

INFORMATION PAPER

Subject: Constructive course credit for Army Nurse Corps Branch Area of Concentration (AOC) and Area of Skill Identification (ASI) Specialty Courses

References.

AR 350-1 Army Training and Leader Development

AR 600-9 Army Weight Control Program

AR 623-1 Academic Evaluation Reporting System

TSG Approved Memorandum Dated 20071008 "Constructive Credit for Army Nurse Corps Clinical Specialty Education

Purpose. The majority of ANC officers attain clinical specialty education and AOC/ASI identifiers after successful completion of AMEDD Center and School AOC/ASI Specialty Courses. Others attain their nursing specialty identifier based on specialty nursing training/education from civilian or military work experience. The purpose of this paper is to outline the process to award constructive AOC/ASI course credit to Army Nurse Corps (ANC) Officers with the AOC/ASI identifier who meet or exceed the following established criteria.

1. **Eligibility criteria.** Applicant must:

- a. Be an active duty, regular army, ANC officer with a minimum of a Bachelor of Science Degree in Nursing.
- b. Currently hold an AOC/ASI identifier in a clinical specialty that has an AOC/ASI course approved by The Surgeon General (TSG).
- c. Have never attended a TSG approved AOC/ASI course for which they are seeking constructive credit.
- d. Have functioned in the specialty role/identifier for which they are seeking constructive credit for a minimum of 2 years.
- e. Have current active national certification for the specialty for which they are seeking constructive credit.
- f. Meet the height and weight standards IAW AR 600-9 and APFT standards IAW AR 350-1.

2. **Application Packet.** Officers who meet eligibility criteria and wish to apply for AOC/ASI constructive course credit should remit the following documents to Army Nurse Corps Branch, Human Resources Command:

- a. DA 4187 requesting constructive course credit. Sample attached.
- b. Curriculum Vitae.
- c. Copy of current national certification.
- d. Ht/Wt/APFT statement signed by the Company Commander.
- e. Other relevant documentation as needed.

4. Questions about eligibility or the AOC/ASI Constructive Course credit process can be directed to ANC Branch Career Managers.

EXAMPLE

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.
PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).
ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.
DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code) Appropriate Deputy Commander's name Unit or MTF address Phone Number	2. TO (Include ZIP Code) Human Resources Command ATTN:AHRC-OPH-AN 1600 Spearhead Division Loop Fort Knox, KY 40122	3. FROM (Include ZIP Code) Officers S1/PSB/MPD Address Phone Number
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) Name	5. GRADE OR RANK/PMOS/AOC Grade	6. SOCIAL SECURITY NUMBER
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SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from _____ to _____
 _____ effective _____ hours, _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	<input type="checkbox"/> AOC/ASI Course Constructive Credit

9. SIGNATURE OF SOLDIER (When required)

10. DATE (YYYYMMDD)

SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

- Officer requests constructive credit for the AOC / ASI course: (Example: Critical Care Nursing 8A Course)
- Officer currently holds the AOC / ASI of: (Example: 66H)
- Officer has a current board certification as a: (Example: AACN certification as a CCRN)
- Officer has functioned in the specialty role for which they are seeking constructive credit for a minimum of two (2) years.
- Officer meets the height and weight standards IAW AR 600-9 and APFT standards IAW AR 350-1.

Enclosure 1: Applicants curriculum vitae (CV)

Enclosure 2: Applicants national board certification document

Enclosure 3: HT/WT APFT compliance statement from applicants company commander

EXAMPLE

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

HAS BEEN VERIFIED RECOMMEND APPROVAL RECOMMEND DISAPPROVAL IS APPROVED IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE

13. SIGNATURE

14. DATE (YYYYMMDD)