



DEPARTMENT OF THE AIR FORCE
AIR FORCE RESERVE COMMAND

MEMORANDUM FOR DISTRIBUTION

FROM: AFRC/SG
155 Richard Ray Blvd
Robins AFB, GA 31098-1815

SUBJECT: USAFR FY 2019 Health Professions Special & Incentive (HPS&I) Pay Plan

1. Effective 1 January 2019, the attached FY 19 HPS&I Pay Plan provides policy and operational guidance for managing the USAFR HPS&I pay program. Incentive Pay/Board Certified Pay (IP/BCP) will be processed at the prorated rate of 1/30th of the monthly rate for eligible Health Professions Officers serving in a medical specialty identified in Attachment #1 (Table's: #2 - #14) of the FY 19 HPS&I. Prorated pays apply during periods of IDT and other authorized pay status 30 days or less IAW 37 USC § 204 or 37 USC § 206.
2. Please ensure this is distributed to appropriate medical personnel. General questions may be directed to our SGS Division at afrc.sgs@us.af.mil or HQ ARPC/DPAMM for application processes/procedures (Mr. Ken Kluza: Comm: 720-847-3553 / arpc.dpammworkflow@us.af.mil).

JOHN E. BUTERBAUGH, Colonel, USAF, MC
Command Surgeon

Attachments:
USAFR FY 2019 HPS&I Pay Plan, 1 Jan 19

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UNITED STATES AIR FORCE RESERVE HEALTH PROFESSIONS SPECIAL AND INCENTIVE (HPS&I) PAY PLAN



FY19

Effective 1 January 2019



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SECTION I. OVERVIEW

1. PURPOSE. The purpose of this plan is to provide updated policy and operational guidance for management of the United States Air Force Reserve (USAFR) Health Professions Special and Incentives (HPS&I) pay program. This pay plan specifies implementation of Consolidated Special Pays (CSP) for Health Professions Officers (HPOs) assigned to the Air Force Reserve (AFR), as directed by the National Defense Authorization Act (NDAA) of 2008 (Public Law 110-181), which became effective 1 December 2017. All new agreements for special pays for AFR HPOs will continue to be administered in accordance with the CSP authorities in section 37 USC § 335 and 37 USC § 332.
2. CSP HPS&I PROGRAMS. HPS&I programs available to AFR HPOs under CSP include the following:
 - Accession Bonus (AB) 37 USC § 335
 - Affiliation Bonus Reserve Component (ABRC) 37 USC § 332
 - Incentive Pay (IP) 37 USC § 335
 - Retention Bonus (RB) 37 USC § 335
 - Board Certified Pay (BCP) 37 USC § 335
3. RESPONSIBILITIES.
 - a. AF/RE:
 - (1) By 1 August of each year, ensures completion of annual update to USAFR HPS&I Pay Plan.
 - b. AF/REP:
 - (1) Serves as Program Element Monitor (PEM) for Program Objective Memorandum (POM) programming requirements for AB, ABRC, RB, RC STIPEND, and RCHPLRP programs.
 - c. AF/REC:
 - (1) Develops and justifies the financial plan for all USAFR HPS&I programs in line with approved POM submissions through the Air Force Corporate Structure.
 - (2) Provides oversight of budget execution of all USAFR HPS&I programs to ensure financial solvency and efficiency.

d. AF/REM:

(1) USAFR representative to Office of Assistant Secretary of Defense for Health Affairs (OASD/HA) Reserve Component Health Professions Incentives Subcommittee (RCHPIS).

(2) Serves as PEM for POM programming requirements for IP and BCP programs.

e. AFRC/SG:

(1) Develops with Air Force Reserve Command Recruiting Service (AFRC/RS) the AFR input for the Reserve Component (RC) Wartime Health Care Specialties with Critical Shortages List (CWSL) published by OASD/HA annually.

(2) Monitors the RC CWSL on a regular basis to ensure it continues to meet USAFR needs and/or availability of program funding. If manning in a particular specialty that is not on the current CWSL falls below, or is rapidly approaching a critical level, coordinates request with AFRC/RS to OASD/HA that the specialty be added to the CWSL.

(3) By 1 October of each year, develops and provides AFRC/RS a fiscal year recruiting goals spreadsheet that identifies the current medical skills and requirements for the USAFR. The goals will be specified by each HPS&I program and further identified by specialty and number required within that specialty. HPS&I goals will correlate to all skills on the current CWSL. Exceptions to the goals list may be requested as long as the requested skill is on the CWSL and presently undermanned. The goals are predicated on the fiscal year budget and requirements of the USAFR.

(4) Develops specific program exclusions and restrictions for HPS&I programs based on manning, targeted groups and costs.

(5) Reviews medical officer manning on a regular basis to determine those that remain unfilled 18 months or longer that may be identified as "hard-to-fill" and should be considered for incentive under an "Exception to Policy" waiver.

(6) Provides approvals/disapprovals on all "Exception to Policy" waiver requests, to include those for: (1) "hard-to-fill" (chronically vacant) billets (2) members who cannot be placed in their primary specialty upon graduation and (3) members who request to receive benefits identified under the initial contract who are involuntarily transferred to the Individual Ready Reserve (IRR) as a result of force structure changes or force reduction actions.

(7) Provides approvals/disapprovals on "Period of Non-Availability" requests (up to one year) from members in HPS&I pay programs who are unable to be assigned or to participate once assigned.

(8) Provides approvals/disapprovals on requests for extensions of RC STIPEND payments for fellowships after residency training.

(9) Provides ARPC/DPA Reserve medical officer manning data on a monthly basis.

(10) Provides medical guidance/expertise to AFRC/RS and ARPC/DPA as needed for HPS&I programs.

(11) Notifies AFRC/RS and ARPC/DPA as soon as possible of any major force structure changes to include AFSC changes and position reductions.

(12) USAFR representative to OASD/HA Reserve Component Health Professions Incentives Subcommittee (RCHPIS).

f. AFRC/RS:

(1) When current manning dictates, requests approval for HPS&I pays from ARPC/DPA.

(2) Provides an HPS&I application to all qualified applicants and then initiates, completes and e-mails/faxes/mails the application to ARPC/DPA for processing. The verification of full-time enrollment form (Attachment 13) will be used for the RC STIPEND program.

(3) Once the HPS&I application is approved, provides a contract to the applicant and forwards to ARPC/DPA.

(4) Receives a list of projected RC STIPEND graduates from ARPC/DPA six months prior to members' graduation from residency/fellowship. AFRC/RS will actively work with RC STIPEND members near graduation to place them in the unit program. AFRC/RS will notify ARPC/DPA of all RC STIPEND graduates who have failed to obtain a participating assignment within six months of completing residency training.

g. AFRC/FM:

(1) Provides budget execution and monitoring for all HPS&I programs.

h. AFRC/A1:

(1) Provides personnel administrative support for HPS&I programs.

i. ARPC/DPA:

(1) Administers implementation of HPS&I pay plan.

(2) Coordinates medical incentive applications with AFRC/RS through Air Force Recruiting Information Support System – Total Force (AFRISS-TF).

(3) Reviews and approves/disapproves all applications for HPS&I in AFRISS-TF. Verifies that member is going into a valid vacant position for AB and that member is going to hold a position for RB.

(4) Validates discrepancies where the Military Personnel Data System (MilPDS) does not match the Duty AFSC when requests are submitted by the member's unit Commander on AF Form 1288, Application for Ready Reserve Assignment.

(5) Reviews all HPS&I pay written agreements and ensures they are complete prior to making any payments.

(6) Coordinates with AFRC/SG on members requesting "Exception to Policy" waiver requests, to include those for: (1) "hard-to-fill" (chronically vacant) billets (2) members who cannot be placed in their primary specialty upon graduation and (3) members who request to receive benefits identified under the initial contract who are involuntarily transferred to the Individual Ready Reserve (IRR) as a result of force structure changes or force reduction actions.

(7) Coordinates with AFRC/SG on members requesting a "Period of Non-Availability" (up to one year) in any HPS&I program who are unable to be assigned due to hardship or are unable to obtain a participating position. Extends service obligation in MilPDS if "Period of Non-Availability" is approved by AFRC/SG.

(8) Keeps a record of all members receiving incentives in the medical incentives database and keeps it up to date.

(9) Initiates the RCHPLRP loan verification process at least 45 days prior to scheduled disbursement.

(10) Ensures RCHPLRP payments are sent to Defense Financing and Accounting Service (DFAS). Payments cannot exceed the outstanding balance and loans must be secured at least one year prior to payment. Ensures payments are not made to loans that are in default. Payments will be paid directly to the member's lender. Ensures RCHPLRP is taxed according to current tax codes.

(11) Processes annual incentive payments on time and verifies that the member is in a valid position and has a good year of participation. If member is no longer in a valid position or has a bad year of participation; contact the member to see the reason and process accordingly.

(12) Notifies projected RC STIPEND graduates who are within six months of completing residency training how to obtain a participating assignment and coordinates with AFRC/RS. Coordinates with ARPC/JA to have a memorandum (Attachment 12) drafted and sent out via certified mail if the RC STIPEND graduate has not obtained a participating assignment within six months of completing residency training.

(13) Verifies on an annual basis that members receiving monthly RC STIPEND payments are still in residency training. This will be accomplished by sending members an enrollment verification form (Attachment 13). Processes letters to terminate RC STIPEND payments to the pay office for members who do not reply/comply within 60 days.

(14) By 1 January of each year, provides AFRC/RS with a fiscal year listing of all RC STIPEND graduates for that year. Coordinates with AFRC/RS on assignment actions.

(15) Provides approval/disapproval endorsements for RC STIPEND members who elect to be assigned to a unit and begin participating once the AF Form 1288, Application for Ready Reserve Assignment, has been received from AFRC/RS.

(16) For RC STIPEND members who elect to be dually assigned, notify the member's unit commander in the case of potential deployment activation. RC STIPEND members who elect to be dually assigned will not be deployed during wartime contingencies.

(17) Processes IP and BCP for eligible AFR HPOs going on active duty for more than 30 days within two days of receipt to the member's pay entitlements office. Prorated IP and BCP for eligible Reserve HPOs will be paid at the daily rate of 1/30th of the monthly rate for any period in which the member is entitled to basic pay pursuant to 37 USC § 204 or compensation pursuant to 37 USC §206.

(18) Processes recoupment actions as required due to separation, unsatisfactory participation or failure to obtain a participating assignment.

(19) Coordinates with ARPC/JA to review all new HPS&I contract templates and existing HPS&I contracts that need to be revised following a change to DoDI 6000.13.

(20) USAFR representative to OASD/HA Reserve Component Health Professions Incentives Subcommittee (RCHPIS).

j. ARPC/JA:

(1) Reviews all new HPS&I contract templates and existing HPS&I contracts that need to be revised following a change to DoDI 6000.13 when requested by ARPC/DPA or AFRC/SG.

(2) When requested by ARPC/DPA, drafts and assists DPA in sending a memorandum (Attachment 12) via certified mail to RC health professions stipend recipients who have not obtained a participating assignment within six months of completing residency training. The memorandum will serve to notify the member of their obligation to initiate the required actions to be assigned to a valid position in the Selected Reserve within 30 days of receipt of the certified letter. If member fails to comply, at the

discretion of the Service Secretary, the participant will be (1) ordered to Active Duty to perform one year of active duty for each year (or part thereof) the participant received a stipend or (2) comply with the repayment provisions of 37 USC § 303(a)(e) and HPS&I Section II (3) (i) (18).

k. ARPC/FM:

(1) Administers payment processing for HPS&I programs.

SECTION II. POLICIES AND PROCEDURES

1. INTRODUCTION. This pay plan identifies and clarifies the following:

a. Policies and procedures for stipend and loan repayment current programs under DoDD 1205.20 and DoDI 1205.21, to revised programs under AFI 10-302 and DoDI 6000.13, published 30 December 2015, *Incorporating Change 1, Effective May 3, 2016*.

b. HPS&I eligibility, exceptions and amounts for AFR HPOs under Consolidated Special Pay (CSP) authorities.

2. APPLICABILITY. Unless otherwise stated, this pay plan applies to AFR HPOs when not on active duty for greater than 30 days. AFR HPOs on active duty greater than 30 days¹ are covered by the Active Component (AC) HPS&I pay plan for their specialty.

3. STIPEND AND LOAN REPAYMENT PROGRAMS FOR AFR HPOs.

a. The contractual authority for stipend (10 USC § 16201-16204) and loan repayment programs (10 USC § 16302) for USAFR HPOs remains unchanged.

b. All new AFR HPO stipend and loan repayment contracts will follow the eligibility and obligation requirements outlined in DoDI 6000.13 and below.

4. CONSOLIDATED SPECIAL PAYS.

a. GENERAL.

(1) An officer receiving a health professions bonus under 37 USC § 335 is not eligible to receive a payment pursuant to 37 USC § 332 (e.g. ABRC) for the same period of obligated service.

(2) An officer receiving health professions IP is not eligible to receive a payment pursuant to 37 USC § 353 for the same skill or period of service.

(3) An officer receiving BCP is not eligible to receive payment pursuant to 37 USC § 353 for the same skill and period of service covered by the certification.

b. ACCESSION BONUS (AB).

(1) Eligibility. To be eligible for AB, an individual must:

(a) Be a graduate of an accredited school(s) in a health profession.

¹ Incentive Pay/Board Certified Pay (IP/BCP) is processed by Air Reserve Personnel Center (ARPC) for Unit AGRs. IP/BCP is processed by Air Force Personnel Center (AFPC) for HQ assigned AGRs.

(b) Be fully qualified to hold a commission or appointment as a commissioned officer in the AFR. An individual must accept an appointment as an HPO before payment of a bonus.

(c) Be fully qualified in an Air Force Specialty Code (AFSC) designated as a critical skill in the RC HPS&I Pay Plan (Attachment 1) AND fill a valid vacant position in that critical skill. To be considered fully qualified, the HPO shall complete all necessary training requirements in order to obtain a 3 skill level in their AFSC IAW the current Air Force Officer Classification Directory (AFOCD). A copy of a member's AF Form 2096 awarding a "3" skill level must be sent to ARPC/DPA before the initial AB payment will be authorized. Based on specific provisions determined by AFRC/SG, the following exceptions shall be applied to this requirement:

- (1) 48A/48G/48R (Flight Surgeon) AFSCs. Because of the challenges civilian physicians face with the time commitment necessary to become fully qualified Flight Surgeons in the USAFR, an initial AB payment is authorized after successful completion of the Aerospace Medicine Primary (AMP) 101 Course OR after completion of member's first satisfactory year of participation in the Selected Reserve, whichever occurs later. A second AB payment is authorized after successful completion of the AMP-201 Course, provided it has been at least one year since the initial AB payment. A third AB payment is authorized after successful completion of the AMP-202 Course, Mission Qualification Training (MQT), Survival Evasion Resistance and Escape (SERE) training and water survival training. Member may not receive more than one AB payment per year. SERE training is the only requirement that may be waived. The waiver authority for SERE training is the member's OG/CC. A copy of the member's AMP-101 training certificate must be sent to ARPC/DPA before the first AB payment will be authorized. A copy of the member's AMP-201 training certificate must be sent to ARPC/DPA before the second AB payment will be authorized. A copy of the member's AMP-202 training certificate must be sent to ARPC/DPA before the third AB payment will be authorized. In addition, to receive third AB payment, the member's MQT training report and all supporting documents must be sent to AFRC/SGO. AFRC/SGO approval is required before the third AB payment will be authorized.
- (2) 46F (Flight Nurse) AFSC. An initial AB payment is authorized after successful completion of MQT and achieving Mission Ready (MR) status OR after completion of the member's first satisfactory participation year in the Selected Reserve, whichever occurs later. MR status is denoted with an "MH" code on the member's flight orders. A letter from the member's Chief Nurse (CN) or Aeromedical Evacuation Squadron (AES) Commander must be sent to ARPC/DPA stating the member is mission ready and has earned the required MH designation before the initial AB payment will be authorized. Subsequent annual AB payments will be made on the anniversary of the initial AB payment date.

- (3) “Exception To Policy” AFSCs on the CWSL: The following four AFSCs on the CWSL are authorized an AB ONLY if applicant accepts an assignment to a chronically vacant (vacant \geq 18 months) or mission critical billet as verified by the respective Reserve Career Field Manager (CFM) for each AFSC: 47GX (General Dental Officer), 43TXA (Biomedical Laboratory Science), 42EX (Optometrist) and 42SX (Clinical Social Worker). ARPC/DPA will process “Exception to Policy” waiver request through appropriate CFM and AFRC/SG for review and approval.

(d) Have completed a satisfactory year of participation in the Selected Reserve in a non-coverage position in the critical AFSC member is receiving the AB for. Member is eligible for initial AB payment after completion of their first satisfactory year of participation in the Selected Reserve OR the date they become fully qualified in their critical specialty AFSC, whichever occurs later. The only AFSCs excepted from the fully qualified requirement are the Flight Surgeon AFSCs (48A/48F/48G). See paragraph 4.b.(1)(c)(1). Subsequent annual AB payments will be made on the anniversary date of member’s initial AB payment.

(e) At the time of commission or appointment, have completed all military service obligations if financial assistance was received from the DoD in order to pursue a course of study to become an officer, or pursue a course of study leading towards appointment as an HPO. This includes, but is not limited to, participants and former participants of the Military Service Academies, Reserve Officers’ Training Corps (ROTC), AFHPSP, Financial Assistance Program (FAP), Uniformed Services University of Health Sciences (USUHS), and other commissioning programs.

(f) Execute a written agreement (Attachment 2) to accept a commission or appointment as a HPO in the USAFR for a specific period. An individual who holds an appointment as an officer in any Uniformed Service (Active or Reserve Component) is not eligible for an AB. A former officer who no longer holds an appointment or commission and is otherwise qualified and eligible must have been honorably discharged or released from uniformed service at least 24 months prior to executing the written agreement to receive AB.

(g) Have been honorably discharged or released from any prior service.

(2) Ineligibility. Individuals ineligible for the AB include:

(a) A current Service member.

(b) A cadet who has completed or is completing a program for accession.

(3) Health Care Providers (HCPs). In addition to the requirements in paragraphs 4.b.(1) and 5.b.(2) of this section, HPOs who are HCPs must possess a current, valid, unrestricted license (or an approved waiver) and be qualified in their respective specialties.

(4) AB Amounts. HPOs who meet the eligibility requirements in paragraphs 4.b.(1) and 5.b.(2) of this section are eligible to sign a written agreement (Attachment 2) not to exceed

the amount listed in Attachment 1 for each 12-month period of obligated service in the Selected Reserve.

(5) Authorized AB. Upon acceptance of the written agreement (Attachment 2) and verification that all eligibility requirements as specified in the current USAFR HPS&I Pay Plan for the Accession Bonus Program have been met, the initial AB payment will be made. Subsequent payments will be made on the anniversary of the initial AB payment date provided the member meets AFR participation guidelines. All qualifying documentation (e.g., AF Form 2096, Letters from SGO, CN or Commander) shall be submitted to ARPC/DPA prior to initial payment processing. Once the agreement is entered into, HPOs are only authorized to enter other special pay agreements under CSP as defined in 37 USC § 335.

(6) Service Obligations (SOs). During the discharge or execution of the SO associated with AB, individuals are eligible for Incentive Pay (IP) and Board Certified Pay (BCP), if applicable. Any additional obligation incurred by these pays shall be served concurrently. During the discharge or execution of the SO associated with AB, individuals are not eligible for a Retention Bonus (RB).

c. AFFILIATION BONUS FOR THE RC (ABRC).

(1) Eligibility. To be eligible for an ABRC, a HPO must:

(a) Be serving on active duty (AD) or have served on AD and have a DD Form 214, "Certificate of Release or Discharge from Active Duty," that verifies an honorable discharge or release.

(b) Provide the original DD Form 214 (copy 1 or copy 4) or a reproduction with a certified true-copy stamp and the appropriate Federal Government authenticating seal imprinted for each period of prior military service.

(c) Be fully qualified to hold a commission or appointment as a commissioned officer in specialty which they are to serve.

(d) Execute an agreement (Attachment 3) to serve in the SELRES.

(e) Not have previously received an AB in the SELRES, unless granted a waiver.

(f) Not currently be discharging a SO associated with an AB or RB.

(2) Health Care Providers (HCPs). In addition to the requirements in paragraph 4.c.(1) of this section, HPOs who are HCPs must possess a current, valid, unrestricted license (or an approved waiver) and be qualified in their respective specialties.

(3) ABRC Amounts. HPOs who meet the eligibility requirements in paragraphs 4.c.(1) and 5.c.(2) of this section are eligible to sign a written agreement (Attachment 3) in the amount of \$10,000 for a minimum three year period of obligated service in the SELRES.

(4) Authorized ABRC. Upon acceptance of the written agreement (Attachment 3), authorized total ABRC payment of \$10,000 will be made incrementally over a three year period to an eligible individual for a three year obligation in the SELRES. Initial ABRC incremental payment will not be made until the member has completed one year of satisfactory participation.

(5) SOs. During the discharge or execution of the SO associated with ABRC, individuals are eligible for IP and BCP, if applicable. Any additional obligation incurred by these pays shall be served concurrently. During the discharge or execution of the SO associated with ABRC, individuals are not eligible for an Accession Bonus (AB) or a Retention Bonus (RB).

d. INCENTIVE PAY (IP).

(1) Eligibility. To be eligible for IP, a RC HPO must:

- (a) Serve in the specialty for which the IP is being paid, unless terminated.
- (b) Execute a written agreement to remain in the SELRES for a period of not less than one year (Attachment 4 or Attachment 5 for applicable AFSC).
- (c) Possess an unrestricted license (or approved waiver). A HCP must be credentialed in the specialty for which the IP is being paid. (**NOTE:** Nurses must be board-certified in the specialty concerned by the applicable board listed in Table 9, Attachment 1).
- (d) Be entitled to basic pay under 37 USC § 204 or compensation under 37 USC § 206.

(2) Monthly Payments. Maximum IP amounts are listed in Attachment 1 (Table's: #2, #5, #8, and #12) for the clinical specialty. Eligible Reserve HPOs will be paid at the daily rate of 1/30th of the monthly rate for any period in which the member is entitled to basic pay pursuant to 37 USC § 204 or compensation pursuant to 37 USC §206.

(3) Not Under RB Agreement. A HPO not under an RB agreement, who becomes eligible for a higher IP rate, may request to terminate and renegotiate for the higher IP rate. Member will be obligated for at least a year from the date of renegotiation.

(4) Under RB Agreement. HPOs who enter a RB contract shall continue IP eligibility at the IP rate in effect at the time the RB contract is effective, and will continue for the duration of the RB agreement.

(5) Relationship to 37 USC § 353. A RC HPO receiving IP under 37 USC § 335 is not eligible to receive payment pursuant to 37 USC § 353 for the same skill and period of service.

(6) Effective Date. The effective date of IP shall be calculated from the completion of the qualifying training, as approved by the clinical specialty CFM, plus three months.

e. RETENTION BONUS (RB).

(1) Eligibility. To be eligible for RB, a HPO must:

(a) Be below the grade of O-7;

(b) Have completed:

1. Any Active Duty (AD) or SELRES service commitment incurred for participating in a pre-commissioning program; or

2. Any AD or SELRES obligation associated with the AB or AC Health Professions Loan Repayment Program (ACHPLRP).

(c) Be fully qualified in an AFSC designated as a critical skill in the RC HPS&I Pay Plan Attachment 1. (**NOTE:** Nurses must be board-certified in the specialty concerned by the applicable board listed in Table 9, Attachment 1).

(d) Have executed a written agreement (Attachment 6 or Attachment 7 for applicable AFSC) to remain in the SELRES in the specialty for which the RB is being paid for **three** years.

(e) Must be in a valid Traditional Reserve (TR) unit position and cannot be assigned against an overage position.

(f) Have completed a satisfactory year of participation in the Selected Reserve in a non-overage TR unit position in the critical AFSC member is receiving the RB for. **NOTE:** Member must complete a satisfactory year of participation after the date of the contract before the initial RB payment will be authorized. Subsequent annual RB payments will be made on the anniversary date of member's initial RB payment.

(2) HCPs. In addition to the requirements in paragraph 4.e.(1) of this section, HPOs who are HCPs must possess a current, valid, unrestricted license (or an approved waiver).

(3) Exclusions and Restrictions. Based on specific provisions determined by AFRC/SG, the following additional exclusions and restrictions shall be applied to the AFSCs listed in Attachment 1.

(a) Individual Reservists (also known as Individual Mobilization Augmentees and Participating Individual Ready Reservists) currently serving in Category B or Category E positions, within the SELRES are NOT eligible for a RB. Active Duty (AD) officers, other RC (Reserve Component), Inter Service Transfers and Individual Ready Reserve (IRR) with AFSCs on the CWSL transferring into Category B or Category E IMA positions are NOT eligible for a RB. **EXCEPTION:** HPOs transferring from a TR unit position into a primary

Category B IMA position (non-overage) and who are under an existing retention bonus agreement may continue to receive payments until the completion date of the written agreement. HPOs must continue to complete a satisfactory year of participation, possess a current, valid, unrestricted license (or approved waiver) before payment is authorized. RB contract cannot extend past member's retirement eligibility date. AD officers transferring into IMA positions with "Exception to Policy" AFSCs on the CWSL (47GX (General Dental Officer), 43TXA (Biomedical Laboratory Science), 42EX (Optometrist) and 42SX (Clinical Social Worker) are NOT eligible for a RB when filling a chronically vacant IMA billet with these AFSCs.

(b) 48A/48G/48R (Flight Surgeon) 3-16 SATSVC Years Restriction. RB eligibility for 48As/48Gs/48Rs shall be restricted to include only those officers serving in TR unit positions with greater than or equal to 3 SATSVC years but less than 17 SATSVC years. AD, other RC, PIRR, Inter Service Transfers and IRR 48As/48Gs/48Rs transferring into vacant positions within the TR unit program are eligible for the RB if they meet the requirements in paragraph 4.e.(1) and they have greater than or equal to 3 SATSVC years but less than 17 SATSVC years. RB contract cannot extend past member's retirement eligibility date. 48As/48Gs/48Rs must send a current MQT training report and all supporting documents to AFRC/SGO for approval before the initial RB payment will be authorized. In addition, 48As/48Gs/48Rs must perform no less than 4 weeks of annual tour (AT) at an AD MTF in flight medicine and complete Flight Surgeon Sustainment Training (FSST) during the 3 year RB period. FSST must be completed in 1 of 3 years and 2 weeks of AT each year for the remainder 2 years within the RB contract period before each RB annual payment will be authorized (Note: FSST/AT completion in no specific order). Any deviation from this requirement must be approved by AFRC/SGO. The following must be sent to ARPC/DPA prior to RB payments: two week tour in active duty flight medicine clinic validated by provision of AF Form 22 and/or memorandum/letter of evaluation from the active duty SGP. Attendance at FSST validated by the reserve medical unit commander or SGP.

(c) 47GXA (Comprehensive Dentist) 12-15 SATSVC Years Restriction. RB eligibility for 47GXAs shall be restricted to include only those officers serving in TR unit positions with greater than or equal to 12 SATSVC years but less than 16 SATSVC years. **EXCEPTION:** AD, other RC, PIRR, Inter Service Transfers and IRR 47GXA's transferring into vacant positions within the TR unit program are eligible for the RB if they meet the requirements in paragraph 4.e.(1) and they have at least three SATSVC years and less than 17 SATSVC years (Note: a member of a TR unit transferring to the IRR must remain in the IRR for a least 2 years before they can return to a TR position and potentially be eligible for a retention bonus). RB contract cannot extend past member's retirement eligibility date.

(d) "Exception To Policy" AFSCs on the CWSL: The following four AFSCs on the CWSL are authorized an RB ONLY if applicant accepts an assignment to a chronically vacant (vacant \geq 18 months) or mission critical TR unit billet as verified by the respective Reserve Career Field Manager (CFM) for each AFSC: 47GX (General Dental Officer), 43TXA (Biomedical Laboratory Science), 42EX (Optometrist) and 42SX (Clinical Social Worker). RB contract cannot extend past member's retirement eligibility date. ARPC/DPA will process "Exception to Policy" waiver request through appropriate CFM and AFRC/SG for

review and approval.

(e) All Other Critical AFSCs 3-16 SATSVC Year Restriction. RB eligibility for all other critical shortage AFSCs listed in Attachment 1, except those noted in paragraph (b), (c) and (d) above, shall be restricted to include only those officers currently serving a TR unit billet with greater than or equal to 3 SATSVC years but less than 17 SATSVC years. AD, other RC, PIRR, Inter Service Transfers and IRR officers with a critical AFSC listed in Attachment 1, except those noted in paragraph (b), (c) and (d) above, transferring into vacant positions within the TR unit program are eligible for the RB if they meet the requirements in paragraph 4.e.(1) and they have at least three SATSVC years but less than 17 SATSVC years (Note: a member of a TR unit transferring to the IRR must remain in the IRR for a least 2 years before they can return to a TR unit and potentially be eligible for a retention bonus). RB contract cannot extend past member's retirement eligibility date.

(f) Commander AFSCs: Officers who are currently serving as commanders of TR units (40C0X or C4XX AFSCs) that carry CWSL AFSCs (as a primary or secondary AFSC) that are eligible for a RB according to 4.e. (1), 4.e.(2), 4.e.(3) AND meet the SATSVC year and all other requirements for that AFSC are eligible for a RB.

(4) Prior Special Pay Contract. An HPO with an existing special pay contract may request termination of that contract to enter into a new RB contract with an equal or longer obligation at the RB annual rate in effect at the time of execution of the new RB contract. The new obligation period shall not retroactively cover any portion or period that was executed under the old contract. An officer may not receive a special pay under both subchapter I and subchapter II of chapter 5 of USC 37 for the same activity, skill, or period of service.

(5) SOs. SOs for RB shall be established in accordance with paragraphs 4.e.(1)(a) through 4.e.(1)(f) of this section.

(a) SOs for education and training and previous Multiyear Pay (MP) agreements shall be served before serving the RB SO.

(b) If there are no education and training SOs, the RB SO will be served concurrently with the RB contract period and all non-education and training SOs. If the RB contract is executed before the start date of specialty education or training and no other education and training SO exists, the RB SO will be served concurrently with the RB contract period. However, if the RB contract is executed on or after the start date of specialty education or training, the HPO is obligated for the full specialty education or training period and the RB SO will begin one day after the specialty education or training SO is completed. Once an HPO has begun to serve an RB SO, the obligation will be served concurrently with any existing SO, including obligations for other special pay agreements or medical education and training obligations incurred after the execution date for that particular RB contract.

(c) Obligations for RB may be served concurrently with all other special pay contractual SOs to include IP and BCP in addition to SOs for promotion, non-clinical

doctorate degree, non-clinical master's degree, and non-medical military schooling.

(d) During the discharge of the SO associated with HPLRP, individuals are eligible for RB. The RB SO shall be served consecutive to all HPLRP obligations.

- (6) Annual Payment Amounts. Annual payment amounts for RB contracts shall not exceed the amounts listed in Attachment 1. Member must complete a satisfactory year of participation after the date of the contract before the initial RB payment will be authorized. Subsequent RB payments shall be paid annually on the anniversary date of contract.

f. BOARD CERTIFICATION PAY (BCP).

(1) Eligibility. To be eligible for BCP, a RC HPO must:

(a) Be entitled to basic pay under 37 USC § 204 or compensation under 37 USC § 206.

(b) Have a post-baccalaureate degree in a clinical specialty or acceptable post-Master's certificate.

(c) Be certified by professional board in a designated health profession clinical specialty as identified in the respective AC HPS&I Pay Plan.

(d) Serve in an active status in the specialty of the board certification.

(e) Complete a certification of eligibility which shall apply for 1 year from the date of the member's signature (Attachment 8 or Attachment 9 for applicable AFSC).

(2) HCP. In addition to the requirements in paragraph 5.f.(1) of this attachment, HPOs who are HCPs must possess a current, valid, unrestricted license (or an approved waiver).

(3) Monthly Payments. BCP amounts are listed in Attachment 1 (Table's: #3, #6, #10, and #13) for the clinical specialty. Eligible reserve HPOs will be paid at the daily rate of 1/30th of the monthly rate for any period in which the member is entitled to basic pay pursuant to 37 USC § 204 or compensation pursuant to 37 USC §206.

5. RC HEALTH PROFESSIONS STIPEND PROGRAM (RC STIPEND).

a. General Provisions. The RC STIPEND program executes in accordance with the guidance provided in AFI 10-302, 10 USC § 16201 through 16204 and DoDI 6000.13.

b. Qualifying Specialty. RC STIPEND payments only apply to programs leading to an AFSC designated as critical skill as identified in Attachment 1. "Exception to Policy" AFSCs on the CWSL (47GX (General Dental Officer), 43TXA (Biomedical Laboratory Science), 42EX (Optometrist) and 42SX (Clinical Social Worker) are NOT eligible for the RC STIPEND program.

c. Monthly Stipend Amount. The amount of the stipend shall be the same as the monthly stipend rate in effect for participants in the Armed Forces Health Professions Scholarship Program as published annually by Assistant Secretary of Defense for Health Affairs.

d. SO. The participant will agree to serve, upon successful completion of the program, one year in the SELRES for each six months, or part thereof, for which the stipend is paid. The participant must sign an agreement (Attachment 10) specifying the required ADT and acknowledging the requirement to serve on AD in time of war or national emergency as provided by law for members of the Ready Reserve. A participant contracted to serve in the SELRES will serve not less than 12 ADT each year during the period of service required by the agreement.

6. RC HEALTH PROFESSIONS LOAN REPAYMENT PROGRAM (RCHPLRP).

a. General Provisions. RCHPLRP executes in accordance with the guidance provided in 10 USC § 16302 and DoDI 6000.13.

b. Qualifying Specialty. RCHPLRP program applies to officers in an AFSC designated as a critical skill as identified in Attachment 1 who meet the AB or RB requirements and opt for RCHPLRP (Note: officers will not be eligible for AB/RB and RCHPLRP at the same time).

c. Exception to Policy (ETP). Completion of a basic military indoctrination course or equivalent pursuant to DoDI 6000.13, Enclosure 3 paragraph 12(c)(4) is waived IAW OUSD/P&R memorandum 10 May 2018. This exception to policy is not a blanket waiver of the requirement to complete an indoctrination course, instead course completion will not be used as a condition to receive RCHPLRP payments. Eligible Health Professions Officers remain responsible for completing an appropriate indoctrination course in accordance with current personnel policy and timelines. ETP remains in force until DoDI 6000.13 is revised to eliminate the indoctrination course requirement for the RCHPLRP.

d. Payment Amount. The maximum annual amount and maximum total amount by clinical specialty are identified in Attachment 1.

e. SO. Repayment of any such loans under this program shall be made after each year of satisfactory service performed as a commissioned officer in the Selected Reserve, beginning with the date of signing of this contractual agreement. The participant must execute a written agreement (Attachment 11) to serve in the USAFR SELRES.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

| | |
|----------|---|
| AB | Accession Bonus |
| ADSO | Active Duty Service Obligation |
| ASD (HA) | Assistant Secretary of Defense for Health Affairs |
| BCP | Board Certification Pay |
| CSP | Consolidated Special Pay |
| HCP | Health Care Provider |
| HPLRP | Health Professional Loan Repayment Program |
| HPO | Health Professions Officer |
| HPS&I | Health Professions Special and Incentive |
| | |
| IP | Incentive Pay |
| MP | Multiyear Pay |
| RB | Retention Bonus |
| RC | Reserve Components |
| SO | Service Obligation |

PART II. DEFINITIONS

Accession Bonus (AB). Bonus paid upon accession pursuant to under 37 USC §335.

Board Certification Pay (BCP). A pay authorized to health professions officer who earns board certification by an approved certifying agency. Pay authorized under 37 USC §335

Credentialed. A qualification held by a health professions officer constituting evidence of qualifying education, training, licensure, experience, and current competence.

Incentive Pay (IP). A pay authorized to a health professions officer serving on Active Duty in a designated health profession specialty for a healthcare related skill. Pay authorized under 37 USC §335.

Pre-Commissioning Program. Any program of education or training funded by the government authorizing commissioning, such as Military Service Academy, Reserve Officers Training Corps, Armed Forces Health Professions Scholarship Program, Financial Assistance program, and Uniformed Services University of the Health Sciences, or any other commissioning programs.

Retention Bonus (RB). A bonus paid to obligate an officer for a specified period of time (two, three, or four years) authorized under 37 USC §335.

ATTACHMENTS

Attachment 1
OASD/HA RESERVE COMPONENT
HPS&I PAY PLAN

Table 1

| Critical Skill ¹ | ARNG | USAR | USNR | ANG | USAFR | RC Health Professions Incentives | | | |
|--|------------------|------------------|-----------|-----------|-----------|----------------------------------|-----------------------------|----------------------|--|
| MEDICAL CORPS | Eligibility | | | | | AB Annual Rate ² | RB Annual Rate ² | Stipend ³ | RC HPLRP Annual/Lifetime Rate ⁴ |
| Aerospace Medicine Specialist | | | | 48AX | 48AX | \$30K | \$30K | See note | \$40K/\$250K |
| Anesthesiologist | | 60N | 15B0/15B1 | 45AX | 45AX | \$40K | \$40K | See note | \$40K/\$250K |
| Critical Care/Pulmonary Disease Medicine/Cardiology | | 60F | 16R1 | 44YX | 44YX | \$50K | \$50K | See note | \$40K/\$250K |
| Emergency Services/Emergency Medicine | | 62A | 16P0/16P1 | 44EX | 44EX | \$40K | \$40K | See note | \$40K/\$250K |
| Family Medicine, Family Practice | | 61H | 16Q0/16Q1 | 44FX | 44FX | \$25K | \$25K | See note | \$40K/\$250K |
| Field Surgeon/General Practice Medicine | 62B ⁵ | | 15F0 | | | \$25K | \$25K | See note | \$40K/\$250K |
| Flight Surgeon, Aviation/Aerospace GMO, Aviation/Aerospace Res Trained | 61N ⁶ | 61N ⁶ | 15A0/15A1 | 48GX/48RX | 48GX/48RX | \$30K | \$30K | See note | \$40K/\$250K |
| Gastroenterology | | | 16R1 | | | \$25K | \$25K | See note | \$40K/\$250K |
| Infectious Disease | | | 16R1 | | | \$25K | \$25K | See note | \$40K/\$250K |
| Internist | | 61F ⁷ | 16R0/16R1 | 44MX | 44MX | \$25K | \$25K | See note | \$40K/\$250K |
| Nephrology | | | 16R1 | | | \$25K | \$25K | See note | \$40K/\$250K |
| Neurologist | | 60V | | | | \$25K | \$25K | See note | \$40K/\$250K |
| Obstetrician and Gynecologist | | 60J | | 45GX | 45GX | \$25K | \$25K | See note | \$40K/\$250K |
| Ophthalmology | | 60S | | | | \$25K | \$25K | See note | \$40K/\$250K |
| Otorhinolaryngologist | | 60T | | | | \$25K | \$25K | See note | \$40K/\$250K |
| Pediatrician | | 60P | | 44KX | 44KX | \$25K | \$25K | See note | \$40K/\$250K |
| Preventive Medicine | | 60C ⁵ | | | | \$25K | \$25K | See note | \$40K/\$250K |
| Psychiatrist | 60W | 60W | 16X0/16X1 | | 44PX | \$25K | \$25K | See note | \$40K/\$250K |
| Radiologist, Diagnostic | | 61R | 16Y0/16Y1 | | | \$45K | \$45K | See note | \$40K/\$250K |
| Radiologist, Special Procedures | | | | | | \$50K | \$50K | See note | \$40K/\$250K |
| Surgeon, Colon/Rectal | | | 15C1 | | | \$50K | \$50K | See note | \$40K/\$250K |
| Surgeon, Critical Care/Trauma | | | 15C1 | | | \$50K | \$50K | See note | \$40K/\$250K |
| Surgeon, General | | 61J | 15C0/15C1 | 45SX | 45SX | \$50K | \$50K | See note | \$40K/\$250K |
| Surgeon, Neurological | | 61Z | 15D0/15D1 | | | \$50K | \$50K | See note | \$40K/\$250K |
| Surgeon, Orthopedic | | 61M | 15H0/15H1 | 45BX | 45BX | \$50K | \$50K | See note | \$40K/\$250K |
| Surgeon, Plastic | | | 15C1 | | | \$50K | \$50K | See note | \$40K/\$250K |
| Surgeon, Thoracic/Cardiovascular | | 61K | 15C1 | | | \$50K | \$50K | See note | \$40K/\$250K |
| Surgeon, Vascular/Peripheral | | | 15C1 | | | \$50K | \$50K | See note | \$40K/\$250K |
| Undersea Medicine | | | 16U0/16U1 | | | \$25K | \$25K | See note | \$40K/\$250K |
| Urologist | | 60K | | | 45UX | \$45K | \$45K | See note | \$40K/\$250K |
| NURSE CORPS | Eligibility | | | | | AB Annual Rate ² | RB Annual Rate ² | Stipend ³ | RC HPLRP Annual/Lifetime Rate ⁴ |
| Clinical Nurse, Critical Care | | 66S | 1960 | 46NXE | 46NXE | \$20K | \$20K | See note | \$20K/\$60K |
| Clinical Nurse, Obstetrics | | | | | 46NXG | \$15K | \$15K | See note | \$20K/\$60K |
| Flight Nurse | | | | 46FX | 46FX | \$20K | \$20K | See note | \$20K/\$60K |
| Mental Health Nurse | | 66C | | | 46PX | \$17.5K | \$17.5K | See note | \$20K/\$60K |
| Midwife | | | 1981 | | | \$15K | \$15K | See note | \$20K/\$60K |
| Nurse Anesthetist | | 66F | 1972 | | 46YXM | \$25K | \$25K | See note | \$20K/\$60K |
| Nurse Practitioner, Acute Care | | | | | | \$20K | \$20K | See note | \$20K/\$60K |
| Nurse Practitioner, Family | | 66P | | 46YXH | 46YXH | \$20K | \$20K | See note | \$20K/\$60K |
| Nurse Practitioner, Mental Health | | 66R | 1973 | | | \$20K | \$20K | See note | \$20K/\$60K |
| Nurse Practitioner, Pediatric | | | 1974 | | | \$15K | \$15K | See note | \$20K/\$60K |
| Nurse Practitioner, Women's Health | | | | | 46YXA | \$15K | \$15K | See note | \$20K/\$60K |
| Operating Room Nurse | | 66E | 1950 | | 46SX | \$20K | \$20K | See note | \$20K/\$60K |
| Public Health Nurse | | 66B | | | | \$15K | \$15K | See note | \$20K/\$60K |
| Trauma Nurse/Emergency | | 66T | | 46NXJ | 46NXJ | \$15K | \$15K | See note | \$20K/\$60K |

Table 1 con't:

| Critical Skill ¹ | ARNG | USAR | USNR | ANG | USAFR | RC Health Professions Incentives | | | |
|---|-------------|-------|------|------|-------|----------------------------------|-----------------------------|----------------------|--|
| DENTAL CORPS | Eligibility | | | | | AB Annual Rate ² | RB Annual Rate ² | Stipend ³ | RC HPLRP Annual/Lifetime Rate ⁴ |
| Dental Officer, Clinical/General | 63A | 63A | | | 47GX | \$25K | \$25K | See note | \$40K/\$250K |
| Dentist, Comprehensive | | 63B | 1725 | | 47GXA | \$25K | \$25K | See note | \$40K/\$250K |
| Endodontist | | 63E | | | | \$25K | \$25K | See note | \$40K/\$250K |
| Oral & Maxillofacial Surgeon | | 63N | 1750 | | | \$30K | \$30K | See note | \$40K/\$250K |
| Periodontist | | | | | | \$25K | \$25K | See note | \$40K/\$250K |
| Prosthodontist | | 63F | | | | \$25K | \$25K | See note | \$40K/\$250K |
| Public Health Dentist | | 63H | | | | \$20K | \$20K | See note | \$40K/\$250K |
| MSC/BSC/SP | Eligibility | | | | | AB Annual Rate ² | RB Annual Rate ² | Stipend ³ | RC HPLRP Annual/Lifetime Rate ⁴ |
| Aeromedical Evacuation Officer | 67J | 67J | | | | \$10K | \$10K | N/A | \$20K/\$60K |
| Audiologist | | 72C | | | | \$15K | \$15K | N/A | \$20K/\$60K |
| Clinical Laboratory/Biomedical Laboratory Science | | | 1865 | 43TX | 43TXA | \$10K | \$10K | N/A | \$20K/\$60K |
| Clinical Psychologist | 73B | 73B | | | | \$20K | \$20K | See note | \$40K/\$250K |
| Entomologist | | 72B | | | | \$15K | \$15K | N/A | \$20K/\$60K |
| Health Services Administration | | | | | 41AX | \$10K | \$10K | N/A | \$20K/\$60K |
| Microbiologist | | 71A | | | | \$10K | \$10K | N/A | \$20K/\$60K |
| Optometrist | | 67F | | | 42EX | \$20K | \$20K | N/A | \$20K/\$60K |
| Patient Administration | | | 1801 | | | \$10K | \$10K | N/A | \$20K/\$60K |
| Physical Therapist | | | | 42BX | | \$20K | \$20K | N/A | \$20K/\$60K |
| Physician Assistant | 65D | 65D | 1893 | 42GX | 42GX | \$25K | \$25K | N/A | \$20K/\$60K |
| Plans/Ops/Medical Intel | | | 1805 | | | \$15K | \$15K | N/A | \$20K/\$60K |
| Public Health Officer | | | | 43HX | | \$15K | \$15K | N/A | \$20K/\$60K |
| Social Worker | 73A | | | | 42SX | \$15K | \$15K | See note | \$25K/\$75K |
| Student Medical/Dental (MDSSP) | 00E67 | 00E67 | Yes | Yes | Yes | N/A | N/A | See note | N/A |
| VETERINARY CORPS | Eligibility | | | | | AB Annual Rate ² | RB Annual Rate ² | Stipend ³ | RC HPLRP Annual/Lifetime Rate ⁴ |
| Veterinary Clinical Medicine | | 64F | | | | \$15K | \$15K | N/A | \$20K/\$60K |
| Veterinary Laboratory Animal Medicine | | 64C | | | | \$15K | \$15K | N/A | \$20K/\$60K |
| Veterinary Pathology | | | | | | \$15K | \$15K | N/A | \$20K/\$60K |
| Veterinary Preventive Medicine | | 64B | | | | \$15K | \$15K | N/A | \$20K/\$60K |
| Veterinary Service Officer | 64A | 64A | | | | \$15K | \$15K | N/A | \$20K/\$60K |

¹ Authorized for officers holding a critical skill including those filling a command or immaterial position who would have otherwise been eligible. Amounts only apply to services with a critical shortage specialty identified under eligibility.

² The amount listed for accession bonus (AB) and retention bonus (RB) represents the annual amount authorized for new agreements signed during the period of the pay plan. The length of new contracts will be subject to law, DoDI 6000.13, and Service policy.

³ The monthly stipend amount shall be the same as the monthly stipend amount in effect for participants in the Armed Forces Health Professions Scholarship Program as published annually by Assistant Secretary of Defense for Health Affairs.

⁴ The first number represents the maximum annual amount authorized by specialty. The second number represents the maximum total amount authorized by specialty. The Services are authorized to offer and pay less than the annual maximum award amount for RC HPLRP.

⁵ Army only: 62B substitutable specialties include all MC AOCs except 60B, 60W, 61Q, 61R, and 61U. 60C substitutable specialty includes 60D in accordance with Army Regulation 601-142, Army Medical Department Professional Filler System.

⁶ Army only: Authorized for specialties filling a 61N authorization and upon award of 61N as a secondary AOC.

⁷ Army only. 61F substitutable specialty includes 61G in accordance with Army Regulation 601-142, Army Medical Department Professional Filler System.

Table 2: MEDICAL CORPS Incentive Pay (IP) ¹

| MEDICAL CORPS | IP only 1-year rate (prorated monthly) |
|----------------------------------|---|
| INTERNSHIP (FYGME) | \$1,200 |
| INITIAL RESIDENCY (PGY2) | \$8,000 |
| GENERAL MEDICAL OFFICER (GMO) | \$20,000 |

| POST RESIDENT or FELLOW GRADUATE (initial residency is the first residency completed) | Fully Qualified IP only 1-year rate (prorated monthly) |
|--|---|
| AEROSPACE MEDICINE (RAM) | \$43,000 |
| ANESTHESIOLOGY | \$59,000 |
| CARDIOLOGY- ADULT/PEDS | \$59,000 |
| DERMATOLOGY | \$43,000 |
| EMERGENCY MEDICINE | \$49,000 |
| FAMILY PRACTICE | \$43,000 |
| GASTROENTEROLOGY- ADULT/PEDS | \$49,000 |
| GEN INTERNAL MEDICINE | \$43,000 |
| GENERAL SURGERY | \$52,000 |
| NEUROLOGY- ADULT/PEDS | \$43,000 |
| NEUROSURGERY | \$59,000 |
| OBSTETRICS-GYNECOLOGY | \$54,000 |
| OPHTHALMOLOGY | \$51,000 |
| ORTHOPEDICS | \$59,000 |
| OTOLARYNGOLOGY | \$53,000 |
| PATHOLOGY | \$43,000 |
| PEDIATRICS | \$43,000 |
| PHYSIATRIST/PHYSICAL MEDICINE | \$43,000 |
| PREVENTIVE/OCCUPATIONAL MEDICINE | \$43,000 |

Footnotes:

¹ To be paid IP and BCP under the 1/30th rule, Reserve Component (RC) HPOs must be credentialed/privileged by the military Service in the specialty for which the incentive is being paid.

Table 2 con't: MEDICAL CORPS Incentive Pay (IP) ¹

| POST RESIDENT or FELLOW GRADUATE (initial residency is the first residency completed) | Fully Qualified IP only 1-year rate (prorated monthly) |
|--|---|
| PSYCHIATRY- ADULT/PEDS | \$43,000 |
| PULMONARY/CRITICAL CARE MEDICINE | \$46,000 |
| RADIOLOGY- DIAGNOSTIC/THERAPUETIC | \$59,000 |
| UROLOGY | \$51,000 |
| SUBSPEC CAT I (Note 1) | \$59,000 |
| SUBSPEC CAT II (Note 2) | \$51,000 |
| SUBSPEC CAT III (Note 3) | \$46,000 |
| SUBSPEC CAT IV (Note 4) | \$43,000 |
| SUBSPEC CAT V (Note 5) | \$59,000 |
| RESIDENCY TRND FLT SURGEON | Note 6 |

Note 1: Requires primary specialty in general surgery or as listed – Cardio-thoracic surgery, colon-rectal surgery, oncology surgery, pediatric surgery, plastic surgery, organ transplant, trauma/critical care surgery, vascular surgery, and fellowship trained orthopedic surgeons.

Note 2: Internal medicine nuclear medicine physicians only

Note 3: Internal medicine/pediatric fellowship subspecialties in allergy, allergy/immunology, nephrology, hematology/oncology, and neonatology.

Note 4: All internal medicine and pediatric subspecialties not listed in Category I, III, or listed separately – infectious disease, rheumatology, geriatrics fellowship training, endocrinology, clinical pharmacology, and developmental pediatrics.

Note 5: Physicians who are fellowship trained in ophthalmology, otolaryngology, obstetrics/gynecology, and urology.

Note 6: See AFSC/Specialty rate of initial residency training (*48R AFSCs must have a PAFSC, 2AFSC, or 3AFSC of “root residency” in order to earn pay*).

Table 3:

| | |
|--|---------|
| BOARD CERTIFICATION PAY (BCP) 1-YEAR RATE (prorated monthly) ¹ | \$6,000 |
|--|---------|

Table 4: RECOGNIZED MEDICAL CORPS BOARDS FOR BCP

| |
|---|
| American Board of Medical Specialties- ABMS |
| American Osteopathic Association Specialty Certifying Boards- AOA |

Footnotes:

¹To be paid IP and BCP under the 1/30th rule, Reserve Component (RC) HPOs must be credentialed/privileged by the military Service in the specialty for which the incentive is being paid.

Table 5: DENTAL CORPS IP ¹

| DENTAL CORPS | Fully Qualified IP only 1- year rate (prorated monthly) |
|---|--|
| General Dentistry | \$20,000 |
| Advanced Clinical Practice (ACP)- General Dentistry, Exodontia, Endodontics, Periodontics, Prosthodontics | \$25,000 |
| Comprehensive/Operative Dentistry | \$25,000 |
| Endodontics | \$25,000 |
| Oral Pathology/Oral Diagnosis/Oral Medicine/Oral Radiology | \$25,000 |
| Orthodontics | \$25,000 |
| Pedodontics | \$25,000 |
| Periodontics | \$25,000 |
| Prosthodontics | \$25,000 |
| Public Health Dentistry | \$25,000 |
| Temporomandibular Dysfunction/Orofacial Pain | \$25,000 |
| Dental Research | \$25,000 |
| Oral Maxillofacial Surgery | \$55,000 |

Table 6:

| | |
|--|----------------|
| BOARD CERTIFICATION PAY (BCP) 1-YEAR RATE (prorated monthly) ¹ | \$6,000 |
|--|----------------|

Table 7: RECOGNIZED DENTAL CORPS BOARDS FOR BCP

| | |
|--|---------------------------------------|
| American Board of Dental Public Health | American Board of Periodontology |
| American Board of Endodontics | American Board of Prosthodontics |
| American Board of Oral and Maxillofacial Pathology | American Board of Operative Dentistry |
| American Board of Oral and Maxillofacial Radiology | American Board of Orofacial Pain |
| American Board of Oral and Maxillofacial Surgery | American Board of Oral Medicine |
| American Board of Orthodontics | American Board of General Dentistry |
| American Board of Pediatric Dentistry | ----- |

Footnotes:

¹ To be paid IP and BCP under the 1/30th rule, RC HPOs must be credentialed/privileged by the military Service in the specialty for which the incentive is being paid.

Table 8: NURSE CORPS IP ^{1, 2}

| NURSE CORPS | Fully Qualified IP only 1- year rate (prorated monthly) |
|--|--|
| Community/Public Health Nursing | - |
| Critical Care Nursing | - |
| Emergency Nursing | - |
| Flight Nurse | - |
| Medical-Surgical Nursing | - |
| Neonatal Intensive Care | - |
| Nurse Midwife | - |
| Obstetrics/Gynecology Nursing | - |
| Pediatric Nursing | - |
| Perioperative Nursing | - |
| Psychiatric/Mental Health Nursing | - |
| Any Nurse Practitioner | - |
| Certified Registered Nurse Anesthetist | \$15,000 |

Table 9: RECOGNIZED NURSE CORPS BOARDS REQUIRED FOR IP AND/OR RB

| | |
|--|---|
| Academy of Medical-Surgical Nurses Certified Medical-Surgical Registered (CMSRN) | Board of Certification for Emergency Nursing (BCEN) |
| American Association of Nurse Practitioners | Competency & Credentialing Institute Certified |
| American Association of Critical Care Nurses (AACN) | National Board on Certification and Recertification of Nurse Anesthetist (NBCRNA) |
| American Board of Perianesthesia Nursing Certification, Incorporated (ABPANC) | National Certification Corporation (NCC) |
| American Midwifery Certification Board (AMCB) | Pediatric Nursing Certification Board (PNCB) |
| American Nurses Credentialing Center (ANCC) | Medical-Surgical Nursing Certification Board |

Footnotes:

¹ To be paid IP and BCP under the 1/30th rule, RC HPOs must be credentialed/privileged by the military Service in the specialty for which the incentive is being paid.

² To be eligible for a Nurse IP and/or RB, the Nurse must be board-certified in the specialty concerned by the applicable Board listed in Table 9.

Table 10:

| | |
|--|----------------|
| BOARD CERTIFICATION PAY (BCP) 1-YEAR RATE (prorated monthly) ¹ | \$6,000 |
|--|----------------|

Table 11: RECOGNIZED NURSE CORPS SPECIALTIES AND BOARDS FOR BCP

| Specialty | Sponsor | Certification Responsibility | Board |
|-----------------------------------|---|--|---|
| CRNA | American Association of Nurse Anesthetists | National Board of Certification and Recertification for Nurse Anesthetists | Nurse Anesthetist |
| Nurse Practitioner | American Nurses Association | American Nurses Credentialing Center, American Academy of Nurse Practitioners or Pediatric Nursing Certification Board | Adult Health Nurse Practitioner |
| | | | Family Nurse Practitioner |
| | | | Pediatric Nurse Practitioner |
| | | | Psychiatric/Mental Health Nurse Practitioner |
| | | | Acute Care Nurse Practitioner |
| | | | Primary Care Nurse Practitioner |
| Women's Health Nurse Practitioner | National Certification Corporation for the Obstetric, Gynecologic, and Neonatal Nursing Specialties | National Certification Corporation for the Obstetric, Gynecologic, and Neonatal Nursing Specialties | Women's Health Care Nurse Practitioner (for OB/GYN & GYN NPs) |
| Nurse Midwife | National Commission for Certifying Agencies | American Midwifery Certification Board | Nurse Midwife |
| Clinical Nurse Specialist | American Nurses Association | American Nurses Credentialing Center or American Association of Critical Care Nurses Certification Corporation | Clinical Nurse Specialist |
| Public Health Nurse | American Nurses Association | American Nurses Credentialing Center | Public Health Nurse |

Footnotes:

¹ To be paid IP and BCP under the 1/30th rule, RC HPOs must be credentialed/privileged by the military Service in the specialty for which the incentive is being paid.

Table 12: BIOMEDICAL SCIENCE CORPS INCENTIVE PAY (IP) ¹

| SPECIALTY | Fully Qualified IP Rate/Year |
|-----------------------------------|---|
| Optometrist | \$1,200 |
| Pharmacist | - |
| Physician Assistant | \$5,000 |
| Psychologist | \$5,000 |
| Public Health Officer (Air Force) | \$5,000 |
| Social Worker | - |
| Veterinary Officer | \$5,000 |

Table 13:

| | |
|--|----------------|
| BOARD CERTIFICATION PAY (BCP) 1-YEAR RATE (prorated monthly) ¹ | \$6,000 |
|--|----------------|

Footnotes:

¹ To be paid IP and BCP under the 1/30th rule, RC HPOs must be credentialed/privileged by the military Service in the specialty for which the incentive is being paid.

Table 14: RECOGNIZED BSC SPECIALTIES AND BOARDS FOR BCP

| SPECIALTY | SPONSOR | CERTIFICATION RESPONSIBILITY | BOARD(S) |
|-----------------------------------|---|--|--|
| Audiology/ Speech Pathology | American Speech-Language Hearing Association | Council for Clinical Certification in Audiology and Speech-Language Pathology | <ul style="list-style-type: none"> • Audiology (CCC-A) • Speech-Language Pathology (CCC-SLP) |
| | American Board of Audiology | Clinical Certification Board | <ul style="list-style-type: none"> • Audiology • Advanced Certification with Specialty Recognition (various) |
| Biochemistry | Commission on Accreditation in Clinical Chemistry | American Board of Clinical Chemistry | <ul style="list-style-type: none"> • Fellow of the Academy of Clinical Biochemistry |
| Dietetics | Academy of Nutrition and Dietetics | Commission on Dietetic Registration | <ul style="list-style-type: none"> • Pediatric Nutrition • Renal Nutrition • Obesity and Weight Management • Sports Dietetics • Gerontological Nutrition • Oncology Nutrition • Advanced Practice Certification in Clinical Nutrition |
| | American Society for Parenteral and Enteral Nutrition | The National Board of Nutrition Support Certification | <ul style="list-style-type: none"> • Certified Nutrition Support Clinician |
| | National Certification Board for Diabetes Educators | National Certification Board for Diabetes Educators | <ul style="list-style-type: none"> • Certified Diabetes Educator |
| | National Commission for Health Education Credentialing | National Commission for Health Education Credentialing | <ul style="list-style-type: none"> • Certified Health Education Specialists • Master Certified Health Education Specialist |
| | American Board of Sports Medicine | American College of Sports Medicine | <ul style="list-style-type: none"> • Registered Clinical Exercise Physiologist • Certified Exercise Physiologist • Certified Clinical Exercise Physiologist |
| Medical Physicist | American Board of Radiology | American Board of Medical Specialties | <ul style="list-style-type: none"> • Subspecialties of nuclear medical physics, diagnostic medical physics, and therapeutic medical physics |

RECONIZED BSC SPECIALTIES AND BOARDS FOR BCP (continued)

| SPECIALTY | SPONSOR | CERTIFICATION RESPONSIBILITY | BOARD(S) |
|----------------------|--|--|---|
| Occupational Therapy | American Occupational Therapy Association (AOTA) | AOTA Board for Advanced and Specialty Certification | <ul style="list-style-type: none"> • Gerontology • Mental Health • Pediatrics • Physical Rehabilitation |
| | Hand Therapy Certification Commission | Hand Therapy Certification Commission | <ul style="list-style-type: none"> • Certified Hand Therapist |
| | Board of Certification in Professional Ergonomics | Board of Certification in Professional Ergonomics | <ul style="list-style-type: none"> • Certified Professional Ergonomist • Certified Human Factors Professional • Certified User Experience Professional |
| | Academy of Certified Brain Injury Specialists | Academy of Certified Brain Injury Specialists | <ul style="list-style-type: none"> • Certified Brain Injury Specialist Trainer |
| Optometry | American Academy of Optometry | American Academy of Optometry | <ul style="list-style-type: none"> • Fellow in the American Academy of Optometry |
| Pharmacy | American Pharmacists Association | Board of Pharmacy Specialties | <ul style="list-style-type: none"> • Any |
| Physical Therapy | American Physical Therapy Association | American Board of Physical Therapy Specialists | <ul style="list-style-type: none"> • Cardiopulmonary • Clinical Electrophysiology • Geriatrics • Neurology • Orthopedics • Pediatrics • Sports • Women's Health |
| Physician Assistant | National Commission on Certification of Physician Assistants | National Commission on Certification of Physician Assistants | <ul style="list-style-type: none"> • National Commission on Certification of Physician Assistants |
| Podiatry | American Podiatric Medical Association | Council on Podiatric Medical Education | <ul style="list-style-type: none"> • American Board of Podiatric Medicine • American Board of Foot and Ankle Surgery |
| Psychology | American Psychological Association | American Board of Professional Psychology | <ul style="list-style-type: none"> • Diplomate |
| Social Work | American Board of Examiners In Clinical Social Work | American Board of Examiners In Clinical Social Work | <ul style="list-style-type: none"> • Diplomate in Clinical Social Work |
| | National Association of Social Workers | Competence Certification Commission | <ul style="list-style-type: none"> • Diplomate in Clinical Social Work |
| Veterinary Officer | Any one of several boards certified by the American Veterinary Medical Association | Specific Specialty Board | <ul style="list-style-type: none"> • Any |

Attachment 2
WRITTEN AGREEMENT
HEALTH PROFESSIONALS ACCESSION BONUS
FOR THE RESERVE COMPONENT

1. ACKNOWLEDGMENT

I, _____ hereby apply for participation in the Reserve Component Accession Bonus Program for Health Professions Officers in the in the Selective Reserve of the United States Air Force (USAF) under the authority of 37 USC § 335. In support of this application, I acknowledge the following:

1.1. I meet the following eligibility criteria:

1.1.1. I am a graduate of an accredited school in a health profession.

1.1.2. I am fully qualified to hold a commission or appointment as a commissioned officer in the Air Force Specialty Code (AFSC) designated as a critical skill by the USAF Reserve Component.

1.1.3. I have completed all active duty service obligations. This includes any financial assistance received from the DoD in order to pursue a course study to become an officer, or pursue a course of study leading towards appointment in the Corps/specialty.

1.1.4. If I am a practicing Health Care Provider, I possess a current, valid, and/or unrestricted license(s) to practice in my area of specialty.

1.2. I understand that the Accession Bonus Program shall apply to me, as follows:

1.2.1. The amount for my bonus shall be \$ _____ per year for _____ years obligation in the Selected Reserve. An initial annual AB payment will be made upon verification by ARPC/DPA that all eligibility requirements as specified in the current USAFR HPS&I Pay Plan for the Accession Bonus Program have been met. Subsequent annual AB payments will be made on the anniversary date of initial AB payment

1.2.2. I shall be required to perform my obligation satisfactorily in the Selected Reserve in accordance with Service regulations, to include a minimum of 12 days Active Duty.

1.2.3. Once the agreement is accepted, I may only be authorized to enter into other special pay agreements as defined in 37 USC § 335.

1.3. I understand that my eligibility under this program continues unless or until I do one of the following:

1.3.1. Transfer to an ineligible military specialty or ineligible health profession specialty, unless at the express direction of the Secretary concerned.

1.3.2. If a practicing Health Care Provider, I fail to maintain a current or unrestricted valid health professional license(s)/certification, as required, and such additional medical certification and privileges as may be required to practice as a health professional in the critical specialty for which accession bonus participation is authorized.

1.3.3. Accept a military technician or AGR position where membership in a Reserve component is a condition of employment.

1.3.4. Fail to participate satisfactorily in required training with the Selected Reserve including failure to maintain medical and dental readiness, in accordance with Service regulations and this Instruction, unless the failure was due to reasons beyond my control (e.g., death, injury, illness, or other impairment not the result of my own misconduct).

1.3.5. Fail to extend the contracted term of service for a period of authorized non-availability.

1.3.6. Separate from the Selected Reserve for any reason (including appointment, or voluntary order to active duty in the active forces) other than by death, injury, illness or other impairment not the result of my own misconduct, or involuntary separation as a result of unit inactivation, unit relocation, unit reorganization, or a DoD-directed reduction in the Selected Reserve force.

1.4. I understand that my termination from the accession bonus program for any of the reasons in this paragraph shall not relieve me from satisfying any military obligation imposed by any other law or regulation.

1.5. If I incur a period of authorized non-availability, I shall be suspended from this incentive and not receive payments during the period of suspension. To regain eligibility for further payments, I shall extend my commitment to serve the full qualifying period in the Selected Reserve. Entitlement to subsequent payments shall resume on the adjusted anniversary date of satisfactory, creditable Selected Reserve service (i.e., the date shall be adjusted for the period of authorized non-availability). Failure to meet reinstatement criteria in a capacity for which previously contracted may result in termination of the incentive and recoupment actions may be initiated. I understand that if I am a two-time non-select for promotion to a higher grade I shall be considered for continuation in my current grade.

1.6. It shall be my responsibility to coordinate with my Selected Reserve official concerning the anticipated bonus payment schedule as soon as feasible.

2. UNDERSTANDING

I have read each of the statements in section 1, above, and understand that they constitute all promises representations, and agreements concerning my accession bonus entitlement, except as specifically noted hereafter. No other promise, representation, or commitment has been made to me under this agreement.

3. AUTHENTICATION

3.1. Name and grade of applicant_____

3.2. Signature of applicant and date_____

FOR ARPC/DP

3.3. Name and grade of service representative_____

3.4. Signature and date_____

Attachment 3
WRITTEN AGREEMENT
HEALTH PROFESSIONALS AFFILIATION BONUS
FOR THE RESERVE COMPONENT

1. ACKNOWLEDGMENT

I, _____ hereby apply for participation in the Affiliation Bonus for the Reserve Component Program for Health Professions Officers in the in the Selected Reserve of the United States Air Force (USAF) under the authority of 37 USC § 332. In support of this application, I acknowledge the following:

1.1. I meet the following eligibility criteria:

1.1.1. I am currently serving on active duty, or have served on active duty and have a DD Form 214, "Certificate of Release or Discharge from Active Duty," that verifies an honorable discharge or release.

1.1.2. I am fully qualified to hold a commission or appointment as a commissioned officer in the specialty for which I am applying.

1.1.3. I have not previously received an accession bonus in the Selected Reserve.

1.1.4. I am not currently receiving or performing a service obligation for any health professions bonus pursuant to 37 USC 335.

1.1.5. If I am a practicing Health Care Provider, I possess a current, valid, and/or unrestricted license(s) to practice in my area of specialty.

1.2. I understand that the Affiliation Bonus Program shall apply to me, as follows:

1.2.1. The amount for my bonus shall be \$ _____ for _____ years obligation in the Selected Reserve. Initial ABRC incremental payment will not be made until the member has completed one year of satisfactory participation. Subsequent annual ABRC payments will be made on the anniversary date of initial ABRC payment.

1.2.2. I shall be required to perform my obligation satisfactorily in the Selected Reserve in accordance with Service regulations.

1.2.3. Once the agreement is accepted, I may only be authorized to enter into other special pay agreements as defined in 37 USC § 332.

1.3. I understand that my eligibility under this program continues unless or until I do one of the following:

1.3.1. Transfer to an ineligible military specialty or ineligible health profession specialty, unless at the express direction of the Secretary concerned.

1.3.2. If a practicing Health Care Provider, I fail to maintain a current or unrestricted valid health professional license(s)/certification, as required, and such additional medical certification and privileges as may be required to practice as a health professional in the critical specialty for which affiliation bonus participation is authorized.

1.3.7. Accept a military technician or an AGR position where membership in a Reserve component is a condition of employment.

1.3.8. Fail to participate satisfactorily in required training with the Selected Reserve including failure to maintain medical and dental readiness, in accordance with Service regulations and this Instruction, unless the failure was due to reasons beyond my control (e.g., death, injury, illness, or other impairment not the result of my own misconduct).

1.3.9. Fail to extend the contracted term of service for a period of authorized non-availability.

1.3.10. Separate from the Selected Reserve other than by death, injury, illness or other impairment not the result of my own misconduct, or involuntary separation as a result of unit inactivation, unit relocation, unit reorganization, or a DoD-directed reduction in the Selected Reserve force.

1.4. I understand that my termination from the affiliation bonus program for any of the reasons in this paragraph shall not relieve me from satisfying any military obligation imposed by any other law or regulation.

1.5. If I incur a period of authorized non-availability, I shall be suspended from this incentive and not receive payments during the period of suspension. To regain eligibility for further payments, I shall extend my commitment to serve the full qualifying period in the Selected Reserve. Entitlement to subsequent payments shall resume on the adjusted anniversary date of satisfactory, creditable Selected Reserve service (i.e., the date shall be adjusted for the period of authorized non-availability). Failure to meet reinstatement criteria in a capacity for which previously contracted may result in termination of the incentive and recoupment actions may be initiated.

1.6. I understand that if I am a two-time non-select for promotion to a higher grade I shall be considered for continuation in my current grade.

1.7. It shall be my responsibility to coordinate with my Selected Reserve official concerning the anticipated bonus payment schedule as soon as feasible.

1.8. I must provide my original DD Form 214 (copy 1 or copy 4) or a reproduction with a certified true-copy stamp and the appropriate Federal Government authenticating seal imprinted for each period of prior military service.

2. UNDERSTANDING

I have read each of the statements in section 1, above, and understand that they constitute all promises representations, and agreements concerning my affiliation bonus entitlement, except as specifically noted hereafter. No other promise, representation, or commitment has been made to me under this agreement.

3. AUTHENTICATION

3.1. Name and grade of applicant_____

3.2. Signature of applicant and date_____

FOR ARPC/DP

3.3. Name and grade of service representative_____

3.4. Signature and date_____

Attachment 4
WRITTEN AGREEMENT
HEALTH PROFESSIONALS INCENTIVE PAY (IP)
FOR THE RESERVE COMPONENT
(All AFSCs -- Non-Flight Surgeons)¹

1. ACKNOWLEDGMENT

I, _____ hereby apply for participation in the Reserve Component Incentive Pay Program for Health Professions Officers in the in the Selected Reserve of the United States Air Force (USAF) under the authority of 37 USC § 335g. In support of this application, I acknowledge the following:

1.1. I meet the following eligibility criteria:

1.1.1. I am serving in the specialty (AFSC)² for which the Incentive Pay is being requested.

1.1.2. I am entitled to basic pay under 37 USC § 204 or compensation under 37 USC § 206.

1.1.3. I possess a current valid and unrestricted health professional license(s)/certification and such additional credentials and privileges as required to practice in my area of specialty. (Applicable to Nurse Corp: I am board-certified in the specialty concerned by the applicable board listed in Attachment 1 of the Reserve Component Health Professions Special & Incentive Pay Plan).

1.1.4. I am not receiving any Incentive Pay for the same skill under 37 USC § 353.

1.2. I understand that the Reserve Component Incentive Pay Program shall apply to me, as follows:

1.2.1. I shall be entitled during the period of my agreement to incentive pay based on an annual amount of \$_____pro-rated at 1/30th the monthly rate for any period in which I am entitled to basic pay pursuant to 37 USC § 204 or 37 USC § 206. I understand this payment shall be based my duties performed in the_____specialty/AFSC in which I am credentialed and fully qualified, for a period of not less than 1 year. I further understand that this incentive pay shall be paid monthly.

1.2.2. I shall be required to perform satisfactorily in the Selected Reserve, in accordance with Service regulations.

¹ Written Agreement is to be used for all AFSCs except: 48A, 48G, and 48R

² IAW the Reserve Component HPS&I Pay Plan, the maximum IP amounts for clinical specialty are listed in Attachment 1 (refer to applicable tables)

1.2.3. If I voluntarily terminate service in the Selected Reserve before the end of the period for which payment was made, I shall refund the full amount of the payment made for the period on which the payment was based. I further understand that if my participation in this program is terminated before the expiration of my agreed term of service, I may be required to refund program monies paid on my behalf, and that Air Force recoupment efforts will be governed by applicable laws and statutes in effect at the time my termination.

1.3. I understand that my entitlement under this program continues unless or until I do one of the following:

1.3.1. Fail to maintain a current or unrestricted valid health professional license(s)/certification, and such additional credentials and privileges as required to practice in my area of specialty.

1.3.2. Complete the contracted period of service.

2. UNDERSTANDING

I have read this document in its entirety and understand that the statements herein constitute all promises, representations, and agreements concerning my incentive pay entitlement. No other promise, representation, or commitment has been made to me under this agreement.

3. AUTHENTICATION

3.1. Name and grade of applicant_____

3.2. Signature of applicant and date_____

HQ ARPC/DP:

3.3. Name and grade of Service representative_____

3.4. Signature and date_____

Attachment 5
WRITTEN AGREEMENT
HEALTH PROFESSIONALS INCENTIVE PAY (IP)
FOR FLIGHT SURGEONS
IN THE RESERVE COMPONENT¹

1. ACKNOWLEDGMENT

I, _____ hereby apply for participation in the Reserve Component Incentive Pay Program for Health Professions Officers in the in the Selected Reserve of the United States Air Force (USAF) under the authority of 37 USC § 335g. In support of this application, I acknowledge the following:

1.1. I meet the following eligibility criteria:

1.1.1. I am fully trained in the specialty^{2,3} 48A, 48G, or 48R for which the Incentive Pay is being requested. I have completed all AMP courses, MQT, and AFRC/SGO has signed off on my upgrade to a fully trained 3-level flight surgeon.

1.1.2. I am entitled to basic pay under 37 USC § 204 or compensation under 37 USC § 206.

1.1.3. I possess a current valid and unrestricted health professional license(s)/certification and such additional credentials and privileges as required to practice in my area of specialty.

1.1.4. I am not receiving any Incentive Pay for the same skill under 37 USC § 353.

1.2. I understand that the Reserve Component Incentive Pay Program shall apply to me, as follows:

1.2.1. I shall be entitled during the period of my agreement to incentive pay based on an annual amount of \$_____pro-rated at 1/30th the monthly rate for any period in which I am entitled to basic pay pursuant to 37 USC § 204 or 37 USC § 206. I understand this payment shall be based my duties performed in the _____specialty/AFSC in which I am credentialed and fully qualified, for a period of not less than 1 year. I further understand that this incentive pay shall be paid monthly.

1.2.2. I shall be required to perform satisfactorily in the Selected Reserve, in accordance with Service regulations.

¹ Written Agreement is to be used only for the following AFSCs: 48A, 48G, and 48R

² IAW the Reserve Component HPS&I Pay Plan, the maximum IP amounts for clinical specialty are listed in Attachment 1 (refer to applicable tables)

³ IP amount for AFSC 48R will be based on initial residency training

1.2.3. If I voluntarily terminate service in the Selected Reserve before the end of the period for which payment was made, I shall refund the full amount of the payment made for the period on which the payment was based. I further understand that if my participation in this program is terminated before the expiration of my agreed term of service, I may be required to refund program monies paid on my behalf, and that Air Force recoupment efforts will be governed by applicable laws and statutes in effect at the time my termination.

1.3. I understand that my entitlement under this program continues unless or until I do one of the following:

1.3.1. Fail to maintain a current or unrestricted valid health professional license(s)/certification, and such additional credentials and privileges as required to practice in my area of specialty.

1.3.2. Complete the contracted period of service.

2. UNDERSTANDING

I have read this document in its entirety and understand that the statements herein constitute all promises, representations, and agreements concerning my incentive pay entitlement. No other promise, representation, or commitment has been made to me under this agreement.

3. AUTHENTICATION

3.1. Name and grade of applicant_____

3.2. Signature of applicant and date_____

HQ ARPC/DP:

3.3. Name and grade of Service representative_____

3.4. Signature and date_____

Attachment 6
WRITTEN AGREEMENT
HEALTH PROFESSIONALS RETENTION BONUS
FOR THE RESERVE COMPONENT
(Flight Surgeons)¹

1. ACKNOWLEDGMENT

I, _____ hereby apply for participation in the Reserve Component Retention Bonus Program for Health Professions Officers in the in the Selected Reserve of the United States Air Force (USAF) under the authority of 37 USC § 335g. In support of this application, I acknowledge the following:

1.1. I meet the following eligibility criteria:

1.1.1. I am below the grade of O-7.

1.1.2. I have completed any applicable Active Duty or Selected Reserve service commitments incurred for participating in a pre-commissioning program, or any applicable obligation associated with the Accession Bonus program or Active Component Health Professions Loan Repayment Program (ACHPLRP).

1.1.3. If I am a practicing Health Care Provider, I am fully qualified in the Air Force Specialty Code (AFSC) designated as a critical skill in the Reserve Component.

1.1.4. I possess a current, valid, and/or unrestricted license(s) to practice in my area of specialty.

1.1.5. I will not reach mandatory removal date or retirement eligibility date in the Selected Reserve during any service obligated period incurred under this agreement.

1.1.6. I meet the Satisfactory Service Years (SATSVC) eligibility requirements for my specialty.

1.2. I understand that the Retention Bonus Program shall apply to me, as follows:

1.2.1. The amount for my bonus shall be \$ _____ per year for _____ years obligation in the Selected Reserve. I understand this payment shall be based my duties performed in the _____ specialty in which I am fully qualified. I understand I must complete Flight Surgeon Sustainment Training (FSST) during 1 of 3 years and 2 weeks annual tour in flight medicine each year for the remainder 2 years of this RB agreement (FSST and a total of 4 weeks AT within the 3

¹ Written Agreement is to be used only for the following AFSCs: 48A, 48G, and 48R

year contract period). I understand I must submit to ARPC/DPA an AF Form 22 and/or memorandum/letter of evaluation from the active duty SGP validating my two week tour in an active duty flight medicine clinic and a memorandum from my unit commander/SGP validating attendance at FSST. I further understand an initial RB payment will be made upon verification by ARPC/DPA that all eligibility requirements as specified in the current USAFR HPS&I Pay Plan for the Retention Bonus Program have been met. Subsequent annual RB payments will be made on the anniversary date of initial RB payment.

1.2.2. I shall be required to perform my obligation satisfactorily in the Selected Reserve in accordance with Service regulations.

1.3. I understand that my eligibility under this program continues unless or until I do one of the following:

1.3.1. Transfer to an ineligible military specialty or ineligible health profession specialty, unless at the express direction of the Secretary concerned.

1.3.2. If a practicing Health Care Provider, I fail to maintain a current, valid, and/or unrestricted license(s) to practice in my area of specialty.

1.3.3. Accept a military technician or an AGR position where membership in a Reserve component is a condition of employment.

1.3.4. Fail to participate satisfactorily in required training with the Selected Reserve including failure to maintain medical and dental readiness, in accordance with Service regulations and this Instruction, unless the failure was due to reasons beyond my control (e.g., death, injury, illness, or other impairment not the result of my own misconduct).

1.3.5. Fail to extend the contracted term of service for a period of authorized non-availability.

1.3.6. Separate from the Selected Reserve for any reason (including appointment, or voluntary order to active duty in the active forces); other than by death, injury, illness or other impairment not the result of my own misconduct, or involuntary separation as a result of unit inactivation, unit relocation, unit reorganization, or a DoD-directed reduction in the Selected Reserve force.

1.4. I understand that my termination from the retention bonus program for any of the reasons in this paragraph shall not relieve me from satisfying any military obligation imposed by any other law or regulation.

1.5. If I incur a period of authorized non-availability, I shall be suspended from this incentive and not receive payments during the period of suspension. To regain eligibility for further payments, I shall extend my commitment to serve the full qualifying period in the Selected Reserve. Entitlement to subsequent payments shall resume on the adjusted

anniversary date of satisfactory, creditable Selected Reserve service (i.e., the date shall be adjusted for the period of authorized non-availability). Failure to meet reinstatement criteria in a capacity for which previously contracted shall result in termination of the incentive and recoupment actions may be initiated. I understand that if I am a two-time non-select for promotion to a higher grade I shall be considered for continuation in my current grade.

1.6. It shall be my responsibility to coordinate with my Selected Reserve official concerning the anticipated bonus payment schedule as soon as feasible.

2. UNDERSTANDING

I have read each of the statements in section 1, above, and understand that they constitute all promises representations, and agreements concerning my retention bonus entitlement, except as specifically noted hereafter. No other promise, representation, or commitment has been made to me under this agreement.

3. AUTHENTICATION

3.1. Name and grade of applicant_____

3.2. Signature of applicant and date_____

FOR ARPC/DP

3.3. Name and grade of servicerepresentative_____

3.4. Signature and date_____

Attachment 7
WRITTEN AGREEMENT
HEALTH PROFESSIONALS RETENTION BONUS
FOR THE RESERVE COMPONENT
(All AFSCs – Non-Flight Surgeons)¹

1. ACKNOWLEDGMENT

I, _____ hereby apply for participation in the Reserve Component Retention Bonus Program for Health Professions Officers in the in the Selected Reserve of the United States Air Force (USAF) under the authority of 37 USC § 335g. In support of this application, I acknowledge the following:

1.1. I meet the following eligibility criteria:

1.1.1. I am below the grade of O-7.

1.1.2. I have completed any applicable Active Duty or Selected Reserve service commitments incurred for participating in a pre-commissioning program, or any applicable obligation associated with the Accession Bonus program or Active Component Health Professions Loan Repayment Program (ACHPLRP).

1.1.3. If I am a practicing Health Care Provider, I am fully qualified in the Air Force Specialty Code (AFSC) designated as a critical skill in the Reserve Component.

1.1.4. I possess a current, valid, and/or unrestricted license(s) to practice in my area of specialty. (Applicable to Nurse Corp: I am board-certified in the specialty concerned by the applicable board listed in Attachment 1 of the Reserve Component Health Professions Special & Incentive Pay Plan).

1.1.5. I will not reach mandatory removal date or retirement eligibility date in the Selected Reserve during any service obligated period incurred under this agreement.

1.1.6. I meet the Satisfactory Service Years (SATSVC) eligibility requirements for my specialty.

1.2. I understand that the Retention Bonus Program shall apply to me, as follows:

1.2.1. The amount for my bonus shall be \$ _____ per year for years obligation in the Selected Reserve. I understand this payment shall be based my duties performed in the specialty in which I am fully qualified. I further understand an initial RB payment will be made upon verification by ARPC/DPA that all eligibility requirements as specified in the current

¹ Written Agreement is to be used for all AFSCs except: 48A, 48G, and 48R

USAFR HPS&I Pay Plan for the Retention Bonus Program have been met. Subsequent annual RB payments will be made on the anniversary date of initial RB payment.

1.2.2. I shall be required to perform my obligation satisfactorily in the Selected Reserve in accordance with Service regulations.

1.3. I understand that my eligibility under this program continues unless or until I do one of the following:

1.3.1. Transfer to an ineligible military specialty or ineligible health profession specialty, unless at the express direction of the Secretary concerned.

1.3.2. If a practicing Health Care Provider, I fail to maintain a current, valid, and/or unrestricted license(s) to practice in my area of specialty.

1.3.3. Accept a military technician or an AGR position where membership in a Reserve component is a condition of employment.

1.3.4. Fail to participate satisfactorily in required training with the Selected Reserve including failure to maintain medical and dental readiness, in accordance with Service regulations and this Instruction, unless the failure was due to reasons beyond my control (e.g., death, injury, illness, or other impairment not the result of my own misconduct).

1.3.5. Fail to extend the contracted term of service for a period of authorized non-availability.

1.3.6. Separate from the Selected Reserve for any reason (including appointment, or voluntary order to active duty in the active forces); other than by death, injury, illness or other impairment not the result of my own misconduct, or involuntary separation as a result of unit inactivation, unit relocation, unit reorganization, or a DoD-directed reduction in the Selected Reserve force.

1.4. I understand that my termination from the retention bonus program for any of the reasons in this paragraph shall not relieve me from satisfying any military obligation imposed by any other law or regulation.

1.5. If I incur a period of authorized non-availability, I shall be suspended from this incentive and not receive payments during the period of suspension. To regain eligibility for further payments, I shall extend my commitment to serve the full qualifying period in the Selected Reserve. Entitlement to subsequent payments shall resume on the adjusted anniversary date of satisfactory, creditable Selected Reserve service (i.e., the date shall be adjusted for the period of authorized non-availability). Failure to meet reinstatement criteria in a capacity for which previously contracted shall result in termination of the incentive and recoupment actions may be initiated. I understand that if I am a two-time non-select for promotion to a higher grade I shall be considered for continuation in my current grade.

1.6. It shall be my responsibility to coordinate with my Selected Reserve official

concerning the anticipated bonus payment schedule as soon as feasible.

2. UNDERSTANDING

I have read each of the statements in section 1, above, and understand that they constitute all promises representations, and agreements concerning my retention bonus entitlement, except as specifically noted hereafter. No other promise, representation, or commitment has been made to me under this agreement.

3. AUTHENTICATION

3.1. Name and grade of applicant_____

3.2. Signature of applicant and date_____

FOR ARPC/DP

3.3. Name and grade of servicerepresentative_____

3.4. Signature and date_____

Attachment 8
CERTIFICATION OF ELIGIBILITY
HEALTH PROFESSIONALS BOARD
CERTIFICATION PAY (BCP) FOR RESERVE
COMPONENT (All AFSCs -- Non-Flight Surgeons)¹

1. ACKNOWLEDGMENT

I, _____ hereby apply for participation in the Reserve Component BCP Program for Health Professions Officers in the in the Selected Reserve of the United States Air Force (USAF) under the authority of 37 USC § 335g. In support of this application, I acknowledge the following:

1.1. I meet the following eligibility criteria:

1.1.1. I am serving in an active status in the medical specialty (AFSC)² of the board certification.

1.1.2. I am entitled to basic pay under 37 USC § 204 or compensation under 37 USC § 206.

1.1.3. I possess a current valid and unrestricted health professional license(s)/certification and such additional credentials and privileges as required to practice in my area of specialty.

1.1.4. I am not receiving any BCP for the same skill and period of service under 37 USC § 353.

1.1.5. I possess a post-baccalaureate degree in a clinical specialty or acceptable post-Master's certificate.

1.1.6. I am certified by a professional board in the designated health profession clinical specialty identified in Attachment 1 of the Reserve Component Health Professions Special & Pay (HPS&I) Pay Plan.

1.2. I understand that the Reserve Component BCP Program shall apply to me, as follows:

1.2.1. I shall be entitled during the period of certification of eligibility to BCP based on an annual amount of \$_____pro-rated at the rate of 1/30th of the monthly rate for any period in which I am entitled to basic pay pursuant to 37 USC § 204 or 37 USC § 206. I understand this payment shall be based on my duties performed in the specialty. This certification of eligibility shall apply for 1 year from the date of the member's signature. I further certify that I performed eligible duty for pay on these dates:

¹ Certification of eligibility is to be used for all AFSCs except: 48A, 48G, and 48R

² IAW the Reserve Component HPS&I Pay Plan, BCP amounts for clinical specialty are listed in Attachment 1 (refer to applicable tables)

_____ (list dates).

1.2.2. I understand if my qualifying certification expires, it is my responsibility to inform ARPC/DPA to initiate stop-payment and recoupment action. I am responsible to repay all payments received beginning on the day after the expiration date of my qualifying certification status. Loss of eligibility, loss of license, or loss of certification terminates this certificate of eligibility and payments received during the ineligible period will be recouped immediately. Separation/assignment from the SELRES will terminate this certification of eligibility.

1.3. I understand that my entitlement under this program continues unless or until I do one of the following:

1.3.1. Fail to maintain a current or unrestricted valid health professional license(s)/certification, and such additional credentials and privileges as required to practice in my area of specialty.

2. UNDERSTANDING

I have read this document in its entirety and understand that the statements herein constitute all promises, representations concerning my BCP entitlement. No other promise, representation, or commitment has been made to me under this certification of eligibility.

3. AUTHENTICATION

3.1. Name and grade of applicant_____

3.2. Signature of applicant and date_____

HQ ARPC/DP:

3.3. Name and grade of Service representative_____

3.4. Signature and date_____

Attachment 9
CERTIFICATION OF ELIGIBILITY
HEALTH PROFESSIONALS BOARD
CERTIFICATION PAY (BCP) FOR THE RESERVE
COMPONENT (Flight Surgeons)¹

1. ACKNOWLEDGMENT

I, _____ hereby apply for participation in the Reserve Component BCP Program for Health Professions Officers in the in the Selected Reserve of the United States Air Force (USAF) under the authority of 37 USC § 335g. In support of this application, I acknowledge the following:

1.1. I meet the following eligibility criteria:

1.1.1. I am serving in an active status in the specialty² of the board certification assigned to a flight physician billet (48A, 48G, or 48R).

1.1.2. I am entitled to basic pay under 37 USC § 204 or compensation under 37 USC § 206.

1.1.3. I possess a current valid and unrestricted health professional license(s)/certification and such additional credentials and privileges as required to practice in my area of specialty.

1.1.4. I am not receiving any BCP for the same skill and period of service under 37 USC § 353.

1.1.5. I possess a post-baccalaureate degree in a clinical specialty or acceptable post-Master's certificate.

1.1.6. I am certified by a professional board in the designated health profession clinical specialty identified in Attachment 1 of the Reserve Component Health Professions Special & Pay (HPS&I) Pay Plan.

1.2. I understand that the Reserve Component BCP Program shall apply to me, as follows:

1.2.1. I shall be entitled during the period of certification of eligibility to BCP based on an annual amount of \$_____ pro-rated at the rate of 1/30th of the monthly rate for any period in which I am entitled to basic pay pursuant to 37 USC § 204 or 37 USC § 206. I understand this payment shall be based on my duties performed in the specialty. This certification of eligibility shall apply for 1 year from the date of the member's signature. I further certify that I performed eligible duty for pay on these dates:

¹ Certification of Eligibility is to be used only for the following AFSCs: 48A, 48G, and 48R

² IAW the Reserve Component HPS&I Pay Plan, BCP amounts for clinical specialty are listed in Attachment 1 (refer to applicable tables)

_____ (list dates).

1.2.2. I understand if my qualifying certification expires, it is my responsibility to inform ARPC/DPA to initiate stop-payment and recoupment action. I am responsible to repay all payments received beginning on the day after the expiration date of my qualifying certification status. Loss of eligibility, loss of license, or loss of certification terminates this certification of eligibility and payments received during the ineligible period will be recouped immediately. Separation/assignment from the SELRES will terminate this certification of eligibility.

1.3. I understand that my entitlement under this program continues unless or until I do one of the following:

1.3.1. Fail to maintain a current or unrestricted valid health professional license(s)/certification, and such additional credentials and privileges as required to practice in my area of specialty.

2. UNDERSTANDING

I have read this document in its entirety and understand that the statements herein constitute all promises, representations concerning my BCP entitlement. No other promise, representation, or commitment has been made to me under this certification of eligibility.

3. AUTHENTICATION

3.1. Name and grade of applicant_____

3.2. Signature of applicant and date_____

HQ ARPC/DP:

3.3. Name and grade of Service representative_____

3.4. Signature and date_____

Attachment 10
WRITTEN AGREEMENT
RESERVE COMPONENT STIPEND PROGRAM FOR
HEALTH PROFESSIONS

1. ACKNOWLEDGMENT

I, _____ hereby apply for participation in the Reserve Component Stipend Program for Health Professions in the Selected Reserve of the United States Air Force under the authority of 10 U.S.C. Section 16201. In support of this application, I acknowledge the following:

1.1. I meet the following eligibility criteria:

1.1.1. I am a graduate of an accredited medical or dental school.

1.1.2. I am eligible for appointment, designation, or assignment as a medical or dental officer in the Reserve of the Armed Force concerned.

1.1.3. If already commissioned, I have been performing satisfactory service as a commissioned officer in the Selected Reserve of the United States Air Force.

1.1.4. I am enrolled, or have been accepted for enrollment, in a residency program for physicians in a medical specialty or dentists in a dental specialty designated by the Assistant Secretary of Defense for Health Affairs as a specialty critically needed by the US Air Force Reserve in wartime.

1.1.5. I possess a current, valid, and/or unrestricted license(s) to practice medicine or dentistry, and such additional health professional privileges as are required to pursue professional training in the critical specialty for which assistance is being provided.

1.1.6. I am not affiliating to qualify for a military technician or an Active Guard and Reserve (AGR) position where membership in a Reserve component is a condition of employment. (Temporary assignments as a military technician for 6 months or less are excluded.)

1.2. I understand that the Reserve Component Stipend Program for Health Professions shall apply to me, as follows:

1.2.1. I shall receive the stipend rate in effect for participants in the Armed Forces Health Professional Scholarship Program under DoD 7000.14-R, for the period or the remainder of the period of the residency program in which I am enrolled in return for service in the Selected Reserve. I understand that this rate is subject to annual adjustments on July 1, of each year, as determined by the Secretary of Defense. DoD 7000.14-R contains provisions for payment of this incentive.

1.2.2. After completion of my residency training, I shall be required to perform satisfactorily in the Selected Reserve in accordance with Service regulations.

1.2.3. I shall incur a Selected Reserve obligation of one year for each six months, or part thereof, for which stipend assistance is provided. Repayment of the obligation shall begin on completion of my residency training program and shall be in the US Air Force Reserve and in the medical specialty of _____, unless excused under "convenience of the government" criteria. If I am also participating in the Health Professional Loan Repayment Program, the service obligation incurred under that program would run consecutively (not concurrently) following or preceding any service obligation incurred from this stipend program. I currently have the following service obligations from the Health Professional Loan Repayment Program:

I must be able to fulfill all required service obligations prior to my mandatory removal date or retirement eligibility date in the Selected Reserve.

1.2.4. If I enter into a subsequent agreement as a physician or dentist and successfully complete residency training in a specialty designated by the Secretary of Defense as a specialty critically needed by the military department in wartime, the requirement to serve in the Selected Reserve may be reduced to 1 year for each 6 months, or part thereof, for which the stipend was provided while enrolled in a medical or dental school.

1.2.5. I shall not be eligible for stipend payments before I have been appointed, designated or assigned as a medical or dental officer for service in the Ready Reserve.

1.2.6. If I fail to complete, for any reason, the residency training program for which stipend assistance is provided, or fail to complete an incurred obligation, I may be required, at the discretion of the Secretary concerned, to either:

1.2.6.1. Perform 1 year of active duty (AD) for each year (or part thereof) for which stipend assistance was provided; or

1.2.6.2. Repay the government an amount equal to the total amount paid to me under the Stipend Program.

1.2.7. I shall be subject to such AD requirements as may be specified as a part of this agreement and to AD in time of war or national emergency as provided by law for members of the Ready Reserve.

1.3. I understand that my entitlement under this program continues unless or until I do one of the following:

1.3.1. Transfer to an ineligible military specialty or ineligible health professions specialty, unless at the express direction of the Secretary concerned.

1.3.2. Separate from the Selected Reserve for any reason (including appointment, or voluntary order to AD in the active forces); other than by death, injury, illness or other impairment not the result of my own misconduct, or due to involuntarily separation as a result of unit inactivation, unit relocation, unit reorganization, or a DoD-directed reduction in the Selected Reserve force.

1.3.3. Accept a military technician or an AGR position where membership in a Reserve component is a condition of employment (except for temporary assignment as a military technician for 6 months or less).

1.3.4. Fail to participate satisfactorily in required training in the Selected Reserve including failure to maintain medical and dental readiness, in accordance with Service regulations, unless the failure to participate satisfactorily was due to reasons beyond my control (i.e., death, injury, illness, or other impairment not the result of my own misconduct).

1.3.5. Fail to maintain a current and/or unrestricted valid medical or dental license(s), as required, and such additional certification and privileges as may be required to practice as a health professional in the critical specialty for which stipend participation is authorized.

1.3.6. Complete the contracted period of training or receive certification and privileges required to practice as a health professional in the critical specialty for which the stipend is authorized.

1.3.7. Am dropped from the Reserve Component Stipend Program for Health Professions for deficiency in specialty training or voluntarily stop training in the critical specialty designated for the Stipend Program.

1.3.8. Fail to extend the contracted term of service for a period of authorized non-availability.

1.4. If I incur a period of authorized non-availability, I shall be suspended from this incentive and not receive payments during the period of suspension. To regain eligibility for further payments, I shall extend my commitment to serve the full qualifying period in the Selected Reserve. Entitlement to subsequent payments shall resume on the adjusted anniversary date of satisfactory, creditable Selected Reserve service (i.e., the date shall be adjusted for the period of authorized non-availability). Failure to meet reinstatement criteria in a capacity for which previously contracted may result in termination of the incentive and recoupment under 10 USC 2005 may be initiated IAW AFI 10-302.

1.5. I understand that my termination from the Stipend Program for any of the reasons stated in subsection 1.2. through paragraph 1.3.8, above, shall not relieve me of any military obligation imposed by any other law or regulation.

2. UNDERSTANDING

I have read each of the statements in section 1 above, and I understand that they constitute all promises, representations, and agreements concerning my stipend entitlement, except as specifically noted hereafter. No other promise, representation, or commitment has been made to me under this agreement.

3. AUTHENTICATION

3.1. Name and grade of applicant_____

3.2. Signature of applicant and date_____

FOR ARPC/DP

3.3. Name and grade of service representative_____

3.4. Signature and date _____

Attachment 11
WRITTEN AGREEMENT
RESERVE COMPONENT HEALTH
PROFESSIONS LOAN REPAYMENT PROGRAM

1. ACKNOWLEDGMENT

I, _____ hereby apply for participation in the Loan Repayment Program for Health Professionals in the Selected Reserve of the USAF under the authority of 10 U.S.C. section 16302. In support of this application, I acknowledge the following:

1.1. I meet the following eligibility criteria:

1.1.1. I was first appointed, assigned or designated for service as a commissioned officer of an Armed Force on _____.

1.1.2. I possess the professional qualifications, or I am enrolled in a program leading to a professional qualification, or, if a physician, I have completed at least one year of my residency, in a health profession that the Secretary of Defense has determined to be critically needed to meet identified wartime health professional skill shortages.

1.1.3. I possess a current valid and unrestricted health professional license(s)/certification, and such additional medical privileges that are required to practice as a health professional in the critical specialty for which loan repayment participation is authorized; or I have completed at least one year of my residency in that specialty.

1.1.4. I am not affiliating to qualify for an Active Guard and Reserve (AGR) position or a military technician position where membership in a Reserve component is a condition of employment. (Temporary assignments as a military technician for 6 months or less are excluded.)

1.2. I understand that the Loan Repayment Program for health professional commissioned officers shall apply to me, as follows:

1.2.1. The government of the United States shall repay portions of outstanding loans I have secured on or after October 1, 1975, in accordance with Section 16302 of 10 U.S.C. Such loans may include loans for education regarding a basic professional qualifying degree, as determined by the Secretary of Defense, or graduate education. In addition, qualifying educational loans that I receive hereafter may also qualify for repayment under this program.

1.2.2. The amount of the qualifying loans that may be repaid, when totaled together, may not exceed \$ _____ annually for each year of satisfactory service performed as a commissioned officer in the Selected Reserve. Payments shall be made to the promissory note holder beginning with the first anniversary date following completion of a satisfactory year of service undertaken pursuant to the signed agreement to participate in that program. The total amount that may be repaid on all loans, on behalf of any person, under this or prior agreements for this incentive shall not exceed a combined total of \$ _____ as specified in

Section 16302 of 10 U.S.C. Under any prior agreements for this incentive, I have received a total amount of \$_____, and I understand this is applicable to the combined total in the preceding sentence. Loans that have been issued for less than 1 year or were in default on execution of this written agreement do not qualify for repayment.

1.2.3. Repayment of any such loans under this program shall be made after each year of satisfactory service performed as a commissioned officer in the Selected Reserve, beginning with the date of signing of this contractual agreement. It shall be my responsibility to request my annual loan in writing, using form DD 2475, within 10 days of completing each year of satisfactory service under this agreement. If I am also participating in the Reserve Component Health Professions Stipend Program for Reserve Service physicians, dentists, registered nurses or baccalaureate students in nursing or other healthcare services, the service obligation incurred under that program would run consecutively (not concurrently) following or preceding any service obligation incurred from this loan repayment program. I currently have the following service obligations from the Reserve Component Health Professions Stipend Program:

I must be able to fulfill all required service obligations before my mandatory removal date or retirement eligibility date in the Selected Reserve.

1.2.4. This program shall not reimburse amounts paid by me or any other Agency. Repayment of any loan shall not exceed the outstanding balance.

1.3. I understand that my eligibility under this program continues unless or until I do one of the following:

1.3.1. Transfer to an ineligible military specialty or ineligible health profession specialty, unless at the express direction of the Secretary concerned.

1.3.2. If still a resident, fail to complete my residency in the critical skill covered by this agreement.

1.3.3. Fail to maintain a current or unrestricted valid health professional license(s)/certification, as required, and such additional medical certification and privileges as may be required to practice as a health professional in the critical specialty for which loan repayment participation is authorized.

1.3.4. Accept a military technician or AGR position where membership in a Reserve component is a condition of employment (except for temporary assignment as a military technician for 6 months or less).

1.3.5. Fail to participate satisfactorily in required training with the Selected Reserve including failure to maintain medical and dental readiness, in accordance with Service regulations and this Instruction, unless the failure was due to reasons beyond my control (e.g., death, injury, illness, or other impairment not the result of my own misconduct).

1.3.6. Fail to extend the contracted term of service for a period of authorized non-availability.

1.3.7. Separate from the Selected Reserve for any reason (including appointment, or voluntary order to active duty in the active forces); other than by death, injury, illness or other impairment not the result of my own misconduct, or involuntary separation as a result of unit inactivation, unit relocation, unit reorganization, or a DoD-directed reduction in the Selected Reserve force.

1.3. I understand that my termination from the Loan Repayment Program for any of the reasons in this paragraph shall not relieve me from satisfying any military obligation imposed by any other law or regulation.

1.4. If I incur a period of authorized non-availability, I shall be suspended from this incentive and not receive payments during the period of suspension. To regain eligibility for further payments, I shall extend my commitment to serve the full qualifying period in the Selected Reserve. Entitlement to subsequent payments shall resume on the adjusted anniversary date of satisfactory, creditable Selected Reserve service (i.e., the date shall be adjusted for the period of authorized non-availability). Failure to meet reinstatement criteria in a capacity for which previously contracted may result in termination of the incentive and recoupment actions may be initiated.

1.5. I understand that if I am a two-time non-select for promotion to a higher grade I shall be considered for continuation in my current grade.

1.6. It shall be my responsibility to coordinate with my Selected Reserve official concerning the type loan, the educational institution, and the anticipated payout schedule as soon as feasible.

2. UNDERSTANDING

I have read each of the statements in section 1 above, and understand that they constitute all promises representations, and agreements concerning my loan repayment entitlement, except as specifically noted hereafter. No other promise, representation, or commitment has been made to me under this agreement.

3. AUTHENTICATION

3.3. Typed name and grade of applicant_____

3.4. Signature of applicant and date_____

FOR ARPC/DP

3.5. Typed name and grade of servicerepresentative_____

3.6. Signature and date_____

Attachment 12



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS AIR RESERVE PERSONNEL CENTER

Date

MEMORANDUM FOR (Stipend Recipient)

FROM: HQ ARPC/DPAMM
18420 E. Silver Creek Ave, Bldg 390 MS 68
Buckley AFB CO 80011

SUBJECT: Reserve Stipend Obligation

1. You have received a Reserve stipend from (date) through (date), incurring a ____ month Selected Reserve service obligation in a critical skill.
2. I show you have graduated your fellowship/residency on (date). Per your Stipend contract, paragraph 1.2.6., "If I fail to complete, for any reason, the residency training program for which stipend assistance is provided, or fail to complete an incurred obligation, I may be required, at the discretion of the Secretary concerned, to either:
 - 1.2.6.1. Perform 1 year of active duty (AD) for each year (or part thereof) for which stipend assistance was provided; or
 - 1.2.6.2. Repay the government an amount equal to the total amount paid to me under the Stipend Program."
3. Please acknowledge this letter below that you understand that you have 30 days to contact me at 720-847-3553 or email at kenneth.kluza.1@us.af.mil or I will initiate the required actions for a call to active duty or discharge for failure to fulfill your Selected Reserve service obligation with recoupment of funds.

KENNETH D. KLUZA, Civ, DAF
Chief, Medical Incentives Branch

1st Ind, Rank/Name of member.

I acknowledge this letter and will comply.

NAME AND GRADE, date



Attachment 13
**Verification of Full-time Enrollment in an
Accredited Institution to Start and/or Continue
Participating in the Health Professions Stipend Program**
Page 1 of 2

September 2006 Edition - previous editions obsolete

Please type (or print legibly)

APPLICANT'S NAME _____ SSN _____

APPLICANT'S STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE (_____) _____ - _____ WORK PHONE (_____) _____ - _____

APPLICANT'S EMAIL ADDRESS _____

APPLICANT'S ALTERNATE EMAIL ADDRESS _____

APPLICANT'S SIGNATURE _____ DATE _____

Name of Accredited Institution _____

Institution Address _____

City _____ State _____ Zip code _____

Telephone (_____) _____ - _____

Program Start Date _____ Program Completion Date _____

Pursuing health professions training in medical specialty _____

Must be a critical wartime health-care specialty designated on Dept of Defense's critical skills list

Continued on Reverse

**VERIFICATION OF FULL-TIME ENROLLMENT IN AN ACCREDITED INSTITUTION TO
CONTINUE PARTICIPATING IN THE HEALTH PROFESSIONS STIPEND PROGRAM**

Page 2 of 2

APPLICANT'S NAME _____ SSN _____

Director of Professional Training Program Completes:

Name of Accredited Institution _____

Training program description _____

Training program objectives _____

Is applicant currently in good academic standing in this program? _____

Dates of current training year: from _____ to _____

Dates of next training year: from _____ to _____

Projected completion date of training program in its entirety _____

I certify that this applicant is currently enrolled in this institution to pursue the professional training program indicated, and that he/she is in good academic standing.

DIRECTOR'S NAME _____ DATE _____

SIGNATURE _____

PHONE NUMBER (_____) _____ - _____ EMAIL ADDRESS: _____

INDORSEMENT by HQ ARPC/DPAMM

Date received _____

Verifying Official _____

Lead, Medical Incentive Programs

FOR MORE INFORMATION CONTACT:

COMM 1-800-525-0102