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)*

3. Specialty/Subspecialty Description

4. Change Justification

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

☐ Other *(briefly state reason):*

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
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
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	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐

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

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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
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
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	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐

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:

11. Specialty Manager *(SM) /* Sponsor Program	12. SM Phone Number	13. SM Email Address

SECTION V Appropriate Approval Authority

14. Competent Authority as established by Assistant Commandant/Directorate *(Printed Name/Title/Grade)*	
15. Signature	16. Date

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

17. OPM-3 *(Printed Name/Title/Grade)*	
18. Signature	19. Date