



CCI 633.01
EFFECTIVE DATE: 16 November 2018

By Order of the Assistant Secretary for Health:

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SUBJECT: Special Pays

1. PURPOSE: This Instruction establishes the conditions and circumstances under which health professionals of the Commissioned Corps of the U.S. Public Health Service (Corps) may be authorized the Health Professions Special Pays (HPSP) that include the Accession Bonus (AB), Critical Short Wartime Specialty Accession Bonus (CWS-AB), Retention Bonus (RB), Incentive Pay (IP), and Board Certification Incentive Pay (BCIP). It also sets forth the rates and the mechanism (lump sum or monthly payments) that each HPSP is paid.
2. APPLICABILITY: This Instruction applies to all Regular Corps Officers on active duty.
3. AUTHORITY:
 - 3-1. [42 U.S.C. §210\(a\)](#), "Pay and allowances"
 - 3-2. [37 U.S.C. §204](#), "Entitlement"
 - 3-3. [37 U.S.C. §335](#), "Special bonus and incentive pay authorities for officers in health professions"
 - 3-4. [37 U.S.C. §373](#), "Repayment of unearned portion of bonus, incentive pay, or similar benefit, and termination of remaining payments, when conditions of payment not met"
 - 3.5. Commissioned Corps Directive (CCD) [CCD 151.05](#), "Health Professions Special Pays"
4. PROPONENT: The proponent of this instruction is the Assistant Secretary for Health (ASH). The responsibility for assuring the day-to-day management of the Corps is the Surgeon General (SG).
5. SUMMARY OF REVISIONS AND UPDATES: This Instruction replaces Commissioned Corps Instruction CCI 633.01, "Health Professions Special Pays," dated 14 May 2014.
 - 5-1. Section 6-2 clarifies the general eligibility requirements to initiate an HPSP agreement including that only officers who are missing a required annual Commissioned Officers' Effectiveness Reports (COER) are ineligible and that an officer undergoing a Fitness for Duty Determination (FFD) may not enter a HPSP agreement until he/she is found fit for duty. Section 6-2 also establishes clinical requirements for IP and RB and that officers must be in a duty status to be eligible for HPSP.
 - 5-2. Section 6-3 establishes that only an officer called to active duty to a clinical position may receive an accession bonus (AB or CWS-AB). Also establishes that all accession bonuses require a 4 year obligation; that the officer may not transfer out of his/her

OPDIV/STAFFDIV/non-HHS organization; and that a civil service employee is not eligible for an accession bonus except in specific circumstances.

- 5-3. Section 6-4 specifies that an officer in training may continue to receive IP, but is ineligible for RB.
- 5-4. Section 6-5 no longer requires an annual agreement for IP after the initial 1 year obligation, except for: flag officers; officers who lose eligibility; and officers who initiate new agreements to take advantage of a higher IP rate. Also authorizes continuation of IP at the 2018 approved rates for certain officers who are ineligible to enter a 2 year RB, and to align agreement anniversary dates with officers' retirement dates.
- 5-5. Section 6-6 no longer requires an obligation for BCIP and no longer requires an annual agreement after submission of the initial agreement.
- 5-6. Section 6-7 establishes when an officer may renegotiate an agreement and clarifies the circumstances and dates when HPSP payments are terminated. A bonus (AB, CWS-AB, and RB) may only be terminated upon the officer's separation from active duty or after a hearing before an Involuntary Termination Board (ITB) or Board of Inquiry (BOI). Establishes that an incentive pay (IP and BCIP) may be terminated after review by a HPSP Review Board, BOI, ITB, or Involuntary Retirement Board (IRB).
- 5-7. Section 6-8 establishes the HPSP Review Board along with an appeal process.
- 5-8. Section 7-5 establishes the requirement for officers to maintain updated contact information in DCCPR, clarifies that it is the officer's responsibility to initiate and/or renew an agreement, and clarifies an officer's responsibilities in notifying DCCPR regarding errors in their pay or ineligibility for a pay.
- 5-9. Section 8-1 establishes that HPSP agreements are digitally signed. Also establishes that the SG may determine the submission process and the effective date of an agreement.

6. POLICY:

6-1. General Policy.

- a. The provisions of this Instruction are effective on 1 January 2019 unless noted otherwise. No provision may be applied prior to 1 January 2019.
- b. An officer who entered into a written agreement for receipt of a special pay or bonus under Title 37 U.S.C. Chapter 5, Subchapter I (hereinafter referred to as "Legacy Pay") may continue to receive payments until the completion date of the agreement's Active Duty Obligation (ADO). Such an officer may not receive a HPSP except an officer who received a Legacy Pay accession bonus is eligible for IP and/or BCIP under HPSP. The initiation of a new agreement under the Legacy Pay authority expired 28 January 2018 and is no longer authorized.
- c. An officer who is fulfilling a Legacy Pay or HPSP ADO may request a new agreement only if the new agreement would extend beyond the officer's current ADO. The new ADO may not retroactively cover any portion or period that was served under the previous agreement. Payment of the existing agreement(s) will be terminated and the officer will be required to repay the unearned portion of the agreement, which will be collected from the new agreement payment.
- d. HPSP is in addition to any other pay and allowance for which an officer is eligible unless otherwise noted in this Instruction. Officers who receive either an AB or CWS-AB are not eligible for any other bonuses authorized by 37 U.S.C. §§332 and 335. Officers who receive either IP or BCIP are not eligible for pay authorized by 37 U.S.C. §353.
- e. Concurrent Receipt of HPSP and Concurrent ADO.
 - (1) An officer may receive AB or CWS-AB and IP and/or BCIP for the same period of obligated service (i.e., any resulting ADO's are served concurrently).
 - (2) An officer may receive RB, IP, and/or BCIP for the same period of obligated service.
 - (3) An officer may not receive RB while serving a period of obligated service as a result of receiving either AB or CWS-AB.
- f. A HPSP may not be paid while an officer is in an absence without leave (AWOL) status. An ADO may not be fulfilled during any period that an officer is AWOL and the officer's ADO will be extended for an equal period of time as the AWOL.
- g. An officer with an ADO may not be voluntarily retired. (see CCI 384.02, "Retirement (20 to < 30 years)" and CCI 385.02, "Retirement (30 Years)")

6-2. General Eligibility Requirements. In order to enter an HPSP agreement an officer must meet the following criteria:

- a. Be a graduate of an accredited school in an approved health profession and submit and maintain in the Division of Commissioned Personnel and Readiness (DCCPR) a current, valid and unrestricted license or certification as required by CCI 231.01, "General Appointment Standards." (also see [CCI 251.01](#) Professional Licensure and Certification")
- b. Maintain compliance with CCI 111.03, "Conditions of Service."

- c. Receive a satisfactory performance rating on the most recent annual Commissioned Officers' Effectiveness Reports (COER) as required by CCI 351.01 "Commissioned Officers' Effectiveness Report." An officer who is required to have the most recent annual COER and who does not have the COER on file in DCCPR on the date determined by the SG does not meet this criterion.
- d. Must not be under investigation for allegations of unacceptable performance or misconduct, or must not have any current (e.g., Letter of Reprimand, AWOL within last two years) or pending administrative and/or disciplinary actions. An officer whose HPSP is held in accordance with this Subsection and who is later exonerated may enter the HPSP on the date specified by the SG (see Section 8-3).
- e. Eligible to remain on active duty for the period specified in the respective HPSP agreement:
 - (1) An officer is not authorized to enter an agreement that will result in an ADO that exceeds the first day of the month following the anniversary of the officer's 30 years of service, or that will result in an ADO that exceeds an approved period of retention on active duty.
 - (2) An officer who is undergoing a Fitness for Duty Determination (FFD) may not enter a HPSP agreement until he/she is found fit for duty. However, an agreement may be initiated if the officer is able to continue working on a half-time or more basis and the Operating Division (OPDIV), Staff Division (STAFFDIV), or non-Health and Human Services (HHS) organization to which the officer is assigned recommends payment. An officer who is undergoing a FFD must be paid monthly and/or installment payments of an existing HPSP when the payments are due.
- f. The OPDIV/STAFFDIV or non-HHS organization to which the officer is assigned may recommend against payment of HPSP. A recommendation by the OPDIV/STAFFDIV/non-HHS organization to not pay HPSP:
 - (1) Must be substantiated with documentation. Circumstances must clearly indicate that actions have been or will be initiated which would deny the officer further practice, specialty designation, or continued service on active duty; and
 - (2) Must be referred to the HPSP Review Board for a recommendation (see Section 6-8).
- g. Clinical Requirement for IP. An officer must perform a minimum of 80 hours during the previous 12 months in his/her discipline or specialty for which the IP payment is authorized. For agreements initiated prior to 1 January 2020, the documentation that demonstrates proof of the 80 hours must be submitted on the anniversary of the IP agreement that occurs in calendar year 2020 and on each annual anniversary thereafter. For agreements initiated on or after 1 January 2020, the documentation that demonstrates proof of the 80 hours must be submitted with the agreement and on each annual anniversary thereafter. The SG shall determine the specific documentation required in order for an officer to meet this eligibility criterion. The SG may also waive this criterion in no more than four year increments for an officer:
 - (1) While the officer is responsible for unique duties under adverse conditions;
 - (2) While the officer is permanently stationed in a location outside the continental United States (OCONUS), except Alaska and Hawaii; or

- (3) Who is in the O-6 pay grade or above and who holds a senior leadership position in the Corps and/or in the officer's OPDIV/STAFFDIV/non-HHS organization.
- h. Clinical Requirement for RB. In order to initiate an RB agreement an officer must submit documentation that demonstrates proof that he/she has performed a minimum of 80 hours during the previous 12 months in his/her discipline or specialty for which the RB agreement is authorized. The SG shall determine the specific documentation required in order for an officer to meet this eligibility criterion. The SG may also waive this criterion for an officer for the reasons outlined in Section 6-2.g(1) through (3). Annual submission of the 80 hours is not required during the duration of the RB agreement; however, it is expected that an officer maintain the consistent and ongoing practice of his/her specialty in order to maintain his/her specialty skills and to remain eligible for a subsequent RB. Note: the requirement to submit proof of 80 hours does not apply to RB agreements initiated prior to 1 January 2020.
 - i. Duty Status. An officer who is in a non-duty status is not eligible for HPSP in the following circumstances:
 - (1) An officer who has used an excessive amount of sick leave, other than maternity leave. Excessive sick leave is defined as 60 or more continuous days or 60 nonconsecutive days in a 6-month period. Such an officer shall have his/her medical records reviewed by Medical Affairs, DCCPR. HPSP may be paid if a determination is made that according to accepted medical principles, the officer does not have a medical condition which may be disabling or otherwise places him/her or others in jeopardy if he/she were to continue on active duty. (see CCI 393.01, "Medical Review Board")
 - (2) An officer who is in a non-duty with pay status in accordance with [CCI 611.03](#), "Nonduty With Pay Status," must be referred to the HPSP Review Board for a recommendation (see Section 6-8).
- 6-3. Accession Bonus (AB) and Critical Wartime Skills Accession Bonus (CWS-AB). AB and CWS-AB are bonuses to incentivize select health professionals to accept an appointment in the Corps to fill clinically related assignments in exchange for an Active Duty Obligation (ADO).
- a. General Provisions.
 - (1) Eligible health professions and rate schedules for AB and CWS-AB may be found in Appendix A. Title 37 U.S.C. §335 authorizes CWS-AB to be paid for specialties that are designated by the Secretary of Defense and the Corps has limited the approved specialties to those clinical skills for which the Corps is experiencing a critical shortage.
 - (2) An individual must execute a written agreement to remain on active duty for a period of not less than 4 years.
 - (3) AB and CWS-AB may only be paid to individuals appointed to a clinical position that is in the specialty for which the pay is received and that is direct hands-on patient care or position that oversees the provision of direct hands-on patient care (e.g., a pharmacist in an assignment that is in direct support of patient care, Clinical Director). A position that is more than two levels above the clinician who provides direct hands-on patient care is not eligible. A veterinarian must be assigned to a hands-on clinical position or a position that requires antemortem and/or postmortem inspections.

- (4) AB is paid in a one-time lump sum payment and CWS-AB is paid in equal annual installments. AB and CWS-AB may also be paid in periodic installments on a quarterly or less frequent basis, as determined by the SG.
 - (5) During the obligation period, an officer may not be permanently reassigned or transferred outside of the OPDIV/STAFFDIV/non-HHS organization to which assigned without approval of the ASH, who will consult with the OPDIV/STAFFDIV/non-HHS organization Head, or his/her designee.
- b. Eligibility. In addition to the general eligibility requirements in Section 6-2.a. and b., and the specific training and/or certification requirements contained in Appendix A, in order to be paid AB or CWS-AB an individual must meet the following criteria:
- (1) Be appointed to a pay grade O-6 or below;
 - (2) Prior service members must have been discharged for at least 24 months prior to the effective date of appointment to active duty in the Corps and must no longer hold an appointment in any service;
 - (3) Must not have received scholarship or other financial assistance from HHS or the Department of Defense (DoD) to pursue a course of study in exchange for an agreement to accept an appointment as a commissioned officer or have an existing training-related service obligation as a result of financial assistance received from HHS, DoD, or another Federal organization, including the Senior Commissioned Officer Student Training and Extern Program (COSTEP);
 - (4) Must not have previously been paid an accession bonus by HHS as part of HPSP or the Legacy Pay authorities; and
 - (5) Must not be converting from a position as a civil service employee of a HHS OPDIV/STAFFDIV/non-HHS organization to which Corps officers are assigned, unless the individual did not:
 - (a) Previously qualify for an appointment to the Corps and obtains additional education to qualify for an appointment to the Corps; or
 - (b) Hold the civil service appointment when his/her application was submitted to the Corps.
- 6-4. Retention Bonus (RB). RB is a bonus to incentivize select health professionals to remain on active duty.
- a. General Provisions.
- (1) Eligible health professions and rate schedules for RB may be found in Appendix B for medical officers, Appendix C for dental officers, and Appendix D for all other officers.
 - (2) An officer must execute a written agreement to remain on active duty for a period of 2, 3, or 4 years from the effective date of the agreement, as selected by the officer and approved by the Director, DCCPR.
 - (3) RB is paid in annual lump sum payments. RB may also be paid in periodic installments on a quarterly or less frequent basis, as determined by the SG.
 - (4) Officers who are fully trained or board certified in two or more specialties are entitled to only one RB. Officers may be paid at the rate for any

specialty for which they are currently credentialed. If receiving IP, the RB specialty must be for the same specialty or subspecialty as the IP.

- b. Eligibility. In addition to the general eligibility requirements in Section 6-2 and the category and specific training and/or certification requirements contained in Appendix B, C, or D, as applicable, in order to be paid RB an officer must meet the following criteria:

- (1) Be in pay grade O-6 or below;
- (2) Except as authorized in Section 6-4.c., must not be participating in Federally sponsored long-term training and/or participating in a medical internship or in initial residency training; and
- (3) Completed all ADOs or commitments incurred as a result of education and training, scholarship, or payment of a Legacy Pay accession bonus, AB, or CWS-AB (an individual eligible for an AB/CWS-AB may decline the AB/CWS-AB and accept RB).

- c. Participation in Training. An officer who participates in long-term training (full or part-time) pursuant to CCI 325.01, "Extramural Training," or in training as defined in CCI 325.02, "Intramural Residency Training Programs," is ineligible for RB except under the following conditions:

- (1) An officer who pays the total costs associated with the training and education is eligible to enter into an RB agreement and may continue to receive RB while enrolled in the education and training program if he/she:
 - (a) Continues to work normal duty hours, as determined by his/her supervisor; and
 - (b) Submits to the DCCPR Training Office documentation of the training. The documentation must be certified by the appropriate supervisory chain that the officer has not received any support in terms of funds, time away from regular duties, or use of government supplies/equipment.
- (2) An officer who participates on a half-time basis or less in a Federally-sponsored education and training program, pursuant to CCI 325.01, "Extramural Training:"
 - (a) Will have his/her current RB agreement terminated effective on the officer's entry into the education and training program, and the officer is required to repay the unearned portion of the bonus.
 - (b) Is eligible to enter an RB agreement upon completion of the first half of part time training.

Half-time Training Example. An officer who is enrolled in a 2 year training program that requires only half-time training and is designed to lead to a specialty certificate which allows 1 year of training credit for the 2 years of half-time training, is ineligible for an agreement for the first full year of half-time training. However, he/she is eligible for an agreement for the second year of such half-time training provided he/she has successfully completed the first year. Documentation of completion of the first year must be submitted to the DCCPR Training Office.

- (c) Who has not successfully completed the first half of half-time training, shall remain ineligible until he/she can provide proof of successful completion of that half or until he/she formally drops out of the training program.
 - (d) May continue to receive RB while enrolled in the second half of education and training program.
 - (e) The ADO incurred as a result of receiving RB under this Subsection will be concurrent with the officer's ADO incurred as a result of participation in long-term training on a half-time basis or less.
 - (f) This Subsection does not apply to a RB agreement for officers who have not completed their initial ADO or commitment incurred for education and training, including but not limited to loan repayment, for their qualifying degree.
- 6-5. Incentive Pay (IP). IP is a pay for officers with specific specialty or skill.
- a. Eligible health professions, specialty or skill, and rate schedules for IP may be found in Appendix B for medical officers, Appendix C for dental officers, and Appendix D for all other officers.
 - b. An officer must execute a written agreement to remain on active duty for one year from the effective date of the agreement. Once an officer enters an IP agreement there is no requirement to submit another IP agreement, including agreements entered prior to 1 January 2019, except in the following circumstances:
 - (1) If the officer loses eligibility, a new agreement that incurs a new one year ADO may be submitted when the officer regains eligibility.
 - (2) If an eligible officer wishes to take advantage of a higher IP rate, the officer is required to submit a new agreement that incurs another one year ADO. If IP is paid in conjunction with RB, the IP rate may not be changed without executing a new RB agreement.
 - (3) Flag officers must submit agreements in accordance with Section 6-5.c.
 - (4) For officers in the Medical and Dental categories, as well as optometrists and Certified Registered Nurse Anesthetists (CRNA), payment of IP will continue until the latter of the 1 year anniversary of the agreement or the following date:
 - (a) For officers with less than 28 years of creditable service for retirement, IP payments will terminate on the first day of the month following the month of the officer's Retirement Credit Date (RCD) that is reflected on the officer's Promotion Information Report (e.g., if the officer's RCD is 15 May 1999, payment of IP will terminate on 1 June 2019). IP payments will continue at the 2018 approved rates until the termination date provided eligibility requirements of this Instruction are met. Upon termination, the officer must submit a new agreement that incurs another one year ADO in order to receive IP (using the rates in the applicable Appendix of this Instruction). If the officer submits a new IP or RB agreement prior to this date, the payment of IP will be terminated the day prior to the effective date of the new agreements. Note: the provisions of this subsection will assist in distributing IP and RB agreements throughout the year which will distribute

DCCPR's workload and it will also align an officer's RB agreement with their retirement month; or

- (b) For officers with 28 or more years of creditable service for retirement as of 1 January 2019, payment of IP will continue at the rate that was paid for an agreement entered prior to 1 January 2019 (i.e., IP payments continue at the 2018 approved rates until the officer's retirement provided eligibility requirements of this Instruction are met), unless the officer executes a new IP agreement. Note: the provisions of this subsection will permit officers who are ineligible to enter a 2 year RB agreement because of their pending 30 year retirement to maintain their rates of pay.
 - c. Flag officers are eligible for IP for their category/specialty except officers in the medical and dental categories who are eligible for the Flag Officer IP rate and are not eligible for the IP that corresponds with their specialty. A flag officer must execute a new agreement for each year he/she receives IP.
 - (1) An officer who holds the flag grade on 1 January 2019 must execute a written agreement to remain on active duty for one year from the effective date of the agreement to receive IP.
 - (2) An officer promoted to the flag grade after 1 January 2019 will have his/her IP payment terminated on the effective date of his/her promotion to flag grade and must execute a new written agreement to remain on active duty for one year from the effective date of the agreement to receive IP.
 - d. IP is paid in equal monthly payments.
 - e. An officer who receives IP concurrent to a RB agreement must be paid for the same specialty or subspecialty as the RB. If a new RB agreement is not initiated upon the expiration or termination of the existing agreement, the IP agreement is also terminated and, if eligible, the officer may enter an IP only agreement at the "without RB" rate.
 - f. In addition to the general eligibility requirements in Section 6-2 and the specific training and/or certification requirements contained in Appendix B, C, or D, as applicable, in order to be paid IP an officer must be fully trained or board certified in the designated specialty.
- 6-6. Board Certification Incentive Pay (BCIP). BCIP is a pay for officers who possess a specified board certification.
- a. Eligible board certifications and rate schedules for BCIP may be found in Appendix E.
 - b. An officer must execute a written agreement to receive BCIP. Once an officer enters a BCIP agreement, including agreements entered prior to 1 January 2019, there is no requirement to submit another BCIP agreement unless the officer loses eligibility, or becomes eligible for another BCIP rate;
 - c. BCIP is paid in equal monthly payments.
 - d. The board certification must be in the professional field that served as the officer's qualifying degree for the category in which the officer is appointed.
 - e. Officers who are board certified in two or more specialties may only receive one BCIP.

- f. An officer must have satisfied all board certification requirements for the designated specialty or skill, and remain board certified by the recognized certifying body. Documentation for both initial certification and continued recertification status must be provided to DCCPR.
 - g. In addition to the general eligibility requirements in Section 6-2 and the board certification requirements contained in Appendix E, in order to be paid BCIP an officer must have a post baccalaureate degree in the designated clinical specialty.
- 6-7. Renegotiation of HPSP and Termination of HPSP. Section 6-7.e. outlines the conditions under which repayment of the unearned portion of a renegotiated or terminated HPSP is required.
- a. Renegotiation of an Agreement. If, during the period of an agreement, an officer becomes eligible for a higher pay rate, the officer may request to renegotiate into a new agreement at the higher rate provided the new ADO ends after the original agreement's ADO. An officer may also renegotiate an agreement to align the completion of his/her agreement with an anticipated date of retirement provided the new ADO ends after the original agreement's ADO.
 - b. Payment of HPSP may be voluntarily terminated under the following conditions:
 - (1) Promotion to a Flag Grade. RB and/or IP is terminated on the effective date of the promotion to flag grade.
 - (2) Entry into Training. A RB agreement is terminated on the effective date of the transfer into training.
 - (3) Release from Active Duty at the Officer's Request. An AB, CWS-AB, and RB agreement, as well as an IP agreement if within the obligation period of IP, is terminated on the effective date of the separation from active duty and the officer will have his/her commission terminated, and will be divested of travel and transportation of household goods (HHG) and shall be denied the transfer of, use of, and payment for unused annual leave.
 - c. AB, CWS-AB, and RB, as well as an IP agreement if within the obligation period of IP, may be terminated prior to the expiration date under the following conditions:
 - (1) Disability Separation or Disability Retirement. The agreement is terminated as of the date the officer is separated from active duty. (see CCI 393.01, "Medical Review Board")
 - (2) Death. The agreement is terminated as of the date of the officer's death.
 - (3) Separation from Active Duty.
 - (a) Termination of Commission. The agreement is terminated as of the date the officer is separated from active duty pursuant to CCD 111.02, "Disciplinary Action," or CCD 123.01, "Involuntary Separation."
 - (b) Involuntary Retirement (other than for a disability). The agreement is terminated as of the date the officer is retired from active duty. (see CCI 385.01, "Involuntary Retirement (20 Years)," and CCI 385.02, "Retirement (30 Years)")

- (4) Board Hearing. The agreement is terminated upon the approval of a recommendation to terminate the agreement made by a Board of Inquiry (BOI) or Involuntary Termination Board (ITB) as a result of a hearing before a BOI or ITB. (see CCD 111.02, "Disciplinary Action," and CCD 123.01, "Involuntary Separation")
 - (5) Separation/Retirement for Convenience of the Government. If an officer is released from active duty or retired because of a reduction in strength, numbers limitation, or other reasons for the convenience of the Government, while serving under a written agreement, the agreement is terminated as of the date of the officer's separation or retirement. The SG makes the determination whether a separation or retirement is for the convenience of the Government.
- d. Except as outlined in Section 6-7.d.(6), payment of IP and/or BCIP may be terminated after review and recommendation by a HPSP Review Board (see Section 6-8) under the following conditions:
- (1) Failure to be Recommended for Promotion. Payment is terminated as of the date a promotion board's recommendation against either a permanent or temporary promotion is concurred in by the Director, DCCPR. (see CCI 333.01, "Failure of Permanent Promotion," and CCI 332.01, "Temporary Promotions")
 - (2) Failure to maintain the Corps' conditions of service requirements will result in the termination of payment on a date specified by the Director, DCCPR. (see CCD 111.03, "Conditions of Service")
 - (3) Misconduct. Payment is terminated as of the date an officer is found guilty of one or more criminal offenses by a civil authority, tribal authority, or military tribunal or administrative board; or the date an officer is disciplined under applicable Corps regulations (e.g., effective date of: a Letter of Reprimand; reduction in grade; AWOL; or discipline that is an outcome of a BOI, ITB, or other administrative board process).
 - (4) Deterioration of Performance. Payment is terminated as of the date the Reviewing Official signs a COER that has a rating of less than satisfactory.
 - (5) Failure to Meet Eligibility Requirements.
 - (a) If an officer fails to meet the eligibility requirements outlined in Section 6-2.a., g., or i.(2), payment of IP and/or BCIP is terminated on a date specified by the Director, DCCPR.
 - (b) If an officer fails to remain certified, BCIP will terminate as of the last date the professional certifying body deems the officer no longer certified. If an officer fails to provide proof of continued certification, BCIP will terminate as of the date the documentation on file in DCCPR expires.
 - (6) If a BOI, ITB, Involuntary Retirement Board (IRB), or other administrative board recommends termination of an officer's IP and/or BCIP, payment shall be terminated on the date the recommendation is approved by the ASH or SG, as applicable. Such a decision is not subject to review by a HPSP Review Board nor may it be appealed.

- e. Indebtedness and Collection.
- (1) Repayment of the unearned portion of a HPSP is not required when payment is terminated pursuant to Section 6-7.c.(5) and is not required pursuant to Section 6-7.c. (1) or (2), provided the disability or death is not the result of misconduct or willful neglect and was not incurred during a period of unauthorized absence.
 - (2) An officer whose agreement is terminated pursuant to Section 6-7.a., Section 6-7.b., Section 6-7.c.(3), Section 6-7.c.(4), or Section 6-7.d. is required to repay the unearned portion and is indebted to the federal government in accordance with 37 U.S.C. §373, and may be subject to the collection of the indebtedness under the procedures in [45 C.F.R. Part 30](#). An officer separating from active duty is subject to the collection and repayment procedures in CCI 654.02, "Collection of Commissioned Officer's Indebtedness Upon Separation."
- 6-8. HPSP Review Board.
- a. Composition of Board. The HPSP Review Board will be composed of three or more officers in pay grade O-5 or above, who are appointed by the Director, DCCPR. The Board members will not be assigned to the same program as the officer being reviewed and at least one of the Board members will be of the same category as the officer under review.
 - b. Convening the Board. The Board is convened by the Director, DCCPR, under the conditions in Section 6-7.d., Section 6-2.f., and Section 6-2.i.(2).
 - (1) At least 30 calendar days prior to the Board convening, the Director, DCCPR, shall provide notification to the officer. The notification will include the anticipated date the HPSP will be terminated (if applicable), the date that the HPSP Review Board will be convened, and a copy of all documentation to be considered by the Board unless such documentation is available to the officer electronically.
 - (2) The officer may enter into the record any pertinent facts for consideration by the Board. Documents submitted by the officer must be received in DCCPR no later than 7 calendar days prior to the date the Board convenes.
 - (3) The HPSP Review Board will review documentation provided by the Director, DCCPR, documentation from the OPDIV/STAFFDIV/non-HHS organization to which the officer is assigned, and documentation submitted by the officer.
 - c. Board Recommendations. The HPSP Review Board may make the following recommendations:
 - (1) The officer remains eligible for HPSP, if he/she meets all the other HPSP eligibility criteria.
 - (2) Termination of HPSP. Such a recommendation must include an additional recommendation regarding the date, which must be at least one year from the Board's recommendation, that the officer should again be eligible for HPSP. The recommendation may also include an effective date of the termination of the HPSP that is after the date specified in Section 6-7.d.
 - (3) If the Board is convened under Section 6-2.f. or i.(2), the Board may recommend that the officer is ineligible for HPSP. Such a recommendation

must include an additional recommendation regarding the date that the officer should again be eligible for HPSP, which must be as follows:

- (a) If the Board is convened under Section 6-2.f., no earlier than one year from the Board's recommendation.
 - (b) If the Board is convened under Section 6-2.i.(2), no earlier than when the officer is placed back into a duty status.
- (4) The officer be considered for retirement, separation, or other disciplinary action.
- d. Approval of the Board Recommendations. The Director, DCCPR, may approve the HPSP Review Board's recommendations in whole or in part, may overturn the recommendations in whole or in part, or may approve other actions; however, in no event shall the action taken be of greater severity than that which has been recommended by the Board.
- e. Appeal Rights. The officer may appeal to the SG a decision by the Director, DCCPR, to approve a recommendation to terminate the officer's HPSP or that the officer is not eligible for HPSP.
- (1) The appeal must be submitted in writing and received by the SG within 20 calendar days of receiving notification of the Director's decision.
 - (2) If the SG upholds a decision to terminate an officer's HPSP, the HPSP shall be terminated on the date approved by the Director, DCCPR, or a later date approved by the SG.
 - (3) If the SG upholds a decision that the officer is ineligible for a HPSP, the officer will regain eligibility on the date approved by the Director, DCCPR, or the date approved by the SG.
 - (4) If the SG overturns the decision of the Director, DCCPR, the officer's HPSP will not be terminated or the officer will retain his/her eligibility for HPSP if he/she meets all the other HPSP eligibility criteria.
 - (5) A decision by the Director, DCCPR, to approve a recommendation that the officer be considered for retirement, separation, or other disciplinary action, may not be appealed. Such actions will be in accordance with applicable Corps policies.
- f. An officer who is deemed ineligible for HPSP may reapply for a HPSP, if he/she meets all of the eligibility criteria, on the date approved by the Director, DCCPR, or SG, as applicable. An officer whose HPSP is terminated may reapply for a HPSP, if he/she meets all of the other eligibility criteria, on the date approved by the Director, DCCPR, or SG, as applicable.

7. RESPONSIBILITIES:

- 7-1. The ASH is responsible for establishing policies related to HPSP.
- 7-2. The SG is responsible for assuring the day-to-day management of the Corps and may issue Personnel Operations Memoranda (POM) to implement of this Instruction. The SG may also, without further delegation, add board certification specialties of particular need to meet the mission of the Corps to the listing of recognized boards for BCIP.

- 7-3. The Director, DCCPR, is responsible for the overall administration and management of all the personnel processes listed in this Instruction and any operational guidelines established by the SG.
- a. The Director, DCCPR, may make technical updates to the sponsoring boards/certifications designated by the ASH in the Appendices.
 - b. The Director, DCCPR, or his/her designee, will determine the documentation necessary to establish an officer's eligibility, determine eligibility for HPSP, and may approve an officer's HPSP agreement. If an active duty obligation is incurred, DCCPR will notify the officer through a personnel order of the approval of HPSP and the corresponding active duty obligation.
- 7-4. The OPDIV/STAFFDIV/non-HHS organization to which the officer is assigned is responsible for notifying DCCPR in a timely fashion of any issue(s) that may make an officer ineligible for HPSP.
- 7-5. Each officer is responsible for adhering to the guidelines established in this Instruction and any operational guidelines established by the SG.
- a. It is the officer's responsibility to be familiar with the published policies that apply to all Corps officers and maintain an ongoing awareness of updates and changes to Corps policies, including any periodic changes to the HPSP policy, pay rates, and/or eligibility requirements.
 - b. An officer must maintain current and updated contact information (e.g., e-mail, phone, address) in DCCPR in order to facilitate the Corps' communication of information to the officer.
 - c. It is the officer's responsibility to initiate and/or renew an agreement when appropriate and to ensure data is correct to support his/her eligibility for HPSP. An officer should retain copies of her/his agreement and other documentation.
 - d. An officer is required to notify DCCPR/Compensation within 7 days if he/she fails to remain eligible for a HPSP. All payments made while not eligible will be recouped once identified in accordance with Section 6-7.e. An officer must also immediately notify DCCPR/Compensation of any overpayment, underpayment, discrepancy, or error in his/her pay.
8. PROCEDURES:
- 8-1. Signing and Submitting Agreements.
- a. Signatures. HPSP agreements are digitally signed using the officer's DoD issued Common Access Card (CAC) or a Personal Identity Verification (PIV) card that is issued by the OPDIV/STAFFDIV/non-HHS Federal organization to which the officer is assigned. Supervisors and other officials also sign the agreement using either their CAC or PIV card. In lieu of a digital signature, a hand-written signature may be accepted by DCCPR.
 - b. Submission. A HPSP agreement must be submitted in accordance with guidance established by the SG.
- 8-2. Payment of a HPSP will normally commence within 90 days after receipt of the completed agreement in DCCPR or within 90 days after DCCPR receives all necessary supporting documentation. Agreements that are missing documentation are not considered complete.

- 8-3. Effective Date of HPSP Agreement. In no case may the effective date of an agreement be earlier than:
 - a. The date of the officer's call to active duty;
 - b. The date the officer attains eligibility for the HPSP; or
 - c. The date determined by procedures set forth by the SG in a POM.
- 9. HISTORY: This is the second issuance of this Instruction within the Commissioned Corps Issuance System.
 - 9-1. CCI 633.01, "Health Professions Special Pays," dated 14 May 2014.

Appendix A

AB and CWS-AB Rates

AB Rates

Category	Specialty	AB 4-year Obligation
Nurse	Nurse	\$30,000
Pharmacy	Pharmacist	\$30,000
HSO	Physician Assistant	\$60,000
HSO or Scientist	Clinical Psychologist (PhD or PsyD)	\$60,000
Veterinary	Veterinarian	\$20,000

CWS-AB Rates

MEDICAL CATEGORY CWS-AB RATES	
Medical Specialty	CWS-AB 4-year Obligation
Anesthesia	\$396,000
Neurosurgery	\$400,000
Diagnostic Radiology	\$364,000
General Surgery	\$400,000
Vascular Surgery	\$400,000
Pulmonary Medicine	\$292,000
Orthopedics	\$356,000
Otolaryngology	\$252,000
Emergency Medicine	\$276,000
Family Practice	\$252,000
Obstetrics/Gynecology	\$240,000
Psychiatry	\$272,000
Urology	\$280,000
Internal Medicine	\$240,000
Ophthalmology	\$200,000
Preventive Medicine	\$220,000
Pediatrics	\$220,000

DENTAL CATEGORY CWS-AB RATES	
Dental Specialty	CWS-AB 4-year Obligation
General Dentist	\$150,000
Oral and Maxillofacial Surgery	\$300,000
Comprehensive Dentistry	\$300,000
Endodontics	\$300,000
Prosthodontics	\$300,000

Appendix B

Medical Category IP and RB Pay Rates

MEDICAL	IP only 1 year rate (prorated monthly)					
Internship (FYGME)	\$1,200					
Initial Residency (PGY2)	\$8,000					
General Medical Officer (no residency)	\$20,000					
Flag Officer	\$20,000					
POST RESIDENT or FELLOW GRADUATE	Fully Trained IP only (without RB) 1 year rate (prorated monthly)	or	Fully Trained IP rate paid in conjunction with a 2, 3, or 4 year RB (prorated monthly)	RB 2-year rate (paid annually)	RB 3 year rate (paid annually)	RB 4 year rate (paid annually)
Aerospace Medicine	\$43,000		\$43,000	\$13,000	\$19,000	\$25,000
Anesthesiology	\$59,000		\$73,000	\$25,000	\$40,000	\$60,000
Cardiology – Adult/Peds	\$59,000		\$64,000	\$21,000	\$34,000	\$51,000
Dermatology	\$43,000		\$43,000	\$17,000	\$25,000	\$38,000
Emergency Medicine	\$49,000		\$53,000	\$17,000	\$26,000	\$40,000
Family Practice	\$43,000		\$43,000	\$17,000	\$25,000	\$38,000
Gastroenterology – Adult/Peds	\$49,000		\$52,000	\$22,000	\$33,000	\$50,000
General Internal Medicine	\$43,000		\$43,000	\$17,000	\$25,000	\$38,000
General Surgery	\$52,000		\$73,000	\$25,000	\$40,000	\$60,000
Neurology – Adult/Peds*	\$43,000		\$43,000	\$13,000	\$19,000	\$25,000
Neurosurgery	\$59,000		\$83,000	\$25,000	\$40,000	\$60,000
Obstetrics/Gynecology	\$54,000		\$54,000	\$17,000	\$25,000	\$35,000
Ophthalmology*	\$51,000		\$53,000	\$13,000	\$19,000	\$25,000
Orthopedics	\$59,000		\$73,000	\$17,000	\$33,000	\$50,000
Otolaryngology	\$53,000		\$58,000	\$17,000	\$25,000	\$33,000
Pathology*	\$43,000		\$43,000	\$13,000	\$20,000	\$30,000
Pediatrics	\$43,000		\$43,000	\$17,000	\$25,000	\$38,000
Physiatrist/Physical Medicine*	\$43,000		\$43,000	\$12,000	\$13,000	\$20,000
Preventive/Occupational Medicine	\$43,000		\$43,000	\$17,000	\$25,000	\$38,000
Psychiatry – Adult/Peds	\$43,000		\$43,000	\$17,000	\$28,000	\$43,000
Pulmonary Critical Care	\$46,000		\$49,000	\$21,000	\$31,000	\$45,000
Radiology – Diagnostic/Therapeutic	\$59,000		\$65,000	\$25,000	\$40,000	\$60,000
Urology	\$51,000		\$51,000	\$20,000	\$30,000	\$45,000
SUB SPEC CAT I – requires primary specialty in general surgery, or surgery specialties: cardio-thoracic, colon-rectal, oncology, pediatric, plastic, organ transplant, trauma/critical care, vascular, fellowship trained orthopedic.	\$59,000		\$80,000	\$23,000	\$36,000	\$55,000
SUB SPEC CAT II – nuclear medicine internist only	\$51,000		\$51,000	\$12,000	\$18,000	\$27,000
SUB SPEC CAT III – internal medicine/pediatric fellowship subspecialties in allergy, allergy/immunology, nephrology, hematology/oncology, neonatology	\$43,000		\$43,000	\$17,000	\$25,000	\$38,000
SUB SPEC CAT IV – all internal medicine and pediatric subspecialties not listed in subspecialty CAT I or III, and: infectious disease, rheumatology, geriatrics fellowship, endocrinology, clinical pharmacology, developmental pediatrics	\$43,000		\$43,000	\$17,000	\$25,000	\$38,000
SUB SPEC CAT V – fellowship trained in ophthalmology, otolaryngology, obstetrics-gynecology, urology	\$59,000		\$64,000	\$21,000	\$31,000	\$45,000

* An officer who is fully trained in Neurology, Ophthalmology, Pathology, or Physical/Rehabilitation Medicine and whose last entry on active duty is prior to 28 January 2018 is paid at the General Internal Medicine rate of IP and RB.

Appendix C

Dental Category IP and RB Pay Rates

DENTAL	Fully Trained IP only (without RB) 1 year rate (prorated monthly)	or	Fully Trained IP rate paid in conjunction with a 2, 3, or 4 year RB (prorated monthly)	RB 2-year rate (paid annually)	RB 3 year rate (paid annually)	RB 4 year rate (paid annually)
Flag Officer	\$20,000					
General Dentist (no board)	\$20,000		\$20,000	\$13,000	\$19,000	\$25,000
Advanced Clinical Practice (ACP) – General Dentistry, Exodontia, Endodontics, Periodontics, Prosthodontics	\$25,000		\$25,000	\$18,000	\$27,000	\$35,000
Comprehensive Dentistry FSBGD (FedSerBoardGenDentistry); ABGD (AmerBoard Gen Dentistry); Accredited Residency for General Dentistry: ADV-GPR, AEGD, Comprehensive FSBGD	\$25,000		\$25,000	\$25,000	\$38,000	\$50,000
Endodontics	\$25,000		\$25,000	\$25,000	\$38,000	\$50,000
Oral Pathology/Oral Diagnosis/Oral Medicine	\$25,000		\$25,000	\$25,000	\$38,000	\$50,000
Orthodontics	\$25,000		\$25,000	\$25,000	\$38,000	\$52,000
Pedodontics	\$25,000		\$25,000	\$25,000	\$38,000	\$50,000
Periodontics	\$25,000		\$25,000	\$25,000	\$38,000	\$50,000
Prosthodontics	\$25,000		\$25,000	\$25,000	\$38,000	\$50,000
Public Health Dentistry	\$25,000		\$25,000	\$25,000	\$38,000	\$50,000
Temporomandibular Dysfunction (TMD)/ Orofacial Pain	\$25,000		\$25,000	\$25,000	\$38,000	\$50,000
Dental Research	\$25,000		\$25,000	\$25,000	\$38,000	\$50,000
Oral Maxillofacial Surgery	\$55,000		\$75,000	\$25,000	\$38,000	\$50,000

Appendix D

All Other Categorical IP and RB Pay Rates

Category	Specialty	Fully Trained IP only (without RB) 1 year rate (prorated monthly)	RB 2-year rate (paid annually)	RB 3 year rate (paid annually)	RB 4 year rate (paid annually)
Nurse	Nurse Practitioner (all board certified specialties)	\$0	\$10,000	\$15,000	\$20,000
	Certified Registered Nurse Anesthetist (CRNA)	\$15,000	\$10,000	\$20,000	\$35,000
HSO	Optometrist	\$1,200	\$5,000	\$8,000	\$10,000
	Physician Assistant	\$0	\$10,000	\$15,000	\$20,000
HSO and Scientist	Psychologist	\$0	\$10,000	\$15,000	\$20,000
Pharmacy	Pharmacist	\$15,000	\$0	\$0	\$0
Veterinary	Veterinarian	\$5,000	\$2,500	\$3,750	\$5,000

Appendix E

Board Certified Incentive Pay Rates

Board Certified Incentive Pay (BCIP) 1 year rate (prorated monthly)	\$6,000
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Recognized Medical Boards for BCIP	
SPONSOR	SPECIALTY
American Board of Medical Specialties (ABMS) Member Boards	Any
American Osteopathic Association Specialty Certifying Boards (AOA)	Any

Recognized Dental Boards for BCIP	
SPONSOR	SPECIALTY
American Board of Dental Public Health	Dental Public Health
American Board of Endodontics	Endodontics
American Board of Operative Dentistry	Operative Dentistry
American Board of Oral and Maxillofacial Pathology	Oral and Maxillofacial Pathology
American Board of Oral and Maxillofacial Radiology	Oral and Maxillofacial Radiology
American Board of Oral and Maxillofacial Surgery	Oral and Maxillofacial Surgery
American Board of Orofacial Pain	Orofacial Pain
American Board of Orthodontics	Orthodontics and Dentofacial Orthopedics
American Board of Pediatric Dentistry	Pediatric Dentistry
American Board of Periodontology	Periodontics
American Board of Prosthodontics	Prosthodontics
American Academy of Oral Medicine	Oral Medicine
American Board of Oral Medicine	
American Board of General Dentistry	General Dentistry

Recognized Nurse Boards for BCIP	
SPONSOR	SPECIALTY
National Board of Certification and Recertification for Nurse Anesthetists	Certified Registered Nurse Anesthetist (CRNA)
American Academy of Nurse Practitioners	Adult Nurse Practitioner (Historical) Family Nurse Practitioner Adult-Gerontology Nurse Practitioner Emergency Nurse Practitioner
American Nurses Credentialing Center	Adult Nurse Practitioner (Historical) Family Nurse Practitioner Pediatric Primary Care Nurse Practitioner Acute Care Nurse Practitioner (Historical) Gerontological Nurse Practitioner (Historical) Psychiatric - Mental Health Nurse Practitioner Family Psychiatric and Mental Health Nurse Practitioner (Historical) Adult-Gerontological Primary Care Nurse Practitioner Adult-Gerontological Acute Care Nurse Practitioner
Pediatric Nursing Certification Board	Certified Pediatric Nurse Practitioner – Primary Care Certified Pediatric Nurse Practitioner – Acute Care
National Certification Corporation	Neonatal Nurse Practitioner Women's Health Care Nurse Practitioner
American Midwifery Certification Board	Nurse-Midwifery/Midwifery

Appendix E (continued)

Recognized Boards for BCIP for All Other Categories		
CATEGORY	SPONSOR	SPECIALTY
Veterinarian	Any one of several boards certified by the American Veterinary Medical Association	Any
Pharmacist	Board of Pharmacy Specialties	Any
Dietitian	Commission on Dietetic Registration	Pediatric Nutrition Gerontological Nutrition Oncology Nutrition Renal Nutrition Sports Dietetics Fellow of the Academy of Nutrition and Dietetics
Therapist	American Board of Physical Therapy Specialties	Cardiovascular and Pulmonary Clinical Electrophysiology Geriatrics Neurology Oncology Orthopaedics Pediatrics Sports Women's Health
	American Occupational Therapy Association	Gerontology Mental Health Pediatrics Physical Rehabilitation
	Hand Therapy Certification Commission	Certified Hand Therapist (PT or OT)
	American Speech-Language-Hearing Association	Audiology Speech-Language Pathology
	Council for Clinical Certification in Audiology and Speech-Language Pathology	
Scientist and Health Services	American Board of Professional Psychology Member Boards	Behavioral and Cognitive Psychology Clinical Child & Adolescent Psychology Clinical Health Psychology Clinical Neuropsychology Clinical Psychology Counseling Psychology Couple & Family Psychology Forensic Psychology Geropsychology Group Psychology Rehabilitation Psychology
Health Services	National Association of Social Workers	Clinical Social Work (DIPLOMATE in CSW)
	American Board of Examiners in Clinical Social Work	Clinical Social Work (BCD)
	National Commission on Certification of Physician Assistants	Physician Assistant
	American Board of Podiatric Medicine	Podiatric Orthopedics and Primary Podiatric Medicine
	American Board of Foot and Ankle Surgery	Foot Surgery
	American Academy of Optometry	Optometry (Fellow)

Appendix F

Definitions

- a. Fully Trained. For the purposes of RB and IP, “Board eligible” is not synonymous with “fully trained,” which is defined as:
- (1) “Fully trained in a medical specialty” is satisfactory completion of an accredited residency training program approved by the Accreditation Council for Graduate Medical Education or the Advisory Board for Osteopathic Specialists of the American Osteopathic Association.
 - (2) “Fully trained in a dental specialty” is satisfactory completion of a residency or training program accredited or accepted by the Commission on Dental Accreditation of the American Dental Association, but excluding the 12 month general practice residency (GPR) and 12 month advanced education in general dentistry (AEGD). “Fully trained” in a dental specialty also includes a residency or training program provided by DoD which meets its criteria for advanced practice in a dental specialty.
 - (3) “Fully trained in a health professions specialty” is satisfactory completion of a residency or education training program accredited or accepted by a nationally recognized specialty certification governing body in the category specific specialty.
- b. OPDIV/STAFFDIV/non-HHS Organization Head. The Director, Administrator, Commissioner, or Assistant Secretary of a HHS OPDIV; Assistant Secretary or Director of a HHS STAFFDIV; Commandant of the Coast Guard; and Director, Bureau of Prisons; or their designees. Within DoD, the Secretaries of the Military Department for the military services; Joint Chief of Staff for Combatant Commands; and Under Secretaries of Defense, or equivalent, for the Defense Agencies and DoD Field Activities; or their designees. For other non-HHS organizations, the official designated in the Memorandum of Agreement/Understanding or their designees.
- c. Initial Residency Training.
- (1) Medical Officers. That period spent by an officer in medical or osteopathic residency training prior to the officer first becoming eligible to take a specialty board examination administered by an American medical or osteopathic examining board. Subspecialty training taken prior to completion of initial residency training will be considered a part of initial residency training. Initial residency training shall also include participation in Masters of Public Health education, fellowship training, or any other formal training program which meets the educational requirements of an American medical or osteopathic examining board if the officer concerned has not previously met the examining board requirements.
 - (2) Dental Officers. A formal program of dental specialty training of two or more academic years that meets the educational requirements for board certification in a dental specialty recognized by the American Dental Association (ADA). Residency training shall include participation in Masters of Public Health education or any other formal training program for which credit may be awarded for the purposes of obtaining board certification, or participation in a formal program of dental specialty training of one year in duration taken in a DoD advanced practice training program.
 - (3) Nurse Officers. A formal program of specialty training of one or more academic years that meets the educational requirements for board certification as a CRNA by the National Board of Certification and Recertification for Nurse Anesthetists; or Certified Nurse Midwife and a Nurse Practitioner by the American Academy of Nurse Practitioners, American Nurses Credentialing Center, Pediatric Nursing Certification Board, or National Certification Corporation.
- d. Dental Residency. A formal clinical, research, or administrative residency program which is accredited or accepted by the ADA in a dental specialty leading to certification, or a formal program

of dental specialty training of one year in duration taken in a DoD advanced practice training program.