

DEPARTMENT OF THE ARMY  
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND  
2748 Worth Road  
Fort Sam Houston, Texas 78234-6000

MEDCOM Regulation  
No. 600-3

2 October 2012

Personnel—General  
**OFF-DUTY EMPLOYMENT**

Issue of further supplements to this regulation by subordinate commanders is prohibited, unless specifically approved by HQ MEDCOM, ATTN: MCHR-MA.

- 1. History.** This issue publishes a revision of this publication. Because the publication has been extensively revised, the changed portions have not been highlighted.
- 2. Purpose.** This regulation prescribes procedures and responsibilities pertaining to off-duty commitments by all active duty personnel and Department of Defense (DOD) civilian employee healthcare practitioners assigned or attached to the U.S. Army Medical Command (MEDCOM) and subordinate activities. The term "commitments" includes all off-duty employment or self-employment of any nature, as well as uncompensated volunteer activities involving the delivery of healthcare or related services. The term "self-employment" includes the sale of insurance, stocks, mutual funds, cosmetics, household supplies, vitamins, and other consumer goods and services, whether commercially manufactured or handcrafted.
- 3. References.** Listed in appendix A.
- 4. Explanation of abbreviations and terms.** Abbreviations used in this publication are explained in the glossary.
- 5. Applicability.** The provisions of this regulation are applicable to all active duty military and DOD civilian employee healthcare practitioners required to possess a professional license or other authorization, assigned or attached to MEDCOM and subordinate activities. These policies are not applicable to DOD civilian and military personnel who are not healthcare providers/practitioners.

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\*This regulation supersedes MEDCOM Reg-600-3, 31 March 2008.

## 6. Policies

a. Personnel subject to the Uniform Code of Military Justice (UCMJ) who fail to comply with the provisions of this regulation are subject to punishment under the UCMJ and to adverse administrative actions and other adverse actions authorized by applicable sections of the United States Code or Federal regulations.

b. All military personnel and all DOD civilian healthcare practitioners are prohibited from engaging in off-duty employment (including teaching, lecturing, writing, consulting, and temporary duty) without their commander's prior approval. Commanders must ensure that sufficient active duty military personnel and civilian healthcare providers are available to provide services to military beneficiaries, 24 hours a day, 7 days a week. Off-duty commitments may not be allowed to interfere with the DOD military healthcare provider's official Government duties. Healthcare practitioners as defined in DOD 6025.13-R, paragraph DL1.1.16. Include the following healthcare personnel:

- (1) Physicians.
- (2) Dentists.
- (3) All categories of Nurses (except nursing assistants).
- (4) Physical therapists.
- (5) Podiatrists.
- (6) Optometrists.
- (7) Clinical dietitians.
- (8) Social workers.
- (9) Clinical pharmacists.
- (10) Clinical psychologists.
- (11) Occupational therapists.
- (12) Audiologists.
- (13) Speech pathologists.

(14) Physician assistants.

(15) Chiropractors.

(16) Dental hygienists.

(17) Any other person providing direct patient care as defined DOD 6025.13-R, paragraph DL1.1.16 (Healthcare Practitioner) and paragraph DL1.1.17 (Healthcare Provider).

c. Military and civilian employee healthcare practitioners engaged in off-duty employment presently or in the future, are required to request permission in writing in accordance with this directive's guidance. All healthcare practitioners engaging in medically related off-duty employment will request permission using the sample format in appendix B. Personnel engaging in non-medical off-duty employment will request permission using the sample format in appendix C. Commanders will designate the routing of requests for off-duty employment (appendices B and C). For example, requests may be routed through the requestor's first line supervisor, chain of command, or combination thereof, to the unit commander for consideration. The applicant will be advised of the commander's decision within 10 working days of application. Commanders will maintain approved requests on file until they are no longer valid (for example, off-duty employment is terminated).

d. When granting off-duty employment for credentialed providers, the commander will review clinic access standards and provider productivity metrics. The commander will consider how well the clinic is meeting access standards for enrolled beneficiaries. Additionally, the commander will review the provider's productivity, such as relative value units (RVUs) per provider per day. These two sets of metrics will help the commander determine how well the clinic and provider are meeting the demand for the provider's service. The commander will use his or her best judgment when evaluating these two measures and determining if off-duty employment privileges should be approved.

e. Commanders will request a yearly statement from all Army Medical Department (AMEDD) personnel under their command that states the individual's current off-duty employment status. It is the individual's responsibility to update his/her employment status prior to any change. Negative statements are required from personnel who have terminated off-duty employment and those not involved in such activity.

f. All military personnel and DOD civilian healthcare practitioners will be required to sign a statement during in-processing acknowledging their understanding of this command's off-duty employment policy. (See appendix D for format.)

g. Permission for remunerative off-duty employment will be withdrawn at any time by the commander when such employment is inconsistent with references in paragraph (3) below. If permission is withdrawn, the affected individual may submit a written request for reconsideration to the commander.

h. Limitations and required reports.

(1) Government duties will not be impaired by off-duty employment. As a general rule, off-duty employment should not exceed 16 hours per week. The commander can grant exceptions, when fully justified in writing by the applicant, if circumstances clearly show that the additional hours will not adversely affect Government duties. There must be at least a six hour rest period between the end of the individual's non-Government employment and the start of his/her Government duties. Military personnel not on leave will not be granted approval for off-duty employment if the work site is not close enough to allow the individual to return to his/her place of duty within two hours time using land transportation.

(2) The individual will not be granted permissive temporary duty (TDY), pass, or compensatory time off for the primary purpose of engaging in off-duty employment. Ordinary leave may be granted in connection with authorized off-duty employment, to include providing testimony in cases arising out of off-duty employment, provided such absences do not adversely affect military duties.

(3) Officers on transition leave are prohibited from working for Government contractors in Government workspaces until the officer's actual retirement date because this constitutes inappropriate representation of an outside organization to the Government.

(4) Each individual participating in off-duty employment will submit a report to his/her commander not later than the 10<sup>th</sup> of each month stating the number of hours worked the preceding month. The monthly report will be submitted in accordance with the format at appendix E and must be verified and signed by the civilian employer or his/her designee.

(5) Officer trainees enrolled in graduate training programs are prohibited from engaging in off-duty employment.

(6) Healthcare practitioners will not be authorized as Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) or TRICARE providers.

(7) Off-duty employment will not involve expense to the Federal Government nor the use of military medical equipment or supplies.

i. Because of potential conflict with Government obligations, personnel will not assume responsibility for the medical or dental care of any patient on a continuing basis nor engage in private (solo) practice.

j. All personnel will advise potential off-duty employers that they will be subject to respond to alerts or emergencies that may arise during non-duty hours. Such emergencies could possibly delay the individual in reporting for civilian employment or could require the individual to leave his/her off-duty employment without warning.

k. The civilian employer must provide written certification that he/she accepts the regulatory limitations placed on the AMEDD employee. Employers must also agree that, as a condition for off-duty employment of AMEDD personnel, they will not seek reimbursement from CHAMPUS, TRICARE, Medicare, or Medicaid for treatment of DOD beneficiaries, or military supplemental medical care funds for services provided by AMEDD personnel; nor will they seek direct payment for these services from the patient. AMEDD personnel will neither receive nor accept compensation of any nature, direct or indirect, from the United States for healthcare rendered pursuant to their official duties (does not apply to dental service provided to continental United States (CONUS) enrollees of the TRICARE Family Member Dental Plan). They may, however, be compensated by Medicare and/or Medicaid for healthcare to non-DOD entitled beneficiaries.

l. The format at appendix F will be used by employers to acknowledge their understanding and agreement with the limitations of this directive.

m. Practitioners may engage in medical consultation practice with civilian practitioners when authorized by the commander. An officer certified by an American Specialty Board or recognized by The Surgeon General as having achieved an equivalent level of professional ability may, in isolated cases, provide advice or services on a remunerative basis to civilian practitioners in the diagnosis or treatment of patients not entitled to medical, dental, or veterinary care under AR 40-3.

n. AMEDD personnel are prohibited by AR 27-40 (paragraph 7-10) and this regulation, from providing expert opinion or expert testimony in support of private litigation, regardless of whether they are to be compensated. The terms "opinion" and "testimony" of this prohibition are broadly defined and include, for example, off-duty employment as a medicolegal consultant for a law firm or attorney, even if actual in-court testimony is neither required nor desired by the firm or attorney.

o. AMEDD personnel may, with their commander's written approval, provide voluntary services for the benefit of institutionalized persons and recognized nonprofit charitable organizations. A letter to the benefiting institution or nonprofit organization

\*MEDCOM Reg 600-3

should clearly state that the individual is performing charitable work as a private citizen and that the Government assumes no responsibility for the individual's actions.

*p.* Healthcare personnel will perform procedures necessary to save a life or prevent undue suffering at any time in an emergency.

*q.* Medical, nursing, dental, and veterinary personnel prescribing drugs in off-duty employment are subject to all requirements of the Comprehensive Drug Abuse Prevention and Control Act of 1970, to include Drug Enforcement Agency registration and payment of taxes that are imposed upon other physicians, nurses, dentists, and veterinarians conducting private practice.

*r.* The responsibility for meeting local licensing requirements is a personal matter for AMEDD personnel who wish to engage in off-duty employment. Malpractice insurance is a personal responsibility of the individual requesting permission to engage in off-duty employment. The Army will not be responsible for an individual's acts while he/she is engaged in off-duty employment.

*s.* Healthcare practitioners paragraph 6*b* will submit a statement from the prospective employer or local medical society, or a personal letter explaining how the proposed off-duty employment will benefit the civilian community and practitioners.

*t.* Personnel interested in off-duty employment at more than one location will submit complete justification with their application. A new application is required for each off-duty employment site for individuals who have been previously approved to engage in off-duty work.

*u.* If the provisions of this regulation conflict with existing negotiated union agreements, the terms of those agreements will be controlling. In any activity where a union was granted exclusive recognition, no new conditions of employment will be implemented without prior discussion with the servicing civilian personnel director regarding the obligation to negotiate with recognized unions.

**7. Responsibilities.** U.S. Army Medical Command activity commanders will:

*a.* Develop local procedures to implement the requirements of this regulation and cited references.

*b.* Maintain a file of approved applications and other documents required by this directive.

*c.* Initiate request for the annual statements to verify current off-duty employment status.

**Appendix A**  
**References**

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**Section I**  
**Required Publications**

**AR 27-40**  
Litigation

**AR 40-3**  
Medical Dental, and Veterinary Care

Comprehensive Drug Abuse Prevention and Control Act of 1970

**Section II**  
**Related Publications**

**AR 40-1**  
Composition, Mission, and Functions of the Army Medical Department

**AR 40-68**  
Clinical Quality Management

**DOD 5500.7-R**  
Joint Ethics Regulation (JER)

**DOD Directive 6025.13**  
Medical Quality Assurance (MQA) in the Military Health System (MHS)

**DOD 6025.13-R**  
Military Health System (MHS) Clinical Quality Assurance (CQA) Program Regulation

\*MEDCOM Reg 600-3

**Appendix B**  
**Request for Off-Duty Professional Civilian Employment**

(OFFICE SYMBOL)

(DATE)

MEMORANDUM THRU

(APPROPRIATE DIRECTOR)

Chief Military Personnel Division

FOR Commander, (MEDCOM ACTIVITY)

SUBJECT: Request for Off-Duty Professional Employment

1. In accordance with AR 40-1, Paragraph 1-8, and MEDCOM Regulation 600-3, I request permission to engage in remunerative professional off-duty employment apart from my assigned military (or civilian healthcare practitioner) duties.

a. Type of employment and nature of work: \_\_\_\_\_

b. Beginning date: \_\_\_\_\_

c. Hours per day: \_\_\_\_\_ Number of days per week: \_\_\_\_\_

Total hours per week: \_\_\_\_\_

d. Location of work: \_\_\_\_\_  
(name and address of employer)

e. Telephone number at place of employment: \_\_\_\_\_

f. Waiting period for patient appointments in my assigned clinic/MEDCOM activity area: \_\_\_\_\_ days.

(OFFICE SYMBOL)

SUBJECT: Request for Off-Duty Professional Employment

2. I understand the regulatory provisions concerning off-duty employment, and I agree to conduct any off-duty employment activities in accordance with those provisions. Further, I understand that:

a. It is my obligation to inform my commander in writing of any change in my proposed off-duty employment, as set forth in this memorandum, before the inception of such change.

b. I will not assume outside responsibilities that will in any manner compromise the effective discharge of my duties as an officer (or civilian healthcare practitioner) in the U.S. Army Medical Department, both as to the number of hours devoted to outside work and my individual limit and capacity.

3. I recognize that I am prohibited from, and cannot in good conscience engage in a private (solo) practice, or assume responsibility for the medical or dental care of any patient on a continuing basis; to do so could result in the compromise of my responsibility to the patient on the one hand or the primacy of my military (or Federal) obligation on the other.

4. I acknowledge that I am prohibited by federal law from receiving additional compensation, either directly or indirectly, for health services provided to DOD, CHAMPUS, or TRICARE beneficiaries.

5. I hereby authorize:

a. My off-duty employer to release to the commander, or his designated representative, information concerning the type of employment and nature of work, beginning and ending dates of employment, hours worked per week, number of days per week, and location of employment.

b. Medical insurance companies to release to the commander, or his designated representative, information concerning my registration as an eligible provider of services with medical insurance companies, if applicable--and if associated with a medical practice--identification of the clinic, hospital, or group medical practice associated with its business address and phone number.

\*MEDCOM Reg 600-3

(OFFICE SYMBOL)

SUBJECT: Request for Off-Duty Professional Employment

c. For the commander, or his designated representative, to release my social security number in association with these inquiries.

6. I have enclosed an assessment of the impact of the proposed employment on the civilian community and practitioners.

7. I will submit not later than the 10th of each month a report detailing the number of hours worked during the previous month, including employer verification of that information.

Encl

(Name, Grade, Branch of Requestor)

Recommend approval/disapproval

Recommend approval/disapproval

Name/Grade of Immediate  
Supervisor, Date

Name/Grade of Department Chief,  
Date

(OFFICE SYMBOL)

(DATE)

MEMORANDUM FOR (Requester)

SUBJECT: Off-Duty Professional Civilian Employment

Subject request is approved/disapproved. The reasons for disapproval are (if appropriate)

SIGNATURE BLOCK  
COMMANDER

SAMPLE

\*MEDCOM Reg 600-3

**Appendix C**

**Request for Off-Duty Employment (non-medical)**

(OFFICE SYMBOL)

(DATE)

MEMORANDUM THRU

(APPROPRIATE DIRECTOR)

Chief, Military Personnel Division

FOR Commander, (MEDCOM ACTIVITY)

SUBJECT: Request for Off-Duty Employment (non-medical)

1. In accordance with MEDCOM Regulation 600-3, paragraph 6b, of which I am aware, I request permission to engage in remunerative off-duty employment apart from my assigned military duties.

a. Type of employment and nature of work: \_\_\_\_\_

b. Beginning date: \_\_\_\_\_

c. Hours per day: \_\_\_\_\_ Number of days per week: \_\_\_\_\_

Total hours per week: \_\_\_\_\_

d. Location of work: \_\_\_\_\_  
(name and address of employer)

e. Telephone number at place of employment: \_\_\_\_\_

2. I understand that it is my obligation to inform my commander in writing of any change in my proposed off-duty employment, as set forth in this memorandum, before the inception of such change.

(OFFICE SYMBOL)

SUBJECT: Request for Off-Duty Employment (non-medical)

3. I will not assume outside responsibilities that will in any manner compromise the effective discharge of my duties in the U.S. Army Medical Department, both as to the number of hours devoted to outside work, and my individual limit and capacity.

4. I will submit not later than the 10th of each month a report detailing the number of hours worked during the previous month, including employer verification of that information.

Encl

(Name, Grade, Branch of Requestor)

Recommend approval/disapproval

Recommend approval/disapproval

Name/Grade of Immediate  
Supervisor, Date

Name/Grade of Department Chief,  
Date

SAMPLE

\*MEDCOM Reg 600-3

(OFFICE SYMBOL)

(DATE)

MEMORANDUM FOR (Requester)

SUBJECT: Off-Duty Employment

Subject request is approved/disapproved. The reasons for disapproval are (if appropriate)...

SIGNATURE BLOCK  
COMMANDER

SAMPLE

**Appendix D  
Inprocessing Statement for Off-Duty Employment**

(OFFICE SYMBOL)

(DATE)

MEMORANDUM FOR Commander, (MEDCOM ACTIVITY)

SUBJECT: Off-Duty Employment (ODE)

1. I am aware of MEDCOM's ODE policies and understand that before I begin any ODE, I will obtain my commander's approval. I also understand that if I engage in any ODE, I must review and comply with appropriate regulations and policies. Failure to do either subjects me to possible adverse action.

2. I further acknowledge my understanding that:

a. Active duty officers, warrant officers, enlisted personnel, civilian healthcare practitioners, and equivalent personnel will not engage in ODE without command approval.

b. Military personnel who fail to obtain command approval prior to engaging in ODE, or who do not fully comply with the provisions of appropriate regulations, are subject to punishment under the UCMJ as well as possible adverse administrative action.

c. Personnel not subject to the UCMJ who fail to obtain command approval are subject to adverse administrative action or criminal prosecution as authorized by applicable sections of the United States Code or Federal regulations.

3. Upon application for ODE, I understand that I must arrange an interview with my commander, or his designated representative, to discuss and review requirements and policies applicable to ODE.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Grade)

**Appendix E  
Monthly Report of Hours Worked**

(OFFICE SYMBOL)

(DATE)

MEMORANDUM FOR Commander, (MEDCOM ACTIVITY)

SUBJECT: Monthly Report of Hours Worked--Off-Duty Employment

As required by MEDCOM Regulation 600-3, the following is a complete tabulation of off-duty employment hours by the undersigned for the month of \_\_\_\_\_, (year) \_\_\_\_\_.

<u>DATE</u>	<u>#HOURS</u>	<u>DATE</u>	<u>#HOURS</u>	<u>DATE</u>	<u>#HOURS</u>
-------------	---------------	-------------	---------------	-------------	---------------

TOTAL HOURS: \_\_\_\_\_

\_\_\_\_\_  
(Individual's Signature)

\_\_\_\_\_  
(Typed or Printed Name/Grade)

The above information has been reviewed by the undersigned and is certified as correct.

\_\_\_\_\_  
(Employer's Signature)

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Business Name)

**Appendix F  
Off-Duty Employer's Acknowledgement**

**COMPANY LETTER**

TO: Commander, (MEDCOM ACTIVITY)

1. (Grade/Name/SSN) has applied and is accepted for employment in this organization.
2. I understand the following are conditions for employment:
  - a. Because of potential conflict with Government obligations, the individual will not assume responsibility for the medical or dental care of any patient on a continuing basis nor engage in private (solo) practice.
  - b. The employee is required to respond to alerts or other emergencies that could delay him/her in reporting for work or could require him/her to depart the work site without advance notification to this organization.
  - c. I may not request reimbursement from the Department of Defense (DOD), TRICARE, the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), from Medicare or Medicaid, for services provided to DOD healthcare beneficiaries by this employee, nor will I request direct payment from the patient from such service.
  - d. This individual's employment will not involve expense to the Federal Government nor involve the use of military medical equipment or supplies.
  - e. We will limit the individual to 16 hours off-duty employment per week, unless granted an exception in advance by his/her commander for the extended hours.
  - f. A member of this organization will certify as correct and sign the employee's monthly report to his/her commander showing the number of hours worked during the previous month.
  - g. Upon the commander's request, we will provide information regarding this individual's employment.

Signature  
Typed or Printed Name  
Duty Position Title

**Glossary**

**Section I**  
**Abbreviations**

**AMEDD**  
Army Medical Department

**CHAMPUS**  
Civilian Health and Medical Program of the Uniformed Services

**CONUS**  
Continental United States

**CQMP**  
Clinical Quality Management Program

**DOD**  
Department of Defense

**JER**  
Joint Ethics regulation

**MEDCOM**  
United States Army Medical Command

**ODE**  
off-duty employment

**RVU**  
relative value unit

**TDY**  
temporary duty

**TRICARE**  
Tri-Service managed care program that provides all healthcare for DOD beneficiaries within a DOD geographical region.

**UCMJ**  
Uniform Code of Military Justice

**Section II**  
**Terms**  
This publication contains no special terms.

The proponent of this regulation is the Office of the Assistant Chief of Staff for Personnel. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publication and Blank Forms) to Commander, U. S. Army Medical Command, ATTN: MCHR-MA, Fort Sam Houston, TX 78234-6006.

FOR THE COMMANDER:



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