

DEPARTMENT OF HOMELAND SECURITY  
 U.S. Coast Guard  
**OFFICER SPECIALTY/SUBSPECIALTY REQUIREMENTS (OSR)**  
*Reference: COMDTINST M5300.3(series)*

**SECTION I General Information**

1. Specialty Manager (SM)/Sponsor Program <i>(EX. CDR John Smith/CG-741)</i>	2. SM Phone Number	3. SM Email Address
4. Change Justification <i>(EX. Annual update, recent change in CG policy/law. Use block 23 for additional space)</i>		
5. Specialty/Subspecialty Title <i>(EX. Fixed Wing Aviation)</i>		6. Code <i>(Existing, EX. CG-AVI11)</i>
7. Specialty/Subspecialty Description		

**SECTION II Specialty Requirements**

8. Competency Assignments. Enter Competency Code and Title <i>(Use block 23 for additional space)</i>	
Competency Code	Competency Title
9. Desired Experience <i>(Previous duties or prior assignments)</i>	
10. Education Requirements. Enter Degree Level and Title <i>(EX. MBA, BA in Criminal Justice)</i>	
11. Experience in lieu of Education <i>(Alternative experience meeting education requirements)</i>	
12. Training Courses. Enter Code and Title <i>(Use block 23 for additional space)</i>	
Course Code	Course Title

**OFFICER SPECIALTY/SUBSPECIALTY REQUIREMENTS (OSR)**

13. Experience in lieu of Training *(Acceptable alternatives to meet training requirements. Use block 23 for additional space)*

14. Licenses and/or Certifications Requirements *(Enter License/Certification Code, Title. Use block 23 for additional space)*

License/Certification Code	License/Certification Title

**SECTION III Requirements to Maintain and/or Advance Specialty/Subspecialty Designation**

15. Designation Duration *(EX. Permanent once awarded, expires if specialty is not used within XX years)*

16. Competency Assignments. Enter Competency Code and Title *(Use block 23 for additional space)*

Competency Code	Competency Title

17. Desired Experience *(Previous duties or prior assignments)*

18. Education Requirements. Enter Degree Level and Title *(EX.MBA, MA Management and Leadership)*

19. Experience in lieu of Education *(Acceptable alternatives to meet training requirements. Use block 23 or additional space)*

20. Training Courses. Enter Code and Title *(Use block 23 for additional space)*

Course Code	Course Title

21. Experience in lieu of Training *(Acceptable alternatives to meet training requirements)*

**OFFICER SPECIALTY/SUBSPECIALTY REQUIREMENTS (OSR)**

22. Licenses and/or Certifications Requirements (*Enter License/Certification Code, Title*)

License/Certification Code

License/Certification Title

23. Additional Information

**SECTION IV Directorate Approval**

24. Competent Authority as established by Directorate (*Printed Name/Title*)

25. Signature/Grade

26. Date

**SECTION V OPM-3 Review**  
Official once reviewed by OPM-3

27. OPM-3 (*Printed Name/Title*)

28. Signature/Grade

29. Date