



**SPECIALITY BRANCH**  
**AMEDD - REAPPOINTMENT/ BREAK IN SERVICE <12M**



Figure 2-22  
1 October 2025

**Section A: Administrative Data**

|                     |                    |                                    |                    |               |
|---------------------|--------------------|------------------------------------|--------------------|---------------|
| <b>NAME:</b>        | <b>DOD:</b>        | <b>GRADE:</b>                      | <b>DOR:</b>        | <b>BRANCH</b> |
| <b>UIC:</b>         | <b>POSN TITLE:</b> | <b>PARA/LIN:</b>                   | <b>POSITION #:</b> | <b>POSCO:</b> |
| <b>DUTY STATUS:</b> |                    | <b>PACKET COMPLETED BY:</b>        |                    |               |
| MDAY                | AGR                | TECH                               |                    |               |
| <b>FRB DATE</b>     |                    | <b>PACKET SUBMITTED TO OPM BY:</b> |                    | <b>DATE</b>   |

**Section B: These items will be reviewed in the system of record and verified by OSM.**

| REVIEWED ITEMS | COMMENTS/NOTES | INITIALS |
|----------------|----------------|----------|
| NONE           |                |          |

**Section C: These documents will be provided to G1 OPM after review at OSM.**

| REQUIRED ITEMS                                | DOC:   | COMMENTS/NOTES                                      | INITIALS |
|-----------------------------------------------|--------|-----------------------------------------------------|----------|
| Birth Certificate or Naturalization Documents | BC     | Name matches SSN Y/N:                               |          |
| Copy of SSN Card                              | SSN    | Name matches Birth Certificate Y/N:                 |          |
| Civilian Education                            | CIVED  | LEVEL: IPERMS:                                      |          |
| USAREC Results                                | AMEDD  | USAREC Approval Authority                           |          |
| Approved Waiver(s)                            | WAIVER | Must be approved by HRH prior to packet submission. |          |
| NGB Form 62E                                  | NGB62E | Name matches Birth Certificate Y/N:                 |          |
|                                               |        | Name matches SSN Y/N:                               |          |
|                                               |        | Name matches DA 71 Y/N:                             |          |
|                                               |        | Name matches NGB 337 Y/N:                           |          |
|                                               |        | Remarks (pg 3):                                     |          |
|                                               |        | Signature (pg 4):                                   |          |
|                                               |        | Signature (pg 5):                                   |          |
| NGB Form 337                                  | NGB337 | Name matches Birth Certificate Y/N:                 |          |
|                                               |        | Name matches SSN Y/N:                               |          |
|                                               |        | Date matches DA Form 71:                            |          |

**Section C: These documents will be provided to G1 OPM after review at OSM.**

| REQUIRED ITEMS                                                                                                           | DOC:    | COMMENTS/NOTES                                                                                  | INITIALS |
|--------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------------------------------------------------|----------|
| DA Form 71                                                                                                               | DA71    | Name matches Birth Certificate Y/N:                                                             |          |
|                                                                                                                          |         | Name matches SSN Y/N:                                                                           |          |
|                                                                                                                          |         | Date matches NGB Form 337:                                                                      |          |
| <b>*Periodic Health Assessment</b><br>(For currently serving Officers & appointment after a break in service <12 months) | PHA     | PHA Date: MRC:                                                                                  |          |
|                                                                                                                          |         | *PHA Date must be within 1 year. MRC must be 1/2/3.*                                            |          |
|                                                                                                                          | PHAMemo | Validation memo signed by State/Deputy Surgeon<br>IAW PPOM 23-044                               |          |
| Aviator Specific                                                                                                         | MEMO    | Aeromedical provider validation memo                                                            |          |
|                                                                                                                          | DD2992  | Full Flying Duties:                                                                             |          |
| Constructive Credit Worksheet                                                                                            | CCW     | No adjudication memo. Signed by the OSM and QC'd by ARNG SB Accessions.                         |          |
| CV Resume                                                                                                                | CVRES   | Not applicable for 0067E, 67J, 70B, 72D, 72A                                                    |          |
| Professional Qualifications                                                                                              | PROQUAL | Residency Contract/Completion Certificate:                                                      |          |
|                                                                                                                          |         | Internships/Fellowships:                                                                        |          |
|                                                                                                                          |         | Professional Licenses/Certifications                                                            |          |
| Prior Commissioned Service Records                                                                                       | PR SVC  | Appointments/promotions/orders/ DD 214s, NGB 22s or other component service records of service. |          |
| Age Waiver<br>(if applicable)                                                                                            | AGE     | Current Age: Waiver Required:                                                                   |          |
|                                                                                                                          |         | Age Waiver Approved:                                                                            |          |
|                                                                                                                          |         | Age-In-Grade waivers must come from HRR via request through IPPS-A CRM.                         |          |
| Last FEDREC Order                                                                                                        | 0122E   |                                                                                                 |          |

**All required documents will be labeled as Last Name\_DOC and added to a PDF Portfolio for submission to OPM.**

**RESET**

#### AMEDD BRANCH SPECIFIC REQUIREMENTS

- Army Nurse Corp (AN) -
  - Nursing License
- Dental Corp (DC) -
  - Dental License
- Medical Services Corp (MS) -
  - 72A, 72D, 73A, 73B, - predetermination (**this is not the USAREC board results**)
- Medical Corps (MC) -
  - Medical License
  - Reappointments from MS > MC - Residency Contract, original USAREC board results
- Medical Specialist Corp (SP) -
  - 65D - Physician Assistant license **and** NCCPA cert
  - IPAP graduates - original IPAP board results, PH I & PH II 1059, PA license, and NCCPA cert
  - 65B - Physical Therapist license
- Veterinary Corp (VC) -
  - Veterinary License
- 00E cannot commission through ROTC – required to go through DCA and the USAREC process
- Branches that do not require a CV resume –
  - 67J, 70B, 72D, 72A