

## FY22 BOARD CERTIFICATION PAY CONTRACT REQUEST – ALL CORPS

### BLOCK 1 IDENTIFICATION (PRINT/TYPE CLEARLY)

a. NAME (Last, First, Middle Initial)	b. SSN	c. RANK
c. EMAIL ADDRESS	d. PHONE	e. AFSC/SPECIALTY
f. I have an established Date of Separation: Yes: My date is _____ No		

### BLOCK 2 SPECIAL PAY REQUESTED

BOARD CERTIFICATION PAY (BCP) (Paid monthly)

Initial BCP Request

***Initial requests for Board Certification Pay must be accompanied by a qualifying board certification***

### BLOCK 3 CONDITIONS OF CONTRACT

AUTHORITY: 37 USC 335, *Special bonus and incentive pay authorities for officers in health professions*, DoD/HA memo: *Health Professions Officer Special and Incentive Pay Plan, USAF Medical Corps Special Pay Plan, USAF Dental Corps Special Pay Plan, USAF Biomedical Sciences Corps Special Pay Plan, and USAF Nurse Corps Special Pay Plan.*

PURPOSE: To initiate Board Certification Pay.

ROUTINE USES: Disclosures generally permitted under 5 USC 552a(b) of the Privacy Act outside the DoD as a routine use. DoD Blanket Routine Uses apply.

DISCLOSURE: Voluntary, however, failure to provide this information may result in non-verification of contract and special pay could be affected.

*I request special pay(s) as noted above and I agree with the statements below:*

***I have read*** the current USAF Consolidation of Special Pays (CSP) for my corps and ***I qualify for*** the requested special pay(s). *I understand the appropriate Air Force officials must verify and approve this contract before payment will be authorized.*

*I request an EFFECTIVE DATE of \_\_\_\_\_ for this contract.*

**A.** I will remain on active duty in the Air Force Medical Service (AFMS) and will maintain a qualifying, unexpired certification, or board status of the approved board in the approved specialty from the effective date of this contract as indicated my corps pay plan.

**B.** For initial activation (or reactivation after expiration) of BP the EFFECTIVE date shall be the latter of the date of the qualifying board certificate or qualifying post baccalaureate diploma, the date of conversion from Legacy special pays, or the first day of the month the contract was signed. This contract is valid as long as I maintain my qualifying certification in an active and unexpired status.

**C.** I understand I will receive **\$500** monthly upon execution of this contract as specified in the current pay plan. All payments are subject to availability of funds and state and federal taxes. Any previous BCP will be stopped and overlapping payments will be adjusted and recouped as necessary.

**D.** I understand if my qualifying certification expires, it is my responsibility to inform AFPC/DP2SSM to initiate stop-payment and recoupment action. I am responsible to repay all payments received beginning on the day after the expiration date of my qualifying certification status. Loss of eligibility, loss of license, or loss of certification terminates this agreement and payments received during the ineligible period will be recouped immediately and without prior notification.

**E.** I understand all special pays and contracts will be terminated upon separation from active duty, death or if the conditions of this contract are not fulfilled. Reasons for termination include but are not limited to: loss of privileges, court-martial conviction, violations of the Uniform Code of Military Justice, failure to maintain required certification or licensure, unprofessional conduct, failure to demonstrate proficient medical skill, noncompliance with Air Force professional practice standards, substandard performance, or reasons that are in the best interest of the Air Force. The AF Surgeon General is the termination and/or withhold authority for all contracts.

**F.** In the event this contract is terminated or I am ineligible to complete this contract, I understand special pay will be recouped on a pro rata basis in accordance with DoDFMR 7000.14-R, Volume 7A.

**G.** I understand, as indicated in 37 USC 303a and 373, a discharge in bankruptcy under Title 11 of the United States Code does not discharge me from a debt arising from this contract.

### BLOCK 4 OFFICER CERTIFICATION (OFFICER SIGNATURE, DATE, LICENSURE)

#### THEREFORE

I REQUEST Board Certification Pay to be paid monthly at the rate of \$500 per month. BCP under previous authority will be stopped, any difference will be adjusted.

NOTE: Board Certification Pay will continue to be paid on a monthly basis unless AFPC/DP2SSM is notified of a lapse in certification. Annual contracts should not be submitted. To keep your record current, submit updated certificates to your local Credentials' Manager to maintain currency in Centralized Credentials Quality Assurance System (CCQAS). To have the M prefix loaded to your AFSC complete the AF Form 2096 and submit to your local Military Personnel Section or Commander's Support Staff to have your record updated.

<b>SIGNATURE:</b>	<b>DATE:</b>
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**State of Licensure:** \_\_\_\_\_ **License Number:** \_\_\_\_\_ **Initial/Issue Date:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

UPLOAD contract to your Corps page on the myPers site:  
[https://mypers.af.mil/app/answers/detail/a\\_id/29350/p/8,9/c/447](https://mypers.af.mil/app/answers/detail/a_id/29350/p/8,9/c/447)