

MEMORANDUM FOR THE ARMY NATIONAL GUARD OFFICE OF THE CHIEF SURGEON
(ARNG-CSG), 111 S. GEORGE MASON RD. ARLINGTON, VA, 22031-1373

SUBJECT: Request for Health Professions Officer (HPO) Incentive Pay (IP)

Last Name	First Name	Rank	SSN
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1. In consideration of payment of BCP under title 37 USC §335 and DoDI 6000.13. I have read the current Assistant Secretary of Defense Health Professions Officer Special and Incentive Pay Plan along with the Army National Guard BCP and IP Implementation Guidance and I qualify for the requested IP. I understand the appropriate Army National Guard officials must verify and approve this agreement before payment is authorized.

2. Conditions of the agreement.

a. This agreement is for the current Fiscal Year (FY), and will automatically continue to subsequent years as long as all conditions of this agreement and all eligibility criteria are satisfied..

b. I am assigned in a valid ARNG Selected Reserve (SELRES) position in my primary Area of Concentration (AOC) _____. My primary AOC is reflected in IPPS-A and matches the specialty for which the IP is being paid during the agreement period.

c. I am currently credentialed, expiration date _____, and hold current certifications and registrations, in accordance with AR 40-68, and applicable interim changes, to perform duties without prejudicial restriction to the standards of the specialty for which the award is made.

d. I must maintain a current, valid, unrestricted state license, current certification, registration, and additional credentials, or privileges required to perform the duties in the specialty for which the incentive is authorized under the provisions of AR 40-68, and with applicable interim changes. I will keep my license and credentials current during the IP agreement.

I am licensed in the state or jurisdiction of: _____

License Number: _____

License expiration date: _____

e. The period of continuous SELRES that I agree to serve under this agreement will be effective: _____.

f. I understand in consideration of my entering into this IP agreement, the ARNG agrees to pay IP at the 1-Year Fully Qualified annual rate of \$ _____. It is paid at the 1/30th prorated amount of the monthly rate during performance of Inactive Duty Training (IDT), Active Duty Training (ADT), or any authorized equivalent or rescheduled duties in pay status, and subject to the availability of funds, and applicable State and Federal taxes for the life of this agreement. (Reference OSD Pay Plan or excel chart for amounts)

g. I understand I must be a Satisfactory Participant and meet ALL requirements in this agreement and per the guidelines of the ARNG Health Professions Officer Special and Incentive Pay Plan at the time the IDT or ADT duties are performed in order to receive IP. Retroactive IP is not authorized if eligibility was not met at the time the duty was performed.

h. I understand failure to fulfill the conditions specified in this agreement may result in termination of the agreement and the repayment of any unearned portion of IP. 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 Program Director, ARNG-CSG is the termination authority.

3. DISCLOSURE: Voluntary, however, failure to provide this information may result in non-verification of agreement and special pay could be affected.

SIGNATURE: _____

NAME:

RANK:

SSN:

DATE:

APPROVAL AUTHORITY AND VERIFICATION – Officer meets all qualifying criteria for the category of special pay indicated on this agreement and is endorsed (CIRCLE ONE):

APPROVED / DISAPPROVED (If DISAPPROVED, state reason)

SIGNATURE: _____

NAME:

RANK/CORPS:

TITLE:

UNIT:

(APPROVAL AUTHORITY)