



DEPARTMENT OF THE NAVY
NAVAL MEDICAL CENTER
34800 BOB WILSON DRIVE
SAN DIEGO, CALIFORNIA 92134-5000

IN REPLY REFER TO:

NAVMEDCEN SANDIEGOINST 6400.4A
505R
03 MAY 2012

NAVMEDCEN SANDIEGO INSTRUCTION 6400.4A

From: Commander

Subj: SCOPE, LIMITATIONS, CERTIFICATION, TRAINING AND
UTILIZATION OF INDEPENDENT DUTY CORPSMEN (IDC)

Ref: (a) OPNAVINST 6400.1C

Encl: (1) Certification Process
(2) Guidelines for Utilization of Independent Duty
Corpsmen Assigned to Naval Medical Center San Diego
(3) Competencies defining IDC Scope of Care
(4) IDC Authorized Medication List
(5) Sample Authorization to Prescribe Medication
(6) Guidelines for Mandatory Patient Referral to
Medical Officer
(7) Sample IDC Letter
(8) Sample Physician Supervisor Letter
(9) Sample Recommendation for Recertification Letter
(10) Sample Page 13, Administrative Remarks
(11) Sample Quarterly IDC Performance Report
(12) Sample Semiannual IDC Counseling Report

1. Purpose. To establish scope, limitations, certification and utilization guidelines for Independent Duty Corpsmen (IDC) serving within Naval Medical Center, San Diego (NMCS) per reference (a).

2. Cancellation. NAVMEDCEN SANDIEGOINST 6400.4

3. Background. IDCs are an integral component of the Navy health care team. IDCs provide medical support to units at sea and in remote or isolated locations. IDCs must maintain their certification and clinical skills when assigned to non-deploying units. IDCs assigned to NMCS must be assigned to duties, which, at a minimum, allow for 20 percent of a 40 hour week to be served in a direct patient care activity supervised by an assigned IDC Physician Supervisor. Whenever possible IDCs should be assigned primarily clinical duties to maintain their skills and operational readiness; otherwise they may be assigned

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to administrative duties in key leadership positions to aid in their advancement opportunities. Balanced and meaningful use of IDCs in both administrative and clinical duty assignments is essential to career enhancement.

4. Policy

a. IDCs reporting to NMCS D must be immediately enrolled in a physician-supervised recertification program.

b. IDCs assigned to NMCS D will maintain certification as outlined in enclosure (1). They will be primarily assigned to clinical duties outlined in enclosures (2) and (3) to maintain optimal clinical skills and operational readiness.

c. Use enclosures (4) and (5) together to authorize use of listed medications. Additions or substitutions to this list must be approved by the Pharmacy and Therapeutics committee via the IDC Program Director. IDCs assigned to Branch Medical Clinic San Clemente Island are authorized the use of Schedule Type II Medication with the approval of a Medical Officer. IDCs assigned to this UIC (41431) will contact their Physician Supervisor during working hours or the DBC Duty Physician after hours to discuss the patient's condition and authorize the use of controlled substances. The IDC will issue the controlled substance and reflect the usage, wastage and final balance on the appropriate NAVMED 6701/1 form. Wastage may be witnessed by an available assistant at the discretion of the approving medical officer. At no time will the IDC be allowed to prescribe controlled substances while working independently.

d. IDCs will follow the guidelines set forth in enclosure (6) for mandatory referral to credentialed provider.

e. Each IDC must obtain a minimum of 15 hours of IDC Continuing Education Units (CEU) each calendar year.

5. Responsibilities

a. The Commander will appoint, in writing, a senior Medical Officer (0-5/0-6), with operation experience as the Command IDC Program Director to monitor and ensure compliance with this instruction and reference (a). In addition, the Commander will

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appoint, in writing, a senior IDC (E-7/E-9), as the Command IDC Program Manager.

b. IDC Program Director will be a senior medical officer (O-5/O-6) who has operational experience and significant knowledge of the role of the IDC in an operational environment.

(1) General oversight and direction of the program as directed by the Commander

(2) A periodic (at least annually) assessment of the program to the Executive Steering Council

(3) Assessing the clinical skills of IDCs and certifying clinical competency before permanent change of station (PCS) or operational temporary assigned duty (TAD) of the IDC

(4) Assign each IDC a Physician Supervisor upon checking-in to the command using enclosures (7) and (8)

(5) Upon receipt of enclosure (9), recommendation for recertification memo from a Physician Supervisor, place a page 13 entry, using enclosure (10), in the enlisted service record recertifying the IDC to perform clinical duties independent of a Medical Officer

(6) Review all information regarding an IDC's reported deficiencies in clinical skills and knowledge and, when indicated, convene a review board to make recommendations to the Commander as described in reference (a)

c. The Program Manager will be a senior IDC with the operational experience to manage the Command IDC Recertification Program. The Program Manager will identify and coordinate billets that fulfill criteria for continuing education, training, and use of the IDC per reference (a). All newly reporting IDCs will be directed to check in with the Program Manager prior to assignment and will be responsible for checking out with the Program Manager prior to detachment from the command. Additionally, the Program Manager will:

(1) Coordinate training of the individual IDC

(2) Provide military leadership, instruction and supervision in concert with the Physician Supervisor.

(3) Be responsible for all administrative tasks of the program including training folder maintenance, clinic rotation schedules, etc.

(4) Be responsible for military treatment facility (fixed and non-fixed) IDC orientation.

(5) Certify that the IDC is able to prescribe medications per enclosure (5).

(6) Assume responsibility for the care rendered by the IDC.

d. The IDC will:

(1) Function under the direct or indirect supervision of a physician as defined in reference (a).

(2) Be under the supervision of Physician Supervisor or appointed clinical supervisor, who will evaluate the IDC using enclosures (11) through (12), for a given clinical rotation, conduct initial assessments and triage of patients and write orders within their scope of practice.

(3) Wear a command identification nametag with the words "Independent Duty Corpsman" imprinted below the name.

(4) Sign all medical record entries and treatment referrals legibly and stamp or print below his/her name, rate, title, and National Provider Identification (NPI) Number.

(a) Refer to a credentialed provider for formal, written consultation, any patient meeting criteria per enclosure (6).

(b) Not give over the phone consultations or diagnosis.

(5) In acute and dire emergencies, provide compassion, reasonable comfort, and care to the utmost of his/her ability even though these conditions may well require skills far beyond

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those expected of an IDC. In this latter circumstance no IDC in lieu of a physician can properly be called upon to answer for an untoward event, provided the care rendered was in keeping with the expected requisite skills of an IDC.

(6) If in a Limited Duty status, participate in the IDC program within the limitations of their Limited Duty, as determined by the Physician Supervisor.

(7) Ensure that the requisite documentation is provided to the Program Manager and accumulate a minimum of 15 CEUs annually

e. Department Heads will ensure that IDCs meet the minimum requirement of 20 percent of a 40 hour work week in a direct patient care activity under the supervision of a Physician Supervisor, or as otherwise determined by the cognizant Senior Medical Officer or Program Manager based upon patient workload. IDCs may work outside of their department and directorate in order to meet this requirement. If concerns arise regarding the assignment of an IDC to duties which constitute a deviation from policy established herein, the concerns must be submitted in writing through the chain of command via the Program Director to the Commander.



CLINTON F. FAISON III

Distribution:
NMCS D Intranet

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CERTIFICATION/RECERTIFICATION PROCESS

1. Initial Certification. Granted upon successful completion and graduation from Navy Independent Duty Hospital Corpsman "C" School where awarded the IDC Navy Enlisted Classification Code.

2. Recertification

a. Upon assignment to NMCS D after completion of an operational tour, an IDC's clinical skills must be assessed by a Physician Supervisor. The care provided by the IDC during recertification period must be monitored by direct supervision. The length of the assessment will be determined by the assigned Physician Supervisor, but should not exceed six months. IDCs assigned to UIC 41431, BMC San Clemente Island will immediately be assigned to the appointed Physician Supervisor at BMC Naval Base Coronado for one week. During this period, the IDC will be assessed for clinical competency and recertification. It is the right of the Physician Supervisor to recommend a longer period of Direct Patient Care if required, not to exceed six months.

b. Upon successful completion of the recertification program, the following Page 13, Administrative Remarks (enclosure 10), service record entry will be made by the Physician Supervisor: "recertified to perform clinical duties independent of a Medical Officer."

c. IDCs failing to recertify or those with identified significant clinical deficiencies will be placed in a six-month probationary period and will perform under the direct supervision of their Physician Supervisor. Failure to resolve the deficiencies during the probationary period will result in a recommendation that the IDCs Navy Enlisted Classification (NEC) be removed.

3. Certification Record. The IDC Program Manager will maintain a certification record on each assigned IDC. It will contain at a minimum:

a. Written monthly evaluation reports from the Physician Supervisor

b. Written quarterly reports to the IDC Program Director

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c. A record of education and training classes attended and CEUs awarded

d. Copies of assignment and authorization letters

4. IDCs assigned to ships homeported in San Diego and operational units within NMCS D's Area of Responsibility (AOR) will be granted provisional CHCS access (Ordering non-schedule II medications, Labs, X-rays, and specialty clinic referrals), on a case by case basis, upon documentation from their respective Commanding Officers/OIC's of the need thereof and of their current competency.

GUIDELINES FOR THE UTILIZATION OF IDCs ASSIGNED TO
NAVAL MEDICAL CENTER, SAN DIEGO

1. Use of Independent Duty Corpsmen. IDCs must maintain their clinical skills, shall be assigned to duties consistent with their skills and expertise and be assigned to a clinical watch bill.
2. IDCs are required to participate in clinically oriented training programs. Clinical and didactic training permits the IDC to diagnose and treat minor, common, and uncomplicated conditions and include the development of referral skills. It is recommended that IDCs rotate through appropriate clinics to attain necessary skills and experience, attend appropriate departmental teaching conferences and rounds, participate in internal/external conferences, workshops and seminars consistent with their duties, and undergo required cardiopulmonary resuscitation recertification. Continuing education and training must include attendance at contingency training workshops designed to augment clinical activities in areas which are critical to operational medicine but which may not be routinely available in regular clinical duties.
 - a. Each IDC must function under the direct or indirect supervision of a Medical Officer.
 - b. IDCs, under authority of the assigned Physician Supervisor, may initially assess and triage patients. They may write orders within their scope of practice, including initiating consults to specialty clinics.
 - c. Assigned IDCs must wear a name tag that identifies them as an Independent Duty Corpsman.
 - d. IDCs must sign the medical record for each patient that they examine, treat or refer for treatment. Additionally, all entries will have their name, rate, title and National Provider Identification Number stamped below their signature.
 - e. The IDC must refer to a credentialed provider any patient who presents with the same complaint twice in a single episode of illness. Exceptions are patients returning for continuing treatment of a previously documented stable chronic

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condition or patients returning as directed for follow-up evaluations.

COMPETENCIES DEFINING IDC SCOPE OF CARE

1. IDCs are expected to exercise independent clinical judgment and decision making augmented by established protocols or through contact with a definitive care provider. In addition to their principal role of diagnosing and treating routine minor illnesses and injuries, the IDC must be able to recognize the presence of non-routine urgent or emergent conditions, stabilize if necessary (using protocols established by physician supervisors), and initiate prompt referral to a higher level of care.

2. By initialing each section below, _____, the Physician Supervisor, certifies the IDC, _____, has demonstrated sufficient competency in each of the functional areas below and is able to provide proper health care independent of direct physician supervision. Implicit in this certification is the determination the IDC has demonstrated a thorough understanding of the indications, contraindications, and potential risks associated with the performance of any invasive procedures listed. These basic competencies reflect the skills an IDC must attain through experience, education, and training to provide health care in today's operational arena.

Clinical Patient Assessment

- Complete Medical History
- Technically proficient physical exam with vital signs
- Complete and accurate documentation in the SOAP (subjective, objective, assessment and plan) format
- An appropriate diagnosis and treatment plan
- Patient interaction skills, including professionalism, respect, empathy, sensitivity to psychosocial concerns, privacy awareness, discretion and confidentiality

Emergency Medical Procedures

- Demonstrate knowledge and skill to safely remove a casualty from danger

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- Demonstrate knowledge and skill in positioning a patient appropriate to injury
- Demonstrate knowledge and skill in triaging mass casualties
- Attain and maintain certification in BLS and BTLS to include
- Airway management/maintenance using oral and nasopharyngeal and endotracheal airways
- Assisted ventilation with oxygen therapy via nasal catheter, cannula or mask
- Control hemorrhage via direct pressure, pressure points, pressure dressing tourniquet or hemostat
- Manage respiratory distress, including sucking chest wound

3. The IDC must demonstrate proficiency in the preliminary assessment and initial treatment, stabilization, or referral of:

Internal Medicine Conditions

- Chest pain differential
- Fluid and electrolyte disorders
- Heat and cold injuries
- Chemical and thermal burns
- Cardiovascular shock
- Headache
- Depressed levels of consciousness
- Gastrointestinal disorders
- Respiratory distress

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- Drug overdose and poisoning
- Uncomplicated hypertension
- Uncomplicated diabetes
- Communicable or infectious diseases (including antibiotic prescription)
- Adverse drug reactions
- Acute pain
- Weakness and malaise

Orthopedic Conditions

- Fractures
- Sprains and strains
- Low back pain
- Minor musculoskeletal injury

Surgical Conditions

- Abdominal pain versus acute abdomen
- Inguinal hernia
- Multiple trauma patient
- Penetrating wounds
- Animal and human bites

Psychiatric Conditions

- Acute psychosis
- Suicidal attempt or ideation
- Crisis intervention

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- Substance use and abuse

Urological Conditions

- Testicular torsion
- Urinary stone
- Sexually transmitted disease (male)
- Bladder infection
- Prostatitis
- Epididymitis
- Penile trauma
- Kidney infection

Ophthalmological Conditions

- Penetrating eye injuries
- Eye pain
- Acute vision loss
- Conjunctivitis
- Corneal abrasion
- Conjunctival foreign body

Dermatologic Conditions

- Psoriasis
- Acne
- Warts
- Herpes (simplex, zoster, etc.)

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- Scabies
- Lice
- Immersion dermatitis
- Plantar warts
- Corns and calluses

OB/GYN

- Intrauterine pregnancy
- Pelvic pain
- Pelvic inflammatory disease
- Abnormal vaginal bleeding
- Ectopic pregnancy
- Vaginitis
- Sexually transmitted disease (Female) to include culture of cervix
- Family planning (using approved contraceptive protocols)
- Vaginal trauma
- Breast mass
- Sexual assault

Dental

- Dental abscess
- Symptomatic caries
- Lost restoration

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- Fractured tooth
- Lip or tongue laceration
- Jaw fracture
- Traumatically mobilized teeth

Ear, Nose, and Throat Conditions

- Otitis media and externa
- Cerumen impaction
- Foreign body
- Pharyngitis
- Nosebleed
- Rhinitis and upper respiratory infection
- Uncomplicated allergic conditions

Occupational Health and Preventive Medicine

- Medical surveillance programs to include:
 - Noise exposure
 - Asbestos exposure
 - Heat exposure
 - Immunization programs
 - Sanitation inspections
 - Diving related disorders

Chemical, Biological and Radiation Procedures

- Apply chemical decontamination kit

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- Administer antidotes and pre-treatments
- Assess, process, and decontaminate the contaminated wounded patient

4. IDCs will be fully competent to perform the following procedures:

Medical and Surgical Procedures

- Local anesthesia
- Digital block anesthesia
- Primary and Secondary skin closure and suture removal
- Wound care including debridement, wound irrigation, and applying and changing sterile dressings
- Insert nasogastric tube
- Perform venipuncture
- Initiate, maintain, discontinue, and document intravenous fluid therapy
- Mental status examination
- Vision screening
- Obtain and basic interpretation of audiograms
- Removal of foreign object by forceps or superficial incision
- Cast application for nondisplaced extremity fractures
- Incise and draining superficial abscesses
- Apply hot and cold therapy
- Comfortable use of vaginal speculum to visualize cervix
- Basic bimanual pelvic exam

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- Basic breast exam (before referral)
- Administer medications (oral, sublingual, subcutaneous, intramuscular, topical, rectal, and intravenous)
- Pack and prepare sterile packs
- Perform the following emergency treatment:
 - Parenteral IV therapy
 - Gastric lavage
 - Endotracheal intubation

Laboratory procedures

- Dipstick urinalysis
- Microscopic urinalysis
- White blood cell count and differential
- Hematocrit
- Serological test for syphilis
- Gram stain
- Collection of culture specimen (pharyngeal, wound, rectal, urethral, vaginal, etc.)
- Malaria smear
- Wet (Saline) prep
- KOH prep (potassium hydroxide)
- Wright stain
- Mono-spot
- Urine pregnancy test (HCG)

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MEDICATION AUTHORIZATION LIST FOR INDEPENDENT DUTY CORPSMEN
(IDC)
NAVAL MEDICAL CENTER SAN DIEGO AND BRANCH CLINICS

1. These rules are for Naval Medical Center San Diego and the associated Branch Clinics only and do not apply to an IDC deployed independently.
2. IDCs are not permitted to prescribe non-formulary, specialist restricted or controlled substances. Additionally, they are not permitted to prescribe psychoactive substances (including anti-depressants, anxiolytics, hypnotics, mood stabilizers, and antipsychotics), anticonvulsants, intravenous antibiotics, or any medication with a pregnancy risk category higher than C in a female of child-bearing age.
3. IDCs are restricted to orally or topically administered medications unless specifically included.
4. The following are general categories of authorized medications. Physician guidance is strongly encouraged, particularly for new or changing prescriptions for chronic conditions.
 - Analgesics including acetaminophen and non-steroidal anti-inflammatory drugs.
 - Oral vitamins and minerals, phenazopyridine, wart remover, and other over the counter medications stocked by the pharmacy.
 - Epinephrine auto-injectors/sting kits.
 - Nicotine Replacement Therapy Patches and Gum 30 days no refills. (No more than an 8 week taper, no refills, will be dispensed for deployment.)
 - Muscle relaxants, EXCLUDING BENZODIAZEPINES.
 - Medications used for symptomatic treatment of upper respiratory infections and allergies (e.g., antihistamines, mouth and throat topical anesthetics (not including benzocaine sprays), decongestants, expectorants/mucolytics, nasal sprays, and (non-narcotic) cough suppressants.

- Medications used for symptomatic treatment of GI complaints (e.g, antiemetics, antidiarrheals (EXCLUDING diphenoxylate/atropine), medications to treat constipation, antiacids, anti-gas medications, H2 blockers, proton pump inhibitors, and non-narcotic antispasmodics.
- Inhaled corticosteroids and bronchodilators, leukotriene inhibitors.
- Oral antibiotics, oral antiviral (not retroviral) medications, IM ceftriaxone; prophylaxis (not treatment) against malaria with doxycycline or mefloquine only, malaria presumptive anti-relapse therapy (PART; terminal prophylaxis) with 30mg of primaquine for 14 days after verifying patient NOT G6PD deficient; all other anti-malarial medications are specifically EXCLUDED.
- Contraceptive medications, including depot medroxyprogesterone acetate, or devices (ex. Nuvaring) EXCLUDING IUDs and implantable (ex. Implanon®).
- INH (R), anticonvulsants (R), psychiatric medications (R), cardiac and respiratory related medications not specifically listed (R), Gout medications (R), genitourinary smooth muscle relaxants (R) (oxybutynin, tamsulosin).
- Antihypertensives medications (R).
- Antidiabetics medications (R); Injectable medications (R) (insulin and glucagon-like peptide-1 (GLP-1) receptor agonists).
- Antihyperlipidemic medications (R).
- Ophthalmic antibiotics and lubricants, EXCLUDING steroid ophthalmic preparations.
- Optic antibiotics, antifungals, drying and cleaning agents.
- Scabacides, lice treatments, and de-worming medications.
- Topical acne treatments, psoriasis treatments, eczema treatments, antifungals, antibiotics, corticosteroids (short term), hemorrhoidal treatments, cleaning and lubricating skin medications.

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5. All items are restricted to no greater than a 90 day supply with no refills. Deployment supplies may be written and filled locally for up to 180 day supply as required for deployment duration. Arrangements should be made to have follow-on refill prescriptions entered into the mail order pharmacy IAW DoD Deployment Prescription Program <http://pec.ha.osd.mil/pmart/deployment.php>. A quantity sufficient for an entire deployment, even if greater than 180 days, may be prescribed for malaria prophylaxis.

6. Restricted items (R) must be initiated by a Licensed Independent Provider but may be renewed for up to a 30 day supply by an IDC on one occasion.

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SAMPLE AUTHORIZATION TO PRESCRIBE MEDICATION

6400
505R
DATE

From: (Name Physician Supervisor)
To: (Name Independent Duty Corpsman)
Subj: AUTHORIZATION TO PRESCRIBE MEDICATION
Ref: (a) OPNAVINST 6400.1C
(b) NAVMEDCEN San Diego Formulary

1. As a result of your recertification per reference (a), you are authorized to prescribe medications contained within reference (b). Scheduled Type II drugs need to be ordered by a licensed provider with a current Schedule II license.

I. B. DOC
(Sign Physician Supervisor)

Copy to:
Program Director
Program Manager
IDC Certification Record

Enclosure (5)

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GUIDELINES FOR MANDATORY PATIENT REFERRAL TO MEDICAL OFFICER

1. Temperature greater than 102 degrees.
2. Temperature lower than 96 degrees (repeated).
3. Blood pressure higher than 150 systolic and 90 diastolic after three day serial BP checks.
4. Blood pressure lower than 90 systolic or 50 diastolic (repeated).
5. Repeat visits of same complaint with exception of requested follow up.
6. ALL PATIENTS IN ACUTE DISTRESS: e.g., intractable pain, acute abdominal pain, obvious fracture, laceration, bleeding and chest pain.
7. ALL PATIENTS WITH ALTERED MENTAL STATUS: e.g., history of syncope, delirious and incoherent.
8. Any patient you feel uncomfortable treating, whose diagnosis you are unsure of, or whom you feel requires a more experienced provider.

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SAMPLE IDC LETTER

6400
505R
Date

From: IDC Program Director, Naval Medical Center San Diego
To: (Name of Independent Duty Corpsman)

Subj: ASSIGNMENT OF INDEPENDENT DUTY CORPSMAN (IDC) PHYSICIAN
SUPERVISOR

Ref: (a) OPNAVINST 6400.1C

1. Per reference (a), LCDR John B. Goode, MC, USN, has been designated to serve as your IDC Physician Supervisor. In the absence of your Physician Supervisor, a designated medical officer assigned to your clinical area must serve in lieu of your Physician Supervisor.

2. Your designated Physician Supervisor has been directed to provide ongoing review of, and assist with, your delivery of health care to patients at this facility. Your supervisor has been specifically directed to meet with you on a periodic basis and to review a sufficient number of the medical records you have completed.

I. B. DOC
(Sign IDC Program Director)

Copy to:
Program Director
Program Manager
IDC Certification Record

Enclosure (7)

03 MAY 2012

SAMPLE PHYSICIAN SUPERVISOR LETTER

6400

505R

Date

From: IDC Program Director, Naval Medical Center San Diego
To: (Name of Physician Supervisor)

Subj: ASSIGNMENT AS INDEPENDENT DUTY CORPSMAN (IDC) PHYSICIAN
SUPERVISOR

Ref: (a) OPNAVINST 6400.1C

1. Per reference (a), you have been assigned as the IDC Physician Supervisor for HMX First Name, Last Name, USN.
2. As the assigned Physician Supervisor, you must supervise and formally review the health care rendered by the IDC assigned to you, consistent with reference (a).
3. You are directed to become completely knowledgeable with reference (a) and to ensure all of the supervision and reviewing requirements of this directive are fulfilled.

I. B. DOC
(Sign IDC Program Director)

Copy to:
Program Director
Program Manager
IDC Certification Record

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SAMPLE RECOMMENDATION FOR RECERTIFICATION LETTER

6400
505R
Date

MEMORANDUM

From: (Name of Physician Supervisor)
To: Command Independent Duty Corpsman Program Director
Subj: RECOMMENDATION FOR RECERTIFICATION
Ref: (a) OPNAVINST 6400.1C
(b) NAVMEDCEN SDIEGOINST 6400.4A

1. Per references (a) and (b), I recommend recertification for assignment to duties independent of a medical officer for _____.

2. _____ has performed as a quality health care provider during the training period under direct supervision and is expected to continue to perform the same, independent of a medical officer.

I. B. DOC
(Sign Physician Supervisor)

Copy to:
Program Director
Program Manager
IDC Certification Record

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**INSERT
NAVPERS
1070/613
HERE**

Name Name IDC	SSN 123-45-6789	BRANCH AND CLASS USN
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6400

505R

DATE

From: Physician Supervisor
To: Independent Duty Corpsman Program Director, NMCS
Subj: QUARTERLY IDC PERFORMANCE REPORT ICO HMCS XXXXXX, USN
Ref: (a) OPNAVINST 6400.1C

1. For the reporting period of 1 July - 30 September, 2010, the above named Independent Duty Corpsman has been under my clinical supervision.

2. As required by reference (a), supervision was primarily accomplished through retrospective review of records, review of provider scorecard, evaluating the appropriateness of consultation and referral, and evaluation of events through occurrence screens. Review of care also assesses this IDC's judgment in restricting independent practice to the authorized scope of care. Monthly reports of cumulative medical record reviews are maintained in the IDC's file.

3. All continuing education activities with location, dates and number of credits awarded are documented in the IDC's file. I certify that the subject named IDC is complying with the CEP and is keeping a schedule, which will yield a minimum of 12 CEU's for the year.

4. Balanced use of this IDC in clinical and administrative duties in leadership positions is accomplished to aid in advancement opportunities. No inappropriate utilization of this IDC exists.

5. Based on my assessments, the overall performance of this IDC indicates he or she is (qualified/not qualified) (circle one) for PCS transfer or a temporary duty assignment to duties independent of a medical officer.

(Sign Physician Supervisor)

