

<b>U. S. DEPARTMENT OF HOMELAND SECURITY</b> U.S. Coast Guard CG-2047 (Rev. 10-10)	<b>CONSOLIDATION OF SPECIAL PAY FOR SELECTED HEALTH PROFESSIONS OFFICERS (HPOs) OF THE U.S. COAST GUARD CONTRACT REQUEST</b> (Privacy Act Notice: Block 3-I)	<b>OFFICE USE ONLY</b> Contract Execution Date:	
<b>BLOCK 1 IDENTIFICATION (PRINT/TYPE CLEARLY)</b>			
a. NAME (Last, First, Middle Initial)	b. SSAN	c. RANK	
d. OFFICIAL EMAIL ADDRESS	e. PHONE (Comm)	f. Specialty	g. DATE OF SEPARATION (DD/MMM/YYYY)
<b>BLOCK 2 SPECIAL PAY(S) REQUESTED (MEMBER INITIAL APPROPRIATE BOX(ES))</b>			
<input type="checkbox"/> INCENTIVE PAY (IP) (Paid Monthly) <small>(1 year- If coupled with RB, rate of concurrent IP fixed for duration of RB)</small>	<input type="checkbox"/> RETENTION BONUS (RB) (Paid Annually) <small>(2, 3, OR 4 year contracts, concurrent with IP) (Must initial IP box also)</small>		
<b>BLOCK 3 CONDITIONS OF CONTRACT (MEMBER INITIAL APPROPRIATE BOXES)</b>			
<p><input type="checkbox"/> In consideration of payment of the above requested special pay under 37 U.S.C 335, and implementing policy prescribed in DTM- 09-009 dated July 2009, <b>I have read</b> the CG Consolidation of Special Pays for Selected Health Professions Officers effective for 2010 (CY) <b>and I qualify for</b> the requested special pay(s). I understand the appropriate Coast Guard officials must verify and approve this agreement before payment will be authorized, and I agree to the following:</p> <p><input type="checkbox"/> A. To remain on active duty in the U.S. Coast Guard as a designated Physician Assistant for minimum commitment of 12, 24, 36, or 48 consecutive months from the effective date of this contract as initialed in one of the boxes, below:  <small>(initial only one)</small> <input type="checkbox"/> 12 MONTHS (IP only) <input type="checkbox"/> 24 MONTHS (IP/RB) <input type="checkbox"/> 36 MONTHS (IP/RB) <input type="checkbox"/> 48 MONTHS (IP/RB)</p> <p><input type="checkbox"/> B. I understand that the EFFECTIVE DATE (EXECUTION DATE) of my entitlement is _____ (DD/MMM/YYYY). If all eligibility requirements were met the effective date may be the first day of the previous month from which the agreement is signed. The effective date for subsequent contracts shall be the date following the date the preceding contract expires, provided the completed contract is received in Medical Special Pay. I will incur a one-year active duty service obligation (ADO) for each year of my agreement beginning on the effective (execution) date of my agreement as indicated and that I am NOT ELIGIBLE for voluntary separation or retirement for the duration of this contract. I understand that requests for resignation, release from active duty or voluntary retirement to be effective during the period of this agreement will be disapproved except where considered to be in the best interest of the Coast Guard.</p> <p><input type="checkbox"/> C. I understand in consideration of my entering into this contract the U.S. Coast Guard agrees to pay me for: (1) the single year IP contract rate of \$ _____ paid in equal monthly amounts, or if eligible, (2) the multiyear coupled IP/RB contract rate of \$ _____ (IP) paid monthly and \$ _____ (RB) paid annually in equal lump sum payments upon execution and on the anniversary dates of this contract in amounts specified in Table 1 of the 2009 DTM SPECIAL PAYS FOR SELECTED HEALTH PROFESSIONS OFFICERS, subject to the availability of funds and applicable State and Federal taxes for the life of this agreement.</p> <p><input type="checkbox"/> D. I understand I am subject to being assigned duties in whole or in part in my primary specialty, regardless of whether my special pay contract is based upon my subspecialty or primary specialty.</p> <p><input type="checkbox"/> E. I understand as an active duty as a Physician Assistant I am not eligible for age waiver beyond age 62 as established by title 14 USC § 293. If I am not eligible to complete this agreement because of mandatory separation requirements or by my reaching age 62, the Coast Guard will immediately recoup the money owed based on the entire agreed upon amount in paragraph C. (above).</p> <p><input type="checkbox"/> F. I understand the medical special pays program constitutes a voluntary retention program and unless a waiver approved by the Commandant or designee is obtained, I will not be released from active duty before fulfilling the term of continuous active duty agreed to above, even if that obligation will extend me beyond 20 years of active federal service, but not beyond age 62.</p> <p><input type="checkbox"/> G. I understand this agreement will be terminated upon separation from active duty, including separation after declination for selective continuation, or upon my death or if I do not fulfill the conditions of this agreement. This agreement may be terminated by the Commandant at any time. If conditions of the written special pay agreement are not fulfilled, this will cause termination of the agreement. Other reasons for termination may include, but are not necessarily 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; medical incompetence; noncompliance with Coast Guard professional practice standards; substandard performance; or reasons that are in the best interest of the Coast Guard.</p> <p><input type="checkbox"/> H. I understand in the event of termination of agreement as above, the percentage of unearned special pay representing the unexpired part of the service for which the pay was provided will be recouped by the government on a pro rata basis based on length of my active duty obligation actually served, unless the failure to complete the period of active duty specified in the agreement is due to death that is not the result of my misconduct. The provisions of the Coast Guard Pay Manual COMDTINST M7220.29(series), Chapter 11, govern. A discharge in bankruptcy under Title 11 of the United States Code that is entered less than five years after the termination of this agreement does not discharge me from a debt arising from this agreement. Debts incurred from an unearned bonus are not eligible for waiver under title 10 USC § 2774.</p> <p><input type="checkbox"/> I. <b>Authority:</b> 37 USC § 351 and Executive Order 9397, Nov 1943 (SSN). <b>Principle Purpose:</b> To record applicant's elections and agreements for entitlement to special pay. <b>Routine Use:</b> This form becomes part of the applicant's official military record and all uses are internal to the U. S. Coast Guard. <b>Disclosure:</b> I understand, in accordance with the <i>Privacy Act of 1974</i>, disclosure of my social security number and other Privacy Act information is voluntary; however, failure to provide Privacy Act information may result in non-verification of my agreement and payment of special pay may be affected to include nonpayment of funds or recoupment of overpayment. I also understand that information compiled from the agreement may be used for special pay program and budget analysis.</p>			
<b>BLOCK 4 MEMBER CERTIFICATION (MEMBER SIGN AND DATE)</b>			
<i>I understand that by signing below, I agree to the terms and retention requirements in accordance with the rules outlined under this agreement and the referenced pay plan. I understand this agreement is binding as of the date of my signature.</i>			
SIGNATURE:	DATE (DD/MMM/YYYY):		

<b>MEMBER NAME:</b> _____ <b>RANK</b> _____ <b>SSAN:</b> _____		
<b>Endorsing Authority:</b> Review eligibility and endorse appropriate <b>OPTION</b> . Return to member for submission to Medical Special Pay.		
<b>BLOCK 5 OPTION I - AUTHORIZED ENDORSER (STANDARD SINGLE OR MULTIYEAR CONTRACT)</b>		
<i>(Check below as appropriate)</i>		
<input type="checkbox"/> 1. THIS CERTIFIES (Incentive Pay contract only): <ul style="list-style-type: none"> <li>a. The officer carries the fully qualified specialty of a Physician Assistant (and certified or licensed, and credentialed, and privileged or actively seeking privileges),</li> <li>b. Meets eligibility requirements for Incentive Pay as referenced in the Coast Guard Special Pays for Selected HPOs, and</li> <li>c. Performs duties in whole or in part based upon the specialty of a Physician Assistant, and</li> <li>d. Is found to be in compliance with the conduct, competence, and professional practice standards expected by the Coast Guard as indicated on the last Officer Evaluation Report.</li> </ul> <input type="checkbox"/> IS RECOMMENDED FOR: <ul style="list-style-type: none"> <li><input type="checkbox"/> Incentive Pay (12 month obligation)</li> </ul>		
<b>-OR-</b>		
<input type="checkbox"/> 2. THIS CERTIFIES (Coupled Incentive Pay (IP) and Retention Bonus (RB) contract): <ul style="list-style-type: none"> <li>a. The officer meets all the eligibility requirements for Incentive Pay (above), and</li> <li>b. Meets additional eligibility requirements of the Retention Bonus as referenced in the Coast Guard Consolidation of Special Pays for Selected HPOs</li> </ul> <input type="checkbox"/> IS RECOMMENDED FOR: <ul style="list-style-type: none"> <li><input type="checkbox"/> Coupled Incentive Pay and Retention Bonus (24, 36, or 48 month obligation)</li> </ul>		
Signature, Authorized Endorsing Authority	Title of Endorsing Authority	DATE (DD/MMM/YYYY)
Typed or Stamped Signature Block Authorized Endorsing Authority (Commanding Officer)	Credentials Verified by member's PA Force Manager/CG-112	Signature of PA Force Manager/CG-112
	<input type="checkbox"/> CURRENT or VALIDLY SEEKING  <input type="checkbox"/> DO NOT CONCUR	SPECIALTY
<b>BLOCK 6 OPTION II - AUTHORIZED ENDORSER (MEMBER IN SECONDARY TRAINING)</b>		
<i>(Check below as appropriate)</i>		
<input type="checkbox"/> 1. THIS CERTIFIES the officer is undergoing medical specialty training in a fellowship (not in initial medical training) <ul style="list-style-type: none"> <li>a. Carries the fully qualified specialty as a Physician Assistant, and</li> <li>b. Meets requirements of eligibility under the Coast Guard Consolidation of Special Pays for Selected HPOs for IP or IP and RB</li> <li>c. Is found to be in compliance with the conduct, competence, and professional practice standards expected by the Coast Guard as indicated on the last Officer Evaluation Report.</li> </ul> <input type="checkbox"/> IS RECOMMENDED FOR: <ul style="list-style-type: none"> <li><input type="checkbox"/> IP (12 month obligation) ) <b>OR</b> <input type="checkbox"/> Coupled Incentive Pay and Retention Bonus (24, 36, or 48 month obligation)</li> </ul>		
Signature, Authorized Endorsing Authority	Title of Endorsing Authority	DATE (DD/MMM/YYYY)
Typed or Stamped Signature Block, Authorized Endorsing Authority (Director of Medical Education or Equivalent)		SPECIALTY
<b>BLOCK 7 OPTION III - AUTHORIZED ENDORSER (MEMBER NOT IN CLINICAL SETTING/ATTACH COPY OF CERTIFICATION OR LICENSE)</b>		
<i>(Check below as appropriate)</i>		
<input type="checkbox"/> 1. THIS CERTIFIES the officer is assigned to a position requiring substantial portion of time performing military unique duties <ul style="list-style-type: none"> <li>a. Meets requirements of eligibility under the Coast Guard Consolidation of Special Pays for Selected Health Professions Officers for Incentive Pay</li> <li>b. Is assigned to a position requiring substantial portion of time performing military unique duties:             <ul style="list-style-type: none"> <li><input type="checkbox"/> Under adverse conditions, or</li> <li><input type="checkbox"/> In remote OCONUS locations, or</li> <li><input type="checkbox"/> That precludes the ability to spend appropriate time in a clinical setting.</li> </ul> </li> <li>c. <input type="checkbox"/> THE MEMBER IS RECOMMENDED FOR medical special pay contract(s) and is found to be in compliance with the conduct, competence, and professional practice standards expected by the Coast Guard as indicated on the last Officer Evaluation Report.</li> </ul> <input type="checkbox"/> IS RECOMMENDED FOR: <ul style="list-style-type: none"> <li><input type="checkbox"/> Incentive Pay (12 month obligation) <b>OR</b> <input type="checkbox"/> Coupled Incentive Pay and Retention Bonus (24, 36, or 48 month obligation)</li> </ul>		
Signature, Authorized Endorsing Authority	Title of Endorsing Authority	DATE (DD/MMM/YYYY)
Typed or Stamped Signature Block Authorized Endorsing Authority (Group Commander or Equivalent)	Certification/License Verified and Attached	CERT/LICENSE EXPIRATION DATE (DD/MMM/YYYY)
	<input type="checkbox"/> CURRENT or VALID  <input type="checkbox"/> DO NOT CONCUR	SPECIALTY
<b>CG-112 APPROVING AUTHORITY FOR OPTION III</b>		<b>DATE (DD/MMM/YYYY)</b>