

**STATEMENTS OF UNDERSTANDING
FOR INTERSERVICE PHYSICIAN ASSISTANT PROGRAM (ARMY RESERVE ENLISTED)**
(For use of this form see USAREC Reg 601-37)

INSTRUCTIONS: Print full name, initial all that apply, sign, and date.

NAME:

Upon successful completion of Phase 2 training, I will, if tendered, accept an appointment as a commissioned officer in the U.S. Army with a Selected Reserve obligation for a period of 6 years and 2 years in the Individual Ready Reserve (IRR), Selected Reserve (SELRES), or Individual Medical Augmentee (IMA). If appointment as a commissioned officer is not tendered or accepted, I understand that I will be required to serve the period specified by my enlistment, reenlistment, or enlistment extension. I understand that I will remain in a commissioned officer candidate status for the duration of the 29 months of Phase 1 and Phase 2 training. The appointment as a commissioned officer will not be tendered until successful graduation of both phases of training. I will reenlist or extend my enlistment 90 days prior to reporting to Interservice Physician Assistant Program (IPAP) 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. I will provide a copy of my reenlistment or extension to the IPAP program manager at least 90 days prior to the IPAP report date. I understand that orders will not be processed until I have done so. I further understand that I may not be voluntarily retired prior to completion of the service obligation. I agree to serve in a Selected Reserve status for the remaining period of my enlistment or extension: If I fail to successfully complete the training for any reason; or, if I do not receive an appointment as a commissioned officer; or, if I refuse to accept an appointment when tendered; or, if I fail to receive an award of the area of concentration 65D upon completion of Phase 2 training. I also understand that if I fail to successfully complete Phase 2 for any reason, I will be reassigned in an enlisted status in accordance with the needs of the Army, or be separated in accordance with AR 635-200.

I concur

(Initials)

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 upon completion of Phase 2 training. Should I fail to pass the PANCE on my first attempt, I understand that I must retake and pass the examination within 12 months after completion of the IPAP phase 2. I also understand, that failure to do so 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 1 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 have become NCCPA certified, I will be required to maintain NCCPA currency as outlined by the certifying authority for the duration of my active Federal service in accordance with AR 40-68.

I concur

(Initials)

I understand that I may not be able to complete 10 years of active service as a commissioned officer upon completion of 20 years of service under the provisions of Sections 3911 and 3926, Title 10, United States Code. Therefore, I also understand that I may only be eligible to retire at the highest enlisted grade held.

(Applies to applicants with greater than 10 years enlisted service at time of commission.)

I concur

(Initials)

Not applicable

(Initials)

I understand that my age for the grade that I am applying for exceeds the maximum allowable age for appointment as a commissioned officer in the Army Medical Specialist Corps. I request an exception to the age-in-grade policy so that I may be commissioned in the Army Medical Specialist Corps.

(Applies to applicants with 33 years of age at time of commission.)

I concur

(Initials)

Not applicable

(Initials)

I understand that I may have to refund the percentage of the bonus equal to the percentage of obligated service I will not perform as of the date I depart my duty station for the Army Medical Department Center and School at Fort Sam Houston, Texas.

I concur

(Initials)

Not applicable

(Initials)

Signature:

Date: