

ACKNOWLEDGEMENT OF CONTRACTUAL SERVICE OBLIGATION
CHAPTER 4 MEDICAL PROFESSIONAL STR
MINNESOTA NATIONAL GUARD
2022-2023

-----DATA REQUIRED BY THE PRIVACY ACT OF 1974-----

AUTHORITY: Minnesota Statute 192.501 Financial Incentives for National Guard Members

PRINCIPAL PURPOSE: To establish a contractual obligation IAW policies set forth in MN National Guard Circular 621-5-1, Chapter 4.

ROUTINE USES: To serve as a basis for suspension, termination, and recoupment if contractual obligation requirements are not met.

DISCLOSURE: Disclosure of your SSN is voluntary; however, if not provided, you will not be eligible for the medical professional state tuition reimbursement program.

DISCLAIMER: The funding available for the medical professional state tuition reimbursement program is limited by the appropriation set by the state legislature. Payment is dependent upon the continuation of the program and availability of funds. All members are responsible to read and understand the correlating circular chapter that covers this incentive and applicable Minnesota statute.

G-1. ACKNOWLEDGEMENT STATEMENT.

I, _____ (full name), certify I have read this addendum and policy prior to signing and fully understand the policies and procedures of the medical professional state tuition reimbursement (STR) program (commonly referred to as "Chapter 4 STR") as described in Minnesota National Guard Circular 621-5-1 Chapter 4, and this acknowledgement of contractual service obligation. By initialing below, I further acknowledge that (initial either "a" or "b"):

a. ____ (initial) If I am using medical professional STR for the first time, I incur a contractual service obligation to the Minnesota National Guard equal to two years for every one year that I use medical professional STR.

b. ____ (initial) If I began using medical professional STR during a previous state fiscal year, my contractual service obligation remains IAW the obligation established by the State Incentives Policy that was in effect at that time.

c. ____ (initial) One year of medical professional STR use equals three academic terms for purposes of determining contractual service obligation.

d. ____ (initial) For dentists and physician assistants (PA), this obligation is effective the last day of the last term of reimbursement used or the date professional degree is conferred. This obligation runs concurrently with all other contractual service obligations I may have incurred.

e. ____ (initial) For medical doctors, this obligation is effective the day after completion of residency. This obligation runs concurrently with all other contractual service obligations I may have incurred.

f. ____ (initial) I understand that I must obtain unrestricted professional licensure as soon as I am eligible and maintain licensure for the duration of my contract. Failure to do so will initiate a recoupment action.

g. ____ (initial) Officers with a contractual service obligation to the Minnesota National Guard who interstate transfer for residency must begin serving their contractual obligation within six months of residency completion or recoupment action will be initiated.

h. ____ (initial) If I use(d) a combination of Chapter 2 STR and Chapter 4 STR for medical, dental or PA school, the education services officer is authorized to calculate my service obligation based on applicable Chapter 4 obligation policy.

i. ____ (initial) I understand that I am subject to full or partial recoupment of STR paid if I fail to complete any portion of my contractual service obligation; if I do not successfully complete medical, dental or PA school or residency; or if I fail to obtain or maintain unrestricted professional licensure.

j. _____(initial) I understand that the specialty I am pursuing must be compatible with service in the MNNG, and that I will not be exempt from my contractual obligation if that is not the case.

G-2. STATEMENT OF UNDERSTANDING AND COMPLIANCE AGREEMENT.

I understand the directives outlined herein and in MN National Guard Circular 621-5-1, and my responsibilities for participation in the Minnesota State Tuition Reimbursement program.

SIGNATURE OF SERVICE MEMBER

DATE

SIGNATURE OF UNIT REPRESENTATIVE

DATE