

**AIR NATIONAL GUARD  
HEALTH PROFESSIONALS  
LOAN REPAYMENT PROGRAM WRITTEN AGREEMENT  
(Initial Each Entry) (The Proponent is ANG/MPPAR)**

**A. ACKNOWLEDGMENT**

I hereby apply for participation in the Loan Repayment Program for Health Professionals in the Selected Reserve of the Air National Guard of the United States (ANGUS). In support of this application, I acknowledge the following:

1. I meet the eligibility criteria as follows:

a. I was first appointed, assigned or designated for service as a commissioned officer of an Armed Force on \_\_\_\_\_.

b. I possess the professional qualifications in a health profession AFSC \_\_\_\_\_ that the Secretary of Defense has determined to be critically needed to meet identified wartime combat medical skill shortages.  
\_\_\_\_\_

c. I possess a current valid and unrestricted medical or nursing license, and such additional medical privileges as are required to practice as a health professional in the critical specialty of which loan repayment participation is authorized. \_\_\_\_\_

d. I am not affiliating to qualify for a military technician or Active Guard Reserve (AGR) position where membership in the ANG is a condition of employment (this provision does not apply to temporary technician or full-time active duty assignments of less than 180 days, or members performing duty for the purpose of interdiction and counter-drug activities for which funds have been provided under section 112 of Title 32). \_\_\_\_\_

2. I understand that the loan repayment program for health professional commissioned officers shall apply to me, as follows:

a. The Government shall repay portions of any outstanding loans I have secured, or will secure, on or after 1 October 1975 in accordance with Section 16302 of 10 U.S.C. \_\_\_\_\_

b. The amount of the qualifying loans that may be repaid, when totaled together, may not exceed \$3,000 annually for each year of satisfactory service performed as a commissioned officer in the ANG. Payments shall be made to the lending institution beginning with the first anniversary date following the signed agreement to participate in that program. The total amount that may be repaid on all loans, on behalf of any person, shall not exceed \$20,000. Loans that have been issued for less than 1 year do not qualify for repayment. Payments will not be made on loans that are identified as "in default" by the lender unless the lender restores the qualifying loan's currency and withdraws the declaration of default. Responsibility to negotiate restoration of the loan's currency rests with the member. \_\_\_\_\_

c. Repayment of any such loan shall be made after each complete year of satisfactory service performed as a commissioned officer in the ANG, beginning with the date of signing this contractual agreement. \_\_\_\_\_

d. This program shall not reimburse any amounts paid by me or any other Agency. Repayment of any loan

shall not exceed the outstanding balance. \_\_\_\_\_

e. Payments made to a lending institution on my behalf are taxable, and will be included as income on my military W-2 form. \_\_\_\_\_

3. I understand that my eligibility under this program continues unless or until I do one of the following:

a. Transfer to a non-incentive eligible critical AFSC or ineligible health profession specialty, without the express direction of ANG/MPPA. \_\_\_\_\_

b. Separate from the ANG for any reason (including appointment or voluntary order to AD in the active forces), other than by death, injury, illness or other impairment not the result of my own misconduct. \_\_\_\_\_

c. Accept an AGR or military technician position where membership in the ANGUS is a condition of employment (this provision does not apply to temporary technician or full-time active duty assignments of less than 180 days, or members performing duty for the purpose of interdiction and counter-drug activities for which funds have been provided under section 112 of title 32). \_\_\_\_\_

d. Fail to participate satisfactorily in training with the ANG, in accordance with Service regulations, unless the failure to participate satisfactorily was due to reasons beyond my control (i.e., death, injury, illness, or other impairment). \_\_\_\_\_

e. Fail to extend the contracted term of service for a period of authorized non-availability. \_\_\_\_\_

f. Fail to maintain a current or unrestricted valid medical or nursing license, as required, and such additional medical certification and privileges as may be required to practice as a health professional in the critical specialty for which loan repayment participation is authorized. \_\_\_\_\_

4. I understand that my termination from the Loan Repayment Program for any of the reasons in this paragraph shall not relieve me from satisfying any military obligation imposed by any other law or regulation. \_\_\_\_\_

5. If I incur a period of authorized nonavailability for temporary overseas residence, missionary obligation or overseas employment obligation, etc., I shall be suspended from the loan repayment program and shall not receive subsequent payments during the period of suspension. To regain eligibility for further payments, I must extend my commitment in the ANG in order to be able to serve the full contract period. Entitlement to subsequent payments will resume on the adjusted anniversary date of satisfactory service in the ANG. \_\_\_\_\_

6. It shall be my responsibility to coordinate with my Retention Office Manager concerning the type loan, the lending institution, and the anticipated payout schedule as soon as feasible. \_\_\_\_\_

## **B. UNDERSTANDING**

I have read and understand each of the statements above, and understand that they are intended to constitute all promises or agreements concerning my Loan Repayment Program entitlement. I further understand that this written agreement is executed subject to availability of funds and review of eligibility. ANG/MPPA's determination of ineligibility or lack of funds will cause this contract to be null and void.

Any other promise, representation or commitment made to me in connection with my loan repayment entitlement is written below in my own handwriting or is hereby waived. (If none, write "NONE".)

**C. AUTHENTICATION**

\_\_\_\_\_  
Signature of RO

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name and Grade of  
Chief, Military Personnel Flight

\_\_\_\_\_  
Signature of Chief,  
Military Personnel Flight

\_\_\_\_\_  
Date