

MYTHS AND FACTS OF COMMAND AND MILESTONE SLATING

BLUF: If your goals are to one day apply for Command or Milestone leadership positions, this may be one of the most important pieces of email that you'll want to Read/Heed/Save regarding Senior Executive Medicine/Post-Command (SEM), Command (Commanding Officer/Executive Officer) & Milestone Slating (Chief Nursing Officer (CNO), Chief Medical Officer (CMO), DFA, DDS & OIC positions).

As the Medical Corps continues to thrive and move forward into Command and Milestone Leadership positions, the key for continued success is knowing what the process is, and ensuring you are not only preparing yourself, but also looking around you to identify hard-chargers who will take your place, and share this with them.

The application process is standard – follow the BUMEDNOTE 1410 (Application Procedures for FY24 Milestone Board) & the BUMEDINST 1412 (Command Screening Instruction), which are located on the BUMED EXECUTIVE Medicine Webpages. Attached are the Command and Milestone Application Preference Sheets which you will submit along with any letters of recommendation, C.V., Bio, etc. All applicants, whether they are a new applicant or a “banked officer” (previously applied, but non-slated) for Command, Milestone or SEM, will actually **Submit your application** on that same webpage by the dates listed in the below graph. (Pages - Executive Medicine (navy.mil))

MEMBERS OF THE SCREENING/SLATING PROCESS:

- Navy Surgeon General – FINAL Approval
- Deputy Surgeon General
- Council of Corps Chiefs
 - *Nurse Corps, Corps Chief & Deputy Corps Chief
 - *Medical Corps, Corps Chief & Deputy Corps Chief
 - *Dental Corps, Corps Chief & Deputy Corps Chief
 - *Medical Service Corps, Corps Chief & Deputy Corps Chief
- Head, PERS 4415
- BUMED Director D, E&I
- DHA Director COS/representative (for Command Slating only)

***An applicant's first goal is to be **SCREENED**, and then hope to be **SLATED** into a position. An applicant can be **SCREENED**, but **NON-SLATED** (it is a very competitive process with only a finite number of available positions). Those that are SCREENED, but NON-SLATED, and those who have been slated and moving into the same category (Command/Milestone/SEM) are considered “banked officers” that are available for future opportunities that open. Even if an applicant is initially “non-slated”, be advised that there are potential moves and re-slating due to other slated members falling out due to not meeting requirements, ie. OCONUS, Sea Screening, etc and these banked officers will be looked at to fill those leadership gaps.**

STEPS OF PACKAGE PROCESS FOR ALL PACKAGES (HAPPEN IN THIS ORDER – COMMAND, THEN MILESTONE, THEN SEM)

Command Package Steps (CO/XO)	Milestone Package (CNO,CMO,DFA,DDS,OIC)	Senior Executive Medicine (SEM) & Post-Command
Package Submission to PERS – Due June 15th	Package Submission to PERS – Due June 15th	Package Submission to PERS: Fall due date varies
Scheduled Oral Screening Board – July TBD	NO ORALS Boards	NO Oral Boards
Notification of Oral Board Screening – (Pass/Fail)	N/A	N/A
Flag Command Screening Board – Millington TN Successful screening for Command= 2D1 AQD	Flag Milestone Screening Board – Millington TN	N/A
Command Slating by Council of Corps Chiefs (CoCC)	Milestone Slating by CoCC *CNO Opportunities (Boarded by previous CNOs) with recommendations to Corps Chief/CoCC	SEM Slating by CoCC
CoCC recommendations to SG/DSG	CoCC recommendations to SG/DSG	CoCC Slating recommendations to SG/DSG
Slating/Non-Slating Notification by NC Office	Slating/Non-Slating Notification by NC Office	Slating/Non-Slating Notification by NC Office
Surgeon General Slating Message	Surgeon General Slating Message	Surgeon General Slating Message

GOALS FOR SG SLATING ANNOUNCEMENTS (GOALS ONLY...)

Command Announcement – October 1st
Milestone Announcement – November 1st
SEM Announcement – December 1st

SCREENING/SLATING FACTS:

*Best and fully Qualified are selected to meet the needs of each specific Command/Milestone/SEM position.

*CDRs can apply for Command XO roles (**but only in Operational or Training Commands** – **NOT NMRTCs**).

*CDRs are eligible for Chief Medical Officer (CMO) opportunities.

*LCDRs can apply for OIC roles (*but must have their Corps Chief's approval/recommendation*).

*To be consider for FLAG, you must earn the **2D2 AQD** which designates you have successfully completed a Command tour (as XO, then CO) .

SCREENING/SLATING MYTHS:

*Can't apply for Executive Medicine unless I have been a CMO first. *Anyone who has served as a Director/Assoc. Director/OIC (ie.DMS/DHS/DCSS/DSS/DPH/DBC/etc) and been actively involved with Command Executive Board and served as acting XO.*

*OIC positions are for MSCs only. *Although there are a few nuance NMRTU's that have specific requirements (Entomology, Radiation Health, etc) Everyone is eligible to submit their application for all OIC positions as best and fully qualified for that Command.*

*You can only apply for one position or another, not both. *You can apply for Command and have a back-up Milestone package for other positions if you are non-slated to a Command Role.*

*You can't apply for Command or Milestone Positions if you have an RNISP Bonus Obligation (You can apply, but you must ensure that you select only Commands that can support your SSC clinical sustainment)

HELP US, HELP YOU! Communication is key... important member details must be shared with your Detailer, and Corps Chief Office to represent your record against all Corps applying for specific roles.

**Highlight your Educational Degrees, SSC Certifications, Operational Qualifications (FMF/SWMDO/AW, etc), AQDs, Service Schools - AROC, JPME I, JPME II, any other service War College, etc.*

**Must share basic information such as RNISP Obligated Service (Special Pays), Co-Location requirements, Exception Family Member program and what level, and any Legal/Custody issues, etc.*

*When considering Command Preferences on EXECMED Input Sheet, please note the following below:

- You are competing against ALL Corps when competing for Leadership positions.

- You LIMIT your chances of being slated/selected for leadership roles by choosing one Command or geographical area. **(FYSA, the Corps Chief's will**

consider your application for all opportunities, not just the ones you selected)

- Your choices should complement your previous duty station experiences – if you haven't done something similar before, it may be more challenging to place you.

- Your choices should support any SSC clinical sustainment requirements necessary.

- SWMDO = Fleet, FMF = MedBN or FMTB, SWMDO or FMF=EMF as it shows OPERATIONAL capability.

- Training Commands (SWMI/NEMTI/NMTSC,etc) should have Operational or Training Background (or both).

- For OIC duty stations – may require Fleet or USMC familiarity (example for strongest OIC package for NMRTU Parris Island (FMF/USMC exposure, previous clinic management experience, etc).

If you have any additional questions or comments, please do not hesitate to contact myself or the Corps Chief's Offices. We are here to help you reach your leadership potential!