	C 7 Skill Level Course	D QTP Volume Number
18.f.(2)(q) Pulse oximeter	W						b			
(r) Suction devices	W						b			
(s) Volumetric infusion pumps	W						a			
(t) Electrical frequency converter/inverter	W						b			
(u) Therapeutic Oxygen Manifold Systems (TOMS)	W						b			
(v) Electrical Cable Assembly Set (ECAS)	W						b			
g. General mission management:										
(1) Evaluate pre-flight patient preparation	W						a			
(2) Patient positioning considerations	W						2b			
(3) Use abbreviated checklist	W						c			
(4) Maintain crew communications	W						1c			
(5) Perform enplaning/deplaning	W						2b			
(6) Ground and in-flight safety	W						B			
(7) Identify stresses of flight	W						B			
(8) Flightline/aircraft security measures	W						B			
(9) Direct ground traffic	W						a			
(10) Perform baggage procedures							-			
(11) Coordinate ground support							-			
(12) Effects of operational noise							B			
(13) Infection control measures	W						B			
(14) Aeromedical evacuation crew member (AECM) action in event of medical and aircraft emergencies	W						B			
(15) Mission forms/publications organization	W						B			
h. General nursing considerations:										
(1) Reduce patient fatigue	W						b			
(2) Assist with patient position changes	W						b			
(3) Obtain in-flight vital signs	W						2b			
(4) Identify and treat hypoxia	W						2b			
(5) Hyperventilation identification/management	W						B			
(6) Prevent and treat motion sickness	W						b			
(7) Effects of altitude on oxygen flow rates	W						B			
(8) Assist patient to clear middle ear and sinus passages	W						2b			

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level Course	B 5 Skill Level CDCs	C 7 Skill Level Course	D QTP Volume Number
18.i. Patient needs with specific disorders/conditions:										
(1) Orthopedics	W						B			
(2) Obstetrics							B			
(3) Pediatrics/neonates							B			
(4) Respiratory	W						B			
(5) EENT	W						B			
(6) Dental	W						B			
(7) Burns	W						B			
(8) Psychiatric	W						B			
(9) Substance abuse	W						B			
(10) Cardiovascular	W						B			
(11) Neurological	W						B			
(12) Gastrointestinal	W						B			
(13) Genitourinary	W						B			
(14) Hematological	W						B			
(15) Decompression sickness	W						B			
(16) Triage	W						B			
(17) Wound management	W						B			
(18) Shock	W						B			
(19) Birth in-flight							B			
(20) Death in-flight	W						B			
j. Aerospace physiology:										
(1) Atmosphere	W						A			
(2) Respiration and circulation	W						A			
(3) Hypoxia	W						C			
(4) Hyperventilation and positive pressure breathing	W						B			
(5) Medical effects of pressure change	W						B			
(6) Decompression sickness	W						B			
(7) Cabin pressurization	W						B			
(8) Sensory training	W						A			
(9) Factors affecting tolerance to flight	W						B			
(10) Use aircrew emergency oxygen	W						3c			
(11) Perform altitude chamber flights							3c			

NOTE 1: IDMTs are responsible to maintain appropriate patient care skills as specified in attachment 2 of this STS and must maintain current minimum certification as an NREMT-B.

Training references (TRs) applicable to the SEI 496 portion of the STS (area 19) that are approved for use in course development, QTP development, and OJT are listed in attachment 9, table 7 at the end of the entire STS.

1. Tasks, Knowledge, and Technical References	2. Core (C) / Wartime (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A IDMT Course	B N/A	C N/A	D QTP Volume Number
19. INDEPENDENT DUTY MEDICAL TECHNICIAN										
a. Administration of medical activities:										
(1) Health Benefits Advisor (HBA)							B			
(2) Line of duty (LOD) determination							C			
(3) Quality Improvement (QI)/Risk Management (RM)							B			
(4) Medical logistics procedures	W						B			
(5) Third party liability							B			
(6) Certification of the IDMT							B			
(7) Postmortem procedures							B			
(8) Resource management							B			
(9) Management of personnel on flying/special operational duty							B			
(10) SITREP/After actions reports							B			
(11) Communicable disease reporting							B			
b. Administrative procedures:										
(1) Maintain military health records							3c			
(2) Worldwide report/AF Form 235	W						c			
(3) Administer Personnel Reliability Program (PRP)	W						3c			5
(4) Files maintenance							c			
(5) Physical profiles							2b			
(6) Drug testing program							c			
(7) Medical evidence protection/ chain of custody							c			
c. History and physical:										
(1) Obtain and record medical histories	W						3c			6
(2) Perform physical examinations	W						3c			6
(3) Perform emergency gynecological examination	W						1c			6

1. Tasks, Knowledge, and Technical References	2. Core (C)/ War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level Course	B 5 Skill Level CDCs	C 7 Skill Level Course	D QTP Volume Number
19.d. Pharmacy and therapeutics:										
(1) Identification of commonly controlled drugs	W						B			
(2) Uses, routes of administration, complications, drug interactions, and contraindications of drugs approved in IDMT formulary	W						C			
e. Pharmacy procedures:										
(1) Maintain AF Form 579	W						3c			
(2) Perform drug inventories	W						3c			
(3) Calculate drug dosages	W						4c			1
f. Medical laboratory procedures:										
(1) Perform macro urinalysis	W						3c			7
(2) Perform hematocrit	W						3c			7
(3) Perform rapid reagent tests	W						c			
g. Parenteral therapy:										
(1) Signs and symptoms of fluid deficiencies	W						B			
(2) Types of fluids utilized to correct fluid deficiencies	W						B			
(3) Intravenous infusion	W						C			
h. Patient disorders:										
(1) Medical terminology	W						C			
(2) Identification and management of:										
(a) Integumentary disorders	W						C			
(b) Eye disorders	W						C			
(c) Ear, nose, and throat disorders	W						C			
(d) Respiratory disorders	W						C			
(e) Cardiovascular disorders	W						C			
(f) Gastrointestinal disorders	W						C			
(g) Genitourinary disorders	W						C			
(h) Gynecological disorders	W						C			
(i) Neurological disorders	W						C			
(j) Behavioral disorders	W						C			
(k) Substance abuse	W						B			
(l) Orthopedic disorders	W						C			
(m) Endocrine disorders	W						C			
(n) Dental disorders	W						C			
i. Minor surgical procedures:										
(1) Use of local anesthesia	W						c			2

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level Course	B 5 Skill Level CDCs	C 7 Skill Level Course	D QTP Volume Number
19.i.(2) Wound closure	W						c			2
j. Building healthy communities:										
(1) Provider-based Putting Prevention Into Practice (PPIP) concepts							A			
(2) Health Enrollment Assessment Review (HEAR)							A			
(3) Health promotion educational resources							B			
(4) Smoking cessation program							B			
(5) Self care program							B			
(6) Suicide awareness/prevention							B			
k. Bioenvironmental Services (BES):										
(1) Occupational health:										
(a) Reproductive health program							B			
(b) Medical investigation of occupational accidents/ injuries							B			
(c) Shop surveys:										
1 HAZCOM considerations	W						B			
2 Physical stresses	W						B			
3 Case file management							B			
(2) Waste water collection, treatment, and disposal	W						B			
(3) Waste collection and disposal	W						B			
(4) Monitor water:										
(a) Potable sources:										
1 Perform chlorine residual/pH test	W						3c			8
2 Perform bacteriological water testing	W						3c			8
(b) Responsibilities for monitoring swimming pools, hot tubs, and natural bathing areas							B			
l. Public health:										
(1) Principles of epidemiology							B			
(2) Medical entomology	W						B			
(3) Administer Food Safety Program	W						3c			8
(4) Rabies control program							B			

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level Course	B 5 Skill Level CDCs	C 7 Skill Level Course	D QTP Volume Number
19.l.(5) Inspection of public gathering places:										
(a) Barber/beauty shops	W						b			
(b) Dormitories	W						2b			
(c) Other facilities							A			
(6) Communicable disease prevention and monitoring							B			
m. Emergency medicine:										
(1) Emergency medicine considerations:										
(a) Management of environmental injuries	W						B			
(b) Identification and management of poisonous stings/bites and contact with poisonous plants	W						B			
(c) Management of victims of violent crimes	W						B			
n. Emergency medicine procedures:										
(1) Airway management:										
(a) Perform endotracheal intubation	W						3c			9
(b) Perform needle thoracentesis for tension pneumothorax	W						3c			9
(c) Perform cricothyroidotomy	W						3c			9
(d) Remove foreign bodies from airway	W						3c			
(2) Management of maternal/child emergencies	W						b			
(3) Management of the multiple system trauma patient	W						3c			9
(4) Perform Advanced Cardiac Life Support (ACLS)	W						2b			9*
o. Field medicine:										
(1) War psychology	W						B			
(2) Patient evacuation	W						B			
(3) NBC considerations	W						B			
(4) Field triage procedures	W						3c			

* Note: This QTP pertains to administration of intravenous medications.

NOTE 1: Formal courses and field supervisors may use any of the training references (TRs) identified for each area of the STS as needed for the purpose of developing training curriculum.

NOTE 2: The listing of any TR in this attachment does not imply copyright approval from the various publishers. Use of these reference sources is subject to all copyright laws.

NOTE 3: Field supervisors and training personnel are encouraged to contact the formal courses as necessary to confirm training references currently being used in formal course curriculum.

LIST OF ATTACHED TRAINING REFERENCE TABLES

TABLE	APPLICABLE SPECIALTY	APPLICABLE STS AREA(s)
1	4N0X1 (Medical Service Apprentice/ Journeyman/Craftsman)	1 through 13
2	4N0X1A (Allergy/Immunization)	14
3	4N0X1B (Neurology)	15
4	SEI 486 (Hemodialysis)	16
5	SEI 490 (Hyperbaric)	17
6	SEI 494 (Aeromedical Evacuation)	18
7	SEI 496 (Independent Duty Medical Technician)	19

TABLE 1

4N0X1 Training References
(STS areas 1 through 13)

Note: All references listed imply the current edition of the publication.

- All official DoD, Air Force, and MAJCOM publications, to include this CFETP.

- Manufacturer's operating instructions for equipment as applicable.

- Accreditation Manual for Ambulatory Care (Joint Commission on Accreditation of Healthcare Organizations).

- Brady Dosages and Calculations (Wiederhold).

- Brady Emergency Care (Grant, Murray Jr., and Bergeron).

- CDC Guidelines for Isolation Precautions in Hospitals and Infection Control in Hospital Personnel (Centers for Disease Control).

- Comprehensive Accreditation Manual for Hospitals (Joint Commission on Accreditation of Healthcare Organizations).

- Current Medical Diagnosis and Treatment (Appleton and Lange Co.).

- Dorland's Illustrated Medical Dictionary (W.B. Saunders Co.).

- Drugs and Nursing Implications (Govani and Hayes).

- Effective Management in Nursing (Sullivan and Decker).

- Emergency Care and Transportation of the Sick and Injured (American Academy of Orthopaedic Surgeons).

- Emergency War Surgery (U.S. Department of Defense).

- Fundamental Skill and Concepts in Patient Care (Timby and Lewis).

- Fundamentals of EEG Technology: Basic Concepts and Methods (Tyner).

- Fundamentals of Nursing (Wolff, Weitzel, Zornow, and Zsohar).

TABLE 1 (cont)

- Fundamentals of Nursing: Concepts, Process, and Practice (Kozier, Erb, and Olivieri).

- Handbook of Surgery (Schrock).

- Human Anatomy and Physiology (Hole, Jr.).

- Introductory Medical-Surgical Nursing (Sherer).

- Medical-Surgical Nursing: A Psychophysiologic Approach (Luckman and Sorensen).

- Melloni's Illustrated Medical Dictionary (Dox, Melloni, and Eisner).

- Microsoft (Microsoft Corp).

- Modules for Basic Nursing Skills, Volume I (Ellis, Nowlis, and Bentz).

- Modules for Basic Nursing Skills, Volume II (Ellis, Nowlis, and Bentz).

- Mosby's EMT-Basic Textbook (Stoy).

- Mosby's Pharmacology in Nursing (McKenry and Salerno).

- Mosby's Textbook for Nursing Assistants (Sorrentino).

- Nurse's Drug Reference (Albanese).

- Nursing Administration Handbook (Rowland, H. and Rowland, B.).

- Nursing Care of Infants and Children (Whaley and Wong).

- Physical Fitness (Hockney).

- Physicians' Desk Reference (Medical Economics Co.).

- Respiratory Intensive Care Nursing (Morrison).

- Shafer's Medical-Surgical Nursing (Phipps, Long, and Woods).

- Standards and Format (Texas A&M University).

- Surgical Technology Principles and Practices (Fuller).

TABLE 1 (cont)

- The Law of Hospital and Health Care Administration (Southwick).

- <u>The Lippincott Manual of Nursing Practice</u> (Suddarth).

- <u>The Merck Manual</u> (Merck and Co.).

- <u>The Spirit of Excellence</u> (Tschohl).

- <u>Understanding Electrocardiography, Arrhythmias, and the 12-Lead EKG</u> (Conover).

- <u>Williams Obstetrics</u> (Cunningham, MacDonald, Gant, Leveno, and Gilstrap).

TABLE 2

4N0X1A Training References
(STS area 14)

Note: All references listed imply the current edition of the publication.

- All official DoD, Air Force, and MAJCOM publications, to include this CFETP.

- Manufacturer's operating instructions for equipment as applicable.

- Allergic Diseases Diagnosis and Management (Patterson).

- Allergy Principles and Practice, Volumes I and II (Middleton).

- Allergy/Clinical Immunology Technician Course Manual (Walter Reed Army Medical Center).

- General Recommendations on Immunization, Recommendations of the Advisory Committee on Immunization Practices (ACIP).

- Health Information for International Travel (U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Infectious Diseases).

- Morbidity and Mortality Weekly Report (Centers for Disease Control).

TABLE 3

4N0X1B Training References
(STS area 15)

Note: All references listed imply the current edition of the publication.

- All official DoD, Air Force, and MAJCOM publications, to include this CFETP.

- Manufacturer's operating instructions for equipment as applicable.

- A Drug Reference for EEG Technologists (Miller).

- A Primer of Brain Tumors (Association for Brain Tumor Research).

- A Review of the International Ten-Twenty System of Electrode Placement (Grass Instrument Co.).

- An Introduction to EEG Safety (Grass Instrument Co.).

- Atlas of Adult Electroencephalography (Blume and Kaibara).

- Atlas of Neonatal Electroencephalography (Stockard-Pope, Werner, and Bickford).

- Back to Basics: A Handbook of EEG Technology (Clenney and Johnson).

- Brain Facts (Society for Neurosciences).

- Chart 1: International (10-20) Electrode Placement (Grass Instrument Co.).

- Chart 3A: Control of Low Frequency Response (Grass Instrument Co.).

- Chart 3B: Control of High Frequency Response (Grass Instrument Co.).

- Chart 4A: Resistance: Ohm's Law, Use of Ohmmeter for EEG Electrode Testing (Grass Instrument Co.).

- Chart 4B: Resistance and Impedance as Applied to EEG Electrode Testing (Grass Instrument Co.).

- Chart 5: Far-Field Recording of Auditory Brain Stem Responses Latencies Measured in Human Subjects
  (Grass Instrument Co.).

- Chart 6A: Far-Field Recording of Brain Stem Auditory Evoked Responses (Grass Instrument Co.).

- Current Practices of Clinical Electroencephalography (Daly and Pedley).

TABLE 3 (cont)

- <u>EEG Changes in Metabolic Disorders</u> (Saunders).

- <u>Evoked Potential Primer</u> (Misulis).

- <u>Fundamentals of EEG Technology, Volume 1: Basic Concepts and Methods</u> (Tyner, Knott, and Mayer).

- <u>Fundamentals of EEG Technology, Volume 2: Clinical Correlates</u> (Tyner, Knott, and Mayer).

- <u>Glossary of Terms used in Electroencephalography</u> (Grass Instrument Co.).

- <u>Journal of Clinical Neurophysiology</u> (Raven Press).

- <u>Manual of Nerve Conduction Velocity and Clinical Neurophysiology</u> (DeLisa).

- <u>Physiological Basis of Electrical Activity of Cerebral Origin</u> (Gabor).

- <u>Principles of Anatomy and Physiology</u> (Tortora and Anagnostakos).

- <u>Seizure Disorders: Clinical Management</u> (Health Learning Systems, Inc.).

- <u>Spehlmann's EEG Primer</u> (Fisch).

- <u>Standard EEG Montages</u> (Grass Instrument Co.).

- <u>The EEG Handbook</u> (Dyro).

- <u>The Heart and Electrical Hazards</u> (Beckman Instrument, Inc.).

TABLE 4

SEI 486 Training References
(STS area 16)

Note: All references listed imply the current edition of the publication.

- All official DoD, Air Force, and MAJCOM publications, to include this CFETP.

- Manufacturer's operating instructions for equipment as applicable.

- Core Curriculum for Nephrology Nursing (Lancaster).

- Core Curriculum for the Dialysis Technician (Amgen, Inc.).

TABLE 5

SEI 490 Training References
(STS area 17)

Note: All references listed imply the current edition of the publication.

- All official DoD, Air Force, and MAJCOM publications, to include this CFETP.

- Manufacturer's operating instructions for equipment as applicable.

- CDC Guidelines for Isolation Precautions in Hospitals and Infection Control in Hospital Personnel (Centers for Disease Control).

- Hyperbaric Medicine Practice (Kindwall).

- NFPA Standards for Healthcare Facilities (National Fire Protection Association).

- Safety Standards for Pressure Vessels for Human Occupancy (American Society of Mechanical Engineers).

- The Lippincott Manual of Nursing Practice (Suddarth).

TABLE 6

SEI 494 Training References
(STS area 18)

Note: All references listed imply the current edition of the publication.

- All official DoD, Air Force, and MAJCOM publications, to include this CFETP.

- Manufacturer's operating instructions for equipment as applicable.

TABLE 7

SEI 496 Training References
(STS area 19)

Note: All references listed imply the current edition of the publication.

- All official DoD, Air Force, and MAJCOM publications, to include this CFETP.

- Manufacturer's operating instructions for equipment as applicable.

- Basic and Clinical Pharmacology (Katzung).

- Biological and Clinical Basis of Infectious Diseases (Youmans, Patterson, and Sommers).

- Brady Emergency Care

- Brady Intermediate Emergency Care

- Brady Paramedic Emergency Care

- Control of Communicable Diseases Manual (Benenson).

- Current Emergency Diagnosis and Treatment (Appleton and Lange).

- Current Medical Diagnosis and Treatment (Appleton and Lange).

- Emergency War Surgery (U.S. Government Printing Office, Washington, DC).

- Food and Drug Administration (FDA) Food Code

- Fundamentals of Nursing: Concepts, Process, and Practice (Kozier, Erb, and Olivieri).

- Guide to Physical Examination and History Taking (Bates).

- Handbook of Poisoning (Dreisbach Lange Medical Publications).

- Handbook of Psychiatric Emergencies (Dubin and Weiss).

- Hazardous Chemicals Desk Reference

- Human Anatomy and Physiology (Hole, Jr.).

TABLE 7 (cont)

- Management of Wilderness & Environmental Emergencies (Auerbach and Geehr).

- Mosby's Guide to Physical Examination (Seidel, Ball, Dains, and Benedict).

- PHTLS, Basic and Advanced (Mosby Lifeline).

- Physicians' Drug Handbook (Springhouse Corporation).

- Physicians' Desk Reference (Medical Economics Company).

- Poisonous Snakes of the World, A Handbook for Use by U.S. Amphibious Forces (U.S. Navy).

- Rape; Helping the Victim (Medical Economics Company, Oradell New Jersey).

- Safe Drinking Water Act (Environmental Protection Agency).

- Safe Water Act (Environmental Protection Agency).

- Textbook of Advanced Cardiac Life Support (American Heart Association).

- The Merck Manual of Diagnosis and Therapy   (Merck, Sharp, and Dohme Research Laboratories).

- The Rape Crisis Intervention Handbook (Plenum Press, New York).

- Wife Abuse in the Armed Forces (Center for Women Policy Studies, Washington DC).

PART II, SECTION B - COURSE OBJECTIVE LIST

1. Resident Courses.

1.1. To obtain a copy of a Course Objective List for any of the resident training courses referred to in this CFETP, contact the appropriate office for the course as listed in AFCAT 36-2223, USAF Formal Schools.

2. Career Development Courses.

2.1. Information pertaining to CDCs can be obtained from the Extension Course Institute at Maxwell AFB, Gunter Annex, AL.

PART II, SECTION C - SUPPORT MATERIALS

1. Qualification Training Packages (QTPs).

1.1. QTPs must be used for training on all items identified in an individual's STS as a duty position task that have a designated QTP identified in column 4.D.

1.2. QTPs listed in this section have been developed and are official Air Force publications. All QTPs listed can be obtained by ordering through proper channels.

1.3. To assist in the standardization of training, and to eliminate duplication, the QTPs listed in this section must be used when applicable to an individual's duty position. Information pertaining to requesting QTP development can be found in Part I, Section C of this CFETP.

1.4. When identified as applicable to an individual's duty position, the frequency that training must be accomplished by using each of the QTPs listed in this section is specified next to each QTP module.

1.5. QTPs have been developed and are listed on the following pages for the following specialties:

1.5.1. 4N0X1 (Medical Service Specialty).

1.5.2. SEI 496 (IDMT).

1.5.3. 4N0X1B (Neurology Technician).

2. Available Medical Service Specialty (4N0X1) QTPs (Developer: 882 TRG, Sheppard AFB, TX):

Number	Frequency	Title
QTP 4N0X1-Vol 1		**Fundamentals of Nursing Care**
Module 1	Annual	Sterilization procedures for supplies and equipment
Module 2	Annual	Orthostatic vital signs
Module 3	Annual	Set-up cardiac monitor/defibrillator
Module 4	Annual	Perform 12-lead EKG
Module 5	Annual	Identify life-threatening arrhythmias
Module 6	Annual	Perform/monitor pulse oximetry oxygen saturation
Module 7	Annual	Collect and label blood from venipuncture
Module 8	Annual	Test urine for sugar, acetone, specific gravity, and perform hematest
Module 9	Annual	Perform finger/heel sticks for blood sampling
Module 10	Annual	Use blood glucose meter
Module 11	Annual	Medication administration
Module 12	Annual	Intravenous infusion
Module 13	Annual	Blood administration
Module 14	Annual	Tympanometry
QTP 4N0X1-Vol 2		**Nursing Care of Patients with Special Needs**
Module 1	Annual	Assist with central venous line insertion and monitoring
Module 2	Annual	Assist with chest tube insertion/monitor water seal drainage
Module 3	Annual	Assist with arterial line insertion
Module 4	Annual	Assist with pulmonary artery catheter insertion and measurements/ cardiac output measurements
Module 5	Annual	Drawing radial arterial blood gas sample percutaneously/via manifold
Module 6	Annual	Administer local anesthetic agents
Module 7	Annual	Wound closure
Module 8	Annual	Insert/irrigate/remove nasogastric tube
Module 9	Annual	Establish/maintain/remove closed urinary drainage system
Module 10	Annual	Set-up and rotate patient on a turning frame
QTP 4N0X1-Vol 3		**Nursing Care of Patients in Emergency Situations**
Module 1	Annual	Hazardous Materials (HAZMAT)
Module 2	Annual	Field triage
Module 3	Annual	Set-up equipment for cardioversion/defibrillation/pacemaker
Module 4	see Sect.F Part 2	Operate Auto/Semiautomated External Defibrillator (A/SAED)
Module 5	Annual	Irrigate eyes
Module 6	Annual	Apply simple cast/splint, trim/petal, bivalve, and remove cast
Module 7	Annual	Emergency medication administration
QTP 4N0X1-Vol 4		**Nursing Care in the Outpatient Clinic**
Module 1	Annual	Perform Pseudofolliculitis barbae (PFB) treatments
Module 2	Annual	Perform wart clinic procedures

3. Available Independent Duty Medical Technician (SEI 496) QTPs (Developer: 882 TRG, Sheppard AFB, TX):

Number	Title
QTP 4N0X1 Vol 5	**Site Administration**
Module 1	Personnel Reliability Program
QTP 4N0X1 Vol 6	**History and Physical**
Module 1	Obtain and record medical history
Module 2	Perform physical examinations
Module 3	Perform emergency gynecological examinations
QTP 4N0X1 Vol 7	**Medical Laboratory Procedures**
Module 1	Perform macroscopic urinalysis
Module 2	Perform hematocrit
QTP 4N0X1 Vol 8	**Bioenvironmental and Public Health Procedures**
Module 1	Perform chlorine residual/pH test
Module 2	Perform bacteriological water testing
Module 3	Conduct food safety inspections
QTP 4N0X1 Vol 9	**Emergency Medicine Procedures**
Module 1	Airway management
Module 2	Management of the multiple system trauma patient
Module 3	Administer intravenous medications

4. Available Neurology Technician (4N0X1B) QTPs (Developer: Neurology Technician Course, Naval School of Health Sciences, Bethesda, MD):

Number	Frequency	Title
QTP 4N0X1 Vol 10		**Neurology Specialty**
Module 1	Annual	EEG recording processes; Perform appropriate recording methods to obtain brain wave recordings
Module 2	Annual	Evoked potential recording modalities; Perform appropriate recording methods to obtain evoked potential
Module 3	Annual	Nerve conduction recording processes
Module 4	Annual	Assist medical officer with special procedures

PART II, SECTION D - TRAINING COURSE INDEX

1. Resident Courses.

1.1. Refer to AFCAT 36-2223, USAF Formal Schools, for complete information on the courses listed in this section.

1.2. Resident courses applicable to AFSC 4N0XX:

Course Number	Course Title
J3AQR4N031 003	Medical Service Apprentice
J5ABO4N031 000	Medical Service Apprentice - Phase II
J5ALA4N0X1A 001	Allergy/Immunization Technician
J5ALN4N0X1B 000	Neurology Technician
B3AZY4X0X1 004	Advanced Clinical Hyperbaric Medicine Training
B3AZY4N0X1 000	Aeromedical Evacuation Technician
J3AZR4X0X1 004	Independent Duty Medical Technician
J3ACR4N071 003	Medical Service Craftsman - Resident

2. Career Development Courses (CDCs).

2.1. Refer to the Extension Course Institute (ECI) catalog for complete information on the courses listed in this section.

2.2. Career Development Courses applicable to AFSC 4N0XX:

Course Number	Course Title
CDC 4N051A	Medical Service Journeyman
CDC 4N051B	Medical Service Journeyman

2.2.1. Successful completion of CDC 4N051A is mandatory before enrolling in CDC 4N051B.

PART II, SECTION E - MAJCOM UNIQUE REQUIREMENTS

1. Air Force Reserve.

1.1. Purpose: This section applies to all medical service specialty personnel assigned to all Air Force Reserve medical units.

1.2. Additional Apprentice (3 skill level) training requirements:

1.2.1. Upon completion of the Medical Service Apprentice Course (resident and Phase II), all Medical Service Apprentices (non-prior service and cross-trainees) will be assigned to an active duty hospital for up to 180 days (minimum 60 days) to acquire proficiency in performing tasks for the 3 skill level. The length of training should be dependent upon the apprentice's civilian experience, if any. The apprentice should be assigned to medical-surgical inpatient clinical settings. Active duty personnel should ensure that appropriate experiences and supervision are provided to assist the apprentice in gaining the desired confidence and proficiency.

1.2.2. To ensure continuity between resident and clinical training, the apprentice will forward a copy of their technical school certificate (AF Form 1256) to their Reserve unit of assignment. The Reserve unit of assignment will then initiate upgrade action using AF Form 2096 to award the 3 skill level and enter the apprentice in the appropriate training status code (TSC) "B" or "F". This action will begin the three month apprenticeship phase while accomplishing hospital inpatient care training.

1.3. NREMT-B certification.

1.3.1. All Air Force Reserve medical service personnel in the 3, 5, and 7 skill levels must attain and maintain current minimum certification as an NREMT-B no later than 1 October 2002.

1.3.2. All Air Force Reserve 4N091 medical service personnel must attain and maintain current minimum certification as an NREMT-B no later than 1 October 2002 when required by the current duty position.

2. Air National Guard.

2.1. Purpose: This section applies to all medical service specialty personnel assigned to all Air National Guard units.

2.2. Additional Apprentice (3 skill level) training requirements:

2.2.1. Upon completion of the Medical Service Apprentice Course (resident and Phase II), all Medical Service Apprentices will be assigned to an active duty hospital for up to 180 days (minimum 60 days) to acquire proficiency in performing tasks for the 3 skill level.

2.2.2. To ensure continuity between resident and clinical training, the apprentice will forward a copy of their technical school certificate (AF Form 1256) to their unit of assignment. The ANG unit will then initiate upgrade action using AF Form 2096 to award the 3 skill level and enter the apprentice in the appropriate

training status code (TSC) "B" or "F". This action will begin the three month apprenticeship phase while accomplishing hospital inpatient care training.

2.3. NREMT-B certification.

2.3.1. All ANG medical service personnel in the 3, 5, and 7 skill levels must attain and maintain current minimum certification as an NREMT-B no later than 1 October 2002.

2.3.2. All ANG 4N091 medical service personnel must attain and maintain current minimum certification as an NREMT-B no later than 1 October 2002 when required by the current duty position.

2.4. OPR: ANGRC/SGN, 3500 Fetchet AVE., Andrews AFB, MD 20331-5157, DSN: 278-8559.

Purpose
This is section is divided into three parts. Part 1 outlines the procedures and requirements used to document enlisted training and competency.   Part 2 describes the USAF Emergency Medical Technician (EMT) registration program as established by the USAF EMT Program Manager. Part 3 contains a monthly training checklist for supervisors to use when managing training.

Part 1: Enlisted Medical Service Training and Competency

1. Development of a Work Center Training Plan. The focus of this training guidance is to bring all training documentation back into one "OJT" record. Over the years, training documentation has taken on many forms. Previous restrictions imposed by AFR 50-23, On-The-Job Training, allowed only certain documents to be maintained in the OJT record. Changing medical training requirements created a need for additional ways to document training outside the OJT record. The end result was that each training location created different means to document training. Often, a section might have training documented in three or more locations which made the training documentation and review process difficult to manage. Individuals involved in the training process, not to mention inspection teams, were finding it difficult to get a good overview of the training process, as they had to search through several different tracking folders to find the information they were looking for. Training documentation became very cumbersome to say the least. Air Force Instruction 36-2201, Developing, Managing, and Conducting Training, para. 3.4.3 authorizes Career Field Managers to bring training documentation back into one "OJT" record, thus the creation of the Enlisted Training and Competency Folder. The following information provides specific guidance, along with recommended documentation, consistent with current Air Force instructions/directives.   This training guidance has focused on two main areas: (1) Developing a Master Training Plan, and, (2) Documentation of Training in the Enlisted Training and Competency Folder.

2. Developing a Master Training Plan (MTP).

2.1. <u>What Is It</u>?

2.1.1. A Master Training Plan is a reference guide developed for each section that includes all facets of training for individuals assigned.   It is to be used as a reference source for the type of training and training documentation that occurs with each assigned member. The MTP is used to standardize training and to give trainers, trainees, supervisors, NCOICs, and OICs an overview of the training process for the duty section. The MTP is also used as a means to reduce the amount of paperwork previously required during the training process.

2.2. <u>What's In It</u>?

2.2.1. Keep in mind that the Master Training Plan is an overview of training for the duty section; it should include all documents involved in the training process for the duty section. Training will vary from section to section and person to person, but there are certain documents that will be a standard requirement for all MTPs. The documents are as follows:
2.2.1.1 Unit-specific orientation checklist.

2.2.1.2. Job description for each duty position within the duty section (see AFMAN 36-2108, Airman Classification).

2.2.1.3. Dual channel OJT concept.

2.2.1.3.1. Career knowledge requirements.

2.2.1.3.2. Job qualification requirements.

2.2.1.4. Testing procedures for CDCs.

2.2.1.5. Uses of AF Form 623 and Job Qualification Standards (JQSs).

2.2.1.6. Performance standards/position qualification training for each duty position.

2.2.1.7. Master Career Field Education and Training Plan (CFETP).

2.2.1.7.1. Identifies all tasks required for the duty section.

2.2.1.7.2. Standardized reference source for initiating individual training.

2.2.1.7.3. Impact of training on career progression.

2.2.1.8. Qualification Training Packages (QTPs) required to perform peacetime/wartime duties.

2.2.1.8.1. Required for all tasks identified in the CFETP that require completion of a QTP before certification.

2.2.1.8.2. Required for all tasks not listed in the CFETP and/or identified by the duty section or facility as a high risk procedure or task. NOTE: Tasks included in the CFETP have already been reviewed. Those identified as high risk usually have a QTP. Other tasks in the CFETP **do not** require QTPs.

NOTE: MAJCOM coordination is required when requesting development of new QTPs. POC for QTP development is the 4N051 CDC Writer/Manager, 882d Training Group, Sheppard AFB, Texas. CFM approval is required for all QTPs.

2.2.2. Rescinding items in the MTP.

2.2.2.1 The MTP must contain documents that relate to the training process for all enlisted and civilian equivalent duty section personnel and may contain both updated and rescinded versions of some documents.

3. Documentation of Training: The Enlisted Training and Competency Folder.

3.1. The purpose of this section is to provide guidelines and examples of proper documentation for the many forms used in training all 4NOXX personnel. Training documentation helps us to assess readiness capability, individual strengths and weaknesses, and resources needed to support quality patient care. It also helps us meet all JCAHO and regulatory requirements. The Enlisted Training and Competency Folder is limited to the forms presented here and those prescribed in AFI 36-2201. Your unit training manager can also assist you with specific questions on training documentation.

3.2. Documents included in the 4NOXX Enlisted Training and Competency Folder.

3.2.1. To assemble a 4NOXX training record, utilize a standard six-part folder (NSN 7530-00-990-8884, Folder, 6 Section).

3.2.2. Attach (glue/tape/staple) a computer generated or typewritten label titled "Enlisted Training and Competency Folder." This label must be centered on the top half of the front cover, as viewed in portrait orientation. In addition, include the member's full name (last, first, MI), rank, and SSAN on this label. An AFVA 205-15, Privacy Act Statement, must also be attached to the front cover. This label should be centered on the bottom half of the front cover, as viewed in portrait orientation (see attachment 1). To facilitate filing of folders, an additional label containing the member's full name (last, first, MI), should be placed inside the back cover of the folder in the upper right corner, as viewed in landscape orientation.

3.2.3. The six parts of the folder are discussed in detail in the following paragraphs. Each part will contain specific documents that should be filed in descending order (see attachment 1). Index tabs/tabbed dividers may be used in parts that contain multiple documents. Parts 2 through 5 are intended to replace the existing AF Form 623 and the documents contained therein. Training documents normally filed in the AF Form 623 will be filed in the 6-part folder in parts 2 through 5 in the same sequence that they appear in the current AF Form 623. Index tabs/tabbed dividers may be used in areas that contain multiple documents. When multiple copies of any form are placed into the OJT record, they are placed in chronological order with the most current documentation on top.

3.2.3.1. Part 1 (first two-pronged section).

3.2.3.1.1. *Section A - Locally required training and skills competency documentation*. This section is for maintaining documentation required by other regulatory guidance that is not maintained elsewhere in the OJT record, regardless of grade or training status.

3.2.3.1.2. *Section B - AF Form 55, Employee Safety and Health Record*. Regardless of grade or training status, AF Form 55 for the member is maintained in Part 1. AFI 91-301, Air Force Occupational and Environmental Safety, Fire Protection, and Health (AFOSH) Program, June 1996, authorizes supervisors to file the AF Form 55 with the AF Form 623, On-The-Job Training Record.

3.2.3.2. <u>Part 2</u> (second two-pronged section).

3.2.3.2.1. *<u>Section A - AF Form 623, On-The Job Training Record (front and inside cover)</u>.* Attach the front and inside cover (containing Sections I through IV) of the member's current AF Form 623 onto Part 2 of the 6-part folder. Ensure all appropriate areas of the form are properly completed. ***Note: Maintenance of AF Form 623 is mandatory for Airmen in grades Airman Basic through Technical Sergeant. In addition, an AF Form 623 is required for SNCOs, regardless of grade, in retraining status or as directed by the Air Force Career Field Manager, Commanders, or supervisors.*** All appropriate areas of AF Form 623 must be properly completed. The AF Form 623 is the document that is recognized by the personnel system in contingencies and deployments as the official formal training record.

3.2.3.2.2. *<u>Section B - Career Field Education and Training Plan (CFETP)</u>.* The Specialty Training Standard (STS) contained within the CFETP will be used to record training proficiency in various tasks that are required for an individual to perform duties in a specific work area. A master task listing for the work center is maintained in the master training plan for the duty section. Circle all core tasks and only those other tasks that the individual is required to perform in his/her current duty position.

3.2.3.2.3. *<u>Section C - AF Form 797, Job Qualification Standard Continuation/Command JQS</u>*. These forms will be used to document training for tasks that are not otherwise documented in the CFETP or tasks that are waived by the MAJCOM per AFI 36-2201, para 7.4., Waivers (see attachment 2).

3.2.3.3. <u>Part 3</u> (third two-pronged section).

3.2.3.3.1. *<u>AF Form 1098, Special Task Certification and Recurring Training</u>*. This part will contain three separate sections for the documentation of specific training. These forms are used to document qualification in tasks that require recurring training. They may also be used to document inservice and mandatory training. An AF Form 1098 will be created and clearly marked for each type of training documentation required. Ensure signatures and initials are included per AFI 36-2201.

3.2.3.3.1.1. *Section A - To document mandatory recurring training* (see attachment 3): Examples are BLS training, patient sensitivity training, and other mandated training as stipulated by JCAHO standards, Air Force, or facility directives. Mandatory training requirements may vary from facility to facility.   These requirements should be reviewed on an annual basis and updated as required.

3.2.3.3.1.2. *Section B - Qualification Training Packages*: This section will be used to document ongoing completion of Qualification Training Packages (QTPs) (see attachment 4). Supervisors should develop AF Form 1098 overprints to group specific QTPs required within their duty sections. Any applicable Air Reserve Components sustainment training will be documented in this section. The initial completion of a QTP is documented in the CFETP. ***Each QTP required for the duty section will be maintained in the Master Training Plan (MTP) and will be used as a training source document.***

3.2.3.3.1.3. *Section C - Inservice training*: Used to document inservice training (see attachment 5). *NOTE: If the inservice training applies to NREMT training, document appropriately in Part 6 of the OJT record.*

3.2.3.4. Part 4 (fourth two-pronged section).

3.2.3.4.1. *Section A - AF Form 623a, OJT Record Continuation Sheet*. This form will be utilized to document all progress of individual training to include facility orientation, unit specific orientation, upgrade training, Career Development Course (CDC) failures/corrective actions, any additional pertinent training, all decertification procedures, and supervisor/ trainer/certifier periodic review (see attachments 6,7, and 8). The entire training process must be well documented on these forms. All individuals involved in the training process must document training progress as it occurs. Upgrade training status will be documented at least quarterly.

3.2.3.4.1.1. Facility orientation. Include a statement on the AF Form 623a that verifies facility orientation requirements were met and include signatures of both the supervisor and orientee. A master copy of the facility orientation checklist will be maintained in the master training plan for the duty section. ***Anytime there is a reference on the AF Form 623a to an orientation checklist, you must indicate the name and date of the checklist. Do not maintain copies of checklists in the OJT record.***

3.2.3.4.1.2. Unit-specific orientation. The unit-specific orientation is essential for all assigned members. Documentation of the orientation process must be thorough. The trainer will use the master copy of the unit-specific orientation checklist located in the master training plan. Each item on the checklist must be covered by the trainer to ensure standardization of training. When applicable, ensure these checklists address age-specific and population-specific knowledge and skills. To reduce the amount of paperwork in the OJT record, AF Form 623a will be used to record the orientation process. An overprint AF Form 623a is recommended to ensure the suggested comments are annotated (see sample orientation documentation in attachment 6).

3.2.3.4.1.2.1. Orientee and trainer name/rank/unit assignment.

3.2.3.4.1.2.2. Orientation start date with initial interview comments (i.e. goals, desires, concerns related to the orientation process, etc.). Identify name and date of the orientation checklist.

3.2.3.4.1.2.3. Mid-orientation progress check to evaluate training effectiveness. Signed and dated by both the trainer and orientee.

3.2.3.4.1.2.4. Final evaluation of orientation process with statement that verifies orientee's unit-specific competency has been achieved. Signed and dated by the trainer supervisor, OIC, and orientee. Identify name and date of the orientation checklist.

3.2.3.4.1.3. Upgrade Training (5-7-9 skill levels).

3.2.3.4.1.3.1. Document entry into upgrade training and periodic (minimum quarterly) evaluations of training progress.

3.2.3.4.1.3.2. Information on extensions, waiver requests, or breaks in training should also be clearly documented with copies of any related correspondence.

3.2.3.4.1.3.3. Once an individual completes upgrade training commensurate to his/her rank and maintains an appropriate skill level, their supervisor should continue to review requirements, progress, and individual training needs. OJT record reviews for current documentation must occur at least annually.

3.2.3.4.1.4. Document any decertification proceedings, to include dates, reasons for decertification, and other applicable information on the AF Form 623a.

3.2.3.4.1.5. Any further training pertinent to the duty section and or unit effectiveness can also be documented on the AF Form 623a.

3.2.3.4.2. The Job Description/Performance Standards for each duty position should be maintained in the Master Training Plan (MTP) in each duty section. An AF Form 623a overprint may be used to document both supervisor/subordinate reviews (see attachment 9). This form will be maintained in Part 4 of the OJT Record. The following statements will be jointly reviewed by the supervisor and subordinate:

3.2.3.4.2.1. "I know where to find a current copy of my Job Description/Performance Standards."

3.2.3.4.2.2. "I have read, discussed with my supervisor, and understand my Job Description/ Performance Standards." **

3.2.3.4.2.3. "I understand my duties and responsibilities for the position that I am currently working in ."**

3.2.3.4.2.4. "If I have questions or concerns about my Job Description/Performance Standards, I will seek assistance from supervisory personnel in my chain of command."

3.2.3.4.2.5. "It is my responsibility to review my Job Description/Performance Standards with my supervisor annually and with each change in supervisor/duty position."**

3.2.3.4.3. A signature and date block for both the supervisor and subordinate will reflect mutual understanding of these statements. It is recommended that several signature and date spaces for the continual review process be included.

NOTE: ** Indicates requirement according to Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

3.2.3.4.4. *Section B - AETC 156, Student Training Report.* Upon completion of Medical Service Apprentice Technical Training, file this form here. The form should be maintained in the folder until upgrade action to the 5 skill level becomes official.

3.2.3.5. <u>Part 5</u> (fifth two-pronged section).

3.2.3.5.1. *AF Form 2096, <u>Classification On-The-Job Training Action</u>.* This form will be used to document completion of upgrade training. This is also a good reference for supervisors to use when managing individuals with Special Experience Identifiers (SEIs) such as independent duty, aeromedical evacuation, etc.

| NOTE: A PC III automated document may be substituted for AF Form 2096. |
| --- |

3.2.3.6. <u>Part 6</u> (sixth two-pronged section).

3.2.3.6.1. <u>*NREMT Documentation*</u>. This part will contain documentation pertaining to NREMT training. *NOTE: Copies of NREMT and CPR cards/certificates should <u>not</u> be maintained in the OJT record.* Supervisors and individuals should continually monitor EMT training status to ensure no lapses in certification occur. Further information on EMT training is included in Section F, Part 2 of this CFETP.

3.3. *Maintenance of certificates is an individual responsibility*. Certificates of training will <u>not</u> be maintained in the OJT record but will be *accessible for review as needed from the individual*.

<u>List of attachments</u>:
1. Outside cover and organization of the Enlisted Training and Competency Folder.
2. Sample AF Form 797, documentation of waivered tasks (optometry duties).
3. Sample AF Form 1098, documentation of mandatory training.
4. Sample AF Form 1098, recurring QTP documentation.
5. Sample AF Form 1098, inservice training documentation.
6. Sample AF Form 623a, unit orientation documentation.
7. Sample AF Form 623a, initial upgrade training briefing.
8. Sample AF Form 623a, upgrade trainee responsibilities documentation.
9. Sample AF Form 623a, Job Description/Performance Standards review documentation.

Outside of Folder

**ENLISTED TRAINING AND
COMPETENCY FOLDER**

Jones, William G.   SRA   123-45-6789

PERSONAL DATA
PRIVACY ACT OF 1974
(5 U.S.C. 552a)
29 March 1985   AFVA 205-15

Inside of Folder

PART 1	PART 2	PART 3	PART 4	PART 5	PART 6
- Section A: Locally required training and skills competency documentation - Section B: AF Form 55	- Section A: AF Form 623 (front & inside cover) - Section B: CFETP - Section C: AF Form 797	- AF Forms 1098 --Section A: Mandatory training --Section B: QTPs --Section C: Inservice training	- Section A: AF Forms 623a --Job Description/ Performance Standards Review --Orientation --Training progress - Section B: AETC 156	- AF Form 2096 or PC III document	- NREMT documentation

		JOB QUALIFICATION STANDARD CONTINUATION/COMMAND JQS						

TASK NUMBER	TASKS, KNOWLEDGE AND TECHNICAL REFERENCES	CERTIFICATION						
		START DATE	CERTIFYING OFFICIAL'S INITIALS	TRAINEE'S INITIALS	MAJCOM DIRECTED USE ONLY			COMPLETION DATE
1	Perform visual screening. TR: The Opthalmic Assistant, current ed. and CDC 4V051, Vol. 2.	1 May 95	*QKS*	*wGg*				6 Jun 95
2	Order spectacles. TR: AFPAM 48-133 and CDC 4V051, Vol. 1.	1 May 95	*QKS*	*wGg*				9 Jun 95
3	Maintain prescription logbook. TR: AFPAM 48-133 and CDC 4V051, Vol. 3.	1 May 95	*QKS*	*wGg*				14 Jun 95

TRAINEE NAME
Jones, William G.

AF FORM 797, MAY 87 *(EF)*   PREVIOUS EDITION IS OBSOLETE.

Attachment 2

SPECIAL TASK CERTIFICATION AND RECURRING TRAINING

TASK OR RECURRING TRAINING AND TECHNICAL REFERENCES A.	DATE COMPLETED B.	SIGNATURE OF CERTIFYING OFFICIAL C.	INITIAL OF TRAINEE D.	EVALUATION OF TRAINING			
				SCORE OR HOURS E.	TYPE F.	FRE-QUENCY G.	DUE DATE H.
BLS Training	20 May 97	John L. Smith	WGJ	4 hrs	C	Bi-enn	20 May 99
Patient Sensitivity	2 Jun 97	John L. Smith	WGJ	P		A	2 Jun 98
Hospital Safety	6 Jul 97	John L. Smith	WGJ	P		A	6 Jul 98
Infection Control	12 Aug 97	John L. Smith	WGJ	P		A	12 Aug 98

NAME OF TRAINEE *(Last, First, Middle Initial)*	GRADE	UNIT AND OFFICE SYMBOL
Jones, William G.	E4	98 MDG/SGNE

AF FORM 1098, APR 85 *(EF)*   PREVIOUS EDITION WILL BE USED.

Attachment 3

SPECIAL TASK CERTIFICATION AND RECURRING TRAINING

TASK OR RECURRING TRAINING AND TECHNICAL REFERENCES A.	DATE COMPLETED B.	SIGNATURE OF CERTIFYING OFFICIAL C.	INITIAL OF TRAINEE D.	EVALUATION OF TRAINING			
				SCORE OR HOURS E.	TYPE F.	FRE- QUENCY G.	DUE DATE H.
QTP 4N0X1-1 Mod 2 Orthostatic Vital Signs	3 Jul 97	John L. Smith	WGJ	P		A	3 Jul 98
QTP 4N0X1-1 Mod 14 Tympanometry	1 Aug 97	John L. Smith	WGJ	P		A	1 Aug 98
QTP 4N0X1-2 Mod 7 Wound Closure	5 Aug 97	John L. Smith	WGJ	P		A	5 Aug 98

NAME OF TRAINEE (Last, First, Middle Initial) Jones, William G.	GRADE E4	UNIT AND OFFICE SYMBOL 98 MDG/SGNE

AF FORM 1098, APR 85 (EF)   PREVIOUS EDITION WILL BE USED.

Attachment 4

SPECIAL TASK CERTIFICATION AND RECURRING TRAINING

TASK OR RECURRING TRAINING AND TECHNICAL REFERENCES A.	DATE COMPLETED B.	SIGNATURE OF CERTIFYING OFFICIAL C.	INITIAL OF TRAINEE D.	EVALUATION OF TRAINING			
				SCORE OR HOURS E.	TYPE F.	FRE-QUENCY G.	DUE DATE H.
Legal Issues in Nursing (Capt Reese)	12 Aug 97	*R.L. Reese*	WG	1 hr			
Pediatric Preoperative Care (Maj Fowler)	9 Sep 97	*Michelle C. Fowler*	WGJ	1 hr			

NAME OF TRAINEE (Last, First, Middle Initial)	GRADE	UNIT AND OFFICE SYMBOL
Jones, William G.	E4	98 MDG/SGNE

AF FORM 1098, APR 85 *(EF)*   PREVIOUS EDITION WILL BE USED.

Attachment 5

116

| ON - THE - JOB TRAINING RECORD |
| CONTINUATION SHEET |

14 Feb 95

SRA Wilson is assigned to the Medical/Surgical ward on this date. SSgt Miller has been assigned as a trainer for SRA Wilson. SSgt Jones will orient SRA Wilson to the unit using the medical/surgical orientation checklist dated 17 Mar 94 located in the Master Training Plan. An initial interview was accomplished on this date. SRA Wilson enjoyed his hospital orientation and is looking forward to the unit orientation. He expressed concern on meeting previously scheduled appointments while under the unit orientation. I informed him that time to attend his appointments would be scheduled as needed. SRA Wilson stated that his goals during the orientation process was to learn as much as possible and to ask questions as necessary.

Allen Wilson, SRA   David Miller, SSgt, Med/Surg Ward

27 Feb 95

A mid-orientation progress check was accomplished on this date. SRA Wilson has progressed through the Medical/Surgical orientation checklist dated 17 Mar 94 with no difficulty noted. He has completed his review of unit-specific OIs and has begun reviewing hospital OIs. The remainder of his orientation will be completed on night shift beginning 28 Feb 95.
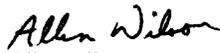
Allen Wilson, SRA   David Miller, SSgt, Med/Surg Ward

12 Mar 95

SRA Wilson has completed all training on the Medical/Surgical unit orientation checklist dated 17 Mar 94. A review of the checklist with him indicates that he is knowledgeable of all items discussed. SRA Wilson stated that he feels comfortable with the training and believes he is ready to be released from orientation. I recommend that SRA Wilson be released from orientation on this date.
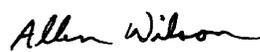
Allen Wilson, SRA   David Miller, SSgt,
                              Trainer, Med/Surg Ward

Concur   Concur

John L. Finish, MSgt   Mary E. Downs, Capt.
NCOIC, Med/Surg Ward   OIC, Med/Surg Ward

LAST NAME - FIRST NAME - MIDDLE INITIAL
Wilson, Allen B.

AF FORM 623a, MAR 79 *(EF)*   PREVIOUS EDITION WILL BE USED.

Attachment 6

| ON - THE - JOB TRAINING RECORD |
| CONTINUATION SHEET |

INITIAL BRIEFING
(Trainee Upgrade Training)

<u>SRA Allen B. Wilson</u> has been briefed on the On-The-Job Training (OJT) program and how he/she fits into the program while

in upgrade training (UGT). Upgrade training was explained as a dual-channel process designed to qualify an airman for skill level

upgrade. Dual-channel OJT is a systematic reportable application of self-study and the craftsman/apprentice principle. Trainees

acquire job qualification while performing on the job under supervision. This combination of knowledge and job position

qualification constitutes the dual-channel concept. Requirements from AFIs 36-2101, 36-2108, and 36-2201 were covered.

AF Forms 623, 623a, 797, 1098, 2096 and the CFETP, which serves to make up the individual training record, were explained.

Responsibilities of the commander, base training, unit education and training manager (ETM), immediate supervisor, trainer, and

trainee were discussed. Career Development Courses (CDCs) were briefly discussed and will be explained in detail when the

CDCs arrive. Requirements for upgrade in AFSC 4N0X1 are: (1) Satisfactory completion of CDC 4N051A and 4N051B,

(2) supervisor certification of job qualifications with adequate hands-on training, (3) completion of appropriate 7 level course,

attainment of minimum rank required for skill level upgrade, and (4) supervisor recommendation for upgrade. Each airman in

grades E1 through E6, as well as SNCOs in retraining status, have an AF Form 623 which must contain a CFETP. The STS

portion of the CFETP contains many separate tasks, however, annotation must be shown to indicate only those tasks that the

airman is required to perform in his/her current duty position, all AFI 36-2108 mandatory requirements for upgrade, and core

task requirements. A space is provided in the STS for both the supervisor and the trainee to initial when training is completed.

After upgrade, the STS will continue to be used to document further qualification training.

Allen Wilson 23 JUL 95
TRAINEE SIGNATURE/DATE

David Miller 23 JUL 95
SUPERVISOR SIGNATURE/DATE

LAST NAME - FIRST NAME - MIDDLE INITIAL
Wilson, Allen B.

AF FORM 623a, MAR 79 *(EF)*   PREVIOUS EDITION WILL BE USED.

Attachment 7

ON - THE - JOB TRAINING RECORD
CONTINUATION SHEET

TRAINEE'S RESPONSIBILITIES DURING UPGRADE TRAINING (UGT)

1. Read and understand your Air Force Specialty (AFS) description, training requirements, objectives, and training record (AF Form 623).

2. Budget time (on and off duty) for timely completion of CDCs. Keep all CDC materials for future reference and study.

3. Attain and maintain qualifications in your assigned AFS.

4. After CDC briefing, trainee will do the following (read and initial):

   a. Read "Your Key to a Successful Course."

   b. Make all required course corrections and return entire package to supervisor.

   c. When issued the first volume, read and study the volume and complete all self test and unit review exercises (UREs). Questions will be answered in the spaces provided whenever possible. Highlight/reference where answers are found in the most effective manner as determined by the supervisor.

   d. Supervisor will check all self test questions and UREs for completeness/accuracy. Correct all incorrect responses.

   e. Supervisor will issue ECI Form 34 (Field Scoring Sheet) for answers to be transcribed from the URE. UREs are teaching devices and must be administered as open book exercises. All scores less than 100 percent require review training.

   f. Minimum acceptable training consists of correcting incorrect responses, reading the appropriate area from which the question was taken, and a verbal question and answer session.

   g. Upon successful completion of the first volume, supervisor will issue the second volume. The process described above must be followed until completion of the entire course.

   h. Upon completion of the last volume of the course, the supervisor will immediately begin a comprehensive review process of the entire course with the trainee in order to prepare for the Course Examination (CE).

   i. Questions regarding CDC course content must be addressed to the CDC writer. Two methods of contacting the writer are available: (1) DSN, and (2) ECI Form 17, Student Request For Assistance. The DSN is recommended, as it facilitates a quicker response. The CDC writer's DSN is included in the preface of each volume.

5. Review and discuss training requirements with supervisor regularly. Provide input on your training and ask questions when necessary.

6. Upon satisfactory completion of career knowledge training, position qualification, and mandatory requirements listed in AFI 36-2108, your supervisor will initiate your upgrade action.

Allen Wilson 23 JUL 95

TRAINEE SIGNATURE/DATE

David Miller 23 JUL 95

SUPERVISOR SIGNATURE/DATE

LAST NAME - FIRST NAME - MIDDLE INITIAL
Wilson. Allen B.

AF FORM 623a, MAR 79 *(EF)*   PREVIOUS EDITION WILL BE USED.

Attachment 8

ON - THE - JOB TRAINING RECORD
CONTINUATION SHEET

23 Jul 95

I know where to find a current copy of my Job Description/Performance Standards.

I have read, discussed with my supervisor, and understand my Job Description/Performance Standards.

I understand my duties and responsibilities for the position that I am currently working in.

If I have questions or concerns about my Job Description/Performance Standards, I will seek assistance from supervisory personnel in my chain of command.

It is my responsibility to review my Job Description/Performance Standards with my supervisor annually and with each change in supervisor/duty position.

Allen Wilson 23 Jul 95

Allen Wilson, SRA

23 Jul 95

SRA Wilson has completed his review of his Job Description/Performance Standards on this date. I am confident that he is thoroughly familiar with standards and expectations. At this time, SRA Wilson has no questions or concerns.

David Miller

David Miller, SSgt,
OJT Trainer
Med/Surg Ward   23 Jul 95

Attachment 9

**Part 2: USAF Emergency Medical Technician (EMT) Registration Program
for the 4N0XX Medical Service Specialty**

1. Initial Registration.

1.1. Initial EMT-Basic training for Medical Service Apprentices is conducted as a part of the Medical Service Apprentice Course (J3AQR4N031 003). Successful completion of the NREMT-B examination is mandatory for course graduation.

1.2. EMT-Basic training for Medical Service Journeymen, Medical Service Craftsmen, and (when required by the duty position) Medical Service Superintendents is accomplished at the MTF level. Personnel who fail the initial NREMT examination will be given two additional attempts to successfully pass the examination within one year of the training class completion. Prior to the third attempt to pass the NREMT examination, personnel must successfully complete an EMT-Basic refresher course. Administrative action will be initiated IAW AFMAN 36-2108, Airman Classification, for all personnel who fail the third and final attempt to pass the NREMT-B examination.

1.3. Training deadlines.

1.3.1. All active duty Medical Service Apprentices, Medical Service Journeymen, Medical Service Craftsmen, and (when required by the duty position) Medical Service Superintendents will be certified as an NREMT-B (minimum) no later than 1 April 1998.

1.3.2. All Air Force Reserve and Air National Guard Medical Service Apprentices, Medical Service Journeymen, Medical Service Craftsmen, and (when required by the duty position) Medical Service Superintendents will be certified as an NREMT-B (minimum) no later than 1 October 2002.

2. Re-registration.

2.1. Description of program.

2.1.1. This program follows National Registry of Emergency Medical Technicians (NREMT) guidelines for re-registration.

2.1.2. The program consists of a 24 hour EMT refresher course, 48 hours of continuing education (CE), and current CPR certification. See attachment 1 for a recommended EMT refresher training schedule.

2.1.3. Completing this program meets all requirements for re-registration of all NREMT-Basic personnel.
4N0X1s who are EMT-Intermediate or EMT-Paramedic will follow the NREMT re-registration guidelines to ensure their registration does not lapse.

2.2. EMT CE. The following guidance is provided for determining topics for EMT CE:

2.2.1. Any subject covered in the EMT-Basic National Standard Curriculum.

2.2.2. Other suggested topics:

2.2.2.1. Crime scene response.

2.2.2.2. Athletic injuries.

2.2.2.3. Hazardous Materials.

2.2.2.4. Crisis intervention.

2.2.3. Some modules of the Qualification Training Packages (QTPs) are also good for ETM CE. Completing the following 4N0X1 QTPs annually will equal 48 hours of EMT CE:

2.2.3.1. Volume 1, Module 2 - Orthostatic Vital Signs (1 hour).

2.2.3.2. Volume 1, Module 3 - Set-up Cardiac Monitor/Defibrillator (1 hour).

2.2.3.3. Volume 1, Module 4 - Perform 12 lead EKG (1 hour).

2.2.3.4. Volume 1, Module 5 - Identify Life-threatening Arrhythmias (2 hours).

2.2.3.5. Volume 1, Module 6 - Perform/Monitor Pulse Oximetry Oxygen Saturation (1 hour).

2.2.3.6. Volume 1, Module 11 - Medication Administration (3 hours).

2.2.3.7. Volume 1, Module 12 - Intravenous infusion (2 hours).

2.2.3.8. Volume 3, Module 1 - Hazardous Materials (3 hours).

2.2.3.9. Volume 3, Module 2 - Field Triage (3 hours).

2.2.3.10. Volume 3, Module 3 - Set-up Equipment for Cardioversion/Defibrillation/Pacemaker (1 hour).

2.2.3.11. Volume 3, Module 4 - Operate Auto/Semi-automated External Defibrillator (A/SAED) (2 hours).

NOTE: Personnel assigned to emergency services, acute care clinics, back-up/on-call ambulance crews, or nursing units utilizing AEDs on crash carts must accomplish AED qualification training every 90 days. All other medical service personnel must accomplish AED qualification training annually.

2.2.3.12. Volume 3, Module 5 - Irrigate Eyes (1 hour).

2.2.3.13. Volume 3, Module 7 - Emergency Medication Administration (3 hours).

2.2.4. Any topic not listed above or within the EMT-B national standard curriculum must be approved by the USAF EMT Program Manager ***PRIOR*** to the offering date.

2.2.5. Successful completion of a select group of sections/division as outlined in the EMT-Intermediate and EMT-Paramedic National Standard curriculum. Those groups are:

2.2.5.1. Sections 1-8 of EMT-Intermediate curriculum.

2.2.5.2. Divisions 1-6 of the EMT-Paramedic curriculum.

2.2.5.3. Successful completion of National Standard courses listed below with specified number of hours may be applied:

2.2.5.3.1. Pre-Hospital Trauma Life Support (PHTLS) (16 hours).

2.2.5.3.2. Basic Trauma Life Support (BTLS) (16 hours).

2.2.5.3.3. Auto extrication (16 hours).

2.2.5.3.4. Emergency Driving (12 hours).

2.2.5.3.5. Dispatcher training (12 hours).

2.2.6. Department of Defense Courses approved for EMT CE. Unless otherwise stated, course completion certificates or accompanying letter will state total number of EMT CE hours awarded. Certificates of completion should be maintained to verify CE:

2.2.6.1. Medical Readiness.

2.2.6.2. Independent Duty Medical Technician Course.

2.2.6.3. Expert Field Medical Badge (48 hours and refresher).

2.2.6.4. Medical Service specialist clinical.

2.2.6.5. Flight school.

2.2.6.6. Medical Service Craftsman Course.

2.3. Responsibilities.

2.3.1. USAF EMT Program Manager:

2.3.1.1. Approves continuing education not listed as pre-approved above.

2.3.1.2. Notifies NREMT and EMT training sites of CE approval.

2.3.1.3. Provides guidance to NREMT and Course Coordinators on EMT CE within Air Force Medical Service arena.

2.3.1.4. Investigates possible breeches of program integrity.

2.3.2. Medical Director:

2.3.2.1. Responsible for overall management, maintenance, and integrity of local program.

2.3.3. EMT Course Coordinator:

2.3.3.1. Acts as liaison between students, medical treatment facility (MTF) executive staff, local medical community, and USAF EMT Program Manager.

2.3.3.2. Coordinates and/or conducts didactic and skills training for all assigned NREMT personnel.

2.3.3.3. Ensures all documentation on NREMT re-registration forms is complete and accurate before signing the training director line.

2.3.4. Supervisor:

2.3.4.1. Ensures each member has resources required for training and testing.

2.3.4.2. Reviews and ensures accuracy of documentation before re-registration form is submitted to EMT Course Coordinator for validation.

2.3.4.3. Works with EMT Course Coordinator and individual EMTs ensuring no lapse in registration.

2.3.4.4. Refers individuals to EMT Course Coordinator for remedial training when required.

2.3.4.5. Acts as liaison between EMT and EMT Course Coordinator.

2.3.5. EMT:

2.3.5.1. The EMT is ultimately responsible for successful completion of all training and testing requirements.

2.3.5.2. Completes all requirements for re-registration by NREMT ensuring no lapses in registration occur.

2.3.5.3. Works with supervisor and EMT Course Coordinator to ensure access to required training.

2.3.5.4. Ensures all tasks are properly documented in OJT record and on NREMT re-registration form. If using only 4N0X1 QTPs for EMT CE, document training on AF Form 1098, Special Task Certification and Recurring Training.

2.3.5.5. Requests remedial training when needed.

2.3.5.6. Ensures required funding and documents are forwarded with NREMT re-registration package.

2.3.5.7. Maintains integrity and success of program.

2.4. Documentation.

2.4.1. Re-registration documentation:

2.4.1.1. NREMT re-registration form will be used to submit continuing education to the NREMT.

2.4.1.2. The USAF EMT Refresher Course Completion Tracking Tool will be used to document EMT refresher training and will substitute for the course completion certificate (see attachment 2). The form will be submitted to NREMT with the NREMT re-registration form.

2.4.1.3. Proof of current BLS certification will also be attached to the re-registration form.

List of attachments:
1. USAF 4N0X1 EMT Refresher Program Schedule.
2. USAF EMT Refresher Course Completion Tracking Tool.

USAF 4N0X1 EMT Refresher Program Schedule

(Each session will be 2 hours in length unless otherwise specified)

Month	Topic
January	Obstetrics, Infants, and Children
February	Elective (region or unit specific)
March	Elective (region or unit specific)
April	Preparatory
May	Airway
June	Patient Assessment (3 hours)
July	Elective (region or unit specific)
August	Medical/Behavioral
September	Medical/Behavioral
October	Trauma
November	Trauma
December	Elective (region or unit specific)

Completion of this 12 month program constitutes completion of an EMT Refresher course. There should be skills included during the applicable sessions. Electives should be directed at areas of improvement or high-risk/low-use skills.

USAF EMT REFRESHER COURSE COMPLETION TRACKING TOOL

Date	Module Topic	Score Hours	Instructor Signature Printed Name
	Module 1 **Preparatory**		
		1	
	Module 2 **Airway**		
		2	
	Module 3 **Patient Assessment**		
		3	
	Module 4 **Medical/Behavioral I**		
		2	
	Module 4 **Medical/Behavioral II**		
		2	
	Module 5 **Trauma I**		
		2	
	Module 5 **Trauma II**		
		2	
	Module 6 **Obstetrics, Infants, and Children**		
		2	
	Module 7 **Elective I**		
		2	
	Module 7 **Elective II**		
		2	
	Module 7 **Elective III**		
		2	
	Module 7 **Elective IV**		
		2	

Name		Rank
NREMT Number		**Expiration Date**

I certify the above person has completed all requirements for the EMT-Refresher course.

_____   _____
EMT Course Coordinator   Date

Attachment 2.   127

Part 3: Managing Training

1. Purpose.

1.1. The entire process of managing an effective training program centers on the supervisor.

1.2. Each supervisor must maintain accurate records that give a complete picture of the status of all training that they, as a supervisor, are responsible to oversee.

2. Monthly Training Checklist for Supervisors.

2.1. Using a checklist can assist the supervisor in managing an effective training program.

2.2. The following page contains a sample monthly training checklist for supervisors to use when managing training. The checklist is designed to address areas that apply to any/all trainees that are placed under the supervision of the supervisor. The sample may be altered as needed to reflect the items deemed important for monitoring on a monthly basis.

MONTHLY TRAINING CHECKLIST FOR SUPERVISORS

REQUIREMENT	INITIALS
APPOINTMENTS	
Notify those who have been scheduled for ancillary training, quality training, appointments, etc.	
NEW AIRMEN	
Conduct initial evaluation of knowledge and skills.	
Document initial evaluation on AF Form 623a.	
AF FORM 623	
Review cover of AF Form 623. Make any necessary changes.	
Note any open training requirements and ensure training is accomplished or scheduled on each. (Work with the trainer on this. Remember...it is the supervisor's responsibility to ensure training is being conducted).	
Certify or decertify qualifications when applicable. Be sure to change the MTL.	
Document visits, counselings, etc. on AF Form 623a.	
CAREER DEVELOPMENT COURSES (CDCs)	
Distribute any new CDCs. See AFI 36-2201 (attachment 3) for CDC administration procedures.	
Ensure training is progressing satisfactorily according to assigned schedule.	
When the last volume has been completed, request scheduling of the Course Examination (CE) from the Unit Training Manager.	
Document progress, visits, counselings, etc. on AF Form 623a.	
FORMAL SCHOOLS	
For individuals requiring formal schools, ensure they have planned accordingly ahead of time.	
Ensure formal school prerequisite requirements are met when applicable.	
TRAINERS AND CERTIFIERS	
Ensure trainers and certifiers have been appointed in writing by the commander.	
Ensure trainers and certifiers have attended appropriate trainer/certifier courses.	
SUPERVISORS MEETINGS	
Attend all supervisors meetings conducted by the UTM. (Send representative if unable to attend personally).	
UPGRADE TRAINEES	
Notify the UTM of any individuals who have had their AF Form 623 signed off on all training items, have met time requirements, completed CDCs, or completed formal schools when applicable.	
OTHER	