

## FY22 NAVY ACTIVE DUTY NURSE CORPS SPECIAL PAYS GUIDANCE

### 1. Accession Bonus

a. Eligibility. To be eligible for Accession Bonus (AB), an individual must:

(1) Be a graduate of a school of nursing accredited by the Accreditation Commission for Education in Nursing (ACEN) (formerly known as the National League for Nursing Accrediting Commission (NLNAC)) or the Commission on Collegiate Nursing Education (CCNE) with a baccalaureate degree or higher in nursing.

(2) Have successfully passed the Registered Nurse National Council Licensure Examination (NCLEX). For those nurses who are licensed in Puerto Rico, or were licensed in Puerto Rico, and have subsequently received licensure in the state of Florida, verification of passing the NCLEX exam must be completed as Puerto Rico does not require passing the NCLEX exam to be licensed.

(3) For the Critical Care Nurse Accession Bonus, eligibility consideration for limited quotas must include 2 or more, years of full time (minimum 36 hrs/week) clinical experience as a Critical Care Nurse in the most recent year.

(4) Be fully qualified to hold a commission or appointment as a commissioned officer in an Active Component of the Nurse Corps.

(5) Have a current, valid, unrestricted license.

(6) At the time of commission or appointment, have completed all mandatory service obligations if financial assistance was received from the Department of Defense to pursue a course of study to become an officer, or pursue a course of study leading towards appointment in the Nurse Corps. This includes, but is not limited to, participants and former participants of a Military Service Academy, Reserve Officers Training Corps, Armed Forces Health Professions Scholarship Program, Financial Assistance Program, Uniformed Services University of the Health Sciences, Nurse Candidate Program, Seaman to Admiral (STA-21), and other commissioning programs.

(7) Execute a written agreement to accept a commission or appointment as an officer of the Nurse Corps to serve on active duty for a specific period. An individual who holds an appointment as a Nurse Corps officer in either the Active or Reserve Component is not eligible for an AB. A former officer who no longer holds an appointment or commission, and is otherwise qualified and eligible must have been honorably discharged or released from uniformed service at least 24 months prior to executing the written agreement to receive AB.

b. Accession Bonus Amounts. Nurse Corps Accession Bonus amounts are listed in Table 1.

c. Service Obligations. During the discharge of the service obligation associated with AB, those individuals meeting eligibility requirements for Incentive Pay (IP) in those specialties

where IP is available, are eligible to apply for and receive IP. Any additional obligation incurred by these pays shall be served concurrently. During the discharge of the service obligation associated with AB, individuals are not eligible for a Retention Bonus (RB).

d. Authorized Accession Bonus. The Commander, Navy Recruiting Command, upon acceptance of the written agreement, approves AB to an eligible individual in the amount in Table 1 for a three or four year obligation. Eligible individuals who sign a written agreement to serve on active duty or in an active status in exchange for receiving AB are authorized to receive AB. Based on Service-unique requirements, the Commander, Navy Recruiting Command may decline to offer AB to a Nurse.

## 2. Incentive Pay

a. Eligibility. A Certified Registered Nurse Anesthetist (CRNA) is eligible for IP if he or she is a credentialed and practicing CRNA, and has completed the qualifying training required to be designated as a CRNA in the Navy:

(1) Assigned a Primary Specialty of CRNA (1972).

(a) For Active Component (AC): active duty for a period of not less than one year.

(a) For Reserve Component (RC): active duty for a period of more than 30 days, where the officers orders state the officers billet while on active duty is the same specialty for which the IP is being requested. If the orders do not state the same specialty, the officer must obtain written verification of privileged and practicing the specialty at a Military Treatment Facility, while on active duty for eligibility.

(2) Must be certified by the National Board on Certification and Recertification of Nurse Anesthetist (NBCRNA).

(3) Executes a written agreement to remain on active duty for a minimum period of one year beginning on the date the contract is executed, by submitting the appropriate template on the Bureau of Medicine and Surgery (BUMED) Special Pays website to request the IP. After entering the initial IP agreement there is no requirement to submit annual IP requests/agreements to continue receiving the IP.

(4) Possesses an unrestricted license.

(5) Subject to acceptance by Chief, BUMED, a CRNA must be credentialed, privileged, and practicing at a facility designated by the Surgeon General, in the specialty of CRNA.

(a) The Chief, BUMED, may also approve recommendations on a case by case basis for IP payments to CRNAs assigned to positions requiring a substantial portion of time performing military-unique duties under adverse conditions, or in remote locations outside the United States, or that preclude the ability to spend appropriate time in a clinical setting.

(b) In such cases the member may submit a request to Chief, BUMED for a waiver of the requirements, which will be reviewed on an individual basis. Format of the request is a standard Navy formatted letter, and routed through the member's chain of command for recommendation.

b. Monthly Payments. Annual payment amounts for IP are listed in Table 2, and will be paid in equal monthly installments. After the initial year agreement the IP payments will continue, at the rate in the agreement, with no requirement for additional IP agreements or requests unless the officer becomes eligible for a different IP rate.

c. Not Under Retention Bonus Agreement. Subject to acceptance by the Chief, BUMED, a CRNA not under a RB agreement, who becomes eligible for a higher IP rate, may request to terminate and renegotiate for the higher rate IP.

d. Under Retention Bonus Agreement. CRNAs who enter a RB contract shall continue IP eligibility at the IP rate in effect at the time the RB contract is effective, and will continue for the duration of the RB agreement.

e. Completion of Qualifying Training. The eligibility date of IP shall be calculated from the completion of the qualifying training plus three months.

### 3. Retention Bonus

a. Eligibility. To be eligible for RB, a Nurse Corps officer must be on permanent active duty, and meet the following requirements:

(1) Must have completed:

(a) Any, and all, active duty service commitment incurred for participating in a commissioning, or pre-commissioning program, or any program(s) where government funding was provided prior to reporting to active duty, also

(b) The active duty service obligation (ADSO) for AB or Accession Health Professions Loan Repayment Program (HPLRP) is paid as an accession incentive, and must be served prior to eligibility for a RB.

Note: Commissioning and pre-commissioning programs include, but are not limited to Military Service Academy, Reserve Officers Training Corps, Armed Forces Health Professions Scholarship Program, Financial Assistance Program, Uniformed Services University of the Health Sciences, Health Services Collegiate Program, Seaman to Admiral (STA-21), and any other programs funded by the government.

(2) Hold a primary specialty code listed in Table 2, which the RB is being paid for, throughout the duration of the RB agreement, and only those listed in subparagraphs (12) and (14) below are eligible to enter the authorized DUINS program while under an RB.

(3) Must have completed either a specialty nursing course approved by the Navy Surgeon General or a graduate program in the clinical specialty.

(4) All specialties must have the education suffix of the member's primary subspecialty code of "C", "Q," or a "K". Specialties with the "K" code must also have the tertiary "V" in the same specialty.

(5) Required to be certified by a recognized board listed in Table 3 to be eligible for a RB.

(6) All Nurse Specialties, must have no obligation, which includes, but is not limited to obligation for accession such as accession obligation associated with funded education or commissioning programs, Accession Bonus, active duty education/training, HPLRP, or Career Intermission Program (CIP).

(7) Reserve NC officers reporting to permanent indefinite recall to AC from RC are considered to have an accession obligation, and are not eligible for a RB until completion of obligation, except for CRNA (1972), Mental Health Nurse Practitioner (1973), and Critical Care Nurses (1960) who will be eligible upon reporting to an AC command, and meet all other eligibility requirements listed.

(8) A NC LT and LCDR who are a Failed to Select (FOS) to the next higher grade are ineligible to enter a new RB agreement until either selected for promotion, or offered continuation.

(9) Execute a written agreement, accepted by the Chief, BUMED, to remain on active duty in the specialty for which the RB is being paid.

(10) Possesses an unrestricted state license, or approved waiver.

(11) Subject to acceptance by the Chief, BUMED, Nurse Corps specialties requiring privileges to practice are required to be credentialed, privileged, and practicing at a facility designated by the Surgeon General, in the Nurse Corps specialty for which RB is being paid.

(a) Those Nurse Corps specialties not required to be privileged to practice will be required to be credentialed and practicing the specialty at a facility designated by the Surgeon General, in the Nurse Corps specialty for which the RB is being paid.

(b) The Chief, BUMED, may also approve recommendations on a case by case basis for RB payments to individuals assigned to positions requiring a substantial portion of time performing military-unique duties under adverse conditions, or in remote locations outside the United States, or that preclude the ability to spend appropriate time in a clinical setting. Requests for waivers may be submitted by the member per paragraph 2a(4) above.

(12) Psychiatric Nurse (1930) must be LCDR/O-4 and below and must enter Duty Under Instruction (DUINS) for Mental Health Nurse Practitioner (1973) program to be eligible to enter a 6 year RB at the annual rate of \$5,000. The RB will start the day prior to the start of the

Mental Nurse Practitioner (1973) program, the RB obligation will run concurrent with the Mental Health Nurse Practitioner training, and obligation, for the length of the RB. The request must be submitted prior to starting the DUINS, and NET 60 days prior to the effective date of the RB.

(13) For Mental Health Nurse Practitioner must be CAPT/O-6 and below, and for all other RB eligible specialties must be CDR/O-5 or below.

(14) CRNA (1972), under an RB may enter a Duty Under Instruction (DUINS) CRNA Ph.D. Clinical Research Program while under an RB agreement. The obligation for the RB will be concurrent with the CRNA Ph.D DUINS program, and obligation, for the length of the RB agreement, but must be effective and submitted prior to the start date of the DUINS.

(15) Critical Care Nurse under a RB may enter a Duty Under Instruction (DUINS) Master's Degree Program for Critical Care while under an RB agreement.

(16) For Nurse Specialties Medical Surgical (1910), and Labor and Delivery (1920), and Emergency Room (1945), with an approved graduate degree qualifying for a primary specialty code with an educational suffix of "Q" or "C" according to the Navy Nurse Corps Subspecialty Code Management Guidance are eligible for RB.

b. Service-Unique Requirements. Based on Service-unique requirements, the Chief, BUMED, may decline to offer a RB to Nurses or may restrict the length of a RB contract based on service needs or requirements.

c. Termination and Renegotiation of Prior RB. Subject to acceptance by the Chief, BUMED, only the nurse specialties CRNA (1972), and Mental Health Nurse Practitioner (1973) with an existing RB contract, may request termination of an existing contract to enter into a new RB contract with an equal or longer obligation at the RB annual rate in effect at the time of execution of the new RB contract, provided the officer still meets eligibility criteria. CRNA (1972), are only eligible to terminate and renegotiate in the last 2 years of an existing RB contract. Any other nurse specialty eligible for the RB is not authorized to terminate and renegotiate for a new RB.

d. Active Duty Service Obligation. ADSOs for RB shall be established in accordance with subparagraphs 3d(1) through 3d(4) of this Pay Guidance.

(1) ADSOs for education and training and previous RB agreements shall be served before serving the RB ADSO.

(2) Obligations for a RB may be served concurrently with other service obligation, to include IP, Board Certified Pay (BCP), promotion, and non-Nurse specific military education/training.

e. Annual Pay Amounts for RB. Annual payment amounts for multi-year RB contracts shall be in the amounts in Table 2. The RB shall be paid annually on the anniversary date of contract.

4. Board Certification Pay. CRNA, Nurse Practitioners, and Midwives are eligible to receive BCP at the annual rate as indicated in Table 5, paid in equal monthly amounts. To be eligible for BCP, an officer must:

- a. Hold the eligible Primary Specialty for the duration of BCP.
- b. Have a post-baccalaureate degree in the clinical specialty. A post-master's certificate acceptable to the Chief, BUMED can satisfy this requirement.
- c. Be certified by a recognized professional board, in a designated health profession clinical specialty contained in Table 6.
- d. Execute a written agreement to remain on active duty beginning on the date the contract is executed, for a minimum period of one year. After entering the initial BCP agreement there is no requirement to submit annual BCP requests/agreements to continue receiving the BCP.

5. Payment. IP and BCP shall be paid monthly, and will reflect on the LES as SAVED PAY. RB shall be paid in annual installments for the length of the agreement, an AB will be paid in a lump sum, except CRNA and Critical Care AB will be paid in equal annual installments, as listed in Table 1. Upon acceptance by the Chief, BUMED, the total amount paid under the agreement shall be fixed during the length of the agreement. The amount of each bonus or pay is listed in Tables 1-3.

## GLOSSARY

### PART I. ABBREVIATIONS AND ACRONYMS

AB	Accession Bonus
ACEN	Accreditation Commission for Education in Nursing
ADSO	Active Duty Service Obligation
APRNs	Advanced Practice Registered Nurses
ASD(HA)	Assistant Secretary of Defense for Health Affairs
CCNE	Commission on Collegiate Nursing Education
CRNA	Certified Registered Nurse Anesthetist
CSP	Consolidated Special Pay
HPLRP	Health Professions Loan Repayment Program
IP	Incentive Pay
MP	Multi-year Pay
NCLEX	National Council Licensure Examination
NLNAC	National League for Nursing Accrediting Commission
RB	Retention Bonus

## PART II. DEFINITIONS

Accession Bonus (AB). Bonus paid upon accession pursuant to USC Title 37, Chapter 5, Section 335, paragraphs (a)(1) and (a)(2).

Advanced Practice Registered Nurses. Includes certified registered nurse anesthetists, nurse practitioners, and nurse midwives.

Board Certification Pay (BCP). A pay authorized to health professions officers who earn board certification by an approved certifying agency. Pay authorized under USC Title 37, Chapter 5, Section 335, paragraph (c).

Credentialed. A qualification held by a health professions officer constituting evidence of qualifying education, training, licensure, experience, current competence, etc.

Nurse Corps officer. An officer of the Nurse Corps of the Army, Navy, or Air Force.

Incentive Pay (IP). A pay authorized to a health professions officer serving on active duty in a designated health profession specialty for a healthcare related skill. Pay authorized under USC Title 37, Chapter 5, Section 335, paragraph (b).

Multi-year Pay (MP). Pay given for obligated service of two, three, or four years.

Commissioning Program. Any program of education or training funded by the government authorizing commissioning, such as Military Service Academy, Reserve Officers Training Corps, Armed Forces Health Professions Scholarship Program, Financial Assistance Program, Uniformed Services University of the Health Sciences, Nurse Candidate Program, or any other commissioning programs.

Practicing. Meeting the practicing requirements to maintain privileges by the Privileging Authority.

Privileged. Permission/authorization for an independent provider to provide medical or other patient care services in the granting institution or billet. Clinical privileges define the scope and limits of practice for individual providers and are based on the capability of the healthcare facility, the provider's licensure, relevant training and experience, current competence, health status, and judgment.

Retention Bonus (RB). A multi-year bonus paid to obligate an officer for a specified period of time over one year authorized under USC Title 37, Chapter 5, Section 335, paragraph (a)(3).



**Table 1: NURSE CORPS ACCESSION BONUS (AB) AND CRITICALLY SHORT WARTIME SPECIALTY ACCESSION BONUS (CSWSAB) <sup>1</sup>**

<b>SPECIALTY AB</b>	<b>Rate is for Entire Period of Accession Obligation</b>	
	<b>3-Year Obligation</b>	<b>4-Year Obligation</b>
Any Specialty	\$20,000 (Lump Sum)	\$30,000 (Lump Sum)
Critical Care Nursing	-	\$100,000 (Paid in 4 annual installments of \$25,000)
<b>SPECIALTY CSWSAB</b>		
Certified Registered Nurse Anesthetist	-	\$250,000 (Paid in 4 annual installments of \$62,500)

**Table 2: NURSE CORPS IP & RB <sup>2, 3, 4</sup>**

<b>NURSE CORPS</b>	<b>Fully Qualified IP only 1-year rate (prorated monthly)</b>	<b>RB 2-Year Rate (Paid Annually)</b>	<b>RB 3-Year Rate (Paid Annually)</b>	<b>RB 4-Year Rate (Paid Annually)</b>	<b>RB 6-Year Rate (Paid Annually)</b>
Medical-Surgical Nursing	-	\$8000	\$13,000	\$18,000	-
Labor and Delivery Nursing		\$8000	\$13,000	\$18,000	-
Psychiatric/Mental Health Nurse	-		-	-	\$5,000
Emergency Room Nursing	-	\$8,000	\$13,000	\$18,000	-
Perioperative Nursing	-	\$8,000	\$13,000	\$18,000	-
Critical Care Nursing	-	\$10,000	\$15,000	\$20,000	-
Certified Registered Nurse Anesthetist	\$15,000	\$10,000	\$20,000	\$40,000	\$60,000
Mental Health Nurse Practitioner	-	\$10,000	\$15,000	\$25,000	\$40,000
Pediatric Nurse Practitioner	-	\$8,000	-	-	-
Family Nurse Practitioner	-	\$8,000	\$13,000	\$18,000	-
Nurse Midwife	-	\$8,000	-	-	-

**Table 3: Recognized boards for IP AND/OR RB**

Academy of Medical-Surgical Nurses Certified Medical-Surgical Registered (CMSRN)	Board of Certification for Emergency Nursing (BCEN)
American Academy of Nurse Practitioners National Certification Program (AANP)	Competency & Credentialing Institute Certified (CCI)
American Association of Critical Care Nurses (AACN)	National Board on Certification and Recertification of Nurse Anesthetist (NBCRNA)
American Midwifery Certification Board (AMCB)	Pediatric Nursing Certification Board (PNCB)
American Nurses Credentialing Center (ANCC)	

**Table 4: Eligibility Requirements by Specialty**

<b>NURSE CORPS</b>	<b>Required Education Suffix</b>	<b>Tertiary Suffix “V” Required if Education Suffix “K”</b>	<b>Eligible For RB if Under DUINS Obligation Period</b>	<b>Eligible to Enter DUINS Master’s Degree Program for Same Specialty Receiving RB</b>	<b>Eligible to Decline Accession Bonus and Enter RB Agreement Upon Meeting Eligibility</b>
Medical-Surgical Nursing	Q or C	NA	No	No	No
Labor and Delivery Nursing	Q or C	NA	No	No	No
Psychiatric/Mental Health Nursing	K, Q, or C	Yes	No	No	No
Emergency Room Nursing	Q or C	NA	No	No	No
Perioperative Nursing	K, Q, or C	Yes	No	No	No
Critical Care Nursing	K, Q, or C	Yes	No	Yes	No
Certified Registered Nurse Anesthetist	Q or C	NA	No	No	No
Family Nurse Practitioner	Q, or C	NA	No	No	No

**Table 5: Board Certification Pay (BCP) Rate**

Board Certification Pay (BCP) 1-year rate (prorated monthly)	<b>\$6,000</b>
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**Table 6: Recognized boards for BCP**

Specialty	Sponsor	Responsibility	Board
CRNA	American Association of Nurse Anesthetists	National Board of Certification and Recertification for Nurse Anesthetists	Nurse Anesthetist
NP	American Nurses Association	American Nurses Credentialing Center, American Academy of Nurse Practitioners or Pediatric Nursing Certification Board	Family Nurse Practitioner
			Pediatric Nurse Practitioner
			Psychiatric/Mental Health Nurse Practitioner
Nurse Midwife	National Commission for Certifying Agencies	American Midwifery Certification Board	Nurse Midwife

**Footnotes:**

<sup>1</sup> Must be a graduate of a school of nursing accredited by the Accreditation Commission for Education in Nursing (formerly the National League for Nursing Accrediting Commission) or the Commission on Collegiate Nursing Education (CCNE) that conferred a baccalaureate degree or higher in nursing. Information found at: <http://www.acenursing.org/>. Nurse Corps CSWSAB lists HPO specialties designated by the Secretary of Defense as critical to meet a Military Service's healthcare wartime missions. Justification for a critical designation consists of the criticality of the HPO skill, officer shortages due to recent force structure changes, or extremely high replacement or training cost.

<sup>2</sup> As a Health Care Provider (HCP), AC HPOs must be currently credentialed, privileged (Advanced Practice Registered Nurses (APRNs)), and practicing at a facility designated by the military Service, in the Nurse Specialty for which the IP and RB is being paid. Nurses assigned to positions requiring a substantial portion of time performing military-unique duties under adverse conditions or in remote locations outside the United States, or that preclude the ability to spend appropriate time in a clinical setting, may request a waiver from the Chief, BUMED. General/Flag officers at the rank of O-7 and above are eligible for the IP and BCP in their credentialed specialty.

<sup>3</sup> To be paid IP and BCP under the 1/30<sup>th</sup> rule, RC HPOs must be credentialed by the military Service in the specialty for which the incentive is being paid, while on Active Duty.

<sup>4</sup> To be eligible for a Nurse IP and/or RB, the Nurse must be board-certified in the specialty concerned by the applicable Board listed in Table 3.