MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS
DIRECTORS OF THE DEFENSE AGENCIES
DIRECTORS OF DOD FIELD ACTIVITIES

SUBJECT: Extension of Expedited Hiring Authority for Shortage Category and/or Critical Need Health Care Occupations

Secretaries of the Military Departments, Directors of the Defense Agencies, and Directors of Department of Defense (DoD) Field Activities with Independent Appointing Authority (IAA) are hereby delegated the authority and assigned the responsibility under provisions of section 1599c of title 10, United States Code (U.S.C.), to appoint health care professionals in the occupations on the attached list, at all grade levels for their organizations and for their serviced organizations without IIA. The health care occupations listed at Attachment 1 have been determined to meet the criteria for designation as a shortage category or critical need occupation.

The authority in section 3304 of title 5, U.S.C., will be used to recruit and appoint individuals into these occupations in the competitive service. The principles of preference for the hiring of veterans and other persons established in subchapter 1 of chapter 33 of title 5, U.S.C., will also be applied when exercising this authority. Attachment 2 provides implementation guidance for using this expedited hiring authority, which expires December 31, 2020.

Requests to include additional occupations under this authority must be submitted to the Defense Civilian Personnel Advisory Service (DCPAS), via the Chief Human Capital Officer, Office of the Assistant Secretary of Defense for Health Affairs, and must include the data delineated in Section 7 of the attached updated implementation guidance.

Although the delegated appointment authority expires on December 31, 2020, the Department will annually assess its usage, and may rescind the authority earlier should conditions warrant. Assessment of the usage of this authority will be based, in part, on DoD Component data required to be submitted to DCPAS by the Components on October 31, annually. Reports should address the data required by Section 9 of the attachment.

This supersedes the previous delegation memorandum to the Secretaries of the Military Departments, Directors of the Defense Agencies, and Directors of DoD Field Activities of August 14, 2012.

You may redelegate this authority in writing.

Brad Carson
Acting

Attachments:
As stated
### Health Care Shortage and/or Critical Occupation Needs

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<thead>
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<th>Series</th>
<th>Occupation Title</th>
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ATTACHMENT 2
EXPEDITED HIRING AUTHORITY
FOR HEALTH CARE PROFESSIONALS
IMPLEMENTATION PROCEDURES

1. Authority.

   a. Section 1599c(a) of title 10, United States Code (U.S.C.), provides that the Secretary of Defense may designate any category of healthcare occupations within the Department of Defense (DoD) as shortage category positions or critical need occupations and utilize the authorities in section 3304 of title 5, U.S.C., to recruit and appoint qualified persons directly to positions so designated.

   b. The authority to recruit and appoint qualified persons directly in the competitive service under this expedited hiring authority (EHA) to shortage category or critical need positions is delegated to Secretaries of Military Departments, Directors of the Defense Agencies, and Directors of the DoD Field Activities with independent appointing authority for themselves and their serviced organizations as defined in their respective DoD chartering directives (hereafter referred to as “Components”). This authority may be further delegated in writing.

   c. Appointments under this authority may not be made after December 31, 2020.

   d. In using these authorities, the principles of preference for the hiring of veterans and other persons established in subchapter I of chapter 33 of title 5, U.S.C., will be applied.

2. Use of Expedited Hiring Authority.

The following principles shall be followed when exercising this authority:

   a. Comply with all applicable laws.

   b. Adhere to displaced employee procedures.

   c. Adhere to merit principles.


   a. Public notice is required. Public notification can be on a one-time basis or through an open continuous announcement.

   b. In making public notification, Components must use announcements that are concise, easily understood, and user-friendly.

      (1) Components will establish procedures for recruiting that will ensure fair and open competition and the identification of qualified persons for referral to management for selection and appointment.
(2) Potential applicants should have ready access to information about when, where, and how to apply for healthcare positions.

4. Merit Principles of Fair and Open Competition.
   
a. Recruitment should be from qualified individuals from appropriate sources in an endeavor to achieve diverse candidates who are representative of all segments of society. Merit factors shall be the basis for electing individuals for positions. All personnel programs and practices shall be administered in accordance with DoD Directive 1020.02E, “Diversity Management and Equal Opportunity in the DoD.”
   
b. Components must ensure transparency in hiring processes.

5. Selection of applicants.

All applicants selected must be qualified.

a. Qualified individuals are defined as individuals who:
   
   (1) Meet Office of Personnel Management’s (OPM’s) government-wide qualification standards or a qualification standard approved for use in DoD.
   
   (2) Meet any selective placement factors.

b. Application of the principles of veterans’ preference:
   
   (1) When preference eligibles and non-preference eligibles are being considered at the same time, the preference eligible must be selected if candidates are essentially equally qualified.
   
   (2) Essentially equal qualification determinations will be based on an analysis of the qualifications of the respective candidates and their relationship to the requirements of the position being filled.
   
   (3) A non-preference eligible candidate may not be selected over a preference eligible candidate unless the requirements governing non-selection of preference eligible veterans described below are met.

c. Process required to non-select preference eligibles:
   
   (1) Justification to non-select any preference eligible must be based on the clinical requirements of the position and the clinical qualifications of the preference eligibles. The selecting official must articulate why the qualifications of non-selected preference eligibles are not essentially equal to those of selected non-preference candidates. Non-selection of a preference eligible may also be related to the accuracy of qualifications presented by the preference eligible.
(2) All non-selection recommendations must be coordinated with the local Human Resources Officer (HRO). The HRO may request additional information from the selecting official in order to adequately review and advise on the request to non-select a preference eligible.

(3) Non-selection of preference eligibles, except for veterans with a compensable service connected disability of 30% or more, will be documented by the selecting official and approved by the second level supervisor.

(4) For non-selection of veterans with a compensable service connected disability of 30% or more, the Military Treatment Facility Commander, or equivalent, must recommend approval of the passover based on documented determination that the veteran does not have qualifications essentially equal to those of the non-preference candidate. The DoD Component Head will exercise approval authority on these passover requests. This authority may be re-delegated in writing only to the component Deputy Surgeon General or equivalent.

All non-selection documentation and decisions must be provided to the local HRO, with a copy to the Assistant Secretary of Defense (Health Affairs) Chief Human Capital Officer (ASD(HA) CHCO). The information will be maintained as part of the staffing case file. Components will report information annually as required in paragraph 9.

6. Appointing Authority.

This authority may be used to make permanent, term, or temporary appointments using the following Legal Authority Code/Legal Authority: Z5C9/Expedited Hiring Auth (Health Care), Sec 1109, PL 113-66, 12/26/2013.

7. Adding additional occupational series to this expedited hiring authority.

The following data, at a minimum, shall be submitted to support a request for positions in addition to those included in the current Secretary of Defense health care professional and medical EHA authorization. Information will be provided to the Defense Civilian Personnel Advisory Service (DCPAS).

a. Current Recruitment Needs:

(1) Numbers of positions for which you need to recruit

(2) Attempts to recruit and results

(3) Attempts to incentivize candidates and result of the incentives on recruitment success

b. Projected Recruitment Needs:
(1) Significantly increased future workforce requirements due to new or increased mission

(2) Substantial increase in vacancies due to projected retirements and/or turnover

c. Supply Gap:

(1) Vacancy lapse rate, i.e., inability to find qualified applicants leads to inability to fill positions

(2) Market data analysis that shows the number of available applicants with the necessary skills is lower than the demand

d. Past Recruitment Efforts and evidence of the ineffectiveness of these efforts:

(1) Job fairs

(2) Incentives

(3) Student Loan Repayment

8. Oversight and Accountability.

a. The ASD(HA), and the Deputy Assistant Secretary of Defense (Civilian Personnel Policy) (DASD(CPP)), under the direction and control of the Under Secretary of Defense (Personnel and Readiness) (USD)(P&R), are responsible for this expedited hiring authority, the determination of shortage category positions or critical need occupations, and the development of implementing guidance and policies under Section 1599c of title 10, U.S.C.

b. In coordination with their respective Functional Community Managers (FCMs), DoD Component Heads are responsible for proper use of this authority, adherence to merit and veterans’ preference principles, and accountability and reporting for their respective component.

c. DoD Component Heads shall provide information and data on the use of this appointing authority when requested by the DCPAS or the ASD(HA) CHCO and as required by paragraph 9 below.

d. Full documentation for appointments made under this authority, sufficient to allow reconstruction of the action, must be maintained.

e. Component FCMs will provide oversight, accountability and reporting for their respective healthcare community on issues such as workforce planning, expanded recruitment strategies and the use of recruitment incentives. They will provide information, as requested, to the ASD(HA) CHCO.

f. DCPAS shall oversee and monitor use of this authority throughout the DoD.
g. Appointments under this authority will be evaluated as part of the DoD Human Capital Accountability Framework.

9. Reports.

Components must report to DCPAS annually at: 
dodhra.mc-alex.dcpas-hrops.list.staffing-and-civ-transition@mail.mil by October 31, on the following data. Reports should be developed with input of the Component FCM and Human Resources staff.

a. Use of incentives in conjunction with the authority, e.g., recruitment/relocation incentives; student loan repayments.

b. Effectiveness of the authority in meeting Component staffing needs.

c. Documentation that would support continued use of the authority, e.g., large numbers of recruitments compared to market supply gaps.

d. Documentation for the non-selection of veterans, to include occupation, location and reason(s) for non-selection.