**EPISODE 221 The Most Flexible Job You’ve Never Heard Of—Supporting Our Military as a MEPS Physician**

**With guest Dr. Phyllis Nsiah-Kumi**

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PNK: “MEPS is our Military Entrance Processing Station. It's really important that the men and women who serve the United States Armed Forces are fit, able-bodied, capable to do the work that we all need done. If someone has a passion for learning something new that makes a great difference, there's definitely space.”

HF: Welcome to The Doctor's Crossing Carpe Diem podcast. If you're questioning your career in medicine, you've come to the right place. I'm Heather Fork, a former dermatologist and founder of The Doctor's Crossing. As a master certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a nonclinical job, or something else. I started this podcast to help you discover the career path that's best for you and give you some resources and encouragement to make it happen. You don't need to get stuck at the white coat crossroads. So, pull up a chair, my friend, and let's carpe that diem.

Hey there, and welcome to the Doctor's Crossing Carpe Diem podcast. I'm your host, Heather Fork, and you're listening to episode number 221. Today's episode is the most flexible job you've never heard of, supporting our military as a MEPS physician. I have been wanting to record this podcast for over two years, so I'm so excited about this. But before we dive in, I want to tell you about a special that we're having.

Now, a lot of you have heard about our Carpe Diem resume kit, and we've gotten great reviews about it, and I just updated it. I added a special video that helps you use Chat GPT and artificial intelligence when you're creating your resume, and also when you're trying to customize it for a specific job description, like working for MEPS, which we'll be talking about. It also helps you with your cover letters.

And we do this in a way that it's still you and your voice, and how you would speak, and it's not doing something that you wouldn't say. I just wanted to let you know that we have updated a resume kit with this great video to help you use Chat GPT, and we're offering a special 20% discount for the next 10 days from when this podcast airs. Until June 10th at midnight 2025, you can take 20% off the resume kit by using the code RESUMEHELP at checkout.

You can just go to the show notes, and you'll have a link for the resume kit, and there'll also be the discount code. You can also go to the doctorscrossing.com website, and under the products tab, you can find out more about the resume kit, and I'll mention this at the end too.

All right, I am super excited to get on with today's episode. Today we're exploring an intriguing opportunity that offers surprising flexibility and meaningful purpose for physicians looking to slow down, work part-time, or explore something new without the need to be board certified or of recent clinical practice. It's a role that lets you serve those who serve by helping assess the medical readiness of military recruits.

To help us dive into this very interesting role, I'm joined by Dr. Phyllis Nsiah-Kumi, the Chief Medical Officer at the Cleveland Military Entrance Processing Station. She's trained in internal medicine and pediatrics, and she brings over five years of experience overseeing the medical screening process, and she has a passion for supporting young men and women preparing to serve our country.

Together, we're going to be exploring what it takes to be a MEPS physician, what the day-to-day looks like, how to get started, and what kind of compensation and flexibility you can expect. It is my distinct honor and pleasure to welcome Dr. Nsiah-Kumi to the podcast. Well, hello, hello. Welcome, Dr. Phyllis.

PNK: Thank you so much. Hello, Dr. Fork. I really appreciate the opportunity to speak with you today about opportunities for physicians who are interested in working with young men and women who are joining our United States Armed Forces. I really appreciate you inviting me to come and share about the work that we do at MEPS. It's really, really important. It's something I'm very passionate about, and I am really grateful for the opportunity to talk to you today.

I do need to say before we get started that as we journey together and talk about MEPS and opportunities there, during our discussion today, these are my personal opinions and my experiences, so I'm not an official spokesman for U.S. MEPCOM, but I want to be able to tell you about what I've learned and point you to some reputable resources that will help you and your audience explore opportunities for physicians at the MEPS going forward.

HF: Well, thank you, and it is my absolute honor, Dr. Nsiah-Kumi, and you are welcome to call me Heather. We're often very informal on the podcast, however you like to roll here. And as we often do start on the podcast, I always like to hear how my guests got into the work that they're doing. So, please connect the dots for us.

PNK: Sure. As you mentioned, I'm med-PEDS trained, so I went to medical school in Cleveland, Case Western Reserve University, and then continued on here in Cleveland in an internal medicine and pediatrics combined residency at Metro Health Medical Center, which is one of our Case Western programs.

After completing my residency, I went on to do a general medicine fellowship and a master's in public health, and the emphasis of my work was health communication, health disparities, health literacy, making sure that people clearly understood the medical information that we give them.

Often we give people information, handouts, or no handouts, and lots of big words, and feel like if they could pronounce the words, our mission is accomplished. We really want people to have actionable information, and so that was kind of the emphasis of the work and the research that I was doing and have done throughout my career.

After I completed my fellowship, I spent some time in academia doing some research, publications, building a number of programs, including one focused on women's health, and that ended up being a great transition to the role I had after I left my very first faculty position, which was a position as the medical director and then ultimately the section chief for women's health at VA Northeast Ohio.

And so, for probably about 12 years, I had the chance to serve veterans, and I had a special heart and passion for women veterans who are definitely an under-served and underrepresented group there in that particular health care setting.

I was working with the population that was growing, lots of amazing things happening in our program, and came to a point where honestly the needs and demands were outstripping the resources that we had. I would say from a practical standpoint, and I think hearing about the work you do and the coaching you do around pivots and shifts throughout medical careers, I think I was definitely in a period of burnout, and I needed a change, but I wanted to do something that I felt was very meaningful and important.

And I found the opportunity to come and work at the Cleveland Mets online at the USAJOBS website, was able to connect with some colleagues, and found that this was a great place to use my passion to take care of people who were serving in the United States Armed Forces, now working with people on the way in versus being at the VA and working with people who are on the way out. In any health care setting, lots of great opportunities to help make sure that the information we give to everyone is actionable and clear. And so, I've loved the time that I've spent here at the Cleveland METS. It's definitely been something new and different, and in reference to your introduction, it was an amazing job that I actually didn't know existed either.

HF: Well, we've had a chance to chat a little bit before we started the podcast, and definitely your passion for this work and helping veterans and those interested in joining the military really comes through. And I just, I love that when my guests have that connection because it's infectious. And so I think you're going to be a great spokeswoman for people who might be interested in this.

Let's just start with a bird's eye view, because most physicians don't know exactly what this role entails and even what METS stands for, because we throw that word around and I have to always go back and look at what it stands for. Can you sort of help us understand what is this role where physicians can have a part?

PNK: Sure. A quick overview about METS. METS is our short acronym for Military Entrance Processing Station. There are 66 METS in the United States, in Honolulu, Anchorage, and Puerto Rico as well. Anyone who wants to join the United States military ultimately has to process through METS for background checks, aptitude testing, and a medical evaluation as well.

And so, that medical evaluation includes a review of their prior medical history, which through the forms they submit, through our online access to their electronic medical records, and then they would also come into the METS for a history and physical exam, as well as a multi-faceted evaluation. There's vision and hearing and vitals and a number of other pieces of information that we gather.

And the medical evaluation is part of the determination of if someone meets the enlisted standards. The standards are set by the Department of Defense, and so we have very clear regulations about different types of medical conditions, parameters for vitals, all kinds of things that we really use to evaluate each and every applicant based on.

There's a blueprint that we follow and we gather the information and we compare what we see in every applicant against the guidelines that we've been given. As a whole, the 66 stations for U.S. METCOM perform about 250,000 medical exams every year.

HF: And if you were to give us a picture of what a typical day would look like, if someone's wondering, well, when do I start and how many recruits might I be seeing, and is there a lot of paperwork, and are there people that I'm saying no to, then then we'll get upset? Give us an idea of what this looks like from the inside out.

PNK: Sure. We start in the morning, bright and early. I think the bus drops off the applicants like quarter to six in the morning. We're an early start. They come in, they go to the different stations. Like I said, there are briefings they have to attend, hearing, vision, a number of other stations, and then they will come to see the physicians for the histories and physicals, and then the qualification determinations, etc.

Other practical pieces, you asked how many, it depends on the day, but I think we have, we try to stay between eight and ten physicals a day per physician. Again, there may be variations depending on the workload and the staffing. Six to two-thirty is kind of our standard hours, again, depending on a specific location or other variations in conditions.

You may see changes there, but here at the Cleveland METS, we're six to two-thirty operation, and so we start in the morning. In addition to the other stations I had already mentioned, hearing, vision, vitals, everyone has blood drawn for HIV screening, and they also provide a urine sample for drug and alcohol testing.

All of those things have to be completed, and then when the applicant comes to meet with the physician, we're kind of the last stop. We do the history, we do the physical, we look at their past medical history, we look at the regulations, and then we look at all the data collected from all the other stations to kind of put together their composite profile that gives us a picture of whether or not they are medically qualified or not based on the Department of Defense standards.

And one of the things that I would say is that certainly if someone does have conditions that, according to the regulations, are disqualifying, they have the opportunity to apply for or request a waiver or an exception to policy. Every branch of the military also grants waivers.

I think you mentioned something about telling people that no, didn't quite work out, and having them be upset. And I have Kleenex in my office, but I don't use it as often as I used to, because I think one of the things, remember I talked to you about clear communication, and I think if you tell anyone you are “disqualified”, that sounds bad, right? That sounds bad and discouraging, especially in an arena where you may not know the vocabulary.

And explaining that these are the regulations, and you have a condition that requires a higher level review. So you won't be able to join the military today, but your medical records will be sent forward. Your branch of the military will review your records, tell you if they need any additional consultations, additional records. They'll make the ultimate decision.

I often tell my applicants that this is not a shutdown, but it is a slowdown. There are a number of situations in which people do enter the military with waivers for medical conditions. And I think that that's really important to know, if you are an applicant, that a lot of people join the military with waivers. And if you are a physician who's evaluating these applicants, it's also important to understand that while there are those who don't have disqualifying medical conditions, there are a number that do, but they are able to still join the military with an additional level of review by the branch of service that they are joining.

HF: I love how you said, this is not a shutdown, but a slowdown. And you're right, communication is so important. People can either feel like you're rooting for them and wanting to help them versus shutting a door and you don't care, which speaks so much to who you are, Dr. Phyllis.

Now, if we think about who's qualified to do this work, because already I'm thinking, “Well, someone might be, okay, I did pathology, but I still want to help. Is this something I could do? Or maybe I'm a pediatrician and could I do adults?” Talk a little to me about the qualifications for this role.

PNK: Sure. So to be a physician at MEPS, you need to be an MD or DO and have attended accredited medical school, et cetera, et cetera. International medical grads are required to, of course, do either the fifth pathway or ECFMG.

The other thing is you need to have completed a minimum of one year of postgraduate training. You need to have completed an internship year, and then you need to have completed an entire residency or have provided direct patient care in the last three years.

HF: Okay. Let's say that again. There are some different ways to get into this.

PNK: Yeah. Either complete an entire residency or complete an internship and have complete direct patient care in the last three years.

HF: I think that's an important distinction, because some people might have finished residency and been out a while and think they need to have been practicing in the last three years when you look at the job description. But if you look carefully, if you did finish residency, you don't have to be clinically active in the last three years. That's correct.

PNK: That's how the postings are listed. And the other thing is you need to have an active and unrestricted medical license from any of the 50 states, District of Columbia, Commonwealth Puerto Rico, Guam, or U.S. Virgin Islands. I think that's something really important to keep in mind as well because what if you lived in Ohio but you wanted to work in Oregon? If you have an active license in Ohio, you don't need to acquire an Oregon license in order to work in Oregon. So you have to have one active unencumbered license in any of the 50 states, D.C., Puerto Rico, Guam, or the U.S. Virgin Islands. I think those are really important as well. BLS certification is also required.

HF: Okay. That makes it open to a lot of physicians, which is the reason why I really like this opportunity. So obviously it doesn't seem like specialty matters. You have that license. Your specialty is not really part of the determining in or out factor.

PNK: I would say that certainly when it comes to doing the work, experience in internal medicine, pediatrics family medicine, those things are much more readily applicable. But at the end of the day, I think whatever specialty you've trained in, if you are willing to come to MEPS and learn about accession medicine and put in your time and gain the experience, you can go quite far. In my team, I've got an ophthalmologist. I've got internal medicine folks. I've got family medicine folks. As I talk to my colleagues all around the country, we've got neurologists. There are neurosurgeons. You'll see the whole spectrum of residencies completed.

But at the end, if you're working at MEPS accession medicine, making sure that people are evaluated and it is clear whether or not they meet accession standards or the standards to join the military and that all information is available for them to be considered for that higher level review or waiver is really important. And I feel that anyone in any discipline who's really willing to put their mind and energy to learning something new can really find new joy and new challenges in what you said was such a great specialty that we didn't know existed.

HF: What would you say about the qualities of the person? So training aside, specialty aside, the reasons why they might be looking for this work. What ends up making this a good fit for someone?

PNK: I would say for me, the thing that was the most important, I think for myself is just being passionate about what we do and being willing to learn something new to contribute to something greater. It's really important that the men and women who serve the United States Armed Forces are fit, able bodied, capable to do the work that we all need done. We can't all go, but those who go, we want them to be as healthy and safe as possible and able to fully carry out their duties.

I think awareness of and commitment to what we do is really important. Other important characteristics I would say are folks with people skills who are willing to talk to young men and women. We have applicants of a wide range of ages, but I would say the significant proportion are probably between 17 and 25.

And so , being willing to interact with and talk to younger applicants is really important. I had some emphasis on adolescent medicine during my training years and having those conversations where you ask questions and the answers are, “Yep, nope, okay”, can be a bit challenging, but we know that what is at stake here is really important. And so, I think being comfortable in that space and being willing to let them share.

But again, for me, really reassuring them that we are on their side. That goes a long way because I find that once the applicants feel comfortable and understand that we are trying to help them, they open up better. Being a good communicator, being willing to talk to the applicants, attention to detail, because often if you listen well, you'll find out everything you need to know. Certainly we do have access to medical records and things like that, but very often the information that you need, the applicant has it, and they may or may not know that they do.

I think being a good listener is really important, but attention to detail, making sure that your documentation is thorough so that anything that needs to go to the next level of review, the information that they have is there.

I think the unique thing about being a physician at MEPS is that we've seen the documents they submitted with their medical history. We've seen their medical history on the computer through the electronic medical record, but we have a luxury of sitting with them and talking to them and asking them questions and doing the exam. Once it goes to the next level of review, those folks don't have the applicant in front of them. They have our documentation of our encounter.

I think being as thorough as possible and making sure the pertinent positives and negatives related to different conditions are reported are all included. And then again, just good communication and being a team player.

In our team, we've got medical techs that keep the trains running and help us get everything done. They take care of the stations, hearing, vision, etc. And then working with the other physicians and other providers on the team is really important.

HF: I think that's an excellent overview. And if someone's thinking, “Okay, this sounds like me, this sounds like something I'd like to do”, can you talk a little bit, Dr. Phyllis, about the structure? Do they do this PRN? Are there certain number of hours they're supposed to do a week? Because the job we're talking about, if I'm understanding correctly, is an independent contractor position.

PNK: There are actually two to three types of positions for physicians through USMAPCOM. The position, the role that I'm in, I'm a chief medical officer. I'm a full-time federal employee. And so my schedule and structure and some of my duties may be a bit different. But I think from our kind of pre-chat, a lot of what you're really interested in for a broader number of physicians would be a position that would be our fee basis provider, FBP. And those positions are through our contractors.

Those positions are PRN positions. They're 1099 contractor positions. And any physician who chooses one of those positions, if you're selected, and then you do all your training, etc., you specify your availability. I've given you the days are 6 to 2.30, but if you're going to be gone to a conference or a family reunion or something for two weeks, you say that you're not available those two weeks. You get to specify which days you're available to work.

I know that the contractor has a specific number. They have minimums for the number of days that they are asking for everyone who commits to this opportunity. So there is a good bit of flexibility. And the best way to get the details on schedules and that type of thing is to check the online postings and to contact the contractor directly. They can tell you what the requirements are as far as how many shifts per week or month you have to commit to.

But knowing that they have those requirements set, there definitely is a good bit of flexibility. And I know that among my colleagues, my team members, we definitely have FBPs who may be retired and they want to just work a couple days a week or people who actually have another position. And so, they've kind of created a hybrid schedule for themselves.

I think there are a lot of opportunities depending on what someone is looking for and on the needs in their immediate area where they live and if they're willing to travel. If there is a shortage of fee basis provider at a particular location, they can also travel someone to help meet needs provided there is someone who is willing to travel. And again, they take care of the details of all of that scheduling. But if someone is interested in traveling to other MEPS locations, we're not necessarily restricted to just one space.

HF: That's a really good point. So someone could say fly to another state and work for a week or two and then go back to their home state.

PNK: Yeah. And all of that as far as how long they have any one stay in a specific location. Those are all details that the contractor takes care of. But as far as there being a need for people who are willing to travel, I think that that's very significant. There are definitely locations that have a harder time finding physicians in the area who permanently live there who are available. And knowing that we do have some gaps in recruiting physician talent for different patches of the country, different parts of the area, the areas that we serve, I think that's also really important.

If someone is interested in traveling as they engage with the contractor, making that clear is really important. So they come in, do all their initial training, and then once they get to a certain level of competency in the whole process, then they potentially would be eligible to travel to other locations.

HF: All right. Now I know physicians often when they're going to be an independent contractor, they're wondering what kind of insurance do I need? Do I need malpractice for this? Do I need errors and omissions insurance if I'm going to be not necessarily treating patients, but I am in a medical type role?

PNK: Right. And you're right. That's a great question, and people often ask that question. With our chief medical officers, assistant chief medical officers, and our fee basis providers, our coverage is through the federal government. So you as an independent contractor would not be expected to go out and obtain your own malpractice coverage policy to cover the work that you do within the MEPS.

HF: Okay. So that's really good news. As an independent contractor, you don't need to get initial insurance. Are you able to give us some guidance about compensation?

PNK: That is a great question. What I would say is that certainly the compensation is standardized. I know that every person coming in, obviously they look at their experience, et cetera, but it's pretty standardized. For folks who are coming in as chief medical officers or assistant chief medical officers, CMOs or ACMOs, U.S. MEPCOM physicians, similar to DHA and VA physicians, are on a standardized pay system that has base pay, and then it also has another component of your pay that's based on the locality and the market pay in that area. That's kind of the standard for the government providers.

For those who would be interested in the fee basis provider opportunity, those are standard hourly rates that they have set. I don't have knowledge of all of the specifics. But again, the contractor would have the details of what the hourly rates are for different levels of training within our program.

HF: Can you give any ballpark figures, say for those who are doing the independent contractor work, the fee-based service provider, is it maybe around what a primary care physician might make if they were on an hourly basis, or are you not able to really say?

PNK: I don't know off the top of my head. I think what I would say is in talking to the folks that are on my team, it seems that they find that the compensation is fair and would be comparable to what they are finding in outside places. I have folks who work in urgent cares and in other places who find working at the MEPS to be commensurate with what they would be finding in those settings.

I've heard no one say, “I took this giant pay cut to come to MEPs compared to what I'm getting in my other 1099 jobs.” But as far as the exact dollars and cents, I absolutely would not be the best person to talk to about that. And again, I think at some point in this conversation, we'll talk about the specific contact information, the contractor and their recruiter would be able to tell more about what that looks like.

HF: Wonderful. Dr. Phyllis, I'd love it if you could give the listeners an idea of how they can start finding these positions if they're interested. And right now, we'll just stick with the independent contractor position. But then in a minute, I want to learn more about your CMO role.

PNK: Sure. The contractor that we work with is called CTS, or Chenega Tri-Services. I know you said that there are show notes. And so I'll make sure that we have the website for Chenega's career section that has the listings for the current open positions. And what I would say is if anyone is interested in pursuing an FBP position at any one of the MEPS, reaching out to Mr. Ronald Knight, who is a physician recruiter there, he could point them in the direction of what MEPs are actively hiring versus not. Again, I'm not working for them. I don't know the details of what's open, what's closed. But reaching out to him, making sure that your resume and application are submitted to him would be a great way to move forward and get that kind of on the ground, up-to-date information. But I'll make sure that your show notes have the email for Mr. Knight, as well as the website for Chenega, so that anyone who's interested can research that a bit more.

HF: That is excellent. I have to say I've spoken personally with Mr. Knight, and he is a wonderful man. And if he's okay with us having his email address in there, whatever contact information, we'd be happy to include it.

PNK: His email address is in the postings that are on the internet. Yeah, I'm literally looking at the ad for one of the MEPS that has an open position right now, and his email address is listed there.

HF: Okay, that's perfect. All right, now we're getting close to time here. Time always goes way too fast on the podcast, and you got so many gems that you're giving us here. The next thing is, tell us a little bit about the CMO position that you're doing, how it's different from the independent contractor, and whether physicians need to go through that first role of being an independent contractor, or they can be like you, and you went right into it. How does that happen?

PNK: Great question. Chief medical officer oversees the medical department at a specific MEPS location. I spend probably half of my time doing clinical work, reviewing pre-screen documentation, applicant histories, doing histories and physicals on the MEPS floor, following up with consults and other things after someone has left the MEPS, and making sure their final profiles or determinations are correct. About half of my job is that same clinical stuff that we're talking about, and then half is the administrative things. Making sure that the lab laboratory is up to stuff, and making sure that we are always inspection ready for the Office of the Inspector General when they come through for their routine inspections of our medical units.

Making sure that all our documentation is ordered, making sure that our teams are appropriately trained, both the physicians and the medical techs, making sure the equipment is as it should be, staying up to date on changes in regulation, changes in procedure. We've really gone through a lot of modernization in the last three years when we brought on our EMR, so learning that myself, and then making sure that my team has the tools to implement new changes and excel at making sure that we can still continue to process our applicants.

And then networking with others and making sure that I have a good feel for what's happening and how to help my team do the best that we can at making sure that every applicant that we see in touch with the Cleveland MEPS gets to their adventures in service as healthy and safely as possible.

You asked about how you get in if you have to be an independent contractor first, and I don't think that you have to. I think in retrospect it's helpful, but at the end of the day, I told you earlier that if someone has a passion for learning something new that makes a great difference, there's definitely space. And so, I can't tell you off the top of my head how many vacancies there are throughout our 66 locations. If one was looking for those positions, USAJOBS is the federal human resources or the position posting, what's the word, portal that I guess is what I would say, where you can look up what is currently posted right now would be at USAJOBS.

But what I would say is that a lot of my CMO colleagues came from other positions in practice in a variety of specialties to come in to chief medical officer roles, and I also have some who came from T-basis provider roles and then transitioned into this role, which is a hybrid management administration and applicant care role.

HF: What would be the job title that they would search on at the USAJOBS.gov site?

PNK: You would look under physician. It wouldn't be listed as a chief medical officer, the positions are listed as physicians. I think the best search is there, search for physician, and then specifically USMEPCOM or military entrance. So if you use those two terms, the physicians that USMEPCOM is hiring directly, those would be your chief medical officers and assistant chief medical officers, CMOs and ACMOs. Those are the folks that the federal government is hiring directly. It would be CMOs, ACMOs, USAJOBS, physician, and military tools processing station. And then the positions we were talking about previously are all listed and maintained and housed in an entirely different database.

HF: I'm curious, Dr. Phyllis, is there any particular experience or something from your time with MEPS that you'd like to share just to sort of touches your heart or makes this work more meaningful for you?

PNK: I guess two things come to mind right off the top of my head. Certainly we've all been through exciting things during the pandemic and working anyplace in healthcare during the pandemic, I think opened a lot of our eyes to the ways that we can serve and how important the work we do is.

During those pandemic days, I did a lot of training at my site. I did training for folks from other places, especially with travel restrictions and things like that. I had the chance to do a good bit of training and to serve in a public health emergency officer role for our battalion.

That's something that to me is particularly meaningful because I hope that I don't have to live through that and none of us has to live through anything like that again. It was a moment in history kind of a time for me. That's something that's particularly meaningful to me about my time at MEPS.

And one of the other things that's been meaningful is getting to know the different branches of the military and the representatives that work in our building with us and collaborating to make sure that we can get the paperwork together and people get in for their physicals and they have those higher level reviews so that they're able to raise their right hand and swear and join the military and head off to the basic training sites.

In general, what we do is super, super meaningful to me. I think one of the things that I would consider my this moment in history is that I had the opportunity to do the physical exam in the history on the very first United States Space Force candidate to process at the Cleveland MEPS.

All around us there are changes and growth and everything's expanding and moving forward. And so, I think being engaged wherever you are is really important and you never know when something that's part of your everyday will become a part of history.

HF: That is fantastic. And who better than you, I would say, because it means something to you and that translates. Absolutely. I just wanted to thank you again for coming on the podcast. This is a historic moment because I've tried, like I said, for over two years to make this happen and you made it happen. And I am deeply grateful to you.

PNK: Thank you so much again for the opportunity to spend some time talking to you today. Special thanks to USMAPCOM, Public Affairs Office, who gave me lots of help, assistance, coaching. Thanks to our battalion commander, Lieutenant Colonel Jonathan Reeves, and others who worked really hard for this opportunity, for this conversation to happen.

One of the things I've certainly learned in any space is that it always takes a village. And so, even if you have a great idea or a great contact, as you see, sometimes it takes a little bit of extra pushing and pulling. Lieutenant Colonel Reeves, Captain Epley, all of the folks who have supervised me and supported me in having the chance to talk to you and share, I really appreciate their input.

And I appreciate your willingness to shine a light in a space that most people don't know about. While it may be the greatest opportunity you never knew about, it is absolutely something that makes a difference. Here at USMEPCOM, we say that we are freedom's front door. And so, this is the place where people enter on the way to making sure that all have freedom. I think that this work is so meaningful and so powerful.

It's fun to step out of my everyday and talk to someone that this is new to. Entering something new is scary, it's nerve-wracking, but you're on your way to somewhere really important. And where we are here at the MEPS, we are uniquely poised to assist people as they head off to the next chapter of their journey.

HF: Well, I can see why your being at this door and being a big welcoming presence is great for those interested in serving our country. And thank you for helping them. And a big thank you to all of those who have served and are serving.

All right, my dear listeners, so great to have you here for this episode. Please share it with anyone you think it could be helpful for. And just a reminder, if you're interested in the Carpe Diem resume kit, you can find it at doctorscrossing.com under the products tab. We'll also have a link in the show notes. And until June 10, 2025, there's 20% off using the code RESUMEHELP.

All right, as always, don't forget to Carpe Diem and I'll see you in the next episode. Bye for now.

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Podcast details

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