



services providers (e.g., EMTs, Paramedics, First Responders, etc.)). However, Auxiliary members possessing these allied health care skills may volunteer to work in Coast Guard health care facilities in accordance with 1.B.21.a and f of reference (a).

- b. 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. During surge operations, Auxiliarist 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.
- c. The Coast Guard Auxiliary is composed of volunteers, some of whom are trained, qualified, and licensed or registered to perform many of the same health care activities as are performed by active duty and select reserve personnel. Some Auxiliarists are willing to perform health care activities on a volunteer basis for the U. S. Coast Guard.

5. AUTHORITY.

- a. The Coast Guard Authorization Act for Fiscal Year 1996, Title VIII, Sec 802 as codified at 14 USC § 822, provides that the “Coast Guard Auxiliary is to assist the Coast Guard as authorized by the Commandant, in performing any Coast Guard function, power, duty, role, mission, or operation authorized by law... and other support missions authorized by the Commandant.”
- b. In accordance with 1.B.21.a and f of reference (a) and 3.C.4.a of reference (b), the Commandant authorizes the utilization of Auxiliarist in the performance of health care activities for which they are already trained, found qualified, and licensed, registered or certified.

6. MECHANISM OF ACCESSION.

- a. This program shall recruit Auxiliary health care professionals who are located within 50 miles of a Coast Guard clinic or sickbay. Restricting proximity reduces program cost and simplifies the logistics of placing and utilizing requested Auxiliary providers. The 50 mile limit may be waived based upon the needs of the unit as requested by the clinic or MLC (k) and by direct approval of Commandant (CG-11).
- b. Waiver requests (enclosure 1) shall be submitted by a memorandum from the clinic or sickbay to Commandant CG-11 through the respective MLC (k). The waiver request shall 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, MLC or at the Auxiliarist’s own expense, and that the Auxiliarist agrees to provide services per the requirements noted in the waiver request.
- c. Auxiliarists who desire to volunteer their health care skills for the Coast Guard, or who desire more information, should contact the Office of Health Services at: Commandant (CG-112), U.S. Coast Guard, 2100 2<sup>nd</sup> Street SW, Washington, DC 20593.
- d. Auxiliary health care professionals must be matched to a local Coast Guard clinic or sickbay by their clinical training and competencies.

- (1) For applicants who currently are not members of the Coast Guard Auxiliary, but are primarily seeking membership based solely upon a desire to provide health services, a review of the applicant's competencies and suitability to the Coast Guard health care program shall be undertaken prior to the applicant's receipt of a Favorable Auxiliary Personnel Security Investigation (PSI) and completion of the applicant's formal accession into the Coast Guard Auxiliary.
- (2) All applicants shall send a CV, as well as a completed questionnaire (enclosure 2), to Commandant (CG-112), U.S. Coast Guard, 2100 2<sup>nd</sup> Street SW, Washington, DC 20593 or by fax at (202) 475-5909. The CV and questionnaire will be reviewed by the requisite force manager for applicability to the needs of the program and, if approved, the requisite force manager will further forward a copy of the applicants CV and questionnaire to the appropriate clinic and/or MLC (k). In addition, the Chief, Health Services Division (CHSD), or his/her designee of the local clinic where an Auxiliarist is applying, shall conduct a direct interview with the applicant (to be coordinated by MLC (k) or Commandant (CG-112)).
- (3) Following the steps outlined above, and upon approval by the CHSD of the local clinic, the formal credentialing process will commence, including a request for clinical privileges (and concurrent application to the Coast Guard Auxiliary if not already a member).
- (4) Applicants who are not approved as a volunteer health care professional at a local Coast Guard clinic or sickbay will be encouraged to apply for membership into the Coast Guard Auxiliary in another capacity.

## 7. ASSIGNMENT.

- a. Assignments for Coast Guard Auxiliary health care professionals will be coordinated between the Commandant (CG-112), MLC (k) and the clinic's Chief, Health Services Division. The Auxiliarist will be expected to provide, on average, a minimum of two (2) days of duty per month during the normal clinic hours.
- b. The individual commands must generate appropriate orders, which may include compensation for necessary travel to Auxiliary volunteers who are assigned to duty. For Auxiliarists who are volunteering, they shall receive no compensation for their clinical services performed pursuant to 14 USC § 830.
- c. Auxiliarists will have no command authority or supervisory responsibility, and shall at all times be responsible to a senior active duty medical or dental officer (as appropriate) assigned to the clinic.
- d. Professional liability. Coast Guard Auxiliary health care professionals will not be held individually liable, pursuant to 14 U.S.C §§ 823a, for civil damages as long as the Auxiliarist, after making full disclosure to the Coast Guard of his or her professional background and medical or dental qualifications, is assigned duties and acts within the scope of those duties. Coast Guard Auxiliary health care professionals who act outside the scope of written authorization (as defined by Request of Clinical Privileges) may be subject to civil liability. An Auxiliarist's assignment to duty determination shall be made in accordance with Chapter 5.K of reference (b).

- e. Auxiliary Physicians and Dentists who complete the accession, credentialing and privileging process are authorized to wear the rank of USCGA LT. Auxiliary Nurse Practitioners and Physician Assistants who complete the accession, credentialing and privileging process are authorized to wear the rank of USCGA ENS. Such authorization lasts only as long as the privileges are current. Each Auxiliary Area and CG-11 are additionally authorized one privileged Auxiliary Health Care Professional (Physician, Dentist, Nurse Practitioner or Physician Assistant) to wear the rank of USCGA LCDR (assigned as managers).

8. CLINICAL UTILIZATION.

- a. In sickbays, Auxiliary physicians, physician assistants, and nurse practitioners are only authorized to provide physical examinations in accordance with reference (a). Auxiliary health care professionals are prohibited from providing sick-call or medical/dental procedures in Coast Guard sickbays. 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).
- b. Auxiliary dentists desiring to provide Coast Guard services in their private dental office may only provide routine dental examinations and may not render dental treatments.
- c. 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.

9. CREDENTIALING AND PRIVILEGING.

- a. Auxiliary health care professionals shall meet and maintain all applicable credentialing and privileging requirements in accordance with Chapter 13 of reference (a). Commandant (CG-11) is the final authority regarding any variations from policy for the privileging of Auxiliary health care professionals as established in Chapter 13 in reference (a).
- b. Application and protocol for credentialing.
  - (1) Auxiliary health care professionals shall submit the information and documentation enumerated in enclosure (3) to: Commandant (CG-1122), U.S. Coast Guard, 2100 2<sup>nd</sup> Street SW, Washington, DC 20593.
  - (2) The Auxiliary applicant shall sign a Privacy Act Statement for Individual Credentials File (ICF) Requests (enclosure (4)) which authorizes the release of information from entities that can assist in the primary source verification of his/her credentials. This may include facilities where the applicant currently holds clinical privileges or other individuals and organizations that may provide information concerning the applicant's participation in Coast Guard medical activities. The signed form also affirms that the applicant holds the United States Coast Guard; the USCG Auxiliary; any authorized individuals involved in the credentialing process; and all individuals and organizations that provide information; harmless for actions taken during the credentials verification and privileging process. The applicant shall also sign an Attestation (enclosure 5) and Verification Conditions and Release of Information (enclosure 6). These forms shall be submitted with all other credentialing documentation directly to:

Armed Forces Institute of Pathology  
 Department of Legal Medicine  
 1335 East West Highway, Suite 6-100  
 Silver Spring, MD 20910  
 W: (301) 295-8118 / 7995  
 F: (301) 295-7257

- (3) A National Practitioner Data Bank-Health Care Integrity Practitioner Data Bank (NPDB-HIPDB) query shall be run for all health care applicants.
  - (4) A Credential Transfer Brief shall be requested from any medical institution at which the health care professional has privileges.
  - (5) Additional information, documentation, and/or clarifications may be required.
- c. Application and protocol for privileging.
- (1) Once Auxiliary health care professionals are approved for utilization within a designated Coast Guard clinic or sickbay and are fully credentialed, they shall apply for appropriate clinical privileges in accordance with Chapter 13 of reference (a).
  - (2) The Senior Medical Officer (SMO) or Senior Dental Officer (SDO) of the applicable clinic shall review the request for clinical privileges and any supporting documentation, comment and/or recommend approval or disapproval of requested core and supplemental privileges, and forward the original request for privileges to the cognizant MLC (k).
  - (3) Auxiliaries who are 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 providers currently privileged to work in Coast Guard clinics. Additionally, at every three-year re-privileging interval, clinics and the requisite MLC (k) shall reassess the utilization and performance of the Auxiliaries provider and annotate such on the Auxiliary's Request of Clinical Privileges (form CG-5575 (series)).
  - (4) Auxiliaries assigned to perform physical examinations at Coast Guard sickbays and Auxiliary dentists who chose to perform dental examinations in their private clinics shall submit their Request for Clinical Privileges (form CG-5575 (series)) directly to the requisite MLC (k) for review and further processing.

#### 10. AUXILIARIST'S RESPONSIBILITIES.

- a. While performing official duties, the Auxiliary accepts responsibility to perform only those operational/primary medical care activities for which he/she has been authorized.
- b. Although Auxiliaries may be credentialed and privileged by the Coast Guard to perform multiple operational/primary medical care activities, limitations of the facility may result in the clinic's SMO/SDO restricting the performance of certain tasks. Performance of tasks beyond the scope of the duties authorized by the SMO/SDO may expose the Coast Guard Auxiliary health care provider to civil liability.
- c. The Auxiliary must at all times adhere to USCG administrative policies.
- d. The Auxiliary is responsible, at his/her own expense, to perform all of those activities required

to maintain his/her certification, license, competence, and qualifications, including but not limited to, Healthcare Provider Basic Life Support Certification (CPR) and continuing medical/dental/nursing education.

- e. Any incident or circumstance that might impact upon the Auxiliarist's credentials or professional status; or if he/she no longer remains a member of the USCG Auxiliary; or if he/she becomes aware of any mental or physical condition or impairment which he/she develops which may impact upon the performance of assigned activities; shall immediately be reported to the SMO/SDO and Chief, Health Services Division, and/or Commanding Officer/Officer-in-Charge. The Auxiliarist shall also immediately notify the cognizant MLC (k) and Commandant (CG-1122) in writing, by certified mail, return receipt requested, within 14 days.
- f. The information provided in paragraph (10)(e) may be submitted to the Auxiliarist's health care licensing board or organization and the NPDB in accordance with reference (a) ( if applicable), and may result in disciplinary or other consequences by the Auxiliarist's licensing/registry authority.
- g. By accepting orders for participation in Coast Guard health care activities, the Auxiliarist agrees to abide by the conditions and regulations contained within this Instruction, the Auxiliary Manual and as promulgated by authorities empowered to do so by the United States Coast Guard.

- 11. ENVIRONMENTAL ASPECT AND IMPACT CONSIDERATION. Environmental considerations were examined in the development of this directive and have been determined to be not applicable.
- 12. FORMS/REPORTS. All forms referred to in this Instruction are attached as enclosures and may be locally reproduced, except for the Request of Clinical Privileges, CG-5575 (series). Request of Clinical Privileges forms are located on the Commandant (CG-1122) Quality and Performance Improvement website at: [http://www.uscg.mil/hq/g-w/g-wk/wkh/provider\\_priv/index.htm](http://www.uscg.mil/hq/g-w/g-wk/wkh/provider_priv/index.htm).

PAUL J. HIGGINS /s/  
Director of Health and Safety

- Encl: (1) Waiver Request for Auxiliary Health Care Providers Residing Greater than 50 miles from an Assigned Clinic / Sickbay
- (2) Information Questionnaire for Auxiliary Health Care Providers
  - (3) Required Application Information for Auxiliary Health Care Activities
  - (4) Privacy Act Statement for Individual Credentials File (ICF) Requests
  - (5) Attestation Form
  - (6) Verification Conditions and Release of Information Form

**WAIVER REQUEST FOR AUXILIARY HEALTH CARE PROVIDERS  
RESIDING GREATER THAN 50 MILES FROM AN  
ASSIGNED CLINIC/SICKBAY**

CG Auxiliarist Support to CG Health Care Facilities, COMDTINST 6010.2B prohibits the accession of Auxiliary Health Care providers from being utilized at CG clinics or sickbays that are greater than 50 miles from where the Auxiliarist resides without a waiver from Commandant (CG-11).

1. Date:
2. Clinic, Sickbay or MLC (k) requesting waiver:
3. Clinic, Sickbay or MLC (k) representative:
4. CG Auxiliarist being considered for waiver:
5. Specialty of Auxiliarist:
6. What are the specific needs of the clinic or sickbay requesting this Auxiliarist?
7. What are the anticipated frequency and/or duration of such need?
8. How will the Auxiliarist be funded for travel to meet this need?

\_\_\_\_\_ By the Unit

\_\_\_\_\_ By MLC (k)

\_\_\_\_\_ By the Auxiliarist (at own expense)

9. By signing below, the CG Auxiliarist agrees to provide services as noted in the above requirements of this waiver request.

\_\_\_\_\_  
Signature of CG Auxiliarist

\_\_\_\_\_  
Date of Signature



**INFORMATION QUESTIONNAIRE for  
AUXILIARY HEALTH CARE PROVIDERS**

This questionnaire provides information regarding your availability and ability to support CG Health Care activities

1. Name:
2. Address:
3. Phone number:
4. Auxiliary Member Number, District, Division, Flotilla:
5. E-mail address:
6. Medical/Dental/Nursing Specialty:
7. Are you able to provide to CG Health Care Activities for at least 2 days per month during the work-week?
8. If so, how many work-week days per month?
9. If a need existed at a CG Health Care activity during an emergency requiring deployment of CG health care providers, would you be able to and willing to provide surge backfill medical support (for 1-2 weeks) at the CG medical/dental clinic that you support?  
Yes\_\_\_\_\_ or No \_\_\_\_\_
10. How much time will you need in order to be able to provide surge medical support:
  - a. Less than one day
  - b. 1-3 days
  - c. More than 3 days but less than a week
  - d. Longer than 1 week
  - e. Generally won't be able to provide short notice, extended surge backfill support.
11. Are you comfortable with (and can you provide supporting documentation demonstrating competency) performing routine full physical examinations (medical officers only)?  
Yes\_\_\_\_\_ or No \_\_\_\_\_

12. Are you comfortable with (and can you provide supporting documentation demonstrating competency) performing routine outpatient primary care (acute and chronic minor illness and injuries) (medical officers only)?

Yes \_\_\_\_\_ or No \_\_\_\_\_

13. Most CG medical encounters are captured through data input into computer interfaces. Are you willing and able to use a computerized medical record system to document aspects of encounters you participate in and to do the coding for your encounters?

Yes \_\_\_\_\_ or No \_\_\_\_\_

14. If you are a dentist, how often do you perform restorative dentistry?

Patients per week \_\_\_\_\_ Patients per month \_\_\_\_\_

Most recent date you performed restorative dentistry (mth/yr) \_\_\_\_\_

**REQUIRED APPLICATION INFORMATION for  
AUXILIARY HEALTH CARE ACTIVITIES**

1. Name:
2. Address:
3. Phone number:
4. Auxiliary Member Number, District, Division, Flotilla:
5. E-mail address:
6. SSN:
7. DOB:
8. Copy of the following credentialing documentation:
  - a. Active state licenses or state or federal registry certificate (with number and expiration date)
  - b. Healthcare Provider Basic Life Support Certification (CPR) card with expiration date
  - c. Diploma indicating school and date of graduation from medical/dental/professional school
  - d. Controlled Substance Registration Certificates (DEA) (if applicable)
  - e. Two letters of reference discussing moral character and medical/dental/professional qualifications
  - f. Curriculum Vitae (resume)
  - g. Board certification, if attained
  - h. Certificate of internship, residency completed (if applicable)
  - i. Most recent or current clinical privileges from hospitals/services where privileged that enumerate the procedures that you are authorized/qualified to perform (if applicable)
9. Privacy Act Statement for Individual Credentials File (ICF) Requests (Enclosure (3))
10. The clinic, station, or unit where desiring to volunteer:
  - a. Name of Senior Medical Officer (SMO), Senior Dental Officer (SDO), Chief, Health Services Division, Officer in Charge (OINC), or Commanding Officer (CO)
  - b. Address of clinic, station, or unit
  - c. Phone number
  - d. E-mail address

11. Auxiliary instructor qualification:

- a. Date
- b. Is qualification current?

**PRIVACY ACT STATEMENT FOR  
INDIVIDUAL CREDENTIALS FILE (ICF) REQUESTS**

1. The authority for collection of information including social security number (SSN) is found in the Privacy Act of 1974, 5 U.S.C. § 552a.
2. Principle purpose for which information is intended to be used:  
This form provides the advice required by the Privacy Act of 1974. The personal information will facilitate and document our verification of your credentials. The SSN and date of birth for the member is required to identify and retrieve credentials verification documents.
3. Routine Uses:  
The primary use of this information is to provide, plan, and coordinate member's credentials and privileging information. This will aid the privileging authority to review the member's academic qualifications, make a determination of the member's clinical competence, and grant appropriate privileges requested.
4. Whether disclosure is mandatory or voluntary, and effect on individual of not providing information:  
For all personnel, the requested information is mandatory because of the need to document all credentials and privileging data. If the requested information is not furnished, establishment of eligibility and granting of privileges will not be possible. This all inclusive privacy act statement applies to all requests for personal information made by personnel for credentials verification purposes and shall become a permanent part of your ICF.
5. Your signature acknowledges that you have been advised of the foregoing, that you authorize release of information from entities that can assist in verification of your credentials, including facilities where the applicant may currently hold privileges, individuals, and organizations that provide information concerning the applicant's participation in Coast Guard health care activities, allowing for primary source verifications, and that you hold the United States Coast Guard, the USCG Auxiliary, and any authorized individuals involved in the credentialing process and all individuals and organizations who provide information harmless as long as they are acting in good faith and without malice for actions taken during the credentials verification and privileging process.

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Signature

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Date

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Printed Name

**Attestation**

NAME: \_\_\_\_\_  
(Last, First, MI printed)

SSN: \_\_\_\_\_ DOB \_\_\_\_\_

I affirm and attest that all information submitted by me in this application is correct and complete to the best of my knowledge and belief. I acknowledge that any material misstatements in or omissions from this application may constitute cause for denial of my application for staff membership or participation.

I have the responsibility to comply with USCG policies and procedures for Medical and Dental Staff, and to abide by USCG Standards of Conduct. I will keep my file current by informing COMDT (CG-1122), of any changes, including but not limited to: my demographic information, my state license(s), certification(s), any change in my medical staff/employment status at any facility, any change in my professional liability insurance coverage, or the filing of a lawsuit against me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

