

**BY ORDER OF THE  
CHIEF, NATIONAL GUARD BUREAU**

**AIR NATIONAL GUARD INSTRUCTION  
40-102**



**27 JUNE 2016**

**MEDICAL COMMAND**

**STATE AIR SURGEON**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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This instruction governs the position of the State Air Surgeon (SAS) in the Air National Guard (ANG). It implements ANGPD 40-1, *State Air Surgeon*. This Air National Guard Instruction (ANGI) prescribes the qualifications, duties, responsibilities, and both wartime and peacetime contingency requirements of the SAS. The authority to waive requirements found in this publication is retained by the Air National Guard Surgeon General (NGB/SG). Submit requests for waivers through the chain of command.

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**SUMMARY OF CHANGES**

This document has been substantially revised and must be completely reviewed.

**1. Philosophy.** The SAS enhances the ability of the ANG to properly perform its state and federal missions as the primary liaison between the individual medical/aeromedical evacuation units, the Adjutant General (TAG) and the Air National Guard Surgeon General (NGB/SG) on force health protection medical issues, medical aspects of homeland security and other medical

matters. The SAS helps to ensure that the State maintains a viable and healthy force for worldwide deployment. The SAS coordinates with the State's Army National Guard Surgeon as well as other ANG SASs within the Federal Emergency Management Agency (FEMA) region to identify military medical capabilities. The SAS coordinates appropriate use of medical assets mobilized for state or national emergencies and exercises staff oversight of ANG medical activities.

**2. Qualification and Appointment of State Air Surgeon.** The SAS should be the senior ANG medical officer in the state and is assigned as a member of the State Headquarters Staff. To qualify for and maintain the position of SAS, the SAS must hold valid credentials, be granted privileges and Waiver/certification approval authority by the Air National Guard Surgeon General (NGB/SG).

2.1. Candidate for the position of State Air Surgeon must hold the aeronautical rating of Air Force Flight Surgeon. (T-2)

2.2. Candidate should have broad experiences as medical officer including those as an operational flight surgeon and senior leadership experience (SGP or CC) within the medical group. (T-2)

2.3. Candidate must have current rank of O-6 or be eligible for promotion to O-6. (T-2)

2.4. Candidate must have eligibility to serve at least 2 years in the position and will be appointed for 4 years; TAG may reappoint the SAS for additional 4 year terms. (T-2)

2.5. Candidate must be appointed to the position of State Air Surgeon by the Adjutant General of the State. See **attachment 3** for sample template. (T-2)

2.6. Candidate must execute a written confirmation acknowledging appointment and acceptance of the duties and responsibilities of the position of State Air Surgeon. See attachment 4 for sample template.

2.7. SAS candidate will assure that copies of the TAG Appointment Letter and SAS Acknowledgement Letter are sent to the NGB/SG.

2.8. The State Air Surgeon will become a member of the State Headquarters staff as the senior ANG Medical officer of the State.

2.9. NGB/SG may delegate limited waiver authority to the SAS after completion of appropriate training and certification approval by NGB/SG.

2.10. State Air Surgeon Credentials/Privileges are granted and records thereof maintained by NGB/SG.

2.11. The State Air Surgeon is responsible for providing such information necessary to the NGB/SG for the credentialing/privileging and re-credentialing/re-privileging process in a timely manner.

2.12. Failure of the SAS to obtain privileges or to be granted waiver/certification authority within 180 days of appointment by the NGB/SG shall disqualify the candidate from serving in the position of SAS. (T-2)

**3. Qualification and Re-Qualification Training.**

- 3.1. Within ninety (90) days of appointment, the State Air Surgeon will supply all information necessary for NGB/SG to establish a Provider Credential File (PCF). (T-2)
- 3.2. Within 120 days of appointment, the State Air Surgeon must complete a one week orientation/training program devised by NGB/SG. The SAS will not be granted waiver/certification authority until accomplishment of initial training; however the granting of waiver/certification authority is not solely dependent on completion of training. (T-2)
- 3.3. The SAS must complete, under the direction of NGB/SG, a two to three (2-3) day SAS refresher course every two (2) years in order to maintain waiver/certification authority. (T-2)
- 3.4. NGB/SG shall have the authority to waive any of the above qualifications on a case by case basis.

**4. Duties and Responsibilities of SAS.** As the senior ANG medical officer in the State, the SAS serves as a consultant to the TAG for all medical issues. The SAS also acts as the liaison between NGB/SG and all medical units within the State.

- 4.1. The SAS functions as the State Headquarters' Air Surgeon in addressing all ANG medical and aeromedical programs within the State. Specifically the SAS:
  - 4.1.1. Oversees all force health protection requirements for all ANG members of the State.
  - 4.1.2. Ensures proper support and evaluation of Geographically Separated Units (GSUs) within the State.
    - 4.1.2.1. The SAS after coordination with the Assistant Adjutant General – Air (AAG) will assign a host Guard Medical Unit (GMU) to all Geographically Separated Units (GSUs) within the State.
    - 4.1.2.2. The State AAG will assign host GMU to all GSUs if they are not assigned by the SAS.
    - 4.1.2.3. The SAS will notify the commanders of each GSU and host GMU of the host/GSU assignments.
    - 4.1.2.4. The SAS will send a copy of the notification letter to ANG Aerospace Medicine Division (NGB/SGP) which must return a receipt of acknowledgement.
    - 4.1.2.5. Ensures that support agreements are formally established between the host GMU and assigned GSUs in accordance with AFI 25-201, *Support Agreements Procedures*.
    - 4.1.2.6. Evaluates medical aspects of GSU support agreements annually, serving as a catalyst for issue identification and resolution.
    - 4.1.2.7. An updated letter indicating the assignment of GSU to host GMU will be forwarded by the SAS to each GSU, GMU and NGB/SGP on an annual basis and for which the NGB/SGP must acknowledge receipt.
      - 4.1.2.7.1. If the GSU/host relationship no longer exists, SAS shall notify the NGB/SGP in writing of such.
      - 4.1.2.7.2. If such GSU/host relationship still exists, the SAS or, in his absence,

the Commander of the State Headquarters Staff, shall immediately generate such documentation as specified above.

4.2. The SAS advises both line and medical leaders regarding medical personnel issues and programs.

4.2.1. SAS participates in an annual strategic planning process with the Health Professions (HP) recruiting team as part of the HP Recruiting/Retention Team within the State. If there is no such team, SAS assists the local Recruiters on base and in the community. SAS coordinates the assistance of unit health professionals with unit/regional HP recruiters when requested.

4.2.2. SAS advises line commanders on medical unit commander selections and provides input for medical and aeromedical (AE) commanders' officer performance reports.

4.2.3. SAS may serve as a member of medical officer promotion boards.

4.3. Nominates members of the medical organizations throughout the State for awards, decorations and promotions.

4.4. Advises TAG, State Headquarters and line commanders, as well as GMU and Aeromedical Evacuation Squadron (AES) commanders, on ANG medical, psychological, and health promotion programs.

4.5. Ensures that support agreements are formally established between the host GMU and the squadron medical element (SME) or other unique operational groups or squadrons that have medical providers in accordance with AFI 48-149, *Flight and Operational Medicine Programs*, and AFI 25-201, *Support Agreements Procedures*.

4.6. Serves as the ANG medical representative in support of the State Partnership Program (SPP), or appoints another senior medical leader from within the State to fill this role.

4.6.1. Coordinates with the State's Army National Guard Surgeon's office to ensure joint medical participation in the SPP.

4.7. Serves as the focal point at State Headquarters regarding ANG medical capabilities related to Homeland Response and medical support to civil authorities.

4.7.1. Coordinates with SASs in other states within the same FEMA region and with the State's Army National Guard Surgeon to identify synergistic medical capabilities.

4.7.2. Serves as liaison between the Joint Forces Headquarters (JFHQ) and Federal and State medical organizations for issues related to ANG medical capabilities and requirements.

4.7.3. Works to establish bi-directional cross flow of information and capabilities awareness with State Health Departments for Chemical, Biological, Radiological, Nuclear and Explosives (CBRNE) events.

4.7.4. Helps integrate ANG medical representation into community National Incident Management System (NIMS) and Emergency Support Function (ESF) Health and Medical Services.

4.8. Encourages timely, accurate reporting of Medical Readiness statistics (i.e. Status of Resources and Training System (SORTS), Defense Readiness Reporting System (DRRS),

AEF Reporting Tool (ART), and other reports) and reviews results with medical units, commanders, and JFHQ.

**5. Site Visit Review and Reporting.** The SAS will maintain an awareness of issues and initiatives facing each of the medical organizations to ensure that appropriate force health protection is maintained throughout the State and Region.

5.1. The SAS will assist in the identification and resolution of problems, conflicts or other factors potentially limiting an organization's mission readiness. Such awareness will be developed through formal site visits, either individually or as part of a headquarters' team, or through informal methods including telephonic and electronic communiqués, or a combination of both. At a minimum, formal or informal visits will be accomplished at least annually with in-person, electronic or telephonic means utilized as deemed appropriate by the SAS at the following:

5.1.1. Each GSU regardless of whether or not medical personnel are authorized/assigned.

5.1.2. Each squadron medical element (SME) or other operational group/squadron with medical personnel authorized/assigned.

5.1.3. Each GMU and AES within the State.

5.1.4. Each visit to the GSU, SME, GMU and AES will be documented by a report.

5.1.4.1. SAS will furnish a written report to the TAG, the AAG, the wing commander, the visited unit's commander, the host GMU commander and NGB/SG detailing issues, concerns and recommendations. When formal visits have been accomplished, this report should be submitted no later than two (2) UTAs of the visit.

5.2. The SAS will encourage utilization of the self-inspection process through tools such as Management Internal Control Toolset (MICT), within each medical organization and will assist with leadership initiatives and resource procurement.

5.2.1. Review the unit self-assessment program at least quarterly.

5.2.2. Follow up on identified unit program discrepancies; engage with unit leadership to ensure the development of a get well plan.

5.2.3. In conjunction with NGB/SG staff, the SAS will assess unit plans and assist as necessary to rectify issues leading to a NGB/AFIA/MAJCOM inspection finding of less than effective (or equivalent result) for any State ANG medical unit.

5.2.4. In states with a Combat Readiness Training Center (CRTC) the SAS is responsible for oversight of the compliance with the medical facility operations and Individual Medical Readiness (IMR) of ANG personnel stationed or assigned to the CRTC.

5.2.5. The SAS must review and approve all "augmented" formulary items identified to fulfill unique state requirements in the CBRNE Enhanced Response Force Packages (CERF-P) before such items are added to the formulary.

## **6. Credentialing and privileging processes:**

6.1. SAS credentials will be maintained electronically by NGB/SG utilizing a PCF in CCQAS under NGB's UIC.

6.1.1. If the SAS augments medical organizations outside of his/her state as a provider, the gaining organization must maintain a privilege Inter-facility Credentials Transfer Brief (ICTB) with a validity period encompassing that time the SAS serves as a provider.

6.1.2. If the SAS augments a medical organization within his/her state as a provider, the gaining organization must maintain a privilege ICTB with a period of validity not to exceed the expiration of the current credentials awarded by the NGB/SG.

6.2. The SAS performs a Level-1 review and acts as the privileging authority awarding clinical privileges to the senior physician in the unit IAW AFI 44-119, *Medical Quality Operations*. In the event that the senior physician of a CERF-P, Contingency Response Group, Special Tactics Squadron is not credentialed through a Medical Unit, the SAS will award clinical privileges to the senior physician of such unit/squadron.

## **7. Public Health Emergency Officer Liaison (PHEO-LNO).**

7.1. The SAS is the senior military medical officer for the state, charged with creating a framework to facilitate and enable the ANG medical response within the state or region. Upon appointment as the SAS, he/she will be designated the State-PHEO-LNO. If PHEO training has been accomplished, the SAS can become the State-PHEO. In the SAS absence, the senior most ranking medical official/officer in that state/district or territories will be temporarily appointed as the acting State-PHEO-LNO.

7.1.1. The State-PHEO-LNO shall provide input about the state's military medical capability and the availability of any military medical resources, agent-specific information, and risk communication, and will provide situational awareness of the ANG medical capabilities to the governor, TAG, NGB-JSG, NGB/SG and local GMU.

7.1.2. The SAS monitors their state's medical statistics to ensure a viable and healthy force for local and worldwide deployment is available. The SAS coordinates with other SASs within the Federal Emergency Management Agency regions and Emergency Management Assistance Compact (EMAC) regions to identify and coordinate regional military medical response capabilities and operations if needed.

7.1.3. SAS's are highly encouraged to attend the Defense Medical Readiness Training Institute (DMRTI) PHEO Course.

## **8. Retirement or Reassignment of SAS must be orderly.**

8.1. Upon decision for retirement or reassignment, the current SAS should notify the TAG and NGB/SG.

8.2. Due to time required for appointing, credentialing, and training the incoming SAS, the selection should be at least 6 months in advance.

8.3. Outgoing SAS should mentor the incoming SAS during the transition period.

## **9. SAS interactions with Wing Director of Psychological Health (DPH).**

9.1. Since the SAS is a senior flight surgeon physician not attached to any Wing in the State, the SAS may serve as a resource for the Wing DPH.

9.2. SAS shall review Wing DPH reports monthly, which include aggregates of quality measures such as number of outreach contacts, leadership consultations, unit briefings, referrals, visits (Clinical and Non-Clinical), and client satisfaction.

**10. Medical Review, Certification, and Waiver Authority.** As the senior medical officer within the State, the SAS must be aware of all medical issues in the State. As such, all medical issues that may impact medical readiness of the unit should be brought to the attention of the SAS. In addition, the SAS must mentor the younger/less experienced medical officers in the State. To meet these goals, the SAS will:

10.1. Act as the Senior Reviewer for all aeromedical dispositions and Fitness for Duty Determinations. This will facilitate situational awareness regarding the medical readiness and the quality of medical summaries within the State.

10.1.1. Ensure quality and completeness of cases prior to forwarding to higher authority.

10.1.2. Provide mentoring to constituent units on medical summaries.

10.1.3. Brief the TAG/State Headquarters as needed on medical issues.

10.1.4. Act as the Senior Reviewer for all Physical Examination Processing Program (PEPP) cases.

10.1.5. Act as the Certification Authority for cases where the SAS has been delegated Certification Authority by NGB/SG.

10.1.6. Act as the Waiver Authority for cases, including enlistment physicals accomplished at MEPS, where the SAS has been delegated Waiver Authority by NGB/SG. All flying and Special Operational duty waivers must be accomplished in Aeromedical Information Management Waiver Tracking System (AIMWTS).

10.1.7. Review and certify medical examinations for all Air Force and non-AF component military transfers. Cases with disqualifying/potentially disqualifying conditions must be sent to NGB/SGP, Medical Standards Branch, for Waiver consideration.

10.1.8. Conflict of Interest.

10.1.8.1. SAS or Deputy SAS may not certify physicals or waivers of a spouse, sibling, child or any other family member, nor shall the SAS or Deputy SAS act as the privileging authority for a spouse, sibling, child or other family member.

10.1.8.2. Such physicals or waivers must be submitted to NGB/SGP for approval.

## **11. Support for the Duties and Responsibilities of the SAS:**

11.1. Assistant to the SAS.

11.1.1. The SAS may appoint an officer or senior enlisted person from any medical organization the additional duty of assisting in the fulfillment of SAS duties and responsibilities.

11.1.2. The appointment must have the written concurrence of the member's organization commander.

11.1.3. The assistant to the SAS is prohibited from:

11.1.3.1. Making credential/privilege determinations.

11.1.3.2. Making determinations pertaining to certification and waiver authority.

11.1.3.3. Other actions which require determination of a privileged provider.

11.1.4. Deputy SAS

11.1.4.1. At the discretion of the SAS and with the concurrence of the TAG, States are authorized a Deputy SAS.

11.1.4.1.1. It is strongly encouraged that states with more than two Wings consider appointing a Deputy SAS.

11.1.4.2. The appointment must have the documented concurrence of the member's organization commander.

11.1.4.3. Deputy SAS shall undergo the same appointment process as the State Air Surgeon as specified in ANGI 40-102, para **2.1**.

11.1.5. Deputy SAS shall complete the qualification and re-qualification training as specified in ANGI 40-102, **para 3**.

11.1.6. Deputy SAS shall assist in the duties and responsibilities as specified in ANGI 40-102 **para 4.1–4.6.**, with the SAS being ultimately responsible for assuring the accomplishment of all tasks.

**12. Mobilization and Contingency Missions.** During a mobilization and with consent and concurrence of TAG and NGB/SG, the SAS may augment any state medical organization, any Unit Type Code (UTC) tasking for which the SAS is otherwise qualified, or HQ NGB/SG.

MICHAEL R. TAHERI, Brig Gen, USAF  
Commander, Air National Guard Readiness Center

**Attachment 1****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFI 10-2519, *Public Health Emergencies and Incidents of Public Health Concern*, 1 May 2015

AFI 25-201, *Intra-Service, Intra-Agency, and Intra-Agency Support Agreements Procedures*, 18 Oct 2013

AFI 41-106, *Medical Readiness Program Management*, 22 Apr 2014

AFI 41-117, *Medical Service Officer Education*, 19 Oct 2011

AFI 44-103, *The Air Force Independent Duty Medical Technician Program*, 6 Dec 2013

AFI 44-119, *Medical Quality Operations*, 16 Aug 2011

AFI 48-101, *Aerospace Medicine Enterprise*, 8 Dec 2014

AFI 48-149 *Flight and Operational Medicine Program (FOMP)*, 12 Nov 2014

AFI 48-123, *Medical Examinations and Standard*, 5 Nov 2013

ANGI 36-2005, *Appointment of Officers in the ANG of the United States and As Reserves of the Air Force*, 15 Mar 2005

***Abbreviations and Acronyms***

**AAG**—Assistant Adjutant General for Air

**AES**—Aeromedical Evacuation Squadron

**AIMWTS**—Aeromedical Information Management Waiver Tracking System

**ANG**—Air National Guard

**ART**—AEF Reporting Tool

**CBRNE**—Chemical, Biological, Radiological, Nuclear, and Explosives

**CERF-P**—CBRNE Enhanced Response Force Package

**CRTC**—Combat Readiness Training Center

**DMRTI**—Defense Medical Readiness Training Institute

**DRRS**—Defense Readiness Reporting Tool

**ESF**—Emergency Support Function

**FEMA**—Federal Emergency Management Agency

**GMU**—Guard Medical Unit

**GSU**—Geographically Separated Unit

**HP**—Health Professions

**ICTB**—Inter-facility Credentials Transfer Brief

**IMR**—Individual Medical Readiness  
**JFHQ**—Joint Force Headquarters  
**MEPS**—Military Examination Processing Station  
**MICT**—Management Internal Control Toolset  
**NIMS**—National Incident Management System  
**PCF**—Provider Credential File  
**PEPP**—Physical Examination Processing Program  
**PHEO-LNO**—Public Health Emergency Officer Liaison  
**SAS**—State Air Surgeon  
**SME**—Squadron Medical Element  
**SORTS**—Status of Resources and Training System  
**SPP**—State Partnership Program  
**TAG**—The Adjutant General  
**UTA**—Unit Training Assembly  
**UTC**—Unit Type Code  
**WDPH**—Wing Director of Psychological Health

**Attachment 2****APPOINTMENT CRITERIA FOR AN ANG STATE AIR SURGEON (SAS)****A2.1. Candidate:**

- A2.1.1. Must hold the aeronautical rating of Air Force Flight Surgeon.
- A2.1.2. Should have broad experiences as a medical officer including those as an operational flight surgeon and senior leadership experience (SGP or CC) within the medical group.
- A2.1.3. Must have current rank of O-6 or be eligible for promotion to O-6.
- A2.1.4. Must have eligibility to serve at least 2 years in the position and will be appointed for four years; TAG may reappoint SAS for additional four year term.
- A2.1.5. Must be nominated to the position of SAS by the Adjutant General of the state.
- A2.1.6. Must execute a written confirmation acknowledging nomination and acceptance of the duties and responsibilities of the position of State Air Surgeon.
- A2.1.7. Acknowledgement Letter are sent to NGB/SGP.
- A2.1.8. Understands that SAS credentials/privileges are granted and records thereof maintained by NGB/SGP.
- A2.1.9. Is responsible for providing such information necessary to the NGB/SGP for the credentialing/privileging and re-credentialing/re-privileging process in a timely manner.

**Attachment 3****SAMPLE STATE AIR SURGEON APPOINTMENT LETTER**

## JOINT FORCE HEADQUARTER LETTERHEAD

Date

MEMORANDUM FOR NGB/SG

FROM: XXX – TAG

SUBJECT: Appointment of State Air Surgeon

1. I have appointed (Rank, First MI Last) as the (State) State Air Surgeon in accordance with ANGI 40-102, State Air Surgeon. (Rank) (Full name) meets the qualifications of State Air Surgeon as outlined in ANGI 40-102, State Air Surgeon, attach 2. He/She holds the aeronautical rating of Air Force Flight Surgeon, has previous Senior Leadership experience, and has over two years retainability.
2. He/She will submit a Provider Credential File (PCF) within 90 days of appointment and complete the one-week certification training program at NGB/SG within 120 days of appointment.
3. Appointment of (Rank) (First MI Last) as (State) State Air surgeon is effective (date: 1 January 20XX) and remains in effect until this letter is superseded.

//SIGNED//

SIGNATURE BLOCK

**Attachment 4**

**ACCEPTANCE OF ROLES AND RESPONSIBILITIES AS AN ANG STATE AIR  
SURGEON**

UNIT LETTERHEAD

Date

MEMORANDUM FOR NGB/SG

FROM: (RANK) (FIRST, MI, LAST)

SUBJECT: Acceptance of Roles and Responsibilities as an ANG State Air Surgeon

References: ANGI 40-102, State Air Surgeon

1. I, (First, MI, Last) have read ANGI 40-102, State Air Surgeon and willingly accept the roles and responsibilities of the ANG (State) State Air Surgeon.
2. By signing this document, I acknowledge, understand and concur with the above statement in its entirety.