OPNAV INSTRUCTION 1120.4C

From: Chief of Naval Operations

Subj: APPOINTMENT OF REGULAR AND RESERVE OFFICERS IN THE MEDICAL CORPS OF THE NAVY

Ref: (a) DoD Instruction 1310.02 of 26 March 2015
(b) SECNAVINST 1000.7F
(c) DoD Instruction 1300.04 of 25 July 2017
(d) 10 U.S.C.
(e) DoD Instruction 6000.13 of 30 December 2015
(f) DoD Instruction 1312.03 of 22 November 2013
(g) SECNAVINST 1420.1B
(h) SECNAVINST 5510.30B
(i) SECNAVINST 5300.28E
(j) NAVMED P-117
(k) SECNAVINST 1920.6C
(l) BUMEDINST 6010.30
(m) DoD Instruction 6025.13 of 17 February 2011
(n) NAVPERS 15839I
(o) DoD Instruction 1320.08 of 7 July 2017
(p) OPNAVINST 1427.2
(q) Program Authorization 113, Direct Appointment as Officers in the Medical Corps (MC) of the United States Navy, Designator 2100, February 2013 (NOTAL)

Encl: (1) Credit for Special Experience and Advanced Education

1. **Purpose**

   a. To provide regulations governing:

      (1) appointment of officers in the Medical Corps, including appointment in the Active Component (AC) and Reserve Component (RC) under reference (a), and in either component through inter-Service transfer from another uniformed service under references (b) and (c);

      (2) voluntary recall of Reserve officers of the Medical Corps to the active-duty list (ADL); and

      (3) award of entry grade credit on appointment in the Medical Corps under reference (d), section 533, and under references (e) and (f).
b. Major changes to this revision include updates to entry age requirements and to the entry grade credit table. This instruction is a complete revision and should be read in its entirety.

2. **Cancellation.** OPNAVINST 1120.4B.

3. **Scope and Applicability.** This instruction applies to all appointments in the AC and RC to the Medical Corps, to include: Reserve officers transferred into the AC, Reserve officers recalled voluntarily to the ADL, ADL officers transferring to the RC, and transfers from other uniformed services as directed by references (b) and (c).

4. **Policy.** The Department of the Navy will maintain authorized strength and grade levels in the Medical Corps and its approved specialties by recruiting the personnel required to support the annual 5-year promotion plan approved under reference (g), to provide a base for a Regular Navy career force, and to attain authorized strength in the RC to meet approved requirements for mobilization.

   a. Requirements for newly appointed officers on the ADL will be filled from diverse programs, which include direct acquisition of qualified civilians, Uniformed Services University of the Health Sciences, Armed Forces Health Professions Scholarship Program, Financial Assistance Program, and the Health Services Collegiate Program. Any other request for appointment to the ADL will be handled on a case-by-case basis. All initial appointments, other than the Armed Forces Health Professions Scholarship Program and the Financial Assistance Program, will be in the Regular Navy.

   b. Requirements for the Selected Reserve and Individual Ready Reserve will be filled primarily through transfer of officers from the ADL. Requirements that cannot be met from this source will be met through direct acquisition of former military officers and other civilians qualified in the approved specialties.

5. **Accessions Plans**

   a. Deputy Chief of Naval Operations, Manpower, Personnel, Training and Education (CNO (N1)) will establish an annual accession plan for the AC and RC, which, together with retention incentives, will strive to attain authorized strength in each of the specialties in the Medical Corps. There must be sufficient accessions to support the annual AC and RC 5-year promotion plans and ensure that the promotion opportunity and flow points necessary to meet authorized strength requirements are maintained.

   b. In determining proportions of accession programs used to attain and maintain specialty authorizations, both the current and projected supply and demand for officers in each of the approved specialties will be considered. Maximum use of the most effective program, relative to cost and time to attain Medical Corps officers, will be used in preference to more expensive programs, taking into account continuation rates of each program. Plans will ensure flexibility to
adjust to changes in the civilian market and in specialty requirements. Reasonable career progression opportunities for the authorized strength of entry-level applicants will be maintained.

6. Basic Qualifications

a. Citizenship. Must be a citizen of the United States and pass a personnel security investigation as identified in reference (h).

b. Entry Age

   (1) Entry age eligibility criteria are established to maintain an officer corps capable of meeting arduous duty assignments, such as sea duty, while at the same time defining a recruiting pool large enough to meet the Medical Corps’ accession requirements.

   (2) Applicants must be commissioned before their 42nd birthday. On a limited case-by-case basis, Commander, Navy Recruiting Command (COMNAVCRUITCOM) is granted waiver authority for applicants between ages 42 and 57. Applicants age 58 or older who possess critical skills as designated by the Assistant Secretary of Defense for Health Affairs may be considered for an exception to the age waiver policy if they can complete a full 3-year service obligation prior to reaching their 68th birthday. COMNAVCRUITCOM is granted waiver authority and must maintain written justification on file for each waiver granted.

   (3) All AC waiver requests will be coordinated through the Bureau of Naval Personnel (BUPERS), Medical Corps Officer Community Manager (BUPERS-315). All RC waiver requests will be coordinated through BUPERS, Selected Reserve and Full-Time Support Officer Community Manager (BUPERS-351). When considering an age waiver, emphasis must be placed on undermanned specialties and those specialties with a pattern of missed recruitment goals.

   (4) Before appointment, applicants who will be unable to complete 20 years of commissioned or creditable service by age 62 must acknowledge in writing that they are ineligible to complete 20 years of commissioned service and may be ineligible for full retirement benefits.

c. Moral Character. Must be of good moral character and of unquestioned loyalty to the United States as determined by interview and investigation. As prescribed in reference (i), individuals who are chemically dependent, who abuse drugs or alcohol, whose pre-service abuse of drugs or alcohol indicates a proclivity for continued abuse, or who have a record of any drug trafficking offenses, will not be permitted to enter the Navy.

d. Physical Standards. Must meet the physical standards for service on active duty as recommended by the Chief, Bureau of Medicine and Surgery (BUMED). CNO (N1), upon
recommendation of BUMED, may waive physical defects that will not interfere with performance of active duty within the guidelines of reference (j).

e. Availability for Mobilization. Appointments in the RC are predicated upon mobilization requirements and the applicant’s availability for mobilization. Members of Congress, Federal political appointees, elected State and local government officials, and Federal career senior executive service employees may not be tendered an original direct appointment without prior approval of CNO (N1).

f. Indoctrination Requirements. In line with reference (d), newly commissioned officers without prior military service must complete officer indoctrination training. Optimally, this requirement for the AC medical officers should be met by the Officer Development School. On a case-by-case basis, the Direct Commission Officer Indoctrination Course may meet this requirement. RC medical officers will attend Direct Commission Officer Indoctrination Course to meet this requirement. The alternative for indoctrination requirement will be based upon a recommendation from the BUMED, Chief of the Medical Corps Office, with final approval from CNO (N1), or delegated authority.

g. Failure to Complete Initial Training Requirements

(1) Officers who fail to complete officer indoctrination training requirements will be separated for cause under reference (k).

(2) Officers who fail to satisfactorily complete their first year of graduate medical education (GME), also commonly known as internship, may be reappointed in a different competitive category to complete any incurred active duty obligation. Assistant Secretary of the Navy (Manpower and Reserve Affairs), considering the recommendations and supporting justifications of CNO (N1), may waive the service obligation when such action would be in the best interest of the Navy. Officers with no incurred active duty obligation and officers for whom active duty obligation has been waived will be separated for cause under reference (k).

7. Professional Qualifications

a. Physician (Doctor of Medicine). Must be a graduate of a medical school in the United States, or Puerto Rico, approved by the Liaison Committee on Medical Education of the American Medical Association, and be licensed to practice medicine or surgery in a State, territory, or commonwealth of the United States or the District of Columbia, except as noted in reference (l). Applicants for appointments to the ADL must have completed at least 12 months of first year GME subsequent to graduation unless selected for first year of GME in the Navy. Applicants for appointment to the Reserve active-status list (RASL) may be appointed in the RC during their first year of GME prior to acquiring a license.
b. **Physician (Doctor of Osteopathy).** Must be a graduate of a college of osteopathy approved by the American Osteopathic Association and be licensed to practice medicine, surgery, or osteopathy in a State, territory, or commonwealth of the United States or the District of Columbia, except as noted in reference (l). Applicants for appointments to the ADL must have completed at least 12 months of first year GME subsequent to graduation unless accepted for first year of GME (internship) in the Navy. Applicants for appointment to the RASL may be appointed in the RC during their first year of GME prior to acquiring a license.

c. **Physician Graduates of Foreign Medical Schools.** Practicing physicians in medical and surgical specialties who obtained their medical degrees from medical schools other than those specified in subparagraph 7a must meet the requirements listed in subparagraphs 7c(1) through 7c(5).

   (1) Pass either the Foreign Medical Graduate Examination of the Medical Sciences or the previous certifying examination of the Educational Commission on Foreign Medical Graduates. Applicants who meet this criterion will be given entry grade credit for the initial professional degree under paragraph 9.

   (2) Be certified by the American Board of Medical Specialties in the medical or surgical specialty for which being considered for appointment, or be board-eligible and subsequently complete certification within 1 year of commissioning. Officers who fail to attain certification will be separated for cause under reference (k).

   (3) Be licensed to practice medicine or surgery in a State, territory, or commonwealth of the United States or the District of Columbia, except as noted in reference (l).

   (4) Be a physician in good standing and currently engaged in the clinical practice of the specialty for which being considered.

   (5) Demonstrate written and spoken proficiency in the English language in an interview with a Navy physician.

d. **Entry Level Appointment of Graduates of Foreign Medical Schools.** When authorized appointment sources cannot supply the required number of entry level accessions qualified under the criteria in subparagraphs 7a and 7b, CNO (N1) may authorize acquisition of graduates of foreign medical schools who are certified by BUMED, Chief of the Medical Corps, to be professionally acceptable. CNO (N1) may authorize this exception for specified medical or surgical specialties for a specified period of time.

8. **Examination of Professional Qualifications.** BUMED, Chief of the Medical Corps, will review the credentials and examine the professional qualifications of all applicants for appointment in the Medical Corps. Credentials must be verified by BUMED as a part of the accession package prior to review by the Chief, BUMED.
a. **Voluntary Recall.** In order to be recalled, Reserve officers must be doctors in good standing, currently engaged in medical practice, have current board certification in the medical or surgical specialty for which recalled, and provide documentation necessary to recertify professional qualifications as indicated in reference (m). BUMED, or designee, must recertify professional qualifications specified for appointment in paragraph 7. Recalled officers will be recalled in the rank held as a Reservist and will not have entry grade recomputed.

b. **Professional Review Procedure**

(1) BUMED, Chief of the Medical Corps, will appoint a Medical Corps professional review board to examine the professional qualifications of all applicants. The board will be composed of senior Medical Corps officers on the ADL. At least three, but not more than five, board members must review applicants’ records. The senior member of the board must be in the grade of O-6 or above. When considering applicants for classification in one of the specialties, the board will confer with, when readily available, an officer designated by BUMED as the medical or surgical specialty leader. When the specialty leader is not readily available, the board will confer with another physician certified to practice in the specialty being considered.

(2) The professional review board may require applicants to demonstrate their professional qualifications by written, oral, or practical examination. The board will review the applicant’s credentials, including academic performance; post-graduate medical training; professional and managerial experience; and professional recognition, such as membership in professional societies and authorship of professional publications, professional reputation, current experience in a primary specialty, and level of certification and licensure.

(3) The professional review board will recommend to BUMED, Chief of the Medical Corps:

   (a) specific entry grade credit qualifications in paragraph 9 that are met;

   (b) entry grade credit for those qualifications;

   (c) the degree to which documented supervisory and managerial experience qualifies applicants for appointment in grades O-5 and above for assignment to specific classes of command, and executive and administrative billets in those grades; and

   (d) evaluation of the quality and desirability of the candidate based on their professional qualifications and experience in the medical or surgical specialty for which being considered, and confirm the authenticity of the documents comprising the entering professional credentials file.

   (e) The professional review board will make its report directly to BUMED, Chief of the Medical Corps, or delegated authority, without intervening endorsements or clearances.
(4) BUMED, Chief of the Medical Corps, or its designee, will make recommendations regarding approval or disapproval directly to COMNAVCRUITCOM, without intervening endorsements or clearances.

(5) Once BUMED, Chief of the Medical Corps, or its designee, has evaluated the applicant’s professional qualifications, COMNAVCRUITCOM will determine whether the applicant is qualified for a commission as a medical officer in the primary medical or surgical specialty for which designated. Except as provided in paragraph 14, no applicant will be appointed as a Medical Corps officer without these determinations.

9. **Entry Grade Credit.** A prospective Medical Corps officer’s entry grade and rank within grade will be determined by the number of years of entry grade credit awarded on original appointment, designation, or assignment as a Medical Corps officer. The entry grade credit to be awarded must equal the sum of constructive service credit and prior commissioned service credit (other than as a commissioned warrant officer), except in cases where the total exceeds the maximum credit allowed, and as stated in table 1. A period of time will be counted only once when computing entry grade credit. Prior commissioned service credit includes commissioned service on active duty as a commissioned officer as required by references (e) and (f). Constructive service credit includes credit for advanced education and training and may also include credit for professional experience. Entry grade credit will be subject to the computation and maximum credit criteria in paragraphs 10 and 11 and as specified in table 1.

### TABLE 1. ENTRY GRADE CREDIT

<table>
<thead>
<tr>
<th>QUALIFICATION</th>
<th>ENTRY GRADE CREDIT SOURCE</th>
<th>CREDIT</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Active commissioned service (active duty and full-time National Guard) as a Medical Corps officer in any of the uniformed Services in the specialty being appointed.</td>
<td>1 year for each year</td>
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<tr>
<td>2.</td>
<td>Active commissioned service (active duty and full-time National Guard) in any of the uniformed services other than as a Medical Corps officer.</td>
<td>One-half year for each year</td>
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<tr>
<td>3.</td>
<td>Initial medical doctor or Doctor of Osteopathy degree awarded under criteria in paragraph 7.</td>
<td>4 years</td>
</tr>
<tr>
<td>4.</td>
<td>Successful completion of first year GME (internship).</td>
<td>1 year</td>
</tr>
<tr>
<td>QUALIFICATION</td>
<td>ENTRY GRADE CREDIT SOURCE</td>
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<td>5.</td>
<td>GME towards American Board Specialty Certification. To be credited, the education must have occurred after first year GME (internship) in qualification 4; be in a medical or surgical specialty authorized by CNO in reference (n), part E, and to which the applicant will be assigned; and be creditable toward certification by an American Specialty Board or certification equivalence awarded by BUMED. This GME may refer to the common verbiage of residency and/or fellowship level training.</td>
<td>1 year for each year or school year</td>
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<td>6.</td>
<td>Experience as a practicing physician after graduation from medical or osteopathic school. No credit may be given for practice outside the United States and Puerto Rico, except when BUMED certifies the level of clinical practice in a given primary medical or surgical specialty to be equivalent to practice in the United States.</td>
<td>One-half year for each year of experience up to a maximum of 3 years</td>
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<tr>
<td>7.</td>
<td>In unusual cases, additional credit may be granted for special professional experience in the specialty in which appointed, when that experience is accrued after obtaining the qualifying degree. This additional credit applies only to individuals who have an experience level that uniquely distinguishes them from the normal qualifications required for appointment as a commissioned officer. Maximum credit for experience must be earned under qualification 6 of this table before earning any experience credit under this paragraph. Credit under this provision will not be given to health professionals solely on the basis of special experience that is unassociated with advanced education or an advanced degree. See enclosure (1) for types of special experience that may be considered for credit.</td>
<td>1 year for each year of special professional experience (if 6 months or less no credit will be granted)</td>
</tr>
</tbody>
</table>
10. **Limits and Computation of Entry Grade Credit**

   a. A period of time or special qualification will be counted only once.

   b. Qualifying period of less than 1 full year will be credited proportionately to the nearest day, except where noted otherwise.

   c. Credit will not be awarded for service as an enlisted member, warrant officer, or commissioned warrant officer.

   d. In general, credit will not be granted for work experience prior to the qualifying degree.

   e. Graduates of the Service academies will not be awarded credit for service performed or education, training, or experience obtained before graduation from the academy.

   f. Credit for GME for periods during which the applicant served on active duty as a commissioned officer will be awarded as specified in table 1. Credit for GME for periods during which the applicant served in the Reserves as a commissioned officer will be awarded as specified in table 1 under qualifications 4 and 5.

   g. The recall of Reserve officers of the Medical Corps to the ADL is not an original appointment, therefore, such officers are not entitled to additional entry grade credit.

11. **Maximum Entry Grade Credit.** Total entry grade credit granted will normally be limited to 15 years. After considering the recommendations of COMNAVCURITCOM, CNO (N1) may waive the 15-year limit on a case-by-case basis under circumstances listed in subparagraphs 11a and 11b.

   a. **For Appointment as an Officer on the ADL.** When there is a shortage against authorized strength in the Medical Corps specialty for which the appointee is nominated which cannot be met by the criteria in subparagraphs 11a(1) through 11a(5).

      (1) Direct and in-service acquisition of qualified health professionals in the grades of O-4 and below.

      (2) Voluntary recall of qualified Reserve officers of the Medical Corps to the ADL.

      (3) Continuation of officers subject to mandatory retirement for service under reference (o).

      (4) In-zone promotion under the 5-year promotion plan approved by Secretary of the Navy (SECNAV).
(5) When a gross inequity to the applicant would otherwise result.

b. For Appointment as an Officer on the RASL. When there is a shortage against authorized strength in the Medical Corps specialty for which the appointee is nominated which cannot be met by the criteria in subparagraphs 11b(1) through 11b(4).

(1) Transfer of officers from the ADL.

(2) Direct acquisition of qualified health professionals in the grades of O-4 and below.

(3) In-zone promotion under the 5-year promotion plan approved by SECNAV.

(4) A gross inequity to the applicant would otherwise result.

12. Entry Grade Credit in Transition Period. This instruction provides for entry grade credit to be awarded to individuals being appointed in the Medical Corps from the effective date of this instruction. There will be no retroactive changes, as a result of this instruction, to the entry grade credit granted to officers appointed in the Medical Corps prior the date of this current instruction.

13. Appointments

a. Entry Grade. A prospective Medical Corps officer who is not awarded entry grade credit under table 1 will be appointed in the grade of O-3 with the date of rank coinciding with the date of appointment. A prospective Medical Corps officer who is awarded entry grade credit under table 1 will be appointed in a grade based on total entry grade credit awarded under reference (e). The minimum entry grade credit required for each grade is equal to the promotion flow points prescribed in the approved annual 5-year promotion plan in effect at the time of appointment. Under references (b) and (c), officers transferred from other uniformed services into the Medical Corps of the Navy will continue to hold the same grade and date of rank held in their prior uniformed service except as provided in reference (c).

b. Date of Rank. When the minimum entry grade credit required for appointment in a given grade is granted, the date of rank will be the date of appointment. When entry grade credit is granted in excess of the minimum years required for appointment in a given grade, but less than the amount necessary to justify the next higher grade, the excess credit will be used to adjust the date of rank within grade.

c. Assignment of Precedence

(1) AC appointees will be placed on the ADL under reference (p).

(2) Officers in the grades of O-3 to O-5, whose placement on the ADL is within 1 year of the convening dates of promotion selection boards, and are in-zone and above-zone eligible, are
automatically deferred unless they specifically request to be considered. Under reference (g), the officer may waive this deferment and request consideration for promotion, in writing, to Navy Personnel Command (NAVPERSCOM), Career Progression Eligibility Branch (PERS-802), 5720 Integrity Drive, Millington, TN 38055. The waiver request must be received by NAVPERSCOM (PERS-802) not later than 1 day prior to the convening date of the board. If NAVPERSCOM (PERS-802) receives a timely written waiver request from an officer otherwise eligible for consideration, that officer’s record will be placed before the selection board for consideration. Once waived, deferment will not be reinstated.

(3) RC appointees will be placed on the RASL under reference (p).

14. Application Processing

a. To facilitate rapid application processing, CNO (N1) will establish all military and professional documentation required for the application.

b. Completed applications for appointment on the ADL will be forwarded expeditiously to COMNAVCRUITCOM, 5722 Integrity Drive, Building 784, Millington, TN 38054-5057.

c. Professional credentialing documents must be obtained from the issuing source or validated for authenticity through contact with the issuing source or a secondary source approved by the Surgeon General to meet the requirements of reference (m).

d. COMNAVCRUITCOM will immediately notify CNO (N1) of any contact initiated by Members of Congress, political appointees of the executive branch, or members of the Federal judiciary who desire to seek a commission in the Navy Reserve. CNO (N1) retains sole authorization authority for the initiation of any action to recruit or process these applicants. If authorized by CNO (N1), COMNAVCRUITCOM will ensure the interested applicants are interviewed or screened to appropriate qualifications for service entry. COMNAVCRUITCOM will assess, and report to CNO (N1), the member’s qualification (or non-qualification) for continued processing based upon initial screening. COMNAVCRUITCOM will provide regular reports to CNO (N1) on the status of these applicants. COMNAVCRUITCOM will immediately notify CNO (N1) when any applicant in these special status categories has been determined to be unqualified for commissioning, or when any applicant has been professionally recommended by a selection board for commissioning. All letters of notification of selection for commission, or disqualification, to any applicant in this category will be approved by CNO (N1) or higher authority.

15. Responsibilities

a. CNO (N1). Per Assistant Secretary of the Navy (Manpower and Reserve Affairs) memorandum of 26 April 2017, Delegation of Authority for Certain Personnel Actions, CNO
(N1) is delegated authority and may approve entry grade credit, entry grades, and dates of rank in compliance with this instruction. CNO (N1) will:

(2) ensure successful execution of the policy and program guidance in this instruction,

(3) acquire and appoint Medical Corps officers in line with this instruction,

(4) establish the annual accession plan for the AC and RC, and

(5) ensure all direct accession applications are processed within the maximum time standard.

b. BUMED

(1) Certify professional qualifications and provide the calculation of entry grade credit to COMNAVCRUITCOM.

(2) Establish the Medical Corps performance review board and review qualifications required by reference (q).

c. COMNAVCRUITCOM

(1) Determine grade and date of rank based on calculations provided by BUMED, subject to approval of SECNAV, per the guidelines in this instruction.

(2) Maintain statistical data required for preparation of summary reports for CNO (N1) and for special reports when required by Assistant Secretary of Defense for Health Affairs or Assistant Secretary of the Navy (Manpower and Reserve Affairs).

16. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned for the standard subject identification codes 1000 through 13000 series per the records disposition schedules located on the Department of the Navy/Assistant for Administration (DON/AA), Directives and Records Management Division (DRMD) portal page at https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the DON/AA DRMD program office.
17. **Review and Effective Date.** Per OPNAVINST 5215.17A, CNO (N1) will review this instruction annually on the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of Defense, SECNAV, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 5 years, unless revised or cancelled in the interim, and will be reissued by the 5-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. If the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

18. **Information Management Control.** The performance review board reports required by subparagraph 8b(3)(e) are exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, subparagraph 7p.

[Signature]

R. P. BURKE
Deputy Chief of Naval Operations
(Manpower, Personnel, Training and Education)

Releasability and distribution:
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CREDIT FOR SPECIAL EXPERIENCE AND ADVANCED EDUCATION

1. Types of special experience addressed in qualification 7 of table 1, which may be considered, include experiences listed in subparagraphs 1a through 1g.

   a. Full-time teaching experience in primary medical or surgical specialty.

   b. Other experience serving in an academic appointment in the primary medical or surgical subspecialty.

   c. Professional experience in an advanced subspecialty contributing directly to performance in the primary medical or surgical subspecialty.

   d. Experience as a board certified specialist in a second primary medical or surgical specialty.

   e. GME in a medical or surgical specialty other than that specialty to which the officer will be assigned. The specialty must be authorized by the CNO and identified by a medical or surgical specialty in reference (j), part E.

   f. Extensive clinical experience as a practicing physician after board certification in the primary specialty to which the applicant will be appointed and after any creditable commissioned service as a Medical Corps officer. Such experience may be credited as special experience only when the applicant is not credited with any other special experience or education.

   g. The maximum credit which may be granted as extensive experience practicing the subspecialty is that amount which would qualify the applicant for appointment in the grade next above that grade supported by credit awarded under qualifications 1 through 7 of table 1, but not to qualify the applicant for appointment in grade of O-6.

2. Credit for special experience and advanced education may be awarded on a case-by-case basis with the approval of CNO (N1), based on the recommendations and supporting justification of COMNAVCRUITCOM.