



Defense Health Agency

ADMINISTRATIVE INSTRUCTION

NUMBER 6025.29

June 6, 2024

J-7/MTFD

SUBJECT: Clinical Training Program (CTP)

References: See Enclosure 1.

1. PURPOSE. This publication is based on the authority of References (a) and (b), and in accordance with (IAW) the guidance of References (c) through (q). Additionally, this policy:

a. Establishes the standard operating procedures for establishing, certifying, maintaining, and deactivating Clinical Training Programs (CTPs) within the Military Medical Treatment Facilities (MTFs) and Dental Treatment Facilities (DTFs). MTFs and DTFs are referred to as MTFs for the remainder of this document.

b. Describes elements and resources needed at DHA MTFs to achieve standardization across the DHA MTFs/DTFs. This encompasses two types of clinical training programs: (1) Enlisted programs who have didactic training at the Medical Education and Training Campus (METC) with clinical training conducted within the MTFs. For the remainder of the document these programs will be referred to as Medical Education Training Campus Oversight Programs (METCOPs). (2) Enlisted and Officer programs whose administrative oversight is with the Service training departments but with clinical training conducted within MTFs. For the remainder of the document these programs will be referred to as Service Oversight Programs (SOPs). This document does not cover graduate medical education (GME) programs, please refer to DHA Procedural Instruction 1025.04, *Graduate Medical Education*, for GME procedures/processes.

c. Establishes standardized CTP processes at MTFs. Follows guidance set forth by Reference (o) that states “the Secretaries of the Military Departments and the Director, DHA, assesses the effectiveness of other DoD medical education and training programs in producing the appropriate mix of physicians and medical specialists needed for operational medical force readiness requirements.” Clinical experience is essential to reinforce didactic training provided by CTPs. MTFs are the medical training platforms of choice; students will benefit from the experiences gained from these CTPs. DHA will support clinical rotations at specified MTFs in continuance of the CTPs. Certain programs’ curricula require prescriptive clinical training in preparation for graduation from the specified program. MTF departments central to the CTPs curricula will participate in clinical training to the fullest extent possible. The specifics of each

individual CTP (i.e., curriculum documents, instructor/preceptor requirements, student quota, etc.) will be outlined in the support agreements between the Service component and MTF Director.

2. APPLICABILITY. This DHA-AI applies to the DHA Enterprise (components and activities under the authority, direction, and control of the DHA) to include: assigned, attached, allotted, or detailed personnel.

3. POLICY IMPLEMENTATION. It is DHA's instruction, pursuant to References (a) through (q), that:

a. Staff at DHA MTFs have the responsibility to ensure adherence to the processes for CTP management as they are outlined and directed by this publication and associated documents.

b. This AI will uphold all privacy and civil liberties related laws, regulations, and policies, including the requirements of Reference (n) and ensure that Privacy Act system of records notices are published, revised, and rescinded, as required.

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosure 3.

6. PROPONENT AND WAIVERS. The proponent of this publication is the Education and Training Directorate. When Activities are unable to comply with this publication the activity may request a waiver that must include a justification, to include an analysis of the risk associated with not granting the waiver. The activity director or senior leader will submit the waiver request through their supervisory chain to the Education and Training Directorate to determine if the waiver may be granted by the Director, DHA, or their designee.

7. RELEASABILITY. **Cleared for public release.** This publication is available on the Internet from the Health.mil site at: <https://health.mil/Reference-Center/Policies> and is also available to authorized users from the DHA SharePoint site at: DHA Publications System Office (PSO) (health.mil)

8. EFFECTIVE DATE. This DHA-AI:

a. Is effective upon signature.

b. Will expire 10 years from the date of signature if it has not been reissued or canceled before this date IAW Reference (c).

June 6, 2024

9. FORMS. DD Form 2982, Recruiter/Trainer Prohibited Activities Acknowledgment is available at the following location: https://www.esd.whs.mil/Directives/forms/dd2500_2999/DD2982/

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ENCLOSURE 1REFERENCES

- (a) DoD Directive 5136.01, "Assistant Secretary of Defense for Health Affairs (ASD(HA))," August 10, 2017, as amended.
- (b) DoD Directive 5136.13, "Defense Health Agency (DHA)," September 30, 2013, as amended.
- (c) DHA-Procedural Instruction 5025.01, "Publication System," April 1, 2022
- (d) Training and Doctrine Command (TRADOC) Regulation 350-6, "Interservice Training Review Organization (ITRO) (AIT)," December 8, 2022
- (e) Naval Education and Training Command (NAVEDTRA) 135D, "Navy School Management Manual," August 2018
- (f) 59 Training Group (TRG) MTF, "Medical Training Guidance for Non-Resident Medical Training Programs," August 2, 2016^{1,2}
- (g) Army Regulation 351-3, "Professional Education and Training Programs of the Army Medical Department," October 15, 2007
- (h) Army Regulation 351-9/Operational Navy Instruction (OPNAVINST) 1500.27G/Air Force Instruction (AFI) 36-2230(I)/Marine Corps Order (MCO) 1580.7E/Commandant Instruction (COMDTINST) 1580.1, "Inter-Service Training," August 29, 2012
- (i) Army Regulation 350-10, "Management of Army Individual Training Requirements and Resources," September 3, 2009
- (j) Army Regulation 350-1, "Army Training and Leader Development," December 10, 2017
- (k) DoD Instruction 4000.19 "Support Agreements," December 16, 2020
- (l) DoD Instruction (DoDI) 1304.33 "Protecting Against Inappropriate Relations During Recruiting and Entry Level Training," January 28, 2015, as amended
- (m) United States Code, Title 5, Section 552, "Privacy Act of 1974"
- (n) DoD Instruction 5400.11, "DoD Privacy and Civil Liberties Programs," January 29, 2019
- (o) DoDM 6025.18, Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs, March 13, 2019
- (p) DoD Instruction 6000.19, "Military Medical Treatment Facility Support of Medical Readiness Skills of Healthcare Providers," February 7, 2020
- (q) DHA Procedural Instruction 3700.01, "Director's Critical Information Requirements (DCIR), Situation Report (SITREP)," October 4, 2019

1. "Clinical Training Program Governing Docs," Defense Health Agency, Accessed December 2023, <https://kx.health.mil/kj/kx7/PhaseIISupplementalTng/Pages/Governing-Docs.aspx>.

2. Medical Training Guide for Non-Resident Medical Training Programs, United States Air Force, Published August 2016, [https://kx.health.mil/kj/kx7/PhaseIISupplementalTng/Documents/Medical%20Training%20Guidance%20\(MTG\)/59%20TRG%20MTG_Non-ResidentTngPrgrms.pdf](https://kx.health.mil/kj/kx7/PhaseIISupplementalTng/Documents/Medical%20Training%20Guidance%20(MTG)/59%20TRG%20MTG_Non-ResidentTngPrgrms.pdf).

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA, will:
 - a. Be responsible for the administration and management of each MTF, including policy and procedure development, and healthcare administrative functions required to support CTPs.
 - b. Monitor implementation of this publication to ensure consistent application across the MTFs.
 - c. Provide clarifying guidance, as needed, to all applicable parties regarding issues related to the implementation of the CTPs.

2. NETWORK DIRECTOR. The Network Director will:
 - a. Ensure all MTFs within respective network, comply with this CTP AI.
 - b. Provide support and guidance to work regional CTP related issues.
 - c. Maintain final approval/disapproval authority for CTP site activation, deactivation, and inactivation status requests.

3. EDUCATION AND TRAINING (E&T) DIRECTORATE, DHA. The E&T Director will:
 - a. Provide oversight on clinical training program and guidance on risk and issues submitted to the DHA CTP OMO.
 - b. Provide a forum for MTF directors to submit issues associated with CTPs.
 - c. Coordinate with stakeholder to mitigate risk and issues.

4. CHIEF, DHA CTP OPERATIONS MANAGEMENT OFFICE (OMO). The Chief, DHA CTP OMO will:
 - a. Serve as the liaison/consultant to provide oversight authority to assist in the management of all CTP courses (both METCOPs and SOPs).
 - b. Provide DHA guidance for course specific issues.
 - c. Coordinate program reviews with appropriate CTP designees.

d. Ensure MTF compliance with Clinical Training Site Assessments IAW governing regulations and policies.

5. AGREEMENTS AND PARTNERSHIPS MANAGEMENT OFFICE (APMO). The APMO will:

- a. Oversee the DHA agreements program.
- b. Manage the DHA agreements process and templates.
- c. Provide guidance on the development of agreements used to comply with this publication.
- d. Provide training on the development and management of agreements issued in support of this publication.
- e. Coordinate training agreements for approval.

6. METC, DEAN OF ACADEMICS. The METC, Dean of Academics will:

- a. Serve as the liaison/consultant between the Service Consultant and the MTF CTC to provide oversight authority to assist in the overall management of METCOPs.
- b. Provide guidance in dealing with course specific issues.
- c. Ensure compliance with Clinical Training Site Assessments IAW governing regulations and policies.
- d. Provide academic oversight to all METCOPs.

7. MTF DIRECTOR. The MTF Director will support CTPs within the MTF and ensure they are maintained IAW this publication and signed support agreements. The MTF Director may delegate the following functions as needed to a trusted agent within the MTF. The MTF Director will:

- a. Ensure standards of instruction and administration of medical training within the facility are followed IAW program guidelines.
- b. Appoint in writing qualified personnel to function as the MTF Clinical Training Coordinator (CTC), Course Medical Director (CMD), and/or Course Supervisor (CS). **Note: There is not a requirement to have all roles filled individually.** At a minimum each MTF should have one oversight body to support the programs. The MTF Director and Service Consultant will determine the program resourcing need that will be further specified in the support agreement.

- c. Appoint in writing, as needed, an Assistant MTF CTC to fulfill the MTF CTC's duties and responsibilities in his/her absence.
- d. Identify a point of contact at the MTF to process and manage CTP Agreements.
- e. Ensure availability of student training materials and access to the MHS Medical Library subscriptions to include current reference texts/literature necessary to support training.
- f. Report on and coordinate with the Service Consultant on any student who requires academic and/or disciplinary actions (i.e., proficiency advancement, washback/repeat/recycle, ineffective status, elimination, and/or discharge/separation). Note: Academic probation guidelines will be delineated in the support agreements.
- g. Ensure the training environment is adequate for didactic and performance training (e.g., lighting, noise level, size, ventilation).
- h. Ensure equipment utilized for training is maintained at a level adequate to support the training function.
- i. Permit authorized representatives of accrediting agencies and Service departments to visit and observe the clinical learning experience for a reasonable period of time (specific timelines should be annotated within the support agreement).
- j. Ensure all assigned course personnel (i.e., MTF CTC, CMD, CS, and preceptors and/or instructors) and students receive training on professional conduct and relationships as well as prevention/reporting of sexual harassment/discrimination.
- k. Ensure student capacity change requests are routed through the appropriate channel and coordinated with the Services via the Service Consultant and METC Dean of Academics for METCOPs or the CTP OMO for SOPs.
- l. To the maximum extent possible, if a student participates in emergency exercises, it must be relevant to the training program IAW Service and DHA regulations.
- m. Attend student forums, upon request, to discuss concerns/issues students may have.
- n. To the maximum extent possible, avoid placing the MTF CTC on deployment status unless an Assistant MTF CTC is identified and familiar with all CTPs.
- o. To the maximum extent possible, overall workload should not impede upon clinical supervision of trainees.
- p. Ensure an internal process is developed for newly assigned permanent party graduates and their supervisors to participate in the external evaluation program.

q. Ensure students are not used as augmentees for installation-wide support taskings, as they are in training status.

r. Ensure students are always supervised when providing direct patient care.

s. Ensure students have access to electronic medical records and other information systems in accordance with DHA, local policies, and guidelines.

8. MTF CLINICAL TRAINING COORDINATOR (CTC). This person is also known as the Medical Training Program Administrator, managed at the MTF level. The MTF CTC is appointed by the MTF Director to monitor and manage the overall administration of the clinical training programs at the MTF and must meet qualification standards. The MTF CTC must ensure that courses are conducted IAW Service regulations, support agreements, this publication, and individual course training materials. The Assistant MTF CTC will also be appointed in writing by the MTF Director to fulfill the MTF CTC's duties and responsibilities in his/her absence. The MTF CTC will:

a. Act as the central point of contact between the MTF and Services' CTP Service Consultants (or designees).

b. Ensure new CMDs and CSs complete duty-specific training within 60 calendar days of appointment.

c. Verify corrective actions taken to resolve concerns and findings identified during program Clinical Training Site Assessments are initiated and completed within specified timelines. For items that cannot be resolved, they must be referred to the CTP OMO for review and resolution.

d. Promote an environment which encourages students to seek help when they are distressed and does not tolerate any actions (i.e., hazing, belittlement, humiliation, sexual assault/harassment) that prevents students from seeking help or professional care.

e. Engage the appropriate agency (or agencies) any time a student is in distress, paying special attention to periods following academic administrative actions review.

f. Plan and conduct quarterly meetings with CMDs and CSs to discuss student training matters. MTF CTCs will maintain a copy of meeting minutes.

g. Maintain a copy of the most current support agreements, this CTP publication, and Service regulations to include change letters. All required forms will be readily retrievable. MTF CTCs will maintain a current copy of each course training document and all changes for the courses being taught at the MTF.

h. Collaborate with installation support agencies (Base or Installation In/Out Processing, Finance, Transportation, etc.) to resolve problems and ensure they are aware of the requirements

of the CTP. MTF CTC will notify these agencies of problems identified with CTPs and work with agencies to find solutions.

i. Ensure all medical training course personnel meet required accreditation and certification standards outlined by Service-specific scope of practice guidelines.

j. Maintain a copy of current appointment letter and Curriculum Vitae (CV) for medical training course personnel (e.g., CMDs and CSs). Only the CMD and CS require a CV.

k. Coordinate with the MTF Director written requests for changes to student capacity.

l. Ensure all CSs conduct a self-assessment of their program within 90 calendar days of appointment and annually during the month of September and thereafter.

m. Ensure all CMDs, CSs, instructors, preceptors, and students complete all mandatory training in accordance with Service and DHA guidelines (i.e., professional, and unprofessional conduct). In addition, MTF CTCs will complete sexual harassment and discrimination prevention training annually; and will track student training IAW the Services system of record (i.e., Army Training Requirements and Resources Systems (ATRRS), Computerized Time and Attendance Reporting System (CTARS), or Technical Training Management System (TTMS)).

9. COURSE MEDICAL DIRECTOR (CMD). The CMD is appointed by the MTF Director to manage a medical training course and to certify that students have received the required Service directed training. The CMD must meet qualification standards as outlined in References (e) through (g). The CMD will:

a. Ensure all programs have the right mix of instructors and/or preceptors available to support student training. If a program does not have appropriate instructors assigned and/or appointed, notification must be coordinated up to the MTF Director, Service component, METC Dean of Academics (for METCOPs) and/or CTP OMO of potential issues to CTP sustainment.

b. Provide duty-specific training when a new course CMD or Assistant CMD is assigned within 60 calendar days of appointment.

c. Review circumstances which require changes to student training capacity with CS and coordinate request through the MTF CTC to the MTF Director.

d. Review academic administrative actions and recommend approval/disapproval for proficiency advancement, washback/repeat/recycle, ineffective status, elimination, and/or discharge/separation. Forward recommendations to MTF CTC upon completion. Ensure these actions are appropriate, complete, and accurate prior to submission to the MTF CTC.

e. Review and submit graduation packages to the MTF CTC.

f. Review and validate course training documents annually IAW program requirements.

g. Attend meetings organized by the MTF CTC pertaining to CTP matters. Promote an environment which encourages students to seek help when they are distressed. Does not tolerate any actions (i.e., hazing, belittlement, humiliation, sexual assault, maltreatment) that prevents students from seeking help or professional care and notify the CS and MTF CTC of any student believed to be at-risk.

10. ASSISTANT CMD. The Assistant CMD is appointed in writing by the MTF Director. The Assistant CMD will ensure the continuity of training during the absence of the CMD and should succeed the CMD upon transfer, deployment, retirement, or separation.

11. COURSE SUPERVISOR (CS). The CS will be appointed in writing by the MTF Director. The CS will assist in the instruction, management, and supervision of students assigned to the specified CTP course. The role of the CS should be his/her primary duty; therefore, the CS will not be overtasked with additional duties that could interfere with the training mission. The correct ratio of instructors and/or preceptors to students must be maintained in accordance with accreditation standards and/or course training document to ensure quality training. The correct instructor-student ratio will be outlined within the CTP support agreements. The CS will follow program requirements before appointment to the position. The CS will:

a. Assist the CMD and perform administrative duties in his/her absence. To the maximum extent possible, avoid placing the CS on deployment status unless an Assistant CS is identified and familiar with all CTPs.

b. Observe didactic lectures and offer technical assistance to improve presentations.

c. Monitor performance training and offer technical assistance in accordance with program guidance and/or course training documents.

d. Provide duty-specific training when a new course or assistant CS is assigned within 60 calendar days of appointment. The training, at a minimum, will consist of the site visit and evaluation checklists, CTP publication, course training materials, and applicable Service regulations.

e. Provide initial and annual refresher training for preceptor(s) and/or instructor(s). This training must be documented and signed by the CS and preceptor and/or instructor.

f. Continuously monitor and evaluate training conducted by didactic and/or performance (clinical, simulation, etc.) by the preceptor(s) and/or instructor(s).

g. Continuously monitor, evaluate, and report on any student disciplinary actions or needs.

h. Prepare a long-range didactic and performance training schedule and ensure it is available to all concerned parties.

i. Use approved lesson plans identifying the training objectives. When teaching in a classroom or laboratory area where didactic or performance is being taught, an approved lesson plan must be made available upon request, IAW any applicable specific program guidance and/or accreditation standards.

j. Initiate notification and justification of any issues or concerns to the MTF CTC, who will notify the METC Dean of Academics (for METCOPS) and the Service Education and Training Departments for SOPs.

k. Submit requests through CMD and MTF CTC to the MTF Director for changes to the student negotiated capacity levels whenever the MTF can no longer support the designated student load.

l. Prepare and forward training deficiency reports, as per program requirements to the CTP OMO, METC Dean of Academics (for METCOPS ONLY) and the Service Consultant for review and tracking.

m. Participate in any site evaluations, surveys, and requests for feedback from training programs within specified timelines.

n. Maintain an electronic file containing all correspondence between MTF and Service Consultant.

o. Direct questions concerning METCOPS to the METC Dean of Academics Office. For questions pertaining to SOPs, direct questions to the CTP OMO.

p. Ensure the Assistant CS is fully trained to fulfill CS duties/responsibilities in the event the CS is ill, on leave, Temporary Assigned Duty/Temporary Duty, etc.

q. Promote an environment that encourages students to seek help when they are distressed and will not tolerate any action (i.e., hazing, belittlement, humiliation, maltreatment, sexual assault) that prevents students from seeking help or professional care. Ensure students that exhibit high-risk behavior seek medical attention, MTF CTC and Service Consultant will be notified for any student who exhibits high-risk behavior.

12. ASSISTANT CS. The Assistant CS is appointed in writing by the MTF Director to assist the CS with supervising and training students in a medical training course. The Assistant CS must meet program qualifications. Additionally, the Assistant CS will be trained to the same level as the CS to ensure the management and continuity of training in the absence of the CS.

13. PRECEPTOR. The preceptor is assigned to conduct performance and/or didactic training. A preceptor is defined as an experienced and competent person who serves as a mentor and resource or conducts performance, skills, and/or didactic training for new staff, students, or new

graduates. More than one individual may be listed on the appointment letter (Preceptors must act IAW all applicable program guidance and/or accreditation standards). NOTE: This position may be full time or part time. Preceptors will provide assistance to the CS and will:

- a. Teach student tasks/skills and knowledge outlined in appropriate course training materials.
- b. Research, obtain, and use suitable visual aids to enhance instruction.
- c. Assess student learning in accordance with specific CTP training documents and requirements. Must be identified as a didactic preceptor to administer standardized tests, progress reports, and performance tests.
- d. Identify and refer students to CS who are not satisfactorily meeting the objectives(s)/minimum requirement(s).
- e. Refer students who are not meeting academic or nonacademic standards to applicable course or program leadership for evaluation.
- f. Recommend students to CS for special accommodations, if required.
- g. Be formally evaluated if negative feedback trends are identified by the CS, CMD, and/or MTF CTC.
- h. Ensure progress checklists/performance grade reports are available in work area and properly completed by end of each rotation/block.
- i. Complete initial and annual preceptor refresher training per program guidance.
- j. Participate in any site evaluations, surveys, and requests for feedback from training programs within specified timelines.
- k. Provide a written evaluation report on each trainee. Reports shall be directed to the Service Consultant.

14. INSTRUCTOR. The instructor is assigned to conduct performance and/or didactic training. An instructor is defined as someone who meets all program qualifications for program specific guidance and is formally identified as an instructor on a manning document. Instructors must act IAW all applicable program guidance and/or accreditation standards. NOTE: This position may be full time or part time. Instructors will assist the CS and will:

- a. Teach student tasks/skills and knowledge outlined in appropriate course training materials.
- b. Research, obtain, and use suitable visual aids to enhance instruction.

- c. Assess student learning in accordance with specific program course training documents and requirements. Administer standard tests (if identified as didactic instructor and authorized test access, progress checks, and performance tests).
- d. Identify and refer students to CS who are not satisfactorily meeting the objectives(s)/minimum requirement(s).
- e. Refer students who are not meeting academic or nonacademic standards to applicable course or program leadership for evaluation.
- f. Recommend students to CS for special accommodations, if required.
- g. Be formally evaluated if negative feedback trends are identified by the CS, CMD, and/or MTF CTC.
- h. Ensure progress checklists/performance grade reports are available in work area and properly completed by end of each rotation/block.
- i. Complete initial and annual preceptor refresher training per program guidance.
- j. Participate in any Clinical Training Site Assessments, surveys, and requests for feedback from training programs within specified timelines.

ENCLOSURE 3

PROCEDURES

1. OVERVIEW. In order to ensure METCOPS and SOPs receive the appropriate level of clinical training required by their respective Services, DHA is establishing a standardized process for establishing, certifying, maintaining, and deactivating CTPs.

2. TRAINING SITE ACTIVATION. To establish a medical training program, the Service component approves the establishment of a new medical training course. For METCOPS, a Service Consultant is appointed by the Service and works with the METC Dean of Academics to provide overall management of assigned CTP courses. For SOPs, the CTP OMO supports coordination efforts as needed. Prior to the establishment of a program, the Service determines the curriculum requirement; instructor requirement; and requirements for student housing and transportation. Once a program is accepted at a DHA MTF, the MTF Director must identify/appoint, at a minimum, a MTF CTC, CMD, and CS. **Note: There is not a requirement to have all roles filled individually.** The Service retains oversight authority for filling instructor positions. There is not a minimum number of preceptors; however, the MTF must have a sufficient number available to effectively support the CTP. Additionally, a written agreement must be signed by appropriate parties (ATTACHMENT A will be used) outlining requirements. Before a program site is stood up, the MTF Director or designee must work with the Service Consultant to ensure the following elements are in place:

a. Personnel/Manpower. Service number of MTF personnel supporting the program must be agreed upon between the Service component and MTF Director, with oversight by the METCOPS, and/or the CTP OMO. The appropriate mix of instructors will be outlined in the support agreement and must meet the accreditation standards for the instructor to student ratio requirements.

(1) For METCOPS, the MTF Director, in coordination with the METC Dean of Academics, and SOPs will follow Service policy/regulation for hiring/filling appropriate positions to support the CTP within the MTFs.

(2) For SOPs, the MTF Director will work with the Service Consultant and will follow Service policy/regulation for hiring/filling appropriate positions to support the CTP within the MTFs.

b. Expenses. Any required operating expenses will be determined and/or agreed upon between the Service and the MTF Director, as annotated in the CTP support agreement.

c. Training Equipment. Any education/audiovisual equipment that is needed to support the CTP must be determined prior to stand up of CTP within the MTF. Procurement and maintenance responsibilities will be defined within support agreements.

d. Training Classroom. Each course must have a designated area available for didactic training as needed. The designated area will be free of distractions and be conducive to student learning. It is the MTF's responsibility to maintain facilities IAW applicable Occupational Safety and Health Administration (OSHA) regulations.

e. Training Research/Reference Material. MTFs will ensure that reference material is maintained in sufficient quantities as identified within the support agreement. Procurement responsibilities of reference material will be defined within the support agreement.

f. Training Site Certification. Once the above has been met, it is required that a site be inspected prior to certification. A pre-activation site visit will be required. The details of the pre-activation site visit are below.

(1) At a minimum, the MTF CTC, in collaboration with the Service Consultant, performs the pre-activation site visit. If the MTF CTC is not already in place at the site, the MTF Director or designee should also perform the pre-activation site visit as written in the support agreement. If possible, a CS/CTP SME from an active site should also assist with the site visit.

(2) If not already completed, acquire names and ranks of the site's MTF CTC, CMD, and CS and establish timelines for course activation, course personnel/manpower training, etc.

(3) Visit the MTF (i.e., clinics, classroom, CS office) as well as installation support facilities (i.e., dorms, billeting, dining facility). Additionally, ensure that the MTF has the medical case load/mix to support the CTP.

(4) Once it is determined that the site meets all requirements, a report is drafted and forwarded to the METC Dean of Academics (for METCOPs) and the CTP OMO (for SOPs). All requests for training site certifications will follow established DHA support agreement guidelines.

(5) The METC Dean of Academics, MTF CTC, and the CTP OMO will keep original documentation of the pre-activation site visit. The METC Dean of Academics approves a site for activation; the MTF Director and authorized party will then enter into the support agreement to memorialize the MTF serving as the site.

(6) Students cannot participate in a CTP until the support agreement is signed by the MTF Director and authorized party, as identified within the support agreement; refer to ATTACHMENT A.

3. TRAINING SITE DEACTIVATION/INACTIVE STATUS. Sites may be deactivated (permanently closed) or inactivated (temporarily closed) due to decreases in student capacity or a reduction in the capability to support education requirements. All requests for site deactivation/inactive status must be approved by signatory authorities as designated on the support agreement. A Director's Critical Incident Report (DCIR) must be completed, per Reference (q), along with the Training Site Deactivation/Inactive Status Waiver Memo at

ATTACHMENT D. The request will be prepared by the MTF Director or MTF CTC and coordinated with the METC Dean of Academics, CTP OMO, Service HQ (i.e., MEDCOM/59/TRG/NMTSC) and/or Service Consultant.

a. Prior to the deactivation request, the MTF Director or MTF CTC must contact the Service designee (as listed in the support agreement), METC Dean of Academics and/or the CTP OMO to discuss programmatic risk and issues. If the MTF Director determines that the risk to support outweighs the benefit, then the following steps must be taken to request a site deactivation. See ATTACHMENT E illustrating the process for site deactivation/inactive status.

(1) The MTF Director must complete a DCIR and submit to the Network Director for review and approval.

(2) The Network Director has the authority within the network to determine alternative means to support. If alternative means are not available, then the DCIR must be elevated to the Defense Health Support Agency for assistance.

(3) The Defense Health Support Agency will work with the Deputy Assistant Director for Healthcare Operations to determine feasible options to support.

(4) If it is determined that there is no DHA network capability to support, then a Training Agreement (TA) between the MTF and a civilian medical facility may be established to support the CTP prior to deactivating the MTF as a clinical training site. Note: Figure 1 provides the DCIR process.

b. If there is no DHA network capability to support and there is no civilian medical facility that may serve as the clinical training site, the MTF site will be deactivated. Approved requests for training site deactivation will include the required effective date of closure, which will normally be after all students graduate as to not interrupt training.

4. TRAINING SITE MAINTAINANCE. In order for a CTP to continue running, the below elements must be maintained to ensure the viability of the program site.

a. Personnel/Manpower. The CS position is integral to the success of the CTP. The MTF Director, MTF CTC, in coordination with the Service Consultant, will ensure appropriate fills for CS position(s) or follow program policy/regulation(s) for hiring/filling appropriate positions to support the CTP within the MTFs.

(1) CS positions should not go vacant at any time. If a short-notice loss of a CS occurs, review of options for filling the CS slot must take place to prevent the loss of a training course.

(2) The MTF Director and program level designee (as outlined in the support agreement) must be made aware if a site has a vacant CS position. For METCOPS, the METC Dean of Academics has the responsibility in coordination with the MTF Director and the Service consultant to ensure this position remains filled. For SOPs, the program level designee has the

responsibility in coordination with the MTF Director to ensure that these positions remained filled. Sufficient personnel/manpower must be assigned and available to adequately train students. Therefore, MTFs should work with program designees in a proactive nature to ensure qualified personnel/manpower is available to execute the training mission.

(3) The MTF executing the CTP reserves the right to refuse any faculty or staff member and/or bar any faculty or staff member when it is determined that further participation would not be in the best interest of the MTF or the CTP.

(4) If personnel/manpower is not available, the MTF CTC, METC Dean of Academics and/or the CTP OMO will discuss placing the site on inactive status until sufficient personnel/manpower becomes available. Any actions/discussion should be coordinated with the Service Consultant. Minimum instructor and student capacity ratios will be outlined in the support agreement.

b. Expenses. Operating expenses above the initial site activation requirements must be determined or agreed upon by the MTF Director before site activation, as identified within signed agreements.

c. Training Equipment. Education/audiovisual equipment should be readily available and properly maintained for use within the MTF to support the medical training function. Procurement of any special equipment not part of the MTF must be agreed upon and outlined within the support agreement.

d. Training Classroom. Each course must have a designated area available for didactic training, if required. The designated classroom will be free of distractions and be conducive to student learning. The MTF will maintain the classroom IAW OSHA regulations.

e. Training Research/Reference Material. Reference material, as required by the program, must be available to allow students to complete research and/or reading assignments. A sufficient quantity of reference material must be easily accessible and available for multiple student use. Primary study references and student materials are indicated in the course training documents provided and agreed upon by the MTF Director, MTF CTC, and Service Consultant.

f. End-of-Course (EOC) Survey. All students participating in accredited CTPs will be required to complete an EOC survey IAW program guidance. The EOC Survey standardizes the collection of training feedback and affords students the opportunity to express opinions, suggestions, or concerns regarding the training they have received. The survey serves as a valuable source of information; therefore, students must complete the survey prior to graduation/training completion.

g. Assessment. Once a site has been established, a Clinical Training Site Assessment (CTSA) will occur minimally every 36 months (triennially) or sooner as further outlined in the CTP support agreement.

h. External Evaluations. MTF supervisors may be required to complete external evaluations of new graduates, typically within 6-12 months of graduation, in order to meet accreditation standards. Graduates of METCOPs will be required to complete a career field external evaluation survey 6 months after completion of their CTP. In addition, the supervisor will be required to complete a biannual supervisor external evaluation survey for all newly assigned permanent party graduates. The surveys are part of the external evaluation program which is required by institutional and programmatic accreditations. The data will be analyzed and provided to the Service Consultants to assist in determining the efficiency and effectiveness of the training provided.

5. WAIVER PROCESS. A waiver may be requested if the CTP site cannot meet a requirement prescribed by the program policy/regulation and all attempts to rectify the issue have been exhausted. The MTF CTC will submit a waiver request noting coordination through the MTF Director to the SOPs, the METC Dean of Academics and/or CTP OMO. The waiver request can take any format as long as it identifies the specific policy requirement(s) to be waived, the adverse impact on the mission caused by compliance with the policy requirement(s), the reason why the waiver is needed, the plan to resolve the problem, and a get-well date.

6. STUDENT MANAGEMENT CAPABILITIES.

a. Student Training Capacity:

(1) Each CTP site will have a negotiated capacity number of students for training. The capacity will be outlined in the CTP support agreement for each program.

(2) A request must be submitted to increase (surge) negotiated capacity. The request must be submitted and approved by the MTF Director and the Service designee and forwarded to METC Dean of Academics and/or CTP OMO. If the request exceeds MTF capacity to support, then MTF leadership must submit a DCIR and follow steps outlined in Enclosure 3, Section under 5.a.

b. Orientation. Proper orientation to the MTF will include local MTF training and DHA regulatory training. Proper orientation to the installation (Traffic Safety education courses, base/installation orientation, etc.) will not exceed a collective total of one duty day in length.

c. Initial/Annual Training.

(1) Course Personnel and Staff. The MTF Education and Training Office will provide initial and annual professional and unprofessional relationships training to all medical course personnel (i.e., the MTF CTC/Assistant CTC, CMD/Assistant CMD, and CS) upon assumption of the training position. Once completed, medical course personnel will sign the DD Form 2982, Recruiter/Trainer Prohibited Activities Acknowledgment. Training will reoccur in accordance with program specific training dates.

(2) The CS will brief students on their rights and duties.

7. COURSE COMPLETION. Student training is completed when the student graduates from initial clinical skills training and reports to their follow-on assignment, permanent duty station, or training program.

ATTACHMENT A
MEMORANDUM OF AGREEMENT
BETWEEN
THE [FIRST PARTY (AND ACRONYM)]
AND
THE [SECOND PARTY (AND ACRONYM)]
FOR
SUPPORT OF CLINICAL TRAINING for [first party acronym] PROGRAMS
(AGREEMENT NUMBER)

This is a non-reimbursable Memorandum of Agreement (MOA) between the [first party acronym], and [second party acronym]. When referred to collectively, the [first party acronym] and [second party acronym] are referred to as the “Parties.”

1. **BACKGROUND:** This MOA establishes and sets forth the roles and responsibilities of the [first party acronym], and [second party acronym] in accordance with CTP Administrative Instruction Defense Health Agency-Administrative Instruction (DHA-AI) 6025.29 Clinical Training Programs (CTP), [insert date]. The afore-mentioned AI delineates specific requirements of the Parties when students are placed at Military Medical Treatment Facilities (MTFs).

2. **AUTHORITIES:**

2.1. 10 U.S.C. §1073c, Administration of Defense Health Agency and Military Medical Treatment Facilities.

2.2. AR 351–9/OPNAVINST 1500.27G/AFI 36–2230(I)/MCO 1580.7E/COMDTINST 1580.1, “Inter-Service Training,” 29 August 2012.

2.3. DoDM 6025.18, “Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs”, March 13, 2019.

2.4. DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” August 10, 2017, as amended.

2.5. DoD Instruction 6000.19, “Military Medical Treatment Facility Support of Medical Readiness Skills of Healthcare Providers,” February 7, 2020.

3. PURPOSE AND SCOPE: This non-reimbursable agreement is entered into by and between [first party acronym], and [second party acronym]. The [first party acronym], and [second party acronym] have established approved professional and/or technical training programs that have been recognized, accredited, and or certified by the appropriate accrediting agencies, as applicable. The specific nature of this MOA is to support the utilization of [MTF acronym] as a clinical placement site to train [Requesting party acronym]'s, program trainees listed in Attachment 1 of this MOA. Replacement of Attachment 1 in its entirety is required when modifying any program specific requirements.

4. RESPONSIBILITIES OF THE PARTIES:

4.1. [first party acronym] Program Directors/Service Program Manager (Service Consultant) will:

4.1.1. Coordinate with the MTF Clinical Training Coordinator (CTC) on the schedule of student assignments to the MTF including the number of students and the time periods they will be under the MTF's supervision. Provide the MTF's Department Heads, or the Department Course Supervisor (CS) with the number of students to be assigned and the dates of assignment, prior to the beginning of each training period.

4.1.2. The MTF CTC will ensure student trainee in-processing with the MTF Course Medical Director (CMD), Course Supervisor (CS), and the Education and Training Office prior to beginning each training rotation in accordance with Joint Commission and Human Resources requirements.

4.1.3. Provide appropriate documentation of Basic Life Support (BLS) certification and mandatory facility occupational health requirements for all students.

4.1.4. Ensure routine medical examinations, vaccination, and protective measures deemed necessary for assigned students is met. [first party acronym] faculty and staff will verify service required minimum medical readiness requirements of all students prior to assignment.

4.1.5. Refer to the MTF only those students who have satisfactorily completed prerequisites for the curriculum. Students must be academically qualified with no pending adverse administrative action, disciplinary action, or Uniformed Code of Military Justice (UCMJ) action.

4.1.6. Provide MTF CTC with the most current copies of [First party acronym] program curriculum-related documents (i.e., Curriculum Plan (CP), Terminal Learning Objectives (TLO), Student Evaluation and Administrative Plan (SEAP) or Student Administrative Guide (SAG), and Student Evaluation Plan (SEP) as applicable, or equivalent documents currently in place) and any additional pertinent [First party acronym] policies.

4.1.7. Supply the MTF CTC with the appropriate forms to record counseling sessions, students' performance evaluations, grading forms for final grades, and grading algorithms.

4.1.8. Assist the MTF CMD with preparation for accreditation visits (as applicable) by providing written copies of accreditation standards, guidance for satisfying the standards, and answering questions on the accreditation process.

4.1.9. Conduct systematic, ongoing evaluation of the effectiveness of the program.

4.1.10. Provide updates to MTF CTC relating to trainee administrative actions, such as relief, recycles, or extensions taken under the [first party acronym] curriculum related documents.

4.2. The [MTF acronym] Director and Department Chairs will:

4.2.1. Provide a clinical setting where students will receive high quality practical training.

4.2.2. Implement the training program as provided by the Service Consultant and assign students to legitimate clinical rotations that expose them to appropriate clinical experiences and provide a workload sufficient to reinforce training.

4.2.3. Designate appropriate personnel to serve as clinical preceptors and supervisors to coordinate trainee activities, provide instruction, and evaluate trainee performance. Such coordination will involve planning with [first party acronym] Department Chairs, faculty, or staff in coordination with the Service Consultants for the assignment of students to the specific clinical cases and experiences, including attendance at selected conferences, clinics, and other pertinent programs. Preceptors will provide the students with ongoing feedback on their performance as prescribed in the program curriculum-related documents.

4.2.4. Provide medical and dental treatment to [first party acronym] students as required while training at the MTF.

4.2.5. Provide reasonable classroom, conference, office, storage, dressing, and locker space for participating students as needed.

4.2.6. Ensure trainee in-processing and orientation with the MTF Education and Training Office is completed prior to beginning each training rotation. Orientation should include a fire and safety briefing.

4.2.7. Provide or coordinate transportation, as required, for students from lodging/billeting to and from the normal training location, and to any facility where additional training may take place.

4.2.8. Retain full responsibility for the care of patients and maintain administrative and professional supervision of trainees, to include Line of Sight Supervision (LOSS) at all times insofar as their presence affects the operation of the MTF and/or direct care of patients.

4.2.9. The MTF CTC, in collaboration with the Service Consultant, shall have the right to remove any trainee from clinical training who does not meet training expectations and/or professional standards. If a trainee is removed under these circumstances, the appropriate [first party acronym] medical course personnel and Service Consultant will be notified immediately. All appropriate forms to record counseling sessions, performance improvement

plan(s), and students' performance evaluations, and grading forms for final grades will be returned to the [first party acronym] Service Consultant.

4.2.10. Permit, on reasonable request, the inspection of clinical and related facilities by [first party acronym] and recognized accreditation agencies.

4.2.11. Provide training on Health Insurance Portability and Accountability Act (HIPAA) policies and procedures to those who will be working in the facility. [first party acronym] students and faculty shall abide by the MTF's HIPAA policies.

4.2.12. Report to the [first party acronym], all emergencies or serious incident reports in which any trainee, faculty, or staff are involved within 24 hours. If they are not available, this information must be relayed to their designee.

4.2.12.1. [First party acronym], position, office identification, phone number and email of primary.

4.2.12.2. [First party acronym], position, office identification, phone number and email of alternate.

4.2.12.3. Additionally, adverse quality of life issues will be reported to the appropriate [first party acronym] Service Consultant as they arise.

4.3. ALL PARTIES: Mutually agree and understand that-

4.3.1. While training at the MTF, the students will be under the supervision of the MTF officials for training purposes and will be subject to and required to abide by all facility rules and applicable regulations.

4.3.2. Students will only be assigned to departments at the MTF that correspond with their program.

4.3.3. There will be no military training expense incurred as a result of this agreement by the MTF, other than expenses incidental to the supervision and training of the students.

4.3.4. This is a non-reimbursable agreement and accordingly, the MTF nor the [first party acronym] will be financially obligated to the other for any costs which may arise from, or that are incidental to, the administration of this program. The respective parent Service will be responsible for funding training-related temporary duty (TDY/TDA) for the students.

4.3.5. This program will not displace employees or impair existing contracts for services.

4.3.6. The MTF CMD and CTC retain responsibility for the quality of procedures performed, implementation of the training programs as provided by the [first party acronym] Service Consultant, and patient care rendered by students at the facility, consistent with the MTF's primary mission and the facility's quality assurance/risk management.

4.3.7. Authority to administer judicial and non-judicial punishment under (UCMJ) and to take adverse administrative action against military students will be retained by the respective parent Service component and handled according to their policies and standards. If needed, [first party acronym] will facilitate communication between the MTF and the Service component regarding adverse administrative action to be taken against students.

4.3.8. The [first party acronym], MTF, and the MILDEPs will abide by all requirements and guidelines for an accredited educational program (insert appropriate accrediting body, if accredited), and any additional programmatic-level national accrediting agency to specifically include, but not limited to, the allotted time requirements for clinical rotations.

4.3.9. All Parties will establish and maintain communications to evaluate the effectiveness of training and to make recommendations for change. Communications and visits between the officially designated representatives of the MTF, [first party acronym] and the Service Consultant shall be arranged as deemed necessary by either Party. The [first party acronym] will keep the MTF informed of changes in curriculum and the MTF will keep [first party acronym] informed of any changes in staff which may affect the clinical training program. [First party acronym] and the Service Consultant have the overall responsibility for communicating clinical training requirements and curriculum to the MTF CTC, CS, and CMD.

4.3.10. Should the MTF assigns students to a facility other than that of the specified MTF within the MOA for clinical training, the MTF shall ensure that all applicable accrediting agency guidelines are adhered to while [first party acronym] students participate at that facility. If the training facility is non-Federal, the MTF will ensure that [first party acronym] students have the same status as any other MTF students regarding any agreement the non-Federal institution makes to provide professional liability malpractice insurance. Such protection shall be provided in a TA between the MTF and the facility, in accordance with DHA guidance and regulations.

4.3.11. If a claim is filed involving a trainee at the MTF, all parties shall cooperate with the investigation and adjudication of the claim. If [first party acronym] receives notice of such a claim, they will promptly notify the MTF of the claim, and forward any claim documents to the MTF for action. The MTF will immediately notify the [first party acronym] and the Service Consultants of any claim involving students.

4.3.12. Inform students of their obligation to:

4.3.12.1. Observe clinic working hours, comply with the existing pertinent [MTF acronym] rules, regulations, and applicable instructions.

4.3.12.2. Assist with or perform all procedures as assigned by, and under the supervision of, qualified members of the MTF staff.

4.3.12.3. Successfully complete all written and oral assignments administered under the direction of the [MTF acronym] Department Chairs as part of this MOA.

4.3.12.4. Successfully complete all objectives/tasks, either by exam or by practical exercise, administered under the direction of the [MTF acronym] Department Chairs as part of this MOA.

4.3.13. No protected healthcare information is anticipated to be exchanged between the MTF and the [first party acronym]. It is understood that while receiving clinical training at the MTF, pursuant to this agreement, the students do not meet the definition of business associates under HIPAA; therefore, no Business Associate Agreement between the MTF and the [first party acronym] is necessary.

5. PERSONNEL/MANPOWER: Each Party is responsible for all costs of its personnel/manpower, including pay and benefits, support, and travel. Each Party is responsible for supervision and management of its personnel/manpower, except for the operational supervision of [first party acronym] trainees by [second party acronym] personnel/manpower, as described herein.

6. GENERAL PROVISIONS:

6.1. POINTS OF CONTACT (POCS). The following POCs will be used by the Parties to communicate matters concerning this MOA. Each Party may change its POC upon reasonable notice to the other Party.

6.1.1. For the [first party acronym]-

6.1.1.1. Primary: Position, office identification, phone number and email of primary.

6.1.1.2. Alternate: Position, office identification, phone number and email of alternate.

6.1.2. For the [second party acronym]-

6.1.2.1. Position, office identification, phone number and email of primary POC:

6.1.2.2. Position, office identification, phone number and email of alternate POC:

6.2. CORRESPONDENCE. All correspondence to be sent and notices to be given pursuant to this MOA will be addressed, if to the [first party acronym]-

6.2.1. [first party acronym, and full address].

6.2.2. And, if to the [second party acronym], to-

6.2.3. [second party acronym, and full address].

6.2.4. Or as may from time to time otherwise be directed by the Parties.

6.3. REVIEW OF AGREEMENT. This non-reimbursable MOA will be reviewed no less often than mid-point on or around the anniversary of its effective date in its entirety.

6.4. **MODIFICATION OF AGREEMENT.** It is understood and agreed that the Parties of this agreement may revise or modify this agreement by written amendment hereto, provided such revisions or modifications are mutually agreed upon and duly signed by authorized representatives of both parties. Replacement of Attachment 1 in its entirety is required when modifying any program specific requirements, as described in paragraph 1 of the Attachment.

6.5. **DISPUTES.** Any disputes relating to this MOA will be subject to any applicable law, Executive Order, or DoD issuance, be resolved by consultation between the Parties.

6.6. **TERMINATION OF AGREEMENT.** The MOA may be terminated at any time upon the mutual written consent of the Parties. It is understood that the Director, Defense Health Agency or the [first party acronym] will have the independent right to terminate the affiliation agreement without such required notice at any time, if determined to be necessary in the interests of mission requirements. If either Party decides to terminate this agreement, the date of termination will be set so that any trainees already engaged in training at [second party acronym] will be allowed to fully complete their rotation as originally scheduled.

6.7. **TRANSFERABILITY.** This MOA is not transferable except with the written consent of the Parties.

6.7.1. **ENTIRE AGREEMENT.** It is expressly understood and agreed that this MOA embodies the entire agreement between the Parties regarding the MOA's subject matter, thereby merging and superseding all prior agreements and representations by the Parties with respect to such subject matter.

6.8. **EFFECTIVE DATE.** This MOA shall become effective on the date of the last signature of this agreement and shall continue for a term not to exceed [insert timeframe] years from the date of execution.

6.8.1. [insert paragraph if required] **CANCELLATION OF PREVIOUS AGREEMENT.** This MOA cancels and supersedes the previously signed agreement between the same Parties with the subject, [example: Support of Clinical Training for METC Programs], Agreement # [example: METC.TSA.029.032] and effective date of [example: 17 JUL 23].

6.9. **NO THIRD-PARTY BENEFICIARIES.** Nothing in this MOA, expressed or implied, is intended to give to, or will be construed, to confer upon, any person or entity not a party, any remedy or claim, under or by reason of this MOA and this MOA will be for the sole and exclusive benefit of the Parties.

6.10. **SEVERABILITY.** If any term, provision, or condition of this MOA is held to be invalid, void, or unenforceable by a governmental authority and such holding is not or cannot be appealed further, then such invalid, void, or unenforceable term, provision, or condition shall be deemed severed from this MOA and all remaining terms, provisions, and conditions of this MOA shall continue in full force and effect. The Parties shall endeavor in good faith to replace such invalid, void, or unenforceable term, provision, or condition with valid and enforceable terms, provisions, or conditions which achieve the purpose intended by the Parties to the greatest extent permitted by law.

6.11. OTHER FEDERAL AGENCIES. This MOA does not bind any federal agency, other than the Parties, nor waive required compliance with any law or regulation.

7. FINANCIAL DETAILS. This MOA does not provide for reimbursement between the Parties.

7.1. AVAILABILITY OF FUNDS. This non-reimbursable MOA does not document the obligation of funds between the Parties. The obligation of funds by the Parties, resulting from this MOA, is subject to the availability of funds pursuant to the DoD Financial Management Regulation. No provision in this MOA will be interpreted to require obligation or payment of funds in violation of the Anti-Deficiency Act, Section 1341 of Title 31 United States Code. If the requirement for reimbursement should arise, the parties will execute a FS Form 7600A per DoDI 4000.19, "Support Agreements."

8. LIST OF ATTACHMENTS:

Attachment 1. [first party acronym] Program Letter of Agreement

AGREED: [APPROVAL AUTHORITY SIGNATURES WILL NEVER BE ALONE ON A BLANK PAGE]

For the [second party acronym]

for the [first party acronym]

[MTF Director Signature Block]

[First party Commandant/Director Signature Block]

[Date]

[Date]

Mid-Point Review Due Date: _____ [Enter date mid-point review due]

Mid-Point Review completed by: _____ [Printed Name]

_____ [Signature]

EXAMPLE OF A PROGRAM LETTER OF AGREEMENT OR ADDENDUM**[first party acronym] PROGRAM SPECIFIC REQUIREMENTS**

This attachment may be modified as needs of the Parties require, in accordance with paragraph 3 of the MOA. Changes to participating [First Party acronym], participating [MTF] Departments, and [First Party] program specific requirements will be accomplished through a completely new Attachment 1, which will replace and supersede this version on the date that the new version is executed.

Programs: [Add as many as required]

1. Cardiovascular Technician (CVT)
2. Medical Laboratory Technician (MLT)
3. Nuclear Medicine Technologist (NMT)

[second party acronym] Departments: [Add as many as required]

1. Cardiology Services
2. Medical Laboratory
3. Nuclear Medicine Service

Specific requirements and scope:

1. Cardiovascular Technician (CVT)

a. Purpose. While training under this agreement, [first party acronym] CVT trainees will perform clinical care and training under the control and supervision of the [second party acronym] Chair, Cardiology Services Department, or the Chair's designee, and will be subject to, and required to abide by, all facility rules and applicable regulations.

b. Scope. The specific nature of this program is to prepare [first party acronym] CVT trainees to practice as entry-level cardiovascular specialists in an MTF. Training will include, but not be limited to coronary anatomy, electrocardiography, stress testing, echocardiography, scrub techniques, circulation and radiology, hemodynamic monitoring, electrophysiology, and critical care.

c. Student Placement. It is anticipated that a maximum of [XXX] trainees will be assigned to a [XX]-week clinical rotation at [second party acronym], [XX] iterations per year. Trainees will spend their clinical rotation at the [second party acronym] Cardiac Services Department, and all areas of practice of the [second party acronym] Cardiac Services Department.

d. Professional Standards. Training will be in compliance with the standards and guidelines for an accredited educational program of the *[Insert accrediting body, example; Commission on Accreditation of Allied Health Education Joint Review Committee on Education in Cardiovascular Technology (CAAHEP: JRC-CVT) (1361 Park Street, Clearwater, FL 33756, www.caahep.org)]*, including, but not limited to, the allotted time requirements for clinical rotations.

2. Medical Laboratory Technician (MLT)

a. Purpose. While training under this agreement, [first party acronym] MLT trainees will perform clinical care and training under the control and supervision of the [second party acronym] Chair, Medical Laboratory Department, or the Chair's designee, and will be subject to, and required to abide by, all facility rules and applicable regulations.

b. Scope. The specific nature of this program is to prepare [first party acronym] MLT Program trainees to practice as entry-level medical laboratory technicians in an MTF. Training will include, but not be limited to the clinical application of specimen collection, clinical chemistry, microbiology, hematology and coagulation, immunohematology, urinalysis, and immunology/serology in a medical laboratory setting,

c. Student Placement. It is anticipated that a maximum of [XX] trainees will be assigned to a [XX]-week clinical rotation at [second party acronym], [XX] iterations per year. Trainees will spend their clinical rotation at the [second party acronym] Medical Laboratory Department, and all areas of practice of the [second party acronym] Medical Laboratory Department.

d. Professional Standards. Training will be in compliance with the standards and guidelines for an accredited educational program of the *[Insert accrediting body, example; National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) (5600 N. River Rd., Suite 720, Rosemont, IL 60018-5119, www.naacls.org)]*, including, but not limited to, the allotted time requirements for clinical rotations.

3. Nuclear Medicine Technologist (NMT)

a. Purpose. While training under this agreement, [first party acronym] NMT trainees will perform clinical care and training under the control and supervision of the [second party acronym] Chief, Nuclear Medicine Service, or the Chief's designee, and will be subject to, and required to abide by, all facility rules and applicable regulations.

b. Scope. The specific nature of this program is to prepare [first party acronym] NMT trainees to practice as entry-level nuclear medicine technologists in an MTF. The goal of the clinical program is to provide [first party acronym] NMT trainees with the experience necessary to prepare them for certification as a nuclear medicine technologist. Training will include, but not be limited to clinical rotations in diagnostic imaging, therapy procedures, radio pharmacy, nuclear laboratory, radiation safety, and administrative procedures. In addition to these rotations, once clinical proficiency standards are met, a senior rotation will be utilized to provide additional clinical experience and provide trainees with an opportunity for study in areas of individual interest to enhance previously mastered clinical skills.

c. Student Placement. It is anticipated that a maximum of [XX] trainees will be assigned to a [XX]-week clinical rotation at [second party acronym], [XX] iterations per year. Trainees will spend their clinical rotation at the [second party acronym] Nuclear Medicine Service, and all areas of practice of the [second party acronym] Nuclear Medicine Service.

[APPROVAL AUTHORITY SIGNATURES WILL NEVER BE ALONE ON A BLANK PAGE, remove before signature]

[Second party MTF Director Signature Block]

[Date]

[First party Commandant/Director Signature Block]

[Date]

ATTACHMENT B

LIST OF CTP MILITARY OCCUPATION CONVERSION CODES CHART

*There may be additional programs that are not on this list.

| NURSES | | | |
|------------------------------------|--------------------------------|--------------------------------|--------------|
| Common | Army | Navy Subspeciality | Air Force |
| Community Health Nurse | 66B | 1940 | N/A |
| Critical Care Nurse | 66H and ASI 8A | 1960 | 46NXE |
| Emergency/Trauma Nurse | 66H and ASI M5 | 1945 | 46NXJ |
| Family Nurse Practitioner | 66P | 1976 | 46NXC, 46NXH |
| Flight Nurse | N/A | 1960 and AQD=6AJ and NOBC=0904 | 46FX |
| General Nursing (default) | 66N | 1900, 1922 | N/A |
| Medical/Surgical Nurse | 66A, 66H, 66N (strength) | 1910 | 46NX |
| Mental Health Nurse | 66C | 1930 | 46NX |
| Mental Health Nurse Practitioner | 66C and ASI 7T, 66C and ASI M8 | 1973 | 46PXA |
| Neonatal Intensive Care Unit Nurse | N/A | 1964 | 46NXF |
| Nurse Anesthetist | 66F | 1972 | 46MX |
| Nurse Education | N/A | 1903, 3150 | 46NXD |
| Nurse Midwife | 66G and ASI 8D | 1981 | 46GX |
| Nurse Service Administration | N/A | 1900, 3130 | 40CXE, 46AX |
| Obstetrics Nurse | 66G | 1920 | 46NXG |
| Operating Room Nurse | 66E | 1950 | 46SX |
| Pediatric Nurse | N/A | 1974 | 46NXB |

| | | | |
|--------------------------------|-----|------|-------|
| Practitioner | | | |
| Women's Health Practitioner | N/A | 1980 | 46NXA |

| ENLISTED MEDICAL AND DENTAL SPECIALTIES | | | |
|-------------------------------------------------------------------------|--------------------|---------------------------------|------------------------|
| Title | Army | Navy | Air Force |
| Aerospace Technician | N/A | N/A | N/A |
| Behavioral Science/Mental Health Technician | 68X | 8485 | 4C0X0, 4C0X1 |
| Bioenvironmental Engineering Technician | N/A | N/A | 4B0X0, 4B0X1 |
| Biomedical Equipment Maintenance/Repair Technician | 68A | 8410, 8478, 8479, 8732 | 4A2X0, 4A2X1 |
| Biomedical Laboratory Services | 68K | 8496, 8501, 8503, 8505, 8506 | 4T0X0, 4T0X1, 4T0X2 |
| Dental Hygiene | 68E and ASI X2 | 8708 | 4Y0X1H |
| Dental Laboratory Technician | 68E and ASI N4, N5 | 8752, 8753, 8765 | 4Y0X2 |
| Diet Therapy Technician | 68M | N/A | 4D0X0, 4D0X1 |
| Drug and Alcohol Counselor | N/A | N/A | N/A |
| Environmental Health/Preventative Medicine Services Technician | 68S | 8407, 8432 | 4E0X0, 4E0X1 |

| | | | |
|------------------------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Expeditionary Technician | N/A | 8404, 8427, 8707 | N/A |
| General Dental Care (default) | 68E | 8701, 8702 | 4Y0X0, 4Y0X1 |
| General Medical Care and Treatment | 68H, 68Z, 68W | Primary or Secondary NEC is 8408, 8424, 8434, 8445, 8446, 8454, 8472, 8495, 8499, 8703 or Rating of HA, HM, HN or HR and Primary NEC does not begin with 84, 85, or 87 and Secondary NEC does not begin with 84, 85, or 87 | 4N0X0, 4N0X1, 4N0X1B |
| Independent Duty Hospital Technician | N/A | 8402, 8403, 8425, 8494 | 4N0X1C |
| Licensed Practical Nurse | 68C, 68W and ASI M6 | N/A | N/A |
| Medical Administration | 68G | N/A | 4A0X0, 4A0X1 |
| Medical Logistics | 68J | N/A | 4A1X0, 4A1X1 |
| Mortician | N/A | N/A | N/A |
| Nuclear Medicine Technician | N/A | N/A | N/A |
| Operating Room Technician | 68W and ASI P2, 68D | 8463, 8486, 8372, 8783, | 4N1X1, 4N1X1B, 4N1X1D |
| Ophthalmology/Optomety Technician | 68W and ASI P3 | 8463 | 4V0X0, 4V0X1 |
| Orthopedics Technician | 68W and ASI P1 | 8489 | 4N1X1C |
| Pharmacy Technician | 68Q | 8482 | 4P0X0, 4P0X1 |
| Physical/Occupational Therapy Technician | 68W and ASI N3 or N9 | 8466, 8467 | 4J0X0, 4J0X2, 4J0X2A |
| Physiology Technician | 68S and ASI N4 | N/A | 4M0X0, 4M0X1 |

| | | | |
|--------------------------------|----------|------------------------|--------------------------------------------|
| Radiology Technician | 68P | 8416, 8451, 8452 | 4R0X0, 4R0X1, 4R0X1A, 4R0X1B, 4R0X1C |
| Respiratory Therapy Technician | 68V | 8541 | 4H0X0, 4H0X1 |
| Undersea Medicine Technician | N/A | 8401, 8406, 8409, 8493 | N/A |
| Veterinary Specialist | 68R, 68T | N/A | N/A |

ATTACHMENT C**TRAINING SITE (DEACTIVATION/INACTIVE STATUS/STUDENT REDUCTION) WAIVER
TEMPLATE**

MTF LETTERHEAD ADDRESS
CITY STATE ZIP-CODE

Date

MEMORANDUM FOR DEFENSE HEALTH AGENCY, J-7 CLINICAL TRAINING PROGRAM,
OPERATIONS MANAGEMENT OFFICE

SUBJECT: MTF [Site Name] and [Clinical Program Name] Training Deactivation

1. Request a (*site deactivation, inactive status, or student reduction*) (*clearly define your justification*). This request is due to (select as appropriate: *manpower, patient census, patient acuity, base/installation support [dorms/transportation], etc.*).

- a. Provide clear, relevant background information related to the situation and the effective deactivation/inactivation/reduction date.
- b. Provide analysis and other considerations of the request.

2. Below are the clinical program(s) of personnel and the number of students affected:

| Clinical Program | Number of Students |
|-------------------------|---------------------------|
| Program | # |
| Program | # |
| Total: | Total # |

3. The point of contact for this memorandum is the undersigned at phone #, e-mail, and duty position.

Signed
MTF Director

Attachments (include supporting documents)

1. Title of attachment 1
2. Title of attachment 2

ATTACHMENT D

CLINICAL TRAINING PROGRAMS APPOINTMENT LETTER FORMAT

Date

DHA-AI 6025.29

FROM: [MTF NAME]

SUBJECT: Clinical Training Programs Appointment Letter

1. The following individuals are appointed to the Clinical Training Program positions as indicated:

| Title | Position | Rank | Last Name | First Name | Phone # | e-mail address |
|-----------------------------------|-----------|------|-----------|------------|---------|----------------|
| MTF Clinical Training Coordinator | Primary | | | | | |
| MTF Clinical Training Coordinator | Alternate | | | | | |
| Course Medical Director (CMD) | Primary | | | | | |
| Course Medical Director (CMD) | Alternate | | | | | |
| CMD Assistant | Primary | | | | | |
| CMD Assistant | Alternate | | | | | |
| Course Supervisor (CS) | Primary | | | | | |
| Course Supervisor (CS) | Alternate | | | | | |
| Assistant CS | Primary | | | | | |
| Assistant CS | Alternate | | | | | |
| Preceptor | Primary | | | | | |
| Preceptor | Alternate | | | | | |
| Instructor | Primary | | | | | |
| Instructor | Alternate | | | | | |

June 6, 2024

2. The newly appointed is credentialed in accordance with Service program guidelines.

Please reference:

- *NAVEDTRA 135D, "Navy School Management Manual," August 2018*
- *59 TRG MTF (DD MOS 19), "Medical Training Guidance for Non-Resident Medical Training Programs," August 2, 2016*
- *Army Regulation 351-3, "Professional Education and Training Programs of the Army Medical Department," October 15, 2007*

3. If further information is required, contact [Service designee name and contact info].

This memorandum supersedes all previous memorandums, same subject.

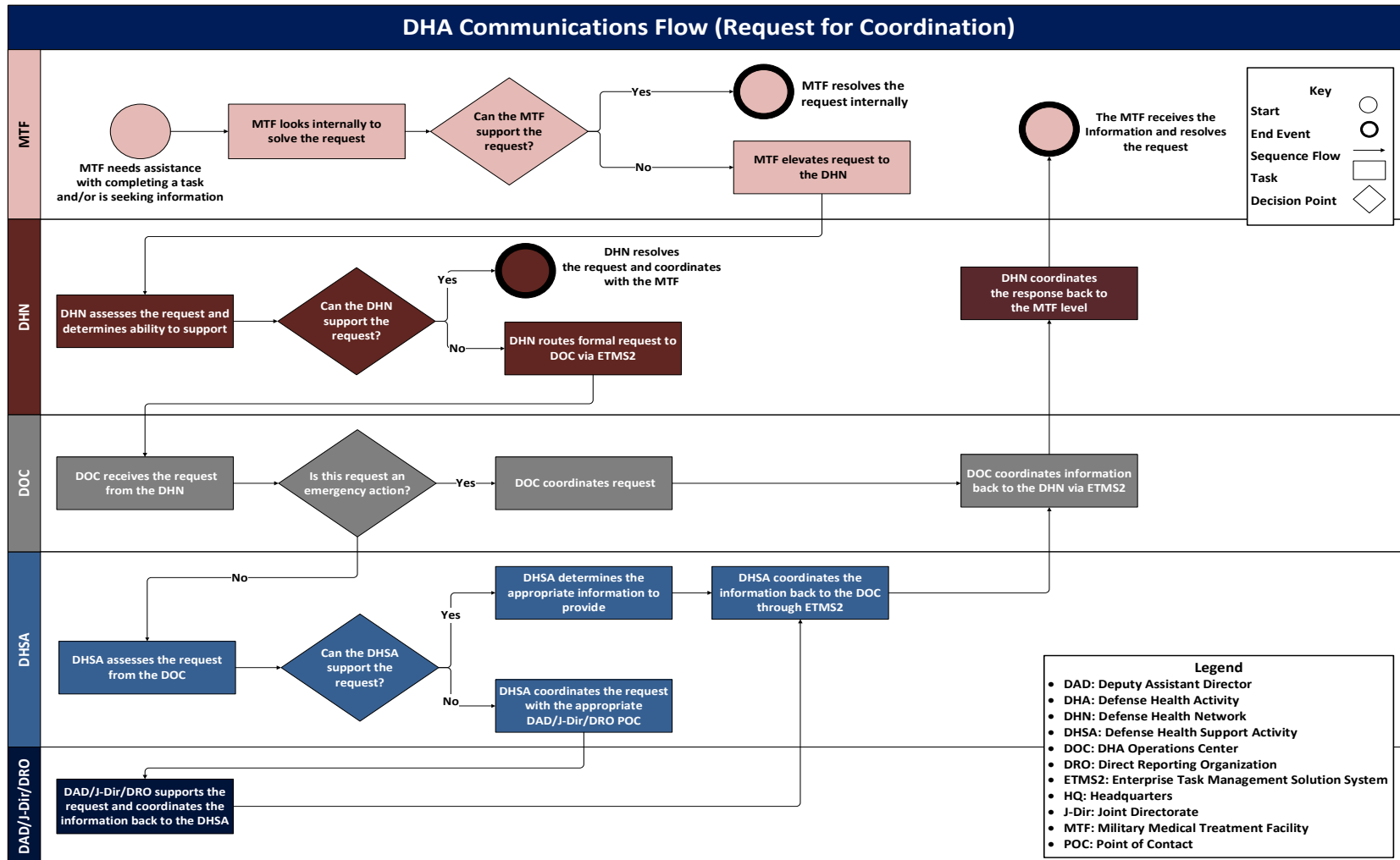
MTF Director Signature Block Name, Grade

Attachments

1. Teaching Curriculum Vitae
2. Applicable Certificates
3. Applicable Diplomas

ATTACHMENT E

DHA COMMUNICATIONS FLOW



All formal RFIs will be submitted utilizing DHA RFI Forms via email to: dha.ncr.operations-j-3.mbx.dha-ops-center@health.mil or the DHA ETMS2 System at: [DHA-DOS-J3-DOC](#)

As of 20 October 2023

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

| | |
|---------|---------------------------------------------------|
| ATRRS | Army Training Requirements and Resources System |
| CMD | Course Medical Director |
| CS | Course Supervisor |
| CTARS | Computerized Time and Attendance Reporting System |
| CTC | Clinical Training Coordinator |
| CTP | Clinical Training Program |
| CTSA | Clinical Training Site Assessment |
| CV | Curriculum Vitae |
| DHA-AI | Defense Health Agency- Administrative Instruction |
| DTF | Dental Treatment Facility |
| EOC | End-of-Course |
| IAW | In Accordance With |
| METC | Medical Education Training Campus |
| METCOPs | METC Oversight Programs |
| MHS | Military Health System |
| MOA | Memorandum of Agreement |
| MTF | Military Medical Treatment Facility |
| OSHA | Occupational Safety and Health Administration |
| TA | Training Agreement |
| TTMS | Technical Training Management System |

GLOSSARY

PART II. DEFINITIONS

Accreditation. The recognition from an accrediting agency that an institution maintains a certain level of educational standards.

Agreements and Partnerships Management Office (APMO). Responsible for formal Support Agreement coordination and approval.

Assistant CMD. An individual who assists the CMD in managing a clinical training program and can ensure continuity of the program during the absence of the CMD.

Assistant CS. An individual who assists the CS to instruct, manage, and supervise specified courses or course series and can ensure continuity of the same during the absence of the CS.

Clinical. Relates to the observation and treatment of actual patients rather than theoretical, simulation, or laboratory studies.

Clinical Training Program (CTP). Any formal medical education course which includes hands-on training, or clinical competency training within an MTF that results in a skill-level award and documents clinical proficiency. These courses are also known as Clinical Phase II or Hospital Based Training courses and do not include graduate medical education.

Clinical Training Site Assessment. Evaluates academic soundness.

Course Medical Director (CMD). An individual appointed by the MTF Director to manage a clinical training program and certify that students have received required trainings.

Course Supervisor (CS). An individual appointed by the MTF Director to assist in the instruction, management, and supervision of a specified course or course series, providing technical assistance to evaluate and improve the training instruction to students, and monitoring student performance and needs.

Course Training Document or Material. Term used to describe both Plan of Instruction and Program of Instruction. A training document prepared to supplement Service training guidance and provide specific guidance and instruction on conducting a clinical training course.

Credential. A qualification or documented achievement, used in health care, indicating a person's demonstrated skill capability or competence.

Dental Treatment Facility. A military facility that provides dental care to eligible individuals and is approved to conduct training for medical staff.

Graduate Medical Education. Didactic and clinical education in a medical specialty or subspecialty that follows the completion of undergraduate medical education and prepares physicians for the independent practice of medicine in that specialty or subspecialty. This education is also referred to as residency or fellowship education. Completion of this education typically results in board eligibility and certification by the national accrediting body for the specialty or subspecialty. This definition also includes other physician graduate professional education in clinical settings that incur an active-duty service obligation.

Inactive Status. Status when training sites cannot accept any students for a designated period of time due to extenuating circumstances, including instructor staffing.

Ineffective Status. Status of students who are temporarily removed from training but expected to return.

Instructor. A person who delivers or provides any aspect of an instructional course.

Medical Training Course. Any formal course conducted at selected military and civilian MTFs as part of a medical training program.

Medical Training Course Personnel. Individuals who lead and/or assist in the planning, coordination, execution, and/or the oversight of educational classes and programs. Educational specialists (or Subject Matter Experts) who are responsible for supporting curriculum development, student management, and improving teaching and training techniques (i.e., CTC, CMD, CS, and preceptors).

Medical Training Program. The combination of CTPs taught at medical training facilities.

Memorandum of Agreement (MOA). The format for documenting an agreement between two parties to cooperatively work together on an objective. It is a legal document that is binding, and it holds the parties responsible to their commitment. Therefore, a MOA is more than an MOU in that there is a reliance of the parties to mutually execute and deliver their responsibilities.

METC Oversight Programs (METCOPs). Enlisted programs who have didactic training at the Medical Education and Training Campus with clinical training conducted within the MTFs.

MTF CTC. An individual appointed by the MTF Director who is responsible for overall administration of the clinical training program at the MTF, ensuring that training courses are conducted IAW program regulations, support agreements, this publication, and individual course training documents. Acts as a central point of contact between the MTF and the Services' CTP Service Consultants (or designees).

MTF Director. An individual with the overall responsibility of monitoring and managing the administration of the clinical training programs at the MTF, ensuring high standards of instruction and administration are maintained and that all Service qualifications are met and IAW program regulations, individual course training documents, and the CTP publication.

Operating Expenses. All Operations and Maintenance funds required to conduct CTPs, including costs required to transfer students to alternate facilities when training capabilities no longer exist at a particular training location.

Policies. Documents describing the doctrine by which all major decisions, actions, and activities are carried out by an organization.

Preceptor. An experienced and competent person who serves as a mentor and resource or conducts performance, skills, and/or didactic training for new staff, students, or new graduates.

Procedures. The established methods and processes that describe organizational policies for day-to-day operations and how to perform specific tasks.

Recruits. A person newly commissioned/enlisted in the Armed Forces and not yet fully trained.

Regulatory Training. Standardized mandatory training for employees assigned to DHA DTFs and MTFs based on their Job Specialty Code that ensures compliance with HIPPA, MHS Genesis, The Joint Commission, DHA, and DoD Instruction regulatory standards for medical facilities.

Safety Training. Training that provides employees with the knowledge to perform their day-to-day tasks and maintain a safe working environment. Includes, but is not limited to, personal, organizational, and environmental workplace hazards, OSHA and safety, infection control practices, and workplace violence.

Service Oversight Programs (SOPs). Enlisted and Officer programs whose administrative oversight is with the Service training departments but with clinical training conducted within MTFs.

Service Program Manager (Service Consultant). An individual assigned by the Services to communicate Service-specific requirements for CTP training and provide coordination between the MTF CTC and applicable training programs.

Student. Any individual who is or has attended an educational agency or institution and the agency or institution maintains education records on the individual.

Support Agreement. A negotiated arrangement between parties to provide or receive support (reimbursable or non-reimbursable).

System of Record. Methodology used to store information according to the office or organizations' policy. The information should be available for review and retrieval as requested.

Training Agreement. Training agreement between a civilian and federal institution for basic and specialty medical skills maintenance and proficiency training.

Training Capacity. The resourced training throughout an organization. Resourcing includes, but is not limited to, faculty, facilities, funding, and equipment to support curriculum. Defined as maximum negotiated seats times iterations (Example: 2 seats x 4 iterations = training capacity of 8).

Training Classroom. Physical or virtual space utilized to conduct course-specific training.

Training Deficiency. When a student or group of students do not receive training on all items specified in the training standard prior to course graduation. This may result from various

situations or circumstances, such as broken/unavailable equipment or shortage of instructor personnel. All training deficiencies will be reported to Service Consultants.

Training Equipment. Any item or equipment used in the education and training of a student.

Training Research/Reference Material. Literature used by students to complete research and/or reading assignments to include DHA Medical Military Library.

Training Site Activation. Process by which a training site is identified and approved for METCOPS and SOPs.

Training Site Deactivation. Closure of a site due to decreases in student capacity or a reduction in the MTF capability to support education requirements.

Waiver. A formal request to exempt a member or organization from a requirement due to various extenuating circumstances.