

Army Active Component Health Professions Officer Special and Incentive Pay Plan

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1. **Purpose.** This pay plan applies to all Army Medical Department (AMEDD) Active Component (AC) Health Professions Officers (HPOs), as well as title 10 USC Active Guard Reserve (AGR) HPOs and mobilized Reserve Component (RC) HPOs on Active Duty 30-consecutive days or more. The pay plan enhances the ability to size, shape, and stabilize the force by using a monetary incentive to support the recruitment and retention of health care professionals with critical wartime skills and valuable experience crucial to Army mission success today and readiness tomorrow. This pay plan enacts the Consolidation of Special Pays (CSP) statute and Department of Defense (DoD) plan, and includes the HPO Accession Bonus (AB), HPO Critical Wartime Skills Accession Bonus (CWSAB), HPO Board Certification Pay (BCP), HPO Incentive Pay (IP), and HPO Retention Bonus (RB). The CSP special pays are categorized as discretionary and are not an entitlement. This pay plan is effective 1 January 2017, and does not expire unless superseded.

2. **Definitions.**

a. **Health Professions Officer (HPO).** Any health profession performed by officers who are in the Medical Corps of a Uniformed Service or designated as Medical Officers; in the Dental Corps of a Uniformed Service or designated as Dental Officers; in the Medical Service Corps of a Uniformed Service or designated as Medical Service Officers; in the Medical Specialists Corps of a Uniformed Service or designated as Medical Specialists; in the Nurse Corps of a Uniformed Service or designated as Nurses; in the Veterinary Corps of a Uniformed Service or designated as Veterinary officers.

b. Specialty. A health profession specialty for which there is an identifying Army specialty skill identifier; also called an Area of Concentration (AOC). The Additional Skill Identifier (ASI) can further designate the HPO specialty.

c. Health Care Provider (HCP). A military HPO granted privileges to diagnose, initiate, alter, or terminate health care treatment regimens within the scope of his or her license, certification, or registration. Includes physicians, dentists, nurse practitioners, nurse anesthetists, nurse midwives, physical therapists, podiatrists, optometrists, clinical dietitians, social workers, clinical pharmacists, clinical psychologists, occupational therapists, audiologists, speech pathologists, physician assistants, or any other person providing direct patient care as may be designated by the DoD.

d. Initial Education and Training Active Duty Obligation. An obligation incurred for participating in a pre-commissioning and/or commissioning program. This includes, but is not limited to, an accession bonus (AB/CWSAB), Reserve Officer Training Corps (ROTC), U.S. Military Academy (USMA) or equivalent, Uniformed Services University of the Health Sciences (USUHS), Accession Health Professions Loan Repayment Program (HPLRP), Armed Forces Health Professions Scholarship Program (HPSP), Interagency Physician Assistant Program (IPAP), Financial Assistance Program (FAP), Registered Nurse Enlisted Commissioning Program (RNECP), Educational Delay, Social Work Internship Program (SWIP), Clinical Psychology Internship Program (CPIP), Graduate Professional Education (GPE) i.e. MSW or other initial specialty education, training, and/or other commissioning programs.

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

f. Privileged. Permission/authorization for an independent provider to provide medical or other patient care services in the granting institution. Clinical privileges define the scope and limits of practice for individual providers and are based on the capability of the healthcare facility, the provider's licensure, relevant training and experience, current competence, health status, and judgment.

g. Legacy Special Pays. Pertains to all special pays in title 37 USC Chapter 5, Sub Chapter I, §301d through §303b, to include: Accession Bonus (AB), Critical Wartime Skills AB (CWSAB), Variable Special Pay (VSP), Optometry Duty Pay (ODP), Veterinary Duty Pay (VDP), Board Certification Pay (BCP), Non-Physician BCP (NPBCP), Medical Additional Special Pay (MASP), Dental Additional Special Pay (DASP), Incentive Special Pay (ISP), Multi-year ISP (MISP), Oral and Maxillofacial Surgeon ISP (OMFS ISP), Certified Registered Nurse Anesthetist ISP (CRNA ISP), Registered Nurse ISP (RNISP), Pharmacy Officer Special Pay (POSP), Optometry Retention Bonus (ORB), Multi-year Special Pay (MSP), and Dental Officer Multi-year Retention Bonus (DOMRB).

3. General Policy.

a. Upon implementation of this plan, all remaining HPOs not already under a CSP agreement will transition from Legacy to CSP upon first expiration of any current Legacy special pay agreement. If the HPO is not qualified or chooses not to execute an agreement for the obligation required of the BCP, IP, or RB, the HPO will stay under the current Legacy special pays until released from Active Duty, resignation, retirement, or 28 January 2018, whichever is earlier. Additionally, all HPOs with a Mandatory Removal Date (MRD) for retirement through 28 January 2018, will remain under the Legacy special pay plans.

b. The HPO must have sufficient retention to complete the Active Duty Obligation (ADO) incurred by the agreement.

c. All HPOs must possess a current, valid, unrestricted license or approved Army waiver, with the exception of the Physician Assistants/AOC 65D whose licensure is waived in accordance with HA Policy 04-002/15 January 2004, who must be certified by the National Commission on Certification of Physician Assistants (NCCPA).

d. All submitted CSP agreements with an effective date 01 - 30 January 2017, must be received at the AMEDD Special Pay Branch, Office of The Surgeon General (OTSG) within 60-days of this plan release date in order to be accepted and processed with that effective date. Thereafter, all agreements must be executed up to 90-days in advance, but no later than 30-days after the agreement effective date; otherwise, the date of signature is the agreement effective date. Any request for exception to this 120-day window of execution policy must include Command endorsement explaining the extenuating circumstances for the delay in agreement execution.

e. HPOs may only sign linked IP and RB agreements for one specialty, even if the HPO holds qualifications in two or more specialties. Subspecialties or ASI of the primary specialty are included under the primary specialty. The linked IP and RB agreements must be for the same specialty and the same effective date.

f. All HPOs in a multi-year Legacy agreement due an annual installment in or after Fiscal Year 2017 will remain in those agreements, and the agreement is amended as an HPO RB.

(1) Amended agreements will not incur any additional ADO.

(2) For Physicians and Dentists, everything contained in the original MSP or DOMRB agreement will remain the same; however, upon first expiration of any current Legacy special pay agreement (i.e. MASP or DASP), the VSP, MASP, and MISF, or VSP, DASP, and OMFS ISP, as applicable, will now become the linked IP rate that is in conjunction with the 2, 3, or 4-year RB.

g. Delayed payments: All agreements will be paid directly by the Defense Finance and Accounting Service - Indianapolis Center (DFAS-IN) and could experience a delay in payment of up to 90-days upon receipt by DFAS-IN. The Leave and Earnings Statement (LES) entries may include the terminology "Save Pay" for BCP and IP payments, or "Nuc Off Pay" for RB payments. HPOs should read LES remarks for further details.

4. **Evaluation of Eligibility.**

a. In general, a special pay recipient will be an HPO who has demonstrated performance and warrants retention of that officer on Active Duty. Denial of special pay based on other than failure to satisfy the eligibility criteria must be substantiated with documentation. Circumstances must clearly indicate that actions have been or will be initiated which would deny the HPO further practice, specialty designation, or continued Active Duty.

b. Individual responsibility: The success of the special pay program is paying only those HPOs who are authorized to receive it. It is the responsibility of the requesting HPO to ensure data is correct to support their eligibility for special pays.

c. Commander's expanded responsibility: Entrants and reentrants into the special pay program will be reviewed for participation. It is incumbent upon the Commander to remain constantly aware of the status of those HPOs for whom they serve as special pay agreement approval authority. The Commander will evaluate each requesting HPO for satisfaction of all eligibility criteria. A recommendation to terminate authorization to the pay may be made at any time based on failure to satisfy qualifying criteria or significant evidence that the HPO should be denied further practice as an HPO, or further retention on Active Duty. Submission of a recommendation to terminate authorization may be done at any time and is not restricted to the period immediately prior to the entry into a new agreement.

5. **HPO Accession Bonus (AB) and HPO Critical Wartime Skills Accession Bonus (CWSAB).**

a. Eligibility. To be eligible for the AB or CWSAB, an individual must:

(1) Be a graduate of an accredited school in his or her clinical specialty (see pertinent section of Table 1).

(2) Be fully qualified to hold a commission or appointment as a commissioned officer in an Active Component of the AMEDD Officer Corps.

(3) Be fully qualified in the specialty to which appointed.

(4) Have a current, valid, unrestricted license; NCCPA; or approved Army waiver.

(5) At the time of commission or appointment, have completed all mandatory service obligations if financial assistance was received from the DoD in order to pursue a course of study to become an officer, or pursue a course of study leading towards appointment in the Corps/specialty. This includes, but is not limited to, participants and former participants of a Military Service Academy, ROTC, HPSP, FAP, USUHS, and other commissioning programs.

(6) Execute a written agreement to accept a commission or appointment as an Army officer and serve on Active Duty for a specific period. An individual who holds an appointment as an officer in either the Active or Reserve Component is not eligible for an AB or CWSAB. A former officer who no longer holds an appointment or commission, and is otherwise qualified and eligible must have been honorably discharged or released from uniformed service at least 24 months prior to executing the written agreement to receive an AB or CWSAB.

b. Procedures.

(1) Specialties authorized the AB or CWSAB must be in accordance with the current Office of the Deputy Chief of Staff, G-1, Army Accession Mission memorandum. The Health Services Directorate, U.S. Army Recruiting Command (USAREC) manages the AB/CWSAB program, and authorizes AB/CWSAB written agreements to authorized specialties that meet the eligibility criteria and the Army Accession Mission Memorandum to serve on Active Duty.

(2) Individuals who meet the eligibility criteria and are authorized the AB or CWSAB on the Army Accession Mission Memorandum, are eligible for an AB or CWSAB in the amounts established by DoD in the pertinent section of Table 1.

(3) During the discharge of the service obligation associated with AB or CWSAB, individuals are eligible for the IP and BCP, as applicable. Any additional obligation incurred by these pays shall be served concurrently. During the discharge of the service obligation associated with the AB or CWSAB, individuals are not eligible for a RB.

c. The AB or CWSAB will be terminated upon separation from Active Duty, death, or if the conditions of this agreement are not fulfilled. Reasons for termination include, but are not limited to: loss of privileges, court-martial conviction, violations of the Uniform Code of Military Justice, failure to maintain required certification or licensure, unprofessional conduct, failure to demonstrate proficient medical skill, or reasons that are in the best interest of the Army. The Army Surgeon General is the termination authority for all agreements.

d. Any failure to fulfill the conditions specified in the AB or CWSAB agreement may result in termination of the agreement and the repayment of any unearned portion of the AB or CWSAB in accordance with title 37 USC §373 and Chapter 2 of Volume 7A, DoDFMR 7000.14-R, as amended. As indicated in title 37 USC §373, a discharge

in bankruptcy under title 11 USC does not discharge an officer from a debt arising from this agreement.

6. HPO BOARD CERTIFICATION PAY (BCP).

a. Eligibility. To be eligible for the BCP, an HPO must:

(1) Execute a BCP agreement, and have at least one-year retainability on Active Duty beginning on the effective date.

(2) Have a post-baccalaureate degree (Master's Degree or higher) in the HPO's clinical specialty/AOC.

(3) Be certified by an approved recognized clinical specialty professional board (not a State board) in the clinical specialty/AOC as listed in the pertinent section of Table 2.

(4) Maintain Diplomate, certification, or board status in the professional board of designated clinical specialty/AOC for the duration of receipt of BCP.

(5) The HPO must possess a current, valid, unrestricted license; NCCPA; or approved Army waiver under the provisions of AR 40-68, with applicable interim changes, without prejudicial restriction to the standards of the specialty for which the award is made, as a prerequisite and for the duration of receipt of BCP.

b. Agreement Effective Date*. The effective date of the BCP agreement is the latter date of meeting all of the following:

(1) The date of entry on Active Duty,

(2) The date the post-baccalaureate degree in the HPO's clinical specialty/AOC is awarded,

(3) The date the HPO becomes board certified in the clinical specialty/AOC.

*Note: Eligible HPOs currently receiving only the Legacy NPBCP will execute the new BCP agreements effective no earlier than 01 October 2017.

c. Procedures.

(1) BCP is authorized at the annual rate of \$6,000/year, and is paid on a prorated monthly basis; subject to the availability of funds, for the duration of the agreement. Payment of BCP is applicable to only one board certification, even if the HPO has multiple board certifications. Any previous payments of BCP or NPBCP will

be stopped, and any overlapping payments will be adjusted and recouped as necessary.

(2) All AC and AGR HPOs must execute a written BCP agreement as prepared in the Medical Operational Data System (MODS) special pay module, with a copy of the board certificate or a copy of the board letter of notification of certification, and a copy of their current, valid, unrestricted license; NCCPA; or approved Army waiver.

(3) RC HPOs serving more than 30-consecutive days on Active Duty, and not for training, must meet the same eligibility criteria and documentation, but no BCP agreement is required. See paragraph 16.

(4) Commanders will verify the HPO's eligibility, endorse the BCP agreement, and forward the endorsed BCP agreement to the AMEDD Special Pay Branch, OTSG.

(5) The AMEDD Special Pay Branch, OTSG will verify eligibility criteria provided with the BCP agreement and the MODS special pay module transaction data. All BCP agreements are subject to acceptance and will involve additional coordination with the pertinent AMEDD Officer Corps Branch at Health Services Division, Human Resources Command (HRC) to verify eligibility.

d. The BCP will expire when Diplomate, certification, or board status expires unless there is a submission of recertification documentation with a new BCP agreement. The HPO is responsible to repay all payments received beginning on the day after the expiration date of Diplomate, certification, or board status. Additionally, it is the HPO's responsibility to inform the AMEDD Special Pay Branch, OTSG to initiate stop-payment and recoupment action upon loss of eligibility, loss of license, or loss of certification. Payments received during the ineligible period will be recouped.

e. The BCP will be terminated upon separation from Active Duty, death, or if the conditions of this agreement are not fulfilled. Reasons for termination include, but are not limited to: loss of privileges, court-martial conviction, violations of the Uniform Code of Military Justice, failure to maintain required certification or licensure, unprofessional conduct, failure to demonstrate proficient medical skill, or reasons that are in the best interest of the Army. The Army Surgeon General is the termination authority for all agreements.

f. Any failure to fulfill the conditions specified in the BCP agreement may result in termination of the agreement and the repayment of any unearned portion of BCP in accordance with title 37 USC §373 and Chapter 2 of Volume 7A, DoDFMR 7000.14-R, as amended. As indicated in title 37 USC §373, a discharge in bankruptcy under title 11 USC does not discharge an officer from a debt arising from this agreement.

7. HEALTH PROFESSIONS OFFICER INCENTIVE PAY (IP).

a. Eligibility. To be eligible for the IP, an HPO must:

(1) Execute an IP agreement, and have at least one-year retainability on Active Duty beginning on the effective date.

(2) As a HCP, AC and AGR HPOs must be currently credentialed, privileged, and practicing a minimum of 40-hours/year at a facility designated by the Army, in the specialty for which the IP is being paid.

(3) The HPO must possess a current, valid, unrestricted license; NCCPA; or approved Army waiver under the provisions of AR 40-68, with applicable interim changes, without prejudicial restriction to the standards of the specialty for which the award is made, as a prerequisite and for the duration of receipt of IP.

b. Agreement Effective Date. The effective date of the IP agreement is the latter date of meeting all of the following:

(1) No earlier than upon completion of qualifying training plus 3-months,

(2) Date of privileging and licensure as a HCP.

c. Procedures.

(1) IP is authorized at the annual rate as listed in the pertinent section of Table 3, and is paid on a prorated monthly basis; subject to the availability of funds, for the duration of the agreement. Any previous payments of IP or Legacy special pays will be stopped, and any overlapping payments will be adjusted and recouped as necessary.

(2) All AC and AGR HPOs must execute a written IP agreement as prepared in the MODS special pay module, and provide a copy of their current, valid, unrestricted license, or approved Army waiver. An HPO may only sign one IP agreement for one specialty, even if the HPO holds qualifications in two or more specialties.

(3) RC HPOs serving more than 30-consecutive days on Active Duty, and not for training, must meet the same eligibility criteria and documentation, but no IP agreement is required. See paragraph 16.

(4) Termination of a current IP agreement can only be performed in conjunction with meeting the eligibility for a new higher rate IP, or when linking IP with a 2, 3, or 4-year RB agreement.

(5) If entering an RB agreement, the HPO shall also enter a new IP agreement for the same specialty at the linked IP rate listed in conjunction with a 2, 3, or 4-year RB (see pertinent section of Table 3). The HPO would continue IP eligibility at that rate for each active year of the 2, 3, or 4-year RB agreement.

(6) Any specialty change would require the existing RB agreement period to be completed. After expiration of that RB and after meeting the completion of qualifying training plus 3-months, the officer would require a new IP and RB agreement executed with a new effective date, and an equal or longer 2, 3, or 4-year RB obligation at the specialty rates in effect at the time the new agreement is signed.

(7) Commanders will verify the HPO's eligibility, endorse the IP agreement, and forward the endorsed IP agreement to the AMEDD Special Pay Branch, OTSG. The Commander may approve agreements, on a case by case basis, for IP payments to HPOs assigned to positions requiring a substantial portion of time performing military-unique duties under adverse conditions, or in remote locations outside the United States, or that preclude the ability to spend appropriate time in a clinical setting.

(8) The AMEDD Special Pay Branch, OTSG will verify eligibility criteria provided with the IP agreement and the MODS special pay module transaction data. All IP agreements are subject to acceptance and will involve additional coordination with the pertinent AMEDD Officer Corps Branch at Health Services Division, HRC to verify eligibility.

d. The IP will not expire unless the officer no longer meets the eligibility criteria. It is the HPO's responsibility to inform the AMEDD Special Pay Branch, OTSG to initiate stop-payment and recoupment action upon loss of eligibility, loss of license, or other pertinent disqualifying information. Payments received during the ineligible period will be recouped.

e. The IP will be terminated upon separation from Active Duty, death, or if the conditions of this agreement are not fulfilled. Reasons for termination include, but are not limited to: loss of privileges, court-martial conviction, violations of the Uniform Code of Military Justice, failure to maintain required certification or licensure, unprofessional conduct, failure to demonstrate proficient medical skill, or reasons that are in the best interest of the Army. The Army Surgeon General is the termination authority for all agreements.

f. Any failure to fulfill the conditions specified in the IP agreement may result in termination of the agreement and the repayment of any unearned portion of IP in accordance with title 37 USC §373 and Chapter 2 of Volume 7A, DoDFMR 7000.14-R, as amended. As indicated in title 37 USC §373, a discharge in bankruptcy under title 11 USC does not discharge an officer from a debt arising from this agreement.

8. HEALTH PROFESSIONS OFFICER RETENTION BONUS (RB).

a. Eligibility. To be eligible for RB, an HPO must:

(1) Be below the grade of O-7.

(2) Have completed either:

(a) Any Active Duty service commitment incurred for participating in a pre-commissioning and/or commissioning program.

(b) The ADO for AB, CWSAB, or HPLRP paid as an accession incentive. An individual may decline the AB, CWSAB, or HPLRP (prior to first payment) and accept the RB.

(3) Have completed specialty qualification for which the RB is being paid, prior to the beginning of the fiscal year during which a written agreement is executed, but no earlier than 3-months after completing qualifying training.

(4) As a HCP, AC and AGR HPOs must be currently credentialed, privileged, and practicing a minimum of 40-hours/year at a facility designated by the Army, in the specialty for which the RB is being paid.

(5) The HPO must possess a current, valid, unrestricted license; NCCPA; or approved Army waiver under the provisions of AR 40-68, with applicable interim changes, without prejudicial restriction to the standards of the specialty for which the award is made, as a prerequisite and for the duration of receipt of RB.

(6) At the time of the agreement effective date, the HPO must have no Suspension of Favorable Personnel Actions (SOFPA/FLAG), and have passed the Army Physical Fitness Test (APFT) and Army Body Composition Program (ABCP) standards. While a subsequent SOFPA/FLAG during the period of the agreement will not, in and of itself, damage an HPO's continued eligibility, failure to meet APFT and ABCP standards will.

b. Prior Multi-year Pay (MP). Subject to acceptance by the Army, an HPO with an existing Legacy MP agreement may request a one-time alignment to enter into a new RB agreement with an equal or longer obligation, at the RB annual rate in effect at the time of execution. The new obligation period shall not retroactively cover any portion or period that was executed under the old agreement.

c. ADO.

(1) Any ADO for education and training incurred on Active Duty, and previous MP or RB agreements, shall be served before serving new RB ADO (consecutive obligation).

(2) When no new education and training ADO exists at the time of an RB agreement execution, the RB ADO shall be served concurrently with the RB agreement period, and all non-education and training ADOs.

(3) If the RB agreement is executed on or before the start date of GPE training, and no other education and training ADO exists, the RB ADO shall be served concurrently with the RB agreement period. However, if the RB agreement is executed after the start date of GPE training, the HPO is obligated for the full GPE period and the RB ADO shall begin 1-day after the GPE ADO is completed. The ADO to be served is consecutive or an additive obligation.

(4) Once an HPO has begun to serve an RB ADO, they shall serve it concurrently with any existing obligations or future ADOs, including education and training obligations incurred after the RB effective date for the length of that particular RB agreement.

(5) Obligations for an RB may be served concurrently with any other service obligation, to include BCP, IP, promotion, non-clinical doctorate degree, non-clinical master's degree, and non-medical military schooling.

(6) An ADO for education and training, and previous MP or RB agreements shall be served before serving any new RB ADO. The RB recipient with a remaining education and training ADO should be explicitly aware that in many cases the RB payments and ADO may not be synchronized.

(7) During the discharge of the ADO associated with the HPLRP paid as a retention incentive, individuals are eligible for an RB; however, the RB ADO is consecutive to all HPLRP obligations regardless of when the HPLRP is taken.

d. All AC and AGR HPOs must execute a written RB agreement as prepared in the MODS special pay module, with a copy of their current, valid, unrestricted license; NCCPA; or approved Army waiver.

e. Annual payment amounts for the 2, 3, or 4-year RB agreements shall be in the amounts established by DoD in the pertinent section of Table 3. Payments will be made upon agreement effective date and annually thereafter on the anniversary of the agreement effective date, subject to the availability of funds.

f. HPOs who enter into a RB agreement must also enter into a linked IP agreement for the same specialty at the amount listed in the pertinent section of Table 3. The HPO will continue IP eligibility at that rate for each active year of the RB agreement.

g. Any specialty change would require the existing RB agreement period to be completed. After expiration of that RB and after meeting the completion of qualifying

training plus 3-months, the officer would require a new IP and RB agreement executed with a new effective date, and an equal or longer 2, 3, or 4-year RB obligation at the specialty rates in effect at the time the new agreement is signed. At the time the RB expires, the HPO must execute both a new IP and RB, or convert to the single rate IP.

h. The RB agreement will be terminated if the officer is promoted to the grade of Brigadier General (O-7), upon separation from Active Duty, death, or if the conditions of the RB agreement are not fulfilled. Reasons for termination include, but are not limited to: loss of privileges, court-martial conviction, violations of the Uniform Code of Military Justice, failure to maintain required certification or licensure, unprofessional conduct, failure to demonstrate proficient medical skill, or reasons that are in the best interest of the Army. The Army Surgeon General is the termination authority for all agreements.

i. Any failure to fulfill the conditions specified in the IP agreement may result in termination of the agreement and the repayment of any unearned portion of IP in accordance with title 37 USC §373 and Chapter 2 of Volume 7A, DoDFMR 7000.14-R, as amended. As indicated in title 37 USC §373, a discharge in bankruptcy under title 11 USC does not discharge an officer from a debt arising from this agreement.

9. Automatic Voluntary Retention.

a. Participation in the HPO Special and Incentive Pay Plan constitutes a voluntary retention program. Unless a waiver is obtained, an HPO participating in these special pays will not be released from Active Duty before fulfilling the term of continuous Active Duty agreed to by execution of an agreement, even if that ADO will extend the HPO beyond 20 years of active federal service. Requests for resignation, release from Active Duty, or voluntary retirement will be disapproved except when considered to be in the best interest of the Army. An offer to repay the full sum of the special pays does not constitute a basis for early termination of an agreement.

b. An agreement may not extend beyond a legislated mandatory separation or retirement date for age or service, unless the HPO's separation or retirement has been deferred in advance of the agreement effective date. An agreement is erroneous and subject to full recoupment.

10. Agreement Procedures and Approval Authority.

a. The MODS special pay module will prepare the automated BCP, IP, and RB agreements based on the data extracted and/or entered into the agreement creation module. Any adjustment to the agreement or deviation to content, will result in the agreement being returned without action.

b. Commanders will approve the agreement if they determine that the HPO meets all eligibility criteria as discussed above. If Commanders determine that the eligibility criteria have not been met, they will disapprove the agreement and will indicate the reason for disapproval.

c. The Commander, Acting Commander, or the written special pay appointed approval authority of the HPO must be a Field Grade officer (Major/O-4 or higher). Where the Commander is a Company Grade officer, the next Field Grade Commander in the chain of command will serve as the approval authority.

d. The approval authority may be branch immaterial. The advice of a senior AMEDD officer should be obtained with regard to required privileging and patient care duties.

e. The Branch Chief of the HPO's Corps Branch, Health Services Division, HRC will be the approval authority of agreements for HPOs for whom no other appropriate authority can be identified.

f. All special pay agreements upon approval/disapproval by the appropriate authority, will be transmitted to the AMEDD Special Pay Branch, OTSG via email (usarmy.ncr.hqda-otsg.mbx.otsg-special-pay@mail.mil) to coordinate verification of eligibility, authorized rates, voluntary retention program, and ADO. Upon verification of agreement data, authorization for payments will be transmitted to DFAS-IN for disbursement.

11. Alignment of Agreements from Legacy to CSP Program.

a. At the expiration of HPO's first Legacy agreement, an HPO with an existing obligated 2, 3, or 4-year Legacy agreement may align to a new RB agreement.

b. The new program alignment of agreements from Legacy to CSP will establish a new effective date for the IP and/or RB. Unearned Legacy special pays will be recouped in accordance with outlined procedures. The duration of the new RB agreements must be equal to or longer than the obligation remaining on the terminated 2, 3, or 4-year Legacy agreement.

12. Termination of Special Pays.

a. Automatic termination:

(1) All special pays in this plan will be terminated upon death, or upon separation from Active Duty where approved or directed by the Army.

(2) All special pay agreements in this message may be disapproved by the Commander or terminated by The Surgeon General if the HPO fails to meet the eligibility requirements of the special pay agreement either upon execution or during the agreement period.

b. Optional termination.

(1) The Surgeon General has the authority to disapprove or terminate authorization to BCP, IP and/or RB at any time. Terminations are accomplished through review proceedings approved by The Surgeon General.

(2) A Commander who receives an agreement for approval, but is aware of potentially disqualifying information pertaining to an HPO, will disapprove the agreement and if required, initiate action recommending immediate termination of all other existing agreements for review proceedings by The Surgeon General.

(3) Reasons for termination include, but are not limited to: loss of privileges, court-martial conviction, violations of the Uniform Code of Military Justice, failure to maintain required certification or licensure, unprofessional conduct, failure to demonstrate proficient medical skill, or reasons that are in the best interest of the Army.

c. Procedures for termination:

(1) The Commander will notify the HPO in writing and provide 10-calendar days to submit a rebuttal.

(2) The recommendation and rebuttal, or a statement that the HPO does not intend to rebut, will be forwarded to the AMEDD Special Pay Branch, OTSG.

(3) The Commander will also submit the data upon which the evaluation is based to include any objective data available in regard to privileges, practice within the specialty, or other criteria leading to the recommendation for termination of authorization.

(4) The effective date of termination of authorization will be the date on which The Surgeon General approves the recommendation. The decision of The Surgeon General is final.

13. Recoupment of Unearned Payments.

a. Alignment or termination of BCP, IP, and RB agreements may incur a pro rata recoupment of Legacy or CSP special pays already paid that overlap, or of an obligation that has not yet been served. Recalculation of the remaining BCP, IP, and RB agreement ADO may occur.

b. As an exception, recoupment is waived under the following circumstances:

(1) Death or disability that is not the result of misconduct or willful neglect and not incurred during a period of unauthorized absence.

(2) Separation from the Army by operation of law or regulation of DoD or the Army, or when a waiver of recoupment was approved by the Secretary of the Army.

c. The repayment of any unearned portion is in accordance with title 37 USC §373 and Chapter 2 of Volume 7A, DoDFMR 7000.14-R, as amended. As indicated in title 37 USC §373, a discharge in bankruptcy under title 11 USC does not discharge an officer from a debt arising from this agreement.

14. **Administration of Authorization Data.**

a. AMEDD Special Pay Branch, OTSG will:

(1) Maintain eligibility rosters in MODS for BCP, IP, and RB agreements based on data as received from the Total Army Personnel Data Base (TAPDB).

(2) Verify BCP, IP, and RB agreements approved by the HPO's Commander for eligibility and correct rates, and authorize release for disbursement.

(3) Provide DFAS-IN with applicable pay data upon verification of an approved BCP, IP, and RB agreement.

b. Health Services Division, HRC will:

(1) Ensure the Total Officer Personnel Management Information System (TOPMIS) has documented the officer's education and training, board certification, initial and incurred ADO dates for training (TOPMIS Code: DTMSO) and special pay (TOPMIS Code: DTMSPO).

(2) Provide coordinated review of BCP, IP, and RB agreements for eligibility and extended ADOs, as required.

(3) Forward all provided BCP, IP, and RB agreements for enclosure in the Interactive Personnel Electronic Records Management System (iPERMS).

c. Health Services Directorate, USAREC will:

(1) Include in the Active Duty orders for each HPO direct accession any AB or CWSAB authorization.

(2) Provide fiscal data on all approved AB and CWSAB authorizations.

15. **Payment Procedures.**

a. The BCP and IP shall be paid on a prorated monthly basis. The RB shall be paid in annual installments for the length of the agreement, and AB may be paid in a lump sum or annual installments as determined by the amount or officer's request. The total amount paid under the agreement shall be fixed during the length of the agreement.

b. Payment by DFAS-IN may take up to 90-days upon their receipt of authorization. The initial annual installment will be authorized after approval of the agreement. Payment of subsequent installments will be authorized on the anniversary of the agreement effective date.

c. New IP and/or RB agreements involve an audit and possible recoupment of the HPO's military pay account, and could experience a delay in payment of up to 90-days upon receipt by DFAS-IN. The individual LES entries may include terminology "Save Pay" for BCP and IP payments, or "Nuc Off Pay" for RB payments. HPOs should read LES remarks for further details.

16. Special Pay for Mobilized Reserve Component (RC) HPOs:

a. Mobilized RC HPOs are eligible for BCP and/or IP if they are serving more than 30-consecutive days on Active Duty and not for training, at the rates specified in this plan.

b. Mobilized RC HCPs must be credentialed by the use of the Inter-facility Credentials Transfer Brief (ICTB) by the Army in the specialty for which the special pay is being paid.

c. Payments shall be paid monthly and amounts shall be prorated for periods less than 1-month. RC HPOs are not required to execute a written agreement to remain on Active Duty for at least 1-year.

d. Requests for special pay must include Active Duty orders and ICTB, as applicable. Forward consolidated documentation via email to the AMEDD Special Pay Branch, OTSG mailbox: usarmy.ncr.hqda-otsg.mbx.otsg-special-pay@mail.mil

e. AMEDD Special Pay Branch, OTSG determines eligibility based on criteria and rates specified in this plan, providing individual rates authorized to RC DFAS-IN for payment. RC DFAS-IN disburses special pays on a prorated basis starting after the first 30-consecutive days, retroactive to Active Duty tour entry date.

Table 1:

Medical Corps Critical Wartime Skills Accession Bonus (CWSAB)¹

<u>Medical Specialty</u>	<u>CWSAB 4-Year Total Rate</u>
Aerospace Medicine	\$180,000
Anesthesia	\$396,000
Diagnostic Radiology	\$364,000
Emergency Medicine	\$276,000
Family Practice	\$252,000
General Surgery	\$400,000
Internal Medicine	\$240,000
Neurosurgery	\$400,000
Obstetrics/Gynecology	\$240,000
Ophthalmology	\$200,000
Orthopedics	\$356,000
Otolaryngology	\$252,000
Pediatrics	\$220,000
Preventive Medicine	\$220,000
Psychiatry	\$272,000
Pulmonary Medicine	\$292,000
Urology	\$280,000
Vascular Surgery	\$400,000

¹ Must be a graduate of an American Medical Association (AMA) or American Osteopathic Association (AOA) accredited school of medicine, and possess a Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO) degree.

Dental Corps CWSAB²

<u>Dental Specialty</u>	<u>CWSAB 4-Year Total Rate</u>
Comprehensive Dentistry	\$300,000
General Dentistry	\$150,000
Endodontics	\$300,000
Oral and Maxillofacial Surgery	\$300,000
Prosthodontics	\$300,000

² Must be a graduate of an American Dental Association (ADA) accredited school of dentistry and possess a Doctor of Dental Surgery (DDS) or Doctor of Dental Medicine (DMD) degree.

Table 1: (continued)

Nurse Corps Accession Bonus (AB)³

<u>AB Active Duty Obligation</u>	<u>Lump Sum Rate</u>
3-Year	\$20,000
4-Year	\$30,000

³ Must be a graduate of a school of nursing accredited by the National League for Nursing Accrediting Commission (NLNAC) or the Commission on Collegiate Nursing Education (CCNE) that conferred a baccalaureate degree or higher in nursing.

Specialty AB⁴

Specialty	Lump Sum Rate	
	3-Year Obligation	4-Year Obligation
Pharmacist	\$0	\$30,000
Physician Assistant	\$37,500	\$60,000
Psychologist	\$37,500	\$60,000
Social Worker	\$18,750	\$30,000
Veterinary Officer	\$0	\$20,000

⁴ Must be a graduate of an accredited school in the clinical specialty.

Table 2:

HPO Board Certification Pay (BCP) Rate

1-Year Rate (prorated monthly)	\$6,000
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General/Flag Officers at the rank of O-7 and above, that meet the eligibility criteria, are eligible for the HPO BCP.

Medical Corps Recognized Boards for HPO BCP

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

Dental Corps Recognized Boards for HPO BCP

American Board of General Dentistry - 63B	American Board of Periodontology - 63D
American Board of Endodontics - 63E	American Board of Prosthodontics - 63F
American Board of Dental Public Health - 63H	American Board of Pediatric Dentistry - 63K
American Board of Orthodontics - 63M	American Board of Oral and Maxillofacial Surgery - 63N
American Board of Oral and Maxillofacial Pathology - 63P	American Board of Orofacial Pain Any AOC (Requires DC Branch, HRC Review)

Table 2: (continued)

Nurse Corps Recognized Boards for HPO BCP

Specialty	Sponsor	Certification Responsibility	Board
Certified Registered Nurse Anesthetist 66F	American Association of Nurse Anesthetists	National Board of Certification and Recertification for Nurse Anesthetists	Nurse Anesthetist
Nurse Practitioner 66P 66R	American Nurses Association	American Nurses Credentialing Center, American Academy of Nurse Practitioners or Pediatric Nursing Certification Board	Adult Health Nurse Practitioner
			Family Nurse Practitioner
			Pediatric Nurse Practitioner
			Psychiatric/Mental Health Nurse Practitioner
			Acute Care Nurse Practitioner
			Primary Care Nurse Practitioner
Women's Health Nurse Practitioner 66P	National Certification Corporation for the Obstetric, Gynecologic, and Neonatal Nursing Specialties	National Certification Corporation for the Obstetric, Gynecologic, and Neonatal Nursing Specialties	Women's Health Care Nurse Practitioner (for OB/GYN & GYN NPs)
Nurse Midwife 66W	National Commission for Certifying Agencies	American Midwifery Certification Board	Nurse Midwife
Clinical Nurse Specialist 66G7T 66H7T 66S 66T	American Nurses Association	American Nurses Credentialing Center or American Association of Critical Care Nurses Certification Corporation	Clinical Nurse Specialist
Public Health Nurse 66B	American Nurses Association	American Nurses Credentialing Center	Public Health Nurse

Table 2: (continued)**Specialty Recognized Boards for HPO BCP**

SPECIALTY	SPONSOR	CERTIFICATION RESPONSIBILITY	BOARD(S)
Audiology/Speech Pathology 72C	American Speech-Language Hearing Association	Council for Clinical Certification in Audiology and Speech-Language Pathology	1. Audiology (CCC-A) 2. Speech-Language Pathology (CCC-SLP)
	American Board of Audiology	Clinical Certification Board	1. Audiology 2. Advanced Certification with Specialty Recognition (various)
Biochemistry 71B	Commission on Accreditation in Clinical Chemistry	American Board of Clinical Chemistry	Fellow of the Academy of Clinical Biochemistry
Dietetics 65C	Academy of Nutrition and Dietetics	Commission on Dietetic Registration	1. Pediatric Nutrition 2. Renal Nutrition 3. Metabolic Nutrition 4. Sports Dietetics 5. Gerontological Nutrition 6. Oncology Nutrition 7. Advanced Practice Certification in Clinical Nutrition
	American Society for Parenteral and Enteral Nutrition	The National Board of Nutrition Support Certification	Certified Nutrition Support Clinician
	National Certification Board for Diabetes Educators	National Certification Board for Diabetes Educators	Certified Diabetes Educator
	National Commission for Health Education Credentialing	National Commission for Health Education Credentialing	1. Certified Health Education Specialists 2. Master Certified Health Education Specialist
	American Board of Sports Medicine	American College of Sports Medicine	1. Registered Clinical Exercise Physiologist 2. Certified Exercise Physiologist 3. Certified Clinical Exercise Physiologist
Medical Physicist 72A	American Board of Radiology	American Board of Medical Specialties	Subspecialties of nuclear medical physics, diagnostic medical physics, therapeutic medical physics

Occupational Therapy 65A	American Occupational Therapy Association (AOTA)	AOTA Board for Advanced and Specialty Certification	1. Gerontology 2. Mental Health 3. Pediatrics 4. Physical Rehabilitation
	Hand Therapy Certification Commission	Hand Therapy Certification Commission	Certified Hand Therapist
	Board of Certification in Professional Ergonomics	Board of Certification in Professional Ergonomics	1. Certified Professional Ergonomist 2. Certified Human Factors Professional 3. Certified User Experience Professional
	Academy of Certified Brain Injury Specialists	Academy of Certified Brain Injury Specialists	Certified Brain Injury Specialist Trainer
Optometry 67F	American Academy of Optometry	American Academy of Optometry	Fellow in the American Academy of Optometry
Pharmacy 67E	American Pharmacists Association	Board of Pharmacy Specialties	Any
Physical Therapy 65B	American Physical Therapy Association	American Board of Physical Therapy Specialists	1. Cardiopulmonary 2. Clinical Electrophysiology 3. Geriatrics 4. Neurology 5. Orthopedics 6. Pediatrics 7. Sports 8. Women's Health
Physician Assistant 65D	National Commission on Certification of Physician Assistants	National Commission on Certification of Physician Assistants	National Commission on Certification of Physician Assistants
Podiatry 67G	American Podiatric Medical Association	Council on Podiatric Medical Education	1. American Board of Podiatric Medicine 2. American Board of Foot and Ankle Surgery
Psychology 73B	American Psychological Association	American Board of Professional Psychology	Diplomate
Social Work 73A	American Board of Examiners In Clinical Social Work	American Board of Examiners In Clinical Social Work	Diplomate in Clinical Social Work
	National Association of Social Workers	Competence Certification Commission	Diplomate in Clinical Social Work
Veterinary Officer 64-Series	Any one of several boards certified by the American Veterinary Medical Association	Specific Specialty Board	Any

Table 3:**Medical Corps HPO IP¹ & HPO RB Rates**

¹ General/Flag Officers at the rank of O-7 and above, that meet the eligibility criteria, are eligible for the General Medical Officer (GMO) HPO IP rate only.

MEDICAL CORPS	Incentive Pay (IP) only 1-year rate (prorated monthly)					
POST RESIDENT or FELLOW GRADUATE	Fully Qualified IP only 1-Year Rate (prorated monthly)	OR	Fully Qualified IP rate paid with a 2, 3, 4-Year Retention Bonus (RB) (prorated monthly)	RB 2-Year Rate (paid annually)	RB 3-Year Rate (paid annually)	RB 4-Year Rate (paid annually)
INTERNSHIP (FYGME)- ANY AOC	\$1,200					
INITIAL RESIDENCY (PGY2)- ANY AOC	\$8,000					
GENERAL MEDICAL OFFICER (GMO)- 62B	\$20,000					
AEROSPACE MEDICINE (RAM) - 61N	\$43,000		\$43,000	\$13,000	\$19,000	\$25,000
ANESTHESIOLOGY - 60N	\$59,000		\$73,000	\$25,000	\$40,000	\$60,000
CARDIOLOGY - ADULT - 60H / PEDS	\$59,000		\$64,000	\$21,000	\$34,000	\$51,000
DERMATOLOGY - 60L	\$43,000		\$43,000	\$17,000	\$25,000	\$38,000
EMERGENCY MEDICINE - 62A	\$49,000		\$53,000	\$17,000	\$26,000	\$40,000
FAMILY PRACTICE - 61H	\$43,000		\$43,000	\$17,000	\$25,000	\$38,000
GASTROENTEROLOGY - ADULT - 60G / PEDS	\$49,000		\$52,000	\$22,000	\$33,000	\$50,000
GEN INTERNAL MEDICINE - 61F	\$43,000		\$43,000	\$13,000	\$23,000	\$35,000
GENERAL SURGERY - 61J	\$52,000		\$73,000	\$25,000	\$40,000	\$60,000
NEUROLOGY - ADULT - 60V / PEDS - 60R	\$43,000		\$43,000	\$13,000	\$19,000	\$25,000
NEUROSURGERY - 61Z	\$59,000		\$83,000	\$25,000	\$40,000	\$60,000
OBSTETRICS-GYNECOLOGY - 60J	\$54,000		\$54,000	\$17,000	\$25,000	\$35,000
OPHTHALMOLOGY - 60S	\$51,000		\$53,000	\$13,000	\$19,000	\$25,000
ORTHOPEDICS - 61M	\$59,000		\$73,000	\$17,000	\$33,000	\$50,000
OTOLARYNGOLOGY - 60T	\$53,000		\$58,000	\$17,000	\$25,000	\$33,000
PATHOLOGY - 61U	\$43,000		\$43,000	\$13,000	\$20,000	\$30,000
PEDIATRICS - 60P	\$43,000		\$43,000	\$13,000	\$20,000	\$30,000
PHYSIATRIST/PHYSICAL MEDICINE - 61P	\$43,000		\$43,000	\$12,000	\$13,000	\$20,000
PREVENTIVE/OCCUPATIONAL MEDICINE - 60C / 60D	\$43,000		\$43,000	\$13,000	\$20,000	\$30,000
PSYCHIATRY - ADULT - 60W / PEDS - 60W8Z	\$43,000		\$43,000	\$17,000	\$28,000	\$43,000
PULMONARY MEDICINE - ADULT - 60F / PEDS, AND FELLOWSHIP TRAINED CRITICAL CARE (M4), OR INTENSIVE MEDICINE SPECIALIST - ADULT / PEDS	\$46,000		\$49,000	\$21,000	\$31,000	\$45,000
RADIOLOGY - 61R / 61Q	\$59,000		\$65,000	\$25,000	\$40,000	\$60,000
UROLOGY - 60K	\$51,000		\$51,000	\$20,000	\$30,000	\$45,000
SUBSPEC CAT I (Note 1)	\$59,000		\$80,000	\$23,000	\$36,000	\$55,000
SUBSPEC CAT II (Note 2)	\$51,000		\$51,000	\$12,000	\$18,000	\$27,000
SUBSPEC CAT III (Note 3)	\$46,000		\$49,000	\$12,000	\$17,000	\$25,000
SUBSPEC CAT IV (Note 4)	\$43,000		\$43,000	\$13,000	\$19,000	\$25,000
SUBSPEC CAT V (Note 5)	\$59,000		\$64,000	\$21,000	\$31,000	\$45,000

NOTE 1: REQUIRES PRIMARY SPECIALTY IN GENERAL SURGERY - 61J OR AS LISTED: CARDIO-THORACIC SURGERY - 61K, COLON-RECTAL SURGERY, ONCOLOGY SURGERY, PEDIATRIC SURGERY, PLASTIC SURGERY - 61L, ORGAN TRANSPLANT, TRAUMA/CRITICAL CARE SURGERY (DESIGNATOR: FN), VASCULAR SURGERY - 61W, AND FELLOWSHIP TRAINED ORTHOPEDIC SURGEONS.

NOTE 2: NUCLEAR MEDICINE INTERNISTS ONLY - 60B.

NOTE 3: INCLUDES INTERNAL MEDICINE AND PEDIATRIC FELLOWSHIP SUBSPECIALTIES IN ALLERGY, ALLERGY/IMMUNOLOGY - 60M, NEPHROLOGY -

NOTE 4: ALL INTERNAL MEDICINE AND PEDIATRIC SUBSPECIALTIES NOT LISTED IN SUBSPECIALTY CATEGORY I, III, OR LISTED SEPARATELY--TO

NOTE 5: PHYSICIANS WHO ARE FELLOWSHIP TRAINED IN OPHTHALMOLOGY - 60S, OTOLARYNGOLOGY - 60T, OB/GYN - 60J, AND UROLOGY - 60K.

Table 3: (continue)**Dental Corps HPO IP² & HPO RB Rates**

² General/Flag Officers at the rank of O-7 and above, that meet the eligibility criteria, are eligible for the fully qualified General Dentistry HPO IP rate only.

DENTAL CORPS	Fully Qualified IP only 1-Year Rate (prorated monthly)	OR	Fully Qualified IP rate paid with a 2, 3, 4-Year Retention Bonus (RB)	RB 2-Year Rate (Paid Annually)	RB 3-Year Rate (Paid Annually)	RB 4-Year Rate (Paid Annually)
Advanced Clinical Practice (ACP) - 63A: General Dentistry, Exodontia, Endodontics, Periodontics, Prosthodontics	\$25,000		\$25,000	\$18,000	\$27,000	\$35,000
Comprehensive/Operative Dentistry - 63B	\$25,000		\$25,000	\$25,000	\$38,000	\$50,000
Dental Research (PhD Level)	\$25,000		\$25,000	\$25,000	\$38,000	\$50,000
Endodontics - 63E	\$25,000		\$25,000	\$25,000	\$38,000	\$50,000
General Dentistry - 63A	\$20,000		\$20,000	\$13,000	\$19,000	\$25,000
Oral Maxillofacial Surgery - 63N	\$55,000		\$75,000	\$25,000	\$38,000	\$50,000
Oral Pathology/Oral Diagnosis/Oral Medicine - 63P	\$25,000		\$25,000	\$25,000	\$38,000	\$50,000
Orthodontics - 63M	\$25,000		\$25,000	\$25,000	\$38,000	\$50,000
Pedodontics - 63K	\$25,000		\$25,000	\$25,000	\$38,000	\$50,000
Periodontics - 63D	\$25,000		\$25,000	\$25,000	\$38,000	\$50,000
Prosthodontics - 63F	\$25,000		\$25,000	\$25,000	\$38,000	\$50,000
Public Health Dentistry - 63H	\$25,000		\$25,000	\$25,000	\$38,000	\$50,000
Temporomandibular Dysfunction (TMD)/Orofacial Pain (PhD Level)	\$25,000		\$25,000	\$25,000	\$38,000	\$50,000

Nurse Corps HPO IP³ & HPO RB Rates

³ General/Flag Officers at the rank of O-7 and above, that meet the eligibility criteria, are eligible for the fully qualified HPO IP rate only.

NURSE CORPS	Fully Qualified IP only 1-year rate (prorated monthly)	RB 2-Year Rate (Paid Annually)	RB 3-Year Rate (Paid Annually)	RB 4-Year Rate (Paid Annually)
Certified Registered Nurse Anesthetist (CRNA)- 66F	\$15,000	\$10,000	\$20,000	\$35,000
Clinical Nurse Specialist- 66G7T & 66H7T	\$0	\$10,000	\$15,000	\$20,000
Community/Public Health Nurse- 66B	\$0	\$10,000	\$15,000	\$20,000
Critical Care Nurse- 66S	\$0	\$10,000	\$15,000	\$20,000
Emergency Nurse- 66T	\$0	\$10,000	\$15,000	\$20,000
Nurse Midwife- 66W	\$0	\$10,000	\$15,000	\$20,000
Nurse Practitioner (NP)- 66P	\$0	\$10,000	\$15,000	\$20,000
Obstetrics/Gynecology Nurse- 66G	\$0	\$10,000	\$15,000	\$20,000
Perioperative Nurse- 66E	\$0	\$10,000	\$15,000	\$20,000
Psychiatric/Behavioral Health Nurse- 66C	\$0	\$10,000	\$15,000	\$20,000
Psychiatric/Behavioral Health NP- 66R	\$0	\$10,000	\$15,000	\$20,000

Table 3: (continue)

Nurse Corps Recognized Boards for HPO IP and/or HPO RB

American Association of Nurse Practitioners	Board of Certification for Emergency Nursing (BCEN)
American Association of Critical Care Nurses (AACN)	Competency & Credentialing Institute Certified
American Midwifery Certification Board (AMCB)	National Board on Certification and Recertification of Nurse Anesthetist (NBCRNA)
American Nurses Credentialing Center (ANCC)	National Certification Corporation (NCC)

Specialty HPO IP⁴ & HPO RB Rates

⁴ General/Flag Officers at the rank of O-7 and above, that meet the eligibility criteria, are eligible for the fully qualified HPO IP rate only.

SPECIALTY	Entry Level, In Training, or Training ADO 1-Year HPO IP Rate (prorated monthly)	HPO IP Rate/Year with or without HPO RB (prorated monthly)	HPO RB 2-Year Rate (paid annually)	HPO RB 3-Year Rate (paid annually)	HPO RB 4-Year Rate (paid annually)
Optometrist - 67F	\$1,200	\$1,200	\$0	\$8,000	\$0
Pharmacist - 67E	\$0	\$0	\$0	\$15,000	\$0
Physician Assistant - 65D	\$0	\$5,000	\$0	\$0	\$20,000(*)
Psychologist - 73B	\$0	\$5,000	\$10,000	\$15,000	\$20,000
Social Worker - 73A	\$0	\$0	\$0	\$0	\$10,000
Veterinarian - 64-Series	\$2,500	\$5,000	\$2,500	\$3,750	\$5,000

(*) Limited to first-time eligible PAs only, and limited to a one-time 4-Year agreement at \$20,000/year.