

FY26 NAVY ACTIVE DUTY NURSE CORPS SPECIAL PAYS GUIDANCE

1. Accession Bonus

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

(1) Be a graduate of a school of nursing accredited by the Accreditation Commission for Education in Nursing (ACEN) (formerly known as the National League for Nursing Accrediting Commission (NLNAC)) or the Commission on Collegiate Nursing Education (CCNE) with a baccalaureate degree or higher in nursing.

(2) Have successfully passed the Registered Nurse National Council Licensure Examination (NCLEX). For those nurses who are licensed in Puerto Rico, or were licensed in Puerto Rico, and have subsequently received licensure in the state of Florida, verification of passing the NCLEX exam must be completed as Puerto Rico does not require passing the NCLEX exam to be licensed.

Note: Newly graduated nurses who have not successfully passed, or taken, the NCLEX can enter an agreement for the AB, but must pass the NCLEX IAW BUMED 6550.14.

(3) For the Critical Care Nurse Accession Bonus, eligibility consideration for limited quotas must include 2 or more years of full-time clinical experience as a critical care registered nurse in the preceding two years before accession. To be considered working full time in this paragraph is working 36 hours per week. Relevant clinical experience must be obtained while working as a registered nurse; however, relevant experience can be obtained prior to a qualifying degree as defined in paragraph 1(a)(1) & (2).

(4) Be fully qualified to hold a commission or appointment as a commissioned officer in an Active Component of the Nurse Corps.

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

(6) Execute a written agreement to accept a commission or appointment as an officer of the Nurse Corps to serve on active duty for a specific period. An individual who holds an appointment as a Nurse Corps officer in either the Active or Reserve Component 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. Accession Bonus Amounts. Nurse Corps Accession Bonus amounts are listed in Table 1.

c. Service Obligations. During the discharge of the service obligation associated with AB, those individuals meeting eligibility requirements for Incentive Pay (IP) in those specialties where IP is available, are eligible to apply for and receive IP. 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).

d. Authorized Accession Bonus. The Commander, Navy Recruiting Command, upon acceptance of the written agreement, approves AB to an eligible individual in the amount in Table 1 for a three, or four, year obligation. Eligible individuals who sign a written agreement to serve on active duty or in an active status 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 a Nurse.

2. Incentive Pay (IP)

a. Eligibility. A Certified Registered Nurse Anesthetist (CRNA) is eligible for IP if he or she is a credentialed and practicing CRNA, and has completed the qualifying training required to be designated as a CRNA in the Navy:

(1) Assigned a Primary Specialty of CRNA (1972).

(a) For Active Component (AC): 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 on the date the contract is executed, by submitting the appropriate template on the Bureau of Medicine and Surgery (BUMED) Special Pays website to request the IP. 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.

(3) Possesses an unrestricted license. Member must continue to be credentialed, privileged, and practicing at a facility designated by the Surgeon General as an authorized medical facility, in the Medical specialty for which the IP is being paid.

(4) The Chief, BUMED, may also approve recommendations on a case-by-case basis for IP payments to Nurses 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.

(5) Flag officers at the rank RDML/O-7 and above are not eligible for IP.

b. Monthly Payments. Annual payment amounts for IP are listed in Table 2 and will be paid in equal monthly installments. After the initial year agreement, the IP payments will continue, at the rate in the agreement, with no requirement for additional IP agreements or requests unless the officer becomes eligible for a different IP rate.

c. Not Under Retention Bonus Agreement. Subject to acceptance by the Chief, BUMED, a CRNA not under an RB agreement, who becomes eligible for a higher IP rate, may request to terminate and renegotiate for a higher rate IP.

d. Under Retention Bonus Agreement. CRNAs who enter an RB contract shall continue IP eligibility at the IP rate in effect at the time the RB contract is effective and will continue for the duration of the RB agreement. For those under an RB/IP agreement to receive the increase, or new IP rate, the member must terminate and renegotiate for a new RB/IP agreement obligating for a period longer than is remaining on the existing agreement, or will have to wait until the RB/IP agreement ends, and then submit for the IP only obligating for a minimum of one year from the start date of the IP agreement.

e. Completion of Qualifying Training. The eligibility date of IP shall be calculated from the completion of the qualifying training for the specialty plus three months.

3. Retention Bonus (RB)

a. Eligibility. To be eligible for RB, a Nurse Corps officer must be on permanent active duty (SelRes are not eligible for the AC RB), and meet the following requirements:

(1) Below the grade of 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, Career Intermission Program (CIP), or any

program(s) where government funding was provided prior to reporting to active duty as Nurse Corps Officer, 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.

(3) Hold a primary specialty code and/or year group listed in Table 2, which the RB is being paid for, throughout the duration of the RB agreement, and only those listed in (a) and (b) below are eligible to enter the authorized DUINS program while under an RB.

(a) Maternal Infant (1920), **Perioperative (1950)**, and Critical Care (1960) Nurses who enter DUINS within the same specialty are eligible to retain their full specialty bonus. Certified Registered Nurse Anesthetists (1972) who enter DUINS for CRNA Research (PhD track) program are eligible to retain their full CRNA RB.

(b) General/Clinical Nurses who enter into the DUINS eligible RB are eligible to attend any Clinical Nurse DUINS program while receiving the DUINS eligible RB and must be under the DUINS eligible RB prior to applying for DUINS. General/Clinical Nurses who enter into the Non-DUINS eligible RB are not eligible for DUINS while receiving the Non-DUINS eligible RB.

(4) Must have completed either a specialty nursing course approved by the Navy Surgeon General or a graduate program in the clinical specialty for which the RB is being paid, and that training must have been completed before the beginning of the FY during which the RB is effective, but no earlier than 3 months after completing the qualifying training.

(5) All specialties must have the education suffix of the member's primary subspecialty code of "C", "Q," "K". Specialties with the "K" code must also have the tertiary "V" in the same specialty.

(6) Required to be certified by a recognized board listed in Table 3 to be eligible for an RB.

(7) Reserve NC officers reporting to permanent indefinite recall to AC from RC and commissioned officers transferring from other Uniformed Services via Interservice Transfer are eligible for an RB upon reporting to an AC command if they meet all other eligibility requirements listed, to include completion of the qualifying training prior to the beginning of the FY which the RB agreement is effective per paragraph 3a(3).

(8) Execute a written agreement, accepted by the Chief, BUMED, to remain on active duty in the specialty for which the RB is being paid.

(9) Possesses an unrestricted state license, or approved waiver.

(10) Subject to acceptance by the Chief, BUMED, Nurse Corps specialties requiring privileges to practice are required to be credentialed, privileged, and practicing at a facility designated by the Surgeon General, in the Nurse Corps specialty for which the RB is being paid.

(a) Those Nurse Corps 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 Nurse Corps specialty for which the RB is being paid.

(b) The Chief, BUMED, may also approve recommendations on a case-by-case basis for RB payments to individuals 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(4) above.

(11) Psychiatric Nurse (1930) must be LCDR/O-4 and below and must enter Duty Under Instruction (DUINS) for Mental Health Nurse Practitioner (1973) program to be eligible to enter a 6-year RB at the annual rate of \$10,000. The RB will start the day prior to the start of the Mental Nurse Practitioner (1973) program, the RB obligation will run concurrent with the Mental Health Nurse Practitioner training, and obligation, for the length of the RB. The request must be submitted prior to starting the DUINS, and no earlier than 60 days prior to the effective date of the RB.

(12) For Nurse Specialties Medical Surgical (1910), Emergency Room (1945), Neonatal Intensive Care (1964), and Pediatric (1922) with an approved graduate degree qualifying for a primary specialty code with an educational suffix of “Q” or “C” according to the Navy Nurse Corps Subspecialty Code Management Guidance are eligible for an RB.

(13) Nurses under a Specialty RB, or DUINS eligible RB, may attend the Dartmouth Master of Health 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 Nurses or may restrict the length of an RB contract based on service needs or requirements.

c. Termination and Renegotiation of Prior RB. Subject to acceptance by the Chief, BUMED, a Nurse Corps Officer 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.

(1) Nurses who choose a Non-DUINS eligible General/Clinical Year Group bonus are not authorized to terminate and renegotiate into an DUINS eligible Year Group bonus, but they can terminate and renegotiate into a specific specialty bonus listed in Table 2.

(2) Nurses who choose a DUINS eligible General/Clinical Year Group bonus may terminate and renegotiate into a Non-DUINS eligible General/Clinical Year Group bonus or into a specific specialty bonus listed in Table 2.

(3) Nurses who choose a specific specialty bonus listed in Table 2 are not authorized to terminate or renegotiate into a Non-DUINS eligible General/Clinical Year Group or DUINS eligible General/Clinical bonus.

d. Active Duty Service Obligation. ADSOs for RB shall be established in accordance with the following:

(1) ADSOs for education and training and previous RB 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.

(3) Obligations for an RB may be served concurrently with other service obligations, to include IP, Board Certified Pay (BCP), promotion, Blended Retirement System (BRS) Continuation Pay, and non-Nurse specific military education/training.

e. Annual Pay Amounts for 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 the contract.

4. Board Certification Pay. CRNA, Nurse Practitioners, Midwives, Clinical Nurse Specialists, and Public Health Nurses are eligible to receive BCP at the annual rate as indicated in Table 5, paid in equal monthly amounts. To be eligible for BCP, an officer must:

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

b Have a post-baccalaureate degree in the clinical specialty. A post-master's certificate acceptable to the Chief, BUMED can satisfy this requirement.

c. Be certified by a recognized professional board, in a designated health profession clinical specialty contained in Table 6.

d. Execute a written agreement to remain on active duty beginning on the date the contract is executed, for a minimum period of one year. After entering the initial BCP agreement there is no requirement to submit annual BCP requests/agreements to continue receiving the BCP.

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

(2) 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 date is the date AD privileges are granted while on AD.

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

f. 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.mbx.nmlpdc-cme-funding@health.mil

5. Payment.

a. IP and BCP shall be paid monthly and reflect on the LES as SAVED PAY. RB shall be paid in annual installments for the length of the agreement, and AB may be paid in Lump Sum, or annual installments as requested by the member. 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.

b. A Nurse Corps Officer who enters into a written agreement is eligible to the full amount of the bonus or pay earned provided the Service member is fulfilling the conditions for such bonus or pay during the length of the agreement. Specified conditions may include a service obligation and the eligibility requirement described above.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

AB	Accession Bonus
ACEN	Accreditation Commission for Education in Nursing
ADSO	Active Duty Service Obligation
APRNs	Advanced Practice Registered Nurses
ASD(HA)	Assistant Secretary of Defense for Health Affairs
CCNE	Commission on Collegiate Nursing Education
CRNA	Certified Registered Nurse Anesthetist
CSP	Consolidated Special Pay
HPLRP	Health Professions Loan Repayment Program
IP	Incentive Pay
MP	Multi-year Pay
NCLEX	National Council Licensure Examination
NLNAC	National League for Nursing Accrediting Commission
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).

Advanced Practice Registered Nurses. Includes certified registered nurse anesthetists, nurse practitioners, and nurse midwives.

Board Certification Pay (BCP). A pay authorized to health professions officers who earn 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.

Nurse Corps officer. An officer of the Nurse Corps of the Army, Navy, or Air Force.

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, Nurse Candidate Program, 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 multi-year bonus paid to obligate an officer for a specified period of time over one year authorized under USC Title 37, Chapter 5, Section 335, paragraph (a)(3).

DUINS eligible General/Clinical. Nursing category that allows nurses in certain eligible year groups who have not otherwise applied for, or meet the eligibility for, a specific specialty bonus listed in Table 2 to request an RB. This category allows eligibility for DUINS application while serving under this RB.

Non-DUINS eligible General/Clinical Nursing. Nursing category that allows nurses in certain eligible year groups who have not otherwise applied for, or meet the eligibility for, a specific specialty bonus listed in Table 2 to request an RB. This category removes eligibility for DUINS application while serving under this RB.

Year Group (YG). Year group is determined by the fiscal year of a member's Ensign date of rank (for example, those that have an Ensign date of rank between 01 Oct 2017 and 30 Sep 2018 will have a YG of 2018). Members who entered with constructive service credit, and thus never served as an Ensign, have a reconstructed Ensign date of rank. The reconstructed Ensign date of rank is determined by subtracting 2 years from the LTJG date of rank or 4 years from the LT date of rank.

Table 1: NURSE CORPS ACCESSION BONUS (AB) AND CRITICALLY SHORT WARTIME SPECIALTY ACCESSION BONUS (CSWSAB) ¹

SPECIALTY AB	Rate is for Entire Period of Accession Obligation	
	3-Year Obligation	4-Year Obligation
Any Specialty	\$30,000	\$50,000
Critical Care Nursing	-	\$100,000
Mental Health Nurse Practitioner	-	\$120,000
SPECIALTY CSWSAB		
Certified Registered Nurse Anesthetist	-	\$250,000

Table 2: NURSE CORPS IP & RB ^{2, 3, 4, 5}

NURSE CORPS	Fully Qualified IP only 1-year rate (prorated monthly)	RB 2-Year Rate (Paid Annually)	RB 3-Year Rate (Paid Annually)	RB 4-Year Rate (Paid Annually)	RB 6-Year Rate (Paid Annually)
Medical-Surgical Nursing	-	\$10,000	\$15,000	\$25,000	\$35,000
Maternal and Infant Nursing		\$10,000	\$15,000	\$25,000	\$35,000
Pediatric Nursing		\$10,000	\$15,000	\$20,000	
Neonatal Intensive Care		\$10,000	\$15,000	\$20,000	-
Psychiatric/Mental Health Nurse	-		-	-	\$10,000
Emergency Room Nursing	-	\$10,000	\$15,000	\$20,000	-
Perioperative Nursing	-	\$10,000	\$15,000	\$20,000	\$35,000
Critical Care Nursing	-	\$10,000	\$15,000	\$20,000	\$35,000
Certified Registered Nurse Anesthetist	\$18,000	\$20,000	\$30,000	\$50,000	\$75,000
Mental Health Nurse Practitioner		\$20,000	\$30,000	\$40,000	\$60,000
Pediatric Nurse Practitioner		\$10,000	\$15,000	\$30,000	\$45,000
Family Nurse Practitioner		\$10,000	\$15,000	\$30,000	\$45,000
Nurse Midwife		\$15,000	\$20,000	\$30,000	\$45,000
Non-DUINS eligible General/Clinical Nursing (Year Groups 2019, 2020, 2021, 2022, 2023) with less than 12 YOS*				\$19,000	\$34,000
Non-DUINS eligible General /Clinical Nursing (Year Groups 2017, 2018) with less than 12 YOS*				\$11,000	\$16,000

DUINS eligible General/Clinical Nursing (Year Groups 2019, 2020, 2021, 2022, 2023) with less than 12 YOS*					\$12,000
DUINS eligible General/Clinical Nursing (Year Groups 2017, 2018) with less than 12 YOS*				\$8,000	

*YOS calculated as of October 1, 2025, and YOS includes both commissioned, and enlisted active service.

Table 3: Recognized boards for IP AND/OR RB

Medical-Surgical Nursing Certification Board	Board of Certification for Emergency Nursing (BCEN)
American Academy of Nurse Practitioners Certification Board	Competency & Credentialing Institute Certified (CCI)
American Association of Critical Care Nurses (AACN)	National Board on Certification and Recertification of Nurse Anesthetist (NBCRNA)
American Midwifery Certification Board (AMCB)	Pediatric Nursing Certification Board (PNCB)
American Nurses Credentialing Center (ANCC)	National Certification Corporation (NCC)

Table 4: Eligibility Requirements by Specialty

NURSE CORPS	Required Education Suffix	Tertiary Suffix “V” Required if Education Suffix “K”	Eligible to Decline Accession Bonus and Enter RB Agreement Upon Meeting Eligibility
Medical-Surgical Nursing	Q or C	NA	No
Maternal Infant Nursing	K, Q or C	Yes	No
Pediatric Nursing	Q or C	NA	No
Neonatal Intensive Care Nursing	Q or C	NA	No
Psychiatric/Mental Health Nursing	K	Yes	No
Emergency Room Nursing	Q or C	NA	No
Perioperative Nursing	K, Q, or C	Yes	No
Critical Care Nursing	K, Q, or C	Yes	No
Certified Registered Nurse Anesthetist	Q or C	NA	No
Mental Health Nurse Practitioner	Q or C	NA	No
Pediatric Nurse Practitioner	Q or C	NA	No
Family Nurse Practitioner	Q, or C	NA	No

Nurse Midwife	Q or C	NA	No
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Table 5: Board Certification Pay (BCP) Rate

Board Certification Pay (BCP) 1-year rate (prorated monthly)	\$8,000
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Table 6: Recognized boards for BCP

Specialty	Sponsor	Responsibility	Board
CRNA	American Association of Nurse Anesthetists	National Board of Certification and Recertification for Nurse Anesthetists	Nurse Anesthetist
	American Association of Nurse Anesthesiology		
NP	American Nurses Association	American Nurses Credentialing Center, American Academy of Nurse Practitioners or Pediatric Nursing Certification Board	Family Nurse Practitioner
			Pediatric Nurse Practitioner
			Psychiatric/Mental Health Nurse Practitioner
Nurse Midwife	National Commission for Certifying Agencies	American Midwifery Certification Board	Nurse Midwife
Clinical Nurse Specialist	American Nurses Association	American Nurses Credentialing Center or American Association of Critical Care Nurses, or the National Certification Corporation	Clinical Nurse Specialist
Public Health Nurse	American Nurses Association	American Nurses Credentialing Center (ANCC) Public Health Nursing Certification- PHNA_BC (renewal only), or National Board of Public Health Examiners (NBPHE) Certified in Public Health (CPH)	Public Health Nurse

Footnotes:

¹ Must be a graduate of a school of nursing accredited by the Accreditation Commission for Education in Nursing (formerly the National League for Nursing Accrediting Commission) or the Commission on Collegiate Nursing Education (CCNE) that conferred a baccalaureate degree or higher in nursing. Information found at: <http://www.acenursing.org/>. Nurse Corps CSWSAB lists HPO specialties designated by the Secretary of Defense as critical to meet a Military Service'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 As a Health Care Provider (HCP), AC HPOs must be currently credentialed, privileged (Advanced Practice Registered Nurses (APRNs)), and practicing at a facility designated by the military Service, in the Nurse Specialty for which the IP and/or RB is being paid. Nurses 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, may request a waiver from the Chief, BUMED. 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 Service in the specialty for which the incentive is being paid, while on Active Duty.

⁴ To be eligible for a Nurse Specialty IP and/or RB, the Nurse must be board-certified in the specialty concerned by the applicable Board listed in Table 3.

⁵ In order to be eligible for a Specialty retention bonus, member must have completed a specialty nursing course approved by the Service Surgeon General or a graduate program in one of the clinical specialties listed. To be eligible for the General/Year Group Nurse retention bonus, member does not have to complete a Surgeon General or graduate program.