



TRADITIONAL OFFICER VACANCY ANNOUNCEMENT

FOR APPOINTMENT IN THE NEW JERSEY AIR NATIONAL GUARD



NEW JERSEY AIR NATIONAL GUARD 108th Wing McGuire Air Force Base, NJ 08641	ANNOUNCEMENT # MC-25-01
	OPEN DATE: 21 November 2024
UNIT: 108TH MEDICAL GROUP	CLOSE DATE: Open Until Filled
MAX AVAILABLE GRADE: Lt Col/O-5	AFSC: 45B
POSITION TITLE: Orthopedic Surgeon	AREA OF CONSIDERATION: Nationwide <ul style="list-style-type: none">Individuals eligible for membership in the New Jersey Air National Guard

SPECIALTY SUMMARY: *(As outlined in AF Officer Classification Directory):*

Examines, diagnoses, and treats diseases and injuries of musculoskeletal system by surgical and conservative means. Manages orthopedic surgery services.

Duties and Responsibilities:

2.1. Examines, diagnoses, and treats diseases and injuries of musculoskeletal system by surgical and conservative means and application of corrective mechanical devices. Prepares and reviews case histories and obtains data through interviews. Examines patients and determines x-ray examinations and clinical laboratory tests required. Interprets test results and evaluates examination findings. Determines procedures for preoperative and postoperative care such as administering sedatives, prescribing diets, and preparing operative area of patients. Applies surgical procedures and coordinates operation with anesthesiologist. Reduces and immobilizes fractures by open or closed methods, using such corrective devices as braces, casts, and splints. Administers and prescribes such conservative measures of treatment as antibiotics, drugs, and compresses. Treats patients suffering from surgical shock, postoperative hemorrhage, and other complications.

2.2. Manages orthopedic surgery services. Formulates plans and procedures for orthopedic surgery services. Schedules operations and assigns surgeons, nurses, and medical technicians. Directs nurses in procedures for preoperative and postoperative care and operating room techniques. Advises on kind and quantity of orthopedic supplies and equipment. Coordinates orthopedic surgery services with other medical activities. Instructs interns and residents in orthopedic surgery procedures. Serves as consultant on orthopedics.

Specialty Qualifications:

3.1. Knowledge. Fulfillment of education requirement satisfies this requirement.

3.2. Education. For entry into this specialty, a Doctor of Medicine degree or a doctor of osteopathy degree from an approved school of medicine or osteopathy is mandatory.

3.4. Experience. For award of AFSC 45B3, completion of a residency or fellowship in orthopedic surgery acceptable to the Surgeon General, HQ USAF, is mandatory. For award of AFSC 45B3X, completion of a suffix-specific fellowship program acceptable to the Surgeon General, HQ USAF, is mandatory.

3.5.1. For entry and retention of AFSC 45B1, current enrollment in an orthopedic surgery residency program acceptable to the Surgeon General, HQ USAF. For entry and retention of AFSC 45B1X, current enrollment in a suffix-specific residency program acceptable to the Surgeon General, HQ USAF.

3.5.2. For award and retention of AFSCs 45B3X/4X:

- 3.5.2.1. Must obtain and maintain clinical privileges IAW DHA-PM 6025.13 Vol 4 and/or AFI 44-119, when applicable (or be immediately eligible for said privileges if assigned to a non-clinical position).
- 3.5.2.2. A state license to practice medicine.
- 3.5.3. For retention of AFSCs 45B3X/4X, must not have a revocation of privileges or permanent and substantial reduction, restriction, or denial of privileges IAW DHA-PM 6025.13 Vol 4 and/or AFI 44-119, when applicable

APPLICATION PROCEDURES: *(Position is open until filled, please provide these documents to the below Recruiting POC)*

- Professional Resume
- NJANG Prequalification Worksheet *(See Below)*

NEXT STEPS

Your documents will be provided to the Medical Group Commander for review and further screening.

An inquiry and interview for determining intent may be conducted for the final approval.

Selecting Official: Col Richard Lorraine

Recruiting POC: TSgt Robert Budhan (*robert.budhan@us.af.mil* | 609-439-8425)

APPLICATIONS PACKAGES WILL ONLY BE ACCEPTED VIA E-MAIL

EMAIL: *robert.budhan@us.af.mil*

SUBJECT: MC-25-01 Orthopedic Surgeon

Additional Information:

This is a military position within the 108th Medical Group.

Selectee must complete an initial appointment with recruiting intended on scheduling a physical at a Military Entrance Processing Station (MEPS).

DAFMAN 36-2032 can be referenced for Military Recruiting and Accessions

Approval to Appoint Process:

- After selectee is medically qualified by MEPS, selectee completes AF Form 1540 and provides additional required documents
- Recruiting submits a verification request to the ANG Centralized Credentialing and Privileging office
- Recruiting builds package utilizing essential documents completed during initial appointment and credentialing summary
- Recruiting acquires the Wing Commander and The Adjutant General’s endorsements
- Approval to Appoint Package is routed by State Headquarters to National Guard Bureau for final processing
- Upon NGB’s approval, selectees have 90 days to complete their Oath Of Office and onboard into the NJANG



US Air Force/Space Force Pre-Qualification Worksheet



TODAY'S DATE		SSN		FIRST		MIDDLE		LAST			
ADDRESS					CITY		STATE		ZIP CODE		
CELL PHONE CARRIER (T-mobile, Verizon, etc.)				CELL PHONE ()			E-MAIL ADDRESS				
AGE	DOB	HEIGHT	WEIGHT		HAIR color	EYE color	CITY/STATE OF BIRTH				
17 w/PARENTAL CONSENT <input type="checkbox"/> 39 EAD PRIOR TO 40 th B-DAY US Citizen? Y <input type="checkbox"/> N <input type="checkbox"/> I-551 (Green Card)? Y <input type="checkbox"/> N 2yr or 10yr											
Y <input type="checkbox"/> N <input type="checkbox"/> Have you ever been to MEPS for another military branch?											
RATE YOUR INTREST IN JOINING THE U.S. AIR FORCE					Y <input type="checkbox"/> N <input type="checkbox"/> Are you a Conscientious Objector?						
1 2 3 4 5 6 7 8 9 10					Y <input type="checkbox"/> N <input type="checkbox"/> Any Boy Scout/JROTC/Civil Air Patrol/Girl Scout Awards?						
EDUCATION											
<input type="checkbox"/> HS GRAD <input type="checkbox"/> HOME SCHOOL <input type="checkbox"/> NHSG <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> GED <input type="checkbox"/> COLLEGE: <input type="checkbox"/> 15+ Shrs <input type="checkbox"/> 20-44 Shrs <input type="checkbox"/> 45+ Shrs											
NAME OF HIGH SCHOOL		CITY		STATE		MM/YY GRAD		PRIOR SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO		BRANCH / YRS AD	
NAME OF COLLEGE		CITY		STATE		MM/YY GRAD		MAJOR		MINOR	
MARITAL / DEPENDENCY STATUS											
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED (CIV) <input type="checkbox"/> MARRIED (MIL) <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED											
PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO		BIRTH CONTROL? <input type="checkbox"/> YES <input type="checkbox"/> NO		SPOUSE / GIRLFRIEND PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO			# OF CHILDREN # OF STEP-CHILDREN				
MEDICAL HISTORY											
Y <input type="checkbox"/> N <input type="checkbox"/> Asthma/Bronchitis		Y <input type="checkbox"/> N <input type="checkbox"/> Inhaler use		Y <input type="checkbox"/> N <input type="checkbox"/> Allergies Food/ Drug/Animal/Insect Bites							
Y <input type="checkbox"/> N <input type="checkbox"/> Glasses/Contacts		Y <input type="checkbox"/> N <input type="checkbox"/> Heart murmur		Y <input type="checkbox"/> N <input type="checkbox"/> Broken Bones/Dislocations/Fractures							
Y <input type="checkbox"/> N <input type="checkbox"/> Abnormal Papsmear		Y <input type="checkbox"/> N <input type="checkbox"/> Thyroid		Y <input type="checkbox"/> N <input type="checkbox"/> Do you have moderate/severe acne or scarring on back/chest/shoulder							
Y <input type="checkbox"/> N <input type="checkbox"/> Scars		Y <input type="checkbox"/> N <input type="checkbox"/> Braces (Teeth)		Y <input type="checkbox"/> N <input type="checkbox"/> Have you ever been on acne medication?							
Y <input type="checkbox"/> N <input type="checkbox"/> Moles or Cyst Removed		Y <input type="checkbox"/> N <input type="checkbox"/> Retained Hardware?		Y <input type="checkbox"/> N <input type="checkbox"/> Skin Disease/Rashes (eczema, psoriasis)							
Y <input type="checkbox"/> N <input type="checkbox"/> Tattoos #:		Y <input type="checkbox"/> N <input type="checkbox"/> ADHD/ADD		Y <input type="checkbox"/> N <input type="checkbox"/> Have you ever seen a counselor/psychiatrist for any reason/stress/anxiety							
Y <input type="checkbox"/> N <input type="checkbox"/> Piercings/body modifications				Y <input type="checkbox"/> N <input type="checkbox"/> Have you ever cut or harmed yourself?							
Y <input type="checkbox"/> N <input type="checkbox"/> Surgeries (include minor – appendix/wisdom teeth)				Y <input type="checkbox"/> N <input type="checkbox"/> Have you ever attempted Suicide?							
Y <input type="checkbox"/> N <input type="checkbox"/> Have you ever had an ingrown toenail?				Y <input type="checkbox"/> N <input type="checkbox"/> Hospitalized overnight?							
Y <input type="checkbox"/> N <input type="checkbox"/> Missing appendages (finger/toes/organs)				Y <input type="checkbox"/> N <input type="checkbox"/> Have you ever been to an Emergency Room/Urgent Care Center							
Y <input type="checkbox"/> N <input type="checkbox"/> Currently taking or have you ever taken any type of medication?				Y <input type="checkbox"/> N <input type="checkbox"/> Have you ever had a concussion or been unconscious/head injury?							
Y <input type="checkbox"/> N <input type="checkbox"/> Does anything physically prevent you from playing sports?				Y <input type="checkbox"/> N <input type="checkbox"/> Are you against any type of vaccines or immunizations?							
DRUG HISTORY											
Have you ever USED, POSSESSED, SOLD, OR TRANSPORTED any illegal drugs to include MARIJUANA, even if only on a one time/experimental basis? <input type="checkbox"/> YES <input type="checkbox"/> NO											
TYPE OF DRUG		TOTAL TIMES USED				EXACT DATE OF LAST USE					
1)											
2)											
3)											
LAW VIOLATIONS											
EVER CHARGED-ARRESTED-CITED-HELD-DETAINED by ANY law enforcement? <input type="checkbox"/> YES <input type="checkbox"/> NO											
Include MINOR TRAFFIC/JUVENILE VIOLATIONS even if DROPPED-DISMISSSED-SEALED-EXPUNGED? <input type="checkbox"/> YES <input type="checkbox"/> NO											
Do you have any fines that have not been paid? (Traffic tickets!) Or are you currently on probation or performing mandatory community service? <input type="checkbox"/> YES <input type="checkbox"/> NO											
Have you ever had, or currently have, any association with an extremist group,hate organization, or gang? <input type="checkbox"/> YES <input type="checkbox"/> NO											
OFFENSE		DATE OCCURRED		FINAL DISPOSITION		DATE SATISFIED		Agency/Court			
1)											
2)											
3)											
CREDIT HISTORY											
<input type="checkbox"/> 60 DAYS LATE		<input type="checkbox"/> 90 DAYS LATE		<input type="checkbox"/> 120 DAYS LATE		<input type="checkbox"/> GREATER (# days)					
<input type="checkbox"/> UNPAID JUDGEMENTS		<input type="checkbox"/> COLLECTIONS		<input type="checkbox"/> CHARGE OFFS		<input type="checkbox"/> REPOSSESSIONS		<input type="checkbox"/> BANKRUPTCY			
ASVAB SCORES											
EST:	APT:	PiCAT:		QT:	M:	A::	G:	E:			