From the Corps Chief  Brig Gen Michael W. Miller

This Spring edition is late...I apologize for holding it up a bit. It isn’t my last edition, however, as I do want to give a parting message in the Summer Newsletter before I retire.

Spring has come and almost gone and with it some “lasts” for me on Active Duty. We were able to visit our team-mates at Hill and Edwards on the way to the MISS Conference. I also enjoyed visiting with our MSCs at Scott as we attended the ribbon cutting for the new AES building there.

March brought my last MSC Awards Dinner as an Active Duty member. Once again it was a memorable evening well attended by our MSC family. Congratulations to all of the award winners and to those who were nominated. Your commitment to excellence never ceases to amaze me.

We had a great but short visit to the RMO Conference in Jacksonville Florida followed by a visit with the MDG at Maxwell AFB before I spoke with the Wing CCs and Group CCs at their respective courses.

In late March we said goodbye to our dear friend and teammate Kathryn DeBerry who served with us so faithfully so many years and is now enjoying a well-deserved retirement.

Our apologies to the folks in Korea and Guam because events here in D.C. trumped our planned visit. I guess I’ll have to figure out how to get there as a retiree one day!

There is so much more to be done and so little time available. Col Cooper mentions in his article about the upcoming transitions. I appreciate so much his, Col(s) DeWolf’s and Major Gradiz’s efforts on all our behalf this past year. I wish them all the best as they move to their new positions this Summer.

Congratulations to our newest promotees and to those who are or have retired since our last edition. One thing is for sure — those of us leaving are so grateful for the superb caliber of those in the batter’s box. We know you have the talent and passion required for the challenges ahead.

We have only a couple of trips still on the schedule. One of those is to attend my last DT as the Chair. It means so much to me to gather with the senior MSC leadership team to ensure the continued development of our future leaders. I can’t think of a better way to go “out the door” than to once again gather to align our skilled and talented MSCs to their appropriate flight path. There are so many blessings that come with a leadership position, but, to a person, I suspect the DT members would count this as one of the most rewarding opportunities to serve you.

Stand by to use those talents as we move forward. There is so much going on and we need your passion, excellence and innovation more than ever...hold fast to our competencies and values and remember Stephen R Covey’s words: “The main thing is to keep the main thing the main thing.” That is indeed the most difficult balancing act.  Brig Gen Miller
Summer is almost here and with it will come a number of significant transitions at Air Staff. Brig Gen Miller will be retiring and Brig Gen (s) Charles Potter will be our new Corps Chief, effective late June. Within the Corps Office, all three positions – Fellow, Associate Corps Director and Corps Director – will transition. Maj Gradiz will move on to a position in SG6 and will be replaced by Capt Joi Dozier coming from Hickam AFB. Lt Col DeWolf will move internally within the Air Staff. He’ll be replaced by Lt Col Michaele Guerrero coming from the OSD Cost Assessment and Program Evaluation office in the Pentagon. I’ll be moving to AMC as the Deputy Command Surgeon and will be ably replaced by Col Pat Dawson coming from Group Command at Offutt AFB.

Adding to the challenge of personnel transitions, we’ll be physically moving from our current location in Rosslyn, VA to the Defense Health Headquarters, our consolidated military medical building in Falls Church, VA where we’ll join our Army, Navy and HA/TMA counterparts – all part of a BRAC directed efficiency initiative.

Despite the personnel turnover and the relocation, I don’t anticipate any significant disruption in Corps-related business. The incoming team is absolutely outstanding and under Brig Gen (s) Potter’s leadership, will serve the Corps exceptionally well.

Finally, I want to say a few words about the Senior MSC Council. In this newsletter you’ll find information about the MSC Development Team (DT) - its composition and functions. For many, the distinction between the DT and the Senior MSC Council is unclear. First, with respect to membership, the two groups are comprised of the same senior leaders. The distinction is that Associate Corps Chiefs are advisory members of the Development Team whereas they’re full-fledged voting members of the Senior MSC Council. With respect to functions, the Senior MSC Council focuses on strategic level issues related to management of the Medical Service Corps whereas the DT executes very specific tasks related to force development of Medical Service Corps officers, such as selection of SGA and squadron command candidates and selection of officers for developmental education opportunities. Examples of recent Senior MSC Council agenda items include determination of MSC accession requirements, Readiness Skills Verification training requirements, review of actions to achieve the goals and objectives in our MSC Strategic Plan, and approval of revisions to our MSC Career Pyramid.

In short, the Senior MSC Council focuses on strategic, policy related issues pertaining to MSC force development whereas the DT performs specific force development functions. Both groups are accountable to the MSC Corps Chief and, ultimately, the SG for ensuring MSCs are organized, trained and equipped to do our part in supporting the mission of the AFMS.

If you have questions about the DT and/or Senior MSC Council, or if you have suggestions about how your Medical Service Corps can be improved, don’t hesitate to contact me, Lt Col DeWolf, or any of the other members of the DT and Senior MSC Council.

Recent or Upcoming MSC Retirements

Thank you for your service · best wishes for a successful future

Capt Kevin Hammond
Maj Craig Bard
Maj Dolores Tyms
Lt Col Camille Looney
Lt Col Debra Miesle

Lt Col William Beck
Lt Col Christopher Marcus
Lt Col Richard Reiser
Col Cary Collins

If we have missed someone, please let us know. We are not routinely notified by the personnel system and rely on informal channels including retirement letter requests. To request a letter from the Corps Chief, please go to https://kx.afms.mil/msc.
**From the Associate Corps Director** Lt Col Greg DeWolf

Everyone has a different philosophy about leadership, the principles of leadership, and how to apply these principles. In fact, there so many different books and articles written about leadership that it can be somewhat overwhelming.

To me, one of the best books written about leadership is *FISH*, written by Dr. Stephen C. Lundin, Mr. Harry Paul, and Mr. John Christensen. It is a quick read, and if you haven’t had the opportunity to read the book I encourage you to set aside an hour or so to read it.

*FISH* is a book that is based on a fictitious company that has a department with low morale. The book leads us on the journey of how the department learns about the principles of the Pike Place Fish Market in Seattle and how to employ these principles to positively impact their work environment. The principles are:

**Choose Your Attitude**

Make today great. It is your choice how you approach each day. It can be easy to fall into the doldrums of work, but you need to make it memorable. Enjoy what you are doing and that attitude will spread across the organization.

**Play**

Have fun at work. You are with the people of your organization for a majority of the time during the week. While you want to maintain the respect and chain of command of the military, figure out a way to have fun in the workplace.

**Make Their Day**

Find a way to support one another. Determine how you can improve the patient’s and your customer’s day.

**Be Present**

Be attentive to the needs of those we work with and care for. Listen to the needs of the patient.

While the application of these principles was employed in a fictitious financial company, the principles are just as applicable to the healthcare industry and the Air Force Medical Service. The fact is that people enjoy working in a positive environment. What are you doing in your organization to employ the *FISH* philosophy?

By the way, I recommend going to this site in Seattle. You won’t be disappointed.

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**From the Editor** CAPT EMIRZA GRADIZ, Fellow, MSC Force Structure Management

We are fast approaching the summer! Many of you have received new assignments and are preparing for yet another Air Force endeavor.

Our last edition’s leadership article was written by Col Rachel Lefebvre. I hope you had a chance to read “FYI for Your Improvement” or at least added it to your reading list. We also highlighted several functional areas: Health Facilities, RMO-Manpower and Budget, IM/IT-Cyberinfrastructure, and Readiness-CBRN.

Our Spring edition includes an article by Col Heather Carter titled, ‘MSC Strategic Plan Goal #1, Executing the AFMS Imperatives.’ Read about our MSC Strategic Plan and how it continues to develop and progress to meet our goals. We’ve also included some information to further explain our Corps structure and the “DT”. Just as some of you have received assignments, so have some of our DT members, so expect some changes. Moreover, we showcase an article that teaches us about medical readiness training platforms. Last, as always, we close with some pictures of our great MSCs!

And this year’s Oscar for best video goes to...AFMC!

View all of the videos and briefings from the ACHE AF activities at the MSC Knowledge Exchange: [https://kx.afms.mil/msc](https://kx.afms.mil/msc)
In March 2010, the Chief of the Medical Service Corps published our current Air Force MSC Strategic Plan. The plan focuses on four major goals for the Medical Service Corps. Each one has a champion assigned to provide oversight for completion of the objectives associated with the goal. The status of meeting these objectives is regularly briefed to our Corps Chief, Corps Director and the Senior MSC Council.

As the champion for Goal #1, Executing the AFMS Imperatives, I have worked with the objective team leads for the past 2 years to help achieve this goal. These objectives focus on long-term actions taken by the Medical Service Corps and may take several years for completion.

Goal #1 focuses on the Air Force Surgeon General’s five imperatives that will shape the future of the AFMS. These are: Patient-centered Care; Technology Integration; Synergy – Joint, Coalition, and Interagency; Precision Health Care; and Organizational Agility – Light and Lean Health Care Platforms. There are currently six objectives associated with this goal with one completed at this point.

The first objective is to ensure the environment is consistent and conducive to patient-centered care that enhances currency and competency. This objective was completed as part of the strategic plan through the implementation of AFMOA’s Resource & Opportunity Assessment Visits. These site visits look at resources, productivity, and the facility infrastructure improvement projects required to ensure patient-centered care.

Objective Two is to establish joint coalition and interagency partnerships promoting synergy and fostering 41A/4A exchange programs where feasible. This objective’s team initially focused on developing MSC fellowship opportunities with our sister services. A lot of progress has been made in establishing a fellowship opportunity with the Navy. Although still in the coordination phase with the Navy, the MOU and training plan have been approved to meet the next Air Force Health Professions Education Requirements Board.

Additionally, the Objective Two team is looking at opportunities to expand MSC involvement in the International Health Specialist program. Finally, with the move of HSA to METC in San Antonio, they are exploring opportunities for HSA students to become more involved in joint opportunities with the Army as part of the San Antonio Military Health System.

The third objective focuses on the right resource, at the right place and right time to achieve precision health care. A key action for this is to complete and implement the MSC staffing assessment model to minimize unexplained variance of MSC staffing at MTFs. The staffing model is included in the FY13 POM.

Objective Four is to grow partnerships with key network and information technology service providers, operations, and organizations to further integrate and leverage cutting-edge technology solutions for Air Force medicine. The team has established new partnerships and agreements, as well as liaisons at key cyber locations. Four liaisons, 18 partnership initiatives, and 13 agreements are now in place in support of this objective.

The next objective is to ensure patient/provider continuity to the highest degree possible. By supporting the Patient Centered Medical Home implementation, group practice managers can play a key role in optimization initiatives. The actions for this objective include enhanced resources for GPMs, such as consolidating pertinent websites and updating the curriculum of relevant courses. Additionally, a GPM manpower standard is being worked on for the FY14 POM.

The final objective focuses on increasing active duty, Air Force Reserve Command, and Air National Guard partnering to enhance contributions and support to the AFMS and Air Force missions. Some of the key action items for this are increased marketing of both IMA and ANG MSC support, as well as looking at new training opportunities with the guard and reserve.

Every member of the Goal #1 team has put in a lot of effort to achieve these objectives. We will continue to pursue completion of our goal to help the Medical Service Corps support the
**Knowledge Is Power**
**Awareness Is Key…** Some things you may want to know

**SPECIALTY MATCH BOARD (SMB)**

Members can apply for the SMB between the 5th and 8th year of service in the MSC.

AFPC will generate an email requesting eligible MSCs to complete the SMB application form.

The SMB form must be completed even if the member wishes to defer until the following year. Simply select “defer” and provide feedback in comment box for your SGA to review.

The SMB form must be endorsed by your SGA (or senior MSC if SGA is unavailable).

The fall DT reviews and determines specialty matches. Member are notified in the late fall.

**GRE FOR MSC ACCESSIONS**

Application to the Medical Service Corps requires a GRE or GMAT minimum score. In the past, the GRE minimum score was 1080.

The GRE scoring scale was revamped in August 2011. Scores for the verbal reasoning and quantitative reasoning sections are now EACH reported on a 130 — 170 score scale (in 1-point increments instead of the 10-point increments in previous scale.)

The new GRE minimum score to apply to the Medical Service Corps is 286.
Did you know? ...The Medical Service Corps Chief, Corps Director, and Associate Corps Director are dual hatted. Each of these positions serve in a separate capacity in one of the Surgeon General’s Directorates. Brig Gen Miller, in addition to being our Corps Chief, is responsible for SG8 (Strategic Medical Plans, Programs, & Budget) and our Corps Director, Associate Corps Director, and Fellow belong to SG1 (Force Development). SG1 is led by Maj Gen Kimberly Siniscalchi, Nurse Corps. This environment is intentionally created to integrate vital pieces of information. It is of utmost importance to maintain open lines of communication to ensure all realms of responsibility are met.

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Are the DT’s the only time AFPC and senior leadership discuss assignments? Absolutely NOT!! Col Cooper, our Corps Director, has a weekly meeting with AFPC to discuss assignments, member circumstances, and transparency in all matters to do with unique situations. Brig Gen Miller and Col Cooper are constantly involved in AFPC matters involving MSCs.
Development Team ("DT") Responsibilities

- Health Professions Education Requirements Bd. (HPERB)
  - AFIT degrees
  - EWI & Fellowships
- In-residence PME Panel
  - Squadron Officer School
  - Air Command & Staff College
  - Air War College
  - Equivalency Review
- Specialty Match Board
  - 5-8 yr point
- Deployment Recommendations
- Sq CC Eligibility
- SGA and AES/DO Boards
  - Competitive Selection
- Vector Officers
  - Prior to VML
  - Out-of-cycle vector
  - Graduating SQ/CC
  - PME graduates
- Special Assignment List
  - Key HAF positions
  - G.O. Executive Officers
  - AF/A8, OUSD, White House

WHO is your DT?

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<tr>
<th>Brig Gen Michael Miller</th>
<th>Chief</th>
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<td>Col Perry Cooper</td>
<td>Director</td>
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<td>Col Steve Mounts</td>
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<td>Col Cary Collins</td>
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<td>Col Rebecca Seese</td>
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<td>Col Karlan Hoggan</td>
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<td>Col Michael Schell</td>
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<td>Col Kerry Dexter</td>
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<td>Col Robert Sousa</td>
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<td>Col Kevin Glass</td>
<td>AFSPC/USAFA</td>
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<td>Col Brenda Billard</td>
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<td>Col Dennis Beatty</td>
<td>AMC</td>
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<td>Col Diana Shoop</td>
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<td>Col Adolf Edward</td>
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<td>Col Paul Martin</td>
<td>USAFE</td>
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<td>Col Kerry Dexter</td>
<td>Administrator</td>
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<td>Col Billy Cecil</td>
<td>Financial Management</td>
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<td>Col(s) Susan Pietrykowski</td>
<td>Manpower/Programming</td>
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<td>Col Rex Langston</td>
<td>Health Facilities</td>
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<td>Col Jim Sperl</td>
<td>Health Plans Management</td>
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<td>Col J. Zarate</td>
<td>IM/IT</td>
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<td>Col Donald Faust</td>
<td>Medical Logistics</td>
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<td>Col Tracy Tenney</td>
<td>Readiness</td>
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<td>Col Bill Tyra</td>
<td>A/E</td>
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The DT meets twice per year, in June and September. The summer DT includes the Squadron Commander match process, Development Education, and IDE/SDE selection. The fall DT includes SGA and AES/DO selection, Specialty Match Board, and Steady State Vectoring. The next DT is scheduled 11-15 June 2012.

Months prior to each DT, MSCs receive email notifications from AFPC with information of upcoming events and/or requesting member information—it is IMPORTANT to read them and comply. There is a lot of work behind the scenes at AFPC as they receive and process member applications for different programs and opportunities. AFPC manages the collection and organization of all member records that will be reviewed by the DT.

The DT members (as listed above) meet and spend the week reviewing and discussing member records. They score each record and pay careful consideration to the mission, member preferences, and long term Medical Service Corps structure.
The Army-Baylor MHA/MBA program has the best of both worlds. The challenging didactic phase is completed in 54 weeks followed by a 1 year residency at locations such as Johns Hopkins, Kaiser Permanente, Mayo Clinic, Cleveland Clinic, or other fine institutions. A U.S. News and World Report 11th ranked MHA program can reasonably be thought of as a top-tier degree program combined with an Education With Industry (EWI) assignment. Where else can you potentially get both a MHA and MBA (from a renowned university no less) along with an EWI within 2 years!!? Moreover, consider that Baylor University’s Graduate School tuition is $11,000+ per semester. This means a similar degree from main campus would cost $40K+ thereby making our program an unbeatable value.

The residency year for the Army-Baylor MHA/MBA program is designed for students to build on the education and skills learned during the didactic year and apply them at an executive level. A unique aspect is that students have the opportunity to go to a civilian hospital, providing challenging and new opportunities to sharpen Joint Medical Executive Skills competencies. Not only does it add value to the nation’s top hospitals, it also brings valuable insight about civilian health systems and methods to our own Military Health System. Here are two perspectives from Capt Sarah Lindsay, at The Johns Hopkins Hospital in Maryland, and Capt Denise Miranda, at the University of Texas Health Science Center at San Antonio (UTHSCSA).

Capt Lindsay: Being at Johns Hopkins Hospital is the opportunity of a lifetime. John Hopkins has a deep-rooted history and a legacy in preserving its joint mission to educate in addition to patient care, making it ideal to explore, learn, and get involved. My preceptor is the Administrator of the Johns Hopkins Outpatient Center (JHOC), which provides 30 different specialty services and sees approximately 700K patients per year. I have had some amazing opportunities to observe the significant changes at Johns Hopkins as it undergoes organizational and strategic changes to promote integration and patient-centered care, the opening of two new inpatient buildings, and its efforts to expand within the state and internationally.

My first project was to assist with the implementation of Epic, an integrated electronic medical record system that provides communicable data across multiple entities. I communicated with over 200 different Johns Hopkins and Epic employees regarding planning, progress, and requirements. I am also working on the Access Initiative, an effort to streamline and improve patient access through call center restructuring and protocol development. I also helped write its first Access Initiative Strategic Plan, and will also analyze the financial impact. The third major project is a 5-year facility plan to reconfigure the 8-floor JHOC building. I attended meetings with the Executive VP and CFO, where my work directly contributed to decisions for this multi-million dollar project affecting 14 different clinical areas. For the second half of my residency, I will be rotating through an internal Financial Analysis Unit, the Event Preparedness office, and other various clinical areas to learn more about the clinic operations.

Spending a year at the #1 hospital in the nation and a globally renowned institution is something that I could not have imagined when I joined the MSC, and I am very excited about the opportunities to bring what I have learned to the MHS.

Capt Miranda: When asked where I wanted to do my residency, I was not 100% certain on whether a civilian or military institution would be the most beneficial. I spoke to several Army-Baylor Alumni about their experiences and finally decided on UTHSCSA. It has been an amazing year, allowing me to glean variations and similarities between the MHS and civilian health care. My preceptor is a retired Air Force Lieutenant Colonel MSC, which helped my transition to the “civilian” world. Going from uniforms, ranks and last names to suits and first names took some time, but it has been a nice break from the familiar.

UTHSCSA is a great place for my residency and offers many opportunities since it is attached to the South Texas Audie Murphy Memorial VA Hospital as well as the County Hospital. I’ve had the chance to work on many projects and attend many high level C-suite meetings, but the aspect that most intrigues me is the financial difference. We work through many rotations to learn about how civilian institutions operate. One rotation was at the business office to see the “revenue cycle” from start to finish. In the Air Force, we have one insurer, TRICARE, which I have always taken for granted. At UTHSCSA, there are 9 different types of Medicaid alone, not to mention the hundreds of other insurance companies. The administrative cost for one visit to become a payment is astronomical, as it has to pass through 15 to 20 desks before it is ever sent to an insurance company for payment, and then can still be rejected for errors. In the civilian sector, there is no “fall-out money” at the end of the year; what you have earned is what you will be paid. “Targets” here represent the employees and their jobs, and every penny spent is accounted for, as they are a not-for-profit, county hospital that serves the indigent population of San Antonio. It has been an exciting, educational year learning what it is like to be a healthcare executive in a civilian setting, and it is an opportunity that I would highly recommend to any MSC, as it is not a chance that comes around very often.
Today’s Air Force Medical Service (AFMS) has identified the mantra "Trusted Care Anywhere." Its mission is to provide seamless health services support to the USAF and Combatant Commanders. In order for the AFMS to drive this concept home, two new medical readiness training platforms were brought online in CY11 to enhance current capabilities with a third course coming online in CY12.

In CY11, ACC injected an EMEDS Basic into the Silver Flag Exercise program at Tyndall Air Force Base. Silver Flag incorporated all Agile Combat Support functional areas into an exercise to set up a deployed air base. The feedback given from the line Silver Flag Cadre has been extremely positive noting line participants are able to see the full medical support picture now that EMEDS units are participating. The addition of this course expanded options for members to obtain EMEDS sustainment training.

Initial Contingency Response Training (I-CRT) at Wright-Patterson Air Force Base was brought online in CY11 by the USAF School of Aerospace Medicine. The purpose of I-CRT is to provide initial qualification training to team members, expose them to challenges they might face and help them understand unique capabilities of their team in support of forward operations. The training focuses on three teams: FFPM1 (Preventive Aerospace Medicine Team), FFMFS (Mobile Field Surgical Team), and FFEP1 (Expeditionary Critical Care Team).

In CY12, the current EMEDS training platform located at Camp Bullis in San Antonio will transition to an EMEDS Health Response Team (HRT) and go from a plus 10 to plus 25 platform increasing throughput for each class. This will also signal an expansion of the EMEDS capability to integrate tailored support for humanitarian assistance, disaster response and building partnership capacity and medical stability missions. The EMEDS HRT equipment is similar to an EMEDS Basic. Functions include an emergency room, intensive care unit, operating room, pharmacy, dental, laboratory services, radiology, pediatrics, obstetrics, internal medicine, preventative medicine, and health administration. Additionally, an International Health Specialist will be assigned to the HRT and will function as the Commanders’ liaison for executing medical stability operations. The training will also highlight new tentage and new pack-out procedures for medical members that will greatly reduce the time required to achieve full operational capability. The first deployment of the EMEDS HRT took place this past April during USSOUTHCOM’s FA-HUM 11 exercise in Trinidad & Tobago. The team provided immediate medical care within 20 minutes of arrival to the location, completed set up of the ER in less than two hours, and set up the operating room and intensive care unit in under four hours. The staff at Camp Bullis is responsible for developing the 5-day training course curriculum. This new course is expected to be online in August 2012.

In summary, the AFMS is at the forefront in course development and collaboration of new medical readiness training platforms to keep up with today’s war environment. In order for medical members to provide “Trusted Care Anywhere”, training and equipment need to be state-of-the-art as patients depend on us to get them where they need to go for survivability. These new platforms were developed to achieve this goal.
In the Winter 2012 Newsletter, Lt Col DeWolf summarized the use and benefits of the Career Path Tool. Have you registered for an account?


The MSC Career Pyramid was updated on Mar 2012. The updated version is posted on the MSC Kx. Check it out!

The 2012 Fall DT will be performing a Steady State Vector on Year Groups 94/97/00/03/05.

Please ensure your ADPs are updated and SURFs area accurate. An updated ADP is considered to be the same calendar year as the DT.

When do you get to wear your MSC badge?

Basic– Upon completion of HSA
Senior– 7 years in specialty
Master– 15 years in specialty

How do you know when you are eligible for promotion?

Access AF Portal
Click on AF Personnel Services
Click on Promotion
Click on Date of Rank Chart
Find Pertinent Rank and Corps

AFI 36-2903, paragraph 10.4
What is the Career Path Tool?
This tool will be used to code and track career field information, and it is de-
signed to allow career field managers, assignment teams, commanders, and you the
ability to more proactively manage personnel. For example, the CPT can be used
by AFPC and the Associate Corps Chiefs to retrieve reports to assist in deter-
mining candidates for staffing requirements without having to scour individual
SURFs or home-grown databases.

What is the structure of the CPT?
The CPT uses Airman Capability Management (ACM) codes to categorize our unique
duty histories into six digits. The first three digits identify the Air Force
Specialty (i.e., 41A). The last three digits consist of functional experience
(fourth digit), organizational level (fifth digit), and the job title (sixth
digit).

My ACM code is incorrect. How do I update it?
Use the report ACM error link next to the duty history you think was classified
incorrectly.

My ACM code is missing. How do I recommend a code?
Use the suggest ACM code link next to the duty history entry that is missing an
ACM code.

My rank displayed in my duty history is incorrect; I have been promoted since
taking the job. How do I update my rank?
The rank displayed is based on your rank when you started the job. When you get
a new duty history entry for your next job, your new rank will be reflected.
Your pyramid will also reflect the rank held when starting the job (e.g., if you
were an executive officer as a Captain and then promoted.
Recent or Upcoming MSC Retirements
Thank you for your service · best wishes for a successful future

Wondering what to buy for the next promotion or farewell gift? Look no more!
Promote our MSC proud heritage
https://kx.afms.mil/msc
(look for the ‘msc merchandise order’ link under navigation column)

“A decade of Traditions”
2001 MSC/4A0/4A1/4A2 Coin...$8
Now $5

“Airmen's Creed Coin”...$8

On sale
Land’s End Polo Shirts...$30
Now only $25

Men’s Dark Blue: XXL
Lady’s Light Blue: S, M, L

Congratulations to our new O6s!
ANGEL, JESSICA L
COLE, ANDREW T
DEWOLF, GREGORY B
GLASS, MICHAEL W
HUWEART, ERIC D
HYDE, ERIC

ROBINSON, SHEILA R
ROESSLER, RICHARD B
SAVAGE, JOHN P II
SMYTH, COLIN H
VENENGA, DANA G
WEAVER, FREDERICK C

MOORE, LISA A
PATRANIS, MICHAEL G
PRICHARD, CURT B
Congratulations!!

Some of our most recent board certified MSCs:
Capt Edgardo Donovan, CAAMA
Capt Ramona Dougherty, CMRP
Capt Michael T. Keiley, FACHE
Maj Jeremy L. Braswell, FACHE
Maj Jesse Benavides, FACHE
Maj Steven B. Dadd, FACHE
Maj Donald E. Lofton, FACHE
Maj Nancy L. Salinas, FACHE
Maj James Ulrich, FACHE
Lt Col Maria Graves, FACHE

26 June 2012
Medical Service Corps Change of Leadership Ceremony

Brig Gen Miller will relinquish leadership of the Medical Service Corps by passing the MSC flag to Brig Gen(s) Potter.

The ceremony will be held at Andrews AFB, Golf Club House at 1030, followed by a luncheon starting 1100.
ACHE
Air Force Dinner
Air Force Day
RMO Conference

IES Course