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**MEDICAL COMMAND**

**STATE AIR SURGEON**

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(Col Kenneth Egerstrom)

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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. This ANGI may be supplemented at any level, but all supplements must be routed to OPR for coordination prior to certification and approval. Refer recommended changes and questions about this publication to the OPR listed above using the AF Form 847, *Recommendation for Change of Publication*; route AF Forms 847 from the field through the appropriate chain of command. The authorities to waive wing/unit level requirements in this publication are identified with a Tier (“T-0, T-1, T-2, T-3”) number following the compliance statement. See Air Force Instructions (AFI) 33-360, *Publications and Forms Management*, Table 1.1 for a description of the authorities associated with the Tier numbers. Submit requests for waivers through the chain of command to the appropriate Tier waiver approval authority, or alternately, to the Publication OPR for non-tiered compliance items. Ensure all records created as a result of processes prescribed in this publication are maintained in accordance with AFI 33-322, *Records Management and Information Governance Program*, and disposed of in accordance with the Air Force Records Disposition Schedule (RDS) located in the Air Force Records Management System.

## ***SUMMARY OF CHANGES***

This document has been revised and must be completely reviewed. SAS roles were clarified and redundancies were removed.

**Philosophy.** The SAS enhances the ability of the ANG to properly perform its state and federal missions as the primary liaison between Guard Medical Units, the Adjutant General (TAG) and the Air National Guard Surgeon General (NGB/SG). 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.

**1. 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 NGB/SG.

- 1.1. Candidate for the position of State Air Surgeon must hold the aeronautical rating of Air Force Flight Surgeon. (T-2)
- 1.2. Candidate should have broad experiences as medical officer including those as an operational flight surgeon and senior leadership experience (e.g. SGP or CC) within the medical group.
- 1.3. Candidate must have current rank of O-6 or be eligible for promotion to O-6. (T-2)
- 1.4. 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)
- 1.5. 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)
- 1.6. 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.
- 1.7. SAS candidate will assure that copies of the TAG Appointment Letter and SAS Acknowledgement Letter are sent to NGB/SG.
- 1.8. The State Air Surgeon will become a member of the State Headquarters staff as the senior ANG Medical officer of the State.
- 1.9. NGB/SG may delegate some certification or waiver authority to the SAS in-writing after completion of appropriate training and certification approval by NGB/SG.
- 1.10. State Air Surgeon Credentials/Privileges are granted and records thereof maintained by NGB/SG.
- 1.11. The State Air Surgeon is responsible for providing such information necessary to NGB/SG for the credentialing/privileging and re-credentialing/re-privileging process in a timely manner.

1.12. 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)

1.13. Do not bold subordinate paragraph numbers or titles.

## **2. Qualification and Re-Qualification Training.**

2.1. 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). Failure to do so may delay credentialing and privileging as a SAS. (T-2)

2.2. Within 180 days of appointment, the State Air Surgeon must complete a two to three day orientation/training program devised by NGB/SG. Every effort will be made to provide this training under alternative formats based on needs of the ANG and potential contingencies. The SAS will not be granted waiver/certification authority until accomplishment of initial training; however the approval of the SAS waiver/certification authority is not solely dependent on completion of training. (T-2)

2.3. The SAS must complete, under the direction of NGB/SG, SAS refresher course every two (2) years in order to maintain waiver/certification authority. (T-2)

2.4. NGB/SG shall have the authority to waive any of the above qualifications on a case by case basis.

**3. 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.

3.1. The SAS functions as the State Headquarters' Air Surgeon in addressing all ANG medical and aeromedical programs within the State. Specifically the SAS:

3.1.1. Oversees all force health protection requirements for all ANG members of the State.

3.1.2. Ensures proper support and evaluation of Geographically Separated Units (GSUs) within the State.

3.1.2.1. After coordination with the Assistant Adjutant General – Air (ATAG), will assign a host Guard Medical Unit (GMU) to all Geographically Separated Units (GSUs) within the State.

3.1.2.2. The State ATAG will assign host GMU to all GSUs if they are not assigned by the SAS.

3.1.2.3. The SAS will notify the commanders of each GSU and host GMU of the host/GSU assignments.

3.1.2.4. The SAS will send a copy of the notification letter to ANG Aerospace Medicine Division (NGB/SGP) which must return a receipt of acknowledgement.

3.1.2.5. Ensures that support agreements are formally established between the host GMU and assigned GSUs in accordance with AFI 25-201, *Support Agreements Procedures*.

- 3.1.2.6. Evaluates medical aspects of GSU support agreements annually, serving as a catalyst for issue identification and resolution.
- 3.1.2.7. An updated letter indicating the assignment of GSU to host GMU will be forwarded by the SAS to each GSU, GMU and NGB/SGP and for which the NGB/SGP must acknowledge receipt.
  - 3.1.2.7.1. If the GSU/host relationship no longer exists, SAS shall notify the NGB/SGP in writing of such. If such GSU/host relationship still exists, the SAS or, in her/his absence, the Commander of the State Headquarters Staff, shall immediately generate such
- 3.2. The SAS advises both line and medical leaders regarding medical personnel issues and programs.
  - 3.2.1. 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.
  - 3.2.2. SAS advises line commanders on medical unit commander selections and provides input for medical and aeromedical (AE) commanders' officer performance reports.
  - 3.2.3. SAS may serve as a member of medical officer promotion boards.
- 3.3. Nominates members of the medical organizations throughout the State for awards, decorations and promotions.
- 3.4. 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.
- 3.5. 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*.
- 3.6. 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.
  - 3.6.1. Coordinates with the State's Army National Guard Surgeon's office to ensure joint medical participation in the SPP.
- 3.7. Serves as the focal point at State Headquarters regarding ANG medical capabilities related to Homeland Response and medical support to civil authorities.
  - 3.7.1. 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.
  - 3.7.2. Serves as liaison between the Joint Forces Headquarters (JFHQ) and Federal and State medical organizations for issues related to ANG medical capabilities and requirements.
  - 3.7.3. Works to establish bi-directional cross flow of information and capabilities awareness with State Health Departments for Chemical, Biological, Radiological, Nuclear and Explosives (CBRN) events.

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

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

3.8. Public Health Emergency Officer (PHEO). The State-Air-Surgeon (SAS) performs PHEO duties IAW DoDI 6200.03 Public Health Emergency Management within the DoD, serves as the State’s Public Health Emergency Officer (PHEO) and is the senior military medical officer for their 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. 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.

3.8.1. The State-Air-Surgeon in the role as the State’s Public Health Emergency Officer shall provide input about the state’s all-hazards emergency response and serve as a clearinghouse for health-related information during a public health emergency. The SAS will maintain situational awareness and brief state governor, TAG, JGB-JSG, NGB/SG and/or local GMU regarding the state’s military medical capability and the availability of any military medical resources, agent-specific information and/or health risk communication.

3.8.2. 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.

3.9. PHEO Training: See AFI 10-2519, *Public Health Emergencies and Incidents of Public Health Concern*, for PHEO training requirements.

3.10. Public Health Emergency Liaison (PHEL) is a Wing level additional duty that acts as a liaison between the Wing and the State PHEO and/or ANG Command PHEO for public health related issues (T-2).

3.10.1. The PHEL will generally be a Drill Status Guardsman that is a physician/provider or public health officer /enlisted that is best positioned to advise the local installation commander during a Public Health Emergency.

3.10.2. Should be in a military status when advising the installation commander or responding to a Public Health Emergency (T-2).

3.10.3. The PHEL is not a PHEO and does not require PHEO training per AFI 10-2519.

**4. Site Visit Review and Reporting.** The SAS will maintain an awareness of issues and initiatives facing each of the GMUs in her/his state to ensure that appropriate force health protection is maintained throughout the State.

4.1. The SAS can assist GSUs, SMEs, GMUs, CRTCs, and AESs in the identification and resolution of problems, conflicts or other factors potentially limiting an organization’s mission readiness.

4.1.1. The SAS can utilize the Management Internal Control Toolset (MICT) to help identify and resolve problems, conflicts, or other factors limiting an organization's mission readiness.

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

5.1. SAS credentials will be maintained in an electronic Provider Credentials File (PCF) by NGB/SG under the NGB UIC using the current ANG Credentials and Privileging database.

5.1.1. If the SAS augments additional medical organizations as a physician either within or outside their State, the gaining organization(s) must maintain a privilege Inter-facility Credentials Transfer Brief (ICTB) with a validity period encompassing that time the SAS serves as a physician, not to exceed the expiration of the current credentials awarded by the NGB/SG.

5.1.2. The SAS acts as the privileging authority, awarding clinical privileges to the GMU Commander when he/she is a privileged practitioner, following Level-1 review and recommendation by the ANG Credentials and Privileging Board IAW current and applicable Defense Health Agency (DHA), Air Force and ANG policies. In the event that the Commander of a CERF-P, Contingency Response Group, Special Tactics Squadron is a privileged practitioner not privileged through a GMU, the SAS will act as the privileging authority, awarding clinical privileges to the Commander following Level-1 review and recommendation by the ANG Credentials and Privileging Board.

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

## **6. Retirement or Reassignment of SAS.**

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

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

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

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

**8. Medical Review, Certification, and Waiver Authority.** As the senior medical officer within the State, the SAS must be aware of all significant 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. All flying and Special Operational duty waivers must be accomplished in Aeromedical Information Management Waiver Tracking System (AIMWTS) (T-2). In addition, the SAS must mentor the younger/less experienced medical officers in the State. To meet these goals, the SAS will:

8.1. Act as the Senior Reviewer, or delegate the reviews to a Deputy SAS as applicable, 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.

- 8.1.1. Ensure quality and completeness of cases prior to forwarding to higher authority.
- 8.1.2. Provide mentoring to constituent units on medical summaries.
- 8.1.3. Brief the TAG/State Headquarters as needed on medical issues.
- 8.1.4. Act as the Senior Reviewer for all Physical Examination Processing Program (PEPP) cases.
- 8.1.5. Act as the Certification Authority for cases where the SAS has been delegated Certification Authority by NGB/SG.
- 8.1.6. Act as the Waiver Authority for cases where the SAS has been delegated Waiver Authority by NGB/SG.
- 8.1.7. 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.
- 8.1.8. Recommend to NGB/SG base level (SGP, Full-time Provider) providers that are ready to for delegated Certification or Waiver Authority.

## 8.2. Conflict of Interest.

- 8.2.1. 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.
- 8.2.2. Such physicals or waivers must be submitted to NGB/SGP for approval.

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

### 9.1. Deputy SAS.

- 9.1.1. At the discretion of the SAS and with the concurrence of the TAG, States are authorized a Deputy SAS.
- 9.1.2. In addition to providing support for the SAS workload and helping to insure timely case disposition, the Deputy SAS position provides professional development opportunities for Flight Surgeons in the State.
- 9.1.3. The appointment must have the documented concurrence of the member's organization commander, if operating as an additional duty.
- 9.1.4. Deputy SAS shall undergo the same appointment process as the State Air Surgeon as specified in ANGI 40-102, para 2.1.
- 9.1.5. Deputy SAS shall complete the qualification and re-qualification training as specified in ANGI 40-102, para 3.
- 9.1.6. 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.

MICHAEL GEROCK, Maj 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

*Adopted Forms*

AF Form 847, *Recommendation for Change of Publication*

*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**—Public Health Emergency Officer  
**SAS**—State Air Surgeon  
**SME**—Squadron Medical Element  
**SORTS**—Status of Resources and Training System  
**SPP**—State Partnership Program State –  
**PHEO**—State Public Health Emergency Officer  
**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

Figure A3.1. 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**

**Figure A4.1. 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.