MEMORANDUM FOR RECORD

SUBJECT: ENLISTED APPLICATION MEMORANDUM FOR THE INTERSERVICE PHYSICIAN ASSISTANT PROGRAM

1. "In accordance with Army Regulation 601-20, I hereby make application for the Interservice Physician Assistant Program." Initial_____

2. "I can be reached at the following address: (include unit of assignment, location, Defense switching Network (DSN) and commercial work phone numbers, residence address, home phone number, and electronic mail address. I will inform USAREC (RCHS-SVD-PA) of all changes of assignment, contact information, physical status, flags, etc... and as soon as possible."

3. "Upon successful completion of Phase I training, I will, if tendered, accept appointment as a U.S. Army Reserve (USAR) commissioned officer and incur a service obligation (SO) of 8 years (6 years in the SEL RES, 2 years in the IRR) beyond successful completion of the IPAP. If appointment as a commissioned officer is not tendered, I understand I will be required to serve the period specified by my enlistment, reenlistment, or enlistment extension and that my failure to complete the period specified may result in separation according to AR 635-200." Initial_____

4. "I understand that upon successful graduation from this program and meeting all regulatory requirements, I will be awarded the AOC 65D. Appointment as a commissioned officer in the SP Corps, with an AOC 65D, will not be tendered until successful completion of Phase 2 training." Initial_____

5. "I meet all basic prerequisites listed in paragraph 6 of the cited regulation or have requested the appropriate waivers. To the best of my knowledge, I satisfy the medical standards for appointment as a commissioned officer, as set forth in AR 40-501, chapter 2. If I have a physical profile or a medical condition that would prohibit my appointment as a commissioned officer per AR 40-501, chapter 2, I have provided a copy of all temporary or permanent profiles with my application. If I have not met standards IAW AR 40-501, chapter 2, I will provide all documentation needed to process a request for medical waiver in a timely manner to be processed prior to the IPAP selection board." Initial _____

6. "To the best of my knowledge, I am eligible for appointment according to AR 601-100. I have reviewed my ERB, DA Form 2A (personnel Qualification Record, Part I-Enlisted Peacetime) and DA Form 2-1 (Personnel Qualification Record-Part II). They are current and accurately posted." Initial_____

7. "If selected to participate in this training program, I will reenlist or extend my enlistment so that I meet the service remaining requirement of 36 months beyond the completion of the course in accordance with AR 614-200, paragraph 4-6, and with AR 601-280, chapter 3. I further understand that I may not be voluntarily retired or otherwise separated under voluntary reasons prior to completion of my service obligation. I will forward to USAREC 1 copy of my Reenlistment/extension contract, demonstrating the required remaining service obligation, no later than 90 days prior to the anticipated report date to IPAP. I understand that failure to submit this documentation of my remaining service obligation will result in my orders being withheld and possibly being removed from the selection list or

deferred to another class. I also understand that if I am unable to fulfill my service obligation for IPAP training, for any reason, I may be required to reimburse the cost of tuition." Initial_____

8. "I agree to complete the education requirements of Phase I and Phase II of IPAP, All-Army Basic Officer Leadership Course (BOLC) at FT Benning, GA and the AMEDD Officer Basic Leadership Course (OBLC) at Fort Sam Houston, TX, and to serve on reserve duty as a commissioned officer for a period of 8 years after successful completion of Phase II. If I fail to complete the IPAP, I may be re-branched, or released from duty depending on the needs of the Army." Initial_____

9. "I agree to serve on reserve duty in an enlisted status for the remaining period of my enlistment if for any reason I fail to successfully complete the training and if I do not receive an award of the AOC 65D upon completion of Phase II training. I also understand that if I fail to successfully complete Phase II for any reason, I will be reassigned in an enlisted status according to the needs of the Army under provisions of AR 614-200, paragraph 4-6, or separated in accordance with AR 635-200." Initial_____

10. "I understand that I am required to take the Physician Assistant National Certifying Examination (PANCE) sponsored by the National Commission on Certification of Physician Assistants, Inc. (NCCPA) on the first available examination date for which I am eligible IAW AR 40-68, paragraph 9-1. I must pass the exam within 12 months after completion of the IPAP Phase II. Should I fail to pass the PANCE on my first attempt, I understand that I must retake the examination at my own expense at the next available opportunity. I also understand that failure to pass the PANCE within 12 months, except when officially exempted in writing, will result in my being involuntarily branch transferred in accordance with AR 614-100 paragraph 4.3, and that I will serve the remainder of my service obligation in the branch to which I am transferred. A request for branch transfer will be initiated after the PANCE failure and will become effective one year after completion of the IPAP Phase II training if I failed to pass the PANCE within that year. I further understand that once I become NCCPA certified, I will be required to maintain NCCPA certification as outlined by the certifying authority for the duration of my active federal service." Initial_____

11. "My total current service obligation (SO) remaining for my most recent training expired (or will expire) on (date) _____. If my current or subsequent application for another Service school is approved and I attend training, I understand that I will incur an additional service remaining requirement. I further understand I may be ineligible for enrollment into the Interservice Physician Assistant Program until all or part of my service remaining requirements are met (See AR 614-200, paragraph 4-6.). I understand that any and all remaining SO will run consecutively with the SO incurred from the IPAP. Time spent in the IPAP will not be used to satisfy any outstanding SO, IAW DoDI 6000.13. Consecutive obligation will be discharged "first-incurred, first served."

12. "To be eligible to apply to IPAP, I understand that I must remain an actively drilling reservist through 30 September of the academic year for which I am applying." Initial_____

13. "I understand that I am only eligible to retire in the highest enlisted grade held unless I have served 10 years of commissioned service as of my retirement date." Initial_____

14. Soldiers who have received an enlistment bonus or selective reenlistment bonus will add: "I understand that if selected for this training, I will refund the percentage of my enlistment, or reenlistment bonus equal to the percentage of obligated service that I will not perform in the specified MOS. My eligibility for bonus pay ceases on the date I depart my duty station for Fort Sam Houston, TX." Initial_____ N/A_____

15. Soldiers who contracted for an MOS that qualifies them for an Army college fund (ACF), or loan repayment will add: "I understand that once selected for this training, when my status changes to commissioned officer, I am no longer eligible to receive the ACF or loan repayment enlistment incentive. I will receive a prorated portion of the ACF and the loan repayment based on the number of months I served in the original qualifying MOS." Initial_____ N/A_____

16. "I am not currently scheduled for or attending MOS training as a result of reclassification or reenlistment retraining contract. I have not applied for reclassification or reenlistment retraining and will not apply for such training while I am an applicant for this program." Initial_____

17. "I understand that I have no right to retention beyond the service obligation for the training to which I am applying." Initial_____

Sign_____

Print Full Name_____

Date_____