

FY26 NAVY ACTIVE COMPONENT MEDICAL SERVICE CORPS SPECIAL PAY GUIDANCE

1. Accession Bonus

a. Eligibility. To be eligible for an Accession Bonus (AB), an individual must:

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

(2) Be fully qualified to hold a commission or appointment as a commissioned officer in an Active or Reserve Component in their designated clinical specialty.

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

(4) Have a current, valid, unrestricted license.

(5) At the time of commission or appointment, have completed all mandatory service obligations if financial assistance was received from the Department of Defense in order to pursue a course of study to become an officer, or pursue a course of study leading towards appointment in the Corps/specialty. This includes, but is not limited to, participants and former participants of commissioning and pre-commissioning programs, but are not limited to Military Service Academy, Reserve Officers Training Corps, Armed Forces Health Professions Scholarship Program, Financial Assistance Program, Uniformed Services University of the Health Sciences, Health Services Collegiate Program, Seaman to Admiral-21 (STA-21), and any other pre-active duty programs funded by the government.

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

b. Health Care Providers (HCPs). In addition to the requirements in paragraphs 1a (1) through 1a (4) of this attachment, HPOs who are HCPs must possess a current, valid, unrestricted license (or an approved waiver) and be qualified in their respective specialties.

c. Accession Bonus Amounts. HPO AB amounts are listed in Table 1.

d. Service Obligations. During the discharge of the service obligation associated with AB, HPOs assigned specialties in Table 2 eligible for Incentive Pay (IP), and/or Table 4 Board Certification Pay (BCP), are eligible to be paid those pays. Any additional obligation incurred by these pays shall be served concurrently. During the discharge of the service obligation associated with AB, individuals are not eligible for a Retention Bonus (RB).

e. Authorized Accession Bonus. The Commander, Navy Recruiting Command, upon acceptance of the written agreement, approve AB to an eligible individual in the amount in Table 1 for a three-year, or four-year, obligation. Eligible individuals who sign a written agreement to serve on active duty in exchange for receiving AB are authorized to receive AB. Based on service-unique requirements, the Commander, Navy Recruiting Command may decline to offer AB to any specialty that is otherwise eligible.

Note: For Specialties listed as eligible for RB in Table 2, and an Accession Bonus is not available for the specialty, a member is eligible upon reporting to the first command after reporting to active duty, and completion of Officer Development School (ODS), to enter a minimum four year RB agreement, effective the date meeting all other eligibility requirements listed in this Pay Guidance.

2. Incentive Pay (IP)

a. Eligibility. An HPO is eligible for IP if he or she meets the below eligibility criteria, which includes being licensed, privileged, and practicing, and has completed the qualifying training as explained in subsection 2c.

(1) Is serving in the Primary Specialty of the Medical Service Corps, for which the IP is being paid, unless terminated.

(a) For Active Component: active duty for a period of not less than one year.

(b) For Reserve Component: active duty for a period of more than 30 days, where the officer's orders state the officer's billet while on active duty is the same specialty for which the IP is being requested. If the orders do not state the same specialty, the officer must obtain active duty (AD) privileges and practice the specialty in a billet authorized to practice the specialty, or at a Military Treatment Facility, while on active duty. If the specialty is listed in the orders the date of eligibility is the date reported to AD. If the specialty is not listed in the orders, the date of eligibility is the date AD privileges are granted while on AD.

(2) Executes a written agreement, to remain on active duty for a minimum period of one year beginning the date the agreement is executed, using the appropriate template on the Bureau of Medicine and Surgery (BUMED) Special Pays website. After entering the initial IP agreement there is no requirement to submit annual IP requests/agreements to continue receiving the IP. Member may submit for the increase as early as 1 October 2025, provided the member meets the eligibility for IP, and has not, or does not, submit for a resignation, or retirement, less than one year after the effective date of change in IP amount.

Example: A member who has submitted for resignation/retirement effective prior to 30 September 2026 is not eligible to submit for the increase in IP, since the date of resignation/retirement is less than one year from the earliest eligible effective date of 1 October 2025.

(b) An HPO must possess an unrestricted license (or approved waiver) and must be qualified in the specialty. Subject to acceptance by the Chief, BUMED, all privileged HPOs must be credentialed and practicing at a facility designated by the Surgeon General, in the specialty for which IP is being paid.

(c) Those HPO specialties not required to be privileged to practice will be required to be credentialed and practicing the specialty at a facility designated by the Surgeon General, in the specialty for which the RB is being paid.

(d) The Chief, BUMED may also approve recommendations on a case-by-case basis for IP payments to HPOs assigned to positions requiring a substantial portion of time performing military-unique duties under adverse conditions, or in remote locations outside the United States, or that preclude the ability to spend appropriate time in a clinical setting. In such cases the member may submit a request to Chief, BUMED for a waiver of the requirements, which will be reviewed on an individual basis. Format of the request is a standard Navy formatted letter and routed through the member's chain of command for recommendation.

b. Monthly Payments. Monthly IP payments for contracts shall be paid in the amounts established by the Secretary of the Military Department concerned not to exceed the annual amount in Table 2.

c. Under Retention Bonus Agreement. Medical Service Corps officers who enter an RB contract shall receive IP, at the IP with RB rate listed in the Navy's Fiscal Year Pay Guidance in effect at the time the RB contract is effective and will continue for the duration of the RB agreement.

d. For Active Component: active duty for a period of not less than one year.

e. Completion of Qualifying Training. The effective date of IP shall be calculated from the completion of the qualifying training plus three months. The eligibility date of IP shall be calculated from the completion of the qualifying training plus three months and meeting other eligibility requirements listed above.

3. Retention Bonus (RB)

a. Eligibility. To be eligible for the Active Duty RB, an HPO must be on permanent active duty, and meet the same eligibility requirements as for the active-duty IP. Also, the officer must meet the following requirements:

- (1) Be below paygrade RDML/O-7:
- (2) Must have completed:

(a) Any, and all, active duty service commitment incurred for participating in a commissioning, or pre-commissioning program, or any program(s) where government funding

was provided prior to reporting to active duty as Medical Service Corps officer, and the Career Intermission Program (CIP), also

(b) The active-duty service obligation (ADSO) for AB or Accession Health Professions Loan Repayment Program (HPLRP) is paid as an accession incentive, and must be served prior to eligibility for an RB.

Note: Commissioning and pre-commissioning programs include, but are not limited to Military Service Academy, Reserve Officers Training Corps, Armed Forces Health Professions Scholarship Program, Financial Assistance Program, Uniformed Services University of the Health Sciences, Health Services Collegiate Program, Seaman to Admiral (STA-21), and any other programs funded by the government.

(2) Have completed qualification for the specialty or subspecialty for which the RB is being paid before the beginning of the fiscal year during which an agreement is executed, but no earlier than 3 months after completing the qualifying training.

(3) Executes a written agreement, accepted by the Chief, BUMED, to remain on active duty in the specialty for which the RB is being paid. To enter agreement individual submits a request to Chief, BUMED, with Commanding Officer endorsement using appropriate template on BUMED Special Pays webpage. BUMED Special Pays will prepare an agreement and return it to the member who will need to accept or decline the agreement and return the acceptance/declination letter to BUMED Special Pays to complete the processing.

(4) If also a Health Care Provider (HCP), have a current, valid, unrestricted license or approved waiver, and subject to acceptance by the Chief, BUMED, must be currently credentialed, privileged, and practicing at a facility designated by the Chief, BUMED, in the specialty, as their primary specialty, for which the RB is being paid. The Chief, BUMED may also approve recommendations on a case by case basis for RB payments to HPOs assigned to positions requiring a substantial portion of time performing military-unique duties under adverse conditions or in remote locations outside the United States, or that preclude the ability to spend appropriate time in a clinical setting. Requests for waivers may be submitted by the member per paragraph 2a(2)(b) above.

(5) MSC officers under an RB, may attend the Dartmouth Master of Heal Care Delivery Science Program, while under the RB agreement, and if the RB agreement is entered prior to starting the program the obligation for the RB will run concurrent with the program, and obligation for the program.

b. Service-Unique Requirements. Based on Service-unique requirements, the Chief, BUMED may decline to offer an RB to HPOs or may restrict the length of the RB contract to less than four-years.

c. Termination and Renegotiation of Prior Retention Bonus. Subject to acceptance by the Chief, BUMED, a Health Profession Officer (HPO) with an existing RB contract as authorized in this attachment, may request termination of that contract, to enter into a new RB contract, where

the new agreement extends the member's obligation at least one year beyond the current RB obligation, at the RB annual rate in effect at the time of execution of the new RB contract. The new obligation period shall not retroactively cover any portion or period that was executed under the old contract.

Example of the new RB/IP extending the member's obligation at least one year. A member entered a 4 year RB/IP 1 July 2025, the member is not eligible to terminate and renegotiate for a new 4 year RB/IP for at least one year, until 1 July 2026; however, if the member entered a 4 year RB/IP 1 July 2025, the member is eligible to terminate and renegotiate for a 6 year RB/IP as early as 1 October 2025, provided the specialty is eligible for a 6 year RB/IP

*When a member terminates, and renegotiates an RB, they will only receive prorated portion of the new agreement, if they received an anniversary payment from the last agreement that overlaps the first year of the new agreement. Example, a member received an anniversary payment of \$36,000 from the old agreement 1 July 2025 and terminates and renegotiates for a new agreement for \$40,000 1 October 2025. The member will only receive \$13,000 for the initial payment of the new agreement. The member was paid \$27,000 (monthly RB amount of \$3,000 x 9 months from 1 October 2025 – 30 June 2026 = \$27,000 for the period 1 October 2025 – 30 June 2026 from the old agreement, leaving \$13,000 to be paid for the initial installment of the new agreement.

d. Active Duty Service Obligations (ADSOs). ADSOs for an RB shall be established in accordance with the following:

(1) ADSOs for education and training and previous MP agreements shall be served before serving the RB ADSO.

(2) When no education and training ADSO exists at the time of an RB contract execution, the RB ADSO shall be served concurrently with the RB contract period and all non-education and training ADSOs. Also, if the RB contract is executed before the start date of specialty qualification training and no other education and training ADSO exists, the RB ADSO shall be served concurrently with the RB contract period. However, if the RB contract is executed on or after the start date of specialty qualification training, the HPO is obligated for the full specialty qualification training period and the RB ADSO shall begin one day after the specialty qualification training ADSO is completed. Once an HPO has begun to serve an RB ADSO, he or she shall serve it concurrently with any future ADSO, including obligations for other special pay agreements or medical education and training obligations incurred after the execution date for that particular RB contract.

(a) Obligations for an RB may be served concurrently with obligations for IP, Board Certification Pay (BCP), promotion, Blended Retirement System (BRS) Continuation Pay, and non-medical specialty military specific education/training.

(b) During the discharge of the service obligation associated with HPLRP paid as a retention incentive, individuals are eligible for an RB. The RB ADSO is consecutive to all HPLRP obligations.

e. Annual Pay Amounts for Multi-year RB. Annual payment amounts for multi-year RB contracts shall be in the amounts in Table 2. The RB shall be paid annually on the anniversary date of contract.

4. Board Certification Pay (BCP). HPOs are eligible to receive BCP at the annual rate as indicated in Table 3 paid in equal monthly amounts. To be eligible for BCP, an HPO must:

a. Hold the eligible Primary Specialty for the duration of receiving BCP.

b. Have a post-baccalaureate degree in the clinical specialty.

c. Be certified by a recognized board in the clinical specialty as listed in Table 4.

d. Possess a current, valid, unrestricted license or approved waiver.

e. Executes a written agreement to remain on active duty beginning on the date the contract is executed, for a minimum period of one year.

f. For Reserve Component: active duty for a period of more than 30 days, where the officer's orders state the officer's billet while on active duty is the same specialty for which the IP is being requested. If the orders do not state the same specialty, the officer must obtain active duty (AD) privileges and practice the specialty in a billet authorized to practice the specialty, or at a Military Treatment Facility, while on active duty. If the specialty is listed in the orders the date of eligibility is the date reported to AD. If the specialty is not listed in the orders, the date of eligibility is the date AD privileges are granted while on AD.

g. Members can only be paid one BCP, regardless how many board certifications a member has.

h. BCP eligibility is the later of, date of certification, date of license, date assigned the qualifying specialty, or date reported to active duty.

Note: For reimbursement of board expenses email packages to Navy Medicine Leader & Development Command (NML&PDC) usn.bethesda.navmedleadprodevcmd.list.nmlpdc-msc-duins@health.mil.

5. Payment. IP and BCP shall be paid monthly. RB shall be paid in annual installments for the length of the agreement, and AB may be paid in a lump sum, monthly payments, or in periodic installments. Upon acceptance by the Chief, BUMED, the total amount paid under the agreement shall be fixed during the length of the agreement. The amount of each bonus or pay is listed in Tables 1-3.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

AB	Accession Bonus
ADSO	Active Duty Service Obligation
ASD(HA)	Assistant Secretary of Defense for Health Affairs
BCP	Board Certification Pay
CSP	Consolidated Special Pay
HCP	Health Care Provider
HPLRP	Health Professions Loan Repayment Program
HPO	Health Professions Officer
IP	Incentive Pay
MP	Multi-year Pay
RB	Retention Bonus

PART II. DEFINITIONS

Accession Bonus (AB). Bonus paid upon accession pursuant to USC Title 37, Chapter 5, Section 335, paragraphs (a)(1) and (a)(2).

Board Certification Pay (BCP). A pay authorized to health professions officer who earns board certification by an approved certifying agency. Pay authorized under USC Title 37, Chapter 5, Section 335, paragraph (c).

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

Health Professions Officer (HPO). Officers designated as a medical officer, dental officer, veterinary officer, medical service officer or biomedical sciences officer, medical specialist, or a nurse.

Health Care Provider (HCP). A Service member providing direct patient care who has been granted privileges to diagnose, initiate, alter, or terminate health care treatment regimens within the scope of the member's license, certification, or registration.

Incentive Pay (IP). A pay authorized to a health professions officer serving on active duty in a designated health profession specialty for a healthcare related skill. Pay authorized under USC Title 37, Chapter 5, Section 335, paragraph (b).

Multi-year Pay (MP). Pay given for obligated service of two, three, or four years.

Commissioning Program. Any program of education or training funded by the government authorizing commissioning, such as Military Service Academy, Reserve Officers Training Corps, Armed Forces Health Professions Scholarship Program, Financial Assistance Program, Uniformed Services University of the Health Sciences, or any other commissioning programs.

Practicing. Meeting the practicing requirements to maintain privileges by the Privileging Authority.

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

Retention Bonus (RB). A bonus paid to obligate an officer for a specified period of time for more than one year authorized under USC Title 37, Chapter 5, Section 335, paragraph (a)(3).

Table 1: ACCESSION BONUS (AB) RATES BY SPECIALTY AND CLINICAL PSYCHOLOGIST CRITICALLY SHORT WARTIME SPECIALTY AB ¹

SPECIALTY AB	Lump Sum (One Time Payment)	
	3-Year Obligation	4-Year Obligation
Clinical Psychologist	\$42,500	\$65,000
Social Worker	\$18,750	\$30,000
Medical Laboratory	-	\$30,000
Pharmacy	-	\$30,000
Optometrist	\$20,000	\$30,000

Table 2: Incentive Pay/Retention Bonus (IP/RB) Rates by Specialty ^{2,3,4,5}

SPECIALTY	Amount Paid Per Year or a:				
	Fully Qualified IP Rate/Year (with and without RB)	RB 2-Year Rate	RB 3-Year Rate	RB 4-Year Rate	RB 6-Year Rate
Physician Assistant	\$5,000	\$10,000	\$15,000	\$25,000	\$35,000
Clinical Psychologist	\$5,000	\$15,000	\$20,000	\$30,000	\$40,000
Licensed Clinical Social Worker	\$2,500	\$10,000	\$13,000	\$20,000	\$25,000
Optometrist	\$5,000	\$5,000	\$10,000	\$15,000	\$20,000
Pharmacist	-	\$10,000	\$15,000	\$20,000	-
Podiatry	\$5,000	\$10,000	\$15,000	\$25,000	

Table 3:

Board Certification Pay (BCP) 1-year rate (prorated monthly) ^{2,3}	\$8,000
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Table 4: Approved Specialty Professional Boards Eligible for Board Certification Pay

SPECIALTY	SPONSOR	CERTIFICATION RESPONSIBILITY	BOARD(S)
Audiology/ Speech Pathology	American Speech-Language Hearing Association	Council for Clinical Certification in Audiology and Speech-Language Pathology	1. Audiology (CCC-A) 2. Speech-Language Pathology (CCC-SLP)

	American Board of Audiology	Clinical Certification Board	1. Audiology 2. Advanced Certification with Specialty Recognition (various)
Biochemistry	Commission on Accreditation in Clinical Chemistry	American Board of Clinical Chemistry	Fellow of the Academy of Clinical Biochemistry
Dietetics	Academy of Nutrition and Dietetics	Commission on Dietetic Registration	1. Pediatric Nutrition 2. Renal Nutrition 3. Obesity and Weight Mgmt 4. Sports Dietetics 5. Gerontological Nutrition 6. Oncology Nutrition 7. Advanced Practice Certification in Clinical Nutrition
	American Society for Parenteral and Enteral Nutrition	The National Board of Nutrition Support Certification	Certified Nutrition Support Clinician
	National Certification Board for Diabetes Educators	National Certification Board for Diabetes Educators	Certified Diabetes Educator
	National Commission for Health Education Credentialing	National Commission for Health Education Credentialing	1. Certified Health Education Specialists 2. Master Certified Health Education Specialist
	American Board of Sports Medicine	American College of Sports Medicine	1. Registered Clinical Exercise Physiologist 2. Certified Exercise Physiologist 3. Certified Clinical Exercise Physiologist
Medical Physicist	American Board of Radiology	American Board of Medical Specialties	Subspecialties of nuclear medical physics, diagnostic medical physics, and therapeutic medical physics
Occupational Therapy	American Occupational Therapy Association (AOTA)	AOTA Board for Advanced and Specialty Certification	1. Gerontology 2. Mental Health 3. Pediatrics 4. Physical Rehabilitation
	Hand Therapy Certification Commission	Hand Therapy Certification Commission	Certified Hand Therapist
	Board of Certification in Professional Ergonomics	Board of Certification in Professional Ergonomics	1. Certified Professional Ergonomist 2. Certified Human Factors Professional

			3. Certified User Experience Professional
	Academy of Certified Brain Injury Specialists	Academy of Certified Brain Injury Specialists	Certified Brain Injury Specialist Trainer
Optometry	American Academy of Optometry	American Academy of Optometry	Fellow in the American Academy of Optometry
	American Board of Certification in Medical Optometry (ABCMO)	ABCMO	ABCMO
	American Board of Optometry	American Board of Optometry	Diplomate of the American Board of Optometry
Pharmacy	American Pharmacists Association	Board of Pharmacy Specialties	Any
Physical Therapy	American Physical Therapy Association	American Board of Physical Therapy Specialists	1. Cardiopulmonary 2. Clinical Electrophysiology 3. Geriatrics 4. Neurology 5. Orthopedics 6. Pediatrics 7. Sports 8. Women's Health
Physician Assistant	National Commission on Certification of Physician Assistants	National Commission on Certification of Physician Assistants	National Commission on Certification of Physician Assistants
Podiatry	American Podiatric Medical Association	Council on Podiatric Medical Education	1. American Board of Podiatric Medicine 2. American Board of Foot and Ankle Surgery
Psychology	American Psychological Association	American Board of Professional Psychology	Diplomate
Social Work	American Board of Clinical Social Work (ABCSW) Formerly known as the American Board of Examiners In Clinical Social Worker	American Board of Clinical Social Work (ABCSW) Formerly known as the American Board of Examiners In Clinical Social Worker	Board Certified Diplomate (BCD) in Clinical Social Work
	National Association of Social Workers	Competence Certification Commission	Diplomate in Clinical Social Work

Footnotes:

¹ Must be a graduate of an accredited school in his or her clinical specialty. The clinical psychologist specialty is designated by the Secretary of Defense as critical to meet a Military Department's healthcare wartime missions. Justification for a critical designation consists of the criticality of the HPO skill, officer shortages due to recent

force structure changes, or extremely high replacement or training cost.

² When a Health Care Provider, AC HPOs must be credentialed, privileged, and practicing at a facility designated by the Military Department, in the specialty for which the IP and RB is being paid. The Secretary of the Military Department concerned may also approve recommendations on a case-by-case basis for IP and RB payments to HPOs assigned to positions requiring a substantial portion of time performing military-unique duties under adverse conditions, in remote locations outside the United States, or that preclude the ability to spend appropriate time in a clinical setting. General/Flag officers at the rank of O-7 and above are eligible for the IP and BCP in their credentialed specialty.

³ To be paid IP and BCP under the 1/30th rule, RC HPOs must be credentialed by the Military Department in the specialty for which the incentive is being paid.

⁴ Active Duty Service Obligation requirements relating to retention bonuses can be found at paragraph 10.e.(3) of Enclosure 3 to Reference (c).

⁵ To be eligible for a retention bonus, member must have completed graduate education approved by the Military Department Surgeon General in one of the listed clinical specialties.