DEPARTMENT OF HOMELAND SECURITY

U.S. Coast Guard

# OFFICER SPECIALTY REQUIREMENTS (OSR)

Reference: COMDTINST M5300.3 (series)

## SECTION I General Information

| 1. Specialty/Subspecialty Title (*Ex. Fixed Wing Aviation)* | 2. Code (*Ex. CG-AVI11)* |
|---|---|
| Enterprise Policy, Planning, Budget, and Management | CG-MGT15 |

3. Specialty/Subspecialty Description

Perform a wide range of enterprise organizational functions, primarily at HQ, including but not limited to: enterprise budgeting, planning (strategic, performance, program, operational), risk assessment, policy evaluation, program/mission analysis, performance and efficiency measurement/analysis, future resource planning, executive decision support, and statistical analysis. Minimum one-year experience in enterprise policy, planning, budget and execution (PPBE), plus completion of at least two operational tours, is required.

4. Change Justification

☐ Annual Review ☐ Annual Review w/changes ☐ Required *(change in policy, law, etc.)*

☒ Other *(briefly state reason):* Form revision/annual update

## SECTION II Initial (*Apprentice*) Specialty/Subspecialty Requirements

Enter items needed for specialty designation *(Use block 10 for additional space or another CGHQ-5318 form)*

| **5. Required items:** | Competency | Training | Education | License |
|---|---|---|---|---|
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |

Notes: *(Required experience, in lieu of considerations...)*

* The MGT15 specialty generally covers officers in HQ offices CG-82, CG-095, CG-0921, DCO-X, & DCO-8. DCMS/Area resource management positions and Officers primarily engaged in an inter-agency capacity (detailees/HQ staffers responsible for working with Congress, OMB, DHS, GAO, etc) which clearly meet the description in block 3 will be considered.

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Enter items desired for career broadening/specialization. *(Use block 10 for additional space or another CGHQ-5318 form)*

| 6. Desired items | Competency | Training | Education | License |
|---|---|---|---|---|
| Master of Public Administration (MPA) | ☐ | ☐ | ☒ | ☐ |
| Master of Public Policy (MPP) | ☐ | ☐ | ☒ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |

Notes:

## SECTION III Requirements to Maintain Specialty Designation

7. Designation Duration *(Ex. OSC expires 7 years after date last used, usually detachment from OSC coded billet)*

☒ No requirements to maintain designation

☐ Subject to deletion if -

| Must remain current in, or must complete refresher training, or additional items as applicable, in the following | Competency | Training | Education | License |
|---|---|---|---|---|
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |

Notes:

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## SECTION IV Requirements to Advance: Journeyman/Master Levels (AJM)

☒ AJM IS NOT applicable for this specialty *(skip Section IV)*

☐ AJM IS applicable for this specialty *(Section II contains Apprentice requirements that must be met)*

Enter items needed for AJM designation *(Use block 10 for additional space or another CGHQ-5318 form)*

| **8. Journeyman** *(in addition to block 5 items)* All items listed are required unless annotated with an *: | Competency | Training | Education | License |
|---|---|---|---|---|
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |

Notes: *(Required experience, in lieu of considerations...)*

| **9. Master** *(in addition to block 8 items)* All items listed are required unless annotated with an * : | Competency | Training | Education | License |
|---|---|---|---|---|
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |

Notes: *(Required experience, in lieu of considerations...)*

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10. Additional Info:

Does not include positions that generally require a degree in Financial Management (see FIN-10).

| 11. Specialty Manager *(SM)* / Sponsor Program | 12. SM Phone Number | 13. SM Email Address |
|---|---|---|
| LCDR Mike Kahle / CG-DCO-81 | 202-372-1277 | michael.p.kahle@uscg.mil |

## SECTION V Appropriate Approval Authority

14. Competent Authority as established by Assistant Commandant/Directorate *(Printed Name/Title/Grade)*

Mike Kahle, DCO-812 Division Chief, LCDR/O4

| 15. Signature | 16. Date |
|---|---|
| KAHLE.MICHAEL.P.1238537360 Digitally signed by KAHLE.MICHAEL.P.1238537360 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USCG, cn=KAHLE.MICHAEL.P.1238537360 Date: 2014.08.24 09:47:44 -04'00' | 8/22/2014 |

## SECTION VI OPM-3 Review and Validation
## Official once published by OPM-3

17. OPM-3 *(Printed Name/Title/Grade)*

CDR Beth Naff, CG PSC-OPM-3 Branch Chief

| 18. Signature | 19. Date |
|---|---|
| NAFF.BETH.A.1025993248 Digitally signed by NAFF.BETH.A.1025993248 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USCG, cn=NAFF.BETH.A.1025993248 Date: 2014.09.02 14:10:13 -04'00' | 08/02/2014 |