

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 and I will inform USAREC (RCHS-SVD) of all changes of assignment, contact information, physical status as soon as possible."

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3. "In accordance with [Army Regulation 601-20](#), I hereby make application for the Interservice Physician Assistant Program. Initial\_\_\_\_\_

4. "I understand that I will be conditionally re-appointed as an Army Medical Specialist Corps officer, RA, AOC 65D00E 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\_\_\_\_\_

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 retention, as set forth in [AR 40-501](#), chapter 3. I have provided a copy of any temporary or permanent profiles with my application." Initial\_\_\_\_\_

6. "I agree to complete the educational requirements of Phase 1, and Phase 2, and to serve on active duty as a commissioned officer for a period of **54 months** 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\_\_\_\_\_

Office Symbol

Your unit name/address

Date

7. “My current active duty service obligation (ADSO) remaining for my most recent training or appointment expires on (date). 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\_\_\_\_\_
  
8. “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\_\_\_\_\_
  
9. “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\_\_\_\_\_
  
10. “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\_\_\_\_\_