

MEMORANDUM FOR RECORD

SUBJECT: OFFICER APPLICATION MEMORANDUM FOR THE INTERSERVICE PHYSICIAN ASSISTANT PROGRAM

"I can be reached at the following addresses: include unit of assignment, location, Defense Switched 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."

(Initials)

"In accordance with Army Regulation 601-20, and the current MILPER message guidance for IPAP application, I hereby make an application for the Interservice Physician Assistant Program. I understand that upon successful graduation from this program and meeting all regulatory requirements, I may be appointed as an Army Reserve Commissioned Officer in the SP, with an AOC 65D. I further understand that I will not be tendered into the SP until successful completion of Phase 2 training."

(Initials)

"I understand that I will attend IPAP in my current Officer grade held, and will be 'detailed' into the SP. Upon successful completion of Phase 2 training, I may be tendered a USAR appointment as a commissioned Officer in the SP with a rank determined by my individual constructive service credit calculation IAW DODI 6000.13 and policy established by OTSG on a case-by-case basis, upon successful completion of the program."

(Initials)

"If I become non-select for promotion while attending the IPAP, I may be removed from training, re-branched, or released from the USAR depending on the needs of the Army. If I fail to complete the IPAP, I may also be re-branched or released from the USAR depending on the needs of the Army."

(Initials)

"I meet all basic prerequisites listed in paragraph 2-2 of the AR 601-20 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. I agree to complete the educational requirements of Phase 1, and Phase 2, and to serve in the USAR as a commissioned officer for a period of 8 years (6 years in the SELRES, and 2 years in the IRR) after successful completion of Phase 2 or voluntary termination of attendance, whichever comes later. If I fail to complete the IPAP, I may be re-branched, or released from the USAR depending on the needs of the Army."

(Initials)

“My current reserve service obligation (RSO) remaining for my most recent training or appointment expires on (date). I understand that any and all remaining service obligation will run consecutively with the RSO 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’.”

(Initials)

“To be eligible to apply to the IPAP, I understand that I must remain in the USAR through 30 September of the academic year for which I am applying.”

(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 (NCCPA) on the first available examination date for which I am eligible IAW AR 40–68. 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, 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 USAR service. I understand that I have no right to retention in the USAR beyond the service obligation for the training to which I am applying.”

(Initials)

Sign _____

Print Full Name _____

Date _____