OFFICE SYMBOL Date

MEMORANDUM FOR Expert Field Medical Badge (EFMB) Test Board Chairperson, Host Unit Name (Office Symbol), Full Address.

SUBJECT: EFMB Test Candidate Recommendation/Certification

1. Reference Medical Center of Excellence (MEDCoE) Pamphlet 350-10, Expert Field Medical Badge (EFMB) Test.

2. I recommend the following candidates for EFMB testing, acknowledging that training and fitness of Soldiers are a commander’s responsibility. I verify the following are true:

 a. All candidates have volunteered for testing.

 b. All candidates have completed an Expert Weapon Qualification (WQ) and are Basic Life Saver (BLS) certified.

 c. All candidates are trained in the prevention of heat related injuries, and are physically and mentally fit to cope with the rigorous demands of EFMB testing.

 d. All candidates were provided the necessary training materials, references, and instruction as part of an EFMB training program that began (Day Month Year).

 e. An EFMB awardee in the rank of Sergeant or above proctored candidates who completed the EFMB digital written test or re-test prior to EFMB. The candidates completed the digital written test or re-test without the use of external information or resources (e.g. books, notes, websites, etc.). No candidates recorded or saved any of the test questions for use following completion of the test.

 f. All candidates meet the standards defined in Army Regulation 600-9 and do not possess a Suspension of Favorable Personnel Action (FLAG) or bar to continued service (BAR).

 g. I have specified all candidates that will be attending the EFMB 68W sustainment program.

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| Rank/NameSSN | MOS/AOC | Gender | Proponent | UIC | Flag | 68WSustainment |
| CPT Doe, Jane M.xxx-xx-xxxx | 70B | F | ACTIVE | WAZLN0 | NO | NO |
| SFC Smith, Michael R.xxx-xx-xxxx | 68W | M | NG | WALNC0 | NO | YES |

3. The point of contact is the undersigned at DSN: XXX-XXXX or commercial: (XXX) XXX-XXXX.

 THOMAS A. JONES

 LTC, MS

 COMMANDING