



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY RESERVE COMMAND
4710 KNOX STREET
FORT BRAGG, NC 28310-5010

AFRC-PRM (140)

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Change 1, U.S. Army Reserve Health Professions Special and Incentive Pay Plan for Fiscal Year 2021

1. References. See Enclosure 1.

2. Purpose.

a. This memorandum provides updated guidance to the Fiscal Year (FY) 2021 U.S. Army Reserve (USAR) Health Professions Special and Incentive (HPS&I) Pay Plan, also known as the USAR Army Medical Department (AMEDD) Incentives Policy.

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

c. This policy provides guidelines for the USAR AMEDD Incentives Program only and does not supersede Department of Defense (DoD) Instructions, Directives, or Army Regulations.

3. Incentives. The following incentive 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).

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. Shortages are based on positions authorized by Modified Table of Organization and Equipment (MTOE) or Table

AFRC-PRM (140)

SUBJECT: Change 1, U.S. Army Reserve Health Professions Special Pay and Incentive Pay Plan for Fiscal Year 2021

of Distribution and Allowances (TDA), to include Individual Mobilization Augmentees (IMA) in the USAR.

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), G-8; HRC Budget Office; and the USARC G-1, 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; has the authority to return incomplete/incorrect applications or agreements/contracts.

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

6. Funds Management and Budget. The execution of all incentive programs under this policy are subject to availability of allocated funds.

a. As a budget control measure, an Incentive Control Number (ICN) is required for 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, the Reserve Incentive Management Sub-System (RIMS) automatically assigns the ICN during the incentive application process. Subsequently,

AFRC-PRM (140)

SUBJECT: Change 1, U.S. Army Reserve Health Professions Special Pay and Incentive Pay Plan for Fiscal Year 2021

the USARC AMEDD Incentives Program Manager validates the application based on availability of funds.

c. The USARC AMEDD Incentives Program Manager manually assigns ICNs for accessions incentives based on availability of funds; the appropriate U.S. Army Recruiting Command (USAREC) representative must generate ICN requests. If funds are not available, the USARC AMEDD Incentives Program Manager will return the request without action.

7. Incentive Application and Agreement/Contract.

a. To receive an incentive offered in this policy, HPOs must submit an incentive application and, if approved, to enter into a signed agreement/contract.

b. RIMS is the official Army Reserve System for the processing of all AMEDD incentive applications and agreements/contracts. No alternative application method is accepted. If funds are not available, the USARC AMEDD Incentives Program Manager will return the request without action.

c. Accession Incentives.

(1) USAREC, Health Services Directorate (HSD) processes Accession Incentives through the Direct Commissioning and Accessioning system (DCA) following internal USAREC HSD policies, boarding actions, and signature authorities.

(2) The HRC AMEDD Incentives Section reviews approved accession agreements/contracts for correctness; manually enters accepted agreements/contracts into RIMS for processing and authorizes disbursement of funds.

(3) 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 Memorandum for FY21.

(4) The Office of the Surgeon General (OTSG) endorses requests for accession contracts in excess of the authorized mission and overproduction number prior to USARC G-1's approval.

d. Retention Incentives.

(1) Qualifying service members must enter applications online using the RIMS self-service portal <https://selfservice.rcms.usar.army.mil/Selfservice/RequestIncentive>.

(2) Release from Active Duty (REFRAD) and Individual Ready Reserve (IRR)

AFRC-PRM (140)

SUBJECT: Change 1, U.S. Army Reserve Health Professions Special Pay and Incentive Pay Plan for Fiscal Year 2021

transfers of eligible HPOs into the Selected Reserve (SELRES) must apply for retention incentives agreements/contracts using the RIMS self-service portal.

(3) The USARC AMEDD Incentives Program Manager approves and signs retention applications in RIMS. Subsequently, the HRC AMEDD Incentives Section reviews the agreement/contract for correctness and processes authorization for disbursement of funds. **The RIMS self-service site is the only accepted method utilized to establish a retention agreement/contract.**

e. Retroactive payments are not authorized for dates prior to the approved contract/agreement or eligible date for any incentive under this policy.

f. Accession and Retention applicants entering into an agreement/contract under this policy must also meet eligibility requirements stipulated in the specific incentive enclosures.

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

i. The Program Director, USARC G-1, or higher authority as appropriate, will consider Exceptions to Policy (ETP) on a case-by-case basis and must approve in the ETP in writing.

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

a. 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 (MILTECH) are not eligible for incentives in the USAR HPS&I Pay Plan.

c. Service members must be able to complete all of the contractual Service Obligation (SO) incurred under this program before reaching their Mandatory Removal Date (MRD).

d. The Primary Area of Concentration (AOC) must match a specialty on the approved USAR HPS&I Pay Plan CWSL for FY21. Additionally, TAPDB-R must reflect the HPO's primary AOC prior to submitting an incentives application. The approved AOC must remain as "primary" in TAPDB-R for the duration of the agreement/contract.

AFRC-PRM (140)

SUBJECT: Change 1, U.S. Army Reserve Health Professions Special Pay and Incentive Pay Plan for Fiscal Year 2021

e. 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 gained into SELRES assignments and temporarily placed in a Special Category Position Number (SCPN), or 999X series, on the Unit Manning Report (UMR) for administrative purposes are considered to be in a valid USAR SELRES assignment for incentives application purposes.

f. Licensure and Credentials.

(1) At the effective date of agreement/contract, the HPO must have a current, valid, and unrestricted state license in the critical specialty for the authorized incentive. The HPO must also have current certification, registration, and additional credentials, or privileges required to perform the duties in the specialty as stipulated in applicable Army Regulations and validated by the AMEDD Professional Management Command (APMC), Credentialing Branch.

(2) Licensure and Credentials requirements listed in paragraph 8.f.(1) are not applicable to Medical and Dental Students applying for the Medical and Dental Students Stipend Program (MDSSP).

9. Contractual Obligation Requirements.

a. Incentives 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 HPO 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, will 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 or MILTECH position where membership in a Reserve Component is a condition of employment.

(2) Re-designation of primary AOC to a specialty other than the incentivized AOC authorized in the officer's agreement/contract.

AFRC-PRM (140)

SUBJECT: Change 1, U.S. Army Reserve Health Professions Special Pay and Incentive Pay Plan for Fiscal Year 2021

(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; 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's (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. 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 update the systems properly.

d. Service members participating in Specialized Training Assistance Program (STRAP) in full-time status are assigned to APMC. Satisfactory participation for STRAP students is subject to the Health Professions Stipend Program guidelines, Enclosure 5, and to APMC policies and guidelines.

11. Termination and Recoupment.

a. When the appropriate authority deems incentives are subject to termination and/or recoupment, HRC AMEDD Incentives Section will review, validate, and take action.

AFRC-PRM (140)

SUBJECT: Change 1, U.S. Army Reserve Health Professions Special Pay and Incentive Pay Plan for Fiscal Year 2021

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

c. HRC must immediately initiate termination and/or recoupment of incentives after the HPO is officially declared an unsatisfactory participant. Final administrative actions from the commander are not a requirement for HRC to initiate termination and/or recoupment actions.

d. Once HRC terminates the incentive contract/agreement, the HPO is not eligible to receive further incentive payments, regardless of any remaining service obligation.

e. The service member must refund to the government the prorated amount of the un-earned portion of the incentive. Refund calculations will follow guidelines in Reference f., Enclosure 1.

f. After termination and upon meeting all eligibility criteria again, the HPO may apply to enter into a new agreement/contract with an obligation equal to or greater than the prior obligation.

g. The service member may be granted relief from termination and/or recoupment if one or more of the following termination circumstances apply:

(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 their incentive temporarily suspended to request assignment to the IRR for a period not to exceed one year for valid personal reasons or during a period of authorized non-availability. IRR transfers and incentives suspension requests must be processed and approved by the Soldier's chain of command and submitted to the HRC AMEDD Incentives Section for action.

b. Failure to meet reinstatement criteria will result in termination of the incentives agreement/contract. Previously disbursed payments will be subject to recoupment. The unit of assignment is responsible for referring the case to the HRC AMEDD Incentives Section for termination and recoupment.

c. To regain eligibility, HPOs reassigned to the SELRES within the authorized

AFRC-PRM (140)

SUBJECT: Change 1, U.S. Army Reserve Health Professions Special Pay and Incentive Pay Plan for Fiscal Year 2021

timeline must extend the service commitment terms stipulated in the agreement/contract to be able to serve the full original incentive commitment period in the SELRES. Subsequent incentive payments can resume on the adjusted anniversary date of satisfactory SELRES service. Through the unit of assignment, service members must notify the HRC Incentives Section of the agreement/contract extension to ensure reinstatement of incentive payments.

13. Effective date. This USAR FY21 Pay Plan update (change 1) is in effect and supersedes the previous version on the day of signature. This policy will remain in effect through 30 September 2021 unless modified, extended, rescinded, or superseded by subsequent updates.

14. For additional information, contact LTC Gennytza Furne, AMEDD Incentives Program Manager, U.S. Army Reserve, G-1, at usarmy.usarc.usarc-hq.mbx.incentives@mail.mil.

FOR THE COMMANDER:

ROPER.A.C.J | Digitally signed by
ROPER.A.C.JR.1112681333
R.1112681333 | Date: 2021.03.19 15:45:12
-04'00'

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

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

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
(CONT)

AFRC-PRM (140)

SUBJECT: Change 1, U.S. Army Reserve Health Professions Special Pay and Incentive Pay Plan for Fiscal Year 2021

DISTRIBUTION: (CONT)

ARCG

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

AREC / ARET:

USARPAC

ARNORTH

ARSOUTH

ARCENT

AFRICOM

CENTCOM

USAREUR

USARAF

8TH ARMY

NORTHCOM

USARJ

I CORPS

PACOM

SOUTHCOM

III CORPS

(CONT)

AFRC-PRM (140)

SUBJECT: Change 1, U.S. Army Reserve Health Professions Special Pay and
Incentive Pay Plan for Fiscal Year 2021

DISTRIBUTION: (CONT)

XVIII ABC

USASOC

EUCOM

SOCOM

CF:

USARC XOs

USARC DIR/DEP/CH/ASST

OCAR Directors & Deputies

FY2021 USAR HPS&I Pay Plan (Change 1)

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.

FY2021 USAR HPS&I Pay Plan (Change 1)

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 (Change 1)									
Critical Skill ^{1,7}		USAR Health Professions Incentives				Accessions Mission Limit ⁸			
MEDICAL CORPS	AOC	Accession Bonus ²	Retention Bonus ²	Stipend ³	RC HPLRP ⁴	Experienced ⁸	STRAP ⁸	Over Prod ⁸	Total ⁸
Anesthesiologist	60N	\$40K	\$40K	Yes	\$40K/\$250K	5	-	5	10
Critical Care/Pulmonary Disease Medicine/Cardiology	60F	\$50K	\$50K	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 ⁶	\$30K	\$30K	Yes	\$40K/\$250K	0	-	0	0
Obstetrician and Gynecologist	60J	\$25K	\$25K	Yes	\$40K/\$250K	7	-	0	7
Preventive Medicine	60C ⁵	\$25K	\$25K	Yes	\$40K/\$250K	24	-	51	75
Psychiatrist	60W	\$25K	\$25K	Yes	\$40K/\$250K	7	-	0	7
Radiologist, Diagnostic	61R	\$45K	\$45K	Yes	\$40K/\$250K	3	-	0	3
Surgeon, General	61J	\$75K	\$75K	Yes	\$40K/\$250K	30	-	0	30
Surgeon, Neurological	61Z	\$50K	\$50K	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	\$45K	\$45K	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 ²	Retention Bonus ²	Stipend ³	RC HPLRP ⁴	Mission ⁸	STRAP ⁸	Over Prod ⁸	Total ⁸
Dental Officer, Clinical/General	63A	\$25K	\$25K	Yes	\$40K/\$250K	0	-	0	0
Dentist, Comprehensive	63B	\$30K	\$30K	Yes	\$40K/\$250K	0	-	0	0
Oral & Maxillofacial Surgeon	63N	\$35K	\$35K	Yes	\$40K/\$250K	9	-	3	12
Prosthodontist	63F	\$25K	\$25K	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 ²	Retention Bonus ²	Stipend ³	RC HPLRP ⁴	Mission ⁸	STRAP ⁸	Over Prod ⁸	Total ⁸
Veterinary Clinical Medicine	64F	\$15K	\$15K	N/A	\$20K/\$60K	0	-	0	0
Veterinary Laboratory Animal Medicine	64C	\$15K	\$15K	N/A	\$20K/\$60K	0	-	0	0
Veterinary Preventive Medicine	64B	\$15K	\$15K	N/A	\$20K/\$60K	0	-	0	0
Veterinary Service Officer	64A	\$15K	\$15K	N/A	\$20K/\$60K	7	-	0	7
SPECIALIST CORPS	AOC	Accession Bonus ²	Retention Bonus ²	Stipend ³	RC HPLRP ⁴	Mission ⁸	STRAP ⁸	Over Prod ⁸	Total ⁸
Physician Assistant	65D	\$25K	\$25K	N/A	\$20K/\$60K	8	-	0	8
NURSE CORPS	AOC	Accession Bonus ²	Retention Bonus ²	Stipend ³	RC HPLRP ⁴	Mission ⁸	STRAP ⁸	Over Prod ⁸	Total ⁸
Clinical Nurse, Critical Care	66S	\$25K	\$25K	Yes	\$20K/\$60K	15	5	0	20
Nurse Anesthetist	66F	\$30K	\$30K	Yes	\$20K/\$60K	0	10	0	10
Operating Room Nurse	66E	\$20K	\$20K	Yes	\$20K/\$60K	5	5	0	10
Trauma Nurse/Emergency	66T	\$15K	\$15K	Yes	\$20K/\$60K	10	5	0	15
MEDICAL SERVICE CORPS	AOC	Accession Bonus ²	Retention Bonus ²	Stipend ³	RC HPLRP ⁴	Mission ⁸	STRAP ⁸	Over Prod ⁸	Total ⁸
Aeromedical Evacuation Officer	67J	\$10K	\$10K	N/A	\$20K/\$60K	0	-	0	0
Clinical Psychologist	73B	\$20K	\$20K	N/A	\$40K/\$250K	4	-	0	4
Entomologist	72B	\$15K	\$15K	N/A	\$20K/\$60K	0	-	0	0
Microbiologist	71A	\$10K	\$10K	N/A	\$20K/\$60K	3	-	0	3
Social Worker	73A	\$15K	\$15K	N/A	\$25K/\$75K	4	-	0	4

¹ 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).

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

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

⁴ The first 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.

⁵ 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.

⁶ 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.

⁷ 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.

⁸ 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.

FY2021 USAR HPS&I Pay Plan (Change 1)

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.

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.

FY2021 USAR HPS&I Pay Plan (Change 1)

Reserve Component Health Professions Loan Repayment Program (RC HPLRP)

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 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.

FY2021 USAR HPS&I Pay Plan (Change 1)

Reserve Component Health Professions Loan Repayment Program (RC HPLRP)

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 the HPO's responsibility to submit their annual loan repayment claim. HPOs will receive an official notification via 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.

FY2021 USAR HPS&I Pay Plan (Change 1)

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 becomes effective, 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 is discontinued. HPOs under a Legacy Special Pay agreement will continue to receive payments until the completion date of the written agreement.

FY2021 USAR HPS&I Pay Plan (Change 1)

Consolidated Special Pay (CSP) Program

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

- 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

FY2021 USAR HPS&I Pay Plan (Change 1)

Consolidated Special Pay (CSP) Program

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

FY2021 USAR HPS&I Pay Plan (Change 1)

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.

FY2021 USAR HPS&I Pay Plan (Change 1)

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 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 is appointed as an officer and assigned to 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&I Pay Plan (Change 1)

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 to meet the 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. The Department of Education maintains a list of accredited institutions 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.

FY2021 USAR HPS&I Pay Plan (Change 1)

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.

FY2021 USAR HPS&I Pay Plan (Change 1)

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.

FY2021 USAR HPS&I Pay Plan (Change 1)

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.

FY2021 USAR HPS&I Pay Plan (Change 1)

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, Enclosure 7, 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 in an active SELRES status, mobilized or serving on Active Duty (AD) under section 204, Title 37, U.S.C. and be qualified to perform the duties in one of the health profession specialties designated to receive IP and/or BCP.

c. To receive BCP HPOs must be board certified by a board certification agency as listed in the ASD-HA HPS&I Pay Plan (enclosure 7), and to have a post-baccalaureate degree or postmaster'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 G1, USAR Incentives Branch, AMEDD Incentives Team and the USAR HPS&I Pay Plan for the current FY to activate their eligibility status and payments.

f. Eligible USAR HPOs serving in the SELRES are entitled to IP and/or BCP at the 1/30th 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 two 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. Ineligible periods will not be paid IP and/or BCP. 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.

FY2021 USAR HPS&I Pay Plan (Change 1)

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 three 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 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 7), 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 in TAPDB-R and must match the specialty for which IP and/or BCP is 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 a duty position.

n. The incentive authorization requires HPO to have a current, valid, and unrestricted state license, current certification, registration, and additional credentials, or privileges required to perform the duties in the specialty.

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

2. Application and Payments (Troop Program Unit – TPU).

a. Application.

(1) Eligible HPOs 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.

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

FY2021 USAR HPS&I Pay Plan (Change 1)

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

(3) The AMEDD Professional Management Command (APMC) Credentialing Branch validates and approves contractual eligibility.

(4) Submit all required documents to validate licensure, credentials, privileges, registrations, board certification, etc. to APMC Credentialing Branch. If there are missing documents the application cannot move forward.

(5) Upon contract validation, RIMS creates an electronic contract. A valid contract must have the digital date and signature of both, the HPO and the APMC approving official. The effective date of eligibility is the date the APMC approving official signs the contract approving it.

(6) From the approved date forward, the HPO is eligible to receive IP and/or BCP in conjunction with reserve duty performance. Periods prior to the approved date of contract are not authorized retroactive pay.

b. Payment Disbursement.

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

(a) Have a valid/active contract in RIMS.

(b) Have performed reserve duties for "pay." Duties performed for "points only" are not eligible for IP or BCP payments.

(c) Have performed eligible duty with all eligibility, credentials, and board certification requirements in satisfactory status.

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

(3) Payment of IP and/or BCP is not authorized and will not be paid for any period credentials or eligibility status are not satisfactory concurrent with the performance of duty.

(4) Retroactive payment is not authorized if credentials or eligibility status are corrected after the duty was performed.

(5) Address corrections to the credential and board certification records directly with the APMC Credentialing Branch.

(6) Process the IP and BCP pay file after receipt of AD/IDT, not simultaneously. RIMS validates IP/BCP eligibility and generates a pay file to submit to DFAS for IP and BCP payment processing.

FY2021 USAR HPS&I Pay Plan (Change 1)

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

(7) IP and BCP payment disbursement may take 30 to 45 days from the duty performance date to process.

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

(1) Eligible IMA HPOs 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.

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

(3) The HRC Reserve Personnel Management Directorate (RPMD) HSD AMEDD Incentives Team validates and approves the application and contractual eligibility.

(4) The HPOs assigned to Military Treatment Facilities (MTFs)/Dental Treatment Facilities (DTFs) must verify required documents such as licensure, credentials, privileges, registrations, board certification etc. prior to contract validation and approval. The MTF/DTF IMA Coordinator submits the memorandum signed by the MTF/DTF commander verifying the HPO's credentials and privileging status to the HRC Incentives Team mailbox prior to the establishment of a contract. The Incentives Team mailbox address is: usarmy.knox.hrc.mbx.rpmd-hsd-div-spt-br@mail.mil. If the MTF/DTF is unable to validate the HPO's credentials, the application cannot move forward.

(5) The HRC RPMD HSD Quality Assurance Team must verify required documents such as licensure, credentials, privileges, registrations, board certification etc. for HPOs assigned to administrative positions and not to an MTF/DTF prior to contract validation and approval. If HRC RPMD HSD Quality Assurance Team is unable to validate the HPO's credentials, the application cannot move forward.

(6) Upon validation of credentials, HRC RPMD HSD USAR AMEDD Incentives Team approving official signs and dates the contract.

(7) The contract is active and in effect when both, the HPO and the HRC RPMD HSD USAR AMEDD Incentives Team approving official signs the contract. The effective date of eligibility is the date the HRC RPMD HSD USAR AMEDD Incentives Team approving official signs and approves the contract.

(8) From the approved date forward, the IMA HPO is eligible to receive IP and/or BCP in conjunction with performed reserve duty pay. Retroactive pay is not authorized for duty periods prior to the contract effective date. The retroactive pay rule does not apply to IMA HPOs who performed duties between 1 January 2020 and the effective date of this policy update. HPOs

FY2021 USAR HPS&I Pay Plan (Change 1)

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

who performed duties during the aforementioned timeframe must sign and submit a contract application NLT 30 September 2021 to qualify for retroactive payments. The HRC RPMD HSD AMEDD Incentives Team approving official validates eligibility for IMA IP/BCP retroactive payments.

b. Payment Disbursement.

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

(a) Have a valid/active contract with HRC RPMD HSD USAR AMEDD Incentives Team.

(b) Have performed reserve duties for “pay.” Duties performed for “points only” are not eligible for IP or BCP payments.

(c) Have all eligibility, credentials, and board certification requirements in satisfactory status at the time of eligible reserve duty performance.

(2) Credentials and all other requirements must be in satisfactory status at the time of reserve duty performance for IP and/or BCP payment eligibility. Address corrections to the credential and board certification records directly with the HPO’s MTF/DTF and HRC HSD RPMD USAR AMEDD Incentives Team mailbox usarmy.knox.hrc.mbx.rpmd-hsd-div-spt-br@mail.mil.

(3) Retroactive payment is not authorized if credentials or eligibility status are corrected after the duty was performed.

(4) RIMS automatically verifies that all eligibility, credentials, and board certification are in satisfactory status at the time the HPO record is processed for reserve duty payment. After AD/IDT payment disbursement, RIMS validates IP/BCP eligibility and generates a pay file to submit to DFAS for payment processing.

(5) The IP/BCP pay file process differs from other pay and allowances typically generated in RLAS or at the Pay Center, thus payment disbursements for duty and IP/BCP are separate transactions.

(6) IP/BCP payment disbursement may take 30 to 45 days from the date of duty performance pay.



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.



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)¹**

<u>Medical Specialty</u>	<u>CSWSAB Rate for a 4-Year Obligation</u>
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) ^{2,3,4}

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

POST RESIDENT or FELLOW GRADUATE (initial residency is the first residency completed)	Fully Qualified IP Rate (prorated monthly)	RB 2-Year Rate (paid annually)	RB 3-Year Rate (paid annually)	RB 4-Year Rate (paid annually)	RB 6-Year Rate (paid annually)
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	-

POST RESIDENT or FELLOW GRADUATE (initial residency is the first residency completed)	Fully Qualified IP Rate (prorated monthly)	RB 2-Year Rate (paid annually)	RB 3-Year Rate (paid annually)	RB 4-Year Rate (paid annually)	RB 6-Year Rate (paid annually)
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.

SPECIALTY	IP Rate with 4-Year RB (prorated monthly)	IP Rate with 6-Year RB (prorated monthly)
ANESTHESIOLOGY	\$80,000	\$95,000
GENERAL SURGERY	\$80,000	\$95,000
NEUROSURGERY	\$85,000	\$100,000
ORTHOPEDECS	\$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:

BOARD CERTIFICATION PAY (BCP) 1-YEAR RATE (prorated monthly) ^{2,3}	\$6,000
--	----------------

Table 4: RECOGNIZED MEDICAL CORPS BOARDS FOR BCP

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

Footnotes:

¹ 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.

² 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.

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

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

⁵ 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) ¹

Dental Specialty	CSWSAB Rate for a 4-Year Obligation
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) ^{2, 3, 4}

DENTAL CORPS	Fully Qualified IP Rate (prorated monthly)	RB 2-Year Rate (paid annually)	RB 3-Year Rate (paid annually)	RB 4-Year Rate (paid annually)	RB 6-Year Rate (paid annually)
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	-

DENTAL CORPS IP & RB (continued)					
DENTAL CORPS	Fully Qualified IP Rate (prorated monthly)	RB 2-Year Rate (paid annually)	RB 3-Year Rate (paid annually)	RB 4-Year Rate (paid annually)	RB 6-Year Rate (paid annually)
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.

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

Table 3:

BOARD CERTIFICATION PAY (BCP) 1-YEAR RATE (prorated monthly) ^{2,3}	\$6,000
--	---------

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:

¹ 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.

² 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.

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

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

⁵ 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) ¹

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

Table 2: NURSE CORPS IP & RB^{2, 3, 4, 5}

NURSE CORPS	Fully Qualified IP Rate (prorated monthly)	RB 2-Year Rate (paid annually)	RB 3-Year Rate (paid annually)	RB 4-Year Rate (paid annually)	RB 6-Year Rate (paid annually)
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:

BOARD CERTIFICATION PAY (BCP) 1-YEAR RATE (prorated monthly) ^{2,3}	\$6,000
--	----------------

Table 5: RECOGNIZED NURSE CORPS SPECIALTIES AND BOARDS FOR BCP

Specialty	Sponsor	Certification Responsibility	Board
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
RECOGNIZED NURSE CORPS SPECIALTIES AND BOARDS FOR BCP (continued)			
Specialty	Sponsor	Certification Responsibility	Board
Clinical Nurse Specialist	American Nurses Association	American Nurses Credentialing Center or American Association of Critical Care Nurses Certification Corporation	Clinical Nurse Specialist
Public Health Nurse	American Nurses Association	American Nurses Credentialing Center	Public Health Nurse

Footnotes:

¹ 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.

² 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.

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

⁴ 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.

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

⁶ 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 AB¹

SPECIALTY AB		
	Rate for a 3-Year Obligation	Rate for a 4-Year Obligation
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
SPECIALTY CSWSAB		
Clinical Psychologist	\$42,500	\$65,000

Table 2: INCENTIVE PAY/RETENTION BONUS (IP/RB) RATES BY SPECIALTY^{2, 3, 4, 5}

SPECIALTY	Amount Paid Per Year or a:				
	Fully Qualified IP Rate (with and without RB)	RB 2-Year Rate (paid annually)	RB 3-Year Rate (paid annually)	RB 4-Year Rate (paid annually)	RB 6-Year Rate (paid annually)
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

BOARD CERTIFICATION PAY (BCP) 1-YEAR RATE (prorated monthly) ^{2,3}	\$6,000
--	----------------

Table 4: RECOGNIZED HPO SPECIALTIES AND BOARDS FOR BCP

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

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

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

Footnotes:

¹ 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.

² 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.

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

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

⁵ 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 Pay¹. 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 Accession² and Retention Bonuses^{2,3}, 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 1304.34².

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:

¹ 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.

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

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

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