|  |  |  |  |
| --- | --- | --- | --- |
| **Position Title** | RESIDENCY TRAINED FLIGHT SURGEON | **Announcement #** | FY23-15 |
| **Unit/AFSC** | 139 AES/ 48R3 | **Opening Date** | 1 June 2023 |
| **Minimum Grade** | O-3 Capt | **Closing Date** | Until Filled |
| **Maximum Grade** | O-5 Lt Col  | **Area of Consideration** | NATIONWIDE |

|  |
| --- |
| **Specialty Summary***As outlined in AFOCD dated 30 April 2023*Administers the aerospace medicine program; conducts medical examinations and provides medical care foraircrew, missile crews, special duty operators and others with special standards of medical qualification and readiness functions.Evaluates living and working environments to detect and control health hazards and prevent disease and injury within the Air Forcecommunity. Related DoD Occupational Group: 260101. |
| **Duties and Responsibilities** 2.1. Provides aerospace medicine support. Implements policies and procedures and prepares directives governing flight and operational medicine, preventive medicine, and occupational medicine. Serves as liaison with federal, state, and local agencies in matters related tooperational aerospace medicine, preventive medicine, and occupational medicine. Applies medical standards for aircrew and special operational personnel. Submits recommendations on waivers and medical retention standards. Develops programs to ensure a fit force for worldwide deployments. Participates in training programs for aeromedical personnel.2.2. Provides preventive medicine support. Directs health education and control measures for preventable diseases and injuries. Determines adequacy of living and work environments. Conducts health promotion and fitness programs. Provides advice on nutrition,food service sanitation, water supply safety, sewage and waste disposal, immunizations, and health education. Conducts or provides consultation for disease outbreak investigations and health services research.2.3. Advises medical staff. Advises medical and dental staff on treatment of aircrew and special operational personnel and preparation of patients for aeromedical evacuation. Provides medical advice and guidance to bioenvironmental engineering, public health,physiological training, and other organizations. Provides epidemiological expertise for population-based health services and evidence based medical practice.2.4. Provides occupational medicine support. Participates in the process of determining frequency and scope of occupational medicine exams required by federal regulations and workplace exposures. Conducts and supervises placement and periodic health exams foremployees. Identifies occupational hazards, notifies appropriate agencies of occupational diseases, and job-related injuries or illnesses.2.5. Conducts medical examinations of personnel with special standards of medical care. Examines personnel to determine fitness for flying and special duties, or to recommend continuance, removal, or return to flying status and aviation service.2.6. Provides and organizes medical care for aircrew and special operational personnel, to include preventive medicine, counseling, and family unit support. Manages disorders and injuries unique to flying operations. Provides specialty consultation to aeromedical staff.Serves as liaison between flying squadrons and medical services. Directs outpatient and inpatient care and service to aircrew and special operation personnel. May provide dependent care within the scope of their privileges, as determined by assignment location or tomaintain currency in other AFSCs they possess.2.7. Provides medical support to operational mission and serves as staff advisor to flying squadron commander. Regularly participates in the flying mission. Inflight duties include evaluation of aircrew, aircraft, environment, and mission to provide feedback and guidance to line and medical staff. Develops and manages an aggressive preventive medicine program, including education of aircrew and special operational personnel in healthy lifestyles. Establishes procedures for aircraft mishap and disaster response and managing casualties inaviation accidents and other disasters. Provides advice on air rescue and aeromedical evacuation. Participates in flying safety and aircrew performance enhancement programs.2.8. Serves on aircraft mishap investigation boards.2.9. Provides medical support during contingency operations. Conducts medical prevention, intervention and evacuation activities during contingency operations. Gathers and utilizes medical intelligence to provide optimal medical support to deployed forces. Develops support mechanisms for family members of deployed personnel. Integrates their primary medical specialty with anunderstanding of aviation and contingency medicine to identify research needs in support of Air Force operations. |
| **Specialty Qualifications** **Knowledge:** *The following knowledge is mandatory for the AFSCs indicated*:Fulfillment of education and experience requirements satisfies this requirement.**Education:**For entry into this specialty, it is mandatory to possess a Doctor of Medicine (MD) degree or a doctor of osteopathy (DO) degree from an approved school of medicine or osteopathy.**Training:** *The following training is mandatory for the AFSCs indicated:*3.3.1. For entry and award of AFSC 48R1, completion of a residency (other than the USAFSAM Residency in Aerospace Medicine) at a residency training program acceptable to the Surgeon General, HQ USAF.3.3.2. Completion of the primary course in aerospace medicine IAW AFI 48-149, Flight and Operational Medicine Program (FOMP) as outlined in Initial Qualification Training (IQT).**Experience:** 3.4.1. For award of AFSC 48R3X, completion of suffix-specific residency acceptable to the Surgeon General and completion of Mission Qualification Training (MQT) as a 48R1X duty AFSC while performing the work typical of a base level flight surgeon and designated Fully Mission Capable (FMC) IAW AFI 48-149 as outlined in MQT.**Other:** 3.5.1. Initial physical qualification for aircrew duty according to AFI 48-123, Medical Examinations and Standards, certified initial flying Class II flight surgeon physical exam is required for entry into the career field.3.5.2. Possess an aeronautical rating of Flight Surgeon, Senior Flight Surgeon, or Chief Flight Surgeon as outlined in AFMAN 11-402, Aviation and Parachutist Service, Aeronautical Ratings and Aviation Badges.3.5.3. MTF/SGP certification and MAJCOM/SGP approval.3.5.4. Must obtain and maintain clinical privileges IAW AFI 44-119, Medical Quality Operations (or be immediately eligible for said privileges if assigned to a non-clinical positions).3.5.5. A state license to practice medicine.3.5.6. Retention. For retention of AFSCs 48R3/4, must not have a revocation of privileges or permanent and substantial reduction, restriction, or denial of privileges IAW AFI 44-119. Members may be disqualified from flying duties (DNIF or disqualified from flying) and maintain their AFSC and clinical privileges to practice within 48R1/3/4 as long they maintain unrestricted privileges to practice as an independent provider. Those permanently disqualified from flying duties may not be assigned to a squadron medical element (SME) billet. |
| **Other Qualifications*** No record of disciplinary action (Letter of Reprimand [LOR] or Article 15) for: 3.5.2.1. Failure to exercise sound leadership principles, especially with respect to morale or welfare of subordinates; or
* Engaging in an unprofessional or inappropriate relationship as defined in AFI 36-2909, *Professional and Unprofessional Relationships*; or documented failures (LOA, LOR or Article 15); or
* Taking or failing to act in situations, thereby exhibiting a lack of integrity; or
* A violation of Article 107, false official statements, Uniform Code of Military Justice (UCMJ).
* No convictions by a general, special or summary court-martial.
* No Unfavorable Information File.
* Never been convicted by a civilian court of a Category 1, 2, or 3 offenses, nor exceeded the accepted number of Category 4 offenses. Category 3 and 4 traffic offenses alone are not disqualifying.
* ***NOTE***: Categories of offenses are described and listed in AFI 36-2002, *Regular Air Force and Special Category Accessions*, Uniform Guide List of Typical Offenses.
* No recorded evidence of substance abuse, emotional instability, personality disorder, or other unresolved mental health problems.
* Applicants must be fully vaccinated by date of onboarding per NYANG Mandatory COVID – Vaccination Policy dated 16 October 2021 unless a religious or medical exemption is pending review/approval. Proof of vaccination status must be submitted if not in the military component system of record by date of onboarding/hire date
 |
| **Application Procedures**All applicants will prepare and forward the following no later than close of business on closing date by email:

|  |  |
| --- | --- |
| **Current/Prior Military** | **Civilian** |
| Resume | Resume |
| Cover Letter | Cover Letter |
| Military Biography  | DD Form 2807-2 (Self Reporting) |
| AF Form 24 | AF Form 24 |
| Unofficial College Transcripts  | Unofficial College Transcripts  |
| AFOQT Scores | AFOQT Scores |
| DD Form 2807-2 (Self Reporting)  |  |
| vMPF RIP/ERB/Record Print Out |  |
| Physical Fitness Report |
| Separation Order/Final DD214/NGB22 |  |

**Complete application package must be emailed no later than close of business on the closing date of the vacancy announcement. Incomplete packages will not be considered.****Applications must be submitted as 1 PDF document\*, portfolios will NOT be accepted***\*Documents that are digitally signed will have to be “Printed to PDF” to combine***Please email applications to**:109aw.fss.customerservice@us.af.mil**518-344-2436** |