MEMORANDUM FOR RECORD

SUBJECT: OFFICER 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 addresses:
    (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) of all changes of assignment, contact information, physical status and as soon as possible."

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    _____

3. "I understand that I will be conditionally re-appointed as an Army Medical Specialist Corps officer, USAR, AOC 65D00E, with concurrent call to active duty IAW DoDI 6000.13, prior to the start of the program. I further understand that I will attend the IPAP with a re-appointed rank as determined by constructive service credit calculated IAW DoDI 6000.13, and policy established by OTSG on a case-by-case basis. If I become non-select for promotion while attending the IPAP, I may be removed from training, re-branched, or released from active duty depending on the needs of the Army. If I fail to complete the IPAP I may also be re-branched, or released from active duty depending on the needs of the Army."   Initial_____

4. "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 3. If I have a physical profile or a medical condition that would prohibit my appointment as a commissioned officer per AR 40-501, chapter 3, 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 3, 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_____

5. "To the best of my knowledge, I am eligible for appointment according to AR 135-100 and AR 601-100. I have reviewed my ORB and it is current and accurately posted."   Initial_____

6. "If selected to participate in this training program, I will remain on active duty for the duration of my service obligation accrued for training IAW DoDI 6000.13. I further understand that I may not be voluntarily retired or otherwise separated under voluntary reasons prior to completion of my service obligation. 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_____

7. "I agree to complete the educational requirements of Phase 1 and Phase 2 of IPAP. If I have not graduated the prior AMEDD OBC, I agree to attend the 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 active duty as a commissioned officer for a period of 4 years after successful completion of Phase 2. If I fail to complete the IPAP, I may be re-branched, or released from active duty depending on the needs of the Army."   Initial_____

8. "My total current active duty service obligation (ADSO) 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 ADSO will run consecutively with the ADSO incurred from the IPAP. Time spent in the IPAP will not be used to satisfy any outstanding ADSO, IAW DoDI 6000.13. Consecutive obligation will be discharged "first-incurred, first-served." Initial_____

9. "To be eligible to apply to the IPAP, I understand that I must remain on active duty through 30 September of the academic year for which I am applying." 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 2. 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 first PANCE failure and will become effective one year after completion of the IPAP Phase 2 training if I have 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. "I agree to complete the educational requirements of Phase 1 and Phase 2 of IPAP. If I am not a graduate of the prior AMEDD OBC, I agree to attend the 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 active duty as a commissioned officer for a period of 4 years after successful completion of Phase 2. If I fail to complete the IPAP, I may be re-branched, or released from active duty depending on the needs of the Army." Initial_____

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

Sign_____

Print Full Name_____

Date_____