

Army Regulation 616–110

Personnel Utilization

**Selection,
Training,
Utilization,
and Career
Guidance for
Army
Medical
Corps
Officers as
Flight
Surgeons**

**Headquarters
Department of the Army
Washington, DC
25 April 2018**

UNCLASSIFIED

SUMMARY of CHANGE

AR 616–110

Selection, Training, Utilization, and Career Guidance for Army Medical Corps Officers as Flight Surgeons

This major revision, dated 25 April 2018—

- o Adds internal control provisions in accordance with AR 11–2 (app B).
- o Provides changes to command structure (throughout).
- o Updates Army and Department of Defense form numbers (throughout).

Effective 25 May 2018

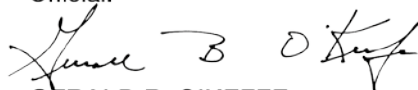
Personnel Utilization

**Selection, Training, Utilization, and Career Guidance for Army Medical Corps
Officers as Flight Surgeons**

By Order of the Secretary of the Army:

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General, United States Army
Chief of Staff

Official:



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*Administrative Assistant to the
Secretary of the Army*

States, and the U.S. Army Reserve, unless otherwise stated.

Proponent and exception authority.

The proponent of this regulation is The Surgeon General. The proponent has the authority to approve exceptions or waivers to this regulation that are consistent with controlling law and regulations. The proponent may delegate this approval authority, in writing, to a division chief within the proponent agency or its direct reporting unit or field operating agency, in the grade of colonel or the civilian equivalent. Activities may request a waiver to this regulation by providing justification that includes a full analysis of the expected benefits and must include formal review by the activity's senior legal officer. All waiver requests will be endorsed by the commander or senior leader of the requesting activity and forwarded through their higher headquarters to the policy proponent. Refer to AR 25–30 for specific guidance.

Army internal control process.

This regulation contains internal control provisions in accordance with AR 11–2 and identifies key internal controls that must be evaluated (see app B).

Supplementation. Supplementation of this regulation and establishment of command and local forms are prohibited without prior approval from The Surgeon General of the Army, 7700 Arlington Boulevard, Falls Church, VA 22042–5142.

Suggested improvements. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to The Surgeon General of the Army, 7700 Arlington Boulevard, Falls Church, VA 22042–5142.

Distribution. This regulation is available in electronic media only and is intended for the Regular Army, the Army National Guard/Army National Guard of the United States, and the U.S. Army Reserve.

History. This publication is a major revision.

Summary. This regulation provides the rules for development and retention of flight surgeons in the U.S. Army Medical Corps.

Applicability. This regulation applies to the Regular Army, the Army National Guard/Army National Guard of the United

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Glossary

Chapter 1

Introduction

1–1. Purpose

This regulation establishes policies and procedures for the selection, training, utilization, and career guidance for Army medical corps (MC) officers as flight surgeons.

1–2. References

See appendix A.

1–3. Explanation of abbreviations and terms

See the glossary.

1–4. Responsibilities

a. The Surgeon General (TSG) is responsible for the Aviation Medicine (AVMED) Program Armywide and ensures that the Commanding General, U.S. Health Readiness Center of Excellence conducts aeromedical education and training at the School of Army Aviation Medicine (SAAM).

b. The U.S. Army Training and Doctrine Command has primary responsibility to act on requests of MC officers of allied nations for training in the flight surgeon course.

c. Commanders of Army commands, Army service component commands, and direct report units will ensure compliance with the provisions of this regulation.

1–5. Policies and procedures

Policies and procedures for the development and retention of U.S. Army flight surgeons are contained in chapters 2 through 5 of this regulation.

Chapter 2

Application and Selection

2–1. Prerequisites for selection

Applicants must—

a. Volunteer for courses of instruction; however, due to unit requirements, clinic commanders, State Aviation Officers, or commanders in the grade of O–5 and above may direct qualified MC officers to attend flight surgeon training.

b. Be MC officers or fourth year medical students holding a military commission. Reserve Component officers not on extended active duty must request and be approved for a short tour of active duty for the purpose of attending courses of instruction.

c. Meet Class 2F flight duty medical examination (FDME) standards as prescribed in AR 40–501. The FDME will contain a completed DD Form 2808 (Report of Medical Examination), a DD Form 2807–01 (Report of Medical History), and all FDMEs must be reviewed and qualified by the Director, U.S. Army Aeromedical Activity (USAAMA), Fort Rucker, AL 36362–5333, prior to class selection. If medically disqualified, the applicant must receive a waiver from their respective component waiver authority. Air Force and Navy medical standards also apply to Army applicants for Air Force and Navy flight surgeon training programs.

d. Meet the criteria for utilization to serve 24 months following graduation from the Air Force, Army, or Navy courses.

e. Agree to serve a utilization tour in AVMED as specified in paragraph 4–2.

2–2. Application

a. Applications for Army Flight Surgeon Primary Course (Army Training Requirements and Resources Systems (ATTRS) course number 6A–61N9D) training should be submitted as follows:

(1) *Active duty.* MC officers on continuous active duty (Regular Army and U.S. Army Reserve (USAR)) should submit DA Form 3838 (Application for Short Course Training) to U.S. Army Human Resources Command. Medical requirements will be submitted as follows: submit a class 2F flying duty medical examination online through Aeromedical Electronic Resource Office (AERO) not later than 60 days prior to the intended course start date. (See link at <https://vfso.rucker.amedd.army.mil/> for information on AERO.)

(2) *Reserve*. USAR MC officers not on continuous active duty should submit DA Form 1058 (Application for Active Duty for Training, Active Duty for Operational Support, and Annual Training for Soldiers of the Army National Guard and U.S. Army Reserve) through command channels to Commander, U.S. Army Human Resources Command (AHRC–OPH–R), 1600 Spearhead Division Avenue, Fort Knox, KY 40122–5205.

(3) *Army National Guard*. Army National Guard (ARNG) MC Officers will submit the following through their chain of command to the Army National Guard, Office of the Chief Surgeon (ARNG–CSG–O), 111 South George Mason Drive, Arlington, VA 22204–1373:

(a) An application in ATRRS at <https://www.atrrs.army.mil/> for 6A–61N9D (Primary), or 6A–61N9D(RC)(P1) and 6A–61N9D(RC)(P2); completion of Phase 1 is mandatory prior to enrollment in Phase 2.

(b) Current and qualified Army Class 2 Flying Duty Medical Exam. (Exam must be completed in accordance with AR 40–501 and received by the approving authority Army Aeromedical Activity (HSXY–AER), Fort Rucker, AL 36362–5333, 30 days prior to the course start date.)

(c) Officer Basic Course DA Form 1059 (Service School Academic Evaluation Report).

(d) Height and weight verification memorandum signed by the commander or the commander’s designee.

(4) *Other Services*. MC officers of other Services should apply through their Service command channels. Point of contact for Army coordination is the same as given in paragraph 2–2a(1).

(5) *Medical students*.

(a) Uniformed Services University of the Health Sciences students should obtain prior approval from the Department of Medical Education and then submit DA Form 3838 through the Department of Military Medicine to the website listed in paragraph 2–2a(1).

(b) Health Professions Scholarship Program (HPSP) students in their fourth year should contact their HPSP Student Advisor at 1–888–550–2769 for instructions on how to apply.

(6) *Allied officers*. MC officers of allied nations should submit requests through their national command channels to the local U.S. Government representative (see para 1–4b).

b. Applications for Army Flight Surgeon Primary Course (ATRRS course number 6A–61N9D) training will include the following information:

(1) Name of the school and course title.

(2) Dates the applicant will be available to attend the course.

(3) Date of entry on extended active duty and present expiration of term of service or category commitment for ARNG and USAR officers. Personnel in ARNG and USAR not on extended active duty must request active duty for training for the period of the course of instruction for which application is made.

(4) A statement that the applicant—

(a) Understands the obligation to serve the utilization tour prescribed in paragraph 4–2. Utilization criteria in paragraph 4–2 does not apply to medical students.

(b) Has completed an FDME as prescribed in paragraph 2–1c.

(c) Will participate in frequent flights in Army aircraft at installations or with units where assigned.

(d) Will participate in the AVMED Program at installations or with units where assigned.

c. Applications for advanced aerospace medicine training within graduate medical education should be submitted according to the current guidance from the U.S. Army Directorate of Medical Education at <https://www.mods.army.mil/medicaleducation/>.

2–3. Selection

Selection of eligible personnel is determined by TSG, except for ARNG personnel for whom this determination is made by the ARNG–CSG–O. In all cases, final selection is contingent upon determination of medical fitness by Director, USAAMA, Fort Rucker, AL 36362–5333.

Chapter 3 Training

3–1. Aviation medicine training schools

SAAM (Fort Rucker, AL), the U.S. Naval Aerospace Medical Institute (Naval Air Station, Pensacola, FL), and the U.S. Air Force School of Aerospace Medicine (Wright Patterson Air Force Base, Dayton Ohio) offer initial courses in aviation and aerospace medicine as well as formal residency programs.

a. Graduates of initial (short course) training are awarded primary specialty skill identifier (SSI) 61N, with proficiency designator 9Z.

b. MC officers enrolled in advanced (aerospace medicine residency) training are advanced to proficiency designator 9D during the program, 9C upon completion of formal training, and are awarded proficiency designator 9B upon board certification in aerospace medicine.

3–2. Initial aviation medicine courses

MC officers who meet the prerequisites stated in chapter 2 may apply for training in the following courses:

a. The Naval Aerospace Medical Institute offers a 24-week AVMED course three times a year. The course includes limited flight training. Students attend on permanent change of station orders.

b. The U.S. Air Force School of Aerospace Medicine offers a 6-week, 3-course Aerospace Medicine Primary series (AMP 101/201/202) as described at the website <http://www.wpafb.af.mil/welcome/factsheets/display/article/841281/usaf-sam-aerospace-medicine-education/>.

c. SAAM offers the Army Flight Surgeon Primary Course which provides 6 weeks of comprehensive training in AVMED. The course is normally offered three times a year.

3–3. Basic aviation medicine (flight surgeon) refresher training

All flight surgeons engaged in the care of aircrew should stay abreast of updates on the clinical, operational, and administrative aspects of AVMED. All flight surgeons not actively engaged in an AVMED Program must complete refresher training at least once every 3 years.

a. Refresher training may be accomplished through either distance learning or resident modalities.

b. The training will emphasize the operational application of basic AVMED principles and provide updates on the administration, tactical utilization, readiness enhancement, clinical management, and aeromedical disposition of aviation personnel. This may be achieved through civilian or military AVMED courses, attendance at international AVMED meetings, or other appropriate continuing professional development.

c. The Dean, SAAM (MCCS–WAD), is responsible for providing refresher training opportunities to the U.S. Army’s flight surgeon inventory and will act as the validating authority for refresher training curricula.

d. SAAM conducts resident refresher training three times per year: two iterations of the Army Aviation Medicine Orientation Course (ATRRS course number 6A–F1) and the annual Operational Aeromedical Problems Course (ATRRS course number 6A–A0111).

e. Examples of alternative refresher curricula include, but are not limited to, those offered by the Aerospace Medical Association, Federal Aviation Administration, International Congress of Aviation and Space Medicine, or Survival and Flight Equipment conferences and/or seminars. When utilizing a SAAM external conference/seminar for refresher training, it must be paired with 30 days of local AVMED Program integration, supervised by a fully privileged, practicing flight surgeon. Once completed, a synopsis of the training and AVMED Program integration must be submitted directly to the Dean, School of Army Aviation Medicine (MCCS–HA), 301 Andrews Avenue, Fort Rucker, AL 36362–5333 for approval.

3–4. Advanced aviation medicine (aerospace medicine) training

a. Aerospace medicine is recognized as a specialty by the American Board of Preventive Medicine, the American Osteopathic Board of Public Health and Preventive Medicine, and TSG. Advanced training leading to board certification in aerospace medicine, including a Master of Public Health degree or equivalent, is available for officers who desire to enter this career field.

b. The SAAM (Fort Rucker, AL) offers a formal residency program in aerospace medicine. This 36-month graduate medical education program began in 2015 and leads to board eligibility in both aerospace and occupational medicine with the American Board of Preventive Medicine. The program is heavily weighted in the aeromedical and operational application of clinical and preventive medicine.

c. Residency application guidance is contained in AR 351–3.

Chapter 4 Utilization

4–1. Authorization of flight surgeons, special skill identifier 61N

The role of Army AVMED is to support Army aviation’s mission. Flight surgeon requirements are determined by the local AVMED Program requirements as well as the number of aviation personnel supported. The full-time equivalent utilization requirement of a flight surgeon, as outlined in AR 40–3, will be delineated as 0.4 nonclinical duties and 0.6 clinical duties. Aviation personnel include individuals on operational and nonoperational status within the area supported by the flight

surgeon. Variables such as size, number, and location of units supported, frequency of deployment, mission requirements, and area support requirements may increase the number of flight surgeons required to conduct the AVMED Program. Questionable cases will be submitted for review by TSG (HSXY–AER) or the ARNG–CSG–O.

a. Flight surgeons are authorized in the table of organization and equipment of aviation battalions or squadrons and larger units to provide advice on medical matters to the commanders and to provide medical treatment for assigned unit personnel.

b. Flight surgeons, SSI 61N, are authorized in tables of distribution and allowances as follows:

- (1) Faculty positions at selected U.S. Army schools.
- (2) Staff positions at selected U.S. Army medical research and development activities.
- (3) Staff positions in selected Department of the Army (DA) supervised activities.
- (4) Staff positions in the DA, office of TSG.
- (5) Clinical positions in medical treatment facilities for the purpose of providing aeromedical consultation and/or AVMED support.

4–2. Utilization

Flight surgeons (61N9D) and Aerospace Medicine Specialists (61N9B) will be utilized as follows:

a. Flight surgeons (61N9D).

(1) Flight surgeons will be utilized in AVMED Program activities when the officer is assigned against an authorized SSI 61N coded position. Officers assigned to aviation organizations will integrate into the unit's Aircrew Training Program (ATP) and participate in all administrative, safety, clinical, and operational duties (that is, medical staff planning activities associated with tactical aviation operations) in accordance with the AVMED subsection of the current U.S. Army Forces Command Aviation Resource Management Survey checklist and as required in accordance with AR 40–3 and AR 385–10.

(2) Flight surgeons are considered essential aircrew and will participate in regular and frequent aerial flights in order to meet minimum flight hour requirements in accordance with AR 600–105. Additionally, flight surgeons will be fully integrated into the ATP and meet all training requirements according to AR 600–105, AR 600–106, and the appropriate Aircrew Training Manual.

(3) Other duties will not jeopardize the primary AVMED Program effort. Flight surgeons should not be utilized in other medical activities when full-time application to AVMED is required to meet local AVMED Program requirements. (This is not an exemption for all flight surgeons from other medical activities.)

(4) Qualified flight surgeons engaged in other primary activities should assist in providing AVMED Program support to local aviation units without organic AVMED support.

(5) Flight surgeons will serve a utilization tour in an authorized flight surgeon position that requires the SSI 61N for 24 months after completion of basic course in AVMED by the Army, Navy, or Air Force.

b. Aerospace Medicine Specialists (61N9B). Aerospace Medicine Specialists will provide primary and consultative health care while leading and conducting advanced aviation and occupational medicine programs that integrate, sustain, and protect the Warfighter in the full spectrum of operational environments. Resident in Aerospace Medicine Specialists (RAMs) provide both individual and system based health care focused on the aerospace, occupational, and environmental challenges found in combat systems and the battlefield. Additionally, RAMs are competent and capable of developing and managing the full spectrum of occupational health programs for both military and civilian personnel.

(1) Toward this end, Army Aerospace Medicine Specialists are typically assigned as Combat Aviation Brigade (CAB) surgeons leading and training 4 other flight surgeons, 6 aeromedical physician assistants, and up to 30 flight paramedics and medical personnel. The CAB surgeon provides direct care within a robust AVMED and occupational medicine program. Army Aerospace Medicine Specialists also supervise and serve as the medical director of the CAB's air ambulance units.

(2) Those not assigned as CAB surgeons will be utilized according to the needs of the Army within positions as specified in paragraph 4–1.

(3) Residency trained Aerospace Medicine Specialists trained in another medical specialty will normally be assigned to positions requiring their specialty in aerospace medicine and practice their additional specialty when properly privileged by the appropriate medical treatment facility commander.

4–3. Flight status

a. Flight surgeons assigned to AVMED duties will participate in frequent flights in Army aircraft. Flying in Army unit aircraft is an essential part of a successful AVMED Program. Flight time will be recorded on DA Form 759 (Individual Flight Record and Flight Certificate - Army).

b. TSG (or designee, typically the Aerospace Medicine Consultant); the Chief, National Guard Bureau; and Commander, U.S. Army Aviation Center of Excellence are authorized to place flight surgeons on flying status. Flight surgeons,

senior flight surgeons, and master flight surgeons are designated as crewmembers and authorized monthly aviation incentive pay (AvIP) per AR 600–105.

c. Officers desiring to withdraw from the AVMED career field must forward a written request to U.S. Army Human Resources Command. Approval of such requests will be based upon the needs of the Service.

Chapter 5

Career Guidance

5–1. Career guidance for flight surgeons

a. *Designation.* Officers who meet the prerequisites in this regulation and complete the initial course of instruction qualify as flight surgeons (61N9D). MC officers completing prerequisites given in AR 600–105 will be awarded the aeronautical designation of flight surgeon, senior flight surgeon, or master flight surgeon. Commissioned senior medical students who complete the initial course of AVMED instruction and meet the prerequisites in AR 600–105 qualify as flight surgeons and will be awarded the aeronautical designation of flight surgeon upon entry in the MC and successful completion of first year graduate medical education.

b. *Career program.* The career program for flight surgeons is designated to train and develop MC officers in the field of AVMED, provide effective management and efficient utilization of flight surgeons, and provide career opportunities for flight surgeons commensurate with their capabilities.

c. *Operational assignments.* MC officers electing to enter AVMED will perform duties in the field of AVMED as specified in paragraph 4–2 of this regulation. Flight surgeons will obtain, in addition to their knowledge and application of AVMED, an appreciation and understanding of the operational aspects of Army aviation. This will require the flight surgeon to participate in the planning and execution of Army aviation operations.

d. *Army Medical Department.* Flight surgeons desiring careers in the Army Medical Department (AMEDD) must further their medical knowledge and ability to perform medical command and staff assignments.

e. *Advanced aviation medicine.* Flight surgeons may apply for residency programs leading to board certification in aerospace medicine or in other medical specialties. Residency training, board certification, and completion of Army military professional development courses and schools will qualify the flight surgeon to compete for staff and command positions of increasing responsibility.

5–2. Career guidance for Aerospace Medicine Specialists

a. *Designation.* Officers who meet the prerequisites in this regulation and graduate from an approved, accredited aerospace medicine residency qualify as Aerospace Medicine Specialists (61N9C). Furthermore, those who achieve board certification in aerospace medicine will earn proficiency designator 9B and recognition as RAMs.

b. *Career program.* The career program for Aerospace Medicine Specialists is designed to mentor and supervise junior officers and enlisted personnel in the field of AVMED, provide effective management and efficient utilization of AVMED assets, and enhance career opportunities within joint and broadening assignments commensurate with their unique skill sets and capabilities supporting the operational AVMED Program. Graduating RAMs are required and expected to enter into specific Army aerospace medicine and AMEDD leadership positions. These positions combine clinical, programmatic, and leadership duties into a challenging set of rewarding career assignments.

c. *Operational assignments.* As stated in paragraph 4–2b, Army Aerospace Medicine Specialists typically begin their careers as either CAB surgeons or General Support Aviation Battalion (GSAB) surgeons. A CAB or GSAB surgeon assignment typically lasts between 24 to 36 months. During their careers, RAMs serve in disproportionate frequency and duration in operational medicine assignments (61N and 60A) compared to their MC peers. This primarily occurs in combat arms organizations.

d. *Army Medical Department.* RAMs also serve in many 61N and 60A AMEDD assignments. Classic assignments include positions at the U.S. Army Aeromedical Activity, U.S. Army Aeromedical Research Laboratory, SAAM, U.S. Army Aeromedical Center (Lyster Army Health Clinic, Fort Rucker, AL), and command surgeon positions at the U.S. Army Combat Readiness Center (Safety Center) and Space and Missile Defense Command. Through reciprocal collaboration with TSG's Occupational Medicine Consultant, these aerospace assignments may be interspersed with Army occupational medicine positions at Army community hospitals, Army medical centers, and Army depots.

e. *Future considerations and projected need.* The Armywide demands for Aerospace Medicine Specialists and the need for the Army AVMED Program remains robust for the foreseeable future. This is regardless of potential DOD budgetary limitations. The demands for Army aviation will remain vigorous regardless of the Army's reorganization as much of the Army plan revolves around the capabilities of Army aviation. Additionally, the Army unmanned aerial system's and paramedic programs continue to grow exponentially along with their aeromedical support requirements.

Appendix A

References

Section I

Required Publications

AR 40–501

Standards of Medical Fitness (Cited in para 2–1c.)

AR 351–3

Professional Education and Training Programs of the Army Medical Department (Cited in para 3–4c.)

AR 600–105

Aviation Service of Rated Army Officers (Cited in para 4–2a(2).)

Section II

Related Publications

A related publication is a source of additional information. The user does not have to read it to understand this publication. Unless otherwise indicated, DA publications are available on the Army Publishing Directorate website (<http://armypubs.army.mil>).

AR 11–2

Managers' Internal Control Program

AR 25–30

Army Publishing Program

AR 40–3

Medical, Dental, and Veterinary Care

AR 385–10

The Army Safety Program

AR 600–106

Flying Status for Nonrated Army Aviation Personnel

DOD 7000.14–R, Volume 7a

Department of Defense Financial Management Regulation, Military Pay Policy - Active Duty and Reserve Pay (Available at <http://comptroller.defense.gov/fmr.aspx>.)

Section III

Prescribed Forms

This section contains no entries.

Section IV

Referenced Forms

Except where otherwise indicated, the following DA forms are available on the Army Publishing Directorate website (<http://armypubs.army.mil>) and DD forms are available on the OSD website (<http://www.esd.whs.mil/directives/forms/>).

DA Form 11–2

Internal Control Evaluation Certification

DA Form 759

Individual Flight Record and Flight Certificate - Army

DA Form 1058

Application for Active Duty for Training, Active Duty for Operational Support, and Annual Training for Soldiers of the Army National Guard and U.S. Army Reserve

DA Form 1059

Service School Academic Evaluation Report

DA Form 2028

Recommended Changes to Publications and Blank Forms

DA Form 3838

Application for Short Course Training

DD Form 2807-01

Report of Medical History

DD Form 2808

Report of Medical Examination

Appendix B

Internal Control Evaluation

B–1. Function

The function covered by this evaluation is selection, training, utilization, and career guidance for Army MC officers as flight surgeons.

B–2. Purpose

The purpose of this evaluation is to assist the aeromedical community in evaluating key internal controls listed. It is intended as a guide and does not cover all subjects.

B–3. Instructions

Answers must be based on the actual testing of key internal controls (for example, document analysis, direct observation, sampling, or other) at least once every 5 years. Answers that indicate deficiencies must be explained and corrective action indicated in supporting documentation. Certification that this evaluation has been conducted must be accomplished on DA Form 11–2 (Internal Control Evaluation Certification). DA Form 11–2 will be locally reproduced on 8 1/2- by 11-inch paper.

B–4. Test questions

- a.* Is a monthly review conducted to ensure that flight surgeons will be utilized in AVMED activities when the officer is assigned against an authorized area of concentration (AOC) 61N coded position?
- b.* Is a monthly review conducted to ensure that other duties will not jeopardize the flight surgeon's primary AVMED effort?
- c.* Is a monthly review conducted to ensure that flight surgeons will serve a utilization tour in an authorized flight surgeon position that requires the AOC 61N for 24 months after completion of the Army or Air Force basic course in AVMED?
- d.* Is a monthly review conducted to ensure that flight surgeons assigned to AVMED duties participate in frequent flights in Army aircraft? Flying in Army unit aircraft is an essential part of a successful AVMED Program.
- e.* Is TSG or designee (typically the Aerospace Medicine Consultant); the Chief, National Guard Bureau; and Commander, U.S. Army Aviation Center of Excellence placing flight surgeons on flying status, as authorized?
- f.* Is a monthly review conducted to ensure that flight surgeons are designated as rated non-crewmembers and authorized AvIP?

B–5. Supersession

This evaluation replaces the evaluation for personnel activities regarding utilization of flight surgeons previously published in AR 616–110, dated 19 March 1986.

B–6. Comments

Help make this a better tool for evaluating internal controls. Submit comments to The Surgeon General of the Army, 7700 Arlington Boulevard, Falls Church, VA 22042–5142.

Glossary

Section I

Abbreviations

AERO

Aeromedical Electronic Resource Office

AMEDD

Army Medical Department

AOC

area of concentration

AR

Army regulation

ARNG

Army National Guard

ARNG–CSG–O

Army National Guard, Office of the Chief Surgeon

ATP

Aircrew Training Program

ATTRS

Army Training Requirements and Resources System

AvIP

Aviation Incentive Pay

AVMED

aviation medicine

CAB

Combat Aviation Brigade

DA

Department of the Army

DD Form

Department of Defense Form

DOD

Department of Defense

FDME

flight duty medical examination

GSAB

General Support Aviation Battalion

HPSP

Health Professions Scholarship Program

MC

medical corps

RAM

Resident in Aerospace Medicine Specialist

SAAM

School of Army Aviation Medicine

SSI

specialty skill identifier

TSG

The Surgeon General

USAAMA

U.S. Army Aeromedical Activity

USAR

U.S. Army Reserve

Section II**Terms****Aerospace medicine**

A subspecialty of the American Board of Preventive Medicine and the Osteopathic Board of Public Health and Preventive Medicine.

Aviation medicine

The medical specialty practiced by Army flight surgeons. Flight surgeons provide aviation and general medical support to Army aviation personnel. It includes the practice of both preventive and clinical medicine as well as the promotion of aviation safety.

Board certification

Requires successful completion of a qualifying exam from either the American Board or Osteopathic Board of Medical Specialties.

Flight medicine

The medical specialty practiced by Air Force flight surgeons.

Flight surgeon

A physician trained in the specialty of aviation or aerospace medicine.

Section III**Special Abbreviations and Terms**

This section contains no entries.

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