

**PRP Competent Medical Authority and PRP Medical Personnel**  
**Qualification Checklist**

Name: \_\_\_\_\_ Rank/Grade: \_\_\_\_\_

**Each Competent Medical Authority (CMA) Under-Instruction (U/I) will be supervised by a designated CMA familiar with the local supported Personnel Reliability Program (PRP).**

- 1. PREREQUISITES:** This section of the Qualification Checklist will be completed and signed by a qualified Competent Medical Authority (CMA), PRP Medical Personnel (IDC and others) and/or Certifying/Reviewing Official (as appropriate):

- |  |  |
|--|--|
| A. Complete BUMED CMA/PRP Medical Personnel Initial Training Module.   | Signature/Date<br>_____/_____                        |
| <a href="https://esportal.med.navy.mil/bumed/rh/m3/m35/Pages/PRPCMA.aspx">https://esportal.med.navy.mil/bumed/rh/m3/m35/Pages/PRPCMA.aspx</a>  |  |
| B. Identify by name all supported Certifying Official(s) Conduct interview/in-brief with all supported Certifying Officials per SECNAVINST 5510.35 series.<br>(For CMAs supporting multiple Certifying Officials, must meet with at least 2 Certifying Officials). | _____/_____<br>Name(s) of CertO(s)<br>_____<br>_____ |
| C. Conduct in-brief with at least one supported Reviewing Official, discussing expectations and support requirements.  | _____/_____<br>Name of Reviewing Official<br>_____   |
| D. Identify by name all PRP Medical Personnel who support the local PRP. Receive brief from lead PRP Medical Personnel regarding the role they play supporting the local PRP. (In most cases, this will be an IDC.)  | _____/_____  |

- 2. KNOWLEDGE FACTORS:** Demonstrate a working knowledge of the following: (Level of Knowledge to be confirmed and initialed by supervisory CMA)

Initials / Date

- A. SECNAVINST 5510.35 series \_\_\_\_\_/\_\_\_\_\_
- B. DOD Manual 5210.42 \_\_\_\_\_/\_\_\_\_\_
- C. Local PRP Instructions, MOAs/Us, SOPs etc., (as applicable) \_\_\_\_\_/\_\_\_\_\_
- D. PRP Positions (Controlled vs. Critical) \_\_\_\_\_/\_\_\_\_\_
- E. Duties and Responsibilities for:
  - 1) Certifying Official \_\_\_\_\_/\_\_\_\_\_
  - 2) Reviewing Official \_\_\_\_\_/\_\_\_\_\_
  - 3) Competent Medical Authority \_\_\_\_\_/\_\_\_\_\_
  - 4) PRP Medical Personnel \_\_\_\_\_/\_\_\_\_\_
- F. PRP medical standards per SECNAVINST 5510.35
- G. Process for communicating CMA recommendations to Certifying Officials regarding significant conditions. \_\_\_\_\_/\_\_\_\_\_
- H. Score at least 80% on CMA PRP proficiency exam \_\_\_\_\_/\_\_\_\_\_
- I. Review and maintain copies of all PRP Newsletters and Policy Clarification letters issued by Strategic Systems Program (SSP) \_\_\_\_\_/\_\_\_\_\_

- 3. PRACTICAL FACTORS:** Perform the following actions under the supervision of a designated CMA and/or PRP Medical Personnel (as appropriate):

Signature/Date

- A. Observe 5 PRP initial screenings of Medical/Dental records conducted by designated CMA or PRP Medical Personnel (IDC or other). \_\_\_\_\_/\_\_\_\_\_

B. Observe a designated CMA adjudicate 5 referrals of significant medical information. \_\_\_\_\_/\_\_\_\_\_

C. Adjudicate 5 referrals of significant medical information while Under Instruction (U/I) co-signature of a designated CMA. \_\_\_\_\_/\_\_\_\_\_

**4. INTERVIEWS:**

Demonstrate satisfactory knowledge of Competent Medical Authority duties and responsibilities to:

Signature

Senior Competent Medical Authority \_\_\_\_\_ Date\_\_\_\_\_

Designated Certifying Official \_\_\_\_\_ Date\_\_\_\_\_

**5. FINAL INTERVIEW/QUALIFICATION:**

Send all prerequisite training certificates and letters (as applicable) to the BUMED PRP CMA Community Manager along with this checklist once all signatures have been completed for final qualification interview.

Signature

BUMED PRP CMA Community Manager \_\_\_\_\_