## MEMORANDUM FOR RECORD

SUBJECT: OFFICER APPLICATION MEMORANDUM FOR THE INTERSERVICE PHYSICIAN ASSISTANT PROGRAM

| 1. "In accordance with <u>Army Regulation 601-20</u> , I hereby make application for the nterservice Physician Assistant Program." Initial   |
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| <ol> <li>"I can be reached at the following addresses, phone number, and electronic mail<br/>address and I will inform my AMEDD Recruiter of all changes as soon as possible."</li> </ol>  |
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| 3. "I understand that upon successful completion of Phase 2 training, I will remain a reserve commissioned officer, awarded the AOC 65D, and incur an <b>ARNG service</b>   Sobligation of 6 years   Deponding the IPAP   Deponded the IPAP   Deponded to IPAP   Deponde |
| 4. "I have/will complete BOLC in my current branch prior to attendance." nitial  |
| "I understand that I will attend IPAP in my current Officer grade and branch held and will be 'detailed' into the SP. Upon successful completion of Phase 2 training and successful completion of the NCCPA exam, I may be tendered an ARNG 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 DTSG on a case-by-case basis, upon successful completion of the program."   |
| "If I become non-select for promotion while attending the IPAP, I may be removed from training, re-branched, or released from the ARNG depending on the needs of the Army. If I fail to complete the IPAP, I may also be re-branched or released from the ARNG depending on the needs of the Army." Initial  |
| "My current service obligation remaining to include my most recent training expires on (date). I understand that any and all remaining obligations will run consecutively with the service obligation incurred from IPAP. Time spent in IPAP will not be used to satisfy any outstanding obligation, IAW DoDI 6000.13. Consecutive obligation will be discharged "first-incurred, first-served"." Initial  |

| 8. "I understand that I have no right to retention beyond the service obligation for the training to which I am applying." Initial  |
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| 9. "I meet all the 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.   |
| 10. 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 6 years 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 ARNG depending on the needs of the Army." Initial  |
| 11. "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 ARNG service. I understand that I have no right to retention in the ARNG beyond the service obligation for the training to which I am applying." Initial |
| Sign  |
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| Print Full Name   |

Date\_\_\_\_\_