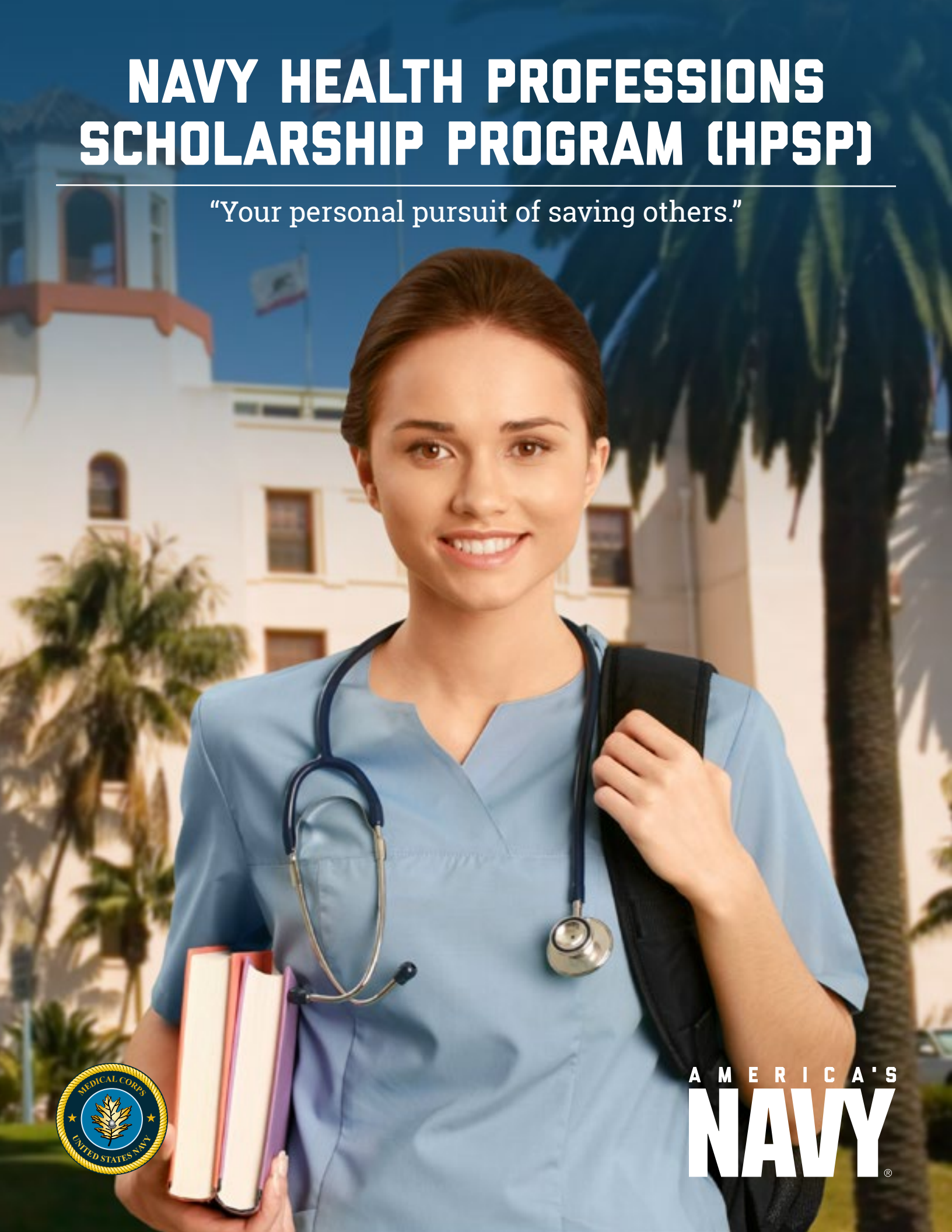
NAVY HEALTH PROFESSIONS SCHOLARSHIP PROGRAM (HPSP)

"Your personal pursuit of saving others."



AMERICA'S NAVY®

Thank you for your interest in Navy Medicine. Since the establishment of the Navy Medical Corps in 1871, Navy Medical Officers have served alongside the Sailors and Marines who put themselves in harm's way to defend the Constitution and protect our Nation and the American way of life. The often repeated statement 'thank you for your service' is a common way of expressing gratitude to our Nation's warfighters, but also has a subtle connotation that separates military service from civilian life. While there are certainly aspects of service that differ from civilian life, we all come from the same neighborhoods with similar hopes, dreams, and aspirations. The transformation from student to physician is analogous in many ways to the transformation from civilian to Naval Officer. It begins with a deliberate choice of who you want to be and what you want your life's work to represent. Navy Medicine helps protect the highest ideals that unite us all as Americans by promoting the health and readiness of those who also serve in uniform.

Serving as part of an integrated healthcare team with missions as diverse as its patients, Navy Physicians have the opportunity to provide life-saving healthcare around the world, work on cutting-edge research in state-of-the-art facilities, and teach in health programs with exponential effects around the globe. I encourage you to use this booklet as a starting point to begin conversations with others about Naval Service as a physician. The decision to serve your country is admirable, especially during a time of war. Our Sailors and Marines deserve expertise, quality and compassion in their doctors and should you choose to be one of us, you will truly understand the special calling of service. I wish you the best of luck in your personal pursuit of medicine.

Rear Admiral James L. Hancock MD
Medical Corps, US Navy
Chief of the Medical Corps
Medical Officer of the Marine Corps

AMERICA'S NAVY

Why the Navy?

Every prospective applicant should consider the advantages of each service and also consider an application to the Uniformed Services University of Health Sciences (USUHS). The Navy offers a variety of opportunities in aviation and undersea medicine as well as traditional medical officer roles on board ships or with land-based units. It is worthwhile talking to people about their experiences and perceptions of the culture within each service. A service culture that most closely aligns with you as an individual is important to career happiness. The Navy also provides all the medical care for the Marine Corps, so anyone interested in serving with the Marines as a doctor does so through Navy Medicine. The opportunity to deploy on humanitarian missions to South America and Southeast Asia onboard U.S. Naval Hospital ships is a common attraction to Navy Medicine, as is a preponderance of duty stations in metropolitan areas near the coast.

What is the offer?

The Health Professional Scholarship Program (HPSP) offers a full-tuition scholarship plus a monthly stipend exceeding $2,300 per month and a $20,000 signing bonus in return for a three or four year commitment to serve as a Naval physician. Physicians serve as commissioned Naval Medical Officers.

How does the payback work?

You will be required to apply for military residency training via the graduate medical education selection board process sometime referred to as military match. There are some opportunities to apply for civilian residencies in specific undermanned specialties. The terms of your HPSP contract will define your obligation after residency training.

What are the financial benefits of Military Residencies?

In addition to top-notch training programs with board pass rates ranked among the top residencies in the country, you will receive full officer pay and benefits which significantly exceeds civilian residency pay. Veteran benefits including the Post-9/11 GI Bill, healthcare, and other special programs also help to incentivize applicants interested in military service.

What are the requirements during medical school? Can I be "called-up" during medical school?

No. While in medical school, your job is to become the best doctor you can be, and the HPSP office works very hard to make sure your service obligations do not interfere with your studies. Your primary obligations are an annual health certification and to complete one 6-week Active Duty Training (ADT) once a year.

What is Active Duty Training (ADT)?

As a HPSP student, you are a reservist. As such, you are required to serve 6-weeks of active duty time per year. Because your primary responsibility is medical school, the HPSP central office will coordinate with you in regards to how you want to spend ADT periods in a way that matches your personal and educational goals. The most common pathway is for students to use their first ADT period to complete Officer Development School (ODS). Most will take school orders for their second ADT period, where their job is simply to stay in their local area and study for their board exam (you will get active duty pay and allowance to stay at school and study). Students take advantage of their third and fourth ADT periods to travel to military hospitals and complete interviews or audition rotations during the early months of their fourth year of medical school. The benefit is that while on ADT, in addition to active duty pay, funding for travel, lodging and food will be provided.

What is Officer Development School? Is it like Bootcamp?

Bootcamp, as portrayed in Hollywood, is reserved for the enlisted indoctrination process. The indoctrination process for medical officers is very different. It is called Officer Development School (ODS) and is located in Newport, RI. Training lasts five weeks and is significantly less intense than bootcamp. ODS is designed to be the first step in your development as an officer and to provide a familiarization with the customs, courtesies, and traditions of Naval service.

What is the Military Match?

Both civilian and military residencies undergo a "match" process in which students from every medical school compete for a limited number of residencies. Civilian or military, this process can be highly competitive with few guarantees for even the most successful medical students. The military match occurs in December as opposed to the spring for civilians.

This allows HPSP students to also apply to be selected into the Navy Active Duty Delay for Specialist (NADDS) program that authorizes them to complete a civilian residency. As with all residency matching, each program is limited in how many people can be selected and those members with the most competitive applications are selected.

What specialty training opportunities exist in the Navy?

Every year, the Navy makes strategic decisions as to how many of each specialty it needs to train in order meet all aspects of our mission. Narrow and highly competitive civilian specialties such as dermatology are equally competitive in the Navy. It is important to understand that no recruiter can guarantee your professional future. The opportunities and competitiveness for specialties in the Navy are comparable to their civilian counterparts and the only guarantee comes from making yourself the most competitive applicant you can be.

The official 2019 Message is provided as an example of the opportunities available to 2020 Medical Student Graduates. NADDS means HPSP students interested in these specialties could apply for permission to pursue a civilian residency and join active service afterwards. They are a good gauge of what Navy Medical needed this year, but should not be used for planning purposes.

Note: These are intern opportunities only, you will apply for specialized residencies during your intern year (See following pages).

BUMEDNOTE 1524
12 Jul 2019

GRADUATE MEDICAL EDUCATION (GME) POST-GRADUATE YEAR 1 SELECTION GOALS

SPECIALTY	ANES	EM	FM	GEN SURG	IM	NEURO SURG	OB/ GYN	ORTHO	OTO	PEDS	PSYCH	TY	URO	Total
*NADDS OPPORTUNITIES	YES	YES		YES				YES			YES			TBD
TRAINING SITE														
Naval Medical Center Camp Lejeune			10											10
Naval Hospital Camp Pendleton			12											12
Naval Hospital Jacksonville			12											12
NCC Family Medicine Fort Belvoir Community Hospital			4											4
NCC Walter Reed National Military Medical Center				7	16	1**	1	3			4	13		45
Naval Medical Center Portsmouth		10		12	17		3	4	1	4	6	24	1	82
Naval Medical Center San Diego		10		11	15		3	5	1	4	6	24	2	81
Total	0	20	38	30	48	1	7	12	2	8	16	61	3	246

SAMPLE

Graduate Medical Education (GME) positions listed are projection and subject to change per operational and military medical treatment facility manning requirements.

* Deferment applications will also be considered for anesthesia and neurology.

** NCC Neurosurgery position will go to highest scoring candidate for either Navy, Army, or Air Force

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Disclaimer: The tables provided are intended for example purposes only and not indicative of future opportunities.

This table only applies to the graduating medical school class of 2020 but a similar note will be published during the spring of your 3rd year. Transitional Year (TY) is the most common internship for those who wish to apply for one of the more specialized residency programs (radiology, dermatology, etc.) This is similar to many civilian programs and ensures a fundamental base of knowledge for all general practice physicians. Traditionally, approximately 10% of HPSP students are authorized for a deferment to train in a civilian residency and begin their active duty service commitment afterwards. This option is known as NADDS.

BUMEDNOTE 1524
12 Jul 2019

GRADUATE MEDICAL EDUCATION FULL-TIME IN SERVICE SELECTION GOALS

SPECIALTY	INCUMBENT INTERN SELECTIONS AUTHORIZED	REMAINING FTIS RESIDENCY AUTHORIZED SELECTIONS	FTIS FELLOWSHIP AUTHORIZED SELECTIONS	TOTAL FTIS SELECTION GOAL
Anesthesiology	-	18	-	18
Pain Management	-	-	2	2
Dermatology	-	3	-	3
Emergency Medicine	10	10	-	20
Family Medicine	18	23	-	41
Sports	-	-	4	4
General Surgery	6	4	-	10
Internal Medicine	12	13	-	25
Allergy and Immunology	-	-	1	1
Cardiology	-	-	1	1
Endocrinology	-	-	-	-
Gastroenterology	-	-	1	1
Hematology/Oncology	-	-	1	1
Infectious Disease	-	-	2	2
Nephrology	-	-	1	1
Pulmonary and Critical Care	-	-	8	8
Rheumatology	-	-	-	-
Neurology	-	1	-	1
Neurosurgery	1	-	-	1
Obstetrics and Gynecology	3	3	-	6
Occupational Medicine	-	2	-	2
Ophthalmology	-	2	-	2
Orthopedic Surgery	6	6	-	12
Otolaryngology	2	1	-	3
Pathology	-	2	-	2
Pediatrics	4	4	-	8
Neonatology	-	-	1	-
Physical Medicine and Rehab	-	-	-	-
Preventive Medicine	-	2	-	2
Psychiatry	8	8	-	16
Child	-	-	2	2
Radiation Oncology	-	-	-	-
Radiology	-	4	-	4
Urology	1	2	-	3
Total	71	108	24	203

SAMPLE

Note: Release from active duty to NADDS selections will be considered per reference (b).

Disclaimer: The tables provided are intended for example purposes only and not indicative of future opportunities.

This table applies to current interns and GMOs returning from the fleet. “Specialty” in the first column represent straight-through opportunities. Full-Time In-Service (FTIS) as opposed to Full-Time Out Service (FTOS), which are civilian training programs. Whereas there is no additional obligation with NADDS, FTOS training can incur an additional service (see next page).

BUMEDNOTE 1524
12 Jul 2019

FULL-TIME OUT SERVICE AND OTHER FEDERAL INSTITUTION SELECTION GOALS

SPECIALTY	AY-20		Pre-Select AY-21		Pre-Select AY-22	
	R	F	R	F	R	F
Aerospace Medicine	10	-	-	-	-	-
Hyperbaric	-	-	-	-	-	-
Anesthesiology	-	-	-	-	-	-
Critical Care	-	1	-	-	-	-
Pediatrics	-	1	-	-	-	-
General Surgery	5	-	-	-	-	-
Colorectal	-	-	-	1	-	-
Min Invasive Surgery (Lap/Endo)	-	-	-	1	-	-
Surg-Oncology	-	-	-	1	-	-
Pediatric	-	-	-	-	-	1
Plastics	-	-	-	-	-	1
Trauma and Critical Care	-	1	-	4	-	-
Neurology	-	-	-	-	-	-
Critical Care	-	1	-	-	-	-
Occupational Medicine	2	-	-	-	-	-
Orthopedics	-	-	-	-	-	-
Foot/Ankle	-	-	-	1	-	-
Hand	-	-	-	1	-	-
Joint Reconstruction	-	-	-	1	-	1
Pediatrics	-	-	-	1	-	-
Spine	-	-	-	1	-	1
Sports	-	-	-	2	-	1
Psychiatry	-	-	-	-	-	-
Child	-	1	-	-	-	-
Forensic	-	1	-	-	-	-
Total	17	6	-	14	-	5
AY Totals	23		14		5	

SAMPLE

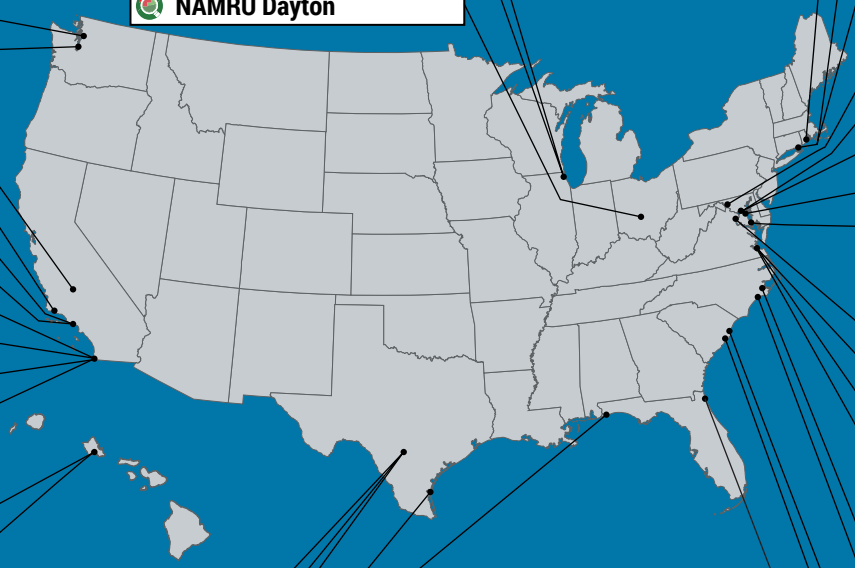
GME positions listed are projections and subject to change per with operational and military medial treatment facility manning requirements.

R= Residency
F= Fellowship
Hyphen (-) = Zero Goal or N/A

Disclaimer: The tables provided are intended for example purposes only and not indicative of future opportunities.

These tables are an effort to help inform you regarding the selection process. Navy Medicine strives for maximal transparency, however it is impossible to guarantee or even predict whether opportunities available now will be available in the future or whether new opportunities may develop.

NAVY MEDICINE U.S. LOCATIONS



WASHINGTON
- NH Oak Harbor
- NH Bremerton

CALIFORNIA
- NH Lemoore
- NH Twentynine Palms
- NEMTI Camp Pendleton
- NH Camp Pendleton
- NHRC San Diego
- NMC San Diego
- SWMI San Diego
- USNS Mercy

HAWAII
- NAMRU-2 Pearl Harbor
- NHC HAWAII

ILLINOIS
- Captain James A. Lovell Federal Health Care Center
- NMRCO Great Lakes

OHIO
- NAMRU Dayton

TEXAS
- NAMRU San Antonio
- NMTSC San Antonio
- NMETC San Antonio
- NHC Corpus Christi

FLORIDA
- NAMI Pensacola
- NH Pensacola
- NOMI Pensacola
- NH Jacksonville
- NMETC Detachment Jacksonville

RHODE ISLAND
- NHC New England

CONNECTICUT
- NSMRL Groton
- NUMI Groton

MARYLAND
- NMLC Fort Detrick
- NMRC Silver Springs
- Walter Reed NMMC,Bethesda
- NHC Annapolis
- NHC Patuxent River

VIRGINA
- BUMED Headquarters
- NMCPHC Portsmouth
- NMC Portsmouth
- USNS Comfort

NORTH CAROLINA
- NHC Cherry Point
- NMC Camp Lejeune

SOUTH CAROLINA
- NHC Charleston
- NH Beaufort

ABBREVIATIONS

BUMED-U.S. Navy Bureau of Medicine & Surgery
NAMI-Naval Aerospace Medical Institute
NAMRU-Naval Medical Research Unit
NEMTI-Naval Expeditionary Medical Training Institute
NH-Naval Hospital
NHRC-Naval Health Research Center
NMC-Naval Medical Center
NMCPHC-Navy & Marine Corps Public Health Center
NMETC-Navy Medicine Education & Training Campus
NMLC-Naval Medical Logistics Command
NMMC-National Military Medical Center
NMPDC-Navy Medicine Manpower, Personnel, Training and Education Command
NMRC-Naval Medical Research Center
NMTSC-Navy Medicine Training Support Center
NOMI-Naval Operational Medicine Institute
NSMRL-Naval Submarine Medical Research Laboratory
NUMI-Naval Undersea Medical Institute
SWMI-Surface Warfare Medicine Institute
USNS-United States Navy Ship

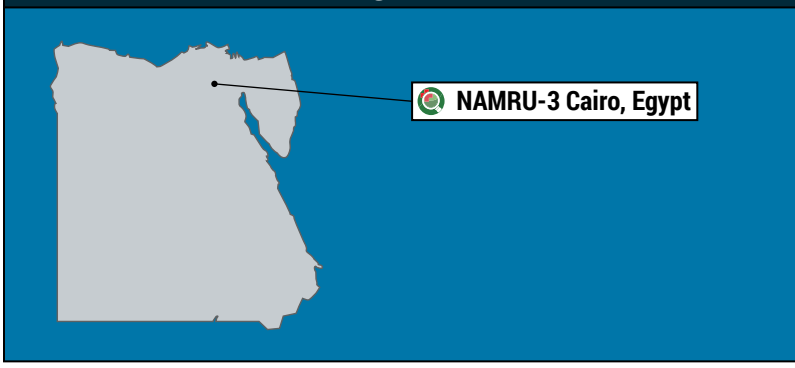
SYMBOLS

- Headquarters
- Naval Medical Centers
- Naval Hospitals/Health Clinics
- Naval Medical Research Units
- Military Sealift Command Hospital Ships
- NATO Role 3 Hospital
- Naval Medicine Support Units

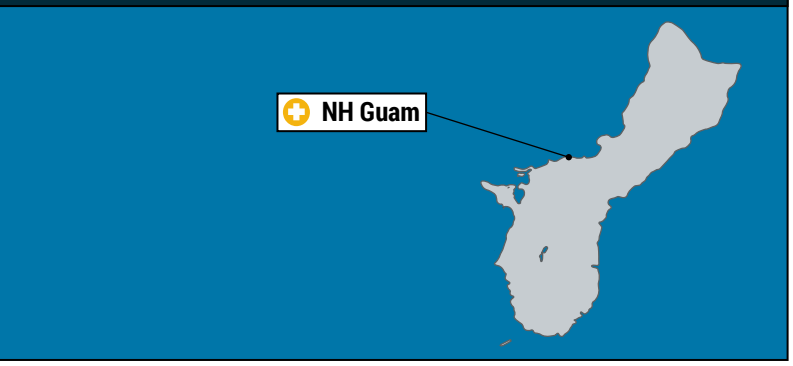
NAVY MEDICINE OVERSEAS LOCATIONS

CUBA

EGYPT



GUAM



PERU

JAPAN

ITALY

SPAIN

AFGHANISTAN

Will the Navy limit my ability to subspecialize?

This depends on your subspecialty and timing. It is difficult to predict what the Navy's needs will be, and the needs of the Navy dictate what and how many we train. In general, the more closely aligned your specialty is to the mission and needs of the Navy, the more likely there will be an opportunity to subspecialize. Please see the previous tables for a representative sample of the opportunities available in 2019.

Where are the Navy training hospitals that I can apply to?

Family Practice internships and residencies are located in Washington, DC; Camp Pendleton, CA; Camp Lejeune, NC; and Jacksonville, FL. All other internship and residency programs are located in San Diego, CA; Portsmouth, VA; and Washington, DC.

How do I get selected for the specialty that I want?

Navy Graduate Medical Education (GME) is a meritocracy that takes into consideration an applicant's performance in medical school, internship and residency, board scores, research, operational experience, and other intangibles of leadership potential. The GME Selection Board (GMESB) meets yearly and ranks all applicants. The highest ranking candidates get their preferred specialty assignment and location. The results of this list are released every December (known as the Military Match).

What are some unique opportunities in Navy Medicine outside of traditional training and medical practice?

Navy Medicine is proud to have current medical officers serving in the White House Medical Unit, Congress, and the Centers for Disease Control (CDC). Navy Medicine has also been a successful pipeline for the Astronaut program. Medical Officers who earn a Global Health Engagement (GHE) qualification can also be selected to serve as health advisors to various international organizations including NATO or as Health Attaches to US Embassies around the world (including Vietnam, Hungary, and New Zealand). There are also opportunities with our Nation's most elite operational units.

What is the average medical officer's professional timeline?

Your medical school experience will not significantly differ from your classmates, except that you will apply for the military match in your 4th year of medical school. You will most likely be selected into a military training program (a variable percentage each year is allowed to defer military service to complete a civilian residency). During your first year of training you will have the option to apply for straight-through residency training (similar to a civilian residency) or apply for a position as a General Medical Officer (GMO). Those who are selected to train straight-through residency will begin to complete their service obligation after graduating residency. Those who choose to serve as a GMO will have the time served as a GMO count towards their training obligation. While 75% of GMO's choose to seek a military residency afterwards, about 25% decide to complete their HPSP service obligation and separate from the Navy. Those who complete a Navy Residency complete their service obligation as a staff physician and then make a personal decision on whether to continue service.

What happens if I am not selected?

Unfortunately, a few graduating medical students (civilian and military) face this problem. Fortunately, in the Navy, you are welcome to reapply for any specialty and applicants who are able to excel as a GMO or staff physician are often successful on reapplication.

What happens if there is no opportunity for me to train in the specialty that I want?

Medical officers who discover that they are interested in a specialty that does not align with the Navy's mission typically serve out their commitment and are highly competitive applicants for the civilian match. (There are not many 4th year medical students that can compete with your experience!)

What is a GMO?

General Medical Officer (GMO) are medical officers who have graduated medical school, completed an internship, and obtained a medical license to practice medicine in the United States. These physicians are typically referred to as general practitioners, and they typically serve in the Flight, Undersea/Dive, Marine Corps, or Surface Warfare communities. They are responsible for all things medical including urgent care, health maintenance, and first-line trauma management. It also includes the responsibility of running a small clinic - including supply management, pharmacy development, and staff training. You will have several highly trained Corpsmen who will assist you as you lead your medical department.

Flight Surgeons receive an extra 6 months of flight school and aviation physiology training in order to be qualified to take care of pilots and members of the aviation community. Opportunities as a flight surgeon include assignment to fixed wing or helicopter units in either the Navy or Marine Corps, sea-air rescue units, and even the prestigious Blue Angels.

Undersea Medical Officers (UMO) also go through additional training. They receive radiation health and hyperbaric medicine training and become qualified U.S. Navy Divers in Panama City Beach, FL. UMOs are assigned to diving units including Navy SEALS, Explosive Ordnance Disposal (EOD), and submarine squadrons. There are also a few dive research and training billets available. UMOs do not deploy with submarines; rather, they oversee the medical care provided by specially trained Independent-Duty Corpsmen (IDC) who deploy on the submarines.

Other General Medical Officers are assigned to the Marine Corps or to a ship or shore command in the Surface Navy. You will often be the most senior medical authority, wherever your ship or Marine unit deploys and as such, are an extremely valued member of the combat team.

Is it hard to come back to training?

Residency training is challenging regardless of the situation and it really depends on the person. Regarding academics, some GMOs find there may be a short adjustment period as they brush up on details and the routine of studying. Most program directors note that this is temporary and before long, the intangible skillsets of confident decision making, ownership, and leadership often make returning GMOs the leaders of their programs.

After Residency, where can I be stationed as a staff physician?

After you complete your training, you will be stationed at a Naval Hospital, Clinic, Medical Center or with an Operational Unit.

The major medical centers (with the most medical officers) are located in San Diego, CA; Portsmouth,VA; Washington, DC; and Camp Lejeune, NC. There are smaller hospitals in Florida, South Carolina, Maryland, Rhode Island, inland California, Washington State, Texas, and Hawaii. There is also a joint facility with the VA near Chicago, IL. Overseas locations include Cuba, Egypt, Guam, Peru, Japan, Italy, and Spain.

Are there opportunities for research?

While the majority of positions are focused on patient care, several opportunities exist to pursue research interests within Navy Medicine, including the Navy Medical Research Center in Silver Spring, Maryland, or at one of the many research units located all over the globe including Africa, South America, and Southeast Asia. You are also encouraged to pursue research activities in your day-to-day work.

Are there opportunities for humanitarian missions?

Beyond warfighting and protecting the freedom of the seas, the Navy plays a key role in our National Strategy of building alliances and partnerships. The USNS Comfort and the USNS Mercy deploy to Southeast Asia and South America in order to provide medical relief from natural disasters and critically under served populations.

What is the difference between commissioning as an Officer and enlisting?

The military rank structure is divided into two basic categories: Officer and Enlisted. Approximately 85% of the Navy is enlisted, many of whom join immediately after high school. Enlisted personnel form the backbone of the Navy and are responsible for executing orders and carrying out the mission. As enlisted personnel progress through the ranks to Chief Petty Officer, their leadership roles remain focused on close personal interaction with their Sailors and advising/mentoring young junior officers as they develop their leadership skills.

Commissioning as an Officer is different than enlisting. The screening process is different and you are expected to be ready to assume leadership responsibilities immediately. Your responsibilities as an officer are more oriented toward strategic direction and oversight. Your ability to communicate and work closely with your senior enlisted members will be critical in ensuring your unit meets its mission and executes the Commanding Officer's intent.

What is a Staff Corps Officer?

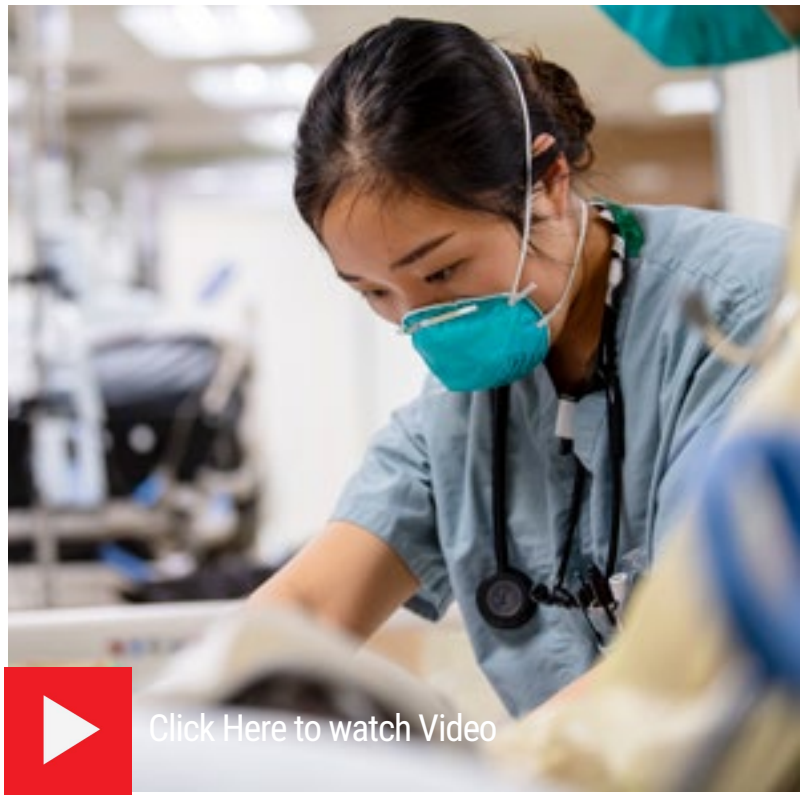
As a Staff Corps officer, the Navy recognizes the unique specialization required to be effective in your community (or job). Traditionally, the "Line" officers who serve directly in a war-fighting capacity (pilots, shipdrivers, infantry, etc.) are delineated from Staff Corps officers (medical, supply, legal, etc.).

What is a Hospital Corpsman?

Navy Hospital Corpsman (HM) are similar in role to the Army Medic. They are the enlisted personnel responsible for battlefield medical care and work in a variety of medical assistant jobs when not at sea or in the field. True heroes, they are among the most decorated combat ratings in the Navy. One of your most important responsibilities will be to be the officer responsible for the training and development of their medical skills. You will also serve as a mentor and leader to this exceptional class of warrior. While impossible to explain here, Medical Officers will say their leadership experience working with Hospital Corpsmen is one of the most rewarding aspects of Navy Medicine.

Will I move and how often?

The Navy typically writes orders for you to be stationed at a particular location for 3 years. Exceptions to this are for extended training (i.e. Surgical Residency) or shorter 1-2 year tours for some Outside the Continental United States (OCONUS) billets/positions. You are eligible to move or Permanent Change of Station (PCS) after your orders expire, but it is possible to receive orders to the same area and not move. In certain areas of fleet concentration (Washington, DC; Norfolk, VA; San Diego, CA) it is not uncommon to spend several consecutive tours in the same area. You will generally have 6 - 12 months warning about where your next orders are sending you.



How much control do I have?

It's important to understand the difference between control and influence. As an officer in the Navy, your commitment to service is required. Simply put, if you receive orders – you will have to follow them. The process of assigning you to a job is an interactive process which involves both a detailer, who is responsible for making sure every job is filled, and a specialty leader, who is responsible for making sure the right person is selected. You are also your own best advocate and your leadership works hard to take into account personal preference. That being said, it would be disingenuous to lead anyone to believe that they will always get exactly what they want. We are here to serve our country, and sometimes the "Needs of the Navy" can temporarily put personal plans on pause.

What is the difference between a deployment and a Permanent Change of Station?

A Permanent Change of Station (PCS) is the military term for moving. Every 2-3 years, service members are eligible to PCS in order to facilitate professional growth and meet the mission needs of the Navy. Of course, there are Navy Physicians (called 'Detailers') whose entire job is to make sure that you as an individual are taken care of. This does not equate to everyone getting exactly what they want, but in general, most people are satisfied with the end result. It is important to accept that as members of the armed services, our number one priority is mission accomplishment. This sometimes means the needs of Navy can override personal preferences. The optimistic person will usually reason that all orders can be renegotiated after 2 years, so nobody will be stuck somewhere they don't like for too long.

A deployment is temporary (months), and unlike a PCS, your family does not go with you. It is difficult to predict what deployments will be like 5 years from now, but right now the most common deployments for active duty physicians are onboard the hospital ships on humanitarian missions, to the major NATO Role III Hospital in Afghanistan, and to other forward deployed troop locations.

Will I deploy? How often?

Reflecting on this question is also a good opportunity to examine your own motivation for Naval service and consider the Sailors and Marines who need a good doctor to go with them when they deploy to defend our nation. It is okay to be initially attracted by the benefits of the scholarship, however, experience has shown that our physicians tend to fall in love with serving this very special population.

Deployments are not a given, and some will serve their entire initial commitment tour without deploying. However, a good rule of thumb is to expect the likelihood of deploying at least once during your committed period. There are organizational rules that are designed to protect members from deploying too frequently, and the number of deployments you do may depend on your specialty. If you serve an entire 20 year career, it would be reasonable to expect that you would have deployed two or three times.

What constitutes being a veteran and receiving veteran benefits?

Members who serve at least 90 days and separate under honorable conditions earn veteran eligibility for many government programs, including VA loans and healthcare through the Veterans Administration. Those who serve at least three years are eligible for the Post-9/11 GI bill which is transferable to family members and provides full tuition scholarships with a generous housing allowance.

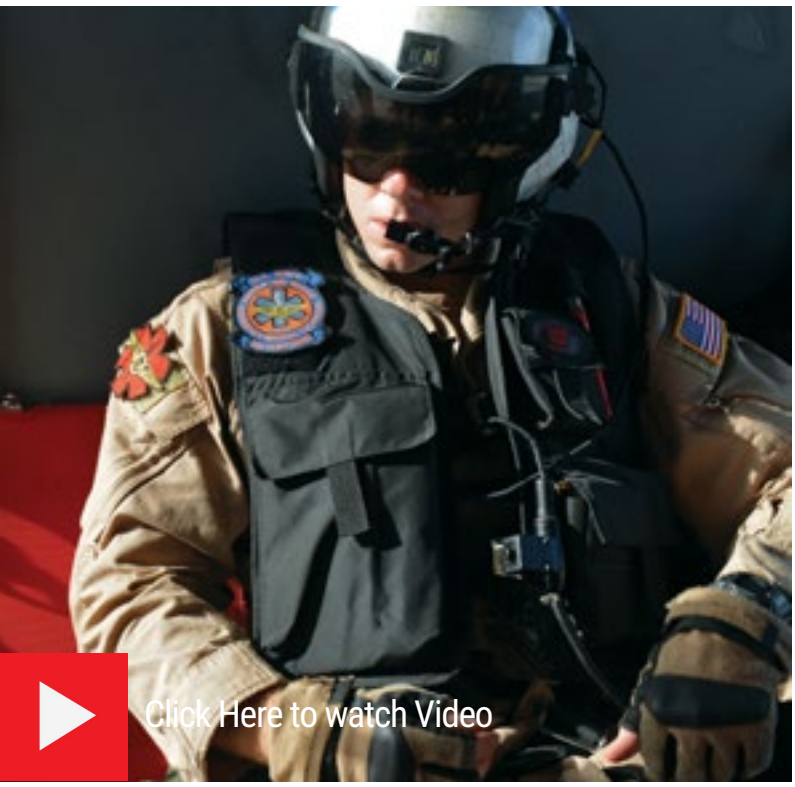
How do I apply?

The first step is to speak with a Medical Officer Recruiter. Please realize that there are many different types of recruiters and while highly skilled in Navy processes, many are unfamiliar with the nuances of physician training. Email ***MedicalVIP.fct@navy.mil*** and you should be connected to a Medical Officer Recruiter near you. The recruiter will guide you through the administrative process of applying, which can take a few months to process.

When should I apply?

You do not have to be accepted into medical school in order to apply, although you must be accepted to an accredited U.S. Medical School in order to receive the scholarship.

Scholarships are awarded on a first-come, first-served basis with the bulk of 4-year scholarship applications coming in the early spring (process started much beforehand). Three year scholarships are usually awarded throughout the first year of medical school and usually run out by the spring time.



What does the HPSP selection board look for?

Selection boards are primarily concerned with academic, medical, and professional potential as well as demonstrating a motivation for service. They are held twice per month and on average 85% of applicants are offered a scholarship. The average successful applicant has a GPA of 3.65 and an MCAT of 507.

Are there other pathways to becoming an active duty Navy Physician?

Yes. Although the vast majority of Navy Physicians enter through the HPSP Program, there is also an Health Services Collegiate Program (HSCP) (prior military with only a few scholarships per year), the Enlisted to Medical Degree Preparatory Program (EMDP2) program (current active duty enlisted), and the Financial Assistance Program (FAP) (physicians who are in residency). There are also Direct Accession bonuses available to board certified physicians interested in Naval Service. Residents interested in the Reserves can apply to Training in Medical Specialty (TMS) program as well.

FOR ASSISTANCE CONTACTING AN OFFICER RECRUITER THAT SPECIALIZES IN MEDICAL PROGRAMS EMAIL:

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TO SPEAK WITH THE HPSP PROGRAM OFFICE OR IF YOU HAVE ANY FURTHER QUESTIONS PLEASE EMAIL:

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