



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH VA 22042

Canc: Jan 2025

BUMEDNOTE 1110

BUMED-N01C

8 Jan 2024

BUMED NOTICE 1110

From: Chief, Bureau of Medicine and Surgery

Subj: FISCAL YEAR 2024 NURSE CORPS HEALTH PROFESSIONS LOAN
REPAYMENT PROGRAM

Ref: (a) 10 U.S.C. §2173
(b) DoD Instruction 6000.13 of 30 December 2015
(c) BUMED memo 1110 N1/23UN100016 of 2 Oct 23 (NOTAL)
(d) OPNAVINST 7220.17

Encl: (1) Sample Request for Health Professions Loan Repayment Program for Retention
(2) Sample First Endorsement of Health Professions Loan Repayment Program for Retention

1. Purpose. To announce the availability of loan repayments under the Health Professions Loan Repayment Program (HPLRP) to qualified health professionals currently on active duty for fiscal year 2024 (subject to availability of funding), and to provide information concerning eligibility and application procedures.

2. Scope and Applicability. Applies to active duty officers in the Navy Nurse Corps (NC).

3. Background. The HPLRP is an accession and retention incentive program within the Armed Forces Health Professions Financial Assistance Programs. The HPLRP is a means to assist eligible personnel in the repayment of qualified loans in exchange for an obligated period of active duty. Reference (a) establishes the HPLRP and designates responsibility for the program to the Secretaries of the various military departments. Reference (b) includes Department of Defense policy and guidance for the active duty HPLRP. Reference (c) delineates the number of available NC contracts and specifies the maximum allowable rate per contract. Reference (d) establishes policies and procedures to administer special pay for Navy Medicine.

4. Definitions

a. Active Duty Health Professional. Any regular active duty officer in the Navy NC.

b. Qualified Loans. Government or commercial loans for the actual costs paid for tuition, reasonable educational expenses, and reasonable living expenses relating to the attainment of a bachelor of science in nursing.

5. Eligibility Requirements for Applicants

- a. Must be a commissioned officer on active duty in the NC.
- b. Must have completed 6 months of active duty service at the time the application is due.
- c. Must hold a current, unrestricted nursing license, if required to perform duties in the Navy.
- d. NC officers currently in a full-time duty under instruction status or under a duty under instruction obligation can apply for HPLRP, but the service obligation for each will be served consecutively.
- e. Loans that correspond to the bachelor of science in nursing are eligible and will be verified.
- f. Additional requirements:
 - (1) Must sign an agreement to incur an active duty obligation in exchange for loan repayment.
 - (2) Must meet all height, weight, and physical readiness requirements.
 - (3) Must have a qualifying debt.

6. Ineligibility Factors for HPLRP Applicants

- a. Must not be a member of a Reserve Component on extended active duty or mobilized to perform active duty.
- b. Must be free of any court judgment in favor of the United States creating a lien against the individual's property arising from a civil or criminal proceeding regarding a debt, and not be in default of any Federal debt. The Secretary concerned may grant an exception to the default exclusion in cases when all other eligibility criteria are met, and when loan default disclosure, as well as substantiation that loan payments are up to date, is provided by the individual at the time of application.
- c. Must not be in a non-select promotion status.
- d. Must not have a punitive discharge or any other adverse personnel or administrative action pending or in effect.
- e. Must not have received HPLRP previously, either upon recruitment or for retention.

f. Must not be currently under contract for the registered nurse retention bonus. If selected to receive HPLRP, the officer cannot apply for the registered nurse retention bonus until the completion of the HPLRP obligated service.

7. HPLRP Award Amount. The Assistant Secretary of Defense for Health Affairs sets the maximum annual award amount of loan repayment, currently established at \$40,000. Funds used in the HPLRP are taxable income and approximately 22 percent Federal income tax will be deducted prior to disbursement of funds to each lending institution.

8. Awards. NC will award 1-year contracts, worth up to a maximum of \$40,000 each.

9. Active Duty Obligation. Participants in the HPLRP will incur an active duty obligation consisting of 2 years for the 1-year benefit. The active duty obligation for HPLRP will be served in addition to (consecutive with) any educational or training active duty obligation. No portion of the active duty obligation for HPLRP will be fulfilled by prior active service. In addition, the member may not be relieved of his or her active duty obligation solely because of willingness and ability to refund all payments made by the government, pursuant to section 303a(e) of Title 37, U.S. Code.

10. Application Procedures

a. Submit a notice of intent to apply for HPLRP no later than 1 March 2024 to the NC career planner. The e-mail must include the following information: rank, last name, first name, specialty code(s), telephone number, estimated total health professions loan balance, and degree attained with the loan for which repayment is being sought. The NC career planner may be reached at (202) 281-5064 or raymond.l.bonds.mil@health.mil.

b. Applications for HPLRP must be submitted via encrypted e-mail to the NC career planner. The e-mail address for applications will be provided in response to the notice of intent. A sample application request is contained in enclosure (1).

c. All applications and supporting documentation must be received by 1 April 2024. Each application must contain the details listed in subparagraphs 10c(1) through 10c(10):

(1) Name, rank, NC, business address, work, home, and cell telephone numbers, facsimile number, and work or home e-mail address.

(2) Complete loan information with supporting documentation (e.g., copy of original loan document(s), current monthly statement(s), or printout(s) from lender's Website) that contains lender's contact information, account number, balance, and non-delinquent status of each loan for which repayment is requested. If educational loans were consolidated, all documents related to the consolidation must be included. The applicant is responsible for providing a clear paper trail of the educational loans in the consolidation. The Navy Medicine HPLRP specialist and

recoupment coordinator reserves the right to disqualify a recipient on the basis that the application is incomplete or does not provide comprehensive and understandable loan data. The applicant must state the total loan obligation for the health professions degree and the current loan balance for which repayment is sought.

(3) Current active duty status, years of commissioned service, years of active service, and accession program.

(4) Copy of licensure, board certification, and eligibility documents, if applicable to the applicant's specialty.

(5) A brief motivational statement regarding the applicant's desire for continued military service. The statement will be no longer than one page, double-spaced.

(6) Copy of Physical Readiness Information Management System member report physical fitness assessment listing (summary of all physical fitness assessments taken).

(7) Copy of officer summary record.

(8) Copy of performance summary record.

(9) Copies of fitness reports covering the last 5 years, or all fitness reports since commissioning, if less than 5 years. Remove all social security numbers from the fitness reports (blacken out or white out).

(10) Commanding officer endorsement, see enclosure (2) for sample, to include verification that no punitive or other adverse personnel or administrative action is pending or in effect and that the applicant meets height and weight, and physical readiness requirements.

11. Application Review Process and Selection Notification

a. An administrative selection board will convene in April 2024 to review all completed applications and provide selection recommendations to Chief, Bureau of Medicine and Surgery (BUMED). Chief, BUMED will provide final approval of individuals for participation in the HPLRP.

b. As it is likely there will be many more requests for enrollment in the HPLRP than available awards, the selection process will be very competitive. The administrative selection board will be governed by a precept approved by Chief, BUMED. The criteria listed in subparagraphs 11b(1) through 11b(3), while not encompassing all details of the precept, will be considered by the administrative selection board in making approval recommendations:

(1) Potential for future naval service and leadership.

(2) Individual assignments, including operational assignments (past and future).

(3) Individual accomplishments and awards.

c. Individuals will be notified of their selection for enrollment in the HPLRP no later than 30 May 2024. Selected individuals will receive a contract for the HPLRP from Personnel, Plans, and Special Pays (BUMED-N13) delineating the obligations of all parties by 3 June 2024. The original signed contract must be returned to the Navy Medicine Accessions Program Manager (Attention: HPLRP), Bureau of Medicine and Surgery Detachment Bethesda, 8901 Wisconsin Avenue, Bethesda, Maryland 20889-5611, by close of business 10 June 2024. BUMED-N13 will coordinate loan repayments with the appropriate lending institution(s) for those officers signing HPLRP contracts.

d. For questions concerning application procedures or eligibility requirements, contact the NC career planner noted in subparagraph 10a.

12. Records Management

a. Records created as a result of this notice, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this notice or the records disposition schedules, please contact the local records manager or the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division program office.

13. Information Management Control. Reports contained in subparagraphs 10c(6) and 10c(9) of this instruction are exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, subparagraph 7k.



D. K. VIA

Releasability and distribution:

This notice is cleared for public release and is available electronically only via the Navy Medicine Web site at, <https://www.med.navy.mil/Directives/>

BUMEDNOTE 1110
8 Jan 2024

SAMPLE REQUEST FOR HEALTH PROFESSIONS LOAN
REPAYMENT PROGRAM FOR RETENTION

1110
DD MMM YY

From: Rank, First Name, Middle Initial, Last Name, NC, USN
To: Fiscal Year 2024 Nurse Corps Health Professions Loan Repayment Selection Board,
7700 Arlington Boulevard, Falls Church, VA 22042
Via: Activity head, name of activity, location when needed

Subj: REQUEST FOR PARTICIPATION IN THE FISCAL YEAR 2024 HEALTH
PROFESSIONS LOAN REPAYMENT PROGRAM

Ref: (a) BUMEDNOTE 1110 of _____ 2023 (Canc: Dec 2024)

Encl: (1) Personal motivational statement
(2) Copy of licensure and board certification documents
(3) Copy of Officer Summary Record
(4) Copy of Performance Summary Record
(5) Copies of last 5 years of Fitness Reports, or all, if less than 5 years of service
(6) Copy of Physical Readiness Information Management System Member Summary
Report of Physical Fitness Assessment
(7) Loan Information (e.g., lender monthly statement for each loan)

1. I respectfully request participation in the Health Professions Loan Repayment Program (HPLRP). Request consideration for a 1-year contract to repay current outstanding loans totaling \$ [fill in]. I attained a Baccalaureate of Science in Nursing degree with the loan for which I am requesting repayment.

2. I am regular active duty, not a member of the Reserve component on extended active duty or mobilized to perform active duty. As of 29 September 2024, I will have completed [fill in] years of commissioned service and [fill in] years of total active service. I was commissioned via [fill in] program, e.g., direct accession, the Nurse Candidate Program, etc., along with the number of years in that program], with a current specialty of [fill in specialty code(s)].

3. Per reference (a), enclosures (1) through (7) are submitted.

4. I understand that I must sign and return the original HPLRP contract if approved for participation in the HPLRP. I also understand that HPLRP funds are taxable income and income tax withholding will be deducted prior to disbursement of funds to each lending institution.

Enclosure (1)

BUMEDNOTE 1110
8 Jan 2024

Subj: REQUEST FOR PARTICIPATION IN THE FISCAL YEAR 2024 HEALTH
PROFESSIONS LOAN REPAYMENT PROGRAM

I further understand that failure to satisfy all Department of Defense and Service specific HPLRP requirements, to include provision of necessary loan documentation, could result in forfeiture of any loan repayments that may be awarded. I may be reached at Defense Switched Network (DSN) (number), commercial (number), or e-mail (address). My command mailing address is (address).

(Signature Block)

BUMEDNOTE 1110
8 Jan 2024

SAMPLE FIRST ENDORSEMENT OF HEALTH PROFESSIONS
LOAN REPAYMENT PROGRAM FOR RETENTION
(command letterhead)

1110
Ser 00/
DD MMM YY

FIRST ENDORSEMENT on (rank, name, NC, USN, ltr of (date))

From: Activity head title, name of activity, location when needed

To: Fiscal Year 2024 Nurse Corps Health Professions Loan Repayment Program Selection
Board, 7700 Arlington Boulevard, Falls Church, VA 22042

Subj: REQUEST FOR PARTICIPATION IN THE FISCAL YEAR 2024 HEALTH
PROFESSIONS LOAN REPAYMENT PROGRAM

1. Forwarded, recommending approval.
2. I verify that no punitive or other adverse personal or administrative action are pending or in effect and that (name of applicant) meets height, weight, and physical readiness requirements.
3. Additional comments.

(Signature Block)

Copy to:
Service member

Enclosure (2)