



CCI 633.01  
EFFECTIVE DATE: 25 June 2021  
Amended 23 December 2022

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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 U.S. Public Health Service (USPHS) Commissioned Corps may be authorized to receive 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) by which each HPSP is paid.
2. APPLICABILITY: This Instruction applies to all members of the Regular Corps. It also applies to members of the Ready Reserve Corps who are in an active duty status or are appointed to Selected Ready Reserves (SELRES).
3. AUTHORITY:
  - 3-1. [37 U.S.C. § 204](#), "Entitlement"
  - 3-2. [37 U.S.C. § 206](#), "Reserves; members of National Guard: inactive-duty training"
  - 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) [151.05](#), "Health Professions Special Pays"
4. PROPONENT: The proponent of this instruction is the Assistant Secretary for Health (ASH). The Surgeon General (SG) is responsible for providing supervision of activities relating to the day-to-day operations of the USPHS Commissioned Corps.
5. SUMMARY OF REVISIONS AND UPDATES: This Instruction updates Commissioned Corps Instruction (CCI) 633.01, "Special Pays," dated 25 June 2021 with amendments dated 23 December 2022. This amended version:
  - 5-1. Adds "National Board for Nutrition Support Certification" as a sponsor for the Certified Nutrition Support Clinician in Appendix E.

## 6. POLICY:

## 6-1. General Policy.

- a. 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 an HPSP except that 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.
- b. 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.
- c. 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 an AB, CWS-AB, or RB are not eligible for any other bonuses authorized by [37 U.S.C. § 332](#) for the same period of obligated service. Officers who receive IP are not eligible for pay authorized by [37 U.S.C. § 353](#) for the same period of obligated service. Officers who receive BCIP are not eligible for pay authorized by 37 U.S.C. § 353(b) for the same period of obligated service.
- d. 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 ADOs 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.
- e. An 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 a period of time at least equal to the period of AWOL.
- f. 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)"). However, the SG may retire an officer when retirement is required in accordance with [CCI 385.01](#), "Involuntary Retirement (20 Years)," and the officer must repay the unearned portion of any HPSP in accordance with Section 6-7.
- g. Officers who participate in the Centers for Disease Control and Prevention (CDC) Epidemic Intelligence Service (EIS), National Institutes of Health (NIH) Fellowship Training Programs, and Food and Drug Administration (FDA) Fellowship Training Programs:
  - (1) Are not eligible to receive AB, CWS-AB, or RB; and

- (2) The IP rate for medical and dental officers is limited to the General Medical Officer (no residency) and General Dentist (no board) rates, respectively, regardless of any specialty residency that they may have completed.
- 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 Commissioned Corps Headquarters (CCHQ) 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 [CCD 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 completed the most recent annual COER and who does not have the COER on file in CCHQ on the date determined by the SG does not meet this criterion. This criterion does not apply to AB or CWS-AB. Additionally, members of the Ready Reserve Corps must meet the satisfactory participation standards establish in policy issued by the ASH and/or SG.
  - d. Must not be under investigation for allegations of unacceptable performance or misconduct, and must not have any current (e.g., AWOL within last 12 months, Letter of Reprimand) 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. Be eligible to remain on active duty for the period specified in the respective HPSP agreement or, for a member of the SELRES, eligible to remain in an active status:
    - (1) A Regular Corps officer is not authorized to enter an agreement that will result in an ADO that exceeds the first day of the month following the date the officer reaches 30 years of active duty service, or that will result in an ADO that exceeds an approved period of retention on active duty.
    - (2) A member of the SELRES is not authorized to enter an agreement that will result in a Commissioned Service Obligation (CSO) that exceeds the first day of the month following the date it is anticipated that the officer will reach 20 years of active status, or that will result in a CSO that exceeds an approved period of retention in an active status in the SELRES.
    - (3) An officer who is undergoing a Fitness for Duty Determination (FFD) may not enter an HPSP agreement until found fit for duty. However, an agreement may be initiated if the officer is able to continue working in an active duty status 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. Authorized payments to an officer who is undergoing a FFD must be paid monthly and/or as 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 accompanied by sufficient documentation that clearly indicates that actions have been or will be initiated which would deny the officer further practice, specialty designation, or continued service on active duty; or action is pending that may render the officer ineligible for HPSP (e.g., decline in performance but annual COER not completed, investigation of misconduct, etc.); and
  - (2) Must be referred to the HPSP Review Board for a recommendation (see Section 6-8.).
- g. Practice Hours (Clinical and Public Health Practice Hours) Requirement for IP. An officer must perform a minimum of 80 practice hours, as defined by the SG in a Personnel Operations Memorandum (POM) during the previous 12 months in the officer's discipline or specialty for which the IP payment is authorized. For agreements initiated prior to 1 June 2019, the documentation that demonstrates proof of the 80 practice hours must be submitted by 1 June 2020, and then on each agreement's annual anniversary date thereafter. For agreements initiated on or after 1 June 2019, the documentation that demonstrates proof of the 80 practice hours must be submitted on each agreement's annual anniversary date thereafter. In addition, for agreements initiated on or after 1 June 2020, the documentation that demonstrates proof of the 80 hours must be submitted with the agreement, except for officers who were appointed to the USPHS Commissioned Corps within the previous 4 months. 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;
  - (3) Who is in the O-6 pay grade and encumbers an executive level position that would otherwise be filled by a civilian at the senior executive level within the officer's OPDIV/STAFFDIV/non-HHS organization as per the Office of Personnel and Management or is in the O-7 pay grade or above and who holds a senior leadership position in the USPHS Commissioned Corps; or
  - (4) Who is participating in a full time intramural or extramural training program that is six months in duration or longer. Such programs may include, but are not limited to, the Centers for Disease Control and Prevention (CDC) Epidemic Intelligence Service (EIS), National Institutes of Health (NIH) Fellowship Training Programs, and Food and Drug Administration (FDA) Fellowship Training Programs.
- h. Practice Hours (Clinical and Public Health Practice Hours) Requirement for RB. In order to initiate a new two/three/four year RB agreement, an officer must submit documentation that demonstrates proof that the officer has performed a minimum of 80 practice hours, as defined by the SG in a POM, during the previous two/three/four years in the officer's discipline or specialty for which the RB agreement is authorized. However, if fewer than two/three/four years have passed since 1 June 2020, the officer is only obligated to produce evidence showing practice hours since 1 June 2020 or since the officer was commissioned in the USPHS Commissioned Corps, whichever is later. Officers eligible for an RB for the

first time due to a policy update are not required to submit evidence of practice hours for dates before the RB availability. In addition, new or renewed RB agreements must require recipients to document their completion of 80 practice hours annually on their anniversary date. 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 (4). Note: the requirement to submit proof of 80 practice hours does not apply to RB agreements initiated prior to 1 June 2020. However, it is expected that an officer maintain the consistent and ongoing practice of the officer's specialty in order to maintain the officer's specialty skills and to remain eligible for a subsequent RB.

- 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 their medical records reviewed by Medical Affairs, CCHQ. The USPHS Commissioned Corps may pay HPSP if a determination is made that according to accepted medical principles, the officer does not have a medical condition that may be disabling or otherwise places the officer or others in jeopardy if the officer 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.).
  - (3) A member of the SELRES who has not maintained an active status or who has not attended at least 90% of scheduled authorized inactive duty training (IDT) drills per fiscal year.
- 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 USPHS Commissioned Corps to fill clinically related assignments in exchange for an ADO or a CSO in the SELRES.
  - a. General Provisions.
    - (1) Eligible health professions and rate schedules for AB and CWS-AB may be found in Appendix A for Regular Corps officers and for members of the SELRES. Title 37 U.S.C. § 335(a)(2) authorizes CWS-AB to be paid for specialties that are designated by the Secretary of Defense. The USPHS Commissioned Corps has limited the approved specialties to those clinical skills for which the USPHS Commissioned Corps is experiencing a critical shortage.
    - (2) ADO and CSO.
      - (a) ADO. An individual who the USPHS Commissioned Corps is appointing to the Regular Corps must execute a written agreement using form PHS 7033 to remain on active duty for a period of not less than 4 years.

- (b) CSO. An individual who the USPHS Commissioned Corps is appointing to the SELRES:
- (i) Must execute a written agreement using form PHS 7033-RRC to remain in an active status in the SELRES for a period of not less than 4 years.
  - (ii) Can, if approved by the SG or designee, transfer to the Regular Corps and fulfill the CSO in an active duty status.
- (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 provides direct hands-on patient care or 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 their current OPDIV/STAFFDIV/non-HHS organization without approval of the ASH, who will consult with the OPDIV/STAFFDIV/non-HHS organization Head, or 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) Must have been discharged for at least 24 months (if a prior service member, including the USPHS Commissioned Corps) prior to the effective date of appointment to the Regular Corps or SELRES in the USPHS Commissioned Corps;
  - (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 (SRCOSTEP). However, an officer who enters an AB or CWS-AB agreement may receive a loan repayment from a federal agency and serve the AB or CWS-AB ADO concurrent with any obligation resulting from the terms of the loan repayment;
  - (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 to the Regular Corps from a position as a civil service employee of an HHS OPDIV/STAFFDIV/non-HHS organization to

which USPHS Commissioned Corps officers are assigned, unless the individual:

- (a) Did not previously meet the education requirements to qualify for an appointment to the USPHS Commissioned Corps when the individual joined the civil service and then applied to the USPHS Commissioned Corps within one year after completing additional education that qualifies the individual for an appointment to the USPHS Commissioned Corps;
  - (b) Did not hold the civil service appointment on the date when the individual applied to the USPHS Commissioned Corps;
  - (c) Accepted a position in which the individual will be called to duty at a location that differs from the individual's current employment location; or
  - (d) Accepted a position in which the new employing PHS agency will be different from the current agency.
- 6-4. Retention Bonus (RB). RB is a bonus to incentivize select health professionals to remain on active duty in the Regular Corps or in an active status in the SELRES.
- a. General Provisions.
    - (1) Agreements.
      - (a) Regular Corps officers must execute a written RB agreement using form PHS 6189-1 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, CCHQ.
      - (b) Members of the SELRES must execute a written RB agreement using form PHS 6189-1-RRC to remain in an active status 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, CCHQ.
      - (c) If entering an RB agreement, officers will also enter into a new IP agreement for the same specialty at the linked IP rate. The officer continues IP eligibility at that rate for each active year of the RB agreement.
    - (2) Payments.
      - (a) CCHQ will pay officers in the Regular Corps upon the agreement's effective date and annually thereafter on the anniversary of the agreement's effective date.
      - (b) CCHQ will pay members in the SELRES on the anniversary of the agreement's effective date and annually thereafter, provided that the officer completes all of the required training for the year (i.e., 15 days active duty per year and 1 weekend per month or equivalent). If the officer does not complete the annual training, the Director, CCHQ, will hold the payment until the officer completes the annual training requirement. The CSO for such officers will be extended accordingly.

- (c) Payment of RB is subject to the availability of federally appropriated funding. Any previous payments of RB or Legacy multi-year special pays will be stopped, and any overlapping payments will be adjusted and recouped as necessary.
  - (d) Eligible health professions and rate schedules for RB are found in Appendices B and F for medical officers, Appendices C and G for dental officers, and Appendices D and G for all other officers.
- (3) Officers who are fully trained or board certified in two or more specialties are entitled to only one RB. Officers must be paid at the rate for their category or profession (i.e., may only receive RB for specialties directly related to the degree that served as the qualifying degree). Officers may change their category or profession according to the procedures in CCI 231.01, "General Appointment Standards." If receiving IP, the RB specialty must be for the same specialty or subspecialty as the IP.
  - (4) At the time the RB expires, the officer may execute both a new IP and RB, or convert to the annual rate IP.
  - (5) The RB agreement will be terminated: if the officer is promoted to the grade of O-7 or above, upon separation or retirement from the USPHS Commissioned Corps, death of the officer, or if the conditions of the RB agreement are not fulfilled. Reasons for termination include, but are not limited to: loss of credentials, disciplinary actions, failure to maintain required certification or licensure, or unprofessional conduct. (See Section 6-7.)
  - (6) Any failure to fulfill the conditions specified in the RB agreement may result in termination of the agreement and the repayment of any unearned portion of RB in accordance with title 37 USC § 373.
- b. Eligibility. In addition to meeting the general eligibility requirements in Section 6-2. and the category and specific training and/or certification requirements contained in Appendix B, C, D, F, or G, as applicable, in order to be paid a RB an officer must be fully trained or board certified in the designated specialty and meet and maintain the following criteria:
- (1) Be in pay grade O-6 or below;
  - (2) Have completed any ADO/CSO or commitments incurred for participating in pre-commissioning or commissioning education, training or scholarship (including, but not limited to, SRCOSTEP, Uniformed Services University of the Health Sciences (USUHS) (see Section 6-4.b.(4)), and the National Health Service Corps scholarship), as indicated on initial active duty orders or amendments. An officer who is receiving a loan repayment from a federal agency may enter an RB agreement and serve its ADO concurrent with any obligation resulting from the terms of the loan repayment.
  - (3) Completed the service obligations for the payment of a Legacy Pay accession bonus, AB, or CWS-AB. An officer eligible for an AB/CWS-AB may decline the AB/CWS-AB and accept the RB.
  - (4) USUHS Medical School Graduates. Officers who graduate from USUHS and who are placed into the Medical category become eligible for RB after completing the following years of service:



- (a) Entered USUHS School of Medicine Prior to 30 December 2019. Must serve eight years on active duty in a uniformed service as a medical officer (i.e., eight years on active duty after graduation from USUHS medical school). The initial residency (including internships) counts towards the eight years, but does not count towards fulfilling the USUHS training ADO.
- (i) Notwithstanding the provisions of Section 6-4.d., such officers may enter up to three RB agreements and serve their ADOs concurrent with the USUHS ADO and GPE training ADO resulting from the officer's initial residency training.
- (ii) Unless an officer requests a later effective date, the Director, CCHQ, may make the first of such RB agreements have an effective date of 1 October 2020, the date the officer's legacy Multiyear Retention Bonus (MRB) ended, or the date the 2018 IP payment ceased, whichever is later. If such officers executed an agreement prior to the effective date of this Instruction but after 1 October 2020, the Director, CCHQ, may, upon a written request by the officer, adjust the agreement's effective date to no earlier than the date the officer's legacy MRB ended or the date the 2018 IP payment ceased; however, in no case may the effective date be earlier than 1 October 2020. In order for the Director, CCHQ, to adjust an agreement's effective date under this Subsection, an officer must initiate an agreement or make a request to adjust an existing agreement within 4 months of the effective date of this Instruction.
- (b) Entered USUHS School of Medicine on or After 30 December 2019. Must complete seven years of their ten-year USUHS ADO. The initial residency (including internships) does not count towards the USUHS ADO. Furthermore, the provisions of Section 6-4.d. regarding consecutive ADOs apply to such officers.
- c. Participation in Training. An officer who participates in 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 eligible for a RB if the officer meets all additional requirements to receive a RB.
- d. Active Duty Obligations (ADO) and Commissioned Service Obligations (CSO).
- (1) Any ADO or CSO for "graduate professional education (GPE)" training (i.e. clinical training) incurred on Active Duty or in an active status in the SELRES shall be served before serving the RB ADO (consecutive obligation). An officer with a remaining education and training ADO/CSO should be explicitly aware that, in many cases, the RB payments and the ADO/CSO may not be synchronized.
- (a) Because the ADOs and CSOs are consecutive, the officer will begin receiving pay from the RB while fulfilling the ADO/CSO from the education/training. As a result, the officer will have to fulfill the remainder of the RB's ADO/CSO after the RB's pay has ended.
- (b) Until the officer has completed the ADO/CSO from the RB, the officer cannot obtain a new RB even if the original RB has finished

payments. The officer can return to the 1-year rate IP while fulfilling a consecutive ADO/CSO, however, this does not occur automatically. The officer must submit an IP-only agreement at least 30 days prior to completion of the RB payments in order to start IP-only payments. Any obligations from the IP agreement will be served concurrent with education/training and the ADO/CSO from education/training.

- (c) For example, if the officer has a two-year ADO from clinical education prior to starting a four-year RB, for the first two years the officer will fulfill the two-year education/training ADO while receiving the first two years of RB pay. For the next two years the officer will receive RB pay while working on the first two years of the RB ADO. After the four years of RB pay has ended, the officer will still have two years remaining on the RB ADO. The officer cannot obtain another RB until the officer has finished the remaining two-year obligation, although the officer can switch to a 1 year IP agreement.
- (2) If the RB agreement is executed on or before the start date of GPE training, and no other education and training ADO/CSO exists, the ADO/CSO from that RB will be served concurrently with the RB agreement period while in training.
    - (a) If the officer has any remaining years on the RB's ADO/CSO when training ends, the officer will serve that ADO time concurrently with the training ADO/CSO.
    - (b) If the RB ends and the officer applies for a new RB while still serving the training ADO/CSO, the new RB's ADO/CSO will be served after finishing the ADO/CSO from training (see Section 6-4.d.(1)).
  - (3) If the RB agreement is executed after the start date of clinical GPE training, the officer is obligated for the full GPE period and the RB ADO/CSO will begin one day after the GPE ADO/CSO is completed. The ADO/CSO to be served is consecutive or an additive obligation.
    - (a) The officer will receive the special pay while in education/training even though the officer has to serve the RB's ADO/CSO later, when not receiving the RB's pay.
    - (b) The officer cannot renew the RB until finished with the RB's ADO/CSO. However, the officer can receive IP as specified above.
  - (4) If the officer is participating in non-GPE training, the RB's pay, RB's ADO/CSO, and the education/training (with its subsequent ADO/CSO) are all concurrent regardless of when the RB started.
  - (5) When no education and training ADO/CSO exists at the time of an RB agreement execution, the RB ADO/CSO will be served concurrently with the RB agreement period, and with all non-education and training ADOs/CSOs.
  - (6) Once an officer has begun to serve an RB ADO/CSO, the officer will serve it concurrently with any existing obligations or future ADOs/CSOs, including education and training obligations incurred after the RB's effective date, for the length of that particular RB agreement. Renewing the RB begins a new

RB for purposes of determining if the ADO/CSO will be concurrent or consecutive.

- (7) An officer who was in GPE training on 30 December 2019 may enter an RB agreement and serve the RB ADO concurrent with the GPE training (with its subsequent ADO). Additionally, an officer who was serving a GPE training ADO on 30 December 2019 or incurred a GPE training ADO prior to 30 December 2019, but had not begun serving, it may enter an RB agreement and serve the RB ADO concurrent with the GPE training ADO.
- (a) Such officers must meet the eligibility requirements for RB.
  - (b) Such authorization is only available for up to two RB agreements and any subsequent RB agreement's ADO will be served after completing the GPE ADO.
  - (c) Unless an officer requests a later effective date, the Director, CCHQ, may allow such RB agreements to have an effective date of 1 October 2020. If such officers executed an agreement prior to the effective date of this Instruction, but after 1 October 2020, the Director, CCHQ, may, upon a written request by the officer, adjust the agreement's effective date to 1 October 2020. In order for the Director, CCHQ, to make an agreement's effective date 1 October 2020 under this Subsection, an officer must initiate an agreement or make a request to adjust an existing agreement within 4 months of the effective date of this Instruction.

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 and F for medical officers, Appendix C and G for dental officers, and Appendix D and G for all other officers.
- b. A Regular Corps officer must execute a written agreement using form PHS 6310-1 to remain on active duty for one year from the effective date of the agreement. Members of the SELRES must execute a written agreement using form PHS 6310-1-RRC to remain in an active status for a period of one year from the effective date of the agreement. Once an officer enters into an IP agreement, including agreements entered prior to 1 January 2019, there is no requirement to submit another IP agreement, except in the following circumstances:
  - (1) If the officer loses eligibility, the officer may submit a new agreement that incurs a new one-year ADO/CSO 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/CSO. 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 as follows:
    - (a) For officers who entered a Transition-HPSP (T-HPSP) agreement in 2019, the T-HPSP IP will terminate on 31 December 2021; or

- (b) For Regular Corps 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 for 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 the officer receives IP.
    - (1) A Regular Corps 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) Officers promoted to the flag grade after 1 January 2019 will have their IP payment terminated on the effective date of their promotion to flag grade. To receive IP:
      - (a) A Regular Corps officer must execute a new written agreement to remain on active duty for one year from the effective date of the agreement.
      - (b) A member of the SELRES must execute a new written agreement to remain in an active status in the SELRES for one year from the effective date of the agreement.
  - d. The USPHS Commissioned Corps pays IP to Regular Corps officers in equal monthly payments and to members of the SELRES, who are not serving on continuous active duty, a monthly amount of IP that is proportionate (i.e., 1/30th of the monthly rate) to the basic pay received under 37 U.S.C. § 204 or compensation received under 37 U.S.C. § 206.
  - e. An officer who receives IP concurrent to an 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 sign an IP-only agreement at the "without RB" rate.
  - f. In addition to meeting 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. To receive BCIP a Regular Corps officer must execute a written agreement using form 7015-1 and a member of the SELRES must execute a written agreement using form 7015-1-RRC. 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. The USPHS Commissioned Corps pays BCIP to Regular Corps officers in equal monthly payments and to members of the SELRES, who are not serving on continuous active duty, a monthly amount of BCIP that is proportionate (i.e., 1/30th of the monthly rate) to the basic pay received under 37 U.S.C. § 204 or compensation received under 37 U.S.C. § 206.
  - d. The certification for BCIP must be in the professional field that served as the officer's qualifying degree for the category in which the officer is appointed, unless the officer changes categories. A health professional officer in the Health Services Officer (HSO) (e.g. clinical psychology, social work, physician assistant, podiatry, and optometry) and Scientist (e.g. clinical psychology) categories may only receive BCIP for specialties directly related to the degree that served as the officer's qualifying degree unless the officer changes their qualifying degree in accordance with CCI 231.01, "General Appointment Standards." Officers in the HSO category with a degree in clinical psychology may not receive BCIP after the date on which CCHQ changes officers with such a degree to the Scientist category in accordance with [CCI 231.03](#), "Category Specific Appointment Standards."
  - 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 CCHQ.
  - 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. An officer may negotiate a new HPSP agreement with a new effective date at the rates in effect at the time the new agreement is signed. When a new HPSP is negotiated, the new ADO/CSO must be as long as the previous HPSP's original length or longer. Examples of when an officer may want to negotiate a new agreement include to align the completion of an agreement with their anticipated date of retirement or if, during the period of an agreement, the officer becomes eligible for a higher pay rate.
  - b. Payment of HPSP is terminated under the following conditions:
    - (1) Promotion to a Flag Grade. RB is terminated on the effective date of the promotion to flag grade. Officers with an IP must submit a new agreement in accordance with Section 6-5.c. to receive IP.
    - (2) Voluntary Release from the USPHS Commissioned Corps 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 officer's separation from the USPHS Commissioned Corps. The USPHS Commissioned Corps will terminate the officer's commission, and will divest the officer of travel and transportation of household goods (HHG) and deny 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 or active status. (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 or Active Status.
    - (a) Termination of Commission. The agreement is terminated as of the date the officer is separated from active duty or active status pursuant to [CCD 111.02](#), "Disciplinary Action," [CCD 123.01](#), "Involuntary Separation," or CCI 322.06, "Ready Reserve Corps Management."
    - (b) Involuntary Retirement (other than for a disability). The agreement is terminated as of the date the officer retired. (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 the USPHS Commissioned Corps releases an officer from active duty/active status or retires the officer 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 (and RB as outlined in Section 6-7.d.(5)(a)) may be terminated after review and recommendation by an 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 the ASH approves the promotion list (see [CCI 331.01](#), "Permanent Grade Promotions," and [CCI 332.01](#), "Temporary Promotions").
  - (2) Failure to maintain the USPHS Commissioned Corps' conditions of service requirements will result in the termination of payment on a date specified by the Director, CCHQ (see [CCD 111.03](#), "Conditions of Service").
  - (3) Misconduct. Payment is terminated as of the date an officer:
    - (a) Is found guilty of one or more criminal offenses by a civil authority, tribal authority, or military tribunal or administrative board (including non-judicial punishment under Article 15 of the Uniform Code of Military Justice (UCMJ)); or

- (b) Is disciplined under applicable USPHS Commissioned 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., h, i.(2), or the signed agreement, payment of IP, RB, and/or BCIP is terminated on a date specified by the Director, CCHQ.
    - (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 CCHQ 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 Director, CCHQ, ASH, or SG, as applicable. Such a decision is not subject to review by an HPSP Review Board nor may it be appealed.
- e. Indebtedness and Collection.
- (1) Repayment of the unearned portion of an 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, 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, CCHQ. The Board members may 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, CCHQ, 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, CCHQ, will 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 CCHQ 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, CCHQ, 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 the officer 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 should be considered for involuntary retirement, separation, or other disciplinary action.
- d. Approval of the Board Recommendations. The Director, CCHQ, 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, CCHQ, 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 10 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 will be terminated on the date approved by the Director, CCHQ, or a later date approved by the SG.



- (3) If the SG upholds a decision that the officer is ineligible for an HPSP, the officer will regain eligibility on the date approved by the Director, CCHQ, or the date approved by the SG.
  - (4) If the SG overturns the decision of the Director, CCHQ, the officer's HPSP will not be terminated or the officer will retain their eligibility for HPSP if the officer meets all the other HPSP eligibility criteria.
  - (5) A decision by the Director, CCHQ, 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 USPHS Commissioned Corps policies.
- f. An officer who is deemed ineligible for HPSP may reapply for an HPSP, if the officer meets all of the eligibility criteria, on the date approved by the Director, CCHQ, or SG, as applicable. An officer whose HPSP is terminated may reapply for an HPSP, if the officer meets all of the other eligibility criteria, on the date approved by the Director, CCHQ, 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 ensuring the day-to-day supervision of the USPHS Commissioned Corps and may issue 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 USPHS Commissioned Corps to the listing of recognized boards for BCIP.
- 7-3. The Director, CCHQ, 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, CCHQ, may make technical updates to the sponsoring boards/certifications designated by the ASH (or SG as authorized in Section 7-2) in the Appendices.
  - b. The Director, CCHQ, 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 or a commissioned service obligation is incurred, CCHQ will notify the officer through a personnel order of the approval of HPSP and the corresponding active duty or commissioned service obligation.
  - c. For the purposes of this Instruction, the Director, CCHQ, or designee, serves as the OPDIV/STAFFDIV HPSP recommending authority for members of the Ready Reserve Corps.
- 7-4. The OPDIV/STAFFDIV/non-HHS organization to which the officer is assigned is responsible for notifying CCHQ 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 USPHS Commissioned Corps officers and maintain an ongoing awareness of updates and changes to USPHS Commissioned 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 CCHQ in order to facilitate the USPHS Commissioned 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 their eligibility for HPSP. An officer should retain copies of her/his agreement and other documentation.
  - d. An officer is required to notify CCHQ/Compensation within 7 days if the officer fails to remain eligible for an HPSP. All payments made while not eligible will be recouped once identified in accordance with Section 6-7.e. Officers must also immediately notify CCHQ/Compensation of any overpayment, underpayment, discrepancy, or error in their 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, CCHQ may accept a hand-written signature.
    - b. Submission. An HPSP agreement must be submitted in accordance with guidance established by the SG.
  - 8-2. Payment of an HPSP will normally commence within 90 days after receipt of the completed agreement in CCHQ or within 90 days after CCHQ 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 or appointment to the Ready Reserve Corps;
    - b. The date the officer attains eligibility for the HPSP; or
    - c. The date determined by procedures set forth by the SG in [POM 821.70](#), "HPSP Submission, Effective Dates, and Subspecialty Rates."
9. HISTORY: This is the seventh issuance of this Instruction within the electronic Commissioned Corps Issuance System (eCCIS).
- 9-1. CCI 633.01, "Special Pays," dated 11 January 2021.
  - 9-1. CCI 633.01, "Special Pays," dated 25 February 2020.
  - 9-2. CCI 633.01 "Special Pays," dated 30 December 2019.
  - 9-3. CCI 633.01, "Special Pays," dated 3 April 2019.
  - 9-4. CCI 633.01, "Special Pays," dated 16 November 2018.
  - 9-5. 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 (Regular Corps)	AB 4-year Obligation (SELRES)
Nurse	Nurse	\$30,000	\$0
	Nurse Practitioner	\$60,000	\$25,000
Pharmacy	Pharmacist	\$30,000	\$0
HSO	Physician Assistant	\$60,000	\$25,000
	Social Worker	\$30,000	\$15,000
Veterinary	Veterinarian	\$20,000	\$0

## CWS-AB Rates

MEDICAL CATEGORY CWS-AB RATES		
Medical Specialty	CWS-AB 4-year Obligation (Regular Corps)	CWS-AB 4-year Obligation (SELRES)
Anesthesia	\$400,000	\$40,000
Diagnostic Radiology	\$375,000	\$45,000
Emergency Medicine	\$300,000	\$50,000
Family Practice	\$275,000	\$25,000
General Surgery	\$400,000	\$75,000
Internal Medicine	\$250,000	\$25,000
Neurosurgery	\$400,000	\$50,000
Ophthalmology	\$225,000	\$25,000
Orthopedics	\$400,000	\$75,000
Preventive Medicine	\$225,000	\$25,000
Psychiatry	\$275,000	\$25,000
Pulmonary Medicine	\$300,000	\$50,000
Urology	\$300,000	\$45,000
Vascular Surgery	\$400,000	\$50,000

DENTAL CATEGORY CWS-AB RATES		
Dental Specialty	CWS-AB 4-year Obligation (Regular Corps)	CWS-AB 4-year Obligation (SELRES)
General Dentist	\$150,000	\$25,000
Comprehensive Dentistry	\$300,000	\$30,000
Endodontics	\$300,000	\$25,000
Oral and Maxillofacial Surgery	\$300,000	\$25,000
Prosthodontics	\$300,000	\$35,000

OTHER CATEGORY CWS-AB RATES			
Category	Specialty	AB 4-year Obligation (Regular Corps)	AB 4-year Obligation (SELRES)
Nurse	Certified Registered Nurse Anesthetist (CRNA)	\$250,000	\$30,000
	Clinical Psychologist (PhD or PsyD)	\$60,000	\$25,000

## Appendix B

## Medical Category IP and RB Pay Rates for Regular Corps Officers

<b>MEDICAL</b>	<b>IP only 1 year rate (prorated monthly)</b>					
Internship (FYGME)	\$1,200					
Initial Residency (PGY2)	\$8,000					
General Medical Officer (no residency, EIS, or fellowship)	\$20,000					
Flag Officer	\$20,000					
<b>SPECIALTY</b>	<b>Fully Trained IP only (without RB) 1 year rate (prorated monthly)</b>	<b>or</b>	<b>Fully Trained IP rate paid in conjunction with a 2, 3, or 4 year RB (prorated monthly)</b>	<b>RB 2-year rate (paid annually)</b>	<b>RB 3 year rate (paid annually)</b>	<b>RB 4 year rate (paid annually)</b>
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
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, 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, 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 for Regular Corps Officers

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		\$55,000	\$45,000	\$58,000	\$70,000

## Appendix D

## All Other Categorical IP and RB Pay Rates for Regular Corps Officers

Category	Specialty	Fully Trained IP 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 Nurse Midwife	\$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
	Social Worker	\$0	\$5,000	\$8,000	\$10,000
HSO and Scientist	Clinical 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 (only)	Commission on Dietetic Registration	Pediatric Nutrition Gerontological Nutrition Oncology Nutrition Renal Nutrition Sports Dietetics Fellow of the Academy of Nutrition and Dietetics
	National Certification Board for Diabetes Educators	Certified Diabetes Educator
	National Commission for Health Education Credentialing	Certified Health Education Specialist Master Certified Health Education Specialist
	American Society of Parenteral and Enteral Nutrition National Board for Nutrition Support Certification	Certified Nutrition Support Clinician
	American College of Sports Medicine	Certified Clinical Exercise Physiologist Certified Cancer Exercise Trainer Physical Activity in Public Health Specialist Exercise is Medicine Credential
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
	American Board of Audiology	
	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

## Medical Category IP and RB Pay Rates for Members of the SELRES

SPECIALTY	Fully Trained IP only (without RB) 1 year rate/daily rate (prorated monthly)	or	Fully Trained IP rate paid in conjunction with a 2, 3, or 4 year RB / daily rate (prorated monthly)	RB 2-year rate (paid annually)	RB 3 year rate (paid annually)	RB 4 year rate (paid annually)
Aerospace Medicine	\$43,000 / \$119.44		\$43,000 / \$119.44			\$30,000
Anesthesiology	\$59,000 / \$163.89		\$73,000 / \$202.78			\$40,000
Cardiology – Adult/Peds	\$59,000 / \$163.89		\$64,000 / \$177.78			\$50,000
Dermatology	\$43,000 / \$119.44		\$43,000 / \$119.44			
Emergency Medicine	\$49,000 / \$136.11		\$50,000 / \$138.89			\$50,000
Family Practice	\$43,000 / \$119.44		\$43,000 / \$119.44			\$25,000
Gastroenterology – Adult/Peds	\$49,000 / \$136.11		\$52,000 / \$144.44			\$25,000
General Internal Medicine	\$43,000 / \$119.44		\$43,000 / \$119.44			\$25,000
General Surgery	\$52,000 / \$144.44		\$73,000 / \$202.78			\$75,000
Internal Medicine						\$25,000
Neurology – Adult/Peds*	\$43,000 / \$119.44		\$43,000 / \$119.44			\$75,000
Neurosurgery	\$59,000 / \$163.89		\$73,000 / \$202.78			\$50,000
Obstetrics/Gynecology	\$54,000 / \$50.00		\$54,000 / \$50.00			\$25,000
Ophthalmology	\$51,000 / \$141.67		\$51,000 / \$141.67			\$25,000
Orthopedics	\$59,000 / \$163.89		\$73,000 / \$202.78			
Otolaryngology	\$53,000 / \$147.22		\$53,000 / \$147.22			\$25,000
Pathology	\$43,000 / \$119.44		\$43,000 / \$119.44			
Pediatrics	\$43,000 / \$119.44		\$43,000 / \$119.44			\$25,000
Physical Medicine	\$43,000 / \$119.44		\$43,000 / \$119.44			\$20,000
Preventive/Occupational Medicine	\$43,000 / \$119.44		\$43,000 / \$119.44			\$25,000
Psychiatry – Adult/Peds	\$43,000 / \$119.44		\$43,000 / \$119.44			\$25,000
Pulmonary Critical Care	\$46,000 / \$127.78		\$46,000 / \$127.78			\$50,000
Radiology – Diagnostic/Therapeutic	\$59,000 / \$163.89		\$59,000 / \$163.89			\$45,000
Urology	\$51,000 / \$141.67		\$51,000 / \$141.67			\$45,000

Appendix G

Dental Category IP and RB Pay Rates for Members of the SELRES

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)
General Dentist (no board)	\$20,000 / \$55.56		\$20,000 / \$55.56			\$25,000
Advanced Clinical Practice (ACP) – General Dentistry, Exodontia, Endodontics, Periodontics, Prosthodontics	\$25,000 / \$69.44		\$25,000 / \$69.44			\$25,000
Comprehensive Dentistry FSBGD (FedSerBoardGenDentistry); ABGD (AmerBoard Gen Dentistry); Accredited Residency for General Dentistry: ADV-GPR, AEGD, Comprehensive, FSBGD	\$25,000 / \$69.44		\$25,000 / \$69.44			\$30,000
Endodontics	\$25,000 / \$69.44		\$25,000 / \$69.44			\$25,000
Oral Pathology/Oral Diagnosis/Oral Medicine	\$25,000 / \$69.44		\$25,000 / \$69.44			
Orthodontics	\$25,000 / \$69.44		\$25,000 / \$69.44			
Pedodontics	\$25,000 / \$69.44		\$25,000 / \$69.44			
Periodontics	\$25,000 / \$69.44		\$25,000 / \$69.44			\$25,000
Prosthodontics	\$25,000 / \$69.44		\$25,000 / \$69.44			\$25,000
Public Health Dentistry						
Temporomandibular Dysfunction (TMD)/ Orofacial Pain	\$25,000 / \$69.44		\$25,000 / \$69.44			
Dental Research	\$25,000 / \$69.44		\$25,000 / \$69.44			
Oral Maxillofacial Surgery	\$55,000 / \$152.78		\$55,000 / \$152.78			\$35,000

All Other Categorical IP and RB Pay Rates for Members of the SELRES

Category	Specialty	Fully Trained IP 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			\$20,000
	Certified Nurse Midwife	\$0			\$15,000
	Certified Registered Nurse Anesthetist (CRNA)	\$15,000 / \$41.67			\$0
	Critical Care	\$0			\$25,000
	Flight Nurse	\$0			\$20,000
	Trauma Nurse/Emergency	\$0			\$15,000
HSO	Optometrist	\$1,200 / \$3.33			\$20,000
	Physician Assistant	\$0			\$25,000
	Social Worker	\$0			\$15,000
HSO and Scientist	Clinical Psychologist	\$0			\$20,000
Pharmacy	Pharmacist	\$15,000 / \$41.67			\$0
Therapy	Audiologist	\$0			\$15,000
	Physical Therapist	\$0			\$20,000
Veterinary	Veterinarian	\$5,000 / \$13.89			\$15,000

## Appendix H

## Definitions

- a. **Active Service.** Included in “active service” are services performed in the following duty statuses:
- (1) **Active Duty.** Full-time duty in an active uniformed service of the United States. Such term includes full-time training duty, annual training duty, and attendance, while in an active uniformed service, at a school designated as a service school by law, the ASH, or by the Secretary of the uniformed service concerned. Such term does not include full-time National Guard duty.
  - (2) **Active Duty for a Period of More than 30 Days.** Active duty under a call or order that does not specify a period of 30 days or less.
  - (3) **Active Reserve.** A Ready Reserve Corps member who is ordered to Active Duty for Operational Support to either the Regular Corps or RRC missions.
- b. **Active Status.** Included in “Active Status” are memberships in the following classes of the USPHS Commissioned Corps Organizations. This term does not include members while placed on the Temporary Disability Retired List (TDRL), an inactive status list, in the inactive Army National Guard or inactive Air National Guard, or in a retired status:
- (1) Regular Corps.
  - (2) Selected Ready Reserve (SELRES).
  - (3) Active Individual Ready Reserve (IRR).
- c. **Commissioned Service Obligation (CSO).** An obligation that an officer may serve on active duty or in the SELRES.
- d. **Credentialed.** A qualification held by a health professions officer constituting evidence of qualifying education, training, licensure, experience, current competence, etc.
- e. **Dental Residency.** A formal clinical, research, or administrative residency program which is accredited or accepted by the American Dental Association (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.
- f. **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.

- g. Graduate Professional Education (GPE). Clinical training or advanced degree program for physicians, dentist, nurses, or other specialties, in their fields. It includes internships, residency training, and fellowships.
- h. Initial Education and Training Active Duty Obligation. As recorded on officer's initial order to active duty, it is an obligation incurred for participating in a pre-commissioning and/or commissioning program. This includes, but is not limited to, an accession bonus (AB/CSWSAB), Uniformed Services University of the Health Sciences (USUHS), or other initial specialty education, training, and/or other commissioning programs.
- i. 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 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.
- j. Legacy Special Pays. Pertains to all special pays in title 37 USC Chapter 5, Sub Chapter I, § 301d through § 303b.
- k. Non-education and Training ADOs. An active duty obligation incurred for anything other than education and training.
- l. 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.
- m. Clinical Psychologist. An individual whose qualifying degree is a PhD or PsyD in psychology from an American Psychological Association or Psychological Clinical Science Accreditation System (PCSAS) accredited university or professional psychology program and who possesses a current, unrestricted, and valid license as a doctoral-level clinical psychologist from a U.S. state that allows for the practice of clinical/counseling psychology (e.g., clinical, counseling, rehabilitation, and related practice specialties where practice is an expectation).

- n. Social Worker. An individual in the HSO category whose qualifying degree is a master's degree in social work that has been accredited by the Council on Social Work Education and who possesses a current, valid, unrestricted, license, registration, or certification that allows for independent clinical social work practice in a U.S. state.