



DEPARTMENT OF THE ARMY  
HEADQUARTERS, UNITED STATES ARMY RESERVE COMMAND  
4710 KNOX STREET  
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AFRC-PRM

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: U.S. Army Reserve (USAR) Health Professions Special and Incentive (HPS&I) Pay Plan for Fiscal Year (FY) 2021

1. References. See enclosure 1.

2. Purpose.

a. This memorandum updates policy and provides implementing guidance to the FY 2021 USAR HPS&I Pay Plan, also known as the USAR Army Medical Department (AMEDD) Incentives Policy.

b. It is USAR policy to use incentives to attract and retain healthcare professionals possessing or qualifying for training in critical skills needed to maintain wartime readiness. These specialties are identified on the USAR HPS&I Pay Plan, Critical Wartime Shortage List (CWSL), Table 1, Enclosure 2.

c. The guidance provided in this policy memorandum pertains to the USAR AMEDD Incentives Program only. This policy does not supersede Department of Defense (DoD) Instructions or Directives, Army Regulations, policies, or commanders' authority in regards to transfers, assignments, promotions, retirement point requirements, or other administrative or unit activities of AMEDD officers.

3. Incentives. All incentives under this policy are subject to authorization in law and appropriation of funds. Absence of proper authorization or available funds can result in the suspension or termination of any and all of the incentive programs under this policy. The following incentives programs are available under the USAR HPS&I Pay Plan:

a. Reserve Component Health Professions Loan Repayment Program (RC HPLRP) (Enclosure 3).

b. Consolidated Special Pay (CSP) Program (Enclosure 4).

c. RC Health Professions Stipend Program (Enclosure 5).

d. Incentive Pay (IP) and Board Certified Pay (BCP) (Enclosure 6).

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4. Authority.

a. Department of Defense (DoD) authorizes the military services to offer incentives to critically short health professional specialties as listed in the Assistant Secretary of Defense – Health Affairs (ASD-HA) pay plan, Reference u., Enclosure 1.

b. These shortages are in positions authorized by Modified Table of Organization and Equipment (MTOE) or Table of Distribution and Allowances (TDA) to include Individual Mobilization Augmentees (IMA) in the USAR.

c. Army Reserve incentives are authorized to selected specialties as depicted in the USAR CWSL, Table 1, Enclosure 2 of the USAR HPS&I Pay Plan. These selected specialties are within-but-do-not-exceed DoD guidelines reflected in Reference u., Enclosure 1.

5. Responsibilities.

a. The Program Director, U.S. Army Reserve Command (USARC), G-1 is responsible for the overall management and oversight of the USAR HPS&I Pay Plan.

b. AMEDD Incentives Program Manager (PM), USARC, G-1.

(1) Writes, updates, and interprets policy for the USAR HPS&I Pay Plan.

(2) Monitors the AMEDD Incentives budget and establishes incentive control measures to prevent exceeding the allocated budget in current and future years.

(3) Coordinates with the Human Resources Command (HRC), G8; HRC Budget office; and the USARC Resource Management Office (RMO) to report over/under execution forecasts and to submit Unfunded and Emerging Requirements to the Office of the Chief, Army Reserve (OCAR), Comptroller.

c. The Senior Medical Analyst, Program Analysis and Evaluation Division (PA&E) at OCAR programs funds for the USAR HPS&I Pay Plan.

d. The Health Services Division (HSD), AMEDD Incentives Section at HRC is the designated agent to execute AMEDD incentive funds.

(1) Reviews and validates all initial incentive applications and agreements/contracts for correctness, completeness, and quality control.

(2) Validates accession and retention, initial and anniversary bonus payments, and authorizes the appropriate pay center to disburse funds.

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(3) Has the authority to return applications and agreements/contracts without action until they are properly completed and/or corrected.

6. Funds Management and Budget. The execution of all incentive programs under this policy are subject to availability of allocated funds. As a funding control measure, an Incentive Control Number (ICN) is required for all Health Professions Incentive agreements/contracts. An ICN for each type of incentive within the contract can be issued only if funds are available. Agreements/contracts without ICNs are invalid and will be returned without action.

a. This budget control measure is applicable to all AMEDD accession and retention agreements/contracts, to include the Health Professions Loan Repayment Program (HPLRP), Specialized Training Assistance Program (STRAP), and all Special Pay Bonuses.

b. For retention incentives, ICNs are automatically assigned by the Reserve Incentive Management Sub-System (RIMS) during the incentive application process. In this process, availability of funds is confirmed and the application is validated by the USARC AMEDD Incentives Program Manager. If funds are not available, no ICN will be assigned and the application will be returned without action.

c. For accession incentives, ICNs are manually assigned and managed by the USARC AMEDD Incentives Program Manager upon request by the appropriate U.S. Army Recruiting Command (USAREC) representative. If funds are not available, no ICN will be assigned and the request will be returned without action.

d. The approved list of dispensed ICNs is provided to the HRC AMEDD Incentives Section on a weekly basis to cross reference and reconcile valid ICNs and funding.

7. Incentive Application and Agreement/Contract.

a. To receive an incentive covered under this policy, each recipient is required to submit an incentive application, and if approved, to enter into a signed agreement/contract

b. RIMS is now the official Army Reserve System for the processing of all AMEDD incentive applications and agreements/contracts. No alternative method to process incentive applications and agreements/contracts is accepted.

c. Accession Incentives.

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(1) Are processed by USAREC, Health Services Directorate (HSD) through their Direct Commissioning and Accessioning system (DCA). They follow USAREC HSD internal policies, boarding actions, and signature authorities.

(2) Processed, signed, and approved accession agreements/contracts in DCA, must be reviewed for correctness and accepted by HRC AMEDD Incentives Section.

(3) Agreements/contracts accepted by HRC AMEDD Incentives Section are manually entered into RIMS for processing and authorization disbursement of funds.

(4) The number of accession contracts under this policy for any given specialty is limited to the mission and overproduction number authorized in the HQDA Mission Memo for that year.

(5) Requests for accession contracts in excess to the authorized mission and overproduction number must be endorsed by the Office of the Surgeon General (OTSG) and approved by USARC G-1.

d. Retention Incentives.

(1) Are entered online by the service members using RIMS self-service portal. No other application or agreement/contract method is accepted. RIMS self-service portal is <https://selfservice.rcms.usar.army.mil/Selfservice/RequestIncentive>

(2) Release from Active Duty (REFRAD) and Individual Ready Reserve (IRR) transfers of eligible HPOs into the SELRES are considered retention incentive applications and agreements/contracts.

(3) Retention applications and agreements/contracts are approved and signed by the USARC AMEDD Incentives Program Manager in RIMS.

(4) Processed, signed, and approved retention agreements/contracts in RIMS by the USARC program manager must be reviewed for correctness and accepted by the HRC AMEDD Incentives Section.

(5) Agreements/contracts accepted by the HRC AMEDD Incentives Section can then be further processed in RIMS for authorization disbursement of funds.

e. No retroactive payments for dates prior to a valid application date and/or the effective/approved date of eligibility are authorized for any incentives under this policy.

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f. Accession and Retention applicants who enter into an agreement/contract under this policy must meet the eligibility requirements in this memorandum and in the specific incentive enclosures of this policy.

g. Agreements/contracts must contain the applicant's signature, full name, and Social Security Number for tax collection and Internal Revenue Service (IRS) reporting.

h. The USAR HPS&I Pay Plan policy is subject to updates. Any oral or written discussions prior to the oath of office, if applicable, and prior to the execution of the agreement/contract do not constitute an incentive guarantee. Only incentives with a valid ICN and in effect at the time the agreement/contract is executed will be honored.

i. Renegotiation of accession or retention incentive agreements/contracts under this policy is not authorized.

j. Exceptions to Policy (ETP) to the authorized incentives will be considered on a case-by-case basis and must be approved in writing by the Program Director, USARC G-1, or higher authority as appropriate.

8. Incentive Disbursement Eligibility. Notwithstanding the requirements under the specific incentives enclosures of this policy, the following general provisions apply:

a. Appointment. All participants in a health professions incentive program must hold an appointment as a commissioned officer.

b. Active Guard/Reserve (AGR) officers and Military Technicians (MILTEC) are not eligible for incentives within the USAR HPS&I Pay Plan.

c. Mandatory Removal Date (MRD). Service members must be able to complete all of the contractual Service Obligation (SO) incurred under this program before reaching MRD from the effective/approved date of the agreement/contract.

d. Primary Area of Concentration (AOC) must match a specialty on the approved USAR HPS&I Pay Plan CWSL for the year in which the HPO executes the agreement/contract. Additionally, the primary AOC must be reflected in TAPDB-R before disbursements are processed and must remain as the primary AOC in TAPDB-R for the duration of the agreement/contract.

e. USAR Authorizations. No incentives are authorized for specialties which do not have USAR authorizations, unless specifically exempted in this policy.

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f. Selected Reserve (SELRES) Service. HPOs must be assigned and remain in a valid USAR SELRES position before incentives disbursements are authorized.

(1) AMEDD Incentives are not linked to a unit or duty position, but rather to the critical designation of the specialty as listed in the CWSL.

(2) HPOs placed, for administrative purposes, in one of the Special Category Position Number (SCPN) in the Unit Manning Report (UMR), or 999X series positions, after they are successfully gained into their SELRES assignment, are deemed to be in a valid USAR SELRES position. If in doubt, the USARC AMEDD Incentives Program Manager will make the final determination of eligibility.

g. Licensure and Credentials.

(1) At the time the agreement/contract is executed, the HPOs must have a current, valid, and unrestricted state license in the critical specialty for which the incentive is authorized, as well as, current certification, registration, and additional credentials, or privileges required to perform the duties in that specialty, as stipulated in applicable Army Regulations and validated by the AMEDD Professional Management Command (APMC), Credentialing Branch.

(2) Medical and Dental Students applying under the Medical and Dental Students Stipend Program (MDSSP) do not fall under the Licensure and Credentials requirements listed in the previous paragraph.

9. Contractual Obligation Requirements.

a. In order to continue to receive the contracted incentive, recipients must maintain all qualifying provisions and meet satisfactory participation requirements stipulated in this policy and its enclosures, the agreement/contract, DoD Instructions, Army Regulations, and other policies and mandates governing AMEDD officers incentives.

b. Failure to maintain all qualifying provisions or to meet satisfactory participation requirements for the entire period of service stipulated in the incentive agreement/contract, may result in termination and recoupment of incentive funds.

c. The following provisions, although not all inclusive, may constitute failure to maintain contractual obligation requirements for continued receipt of incentives:

(1) Accepting an AGR position or a MILTEC position where membership in a Reserve Component is a condition of employment.

(2) Re-designation of primary AOC to a specialty not specified in the officer's agreement/contract for which the incentive is authorized.

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(3) Separation from the USAR SELRES for any reason, including voluntary appointment or transfer to another component or service.

(4) Failure to maintain a current, valid, and unrestricted state license in the critical specialty for which the incentive is authorized, as well as, current certification, registration, and additional credentials, or privileges required to perform the duties in that specialty, per applicable Army Regulations and APMC Credentialing Branch.

(5) Failure to maintain medical and dental readiness in accordance with Army Regulations and unit commander guidelines.

(6) Court-Martial conviction, misconduct, moral or professional dereliction, and/or other reasons in the interest of national security, or deemed in the best interest of the Army by appropriate authority.

(7) Unsatisfactory Participation in the SELRES.

#### 10. Satisfactory Participation Guidelines.

a. This policy follows USARC Commanding General (CG) intent in providing commanders flexibility to excuse service members with low SELRES participation but acceptable utilization/mobilization.

b. Regardless of the number of retirement points earned toward a qualifying year of service for non-regular retirement, Soldiers are considered satisfactory participants in the SELRES unless declared unsatisfactory participants in accordance with AR 135-91 (Reference k., Enclosure 1).

c. The enforcement actions of this policy for failure to participate satisfactorily in the SELRES can only be taken after the service member is declared an unsatisfactory participant.

d. The enforcement actions of this policy for failing to maintain other contractual obligation requirements can be taken despite SELRES satisfactory participation.

e. USARC and HRC AMEDD incentive teams will rely on official USAR reporting systems to verify unsatisfactory participant status and to account for the number of unexcused absences. It is the responsibility of unit Human Resource specialists and commanders to ensure the systems are properly updated.

f. Service members participating in Specialized Training Assistance Program (STRAP) in full-time status are assigned to APMC. Satisfactory participation for these individuals is subject to the guidelines of the Health Professions Stipend Program, Enclosure 5 of this policy and to the policies and guidelines provided by APMC.

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## 11. Termination and Recoupment.

a. If a HPO incentive recipient is deemed to be subject to termination and/or recoupment of the incentive for any reason by an appropriate authority, the case is referred to the AMEDD Incentives Section of HRC to review, validate, and take action.

b. If the Incentives Section of HRC determines that termination and/or recoupment is appropriate, the section will notify the affected service member or unit by military email of the impending action. A response is not required to proceed.

c. The separation or transfer to the IRR of unsatisfactory participants as described in AR 135-91 are unit and commander's enforcement and administrative actions to service members after they are officially declared unsatisfactory participants. Those enforcement/administrative actions do not have to be completed to initiate termination and/or recoupment of incentives.

d. If entitlement to an incentive is terminated for any reason before the fulfillment of the service obligation described in the incentive agreement/contract, the service member is not eligible to receive any further incentive payments.

e. The service member must refund a prorated amount to the Government for the un-earned portion of the incentive. Calculation of the refund will follow guidelines of Reference f., Enclosure 1.

f. After termination, if the service member again meets all eligibility criteria, the service member may apply to enter into a new agreement/contract with an obligation equal or greater than the obligation of the original.

g. The service member may be granted relief from termination and/or recoupment if the reasons that led to the termination circumstances were:

(1) Directed (involuntary) by appropriate USARC or higher authority.

(2) Beyond the service member's control.

(3) As stipulated under Reference f., Enclosure 1.

## 12. Suspension and IRR Transfer.

a. The service member may request to have the incentive temporarily suspended and to be transferred to the IRR for a period not to exceed one year for valid personal reasons or during a period of authorized non-availability.



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b. Requests for IRR transfers and incentives suspension must be processed and approved by the Soldier's chain of command and referred to the Incentives Section of HRC for action.

c. If the service member is not re-instated when the approved period expires or earlier, the agreement/contract is terminated and subject to recoupment of the un-earned portions of the incentive. The unit of assignment is responsible to refer the case to the HRC Incentives Section for termination and recoupment.

d. If within the authorized period, the service member is reassigned to the SELRES, the service member may be reinstated in the incentives program if they extend their term of service, so as to be able to serve the full original incentive agreement/contract period. Subsequent incentive payments can resume on the adjusted anniversary date of satisfactory SELRES service. It is the service member's responsibility through the unit of assignment to notify the HRC Incentives Section to ensure the agreement/contract extension and resumption of incentive payments are processed.

13. Effective date. This Pay Plan policy is in effect on 1 October 2020 and supersedes the FY20 Pay Plan policy. It remains in effect through 30 September 2021 unless modified, extended, rescinded, or superseded by the FY2022 USAR HPS&I Pay Plan.

14. For additional information, contact LTC Gennytza Furne, AMEDD Incentives Program Manager, U.S. Army Reserve, G-1, at 910-570-8784 or [usarmy.usarc.usarc-hq.mbx.incentives@mail.mil](mailto:usarmy.usarc.usarc-hq.mbx.incentives@mail.mil).

FOR THE COMMANDER:

7 Encls

1. References
2. USAR - CWSL Table
3. RC HPLRP
4. CSP Program
5. RC HP Stipend Program
6. IP and BCP
7. ASD-HA HPS&I Pay Plan

A.C. ROPER  
Major General, U.S. Army  
Deputy Commanding General

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DISTRIBUTION:

**FUNCTIONAL COMMANDS:**

3 MCDS  
76 ORC  
79 TSC  
200 MP CMD  
311 SC(T)  
335 SC(T)  
377 TSC  
412 TEC  
416 TEC  
807 MCDS  
ARAC  
ARCD  
AR-MEDCOM  
LEGAL CMD  
MIRC  
USACAPOC(A)  
75 TNG CMD (MC)  
80 TNG CMD (TASS)  
83 US ARRTC  
84 TNG CMD (UR)  
85 USAR SPT CMD  
108 TNG CMD (IET)  
USAR SPT CMD (1A)

**GEOGRAPHIC COMMANDS:**

1 MSC  
7 MSC  
9 MSC  
63 RD  
-USAG-FHL  
81 RD  
-USAG-Fort Buchanan  
88 RD  
-USAG-Fort McCoy  
99 RD  
-ASA-Dix

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XVIII ABC  
USASOC  
EUCOM  
SOCOM

**CF:**

USARC XOs  
USARC DIR/DEP/CH/ASST  
OCAR Directors & Deputies

FY2021 USAR HPS&I Pay Plan

**References**

- a. Title 10, U.S.C., Chapter 37, Section 651, Chapter 109, Section 2173; Chapter 1608, Sections 16201-16204; and Chapter 1609, Section 16302.
- b. Title 37, U.S.C., Chapter 5, Sections 303a, 335, 371, 373.
- c. National Defense Authorization Act (NDAA) for Fiscal Year 2009 (PL110-417).
- d. National Defense Authorization Act for Fiscal Year 2008 (PL110-181).
- e. DoD Instruction (DoDI) 6000.13, Accession and Retention Policies, Programs, and Incentives for Military Health Professions Officers (HPOs), December 30, 2015 (Change 1, Effective May 3, 2016).
- f. DoD Instruction 1205.21, Reserve Component Incentive Programs Procedures, September 20, 1999.
- g. DoD Instruction 1215.06, Uniform Reserve, Training, and Retirement Categories for the Reserve Components, March 11, 2014 (Change 1, Effective May 19, 2015).
- h. DoD Instruction 1215.13, Ready Reserve Member Participation Policy, May 5, 2015.
- i. DoD Instruction 1304.34, General Bonus Authority for Officers, July 11, 2016.
- j. DoD Financial Management Regulation, 7000.14-R, Volume 7A: "Military Pay Policy – Active Duty and Reserve Pay", June 2017.
- k. Army Regulation 135-91, Service Obligations, Methods of Fulfillment, Participation Requirements, and Enforcement Procedures.
- l. Army Regulation 135-100, Appointment of Commissioned and Warrant Officers of the Army.
- m. Army Regulation 135-101, Appointment of Reserve Commissioned Officers for Assignment to Army Medical Department Branches.
- n. Army Regulation 135-210, Order to Active Duty as Individuals for Other Than a Presidential Selected Reserve Call-up, Partial or Full Mobilization.
- o. Army Regulation 140-10, Assignments, Attachments, Details, and Transfers.
- p. Army Regulation 350-1, Army Training and Leader Development.
- q. Army Regulation 600-9, The Army Body Composition Program.

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**References**

- r. Army Regulation 601-142, Army Medical Department Professional Filler System.
- s. Army Regulation 601-280, Army Retention Program.
- t. Army Regulation 621-202, Army Educational Incentives and Entitlements.
- u. Memorandum, Assistant Secretary of Defense – Health Affairs, 27 August, 2020, subject: Health Professions Officer Special and Incentive Pay Plan.
- v. Memorandum, Deputy Chief of Staff for Personnel, 3 February 1999, Subject: Selected Reserve Incentive Program Changes Resultant from the National Defense Authorization Act (NDAA) for Fiscal Year 1999.
- w. Memorandum, Assistant Secretary of the Army, Manpower and Reserve Affairs, 4 March, 2013, subject: Rescission of Army Policy Regarding Renegotiation of Army Medical Department (AMEDD) Officer Special Pay Contractual Agreements.
- x. Memorandum, HQ, United States Army Reserve Command, 10 September, 2019, subject: Implementation of Budget Control Measures to the U.S. Army Reserve (USAR) Health Professions Special and Incentive (HPS&I) Pay Plan.

Table 1: FY21 USAR AMEDD Critical Wartime Specialty List (CWSL) with Incentives Template									
Critical Skill <sup>1,7</sup>		USAR Health Professions Incentives				Accessions Mission Limit <sup>8</sup>			
MEDICAL CORPS	AOC	Accession Bonus <sup>2</sup>	Retention Bonus <sup>2</sup>	Stipend <sup>3</sup>	RC HPLRP <sup>4</sup>	Experienced <sup>8</sup>	STRAP <sup>8</sup>	Over Prod <sup>8</sup>	Total <sup>8</sup>
Anesthesiologist	60N	N/A	N/A	Yes	\$40K/\$250K	5	-	5	10
Critical Care/Pulmonary Disease Medicine/Cardiology	60F	N/A	N/A	Yes	\$40K/\$250K	10	-	13	23
Emergency Services/Emergency Medicine	62A	\$50K	\$50K	Yes	\$40K/\$250K	10	-	0	10
Family Medicine, Family Practice	61H	\$25K	\$25K	Yes	\$40K/\$250K	45	-	0	45
Flight Surgeon	61N <sup>6</sup>	N/A	N/A	Yes	\$40K/\$250K	0	-	0	0
Obstetrician and Gynecologist	60J	N/A	N/A	Yes	\$40K/\$250K	7	-	0	7
Preventive Medicine	60C <sup>5</sup>	N/A	N/A	Yes	\$40K/\$250K	24	-	51	75
Psychiatrist	60W	N/A	N/A	Yes	\$40K/\$250K	7	-	0	7
Radiologist, Diagnostic	61R	N/A	N/A	Yes	\$40K/\$250K	3	-	0	3
Surgeon, General	61J	\$75K	\$75K	Yes	\$40K/\$250K	30	-	0	30
Surgeon, Neurological	61Z	N/A	N/A	Yes	\$40K/\$250K	1	-	0	1
Surgeon, Orthopedic	61M	\$75K	\$75K	Yes	\$40K/\$250K	34	-	21	55
Surgeon, Thoracic/Cardiovascular	61K	\$75K	\$75K	Yes	\$40K/\$250K	15	-	0	15
Urologist	60K	N/A	N/A	Yes	\$40K/\$250K	6	-	0	6
Student Medical (MDSSP)	00E67	N/A	N/A	Yes	N/A	50	-	0	50
DENTAL CORPS	AOC	Accession Bonus <sup>2</sup>	Retention Bonus <sup>2</sup>	Stipend <sup>3</sup>	RC HPLRP <sup>4</sup>	Mission <sup>8</sup>	STRAP <sup>8</sup>	Over Prod <sup>8</sup>	Total <sup>8</sup>
Dental Officer, Clinical/General	63A	N/A	N/A	Yes	\$40K/\$250K	0	-	0	0
Dentist, Comprehensive	63B	N/A	N/A	Yes	\$40K/\$250K	0	-	0	0
Oral & Maxillofacial Surgeon	63N	N/A	N/A	Yes	\$40K/\$250K	9	-	3	12
Prosthodontist	63F	N/A	N/A	Yes	\$40K/\$250K	1	-	0	1
Student Dental (MDSSP)	00E67	N/A	N/A	Yes	N/A	10	-	0	10
VETERINARY CORPS	AOC	Accession Bonus <sup>2</sup>	Retention Bonus <sup>2</sup>	Stipend <sup>3</sup>	RC HPLRP <sup>4</sup>	Mission <sup>8</sup>	STRAP <sup>8</sup>	Over Prod <sup>8</sup>	Total <sup>8</sup>
Veterinary Clinical Medicine	64F	N/A	N/A	N/A	\$20K/\$60K	0	-	0	0
Veterinary Laboratory Animal Medicine	64C	N/A	N/A	N/A	\$20K/\$60K	0	-	0	0
Veterinary Preventive Medicine	64B	N/A	N/A	N/A	\$20K/\$60K	0	-	0	0
Veterinary Service Officer	64A	N/A	N/A	N/A	\$20K/\$60K	7	-	0	7
SPECIALIST CORPS	AOC	Accession Bonus <sup>2</sup>	Retention Bonus <sup>2</sup>	Stipend <sup>3</sup>	RC HPLRP <sup>4</sup>	Mission <sup>8</sup>	STRAP <sup>8</sup>	Over Prod <sup>8</sup>	Total <sup>8</sup>
Physician Assistant	65D	N/A	N/A	N/A	\$20K/\$60K	8	-	0	8
NURSE CORPS	AOC	Accession Bonus <sup>2</sup>	Retention Bonus <sup>2</sup>	Stipend <sup>3</sup>	RC HPLRP <sup>4</sup>	Mission <sup>8</sup>	STRAP <sup>8</sup>	Over Prod <sup>8</sup>	Total <sup>8</sup>
Clinical Nurse, Critical Care	66S	N/A	N/A	Yes	\$20K/\$60K	15	5	0	20
Nurse Anesthetist	66F	N/A	N/A	Yes	\$20K/\$60K	0	10	0	10
Operating Room Nurse	66E	N/A	N/A	Yes	\$20K/\$60K	5	5	0	10
Trauma Nurse/Emergency	66T	N/A	N/A	Yes	\$20K/\$60K	10	5	0	15
MEDICAL SERVICE CORPS	AOC	Accession Bonus <sup>2</sup>	Retention Bonus <sup>2</sup>	Stipend <sup>3</sup>	RC HPLRP <sup>4</sup>	Mission <sup>8</sup>	STRAP <sup>8</sup>	Over Prod <sup>8</sup>	Total <sup>8</sup>
Aeromedical Evacuation Officer	67J	N/A	N/A	N/A	\$20K/\$60K	0	-	0	0
Clinical Psychologist	73B	N/A	N/A	N/A	\$40K/\$250K	4	-	0	4
Entomologist	72B	N/A	N/A	N/A	\$20K/\$60K	0	-	0	0
Microbiologist	71A	N/A	N/A	N/A	\$20K/\$60K	3	-	0	3
Social Worker	73A	N/A	N/A	N/A	\$25K/\$75K	4	-	0	4

<sup>1</sup> Incentives are authorized only for officers holding the critical skill as their primary AOC. Incentives are not linked to a unit or duty position and officers can fill command/leadership immaterial positions or a Corps Specific immaterial positions (60A, 63R, 64Z, 65X, 66N and 67D).

<sup>2</sup> 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.

<sup>3</sup> 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.

<sup>4</sup> The first amount is the maximum annual amount authorized by specialty. The second amount is the lifetime maximum authorized by specialty. The Army Reserve is authorized to offer and pay less than the annual maximum amount.

<sup>5</sup> No accession/retention incentive for 62B or 60D. 62B can be used as Immaterial and it is substitutable for all MC AOCs except 60B, 60W, 61Q, 61R, and 61U. 60D substitutable for 60C in accordance with Army Regulation 601-142.

<sup>6</sup> 61N is authorized for Medical Corps specialties filling 61N authorization and upon award of 61N as a secondary AOC. Primary AOC must be listed in the USAR CWSL, fully qualified, and completed residency training. To receive the incentive, assignment to other than 61N positions is not authorized.

<sup>7</sup> No mission or incentive is authorized for specialties which do not have USAR authorizations. To qualify for an incentive, the officers must change their primary AOC to one of USAR critical specialties, if eligible.

<sup>8</sup> The number of accessions is limited to the approved HQDA Mission Memo for mission/overproduction by specialty. Exceptions must be endorsed by OTSG and approved by USARC G-1. The number of STRAP recipients for MC and DC for Residency Training in CWSL specialties is limited to the total mission in that specialty.

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**Reserve Component Health Professions Loan Repayment Program (RC HPLRP)**

1. This policy implements the HPLRP authorized in Title 10, U.S.C., Chapter 1609, Section 16302. It provides for repayment of outstanding loans: made, insured, or guaranteed through a recognized financial or educational institution; used to finance education in a health profession determined to be a critical wartime shortage by the Secretary of Defense; and secured after 1 Oct 75.

a. The amount of any repayment of a loan made under this section on behalf of any person shall be determined on the basis of each complete year of satisfactory service that is described in subsection (b)(1) of section 16302 of Title 10, U.S.C. and performed by the person after the date on which the loan was made.

b. The annual maximum amount of a loan that may be repaid for each year of obligated service under this section shall not exceed the maximum amount in effect for the same year under subsection (e)(2) of section 2173 of Title 10, U.S.C. for the education loan repayment program under such section. This amount is reviewed annually by the Secretary of Defense (Title 10, U.S.C, Chapter 109, Section 2173).

c. The USAR HPS&I Pay Plan CWSL, Table 1, enclosure 2 states the maximum annual and lifetime amounts authorized by specialty for the USAR.

2. Unless otherwise restricted in this policy, HPOs, students, or residents in training toward skills listed on the current USAR HPS&I Pay Plan CWSL, Table 1, enclosure 2 are authorized to participate in RC HPLRP, even when participating in the Specialized Training Assistance Program (STRAP).

a. Participants must be assigned to a position within the SELRES in order to receive loan repayment; IRR Service members are not eligible for the RC HPLRP option.

b. To apply for participation in the RC HPLRP, the eligible officer must have qualifying loans at the time of signing the agreement.

c. RC HPLRP agreements may be executed at any time that the specialty appears on the current USAR HPS&I Pay Plan CWSL, provided the HPO, student, or resident does not have a previous RC HPLRP contract.

d. Per provisions of the Barring Act, 31 U.S.C. 3702(b)(1), the HPO must request the HPLRP annual and/or subsequent anniversary payment within six years of meeting eligibility for loan reimbursement under this program.

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**Reserve Component Health Professions Loan Repayment Program (RC HPLRP)**

e. Payments are continuous as long as the individual submits the required documents for payment of the loan, there is a principal amount eligible for repayment, and the lifetime limit has not been reached.

3. The requirement to complete a basic military officer indoctrination course to participate in the RC HPLRP as stipulated under DoDI 6000.13 is waived by the Under Secretary of Defense. Applicants must meet all other requirements of the program. This is not a blanket waiver of the requirement to complete an indoctrination course, the Basic Officer Leadership Course (BOLC), or an approved/authorized equivalent course. Unit commanders are responsible to ensure that officers complete the appropriate indoctrination course as required under current policies and regulations.

4. The RC HPLRP and Consolidated Special Pay (CSP) Program bonuses may be offered and contracted at the same time, in either order, provided the applicant meets all other eligibility requirements. Soldiers will receive their incentive in the order they select using the appropriate Incentive Declaration Statement. Once the contract is executed, Soldiers may not deviate from the order of this selection. Service members cannot overlap obligation periods or receive concurrent payments. Payments and the payback time will be consecutive. HPOs can contract for both, the RC HPLRP and the CSP Program bonuses if their AOC is listed in the current USAR HPS&I Pay Plan CWSL, Table 1, enclosure 2. If the HPO fails to contract for both incentives at the time of accession, the HPO can contract for a CSP Program bonus or the RC HPLRP in the future if the individual's AOC is listed in the current USAR HPS&I Pay Plan CWSL at the time the contract is executed.

5. RC HPLRP and RC Stipend Program or STRAP. HPOs, students, or residents receiving stipend under the STRAP may be eligible for the RC HPLRP provided they meet all other eligibility requirements in this policy and in accordance with AR 621-202, chapter 8.

a. The HPO must not be serving STRAP obligation or a service obligation for an incentive received under another program or section of the law.

b. If the HPO elects to participate in the RC HPLRP while receiving stipend under this program, the STRAP obligation start date must be adjusted prior to the obligation start date. Coordination must be made with the HRC AMEDD incentives team for notification and completion of a STRAP Extension Statement. The STRAP obligation start date may be deferred up to three years.

6. USAR Officers must be in satisfactory performance in the SELRES and meet the requisites stated in this policy and its enclosures in order to receive RC HPLRP. For



## FY2021 USAR HPS&amp;I Pay Plan

**Reserve Component Health Professions Loan Repayment Program (RC HPLRP)**

each year of satisfactory service in the SELRES, authorized student loans will be considered eligible for repayment if:

- a. Loan has an outstanding principal balance, not including interest.
- b. Loan was secured at least one year prior to the current anniversary date.

7. The following repayment restrictions apply:

- a. Repayment cannot exceed outstanding balance of the authorized student loans
- b. Consolidated educational loans may be eligible for repayment. The individual must provide evidence that all loans in the consolidation are for the eligible education, and must provide the payment history to calculate what portion of each loan in the consolidation has been satisfied.
- c. The execution of a contract for the RC HPLRP as stated in this policy does not change the HPO's obligation to the lender or holder of the note(s).
- d. The borrower may not be reimbursed for payments already made on loans. Payments are made to educational and financial institutions, not to individuals.
- e. Loans in default are not authorized for repayment.
- f. Payments will be made until either the student loan(s) is (are) retired or the annual ceiling is reached to include any payments made under the previous RC HPLRP contracts, whichever is the lower amount.
- g. Loan repayment benefits are taxable and a portion of the annual benefit will be withheld for tax and not be paid to the lending institution. Defense Finance and Accounting System (DFAS) will withhold Federal and state taxes as applicable from loan payments prior to making payments to lenders. Soldiers are legally responsible for all loan payments that remain after all contracted RC HPLRP payments have been exhausted.

8. Officers who join the SELRES from the IRR, who are otherwise eligible and have served all other Active Duty or Reserve service obligations, may contract to receive RC HPLRP upon reassignment to the SELRES.

9. Repayment of Loans. HPOs must use the USAR self-service portal in RIMS to manage their loans and submit their annual repayment claim. The link to the RIMS self-service portal is <https://selfservice.rcms.usar.army.mil/Selfservice/RequestIncentive> It is

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the HPO's responsibility to submit their annual loan repayment claim. HPOs will receive an official email to their official military email account within 60 days of their RC HPLRP anniversary date prompting them to visit the RIMS self-service portal to initiate their RC HPLRP claim. HPOs will use the website to print DD Form 2475s for their annual loan repayment claim, manage their loan information, inquire on the status of payments, or view HPLRP information.

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**Consolidated Special Pay (CSP) Program**

1. General Provisions. HPOs may be paid Special Pay at the approved rate for any specialty for which they are fully qualified pursuant to Title 37, U.S.C., section 335. HPOs may receive incentives under the CSP Program for only one specialty, regardless if the HPO holds qualifications for more than one specialty. CSP Program incentives in this enclosure include: Accession Bonus (AB) and Retention Bonus (RB). The eligible specialties and amounts for AB and RB by specialty are depicted in the current USAR HPS&I Pay Plan CWSL, Table 1, enclosure 2.

a. Taxes are withheld from the CSP Program benefits. Defense Finance and Accounting System (DFAS) will withhold Federal and state taxes as applicable from Special Pay Program benefits prior to disbursing payments.

b. CSP Program bonuses will not be paid concurrently with any other incentive identified in the USAR HPS&I Pay Plan, with the exception of Incentive Pay (IP) and/or Board Certified Pay (BCP), enclosure 6, providing they meet all the requirements in this policy.

c. USAR Officers must be satisfactory participants in the SELRES and primary AOC in TAPDB-R must match their qualifying specialty in order to receive CSP Program incentives.

d. Renegotiation of CSP contractual agreements is not authorized. This restriction is applicable to both accession and retention contracts.

e. CSP Program bonuses and RC HPLRP may be offered and contracted at the same time, in either order, provided the applicant meets all other eligibility requirements. Soldiers will receive their incentive in the order they select using the appropriate Incentive Declaration Statement. Once the contract is executed, Soldiers may not deviate from the order of this selection. Service members cannot overlap obligation periods or receive concurrent payments. Payments and the payback time will be consecutive. HPOs can contract for both, the RC HPLRP and the CSP Program bonuses if their AOC is listed in the current USAR HPS&I Pay Plan CWSL, Table 1, enclosure 2. If the HPO fails to contract for both incentives at the time of accession, the HPO can contract for a CSP Program bonus or the RC HPLRP in the future if the individual's AOC is listed in the current USAR HPS&I Pay Plan CWSL at the time the contract is executed.

2. Legacy Special Pay. Effective 28 January 2018, Legacy Special Pay was discontinued. HPOs under a Legacy Special Pay agreement will continue to receive payments until the completion date of the written agreement.

3. Accession Bonus (AB). In addition to stipulations of this policy and this enclosure, the applicant must meet the following criteria:

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**Consolidated Special Pay (CSP) Program**

- a. Be a graduate of an accredited school in the health profession of the application.
- b. Meet criteria for and accept appointment as a commissioned officer in the USAR.
- c. Be qualified in the specialty to which appointed.
- d. Execute a written agreement to accept an appointment as an HPO in the SELRES for 2, 3, or 4 years and within the guidance stated in this policy.
- e. Have completed all previous service obligations.
- f. Have been honorably discharged or released from any Uniformed Service at least 24 months before execution of the written agreement, and no longer hold an appointment, if a former HPO.
- g. Effective date for this incentive is the effective date of the orders assigning the officer to a SELRES unit, which also establishes the anniversary date for subsequent annual bonus payments.

4. Retention Bonus (RB). In addition to stipulations of this policy and this enclosure, the HPO must meet the following criteria:

- a. Must be below the grade of O-7.
- b. The RB may not be offered until any remaining Active Duty or Reserve service obligations from other incentives previously executed have been fulfilled.
- c. HPOs in the SELRES, who are otherwise eligible, may receive a RB. The effective date is the date the HPO and service representative sign the contractual documents verifying eligibility requirements, which also establishes the anniversary date for subsequent annual bonus payments.
- d. HPOs who join the SELRES from Active Duty (REFRAD) or from the IRR, who are otherwise eligible, may receive a RB upon assignment provided they have completed all Active Duty and Reserve service obligations. The effective date is the effective date of the orders assigning the officer to a SELRES unit, which also establishes the anniversary date for subsequent annual bonus payments.
- e. HPO must have completed qualifications for the specialty before the beginning of the fiscal year during which a written agreement is executed. If completion of qualifications

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occurs in the current fiscal year, the HPO is not eligible for the RB until the following fiscal year, providing the specialty remains in the USAR HPS&I Pay Plan CWSL.

f. HPO must execute a agreement/contract to remain as an HPO in the SELRES for 2, 3, or 4 years and within the guidance stated in this policy.

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**RC Health Professions Stipend Program/Specialized Training Assistance Program**

1. General Provisions. The RC Health Professions Stipend Program/Specialized Training Assistance Program (STRAP) is available to USAR HPOs pursuant to Title 10, U.S.C., Chapter 1608, Sections 16201 through 16204. HPOs, students, or residents in training toward skills approved for the stipend program as listed on the current USAR HPS&I Pay Plan CWSL, Table 1, enclosure 2 are authorized to participate in STRAP. The Stipend Program includes the following categories: Medical and Dental School Students, Physicians and Dentists, and Registered Nurses. The criteria below apply to all stipend categories, unless otherwise indicated under the specific category.

a. The amount of the stipend shall be adjusted annually by the Assistant Secretary of Defense (Health Affairs) (ASD-HA) as directed under Title 10, U.S.C., Section 2121, and it shall be the same amount as the rate in effect for participants in the Armed Forces Health Professions Scholarship Program (AFHPSP).

b. Participants must be unconditionally accepted in writing into the educational program or residency, as applicable, for which they seek to receive the stipend. Applicants must complete all prerequisites when they submit their application for consideration.

c. STRAP may be taken for any number of years during the residency or specialized training program. However, if the applicant only desires to take STRAP for a portion of the remaining residency or specialized training program, the start date of stipend payments must be calculated from the end date of the residency or training program. Example: A physician with a four-year program ending June 2022, only wants two years of STRAP. The physician is authorized to start receiving the stipend June 2020.

d. RC HPLRP and STRAP. HPOs, students, or residents receiving stipend under this program may be eligible for the RC HPLRP provided they meet all other eligibility requirements as stated in this policy and in accordance with AR 621-202, chapter 8.

(1) The HPO must not be serving STRAP obligation or a service obligation for any incentive received under this policy or under another program or section of the law.

(2) If the HPO elects to participate in the RC HPLRP while receiving stipend under this program, the STRAP obligation start date must be deferred and adjusted to incorporate the HPLRP obligation period. This adjustment must be made prior to the start date of the STRAP obligation period. Coordination is required with the HRC AMEDD incentives team for notification and completion of a STRAP Extension Statement. The STRAP obligation start date may be deferred up to three years.

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**RC Health Professions Stipend Program/Specialized Training Assistance Program**

e. HPOs, students, or residents in training toward skills approved for the stipend program in full-time status will be assigned to the AMEDD Professional Management Command (APMC). Participants in this category must fully in-process with the APMC to ensure proper management while in the STRAP program. Failure to in-process and maintain contractual requirements may result in suspension, termination and/or recoupment of the stipend. Upon successful completion of the training program and the stipend phase, STRAP recipients will be assigned to either a TPU or an IMA position of the appropriate AOC, per AR 140-10 to begin serving the contractual obligation. HPOs assigned to TPUs outside of commuting distance may be further attached to the APMC.

f. HPOs, students, or residents must execute a contract for STRAP within the guidance stated in this policy.

g. Effective date. A stipend will not be paid until a participant has been appointed as an officer and assigned in the SELRES or to APMC.

h. Service Obligation. Immediately after successful completion of the training program and the stipend phase, participants must serve 1 year in the SELRES for each 6 months, or part thereof, for which the stipend is paid. Obligation start date may be adjusted when combining RC HPLRP and STRAP as stated in section d. above. The service obligation will continue uninterrupted, once started, until one of the following:

(1) The obligation is fully satisfied or the HPO is separated sooner at the discretion of HQDA or its appointed representative.

(2) An additional incentive contract is initiated which would require a change to the obligation end date of the original contract.

(3) The SELRES contractual obligation is satisfied by service on Active Duty Army.

i. Failure to Complete Training Program. A STRAP participant who is dropped from the program for academic deficiency or any other reason is required to comply with the repayment provisions of Title 37, U.S.C., Section 373; or to perform 1 year of AD for each year, or part thereof, that the participant received the stipend.

j. Mobilization. Army policy currently states HPOs receiving the STRAP stipend will not be available to local commanders or the Chief, Army Reserve, to meet mobilization cross-leveling requirements unless the Surgeon General of the Army approves such action. In the event of war or national emergency, participants will be subject to order to

## FY2021 USAR HPS&amp;I Pay Plan

**RC Health Professions Stipend Program/Specialized Training Assistance Program**

Active Duty as required by Headquarters, Department of the Army (HQDA). In view of the foregoing, the specialized training program may be interrupted in order to meet those mobilization requirements described above, and participants will have the stipend suspended until they return to their stipend program.

2. Medical/Dental Student Stipend Program (MDSSP). MDSSP is available only to medical and dental students.

a. The student must be enrolled in good standing or have a firm unconditional written acceptance from an accredited professional school leading to a HQDA acceptable degree in medicine, osteopathic medicine, or dentistry in the United States or Puerto Rico. The school must be accredited by an agency or association that is on the list of nationally recognized accrediting agencies published by the Secretary of Education. A list of accredited institutions is maintained by the Department of Education at <http://ope.ed.gov/accreditation/>.

b. MDSSP obligation period begins immediately following the residency or dental school completion, unless the individual elects to enter into the STRAP program for residency in an eligible specialty. In that event, the original MDSSP contract will be amended to reflect the new STRAP contractual obligation as stated under e. below.

c. Students are appointed and coded with a primary AOC of 00E67 and branch of MS in TAPDB-R. Students will be assigned to the APMC for the duration of their attendance in medical/dental school. While assigned to the APMC, they are required to participate in accordance with all contractual requirements.

d. Medical/Dental students are not eligible for RC HPLRP until they are commissioned as Medical Corps or Dental Corps Officers, have completed their MDSSP obligation, and have met all RC HPLRP eligibility requirements in this policy.

e. Residency following MDSSP program.

(1) In the case of an MDSSP participant who completes medical/dental school and enters into a subsequent STRAP agreement for a residency training program listed on the current USAR HPS&I Pay Plan CWSL, Table 1, enclosure 2 and successfully completes the residency training, the MDSSP obligation is reduced by one year for each year, or part thereof, for which the stipend was paid while enrolled in medical or dental school.



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**RC Health Professions Stipend Program/Specialized Training Assistance Program**

(2) Upon successful completion of the residency training, the STRAP service obligation will be the total of both the reduced MDSSP obligation plus the residency training obligation under the subsequent agreement.

(3) HPOs are further eligible to receive RC HPLRP while receiving stipend under the subsequent STRAP agreement for residency training, after they are commissioned as a Medical Corps or Dental Corps Officer.

(4) HPOs who do not contract for STRAP or who enter a residency training program that is not listed on the current USAR HPS&I Pay Plan CWSL, will be managed by APMC during their internship year. Upon completion of the internship year, these HPOs will be awarded the AOC of 62B-Field Surgeon and reassigned to an available unit vacancy to complete their contractual obligation.

3. Physicians and Dentists. STRAP is available for medical or dental school graduates for residency training who meet the following criteria:

a. Be a graduate from an accredited school in a HQDA acceptable degree in medicine, osteopathic medicine, or dentistry in the United States or Puerto Rico.

b. Be enrolled or have a firm unconditional written acceptance for enrollment in a residency program for physicians or dentists in a medical or dental specialty designated on the current USAR HPS&I Pay Plan CWSL, Table 1, enclosure 2.

c. If initially accessing into the Army Reserve, be eligible and subsequently be appointed and assigned as a Medical Corps (MC) officer or Dental Corps (DC) officer in the SELRES.

d. If already a member of the Army Reserve, be currently appointed and assigned as a MC or DC officer in the SELRES.

e. Applicants in dual residency training programs are ineligible for STRAP, unless both programs are on the current USAR HPS&I Pay Plan when the contract is signed.

4. Registered Nurses. STRAP is available for Registered Nurses enrolled in a specialized training program and who meet the following criteria:

a. Be a Registered Nurse.

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**RC Health Professions Stipend Program/Specialized Training Assistance Program**

b. If initially accessing into the Army Reserve, be eligible and subsequently be appointed and assigned as a Nurse Corps (NC) officer in the SELRES.

c. If already a member of the Army Reserve, be currently appointed and assigned as a NC officer in the SELRES.

d. Be enrolled or have an unconditional written acceptance for enrollment in an accredited program in nursing in a specialty listed on the current USAR HPS&I Pay Plan.

e. Eligible nurse specialty training includes those programs leading to either a Master of Science in Nursing (MSN) or a Doctorate of Nursing Practice (DNP) in a specialty designated on the current USAR HPS&I Pay Plan CWSL. STRAP eligibility for MSN or DNP programs will not exceed two years.

f. Service Members or Applicants who are already licensed and qualified in a specialty designated on the current USAR HPS&I Pay Plan CWSL, are not authorized STRAP for advanced nursing degrees for the same specialty.

5. Fellowships. STRAP is NOT available for fellowship programs. However, fellowship applications can be considered on a case-by-case basis as follows:

a. The fellowship request must be for a specialty listed on the current USAR HPS&I Pay Plan CWSL, or must strongly complement the specialized training of an HPO already qualified or currently in training for one of the specialties on the current Pay Plan.

b. Fellowship requests must be submitted to the USARC AMEDD Incentives Team not later than 120 days prior to the start of the program and must include:

- (1) Command endorsement memo.
- (2) Memo from the HPO.
- (3) Officer Incentive Written Agreement, if applicable.
- (4) DA 71 (Oath of Office) and Appointment Memorandum.
- (5) DA 4856 (Developmental Counseling form) by Commander.
- (6) Fellowship acceptance letter.

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**RC Health Professions Stipend Program/Specialized Training Assistance Program**

(7) Provide following dates as applicable: BOLC date, Statutory Service Obligation date, Contractual Service Obligation date, Mandatory Removal date.

c. If HPO is receiving stipend under this program and is approved for a STRAP extension for a fellowship, the original STRAP obligation start date must be adjusted prior to the obligation start date. Coordination must be made with the HRC AMEDD incentives team for notification and completion of a STRAP Extension Statement. The STRAP obligation start date may be deferred up to three years.

d. Payments for approved STRAP extensions are effective on the date the extension is officially approved. No retroactive payments prior to the approval date are authorized.

e. HPOs who enter a fellowship program without STRAP or are not approved to receive STRAP and who are not otherwise receiving stipend under this program, are subject to assignment in the USAR per AR 140-10.

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**Incentive Pay (IP) and Board Certified Pay (BCP)**

## 1. General Provisions.

- a. Incentive Pay (IP) and/or Board Certified Pay (BCP) is authorized for USAR specialties listed in the current ASD-HA HPS&I Pay Plan, attachments 1 thru 4 (enclosure 8) for any period in which a qualified HPO is entitled to basic pay pursuant to section 204 or compensation pursuant to section 206 under Title 37, U.S.C.
- b. The HPO must be serving on Active Duty (AD) or in an active status in the SELRES and be qualified to perform the duties in one of the designated health profession specialties for which IP and/or BCP is being paid.
- c. BCP requires the HPO to be board certified by a board certification agency as listed in the ASD-HA HPS&I Pay Plan (enclosure 8), and to have a post-baccalaureate degree or post-master's certificate in that clinical specialty.
- d. IP and BCP amounts are based on the monthly rate of the annual entitlement amount listed in the ASD-HA HPS&I Pay Plan. For USAR HPOs, however, the IP annual entitlement is the amount under the Fully Qualified 1-Year Rate column of the Pay Plan.
- e. Eligible USAR HPOs who are mobilized or serving on AD status under section 204, Title 37, U.S.C. are entitled to the full IP and/or BCP monthly rate and must follow the guidance and policies of the AMEDD Special Pay Branch, Human Resources Directorate, Office of the Surgeon General (OTSG) to activate their eligibility status and payments.
- f. Eligible USAR HPOs serving in the SELRES are entitled to IP and/or BCP at the 1/30<sup>th</sup> prorated amount of the monthly rate per the guidelines of this policy. During Battle Assemblies, each Unit Training Assembly (UTA) is considered a valid day for IP and/or BCP to a maximum of 2 UTAs per day.
- g. USAR HPOs in the SELRES must perform Inactive Duty Training (IDT), Active Duty Training (ADT), or any authorized equivalent or rescheduled duties in pay status under Section 206, Title 37, U.S.C., and meet ALL requirements of this policy at the time the duties are performed in order to receive IP and/or BCP. If they do not, IP and/or BCP will not be paid for ineligible periods. Retroactive pay is not authorized.
- h. USAR HPOs are authorized to receive IP and/or BCP concurrently with other incentives in the USAR HPS&I Pay Plan, providing they meet all the requirements stated under this policy and the requirements stated in the ASD-HA HPS&I Pay Plan.
- i. HPOs can receive IP and/or BCP for only one specialty, even if they are qualified for more than one specialty that is eligible for IP and/or BCP.

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**Incentive Pay (IP) and Board Certified Pay (BCP)**

j. Effective date of BCP cannot be earlier than the board certification date. IP effective date cannot be earlier than completion of the qualifying specialty training plus 3 months.

k. USAR HPOs serving in the SELRES must enter into an IP and/or BCP contract to activate their eligibility status and payments under this program.

(1) The contract cannot be for less than one year nor can it be prorated.

(2) Once validated, the contract remains active and is automatically renewed until it is terminated/invalidated because: the specialty is no longer listed in the ASD-HA HPS&I Pay Plan (enclosure 8), the HPO can no longer hold and perform the duties of the eligible specialty, or the appropriate Board Certification is expired.

(3) The HPO must enter into a new contract if the specialty reappears in subsequent pay plans or if the HPO regains the ability to hold and perform in the eligible specialty.

(4) Any failure to fulfill the conditions of the agreement may result in termination of the agreement and the repayment of any unearned portion of IP and/or BCP.

l. HPOs primary Area of Concentration (AOC) must be reflected in TAPDB-R and must match the specialty for which IP and/or BCP is being paid.

m. HPOs must be assigned and remain in a valid USAR SELRES position to receive the USAR IP and/or BCP. IP and/or BCP are not linked to a unit or duty position.

n. HPO must have a current, valid, and unrestricted state license, current certification, registration, and additional credentials, or privileges required to perform the duties in the specialty for which the incentive is authorized.

o. HPO must remain a Satisfactory Participant in the SELRES.

2. Application and Payments (Troop Program Unit – TPU). IP and BCP associated with reserve duties is a new entitlement in the USAR. Application and payment process is implemented using the Reserve Incentives Management SubSystem (RIMS).

a. Application.

(1) All HPOs eligible to receive IP/BCP must initiate a contract application online using the RIMS portal: <https://selfservice.rcms.usar.army.mil/Selfservice/RequestIncentive> No other application or agreement/contract method is accepted.

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**Incentive Pay (IP) and Board Certified Pay (BCP)**

(2) Applicants experiencing systems issues should contact the RIMS helpdesk: [usarmy.usarc.ocar.mbx.rcms-helpdesk@mail.mil](mailto:usarmy.usarc.ocar.mbx.rcms-helpdesk@mail.mil) or 1 (800) 339-0473. Do NOT send Personally Identifiable Information, or PII to the help desk.

(3) The application and contractual eligibility are validated and approved through RIMS by the AMEDD Professional Management Command (APMC) Credentialing Branch.

(4) All required documents to validate licensure, credentials, privileges, registrations, board certification, etc. must be submitted and available to APMC Credentialing Branch in order for the application to be validated and the contract approved. If there are missing documents, the application cannot move forward.

(5) Once the application passes validation, an electronic contract will be created. The contract must be digitally dated and signed to be valid.

(6) The contract is active and in effect once it is signed by both the HPO and the APMC approving official. The effective date of eligibility is the date the APMC approving official signed the contract approving it.

(7) From the approved date forward, the HPO is eligible to receive IP and/or BCP in conjunction with reserve duty performance. No retroactive pay prior to approved date is authorized.

**b. Payment Disbursement.**

(1) To be eligible for payment disbursement the HPO must:

- i. Have a valid/active contract in RIMS.
- ii. Have performed reserve duties for “pay”. Duties performed for “points only” are not eligible for IP or BCP payments.
- iii. Have all eligibility, credentials, and board certification requirements in satisfactory status at the time the eligible reserve duties are performed.

(2) RIMS automatically verifies at the time the HPO record is processed for reserve duty payment that all eligibility, credentials, and board certification are in satisfactory status.

(3) If the credentials or eligibility status are not satisfactory at the time the reserve duty is performed, IP and/or BCP is not authorized and will not be paid for that period.

(4) If HPO corrects credentials or eligibility status after the duty was performed, retroactive payment to the previously performed duty date is not authorized.

FY2021 USAR HPS&I Pay Plan

**Incentive Pay (IP) and Board Certified Pay (BCP)**

(5) Corrections to the credential and board certification records must be addressed directly with the APMC Credentialing Branch.

(6) The IP/BCP pay file is not processed at the same time other pay and allowances are generated in RLAS or processed at the Pay Center.

(7) After AD/IDT payment is received, RIMS validates IP/BCP eligibility and generates a pay file to submit to DFAS for payment processing.

(8) Payments can be expected to be received within 30-45 days of duty performance payment. Payments are not authorized prior to the IP/BCP contract approval.

3. Application and Payments (Individual Mobilization Augmentation – IMA).

a. The IP and BCP application and payment process for IMA HPOs is currently not in effect and is not incorporated into RIMS.

b. We are aggressively working with our counterparts from HRC, OTSG, and MEDCOM to find a solution to incorporate IMA HPOs.

c. APMC Credentialing Branch does not validate IP/BCP contracts or credentials for IMA HPOs.

d. To monitor the status of this process, please contact the appropriate IMA coordinator in the facility/unit you are assigned, or the appropriate HRC IMA manager for your specialty.

**THE ASSISTANT SECRETARY OF DEFENSE****1200 DEFENSE PENTAGON  
WASHINGTON, DC 20301-1200**

August 27, 2020

**HEALTH AFFAIRS**

**MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND  
RESERVE AFFAIRS)  
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND  
RESERVE AFFAIRS)  
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER  
AND RESERVE AFFAIRS)**

**SUBJECT: Health Professions Officer Special and Incentive Pay Plan**

References: (a) Sections 204, 206, 332, 335, 353, 371, and 373 of title 37, United States Code  
(b) Section 16302 of title 10, United States Code  
(c) Department of Defense Instruction 6000.13, "Accession and Retention Policies, Programs, and Incentives for Military Health Professions Officers (HPOs)," incorporating change May 3, 2016

Effective October 1, 2020, the Department of Defense (DoD) Health Professions Officer (HPO) Special and Incentive Pay Program is updated as described in the subsequent attachments. The attached tables specify pay plan rates and board certification details of the Consolidated Special Pays for HPO of the Active and Reserve Components, in accordance with references above. Agreements containing the incentive pays, bonuses, or loan repayments may be entered into after December 31, 2020, only if Congress extends the authorities in 37 United States Code (U.S.C.) §335(k) and 10 U.S.C. § 16302(d).

Please provide this office with a copy of your implementing guidance within 120 days of the date of this memorandum. My point of contact for this memorandum is Ms. Rebecca Russell, Military Health System Chief Human Capital Officer, [rebecca.a.russell3.civ@mail.mil](mailto:rebecca.a.russell3.civ@mail.mil).

A handwritten signature in blue ink, appearing to read "Tom McCaffery".

Tom McCaffery

**Attachments:**

1. Medical Corps Pay Plan
2. Dental Corps Pay Plan
3. Nurse Corps Pay Plan
4. Health Professions Officers Special Pay Plan
5. Reserve Component Health Professions Officers Special Pay Plan



**Attachment 1**

**MEDICAL CORPS SPECIAL PAY PLAN**

**Table 1: MEDICAL CORPS CRITICALLY SHORT WARTIME SPECIALTY  
ACCESSION BONUS (CSWSAB)<sup>1</sup>**

<b><u>Medical Specialty</u></b>	<b><u>CSWSAB Rate for a 4-Year Obligation</u></b>
Aerospace Medicine	\$200,000
Anesthesia	\$400,000
Cardiology	\$325,000
Cardio-Thoracic Surgery	\$400,000
Diagnostic Radiology	\$375,000
Emergency Medicine	\$300,000
Family Practice	\$275,000
General Surgery	\$400,000
Internal Medicine	\$250,000
Infectious Diseases	\$200,000
Neurosurgery	\$400,000
Ophthalmology	\$225,000
Orthopedics	\$400,000
Preventive Medicine	\$225,000
Psychiatry	\$300,000
Pulmonary Medicine	\$300,000
Trauma/Critical Care Surgery	\$400,000
Urology	\$300,000
Vascular Surgery	\$400,000

**Table 2: MEDICAL CORPS INCENTIVE PAY (IP) & RETENTION BONUS (RB) <sup>2,3,4</sup>**

<b>MEDICAL CORPS</b>	<b>Incentive Pay Rate (prorated monthly)</b>
INTERNSHIP (FYGME)	\$1,200
INITIAL RESIDENCY (PGY2)	\$8,000
GENERAL MEDICAL OFFICER (GMO)	\$20,000

<b>POST RESIDENT or FELLOW GRADUATE (initial residency is the first residency completed)</b>	<b>Fully Qualified IP Rate (prorated monthly)</b>	<b>RB 2-Year Rate (paid annually)</b>	<b>RB 3-Year Rate (paid annually)</b>	<b>RB 4-Year Rate (paid annually)</b>	<b>RB 6-Year Rate (paid annually)</b>
AEROSPACE MEDICINE (RAM)	\$43,000	\$13,000	\$19,000	\$25,000	-
ANESTHESIOLOGY*	\$59,000	\$40,000	\$55,000	\$75,000*	\$75,000*
CARDIOLOGY- ADULT/PEDS	\$59,000	\$26,000	\$39,000	\$56,000	-
DERMATOLOGY	\$43,000	\$17,000	\$25,000	\$38,000	-
EMERGENCY MEDICINE	\$49,000	\$21,000	\$30,000	\$54,000	\$69,000
FAMILY PRACTICE	\$43,000	\$17,000	\$25,000	\$38,000	\$50,000
GASTROENTEROLOGY- ADULT/PEDS	\$49,000	\$25,000	\$36,000	\$53,000	-
GEN INTERNAL MEDICINE	\$43,000	\$13,000	\$23,000	\$35,000	-
GENERAL SURGERY*	\$52,000	\$50,000	\$65,000	\$75,000*	\$75,000*
NEUROLOGY- ADULT/PEDS	\$43,000	\$13,000	\$19,000	\$25,000	-
NEUROSURGERY*	\$59,000	\$50,000	\$65,000	\$75,000*	\$75,000*
OBSTETRICS-GYNECOLOGY	\$54,000	\$17,000	\$25,000	\$35,000	-
OPHTHALMOLOGY	\$51,000	\$15,000	\$21,000	\$27,000	-
ORTHOPEDECS*	\$59,000	\$43,000	\$58,000	\$75,000*	\$75,000*
OTOLARYNGOLOGY	\$53,000	\$22,000	\$30,000	\$38,000	-
PATHOLOGY	\$43,000	\$13,000	\$20,000	\$30,000	-
PEDIATRICS	\$43,000	\$13,000	\$20,000	\$30,000	-
PHYSIATRIST/PHYSICAL MEDICINE	\$43,000	\$12,000	\$13,000	\$20,000	-
PREVENTIVE/OCCUPATIONAL MEDICINE	\$43,000	\$13,000	\$20,000	\$30,000	-

<b>POST RESIDENT or FELLOW GRADUATE (initial residency is the first residency completed)</b>	<b>Fully Qualified IP Rate (prorated monthly)</b>	<b>RB 2-Year Rate (paid annually)</b>	<b>RB 3-Year Rate (paid annually)</b>	<b>RB 4-Year Rate (paid annually)</b>	<b>RB 6-Year Rate (paid annually)</b>
PSYCHIATRY- ADULT/PEDS	\$43,000	\$17,000	\$28,000	\$60,000	\$75,000
PULMONARY/CRITICAL CARE MEDICINE	\$46,000	\$24,000	\$34,000	\$58,000	\$73,000
RADIOLOGY- DIAGNOSTIC/THERAPUETIC	\$59,000	\$31,000	\$46,000	\$66,000	-
UROLOGY	\$51,000	\$20,000	\$30,000	\$45,000	-
SUBSPEC CAT I (note 1)*	\$59,000	\$50,000	\$65,000	\$75,000*	\$75,000*
SUBSPEC CAT II (note 2)	\$51,000	\$12,000	\$18,000	\$27,000	-
SUBSPEC CAT III (note 3)	\$46,000	\$15,000	\$20,000	\$28,000	-
SUBSPEC CAT IV (note 4)	\$43,000	\$13,000	\$19,000	\$25,000	-
SUBSPEC CAT V (note 5)	\$59,000	\$26,000	\$36,000	\$50,000	-

\*These specialties may receive a higher annual IP amount for retention agreements of 4 or 6 years. Please refer to the Table below.

<b>SPECIALTY</b>	<b>IP Rate with 4-Year RB (prorated monthly)</b>	<b>IP Rate with 6-Year RB (prorated monthly)</b>
ANESTHESIOLOGY	\$80,000	\$95,000
GENERAL SURGERY	\$80,000	\$95,000
NEUROSURGERY	\$85,000	\$100,000
ORTHOPEDICS	\$70,000	\$85,000
SUBSPEC CAT I	\$85,000	\$100,000

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.

**Table 3:**

<b>BOARD CERTIFICATION PAY (BCP) 1-YEAR RATE (prorated monthly) <sup>2,3</sup></b>	<b>\$6,000</b>
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**Table 4: RECOGNIZED MEDICAL CORPS BOARDS FOR BCP**

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

**Footnotes:**

<sup>1</sup> Must be a graduate of an American Medical Association or American Osteopathic Association (AOA)-accredited school of medicine, and possess a Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO) degree. Medical Corps CSWSAB lists HPO specialties designated by the Secretary of Defense as critical to meet a Military Department's healthcare wartime missions. Justification for a critical designation consists of the criticality of the HPO skill, officer shortages due to recent force structure changes, or extremely high replacement or training cost.

<sup>2</sup> As a Health Care Provider (HCP), AC HPOs must be currently credentialed, privileged, and practicing at a facility designated by the Military Department, in the Medical specialty for which the IP and RB is being paid. The Secretary of the Military Department concerned may also approve recommendations on a case by case basis for IP and RB payments to Physicians assigned to positions requiring a substantial portion of time performing military-unique duties under adverse conditions, or in remote locations outside the United States, or that preclude the ability to spend appropriate time in a clinical setting. General/Flag officers at the rank of O-7 and above are eligible for the General Medical Officer (GMO) IP rate and BCP.

<sup>3</sup> To be paid IP and BCP under the 1/30<sup>th</sup> rule, RC HPOs must be credentialed by the Military Department in the specialty for which the incentive is being paid.

<sup>4</sup> Military Departments are authorized to offer retention bonus and incentive pay rates up to the amounts provided in the tables.

<sup>5</sup> Active Duty Service Obligation requirements relating to retention bonuses can be found at paragraph 10.e.(3) of Enclosure 3 to Reference (c).

**Attachment 2**

**DENTAL CORPS SPECIAL PAY PLAN**

**Table 1: DENTAL CORPS CRITICALLY SHORT WARTIME SPECIALTY ACCESSION BONUS (CSWSAB) <sup>1</sup>**

<b>Dental Specialty</b>	<b>CSWSAB Rate for a 4-Year Obligation</b>
General Dentistry	\$150,000
Comprehensive Dentistry	\$300,000
Oral and Maxillofacial Surgery	\$400,000
Prosthodontics	\$300,000

**Table 2: DENTAL CORPS Incentive Pay (IP) & Retention Bonus (RB) <sup>2, 3, 4</sup>**

<b>DENTAL CORPS</b>	<b>Fully Qualified IP Rate (prorated monthly)</b>	<b>RB 2-Year Rate (paid annually)</b>	<b>RB 3-Year Rate (paid annually)</b>	<b>RB 4-Year Rate (paid annually)</b>	<b>RB 6-Year Rate (paid annually)</b>
General Dentistry	\$20,000	\$13,000	\$19,000	\$25,000	-
Advanced Clinical Practice- General Dentistry, Exodontia, Endodontics, Periodontics, Prosthodontics	\$25,000	\$18,000	\$27,000	\$35,000	-
Operative Dentistry	\$25,000	\$25,000	\$38,000	\$50,000	
Comprehensive Dentistry	\$25,000	\$25,000	\$38,000	\$50,000	\$65,000
Endodontics	\$25,000	\$25,000	\$38,000	\$50,000	-
Oral Pathology/Oral Diagnosis/Oral Medicine/Oral Radiology	\$25,000	\$25,000	\$38,000	\$50,000	-
Orthodontics	\$25,000	\$25,000	\$38,000	\$50,000	-
Pediatric Dentistry	\$25,000	\$25,000	\$38,000	\$50,000	-
Periodontics	\$25,000	\$25,000	\$38,000	\$50,000	\$65,000
Prosthodontics	\$25,000	\$25,000	\$38,000	\$50,000	\$65,000
Public Health Dentistry	\$25,000	\$25,000	\$38,000	\$50,000	-

<b>DENTAL CORPS IP &amp; RB (continued)</b>					
<b>DENTAL CORPS</b>	<b>Fully Qualified IP Rate (prorated monthly)</b>	<b>RB 2-Year Rate (paid annually)</b>	<b>RB 3-Year Rate (paid annually)</b>	<b>RB 4-Year Rate (paid annually)</b>	<b>RB 6-Year Rate (paid annually)</b>
Temporomandibular Dysfunction/Orofacial Pain	\$25,000	\$25,000	\$38,000	\$50,000	-
Dental Research	\$25,000	\$25,000	\$38,000	\$50,000	-
Oral Maxillofacial Surgery	\$55,000	\$45,000	\$58,000	\$75,000	\$75,000*

\*These specialties may receive a higher annual IP amount for retention agreements of 6 years. Please refer to the Table below.

<b>SPECIALTY</b>	<b>IP Rate with 4-Year RB (prorated monthly)</b>	<b>IP Rate with 6-Year RB (prorated monthly)</b>
Oral Maxillofacial Surgery	\$70,000	\$85,000

**Table 3:**

<b>BOARD CERTIFICATION PAY (BCP) 1-YEAR RATE (prorated monthly) <sup>2,3</sup></b>	\$6,000
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**Table 4: 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:**

<sup>1</sup> Must be a graduate of an American Dental Association-accredited school of dentistry and possess a Doctor of Dental Surgery or Doctor of Dental Medicine degree. Dental Corps CSWSAB lists Health Professions Officer (HPO) specialties designated by the Secretary of Defense as critical to meet a Military Department's healthcare wartime missions. Justification for a critical designation consists of the criticality of the HPO skill, officer shortages due to recent force structure changes, or extremely high replacement or training cost.

<sup>2</sup> As a Health Care Provider, AC HPOs must be currently credentialed, privileged, and practicing at a facility designated by the Military Department, in the Dental specialty for which the IP and RB is being paid. The Secretary of the Military Department concerned may also approve recommendations on a case by case basis for IP and RB payments to Dentists assigned to positions requiring a substantial portion of time performing military-unique duties under adverse conditions, or in remote locations outside the United States, or that preclude the ability to spend appropriate time in a clinical setting. General/Flag officers at the rank of O-7 and above are eligible for the General Dentistry IP rate and BCP.

<sup>3</sup> To be paid IP and BCP under the 1/30<sup>th</sup> rule, RC HPOs must be credentialed by the Military Department in the specialty for which the incentive is being paid.

<sup>4</sup> Military Departments are authorized to offer retention bonus and incentive pay rates up to the amounts provided in the tables.

<sup>5</sup> Active Duty Service Obligation requirements relating to retention bonuses can be found at paragraph 10.e.(3) of Enclosure 3 to Reference (c).

**Attachment 3**

**NURSE CORPS SPECIAL PAY PLAN**

**Table 1: NURSE CORPS ACCESSION BONUS (AB) AND CRITICALLY SHORT WARTIME SPECIALTY ACCESSION BONUS (CSWSAB) <sup>1</sup>**

<b>SPECIALTY AB</b>	<b>Rate for a 3-Year Obligation</b>	<b>Rate for a 4-Year Obligation</b>
Any Specialty	\$20,000	\$30,000
Critical Care Nursing	-	\$100,000
<b>SPECIALTY CSWSAB</b>		
Certified Registered Nurse Anesthetist	-	\$250,000

**Table 2: NURSE CORPS IP & RB<sup>2, 3, 4, 5</sup>**

<b>NURSE CORPS</b>	<b>Fully Qualified IP Rate (prorated monthly)</b>	<b>RB 2-Year Rate (paid annually)</b>	<b>RB 3-Year Rate (paid annually)</b>	<b>RB 4-Year Rate (paid annually)</b>	<b>RB 6-Year Rate (paid annually)</b>
Community/Public Health Nursing	-	\$10,000	\$15,000	\$20,000	-
Critical Care Nursing	-	\$10,000	\$15,000	\$20,000	\$35,000
Emergency Nursing	-	\$10,000	\$15,000	\$20,000	\$35,000
Flight Nurse	-	\$10,000	\$15,000	\$20,000	\$35,000
Medical-Surgical Nursing	-	\$10,000	\$15,000	\$20,000	-
Neonatal Intensive Care	-	\$10,000	\$15,000	\$20,000	-
Nurse Midwife	-	\$10,000	\$15,000	\$20,000	-
Obstetrics/Gynecology Nursing	-	\$10,000	\$15,000	\$20,000	-
Pediatric Nursing	-	\$10,000	\$15,000	\$20,000	-
Perioperative Nursing	-	\$10,000	\$15,000	\$20,000	\$35,000
Psychiatric/Mental Health Nursing	-	\$10,000	\$15,000	\$20,000	\$35,000
Mental Health Nurse Practitioners		\$10,000	\$15,000	\$25,000	\$40,000
All Other Nurse Practitioners	-	\$10,000	\$15,000	\$20,000	\$35,000
Certified Registered Nurse Anesthetist	\$15,000	\$10,000	\$20,000	\$40,000	\$60,000



**Table 3: RECOGNIZED NURSE CORPS BOARDS REQUIRED FOR IP AND/OR RB**

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

**Table 4:**

<b>BOARD CERTIFICATION PAY (BCP) 1-YEAR RATE (prorated monthly) <sup>2,3</sup></b>	\$6,000
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**Table 5: RECOGNIZED NURSE CORPS SPECIALTIES AND BOARDS FOR BCP**

<b>Specialty</b>	<b>Sponsor</b>	<b>Certification Responsibility</b>	<b>Board</b>
Certified Registered Nurse Anesthetists	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
<b>RECOGNIZED NURSE CORPS SPECIALTIES AND BOARDS FOR BCP (continued)</b>			
<b>Specialty</b>	<b>Sponsor</b>	<b>Certification Responsibility</b>	<b>Board</b>
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:

<sup>1</sup> Must be a graduate of a school of nursing accredited by the Accreditation Commission for Education in Nursing (formerly the National League for Nursing Accrediting Commission) or the Commission on Collegiate Nursing Education that conferred a baccalaureate degree or higher in nursing. Nurse Corps CSWSAB lists Health Professions Officer (HPO) specialties designated by the Secretary of Defense as critical to meet a Military Department's healthcare wartime missions. Justification for a critical designation consists of the criticality of the HPO skill, officer shortages due to recent force structure changes, or extremely high replacement or training cost.

<sup>2</sup> As a Health Care Provider, AC HPOs must be currently credentialed, privileged (Advanced Practice Registered Nurses), and practicing at a facility designated by the Military Department, in the Nurse Specialty for which the IP and RB is being paid. The Secretary of the Military Department concerned may also approve recommendations on a case by case basis for IP and RB payments to Nurses assigned to positions requiring a substantial portion of time performing military-unique duties under adverse conditions or in remote locations outside the United States, or that preclude the ability to spend appropriate time in a clinical setting. General/Flag officers at the rank of O-7 and above are eligible for the IP and BCP in their credentialed specialty.

<sup>3</sup> To be paid IP and BCP under the 1/30<sup>th</sup> rule, RC HPOs must be credentialed by the Military Department in the specialty for which the incentive is being paid.

<sup>4</sup> 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 3.

<sup>5</sup> Military Departments are authorized to offer retention bonus and incentive pay rates up to the amounts provided in the tables.

<sup>6</sup> Active Duty Service Obligation requirements relating to retention bonuses can be found at paragraph 10.e.(3) of Enclosure 3 to Reference (c).

**Attachment 4**

**HEALTH PROFESSIONS OFFICERS SPECIAL PAY PLAN**

**Table 1: ACCESSION BONUS (AB) RATES BY SPECIALTY AND CLINICAL PSYCHOLOGIST CRITICALLY SHORT WARTIME SPECIALTY AB<sup>1</sup>**

<b>SPECIALTY AB</b>		
	<b>Rate for a 3-Year Obligation</b>	<b>Rate for a 4-Year Obligation</b>
Dietician	-	\$30,000
Medical Lab Technologist	-	\$30,000
Occupational Therapy	-	\$30,000
Pharmacist	-	\$30,000
Physical Therapist	-	\$30,000
Physician Assistant	\$37,500	\$60,000
Public Health Officer (Air Force)	\$22,500	\$40,000
Social Worker	\$18,750	\$30,000
Veterinary Officer	-	\$20,000
<b>SPECIALTY CSWSAB</b>		
Clinical Psychologist	\$42,500	\$65,000

**Table 2: INCENTIVE PAY/RETENTION BONUS (IP/RB) RATES BY SPECIALTY<sup>2, 3, 4, 5</sup>**

<b>SPECIALTY</b>	<b>Amount Paid Per Year or a:</b>				
	<b>Fully Qualified IP Rate (with and without RB)</b>	<b>RB 2-Year Rate (paid annually)</b>	<b>RB 3-Year Rate (paid annually)</b>	<b>RB 4-Year Rate (paid annually)</b>	<b>RB 6-Year Rate (paid annually)</b>
Optometrist	\$1,200	\$5,000	\$8,000	\$10,000	-
Pharmacist	-	\$15,000	\$15,000	\$15,000	-
Physician Assistant	\$5,000	\$10,000	\$15,000	\$20,000	\$35,000
Psychologist	\$5,000	\$15,000	\$20,000	\$25,000	\$40,000
Public Health Officer (Air Force)	\$5,000	\$5,000	\$6,250	\$7,500	-
Social Worker	-	\$5,000	\$8,000	\$10,000	-
Preventive Medicine Veterinarians (Army)	\$5,000	\$5,000	\$6,250	\$7,500	-
Veterinary Officer	\$5,000	\$2,500	\$3,750	\$5,000	-

**Table 3: BOARD CERTIFICATION PAY RATE**

<b>BOARD CERTIFICATION PAY (BCP) 1-YEAR RATE (prorated monthly) <sup>2,3</sup></b>	<b>\$6,000</b>
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**Table 4: RECOGNIZED HPO SPECIALTIES AND BOARDS FOR BCP**

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

Medical Physicist	American Board of Radiology	American Board of Medical Specialties	<ul style="list-style-type: none"> <li>Subspecialties of nuclear medical physics, diagnostic medical physics, and therapeutic medical physics</li> </ul>
<b>RECOGNIZED HPO SPECIALTIES AND BOARDS FOR BCP (continued)</b>			
<b>SPECIALTY</b>	<b>SPONSOR</b>	<b>CERTIFICATION RESPONSIBILITY</b>	<b>BOARD(S)</b>
Occupational Therapy	American Occupational Therapy Association (AOTA)	AOTA Board for Advanced and Specialty Certification	<ul style="list-style-type: none"> <li>Gerontology</li> <li>Mental Health</li> <li>Pediatrics</li> <li>Physical Rehabilitation</li> </ul>
	Hand Therapy Certification Commission	Hand Therapy Certification Commission	<ul style="list-style-type: none"> <li>Certified Hand Therapist</li> </ul>
	Board of Certification in Professional Ergonomics	Board of Certification in Professional Ergonomics	<ul style="list-style-type: none"> <li>Certified Professional Ergonomist</li> <li>Certified Human Factors Professional</li> <li>Certified User Experience Professional</li> </ul>
	Academy of Certified Brain Injury Specialists	Academy of Certified Brain Injury Specialists	<ul style="list-style-type: none"> <li>Certified Brain Injury Specialist Trainer</li> </ul>
Optometry	American Academy of Optometry	American Academy of Optometry	<ul style="list-style-type: none"> <li>Fellow in the American Academy of Optometry</li> </ul>
	American Board of Certification in Medical Optometry (ABCMO)	ABCMO	<ul style="list-style-type: none"> <li>ABCMO</li> </ul>
	American Board of Optometry	American Board of Optometry	<ul style="list-style-type: none"> <li>Diplomate of the American Board of Optometry</li> </ul>
Pharmacy	American Pharmacists Association	Board of Pharmacy Specialties	<ul style="list-style-type: none"> <li>Any</li> </ul>
Physical Therapy	American Physical Therapy Association	American Board of Physical Therapy Specialists	<ul style="list-style-type: none"> <li>Cardiopulmonary</li> <li>Clinical Electrophysiology</li> <li>Geriatrics</li> <li>Neurology</li> <li>Orthopedics</li> <li>Pediatrics</li> <li>Sports</li> <li>Women's Health</li> </ul>
Physician Assistant	National Commission on Certification of Physician Assistants	National Commission on Certification of Physician Assistants	<ul style="list-style-type: none"> <li>National Commission on Certification of Physician Assistants</li> </ul>
Podiatry	American Podiatric Medical Association	Council on Podiatric Medical Education	<ul style="list-style-type: none"> <li>American Board of Podiatric Medicine</li> </ul>

			<ul style="list-style-type: none"> <li>American Board of Foot and Ankle Surgery</li> </ul>
Psychology	American Psychological Association	American Board of Professional Psychology	<ul style="list-style-type: none"> <li>Diplomate</li> </ul>
Social Work	American Board of Examiners In Clinical Social Work	American Board of Examiners In Clinical Social Work	<ul style="list-style-type: none"> <li>Diplomate in Clinical Social Work</li> </ul>
	National Association of Social Workers	Competence Certification Commission	<ul style="list-style-type: none"> <li>Diplomate in Clinical Social Work</li> </ul>
Veterinary Officer	Any one of several boards certified by the American Veterinary Medical Association	Specific Specialty Board	<ul style="list-style-type: none"> <li>Any</li> </ul>

**Footnotes:**

<sup>1</sup> Must be a graduate of an accredited school in his or her clinical specialty. The clinical psychologist specialty is designated by the Secretary of Defense as critical to meet a Military Department's healthcare wartime missions. Justification for a critical designation consists of the criticality of the HPO skill, officer shortages due to recent force structure changes, or extremely high replacement or training cost.

<sup>2</sup> When a Health Care Provider, AC HPOs must be credentialed, privileged, and practicing at a facility designated by the Military Department, in the specialty for which the IP and RB is being paid. The Secretary of the Military Department concerned may also approve recommendations on a case-by-case basis for IP and RB payments to HPOs assigned to positions requiring a substantial portion of time performing military-unique duties under adverse conditions, or in remote locations outside the United States, or that preclude the ability to spend appropriate time in a clinical setting. General/Flag officers at the rank of O-7 and above are eligible for the IP and BCP in their credentialed specialty.

<sup>3</sup> To be paid IP and BCP under the 1/30<sup>th</sup> rule, RC HPOs must be credentialed by the Military Department in the specialty for which the incentive is being paid.

<sup>4</sup> Military Departments are authorized to offer retention bonus and incentive pay rates up to the amounts provided in the tables.

<sup>5</sup> Active Duty Service Obligation requirements relating to retention bonuses can be found at paragraph 10.e.(3) of Enclosure 3 to Reference (c).

## Attachment 5

### RESERVE COMPONENT (RC) HEALTH PROFESSIONS SPECIAL AND INCENTIVE (HPS&I) PAY PLAN

1. Subject to pay plan development by the owning Military Department or RC, RC-affiliated Health Professions Officers (HPOs) will receive incentive pays as detailed in Table 1 of this attachment. Two incentive pays available to RC HPOs are governed by other attachments to this pay plan. Incentive Pay (IP) and Board Certification Pay (BCP) will be paid at rates established by Attachments 1-4 (based on the individual HPO specialty).

(a) Incentive Pay<sup>1</sup>. All RC HPOs will be paid IP at the “Fully Qualified IP Rate” established in the tables contained in Attachments 1-4. As detailed in Department of Defense Instruction 6000.13 and annotated in these attachments, RC HPOs who meet criteria may receive prorated amounts of IP for all qualifying periods of military duty (governed by 37 United States Code (U.S.C.) 204/206 respectively).

(b) BCP. BCP will be extended in accordance with the rates established in Attachments 1-4. Similar to IP, RC HPOs who meet criteria may receive prorated amounts of BCP for all qualifying periods of military duty (governed by 37 U.S.C. 204/206 respectively).

2. Table 1 of this attachment details rates for RC Accession<sup>2</sup> and Retention Bonuses<sup>2,3</sup>, Stipends, and the RC Health Professions Loan Repayment Program (both Annual Rates and Lifetime Cap). All specialties in Table 1 are designated as “critical skills” based on Military Department identification. This designation is in keeping with the critical skill accession bonus provisions of 37 USC 335(a)(2). The maximum allowable DoD rates for the critical skill accession bonus are detailed in the table.

3. For all HPOs not listed in Table 1, the Secretary of the Military Department concerned may pay bonuses administered in accordance with DoD Instruction 1304.34<sup>2</sup>.

4. The Army National Guard and Air Force Reserve are authorized to extend incentives to Full Time Support and/or Active Guard Reserve HPOs as follows:

(a) Accession/Retention Bonuses, Incentive Pay and Board Certification Pay in accordance with the rates found in Attachments 1-4.

(b) Health Professions Loan Repayment Program in accordance with the rates found in Table 1 of Attachment 5.

#### Footnotes:

<sup>1</sup> The Military Departments are authorized to offer up to the Assistant Secretary of Defense for Health Affairs IP rates (“Fully Qualified IP Rate”) established in Attachments 1-4.

<sup>2</sup> Must be a graduate of an accredited school in his or her clinical specialty to receive the accession, retention or affiliation bonus.

<sup>3</sup> Military Departments are authorized to offer retention bonuses up to the amounts provided in Table 1.

<sup>4</sup> Active Duty Service Obligation requirements relating to retention bonuses can be found at paragraph 10.e.(3) of Enclosure 3 to Reference (c).



**Table 1: RESERVE COMPONENT-SPECIFIC INCENTIVES**

Critical Skill	ARNG	USAR	USNR	ANG	USAFB	RC Health Professions Incentives			
	Eligibility					AB Annual Rate <sup>2</sup>	RB Annual Rate <sup>2</sup>	Stipend <sup>3</sup>	RC HPLRP Annual/Lifetime Rate <sup>4</sup>
<b>MEDICAL CORPS</b>									
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	\$50K	\$50K	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 <sup>5</sup>		15F0		\$25K	\$25K	See note	\$40K/\$250K
Flight Surgeon, Aviation/Aerospace GMO, Aviation/Aerospace Res Trained		61N <sup>6</sup>	61N <sup>6</sup>	15A0/15A1	48RX	48GX/48RX			
Gastroenterology						\$30K	\$30K	See note	\$40K/\$250K
Infectious Disease			16R1			\$25K	\$25K	See note	\$40K/\$250K
Internist			16R0/16R1	44MX		\$25K	\$25K	See note	\$40K/\$250K
Nephrology			16R1			\$25K	\$25K	See note	\$40K/\$250K
Neurologist						\$25K	\$25K	See note	\$40K/\$250K
Obstetrician and Gynecologist		60J		45GX	45GX	\$25K	\$25K	See note	\$40K/\$250K
Ophthalmology						\$25K	\$25K	See note	\$40K/\$250K
Otorhinolaryngologist						\$25K	\$25K	See note	\$40K/\$250K
Pediatrician				44KX	44KX	\$25K	\$25K	See note	\$40K/\$250K
Preventive Medicine		60C <sup>5</sup>				\$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			\$75K	\$75K	See note	\$40K/\$250K
Surgeon, General		61J	15C0/15C1	45SX	45SX	\$75K	\$75K	See note	\$40K/\$250K
Surgeon, Neurological		61Z	15D0/15D1			\$50K	\$50K	See note	\$40K/\$250K
Surgeon, Orthopedic		61M	15H0/15H1	45BX	45BX	\$75K	\$75K	See note	\$40K/\$250K
Surgeon, Plastic						\$50K	\$50K	See note	\$40K/\$250K
Surgeon, Thoracic/Cardiovascular		61K	15C1			\$75K	\$75K	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
<b>NURSE CORPS</b>									
Clinical Nurse, Critical Care		66S	1960	46NXE	46NXE	\$25K	\$25K	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					46PX	\$17.5K	\$17.5K	See note	\$20K/\$60K
Midwife			1981			\$15K	\$15K	See note	\$20K/\$60K
Nurse Anesthetist		66F	1972	46YXM	46YXM	\$30K	\$30K	See note	\$20K/\$60K
Nurse Practitioner, Acute Care						\$20K	\$20K	See note	\$20K/\$60K
Nurse Practitioner, Family				46YXH	46YXH	\$20K	\$20K	See note	\$20K/\$60K
Nurse Practitioner, Mental Health			1973		46YXP	\$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						\$15K	\$15K	See note	\$20K/\$60K
Trauma Nurse/Emergency		66T		46NXJ	46NXJ	\$15K	\$15K	See note	\$20K/\$60K

Table 1, continued:

DENTAL CORPS	Eligibility					AB Annual Rate <sup>2</sup>	RB Annual Rate <sup>2</sup>	Stipend <sup>3</sup>	RC HPLRP Annual/Lifetime Rate <sup>4</sup>
Dental Officer, Clinical/General	63A	63A			47GX	\$25K	\$25K	See note	\$40K/\$250K
Dentist, Comprehensive		63B	1725		47GXA	\$30K	\$30K	See note	\$40K/\$250K
Endodontist						\$25K	\$25K	See note	\$40K/\$250K
Oral & Maxillofacial Surgeon		63N	1750			\$35K	\$35K	See note	\$40K/\$250K
Periodontist						\$25K	\$25K	See note	\$40K/\$250K
Prosthodontist		63F				\$25K	\$25K	See note	\$40K/\$250K
Public Health Dentist						\$20K	\$20K	See note	\$40K/\$250K
MSC/BSC/SP	Eligibility					AB Annual Rate <sup>2</sup>	RB Annual Rate <sup>2</sup>	Stipend <sup>3</sup>	RC HPLRP Annual/Lifetime Rate <sup>4</sup>
Aeromedical Evacuation Officer	67J	67J				\$10K	\$10K	N/A	\$20K/\$60K
Audiologist						\$15K	\$15K	N/A	\$20K/\$60K
Clinical Laboratory/Biomedical Laboratory Science			1865	43TX	43TXA	\$10K	\$10K	N/A	\$20K/\$60K
Clinical Psychologist	73B	73B		42P3		\$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					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	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 <sup>2</sup>	RB Annual Rate <sup>2</sup>	Stipend <sup>3</sup>	RC HPLRP Annual/Lifetime Rate <sup>4</sup>
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

<sup>1</sup> Critical skill designation required to extend a health professions bonus paid under the provisions of 37 U.S. Code § 335(a)(2) (accession bonus up to 100K for each 12-month period of service under a written agreement IAW 37 U.S. Code § 335(f)). Authorized for officers holding a critical skill including those filling a command or immaterial position who would have otherwise been eligible.

<sup>2</sup> 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 Military Department policy.

<sup>3</sup> 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.

<sup>4</sup> The first number represents the maximum annual amount authorized by specialty. The second number represents the maximum total amount authorized by specialty. Military Departments are authorized to offer and pay less than the annual maximum award amount for RC HPLRP.

<sup>5</sup> 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.

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