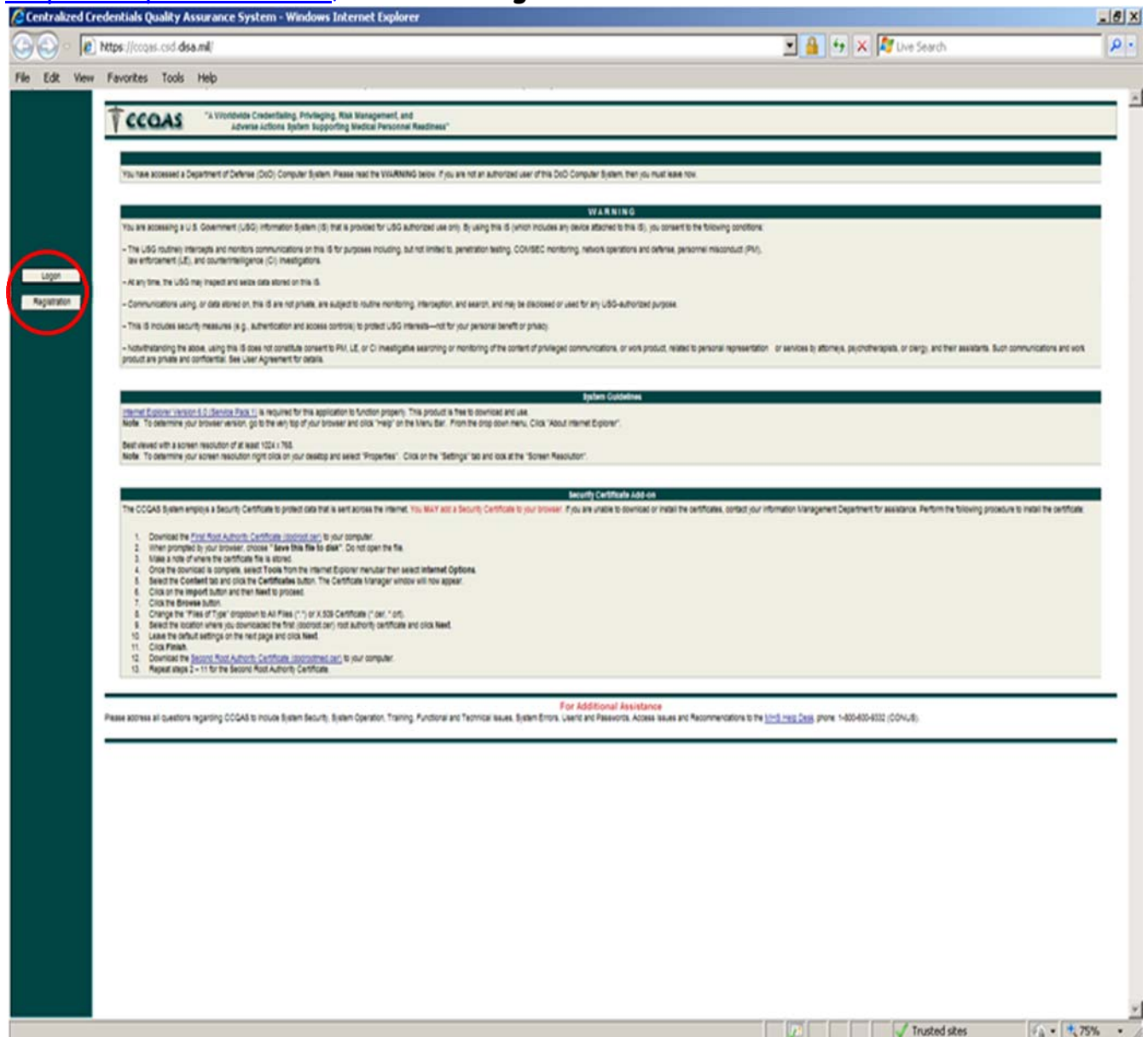


U.S. Coast Guard Quick CCQAS' Guide for Providers Completing and Submitting Your Electronic Application (E-App)

Upon receipt of an automated CCQAS task email message advising of a 'Complete Application' task or at the request of the Credentials Manager:

1. Access CCQAS with a Common Access Card (CAC); the website is:

<https://ccqas.csd.disa.mil>, select the **Login** button



2. Next Screen- **Privacy Act Statement**; read and click the appropriate button

3. Next Screen- **Mandatory DoD Notice and Consent Banner**; read and click OK

4. Next Screen- **U.S. Department of Defense Military Health System**; click on the **CAC ACCESS**, then enter you CAC password when prompted (First-time CCQAS users will see a Security Briefing. Review page, select the **Yes, I understand...** radio button and the **Submit** button at the bottom of the page. (A username and password might be requested; use as needed))

5. **Work List Tab**- double click the first task listed. You may also use the right mouse button to open the application. (Once an E-App has been completed and submitted by you, it will appear under the **Application tab** in a pending status.)

https://ccqasvld2.csd.dhsa.mil/ - CCQAS Version 2.10.1 - Centralized Credentials Quality Assurance - Windows Internet Explorer

CCQAS "A Worldwide Credentialing, Risk Management, and Adverse Actions System Supporting Medical Personnel Readiness" Last Login Attempt: 03/28/2013 09:08:42 -05:00 Submit Ticket | Security Briefing | Logout | Provider

**** FOUO ****

My Applications System Submit Trouble Ticket

Provider Self-Service

Work List Applications Documents

Double click on a worklist task to open it. You may view completed e-applications from current or past privileging periods in the "Applications" tab. Uploaded documents, performance assessments and PDF files of completed e-applications may be viewed in the "Documents" tab.

Status: Open Tasks Show tasks with a start date between 03/09/2012 and 03/28/2013 Filter

Urgent	Task	App Type	MTF	CC/CM/MSSP	CC/CM/MSSP Phone	Task Start Date	Task Complete Date
No	Complete Application (Military)	Renewal	N68907, NAVY MEDICINE SUPPORT COMMAND			03/14/2013	

**** FOUO ****

6. **Provider's application**-The gray menu on left side of screen contains sections required to complete and submit your E-app: Note all sections with a **Red Asterisk***- are required fields to be completed prior to the electronic signature. The Save button must be selected each time to move forward with the application. **Green check** will appear when section has been completed

https://ccqasv02.csl.dhs.mil/ - CCOAS Version 2.10.1 - Centralized Credentials Quality Assurance - Windows Internet Explorer

CCOAS "A Worldwide Credentialing, Risk Management, and Adverse Actions System Supporting Medical Personnel Readiness" Last Login Attempt: 03/28/2013 09:08:42 -05:00 Submit Ticket | Security Briefing | Logout | Provider

**** FOUO ****

My Applications System Submit Trouble Ticket

Provider Application (Renewal) - 06907, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE

Instructions

Instructions






Your application consists of several sections listed to the left of this screen. With the exception of the E-signature which is the final step for submission of this application, the sections can be completed in any order. You must click on the Save button whenever available so you do not lose any information you have entered. If you have to leave the application before completing it, all saved information will be available when you return to complete the application. As you complete each section, the icon next to it will change. Below is a list of icons and definitions that will appear as you complete your application. Complete all fields in every section to avoid delays in processing your application. You will be notified if additional information is needed. All information you provide will be reviewed, verified and acted upon accordingly by reviewing and approving authorities.

* Section required for E-Signature.
 Section has not been completed.
 Section has been completed.
 Section has been locked for the review/approval process.
 Section has been unlocked for updates.

Need Help? Contact your Credentials Office

Profile/Position *
 Identification *
 Contact Information *
 Lic/Cert/Reg *
 DEA/CCS
 Education/Training *
 Specialty *
 Affiliation
 Continuing Education
 Contingency Training
 Practice History Quest *
 Health Status Quest *
 Reference *
 Work History
 E-Signature *
 Documents
 Summary Report
 Comments
 Application Packet
 Close

**** FOUO ****

	Section required for E-Signature
	Section has not been completed
	Section has been completed
	Section has been locked for the review/approval process
	Section has been unlocked for updates

7. Profile and Position tabs- Profile tab- verify information for accuracy:

https://ccqasvld2.cvd.dsa.mil/ - CCQAS Version 2.10.1 - Centralized Credentials Quality Assurance - Windows Internet Explorer

CCQAS "A Worldwide Credentialing, Risk Management, and Adverse Actions System Supporting Medical Personnel Readiness" Last Login Attempt: 03/14/2013 11:34:44 -05:00 Submit Ticket Security Briefing Logout

**** FOUO ****

My Applications System Submit Trouble Ticket

Provider Application (Renewal) - 968907, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE

Instructions

- Profile/Position *
- Identification *
- Contact Information *
- Lic/Cert/Reg *
- DEA/CDS
- Education/Training *
- Specialty *
- Affiliation
- Continuing Education
- Contingency Training
- Practice History Quest *
- Health Status Quest *
- Reference *
- Work History
- E-Signature *

Documents

Summary Report

Comments

Application Packet

Close

Profile Position

Save Help?

If known under another name, please complete the alias section.

Provider

Last Name: [HO] First Name: [GUN] MI: [] Suffix: [] Title: []

Person ID Type: Social Security Number Person ID: [113-13-1320]

Gender: Male Date of Birth: [10/10/1980] Citizenship: []

Marital Status: Married NPI: [] * Source DHRHS

Military Information

Branch: [N13 - Navy Reserve (SELRES/IRR)] AOCDesignAFSC: [2105 - Medical Corps, USN]

Rank: [CAPT - Captain]

Corps: [MC - Medical Corps] Accession: [Unknown]

Alias Information

Add

Alias Last Name	Alias First Name	Alias MI	Suffix	NPOB
No records returned				

Comments

**** FOUO ****

Position tab-if privileged provider (physician, allied health, dentist, nurse practitioner), click on drop down menu next to **Provider Category**, and select category. **Are you requesting privileges at this time?** Select **Yes**. **Type of Privileges Requested**-Select **Regular**. **Type of Appointment Requested**-Select **Active** (if this is your first application or you have not held privileges with the Coast Guard for more than 180 days-**Select Initial Active**). Check the box adjacent to the existing UIC: CGHQ; click the Save button. (Upon completion the system will automatically add a Privileging tab to the left in the grey menu.)

https://ccqasv02.csl.dhs.mil/ - CCQAS Version 2.10.1 - Centralized Credentials Quality Assurance - Windows Internet Explorer

CCQAS "A Worldwide Credentialing, Risk Management, and Adverse Actions System Supporting Medical Personnel Readiness" Last Login Attempt: 03/14/2013 11:34:44 -05:00 | Submit Ticket | Security Briefing | Logout

**** FOUO ****

My Applications System Submit Trouble Ticket

Provider Application (Renewal) - M68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE

Instructions Profile Position

Save Help?

Position

Provider Category:

Duty Section:

Duty Phone:

Date Reported to Current Assignment:

Projected Rotation/Permanent Change of Station Date:

Privileging

Are you requesting privileges at this time? ☒ Yes ☐ No

Type of Privileges Requested:

Type of Appointment Requested:

The E-app allows for privileges to be requested at multiple UICs. Select one or more UICs from the list below.

UIC	Name	Location	Request Admitting Privileges?	
<input checked="" type="checkbox"/> M68907	BUMED DET	BLDG 554 Kelly St, FL	<input checked="" type="checkbox"/>	Parent

Documents
Summary Report
Comments
Application Packet

Close

**** FOUO ****

8. Select **professional category**; i.e. Physician-select two specialties: General Medical Officer (represents the primary care medicine practiced in the Coast Guard clinics) and Family Medicine, Internal Medicine, Flight Surgeon, per your specialty(ies)); click the **ITEMIZE** button for each specialty chosen, then the Save button. (Note: The Coast Guard does not require Age Groups to be completed)

https://ccqasvld2.csd.disa.mil/ - CCQAS Version 2.10.1 - Centralized Credentials Quality Assurance - Windows Internet Explorer

CCQAS "A Worldwide Credentialing, Risk Management, and Adverse Actions System Supporting Medical Personnel Readiness" Last Logon Attempt: 03/28/2013 11:04:33 -05:00 Submit Ticket | Security Briefing | Logout | Provider

**** FOUO ****

My Applications System Submit Trouble Ticket

Provider Application (Renewal) - W68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE

Instructions

- Profile/Position *
- Identification *
- Contact Information *
- Lic/Cert/Reg *
- DEA/CDS
- Education/Training *
- Specialty *
- Affiliation
- Continuing Education
- Contingency Training
- Practice History Quest. *
- Health Status Quest. *
- Reference *
- Work History
- Privileges (W68907) *
- E-Signature *

Documents

Summary Report

Comments

Application Packet

Close

Categories (W68907) Age Groups (W68907)

<input type="checkbox"/> Critical Care-Anesthesia	<input type="radio"/> Core/Supplemental	<input type="radio"/> Itemized
<input type="checkbox"/> Critical Care-Emergency Medicine	<input type="radio"/> Core/Supplemental	<input type="radio"/> Itemized
<input type="checkbox"/> Critical Care-Surgery	<input type="radio"/> Core/Supplemental	<input type="radio"/> Itemized
<input type="checkbox"/> Dermatology	<input type="radio"/> Core/Supplemental	<input type="radio"/> Itemized
<input type="checkbox"/> Developmental-Behavioral Pediatrics	<input type="radio"/> Core/Supplemental	<input type="radio"/> Itemized
<input type="checkbox"/> Diagnostic Radiology	<input type="radio"/> Core/Supplemental	<input type="radio"/> Itemized
<input type="checkbox"/> Emergency Medicine	<input type="radio"/> Core/Supplemental	<input type="radio"/> Itemized
<input type="checkbox"/> Endocrinology	<input type="radio"/> Core/Supplemental	<input type="radio"/> Itemized
<input type="checkbox"/> Family Medicine	<input type="radio"/> Core/Supplemental	<input type="radio"/> Itemized
<input checked="" type="checkbox"/> Flight Surgeon	<input type="radio"/> Core/Supplemental	<input type="radio"/> Itemized
<input type="checkbox"/> Gastroenterology	<input type="radio"/> Core/Supplemental	<input type="radio"/> Itemized
<input checked="" type="checkbox"/> General Medical Officer	<input type="radio"/> Core/Supplemental	<input type="radio"/> Itemized
<input type="checkbox"/> General Surgery	<input type="radio"/> Core/Supplemental	<input type="radio"/> Itemized
<input type="checkbox"/> Genetics	<input type="radio"/> Core/Supplemental	<input type="radio"/> Itemized
<input type="checkbox"/> Hematology - Oncology	<input type="radio"/> Core/Supplemental	<input type="radio"/> Itemized
<input type="checkbox"/> Infectious Disease	<input type="radio"/> Core/Supplemental	<input type="radio"/> Itemized
<input type="checkbox"/> Internal Medicine	<input type="radio"/> Core/Supplemental	<input type="radio"/> Itemized
<input type="checkbox"/> Interventional Cardiology	<input type="radio"/> Core/Supplemental	<input type="radio"/> Itemized
<input type="checkbox"/> Interventional Radiology	<input type="radio"/> Core/Supplemental	<input type="radio"/> Itemized
<input type="checkbox"/> Neonatology	<input type="radio"/> Core/Supplemental	<input type="radio"/> Itemized
<input type="checkbox"/> Nephrology	<input type="radio"/> Core/Supplemental	<input type="radio"/> Itemized
<input type="checkbox"/> Neurology	<input type="radio"/> Core/Supplemental	<input type="radio"/> Itemized
<input type="checkbox"/> Neurosurgery	<input type="radio"/> Core/Supplemental	<input type="radio"/> Itemized
<input type="checkbox"/> Nuclear Medicine	<input type="radio"/> Core/Supplemental	<input type="radio"/> Itemized

Save

**** FOUO ****

Once the Save button has been clicked, each privilege specialty will appear. Refer to the **Helpful Links** on the CG-1122 website for Coast Guard supported privileges: http://www.uscg.mil/hq/cg1/cg112/cg1122/Privilege_Provider.asp

The screenshot shows the CCOAS (Centralized Credentials Quality Assurance) web application in a Windows Internet Explorer browser. The address bar shows the URL: <https://ccqas42.csl.dhsa.mil/>. The page header includes the CCOAS logo, the tagline "A Worldwide Credentialing, Risk Management, and Adverse Actions System Supporting Medical Personnel Readiness", and a "FOUO" (For Official Use Only) watermark. The user is logged in as "Provider" and the last login attempt was on 03/26/2013 at 07:36:06. The page has tabs for "My Applications", "System", and "Submit Trouble Ticket". The main content area is titled "Provider Application (Renewal) - N68107, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE". Below this, there are tabs for "Categories (N68107)", "Privileges (N68107)", and "Age Groups (N68107)". The "Privileges (N68107)" tab is active, showing a "Privilege Category" dropdown menu with options: "Select a Privilege Category", "Flight Surgeon", and "General Medical Officer". A "Sort by" dropdown menu is set to "Entered Order". On the left side, there is a sidebar with various application sections: Instructions, Profile/Position, Identification, Contact Information, Lic/Cert/Reg, DEAC/CS, Education/Training, Specialty, Affiliation, Continuing Education, Contingency Training, Practice History Quest, Health Status Quest, Reference, Work History, Privileges (N68107), and E-Signature. At the bottom of the sidebar is a "Close" button. At the bottom of the main content area, there are buttons for "Add Privilege", "Save", and "Cancel". The "FOUO" watermark is also present at the bottom of the page.

https://ccqam42.csl.dcaa.mil - CCQAS Version 2.1B.1 - Centralized Credentials Quality Assurance - Windows Internet Explorer

Let Login Abort: 03/04/2013 07:36:05:00 | Submit Ticket | Security Breach | Logout

Provider

**** FOUO ****

My Applications System Submit Trouble Ticket

Provider Application (Renewal) - MWRM, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE

Instructions Categories (N61907) Privileges (N61907) Age Groups (N61907)

Privileges (N61907)

Privilege Category: General Medical Officer Sort by: Care

Click the "Add Privilege" button to request additional privileges. The privilege will be added to the "OTHER" folder.
Be sure to select your definitions for each category in the list above.
For each category, after you have completed or reviewed your definitions, click "Save".
To set all privileges of a section at once, click on the "Fully Competent", "With Supervision" or "Not Requested" column headers.
Supervision required. (Unlicensed/certified or lacks current relevant clinical experience. ****ONLY USED FOR ARMY AND AIRFORCE****)

Care Privileges

General Medical Officer

Version 1.0

Scope

Privilege(s)	Fully Competent	With Supervision
The scope of privileges for a General Medical Officer (GMO) includes the assessment, evaluation, diagnosis, and treatment of subpatients with uncomplicated and/or minor illnesses, diseases, injuries, and functional disorders. Physicians assess, stabilize, and determine disposition of patients in environments ranging from austere to fixed facilities in accordance with Service and MTF medical staff policies. The GMO will manage conditions consistent with training and will refer complex patients beyond the level of training to specialty medical care.	<input type="radio"/>	<input type="radio"/>

Diagnostic and Management (DGM)

Privilege(s)	Fully Competent	With Supervision
Care for pediatric patients from 2 to 18 years of age	<input type="radio"/>	<input type="radio"/>
Electrocardiogram (ECG) preliminary interpretation	<input type="radio"/>	<input type="radio"/>
Perform Pap smears	<input type="radio"/>	<input type="radio"/>
Pre and Post-travel health counseling and care	<input type="radio"/>	<input type="radio"/>
Provide basic burn care	<input type="radio"/>	<input type="radio"/>
Tympanometry	<input type="radio"/>	<input type="radio"/>

D.I.W Advanced Privileges (Requires Additional Training)

Privilege(s)	Fully Competent	With Supervision
Gyn problems to include treatment of minor infections and STDs	<input type="radio"/>	<input type="radio"/>
Primary behavioral/mental health care for uncomplicated conditions	<input type="radio"/>	<input type="radio"/>
Recognition, early management and referral of 1st trimester pregnancy and its complications	<input type="radio"/>	<input type="radio"/>

Download

Add Privilege Save Cancel

**** FOUO ****

11. Contact Information - check for accuracy

12. **License/Certification/Registration** - check for accuracy; add any additional information

13. **DEA/CDS** - check for accuracy; add any additional information

14. **Education/Training** - check for accuracy; add any additional information

15. **Specialty** - check for accuracy; add any additional information

16. **Affiliation** - not mandatory field

17. **Continuing Education** - not mandatory field; add CE if related to supplemental privileges

18. **Contingency Training** - check for accuracy

19. **Practice History Questions** - all 8 questions must be answered; any question answered with **Yes**, must be explained in Comments section, right of the question or system will prompt with a box

20. **Health Status Questions** - all 7 questions must be answered; any question answered with **Yes**, **ONLY PUT YOUR PHONE NUMBER IN THE COMMENT BOX WITH NO DETAILS; follow-up by Op-Med Chief**

21. **Reference Section** - two current work references; one must be a supervisor and the other can be a peer; include **email address** for each reference; make sure to click the **Yes button** when asked if **reference is current**

22. **Work History** – contains malpractice information (if Active duty, covered under Federal Tort) and past work history from qualifying degree. Information uploaded is not necessarily reflected of your work history. CCQAS was not able to capture each history fully. If there are any gaps, signaled by a **Yellow Diamond**, click the Icon and provide reasoning. (Because of the inaccuracy of the work history uploaded, you can make a statement that there have been no work gaps greater than 30 days since receiving your qualifying degree, if applicable)

FOUO

My Applications System Submit Trouble Ticket

Provider Application (Renewal) - N68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE

Instructions

Malpractice Insurance

Work History

Profile/Position *

Identification *

Contact Information *

Lic/Cert/Reg *

DEACDS

Education/Training *

Specialty *

Affiliation

Continuing Education

Contingency Training

Practice History Quest. *

Health Status Quest. *

Reference *

Work History

Add Work History

Type	LOC/Facility	MIL/CI	Provider Type	Start Date	End Date
Assignment	N68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES)	MIL	Drilling Ready Reserve	03/14/2013	
GAP	Reason:			01/01/2004	03/14/2013
Residency	Flight Surgery, 96 MDG, EGLN AFB, FL			01/01/2003	01/01/2004
Qualifying Degree	MD, UNIVERSITY OF FLORIDA, GAINESVILLE				07/04/2002

Adverse Actions System Supporting Medical Personnel Readiness*

**** FOUO ****

My Applications System Submit Trouble Ticket

Provider Application (Renewal) - N68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE

Instructions

Profile/Position *

Identification *

Contact Information *

Lic/Cert/Reg *

DEACDS

Education/Training *

Specialty *

Affiliation

Continuing Education

Contingency Training

Practice History Quest. *

Health Status Quest. *

Reference *

Work History

Gap Explanation - 01/01/2009 - 03/14/2013

Reason: Other

Comment: JOINED NAVY RESERVES

Save Cancel

23. E-Signature - Attestation statement, answer all 9 questions, either yes or no; comment must be made for any No responses. Upon completion of the Attestation statement, you must agree to the terms stated

Provider Application (Renewal) - N68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE

Attestation Statement

I certify that (check appropriate box for each paragraph):

- 1) All information submitted by me in this application is true to the best of my knowledge and belief. I understand any false or incomplete information knowingly provided on or with this application may be grounds for not employing or accessing me, or for dismissing or releasing me if I am already employed or serving. I understand that knowingly providing false or incomplete information is punishable by fine or imprisonment under U.S. Code Title 18, Section 1001.
- 2) I possess the credentials and current clinical competence to justify the granting of staff appointment with clinical privileges as requested.
- 3) I have been provided a copy or access to the professional staff policies, procedures, and bylaws of the facility and an opportunity to read those documents. I agree to comply with the professional staff policies, procedures, and bylaws of the facility.
- 4) I have been provided access to and agree to comply with the applicable credentials and privileging directives.
- 5) I have no current mental or physical impairment that could limit my clinical abilities.
- 6) I will notify the privileging authority and my commanding officer, if different from privileging authority, of any change in my mental or physical condition that could limit my clinical ability or performance.
- 7) I pledge to provide for the continuous of care for my patients.
- 8) To my knowledge, I am not currently under investigation involving substandard clinical practice, malpractice, or personal misconduct.

For the purpose of evaluating my professional competence, character, and ethical conduct, I authorize the appropriate staff or the agents of N68907 NAVY MEDICINE SUPPORT COMMAND (RESERVES), to contact and consult with:

9) Administrators and members of the professional staff of _____

I release from liability _____

Question 6 Comment

I'M CURRENTLY BEING SUED FOR MALPRACTICE AS OF DEC 2012 AND WAITING JUDICATION.

Ok Cancel

Signature _____

I Agree

CCQAS will allow application review prior to submission. Once submitted, you will receive a pop up window that your application has been submitted successfully. The system sometimes takes a while to generate the application. Be patient, do not click the Agree button more than once, this will generate duplicate applications.

CCQAS "A Worldwide Credentialing, Risk Management, and Adverse Actions System Supporting Medical Personnel Readiness"

Last Login Attempt: 04/01/2013 06:47:27 -05:00 | Submit Ticket | Security Briefing | Logout

Provider

Provider Application (Renewal) - N68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE

Attestation Statement

I certify that (check appropriate box for each paragraph):

- 1) All information submitted by me in this application is true to the best of my knowledge and belief. I understand any false or incomplete information knowingly provided on or with this application may be grounds for not employing or accessing me, or for dismissing or releasing me if I am already employed or serving. I understand that knowingly providing false or incomplete information is punishable by fine or imprisonment under U.S. Code Title 18, Section 1001.
- 2) I possess the credentials and current clinical competence to justify the granting of staff appointment with clinical privileges as requested.
- 3) I have been provided a copy or access to the professional staff policies, procedures, and bylaws of the facility and an opportunity to read those documents. I agree to comply with the professional staff policies, procedures, and bylaws of the facility.
- 4) I have been provided access to and agree to comply with the applicable credentials and privileging directives.
- 5) I have no current mental or physical impairment that could limit my clinical abilities.
- 6) I will notify the privileging authority and my commanding officer, if different from privileging authority, of any change in my mental or physical condition that could limit my clinical ability or performance.
- 7) I pledge to provide for the continuous of care for my patients.
- 8) To my knowledge, I am not currently under investigation involving substandard clinical practice, malpractice, or personal misconduct.

For the purpose of evaluating my professional competence, character, and ethical conduct, I authorize the appropriate staff or the agents of N68907 NAVY MEDICINE SUPPORT COMMAND (RESERVES), to contact and consult with:

9) Administrators and members of the professional staff of _____

I release from liability all individuals or organizations who re: _____

Signature _____

Message from webpage

Your application has been submitted successfully.

Click on Logout in the upper right corner if you would like to exit the application.

OK

I Agree

After successfully being submitted, the application will move from the **Work List** tab to the **Applications** tab. Once the application has been submitted, it is locked; it can only be viewed. (Application can be saved and printed for future reference.)

CCOAS "A Worldwide Credentialing, Risk Management, and Adverse Actions System Supporting Medical Personnel Readiness"

Last Login Attempt: 04/01/2013 06:47:27 -05:00 | Submit Ticket | Security Briefing | Logout | Provider

**** FOUO ****

My Applications System Submit Trouble Ticket

Provider Self-Service

Work List Applications Documents

To request a modification of privileges, find the completed application that you would like to modify and select "Request Modification" from the menu by clicking the arrow to the left of the record or right clicking anywhere on the record. Only applications that have been approved and are not expired can be modified.

?	MTF	App Type	App Status	Requesting Privileges	CCOMMSP	CCOMMSP Phone	Submit Date	Priv Effective	Priv Expiration
	N88807, NAVY MEDICINE SUPPORT COMMAND	Renewal (Military)	Submitted	Yes			04/01/2013		

If application needs to be returned for errors or missing information, Credentials Manager will return with section(s) unlocked for corrections.

Questions/assistance can be sent to Maryann.Millett@uscg.mil