

DEPARTMENT OF THE NAVY  
Office of the Secretary  
Washington, DC 20350-1000

SECNAVINST 6401.2A  
OP-933G1  
31 January 1989

**SECNAV INSTRUCTION 6401.2A**

**From: The Secretary of the Navy**  
**To: All Ships and Stations**

**Subj: LICENSURE AND CERTIFICATION  
OF HEALTH CARE PROVIDERS**

**Ref: (a) DOD Directive 6025.6 of 6 Jun 88  
(NOTAL)**  
**(b) SECNAVINST 1120.6B (NOTAL)**  
**(c) SECNAVINST 1120.8B (NOTAL)**  
**(d) SECNAVINST 1120.10A (NOTAL)**  
**(e) SECNAVINST 1120.12A (NOTAL)**  
**(f) SECNAVINST 1120.13A (NOTAL)**  
**(g) OPM Qualification Standard  
X-118 (NOTAL)**  
**(h) SECNAVINST 1401.2**  
**(i) SECNAVINST 1920.6A**  
**(j) SECNAVINST 7220.61F (NOTAL)**  
**(k) SECNAVINST 7220.75B**  
**(l) DODDIR 6025.11 of 20 May 88  
(NOTAL)**  
**(m) DODDIR 6025.13 of 17 Nov 88  
(NOTAL)**

**1. Purpose.** To establish policy and procedures regarding licensure requirements for Department of the Navy (DON) health care providers under reference (a).

**2. Cancellation.** SECNAVINST 6401.2.

**3. Applicability.** This instruction applies to all military health care providers in the active duty and reserve components in the DON and to all DON federal civil service, foreign national hire and contract health care providers assigned to provide patient care services independently in Navy and Marine Corps Medical Treatment Facilities (MTFs) and Dental Treatment Facilities (DTFs), both fixed and non-fixed.

**4. Definitions**

**a. Licensure.** The granting of permission by an agency of a Government to individual health

care providers to provide patient care services independently within a specific scope of practice. Licensing jurisdictions for the United States include the individual states, the District of Columbia, the Commonwealth of Puerto Rico, Guam, and the U. S. Virgin Islands. This includes, in the case of such care furnished in a foreign country by any person who is not a national of the United States, a grant of permission by an official Agency of that foreign country for that person to provide health care independently as a health care professional. Authorized licensing jurisdictions for military health care personnel are specified in references (b) through (l). Authorized licensing jurisdictions for civilian health care personnel are specified in reference (g).

**b. Valid, Current License.** A license issued by a licensing jurisdiction which has not expired (R) or been cancelled. Licenses issued from authorities allowing military exemptions for fees or residency requirements are considered valid as long as the licensing authority considers the licensure to be current.

**c. Certification.** The process documenting that an individual's knowledge and technical skills have been evaluated, and have fulfilled the requirements of a specialized professional organization to practice in that field.

**d. Provide Patient Care Services Independently.** Authorized to provide patient care services without supervision, within the scope of a license and in accordance with individually granted clinical privileges or certification.

**e. Supervision.** The process of reviewing, observing, and accepting responsibility for assigned personnel. (A)

**(1) Direct.** The supervisor is involved in the decision-making process, either through (A) verbal consultation, or while physically present through all or a portion of care.

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(2) Indirect. Retrospective record review  
A) to assess quality of care and to ensure approved scope of practice has not been exceeded.

5. Policy. Department of the Navy policy is to require health care providers in designated disciplines to have and maintain a valid, current license or certification to provide patient care services independently and to ensure that the maximum feasible number of military providers are licensed to be available for worldwide assignment and deployment.

a. The following DON health care providers assigned to positions providing patient care require licensure by 8 November 1988:  
R)

Physicians	Dentists
Nurses	Clinical Psychologists

b. The following DON health care providers assigned to patient care positions must be licensed by 31 July 1989:  
R)

Podiatrists	Physical Therapists
Pharmacists	Optometrists
Dental Hygienists	

c. The following DON health care providers assigned to patient care positions require appropriate certification by 8 November 1988:  
R)

Dietitians (RD)	Occupational Therapists
Social Workers	Physician's Assistants
Nurse Anesthetists	Nurse Midwives

d. Military health care providers who enter naval service immediately after training, who do not enter an approved Graduate Health Professional Education (GHPE) program shall possess a valid, current license or shall obtain a valid, current license within one year of eligibility, as specified in references (b) through (f). Those providers lacking either license or certification to provide care independently may work only  
R) under the supervision of a licensed provider of the same or similar professional discipline.

e. Health care providers who enter civil service or contract positions providing patient care services independently shall possess a valid, current license upon employment as specified in reference (g). Current licensure shall be maintained throughout the period of employment. Reference (g) exempts health care professionals hired into research positions.

f. Providers enrolled in approved GHPE Programs are to be licensed within one year of completion of the first or second year of GHPE depending on requirements of their state licensing authority. (R)

g. Physicians and dentists not yet possessing a license who are assigned to operational units immediately after internship shall be allowed to provide health care independently for 1 year. Those physicians and dentists not possessing a current, valid license by 1 year shall not be allowed to continue providing health care independently. (A)

h. Providers coming directly from education programs in professions requiring a period of practice experience prior to licensure or certification shall be permitted to practice, under supervision, during the required period. These providers must continue to work under appropriate supervision until licensed or certified and obtain a license/certification within a year of the end of the mandatory period of practice. (R)

i. Military health care providers not assigned to clinical billets (research, administration) who are not involved in clinical practice are not required to maintain licensure but must possess a valid current license prior to returning to clinical practice. All health care providers who may be subject to mobilization should maintain licensure/certification, regardless of current position held. (R)

j. Foreign national physician graduates of foreign medical schools, who are hired by DON to provide independent health care services, shall possess a medical license or equivalent which allows them to practice independently in the country where hired to practice except as (R)

authorized in paragraph 6d below. U. S. citizens who are graduates of foreign medical schools must maintain a valid, current license from one of the authorized U. S. licensing jurisdictions.

k. Nursing licensure shall be based on the National Council of Licensure Examinations (NCLEX) requirements as required by reference (b).

## 6. Procedures

a. All health care providers in the designated  
R) disciplines must possess a valid, current license or certification to practice independently, except as noted in paragraphs 5d through 5i. Unlicensed providers shall work only under the supervision of a licensed provider of the same or similar discipline.

(1) The cognizant medical authority of the  
R) treatment facility or unit shall assign appropriate supervision to unlicensed providers.

(2) Supervision assignment to meet provi-  
R) sions of this instruction should not be construed as an adverse privileging action.

b. Military health care providers assigned to  
R) remote, overseas, or shipboard locations prior to 8 November 1988, and who cannot leave their duty station to fulfill licensure requirements, may request a temporary waiver for the limited duration of that assignment and for one year following return to the Continental United States. The Director, Naval Medicine may grant such temporary waivers.

c. Military health care providers assigned  
R) overseas after 8 November 1988 should have a license/certification or waiver to practice independently.

d. Foreign National physicians employed by DON who lack a license in the country of residence or its equivalent which permits independent clinical practice may request a waiver from the Director, Naval Medicine. Waiver requests must include documentation of successful completion of an appropriate examination assessing

clinical competency or documented appraisal of clinical proficiency as assessed through quality assurance monitoring mechanisms. The Director, Naval Medicine may grant such waivers after obtaining approval from the Assistant Secretary of Defense (Health Affairs).

e. Unlicensed providers, not temporarily exempted from the licensure requirements listed in the paragraphs above, may be considered for a (A) temporary waiver from the Director, Naval Medicine in the following circumstances:

(1) Currently practicing providers scheduled to take their initial licensure examination within the next six months may request a (A) waiver pending results of the examination.

(2) Physicians who have passed qualifying examinations and have applied for licensure may (A) request a waiver until license is obtained.

(3) Physicians and dentists in clinical positions with over ten years of active duty who are (A) board certified may qualify for a waiver. These waivers may be granted after approval by the Assistant Secretary of Defense (Health Affairs).

f. Waiver requests should be submitted to the Director, Naval Medicine via the provider's chain (R) of command and the Deputy Commander for Personnel Management, Naval Medical Command and should contain the following information:

(1) Current licensure or qualifying board status and steps taken to obtain licensure. (R)

(2) When licensure is expected.

(3) Clinical competence of the provider as determined through quality assurance monitoring mechanisms.

(4) Current assignment and any anticipated permanent change of station or deployment plans.

g. Providers who have failed qualifying licensure exams are not eligible for waiver of the (A)

licensure requirement. These individuals may only practice under supervision until licensure is obtained. The licensure waiver mechanism will cease on 1 October 1992. All providers required to be licensed under the provisions of this instruction, unless temporarily exempted under paragraphs 5d through 5i should be in possession of a current, valid license or a waiver at that time.

h. Military health care providers who do not meet licensure requirements of this instruction may be processed for separation for cause as provided in references (b) through (e), (h) and (i) or may be subject to denial or termination of specialty pay under references (j) and (k). DON federal civil service, foreign national hire, or contract health care providers, hired to provide independent health care services who do not meet licensure requirements of this instruction may be processed for adverse action, including removal from federal service under reference (g), or may have their contracts terminated, as applicable.

**7. Authentication of Licensure/Certification.** The authority designated in paragraph 9 shall take every reasonable precaution to verify that the licensure or certification documents submitted are authentic. Independent primary authentication with the licensing/certification authority or a reliable secondary source regarding initial proof of licensure/certification is required for adequate verification. Primary source verification for renewal status is not necessary but the provider shall present the renewed license or certification to the appropriate command/unit office to ensure that current licensure/certification information is maintained.

**8. Licensing Reporting.** The Director, Naval Medicine, or his designee shall report all permanent adverse privileging actions and permanent adverse administrative actions due to professional misconduct, negligence, or incompetence, or due to physical or mental disability on licensed or certified providers to the appropriate professional licensure/certification clearing house or to the licensing authorities of the states in which they are licensed, as provided in references (l) and (m).

**9. Responsibilities.** The Director, Naval Medicine under the Chief of Naval Operations is responsible for ensuring the licensure and certification requirements of this instruction are met.

a. The Commander, Naval Recruiting Command shall ensure that direct accessions into the (A) designated disciplines and Medical Corps recalls to active duty meet the licensing and certification requirements of this instruction and references (b) through (f).

b. The Commander, Naval Military Personnel Command shall ensure that recalls to active duty (A) and interservice transfers meet licensure and certification requirements of this instruction.

c. The Commander, Naval Reserve Force shall ensure that the requirements of this instruction are met by drilling health care providers in the Selected Reserve and the Individual Ready Reserve.

d. The Commanding Officer, Naval Reserve Personnel Center shall ensure that the requirements of this instruction are met by non-drilling providers in the Individual Ready Reserves.

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Assistant Secretary of the Navy  
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