Medical Service Corps Officer Active Duty Accession Bonus Program
Service Agreement

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 301, Departmental Regulations, 10 U.S.C. Sections governing authority to appoint officers; 10 U.S C. 591, 600, 716, 2107, 2122, 5579, 5600; Merchant Marine Act of 1939 (as amended); and E.O.s 9397, 10450, and 11652

PRINCIPAL PURPOSES: To manage and contribute to the recruitment of qualified men and women for officer programs and the regular and reserve components of the Navy. To ensure quality military recruitment and to maintain records pertaining to the applicant's personal profile for purposes of evaluation for fitness for commissioned service.

ROUTINE USE(S): In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows:

To the Department of Transportation in the performance of their official duties relating to the recruitment of Merchant Marine personnel, to the Veterans Administration and Selective Service Administration in the performance of their official duties related to enlistment and reenlistment eligibility and related benefits, and to other departments and agencies of the Executive Branch of government in the performance of their official duties related to the management of quality military recruitment as published in the Federal Register.

DISCLOSURE: Disclosure is voluntary, however, without this information, your entry into the Medical Service Corps Officer Active Duty Accession Bonus Program could not be accomplished. A social security number is necessary to make positive identification of the individual and to permit this service agreement to become part of the official service record.

NAME: (LAST NAME, FIRST NAME, MIDDLE NAME) _____

SOCIAL SECURITY NUMBER: _____

1. Having volunteered for commission in the Navy Medical Service Corps under the Medical Service Corps Active Duty Accession Bonus Program, I hereby acknowledge that:

a. Final approval of my application for a commission in the Medical Service Corps will be made by Commander, Navy Recruiting Command.

b. A commission as an Officer in the United States Navy is held at the pleasure of the President.

c. Upon acceptance of a commission, I will be required to serve at least eight (8) years as an Officer in the United States Navy from date of appointment. Paragraph 2 specifies my active duty obligation under this agreement.

d. Any portion of this eight-year period not served on active duty will be served on inactive duty.

e. A resignation of my commission as an Officer submitted prior to completion of this eight-year period will normally be rejected and, after this period, may be accepted or rejected by the President, as the needs of the Navy may require.

f. Federal statutes and pertinent regulations applicable to personnel in the United States Navy may change without notice and such changes may affect my status as an Officer and obligations to serve as such.

2. Specific Community accession bonus obligations are as follows:

Pharmacy: I understand that I will receive an accession bonus of $30,000 upon appointment, and I agree to serve on active duty for a period of four (4) years from the time of reporting to active duty. Initial here: _____

Clinical Psychology: I understand that I can elect to receive an accession bonus of $37,500 upon appointment, and I agree to serve on active duty for a period of three (3) years from the time of reporting to active duty **OR and accession bonus of $60,000 upon appointment,** and I agree to serve on active duty for a period of four (4) years from the time of reporting to active duty. Initial here: _____

I elect to receive the following bonus (please check one): $37,500 _____ $60,000_____

Physician Assistant: I understand that I will receive an accession bonus of $37,500 upon appointment, and I agree to serve on active duty for a period of three (3) years from the time of reporting to active duty **OR** an accession bonus of $60,000 upon appointment, and I agree to serve on active duty for a period of four (4) years from the time of reporting to active duty. Initial here: _____

I elect to receive the following bonus (please check one): $37,500 _____ $60,000_____

Initial: _____ Date: _____

Social Work: I understand that I will receive an accession bonus of $18,750 upon appointment, and I agree to serve on active duty for a period of three (3) years from the time of reporting to active duty **OR** an accession bonus of $30,000 upon appointment, and I agree to serve on active duty for a period of four (4) years from the time of reporting to active duty. Initial here: _____

I elect to receive the following bonus (please check one): $18,750 _____ $30,000_____

3. I understand that to effect release from active duty at the end of this period, I must notify the Navy Personnel Command nine-months prior to the end of my obligated service. I understand further that failure to notify the Navy Personnel Command of my desire to be released from active duty nine months prior to the end of my obligated service constitutes a desire on my part to be extended on active duty for an indefinite period of time, in which event I fall within the provisions of MILPERSMAN Article 1920-020.

4. I further understand that:

a. After receiving the accession bonus under this agreement, if I fail to become or remain licensed or certified in accordance with current Navy instructions, I must refund the entire amount of the bonus.

b. After receiving the accession bonus under this agreement, if I fail to complete the required active duty incurred as a result of executing an accession bonus contract except as noted in paragraph 3 above, I will be required to repay the unearned portion of the bonus on a pro rata basis except in the following circumstances:

(1) Death or disability, which is not a result of misconduct or willful negligence, and not incurred during a period of unauthorized absence.

(2) Separation from military service by operation of laws or regulations of the Department of Defense or Navy regulations, other than separation for cause, when approved by the Secretary of the Navy.

(3) In other cases, when the Assistant Secretary of the Navy (Manpower & Reserve Affairs) determines recoupment is not in the best interest of the government.

c. An obligation to reimburse the United States imposed under paragraph 3 above is for all purposes a debt owed to the United States.

d. A discharge in bankruptcy under Title 11, United States Code, that is entered less than five years after the termination of an agreement under this section does not discharge the person signing such agreement from a debt arising under such agreement.

5. Respective community licensure and certification requirements include:

Pharmacy: I must obtain a license to practice as a pharmacist for a state, territory, or the District of Columbia based on a licensing examination administered by one of its member boards. I may be appointed as a Pharmacy Medical Service Corps Officer prior to receiving a license per SECNAVINST 6401.2. Obtaining and maintaining a license to practice as a pharmacist is an obligation incurred by me. I further understand that if I fail to meet the documented requirements, I will be reappointed in a different competitive category to complete any incurred active duty obligation unless such obligation is waived by the Assistant Secretary of the Navy (Manpower and Reserve Affairs). Additionally, I realize that if this obligation is waived I will be separated for cause under the guidance of SECNAVINST 1920.6. Initial here: _____

Clinical Psychology: I must hold a current license in one of the fifty states or District of Columbia. Obtaining and maintaining a license to practice as a clinical psychologist is an obligation incurred by me. I further understand that if I fail to meet the documented requirements, I will be reappointed in a different competitive category to complete any incurred active duty obligation unless such obligation is waived by the Assistant Secretary of the Navy (Manpower and Reserve Affairs). Additionally, I realize that if this obligation is waived I will be separated for cause under the guidance of SECNAVINST 1920.6.
Initial here: _____

Physician Assistant: I must have successfully passed the Physician Assistant National Certification Exam (PANCE) and be currently certified by the National Commission on Certification of Physician Assistant's (NCCPA). Obtaining and maintaining certification to practice as a physician assistant is an obligation incurred by me. I further understand that if I fail to meet the documented requirements, I will be reappointed in a different competitive category to complete any incurred active duty obligation unless such obligation is waived by the Assistant Secretary of the Navy (Manpower and Reserve Affairs). Additionally, I realize that if this obligation is waived I will be separated for cause under the guidance of SECNAVINST 1920.6. Initial here: _____

Social Work: I must have the highest current licensure/certification as a clinical social worker offered by the jurisdiction where practicing and that license/certification must allow me to practice independently. Obtaining and maintaining a license to practice as a social worker is an obligation incurred by me. I further understand that if I fail to meet the documented requirements, I will be reappointed in a different competitive category to complete any incurred active duty obligation unless such obligation is waived by the Assistant Secretary of the Navy (Manpower and Reserve Affairs). Additionally, I realize that if this obligation is waived I will be separated for cause under the guidance of SECNAVINST 1920.6. Initial here: _____

6. I understand that I will not be entitled to ship household goods and/or dependents to Officer Development School (ODS) at government expense.

7. I have received the Basic Naval Indoctrination Course which covers the following subjects: UCMJ, Navy regulations, conduct ashore, naval customs and ceremonies, military uniforms and insignia, military chain of command, types of discharge certificates (including the basis of issuance and the possible effect of such certificates relative to reenlistment, civilian employment, veteran benefits and related matter, and Navy pay, benefits and financial responsibility.

Initial: _____ Date: _____

8. I have read and completely understand the meaning and contents of the above. No promises either written or oral have been made to me in connection with my application for the Medical Service Corps Active Duty Pharmacy Accession Bonus Program except as specified above. I acknowledge receipt of a copy of this document.

SIGNATURE OF WITNESSING OFFICER

SIGNATURE OF APPLICANT

TYPED OR PRINTED NAME OF WITNESSING OFFICER

TYPED OR PRINTED NAME OF APPLICANT

DATE (TYPED OR PRINTED)

Initial: _____ Date: _____