



NATIONAL GUARD BUREAU

111 SOUTH GEORGE MASON DRIVE
ARLINGTON VA 22204-1382

NGB-ARS

10 December 2009

MEMORANDUM FOR The Adjutants General of All States, Puerto Rico, The US Virgin Islands, Guam, and The Commanding General of the District of Columbia

SUBJECT: Implementation Guidance for Army National Guard (ARNG) Army Medical Department (AMEDD) Officer Incentive Programs for FY 10-11

1. References:

- a. Army Regulation 135-7, Incentive Programs, 15 Apr 96.
- b. DoD Directive 1205.20, subject: Reserve Component Incentive Programs, 8 Jan 96.
- c. DoD 7000.14-R, Volume 7A, "DoD Financial Management Regulation (Military Pay, Policy, and Procedures - Active Duty and Reserve Pay)", 15 Nov 92, authorized by DoD Instruction 7000.14, 10 Feb 99.
- d. DoD Instruction 1205.21, "Reserve Component Incentive Programs Procedures", 20 Sep 99.
- e. Assistant Secretary of Defense (Health Affairs) Memorandum, 26 Mar 08, "Reserve Component Wartime Healthcare Specialties with Critical Shortages".
- f. Title 37, U.S.C., Chapter 5, Section 302g.
- g. Title 10, U.S.C., Chapter 1608, Section 16201 and Chapter 1609, Section 16302.
- h. National Defense Authorization Act for Fiscal Year 2008 (PL 110-181).

2. Purpose. This memorandum updates policy and provides implementing guidance for the Selected Reserve AMEDD Incentive Programs. It is National Guard Bureau (NGB) policy that incentives be used to attract and retain health care professionals possessing or qualifying for training in critical skills needed in wartime and to maintain readiness in the ARNG.

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

- a. Healthcare Professionals Loan Repayment Program (HPLR).

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b. Special Pay: Health care professionals in critically short wartime specialties formerly referred to as Healthcare Professional Bonus.

c. Specialized Training Assistance Program (STRAP).

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

4. Authorization. The DoD authorizes the Services to offer incentives based on Critical Wartime Shortages. These shortages are positions in Modification Table of Organization and Equipment (MTOE) units in the ARNG. This does not mean that personnel assigned to positions in Table of Distribution and Allowances (TDA) units are ineligible to receive incentives. However, in any given specialty in a TDA unit, all identical positions in MTOE units within that State must be filled prior to the TDA position being eligible for incentives. Alternatively, if a current officer in the same specialty is moved to an MTOE position, the newly recruited officer is eligible to receive incentives in the vacated TDA position. Positions that are only found in TDA structure are exempt from this requirement. For example, a State has 12 AOC 65D positions in MTOE units statewide and 12 AOC 65D positions in the JFHQ Medical Detachment. No incentive eligible officer occupying an AOC 65D position in the Medical Detachment will be eligible to receive an incentive until such time as the 12 MTOE positions are filled. Personnel currently receiving incentives that do not meet this requirement will not be negatively impacted. This requirement has no impact on a State's ability to assign to MTOE structure and further attach to TDA structure. If a State has no vacancies and all positions are filled then Medical Corps, Dental Corps and Physician Assistants assigned over strength in accordance with the annually published over strength memorandum are eligible to receive incentives. It should be noted that when recruiting over strength, careful consideration must be given to the future impact of the states ability to promote these officers. Personnel will not be processed for receipt of incentives unless their primary AOC is properly loaded in SIDPERS.

5. Eligibility. Enclosure 1 lists ARNG medical specialties authorized to receive AMEDD Incentives. Enclosure 2 identifies the alternative specialties authorized or authorized substitutability list to fill specific Modification Table of Organization and Equipment (MTOE) or TDA positions.

a. Personnel are eligible for incentive programs when their position matches (or is an authorized substitution for) the specialty in which they have received (or are receiving) training. Program participants must remain in a qualifying AOC assignment in order to receive loan repayments, monthly stipend, or special pay. The ARNG will offer incentives to personnel assigned over strength in AMEDD positions provided that the MTOE positions in the state are filled. States will request Temporary Additional positions from National Guard Bureau Chief Surgeon Office for officers (currently in the recipient phase of an incentive) whose positions are lost due to unit re-organization/de-

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activation/restructure and for whom there are no other valid positions available in the State. ARNG will not award 62B as a primary AOC in SIDPERS. Also, 61N will not be awarded as a primary AOC unless the officer has completed the Aerospace Medicine Residency. NGB-EDU-IN will validate that an appropriate AOC and ASI are posted in SIDPERS prior to forwarding requests for payment.

b. AMEDD Officers are not restricted from filling 01A positions, but the only AMEDD officers that should fill these positions are 70 series and 67J MS officers. AMEDD officers receiving incentives will not be eligible if placed in 01A positions.

c. Primary Care physicians (61F, 61H and 62A) as listed in attached critical shortage list may fill a specialty specific vacancy, 61H Family Practice, 62B Field Surgeon, 60A Operational Medicine, 61N Flight Surgeon position (if attending, or previously attended 61N course), or 05A position.

d. Internal Medicine includes subspecialties that require completion of an Internal Medicine residency prior to sub-specialization. These specialties included the following: Hematology and Oncology, Gastroenterology, Cardiovascular Disease, Critical Care Medicine, Endocrinology, Geriatric Medicine, Nephrology, Hematology, Infectious Disease, Pediatrics, Pulmonary Disease, and Rheumatology.

e. General Dentists are only eligible to participate in the HPLR and Special Pay.

f. Service members involuntarily transferred between ARNG units, to the Individual Ready Reserve, or to an Army Reserve Troop Program Unit as a result of force structure changes or force reduction actions may be eligible to continue receipt of their incentive if they meet all requirements listed in this memorandum. Individuals involuntarily transferred to the Individual Ready Reserve or to an Army Reserve Troop Program Unit must check with their gaining command.

g. Personnel volunteering for Active Duty Tours (incurring three years or longer commitment) will have their incentives suspended and recoupment action initiated.

h. Personnel mobilized will continue receipt of their bonus and loan repayment eligibility without interruption. Personnel participating in the STRAP program may, on a case by case basis, continue receiving their stipend. The primary basis of the decision will be based on the Residency Program Director's documented statement that the officer will receive credit for their residency program by mobilizing. If this requirement is not met, the stipend will be suspended until the officer returns to the residency program.

i. Active Guard/Reserve (AGR) officers and Military Technicians are ineligible for all incentives listed in this memorandum. AMEDD officers currently under an incentive contract who accept an AGR or Military Technician position will have their incentive terminated without recoupment. Any unpaid portion of the incentive will be paid to the

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soldier. Service members currently in an AGR or permanent military technician status are not eligible to sign a new incentive contract.

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

6. Healthcare Professionals Loan Repayment Program (HPLR).

a. This program reflects policy of the 2009 National Defense Authorization Act (NDAA).

b. The ARNG officers will serve in an ARNG TDA/MTOE unit (within the limits stated in paragraphs 5 and 6 above) in order to receive HPLR. For each year of satisfactory service in the unit (and 50 good retirement points), any DoD authorized student loan will be considered eligible for repayment that:

(1) Has an outstanding balance on the principal.

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

c. Under the HPLR Program, payment in any given year will not exceed the amount authorized for that specialty (see breakdown below) or the remaining balance of the student loan, whichever is less. Total program repayments for all years will not exceed the maximum authorized amount for that specialty (see below). Applicants will complete both forms DA 5536-R and the Amendment to DA Form 5536-R. SRIP managers will ensure that each HPLR participant is loaded in iMARC prior to processing.

(1) Medical and Dental Corps: \$40,000 per year, with a \$120,000 lifetime cap

(2) Physician Assistants, Physical Therapists, Nurse Practitioners, Social Workers, and Clinical Psychologists: \$20,000 per year with a \$60,000 lifetime cap

(3) Bachelor of Science in Nursing (BSN) Nurses: \$10,000 per year with a \$30,000 lifetime cap.

d. Healthcare Professionals that entered into a previous HPLR agreement prior to the publication of this policy may reenter into an agreement to have the HPLR program pay up to the new authorized lifetime cap for their specialty. Healthcare Professionals that are currently exercising a HPLR contract are eligible to increase to the new authorized amount for their specialty.

e. Officers will sign a statement of understanding at the time they submit their annual loan repayment paperwork either electing to receive the amount from their

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current contract, or the new annual amount. The Healthcare professional must understand that they will only receive the difference between the new lifetime cap and what they have already received. This also applies to AMEDD officers who reappoint to a specialty that is allowed a larger amount.

f. The following repayment restrictions apply:

(1) The borrower may not be reimbursed for payments already made on loans. Payments are made to educational and financial institutions, not to individuals.

(2) Repayment cannot exceed outstanding balance of DoD recognized loan(s).

(3) The agreement (DA Form 5536-R) does not change the officer's obligation to the lender or holder of the note(s).

(4) Loan(s) in default are not authorized for repayment.

(5) Consolidated educational loans may be eligible for repayment. The individual must provide evidence that all loans in the consolidation are completely for the eligible education, and provide the payment history to calculate what portion of each loan in the consolidation has been satisfied.

(6) Payments will be made until either the student loan(s) is (are) retired, or the ceiling is reached (to include any payments made under the previous programs), whichever is the lower amount. Payments will be made to the maximum annual amounts shown in paragraph 6 (c) not to exceed the lower of the authorized annual amount per year or the remaining balance of the student loan. If total repayments are less than the new authorized lifetime cap, the remaining amount may be applied to future student loans that the officer incurs but the health professional would need to execute a new contract. Taxes are not withheld from payments made to the institution. However, the individual incurs a tax debt as this is considered income that must be reported.

(7) Medical Corps officers that are board eligible or board certified are eligible to participate in the HPLR program.

(8) Application for repayment of Loans:

(a) It is the individual officer's responsibility to submit a Memorandum For Annual Loan Repayment on an annual basis through their unit of assignment to the (Selective Reserve Incentive Program) SRIP Manager.

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(b) Application for repayment may be submitted no earlier than 60 days prior to the officer's anniversary date. Repayment will be paid on the anniversary date. All signatures will be accomplished within 90 days of the anniversary payment.

(9) Graduates of the Inter-Service Physician Assistant Program (IPAP) are not eligible to participate in this program until they satisfy their six year contractual agreement.

(10) Dental Corps officers who received MDSSP may sign a HPLR contract. In order to meet the HPLR eligibility requirements, a MDSSP recipient must agree to extend their MDSSP obligation for the period they are receiving HPLR. A copy of the STRAP Extension Statement (enclosure 4) will be enclosed along with DA Form 5685-R and forwarded to NGB-EDU-IN, ATTN: AMEDD Incentives, 111 S. George Mason Drive., Arlington, VA 22204-1382 for computation of the new STRAP obligation dates. The enclosed STRAP Extension Statement may be used as a master copy. The STRAP Manager must compute all STRAP obligor extensions.

7. Special Pay.

a. Individuals contracting for Special Pay approved ARNG specialties will receive \$5,000 to \$25,000 per year depending upon their specialty. Participants must choose 1, 2, or 3 years of affiliation with the ARNG at the time of application. Taxes are withheld.

b. Graduates of the Inter-Service Physician Assistant Program (IPAP) are not eligible to participate in this program until they satisfy their 6-year contractual agreement.

c. The following qualifications apply to certain specialties:

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

(2) Physicians, listed in the critical shortage list attached, must have completed residency training and meet all requirements for board candidacy in their specialty.

(3) General Dentist 63A, Nurse Practitioners 66P, Medical Surgical Nurses 66H, Social Workers 73A and Clinical Psychologists 73B must be State licensed.

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

d. All participants must meet criteria for appointment as a commissioned officer in the ARNG.

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e. The special pay for health professionals may be used as an accession or retention tool for Medical Corps, Dental Corps, Medical Specialist Corps, Medical Service Corps and Nurse Corps officers under the following conditions:

(1) Individuals contracting for special pay approved ARNG specialties will receive \$5,000 to \$25,000 per year depending upon their specialty as follows:

(a) Medical and Dental Corps - \$25,000 per year

(b) Physician Assistants, Nurse Practitioners and Clinical Psychologist - \$20,000 per year

(c) Social Workers-\$15,000

(d) Physical Therapist- \$10,000

(d) BSN Nurses and Aeromedical Evacuation Pilot - \$5,000

(2) If the applicant initially received the special pay at the time of accession, they are eligible for the special pay for retention purposes. The special pay may not be offered again until any remaining service obligations from other incentives previously executed have been fulfilled.

(3) Applicant must be an OCONUS mobilization asset and a satisfactory participant.

(4) Applicant's Primary AOC in the Total Army Personnel Database-Guard (TAPDB-G) must match their qualifying specialty training. In addition, applicants must be properly credentialed in CCQAS as appropriate.

(5) Individuals who join the ARNG from Active Duty (REFRAD), who are otherwise eligible, may receive the special pay upon assignment to the ARNG.

(6) Applicants who have completed 19 or more years of commissioned service are not eligible. The incentive obligation cannot obligate the officer past their 20 year anniversary date.

(7) Mandatory Removal Date (MRD) restrictions. The applicant must have enough time remaining for the number of years below MRD for which they desire to receive the incentive. Example: The incentive normally is offered to a qualified professional for three years, \$10,000 per year. If a qualified professional was age 58, MRD would limit the individual to two years of the incentive. However, should the officer request MRD extension, and the extension is approved, the officer may continue to receive the special pay up to the new MRD date, or three years, whichever comes first.

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If the MRD extension is not approved, the special pay will terminate at MRD. A participant who anticipates requesting an MRD extension should select a special pay period that takes into account service beyond MRD.

(8) Physicians and dentists, with specialties listed in Enclosure 1, must have completed residency training and meet all requirements for board candidacy in their specialty.

(9) Special pay for nurses applies to all 66H and 66B with a BSN up to the rank of MAJ but not including. Meaning that they can sign a Special Pay contract and when promoted to MAJ they can still receive the incentive, but a MAJ cannot enter into a Special Pay contract. This rank restriction does not apply to 66P.

8. Specialized Training Assistance Program (STRAP).

a. STRAP is available only to ARNG healthcare specialties listed on enclosure 1.

b. STRAP obligors incur an obligation of 1 year for every 6 months (or part thereof) for which they receive the stipend. This obligation period will be satisfied immediately following residency completion. Variations on obligation start date are authorized as detailed in sections on combined HPLR and STRAP. Previously signed STRAP contracts remain unchanged with a two-year obligation for each year or part of year in which a stipend was received.

c. STRAP may be taken for any number of years during the residency period. However, if the applicant only desires to take STRAP for a portion of the remaining residency period, the start date must be calculated from the residency end date. Example – Physician with a 4-year program, ending Jun 08, only wants 2 years of STRAP. The physician is not authorized to start the stipend receipt until Jun 06.

d. The monthly stipend payment is currently \$1992 per month. Taxes are withheld. The stipend increases annually on 1 Jul of each year.

e. Participants must be unconditionally accepted into the educational program or residency, as applicable, for which they seek funding. Applicants must complete all prerequisites when they submit their application for consideration.

f. Resident physicians must attend scheduled ARNG weekend drills for the duration of their authorized stipend phase in accordance with the ARNG Flexible Training Policy or at the discretion of the unit commander.

g. Medical Corps applicants in dual residency programs are ineligible, unless both programs are on the incentive list at time of signing of the contract. Fellowships will be

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paid for on a case by case basis. Request for approval will be sent through NGB-EDU-IN (AMEDD) to NGB-ARS.

h. STRAP BSN applicants must complete their degree completion program within 48 months of signing the STRAP agreement. Requests for extension will be considered on a case-by-case basis. However, STRAP BSN participants may only receive a maximum of 24 months of stipend payments.

i. Statement of Understanding. Army policy currently provides those officers participating in STRAP will not be available to local commanders, or to the DARNG, in meeting mobilization cross-leveling requirements unless the Surgeon General approves such action. In the event of war or national emergency, participants will be subject to order to active duty as required by Headquarters, Department of the Army (HQDA). In view of the foregoing, residency training may be interrupted in order to meet those mobilization requirements described above.

9. Medical/Dental Student Stipend Program (MDSSP) or STRAP Jr.

a. MDSSP is available only to Medical and Dental Students. Medical and dental students are eligible as follows:

b. MDSSP obligors incur an obligation of one year for every six months (or part thereof) for which they receive the stipend. This obligation period will be satisfied immediately following Medical/Dental School completion unless the individual elects to enter into the STRAP program for residency in an eligible specialty. In that event, the original MDSSP contract will be amended to defer the obligation until residency is complete.

c. MDSSP may be taken for any number of years during Medical/Dental School. However, if the applicant only desires to take MDSSP for a portion of the remaining Medical/Dental school period, the start date must be calculated back from the Medical/Dental school end date. For example—Medical/Dental School is a four-year program, ending Jun 08, but the student only wants two years of MDSSP. The student is not authorized to start stipend receipt until Jun 06.

d. The monthly stipend payment is currently \$1992 per month. The monthly stipend increases annually on 1 Jul by the percentage that the Military Pay increased that year.

e. Participants must be unconditionally accepted into the educational program for which they seek funding.

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f. Students must attend scheduled ARNG weekend drills for the duration of their authorized stipend phase in accordance with the ARNG Flexible Training Policy or at the discretion of the unit commander.

g. Students must be coded with a primary AOC of 00E67 and Branch of MS in SIDPERS. Students must be in a Temporary Additional Position authorized by NGB-ARS.

h. Statement of Understanding. Army policy currently provides those officers participating in MDSSP may not be available to local commanders, or to the DARNG, in meeting mobilization cross-leveling requirements unless the Surgeon General approves such action. In the event of war or national emergency, participants may be subject to order to active duty as required by HQDA. In view of the foregoing, medical/dental school may be interrupted in order to meet those mobilization requirements described above.

10. STRAP program following MDSSP program.

a. All requirements in paragraph 9 above must be met in order to be eligible.

b. STRAP recipients that were accepted directly from the MDSSP program will have MDSSP contract amended to defer the obligation until residency is complete. The STRAP obligation is calculated as a one year obligation for each six months (or part thereof) that the stipend was paid to the individual; however the MDSSP obligation is re-calculated at six months for each six months (or part thereof) that the stipend was paid to the individual. For example, a medical student enrolled in MDSSP for four years beginning Aug 08 initially contracts for an eight-year obligation that would begin Jun 12. This obligates the officer until Jun 20. The officer elects to enter a three-year residency program on the critical shortage list and signs up for STRAP. The original contract is amended to defer the original obligation start date until residency completion that would be in Jun 15. The final obligation is now four years (vice eight) from MDSSP program (re-calculated due to enrolling in both programs), plus six years from STRAP. New obligation end date will be ten years following residency program end date, or Jun 25.

11. Dual Participation in Both STRAP and HPLR Programs. - Effective 17 Oct 98, a STRAP participant in training (Stipend Phase commonly referred to as Phase I) may be eligible for the HPLR as follows:

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

b. Applicants must meet the eligibility criteria outlined in AR 135-7, paragraphs 7-3a-e. In addition, the applicant must meet the critical shortage requirement authorized by the FY 10 ARNG Healthcare Professional Critical Shortage List (enclosure 1).

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c. The HPLR and STRAP may be offered at the same time provided that the eligible physician has completed at least two years of residency training and is not in the obligor phase (Phase 2) of STRAP. The physician may enroll at the beginning of the third year of residency and receive the first (anniversary) loan repayment 1 year later.

d. In order to meet the HPLR eligibility requirement, a STRAP participant must agree to extend their STRAP obligation prior to completing the STRAP stipend phase (Phase 1). When utilization of HPLR results in an extension of the STRAP obligation, a copy of the STRAP Extension Statement (enclosure 4) will be enclosed along with DA Form 5685-R and forwarded to NGB-EDU-IN, ATTN: AMEDD Incentives, 111 South George Mason Dr., Arlington, VA 22204-1382 for computation of the new STRAP obligation dates. The enclosed STRAP Extension Statement may be used as a master copy. The STRAP Manager must compute all STRAP obligor extensions. EXAMPLE: An officer completes training on 30 Jun 08, however their anniversary date for HPLR is not until 12 Oct 08; in order for them to receive their anniversary payment, the officer must agree to extend their STRAP obligation 3 months and 12 days.

e. NGB-EDU-IN (AMEDD) must be notified when HPLR incentives are suspended or terminated. In order for the officer to begin serving their STRAP obligation, the HPLR obligation must be removed from the system. The Incentive Managers must accomplish this via written notification to the address in 11d above.

f. STRAP participants whose final HPLR payment is received prior to completion of their specialized training are not required to have their service obligation extended.

12. Participation in HPLR and Special Pay Programs.

a. The HPLR and Special Pay may be offered but not contracted at the same time, in either order. However, payments and the payback time will be consecutive. The healthcare professional will sign a USAREC FM 1252 at the time of accession to show their intent to participate in both programs and in which order. The officer will be required to provide the USAREC FM 1252 as proof of intent in the event that their specialty falls off of the CWSL after they complete their first program (either HPLR or Special Pay).

b. Applicants must meet the requirements listed in paragraphs 6 (HPLR) and paragraph 7 (Special Pay), to include having their specialty listed on the critical wartime shortage list for the ARNG in the year that they are eligible to apply for the Special Pay. Example: A 65D (Physician Assistant) joins a MTOE unit for the HPLR and Special Pay. The service member signs the USAREC FM 1252 during the accession process requesting to participate in the HPLR program first and Special Pay second. After they execute their oath of office the service member signs the HPLR contract. The service member will have the first payment made (up to \$20,000) 1 year from date of contract (anniversary date). The second payment, up to \$20,000, will be paid at the end of

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second year. The third payment will be the lesser of the remaining amount of the loan or the \$20,000 specified for this service members specialty. At the beginning of the fourth year, eligibility for Special Pay starts. The service member will sign the Special Pay contract on their four year anniversary with payments of \$15,000 (less tax) for years 4, 5, and 6. Regardless of the critical shortage list in three years, the applicant contracted for both incentives while they were eligible. Gross amount to the applicant is \$105,000. Net contractual obligation is six years. The USAREC FM 1252 will lock the officer into the policy at the time of their accession.

13. Penalties. An individual who fails to comply with the requirements in this memorandum (e.g., maintaining a current status in CCQAS) is subject to recoupment action. States that determine an individual to be in breach of their incentive agreement will submit request for Suspension/Recoupment of incentive to the point of contact for this policy.

14. This memorandum expires when rescinded or superseded.

15. Point of contact is Major Terrand Law, ARNG Medical Personnel Program Manager, at (703) 607-8453, DSN 327-8453 or terrand.law@us.army.mil.



ROBERT W. BROWN II
Colonel, MS
Chief Surgeon, Army National Guard

Encls

1. Critical Wartime Shortage
2. Authorized Substitutability
3. HLPR Contract Addendum

CF:

NGB-IG	Each State IG	Each State Surgeon
NGB-PL	DAPE-MPA-RP	Each State Deputy State Surgeon
NGB-HR	USAREC-RCHS-OP	Each R&R Manager
NGB-ARH	Each State MILPO	Each State SRIP Manager
NGB-ASM-O	Each POTO	Each Senior Army Advisor
Each State Medical Recruiter/NCO/POC		

AUTHORIZED SUBSTITUTABILITY LIST

Position AOC	SPECIALTY DESCRIPTION	Officer's AOC	SUBSTITUTE SPECIALTY DESCRIPTION
60A	Oper. Medicine	Any 60/61/62	All 60/61/62 series specialties
60B	Nuclear Medicine	None	
60C	Prevent. Medicine	60D 61N	Occupational Medicine Flight Surgeon (Aerospace Med Certified)
60J	OB/GYN	None	
60K	Urologist	None	
60L	Dermatologist	None	
60N	Anesthesiologist	None	
60S	Ophthalmologist	None	
60T	Otolaryngologist	None	
60V	Neurologist	60R	Child Neurologist
60W	Psychiatrist	60U	Child Psychiatrist
61A	Nephrologist	None	
61F	Internist	60F 60G 60H 61A 61B 61C 61D 61G 60B 60M	Pulmonary Disease Gastroenterologist Cardiologist Nephrologist Oncologist/Hematologist Endocrinologist Rheumatologist Infectious Disease Nuclear Medicine Allergist/Clinical Immunologist (only if root training was Internal Medicine)
61G	Infectious Disease	None	
61H	Family Physician	61F 62A 62B	Internal Medicine Physician Emergency Physician Field Surgeon
61J	General Surgeon	61K 61L 61W 60J 60K	Thoracic Surgeon Plastic Surgeon Peripheral Vascular Surgeon OB/GYN Urologist
61K	Thoracic Surgeon	None	
61M	Orthopedic Surg.	None	
61N	Flight Surgeon	None	Any MC officer may attend 61N Course- except 60W, 60B, 60N, 60U, 61Q, 61R, 61U
61R	Diagnostic Radiologist	60B 61Q	Nuclear Medicine Therapeutic Radiologist (Completed 61R)

		Residency)	
Position AOC	SPECIALTY DESCRIPTION	Officer's AOC	SUBSTITUTE SPECIALTY DESCRIPTION
61U 61Z	Pathologist Neurosurgeon	None None	
62A	Emergency Physician	61H	Family Physician
62B	Field Surgeon	Per DA Pam 611-21 (with changes), Any 60/61/62 Series specialties EXCEPT:	Following may NOT substitute for 62B: 60B – Nuclear Medicine 60N – Anesthesiologist 60U – Child Psychiatrist 60W – Psychiatrist 61Q – Therapeutic Radiologist 61R – Diagnostic Radiologist 61U – Pathologist
63A	Dental Officer	Any 63 series specialties	Any Dental specialties
64A	Veterinarian	None	
65D	Physician Assistant	66P: in state Medical Commands. Use of this substitution in other units requires prior written approval from NGB-ARS. Incentives will only be offered if DA Approval is also granted. Per DA Pam 611-21 (with changes), <u>Any</u> 60/61/62 Series specialties, EXCEPT:	Following may NOT substitute for 65D: 60B – Nuclear Medicine 60N – Anesthesiologist 60U – Child Psychiatrist 60W – Psychiatrist 61Q – Therapeutic Radiologist 61R – Diagnostic Radiologist 61U – Pathologist
66F	Nurse Anesthetist	60N except: <u>Requires</u>	Anesthesiologist

		<u>approval of NGB-ARS</u>	
Position AOC	SPECIALTY DESCRIPTION	Officer's AOC	SUBSTITUTE SPECIALTY DESCRIPTION
66N	Nurse Admin.	Any 66 Series	All Nursing specialties
66H		Any 66 series, except 66F	All Nursing specialties, except Nurse Anesthesia
70 Series/ 67A		Any 70 Series	Any 70 series MS officer may occupy (if substitution applied, they are not qualified for promotion) any other 70 series/ 67A MS officer position.
72A*		72B* 72D* <u>*Note: Only applicable for CST/WMD Teams</u>	72B - Entomologist 72D - Environmental Scientist
67C	Preventive Medicine Sciences	Any 72 Series MS officer	All Preventive Medicine Specialties within the MS Corps 67C Series of 72A-D
67D	Behavioral Sciences	Any 73 Series MS officer 60W	Both Behavioral Science specialties (73A- B) may occupy a 67D position. Positions specific to 73 series however must have an AOC match.
67F	Optometrist	None	
67J	Aeromedical Evac.	None	
01A	Branch Immaterial	Any Officer	AMEDD Officers are NOT restricted from filling 01A positions, but the only AMEDD officers that <u>should</u> fill these positions are 70 Series and 67J MS officers. AMEDD officers receiving incentives will not be eligible if placed in 01A positions.
05A	AMEDD Branch Immaterial	Any AMEDD Officer	Restricted to AMEDD Officers ONLY.

Positions not specifically listed in this document have no substitution authority.

ARMY NATIONAL GUARD OFFICER HEALTH PROFESSIONAL SPECIALTIES WITH
CRITICAL WARTIME SHORTAGES¹ FISCAL YEAR 2010-2011

Special Pay

61F Internal Medicine (Subspecialties Listed)
61H Family Practice
61N Flight Surgeon^{2 3}
62A Emergency Physician
62B Field Surgeon (All physicians who are listed as a
substitutable AOC on the attached authorized substitutability
list)
60W Psychiatry

Non-Physician

63A General Dentist
65B Physical Therapist
65D Physician Assistant
66B Army Public Health Nurse⁴
66H Medical Surgical Nurse⁴
66P Nurse Practitioner
67J Aeromedical Evacuation
73A Social Worker
73B Clinical Psychologist

SPECIALIZED TRAINING ASSISTANT PROGRAM (STRAP)

61F Internal Medicine (Subspecialties Listed)
61H Family Practice
62A Emergency Physician
62B Field Surgeon (All physicians who are listed as a
substitutable AOC on the attaché authorized substitutability
list)
60W Psychiatry
66H Medical Surgical Nurse

62A Emergency Physician
62B Field Surgeon (Substitutable specialties)

HEALTH CARE PROFESSIONAL LOAN REPAYMENT PROGRAM (HPLR)

61F Internal Medicine (Subspecialties Listed)
61H Family Practice
61N Flight Surgeon (See Footnote 3)
62A Emergency Physician

62B Field Surgeon (All physicians who are listed as a substitutable AOC on the attached authorized substitutability list)

60W Psychiatry

Non-Physician

63A General Dentist

65B Physical Therapist

65D Physician Assistant

66H Medical Surgical Nurse⁴

66B Army public Health Nurse⁴

66P Nurse Practitioner

73A Social Worker

73B Clinical Psychologist

MEDICAL/DENTAL STUDENT STIPEND PROGRAM (MDSSP)

00E67 Medical/Dental Student (Branched MS)

¹Qualified personnel are eligible for incentives only when the position to which they are assigned to and retained in requires the specialty for which they will receive the incentives or is an authorized substitution.

²Primary Care Officers may fill 61N (if they have completed the course), 62B, 05A or any Primary Care billet as listed above.

³Note applies to 61N only. To qualify, officer must have completed the Ft. Rucker Flight Surgeon's Course or the Residency in Aerospace Medicine (RAM). Officer must also have completed a full residency program in any of the Army approved specialties, other than 60B, 60N, 60U, 60W, 61Q, 61R or 61U.

⁴Special pay applies to all Company Grade 66H and 66B with a BSN or MSN. HPLR applies to all 66H and 66B with a BSN or MSN.

ENCLOSURE 1



NATIONAL GUARD BUREAU

111 SOUTH GEORGE MASON DRIVE
ARLINGTON VA 22204-1382

NGB-ARS

4 December 2009

MEMORANDUM FOR G-1, ARNG

SUBJECT: Delegation of Signature Authority for COL Rob Brown

1. I hereby authorize the following individuals to sign Office of the Chief Surgeon correspondence on my behalf:

- a. LTC James Young, Medical Operations Branch Chief.
- b. LTC Jose Ortiz, Preventive Medicine Branch Chief.
- c. LTC Floyd Burgher, Clinical Operations Branch Chief.

2. This authority is issued without power of re-delegation and will be exercised in strict accordance with the following: approval on correspondence containing policy matters, official recommendations, or tasking responses, supply and inventory, leave requests, civilian employee time cards, travel approvals and actions supporting 90-Day BOG/180-Day BOG Rotational issues. Individuals in paragraphs 1a, 1b and 1c may sign nonoccurrence, or disapproval.

3. This delegated signature authority will not be used for memorandums of appreciation/commendation, Officer Evaluation Reports (OER), or where prohibited by regulation.

4. The point of contact is MAJ Rebecca Oldham, Executive Officer, Office of the Chief Surgeon at DSN 327-8682, 703-607-8682, or rebecca.oldham@us.army.mil.

A handwritten signature in black ink, appearing to read "Robert W. Brown II".

ROBERT W. BROWN II
Colonel, MS
Chief Surgeon, Army National Guard