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MEMORANDUM FOR DISTRIBUTION C
MAJCOMs/FLDCOMs/FOAs/DRUs

FROM: AF/SG
7700 Arlington Blvd
Falls Church, VA 22042

SUBJECT: Air Force Guidance Memorandum (AFGM) to AFI 41-109, *Special and Incentive Pay for Health Professions Officers*

By Order of the Surgeon General of the Air Force, this AFGM immediately implements changes to Air Force Instruction (AFI) 41-109, *Special and Incentive Pay for Health Professions Officers*. Compliance with this memorandum is mandatory. To the extent its directions are inconsistent with other Department of the Air Force publications, the information herein prevails, in accordance with Department of the Air Force Instruction (DAFI) 90-160, *Publications and Forms Management*.

This guidance is applicable to all Regular Air Force, Air Reserve Component, Air Force Reserve, and Air National Guard when the Health Professions Officers (HPOs) are on Title 10 orders for a period of one year or more. This guidance does not apply to the United States Space Force. Other standards contained in AFI 41-109 continue to apply as outlined in the opening paragraph. The guidance reissues and changes instruction from AFI 41-109 to restrict backdating of special pay contracts to no earlier than the first day of the month in which the officer digitally signs the contract.

Ensure all records generated as a result of processes prescribed in this publication adhere to Air Force Instruction (AFI) 33-322, *Records Management and Information Governance Program*, and are disposed in accordance with the Air Force Records Disposition Schedule which is located in the Air Force Records Information Management System.

This memorandum becomes void after one year has elapsed from the date of this memorandum, or upon publication of an interim change (IC) or rewrite of the affected publication, whichever is earlier.

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Surgeon General of the Air Force
Commander, Air Force Medical Command

Attachment:
Guidance Change to AFI 41-109

Attachment
Guidance Change to AFI 41-109

Contract Effective Dates

(Changed) 3.3.2. Officers must digitally sign contracts. Officers may request an effective date no earlier than the first day of the month in which the contract is signed. Officers may digitally sign contracts up to 90 days before the requested effective date. Officers must be eligible for pay on the requested effective date.

**BY ORDER OF THE SECRETARY
OF THE AIR FORCE**

AIR FORCE INSTRUCTION 41-109

8 APRIL 2025

Health Services



**SPECIAL AND INCENTIVE PAY FOR
HEALTH PROFESSIONS OFFICERS**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This publication implements Department of Defense Instruction (DoDI) 6000.13, *Accession and Retention Policies, Programs, and Incentives for Military Health Professions Officers* and Air Force Policy Directive (AFPD) 41-1, *Healthcare Programs and Resources*. This publication provides guidance and procedures for implementing the Air Force (AF) Special and Incentive (S&I) Pays Program for AF Health Professions Officers (HPOs) serving in the Air Force Medical Service (AFMS) in accordance with (IAW) the Office of the Assistant Secretary of Defense for Health Affairs (ASD(HA)) specific pay plan policy. It also provides guidance on Title 37, United States Code (U.S.C.), Chapter 5, Subchapter II (Consolidation of Special Pay) and Subchapter III (General Provisions). This publication applies to the Regular Air Force (RegAF), the Air Force Reserve (AFR), and the Air National Guard (ANG) when the HPOs are on Title 10 orders for a period of one year or more. For further information, see **section 1.2**. This publication does not apply to the United States Space Force. This instruction requires the collection and or maintenance of information protected by the Privacy Act of 1974 authorized by Department of Defense Instruction (DoDI) 5400.11, *DoD Privacy and Civil Liberties Programs*. The applicable System of Record Notice (SORN) DoD-0020, *Military Human Resource Records* is available at: <https://dpcl.d.defense.gov/Privacy/SORNs/>. Ensure all records generated as a result of processes prescribed in this publication adhere to Air Force Instruction (AFI) 33-322, *Records Management and Information Governance Program*, and are disposed in accordance with the AF Records Disposition Schedule, which is located in the AF Records Information Management System. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) listed above using the Department of Air Force (DAF) Form 847, *Recommendation for Change of Publication*; route DAF Forms 847 from the field through the appropriate functional

chain of command. This AFI may not be supplemented. The authorities to waive wing, unit, delta, or garrison level requirements in this publication are identified with a Tier (“T-0, T-1, T-2, T-3”) number following the compliance statement. See DAFMAN 90-161, *Publishing Processes and Procedures*, for a description of the authorities associated with the Tier numbers. Submit requests for waivers through the chain of command to the appropriate tier waiver approval authority, or alternatively, to the publication OPR for non-tiered compliance items.

SUMMARY OF CHANGES

This document has been substantially revised and should be completely reviewed. Changes include: submission and endorsement of contracts, termination and withholding contracts, recoupment of S&I Pays, and removal of the Legacy Pay program. Upon AF coordination and approval, all fiscal year (FY) pay plans and contracts will be made available to officers for reference and submission.

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Chapter 1

OVERVIEW

1.1. Purpose. This publication implements DoDI 6000.13, *Accession and Retention Policies, Programs, and Incentives for Military Health Professions Officers*, and AFPD 41-1, *Healthcare Programs and Resources*. The AFMS must recruit and retain highly qualified medical assets to carry out its mission and goals. Medical S&I pay is one of the many tools designed to attract and retain highly skilled health professions officers. S&I pay is authorized by 37 U.S.C., Chapter 5, § 335, *Special bonus and incentive pay authorities for officers in health professions*; DoDI 6000.13, *Accession and Retention Policies, Programs, and Incentives for Military Health Professions Officers*; and ASD(HA) policy memorandums. Statutory requirements for special pays are regulated by the Secretary of Defense and delegated to ASD(HA) for implementation. The S&I budget is subject to re-authorization each fiscal year.

1.2. Applicability.

1.2.1. This instruction applies to RegAF AFMS officers and mobilized and statutory tour ANG and AFR officers on Title 10 orders for other than training purposes for a period of one year or more. Failure to comply with the policies and procedures within this AFI may result in a member losing pay, delayed payment, or extension of active duty service commitment (ADSC).

1.2.2. While ANG and AFR officers may be eligible for medical special pay, their procedures are not outlined within this document, except as noted in [paragraph 1.2.1](#). The AFR and National Guard Bureau (NGB) have specific Health Professions Special and Incentive (HPS&I) guides that are to be referenced/followed for Reserve and Guard medical officers. AFR HSP&I guidance is located on the digital human resource platform, my Force Support Squadron (myFSS).

1.2.3. This publication does not apply to the United States Space Force.

1.3. General Eligibility.

1.3.1. While basic eligibility based on licensure remains consistent, criteria is subject to change based on changes in legislation, budgetary restrictions, needs of the DAF, and ASD(HA) policies. Each FY, the AFMS S&I pay plans are approved for implementation by the Secretary of the Air Force for Manpower and Reserve Affairs (SAF/MR) and published by the Air Force Personnel Center (AFPC). For details, refer to the current FY pay plans and contracts available on myFSS.

1.3.2. To be eligible for S&I pay, an individual must be an officer in (or in the case of accession bonus (AB), agree to accept a commission into) the RegAF or ANG/AFR component on Title 10 orders greater than 1 year designated as a HPO (T-0), and

1.3.2.1. Meet retainability requirements to complete the ADSC incurred upon signing and submitting any contract. **(T-0)**. Officers may not execute a Consolidated Special Pays (CSP) contract that extends beyond their orders end date and/or established date of separation (DOS). The officer's signature on a CSP contract authorizes AFPC to extend the officer's ADSC provided it does not exceed their mandatory DOS, based on age, commissioned years of service, or other force management tools. If an extension to the current DOS is required for the officer to serve the full ADSC incurred by the S&I pay contract, all changes must be made to the officer's record before the contract is submitted to AFPC. **(T-1)**.

1.3.2.2. Age. Upon reaching age 61, officers who wish to remain RegAF beyond age 62, but not to exceed age 68, must obtain an approved age waiver and submit the waiver with the special pay contract. **(T-0)**. **Note:** Officers in the rank of lieutenant colonel and below may request DOS waivers and age waivers through the appropriate assignments office at AFPC Non-Line Officer Management Division. DOS changes and age waivers for officers in the rank of colonel and above are managed by the Air Force Colonel Office Management Office (AF/A1LO) and the Air Force General Office Management Office (AF/A1LG).

1.3.2.3. Commissioned Years of Service. In accordance with (IAW) 10 U.S.C. §634, *Retirement for years of service: regular colonels and Navy captains*, §633, *Retirement for years of service: regular lieutenant colonels and commanders*, and DAFI 36-3203, *Service Retirements*, Table 4.1., officers cannot exceed commissioned years of service limits unless approved for continuation by a selective continuation board. Officers in the rank of lieutenant colonel cannot enter into a special pay agreement that results in an ADSC that surpasses 28 years of total active commissioned service. Officers in the rank of colonel cannot enter into a special pay agreement that results in an ADSC that surpasses 30 years of total active commissioned service. **(T-0)**

1.3.2.4. Be fully qualified in a designated specialty as defined by the Air Force Officer Classification Directory and not currently attending internship training or initial residency training except as specified in the current pay plan.

1.3.2.5. For privileged HPOs: meet requirements of licensure and/or certification and be able to practice independently to the extent authorized in AFI 44-119, *Medical Quality Operations* and Defense Health Agency-Procedures Manual (DHA-PM) 6025.13: *Clinical Quality Management in the Military Health System, Volume 4: Credentialing and Privileging* or have an approved waiver. **(T-0)**

1.3.2.6. Demonstrate the conduct, competence, and professional practice standards expected of a commissioned officer and health care professional.

Chapter 2

ROLES AND RESPONSIBILITIES

2.1. AFMS Medical Special Pays Program Management. AFPC is the program manager for execution of special pays to include ANG members on Title 10 orders greater than 1 year. AFPC is responsible for maintaining references for HPOs to utilize in order to determine eligibility (to include annual pay plans, contracts, frequently asked questions, webinar slides, etc.), verifying contract eligibility, processing contracts, and confirming contract payment. AFPC will forward processed special pay documents to be stored/loaded in officers' personnel records for future reference.

2.2. AFMS Medical Special Pays Program Policy.

2.2.1. The Force Management and Development Division (SG1/7) of the AF/SG Policy and Resources Directorate (AF/SGMED) is responsible for monitoring special pay policy, coordinating annual pay plans and contract development, providing eligibility clarification, as well as implementing and advertising Air Force Surgeon General (AF/SG) guidance. SG1/7 will work closely with AFPC to aid in the management of the CSP program.

2.2.2. SG1/7 serves as the waiver authority for special pay requests.

2.3. HPOs. Each officer must monitor their own special pays to include determining eligibility, routing contract(s) for timely endorsement, submission of contract(s) to AFPC as outlined in **Chapter 3** and verifying receipt of payment(s). **(T-3)**. Multiple resources (Frequently Asked Questions, webinar slides, etc.) are available on myFSS to HPOs to clarify eligibility criteria, etc.

2.4. Endorsing Officials. Authorized endorsers must abide by procedures outlined in **paragraph 3.2** of this document. **(T-0)**. Additional responsibilities include making contract termination and payment withhold recommendations (outlined in **paragraph 3.7** of this instruction) and mentoring HPOs on their special pay eligibility. Endorsing officials and/or military treatment facilities (MTFs) are not required to submit documentation to higher headquarters levels, except in the cases of contract termination and/or payment withhold packages.

Chapter 3

CONTRACT MANAGEMENT

3.1. Contract Options. Officers requesting CSP must complete the applicable endorsement option as noted below. **(T-0)**. Available options for CSP are described on each contract. HPOs must be credentialed, privileged when applicable or appropriate, and practicing in the specialty for which pay is requested except as noted below. **(T-0)**.

3.1.1. Option I. Standard single or multi-year contract.

3.1.2. Option II. For officers in residency training, fellowship training, Air Force Institute of Technology (AFIT) programs, or flight surgeons working outside of the root specialty and precluded from practicing in the specialty for which pay is requested.

3.1.3. Option III. An exception to policy for those HPOs unable to practice at all in a clinical setting. There are very few assignments that preclude all practice in a specialty. HPOs in positions outside a traditional MTF are expected to devote time to some type of clinical practice at a local MTF.

3.1.3.1. The Air Force Deputy Surgeon General (AF/DSG) is the approval authority for awarding special pay to fully qualified officers assigned to positions requiring a substantial portion of time performing military unique duties under adverse conditions, in remote locations outside the continental United States, or that preclude the ability to spend appropriate time in a clinical setting.

3.1.3.2. All Option III contracts must be endorsed and validated at the local level and forwarded, along with a copy of the HPO's license, to AFPC per normal submission directions. **(T-0)**. AFPC will forward the request to SG1/7 for AF/DSG approval.

3.2. Contract Validation and Endorsement.

3.2.1. If the officer is not in a clinical setting, the authorized endorser must also validate credentials. **(T-0)**. Under no circumstances will a subordinate endorse a contract. **(T-3)**.

3.2.2. Above Wing-level. Directors and major command (MAJCOM) surgeons shall have contracts endorsed by their rater or the senior USAF medical person of higher rank in the direct functional authority. **(T-3)**.

3.2.3. Staff agencies. Officers assigned to staff agencies shall obtain endorsement at the director level (any Service if joint) or the senior USAF medical officer of higher rank in the direct functional authority (e.g., MAJCOM, Air Force Medical Command, Defense Health Agency, TRICARE agencies, Inspector General, Joint agencies, direct reporting units, Defense Logistics Agency, AF elements). **(T-3)**.

3.2.4. Wing/Installation-level and below. MTF and Limited-Scope Military Treatment Facility (LSMTF) directors shall obtain endorsement from their rater. **(T-3)**.

3.2.5. MTF. Officers assigned to the MTF must obtain endorsement from the MTF director. **(T-3)**.

3.2.5.1. The MTF director may designate the medical group commander or deputy commander as the endorsing authority.

3.2.5.2. LSMTFs and stand-alone medical squadron commanders are the authorized endorsers for special pay contracts within their organization.

3.2.6. Line units/Squadron Medical Elements (SMEs). Officers assigned to line units or stand-alone SMEs may:

3.2.6.1. Coordinate the contract request through the local MTF credentials office and the local MTF director with final endorsement by the line unit commander, or

3.2.6.2. Coordinate the contract request through the line unit commander to the local MTF credentials office with final endorsement from the MTF director.

3.2.7. Graduate Medical Education. Officers assigned to military graduate medical education, such as those undergoing training in residency or fellowship programs, must obtain credentials validation and endorsement from the institution's director of medical education (DME) or equivalent. **(T-3)**.

3.2.8. AFIT. Officers assigned to civilian-sponsored or military-sponsored AFIT positions (to include advanced academic degrees at Uniformed Services University of the Health Sciences, Naval Postgraduate School, and Army-Baylor programs) must send contracts to the applicable organization below for endorsement:

3.2.8.1. Medical Corps (MC) Officers (non-surgical Air Force Specialty Codes (AFSCs)): AFIT.CIM.CIME@us.af.mil. **(T-0)**.

3.2.8.2. Medical Corps (MC) Officers (surgical AFSCs): AFIT.CIM.CIML@us.af.mil. **(T-0)**.

3.2.8.3. Biomedical Sciences Corps/Dental Corps (BSC/DC) Officers: AFIT.CIM.CIMT@us.af.mil. **(T-0)**.

3.2.8.4. Nurse Corps (NC) Officers: AFIT.CIM.CIMI@us.af.mil. **(T-0)**.

3.2.9. Uniformed Services University of the Health Sciences (USUHS). Officers assigned to USUHS shall obtain credentials validation and endorsement from the first commissioned officer in the pay grade of O-6 in the immediate rating chain or the appropriate Corps director. **(T-1)**. Officers in the pay grade of O-6 assigned to USUHS may obtain credentials validation and endorsement from the USUHS medical director (Senior Executive Service (SES)), dean, or vice dean of the college, president, acting president or vice president, any general officer (active or retired) assigned, or their senior rater. The endorser's full duty title must be noted in the appropriate block of the contract. **(T-1)**.

3.2.10. San Antonio Military Health System (SAMHS). Officers assigned to SAMHS shall obtain credentials validation and endorsement from the first commissioned officer in the pay grade of O-6 in the immediate rating chain. **(T-3)**. Officers in the pay grade of O-6 assigned to SAMHS may obtain credentials validation and endorsement from the MTF director (Wilford Hall Ambulatory Surgical Center or Brooke Army Medical Center), group commander, or dean.

3.2.11. United States Air Force School of Aerospace Medicine (USAFSAM). Officers assigned to USAFSAM may obtain credentials validation and endorsement from the USAFSAM commander.

3.2.12. Center for the Sustainment of Trauma and Readiness Skills (C-STARS). Officers assigned to C-STARS may obtain credentials validation from the credentials manager at the associated medical facility or the chief of medical staff (SGH) at the servicing MTF. Officers may obtain endorsement from the servicing MTF director or the USAFSAM commander.

3.2.13. Developmental Education (DE). Officers attending DE in residence shall obtain credentials validation and endorsement from the group commander or equivalent. **(T-3)**.

3.2.14. NC Officers. All NC Incentive Pay (IP) or Retention Bonus (RB) contracts requests must be validated by the MTF chief nurse (SGN) or designee prior to seeking endorsement. **(T-3)**. Failure to obtain signatures/validation may result in delay in endorsement, processing, and payment.

3.3. Contract Effective Dates.

3.3.1. Officers with expiring contracts must determine the effective date necessary to avoid any interruption in pay or unintended extension of ADSC. **(T-1)**.

3.3.2. Officers must digitally sign contracts within 90 days (before or after) of the desired effective date. **(T-1)**. Officers must be eligible for pay on the requested effective date. **(T-0)**.

3.3.3. The effective date of payment will be the date on the valid signed contract, regardless of process execution times. **(T-0)**.

3.4. Contract Submission.

3.4.1. Each officer must take responsibility for requesting and monitoring his/her medical special pays and obligations. **(T-1)**.

3.4.2. Officers requesting special pay must:

3.4.2.1. Download the most current pay plan and contract from myFSS for review and submission. **(T-1)**. Obsolete contracts will not be accepted.

3.4.2.2. Accurately type information into each applicable block of the contract request. **(T-0)**. The bottom of page one must be digitally signed and dated by the requesting officer where indicated. **(T-0)**. Digital signatures are required. **(T-1)**.

3.4.2.3. Use locally prescribed procedures to route the contract request through the appropriate chain of command for validation and endorsement at the appropriate level as outlined in **paragraph 3.2** of this instruction. **(T-0)**. Endorsements must include signatures, dates, full duty titles, and units in the appropriate blocks. **(T-1)**. Endorsement signatures must be obtained within 90 days of the requested effective date. **(T-1)**.

3.4.2.4. Contract requests must be complete. **(T-0)**. All necessary waivers (age, DOS changes, retirement orders, etc.) and AFSC changes must be accomplished prior to package submission to AFPC. **(T-1)**.

- 3.4.2.4.1. Officers requesting initial board certification pay must submit a copy of the board certification documentation with the contract request. **(T-0)**.
- 3.4.2.4.2. Board certification documentation must explicitly state a certification effective date. **(T-0)**. If the effective date is not provided on the documentation, members must also provide verification of exam completion (such as an “Exam Test Completion Notice” from the test administrator) that confirms the test date as a certification effective date. **(T-1)**.
- 3.4.2.5. Submit complete signed contract requests to AFPC within 90 days (before or after) of the effective date. **(T-2)**. Each officer must submit their own contract. **(T-1)**. Contracts must be submitted via myFSS by selecting the “CREATE A REQUEST” button on the applicable Corps special pay page: <https://myfss.us.af.mil/USAFCommunity/s/knowledge-detail?pid=kA0t0000000LI2ZCAW>. **(T-1)**. Special pay contracts must not be processed through the local finance office. **(T-1)**.
- 3.4.2.6. Receive email confirmation of receipt of contract from AFPC via myFSS. Ensure myFSS profile reflects an accurate email address. Member should keep contract receipt notification in order to ensure contract was received by AFPC. Do not send duplicate contracts unless requested by AFPC. Receipt of duplicate contracts may delay processing and cause payment errors.
- 3.4.2.7. Maintain a copy of the pay plan and the signed contract(s) for record. Previously accomplished contracts are available in Personnel Records Display Application (PRDA).
- 3.4.2.8. Monitor contracts for expiration and renewal. The Defense Finance and Accounting Service (DFAS) system does not always appropriately monitor when pays should begin or end. If there is an error due to contract start/stop dates resulting in overpayment, the special pay will be recouped upon discovery. **(T-0)**.
- 3.4.3. All contracts are binding upon signature and submission to AFPC. Requests for deferment or termination of a submitted contract are not allowed.
- 3.4.4. Upon acceptance of a written contract, the total amount of pay shall be fixed for the length of the contract unless otherwise specified. **(T-0)**.
- 3.4.5. All payments are subject to the availability of funds and federal and state taxes. Lump sum payments (i.e., AB/RB) are taxed at the rate in effect at the time they are paid.

3.5. Contract Renegotiation.

- 3.5.1. An officer with a multi-year RB contract may request termination of that contract to enter into a renegotiated multi-year contract at a higher rate provided it extends their service obligation by a minimum of 12 months at the time of execution of the new contract. Any unearned portion of the terminated contract will be recouped by AFPC Operating Location. **(T-0)**. Contracts may not be renegotiated to obtain a shorter ADSC or for purposes of assignment or separation.
- 3.5.2. Some single year contracts must be renewed annually and submitted up to 90 days prior to expiration to avoid an interruption in pay. **(T-0)**.

3.5.3. Officers on an IP only agreement who become eligible for a higher IP rate may terminate and renegotiate at that higher rate. The new IP agreement incurs an obligation of one year from the date of renegotiation.

3.6. Pending Retirement/Separation.

3.6.1. Officers retiring/separating with less than 12 months of retainability following the expiration of a multi-year contract and prior to a retirement/separation date must sign an IP-only contract with an effective date after the conclusion of the multi-year contract in order to avoid losing pay. **(T-0)**. This contract should be signed as soon as retirement orders are received. The retirement/separation IP contract specifies that the officer will earn the same IP rate when the IP/RB contract expires but will not incur a new 12-month ADSC. **(T-0)**.

3.6.2. The requesting officer must submit a copy of retirement orders along with the endorsed IP contract to AFPC. **(T-1)**. Due to the length of time required to receive retirement orders, officers should sign and have the contract endorsed when starting the retirement process but do not send the contract to AFPC until retirement orders are obtained.

3.7. Contract Termination/Withhold.

3.7.1. Air Force Surgeon General (AF/SG) approval is required to terminate and/or withhold an officer's special pay, except in cases of statutory ineligibility. Commander/authorized endorser use of termination and/or withhold of Medical Special Pays is an administrative function, not a disciplinary action. A commander may initiate termination/withholding action in conjunction with adverse administrative action or disciplinary action taken against the HPO under the Uniform Code of Military Justice (UCMJ).

3.7.1.1. Statutory Ineligibility. Statutory ineligibility refers to the loss or restriction of all licenses and/or certifications or dual receipt of pays as prohibited by 37 U.S.C. §371, *Relationship to other incentives and pays*. AFPC has the authority to initiate immediate termination and recoupment of pays under 37 U.S.C. §335, *Special bonus and incentive pay authorities for officers in health professions* and 37 U.S.C. §373, *Repayment of unearned portion of bonus, incentive pay, or similar benefit, and termination of remaining payments, when conditions of payment not met*.

3.7.1.2. Loss of license and/or certification (ability to practice independently). IAW Title 37 U.S.C. Chapter 5, *Special and Incentive Pays*, DoDI 6025.13, *Medical Quality Assurance and Clinical Quality Management in the Military Health System*, and AFI 44-119, HPOs must possess a current, valid, unrestricted license and/or certification for independent practice as defined by the state or national organization for the specialty. **(T-0)**. If the officer possesses multiple licenses or certifications, all valid licenses or certifications must be suspended, restricted, or revoked in order for AFPC to initiate stop pay action under statutory ineligibility. **(T-0)**.

3.7.1.3. Dual Receipt of Pays. IAW 37 U.S.C. §371, an officer is prohibited from receiving a bonus or incentive pay under both Subchapter I and Subchapter II for the same activity, skill, or period of service. Additionally, IAW 37 U.S.C. §335, an officer may not receive a payment under section §332, §353, or §353(b) of Title 37 for the same period of obligated service, skill and period of service, or skill and period of service covered by the certification as applicable.

3.7.1.4. Initiating Statutory Ineligibility Action. The commander and/or HPO must contact AFPC to initiate termination/withhold action. **(T-1)**.

3.7.1.4.1. AFPC will initiate termination and recoupment of pays upon confirmation of statutory ineligibility. **(T-0)**. The effective date will be the date the officer became ineligible for the special pays. **(T-0)**.

3.7.1.4.2. To avoid significant recoupment and continued erroneous disbursements by DFAS, commanders and/or the HPO must contact AFPC immediately if their license and/or certification expires, terminates, or is revoked. **(T-1)**.

3.7.1.4.3. If board certification expires or lapses, the officer must inform AFPC to perform a "Stop Pay" action effective upon certification expiration. **(T-1)**.

3.7.1.4.4. Any payments made or received after loss of eligibility are subject to recoupment. AFPC will notify the officer and allow ten calendar days for response prior to taking recoupment action. **(T-1)**. The officer may appeal the debt through the local finance office.

3.7.1.4.5. In the event the officer's license or certification is restored to unrestricted status, the officer may contact AFPC for directions to apply for non-contractual entitlements. If eligible, the officer may apply for a new contract.

3.7.2. Incarcerated officers. All medical special pays will be terminated and unearned payments will be subject to recoupment of funds on a pro rata basis. **(T-0)**. The effective date will be either the date of ineligibility or the date of incarceration, whichever is earliest. **(T-0)**.

3.7.3. Recommendation to Terminate/Withhold (other than statutory ineligibility). Recommendation of termination/withhold refers to a request by an authorized endorser to the AF/SG to approve termination of special pays or withhold a contract. Reasons for recommending termination/withhold action may include, but are not limited to: loss of privileges, court-martial conviction, nonjudicial punishment under Article 15, UCMJ, unprofessional conduct, failure to demonstrate proficient medical skill, noncompliance with AF professional practice standards, substandard performance, or the best interest of the AF. Withholding S&I pays and contract renewals must not be taken as the primary and exclusive action to address an HPO's noncompliance with physical fitness standards, substandard performance, or engaging in illegal conduct. **(T-0)**. The actions are appropriate when taken secondarily to administrative actions, or disciplinary actions under the UCMJ.

3.7.3.1. Insufficient retainability to enter into a specified time period contract. Commanders (authorized endorsers) may initiate a recommendation to withhold special pays based on the propensity to continue serving on active duty and continued retainability for entering into specified time period contracts. If an officer is allowed to fulfill professional duties but there is doubt about the officer's retention, commanders shall consider approving a contract for fewer years, rather than completely withholding pay. **(T-3)**.

- 3.7.3.1.1. Pending separation. If the officer is pending Physical Evaluation Board review for medical retirement, undergoing an administrative separation action or judicial action authorizing a punitive discharge or incarceration, or if the officer is subject to force shaping separation programs, this officer does not have the retainability to sign a multi-year contract. In these cases, the authorized endorser shall request to limit the number of years an officer is allowed to commit to military service while awaiting final decision or discharge. **(T-3)**. If the officer is not retained, medical special pays will be terminated and the unearned payment is subject to recoupment on a pro rata basis. **(T-0)**.
- 3.7.3.1.2. Clinical adverse action. If a commander or director deems an officer's unprofessional conduct or incompetence adversely affects the safety, health and welfare of patients, the commander or director must initiate a clinical adverse action against the HPO. **(T-0)**. If the final action is supported by the report authority (DHA Director or AF/SG) and results in a revocation of privileges or practice, the commander will seek approval to withhold/terminate all special pay. **(T-0)**.
- 3.7.3.1.3. Unfavorable Information File (UIF). IAW DAFI 36-2907, *Adverse Administrative Actions*, officers with an open UIF, Article 15, pending Court-Martial, or are in confinement, may not be eligible for new multi-year retention contracts or the continuation of existing multi-year contracts.
- 3.7.3.1.3.1. If an officer has an ongoing UIF or a propensity for continued substandard performance and it is unclear if retention of the officer is warranted, the authorized endorser may limit the number of years to be awarded on a multi-year medical special pay contract.
- 3.7.3.1.3.2. Once the UIF is completed or removed, the officer may be eligible to initiate a new multi-year contract with a new obligation period.
- 3.7.3.1.4. Fitness Assessment Failures. Officers who are being considered for discharge due to a fitness failure may not be eligible for new multi-year contracts as they may not have the retainability to voluntarily commit to continued military service.
- 3.7.3.2. Initiating Commander's Recommendation to Terminate/Withhold/Recoup. The authorized endorser (usually the MTF director) may recommend termination/withhold/recoupment action. To initiate a request, commanders must:
- 3.7.3.2.1. Notify the officer, in writing (an example is provided in [Attachment 2](#) of this instruction). **(T-0)**. The letter of notification should:
- 3.7.3.2.1.1. Explain in detail specific reasons for terminating, withholding and/or recouping special pays.
- 3.7.3.2.1.2. Include copies of all substantiating documents. All supporting documents (i.e., evaluation letters, AF/SG final decision regarding adverse action, consultant trip reports, and security forces or redacted Office of Special Investigations reports) should be included as attachments to the notification letter. The documents attached to the letter of notification should give a complete picture of the situation.

3.7.3.2.1.3. Direct the officer to acknowledge receipt of the notification letter (an example is provided in **Attachment 3** of this instruction) within three calendar days. **(T-1)**. If the officer fails to return the acknowledgement it must be noted on the notification letter. **(T-1)**.

3.7.3.2.1.4. Officer must be advised of their option to submit a written rebuttal to accompany the request package within ten calendar days from the date of acknowledgement. **(T-0)**.

3.7.3.2.2. Obtain a legal review of the package. Send the notification letter with attachments to the local staff judge advocate (JA) for a legal review. **(T-0)**.

3.7.3.2.3. Coordinate with MAJCOM/SG or AFMEDCOM MDW/CC as appropriate. **(T-1)**. Send the notification letter and attachments to MAJCOM/SG or AFMEDCOM MDW/CC for a written recommendation. **(T-1)**. The MAJCOM/SG or AFMEDCOM MDW/CC must not add additional information to the package unless the officer concerned is notified and given a reasonable opportunity to respond to the new information. **(T-1)**.

3.7.3.2.4. Coordinate with AFPC. **(T-1)**. Send the entire package to AFPC. **(T-1)**.

3.7.3.2.5. AFPC will obtain final legal review and submit the complete package to SG1/7 for AF/SG approval. **(T-1)**.

3.7.3.2.6. If/when AF/SG authorizes S&I pay(s) to be terminated/withheld/recouped, an effective date of termination/withholding/recoupment will also be established/determined. **(T-0)**.

3.7.3.2.7. Submission of termination/withhold packages should only include items specified in **paragraph 3.7.3.2** of this publication to be in agreement with 10 U.S.C. §1102, *Confidentiality of medical quality assurance records: qualified immunity for participants*. Quality assurance protected records should be clearly marked and kept to the minimum needed to support the action.

3.7.3.3. Reinstatement of Special Pay. Reinstatement of previous contracts and/or obligation dates is not authorized. If an officer's performance improves significantly or license/certification is reinstated, the commander may approve a new special pay contract. The officer must submit an endorsed contract along with a memorandum for record signed by the endorsing authority explaining why special pay is being reinstated. **(T-3)**. AFPC may request additional information based on the circumstances surrounding the original termination/withhold. All contract requests will be negotiated at the current pay rates. **(T-0)**.

Chapter 4

CONSOLIDATED SPECIAL PAYS (CSP) PROGRAM

4.1. General. IAW Public Law 110-181, *The National Defense Authorization Act for Fiscal Year 2008*, Sections 661 and 662, 28 January 2008, all S&I pay programs were transitioned from 37 U.S.C. Subchapter I to 37 U.S.C. Subchapter II, Section 335 by 28 January 2018. The medical special pays program is subject to reauthorization annually. Dual receipt of pays under both the Legacy Pay and CSP programs is not authorized.

4.2. Types of Pay.

4.2.1. HPOs may be eligible for the following types of pay:

4.2.1.1. Critically Short Wartime Specialty Accession Bonus (CSWSAB). An incentive used to attract a specified number of fully qualified health professionals in a critically short wartime specialty, as designated by the Secretary of Defense, to enter and remain in military service.

4.2.1.2. Accession Bonus (AB). An incentive used to attract a specified number of fully qualified health professionals to enter and remain in military service.

4.2.1.3. Incentive Pay (IP). An incentive used to attract and retain a sufficient number of health professionals to meet the healthcare needs of the services.

4.2.1.4. Retention Bonus (RB). A bonus used to bolster HPO retention in order to meet the healthcare needs of the services.

4.2.1.5. Board Certification Pay (BCP). A special pay authorized to designated health professionals who have achieved board certification.

Chapter 5

SPECIAL PAY FOR AIR RESERVE COMPONENT (ARC) OFFICERS ON TITLE 10 GREATER THAN 1 YEAR

5.1. Eligibility for ARC HPOs.

5.1.1. HPOs on Title 10 active duty (not for training) orders for one year or more, who meet all eligibility criteria, may be eligible for single year contractual and/or non-contractual pays. Officers serving on Title 10 active-duty status in annual increments for more than one year (not for training) may be eligible to request multi-year contracts.

5.1.1.1. ARC HPOs. ARC HPOs serving on Title 10 active-duty status (not for training), such as Active-Duty Operational Support or Active Duty Special Work for a period more than 30 days but less than one year (IAW Department of Defense Financial Management Regulation (DoD FMR) 7000.14-R, Volume 7A, *Military Pay Policy and Procedures—Active Duty and Reserve Pay*, Chapter 5) may be eligible for medical special pay IAW the current pay plan.

5.1.1.2. Medical Special Pays for Reservist and Guardsmen activated for a) less than one year duty, b) more than 30 days but less than one year duty, or c) other than active duty for training are not processed through AFPC and should contact their full time Medical Administration.

5.1.2. Retained active-duty healthcare providers. Healthcare officers involuntarily retained for a period exceeding 30 days may be eligible for special pay.

5.1.3. IAW 37 U.S.C. §335, an officer in a reserve component authorized HPO IP or BCP who is not serving on continuous active duty and is entitled to compensation under 37 U.S.C. §204 or compensation under 37 U.S.C. §206 may be paid a monthly amount of incentive pay that is proportionate to the basic pay or compensation received under Title 37. Consult Reserve or Guard medical special pay program manager to determine eligibility for medical special pays.

5.2. Applying for Special Pay.

5.2.1. Eligible officers should submit a copy of orders along with the appropriate contract under the submission procedures of this instruction.

5.2.2. Officers may not sign contracts for periods of time beyond their orders.

5.2.3. RB (multi-year special pays) will not be prorated, but must be in twelve-month increments of 24, 36, or 48 months. **(T-0)**.

JOHN J. DEGOES, MD
Lieutenant General, USAF, MC, FS
Surgeon General

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

5 USC § 552a, *Records maintained on individuals* (Privacy Act of 1974)

Title 10, *United States Code, Armed Forces*

Title 37, *United States Code, Pay and Allowances of the Uniformed Services*, Chapter 5

Public Law 110-181, *The National Defense Authorization Act for Fiscal Year 2008*, Sections 661 and 662, 28 January 2008

DHA-PM 6025.13: *Clinical Quality Management in the Military Health System, Volume 4: Credentialing and Privileging*, 29 August 2019

DoD FMR 7000.14-R, Volume 7A: *Military Pay Policy and Procedures—Active Duty and Reserve Pay*, current edition

DoDI 5400.11, *DoD Privacy and Civil Liberties Programs*, 29 January 2019

DoDI 6000.13 DAFI 41-110, *Medical Health Care Professions Scholarship Programs*, 23 December 2020

DoDI 6025.13, *Medical Quality Assurance and Clinical Quality Management in the Military Health System*, 26 July 2023

AFPD 41-1, *Healthcare Programs and Resources*, 3 October 2018.

AFI 33-322, *Records Management and Information Governance Program*, 23 March 2020

DAFI 36-2907, *Adverse Administrative Actions*, 14 October 2022

DAFI 36-3203, *Service Retirements*, 29 January 2021

AFI 44-119, *Medical Quality Operations*, 16 August 2011

AFMAN 36-2100, *Military Utilization and Classification*, 7 April 2021

DAFMAN 90-161, *Publishing Processes and Procedures*, 18 October 2023

SORN DoD-0020, *Military Human Resource Records*

Prescribed Forms

None

Adopted Forms

DAF Form 847, *Recommendation for Change of Publication*

Abbreviations and Acronyms

AB—Accession Bonus

AF—Air Force

ADSC—Active Duty Service Commitment

AFI—Air Force Instruction
AFIT—Air Force Institute of Technology
AFMAN—Air Force Manual
AFMS—Air Force Medical Service
AFPC—Air Force Personnel Center
AFR—Air Force Reserve
AFRC—Air Force Reserve Component
AFSC—Air Force Specialty Code
ANG—Air National Guard
ARC—Air Reserve Component
BCP—Board Certification Pay
BSC—Biomedical Sciences Corps
CC—Commander
CSP—Consolidated Special Pays
C-STARS—Center for the Sustainment of Trauma and Readiness Skills
CSWSAB—Critically Short Wartime Specialty Accession Bonus
DAF—Department of Air Force
DC—Dental Corps
DE—Developmental Education
DFAS—Defense Finance and Accounting Service
DHA—Defense Health Agency
DME—Director of Medical Education
DoD—Department of Defense
DoDD—Department of Defense Directive
DoDI—Department of Defense Instruction
DOS—Date of Separation
DSG—Deputy Surgeon General
FMR—Financial Management Regulation
FY—Fiscal Year
HPO—Health Professions Officer
IAW—In Accordance With
IP—Incentive Pay

JA—Judge Advocate

LSMTF—Limited Scope Military Treatment Facility

MAJCOM—Major Command

MC—Medical Corps

MTF—Military Treatment Facility

MSPD—Medical Service Pay Date

myFSS—my Force Support Squadron

NC—Nurse Corps

NGB—National Guard Bureau

PA—Physician Assistant

PRDA—Personnel Records Display Application

RB—Retention Bonus

RegAF—Regular Air Force

S&I—Special and Incentive

SAMHS—San Antonio Military Health System

SES—Senior Executive Service

SG—Surgeon General

SGH—Chief of Medical Staff

SGN—Chief Nurse

SME—Squadron Medical Element

UCMJ—Uniform Code of Military Justice

UIF—Unfavorable Information File

U.S.C.—United States Code

USAF—United States Air Force

USAFSAM—United States Air Force School of Aerospace Medicine

USUHS—Uniformed Services University of Health Sciences

Office Symbols

AF/A1LG—Air Force General Office Management Office

AF/A1LO—Air Force Colonel Management Office

AF/DSG—Air Force Deputy Surgeon General

AF/SG—Air Force Surgeon General

AF/SGMED—Air Force Surgeon General Office of Policy and Resources Directorate

AF/SG1/7—Force Management and Development Division

ASD(HA)—Assistant Secretary of Defense for Health Affairs

SAF/MR—Secretary of the Air Force for Manpower and Reserve Affairs

Terms

Active Duty Service Commitment (ADSC)—The ADSC serves as a personnel management and control system to help maintain a trained and experienced force. It helps ensure the AF receives a return in terms of active service for training and education IAW Air Force Manual 36-2100, *Military Utilization and Classification*.

Consolidated Special Pays (CSP)—Those S&I pays defined under Title 37 United States Code Chapter 5, Subchapter II, *Consolidation of Special Pay, Incentive Pay, and Bonus Authorities*.

Entitlement—Those S&I pays defined in statute with or without a service obligation where the service must pay, but cannot set the rate.

Fully Qualified (Specialty) (definition varies by Corps)—Health professions officers who have met the requirements for their Air Force Specialty Code (AFSC) in the Air Force Officer Classification Directory and licensure or certification requirements as defined in Air Force Instruction (AFI) 44-119, *Medical Quality Operations*.

Initial Residency Training—That period of time in residency training before formally completing a first residency that qualifies an officer as board eligible.

Internship (Medical, Osteopathic, or Dental)—The first year of graduate medical education, where a formal internship or the first year of residency, immediately following medical, osteopathic, or dental school. Dental Advanced Education in General Dentistry Program is not considered a dental internship or residency.

Legacy Pay—The S&I pays defined under Title 37 United States Code Chapter 5, Subchapter I, *Existing Special Pay, Incentive Pay, and Bonus Authorities*.

Pro Rata—The percentage of pay representing the unexpired part of the service for which the pay was provided.

Recoupment—Repayment of an unearned or paid in error portion of a pay or benefit.

Special and Incentive (S&I) Pays—Provide the Services with additional pays that can be used to address specific manning needs and other force management issues that cannot be efficiently addressed through basic pay increases. S&I can be used to improve recruiting and retention by increasing compensation in key occupation specialties or critical skill areas.

Statutory Pays—Those S&I pays defined in statute under Title 37 United States Code Chapter 5, *Special and Incentive Pays*.

Statutory Ineligibility—Refers to loss of licensure or certification or dual receipt of pays prohibited by law.

Termination—Refers to a request to cease special pays payments to an otherwise eligible officer. Requires formal request and approval of the AF/SG and may or may not involve recoupment.

Waiver—Defense Health Agency Procedures Manual (DHA-PM) 6025.13, *Clinical Quality Management in the Military Health System, Volume 4: Credentialing and Privileging*, outlines the provisions for implementation of 10 U.S.C. § 1094 which allows a waiver of the unrestricted scope requirement only in “unusual circumstances.” The ASD(HA) permits waiver of administrative licensure requirements that are unusual, substantial, and inharmonious with federal policy. Examples include payment of malpractice/risk pool fees or requirement to reside or to be practicing in the state of licensure. USAF physician assistants are waived from required state licensure while serving in a uniformed service capacity per DHA-PM 6025.13 V4 and AFI 44-119.

Withhold—Denying S&I pays to an eligible officer. This action requires AF/SG approval.

Attachment 2**COMMANDER'S NOTIFICATION OF ACTION****Table A2.1. Commander's Notification of Action.**

MEMORANDUM FOR (officer)	(date)
FROM: COMMANDER	
SUBJECT: Notification of Recommendation for Withholding or Terminating Special Pays	
1. I am recommending (withholding)(terminating)(recouping) your (type of special pays) for the following reason(s):	
2. You may submit a written rebuttal to this action if you desire. You are allowed 10 calendar days from the date you acknowledge receipt of this letter to submit a written rebuttal.	
3. Acknowledge receipt of the letter by signing the attached and returning your acknowledgment to me within 3 calendar days. Also, indicate whether or not you plan to submit a written rebuttal.	
(Signature block)	
Attachments: (Document substantiating the withholding/terminating action)	

Attachment 3

OFFICER'S ACKNOWLEDGMENT OF ACTION

Table A3.1. Officer's Acknowledgment of Action.

MEMORADNUM FOR (officer's commander)	(date)
FROM: (officer)	
SUBJECT: Acknowledgement of Notification of Recommendation for Withholding, Terminating and/or Recouping Medical Special Pays	
I acknowledge receipt of notification of recommendation for (withholding)(terminating) (recouping) my (type of special pay). I (will)(will not) submit a written rebuttal.	
(signature)	
_____ (name, rank, full duty title)	