MEMORANDUM OF UNDERSTANDING (MOU)
BETWEEN
US ARMY DIRECTOR OF ACQUISITION CAREER MANAGEMENT (DACM)
AND
THE SURGEON GENERAL/CG, US ARMY MEDICAL COMMAND
(TSG/CG USAMEDCOM)
AND
CG, US ARMY HUMAN RESOURCES COMMAND (USAHRC)
AGREEMENT NUMBER: OTSG 14-001

SUBJECT: Army Acquisition Workforce Management of Army Medical Officers in Unique Education and Training Specialties

This is an MOU between the Army DACM, USAHRC and TSG/CG MEDCOM. When referred to collectively, the DACM, CG USAHRC and TSG/CG USAMEDCOM are referred to as the "Parties."

1. Authorities and references.
   a. Title 10 US Code (USC), Chapter 87, Defense Acquisition Workforce Improvement Act (DAWIA).
   f. Department of the Army Pamphlet 600-4, Personnel—General, Army Medical Department Officer Development and Career Management; 27 June 2007.
   g. DoD Instruction 4000.19, Support Agreements, 25 April 2013.
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2. Background/Problem.

a. Acquisition career fields for Army Medicine military officers include information technology, contracting, program management, and science and technology management. The DAWIA placed additional requirements on Acquisition Corps officers and directed them to single track in their functional area or career fields. The six different Corps of the US Army Medical Department (AMEDD) sustain a healthy and medically protected force with six specialty corps: medical, dental, veterinary, nurse, medical specialist and medical services. As a specialized branch, the AMEDD Corps are charged with continuing medical education and those that have been selected and certified as a member of the Acquisition Corps earn the additional skill identifier (ASI) "8X" to identify them as a highly competent workforce that supports the warfighter's materiel needs through customer-focused research, development, integration, acquisition, fielding and sustainment now and in the future.

b. In designing the personnel system for the future, a conceptual framework integrating the Officer Personnel Management System with the Leader Development System were considered when developing Army Medicine's respective Table of Distribution and Allowances (TDAs) with its major subordinate commands. Army Medicine placed great emphasis on providing the resources and avenues necessary for its scientific, information technology, and logistics professionals to gain critical knowledge in both acquisition and product management.

c. Under the Career Acquisition Personnel and Position Management Information System (CAPPMIS), officers are captured under the COMPO Code of AMEDD Officers and currently are not reported in Army DACM's acquisition numbers to the Office of Secretary of Defense (OSD) or in the US Army Acquisition Support Center's Dashboard Report, unless they have a military acquisition position list (MAPL) or Army Acquisition Corps centralized selection list (CSL) position.

3. Purpose. To address the Army Medicine unique training and education requirements for highly technical medical personnel with the "8X" ASI in acquisition management and establish a common basis of understanding on the identification, certification, utilization and management of AMEDD military officers in the Army Acquisition Workforce and/or assigned to acquisition positions.

4. Scope. Provisions of this MOU are applicable to the AMEDD officers designated in the six specialty corps (medical, dental, veterinary, nurse, medical specialist, and medical services) with an "8X" ASI and military officers designated Functional Area 51 Acquisition Workforce assigned to the AMEDD serving in acquisition positions.
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5. Responsibilities.

   a. DACM will:

      (1) Execute the responsibilities of the Component Acquisition Executive (CAE), as delegated by the Assistant Secretary of the Army for Acquisition, Logistics and Technology (ASA(AL&T)) to the DACM.

      (2) Provide overall Army Acquisition Workforce direction, guidance, and mentorship. Provide oversight, reporting, and certification of Army Medicine acquisition personnel.

      (3) Evaluate and approve Army Medicine proposed Acquisition Workforce-related policies for compliance with all existing acquisition statutes, regulations, and policies and synchronization with Army objectives.

      (4) Provide Army Medicine access to the Army’s CAPPMIS for acquisition career progression of AMEDD military officers with an "8X" ASI and military officers designated Functional Area 51 Acquisition Workforce in the Defense Acquisition Workforce or assigned to acquisition positions.

      (5) Provide certification for Acquisition Corps membership of AMEDD military officers with an "8X" ASI.

      (6) Provide acquisition career level certification of AMEDD military officers with an "8X" ASI.

   b. TSG/CG USAMEDCOM will:

      (1) Appoint the CG, US Army Medical Research and Materiel Command (USAMRMC), as the flag officer for managing the medical acquisition workforce.

      (2) Appoint the Medical Acquisition Consultant for the military acquisition workforce in support of Army Medicine.

      (3) Ensure the CG, USAMRMC:

          (a) Appoints the Army Medicine Acquisition Career Management Advocate and the Army Medicine Acquisition Career Program Manager (ACPM) to interface and support the AMEDD Acquisition Workforce; MEDCOM Regional Medical Commands (RMCs); MEDCOM Major Subordinate Commands (MSCs); TSG’s Medical Acquisition Consultant; Acquisition Health Services Division Career Manager, US Army Human Resources Command (USAHRC); Acquisition Management Branch, USAHRC; and the US Army Acquisition Support Center.
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(b) Assists the Health Services Directorate (HSD), HRC to verify acquisition certification requirements for all “8X” personnel assignments prior to issuing a Request for Orders (RFO) through the Army Medicine ACPM.

(c) Provides the HSD, HRC with a list of TDA-coded "8X" positions, noting required career field and certification level annually.

(d) Manages the development of Army Medicine acquisition workforce policy consistent with Army DACM and Army Medicine operational requirements in personnel identification, certification and utilization that meet all existing statues, regulations and policies.

c. The CG, USAHRC will:

   (1) Execute Human Resources staff responsibilities for Army Medicine AL&T workforce personnel through existing Army personnel systems, in accordance with all existing statutes, regulations and policies.

   (2) Execute the military career management programs of the Army Medicine AL&T workforce within the existing Army personnel management framework.

   (3) Provide feedback on the execution of AMEDD AL&T workforce responsibilities to TSG and the DACM.

   (4) Support all levels of Army, DoD, Defense Acquisition University (DAU), and non-governmental acquisition training and education program opportunities for AMEDD AL&T workforce members.

   (5) Review Army Medicine and DACM proposed policies for synchronization with Army personnel plans and objectives.

   (6) Direct HSD, USAHRC to coordinate with G-1, USAMRMC to verify acquisition certification for all “8X” personnel assignments prior to issuing an RFO through the Army Medicine ACPM.

6. Personnel. Each Party is responsible for all costs of its personnel, including pay and benefits, support, and travel. Each Party is responsible for supervision and management of its personnel.

7. Financial Details. This MOU does not document nor provide for the exchange of funds or manpower between the Parties nor does it make any commitment of funds or resources. If these conditions should change, the MOU will be formally amended in writing and signed by the Parties beforehand.
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   a. Effective period. This MOU is effective upon signature by all Parties and expires nine years from the effective date.

   b. Review/modification/termination. The Parties shall review the MOU annually on or around the anniversary date for financial impacts, and every 3 years in its entirety or more frequently if DoD or Army Acquisition Workforce policies/guidance change significantly. The agreement may only be modified by written agreement of the Parties, duly signed by their authorized representatives. This agreement may also be terminated by giving at least 180 days written notice required to soothe other Party. This agreement may also be terminated at any time by mutual written consent of the Parties. In case of mobilization or other emergency, this agreement will remain in force only within the supplier's capabilities.

   c. Disputes. Any disputes relating to this MOU will, subject to any applicable law, Executive Order, Directive or Instruction, be resolved by consultation between the Parties or be elevated through the parties' respective chains of command for resolution per DoDI 4000.19.

   d. Transferability. This MOU is not transferable except with the written consent of the parties.

9. Functional primary points of contact are:

   US Army Acquisition Support Center
   ATTN: SFAE-CM
   Mail Stop 5567
   Fort Belvoir, VA 22060-5567
   Phone: 703-805-1234

   US Army Human Resources Command
   Acquisition Management Branch
   ATTN: AHRC-OPC-Q
   1600 Spearhead Division Avenue
   Fort Knox, KY 40122-5201
   Phone: 502-613-6202

   US Army Medical Research and Materiel Command
   MEDCOM Acquisition Career Management Advocate
   ATTN: MCMR-AC
   810 Schreider Street
   Fort Detrick, MD 21702-5000
   Phone: 301-619-4517
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10. Agreed:

FOR USAHRC:

[Signature]
RICHARD P. MUSTION
Major General, AG
Commanding General, USAHRC

Date

FOR OTSG/USAMEDCOM:

[Signature]
PATRICIA D. HODO
Lieutenant General
The Surgeon General and Commanding General, USAMEDCOM

10 JAN 2014

FOR ASA (ALT):

[Signature]
MICHAEL E. WILLIAMSON
Lieutenant General, GS
Director, Acquisition Career Management

JUN 19 2015

Date