

AEROSPACE MEDICAL SERVICE SPECIALTY

This change is effective for CFETP 4N0XX (Oct 2002)

1. Changes for Part I

1.1 Write-in changes. Make the following pen & ink changes in each member's CFETP:

1.2. Insert pages. Changes on insert pages are posted on the 383 schoolhouse website. Insert pages are to be inserted directly in the individuals CFETP. Old replaced pages should be given to the member after all appropriate transcription is completed. Transcribe all information IAW AFI 36-2201, volume 3, *Air Force Training Program On the Job Training Administration*, chapter 8.

done	Page	Paragraph	Line	Action
	2	Attch 3		Delete 4N051A replace with "SEI 453/454"
	3	1	8	Delete entire line
	5	Course Objective List	8 fr bot	Delete ... <u>Developing, Managing and Conducting Training.</u> Replace with "volume 5, <i>Air Force Training Program Career Field Education and Training.</i> "
	5	Field Technical Training	last line	After Field Technical Training definition, add definition " Certification Official—(also known as Task Certifier) A person whom the commander assigns to determine an individual's ability to perform a task to required standards IAW AFI 36-2201 volume 5, <i>Air Force Training Program Career Field Education and Training.</i> "
	6	Go/No Go	2	After ...tasks without supervision. Add "(“Go” level equates to 3c in the STS proficiency code key.)"
	6	Immunization Augmentee	4	Change 4N0X1A to "4N051 SEI 454"
	7	Sustainment Training	4 fr bot	Delete ..NOTE: Refer to Ft. Dietrick...dietrick.army.mil. Replace with "To include formal training courses, ACLS, inservice training, and exercises."

done	Page	Paragraph	Line	Action
	8/9	Replace page		Insert new page
	10	3.1.	1-2	Delete ...Developing, Managing and Conduction Training. Replace with “volume 3, Air Force Training Program On the Job Training Administration.”
	11	1.1.2.1.	2	Change ...Patient Care Management... Replace with “Primary Care Management”
	11	1.1.2.2.	4	Delete...national registered...
	11	1.1.2.3.	1	After ...duty as an... Add “Independent Duty Medical Technician (IDMT)”
	11	1.1.2.3.	1-3	Delete second sentence: Deploys as Squadron...bare-base environment.
	12/13	Replace page		Insert new page
	15	4.2.2.6.	4-7	Delete lines 4-7 For certification as...www.atml.com.
	15,16	4.3.2.	1-4	Delete entire paragraph 4.3.2. Trade Skill Certification...the CCAF transcript.
	16	4.3.3.	1	Change 4.3.3. to “4.3.2.”
	17	Special Duty Assignments (Journeyman)	3	Add “or” between Allergy Immunizations Delete “(AIT)”
	17	Special Duty Assignments (Journeyman)	12	Change (HIS) to “(IHS)
	17	Upgrade to Craftsman	3	After 12 month UGT add “(6 months for retrainees)”
	18	Special Duty Assignments (CEM)	4	Add “Medical Group Superintendent”
	18	5.2.2.		Delete entire line
	18	5.2.3.		Re-number 5.2.3 to “5.2.2” and change Figure 5-4 to “Figure 5-3”
	18	5.2.4.		Re-number 5.2.4 to “5.2.3” and change Figure 5-5 to “Figure 5-4”
	20/21	Replace page		Insert new page
	22/23	Replace page		Insert new page
	24/25	Replace page		Insert new page
	26/27	Replace page		Insert new page
	28/29	Replace page		Insert new page

2. Changes for Part II Attachment 2

2.1. Write-in changes. Make the following pen & ink changes in each member's STS.

2.2. Insert pages. Changes on insert pages are posted on the 383 schoolhouse website. Insert pages are to be inserted directly in the individuals CFETP. Old replaced pages should be given to the member after all appropriate transcription is completed. Transcribe all information IAW AFI 36-2201, volume 3, *Air Force Training Program On the Job Training Administration*, chapter 8.

done	Page	Paragraph	Line	Action
	30/31	Replace page		Insert new page
	32		Attach 3	Add “and” between Allergy Immunization
	32		Attach 10	Change AFJQS to “STS”
	34	Replace page		Insert new page
	35		2.5.3	Add “C” to 7-level column
	35	Living wills	2.5.4.	Renumber 2.5.4 to “2.5.4.2” and add “C” to 7-level column
	35		2.6.6	Add “C” to 7-level column
	35		3.1.1	Add “B” to 7-level column
	35		3.1.2	Add “B” to 7-level column
	35		3.1.3.1.1	Add “B” to 7-level column
	35		3.1.5.2.1	Add “B” to 7-level column
	35		3.1.5.2.2	Add “B” to 7-level column
	35		Add lines at bottom of page	Add “2.5.4 Advanced directives” Add “2.5.4.1 Do Not Resuscitate (DNR) orders”, and add “-“ to columns 4A,B and C
	36		7.2.1	Change to “B” at 7-level
	36		7.2.2.3	Change to “b” at 7-level
	36		7.4	Change to “B” at 7-level
	36		7.6.1	Change to “B” at 7-level
	36		7.6.1.1	Change to “B” at 7-level
	37		7.6.1.2	Change to “B” at 7-level
	37		8.4.1	Change to “C” at 7-level
	37		8.4.2	Change to “C” at 7-level
	37		8.4.3	Change to “C” at 7-level
	37		8.4.4	Change to “C” at 7-level
	37		8.5.1	Change to “C” at 7-level
	37		8.5.2	Change to “C” at 7-level
	37		8.5.3	Change to “C” at 7-level
	37		8.6	Change to “C” at 7-level
	37		8.9.4	Change to “C” at 7-level
	37		8.9.6	Change to “C” at 7-level
	38		9.1.1.2.3	Add “1” to QTP column
	38		9.1.1.2.4	Add “1” to QTP column
	38		9.1.1.2.8	Add “b” to 7-level
	38		9.1.2.7	Add “1” to QTP column
	38		9.1.2.9	Add “1” to QTP column
	38		9.1.2.10	Add “1” to QTP column
	38		9.1.2.13	Add “1” to QTP column

done	Page	Paragraph	Line	Action
	39		9.1.3.2.1.6	Add "1" to QTP column
	39		9.1.3.2.1.7	Add "5/*" to Core/War task column
	39		9.1.4.1.1	Delete "1" in QTP column
	39		9.1.4.1.2	Delete "1" in QTP column
	39		9.1.4.1.3.3	Add "C" to 7-level
	39		9.1.4.1.3.4	Add "C" to 7-level
	39		9.1.4.1.3.5	Add "C" to 7-level
	39		9.1.4.1.3.6	Add "C" to 7-level
	39		9.1.4.1.3.7	Add "C" to 7-level
	39		9.1.4.1.3.8	Add "C" to 7-level
	39		9.1.4.1.3.9	Add "C" to 7-level
	39		9.1.4.1.3.10	Add "C" to 7-level
	39		9.1.4.1.3.11	Add "C" to 7-level
	39		9.1.4.1.3.12	Add "C" to 7-level
	39		9.1.4.1.3.13	Add "C" to 7-level
	39		9.1.4.1.3.14	Add "C" to 7-level
	39		9.1.4.1.3.15	Add "C" to 7-level
	39		9.1.4.1.3.16	Add "C" to 7-level
	39		9.1.4.2.2.1	Add "^" to column 3E, Certifier Initials
	39		9.1.4.2.2.2	Add "^" to column 3E, Certifier Initials
	40		9.1.4.3.1	Add "^" to column 3E, Certifier Initials, and delete "1" in QTP column
	40		9.1.4.3.2.1	Add "5" to column 2 and add "^" to column 3E, Certifier Initials
	40		9.1.4.3.2.2	Add "^" to column 3E, Certifier Initials
	40		9.1.4.3.2.3	Add "^" to column 3E, Certifier Initials
	40		9.1.4.3.2.4	Add "^" to column 3E, Certifier Initials
	40		9.1.4.3.2.5	Add "^" to column 3E, Certifier Initials
	40		9.1.4.3.2.14	Change the "3" in QTP column to "1"
	40		9.1.4.3.3	Delete "1" in QTP column
	40		Add line at bottom of page	Add "9.1.4.2.2.8 Heparin/saline lock" Add "-" to columns 4A-4C Add "1" to QTP column
	41		9.1.6.1.7	Add "1" to QTP column
	41		9.1.6.2.1	Add "c" to 7-level
	41		9.1.6.2.2	Add "c" to 7-level
	41		9.1.6.2.3	Add "^" to column 3E, Certifier Initials
	41		9.1.7.2.8.1	Add "c" to 7-level
	41		9.1.7.2.8.2	Add "c" to 7-level
	41		9.1.7.2.8.3	Add "c" to 7-level
	41		9.1.7.2.9.1	Add "c" to 7-level
	41		9.1.7.2.9.2	Add "^" to column 3E, Certifier Initials and add "c" to 7-level
	41		9.1.7.2.9.3	Add "c" to 7-level
	41		Add line at bottom of page	Add "9.1.6.1.13 Diabetic foot evaluation" Add "-" to columns 4A-4C

done	Page	Paragraph	Line	Action
	42		9.1.8.1	Add "C" to 7-level
	42		9.1.8.4	Add "C" to 7-level
	42		9.1.8.10	Add "C" to 7-level
	42		9.1.8.13	Add "C" to 7-level
	43		9.1.13.2.1	Add "2" to QTP column
	43		9.1.13.2.2	Add "2" to QTP column
	43		9.1.13.2.3	Add "2" to QTP column
	43		9.1.13.6.2	Add "2" to QTP column
	43		9.1.15.2.1	Add "2" to QTP column
	43		9.1.15.2.2.1	Add "1/3" to QTP column
	43		9.1.15.2.2.2	Add "1/3" to QTP column
	43		Add line at bottom of page	Add "9.1.15.2.3 Identify life threatening arrhythmias", add "5/*" in column 2, add "b" to column 4A, add "-" to columns 4B, add "c" to column 4C
	44		9.1.18.2.4	Add "c" to 7-level
	44		9.1.20	Add "A" to column 4A, add "B" to column 4C
	45		9.2.5.2	Add "B" to 7-level column
	45		9.2.6.1.1	Add "^" to column 3E
	45		9.2.6.1.2	Add "^" to column 3E
	45		9.2.6.1.3	Add "^" to column 3E
	45		9.2.6.2.1	Add "^" to column 3E
	45		9.2.6.2.2	Add "^" to column 3E
	45		9.2.6.2.3	Add "^" to column 3E, and add "2" to QTP column
	46		9.3.1.2.4.2	Change b in column 4A to "1b"
			9.3.1.2.4.5	Change 2b in column 4A to "1b" Add "C" to 7-level column
			9.3.1.2.4.7	Change 2b in column 4A to "1b" Add "C" to 7-level column
	47	Replace page		Insert new page
	48/49	Replace page		Insert new page
	50	Replace page		Insert new page

3. Changes for Part II Attachment 3

3.1. Write-in changes. Make the following pen & ink changes in each member's STS

3.2. Insert pages Changes on insert pages are posted on the 383 schoolhouse website. Insert pages are to be inserted directly in the individuals CFETP. Old replaced pages should be given to the member after all appropriate transcription is completed. Transcribe all information IAW AFI 36-2201, volume 3, *Air Force Training Program On the Job Training Administration*, chapter 8.

done	Page	Paragraph	Line	Action
	51	Replace page		Insert new page

done	Page	Paragraph	Line	Action
	54		13.1.6.2.1	Delete line
	54		13.1.6.2.2	Re-number to "13.1.6.2.1"
	54		13.1.6.2.3	Re-number to "13.1.6.2.2"
	54		13.2.1.3.9.3	Delete "Computer tracking/clinic log"
	54		13.2.1.4.9. 3	Delete "Computer tracking/clinic log"
	54		13.2.1.5.6	Delete line
	54	Add line at bottom of page		Add Computer tracking/clinic log has changed to "Air Force Complete Immunization Tracking Application (AFCITA)"
	55	Replace page		Insert new page
	56	Replace page		Insert new page

4. Changes for Part II Attachment 7

4.1 Write-in changes. Make the following pen & ink changes in each member's STS

4.2. Insert pages Changes on insert pages are posted on the 383 schoolhouse website. Insert pages are to be inserted directly in the individuals CFETP. Old replaced pages should be given to the member after all appropriate transcription is completed. Transcribe all information IAW AFI 36-2201, volume 3, *Air Force Training Program On the Job Training Administration*, chapter 8.

done	Page	Paragraph	Line	Action
	67		17.4.2	Delete line
	67		17.4.3	Re-number to "17.4.2"
	67		17.4.4	Re-number to "17.4.3"
	67		17.4.5	Re-number to "17.4.4"
	67		17.4.6	Re-number to "17.4.5"
	68	Replace page		Insert new page
	69		17.6.2.17	Re-number to "17.6.2.16"
	69		17.6.2.18	Re-number to "17.6.2.17"
	69		17.6.2.19	Re-number to "17.6.2.18"
	69		17.6.2.20	Re-number to "17.6.2.19"
	69		17.6.2.21	Re-number to "17.6.2.20"
	69		17.6.2.22	Re-number to "17.6.2.21"
	69		17.6.2.23	Re-number to "17.6.2.22"
	69		Add line at bottom of page	Add "17.6.2.23 ISTAT" and add "-“ in column 4A
	70		17.10.1	Change A to "B" in column 4A

5. Changes for Part II Attachment 8

5.1 Write-in changes. Make the following pen & ink changes in each member's STS

done	Page	Paragraph	Line	Action
	71	History and Physical	18.1	In column 1 change 18.1 to "18.2"

done	Page	Paragraph	Line	Action
	72		18.4.3	Delete “1” in QTP column
	72		18.5.1	Delete “7” in QTP column
	73		18.12.2.1.3	Add “9” to QTP column
	74		18.12.2.3	Delete “9” in QTP column
	74		18.14.4	Add “2” to QTP column

6. Changes for Part II Attachment 9

6.1 Write-in changes. Make the following pen & ink changes in each member's STS

done	Page	Paragraph	Line	Action
	75		19.1.2.3	Add “2” to QTP column
	77		19.6.2	Add “2” to QTP column
	77		19.6.3	Add “2” to QTP column
	77		Add line at bottom of page	Add “19.6.10 Set-up, assist with drawing blood from central line” and add “-“ to column 4A

7. Changes for Part II Attachment 10

7.1 Write-in changes. Make the following pen & ink changes in each member's STS

done	Page	Paragraph	Line	Action
	78	NOTE	2	After ... as an NREMT-B. add “Applies to 4N0X1s in an SME position who are not IDMTs.”
	78		20.1.3.2	Add “2” to QTP column

8. Changes for Part II Attachment 11

8.1 Write-in changes. Make the following pen & ink changes in each member's CFETP

done	Page	Paragraph	Line	Action
	80	Table	2	Delete 4N0X1A Add “SEI 453/454”
	80	Table	9	Delete JQS
	82	Table 2	Heading	Delete 4N0X1A Add “SEI 453/454”

9. Changes for Part II Section C

9.1 Write-in changes. Make the following pen & ink changes in each member's CFETP

done	Page	Paragraph	Line	Action
	96/97	Replace page		Insert new page
	98	Frequency	Entire page	Replace all Annual with “every 15 months”
	98	QTP... Vol 9	Module 2	Delete module 2: Management of the multiple system trauma patient
	98	QTP... Vol 9	Module 3	Re-number Module 3 to “Module 2”
	98	QTP Vol 11	5.	Delete “(4N0X1A)”
	98	QTP... Vol 11	Title	After Allergy Specialty add “SEI 453”
	98	QTP... Vol 12	Title	After Immunization Specialty add “SEI 454”
	99	Frequency	Entire page	Replace all Annual with “every 15 months”

10. Changes for Part II Section D, E and F-part 1:

10.1 Insert pages. Changes on insert pages are posted on the 383 schoolhouse website. Insert pages are to be inserted directly in the individuals CFETP. Old replaced pages should be given to the member after all appropriate transcription is completed. Transcribe all information IAW AFI 36-2201, volume 3, *Air Force Training Program On the Job Training Administration*, chapter 8.

done	Page	Paragraph	Line	Action
	100/101	Replace page		Insert new page
	102/103	Replace page		Insert new page
	104/105	Replace page		Insert new page
	106/107	Replace page		Insert new page
	108/109	Replace page		Insert new page
	109	Part 3		After Section A... Add “ AF Form 803 if local policy directs”

11. Changes for Part II Section F, part 2:

11.1 Write-in changes. Make the following pen & ink changes in each member's CFETP

11.2 Insert pages. Changes on insert pages are posted on the 383 schoolhouse website. Insert pages are to be inserted directly in the individuals CFETP. Old replaced pages should be given to the member after all appropriate transcription is completed. Transcribe all information IAW AFI 36-2201, volume 3, *Air Force Training Program On the Job Training Administration*, chapter 8.

done	Page	Paragraph	Line	Action
	118	1.3.1	1	Delete ...“active duty”...
	118	1.3.2	1-3	Delete entire paragraph.
	119	2.2.3.13	NOTE	Delete current NOTE and replace with: “Personnel assigned to emergency services, acute care clinics, back-up/on-call ambulance crews, or nursing units utilizing AEDs on crash carts must accomplish AED qualification training IAW AFI 44-102, <i>Community Health Management</i> , and local policies.”
	120/121	Replace page		Insert new page

12. Final action.

12.1 Verify insert page changes against change table posted on the 383 schoolhouse website <https://webm.shepard.af.mil/882trg/383/2content.htm>.

12.2 After necessary action, file this change in back of the entire CFETP. Transcribe all documentation from replaced STS pages onto the appropriate insert replacement pages. Old replaced pages should be given to the member after all appropriate transcription is completed.

BY ORDER OF THE SECRETARY OF THE AIR FORCE

OFFICIAL

GEORGE PEACH TAYLOR, JR.
Lieutenant General, USAF, MC, CFS
Surgeon General

Attachments: Insert pages

8/9

12/13

20/21

22/23

24/25

28/29

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56

68

96/97

100/101

102/103

104/105

106/107

108/109

120/121

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Task Analysis. A detailed analysis of tasks for a particular AFS to be included in the training decision process.

Task Certifier. A person whom the commander assigns to determine an individual's ability to perform a task to required standards IAW AFI 36-2201 volume 5, *Air Force Training Program Career Field Education and Training*.

Task Module (TM). A group of tasks performed within an Air Force specialty that are performed together and require common knowledge, skills, and abilities. TMs are identified by an identification code and a statement.

Total Force. All collective Air Force components (Active, Reserve, Guard, and civilian elements) of the United States Air Force.

Trainer. A trained and qualified person who teaches personnel to perform specific tasks through OJT methods. Also, equipment that the trainer uses to teach personnel specified tasks. IAW AFI 36-2201, volume 5, *Air Force Training Program Career Field Education and Training*.

Training Capability/Capacity. The ability of a unit or base to provide training. Authorities consider the availability of resources (such as equipment, reference materials, qualified trainers, etc.) when determining a unit's training capability.

Training Setting. The type of forum in which training is provided (formal resident school, on-the-job, field training, mobile training team, self-study, distance learning, etc.)

Upgrade Training (UGT). Mandatory training that leads to the award of a higher skill level in an Air Force Specialty.

Utilization and Training Workshop (U&TW). A forum lead by the Career Field Manager that incorporates the expertise of MAJCOM 4N0X1 Functional Managers, Subject-Matter Experts (SMEs), AETC and USAFSAM training personnel to determine career ladder training requirements.

Waiver. Formal process to request an exception to standards or existing policy.

Wartime Tasks. Those tasks that will be taught in an accelerated formal course when directed by HQ AETC. This course will usually be enacted in response to a wartime scenario. IAW AFI 36-2201, volume 5, *Air Force Training Program Career Field Education and Training*.

Readiness Skills Verification Program (RSVP). AFSC sustainment training designed to ensure all members with a fully qualified AFSC maintain the currency of skills to perform their duties in a deployed setting.

NOTE: Refer to the following website for AFSC specific readiness skills training. <https://kx.afms.mil/GlobalMedSupTngEx>

PART I, SECTION A - GENERAL INFORMATION

1. Purpose of the CFETP. This CFETP provides information necessary for the Career Field Manager (CFM), MAJCOM Functional Managers, commanders, training managers, technical training course developers and instructors, field supervisors, and trainers to use to plan, develop, manage, and conduct an effective career field training program. This plan outlines training that individuals must receive to develop and progress throughout their career. The plan also identifies initial skills, upgrade, qualification, advanced, and continuation training requirements. Initial skills training is the Air Force Specialty (AFS) specific training an individual receives upon entry into this specialty. Initial and advanced skills training is provided by the 882d Training Group at Sheppard AFB, Texas (AETC) and USAF School of Aerospace Medicine (USAFSAM) at Brooks AFB, TX. Upgrade training identifies the mandatory courses, task qualification requirements, and correspondence course completion required for award of the 3, 5, 7, and 9 skill levels. Qualification training is actual hands-on task performance training designed to qualify an airman in a specific duty position. This training program occurs both during and after the upgrade training process. It is designed to provide the performance skills/knowledge training required to do the job. Advanced training is formal AFS training used for selected airmen. Continuation training is additional training conducted in-residence, through distance learning, or on-the-job, provided to 3, 5, 7, and 9 skill level personnel to increase their skills and knowledge beyond the minimum required. The CFETP also serves the following purposes:

1.1. Serves as a management tool to plan, manage, conduct, and evaluate a career field training program. It is also used to help supervisors identify training at the appropriate point in an individual's career.

1.2. Identifies task and knowledge training requirements, describes the scope of practice in the Aerospace Medical Service Specialty, and recommends training/education throughout each phase of an individual's career.

1.3. Lists training courses available in the specialty, identifies sources of training, and the training delivery method.

1.4. Identifies major resource constraints that impact full implementation of the desired career field training program.

2. Use of the CFETP. This plan will be used by all levels of supervisory and management personnel to ensure comprehensive and cohesive training programs are available/instituted for each individual in the specialty.

2.1. The CFETP will be managed by the Air Force Career Field Manager. The 4N0X1 Specialty Career Development Course (CDC) Writer/Manager will assist the CFM in the maintenance and publication of the CFETP and any subsequent changes. The CFM, MAJCOM Aerospace Medical Service Functional Managers, AFSC consultants, USAFSAM and AETC personnel will review the CFETP annually to ensure currency and accuracy. The completion of this review will be documented in the 4N0 MAJCOM Functional Managers' Meeting minutes.

2.2. AETC and USAFSAM training personnel will develop and or revise formal resident and distance learning training based on requirements established by the field and documented in Part II of the CFETP. They will also work with the CFM to develop acquisition strategies for obtaining resources needed to provide the identified training.

2.3. MAJCOM Aerospace Medical Service Functional Managers will ensure MAJCOM training programs complement the CFETP mandatory initial, upgrade, and proficiency requirements. Identified requirements can be satisfied by OJT, resident training, contract training, or distance learning courses. MAJCOM-developed

1.1.2.5. Performs allergy and immunization (AI) duties. Manages immunotherapy care and performs diagnostic tests as ordered by physician. Utilizes computer based patient information. Prepares allergenic extracts and specific allergy treatment extracts. Performs tuberculoses and other delayed skin testing. Performs allergy skin testing. Administers vaccines IAW current guidelines. Performs emergency care for treatment of anaphylaxis. Provides post immunization instructions in regard to expected reactions and in proper care of vaccinations. Provides oversight of immunization processes.

Note: Those 4Ns performing as an Immunization Backup Technician (IBT) or Immunization Augmentee (IA) will utilize the task items IAW this CFETP, part 2, section A, task item 13.2

1.1.2.6. Performs neurology duties. Prepares patients for examination, treatment, and diagnostic procedures. Assists physician with diagnostic procedures and treatments. Assembles, operates, maintains and performs routine user maintenance of electroencephalographic and electromyographic equipment. Assists in performing special electroencephalographic and electromyographic procedures. Ensures appropriate care and storage of tracings and reports.

1.1.2.7. Performs critical care duties. Prepares patients with special equipment for transfers. Assists with examinations and special procedures including mechanical ventilation. Assists with cardiovascular and neurovascular procedures and hemodialysis.

1.1.2.8. Performs hyperbaric medical duties. Prepares patients and equipment for hyperbaric dive. Prepares hyperbaric chamber for patient placement. Positions patients. Functions as hyperbaric dive crew member. Assists hyperbaric nurse or physician with patient care during the dive. Provides emergency care for patients in event of medical or hyperbaric chamber emergency.

1.1.2.9. Performs hemodialysis duties. Prepares patient and performs procedures using specialized renal dialysis equipment.

2. Skill/Career Progression. It is essential that everyone involved in training do his or her part to plan, develop, manage, conduct, and evaluate an effective training program. The guidance provided in this part of the CFETP will ensure individuals receive viable training at the appropriate points in their career. The following narrative and the AFSC 4N0X1 career field flow charts identify the training career path.

2.1. Apprentice Level (3). Initial skills training in this specialty consist of the tasks and knowledge training provided in the 3-skill level resident course (J3AQR4N031-XXX) conducted at Sheppard AFB, Texas. Successful completion and award of the National Registry of Emergency Medical Technicians Basic (NREMT-B) certification is mandatory. Upon graduation from the resident course, students will attend the 3-skill level Phase II course (J5ABO4N031-001) located at one of the Phase II training facilities. Individuals must successfully complete both the resident and Phase II courses to be awarded AFSC 4N031. When directed by HQ USAF training, will be compressed to teach the resident 3-level wartime course.

2.2. Journeyman Level (5). Upgrade training to the 5-skill level in this specialty consists of completing (1) CDC 4N051, (2) all STS core tasks (including core task QTPs), (3) duty position requirements, and (4) a minimum, 15 months UGT (9 months for retrainees). To assume the grade of SSgt, individuals must be graduates of the Airmen Leadership School. Current certification as an NREMT-B is mandatory.

2.3. Craftsman Level (7). Upgrade training to the 7-skill level in this specialty consists of (1) completing all STS core tasks (including core task QTPs), (2) successful completion of the Read Ahead Module (RAM) <https://webm.sheppard.af.mil/882trg/383/2content.html> until 7-level CDCs become available. Projected CDC field date of June 04. (3) minimum 12 months UGT (6 months for retrainees), (4) duty position requirements, and (5) SSgt (sew-on). To assume the grade of MSgt, individuals must be graduates of the NCO Academy. Current certification as an NREMT-B is mandatory.

2.4. Superintendent Level (9). To be awarded AFSC 4N091, an individual must be a SMSgt (sew-on). Current certification as an NREMT-B is mandatory when required by the duty position.

2.5. Chief Enlisted Manager Level (0). AFSC/CEM code 4N000 awarded upon selection for promotion to CMSgt. Current certification as an NREMT-B is mandatory when required by the duty position.

NOTE: Individuals who hold a current state or National Registry EMT-Paramedic certification meet the intent of the NREMT-B requirement.

3. Training Decisions. This CFETP uses a building block approach (simple-to-complex) to encompass the entire spectrum of life-cycle training requirements for the Aerospace Medical Service Specialty. The spectrum includes a strategy for when, where, and how to meet the training requirements. The strategy must be apparent and affordable to reduce duplication of training and eliminate a disjointed approach to training. Decisions were made as to the content of the CFETP during the Aerospace Medical Service Specialty Utilization and Training Workshop, held 3-14 April 2000 and 15-19 October 2001 at Sheppard AFB, Texas.

3.1. Initial Skills Training. Initial skills course content (3-skill level) was revised to provide training needed to prepare graduates for Aerospace Medical Service Specialty positions.

3.2. Upgrade Training. The current Career Development Courses (CDCs) used for Journeyman training in this specialty are CDC 4N051, course A and B.

3.3. Core tasks and other requirements for 5- and 7-skill levels were established.

3.4. Transition training, as a result of the 4N0X1 and 4F0X1 merger, is outlined and explained in Section E of Part I.

3.5 Updated and reviewed IDMT, Hyperbarics, and AE STS. Approved Critical Care STS.

4. Community College of the Air Force (CCAF).

4.1. Enrollment in CCAF occurs upon completion of basic military training. Off-duty education is a personal choice, and is highly encouraged.

4.2. CCAF provides the opportunity to obtain an Associates in Allied Health Sciences Degree as follows:

4.2.1. The 5-skill level *must* be held at the time of program completion.

4N0X1B NEUROLOGY TECHNICIAN CAREER PATH

Note: Must be 4N051 to retrain into Neurology.

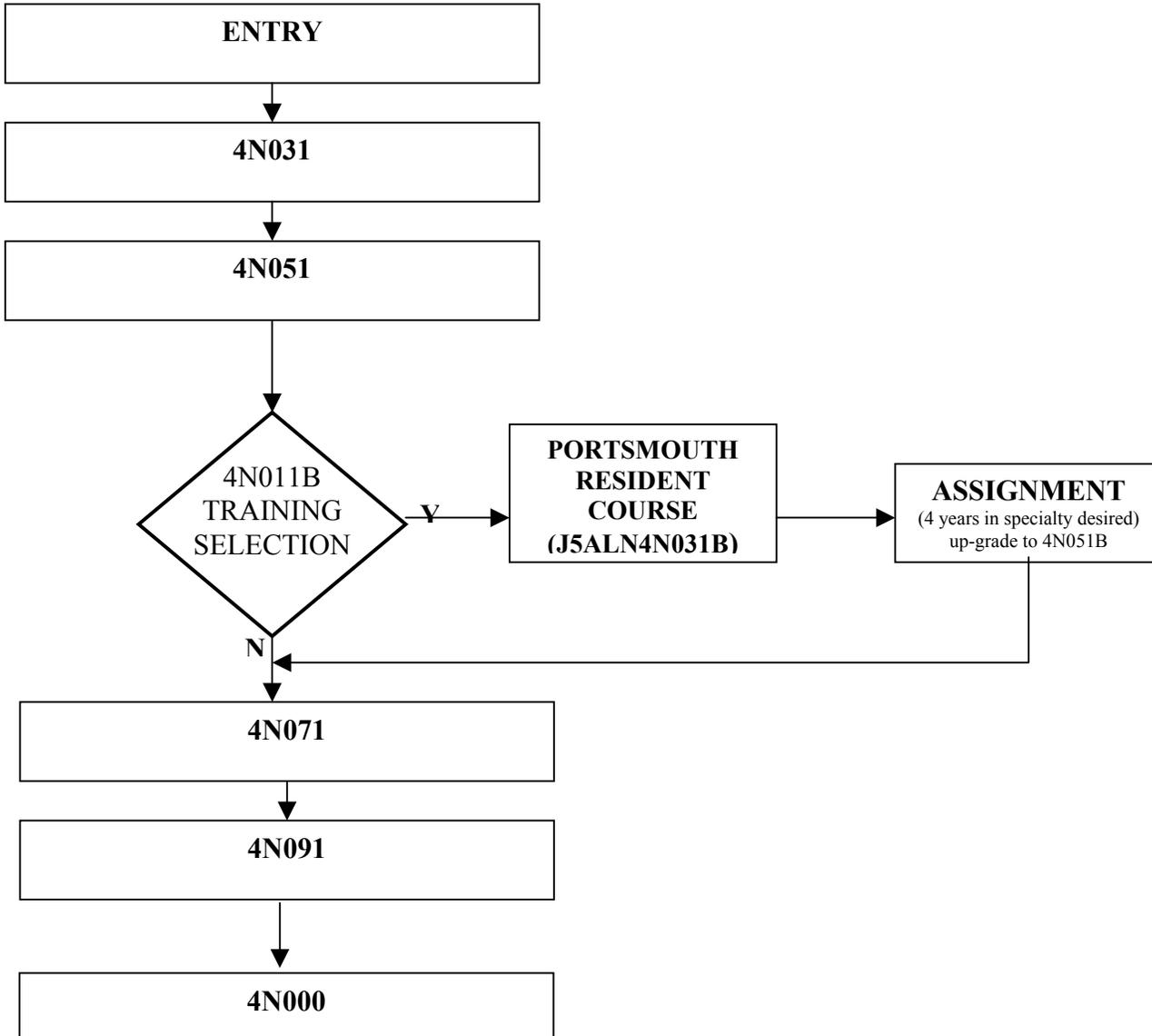


Figure 5-3

4N0X1 Special Experience Identifiers (SEI)

SEI	Title	Criteria	Minimum Skill Level Required
325	Medical Readiness	Requires minimum grade of E5; completion of the Medical Readiness Planning course, J3OZR-9000-005 (PDS code M15), or Battlefield Medical Operations Planning (BMOP) course B3AZY-9300-003 (PDS code RZM); and 12 months of experience. Approval authority for award of this SEI is MAJCOM or higher. Local medical function will forward the SEI RIP to the MAJCOM for final award certification.	5-level SSgt
453	Allergy	Walter Reed course# J5ALA4N0X1 12 months experience supervisors recommendation	5-level SSgt or SSgt(s)
454	Immunization	Walter Reed course# J5ALA4N0X1 12 months experience supervisors recommendation	5-level SSgt or SSgt(s)
455	Special Operations Command Medic	Requires 24 months in duty experience, completion of the Independent Duty Medical Technician Course, AE course, Paramedic certification or attend Special Operations Combat Medic Course, Combat Survival Course, USAF Underwater Egress Training, Introduction to Special Operations Course, Dynamics of International Terrorism, and Hyperbarics Training Course.	5-level SSgt or SSgt (s)
474	Licensed Practical Nurse (LPN)	Requires completion of an LPN Program at an accredited institution approved by the Surgeon General and an unrestricted state LPN license, 12 months experience and award of 5-skill level.	5-level
486	Dialysis Medical Technician (DMT)	Requires completion of DMT OJT, 12 months of active DMT clinical experience, and supervisor's recommendation.	3-level
487	Critical Care Technician	Requires 12 months of experience in critical care (ICU/CCU), special care unit (SCU), or neonatal ICU related duties and supervisor's recommendation.	3-level
489	Medical Development NCO (MDNCO)	Requires completion of MDNCO training (MDO) course, MDNCO exportable course, or MDO course (approved medical unit local training), 12 months experience and supervisor's recommendation.	3-level

SEI	Title	Criteria	Minimum Skill Level Required
490	Hyperbaric Medical Technician (HMT)	Requires completion of HMT course, 12 months of clinical hyperbaric experience, and supervisor's recommendation.	3-level
494	Aeromedical Evacuation Technician (AET)	Requires 12 months of experience in an AE unit and supervisor's recommendation.	5-level Note: AFRC and ANG components will accept 3-levels
496	Independent Duty Medical Technician (IDMT)	Medical Service Technician Independent Duty Course and initial IDMT certification at the host MTF.	5-level SSgt or SSgt (s)
901	Command and Control (C2), Air and Space Operations Center (AOC)	Award requires recommendation of supervisor or commander and one of the following: (1) certification as combat mission ready (CMR) according to provisions of AFI 13-1 AOC Vol 1; or (2) completion of any contingency operations or Aerospace Expeditionary Force (AEF) temporary duty (TDY) tour at an AOC (combined or joint) of at least 90 days; or (3) 6 months of experience while assigned to an AOC entity (combined or joint); or (4) participation in large scale theater air operations or exercises such as Blue Flag, Roving Sands, or Joint Task Force Exercise (JTFEX).	5-level

Figure 5-4

PART I, SECTION C - SKILL LEVEL TRAINING REQUIREMENTS

1. Purpose. Skill levels in this career field are defined in terms of tasks and knowledge requirements. This section outlines the specialty qualification requirements for each skill level in broad, general terms and establishes the mandatory requirements for entry, award, and retention of each skill level. The specific task and knowledge training requirements are identified in the STS at Part II, Section A of this CFETP.

2. Specialty Qualifications.

2.1. Apprentice (3-skill level) training requirements.

2.1.1. Specialty qualification.

2.1.1.1. Knowledge:

2.1.1.1.1. For the basic AFSC, knowledge of the following is mandatory: medical terminology, anatomy and physiology, nursing techniques, procedures and processes, aerospace physiology fundamentals, aeromedical concepts, emergency medical treatment (to include cardiopulmonary resuscitation), aseptic technique, medical ethics, and legal aspects, medication administration, operation and maintenance of therapeutic equipment, emergency response personal protective equipment, military hygiene and sanitation, risk management, basic procedures and fundamentals of Primary Care Management (PCM), preventive medicine and counseling techniques, physical examination and standards, disaster preparedness and chemical warfare, care and transportation of the sick and injured, and customer service.

2.1.1.1.2. For ARC personnel assigned as Aeromedical Evacuation Technicians (SEI 494), knowledge of flight physiology and aeromedical evacuation patient care procedures are mandatory.

2.1.1.2. Education: Completion of high school and courses in general science, biology, psychology, chemistry, basic computer skills and verbal communication are desirable.

2.1.1.3. Training:

2.1.1.3.1. Completion of the Aerospace Medical Service Apprentice courses (resident and phase II).

2.1.1.3.2. Completion of the aeromedical evacuation course is mandatory before being assigned to aeromedical evacuation duties. (AD only)

2.1.1.4. Experience: No requirement.

2.1.2. Training Sources/Resources: Completion of the Aerospace Medical Service Apprentice Course (J3AQR4N031-004) at Sheppard AFB, TX and the Aerospace Medical Service Apprentice Phase II Course (J5ABO4N031-001) satisfies the knowledge and training requirements specified in para 2.1.1.1.1. for award of the 3-skill level.

2.1.3. Implementation: After 3-level graduation, job qualification training starts when an individual is assigned to their first duty position. Thereafter, it is initiated anytime an individual is assigned duties they are not qualified to perform. QTPs will be used concurrently to obtain necessary duty position qualifications. QTPs are Air Force publications that have been developed and are mandatory for use during upgrade/qualification training when available for a duty position, program, or piece of equipment.

2.2. Journeyman (5-skill level) training requirements.

2.2.1. Specialty qualification.

2.2.1.1. All 4N031 qualifications apply to the 4N051 requirements to include current NREMT-B certification.

2.2.1.2. Knowledge: For the basic AFSC including all shredouts and Special Experience Identifiers (SEIs), knowledge as indicated in Part II, Section A, attachments 2 through 12 (items 1 through 20), and core tasks.

2.2.1.2.1. For the journeyman assigned as a Neurology Technician (4N051B), knowledge of the following is mandatory: electronic fundamentals and neurological anatomy and physiology.

2.2.1.2.2. For the journeyman assigned as an Allergy Technician (SEI 453) knowledge of the following is mandatory: diagnostic procedures for managing allergy patients, methods of properly administering intradermal subcutaneous, and intramuscular injections.

2.2.1.2.3 For the journeyman assigned as an Immunization Technician (SEI 454) knowledge of the following is mandatory: diagnostic procedures for managing vaccination procedures, methods of properly administering intradermal subcutaneous, and intramuscular injections, composition of vaccines, treatment of anaphylactic reactions, current immunization tracking systems and AFJI 48-110, Immunizations and Chemoprophylaxis.

2.2.1.2.4. For the journeyman assigned as a Licensed Practical Nurse (LPN) (SEI 474), knowledge of the following is mandatory: Medical terminology, anatomy and physiology, nursing techniques, procedures and processes, emergency medical treatment (to include cardiopulmonary resuscitation, aseptic technique, medical ethics, and legal aspects), medication administration, operation and maintenance of therapeutic equipment, emergency response personal protective equipment, military hygiene and sanitation, risk management, basic procedures and fundamentals of Primary Care Management (PCM), preventive medicine and counseling techniques, physical examination and standards, care and transportation of the sick and injured, and customer service.

2.2.1.2.5. For the journeyman assigned as a Dialysis Medical Technician (SEI 486), knowledge of the following is mandatory: Fundamentals of hemodialysis invasive procedures and renal anatomy and physiology. Critical care experience is desired.

2.2.1.2.6. For the journeyman assigned as a Critical Care Technician (SEI 487), knowledge of the following is mandatory: Critical care nursing, invasive procedures, and hemodynamic monitoring.

2.2.1.2.7. For the journeyman assigned as a Medical Development NCO (SEI 489), knowledge of the following is mandatory: NREMT instructional programs, Self Aid Buddy Care (SABC) and Basic Life Support (BLS). Instructor experience and knowledge of Instructional System Design is desirable.

2.2.1.2.8. For the journeyman assigned as a Hyperbaric Medical Technician (SEI 490), knowledge of the following is mandatory: Depth physiology and hyperbaric treatment procedures. Flying Class III physical is required.

2.2.1.2.9. For the journeyman assigned as an Aeromedical Evacuation Technician (SEI 494), knowledge of flight physiology and aeromedical evacuation procedures is mandatory. Flying Class III physical is required.

2.2.1.2.10. For the journeyman assigned as an Independent Duty Medical Technician (SEI 496), knowledge of the following is mandatory: medical and dental treatments, basic pharmacology, bioenvironmental services, public health, health care administration, and logistics procedures.

2.2.1.2.10.1. IDMTs who are assigned as an Air Force Special Operations Technicians (SEI /455), knowledge of the following is mandatory: force readiness, aircraft accident response and investigation and aeromedical disposition. Knowledge of USSOCOM (US Special Operations Command) medical force structure and CASEVAC (Casualty Evacuation) mission and equipment is also mandatory.

2.2.1.3. Education: To assume the rank of SSgt, individuals must be graduates of the Airman Leadership School.

2.2.1.4. Training:

2.2.1.4.1. Completion of the following requirements is mandatory for the award of the 5-skill level AFSC: CDC 4N051, all STS core tasks, all QTPs identified for the assigned duty position, the rank of A1C, and at least 15 months UGT (9 months for retrainees). Current certification as an NREMT-B is mandatory.

2.2.1.4.2. Completion of the Allergy/Immunization Technician course is mandatory before being assigned to Allergy and or Immunization duty. In addition, complete all QTPs identified for the assigned duty position, and at least 12 months experience for award of applicable SEI. Completion of the Immunization Back-up Technician (IBT) training program to include applicable QTPs is mandatory before being assigned duties as an IBT. Current certification as an NREMT-B is mandatory.

2.2.1.4.3. Completion of the Neurology Technician course is mandatory before being assigned Neurology Technician duty. In addition, complete all QTPs identified for the assigned duty position, and at least 12 months UGT. Current certification as an NREMT-B is mandatory.

2.2.1.4.4. Completion of 12 months critical care experience and supervisor's recommendation is mandatory before award of the critical care SEI. Current certification as an NREMT-B is mandatory.

2.2.1.4.5. Completion of the Hyperbaric Medical Technician course is mandatory before being assigned to clinical hyperbaric duty. Upon assignment to a clinical hyperbaric facility, individuals must obtain National Board of Diving and Hyperbaric Medical Technology certification as a Hyperbaric Technician within one year. Current certification as an NREMT-B is mandatory.

2.2.1.4.6. Completion of the Aeromedical Evacuation Technician course is mandatory before being assigned to aeromedical evacuation duties. Current certification as an NREMT-B is mandatory.

2.2.1.4.7. Completion of the Independent Duty Medical Technician course and certification at host MTF is mandatory before being assigned to independent duty. Current certification as an NREMT-B is mandatory.

2.2.1.4.8. Completion of an accredited Licensed Practical Nurse training program at an accredited institution acceptable to the Surgeon General and an unrestricted state licensure is mandatory before being assigned as a Licensed Practical Nurse. Must maintain state licensure. Current certification as an NREMT-B is mandatory.

2.2.1.4.9. Individuals who fail to meet AFS training qualifications will be managed IAW AFI 36-2201, volume 3 *Air Force Training Program On the Job Training Administration*, table 9.1, line 11.

2.2.1.5. Experience: Current qualification as an Aerospace Medical Service Apprentice is mandatory.

2.2.1.6. Other: None

2.2.2. Training Sources/Resources: Completion of CDC 4N051 satisfies the knowledge requirements specified in para 2.2.1.2. for award of the 5-skill level. The STS in Part II of this CFETP identifies all core tasks required for qualification. Upgrade and qualification training is provided by qualified trainers using available QTPs, locally developed training programs and training references, for programs to be managed, equipment to be used, or procedures to be performed.

2.2.3. Implementation: Entry into upgrade training is initiated when an individual possesses the 3-skill level. Qualification training is initiated anytime an individual is assigned duties they are not qualified to perform. CDC 4N051, and all core tasks will be completed for award of the 5-skill level. Current certification as an NREMT-B is mandatory.

2.3. Craftsman (7-skill level) training requirements.

2.3.1. Specialty qualification.

2.3.1.1. All 4N051 qualifications apply to the 4N071 requirements to include current minimum NREMT-B certification.

2.3.1.2. Knowledge: For the basic AFSC including all shredouts and Special Experience Identifiers (SEIs), knowledge as indicated in Part II, Section A, attachments 2 through 10 (items 1 through 20), and core tasks.

2.3.1.3. Education: To assume the rank of MSgt, individuals must be graduates of the NCO Academy.

2.3.1.4. Training: Completion of the following requirements is mandatory for the award of the 7-skill level: Completing all STS core tasks (including core task QTPs), successful completion of the 7-level CDCs (when available) or the RAM course until CDCs are available, all duty position requirements, 12 months UGT (6 months for retrainees), and the rank of SSgt (sew-on). Current certification as an NREMT-B is mandatory.

2.3.1.4.1 Individuals who fail to meet AFS training qualifications will be managed IAW AFI 36-2201, volume 3 *Air Force Training Program On the Job Training Administration*, table 9.1, line 11.

2.3.1.5. Experience: Current qualification as an Aerospace Medical Service Journeyman is mandatory.

2.3.1.6. Other: None.

2.3.2. Training Sources/Resources: Completion of the 7-level CDC (when available), 12 months UGT, satisfies the knowledge and skill requirements specified in para 2.3.1. for award of the 7-skill level. The STS in Part II of this CFETP identifies all core tasks required for qualification. Upgrade and qualification training is provided by qualified trainers using available QTPs, locally developed training programs and training references, for programs to be managed, equipment to be used, or procedures to be performed.

2.3.3. Implementation: Entry into upgrade training is initiated when an individual is selected for promotion to SSgt and possesses the 5-skill level. Qualification training is initiated anytime an individual is assigned duties they are not qualified to perform. Current certification as an NREMT-B is mandatory.

2.4. Superintendent (9-skill level). To be awarded AFSC 4N091, an individual must be a SMSgt. Current certification as an NREMT-B is mandatory when required by the duty position. Qualification is mandatory as an Aerospace Medical Service Craftsman (7-level). Experience is also mandatory in managing functions such as medical, surgical, or related health care administrative activities.

PART I, SECTION D - RESOURCE CONSTRAINTS

1. Purpose. This section identifies known resource constraints, which preclude optimal and or desired training from being developed or conducted, including information such as cost and manpower. Narrative explanations of each resource constraint and an impact statement describing what effect each constraint has on training are included. Also included in this section are actions required, office of primary responsibility, and target completion dates. Resource constraints will be, as a minimum, reviewed and updated annually.

Note: There are currently no resource constraints. This area is reserved.

PART I, SECTION E - TRANSITIONAL TRAINING GUIDE

1. Purpose. This section outlines specialty requirements to satisfy transitional training needs when two or more specialties are merging.

2. Merger. The 4F0X1, Aeromedical Specialty and the 4N0X1, Medical Service Specialty career fields merged into the 4N0X1, Aerospace Medical Service Specialty effective 01 Nov 02. To ensure all personnel currently in both career fields have necessary knowledge and skills to function in the new 4N0X1 field, they must follow the AIG training messages 02-34,02-41, 02-52, 02-66, and 03-77 posted by the Career Field Manager.

PART II

SECTION A

SPECIALTY TRAINING STANDARD (STS) For AFSC 4N0X1 and Applicable Shredouts/SEIs

AEROSPACE MEDICAL SERVICE APPRENTICE AEROSPACE MEDICAL SERVICE JOURNEYMAN AEROSPACE MEDICAL SERVICE CRAFTSMAN

1. Implementation. This STS will be used for technical training provided by AETC effective with Aerospace Medical Service Apprentice Course (J3AQR4N031 004) Class 021101.

2. Purpose. As prescribed in AFI 36-2201, volume 5, *Air Force Training Program Career Field Education and Training*, this STS:

2.1. Provides a qualitative training requirement proficiency code key in attachment 1 that is used to indicate the level of training provided by resident and career development courses. Training objectives in each course are designed to match the criteria established by the proficiency code key.

2.2. Lists in column 1 of attachments 2 through 10 the most common tasks and knowledge necessary for airmen to perform duties in the 3-, 5-, and 7-skill levels. These are based on an analysis of duties specified in AFMAN 36-2108, Airman Classification. A complete listing of all training references (TRs) that may be used for both formal course development and continuing education in the field is included in attachment 9.

2.3. Functionally groups tasks by subject and/or job position to aid in task selection and reduction in duplication. Supervisors may select tasks from the appropriate attachment to accurately define a job and required training.

2.4. Identifies in column 2 of attachments 2 through 9 which of the items in column 1 are designated as core (5) tasks for the duty positions listed below. **Aerospace Medical Service Specialty personnel occupying any 4N0X1 duty position must be trained and certified on all respective core tasks to be duty position qualified.** To be considered fully qualified and eligible for any skill level award, personnel must be duty position qualified, trained, and certified on any/all core tasks. **All 3-, 5-, and 7-level 4N0X1 personnel must have a current documented Individual Training Record, AF Form 623B (contains the CFETP), in Part 2 of their 6 Part Folder (also applies to CMSgt/SMSgt personnel when engaging in patient care).**

2.4.1. Attachment 2 applies to all 4N0X1 personnel (4N0X1).

2.4.2. Attachment 3 applies to Allergy or Immunization (to include IBTs) Technicians (SEI 453/454).

2.4.3. Attachment 4 applies to Neurology Technicians (4N0X1B).

2.4.4. Attachment 5 applies to Hemodialysis Technicians (SEI 486).

2.4.5. Attachment 6 applies to Hyperbaric Technicians (SEI 490).

2.4.6. Attachment 7 applies to Aeromedical Evacuation Technicians (SEI 494).

2.4.7. Attachment 8 applies to Independent Duty Medical Technicians (SEI 496).

2.4.8. Attachment 9 applies to Critical Care Technicians (SEI 487).

2.4.9. Attachment 10 applies to the Squadron Medical Element (SME) Technicians.

2.5. Identifies in column 2 of attachments 2 through 9 which of the items in column 1 are designated as wartime (*) course tasks. **Wartime course tasks are those STS items taught during the resident (3-level) wartime course. This course is only activated in time of war. The purpose is to train new 4N031 personnel on items deemed absolutely essential in order to facilitate moving new personnel to the field as quickly as possible during a wartime situation. Wartime course tasks should not be confused with core tasks.**

2.6. Provides in column 3 of attachments 2 through 9 a means to record completion of tasks and knowledge training requirements in order to provide certification for OJT. Task/knowledge certification must show a certification/completed date.

2.7. Indicates formal resident training requirements in columns 4A of attachments 2 through 8. These columns specify the proficiency to be demonstrated on-the-job by the graduate as a result of training in the initial skills (3 - level awarding for the basic 4N0X1 or specialty awarding for shredouts and SEIs) and advanced (7-level awarding) courses, respectively, as described in AFCAT 36-2223, USAF Formal Schools.

2.8. Indicates correspondence course training requirements in column 4B of attachment 2. This column specifies the proficiency to be demonstrated on-the-job by the graduate as a result of training in the 5-level awarding Career Development Courses. The course writer is not restricted to the identified subjects. Additional subjects may be included as they apply to the 4N051 career field. See AFIADL/AFSC/CDC listing maintained by each unit training manager for current CDC listings.

2.9. Indicates correspondence course training requirements in column 4C of attachment 2. This column specifies the proficiency to be demonstrated on-the-job by the graduate as a result of training in the 7-level awarding Career Development Courses. The course writer is not restricted to the identified subjects. Additional subjects may be included as they apply to the 4N071 career field. See AFIADL/AFSC/CDC listing maintained by each unit training manager for current CDC listings.

NOTE: The RAM will be used until 7-level CDC availability.

2.10. Specifies in column 4D of attachments 2 through 9 which tasks have an available Qualification Training Package (QTP) to use on-the-job for both initial and recurring skills certification purposes. The number in column 4D designates the QTP volume number that the module can be found in. When applicable, items that relate to a common task are consolidated into one QTP module.

2.11. Is a job qualification standard (JQS). Supervisors and trainees are responsible for accurate documentation within this document. When used as a JQS, the following requirements apply:

2.11.1. Circle the appropriate letter/number in column 1 of attachments 2 through 9 to identify tasks/knowledge applicable to the trainee's current duty position. **All core tasks must be circled for all 3-, 5-, and 7-level personnel (including shredouts and SEIs). This also applies to CMSgt/SMSgt personnel when engaging in patient care). In addition to all core tasks, circle all other STS items applicable to the member's current duty position. For formal course instructors, all core tasks and core task QTPs (at a minimum) must be trained and certified.**

2.11.2. Document task qualification by annotating the **day, month, and year** (i.e., *04 Oct 02*) training is completed in column 3B of attachments 2 through 10. The trainer, certifier, and trainee must complete the remaining blocks in column 3 as applicable. This document may be automated in whole or part to reflect duty position requirements and qualifications.

2.11.3. Tasks are trained and qualified to the “Go” level. “Go” means the individual can perform the task without assistance and meets local demands for accuracy, timeliness, and correct use of procedures (“Go” level equates to 3c in the STS proficiency code key). These tasks are listed in column 1 of attachments 2 through 9. The supervisors will manage this process by assessing AFSC qualifications.

2.11.4. Trainers must be certified in the task to be trained, be recommended by the supervisor, appointed by the commander, and complete a formal trainer course.

2.11.5. Task Certifier/ Certification Official must be at least a SSgt with a 5-skill level or civilian equivalent, certified in the task being evaluated, appointed by the commander, be someone other than the trainer, and complete a formal certifier course.

2.11.6 Transcribing documentation to a new CFETP is an administrative function, not a re-evaluation of training. Upon publication of a new CFETP, use the following procedures to transcribe:

2.11.6.1. Use the new CFETP to identify and certify current training requirements and to retain previous qualifications from the previous version.

2.11.6.2. For tasks previously certified and required in the current duty position, circle the task and enter the current date with the trainee and supervisor initials.

2.11.6.3 For tasks previously certified but not required in the current duty position (do not circle), transcribe only the previous certification date (no initials).

2.11.6.4. Annotate the AF Form 623a, (for example, “I certify the information contained in the CFETP dated XX was transcribed to the CFETP dated XX, and the trainee was given the superceded CFETP.” Signed, dated, supervisor and trainee).

2.11.6.5. Maintenance of CFETPs for personnel in retraining status. Maintain CFETP from previous AFSC until commensurate skill level is achieved, then give the obsolete field CFETP to the individual.

2.11.6.6. Upon completion of the transcription process, give the old CFETP to the member.

2.12. Is a guide for development of promotion tests used in the Weighted Airman Promotion System (WAPS). Specialty Knowledge Tests (SKTs) are developed at the USAF Occupational Measurement Squadron by senior NCOs with extensive practical experience in their career field. The tests sample knowledge of STS subject-matter areas judged by test development team members as most appropriate for promotion to higher grades. Questions are based upon study references listed in the WAPS catalog.

3. Recommendations.

3.1. Report unsatisfactory performance of individual course graduates through proper channels to 882 TRG/TTS, 939 Missile Rd. STE 2, Sheppard AFB, TX 76311-2260. Reference specific STS paragraphs when forwarding reports. For a quick response to concerns, supervisors may call the 24 hour customer service information line (CSIL), DSN 736-2385, or email: 882trg.csil@sheppard.af.mil to identify graduates who may have received over or under training on task/knowledge items listed in this STS.

3.2. Report inadequacies of and suggest corrections to this STS through proper channels to the same POC listed in paragraph 3.1.

Supersedes STS 4F0X1, March 1998 and 4N0X1, May 1997 and all subsequent changes.

BY ORDER OF THE SECRETARY OF THE AIR FORCE

OFFICIAL

GEORGE PEACH TAYLOR, JR.
Lieutenant General, USAF, MC, CFS
Acting Surgeon General

NOTE 1: Users are responsible for annotating pen-and-ink and page inserts/deletions when specified by subsequent changes to this CFETP.

NOTE 2: Items in Column 2 identified with a "5" have been identified as core tasks by the Career Field Manager and MAJCOM Aerospace Medical Service Functional Managers.

NOTE 3: Items in Column 2 identified with a "*" are tasks/knowledge trained in the resident wartime course.

NOTE 4: Items in Column 3E with a "A" have been identified by the Career Field Manager and MAJCOM Aerospace Medical Service Functional Managers as tasks that must have a certifying official for task completion when required for duty position.

NOTE 5: Columns 4A, B, and C specify the level of training provided by the 3-skill level resident and Phase II courses, the 5-skill level Career Development Courses (CDCs), and the 7-skill level Career Development Course (CDC) (available Aug 04), respectively.

NOTE 6: Column 4D identifies, when applicable, the Qualification Training Package (QTP) volume number that the identified task can be found in.

Training references (TRs) applicable to the 4N0X1 portion of the STS (areas 1 through 12) that are approved for use in course development, QTP development, and OJT are listed in attachment 11, table 1 at the end of the entire STS.

1. Tasks, Knowledge, and Technical References	2. Core (5) / War-time Tasks (*)	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level Course	B 5 Skill Level CDCs	C 7 Skill Level CDCs	D QTP
1. Mission/Organizational Structure										
1.1 Medical Doctrine							A	B	-	
1.2 USAF Aerospace Medical Service Mission:										
1.2.1 AEF Aspects							-	-	B	
1.2.2 Readiness							-	-	B	
1.2.3 Air Reserve Component Roles and Relationships							-	-	B	
1.2.4 Developing Aerospace Leaders							-	-	B	
1.3 AFSC Duties:										
1.3.1 4N031							A	-	-	
1.3.2 4N051							A	B	-	
1.3.3 4N071							-	B	-	
1.3.4 4N091							-	A	B	
1.3.5 4N000							-	A	B	
2. Interpersonal Relations										
2.1 AFMS customer service:										
2.1.1 Determining customer needs and expectations							-	-	C	
2.1.2 Customer service basics:										
2.1.2.1 Listening techniques							A	-	C	
2.1.2.2 Face-to-face contact (non-verbal communication)							A	-	C	
2.1.2.3 Telephone etiquette							A	-	B	
2.1.2.4 Initiating appropriate response in dealing with difficult customers							A	-	C	
2.2 Customer service evaluation							-	A	B	
2.3 Complaints/conflicts resolution							A	-	C	
2.4 Professional standards and ethics:										
2.4.1 Standards of conduct for patient care	*						A	B	-	
2.4.2 Patient rights and responsibilities							A	B	-	
2.4.3 Death and dying	*						A	B	-	

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1. Tasks, Knowledge, and Technical References	2. Core (5) / War-time Tasks (*)	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level Course	B 5 Skill Level CDCs	C 7 Skill Level CDCs	D QTP
9.3.2.3.2 Pseudofolliculitis barbae (PFB) treatments							-	b	-	4
9.3.2.3.3 Wart (verrucae) treatments							-	b	-	4
9.3.2.3.4 Visual Screening										
9.3.2.3.4.1 Optic Vision Tester (OVT):	*									
9.3.2.3.4.1.1 Visual acuities							2b	b	-	
9.3.2.3.4.1.2 Phorias							b	b	-	
9.3.2.3.4.1.3 Cover/Un-cover test							-	-	-	
9.3.2.3.4.1.4 Depth perception							b	b	-	
9.3.2.3.4.2 Pseudo-Isochromatic Plates							2b	b	-	
9.3.2.3.4.3 Amsler's Grid							2b	b	-	
9.3.2.3.4.4 Accommodation							b	b	-	
9.3.2.3.4.5 Point of Convergence							b	b	-	
9.3.2.3.4.6 Visual fields							b	b	-	
9.3.2.3.4.7 Tonometry							-	b	-	
9.3.2.3.4.8 Cockpit vision test (near)							-	b	-	
9.3.2.3.5 Reading Aloud Test (RAT)							A	-	-	
9.3.2.3.6 Footprinting							-	-	-	
9.4 Emergency Interventions										
9.4.1 Principles:										
9.4.1.1 Structure of EMS							B	-	-	
9.4.1.2 Emergency care considerations:										
9.4.1.2.1 Toxicological	*						A	B	-	
9.4.1.2.2 Environmental	*						A	B	-	
9.4.1.2.3 Hazardous materials (HAZMAT)							A	B	-	
9.4.1.2.4 Bites, stings, and skin irritations	*						A	B	-	
9.4.1.2.5 Violent crimes	*						A	B	-	
9.4.1.2.6 OB/GYN	*						A	B	-	
9.4.1.2.7 Behavioral	*						A	B	-	
9.4.1.2.8 Orthopedics	*						A	B	-	
9.4.1.2.9 Eyes, ears, nose, and throat (EENT)	*						A	B	-	
9.4.1.2.10 Dental	*						A	B	-	
9.4.1.2.11 Pediatrics							A	B	-	
9.4.1.2.12 Geriatrics							A	B	-	
9.4.1.3 In-flight emergency/mishap procedures	*						-	B	-	
9.4.1.4 Ambulance operations:										
9.4.1.4.1 Dispatch	*						A	B	-	
9.4.1.4.2 Vehicle operations:										
9.4.1.4.2.1 Inspections	*						A	B	-	
9.4.1.4.2.2 Emergency driving	*						A	B	-	
9.4.1.4.2.3 Flight line operations							-	B	-	
9.4.1.4.2.4 Communication systems	*						A	B	-	
9.4.1.4.2.5 Operate Ambulance in MOPP 4							-	-	-	
9.4.1.4.3 Response team duties							-	B	-	
9.4.1.4.4 Supply and equipment maintenance							A	B	-	
9.4.1.4.5 Plot grid maps							-	B	-	
9.4.2 Emergency care procedures:										
9.4.2.1 Prehospital emergency care							B	B	-	
9.4.2.2 Prehospital/Field triage	5/*						2b	b	c	3
9.4.2.3 Administer initial patient care:										
9.4.2.3.1 Patient assessment	5/*						3c	c	-	
9.4.2.3.2 Simple extrication	5/*						3c	c	-	

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		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level Course	B 5 Skill Level CDCs	C 7 Skill Level CDCs	D QTP
9.4.2.3.3 Observe and monitor patient	5/*						3c	c	-	
9.4.2.4 External Defibrillator set up/assist										
9.4.2.4.1 Auto/Semiautomated	5/*						3c	c	-	3
9.4.2.4.2 Perform Cardiac Defibrillation under the supervision of an ACLS provider							-	-	-	
9.4.2.5 Pulmonary assessments and procedures:										
9.4.2.5.1 Breath sounds	5/*						2b	B	-	
9.4.2.5.2 Abnormal respirations/oxygen deficit	5/*						b	c	-	
9.4.2.5.3 Position head and neck to open/maintain airway	5/*						3c	c	-	
9.4.2.5.4 Set-up suctioning equipment	5/*						3c	c	-	
9.4.2.5.5 Suction oral/nasal pharynx	5/*						3c	c	-	
9.4.2.5.6 Insert nasopharyngeal airway	5/*						3c	c	-	
9.4.2.5.7 Insert oropharyngeal airway	5/*						3c	c	-	
9.4.2.5.8 Insert Pharyngo-Trachea Lumen and combi-tube airway							-	b	-	
9.4.2.5.9 Ventilate patient with pocket mask	5/*						3c	c	-	
9.4.2.5.10 Ventilate patient with bag-valve-mask	5/*						3c	c	-	
9.4.2.5.11 Ventilate patient with flow restricted oxygen powered ventilation device (FROPVD)							b	c	-	
9.4.2.5.12 Aviator's positive-pressure mask							-	b	-	
9.4.2.6 EENT emergency care procedures:	*						a	b	-	
9.4.2.6.1 Remove contact lenses										
9.4.2.6.2 Irrigate eyes	5/*						2b	c	-	3
9.4.2.6.3 Patch eyes	5/*						2b	c	-	
9.4.2.6.4 Control anterior nasal hemorrhage with pressure	*						2b	c	-	
9.4.2.7 Manage trauma patient	5/*						3c	c	-	
9.4.2.7.1 Head and spinal trauma	5/*						3c	c	-	
9.4.2.7.1.1 Apply cervical collar	5/*						3c	c	-	
9.4.2.7.1.2 Apply/transport patient on long spine board							3c	c	-	
9.4.2.7.2 Chest trauma	5/*						3c	c	-	
9.4.2.7.3 Abdominal	5/*						3c	c	-	
9.4.2.7.4 Burn trauma	5/*						3c	c	-	
9.4.2.7.5 Orthopedic trauma	5/*						3c	c	-	
9.4.2.7.5.1 Assess for sprains, strains, and fractures	5/*						3c	c	-	
9.4.2.7.5.2 Apply soft splints	5/*						3c	c	-	
9.4.2.7.5.3 Apply traction splints	5/*						3c	c	-	
9.4.2.7.5.4 Apply rigid splints	5/*						3c	c	-	
9.4.2.7.5.5 Apply extrication device	5/*						3c	c	-	
9.4.2.7.5.6 Apply/transport patient on breakaway stretcher	5/*						3c	c	-	
9.4.2.8 Shock and control of bleeding	5/*						3c	c	-	
9.4.2.8.1 Apply pressure dressing										
9.4.2.8.2 Elevate bleeding part	5/*						3c	c	-	
9.4.2.8.3 Use pressure points to control bleeding	5/*						3c	c	-	

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9.4.2.8.4 Apply tourniquet	5/*						3c	c	-	
9.4.2.8.5 Place patient in shock position	5/*						3c	c	-	
10. Aerospace Medicine										
10.1 Principles:										
10.1.1 Mission/responsibilities							A	-	-	
10.1.2 Aerospace Crew Positions/Duties							A	-	-	
10.1.3 Flying/Special Operational Duty (SOD) Safety Program										
10.1.3.1 Principles and hazards							-	A	-	
10.1.3.2 Flying							-	A	-	
10.1.3.3 SOD							-	A	-	
10.2 Participate in Flight/SOD Operations										
10.2.1 Orientation flights							-	-	-	
10.2.2 Alert tours							-	-	-	
10.2.3 Life support section							-	A	-	
10.2.4 Flight line							-	A	-	
10.2.5 Special Operational Facilities							-	A	-	
10.3 Evaluate and Report Aeromedical Conditions in the following Flight Related Environments:										
10.3.1 Squadron/alert Facilities							-	A	-	
10.3.2 Air Traffic Control facilities							-	A	-	
10.3.3 Life support section							-	A	-	
10.3.4 Flight line							-	A	-	
10.3.5 Special Operational facilities							-	A	-	
10.3.6 Non-clinical activities							-	B	-	
10.4 Aircrew/SOD contact lens program										
10.4.1 Aircrew/SOD contact lens program							-	B	-	
10.5 Aircraft/Missile mishap investigation										
10.5.1 Maintain kits							-	b	-	
10.5.2 Assist on-scene	*						a	b	c	
10.5.3 Prepare reports	*						a	b	c	
10.5.4 Medical processing										
10.5.4.1 Survivors							a	b	c	
10.5.4.2 Fatalities	*						a	b	c	
10.5.4.3 Pathological specimens	*						a	b	c	
10.6 Aeromedical dispositions										
10.6.1 Flying or Special Operational Duty Log (AF Form 1041)							A	A	B	
10.6.2 Medical Recommendation for Flying or Special Operational Duty (AF Form 1042)							A	A	B	
10.6.3 Waiver Disposition							-	A	B	
10.6.4 Aeromedical Consultation Service Referrals							-	-	-	
11. Medical Standards										
11.1 Types of Physical Examinations:										
11.1.1 Fly							A	B	-	
11.1.2 Special operational duty							A	B	-	
11.1.3 Non-flying							A	B	-	
11.2 Dental Examinations and Classifications										
11.2.1 Dental Examinations and Classifications							A	-	-	
11.3 Apply Medical Standards	*						1b	b	c	
11.4 Medical Evaluation Boards										
11.4.1 General Responsibility							A	-	B	
11.4.2 Determine Need							A	-	B	
11.4.3 Physical Exam Board Liaison Officer (PEBLO) Responsibility							-	A	B	
11.4.4 Line of Duty Determination	*						A	B	-	

1. Tasks, Knowledge, and Technical References	2. Core (5) / War-time Tasks (*)	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level Course	B 5 Skill Level CDCs	C 7 Skill Level CDCs	D QTP
11.4.5 Record Review in lieu of board							-	A	B	
11.4.6 Disposition: 11.4.6.1 Temporary Disability Retirement Limitations (TDRL)							-	A	B	
11.4.6.2 Assignment Limitation Code C							-	A	B	
11.4.7 Imminent Death Processing							-	A	-	
11.5 Review medical treatment records: 11.5.1 Incoming and outgoing PCS assignments	*						B	B	-	
11.5.2 Medical clearances 11.5.2.1 Personnel Reliability Program (PRP) 11.5.2.1.1 Program Management							-	c	B	
11.5.2.1.2 Identify Potential Disqualifying Information (PDI)	*						a	c	B	
11.5.2.1.3 Management of PDI	*						a	c	B	
11.5.2.2 Security							A	B	-	
11.5.2.3 Mobility/Deployment	*						A	B	B	
11.6 Maintain suspense Files 11.6.1 Waiver/Follow-up Suspense actions							-	a	b	
11.6.2 Assignment Availability Code Roster 4T							-	a	b	
11.6.3 31-81 profiles							-	a	b	
12. EMEDS Cross Functional Skills										
12.1 Operate EMEDS Equipment: 12.1.1 ISTAT							-	-	-	
12.1.2 LUMISYS							-	-	-	
12.1.2 GEMS							-	-	-	

NOTE 1: Allergy and Immunization (A/I) Technicians are responsible to maintain appropriate patient care skills (core tasks), and supervisory skills listed in attachment 2 of this STS and must maintain current minimum certification as an NREMT-B.

NOTE 2: This attachment applies to all personnel who have completed formal training and are currently being utilized as an Allergy or Immunizations technician.

NOTE 3: Section 13.2. of this attachment applies to all personnel trained as an immunization back-up technician.

Training references (TRs) applicable to this portion of the STS (area 13) that are approved for use in course development, QTP development, and OJT are listed in attachment 11, table 2 at the end of the entire STS.

1. Tasks, Knowledge, and Technical References	2. Core (5) / War-time (*) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A A/I Course	B N/A	C N/A	D QTP Volume Number
13. ALLERGY / IMMUNIZATION SPECIALTY										
13.1 Allergy:										
13.1.1 Principles of allergies:										
13.1.1.1 Classes of allergic reaction:										
13.1.1.1.1 Class I, immediate:										
13.1.1.1.1.1 Hypersensitivity							B			11
13.1.1.1.2 Class II and III							A			11
13.1.1.1.3 Class IV, delayed							B			11
13.1.1.2 Pollen agents:										
13.1.1.2.1 Local allergy-causing pollen							B			11
13.1.1.2.2 Seasons of specific allergy-causing pollen							B			11
13.1.1.3 Principles of patient presentation:										
13.1.1.3.1 Rhinitis:										
13.1.1.3.1.1 Seasonal							B			11
13.1.1.3.1.2 Perennial							B			11
13.1.1.3.1.3 Sinusitis							B			11
13.1.1.3.1.4 Nasal polyposis							-			
13.1.1.3.2 Vasomotor rhinitis							B			11
13.1.1.3.3 Stinging insect hypersensitivity							B			11
13.1.1.3.4 Anaphylaxis							B			11
13.1.1.3.5 Food allergy							B			11
13.1.1.3.6 Medication/vaccine allergy							B			11
13.1.1.3.7 Irritants and physical agents							B			11
13.1.3.8 Dermatological manifestations of allergy:										
13.1.3.8.1 Urticaria							B			11
13.1.3.8.2 Angio edema							B			11
13.1.3.8.3 Asthma							B			11
13.1.2 Diagnostic procedures:										
13.1.2.1 Perform immediate skin testing:										
13.1.2.1.1 Procedures:										
13.1.2.1.1.1 Prick test							2c			11
13.1.2.1.1.1.1 Aeroallergen							B			
13.1.2.1.1.1.2 Food							B			
13.1.2.1.1.2 Intradermal test							1b			11
13.1.2.1.2 Skin test allergens:										
13.1.2.1.2.1 Routine:										
13.1.2.1.2.1.1 Aeroallergen							B			

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1. Tasks, Knowledge, and Technical References	2. Core (5) / War-time (*) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A A/I Course	B N/A	C N/A	D QTP Volume Number
13.2.1.5.6 Anthrax vaccine										
13.2.1.5.6.1 Storage							2c			
13.2.1.5.6.2 Purpose							2B			
13.2.1.5.6.3 Dosages							3b			
13.2.1.5.6.4 Precautions/contraindications							B			
13.2.1.5.6.5 Side effects							C			
13.2.1.5.6.6 Documentation IAW AFJI 48-110							3c			
13.2.1.5.7 Smallpox vaccine										
13.2.1.5.7.1 Purpose							C			
13.2.1.5.7.2 Storage							2c			
13.2.1.5.7.3 Reconstitution							1			
13.2.1.5.7.4 Dosages Primary/Revaccination							3c			
13.2.1.5.7.5 Precautions/contraindications							c			
13.2.1.5.7.6 Side effects							C			
13.2.1.5.7.7 Care of scarification site/instructions							2c			
13.2.1.5.7.8 Response to vaccination							2B			
13.2.1.5.7.9 Document IAW AFJI 48-110							3c			
13.2.1.5.7.10 Precautions/contraindications							C			
13.2.1.5.8 Side effects							C			
13.2.1.5.9 Document IAW AFJI 48-110:										
13.2.1.5.9.1 Immunization record							2c			
13.2.1.5.9.2 Medical record							2c			
13.2.1.5.9.3 Air Force Complete Immunization Tracking Application (AFCITA)							2c			
13.2.2 Delayed skin testing:										
13.2.2.1 Tuberculosis test placement and measurement:										
13.2.2.1.1 5 tuberculin unit (TU) purified protein derivative (PPD)							-			12
13.2.2.1.2 1 TU (PPD)							-			
13.2.3 Administrative considerations:										
13.2.3.1 Geographical requirements (Center for Disease Control (CDC), World Health Organization (WHO), International, and command specific)							B			
13.2.3.2 Requirements for administration of immunizations outside MTF/Medical Unit							A			
13.2.3.3 Waivers:										
13.2.3.3.1 Religious							A			
13.2.3.3.2 Medical							A			
13.2.3.4 Permanent exemptions							A			
13.2.3.5 Disqualification medical board							A			
13.2.3.6 Declination of recommended immunizations							B			
13.2.3.7 Statistical reports							A			
13.2.4 Administrative procedures:										
13.2.4.1 Prepare immunization records:										
13.2.4.1.1 Transcribe immunization records							2c			
13.2.4.1.2 Use standard ACIP/Centers for Disease Control (CDC) abbreviations							c			

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13.2.4.2 Provide and document Vaccine Information Statements (VIS) IAW AFJI 48-110							2c			
13.2.4.3 Complete Vaccine Adverse Event Reporting System (VAERS) form							2b			12
13.2.5 Administer medications and vaccines:										
13.2.5.1 Subcutaneous							3c			1
13.2.5.2 Intramuscular							3c			1
13.2.5.3 Intradermal							3c			1
13.2.5.4 Oral							3c			1
13.2.5.5 Scarification technique							3c			
13.2.6 Identify and initiate treatment of adverse reactions:										
13.2.6.1 Anaphylactic							3c			12
13.2.6.2 Vasovagal							3c			12
13.2.7 Administrative Management of the A/I Clinic:										
13.2.7.1 Mass Immunizations Program										
13.2.7.1.1 Influenza							-			
13.2.7.1.2 Anthrax							-			
13.2.7.1.3 Smallpox							-			
13.2.7.2 Fiscal management of A/I clinic							-			
13.2.7.3 Operating instructions							-			
13.2.7.4 Inspections:										
13.2.7.4.1 Self							-			
13.2.7.4.2 HSI							-			
13.2.7.5 Continuing education							-			
13.2.7.6 IBT program oversight							-			
13.2.7.7 Epidemiology of vaccine preventable disease							-			
13.2.8 Pharmacology:										
13.2.8.1 Antihistamines							-			
13.2.8.2 Decongestants							-			
13.2.8.3 Bronchodilators							-			
13.2.8.4 Expectorants							-			
13.2.8.5 Steroids							-			
13.2.8.6 Combinations							-			
13.2.8.7 Blood pressure/cardiac medications (beta-blockers)							-			
13.2.8.8 Antidepressants							-			

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17.4.6 Use litter support systems as applicable	*						2b			
17.4.6.1 Patient Support Pallet	*						A			
17.4.6.2 Patient Loading System	*						A			
17.4.7 AE aircraft configurations as applicable	*						2b			
17.4.8 Aircraft emergency equipment	*						B			
17.4.9 Galley operations/comfort pallet as applicable							A			
17.4.10 Civil Reserve Air Fleet	*						B			
17.4.11 In-System Select Air Fleet	*						B			
17.4.12 Medical aspects of nuclear biological and chemical defense							B			
17.5 Patient aeromedical evacuation process:										
17.5.1 Selection of patients							B			
17.5.2 Classification codes	*						B			
17.5.3 Movement precedence	*						B			
17.5.4 Patient reporting procedures	*						B			
17.5.5 Responsibilities of originating medical facilities	*						B			
17.5.6 Responsibilities of TPMRC/GPMRC	*						B			
17.5.7 Responsibilities of the Patient Movement Requirement Center (PMRC)							B			
17.5.8 Remain overnight (RON) responsibilities	*						B			
17.5.9 Responsibilities of destination medical facilities	*						B			
17.6 Supplies and equipment:										
17.6.1 AE equipment/ Tracking	*						A			
17.6.2 Use of specific equipment:										
17.6.2.1 NATO litter	*						3c			
17.6.2.2 Litter backrest							3c			
17.6.2.3 Child restraint seat							-			
17.6.2.4 Transport incubator							2b			
17.6.2.5 Turning frame/traction	*						1b			
17.6.2.6 Leather restraints	*						2b			
17.6.2.7 Portable Therapeutic LOX system (PTLOX)	*						3c			
17.6.2.8 Chest drainage system	*						b			
17.6.2.9 Heimlich valve	*						b			
17.6.2.10 Oxygen analyzer	*						2b			
17.6.2.11 Adult ventilator	*						1b			
17.6.2.12 Neonatal/pediatric ventilator							-			
17.6.2.13 Air compressor							-			
17.6.2.14 In-flight kits	*						1b			
17.6.2.15 Cardiac monitor/ defibrillator	*						3c			

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PART II, SECTION C - SUPPORT MATERIALS

1. Qualification Training Packages (QTPs).

1.1. QTPs must be used for training on all items identified in an individual's STS as a duty position task that have a designated QTP identified in column 4D of the STS.

1.2. QTPs listed in this section have been developed and are official Air Force publications. All QTPs listed can be obtained through the AFPUBS website. <http://www.e-publishing.af.mil>

1.3. To assist in the standardization of training and to eliminate duplication, the QTPs listed in this section must be used when applicable to an individual's duty position.

1.4. When identified as applicable to an individual's duty position, the frequency that training must be accomplished by using each of the QTPs listed in this section is specified next to each QTP module.

1.5. QTPs have been developed and are listed on the following pages for the following specialties (Note: This list reflects the chronological order in which QTP volume development has occurred):

1.5.1. 4N0X1 (Aerospace Medical Service Specialty).

1.5.2. SEI 496 (IDMT).

1.5.3. 4N0X1B (Neurology Technician).

1.5.4. SEI 453/454 (Allergy/Immunization Technician).

1.5.5 SEI 487 (Critical Care)

1.5.6 Gastroenterology

NOTE: MAJCOM coordination is required when requesting development of new QTPs. POC for QTP development is the 4N051 CDC Writer/Manager, 882d Training Group, Sheppard AFB, Texas. CFM approval is required for all QTPs.

2. Available Aerospace Medical Service Specialty (4N0X1) QTPs (POC: 882 TRG, Sheppard AFB, TX):

Number	Frequency	Title
QTP 4N0X1-Vol 1		Fundamentals of Nursing Care
Module 1	every 30 months	Sterilization procedures for supplies and equipment
Module 2	every 15 months	Orthostatic vital signs
Module 3	every 15 months	Set-up cardiac monitor/defibrillator
Module 4	every 15 months	Perform 12-lead EKG
Module 5	every 15 months	Identify life-threatening arrhythmias
Module 6	every 2 yrs	Perform/monitor pulse oximetry oxygen saturation
Module 7	every 15 months	Collect and label blood from venipuncture
Module 8	every 2 yrs	Test urine for sugar, acetone, specific gravity, and perform hematest
Module 9	every 2 yrs	Perform finger/heel sticks for blood sampling
Module 10	every 2 yrs	Use blood glucose meter
Module 11	every 15 months	Medication administration
Module 12	every 15 months	Intravenous infusion
Module 13	every 15 months	Blood administration
Module 14	every 2 yrs	Tympanometry
Module 15	every 15 months	Measure and Record Intake and Output
QTP 4N0X1-Vol 2		Nursing Care of Patients with Special Needs
Module 1	every 15 months	Assist with central venous line insertion and monitoring
Module 2	every 15 months	Assist with chest tube insertion/monitor water seal drainage
Module 3	every 15 months	Assist with arterial line insertion
Module 4	every 15 months	Assist with pulmonary artery catheter insertion and measurements/ cardiac output measurements
Module 5(a)/(b)	every 15 months	Assist with arterial blood gas procedures
Module 6	every 15 months	Administer local anesthetic agents
Module 7	every 15 months	Wound closure
Module 8	every 15 months	Insert/irrigate/remove nasogastric tube
Module 9	every 15 months	Establish/maintain/remove closed urinary drainage system
QTP 4N0X1-Vol 3		Nursing Care of Patients in Emergency Situations
Module 1	every 15 months	Field triage
Module 2	every 15 months	Set-up equipment for cardioversion/defibrillation/pacemaker
Module 3	see Sect.F Part 2	Operate Auto/Semiautomated External Defibrillator (A/SAED)
Module 4	every 2 yrs	Irrigate eyes
Module 5	every 15 months	Apply simple cast/splint, trim/petal, bivalve, and remove cast
Module 6	every 15 months	Emergency medication administration
QTP 4N0X1-Vol 4		Nursing Care in the Outpatient Clinic
Module 1	every 2 yrs	Perform Pseudofolliculitis barbae (PFB) treatments
Module 2	every 2 yrs	Perform wart clinic procedures

3. Available Independent Duty Medical Technician (SEI 496) QTPs (POC: 882 TRG, Sheppard AFB, TX):

Note: QTPs are utilized for initial and refresher IDMT training.

Number	Title
QTP 4N0X1 Vol 5	Site Administration
Module 1	Personnel Reliability Program
QTP 4N0X1 Vol 6	History and Physical
Module 1	Obtain and record medical history
Module 2	Perform physical examinations
Module 3	Perform emergency gynecological examinations
QTP 4N0X1 Vol 7	Medical Laboratory Procedures
Module 1	Perform hematocrit
QTP 4N0X1 Vol 8	Bioenvironmental and Public Health Procedures
Module 1	Perform chlorine residual/pH test
Module 2	Perform bacteriological water testing
Module 3	Conduct food safety inspections
QTP 4N0X1 Vol 9	Emergency Medicine Procedures

PART II, SECTION D - TRAINING COURSE INDEX

1. Resident Courses.

1.1. Refer to AFCAT 36-2223, USAF Formal Schools, for complete information on the courses listed in this section.

1.2. Resident courses applicable to AFSC 4N0XX:

Course Number	Course Title
J3AQR4N031 004	Aerospace Medical ServiceApprentice
J5ABO4N031 001	Aerospace Medical ServiceApprentice - Phase II
J5ALA4N0X1 001	Allergy/Immunization Technician
J5ALN4N0X1B 000	Neurology Technician
B3AZY4X0X1 005	Advanced Clinical Hyperbaric Medicine Training
B3AZYBLMD 001	Aeromedical Evacuation Technician
J3AZR4N071 006	Independent Duty Medical Technician

2. Career Development Courses (CDCs).

2.1. Refer to the Air Force Institute for Advanced Distributed Learning (AFIADL) catalog for complete information on the courses listed in this section.

2.2. Career Development Courses applicable to AFSC 4N0XX:

Course Number	Course Title
CDC 4N051A	Aerospace Medical Service Journeyman
CDC 4N051B	Aerospace Medical Service Journeyman
CDC 4N051C	Aerospace Medical Service Journeyman-Transitional
CDC 4N051D	Aerospace Medical Service Journeyman-Transitional
CDC 4N071	Aerospace Medical Service Craftsman

2.2.1. Successful completion of CDC 4N051A is mandatory before enrolling in CDC 4N051B.

2.2.2. Successful completion of CDC 4N051A and B edit code 02, *Medical Service Journeyman*, is mandatory before enrolling in CDC 4N051C (Transitional).

2.2.3. Successful completion of CDC 4F051 is mandatory before enrolling in CDC 4N051D (Transitional).

NOTE: Individuals entered into the new 4N051 CDC after January 2003 will not be required to do either 4N051C or 4N051D respectively.

NOTE: CDC 4N071, Aerospace Medical Service Craftsman, will be available mid 2004.

PART II, SECTION E - MAJCOM UNIQUE REQUIREMENTS

1. Air Force Reserve.

1.1. Purpose: This section applies to all Aerospace Medical Services Specialty personnel assigned to all Air Force Reserve medical units.

1.2. Qualification training requirements:

1.2.1. Upon completion of the Aerospace Medical Service Apprentice Course (resident and Phase II), all Aerospace Medical Service Apprentices (non-prior service and cross-trainees) will be assigned to an active duty hospital for up to 120 days (minimum 60 days) to acquire proficiency in performing tasks for the 3-skill level. The length of training should be dependent upon the apprentice's civilian experience, if any. The nursing superintendent may submit a request for waiver of this qualification training to HQ AFRC/SGM. The apprentice should be assigned to medical-surgical inpatient clinical settings. Active duty personnel should ensure that appropriate experiences and supervision are provided to assist the apprentice in gaining the desired confidence and proficiency.

1.2.2. To ensure continuity between resident and clinical training, the apprentice will forward a copy of his/her technical school certificate (AF Form 156) to their Reserve unit of assignment. The Reserve unit of assignment will then initiate upgrade action using AF Form 2096 to award the 3-skill level and enter the apprentice in the appropriate training status code (TSC) "B" or "F".

1.3. NREMT-B certification.

1.3.1. All AFRC 4N0XX personnel will maintain NREMT-B.

1.3.1.1 Individuals who hold a state or national EMT-P certification meet the intent of the NREMT-B.

1.3.2. HQ AFRC/SGM will grant waivers on a case-by-case basis.

1.4. OPR: AFRC/SGN, 135 Page Road, Robins AFB, GA 31098, DSN: 497-1893

2. Air National Guard.

2.1. Purpose: This section applies to all Aerospace Medical Service Specialty personnel assigned to all Air National Guard units.

2.2. Qualification training requirements:

2.2.1. Upon completion of the Aerospace Medical Service Apprentice Course (resident and Phase II), all Aerospace Medical Service Apprentices will be evaluated by their Medical Squadron Commander for an additional 30 to 60 days of proficiency/seasoning training. This training must be accomplished at an active duty hospital within one year of completing Phase II training. This training is recommended for ANG personnel who are not in or pursuing a civilian medical-related occupation.

2.2.2. To ensure continuity between resident and clinical training, the apprentice will forward a copy of his/her technical school certificate (AF Form 1256) to their unit of assignment. The ANG unit will then initiate upgrade action using AF Form 2096 to award the 3-skill level and enter the apprentice in the appropriate

training status code (TSC) “B” or “F”. This action will begin the three-month apprenticeship phase while accomplishing hospital inpatient care training.

2.3. NREMT-B certification.

2.3.1. All AFRC 4N0XX personnel will maintain NREMT-B.

2.3.1.1 Individuals who hold a state or national EMT-P certification meet the intent of the NREMT-B.

2.3.2. HQ ANG/SGN will grant waivers on a case-by-case basis.

2.4. OPR: HQ ANG/SGON, 3500 Fetchet Ave., Andrews AFB, MD 20762-5157, DSN: 278-8303

PART II, SECTION F - DOCUMENTATION OF TRAINING

Purpose

This section is divided into three parts. Part 1 outlines procedures and requirements used to document enlisted training and competency. Part 2 describes the USAF Emergency Medical Technician (EMT) registration program as established by the USAF EMS Program Manager. Part 3 contains a monthly training checklist for supervisors to use when managing training.

Part 1: Enlisted Aerospace Medical Service Training and Competency

1. Developing a Master Training Plan (MTP).

1.1. What Is It?

1.1.1. A Master Training Plan is a reference guide developed for each section that includes all facets of training for individuals assigned. It is to be used as a reference source for the type of training and training documentation that occurs with each assigned member. The MTP is used to standardize training and to give trainers, trainees, supervisors, NCOICs, and OICs an overview of the training process for the duty section. The MTP is also used as a means to reduce the amount of paperwork previously required during the training process.

1.2. What's In It?

1.2.1. Keep in mind that the Master Training Plan is an overview of training for the duty section; it should include all documents involved in the training process for the duty section. Training will vary from section to section and person to person, but there are certain documents that will be a standard requirement for all MTPs. The documents are as follows:

1.2.1.1 Unit-specific orientation checklist.

1.2.1.2. Job description for each duty position within the duty section (see AFMAN 36-2108, Airman Classification).

1.2.1.3. Dual channel OJT concept.

1.2.1.3.1. Career knowledge requirements.

1.2.1.3.2. Job qualification requirements.

1.2.1.4. Testing procedures for CDCs.

1.2.1.5. Uses of AF Form 623 and Job Qualification Standards (JQSs).

1.2.1.6. Performance standards/position qualification training for each duty position.

1.2.1.7. Master Career Field Education and Training Plan (CFETP).

1.2.1.7.1. Identifies all tasks required for the duty section.

1.2.1.7.2. Standardized reference source for initiating individual training.

1.2.1.7.3. Impact of training on career progression.

1.2.1.8. Qualification Training Packages (QTPs) required to perform peacetime/wartime duties.

1.2.1.8.1. Required for all tasks identified in the CFETP that require completion of a QTP before certification.

1.2.1.8.2. Required for all tasks not listed in the CFETP and/or identified by the duty section or facility as a high-risk procedure or task. NOTE: Tasks included in the CFETP have already been reviewed. Those identified as high risk usually have a QTP. Other tasks in the CFETP **do not** require QTPs.

1.2.2. Rescinding items in the MTP.

1.2.2.1 The MTP must contain documents that relate to the training process for all enlisted personnel and may contain both updated and rescinded versions of some documents.

2. Documentation of Training: The Enlisted Training and Competency Folder.

2.1. The purpose of this section is to provide guidelines and examples of proper documentation for the many forms used in training all 4XXXX personnel. Training documentation helps us to assess readiness capability, individual strengths and weaknesses, and resources needed to support quality patient care. It also helps us meet all JCAHO and regulatory requirements. The Enlisted Training and Competency Folder is limited to the forms presented here and those prescribed in AFI 36-2201. Your Unit Education Training Manager (UETM) can also assist you with specific questions on training documentation.

2.2. Documents included in the 4N0XX Enlisted Training and Competency Folder.

2.2.1. To assemble a 4XXXX training record, utilize a standard six-part folder (NSN 7530-00-990-8884, Folder, 6 Section).

2.2.2. Attach (glue/tape/staple) a computer generated or typewritten label titled “Enlisted Training and Competency Folder.” This label must be centered on the top half of the front cover, as viewed in portrait orientation. In addition, include the member’s full name (last, first, MI), rank, and SSAN on this label. An AFVA 205-14, Privacy Act Statement, must also be attached to the front cover. This label should be centered on the bottom half of the front cover, as viewed in portrait orientation (see attachment 1). To facilitate filing of folders, an additional label containing the member’s full name (last, first, MI), should be placed inside the back cover of the folder in the upper right corner, as viewed in landscape orientation.

2.2.3. The six parts of the folder are discussed in detail in the following paragraphs. Each part will contain specific documents that should be filed in descending order (see attachment 1). Index tabs/tabbed dividers may be used in parts that contain multiple documents. Parts 2 through 5 are intended to replace the existing AF Form 623 and the documents contained therein. Training documents normally filed in the AF Form 623 will be filed in the 6-part folder in parts 2 through 5 in the same sequence that they appear in the current AF Form 623. Index tabs/tabbed dividers may be used in areas that contain multiple documents. When multiple copies of any form are placed into the OJT record, they are placed in chronological order with the most current documentation on top.

2.2.3.1. Part 1 (first two-pronged section).

2.2.3.1.1. Section A - AF Form 55, Employee Safety and Health Record. Regardless of grade or training status, AF Form 55 for the member is maintained in Part 1. AFI 91-301, Air Force Occupational and Environmental Safety, Fire Protection, and Health (AFOSH) Program, June 1996, authorizes supervisors to file the AF Form 55 with the AF Form 623, On-The-Job Training Record.

2.2.3.2. Part 2 (second two-pronged section).

2.2.3.2.1. Section A - AF Form 623B, Individual Training Record (front and inside cover). Attach the front and inside cover of the member's current AF Form 623B onto Part 2 of the 6-part folder. Ensure all appropriate areas of the form are properly completed. **Note: Maintenance of AF Form 623B is mandatory for all 4N031, 4N051, and 4N071 personnel, regardless of rank. In addition, an AF Form 623B is required for 4N091 and 4N000 personnel when required to maintain current NREMT certification due to the member's current duty position or when engaged in providing patient care.** The AF Form 623B is the document that is recognized by the personnel system in contingencies and deployments as the official formal training record.

2.2.3.2.2. Section B - Career Field Education and Training Plan (CFETP). The Specialty Training Standard (STS) contained within the CFETP will be used to record training proficiency in various tasks that are required for an individual to perform duties in a specific work area. A master task listing for the work center is maintained in the master training plan for the duty section. Circle all core tasks and only those other tasks that the individual is required to perform in his/her current duty position.

2.2.3.2.3. Section C - AF Form 797, Job Qualification Standard Continuation/Command JQS. These forms will be used to document training for tasks that are not otherwise documented in the CFETP.

2.2.3.3. Part 3 (third two-pronged section).

2.2.3.3.1. AF Form 1098, Special Task Certification and Recurring Training. This part will contain three separate sections for the documentation of specific training. These forms are used to document qualification in tasks that require recurring training. They may also be used to document inservice and mandatory training. An AF Form 1098 will be created and clearly marked for each type of training documentation required. Ensure signatures and initials are included per AFI 36-2201 volume 3, *Air Force Training Program On the Job Training Administration*.

2.2.3.3.1.1. Section A - Mandatory training Inservices (see attachment 3): Examples are quarterly BLS training, patient sensitivity training, LOAC, LINK program inservice, and other mandated training as stipulated by JCAHO standards, Air Force, or facility directives. Mandatory training requirements may vary from facility to facility. These requirements should be reviewed and updated as required.

2.2.3.3.1.2. Section B - Qualification Training Packages (see attachment 4): This section will be used to document ongoing completion of Qualification Training Packages (QTPs). Supervisors should develop AF Form 1098 overprints to group specific QTPs required within their duty sections. The initial completion of a QTP is documented in the CFETP. **Each QTP checklist required for the duty section will be maintained in the Master Training Plan (MTP) and will be used as a training source document. Do not maintain individual QTP checklists in member's 6-part folder.**

2.2.3.3.1.3. Section C - Readiness Skills Verification (RSV) Program: Members with a fully qualified AFSC must maintain the currency of skills to perform their duties in deployed settings. RSV will be documented on form available on the RSV Website. <https://kx.afms.mil/GlobalMedSupTngEx> Mandatory training requirements vary between team assignments; requirements should be reviewed IAW the 15 or 30-month requirements.

2.2.3.4. Part 4 (fourth two-pronged section).

2.2.3.4.1. Section A - AF Form 623A, OJT Record Continuation Sheet. This form will be utilized to document all progress of individual training to include but not limited to: facility orientation, unit specific orientation, upgrade training, Career Development Course (CDC) failures/corrective actions, any additional pertinent training, all decertification procedures, and supervisor/ trainer/certifier periodic review (see attachments 6, 7, and 8 for examples). The entire training process must be well documented on these forms. All individuals involved in the training process must document training progress as it occurs. Upgrade training status will be documented at least quarterly.

2.2.3.4.1.1. Facility orientation. Include a statement on the AF Form 623A that verifies facility orientation requirements were met and include signatures of both the supervisor and orientee. A master copy of the facility orientation checklist will be maintained in the master training plan for the duty section. ***Anytime there is a reference on the AF Form 623A to an orientation checklist, you must indicate the name and date of the checklist. Do not maintain copies of checklists in the OJT record.***

2.2.3.4.1.2. Unit-specific orientation. The unit-specific orientation is essential for all assigned members. Documentation of the orientation process must be thorough. The trainer will use the master copy of the unit-specific orientation checklist located in the master training plan. Each item on the checklist must be covered by the trainer to ensure standardization of training. When applicable, ensure these checklists address age-specific and population-specific knowledge and skills. To reduce the amount of paperwork in the OJT record, AF Form 623A will be used to record the orientation process. Ensure any applicable age-specific and population-specific training is documented as the final AF Form 623A orientation entry. An overprint AF Form 623A is recommended to ensure the suggested comments are annotated (see sample orientation documentation in attachment 6).

2.2.3.4.1.2.1. Orientee and trainer name/rank/unit assignment.

2.2.3.4.1.2.2. Orientation start date with initial interview comments (i.e. goals, desires, concerns related to the orientation process, etc.). Identify name and date of the orientation checklist.

2.2.3.4.1.2.3. Mid-orientation progress check to evaluate training effectiveness. Signed and dated by both the trainer and orientee.

2.2.3.4.1.2.4. Final evaluation of orientation process with statement that verifies orientee's unit-specific competency has been achieved. Signed and dated by the trainer supervisor, OIC, and orientee. Identify name and date of the orientation checklist.

2.2.3.4.1.3. Upgrade Training (5-7-9-skill levels).

2.2.3.4.1.3.1. Document entry into upgrade training (see attachments 7-8 for examples) and periodic (minimum quarterly) evaluations of training progress.

2.2.3.4.1.3.2. Information on extensions, waiver requests, or breaks in training should also be clearly documented with copies of any related correspondence.

2.2.3.4.1.3.3. Once an individual completes upgrade training commensurate to his/her rank and maintains an appropriate skill-level, their supervisor should continue to review requirements, progress, and individual training needs. OJT record reviews for current documentation must occur at least annually.

2.2.3.4.1.4. Document any decertification proceedings, to include dates, reasons for decertification, and other applicable information on the AF Form 623A.

2.2.3.4.1.5. Any further training pertinent to the duty section and or unit effectiveness can also be documented on the AF Form 623A.

2.2.3.4.1.6. The Job Description/Performance Standards for each duty position should be maintained in the Master Training Plan (MTP) in each duty section. An AF Form 623A overprint may be used to document both supervisor/subordinate reviews (see attachment 9). This form will be maintained in Part 4 of the OJT Record. The following statements will be jointly reviewed by the supervisor and subordinate:

2.2.3.4.1.6.1. "I know where to find a current copy of my Job Description/Performance Standards."

2.2.3.4.1.6.2. "I have read, discussed with my supervisor, and understand my Job Description/Performance Standards." **

2.2.3.4.1.6.3. "I understand my duties and responsibilities for the position that I am currently working in ."***

2.2.3.4.1.6.4. "If I have questions or concerns about my Job Description/Performance Standards, I will seek assistance from supervisory personnel in my chain of command."

2.2.3.4.1.6.5. "It is my responsibility to review my Job Description/Performance Standards with my supervisor annually and with each change in supervisor/duty position."***

2.2.3.4.1.6.6. A signature and date block for both the supervisor and subordinate will reflect mutual understanding of these statements. It is recommended that several signature and date spaces for the continual review process be included.

NOTE: ** Indicates requirement according to Joint Commission on Accreditation of Healthcare Organizations (JCAHO).
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2.2.3.4.2. Section B - AETC Form 156, Student Training Report. Upon completion of Aerospace Medical Service Apprentice Technical Training, file this form here. The form should be maintained in the folder until upgrade action to the 5-skill level becomes official IAW AFI 36-2201 volume 3, *Air Force Training Program On the Job Training Administration*, chapter 8.

2.2.3.4.3. Section C - AF Form 803. Evaluators use the AF Form 803 to conduct and document completion of task evaluations during training SAVs, when directed by the commander, or when a task certification requires validation. File completed evaluations in the AF Form 623 until upgraded or no longer applicable to current duty position IAW AFI 36-2201 volume 3, *Air Force Training Program On the Job Training Administration*.

2.2.3.5. Part 5 (fifth two-pronged section).

2.2.3.5.1. Section A- AF Form 2096, Classification/On-The-Job Training Action, Military Personnel Data System (MILPDS) product. Any change to an individuals training status code must be coordinated between Unit Education and Training Monitors (UETM), with supervisors, the unit commander, and Base Training Office. Review the training record to ensure all requirements are met prior to submitting an upgrade action IAW AFI 36-2201 volume 3, *Air Force Training Program On the Job Training Administration*

2.2.3.6. Part 6 (sixth two-pronged section).

2.2.3.6.1. Section A- Continuing Education Documentation. This part will contain continuing education unit (CEU) documentation pertaining to certifications required by the career field. Certifications requiring CEU tracking, NREMT, and LPN/LVN holding the SEI 474.

2.2.3.6.2 Section B- Required Certificates: A copy of the member's current CPR card, NREMT certificate and LPN/LVN certificate for individuals holding SEI 474, will be maintained in this part of the folder. All other training certificates will not be maintained in the 6-Part Folder, but will be *accessible for review as needed from the individual*. Supervisors and individuals should continually monitor EMT training status to ensure no lapses in certification occur. Further information on EMT training is included in Section F, Part 2 of this CFETP.

2.2.3.6.3 Section C- Career Field directed documents: None at this time.

List of attachments:

1. Outside cover and organization of the Enlisted Training and Competency Folder.
2. Sample AF Form 797, documentation of waived tasks (optometry duties).
3. Sample AF Form 1098, documentation of mandatory training.
4. Sample AF Form 1098, recurring QTP documentation.
5. Sample AF Form 1098, inservice training documentation.
6. Sample AF Form 623a, unit orientation documentation.
7. Sample AF Form 623a, initial upgrade training briefing.
8. Sample AF Form 623a, upgrade trainee responsibilities documentation.
9. Sample AF Form 623a, Job Description/Performance Standards review documentation.

Front Cover

<table border="1" style="width: 80%; margin: auto;"> <tr> <td align="center" colspan="2">ENLISTED TRAINING AND COMPETENCY FOLDER</td> </tr> <tr> <td style="padding: 10px;">Jones, William G.</td> <td style="padding: 10px;">123-45-6789</td> </tr> </table>	ENLISTED TRAINING AND COMPETENCY FOLDER		Jones, William G.	123-45-6789
ENLISTED TRAINING AND COMPETENCY FOLDER				
Jones, William G.	123-45-6789			
<table border="1" style="width: 60%; margin: auto;"> <tr> <td align="center" colspan="2">PERSONAL DATA PRIVACY ACT OF 1974 (5U.S.C.552a)</td> </tr> <tr> <td style="padding: 5px;">29 March 1985</td> <td style="padding: 5px;">AFVA 205-15</td> </tr> </table>	PERSONAL DATA PRIVACY ACT OF 1974 (5U.S.C.552a)		29 March 1985	AFVA 205-15
PERSONAL DATA PRIVACY ACT OF 1974 (5U.S.C.552a)				
29 March 1985	AFVA 205-15			

Folder Contents

4NXX	PART 1	PART 2	PART 3	PART 4	PART 5	PART 6
SECTION A	AF Form 55	623B	AF Form 1098 Mandatory training Inservices	AF 632A	2096 MilPDS Product	Cont Ed
SECTION B		Entire CFETP	AF Form 1098 QTP documentation	AETC 156 CDC Score Sheets		Certificates Required by Career Field
SECTION C		AF Form 797	AF Form 1098 RSV Documentation Can use form from RSV Website	AF Form 803 Until upgraded or no longer applicable		Career Field Directed Documents

Attachment 1

2.2.5. Successful completion of a select group of sections/division as outlined in the EMT-Intermediate and EMT-Paramedic National Standard curriculum. Those groups are:

2.2.5.1. Sections 1-8 of EMT-Intermediate curriculum.

2.2.5.2. Divisions 1-6 of the EMT-Paramedic curriculum.

2.2.6. Successful completion of National Standard courses listed below with specified number of hours may be applied:

2.2.6.1. Pre-Hospital Trauma Life Support (PHTLS) (16 hours).

2.2.6.2. Basic Trauma Life Support (BTLS) (16 hours).

2.2.6.3. Auto extrication (16 hours).

2.2.6.4. Emergency Driving (12 hours).

2.2.6.5. Dispatcher training (12 hours).

2.2.7. Department of Defense courses approved for EMT CE. Certain DoD courses are approved for EMT CE. A current list can be obtained from the USAF EMT internet link on the schoolhouse web page at <https://webm.sheppard.af.mil/882trg/383/2content.html>.

2.3. Responsibilities.

2.3.1. USAF EMS Program Manager:

2.3.1.1. Approves continuing education not listed as pre-approved above.

2.3.1.2. Notifies NREMT and EMT training sites of CE approval.

2.3.1.3. Provides guidance to NREMT and Course Coordinators on EMT CE within Air Force Aerospace Medical Service arena.

2.3.1.4. Investigates possible breeches of program integrity.

2.3.1.5. Air Force liaison to Board of Directors National Registry Emergency Medical Technicians. Personnel should contact the USAF EMS Program Manager on all matters prior to contacting the NREMT.

2.3.1.6. Conducts medical incident investigations and functions as the subject-matter expert in malpractice cases involving enlisted personnel in the performance of EMT duties, as requested.

2.3.2. Medical Director: Responsible for overall management, maintenance, and integrity of local program.

2.3.3. EMT Course Coordinator:

2.3.3.1. Acts as liaison between students, medical treatment facility (MTF) executive staff, local medical community, and USAF EMS Program Manager.

2.3.3.2. Coordinates and/or conducts didactic and skills training for all assigned NREMT personnel.

2.3.3.3. Ensures all documentation on NREMT re-registration forms is complete and accurate before signing the training director line.

2.3.4. Supervisor:

2.3.4.1. Ensures each member has resources required for training and testing.

2.3.4.2. Reviews and ensures accuracy of documentation before re-registration form is submitted to EMT Course Coordinator for validation.

2.3.4.3. Works with EMT Course Coordinator and individual EMTs ensuring no lapse in registration.

2.3.4.4. Refers individuals to EMT Course Coordinator for remedial training when required.

2.3.4.5. Acts as liaison between EMT and EMT Course Coordinator.

2.3.5. EMT:

2.3.5.1. The EMT is ultimately responsible for successful completion of all training and testing requirements.

2.3.5.2. Completes all requirements for re-registration by NREMT ensuring no lapses in registration occur. Mailed no later than 31 Jan the year prior to expiration.

2.3.5.3. Works with supervisor and EMT Course Coordinator to ensure access to required training.

2.3.5.4. Ensures all tasks are properly documented in OJT record and on NREMT re-registration form. If using only 4N0X1 QTPs for EMT CE, document training on AF Form 1098, Special Task Certification and Recurring Training.

2.3.5.5 Contingency Re-registration Procedures:

2.3.5.5.1 Personnel currently deployed in support of contingency operations should contact the USAF EMS Program Manager for guidelines concerning possible re-registration extension.

2.3.5.5.2. If pre-deployment time line permits, personnel coming due for re-registration during deployment should contact the USAF EMS Program Manager as soon as the individual is notified of deployment, for re-registration guidelines prior to leaving home station.

2.3.5.6. Requests remedial training when needed.

2.3.5.7. Ensures required funding and documents are forwarded with NREMT re-registration package.

2.3.5.8. Maintains integrity and success of program.

2.4. Documentation.

2.4.1. Re-registration documentation:

2.4.1.1. NREMT re-registration form will be used to submit continuing education to the NREMT.

2.4.1.2. The USAF EMT Refresher Course Completion Tracking Tool will be used to document EMT refresher training and will substitute for the course completion certificate (see attachment 2). The form will be submitted to NREMT with the NREMT re-registration form.

2.4.1.3. Proof of current BLS certification will also be attached to the re-registration form.

3. Lapsed registration

3.1 Individuals working in an MTF or medical unit, (to include IDMT and SMEs) who allow their NREMT-B or State-P certification to lapse, cannot be assigned duties on ambulances or in emergency rooms. These individuals will not perform pre-hospital emergency care.

3.1.1 Individuals who fail to maintain these certifications will be placed in training status code "T" and managed IAW AFI 36-2201, volume 3 *Air Force Training Program On the Job Training Administration*, table A3.1, line 14.

3.2 Exceptions to lapsed registration

3.2.1. 4N0X1's completing lateral special duty assignments (to include MTL, MTI, and PME) upon returning to the 4N0X1 career field will have up to six months to reestablish their NREMT-B certification.

List of attachments:

1. USAF 4N0X1 EMT Refresher Program Schedule.
2. USAF EMT Refresher Course Completion Tracking Tool.