DoD #2600: Medical Training Throughput - Graduate

JCSG: Medical
Function(s): Medical/Dental RDA; Medical_22apr04
Question: List all medical department graduate programs after initial professional degree, to include medical, dental, nurse, medical service corps, at your command. Provide the number of available training seats, filled seats, and graduates for programs which completed in FY02, and FY03 for each program.
Source / Reference: Medical Education and Training Department; Medical Staff Training Officer/NCOIC
Amplification: Medical Department Graduate Programs should include all Medical, Dental, Nurse and Medical Service Corps Programs. List each program separately. Report maximum available seats, filled seats, and graduates separately for each year.

Please fill in the following table(s), adding rows as necessary

Program Title (Text) string300	Program Available Seats FY02 (#) numeric	Program Available Seats FY03 (#) numeric	Program Filled Seats FY02 (#) numeric	Program Filled Seats FY03 (#) numeric	Program Graduates FY02 (#) numeric	Program Graduates Fy03 (#) numeric

DoD #2601: Medical Training Throughput - Initial

JCSG: Medical
Function(s): Medical_22apr04
Question: List the initial entry-level medical department officer and enlisted training programs and provide the number of available seats, filled seats and the number of graduates which completed in FY02 and FY03 for each training program provided at the facility.
Source / Reference: Army - Army Training Requirements and Resources System (ATRRS); Air Force - Air Force Training Management System (AFTMS); Navy - Corporate Enterprise Training Activity Resource System (CETARS)
Amplification: Initial entry-level programs include those which achieve minimum requirements for a skill identifier-- i.e. NOBC, NEC, MOS, AFSC, etc. List each program separately, and list each years available, filled and graduates separately.
Please fill in the following table(s), adding rows as necessary

Program Title (Text) string300	Program Available Seats FY02 (#) numeric	Program Available Seats FY03 (#) numeric	Program Filled Seats FY02 (#) numeric	Program Filled Seats FY03 (#) numeric	Program Graduates FY02 (#) numeric	Program Graduates FY03 (#) numeric

DoD #2602: Medical Training Programs Without Civilian Counterpart - CE

JCSG: Medical
Function(s): Medical_22apr04
Question: What is the total number of medical department continuing education programs (CE) with military unique components (not available commercially or in civilian agencies) offered at your facility for FY03.
Source / Reference: Medical Education and Training Department; Medical Staff Training Officer/NCOIC
Amplification: Continuing Education (CE) programs result in a certificate or continuing education credit. This question requires a single answer with units of # and a data type of numeric.
Answer:

DoD #2603: Medical Training Programs Without Civilian Counterpart - Initial

JCSG: Medical
Function(s): Medical_22apr04
Question: What is the total number of initial entry-level medical department officer and enlisted training programs without civilian counterpart or with military unique components (not available commercially or in civilian agencies) available at your facility for FY03 as a single number.
Source / Reference: Medical Education and Training Department; Medical Staff Training Officer/NCOIC
Amplification: Initial entry-level programs include those which achieve minimum requirements for a skill identifier-- i.e. NOBC, NEC, MOS, AFSC, etc. Programs without a civilian counterpart are programs which do not exist in the civilian sector (I.e. Maxillofacial Prosthestic Technician Training).
This question requires a single answer with units of # and a data type of numeric.
Answer:

DoD #2604: Equivalent Medical Trng Prog Shorter than Civilian Counterpart

JCSG: Medical
Function(s): Medical_22apr04
Question: What is the total number of initial entry-level medical department officer and enlisted training programs that require less time to complete than civilian equivalent available at your facility in FY03?
Source / Reference: Medical Education and Training Department; Medical Staff Training Officer/NCOIC
Amplification: Initial entry-level programs include those which achieve minimum requirements for a skill identifier-- i.e. NOBC, NEC, MOS, AFSC, etc.
This question requires a single answer with units of # and a data type of numeric.
Answer:

DoD #2605: Medical Trng Prog Partnered w/ Civilian Institutions - Graduate

JCSG: Medical
Function(s): Medical_22apr04
Question: What is the total number of medical department graduate training programs that include or are partnered with civilian institutions to complete program requirements for your facility in FY03?
Source / Reference: Medical Education and Training Department; Medical Staff Training Officer/NCOIC
Amplification: Partnerships include, but are not limited to Civilian Graduate Medical Education (GME) programs or partnerships with local civilian facilities or group practices to fulfill Residency Review Committee (RRC) requirements.
This question requires a single answer with units of # and a data type of numeric.
Answer:

DoD #2606: Medical Training Programs Partnered with Civilian Institutions - Initial

JCSG: Medical
Function(s): Medical_22apr04
Question: What is the total number of initial entry-level medical department officer and enlisted training programs that include or partner with civilian institutions to complete program requirements for FY03?
Source / Reference: Medical Education and Training Department; Medical Staff Training Officer/NCOIC
Amplification: Initial entry-level programs include those which achieve minimum requirements for a skill identifier-- i.e. NOBC, NEC, MOS, AFSC, etc. Partnerships include agreements with local civilian facilities or group practices to fulfill program accreditation/fulfillment requirements.
This question requires a single answer with units of # and a data type of numeric.
Answer:

DoD #2607: Medical Training Programs Joint - Graduate

JCSG: Medical
Function(s): Medical_22apr04
Question: What is the total number of medical department graduate training programs offered at the facility that include or are partnered with 1 or more DoD/Federal Agencies for FY03?
Source / Reference: Medical Education and Training Department; Medical Staff Training Officer/NCOIC
Amplification: Joint programs have one or more military services participating and/or may include active/reserve components, VA or other Federal agencies.
This question requires a single answer with units of # and a data type of numeric.
Answer:

DoD #2608: Medical Training Programs Joint - Initial

JCSG: Medical
Function(s): Medical_22apr04
Question: What is the total number of initial entry-level medical department officer and enlisted training programs offered at the facility that include or are partnered with 1 or more DoD/Federal agencies in FY03?
Source / Reference: Medical Education and Training Department; Medical Staff Training Officer/NCOIC
Amplification: Initial entry-level programs include those which achieve minimum requirements for a skill identifier-- i.e. NOBC, NEC, MOS, AFSC, etc. Joint programs have one or more military services participating and/or may include active/reserve components, VA or other Federal agencies.
This question requires a single answer with units of # and a data type of numeric.
Answer:

DoD #2609: Medical Training Programs - Graduate

JCSG: Medical
Function(s): Medical_22apr04
Question: What is the total number of medical department graduate training programs for your facility in FY03?
Source / Reference: Medical Education and Training Department; Medical Staff Training Officer/NCOIC
Amplification: Medical Department Graduate Programs should include all Medical, Dental, Nurse and Medical Service Corps, Biomedical Service Corps, Vet, etc. Programs.
This question requires a single answer with units of # and a data type of numeric.
Answer:

DoD #2610: Complete Medical Training in Local Area - Graduate

JCSG: Medical
Function(s): Medical_22apr04
Question: What is the total number of medical department graduate training programs provided at the facility that can be completed within the local area for FY 03?
Source / Reference: Medical Education and Training Department; Medical Staff Training Officer/NCOIC
Amplification: Local area is considered to be within a 50 mile radius of the facility. Attendance will not require per diem or temporary travel orders.
This question requires a single answer with units of # and a data type of numeric.
Answer:

DoD #2611: Complete Medical Training in Local Area - Initial

JCSG: Medical

Function(s): Medical_22apr04

Question: What is the total number of initial entry-level medical department officer and enlisted training programs that can be completed (Phase I and II) within the local area for FY03?

Source / Reference: Medical Education and Training Department; Medical Staff Training Officer/NCOIC

Amplification: Initial entry-level programs include those which achieve minimum requirements for a skill identifier-- i.e. NOBC, NEC, MOS, AFSC, etc. Local area is considered to be within a 50 mile radius of the facility. Attendance will not require per diem or temporary travel orders for students away from program training area.

This question requires a single answer with units of # and a data type of numeric.

Answer:

DoD #2612: Medical/Dental - Active Duty Eligible Population

JCSG: Medical
Function(s): Medical_22apr04
Question: For your permanently established medical/dental facilities, provide the following eligible population information by DMIS ID Code as of 30 SEP 03:
- Active Duty (AD) eligible for medical care within the inpatient catchment area and outpatient PRISM area (mark N/A for catchment area population if the facility is not a hospital)
Source / Reference: DEERS Extract of M2 (MHS Mart); Fiscal Month 12 Report
Amplification: DEERS Extract of M2 (MHS Mart); Fiscal Month 12 Report
For dental only clinics, use the PRISM area of the closest medical facility
Please fill in the following table(s), adding rows as necessary

DMIS ID (Code) numeric	AD Eligibles - Inpt Catchment Area (#) numeric	AD Eligibles - Outpt PRISM Area (#) numeric

DoD #2613: Medical/Dental - Active Duty Family Member Eligible Population

JCSG: Medical
Function(s): Medical_22apr04
Question: For your permanently established medical/dental facilities, provide the following eligible population information by DMIS ID Code as of 30 SEP 03:
- Active Duty Family Member (ADFM) eligible for medical care within the inpatient catchment area and outpatient PRISM area (mark N/A for catchment area population if the facility is not a hospital)
Source / Reference: DEERS Extract of M2 (MHS Mart); Fiscal Month 12 Report
Amplification: DEERS Extract of M2 (MHS Mart); Fiscal Month 12 Report
For dental only clinics, use the PRISM area of the closest medical facility
Please fill in the following table(s), adding rows as necessary

DMIS ID (Code) numeric	AD Family Members Eligble - Inpatient Catchment Area (#) numeric	AD Family Members Eligible - Outpatient PRISM Area (#) numeric

DoD #2614: Medical/Dental - Number of Other Beneficiaries Eligible for Health Care Near a Facility

JCSG: Medical
Function(s): Medical_22apr04
Question: For your permanently established medical/dental facilities, provide the following eligible population information by DMIS ID Code as of 30 SEP 03:
Non-Active Duty/Dependant (NAD/NADD) under 65 eligible for medical care within the inpatient catchment area and outpatient PRISM area (mark N/A for catchment area population if the facility is not a hospital)
Source / Reference: DEERS Extract of M2 (MHS Mart); Fiscal Month 12 Report
Amplification: DEERS Extract of M2 (MHS Mart); Fiscal Month 12 Report
For dental only clinics, use the PRISM area of the closest medical facility
Please fill in the following table(s), adding rows as necessary

DMIS ID (Code) numeric	Other Eligibles - Inpatient Catchment Area (#) numeric	Other Eligibles - Outpatient PRISM Area (#) numeric

DoD #2615: Medical/Dental Facilities Weighted Average Age

JCSG: Medical
Function(s): Medical_22apr04
Question: For medical/dental facilities: What is the Medical Facilities Weighted Average Age (MFWAA) for medical facilities greater than 2,000 SF on the Army installation, Air Force installation, or Navy Medical Facility? DO NOT include medical research and development buildings and medical education and training facilities (these facility types are addressed in other questions). Do include all other types of medical buildings i.e. hospitals, medical clinics, dental clinics, medical admin, veterinary clinics, medical warehouses, etc. Army instllations, Air Force installations, and Navy Medical Facilities will complete a variable size grid that includes: building number, CAT code, Size (SF), Year Built, and MFWAA.
Source / Reference: Medical Facility Manager
Amplification: :   Medical facilities are DoD FAC 5000 series. All Services: Reference 2003 DoD Facilities Pricing Guide (UFC 3-701-03) for DoD FAC-to-service-unique facility category code conversion tables. For Army and Navy medical installations, DO NOT include non-FAC 5000 series buildings that are located on medical Installations. Include jointly occupied facilities if the medical function occupies more than 2,000 SF. Only include the actual amount of medical space being occupied for the size (SF) data field. The weighted age calculation will have to be based the total size of the joint-use facility to accurately reflect the age of the entire building and just not the medical portion. Jointly occupied facilities for this question refer to joint occupancy with Line type functions and not other medical functions. If the joint use is with another medical function, then only count the facility one time as either a medical, medical education and training, or medical research depending on the predominant use of the facility. For example, a 100,000 SF hospital consist of 70,000 SF of patient care areas, 15,000 SF of medical research, and 10,000 SF of medical education. The primary use of this facility would be "medical." Calculate the Medical Facilities Weighted Average Age (MFWAA) of each medical facility greater than 2,000 SF to incorporate additions, alterations and renovations. MFWAA = Σ (Building Age for that section of the building that has been renovated or addition * Building Size for that section of the building) / Σ Total Building Size. Calculate the building age for that section of the building that has been renovated or added to by subtracting the year built (or renovated) from 2004. Building Size will be measured in Gross Square Feet. Alteration and renovation projects are considered in this calculation when they included major renovations that updated the engineering systems in this area. Include all SRM (O&M funded) and MILCON projects that were funded as of 30 Sep 03. Minor alterations i.e. floor upgrades or minor wall changes do not constitute major renovations. For example if a 200,000 SF hospital was built in 1980 and had major O&M renovations to 75,000 SF in 1995 and a 100,000 SF MILCON addition was added in 2002 then the Building Average Weighted Age for this facility would be: (125,000 SF x 24 years + 75,000 SF x 9 years + 100,000 SF x 2 years)/300,000 SF = 13 years and not 24 years that you would calculate if you only used the original year the facility was built. Note, round the calculation to the nearest whole year. Example 2: A medical function occupies 10,000 SF of a 50,000 SF Line building that was built in 1970. When the medical function moved into the building in 1990, they renovated their 10,000 SF. The table should show the size of the building as 10,000 SF (just the medical portion), but the MFWAA would be (10,000 SF x 14 years + 40,000 SF x 34 years)/50,000 SF = 30 years to reflect the overall weighted age of the building.

Please fill in the following table(s), adding rows as necessary

Building Name (if applicable) (Text) string50	Building Number (#) numeric	Category Code (Cat Code) numeric	Size (SF) numeric	Year Built (-) numeric	MFWAA (#) numeric

DoD #2616: Medical/Dental Education Facilities Weighted Average Age

JCSG: Medical
Function(s): Medical_22apr04
Question: For medical/dental education and training facilities: What is the Medical Education Facilities Weighted Average Age (MEFWAA) including all medical/dental education and training facilities greater than 2,000 SF on the Army installation, Air Force installation or Navy Medical Facility? DO NOT include medical research and development buildings and other medical facilities – hospitals, clinics, etc. (these facility types are addressed in other questions). Army installations, Air Force installations and Navy Medical Facilities will complete a variable size grid that includes: building number, CAT code, Size (SF), Year Built, and MEFWAA.
Source / Reference: Medical Facility Manager. Medical Education and Training officer.
Amplification: Medical/dental education and training facilities may include DoD FAC 1711 and 1712 General Purpose/Applied Instruction and FAC 1722 Physiological Training. Include FAC 5000 series facilities that are primarily (greater than 50% of the space) used for medical/dental education and training (example AF Cat Code 510126 Medical Education and Training). All Services: Reference 2003 DoD Facilities Pricing Guide (UFC 3-701-03) for DoD FAC-to-service-unique facility category code conversion tables. Include jointly occupied facilities if the medical/dental education and training function occupies more than 2,000 SF unless this building is already accounted for primarily as another type of medical facility or medical research and development building (see other questions). Only include the actual amount of medical space being occupied for the size (SF) data field. The weighted age calculation will have to be based the total size of the facility to accurately reflect the age of the entire building and just not the medical portion. Jointly occupied facilities for this question refer to joint occupancy with Line type functions and not other medical functions. If the joint use is with another medical function, then only count the facility one time as either a medical, medical education and training, or medical research depending on the predominant use of the facility. For example, a 100,000 SF hospital consist of 70,000 SF of patient care areas, 15,000 SF of medical research, and 10,000 SF of medical education. The primary use of this facility would be "medical." Calculate the Medical Education Weighted Average Age (MEFWAA) of each medical education and training facility greater than 2,000 SF to incorporate additions, alterations and renovations. MEFWAA = Σ (Building Age for that section of the building that has been renovated or addition * Building Size for that section of the building) / Σ Total Building Size. Calculate the building age for that section of the building that has been renovated or added to by subtracting the year built (or renovated) from 2004. Building Size will be measured in Gross Square Feet. Alteration and renovation projects are considered in this calculation when they included major renovations that updated the engineering systems in this area. Include all SRM (O&M funded) and MILCON projects that were funded as of 30 Sep 03. Minor alterations i.e. floor upgrades or minor wall changes do not constitute major renovations. For example if a 200,000 SF medical education and training facility was built in 1980 and had major renovations to 75,000 SF in 1995 and a 100,000 SF addition was added in 2002. The Medical Education Facilities Weighted Average Age for this facility would be: (125,000 SF x 24 years + 75,000 SF x 9 years + 100,000 SF x 2 years)/300,000 SF = 13 years and not 24 years that you would calculate if you only used the original year the facility was built. Note, round the calculation to the nearest whole year. Example 2: A medical function occupies 10,000 SF of a 50,000 SF Line building that was built in 1970. When the medical function moved into the building in 1990, they renovated their 10,000 SF. The table should show the size of the building as 10,000 SF (just the medical portion), but the MFWAA would be (10,000 SF x 14 years + 40,000 SF x 34 years)/50,000 SF = 30 years to reflect the overall weighted age of the building.

Please fill in the following table(s), adding rows as necessary

Building Name (if applicable) (Text) string50	Building Number (#) numeric	Category Code (Cat Code) numeric	Size (SF) numeric	Year Built (-) numeric	MEFWAA (#) numeric

DoD #2617: Medical Research Facilities Weighted Average Age

JCSG: Medical
Function(s): Medical/Dental RDA
Question: For medical/dental research and development facilities: What is the Medical Research Facilities Weighted Average Age (MRFWAA) including all medical research facilities greater than 2,000 SF on the Army installation, Air Force installation or Navy Medical Facility? DO NOT include medical education and training buildings and other medical facilities – hospitals, clinics, etc. (these facility types are addressed in other questions). Army installations, Air Force installations and Navy Medical Facilities will complete a variable size grid that includes: building number, CAT code, Size (SF), Year Built, and MRFWAA.
Source / Reference: Medical Facility Manager. Medical Research Officer.
Amplification: Medical research and development facilities include DoD FAC 3102 Medical Labs. Include FAC 5000 series facilities that are primarily (greater than 50% of the space) used for medical research and development. All Services: Reference 2003 DoD Facilities Pricing Guide (UFC 3-701-03) for DoD FAC-to-service-unique facility category code conversion tables. Include jointly occupied facilities if the medical/dental research and development function occupies more than 2,000 SF unless this building is already accounted for primarily as another type of medical facility or medical education and training building (see other questions). Jointly occupied facilities for this question refer to joint occupancy with Line type functions and not other medical functions. If the joint use is with another medical function, then only count the facility one time as either a medical, medical education and training, or medical research depending on the predominant use of the facility. For example, a 100,000 SF hospital consist of 70,000 SF of patient care areas, 15,000 SF of medical research, and 10,000 SF of medical education. The primary use of this facility would be "medical." Only include the actual amount of medical space being occupied for the size (SF) data field. The weighted age calculation will have to be based the total size of the facility to accurately reflect the age of the entire building and just not the medical portion. Calculate the Medical Research Facilities Weighted Average Age (MRFWAA) of each medical research and development facility greater than 2,000 SF to incorporate additions, alterations and renovations. MRFWAA = Σ (Building Age for that section of the building that has been renovated or addition * Building Size for that section of the building) / Σ Total Building Size. Calculate the building age for that section of the building that has been renovated or added to by subtracting the year built (or renovated) from 2004. Building Size will be measured in Gross Square Feet. Alteration and renovation projects are considered in this calculation when they included major renovations that updated the engineering systems in this area. Include all SRM (O&M funded) and MILCON projects that were funded as of 30 Sep 03. Minor alterations i.e. floor upgrades or minor wall changes do not constitute major renovations. For example if a 200,000 SF medical research and development facility was built in 1980 and had major renovations to 75,000 SF in 1995 and a 100,000 SF addition was added in 2002. The Medical Education Facilities Weighted Average Age for this facility would be: (125,000 SF x 24 years + 75,000 SF x 9 years + 100,000 SF x 2 years)/300,000 SF = 13 years and not 24 years that you would calculate if you only used the original year the facility was built. Note, round the calculation to the nearest whole year. Example 2: A medical function occupies 10,000 SF of a 50,000 SF Line building that was built in 1970. When the medical function moved into the building in 1990, they renovated their 10,000 SF. The table should show the size of the building as 10,000 SF (just the medical portion), but the MFWAA would be (10,000 SF x 14 years + 40,000 SF x 34 years)/50,000 SF = 30 years to reflect the overall weighted age of the building.
Please fill in the following table(s), adding rows as necessary

Building Name (if applicable) (Text) string50	Building Number (#) numeric	Category Code (Cat Code) numeric	Size (SF) numeric	Year Built (-) numeric	MRFWAA (#) numeric

DoD #2618: Installation DoD Civilian Population

JCSG: Medical
Function(s): Medical_22apr04
Question: For Medical/Dental Facilities: How many DoD civilians were located on the Installation/Post/Base/Activity in FY01, 02, 03?
Source / Reference: Medical Treatment Facility; Installation Manpower Office
Amplification: For Navy Activities, this question is applicable to the host Installation at the parent organization level.

Please fill in the following table(s)

FY	DoD Civilians (#) numeric
FY01	
FY02	
FY03	

DoD #2619: Medical: On-Site FDA Approved Blood Testing Labs

JCSG: Medical
Function(s): Medical Blood
Question: For Medical Facilities - FDA Approved Blood Testing Labs: What was the actual number of FDA on-site blood tests that were performed in FY01, FY02, and FY03.
Source / Reference: Medical Facility Blood Program lab officer.
Amplification: This question is only applicable to medical facilities that have on-site FDA (Food and Drug Administration) approved blood testing capability. Only include the number of blood tests that were performed on-site at the blood testing lab. Do not include blood tests that were outsourced to other blood testing labs.
Please fill in the following table(s)

FDA Blood Tests	FY01 (#) numeric	FY02 (#) numeric	FY03 (#) numeric
Blood type, ABO & RH			
Antibody Screen			
Hepatitis B Surface Antigen			
Anti HIV 1 & 2			
Antibody to Hepatitis B Core Antigen			
Antibody to Human T-Cell Lymphotropic Virus I & II			
Antibody to Hepatitis C			
Nucleic Acid Test (NAT) for HCV, HIV and West Nile Virus (IND)			
RPR			

DoD #2620: Medical Class VIIIA Warehouse Proximity

JCSG: Medical

Function(s): Medical_22apr04

Question: For medical/dental facilities: What percentage of the medical logistics warehouse storage space is located on the medical campus and does not require vehicle transportation to transfer medical supplies from the medical logistics warehouse to the primary medical facility on the Installation?

Source / Reference: Medical Facility Logistics Officer

Amplification: Only include the actual medical logistics warehouse storage space in this calculation. Do not include admin space associated with the medical logistics function. The primary medical facility is where the predominant (more than 50%) amount of direct patient care and ancillary support is provided to the patients. Example: An Installation has two medical logistics warehouses. The first medical logistics warehouse is located in the hospital (primary medical facility on the Installation) and no outside travel with vehicles is required to move medical supplies from the medical logistics warehouse to the hospital. The size of the medical logistics warehouse storage space (not admin) is 10,000 square feet (SF). The second medical logistics warehouse is not located on the medical campus and you must use a truck to transfer medical supplies. The second medical logistics warehouse storage area is 5,000 SF (the building is actually 8,000 SF but includes 3,000 SF of admin space that is not counted in this calculation). The percentage of the medical logistics warehouse storage space that is not located on the medical campus would be 10,000 SF divided by 15,000 SF (the total amount of medical logistics warehouse space on the Installation), which would equal 67%.
This question requires a single answer with units of % and a data type of numeric.

Answer:

DoD #2621: Medical Training Programs - Initial

JCSG: Medical
Function(s): Medical_22apr04
Question: What is the total number of initial entry-level medical department officer and enlisted training programs offered at your facility for FY03?
Source / Reference: Medical Education and Training Department; Medical Staff Training Officer/NCOIC
Amplification: Initial entry-level programs include those which achieve minimum requirements for a skill identifier-- i.e. NOBC, NEC, MOS, AFSC, etc.
This question requires a single answer with units of # and a data type of numeric.
Answer:

DoD #2622: Medical Training Programs - Continuing Education (CE)

JCSG: Medical
Function(s): Medical_22apr04
Question: What is the total number of medical department continuing education programs (CE) offered at your facility for FY03?
Source / Reference: Medical Education and Training Department; Medical Staff Training Officer/NCOIC
Amplification: Continuing Education (CE) programs result in a certificate or continuing education credit. This question requires a single answer with units of # and a data type of numeric.
Answer:

DoD #2623: Medical/Dental - Total Inpatient Cost

JCSG: Medical
Function(s): Medical_22apr04
Question: For your permanently established medical facilities, what was the total inpatient cost (MEPRS A) for FY2003 by DMIS ID Code?
Source / Reference: M2 (MHS Mart) FY2003
Amplification: OPR: MTF Resource Managers/Comptrollers
Please fill in the following table(s), adding rows as necessary

DMIS ID (Code)	MEPRS A FY03 ($)
numeric	numeric

DoD #2624: Medical/Dental - Total Outpatient Costs

JCSG: Medical
Function(s): Medical_22apr04
Question: For your permanently established medical facilities, what was the total outpatient cost (MEPRS B) for FY2003 by DMIS ID Code?
Source / Reference: M2 (MHS Mart) FY 2003
Amplification: OPR: Medical Treatment Facility (MTF) Resource Managers/Comptrollers
Please fill in the following table(s), adding rows as necessary

DMIS ID (Code)	MEPRS B FY03 ($)
numeric	numeric

DoD #2625: Medical/Dental - Total Dental Costs

JCSG: Medical
Function(s): Medical_22apr04
Question: For your permanently established medical facilities, what was the total dental cost (MEPRS C) for FY2003 by DMIS ID Code?
Source / Reference: M2 (MHS Mart) FY 2003
Amplification: OPR: Medical/Dental Clinic Resource Managers/Comptrollers
Please fill in the following table(s), adding rows as necessary

DMIS ID (Code)	MEPRS C FY03 ($)
numeric	numeric

DoD #2626: Medical/Dental - Total Relative Weighted Products (RWPs)

JCSG: Medical
Function(s): Medical_22apr04
Question: For your permanently established inpatient medical facilities, what was the total number of Relative Weighted Products (RWPs) produced in FY2003 by DMIS ID Code?
Source / Reference: M2 (MHS Mart) FY2003
Amplification: OPR: Medical Treatment Facility (MTF) Resource Managers/Comptrollers
Please fill in the following table(s), adding rows as necessary

DMIS ID (Code)	FY03 RWPs (#)
numeric	numeric

DoD #2627: Medical/Dental - Total Relative Value Units (RVUs)

JCSG: Medical
Function(s): Medical_22apr04
Question: For your permanently established medical facilities, what was the total number of simple work Relative Value Units (RVUs) produced in FY2003 by DMIS ID Code?
Source / Reference: M2 (MHS Mart) FY2003
Amplification: OPR: Medical Treatment Facility Resource Managers/Comptrollers
Please fill in the following table(s), adding rows as necessary

DMIS ID (Code)	FY03 RVUs (#)
numeric	numeric

DoD #2628: Medical/Dental - Total Dental Weighted Values (DWVs)

JCSG: Medical
Function(s): Medical_22apr04
Question: For your permanently established dental facilities, what was the total number of Dental Weighted Values (DWVs) produced in FY2003 by DMIS ID Code?
Source / Reference: EAS IV FY2003
Amplification: OPR: Medical/Dental Resource Managers/Comptrollers
Please fill in the following table(s), adding rows as necessary

DMIS ID (Code)	FY03 DWVs (#)
numeric	numeric

DoD #2629: Medical/Dental - Total Number of Prescriptions

JCSG: Medical
Function(s): ALL
Question: For your permanently established medical facilities, what was the total number of prescriptions (new and refills) produced in FY2003 by DMIS ID Code?
Source / Reference: M2 (MHS Mart) (MEPRS Object Class) FY2003
Amplification: OPR: Medical Treatment Facility (MTF) Resource Managers/Comptrollers
Please fill in the following table(s), adding rows as necessary

FY03 # of Prescriptions (#)	DMIS ID (Code)
numeric	numeric

DoD #2630: Medical/Dental - Total Number of Weighted Radiological Procedures

JCSG: Medical
Function(s): Medical_22apr04
Question: For your permanently established medical facilities, what was the total number of weighted radiological procedures produced in FY2003 by DMIS ID Code?
Source / Reference: M2 (MHS Mart) FY2003
Amplification: OPR: Medical Treatment Facility Resource Managers/Comptrollers
Please fill in the following table(s), adding rows as necessary

DMIS ID (Code) numeric	FY03 # of Weight Radiology Procedures (#) numeric

DoD #2631: Medical/Dental - Total Number of Weighted Laboratory Procedures

JCSG: Medical
Function(s): Medical_22apr04
Question: For your permanently established medical facilities, what was the total number of weighted laboratory procedures produced in FY2003 by DMIS ID Code?
Source / Reference: M2 (MHS Mart) FY2003
Amplification: OPR: Medical Treatment Facility Resource Managers/Comptrollers
Please fill in the following table(s), adding rows as necessary

DMIS ID (Code) numeric	FY03 # of Weighted Laboratory Procedures (#) numeric

DoD #2632: Medical Facilities Condition Index

JCSG: Medical
Function(s): Medical_22apr04
Question: For medical/dental facilities: What is the Medical Facilities Condition Index (MFCI) for all medical/dental facilities greater than 2,000 SF on the Installation? DO NOT include medical research and development buildings and medical education and training facilities (these facility types are addressed in other questions). Do include all other types of medical buildings i.e. hospitals, medical clinics, dental clinics, medical admin, veterinary clinics, medical warehouses, etc.   Installations will complete a variable size grid that includes: building number, CAT code, unexecuted projects cost, Plant Replacement Value (PRV), and MFCI.
Source / Reference: Medical Facility Manager, Facility Sustainment Model or Installation real property officer for Plant Replacement Value (PRV)
Amplification: Medical facilities are DoD FAC 5000 series buildings.   All Services: Reference 2003 DoD Facilities Pricing Guide (UFC 3-701-03) for DoD FAC-to-service-unique facility category code conversion tables.   For Army and Navy medical installations, do not include non-FAC 5000 series buildings that are located on medical Installations. Include jointly occupied facilities if the medical function occupies more than 2,000 SF. Jointly occupied facilities for this question refer to joint occupancy with Line type functions and not other medical functions. If the joint use is with another medical function, then only count the facility one time as either a medical, medical education and training, or medical research depending on the predominant use of the facility. For example, a 100,000 SF hospital consist of 70,000 SF of patient care areas, 15,000 SF of medical research, and 10,000 SF of medical education. The primary use of this facility would be "medical." For joint use facilities, include all unexecuted projects cost for the facility and the PRV for the entire facility – just not the medical projects cost or a pro-rated PRV based on the amount of space that the medical function occupies. Calculate the Medical Facility Condition Index (MFCI) for each medical facility greater than 2,000 SF. MFCI = Total cost of unexecuted projects for that building divided by the Plant Replacement Value (PRV) for that building. Total cost of unexecuted projects includes all projects by facility with cost greater than $25,000 that were not funded as of 30 Sep 03. DO NOT include MILCON projects in the list of unexecuted projects – this list only includes SRM projects. Planned projects that have sufficient project information that a project number (either in a medical database, i.e. DMLSS or an Installation engineering database) and initial cost estimate have been developed but are not funded will be considered "unexecuted" projects. Plant Replacement Value (may also be called the Cost Replacement Value - CRV) is determined from the Facility Sustainment Model (FSM) or by the installation real property officer. Example: There is a $50K planned renovation requirement to the medical warehouse (PRV = $5,000,000) that was not funded as of 30 Sep 03. The medical warehouse FCI is $50,000/$5,000,000 = 0.01
Please fill in the following table(s), adding rows as necessary

Building Name (if applicable) (Text) string50	Building Number (#) numeric	Category Code (Cat Code) numeric	Unexecuted Project Cost ($) numeric	PRV ($) numeric	MFCI (#) numeric

DoD #2633: Medical Education Facilities Condition Index

JCSG: Medical
Function(s): Medical_22apr04
Question: For medical/dental education and training facilities: What is the Medical Education Facilities Condition Index (MEFCI) including all medical education and training facilities greater than 2,000 SF on the Installation? DO NOT include medical research and development buildings and other medical facilities – hospitals, clinics, etc. (these facility types are addressed in other questions). Installations will complete a variable size grid that includes: building number, CAT code, unexecuted projects cost, Plant Replacement Value (PRV), Medical Education Facility Condition Index (MEFCI).
Source / Reference: Medical Facility Manager.   Medical Education and Training officer. Facility Sustainment Model or Installation Real Property Officer for Plant Replacement Value (PRV)
Amplification: Medical/Dental education and training facilities may include DoD FAC 1711 and 1712 General Purpose/Applied Instruction and FAC 1722 Physiological Training. Include FAC 5000 series facilities that are primarily (greater than 50% of the space) used for medical/dental education and training (example AF Cat Code 510126 Medical Education and Training). All Services: Reference 2003 DoD Facilities Pricing Guide (UFC 3-701-03) for DoD FAC-to-service-unique facility category code conversion tables. Include jointly occupied facilities if the medical/dental education and training function occupies more than 2,000 SF unless this building is already accounted for primarily as another type of medical facility or medical research and development building (see other questions). Jointly occupied facilities for this question refer to joint occupancy with Line type functions and not other medical functions. If the joint use is with another medical function, then only count the facility one time as either a medical, medical education and training, or medical research depending on the predominant use of the facility. For example, a 100,000 SF hospital consist of 70,000 SF of patient care areas, 15,000 SF of medical research, and 10,000 SF of medical education. The primary use of this facility would be "medical." For joint use facilities, include all unexecuted projects cost for the facility and the PRV for the entire facility – just not the medical projects cost or a pro-rated PRV based on the amount of space that the medical function occupies. Calculate the Medical Education Facilities Condition Index (MEFCI) for each medical facility greater than 2,000 SF. MEFCI = Total cost of unexecuted projects for that building divided by the Plant Replacement Value (PRV) for that building. Total cost of unexecuted projects includes all projects by facility with cost greater than $25,000 that were not funded as of 30 Sep 03. DO NOT include MILCON projects in the list of unexecuted projects – this list only includes SRM projects. Planned projects that have sufficient project information that a project number (either in a medical database, i.e. DMLSS or an Installation engineering database) and initial cost estimate have been developed but are not funded will be considered "unexecuted" projects. Plant Replacement Value (may also be called the Cost Replacement Value - CRV) is determined from the Facility Sustainment Model (FSM) or the Installation real property officer. Example: An installation has a medical education and training facility with a PRV of $5,000,000 and a $50K planned renovation that was not funded as of 30 Sep 03. The MEFCI is $50,000/$5,000,000 = 0.01

Please fill in the following table(s), adding rows as necessary

Building Name (if applicable) (Text) string50	Building Number (#) numeric	Category Code (Cat Code) numeric	Unexecuted Project Cost ($) numeric	PRV ($) numeric	MEFCI (#) numeric

DoD #2634: Medical Research Facilities Condition Index

JCSG: Medical
Function(s): Medical/Dental RDA
Question: For medical/dental research and development facilities: What is the Medical Research Facilities Condition Index (MRFCI) including all medical research and development facilities greater than 2,000 SF on the Installation? DO NOT include medical education and training buildings and other medical facilities – hospitals, clinics, etc. (these facility types are addressed in other questions). Installations will complete a variable size grid that includes: building number, CAT code, unexecuted projects cost, Plant Replacement Value (PRV), Medical Research Facility Condition Index (MRFCI).
Source / Reference: Medical Facility Manager.   Medical Research Facility Manager. Medical Research Officer. Facility Sustainment Model or Installation Real Property Officer for Plant Replacement Value (PRV)
Amplification: Medical research and development facilities include DoD FAC 3102 Medical Labs. Include FAC 5000 series facilities that are primarily (greater than 50% of the space) used for medical research and development. All Services: Reference 2003 DoD Facilities Pricing Guide (UFC 3-701-03) for DoD FAC-to-service-unique facility category code conversion tables. Include jointly occupied facilities if the medical/dental research and development function occupies more than 2,000 SF unless this building is already accounted for primarily as another type of medical facility or medical education and training building (see other questions). Jointly occupied facilities for this question refer to joint occupancy with Line type functions and not other medical functions. If the joint use is with another medical function, then only count the facility one time as either a medical, medical education and training, or medical research depending on the predominant use of the facility. For example, a 100,000 SF hospital consist of 70,000 SF of patient care areas, 15,000 SF of medical research, and 10,000 SF of medical education. The primary use of this facility would be "medical." For joint use facilities, include all unexecuted projects cost for the facility and the PRV for the entire facility – just not the medical projects cost or a pro-rated PRV based on the amount of space that the medical function occupies. Calculate the Medical Research Facilities Condition Index (MRFCI) for each medical research and development facility greater than 2,000 SF. MRFCI = Total cost of unexecuted projects for that building divided by the Plant Replacement Value (PRV) for that building. Total cost of unexecuted projects includes all projects by facility with cost greater than $25,000 that were not funded as of 30 Sep 03. DO NOT include MILCON projects in the list of unexecuted projects – this list only includes SRM projects. Planned projects that have sufficient project information that a project number (either in a medical database, i.e. DMLSS or an Installation engineering database) and initial cost estimate have been developed but are not funded will be considered "unexecuted" projects. Plant Replacement Value (may also be called the Cost Replacement Value - CRV) is determined from the Facility Sustainment Model (FSM) or the Installation real property officer. Example: An installation has a medical education and training facility with a PRV of $5,000,000 and a $50K planned renovation that was not funded as of 30 Sep 03. The MEFCI is $50,000/$5,000,000 = 0.01
Please fill in the following table(s), adding rows as necessary

Building Name (if applicable) (Text) string50	Building Number (#) numeric	Category Code (Cat Code) numeric	Unexecuted Project Cost ($) numeric	PRV ($) numeric	MRFCI (#) numeric

DoD #2635: Medical/Dental Research (S&T) Infectious Disease/Medical NBC Defense Core Competencies Supported

JCSG: Medical
Function(s): Medical/Dental RDA
Question: In the table provided, for each activity identify the research (science & technology) core competencies relevant to infectious disease and/or nuclear, biological and chemical (NBC) medical defense that were supported in FY03 by the professional staff at the activity. This question should be answered by any activity that (a) performs research in infectious disease or NBC medical defense supported by Research Development Test and Evaluation (RDTE) funding in budget categories 6.1, 6.2 or 6.3, (b) performs research in these areas that is not supported by RDTE funding but is consistent with the definitions of RDTE 6.1-6.3 (see definitions in BRAC Library), or (c) has the capability to conduct research in these areas consistent with these definitions. Use a separate row for each core competency; if a core competency is represented at more than one activity at your installation, provide separate responses for each relevant activity. Individuals should be reported under a core competency if they were engaged in basic and/or applied research focusing on maturing technologies for transition into advanced development programs or on providing information products to other end users (for definitions of each core competency listed in the table, see Amplification section.) For each of the core competencies listed in the table, and for each activity, enter the number of professional personnel at the activity who both (1) have significant expertise within the competency area and (2) whose work in FY03 was best described by the indicated competency. Your response should be limited to DoD civilian and military employees. Significant expertise is defined as having either an advanced degree or certification in a field relevant to the competency, or having at least 2 years of direct work experience in the competency area. Individuals should only be counted against a single core competency (i.e., the total number of individuals across all competencies within each activity must equal the total number of professional staff within the activity who are primarily and directly engaged in infectious disease or medical NBC defense research efforts). Individuals counted against military operational medicine or combat casualty care/dental research core competencies should not be counted here.
Source / Reference: Commander of the Medical/Dental Research, Development & Acquisitions (RDA) Activity, Personnel Records, Curricula Vitae, Staff Surveys
Amplification: Research (S&T) infectious disease/medical nuclear, biological & chemical defense core competency definitions:
- Vaccines for ID/BW Threats. Discover and mature technologies for vaccines to prevent and/or minimize morbidity and mortality caused by endemic pathogens and biological warfare agents
- Drugs/Biologicals for ID/BW Threats. Discover and mature technologies for drugs and non-vaccine biologicals to prevent and/or minimize morbidity and mortality caused by endemic pathogens and biological warfare agents
- Diagnostics for ID/BW Threats. Discover and mature technologies for test methods, reagents, and systems to diagnose infectious diseases and biological warfare agent exposure
- Countermeasures for Disease Vectors. Discover and mature technologies for capabilities (personal protective measures, vector controls and animal reservoir controls) to control transmission of infectious diseases
- Disease Surveillance Tools. Discover and mature technologies for detection, identification, and assessment of militarily relevant disease and biological threats
- BW Casualty Management Techniques. Discover/validate/disseminate medical management techniques for enhanced field treatment of casualties caused by biological warfare agents
- Drugs/Biologicals for Chemical Hazards and CW Threats. Discover and mature technologies for pharmaceuticals and biologicals for pretreatment, prophylaxis, immediate post-exposure treatment, and field medical management of individuals exposed to chemical hazards and CW agents
- Topical Protectants/Decontaminants for Chemical Hazards and CW Threats. Discover and mature technologies for skin protectants and decontaminants to prevent or remove chemical contamination

- Diagnostics for Chemical Hazards and CW Threats. Discover and mature technologies for diagnostic systems for management of casualties caused by chemical hazards and CW agents
- Therapeutic Systems for Chemical Hazards and CW Threats. Discover and mature technologies for therapeutic systems for management of casualties caused by chemical hazards and CW agents
- Chemical Hazard and Threat Assessment. Discover/validate information on and predictive models of human biological response to chemical hazards and threat agents associated with military systems or operational environments (to include both CW and non-CW agents); discover and mature technologies for detection, identification, and assessment of chemical hazards and threats; and sustain the DoD knowledge base to support development of non-medical materiel, operational doctrine, and guidance to operational commanders.
- Chemical Casualty Management Techniques. Discover and mature technologies for medical management techniques for enhanced field treatment of casualties caused by chemical hazards and threat agents
- Drugs/Biologicals for Radiological Threats. Discover and mature technologies for pharmaceuticals and biologicals for pretreatment, prophylaxis, immediate post-exposure treatment, and field medical management of individuals exposed to prompt, protracted or low-dose ionizing radiation.
- Diagnostics for Radiological Threats. Discover and mature technologies for diagnostic systems for early triage and management of casualties caused by prompt, protracted or low-dose ionizing radiation.
- Radiological Casualty Management Techniques. Discover/validate/disseminate medical management techniques for enhanced field treatment of casualties caused by ionizing radiation.

Please fill in the following table(s), adding rows as necessary

Activity Name (Text) string100	Core Competency (List) multiple choice[1]	Number of Personnel (Pers) numeric

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[1] Choose a value from this list: Top. Protect/Decon. for Chem Hazards & CW Threats, Diagnostics for Chemical Hazards and CW Threats, Therapeutic Systems for Chem Hazards & CW Threats, Chemical Hazard and Threat Assessment, Chemical Casualty Management Techniques, Drugs/Biologicals for Radiological Threats, Diagnostics for Radiological Threats, Radiological Casualty Management Techniques, Vaccines for ID/BW Threats, Drugs/Biologicals for ID/BW Threats, Diagnostics for ID/BW Threats, Countermeasures for Disease Vectors, Disease Surveillance Tools, BW Casualty Management Techniques, Drugs/Biologicals for Chem. Hazards & CW Threats

DoD #2636: Medical/Dental Research (S&T) Military Operational Medicine Core Competencies Supported

JCSG: Medical
Function(s): Medical/Dental RDA
Question: In the table provided, for each activity identify the research (science & technology) core competencies relevant to military operational medicine that were supported in FY03 by the professional staff at the activity. This question should be answered by any activity that (a) performs research in military operational medicine supported by Research Development Test and Evaluation (RDTE) funding in budget categories 6.1, 6.2 or 6.3, (b) performs research in this area that is not supported by RDTE funding but is consistent with the definitions of RDTE 6.1-6.3 (see definitions in BRAC Library), or (c) has the capability to conduct research in this area consistent with these definitions. Use a separate row for each core competency; if a core competency is represented at more than one activity at your installation, provide separate responses for each relevant activity. Individuals should be reported if they were engaged in basic and/or applied research focusing on maturing technologies for transition into advanced development programs or on providing information products to other end users (for definitions of each core competency listed in the table, see Amplification section.) For each of the core competencies listed in the table, and for each activity, enter the number of professional personnel at the activity who both (1) have significant expertise within the competency area and (2) whose work in FY03 was best described by the indicated competency. Your response should be limited to DoD civilian and military employees. Significant expertise is defined as having either an advanced degree or certification in a field relevant to the competency, or having at least 2 years of direct work experience in the competency area. Individuals should only be counted against a single core competency (i.e., the total number of individuals across all competencies within each activity must equal the total number of professional staff within the activity who are primarily and directly engaged in military operational medicine research efforts). Individuals counted against infectious disease, medical NBC defense, or combat casualty care/dental research core competencies should not be counted here.
Source / Reference: Commander of the Medical/Dental Research, Development & Acquisitions (RDA) Activity, Personnel Records, Curricula Vitae, Staff Surveys
Amplification: Research (S&T) military operational medicine core competency definitions:
-Thermal Stress & Performance. Discover/validate information on and predictive models of human physiologic response to hypothermic & hyperthermic stresses; assess nutritional, pharmacological & behavioral countermeasures for such stresses; discover & mature technologies for thermal stress monitoring systems; & sustain DoD knowledge base to support development of non-medical materiel, operational doctrine, & guidance to operational commanders
-Hyperbaric/Hypobaric Stress & Performance. Discover/validate information on and predictive models of human physiologic response to hyperbaric & hypobaric stress; assess nutritional, pharmacological & behavioral countermeasures for such stresses; discover & mature technologies for hyper/hypobaric stress monitoring systems; & sustain DoD knowledge base to support development of non-medical materiel, operational doctrine, & guidance to operational commanders
-Cognitive/Emotional Stress & Performance. Discover/validate information on and predictive models of human psychological response to cognitive & emotional stresses (sleep deprivation, sustained task performance, traumatic situations, deployment); assess nutritional, pharmacological & behavioral countermeasures for such stresses; discover & mature technologies for cognitive/emotional stress monitoring systems; & sustain the DoD knowledge base to support development of non-medical materiel, operational doctrine, & guidance to operational commanders
-Biomechanical Stress & Physical Performance. Discover/validate information on and predictive models of human physiological response to biomechanical stresses associated with systems or occupational activities, assess physical & behavioral countermeasures for such stresses, & sustain DoD knowledge base to support development of non-medical materiel, operational doctrine, & guidance to operational commanders

-RFR/Microwave Hazards & Threats. Discover/validate information on and predictive models of human physiological response to radiofrequency & microwave range radiation; discover & mature technologies for dosimetric systems & countermeasures; & sustain DoD knowledge base to support development of non-medical materiel, operational doctrine, & guidance to operational commanders

-Ocular Hazards & Visual Performance. Discover/validate information on and predictive models of human physiological response to laser radiation & other ocular hazards; assess physical, pharmacological & behavioral countermeasures for prevention or treatment of laser & other ocular injuries & enhancing visual performance; & sustain DoD knowledge base to support development of non-medical materiel, operational doctrine, & guidance to operational commanders

-Auditory Hazards & Auditory Performance. Discover/validate information on and predictive models of human physiological response to auditory systems hazards; assess physical, pharmacological & behavioral countermeasures for prevention or treatment of auditory injuries; & sustain DoD knowledge base to support development of non-medical materiel, operational doctrine, & guidance to operational commanders

-Sensorimotor Performance & Systems Hazards. Discover/validate information on and predictive models of human perception & psychological/psychomotor response to sensory stimuli associated with military systems & systems interfaces, assess physical & behavioral countermeasures for such stresses, & sustain DoD knowledge base to support development of non-medical materiel, operational doctrine, & guidance to operational commanders

-Health Promotion. Discover/validate information on and predictive models of human health habits & behaviors in military populations, assess behavioral measures to increase health & well-being of military personnel, & sustain DoD knowledge base to support development of operational doctrine & guidance to operational commanders.

Please fill in the following table(s), adding rows as necessary

Activity Name (Text) string100	Core Competency (List) multiple choice[2]	Number of Personnel (Pers) numeric

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[2] Choose a value from this list: Thermal Stress and Performance, Hyperbaric/Hypobaric Stress and Performance, Cognitive/Emotional Stress and Performance, Biomechanical Stress and Physical Performance, RFR/Microwave Hazards and Threats, Ocular Hazards and Visual Performance, Auditory Hazards and Auditory Performance, Sensorimotor Performance and Systems Hazards, Health Promotion

DoD #2637: Medical/Dental Research (S&T) Combat Casualty Care/Dental Core Competencies Supported

JCSG: Medical

Function(s): Medical/Dental RDA

Question: In the table provided, for each activity identify the research (science & technology) core competencies relevant to combat casualty care or dental research that were supported in FY03 by the professional staff at the activity. This question should be answered by any activity that (a) performs research in combat casualty care or military dentistry supported by Research Development Test and Evaluation (RDTE) funding in budget categories 6.1, 6.2 or 6.3, (b) performs research in these areas that is not supported by RDTE funding but is consistent with the definitions of RDTE 6.1-6.3 (see definitions in BRAC Library), or (c) has the capability to conduct research in these areas consistent with these definitions. Use a separate row for each core competency; if a core competency is represented at more than one activity at your installation, provide separate responses for each relevant activity.   Individuals should be reported if they were engaged in basic and/or applied research focusing on maturing technologies for transition into advanced development programs or on providing information products to other end users (for definitions of each core competency listed in the table, see Amplification section.) For each of the core competencies listed in the table, and for each activity, enter the number of professional personnel at the activity who both (1) have significant expertise within the competency area and (2) whose work in FY03 was best described by the indicated competency. Your response should be limited to DoD civilian and military employees. Significant expertise is defined as having either an advanced degree or certification in a field relevant to the competency, or having at least 2 years of direct work experience in the competency area. Individuals should only be counted against a single core competency (i.e., the total number of individuals across all competencies within each activity must equal the total number of professional staff within the activity who are primarily and directly engaged in combat casualty care or dental research efforts). Individuals counted against infectious disease, medical NBC defense, or military operational medicine core competencies should not be counted here.

Source / Reference: Commander of the Medical/Dental Research, Development & Acquisitions (RDA) Activity, Personnel Records, Curricula Vitae, Staff Surveys

Amplification: Research (S&T) combat casualty care/dental core competency definitions:

- Hemorrhage Countermeasures. Discover and mature technologies for pharmaceuticals, biologicals, systems, and medical/surgical techniques for field medical management of hemorrhage.

- Hypovolemia Countermeasures.   Discover/validate information on and predictive models of human physiological response to hypovolemia secondary to military trauma, and discover and mature technologies for pharmaceuticals, biologicals, diagnostic and therapeutic (i.e., life support) systems, and medical/surgical techniques to minimize morbidity and mortality caused by hypovolemia.

- Neurotrauma Countermeasures. Discover and mature technologies for pharmaceuticals and biologicals and medical/surgical techniques to minimize morbidity and mortality caused by penetrating head injuries.

- Mechanical Soft Tissue Trauma Countermeasures. Discover and mature technologies for pharmaceuticals, biologicals, systems, and medical/surgical techniques to minimize morbidity caused by mechanical trauma to soft tissues.

- Bone Trauma Countermeasures. Discover and mature technologies for pharmaceuticals, biologicals, systems, and medical/surgical techniques to minimize morbidity caused by mechanical trauma to bones (to include the large bones of extremities and the maxillofacial region)

- Advanced Diagnostics and Treatment. Discover and mature technologies for systems to remotely monitor soldiers, to assist health care providers in triage and treatment of wounded soldiers, and to supply autonomous critical-care life support on the battlefield.

- Oral-Dental-Maxillofacial Complex Disease/Trauma Countermeasures. Discover and mature technologies for pharmaceuticals, biologicals, materials, equipment, and techniques for use by dental and non-dental health

providers in the prognosis and prophylaxis of disease and the immediate post-episodic treatment of trauma and other urgencies or emergencies related to the Oral-Dental-Maxillofacial Complex.

- Medical/Dental Informatics, Modeling and Simulation. Discover and mature information and communications technologies for medical/dental modeling and simulation (e.g., operational simulations for training and planning, casualty prediction, medical logistics assessment, etc.).

Please fill in the following table(s), adding rows as necessary

Activity Name (Text) string100	Core Competency (List) multiple choice[3]	Number of Personnel (Pers) numeric

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[3] Choose a value from this list: Hemorrhage Countermeasures, Hypovolemia Countermeasures, Neurotrauma Countermeasures, Mechanical Soft Tissue Trauma Countermeasures, Bone Trauma Countermeasures, Advanced Diagnostics and Treatment, Oral/Dental/Maxillo Disease/Trauma Countermeasures, Medical/Dental Informatics, Modeling & Simulation

DoD #2638: Medical/Dental RDA - # of Advanced Development/Acquisition Core Competencies Supported in FY03

JCSG: Medical
Function(s): Medical/Dental RDA
Question: In the table provided, for each activity identify the advanced development and other acquisition core competencies that were supported in FY03 by the professional staff at the activity. This question should be answered by any activity that (a) performs advanced development of medical materiel supported by Research Development Test and Evaluation (RDTE) funding in budget categories 6.4 or 6.5, (b) performs developmental work in this area that is not supported by RDTE funding but is consistent with the definitions of RDTE 6.4-6.5 (see definitions in BRAC Library), (c) has the capability to conduct developmental work in this area consistent with these definitions, or (d) performs or has the capability to perform medical logistics or other acquisition functions directly applicable to medical products. Use a separate row for each core competency; if a core competency is represented at more than one activity at your installation, provide separate responses for each relevant activity. Individuals should be reported if they were engaged in system development and demonstration directed towards the advanced development and initial fielding of military medical systems, or other types of acquisition support. (For definitions of each core competency listed in the table, see Amplification section.) For each of the core competencies listed in the table, and for each activity, enter the number of professional personnel at the activity who both (1) have significant expertise within the competency area and (2) whose work in FY03 was best described by the indicated competency. Your response should be limited to DoD civilian and military employees. Significant expertise is defined as having either an advanced degree or certification in a field relevant to the competency, or having at least 2 years of direct work experience in the competency area. Individuals should only be counted against a single core competency (i.e., the total number of individuals across all competencies at each activity must equal the total number of professional staff within the activity who are directly engaged in performance of system development and demonstration and/or other non-R&D acquisition functions.

Source / Reference: Commander of the Medical/Dental Research, Development & Acquisitions (RDA) Activity, Personnel Records, Curricula Vitae, Staff Surveys

Amplification: Advanced Development/Acquisition Core competency definitions are as follows:
- Clinical Trial Management and Execution. Provide support in the planning, execution, and reporting process of clinical trial conduct. This involves protocol preparation, approval, conduct, support lab and regulatory procedures, data management, and study reports.
- Drug, Biologic, and Vaccine Development. Provide technical scientific/engineering support to the advanced development of new drugs and biologics. Includes conduct of related animal and compound studies, assay development, and provision of technical expert advice.
- Medical/Dental Device Engineering and Development. Provide technical, professional services in the form of market evaluation, test criteria development, technology insertion, configuration management, and other technical support functions required in advanced development or acquisition of FDA regulated medical devices.
- Information Management Software Engineering and Development. Provide technical support functions in the development of new medical/dental related software in support of the Military Healthcare System or Service medical departments.
- Information Technology Engineering and Development. Provide technical support functions in he development or acquisition of hardware that provides Information Technology platforms for operate software applications and necessary communication protocols.
- Contract Management and Support. Provide technical or functional support to the awarding or administration of a contract with an outside agency. This includes all forms of grants and contracts that provide a product or service that support the research, development, and acquisition.

- Integrated Logistics Support. Provide planning and initial management of logistics support for modernization items being introduced into the Service inventory. This includes all of the ILS functions such as maintenance, packaging, handling, type classification, etc.
- Medical/Dental Systems Test and Evaluation. Provides the planning and execution of technical and operational tests required to fully support milestone decisions and/or product acceptance.
- Program and Inventory Management. Provide leadership to medical/dental product development and acquisition process to include oversight of sub-functions related to cost, schedule, and performance criteria, budgetary requirements and funding execution, customer and related organizational coordination, etc.

Please fill in the following table(s), adding rows as necessary

Activity Name (Text) string100	Core Competency (List) multiple choice[4]	Number of Personnel (Pers) numeric

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[4] Choose a value from this list: Clinical Trial Management and Execution, Drug, Biologic, and Vaccine Development, Medical/Dental Device Engineering and Development, Info. Mgmt. Software Engineering & Development, Information Technology Engineering and Development, Contract Management and Support, Integrated Logistics Support, Medical/Dental Systems Test and Evaluation, Program and Inventory Management

DoD #2639: Medical/Dental Research (S&T) Infectious Disease/Med NBC Defense Core Competencies w/Ability to Supt

JCSG: Medical
Function(s): Medical/Dental RDA
Question: In the table provided, for each activity identify the number of professional staff located at the activity in FY03 who had significant expertise relevant to each listed research (science & technology) infectious disease or medical nuclear, biological & chemical (NBC) defense core competency, regardless of whether they were actually working in the competency area during FY03. This question should be answered by any activity that (a) performs research in infectious disease or NBC medical defense supported by Research Development Test and Evaluation (RDTE) funding in budget categories 6.1, 6.2 or 6.3, (b) performs research in these areas that is not supported by RDTE funding but is consistent with the definitions of RDTE 6.1-6.3 (see definitions in BRAC Library), or (c) has the capability to conduct research in these areas consistent with these definitions. Use a separate row for each core competency; if a core competency is represented at more than one activity at your installation, provide separate responses for each relevant activity. (Research core competencies provide basic and/or applied research focusing on maturing technologies for transition into advanced development programs or on providing information products to other end users; for definitions of core competencies, see Amplification section.) Significant expertise is defined as having either an advanced degree or certification in a field relevant to the competency, or having at least 2 years of direct work experience in the competency area. Individuals who possess significant expertise in more than one competency may be counted against as many competencies as appropriate. Your response should be limited to DoD civilian and military employees.
Source / Reference: Commander of the Medical/Dental Research, Development & Acquisitions (RDA) Activity, Personnel Records, Curricula Vitae, Staff Surveys
Amplification: Research (S&T) infectious disease/medical nuclear, biological & chemical defense core competency definitions:
- Vaccines for ID/BW Threats. Discover and mature technologies for vaccines to prevent and/or minimize morbidity and mortality caused by endemic pathogens and biological warfare agents
- Drugs/Biologicals for ID/BW Threats. Discover and mature technologies for drugs and non-vaccine biologicals to prevent and/or minimize morbidity and mortality caused by endemic pathogens and biological warfare agents
- Diagnostics for ID/BW Threats. Discover and mature technologies for test methods, reagents, and systems to diagnose infectious diseases and biological warfare agent exposure
- Countermeasures for Disease Vectors. Discover and mature technologies for capabilities (personal protective measures, vector controls and animal reservoir controls) to control transmission of infectious diseases
- Disease Surveillance Tools. Discover and mature technologies for detection, identification, and assessment of militarily relevant disease and biological threats
- BW Casualty Management Techniques. Discover/validate/disseminate medical management techniques for enhanced field treatment of casualties caused by biological warfare agents
- Drugs/Biologicals for Chemical Hazards and CW Threats. Discover and mature technologies for pharmaceuticals and biologicals for pretreatment, prophylaxis, immediate post-exposure treatment, and field medical management of individuals exposed to chemical hazards and CW agents
- Topical Protectants/Decontaminants for Chemical Hazards and CW Threats. Discover and mature technologies for skin protectants and decontaminants to prevent or remove chemical contamination
- Diagnostics for Chemical Hazards and CW Threats. Discover and mature technologies for diagnostic systems for management of casualties caused by chemical hazards and CW agents
- Therapeutic Systems for Chemical Hazards and CW Threats. Discover and mature technologies for therapeutic systems for management of casualties caused by chemical hazards and CW agents
- Chemical Hazard and Threat Assessment. Discover/validate information on and predictive models of human biological response to chemical hazards and threat agents associated with military systems or operational

environments (to include both CW and non-CW agents); discover and mature technologies for detection, identification, and assessment of chemical hazards and threats; and sustain the DoD knowledge base to support development of non-medical materiel, operational doctrine, and guidance to operational commanders.

- Chemical Casualty Management Techniques. Discover and mature technologies for medical management techniques for enhanced field treatment of casualties caused by chemical hazards and threat agents

- Drugs/Biologicals for Radiological Threats. Discover and mature technologies for pharmaceuticals and biologicals for pretreatment, prophylaxis, immediate post-exposure treatment, and field medical management of individuals exposed to prompt, protracted or low-dose ionizing radiation.

- Diagnostics for Radiological Threats. Discover and mature technologies for diagnostic systems for early triage and management of casualties caused by prompt, protracted or low-dose ionizing radiation.

- Radiological Casualty Management Techniques. Discover/validate/disseminate medical management techniques for enhanced field treatment of casualties caused by ionizing radiation.

Please fill in the following table(s), adding rows as necessary

Activity Name (Text) string100	Core Competency (List) multiple choice[5]	Number of Personnel (Pers) numeric

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[5] Choose a value from this list: Vaccines for ID/BW Threats, Drugs/Biologicals for ID/BW Threats, Diagnostics for ID/BW Threats, Countermeasures for Disease Vectors, Disease Surveillance Tools, BW Casualty Management Techniques, Drugs/Biologicals for Chem Hazards & CW Threats, Top. Protect./Decon. for Chem Hazards & CW Threat, Diagnostics for Chemical Hazards and CW Threats, Therapeutic Systems for Chem Hazards & CW Threats, Chemical Hazard and Threat Assessment, Chemical Casualty Management Techniques, Drugs/Biologicals for Radiological Threats, Diagnostics for Radiological Threats, Radiological Casualty Management Techniques

DoD #2640: Medical/Dental Research (S&T) Military Operational Medicine Core Competencies w/ Ability to Support

JCSG: Medical

Function(s): Medical/Dental RDA

Question: In the table provided, for each activity identify the number of professional staff located at the activity in FY03 who had significant expertise relevant to each listed research (science & technology) military operational medicine core competency, regardless of whether they were actually working in the competency area during FY03. This question should be answered by any activity that (a) performs research in military operational medicine supported by Research Development Test and Evaluation (RDTE) funding in budget categories 6.1, 6.2 or 6.3, (b) performs research in this area that is not supported by RDTE funding but is consistent with the definitions of RDTE 6.1-6.3 (see definitions in BRAC Library), or (c) has the capability to conduct research in this area consistent with these definitions. Use a separate row for each core competency; if a core competency is represented at more than one activity at your installation, provide separate responses for each relevant activity. (Research core competencies provide basic and/or applied research focusing on maturing technologies for transition into advanced development programs or on providing information products to other end users; for definitions of core competencies, see Amplification section.) Significant expertise is defined as having either an advanced degree or certification in a field relevant to the competency, or having at least 2 years of direct work experience in the competency area. Individuals who possess significant expertise in more than one competency may be counted against as many competencies as appropriate. Your response should be limited to DoD civilian and military employees.

Source / Reference: Commander of the Medical/Dental Research, Development & Acquisitions (RDA) Activity, Personnel Records, Curricula Vitae, Staff Surveys

Amplification: Research (S&T) military operational medicine core competency definitions:

-Thermal Stress & Performance. Discover/validate information on and predictive models of human physiologic response to hypothermic & hyperthermic stresses; assess nutritional, pharmacological & behavioral countermeasures for such stresses; discover & mature technologies for thermal stress monitoring systems; & sustain DoD knowledge base to support development of non-medical materiel, operational doctrine, & guidance to operational commanders

-Hyperbaric/Hypobaric Stress & Performance. Discover/validate information on and predictive models of human physiologic response to hyperbaric & hypobaric stress; assess nutritional, pharmacological & behavioral countermeasures for such stresses; discover & mature technologies for hyper/hypobaric stress monitoring systems; & sustain DoD knowledge base to support development of non-medical materiel, operational doctrine, & guidance to operational commanders

-Cognitive/Emotional Stress & Performance. Discover/validate information on and predictive models of human psychological response to cognitive & emotional stresses (sleep deprivation, sustained task performance, traumatic situations, deployment); assess nutritional, pharmacological & behavioral countermeasures for such stresses; discover & mature technologies for cognitive/emotional stress monitoring systems; & sustain the DoD knowledge base to support development of non-medical materiel, operational doctrine, & guidance to operational commanders

-Biomechanical Stress & Physical Performance. Discover/validate information on and predictive models of human physiological response to biomechanical stresses associated with systems or occupational activities, assess physical & behavioral countermeasures for such stresses, & sustain DoD knowledge base to support development of non-medical materiel, operational doctrine, & guidance to operational commanders

-RFR/Microwave Hazards & Threats. Discover/validate information on and predictive models of human physiological response to radiofrequency & microwave range radiation; discover & mature technologies for dosimetric systems & countermeasures; & sustain DoD knowledge base to support development of non-medical materiel, operational doctrine, & guidance to operational commanders

-Ocular Hazards & Visual Performance. Discover/validate information on and predictive models of human physiological response to laser radiation & other ocular hazards; assess physical, pharmacological & behavioral countermeasures for prevention or treatment of laser & other ocular injuries & enhancing visual performance; & sustain DoD knowledge base to support development of non-medical materiel, operational doctrine, & guidance to operational commanders

-Auditory Hazards & Auditory Performance. Discover/validate information on and predictive models of human physiological response to auditory systems hazards; assess physical, pharmacological & behavioral countermeasures for prevention or treatment of auditory injuries; & sustain DoD knowledge base to support development of non-medical materiel, operational doctrine, & guidance to operational commanders

-Sensorimotor Performance & Systems Hazards. Discover/validate information on and predictive models of human perception & psychological/psychomotor response to sensory stimuli associated with military systems & systems interfaces, assess physical & behavioral countermeasures for such stresses, & sustain DoD knowledge base to support development of non-medical materiel, operational doctrine, & guidance to operational commanders

-Health Promotion. Discover/validate information on and predictive models of human health habits & behaviors in military populations, assess behavioral measures to increase health & well-being of military personnel, & sustain DoD knowledge base to support development of operational doctrine & guidance to operational commanders.

Please fill in the following table(s), adding rows as necessary

Activity Name (Text) string100	Core Competency (List) multiple choice[6]	Number of Personnel (Pers) numeric

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[6] Choose a value from this list: Thermal Stress and Performance, Hyperbaric/Hypobaric Stress and Performance, Cognitive/Emotional Stress and Performance, Biomechanical Stress and Physical Performance, RFR/Microwave Hazards and Threats, Ocular Hazards and Visual Performance, Auditory Hazards and Auditory Performance, Sensorimotor Performance and Systems Hazards, Health Promotion

DoD #2641: Medical/Dental Research (S&T) Combat Casualty Care/Dental Core Competencies With Ability to Support

JCSG: Medical
Function(s): Medical/Dental RDA
Question: In the table provided, for each activity identify the number of professional staff located at your activity in FY03 who had significant expertise relevant to each listed research (science & technology) combat casualty care/dental core competency, regardless of whether they were actually working in the competency area during FY03. This question should be answered by any activity that (a) performs research in combat casualty care or military dentistry supported by Research Development Test and Evaluation (RDTE) funding in budget categories 6.1, 6.2 or 6.3, (b) performs research in these areas that is not supported by RDTE funding but is consistent with the definitions of RDTE 6.1-6.3 (see definitions in BRAC Library), or (c) has the capability to conduct research in these areas consistent with these definitions. Use a separate row for each core competency; if a core competency is represented at more than one activity at your installation, provide separate responses for each relevant activity. (Research core competencies provide basic and/or applied research focusing on maturing technologies for transition into advanced development programs or on providing information products to other end users; for definitions of core competencies, see Amplification section.) Significant expertise is defined as having either an advanced degree or certification in a field relevant to the competency, or having at least 2 years of direct work experience in the competency area. Individuals who possess significant expertise in more than one competency may be counted against as many competencies as appropriate. Your response should be limited to DoD civilian and military employees.
Source / Reference: Commander of the Medical/Dental Research, Development & Acquisitions (RDA) Activity, Personnel Records, Curricula Vitae, Staff Surveys
Amplification: Research (S&T) combat casualty care/dental core competency definitions:
- Hemorrhage Countermeasures. Discover and mature technologies for pharmaceuticals, biologicals, systems, and medical/surgical techniques for field medical management of hemorrhage.
- Hypovolemia Countermeasures. Discover/validate information on and predictive models of human physiological response to hypovolemia secondary to military trauma, and discover and mature technologies for pharmaceuticals, biologicals, diagnostic and therapeutic (i.e., life support) systems, and medical/surgical techniques to minimize morbidity and mortality caused by hypovolemia.
- Neurotrauma Countermeasures. Discover and mature technologies for pharmaceuticals and biologicals and medical/surgical techniques to minimize morbidity and mortality caused by penetrating head injuries.
- Mechanical Soft Tissue Trauma Countermeasures. Discover and mature technologies for pharmaceuticals, biologicals, systems, and medical/surgical techniques to minimize morbidity caused by mechanical trauma to soft tissues.
- Bone Trauma Countermeasures. Discover and mature technologies for pharmaceuticals, biologicals, systems, and medical/surgical techniques to minimize morbidity caused by mechanical trauma to bones (to include the large bones of extremities and the maxillofacial region)
- Advanced Diagnostics and Treatment. Discover and mature technologies for systems to remotely monitor soldiers, to assist health care providers in triage and treatment of wounded soldiers, and to supply autonomous critical-care life support on the battlefield.
- Oral-Dental-Maxillofacial Complex Disease/Trauma Countermeasures. Discover and mature technologies for pharmaceuticals, biologicals, materials, equipment, and techniques for use by dental and non-dental health providers in the prognosis and prophylaxis of disease and the immediate post-episodic treatment of trauma and other urgencies or emergencies related to the Oral-Dental-Maxillofacial Complex.
- Medical/Dental Informatics, Modeling and Simulation. Discover and mature information and communications technologies for medical/dental modeling and simulation (e.g., operational simulations for training and planning, casualty prediction, medical logistics assessment, etc.).
Please fill in the following table(s), adding rows as necessary

Activity Name (Text) string100	Core Competency (List) multiple choice[7]	Number of Personnel (Pers) numeric

[7] Choose a value from this list: Hemorrhage Countermeasures, Hypovolemia Countermeasures, Neurotrauma Countermeasures, Mechanical Soft Tissue Trauma Countermeasures, Bone Trauma Countermeasures, Advanced Diagnostics and Treatment, Oral/Dental/Maxillo. Disease/Trauma Countermeasure, Medical/Dental Informatics, Modeling & Simulation

DoD #2642: Medical/Dental Research (S&T) Advanced Development/Acquisition Core Competencies w/Ability to Supt

JCSG: Medical
Function(s): Medical/Dental RDA
Question: In the table provided, for each activity identify the number of professional staff located at your activity in FY03 who had significant expertise relevant to each listed advanced development/acquisition core competency, regardless of whether they were actually working in the competency area during FY03. This question should be answered by any activity that (a) performs advanced development of medical materiel supported by Research Development Test and Evaluation (RDTE) funding in budget categories 6.4 or 6.5, (b) performs developmental work in this area that is not supported by RDTE funding but is consistent with the definitions of RDTE 6.4-6.5 (see definitions in BRAC Library), (c) has the capability to conduct developmental work in this area consistent with these definitions, or (d) performs or has the capability to perform medical logistics or other acquisition functions directly applicable to medical products. (For definitions of core competencies, see Amplification section.) Individuals who possess significant expertise in more than one competency may be counted against as many competencies as appropriate. For individuals who worked within a core competency area during FY03, significant expertise is defined as having either an advanced degree or certification in a field relevant to the competency, or having at least 2 years of direct work experience in the competency area. Individuals who did not work within a core competency area during FY03 may be counted as having significant expertise in the area if they have an appropriate certification for the acquisition lifecycle activity or at least 2 years of prior direct work experience within the competency area. Your response should be limited to DoD civilian and military employees.
Source / Reference: Commander of the Medical/Dental Research, Development & Acquisitions (RDA) Activity, Personnel Records, Curricula Vitae, Staff Surveys
Amplification: Advanced Development/Acquisition Core competency definitions are as follows:
- Clinical Trial Management and Execution. Provide support in the planning, execution, and reporting process of clinical trial conduct. This involves protocol preparation, approval, conduct, support lab and regulatory procedures, data management, and study reports.
- Drug, Biologic, and Vaccine Development. Provide technical scientific/engineering support to the advanced development of new drugs and biologics. Includes conduct of related animal and compound studies, assay development, and provision of technical expert advice.
- Medical/Dental Device Engineering and Development. Provide technical, professional services in the form of market evaluation, test criteria development, technology insertion, configuration management, and other technical support functions required in advanced development or acquisition of FDA regulated medical devices.
- Information Management Software Engineering and Development. Provide technical support functions in the development of new medical/dental related software in support of the Military Healthcare System or Service medical departments.
- Information Technology Engineering and Development. Provide technical support functions in he development or acquisition of hardware that provides Information Technology platforms for operate software applications and necessary communication protocols.
- Contract Management and Support. Provide technical or functional support to the awarding or administration of a contract with an outside agency. This includes all forms of grants and contracts that provide a product or service that support the research, development, and acquisition.
- Integrated Logistics Support. Provide planning and initial management of logistics support for modernization items being introduced into the Service inventory. This includes all of the ILS functions such as maintenance, packaging, handling, type classification, etc.
- Medical/Dental Systems Test and Evaluation. Provides the planning and execution of technical and operational tests required to fully support milestone decisions and/or product acceptance.

- Program and Inventory Management. Provide leadership to medical/dental product development and acquisition process to include oversight of sub-functions related to cost, schedule, and performance criteria, budgetary requirements and funding execution, customer and related organizational coordination, etc.
Please fill in the following table(s), adding rows as necessary

Activity Name (Text) string100	Core Competency (List) multiple choice[8]	Number of Personnel (Pers) numeric

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[8] Choose a value from this list: Clinical Trial Management and Execution, Drug, Biologic, and Vaccine Development, Medical/Dental Device Engineering and Development, Info. Mgmt. Software Engineering & Development, Information Technology Engineering and Development, Contract Management and Support, Integrated Logistics Support, Medical/Dental Systems Test and Evaluation, Program and Inventory Management

DoD #2643: Medical/Dental RDA - Number of Doctoral Degrees

JCSG: Medical

Function(s): Medical/Dental RDA

Question: Provide the total number of technical and management (supervisory) staff engaged in science and technology (S&T) and advanced development/acquisition activities at your location for FY 03 who possess a doctoral degree (i.e., Ph.D., M.D., D.D.S., etc.) as their highest degree level attained. Limit your response to DoD civilian and military employees. If more than one activity is responding at your installation, list the number of staff for each activity in separate rows.

Source / Reference: Commander of the Medical/Dental Research, Development & Acquisitions (RDA) Activity, Personnel Records

Please fill in the following table(s), adding rows as necessary

Activity Name (Text) string100	Doctoral Degrees (Pers) numeric

DoD #2644: Medical/Dental RDA - Number of Masters Degrees

JCSG: Medical

Function(s): Medical/Dental RDA

Question: Provide the total number of technical and management (supervisory) staff engaged in science and technology (S&T) and advanced development/acquisition activities at your location for FY 03 who possess a masters degree (i.e., M.S., M.A., M.B.A., etc.) as their highest degree level attained. Limit your response to DoD civilian and military employees. If more than one activity is responding at your installation, list the number of staff for each activity in separate rows.

Source / Reference: Commander of the Medical/Dental Research, Development & Acquisitions (RDA) Activity, Personnel Records

Please fill in the following table(s), adding rows as necessary

Activity Name (Text) string100	Masters Degrees (Pers) numeric

DoD #2645: Medical/Dental RDA - Number of Bachelors Degrees

JCSG: Medical

Function(s): Medical/Dental RDA

Question: Provide the total number of technical and management (supervisory) staff engaged in science and technology (S&T) and advanced development/acquisition activities at your location for FY 03 who possess a bachelors degree as their highest degree level attained. Limit your response to DoD civilian and military employees. If more than one activity is responding at your installation, list the number of staff for each activity in separate rows.

Source / Reference: Commander of the Medical/Dental Research, Development & Acquisitions (RDA) Activity, Personnel Records

Please fill in the following table(s), adding rows as necessary

Activity Name (Text) string100	Bachelors Degrees (Pers) numeric

DoD #2646: Medical/Dental RDA - Mission Jointness

JCSG: Medical

Function(s): Medical/Dental RDA

Question: For each activity, identify (1) your total FY03 funding, and (2) the percentage of your FY03 funding that was received from DoD Agencies and executed to fulfill a DoD executive or lead agent responsibility or other Joint mission.

Source / Reference: Commander of the Medical/Dental Research, Development & Acquisitions (RDA) Activity

Amplification: Total FY03 funding should include all Service or Defense-Wide funding for medical Research, Development and Acquisition activities, regardless of source, and may include Research, Development, Test and Evaluation (RDT&E, Program 6) or other types of funding as applicable. Funds executed on behalf of a Defense Agency (e.g., Defense Threat Reduction Agency or Defense Advanced Research Projects Agency) should be considered to be fulfilling a Joint mission.

Please fill in the following table(s), adding rows as necessary

Activity Name (Text) string100	FY03 Funding ($) numeric	% FY03 Funding for Joint Missions (%) numeric

DoD #2647: Medical/Dental RDA - Funding Jointness

JCSG: Medical
Function(s): Medical/Dental RDA
Question: For each activity, identify (1) your total FY03 funding, and (2) the percentage of your FY03 funding that was received from Defense agencies or (for Service activities) from Defense agencies or Services other than the parent Service of your activity. Total FY03 funding should include all Service or Defense-Wide funding for medical Research, Development and Acquisition activities, regardless of source, and may include Research, Development, Test and Evaluation (RDT&E, Program 6) or other types of funding as applicable.
Source / Reference: Commander of the Medical/Dental Research, Development & Acquisitions (RDA) Activity
Please fill in the following table(s), adding rows as necessary

Activity Name (Text) string100	FY03 Funding ($) numeric	% FY03 Funding from Defense Agencies/Other Services (%) numeric

DoD #2648: Medical/Dental RDA - Workforce Jointness

JCSG: Medical

Function(s): Medical/Dental RDA

Question: For each activity, identify (1) the number of individuals in your FY03 DoD workforce (military and civilian government employees), and (2) the percentage of your FY03 DoD workforce that was assigned from Defense agencies or (for Service activities) from Defense agencies or Services other than the parent Service of your activity.

Source / Reference: Commander of the Medical/Dental Research, Development & Acquisitions (RDA) Activity, Personnel Records

Amplification: DO NOT include contract personnel.

Please fill in the following table(s), adding rows as necessary

Activity Name (Text)	FY03 DoD Workforce (Pers)	% FY03 DoD Workforce from Defense Agencies/Other Services (%)
string100	numeric	numeric

DoD #2649: Medical/Dental RDA - Organization/Management Jointness

JCSG: Medical

Function(s): Medical/Dental RDA

Question: For each activity, identify which of the following best describes the activity?

a) Service-unique organization with service-unique management

b) Service-unique organization co-located with other related service-unique organization(s), with limited (<25%) sharing of facilities (space or equipment) among co-located organizations

c) Service-unique organization co-located with other related service-unique organization(s), with limited (<25%) sharing of facilities among co-located organizations and partial sharing of management functions (e.g., administrative functions, acquisition/logistics support, facilities management, personnel management, etc.)

d) Service-unique organization co-located with other related service-unique organization(s), with extensive (25% or greater) sharing of facilities among co-located organizations, but no significant sharing of management functions

e) Service-unique organization co-located with other related service-unique organization(s), with extensive (25% or greater) sharing of facilities among co-located organizations and partial sharing of management functions (e.g., administrative functions, acquisition/logistics support, facilities management, personnel management, etc.)

f) Joint organization under a joint command structure, or part of a Defense agency

Source / Reference: Commander of the Medical/Dental Research, Development & Acquisitions (RDA) Activity

Please fill in the following table(s), adding rows as necessary

Activity Name (Text) string100	Jointness (List) multiple choice[9]

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[9] Choose a value from this list: A, B, C, D, E, F

DoD #2650: Medical/Dental RDA - Collaborations & Agreements with Local Organizations

JCSG: Medical

Function(s): Medical/Dental RDA

Question: For each activity, list all currently active collaborations or agreements that (a) facilitate accomplishing or performing the activity's mission and (b) exist between the activity and an organization that is within a 50 mile radius of the activity, as measured from the perimeter of the installation. Such organizations may include operational military units, FFRDCs, universities and colleges, other government organizations, commercial activities, etc. Limit your response to formal collaborations or agreements documented by memoranda of understanding, material transfer agreements, letters, or similar documentation. Do not include installation support agreements. For each collaboration or agreement, (1) identify the name of the organization with which the collaboration or agreement exists, and (2) provide a short (50 words or less) description of the purpose or nature of the collaboration or agreement. If more than one activity is responding at your installation, use as many rows as needed to provide separate responses for each activity.

Source / Reference: Commander of the Medical/Dental Research, Development & Acquisitions (RDA) Activity

Please fill in the following table(s), adding rows as necessary

Activity Name (Text) string100	Collaborating Organization (Text) string50	Description (Text) string400

DoD #2651: Medical/Dental RDA - Operational Support Actions

JCSG: Medical
Function(s): Medical/Dental RDA
Question: Identify the number of workdays (based on an 8 hour workday) spent in the conduct of operational support actions of any type during the period from 11 September 2001 through 30 September 2003 at each activity. The following is a non-exhaustive list of types of support actions that should be included: individual deployments of personnel to support operational requirements; consultations provided from CONUS to operational forces; provision of new equipment training; provision of information products, such as information papers or pamphlets, in response to requests from operational forces; tests conducted to support operational needs; and contracts awarded to support operational needs. Other types of documented support actions should be included as deemed appropriate.
Source / Reference: Commander of the Medical/Dental Research, Development & Acquisitions (RDA) Activity, Personnel Records
Amplification: Workdays spent in the conduct of operational support actions should include deployment preparation time and travel time, as applicable.
Please fill in the following table(s), adding rows as necessary

Activity Name (Text) string100	Workdays (WD) numeric

DoD #2652: Medical/Dental RDA - Science & Technology Outputs

JCSG: Medical
Function(s): Medical/Dental RDA
Question: Identify the number of (1) patent disclosures, (2) scientific papers, and (3) product transitions from science and technology programs completed by each activity in FY03. Scientific papers should include all types of papers, to include peer-reviewed publications, technical reports, book chapters, and peer-reviewed conference abstracts, with the exception that multiple publications of the same information in different types of papers (e.g., an abstract and a peer-reviewed publication describing the same work) should only be counted as a single paper.   Abstracts that are not peer-reviewed may not be counted. Product transitions should include all transitions of materiel technologies or information products from science and technology programs to advanced development program managers, procurement activities, or other end users. (The number of transitions of information products should exclude any scientific papers counted separately in that category).
Source / Reference: Commander of the Medical/Dental Research, Development & Acquisitions (RDA) Activity
Please fill in the following table(s), adding rows as necessary

Activity Name (Text) string100	Output Type (List) multiple choice[10]	Number (Count) numeric

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[10] Choose a value from this list: Patent Disclosures, Scientific Papers, Product Transitions, Total

DoD #2653: Medical/Dental RDA - Contracting Value

JCSG: Medical

Function(s): Medical/Dental RDA

Question: For each activity, identify (1) the funded value of medical/dental RDA-related contracts that were awarded in FY03 for which the activity either (a) served as the awarding organization, or (b) provided acquisition support, such as technical experts for Source Selection Boards; and (2) the total Full Time Equivalents for DoD employees (military and civilian) and support contractors performing medical/dental RDA-related contracting or contracting support functions during FY03.

Source / Reference: Commander/Director of the contracting activity that the Commander of the Medical/Dental Research, Development & Acquisitions (RDA) Activity identifies, Dollars (K), Count, FTE

Please fill in the following table(s), adding rows as necessary

Activity Name (Text) string100	Funded Value of Contracts ($) numeric	Contracting Support FTEs (FTE) numeric

DoD #2654: Medical/Dental RDA - Logistics Management Actions

JCSG: Medical
Function(s): Medical/Dental RDA
Question: For each activity, identify (1) the number of logistics management actions (i.e., Type Classifications, Requisitions, Logistic Support Plans, Assemblages Built, New Equipment Training Plans, and Fieldings) completed by the activity in FY03, and (2) the total Full Time Equivalents for DoD employees (military and civilian) and support contractors devoted to logistics management during FY03.
Source / Reference: Commander of the Medical/Dental Research, Development & Acquisitions (RDA) Activity
Please fill in the following table(s), adding rows as necessary

Activity Name (Text) string100	Number of Logistics Management Actions Completed (Count) numeric	Logistics Management FTEs (FTE) numeric

DoD #2655: Medical/Dental RDA - Products Managed (Value)

JCSG: Medical
Function(s): Medical/Dental RDA
Question: For each activity, identify (1) the total FY03 funds for all medical products managed by the activity during FY03, and (2) the total Full Time Equivalents for DoD employees (military and civilian) and support contractors devoted to acquisition Program Management during FY03. Products are defined as modernization items that are in either advanced development, procurement, or fielding and are being handled as individual items. Assemblages are to be considered as a single product regardless of the number of component items. Total FY03 funds should include all medical product-related Service or Defense-Wide funding, regardless of source, and may include Research, Development, Test and Evaluation (RDT&E, Program 6) or other types of funding as applicable.
Source / Reference: Commander of the Medical/Dental Research, Development & Acquisitions (RDA) Activity and/or Program Management offices
Please fill in the following table(s), adding rows as necessary

Activity Name (Text) string100	FY03 Product Funding ($) numeric	Acquisition Program Management FTEs (FTE) numeric

DoD #2656: Medical/Dental RDA - FDA Regulatory Actions

JCSG: Medical

Function(s): Medical/Dental RDA

Question: For each activity, identify (1) the number of FDA regulatory actions completed by the activity in FY03 in support of DoD medical/dental RDA programs, and (2) the total Full Time Equivalents for DoD employees (military and civilian) and support contractors devoted to regulatory affairs support and oversight during FY03.   Regulatory actions are defined as animal care and use actions, Institutional Review Board protocol reviews, Quality Assurance/Quality Control monitoring documents completed, FDA discussions held, FDA submissions completed, environmental documents completed, and final research reports completed for regulatory oversight bodies (i.e., Institutional Review Boards, Animal Care and Use Committees, etc.).

Source / Reference: Commander of the Medical/Dental Research, Development & Acquisitions (RDA) Activity and/or Program Management offices

Please fill in the following table(s), adding rows as necessary

Activity Name (Text) string100	Number of Regulatory Actions (Count) numeric	Regulatory Affairs Support & Oversight FTEs (FTE) numeric