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)*
Medical	CG-MED10

3. Specialty/Subspecialty Description

General category for positions where medical knowledge is important, includes Positions for Public Health Service Officers and those positions where medical knowledge is less critical than CG-MED11 and CG-MED12 positions.

4. Change Justification

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

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

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...)*

OFFICER SPECIALTY REQUIREMENTS (OSR)

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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:

Personnel, Financial, Logistic, Leadership or staff positions.

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

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

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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Reference: COMDTINST M5300.3 (series)

10. Additional Info:

11. Specialty Manager *(SM)* / Sponsor Program	12. SM Phone Number	13. SM Email Address
CDR Paul Turner	202-475-5188	Paul.W.Turner@uscg.mil

SECTION V Appropriate Approval Authority

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

CAPT Erica Schwartz, Chief of Health Services, (COMDT CG-112)

15. Signature	16. Date
SCHWARTZ.ERICA.GABRIELLE.1050221926 Digitally signed by SCHWARTZ.ERICA.GABRIELLE.1050221926 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USPHS, cn=SCHWARTZ.ERICA.GABRIELLE.1050221926 Date: 2014.08.27 07:15:14 -04'00'	27 August 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 16:08:22 -04'00'	09/02/2014