



UNITED STATES MARINE CORPS
I MARINE EXPEDITIONARY FORCE, FMF
BOX 555300
CAMP PENDLETON, CALIFORNIA 92055-5300

IN REPLY REFER TO:
IMEFO 6400.1A
SURG
20 MAY 2015

I MARINE EXPEDITIONARY FORCE ORDER 6400.1A

FROM: Commanding General
TO: Distribution List

Subj: CERTIFICATION, TRAINING, SUPERVISION AND EMPLOYMENT
OF INDEPENDENT DUTY CORPSMEN (IDCs)

Ref: (a) OPNAVINST 6400.1C/ MCO 6400.1
(b) OPNAVINST 6320.7A/ MCO 6320.4

Encl: (1) Sample Independent Duty Corpsmen Periodic Training
and Supervision Matrix (MSC) Annual IDC Report
(2) Sample Report Letter
(3) Sample Provider Review Form
(4) Independent Duty Corpsmen Record of Medical
Evaluation, Counseling, Case Study and Training Form
(5) Competencies Defining IDC Scope of Care
(6) Independent Duty Corpsmen Compliance Matrix
(7) Appendices A through G of OPNAVINST 6400.1C/ MCO
6400.1 dated 15 Aug 2007
(8) Sample Semi-annual Physician Supervisor Report

1. Situation. Independent Duty Corpsmen (IDCs) are assigned throughout I Marine Expeditionary Force (I MEF) in order to provide primary care under indirect supervision on shore, at sea and on mission deployment. References (a) and (b) provide the policy for the training, certification, employment, and supervision of IDCs.

2. Mission. To ensure that health care provided by IDCs assigned to I MEF is of the highest quality, and all aspects of their training, certification, supervision (including quarterly health record reviews, documentation of said reviews), and continuing medical education are in compliance with Navy and Marine Corps policies.

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3. Execution

(a) Commander's Intent and Concept of Operations

(1) Commander's Intent. The IDCs assigned to I MEF will deliver quality health care within their supervised scope of practice that meets or exceeds accepted community standards of care. In addition, IDCs will remain current on required training, certification, continuing education, and supervision.

(2) Concept of Operations. The I MEF Surgeon, as the Responsible Medical Authority (RMA), will ensure an effective IDC supervision and employment program within I MEF. Furthermore, close collaboration between IDCs and their privileged Physician Supervisors is essential to the timely delivery of quality health care to Sailors and Marines of the operational forces.

(b) Tasks

(1) I MEF Surgeon

(a) Act as the designated RMA for IDCs assigned or attached to I MEF and its subordinate units. The RMA is responsible for the program's administration and its compliance with Navy and Marine Corps guidelines specified or implied in the references.

(b) Appoint in writing the I MEF IDC Program Manager.

(2) I MEF IDC Program Manager

(a) Coordinate with the Program Directors and Program Managers per reference (b) and as described below to manage and account for the I MEF IDC Program.

(b) Ensure all IDCs have a training record consisting of six sections as per references (a) and (b).

(c) Audit training record at least annually and provide documentation in section 6 of the record.

(d) Will be a standing member of the I MEF Medical Executive Committee.

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(3) Major Subordinate Command (MSC) Surgeons

(a) Act as Program Directors for their respective
MSCs.

(b) The Program Director must be a credentialed and
privileged physician. If a credentialed and privileged
physician is not available, the Program Director will be
appointed by the RMA, in writing.

(c) Assign a privileged Physician Supervisor to each
IDC in writing.

(d) Designate an IDC Program Manager in writing to
ensure proper administration of the IDC program, in accordance
with reference (a). The Program Manager will be a Senior
Enlisted certified IDC. Additional Program Managers may be
appointed for geographically distant locations.

(e) Administer and oversee the program in
conjunction with the Program Manager(s), per reference (a).

(f) Ensure each Physician Supervisor submits
required documentation.

(g) Ensure quarterly reports are submitted to the I
MEF IDC Program Manager.

(h) Ensure all IDCs have a training record
consisting of six sections as per references (a) and (b).

(i) Ensure all IDCs certified to practice under
indirect supervision have current written certification in their
training records stating "Qualified to perform clinical duties
independent of direct supervision of a physician." IDCs not
currently certified for practice under indirect supervision for
any reason must have a written plan of supervision in effect.
Written plan of supervision must, at minimum, mandate 100-
percent direct, observed supervision.

(j) Audit training record at least annually and
provide documentation in section 6 of the record.

(k) Provide an annual report with metrics on IDC
training and certification to the RMA per reference (a).

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(1) Report immediately to the RMA, any quality assurance concern.

(4) IDC Program Managers

(a) Comply with references (a) and (b).

(b) Conduct a quarterly review, and provide a report to the Program Director, in accordance with reference (a) and (b). Results of the review and report shall be discussed with the individual IDC. The training and supervision guidelines are further delineated in enclosures (3) and (4) of reference (a). Enclosures (1) thru (5) of this document, shall be used to track, review and report all IDC training and certification.

(c) Provide supervision and mentoring following the guidelines outlined in reference (a) and (b), at least quarterly.

(d) Report immediately to the Program Director any quality assurance concern.

(e) Ensure Renewal of Certification is recorded electronically in Defense Medical Human Resource System - Internet (DMRSi).

(5) Physician Supervisors

(a) Provide supervision and training following the guidelines outlined in reference (a) and (b). The training, supervision and certification are delineated in enclosures (3) and (4) of reference (a).

(b) Conduct a quarterly review on all IDCs under their purview. Enclosures (3) thru (5) shall be used to track, review and report all IDC training and certification. Results of these evaluations and reports shall be discussed with the IDC being evaluated and supervised.

(c) As part of the quarterly review, the Physician Supervisor shall:

1. Perform a documented health record review of a minimum of 10-percent of the IDC's patient contacts to assess clinical performance using enclosure (3). Review records for administrative content, appropriate clinical documentation, to include history, physical examination, results of ancillary

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studies, diagnostic impression, treatment plan, and referral or
consultation, if warranted.

2. Ensure competencies in broad categories of
enclosure (5).

3. Discuss in person, issues and opportunities
to improve both clinical acumen and quality of care. Both the
IDC and Physician Supervisor must sign enclosure (4) at the end
of the review.

4. Ensure the certification renewal process is
performed every two years in accordance with reference (a). At
a minimum, the IDC's training record and enclosure (5)
Competencies Defining IDC Scope of Care, must be reviewed. When
all the broad categories in enclosure (5) have been completed
and the Physician Supervisor has confidence in the IDC's ability
to independently provide care, he or she must document the
certification on a page 13, (appendix G to enclosure (7)).

(d) Provide a written report to the Program Director
semiannually via the Program Manager using enclosure (8).

(e) Report immediately to the Program Director, any
quality assurance concern.

(6) Independent Duty Corpsmen

(a) Must maintain the highest level of ethics and
personal conduct, and always strive for the highest level of
clinical ability and acumen.

(b) Maintain a personal training file with the
appropriate elements, per reference (a).

(c) Adhere strictly to guidelines for physician
referral (appendix H to enclosure (1)) and medication
prescribing (appendix I to enclosure (1)).

(d) Maintain a National Provider Identification Code.

(7) Coordinating Instructions

While embarked aboard U.S. Navy ships, I MEF IDCs
will comply with policies, procedures, supervision and reporting
requirements of the ship(s) on which the IDCs are embarked. In

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turn, the IDC Program Director will receive copies of all required reports and documentation from the RMA for the ship(s).

4. Administration and Logistics

(a) IDC Program Correspondence. All appointments, authorizations, notifications, and letters will follow the format outlined in Enclosure (1) through (8).

(b) Reporting

a. All reports will be in the format prescribed in enclosures (1), (2), and (6) and will be submitted to the RMA within 30 days of the end of each quarter (i.e., due 30 April, 30 July, 30 October and 30 January).

b. Reports will be forwarded to HQMC within 45 days of the end of each quarter.

c. In the case of deployed units, the deployed Surgeon will take on responsibilities and tasks of the Program Director during deployed periods.

(c) Certification Suspension

(1) Deficiencies in clinical competencies and the training record must be identified and documented on enclosures (3) and (4), and signed by the IDC and Physician Supervisor. A detailed plan to correct the deficiencies must be recorded and forwarded to the RMA. No more than four months may be used to correct the deficiencies. If the deficiency is resolved, no further action is necessary.

(2) If deficiencies persist or concerns for patient safety or inadequate quality of care are present, the Program Director will suspend the IDC from practicing under indirect supervision in writing. The Program Manager must review the clinical deficiencies or quality concern leading to suspension and develop a Plan of Action for approval by the Program Director which may include:

a. Removal from patient care.

b. Direct supervision.

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(3) The suspension and Plan of Action will be forwarded to the commanding officer and RMA in writing. A copy must be given to the IDC and filed in the training record.

(4) Restoration of a suspended certification will follow successful completion of the Plan of Action. The Program Director will approve IDC competency and reinstate certification in writing. A copy must be given to the IDC, filed in the training record, and forwarded to the RMA.

(d) Detachment for Cause (DFC). A recommendation for DFC should be forwarded to the commanding officer by the RMA, per reference (a).

(e) Removal of Navy Enlisted Classification (NEC). NEC removal is a serious administrative measure. It will be used when other efforts (training, counseling, guidance) are ineffective. NEC removal for cause is initiated by the RMA.

5. Command and Signal

(a) Command. This Order is applicable to all units within I MEF with assigned or attached IDCs.

(b) Signal. This order is effective the date signed.



M. J. Cough
Chief of Staff

DISTRIBUTION: I/II

Subj: CERTIFICATION, TRAINING, SUPERVISION AND EMPLOYMENT OF
INDEPENDENT DUTY CORPSMEN (IDCs)

SAMPLE REPORT LETTER

SSIC
Originator Code
Date

FROM: Independent Duty Corpsman Program Director
TO: Responsible Medical Authority, I Marine Expeditionary
Force

Subj: INDEPENDENT DUTY CORPSMEN (IDC) PERIODIC TRAINING AND
SUPERVISION MATRIX (MSC) ANNUAL IDC REPORT

Ref: (a) OPNAVINST 6400.1C / MCO 6400.1

Encl: (1) Independent Duty Corpsmen Periodic Training and
Supervision Matrix (MSC) Annual IDC Report

1. In accordance with reference (a), this report provides the metrics on membership in the program and elements of certification to the Commanding Officer and the I Marine Expeditionary Force IDC Program Director.

2. Enclosure (1) lists all IDCs assigned to (MSC) and verifies the completion of all required professional certifications, clinical care certification, and physician supervisor health record reviews.

3. The points of contact in this matter are as follows:

(a) MSC IDC Program Director

(1) E-mail:

(2) Tel: DSN

X.X.XXXXX

Copy to:
Commanding Officer
Program Director
Program Manager
IDC Certification & Training Record
File

Enclosure (2)

Subj: CERTIFICATION, TRAINING, SUPERVISION AND EMPLOYMENT OF
INDEPENDENT DUTY CORPSMEN (IDCs)

SAMPLE PROVIDER REVIEW FORM

Review of: _____ (code) Reviewed by: _____ (code) Date Given: _____

Date of record entry	1)	2)	3)	4)	5)											
Patient Identifier: FMP and last 4 numbers of SSN																
ASPECTS OF CARE	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA	
CLINICAL PERFORMANCE																
H&P complete and consistent with complaint?																
Diagnosis consistent with H&P? Pertinent +/- noted?																
Plan and treatment consistent with findings?																
Abnormal vital signs addressed?																
DOCUMENTATION																
Working DX is documented?																
Treatment plan is appropriate and documented?																
Consent signed for procedures?																
PHA completed in past year and DD 2766 updated?																
Surgical HX on DD 2766?																
Entry legible?																
PATIENT EDUCATION																
Patient was educated about diagnosis and treatment?																
Physical limitations?																
Medication dosing, side effects and interactions?																
ACCESSIBILITY TO CARE																
Follow-up specified, if needed?																
Specialist consultation, if needed?																
OVERALL CARE (circle one)	SAT/UNSAT	SAT/UNSAT	SAT/UNSAT	SAT/UNSAT	SAT/UNSAT											

Comments:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

Enclosure (3)

Subj: CERTIFICATION, TRAINING, SUPERVISION AND EMPLOYMENT OF
INDEPENDENT DUTY CORPSMEN (IDCs)

COMPETENCIES DEFINING INDEPENDENT DUTY CORSPMAN SCOPE OF CARE

1. IDCs exercise independent clinical judgment and decision making augmented by protocols or best practices that are evidence based. 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 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 above the underline symbol"___" below, the Physician IDC supervisor certifies the IDC has demonstrated sufficient competency in each of the functional categories below and is able to provide health care independent of direct physician supervision. Implicit in this certification is the physician's confidence that the IDC has 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, training, and continuous learning to provide health care in today's operational arena and are directly tied to curricula supporting training to NEC.

(a) ___ **Patient Assessment**

- (1) Complete medical history.
- (2) Physical exam with vital signs.
- (3) Accurate documentation in the subjective, objective, assessment, plan (SOAP) format.
- (4) Develop a diagnosis and treatment plan.
- (5) Patient interaction skills - professionalism, respect, empathy, sensitivity to psychosocial concerns, privacy awareness, discretion, confidentiality, etc.

(b) ___ **Emergency Medical Procedures**

- (1) Demonstrate knowledge and skill to safely remove a casualty from danger.
- (2) Demonstrate knowledge and skill in positioning a patient appropriate to an injury.
- (3) Demonstrate knowledge and skill in triaging of Mass Casualties.

Enclosure (5)

Subj: CERTIFICATION, TRAINING, SUPERVISION AND EMPLOYMENT OF
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- (4) .Attain or maintain certification in ALS, BLS, and TCCP to include:
 - (a) Airway management/maintenance using oral, combitube, LRA, and endotracheal airways.
 - (b) Assisted ventilation with oxygen therapy via nasal catheter or mask.
 - (5) Control hemorrhage via direct pressure, pressure dressing, tourniquet, or hemostat.
 - (6) Manage respiratory distress, including sucking chest wound.
3. The IDC must demonstrate proficiency in the preliminary assessment and initial treatment, stabilization, or referral of:

(a) ___ **Internal Medicine**

- (1) Chest pain differential.
- (2) Fluid and electrolyte disorders.
- (3) Heat or cold injuries.
- (4) Chemical and thermal burns.
- (5) Shock.
- (6) Headache.
- (7) Altered levels of consciousness.
- (8) Gastrointestinal disorders.
- (9) Respiratory distress.
- (10) Drug overdose or poisoning.
- (11) Uncomplicated hypertension.
- (12) Uncomplicated diabetes.
- (13) Communicable or infectious diseases (including antibiotic prescription).
- (14) Adverse drug reactions.
- (15) Acute pain.
- (16) Weakness and malaise.

(b) ___ **Orthopedics**

- (1) Simple uncomplicated fractures.
- (2) Strains and sprains.
- (3) Low back pain.
- (4) Minor musculoskeletal/sports medicine injuries.

Enclosure (5)

Subj: CERTIFICATION, TRAINING, SUPERVISION AND EMPLOYMENT OF
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(c) ___ **Surgery**

- (1) Abdominal pain to include surgical abdomen.
- (2) Inguinal hernia.
- (3) Triage of multiple trauma patients.
- (4) Penetrating wounds.
- (5) Animal and human bites.

(d) ___ **Psychiatry**

- (1) Psychosis and delusional thinking.
- (2) Suicidal ideation or attempt.
- (3) Depression.
- (4) Substance use and abuse.

(e) ___ **Urology**

- (1) Testicular torsion.
- (2) Renal calculi.
- (3) Sexually transmitted infection.
- (4) Acute cystitis (uncomplicated).
- (5) Prostatitis.
- (6) Epididymitis.
- (7) Genitourinary trauma.
- (8) Acute pyelonephritis (uncomplicated).

(f) ___ **Ophthalmology**

- (1) Penetrating eye injuries.
- (2) Acute ocular pain.
- (3) Acute vision change.
- (4) Conjunctivitis.
- (5) Corneal abrasion.
- (6) Conjunctival foreign body.

(g) ___ **Dermatology**

- (1) Psoriasis.
- (2) Acne.
- (3) Warts.
- (4) Herpes (simplex, zoster, etc.).
- (5) Scabies.
- (6) Lice.

Enclosure (5)

Subj: CERTIFICATION, TRAINING, SUPERVISION AND EMPLOYMENT OF
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(h) ___ **Dermatology** (Continued)

- (7) Contact dermatitis.
- (8) Plantar warts.
- (9) Corns and calluses.

(i) ___ **OB/GYN**

- (1) Initial diagnosis of intrauterine pregnancy.
- (2) Pelvic inflammatory disease.
- (3) Abnormal vaginal bleeding.
- (4) Ectopic pregnancy and spontaneous abortion.
- (5) Vaginitis.
- (6) Sexually transmitted infection to include culture of cervix.
- (7) Family planning (using approved contraceptive methods).
- (8) Breast mass.
- (9) Sexual assault and legal requirements.

(j) ___ **Dental**

- (1) Dental abscess.
- (2) Symptomatic caries.
- (3) Lost restoration.
- (4) Fractured tooth.
- (5) Lip or tongue laceration.
- (6) Jaw fracture.
- (7) Traumatically mobilized teeth.

(k) ___ **Ear, Eyes, Nose, and Throat (EENT)**

- (1) Otitis media and externa.
- (2) Auricular hematoma.
- (3) Cerumen impaction.
- (4) External auditory canal foreign body.
- (5) Acute pharyngitis and tonsillitis.
- (6) Epistaxis.
- (7) Rhinitis or upper respiratory infection.
- (8) Uncomplicated allergic conditions.
- (9) Acute sinusitis.
- (10) Acute nasal fractures.
- (11) Peritonsillar abscess/cellulitis.

Enclosure (5)

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(l) ___ **Ear, Eyes, Nose, and Throat (EENT)** (Continued)

- (12) Acute barotrauma.
- (13) Eustachian tube dysfunction.
- (14) Tympanic membrane rupture/puncture.

(m) ___ **Occupational Health and Preventive Medicine**

- (1) Medical surveillance programs to include:
 - (a) Noise exposure.
 - (b) Asbestos exposure.
 - (c) Heat exposure.
 - (d) Immunization programs.
 - (e) Sanitation inspections.
- (2) Diving-related disorders.
- (3) Radiation Health Program.

(n) ___ **Chemical, Biological, and Radiation Procedures**

- (1) Apply chemical decontamination kit.
- (2) Administer antidotes and pre-treatments.
- (3) Assess, process, and decontaminate the contaminated wounded patient.

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

(a) ___ **Medical and Surgical Procedures**

- (1) Local anesthesia.
- (2) Digital block anesthesia.
- (3) Primary and secondary skin closure (using various techniques) and suture removal.
- (4) Wound care including debridement, wound irrigation, and applying and changing sterile dressings.
- (5) Insert nasogastric tube.
- (6) Perform venipuncture.
- (7) Initiate, maintain, discontinue, and document intravenous fluid therapy to include intravenous piggy-back (IVPB) medications and medication drips as indicated.
- (8) Mental status examination.

Enclosure (5)

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(b) **Medical and Surgical Procedures** (Continued)

- (9) Vision screening using Snellen chart or other appropriate methods.
- (10) Obtain and interpret basic audiograms.
- (11) Removal of foreign object by forceps or superficial incision.
- (12) Cast/splint application for non-displaced extremity fractures.
- (13) Perform urethral catheterization.
- (14) Incise and drain superficial abscesses.
- (15) Apply hot and cold therapy.
- (16) Vaginal speculum exam to visualize cervix and or to
obtain appropriate lab sampling.
- (17) Bimanual pelvic exam.
- (18) Breast exam (before referral).
- (19) Administer medications (oral, sublingual, subcutaneous, intramuscular, topical, rectal, and intravenous).
- (20) Pack and prepare sterile packs.
- (21) Perform the following emergency treatment:
 - (a) Parenteral IV therapy.
 - (b) Needle thoracotomy.
 - (c) Gastric lavage.
 - (d) Endotracheal intubation.

(c) **Laboratory procedures**

- (1) Dipstick urinalysis.
- (2) Microscopic urinalysis.
- (3) White blood cell count and differential.
- (4) Hematocrit.
- (5) Gram stain.
- (6) Collection of culture specimen (pharyngeal, wound, rectal, urethral, vaginal, etc.)
- (7) Wet (saline) prep.
- (8) KOH prep (potassium hydroxide).
- (9) Wright stain.
- (10) Mono-spot.
- (11) Urine pregnancy test (HCG).

Enclosure (5)

Subj: CERTIFICATION, TRAINING, SUPERVISION AND EMPLOYMENT OF INDEPENDENT DUTY CORPSMEN (IDCs)

IDC COMPLIANCE MATRIX

Item (per OPNAVINST 6400.1C)	Number of IDCs in Compliance	Number of IDCs in Non-Compliance	Number of MTFs in Compliance	Number of MTFs in Non-Compliance	Percent Compliance
1. Documentation that each IDC has been certified to provide indirect clinical care by the assigned IDC Physician Supervisor.					
2. Documentation that each IDC has been authorized in writing by assigned Physician Supervisor to prescribe or provide medications carried on the IDC specific MTF formulary.					
3. Documentation that each IDC has completed the necessary professional certification (i.e.ACLS,BLS, etc.)					
4. Documentation that the IDC Physician Program Director and IDC Program Managers have received letters of appointment signed by the respective MTF Commanding Officer.					
5. Documentation that there is specific command directive detailing the certification, training and utilization of IDCs					
6. Documentation that the IDC Program Director or IDC Program Manager have appointed in writing a Physician Supervisor and Assistant Program Manager for each IDC.					
7. Documentation of completed bi-ennial certification for each IDC by the Physician Supervisor or Assistant Program Manager.					
8. Documentation that the Physician Supervisor performs quarterly health record reviews on each IDC assigned and discusses clinical issues and opportunities to improve with the IDC (IDC's under direct supervision require a 100% record review.)					
9. Documentation that the Physician Supervisor performs quarterly evaluations for each IDC assigned and provides written report to the Program Director semi-annually.					
10. Documentation that each IDC completes 15 CME units annually.					
11. Documentation that the Program Manager or Assistant Program Manager maintains a 6-part training record on each IDC.					
Overall Compliance					

Deployed:
 GREEN: 90-100%, Yellow: 80-90%, Red: <80%

Subj: CERTIFICATION, TRAINING, SUPERVISION AND EMPLOYMENT OF
INDEPENDENT DUTY CORPSMEN (IDCs)

SAMPLE APPOINTMENT LETTER FOR PROGRAM DIRECTOR AND MANAGER
(MSC Letterhead)

SSIC
Originator Code
Date

From: (I MEF/MSC Program Director)
To: (Medical Officer/Senior Enlisted)

Subj: APPOINTMENT AS INDEPENDENT DUTY CORPSMEN PROGRAM DIRECTOR
(when program director is not the MSC Surgeon)/MANAGER

Ref: (a) MCO 6400.1

1. Per reference (a), you have been appointed as the IDC Program Director/Program Manager of the IDC Supervision Program.
2. As the IDC Program Director/Program Manager, you are hereby directed to adhere to the duties and responsibilities outlined in reference (a).
3. You are directed to become completely familiar and knowledgeable with reference (a) and ensure that the IDC Supervision Program meets all requirements of this directive.

Signature

Copy to:
Service Record
Program Director
Program Manager

Appendix A to
Enclosure (7)

Subj: CERTIFICATION, TRAINING, SUPERVISION AND EMPLOYMENT OF
INDEPENDENT DUTY CORPSMEN (IDCs)

SAMPLE APPOINTMENT LETTER FOR PHYSICIAN SUPERVISOR

SSIC
Originator Code
Date

From: (MSC Program Director)
To: (Name of Medical Officer)

Subj: APPOINTMENT INDEPENDENT DUTY CORPSMAN (IDC) PHYSICIAN
SUPERVISOR

Ref: (a) MCO 6400.1

1. Per reference (a), you have been appointed as the IDC Physician Supervisor for (name of IDC).
2. As the appointed Physician Supervisor, you are hereby directed to adhere to the duties and responsibilities outlined in reference (a).
3. You are directed to become completely familiar and knowledgeable with reference (a) and ensure that the IDC Supervision Program meets all requirements of this directive.

Signature

Copy to:
Service Record
Program Director
Program Manager

Appendix B to
Enclosure (7)

Subj: CERTIFICATION, TRAINING, SUPERVISION AND EMPLOYMENT OF
INDEPENDENT DUTY CORPSMEN (IDCs)

SAMPLE NOTIFICATION LETTER IDC SUPERVISION APPOINTMENT

SSIC
Originator Code
Date

From: (MSC Program Director)
To: (Name of IDC)

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

Ref: (a) OPNAVINST 6400.1C

1. Per reference (a), (name of medical officer), has been designated to serve as your Physician Supervisor. In the absence of the Physician Supervisor, a designated medical officer assigned to your clinic will serve in lieu of your Physician Supervisor.
2. Your designated Physician Supervisor has been directed to provide certification, ongoing review of, and assist with, your delivery of health care to patients.
3. Your designated Physician Supervisor has been specifically directed to meet with you on a periodic basis to review a sufficient number of medical records you have completed. The Physician Supervisor is directed to support your request for assistance in providing health care and is responsible medico-legally for the health care you provide.

Signature

Copy to:
Service Record
Program Director
Program Manager
Physician Supervisor
IDC Certification Record

Appendix C to
Enclosure (7)

Subj: CERTIFICATION, TRAINING, SUPERVISION AND EMPLOYMENT OF
INDEPENDENT DUTY CORPSMEN (IDCs)

SAMPLE AUTHORIZATION LETTER TO PRESCRIBE MEDICATIONS

SSIC
Originator Code
Date

From: (Physician Supervisor)
To: (Name of IDC)

Subj: AUTHORIZATION TO PRESCRIBE MEDICATION

Ref: (a) MCO 6400.1
(b) IDC Specific Formulary/AMAL

1. As a result of your certification per reference (a), you are authorized to prescribe medications contained within reference (b).
2. Additional restrictions are listed below:

Signature

Copy to:
Service Record
Program Director
Program Manager
IDC Certification and Training Record
Pharmacy

Appendix D to
Enclosure (7)

Subj: CERTIFICATION, TRAINING, SUPERVISION AND EMPLOYMENT OF
INDEPENDENT DUTY CORPSMEN (IDCs)

SAMPLE REQUEST LETTER FOR IDC CONTINUING EDUCATION FUNDING

SSIC
Originator Code
Date

From: (Name of Applicant)
To: Commanding Officer, Navy Medicine Manpower, Personnel,
Training and Education Command, (Code _____), 8901
Wisconsin Avenue, Bethesda, MD 20889-5611
Via: Commanding Officer (Applicant's Command)

Subj: REQUEST FOR FUNDING OF INDEPENDENT DUTY CORPSMAN
CONTINUING EDUCATION

Ref: (a) BUMEDINST 5050.6
(b) Joint Federal Travel Regulations

Encl: (1) Course or Meeting Registration Form

1. Per reference (a), I request approval to attend (the short course, workshop, seminar, conference, and meeting) described in enclosure (1) and listed below on TAD orders.

- (a) Title of course or meeting.
- (b) Location of course or meeting.
- (c) Inclusive dates of course or meeting (not including travel).
- (d) Cut-off date for registration.
- (e) Sponsor of course or meeting.
- (f) Course or meeting fees (highlight on enclosure (1)).
- (g) Estimated travel cost:

(1) Travel is requested from (location) to (location) and return to (location).

(2) Contract airfare is available and desired: Yes / No
(If yes, indicate the fare.)

(3) GTR is available and desired: Yes / No
(If yes, indicate the fare.)

Subj: CERTIFICATION, TRAINING, SUPERVISION AND EMPLOYMENT OF
INDEPENDENT DUTY CORPSMEN (IDCs)

(4) POV is desired for travel: Yes / No
(If yes, indicate the number of miles.)

(h) Per diem for meeting site location:

(1) Government quarters are available: Yes / No.

(2) Government messing is available: Yes / No.

(i) Estimated miscellaneous expenses:

(j) CE units or credits to be awarded:

2. I have or have not received orders for RAD/RET/PCS moves. My PRD from my current duty station is: _____.

3. I may be reached at:

(a) Voice: DSN _____ Commercial (____) _____

(b) FAX: DSN _____ Commercial (____) _____

(c) E-mail: _____

(d) TAD Office POC/E-mail: _____

4. Attendance at the above course or meeting will provide for CE as listed in enclosure (1).

5. I am a member/nonmember (circle one) of the sponsoring agency or organization.

6. I understand any advance payment of fees or related expenses from personal funds will be my responsibility if this is not approved.

7. I understand I must comply with reference (b) by submitting a travel claim to my local personnel support detachment (PSD) within 5 calendar days of return from travel and personally forward a fully liquidated copy of the travel claim to NAVMED MPT&E after my PSD completes liquidation.

Signature

Appendix E to
Enclosure (7)

Subj: CERTIFICATION, TRAINING, SUPERVISION AND EMPLOYMENT OF
INDEPENDENT DUTY CORPSMEN (IDCs)

SAMPLE PAGE 13 FOR ICD TO PROVIDE CLINICAL CARE

ADMINISTRATIVE REMARKS
NAVPERS 1070/613 (REV.07-06)
S/N: 0106-LF-132-8700

SHIP OR STATION:

USS NEVER SAIL, DDG 1000, FPO AE 09523

SUBJECT:

PERMANENT **TEMPORARY**
AUTHORITY (IF PERMANENT)

CERTIFICATION REVIEW

_____ : This is to certify that I, (Physician Supervisor Name and rank) on this date
_____ have reviewed the page 4, with (IDC Name and Rank) for
initial certification to provide clinical care.

_____ : (IDC Name and Rank) is qualified to perform clinical duties independent of direct
supervision of a physician when deployed on land or sea or as applicable for a
period of 2 years from initial certification.

IDC Signature

Physician Supervisor Signature

Copy to file:
IDC Training Record

NAME (LAST, FIRST, MIDDLE)

SOCIAL SECURITY NUMBER

BRANCH AND CLASS

FOR OFFICIAL USE ONLY
WHEN FILLED IN

13

Appendix F to
Enclosure (7)

Subj: CERTIFICATION, TRAINING, SUPERVISION AND EMPLOYMENT OF
INDEPENDENT DUTY CORPSMEN (IDCs)

SAMPLE PAGE 13 FOR RENEWAL OF IDC CERTIFICATION

ADMINISTRATIVE REMARKS
NAVPERS 1070/613 (REV.07-06)
S/N: 0106-LF-132-8700

SHIP OR STATION:

USS NEVER SAIL, DDG 1000, FPO AE 09523

SUBJECT:

PERMANENT TEMPORARY
AUTHORITY (IF PERMANENT)

IDC CERTIFICATION RENEWAL

_____ : This is to certify that I, (Physician Supervisor Name and rank) on this date _____
have reviewed the training record and appendix A of enclosure (5) to completion with
(IDC Name and Rank) for renewal of certification to provide clinical care.

_____ : (IDC Name and Rank) certification was renewed on this date _____ and he/she is
certified to perform clinical duties independent of direct physician supervision for a
period of 2 years.

IDC Signature

Physician Supervisor Signature

Copy to file:
IDC Training Record

NAME (LAST, FIRST, MIDDLE)

SOCIAL SECURITY NUMBER

BRANCH AND CLASS

FOR OFFICIAL USE ONLY
WHEN FILLED IN

13

Appendix G to
Enclosure (7)

Subj: CERTIFICATION, TRAINING, SUPERVISION AND EMPLOYMENT OF
INDEPENDENT DUTY CORPSMEN (IDCs)

SAMPLE SEMI-ANNUAL IDC REPORT FOR PHYSICIAN SUPERVISOR

SSIC
Originator Code
Date

From: (Physician Supervisor)
To: (MSC Program Director)

Subj: SEMI-ANNUAL IDC REPORT ICO _____.

Ref: (a) MCO 6400.1

1. Per reference (a), attached is the semi-annual IDC report on _____.
2. The summary of deficiencies noted for the previous two quarters are:
 - a.
 - b.
 - c.
3. My point of contact is _____.

Signature

Copy to:
Service Record
Program Manager

Enclosure (8)