



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

AFRC-PRB (601-280c)

14 October 2021

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: U.S. Army Reserve (USAR) Health Professions Special and Incentive (HPS&I) Pay Plan Policy for Fiscal Year (FY) 2022

1. References. See Enclosure 7.
2. Purpose. To provide USAR Army Medical Department (AMEDD) Incentives Program guidance. The USAR uses incentives to attract and retain healthcare professionals possessing or qualifying for training in critical skills needed to maintain wartime readiness as identified on the USAR HPS&I Pay Plan, Critical Wartime Shortage List (CWSL), Enclosure 1.
3. Incentives. The following incentive programs are available under the USAR HPS&I Pay Plan for Areas of Concentration (AOC) designated in the CWSL.
 - a. Health Professions Loan Repayment Program (RC HPLRP) (Enclosure 3)
 - b. Consolidated Special Pay (CSP) Program (Enclosure 4)
 - c. Health Professions Stipend Program (Enclosure 5)
 - d. Incentive Pay (IP) and Board Certification Pay (BCP) (Enclosures 2 and 6)
4. Authority. Department of Defense (DoD), Assistant Secretary of Defense (ASD-HA) Pay Plan, Reference u, Enclosure 7. The FY22 USAR HPS&I Pay Plan Policy does not supersede Department of Defense (DoD) Instructions, Directives or Army Regulations.
5. Funds Management. The Program Director at USARC G-1 is responsible for the overall management and oversight of the USAR HPS&I Pay Plan. The Senior Medical Analyst at the Office of the Chief, Army Reserve Program Analysis and Evaluation (OCAR PAE), programs and budgets AMEDD incentives. The Health Services Division (HSD), AMEDD Incentives Section at the Human Resource Command (HRC) is the designated agent to execute AMEDD incentives funds. The execution of incentive programs under this policy are subject to availability of funds.
6. Incentives Application and Contract/Agreement. The Reserve Incentives Management Sub-System (RIMS) is the AR official system for processing CSP and

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IP/BCP AMEDD incentives contract applications:

<https://selfservice.rcms.usar.army.mil/Selfservice/RequestIncentive>.

a. Applicants entering into an agreement under this policy must also meet eligibility requirements stipulated in the specific incentive enclosure.

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

7. General Eligibility Provisions for Incentive Programs. Notwithstanding the requirements under the specific incentive enclosure of this policy, the following general provisions apply:

a. Officers must hold an appointment as a commissioned officer.

b. Officers must be able to complete all contractual Service Obligation (SO) incurred under the specific incentive program before reaching Mandatory Removal Date (MRD).

c. The primary AOC in TABDB-R must match an approved specialty as listed in the FY22 USAR HPS&I Pay Plan CWSL. The approved AOC must remain as "primary" in TABDB-R for the duration of the agreement/contract. AMEDD Incentives are linked to the critical designation of the specialty listed in the CWSL and not to a unit or duty position. For incentives application purposes, a valid position includes Selected Reserve (SELRES) assignments under Special Category Position Number (SCPN) in the Unit Manning Report (UMR) or 999X series positions.

d. Incentives recipients must meet the satisfactory participation requirements stipulated in this policy and its enclosures. Officers are considered satisfactory participants in the SELRES unless declared unsatisfactory participants in accordance with AR 135-91 (Reference k., Enclosure 7). Final administrative actions from the commander are not required for HRC to initiate termination and/or recoupment actions for unsatisfactory participation.

e. At the effective date of agreement/contract, the HPO must have a current, valid, and unrestricted state license in the critical specialty authorized for the incentive; current certification, registration and additional credentials or privileges required to perform the duties in the specialty.

f. Officers must maintain medical and dental readiness

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

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h. Failure to maintain all qualifying provisions for the period stipulated in the incentive contract/agreement may result in termination and recoupment of incentive funds. Upon termination of incentives, the HPO is not eligible to receive additional payments regardless of any remaining service obligation. The service member must refund to the government the prorated amount of the un-earned portion of the incentive as per Reference f., Enclosure 7. The HPO may apply to enter into a new contract/agreement with an obligation equal or greater than the prior obligation, should he/she meet eligibility criteria again.

i. The service member may request to have the 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. Officers must process the request through the chain of command and the HRC AMEDD Incentives section for action. To regain eligibility, HPOs reassigned to the SELRES within the authorized timeline must extend the service commitment terms stipulated in the contract/agreement to serve the full original incentive commitment period. Subsequent incentive payments can resume on the adjusted anniversary date of satisfactory SELRES service. Failure to meet reinstatement criteria will result in termination of incentives, 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.

j. Separation from the USAR SELRES for any reason, including voluntary appointment or transfer to another component or service will result in termination and recoupment of incentive funds. Further, a court-martial conviction and any misconduct will result in the termination of incentives.

k. USARC and HRC AMEDD Incentive sections rely on official USAR reporting systems to verify incentives eligibility such as primary AOC and unsatisfactory participation status; HR Specialists at the unit level and commanders must properly update reporting systems.

l. The HRC AMEDD Incentives Section reviews, validates, and determines termination of incentives prior to notifying the service member and/or unit if the action is impending. A response is not required to proceed with the termination and/or recoupment. Relief from termination and/or recoupment may be granted if: directed (involuntary) by appropriate USARC or higher authority; circumstances were beyond the service member's control; or as per Reference f., Enclosure 7.

m. Exceptions to Policy (ETPs) will be considered on a case-by-case basis and must be approved in writing by the Resource Management Director, USARC G-1, or higher authority as appropriate.

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8. Stabilization. Active Duty HPOs who transfer directly into a TPU are authorized a 24-month stabilization from the date of assignment to the SELRES. If the HPOs transfers to the IRR the mobilization deferment is terminated. TPU HPOs are not eligible for mobilization deferment.

9. Effective date. The HPS&I Pay Plan for FY22 is effective from 1 October 2021 through 30 September 2022 unless modified, extended, rescinded, or superseded by subsequent updates.

10. Release. This policy is available on the internet through the USAR G-1 website at: <https://xtranet/usarc/g1/MANDiv/BIB/Pages/Selected-Reserve-Incentive-Program.aspx>.

FOR THE COMMANDER:

7 Encls

1. Pay Plan (CWSL)
2. IP and BCP Rates and Boards
3. RC HPLR Program
4. CSP Program
5. RC Stipend Program
6. IP and BCP (Criteria)
7. References

THOMAS C. AKERLUND
COL, AG
Deputy Chief of Staff, G-1

DISTRIBUTION:

FUNCTIONAL COMMANDS:

3 MCDS
76 ORC
79 TSC
200 MP CMD
311 SC (T)
335 SC (T)
377 TSC
412 TEC
416 TEC
807 MCDS
ARAC ARCD
AR-MEDCOM
LEGAL CMD MIRC
USACAPOC (A)

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75 TNG CMD (MC)
80 NG CMD (TASS)
83 US ARRTC
84TNG 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
XVIII ABC
USASOC
EUCOM
SOCOM

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CF:

USARC XOs

USARC DIR/DEP/CH/ASST

OCAR Directors & Deputies

**FY22 USAR HPS&I Pay Plan
Critical Wartime Shortage List (CWSL)**

FY22 USAR AMEDD Critical Wartime Specialty List (CWSL) with Incentives									
Critical Skill^{1,7}		USAR Health Professions Incentives				Accessions Mission Limit⁸			
MEDICAL CORPS	AOC	Accession Bonus²	Retention Bonus²	Stipend³	RC HPLRP⁴	Experienced⁸	STRAP⁸	Over Prod⁸	Total⁸
Anesthesiologist	60N	N/A	N/A	Yes	\$40K/\$250K	5	-	0	5
Pulmonary Disease Medicine/Critical Care	60F	\$50K	\$50K	Yes	\$40K/\$250K	13	-	4	17
Emergency Services/Emergency Medicine	62A	\$50K	N/A	Yes	\$40K/\$250K	5	-	0	5
Family Medicine, Family Practice	61H	\$25K	\$25K	Yes	\$40K/\$250K	15	-	0	15
Internist	61F	N/A	N/A	Yes	\$40K/\$250K	0	-	0	0
Obstetrician and Gynecologist	60J	N/A	N/A	Yes	\$40K/\$250K	5	-	0	5
Preventive Medicine	60C ⁵	\$25K	\$25K	Yes	\$40K/\$250K	30	-	20	50
Psychiatrist	60W	\$25K	\$25K	Yes	\$40K/\$250K	7	-	0	7
Radiologist, Diagnostic	61R	N/A	N/A	Yes	\$40K/\$250K	0	-	0	0
Surgeon, General	61J	\$75K	\$75K	Yes	\$40K/\$250K	25	-	21	46
Surgeon, Neurological	61Z	50K	50K	Yes	\$40K/\$250K	1	-	0	1
Surgeon, Orthopedic	61M	\$75K	\$75K	Yes	\$40K/\$250K	22	-	15	37
Surgeon, Thoracic/Cardiovascular	61K	\$75K	\$75K	Yes	\$40K/\$250K	8	-	0	8
Urologist	60K	\$45K	\$45K	Yes	\$40K/\$250K	5	-	0	5
Student Medical (MDSSP)	00E67	N/A	N/A	Yes	N/A	40	-	0	40
DENTAL CORPS	AOC	Accession Bonus²	Retention Bonus²	Stipend³	RC HPLRP⁴	Mission⁸	STRAP⁸	Over Prod⁸	Total⁸
Dental Officer, Clinical/General	63A	N/A	N/A	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	5	-	0	5
Prosthodontist	63F	N/A	N/A	Yes	\$40K/\$250K	0	-	1	1
Public Health Dentist	63H	\$20K	\$20K	Yes	\$40K/\$250K	0	-	0	0
Student Dental (MDSSP)	00E67	N/A	N/A	Yes	N/A	10	-	0	10
VETERINARY CORPS	AOC	Accession Bonus²	Retention Bonus²	Stipend³	RC HPLRP⁴	Mission⁸	STRAP⁸	Over Prod⁸	Total⁸
Veterinary Clinical Medicine	64F	N/A	N/A	N/A	\$20K/\$60K	0	-	0	0
Veterinary Laboratory Animal Medicine	64C	N/A	N/A	N/A	\$20K/\$60K	0	-	0	0
Veterinary Preventive Medicine	64B	N/A	N/A	N/A	\$20K/\$60K	0	-	0	0
SPECIALIST CORPS	AOC	Accession Bonus²	Retention Bonus²	Stipend³	RC HPLRP⁴	Mission⁸	STRAP⁸	Over Prod⁸	Total⁸
Physician Assistant	65D	N/A	N/A	N/A	\$20K/\$60K	0	-	0	0
NURSE CORPS	AOC	Accession Bonus²	Retention Bonus²	Stipend³	RC HPLRP⁴	Mission⁸	STRAP⁸	Over Prod⁸	Total⁸
Clinical Nurse, Critical Care	66S	\$25K	\$25K	Yes	\$20K/\$60K	25	5	0	30
Nurse Anesthetist	66F ⁶	N/A	N/A	Yes	\$20K/\$60K	0	10	0	10
Operating Room Nurse	66E	N/A	N/A	Yes	\$20K/\$60K	5	2	0	7
Trauma Nurse/Emergency	66T	N/A	N/A	Yes	\$20K/\$60K	10	5	0	15
MEDICAL SERVICE CORPS	AOC	Accession Bonus²	Retention Bonus²	Stipend³	RC HPLRP⁴	Mission⁸	STRAP⁸	Over Prod⁸	Total⁸
Aeromedical Evacuation Officer	67J	\$10K	\$10K	N/A	\$20K/\$60K	0	-	0	0
Clinical Psychologist	73B	N/A	N/A	N/A	\$40K/\$250K	8	-	2	10
Entomologist	72B	N/A	N/A	N/A	\$20K/\$60K	0	-	0	0
Microbiologist	71A	\$10K	\$10K	N/A	\$20K/\$60K	4	-	0	4
Social Worker	73A	N/A	N/A	N/A	\$25K/\$75K	5	-	0	5

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 position (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 (ASD-HA).

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. 60C substitutable specialty includes 60D in accordance with Army Regulation 601-142, Army Medical Department Professional Filler System.

⁶ 66F Specialized Training and Assistance Program (STRAP) only.

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.

FY22 USAR Incentives Pay (IP) and Board Certification Pay (BCP) Rates and Approved Boards

MEDICAL CORPS IP AND BCP RATES

POST RESIDENT or FELLOW GRADUATE (initial residency is the first residency completed)	AOC	Fully Qualified IP Rate (prorated monthly)
Aerospace Medicine/Flight Surgeon	61N	\$43,000
Anesthesiology	60N	\$59,000
Cardiology - Adult/Peds	60H	\$59,000
Dermatology	60L	\$43,000
Emergency Medicine	62A	\$49,000
Family Practice	61H	\$43,000
Gastroenterology - Adult/Peds	60G	\$49,000
Gen Internal Medicine	61F	\$43,000
Gen Surgery	61J	\$52,000
Neurology - Adult/Peds	60V/60R	\$43,000
Neurosurgery	61Z	\$59,000
Obstetrics - Gynecology	60J	\$54,000
Ophthalmology	60S	\$51,000
Orthopedics	61M	\$59,000
Otolaryngology	60T	\$53,000
Pathology	61U	\$43,000
Pediatrics	60P	\$43,000
Physiatrist/Physical Medicine	61P	\$43,000
Preventive/Occupational Medicine	60C/60D	\$43,000
Psychiatry - Adult/Peds	60W	\$43,000
Pulmonary/Critical Care Medicine	60F	\$46,000
Radiology - Diagnostic/Therapeutic	61R	\$59,000
Urology	60K	\$51,000
Subspec Cat I (note 1)	See Sub- Category Notes	\$59,000
Subspec Cat II (note 2)		\$51,000
Subspec Cat III (note 3)		\$46,000
Subspec Cat IV (note 4)		\$43,000
Subspec Cat V (note 5)		\$59,000

Board Certification Pay (BCP) 1-Year Rate (prorated monthly)
\$6,000

Recognized Medical Corps Boards For BCP
American Board of Medical Specialties (ABMS)
American Osteopathic Association Specialty Certifying Boards (AOA)

FY22 USAR Incentive Pay (IP) and Board Certification Pay (BCP) Rates and Approved Boards

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.

FY22 USAR Incentive Pay (IP) and Board Certification Pay (BCP) Rates and Approved Boards

DENTAL CORPS IP AND BCP RATES

DENTAL CORPS	AOC	Fully Qualified IP Rate (prorated monthly)	Board Certification Pay (BCP) 1-Year Rate (prorated monthly)
General Dentistry	63A	\$20,000	\$6,000
Advanced Clinical Practice (ACP)- General Dentistry, Exodontia, Endodontics, Periodontics, Prosthodontics	63A	\$25,000	
Comprehensive/Operative Dentistry	63B	\$25,000	Recognized Dental Corps Boards For IP and/or BCP American Board of Dental Public Health American Board of Endodontics American Board of Oral and Maxillofacial Pathology American Board of Oral and Maxillofacial Radiology American Board of Oral and Maxillofacial Surgery American Board of Orthodontics American Board of Pediatric Dentistry American Board of Periodontology American Board of Prosthodontics American Board of Operative Dentistry American Board of Orofacial Pain American Board of Oral Medicine American Board of General Dentistry
Endodontics	63E	\$25,000	
Oral Pathology/Oral Diagnosis/Oral Medicine/Oral Radiology	63P	\$25,000	
Orthodontics	63M	\$25,000	
Pediatric Dentistry	63K	\$25,000	
Periodontics	63D	\$25,000	
Prosthodontics	63F	\$25,000	
Public Health Dentistry	63H	\$25,000	
Oral Maxillofacial Surgery	63N	\$55,000	
Dental Research	DC Qualified AOC	\$25,000	
Temporomandibular Dysfunction (TMD)/Orofacial Pain		\$25,000	

FY22 USAR Incentive Pay (IP) and Board Certification Pay (BCP) Rates and Approved Boards

RECOGNIZED NURSE CORPS BOARDS REQUIRED FOR IP AND RATES

NURSE CORPS	AOC	Fully Qualified IP Rate (prorated monthly)	Recognized Nurse Corps Boards Required For IP
Community/Public Health Nursing	66B	-	Academy of Medical-Surgical Nurses Certified Medical-Surgical Registered (CMSRN)
Critical Care Nursing	66S	-	American Association of Nurse Practitioners
Emergency Nursing	66T	-	American Association of Critical Care Nurses (AACN)
Flight Nurse	-	-	American Board of Perianesthesia Nursing Certification, Incorporated (ABPANC)
Medical-Surgical Nursing	66H	-	American Midwifery Certification Board (AMCB)
Neonatal Intensive Care	-	-	American Nurses Credentialing Center (ANCC)
Nurse Midwife	66W	-	Board of Certification for Emergency Nursing (BCEN)
Obstetrics/Gynecology Nursing	66G	-	Competency & Credentialing Institute Certified
Pediatric Nursing	-	-	National Board on Certification and Recertification of Nurse Anesthetist (NBCRNA)
Perioperative Nursing	66E	-	National Certification Corporation (NCC)
Psychiatric/Mental Health Nursing	66R	-	Pediatric Nursing Certification Board (PNCB)
Mental Health Nurse Practitioners	-	-	Medical-Surgical Nursing Certification Board
All Other Nurse Practitioners	-	-	
Certified Registered Nurse Anesthetist	66F	\$15,000	

FY22 USAR Incentive Pay (IP) and Board Certification Pay (BCP) Rates and Approved Boards

RECOGNIZED NURSE CORPS SPECIALTIES AND BOARDS FOR BCP

Board Certification Pay (BCP) 1 -Year Rate (prorated monthly)	\$6,000
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Specialty	Sponsor	Certification Responsibility	Board
CRNA	American Association of Nurse Anesthetists	National Board of Certification and Recertification for Nurse Anesthetists	Nurse Anesthetist
Nurse Practitioner	American Nurses Association	American Nurses Credentialing Center, American Academy of Nurse Practitioners or Pediatric Nursing Certification Board	Adult Health Nurse Practitioner
			Family Nurse Practitioner
			Pediatric Nurse Practitioner
			Psychiatric/Mental Health Nurse Practitioner
			Acute Care Nurse Practitioner
			Primary Care Nurse Practitioner
Women's Health Nurse Practitioner	National Certification Corporation for the Obstetric, Gynecologic, and Neonatal Nursing Specialties	National Certification Corporation for the Obstetric, Gynecologic, and Neonatal Nursing Specialties	Women's Health Care Nurse Practitioner (for OB/GYN & GYN NPs)
Nurse Midwife	National Commission for Certifying Agencies	American Midwifery Certification Board	Nurse Midwife
Clinical Nurse Specialist	American Nurses Association	American Nurses Credentialing Center or American Association of Critical Care Nurses Certification Corporation	Clinical Nurse Specialist
Public Health Nurse	American Nurses Association	American Nurses Credentialing Center National Board of Public Health Examiners (NBPHE)	Public Health Nurse

FY22 USAR Incentive Pay (IP) and Board Certification Pay (BCP) Rates and Approved Boards

INCENTIVE PAY RATES BY SPECIALTY

SPECIALTY	AOC	Fully Qualified IP Rate (Amount Paid Per Year)
Occupational Therapist	65A	-
Optometrist	67F	\$1,200
Pharmacist	67E	-
Physician Assistant	65D	\$5,000
Psychologist	73B	\$5,000
Social Worker	73A	-
Preventive Medicine Veterinarians	64B	\$5,000
Veterinary Officer	64 Series	\$5,000

HPO SPECIALTIES BOARD CERTIFICATION PAY RATE

Board Certification Pay (BCP) 1 -Year Rate (prorated monthly)	\$6,000
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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

FY22 USAR Incentive Pay (IP) and Board Certification Pay (BCP) Rates and Approved Boards

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
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

FY22 USAR Incentive Pay (IP) and Board Certification Pay (BCP) Rates and Approved Boards

			<ul style="list-style-type: none"> • 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 • 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

FY22 USAR HPS&I Pay Plan

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 and AR 621-202, Chapter 8. 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 performed in the SELRES as described in Title 10, U.S.C., Section 16302 (b)(1).

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 Title 10, U.S.C., Section 2173.

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

2. Health Professions Officers (HPOs), students in the Specialized Training Assistance Program (STRAP), or residents in training toward skills listed on the current USAR HPS&I Pay Plan CWSL may be eligible to participate in RC HPLRP.

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

b. To apply for participation in the RC HPLRP, eligible officers 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. For continued annual payments, officers must submit the required documentation for principal amount eligible for repayment prior to the anniversary date. The program repayment for all years will not exceed the statutory lifetime cap listed in the HPS&I Pay Plan CWSL at the time the contract is signed.

e. Payments are made annually on or after the loan repayment anniversary date, beginning one year after signing the HPLRP addendum or the date in which assignment orders are published for new accessions, whichever is later.

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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 must ensure that officers complete the appropriate indoctrination course.
4. Applicants may contract for both the RC HPLRP and Consolidated Special Pay (CSP) Program bonuses at the time of accession, provided the applicant meets eligibility requirements and the individual's AOC is in the current USAR CWSL. Soldiers will receive the incentives consecutively in the order selected using the appropriate Incentive Declaration Statement form. Upon signing of the form, Soldiers may not deviate from the selection order. Service members **cannot** overlap obligation periods or receive concurrent payments. If the HPO does not contract for both incentives at the time of accession, the officer may contract for a CSP Program bonus or the RC HPLRP in the future provided the AOC is in the USAR HPS&I Pay Plan CWSL when the new contract is established.
5. HPOs, students, or residents receiving stipend under the STRAP may be eligible for the RC HPLRP provided they meet eligibility requirements in AR 621-202, Chapter 8 and the stipulations of this policy.
 - 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. 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.
 - 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.

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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 does not change the HPO's obligation to the lender or holder of the note(s).

d. The borrower will not receive reimbursement 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 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 will 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 remaining loan payments after the contracted RC HPLRP amount is 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. HPOs must use the RIMS self-service portal to manage their loans and to submit 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 the annual loan repayment claim. HPOs will receive an official notification via military email within **60** days of the RC HPLRP anniversary date with a link to visit the RIMS self-service portal to initiate the RC HPLRP claim. HPOs will use the website to print DD Form 2475s for the annual loan repayment claim, manage loan information, verify the status of payments, or view HPLRP information.

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Consolidated Special Pay (CSP) Program

1. General Provisions. HPOs may be paid Special Pay at the approved rate for any specialty for which they are fully qualified pursuant to Title 37, U.S.C., Section 335. CSP Program incentives in this enclosure include: Accession Bonus (AB) and Retention Bonus (RB). HPOs may receive incentives under the CSP Program for only one specialty/amount listed in the current USAR HPS&I Pay Plan CWSL, Table 1, Enclosure 1.

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 the 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 the 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 the AOC is listed in the current USAR HPS&I Pay Plan CWSL, Table 1, Enclosure 1. If the HPO does not contract for both incentives at the time of accession, the HPO may contract for a CSP Program bonus or the RC HPLRP in the future if the AOC is in the pertaining FY USAR HPS&I Pay Plan CWSL at the time the incentive request occurs.

2. Accession Bonus (AB). 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. The HRC AMEDD Incentives Section reviews accessions contracts/agreement, manually enters approved contracts/agreements into RIMS, and authorizes disbursement of funds. 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 FY22. The Office of the Surgeon General (OTSG) endorses requests for accession contracts in excess of the authorized mission and overproduction number prior to USARC

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G-1's approval. In addition to stipulations of this policy, applicants 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.

3. Retention Bonus (RB). HPOs in the SELRES, who are otherwise eligible, must submit a request for a RB via the Reserve Incentives Management Subsystem (RIMS) self-service site: <https://selfservice.rcms.usar.army.mil/Selfservice/RequestIncentive>. The effective date is the date the USARC G1 representative approves the contract/agreement in the Reserve Incentives Management Subsystem (RIMS). The approval date also establishes the anniversary date for subsequent annual bonus payments. HPOs joining the SELRES from Active Duty (REFRAD) or from the IRR, who are otherwise eligible, may receive a RB provided they have completed all Active Duty and Reserve service obligations. Upon receipt of assignment orders to a SELRES unit, the HPO must log into RIMS to request the RB. The effective date is the date the USARC G1 representative approves the contract/agreement in the RIMS which also establishes the anniversary date for subsequent annual RB payments. In addition to stipulations of this policy, 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 is fulfilled.

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c. HPO must complete qualifications for the incentivized specialty prior to 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.

d. HPO must execute an agreement/contract to remain as an HPO in the SELRES for 2, 3, or 4 years.

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RC Health Professions Stipend Program/Specialized Training Assistance Program

1. General Provisions. The RC Health Professions Stipend Program/Specialized Training Assistance Program (STRAP) is available to USAR HPOs pursuant to Title 10, U.S.C., Chapter 1608, Sections 16201 through 16204. The Stipend Program is available to Medical and Dental School Students, Physicians and Dentists, and Registered Nurses. 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 1, are authorized to participate in STRAP. The criteria below applies 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 eligibility requirements stated in this policy and in 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 will 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. The unit of assignment must coordinate with the HRC AMEDD incentives team for notification and completion of a STRAP Extension Statement. The STRAP obligation start date may be deferred up to three years.

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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, STRAP recipients will be assigned to either a TPU or an IMA position of the appropriate AOC, per AR 140-10 to serve 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. A stipend will be paid after a participant is appointed as an officer and assigned to the SELRES or to APMC.

h. 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 initiated, 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. 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 Active Duty as

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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. The 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 paragraph 2. e. of this policy.

c. Students are appointed and coded with a primary AOC of 00E67 and branch of MS in TAPDB-R. Students must be assigned to the APMC for the duration of medical/dental school. Students are responsible for participation in accordance with contractual requirements.

d. Medical/Dental students are not eligible for RC HPLRP until they are commissioned as Medical Corps or Dental Corps officers, completes the MDSSP obligation (if the officer does not take STRAP for post medical/dental school specialized training), and meets the RC HPLRP eligibility requirements.

e. Residency following MDSSP program.

(1) In the case of an MDSSP participant who completes medical/dental school, enters into a subsequent STRAP agreement for a residency training program listed on the current USAR HPS&I Pay Plan CWSL, Table 1, Enclosure 1, and successfully completes the residency training, the MDSSP obligation is reduced by one year for each

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year, or part thereof, for which the stipend was paid while enrolled in medical or dental school.

(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) Upon appointment as Medical Corps or Dental Corps officers, HPOs are further eligible to receive RC HPLRP while in STRAP during residency training.

(4) HPOs who do not contract for STRAP or who enter a residency training program not listed on the current USAR HPS&I Pay Plan CWSL, will be managed by APMC. The obligation incurred under the MDSSP agreement begins upon completion of the residency program (IAW AR 621-202 para 9-9. b.).

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 1.

c. If initially accessing into the Army Reserve, be eligible, and subsequently, be appointed/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 not eligible for STRAP, unless both programs are on the current USAR HPS&I Pay Plan when the contract is signed.

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

a. Be a Registered Nurse.

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

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

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

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

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

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

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

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

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

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

c. For HPOs with an approved STRAP extension for a fellowship, the original STRAP obligation start date must be adjusted prior to the obligation start date period. Coordination must be made with the HRC AMEDD incentives team to complete the STRAP Extension Statement. The STRAP obligation start date may be deferred up to three years.

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

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

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

1. General Provisions.

- a. Incentive Pay (IP) and/or Board Certified Pay (BCP) is authorized for USAR specialties listed in the current ASD-HA HPS&I Pay Plan, Enclosure 7, Reference u, 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 Enclosure 2 of this policy, and must 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 USAR HPS&I Pay Plan Policy (Enclosure 2).
- e. USAR HPOs who are mobilized or serving on AD status under Section 204, Title 37, U.S.C. may be entitled to the full IP and/or BCP monthly rate.
- 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; each Battle Assembly 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 HPOs meet the requirements stated under this policy.
- 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.
- 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.

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

(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 due to: the specialty is no longer listed in the ASD-HA HPS&I Pay Plan (Reference u., Enclosure 7), the HPO can no longer hold and perform the duties of the eligible specialty, or the appropriate Board Certification 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 requested.

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.

(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.

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

(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 and approves the contract.

(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 for 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.

(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.

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

(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 Human Resource Command (HRC) Reserve Personnel Management Directorate (RPMD), Health Services Division (HSD), AMEDD Incentives Team validates and approves the application and contractual eligibility.

(4) 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) HPOs assigned to administrative positions and not to an MTF/DTF. The HRC RPMD HSD Quality Assurance Team verifies the existence of required documents such as licensure, credentials, privileges, registrations, board certification etc. Upon verification of required documents, the HSD Division Chief signs and approves the validation memorandum. The HSD Division Chief may delegate the authority to sign and approve the validation memorandum to the HSD Division Support Branch (DSB) Chief.

(6) Upon validation of credentials, the 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 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 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.

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

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.

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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. 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", April 2021.
- k. Army Regulation 135-91, Service Obligations, Methods of Fulfillment, Participation Requirements, and Enforcement Procedures.
- l. Army Regulation 135-100, Appointment of Commissioned and Warrant Officers of the Army.
- m. Army Regulation 135-101, Appointment of Reserve Commissioned Officers for Assignment to Army Medical Department Branches.
- n. Army Regulation 135-210, Order to Active Duty as Individuals for Other Than a Presidential Selected Reserve Call-up, Partial or Full Mobilization.
- o. Army Regulation 140-10, Assignments, Attachments, Details, and Transfers.
- p. Army Regulation 350-1, Army Training and Leader Development.
- q. Army Regulation 600-9, The Army Body Composition Program.

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References

- r. Army Regulation 601-142, Army Medical Department Professional Filler System.
- s. Army Regulation 601-280, Army Retention Program.
- t. Army Regulation 621-202, Army Educational Incentives and Entitlements.
- u. Memorandum, Assistant Secretary of Defense – Health Affairs, 17 August 2021, subject: Health Professions Officer Special and Incentive Pay Plan.
- v. 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.