



DEPARTMENT OF THE NAVY
OFFICE OF THE CHIEF OF NAVAL OPERATIONS
2000 NAVY PENTAGON
WASHINGTON, DC 20350-2000

OPNAVINST 7220.17
BUMED-M1C1/N130
28 Dec 05

OPNAV INSTRUCTION 7220.17

From: Chief of Naval Operations

Subj: SPECIAL PAY FOR MEDICAL CORPS, DENTAL CORPS, MEDICAL
SERVICE CORPS, AND NURSE CORPS OFFICERS

Ref: (a) Title 37, United States Code (USC), Sections 301d,
301e, 302, 302a, 302b, 302c, 302d, 302e, 302f, 302h,
302i, 302j, 303a, and 303b
(b) Title 11, USC
(c) Title 10, USC, Sections 12301, 12302, and 12304
(d) Title 10, USC, Section 688
(e) SECNAVINST 6401.2A
(f) NAVADMIN 216/99
(g) SECNAVINST 1920.6B
(h) SECNAVINST 6320.23
(i) Manual of Navy Officer Manpower and Personnel
Classifications, NAVPERS 15839I, Volume 1
(j) SECNAVINST 1120.6C

Encl: (1) Special Pay Guidance

1. Purpose. To revise policies and procedures to administer special pays for all Medical Corps, Dental Corps, Medical Service Corps, and Nurse Corps officers under reference (a). This instruction has been administratively revised and should be reviewed in its entirety. References (b) through (j) provide additional information.

2. Cancellation. This OPNAV Instruction supersedes SECNAVINST 7220.61G, SECNAVINST 7220.75C, and SECNAVINST 7220.83. The SECNAV Instructions were cancelled under a separate cancellation memo.

3. Policy. Department of the Navy policy is to:

a. Administer those special pays supporting recruitment and retention of qualified physicians, dentists, medical service personnel, and nurses to meet authorized strength in approved medical and dental specialties.

b. Pay Variable Special Pay (VSP) to recognize Medical Corps and Dental Corps officers' continued service in the Navy.

c. Pay Board Certified Pay (BCP) to recognize those Medical Corps, Dental Corps, Medical Service Corps, and Nurse Corps officers with increased professional qualifications through certification in a designated specialty.

d. Establish Board Certification Equivalency (BCE) for Dental Corps officers with substantial advanced training in military unique medical specialties.

e. Pay Additional Special Pay (ASP) to enhance retention of Medical Corps and Dental Corps officers who demonstrate levels of military and professional performance expected of naval officers.

f. Pay Incentive Special Pay (ISP) to enhance retention and reduce the pay gap between Medical Corps, and Nurse Corps officers on active duty and the civilian sector, who are serving in selected specialties and fully meet military and civilian professional standards of proficiency.

g. Pay Multiyear Special Pay (MSP), when needed, to assist in alleviating shortages and enhancing retention of Medical Corps officers on active duty.

h. Pay Dental Officer Multiyear Retention Bonuses (DOMRB), when needed, to assist in alleviating shortages and enhancing retention of Dental Corps officers on active duty.

i. Pay Optometry Retention Bonuses (ORB) and Pharmacy Officer Special Pay (POSP) to enhance retention of those Medical Service Corps officers qualified and serving as either an Optometrist or Pharmacist on active duty within the Medical Service Corps.

j. Pay Accession and Retention Bonuses to those Medical Corps, Dental Corps, Medical Service Corps, and Nurse Corps specialties to assist in alleviating shortages by enhancing recruitment and retention for those Medical Department officer specialties deemed vital.

4. The BUMED Deputy Chief of Staff, Human Resources (BUMED-M1) is the final approving authority for all special pay requests; therefore, all requests for special pay will be forwarded to the Bureau of Medicine and Surgery (BUMED) for approval.

5. Discharge in Bankruptcy. A discharge in bankruptcy issued within 5 years after the last day of a period of obligation which the officer agreed to serve on active duty, under reference (b), does not release an officer from the obligation to repay the unearned portion of a special pay, i.e., ASP, ISP, MSP, Certified Registered Nurse Anesthetist-Incentive Special Pay (CRNA-ISP), DOMRB, Accession Bonuses, or Critical Skills Retention Bonuses (CSRB).

6. Annual Medical Special Pay Plan. The Assistant Secretary of Defense for Health Affairs (ASD (HA)) reviews and publishes the medical special pay program annually, establishing specialty categories and setting payment rates for each category.

7. Responsibilities. The Chief of Naval Operations is responsible for the conduct and effectiveness of the Medical Department officer Special Pay Program.

a. The Deputy, Chief of Naval Operations (Manpower, Personnel, Training and Education) (DCNO (N1/NT)) is responsible for:

(1) Coordinating with Chief, BUMED in the development and execution of the annual MSP, ISP, and DOMRB plans using the guidelines established by ASD (HA) in the annual Medical Special Pay Plan. This plan is published annually as a NAVADMIN.

(2) Planning, programming, and budgeting for medical special pays in consultation with Chief, BUMED.

b. The Chief, BUMED is responsible for the development of the annual MSP, ISP, and DOMRB plan in coordination with DCNO (N1/NT).

c. The BUMED Deputy Chief of Staff, Human Resources (BUMED-M1) is responsible for the:

(1) Approval authority for U.S. Navy Medical Department Special Pays.

(2) Denial and termination authority of ASP, ISP, MSP, and DOMRB.

(3) Award of BCE.

d. Commanding Officers (COs) are responsible for:

(1) Endorsing and forwarding all requests to start or stop special pays to the Chief, Bureau of Medicine and Surgery (BUMED-M1C1), 2300 E Street, NW, Washington, DC 20372-5300 for approval within 30 days of the effective date of the Special Pay. Any request submitted or endorsed by the CO more than 30 days after the effective date requires a statement in the CO's endorsement explaining the delay in the submission. This authority is not delegable except to deputy commanders of medical centers.

(2) In determining an officer's eligibility, Commanding Officers must verify the following, as applicable:

(a) Completion of internship training and licensure application.

(b) Completion of residency training.

(c) Board certification and board recertification.

(d) The officer is licensed, privileged, and practicing in the specialty for which he or she is requesting special pay.

(e) The amount requested is correct in accordance with the applicable Fiscal Year Special Pay Plan.

e. Reserve Medical Corps, Dental Corps, Medical Service Corps, and Nurse Corps officers not serving on extended active duty are responsible for providing complete, accurate, and timely credentialing and privileging data to the Consolidated Credentialing and Privileging Activity (CCPA). The procedures for Reserve Officers requesting special pays are outlined in Chapter 6 of this instruction.

8. Reports. The reporting requirements in this instruction are exempt from reports control under SECNAVINST 5214.2B.

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Deputy Chief of Naval Operations
(Manpower, Personnel, Training,
and Education)

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ACRONYMS

ABMS	American Board of Medical Specialties
ADA	American Dental Association
ADSW	Active Duty for Special Work
ADT	Additional Duty Training
AFHPSP	Armed Forces Health Professions Scholarship Program
ASD(HA)	Assistant Secretary of Defense (Health Affairs)
ASN(M&RA)	Assistant Secretary of the Navy (Manpower and Reserve Affairs)
ASP	Additional Special Pay
AT	Annual Training
BCE	Board Certification Equivalency
BCP	Board Certified Pay
BUMED	Bureau of Medicine and Surgery
CCPA	Consolidated Credentialing and Privileging Activity
CNO	Chief of Naval Operations
CO	Commanding Officer
COMNAVCRUITCOM	Commander, Navy Recruiting Command
CRNA-ISP	Certified Registered Nurse Anesthetist-Incentive Special Pay
CSRB	Critical Skills Retention Bonuses
DCNO(MPT)	Deputy, Chief of Naval Operations (Manpower, Personnel and Training)
DFAS	Defense Finance and Accounting System
DOD	Department of Defense
DOMRB	Dental Officer Multiyear Retention Bonuses
FAP	Financial Assistance Program
FTIS	Full-Time Inservice
FTOS	Full-Time Outservice
GME	Graduate Medical Education
HPLRP	Health Professions Loan Repayment Program
HPPED	Health Professional Pay Entry Date
HPSP	Health Professions Scholarship Program
IADT	Initial Active Duty for Training
ICF	Individual Credentials File
ISP	Incentive Special Pay
MECP	Medical Enlisted Commissioning Program
MISP	Multiyear Incentive Special Pay
MSP	Multiyear Special Pay
NADDS	Navy Active Duty Delayed Specialists Program
NJP	Non-Judicial Punishment
NPC	Naval Personnel Command

ORB	Optometry Retention Bonuses
OSD	Obligated Service Date
PFA	Physical Fitness Assessment
POSP	Pharmacy Officer Special Pay
PSD	Personnel Support Detachment
QAI	Quality Assurance and Improvement
RAD	Release from Active Duty
ROTC	Reserve Officers' Training Corps
SPRB	Special Pays Review Board
UCMJ	Uniformed Code of Military Justice
UIC	Unit Identification Code
VSP	Variable Special Pay

GENERAL INFORMATION

Section 1 - General

110. APPROVING AUTHORITY. The approving authority for all Medical Corps, Dental Corps, Medical Service Corps, and Nurse Corps Officer special pays, accession bonuses, and retention bonuses is the BUMED Deputy Chief of Staff, Human Resources (BUMED-M1).

111. FOWARDING REQUESTS

1. All requests for Medical Corps, Dental Corps, Medical Service Corps, and Nurse Corps Officer special pays, accession bonuses, and retention bonuses will be forwarded to the following address for approval:

Bureau of Medicine and Surgery
(Attn: Special Pays (BUMED-M1C1))
2300 E Street, NW
Washington, DC 20372-5300

2. Information regarding the Special Pays Program can be found at the BUMED Special Pays Web site located at <http://navymedicine.med.navy.mil>, at the top of the page, select BUMED; on the left side of the page, page down to Departments, and select Special Pays. Questions regarding Medical Corps, Dental Corps, Medical Service Corps, or Nurse Corps special pays may be directed to the points of contact provided at the Web site.

112. DEFINITIONS. Definitions for specific special pay terms are provided in Appendix 1-A.

CHAPTER 2
MEDICAL CORPS SPECIAL PAYS

Section 1 - Variable Special Pay (VSP)

210. DEFINITION AND ELIGIBILITY

1. VSP is an entitlement for Medical Corps officers who are serving on active duty for periods of at least 1 year.

2. All Medical Corps Officers on active duty are eligible for VSP beginning on the date of entry to active duty.

211. SUBMISSION REQUIREMENTS

1. VSP will be automatically started by Chief, Naval Personnel upon a Medical Corps Officer's entry into active duty.

2. Medical Corps officers shall forward a copy of their Oath of Office and any DD-214s from previous military service to PERS-82 via their personnel support detachment (PSD) immediately upon reporting to their first duty station.

212. METHOD OF PAYMENT. VSP is paid monthly according to rates outlined in Appendix 2-A.

213. TERMINATION OF VSP. VSP will be terminated upon separation from active duty or death.

CHAPTER 2
MEDICAL CORPS SPECIAL PAYS

Section 2 - Additional Special Pay (ASP)

220. DEFINITION AND ELIGIBILITY. ASP is an entitlement for eligible Medical Corps officers who agree to remain on active duty for a period of not less than 1 year as computed from the effective date of the ASP agreement.

1. To be eligible for ASP, the officer must:

a. Demonstrate an adequate level of military and professional performance as determined and documented by the CO. Paragraph 223 of this chapter provides guidance on determining adequate military and professional performance. Medical Corps officers reporting for their initial tour of active duty will be considered to have demonstrated an adequate level of professional performance based on their successful screening through the Medical Corps Professional Review Board or completion of an approved Graduate Medical Education (GME) Program immediately before reporting for active duty.

b. Possess a valid State license under the provisions of reference (e).

c. Be neither serving in nor awaiting the start of an internship.

d. Not be serving in initial residency training.

e. Execute a written agreement to remain on active duty for a period of not less than 1 year as computed from the effective date of the ASP agreement.

2. Eligibility and the effective date, for those officers on their first tour after completing internship are established as follows:

a. Completed all three parts of the licensing exam and applied for a license within 3 months after completion of internship. The effective date will be the day after completion of internship.

b. Completed all three parts of the licensing exam and applied for a license more than 3 months after completion of internship. The effective date will be the license application date.

3. A matrix of eligibility criteria is included as appendix 2-B.

221. SUBMISSION REQUIREMENTS

1. Requests for ASP must be submitted annually, from qualified Medical Corps officers, no earlier than 60 days prior to, and no later than 30 days after the requested effective date based on paragraph 221.2 below.

2. For those effective dates during October and November of the calendar year, requests cannot be submitted until the new fiscal year rates have been authorized, and the NAVADMIN announcing the new fiscal year special pay amounts has been released.

3. ASP Agreements

a. ASP agreements must be for a period of not less than 1 year. The eligibility date must be specified and may not be earlier than the latest of the following dates:

(1) The day of entry upon extended active duty.

(2) The day after completion of internship or initial residency while on active duty.

(3) The day after completion of an immediately preceding agreement if not in an initial residency.

b. Medical Corps officers are to submit a request using the example in Appendix 2-C to BUMED-M1C1 via their COs.

c. COs will endorse each ASP request, within 30 days of the requested effective date, verifying the individual is qualified and the requested effective date is correct.

d. Agreements not endorsed within 30 days after the effective date must contain in the CO's endorsement a specific explanation of the delay in initiating the ASP agreement. BUMED-M1C1 may approve retroactive ASP agreements when the reason for the delay in initiating the ASP agreement is clearly justifiable. This authority may not be delegated. Appendix 2-D contains the required format for requesting and endorsing a retroactive ASP request.

e. Officers who do not have at least 1 year of active duty remaining are not eligible for ASP, and ASP contracts will not be prorated for periods of less than 1 year. For any requests where the member has less than 1 year of active duty remaining from the effective date of ASP payment, receipt of payment of ASP by the member will be considered acceptance of the 1 year active duty obligation from the approved effective date by BUMED-M1C1.

f. Per reference (a), ASP is not authorized during periods of initial residency. Officers whose ASP agreements expire while they are awaiting commencement of Department of Defense (DOD) sponsored initial residency training may execute a new ASP agreement to cover the interval before commencement of initial residency training. ASP will then be terminated and recouped as outlined below in paragraphs 223 and 224. This must be prorated to the day before the commencement of initial residency training.

g. Officers facing mandatory retirement may request from the Chief, Bureau of Medicine and Surgery termination of their existing ASP agreement 12 months before retirement. This policy will also apply to a voluntary retirement if the medical officer is retiring after completing at least 20 years of active service. The unearned portion of the ASP must be recouped per paragraph 224. The officer may then execute a new ASP agreement for the final year. The purpose of this one-time termination and restart is to allow career medical officers to match ASP entitlement to their retirement date. Use Appendix 2-E for a sample format.

h. ASP agreements must not extend beyond a requested or approved separation, release, retirement, resignation, or early release from active duty date.

222. METHOD OF PAYMENT

1. ASP will be paid in lump sum not earlier than the eligibility date of each year of the agreed upon period of active duty.

2. ASP will be paid at the rate of \$15,000 annually. ASP will be terminated upon separation from active duty, death, entry into a military-sponsored initial residency, inadequate performance per paragraph 224, or for reasons shown in Appendix 2-F.

223. TERMINATION OR DENIAL OF ASP

1. Termination of ASP is accomplished by the Defense Finance and Accounting System (DFAS) upon immediate notification of the below:

a. Upon separation from active duty or death.

b. On the day before an officer enters a DOD sponsored initial residency training program. Officers who execute ASP agreements after having been accepted for residency training must repay the unearned portion when the residency starts.

2. COs are required to submit to BUMED-M1C1 requests for termination or denial of ASP upon determination that one or more of the following conditions exist:

a. For inadequate military or professional performance, documented in the officer's fitness report, the individual credentials file (ICF), other quality assurance and improvement (QAI) records, or other command files. Decisions to terminate special pay under this paragraph should be more appropriately tied to inadequate professional performance than to other aspects of military performance. COs are encouraged to use other means to correct inadequate behavior prior to recommending the removal of special pay. COs should seek consistency in their decisions concerning special pay under this paragraph.

b. Upon initiation of processing for separation for cause under reference (g), for relief or detachment for cause, or for violations of the Uniformed Code of Military Justice (UCMJ) in which the officer is found guilty via non-judicial punishment (NJP) or courts-martial.

c. When the officer is incapacitated or disabled during a period of unauthorized absence or when incapacitation or disability is the result of misconduct or gross negligence.

d. When the officer's clinical privileges have been reduced below the level of full core privileges for general medical officers through adverse privileging action under reference (h).

e. When the officer is facing a mandatory retirement date and elects to adjust the effective date of ASP following the guidelines of paragraph 221.

f. When an officer does not possess a State license or an approved waiver when duty assignment requires such license or waiver under reference (e).

g. When the officer is the subject of an adverse privileging action following the guidelines in Appendix 2-F.

3. To deny or terminate an existing ASP agreement, the CO must recommend to BUMED-M1C1, in writing, the termination or denial of ASP. In the correspondence the CO must state the reason for denial or termination, and enclose supporting documentation. Termination is effective the date of the BUMED letter notifying the individual of the termination or denial.

4. An officer may appeal the denial or termination of ASP. Upon notification, the officer must be given 10 working days to submit an appeal via his or her chain of command to the Chief, BUMED. In forwarding the appeal, the CO must provide an endorsement and copies of all pertinent documents not already submitted with the original request for termination or denial.

5. The Chief, BUMED (or designee) must convene a Special Pays Review Board (SPRB) to evaluate the officer's appeal. The board must be composed of at least three and not more than five senior medical officers with a flag officer of the medical department as the senior member. A flag Medical Corps officer is not required, but should be used if available. The SPRB must make a non-binding recommendation to the Chief, BUMED (or designee) whether to grant or deny the appeal. The Chief, BUMED's (or designee's) decision is final. If the decision

upholds BUMED-M1C1's decision to deny or terminate ASP, the effective date must be the original termination or denial date. If the decision is to grant the officer's appeal, the entitlement date must be returned to the original effective date.

6. For all other cases of inadequate military or professional performance, (adverse credentials, NJP, etc), termination or denial of ASP will be for a period of 1 year. Processing for separation may be initiated following two successive denials or terminations of ASP using the guidelines of reference (g).

7. When ASP has been terminated, any entitlement to ISP also will be terminated in accordance with paragraph 243 of this chapter. When ASP is reinstated, ISP may also be reinstated provided all other ISP eligibility criteria are met.

224. RECOUPMENT OF ASP INDEBTEDNESS. Termination of an existing ASP agreement creates indebtedness to the United States. The officer, therefore, must repay the unearned portion of ASP on a pro rata basis except in the following circumstances:

a. Death or disability which is not the result of misconduct, willful negligence, and not incurred during a period of unauthorized absence.

b. Separation from military service by operation of law or regulations of the DOD or service regulations, other than separation for cause under reference (g). Separation for twice failing selection to the next grade is an example of a regulation of military service for which recoupment of ASP would not occur.

c. In other cases when unusual circumstances warrant waiver of the recoupment requirements, officers may submit waiver requests with supporting justification to NAVPERSCOM (PERS-48).

CHAPTER 2
MEDICAL CORPS SPECIAL PAYS

Section 3 - Board Certified Pay (BCP)

230. DEFINITION AND ELIGIBILITY

1. BCP is an entitlement for Medical Corps officers who are board certified in a medical specialty recognized by the American Board of Medical Specialties (ABMS) or the Bureau for Osteopathic Specialists.

2. Entitlement to BCP is effective on the date of commencement of active duty, or the date the officer becomes board certified in the specialty, whichever is later.

231. SUBMISSION REQUIREMENTS

1. To receive BCP, an officer must submit a request, via the CO, to BUMED-M1C1, with a copy of the board certificate or a copy of the board's letter of notification of certification. The certificate or board letter must contain the start and end date of certification. Use example provided in Appendix 2-G.

2. The officer must submit a copy of the board notification of each successful recertification to BUMED-M1C1. Failure to do so will result in termination of the BCP entitlement. If the board certification expires or the payment of BCP has terminated due to expiration of the board certification, a new package, including all supporting documents, is required for resumption of payment.

3. COs will verify the member's eligibility, endorse the request, using the example in Appendix 2-G, and forward the request with endorsement to BUMED-M1C1.

232. METHOD OF PAYMENT. BCP will be paid monthly at the annual rates listed in Appendix 2-H.

233. TERMINATION OF BCP. BCP will be terminated upon expiration of the board certificate or upon loss of certification, separation from active duty, or death.

CHAPTER 2
MEDICAL CORPS SPECIAL PAYS

Section 4 - Incentive Special Pay (ISP)

240. DEFINITION AND ELIGIBILITY. ISP is an award to Medical Corps officers intended to reduce the pay gap between military medical officers who meet specified criteria and civilian specialists. The ISP program must be conducted in conjunction with the MSP program as shown in Section 5, paragraph 253 of this chapter.

1. ISP is an award made to those officers 0-6 and below who meet all eligibility criteria listed below:

- a. Agree to remain on active duty for a period of not less than 1 year.
- b. Are not in internship or initial residency.
- c. Are currently credentialed, privileged, and practicing in the medical specialty designated for which ISP is to be paid (should be addressed in the endorsement).
- d. Are in a position or specialty warranting award of ISP based on retention need, unique duty assignment, or hardships, as outlined in the annual medical special pays plan.
- e. Have demonstrated adequate levels of military and professional performance as outlined for eligibility for ASP in paragraph 223, Section 2, of this chapter.

2. Use Appendix 2-I to determine eligibility for ISP.

3. The effective date of eligibility for ISP is the latest of the following:

- a. The date of privileging as a Medical Corps officer in the specialty for which ISP is to be awarded, if not in internship or initial residency.
- b. Not earlier than 1 October of the fiscal year for which the ISP plan is approved, if not under an MSP agreement.

c. Not earlier than 1 October of the fiscal year following completion of initial residency while on active duty or return to active duty from the Navy Active Duty Delayed Specialists Program (NADDS) or the Financial Assistance Program (FAP).

d. ISP will not be paid in the same fiscal year in which the qualifying residency training is completed. However, if the qualifying training is completed out of cycle (prior to the end of June) the BUMED Deputy Chief of Staff, Human Resources has the authority to waive the DOD policy and grant ISP during the same fiscal year in which the qualifying residency is completed. The effective date for ISP must be calculated from the completion of the qualifying training plus 3 months.

5. Officers who do not have at least 1 year of active duty remaining are not eligible for ISP, and ISP contracts will not be prorated for periods of less than 1 year. For any requests where the member has less than 1 year of active duty remaining from the effective date of ISP payment, receipt of payment of ISP by the member will be considered acceptance of the 1 year active duty obligation.

6. When unusual circumstances warrant a waiver of eligibility requirements for ISP, an officer may submit to the BUMED Deputy Chief, Human Resources (BUMED-M1), via their Commanding Officer, with supporting justification, a request for such a waiver. These circumstances include fully qualified physicians assigned to positions requiring a substantial portion of time performing military unique duties under adverse conditions, in remote OCONUS locations, or that preclude the officers' ability to spend appropriate time in a clinical setting.

7. Each Medical Corps officer accepting ISP must maintain all eligibility criteria throughout the period of the agreement. COs must forward to BUMED-M1C1 a request to terminate ISP for any officer who fails to maintain eligibility.

240. SUBMISSION REQUIREMENTS

1. Eligible Medical Corps officers must submit requests for ISP to BUMED-M1C1 using the example provided in Appendix 2-J, via their CO.

2. COs must endorse and forward all requests for ISP to BUMED-M1C1 with a recommendation dated within 30 days of the requested effective date and ensure that the effective date on the agreement has been verified to be correct following this instruction. Appendix 2-J provides the format for requesting approval and CO endorsement of an ISP agreement.

3. To be eligible for a higher ISP rate at the announcement of each fiscal year's pay plan, medical officers with an existing MSP contract may be afforded the opportunity to terminate that contract to enter into a new ISP contract that would give them an equal or longer active duty obligation as the existing MSP obligation. Any unearned portion of the ISP contract is recouped on a pro rata basis. The earliest contract effective date is 1 October of the fiscal year for which the pay plan is announced. Appendix 2-K provides the proper format to request and endorse the termination and renegotiation of an ISP request.

4. COs must provide a detailed and specific explanation of the delay on all ISP requests not endorsed within 30 days of the requested effective date. BUMED-M1C1 may approve retroactive ISP agreements when the reason for delay in initiating the ISP agreement is clearly justifiable. Appendix 2-L provides the format to request and endorse retroactive ISP request.

242. METHOD OF PAYMENT

1. ISP will be paid in lump sum not earlier than the eligibility date of each year of the agreed period of active duty.

2. ISP will be paid at the annual rate as published in the Fiscal Year NAVADMIN for Medical Corps special pay rates.

243. TERMINATION OR DENIAL OF ISP. ISP will be terminated or denied under the following circumstances:

1. Upon separation from active duty or death.

2. On the day before an officer enters a DOD sponsored initial residency training program that is not an advanced subspecialty of the current specialty. Officers with existing

ISP agreements are accepted for DOD sponsored initial residency training must repay the unearned portion when the residency starts.

3. Upon determination that one or more of the following conditions exist:

a. Inadequate military or professional performance, documented in the officer fitness report, the ICF, other QAI records, or other command files. Decisions to terminate special pay under this paragraph should be more appropriately tied to inadequate professional medical performance; rather, than to other aspects of military performance. In regards to other aspects of military performance, COs are encouraged to use other means to correct inadequate behavior prior to removing special pay. COs should seek consistency in their decisions concerning special pay under this paragraph.

b. Initiation of processing for separation for cause under reference (g), relief or detachment for cause, found guilty at NJP, or conviction at a court-martial.

c. Incapacitation or disability as the result of misconduct or gross negligence.

d. Clinical privileges have been reduced below the level of core privileges prescribed for the specialty for which ISP was authorized due to adverse privileging action under reference (h).

e. Failure to obtain and maintain a valid State license or an approved waiver when duty assignment requires such license or waiver under reference (e).

4. COs must recommend the termination or denial of ISP in writing to BUMED-M1C1. In the correspondence, the CO must state the reason for denial or termination, and enclose supporting documentation. The termination or denial effective date is established by the BUMED letter notifying the individual of the termination or denial.

5. An officer may appeal the denial or termination of ISP. Upon notification, the officer must be given 10 working days to submit an appeal via his or her chain of command to the Chief,

BUMED. In forwarding the appeal, the CO must provide an endorsement and copies of all pertinent documents, not already submitted with the original request, for termination or denial.

6. The Chief, BUMED (or designee) must convene an SPRB to evaluate the officer's appeal. The Board must be composed of at least three and not more than five senior medical officers with a flag officer of the medical department as the senior member. A flag Medical Corps officer is not required, but should be used if available. The SPRB must make a non-binding recommendation to the Chief, BUMED (or designee) whether to grant or deny the appeal. The Chief, BUMED (or designee's) decision is final. If the decision is to uphold BUMED-M1C1's decision to deny or terminate ISP, the effective date is the termination or denial effective date. If the decision is to grant the officer's appeal, the entitlement date must be returned to the original effective date.

7. Termination or denial of ISP for inadequate performance must be for a period of 1 year before the officer can resubmit another ISP request to allow adequate time to evaluate performance. When ISP has been twice terminated or denied for inadequate performance, immediate processing for separation must be initiated using the guidelines of reference (g).

8. ISP may not be reinstated during a period when ASP has been denied or terminated.

244. RECOUPMENT OF ISP INDEBTEDNESS. Termination of an existing ISP agreement creates an indebtedness to the United States. The officer, therefore, must repay the unearned portion of the ISP on a pro rata basis, except in the following circumstances:

1. Death or disability which is not the result of misconduct or willful negligence, and not incurred during a period of unauthorized absence.

2. Separation from military service by operation of law or regulations of the DOD or service regulations, other than separation for cause under reference (g). Separation for twice failing selection to the next grade is an example of a regulation of military service for which recoupment of ISP would not occur.

3. In other cases when unusual circumstances warrant waiver of the recoupment requirements, officers may submit requests with supporting justification to PERS-48.

4. Upon promotion to the grade of O-7. Frocking to the paygrade of O-7 does not constitute promotion for pay purposes and ISP must not be terminated upon frocking.

CHAPTER 2
MEDICAL CORPS SPECIAL PAYS

Section 5 - Multiyear Special Pay and
Multiyear Incentive Special Pay (MSP/MISP)

250. DEFINITION AND ELIGIBILITY

1. MSP/MISP is an award to Medical Corps officers in designated specialties to support desired staffing levels by specialty. MSP/MISP is additive to all other medical officer special pays.

a. To be eligible for MSP/MISP, a Medical Corps officer must:

(1) Be below paygrade O-7.

(2) Have completed 8 years of creditable service (determined from the Health Professional Pay Entry Date (HPPED)) if member has active duty obligation for medical training or education, or no active duty obligation.

(3) Have completed or is scheduled to complete initial residency training to gain specialty qualification by September 30th of the year during which the residency is completed.

2. MSP/MISP Obligation

a. The active duty service obligation for MSP/MISP begins after any preexisting obligation for medical education and training or previous MSP agreement is served. ***MSP/MISP recipients with a remaining training obligation should be explicitly aware that in many cases the MSP/MISP payments and obligation may not be synchronized.*** BUMED-M1C1 determines obligations incurred for MSP/MISP contracts. MSP/MISP payments are made upon execution of the written agreement, and annually on the anniversary date of the MSP/MISP agreement effective date for remaining years of the MSP/MISP agreement, while an active duty obligation may extend 1 or more years beyond the expiration of the MSP/MISP payments.

b. Service obligations incurred for DOD-sponsored training after execution of an MSP/MISP contract will be served

concurrently with MSP/MISP obligation. This occurs when a fully trained specialist enters additional subspecialty training. If an MSP agreement has been executed before the date of entry into fellowship training, and there is no preexisting obligation for training or special pay, the obligation incurred for the fellowship training will be served concurrently with the MSP/MISP obligation e.g., both the fellowship obligation and MSP/MISP obligation run together. A renegotiation of MSP/MISP after the start of the fellowship will lead to the obligation to be served to be consecutive, or an additive obligation.

c. Active duty obligations for ASP, permanent change of station, and other miscellaneous obligations may be served concurrently with the MSP/MISP obligation.

d. MSP/MISP obligation is binding upon receipt of the first MSP/MISP payment.

251. SUBMISSION REQUIREMENTS

1. Requesting member executes a written agreement, using the example in Appendix 2-M, to remain on active duty for 2, 3, or 4 years beyond any existing active duty service obligation for medical education and training or a previous MSP agreement.

2. COs must endorse and forward all requests for MSP/MISP to BUMED-M1C1 with a recommendation dated no later than 30 days after the requested effective date and ensure that the effective date on the agreement has been verified to be correct following the guidance of this instruction. Appendix 2-M provides the format for requesting approval and endorsement of an MSP/MISP agreement.

3. To receive a higher MSP/MISP rate at the announcement of a new fiscal year pay plan, medical officers with an existing MSP contract may terminate their existing contract to enter into a new MSP/MISP contract that gives them an equal or longer active duty obligation as the existing MSP/MISP obligation. Any unearned portion of the MSP/MISP contract will be recouped on a pro rata basis. The earliest contract effective date is 1 October of the fiscal year for which the pay plan is announced. Appendix 2-N provides a template to request and endorse the termination and renegotiation of MSP/MISP.

252. METHOD OF PAYMENT

1. MSP/MISP will be paid in a lump sum according to contract length. Initial annual installments will be paid upon approval of the MSP/MISP agreement by BUMED-M1C1, and receipt by BUMED-M1C1 of the acceptance or declination letter from the individual officer. Contracts must be effective no earlier than the date approved by BUMED-M1C1. Retroactive requests will be approved in extreme extenuating circumstances as determined by BUMED-M1C1. Subsequent annual installments must be paid on the anniversary date of the BUMED-M1C1 approved effective date.

2. MSP/MISP payment rate amounts are published in the Fiscal Year NAVADMIN announcing special pay rates for the current fiscal year.

253. TERMINATION OR DENIAL OF MSP/MISP

1. Denial and termination of MSP must be executed following the guidelines established for denial and termination of ISP in Section 4.

2. Termination of MSP/MISP is required upon promotion to paygrade O-7. Frocking to the paygrade of O-7 does not constitute promotion for pay purposes and MSP/MISP will not be terminated upon frocking.

254. RECOUPMENT OF MSP/MISP INDEBTEDNESS. Termination of an existing MSP/MISP agreement creates an indebtedness to the United States. Recoupment of any MSP/MISP indebtedness will be governed by the same rules outlined in paragraph 244 of this chapter for recoupment of ISP indebtedness.

255. MSP AND ISP COORDINATION

1. Medical Corps officers who enter into MSP contracts lock in at the ISP(MISP) rate in effect for that fiscal year. Should future reassessments cause an increase in the ISP rate for a specialty, a medical officer may take advantage of the increase only by signing a new MSP and ISP contract, at the rate in effect for the new fiscal year pay plan, with an equal or longer active duty service obligation.

Note. ISP must be requested annually regardless of the length of the contract for MSP.

2. At the announcement of a new fiscal year pay plan, Medical Corps officers who receive MSP under a previous pay plan are not eligible to receive ISP at the new rates without renegotiation of a new MSP/MISP contract as specified for ISP in Section 4 of this chapter.

3. Medical Corps officers trained in more than one specialty may not receive MSP for one specialty and ISP for another. MSP and ISP must be for the same specialty.

**CHAPTER 3
DENTAL CORPS SPECIAL PAYS**

Section 1 - Variable Special Pay (VSP)

310. DEFINITION AND ELIGIBILITY

1. VSP is an entitlement for Dental Corps officers who are serving on active duty for periods of at least 1 year.

2. All Dental Corps Officers on active duty are eligible for VSP beginning on the date of entry to active duty.

311. SUBMISSION REQUIREMENTS

1. VSP will be automatically started upon a Dental Corps Officer's entry into active duty by Chief, Naval Personnel.

2. Dental Corps officers shall forward a copy of their Oath of Office and any DD-214s from previous military service to PERS-82 via their personnel support detachment (PSD) immediately upon reporting to their first duty station.

312. METHOD OF PAYMENT. VSP will be paid monthly at varying rates as outlined in Appendix 3-A.

313. TERMINATION OF VSP. VSP will be terminated upon separation from active duty or death.

**CHAPTER 3
DENTAL CORPS SPECIAL PAYS**

Section 2 - Additional Special Pay (ASP)

320. DEFINITION AND ELIGIBILITY

1. ASP is an entitlement for Dental Corps officers who agree to remain active duty for a period of not less than 1 year as computed from the effective date of the ASP agreement.

2. To be eligible for ASP, the officer must:

a. Demonstrate an adequate level of military and professional performance as determined and documented by the CO. Paragraph 323 of this chapter provides guidance on determining adequate military and professional performance. Dental Corps officers reporting for their initial tour of active duty will be considered to have demonstrated an adequate level of professional performance based on their successful screening by the Dental Corps Professional Review Board or completion of an approved Graduate Dental Education (GDE) Program immediately before reporting for active duty.

b. Possess a valid State license to practice dentistry under the provisions of reference (e).

c. Execute a written agreement to remain on active duty for a period of not less than 1 year as computed from the effective date of the ASP agreement.

3. The effective date for ASP for those officers upon initial entry into the Navy Dental Corps is established as follows:

a. If the officer has applied for State license within 3 months of entry on active duty the effective date will be date of entry on active duty.

b. If the officer has applied for State license more than 3 months after entry on active duty the effective date will be date of application for State license.

321. SUBMISSION REQUIREMENTS

1. Requests for Dental ASP are required to be submitted annually no earlier than 60 days prior to, and no later than 30 days after, the requested effective date based on subparagraph 2 below. For an example of the ASP request refer to Appendix 3-B.

2. For those effective dates during October and November of the calendar year, requests cannot be submitted until the NAVADMIN announcing the new fiscal year special pay amounts has been released.

3. ASP Agreements

a. ASP agreements must be for a period of not less than 1 year. The eligibility date must be specified and may not be earlier than the latest of the following dates:

(1) The day of entry upon active duty.

(2) The day after completion of internship or initial residency while on active duty (this does not include AEGD or GPR).

(3) The day after completion of an immediately preceding agreement if not in an initial residency.

b. COs will endorse each ASP request, using the example in Appendix 3-B, verifying the individual making the request is qualified and the requested effective date is correct, and forward the request to BUMED-M1C1.

c. Agreements not endorsed within 30 days of the effective date must contain specific explanation of the delay in initiating the ASP agreement. BUMED-M1C1 may approve retroactive ASP agreements when the reason for delay in initiating the ASP agreement was clearly justifiable. This authority may not be delegated. Use the format in Appendix 3-C to request and endorse retroactive ASP request.

d. Officers who do not have at least 1 year of active duty remaining are not eligible for ASP, and ASP contracts will not be prorated for periods of less than 1 year. For any

request where the member has less than 1 year of active duty remaining from the effective date of ASP payment, receipt of payment of ASP by the member will be considered acceptance of the 1 year active duty obligation.

e. Per reference (a), ASP is not authorized during periods of initial residency. Officers whose ASP agreements expire while they are awaiting commencement of DOD sponsored initial residency training may execute a new ASP agreement to cover the interval before commencement of initial residency training. ASP must then be terminated and recouped as outlined below in paragraphs 323 and 324. This must be prorated to the day before the commencement of initial residency training.

f. Officers facing mandatory retirement may request from BUMED-M1C1 termination of their existing ASP agreement 12 months before retirement. This policy may also apply to a voluntary retirement if the dental officer is retiring after completing at least 20 years of active service. The unearned portion of the ASP must be recouped per paragraph 324. The officer may then execute a new ASP agreement for the final year. The purpose of this one-time termination and restart is to allow career dental officers to match ASP entitlement to their retirement date. Use Appendix 3-D for a sample format. A copy of the officer's retirement orders will need to accompany the request.

g. ASP agreements will not extend beyond a requested or approved separation, release, retirement, resignation, or early release from active duty date.

322. METHOD OF PAYMENT

1. ASP will be paid in a lump sum at the beginning of the agreed period of active duty.

2. ASP will be paid at the rates listed in Appendix 3-E.

323. TERMINATION OR DENIAL OF ASP

1. ASP will be terminated or denied under the following circumstances:

- a. Upon separation from active duty or death.
- b. For reasons as outlined in Appendix 3-F.

c. On the day before an officer enters a DOD sponsored initial residency training program.

d. Upon determination that one or more of the following conditions exist:

(1) For inadequate military or professional performance, documented in the officer fitness report, the ICF, other QAI records, or other command files. Decisions to terminate special pay under this paragraph should be more appropriately tied to inadequate professional performance than to other aspects of military performance. COs are encouraged to use other means to correct inadequate behavior prior to recommending the removal of special pay. COs should seek consistency in their decisions concerning special pay under this paragraph.

(2) Upon initiation of processing for separation for cause under reference (g), for relief or detachment for cause, or for violations of the UCMJ in which the officer is found guilty via NJP or courts-martial.

(3) When the officer is incapacitated or disabled during a period of unauthorized absence or when incapacitation or disability is the result of misconduct or gross negligence.

(4) When the officer's clinical privileges have been reduced below the level of full core privileges for dental officers through adverse privileging action under reference (h).

(5) When the officer is facing a mandatory retirement date and elects to adjust the effective date of ASP following the guidelines of paragraph 321.

(6) When an officer does not possess a State license to practice dentistry or an approved waiver when duty assignment requires such license or waiver under reference (e).

2. The CO must forward a recommendation to BUMED-M1C1 to terminate or deny ASP when the officer is the subject of adverse credentials action following the guidelines in Appendix 3-G.

3. To deny or terminate an existing ASP agreement, the CO must recommend to BUMED-M1C1, in writing, the termination or

denial of ASP. In the correspondence the CO must state the reason for denial or termination, and enclose any supporting documentation. Termination is effective the date of the BUMED letter notifying the individual of the termination or denial.

4. An officer may appeal the denial or termination of ASP. Upon notification, the officer must be given 10 working days to submit an appeal via his or her chain of command to the Chief, BUMED. In forwarding the appeal, the CO must provide an endorsement and copies of all pertinent documents, not already submitted with the original request for termination or denial.

5. The Chief, BUMED (or designee) must convene an SPRB to evaluate the officer's appeal. The Board must be composed of at least three and not more than five senior dental officers with a flag officer of the dental department as the senior member. A flag Dental Corps officer is not required, but should be used if available. The SPRB must make a non-binding recommendation to the Chief, BUMED (or designee) whether to grant or deny the appeal. The Chief, BUMED (or designee's) decision is final. If the decision is to uphold BUMED-M1C1's decision to deny or terminate ASP, the effective date must be the original termination or denial date. If the decision is to grant the officer's appeal, the entitlement date must be returned to the original effective date.

6. Termination or denial of ASP is not authorized for cases of PFA failures. For all other cases of inadequate military or professional performance, (adverse credentials, NJP, etc), termination or denial of ASP must be for a period of 1 year. Processing for separation for cause must be initiated following two successive denials or terminations of ASP using the guidelines of reference (g).

324. RECOUPMENT OF ASP INDEBTEDNESS. Termination of an existing ASP agreement creates indebtedness to the United States. The officer, therefore, must repay the unearned portion of ASP on a pro rata basis except in the following circumstances:

1. Death or disability which is not the result of misconduct, willful negligence, and not incurred during a period of unauthorized absence.

2. Separation from military service by operation of law or regulations of the DOD or service regulations, other than

separation for cause under reference (g). Separation for twice failing of selection to the next grade is an example of a regulation of military service for which recoupment of ASP would not occur.

3. In other cases when unusual circumstances warrant waiver of the recoupment requirements, officers may submit waiver requests with supporting justification to NAVPERSCOM (PERS-48).

CHAPTER 3
DENTAL CORPS SPECIAL PAYS

Section 3 - Board Certified Pay (BCP)

330. DEFINITION AND ELIGIBILITY

1. BCP is an entitlement for Dental Corps officers who are board certified in a dental specialty recognized by the American Dental Association or Board Certification Equivalency (BCE).

2. Appendix 3-H contains a list of approved certifications for BCP. If a member has a certification not listed in Appendix 3-H refer to paragraph 334 of this chapter.

3. Entitlement to BCP is effective on the date of commencement of active duty, or the date the officer becomes board certified in the specialty, whichever is later.

331. SUBMISSION REQUIREMENTS

1. To receive BCP an officer must submit a request, via the CO, to BUMED-M1C1 with a copy of a board certificate or a copy of the board's letter of notification of certification. The certificate or board letter must contain the start and end date of certification. Use example provided in Appendix 3-I.

2. The officer must submit a copy of the board notification of each successful recertification to BUMED-M1C1. Failure to do so will result in termination of the BCP entitlement. If the board certification expires or the payment of BCP has terminated due to expiration of the board certification a new package, including all supporting documents, is required for resumption of payment.

3. COs will endorse the request, using the example in Appendix 3-I, verifying the individual's eligibility, and forward the request with endorsement to BUMED-M1C1.

332. METHOD OF PAYMENT. BCP will be paid monthly at the annual rates listed in Appendix 3-J.

333. TERMINATION OF BCP. BCP will be terminated upon expiration of the board certification, loss of certification, separation from active duty, or death.

334. BOARD CERTIFICATION EQUIVALENCY (BCE)

1. The BUMED Deputy Chief of Staff, Human Resources (BUMED-M1) may award BCE for advanced dental specialties for which a requirement is authorized by the CNO and identified by a dental specialty classification code in part C of reference (i), but for which there is no board certification recognized by the American Dental Association, nor the Chief, Dental Corps. A list of American Dental Association (ADA) and Dental Corps recognized boards are listed in Appendix 3-H. Eligibility is based on completion of a formal postgraduate specialty training program authorized by the CNO and identified in part C, of reference (i).

2. Applicants must have:

a. Completed a formal postgraduate dental education program of not less than 2 years leading to assignment of a subspecialty code; and have

b. Obtained specialty board certification when specialty boards not recognized by the ADA are available, or successfully completed a credentials review by the Dental Corps SPRB convened for that purpose.

3. Dental officers who meet the eligibility requirements must submit a request for BCE Pay per paragraph 331 above, using the example provided in Appendix 3-K. The request must include proof of postgraduate training along with proof from the certifying organization of successful completion of a specialty board (e.g., American Board of General Dentistry).

4. COs will endorse the request, using the example in Appendix 3-K, verifying the individual's eligibility, and comments regarding the dental officer's professional performance (both military and clinical). COs will forward the request with endorsement to BUMED-M1C1.

5. BUMED-M1C1 will forward the completed request to the Dental Corps Special Pays Review Board (SPRB) for recommendation. Designation of BCE is made by the Chief, Navy Dental Corps and officers approved for BCE designation will receive a formal letter of notification from the Chief, Navy Dental Corps. After Dental Corps SPRB approval of BCE designation, BUMED-M1C1 will initiate pay actions with DFAS.

CHAPTER 3
DENTAL CORPS SPECIAL PAYS

Section 4 - Dental Officer Multiyear Retention Bonus (DOMRB)

340. DEFINITION AND ELIGIBILITY

1. DOMRB is a discretionary bonus paid to Dental Corps officers intended to alleviate the most severe shortfalls in dental specialties. DOMRB is additive to all other dental officer special pays.

a. To be eligible for DOMRB, a Dental Corps officer must:

(1) Be below paygrade O-7.

(2) Have completed 8 years of creditable service (determined from the Health Professional Pay Entry Date (HPPED)) if member has active duty obligation for dental training or education, or no active duty obligation.

(3) Have completed or is scheduled to complete initial residency training to gain specialty qualification by September 30th of the year during which the residency is completed.

2. DOMRB Obligation

a. The active duty service obligation for DOMRB begins after any preexisting obligation for dental education and training or previous DOMRB agreement. DOMRB recipients with a remaining training obligation should be explicitly aware in many cases the DOMRB payments and obligation may not be synchronized. BUMED-M1C1 determines obligations incurred for DOMRB contracts. DOMRB payments are made annually upon execution of the written agreement while an active duty obligation may extend 1 or more years beyond the expiration of the DOMRB payments.

b. Service obligations incurred for DOD sponsored training after execution of a DOMRB contract will be served concurrently with DOMRB. This can occur when a fully trained specialist enters further subspecialty training.

c. A renegotiation of DOMRB after the start of further specialty training leads to an additive obligation.

d. Active duty obligations for ASP agreements, promotion, permanent change of station, and other miscellaneous obligations will be served concurrently with the DOMRB obligation.

e. DOMRB obligation is binding upon receipt of the first DOMRB payment.

341. SUBMISSION REQUIREMENTS

1. Execute a written agreement, at Appendix 3-L, to remain on active duty for 2, 3, or 4 years beyond any existing active duty service obligation for dental education and training or a previous DOMRB agreement.

2. COs must endorse and forward all requests for DOMRB to Chief, BUMED-M1C1 with a recommendation dated within 30 days of the requested effective date and ensure that the effective date on the agreement has been verified to be correct following this instruction. Appendix 3-L provides an example format for requesting approval of a DOMRB agreement.

3. To be eligible for a higher DOMRB rate at the announcement of each fiscal year's pay plan, dental officers with an existing DOMRB contract may be afforded the opportunity to terminate that contract to enter into a new DOMRB contract that would give them an equal or longer active duty obligation as the existing DOMRB obligation. Any unearned portion of the DOMRB contract is recouped on a pro rata basis. The earliest contract effective date is 1 October of the fiscal year for which the pay plan is announced. Use the format in Appendix 3-M to request and endorse the termination and renegotiation of a DOMRB request.

342. METHOD OF PAYMENT

1. DOMRB will be paid in a lump sum according to contract length. Initial annual installments will be paid upon approval of the DOMRB agreement by BUMED-M1C1 and upon receipt by BUMED-M1C1 of the acceptance or declination letter from the individual officer. Contracts must be effective no earlier than the date approved by BUMED-M1C1. There is no retroactive approval authority. Subsequent annual installments must be paid on the anniversary date of BUMED-M1C1 approved effective date.

2. DOMRB payment rate amounts are published in the Fiscal Year NAVADMIN announcing special pay rates for the current fiscal year.

343. TERMINATION OR DENIAL OF DOMRB

1. Denial and termination of DOMRB must be executed following the guidelines established for denial and termination of ASP in paragraph 323.

2. Termination of DOMRB is required upon promotion to paygrade O-7. Frocking to the paygrade of O-7 does not constitute promotion for pay purposes and DOMRB will not be terminated upon frocking.

344. RECOUPMENT OF INDEBTEDNESS. Termination of an existing DOMRB agreement creates indebtedness to the United States. Recoupment of any DOMRB indebtedness will be governed by the rules in paragraph 324 of this chapter.

CHAPTER 4
NURSE CORPS SPECIAL PAY

**Section 1 - Certified Registered Nurse
Anesthetists-Incentive Special Pay (CRNA-ISP)**

410. DEFINITION AND ELIGIBILITY

1. CRNA-ISP is a discretionary bonus given to qualified Nurse Corps officers who are Certified Registered Nurse Anesthetists (CRNA) and who agree to remain on active duty for a period of not less than 1 year as computed from the effective date of the CRNA-ISP contract.

2. Nurse Corps officers who meet the following criteria are eligible to receive CRNA-ISP:

a. Under a call or order to active duty for a period of not less than 1 year.

b. Fully privileged in nurse anesthesia and practicing that specialty as a primary duty; or otherwise eligible with the advanced education required for certification as a CRNA and whose performance meets military and professional standards of adequacy.

3. Nurse Corps officers qualifying of the CRNA-ISP with a training obligation (for nurse anesthesia) will be authorized a 1 year CRNA-ISP at the "with training obligation rate." All other Nurse Corps officers qualifying for the CRNA-ISP not under a nurse anesthetist training obligation will be authorized to request a multiyear ISP at the rates listed in the Fiscal Year NAVADMIN Special Pay Plan.

411. SUBMISSION REQUIREMENTS

1. Execute a written agreement, Appendix 4-A, to remain on active duty for 1, 2, 3, or 4 years. CRNAs with a training obligation associated with CRNA training are only eligible for 1 year agreements.

2. COs must endorse and forward all requests for CRNA-ISP to BUMED-M1C1 with a recommendation dated within 30 days of the

requested effective date and ensure that the effective date on the agreement has been verified to be correct following this instruction. Appendix 4-A provides examples for a CRNA-ISP request, and CO's endorsement of a CRNA-ISP agreement.

3. COs must provide a detailed and specific explanation of the delay on all CRNA-ISP requests not endorsed within 30 days of the requested effective date. BUMED-M1C1 may approve retroactive CRNA-ISP agreements when the reason for delay in initiating the CRNA-ISP agreement was clearly justifiable. Use the format in Appendix 4-B to request and endorse retroactive CRNA-ISP request.

4. To be eligible for a higher CRNA-ISP rate at the announcement of each fiscal year's pay plan, Nurse Corps officers with an existing CRNA-ISP contract may be afforded the opportunity to terminate that contract to enter into a new CRNA-ISP contract that would give them an equal or longer active duty obligation as the existing CRNA-ISP obligation. Any unearned portion of the CRNA-ISP contract is recouped on a pro rata basis. The earliest contract effective date is 1 October of the fiscal year for which the pay plan is announced. Use the format in Appendix 4-C to request and endorse the termination and renegotiation of a CRNA-ISP request.

412. METHOD OF PAYMENT

1. CRNA-ISP must be paid in a lump sum according to contract length. Initial annual installments will be paid upon approval of the CRNA-ISP agreement by BUMED-M1C1. Contracts must be effective no earlier than the date approved by BUMED-M1C1. Subsequent annual installments must be paid on the anniversary date of BUMED-M1C1 approved effective date.

2. CRNA-ISP payment rate amounts are published in the Fiscal Year NAVADMIN announcing special pay rates for the current fiscal year.

413. TERMINATION OR DENIAL OF CRNA-ISP.

1. CRNA-ISP will be terminated or denied under the following circumstances:

- a. Upon separation from active duty or death.

b. Upon determination that one or more of the following conditions exist:

(1) For inadequate military or professional performance, documented in the officer fitness report, the ICF, other QAI records, or other command files. Decisions to terminate special pay under this paragraph should be more appropriately tied to inadequate professional performance than to other aspects of military performance. COs are encouraged to use other means to correct inadequate behavior prior to recommending the removal of special pay. COs should seek consistency in their decisions concerning special pay under this paragraph.

(2) Upon initiation of processing for separation for cause under reference (g), for relief or detachment for cause, or for violations of the UCMJ in which the officer is found guilty via NJP or courts-martial.

(3) When the officer is incapacitated or disabled during a period of unauthorized absence or when incapacitation or disability is the result of misconduct or gross negligence.

(4) When the officer's clinical privileges have been reduced below the level of full core privileges for CRNAs through adverse privileging action.

2. To deny or terminate an existing CRNA-ISP agreement, the CO must recommend to BUMED-M1C1, in writing, the termination or denial of CRNA-ISP. In the correspondence, the CO must state the reason for denial or termination, and enclose any supporting documentation. Termination is effective the date of the BUMED letter notifying the individual of the termination or denial.

3. An officer may appeal the denial or termination of CRNA-ISP. Upon notification, the officer must be given 10 working days to submit an appeal via his or her chain of command to the Chief, BUMED. In forwarding the appeal, the CO must provide an endorsement and copies of all pertinent documents, not already submitted with the original request for termination or denial.

4. The Chief, BUMED (or designee) must convene an SPRB to evaluate the officer's appeal. The board must be composed of at least three and not more than five senior Nurse Corps officers with a flag officer as the senior member. A flag Nurse Corps

officer is not required, but should be used if available. The SPRB must make a non-binding recommendation to the Chief, BUMED (or designee) whether to grant or deny the appeal. The Chief, BUMED's (or designee's) decision is final. If the decision is to uphold BUMED-M1C1's decision to deny or terminate CRNA-ISP, the effective date must be the original termination or denial date. If the decision is to grant the officer's appeal, the entitlement date must be returned to the original effective date.

5. Termination or denial of CRNA-ISP is not authorized for cases of PFA failures. For all other cases of inadequate military or professional performance, (adverse credentials, NJP, etc), termination or denial of CRNA-ISP must be for a period of 1 year. Processing for separation for cause must be initiated following two successive denials or terminations of CRNA-ISP using the guidelines of reference (g).

414. RECOUPMENT OF INDEBTEDNESS

1. Termination of an existing CRNA-ISP agreement creates an indebtedness to the United States. The officer, therefore, must repay the unearned portion of CRNA-ISP on a pro rata basis except in the following circumstances:

a. Death or disability which is not the result of misconduct, willful negligence, and not incurred during a period of unauthorized absence.

b. Separation from military service by operation of law or regulations of the DOD or service regulations, other than separation for cause under reference (g). Separation for twice failing of selection to the next grade is an example of a regulation of military service for which recoupment of CRNA-ISP would not occur.

c. In other cases when unusual circumstances warrant waiver of the recoupment requirements, officers may submit waiver requests with supporting justification to NAVPERSCOM (PERS-48).

CHAPTER 4
NURSE CORPS SPECIAL PAY

Section 2 - Navy Nurse Corps Officers Accession Bonus

420. DEFINITION AND ELIGIBILITY

1. An accession bonus is paid to registered nurses who agree to accept a commission as an officer of the Nurse Corps and remain on active duty for a period of 3 or 4 years.

2. Applicants must meet the qualifications listed below, and those qualifications for an appointment on the active duty list in the Navy Nurse Corps under reference (j).

a. Be a graduate of an accredited school of nursing.

b. Be fully qualified to hold an appointment as a commissioned officer.

c. Execute a written agreement to accept a commission as an officer of the Navy Nurse Corps and to serve on active duty for a period of either 3 or 4 years. An individual who holds an appointment as a Nurse Corps officer in either the Active or Reserve Component is not eligible for the accession bonus. A former Nurse Corps officer who no longer holds an appointment, and is otherwise eligible, must have been discharged from any Uniformed Service at least 2 years prior to execution of the written agreement to receive the accession bonus.

d. Not have received financial assistance from the DOD or the Department of Health and Human Services to pursue a course of study in nursing in exchange for an agreement to accept an appointment as a Nurse Corps officer. This includes, but is not limited to, participants of the following programs: Armed Forces Health Professions Scholarship Program (AFHPSP), FAP, Nurse Candidate Program, Medical Enlisted Commissioning Program (MECP), Naval Reserve Officer Training Program, Seaman to Admiral Program, Bachelor Degree Completion, Full-Time Outservice Training Program for Nurse Corps Officers and Technical Nurse Warrant Officers, and the Health Services Collegiate Program.

e. Be qualified to become and remain a licensed registered nurse, as determined by the Secretary of the Navy.

421. SUBMISSION REQUIREMENTS

1. Applicants must complete and forward a letter of request, Appendix 4-D, along with the appropriate cover page at Appendix 4-E or 4-F, for the Nurse Accession Bonus to Commander, Navy Recruiting Command (COMNAVCRUITCOM), who is delegated as the approval authority for this bonus.

2. Applicants selected for this program must sign an active duty service obligation agreement to serve on active duty for a period of 3 or 4 years, with a total obligation of 8 years. Recoupment criteria, as outlined in paragraph 423, will be included in the contract agreement as shown in Appendix 4-D.

422. METHOD OF PAYMENT

1. The Nurse Corps Accession Bonus must be paid in a lump sum according to contract length. Payment will be made at time of appointment. There is no retroactive approval authority.

2. Payment amount will be based on the rates listed in the NAVADMIN announcing the Fiscal Year Special Pay Plan.

423. RECOUPMENT

1. A Nurse Corps officer who receives an accession bonus and subsequently fails to become or remain licensed as a professional registered nurse under current Navy instructions must refund the entire amount of the bonus.

2. A Nurse Corps officer who fails to complete the active duty agreement incurred as a result of executing an accession bonus contract will be required to repay the unearned portion except in the following circumstances:

a. Death or disability which is not the result of misconduct or willful negligence, and not incurred during a period of unauthorized absence.

b. Separation from military service by operation of laws or regulation of the DOD regulations, other than separation for cause, when approved by the Secretary of the Navy.

c. In other cases when unusual circumstances warrant waiver of the recoupment requirements, officers may submit waiver requests with supporting justification to NAVPERSCOM (PERS-48).

**CHAPTER 4
NURSE CORPS SPECIAL PAYS**

**Section 3 - Board Certified Pay (BCP) for
Nurse Corps Non-Physician Health Care Providers**

430. DEFINITION AND ELIGIBILITY

1. Nurse Corps officers who are board certified and practicing in a non-physician health care provider specialty are eligible for Board Certified Pay provided they meet the eligibility requirements as outlined below:

- a. Be a Nurse Corps officer.
- b. Have a post-baccalaureate degree in the provider's specialty.
- c. Be certified by a recognized professional Board in the provider's specialty.

2. The effective date of eligibility is the latest of the following:

- a. The date of commencement of active duty.
- b. The date the officer becomes board certified in the specialty; or
- c. The date the post-baccalaureate degree is awarded.

3. Nurse Corps Board Certification submission requirement, method of payment, termination, and recoupment will follow the same guidelines as for Medical Service Corps officers as outlined in Chapter 5, Section 1.

**CHAPTER 5
MEDICAL SERVICE CORPS SPECIAL PAYS**

**Section 1 - Board Certified Pay (BCP) for
Non-Physician Health Care Providers**

510. DEFINITION AND ELIGIBILITY

1. BCP for Non-Physician Health Care Providers is an entitlement for Medical Service Corps officers who are board certified in a medical specialty recognized by a professional specialty board.

2. To be eligible for BCP for non-physician health care providers the officer must:

- a. Be a Medical Service Corps officer.
- b. Be a health care provider other than a psychologist.
- c. Have a post-baccalaureate degree in the provider's specialty.
- d. Be certified by a recognized professional Board in the provider's specialty.

3. The effective date of eligibility is the latest of the following:

- a. The date of commencement of active duty.
- b. The date the officer becomes board certified in the specialty; or
- c. The date the post-baccalaureate degree is awarded.

511. SUBMISSION REQUIREMENTS

1. Requests for Non-Physician Health Care Provider BCP are forwarded to BUMED-M1C1 via the CO, using the example in Appendix 5-A, for determination of eligibility and approval. The following documentation must accompany the request to be approved:

- a. Copy of Board Certificate or copy of the Board's letter of notification of certification.

b. Copy of Diploma or graduate transcript showing completion of post-baccalaureate degree relating to the provider's specialty.

2. Immediately upon recertification of board status, documentation supporting the recertification must be forwarded to BUMED-M1C1, using the example in Appendix 5-B, via the CO to avoid termination of BCP. Failure to do so will result in termination of the BCP entitlement. If the board certification expires or the payment of BCP has terminated due to expiration of the Board Certification a new package, including all supporting documents, is required for resumption of payments.

3. CO endorsements must confirm the eligibility status of the officer and the effective date of the request. Forward all requests to BUMED-M1C1 for final determination and approval or disapproval using Appendix 5-A or 5-B as appropriate.

512. METHOD OF PAYMENT. BCP for Non-Physician Health Care Providers will be paid monthly based on the officer's years of creditable service at the annual rates listed in Appendix 5-C.

513. TERMINATION OF BCP. BCP will be terminated upon expiration of the board certification or upon loss of certification, separation from active duty, or death.

514. RECOUPMENT. Since BCP for Non-Physician Health Care Providers is paid monthly, the only recoupment will be if the officer's board certification was terminated and the officer continued to receive BCP. In such a case the BCP paid since loss of certification will be recouped.

CHAPTER 5
MEDICAL SERVICE CORPS SPECIAL PAYS

Section 2 - Diplomate Pay for Psychologists

520. DEFINITION AND ELIGIBILITY. Diplomate pay for Psychologists is an entitlement for Medical Service Corps officers who are designated as a Psychologist and have a diploma in psychology from the American Board of Professional Psychology.

521. SUBMISSION REQUIREMENTS

1. Requests for Diplomate Special Pay for Psychologists are forwarded to BUMED-M1C1 via the CO, using the example in Appendix 5-D, for determination of eligibility and approval.

2. CO endorsements must confirm the eligibility status of the officer and the effective date of the request, and forward all requests to BUMED-M1C1 for final determination and approval or disapproval using Appendix 5-D.

522. METHOD OF PAYMENT. Diplomate Pay for Psychologists is paid monthly based on the officer's years of creditable service at the annual rates listed in Appendix 5-E.

523. TERMINATION OR DENIAL OF DIPLOMATE PAY. Diplomate Pay for Psychologists will be terminated upon loss of certification, separation from active duty, or death.

524. RECOUPMENT. Since Diplomate Pay for Psychologists is paid monthly the only recoupment will be if the officer loses his or her certification and does not inform Chief, BUMED to terminate the special pay; thus, allowing the special pay to continue resulting in an overpayment of Diplomate Pay and an indebtedness to the Government.

CHAPTER 5
MEDICAL SERVICE CORPS SPECIAL PAYS

Section 3 - Optometry Special Pay

530. DEFINITION AND ELIGIBILITY. Optometry Special Pay is an entitlement for Medical Service Corps officers who are designated as an Optometrist.

531. SUBMISSION REQUIREMENTS. There are no submission requirements for Optometry Special Pay. The Optometry Special Pay is automatic and begins effective the first day of active duty as an Optometrist.

532. METHOD OF PAYMENT. Optometry Special Pay is paid monthly at the rate of \$100 monthly.

533. TERMINATION OF OPTOMETRY SPECIAL PAY. Optometry Special Pay will be terminated upon separation from active duty, loss of certification, or death.

CHAPTER 5
MEDICAL SERVICE CORPS SPECIAL PAYS

Section 4 - Optometry Retention Bonus (ORB)

540. DEFINITION AND ELIGIBILITY

1. The ORB is an entitlement for Medical Service Corps officers who are designated as optometrists.

2. To be eligible for the ORB, officers must:

a. Be a commissioned officer serving in a paygrade of O-6 or below.

b. Be an Optometry officer in the Medical Service Corps.

c. Be on active duty under a call or order to active duty for a period of not less than 1 year.

d. Not serving in an internship or initial residency training.

e. Not under obligation for Government-sponsored education (including Service academy training, Reserve Officers' Training Corps (ROTC), Health Professions Scholarship Program (HPSP), and Health Professions Loan Repayment Program (HPLRP)).

f. Execute a written agreement to serve on active duty for a period of 2 years.

541. SUBMISSION REQUIREMENTS

1. Execute a written agreement, Appendix 5-F, to remain on active duty for 2 years beyond any existing active duty service obligation for education and training or a previous ORB agreement.

2. CO must endorse and forward all requests for ORB to BUMED-M1C1 with a recommendation dated within 30 days of the requested effective date and ensure that the effective date on the agreement has been verified to be correct following this instruction. Appendix 5-F provides an example format for requesting approval, and CO's endorsement, of an ORB agreement.

3. COs must provide a detailed and specific explanation of the delay on all ORB requests not endorsed within 30 days of the requested effective date. BUMED-M1C1 may approve retroactive ORB agreements when the reason for delay in initiating the ORB agreement was clearly justifiable. Use the format in Appendix 5-G to request and endorse retroactive ORB requests.

4. To be eligible for a higher ORB rate at the announcement of each fiscal year's pay plan, Optometrists with an existing ORB contract may be afforded the opportunity to terminate that contract to enter into a new ORB contract that would give them an equal or longer active duty obligation as the existing ORB obligation. Any unearned portion of the existing ORB contract is recouped on a pro rata basis. The earliest contract effective date is 1 October of the fiscal year for which the pay plan is announced. Use the format in Appendix 5-H to request and endorse the termination and renegotiation of an ORB request.

542. METHOD OF PAYMENT

1. The ORB is paid in a lump sum payment based on an annual rate published in the Annual Special Pay Plan NAVADMIN.

2. Upon execution of the 2-year agreement, the first payment will be made based on the effective date established by BUMED-M1C1. The second year payment will be made on the anniversary of the effective date of the agreement.

543. TERMINATION OR DENIAL OF ORB

1. ORB will be terminated or denied under the following circumstances:

a. Upon separation from active duty or death.

b. Upon determination that one or more of the following conditions exist:

(1) For inadequate military or professional performance, documented in the officer fitness report, the ICF, other QAI records, or other command files. Decisions to terminate special pay under this paragraph should be more appropriately tied to inadequate professional performance than to other aspects of military performance. COs are encouraged to use other means to correct inadequate behavior prior to

recommending the removal of special pay. COs should seek consistency in their decisions concerning special pay under this paragraph.

(2) Upon initiation of processing for separation for cause under reference (g), for relief or detachment for cause, or for violations of the UCMJ in which the officer is found guilty via NJP or courts-martial.

(3) When the officer is incapacitated or disabled during a period of unauthorized absence or when incapacitation or disability is the result of misconduct or gross negligence.

(4) When the officer's clinical privileges have been reduced below the level of full core privileges for optometry through adverse privileging action under reference (h).

2. To deny or terminate an existing ORB agreement, the CO must recommend to BUMED-M1C1, in writing, the termination or denial of ORB. In the correspondence the CO must state the reason for denial or termination, and enclose any supporting documentation. Termination is effective the date of the BUMED letter notifying the individual of the termination or denial.

3. An officer may appeal the denial or termination of ORB. Upon notification, the officer must be given 10 working days to submit an appeal via his or her chain of command to the Chief, BUMED. In forwarding the appeal, the CO must provide an endorsement and copies of all pertinent documents, not already submitted with the original request for termination or denial.

4. The Chief, BUMED (or designee) must convene a Special Pays Review Board (SPRB) to evaluate the officer's appeal. The board must be composed of at least three and not more than five senior Medical Service Corps officers with a flag officer as the senior member. A flag Medical Service Corps officer is not required, but should be used if available. The SPRB will make a non-binding recommendation to the Chief, BUMED (or designee) whether to grant or deny the appeal. The Chief, BUMED's (or designee's) decision is final. If the decision is to uphold BUMED-M1C1's decision to deny or terminate ORB, the effective date must be the original termination or denial date. If the decision is to grant the officer's appeal, the entitlement date must be returned to the original effective date.

5. Termination or denial of ORB is not authorized for cases of PFA failures. For all other cases of inadequate military or professional performance, (adverse credentials, NJP, etc), termination or denial of ORB will be for a period of 1 year. Processing for separation for cause may be initiated following two successive denials or terminations of ORB using the guidelines of reference (g).

544. RECOUPMENT. Termination of an existing ORB agreement creates indebtedness to the United States. The officer, therefore, must repay the unearned portion of ORB on a pro rata basis except in the following circumstances:

1. Death or disability which is not the result of misconduct, willful negligence, and not incurred during a period of unauthorized absence.

2. Separation from military service by operation of law or regulations of the DOD or service regulations, other than separation for cause under reference (g). Separation for twice failing selection to the next grade is an example of a regulation of military service for which recoupment of ORB would not occur.

3. In other cases when unusual circumstances warrant waiver of the recoupment requirements in the best interest of the Government, officers may submit waiver requests with supporting justification to NAVPERSCOM (PERS-48).

**CHAPTER 5
MEDICAL SERVICE CORPS SPECIAL PAYS**

Section 5 - Pharmacy Officer Special Pay (POSP)

550. DEFINITION AND ELIGIBILITY

1. The POSP is an entitlement for Medical Service Corps officers who are designated as pharmacists.

2. To be eligible for POSP, the officer must:

a. Be a licensed Pharmacy officer, designated as such in the Medical Service Corps.

c. Be a commissioned officer serving in paygrade O-6 or below.

d. Be on active duty under a call or order to active duty for a period of at least 2 years.

e. Execute a written agreement to serve on active duty for a period of 2 years.

551. SUBMISSION REQUIREMENTS

1. Execute a written agreement, Appendix 5-I, to remain on active duty for 2 years beyond any existing active duty service obligation for education and training or a previous POSP agreement.

2. COs must endorse and forward all requests for POSP to BUMED-M1C1 with a recommendation dated within 30 days of the requested effective date and ensure that the effective date on the agreement has been verified to be correct following this instruction. Appendix 5-I provides an example format for requesting approval, and CO's endorsement, of a POSP agreement.

3. COs must provide a detailed and specific explanation of the delay on all POSP requests not endorsed within 30 days of the requested effective date. BUMED-M1C1 may approve retro-active POSP agreements when the reason for delay in initiating the POSP agreement was clearly justifiable. Use the format in Appendix 5-J to request and endorse retroactive POSP requests.

4. To be eligible for a higher POSP rate at the announcement of each fiscal year's pay plan, Medical Service Corps Pharmacy with an existing POSP contract may be afforded the opportunity to terminate that contract to enter into a new POSP contract that would give them an equal or longer active duty obligation as the existing POSP obligation. Any unearned portion of the existing POSP contract is recouped on a pro rata basis. The earliest contract effective date is 1 October of the fiscal year for which the pay plan is announced. Use the format in Appendix 5-K to request and endorse the termination and renegotiation of a POSP request.

552. METHOD OF PAYMENT

1. POSP is paid in a lump sum payment based on years creditable service at the annual rate listed in Appendix 5-L.

2. Upon execution of the 2-year agreement the first payment will be made based on the effective date established by BUMED-M1C1. The second year payment will be made on the anniversary of the effective date of the agreement.

553. TERMINATION OR DENIAL OF POSP. POSP termination is covered under the same provisions as the Optometry Retention Bonus covered in paragraph 543.

554. RECOUPMENT. Termination of an existing POSP agreement creates an indebtedness to the United States. The officer, therefore, must repay the unearned portion of POSP as outlined for the ORB in paragraph 544.

CHAPTER 5
MEDICAL SERVICE CORPS SPECIAL PAYS

Section 6 - Pharmacy Accession Bonus

560. DEFINITION AND ELIGIBILITY

1. An accession bonus may be paid to Pharmacists who agree to accept a commission as a Medical Service Corps officer and remain on active duty for a period of not less than 4 years.

2. To be eligible for the Pharmacist accession bonus, officers must:

a. Be a graduate of an accredited school of pharmacy.

b. Be fully qualified to hold an appointment as a commissioned officer.

c. Execute a written agreement to accept a commission as an officer of the Medical Service Corps of the Navy, and to serve on active duty for a period of not less than 4 years. An individual who holds an appointment as a pharmacy officer in either the Active or Reserve Component is not eligible for the accession bonus. A former pharmacy officer who no longer holds an appointment, and is otherwise eligible, must have been discharged from any Uniformed Service at least 2 years prior to the execution of the written agreement to receive the accession bonus.

d. Not have received any financial assistance from the DOD or the Department of Health and Human Services to pursue a course of study in pharmacy in exchange for an agreement to accept an appointment as a pharmacy officer. This includes but is not limited to, participants of the AFHPSP and FAP.

e. Be qualified to become and remain licensed or registered as a pharmacist, as determined by the Secretary of the Navy.

561. SUBMISSION REQUIREMENTS. Applicants must complete and forward a letter of request to the COMNAVCRUITCOM.

562. METHOD OF PAYMENT

1. The Pharmacist accession bonus is paid in a lump sum payment effective the time of appointment. There is no retroactive approval authorized.

2. The authorized accession bonus payment amount is published in the Fiscal Year Special Pays Plan NAVADMIN.

563. RECOUPMENT

1. A pharmacist who receives an accession bonus and subsequently fails to become or remain licensed as a professional pharmacist under current Navy instructions must refund the entire amount of the bonus.

2. A pharmacist who fails to complete the active duty agreement incurred, must be required to repay the unearned portion except in the following circumstances:

a. Death or disability which is not the result of misconduct or willful negligence, and not incurred during a period of unauthorized absence.

b. Separation from military service by operation of laws or regulation of the DOD regulations, other than separation for cause, when approved by the Secretary of the Navy.

c. In other cases when unusual circumstances warrant waiver of the recoupment requirements, officers may submit requests with supporting justification to PERS-48.

CHAPTER 6
RESERVE SPECIAL PAYS

Section 1 - General Information

610. SPECIAL PAY FOR RESERVE, RECALLED, OR RETAINED OFFICERS.
This is an entitlement for qualified Reserve Component officers consistent with provisions contained in reference (a).

1. Medical Corps, Dental Corps, Medical Service Corps, and Nurse Corps officers of the Reserve Component will be eligible for Special Pays, on a pro-rata basis, based on the Fiscal Year Special Pay Plan when one of the following apply:

a. Is a Reserve Component officer who is called to active duty, not for training (including those on initial active duty for training (IADT), annual training (AT), or additional duty training (ADT)), for a period of more than 30 days, but less than 1 year.

b. Is an officer who is involuntarily retained on active duty under reference (c) or is recalled to active duty under reference (d) for a period of more than 30 days.

c. Is an officer who voluntarily agrees to remain on active duty for a period of not less than 1 year at a time when:

(1) Officers are involuntarily retained on active duty under reference (d).

(2) ASD(HA) determines that special circumstances justify the payment of special pay under this section.

2. A Medical Corps, Dental Corps, Medical Service Corps, and Nurse Corps officer of the Reserve Component must be eligible for special pays in the same manner and meeting the same eligibility requirements as the Active Duty component when:

a. The call or order to active duty is for a period of not less than 1 year.

b. The officer executes a written agreement to remain on active duty for a period of not less than 1 year.

3. The following are special pays authorized for payment to Active Duty for Special Work (ADSW) reservists (not training) ordered to active duty for more than 30 days and less than 1 year:

- a. Medical Corps - ASP, ISP, VSP, and BCP.
- b. Dental Corps - ASP, VSP, and BCP.
- c. Medical Service Corps - Optometrist Pay, Psychologist Diplomate Pay, and Non-Physician Health Care Provider Pay.
- d. Nurse Corps - CRNA-ISP Pay.

611. SUBMISSION REQUIREMENTS

1. Reservists recalled to active duty for at least 1 year per paragraph 610.2 above must submit requests for special pay following the guidance provided in previous chapters of this instruction for the applicable special pay(s).

2. For all members of the Reserve Component ordered to active duty under the ADSW Program, not for training, for a period of more than 30 days and less than 1 year submit a request for special pay via the CO to BUMED-M1C1 using the templates located in Appendixes 6-A through 6-C.

3. COs must ensure members of the Reserve Component applying for any medical or dental special pays meet the qualifications and requirements as outlined for the active duty per the guidance contained in the appropriate chapter(s) of this instruction.

4. All requests for ADSW Reserve Component officers must be submitted within 10 working days of reporting for active duty to ensure payment can be made prior to the member being released from active duty. Otherwise officers will need to submit a request to the Board for Correction of Naval Records upon release from active duty to receive the appropriate special pay(s).

612. METHOD OF PAYMENT

1. All recalled reservists activated for at least 1 year will be paid a lump sum for ASP and ISP and will be paid monthly for VSP and BCP.

2. ADSW reservists will be paid monthly a prorated amount for all special pays to include ASP, ISP, VSP, and BCP. For active duty not equal to 30 days a daily prorated amount will be paid.

613. TERMINATION AND RECOUPMENT. Special pays will be terminated and recouped per the guidance provided in previous chapters of this instruction for the applicable special pay.

APPENDICES

**CHAPTER 1
GENERAL INFORMATION**

DEFINITION OF TERMS - MEDICAL CORPS

1. Board Certified. Certified or recertified in a medical or osteopathic specialty by successfully meeting specified post-graduate education, training, and experience requirements in that specialty as established by an American Medical or Osteopathic Specialty Examining Board which is recognized by the American Board of Medical Specialties or the Bureau of Osteopathic Specialists or awarded board certification equivalency by the Chief, BUMED.
2. DOD Sponsored Residency. A formal program of medical or osteopathic specialty or subspecialty training sponsored by the Navy. Includes both Full-Time Outservice (FTOS) and Full-Time Inservice (FTIS) training.
3. Estimated Loss Date. That date which represents a requested or approved separation, release, retirement, resignation, or early release from active duty.
4. Fully Qualified. A physician that has completed a residency training program or is board certified or board eligible in a medical specialty and is privileged to practice medicine in that specialty under reference (e).
5. Health Professional Pay Entry Date (HPPED). The date used to determine years of creditable service for purposes of calculating medical special pay entitlements under this instruction. HPPED is computed by backdating the professional service date by the amount of service credited for medical education, which consists of all periods that the officer spent in medical or osteopathic internship and residency training while not on active duty, provided such training was completed successfully. Internship or residency in a foreign medical facility that is not acceptable under the credentialing criteria of an American medical or osteopathic specialty examining board may not be included in the computation of HPPED. This date is calculated by BUMED-M1C1 for active duty and active reserve medical personnel on active duty for 1 year or greater only.

**DEFINITION OF TERMS - MEDICAL CORPS
(Continued)**

6. Initial Residency Training. That period of time in residency training before successful completion of an officer's first formal residency that qualifies the officer to take the specialty board including (if a first residency) training required to qualify the officer for board certification equivalency.
7. Internship Training. The first year of graduate medical education (GME) immediately following medical or osteopathic medicine school whether a formal internship or the first year of a residency. For the purposes of VSP, this includes the period the active duty Medical Corps officer is waiting to begin internship training and the period an officer is awaiting separation due to failure to complete that training.
8. Medical Corps Officers Special Pays Review Board. A board of not fewer than three senior Medical Corps officers and chaired by a flag officer to recommend to the Chief, BUMED whether to support an appeal from termination or denial of ASP, ISP, or MSP and to recommend an officer's qualification for BCE.
9. Medical or Osteopathic Specialty. Any specialty for which there is a requirement authorized by the CNO and identified in reference (f) by a specialty skill identifier number in an area of medical or osteopathic expertise.
10. Professional Service Date. The years of service counted in establishing the HPPED, which is calculated as if it was served continuously, without a break. This consists of all periods on active service in the Medical Corps of the Army or Navy, as an officer of the Air Force designated as a medical officer, or as a medical officer of the Public Health Service. This date is calculated by Naval Personnel Command (NPC) PERS-82B for active duty and reserve personnel.
11. Active Service. Service on active duty; full-time duty in the active service of a uniformed service, including full-time training duty, annual training duty, full-time National Guard duty, and attendance, while on active duty, at a school designated as a service school by law or the Secretary concerned. (Title 37, USC, sections 101(18) and (20).

DEFINITION OF TERMS - DENTAL CORPS

1. Anniversary Date. The first day of an annual ASP agreement.
2. Board Certified
 - a. Certified in a dental specialty by an American Dental Specialty Examining Board recognized by the American Dental Association (ADA).
 - b. Certified by a DOD dental examining board or awarded BCE by the Chief, Navy Dental Corps, for a recognized dental specialty for which an American Dental Specialty Examining Board recognized by the ADA does not exist, as authorized in paragraph 11 of this instruction.
3. Creditable Service. Per Title 37, USC, section 302b(g), (reference (a)), creditable service of an officer is used to establish the HPPED and is computed by adding:
 - a. All periods that the officer spent in dental internship and residency training while not on active duty which were credited for grade for original appointment as a dental officer.
 - b. All periods on active service in the Dental Corps of the Army or Navy, as an officer of the Air Force designated as a dental officer, or as a dental officer of the Public Health Service.
4. Dental Officer. An officer of the Dental Corps of the Navy who is on active duty under a call, or ordered to, active duty for a period of not less than 1 year.
5. Dental Specialty. A specialty for which there is a requirement authorized by the CNO and identified by a specialty code in part A of reference (g).
6. Dental Internship. Is the first year of graduate dental education after completing dental school, whether a formal internship or the first year of a residency.

**DEFINITION OF TERMS - DENTAL CORPS
(Continued)**

7. Health Professional Pay Entry Date (HPPED). The date used to determine years of active service for purposes of calculating dental special pay entitlement under this instruction. HPPED is computed by backdating the professional service date by the amount of service credited for dental education under paragraph 4b of this enclosure.

8. Residency Training. A formal program of training of 2 or more academic years in a dental specialty that qualifies the officer as eligible for board certification in that dental specialty. Navy-sponsored training includes FTOS and FTIS residencies.

9. Professional Service Date. The beginning date of total creditable active service under paragraph 4a of this enclosure, calculated as if it had been served continuously, without a break. Professional service date must be reestablished at the beginning of each period of creditable active service after a break in active service.

10. Professional Review Board. A board of not fewer than three senior dental officers chaired by a senior dental officer with command experience convened by the Chief, Navy Dental Corps for the purpose of reviewing the adequacy of a dental officer's performance for entitlement to ASP or the qualifications of a dental officer for BCE.

MEDICAL CORPS VARIABLE SPECIAL PAY (VSP) RATES

1. Officers in internship training: \$1,200.
2. Officers serving in paygrade 07 or above: \$7,000.
3. All other Medical Corps officers:

<u>Years of Creditable Service</u>	<u>Annual Rate</u>
Less than 6	\$ 5,000
6 but less than 8	12,000
8 but less than 10	11,500
10 but less than 12	11,000
12 but less than 14	10,000
14 but less than 18	9,000
18 but less than 22	8,000
22 or more	7,000

MEDICAL CORPS SPECIAL PAYS PROCESSING CHECKLIST

<u>Additional Special Pay</u>	<u>Yes</u>	<u>No</u>
Does provider have valid State license or waiver?	Proceed to next question.	Proceed to next question.
Did provider graduate Internship within last year, and has applied for license?	Proceed to next question.	Not eligible.
Does provider have at least 1 year remaining on active duty before expiration of contract?	Award ASP.	Proceed to next question.
Has member requested for release from active duty (RAD) before the expiration of contract?	Not eligible.	Proceed to next question.
If officer will reach age 62 before expiration of contract?	Age waiver from NAVPERSCOM is required.	Award ASP.

OPNAVINST 7220.17
28 Dec 05

SAMPLE ADDITIONAL SPECIAL PAY (ASP) REQUEST

7220
Date

From: LCDR John L. Doe, MC, USN, 123-45-6789/2100
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)
Via: Commanding Officer, USS EVERSAIL (CV-35)

Subj: ACTIVE DUTY AGREEMENT FOR MEDICAL ADDITIONAL SPECIAL
PAY (ASP)

Ref: (a) OPNAVINST 7220.17

1. Under reference (a), I hereby agree to remain on active duty for a period of 1 year from _____.

2. Conditions of the agreement. I understand that:

a. The 1 year of continuous active duty that I agree to serve will be effective on _____.

b. ASP in the amount of \$15,000.00, with an effective date of _____, may not be paid before approval of this agreement by Chief, Bureau of Medicine and Surgery.

c. This agreement may be terminated by the Chief, Bureau of Medicine and Surgery for any reason enumerated in paragraph 223 of reference (a).

d. In the event of termination, I must repay unearned special pay on a pro rata basis following paragraph 224 of reference (a).

e. If my ASP is terminated for cause this does not, in itself, relieve me of requirements to complete statutory and educational service requirements.

f. Unit identification code (UIC) _____, point of contact _____, e-mail _____, and telephone Number _____.

JOHN L. DOE

OPNAVINST 7220.17
28 Dec 05

SAMPLE CO'S ENDORSEMENT FOR ASP REQUEST

7220
Ser No.
Date

FIRST ENDORSEMENT on LCDR John L. Doe, MC, USN,
123-45-6789/2100 ltr of _____

From: Commanding Officer, USS EVERSAIL (CV-35)
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)

Subj: ACTIVE DUTY AGREEMENT FOR MEDICAL ADDITIONAL SPECIAL
PAY (ASP)

1. Forwarded, recommending approval.
2. The effective date of this agreement and the dollar amount award has been verified to be correct. Lieutenant Commander Doe is fully privileged and has met all requirements.

COMMANDING OFFICER

Copy to:
LCDR Doe
Service Record

SAMPLE RETROACTIVE APPROVAL FOR ASP REQUEST

7220
Date

From: LCDR John L. Doe, MC, USN, 123-45-6789/2100
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)
Via: Commanding Officer, USS EVERSAIL (CV-35)

Subj: REQUEST FOR RETROACTIVE APPROVAL OF MEDICAL ADDITIONAL
SPECIAL PAY (ASP)

Ref: (a) OPNAVINST 7220.17

1. Under reference (a), I request retroactive approval of ASP and agree to remain on active duty for a continuous period of 1 year from _____.

2. Conditions of agreement. I understand that:

a. The 1 year of continuous active duty that I request to serve will be effective on _____.

b. ASP in the amount of \$15,000.00, with an effective date of _____, may not be paid before approval of this request by the Chief, Bureau of Medicine and Surgery.

c. This agreement may be terminated by the Chief, Bureau of Medicine and Surgery for any reason enumerated in paragraph 223 of reference (a).

d. In the event of termination, I must repay unearned special pay on a pro rata basis following paragraph 224 of reference (a).

e. Termination of ASP does not, in itself, relieve me of requirements to complete statutory and educational service requirements.

f. Unit identification code (UIC) _____, PFA _____, point of contact _____, e-mail _____, and telephone Number _____.

3. The reason for delay in execution of my ASP is ...

JOHN L. DOE

OPNAVINST 7220.17
28 Dec 05

**SAMPLE CO'S ENDORSEMENT FOR
RETROACTIVE APPROVAL OF ASP REQUEST**

7220
Ser No.
Date

FIRST ENDORSEMENT on LCDR John L. Doe, MC, USN,
123-45-6789/2100 ltr of

From: Commanding Officer, USS EVERSAIL (CV-35)
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)

Subj: REQUEST FOR RETROACTIVE APPROVAL OF MEDICAL ADDITIONAL
SPECIAL PAY (ASP)

1. Forwarded, recommending approval.
2. The effective date of this agreement and the dollar award have been verified to be correct. (justification for retroactive payment) The reason for delay in execution of Lieutenant Commander Doe's Medical ASP is... and the cause of the delay was by no fault of Lieutenant Commander Doe.

COMMANDING OFFICER

Copy to:
LCDR Doe
Service Record

OPNAVINST 7220.17
28 Dec 05

**SAMPLE ASP REQUEST FOR OFFICERS
WITH A MANDATORY RETIREMENT DATE**

7220
Date

From: LCDR John L. Doe, MC, USN, 123-45-6789/2100
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)
Via: Commanding Officer, USS EVERSAIL (CV-35)

Subj: TERMINATION OF CURRENT MEDICAL ADDITIONAL SPECIAL PAY
(ASP) CONTRACT AND INITIATION OF A NEW CONTRACT

Ref: (a) OPNAVINST 7220.17

1. Under reference (a), I request to remain on active duty for a continuous period of 1 year from _____.

2. Conditions of agreement. I understand that:

a. My current ASP contract dated _____ will be terminated as of (1 day before date in paragraph 1). I must repay the unearned portion of this ASP contract incident to award of ASP for the new contract.

b. Upon approval of this contract by Chief, Bureau of Medicine and Surgery, I will enter into this new ASP contract and be paid ASP in the amount of \$15,000.00 for 1 year of continuous active duty beginning on (same date as in paragraph 1), less the unearned portion of the superseded contract.

c. This agreement may be terminated by the Chief, Bureau of Medicine and Surgery for any reason enumerated in paragraph 223 of reference (a).

d. In the event of termination, I must repay unearned special pay on a pro rata basis following paragraph 224 of reference (a).

e. Termination of ASP does not, in itself, relieve me of requirements to complete statutory and educational service requirements.

3. Unit identification code (UIC) _____, point of contact _____, e-mail _____, and telephone Number _____.

JOHN L. DOE

Appendix E to Chapter 2
of Enclosure (1)

OPNAVINST 7220.17
28 Dec 05

**SAMPLE CO's ENDORSEMENT FOR ASP REQUEST FOR OFFICERS
WITH A MANDATORY RETIREMENT DATE**

7220
Ser No.
Date

FIRST ENDORSEMENT on LCDR John L. Doe, MC, USN,
123-45-6789/2100 ltr of _____

From: Commanding Officer, USS EVERSAIL (CV-35)
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)

Subj: TERMINATION OF CURRENT MEDICAL ADDITIONAL SPECIAL PAY
(ASP) CONTRACT AND INITIATION OF A NEW CONTRACT

1. Forwarded, recommending approval.
2. The effective date of this agreement and the dollar amount award has been verified to be correct. Lieutenant Commander Doe is fully privileged and has met all requirements.

COMMANDING OFFICER

Copy to:
NAVPERSCOM (PERS-4415)
Service Record

**GUIDELINES FOR DENIAL OR TERMINATION OF
ADDITIONAL SPECIAL PAY OR INCENTIVE SPECIAL PAY**

<u>Adverse Credentials Actions</u>	<u>ASP</u>	<u>ISP/MSP</u>
Revocation of privileges.	Terminate ASP.	Terminate ISP/MSP.
Suspension of privileges.	Deny or terminate ASP.	Deny or terminate ISP/MSP.
Limitation:		
Limitation of provider's specialty areas.	Consider Denial/ Termination of ASP.	Consider Denial/ Termination of ISP/MSP.
Limitation requiring supervision of provider by another fully privileged provider over 60 days for evaluation.	Consider Denial/ Termination of ASP.	Consider Denial/ Termination of ISP/MSP.

OPNAVINST 7220.17
28 Dec 05

SAMPLE BOARD CERTIFIED PAY (BCP) REQUEST

7220
Date

From: John L. Doe, MC, USN, 123-45-6789/2100
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)
Via: Commanding Officer, USS EVERSAIL (CV-35)

Subj: REQUEST FOR BOARD CERTIFICATION PAY (BCP)

Ref: (a) OPNAVINST 7220.17

Encl: (1) Copy of American Board of _____ ltr dated _____.

1. In accordance with reference (a), I respectfully request BCP.
2. Enclosure (1) is forwarded indicating successful completion of the American Board of _____.
3. Unit identification code (UIC) _____, point of contact _____, e-mail _____, and telephone Number _____.

JOHN L. DOE

OPNAVINST 7220.17
28 Dec 05

**SAMPLE CO'S ENDORSEMENT ON
BOARD CERTIFIED PAY (BCP) REQUEST**

7220
Ser No.
Date

FIRST ENDORSEMENT on LCDR John L. Doe, MC, USN,
123-45-6789/2100 ltr 7220 of _____

From: Commanding Officer, USS EVERSAIL (CV-35)
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)
Subj: REQUEST FOR BOARD CERTIFICATION PAY (BCP)

1. Forwarded, recommending approval.
2. Point of contact is _____, who can be reached at (telephone number).

COMMANDING OFFICER

MEDICAL CORPS BOARD CERTIFIED PAY (BCP) CHART

<u>Years of Creditable Service</u>	<u>Annual Rate</u>
Less than 10	\$ 2,500
10 but less than 12	3,500
12 but less than 14	4,000
14 but less than 18	5,000
18 or more	6,000

**MEDICAL CORPS
INCENTIVE SPECIAL PAY (ISP) ELIGIBILITY**

<u>Incentive Special Pay (ISP)</u>	<u>Yes</u>	<u>No</u>
Does provider qualify for ISP under all the provisions on the ASP checklist?	Proceed to next question on checklist.	Follow guidance on ASP.
Does provider have core privileges for the ISP specialty?	Proceed to next question on checklist.	Deny or Terminate ISP.
Is provider practicing the ISP specialty?	Award ISP.	Deny or Terminate ISP.

SAMPLE INCENTIVE SPECIAL PAY (ISP) REQUEST

7220
Date

From: LCDR John L. Doe, MC, USN, 123-45-6789/2100
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)
Via: Commanding Officer, USS EVERSAIL (CV-35)

Subj: ACTIVE DUTY AGREEMENT FOR MEDICAL INCENTIVE SPECIAL
PAY (ISP)

Ref: (a) OPNAVINST 7220.17

1. Under reference (a), I hereby agree to remain on active duty for a period of 1 year from _____.

2. Conditions of the agreement. I understand that:

a. The 1 year of continuous active duty that I agree to serve, will be effective on _____.

b. ISP in the amount of \$_____ with an effective date of _____, may not be paid before approval of this agreement by Chief, Bureau of Medicine and Surgery (BUMED-M1C1). The amount indicated is based on my being fully privileged and practicing in ("your specialty").

c. This agreement may be terminated by the Chief, Bureau of Medicine and Surgery (BUMED-M1C1) for any reason enumerated in paragraph 13 of reference (a).

d. In the event of termination, I must repay unearned special pay on a pro rata basis following paragraph 14 of reference (a).

e. Termination of ISP does not, in itself, relieve me of requirements to complete statutory and educational service requirements.

3. Unit identification code (UIC) _____, point of contact _____, e-mail _____, and telephone Number _____.

JOHN L. DOE

OPNAVINST 7220.17
28 Dec 05

SAMPLE CO's ENDORSEMENT FOR INCENTIVE SPECIAL PAY (ISP)

7220
Ser No.
Date

FIRST ENDORSEMENT on LCDR John L. Doe, MC, USN,
123-45-6789/2100 ltr of _____

From: Commanding Officer, USS EVERSAIL (CV-35)
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)

Subj: ACTIVE DUTY AGREEMENT FOR MEDICAL INCENTIVE SPECIAL
PAY (ISP)

1. Forwarded, recommending approval/disapproval.
2. The effective date of this agreement and the dollar amount award has been verified to be correct. Lieutenant Commander Doe is fully privileged and has met all requirements.

COMMANDING OFFICER

Copy to:
NAVPERSCOM (PERS-4415)
Service Record

OPNAVINST 7220.17
28 Dec 05

**SAMPLE TERMINATION/RENEGOTIATION OF
INCENTIVE SPECIAL PAY REQUEST (ISP)**

7220
Date

From: LCDR John L. Doe, MC, USN, 123-45-6789/2100
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)
Via: Commanding Officer, USS EVERSAIL (CV-35)

Subj: TERMINATION AND RENEGOTIATION OF ACTIVE DUTY AGREEMENT FOR
MEDICAL INCENTIVE SPECIAL PAY (ISP)

Ref: (a) OPNAVINST 7220.17

1. I hereby apply for Medical ISP effective _____ per references (a). My current ISP contract dated _____ will be terminated as of _____. I must repay the unearned portion of this ISP contract incident to award of ISP for the new contract.

2. Condition of the agreement. I understand that:

a. The year of continuous active duty that I agree to serve will be effective on _____.

b. Medical ISP in the amount of \$_____ for the specialty of _____ and with an effective date of _____, may not be paid before approval of this agreement by Chief, Bureau of Medicine and Surgery (BUMED-M1C1).

c. Chief, Bureau of Medicine and Surgery (BUMED-M1C1) may terminate this agreement for any reason enumerated in paragraph 223 of reference (a).

d. In the event of termination, I must repay unearned ISP on a pro rata basis per paragraph 224 of reference (a).

e. Termination of ISP does not, in itself, relieve me of requirements to complete statutory and educational service obligations.

f. Point of contact for special pays is HM2 Robert W. Smith at _____ or DSN_____.

JOHN L. DOE

OPNAVINST 7220.17
28 Dec 05

**SAMPLE CO'S ENDORSEMENT TERMINATION/RENEGOTIATION OF
INCENTIVE SPECIAL PAY REQUEST (ISP)**

7220
Ser No.
Date

FIRST ENDORSEMENT on LCDR John L. Doe, MC, USN,
123-45-6789/2100 ltr of _____

From: Commanding Officer, USS EVERSAIL (CV-35)
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)

Subj: TERMINATION OF CURRENT INCENTIVE SPECIAL PAY (ISP)
CONTRACT AND INITIATION OF A NEW CONTRACT

1. Forwarded, recommending approval.
2. The effective date of this agreement and the dollar amount award has been verified to be correct. Lieutenant Commander Doe is fully privileged and has met all requirements.

COMMANDING OFFICER

Copy to:
NAVPERSCOM (PERS-4415)
Service Record

OPNAVINST 7220.17
28 Dec 05

**SAMPLE REQUEST FOR RETROACTIVE APPROVAL
OF INCENTIVE SPECIAL PAY**

7220
Date

From: LCDR John L. Doe, MC, USN, 123-45-6789/2100
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)
Via: Commanding Officer, USS EVERSAIL (CV-35)

Subj: REQUEST FOR RETROACTIVE APPROVAL OF MEDICAL INCENTIVE
SPECIAL PAY (ISP)

Ref: (a) OPNAVINST 7220.17

1. Under reference (a), I request retroactive approval of ISP and agree to remain on active duty for a continuous period of 1 year from _____.

2. Conditions of agreement. I understand that:

a. The 1 year of continuous active duty that I request to serve will be effective on _____.

b. ISP in the amount of \$_____ with an effective date of _____, may not be paid before approval of this request by the Chief, Bureau of Medicine and Surgery.

c. This agreement may be terminated by the Chief, Bureau of Medicine and Surgery for any reason enumerated in paragraph 13 of reference (a).

d. In the event of termination, I must repay unearned special pay on a pro rata basis following paragraph 14 of reference (a).

e. Termination of ISP does not, in itself, relieve me of requirements to complete statutory and educational service requirements.

3. Unit identification code (UIC) _____, PFA _____, point of contact _____, e-mail _____, and telephone Number _____.

4. The reason for delay in execution of my ISP is...

JOHN L. DOE

OPNAVINST 7220.17
28 Dec 05

**SAMPLE REQUEST FOR RETROACTIVE APPROVAL
OF INCENTIVE SPECIAL PAY**

7220
Ser No.
Date

FIRST ENDORSEMENT on LCDR John L. Doe, MC, USN,
123-45-6789/2100 ltr of _____

From: Commanding Officer, USS EVERSAIL (CV-35)
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)

Subj: REQUEST FOR RETROACTIVE APPROVAL OF MEDICAL INCENTIVE
SPECIAL PAY (ISP)

1. Forwarded, recommending approval/disapproval.
2. The effective date of this agreement and the dollar award have been verified to be correct. The reason for delay in execution of Lieutenant Commander Doe's ISP is... and the cause of the delay was by no fault of Lieutenant Commander Doe.

COMMANDING OFFICER

Copy to:
LCDR Doe
Service Record

SAMPLE APPLICATION FOR MULTIYEAR SPECIAL PAY REQUEST

7220
Date

From: LCDR John L. Doe, MC, USN, 123-45-6789/2100
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)
Via: Commanding Officer, USS Naval Hospital

Subj: REQUEST FOR MULTIYEAR SPECIAL PAY (MSP)

Ref: (a) OPNAVINST 7220.17
(b) ASD(HA) Policy Memo of (Current FY)
(c) Title 37, USC, Section 301d(c)
(d) Title 37, USC, Section 302(f)

1. I hereby apply for MSP effective _____ per references (a) through (d).

2. If my application for MSP is approved, I agree to not tender a resignation or request release from active duty that would be affected during this MSP service obligation. This obligation must be for a period of ___ years beyond any existing active military service obligation for education or training. This obligation entitles me to special pay of \$_____ per year for ___ years as an ("your specialty").

3. I understand, and agree to be bound by the provisions of this agreement and references (a) through (d) relating to termination of payments to be made under this agreement, termination of this service obligation and the circumstances under which recoupment of sums paid by the Government may be required. Specifically, I understand that in accordance with references (a) and (b), Chief, Bureau of Medicine and Surgery may terminate at any time my entitlement to MSP. Reasons for termination include but are not limited to loss of privileges, Courts Martial convictions, violations of the Uniform Code of Military Justice, failure to meet or maintain eligibility requirements, or for reasons that are in the best interest of the Navy.

4. I understand that Chief, Bureau of Medicine and Surgery (BUMED-M1C1) must validate my eligibility for MSP. If it is determined that I do not meet the eligibility requirements, this application will be returned with no action taken and I may reapply at a later date if eligibility changes.

Subj: REQUEST FOR MULTIYEAR SPECIAL PAY

5. I understand that BUMED-M1C1 must validate the total amount of MSP for which I am qualified and determine my MSP service obligation. If it is determined that the amount of MSP due or the MSP service obligation differs from that which I calculated, I (will/will not) accept the determination of BUMED-M1C1. If I do not accept such determination, I will notify BUMED-M1C1 in writing within 10 days of receipt. My application will be returned with no action taken, and I will be free to reapply at a later date.

6. I understand that this contract is binding upon approval and receipt of the first payment. The fiscal year this MSP contract is effective will determine my Incentive Special Pay (ISP) dollar amount for the duration of the MSP contract.

7. The following information is provided and certified to be true and accurate.

Initial Residency Completion Date:
Specialty for which request is made:
Health Professional Pay Entry Date:
Obligated Service Date for Education or Training:
Telephone Number for Special Pay Coordinator (Member):
E-mail address for Special Pay Coordinator (Member):
Unit Identification Code (UIC):

JOHN L. DOE

Copy to:
PERS-4415
PSD

OPNAVINST 7220.17
28 Dec 05

SAMPLE CO's ENDORSEMENT FOR MULTIYEAR SPECIAL PAY REQUEST

7220
Ser No.
Date

FIRST ENDORSEMENT on LCDR John L. Doe, MC, USN,
123-45-6789/2100 ltr 7220 of _____

From: Commanding Officer, USS NAVAL HOSPITAL
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)

Subj: REQUEST FOR MULTIYEAR SPECIAL PAY (MSP)

1. Forwarded, recommending approval.
2. The effective date of this agreement and the dollar amount award have been verified to be correct. Lieutenant Commander Doe is fully privileged and has met all requirements.

COMMANDING OFFICER

OPNAVINST 7220.17
28 Dec 05

**SAMPLE MULTIYEAR SPECIAL PAY TERMINATION
AND RENEGOTIATION REQUEST**

7220
Date

From: LCDR John L. Doe, MC, USN, 123-45-6789/2100
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)
Via: Commanding Officer, USS Naval Hospital

Subj: REQUEST FOR TERMINATION AND RENEGOTIATION OF MULTIYEAR
SPECIAL PAY (MSP)

Ref: (a) OPNAVINST 7220.17
(b) ASD(HA) Policy Memo of (current FY)
(c) Title 37, USC, Section 301d(c)
(d) Title 37, USC, Section 302(f)

1. I hereby apply for MSP effective _____ per references (a) through (d). My current MSP contract dated _____ will be terminated as of _____. I must repay the unearned portion of this MSP contract incident to award of MSP for the new contract.

2. If my application for MSP is approved, I agree to not tender a resignation or request release from active duty that would be affected during this MSP service obligation. This obligation will be for a period of ___ years beyond any existing active military service obligation for education or training. This obligation entitles me to special pay or \$_____ per year for ___ years as an ("your specialty").

3. I understand, and agree to be bound by the provisions of this agreement and references (a) through (d) relating to termination of payments to be made under this agreement, termination of this service obligation and the circumstances under which recoupment of sums paid by the Government may be required. Specifically, I understand that in accordance with references (a) and (b), Chief, Bureau of Medicine and Surgery may terminate at any time my entitlement to MSP. Reasons for termination include, but are not limited to, loss of privileges, Courts Martial convictions, violations of the Uniform Code of Military Justice, failure to meet or maintain eligibility requirements, or for reasons that are in the best interest of the Navy.

Subj: REQUEST FOR TERMINATION AND RENEGOTIATION OF MULTIYEAR
SPECIAL PAY (MSP)

4. I understand that Chief, Bureau of Medicine and Surgery (BUMED-M1C1) must validate my eligibility for MSP. If it is determined that I do not meet the eligibility requirements, this application will be returned with no action taken and I may reapply at a later date if eligibility changes.

5. If it is determined that the amount of MSP due or the MSP service obligation differs from that which I calculated, I (will/will not) accept the determination of BUMED-M1C1. If I do not accept such determination, I will notify BUMED-M1C1 in writing within 10 days of receipt. My application will be returned with no action taken, and I will be free to reapply at a later date.

6. I understand that this contract is binding upon approval and receipt of the first payment. The fiscal year this MSP contract is effective will determine my Incentive Special Pay (ISP) dollar amount for the duration of the MSP contract.

7. The following information is provided and certified to be true and accurate.

Initial Residency Completion Date:
Specialty for which request is made:
Health Professional Pay Entry Date:
Obligated Service Date for Education or Training:
Telephone Number:
Point of Contact:
E-mail address POC:
Unit Identification Code (UIC):

JOHN L. DOE

Copy to:
PERS-4415

OPNAVINST 7220.17
28 Dec 05

**SAMPLE CO's ENDORSEMENT MULTIYEAR SPECIAL PAY
TERMINATION AND RENEGOTIATION REQUEST**

7220
Ser No.
Date

FIRST ENDORSEMENT on LCDR John L. Doe, MC, USN,
123-45-6789/2100 ltr 7220 of

From: Commanding Officer, USS NAVAL HOSPITAL
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)

Subj: REQUEST FOR TERMINATION AND RENEGOTIATION OF MULTIYEAR
SPECIAL PAY (MSP)

1. Forwarded, recommending approval.
2. The effective date of this agreement and the dollar amount award have been verified to be correct. Lieutenant Commander Doe is fully privileged and has met all requirements.

COMMANDING OFFICER

SAMPLE MULTIYEAR INCENTIVE SPECIAL PAY (MISP) REQUEST

7220
Date

From: CAPT John L. Doe, MC, USN, 123-34-5678/2100
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)
Via: Commanding Officer, Naval Medical Center, Nautilus

Subj: MULTIYEAR INCENTIVE SPECIAL PAY (MISP) AGREEMENT IN
CONJUNCTION WITH MULTIYEAR SPECIAL PAY (MSP)

Ref: (a) OPNAVINST 7220.17
(b) Title 37, USC, Section 301d
(c) Title 37, USC, Section 302f
(d) NAVADMIN 226/04
(e) SECNAVINST 6320.23
(f) SECNAVINST 6401.2A

1. In accordance with references (a) through (f), I am requesting, in conjunction with my _____ year MSP agreement, an MISP agreement for the same duration as my MSP agreement. I hereby certify that:

a. () I am board certified or have successfully completed a formal training program during which I fulfilled the training leading to certification as required by the applicable American Medical or Osteopathic examining board.

b. () During each year of the total agreement period, I will engage in the practice of the specialty, for which the award is made, for a sufficient time to fully maintain my professional skills in that specialty. I understand that my ISP eligibility may be terminated at any time during the total agreement period if I did not perform patient care during the 12-month period for which payment was received.

2. My specialty is _____.

a. () I am performing patient care and I am privileged, in accordance with reference (e), with applicable interim Changes, without prejudicial restriction to the standards of the specialty for which the award is made.

Subj: MULTIYEAR INCENTIVE SPECIAL PAY (MISP) AGREEMENT IN
CONJUNCTION WITH MULTIYEAR SPECIAL PAY (MSP)

b. () I am licensed as a physician in the State or Jurisdiction of _____. License number _____. License expiration date _____. I will keep my license current during this MISP agreement period.

c. () I have a licensure waiver, under the provisions of reference (f), quality assurance administration, with applicable interim changes. Waiver expiration date is _____.

d. () I will maintain the waiver through extension or obtain a valid State license in place of the waiver during the period of my MISP service obligation.

3. Conditions of Agreement. I understand that:

a. The ____ years of continuous active duty that I agree to serve will be effective _____.

b. Expiration of my active duty service obligation for medical special pay is determining by my MSP obligated service date (OSD) and does not necessarily end on agreement ending date.

c. This service agreement will be approved and processed for payment by Chief, Bureau of Medicine and Surgery unless otherwise notified in writing with effective date noted in paragraph 3a above and becomes binding upon receipt of the first annual installment in the amount noted in paragraph 4 of this document.

d. Expiration of my active duty service obligation for medical special pay is determined by my MSP OSD.

e. This agreement will be terminated should I promote to the grade of Rear Admiral, Lower Half (07).

f. This agreement may be terminated by the Surgeon General for failure to meet the eligibility requirements or when clear evidence exists that I should be denied further practice in the MISP specialty or further active duty. It may also be terminated when in the best interest of the U.S. Navy.

Subj: MULTIYEAR INCENTIVE SPECIAL PAY (MISP) AGREEMENT IN
CONJUNCTION WITH MULTIYEAR SPECIAL PAY (MSP)

g. Requests for resignation, release from active duty or voluntary retirement to be effective during the period of this agreement will be disapproved except where considered to be in the best interest of the U.S. Navy.

h. The MISP program constitutes a voluntary retention program and unless a waiver is obtained, I will not be released from active duty before fulfilling the term of continuous active duty agreed to in paragraph 3a above, even if that obligation will extend me beyond 20 year active Federal service.

i. This agreement may be renegotiated only in conjunction with the MSP agreement.

4. In consideration of my entering into the foregoing agreement, the U.S. Navy agrees to pay the MISP to me, subject to availability of funds, in equal annual amount of _____ for ____ years. Payments will be made upon agreement effective date and annually thereafter on the anniversary of the agreement effective date.

5. In accordance with the privacy act, I understand that disclosure of my social security number is voluntary; however, failure to provide the number may result in non-verification of my agreement and payment of MISP may be affected. I also understand that information compiled from the agreement may be used for special pay program and budget analysis.

JOHN P. DOE

Date:
Name:
SSN:
Rank:

OPNAVINST 7220.17
28 Dec 05

**SAMPLE CO'S ENDORSEMENT
MULTIYEAR INCENTIVE SPECIAL PAY REQUEST**

7220
Ser No.
Date

FIRST ENDORSEMENT on CAPT John P. Doe, MC, USN,
123-45-6789/2100 ltr 7220 of _____

From: Commanding Officer, Naval Medical Center, Nautilus
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)

Subj: REQUEST FOR MULTIYEAR INCENTIVE SPECIAL PAY (MISP)

1. Forwarded, recommending approval.
2. The effective date of this agreement and the dollar amount award has been verified to be correct. Captain Doe is fully privileged and has met all requirements.

COMMANDING OFFICER

OPNAVINST 7220.17
28 Dec 05

SAMPLE MISP TERMINATION AND RENEGOTIATION REQUEST

7220
Date

From: CAPT John P. Doe, MC, USN, 123-34-5678/2100
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)
Via: Commanding Officer, Naval Medical Center, Nautilus

Subj: TERMINATION AND RENEGOTIATION MULTIYEAR INCENTIVE SPECIAL
PAY (MISP) AGREEMENT IN CONJUNCTION WITH MULTIYEAR SPECIAL
PAY (MSP)

Ref: (a) OPNAVINST 7220.17
(b) Title 37, USC, Section 301d
(c) Title 37, USC, Section 302f
(d) NAVADMIN 226/04
(e) SECNAVINST 6320.23
(f) SECNAVINST 6401.2A

1. In accordance with references (a) through (f), I hereby apply for MISP as forth and described below. My current MISP or ISP will be terminated as of _____. I must repay the unearned portion of my current MISP or ISP service agreement incident to award of this new MISP service agreement.

2. I am requesting in conjunction with my ___ year MSP agreement, an MISP agreement for the same duration as my MSP agreement. I hereby certify that:

a. () I am board certified or have successfully completed a formal training program during which I fulfilled the training leading to certification as required by the applicable American Medical or Osteopathic examining board.

b. () During each year of the total agreement period, I will engage in the practice of the specialty, for which the award is made, for a sufficient time to fully maintain my professional skills in that specialty. I understand that my ISP eligibility may be terminated at any time during the total agreement period if I did not perform patient care during the 12-month period for which payment was received.

Subj: REQUEST TERMINATION AND RENEGOTIATION MULTIYEAR INCENTIVE
SPECIAL PAY (MISP) AGREEMENT IN CONJUNCTION WITH MULTIYEAR
SPECIAL PAY (MSP)

3. My specialty is _____.

a. () I am performing patient care and I am privileged, in accordance with reference (e), with applicable interim changes, without prejudicial restriction to the standards of the specialty for which the award is made.

b. () I am licensed as a physician in the State or Jurisdiction of _____. License number _____. License expiration date _____. I will keep my license current during this MISP agreement period.

c. () I have a licensure waiver, under the provisions of reference (f), Quality Assurance Administration, with applicable Interim Changes. Waiver expiration date is _____.

d. () I will maintain the waiver through extension or obtain a valid State license in place of the waiver during the period of my MISP service obligation.

4. Conditions of Agreement. I understand that:

a. The ____ years of continuous active duty that I agree to serve will be effective _____.

b. Expiration of my active duty service obligation for medical special pay is determined by my MSP obligated service date (OSD) and does not necessarily end on agreement ending date.

c. This service agreement will be approved and processed for payment by Chief, Bureau of Medicine and Surgery unless otherwise notified in writing with effective date noted in paragraph 3a above and becomes binding upon receipt of the first annual installment in the amount noted in paragraph 4 of this document.

d. Expiration of my active duty service obligation for medical special pay is determined by my MSP OSD.

e. This agreement will be terminated should I promote to the grade of Rear Admiral, Lower Half (07).

Subj: REQUEST TERMINATION AND RENEGOTIATION MULTIYEAR INCENTIVE
SPECIAL PAY (MISP) AGREEMENT IN CONJUNCTION WITH MULTIYEAR
SPECIAL PAY (MSP)

f. This agreement may be terminated by the Surgeon General for failure to meet the eligibility requirements or when clear evidence exists that I should be denied further practice in the MISP specialty or further active duty. It may also be terminated when in the best interest of the U.S. Navy.

g. Requests for resignation, release from active duty or voluntary retirement to be effective during the period of this agreement will be disapproved except where considered to be in the best interest of the U.S. Navy.

h. The MISP program constitutes a voluntary retention program and unless a waiver is obtained, I will not be released from active duty before fulfilling the term of continuous active duty agreed to in paragraph 3a above, even if that obligation will extend me beyond 20 year active Federal service.

i. This agreement may be renegotiated only in conjunction with the MSP agreement.

5. In consideration of my entering into the foregoing agreement, the U.S. Navy agrees to pay the MISP to me, subject to availability of funds, in equal annual amount of _____ for ___ years. Payments will be made upon agreement effective date and annually thereafter on the anniversary of the agreement effective date.

6. In accordance with the privacy act, I understand that disclosure of my social security number is voluntary; however, failure to provide the number may result in non-verification of my agreement and payment of MISP may be affected. I also understand that information compiled from the agreement may be used for special pay program and budget analysis.

JOHN P. DOE

Date:
Name:
SSN:
Rank:

**SAMPLE CO'S ENDORSEMENT MISP
TERMINATION AND RENEGOTIATION**

7220
Ser No.
Date

FIRST ENDORSEMENT on CAPT John P. Doe, MC, USN,
123-45-6789/2100 ltr 7220 of _____

From: Commanding Officer, Naval Medical Center, Nautilus
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)

Subj: REQUEST TERMINATION AND RENEGOTIATION MULTIYEAR INCENTIVE
SPECIAL PAY (MISP) AGREEMENT IN CONJUNCTION WITH MULTIYEAR
SPECIAL PAY (MSP)

1. Forwarded, recommending approval.
2. The effective date of this agreement and the dollar amount award has been verified to be correct. Captain Doe is fully privileged and has met all requirements.

COMMANDING OFFICER

DENTAL CORPS VARIABLE SPECIAL PAY (VSP) CHART

<u>Years of Creditable Service</u>	<u>Annual Rate</u>
Less than 3 (To include Intern Training)	\$3,000
3 but less than 6 (Not Intern Training)	7,000
6 but less than 8	7,000
8 but less than 12	12,000
12 but less than 14	10,000
14 but less than 18	9,000
18 or more	8,000
Paygrade O-6 and above	7,000

OPNAVINST 7220.17
28 Dec 05

SAMPLE DENTAL ADDITIONAL SPECIAL PAY (ASP) REQUEST

7220
Date

From: LCDR John L. Doe, DC, USN, 123-45-6789/2200
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)
Via: Commanding Officer, USS EVERREADY (BZ-35)

Subj: ACTIVE DUTY AGREEMENT FOR DENTAL ADDITIONAL SPECIAL
PAY (ASP)

Ref: (a) OPNAVINST 7220.17

1. Under reference (a), I hereby agree to remain on active duty for a continuous period of 1 year from _____.

2. Conditions of the agreement. I understand that:

a. I will be paid ASP in the amount of \$_____ for 1 year of continuous active duty beginning on _____, if this is approved by Chief, Bureau of Medicine and Surgery.

b. This agreement will be terminated on the day before my entry into an initial Navy-sponsored residency training program, and I must repay unearned ASP to the Government pro rata per the reference.

c. This agreement may be terminated by Chief, Bureau of Medicine and Surgery for inadequate performance per paragraph 323 of the reference.

d. I may not terminate this contract, except at the convenience of the Government. If this contract is terminated, I must repay unearned ASP to the Government pro rata per the reference.

3. Please notify me if further information is required. My current address and DSN telephone number are:

JOHN L. DOE

OPNAVINST 7220.17
28 Dec 05

SAMPLE CO'S ENDORSEMENT FOR DENTAL ASP REQUEST

7220
Ser No.
Date

FIRST ENDORSEMENT on LCDR John L. DOE, DC, USN,
123-45-6789/2200 ltr of _____

From: Commanding Officer, USS EVERREADY (BZ-35)
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)

Subj: ACTIVE DUTY AGREEMENT FOR DENTAL ADDITIONAL SPECIAL
PAY (ASP)

1. Forwarded, recommending approval.
2. The effective date of this agreement and the dollar amount award has been verified to be correct. Lieutenant Commander Doe is fully privileged and has met all requirements.

COMMANDING OFFICER

Copy to:
LCDR Doe
Service Record

OPNAVINST 7220.17
28 Dec 05

SAMPLE REQUEST FOR RETROACTIVE APPROVAL OF ASP AGREEMENT

7220
Date

From: LCDR John L. Doe, DC, USN, 123-45-6789/2200
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)
Via: Commanding Officer, USS EVERREADY (BZ-35)
Subj: REQUEST FOR RETROACTIVE APPROVAL OF DENTAL ADDITIONAL
SPECIAL PAY (ASP)
Ref: (a) OPNAVINST 7220.17

1. Under reference (a), I request retroactive approval of Additional Special Pay effective _____. I hereby agree to remain on active duty for a continuous period of 1 year from (same date).

2. Conditions of agreement. I understand that:

a. I will be paid ASP in the amount of \$_____ for 1 year of continuous active duty beginning on (same date as paragraph 1), if this request is approved by Chief, Bureau of Medicine and Surgery.

b. This ASP agreement will be terminated on the day before my entry into an initial Navy-sponsored residency training program, and I must repay unearned ASP to the Government pro rata per the reference.

c. This ASP agreement may be terminated by Chief, Bureau of Medicine and Surgery for inadequate performance per paragraph 323 of reference (a).

d. I may not terminate this contract, except at the convenience of the Government. If this contract is terminated, I must repay unearned ASP to the Government pro rata per reference (a).

2. Please notify me if further information is required. My current address and DSN telephone number are:

JOHN L. DOE

OPNAVINST 7220.17
28 Dec 05

**SAMPLE CO ENDORSEMENT FOR
RETROACTIVE APPROVAL OF ASP AGREEMENT**

7220
Ser
Date

FIRST ENDORSEMENT on LCDR John L. Doe, DC,USN,
123-45-6789/2200 ltr of _____

From: Commanding Officer, USS EVERREADY (BZ-35)
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)

Subj: REQUEST FOR RETROACTIVE APPROVAL OF DENTAL ADDITIONAL
SPECIAL PAY (ASP)

1. Forwarded, recommending retroactive approval effective (fill in date). Lieutenant Commander Doe's ASP agreement was delayed due to (provide justification). Since the delay was clearly unavoidable and through no fault of the officer concerned, retroactive approval should be granted.

COMMANDING OFFICER

OPNAVINST 7220.17
28 Dec 05

**SAMPLE ASP AGREEMENT FOR
AN OFFICER FACING MANDATORY RETIREMENT**

7220
Ser
Date

From: LCDR John L. Doe, DC, USN, 123-45-6789/2200
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)
Via: Commanding Officer, USS EVERREADY (BZ-35)

Subj: TERMINATION OF CURRENT DENTAL ADDITIONAL SPECIAL PAY
(ASP) CONTRACT AND INITIATION OF A NEW CONTRACT

Ref: (a) OPNAVINST 7220.17

1. Under reference (a), I agree to remain on active duty for a continuous period of 1 year from _____.

2. Conditions of the contract. I understand that:

a. My current ASP contract dated _____ will be terminated as of (1 day before date in paragraph 1). The unearned portion of ASP will be recouped.

b. Upon approval of this contract by Chief, Bureau of Medicine and Surgery, I will enter into this new Dental ASP contract and be paid ASP in the amount of \$_____ for 1 year of continuous active duty beginning on (same date as in the paragraph 1).

c. This contract may be terminated by Chief, Bureau of Medicine and Surgery for inadequate performance per reference (a).

d. I may not terminate this contract, except at the convenience of the Government. If this contract is terminated, I must repay the unearned ASP to the Government pro rata per reference (a).

JOHN L. DOE

**SAMPLE CO ENDORSEMENT ON ASP AGREEMENT FOR
AN OFFICER FACING MANDATORY RETIREMENT**

7220
Ser
Date

FIRST ENDORSEMENT on LCDR John L. Doe, DC, USN,
123-45-6789/1700 ltr of _____

From: Commanding Officer, USS EVERREADY (BZ-35)
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)

1. Forwarded, recommending approval.
2. The effective date of this agreement and the dollar amount award has been verified to be correct. Lieutenant Commander Doe is fully privileged and has met all requirements.

COMMANDING OFFICER

Copy to:
BUMED-M1C1
BUPERS (PERS-4415)

DENTAL CORPS ASP RATES

<u>Years of Creditable Service</u>	<u>Annual Rates</u>
less than 3	\$4,000
3 but less than 10	\$6,000
10 or more	\$15,000

OPNAVINST 7220.17
28 Dec 05

**DENTAL CORPS ASP SPECIAL PAYS
PROCESSING CHECKLIST**

<u>Additional Special Pay</u>	<u>Yes</u>	<u>No</u>
Does provider have valid State license or waiver?	Proceed to next question.	Deny or Terminate ASP.
Does provider have at least 1 year remaining on active duty before expiration of contract?	Award ASP. next question.	Proceed to
Has member submitted a request for release from active duty (RAD) before the expiration of contract?	Not eligible.	Proceed to next question.
Will provider reach age 62 or be released from active duty due to twice failing selection to the next grade before the expiration of contract?	Age waiver/ extension from NAVPERSCOM is required.	Award ASP.

**GUIDELINES ON CLINICAL PRIVILEGING ACTIONS INVOLVING
ELIGIBILITY FOR ADDITIONAL SPECIAL PAY (ASP)**

<u>Action</u>	<u>ASP</u>
Suspension of clinical privileges.*	Terminate or deny.
Revocation of clinical privileges.*	Terminate or deny.
Limitation of clinical privileges requiring supervision by another officer with full staff appointment for evaluation for 60 days or more.	Consider action.**

* Commanding Officer will forward a request to BUMED for termination of ASP.

** Advise the officer that ASP is at risk as of the date of the precipitating event and that ASP may be terminated and recouped if clinical privileges are suspended or revoked.

LIST OF APPROVED BOARD CERTIFICATIONS

American Board of Oral and Maxillofacial Radiology

American Board of Dental Public Health

American Board of Endodontics

American Board of Operative Dentistry

American Board of Oral and Maxillofacial Surgery

American Board of Oral and Maxillofacial Pathology

American Board of Oral Medicine

American Board of Oral Pathology

American Board of Orofacial Pain

American Board of Orthodontics

American Board of Pediatric Dentistry

American Board of Periodontology

American Board of Prosthodontics

American Board of General Dentistry
(The Federal Board of General Dentistry)

OPNAVINST 7220.17
28 Dec 05

SAMPLE BOARD CERTIFIED PAY REQUEST

7220
Date

From: LCDR John L. Doe, DC, USN, 123-45-6789/2200
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)
Via: Commanding Officer, USS EVERSAIL (CV-35)

Subj: REQUEST FOR BOARD CERTIFICATION PAY (BCP)

Ref: (a) OPNAVINST 7220.17

Encl: (1) Copy of American Board of _____ ltr of _____

1. In accordance with reference (a), I respectfully request Board Certified Pay (BCP).

2. Enclosure (1) is forwarded indicating successful completion of the American Board of _____.

3. Unit identification code (UIC) _____, point of contact _____, e-mail _____, and telephone Number _____.

JOHN L. DOE

OPNAVINST 7220.17
28 Dec 05

**SAMPLE CO'S ENDORSEMENT
ON BOARD CERTIFIED PAY (BCP) REQUEST**

7220
Ser No.
Date

FIRST ENDORSEMENT on LCDR John L. Doe, DC, USN,
123-45-6789/2200 ltr 7220 of _____

From: Commanding Officer, USS EVERSAIL (CV-35)
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)
Subj: REQUEST FOR BOARD CERTIFICATION PAY (BCP)

1. Forwarded, recommending approval.
2. Point of contact is _____, who can be reached at (telephone number).

COMMANDING OFFICER

DENTAL CORPS BOARD CERTIFIED PAY (BCP) RATES

<u>Years of Creditable Service</u>	<u>Annual Rate</u>
10 or less	\$2,500
10 but less than 12	\$3,500
12 but less than 14	\$4,000
14 but less than 18	\$5,000
18 or more	\$6,000

OPNAVINST 7220.17
28 Dec 05

SAMPLE BOARD CERTIFIED EQUIVALENCY (BCE) PAY REQUEST

7220
Date

From: LCDR John L. Doe, DC, USNR 123-45-6789/2200
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)
Via: Commanding Officer, USS EVERSAIL (CV-35)

Subj: REQUEST FOR BOARD CERTIFICATION EQUIVALENCY PAY (BCE)

Ref: (a) OPNAVINST 7220.17

Encl: (1) Copy of Board of _____ ltr dated _____

1. In accordance with reference (a), I respectfully request BCE.
2. Enclosure (1) is forwarded indicating successful completion of the Board of _____.
3. Unit identification code (UIC) _____, point of contact _____, e-mail _____, and telephone Number _____.

JOHN L. DOE

OPNAVINST 7220.17
28 Dec 05

**SAMPLE CO'S ENDORSEMENT ON
BOARD CERTIFICATION EQUIVALENCY (BCE) PAY REQUEST**

7220
Ser
Date

FIRST ENDORSEMENT on LCDR John L. Doe, DC, USN,
123-45-6789/2200 ltr 7220 of _____

From: Commanding Officer, USS EVERSAIL (CV-35)
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)

Subj: REQUEST FOR BOARD CERTIFICATION EQUIVALENCY PAY (BCE)

Encl: (1) Certification of Completion of Formal Postgraduate
Training
(2) Notification of Specialty Board Certification

1. Forwarded, recommending approval.
2. Lieutenant Commander Doe meets all requirements for BCE pay as set forth in OPNAVINST 7220.17.
3. Point of contact is _____, who can be reached at (telephone number).

COMMANDING OFFICER

**SAMPLE APPLICATION FOR DENTAL OFFICER
MULTIYEAR RETENTION BONUS (DOMRB) SPECIAL PAY REQUEST**

7220
Date

From: LCDR John L. Doe, DC, USNR, 123-45-6789/2205
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)
Via: Commanding Officer, Naval Hospital

Subj: REQUEST FOR DENTAL OFFICER MULTIYEAR RETENTION BONUS
(DOMRB)

Ref: (a) OPNAVINST 7220.17
(b) NAVADMIN (current FY Special Pay Plan)
(c) Title 37, USC, Section 301d(c)
(d) Title 37, USC, Section 302(f)

1. I hereby apply for Dental Officer Multiyear Retention Bonus (DOMRB) effective _____ per reference (a) through (d).

2. If my application for DOMRB is approved, I agree to not tender a resignation or request release from active duty that would be affected during this DOMRB service obligation. This obligation must be for a period of ___ years beyond any existing active military service obligation for education or training. This obligation entitles me to special pay of \$_____ per year for ___ years as an ("your specialty").

3. I understand, and agree to be bound by the provisions of this agreement and references (a) through (d) relating to termination of payments to be made under this agreement, termination of this service obligation and the circumstances under which recoupment of sums paid by the Government may be required. Specifically, I understand per references (a) and (b), Chief, Bureau of Medicine and Surgery may terminate at any time my entitlement to DOMRB. Reasons for termination include but are not limited to loss of privileges, courts-martial conviction, violations of the Uniform Code of Military Justice, failure to meet or maintain eligibility requirements, or for reasons that are in the best interest of the Navy.

Subj: REQUEST FOR DENTAL OFFICER MULTIYEAR RETENTION BONUS
(DOMRB)

4. I understand Chief, Bureau of Medicine and Surgery (BUMED-M1C1) must validate my eligibility for DOMRB. If it is determined I do not meet the eligibility requirements, this application will be returned with no action taken and I may reapply at a later date if eligibility changes.

5. I understand (BUMED-M1C1) must validate the total amount of DOMRB for which I am qualified and determine my DOMRB service obligation. If it is determined the amount of DOMRB due or the DOMRB service obligation differs from that which I calculated, I (will/will not) accept the determination of (BUMED-M1C1). If I do not accept such determination, I will notify (BUMED-M1C1) in writing within 10 working days of receipt. My application will be returned with no action taken, and I will be free to reapply at a later date.

6. I understand that this contract is binding upon my acceptance and receipt of the first payment. The fiscal year this DOMRB contract is effective will determine my dollar amount for the duration of the DOMRB contract.

7. The following information is provided and certified to be true and accurate:

Initial Residency Completion Date:
Specialty for which request is made:
Health Professional Pay Entry Date:
Obligated Service Date for Education or Training:
Telephone number for Special Pay Coordinator:
E-mail address:
Unit Identification Code (UIC):

JOHN L. DOE

Copy to:
PERS-4415
PSD

OPNAVINST 7220.17
28 Dec 05

**SAMPLE CO'S ENDORSEMENT DENTAL OFFICER
MULTIYEAR RETENTION BONUS (DOMRB)**

7220
Ser
Date

FIRST ENDORSEMENT on LCDR John L. Doe, DC, USNR,
123-45-6789/2205 ltr 7220 of _____

From: Commanding Officer, USS NAVAL HOSPITAL
To: Chief, Bureau of Medicine and Surgery (BUMED-M132)
Subj: REQUEST FOR DENTAL OFFICER MULTIYEAR RETENTION BONUS
(DOMRB)

1. Forwarded, recommending approval.
2. The effective date of this agreement and the dollar amount award has been verified to be correct.

COMMANDING OFFICER

**SAMPLE TERMINATE/RENEGOTIATE DENTAL OFFICER
MULTIYEAR RETENTION BONUS (DOMRB)**

7220
Date

From: LT John W. Doe, DC, USNR, 123-45-6789/2105
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)
Via: Commanding Officer, USS Naval Dental Center

Subj: REQUEST FOR TERMINATION AND RENEGOTIATION OF DENTAL
OFFICER MULTIYEAR RETENTION BONUS (DOMRB)

Ref: (a) OPNAVINST 7220.17
(b) ASD(HA) Policy Memo of (Current FY)
(c) NAVADMIN (current FY Special Pay Plan)

1. I hereby apply for DOMRB effective _____ per references (a) through (c). My current DOMRB contract dated _____ will be terminated as of _____. I must repay the unearned portion of this DOMRB contract incident to award of DOMRB for the new contract.

2. If my application for DOMRB is approved, I agree not to tender a resignation or request release from active duty that would be affected during this DOMRB service obligation. This obligation must be for a period of ___ years beyond any existing active military service obligation for education or training. This obligation entitles me to special pay of \$_____ per year for ___ years as an ("your Specialty").

3. I understand, and agree to be bound by the provisions of this agreement and references (a) through (c) relating to termination of payments to be made under this agreement, termination of this service obligation and the circumstances under which recoupment of sums paid by the Government may be required. Specifically, I understand that in accordance with references (a) and (b), Chief, Bureau of Medicine and Surgery may terminate at any time my entitlement to DOMRB. Reasons for termination include but are not limited to loss of privileges, Courts Martial convictions, violations of the Uniform Code of Military Justice, failure to meet or maintain eligibility requirements, or for reasons that are in the best interest of the Navy.

Subj: REQUEST FOR TERMINATION AND RENEGOTIATION OF DENTAL
OFFICER MULTIYEAR RETENTION BONUS (DOMRB)

4. I understand that Chief, Bureau of Medicine and Surgery (BUMED-M1C1) must validate my eligibility for DOMRB. If it is determined that I do not meet the eligibility requirements, this application will be returned with no action taken and I may reapply at a later date if eligibility changes.

5. I understand that BUMED-M1C1 must validate the total amount of DOMRB for which I am qualified and determine my DOMRB service obligation. If I choose not to accept this amount and/or obligation date determination, I will notify BUMED-M1C1 in writing within 10 days of receipt. My application will be returned with no action taken, and I will be free to reapply at a later date.

6. I understand that this contract is binding upon approval and receipt of the first payment.

7. The following information is provided and certified to be true and accurate.

Initial Residency Completion Date:
Specialty for which request is made:
Health Professional Pay Entry Date:
Obligated Service Date for Education or Training:
Professional Service Date:
Telephone Number for Special Pay Coordinator:
E-mail address for Special Pay Coordinator:
Unit Identification Code (UIC):

J. W. DOE

OPNAVINST 7220.17
28 Dec 05

**SAMPLE CO'S ENDORSEMENT TERMINATION AND RENEGOTIATION OF
DENTAL OFFICER MULTIYEAR RETENTION BONUS (DOMRB)**

7220
Ser
Date

FIRST ENDORSEMENT on LCDR John L. Doe, DC, USNR,
123-45-6789/2205 ltr 7220 of _____

From: Commanding Officer, USS NAVAL HOSPITAL
To: Chief, Bureau of Medicine and Surgery (BUMED-M132)

Subj: REQUEST FOR TERMINATION AND RENEGOTIATION OF DENTAL
OFFICER MULTIYEAR RETENTION BONUS (DOMRB)

1. Forwarded, recommending approval.
2. The effective date of this agreement and the dollar amount award has been verified to be correct.

COMMANDING OFFICER

SAMPLE CRNA-ISP REQUEST

7220
Ser
Date

From: CAPT John P. Doe, NC, USN, 123-34-5678/2900
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)
Via: Commanding Officer, USS Naval Hospital

Subj: CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA) MULTIYEAR
INCENTIVE SPECIAL PAY (MISP)/INCENTIVE SPECIAL PAY (ISP)

Ref: (a) OPNAVINST 7220.17
(b) Title 37, USC, Chapter 5, Section 302E
(c) ASD(HA) Policy Memo 04-029
(d) NAVADMIN (current FY CRNA Pay Plan)

1. In accordance with references (a) through (d), I am requesting (MISP/ISP) _____ of \$_____ for CRNA with an effective date of _____. The duration of this service agreement is for ____ year(s) to begin at the aforementioned effective date.

2. I agree to not tender a resignation, request for release from active duty, or retirement that would be effective during this service MISP/ISP service obligation. I consent to serve as a Nurse Corps officer and CRNA for the length of the service obligation. I understand this application is binding upon approval.

3. I have read, understand, and agree to be bound by the provisions of reference (a), relating to termination of this service obligation and the circumstances under which recoupment of sums paid by the Government may be required.

4. I understand that the Chief, Bureau of Medicine and Surgery (BUMED-M1C1) must validate my eligibility for MISP/ISP. If I am found not eligible for MISP/ISP, this application will be returned with no action taken and I may reapply at a later date if eligibility changes.

5. The following information is provided and certified to be true and accurate:

OPNAVINST 7220.17
28 Dec 05

Subj: CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA)
MULTIYEAR INCENTIVE SPECIAL PAY (MISP)/INCENTIVE
SPECIAL PAY (ISP)

- a. Date of initial certification as CRNA:
- b. Expiration date of current CRNA certification:
- c. Expiration date of active staff privileges as CRNA:

6. My command point of contact for special pays is
_____, commercial _____,
DSN _____, and e-mail _____.

JOHN P. DOE

SAMPLE CO'S ENDORSEMENT FOR CRNA-ISP REQUEST

7220
Ser
Date

FIRST ENDORSEMENT on CAPT John P. Doe, NC, USN,
123-34-5678/2900 ltr 7220 of _____

From: Commanding Officer, USS NAVAL HOSPITAL
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)
Subj: REQUEST FOR CERTIFIED REGISTERED NURSE ANESTHETISTS
(CRNA) MULTIYEAR INCENTIVE SPECIAL PAY (MISP)/INCENTIVE
SPECIAL PAY (ISP)

1. Forwarded, recommending approval.
2. The effective date of this agreement and the dollar amount award has been verified to be correct. CAPT Doe is fully privileged and has met all requirements.

COMMANDING OFFICER

OPNAVINST 7220.17
28 Dec 05

SAMPLE RETROACTIVE CRNA-ISP REQUEST

7220
Ser
Date

From: CAPT John P. Doe, NC, USN, 123-34-5678/2900
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)
Via: Commanding Officer, USS Naval Hospital

Subj: RETROACTIVE CERTIFIED REGISTERED NURSE ANESTHETISTS
(CRNA) MULTIYEAR INCENTIVE SPECIAL PAY (MISP)/INCENTIVE
SPECIAL PAY (ISP)

Ref: (a) OPNAVINST 7220.17
(b) Title 37, USC, Chapter 5, Section 302E
(c) ASD(HA) Policy Memo 04-029
(d) NAVADMIN (current FY CRNA Pay Plan)

1. In accordance with references (a) through (d), I am requesting (MISP/ISP) _____ of \$_____ for CRNA with an effective date of _____. The duration of this service agreement is for ____ year(s) to begin at the aforementioned effective date.
2. I agree to not tender a resignation, request for release from active duty, or retirement that would be effective during this service MISP/ISP service obligation. I consent to serve as a Nurse Corps officer and CRNA for the length of the service obligation. I understand this application is binding upon approval.
3. I have read, understand, and agree to be bound by the provisions of reference (a), relating to termination of this service obligation and the circumstances under which recoupment of sums paid by the Government may be required.
4. I understand that the Chief, Bureau of Medicine and Surgery (BUMED-M1C1) must validate my eligibility for MISP/ISP. If I am found not eligible for MISP/ISP, this application will be returned with no action taken and I may reapply at a later date if eligibility changes.
5. The following information is provided and certified to be true and accurate:

Subj: RETROACTIVE CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA)
MULTIYEAR INCENTIVE SPECIAL PAY (MISP)/INCENTIVE SPECIAL
PAY (ISP)

- a. Date of initial certification as CRNA:
- b. Expiration date of current CRNA certification:
- c. Expiration date of active staff privileges as CRNA:

6. The reason for delayed MISP/ISP submission is as follows:

7. My command point of contact for special pays is _____, commercial _____, DSN _____, or e-mail _____.

JOHN P. DOE

SAMPLE CO'S ENDORSEMENT ON RETROACTIVE CRNA-ISP REQUEST

7220
Ser No.
Date

FIRST ENDORSEMENT on CAPT John P. Doe, NC, USN,
123-34-5678/2100 ltr 7220 of _____

From: Commanding Officer, USS NAVAL HOSPITAL
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)

Subj: RETROACTIVE REQUEST FOR CERTIFIED REGISTERED NURSE
ANESTHETISTS (CRNA) MULTIYEAR INCENTIVE SPECIAL PAY
(MISP)/INCENTIVE SPECIAL PAY (ISP)

1. Forwarded, recommending approval.
2. The effective date of this agreement and the dollar amount award has been verified to be correct. CAPT Doe is fully privileged and has met all requirements.
3. The reason for the late submission is due to _____ and is no fault of the member.

COMMANDING OFFICER

SAMPLE TERMINATE/RENEGOTIATE CRNA-ISP REQUEST

7220
Ser No.
Date

From: CAPT John P. Doe, NC, USN, 123-34-5678/2900
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)
Via: Commanding Officer, USS Naval Hospital

Subj: TERMINATION AND RENEGOTIATION CERTIFIED REGISTERED NURSE
ANESTHETISTS (CRNA) MULTIYEAR INCENTIVE SPECIAL PAY (MISP)/
INCENTIVE SPECIAL PAY (ISP)

Ref: (a) OPNAVINST 7220.17
(b) Title 37, USC, Chapter 5, Section 302E
(c) ASD(HA) Policy Memo 04-029
(d) NAVADMIN (current FY CRNA Pay Plan)

1. In accordance with references (a) through (d), I hereby apply for (MISP/ISP) _____ as set forth and described below. My current MISP or ISP will be terminated as of _____. I must repay the unearned portion of my current MISP or ISP service agreement incident to award of this new MISP/ISP service agreement.

2. I am requesting (MISP/ISP) _____ of \$_____ for CRNA with an effective date of _____. The duration of this service agreement is for ____ year(s) to begin at the aforementioned effective date.

3. I agree to not tender a resignation, request for release from active duty, or retirement that would be effective during this service MISP/ISP service obligation. I consent to serve as a Nurse Corps officer and CRNA for the length of the service obligation. I understand this application is binding upon approval.

4. I have read, understand, and agree to be bound by the provisions of reference (a), relating to termination of this service obligation and the circumstances under which recoupment of sums paid by the Government may be required.

Subj: TERMINATION AND RENEGOTIATION CERTIFIED REGISTERED NURSE
ANESTHETISTS (CRNA) MULTIYEAR INCENTIVE SPECIAL PAY (MISP)/
INCENTIVE SPECIAL PAY (ISP)

5. I understand that the Chief, Bureau of Medicine and Surgery (BUMED-M1C1) must validate my eligibility for MISP/ISP. If I am found not eligible for MISP/ISP, this application will be returned with no action taken and I may reapply at a later date if eligibility changes.

6. The following information is provided and certified to be true and accurate:

- a. Date of initial certification as CRNA:
- b. Expiration date of current CRNA certification:
- c. Expiration date of active staff privileges as CRNA:

7. My command point of contact for special pays is _____, commercial _____,
DSN _____, and e-mail _____.

JOHN P. DOE

OPNAVINST 7220.17
28 Dec 05

**SAMPLE CO'S ENDORSEMENT ON
TERMINATE/RENEGOTIATE CRNA-ISP REQUEST**

7220
Ser No.
Date

FIRST ENDORSEMENT on CAPT John P. Doe, NC, USN,
123-34-5678/2900 ltr 7220 of _____

From: Commanding Officer, USS NAVAL HOSPITAL
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)

Subj: TERMINATION AND RENEGOTIATION CERTIFIED REGISTERED NURSE
ANESTHETISTS (CRNA) MULTIYEAR INCENTIVE SPECIAL PAY (MISP)/
INCENTIVE SPECIAL PAY (ISP)

1. Forwarded, recommending approval.
2. The effective date of this agreement and the dollar amount award has been verified to be correct. CAPT Doe is fully privileged and has met all requirements.

COMMANDING OFFICER

**SAMPLE OBLIGATED SERVICE AGREEMENT -
NURSE CORPS ACTIVE DUTY ACCESSION BONUS PROGRAM**

(Type or Print Full Name)

(Social Security Number)

1. Having volunteered for commission in the Navy Nurse Corps under the Nurse Corps Active Duty Accession Bonus Program, I hereby acknowledge that:

a. Final approval of my application for a commission in the Nurse Corps will be made by the Commander, Navy Recruiting Command.

b. A commission as a Reserve Officer in the United States Navy is held at the pleasure of the President;

c. Upon acceptance of a commission, I will be required to serve at least 8 years as a Commissioned Officer in the United States Navy from date of appointment.

d. Any portion of this 8-year period not served on active duty will be served on inactive duty; and

e. A resignation of my commission as a Reserve Officer submitted prior to completion of this 8-year period will normally be rejected and, after this period, may be accepted or rejected by the President, as the needs of the Navy may then require.

f. Sections 671a and 671b of Title 10, USC, currently provide as follows:

(1) "671A. Members: Service extension during war.

Unless terminated at an earlier date by the Secretary concerned, the period of active service of any member of an armed force is extended for the duration of any war in which the United States may be engaged and for 6 months thereafter."

(2) "671b. Members: Service extension when Congress is not in session."

(a) Notwithstanding any other provisions of law, when the President determines that the national interest so requires, he may, if Congress is not in session, having adjourned sine die, authorize the Secretary of Defense to extend for not more than 6 months enlistments, appointments, periods of active duty, periods of active duty for training, periods of obligated service, or other military status, in any component of the Armed Forces of the United States, that expire before the thirtieth day after Congress next convenes or reconvenes.

(b) An extension under this section continues until the sixtieth day after Congress next convenes or reconvenes or until the expiration of the period of extension specified by the Secretary of Defense, whichever occurs earlier, unless sooner terminated by law or Executive order."

g. Federal statutes and pertinent regulations applicable to personnel in the United States Navy may change without notice and that such changes may affect my status as a Reserve Officer and obligations to serve as such.

2. I understand that I will receive an accession bonus upon appointment and I agree to serve on active duty for a period of ___ years from the time of reporting to active duty.

3. I further understand that:

a. A Nurse Corps officer who receives an accession bonus and subsequently fails to become or remain licensed as a professional registered nurse in accordance with current Navy instructions must refund the entire amount of the bonus.

b. A Nurse Corps officer who fails to complete the active duty agreement incurred as a result of executing an accession bonus contract, except as noted in paragraph 3a, will be required to repay the unearned portion except in the following circumstances:

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

(Type or Print Full Name)

(Social Security Number)

(2) Separation from military service by operation of laws or regulations of the Department of Defense or Navy regulations, other than separation for cause, when approved by the Secretary of the Navy.

(3) In other cases, when the ASD(HA) determines recoupment is not in the best interest of the Government.

c. An obligation to reimburse the United States imposed under paragraphs 3a or 3b is for all purposes a debt owed to the United States.

d. A discharge in bankruptcy under Title 11, USC that is entered less than 5 years after the termination of an agreement under this section does not discharge the person signing such agreement from a debt arising under such agreement.

4. I must obtain and maintain a license to practice as a professional registered nurse for a State, territory, or the District of Columbia based on a licensing examination (NCLEX-RN) provided by the National Council of State Boards of Nursing and administered by one of these member boards. I may be appointed as a Nurse Corps officer prior to licensure; however, I must take the NCLEX-RN at the first opportunity following graduation prior to reporting for active duty. Obtaining and maintaining a license to practice as a professional registered nurse is an obligation incurred by me. I further understand that if I twice-fail the NCLEX-RN, I will be reappointed in a different competitive category to complete any incurred active duty obligation unless such obligation is waived by the ASN(M&RA). Additionally, I realize that if this obligation is waived I will be separated for cause under the guidance of SECNAVINST 1920.6A.

5. I understand that to effect release from active duty at the end of my active obligation service, I must notify the Chief, Navy Personnel via my commanding officer of my desire at least 6 months prior to that date. I understand further that failure to notify the Chief, Naval Personnel of my desire to be released from active duty 6 months prior to the end of my obligated service constitutes a desire on my part to be extended on active duty for an indefinite period of time, in which event I fall within the provisions of MILPERSMAN 3821030.

(Type or Print Full Name)

(Social Security Number)

Appendix D to Chapter 4
of Enclosure (1)

6. If my placement on the active duty list makes me eligible for consideration by an active duty promotion selection board within 1 year of entering on active duty I understand that this consideration will be deferred for 1 year. I may specifically request in writing that this deferment be waived by notifying the Chief, Naval Personnel (PERS-26), Navy Department, Washington, DC 20370-5220. My request must be received by PERS-26 in a timely manner and no later than the convening date of the selection board for consideration. I further understand that once waived, the deferment will not be reinstated.

7. I have read and completely understand the meaning and content of the above application. No promises, either written or oral, have been made to me in connection with my application for a commission in the Navy Nurse Corps, except as specified above. I acknowledge receipt of a copy of this document.

Signature of Witnessing Officer

Signature of Applicant

Typed Name and Grade of
Witnessing Officer

Typed Name of Applicant

Typed Social Security Number of
Witnessing Officer

Typed Social Security Number
Applicant

Date

**SAMPLE VOID/SUBSTITUTE ACTIVE DUTY OBLIGATION
SERVICE AGREEMENT WITH NURSE CORPS
ACTIVE DUTY ACCESSION BONUS**

1131
Ser
Date

From: John P. Doe, 123-34-5678
To: Commander, Navy Recruiting Command (N-10)

Subj: REQUEST TO VOID ACTIVE DUTY OBLIGATED SERVICE AGREEMENT
AND SUBSTITUTE WITH THE NURSE CORPS ACTIVE DUTY
ACCESSION BONUS PROGRAM

Ref: (a) Active Duty Obligated Service Agreement of (Date)

Encl: (1) My application for Navy Nurse Corps Active Duty
Accession Bonus Program of (Date)

1. Under reference (a), I am obligated to serve in the Nurse Corps on active duty for 3 years.
2. I hereby request that reference (a) be voided and you accept enclosure (1). I understand that if you accept enclosure (1), I will incur an obligation to serve on active duty in the Nurse Corps for (3 or 4) years. In return for this new active duty obligation, I am entitled to the Nurse Accession bonus authorized for the number of years of my contract.

(Member Signature)

SAMPLE NURSE CORPS ACCESSION BONUS APPLICATION

1131
Ser
Date

From: John P. Doe, 123-34-5678
To: Commander, Navy Recruiting Command

Subj: APPLICATION FOR NAVY NURSE CORPS ACTIVE DUTY ACCESSION
BONUS

Ref: (a) OPNAVINST 7220.17
(b) SECNAVINST 1120.6B

Encl: (1) My application for Navy Nurse Corps Active Duty
Accession Bonus Program of (Date)

1. I am applying for a commission, enclosure (1), under the Navy Nurse Corps Active Duty Accession Bonus Program per reference (a).
2. I certify that I have not received any previous financial assistance from the Department of Defense while pursuing my baccalaureate degree, e.g., through the Nurse Corps Baccalaureate Degree Program, NROTC, Medical Enlisted Commissioning Program, or any other similar financial assistance program.
3. I understand that if I am selected I will receive an accession bonus upon my appointment; be required to serve on active duty for (3 or 4) years; and repay the full amount of the bonus should I not become or remain licensed as a professional registered nurse under the guidance of reference (b). I further understand that I will be required to repay the unearned portion of the bonus under the active duty agreement and Title 37, USC, section 302d.

(Member Signature)

OPNAVINST 7220.17
28 Dec 05

SAMPLE BOARD CERTIFIED PAY REQUEST

7220
Ser
Date

From: LCDR John L. Doe, MSC, USNR, 123-45-6789/2305
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)
Via: Commanding Officer, USS EVERSAIL (CV-35)

Subj: REQUEST FOR BOARD CERTIFICATION PAY (BCP)

Ref: (a) OPNAVINST 7220.17

Encl: (1) Copy of American Board of _____ ltr dated _____
(2) Copy of post baccalaureate degree in the providers
specialty (except Psychology)

1. In accordance with reference (a), I respectfully request Board Certified Pay (BCP).

2. Enclosure (1) and (2) are forwarded indicating successful completion of the American Board of _____, with a beginning date of _____ and an ending date of _____ (my certification is lifetime).

3. Unit identification code (UIC) _____, point of contact _____, e-mail _____, and telephone Number _____.

J. L. DOE

SAMPLE BOARD CERTIFIED PAY CO's ENDORSEMENT

7220
Ser No.
Date

FIRST ENDORSEMENT on LCDR John L. Doe, MSC, USNR,
123-45-6789/2305 ltr 7220 of _____

From: Commanding Officer, USS EVERSAIL (CV-35)
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)

Subj: REQUEST FOR BOARD CERTIFICATION PAY (BCP)

1. Forwarded, recommending approval.
2. Point of contact is _____, who can be reached at (telephone number).

COMMANDING OFFICER

OPNAVINST 7220.17
28 Dec 05

SAMPLE BOARD CERTIFIED PAY RECERTIFICATION REQUEST

7220
Ser No.
Date

From: LCDR John C. Doe, MSC, USNR, 123-45-6789/2300
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)
Via: Commanding Officer, Naval Hospital, Camp Lejeune, NC

Subj: RECERTIFICATION FOR BOARD CERTIFICATION PAY (BCP)

Ref: (a) OPNAVINST 7220.____

Encl: (1) Copy of American Board of _____
ltr dated _____

1. In accordance with reference (a), I am forwarding documentation of my board recertification and respectfully request continuation of my Board Certified Pay (BCP).

2. Enclosure (1) is forwarded indicating successful recertification of the American Board of _____.

3. Point of contact is _____, who may be reached at _____.

J. C. DOE

OPNAVINST 7220.17
28 Dec 05

SAMPLE CO's ENORSEMENT BOARD CERTIFIED PAY RECERTIFICATION

7220
Ser No.
Date

FIRST ENDORSEMENT on LCDR John C. Doe, MSC, USNR,
123-45-6789/2300 ltr 7220 of _____

From: Commanding Officer, Naval Hospital, Camp Lejeune, NC
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)

Subj: REQUEST RECERTIFICATION OF BOARD CERTIFICATION PAY (BCP)

1. Forwarded, recommending approval.
2. Point of contact is _____, who can be reached at (telephone number).

COMMANDING OFFICER

NON-PHYSICIAN HEALTH CARE PROVIDER
BOARD CERTIFIED PAY RATES

<u>Years Creditable Service</u>	<u>Annual Rates</u>
Less than 10 years	\$2,000
10 but less than 12	\$2,500
12 but less than 14	\$3,000
14 but less than 18	\$4,000
18 or More	\$5,000

Note. Creditable service for Non-Physician Health Care Provider BCP is computed by adding:

1. All periods that the officer spent in post-qualifying degree, internship, residency, or training which the officer was not on active duty.
2. All periods of active duty, after the officer was qualified in the specialty, in the Medical Service Corps of the Army, Navy, Air Force, or Public Health Service.

OPNAVINST 7220.17
28 Dec 05

SAMPLE DIPLOMATE PAY FOR PSYCHOLOGIST REQUEST

7220
Ser No.
Date

From: LCDR John L. Doe, MSC, USNR, 123-45-6789/2305
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)
Via: Commanding Officer, Naval Hospital, Camp Lejeune, NC

Subj: REQUEST FOR DIPLOMATE PAY FOR PSYCHOLOGISTS

Ref: (a) OPNAVINST 7220.____

Encl: (1) Copy of American Board of Professional Psychology
ltr dated _____

1. In accordance with reference (a), I respectfully request Diplomate Pay for Psychologists.
2. Enclosure (1) is a copy of my diploma from the American Board of Professional Psychology.
3. Unit identification code (UIC) _____, point of contact _____, e-mail _____, and telephone Number _____.

J. L. DOE

OPNAVINST 7220.17
28 Dec 05

SAMPLE CO's ENDORSEMENT DIPLOMATE PAY FOR PSYCHOLOGISTS

7220
Ser No.
Date

FIRST ENDORSEMENT on LCDR John L. Doe, MSC, USNR,
123-45-6789/2305 ltr 7220 of _____

From: Commanding Officer, Naval Hospital, Camp Lejeune, NC
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)

Subj: REQUEST FOR DIPLOMATE PAY FOR PSYCHOLOGISTS

1. Forwarded, recommending approval.
2. Point of contact is _____, who can be reached at (telephone number).

COMMANDING OFFICER

DIPLOMATE PAY FOR PSYCHOLOGISTS RATES

<u>Years Creditable Service</u>	<u>Annual Rates</u>
Less than 10 years	\$2,000
10 but less than 12	\$2,500
12 but less than 14	\$3,000
14 but less than 18	\$4,000
18 or More	\$5,000

Note. Creditable service for psychologists is computed by adding:

1. All periods that the officer spent in post-qualifying degree, internship, residency, or training which the officer was not on active duty.
2. All periods of active duty, after the officer was qualified in the specialty, in the Medical Service Corps of the Army, Navy, Air Force, or Public Health Service.

OPNAVINST 7220.17
28 Dec 05

SAMPLE OPTOMETRY SPECIAL PAY (ORB) REQUEST

7220
Ser No.
Date

From: LCDR John W. Doe, MSC, USNR, 123-45-6789/2305
To: Chief, Bureau Of Medicine and Surgery (BUMED-M1C1)
Via: Commanding Officer, USS Naval Hospital

Subj: REQUEST FOR OPTOMETRY RETENTION BONUS (ORB)

Ref: (a) OPNAVINST 7220.____

1. I hereby apply for Optometry Retention Bonus (ORB) effective (Date) per references (a).

2. If my application for ORB is approved, I agree to not tender a resignation or request release from active duty that would be affected during this ORB service obligation. This obligation must be for a period of 2 years beyond any existing active military service obligation for education or training. This obligation entitles me to special pay of \$_____ per year for 2 years as an Optometrist.

3. I understand, and agree to be bound by the provisions of this agreement and reference (a) relating to termination of payments to be made under this agreement, termination of this service obligation and the circumstances under which recoupment of sums paid by the Government may be required. Specifically, I understand that in accordance with reference (a) Chief, Bureau of Medicine and Surgery may terminate at any time my entitlement to ORB. Reasons for termination include, but are not limited to loss of privileges, courts martial convictions, violations of the Uniform Code of Military Justice, failure to meet or maintain eligibility requirements, or for reasons that are in the best interest of the Navy.

4. I understand that Chief, Bureau of Medicine and Surgery (BUMED-M1C1) must validate my eligibility for ORB. If it is determined that I do not meet the eligibility requirements, this application will be returned with no action taken and I may reapply at a later date if eligibility changes.

Subj: REQUEST FOR OPTOMETRY RETENTION BONUS (ORB)

5. I understand that BUMED-M1C1 must validate the total amount of ORB for which I am qualified and determine my ORB service obligation. If it is determined that the amount of ORB due or the ORB service obligation differs from that which I calculated, I (will/will not) accept the determination of BUMED-M1C1. If I do not accept such determination, I will notify BUMED-M1C1 in writing within 10 days of receipt. My application will be returned with no action taken, and I will be free to reapply at a later date.

6. I understand that this contract is binding upon approval and receipt of the first payment.

7. The following information is provided and certified to be true and accurate.

Licensure date:

Active duty entry date as an Optometrist:

Obligated service date for education or training:

Telephone number for Special Pay Coordinator:

E-mail address of Command Special Pay Coordinator:

J. W. DOE

Copy to:
PERS-4415

OPNAVINST 7220.17
28 Dec 05

**SAMPLE CO'S ENDORSEMENT FOR
OPTOMETRY RETENTION BONUS (ORB) REQUEST**

7220
Ser No.
Date

FIRST ENDORSEMENT on LCDR John W. Doe, MSC, USNR,
123-34-5678/2305 ltr 7220 of _____

From: Commanding Officer, USS NAVAL HOSPITAL
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)
Subj: REQUEST FOR OPTOMETRY RETENTION BONUS (ORB)

1. Forwarded, recommending approval.
2. The effective date of this agreement and the dollar amount award has been verified to be correct. Lieutenant Commander Doe is fully privileged and has met all requirements.

COMMANDING OFFICER

**SAMPLE RETROACTIVE
OPTOMETRY SPECIAL PAY (ORB) REQUEST**

7220
Ser No.
Date

From: LCDR John W. Doe, MSC, USNR, 123-34-5678/2305
To: Chief, Bureau Of Medicine and Surgery (BUMED-M1C1)
Via: Commanding Officer, USS Naval Hospital

Subj: RETROACTIVE REQUEST FOR OPTOMETRY RETENTION BONUS (ORB)

Ref: (a) OPNAVINST 7220.____

1. I hereby apply for ORB effective (date) per references (a).
2. If my application for ORB is approved, I agree to not tender a resignation or request release from active duty that would be affected during this ORB service obligation. This obligation must be for a period of 2 years beyond any existing active military service obligation for education or training. This obligation entitles me to special pay of \$_____ per year for 2 years as an Optometrist.
3. I understand, and agree to be bound by the provisions of this agreement and reference (a) relating to termination of payments to be made under this agreement, termination of this service obligation and the circumstances under which recoupment of sums paid by the Government may be required. Specifically, I understand that in accordance with reference (a) Chief, Bureau of Medicine and Surgery may terminate at any time my entitlement to ORB. Reasons for termination include but are not limited to loss of privileges, courts martial convictions, violations of the Uniform Code of Military Justice, failure to meet or maintain eligibility requirements, or for reasons that are in the best interest of the Navy.
4. I understand that Chief, Bureau of Medicine and Surgery (BUMED-M1C1) must validate my eligibility for ORB. If it is determined that I do not meet the eligibility requirements, this application will be returned with no action taken and I may reapply at a later date if eligibility changes.

Subj: REQUEST FOR OPTOMETRY RETENTION BONUS (ORB)

5. I understand that BUMED-M1C1 must validate the total amount of ORB for which I am qualified and determine my ORB service obligation. If it is determined that the amount of ORB due or the ORB service obligation differs from that which I calculated, I (will/will not) accept the determination of BUMED-M1C1. If I do not accept such determination, I will notify BUMED-M1C1 in writing within 10 days of receipt. My application will be returned with no action taken, and I will be free to reapply at a later date.

6. I understand that this contract is binding upon approval and receipt of the first payment.

7. The following information is provided and certified to be true and accurate.

Licensure date:

Active duty entry date as an Optometrist:

Obligated service date for education or training:

Telephone number for Special Pay Coordinator:

E-mail address of the Command Special Pay Coordinator:

J. W. DOE

Copy to:
PERS-4415

OPNAVINST 7220.17
28 Dec 05

**SAMPLE CO'S ENDORSEMENT FOR
RETROACTIVE OPTOMETRY RETENTION BONUS (ORB) REQUEST**

7220
Ser No.
Date

FIRST ENDORSEMENT on LCDR John W. Doe, MSC, USNR,
123-34-5678/2305 ltr 7220 of _____

From: Commanding Officer, USS NAVAL HOSPITAL
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)

Subj: RETROACTIVE REQUEST FOR OPTOMETRY RETENTION BONUS (ORB)

1. Forwarded, recommending approval.
2. This application is late due to _____ and is no fault of Lieutenant Commander Doe.
3. The effective date of this agreement and the dollar amount award has been verified to be correct. Lieutenant Commander Doe is fully privileged and has met all requirements.

COMMANDING OFFICER

OPNAVINST 7220.17
28 Dec 05

SAMPLE TERMINATE/RENEGOTIATE OPTOMETRY RETENTION BONUS (ORB)

7220
Ser No.
Date

From: LCDR John W. Doe, MSC, USNR, 123-34-5678/2305
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)
Via: Commanding Officer, USS Naval Hospital

Subj: REQUEST TERMINATION AND RENEGOTIATION OF OPTOMETRY
RETENTION BONUS (ORB)

Ref: (a) OPNAVINST 7220.____

1. I hereby apply for ORB effective _____ per reference (a). My current ORB service agreement dated _____ will be terminated as of _____. I must repay the unearned portion of this ORB service agreement incident to award of ORB for the new service agreement.

2. If my application for ORB is approved, I agree to not tender a resignation or request release from active duty that would be affected during this ORB service obligation. This obligation must be for a period of 2 years beyond any existing active military service obligation for education or training. This obligation entitles me to special pay of \$_____ per year for 2 years as an Optometrist.

3. I understand, and agree to be bound by the provisions of this agreement and reference (a) relating to termination of payments to be made under this agreement, termination of this service obligation and the circumstances under which recoupment of sums paid by the Government may be required. Specifically, I understand that in accordance with reference (a), Chief, Bureau of Medicine and Surgery may terminate at any time my entitlement to ORB. Reasons for termination include, but are not limited to loss of privileges, courts martial convictions, violations of the Uniform Code of Military Justice, failure to meet or maintain eligibility requirements, or for reasons that are in the best interest of the Navy.

Subj: REQUEST TERMINATION AND RENEGOTIATION OF OPTOMETRY
RETENTION BONUS (ORB)

4. I understand that Chief, Bureau of Medicine and Surgery (BUMED-M1C1) must validate my eligibility for ORB. If it is determined that I do not meet the eligibility requirements, this application will be returned with no action taken and I may reapply at a later date if eligibility changes.

5. I understand that BUMED-M1C1 must validate the total amount of ORB for which I am qualified and determine my ORB service obligation. If it is determined that the amount of ORB due or the ORB service obligation differs from that which I calculated, I (will/will not) accept the determination of BUMED-M1C1. If I do not accept such determination, I will notify BUMED-M1C1 in writing within 10 days of receipt. My application will be returned with no action taken, and I will be free to reapply at a later date.

6. I understand that this contract is binding upon approval and receipt of the first payment.

7. The following information is provided and certified to be true and accurate.

Licensure date:

Active duty entry date as an Optometrist:

Obligated service date for education or training:

Telephone number for Special Pay Coordinator:

E-mail address of Command Special Pay Coordinator:

J. W. DOE

Copy to:
PERS-4415

OPNAVINST 7220.17
28 Dec 05

**SAMPLE CO'S ENDORSEMENT FOR TERMINATE/RENEGOTIATE
OPTOMETRY RETENTION BONUS (ORB) REQUEST**

7220
Ser No.
Date

FIRST ENDORSEMENT on LCDR John W. Doe, MSC, USNR,
123-34-5678/2305 ltr 7220 of _____

From: Commanding Officer, USS NAVAL HOSPITAL
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)

Subj: REQUEST TERMINATION AND RENEGOTIATION OF OPTOMETRY
RETENTION BONUS (ORB)

1. Forwarded, recommending approval.
2. The effective date of this agreement and the dollar amount award has been verified to be correct. Lieutenant Commander Doe is fully privileged and has met all requirements.

COMMANDING OFFICER

SAMPLE FORMAT
PHARMACY OFFICER SPECIAL PAY (POSP) REQUEST

7220
Ser No.
Date

From: LCDR John W. Doe, MSC, USNR, 123-45-6789/2305
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)
Via: Commanding Officer, USS Naval Hospital

Subj: REQUEST FOR PHARMACY OFFICER SPECIAL PAY (POSP)

Ref: (a) OPNAVINST 7220.____

1. I hereby apply for POSP effective _____ per reference (a).

2. If my application for POSP is approved, I agree to not tender a resignation or request release from active duty that would be affected during this POSP service obligation. This obligation must be for a period of 2 years of service from the date of the contract served concurrently with all other obligations. This obligation entitles me to special pay of _____ per year for 2 years as a Pharmacist.

3. I understand, and agree to be bound by the provisions of this agreement and reference (a) relating to termination of payments to be made under this agreement, termination of this service obligation and the circumstances under which recoupment of sums paid by the Government may be required. Specifically, I understand that in accordance with reference (a), Chief, Bureau of Medicine and Surgery may terminate at any time my entitlement to POSP. Reasons for termination include but are not limited to loss of privileges, courts martial convictions, violations of the uniform code of military justice, failure to meet or maintain eligibility requirements, or for reasons that are in the best interest of the Navy.

4. I understand that Chief, Bureau of Medicine and Surgery (BUMED-M1C1) must validate my eligibility for POSP. If it is determined that I do not meet the eligibility requirements, this application will be returned with no action taken and I may reapply at a later date if eligibility changes.

Subj: REQUEST FOR PHARMACY OFFICER SPECIAL PAY (POSP)

5. I understand that BUMED-M1C1 must validate the total amount of POSP for which I am qualified and determine my POSP service obligation. If it is determined that the amount of POSP due or the POSP service obligation differs from that which I calculated, I (will/will not) accept the determination of BUMED-M132. If I do not accept such determination, I will notify M1C1 in writing within 10 days of receipt. My application will be returned with no action taken, and I will be free to reapply at a later date.

6. I understand that this contract is binding upon approval and receipt of the first payment.

7. The following information is provided and certified to be true and accurate:

Active duty entry date as a Pharmacist:
Telephone number for Special Pay Coordinator:
E-mail address of Command Special Pay Coordinator:

J. W. DOE

Copy to:
PERS-4415

OPNAVINST 7220.17
28 Dec 05

**SAMPLE CO'S ENDORSEMENT FOR
PHARMACY OFFICER SPECIAL PAY (POSP) REQUEST**

7220
Ser No.
Date

FIRST ENDORSEMENT on LCDR John W. Doe, MSC, USNR,
123-34-5678/2305 ltr 7220 of _____

From: Commanding Officer, USS NAVAL HOSPITAL
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)

Subj: REQUEST FOR PHARMACY OFFICER SPECIAL PAY (POSP)

1. Forwarded, recommending approval.
2. The effective date of this agreement and the dollar amount award has been verified to be correct. Lieutenant Commander Doe is fully privileged and has met all requirements.

COMMANDING OFFICER

SAMPLE FORMAT
RETROACTIVE PHARMACY OFFICER SPECIAL PAY (POSP) REQUEST

7220
Ser No.
Date

From: LCDR John W. Doe, MSC, USNR, 123-34-5678/2305
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)
Via: Commanding Officer, USS Naval Hospital

Subj: RETROACTIVE REQUEST FOR PHARMACY OFFICER SPECIAL
PAY (POSP)

Ref: (a) OPNAVINST 7220.____

1. I hereby apply for POSP effective _____ per reference (a).
2. If my application for POSP is approved, I agree to not tender a resignation or request release from active duty that would be affected during this POSP service obligation. This obligation must be for a period of 2 years of service from the date of the contract served concurrently with all other obligations. This obligation entitles me to special pay of _____ per year for 2 years as a Pharmacist.
3. I understand, and agree to be bound by the provisions of this agreement and reference (a) relating to termination of payments to be made under this agreement, termination of this service obligation and the circumstances under which recoupment of sums paid by the Government may be required. Specifically, I understand that in accordance with reference (a), Chief, Bureau of Medicine and Surgery may terminate at any time my entitlement to POSP. Reasons for termination include but are not limited to loss of privileges, courts martial convictions, violations of the uniform code of military justice, failure to meet or maintain eligibility requirements, or for reasons that are in the best interest of the Navy.
4. I understand that Chief, Bureau of Medicine and Surgery (BUMED-M1C1) must validate my eligibility for POSP. If it is

Subj: RETROACTIVE REQUEST FOR PHARMACY OFFICER SPECIAL
PAY (POSP)

determined that I do not meet the eligibility requirements, this application will be returned with no action taken and I may reapply at a later date if eligibility changes.

5. I understand that BUMED-M1C1 must validate the total amount of POSP for which I am qualified and determine my POSP service obligation. If it is determined that the amount of POSP due or the POSP service obligation differs from that which I calculated, I (will/will not) accept the determination of BUMED-M132. If I do not accept such determination, I will notify BUMED-M1C1 in writing within 10 days of receipt. My application will be returned with no action taken, and I will be free to reapply at a later date.

6. I understand that this contract is binding upon approval and receipt of the first payment.

7. The following information is provided and certified to be true and accurate.

Active duty entry date as a Pharmacist:
Telephone number for Special Pay Coordinator:
E-mail address of Command Special Pay Coordinator:

J. W. DOE

Copy to:
PERS-4415

OPNAVINST 7220.17
28 Dec 05

**SAMPLE CO'S ENDORSEMENT FOR RETROACTIVE
PHARMACY OFFICER SPECIAL PAY (POSP) REQUEST**

7220
Ser No.
Date

FIRST ENDORSEMENT on LCDR John W. Doe, MSC, USNR,
123-34-5678/2305 ltr 7220 of _____

From: Commanding Officer, USS NAVAL HOSPITAL
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)
Subj: RETROACTIVE REQUEST FOR PHARMACY OFFICER SPECIAL
PAY (POSP)

1. Forwarded, recommending approval.
2. This application is late due to _____ and is no fault of Lieutenant Commander Doe.
3. The effective date of this agreement and the dollar amount award has been verified to be correct. Lieutenant Commander Doe is fully privileged and has met all requirements.

COMMANDING OFFICER

OPNAVINST 7220.17
28 Dec 05

**SAMPLE TERMINATE AND RENEGOTIATE
PHARMACY OFFICER SPECIAL PAY (POSP)**

7220
Ser No.
Date

From: LCDR John W. Doe, MSC, USNR, 123-34-5678/2305
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)
Via: Commanding Officer, USS Naval Hospital

Subj: TERMINATION AND RENEGOTIATION OF PHARMACY OFFICER
SPECIAL PAY (POSP)

Ref: (a) OPNAVINST 7220.17

1. I hereby apply for POSP effective _____ per reference (a). My current POSP contract dated _____ will be terminated as of _____. I must repay the unearned portion of this POSP contract incident to award of POSP for the new contract.

2. Condition of the agreement. I understand that:

a. The 2 years of continuous active duty I agree to serve will be effective on _____.

b. POSP in the amount of \$_____ and with an effective date of _____, may not be paid before approval of this agreement by my commanding officer.

c. Chief, Bureau of Medicine and Surgery may terminate this agreement for any reason enumerated in reference (a), paragraph 553 of reference (a).

d. In the event of termination, I must repay unearned POSP on a pro rata basis per paragraph 554 of reference (a).

e. Termination of POSP does not, in itself, relieve me of requirements to complete statutory and educational service obligations. Release from active duty is governed by reference (a).

3. Point of contact for special pays is HM2 I. B. Sailor at _____ or DSN_____.

J. W. DOE

5-K-1

Appendix K to Chapter 5
of Enclosure (1)

OPNAVINST 7220.17
28 Dec 05

**SAMPLE CO'S ENDORSEMENT FOR TERMINATE/RENEGOTIATE
PHARMACY OFFICER SPECIAL PAY (POSP)**

7220
Ser No.
Date

FIRST ENDORSEMENT on LCDR John W. Doe, MSC, USNR,
123-45-6789/2305 ltr 7220 of _____

From: Commanding Officer, USS NAVAL HOSPITAL
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)

Subj: REQUEST TERMINATION AND RENEGOTIATION OF PHARMACY OFFICER
SPECIAL PAY (POSP)

1. Forwarded, recommending approval.
2. The effective date of this agreement and the dollar amount award has been verified to be correct. Lieutenant Commander Doe is fully privileged and has met all requirements.

COMMANDING OFFICER

PHARMACY OFFICER SPECIAL PAY (POSP) RATES

<u>Years Creditable Service</u>	<u>Annual Rate</u>
Less than 3 years	\$3,000
3 but less than 6 (Not Intern)	\$7,000
6 but less than 8	\$7,000
8 but less than 12	\$12,000
12 but less than 14	\$10,000
14 but less than 18	\$9,000
18 or more	\$8,000

Note. Creditable service for pharmacists is computed by adding:

1. All periods that the officer spent in post-qualifying degree, internship, residency, or training which the officer was not on active duty.
2. All periods of active duty, after the officer was qualified in the specialty, in the Medical Service Corps of the Army, Navy, Air Force, or Public Health Service.

OPNAVINST 7220.17
28 Dec 05

SAMPLE RESERVE ADSW ADDITIONAL SPECIAL PAY (ASP) REQUEST

7220
Date

From: LCDR John L. Doe, MC, USNR, 123-45-6789/2105
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)
Via: Commanding Officer, Naval Hospital, Jacksonville
Subj: ACTIVE DUTY AGREEMENT FOR MEDICAL ADDITIONAL SPECIAL
PAY (ASP)

Ref: (a) OPNAVINST 7220.____

1. Under reference (a), I hereby agree to remain on active duty for a period of ____ days, from _____ to _____.

2. Conditions of the agreement. I understand that:

a. ASP in the amount of \$15,000.00 annually, prorated on a monthly/daily basis with an effective date of _____, may not be paid before approval of this agreement by Chief, Bureau of Medicine and Surgery.

b. This agreement may be terminated by the Chief, Bureau of Medicine and Surgery for any reason enumerated in paragraph 223 of reference (a).

c. In the event of termination, I must repay unearned special pay on a pro rata basis following paragraph 224 of reference (a).

d. If my ASP is terminated for cause this does not, in itself, relieve me of requirements to complete statutory and educational service requirements.

e. Unit identification code (UIC) _____, point of contact _____, e-mail _____, and telephone Number _____.

JOHN L. DOE

OPNAVINST 7220.17
28 Dec 05

**SAMPLE CO'S ENDORSEMENT FOR RESERVE ADSW
ADDITIONAL SPECIAL PAY (ASP) REQUEST**

7220
Ser No.
Date

FIRST ENDORSEMENT on LCDR John L. DOE, MC, USNR,
123-45-6789/2105 ltr of _____

From: Commanding Officer, Naval Hospital, Jacksonville
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)

Subj: ACTIVE DUTY AGREEMENT FOR MEDICAL ADDITIONAL SPECIAL
PAY (ASP)

1. Forwarded, recommending approval.
2. The effective date of this agreement and the dollar amount award has been verified to be correct. Lieutenant Commander Doe is fully privileged and has met all requirements.

COMMANDING OFFICER

Copy to:
LCDR Doe
Service Record

OPNAVINST 7220.17
28 Dec 05

SAMPLE RESERVE ADSW BOARD CERTIFIED PAY REQUEST

7220
Ser
Date

From: LCDR John L. Doe, MC, USNR, 123-45-6789/2105
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)
Via: Commanding Officer, Naval Hospital, Jacksonville

Subj: REQUEST FOR BOARD CERTIFICATION PAY (BCP)

Ref: (a) OPNAVINST 7220.____

Encl: (1) Copy of American Board of _____ ltr dated _____

1. In accordance with reference (a), I respectfully request BCP.
2. Enclosure (1) is forwarded indicating successful completion of the American Board of _____.
3. Unit identification code (UIC) _____, point of contact _____, e-mail _____, and telephone Number _____.

JOHN L. DOE

OPNAVINST 7220.17
28 Dec 05

**SAMPLE CO'S ENDORSEMENT ON RESERVE ADSW
BOARD CERTIFIED PAY REQUEST**

7220
Ser No.
Date

FIRST ENDORSEMENT on LCDR John L. Doe, MC, USNR,
123-45-6789/2105 ltr 7220 of _____

From: Commanding Officer, Naval Hospital, Jacksonville
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)

Subj: REQUEST FOR BOARD CERTIFICATION PAY (BCP)

1. Forwarded, recommending approval.
2. Point of contact is _____, who can be reached at (telephone number).

COMMANDING OFFICER

**SAMPLE RESERVE ADSW MEDICAL
INCENTIVE SPECIAL PAY (ISP) REQUEST**

7220
Ser No.
Date

From: LCDR John L. Doe, MC, USNR, 123-45-6789/2105
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)
Via: Commanding Officer, National Naval Medical Center, Bethesda

Subj: ACTIVE DUTY AGREEMENT FOR MEDICAL INCENTIVE SPECIAL
PAY (ISP)

Ref: (a) OPNAVINST 7220.____
(b) NAVADMIN (current FY Special Pay Plan)

1. Under reference (a), I hereby agree to remain on active duty for a period of _____ days from _____ to _____.

2. Conditions of the Agreement. I understand that:

a. The period of continuous active duty that I agree to serve, will be effective on _____.

b. ISP in the annual amount of \$_____, per reference (b) on a monthly/daily rate with an effective date of _____, may not be paid before approval of this agreement by Chief, Bureau of Medicine and Surgery. The amount indicated is based on my being fully privileged and practicing in ("your specialty").

c. This agreement may be terminated by the Chief, Bureau of Medicine and Surgery and for any reason enumerated in paragraph 13 of reference (a).

d. In the event of termination, I must repay unearned special pay on a pro rata basis following paragraph 14 of reference (a).

e. Termination of ISP does not, in itself, relieve me of requirements to complete statutory and educational service requirements.

3. Unit identification code (UIC) _____, PFA _____, point of contact _____, e-mail _____, and telephone Number _____.

JOHN L. DOE

Appendix C to Chapter 6
of Enclosure (1)

OPNAVINST 7220.17
28 Dec 05

**SAMPLE CO'S ENDORSEMENT FOR RESERVE ADSW
MEDICAL INCENTIVE SPECIAL PAY (ISP)**

7220
Ser No.
Date

FIRST ENDORSEMENT on LCDR John L. Doe, MC, USNR,
123-45-6789/2105 ltr of _____

From: Commanding Officer, National Naval Medical Center, Bethesda
To: Chief, Bureau of Medicine and Surgery (BUMED-M1C1)

Subj: ACTIVE DUTY AGREEMENT FOR MEDICAL INCENTIVE SPECIAL
PAY (ISP)

1. Forwarded, recommending approval/disapproval.
2. The effective date of this agreement and the dollar amount award has been verified to be correct. Lieutenant Commander Doe is fully privileged and has met all requirements.

COMMANDING OFFICER

Copy to:
NAVPERSCOM (PERS-4415)
Service Record