

ARMY NATIONAL GUARD
ARMY MEDICAL DEPARTMENT OFFICER ACCESSION
STANDARD OPERATING PROCEDURES
18 April 2011

Summary. This is the Army National Guard (ARNG) Standard Operating Procedure (SOP) for accessing and retaining Army Medical Department (AMEDD) specialty branch officers. The purpose of this SOP is to establish the standards for AMEDD appointment and incentive applications, prepared by the AMEDD Strength Manager (ASM)/AMEDD technician, for practicing health care professionals and students enrolled in health care related educational programs.

This SOP also provides the technical application requirements, unique to an AMEDD appointment for use by AMEDD Strength Managers (ASM), Senior Army Advisors (SRAA), and Recruiting and Retention Commanders (RRCs).

Eligible health care professionals and students may be considered, in accordance with current laws and regulations, for a direct appointment in the Army National Guard. Applications are completed IAW this publication.

Applicability. This publication applies to recruiting and retention of Army Medical Department specialty branch personnel in the Army National Guard.

This publication applies to Individuals who are non-prior service, prior service enlisted, medical professionals wanting to transfer from another service, or an officer from another branch (i.e., AV, IN) applying for appointment in AMEDD specialty branches in the Army National Guard of the United States.

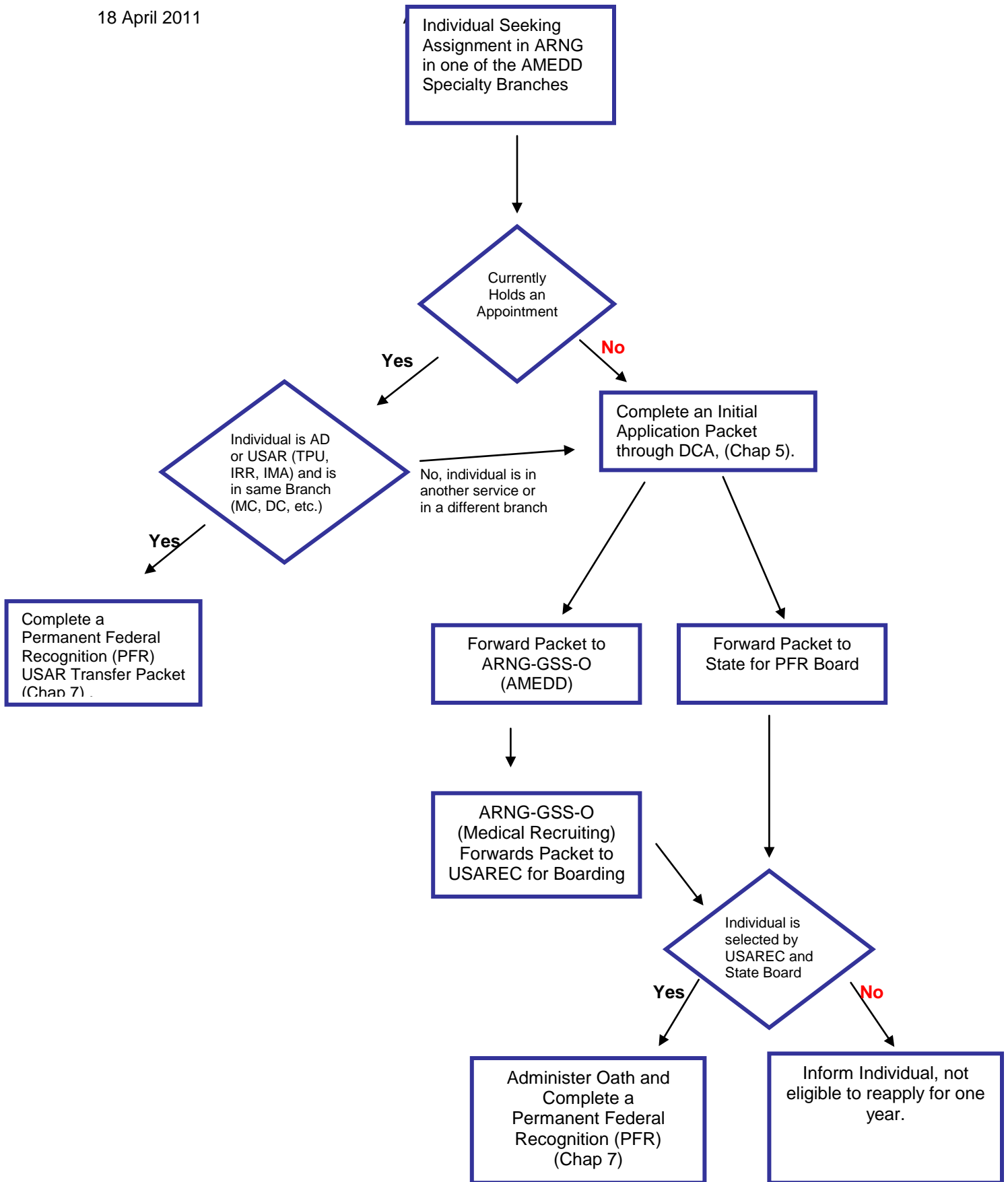
All AMEDD applications for Appointments Packets, excluding Intra-service Physician Assistant Program (IPAP) applicants, will be submitted through the Direct Commissioning and Accessions (DCA) System.

This SOP supersedes all previous versions and will remain in effect until updated by the Chief, AMEDD Officer Accessions, National Guard Bureau.

Signed: KENNETH G. ONEAL, CPT
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Chapter 1 Introduction

1-1. Purpose

a. The purpose of this publication is to establish the standards and technical applications for Accessing and retaining AMEDD branch officers in the ARNG. Eligible health care professionals and students may be considered, in accordance with current laws and regulations, for a direct appointment in AMEDD branch with or without concurrent call to Active Duty (AD).

b. All health care providers applying for appointment must comply with the credentialing standards in AR 40-68 and appointment standards in NGR (AR) 600-100.

c. ASMs must be aware that the application process may take anywhere from **two to six months**. The actual time will depend on many factors: including the cooperation of the applicant, how quickly he or she provides the required documents, and information to complete the appointment application. ASMs must work diligently to finish the application in a timely manner. However, do not overlook the quality assurance review you must give each packet to ensure it meets National Guard Bureau (NGB) and United Army States Recruiting Command (USAREC) standards. It is essential these individuals thoroughly familiarize themselves with health care recruiting responsibilities, application processing, and Accessing of qualified and potential health care professionals into the ARNG.

1-2. References

All references from this SOP are listed in Appendix A.

1-3. Definitions

The terms and abbreviations used in this SOP are explained in Appendix B.

1-4. Application Policy

a. There are six (6) AMEDD branches: Army Nurse Corps (AN), Dental Corps (DC), Medical Corps (MC), Specialty Corps (SP), Medical Service Corps (MS) and Veterinary Corps (VC). The required documents for each

AMEDD branch are listed under separate sections.

b. All AMEDD initial appointment packets will be sent through the Direct Commissioning Accessions (DCA) system for boarding through USAREC.

c. ALL AMEDD permanent federal recognition packets (PFR) will be submitted for processing through the e-packets, electronic federal recognition processing system.

1-5. Develop Mission Planning Strategy

a. Much of your time as an ASM will be spent prospecting. Due to the complex nature of the AMEDD application and the nature of the USAREC selection board schedule, backward planning is essential to ensure that you accomplish your mission.

b. ASM mission planning tools include the NGB long-range plan, AMEDD advertising, USAREC Board schedule, NGB mission memorandum, and resources such as personnel, funding and equipment. It is essential that you organize, prepare and implement a quarterly plan that will allow you to effectively accomplish your mission.

c. Knowing all of your current and projected AMEDD vacancies is crucial to your mission accomplishment. Vacancies can be found using unit MTOE's and UMR's. To identify your projected vacancies you will need to print the MTOE's and UMR's. You will also need to know the mandatory removal dates, objective force model, completion of incentive obligations, projected transfers and discharges, and to visit with unit commanders, State Surgeon, Deputy State Surgeon and unit clerks on a regular basis.

d. The planning strategy should include developing a strong and lasting relationship with your Centers of Influences (COI). The planning strategy should include conducting presentations at local colleges and universities, medical and dental schools, residency program directors, direct mailing, phone calls, state/national medical conferences and advertising.

1-6. Resources

a. **Nearly all Resources from policy and procedures to regulations, forms and schedules, can be found on the AMEDD GKO**

website:

https://gkoportal.ngb.army.mil/sites/G1_ASM/AMEDD/default.aspx

b. It is critical for all ASMs to become familiar with this website as it will solve a great deal of questions and will allow the ASM to become more proficient in their duties.

Chapter 2 Responsibilities

2-1. Commander of Medical Recruiting Brigade

a. Advises USAREC Commanding General on all United States Army Reserve (USAR) AMEDD recruiting programs with or without concurrent call to AD.

b. Provides administrative management on AD, USAR, and ARNG AMEDD recruiting programs.

2-2. Army National Guard, Chief Guard Strength Division

Chief of Strength Maintenance Division, in coordination with the USAREC, provides overall guidance on management of the ARNG AMEDD Recruiting Program.

2-3. ARNG, Chief, AMEDD Officer Accessions

a. The Chief, AMEDD Officer Accessions, ARNG-GSS-O is responsible for providing states administrative and technical support for missions, recruiting, retaining application processing, and Assessing of qualified and potential AMEDD health care professionals.

b. Chief of Medical Recruiting coordinates policy and Accession procedures with all agencies, which affect medical recruiting.

c. Establishes and coordinates policies and procedures with USAREC staff elements and subordinate units, concerning all facets of Health Professional Recruiting.

d. Provides staff assistance and consultation regarding Health Professional Recruiting programs to subordinate commands.

e. Reviews, advises, and makes recommendations regarding marketing plans.

f. Develops, coordinates, and implements plans for participation in national association, seminars, workshops, and conferences.

g. Provides input into fiscal decisions which impact funds required to support AMEDD recruiting both nationally and at the state level.

h. Determines Area of Concentration (AOC) to target recruiting annual missions.

i. Establishes and implement award criteria for ASMs.

2-4. Army National Guard AMEDD Procurement NCO

a. Advises Chief of Medical Recruiting in all aspects provided in 2-3a through 2-3i.

b. Reviews Appointment and STRAP application packets for eligibility and quality assurance for USAREC boarding.

c. Tracks the packet process.

d. Monitors selection notification and commissioning. The NGB AMEDD Procurement NCO will be responsible for notifying the state ASM of USAREC board results.

e. Conducts training for State ASMs.

2-5. Recruiting and Retention Commander

The State Recruiting and Retention Commander (RRC) will ensure adequate resources are available for AMEDD mission accomplishment.

2-6. State AMEDD Strength Manager

a. Ensuring AMEDD initial appointment, Permanent Federal Recognition (PFR) and incentive packets are accurately prepared and submitted in accordance with this publication.

b. Health care market penetration.

(1) Analyzes local health care market trends.

(2) Provides input and assists in implementing recruiting strategies based on the

local market and tailored to individual state needs.

(3) Establishes and maintains liaison with Center of Influence (COI), such as key professional and allied health schools and hospital personnel, community and professional association leaders, and other point of contacts such as local USAR units and ROTC personnel.

(4) Coordinates health care recruiting activities, including but not limited to: school visits, unit visits, conventions, job fairs, exhibitions, and student and educator tours and luncheons.

(5) Coordinate guest speaker's requests with the Recruiting and Retention Commander (RRCs).

(6) Support National Conferences and Conventions.

c. Applicant Processing

(1) Verifies applicant's eligibility to apply for an appointment or identified education or incentive programs.

(2) Answers applicant's questions regarding professional issues and military obligations.

(3) Conducts face-to-face interviews with all AMEDD applicants and submits a written evaluation with applications, IAW Chapter 5.

(4) Ensures that applicants complete the required Accession physical examination as outlined in AR 40-501. All officer appointments must meet height and weight standards IAW AR 600-9.

(5) Advises and mentors AMEDD applicants. Discusses branch specific concerns and questions with applicants.

(6) Briefs applicants on Officer Basic Course (OBC) requirement.

(7) Maintains contact with the Military Personnel Officer (J-1) and applicants until federal recognition orders are received.

(8) Upon selection by USAREC, the ASM will notify applicant within 48 hours of the receipt of official USAREC board results.

(9) Reports declinations and/or potential declinations to NGB within 48 hours notification to applicant.

(10) Recruits using lead sources outlined in Chapter 3.

(11) Establishes and maintains contact with COIs and VIPs.

(12) Maintains contact with applicants.

(13) Arranges commissioning ceremonies.

(14) Visits schools and Army National Guard units.

(15) Maintains contact with all applicants and obligators in student programs to include medical and dental school and IPAP students until Accessed and the federal recognition process is complete. If the applicant moves out of the ASM area, ensures transfer of retention responsibilities to appropriate ASM.

(16) Ensures that applicants are properly enrolled for all boarded incentives to include STRAP, MDSSP, Special Pay and HPLRP. Provide copies of all incentive contracts, to be included in applicant's OMPF to ensure that they are not erroneously discharged until all obligations have been fulfilled.

(17) Recommend constant communication with the State J-1 to ensure all AMEDD personnel are appropriately managed and to ensure all incentive obligations have been fulfilled prior to discharge.

Chapter 3 Recruiting AMEDD Officers

3-1. Medical Corps (MC)

a. **Practicing Physicians.** Areas of Concentration(s) (AOC) to target are those eligible specialties identified annually by NGB missions. Also AOCs identified as Critical Wartime Specialties, Typically those AOCs that can fill 62B and 61N positions. See current FY AMEDD incentives policy, and those for which your state has known or projected vacancies. Practicing physicians are attracted to the ARNG by opportunities to serve their country and incentive programs such as: the Health

Professional Loan Repayment Program (HPLRP), Specialized Training Program (STRAP), and Special Pay Programs. It is important to understand, that because an applicant is a physician it does NOT mean that they are currently a needed asset in the ARNG. ASM's must work with the Adjutant General, J-1, and RRC in conjunction with your State Surgeon to help everyone understand that a doctor is not necessarily a doctor. Pathologists, for example, are not in the force structure of today's ARNG.

b. Medical Residents. Residents may be eligible for incentive programs such as STRAP and or HPLR depending on their specialty and the current AMEDD Officer Incentive Policy that addresses Critical Wartime Shortage.

c. Medical Students. Medical students are a primary market for direct accessions. Undergraduate students, who have received their acceptance letter to attend medical school within the United States, U.S. Territories, or the District of Columbia, or current medical students on their 1st–4th year can be direct commissioned Medical Service Corps, AOC 00E67, under the Medical/Dental Student Commissioning Program. Upon graduation from medical school, these officers are re-appointed in the Medical Corps as a CPT. The following web sites can be used to identify medical programs within your State:

http://services.aamc.org/memberlistings/index.cfm?fuseaction=home.search&search_type=MS&wildcard_criteria=&state_criteria=CN%3AUSA&image=Search.

3-2. Dental Corps (DC)

a. ASM will focus on Dental Students, and practicing general dentists who meet appointment criteria per AR 135-101.

b. Dental Students. Primary emphasis should be placed on dental students. The dental force in today's ARNG is aging, and dental students are the future of the ARNG. A balance must be achieved, however, as there must be some experience to guide the new dentists in their careers. Undergraduates, who have received their acceptance letter to dental school, and first through fourth year dental students, can be commissioned Medical Service Corps 00E67 under the Medical/Dental Student Commissioning Program. Upon graduation from dental school, these officers are re-appointed in the Dental Corps as a CPT. ASM should know

which schools in their area meet accreditation criteria outlined in AR 135-101 and AR 611-101. The following web site can be used to identify dental programs within your State:
http://www.ada.org/prof/ed/programs/search_dds_dmd_us.asp.

c. Practicing Dentists.

(1) ASM will concentrate on the working market, particularly working dentists and oral surgeons. Dental specialties needed are determined by state unit vacancies with primary emphasis on AOCs considered Critical Wartime Shortages, normally, but not limited to 63A.

(2) To identify where the practicing dentist market is, ASMs should contact the American Dental Association (ADA), professional dental organizations, and state dental associations. These organizations can provide information about where dentists are employed and/or specific information on dentists.

(3) ASMs must know where dental practices and other employing agencies (i.e., schools, industry, state, and health maintenance organization groups) are located and develop a prospecting plan consistent with the employer's policies regarding recruiting activities.

3-3. Army Medical Specialist Corps (SP)

a. Practicing Physician Assistants (PA).

(1) ASM primary market is the practicing PA. The state vacancies and Critical Wartime Specialty AOCs will determine the ASM market.

(2) To identify where the practicing PA market is ASM should contact the American Association of Physician Assistants (AAPA), and professional organizations. This organization can provide information about where these specialists are employed and/or specific information.

(3) ASMs must know where hospitals and other employing agencies (i.e., private and group practices, schools, industry, and state agencies) are located and develop a prospecting plan consistent with the employer's policies regarding recruiting activities.

b. Inter-service Physician Assistant Program (IPAP). ARNG-CSG-O publishes

guidance for applications and board dates annually. This is a two-year, Masters Producing program that current ARNG members may apply for. A six-year contractual obligation is incurred upon completion to the ARNG.

c. Physical Therapist (PT).

(1) PT Applicants will need the following:

(a) APTA (American Physical Therapy Association) - similar in concept to the NCCPA

(b) State License

(c) Bachelors in Physical Therapy or Bachelors in another concentration and a Certificate in Physical Therapy

(2) Physical Therapist applicants should understand that there is limited promotion potential in the ARNG and anticipate transferring to the USAR at sometime in their career.

3-4. Army Nurse Corps (AN)

a. ASM will focus on medical surgical nurses.

b. ASM must know which schools in their area meet the accreditation criteria outlined in AR 135-101. Applicants graduating from non-accredited schools will not be eligible for appointment.

c. Students in master's degree programs may be very receptive prospects and can be valuable assets to the Army Nurse Corps.

d. Applicants may be considered students within the first six months after graduation, provided the applicant has passed the NCLEX-RN, on the first examination after graduation.

e. Practicing Registered Nurses (RNs).

(1) ASMs primary market is the practicing RN's. Nursing specialties needed are determined by unit vacancies.

(2) To identify where the practicing RN market is, ASMs should contact the state Board of Nurse Examiners, professional nursing organizations, and hospital associations. These organizations can provide information about

where nurses are employed and/or the specific information on the nurses.

(3) ASM must know where hospitals and other employing agencies (i.e., county agencies) are located and develop a prospecting plan consistent with the employer's policies regarding recruiting activities.

3-5. Veterinary Corps (VC)

a. ASM will focus on veterinarians who meet appointment criteria per Chapter 4. Vet Corps positions are limited in the ARNG. If positions are full, the ASM must recommend and refer the applicant to the USAR for future career opportunities.

b. Practicing Veterinarians.

(1) ASM primary market is the practicing veterinarian. Veterinary specialties needed are determined by state vacancies.

(2) To identify where the practicing veterinarian market is, ASM should contact the American Veterinary organizations, and Veterinary associations. These organizations can provide information about where Veterinarians are employed and/or specific information on veterinarians.

(3) ASM must know where veterinary practices and other employing agencies (i.e., schools, industry, and state and federal agencies) are located and develop a prospecting plan consistent with the employer's policies regarding recruiting activities.

3-6. Medical Service Corps (MS)

a. ASM will focus on the AOCs needed by the state.

b. ASM primary market will include sanitary engineers, social workers, clinical psychologists, nuclear medicine science and environmental scientists. MS specialties will depend on state units.

c. ASM must know where hospitals and other employing agencies (i.e., private and group practices, schools, industry, and state agencies) are located and develop a prospecting plan consistent with employer's policies regarding recruiting activities.

d. ASM will also recruit for the other 70 series MS specialties. 70 series specialties will be based upon unit vacancies and include health care administrative assistants, patient administration, health services human resources, health plans, operations and training and health services material officers. ASM will focus on applicants from 4yr ROTC programs, OCS and current medical unit members with degrees acceptable to the Surgeon General to fill MS positions (70B, 70D, 70E, 70F, 70H, 70K).

e. ASM will consider enlisted applicants for a direct commission into the Medical Service Corps based upon similar standards and policy as basic branch officers. **Direct commission is a command program and will not be initiated by the service member and will be utilized for exceptionally qualified Soldiers with proven leadership potential.**

f. ASMs should advise MS Corps applicants that individuals applying for direct appointment as a 70 series MSC officer will be boarded by USAREC as a 70B officer and their federal recognition orders when published will reflect 70B. USAREC board results that have an AOC of anything other than 70B for MSC 70 series officers will be corrected to 70B. 70B is the basic Military Functional Area (MFA) for Company Grade officers. In order to be awarded a 70 series AOC (70A, 70C, 70D, 70E, 70F, 70H or 70K) the officer will need to attend an AOC producing course and upon completion can be awarded the appropriate AOC. It should also be noted that 67A, 67B, 67C and 67D are duty positions NOT AOCs.

Chapter 4 Eligibility for Appointment

4-1. Professional Requirements

a. The health professional requirements for all branches of AMEDD are outlined in DA Pam 611-21. Health professionals are eligible to apply for appointment as Commissioned Officers in ARNG without concurrent call to Active Duty. All applicants, for any AMEDD Branch, must be graduates of educational programs accredited by an agency recognized by the U.S. Secretary of Education. **ALL** professional degrees, certifications, licenses, malpractice insurance, malpractice suits, professional privileges, and any related professional status **will be Prime**

Source Verified (PSV), with the issuing institution, agency, or organization by the ASM. See **Appendix D** for PSV statements. Throughout this chapter, verification statements are referenced as PSV - #, indicating the reference number in Appendix D. When there is an associated document, the PSV must go on the same page of the document. ASM will determine eligibility of an applicant's credentials by utilizing all categories of this chapter.

b. **Medical Corps (MC)**. Applicants are eligible for appointment and assignment to the MC, if they are in a residency program, have completed a residency program making them board eligible, or currently practicing medicine in the United States, U.S. Territories, or the District of Columbia. General Medical Officers (GMOs – have not completed a residency program) are ineligible for appointment.

(1) Doctor of Medicine (MD).

(a) Must be a graduate of an accredited U.S. school of medicine, with a Doctor of Medicine Degree, whose graduates are eligible to practice medicine or surgery in the United States, U.S. Territories, or the District of Columbia.

(b) Must have a current and permanent unrestricted license to practice medicine and surgery in the United States, U.S. Territories, or the District of Columbia.

(c) Must have completed at least twelve months of First-Year Graduate Medical Education (FYGME) program approved by Accreditation Council on Graduate Medical Education (ACGME) and the American Medical Association (AMA), and remain in that program until residency is complete.

NOTE: Applicants may Access within the first twelve months if they are boarded for STRAP

(2) Doctor of Osteopathy (DO).

(a) Must be a graduate of an accredited College of Osteopathy, with a degree of Doctor of Osteopathy, from whose graduates are eligible to practice medicine or surgery in the United States, U.S. Territories, or the District of Columbia.

(b) Must have a current and permanent unrestricted license to practice medicine and

surgery in the United States, U.S. Territories, or the District of Columbia.

(c) Must have completed twelve months of FYGME in a hospital approved by the American Osteopathic Association (AOA) or the AMA.

NOTE: Applicants may Access within the first twelve months if they are boarded for STRAP

(3) Foreign Medical Graduates (FMG).

(a) Is a graduate of a foreign medical school outside the United States and Puerto Rico.

(b) Must have passed and possess an Educational Commission for Foreign Medical Graduates (ECFMG Form 236A) Certificate.

(Certificate removes the requirement for transcripts from their Med School)

<http://www.ecfm.org/index.html>

OR

(c) Must have completed an approved 5th Pathway Program.

(d) Must have completed a first year Graduate Medical Education (GME) in an approved program listed in the Directory of Residency Training Programs. In most cases, completing (b) or (c) states they completed their GME requirement.

NOTE: Applicants may Access within the first twelve months if they are boarded for STRAP

(e) Must have a current unrestricted license to practice medicine and surgery in the United States, U.S. Territories, or the District of Columbia.

(4) Resident Physicians.

(a) Must be a graduate of an accredited MD or DO school of medicine.

(b) If an FMG, must have completed the ECFMG or 5th Pathway requirements.

(c) Must have completed first year Graduate Medical Education (GME) in an approved program listed in the Directory of Residency Training Programs.

NOTE: Applicants may Access within the first twelve months if they are boarded for STRAP

(d) Must be accepted or currently enrolled in a Residency Specialty Program, leading to Board Certification in a Specialty, approved by the ACGME and either AMA or AOA.

(5) Resident Licensure. There are two different avenues to meet the licensure requirement.

(a) If the applicant is in the first year of residency, he/she will have a current valid and unrestricted resident License issued by the state Board of Medical Examiners OR licensed to practice by the Residency Training Program. The ASM will use the PSV-12, PSV-13, PSV-14, or PSV-15 depending on which is applicable for their applicant.

(b) Regardless of the year of residency, the ASM will verify the applicant has taken Parts I, II, and III (as appropriate) of the United States Medical Licensing Examinations (USMLE) or National Board of Osteopathic Medicine Examiners (NBOME). The first year resident must have completed Parts I and II and be scheduled for Part III of the USMLE or NBOME. ASM will verify they have met these requirements. Even if the applicant's state does not require completion of the USMLE or NBOME for licensure, the applicant must take and pass the USMLE or NBOME to be considered for a licensure waiver.

(6) Licensure requirements may be waived for:

(a) Recent graduates selected for an Army FYGME Program.

(b) Physicians who are recent graduates of an accredited school of medicine (MD) or accredited college of osteopathy (DO) and are currently in an AMA or AOA approved graduate medical education program.

(c) Graduates of a medical school in Puerto Rico and have a provisional license to practice medicine or surgery in Puerto Rico.

(7) Medical and Dental Students.

(a) A four-year degree is no longer a requirement for medical and dental students to be boarded and accessed into the ARNG.

(b) Medical and dental student officer applicants must be accepted for enrollment to medical or dental school or currently attending medical or dental school.

(c) Must meet age requirements for MS/70B. (See para 4-5 b (3)).

(d) All medical and dental students will be placed in a Temporary Additional Position. TDA requests will be requested from ARNG-HRH-O thru ARNG-HRH-O@ng.army.mil; see sample in [Appendix F](#).

c. Dental Corps (DC).

(1) Must be a graduate of an accredited U.S. School of Dentistry with a Doctor of Dental Surgery Degree (DDS), or Doctor of Dental Medicine (DMD). Must be eligible to practice dentistry and surgery in the United States, U.S. Territories, or the District of Columbia.

(2) Graduates of foreign dental schools are not eligible to apply.

(3) Must have a current unrestricted license to practice dentistry in the United States, U.S. Territories, or the District of Columbia.

(4) Must be currently practicing dentistry
OR

(5) Be a current resident in a Graduate Dental Residency Program, approved by Accreditation Council on Graduate Medical Education and the ADA.

(6) If in a dental residency program, must have a current unrestricted Dental Residency License from the state Board of Dental Examiners OR licensed to practice by the Residency Training Program. If not, (3) above applies.

d. Army Medical Specialist Corps (SP).

Applicants are eligible for appointment and assignment to the SP Corps if they meet the qualifying college education as shown below. In all cases, college accreditation must be effective on the date the degree was awarded.

(1) Physician Assistant (PA).

(a) There are three primary educational programs for PAs: Any Bachelors degree along with a PA certificate; Bachelors in PA studies; or Masters in PA studies. All PA degrees must be from an accredited program.

NOTE: Program MUST be at least 20 months in duration to qualify, regardless of accreditation, however shorter programs may be reviewed (predetermination) on a case-by-case basis.

(b) Must hold a current unrestricted license. If the state has the biennial registration versus licenses, a letter from the licensing facility addressing this is required.

(c) Applicant must have passed and be currently certified by the National Commission of Certification of Physician Assistants (NCCPA). To obtain current NCCPA information, you may contact the NCCPA at 770-734-4528 or www.nccpa.net.

NOTE: IPAP graduates must take the first available NCCPA examination after successful completion of the program.

e. Army Nurse Corps (AN).

(1) **Registered Nurse (RN).** All graduates of accredited nursing programs are required to take the National Council Licensure Examination - Registered Nurse (NCLEX-RN) to receive a license (registered). Applicants who passed an RN licensing examination, other than the NCLEX-RN, prior to 12 December 1986 are eligible for appointment to the Army Nurse Corps. All registered nursing licenses (RN) ever held by an applicant must be verified with the respective state Board of Nursing. If any license was restricted, probationary, or revoked due to professional misconduct, the individual is ineligible to apply. There are two primary educational nursing programs for RNs that can apply for an ARNG appointment: Associate Degree Nursing (ADN) Program, and Bachelor of Science in Nursing (BSN) Program.

(a) Associate Degree in Nursing (ADN) applicants must be currently attending a BSN program and board for BSN STRAP.

(b) Bachelor of Science in Nursing (BSN) Degree. The BSN program is a four or

five-year University or collegiate program leading to a BSN.

(2) Additional Nursing Education.

(a) Master of Science in Nursing (MSN) Degree. There are a few accredited basic nursing education programs leading to a MSN (i.e., the participant never attended a BSN program or has a BS/BA in another field, i.e. biology).

(b) Family Nurse Practitioner (FNP). Applicants seeking appointment as a Family Nurse Practitioner (FNP) must have a Masters degree from an accredited school of nursing. The state licensing requirements for FNP's will vary from state to state. Consult individual states for requirements.

i. Only Family Health certification will be accepted and all others are ineligible to apply (i.e. Adult, Pediatric, Acute, etc...).

ii. FNP applicants can be placed in an SP/65D para/lin, but only in a duty position within a level II medical company per AR 601-142. All other MTOE positions are not authorized.

iii. Current AN officers seeking award of AOC 66P (Family Nurse Practitioner) must submit a request to ARNG-CSG-O. See sample in [Appendix F](#).

(3) Nurse School Accreditation. An applicant must be a graduate of a nursing education program accredited by an agency recognized by the U.S. Secretary of Education and acceptable to the Department of the Army. These are listed below:

(a) The National League for Nursing Accrediting Commission (NLNAC): http://www.nlnac.org/resources/resources_NA.htm or phone (404) 975-5000.

(b) Commission on Collegiate Nursing Education (CCNE): www.aacn.nche.edu.

(c) The American Association of Nurse Anesthetists (AANA): www.aana.com.

(4) The ASM must verify the nursing program was accredited for the degree received

and during the period for which the degree was awarded. This can be verified over the web or telephonically. If verified over the web, print the web page and type PSV-21.

(5) Graduates of non-accredited nursing programs may become eligible by:

(a) Completing an accredited nursing degree completion program.

(b) These programs must be in the United States, U.S. Territories, or the District of Columbia.

(c) Former AN Officers may be exempt from the eligibility criteria that require graduation from an accredited program.

f. Veterinary Corps (VC).

(1) Must be a graduate of an accredited U.S. School of Veterinary Medicine with a Doctor of Veterinary Medicine (DVM) Degree, whose graduates are eligible to practice veterinary medicine in the United States, U.S. Territories, or the District of Columbia.

(2) Must have a current, valid, permanent and unrestricted license to practice medicine in the United States, U.S. Territories, or the District of Columbia.

(3) Must be currently practicing Veterinary Medicine.

(4) If a graduate of a foreign school of veterinary medicine, outside the United States, must have passed and possess an Educational Commission for Foreign Veterinary Graduates (ECFVG) Certificate.

(5) Office of The Surgeon General (OTSG) may waive license requirements; if an otherwise qualified person is being considered within one year of graduation.

g. Medical Service Corps (MS).

(1) Applicants are eligible for appointment and assignment to the MS branch if they meet the basic qualifying college education for each of the specialties listed below. The educational requirements, for each of the specialties in (a) through (e) below, are specified in DA PAM 611-21. Applicants must have

attained the qualifying degree from an accredited college or university. In all cases, accreditation must be effective on the date the degree was awarded.

(2) For professionals in specialties listed in items (c) and (d) require a pre-determination for AOC. THE ASM will forward request to ARNG-GSS-O at ARNG-GSS-O@ng.army.mil. Documents:

- CV/Resume
- NGB 62-E
- Transcripts from qualifying degree program
- If available also include any evaluations in the related field that would support the application

NOTE: CVs must list what the related work experience entails, not just the title of the position.

(a) **67J - Aeromedical Evacuation Officer.** Current Aviation officers (15A/B) may apply for direct appointment to 67J. Enlisted and current Basic Branch officers must initially appoint to 70B and will be eligible for the AOC of 67J once the SM has completed the Rotary Wing Aviator Course.

(b) **70B - Health Service Administration.**

- i. Must have a baccalaureate degree.
- ii. Direct appointments for 70B are limited to (1) Prior Service (PS) commissioned officers within the Army, or its sister services, (2) enlisted personnel recommended by their Chain of Command meeting the prescribed standards of the NGB Direct Commissioning Policy for Basic Branch Officers, and (3) qualified OCS graduates.

NOTE: Non-Prior Service applicants are not eligible to apply for direct appointments.

iii. Qualified OCS candidates must apply for appointment through DCA during their final phase of training so they may be commissioned as a Medical Service Corps (MS) officer at the time of graduation, provided they meet the civilian educational requirements prescribed in DA Pam 611-21.

(c) **72A - Nuclear Medical Science.** Must have a doctor of philosophy degree or

master's degree with specialization in one of the following academic fields: Radio-biology, biophysics, medical physics, radiological physics, applied atomic physics, nuclear engineering, or laser or microwave physics. Individuals with a baccalaureate degree in one of these academic fields and 3 years of experience in the field may be considered.

ASM will forward a predetermination request.

(d) **72D - Environmental Science.**

Must have completed, at a minimum, a bachelor's degree from an educational program accredited by an agency recognized by the U.S. Secretary of Education with a major in an environmental science relevant field. Preferred majors include: environmental science, environmental health, environmental management, occupational health, industrial hygiene, public health, sanitary science and epidemiology. Other acceptable majors include: biology, chemistry, toxicology, geology, microbiology, biochemistry and zoology. **ASM will forward a predetermination request.**

(e) **73A - Social Worker.** Must possess a master's degree in social work from a program accredited by the Council on Social Work Education. Must possess a Licensed Independent Social Worker (LISW) or Licensed Clinical Social Worker (LCSW) license, no other license will be accepted.

(f) **73B - Clinical Psychology.** Must possess a doctorate in clinical or counseling psychology from an American Psychological Association (APA) accredited program and must have completed a 1 year APA accredited clinical psychology internship. Must have a current full unrestricted license to practice psychology in the United States, U.S. Territories, or the District of Columbia.

4-2. Professional work experience.

a. Professional work experience is defined as clinical or practical experience in the field for which applying.

b. Professionals must meet the educational and work experience requirements for a specific AOC as defined in DA PAM 611-21.

c. AN applicants must be practicing as a RN in the United States, U.S. Territories, or the District of Columbia. A minimum of 20 hours per

week in a clinical setting, or a full-time student in job-related training, or a full-time student in a baccalaureate or higher level degree in nursing program, for not less than six months within the one year period prior to the application being received.

(1) Professional work experience may be waived for AN applicant's, who pass their initial NCLEX-RN within 120 days of graduation from their Basic Nursing Program and the appointment application is received at USAREC within the six -month period following date of license issue.

(2) If the applicant fails their initial NCLEX-RN or did not take the NCLEX-RN within 120 days after graduation, the six-month work experience requirement applies. The work experience is calculated starting when the applicant begins employment as a licensed RN.

4-3. Citizenship.

a. All applicants must be citizens of the United States.

b. A Certified true copy of the official birth certificate will be used to verify U.S. citizenship.

c. Naturalized citizens. A person not born in the United States, U.S. Territories, or the District of Columbia, who becomes a citizen through a legal process. The ASM will see the original certificate of citizenship and complete DA Form 5252-R (Statement - Evidence of Citizenship Status), block 2. **NOTE: It is illegal to copy the naturalization certificate. This is the reason for completion of the DA Form 5252-R.**

d. Citizenship through naturalization of parent. A person born outside of the United States to parent(s) who became naturalized U.S. citizens. The ASM will see the original certificate of citizenship and complete DA Form 5252-R, block 3.

e. Derived citizenship or child born abroad of American parent(s). This is a person who is born outside the United States and whose parents are native U.S. citizens. These individuals should have one of the following:

(1) A DS Form 1350 (Certificate of Birth Abroad of a Citizen of the United States).

(2) An INS Form N-560 (Certificate of Citizenship).

(3) An FS Form 545 (Certificate of Birth Abroad of a Citizen of the United States).

(4) An FS Form 240 (Consular Report of Birth Abroad).

4-4. Malpractice Suits. All applicants who have Malpractice Suits pending are ineligible to process their application until the malpractice suit is resolved. Eligibility is determined by the results of the lawsuit.

4-5. Waivers. ALL waivers must be approved **prior to** submitting DCA packets except Malpractice waivers. See [Appendix E](#) for example waivers and submission criteria.

a. Mandatory Removal Date Exceptions (Granted by ARNG-HRH-O and determination of approval usually takes 90-120 days)

(1) Any NPS applicant unable to complete their 8 year MSO before their Mandatory Removal Date (MRD) will require an MRD exception approval. Any applicant unable to complete 20 Active Federal Service (AFS) years prior to the age of 60, must sign a Statement of Retirement Waiver.

(2) PS applicants 59 years and older at time of initial appointment require an MRD waiver approval.

(3) MRD waivers are generated at the state level and forwarded to ARNG-HRH-O thru ARNG-HRH-O@ng.army.mil for approval.

b. Malpractice Waivers

Malpractice waivers will be initiated at USAREC by HSD after applicant packet is boarded and approved.

NOTE: Determination of approval usually takes 90-120 days.

c. BOLC Constructive Credit Waiver (Granted by AMEDD C&S)

(1) PS commissioned applicants that previously completed an Army BOLC for a different branch can submit a BOLC constructive credit waiver request. All other applicants must complete an AMEDD BOLC

(2) Waiver request memo must have State Surgeon signature block. See [Appendix E](#) for example waiver and submission criteria.

d. Age and Age-in-Grade Waivers (Granted by ARNG-GSS-O)

(1) **Age Waivers.** Applicants who will not board prior to the age of 41 years and 364 days will require an Age Waiver. All age waivers will be submitted through DCA and also forwarded to ARNG-GSS-O@ng.army.mil for approval. See [Appendix E](#) for example waiver and submission criteria.

(2) **Maximum Age Limitations.** Public law and DA policy have established maximum age limitations for the different AMEDD branches. NPS applicants must be selected by USAREC and granted TFR prior to reaching the age indicated below:

Medical Corps	60
Dental Corps	60
Army Medical Specialist Corps	48
Army Nurse Corps	48
Veterinary Corps	48
Medical Service Corps	42
AOCs on the CWSL	48

(3) **Age-in-Grade Waiver.** PS applicant's whose age is equal to or exceeds the following maximum allowable age for appointment requires an Age-in-Grade waiver. Adjustment will be made for applicants with prior commissioned service.

Second lieutenant	33 years
First lieutenant	38 years
Captain	43 years
Major	50 years
Lieutenant Colonel	51 years
Colonel	55 years

NOTE: Age-in-Grade waivers for PS applicants under 35 years of age can be processed at state level with approval from The Adjutant General.

e. Medical or Disability Waivers (Granted by ARNG-CSG)

(1) Submit all requests for Medical or disability waivers as a result of medical disqualification through NG-MATS. NG-MATS is the system of record for all medical waivers and

ARNG-CSG does not accept paper submissions or waiver requests through DCA. If you need to contact ARNG-CSG, their address is as follows:

ARNG Readiness Center
 ATTN: ARNG-CSG
 111 S. George Mason Drive
 Arlington, VA 22204-1382

(2) The ASM must request in writing a medical waiver through NG-MATS. Submit the following documents:

- NGB 22-3, Request for medical waiver with the type of applicant (Specify Appointment as a MC/DC/AN/SP/VC)
- DD Form 2807-2
- Original DD Form 2808 and DD Form 2807-1 with all attachments and lab results
- All supporting medical records

(3) ARNG-CSG will return via NG-MATS the physical with stamped either approval or disapproval for the waiver to the ASM. State Surgeons are NOT allowed to stamp this form.

f. Requesting Civil Conviction Waivers (Granted by ARNG-HRH-O and determination of approval usually takes 45-60 days)

(1) Submit request for Civil Conviction Waivers to ARNG-HRH-O for the following individuals:

(a) Individual who has been adjudged youthful offender, have a record of arrests of any type, have a record of convictions of any type of military or civil court, excluding minor traffic violations involving a fine or forfeiture of \$250 or less. All convictions in the applicants lifetime must be addressed, and require waivers, except as noted earlier in this paragraph.

(b) Alcohol and/or drugs. Any incident involving alcohol and/or drugs, regardless if the applicant was a minor or charges were: dropped, dismissed, expunged, suspended, etc. requires a waiver.

(c) Conviction of a felony under local, federal, or military law.

(d) Conviction that resulted in sentence to confinement in prison, stockade, or detention area or in sentence to hard labor.

(e) Conviction involving moral turpitude.

NOTE: All cases must be closed.

(2) Request for waiver of prior convictions will be considered only if the applicant's conduct and character at the present time are above reproach, and the potential value of the applicant's service as an officer is considered to be very high.

(3) Submit request for waiver through the state J-1 office and then forwarded to ARNG-HRH-O thru ARNG-HRH-O@ng.army.mil. See [Appendix E](#) for example waiver and submission criteria. A copy of the waiver approval will be placed in the applicants DCA ERM under the Appointment folder.

Submit the following documents:

- NGB Form 62-E.
- Official court documents citing the offense.
- Court documents citing the court action and judgment rendered.
- Statement of circumstances from the applicant.
- A character letter should be included.

**g. Requesting RE Code Waivers
(Granted by ARNG-HRH-O)**

(1) Individuals who have received a less than favorable RE Codes on their DD Form 214 must have a waiver granted prior to submission of AMEDD application. See AR 635-5-1 for specific codes and waiver approvals.

(2) Submit the following documents to ARNG-HRH-O via ARNG-HRH-O@ng.army.mil:

- Documents required for waiver submission:
- Waiver Request
- Individual's statement.
- DD214 (Service Copy)
- RE Code Check
- Narrative of separation

**Chapter 5
Initial Appointment Application Documents**

5-1. General

a. **DCA.** All initial AMEDD Appointments, outside of applicants for IPAP, must be submitted through DCA. For instructions on the

proper use of this system, please refer to the DCA user's manual, DCA QC checklist, and Scanning checklist located on GKO AMEDD website (DCA Materials Tab). This section of the SOP will outline the necessary information required to be completed and scanned into the DCA system.

b. The application for initial appointment is completed in conjunction with PFR checklist in Chapter 7.

c. All documentation signed by the applicant must be dated within 6 months of USAREC board start date.

**5-2. Record of Medical Examination
The only authorized Medical Examinations are described below:**

a. All AMEDD initial appointment application packets will contain a current Chapter 2 physical. AMEDD initial appointment (excluding transfers) application packets will contain a current Chapter 2 physical examination IAW AR 40-501, NGR (AR) 600-100 and current OTSG policies. The Chapter 2 physical examination must be within 24 months of the board date. Applicants must be within Prior Service height and weight standards of AR 600-9. DD Form 2808 and DD Form 2807-1 will be filled out completely to include:

- All signatures
- PULHES
- HIV (Can also use a current copy of applicants MEDPROS)
- DAT testing results (Can also use an MFR from current commander stating that soldier participates in random drug testing; see [Appendix F](#) for example)
- HT/WT and DA 5500/5501 if applicable (The 5500/5501 supervisor signature must be from a current commissioned officer)

NOTE: Under no circumstances will an OCS/ROTC physical be accepted as a Chapter 2 physical with the exception of a USAR transfer.

b. **DoDMERB Physical:** Must have DD FORM 2492 (DOD Medical Examination Review Board- Report of Medical History) and DD Form 2352 (DOD Medical Examination Review Board), HIV, and DAT results following requirement apply:

(1) HIV, DAT (drug and alcohol test), and over 40 physicals specific testing will be conducted within 30 days of Accessing into the ARNG. Results will be annotated with the officer's MEDPROs.

(2) Medical Action Tracking System (NG-MATS) personnel will scan the completed DoDMERB Physical to ARNG-CSG for the completion of a Standard Form 507.

(3) Upon review of the DoDMERB physical, ARNG-CSG will complete and upload the SF 507.

(4) State Strength Management Offices must use the ARNG-CSG signed SF 507 in conjunction with the DoDMERB physical as documentation to substantiate final approval of ARNG commission eligibility.

(5) If the DoDMERB physical is DISAPPROVED by the DoDMERB facility, a request for medical waiver (NGB Form 22-3) may be requested. Forward NGB Form 22-3 along with the original DoDMERB and supporting documents to ARNG-CSG through the NG-MATS portal. ARNG-CSG will issue a final waiver determination.

c. Reappointments: All AMEDD "reappointments", meaning current Army Officers changing from one specific Corps to another Corps, or RA and USAR transfers must have a CH3 retention physical completed. The CH3 "retention" physical must be annotated on a DD Form 2808 and DD Form 2807-1 and loaded into DCA.

(1) Periodical Health Assessment (PHA) documented forms are currently NOT authorized as an expectable "Medical Examination" for USAREC Board processing.

d. Medical Detachment: If the applicant has ever been discharged for a medical reason, they must go through MEPS for a CH 2 Commissioning Physical. MED DET's physical exams are not authorized for these types of applicants.

(1) NPS applicants are not authorized to receive a Chapter 2 PE for Medical Detachments

e. Current ARNG aviation officers applying for 67J may submit a current full/long Ft. Rucker

approved flight physical with or without signatures.

5-3. Required Incentive Forms

a. USAREC Form 1252

(1) USAREC Form 1252 is required for all applicants "eligible" for incentives, regardless if they elect to receive them or not.

(2) Applicant will initial by the incentives desired and place N/A in the other lines that do not apply and sign, along with the witness. Witness and applicant must date the same day.

(3) If applicant is applying for more than one incentive, they will mark sequential numbers following their initials to indicate the order they are to receive the requested incentives and all other blocks should be "NA".

(4) Applicants ineligible for incentives (see current AMEDD Incentive policy) will not complete a USAREC Form 1252 in DCA.

b. NGB 810

(1) The NGB 810 is required for all MDSSP, STRAP, and BSN STRAP applicants. This requirement will satisfy the verification of enrollment for the MDSSP/STRAP enrollment packet.

(2) For applicants that have not started their educational program, a Letter of Acceptance (LOA) will substitute for the NGB 810.

NOTE: Medical/dental students must board for MDSSP on initial appointment weather they plan on using the incentive or not.

5-4. Professional Credentialing Documents

a. NGB FORM 62-E. The 62-E is the Application for Federal Recognition as an Officer or Warrant Officer in the ARNG of the United States and will be generated from DCA for USAREC boarding.

(1) Endorsements. All NGB Form 62-Es will have the first endorsements completed for the USAREC board although it is acceptable to have more than one completed. All 6 pages must be scanned into DCA.

b. Curriculum Vitae/Resume (CV).

ALL initial appointment and reappointment applications are required to provide a CV.

[Appendix F](#) has a sample of required information and format.

(1) A current, comprehensive CV is required from the applicant. The ASM will ensure the applicant's CV contains a complete listing of all professional training, employment, academic appointments, professional organization membership, military and public health service, and professional publications. The CV will start with the applicant's current position and continue back to the applicant's qualifying degree.

(2) The CV must reflect all periods of time. All entries must include inclusive dates reflecting Month/Year to Month/Year. CV must be current and match information on source documents and DCA.

(3) All professional employment entries must contain a brief job description to include city, state of employment location.

c. Professional Licenses. This item is applicable for all professionals applying for initial appointment, transition applications, and graduation applications that have ever held or currently hold a professional license to practice their specialty. The exceptions are applications and transfer applications (15A to 67J).

(1) The application packet requires copies of ALL professional licenses. This includes all resident training, restricted, temporary, limited, expired, and permanent licenses. **ALL** licenses will be verified using the prime source verification (PSV) statements in [Appendix D](#) or website verification with website address at bottom of page. Website verification must show license #, issue & expiration date and if any actions have ever been taken against the license. The original certificate or wall size copy of the license is acceptable. If the individual is a Resident and does not have a license, copies of scores of Part I and II USMLE or NBOME are required.

(2) The ASM should ensure that the list of licenses is consistent between the CV and DCA Use (PSV-9) to verify all licenses that have never been restricted.

(3) The ASM will annotate on the PSV if a copy of the license is not available.

(4) Use (PSV-10) if an applicant's license(s) has expired. State the reason for expiration and that the license was or was not restricted.

(5) Use (PSV-11) for past restricted licenses. Applicants with a past-restricted license can be boarded. The ASM must provide a full explanation and/or documentation of the nature and terms of the restriction(s) (i.e., court documents, affidavits, summaries, judgments, etc.). You must provide full documentation of any restriction removal. **USAREC selection boards will NOT board applicants with currently restricted licenses.**

(6) ASM needs to verify that the applicant has applied for renewal of their license if it will expire within 45 days prior to USAREC board date. The MFR must include a copy of canceled check and copy of renewal application. Put relevant information on an MFR and attach it to the license that is expiring.

(7) If unable to verify telephonically, the ASM will send a letter and attach a signed copy of the consent release of information from SF 86 if the licensing agency requires a written request for information.

(8) Use (PSV-12) if a resident has a temporary permit or a resident license issued by the state.

(9) The ASM will verify that the resident is currently on the state Licensing Board's resident list. Use (PSV-13) to prime source verify with the state licensing board. If the resident does not have a temporary permit or a license and is not working under the authority of a licensed medical facility, include a letter from the program director stating the "training licensing procedures", on their letterhead, addressed to the AMEDD Procurement POC.

(10) Use (PSV-14) if the resident does not have a temporary educational permit or a license issued by the state, and is working under the authority of a non-federal licensed medical facility. Prime source verify with the medical facility.

(11) Use (PSV-15) if the resident does not have a temporary educational permit or a

license issued by the state and is working under the authority of a federally licensed medical facility. Prime source verify with the medical facility.

(12) Drug Enforcement Agency (DEA) licensure – If the applicant is DC, MC, SP, 66P, they will likely have the authority to prescribe medicine. They will in turn possess a DEA license that must be put in DCA. As the DEA will sometimes verify and sometimes not, the verification requirement is removed for this one license only. However, a copy of the current license must be provided with all of the other licenses. The copy of the DEA license must have “certified true copy” typed on it with the AMEDD POC’s signature block.

5-5. Education Documents

a. Professional Basic Qualifying Degree and Transcript(s). A professional degree is the basic qualifying degree, diploma, and/or certification as outlined in AR 135-101, paragraph 1-11, and Chapter 4 of this publication. **Do not write on the original transcripts, there is no need to PSV an original.** Degrees in progress (medical/dental schools) will be verified using PSV-1a. In no case, are high school diplomas required. If original transcript has the qualifying degree awarded with day, month and year then this is your PSV, otherwise diploma is required along with current transcripts. All other educational certificates to include: Fellowships, Residencies, Internships and Specialty Training need to be prime source verified using PSV-3 and copy of the certificate needs to be scanned into DCA as one file.

(1) The applicant will request official certified transcripts for qualifying degrees be mailed directly to the AMEDD POC.

NOTE: Transcripts issued directly to the ASM do not need to be PSV’d.

(2) Medical school/dental school transcripts must be requested for the most current semester if in progress, along with undergraduate transcript. If the applicant-completed undergraduate studies, and is attending medical school at the same university, you **MUST** request separate transcripts from the School of Medicine. University transcripts referencing medical courses are often not as specific as the School of Medicine on course

information and will not be accepted at USAREC.

(3) Applicants for SP/65D that received a two-year certificate to practice as a Physician Assistant (PA) must also provide official transcripts from school where the bachelor’s degree was obtained.

(4) If the applicant cannot find the GME/GVC/GDC certificate, the ASM will submit an MFR stating the reason the certificate was not available using PSV-3.

b. Advanced Degree(s) with Transcripts. All initial appointment, branch transfers, IRR, and USAR transfers will provide copies of all advanced degrees that may include Masters, Ph.D. & JD. Refer to AR 135-101 for additional guidance on what is included for adjunctive skills to their specialty

(1) The applicant will request official certified transcripts for all qualifying and advanced degrees. Transcript evaluation by USAREC professional boards will determine if the applicant receives additional Constructive Service Credit IAW AR 135-101 or additional skill identifier.

c. Board Certification and Board Eligibility.

(1) This is applicable to specialties that are required to be board certified or board eligible; these specialties are address in DA PAM 611-21 and AR 135-101.

(2) The applicant will provide the ASM with the specialty board certification certificate. The ASM will PSV the specialty board certification using PSV-8. Verify documents by mail if the board will not verify the document telephonically.

(3) If the certificate is not available, the ASM will provide an MFR using PSV-8. PSV will be current within 12 months of board date.

d. Continuing Medical Education (CME/CHE). All branches will place CME certificates in DCA and should be requested from the individual and included in the application for initial appointment.

e. ECFMG/ECFVG Certificate.

(1) The ECFMG is only applicable to Foreign Medical Graduate (FMG) physicians. USAREC will not board FMG's, unless they have a valid indefinite ECFMG Certificate. Use the Form 236A (Rev 10/96) to verify the certificate. ASM will PSV the ECFMG certificate as valid and indefinite, using PSV-7 and this eliminates the requirement to obtain and verify transcripts from the foreign institution.

(2) The ECFVG is only applicable to FVG veterinarians. USAREC will not board FVG's, unless they have a valid indefinite ECFVG Certificate. The ASM will PSV the ECFVG certificate as valid and indefinite, using PSV-7.

(3) The website for obtaining information related to the ECFMG is WWW.ECFMG.ORG or (215) 386-5900.

f. RN School Accreditation

An applicant must be a graduate of a nursing education program accredited by an agency recognized by the U.S. Secretary of Education and acceptable to the Department of the Army. See Paragraph 4-1.e.

5-6. Professional Evaluations and Recommendations

a. Commander's Letter of Recommendation (LOR) or USAREC 195.

Applicants who are currently in any branch of the service must include a Cdr's LOR or USAREC Form 195, except IRR & ING soldiers. The LOR must include the applicant's potential as an officer. If the applicant is currently commissioned, their performance must be addressed. Also included in the CDR LOR must be a statement that the individual will be released if selected for position applicant is currently applying for. The Commanders LOR will be current within 6 months of board date and signature block must state "Commanding".

b. State Surgeon's Letter of Recommendation/Interview. All MC applications are required to have a LOR. In the event the State Surgeon and Commander are one in the same, there must be an MFR provided with the packet. The LOR will be typed on military letterhead and in memorandum format. It will not exceed two pages in length and be consistent with information on other documents in the application, and be signed by the State Surgeon.

c. USAREC Form 195 or Professional Letter of Recommendation. (In progress if finalizing)

All initial appointment and re-appointments will require three 195's or LOR's. Letters of Recommendations must be on letterhead, dated and signed by the evaluator. They must be in a position to address/evaluate the applicants' professional competence within 10 months of the USAREC Board. If applicant has graduated for more than a year, at least six months out of the last twelve months must be in currently specialty. This does not apply if applicant has graduated for less than twelve months. 195's or LOR'S may be hand written as long as it is legible. If not legible, then it must be typed and mailed **directly** to ASM. Telephonically verify **all** 195's/LOR's not mailed directly to the ASM from the author. Below, listed by AMEDD branches, are the required authors that meet the 195/LOR requirements for each branch:

(1) Medical Corps.

(a) Physicians with Hospital and/or Clinical Privileges (Other than Interns and Residents).

i. Receive a 195/LOR from the Hospital Chief of Staff where the professional conducts the majority of admissions or practice.

ii. Professional's Supervisor or Department Chairman. A 195/LOR will be accepted from a physician in the same specialty as the applicant, if a professional Supervisor or Department Chairman is not available. The author of the 195/LOR must be in a position to comment on the applicant's professional abilities and competence. The ASM will type an MFR to complete this requirement, justifying the use of a substitution 195/LOR.

(b) Physicians without Hospital/Clinical Admitting Privileges (Other than Interns and Residents).

i. Professional Supervisor or Department Chairman.

ii. The Senior Administrator.

iii. The Senior Medical Staff Member.

iv. Obtain a 195/LOR from a physician in the same specialty, if you cannot get 195/LOR from the above sources. The author of the 195/LORs must be in a position to comment on professional abilities and competence. The ASM will type an MFR stating why a substitute is necessary.

v. Private practice physicians must obtain three 195's or LOR's from other physicians.

(c) Residents/Interns within the First Six Months of training (six months at the time the packet is boarded).

i. Receive a 195/LOR from the Dean of the Medical School or the Dean of Student Affairs at the applicant's medical school.

ii. Receive a 195/LOR from the Director of the Residency Program.

iii. Receive a 195/LOR from a faculty member of the applicant's medical school of graduation.

(d) Interns/Residents after the First Six Months of Training.

i. Receive a 195/LOR from the Director of the Residency Training Program.

ii. Receive a 195/LOR from two full-time Residency Faculty Members.

(2) Dental Corps.

(a) Practicing Dentist. Receive a 195/LOR from three practicing dentists that can evaluate the applicant's professional abilities and competence.

(b) Dentists who have recently graduated. (Within the last 6 months) NOTE: 195/LORs must be current within 12 months of the board date.

i. Receive a 195/LOR from the Dean of the Dental School or the Dean of Student Affairs from the applicant's dental school.

ii. Receive a 195/LOR from **two** faculty members or advisors at the applicant's dental school in a position to comment on

professional abilities and competence as a Dentist.

(c) Dentists currently in Graduate Medical Education Programs (GME).

i. Receive a 195/LOR from the GME Program Director.

ii. Receive a 195/LOR from **two** faculty members of the program.

(3) Veterinary Corps.

(a) Practicing Veterinarians. Receive a 195/LORs from three practicing Veterinarians that can evaluate the applicant's professional abilities and competence.

(b) Veterinarians who have graduated within six months (six months at the time the packet is boarded).

i. Receive a 195/LOR from the Dean of the Veterinary School or the Dean of Student Affairs from the applicant's veterinary school.

ii. Receive a 195/LOR from **two** faculty members or advisors of the applicant's veterinary school in a position to comment on professional abilities and competence as a Veterinarian.

(4) Army Medical Specialist Corps.

(a) Ensure that at least two of the 195/LORs address the applicant's clinical competence.

(b) Preferably two from direct supervisors and one from a peer of the applicant. In most cases the supervisor's 195/LORs will be from Physicians.

(5) Army Nurse Corps.

(a) Nurses With More Than Six Months Experience

i. Receive a 195/LOR from two nursing supervisors (i.e., Head Nurse, Nurse Manager, Director of Nurses, etc.).

NOTE: Charge Nurses are not accepted as supervisor.

ii. Receive a 195/LOR from one nursing peer. A professional nurse peer must be able to evaluate applicant's clinical and professional performance and competency. Peers must have worked with the applicant at least six (6) out of the last twelve months. Note: CRNA must have another CRNA as a peer, not a registered nurse.

iii. All 195/LORs require that the individual completing the evaluation list their title (RN, CRNA, etc) in their signature block.

(b) Nurses in the First Six Months Following Graduation (six months at the time the application is boarded at USAREC).

i. Receive a 195/LOR from the Director of Nursing from the applicant's last year of nursing school.

ii. Receive a 195/LOR from **two** faculty members during the applicant's last year of nursing school.

(c) Nurses Not Supervised by a Nurse or Only One Nurse Supervisor.

i. Requires the Hospital Administrator or HR Dept on who directly supervises the applicant to write a letter stating circumstances of the line-of-supervision. This individual will also complete the 195/LOR. ASM will provide an MFR explaining the reason for any exception.

ii. Two Nurse Peers who are in a position to evaluate the applicant's clinical and professional performance and competency.

(6) Medical Service Corps.

(a) Clinicians (71, 72, and 73 series AOCs). If the applicant is a clinician, at least two of the three 195's or LOR's must come from current civilian supervisors who evaluate the applicant's clinical abilities. A professional peer will complete the third.

(b) Non-Clinicians (70 series AOCs). If the applicant isn't a clinician then the 195/LORs must come from two civilian or military (XO, 1SG, PLT LDR, PSG) supervisors and one peer that can evaluate professional abilities.

(c) Recent Graduates (or full time students) – Receive a 195 or LOR from **two** faculty members during the applicant's last year and one peer that can evaluate professional abilities.

(d) Medical and Dental Students enrolled for more than one semester. The 195/LORs must be from the Dean or an Assistant Dean of the Medical/Dental School and two faculty members of the medical/school.

(e) Medical or Dental Students enrolled for less than one semester. Three faculty members from the last semester of undergraduate school will complete the 195/LORs for applicants recently accepted into medical/dental school. If the board date is more than 10 months following graduation from undergraduate school, and no full time employment occurs in the interim, the 195/LORs must be from physicians or dentist they currently know.

i. Med or dental school committee letters (2 max) may be submitted in lieu of 195's or LOR's as long as they are within 9 months of USAREC board date. Date must be on first page of the committee letter.

5-7. Prior Service (PS) Records

a. At a minimum, provide copies of the following PS documents:

- DA Form 2-1 or Officer's Record Brief (ORB)
- All Officer Evaluation Reports (OERs) or Noncommissioned Evaluation Reports (NCOERs). A MFR will be required if missing NCOERs and OERs. If applicant is currently in any unit MFR must come from current unit commander or administrator
- All DD 4-1 & 4-2 enlistment documents and extensions
- All enlistment documents, extensions, etc
- DA Forms 1059
- Service School Certificates
- Non-Commissioned Officer Education System (NCOES) or Officer Military Education System certificates
- ROTC contracts and OCS/ROTC certificates
- Initial Reserve of the Army Appointment Letter
- Promotion Orders - Enlisted: E-5 and above; Officers: current and initial appointment orders

- RPAS if in ARNG or Air National Guard (ANG)
- DD Forms 214 with RE code, NGB 22 with RE code, and/or discharge orders to include IRR discharge orders

b. If the applicant has had prior military service the ASM/Technician must request PS records as soon as possible after the interview by using the SF 180. Instructions are below for obtaining prior service records.

c. The ARNG has a liaison office at the Army Reserve Personnel Command. POC AT HRC-STL is SFC Marcus Keeling, email is marcus.keeling@us.army.mil, Telephone numbers are 1-800-325-4389, or commercial (314) 592-0815. If the applicant has ever had PS in the ARNG, check the state Officer/Enlisted Personnel Records Branch or IPERMs.

d. The request for PS records should specifically ask for original appointment orders, all OERs, AERs, NCOERs, promotion orders, discharge orders, and DD Form 214s with reenlistment code for enlisted soldiers, however, your best request is for "All Prior Service Records".

e. SF 180 Must be scanned into DCA according DCA Scanning checklist.. All records obtained must be scanned into the PS folder in DCA upon receipt.

PS Army, Army Reserve, IRR/ING and former National Guard:

Complete SF 180, this document is required to be signed by the applicant (For an example see the GKO AMEDD website. Scan as PDF file to following email address:

marcus.keeling@us.army.mil

Note 1: It can take up to 30 days or longer to get the records depending how long ago the applicant was discharged. Once records are pulled they will be sent via email to the recruiters email address.

Note 2: If no records are on file you will get a memo via email from HRC-STL and it will need to be scanned into DCA in the PS folder as other document titled "PSR MEMO".

Note 3: If the applicant has ONLY served in the National Guard then no SF 180 is needed. If the applicant has served in Army Reserve or any

other branch and then transferred to NG you must submit the SF 180 & USAREC 1076.

NOTE: SF 180 must be signed by the applicant, not the recruiter. Approximate dates are ok.

FORMER AIR FORCE RESERVES & AIR NATIONAL GUARD

Complete the SF 180 only, it must be signed by the applicant or Authorization for Release of Information attached. On the SF 180, Section 3, Block 2 needs to have the recruiter requesting complete information.

Address: Air Force Reserve Personnel Center
ATTN: DSMF
7300 East 1st Avenue
Denver, CO 80280

NOTE: This agency is real good about doing this via email and phone. Phone # is: 800-525-0102

ALL NAVY RECORDS

Complete the SF 180 only, it must be signed by the applicant or Authorization for Release of Information attached.

Address: Naval Reserve Personnel Center
5720 Integrity Drive
Millington, TN 38055-3120

Customer Service: (901) 874-3596

MARINE CORPS RESERVE RECORDS

Complete the SF 180 only, it must be signed by the applicant or Authorization for Release of Information attached.

Email: csc@cdc.usmc.mil

Address: Marine Corp Reserve Support CMD
ATTN: MMD-1 1530 Andrews Road
Kansas City, MO 64147-5400

COAST GUARD RECORDS

Complete the SF 180 only, it must be signed by the applicant or Authorization for Release of Information attached. Currently serving send to block 3 of SF 180 page.

NOTE: Separated Coast Guard members, follow same procedures as Army.

PUBLIC HEALTH RECORDS

Public Health **DOES NOT** accept SF 180's. A signed letter from the applicant and reason for the request needs to be mailed to:

Address: Division of Commissioned Personnel
Parklawn Building Room 4-35
5600 Fishers Lane
Rockville, MD 20587-0001

PSR Special Instructions

Reference example showing multiple components such as Army, Navy, Air Force, etc., you still must submit the SF 180 to SFC Keeling at HRC-STL and mail the signed SF 180 to each individual component. Only scan the SF 180 into DCA board folder once.

If using iPERMS to obtain records you are still required to submit SF 180's to all components as well.

To obtain USAREC FM 1076 when you first log into the portal (<http://www.usarec.army.mil>) on the left hand side is Forms & Publications.

5-8. Additional Forms and Documents

a. Statement of Goals. Required for all applications. Applicants will submit a statement of interest and motivation, identifying their reasons for seeking appointment to their specialty branch and the benefits they can offer the branch. Statements will be addressed to the AMEDD Accessions Board, no more than one page in length, must be typed, signed by the applicant and must be dated within **6 months** of the board date. The board weighs this heavily toward selection or non-selection so take this document very, very seriously. This statement should cover 'Why he/she wants to be an AMEDD officer' to include short and long term goals and should address things such as breaks in medical/dental school, residency, resignation from any military component and two time Passovers, etc. See [Appendix F](#) for example.

5-9. DCA Security Clearance Processing

a. The following steps are critical to request a security clearance. Prior to submitting the packet to the State ASM for review, the recruiter/tech will complete the following steps:

(1) Prior to "clicking" the Submit for Clearance button in DCA, the electronic packet must have an E-validation of 2Y and QC Summary of 2I in DCA.

(2) Click on Generate the Security Clearance Application in Step 4 on the applicant profile.

(3) Open view packet and review the Security Clearance Application (SF 86) report in the appointment folder and verify current date. Close the document and return to applicant profile.

(4) Scan in the three Security Clearance Application forms and Credit Check into Board folder. All four forms must be signed within 90 days from the date of submission to OPM.

(5) Click on Submit for Clearance button in step 4 of applicant profile.

b. Located on the top right of the applicant profile screen is clearance submitted and clearance acceptance date. Once the "Submit for Clearance" button is pushed you will see a clearance submit date and shortly after that you should get a complete date. If within 24 hours you do not have complete date then you have clearance error report and there will be blue hyperlink, click on the hyperlink and review and correct errors. After corrections you must start from step one again.

(1) Click on reports, select JPAS Submission report.

(2) JPAS submission report will explain what errors you have, these errors need to be corrected prior to submitting the packet forward.

c. FINGERPRINT CARDS

(1) Immediately upon DCA/JPAS approval of submission and acceptance date on the applicant profile screen the fingerprint cards needs to be mailed to the following address so OPM will start the background investigation process.

NOTE: Fingerprint cards not rec'd by OPM within 30 days of the Security Clearance complete date will cause the record to be removed from OPM and all data will be removed from OPM.

(2) Address to where fingerprint cards are to be mailed:

OPM
Federal Investigation Processing Center
1137 Branchton Road, Box 618
Boyers, PA 16018-0618

d. States/territories are responsible for tracking DCA/JPAS submission process and mailing of fingerprint cards to OPM within three days after you receive a JPAS complete date in DCA. The state security manager should be able to go into OPM and see the data and grant an interim clearance.

5-10. Notification of Board Results

a. NGB will notify ASMs of board results via or e-mail within 24 hours of USAREC notifying NGB. DCA will also generate email stating whether the applicant is board select or non-select

b. For non-selects an official memorandum will follow thru the RRC, AMEDD POC, for the applicant. The ASM will notify the applicant within 24 hours. The applicant may apply again no earlier than 12 months from the board results date of the Non-Selection.

c. In the event of selection, the ASM will be advised via email from ARNG-GSS-O (AMEDD) within 48 hours of the release of official USAREC board results. Applicants selected will be commissioned and a completed PFR packet will be forwarded to ARNG-GSS-O within 30 days of FRB. If circumstances prevent meeting the suspense, the ASM will notify ARNG-GSS-O. USAREC board results are valid for a period of 12 months. If an applicant has not completed a NGB Form 337 within 12 months of the board results date, that applicant will need to be re-boarded.

d. If an applicant was initially boarded for AD or the Army Reserves those board results will not satisfy the requirements of the ARNG and the packet will need to be re-boarded.

e. All paper documents will need to be held on file for a minimum of 24 months and it is recommended that documents be kept on file for the duration of the officer's military career.

Chapter 6 Incentives

See the ARNG AMEDD Incentive Program Memorandum for a list of specialties authorized for ARNG Healthcare Incentive Programs.

Note: It is imperative that the ASM be familiar with the ARNG AMEDD Incentives Policy

6-1. General

It is NGB policy that incentives be used to attract and retain healthcare professionals possessing or qualifying for training in critical skills needed in wartime to sustain membership and maintain readiness in the ARNG. For complete guidance on incentives, see current AMEDD Incentives Policy Memorandum.

a. **Incentives.** The Selected Reserve incentives available to ARNG healthcare professionals include the following programs:

(1) Healthcare Professional Loan Repayment Program (HPLRP).

(2) Special Pay Program (formerly referred to as Healthcare Professional Bonus Program (HBP) (Accession and Retention).

(3) Specialized Training Assistance Program (STRAP).

(4) Medical/Dental Student Stipend Program (MDSSP)

(5) BSN or MSN-STRAP

b. **Eligibility.** ARNG-CSG-O annually reviews and publishes an ARNG AMEDD Incentive Policy Memorandum identifying the critical wartime specialties eligible for incentives.

(1) Personnel are eligible for incentive programs when the position they are recruited for matches (or is an authorized substitution for) the specialty in which they have received formal training. Program participants must remain in a qualifying AOC assignment in order to receive loan repayments, monthly stipend or annual bonus anniversary payments. The ARNG will not offer incentives to personnel assigned to additional TDA positions.

(2) Service members involuntarily transferred between ARNG units, to the

Individual Ready Reserve (IRR), or to an Army Reserve Troop Program Unit (TPU) as a result of force structure changes or force reduction actions, may be, eligible to receive the benefits identified under their initial contract, if they meet all requirements listed in the AMEDD incentive policy.

(3) ARNG AMEDD Personnel must not have an active duty service commitment in the Uniformed Services or a service commitment in the Public Health Service.

(a) All AMEDD incentives are managed by ARNG-GSE-I. General Incentives information and tools can be found on the following AMEDD Incentives GKO page:
https://gkoportal.ngb.army.mil/sites/G1_ASM/ameddincentives/default.aspx

6-2. Healthcare Professional Loan Repayment Program (HPLRP)

a. General- Health Professional Loan Repayment Program (HPLRP) is designed to repay designated loans secured by eligible commissioned officers assigned to the Selected Reserve.

b. Eligibility:

(1) ARNG officers will serve in the Selected Reserve in order to receive the HPLRP.

(2) For each year of satisfactory service in the Selected Reserve (50 good retirement points), any DoD authorized student loan(s) will be considered eligible for repayment.

c. Under the HPLRP, payment in any given year will not exceed the dollar amount specified in the current AMEDD incentive policy or the remaining balance of the student loan, whichever is less. Total program repayments for all years will not exceed the maximum amount specified in the current AMEDD incentive policy.

d. HPLRP recipients cannot receive the incentive while participating in any other ARNG Incentive Program, such as the Special Pay Program.

e. Exception:

(1) Residents may now enroll in and participate in HPLRP and STRAP simultaneously starting their third year, with a modification of the

STRAP contract to delay the payback period of the STRAP obligation. The Resident must be under a STRAP contract in order to receive HPLR. An amendment to the STRAP contract is executed to delay the payback period of the STRAP obligor phase until the HPLR obligation phase is fulfilled.

(2) BSN or MSN-STRAP participants and Dental Officers who received MDSSP may extend their stipend obligation in order to receive HPLR, with a modification of the stipend contract to delay the payback period of the stipend obligation. A STRAP extension must be completed once the HPLR contract is signed. The obligations will run consecutively to provide the required payback period for each separate incentive.

f. The following repayment restrictions apply:

(1) The repayment cannot exceed the outstanding balance of DoD recognized loan(s).

(2) Payments made on previous loan(s) by the borrower cannot be reimbursed.

(3) The agreement (DA Form 5536-R) does not change the officer's obligation to the lender or holder of the note(s).

(4) Loan(s) in default are not authorized for repayment.

(5) There must be an outstanding balance on the principal.

(6) Loan must be secured for at least 1 year prior to the current anniversary date.

g. If the healthcare professional increases the loan repayment amount from \$50,000 to amount specified in the most current AMEDD incentive policy. They will execute a statement of understanding that will start once the current year's anniversary payment is made. Payments will be made until either the student loan(s) is (are) retired, or the ceiling has been reached (to include any payments made under previous incentive policies), whichever is the lower amount. Annual payments will not exceed the lower of the authorized annual payment per year or the remaining balance of the student loan. If the total repayments are less than the authorized loan amount specified in the AMEDD incentive policy, the remaining amount may be applied to

future student loans that the officer incurs. For further guidance please refer to EIOM NGB-EDU-10-006 (22 Dec 2009) located on the AMEDD Incentives GKO site:

https://gkportal.ngb.army.mil/sites/G1_ASM/ameddincentives/default.aspx.

h. Enrollment. The ASM will put the application together according to the HPLR checklist. Ensure DA Form 5536-R (Health Professionals Loan Repayment Program – Agreement) and its addendum are signed and dated by applicant and service representative.

(1) The original application will be sent thru the state ASM to the state enrolling authority. Normally either the state Incentives Manager or the state Education Officer will be the enrolling authority.

(2) Request bonus control number in iMARC and submit the HPLR packet to ARNG-GSE-I.

NOTE: This should be done once the SM signs the contract, not after the first year is complete.

(3) A copy of the HPLRP contract will be placed in the officer's OMPF.

i. A sample copy of DA Form 5536-R is located in AR 135-7, and a copy is located in the AMEDD Incentives GKO website:

https://gkportal.ngb.army.mil/sites/G1_ASM/ameddincentives/default.aspx.

j. Application for repayment of Loans.

(1) It is the individual officer's responsibility to submit DD Form 2475 for repayment on an annual basis 3-4 months prior to anniversary date.

(2) DD Form 2475.

(a) It is recommended that the ASM assist in initiating the DD Form 2475 to ensure that this action is completed. The health professional should provide a copy of the student loan documents to verify/complete Section I of the DD form 2475.

(b) Section II and III are to be completed by the service member.

(c) The officer and unit personnel must sign off on the form before mailing it to the lending institution.

(d) The lending institution completes Section IV and mails it back to assigned unit located in Section I.

(e) The unit then sends the DD Form 2475 to the SRIP manager for payment.

(f) For residents to be eligible for HPLRP they must participate in STRAP.

6-3. The Special Pay Program

a. General. Individuals contracting for Special Pay (formerly referred to as Healthcare Professional Bonus Program) for approved ARNG specialties will receive \$5,000-\$25,000 per year depending upon their specialty. Those eligible for special pay must choose one, two, or three years of affiliation with the ARNG at the time of Accession. Contracts must be **signed on or after the oath date** in order to qualify.

b. Payment. The Special Pay is paid at the beginning of the first year and on the subsequent anniversary date. Applicant agrees, by contract, to remain in an M-day status for one year immediately after receipt of **each** bonus payment.

c. Obligation. Applicant's original contract must be for a one, two, or three year period. The bonus is not prorated. If the SM fails to complete the year the entire payment will be recouped.

d. Process.

(1) On Initial Appointment Application, the USAREC Form 1252 will be utilized as documentation of the "Officers intent" when requesting incentives and qualifications under the current AMEDD incentives policy for that year they signed the USAREC Form 1252.

(2) Upon selection and notification by the USAREC selection boards, the ASM will:

(a) Submit an enrollment packet to ARNG-GSE-I (AMEDD), See checklist on AMEDD Incentives GKO website:
https://gkportal.ngb.army.mil/sites/G1_ASM/ameddincentives/default.aspx.

(b) Packet status can be tracked on the AMEDD Incentives GKO website:
https://gkoportal.ngb.army.mil/sites/G1_ASM/ameddincentives/default.aspx.

(3) Special Pay contract must be signed and dated after the individual is boarded by USAREC and **after taking the oath**. Applicant must sign two original contracts at a minimum.

(a) One copy of the contract is submitted with Bonus enrollment packet, after selection.

(b) One original contract is retained in the officer's state personnel file.

(c) One original contract is given to the professional.

(d) The ASM must submit a permanent federal recognition packet prior to the enrollment packet being processed.

e. Enrollment.

(1) Forward completed Special Pay enrollment packets to ARNG-GSE-I for processing. See AMEDD Incentives GKO website for the POC information:
https://gkoportal.ngb.army.mil/sites/G1_ASM/ameddincentives/default.aspx.

NOTE: Initial bonus payment may take as much as two to three months after appointment. Subsequent payments will occur within 15 days of the anniversary date of the Special Pay contract.

(2) The Special Pay enrollment packet will contain the following documents:

- Checklist
- USAREC Form 1103 (Incentive Enrollment Data Sheet).
- NGB Form 337 (Oath of Office)
- SF 1199 (Direct Deposit Form, completed by financial institution)
- TDS Form IRS W-4.
- Special Pay Contract USAREC Form 1166-R-E
- Addendum to USAREC 1166
- A copy of the USAREC selection board results or a MFR

NOTE: All forms can be found at the AMEDD Incentives GKO website:

https://gkoportal.ngb.army.mil/sites/G1_ASM/ameddincentives/default.aspx.

f. USAREC Form 1166-R-E.

(1) Item "Section I" - Full Name.

(2) Item "Section II.

(a) Amount- this is the annual special pay amount.

(b) The specialty that the service member is receiving special pay for.

(c) The number of years the service member is electing to serve.

(d) The component the service member is serving in.

(3) Item "Section IV" – applicant must print the word "NONE".

(4) Item "Section IV"- The health professional and the representative must sign and date on the same day.

NOTE: Sample packet can be found on the AMEDD Incentives GKO website:
https://gkoportal.ngb.army.mil/sites/G1_ASM/ameddincentives/default.aspx.

6-4. Medical and Dental Student Stipend Program (MDSSP).

a. General.

(1) MDSSP is a two-phase program. In the payment phase a participant receives a bi-monthly payment. In the obligor phase a participant pays back the obligation incurred.

(2) The monthly stipend amount increases annually on 1 July by the percentage that the Consumer Price Index increased that year.

(3) Participants must be unconditionally accepted into Medical or Dental School for which they are seeking funding.

(4) Students must attend scheduled ARNG weekend drills for the duration of the two phase program in accordance with the current ARNG Flexible Training Policy or at the discretion of the Unit Commander.

(5) Students must be coded with a primary AOC of 00E67 and Branch MS in SIDPERS. Students must also be in a Temporary Additional Position authorized by ARNG-HRH-O.

(6) ASM must coordinate with ARNG-GSE-I (AMEDD) of any changes in military status.

(7) Applicants must not have any adverse/flagging actions pending. An applicant flagged **MAY** be boarded for MDSSP, but will not be enrolled until the flagging action is lifted. If the applicant is enrolled and a flagging action takes place, the stipend is suspended until the flag is lifted. It is the responsibility of the applicant and the recruiter to notify ARNG-GSE-I (AMEDD) of the flagging action. Failure to do so could result in cancellation of MDSSP entitlements while still retaining the obligation incurred to date. Once the flag is lifted, the stipend will resume.

(8) Participants must not be in a promotion non-select status.

(9) Participant must not be receiving financial assistance under an ROTC or HPSP Scholarship Program.

(10) Participant must agree to apply for, if eligible, and accept, if offered, residency training in a health professional skill designated by the Secretary of Defense as a critical wartime shortage.

(11) Participant must attend and successfully complete the AMEDD OBC prior to completion of MDSSP unless contracted for MDSSP for their fourth year only.

(12) MDSSP participants are not eligible for the stipend while on ADOS orders.

b. MDSSP Selection Process

(1) The MDSSP Selection Board will be convened by a designated agency under the authority of HQDA. The MDSSP Selection Board is currently conducted simultaneously with the Selection Board for Reserve of the Army Appointments for Army Medical Department (AMEDD) officers by HQ, USAREC.

(2) The completed MDSSP applications of all fully qualified 00E67s will be reviewed by the Board.

(3) On receipt of the approved board results, notification will be sent to all applicants. Applicants who were not selected will also be notified that they may reapply 12 months from the date the selection board results. Written notification will be provided to those applicants selected and non-selected.

c. MDSSP Enrollment Procedures

(1) If the applicant is selected to participate in the MDSSP, he/she will submit MDSSP enrollment packet consisting of the following:

- NGB 810
- MDSSP Service Agreement
- NGB 337
- USAREC Form 1103 (Incentive enrollment Data Sheet)
- Standard Form 1199A (Direct Deposit Sign-up Form)
- TD Form IRS W4 (Employee Withholding Allowance Certificate)
- USAREC board results

(2) The applicant must complete the MDSSP enrollment packet with the assistance of their ASM. MDSSP applicants must have their signatures witnessed.

(3) The enrollment packet, when completed, will be sent to ARNG-GSE-I (AMEDD) to the MDSSP Manager.

(4) Eligibility for payment of stipend begins on the latest of the following four dates:

(a) Enrollment or start date of training in an improved medical or dental program

(b) Appointment as a reserve commissioned officer in the MS Corps.

(c) Execution of MDSSP service agreement.

(d) USAREC board results.

NOTE: The MDSSP contract cannot be signed, or start prior to the date of board results or date of Oath.

d. Obligation

(1) Applicants incur a service obligation of one year for each six-month period, or part thereof, in which they received the stipend.

(2) If applicant fails to complete the contractual MDSSP obligation, the Incentives Chief at AR-PERSCOM will seek to recoup the amount paid and/or order the individual to active duty.

(3) Participant must be able to fulfill the incurred service obligation prior to mandatory removal based on age and/or length of service.

e. Biannual Verification. The individual is responsible for submitting NGB Form 810, every Jan and Jul, to be completed by the program director, and sent to NGB-EDU (AMEDD):

ARNG-GSE-I (AMEDD)
111 South George Mason Drive
Arlington, VA 22202-1382

6-5. Specialized Training Assistance Program (STRAP) Programs (Residents and BSN).

a. General

(1) STRAP is a two-phase program. In the payment phase a participant receives bi-monthly payments. In the obligor phase a participant pays back the obligation incurred.

(2) The monthly stipend amount increases annually on 1 July by the percentage that the Consumer Price Index increased that year.

(3) Participants must be unconditionally accepted into the educational program or residency, as applicable, for which they seek funding. Applicants must complete all pre-requisites when they submit their application for consideration and include a copy of the USMLE (applicable to residents only).

(4) Residents and nurses must attend scheduled ARNG weekend drills for the duration of their authorized stipend phase in accordance with the current ARNG Flexible Training Policy or at the discretion of the unit commander.

(5) MC applicants in dual residency programs are ineligible. The only exception is if both programs are listed on the ARNG AMEDD Incentive Policy Memorandum.

(6) ASM must coordinate with ARNG-GSE-I (AMEDD) of any changes in military status.

(7) Applicants must not have any adverse/flagging actions pending. An applicant flagged **MAY** be boarded for STRAP, but will not be enrolled until the flagging action is lifted. If the applicant is enrolled and a flagging action takes place, the stipend is suspended until the flag is lifted. It is the responsibility of the applicant and the recruiter to notify ARNG-GSE-I (AMEDD) of the flagging action. Failure to do so could result in cancellation of STRAP entitlements while still retaining the obligation incurred to date. Once the flag is lifted, the stipend will resume.

b. STRAP Application Process

(1) Applicants seeking concurrent appointment in the ARNG will contact their State ASM to initiate an application. Selection for STRAP participation can be conducted simultaneously with initial selection for appointment during the USAREC boarding process.

(2) For Medical Residents currently in the ARNG that were not simultaneously selected at the USAREC Board, must request a separate STRAP application to be boarded at USAREC. (Exception: Medical Residents who were board approved for MDSSP or enrolled in MDSSP will not be required to re-board for STRAP as long as they can provide their USAREC board results). AMEDD Officers will contact their State ASM to initiate a STRAP application. STRAP applications will be forwarded to:

NGB, ARNG-GSS-O (AMEDD)
1411 Jefferson Davis Highway
Arlington, VA 22202-1382

ARNG-GSS-O (AMEDD) will forward the STRAP only packet to USAREC for the board. USAREC call-outs will be emailed to the recruiter. STRAP checklist can be found in [Appendix C](#).

c. Obligation

(1) Applicants incur a service obligation of one year for each six-month period or part thereof in which they received funds.

(2) If applicant fails to complete the contractual STRAP obligation, the Incentives Chief at AR-PERSCOM will seek to recoup the amount paid and/or order the individual to active duty.

d. Processing Procedures

(1) Initial Appointment Applicants.

Medical Corps or Army Nurse Corps Officers enrolled in a BSN or MSN program applying for STRAP will submit the following documents:

- USAREC Form 1252 will be initialed by the applicant
- NGB Form 810
- The residency program will be listed on the NGB Form 62-E 2S(1)
- Letter of Recommendation from program director that must include statements indicating if the program is a pyramid program, enrollment date, projected completion date, whether the applicant is likely to complete the program at that institution, and the applicant's relative standing in the program

NOTE: The checklist and required documents can be found on the AMEDD Incentives GKO site:

https://gkoportal.ngb.army.mil/sites/G1_ASM/ameddincentives/default.aspx

(2) Current Officers applying for STRAP in their current branch (i.e. a MC Officer in a Family Practice Residency or an AN officer applying for a BSN or MSN program) may apply for STRAP by submitting a STRAP only packet.

NOTE: This does not include Medical Service Corps and Medical Corps officers whose USAREC board results only indicate MDSSP.

(a) ASM will prepare MC applications according to the checklist on the AMEDD GKO website:

https://gkoportal.ngb.army.mil/sites/G1_ASM/ameddincentives/default.aspx.

(b) ASM will prepare AN applications according to the checklist on the AMEDD Incentives GKO website:

https://gkoportal.ngb.army.mil/sites/G1_ASM/ameddincentives/default.aspx.

(c) ASM will mail the application packet with all original documents to NGB. Once reviewed NGB will forward the packet to USAREC for boarding. Mail to the following address:

ARNG-GSS-O (AMEDD)
1411 Jefferson Davis Hwy
Arlington, VA 22201

e. **STRAP Enrollment.** See checklist on the AMEDD Incentives GKO website:
https://gkoportal.ngb.army.mil/sites/G1_ASM/ameddincentives/default.aspx.

(1) Upon selection for STRAP, ASM will complete the enrollment packet and forward packet to:

ARNG-GSE-I (AMEDD)
111 South George Mason Drive
Arlington, VA 22202-1382

(2) The applicant's participation in STRAP (Stipend Start Date) will commence on the latest of three possible dates: (1) the date the applicant begins training for the current term (2) the date the contract is signed by the applicant and the ASM or (3) The date the service member is USAREC boarded.

(3) The STRAP enrollment packet will contain the following documents:

- USAREC Form 1103 (Incentive Enrollment Data Sheet)
- NGB Form 810 (Enrollment Verification)
- NGB Form 337 (Oath of Office)
- SF 1199 (Direct Deposit Form, completed by financial institution)
- TDS Form IRS W-4
- DA 5685-R (Service Contract)
- A copy of the USAREC selection board Results
- MDSSP to STRAP Extension (if applicable)

NOTE: The STRAP Contract CANNOT be signed prior to the date of board results approval date or date of Oath.

f. Contract (DA Form 5685-R)

(1) Item "III.6." Enter Specialty (i.e. "Family Practice") and training institute (i.e. "Mercy Medical Center").

(2) Item "IV.5.a" Is always N/A for ARNG.

(3) Item "IV.5.b." STRAP participant initials.

(4) Item "IV.6" first blank-- Enter the stipend start date.

(5) Item "IV.6." second blank-- Enter the date of graduation or complete degree/certificate requirements (must be the same day, month and year annotated on the NGB Form 810.

(6) Item "IV.6." third blank-- Enter the obligation end date, which is the number of years of obligation added to the date in the second blank.

(7) Item "IV.6" fourth and fifth blank-- put N/A in the blank that does not apply and the date individual completes or completed their 8 year mandatory service obligation.

EXAMPLE: An individual that starts training on 1 Jul 10, is board selected on 1 Sep 10, takes Oath and signs contract on 8 Sep 10 and elects to start STRAP with the same effective date. The individual will complete training program on 30 Jun 12.

6. (The service representative will provide the applicant with the information necessary for entry in the following blanks.) I am scheduled to commence participation in the STRAP on 8 Sep 10. I am scheduled to complete my specialized training and STRAP participation on 30 Jun 12. Therefore, if I receive a stipend during this period, the service obligation I incurred by participation in the STRAP will end on 30 Jun 16. The statutory military service obligation that I incurred on initial entry in the U.S. Armed Forces under section 651, Title 10, United States Code (10 USC 651), ended on N/A, or will end on 7 Sep 18.

g. Declination of Enrollment. If the applicant declines enrollment in STRAP, they must complete the Statement of Intention to Decline, see GKO AMEDD website.

h. Biannual verification. The individual is responsible for submitting NGB 810, every Jan

and Jul, to be completed by the residency program director, and sent to the following address:

ARNG-GSE-I (AMEDD)
111 South George Mason Drive
Arlington, VA 22202-1382

6-6. Dual Participation in both STRAP and HPLRP. Effective 17 October 1998, a STRAP participant in training (Stipend Phase commonly referred to as Phase I) may be eligible for the HPLRP as follows:

a. The healthcare professional must not be serving on a contractual obligation for an incentive received under another program or serving another obligation by some other section of law.

b. The healthcare professional must meet the eligibility criteria outlined in regulation AR 135-7, paragraphs 7-3a through e. In addition, the applicant must meet the critical shortage requirement authorized by current ARNG Healthcare Professional Critical Shortage List.

c. The HPLRP and STRAP may be offered at the same time, however, eligible physicians must have completed at least two years of residency training.

d. In order to meet the HPLRP eligibility requirement, a STRAP (AN or MC) participant must agree to extend their STRAP obligation. When utilization of the HPLRP results in the extension of the STRAP obligation, a copy of the STRAP Extension Statement (Appendix J) will be enclosed along with DA Form 5685-R and forwarded to:

ARNG-GSE-I (AMEDD)
111 South George Mason Drive
Arlington, VA 22202-1382

This is for computation of the new STRAP obligation start date. The enclosed STRAP Extension Statement may be used as a master copy for reproduction on 8 1/2 by 11-inch paper. The STRAP Manager must compute all STRAP obligor extensions.

EXAMPLE: An officer completes STRAP training on 30 Jun 11 however their HPLRP anniversary date is not until 12 Oct 11; in order for them to receive their HPLRP anniversary

payment, the officer must agree to extend their STRAP obligation three months and 12 days.

e. STRAP participants whose final HPLRP payment is received prior to completion of their specialized training are not required to have their service obligation extended.

Chapter 7 Commissioning

7-1. Granting of Temporary Federal Recognition (TFR)

a. The paragraph below outlines the policy and procedures required before TFR is extended to AMEDD officers. States must use the PFR checklist in order to provide correct documents to their State MILPO as provided in [Appendix C](#):

b. States may convene a Federal Recognition Board to consider an applicant's qualification for an appointment to an AMEDD branch prior to receiving USAREC selection board results. However, TFR shall not be extended, nor an oath administered, until the application packet is professionally boarded and selected by USAREC Selection Board.

c. **(TFR) automatically terminates one year** after the effective date of the State appointment. If the initial period of TFR expires, a subsequent Federal Recognition Board may convene to consider the request and grant a new period of TFR. This is not a continuation of any previous period of TFR, but a new one year period of TFR. Previous service in the ARNG for any expired period of TFR where the applicant was not granted Permanent Federal Recognition (PFR) is not creditable service, including time-in-grade for promotion and retirement points. For planning purposes ensure that the oath is no more than 1 month old prior to submitting to ARNG-GSS-O.

7-2. Permanent Federal Recognition (PFR).

See [Appendix C](#) for PFR requirements for the various types of appointments.

a. After the TFR has been granted, the completed PFR documents are forwarded to ARNG-HRP-R. States will use the e-packet system to forward all documents electronically. ARNG-GSS-O will work with ARNG-HRP-R to receive electronic file. ARNG-GSS-O will complete the constructive credit worksheet DA

Form 5074-1-R and forward to ARNG-HRP-R for PFR.

b. AR 135-101 specifically states that, "transfer to any branch of the AMEDD will require a new appointment." This also includes transferring between AMEDD branches and AOC's. **It is critical that States understand this for the proper coding of the officers in the SIDPERS data base.** Current officers transferring into or from another AMEDD Corps must be DISCHARGED the day prior of the new oath and then must be "reloaded" into SIDPERS as a reappointment.

NOTE: USAREC Board Results; Medical and Dental students are shown under the Corps that they were boarded for, either MC or DC. Please note that all Medical and Dental students must be brought into the Army National Guard as MS/MC or MS/DC respectfully and will be loaded into the SIDPERS system as "Medical Service Corps". Additionally, their PMOS and DMOS MUST match as 00E and their PSKI and DSKI MUST be 67. This is documented on the approved Extra TDA memo from ARNG-HRH-O.

7-3. NGB Form 89

Provide a copy of the Federal Recognition Examining Board proceeding, NGB Form 89. This NGB Form 89 will be used for appointment to MC or DC and must have the following required statement:

"Individuals who are enrolled in or who have been accepted for enrollment in an approved medical or dental school may be appointed as a second lieutenant. While in a student status, program participants will serve in the ARNG as Medical Service Corps (MS) officers with a primary AOC of 00E67. Upon successful completion of the prescribed requirements, the individual may be appointed for assignment to Medical Corps (MC) or Dental Corps (DC) in the grade determined under the provisions of AR 135-101, ordinarily captain for Medical and Dental Corps".

NOTE: Failure to include this statement on the NGB Form 89 will force the officer to sit before a second Federal Recognition board when they are ready to be re-appointed to MC/DC.

7-4. Conditional Releases

a. Transfers from active duty, USAR TPU, initial appointments, and Individual Mobilization Augmentee (IMA) (IAW AR 140-10, Chapter 5) from other components or services are required to have an authorized conditional release, DD Form 368, signed by the losing organization.

b. All transfers from Inactive Ready Reserve (IRR) are required to complete the DD Form 368 including a signature by the applicant.

7-5. Verification of Citizenship and Security Clearance Information

a. **Birth Certificate.** All applicants applying for appointment in the ARNG **must be** a US citizen.

(1) A "certified true copy" of the applicants' birth certificate. "I certify this is a true copy" will be typed on this document and signed by the ASM.

(2) Evidence of Citizenship (DA Form 5252). A DA Form 5252 will be completed and signed by a commissioned officer for all applicants **not** U. S. citizen BY BIRTH. Verifying officer **will physically review applicants Naturalization Certificate** and must complete items 1, 2, or 3.

NOTE: IT IS ILLEGAL TO MAKE COPIES OF THE NATURALIZATION OR CITIZENSHIP CERTIFICATES.

b. **Security Clearance.** All officers are required to have a secret clearance. All NPS applicants and PS applicants without a clearance will complete and process a National Agency Check Questionnaire (EPSQ, SF 86). All applicants processing through DCA will have this completed automatically upon entering in all completed data fields. Refer to CH 5. Of this SOP on steps to properly complete the security process in DCA.

(1) Include a Personnel Security Clearance VS for applicants who already have a DD Form 873. **DO NOT COPY THE SECURITY CLEARANCES (DA Form 873).** The DA Form 4572 can replace the VS for individuals who already have a security clearance.

c. **Selective Service Registration Numbers.** Numbers can be found by calling 1-

847-688-6888, or at web-site <http://www.sss.gov/ack.htm>. Must have SSN and date of birth to use this system.

7-6. Required Service Statements

a. Certificate of Acknowledgment and Understanding of Service Requirements (DA Form 3574 - NPS) and (DA Form 3575 - PS).

(1) NPS applicants will sign, full signature, DA Form 3574. "AR 135-101" is entered in the space provided for ALL AMEDD applications.

(2) PS applicants will sign, full signature, DA Form 3575. "AR 135-101" in the space provided for all AMEDD applications.

b. DA Form 4571 (Data required by the Privacy Act of 1974). All applicants for appointment or re-appointment will sign, full signature, a DA Form 4571-R.

7-7. Record of Medical Examination.

a. **Initial Appointment.** See CH 5-2 Record of Medical Examination.

b. **Component Transfer.** Provide a copy of the applicant's MEDPROS reflecting a PHA completed no longer than 15 months prior to FEDREC packet submission. If the PHA is not current, outside of the 15 month window, then the applicant would need to completed a PHA prior to submission of the FEDREC packet.

Chapter 8

Medical Student to Medical Corps, Dental Student to Dental Corps

Listed below are documents to appoint a Medical/Dental, Student (00E67) to a Medical Corps (MC) or Dental Corps (DC) officer upon graduation from medical/dental school. As with IPAP graduates it is the responsibility of the ASM to ensure that upon completion of medical or dental school that the appointment to MC or DC packet is complete.

8-1. NGB FORM 62-E

Update the NGB Form 62-E from the time of initial appointment until present. ASM should ensure that any additional schools, AD time, and current service time is added and include all supporting documents. The original NGB Form 62-E may be submitted with line-through

corrections for all information that has changed. You may also submit the original, completed NGB Form 62-E (unchanged), **AND** a new page 5 with just the new information from the MC Appointment order on it and signed by the appropriate J-1 authority will also be acceptable.

8-2. Medical/Dental School Statement

Medical/dental students will provide ASM with a certified copy of official college transcripts with graduation date or certified true copy.

8-3. Residency Agreement

a. Medical students will provide the ASM a copy of their PGY1 contract. Ensure that the contract has both the medical student and the institution signatures on it.

NOTE: This is not required for dental school graduates, unless the dental student is continuing their education (i.e., Oral Surgery).

b. ASM must PSV the agreement with the training hospital.

8-4. Appointment Documents

a. USAREC Board Results.

b. ASM will include a copy of the medical/dental student's initial appointment order (PFR). If applicable, a medical/dental student promoted to 1LT during school a copy of the PFR Order must be included under this tab.

c. Include a copy of the original completed Oath of Office as an MS/00E67 officer (NGB Form 337). Include an original NGB Form 337 for their oath as a MC/DC officer. Provide a copy of the original Federal Recognition Examining Board proceeding, NGB Form 89. The old NGB Form 89 is used for appointment to MC or DC must have the following required statement:

"Individuals who are enrolled in or who have been accepted for enrollment in an approved medical or dental school may be appointed as a second lieutenant. While in a student status, program participants will serve in the ARNG as Medical Service Corps (MS) officers with a primary AOC of 00E67. Upon successful completion of the prescribed requirements, the individual may be appointed for assignment to Medial Corps (MC) or Dental Corps (DC) in the

grade determined under the provisions of AR 135-101, ordinarily captain for Medical and Dental Corps".

NOTE: Failure to have this statement on the NGB Form 89 will force the officer to sit before a second Federal Recognition board before they can be re-appointed to MC/DC.

Chapter 9 Transfer into the ARNG

Complete transfers IAW the checklist in [Appendix C](#). ASM will put documents in order as listed on checklist. ASM will put transfer applications in a plain folder with a copy of the checklist and bound at the top with copy of the checklist.

NOTE: ALL TRANSFERS MUST BE A US CITIZEN AND POSSESS A VALID SECURITY CLEARANCE.

9-1. ARNG Interstate Transfers (IST)

a. Use DA Form 4187 for all active ARNG AMEDD Officers transferring to another state. The ASM or POCs in both states coordinate ISTs. Include the permanent Federal recognition orders from the losing state that shows applicant's branch and AOC awarded.

b. No officer will be allowed to IST or be given an Oath of Office in the new or gaining state, until all previous personnel actions have been completed.

c. ASM will ensure DA Form 4187 is completed and returned to losing state with a copy of the gaining states appointment order. If the soldier is transferring to another state and is an incentive recipient, ASM will ensure a copy of the memorandum pertaining to incentives is added to the IST packet.

d. Ensure Practitioners Credential File (PCF) is forwarded to gaining state. It is highly recommended that as many additional current documents as possible be forwarded to gaining state. This includes DA Form 705 card, list of awards, current Biographical Summary, etc. Transfer of state files can take as long as 6 months. This will ensure the professional has the documentation needed for promotions, etc...

e. The following is the list that is required to complete IST:

- Gaining and losing orders
- DA Form 4187
- Original NGB Form 337 from gaining state

9-2. USAR Transfers in Branch and Grade

a. Transfer of AMEDD applicants currently serving in a USAR unit in branch and grade requires a DD Form 368 (Conditional Release).

b. See checklist in [Appendix C](#). Forward documents THRU: ARNG-GSS-O, FOR: ARNG-HRP-R to extend permanent Federal recognition.

c. Remember to ensure that the individual is an U.S. citizen **before** processing from the USAR.

9-3. Transfer from Active Duty (ARMY) OR IRR

a. IRR AMEDD officers transferring to the ARNG require a DD Form 368 along with the additional documents outlined in NGR (AR) 600-100.

b. Active USAR officers can be managed at the transition point and released on DD Form 214 directly to the ARNG.

c. Forward packet THRU ARNG-GSS-O for ARNG-HRP-R to extend permanent Federal recognition. Include the permanent Federal recognition order as a source document that shows applicant's branch, current rank, and AOC awarded.

NOTE: 62B, 67A, 67B, 67C and 67D are duty positions and should not be reflected as an AOC.

d. The ASM will make every effort to obtain pertinent information from the applicant's MPRJ prior to the professionals' separation from Active Duty. This information should include all initial appointment orders, all OERs/NCOER's, promotion orders, discharge orders, and if available, all DD Form 214s with RE codes.

e. ASM will ensure AD officers have a Reserve of the Army status. Regular Army (RA) commissioned officers DO NOT have reserve officer status. These officers must request a

transfer to the USAR Control Group when released from AD. A DA Form 71 will be forwarded to the officer before they leave AD. This DA Form 71 will establish the officers reserve status.

9-4. All Other Services

a. All AMEDD officers not currently in an Army Component, regardless of status, will require an Initial Appointment Application thru DCA for assignment to the AMEDD branches. This includes all Public Health Service Officers.

b. AR 135-101 specifically states that **“transfer to any branch of the AMEDD will require a new appointment”**. This also includes reappointments between AMEDD branches and AOCs.

Chapter 10 Inter-Service Physician Assistant Program (IPAP)/Army Medical Specialist Corps

This program is a two-year active duty program that produces qualified PAs for the ARNG. Individuals that attend IPAP incur a 6 year obligation to the ARNG at which time they are ineligible for incentives.

10-1. IPAP Qualifications and Boarding

See AMEDD GKO website for qualifications, application and boarding process. These packets are processed and boarded by ARNG-CSG-O.

10-2. IPAP Rank and Federal Recognition

In all cases a Federal Recognition Board will be held PRIOR to the individual attending IPAP.

a. Officers: Commissioned officers at the time of application will be re-appointed to Specialist Corps branch with an AOC of 00E65 prior to attending IPAP, and upon successful completion of IPAP will be awarded AOC 65D. The awarding of AOC change of 65D is a state level function. Date of rank for re-appointment will be based on prior commissioned service and shall be awarded at one-half day credit for each day served from the first day of the initial appointment orders to the start of IPAP or no earlier than 30 days prior to the scheduled start date of IPAP course. Whether an officer can

maintain their rank prior to being conditionally re-appointed will depend on how much total commissioned service time they have at the time of the conditional re-appointment.

NOTE: NGB Form 89 will have the following statement: “Individual will be re-appointed to Specialist Corps with an AOC 00E65 and upon successful completion of IPAP awarded AOC 65D”.

b. Enlisted applicants will attend as E5 or current grade, whichever is higher. Upon successful completion of IPAP, the ASM will prepare a PFR for appointment as a Specialist Corps with an AOC 65D.

c. Warrant Officer applicants will attend as current grade held. Upon successful completion of IPAP, the ASM will prepare a PFR for appointment as a Specialist Corps with an AOC 65D.

NOTE: NGB Form 89 for enlisted and warrant officers will have the following comment:

“Individual will be appointed 1LT Specialist Corps (65D) upon successfully completing the Inter-service Physician Assistant Program (IPAP) and receiving degree of MS in Physician Assistant Studies”.

10-3. Slotting IPAP Students

Temporary Additional Positions will be requested from ARNG-HRH-O for all IPAP students, see sample in [Appendix F](#). IPAP students should not be slotted in a para/lin other than a temporary additional position.

10-4. PFR for IPAP Graduates

PFR for enlisted and warrant officers, complete PFR packet IAW with the checklist in [Appendix C](#) and Chapter 7 of this SOP and using NGB 89 completed prior to attending IPAP. Per checklist, the following will be included in PFR:

- Physician Assistant Diploma
- Official Transcript from UNMC
- IPAP DD Form 1059

10-5. NCCPA Certification of Examination

If IPAP graduate has not obtained their NCCPA they must sign the “Statement of Understanding Concerning NCCPA Certification Examination”.

10-6. Physicals

All IPAP graduates will have a Chapter 2 physical dated within 24 months of the oath date for SP/65D. A current PHA (dated within 15 months) will be acceptable for IPAP graduates who attended IPAP as an officer.

Chapter 11 Constructive Credit and Appointment Rank

Constructive Credit is awarded by USAREC IAW AR 135-101 and DoDI 6000.13 dtd 30 Jun 97. Credit is awarded to individuals based on advanced education, internship/residency training, professional experience and prior commission services.

The first table shows rank and the amount of credit required by specialty to be appointed to that rank and the second table outlines the amount of constructive credit awarded (see next page).

When figuring constructive credit, a given time period can only be counted once. For example you cannot count commission service time in another branch during the period the SM is attending school where credit was given.

Credit beyond the minimum for that rank is used to adjust the date of rank.

Constructive credit is computed on a DA Form 5074-1-R. See example on the following pages.

If the applicant has extensive or unusual credit/circumstances, mainly LTC and above, the ASM needs to put in a request to the Chief Surgeon's Office for endorsing additional constructive credit. Forward requests to: ARNG-GSS-O@ng.army.mil.

<i>Appointment Rank</i>		
Rank	Req. Credit MC, DC	Req. for AN, MS, SP, VC, Med & Dent Students
2LT	N/A	Less than 18 months
1LT	N/A	18 months
CPT	4 years	7 years
MAJ	14 years	14 years
LTC	21 years	21 years

<i>Constructive Credit</i>	
Commission Service In Specialty	1 for 1 credit
Commission Service Not in Specialty	½ for 1 credit
Completion of Medical/Dental School (No partial credit is given)	4 years credit
Internship/Residency (MC or DC) (Partial credit will be given for current Residents)	1 for 1 credit
Physician Assistant with PA Certificate	No Credit
Physician Assistant w/BS in PA	1 year
PA with bachelors degree in other than PA and MS in PA	2 years
Physician Assistant with BS & MS in PA	3 years
Professional Experience The experience has to be in the specialty and the max allowed for professional experience is 3 years. In special cases, MC may be awarded additional credit beyond 3 years if they have more than 6 years of professional experience and exceptional experience. This is determined by USAREC.	½ year for 1 full year
15A reappointing to 67J WO apt to 67J	Current Grade Held (CGH) No Credit
Other Educational Credit	See AR 135-101

Example Constructive Credit:

1. Applicant currently serving in the ARNG as a 13A appointed to a 61H MC officer on 20110115; served as a 13A from 19950507-Present; attended Medical school from 20060801-20100628; Family Practice residency starting on 20100701; (See example DA Form 5074-1-R on following page)

RECORD OF AWARD OF ENTRY GRADE CREDIT (HEALTH SERVICES OFFICERS) For use of this form, see AR 135-101 and AR 601-100; the proponent agency is The Office of The Surgeon General.			
1. NAME (Last, first, MI) SMITH, JOHN D. 123-45-6789	2. CORPS MC	3. DATE OF APPOINTMENT (Or entry on Active Duty) 15JAN11	4. SPECIALTY IN WHICH APPOINTED 61H KY
PART I - CONSTRUCTIVE SERVICE CREDIT			
SECTION A - CREDIT FOR BASIC QUALIFYING DEGREE			
5. TITLE OF DEGREE DO - Osteopathic Medicine	6. DATE GRANTED 20100628	7. NAME OF ACADEMIC INSTITUTION Pikeville College	
8. INCLUSIVE DATES OF ATTENDANCE 20060801-20100628			9. CREDIT AWARDED 04-00-00
SECTION B - CREDIT FOR ADVANCED EDUCATION BEYOND BASIC QUALIFYING DEGREE			
10. DEGREE Family Practice	11. ACADEMIC INSTITUTION Methodist Hospital	12. INCLUSIVE DATES 20100701-20110114	13. CREDIT AWARDED 00-06-13
SECTION C - CREDIT FOR POST BACCALAUREATE EDUCATION			
14. EDUC PROG & SPECIALTY	15. CERTIFYING BOARD	16. INCLUSIVE DATES	17. CREDIT AWARDED 00-00-00
SECTION D - CREDIT FOR PROFESSIONAL EXPERIENCE			
18. BASIS FOR AWARD	19. INCLUSIVE DATES	20. CREDIT AWARDED 00-00-00	
21. JUSTIFICATION FOR CLASSIFICATION AS UNUSUAL CASE (Attach additional pages as necessary)			
PART II - PRIOR ACTIVE COMMISSIONED SERVICE CREDIT			
22. UNIFORMED SERVICE & STATUS ARNG / MAJ ARNG / MAJ	23. CORPS OR SPECIALTY FA FA	24. INCLUSIVE DATES 19950507-20060731 20100629-20100630	25. CREDIT AWARDED 05-07-13
PART III - COMPUTATION OF ENTRY GRADE AND DATE OF RANK			
26. TOTAL CONSTRUCTIVE CREDIT (Years, Months) 04-06-13	27. TOTAL PRIOR SERVICE CREDIT (Years, Months, Days) 05-07-13	28. TOTAL ENTRY GRADE CREDIT (Years, Months, Days) 10-01-26	28. ADJUSTED TOTAL ENTRY GRADE CREDIT (Years, Months, Days)
30. GRADE FOR WHICH CREDIT QUALIFIES CPT/O3	ENTRY GRADE IS LIMITED, SEE AR 601-100 OR AR 135-101 FOR CREDIT LIMITS, JUSTIFICATION, AND WAIVER REQUIREMENTS FOR AMOUNTS IN EXCESS OF LIMITS.		
31. CREDIT REQUIRED FOR GRADE 04-00-00	REMARKS Initial AMEDD Appointment		
32. CREDIT IN EXCESS OF THAT REQUIRED FOR GRADE 06-01-26			
33. DATE OF ENTRY ON ACTIVE DUTY (Or date of appointment) 20110115			
34. LESS EXCESS CREDIT 06-01-26			
35. DATE OF RANK 20041119			
PART IV - AUTHENTICATION			
36. TYPED NAME/GRADE OF PREPARING OFFICIAL CHRISTOPHER J. HANSEN CPT, MP AMEDD Officer Accessions	SIGNATURE HANSEN.CHRISTOPHER. JACOB.1187997212 <small>Digitally signed by HANSEN.CHRISTOPHER.JACOB.1187997212 DN: cn=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, c=HANSEN.CHRISTOPHER.JACOB.1187997212 Date: 2011.02.25 13:20:57 -0500</small>		DATE PREPARED 25 FEB 11
37. TYPED NAME/GRADE OF APPROVING OFFICIAL TERRAND J. LAW MAJ, MS	SIGNATURE LAW.TERRAND.JAY.1051 441458 <small>Digitally signed by LAW.TERRAND.JAY.1051441458 DN: cn=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=LAW.TERRAND.JAY.1051441458 Date: 2011.02.28 06:19:00 -0500</small>		DATE 28 FEB 11

Appendix A References

US CODE (LAW)

- 10 United States CODE - ARMED FORCES
- 32 United States CODE - NATIONAL GUARD
- 37 United States CODE - PAY AND ALLOWANCES OF THE UNIFORMED SERVICES

DOD DIRECTIVES

- 1205.5 16 May 1980, Subject: Transfer of Members Between Reserve Components of the Military Services
- 1300.4 02 Apr 1984, Subject: Inter-Service Transfer of Commissioned Officers
- 1312.2 04 Oct 1989, Subject: Entry Grade Credit for Health Services Officers

ARMY REGULATIONS

- 15-185 Army Board for Correction of Military Records
- 40-1 Composition, Mission and Functions of the Army Medical Department
- 40-48 Non-Physician Health Care Providers
- 351-3 Army Nurse Corps Continuing Education Program
- 40-501 Standards of Medical Fitness
- 135-7 ARNG and Army Reserve Incentive Programs
- 135-18 The Active Guard/Reserve (AGR) Program
- 135-91 Service Obligations, Methods of Fulfillment, Participation Requirements & Endorsement Procedures
- 135-100 Appointment of Commissioned and Warrant Officers of the Army
- 135-101 Appointment of Reserve Commissioned Officers for Assignment to Army Medical Department Branches
- 135-137 Separation of Officer (Army National Guard and Army Reserves)
- 135-155 Promotion of Commissioned Officers and Warrant Officers Other Than General
- 135-200 Active Duty for Training, Annual Training and Active Duty for Special Work of Individual Soldiers
- 135-215 Officer Periods of Service on Active Duty
- 140-10 Assignments, Attachments, Details and Transfers
- 220-1 Unit Status Reporting
- 350-1 The Army Physical Fitness Program

ARMY REGULATIONS

- 351-1 Individual Military Education and Training
- 351-3 Professional Educational and Training Programs of the Army Medical Department
- 600-9 The Army Weight Control Program
- 601-25 Delay in Reporting for and Exemption From Active Duty, Initial Active Duty Training, and Reserve Forces Duty
- 601-130 Officer Procurement Programs of the Army Medical Department
- 601-132 Army Medical Department Officer Procurement
- 601-150 Appointment of Temporary Officers in the Army of the United States Upon Mobilization
- 611-101 Commissioned Officer Classification System
- 614-30 Overseas Service

DA PAMPHLETS

351-4 Army Formal Schools Catalog
351-20 Army Correspondence Course Program Catalog
600-3 Commissioned Officer Professional Development and Utilization
600-4 Army Formal Schools Catalog
611-21 Military Occupational Classification and Structure

NATIONAL GUARD REGULATIONS AND PAMPHLETS

40-501 Medical Examination For Members of the Army National Guard
600-100 Federal Recognition of Commissioned Officers
635-100 Termination of Appointment and Withdrawal of Federal Recognition
635-101 Efficiency and Physical Fitness Boards
25-10 Standard Installation/Division Personnel System Data Element Dictionary (SIDPERS)
600-3 Professional Development and Utilization of Commissioned Officers in the Army National Guard

Appendix B

Glossary

AADE: American Association of Dental Examiners

AANA: American Association of Nurse Anesthetists.

AC: Active Component.

ACGME: Accreditation Council on Graduation Medical Education.

AD: Active Duty.

ADA: American Dietetic Association.

ADN: Associate Degree in Nursing.

ADSW: Active Duty Special Work.

ADT: Active Duty Training.

AEPGD: Advanced Education Program in Dentistry.

AFCS: Active Federal Commission Service.

AFS: Active Federal Service.

ALLOPATHY: A system of medical practice making sure of all measures proven of value in treatment of disease.

AMA: American Medical Association.

AMEDD: Army Medical Department.

AN: Army Nurse Corps (AOC 66 Series).

AOA: American Osteopathic Association.

AOC: Area of Concentration (Clinical area of expertise).

AOTA: American Occupational Therapy Association.

APFT: Army Physical Fitness Test.

APPLICATION: A term used to describe the forms and other documents, which are combined into a single packet. It comprises the necessary

documentation for the board selection action and applicant commissioning.

AR: Army Regulation.

ARNG: Army National Guard.

ARNGUS: Army National Guard of the United States.

ARPERCEN: United States Army Reserve Personnel Center.

ASM: AMEDD Strength Manager

AT: Annual Training.

BAMC: Brooke Army Medical Center.

BOARD ACTION: A term used to describe the process of selecting individuals for the ARNG. The action by a small group of select AMEDD Officers is based on the individual's application.

CENA: Certification Examination for Nurse Anesthetists.

CHE: Continuing Health Education. Education programs or courses AMEDD personnel attend to keep current in their profession.

CME: Continuing Medical Education. Short education programs or courses AMEDD personnel attend to keep current in their military or civilian profession.

COI: Centers of Influence.

CONUS: Continental United States.

CRNA: Certified Registered Nurse Anesthetist.

CV: Curriculum Vitae. An autobiographical sketch of prospective applicants used frequently for medical personnel. CV must include information about military education, professional education, professional experience, and individual publications.

DA: Department of the Army.

DC: Dental Corps (AOC 63).

DCA: Direct Commissioning and Accessions Database

DO: Doctor of Osteopathy: a graduate of Osteopathic School of Medicine.

DOD: Department of Defense.

DPL: Diploma.

EAD: Entry on Active Duty.

ECFMG: Education Commission for Foreign Medical Graduates. A test must be taken and passed by all FMG's to become certified to practice in the United States or to become eligible to enter in a U. S. training program.

ECFVG: Education Commission for Foreign Veterinary Graduates.

ECLT: English Comprehension Level Test.

E/COI: Educator/Centers of Influence.

ETS: Expiration Term of Service.

FAP: Financial Assistance Program – Active Duty Program, similar to our STRAP

FELLOWSHIPS: Specialized training attended after completion of a residency; sometimes referred to as a sub-specialty training.

FIFTH PATHWAY: ECFMG with an undergraduate degree from an accredited US college or university, and a graduate of foreign medical school, who has not completed an internship in a foreign country or has not completed a year of social service in a foreign country; individuals completes a year of clinical clerkship prior to admittance into an American GME program. Previously completed ILO taking an ECFMG examination.

FLEX: Foreign Medical Graduate that has taken a three day Federation Licensing Examination (FLEX) is accepted for ECFMG certification if taken prior to June 1985 and a score of 75 or higher on each of the three days.

FY: Fiscal Year.

FYGME: First Year Graduate Medical Education

GC: Guidance Counselor.

GEMR: Guard Electronic Medical Review

GME: Graduate Medical Education programs such as internship, residencies and fellowships for medical personnel, particularly for the physician.

GN: Graduate Nurse.

GPA: Grade Point Average.

GRE: Graduate Record Examination.

HPLRP: Health Professional Loan Repayment Program.

HPSP: Health Professional Scholarship Program – Active Duty Incentive Program – Full tuition to the college/university of their choice, with an Active Duty commitment being incurred on a 1 for 1 basis. These officers get no credit for their time in school towards retirement or pay, unless they go to the RC after the active duty commitment, and upon retirement they then receive their years back.

HQDA: Headquarters, United States Army Recruiting Command.

HQ USAREC: Headquarters, United States Army Recruiting Command.

ICTB: Inter-facility Credential Training Brief

ID: Identification.

IDT: Inactive Duty Training.

IMA: Individual Mobilization Augmentee.

INFLUENCER: An individual who has or may have a significant impact on AMEDD recruitment (i.e., Dean of Medical School, Director of civilian training program).

INS: Immigration and Naturalization Service.

IPAP: Interservice Physician Assistant Program

IRR: Individual Ready Reserve.

ISR: Institute of Surgical Research.

LEADS: Lead Evaluation and Distribution System.

LPN: Licensed Practical Nurse.

LOR: Letter of Recommendation from an individual qualified to evaluate the applicant's professional competency and moral character. Application packet letters will be originals on professional's stationary/letterhead, and dated within 10 months of the USAREC board action.

LVN: Licensed Vocational Nurse.

MC: Medical Corps – Doctor of Medicine (MD) or Osteopathy (DO); a graduate of an Allopathic School or Osteopathic School of Medicine. (AOC 60-62).

MEDCOM: United States Army Medical Command.

MEPS: Military Entrance Processing Station.

MFR: Memorandum For Record.

MOS: Military Occupational Specialty.

MPRJ: Military Personnel Records Jacket.

MS: Medical Service Corps. Corps of AMEDD which consists of administrator and allied science officers. (70, 71, 72, 73).

MSN: Master of Science in Nursing.

MTF: Medical Treatment Facility.

NAAD: National AMEDD Augmentation Detachment.

NAQ: National Agency Questionnaire.

NARA: National Archives and Records Administration.

NCCPA: National Commission for Certification of Physician Assistants.

NCLEX-RN: National Council Licensure Examination – Registered Nurse.

NCOIC: Noncommissioned Officer in Charge.

NGB: National Guard Bureau.

NGR: National Guard Regulation. Provides detail on National Guard policy on a particular subject.

NGBOME: National Bureau of Osteopathic Medical Examiners

NLN: National League of Nursing.

NPDB: National Practitioner Data Bank.

NPS: Non-prior Service.

OBC: Officer Basic Course.

OCS: Officer Candidate School.

OER: Officer Evaluation Report.

OSTEOPATHIC: A system of medical practice based on a theory that diseases are due chiefly to loss of structural integrity which can be restored by manipulation of the parts supplemented by therapeutic measures.

OT: Occupational Therapist.

OTSG: Office of the Surgeon General.

PA: Physician Assistant. Specialty of the Army Medical Specialist Corps.

PCF: Practitioner credential file.

PE: Physical Examination.

PERSCOM: United States Total Army Personnel Command.

PERSONNEL DATA SHEET: The document used by individuals applying for appointment in the Army Medical Department for the Guard to provide professional work and privileges, malpractice information and licensing data (PDS).

PGY1: Post Graduate Year 1.

PHS: Public Health Service.

PMO: Personnel Management Officer.

PRIME SOURCE VERIFICATION: The ASM must call the issuing agency/institution and verify that the copy/copies he has received are true copies.

PROGRAM DIRECTOR: Same as “Teaching Chief”.

PS: Prior Service.

PSR: Prior Service Records.

PT: Physical Therapist; Physical Training.

RA: Regular Army.

RC: Reserve Component.

RD: Registered Dietitian.

RESIDENCY: A training program for medical personnel particularly for physicians. A period of advanced training after qualifying degree, in one or more medical/surgical specialty.

RESUME: Akin to curriculum vitae (CV) but in paragraph form.

ROC: Recruiting Operation Center.

RS: Recruiting Station.

ROWA: Returned without action.

SELRES: Selected Reserve.

SP: Army Medical Specialist Corps.

SSN: Social Security Number.

STRAP: Specialized Training Assistance Program.

TDY: Temporary Duty.

TEACHING CHIEF: An individual (either military or civilian) who directs a FYGME, residency or fellowship training program. Sometimes referred to as “Program Director”.

TIS: Time-in-service.

TPU: Troop Program Unit. A drilling unit in either the USAR or ARNG.

TSG: The Army Surgeon General.

TYPE “A” PROGRAM: A PA training program producing physician assistants in support of the primary care physician. As opposed to Type B or Type C programs which produce assistants in support of specialty physicians (i.e., Surgeon’s Assistant, Urologic PA, Pediatric PA, etc.).

UMR: Unit Manning Report

USMLE: United States Medical Licensing Examination

UMR: Unit Manning Report

USMG: United States foreign Medical Graduate. United States citizen. Graduate of a foreign medical program.

UIC: Unit Identification Code.

USAR: United States Army Reserve.

VC: Veterinary Corps (AOC 64 or 75).

NOTES: A complete list of authorized abbreviations is contained in AR 310-50.

Appendix C
Checklist

[C-1 PFR for Initial Appointment](#)

[C-2 PFR for USAR Transfer](#)

[C-3 PFR for IST](#)

[C-4 PFR for Medical/Dental Student \(MS\) to Medical/Dental Corps \(MC/DC\)](#)

[C-5 PFR for current ARNG Officers being Appointed to an AMEDD Branch \(Including Commissioned Officers attending the DoD IPAP\)](#)

[C-6 PFR for IPAP Graduate](#)

[C-7 STRAP Only Application \(MC/DC/AN currently in ARNG\)](#)

C-1 PFR for Initial Appointment

DATE: _____

SUBJECT: Request for Permanent Federal Recognition for Initial Appointment

(NAME) **(SSN)** **(STATE)** **(AOC)**

DOR: _____ **DOA:** _____

- _____ 1. NGB Form 62-E
- _____ 2. NGB Form 337 & DA Form 71
- _____ 3. State Appointment Order
- _____ 4. NGB Form 89
- _____ 5. Senior Army Advisor endorsement
- _____ 6. Copy of USAREC board results
- _____ 7. Conditional Release DD 368 (if applicable)
- _____ 8. Civilian Education (**Original college transcripts with raised seal or certified copy with graduation date**)
- _____ 9. DD FORM 2808 & 2807-1 (Appointment Physical current within 24 months)
- _____ 10. DA Form 5500 Body Fat Content Worksheet (If applicable)
- _____ 11. Copy of SSN card stamped certified true copy
- _____ 12. Birth Certificate stamped certified true copy (Fig 3-1 or 3-2, NGR 600-100)
- _____ 13. Verification of Security Clearance from the state security manager
(Fig 3-5, NGR 600-100) or DA 4572
- _____ 14. Statement of Military Service Obligation IAW AR 135-91
(DA 3574 non-prior svc or 3575 prior svc)
- _____ 15. TAG/CNGB/SB approved Waiver (If applicable)
- _____ 16. Prior Service Records
 - All Officer Evaluation Reports (OERs) or Noncommissioned Evaluation Reports (NCOERs). A MFR will be required if missing NCOERs and OERs.
 - All enlistment documents, extensions, etc.
 - Awards, citations, decorations.
 - DA Forms 1059.
 - Service School Certificates.
 - Non-Commissioned Officer Education System (NCOES) or Officer Military Education System certificates.
 - ROTC and Officer Candidate certificates.
 - Initial Reserve of the Army Appointment Letter/promotions.
 - All promotion orders.
 - RPAS if in ARNG or Air National Guard (ANG).
 - DD Forms 214. Member's copy of the DD Form 214 is not acceptable.
- _____ 17. Orders or memorandums appointing FRB

ASM Signature

C-2 PFR for USAR Transfer

DATE: _____

SUBJECT: Request for Permanent Federal Recognition for USAR Transfer

(NAME) **(SSN)** **(STATE)** **(AOC)**

DOR: _____ **DOA:** _____

- _____ 1. NGB Form 62-E
- _____ 2. NGB Form 337 & DA Form 71
- _____ 3. State Appointment Order
- _____ 4. Conditional Release DD 368 (if applicable)
- _____ 5. Civilian Education
- _____ 6. MEDPROS printout showing current PHA
- _____ 7. DA Form 5500 Body Fat Content Worksheet (If applicable)
- _____ 8. Prior Service Records
 - Initial Reserve of the Army Appointment Letter/promotions.
 - Latest promotion orders.
 - DD Forms 214.
- _____ 9. Statement of understanding if unable to complete 20 years of service for retirement (Fig 3-6, NGR 600-100) (If applicable)
- _____ 10. Proof of citizenship stamped certified true copy
- _____ 11. Proof of security clearance letter from the state security manager

ASM Signature

C-3 PFR for IST

DATE: _____

SUBJECT: Application Checklist for Interstate Transfer

(NAME) _____ **(SSN)** _____ **(STATE)** _____ **(AOC)** _____

DOR: _____ **DOA:** _____

- _____ 1. Order from losing state.
- _____ 2. Order from gaining state.
- _____ 3. NGB Form 337 (gaining state)
- _____ 4. DA Form 4187 from individual requesting transfer.
- _____ 5. Proof of security clearance letter from the state security manager

ASM Signature

**C-4 PFR for Medical/Dental Students (MS)
to Medical/Dental Corps (MC/DC)**

DATE: _____

SUBJECT: Application Checklist for Medical/Dental/PA Student **TO** Medical/Dental/Specialty Corps

(NAME) _____ **(SSN)** _____ **(STATE)** _____ **(AOC)** _____

DOR: _____ **DOA:** _____

- _____ 1. NGB Form 62-E
- _____ 2. NGB Form 337 & DA Form 71
- _____ 3. State Appointment Order
- _____ 4. NGB Form 89 (copy of MS/00E67)
- _____ 5. Civilian Education (Original Medical or Dental college transcripts with graduation date or certified true copy)
- _____ 6. PGY1 Contract signed by both the institution and student (1 copy with PSV)
- _____ 7. Copy of PFR for MS/DC 00E67

ASM Signature

**C-5 PFR for current ARNG Officers
Appointed to AMEDD Branch**

DATE: _____

SUBJECT: Permanent Federal Recognition Checklist for current ARNG Officers Appointed to an AMEDD Branch (Including IPAP student officers)

(NAME) _____ **(SSN)** _____ **(STATE)** _____ **(AOC)** _____

DOR: _____ **DOA:** _____

- _____ 1. NGB Form 62-E
- _____ 2. NGB Form 337 & DA Form 71
- _____ 3. State Appointment Order
- _____ 4. NGB Form 89
- _____ 5. Civilian Education (Original college transcripts with graduation date or certified true copy)
- _____ 6. DD Form 2808 & 2807-1 for Chapter 2 PE or current PHA via MEDPROS printout
- _____ 7. USAREC Board Results or DoD IPAP results

ASM Signature

C-6 PFR for IPAP Graduate

DATE: _____

SUBJECT: Application Checklist for Physician Assistants (Inter-Service PA School Graduates)

(NAME) **(SSN)** **(STATE)** **(AOC)**

DOR: _____ **DOA:** _____

- _____ 1. NGB Form 62-E
- _____ 2. NGB Form 337 & DA Form 71
- _____ 3. State Appointment Order
- _____ 4. NGB Form 89
- _____ 5. Senior Army Advisor endorsement
- _____ 6. Statement of Understanding Concerning NCCPA or Certification of Examination
- _____ 7. Civilian Education (Original college transcripts with graduation date or certified true copy)
- _____ 8. DD FORM 2808 & 2807-1 (Appointment Physical current within 24 months)
- _____ 9. DA Form 5500 Body Fat Content Worksheet (If applicable)
- _____ 10. Copy of SSN card stamped certified true copy
- _____ 11. Birth Certificate stamped certified true copy (Fig 3-1 or 3-2, NGR 600-100)
- _____ 12. Verification of Security Clearance letter from the state security manager (Fig 3-5, NGR 600-100) or DA 4572
- _____ 13. Statement of Military Service Obligation IAW AR 135-91 (DA 3574 non-prior svc or 3575 prior svc)
- _____ 14. TAG/CNGB/SB approved Waiver (If applicable)
- _____ 15. Prior Service Records
 - **DA Forms 1059**
 - **Service School Certificates**
- _____ 16. Orders or memorandums appointing FRB

ASM Signature

C-7 STRAP Only Application (MC/DC/AN currently in ARNG)

**“Your State” Army National Guard
Recruiting and Retention Command**

*Address
City, State Zip code*

(Office Symbol)

(Date)

MEMORANDUM THRU National Guard Bureau, ATTN: ARNG-GSS-O, Suite 3500, 1411 Jefferson Davis Highway, Arlington, VA 22202

FOR Commander, United States Army Recruiting Command, ATTN: RCHS-MC, Fort Knox, KY 40121

SUBJECT: STRAP Application Packet for current **(RANK LAST, FIRST MI), (SSN)**

- ___ 1. Application cover sheet (USAREC Form 1030)
- ___ 2. Copy of Current License and DEA certificate (if applicable) APPLIED FOR
- ___ 3. Curriculum Vitae or resume of work experience
- ___ 4. Letter stating your professional goals and objectives
- ___ 5. Signed statement from the Unit Commander
- ___ 6. Mandatory promotion board date to the rank of Captain _____ (BSN-STRAP only)
- ___ 7. Letter of acceptance from an approved program or residency, or completed NGB 810.
- ___ 8. Official transcripts for all undergraduate and graduate course work
- ___ 9. Letters of recommendation or USAREC Form 195, written by two immediate supervisors who can comment on the applicant's professional work performance within the preceding year. Recommendation letters or USAREC Form 195's are sent directly to the Unit Commander or HRC-St. Louis CMO for inclusion in the application
- ___ 10. Letter of Recommendation from program director that must include statements indicating if the program is a pyramid program, enrollment date, projected completion date, whether the applicant is likely to complete the program at that institution, and the applicant's relative standing in the program.
- ___ 11. Letter of recommendation from the Unit Commander or Chief Nurse (TPU ONLY)
- ___ 12. USMLE Step 1 & 2
- ___ 13. Initial Appointment Order (CPT for MC or 2LT/1LT for AN)
- ___ 14. Point of contact at this office is **(RANK LAST, FIRST MI)** at **(Phone #), (AKO email address)**.

ASM Signature

Signed Statement from the Unit Commander

UNIT LETTERHEAD

(Office Symbol)

(DATE)

MEMORANDUM FOR HQ, U.S. Army Recruiting Command, Health Services Directorate, 1307 Third Avenue, ATTN: RCRO-HS-AN, Fort Knox, Kentucky 40121-2726

SUBJECT: Certifying Statements for Participation in the Specialized Training Assistance Program (STRAP) for **(RANK LAST, FIRST MI), (SSN)**

1. **(RANK LAST, FIRST MI), (SSN)** meets all requirements outlined in AR 135-7 for participation in the new Specialized Training Assistance Program.
 - Is a citizen of the United States.
 - Is a commissioned officer in the Army Reserves/National Guard (Not in AGR status).
 - Was appointed as an AMEDD Officer on _____.
 - Is assigned an Area of Concentration (AOC) of _____.
 - Is engaged in a course of studies in the specialty of _____ and will be enrolled in at least 50% credit hours required for full time (AN).
 - Will be able to complete service obligation prior to his/her Mandatory Removal Date (MRD) IAW AR 140-10, Ch 7, (age 60). Soldiers MRD is _____.
 - Is not in a pass-over status for promotion.
 - Is not receiving assistance from ROTC scholarship.
 - Is not obligated to an active duty service tour or to the Public Health Service.
2. The above named applicant is in compliance with medical fitness standards per AR 40-501. Physical completed on _____.
3. The above named applicant is in compliance with physical fitness standards IAW AR 350-15. APFT administered on _____.
4. The above named applicant is in compliance with body composition/weight control standards per AR 600-9. Current height/weight .Current body fat composition (if required).
5. Point of contact at this office is **(RANK LAST, FIRST MI)** at **(Phone #), (AKO email address)**.

FOR THE COMMANDER:
Encl (if needed)

SIGNATURE BLOCK

SAMPLE FORM

Appendix D Verification Statements (VS)

Web Sites for Medical Corps Verification of Board Certification

American Board of Medical Specialties -
<http://www.abms.org>
American Board of Allergy and Immunology -
<http://www.abai.org>
American Board of Colon & Rectal Surgery - no
web-site
American Board of Dermatology -
<http://www.abderm.org>
American Board of Emergency Medicine -
<http://www.abem.org>
American Board of Family Practice -
<http://www.abfp.org>
American Board of Internal Medicine -
<http://www.abim.org>
American Board of Medical Genetics -
<http://www.faseb.org/genetics/abmg/abmgmenu.htm>
American Board of Neurological Surgery -
<http://www.abns.org>
American Board of Nuclear Medicine - no web-
site
American Board of Obstetrics & Gynecology -
<http://www.abog.org>
American Board of Ophthalmology -
<http://www.abop.org>
American Board of Orthopedic Surgery -
<http://www.abos.org>
American Board of Otolaryngology -
<http://www.aboto.org>
American Board of Pathology -
<http://www.abpath.org>
American Board of Pediatrics -
<http://www.abp.org>
American Board of Physical Medicine and
Rehabilitation - no web-site
American Board of Plastic Surgery -
<http://www.abplsurg.org>
American Board of Preventive Medicine -
<http://www.abprevmed.org>
American Board of Psychiatry & Neurology -
<http://www.abpn.com>
American Board of Radiology -
<http://www.theabr.org>
American Board of Surgery -
<http://www.absurgery.org>
American Board of Thoracic Surgery –
no web-site
American Board of Urology - no web-site
<http://www.certifieddoctor.org>

Listed below are verification statements for verifying education and credentials for all AMEDD Corps applicants (select/ insert appropriate degree, training program, type of license, etc).

Each PSV statement verifies a specific credential. While it is permissible to provide additional information to explain extenuating circumstances, nothing less than the approved statement will be used. All credentials will be prime source verified with a representative of the institution issuing the documents(s) or privileges.

- (1) Verifications for education and credentials for all AMEDD corps are accepted through the Internet, in writing, or telephonically
- (2) PSV statement will be typed on a separate sheet of paper on state letterhead in the Memorandum for Record (MFR) format per AR 25-50 (see chapter 2-7).
- (3) All PSV statements will be signed and dated by the individual performing the verification.
- (4) These PSV statements will not be combined to verify more than one item.

PSV-1 DEGREE AND DIPLOMA VERIFICATION – ALL CORPS

"On (DATE) the undersigned contacted (NAME OF INDIVIDUAL AND POSITION) at (NAME OF MEDICAL SCHOOL/UNIVERSITY), (TELEPHONE NUMBER) and verified that (APPLICANT NAME) graduated from (MEDICAL SCHOOL/UNIVERSITY) on (DATE) with a degree in (DEGREE EARNED)."

PSV-1a DEGREE IN PROGRESS VERIFICATION – ALL CORPS

"On (DATE) the undersigned contacted (NAME OF INDIVIDUAL AND POSITION) at (NAME OF MEDICAL SCHOOL/UNIVERSITY), (TELEPHONE NUMBER) and verified that (APPLICANT NAME) enrolled on (DATE), is currently enrolled, and is projected to graduate from (MEDICAL SCHOOL/UNIVERSITY) on (DATE)."

PSV-2 ADVANCED DEGREE VERIFICATION

"On (DATE) the undersigned contacted (NAME OF INDIVIDUAL AND POSITION) at (NAME OF INSTITUTION), (TELEPHONE NUMBER) and verified that (APPLICANT NAME) received a (MA/MS/PhD, ETC.) in (AREA OF CONCENTRATION) from this institution on (DATE)."

PSV-3 COMPLETED GRADUATE MEDICAL/PROFESSIONAL EDUCATION PROGRAMS

"On (DATE) the undersigned contacted (NAME OF INDIVIDUAL AND POSITION) at (NAME OF INSTITUTION), (TELEPHONE NUMBER) and verified that (APPLICANT NAME) successfully completed an (INTERNSHIP, RESIDENCY, OR FELLOWSHIP, ETC.) in (SPECIALTY) from (DATE) to (DATE)."

PSV-4 IN-PROGRESS GRADUATE MEDICAL/PROFESSIONAL EDUCATION PROGRAMS

"On (DATE) the undersigned contacted (NAME OF INDIVIDUAL AND POSITION) at (NAME OF INSTITUTION), (TELEPHONE NUMBER) and verified that (APPLICANT NAME) successfully completed Graduate Medical education in (SPECIALTY). PGY I was successfully completed from (DATE) to (DATE), PGYII was successfully completed from (DATE) to (DATE), and (APPLICANT NAME) is currently training in PGY (#) from (DATE) to present. Certificate of GME is not available because (STATE REASON)."

NOTE 1: IF THE PHYSICIAN IS STILL IN PGY1, THEN OMIT ANY REFERENCE TO COMPLETION OF ANY PGY, AND STATE THAT THEY ARE CURRENTLY TRAINING IN PGY I AS ABOVE.

NOTE 2: PERIODS OF TRAINING OR RESEARCH OR NON-CLINICAL FELLOWSHIPS WILL BE IDENTIFIED SEPARATELY.

PSV-5 NON-COMPLETED GRADUATE MEDICAL/PROFESSIONAL EDUCATION PROGRAMS

"On (DATE) the undersigned contacted (NAME OF INDIVIDUAL AND POSITION) at (NAME OF INSTITUTION), (TELEPHONE NUMBER) and verified that (APPLICANT NAME) did not successfully complete an (INTERNSHIP), or a (RESIDENCY, FELLOWSHIP, ETC.) in (SPECIALTY). This training began on (DATE) and ended on (DATE).

NOTE: STATE REASON(S) FOR NON-COMPLETION.

PSV-6 5TH PATHWAY

"On (DATE) the undersigned contacted (NAME OF INDIVIDUAL AND POSITION) at (NAME OF INSTITUTION), (TELEPHONE NUMBER) and verified that (APPLICANT NAME) successfully completed a 5th Pathway program consisting of one year of supervised clinical training from (DATE) to (DATE)."

PSV-7 ECFMG

"On (DATE) the undersigned contacted (NAME OF INDIVIDUAL AND POSITION) at the Educational Council of Foreign Medical Graduates (TELEPHONE NUMBER) and verified that (APPLICANT NAME) was granted an ECFMG certificate (CERTIFICATE #) on (DATE). This certificate is current, indefinite and has been revoked."

PSV-8 BOARD CERTIFICATION

"On (DATE) the undersigned contacted (NAME OF INDIVIDUAL AND POSITION) at the (NAME OF SPECIALTY OR SUB-SPECIALTY BOARD), (PHONE NUMBER) and verified that (APPLICANT NAME) was board certified in (SPECIALTY) on (DATE). This certification ((EXPIRES ON DATE) OR (IS INDEFINITE))."

PSV-9 UNRESTRICTED LICENSE/REGISTRATION

"On (DATE) the undersigned contacted (NAME OF INDIVIDUAL AND POSITION) THE (NAME OF STATE LICENSE AGENCY OR NAME OF NATIONAL REGISTRATION AGENCY), (TELEPHONE NUMBER) and verified that (APPLICANT NAME) was originally issued a (TYPE OF LICENSE OR REGISTRATION), (NUMBER) on (DATE). This (LICENSE OR REGISTRATION) is current, permanent, unrestricted, unencumbered and has never been restricted or encumbered. The (LICENSE OR REGISTRATION) will expire on (DATE)."

PSV-10 EXPIRED LICENSE/REGISTRATION

"On (DATE) the undersigned contacted (NAME OF INDIVIDUAL AND POSITION) at (NAME OF LICENSE OR REGISTRATION AGENCY), (TELEPHONE NUMBER) and verified that (APPLICANT NAME) was originally issued a (TYPE OF LICENSE OR REGISTRATION), (NUMBER) on (DATE). This was a permanent (LICENSE OR REGISTRATION) which was neither restricted nor encumbered. The (LICENSE OR REGISTRATION) expired on (DATE) because (STATE REASON FOR EXPIRATION)."

PSV-11 RESTRICTED LICENSE/REGISTRATION (PAST OR PRESENT)

"On (DATE) the undersigned contacted (NAME OF INDIVIDUAL AND POSITION) at (NAME OF LICENSE OR REGISTRATION AGENCY), (TELEPHONE NUMBER) and verified that (APPLICANT NAME) was originally issued a (TYPE OF LICENSE OR REGISTRATION), (NUMBER) on (DATE). The license was restricted on (DATE) and will remain restricted until (DATE) or was (REINSTATED, REVOKED, ETC.) on (DATE)."

NOTE: STATE THE NATURE OF RESTRICTION AND ATTACH ALL SUPPORTING DOCUMENTS.

PSV-12 RESIDENT LICENSURE - TRAINING LICENSE

"On (DATE) the undersigned contacted (NAME OF INDIVIDUAL AND POSITION) at (NAME OF LICENSE AGENCY), (TELEPHONE NUMBER) and verified that (APPLICANT NAME) was originally issued a resident training license (NUMBER) on (DATE). This license will expire on (DATE)."

PSV-13 RESIDENT LICENSURE - STATE BOARD OF LICENSURE'S RESIDENT LIST

"On (DATE) the undersigned contacted (NAME OF INDIVIDUAL AND POSITION) at the (NAME OF THE STATE LICENSE AGENCY), (TELEPHONE NUMBER) and verified that (APPLICANT NAME) is listed by the licensing (BOARD, AGENCY, ETC.) as a non-licensed physician for the purpose of training as a (MEDICAL OR DENTAL RESIDENT) at (NAME OF INSTITUTION)."

PSV-14 RESIDENT LICENSURE - HOSPITAL WITH STATE ISSUED LICENSE, PERMIT OR CERTIFICATE

"On (DATE) the undersigned contacted (NAME OF INDIVIDUAL AND POSITION), (TELEPHONE NUMBER) at (NAME OF HOSPITAL) and verified that the above named institutions licensed, (NUMBER) to operate as a hospital by the (NAME OF LICENSE AGENCY). (APPLICANT NAME) is currently a (MEDICAL OR DENTAL RESIDENT) at this institution."

PSV-15 RESIDENT LICENSURE - HOSPITAL OPERATING UNDER FEDERAL AUTHORITY

"On (DATE) the undersigned contacted (NAME OF INDIVIDUAL AND POSITION), (TELEPHONE NUMBER) at (NAME OF HOSPITAL) and verified that (ABOVE NAMED INSTITUTION) has met all the requirements to operate as a hospital under (STATUTE, CODE, OR ACT). (APPLICANT NAME) is currently a (MEDICAL OR DENTAL) resident at this institution."

PSV-16 MALPRACTICE – CIVILIAN

"On (DATE) the undersigned contacted (NAME OF INDIVIDUAL AND POSITION) at (NAME OF INSTITUTION FOR RESIDENT, OR INSURANCE CARRIER-FOR OTHER VOLUNTEERS) and verified that (APPLICANT NAME) (IS OR WAS) covered for malpractice with policy (# NUMBER) from (DATE) to (DATE OR PRESENT). (NO SUITS HAVE BEEN OR SUITS HAVE BEEN) filed for this period."

NOTE: ATTACH SUPPORTING DOCUMENTS FOR ALL CLAIMS FILED, PAID OR PENDING.

PSV-17 MALPRACTICE - MILITARY/FEDERAL SERVICE

"On (DATE) the undersigned contacted (NAME OF INDIVIDUAL AND POSITION) at (MILITARY SERVICE OR FEDERAL INSTITUTION), (TELEPHONE NUMBER) and verified that (NAME) is or was covered for malpractice from (DATE) to (DATE OR PRESENT). (NO SUITS HAVE BEEN OR SUITS HAVE BEEN) filed for this period."

NOTE: ATTACH SUPPORTING DOCUMENTS FOR ALL CLAIMS FILED, PAID OR PENDING.

PSV-18 PROFESSIONAL PRIVILEGES WITHOUT ADVERSE CIRCUMSTANCES

"On (DATE) the undersigned contacted (NAME OF INDIVIDUAL AND POSITION) at (NAME OF HOSPITAL OR INSTITUTION) (TELEPHONE NUMBER) and verified that (APPLICANT NAME) has or had privileges at this institution for (START DATE) to (END DATE OR PRESENT). These privileges have not been restricted, revoked, limited, suspended, denied, nor have disciplinary measures been directed or considered."

PSV-18a PROFESSIONAL PRIVILEGES WITH ADVERSE CIRCUMSTANCES

"On (DATE) the undersigned contacted (NAME OF INDIVIDUAL AND POSITION) at (NAME OF HOSPITAL OR INSTITUTION) (TELEPHONE NUMBER) and verified that (APPLICANT NAME) has or had privileges at this institution for (START DATE) TO (END DATE OR PRESENT). These privileges have been restricted, revoked, limited, suspended, denied, or have disciplinary measures directed or considered." A statement detailing such action is attached."

NOTE: ATTACH SUPPORTING DOCUMENTS DETAILING ADVERSE CIRCUMSTANCES

PSV-19 PROFESSIONAL PRIVILEGES - RESIDENT WITHOUT STATED PRIVILEGES

"On (DATE) the undersigned contacted (NAME OF INDIVIDUAL AND POSITION) at (NAME OF HOSPITAL OR INSTITUTION) (TELEPHONE NUMBER) and verified that residents are not granted defined privileges at this institution. (APPLICANTS NAME) is a PGY (LEVEL) resident at this institution and is performing successfully at that level. There is nothing of a derogatory or disciplinary nature regarding his/her status."

VS-20 NURSE SCHOOL ACCREDITATION

"On (DATE) the undersigned conducted a search at (WEBSITE) and verified that (INSTITUTION) was an accredited institution on (DATE OF GRADUATION)."

PSV-21 TRANSCRIPTS FOR PFR

I hereby certify that I have seen the original/official (raised seal) transcripts issued by (COLLEGE NAME) stating that (APPLICANTS NAME) has acquired a/an (TYPE OF DEGREE). A photo static copy of these transcripts is attached immediately following this page.

Appendix E
Waiver Examples

[E-1 Age/age-in-grade Waiver Sample](#)

[E-2 Civil Waiver Sample](#)

[E-3 BOLC Constructive Credit Waiver Sample](#)

E-1 Age/Age-in-Grade Waiver Sample

STATE
LETTERHEAD

OFFICE SYMBOL

DATE

MEMORANDUM THRU The Adjutant General's Office, (STATE) Army National Guard, ATTN: OFFICE
SYMBOL, ADDRESS, CITY, STATE ZIP CODE

FOR National Guard Bureau, ATTN: ARNG-GSS-O, Suite 3500, 1411 Jefferson Davis Highway, Arlington,
VA 22202

SUBJECT: Request Age and Age-in-grade Waiver for **(RANK LAST, FIRST MI), (SSN)**

1. References:

- a. AR 135-101
- b. NGR (AR) 600-100, dtd 15 Apr 94.

2. Request age waiver for **(RANK LAST, FIRST MI), (SSN)**. This individual is currently a third year student at Harvard Medical School and is applying thru the Early Commissioning Program for Physicians. Upon graduating, he/she will be appointed to the rank of Captain.

3. **(RANK NAME)**'s date of birth is YYMMDD.

4. I strongly recommend approval for appointment in the AMEDD Program of the (STATE) Army National Guard.

NAME
RANK, BRANCH
AMEDD STRENGTH MANAGER

NOTE: With the request for waiver you will need to include a copy of the 62E and a legible birth certificate.

E-2 Civil Waiver Sample

STATE
LETTERHEAD

OFFICE SYMBOL

DATE

MEMORANDUM THRU The Adjutant General's Office, (STATE) Army National Guard, ATTN: OFFICE SYMBOL, ADDRESS, CITY, STATE ZIP CODE

FOR National Guard Bureau, ATTN: ARNG-HRH-O, 1411 Jefferson Davis Highway Arlington, VA 22202

SUBJECT: Request for Civil Waiver for **(RANK LAST, FIRST MI), (SSN)**

1. Request a civil waiver for **(RANK LAST, FIRST MI), (SSN)**. This individual is applying for a direct commission in the (CORPS name).
2. Justification statement or summary of why a waiver should be granted.
3. Recommend for a waiver. POC information.

NAME
RANK, BRANCH
AMEDD STRENGTH MANAGER

NOTE: The following documents will also need to be included when submitting the request:

1. NGB Form 62E
2. Official court documents citing the offense
3. Court documents citing the court action and judgment rendered
4. Statement of circumstances from the applicant
5. A character letter should be included

E-3 BOLC Constructive Credit Waiver

STATE
LETTERHEAD

OFFICE SYMBOL

DATE

MEMORANDUM FOR CG, AMEDD C&S, ARNG Senior Advisor, ATTN: MCCSGNG, MS 49, Bldg 2840,
2250 Stanley Rd, Room 238, Ft Sam Houston, TX 78234-6110

SUBJECT: Request Constructive Credit for RC-BOLC-B (**RANK LAST, FIRST MI**), (**SSN**)

1. Request the above named officer be granted constructive credit for RC-BOLC-B.
2. Justification for waiver – SAMPLE -- Second Lieutenant Smith attended the Interservice Physician Assistant Program (IPAP) and graduated from Phase II on 12 January 2010 at Ft Carson, CO (Encl 1). 2LT Smith was enlisted in the US Army starting August 1996 to August 1999 completing his tour as Signal Intelligence (98D), E4 (Encl 2). From August 1999 to January 2008 2LT Smith was a member of the Colorado Army National Guard achieving the following MOS's: Intel Analyst, E5, Medical Specialist, and Special Operations Medical SGT, E6. 2LT Smith began IPA program in January 2008 and graduated January 2010, and got assigned as a 2LT to HHB 1/157 FA, Longmont, CO. 2LT Smith's civilian profession is as a Family Practice Physician Assistant with Broomfield Family Practice, Broomfield, CO since August 2010.
3. Recommend for waiver. POC information.

Encls

NAME
RANK, BRANCH
STATE SURGEON

Appendix F
Sample Documents

[F-1 Temporary Additional Position Request Sample](#)

[F-2 Curriculum Vitae Sample](#)

[F-3 Sample Statement of Goals](#)

[F-4 Sample letter of Understanding - Retirement](#)

[F-5 Sample Request for Exception to Policy for Initial Appointment to AMEDD after being two-time non-select in another branch. \(Note: This will only be entertained for critical wartime shortage AOCs\)](#)

[F-6 Determination for Award of 66P AOC for Current 66H](#)

[F-7 Drug & Alcohol Testing MFR](#)

F-1 Temporary Additional Position Request Sample

STATE LETTERHEAD

OFFICE SYMBOL

DATE

MEMORANDUM FOR National Guard Bureau, ATTN: ARNG-HRH (Officer Policy), 1411 Jefferson Davis Highway, Arlington, VA 22202

SUBJECT: Request for Temporary Additional Position, JFHQ-XX, XXARNG

1. Request a temporary additional in JFHQ-XX, XXARNG for the following individual:

Name: _____ SSN: _____ Grade: _____
Branch: _____ AOC: _____ DOB: _____
Effective Date: _____
Expiration Date: _____
Unit of Assignment: _when applicable_____
Current Status: M-Day, XXARNG or USAR, Civilian (NPS), USNR, USAFR, AGR

2. MTOE/TDA position availability Accessed for assignment: NA

3. Justification for request.

a. _____ No MTOE/TDA positions exist and this individual has a skill or specialty that is a critical AOC. This individual's specialty is _____.

b. _____ This is a medical student and requires a temporary position until completion of medical school.

c. _____ This is a medical resident and requires a temporary position until completion of residency training.

d. _____ Other(s): _____

4. POC Email & Phone: _____

5. Request a temporary additional position IAW ARNG-HRH Policy Memo #10-074 – Operationalizing the RC Personnel Policy Initiative #3, Consolidated Temporary TDA Policy, dated 13 Dec 2010.

COMMAND LINE:

NAME
RANK, BRANCH
AMEDD STRENGTH MANAGER

F-2 Curriculum Vitae Sample

NAME
ADDRESS
CITY, STATE ZIP

EDUCATION:

(Name of School) (Degree) FROM (MMYY) TO (MMYY)

NOTE: Please enter Internships w/types. Residencies w/types and include Fellowships if applicable.

PROFESSIONAL EXPERIENCE:

(Name of facility) (Position) FROM (MMYY) TO (MMYY)

NOTE: If unemployed during any period of time please enter time period and explanation.

NOTE: Each entry must include job description

PUBLICATIONS, RESEARCH, AND PRESENTATIONS:

List all articles published by you along with co-authors. List all major research projects that you have been associated with and any presentations to major groups.

MILITARY SERVICE:

(List Armed Service), (Active Duty/Reserve), (Rank), (MOS & Branch), From (MMYY) to (MMYY) to include Duty Positions, Unit, and Installation.

BOARD CERTIFICATIONS:

LICENSES:

List ALL states where you are or were licensed.

SOCIETIES AND ORGANIZATIONS:

List all societies and organizations of which you are or were a member and any office held.

Jane Doe
123 Anywhere Street
Any City, CA 91111

EDUCATION:

Harvard, School of Medicine	MD in DO	Aug 05 to May 09
University of Nebraska at Omaha	BS in Biology	Sep 03 to May 05
University of Nebraska at Lincoln	AS in Accounting	Jan 02 to Aug 03
Metro Community College		Jun 01 to Aug 02

HONORS:

Dorothy Murphy Scholarship, Harvard Medical School, 2008. Harvard School of Public Health Scholarship, 2008. "Advisor of the Year" Harvard Professional Program, 2006. National Institute of Health; NIH MARC Scholarship 2003 to 2005; NIH Grant recipient for Endocrinology research, 2005.

PROFESSIONAL EXPERIENCE:

EMPLOYMENT:

NONE

RESEARCH: Diet and Sleep Study, Children's Hospital, assisted Doctor Michael Yogman, Jun 06 to Aug 09; Estrogen Receptor in a Human Pituitary Cell Line, Hunter College, assisted Doctor James Wyche, Sep 03 to Jun 05.

PRESENTATIONS: "Effects of Proteolytic Inhibitor and Sodium Molybdate on Estrogen Receptor Activity in Pituitary Cells", National Institute of Health Symposium, Jul 07.

"Decreasing the Prevalance of Morbidity and Mortality from Adult Onset Diabetes in Rio Abajo, Panama", Harvard School of Public Health, Jul 07.

MILITARY SERVICE:

Army, Reserves, O-2 / 00E67, Medical Student Officer, Oct 2006 to Present, JFHQ, NE ARNG

BOARD CERTIFICATIONS:

NONE

LICENSES: Limited license (#90-4438-91) approved by Massachusetts Board of Registration, Medical Division on Jun 09 issued to Lemuel Shattuck Hospital from Jun 09 to Jul 10, practice to be accomplished under supervision.

SOCIETIES AND ORGANIZATIONS:

American Medical Association	Sep 05 to Present
Black Health Organization	Sep 05 to Present
Third World Conference	Sep 05 to Present

F-3 Sample Statement of Goals

MEMORANDUM FOR AMEDD ACCESSION BOARD

SUBJECT: Statement of Professional Goals and Objectives

1. I, Robin Brown, am requesting selection for the Army Nurse Corps.
2. I have been a full-time registered nurse since 1989. My nursing experience includes: two years in pediatrics, seven in ICU/CCU, and one year in post anesthesia recovery. I have also filled temporary vacancies in the Staff/Education department. The past six years I have been an instructor for the Wisconsin Heart Association's "Basic Life Support" and "advanced Cardiac Life Support" courses.
3. My short-term goals include completion of a Masters degree by 1999. During this time I plan to drill with the 44th Medical Company and become acquainted with the Army Nurse Corps. I plan to continue employment part-time while in school to help keep my clinical skills current.
4. My long-term goals include successful completion of a PhD in nursing with successful completion of the CRNA certification exam and full-time employment as a CRNA. I also look forward to continuing my service in the ARNG with the new AOC of Nurse Anesthetist. I also hope to do some teaching in the future.
5. My service in the ANC will benefit my nursing career I feel the same will hold true of my career after completion of my MSN. I will be an asset to my unit and will perform my duties to the best of my ability. I have a wealth of clinical knowledge and experience from which to draw. The STRAP program is a Godsend to many of us and I hope to recruit new students/officers in the future.

Respectfully,

SIGNATURE
DATE

F-4 SAMPLE LETTER OF UNDERSTANDING - RETIREMENT

I, _____, understand that I am beyond the age for which I would normally be eligible to receive a retirement from the military. I understand that because of my age, it is unlikely that I will be requested/allowed to serve in the military long enough to qualify for a retirement from the military, and will likely be required to resign my commission prior to completing sufficient years qualifying for retirement. Because I understand and accept this, I am being allowed to apply for and, if offered, accept a commission in the Army National Guard.

Typed Full Name

SSN

Signature

Date

F-5 Sample Request for Exception to Policy for Initial Appointment to AMEDD after being two-time non-select in another branch. (Note: This will only be entertained for critical wartime shortage AOCs)

OFFICE SYMBOL

DATE

MEMORANDUM THRU Chief Surgeons Office, ARNG-CSG-O, 111 S. George Mason Drive, Arlington, VA 22204-1382

FOR ARNG-HRH-O, 1411 Jefferson Davis Highway, Arlington, VA, 22202-3231

SUBJECT: Request for Exception to Policy on Reserve Officer Twice Non-Selected for Promotion (Name, SSN)

1. Exception to policy found in paragraph 2-8f (4), National Guard Regulation (AR) 600-100, is requested for Insert Name. Last name, is a Insert civilian status, and is military status (branch, rank and component). Describe likely reason for non-selection. Example: The USAR has no slots for to use in his reappointment. As a result, Name has been twice non-select for promotion to RANK, and faces removal from the system.
2. Rank Name trains with Insert unit and location. He/She has completed Insert Military Education. If a licensed professional, expand on that aspect. If a student, in an AMEDD qualifying degree, expand on that aspect. Generally describe prior service and achievements to date.
3. If exception is granted, Rank/Name is aware that entry grade determination may result in his/her being re-appointed in a grade lower than currently held. Describe his/her goals.
4. Your statement of recommendation for this applicant. Be very supportive here or don't bother sending the request in. Mention this fills a critical wartime shortage. Mention the impact on the unit, the state and the ARNG.
5. POC line.

FOR THE ADJUTANT GENERAL:

J-1s Signature Block

Encls

1. NGR (AR) 600-100
2. Mil Ed Certificates
3. Resume
4. DA 1059s
5. OERs
6. Letter from Med/Dental School if applicable

F-6 Determination for Award of 66P AOC for current 66H

STATE
LETTERHEAD

OFFICE SYMBOL

DATE

MEMORANDUM FOR National Guard Bureau, ARNG-CSG-O, ATTN: MAJ Terrand Law, 111 S. George Mason Drive, Arlington, VA 22204

SUBJECT: Request for Determination for Award of 66P (***RANK LAST, FIRST MI***), (***SSN***)

1. Request Determination for Award of 66P on (***RANK LAST, FIRST MI***), (***SSN***). We currently have a Physician Assistant positions within our Medical Detachment that authorizes UK identifier (Positions can be filled with a 66P) (Para/Ln 108D/03 Physician Assistant UK). Please review the attached documentation in support of this request.

2. Recommend for approval. POC information.

Encl

NAME
RANK, BRANCH
AMEDD STRENGTH MANAGER

NOTE: With the request for determination you will need to include a certified true copy of NP License.

F-7 Drug & Alcohol Testing MFR

STATE
LETTERHEAD

(OFFICE SYMBOL)

(DATE)

MEMORADDUM FOR RECORD

SUBJECT: Drug and Alcohol Testing (DAT) for ***(RANK LAST, FIRST MI), (SSN)***

1. The above listed soldier is required to participate in random unit drug and alcohol testing conducted as member of ARNG. In accordance with AR 600-85 which requires all ARNG units to test at a minimum rate of 10% of Soldiers per month or 25% per quarter based on available strength. This soldier has not tested positive on their recent test.

3. POC information.

SIGNATURE BLOCK

NOTE: Signature block can be Commander, Unit Readiness NCO, Drug testing Rep, etc.

Appendix G
AOC and ASI Listing

AMEDD Officer
Skill Identifiers

Title	SI
Upper Extremity Musculoskeletal Evaluation	7H
Clinical Nurse Specialist	7T
Critical Care Nursing	8A
Midwifery	8D
Infection Control	8J
Blood Banking	8T
Medical Research, Development, Test and Evaluation	8Z
Medical Proficiency (All AMEDD Corps) Awarded by DA Board	9A
Medical Proficiency (MC, DC, VC and SP only) Completed Residency	9B
Medical Proficiency (MC, DC and VC only) Fully Trained in AOC	9C
Medical Proficiency (MC, DC and VC only) In residency but completed internship	9D
Medical Proficiency (MC and DC only) Internship	9E
Health Facilities Planner	9I
Orthopedic Physician Assistant	M1
Emergency Medicine Physician Assistant	M2
Aviation Medicine Physician Assistant	M3
Critical Care Medicine (MC -- 60N, 61F and 61J only)	M4
Emergency Nursing	M5

Medical Corps

Areas of Concentration

Title	AOC	Branch
Operational Medicine (Immaterial)	60A00 ¹	60
Nuclear Medicine Officer	60B	60
Preventive Medicine Officer	60C	60
Occupational Medicine Officer	60D	60
Pulmonary Disease Officer	60F	60
Gastroenterologist	60G	60
Cardiologist	60H	60
Obstetrician and Gynecologist	60J	60
Urologist	60K	60
Dermatologist	60L	60
Allergist, Clinical Immunologist	60M	60
Anesthesiologist	60N	60
Pediatrician	60P	60
Pediatric Cardiologist	60Q	60
Child Neurologist	60R	60
Ophthalmologist	60S	60
Otolaryngologist	60T	60
Child Psychiatrist	60U	60
Neurologist	60V	60
Psychiatrist	60W	60
Nephrologist	61A	61
Medical Oncologist/Hematologist	61B	61
Endocrinologist	61C	61
Rheumatologist	61D	61
Clinical Pharmacologist	61E	61
Internist	61F	61
Infectious Disease Officer	61G	61
Family Physician	61H	61
General Surgeon	61J	61
Thoracic Surgeon	61K	61
Plastic Surgeon	61L	61
Orthopedic Surgeon	61M	61
Flight Surgeon	61N ²	61
Physiatrist	61P	61
Therapeutic Radiologist	61Q	61
Diagnostic Radiologist	61R	61
Pathologist	61U	61
Peripheral Vascular Surgeon	61W	61
Neurosurgeon	61Z	61
Emergency Medicine	62A	62
Field Surgeon	62B ²	62

Note:

1. Duty position code only. Not authorized as a Primary AOC.
2. Not authorized as a Primary AOC. See DA Pam 611-21.

Dental Corps

Areas of Concentration

Title	AOC	Branch
General Dentist	63A	63
Comprehensive Dentist	63B	63
Periodontist	63D	63
Endodontist	63E	63
Prosthodontist	63F	63
Public Health Dentist	63H	63
Pediatric Dentist	63K	63
Orthodontist	63M	63
Oral Maxillofacial Surgeon	63N	63
Oral Pathologist	63P	63
Executive Dentist (Immaterial)	63R00 ¹	63

Note:

1. Duty position code only. Not authorized as a Primary AOC.

Veterinary Corps

Areas of Concentration

Title	New AOC	Branch	Old MFA	Old AOC
Field Veterinary Service	64A	64	75	75A
Veterinary Preventive Medicine	64B	64	75	75B
Veterinary Laboratory Animal Medicine	64C	64	75	75C
Veterinary Pathology	64D	64	75	75D
Veterinary Comparative Medicine	64E	64	75	75E
Veterinary Clinical Medicine	64F	64	75	75F
Senior Veterinarian (Immaterial)	64Z00 ¹	64	N/A	N/A

Note:

1. Duty position code only. Not authorized as a Primary AOC.

Army Medical Specialist Corps

Areas of Concentration

Title	AOC	Branch
Occupational Therapy	65A	65
Physical Therapy	65B	65
Dietician	65C	65
Physician Assistant	65D	65
Specialist Allied [Health] Operations	65X00 ¹	65

Note:

1. Duty position code only. Not authorized as a Primary AOC.
Effective Date: FY05 (30 September 2004)

Army Nurse Corps

Areas of Concentration

Title	AOC	Branch
Community Health Nurse	66B ²	66
Psychiatric/Mental Health Nurse	66C ²	66
Operating Room Nurse	66E	66
Nurse Anesthetist	66F	66
Obstetrics and Gynecologic Nurse	66G ²	66
Medical-Surgical Nurse	66H	66
Generalist Nurse (Immaterial)	66N00 ¹	66
Family Nurse Practitioner	66P ²	66

Note:

1. Duty position code only. Not authorized as a Primary AOC.
2. Effective Date: FY04 (1 October 2003)

Medical Service Corps

Areas of Concentration and Medical Functional Areas

Title	New MFA	New AOC	Branch	Old AOC
Health Services (Immaterial)				
	70	67A001	67	N/A
Health Care Administration	70	70A	67	67A
Health Svcs Admin (a.k.a., Field Med Asst)	70	70B	67	67B
Health Services Comptroller	70	70C	67	67C
Health Services Systems Management	70	70D	67	67D
Patient Administration	70	70E	67	67E
Health Services Human Resources	70	70F	67	67F
Health Services Plans, Operations, Intelligence, Security and Training	70	70H	67	67H
Health Services Material	70	70K	67	67K
Health Facilities Planner	70	70K9I	67	67L
Laboratory Sciences (Imm)				
	71	67B001	67	N/A
Microbiology	71	71A	67	68A
Parasitology	71	71A9H	67	68D
Immunology	71	71A9G	67	68E
Biochemistry	71	71B	67	68C/68J
Clinical Laboratory	71	71E	67	68F
Research Psychology	71	71F	67	68T
Preventive Medicine Sciences (Imm)				
	72	67C001	67	N/A
Nuclear Medical Science	72	72A	67	68B
Entomology	72	72B	67	68G
Audiology	72	72C	67	68M
Environmental Science	72	72D	67	68N
Sanitary Engineering	72	72E	67	68P
Behavioral Sciences (Imm)				
	73	67D001	67	N/A
Social Work	73	73A	67	68R
Clinical Psychology	73	73B	67	68S
Other Medical Functional Areas				
Pharmacy	N/A	67E00	67	68H
Optometry	N/A	67F00	67	68K
Podiatry	N/A	67G00	67	68L
Aeromedical Evacuation	N/A	67J00	67	67J

Note:

1. Duty position code only. Not authorized as a Primary AOC.

AUTHORIZED SUBSTITUTABILITY LIST

Article I. Position AOC	SPECIALTY DESCRIPTION	Officer's AOC	SUBSTITUTE SPECIALTY DESCRIPTION
60A	Oper. Medicine	Any 60/61/62	All 60/61/62 series specialties
60B	Nuclear Medicine	None	
60C	Prevent. Medicine	60D 61N	Occupational Medicine Flight Surgeon (Aerospace Med Certified)
60J	OB/GYN	None	
60K	Urologist	None	
60L	Dermatologist	None	
60N	Anesthesiologist	None	
60S	Ophthalmologist	None	
60T	Otolaryngologist	None	
60V	Neurologist	60R	Child Neurologist
60W	Psychiatrist	60U	Child Psychiatrist
61A	Nephrologist	None	
61F	Internist	60F 60G 60H 61A 61B 61C 61D 61G 60B 60M	Pulmonary Disease Gastroenterologist Cardiologist Nephrologist Oncologist/Hematologist Endocrinologist Rheumatologist Infectious Disease Nuclear Medicine Allergist/Clinical Immunologist (only if root training was Internal Medicine)
61G	Infectious Disease	None	
61H	Family Physician	61F 62A 62B	Internal Medicine Physician Emergency Physician Field Surgeon
61J	General Surgeon	61K 61L 61W 60J 60K	Thoracic Surgeon Plastic Surgeon Peripheral Vascular Surgeon OB/GYN Urologist
61K	Thoracic Surgeon	None	
61M	Orthopedic Surg.	None	
61N	Flight Surgeon	None	Any MC officer may attend 61N Course
61R	Diagnostic Radiologist	60B 61Q	Nuclear Medicine Therapeutic Radiologist (Completed 61R Residency)
Article II. Position AOC	SPECIALTY DESCRIPTION	Officer's AOC	SUBSTITUTE SPECIALTY DESCRIPTION
61U	Pathologist	None	
61Z	Neurosurgeon	None	
62A	Emergency Physician	61H	Family Physician
62B	Field Surgeon	Per DA Pam 611-21 (with changes), Any 60/61/62 Series specialties <u>EXCEPT:</u>	<u>Following may NOT substitute for 62B:</u> 60B – Nuclear Medicine 60N – Anesthesiologist 60U – Child Psychiatrist 60W – Psychiatrist 61Q – Therapeutic Radiologist 61R – Diagnostic Radiologist 61U – Pathologist

63A	Dental Officer	Any 63 series specialties	Any Dental specialties
64A	Veterinarian	None	
65D	Physician Assistant	Use of this substitution requires prior written approval from NGB-ARS. Incentives will only be offered if DA Approval is also granted. Per DA Pam 611-21 (with changes), Any 60/61/62 Series specialties, EXCEPT:	Following may NOT substitute for 65D: 60B – Nuclear Medicine 60N – Anesthesiologist 60U – Child Psychiatrist 60W – Psychiatrist 61Q – Therapeutic Radiologist 61R – Diagnostic Radiologist 61U – Pathologist
66F	Nurse Anesthetist	60N except: <u>Requires approval of NGB-ARS</u>	Anesthesiologist
66N	Nurse Admin.	Any 66 Series	All Nursing specialties
66H		Any 66 series, <u>except</u> 66F	All Nursing specialties, except Nurse Anesthesia
Article III. <u>P</u> <u>osition AOC</u>	SPECIALTY DESCRIPTION	Officer's AOC	SUBSTITUTE SPECIALTY DESCRIPTION
70 Series/ 67A		Any 70 Series	Any 70 series MS officer may occupy (if substitution applied, they are not qualified for promotion) any other 70 series/ 67A MS officer position.
72A*		72B* 72D* *Note: Only applicable for CST/WMD Teams	72B - Entomologist 72D - Environmental Scientist
67C	Preventive Medicine Sciences	Any 72 Series MS officer	All Preventive Medicine Specialties within the MS Corps 67C Series of 72A-D
67D	Behavioral Sciences	Any 73 Series MS officer 60W	Both Behavioral Science specialties (73A-B) may occupy a 67D position. Positions specific to 73 series however must have an AOC match.
67F	(i) Optometrist	None	
67J	(ii) Aeromedical Evac.	None	
01A	(iii) Branch Immaterial	Any Officer	AMEDD Officers are NOT restricted from filling 01A positions, but the only AMEDD officers that <u>should</u> fill these positions are 70 Series and 67J MS officers. AMEDD officers receiving incentives will not be eligible if placed in 01A positions.
05A	AMEDD Branch Immaterial	Any AMEDD Officer	Restricted to AMEDD Officers ONLY.

Positions not specifically listed in this document have no substitution authority.

Appendix H Special Pay

RESERVE COMPONENT SPECIAL PAY FOR MEDICAL CORPS OFFICERS

References: DOD FMR Volume 7A, Chapter 5
Section 0506 Special Pay for Active Duty Medical Officers
Section 050601, Entitlement

Effective date 01 January 1990

All Reserve Medical Corps Officers in the Army National Guard are entitled to receive Special Pay when on active duty for AT, ADSW or ADT (not for inactive duty training) for periods less than one year at the monthly rate of \$450. The prorated amount is \$15 per day.

PROCESS:

When a new accession, interstate transfer or in service of a Medical Corps Officer occurs, an order is published awarding special pay should be accomplished. Assure that SIDPERS properly codes the soldier according to the Data Codes from the NGB (AR) 25-10 and verify with Military Pay that the pay action is implemented.

DATE CODE	DEFINITION
56	Medical Pay II (2 years of AD)
57	Medical Pay I (Less than 2 years of AD)

AWARDING BACK PAY:

If a Medical Corps Officer has not been paid this entitlement, the unit must complete a DD114 and submit on a TL to Military Pay documenting the periods of back pay due by using a copy of the RPAS or orders.

Article IV. RESERVE COMPONENT SPECIAL PAY FOR DENTAL CORPS OFFICERS

Reference: DOD FMR Volume 7A, Chapter 6

Effective date: 1 October 1996

All Reserve Dental Corps Officers are entitled to Special Pay when on active duty for AT, ADSW or ADT (not for inactive duty training) less than one year at the monthly rate of \$350 per month. The prorated amount is \$11.66 per day.

Process:

When a new Accession or interstate transfer of a Dental Corps Officer occurs, an order is published awarding special pays should be accomplished. Assure that SIDPERS properly codes the soldier according to the Data Codes in NGB (AR) 25-10). There is **NO AUTOMATIC** capability available to enable Dental Corps Officers to receive the special pay. This must be a unit action each time the Dental Corps Officer performs any active duty.

DATA CODE	DEFINITION
58	Dental Pay

If a Dental Corps Officer has not been paid this entitlement, the unit must complete a DD114 and submit on a TL to Military Pay documenting the periods of back pay due by using a copy of the RPAS or orders.

RC AMEDD SPECIAL PAYS ON ACTIVE DUTY FOR MEDICAL CORPS OFFICERS (37 TITLE USC SECTION 302f)

- Ordered or called to active duty greater than 30 consecutive days
- Eligible for all AMEDD Special Pays except multi-year pays: (see current pay chart)
 - VSP – Variable Special Pay
 - BCP – Board Certification Pay
 - MASP – Medical Additional Special Pay
 - ISP – Incentive Special Pay
- Required documents:
 - Copy of Active duty Orders
 - Inter-facility Credentials Transfer & Privileging Brief (ICTPB)
 - Documents of previous active duty periods—DD214s, and Chronological Statement of Retirement Points (RPAS) ARPC 249-2-E

Consolidate documentation by unit and forward to:

AMEDD Special Pay Branch
Office of the Surgeon General
200 Stovall Street
Alexandria, VA 22332-0417

OTSG sends the individual rates authorized to DFAS-Indianapolis Center for payment.

Note: When this pay is implemented the Reserve Component pay of \$450 is suspended.

RC AMEDD Special Pays on Active Duty for Dental Corps Officer (37 Title USC Section 302f)

- Ordered or called to active duty greater than 30 consecutive days
- Eligible for AMEDD Special Pays:
 - Dental Variable Special Pay
 - BCP – Board Certification Pay, if eligible
- Required documents:
 - Copy of Active Duty orders
 - Inter-facility Credentials Transfer & Privileging Brief (ICTPB)
 - Documents of previous active duty periods-DD214s, and Chronological Statement of Retirement Points (RPAS) ARPC 249-2-E

Consolidate documentation by unit and forward to:

AMEDD Special Pay Branch
Office of the Surgeon General
200 Stovall Street
Alexandria, VA 22332-0417

OTSG sends individual rates authorized to DFAS-Indianapolis Center for payment.

Note: When this pay is implemented the Reserve Component pay of \$350 is suspended.

BOARD CERTIFIED PAY FOR NONPHYSICIAN HEALTH CARE PROVIDERS ON ACTIVE DUTY

Reference: DOD FMR Volume 7A - Chapter 5 – 0509

Criteria:

1. Has a post baccalaureate (masters) degree in the clinical specialty
2. Must be on active duty orders
3. Certified by a professional board in the officer's specialty
 - Optometry (67F)
 - Pharmacy (67E)
 - Social Work (73A)
 - Nuclear Medical Science Officer (72A)
 - Psychology (73B)
 - Nurse Anesthetist (66F)
 - Nurse Practitioners (66H8E)
 - Nurse Midwife (66H8G-8D)
 - Physician Assistance (65D)

**If the state has an active Civil Support Team (or any other position in the state that meets the criteria), the physician assistant (65d) and Nuclear Medical Science Officer (72A) are eligible. The following procedures must be accomplished:

1. Original transcripts (not issued to student)
2. AGR orders
3. Current license and NCCPA Certificate
4. DA 4187 from unit requesting the board certified special pay.

Forward to:

CDR-ARPERSCOM
ATTN: TAPC-OPH-SP
Hoffman II, Rm 9N57
200 Stovall Street
Alexandria, VA 22232-0417

Sample Request for Special Pay

STATE
LETTERHEAD

OFFICE SYMBOL

DATE

MEMORANDUM FOR Commander, PERSCOM, ATTN: TAPC-OPH-SP (MAJ Pauline Gross),
Hoffman II, Rm 9N57, 200 Stoval Street, Alexandria, VA 22232-0417

SUBJECT: Request for Special Pay

1. Request is made for special pay for 1LT Gary J. Moore, 123-45-6789. Lieutenant Moore was ordered to Active Duty for two years beginning 5 December 2004 in support of Operation Enduring Freedom. The documents you require are attached.

- a. Orders 236-062, Dtd 11 December 2004.
- b. Personnel Qualification Record - Officers/Warrant Officers.
- c. Master of Physician Assistant Studies Degree from University of Nebraska Medical Center.
- d. Certified, raised seal, academic transcript, University of Nebraska Medical Center verifying master's completion.
- e. The National Commission on Certification of Physician Assistants, No. 1234567.

2. The POC for this memorandum is the undersigned. Additional information can be requested by calling 303-677-8708, DSN: 877-8708, FAX: 303-677-8719 or E-mail: name of recruiter@co.ngb.army.mil.

Encls
as

NAME
RANK, BRANCH, XXARNG
AMEDD OFFICER STRENGTH MANAGER

CF:
Individual Concerned
CDR, Co B, 5/19th