

68A Biomedical Equipment Tech- Volume 2

This is a follow up post to my original post last year. I have been answering a lot of pm's and i wanted to get more info out there for prospective Biomed's. Sorry for the poor spelling/lack of professionalism but im doing this on my freetime...with beer.

Word of caution: This is only my experience and perspective. I like my MOS. i'm sure there are other good mos's out there.

What does a biomed do?

According to the go army page. "The biomedical equipment specialist is primarily responsible for servicing and maintaining all medical equipment.". In reality how true this is depends on your assignment. you will be doing a lot more than maintaining equipment. I will explain this later on

What are your civilian career prospects like?

Best way to get an understanding of our market in the civilian sector is to look for jobs and look at surveys of the industry. Median salary for a biomed 2 (about 6 years of experience) across america according to the HTM survey was 54,000. There is opportunity to make better money as a field service engineer for imaging/monitoring/lab- imaging techs make 88,000 nation-wide as salary. Plus overtime/on call pay. We are also about to be facing a serious skill shortage in this field due to an aging workforce and a lack of civilian education programs. "Compounding the BMET shortage is the recent closing of 33 schools with HTM-related programs, leaving only 22 colleges nationwide graduating 400 BMETs annually, according to AAMI. You will notice when looking at job's most of them state associate's degree or graduate of the METC biomedical engineering program.

In House- Less travel, less workload, less stress than working as a field service technician. Generally you will work on the less complicated equipment and leave the complicated stuff for contracted maintenance. You will see more equipment than a field service technician so you won't have the knowledge they do on specific complicated units. Biomed's skilled with I.T. can be very well paid in house.

Field Service- Lots of travel/driving. Long hours. Complicated machines that you become very good at working at and get paid well for. CT/MRI/Imaging equipment is the \$. Monitoring and Lab can be good too. Reservists check out the field service apprenticeship with GE healthcare for imaging equipment i posted a link.

Other careers- Sales, customer service, consulting, cybersecurity, networking, logistics, property management. They all tie in well with your experience though i dont think its very common to switch to these for most biomed's.

Government Service- VA starts their biomed around GS 11. In my military hospital we have a few GS 8's that work in my role but most are GS 9's but we do have GS 12 as well. It's a pretty sweet gig. Not hard to land either. My hospital like most are struggling to find quality talent.

Military Career-

SGT/SSG Promotion Trend Report																							
(Reflects only fully eligible Soldiers: BLC Trained SPC(P) / ALC Trained SGT(P)) Data as of: 11 July 2018																							
RANGE OF POINTS																			201803-201808				
	PROM	15-	50-	100-	150-	200-	250-	300-	350-	400-	450-	500-	550-	600-	650-	700-	750-	# ON	AVG	# OF	P	SZ	
MOS	LIST	49	99	149	199	249	299	349	399	449	499	549	599	649	699	749	798	LIST	PTS	PRO	AVG	AVG	
																				M			
68A	SGT	0	0	0	2	0	1	4	4	7	2	4	0	0	0	0	0	24	390	48		503	653
68A	SSG	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	21		15	15

(This is mostly for Prior Service soldiers who understand the promotion trend report).

Making E5- Shoot well/have a good PT score/do some civilian education and you will get picked up. It just takes a little time to get your points up there especially if you are in a hospital unit since training and awards are hard to come by.

Making E6- we are starving for E6's but all the promotable E5 that i know are waiting for an ALC slot. I'm not a good person to ask why this is such an issue. We have good upward mobility due to the high percentage of soldiers that get out at E4/E5 to pursue a civilian career and the fact that our E6 (P) get looked at for both warrant and E7. I see a lot of get promoted to E7 then get accepted to WOCS which opens 2 enlisted slots at once. If you want to retire from the military 68A is a decent path because if you are decent then you will make E6. If you are above average you have a lot of opportunities available to you.

E7 and up- if you are good. Audie murphy club, EO rep, Sharp REP, Bachelors degree, EFMB, Aerosol, good ncoer's. Instructor at the METC school house. You have a good shot of making E7. Most of our E7's are absolute stud's of NCO's. At E7 you sort of get stuck as there are not many slots for us since we are such a small MOS. Only know a few E8 68A's- they have been awesome.

Warrant Officer- 670A - Health Services Maintenance Technician:

Duties:

Serve as the only single tracked specialty, trained maintenance warrant officer in the AMEDD. Responsible for the maintenance management requirements and execution for both the operational and institutional medical activities. Supervise the technical and tactical performance of biomedical equipment specialist, medical supply specialist, DA

civilians and contractors. Lead, coach and train staff in the proper care, use and operator maintenance of medical equipment and medical systems. Provides guidance and technical expertise to commanders and staff on all issues concerning the medical equipment lifecycle.

WO Summary: Our warrants are super busy and subject matter experts on all sorts of medical equipment related issues. Meetings. Regulations. Excel, Dealing with civilians, Powerpoint, assigning tasks, additional duties, PL of maintenance company, Long hours, Equipment Strategy, Troubleshooting broken processes, approving TDY and in service training, explaining to the battalion commander you can't fix the HMV's without parts (yes you may be running ground maintenance as well), you trade your wrenches for a nice desk and responsibility. Senior NCO's will be just completing tasks warrants give them though so you might as well get that extra pay and go warrant.

A day in my life- E4 at the hospital on a road team-

0430- wake up. Throw away beer bottles. Sweep my floor. Clean up my life. Drive to PT

0515- pt starts at the gym or a field- 3x a week we do our own thing at the gym 2x a week we run as a section (normally 6 of us). Or i'm so far behind on work i tell my NCO's i got to go in early and start doing services.

0615-0700- drive back from PT, Shower and shave, clean for 10 min, drive to work

0700-0715- Eat breakfast unless i have something urgent to work on.

0715-0730- Escape the basement dungeon for our pick up cigarettes in parking lot detail. Be sure to soak in the sun because it may be the last time you see it.

0730-0830- check emails/work orders- respond to emails/ update WO notes/plan out day. Check ECRI alerts for recall information on my equipment. Check/update calendar. Push work order out of my inbox into more junior soldier that reads "Patient pooped on scale, must be disassembled to be cleaned".

0830-0930: Call Manufacturer for parts info and do the paperwork to order parts that i discovered i needed the day before. Start panicking because the day is flying by and you haven't seen a single piece of equipment.

0930-10:00- Quickly address my extra duties (could be TMDE coordinator, Safety, Hazmat, Tools, Med loaners, shipping, ETC). note that i have been neglecting it but there's more important stuff to deal with.

10:00- Receive phone call- sterilizer down. Its leaking everywhere.

10-11:30- Load up my van full of tools drive to clinic. Come up with a temporary fix for the boiler til i can get parts in. While walking to van to drive to another clinic some nurse/tech asks can i look at something real quick.

11:30-1:30- Fixed like 3 other issues at the clinic that i wasn't planning on dealing with have to order 2 parts. Tell civilian i work with to call MFG and we have to get on scheduled service like ASAP.

1:30-3:00- Get to clinic to do preventative maintenance. Get like ¼ the work i need to do done. It's late in the month. NCOIC calls he tells me im overdue on online training.

3:00- Drive civilian back so he wont charge us for overtime. Drive back to clinic. Work for 1-2 hours. Go home drink beer think about how tomorrow im going to knock out everything on my to do list.

In Summary: we are busy at a hospital. Long hours. Enjoyable work valuable experience. But super busy. I love it though.

Field unit life- cospasta from old post. In a field unit you will do a lot less of your job and a lot more of army training aka rucking, convoy, CBRN, security, mass casualty exercises, radio training. There are 3 types of field units and experiences vary a lot. Most alphas prefer hospital work, Personally I see advantages in both. When i was in a field unit, I spent most my time just bullshitting with friends, I got to go to air assault, CLS, Combatives, Drivers. Now i'm TDA (hospital), I actually have to work and know alot about my job which i enjoy but it's great getting paid to fuck around for 8-10 hours a day.

Medlog- You are going to mostly work on MTOE (Field equipment). It's going to be boring and you probably won't have enough work to get out of trainings. the equipment is very rudimentary as you service combat units that don't have much for electronic medical equipment. maybe field refrigerators, defibs, suction units, limited x ray equipment, some rudimentary lab equipment.

Combat support hospital- Same deal as a medlog except you will have a bit more sophisticated equipment within your unit. CASH's seem to be a little better organized from my little experience. Also a lot of my peers have gotten sent to manufacturer training from CSH's because they can afford to lose you for 1-3 weeks where a hospital you are too busy to lose technicians on a regular basis.

Brigade support battalion- Get ready to never do your job. I'm pretty sure these slots are for E6+ though. Any techs I know with a Combat action badge got it while working at a BSB. Ive never talked to a tech that said it wasn't a nightmare if they werent with a special ops support unit.

AIT Update- they made it so it's impossible to fail out on a pc (daily quiz) these were a major source of failures because they were only 10 questions and easy to miss one or two. They are also going to be adding another 11 days or so to the schoolhouse covering networking/IT in the future. Other than that refer to my older post to get more info and the questions that i answered in PM's. AIT is pretty easy. It gets tough when you graduate and have to go out and figure it out

on your own. I went back for an advanced course- all the students had to wear pt belts at all times...

Changes to the the 68A TDA (Hospital)- I would not be surprised to see a move away from 68A's in the hospital. It's all rumors but they are trying to cut cost and increase readiness. They are cutting military positions in functional hospitals to put them in a deployable unit. This means that 1. New biomedes will have less working experience 2. They are going to have to hire a bunch of civilians. That's all I will reveal because i have no good information.

Cybersecurity/Networking- It's the future in our field. We need to be able to access to server rooms and config units without calling IMD. Our leadership is pushing certs like Network+, Security+, CCNA, CEH. we have to convince IMD that we can not destroy their network when monitors go down at 2 am and were on call. So that means we are all learning about computers. I recommend reading about some of the challenges our field faces here in one of the two biomed magazines linked at the bottom. Wannacry was a hell of an experience.

Right to repair- another interesting issue to read about in one of the trade magazines.

All the regulations/guidance agencies we (attempt) to follow: NFPA 99, Joint Commision, FDA, CMS, AAMI, ANSI, OSHA, TB MED 750-1, TB Med 750-2, ISO, TB Med 525, TB MED 7, ECRI, CAP,, equipment MFG Lit/instructions. Plus a hundred others.

Links-

1. <http://www.24x7mag.com> - good source for career info
2. <http://1technation.com/> - same as above
3. <http://alliedweb.s3.amazonaws.com/x7mag/diged/201712/index.html> - 2017 HTM salary survey.
4. <http://www.24x7mag.com/2018/08/confronting-bmet-staffing-shortage/> - staffing shortage article
5. <https://www.bls.gov/ooh/installation-maintenance-and-repair/medical-equipment-repairers.htm> -bls report on salary/job outlook

6. <http://www.aami.org> - they are our professional body. They certify biomed through tests/host conferences, publish issues related to our industry.
7. <https://www.metc.mil/academics/BMET/> - THE SCHOOLHOUSE (AIT)
8. <http://www.usarec.army.mil/hq/warrant/prerequ/wo670a.shtml> -warrant officer
9. http://www.cmia.org/docs/biomed_study_guide.pdf - This is a study guide for the CBET exam, which is our basic bmet cert. Its not required but its looked upon favorably. The subjects covered in this guide is basically the curriculum of the school house although id say the schoolhouse is significantly easier.
10. http://www.usamma.army.mil/Pages/M3D_Main.aspx - for those of you with military access USAMMA Handles field equipment.
11. <https://jobs.gecareers.com/ShowJob/Id/47836/Field-Engineer-Apprentice/> - great internship with GE radiology for reservists straight out of the school house.
12. <http://www.bmets-usa.com/> - Doug Stephens retired cw 5 runs this company. They hire a lot of military. Normally he has salary posted with the job descriptions.
13. <https://www.khanacademy.org/science/physics/circuits-topic> - a brief intro to the math/science needed for the first 2 courses which fail alot of people out. I don't recommend doing it just listen to the instructors.
- 14.

RESPONSES TO PMs

A. Question about reclassing as E5 AIT

I knew 2 E5's that reclassified from infantry. They took a demotion to E4 to go to the school house. Got promoted while at AIT to E5. Life will be annoying as a prior service there. When I was there prior service got in a lot of trouble so they treated them pretty shitty. You can't drink, you can't smoke the annoying private in your class obviously. It's definitely worth all the bullshit in the end but it would be frustrating to be there as a prior service soldier. You have to go to all PT. they have separate prior service barracks but I heard they were shitty. Thing is that your platoon really doesn't interact outside of PT, random formations. So no one can hold anyone accountable for showing up late and it pissed off our cadre and then prior service got treated shittier than IET at times.

B.

1- How much physiology is covered during the course and what specific subjects? 2- Can you recommend any book or textbook that I can study from? 3-How much blood or bodily fluids will I come in contact with during AIT?

1. In each course there is a section about physiology. on the quizzes and tests its about 10-15% of the questions. Its super basic physiology mostly definitions, or related to how the equipment works. For example if your working on defibs in the course then you are going to have physiology on heart rates, if you are studying ventilators they are gonna talk about lungs.
2. Definitely do not study anything but what the instructor emphasizes. Written tests in the army are nothing like in college for the most part. Most instructors for any course will make serious emphasis on sentences that will be on the tests. Each course you get a course guide to take notes in. star, highlight, underline stuff the instructor emphasizes and study on your class breaks before the test and you will be fine. In the classroom

portions of the school house you are studying for regurgitation aka memorize stuff, understanding the whole concept isn't important for passing. If you study anything before the school house, study basic electronics principles like ohm's law, how electronic components work (transistors, gates, transformers, relays). Also know your scientific notation, brush up on basic algebra if your rusty. It's not really necessary to prep for the school house. I would recommend just developing an interest in the field then when you get there take the first 2 courses deadly serious. after that it's easy, ask questions, stay motivated you will pass.

3. Never in AIT. none of the equipment has been used on patients. Outside of AIT rarely. It's the equipment operators responsibility to clean/sterilize the equipment before it gets to us, but they can only clean/sterilize the exterior. In the OR blood finds its way to the interior of the equipment. I've gotten suction units where i open it up to see whats wrong and i see dried blood all over the control boards. Dialysis bmet's don't really see blood per say but they are dirty machines. body fluids go through the whole thing then we take it apart so you gotta be careful. Im working in dental so Im big about wearing gloves/washing hands, I know everything's dirty.

Sounds like a great plan. I would totally do it. Your pretty much guaranteed a job out of the school house although it might be entry level at 35-40k a year or you might get a field tech job at GE/phillips for 60k-70k. My buddy is a reservist in NJ. you could check with them if your trying to stay in the area.

http://www.cmia.org/docs/biomed_study_guide.pdf - This is a studyguide for the CBET exam, which is our basic bmet cert. Its not required but its looked upon favorably. The subjects covered in this guide is basically the curriculum of the school house although id say the schoolhouse is significantly easier. I wouldn't study this but if your curious about the field it might be fun to browse. also for bmet related news/stories there's 2 sites 24x7 biomed, and 1technation. You can search on those sites for career advice.

C.

Is it true you guys can get paid for overtime and clear more than 6 figures first year in? I don't know if what I heard is bs or not and can't find info on you guys at all. I don't think you guys even exist

As a civilian. You can clear 6 figures if you get imaging experience or are a networking god or if you just work like crazy. Some field service techs work ALL the time and bank hard. Its kinda true kinda not. It's relatively easy to make 60k and have a super cush job. it's not difficult to make 100k but you will be either a super wizard technician or working all the time.

D.

After AIT in San Antonio, will I be able to choose to stay within the San Antonio area? I'm planning on living off-post with my wife in the San Antonio area after AIT and staying for the duration of my contract since we both want to attend some of the local colleges too.

Active duty. No. it's possible but unlikely. There are 68A positions at BAMC (fort sams medical center) but they are very few and they are heavily sought after. Few biomedes will go straight from AIT to BAMC. when you join the army you basically have no control of where you are going unless you reenlist for duty station. they could send you to san antonio, new york, california, kansas, korea, germany. San antonio is one of the best duty stations because its a real city outside of post. most posts in the army are not great for example if you go to fort polk louisiana then there isn't a real city out there. it's a town based around the military post, which is bad. there are a few other good duty stations for you and your wife. Fort Carson- colorado springs, Fort Lewis- Tacoma washington.

E. just wanted to know of its really rare to get 68a? do you wish you went airforce or do you like the army?

Yo man not really. Every mos is rare if you only make one appearance at MEPS. if you tell your recruiter you want 68A and you only want to sign a 68A contract and your willing to wait you will get it. I went to MEPS 4 times for another MOS before i chose 68A. 68A was available 2/4 times within like 2 months.

I wish i went air force for quality of life (they have more money for housing/unit funds so they live better also they get treated gentler by there NCO's) but i didn't like not being able to choose my job and i do take some pride in being in the army vs the air force. I think if you are happy in the army you gotta kinda have a dark sense of humor and enjoy some hardship. I joined the army to get out of an office culture and the airforce is just like a corporate culture. I like how the army is less a little less PC. That being said, i recommended the air force to my little brother over the army because it suits him better.

F. just wanted to know how you're doing? How's the 68a journey?

I'm doing great loving it. Working a lot learning alot. The hospital experience is a new one for me. I love it but there's alot that i miss about the field unit life. for example: im basically treated like a civilian 9-5, do my job, go home. Little to no extra bullshit. i just miss the camaraderie of a field unit. everyone is in the suck together and it makes it fun. I work with like 800 soldiers in my hospital and really only hang out with the ones in my shop. I also am a bit bummed that its pretty unlikely that I will get to deploy in my army career now unless something crazy happens just cuz they deploy the field unit people first. I only got 3 years left and i'll be here in the hospital for it. In reality i'm really happy with what i'm doing just wanted to share something since you asked

H. Hey what can you tell me about 68n?

Yo thats a good mos. I believe it's kind of rare. I don't know much about their promotion rates/etc. They perform EKG's, Stress tests, basically run the diagnostic portion of cardiovascular clinics. Also you may get to assist in the surgical room on occasion for invasive cardiac devices (although i wouldn't count on it). You will learn alot about heart rhythms (QRS waves etc), you will work closely with a provider in a hospital setting so you will have a lot of opportunity to learn about medicine/cardiology. granted you might get sent to a Combat support hospital and then you will do a lot less of that but i'm pretty sure 68N are valued in hospitals more than CSH's. The AIT is long which is a good thing, you'll have 2 phases. Honestly I don't know too much, I've only met a few. It would be a good question for the weekly ? bar if you haven't found any info in the search function.

I. What're the first 2 years like?

AIT is good. You learn a lot. The instructors are a mix of military and civilian. Most of them are pretty good teachers. the material is stupid at times but necessary in the classroom portions of each class. As stated in the post, The lab is awesome a ton of fun kinda stressful at first but then just you just have fun tinkering. It's all overwhelming at first then by the end you wish it was more complicated once you've recognised the patterns of the test bugs they put in the machines. Great thing about the military training vs studying to be a bmet on the outside is they will purposely put malfunctions in units for you to fix. they have millions of dollars worth of equipment to work on in the school house. course 1 is analog, 2 is analog/digital, 3 is an introductory lab course with really old simple equipment, 4 is patient warming/cooling systems (incubator, warming/cooling blankets, and an iv pump). 5 is defibrillator, blood pressure monitor, EKG. 6 is laboratory equipment centrifuge, chem

analyzer, spirometer, and a section on pipe fitting. 7 is dental sterilizer, prophylaxis unit, dental chair, dental delivery unit, 8 is Operating room there is an anesthesia unit, ventilator, electrosurgical unit. 9 is x ray equipment its alot of old simple x ray c-arm, pano, intraoral, film processor. 10 is more complex x ray ge x ray rooms, ultrasound, digital plate reader. 11 is field, you do a 4 day ftx where you get to do some soldier stuff aka play paintball, humvee rollover simulator. You also work on a field defib, field patient monitor, field x ray. 12 is more field equipment but no ftx, just field dental, defib. Also 12 you are out processing and getting ready for your first duty station. Does ait really prepare you to be a bmet? Not really but little to nothing could. It's a good introduction to our field but you have to learn and adapt everyday. I wish they would include a lot more of the regulations and processes for parts ordering etc we use on a daily basis. Also people are gonna get in trouble in the barracks and you are going to get mass punished, it's a good introduction to the army way of justice haha.

J. How long are you looking to stay in? And as far as deployments and combat stuff, seems like you're away from that right? By the way what's your rank?

I haven't made that decision yet and i probably wont til my ETS (end of time in service) date is within 1 year. My game plan is to try to make it as far as i can in my army career in 6 years. Warrant officer/SFC pay is competitive with the private sector if you consider the benefits. I think the path to the most wealthy retirement is retire as a warrant then pick up a hospital clinical engineering supervisory role as a civilian for 10-20 and then be rich. I dunno if i can deal with the army bullshit for that long but I will see. As far as deployments, they are common for 68A's as we are an in demand skill in iraq/afghanistan/syria. Support roles are becoming more useful than combat roles in theatre due to our mission changing to overseeing iraq operations. I've never deployed but i know alot of people who have. In a deployed environment we live a cush life as 68A's. they generally have us at a depot level (Fix equipment, send it out, stay on the fob (a secure built up environment). Or you might be on a contact repair team traveling to smaller bases. Most of the time we fly out with blackhawks which are a lot safer than trying to dodge ieds during a long drive. Once you hit E6 you could go to a brigade support battalion attached to an infantry company where they will just put you on random details. This is how every single bmet i know that has seen combat saw it. They were tasked as a driver for a csm and the convoy got hit. For being in the military we see very little action in a deployed environment although it doesn't mean you aren't going to see a deployment. If you are stationed at a hospital than you are much less likely to see a deployment, they deploy individuals

from the hospital under profis slots (i have no idea what profis stands for). My slot is not a profis slot as the hospital deems us too important to leave. Personally I would like to deploy because A. the money B. Ive done alot of training for war and no one likes to practice and not play. I'm a E4/SPC, should be going to the board in the next 4-6 months and picking up SGT within another 1-4 months.

K. I just enlisted and chose 68a as my mos. What do you mean by analog course and digital course? Do you know of anything I can read up on before I ship out?

Congratulations I hope you enjoy it. Analog/Digital are fields within electronics. For digital electronics think data, you learn a very basic understanding of how computer components handle data. For analog its just simple electronic circuits. Think like the light switch in your room (power source, switch, resistor). It gets a lot more complicated than that and all electronics are a mix of analog and digital circuitry today in the field. https://cmia.org/docs/biomed_study_guide.pdf this is a biomed study guide for our certification the CBET. The school house teaches concepts straight out of this but with a lot more hands on learning. I wouldn't recommend studying it. You will do fine, the school house isn't that difficult. 98% of people that fail simply lost focus some fail course 1/2 because they can't do basic algebra. I am linking it to you because it might be useful to look through to get an idea what the job entails. A couple other websites are the <http://1technation.com/>, <http://1technation.com/> . Don't worry about studying before you get there just know when your there you really gotta focus (at least for the first few courses) then you can see. It's pretty fun. <http://www.24x7mag.com/> this was the other link i was trying to send you. it's got really good information on daily life/careers/issues/etc etc.

L. how much did AIT/reclass prepare you for this field? Last thing I want is to be that E6/E7 new to the MOS that is in a leadership role but has not clue about things. I'm fairly tech savvy and generally pick up on things quickly, but just wondering what to expect from AIT/reclass school. Appreciate any incite you may have. Are you still in?

my apologies i kind of forgot about this account. I know one E6 AGR who picked up E7 immediately after leaving the school house . The school house really doesn't prepare you for the field. it takes practice and learning that being said it wouldnt prevent you from being a good NCOIC in a med maintenance shop. You just have to know TB MED 750-1, and TB MED 750-2 pretty well so you understand shop operations then it comes to reaching out to people who know and reading equipment literature. I rarely ever go to my E6's or E7's with specific equipment questions it's more about managing vendors, scheduling, TDY, getting memos, ETC. I think they would put you in a

medlog or CSH anyways and theres alot of literature on field units plus your shop won't likely have too many work orders. if you want shoot me your military email address and i'll send it over to him, he would probably love to offer advice. I'm still in got 3 years left.

M. Is it easy to reclass into?

Yea man i know i went to the school house with a few mikes that reclassified. it's not too hard to reclass into my 68A. I know a whole lot of people that have done it. Especially as a E4. as long as your GT score is decent and there is a slot available (there normally is). Your right there is a lot of room to grow within 68A mostly because of our warrant path and also there is alot who get out to enter the competitive civilian market. Let me know if you have any more questions.

N. is AIT as difficult as everyone tends to describe it ?

Hello. AIT is not difficult. its just got a high failure rate due to people A. Losing discipline B. Not knowing algebra/ how to use formulas in course 1/2. Or C. Being bad at lab- aka finding the bugs in equipment. From the new guys in my shop they made it a lot easier by making the quizzes something you can't fail on. it went from like 14 written tests that matter a course to 1. If you can do $1/3x=712$ you can handle course 1 and 2. The hard part starts after AIT when you realise you don't really know anything. it prepares you pretty well but there's nothing that can prepare you for how fast paced it is especially if you end up in a hospital. It's a great MOS. we have a reputation for getting shit done/being the smart group. I had no background in electronics or medical. Army tests are pretty easy once you learn the battle rhythm of them. you just have to listen to the instructors. they will give you the answers.

O. I'm a civilian who wants to get into that job, but I don't know if I should go active duty or reservist. Would active duty give me a better chance to get a job on the civilian side than going reserves? That's my main dilemma currently.

sure thing man. personally i wish i went reserves but im sure if i went reserves there would be times i wish i was active duty. Active duty is a 6 year commitment so you will get out with 6 years experience as a biomed. It depends on your assignments how much actual experience you get during those 6 years. my first assignment was a field unit in korea so i didnt get alot of biomed experience there but i got a decent amount. now i'm at one of the military's largest hospitals all i do

is work on equipment. i do hundreds of work orders a month now. when i get out i will have an easier time finding a job than a reservist simply because of the 6 years of experience.

Though if you can land a apprenticeship with a company like GE right out of the school house like many do. 6 years of imaging original manufacturer experience is more valuable than my 6 years of experience. I saw varying levels of success from reservists applying for jobs straight from the school house. most of it came down to how hard they looked and applied for jobs. It's totally possible to land a great job working for a company like siemens, GE, and varian right out of the school house. Not everyone does because not everyone puts 100% effort into their applications. Also if you have any work experience/education before joining the reserves that is also a factor. In my opinion you won't have a problem earning around 40k out of the school house with no experience. Another factor is where you live. If you are not willing to move and put the work in as a reservist to transfer to a unit near your new workplace you may have a difficult time unless you live somewhere with a strong demand.

The real reason to go active duty is you want to be a full time soldier. if i was a reservist i know i would have the desire to be active because of the cool things i've gotten to do with the military. I've gotten to jump out of helicopters, travel the world, make amazing friends, have great experiences, have terrible experiences, etc. Alot of my reservist friends are disappointed by their experiences at drill etc. unless their unit deploys then it's not really much of a military experience. go to drill do a lot of online training and face to face training on stuff like sexual harassment. It's pretty common to see reserve to active transfers for this reason. Also go active if you are confident you can do 20. The retirement is great.

