SAMPLE MEMBER REQUEST FOR HPO BCP

7220

Date

From: LCDR John L. Doe, MSC, USN

To: BUMED, Director, Total Force

Via: Commanding Officer, USS EVERSAIL (CV-35)

Subj: REQUEST/AGREEMENT FOR ACTIVE DUTY HEALTH PROFESSIONS

OFFICER BOARD CERTIFICATION PAY (BCP)

Ref: (a) OPNAVINST 7220.17A

(b) NAVADMIN (current FY)

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

1. I hereby apply for Health Professions Officer Board Certification Pay (HPO BCP) effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_ per references (a) and (b). My current contract dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_shall be terminated as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I shall repay the unearned portion of this contract incident to award of HPO BCP for the new contract.

2. Conditions of the agreement. I understand that:

a. The minimum one year of continuous active duty that I agree to serve, shall commence on .

b. BCP in the annual amount of $\_\_\_\_\_\_\_\_ will be paid monthly with an effective date of\_\_\_\_\_\_\_\_ may not be paid before approval of this agreement by Chief, BUMED.

c. This agreement may be terminated by the Chief, BUMED for any reason enumerated in reference (a).

d. I understand it is my responsibility to submit to BUMED, Director, Total Force my board recertification when, and if, I fulfill my recertification, or Maintenance of Certification (MOC) requirements. I also understand my Board Certification Pay (BCP) shall stop when the board certification, enclosure (1), expires unless I submit to BUMED, Director, Total Force my recertification documentation. If I fail to do so and my BCP does stop I understand I shall be required to submit a new BCP request/agreement to remain on active duty for a minimum of one year from the date my BCP begins again.

3. Unit POC \_\_\_\_\_\_, e-mail \_\_\_\_\_\_, and telephone number \_\_\_\_\_\_.

J. L. DOE