



Army National Guard POLICY

March 15, 2015

ARNG-HRZ

SUBJECT: Army National Guard Army Medical Department (AMEDD) Officer Selected Reserve Incentive Program (SRIP) for Fiscal Year 2015-2016

References: see enclosure 1

1. PURPOSE

This Memorandum:

a. Updates current guidance and policy for the Selected Reserve (SELRES) AMEDD Incentive Programs. It is National Guard Bureau (NGB) policy that incentives be used to attract and retain health care professionals possessing or qualifying for training in critical skills needed in wartime and to maintain readiness in the Army National Guard (ARNG).

b. Implements references 1(a) through 1(n) and supersedes references 2(a) through 2(m) identified in Enclosure 1.

2. APPLICABILITY This Policy applies to all States, Puerto Rico, the US Virgin Islands, Guam, and the Commanding General of the District of Columbia

3. POLICY

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

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

(2) Special Pay Accession/Retention Bonus: Health care professionals in critically short wartime specialties formerly referred to as Healthcare Professional Bonus.

(3) Specialized Training Assistance Program (STRAP).

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

b. Authorization. The DOD authorizes the Services to offer incentives based on critical wartime shortages (see enclosure 2). AMEDD officers must be the primary slot holders in valid positions, as outlined in paragraph 5a below, in order to qualify for incentives. If a State has no vacancies and all positions are filled, then Medical Corps, Dental Corps, Behavioral Science Officers, and Physician Assistants assigned over strength in accordance with the annually published over strength memorandum are eligible to receive incentives. It should be noted that when recruiting over strength, careful consideration must be given to the future impact of the State's ability to promote these officers. Personnel will not be processed for receipt of incentives unless their primary area of concentration (AOC) is properly loaded in SIDPERS.

c. General Eligibility Requirements.

(1) Personnel are eligible for incentive programs when their AOC matches (or is an authorized substitution for) the duty position they are in. All AOC's must be coded based on the medical specialty training in which the Soldier has received (or is receiving) training. Use the current Critical Wartime Shortage List, which lists ARNG medical specialties authorized to receive AMEDD incentives and the current Substitutability List, which identifies the alternative specialties authorized to fill specific Modified Table of Organization and Equipment (MTOE) or Table of Distribution Allowances (TDA) positions to determine if an AMEDD Officer meets this criteria.

(2) Program participants must remain in a qualifying AOC duty position in order to receive loan repayments, monthly stipend, or special pay. The Health Professional's AOC must be properly loaded into SIDPERS and match the AOC assignment or be a valid substitution. An 05A position is considered a qualifying AOC assignment for any health professional.

(3) Mobilized personnel will continue their bonus and loan repayment eligibility without interruption.

(4) Incentive recipients will be current in the Centralized Credentials and Quality Assurance System (CCQAS), with the exception of medical and dental students.

(5) Incentive recipients must be compliant with the Army National Guard Centralized Credentialing Board (CCB). The board reviews each ARNG providers' credentials bi-annually. A provider that fails to complete all credentialing requirements (e.g. completion of application, submission of documents, and active cooperation with ARNG credentialing process agent) in time for presentation at their assigned CCB will

be considered non-compliant. Those who are non-compliant with the CCB will have their incentive terminated with recoupment.

(6) Must be a satisfactory participant earning a minimum of 50 retirement points for each incentive year. AMEDD officers are required to attend IDT/AT in accordance with (IAW) the current published ARNG Flexible Training Policy.

(7) Specific qualifications. Specific qualifications covered in this paragraph must be maintained throughout the duration of the incentive contract. The following qualifications apply to certain specialties:

(a) Physicians with specialties listed in the current Critical Wartime Shortage List, must have completed residency training, meet all requirements for board candidacy in their specialty and possess a State license.

(b) Dentists with specialties listed in the current Critical Wartime Shortage List, must meet all requirements for board candidacy in their specialty and possess a State license.

(c) Physician Assistants (65D) must possess certification from the National Commission on Certification of Physician Assistants.

(d) Social Workers (73A), and Clinical Psychologists (73B) must be State licensed and must possess a current, active and unrestricted license for independent practice.

(e) Aeromedical Evacuation Pilots (67J) must have completed Aviation Basic Officer Leader Course and the Medical Evacuation Doctrine Course.

d. Exceptions to Eligibility Rules.

(1) Personnel in positions designated as over strength whose positions were lost due to unit re-organization/de-activation/restructure and for whom there are no other valid positions available in the State will remain eligible for incentives. States will request temporary additional positions from the National Guard Bureau Chief Surgeon's Office for officers currently on an incentives contract.

(2) Aeromedical Evacuation Pilots (67J) currently on a special pay contract will retain AOC position eligibility when transferred to a 15 series position for mobilization or career progression. The officer will continue to receive anniversary payments as long as he or she remains a 67J and served in a 67J position for a minimum of 12 months after the contract is signed. If branch transfers or position moves into non-67J positions prior to serving a full 12 month period the officer's contract will be terminated with recoupment.

e. The following are not eligible for AMEDD Incentives:

(1) An AMEDD officer receiving incentives is not eligible to be placed in a 01A position. AMEDD officers in 01A positions will have their incentives terminated with recoupment. Medical and dental school students may be assigned in accordance with AMEDD Officer Personnel Management Guidance for the duration of their school.

(2) Reserve Officer Training Corps (ROTC) scholarship recipients contracted to become a 67J are not eligible for incentives until after their ROTC Scholarship obligation is complete, unless they are accepted into medical or dental school.

(3) Service members involuntarily separated from the Selected Reserve as a result of unit inactivation, relocation, reorganization, a DOD-directed reduction in the Selected Reserve force, or an involuntary call-up or mobilization will have their incentives terminated without recoupment.

(4) Active Guard/Reserve (AGR) officers and Military Technicians are not eligible to receive incentives listed in this memorandum. An AMEDD officer currently under an incentive contract who accepts an AGR or Military Technician position will have their incentive terminated without recoupment.

(5) Incentive obligations cannot obligate an officer past his or her mandatory removal date (MRD), without an approved extension, or retirement eligibility date (20 years of credible service and age 60).

f. Healthcare Professionals Loan Repayment Program (HPLRP).

(1) Program Eligibility.

(a) Medical Corps, Dental Corps, Physician Assistants, Social Workers, and Clinical Psychologists who are board eligible or board certified are authorized to participate in the HPLRP program.

(b) Graduates of the Inter-Service Physician Assistant Program (IPAP) and the Fayetteville State University Masters of Social Work Program (FSU-MSW) are not eligible to participate in HPLRP until they satisfy their 6-year contractual agreement which begins when the officer appoints as a 65D or 73A respectively.

(2) Loan Eligibility For each year of satisfactory service in the ARNG any qualifying DOD authorized student loan will be considered eligible for repayment per AR 135-7, Incentive Programs, 15 April 1996 if it:

(a) Has an outstanding balance on the principal.

(b) Was secured for at least one year prior to the current anniversary date.

(c) Was used to obtain the qualifying degree, or further education, in the specialty for which the Soldier has contracted.

(d) Consolidated educational loans are eligible for repayment. The individual must provide evidence showing the portion of the loan consolidation that was used to obtain the qualifying degree. This will be the only portion of the loan eligible for repayment.

(3) Terms of Payment. Under the HPLRP program, payment in any given year will not exceed the amount authorized for the specialty (see breakdown below) or the remaining balance of the student loan, whichever is less. Total program repayments for all years will not exceed the maximum authorized amount for the specialty (see below).

(a) Medical and Dental Corps: \$40,000 per year, with a \$240,000 lifetime cap.

(b) Physician assistants, social workers, and clinical psychologists: \$25,000 per year with a \$75,000 lifetime cap.

(c) The borrower will not be reimbursed for payments already made on loans. Payments are made to educational and financial institutions; not to individuals.

(d) Repayment cannot exceed outstanding balance of DOD-recognized loan(s). Payments include interest and associated fees.

(e) Loans in default at the anniversary are not authorized for payment. Loans in default may resume payment only after they are placed in good standing.

(f) Payments will be made until one of the following happens:

- The student loan is paid in full
- The original, eligible DoD recognized loan balance plus interest and fees is paid
- The lifetime cap is reached including any payments made under previous HPLR contracts
- The Health Professional exits the service
- The Health Professional opts to terminate their HPLR contract

(g) Payments will not exceed the authorized annual amount or the remaining balance of the loan, whichever is less. If total repayments are less than the new authorized lifetime cap, the remaining amount may be applied to future student loans that the officer incurs, however the health professional would need to execute a new contract.

(h) Taxes will be withheld prior to a lender receiving the payment. The agreement (DA Form 5536) does not change the officer's obligation to the lender or holder of the note(s). Note: Health Professional Loans may never be entirely paid in full through this program due to tax withholding.

(4) Application for repayment of loans.

(1) It is the health professional's responsibility to submit a DOD Educational Loan Repayment Program (LRP) Annual Application, DD Form 2475, on an annual basis through their unit of assignment to the Incentive Manager.

(2) DD Form 2475 and the National Student Loan data Sheet may be submitted no earlier than 90 days prior to the officer's anniversary date. Repayment should be paid on the anniversary date. All signatures should be accomplished within 90 days of the anniversary.

(5) Updating the lifetime cap. Healthcare professionals who previously completed a HPLRP agreement may reenter into an agreement to have the HPLRP program pay up to the new authorized lifetime cap for their specialty. Healthcare professionals who are currently exercising an HPLRP contract are eligible to increase to the new authorized amount for their specialty. Healthcare professionals must understand that they will only receive the difference between the new lifetime cap and what they have already received. This also applies to AMEDD officers who reappoint to a specialty that is allowed a larger amount. The following steps will be followed for healthcare professionals currently exercising a HPLRP contract:

(1) Officers will sign a Statement of Understanding (prior to the anniversary date) at the time they submit their annual loan repayment paperwork electing to receive either the amount from their current contract or the new contract amount.

(2) The anniversary payment will be scheduled in GIMS based on the new program amounts. The IM will ensure that remarks are entered to request an administrative correction to the rate code.

(3) Once the anniversary payment is processed, the current contract rate code and lifetime cap will be administratively corrected in GIMS with no change in the effective date or anniversary date.

g. Special Pay.

(1) Health Professionals contracting for Special Pay-in an approved ARNG specialty (See the current Critical Wartime Shortage List and the current Substitutability List) will receive \$5,000 to \$25,000 per year, depending upon their specialty. Participants must choose 1, 2, or 3 years of affiliation with the ARNG at the time of application. Taxes are withheld accordingly.

(2) Eligibility.

(a) An applicant must be an AMEDD commissioned officer in the ARNG.

(b) Applicants must be a worldwide mobilization asset and be fully AOC qualified.

(c) Basic Officer Leadership Course (BOLC) is not required. 67J is the exception to this rule and must specifically complete Aviation BOLC prior to eligibility.

(d) Must not have previously received Special Pay. Multiple Special Pay Bonuses are not authorized. If a healthcare professional has received an AMEDD Special Pay bonus in the reserve component; they are not eligible to sign another contract.

(e) Must not be serving on a contractual obligation from other incentives. Special pay may not be offered until all service obligations from other incentives have been fulfilled.

(f) Graduates of the Inter-Service Physician Assistant Program (IPAP) and the Fayetteville State University Masters of Social Work Program (FSU-MSW) are not eligible to participate in Special Pay until they satisfy their 6-year contractual agreement which begins when the officer appoints as a 65D or 73A respectively.

(g) Individuals who access into the ARNG from Active Duty, who meet all other eligibility criteria, are eligible to receive Special Pay upon appointment to the ARNG or any time thereafter.

(3) Terms of Payment. Individuals contracting for special pay-approved ARNG specialties will receive payments as follows:

(1) Medical Corps, Dental Corps, and Clinical Psychologists:

- \$25,000 per year for a 3-year contract
- \$20,000 per year for a 2-year contract
- \$15,000 per year for a 1-year contract

(2) Physician Assistants and Social Workers:

- \$20,000 per year for a 3-year contract
- \$15,000 per year for a 2-year contract
- \$10,000 for a 1-year contract

(3) Aeromedical Evacuation Pilots: \$5,000 per year for a 1, 2, or 3-year contract.

(4) Annual bonus amounts listed above will not retroactively affect current contracts. The AMEDD officers who are currently on a Special Pay contract will continue to receive annual bonus payments in the amount listed on page one of the USAREC Form 1166, Selected Reserve Special Pay Program Contract (Special Pay for SELRES Health Care Professionals in Critically-Short Wartime Specialties), 13 September 2013.

(4) Termination and Recoupment of Special Pay. Based on the above tier system, if an officer is discharged prior to the contract end date, the officer will have their bonus recouped based on the above tier rate (see paragraph (i) below). If an

officer is discharged prior to serving the complete 12-month period for the previous payment, the full payment for that 12-month period will be recouped and the rules for the tier rate will apply. Recoupments will not be pro-rated based on partial time served for each 12-month period of the contract (see paragraph (b) below). The type of discharge will determine whether the bonus is terminated with or without recoupment based on the information in paragraphs 6.6 through 6.8 of DODI 1205.21, as well as what is outlined in the contract. See examples below.

(a) A Medical Corps officer signs a 3-year contract for \$25,000 per year. They receive their \$25,000 initial payment. The officer is discharged after serving only 12 months on the contract. Since the officer only served a period of 12 months, the contract is converted to a 1-year contract; therefore, \$10,000 is recouped for the overpayment on the 1-year contract.

(b) A Medical Corps officer signs a 3-year contract for \$25,000 per year. They receive their \$25,000 initial payment. The officer is discharged after serving only 8 months on the contract. Since the officer failed to complete the initial 12 months, the full \$25,000 payment will be recouped.

(c) A Medical Corps officer signs a 3-year contract for \$25,000 per year. They receive two \$25,000 payments. The officer is discharged after serving only 22 months on the contract. The second \$25,000 payment will be recouped in full since the officer failed to serve the complete 12-month period for that payment. The initial \$25,000 recoupment is calculated based on a 1-year contract; therefore, \$10,000 is recouped for the overpayment on the initial payment. The recoupment for that contract will total \$35,000.

h. Specialized Training Assistance Program (STRAP).

(1) STRAP Eligibility

(a) The STRAP is only available to MC officers listed on the current Critical Wartime Shortage List or those authorized to substitute in those positions as outlined in the current Substitutability List.

(b) Participants in STRAP are not eligible to receive the stipend while on Active Duty for Operational Support (ADOS) or mobilization orders. The STRAP participant will be suspended from the stipend for the duration of the orders.

(c) Resident physicians must have satisfactory service in the ARNG for the duration of their authorized stipend phase, in accordance with the ARNG Flexible Training Policy.

(d) Medical Corps applicants in dual residency programs are ineligible unless both programs are on the Critical Wartime Shortage List at the time the contract is signed. Fellowships will be paid for on a case-by-case basis. Request for approval will be sent through the AMEDD team in ARNG-HRM-I to ARNG Medical Operations. The two options for fellowship students are:

i. Option 1 – Fellowship with STRAP. Soldiers must send a request to ARNG-HRM-I for approval to continue in the STRAP. If approved, upon completion of the residency program, the Soldier will start to serve on the obligation that was incurred during residency, as stated in his or her original STRAP contract. The stipend payments will continue during the approved fellowship period. The Soldier will be required to extend his or her current STRAP contract for the additional stipend. The STRAP fellowship participants incur an obligation of 1 year for every 6 months (or part thereof) for which they receive the stipend.

ii. Option 2 – Fellowship without STRAP. Soldiers disapproved to continue the STRAP during their fellowships will be available to units when they have completed their residency programs. The Soldier will be eligible for mobilization at the discretion of the unit commander.

(2) STRAP Procedures

(a) STRAP participants incur an obligation of 1 year for every 6 months (or part thereof) for which they receive the stipend. This obligation period will begin immediately following residency completion. Variations on the obligation start date are authorized, as detailed in paragraph 12, below, when Medical and dental Student Stipend Program (MSSP) or HPLRP are taken. Previously signed STRAP contracts remain unchanged, with a 2-year obligation for each year or part of a year in which a stipend was received.

(b) The STRAP may be taken for any number of years during the residency period. However, if the applicant only desires to take STRAP for a portion of the residency period, the stipend start date must be calculated from the residency end date. For example, a physician with a 4-year program that ends on 15 June 2016 only wants 2 years of STRAP. The physician is not authorized to start the stipend receipt until 16 June 2014.

(c) The monthly stipend payment as of July 2014 is \$2,178.90 per month. Taxes are withheld. The stipend increases annually on 1 July of each year.

(d) Participants must be unconditionally accepted into the educational program or residency for which they seek funding. They must complete all pre-requisites when they submit their application for consideration.

(e) While receiving the STRAP stipend, the STRAP participants must submit an NGB Form 810, Specialized Training Assistance Program Enrollment Verification, every January and July to verify their enrollment. This form is available electronically. Failure to submit this form will result in suspension.

i. Medical/Dental Student Stipend Program (MDSSP).

(1). MDSSP Eligibility

(a) The MDSSP is available to medical and dental students unconditionally accepted into the educational program for which they seek funding.

(b) Participants in MDSSP are not eligible to receive the stipend while on ADOS or mobilization orders. The MDSSP participant will be suspended from the stipend for the duration of the orders.

(c) The MDSSP is also available to medical students accepted or enrolled in a dual Medical School/Graduate School Program. The student is only eligible to receive the stipend for the Doctor of Allopathic or Osteopathic Medicine (MD/DO) portion of the program. While the student is enrolled in the non-MD/DO portion of the program, the stipend will be suspended until the student is reenrolled in the MD/DO curriculum. The student will not be allowed to serve on the service obligation until the entire dual program is complete. The medical student is responsible for letting the AMEDD Incentives Manager know when he or she goes from one program to another so that their stipend can be suspended or reinstated accordingly.

(d) Students must attend scheduled ARNG inactive duty training periods for the duration of their authorized stipend phase in accordance with the ARNG Flexible Training Policy or at the discretion of the unit commander.

(e) Students must be coded with a primary AOC of 00E67 and a branch of Medical Service (MS) in SIDPERS. Students must be in a Temporary Additional Position authorized by ARNG-CSG-O.

(2) MDSSP Procedures

(a) MDSSP participants incur an obligation of 1 year for every 6 months (or part thereof) for which they receive the stipend. This obligation period will begin immediately following program completion. Program completion is defined as completion of residency for medical students and completion of dental school for dental students unless the individual elects to enter into the STRAP program for residency in an eligible specialty. In that event, the original MDSSP contract will be amended. Please see MDSSP to STRAP guidance in paragraph 10.

(b) The MDSSP may be taken for any number of years during Medical/Dental School. However, if the applicant only desires to take MDSSP for a portion of the Medical/Dental School period, the start date must be calculated back from the Medical/Dental School end date. For example, Medical/Dental School is a four-year program and ends on June 2014, but a student only wants two years of MDSSP. The student is not authorized to start receiving stipends until June 2012.

(c) The monthly stipend payment as of July 2014 is \$2,178.90 per month. The stipend increases annually on 1 July of each year.

(d) Students must submit an NGB Form 810, Specialized Training Assistance Program Enrollment Verification, every January and July during receipt of

the stipend for enrollment verification during participation in MDSSP. This form will be available electronically. Failure to submit this form will result in suspension.

j. STRAP Program Following MDSSP.

(1) All requirements for STRAP and MDSSP outlined above must be met in order to be eligible.

(2) When an MDSSP participant enters a subsequent agreement under STRAP to complete a training program on the current Critical Wartime Shortage List and who:

(a) Does not elect to contract for the HPLRP during his or her training program, the obligation incurred under MDSSP begins immediately upon ending the MDSSP stipend phase. The obligation phase of the MDSSP is reduced by 1 year for each year, or part thereof, for the amount of time for which the STRAP stipend was provided while completing his or her training program. This in no way changes the obligation incurred under the STRAP agreement. In the event that the training program is shorter in duration than the recalculated obligation incurred by MDSSP, the obligation incurred by the STRAP contract will start upon completion of the the MDSSP contract obligation.

(b) Does elect to contract for HPLRP during his or her training program, the obligation incurred under MDSSP begins immediately upon completion of the HPLRP obligation. The obligation phase of the MDSSP is reduced by 1 year for each year, or part thereof, for the amount of time for which the STRAP stipend was provided while completing his or her training program. This in no way changes the obligation incurred under the STRAP agreement.

(3) In the case of an MDSSP participant who enters a training program (residency and/or fellowship) not designated by the Secretary of Defense as a specialty critically needed by the Army in wartime, or a participant who enters into a training program that is critically short but declines to contract for STRAP, the obligation incurred under the MDSSP agreement begins upon completion of residency and/or fellowship.

(4) Medical Corps (MC) officers who have previously boarded and approved by USAREC for participation in MDSSP will not be required to re-board for STRAP. The USAREC board results showing approval for MDSSP must be submitted with the STRAP enrollment packet. If the officer has not participated in MDSSP and is unable to provide documentation of previous USAREC board approval for MDSSP participation, a STRAP Only packet must be sent through ARNG-GSS, Recruiting and Retention for boarding by USAREC.

k. Dual Participation in Both STRAP and HPLRP. Effective 17 October 1998, a STRAP participant may be eligible for the HPLRP as follows:

(1) The healthcare professional must not be serving an obligation for an incentive received under another program or serving another obligation by another section of law.

(2) Applicants must meet the eligibility criteria outlined in AR 135-7, paragraphs 7-3a-e. In addition, the applicant must meet the critical shortage requirement authorized by the current fiscal year Reserve Component Wartime Health Care Specialties with Critical Shortages (see the current Critical Wartime Shortage List).

(3) The HPLRP and STRAP may be offered at the same time, provided that the eligible physician has completed at least two years of residency training and is not in the obligation phase of STRAP.

(4) In order to meet the HPLRP eligibility requirement, a STRAP participant must agree to extend their STRAP obligation. When utilization of HPLRP results in an extension of the STRAP obligation, the STRAP extension statement will be completed by the NGB AMEDD Incentives team and copied to the State IM.

(5) The AMEDD incentives team must be notified when HPLRP incentives are suspended, completed, or terminated so that the officer can begin to serve the STRAP obligation.

(6) A STRAP participant whose final HPLRP payment is received prior to completion of his or her specialized training is not required to have the service obligation extended.

I. Participation in HPLRP and Special Pay Programs.

(1) The HPLRP and Special Pay may be contracted for at the same time in either order. However, payments and the payback time will be consecutive. The healthcare professionals will sign a USAREC 1252 to show the order in which they would like to receive the incentives. Both contracts, with the USAREC 1252, will be submitted to NGB for processing. NGB will process them in the order that is annotated on the USAREC 1252.

(2) Applicants must meet all of the requirements for HPLR and Special Pay.

(3) Regardless of critical shortage list changes, applicants remain eligible for incentives offered at the original time of contracting. Both the USAREC FM 1252 and the written agreements (Special Pay and HPLRP contracts) will lock the officer into the policy at the time of accession.

4. RESPONSIBILITIES

- a. The ARNG-HRM Incentives Branch provides oversight on all AMEDD incentives, monitors compliance with this policy and verifies all incentive contracts for eligibility. ARNG-HRM-I acts as the certifying office for all AMEDD incentives.
- b. ARNG-HRM-I will validate that an appropriate AOC is posted in SIDPERS prior to forwarding requests for payment in accordance with (IAW) the AMEDD Officer Personnel Management Guidance. The Guard Incentives Management System (GIMS) is an authorized system to verify AOCs in SIDPERS.
- c. The ARNG Office of the Chief Surgeon will monitor compliance of AMEDD personnel in fulfilling contractual obligations and provide advice and assistance on all AMEDD personnel matters.


5. PROCEDURES

- a. Termination and Recoupment. An individual who fails to comply with the requirements in this policy, is subject to recoupment action. States that determine an individual to be in breach of his or her incentive agreement will submit a request for suspension and/or recoupment of the incentive to the AMEDD incentives inbox at ng.ncr.ngb-arng.mbx.amedd-incentives@mail.mil.
- b. Periodic updates to this policy will be published as Medical Support Operational Messages (MEDSOMs).
- c. Request for exception to this policy will be routed to the AMEDD incentives inbox at ng.ncr.ngb-arng.mbx.amedd-incentives@mail.mil for approval by the Incentives Oversight Branch Chief.

6. EFFECTIVE DATE

This policy expires when rescinded or superseded by a new AMEDD Incentives Policy. The point of contact for this memorandum is CPT Dustin W. Pack, Officer Incentives Program Manager, Personnel Programs, Manpower & Resources Division, at DSN 327-9771, 703-607-9771, or dustin.w.pack.mil@mail.mil.

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ENCLOSURE 1

REFERENCES

1. Active References

- a. Title 37, U.S.C., Chapter 5, Section 302g
- b. Title 37, U.S.C., Chapter 5, Section 303a(e)
- c. Title 10, U.S.C., Chapter 1608, Section 16201 and Chapter 1609, Section 16302
- d. DOD Directive 1205.20, Reserve Component Incentive Programs, 8 January 1996
- e. DOD Instruction 1205.21, Reserve Component Incentive Programs Procedures, 20 September 1999
- f. DOD 7000.14-R, Volume 7A, DOD Financial Management Regulation (Military Pay, Policy, and Procedures—Active Duty and Reserve Pay), 15 November 1992, authorized by DOD Instruction 7000.14
- g. Assistant Secretary of Defense (Health Affairs) Memorandum, Fiscal Year (FY) 2014-2015 Reserve Component Wartime Health Care Specialties with Critical Shortages, 13 September 2013
- h. Army Regulation (AR) 135-7, Incentive Programs, 15 April 1996
- i. Assistant Secretary of Defense (Health Affairs) Memorandum, Revised Policy for Active Duty Health Professions/Financial Assistance Program Stipend and Annual Grant Amount, 16 May 2014
- j. Assistant Secretary of Defense (Personnel and Readiness) Repayment of Unearned Portions of Bonuses, Special Pay, and Educational Benefits or Stipends, 21 May 2008
- k. DASG-PTZ Memorandum, Medical and Dental School Stipend Program Implementing Instructions, Not Dated
- l. ARNG-HRZ Memorandum, The Army National Guard Selected Reserve Incentive Programs (SRIP) Policy for Fiscal Year 2013, Effective 2 June 2014 (ARNG HRZ Policy #14-01), 2 June 2014
- m. ARNG-CSG Memorandum, AMEDD Officer Personnel Management Guidance, 9 November 2010
- n. Department of the Army Pamphlet (DA Pam) 611-21, Military Occupational Classification and Structure, 22 April 2007
- o. ARNG-CSG Memorandum, AMEDD Officer Personnel Management Guidance, 9 November 2010

2. Superseded and Rescinded References

- a. ARNG-CSG Memorandum, Changes to MEDSOM#12-001, fiscal Year 2012-2013 Army National Guard Army Medical Department(AMEDD) Officer Incentives Policy (MEDSOM 12-002), 6 June 2012
- b. ARNG-CSG Memorandum, Changes to Medical Surgeon's Operational Message (MEDSOM) #12-002, Fiscal Year 2012-2013 Army National Guard Medical Department (AMEDD) officer Incentive Policy MEDSOM 12-003, 1 August 2012
ARNG-GSE-11-014 Memorandum, Change to Stipend Boarding Process for MDSSP to STRAP Applicants, 15 February 2011
- c. ARNG-GSE-12-008 Memorandum, Standard Operating Procedures for Health Professional Loan Repayment Program (HPLRP), 13 December 2011
- d. NGB-EDU-10-006 Memorandum, Guidance for the Increase in Health Professional Loan Repayment Program (HPLRP), 22 December 2009
- e. ARNG-CSG Memorandum, Changes to MEDSOM #12-001, Fiscal Year 2012-2013 Army National Guard Army Medical Department (AMEDD) Officer Incentives Policy (MEDSOM 12-004), 12 September 2012
- f. ARNG-CSG Memorandum, Fiscal Year 2012-2013 Army National Guard Medical Department (AMEDD) Officer Incentives Policy (MEDSOM #12-001), 18 January 2012
- g. ARNG-CSG Memorandum, Continuation of MEDSOM #12-001, Fiscal Year 2012-2013 Army National Guard Army Medical Department (AMEDD) Officer Incentives Policy, 20 September 2013
- h. ARNG-CSG Memorandum, Changes to MEDSOM #12-001, Fiscal Year 2012-2013 Army National Guard Army Medical Department (AMEDD) Officer Incentives Policy (MEDSOM #12-005), 9 April 2013
- i. ARNG-GSE-12-011 Memorandum, Army National Guard (ARNG) Army Medical Department(AMEDD) Incentive Issue Settlement Process and Contract Termination Guidance, 9 January 2012
- j. ARNG-HRM-13-009 Memorandum, Suspension of MSN STRAP Program 10 May 2013 [Suspends MSN Strap Program; Superseded by ARNG-HRM-14-005]
- k. ARNG-HRM-14-005 Memorandum, Masters of Science Nursing (MSN) Specialized Training Program (STRAP), 1 May 2014
- l. ARNG-HRM-14-006 Memorandum, Army National Guard (NGB) Form 810 for Specialized Training Assistance Program Enrollment Verification, 1 May 2014
- m. ARNG-HRM-14-009 Memorandum, Changes to ARNG Health Professional Incentives, Officer (AMEDD), 23 June 2014



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SEP 13 2013

HEALTH AFFAIRS

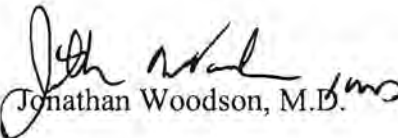
MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND
RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND
RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER
AND RESERVE AFFAIRS)

SUBJECT: Fiscal Year 2014-2015 Reserve Component Wartime Health Care Specialties with
Critical Shortages

The Department of Defense (DoD) Directive 1205.20, "Reserve Component Incentive Program," dated January 8, 1996, requires the DoD to publish biennially, in odd numbered years, Ready Reserve shortages that govern all health professional's incentives. This list supersedes any previously published list.

The attached Critical Skill Shortage List is the list of Reserve Components health care specialties authorized to receive incentives for Fiscal Year 2014-2015. The Military Departments may offer incentives to specialties on the list to maintain manning levels consistent with operational requirements. The Services will ensure policies are in place to judiciously manage personnel inventory against the needs of the Service when applying the available entitlements and authorities. As with the previous Critical Skills Shortage Lists published from this office, each Service should pay particular attention to medical specialties that support our increasing mental health requirements (e.g., psychologists, psychiatrists, social workers, psychiatric nurses, and mental health technicians) and address the recruiting and retention of these critical specialties.

My point of contact for this action is Colonel Christopher Priest. Colonel Priest may be reached at (703) 681-8386, or Christopher.Priest@ha.osd.mil.


Jonathan Woodson, M.D.

Attachment:
As stated

cc:
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force

2014/2015
RC Critical Skill Shortage List

Critical Skill	ARNG	USAR	USNR	ANG	USAFR
MEDICAL CORPS	Designation Code				
Aerospace Medicine/Specialist				048AX	048AX
Anesthesiologist		60N	15B0, 15B1	045AX	045AX
Critical Care Medicine				044YX	044YX
Diagnostic Radiologist, Special Procedures					044RX 044RXB
Emergency Services/Emergency Medicine		62A	16P0, 16P1	044EX	
Family Physician, Family Practice		61H	16Q0, 16Q1	044FX	044FX
Field Surgeon	62B*				
Flight Surgeon, FS GMO, FS Residency Trained	61N**		15A0, 15A1	048GX, 048RX	048RX
Infectious Disease		61G			
Internist			16R0, 16R1	044MX	044MX
Nephrology		61A			
Neurosurgery			15D0, 15D1		045SXF
Obstetrician and Gynecologist		60J			
Ophthalmology		60S			
Orthopedic Surgeon		61M	15H0, 15H1	045BX	045BX
Otorhinolaryngologist		60T			
Pediatrician				044KX	
Preventive Medicine		60C		044BX	
Psychiatrist	60W	60W	16X0, 16X1		
Pulmonary		60F			
Surgeon, General		61J	15C0, 15C1	045SX	045SX
Surgeon, Peripheral Vascular					045SXE
Surgeon, Thoracic		61K	15C1		045SXA
Urologist		60K			045UX
DENTAL CORPS					
Dental Officer, Clinical/General	63A	63A			047GX
Dentist, Comprehensive		63B	1725		047GXA
Endodontist		63W			
Oral & Maxillofacial Surgeon		63F	1750		047SX
Periodontist		63D			
Prosthodontist		63F			
Public Health Dentist		63H			
NURSE CORPS					
Clinical Nurse, Critical Care			1960		046NXE
Clinical Nurse, Primary Care, Medical Surgical	66H***		1910		
Flight Nurse				046FX	046FX
Mental Health Nurse					046PX
Midwife			1981		
Nurse Anesthetist		66F****	1972		
Nurse Practitioner					

Critical Skill	ARNG	USAR	USNR	ANG	USAFR
Nurse Practitioner, Mental Health		66CM8	1973		
Operating Room Nurse		66E	1950		046SX
Pediatric Nurse Practitioner			1974		
Privileged Advanced Practice Nurse				046YX	
Trauma Nurse/Emergency					046NXJ
MSC/BSC/SP					
Aeromedical Evacuation Officer	67J	67J			
Bioenvironmental Engineer				043EX	
Biomedical Laboratory					043TXA
Clinical Psychologist/Behavioral Health#	73B/67D	73B/67D			
Entomologist		72B			043MX
Optometrist		67F			042EX
Pharmacist				043PX	
Physician Assistant	65D	65D		042GX	
Plans/Ops/Medical Intel			1805		
Public Health Officer				043HX	043HX
Social Worker	73A				
Student Medical/Dental (MDSSP)	OOE67	OOE67			
VETERINARY CORPS					
Veterinarian		64A-D,F			

* for fill by MC except for 60B, 60U, 60W, 61Q, 61F, 61U

** after award of 61N secondary

***MSN as FNP STRAP only

****Company Grade only. Includes 66H's receiving STRAP for Nurse Anesthesia training.

for Army only: 67D immaterial positions may be filled by 60W, 73A, or 73B.