

Program Authorization: Appointment of physicians in residencies and fellowships in the Medical Corps (MC) of the United States Navy Reserve (USNR) for inactive duty, designator 2105, and concurrent enrollment in the financial assistance program (FAP) leading to active duty in the MC, United States Navy (USN). Medical department and Nurse Corps Officer Community Manager (BUPERS-315) is the Active Component (AC) MC Officer Community Manager (OCM). Reserve Officer Community Manager (BUPERS-351) is the Reserve Component (RC) MC OCM.

1. Program Authority: 10 U.S.C. §2120 through §2128, DoD Instruction 6000.13 of 30 December 2015 (Accession and Retention Policies, Programs, and Incentives for Military Health Professions Officers (HPOS)).

2. Cancellation: Program Authorization 130B, May 2019.

3. Quota: The number of residencies/fellowships will be determined by the Assistant Secretary of Defense for Health Affairs (ASD (HA)) after consultation with the military departments. The annual goal for Commander, Navy Recruiting Command (CNRC) will be published by Deputy Chief of Naval Operations for Personnel, Manpower, and Training, N1.

4. Qualifications

a. Citizenship: Applicants must be United States citizens.

b. Age: Applicants must be commissioned before their 42nd birthday. Waivers will be considered on a case by case basis as in line with paragraph 5.

c. Education

(1) Physician (Doctor of Medicine). Graduate of a medical school in the U.S. or Puerto Rico approved by the Liaison Committee on Medical Education of the American Medical Association and licensed to practice medicine or surgery in a state, territory, commonwealth, or possession of the U.S. or the District of Columbia.

(2) Physician (Doctor of Osteopathy). Graduate of a college of osteopathy approved by the American Osteopathic Association and be licensed to practice medicine, surgery, or osteopathy in a state, territory, commonwealth, or possession of the U.S. or the District of Columbia.

(3) Physician graduates of foreign medical schools must meet eligibility requirements in line with OPNAVINST 1120.4C (Appointment of Regular and Reserve Officers in the Medical Corps of the Navy).

d. Physical: In line with the Manual of the Medical Department, Chapter 15 and as detailed in DoD Instruction 6130.03 of 6 May 2018 (Medical Standards for Appointment, Enlistment, Or Induction in the Military Services).

e. Duty Preference: Not applicable.

f. Program Specific Requirements.

(1) Professional Experience.

(a) Be accepted for, or enrolled in a graduate medical education (GME) program. The program must be approved by either the American Medical Association or American Osteopathic Association leading to certification in the specialties designated by the Secretary of the Navy (SECNAV).

(b) Be in good standing and authorized to provide medical care in the GME institution to which attached.

(c) Must have, at a minimum, an educational license to practice medicine, surgery or osteopathy in the state or the District of Columbia where undergoing training. While enrolled in FAP, an educational license is considered sufficient to meet the requirement outlined in 4.c. to be licensed to practice medicine in a state, territory, commonwealth, or possession of the U.S. or the District of Columbia.

(2) Training: Officers enrolled in the FAP shall serve on Active Duty for training, with full pay and allowances in their appointed grade, for a period of 14 days annually, at a location to be designated by program sponsor.

5. Waivers: In cases where the applicant does not meet the age requirement, but otherwise has an exceptional record or proven skillset required by the Navy, a waiver may be authorized in limited numbers. When considering an age waiver request, strong emphasis will be placed on undermanned specialties and those with a pattern of missed recruitment goals. If a waiver is requested, then follow the steps below prior to the convening of the selection board.

a. Applicants between the ages of 42 and 57.

(1) Application Contents: Formal age waiver request and justification.

(2) Routing: Age waiver requests will be routed to CNRC. Waivers cannot be sub-delegated below the flag officer level and CNRC will maintain on file written justification for each waiver granted. Additionally, CNRC will coordinate with the appropriate AC or RC MC OCM on each request received.

(3) Approval Authority: CNRC.

(4) Notifying the Applicant: CNRC will notify the applicant of waiver status.

6. Accession Source

a. Civilians.

b. Enlisted personnel of any branch of the armed forces (Active or Reserve) provided an appropriate conditional release is authorized. Prior Navy enlisted personnel are required to submit a copy of their enlisted performance summary record in addition to the most recent three years of evaluations.

c. Commissioned personnel of any branch of the armed forces (Active or Reserve) who are not otherwise eligible for inter-service transfer or superseding appointment, provided conditional release (other services only) or contingent release (USN/USNR only) is approved by the member's service component.

7. Indoctrination: Selectees will attend military orientation training at the Officer Development School in Newport, RI.

8. Enlistment: Not applicable.

9. Constructive Entry Credit

a. Entry grade credit will be awarded in line with DoD Instruction 6000.13 and OPNAVINST 1120.4C, prior to commissioning.

b. Inter-service Transfers: DoD Instruction 1300.04 of 25 July 2017, (Inter-Service transfer of commissioned officers) will determine entry grade and date of rank of medical officers transferred from other uniformed services into the MC of the USN.

10. Appointment

a. Selectees will be appointed in the MC, USNR, designator 2105, in line with regulations in OPNAVINST 1120.4C.

b. Upon appointment, members will be assigned to the Navy Medicine Accessions Department and Total Force Directorate (BUMED (N1)) for administrative purposes and ordered to the commanding officer of the nearest appropriate naval unit for active duty for training periods only.

11. Service Obligation

a. Minimum Service Obligation (MSO) will be in line with 10 U.S.C. §651 and DoD Instruction 1304.25 of 31 October 2013 (Fulfilling the Military Service Obligation, (MSO)). Eight year MSO, any portion of the eight year MSO not served on active duty will be served in the Selected Reserves or Individual Ready Reserve (IRR) component.

b. Active Duty Obligation (ADO) will be in line with DoD Instruction 6000.13. Each FAP participant incurs a minimum ADO of two years or one half year for each half year or portion thereof of FAP sponsorship, whichever is greater. A participant may not serve any part of the military obligation incurred by participation in the Armed Forces (AF) health professions scholarship program (HPSP) or FAP concurrently with any other military obligation, unless specified otherwise.

c. ADO incurred under this program is in addition to other unfulfilled active service obligation.

d. FAP participation time is not creditable for retirement or pay purposes (longevity).

e. Time in residency training will not be applied against the eight year MSO.

f. FAP participants are eligible for consideration for promotion by inactive reserve MC selection boards.

g. All program participants are required to sign a contract which contains the following clause: “I agree to serve any active duty obligation incurred or to reimburse the government for all costs incurred as a result of participation in the program if I fail to complete my obligation under this contract because of action not initiated by the government. This does not relieve me from any obligation to reimburse the government should the action initiated by the government be the result of my own misconduct. SECNAV may waive this requirement if it is determined to be in the best interests of the government.”

12. Pay and Allowances

a. Members shall be entitled to an annual grant, the amount of which is established annually by ASD (HA), to be prorated for any projected partial year of participation.


b. Members will be entitled to a monthly stipend at a rate equal to that established annually by the ASD (HA) for members of the Armed Forces Health Professional Scholarship Program for each month in the program except during periods of active duty for training.

c. Stipend payment will start effective on the date of execution of the oath of office, the date of execution of the FAP contract, or the date of commencement of specialized training, whichever is latest.

d. Acceptance of the aforementioned stipend and grant does not preclude acceptance by the member of payment by the civilian training institution.

e. FAP participants will be assigned to the IRR.

f. Payment of educational expenses incurred by the member is authorized. Such payments shall be limited to educational expenses normally incurred by physicians who are pursuing the same specialized training at the same institution and who are not members of the FAP.

Approved: 
G.J. HEALY
Captain, U.S. Navy
Director, Military Personnel
Plans and Policy (N13) Acting

Date: 16 Mar 23