

WRITTEN AGREEMENT
HEALTH PROFESSIONALS INCENTIVE PAY (IP)
FOR THE RESERVE COMPONENT
(All AFSCs -- Non-Flight Surgeons)¹

1. ACKNOWLEDGMENT

I, _____ hereby apply for participation in the Reserve Component Incentive Pay Program for Health Professions Officers in the in the Selected Reserve of the United States Air Force (USAF) under the authority of 37 USC § 335g. In support of this application, I acknowledge the following:

1.1. I meet the following eligibility criteria:

1.1.1. I am serving in the specialty (AFSC)² for which the Incentive Pay is being requested.

1.1.2. I am entitled to basic pay under 37 USC § 204 or compensation under 37 USC § 206.

1.1.3. I possess a current valid and unrestricted health professional license(s)/certification and such additional credentials and privileges as required to practice in my area of specialty. (Applicable to Nurse Corp: I am board-certified in the specialty concerned by the applicable board listed in Attachment 1 of the Reserve Component Health Professions Special & Incentive Pay Plan).

1.1.4. I am not receiving any Incentive Pay for the same skill under 37 USC § 353.

1.2. I understand that the Reserve Component Incentive Pay Program shall apply to me, as follows:

1.2.1. I shall be entitled during the period of my agreement to incentive pay based on an annual amount of \$_____pro-rated at 1/30th the monthly rate for any period in which I am entitled to basic pay pursuant to 37 USC § 204 or 37 USC § 206. I understand this payment shall be based my duties performed in the_____specialty/AFSC in which I am credentialed and fully qualified, for a period of not less than 1 year. I further understand that this incentive pay shall be paid monthly.

1.2.2. I shall be required to perform satisfactorily in the Selected Reserve, in accordance with Service regulations.

¹ Written Agreement is to be used for all AFSCs except: 48A, 48G, and 48R

² IAW the Reserve Component HPS&I Pay Plan, the maximum IP amounts for clinical specialty are listed in Attachment 1 (refer to applicable tables)

1.2.3. If I voluntarily terminate service in the Selected Reserve before the end of the period for which payment was made, I shall refund the full amount of the payment made for the period on which the payment was based. I further understand that if my participation in this program is terminated before the expiration of my agreed term of service, I may be required to refund program monies paid on my behalf, and that Air Force recoupment efforts will be governed by applicable laws and statutes in effect at the time my termination.

1.3. I understand that my entitlement under this program continues unless or until I do one of the following:

1.3.1. Fail to maintain a current or unrestricted valid health professional license(s)/certification, and such additional credentials and privileges as required to practice in my area of specialty.

1.3.2. Complete the contracted period of service.

2. UNDERSTANDING

I have read this document in its entirety and understand that the statements herein constitute all promises, representations, and agreements concerning my incentive pay entitlement. No other promise, representation, or commitment has been made to me under this agreement.

3. AUTHENTICATION

3.1. Name and grade of applicant _____

3.2. Signature of applicant and date _____

HQ ARPC/DP:

3.3. Name and grade of Service representative _____

3.4. Signature and date _____