

INTERSERVICE PHYSICIAN ASSISTANT PROGRAM (IPAP)
TIME IN SERVICE / ACTIVE FEDERAL SERVICE WAIVER CHECKLIST (National Guard)
(Keep In Sequence)

Last Name: First Name: Middle Initial:

Rank: MOS/AOC: State: Date:

SSN: DoD ID:

Recruiter Name:

Recruiter Phone:

Recruiter Email:

Approved time-in-service/active federal service waivers must be loaded into the IPAP packet before submission. Failure to complete this step may results in a disqualification:

State request memo/endorsement (G1)

Recommendation from State Surgeon / Deputy State Surgeon

Soldiers Records Brief (dated within the last 6 months)

Accurate RPAM (NGB 23) (dated within the last 6 months)

DD 214/DD 220 (if applicable)

Submission Process:

AMEDD Recruiters will submit time-in-service/active federal service waivers to the ARNG IPAP Manager before submission of IPAP packet.

A copy of the approved waiver must be included in the IPAP packet.

Requests from the Soldiers directly will not be accepted.

G1/State request memo should have at least the below paragraph:

In accordance with AR 601-20, AR 135-100 and AR 135-101 I request/support a waiver for SOLDIER NAME. SOLDIER NAME has (insert appropriate line from below) as of 1 January of the year course instruction would begin. Please consider this waiver so that SOLDIER NAME may be considered to attend the Interservice Physician Assistant Program. SOLDIER NAME basic active service date (BASD) is DD MONTH YYYY. SOLDIER NAME will have XX years XX months as of 1 January of the FY the course of instruction would begin.

-less than three years total time in service

-over 10 years total time in service

-over eight years of active federal commissioned service (this if for officers only)