

MEMORANDUM FOR RECORD

SUBJECT: WARRANT 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."

3. "I understand that upon successful graduation from this program and meeting all regulatory requirements, I will be appointed as a Regular Army Commissioned Officer and 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_____

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 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_____

5. "I agree to complete the educational requirements of Phase 1, Phase 2, (and AMEDD OBC,) 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_____

6. "My current active duty service obligation (ADSO) remaining for my most recent training 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_____

7. "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_____

8. "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

Office Symbol

Your unit name/address

Date

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_____

9. “I understand that I have no right to retention on active duty beyond the service obligation for the training to which I am applying. I am aware that if not integrated into the Regular Army, current regulations require that I be released from active duty or retired upon attaining 20 years active service unless retained on active duty thereafter as an exception to policy.” Initial_____

Sign_____

Print Full Name_____

Date_____