

- c. This Instruction does not apply to other categories of health care professionals (e.g. registered nurses (RN), and emergency medical services providers (e.g. emergency medical technicians (EMTs), paramedics, first responders, etc.)). However, Auxiliary members possessing these health care skills should contact the Coast Guard Auxiliary Chief Medical Officer (CMO) for further guidance and consideration.
 - d. As the missions and responsibilities of the Coast Guard have expanded, so has the need for health care personnel to not only perform their usual clinical activities, but to also be available for emergency mobilization and/or deployment. Auxiliarists are a force multiplier during steady state and contingency operations. During surge operations, Auxiliarists' participation may further augment the health care capabilities of existing Coast Guard clinics and potentially release active duty health care personnel for operational response or deployment.
5. DISCLAIMER. This document is intended to provide operational requirements for Coast Guard personnel and is not intended nor does it impose legally-binding requirements on any party outside the Coast Guard.
 6. MAJOR CHANGES. This Instruction clarifies the mechanism of accession, the privileging and credentialing process and increases flexibility in assigning Auxiliary health care professionals to duty in Coast Guard clinics and sick bays.
 7. IMPACT ASSESSMENT. Coast Guard health service administrators and Auxiliary health care professionals should ensure awareness of the contents of this Instruction.
 8. ENVIRONMENTAL ASPECT AND IMPACT CONSIDERATIONS.
 - a. The development of this Instruction and the general policies contained within it have been thoroughly reviewed by the originating office in conjunction with the Office of Environmental Management, Commandant (CG-47). This Instruction is categorically excluded under current Department of Homeland Security (DHS) categorical exclusion (CATEX) A3 from further environmental analysis in accordance with Implementation of the National Environmental Policy Act (NEPA), DHS Instruction Manual 023-01-001-01 (series).
 - b. This Instruction will not have any of the following: significant cumulative impacts on the human environment; substantial controversy or substantial change to existing environmental conditions; or inconsistencies with any Federal, State, or local laws or administrative determinations relating to the environment. All future specific actions resulting from the general policy in this Instruction must be individually evaluated for compliance with the National Environmental Policy Act (NEPA), Department of Homeland Security (DHS) and Coast Guard NEPA policy, and compliance with all other applicable environmental mandates.
 9. DISTRIBUTION. No paper distribution will be made of this Instruction. An electronic version will be located on the following Commandant (CG-612) websites:
<http://www.dcms.uscg.mil/directives> and CGPortal at:
<https://cg.portal.uscg.mil/library/directives/SitePages/Home.aspx>.

10. RECORDS MANAGEMENT CONSIDERATIONS. This Instruction has been evaluated for potential records management impacts. The development of this Instruction has been thoroughly reviewed during the directives clearance process, and it has been determined there are no further records scheduling requirements, in accordance with Federal Records Act, 44 U.S.C. § 3101 et seq., National Archives and Records Administration (NARA) requirements, and the Information and Life Cycle Management Manual, COMDTINST M5212.12 (series). This policy does not have any significant or substantial change to existing records management requirements.
11. AUTHORITY.
- a. The Coast Guard Authorization Act for Fiscal Year 1996, Title VIII, Sec 802 as codified in 14 U.S.C. § 822, provides that the “purpose of the Auxiliary is to assist the Coast Guard as authorized by the Commandant, in performing and Coast Guard function, duty, role, mission, or operation authorized by law.”
 - b. In accordance with References (a) and (b), the Commandant authorizes the utilization of Auxiliarists in the performance of health care activities for which they are already trained, and found qualified, and licensed, registered or certified.
 - c. Auxiliary physicians, podiatrists and dentists who complete the accession, credentialing and privileging process contained in Reference (a) are authorized to wear three stripes with a red “A”. In accordance with Reference (b), Auxiliary NPs and PAs who complete the accession, credentialing and privileging process are authorized to wear two and a half stripes with a red “A”. Auxiliarists are allowed to wear the insignia of the highest office elected or appointed office earned, given that it was held for at least six months. In accordance with Reference (b), the Auxiliary CMO and the Auxiliary Deputy National Commodore are authorized to assign one Auxiliary health care professional as a Branch Chief to each of the three Auxiliary areas. Branch Chiefs and the CMO, are authorized to wear the four stripes with a red “A”.
 - d. The Auxiliary Health Care Device (CADUCEUS with Letter A) is authorized after two years of clinical service.

12. MECHANISM OF ACCESSION.

- a. Auxiliarists who desire to volunteer their health care skills for the Coast Guard, or who desire more information, should contact the Coast Guard Auxiliary CMO / Division Chief for Health Services (DVC-HM). Auxiliary health care professionals will be matched to a local Coast Guard clinic or sickbay according to their clinical training and competencies. If a match is neither available nor possible, they shall be similarly advised of such.
- b. For health care professionals seeking membership in the Auxiliary to provide health services, a review of the applicant’s competencies and suitability to the Coast Guard health care program will be performed prior to the applicant’s receipt of a favorable Auxiliary Personnel Security Investigation (PSI). Prior to the applicant’s formal accession into the Coast Guard Auxiliary to provide health services, the applicant must follow the steps in Paragraphs 12.c. through 12.g.

- c. All applicants will send their curriculum vitae (CV), as well as a completed Information Questionnaire for Auxiliary Health Care Providers, Form CG-6032, to the Auxiliary CMO via email (with scanned attachments). The CV and questionnaire will be reviewed by the Auxiliary CMO for applicability to the needs of the health care program and will include input from the applicant's or Auxiliarist's Flotilla Commander. If approved, the Auxiliary CMO will forward a copy of the applicant's CV, questionnaire, and their own endorsement to the Health, Safety and Work-Life Service Center (HSWL SC) to assess the need for services from an Auxiliarist health care professional and copy the applicable force manager in Commandant (CG-112) for their awareness. HSWL SC will then notify the Auxiliary CMO and Commandant (CG-112) force manager of any clinic(s) availability. In turn, the Auxiliary CMO will provide the Auxiliary health care professional with clinic contact information so that a final interview for suitability may be conducted by the clinic Senior Medical Officer (SMO) or Senior Dental Officer (SDO) as applicable. The clinic SMO or SDO as applicable will forward their recommendation to HSWL SC through the clinic Health Services Administrator. If the recommendation is to disapprove, justification for that disapproval must be provided. The HSWL SC CO will forward a letter of approval or disapproval to the Auxiliary CMO with a copy to the applicable force manager. The Auxiliary CMO then notifies the Auxiliary health professional of HSWL SC's decision. If HSWL SC recommends approval, the applicable force manager will notify the CVO to forward a credentialing application to the Auxiliary health professional. All Personal Identifying Information (PII) must be protected as per existing policy directives.
- d. The Auxiliarist will be expected to provide, on average, a minimum of 16 hours over the course of two (2) days of duty per month during normal clinic hours and/or weekends when the clinic needs to provide health care services to various units such as reserve units being activated.
- e. This program seeks to recruit Auxiliary health care professionals who are located within 50 miles of a Coast Guard clinic or sickbay.
 - (1) The 50 mile limit may be waived by Commandant (CG-11) based upon the needs of the unit as requested by the clinic or HSWL SC.
 - (2) Waiver Requests for Auxiliary Health Care Providers Residing Greater than 50 Miles from Assigned Clinic/Sick Bay, Form CG-6031, will be submitted by memorandum from the clinic or sickbay to Commandant (CG-11) through HSWL SC. The waiver request will include the specific needs of the clinic or sickbay that will be met by the Auxiliarist, the frequency of the needs, whether funding for travel will be provided (by the unit, HSWL SC or at the Auxiliarist's own expense), and that the Auxiliarist agrees to provide services per the requirements noted in the waiver request.
 - (3) Auxiliarists can live beyond 50 miles of a matched CG clinic or sick bay and they may be provided with reimbursable travel orders as Coast Guard local unit funding availability allows in such cases.
- f. Applicants must attain the Basic Qualified (BQ) membership status and be current in Auxiliary Core Training (AUXCT) before assignment to clinical duty.

13. ASSIGNMENT.

- a. The funding authority must generate appropriate orders for each assignment. Travel and meal expenses may be reimbursed for necessary travel to Auxiliary members who are assigned to duty pursuant to the established mileage rate as set forth in the Joint Travel Regulations. Auxiliary members will receive no compensation for clinical services performed pursuant to 14 U.S.C. § 830.
- b. Auxiliarists will have no command authority or supervisory responsibility, and will at all times be responsible to the SMO, SDO or Senior Health Services Officer (SHSO) who is assigned to the clinic or SMO or SDO who oversees the sickbay. The SMO, SDO or SHSO is not required to be onsite at the same time as the auxiliary health care professional support. Auxiliary PAs and NPs should adhere to current practice procedures.
- c. Professional liability. A Coast Guard Auxiliary health care professional who is assigned to duty shall be deemed a federal employee for purposes of 14 U.S.C. § 823a for medical liability purposes only. An Auxiliarist health care professional is required to disclose to the Coast Guard a full description of his or her professional background and health care qualifications (including any adverse or disciplinary action taken against the member), the member's medical license, or any credential by any medical board or governing agency. While performing official duties, the Auxiliarist health care professional acknowledges that he or she will perform only those operational/primary health care activities for which he/she has been credentialed and privileged. Auxiliarists may be subject to civil liability for conduct beyond the scope of their license. Performance of tasks outside the scope of written authorization (as defined by Request of Clinical Privileges) or beyond the scope of the assigned duties authorized by Commandant (CG-11) may subject the Coast Guard Auxiliary health care professional to civil liability and disciplinary action in accordance with Reference (b). An Auxiliarist's assignment to duty determination will be made in accordance with Reference (b).

14. CLINICAL UTILIZATION.

- a. Auxiliary health care professionals working in Coast Guard clinics may provide the full complement of clinical services consistent with their credentials, Coast Guard privileging and available facility/resources.
- b. In sickbays, Auxiliary physicians, PAs and NPs are only authorized to provide the following clinical services: retirement physical examinations and Occupational Medical Surveillance and Evaluation Program examinations in accordance with Reference (a). To maintain continuity of care by the member's primary care provider, Auxiliary health care professionals are not authorized to provide routine health care (medical/dental) or any associated procedures in Coast Guard sickbays, unless specifically authorized by their SMO or SDO based upon need. This does not preclude an Auxiliary health care professional at a sickbay from providing emergency care (e.g., threats to life, limb, or organs of special sense).
- c. Per Reference (b), medical support to the Coast Guard Academy Introduction Mission (AIM) program is an official mission of the Coast Guard Auxiliary. While Auxiliary/uniformed health care professionals are not authorized to provide routine or primary health care services to non-beneficiaries, Auxiliary/uniformed health care professionals participating in the Coast Guard

Academy AIM program are authorized to provide common first aid (that a parent would provide), emergency support and stabilization for transport and to provide in support of AIM participants.

- d. Auxiliary dentists who choose to provide Coast Guard services in their private dental office when assigned to Coast Guard duty and when authorized by their SDO may provide routine dental examinations and dental treatments at no cost to the government or to the CG service.
- e. Auxiliary health care professionals are not authorized to provide health care afloat onboard cutters without a formal request approved by Commandant (CG-112).
- f. Auxiliary physicians with appropriate clinical background may be considered for flight surgeon training and may be subsequently assigned to duty to apply such training in support of Coast Guard personnel and missions. Additional guidance regarding this can be found in Reference (c).

15. CREDENTIALING AND PRIVILEGING.

- a. Auxiliary health care professionals will meet and maintain all applicable credentialing and privileging requirements as specified in Reference (a). Commandant (CG-11) is the final authority for any variations from policy regarding the privileging of Auxiliary health care professionals.
- b. The application and protocol for credentialing are as follows:
 - (1) Auxiliary health care professionals will submit the information and documentation outlined in the following form - Required Application Information for Auxiliary Health Care Activities, Form CG-6034, a signed Attestation, Form CG-6040, and a Verification Conditions and Release of Information, Form CG-6041, to:

COMMANDANT (CG-1121)
ATTN: CREDENTIALING AND PRIVILEGING
US COAST GUARD STOP 7907
2703 MARTIN LUTHER KING JR AVE SE
WASHINGTON, DC 20593-7907
 - (2) A National Practitioner Data Bank-Health Care Integrity Practitioner Data Bank (NPDB-HIPDB) query will be run for all health care applicants.
 - (3) A copy of the most recent clinical privileges will be requested from medical institution(s) at which the health care professional has or had privileges.
 - (4) Additional information, documentation, and/or clarifications may be required.
 - (5) Application and credentialing records will be kept in accordance with Reference (a).

- c. The application and protocol for privileging are as follows:
- (1) Once Auxiliary health care professionals are fully credentialed and are approved for utilization within a designated Coast Guard clinic or sickbay, they may apply for clinical privileges as appropriate and in accordance with Reference (a).
 - (2) Auxiliary health care professionals are subject to the same credentialing review process and privileging standards as established for U.S. Public Health Service and Coast Guard health care professionals currently assigned to work in Coast Guard clinics per Reference (a).

16. AUXILIARIST HEALTH CARE PROFESSIONAL RESPONSIBILITIES.

- a. The Auxiliarist must at all times adhere to Coast Guard administrative policies.
- b. The Auxiliarist is responsible, at his/her own expense, to perform all activities required to maintain his/her certification, license, and qualifications, including but not limited to, Healthcare Provider Basic Life Support Certification (BLS), Drug Enforcement Administration License (if prescribing narcotic medications) and continuing professional education.
- c. Any incident or circumstance that might impact the Auxiliarist's credentials or professional status; or if he/she no longer remains a member of the Coast Guard Auxiliary; or if he/she becomes aware of any mental or physical condition or impairment which he/she develops that may impact the performance of assigned activities; must immediately be reported to the Senior Medical Executive, Senior Dental Executive, Senior Health Services Officer, Regional Manager and/or Commanding Officer/Officer-in-Charge. The Health Services Administrator must notify HSWL SC and Commandant (CG-1121) in writing, within 14 days.
- d. By accepting orders for participation in Coast Guard health care activities, the Auxiliarist agrees to abide by the conditions and policies contained within this Instruction, Reference (b) and as promulgated by authorities empowered to do so by the Coast Guard.

17. FORMS/REPORTS. The forms referenced in this Instruction are available in Coast Guard Electronic Forms on the Standard Workstation or on the Internet:
<https://www.dcms.uscg.mil/Our-Organization/Assistant-Commandant-for-C4IT-CG-6/The-Office-of-Information-Management-CG-61/Forms-Management/CG-Forms/>.

18. REQUESTS FOR CHANGES. Units and individuals may recommend changes by writing via the First class mail through the chain of command to:

COMMANDANT (CG-112)
ATTN OFFICE OF HEALTH
SERVICE US COAST GUARD STOP
7907
2703 MARTIN LUTHER KING JR AVE
SE WASHINGTON DC 20593-7907

E. G. SCHWARTZ /s/
Rear Admiral, U.S. Public Health Service
Director, Health, Safety and Work-Life