

Active Duty Health Professions Loan Repayment Program (ADHPLRP)

**Squadron Commander's Review Form**

*\*\*To be eligible for ADHPLRP, all responses must be marked "YES"\*\**

Date:

Officer's Name:

Unit:

Base:

Officer's last four:

The above named officer:

Has a current passing fitness assessment

Has completed COT/TFOT/OTS Date:

Member does NOT have a current UIF

Member does NOT have any current or pending administrative, punitive or discharge actions

Has a current valid unrestricted license to practice

\*If yes attach copy of license validation, National Practitioner Data Bank printout

Understands that payments **will not** begin until after meeting aforementioned criteria, and receiving an email from ADHPLRP office (AFIT/ENEM) confirming payment has been authorized for disbursement to DFAS

Acknowledges responsibility for making scheduled loan payments to the financial institutions listed on the application

Understands that any training >20 weeks will result in the pause of the ADHPLRP ADSC payback. Once the training is completed the ADHPLRP ADSC will resume and any additional training ADSC will be calculated appropriately.

Understands acceptance of any multi-year special pay/accesion bonus will increase the active duty service commitment (ADSC) and payback is **consecutive**

I have reviewed the unit personnel record and officer performance reports on this member and concur with the application.

I \_\_\_\_\_ retaining this Airman.