

ADSC

ACTIVE DUTY SERVICE COMMITMENT (ADSC) ACKNOWLEDGMENT STATEMENT

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 8013; Executive Order 9397 (SSN), as amended. Secretary of the Air Force: powers and duties: delegation by.
PRINCIPAL PURPOSE: Documents ADSC acknowledgment. To make you aware of the ADSCs you will or have incurred as a result of training or education.
ROUTINE USES: May specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3).
DISCLOSURE: Voluntary. Failure to provide the SSN would make it difficult to identify you and your records when the ADSC Statement is processed and filed. Do not complete this form for officers of the medical services receiving DoD-sponsored basic education (AFI 36-2107), and health related education and training. Exception: PCS and PME.

I. ACTIVE DUTY SERVICE COMMITMENT(S)

According to AFI 36-2107:

A. Table 1.1, Rule 5, you will incur an ADSC of 2 years for conus to conus pcs, ADSCD-RSN-FOR Code 11

YOU MUST SIGN SECTION II OF THIS FORM NO LATER THAN 7 CALENDAR DAYS FROM RECEIPT OF ASSIGNMENT, TRAINING OR EDUCATION NOTIFICATION.

II. ACKNOWLEDGMENT AND AGREEMENT

- I acknowledge the ADSC(s) described in Section I and was given the opportunity to review and read AFI 36-2107. I hereby acknowledge and agree to the following:
a. To accept and serve the ADSC(s) stated in Section I and obtain retainability when required.
b. I understand if the ADSC(s) will extend beyond my retirement eligibility date, I will be required to serve this commitment prior to retirement.
c. To accept and serve the ADSC(s) associated with withdrawal or elimination from education or training described in AFI 36-2107 and Title 10.
d. I have not received any ADSC information other than contained herein. No promises have been made to me, implied or otherwise, concerning the possibility or probability of retirement or separation prior to serving my ADSC.
e. Once I have signed this statement, I cannot apply for retirement or separation except as authorized in AFIs 36-3202, 3207 or 3208 until the ADSC(s) associated with the event(s) described here have been entered into my official personnel records.
f. That only the Secretary of the Air Force or his designee may excuse me from my obligation to serve on active duty for the period specified in this agreement.
g. I understand that ADSCs begin upon completion of the ADSC-incuring event unless otherwise stated.
h. I understand that acceptance of this ADSC may affect my eligibility for application to some Air Force programs which include but are not limited to Undergraduate Navigator or Pilot Training.
i. As a condition of receiving advanced education as defined in Title 10, U.S.C. Section 2005:
(1) That if I fail to complete the specified educational requirements, I will serve on active duty for the specified period described in Section I.
(2) That if I am voluntarily retired or separated, or if I am involuntarily separated because of misconduct, prior to completing the ADSC, I understand and agree that the Secretary of the Air Force or his designated representative may direct reimbursement. The amount to be reimbursed will be a percentage of the cost of the education for programs which include, but are not limited to the USAF Academy, ROTC College Scholarship Program, Tuition Assistance and the Air Force Institute of Technology. The percentage will equal the percentage of the ADSC not served in Section I.
(3) I understand that discharge in bankruptcy under Title 11, U.S.C., if less than five years after the last day of the specified period of active duty, will not release me from my obligation to reimburse the United States as provided in this agreement.
(4) I understand I may not void the ADSC by repaying the educational expense after having completed the educational event.

DECLINATION STATEMENT: (OFFICERS ONLY) I desire to decline the ADSC in Section I. I understand I must submit an application for retirement or separation within 7 calendar days following receipt of this notification. I understand that if I am ineligible to apply for retirement or separation or if I fail to apply for retirement or separation within 7 calendar days, I will incur the ADSC associated with the event. IF DECLINED, SECTION III must be endorsed by the MPF commander or DPH commander.

TYPED OR PRINTED NAME OF MEMBER (Last, First, Middle Initial) Torres, Carla E SSN GRADE O5
DATE 4072016 SIGNATURE

III. I HAVE ENSURED THAT THE ABOVE NAMED MEMBER HAS BEEN ACKNOWLEDGED AS INDICATED

TYPED OR PRINTED NAME OF OFFICIAL (Last, First, Middle Initial) GRADE O-6
DATE 5 May 2016 SIGNATURE Col, USAF, MC
REMARKS Commander, 60th Surgical Operations Squadron

IV. FOR AFPC USE ONLY

A. Initial Date B. Update Verification

ADSC

Active Duty Service Commitment Statement

I understand that I have been selected for education and training in **OB/GYN** for the period **01 July 2002 to 30 June 2006**, and I will incur **3 Concurrent** year(s) active duty service commitment (ADSC) in conjunction with this education and training (Note: As used here, education or training refers to any period of formal training or education, whether associated with permanent change of station (PCS); temporary duty (TDY); TDY enroute PCS; or at present duty station). This ADSC is determined in accordance with Department of Defense Directive 6000.2 and AFI 36-2107, Tables 1, 2, 3 and 10 as appropriate at the time of my entry into the training program specified above. I understand that no portion of any previously incurred active duty service commitment for education and training may be satisfied during the period of training specified above. Based on my current commitments and projected training completion date of **30 June 2006** my ADSC date will extend to **28 February 2014**. This ADSC may be recomputed based upon changes in assignment or completion date(s), or an error in the original computation. I understand I will be advised, in writing, of any change to my ADSC date associated with this education and training. I also authorize adjustment of any date of separation (DOS) or specified period of time (SPTC) contract I have, or may be entitled, to conform to my ADSC date. If I am eliminated/withdrawn from training, my ADSC will be adjusted in accordance with AFI 36-2107, table 8. I understand I cannot apply for retirement or separation until all ADSCs associated with the assignment, training, or education are completed, except under conditions specified in AFI 36-20, para 3-17.

I agree that if I am twice non-selected for promotion, I will remain on active duty until such time that I have fulfilled the active duty service commitment (to **28 February 2014**) associated with this training, even if that will extend me beyond what would otherwise be the date of my release from active duty as a result of non-selection for promotion. I agree to accept selective continuation on active duty, if offered, rather than elect to be discharged as a result of being twice non-selected for promotion. I understand that if I am not a regular officer, the Secretary of the Air Force or his designee may continue me on active duty until I have serve the commitment (to **28 February 2014**) associated with this training. If I am a regular officer and twice non-selected for promotion, I waive the right that I may have to decline continuation on active duty. I understand I will not be released from active duty prior to fulfilling the commitment associated with this training.

I acknowledge my selection for the education and training stated above and will serve the active duty service commitment as specified in this statement. I understand this ADSC statement supersedes any previous ADSC statement I have received regarding the training stated above. I will take Step 3 of the boards no later than 15 April 2003 of my PGI year and will possess a current, valid and unrestricted state medical license upon completion of Post Graduate Year 2.

[Redacted Signature Box]

Carla E. Torres
Second Lieutenant,

[Redacted Title Box]

12/27/01
Date

REQUEST AND AUTHORIZATION FOR SEPARATION

This contains information which must be protected IAW AFI 33-332 and DoD Regulation 5400.00; Privacy Act of 1974 as Amended Applies, and it is ~~is~~
~~Official Use Only (FOUO)~~. It must be protected or Privacy Act information removed prior to further disclosure.

1. TYPE OF SEPARATION:											
<input checked="" type="checkbox"/> DISCHARGE <input type="checkbox"/> ENTRY LEVEL SEPARATION <input type="checkbox"/> RELEASE FROM VOID ENLISTMENT <input type="checkbox"/> RELEASE FROM EAD/REVERTS TO ANG <input type="checkbox"/> RELEASE FROM ACTIVE DUTY/TRANSFERS TO RESAF <input type="checkbox"/> RELEASE FROM EAD/REVERTS TO RESAF <input type="checkbox"/> DISMISSAL											
2. AUTHORITY: <input type="checkbox"/> BY DIRECTION OF THE PRESIDENT <input checked="" type="checkbox"/> RESIGNATION ACCEPTED BY THE PRESIDENT											
3 a. NAME (Last, First, MI) TORRES, CARLA E				3 b. GRADE LTC		3 c. SSAN .		4. PLACE OF ENTRY ON ACTIVE DUTY OR ENLISTMENT HOUSTON TX			
5. HOME OF RECORD HOUSTON TX				6. FUTURE MAILING ADDRESS .				7. UNDER 2 YEARS SERVICE <input type="checkbox"/> (E-4 Only)			
8. PAFSC 45G3		9. RESERVE AF GRADE		10. MIL SVC OBLIGATION DATE NO		11. AERONAUTICAL RATING		12. FLYING STATUS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
13. EFFECTIVE DATE 01 AUG 2020		14. CHARACTER OF SERVICE						15. CERTIFICATE ISSUED			
		<input type="checkbox"/> HONORABLE		<input type="checkbox"/> UNDER OTHER THAN HONORABLE CONDITIONS		<input type="checkbox"/> DD FORM 256 AF					
		<input type="checkbox"/> GENERAL (Under Honorable Conditions)		<input type="checkbox"/> BAD CONDUCT DISCHARGE		<input checked="" type="checkbox"/> DD FORM 214					
		<input type="checkbox"/> UNCHARACTERIZED		<input type="checkbox"/> DISHONORABLE DISCHARGE							
16. RELIEVED FROM ASSIGNMENT (Unit, Major Command, Address and Servicing MPF) ACC 99 SURGICAL OPS SQ FFKJSO NELLIS NV 891910000						17. WILL PROCEED TO <input type="checkbox"/> PLACE OF ENTRY ON ACTIVE DUTY OR ENLISTMENT <input checked="" type="checkbox"/> HOME OF RECORD <input type="checkbox"/> OTHER (See Remarks) <input type="checkbox"/> HOME OF SELECTION					
18. TRAVEL BY PRIVATE CONVEYANCE (TPC) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, WITH 0 DAYS TRAVEL TIME PERMITTED.											
19. MEMBER QUALIFIES FOR FULL TRAVEL/TRANSPORTATION ENTITLEMENT UNDER THE JTR <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO											
20. ASSIGNED TO (Check if Applicable)											
a. ARPC DENVER, CO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				b. PROJECTED UNIT OF ACCESSION				c. TYPE OF POSITION: <input type="checkbox"/> MOBILIZATION AUGMENTEE <input type="checkbox"/> REINFORCEMENT DESIGNEE <input type="checkbox"/> UNIT <input type="checkbox"/> AGR <input type="checkbox"/> TR			
d. UNIT OF ASSIGNMENT AND MPF				e. TRAINING/PAY CATEGORY		f. RESERVE SECTION CODE		g. FUNCTIONAL ACCT CODE			
				h. AUTHORIZED GRADE		i. AUTHORIZED AFSC		j. POSITION CONTROL NO.			
21a. ELIGIBLE FOR (PER 10 U.S.C. 1174)				b. ENTITLED TO SEVERANCE/SEPARATION PAY				c. CHAPTER 61, 10 U.S.C.			
<input type="checkbox"/> SEPARATION PAY				SERVICE FOR PAY IS:				DISABILITY			
<input type="checkbox"/> READJUSTMENT PAY				YEARS		MONTHS		DAYS		<input type="checkbox"/> NOT ENTITLED TO BENEFITS	
CREDITABLE ACTIVE FEDERAL SERVICE								<input type="checkbox"/> NOT APPLICABLE			
YEARS		MONTHS		DAYS							
22. DEPENDENTS .											
23. REMARKS 01. SEPARATION PROGRAM DESIGNATOR (SPD) CODE IS <input type="checkbox"/> 02. FOR INFORMATION ON ORDER AMENDMENTS, PLEASE REFER TO MYPERS AMENDING SEPARATION ORDERS AT HTTPS://MYPERS.AF.MIL/APP/DYNAMICFORMS/DISPLAY/FORM/137											
24. DATE 05 JUN 2020		25. ORDERS ISSUING/APPROVING OFFICIAL (Name, Grade, Title, DSN Phone) . A1C, USAF, SEPARATIONS TECHNICIAN						26. SIGNATURE // SIGNED //			
27. EXPENSES CHARGEABLE TO: 5703500 320 5781.0* 05 525725 (*INSERT M, D, H, I, T, G, OR Y) NONTEMPORARY STORAGE CHARGABLE TO: 57\$3500 32\$ 5788.0N 05 525725 TAC: F7SN CIC: 4 5 048 0081 525725 TAC: F7S1 SDN HHG: PB57810001MP0H SDN NTS: PB57880001MP0N SDN INT: --											
28. DESIGNATION AND LOCATION OF HEADQUARTERS DEPARTMENT OF THE AIR FORCE AFPC RANDOLPH AFB TX 78150-0000						29. AUTHORITY AFI 36-3207		30. SPECIAL ORDER NO. AN-105454		31. DATE 05 JUN 2020	
						32. TDN FOR THE COMMANDER					
33. DISTRIBUTION AA						34. SIGNATURE ELEMENT OF ORDERS AUTHENTICATING OFFICIAL //signed// MSGT, USAF MANAGER, SEPARATIONS SECTION					

REQUEST AND AUTHORIZATION FOR SEPARATION (Continued)

This contains information which must be protected IAW AFI 33-332 and DoD Regulation 5400.00; Privacy Act of 1974 as Amended Applies, and it is ~~FOUO~~
~~Official Use Only (FOUO)~~. It must be protected or Privacy Act information removed prior to further disclosure.

NAME (Last, First, MI): TORRES, CARLA E

35. CONTINUATION OF DEPENDENTS AND REMARKS

22. DEPENDENTS CONTINUED:

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23. CONTINUED

03. GOVERNMENT TRAVEL CARD MANDATE IAW PUBLIC LAW 105-264, GOVERNMENT TRAVEL CARD (GTC) USE IS MANDATORY FOR ALL AUTHORIZED EXPENSES UNLESS OTHERWISE EXEMPTED UNDER SPECIFIC PROVISIONS DETAILED IN PARA E OF THE TRAVEL TRANSPORTATION REFORM ACT. IF AN AIRMAN IS A GTC HOLDER, USE OF HIS/HER INDIVIDUALLY BILLED ACCOUNT IS MANDATORY FOR ALL COMMERCIAL TRANSPORTATION ARRANGEMENTS AND ADVANCE TRAVEL PAY IS NOT AUTHORIZED. IF AN AIRMAN IS A NON-CARD HOLDER, THE CENTRALLY BILLED ACCOUNT WILL BE UTILIZED FOR ALL COMMERCIAL TRANSPORTATION ARRANGEMENTS.

AIR FORCE RESERVE OFFICER TRAINING CORPS CONTRACT

AUTHORITY: 10 USC Sections 2104 and 2107; 50 App USC 456; and EO 9397.

PRINCIPAL PURPOSES: Documents your contract with the Air Force, specifies your contractual obligations and establishes your membership in the AFROTC.

ROUTINE USE: Used by AFROTC to document your established commissioning date and your agreement to accept a commission, if tendered, and serve a specified period of time. The form becomes a permanent part of your master personnel record. SSN is used for identification and records.

DISCLOSURE IS VOLUNTARY: Failure to complete this contract may result in denial of acceptance into the AFROTC program. Disclosure of SSN is voluntary.

Explanation to the Student

Please read this explanation carefully. It is not a part of the contract which follows. If you want to enter into the contract which follows, you must read and understand all of its terms and conditions. If you decide to accept these terms and conditions, you will sign the contract. You will also be administered an oath of enlistment and you will sign the Enlistment/Reenlistment Document, Armed Forces of the United States (Department of Defense Forms 4/1 through 4/2). If you are a minor, a parent or guardian must also sign this document. You will receive a copy of each document. Keep the copies of the documents with your important papers.

IMPORTANT!

THE AGREEMENTS MADE IN THIS FORM (AF FORM 1056) AND THE DD FORM 4/1 THROUGH 4/2 ARE ALL THE PROMISES MADE TO YOU BY THE GOVERNMENT AND CONSTITUTE THE ENTIRE AGREEMENT. ANYTHING ELSE ANYONE HAS PROMISED YOU IS NOT VALID AND WILL NOT BE HONORED.

CONTRACT

STUDENT'S NAME CARLA ELISSE TORRES		SOCIAL SECURITY NO. <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 20px; text-align: center; margin: 0 auto;">941205</div>	DATE OF BIRTH <div style="border: 1px solid black; width: 40px; height: 20px;"></div>
NAME AND ADDRESS OF INSTITUTION AFROTC DET 810		ACADEMIC MAJOR IN WHICH DEGREE IS TO BE ATTAINED <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
DATE OF GRADUATION May 1998		DATE COMMISSION IS TO BE ADMINISTERED ¹ May 1998	
<input checked="" type="checkbox"/> COLLEGE SCHOLARSHIP PROGRAM (CSP)		<input type="checkbox"/> PROFESSIONAL OFFICER COURSE (POC)	
TYPE OF SCHOLARSHIP II		LENGTH OF SCHOLARSHIP Four (4) Years	
<input type="checkbox"/> AFR 53-20 PROGRAM (ASCP) N/A		<input type="checkbox"/> EARLY RELEASE	
TYPE OF COMMISSION ² Line		CATEGORY ³ (3AYY) Officer Candidate (6YYY)	ENLISTMENT PAY GRADE/RANK E-1 (AB)

This agreement is entered into between the Department of the Air Force and CARLA ELISSE TORRES hereinafter referred to as the Applicant (with the consent of the parent or guardian of a minor, as defined by the laws of the state wherein the Applicant is or will be enrolled) pursuant to the provisions of 10 United States Code 2104 or 2107, as implemented by AFR 45-48. In consideration of the mutual benefits which will accrue to the parties hereto by reason of participation in the Air Force Reserve Officer Training Corps, the parties agree as follows:

PART 1

AGREEMENT OF THE STUDENT ENROLLING IN THE COLLEGE SCHOLARSHIP PROGRAM UNDER 10 U.S.C. SECTION 2107

1. As the scholarship recipient listed above, I hereby certify that I understand and agree to do the following:
 - a. I will enlist in the United States Air Force Reserve (USAFR), incurring a basic military service obligation of 8 years.
 - b. If I am already a member of any military component, I will accept discharge for the convenience of the Government and will reenlist in the USAFR for the required period.
 - c. I will be assigned to the Obligated Reserve Section (ORS) of the Ready Reserve for a period of 8 years.
 - d. I will enter upon and continue military training as a College Scholarship Program (CSP) cadet for the Air Force Reserve Officer Training Corps under 10 U.S.C. section 2107 unless relieved of this obligation under the provisions of regulations prescribed by the Secretary of the Air Force.

¹The established commissioning date for nurse applicants is not later than the last day of the eighth month following completion of AFROTC and degree requirements.

²For line officers, enter "Line." For nursing candidates, enter "Nurse Corps." For health professions candidates, enter "Medical (includes Osteopath), Dental, Veterinary, Clinical Psychology, Podiatry, or Optometry," as applicable.

³Enter pilot, navigator, missile, technical, or nontechnical, as applicable.

e. I will enroll in a degree granting program and faithfully pursue a degree in the academic major listed above.

f. I will remain a full time student, as defined by the academic institution listed above. I must receive written approval from AFROTC to carry less than a full time academic course load.

g. I will complete all prescribed aerospace science courses, AFROTC field training, and leadership lab courses.

h. I will complete my academic degree on or before the date listed above, unless I receive written approval from AFROTC to extend the completion date.

i. If I am a pilot or navigator candidate, I will participate in and faithfully pursue to completion any required orientation screening and training leading to an aeronautical rating in the United States Air Force.

j. If I am a nurse candidate, I will complete nurse licensing requirements by my commissioning date indicated above and will accept a commission in the United States Air Force Nurse Corps. Upon twice failing the nurse licensing examination, I will be transferred to duty as a line officer for a period of 4 years, as indicated in paragraph 10c, unless I am released earlier, contingent upon Air Force requirements.

k. If I am a member of the Pre-Health Professions Scholarship Program, I will apply and gain acceptance to an appropriate Health Professions School approved by the Surgeon General. If I gain acceptance to an approved Health Professions School before completing AFROTC, I will be guaranteed a Health Professions Scholarship. *(Cadets who are accepted into a Health Professions School before receipt of a degree and completion of commissioning requirements will be given a conditional release from AFROTC pending enrollment and acceptance of an Air Force Health Professions Scholarship. Cadets accepting this release will retain an active duty service commitment in accordance with AFR 36-51. This commitment is in addition to any commitment incurred for the Health Professions Scholarship Program.)* Transfer and reappointment to the Medical Service Corps will be effected upon enrollment in a Health Professions School. A cadet who completes AFROTC and is commissioned before acceptance to a Health Professions School will be called to extended active duty as a Line of the Air Force Reserve officer and must apply and compete for the Armed Forces Health Professions Scholarship Program according to AFR 36-17.

l. I will accept an appointment as a commissioned officer in the United States Air Force Reserve upon receipt of a baccalaureate degree and completion of AFROTC commissioning requirements.

2. I understand and agree:

a. That I must remain in active scholarship status until the 45th day after the start of each academic year in order for the Government to be liable for the costs of my tuition and any other fees under this contract. However, the provisions of this contract will remain in effect if I fail to remain in active scholarship status until the 45th day and I will be liable for the costs of my tuition and any other fees due the institution.

b. That in order to retain my scholarship I must maintain or exceed the academic and military retention standards prescribed by law and regulation for scholarship retention. NOTE: I understand that academic retention standards for scholarship retention may be more stringent than retention standards required to remain in the AFROTC program.

c. That if I am a Type 2 scholarship winner, AFROTC agrees to pay my tuition and fees only to the "Lo Cost/Hi Cost Threshold" established by AFROTC. I may pay the difference between this sum and the cost of attending a more expensive school. However, I understand that any subsequent inability to attend the institution based upon financial considerations will not release me from the terms of this contract.

d. THAT IF MY SCHOLARSHIP IS TEMPORARILY INACTIVATED, SUSPENDED, OR TERMINATED DUE TO MY FAILURE TO MAINTAIN ACADEMIC OR MILITARY RETENTION STANDARDS PRESCRIBED BY LAW AND REGULATION FOR SCHOLARSHIP RETENTION, I WILL NOT BE RELIEVED OF MY OBLIGATIONS TO AFROTC AND THE AIR FORCE, AND THE PROVISIONS OF THIS CONTRACT WILL REMAIN IN EFFECT.

e. That if, as an AS 200 cadet, I request and AFROTC grants written approval for me to change my major, and the change makes me ineligible to remain on scholarship status, I will not be relieved of my obligations to AFROTC and the Air Force and the provisions of this contract will remain in effect.

f. That if I change my academic major without written AFROTC approval I will be in breach of the terms of the AFROTC contract; I may lose my scholarship, be disenrolled from AFROTC, and either be called to active duty in an enlisted status or be required to reimburse the United States for all scholarship monies expended on my behalf.

g. That I must meet the weight and physical fitness standards specified by AFROTC; that if I fail to meet the standards I may lose my scholarship, be disenrolled from AFROTC, and either be called to active duty in an enlisted status or be required to reimburse the United States for all scholarship monies expended on my behalf.

h. That I must take and successfully complete a course in English composition or its equivalent before completing the General Military Course (GMC) or within 2 years of scholarship activation.

i. That I must satisfactorily take and complete one academic year of a major Indo-European or Asian Language prior to graduation and commissioning.

j. That I must take and successfully complete a course in mathematical reasoning or an equivalent course, as determined by the Professor of Aerospace Studies (PAS), before graduation and commissioning.

3. I understand that if I am an Airman Scholarship Commissioning Program (ASCP) cadet and my scholarship is terminated for any reason, I will not be relieved of my obligations to AFROTC and the Air Force. Further, at the discretion of the Commandant, AFROTC, I may be required to continue training in the AFROTC program, be disenrolled from AFROTC, or either be called to active duty in an enlisted status or be required to reimburse the United States for all scholarship monies expended on my behalf.

4. I understand that the commitment point after which I may not withdraw or be withdrawn from the program without penalty is the first day of Aerospace Science class of my sophomore year (day of POC entry for 2 year CSP recipients). My enrollment in the sophomore year (junior year for 2 year CSP recipients) of aerospace science and my attendance at the first Aerospace Science class signifies my understanding and agreement that if I subsequently fail to complete the educational and training requirements specified in this agreement and am disenrolled from the AFROTC program, I will serve on active duty in an enlisted status for the times specified below:

a. IF I AM DISENROLLED DURING MY AS 200 YEAR, 300 YEAR, 400 YEAR, OR WHEN IN COMPLETED STATUS, FOR ANY OF THE FOLLOWING REASONS, I WILL BE SUBJECT TO A CALL TO ACTIVE DUTY IN AN ENLISTED STATUS FOR TWO (2) YEARS:

- (1) BREACH OF THE AFROTC CONTRACT;
- (2) ANTICIPATORY BREACH OF THE AFROTC CONTRACT;
- (3) FAILURE TO MAINTAIN ACADEMIC RETENTION STANDARDS PRESCRIBED BY LAW AND REGULATION;
- (4) FAILURE TO MAINTAIN MILITARY RETENTION STANDARDS PRESCRIBED BY LAW AND REGULATION;
- (5) INDIFFERENCE TO AFROTC TRAINING.

b. If I complete my AFROTC course of instruction but refuse to accept a commission, I will be subject to a call to active duty in an enlisted status for 4 years.

5. I understand that if I am an ASCP cadet and am disenrolled for any of the following reasons, I will be subject to recall to active duty in my enlisted grade:

- a. Breach of the AFROTC contract;
- b. Anticipatory breach of the AFROTC contract;
- c. Failure to maintain academic retention standards prescribed by law and regulation;
- d. Failure to maintain military retention standards prescribed by law and regulation;
- e. Indifference to AFROTC training;
- f. Humanitarian considerations.

6. I understand that if I fail to complete the education and training requirements specified in this agreement, the Secretary of the Air Force or his designee may order me to reimburse the United States for scholarship monies expended on my behalf without first ordering me to active duty. I understand that the option to order me to active duty or to order me to reimburse the United States for scholarship monies is solely at the discretion of the Secretary of the Air Force, or his designee, and is not my option.

7. I understand that once I enter the Professional Officer Course (POC) I will continue training as a Professional Officer Corps cadet at the discretion of the Commandant, AFROTC, should my scholarship be terminated.

8. I understand that selection as a CSP or a POC cadet does not commit or bind the United States Air Force to permit continuation as a member or to tender an appointment as a commissioned officer. I understand that appointment is contingent upon: a favorable National Agency Check or other background inquiry; continued medical, academic, moral, and military qualifications, as prescribed by law and regulation; and qualification for appointment, the eligibility for which may be based upon the establishment of highly competitive criteria.

9. I understand that extended active duty may involve worldwide assignment or assignment to duties including, but not limited to, those involving combat or nuclear weapons. Acceptance of the terms of this agreement signifies my readiness to bear arms, to engage in or support combat operations, and to engage in or support the use of nuclear weapons. A failure to complete the AFROTC program or a refusal to accept a commission because duty may involve any of the above will constitute breach of contract.

10. If at any time I apply for conscientious objector status, I am not relieved of any obligations under this contract, regardless of the final determination on my application. I specifically understand and agree that if my application for conscientious objector status is approved, I must repay all scholarship monies expended on my behalf.

11. I understand and agree that if I am offered and accept a commission in the United States Air Force I will incur an active duty service commitment (ADSC) as indicated below. If I am granted additional scholarship entitlements beyond 4 years, I will incur an additional ADSC beyond the appropriate period of time in a, b, c, or d below, for a period of time equivalent to the length of the entitlement extension.

a. Pilot candidates who successfully complete the requirements for an aeronautical rating incur an ADSC of 8 years from date of award of the rating. I understand that this ADSC is separate from my basic military service obligation of 8 years. I agree that after I receive my aeronautical rating, I will serve on active duty for the period of my ADSC even though that period will be longer than my basic military service obligation.

b. Navigator candidates who successfully complete the requirements for an aeronautical rating incur an ADSC of 5 years from date of award of the rating.

c. Missile, technical and nontechnical candidates, pilot and navigator candidates who do not complete aeronautical rating requirements, and nurse candidates who twice fail the licensing examination, incur an ADSC of 4 years from date of entry on extended active duty.

d. Health Profession candidates will incur an additional service commitment to be served consecutively with existing AFROTC commitments per AFR 36-51 requirements.

12. I understand that release from extended active duty will normally occur upon completion of the ADSC indicated in paragraph 11, unless a Regular Air Force appointment or Indefinite Reserve Status is tendered and accepted. Release prior to completion of the ADSC may only be made by direction of the Secretary of the Air Force.

13. I understand that if I voluntarily or because of misconduct or other circumstances within my control fail to complete the period of active duty specified in this contract, either as an officer or in enlisted status, I will reimburse the United States in an amount that bears the same ratio to the total cost of advanced education provided to me as the unserved portion of active duty bears to the total period of active duty I agreed to serve. Misconduct separation may be initiated by the Air Force in accordance with its governing directives for substandard duty performance (*when determined to be within the member's control*), unacceptable conduct, moral or professional dereliction, or in the interest of national security. This includes sentence by court-martial or separation in lieu of trial by court-martial.

14. I understand that if I am directed to reimburse the United States under para 6 or 13 above my indebtedness to the United States under this agreement shall bear interest at the rate equal to the highest rate being paid by the United States on the day on which the reimbursement is determined to be due for securities having maturities of 90 days or less and shall accrue from the day on which I am first notified of the amount due to the United States as a reimbursement under this contract.

15. I understand that a discharge in bankruptcy under Title 11, United States Code, if less than 5 years after the last day of the specified period of active duty, will not release me from my obligation to reimburse the United States as provided in this contract.

16. I understand that if I am accepted for resident graduate or professional study prior to commissioning the Air Force may opt to delay my ADSC, based on Air Force requirements.

17. I understand and agree that if I am commissioned through the AFROTC program, I will remain a member of a Regular or Reserve component until the eighth anniversary of receipt of such commission. If the Air Force does not require fulfillment of my active duty service commitment and, in lieu thereof I am ordered to active duty for training for a period of not more than 6 months, I will remain a member of a reserve component until the eighth anniversary of the receipt of my commission.

18. I understand that the Secretary of the Air Force may at any time release me without notice from obligations under this contract and separate me from the program without further benefits thereunder if, in the opinion of the Secretary of the Air Force, the best interests of the United States require such action.

19. I understand and agree that HQ AFROTC must approve a transfer to another institution. I further understand that the provisions of this contract will remain in effect if I transfer to another institution at which an Air Force Reserve Officer Training Corps program is offered. I also understand that transfer to an institution that does not offer AFROTC does not relieve me from the obligations specified in this contract.

20. I understand that if my ADSC expires in time of war or national emergency, I may be involuntarily retained on active duty.

21. I understand that I am designated for a commission as a line, Nurse Corps or medical officer, as indicated above with an established commissioning date, as indicated. HOWEVER, SPECIFIC CAREER FIELD CHOICES AND CORPS SPECIALTY DESIGNATIONS CANNOT BE GUARANTEED AND WILL BE MADE ACCORDING TO THE NEEDS OF THE AIR FORCE NO EARLIER THAN 12 MONTHS BEFORE COMMISSIONING.

22. I understand and agree that if I am a pilot, navigator or missile candidate and become medically disqualified for the category in which I enrolled, the Secretary of the Air Force or designee has the option to assign me to a different category, based on the needs of the Air Force.

23. I understand that the actual date of entry on extended active duty will be determined by the United States Air Force based on Air Force requirements and may involve a delay, up to 12 months, from the date of commissioning.

PART II

AGREEMENT OF THE DEPARTMENT OF THE AIR FORCE UNDER 10 U.S.C. SECTION 2107

1. The Department of the Air Force agrees:

a. To pay CARLA ELISSE TORRES a type II

College Scholarship Program cadet, a subsistence allowance and other considerations, at the rate prescribed by law and regulation while a member of the AFROTC, provided funds are appropriated by Congress, commencing on the day the cadet starts the first term of college work under 10 U.S.C. 2107, and ending on the completion of instruction under that section or on termination of membership, whichever is first, provided that the CSP cadet continues to maintain the scholarship retention standards specified in this agreement. Subsistence will be paid for a maximum of 40 months and scholarship monies for a maximum of 4 academic years (*50 months and 5 academic years for those cadets enrolled in a 5 year academic program approved by Air Force ROTC headquarters*). However, obligation to pay scholarship monies will not occur unless the cadet is in active scholarship status 45 days after the start of each academic year. Payment of scholarship monies will be retroactive to the beginning of the term. For those cadets activating a scholarship after the 45th day, payment will also be retroactive to the beginning of the term. Payment of scholarship monies for subsequent academic years is conditional upon funds being appropriated by Congress.

b. To pay the CSP cadet while undergoing field training under 10 U.S.C. 2109 at the rate prescribed for cadets at the United States Air Force Academy.

PART III

AGREEMENT OF THE STUDENT ENROLLING IN THE AIR FORCE RESERVE OFFICER TRAINING PROGRAM UNDER 10 U.S.C. SECTION 2104 (*PROFESSIONAL OFFICER COURSE*)

1. I understand and agree:

a. I will enter upon and continue military training as an AFROTC cadet under 10 U.S.C. section 2104 unless relieved of this obligation under the provisions of regulations prescribed by the Secretary of the Air Force.

b. As a prerequisite for membership in the AFROTC program, I will enlist in the United States Air Force Reserve (*USAFR*), incurring a basic military service obligation of 8 years.

c. I will be assigned to the Obligated Reserve Section (*ORS*) of the Ready Reserve for a period of 8 years.

d. I will complete all prescribed aerospace science courses, AFROTC field training, and leadership lab courses.

e. I will enroll in a degree granting program and faithfully pursue a degree in the academic major listed above.

f. I will remain a full time student, as defined by the academic institution listed above. I must receive written approval from AFROTC to carry less than a full time academic courseload.

g. I must take and successfully complete a course in mathematical reasoning or an equivalent course, as determined by the Professor of Aerospace Studies (*PAS*), before graduation and commissioning.

h. I will complete my academic degree on or before the date listed above, unless I receive written approval from AFROTC to extend the completion date.

i. If I am a pilot or a navigator candidate, I will participate in and faithfully pursue to completion any required course of orientation screening and training leading to an aeronautical rating in the United States Air Force.

j. If I am a nurse candidate I will complete nurse licensing requirements by my commission in the United State Air Force Nurse Corps. If I twice fail the licensing examination, I will have the option of requesting active duty as a line officer in lieu of mandatory discharge.

k. If I am selected for the Graduate Law Program (*GLP*) I agree to satisfactorily complete the program. I understand that to satisfactorily complete the GLP I must:

(1) Receive a Bachelor of Law, Juris Doctor, or comparable degree from a law school on the approved list of the American Bar Association on or before the commissioning date indicated.

(2) Be admitted to the highest court of a state or a federal court as soon as eligible but not later than the first date on which admission is possible after the second bar examination given subsequent to graduation. (*I will be allowed to take the immediate next bar examination in the same jurisdiction where the first bar examination is taken.*)

l. If I am selected for the Graduate Law Program I understand and agree that failure to complete the GLP after commissioning may result in call to extended active duty (*EAD*) as a line officer (*second lieutenant*). A career field will be assigned according to the needs of the Air Force. *EAD (whether JA or non-JA)* is for the period of time specified for nontechnical candidates.

m. I will accept an appointment as a commissioned officer in the United States Air Force Reserve upon receipt of a baccalaureate degree and completion of AFROTC commissioning requirements.

2. I understand that in order to remain in the AFROTC program I must meet or exceed academic and military retention standards prescribed by law and regulation. Failure to meet applicable retention standards will result in my disenrollment from the AFROTC program, will subject me to a call to active duty in enlisted status, and may jeopardize future opportunities to obtain a commission in the United States Armed Forces.

3. I understand that selection as a member of the Professional Officer Course (POC) does not bind the United States Air Force to permit continuation as a member or to tender an appointment as a commissioned officer. I understand that appointment is contingent upon a favorable National Agency Check or other background inquiry, continued medical, academic, moral, and military qualification, as prescribed; and qualification for an appointment, the eligibility for which may be based upon the establishment of highly competitive criteria.

4. I understand and agree that I will be subject to a call to active duty in an enlisted status for 2 years if I fail to complete the educational requirements of this contract for any of the following reasons:

- a. Breach of the AFROTC contract;
- b. Anticipatory breach of the AFROTC contract;
- c. Failure to maintain academic retention standards prescribed by law and regulation;
- d. Failure to maintain military retention standards prescribed by law and regulation;
- e. Indifference to AFROTC training;
- f. Humanitarian considerations (*Early Release Cadets only*).

5. I understand that extended active duty may involve worldwide assignment or assignment to duties including, but not limited to, those involving combat or nuclear weapons. Acceptance of the terms of this agreement signifies my readiness to bear arms, to engage in or support combat operations, and to engage in or support the use of nuclear weapons. A failure to complete the program or to accept a commission because duty may involve any of the above will constitute breach of contract.

6. If at any time I apply for conscientious objector status, I am not relieved of any obligations under this contract, regardless of the final determination on my application. I specifically understand and agree that if my application for conscientious objector status is approved, I must repay all scholarship monies expended on my behalf.

7. I understand and agree that if I am offered and accept a commission in the United States Air Force I will incur an active duty service commitment (ADSC) as indicated below.

a. Pilot candidates who successfully complete the requirements for an aeronautical rating incur an ADSC of 8 years from date of award of the rating. I understand that this ADSC is separate from my basic military service obligation of 8 years. I agree that after I receive my aeronautical rating, I will serve on active duty for the period of my ADSC even though that period will be longer than my basic military service obligation.

b. Navigator candidates who successfully complete the requirements for an aeronautical rating incur an ADSC of 5 years from date of award of the rating.

c. Missile, technical and nontechnical candidates, and pilot and navigator candidates who do not complete aeronautical rating requirements, incur an ADSC of 4 years from date of entry on extended active duty.

8. I understand that release from extended active duty will normally occur upon completion of the ADSC indicated in paragraph 7, unless a Regular Air Force appointment or Indefinite Reserve Status is tendered and accepted. Release prior to completion of the ADSC may only be made by direction of the Secretary of the Air Force.

9. I understand that if I am commissioned through the AFROTC program, I will remain a member of a Regular or Reserve component until the eighth anniversary of receipt of such commission. If the Air Force does not require fulfillment of my ADSC, and, in lieu thereof I am ordered to active duty for training for a period of not more than 6 months, I will remain a member of a Reserve component until the eighth anniversary of the receipt of my commission.

10. I understand that only the Secretary of the Air Force or designee may excuse me from my obligation to serve on active duty for the period specified in this contract.

11. I understand that if I am accepted for resident graduate or professional study prior to commissioning the Air Force may delay my ADSC, based on Air Force requirements.

12. I understand and agree that HQ AFROTC must approve a transfer to another institution. I further understand that the provisions of this contract will remain in effect if I transfer to another institution at which an Air Force Reserve Officer Training Corps program is offered. I also understand that transfer to an institution which does not offer AFROTC does not relieve me from the obligations specified in this contract.

13. I understand that if my ADSC expires in time of war or national emergency, I may be involuntarily retained on active duty.

14. I understand and agree that the Secretary of the Air Force may at any time release me without notice from obligations under this contract and separate me from the program without further benefits thereunder if, in the opinion of the Secretary of the Air Force, the best interests of the United States require such action.

15. I understand and agree that I am designated for commission as a line, Nurse Corps or medical officer, as indicated above, with an established commissioning date, as indicated. HOWEVER, SPECIFIC CAREER FIELD CHOICES AND CORPS SPECIALTY DESIGNATIONS CANNOT BE GUARANTEED AND WILL BE MADE ACCORDING TO THE NEEDS OF THE AIR FORCE NO EARLIER THAN 12 MONTHS BEFORE COMMISSIONING.

16. I understand and agree that if I am a pilot, navigator or missile candidate and should I become medically disqualified for the category in which I am enrolled, the Secretary of the Air Force retains the right to assign me to a different category, based on the needs of the Air Force.

17. I understand that the actual date of entry on extended active duty will be determined by the Air Force based on Air Force requirements and may involve a delay, up to 12 months, from the date of commissioning.

PART IV

The Department of the Air Force agrees:

1. To pay the contract cadet a subsistence allowance at the rate prescribed by law and regulation for a period not to exceed 20 months (or for a period not to exceed 30 months for cadets in an approved 5 year academic program) while a member of the Air Force Reserve Officer Training Corps, commencing on the day the Applicant starts instruction under 10 USC 2104 and ending upon completion of instruction thereunder or upon termination of membership, whichever is first.

2. To pay the contract cadet while undergoing field training under 10 USC 2109 at the rate prescribed for cadets at the United States Air Force Academy.

3. For applicants of the Graduate Law Program (GLP):

a. Subject to b below, if applicant successfully completes the GLP, the applicant is assigned as a Judge Advocate (JA) and called to EAD in the JA career field. Applicant's grade is determined by the laws and regulations in effect at the time of call to EAD.

b. If applicant completes the GLP and the Air Force is unable to utilize applicant as an active duty JA, applicant is not called to EAD but will be called to active duty training for a period of 90 days, then released from active duty and assigned to a reserve organization. (If not called to EAD as a JA, applicant may request EAD as a line officer [non-JA] if desired. Such request must be made according to applicable regulations, and approval will be contingent on the needs of the Air Force.)

DATE	NAME OF APPLICANT (Type or Print)	SIGNATURE	SSN
05 Dec 94	CARLA ELISSE TORRES		
SIGNATURE OF WITNESS		SIGNATURE OF WITNESS	

I, N/A, parent/legal guardian of _____, whose signature appears on the foregoing do hereby consent to the Applicant's entering into this contract.

FOR THE SECRETARY OF THE AIR FORCE

DATE	NAME OF AFROTC UNIT OFFICER REPRESENTATIVE (Type or Print)	SIGNATURE
05 Dec 94	<u>Commander</u> Lt Colonel, USAF	

ADDENDUM TO AIR FORCE FORM 1056 FOR SCHOLARSHIP CADETS

I understand that if I fail to complete the education and training requirements specified in this agreement or that if I fail to fulfill any term or condition prescribed by the Secretary of the Air Force (SAF) to protect the interest of the United States, the SAF (or designee) may order me to reimburse the United States for scholarship funds expended on my behalf without first ordering me to active duty. I understand that the option to order me to active duty or to order me to reimburse the United States for scholarship funds is solely at the discretion of the SAF (or designee) and is not my option.

05 Dec 94

(DATE)

[REDACTED]

(CADET'S SIGNATURE)

CARLA ELISSE TORRES, [REDACTED]

CADET'S NAME (TYPED or PRINTED)

05 Dec 94

(DATE)

[REDACTED]

SIGNATURE OF AFROTC UNIT REPRESENTATIVE

SAMPLE FORMAT, ADDENDUM TO AIR FORCE FORM 1056
FOR ALL CONTRACT CADETS

I understand that homosexual conduct is grounds for disenrollment from AFROTC. Homosexual conduct is defined as a homosexual act, a statement by a cadet that demonstrates a propensity or intent to engage in homosexual acts, or a homosexual marriage or attempted marriage. A homosexual act includes any bodily contact, actively undertaken or passively permitted, between members of the same sex for the purposes of satisfying sexual desires or any bodily contact which a reasonable person would understand to demonstrate a propensity or intent to engage in homosexual acts. I further understand that if I, at any time, am disenrolled from the Air Force ROTC program as a result of homosexual conduct, as defined above, I may be required to repay all educational expenses expended on my behalf.

05 Dec 94

(DATE)

[REDACTED]

(CADET'S SIGNATURE)

CARLA ELISSE TORRES, [REDACTED]

CADET'S NAME (TYPED OR PRINTED)

05 Dec 94

(DATE)

[REDACTED]

SIGNATURE OF AFROTC UNIT REPRESENTATIVE

APPLICATION FOR READY RESERVE ASSIGNMENT

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C., Section 275 and Executive Order 9397.

PRINCIPAL PURPOSES: Request for Ready Reserve assignment must contain current personal information to complete processing. Use of the member's social security number is necessary to make positive identification of the individual and his or her records.

ROUTINE USE: This information may be disclosed, upon request, to Federal, State, and local agencies for law enforcement purposes or in pursuit of their official duties and to the Department of Justice for litigation.

DISCLOSURE IS VOLUNTARY: An individual who chooses not to submit necessary documentation will not be eligible for Ready Reserve assignment.

INSTRUCTIONS: Complete the application in duplicate. If you need additional space for any item, attach another sheet which indicates the applicable item number(s).

1. NAME (Last Name, First, Middle Name) Torres, Carla Elisse	2. RANK O5	3. DATE OF RANK 20140601	4. SSN <div style="border: 1px solid black; width: 100%; height: 100%;"></div>
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5. HOME ADDRESS (If different than permanent address, indicate both.) <div style="border: 1px solid black; width: 100%; height: 100%;"></div>	6. PHONE (Include prefix) (office) <div style="border: 1px solid black; width: 100%; height: 100%;"></div>	7. AFSC (Primary) 45G3
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E-MAIL ADDRESS <div style="border: 1px solid black; width: 100%; height: 100%;"></div>	(home) <div style="border: 1px solid black; width: 100%; height: 100%;"></div>	(Additional)
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8. DATE OF BIRTH <div style="border: 1px solid black; width: 100%; height: 100%;"></div>	9. HEIGHT (Inches) (Mandatory) <div style="border: 1px solid black; width: 100%; height: 100%;"></div>	10. WEIGHT (Mandatory) <div style="border: 1px solid black; width: 100%; height: 100%;"></div>	11. % DISABILITY COMP RECEIVED	12. AIRMAN (ETS)
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13. OFFICER <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> RESERVE DATE OF ORIGINAL COMMISSION: 20020608	14. REMARKS/AERONAUTICAL RATING (Indicate if on flying status. If requested assignment will authorize flying duty, indicate flying experience by type of aircraft and hours in each, date and type of instrument card now held, and date of last physical examination.)
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15. PRESENT ASSIGNMENT AND ATTACHMENT (Indicate military branch, unit address, training, and retirement category, MPF street address, and phone.) 99th MDG/MSGs/SCGC Nellis AFB, 89191 45G3	16. ASSIGNMENT DESIRED (Indicate unit preferred, specific program training, and retirement category or description of type of training desired.) 99th MDG/MSGs/SCGC Nellis AFB, NV 89191 45G3- IMA
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17. MILITARY SCHOOLS ATTENDED (Indicate date, course number, title, and location.) San Diego Navy Medical Center Residency 2005-2006 Keesler Medical Center - Residency 2002-2005 ROTC- 1994-1998	18. MILITARY EXPERIENCE (Indicate DAFSC, position title, level of command, highest grade, and duration. List only experience that directly substantiates your qualifications for assignment requested.) 45G3- 18 Years
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19. CIVILIAN EDUCATION (Indicate years completed, major subject, and degree, if any.) <div style="border: 1px solid black; width: 100%; height: 100%;"></div>	20. CIVILIAN EXPERIENCE (In chronological order showing latest experience first, indicate pertinent experience to include employers, positions held, and duration.) N/A
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21. I have been counseled concerning the Air Force direct deposit/electronic funds transfer.	Applicant's Initials <div style="border: 1px solid black; width: 100%; height: 100%;"></div>
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22. I certify I Have not misused any government travel charge card (used for other than official government travel), or been seriously delinquent (payments not received by card issuer within 60 days from the billing date). I understand if I make a fraudulent statement, I am subject to immediate discharge action.	Applicant's Initials <div style="border: 1px solid black; width: 100%; height: 100%;"></div>
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23. For individuals requesting assignment to a training site beyond 100 miles or 3 hours one-way driving time (AFI 36-2115). I acknowledge my responsibility for any hardships, including financial, incurred in performing the duties of the assignment. I understand I will not be reimbursed for travel expenses incurred for inactive duty training.	Applicant's Initials <div style="border: 1px solid black; width: 100%; height: 100%;"></div>
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24. For all individuals requesting assignment to the Ready Reserve (Cat A Unit, IMA position, Cat E Points Only Program, Individual Ready Reserve.) I certify that I Have not had a UIF established (or similar derogatory information file which may include an Article 15, Captain's Mast, or Court Martial action) within the last 2 (enlisted) or 5 (officer) years. I understand that if I make a fraudulent statement I am subject to immediate discharge action.	Applicant's Initials <div style="border: 1px solid black; width: 100%; height: 100%;"></div>
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25. I have been briefed on the Anthrax vaccine immunization program. I understand I will be immunized against anthrax if required under the new Air Force Anthrax Implementation Plan, dated, 11 October 2002, and its successor guidance.	Applicant's Initials <div style="border: 1px solid black; width: 100%; height: 100%;"></div>
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26. If this assignment requires retraining, I agree to attend the applicable technical school.	Applicant's Initials <div style="border: 1px solid black; width: 100%; height: 100%;"></div>
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27. I certify that the data contained herein are true and correct to the best of my knowledge. I also acknowledge that upon my assignment to the Ready Reserve, I am responsible to notify my employer of my Ready Reserve status and that as a Ready Reservist, I shall be subject to involuntary order to active duty in time of war or national emergency declared by the Congress, a national emergency declared by the President, or when otherwise authorized by law.

SIGNATURE OF APPLICANT TORRES, CARLA E. <div style="border: 1px solid black; width: 100%; height: 100%;"></div>	Digitally signed by <div style="border: 1px solid black; width: 100%; height: 100%;"></div> Date: 2020.02.13 12:03:08 -08'00'	DATE (YYYYMMDD) 20200213
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FIRST ENDORSEMENT			
TO HQ RIO/DET 5		FROM AFRCRS/WRS/HP LUKE LUKE AFB, AZ	
<input type="checkbox"/> RECOMMEND	<input type="checkbox"/> APPROVAL	<input type="checkbox"/> DISAPPROVAL (State reason(s) in the "REMARKS" section.)	UIF <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
MEMBER [] COMPLETED THE FITNESS PROGRAM (DATE LAST TEST IF APPLICABLE) AND [] MEET THE PHYSICAL QUALIFICATIONS FOR CONTINUING SERVICE. MEMBER [] MEET OTHER QUALITY FORCE STANDARDS FOR CONTINUING SERVICE.			
REMARKS []			
NAME AND TITLE (Please type) [] MSGT, USAF Health Professions Recruiter		SIGNATURE []	DATE (YYYYMMDD) 20200213

SECOND ENDORSEMENT			
TO HQ ARPC/DPAA		FROM HQ RIO/DET 5	
<input type="checkbox"/> RECOMMEND	<input type="checkbox"/> APPROVAL (Furnish assignment data)	<input type="checkbox"/> DISAPPROVAL (State reason(s) in the "REMARKS" section.)	
AUTHORIZED GRADE O-5	AUTHORIZED AFSC 45G3	FUNCTIONAL CODE 525400	TRAINING & RETIREMENT CATEGORY B/B
UNIT OR TYPE OF ASSIGNMENT	<input type="checkbox"/> UNIT <input checked="" type="checkbox"/> IMA <input type="checkbox"/> OTHER (Specify)		
RESERVE SECTION CODE MC	DUTY POSITION NUMBER 0M0841783	ASSIGNMENT LOCATION NELLIS AFB, NV	
UNIT OF ATTACHMENT 99 SURGICAL OPS SQUADRON	REPORTING OFFICIAL (Name and SSN) LTC [] / []		
PAS []	UNIT OF ATTACHMENT PAS NJ1CFKJS		
EDCSA 20200802	RECRUITER ID CODE HWHPAUP	RECRUITER DUTY PHONE (DSN and Commercial) (623) 203-0813	
GRADE WAIVER	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> AUTH		

REMARKS DUTY TITLE: OB/GYN PHYSICIAN			
NAME AND TITLE (Please type) [] TSgt, USAF NCOIC, Assignments		SIGNATURE [] Digitally signed by Date: 2020.06.23 17:56:06 -04'00'	DATE (YYYYMMDD) 20200623

THIRD ENDORSEMENT (Do not include assignment data except to correct original data)			
TO		FROM AFPC/DP2SSR PALACE CHASE	
<input type="checkbox"/> RECOMMEND	<input type="checkbox"/> APPROVAL	<input type="checkbox"/> DISAPPROVAL (State reason(s) in the "REMARKS" section.)	
[]			
NAME AND TITLE (Please type) [] TSgt, USAF NCOIC, Palace Chase		SIGNATURE []	DATE (YYYYMMDD) 20200624

OFFICER'S CERTIFICATE OF STATEMENT OF SERVICE

AUTHORITY: 37 U.S.C. section 101 et seq.; Executive Order 9397, 22 November 1943.

PRINCIPAL PURPOSE(S): To determine member's creditable service for military pay purposes. Data collected on this form is subject to confirmation by AFMPC.

ROUTINE USES: Data collected on this form becomes part of your military pay record, and may be disclosed to any DOD component that has an official need for the data in the performance of its duties. This data may also be disclosed in appropriate cases to other Federal, State, and local authorities such as the IRS, Social Security Administration, Department of Justice, General Accounting Office, and State and local tax and welfare authorities.

DISCLOSURE IS VOLUNTARY: Nondisclosure may adversely affect the promptness or amount of your pay. Disclosure of your social security account number (SSAN) is voluntary. However, this form will not be processed without your SSAN, since the Air Force identifies you for pay and personnel purposes by your SSAN.

INSTRUCTIONS: List all prior service either as a commissioned officer, warrant officer, or enlisted member of any active, reserve, or national guard component. Include other periods as shown in the DODPM, paragraph 10101. If a medical or dental officer, include periods shown in paragraph 10102. Do not include periods shown in the DODPM, paragraph 10103.

LAST NAME - FIRST - MIDDLE INITIAL: **TORRES, CARLA E** GRADE: **O-3** SSAN:

COMPONENT	SERVICE			INCLUSIVE DATES		
	FOR QUALIFYING SERVICE REFER TO DODPM, PARAGRAPH 10101 AND 10102	COMMISSIONED	WARRANT OFFICER	ENLISTED	FROM	TO
USAF		✓			05 June 02	08 June 02 30 June 06
USAF Active Duty		✓			09 June 02	present

TIME LOST UNDER 10 USC 872 ENTER NONE OR NO. OF DAYS DATE

CERTIFICATION: I hereby certify that I have held a commission, appointment as a warrant officer, or have been enlisted as a member of the respective service(s) or the reserve components shown above for the inclusive periods indicated.

DATE: **10 June 02** SIGNATURE OF INDICATED OFFICER:

OATH OF OFFICE (MILITARY PERSONNEL)

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 3331, Oath of Office.

PRINCIPAL PURPOSE: Documents your acceptance of an appointment or commission to an office of honor or trust under the Government of the United States by taking and subscribing to the required oath before entering upon the duties of such office. Form becomes a part of your master personnel record. The Social Security Number (SSN) is used to make positive identification of you and your records.

ROUTINE USES: None.

DISCLOSURE IS VOLUNTARY: Failure to complete this form and furnish your SSN may result in termination of all processing and appointment action.

FOR THE EXECUTION OF THE OATH

1. When appointed or elected to an office of honor or trust under the Government of the United States, a person is required to take and subscribe the oath prescribed by 5 USC 3331 before entering upon the duties of office.
2. Ten USC 626 and 8394 eliminate the necessity of executing oath on promotion of officers.
3. Air Force officer's oaths of office should be taken before: (a) a civil officer authorized by the laws of the United States or local municipal law to administer oaths; (b) a commissioned officer of any U.S. Armed Force component, including reserves, whether active duty or retired (includes commissioned Army, Navy, Marine Corps, Coast Guard warrant officers); (c) a warrant officer who is serving on active duty as an adjutant, assistant adjutant, acting adjutant, or personnel adjutant. (Army, Navy, Marine Corps and Coast Guard warrant officers, W-1, receive their appointment by warrant and are not eligible to administer the oath unless serving on active duty as adjutants as listed above.) Navy, Marine Corps and Coast Guard chief warrant officers (CWO), W-2 through W-5, are appointed in those grades by commission and are authorized to administer oaths. Army CWOs appointed on or after 8 May 1986 receive their appointment by commission and are authorized to administer oaths. Before 8 May 1986, they received their appointment by warrant and are not eligible to administer oaths unless they were later granted a CWO appointment by commission or are serving on active duty as an adjutant as listed above. Retired Air Force warrant officers received their appointment by warrant and are not authorized to administer oaths.
4. If a civil official administers the oath, it must bear the official seal of the person administering it. If the official does not use a seal, his/her capacity to administer oaths must be certified to under seal by a clerk of court or other proper local official. If a notary administers the oath, the expiration date of his or her commission must be included (if required by the State concerned) and the AF Form 133 must bear the notarial seal or indicia. Return the AF Form 133 to the headquarters tendering the appointment.

INSTRUCTIONS

Complete this form in full upon acceptance of an appointment or commission in the Air Force. Use typewriter, if available, or print using black ink. Form may also be completed on a computer using PERFORM PRO Form Filler software.

TYPE OF COMMISSION (Check One)

<input checked="" type="checkbox"/>	REGULAR AIR FORCE	DATE OF APPOINTMENT OFFICIALLY RECORDED FOR RECORD PURPOSES AS <u>31 May 02</u> (DATE OF COMPLETION OF EDUCATIONAL REQUIREMENTS).
<input type="checkbox"/>	UNITED STATES AIR FORCE (Temporary)	
<input checked="" type="checkbox"/>	RESERVE OF THE AIR FORCE	

I, Carla Elisse Torres []
FULL NAME (First, middle, last) SOCIAL SECURITY NUMBER

having been appointed a CAPTAIN MC, United States Air Force do
(Grade in which appointed) (Category, if appropriate) *

solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office upon which I am about to enter, SO HELP ME GOD.

FULL NAME, GRADE AND ORGANIZATION (Type or Print) <u>CARLA ELISSE TORRES</u> <u>CAPTAIN 81st MDG AF, MC</u>	SIGNATURE (Use Black Ink) []
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Sworn to and subscribed before me, at Health Science Center
 this 1st day of June, 20 02.

ADMINISTERING OFFICIAL'S NAME, GRADE, ORG AND OFFICE (Type or Print) <u>CPT(O-3), USA, MC</u>	SIGNATURE (Use Black Ink) []
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* Enter appropriate category as follows: MC, DC, NC, MSC.

OATH OF OFFICE (MILITARY PERSONNEL)

AUTHORITY: 5 USC 3331, Oath of Office.

PRINCIPAL PURPOSE: Documents your acceptance of an appointment or commission to an office of honor or trust under the Government of the United States by taking and subscribing to the required oath before entering upon the duties of such office. Form becomes a part of your master personnel record. The Social Security Number (SSN) is used to make positive identification of you and your records.

ROUTINE USES: None.

DISCLOSURE IS VOLUNTARY: Failure to complete this form and furnish your SSN may result in termination of all processing and appointment action.

FOR THE EXECUTION OF THE OATH

1. When appointed or elected to an office of honor or trust under the Government of the United States, a person is required to take and subscribe the oath prescribed by 5 USC 3331 before entering upon the duties of office.
2. Ten USC 626 and 8394 eliminate the necessity of executing oath on promotion of officers.
3. Air Force officer's oaths of office should be taken before: (a) a civil officer authorized by the laws of the United States or local municipal law to administer oaths; (b) a commissioned officer of any U.S. Armed Force component, including reserves, whether active duty or retired (includes commissioned Army, Navy, Marine Corps, Coast Guard warrant officers); (c) a warrant officer who is serving on active duty as an adjutant, assistant adjutant, acting adjutant, or personnel adjutant. (Army, Navy, Marine Corps and Coast Guard warrant officers, W-1, receive their appointment by warrant and are not eligible to administer the oath unless serving on active duty as adjutants as listed above.) Navy, Marine Corps and Coast Guard chief warrant officers (CWO), W-2 through W-5, are appointed in those grades by commission and are authorized to administer oaths. Army CWOs appointed on or after 8 May 1986 receive their appointment by commission and are authorized to administer oaths. Before 8 May 1986, they received their appointment by warrant and are not eligible to administer oaths unless they were later granted a CWO appointment by commission or are serving on active duty as an adjutant as listed above. Retired Air Force warrant officers received their appointment by warrant and are not authorized to administer oaths.
4. If a civil official administers the oath, it must bear the official seal of the person administering it. If the official does not use a seal, his/her capacity to administer oaths must be certified to under seal by a clerk of court or other proper local official. If a notary administers the oath, the expiration date of his or her commission must be included (if required by the State concerned) and the AF Form 133 must bear the notarial seal or indicia. Return the AF Form 133 to the headquarters tendering the appointment.

INSTRUCTIONS

Complete this form in full upon acceptance of an appointment or commission in the Air Force. Use typewriter, if available, or print using black ink. Form may also be completed on a computer using PerFORM PRO Form Filler software.

TYPE OF COMMISSION (Check One)

<input type="checkbox"/>	REGULAR AIR FORCE
<input type="checkbox"/>	UNITED STATES AIR FORCE (Temporary)
<input checked="" type="checkbox"/>	RESERVE OF THE AIR FORCE

I, CARLA ELISSE TORRES
FULL NAME (First, middle, last) SOCIAL SECURITY NUMBER

having been appointed a "SECOND LIEUTENANT, USAFR" United States Air Force do
(Grade in which appointed) (Category, if appropriate) *

solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office upon which I am about to enter, SO HELP ME GOD.

FULL NAME, GRADE AND ORGANIZATION (Type or Print) CARLA ELISSE TORRES, 2d Lt AFROTC DETACHMENT 810, PO BOX 97070 WACO, TEXAS 76798-7070	SIGNATURE (Use Black Ink) <input type="text"/>
--	---

Sworn to and subscribed before me, at
this 16th day of May, 19 98.

ADMINISTERING OFFICIAL'S NAME, GRADE, ORG AND OFFICE (Type or Print) <input type="text"/> Major, USAF	SIGNATURE (Use Black Ink) <input type="text"/>
--	---

* Enter appropriate category as follows: MC, DC, NC, MSC, BSC, JA, Chaplain, or Chaplain Candidate.

o4125939.out

STATEMENT OF SERVICE
(CREDITABLE UNDER 37 USC 205)

DATE 2002 NOV 06

TORRES, CARLA E

SSAN:

NATURE OF ACTION	EFFECTIVE DATES (INCLUSIVE DATES OF MILITARY STATUS ARE		ACTIVE DUTY		SEPARATION
	IN PARENTHESIS)	FROM	TO		
2LT USAFR (MSC)	(1998 MAY 16				
CPT USAFR (MC)	2002 MAY 31	2002 JUN 08			

HPSP STUDENT: FROM 1998 MAY 16 TO 2002 MAY 31

TAFCSO: 2002 JUN 08
TAFMSO: 2002 JUN 08 EAD: 2002 JUN 08
TFCSD: 1998 MAY 16
PAYDATE: 2002 MAY 31 O4E: N
CC: M USUHS:
TYSO: 1998 JUN 01 SID:
PED: DIEMS: 1998 MAY 16

AF1613

o4125939.out

AUTHENTICATION

OFFICIAL

DISTRIBUTION

SERVICING MPF-ID: KF

AFAFC/MPP

MASTER PERSONNEL RECORD

DIRECTORATE OF PERSONNEL DATA SYSTEMS

AFPC/DPPAOR/CARLA FELTS

AF FORM 1613-NOV 81

PAGE: 01 OF 01

PERSONAL DATA - PRIVACY ACT OF 1974 (USC 552a)

**APPLICATION FOR APPOINTMENT AS RESERVES OF THE AIR FORCE
OR USAF WITHOUT COMPONENT**

OMB NO. 0701-0096
Expires Feb 28, 1998

<input checked="" type="checkbox"/> APPOINTMENT AS A RESERVE MEMBER OF THE AIR FORCE	FEDERAL RECOGNITION AND APPOINTMENT AS A RESERVE MEMBER OF THE AIR FORCE	APPOINTMENT AS A USAF MEMBER WITHOUT COMPONENT
---	---	---

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 591, Reserve Components Qualifications; EO 9397.
PRINCIPAL PURPOSE: Provides necessary information to determine if applicant meets qualifications established for appointment as a Reserve (ANGUS and USAFRJ) or in the USAF without component. Use of SSN is necessary to make positive identification of an applicant and his or her records.
ROUTINE USE: None.
DISCLOSURE IS VOLUNTARY: If information is not provided, all further processing is terminated.

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, DIOR, 1215 Jefferson Davis Highway, Suite 1204, Arlington VA 22202-4302; and to OMB, Paperwork Reduction Project (0701-0096), Washington DC 20503. Please DO NOT RETURN your form to either of these addresses. Return it to your recruiter, ESO, Reserve MPF, or unit commander as applicable.

INSTRUCTIONS

Complete this form in two copies. Use typewriter or print clearly in ink. Sign each copy separately. Check the type of appointment, under the form title, for which you are applying. Upon termination from active duty, travel entitlements are based on the information you enter in item 6, "Home of Record (HOR)." Once recorded, the HOR may not be changed. If additional space is required, continue in item 33, "Remarks."

1. TO: HQ AFPC/DPPAOR, 550 C Street West Suite 10 Randolph AFB, TX 78150-4712	2. SPECIALTY
3. FROM: (Last, First, Middle Initial) Torres, Carla Elisse	4. SSN <input type="text"/>
5. DATE OF BIRTH (Day, Month, Year) <input type="text"/>	6. HOME OR RECORD (HOR) (Include ZIP Code)
7. PLACE OF BIRTH (City, State, Country) <input type="text"/>	8. MAILING ADDRESS (if other than HOR, include ZIP Code)
9. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (Name, relationship, and address)	980516

10. MARITAL STATUS	<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED TO MILITARY MEMBER	<input type="checkbox"/> MARRIED TO CIVILIAN	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED
11. FAMILY MEMBERS (Other than spouse, number completely dependent upon you)	12. U.S. CITIZEN	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO (If yes, check appropriate item)	<input checked="" type="checkbox"/> BIRTH	<input type="checkbox"/> NATURALIZED	

IF YOU ARE U.S. CITIZEN BY OWN NATURALIZATION, STATE THE DATE, NUMBER OF CERTIFICATE, AND COURT

13. I UNDERSTAND I AM BEING CONSIDERED FOR APPOINTMENT:

To fill an active force requirement and agree to remain on active duty for the period specified in pertinent instructions (AFIs 36-2008, 36-2011 and 36-2107).

My geographic preference of assignment is: N/A	I will be available to enter active duty on: N/A	<input type="checkbox"/> I do	Require at least 30 days notice to enter active duty.
		<input type="checkbox"/> I do not	

To fill an authorized position vacancy in the Ready Reserve.

INITIALS I further understand that if I have not previously incurred a military service obligation (MSO), that I will incur an MSO and I have been briefed on what my MSO will be.

INITIALS I have been briefed on my responsibility to participate in the Air Force Direct Deposit Program within 60 days of arrival at my first permanent duty station.

TYPE OF SCHOOL	NAME OF SCHOOL	DATES ATTENDED		MAJOR SUBJECT	NO. YRS COMPL	GRAD		TYPE OF DEGREE
		FROM (DMY)	TO (DMY)			YES	NO	
SECONDARY AND OTHER								
COLLEGE, POST-GRADUATE, INTERNSHIP, RESIDENCY, FELLOWSHIP, ETC.								
MILITARY	N/A							

15. OTHER SUBJECTS SPECIALIZED IN (Include certification by American Specialty Boards and date of certification)

N/A

16. PHYSICIANS ONLY

I DO DO NOT DESIRE TRAINING IN AVIATION MEDICINE

17. CHRONOLOGICAL STATEMENT OF SERVICE AND TRAINING IN ANY COMPONENT OF THE UNIFORMED SERVICES (Include service academies and preparatory schools, Reserve Officer Training Corps (ROTC), Officer Training School (OTS), Health Professions Scholarship (HPSP), etc.)

DATES ATTENDED		HIGHEST GRADE	ORGANIZATION (Type and Service)	SPECIALTY	ACTIVE DUTY OR RESERVE
FROM (DMY)	TO (DMY)				
22/05/96	18/06/96		AFROTC Field Training LacklandAFB TX		
04/12/94	16/05/98	AB	AFROTC Det 810		Inactive

18. ARE YOU CURRENTLY A MEMBER OF ANY BRANCH OF THE UNIFORMED SERVICES?

YES NO (If yes, provide branch of uniformed service) **AF Res (ORS)**

19. WERE ALL DISCHARGES HONORABLE?

YES NO

20. WERE YOU EVER NONSELECTED FOR PROMOTION TO AN OFFICER GRADE IN ANY BRANCH OF THE UNIFORMED SERVICES?

YES NO (If yes, provide branch of uniformed service)

21. WERE YOU SEPARATED OR ARE YOU PENDING SEPARATION FROM ANY BRANCH OF THE UNIFORMED SERVICES FOR CAUSE, OR WERE YOU SEPARATED OR ARE YOU PENDING SEPARATION FROM COMMISSIONED STATUS IN ANY BRANCH OF THE UNIFORMED SERVICES DUE TO NONQUALIFIED, NONSELECT, OR DEFERRAL PROMOTION?

YES NO (If yes, provide branch of uniformed service, reason for separation action, and date of separation, if applicable)

22. HAVE YOU EVER RECEIVED SEVERANCE PAY, OR SEPARATION PAY, OR READJUSTMENT PAY, OR VOLUNTARY SEPARATION INCENTIVE (VSI) OR SPECIAL SEPARATION BENEFIT (SSB) PAY WHEN RELEASED FROM ACTIVE DUTY OR DISCHARGED FROM ANY UNIFORMED SERVICE?

YES NO

23. HAVE YOU PREVIOUSLY MADE APPLICATION AND BEEN REJECTED FOR COMMISSIONING BY ANY COMPONENT OF THE UNIFORMED SERVICES?

YES NO (If yes, please state when and where rejected, and cause)

24. CHRONOLOGICAL STATEMENT OF CIVILIAN EMPLOYMENT, INCLUDING PART-TIME POSITIONS. (If additional space is required, continue in "REMARKS" section)

FROM - TO (Day, month, year)	EMPLOYED BY (Give name and address to include ZIP Code)	FULL TIME	PART TIME (Hrs per week)	MONTHLY SALARY
N/A				
POSITION AND DUTIES		REASON FOR TERMINATION		
FROM - TO (Day, month, year)	EMPLOYED BY (Give name and address to include ZIP Code)	FULL TIME	PART TIME (Hrs per week)	MONTHLY SALARY
POSITION AND DUTIES		REASON FOR TERMINATION		
FROM - TO (Day, month, year)	EMPLOYED BY (Give name and address to include ZIP Code)	FULL TIME	PART TIME (Hrs per week)	MONTHLY SALARY
POSITION AND DUTIES		REASON FOR TERMINATION		

25. HAVE YOU EVER BEEN INVOLVED, ARRESTED, INDICTED, OR CONVICTED (INCLUDING PRETRIAL DIVERSION) FOR ANY VIOLATION OF CIVIL OR MILITARY LAW, INCLUDING NONJUDICIAL PUNISHMENT PURSUANT TO ARTICLE 15 OF THE UCMJ, OR MINOR TRAFFIC VIOLATIONS?

YES NO (If yes, please explain below. List all offenses charged against you regardless of final disposition, including situations where the involvement has not been recorded locally or the record has been ordered sealed or expunged by the court.)

OFFENSE	DATE	PLACE	AGE	DISPOSITION OF CHARGE	COURT

26. ARE YOU A CONSCIENTIOUS OBJECTOR? (A conscientious objector is defined as: One who has or has a firm, fixed, and sincere objection to participation in war in any form or to bearing of arms because of religious training or belief, which includes solely moral or ethical beliefs.)

YES NO

27. ARE YOU NOW OR HAVE YOU EVER BEEN AFFILIATED WITH ANY ORGANIZATION OR MOVEMENT THAT SEEKS TO ALTER OUR FORM OF GOVERNMENT BY UNCONSTITUTIONAL MEANS, OR SYMPATHETICALLY ASSOCIATED WITH ANY SUCH ORGANIZATION, MOVEMENT, OR MEMBERS THEREOF?

YES NO (If yes, please describe.)

28. ARE THERE ANY OTHER UNFAVORABLE INCIDENTS IN YOUR LIFE WHICH YOU BELIEVE MAY REFLECT UPON YOUR LOYALTY TO THE UNITED STATES GOVERNMENT OR UPON YOUR ABILITY TO PERFORM THE DUTIES WHICH YOU MAY BE CALLED UPON TO UNDERTAKE?

YES NO (If yes, please describe.)

29. HEALTH CARE PRACTITIONERS AND JUDGE ADVOCATE APPLICANTS ONLY

A. LIST ALL STATE OR FEDERAL BAR LICENSES HELD CURRENTLY OR AT ANY TIME IN THE PAST

STATE IN WHICH LICENSED	DATE LICENSED	EXPIRATION DATE	STATE IN WHICH LICENSED	DATE LICENSED	EXPIRATION DATE

B. APPLICANT MUST INITIAL EACH QUESTION

(1) HAVE YOU EVER HAD ANY OF THE ABOVE STATE LICENSE(S) SUSPENDED OR REVOKED?

(Initials) YES NO (If yes, please explain in "REMARKS.")

(2) HAVE YOU EVER VOLUNTARILY SURRENDERED OR FAILED TO RENEW ANY OF THE ABOVE STATE LICENSES?

(Initials) YES NO (If yes, please explain in "REMARKS.")

(3) HAVE YOU EVER HAD ANY MEDICAL CLAIMS, SETTLEMENTS, JUDICIAL, OR ADMINISTRATIVE ADJUDICATION, OR GRIEVANCES, OR ANY OTHER RESOLVED OR OPEN CHARGES OF INAPPROPRIATE, UNETHICAL, UNPROFESSIONAL, OR SUBSTANDARD MEDICAL CARE OR LEGAL MALPRACTICE?

(Initials) YES NO (If yes, please explain in "REMARKS.")

(4) HAVE YOU EVER HAD YOUR PROFESSIONAL PRIVILEGES WITHDRAWN, DENIED, OR RESTRICTED BY ANY HEALTH CARE INSTITUTION OR STATE BAR LICENSING ORGANIZATION, OR HAVE YOU EVER VOLUNTARILY SURRENDERED YOUR PRIVILEGES?

(Initials) YES NO (If yes, please explain in "REMARKS.")

(5) ARE YOU BOARD CERTIFIED?

(Initials) YES NO (If no, please explain in "REMARKS.")

(6) ARE YOU BOARD ELIGIBLE?

(Initials) YES NO (If no, please explain in "REMARKS.")

(7) HAVE YOU EVER TAKEN THE WRITTEN AND/OR ORAL PORTION OF YOUR BOARD OR BAR EXAMINATION AND FAILED?

(Initials) YES NO (If yes, please explain in "REMARKS.")

(8) DO YOU PLAN TO TAKE OR RETAKE YOUR BOARDS OR BAR EXAMINATION IN THE FUTURE?

(Initials) YES NO (If yes, when? please explain in "REMARKS.")

30. REMARKS (If additional space is needed, continue on page 4. Be sure to identify item number.)

I understand that any false or incomplete information knowingly provided on or with this application may be grounds for not employing or accessing with the Air Force, or grounds for dismissing or releasing me from active duty if already employed or serving.

NAME (First, Middle, and Last Name) (Typed or Printed)

CARLA ELISSE TORRES

S

DATE

16 May 98

180129

APPLICATION FOR APPOINTMENT AS RESERVES OF THE AIR FORCE OR USAF WITHOUT COMPONENT

OMB NO. 0701-0096 Expires Feb 28, 1998

APPOINTMENT AS A RESERVE MEMBER OF THE AIR FORCE

FEDERAL RECOGNITION AND APPOINTMENT AS A RESERVE MEMBER OF THE AIR FORCE

APPOINTMENT AS A USAF MEMBER WITHOUT COMPONENT

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 591, Reserve Components Qualifications; EO 9397.

PRINCIPAL PURPOSE: Provides necessary information to determine if applicant meets qualifications established for appointment as a Reserve (ANGUS and USAFR) or in the USAF without component. Use of SSN is necessary to make positive identification of an applicant and his or her records

ROUTINE USE: None. DISCLOSURE IS VOLUNTARY: If information is not provided, all further processing is terminated.

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, DIOR, 1215 Jefferson Davis Highway, Suite 1204, Arlington VA 22202-4302; and to OMB, Paperwork Reduction Project (0701-0096), Washington DC 20503. Please DO NOT RETURN your form to either of these addresses. Return it to your recruiter, ESO, Reserve MPF, or unit commander as applicable.

INSTRUCTIONS

Complete this form in two copies. Use typewriter or print clearly in ink. Sign each copy separately. Check the type of appointment, under the form title, for which you are applying. Upon termination from active duty, travel entitlements are based on the information you enter in item 6, "Home of Record (HOR)." Once recorded, the HOR may not be changed. If additional space is required, continue in item 33, "Remarks."

1. TO : 2. SPECIALTY 3. FROM: (Last, First, Middle Initial) Torres, Carla E. 4. SSN 5. DATE OF BIRTH (Day, Month, Year) 6. HOME OR RECORD (HOR) (Include ZIP Code) 7. PLACE OF BIRTH (City, State, Country) 8. MAILING ADDRESS (If other than HOR, include ZIP Code) 9. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (Name, relationship, and address) 10. MARITAL STATUS [X] SINGLE [] MARRIED TO MILITARY MEMBER [] MARRIED TO CIVILIAN [] SEPARATED [] DIVORCED [] WIDOWED 11. FAMILY MEMBERS (Other than spouse, number completely dependent upon you) 0 12. U.S. CITIZEN [X] YES [] NO (If yes, check appropriate item) [X] BIRTH [] NATURALIZED IF YOU ARE U.S. CITIZEN BY OWN NATURALIZATION, STATE THE DATE, NUMBER OF CERTIFICATE, AND COURT

13. I UNDERSTAND I AM BEING CONSIDERED FOR APPOINTMENT: [X] To fill an active force requirement and agree to remain on active duty for the period specified in pertinent instructions (AFIs 36-2008, 36-2011 and 36-2107). My geographic preference of assignment is: N/A I will be available to enter active duty on: N/A I do Require at least 30 days notice to enter active duty. I do not To fill an authorized position vacancy in the Ready Reserve. INITIALS I further understand that if I have not previously incurred a military service obligation (MSO), that I will incur an MSO and I have been briefed on what my MSO will be. INITIALS I have been briefed on my responsibility to participate in the Air Force Direct Deposit Program within 60 days of arrival at my first permanent duty station.

14. EDUCATION Table with columns: TYPE OF SCHOOL, NAME OF SCHOOL, DATES ATTENDED (FROM (DMY), TO (DMY)), MAJOR SUBJECT, NO. YRS COMPL, GRAD (YES, NO), TYPE OF DEGREE. Rows for Secondary and Other, College/Post-graduate/Internship/Residency/Fellowship/etc., and Military.

15. OTHER SUBJECTS SPECIALIZED IN (Include certification by American Specialty Boards and date of certification) N/A

(H)

16. PHYSICIANS ONLY

I DO DO NOT DESIRE TRAINING IN AVIATION MEDICINE

17. CHRONOLOGICAL STATEMENT OF SERVICE AND TRAINING IN ANY COMPONENT OF THE UNIFORMED SERVICES (Include service academies and preparatory schools, Reserve Officer Training Corps (ROTC), Officer Training School (OTS), Health Professions Scholarship (HPSP), etc.)

DATES ATTENDED		HIGHEST GRADE	ORGANIZATION (Type and Service)	SPECIALTY	ACTIVE DUTY OR RESERVE
FROM (DMY)	TO (DMY)				
22/05/96	18/06/96		AFROTC Field Training Lackland AFB TX		
1/10/94	15/05/98	AB	AFROTC Det 810	AFROTC	Inactive

18. ARE YOU CURRENTLY A MEMBER OF ANY BRANCH OF THE UNIFORMED SERVICES?

YES NO (If yes, provide branch of uniformed service) **AFRes (ORS)**

19. WERE ALL DISCHARGES HONORABLE?

YES NO

20. WERE YOU EVER NONSELECTED FOR PROMOTION TO AN OFFICER GRADE IN ANY BRANCH OF THE UNIFORMED SERVICES?

YES NO (If yes, provide branch of uniformed service)

21. WERE YOU SEPARATED OR ARE YOU PENDING SEPARATION FROM ANY BRANCH OF THE UNIFORMED SERVICES FOR CAUSE, OR WERE YOU SEPARATED OR ARE YOU PENDING SEPARATION FROM COMMISSIONED STATUS IN ANY BRANCH OF THE UNIFORMED SERVICES DUE TO NONQUALIFIED, NONSELECT, OR DEFERRAL PROMOTION?

YES NO (If yes, provide branch of uniformed service, reason for separation action, and date of separation, if applicable)

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YES NO

23. HAVE YOU PREVIOUSLY MADE APPLICATION AND BEEN REJECTED FOR COMMISSIONING BY ANY COMPONENT OF THE UNIFORMED SERVICES?

YES NO (If yes, please state when and where rejected, and cause)

24. CHRONOLOGICAL STATEMENT OF CIVILIAN EMPLOYMENT, INCLUDING PART-TIME POSITIONS. (If additional space is required, continue in "REMARKS" section)

FROM - TO (Day, month, year)	EMPLOYED BY (Give name and address to include ZIP Code)	FULL TIME	PART TIME (Hrs per week)	MONTHLY SALARY
1 Jun 95 - 1 Aug 95	VA Hospital CA 92357		X	

POSITION AND DUTIES **Laboratory Technician - Bacteriology**

REASON FOR TERMINATION
Temporary Job

FROM - TO (Day, month, year)	EMPLOYED BY (Give name and address to include ZIP Code)	FULL TIME	PART TIME (Hrs per week)	MONTHLY SALARY

POSITION AND DUTIES

REASON FOR TERMINATION

FROM - TO (Day, month, year)	EMPLOYED BY (Give name and address to include ZIP Code)	FULL TIME	PART TIME (Hrs per week)	MONTHLY SALARY

POSITION AND DUTIES

REASON FOR TERMINATION

25. HAVE YOU EVER BEEN INVOLVED, ARRESTED, INDICTED, OR CONVICTED (INCLUDING PRETRIAL DIVERSION) FOR ANY VIOLATION OF CIVIL OR MILITARY LAW, INCLUDING NONJUDICIAL PUNISHMENT PURSUANT TO ARTICLE 15 OF THE UCMJ, OR MINOR TRAFFIC VIOLATIONS?

YES NO (If yes, please explain below. List all offenses charged against you regardless of final disposition, including situations where the involvement has not been recorded locally or the record has been ordered sealed or expunged by the court.)

OFFENSE	DATE	PLACE	AGE	DISPOSITION OF CHARGE	COURT

26. ARE YOU A CONSCIENTIOUS OBJECTOR? (A conscientious objector is defined as: One who has or has a firm, fixed, and sincere objection to participation in war in any form or to bearing of arms because of religious training or belief, which includes solely moral or ethical beliefs.)

YES NO

27. ARE YOU NOW OR HAVE YOU EVER BEEN AFFILIATED WITH ANY ORGANIZATION OR MOVEMENT THAT SEEKS TO ALTER OUR FORM OF GOVERNMENT BY UNCONSTITUTIONAL MEANS, OR SYMPATHETICALLY ASSOCIATED WITH ANY SUCH ORGANIZATION, MOVEMENT, OR MEMBERS THEREOF?

YES NO (If yes, please describe.)

28. ARE THERE ANY OTHER UNFAVORABLE INCIDENTS IN YOUR LIFE WHICH YOU BELIEVE MAY REFLECT UPON YOUR LOYALTY TO THE UNITED STATES GOVERNMENT OR UPON YOUR ABILITY TO PERFORM THE DUTIES WHICH YOU MAY BE CALLED UPON TO UNDERTAKE?

YES NO (If yes, please describe.)

29. HEALTH CARE PRACTITIONERS AND JUDGE ADVOCATE APPLICANTS ONLY

A. LIST ALL STATE OR FEDERAL BAR LICENSES HELD CURRENTLY OR AT ANY TIME IN THE PAST

STATE IN WHICH LICENSED	DATE LICENSED	EXPIRATION DATE	STATE IN WHICH LICENSED	DATE LICENSED	EXPIRATION DATE

B. APPLICANT MUST INITIAL EACH QUESTION

(1) HAVE YOU EVER HAD ANY OF THE ABOVE STATE LICENSE(S) SUSPENDED OR REVOKED?

_____(Initials) YES NO (If yes, please explain in "REMARKS.")

(2) HAVE YOU EVER VOLUNTARILY SURRENDERED OR FAILED TO RENEW ANY OF THE ABOVE STATE LICENSES?

_____(Initials) YES NO (If yes, please explain in "REMARKS.")

(3) HAVE YOU EVER HAD ANY MEDICAL CLAIMS, SETTLEMENTS, JUDICIAL, OR ADMINISTRATIVE ADJUDICATION, OR GRIEVANCES, OR ANY OTHER RESOLVED OR OPEN CHARGES OF INAPPROPRIATE, UNETHICAL, UNPROFESSIONAL, OR SUBSTANDARD MEDICAL CARE OR LEGAL MALPRACTICE?

_____(Initials) YES NO (If yes, please explain in "REMARKS.")

(4) HAVE YOU EVER HAD YOUR PROFESSIONAL PRIVILEGES WITHDRAWN, DENIED, OR RESTRICTED BY ANY HEALTH CARE INSTITUTION OR STATE BAR LICENSING ORGANIZATION, OR HAVE YOU EVER VOLUNTARILY SURRENDERED YOUR PRIVILEGES?

_____(Initials) YES NO (If yes, please explain in "REMARKS.")

(5) ARE YOU BOARD CERTIFIED?

_____(Initials) YES NO (If no, please explain in "REMARKS.")

(6) ARE YOU BOARD ELIGIBLE?

_____(Initials) YES NO (If no, please explain in "REMARKS.")

(7) HAVE YOU EVER TAKEN THE WRITTEN AND/OR ORAL PORTION OF YOUR BOARD OR BAR EXAMINATION AND FAILED?

_____(Initials) YES NO (If yes, please explain in "REMARKS.")

(8) DO YOU PLAN TO TAKE OR RETAKE YOUR BOARDS OR BAR EXAMINATION IN THE FUTURE?

_____(Initials) YES NO (If yes, when? _____ please explain in "REMARKS.")

30. REMARKS (If additional space is needed, continue on page 4. Be sure to identify item number.)

I understand that any false or incomplete information knowingly provided on or with this application may be grounds for not employing or accessing with the Air Force, or grounds for dismissing or releasing me from active duty if already employed or serving.

NAME (First, Middle, and Last Name) (Typed or Printed)

SIGNATURE (First, Middle, and Last Name)

DATE

Carla Elisse Torres

29 Jan 98

STATEMENT OF AGREEMENT

THIS IS TO CERTIFY THAT I FULLY UNDERSTAND AND AGREE TO THE FOLLOWING:

1. That I will be required to attend the Commissioned Officer Training (COT) unless I request and am granted a waiver.
2. That graduate education beyond internship is not guaranteed.
3. That time spent in Air Force-sponsored residency training does not count toward satisfying my active duty obligation incurred through the Health Professions Scholarship Program.
4. That any remaining active duty service commitment I may have incurred through USAFA, AFROTC, UPT, UNT, OTS, or _____ of 4 years, 0 months, will be served consecutively with the commitment incurred through the HPSP.

(NAME, SSAN)

04/14/98
(DATE)

TSGT
(WITNESS)

14 Apr 98
(DATE)



SECURITY TERMINATION STATEMENT

I am aware of my termination for access to Classified Information
(Enter special access being terminated, for example, "NATO Secret," or "SIOP-ESI," or enter special access being terminated and "classified information" if both are being terminated at the same time; otherwise, enter "classified information.") acknowledge:)


1. I have read and understand the below provisions of the Espionage Act (18 U.S.C. 793, 794), the Atomic Energy Act (42 U.S.C. 2274-2277), and the Subversive Activities Control Act of 1950, as amended (50 U.S.C. 783). I understand that any unauthorized disclosure of information affecting the national defense is prohibited and punishable
2. I do not have in my possession or control any documents or material of a classified nature.
3. I shall not knowingly or willfully divulge, reveal, or transmit classified information orally or in writing or by any other means, to any unauthorized person or agency.
4. I shall report to the Federal Bureau of Investigation, to a security office of the Department of Defense, or to a security office of a U.S. Embassy or Consulate, without delay, any attempt made by an unauthorized person to solicit or obtain classified information.
5. I, ~~have~~, have not (Strike out inappropriate word or words) received an oral security debriefing.

ESPIONAGE ACT AND OTHER CRIMINAL STATUTES

Sections 793 and 794 of Title 18, U.S. Code; Section 783 of Title 50, U.S. Code, and Sections 2274, 2275, 2276 and 2277 of Title 42, U.S. Code, identify and prescribe punishments for certain acts or the conspiracy to commit certain acts which one has reason to believe will injure the United States or secure an advantage to a foreign nation. These acts are:

1. Gathering, transmitting, delivering, communicating or disclosing information relating to national defense (including Restricted Data) to an unauthorized person or causing these acts;
2. Losing information relating to national defense through gross negligence;
3. Failing to report to superiors the known loss or theft of information relating to national defense;
4. Communicating classified information to an agent or representative of a foreign government;
5. Failing to deliver on demand documents or information relating to the national defense to an officer or employee of the United States who is entitled to receive it; and
6. Gathering or delivering information relating to the national defense to aid a foreign government.

You have had access to information relating to the national defense (including Restricted Data) which is protected by these statutes. These statutes make it a crime to unlawfully communicate information relating to the national defense to any person when there is reason to believe that the information will be used to the injury of the United States or to the advantage of a foreign government. The penalties prescribed for violations of these statutes, through willful acts or gross negligence, vary according to the statute, the circumstances, and the information involved. They range in severity from a fine of not more than \$2,500 to life-imprisonment or death. Your signature on this form is your acknowledgement that you have been informed of the criminal statutes applicable to espionage and the punishments provided for violation of these statutes. The full text of the applicable section of each of these statutes is available for your review prior to signing this termination statement.

DATE <u>6/16/2020</u>	TYPED OR PRINTED NAME & ORGN OF PERSON BEING DEBRIEFED <u>Lt Col Carla Torres</u>	
DATE <u>16 Jun 2020</u>	TYPED OR PRINTED NAME OF DEBRIEFER	SIGNATURE 

I. IDENTIFICATION DATA *(Read Air Form 1406 carefully before filling in any items)*

1. NAME (Last, First, Middle Initial) TORRES, CARLA E. 2. SSN [] 3. GRADE Capt 4. DUTY STATION 4501

5. ORGANIZATION, COMMAND, AND LOCATION
Air Force Institute of Technology (AFITC), Wright-Patterson AFB OH

6. PERIOD OF REPORT FROM 01 Jul 2005 THRU 30 Jun 2006 7. LENGTH OF COURSE 35 WEEKS 8. REASON FOR REPORT ANNUAL FINAL DIRECTED

9. NAME AND LOCATION OF SCHOOL OR INSTITUTION
Naval Medical Center, San Diego CA

10. NAME OR TITLE OF COURSE
Obstetrics-Gynecology

II. REPORT DATA *(Complete as applicable for final report)*

11. AFSC/AERO RATE/PROBATION AWARDED
Residency Certificate

12. COURSE NOT COMPLETED (If of course in item 4 below)

13. DISTINGUISHED GRADUATE YES NO 14. AWARD OF TRAINING COURSE NON-COMPLETION REASON

III. COMMENTS *(Mandatory)*

15. COMMENTS (When appropriate, include dates)

[Empty box for comments]

PROFESSIONAL QUALITIES *(When appropriate, include dates)*

16. PROFESSIONAL QUALITIES (When appropriate, include dates)

[Empty box for professional qualities]

OTHER COMMENTS *(Optional)*

17. OTHER COMMENTS (Optional)

[Empty box for other comments]

IV. EVALUATOR

18. NAME, GRADE, BR OR SVC, ORGANIZATION, LOCATION [] Lt Col, USAF, MSC
Air Force Institute of Technology (AFITC)
Wright-Patterson AFB OH

19. DUTY TITLE Chief, Healthcare Education Division DATE 11/1/2006

20. SSN []

DEC 20 2006

DEC 20 2006

NCOIC, Evaluations

I. IDENTIFICATION DATA (Feed AF 36-24 carefully before filling in any item)

1. NAME (Last, First, Middle Initial) Torres, Carla E.	2. SSN -	3. GRADE Capt	4. DUTY AFSC 45G1
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5. ORGANIZATION, COMMAND, AND LOCATION
81st Surgical Operations Squadron (AETC), Keesler AFB MS

6. PERIOD OF REPORT FROM: 01 Jul 2004 THRU: 30 Jun 2005	7. LENGTH OF COURSE 208 WEEK(S)	8. REASON FOR REPORT <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> FINAL <input type="checkbox"/> DIRECTED
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9. NAME AND LOCATION OF SCHOOL OR INSTITUTION
Keesler Medical Center, 301 Fisher St, Keesler AFB MS 39534

10. NAME OR TITLE OF COURSE
Obstetrics and Gynecology Residency Program

II. REPORT DATA (Complete as applicable for final report)

1. AFSC/AFRO RATING/DEGREE AWARDED	2. <input type="checkbox"/> COURSE NOT COMPLETED (List reason in Item 4 below)
------------------------------------	--

3. <input type="checkbox"/> DISTINGUISHED GRADUATE YES (List criteria in Item 4 below)	<input type="checkbox"/> NO DG PROGRAM
--	--

4. DG AWARD CRITERIA/COURSE NONCOMPLETION REASON

III. COMMENTS (Mandatory)
ACADEM/C TRAINING ACCOMPLISHMENTS

[Large empty box for comments]

PROFESSIONAL QUALITIES (bearing, appearance, conduct, fitness)

[Large empty box for professional qualities]

IV. EVALUATOR

NAME (Last, First, Middle Initial), GRADE, BR OF SVC, ORGN, COMB, LOCATION Maj, USAF, MC 81st Surgical Operations Squadron (AETC) Keesler AFB MS	DUTY TITLE Program Director, OB/GYN Residency	DATE 01 Jul 2005
SSN -	SIGNATURE [Signature]	

Certified True Copy

SS61, USAF

SEP 28 2005

MSgt, USAF NCOIC EVALUATIONS

Certified True Copy

I. IDENTIFICATION DATA (Read AFI 36-2411 carefully before filling in any item)			
1. NAME (Last, First, Middle Initial) Torres, Carla E.	2. SSN []	3. GRADE Capt	4. DUTY AFSC 45G1
5. ORGANIZATION, COMMAND, AND LOCATION 81st Surgical Operations Squadron (AETC), Keesler AFB MS			
6. PERIOD OF REPORT FROM: 01 Jul 2003 THRU: 30 Jun 2004	7. LENGTH OF COURSE 208 WEEK(S)	8. REASON FOR REPORT <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> FINAL <input type="checkbox"/> DIRECTED	
9. NAME AND LOCATION OF SCHOOL OR INSTITUTION Keesler Medical Center, 301 Fisher St, Keesler AFB MS 39534			
10. NAME OR TITLE OF COURSE Obstetrics and Gynecology Residency Program			
II. REPORT DATA (Complete as applicable for final report)			
1. AFSC/AERO RATING/DEGREE AWARDED	2. <input type="checkbox"/> COURSE NOT COMPLETED (List reason in Item 4 below)		
3. DISTINGUISHED GRADUATE <input type="checkbox"/> YES (List criteria in Item 4 below) <input type="checkbox"/> NO DG PROGRAM			
4. DG AWARD CRITERIA/COURSE NONCOMPLETION REASON			
III. COMMENTS (Mandatory) ACADEMIC/TRAINING ACCOMPLISHMENTS			
[Empty Box]			
PROFESSIONAL QUALITIES (Bearing, appearance, conduct, fitness)			
[Empty Box]			
OTHER COMMENTS (Optional)			
[Empty Box]			
IV. EVALUATOR			
NAME, GRADE, BR OF SVC, ORGN, COMD, LOCATION [] Maj, USAF, MC 81st Surgical Operations Squadron (AETC) Keesler AFB MS		DUTY TITLE Program Director, OB/GYN Residency	DATE 01 Jul 2004
SSN []		SIGNATURE [Signature]	



SEP 28 2006

I. IDENTIFICATION DATA (Read AFI 36-240)		ully before filling in any item)	
1. NAME (Last, First, Middle Initial) Torres, Carla E.	2. SSN	3. GRADE 03	4. DAFSC 45G1
5. ORGANIZATION, COMMAND, AND LOCATION 81st Surgical Operations Squadron (AETC), Keesler AFB MS			
6. PERIOD OF REPORT FROM 08 JUN 2002	THRU: 30 Jun 2003	7. LENGTH OF COURSE 208 wks	8. REASON FOR REPORT <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> FINAL <input type="checkbox"/> DIRECTED
9. NAME AND LOCATION OF SCHOOL OR INSTITUTION Keesler Medical Center, 301 Fisher St, Keesler AFB MS 39534			
10. NAME OR TITLE OF COURSE Obstetrics and Gynecology Residency			
II. REPORT DATA (Complete as applicable for final report)			
1. AFSC/AERO RATING/DEGREE AWARDED	2. <input type="checkbox"/> COURSE NOT COMPLETED (List reason in Item 4 below)		
3. DISTINGUISHED GRADUATE <input type="checkbox"/> YES (List criteria in Item 4 below)	<input type="checkbox"/> NO DG PROGRAM		
4. DG AWARD CRITERIA/COURSE NONCOMPLETION REASON			
III. COMMENTS (Mandatory)			
ACADEMIC/TRAINING ACCOMPLISHMENTS			
PROFESSIONAL QUALITIES (Bearing, appearance, conduct, fitness)			
OTHER COMMENTS (Optional)			
IV. EVALUATOR			
NAME GRADE BR OF SVC ORGN, COMD, LOCATION Maj, USAF, MC 81st Surgical Operations Squadron (AETC) Keesler AFB MS	DUTY TITLE Assoc Prog Director, OB/GYN Residency	DATE 29 Aug 03	SIGNATURE
SSN	SIGNATURE		

MSgt, USAF NOIC EVALUATIONS

MSgt, USAF

True Copy

OFFICER PERFORMANCE REPORT (Lt thru Col)

I. RATEE IDENTIFICATION DATA (Read AFI 36-2406 carefully before filling in any item)

1. NAME (Last, First, Middle Initial) TORRES, CARLA E.	2. SSN .	3. GRADE Lt Col	4. DAFSC 45G3	5. REASON FOR REPORT Annual	6. PAS CODE .
7. ORGANIZATION, COMMAND, LOCATION, AND COMPONENT 60th Surgical Operations Squadron (AMC), Travis AFB CA			8. PERIOD OF REPORT 2 Apr 2014 THRU 1 Apr 2015		9. NO. DAYS SUPV. 365

II. JOB DESCRIPTION (Limit text to 4 lines)

DUTY TITLE OBSTETRICS/GYNECOLOGY STAFF PHYSICIAN	10. SRID ILPCT
- Provides comprehensive OB/GYN care to AD/dependents at AMC's largest OB/GYN Flt averaging 13K patients/yr - Clinical supervisor and training mgr for 5 physicians, 2 LVNs, 2 WHNPs, 3 CNMs & 15 medical/admin technicians - Leads department's admin; assists Medical Director and Flight CC direct oversight of clinical, surg & inpatient ops - ADDITIONAL DUTIES: Sq Morbidity/Mortality & Perinatal Cmte Chair, Credentials Board & ECOMS cmte mbr	

III. PERFORMANCE FACTORS

	DOES NOT MEET STANDARDS	MEETS STANDARDS	FITNESS EXEMPTION
Job Knowledge, Leadership Skills (to include Promoting a Healthy Organizational Climate), Professional Qualities, Organizational Skills, Judgment and Decisions, Communication Skills, and Physical Fitness (see reverse if marked Does Not Meet Standards)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. RATER OVERALL ASSESSMENT (Limit text to 6 lines)

.

Last performance feedback was accomplished on: 1 Feb 2015 (IAW AFI 36-2406) (If not accomplished, state the reason)

NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION Lt Col, USAF, MC 60th Surgical Operations Squadron (AMC) Travis AFB CA	DUTY TITLE Obstetrics/Gynecology Staff Physician	DATE 20 May 2015
	SSN .	SIGNATURE .

V. ADDITIONAL RATER OVERALL ASSESSMENT (Limit text to 4 lines) CONCUR NON-CONCUR

.

NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION Colonel, USAF, MC 60th Surgical Operations Squadron (AMC) Travis AFB CA	DUTY TITLE Commander	DATE 20 May 2015
	SSN .	SIGNATURE .

VI. REVIEWER (If required, limit text to 3 lines) CONCUR NON-CONCUR

.

NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION CARLTON D. EVERHART II, Lt Gen, USAF Eighteenth Air Force (AMC) Scott AFB IL	DUTY TITLE Commander	DATE 8 Jun 2015
	SSN .	SIGNATURE .

VII. FUNCTIONAL EXAMINER/AIR FORCE ADVISOR (Indicate applicable review by marking the appropriate box) FUNCTIONAL EXAMINER AIR FORCE ADVISOR

NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION	DUTY TITLE	DATE
	SSN	SIGNATURE

VIII. RATEE'S ACKNOWLEDGMENT

I understand my signature does not constitute agreement or disagreement. I acknowledge all required feedback was accomplished during the reporting period and upon receipt of this report. Yes No

SIGNATURE .	DATE 10 Jun 2015
----------------	---------------------

RATEE NAME: TORRES, CARLA E.

IX. PERFORMANCE FACTORS (If Section III is marked Does Not Meet Standards, fill in applicable block[s])

DOES NOT MEET STANDARDS

- 1. Job Knowledge. Has knowledge required to perform duties effectively. Strives to improve knowledge. Applies knowledge to handle non-routine situations.
2. Leadership Skills. Sets and enforces standards. Promotes a Healthy Organizational Climate. Works well with others. Fosters teamwork. Displays initiative. Self-confident. Motivates Subordinates. Has respect and confidence of subordinates. Fair and consistent in evaluation of subordinates.
3. Professional Qualities. Exhibits loyalty, discipline, dedication, integrity, honesty, and officership. Adheres to Air Force standards. Accepts personal responsibility. Is fair and objective.
4. Organizational Skills. Plans, coordinates, schedules and uses resources effectively. Meets suspenses. Schedules work for self and others equitably and effectively. Anticipates and solves problems.
5. Judgment and Decisions. Makes timely and accurate decisions. Emphasizes logic in decision making. Retains composure in stressful situations. Recognizes opportunities. Adheres to safety and occupational health requirements. Acts to take advantage of opportunities.
6. Communication Skills. Listens, speaks, and writes effectively.
7. Physical Fitness. Maintains Air Force physical fitness standards.

X. REMARKS (use this section to spell out acronyms from the front)

XI. REFERRAL REPORT (Complete only if report contains referral comments or the overall standards block is marked as does not meet standards)

I am referring this OPR to you according to AFI 36-2406, para 1.10. It contains comment(s)/rating(s) that make(s) the report a referral as defined in AFI 36-2406, para. 1.10. Specifically,

Acknowledge receipt by signing and dating below. Your signature merely acknowledges that a referral report has been rendered; it does not imply acceptance of or agreement with the ratings or comments on the report. Once signed, you are entitled to a copy of this memo. You may submit rebuttal comments. Send your written comments to:

not later than 3 duty days (30 for non-EAD members) from your date below. If you need additional time, you may request an extension from the individuals named above. You may submit attachments (limit to 10 pages), but they must directly relate to the reason this report was referred. Pertinent attachments not maintained elsewhere will remain attached to the report for file in your personnel record. Copies of previous reports, etc. submitted as attachments will be removed from your rebuttal package prior to filing since these documents are already filed in your records. Your rebuttal comments/attachments may not contain any reflection on the character, conduct, integrity, or motives of the evaluator unless you can fully substantiate and document them. Contact the MPS, Force Management section, or the AF Contact Center if you require any assistance in preparing your reply to the referral report. It is important for you to be aware that receiving a referral report may affect your eligibility for other personnel related actions (e.g. assignments, promotions, etc.). You may consult your commander and/or MPS or Air Force Contact Center if you desire more information on this subject. If you believe this report is inaccurate, unjust, or unfairly prejudicial to your career, you may apply for a review of the report under AFI 36-2406, Chapter 10, Correction of Officer and Enlisted Evaluation Reports, once the report becomes a matter of record as defined in AFI 36-2406, Attachment 2.

NAME, GRADE, BR OF SVC OF REFERRING EVALUATOR | DUTY TITLE | DATE
SIGNATURE OF RATEE | DATE

INSTRUCTIONS

ALL: Recommendations must be based on performance and the potential based on that performance. Promotion recommendations are prohibited. Do not comment on completion of or enrollment in Developmental Education, advanced education, previous or anticipated promotion recommendations on AF Form 709, OPR endorsement levels, family activities, marital status, race, sex, ethnic origin, age, religion or sexual orientation. Evaluators enter only the last four numbers of SSN.
RATER: Focus your evaluation in Section IV on what the officer did, how well he or she did it, and how the officer contributed to mission accomplishment. Write in concise "bullet" format. Your comments in Section IV may include recommendations for assignment. Provide a copy of the report to the ratee prior to the report becoming a matter of record and provide follow-up feedback to let the ratee know how their performance resulted in this final product.
ADDITIONAL RATER: Carefully review the rater's evaluation to ensure it is accurate, unbiased and uninflated. If you disagree, you may ask the rater to review his or her evaluation. You may not direct a change in the evaluation. If you still disagree with the rater, mark "NON-CONCUR" and explain. You may include recommendation for assignment.
REVIEWER: Carefully review the rater's and additional rater's ratings and comments. If their evaluations are accurate, unbiased and uninflated, mark "CONCUR" and sign the form. If you disagree with previous evaluators, you may ask them to review their evaluations. You may not direct them to change their appraisals. If you still disagree with the additional rater, mark "NON-CONCUR" and explain in Section VI. Do not use "NON-CONCUR" simply to provide comments on the report.
RATEE: Your signature is merely an acknowledgement of receipt of this report. It does not constitute concurrence. If you disagree with the content, you may file an evaluation appeal through the Evaluation Reports Appeals Board IAW AFI 36-2406 Chapter 10 (Correcting Officer and Enlisted Evaluation Reports), or through the Air Force Board for Correction of Military Records IAW AFI 36-2603 (Air Force Board for Correction of Military Records) and AFPAM 36-2607 (Applicants' Guide to the Air Force Board for Correction of Military Records (AFBCMR)).

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 United States Code (U.S.C.) 8013, Secretary of the Air Force: AFI 36-2406, and Executive Order 9397 (SSN), as amended.
PURPOSE: Used to document effectiveness/duty performance history; promotion, school and assignment selection; reduction-in-force; control roster; reenlistment; separation; research and statistical analysis.
ROUTINE USES: May specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3). DoD Blanket Routine Uses apply.
DISCLOSURE: Voluntary. Not providing SSN may cause form to not be processed or to positively identify the person being evaluated.

OFFICER PERFORMANCE REPORT (Lt thru Col)

I. RATEE IDENTIFICATION DATA (Read AFI 36-2406 carefully before filling in any item)

1. NAME (Last, First, Middle Initial) TORRES, CARLA E.	2. SSN -	3. GRADE Maj	4. DAFSC 45G3	5. REASON FOR REPORT Annual	6. PAS CODE -
7. ORGANIZATION, COMMAND, LOCATION, AND COMPONENT 60th Surgical Operations Squadron (AMC), Travis AFB CA			8. PERIOD OF REPORT 2 Apr 2013 THRU 1 Apr 2014		9. NO. DAYS SUPV. 365

II. JOB DESCRIPTION (Limit text to 4 lines)

DUTY TITLE OBSTETRICS/GYNECOLOGY STAFF PHYSICIAN	10. SRID 1LPC0
---	-------------------

- Provides comprehensive OB/GYN inpatient & outpatient care to active duty and dependent TRICARE beneficiaries
- Oversees performance and clinical instruction for eleven Obstetrics/Gynecology providers and 42 residents/interns
- Physician ldr for AMC's largest OB/GYN Flight averaging over 9K in/outpatients and 500 infant deliveries annually
- ADDITIONAL DUTIES: Med Director OB/GYN Flt, MDG's M & M cmte Chair and Tissue/Transfusion cmte mbr

III. PERFORMANCE FACTORS

Job Knowledge, Leadership Skills (to include Promoting a Healthy Organizational Climate). Professional Qualities, Organizational Skills, Judgment and Decisions, Communication Skills, and Physical Fitness (see reverse if marked Does Not Meet Standards)	DOES NOT MEET STANDARDS	MEETS STANDARDS	FITNESS EXEMPTION
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. RATER OVERALL ASSESSMENT (Limit text to 6 lines)

-

Last performance feedback was accomplished on: 16 Aug 2013 (IAW AFI 36-2406) (If not accomplished, state the reason)

NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION - Lt Col, USAF, MC 60th Surgical Operations Squadron (AMC) Travis AFB CA	DUTY TITLE Master Clinician Obstetrics/Gynecology	DATE 25 Apr 2014
	SSN -	SIGNATURE -

V. ADDITIONAL RATER OVERALL ASSESSMENT (Limit text to 4 lines) CONCUR NON-CONCUR

-

NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION - Col, USAF, MC 60th Surgical Operations Squadron (AMC) Travis AFB CA	DUTY TITLE Commander	DATE 1 May 2014
	SSN -	SIGNATURE -

VI. REVIEWER (If required, limit text to 4 lines) CONCUR NON-CONCUR

-

NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION - Colonel, USAF 60th Air Mobility Wing (AMC) Travis AFB CA	DUTY TITLE Commander	DATE 11 May 2014
	SSN -	SIGNATURE -

VII. FUNCTIONAL EXAMINER/AIR FORCE ADVISOR
(Indicate applicable review by marking the appropriate box) FUNCTIONAL EXAMINER AIR FORCE ADVISOR

NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION	DUTY TITLE	DATE
	SSN	SIGNATURE

VIII. RATEE'S ACKNOWLEDGMENT

I understand my signature does not constitute agreement or disagreement. I acknowledge all required feedback was accomplished during the reporting period and upon receipt of this report.	Yes <input type="checkbox"/> No <input type="checkbox"/>	SIGNATURE -	DATE 19 May 2014
--	--	----------------	---------------------

RATEE NAME: TORRES, CARLA E.

IX. PERFORMANCE FACTORS (If Section III is marked Does Not Meet Standards, fill in applicable block[s])

DOES NOT MEET STANDARDS

- 1. Job Knowledge. Has knowledge required to perform duties effectively. Strives to improve knowledge. Applies knowledge to handle non-routine situations.
2. Leadership Skills. Sets and enforces standards. Promotes a Healthy Organizational Climate. Works well with others. Fosters teamwork. Displays initiative. Self-confident. Motivates Subordinates. Has respect and confidence of subordinates. Fair and consistent in evaluation of subordinates.
3. Professional Qualities. Exhibits loyalty, discipline, dedication, integrity, honesty, and officership. Adheres to Air Force standards. Accepts personal responsibility. Is fair and objective.
4. Organizational Skills. Plans, coordinates, schedules and uses resources effectively. Meets suspenses. Schedules work for self and others equitably and effectively. Anticipates and solves problems.
5. Judgment and Decisions. Makes timely and accurate decisions. Emphasizes logic in decision making. Retains composure in stressful situations. Recognizes opportunities. Adheres to safety and occupational health requirements. Acts to take advantage of opportunities.
6. Communication Skills. Listens, speaks, and writes effectively.
7. Physical Fitness. Maintains Air Force physical fitness standards.

X. REMARKS (use this section to spell out acronyms from the front)

XI. REFERRAL REPORT (Complete only if report contains referral comments or the overall standards block is marked as does not meet standards)

I am referring this OPR to you according to AFI 36-2406, para 1.10. It contains comment(s)/rating(s) that make(s) the report a referral as defined in AFI 36-2406, para. 1.10. Specifically,

Acknowledge receipt by signing and dating below. Your signature merely acknowledges that a referral report has been rendered; it does not imply acceptance of or agreement with the ratings or comments on the report. Once signed, you are entitled to a copy of this memo. You may submit rebuttal comments. Send your written comments to:

not later than 3 duty days (30 for non-EAD members) from your date below. If you need additional time, you may request an extension from the individuals named above. You may submit attachments (limit to 10 pages), but they must directly relate to the reason this report was referred. Pertinent attachments not maintained elsewhere will remain attached to the report for file in your personnel record. Copies of previous reports, etc. submitted as attachments will be removed from your rebuttal package prior to filing since these documents are already filed in your records. Your rebuttal comments/attachments may not contain any reflection on the character, conduct, integrity, or motives of the evaluator unless you can fully substantiate and document them. Contact the MPS, Force Management section, or the AF Contact Center if you require any assistance in preparing your reply to the referral report. It is important for you to be aware that receiving a referral report may affect your eligibility for other personnel related actions (e.g. assignments, promotions, etc.). You may consult your commander and/or MPS or Air Force Contact Center if you desire more information on this subject. If you believe this report is inaccurate, unjust, or unfairly prejudicial to your career, you may apply for a review of the report under AFI 36-2406, Chapter 10, Correction of Officer and Enlisted Evaluation Reports, once the report becomes a matter of record as defined in AFI 36-2406, Attachment 2.

NAME, GRADE, BR OF SVC OF REFERRING EVALUATOR | DUTY TITLE | DATE
SIGNATURE OF RATEE | DATE

INSTRUCTIONS

ALL: Recommendations must be based on performance and the potential based on that performance. Promotion recommendations are prohibited. Do not comment on completion of or enrollment in Developmental Education, advanced education, previous or anticipated promotion recommendations on AF Form 709, OPR endorsement levels, family activities, marital status, race, sex, ethnic origin, age, religion or sexual orientation. Evaluators enter only the last four numbers of SSN.
RATER: Focus your evaluation in Section IV on what the officer did, how well he or she did it, and how the officer contributed to mission accomplishment. Write in concise "bullet" format. Your comments in Section IV may include recommendations for assignment. Provide a copy of the report to the ratee prior to the report becoming a matter of record and provide follow-up feedback to let the ratee know how their performance resulted in this final product.
ADDITIONAL RATER: Carefully review the rater's evaluation to ensure it is accurate, unbiased and uninflated. If you disagree, you may ask the rater to review his or her evaluation. You may not direct a change in the evaluation. If you still disagree with the rater, mark "NON-CONCUR" and explain. You may include recommendation for assignment.
REVIEWER: Carefully review the rater's and additional rater's ratings and comments. If their evaluations are accurate, unbiased and uninflated, mark "CONCUR" and sign the form. If you disagree with previous evaluators, you may ask them to review their evaluations. You may not direct them to change their appraisals. If you still disagree with the additional rater, mark "NON-CONCUR" and explain in Section VI. Do not use "NON-CONCUR" simply to provide comments on the report.
RATEE: Your signature is merely an acknowledgement of receipt of this report. It does not constitute concurrence. If you disagree with the content, you may file an evaluation appeal through the Evaluation Reports Appeals Board IAW AFI 36-2406 Chapter 10 (Correcting Officer and Enlisted Evaluation Reports), or through the Air Force Board for Correction of Military Records IAW AFI 36-2603 (Air Force Board for Correction of Military Records) and AFPAM 36-2607 (Applicants' Guide to the Air Force Board for Correction of Military Records (AFBCMR)).

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 United States Code (U.S.C.) 8013, Secretary of the Air Force: AFI 36-2406, and Executive Order 9397 (SSN), as amended.
PURPOSE: Used to document effectiveness/duty performance history; promotion, school and assignment selection; reduction-in-force; control roster; reenlistment; separation; research and statistical analysis.
ROUTINE USES: May specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3). DoD Blanket Routine Uses apply.
DISCLOSURE: Voluntary. Not providing SSN may cause form to not be processed or to positively identify the person being evaluated.

OFFICER PERFORMANCE REPORT (Lt thru Col)

I. RATEE IDENTIFICATION DATA (Read AFI 36-2406 carefully before filling in any item)

1. NAME (Last, First, Middle Initial) TORRES, CARLA E.	2. SSN -	3. GRADE Maj	4. DAFSC 45G3	5. REASON FOR REPORT Annual	6. PAS CODE -
7. ORGANIZATION, COMMAND, LOCATION, AND COMPONENT 60th Surgical Operations Squadron (AMC), Travis AFB CA			8. PERIOD OF REPORT 2 Apr 2012 THRU 1 Apr 2013		9. NO. DAYS SUPV. 365

II. JOB DESCRIPTION (Limit text to 4 lines)

DUTY TITLE OBSTETRICS / GYNECOLOGY MEDICAL DIRECTOR	10. SRID ILPC0
--	-------------------

III. PERFORMANCE FACTORS

Job Knowledge, Leadership Skills, Professional Qualities, Organizational Skills, Judgment and Decisions, Communication Skills, and Physical Fitness (see reverse if marked Does Not Meet Standards)	DOES NOT MEET STANDARDS	MEETS STANDARDS	FITNESS EXEMPTION
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. RATER OVERALL ASSESSMENT (Limit text to 6 lines)

-

Last performance feedback was accomplished on: 19 Sep 2012 (IAW AFI 36-2406) (If not accomplished, state the reason)

NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION - Lt Col, USAF, MC 60th Surgical Operations Squadron (AMC) Travis AFB CA	DUTY TITLE Master Clinician Obstetrics/Gynecology	DATE 18 Apr 2013
	SSN -	SIGNATURE -

V. ADDITIONAL RATER OVERALL ASSESSMENT (Limit text to 4 lines) CONCUR NON-CONCUR

-

NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION - Col, USAF, MC 60th Surgical Operations Squadron (AMC) Travis AFB CA	DUTY TITLE Commander	DATE 18 Apr 2013
	SSN -	SIGNATURE -

VI. REVIEWER (If required, limit text to 4 lines) CONCUR NON-CONCUR

-

NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION - Colonel, USAF 60th Air Mobility Wing (AMC) Travis AFB CA	DUTY TITLE Commander	DATE 18 Apr 2013
	SSN -	SIGNATURE -

VII. FUNCTIONAL EXAMINER/AIR FORCE ADVISOR (Indicate applicable review by marking the appropriate box) FUNCTIONAL EXAMINER AIR FORCE ADVISOR

NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION	DUTY TITLE	DATE
	SSN	SIGNATURE

VIII. RATEE'S ACKNOWLEDGMENT

I understand my signature does not constitute agreement or disagreement. I acknowledge all required feedback was accomplished during the reporting period and upon receipt of this report.	Yes No <input type="checkbox"/> <input type="checkbox"/>	SIGNATURE -	DATE 24 Apr 2013
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RATEE NAME: TORRES, CARLA E.

IX. PERFORMANCE FACTORS (If Section III is marked Does Not Meet Standards, fill in applicable block[s])

DOES NOT MEET STANDARDS

- 1. **Job Knowledge.** Has knowledge required to perform duties effectively. Strives to improve knowledge. Applies knowledge to handle non-routine situations.
- 2. **Leadership Skills.** Sets and enforces standards. Works well with others. Fosters teamwork. Displays initiative. Self-confident. Motivates subordinates. Has respect and confidence of subordinates. Fair and consistent in evaluation of subordinates.
- 3. **Professional Qualities.** Exhibits loyalty, discipline, dedication, integrity, honesty, and officership. Adheres to Air Force standards. Accepts personal responsibility. Is fair and objective.
- 4. **Organizational Skills.** Plans, coordinates, schedules and uses resources effectively. Meets suspenses. Schedules work for self and others equitably and effectively. Anticipates and solves problems.
- 5. **Judgment and Decisions.** Makes timely and accurate decisions. Emphasizes logic in decision making. Retains composure in stressful situations. Recognizes opportunities. Adheres to safety and occupational health requirements. Acts to take advantage of opportunities.
- 6. **Communication Skills.** Listens, speaks, and writes effectively.
- 7. **Physical Fitness.** Maintains Air Force physical fitness standards.

X. REMARKS (use this section to spell out acronyms from the front)

XI. REFERRAL REPORT (Complete only if report contains referral comments or the overall standards block is marked as does not meet standards)

I am referring this OPR to you according to AFI 36-2406, para 3.9. It contains comment(s)/rating(s) that make(s) the report a referral as defined in AFI 36-2406, para. 3.9. Specifically, _____

Acknowledge receipt by signing and dating below. Your signature merely acknowledges that a referral report has been rendered; it does not imply acceptance of or agreement with the ratings or comments on the report. Once signed, you are entitled to a copy of this memo. You may submit rebuttal comments. Send your written comments to:

not later than 10 calendar days (30 for non-EAD members) from your date below. If you need additional time, you may request an extension from the individual named above. You may submit attachments (limit to 10 pages), but they must directly relate to the reason this report was referred. Pertinent attachments not maintained elsewhere will remain attached to the report for file in your personnel record. Copies of previous reports, etc. submitted as attachments will be removed from your rebuttal package prior to filing since these documents are already filed in your records. Your rebuttal comments/attachments may not contain any reflection on the character, conduct, integrity, or motives of the evaluator unless you can fully substantiate and document them. Contact the MPF career enhancement section, or the AF Contact Center if you require any assistance in preparing your reply to the referral report. It is important for you to be aware that receiving a referral report may affect your eligibility for other personnel related actions (e.g. assignments, promotions, etc.). You may consult your commander and/or MPF or Air Force Contact Center if you desire more information on this subject. If you believe this report is inaccurate, unjust, or unfairly prejudicial to your career, you may apply for a review of the report under AFI 36-2401, Correction of Officer and Enlisted Evaluation Reports, once the report becomes a matter of record as defined in AFI 36-2406, Attachment 1.

NAME, GRADE, BR OF SVC OF REFERRING EVALUATOR	DUTY TITLE	DATE
	SIGNATURE	
SIGNATURE OF RATEE		DATE

INSTRUCTIONS

ALL: Recommendations must be based on performance and the potential based on that performance. Promotion recommendations are prohibited. Do not comment on completion of or enrollment in Developmental Education, advanced education, previous or anticipated promotion recommendations on AF Form 709, OPR endorsement levels, family activities, marital status, race, sex, ethnic origin, age, or religion. Evaluators enter only the last four numbers of SSN.

RATER: Focus your evaluation in Section IV on what the officer did, how well he or she did it, and how the officer contributed to mission accomplishment. Write in concise "bullet" format. Your comments in Section IV may include recommendations for assignment. Provide a copy of the report to the ratee prior to the report becoming a matter of record and provide follow-up feedback to let the ratee know how their performance resulted in this final product.

ADDITIONAL RATER: Carefully review the rater's evaluation to ensure it is accurate, unbiased and uninflated. If you disagree, you may ask the rater to review his or her evaluation. You may not direct a change in the evaluation. If you still disagree with the rater, mark "NON-CONCUR" and explain. You may include recommendations for assignment.

REVIEWER: Carefully review the rater's and additional rater's ratings and comments. If their evaluations are accurate, unbiased and uninflated, mark "CONCUR" and sign the form. If you disagree with previous evaluators, you may ask them to review their evaluations. You may not direct them to change their appraisals. If you still disagree with the additional rater, mark "NON-CONCUR" and explain in Section VI. Do not use "NON-CONCUR" simply to provide comments on the report.

RATEE: Your signature is merely an acknowledgement of receipt of this report. It does not constitute concurrence. If you disagree with the content, you may file an evaluation appeal through the Evaluation Reports Appeals Board IAW AFI 36-2401 (Correcting Officer and Enlisted Evaluation Reports), or through the Air Force Board for Correction of Military Records IAW AFI 36-2603 (Air Force Board for Correction of Military Records) and AFPAM 36-2607 (Applicants' Guide to the Air Force Board for Correction of Military Records (AFBCMR)).

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 United States Code, Section 8013 and Executive Order 9397, 22 November 1943.

PURPOSE: Information is needed for verification of the individual's name and Social Security Number (SSN) as captured on the form at the time of rating.

ROUTINE USES: May specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3).

DISCLOSURE: Disclosure is mandatory; SSN is used for positive identification.

OFFICER PERFORMANCE REPORT (Lt thru Col)

I. RATEE IDENTIFICATION DATA (Read AFI 36-2406 carefully before filling in any item)

1. NAME (Last, First, Middle Initial) TORRES, CARLA E.	2. SSN -	3. GRADE Maj	4. DAFSC 45G3	5. REASON FOR REPORT Annual	6. PAS CODE -
7. ORGANIZATION, COMMAND, LOCATION, AND COMPONENT 60th Surgical Operations Squadron (AMC), Travis AFB CA (AD)			8. PERIOD OF REPORT 2 Apr 2011 THRU 1 Apr 2012		9. NO. DAYS SUPV. 307

II. JOB DESCRIPTION (Limit text to 4 lines)

DUTY TITLE OBSTETRICS / GYNECOLOGY STAFF PHYSICIAN	10. SRID ILPC0
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- Provides comprehensive OB/GYN care for AD/dependents at AMC's largest OB/GYN Flt averaging 9K patients/yr
 - Indirectly supervises 2 LVNs, 2 RNs, 2 WHNPs, 2 CNMs and 16 med administrative technicians in daily operations
 - Oversees education & supervision of the patient care provided by FM residents, PA students and transitional interns
 - ADDITIONAL DUTIES: Chief GYN Svcs; 60 MDG Tissue & Transfusion Mbr; Chair, Morbidity & Mortality Cmte

III. PERFORMANCE FACTORS

Job Knowledge, Leadership Skills, Professional Qualities, Organizational Skills, Judgment and Decisions, Communication Skills, and Physical Fitness (see reverse if marked Does Not Meet Standards)	DOES NOT MEET STANDARDS <input type="checkbox"/>	MEETS STANDARDS <input type="checkbox"/>	FITNESS EXEMPTION <input type="checkbox"/>
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IV. RATER OVERALL ASSESSMENT (Limit text to 6 lines)

.

Last performance feedback was accomplished on: 9 Oct 2011 (IAW AFI 36-2406) (If not accomplished, state the reason)

NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION Lt Col, USAF, MC 60th Surgical Operations Squadron (AMC) Travis AFB CA	DUTY TITLE Master Clinician Obstetric/Gynecology	DATE 9 Apr 2012
SSN -	SIGNATURE -	

V. ADDITIONAL RATER OVERALL ASSESSMENT (Limit text to 4 lines) CONCUR NON-CONCUR

.

NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION Col, USAF, MC, SFS 60th Surgical Operations Squadron (AMC) Travis AFB CA	DUTY TITLE Commander	DATE 9 Apr 2012
SSN -	SIGNATURE -	

VI. REVIEWER (If required, limit text to 4 lines) CONCUR NON-CONCUR

.

NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION Colonel, USAF 60th Air Mobility Wing (AMC) Travis AFB CA	DUTY TITLE Commander	DATE 14 Apr 2012
SSN -	SIGNATURE -	

VII. FUNCTIONAL EXAMINER/AIR FORCE ADVISOR
 (Indicate applicable review by marking the appropriate box) FUNCTIONAL EXAMINER AIR FORCE ADVISOR

NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION	DUTY TITLE	DATE
SSN	SIGNATURE	

VIII. RATEE'S ACKNOWLEDGMENT

I understand my signature does not constitute agreement or disagreement. I acknowledge all required feedback was accomplished during the reporting period and upon receipt of this report.	Yes No <input type="checkbox"/> <input type="checkbox"/>	SIGNATURE -	DATE 25 Apr 2012
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RATEE NAME: TORRES, CARLA E.

IX. PERFORMANCE FACTORS (If Section III is marked Does Not Meet Standards, fill in applicable block[s])

DOES NOT MEET STANDARDS

- 1. Job Knowledge. Has knowledge required to perform duties effectively. Strives to improve knowledge. Applies knowledge to handle non-routine situations.
2. Leadership Skills. Sets and enforces standards. Works well with others. Fosters teamwork. Displays initiative. Self-confident. Motivates subordinates. Has respect and confidence of subordinates. Fair and consistent in evaluation of subordinates.
3. Professional Qualities. Exhibits loyalty, discipline, dedication, integrity, honesty, and officership. Adheres to Air Force standards. Accepts personal responsibility. Is fair and objective.
4. Organizational Skills. Plans, coordinates, schedules and uses resources effectively. Meets suspenses. Schedules work for self and others equitably and effectively. Anticipates and solves problems.
5. Judgment and Decisions. Makes timely and accurate decisions. Emphasizes logic in decision making. Retains composure in stressful situations. Recognizes opportunities. Adheres to safety and occupational health requirements. Acts to take advantage of opportunities.
6. Communication Skills. Listens, speaks, and writes effectively.
7. Physical Fitness. Maintains Air Force physical fitness standards.

X. REMARKS (use this section to spell out acronyms from the front)

XI. REFERRAL REPORT (Complete only if report contains referral comments or the overall standards block is marked as does not meet standards)

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not later than 10 calendar days (30 for non-EAD members) from your date below. If you need additional time, you may request an extension from the individual named above. You may submit attachments (limit to 10 pages), but they must directly relate to the reason this report was referred. Pertinent attachments not maintained elsewhere will remain attached to the report for file in your personnel record. Copies of previous reports, etc. submitted as attachments will be removed from your rebuttal package prior to filing since these documents are already filed in your records. Your rebuttal comments/attachments may not contain any reflection on the character, conduct, integrity, or motives of the evaluator unless you can fully substantiate and document them. Contact the MPF career enhancement section, or the AF Contact Center if you require any assistance in preparing your reply to the referral report. It is important for you to be aware that receiving a referral report may affect your eligibility for other personnel related actions (e.g. assignments, promotions, etc.). You may consult your commander and/or MPF or Air Force Contact Center if you desire more information on this subject. If you believe this report is inaccurate, unjust, or unfairly prejudicial to your career, you may apply for a review of the report under AFI 36-2401, Correction of Officer and Enlisted Evaluation Reports, once the report becomes a matter of record as defined in AFI 36-2406, Attachment 1.

NAME, GRADE, BR OF SVC OF REFERRING EVALUATOR | DUTY TITLE | DATE | SIGNATURE | SIGNATURE OF RATEE | DATE

INSTRUCTIONS
ALL: Recommendations must be based on performance and the potential based on that performance. Promotion recommendations are prohibited. Do not comment on completion of or enrollment in Developmental Education, advanced education, previous or anticipated promotion recommendations on AF Form 709, OPR endorsement levels, family activities, marital status, race, sex, ethnic origin, age, or religion. Evaluators enter only the last four numbers of SSN.
RATER: Focus your evaluation in Section IV on what the officer did, how well he or she did it, and how the officer contributed to mission accomplishment. Write in concise "bullet" format. Your comments in Section IV may include recommendations for assignment. Provide a copy of the report to the ratee prior to the report becoming a matter of record and provide follow-up feedback to let the ratee know how their performance resulted in this final product.
ADDITIONAL RATER: Carefully review the rater's evaluation to ensure it is accurate, unbiased and uninflated. If you disagree, you may ask the rater to review his or her evaluation. You may not direct a change in the evaluation. If you still disagree with the rater, mark "NON-CONCUR" and explain. You may include recommendations for assignment.
REVIEWER: Carefully review the rater's and additional rater's ratings and comments. If their evaluations are accurate, unbiased and uninflated, mark "CONCUR" and sign the form. If you disagree with previous evaluators, you may ask them to review their evaluations. You may not direct them to change their appraisals. If you still disagree with the additional rater, mark "NON-CONCUR" and explain in Section VI. Do not use "NON-CONCUR" simply to provide comments on the report.
RATEE: Your signature is merely an acknowledgement of receipt of this report. It does not constitute concurrence. If you disagree with the content, you may file an evaluation appeal through the Evaluation Reports Appeals Board IAW AFI 36-2401 (Correcting Officer and Enlisted Evaluation Reports), or through the Air Force Board for Correction of Military Records IAW AFI 36-2603 (Air Force Board for Correction of Military Records) and AFPAM 36-2607 (Applicants' Guide to the Air Force Board for Correction of Military Records (AFBCMR)).

PRIVACY ACT STATEMENT
AUTHORITY: Title 10 United States Code, Section 8013 and Executive Order 9397, 22 November 1943.
PURPOSE: Information is needed for verification of the individual's name and Social Security Number (SSN) as captured on the form at the time of rating.
ROUTINE USES: May specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3).
DISCLOSURE: Disclosure is mandatory; SSN is used for positive identification.

OFFICER PERFORMANCE REPORT (Lt thru Col)

I. RATEE IDENTIFICATION DATA (Read AFI 36-2406 carefully before filling in any item)

1. NAME (Last, First, Middle Initial) TORRES, CARLA E.	2. SSN .	3. GRADE Maj	4. DAFSC 45G3	5. REASON FOR REPORT CRO	6. PAS CODE .
7. ORGANIZATION, COMMAND, LOCATION, AND COMPONENT 99th Surgical Operations Squadron (ACC), Nellis AFB NV (AD)			8. PERIOD OF REPORT 1 Jul 2010 THRU 1 Apr 2011		9. NO. DAYS SUPV. 275

II. JOB DESCRIPTION (Limit text to 4 lines)

DUTY TITLE Staff Physician, Obstetrics/Gynecology Services	10. SRID 1C773
- Provides comprehensive OB, GYN care to beneficiaries; supports 22K visits annually and 65 deliveries per month - Performs diagnostic, therapeutic procedures IAW ACOG; assumes 24-hr on-call coverage for Women's Health, ER - Furnishes consultation svcs to six other departments for co-management of women's healthcare issues and referrals - Coordinator for medical students during OB, GYN clinical rotations. Add'l Duty: Director of Gynecological Svcs	

III. PERFORMANCE FACTORS

Job Knowledge, Leadership Skills, Professional Qualities, Organizational Skills, Judgment and Decisions, Communication Skills, and Physical Fitness (see reverse if marked Does Not Meet Standards)	DOES NOT MEET STANDARDS <input type="checkbox"/>	MEETS STANDARDS <input type="checkbox"/>	FITNESS EXEMPTION <input type="checkbox"/>
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IV. RATER OVERALL ASSESSMENT (Limit text to 6 lines)

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Last performance feedback was accomplished on: 12 Jan 2011 (IAW AFI 36-2406) (If not accomplished, state the reason)

NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION Major, USAF, NC 99th Surgical Operations Squadron (ACC) Nellis AFB NV	DUTY TITLE Women's Health Flight Commander	DATE 8 Apr 2011
	SSN .	SIGNATURE .

V. ADDITIONAL RATER OVERALL ASSESSMENT (Limit text to 4 lines) CONCUR NON-CONCUR

.

NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION Colonel, USAF, MC 99th Surgical Operations Squadron (ACC) Nellis AFB NV	DUTY TITLE Commander	DATE 8 Apr 2011
	SSN .	SIGNATURE .

VI. REVIEWER (If required, limit text to 4 lines) CONCUR NON-CONCUR

.

NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION Colonel, USAF 99th Air Base Wing (ACC) Nellis AFB NV	DUTY TITLE Commander	DATE 8 Apr 2011
	SSN .	SIGNATURE .

VII. FUNCTIONAL EXAMINER/AIR FORCE ADVISOR (Indicate applicable review by marking the appropriate box) FUNCTIONAL EXAMINER AIR FORCE ADVISOR

NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION	DUTY TITLE	DATE
	SSN	SIGNATURE

VIII. RATEE'S ACKNOWLEDGMENT

I understand my signature does not constitute agreement or disagreement. I acknowledge all required feedback was accomplished during the reporting period and upon receipt of this report.	Yes No <input type="checkbox"/> <input type="checkbox"/>	SIGNATURE .	DATE 11 Apr 2011
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RATEE NAME: TORRES, CARLA E.

IX. PERFORMANCE FACTORS (If Section III is marked Does Not Meet Standards, fill in applicable block[s])

DOES NOT MEET STANDARDS

- 1. Job Knowledge. Has knowledge required to perform duties effectively. Strives to improve knowledge. Applies knowledge to handle non-routine situations.
2. Leadership Skills. Sets and enforces standards. Works well with others. Fosters teamwork. Displays initiative. Self-confident. Motivates subordinates. Has respect and confidence of subordinates. Fair and consistent in evaluation of subordinates.
3. Professional Qualities. Exhibits loyalty, discipline, dedication, integrity, honesty, and officership. Adheres to Air Force standards. Accepts personal responsibility. Is fair and objective.
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X. REMARKS (use this section to spell out acronyms from the front)

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NAME, GRADE, BR OF SVC OF REFERRING EVALUATOR | DUTY TITLE | DATE
SIGNATURE OF RATEE | DATE

INSTRUCTIONS
ALL: Recommendations must be based on performance and the potential based on that performance. Promotion recommendations are prohibited. Do not comment on completion of or enrollment in Developmental Education, advanced education, previous or anticipated promotion recommendations on AF Form 709, OPR endorsement levels, family activities, marital status, race, sex, ethnic origin, age, or religion. Evaluators enter only the last four numbers of SSN.
RATER: Focus your evaluation in Section IV on what the officer did, how well he or she did it, and how the officer contributed to mission accomplishment. Write in concise "bullet" format. Your comments in Section IV may include recommendations for assignment. Provide a copy of the report to the ratee prior to the report becoming a matter of record and provide follow-up feedback to let the ratee know how their performance resulted in this final product.
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PRIVACY ACT STATEMENT
AUTHORITY: Title 10 United States Code, Section 8013 and Executive Order 9397, 22 November 1943.
PURPOSE: Information is needed for verification of the individual's name and Social Security Number (SSN) as captured on the form at the time of rating.
ROUTINE USES: May specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3).
DISCLOSURE: Disclosure is mandatory; SSN is used for positive identification.

OFFICER PERFORMANCE REPORT (Lt thru Col)

I. RATEE IDENTIFICATION DATA (Read AFI 36-2406 carefully before filling in any item)

1. NAME (Last, First, Middle Initial) TORRES, CARLA E.	2. SSN -	3. GRADE Maj	4. DAFSC 45G3	5. REASON FOR REPORT Annual	6. PAS CODE -
7. ORGANIZATION, COMMAND, LOCATION, AND COMPONENT 99th Surgical Operations Squadron (ACC), Nellis AFB NV (AD)			8. PERIOD OF REPORT 1 Jul 2009 THRU 30 Jun 2010		9. NO. DAYS SUPV. 365

II. JOB DESCRIPTION (Limit text to 4 lines)

DUTY TITLE Staff Physician, Obstetrics/Gynecology Services	10. SRID 1C773
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- Provides comprehensive OB/GYN care to beneficiaries; supports 22K visits annually and 65 deliveries per month
 - Performs diagnostic/therapeutic procedures IAW ACOG; assumes 24 hr on-call coverage for Women's Health & ER
 - Furnishes consultation svcs to six other departments for comanagement of women's healthcare issues and referrals
 - Coordinator for medical students during OB/GYN clinical rotations. Add'l Duties: Director of Gynecological Svcs

III. PERFORMANCE FACTORS

Job Knowledge, Leadership Skills, Professional Qualities, Organizational Skills, Judgment and Decisions, Communication Skills, and Physical Fitness (see reverse if marked Does Not Meet Standards)	DOES NOT MEET STANDARDS <input type="checkbox"/>	MEETS STANDARDS <input type="checkbox"/>	FITNESS EXEMPTION <input type="checkbox"/>
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IV. RATER OVERALL ASSESSMENT (Limit text to 6 lines)

·

Last performance feedback was accomplished on: 15 Dec 2009 (IAW AFI 36-2406) (If not accomplished, state the reason)

NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION - Major, USAF, NC 99th Surgical Operations Squadron (ACC) Nellis AFB, NV	DUTY TITLE Women's Health Flight Commander	DATE 20 Jul 2010
	SSN -	SIGNATURE -

V. ADDITIONAL RATER OVERALL ASSESSMENT (Limit text to 4 lines) CONCUR NON-CONCUR

·

NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION - Colonel, USAF, MC 99th Surgical Operations Squadron (ACC) Nellis AFB NV	DUTY TITLE Commander	DATE 20 Jul 2010
	SSN -	SIGNATURE -

VI. REVIEWER (If required, limit text to 4 lines) CONCUR NON-CONCUR

·

NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION - Colonel, USAF 99th Air Base Wing (ACC) Nellis AFB NV	DUTY TITLE Commander	DATE 23 Jul 2010
	SSN -	SIGNATURE -

VII. FUNCTIONAL EXAMINER/AIR FORCE ADVISOR
 (Indicate applicable review by marking the appropriate box) FUNCTIONAL EXAMINER AIR FORCE ADVISOR

NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION	DUTY TITLE	DATE
	SSN	SIGNATURE

VIII. RATEE'S ACKNOWLEDGMENT

I understand my signature does not constitute agreement or disagreement. I acknowledge all required feedback was accomplished during the reporting period and upon receipt of this report. Yes No

SIGNATURE -	DATE 26 Jul 2010
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RATEE NAME: TORRES, CARLA E.

IX. PERFORMANCE FACTORS (If Section III is marked Does Not Meet Standards, fill in applicable block[s])

DOES NOT MEET STANDARDS

- 1. Job Knowledge. Has knowledge required to perform duties effectively. Strives to improve knowledge. Applies knowledge to handle non-routine situations.
2. Leadership Skills. Sets and enforces standards. Works well with others. Fosters teamwork. Displays initiative. Self-confident. Motivates subordinates. Has respect and confidence of subordinates. Fair and consistent in evaluation of subordinates.
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XI. REFERRAL REPORT (Complete only if report contains referral comments or the overall standards block is marked as does not meet standards)

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NAME, GRADE, BR OF SVC OF REFERRING EVALUATOR; DUTY TITLE; DATE; SIGNATURE; SIGNATURE OF RATEE; DATE

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ALL: Recommendations must be based on performance and the potential based on that performance. Promotion recommendations are prohibited. Do not comment on completion of or enrollment in Developmental Education, advanced education, previous or anticipated promotion recommendations on AF Form 709, OPR endorsement levels, family activities, marital status, race, sex, ethnic origin, age, or religion. Evaluators enter only the last four numbers of SSN.
RATER: Focus your evaluation in Section IV on what the officer did, how well he or she did it, and how the officer contributed to mission accomplishment. Write in concise "bullet" format. Your comments in Section IV may include recommendations for assignment. Provide a copy of the report to the ratee prior to the report becoming a matter of record and provide follow-up feedback to let the ratee know how their performance resulted in this final product.
ADDITIONAL RATER: Carefully review the rater's evaluation to ensure it is accurate, unbiased and uninflated. If you disagree, you may ask the rater to review his or her evaluation. You may not direct a change in the evaluation. If you still disagree with the rater, mark "NON-CONCUR" and explain. You may include recommendations for assignment.
REVIEWER: Carefully review the rater's and additional rater's ratings and comments. If their evaluations are accurate, unbiased and uninflated, mark "CONCUR" and sign the form. If you disagree with previous evaluators, you may ask them to review their evaluations. You may not direct them to change their appraisals. If you still disagree with the additional rater, mark "NON-CONCUR" and explain in Section VI. Do not use "NON-CONCUR" simply to provide comments on the report.
RATEE: Your signature is merely an acknowledgement of receipt of this report. It does not constitute concurrence. If you disagree with the content, you may file an evaluation appeal through the Evaluation Reports Appeals Board IAW AFI 36-2401 (Correcting Officer and Enlisted Evaluation Reports), or through the Air Force Board for Correction of Military Records IAW AFI 36-2603 (Air Force Board for Correction of Military Records) and AFPAM 36-2607 (Applicants' Guide to the Air Force Board for Correction of Military Records (AFBCMR)).

PRIVACY ACT STATEMENT
AUTHORITY: Title 10 United States Code, Section 8013 and Executive Order 9397, 22 November 1943.
PURPOSE: Information is needed for verification of the individual's name and Social Security Number (SSN) as captured on the form at the time of rating.
ROUTINE USES: May specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3).
DISCLOSURE: Disclosure is mandatory; SSN is used for positive identification.

OFFICER PERFORMANCE REPORT (Lt thru Col)

I. RATEE IDENTIFICATION DATA (Read AFI 36-2406 carefully before filling in any item)

1. NAME (Last, First, Middle Initial) TORRES, CARLA E.	2. SSN .	3. GRADE Maj	4. DAFSC 45G3	5. REASON FOR REPORT Annual	6. PAS CODE .
7. ORGANIZATION, COMMAND, LOCATION, AND COMPONENT 99th Surgical Operations Squadron (ACC), Nellis AFB NV (AD)			8. PERIOD OF REPORT 1 Jul 2008 THRU 30 Jun 2009		9. NO. DAYS SUPV. 365

II. JOB DESCRIPTION (Limit text to 4 lines)

DUTY TITLE Obstetrics/Gynecology Physician	10. SRID 1C773
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- Provides comprehensive OB/GYN care to female beneficiaries; supports 22K visits annually and 60 deliveries/mo
 - Performs diagnostic and therapeutic procedures IAW ACOG; assumes 24-hour on-call coverage for OB/GYN & ER
 - Provides direct consultation to six other departments for co-management of women's healthcare issues and referrals
 - Coordinator for medical students during OB/GYN clinical rotations. Additional Duty: Director of GYN

III. PERFORMANCE FACTORS

Job Knowledge, Leadership Skills, Professional Qualities, Organizational Skills, Judgment and Decisions, Communication Skills, and Physical Fitness (see reverse if marked Does Not Meet Standards)	DOES NOT MEET STANDARDS <input type="checkbox"/>	MEETS STANDARDS <input type="checkbox"/>	FITNESS EXEMPTION <input type="checkbox"/>
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IV. RATER OVERALL ASSESSMENT (Limit text to 6 lines)

.

Last performance feedback was accomplished on: 17 Aug 08 (IAW AFI 36-2406) (If not accomplished, state the reason)

NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION Maj, USAF, MC 99th Surgical Operations Squadron (ACC) Nellis AFB NV	DUTY TITLE Medical Director, Women's Health Flight	DATE 30 Jun 2009
SSN .	SIGNATURE .	

V. ADDITIONAL RATER OVERALL ASSESSMENT (Limit text to 4 lines) CONCUR NON-CONCUR

.

NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION Col, USAF, BSC 99th Surgical Operations Squadron (ACC) Nellis AFB NV	DUTY TITLE Commander	DATE 30 Jun 2009
SSN .	SIGNATURE .	

VI. REVIEWER (If required, limit text to 4 lines) CONCUR NON-CONCUR

.

NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION Col, USAF 99th Air Base Wing (ACC) Nellis AFB NV	DUTY TITLE Commander	DATE 5 Jul 2009
SSN .	SIGNATURE .	

VII. FUNCTIONAL EXAMINER/AIR FORCE ADVISOR
 (Indicate applicable review by marking the appropriate box) FUNCTIONAL EXAMINER AIR FORCE ADVISOR

NAME, GRADE, BR OF SVC, ORGN, COMMAND & LOCATION	DUTY TITLE	DATE
SSN	SIGNATURE	

VIII. RATEE'S ACKNOWLEDGMENT

I understand my signature does not constitute agreement or disagreement. I acknowledge all required feedback was accomplished during the reporting period and upon receipt of this report. Yes No

SIGNATURE .	DATE 9 Jul 2009
----------------	--------------------

RATEE NAME: TORRES, CARLA E.

IX. PERFORMANCE FACTORS (If Section III is marked Does Not Meet Standards, fill in applicable block[s])

DOES NOT MEET STANDARDS

- 1. Job Knowledge. Has knowledge required to perform duties effectively. Strives to improve knowledge. Applies knowledge to handle non-routine situations.
2. Leadership Skills. Sets and enforces standards. Works well with others. Fosters teamwork. Displays initiative. Self-confident. Motivates subordinates. Has respect and confidence of subordinates. Fair and consistent in evaluation of subordinates.
3. Professional Qualities. Exhibits loyalty, discipline, dedication, integrity, honesty, and officership. Adheres to Air Force standards. Accepts personal responsibility. Is fair and objective.
4. Organizational Skills. Plans, coordinates, schedules and uses resources effectively. Meets suspenses. Schedules work for self and others equitably and effectively. Anticipates and solves problems.
5. Judgment and Decisions. Makes timely and accurate decisions. Emphasizes logic in decision making. Retains composure in stressful situations. Recognizes opportunities. Adheres to safety and occupational health requirements. Acts to take advantage of opportunities.
6. Communication Skills. Listens, speaks, and writes effectively.
7. Physical Fitness. Maintains Air Force physical fitness standards.

X. REMARKS (use this section to spell out acronyms from the front)

XI. REFERRAL REPORT (Complete only if report contains referral comments or the overall standards block is marked as does not meet standards)

I am referring this OPR to you according to AFI 36-2406, para 3.9. It contains comment(s)/rating(s) that make(s) the report a referral as defined in AFI 36-2406, para. 3.9. Specifically,

Acknowledge receipt by signing and dating below. Your signature merely acknowledges that a referral report has been rendered; it does not imply acceptance of or agreement with the ratings or comments on the report. Once signed, you are entitled to a copy of this memo. You may submit rebuttal comments. Send your written comments to:

not later than 10 calendar days (30 for non-EAD members) from your date below. If you need additional time, you may request an extension from the individual named above. You may submit attachments (limit to 10 pages), but they must directly relate to the reason this report was referred. Pertinent attachments not maintained elsewhere will remain attached to the report for file in your personnel record. Copies of previous reports, etc. submitted as attachments will be removed from your rebuttal package prior to filing since these documents are already filed in your records. Your rebuttal comments/attachments may not contain any reflection on the character, conduct, integrity, or motives of the evaluator unless you can fully substantiate and document them. Contact the MPF career enhancement section, or the AF Contact Center if you require any assistance in preparing your reply to the referral report. It is important for you to be aware that receiving a referral report may affect your eligibility for other personnel related actions (e.g. assignments, promotions, etc.). You may consult your commander and/or MPF or Air Force Contact Center if you desire more information on this subject. If you believe this report is inaccurate, unjust, or unfairly prejudicial to your career, you may apply for a review of the report under AFI 36-2401, Correction of Officer and Enlisted Evaluation Reports, once the report becomes a matter of record as defined in AFI 36-2406, Attachment 1.

Table with 3 columns: NAME, GRADE, BR OF SVC OF REFERRING EVALUATOR; DUTY TITLE; DATE; SIGNATURE; SIGNATURE OF RATEE; DATE

INSTRUCTIONS
ALL: Recommendations must be based on performance and the potential based on that performance. Promotion recommendations are prohibited. Do not comment on completion of or enrollment in Developmental Education, advanced education, previous or anticipated promotion recommendations on AF Form 709, OPR endorsement levels, family activities, marital status, race, sex, ethnic origin, age, or religion. Evaluators enter only the last four numbers of SSN.
RATER: Focus your evaluation in Section IV on what the officer did, how well he or she did it, and how the officer contributed to mission accomplishment. Write in concise "bullet" format. Your comments in Section IV may include recommendations for assignment. Provide a copy of the report to the ratee prior to the report becoming a matter of record and provide follow-up feedback to let the ratee know how their performance resulted in this final product.
ADDITIONAL RATER: Carefully review the rater's evaluation to ensure it is accurate, unbiased and uninflated. If you disagree, you may ask the rater to review his or her evaluation. You may not direct a change in the evaluation. If you still disagree with the rater, mark "NON-CONCUR" and explain. You may include recommendations for assignment.
REVIEWER: Carefully review the rater's and additional rater's ratings and comments. If their evaluations are accurate, unbiased and uninflated, mark "CONCUR" and sign the form. If you disagree with previous evaluators, you may ask them to review their evaluations. You may not direct them to change their appraisals. If you still disagree with the additional rater, mark "NON-CONCUR" and explain in Section VI. Do not use "NON-CONCUR" simply to provide comments on the report.
RATEE: Your signature is merely an acknowledgement of receipt of this report. It does not constitute concurrence. If you disagree with the content, you may file an evaluation appeal through the Evaluation Reports Appeals Board IAW AFI 36-2401 (Correcting Officer and Enlisted Evaluation Reports), or through the Air Force Board for Correction of Military Records IAW AFI 36-2603 (Air Force Board for Correction of Military Records) and AFPAM 36-2607 (Applicants' Guide to the Air Force Board for Correction of Military Records (AFBCMR)).

PRIVACY ACT STATEMENT
AUTHORITY: Title 10 United States Code, Section 8013 and Executive Order 9397, 22 November 1943.
PURPOSE: Information is needed for verification of the individual's name and Social Security Number (SSN) as captured on the form at the time of rating.
ROUTINE USES: May specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3).
DISCLOSURE: Disclosure is mandatory; SSN is used for positive identification.

OFFICER PERFORMANCE REPORT (Lt thru Col)

I. RATEE IDENTIFICATION DATA (Read AFI 36-2406 carefully before filling in any item)

1. NAME (Last, First, Middle Initial) TORRES, CARLA E.	2. SSN .	3. GRADE Maj	4. DAFSC 45G3	5. REASON FOR REPORT Annual	6. PAS CODE .
7. ORGANIZATION, COMMAND, LOCATION, AND COMPONENT 99th Surgical Operations Squadron (ACC), Nellis AFB, Nevada (AD)			8. PERIOD OF REPORT 1 Jul 2007 THRU 30 Jun 2008		9. NO. DAYS SUPV. 366

II. JOB DESCRIPTION (Limit text to 4 lines)

DUTY TITLE OBSTETRICS/GYNECOLOGY PHYSICIAN	10. SRID 1C773
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- Provides comprehensive OB/GYN care to female beneficiaries; supports 22K visits annually and 60 deliveries/mo
 - Performs diagnostic and therapeutic procedures IAW ACOG; assumes 24-hour on-call coverage for OB/GYN & ED
 - Provides direct consultation to six other departments for co-management of women's healthcare issues and referrals
 - Coordinator for medical students during OB/GYN clinical rotations. ADDITIONAL DUTY: Mbr, Tumor Board

III. PERFORMANCE FACTORS

Job Knowledge, Leadership Skills, Professional Qualities, Organizational Skills, Judgment and Decisions, Communication Skills, and Physical Fitness (see reverse if marked Does Not Meet Standards)	DOES NOT MEET STANDARDS <input type="checkbox"/>	MEETS STANDARDS <input type="checkbox"/>	FITNESS EXEMPTION <input type="checkbox"/>
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IV. RATER OVERALL ASSESSMENT (Limit text to 6 lines)

.

Last performance feedback was accomplished on: 20 Nov 07 (IAW AFI 36-2406) (If not accomplished, state the reason)

NAME, GRADE, BR OF SVC, ORGN. COMMAND & LOCATION Major, USAF, MC 99th Surgical Operations Squadron (ACC) Nellis Air Force Base, Nevada	DUTY TITLE Medical Services Director Women's Health	DATE 9 Jul 2008
SSN .	SIGNATURE .	

V. ADDITIONAL RATER OVERALL ASSESSMENT (Limit text to 4 lines) CONCUR NON-CONCUR

.

NAME, GRADE, BR OF SVC, ORGN. COMMAND & LOCATION Lieutenant Colonel, USAF, NC 99th Surgical Operations Squadron (ACC) Nellis Air Force Base, Nevada	DUTY TITLE Women's Health Flight Commander	DATE 9 Jul 2008
SSN .	SIGNATURE .	

VI. REVIEWER (If required, limit text to 4 lines) CONCUR NON-CONCUR

.

NAME, GRADE, BR OF SVC, ORGN. COMMAND & LOCATION Colonel, USAF 99th Air Base Wing (ACC) Nellis Air Force Base, Nevada	DUTY TITLE Commander	DATE 9 Jul 2008
SSN .	SIGNATURE .	

VII. FUNCTIONAL EXAMINER/AIR FORCE ADVISOR
 (Indicate applicable review by marking the appropriate box) FUNCTIONAL EXAMINER AIR FORCE ADVISOR

NAME, GRADE, BR OF SVC, ORGN. COMMAND & LOCATION	DUTY TITLE	DATE
SSN	SIGNATURE	

VIII. RATEE'S ACKNOWLEDGMENT

I understand my signature does not constitute agreement or disagreement. I acknowledge all required feedback was accomplished during the reporting period and upon receipt of this report.	Yes No <input type="checkbox"/> <input type="checkbox"/>	SIGNATURE .	DATE 10 Jul 2008
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RATEE NAME: TORRES, CARLA E.

IX. PERFORMANCE FACTORS (If Section III is marked Does Not Meet Standards, fill in applicable block[s])

DOES NOT MEET STANDARDS

- 1. **Job Knowledge.** Has knowledge required to perform duties effectively. Strives to improve knowledge. Applies knowledge to handle non-routine situations.
- 2. **Leadership Skills.** Sets and enforces standards. Works well with others. Fosters teamwork. Displays initiative. Self-confident. Motivates subordinates. Has respect and confidence of subordinates. Fair and consistent in evaluation of subordinates.
- 3. **Professional Qualities.** Exhibits loyalty, discipline, dedication, integrity, honesty, and officership. Adheres to Air Force standards. Accepts personal responsibility. Is fair and objective.
- 4. **Organizational Skills.** Plans, coordinates, schedules and uses resources effectively. Meets suspenses. Schedules work for self and others equitably and effectively. Anticipates and solves problems.
- 5. **Judgment and Decisions.** Makes timely and accurate decisions. Emphasizes logic in decision making. Retains composure in stressful situations. Recognizes opportunities. Adheres to safety and occupational health requirements. Acts to take advantage of opportunities.
- 6. **Communication Skills.** Listens, speaks, and writes effectively.
- 7. **Physical Fitness.** Maintains Air Force physical fitness standards.

X. REMARKS (use this section to spell out acronyms from the front)

XI. REFERRAL REPORT (Complete only if report contains referral comments or the overall standards block is marked as does not meet standards)

I am referring this OPR to you according to AFI 36-2406, para 3.9. It contains comment(s)/rating(s) that make(s) the report a referral as defined in AFI 36-2406, para. 3.9. Specifically, _____

Acknowledge receipt by signing and dating below. Your signature merely acknowledges that a referral report has been rendered; it does not imply acceptance of or agreement with the ratings or comments on the report. Once signed, you are entitled to a copy of this memo. You may submit rebuttal comments. Send your written comments to:

not later than 10 calendar days (30 for non-EAD members) from your date below. If you need additional time, you may request an extension from the individual named above. You may submit attachments (limit to 10 pages), but they must directly relate to the reason this report was referred. Pertinent attachments not maintained elsewhere will remain attached to the report for file in your personnel record. Copies of previous reports, etc. submitted as attachments will be removed from your rebuttal package prior to filing since these documents are already filed in your records. Your rebuttal comments/attachments may not contain any reflection on the character, conduct, integrity, or motives of the evaluator unless you can fully substantiate and document them. Contact the MPF career enhancement section, or the AF Contact Center if you require any assistance in preparing your reply to the referral report. It is important for you to be aware that receiving a referral report may affect your eligibility for other personnel related actions (e.g. assignments, promotions, etc.). You may consult your commander and/or MPF or Air Force Contact Center if you desire more information on this subject. If you believe this report is inaccurate, unjust, or unfairly prejudicial to your career, you may apply for a review of the report under AFI 36-2401, Correction of Officer and Enlisted Evaluation Reports, once the report becomes a matter of record as defined in AFI 36-2406, Attachment 1.

NAME, GRADE, BR OF SVC OF REFERRING EVALUATOR	DUTY TITLE	DATE
	SIGNATURE	
SIGNATURE OF RATEE		DATE

INSTRUCTIONS

ALL: Recommendations must be based on performance and the potential based on that performance. Promotion recommendations are prohibited. Do not comment on completion of or enrollment in Developmental Education, advanced education, previous or anticipated promotion recommendations on AF Form 709, OPR endorsement levels, family activities, marital status, race, sex, ethnic origin, age, or religion. Evaluators enter only the last four numbers of SSN.

RATER: Focus your evaluation in Section IV on what the officer did, how well he or she did it, and how the officer contributed to mission accomplishment. Write in concise "bullet" format. Your comments in Section IV may include recommendations for assignment. Provide a copy of the report to the ratee prior to the report becoming a matter of record and provide follow-up feedback to let the ratee know how their performance resulted in this final product.

ADDITIONAL RATER: Carefully review the rater's evaluation to ensure it is accurate, unbiased and uninflated. If you disagree, you may ask the rater to review his or her evaluation. You may not direct a change in the evaluation. If you still disagree with the rater, mark "NON-CONCUR" and explain. You may include recommendations for assignment.

REVIEWER: Carefully review the rater's and additional rater's ratings and comments. If their evaluations are accurate, unbiased and uninflated, mark "CONCUR" and sign the form. If you disagree with previous evaluators, you may ask them to review their evaluations. You may not direct them to change their appraisals. If you still disagree with the additional rater, mark "NON-CONCUR" and explain in Section VI. Do not use "NON-CONCUR" simply to provide comments on the report.

RATEE: Your signature is merely an acknowledgement of receipt of this report. It does not constitute concurrence. If you disagree with the content, you may file an evaluation appeal through the Evaluation Reports Appeals Board IAW AFI 36-2401 (Correcting Officer and Enlisted Evaluation Reports), or through the Air Force Board for Correction of Military Records IAW AFI 36-2603 (Air Force Board for Correction of Military Records) and AFPAM 36-2607 (Applicants' Guide to the Air Force Board for Correction of Military Records (AFBCMR)).

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 United States Code, Section 8013 and Secretary of the Air Force and Executive Order 9397, 22 November 1943.

PURPOSE: Information is needed for verification of the individual's name and Social Security Number (SSN) as captured on the form at the time of rating.

ROUTINE USES: None. **RATIONALE:** This information will not be disclosed outside DoD channels.

DISCLOSURE: Disclosure is mandatory; SSN is used for positive identification.

25 JULY 07

COMPANY GRADE OFFICER PERFORMANCE REPORT (2LT thru CAPT)			
I. RATEE IDENTIFICATION DATA (Read AFI 36-2406 carefully before filling in any item)			
1. NAME (Last, First, Middle Initial) TORRES, CARLA E.	2. SSN .	3. GRADE CAPT	4. DA-FSC 45G3
5. PERIOD OF REPORT From: 01 Jul 2006 Thru: 30 Jun 2007	6. NO. DAYS SUPERVISION 349	7. REASON FOR REPORT Annual	
8. ORGANIZATION, COMMAND, LOCATION 99th Medical Operations Squadron (ACC), Nellis Air Force Base, Nevada			9. PAS CODE .
II. UNIT MISSION DESCRIPTION			
Sustains highest wartime readiness capabilities in support of the largest base in Air Combat Command (ACC). Provides highest standards of preventive and clinical services to 73,938 DoD beneficiaries. Executes a \$40M budget in operating a 104-bed hospital as an AF and Veterans Affairs (VA) joint venture. Trains for rapid mobilization and deployment in support of Aerospace Expeditionary Force operations worldwide.			
III. JOB DESCRIPTION			
1. DUTY TITLE: STAFF PHYSICIAN, WOMEN'S HEALTHCARE ELEMENT (WHE)			
2. KEY DUTIES, TASKS, AND RESPONSIBILITIES: 			
IV. IMPACT ON MISSION ACCOMPLISHMENT 			
V. PERFORMANCE FACTORS			
	DOES NOT MEET STANDARDS	MEETS STANDARDS	
1. Job Knowledge Has knowledge required to perform duties effectively. Strives to improve knowledge.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Leadership Skills Sets and enforces standards. Works well with others. Fosters teamwork. Displays initiative. Self-confident.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Professional Qualities Exhibits loyalty, discipline, dedication, integrity, honesty, and officership. Adheres to Air Force standards. Accepts personal responsibility. Is fair and objective.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Organizational Skills Demonstrates ability to plan, coordinate, schedule effectively, and uses resources effectively and efficiently. Meets suspenses.	<input type="checkbox"/>	<input type="checkbox"/>	
5. Judgment and Decisions Makes timely and accurate decisions. Emphasizes logic in decision making. Retains composure in stressful situations. Recognizes opportunities. Requires minimal supervision.	<input type="checkbox"/>	<input type="checkbox"/>	
6. Communication Skills Listens, speaks, and writes effectively.	<input type="checkbox"/>	<input type="checkbox"/>	

VI. RATER OVERALL ASSESSMENT	RATEE NAME: TORRES, CARLA E.

Last performance feedback was accomplished on: 07 Nov 2006 (Consistent with the direction in AFI 36-2406. If not accomplished, state the reason.)

NAME, GRADE, BR OF SVC, ORGN, COMD & LOCATION	DUTY TITLE	DATE
[Redacted] Major, USAF, MC 99th Medical Operations Squadron (ACC) Nellis Air Force Base, Nevada	Chief, Maternal Child Services	01 Jul 2007
	SSN [Redacted]	[Redacted]

VII. ADDITIONAL RATER OVERALL ASSESSMENT CONCUR NONCONCUR

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NAME, GRADE, BR OF SVC, ORGN, COMD & LOCATION	DUTY TITLE	DATE
[Redacted] Lieutenant Colonel, USAF, NC 99th Medical Operations Squadron (ACC) Nellis Air Force Base, Nevada	Maternal Child Flight Commander	01 Jul 2007
	SSN [Redacted]	[Redacted]

VIII. REVIEWER CONCUR NONCONCUR

--	--	--

NAME, GRADE, BR OF SVC, ORGN, COMD & LOCATION	DUTY TITLE	DATE
[Redacted] Colonel, USAF 99th Air Base Wing (ACC) Nellis Air Force Base, Nevada	Commander	23 Jul 07
	SSN [Redacted]	[Redacted]

Instructions

All: Recommendations must be based on performance and the potential based on that performance. Promotion recommendations are prohibited. Do not comment on completion of or enrollment in PME, advanced education, previous or anticipated promotion recommendations on AF Form 709, OER endorsement levels, family activities, marital status, race, sex, ethnic origin, age, or religion. All evaluators enter only the last four numbers of SSN.

Rater: Focus your evaluation in Section IV on what the officer did, how well he or she did it and how the officer contributed to mission accomplishment. Write in concise "bullet" format. Your comments in Section VI may include recommendations for assignment.

Additional Rater: Carefully review the rater's evaluation to ensure it is accurate, unbiased and uninflated. If you disagree, you may ask the rater to review his or her evaluation. You may not direct a change in the evaluation. If you still disagree with the rater, mark "NON-CONCUR" and explain. You may include recommendations for assignment.

Reviewer: Carefully review the rater's and additional rater's ratings and comments. If their evaluations are accurate, unbiased and uninflated, mark the form "CONCUR" and sign the form. If you disagree with previous evaluators, you may ask them to review their evaluations. You may not direct them to change their appraisals. If you still disagree with the additional rater, mark "NONCONCUR" and explain in Section VIII. Do not use "NONCONCUR" simply to provide comments on the report.

IX. ACQUISITION EXAMINER/AIR FORCE ADVISOR (Indicate applicable review by marking the appropriate box(es).)		ACQUISITION EXAMINER (If applicable)	AIR FORCE ADVISOR (If applicable)
NAME, GRADE, BR OF SVC, ORGN, COMD & LOCATION	SIGNATURE	DATE	

REQUEST AND AUTHORIZATION FOR PERMANENT CHANGE OF STATION - MILITARY

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 8013, Secretary of the Air Force E.O. 9397 (SSN) as amended. Powers and duties; delegation by 8032.General duties; implemented by Air Force Instruction 36-2102, Base-level Relocation Procedures.
PURPOSE: Each type of relocation of Air Force personnel requires specific actions described either on a checklist or by sending a form letter to the applicable base activity having a responsibility for ensuring accomplishment of the action.

ROUTINE USES: In addition to those disclosures generally under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)3. "Blanket Routine Uses" apply.

DISCLOSURE: VOLUNTARY; SSN is used to reference member's official records. Failure to provide SSN may make it difficult for member to receive pay and entitlements in coordination with Permanent Change of Station.

The following individual will proceed on permanent change of station: <input type="checkbox"/> PCS without PCA <input checked="" type="checkbox"/> PCS with PCA TED JUN 16		
1. GRADE, NAME (Last, First, Middle Initial) LTC TORRES, CARLA E	2. SSAN -	3. SAFSC/CAFSC 45G3
4. SECURITY CLEARANCE (include date of last investigation) -	5. REPORT TO COMDR, NEW ASSIGNMENT NLT: 30 AUG 2016	6. TRAVEL DAYS AUTHORIZED IF TRAVELING BY PRIVATELY-OWNED CONVEYANCE: 2
7. TDY ENROUTE		
8. UNIT, MAJOR COMMAND AND ADDRESS OF UNIT FROM WHICH RELIEVED: AMC 60 SURGICAL OPS SQ FFR370 TRAVIS CA 945350000	9. UNIT, MAJOR COMMAND AND ADDRESS OF UNIT TO BE ASSIGNED: ACC 99 SURGICAL OPS SQ FFKJS0 NELLIS NV 891910000	
10. TYPE OF TOUR <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED (Check One) <input type="checkbox"/> UNACCOMPANIED, DEPENDENTS RESTRICTED	11. TOUR LENGTH (Total No. of Months)	12. EXTENDED LONG TOUR VOL NO
13. DEPENDENT TRAVEL: <input type="checkbox"/> A. CONCURRENT TRAVEL IS AUTOMATIC <input type="checkbox"/> B. CONCURRENT TRAVEL IS APPROVED <input type="checkbox"/> C. DEPENDENT TRAVEL IS DELAYED FOR LESS THAN 20 WEEKS <input type="checkbox"/> D. DEPENDENT TRAVEL IS DELAYED FOR MORE THAN 20 WEEKS <input type="checkbox"/> E. TRAVEL IS AUTHORIZED TO A DESIGNATED PLACE	14. THIS IS A JOIN-SPOUSE ASSIGNMENT (Include spouse's grade, name & SSN) NO	
15. AUTHORITY FOR CCTVL:		
16. HOMEBASING/FOLLOW-ON ASSIGNMENT (Include AAN, GPAS and RNLTD)		
17. DEPENDENT(s); (List names, DOB of children, relationship to member and current address) -		
18. PCS EXPENSE CHARGEABLE TO: 5763500 326 5761.0* 525725 Insert Applicable Subproject Shred CIC: 4 5 648 0060 525725 TAC: F67C ATAC: F67C10* NTS CHARGEABLE TO: 5763500 326 5768.0N 525725	19. AUTHORITY AND PCS CODE AFI 36-2110 PCS ID: E AAN: 0660NF0529	
20. AETC/FM TDY Funding.	21. SDN: PB57616001MP0H	
20a. All other TDY Enroute Funding.		
Pursuant to AFI 32-6001, you will report to the base housing referral office servicing your new duty station before entering any rental, lease, or purchase agreement for off-base housing.		
22. REMARKS (Submit travel voucher within 5 workdays after completion of travel. If TDY enroute is authorized, attach receipts showing cost of all lodging used. All promotional items incurred while PCS/TDY must be turned in to AFO upon arrival at gaining base. See reverse for remarks.) PCS ADSC: 24 MONTHS TRAINING ADSC: MONTHS (See AFI 36-2107) 01. UPON RECEIPT OF ORDERS CONTACT THE TRAFFIC MANAGEMENT OFFICE (TMO) TO MAKE ARRANGEMENTS FOR HHGS SHIPMENT AND TRAVEL. 02. UPON RECEIPT OF ORDERS CONTACT THE FINANCIAL SERVICES OFFICE (FSO) TO MAKE FINANCIAL ARRANGEMENTS AND ADVISEMENT.		
23. DATE 06 MAY 2016	24. APPROVING OFFICIAL (Type Name and Grade) - TSG, USAF, SUPT, CAREER DEVELOPMENT	25. SIGNATURE OF APPROVING OFFICIAL -
26. DESIGNATION AND LOCATION OF HQ DEPT OF THE AIR FORCE: AFPC RANDOLPH AFB TX 78150-0000	27. SPECIAL ORDER NO: AJ-079284	28. DATE 13 MAY 2016
30. DISTRIBUTION: AA	29. TDN FOR THE COMMANDER	
32. ADDRESS OF GAINING MPF: 99 FSS NELLIS AFB NV 89191-6506	31. SIGNATURE ELEMENT OF ORDERS AUTHENTICATING OFFICIAL //signed// - SSG USAF, FUNDING AUTHENTICATOR, TFSC-SA	

REQUEST AND AUTHORIZATION FOR PERMANENT CHANGE OF STATION - MILITARY

This contains information which must be protected IAW AFI 33-332 and DoD Regulation 5400.00; Privacy Act of 1974 as Amended Applies, and it is ~~For Official Use Only (FOUO)~~. It must be protected or Privacy Act information removed prior to further disclosure.

33. CONTINUATION

17. DEPENDENTS CONTINUED:

22. CONTINUED

03. AIRMAN MUST BE IN UNIFORM AT FINAL OUT-PROCESSING APPOINTMENT. ALL REQUIREMENTS FOR THIS PCS ASSIGNMENT INCLUDING MEMBER'S AND DEPENDENT (S) MEDICAL, PASSPORT/VISAS, COMMAND SPONSORSHIP, CLEARANCE APPROVAL FOR OVERSEAS (CONUS) ASSIGNMENTS, DENTAL, SECURITY CLEARANCE, RETAINABILITY, TO INCLUDE THE AF FORM 63, ACTIVE DUTY SERVICE COMMITMENT (ADSC) ACKNOWLEDGEMENT STATEMENT), AF FORM 4380, AIR FORCE SPECIAL NEEDS SCREENER (AS REQUIRED), ALL PPC REQUIREMENTS AND APPROVAL OR DISAPPROVAL OF FOLLOW-ON OR HOME-BASING APPLICATION FROM THE ASSIGNMENT AUTHORITY, IF ELIGIBLE WERE COMPLETED 06 MAY 2016.

04. IAW PUBLIC LAW 105-264, GOVERNMENT TRAVEL CARD (GTC) USE IS MANDATORY FOR ALL AUTHORIZED EXPENSES UNLESS OTHERWISE EXEMPTED UNDER SPECIFIC PROVISIONS DETAILED IN PARA E OF THE TRAVEL TRANSPORTATION REFORM ACT. IF AIRMAN IS A GTC HOLDER USE OF HIS/HER INDIVIDUALLY BILLED ACCOUNT IS MANDATORY FOR ALL COMMERCIAL TRANSPORTATION ARRANGEMENTS AND ADVANCE TRAVEL PAY IS NOT AUTHORIZED. IF AIRMAN IS A NONCARD HOLDER THE CENTRALLY BILLED ACCOUNT WILL BE UTILIZED FOR ALL COMMERCIAL TRANSPORTATION ARRANGEMENTS.

05. IAW DEFENSE DIRECTIVE (DODD) 4500.09E, TRANSPORTATION AND TRAFFIC MANAGEMENT, CHAP 401, PARA O.2 - REQUIRED POLICY. THE COMPLETION OF A CUSTOMER SATISFACTION SURVEY (CSS) FOR EACH SHIPMENT DELIVERED IS REQUIRED WITHIN SEVEN DAYS OF EACH COMPLETE SHIPMENT DELIVERY. AIRMEN /EMPLOYEES ARE REQUIRED TO COMPLETE A CSS VIA THE WEB: [HTTP://WWW.SDDC.ARMY.MIL/SDDC/CONTENT/PUB/46819//CSS%20BROCHURE%20V2.PDF](http://www.sddc.army.mil/sddc/content/pub/46819/CSS%20BROCHURE%20V2.PDF). AFTER REVIEWING THE INSTRUCTIONS, YOU MAY ACCESS AND COMPLETE THE SURVEY AT THE FOLLOWING LINK. [HTTP://WWW.MOVE.MIL/](http://www.move.mil/).

06. EACH TRAVELER(S) ON THIS ORDER IS AUTHORIZED UP TO 2 CHECKED PIECES OF BAGGAGE NOT TO EXCEED 70 POUNDS EACH. IF TRAVELER(S) INCUR A CHARGE(S) FOR EXCEEDING THEIR COMMERCIAL AIRLINE'S OR MODE OF TRANSPORT WEIGHT LIMIT, AS A RESULT OF BAGGAGE AUTHORIZED BY THIS ORDER; THIS CHARGE(S) WILL BE REIMBURSABLE. AMC (PATRIOT EXPRESS) FLIGHTS ALLOW 2 CHECKED PIECES OF BAGGAGE NOT TO EXCEED 70 POUNDS EACH (OR 62 LINEAR INCHES - THE SUM OF THE LENGTH PLUS THE WIDTH PLUS THE HEIGHT). EXCESS ACCOMPANIED BAGGAGE IS NOT AUTHORIZED OR APPROVED FOR TRAVELER'S PREFERENCE, PERSONAL CONVENIENCE OR IF CONTRARY TO THE GOVT'S INTEREST. ANY EXCESS BAGGAGE FEES CHARGED OTHERWISE MUST BE AUTHORIZED OR APPROVED BY THE APPROVING OFFICIAL IAW JTR AND AFI 36-2102. ALL RECEIPTS FOR BAGGAGE ARE REQUIRED FOR REIMBURSEMENT. TRAVELER(S) MUST PAY CHARGE(S) DIRECTLY TO THE SERVICING AIRLINER OR MODE OF TRANSPORT AT THE TIME OF CHECK-IN AND CLAIM REIMBURSEMENT ON THE TRAVEL VOUCHER.

07. TRANSOCEANIC TRAVEL BY GOVERNMENT OR GOVERNMENT PROCURED AIRCRAFT IS DIRECTED. OBTAIN GOVERNMENT-PROCURED TRAVEL RESERVATIONS THROUGH THE TMF/CTO, UNDER PROVISIONS OF AFI 24-101, AND JTR. SELF-PROCUREMENT OF TRANSOCEANIC OFFICIAL TRAVEL AND USE OF FOREIGN FLAG (NON-US) CARRIERS ARE NOT AUTHORIZED UNLESS SPECIFICALLY APPROVED PRIOR TO TRAVEL BY A STATEMENT OF NON-AVAILABILITY AND AUTHORIZATION PROVIDED BY THE TMF/CTO. IF YOU NEED ASSISTANCE WITH YOUR RESERVATIONS CONTACT THE FOLLOWING: AMC FLIGHT CHANGES - 1-800-851-3144 OR ANY TRAFFIC MANAGEMENT OFFICE.

08. DOS / AAR / DEROS / PPCS (MUST ENTER AIRMAN'S DATE OF SEPARATION (DOS), ASSIGNMENT ACTION REASON (AAR), DATE ELIGIBLE TO RETURN FROM OVERSEAS (DEROS), AND PERSONNEL PROCESSING CODE(S) (PPCS) THAT APPLY TO ASSIGNMENT) DOS: 08 AUG 3888 / AAR: V7 / DEROS: N/A / PPCS: N/A

09. AIRMAN IS AUTHORIZED PCS WEIGHT ALLOWANCES AS PROVIDED IN JTR PARS. 5202 AND 5208-A, PERMANENT DUTY TRAVEL PART A: MEMBERS ONLY/SEC (5168-5321); THE OS FURNISHINGS AND QTRS AVAILABILITY LISTING AND THE CONSIGNMENT GUIDE, COUNTRY SPECIFIC INSTRUCTIONS OR COUNTRY INSTRUCTIONS FOR ARMY/AIR FORCE POST OFFICES/FLEET POST OFFICES (APOS/FPOS). OVERSEAS FURNISHINGS AND QUARTERS AVAILABILITY LISTINGS MAY AUTHORIZE ADDITIONAL WEIGHT CONTINGENT UPON THE MEMBER'S RANK/GRADE AND UNACCOMPANIED HOUSING AVAILABILITY. MBR MUST CONTACT TMO FOR ARRANGEMENTS AND ENTITLEMENTS INFORMATION.

10. AIRMAN IS AUTHORIZED FULL JTR WEIGHT ALLOWANCE IAW JTR AND THE OS FURNISHINGS AND QTRS AVAILABILITY LISTING.

11. AIRMAN IS AUTHORIZED TO USE (2) PRIVATELY OWNED CONVEYANCE(S) (OR) (NUMBER) TRIPS WITH THE SAME PRIVATELY OWNED CONVEYANCE IN CONJUNCTION WITH THIS MOVE. THE JUSTIFICATION, IF REQUIRED, FOR DETERMINING THIS AUTHORIZATION IS AVAILABLE AT (SERVICING MPF FUNCTIONAL ADDRESS).

12. DEPARTURE CERTIFICATION: I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE I WILL DEPART PCS AT _____ (HRS) _____
(DATE) _____ SIGNATURE

PERSONAL DATA - PRIVACY ACT OF 1974 (USC 552a)

SERVICE CREDITABLE UNDER SEC 1405, 10 USC

GRADE: LTC

NAME: TORRES, CARLA E

SSAN:

	-1-	-2-	-3-	-4-	-5-					
BREAK IN ACTIVE DUTY	ACTIVE DUTY POINTS	INACT ECI POINTS	MBRSHP POINTS	MAX 60 CREDIT	(2+3)	(1+4)	TOTAL	YRS	MOS	DYS
2002 JUN 01 - 2002 JUN 07	000	000	000	000		0	00	00	00	00

TOTAL POINTS: 00 00 00

REGAF DATE:
MPF: NJ

PAY DATE: 02 06 01
NOT ON EAD (BREAK): 00 00 07

OFFICIAL

BREAK + PAY DATE: 02 06 08
LESS TOTAL POINTS: 00 00 00

1405 SERVICE DATE: 02 06 08

PREPARED BY: USER REQUESTED

DATE: 2020 APR 17

A 1405 DATE HAS BEEN ESTABLISHED AS: 2002 JUN 08

THE 1405 DATE IS THE DATE RETIREMENT PAY IS BASED ON. SUBTRACT 1405 DATE FROM RETIREMENT DATE TO INDICATE YEARS, MONTHS AND DAYS FOR RETIREMENT PAY PURPOSES.

FOR MPF: PROVIDE THIS DOCUMENT TO MEMBER

AUTHENTICATION

OFFICIAL

DISTRIBUTION
SERVICING MPF-ID: NJ

DIRECTORATE OF PERSONNEL DATA SYSTEMS

AFPC/DP2LT/AR

AFPC FORM 215-AUG 83

PAGE: 01 OF 01

1. NAME (LAST, FIRST, MIDDLE) 2. SSAN 3. GRADE

TORRES, CARLA E

CPT

4. COMPET CAT

M

5. EDUCATION AND TRAINING

	CGDOR	TYSD
A. INITIAL LICENSE (STATE/DATE)	CREDIT	CREDIT

B. QUALIFYING DEGREE (NAME OF SCHOOL/GRAD DATE)

C. POST GRAD TRAINING (TYPE AND INCLUSIVE DATES)

D. RELATED EDUCATION APPROVED BY AFPC/DPAM (DEGREE)

E. PROFESSIONAL EXPERIENCE AND QUALIFICATIONS

6. TOTAL ED AND TRAIN CREDIT TOTAL (TOTAL 5A - 5E)

04-00-00 04-00-00

PRIOR COMMISSIONED SERVICE

7. SVC CREDIT (AFI 36-2005)	PERCENT CGDOR
SVC IN GRD (AFI 35-2604)	CREDIT 100,50,25,0

A. EAD COMMISSIONED SERVICE (INCLUSIVE DATES)

B. NON-EAD COMMISSIONED SERVICE (INCLUSIVE DATES)

8. TOTAL SERVICE CREDIT (TOTAL 6, 7A AND 7B)

(MAX 14YR UNLESS WAIVED)

04-00-00

AFPC282

9. ENTRY GRADE CREDIT (AFI 26-2008) (INCLUSIVE DATES)
01 JUN 2002 07 JUN 2002 100 00-00-07

10. TOTAL ENTRY GRADE CREDIT (TOTAL 8 AND 9) 04-00-07
(MAX 14YR UNLESS WAIVED)

11. MINIMUM CREDIT FOR EAD GRADE
(TABLE 5 AND 6 AFI 36-2604) 04-00-00

12. EXCESS ENTRY GRADE CREDIT (10 MINUS 11) 00-00-07

13. TOTAL TYSD CREDIT (TOTAL 6, 7A AND 7B) 04-00-00

14. CGDOR COMPUTATION		15. TYSD COMPUTATION	
A. EAD DATE	02-06-08	A. DATE OF LATEST OATH/GRAD	02-05-31
B. MINUS		B. LESS TYSD CREDIT	
EXCESS ENTRY GR CR	00-00-07	(LINE 13)	04-00-00
C. CGDOR	02-06-01	C. TYSD	98-05-16

DATE: 2002 NOV 06

PREPARED BY:

AFPC FORM 282 - AUG 81

DATE OF RANK COMPUTATION

PERSONAL DATA - PRIVACY ACT OF 1974 (USC 552a)



DEPARTMENT OF THE AIR FORCE
AIR EDUCATION AND TRAINING COMMAND

1 May 98

MEMORANDUM FOR 2Lt Carla E. Torres, [REDACTED], Res AF

FROM: AFROTC DET 810/CC

[REDACTED]
Waco, TX 76798-7070

SUBJECT: Appointment as a Reserve of the Air Force

1. By authority of the Secretary of the Air Force, the commandant, AFROTC, has directed me to inform you that, by direction of the President, you are tendered an indefinite term appointment as a Reserve of the Air Force in the grade shown above. Appointment is effective on date of acceptance.
2. Execution of the accompanying Oath of Office constitutes acceptance of your appointment; no other evidence is required. You are requested to do this at once. If you do not accept this Tender of Appointment within the month in which this memorandum is dated, it is canceled and must be returned with an explanation immediately.
3. You will not perform the duties of an officer under this appointment until specifically ordered.
4. Authority for this appointment is 10 U.S.C., chapter 103.

[REDACTED]
[REDACTED] Lt Colonel, USAF
Commander

Approved

APPOINTMENT ORDER

RESERVE ORDER

DATE

DEPARTMENT OF THE AIR FORCE
HQ ARPC/RIO
19430 N. Willow Creek Ave.
Buckley AFB, CO 80011

PC-00867

20200812

TO:

LTC CARLA E TORRES

BY DIRECTION OF THE PRESIDENT, YOU ARE APPOINTED AS A RESERVE OF THE AIR FORCE. (Only items completed below apply.)

GRADE

SSN

PRIMARY AFSC

DATE OF BIRTH

O-5

45G3

PERMANENT RESIDENCE (Same as above unless otherwise indicated)

RESERVE STATUS **SELECTED**

RESERVE CATEGORY **B**

DATE OF APPOINTMENT AND ASSIGNMENT (YYYYMMDD) **20200802**

UNIT OF ASSIGNMENT

UNIT OF ATTACHMENT

99 SURGICAL OPS SQ MSG

SAME AS ASSIGNED

Duty Loc: **RRMF**

NELLIS AFB, NV 89191-0000

ENTITLED GRADE:

TYSD (YYYYMMDD)

DOR (YYYYMMDD)

TCSD (YYYYMMDD)

19980601

20140601

19980516

PERSONNEL ACCTG SYMBOL

TRAINING/PAY CATEGORY

RESERVE SECTION

RECRUITER ID CODE

B/B

MC

POSITION GRADE

POSITION AFSC

POSITION CONTROL NUMBER

ADN

O-5

45G3

0841783

160

REMARKS

PAY DATE: 20020601

SOURCE OF COMMISSION: P

SECDEF APPROVED: 22 APR 2020

SCROLL ID: 199B

COMPETITIVE CATEGORY: M

MPF Addr: HQ ARPC/RIO BUCKLEY AFB, CO 80011-0000

AUTHORITY

AF136-2005

AFROIC
AF136-2011

OTS
AF136-2013

OTHER

FOR THE COMMANDER

AUTHENTICATION

DISTRIBUTION



- 1-HQ ARPC/DPAA
- 1-HQ ARPC/PBE
- 1-HQ ARPC/RIO

Col, USAF
Director of Assignments

RESERVE ORDER

DATE

RESERVE
APPOINTMENT
ORDER

DEPARTMENT OF THE AIR FORCE
WASHINGTON DC 20330

D 0786

8 Jul 02

CAPTAIN CARLA E. TORRES
TO:

By direction of the President, you are appointed as a Reserve of the Air Force. (Only items completed below apply)

GRADE CAPTAIN (MC)	SOCIAL SECURITY NUMBER 	PRIMARY AFSC 45G1	DATE OF BIRTH
------------------------------	---	-----------------------------	---

PERMANENT RESIDENCE (Same as above unless otherwise indicated)

RESERVE STATUS

READY AA

DATE OF APPOINTMENT AND ASSIGNMENT

31 May 02

UNIT OF ASSIGNMENT

HQ ARPC (ORS-RC) (PAS S731FLX7)

ENLISTED GRADE	TYSO 16 May 98	PSO 31 May 02	TFCSD 16 May 98
----------------	--------------------------	-------------------------	---------------------------

PERSONNEL ACCOUNTING SYMBOL	TRAINING PAY CATEGORY	RESERVE SECTION	
-----------------------------	-----------------------	-----------------	--

GRADE	AFSC	READY AA EXPIRES	POSITION CONTROL NUMBER	FUNCTIONAL CATEGORY
-------	------	------------------	-------------------------	---------------------

REMARKS

This appointment vacates ResAF appointment as 2D LT (MSC) with assignment to the 9016 Air Reserve Personnel Center (ARPC) Denver CO 80280 (PAS:).

AUTHORITY

AFI 36-2005 AFROTC AFI 36-2011 OTS AFI 36-2013

DISTRIBUTION

BY ORDER OF THE SECRETARY OF THE AIR FORCE

SIGNATURE ELEMENT OF ORDERS AUTHENTICATING OFFICIAL

MSgt USAF
Superintendent, Medical Accessions
and Personnel Programs



NOTE: ONLY ITEMS CONTAINING ENTRIES APPLY.

RESERVE ORDER

DATE

RESERVE
APPOINTMENT
ORDERDEPARTMENT OF THE AIR FORCE
WASHINGTON DC 20330

D-0786

8 Jul 02

APPT ORD

CAPTAIN CARLA E. TORRES

TO:

By direction of the President, you are appointed as a Reserve of the Air Force. (Only items completed below apply)

GRADE CAPTAIN (MC)	SOCIAL SECURITY NUMBER [REDACTED]	PRIMARY AFSC 45G1	DATE OF BIRTH [REDACTED]
PERMANENT RESIDENCE (Same as above unless otherwise indicated)			
RESERVE STATUS READY AA			
DATE OF APPOINTMENT AND ASSIGNMENT 31 May 02			
UNIT OF ASSIGNMENT HQ ARPC (ORS-RC) (PAS S731FLX7)			
ENLISTED GRADE	TYSD 16 May 98	PSD 31 May 02	TFCSD 16 May 98
PERSONNEL ACCOUNTING SYMBOL	TRAINING PAY CATEGORY	RESERVE SECTION	
GRADE	AFSC	READY AA EXPIRES	POSITION CONTROL NUMBER
			FUNCTIONAL CATEGORY

REMARKS

This appointment vacates ResAF appointment as 2D LT (MSC) with assignment to the 9016 Air Reserve Personnel Center (ARPC) Denver CO 80280 (PAS: S83IFB2B).

AUTHORITY

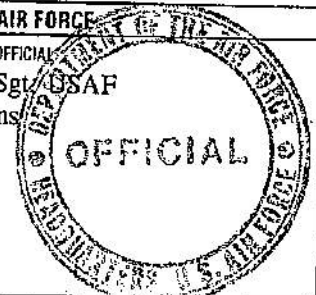
 AFI 36-2005 AFRTC AFI 36-2011 OTS AFI 36-2013

DISTRIBUTION

BY ORDER OF THE SECRETARY OF THE AIR FORCE

SIGNATURE ELEMENT OF ORDERS AUTHENTICATING OFFICIAL

[REDACTED] MSgt/USAF
Superintendent, Medical Accessions
and Personnel Programs



NOTE: ONLY ITEMS CONTAINING ENTRIES APPLY.

APPOINTMENT ORDER

Jul 2 1998

RESERVE ORDER

DATE

DEPARTMENT OF THE AIR FORCE
HQ ARPC/DPRB
6760 E IRVINGTON PL #2200
DENVER CO 80280-2200

PA - 637

19990608

TO:

2LT CARLA E TORRES



BY DIRECTION OF THE PRESIDENT, YOU ARE APPOINTED AS A RESERVE OF THE AIR FORCE. *(Only items completed below apply.)*

GRADE

SSN

PRIMARY AFSC

DATE OF BIRTH

2LT (MSC)

92M0

PERMANENT RESIDENCE *(Same as above unless otherwise indicated.)*

RESERVE STATUS

READY (CAT A/B)

READY (CAT

K

STANDBY

DATE OF APPOINTMENT AND ASSIGNMENT

19980516

UNIT OF ASSIGNMENT

9016 ARV (HQ ARPC/SGSD)
DENVER CO 80280-7000

UNIT OF ATTACHMENT

ENLISTED GRADE

TYSD

PSD

TFCSD

16 MAY 98

16 MAY 98

16 MAY 98

PERSONNEL ACCOUNTING SYMBOL

TRAINING/PAY CATEGORY

RESERVE SECTION

RECRUITER ID CODE

POSITION GRADE

POSITION AFSC

POSITION CONTROL NUMBER

ADN

2LT

92M0

040

REMARKS

PAY DATE: 16 MAY 98 R/R DATE: 16 MAY 98

AUTHORITY

AFI 36-2005



AFROTC
AFR 46-48



OTS
AFR 63-27



MEFRO
AFR 36-13



OTHER

FOR THE COMMANDER

AUTHENTICATION

DISTRIBUTION
PA-6 PLUS



1-HQ AFPC/DPMMUE, 550 C STREET W STE 27
RANDOLPH AFB TX 78150-6001

1-HQ AFIT/RPB/CIMJ
2950 P STREET BLDG 125
WRIGHT PATTERSON AFB OH 45433-7765

Lt Col, USAF
Director of Assignments and Readiness



DEPARTMENT OF THE AIR FORCE
AIR EDUCATION AND TRAINING COMMAND

16 May 98

RESERVE ORDER
C-0013

TO: 2D Lt CARLA E. TORRES

1. By direction of the President, the Air Force appoints Carla E. Torres, as a Reserve of the Air Force in the grade of 2d Lt, Ready Reserve AA.

a. Date of Birth:

b. Permanent residence: (Same as above)

c. Primary AFSC:

d. Date of appointment: 16 May 98

e. Date of enlistment into Air Force Reserve (ORS): 5 Dec 94

2. Member is assigned to HQ ARPC (ORS-RC) (PAS; S73IFLX7) Denver, CO effective 16 May 98 TYSD: 16 May 98, PDS: 16 May 98, TFCSD: 16 May 98. Source of Commission: ROTC, Code S. Authority AFI 36-2018.

3. Member is relieved from assignment to HQ ARPC (ORS) and from USAFR enlisted status, enlisted grade , effective the day preceding acceptance of commission. Authority AFI 36-2019.

BY ORDER OF THE SECRETARY OF THE AIR FORCE

Lt Colonel, USAF
Commander

DISTRIBUTION

- 1 - HQ AFPC/DPPAOR
- 1 - Individual
- 1 - UPRG



CMM

THE UNITED STATES OF AMERICA

TO ALL WHO SHALL SEE THESE PRESENTS, GREETING:

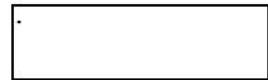
THIS IS TO CERTIFY THAT THE PRESIDENT OF THE UNITED STATES OF AMERICA AUTHORIZED BY THE EXECUTIVE ORDER, 16 JANUARY 1969 HAS AWARDED

THE MERITORIOUS SERVICE MEDAL

(FIRST OAK LEAF CLUSTER)

TO

LIEUTENANT COLONEL CARLA E. TORRES



FOR

MERITORIOUS SERVICE

31 MAY 2011 TO 27 AUGUST 2016

ACCOMPLISHMENTS

Lieutenant Colonel Carla E. Torres distinguished herself in the performance of outstanding service to the United States as Obstetric and Gynecologic Staff Physician, 60th Surgical Operations Squadron, 60th Medical Group, 60th Air Mobility Wing, Travis Air Force Base, California. During this period, Colonel Torres led a team of 14 personnel in providing comprehensive obstetric and gynecologic inpatient and outpatient care to over 12 thousand patients annually delivering, on average, 500 babies per year. She orchestrated the strategic development and success of numerous programs, most visibly both the Department of Defense Post-Partum Hemorrhage and Shoulder Dystocia Initiatives, reducing both the occurrence rate and the complication rate by 50 percent. Additionally, Colonel Torres collaborated with the Family Medicine Team to craft high-risk obstetric pregnancy treatment policies to align her program with national best practice standards. Furthermore, as the Surgical Morbidity and Mortality Conference Chair, she ensured 100 percent quality assurance review for all medical group surgical complications and her safety efforts directly contributed to the Air Mobility Command's 2012 Best In-Patient Safety Program Award. Finally, Colonel Torres' clinical expertise was key to the 60th Medical Group garnering the Air Force Hospital of the Year and Outstanding Unit Awards in 2012, and Air Mobility Command's Hospital of the Year for 2012 through 2015. The singularly distinctive accomplishments of Colonel Torres reflect great credit upon herself and the United States Air Force.

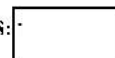
GIVEN UNDER MY HAND

28 JULY 2016



Colonel, USAF

Commander, 60th Air Mobility Wing (AMC)





CM 11

THE UNITED STATES OF AMERICA

TO ALL WHO SHALL SEE THESE PRESENTS, GREETING:

THIS IS TO CERTIFY THAT THE PRESIDENT OF THE UNITED STATES OF AMERICA AUTHORIZED BY EXECUTIVE ORDER, 16 JANUARY 1969 HAS AWARDED

THE MERITORIOUS SERVICE MEDAL

TO

MAJOR CARLA E. TORRES

FOR

MERITORIOUS SERVICE
18 JULY 2006 TO 3 MAY 2011

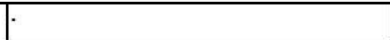


ACCOMPLISHMENTS

Major Carla E. Torres distinguished herself in the performance of outstanding service to the United States as Staff Physician, Obstetrics and Gynecology Services, 99th Surgical Operations Squadron, 99th Medical Group, 99th Air Base Wing, Nellis Air Force Base, Nevada. During this period, Major Torres provided 24-hour on-call medical coverage, supporting 22,000 clinical patients and 780 infant deliveries annually. She meticulously researched and procured the hospital's first endometrial ablation surgical system for pre-menopausal women and created a safer, less invasive surgical option to treat 150 patients per year. As the Family Medical Residency education director for obstetrics, Major Torres developed 12 gynecological instruction references which provided guidelines and standards of care for 14 future family practice physicians. Additionally, she led a phenomenal in-house clerkship program for 50 local medical students, creating the most sought after medical rotation in the City of Las Vegas. Major Torres also performed 492 deliveries with only 73 caesarian sections, beating the national standard for operative intervention by 12 percent. As the obstetrics emergency simulator expert, she oversaw the training of 22 personnel, and was instrumental in the hospital earning Air Combat Command's 2010 Best Facility Inpatient Safety Program award. Finally, while developing her leadership skills, Major Torres also passed national board certification obtaining her credentials from the American Board of Obstetrics & Gynecology. The singularly distinctive accomplishments of Major Torres reflect great credit upon herself and the United States Air Force.

GIVEN UNDER MY HAND

30 APRIL 2011



Colonel, USAF
Commander



Special Order/Date: G-907 12 MAY 11

COND: 6

PAS: [] RDP: 09 MAR 11

CONSTRUCTIVE CREDIT COMPUTATION CONSTRSVC

NAME (Last, First, Middle Initial) <i>Jordan, Carla E.</i>		DATE OF BIRTH	AFSC <i>45G1</i>
EDUCATION AND EXPERIENCE		GRADE CREDIT	
INITIAL LICENSE (State/Date Issued)		<i>4-0-0</i>	
POSTGRADUATE TRAINING (Specialty/Inclusive Dates)			
ADDITIONAL DEGREE <i>None</i>			
PROFESSIONAL EXPERIENCE (Inclusive Dates) <i>None</i>			
MILITARY SERVICE (Specialty, Active/Inactive, Grade, Inclusive Dates) <i>PRIOR SVC (AFROTC)</i>			
<i>ResAF MSC InAct O-1 16 May 98 - 30 May 02</i>		<i>- 0 -</i>	
<i>ResAF MC InAct O-3 31 May 02 - 7 Jun 02</i>		<i>0-00-07</i>	
TOTAL GRADE CREDIT AS OF DESIRED EAD <i>8 Jun 02</i>		<i>4-00-07</i>	
MAXIMUM ALLOWABLE GRADE CREDIT			
GRADE: <i>CAPT</i> EQUAL TO <i>4</i> YEARS CONSTRUCTIVE SERVICE CREDIT <small>(MINIMUM YEARS REQUIRED FOR GRADE AWARDED)</small>			
DATE COMPLETED <i>8 Jul 02</i>	SIGNATURE		

DEPARTMENT OF THE AIR FORCE
 99TH MISSION SUPPORT SQUADRON (ACC)
 NELLIS AIR FORCE BASE, NEVADA 89191-5000

SPECIAL ORDER
 G-674

9/29/2006

By direction of the Secretary of the Air Force and with approval of the Commander, 57 WG (ACC), the following individual(s) is/are awarded the AIR FORCE COMMENDATION MEDAL for meritorious service or outstanding achievement during the period indicated, effective at termination of period covered.

RANK	NAME	OLC	SSAN	INCLUSIVE DATES	PAS	RDP	COND
CPT	TORRES, CARLA M.	0		030927-061015		3/23/2006	2
1LT		0		040806-061001		4/21/2006	7
TSG		3		021130-060930		8/17/2006	1
TSG		1		971003-060930		3/6/2006	1
TSG		3		031111-060810		5/25/2006	6
TSG		2		010117-060512		5/13/2006	1
TSG		1		021031-061015		6/22/2006	6
TSG		0		000822-060926		8/22/2006	6
SSG		0		031027-060701		3/6/2006	6
SSG		1		021004-060620		5/4/2006	6
SSG		0		010425-061004		6/16/2006	2
SSG		0		990304-061023		7/27/2006	6
SSG		1		020520-061019		8/28/2006	2
SSG		0		040924-061006		8/3/2006	7

FOR THE COMMANDER

 Contractor
 Awards and Decorations Manager

DIST:AL

one (1) POV member

Reside off Base

FB

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.							
1. PAYMENT <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check Split Disbursement: Amt to Govt Tvl Charge Card \$				2. TYPE OF PAYMENT (X as applicable) <input type="checkbox"/> TDY <input checked="" type="checkbox"/> Member/Employee <input checked="" type="checkbox"/> PCS <input type="checkbox"/> Other <input type="checkbox"/> Dependent(s) <input checked="" type="checkbox"/> DLA				3. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER			
4. NAME (Last, First, Middle Initial) (Print or type) TORRES, CARLA E				5. GRADE O-3		6. SSN		b. SUBVOUCHER NUMBER			
7. ADDRESS, a. NUMBER AND STREET		b. CITY		c. STATE		d. ZIP CODE		c. PAID BY			
8. DAY/TIME TELEPHONE NUMBER & AREA CODE		9. TRAVEL ORDER NUMBER AH-0364		10. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES							
11. ORGANIZATION AND STATION 81st MSG				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)							
12. DEPENDENT(S) (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input checked="" type="checkbox"/> UNACCOMPANIED				14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)							
15. ITINERARY				d. COMPUTATIONS							
a. DATE 2002		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)		c. MEANS/MODE OF TRAVEL		d. REASON FOR STOP		e. LODGING COST		f. POC MILES	
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PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 5701, 37 USC 404-427, and EO 9397.

PRINCIPAL PURPOSE(S): Used for reviewing, approving, accounting and disbursing for official travel. SSN is used to maintain a numerical identification system for individual claims.

ROUTINE USE(S): To substantiate claims for reimbursement for official travel.

DISCLOSURE: Voluntary; however, failure to furnish information requested may result in total or partial denial of amount claimed.

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

INSTRUCTIONS

ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your predesignated account. For example: \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your predesignated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

REQUIRED ATTACHMENTS

1. Original and/or copies of all travel orders and amendments, as applicable.
2. Two copies of dependent travel authorization if issued.
3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
4. Copy of GTR, MTA or ticket used.
5. Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.
6. Other attachments will be as directed.

ITEM 15 - ITINERARY - SYMBOLS

15c. MEANS/MODE OF TRAVEL (Use two letters)

GTR/TKT	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation		Bus	- B
(Own expense)	- C	Plane	- P
Privately Owned		Rail	- R
Conveyance (POC)	- P	Vessel	- V

15d. REASON FOR STOP

Authorized Delay	- AD	Leave En Route	- LV
Authorized Return	- AR	Mission Complete	- MC
Awaiting Transportation	- AT	Temporary Duty	- TD
Hospital Admittance	- HA	Voluntary Return	- VR
Hospital Discharge	- HD		

ITEM 15e. LODGING COST

Enter the total cost for lodging.

ITEM 19 - DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition of deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

29. REMARKS

EMPLOYEES: INDICATE DATES ON WHICH LEAVE TAKEN FOR MORE THAN ONE-HALF OF PRESCRIBED DAILY WORKING HOURS

UNIFORMED MEMBERS: INDICATE DATES ON WHICH LEAVE WAS TAKEN

915 0 / 004

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

1. NAME (Last, First, Middle) TORRES CARLA ELISSE		2. DEPARTMENT, COMPONENT AND BRANCH AIR FORCE--REGAF		3. SOCIAL SECURITY NUMBER [] [] []	
4a. GRADE, RATE OR RANK LTC	b. PAY GRADE O5	5. DATE OF BIRTH (YYYYMMDD) [] [] []	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) N/A		
7a. PLACE OF ENTRY INTO ACTIVE DUTY HOUSTON TX		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) HOUSTON TX			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 99 SURGICAL OPS SQ (ACC)			b. STATION WHERE SEPARATED JBSA RANDOLPH TX		
9. COMMAND TO WHICH TRANSFERRED USAFR				10. SGLI COVERAGE AMOUNT: []	
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 45G3, OB/GYN, 18 YEARS AND 1 MONTH.		12. RECORD OF SERVICE		YEAR(S)	MONTH(S)
		a. DATE ENTERED AD THIS PERIOD		2002	JUN
		b. SEPARATION DATE THIS PERIOD		2020	AUG
		c. NET ACTIVE SERVICE THIS PERIOD		18	01
		d. TOTAL PRIOR ACTIVE SERVICE		00	00
		e. TOTAL PRIOR INACTIVE SERVICE		04	00
		f. FOREIGN SERVICE		00	00
		g. SEA SERVICE		00	00
		h. INITIAL ENTRY TRAINING		2002	JUN
		i. EFFECTIVE DATE OF PAY GRADE		2014	JUN
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) Meritorious Service Medal with 1 Oak Leaf Cluster, Meritorious Unit Award, AF Outstanding Unit Award with 8 Oak Leaf Clusters, National Defense Service Medal, Global War on Terrorism Service Medal, Nuclear Deterrence Operations Service Medal, AF Longevity Service with 3 Oak Leaf Clusters, AF Training Ribbon.		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) (MT3) ARMED FORCES OB-GYN SEMINAR, OCT 2008; (PYB) NO FEAR ACT TRAINING, NOV 2008; (MT3) ARMED FORCES OB-GYN SEMINAR, OCT 2012.			
15a. COMMISSIONED THROUGH SERVICE ACADEMY YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>					
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b) YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>					
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If yes, years of commitment: _____) YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>					
16. DAYS ACCRUED LEAVE PAID []	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
18. REMARKS [] -----NOTHING FOLLOWS-----					
The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.					
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) []			b. NEAREST RELATIVE (Name and address - include ZIP Code) []		
20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) <u>NV</u> OFFICE OF VETERANS AFFAIRS X YES <input type="checkbox"/> NO <input type="checkbox"/>					
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC) X YES <input type="checkbox"/> NO <input type="checkbox"/>					
21.a. MEMBER SIGNATURE []		b. DATE (YYYYMMDD) N/A	22.a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) CAC/PKI SIGNED BY: [] CTR TFSC DDZ14 Technician Jul 30 2020 10:02:40 PM (UTC) CAC Serial Number: [] IssuerCN: DOD ID CA-49		b. DATE (YYYYMMDD) 20200730

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

1. NAME (Last, First, Middle) TORRES CARLA ELISSE		2. DEPARTMENT, COMPONENT AND BRANCH AIR FORCE--REGAF		3. SOCIAL SECURITY NUMBER - - -				
4a. GRADE, RATE OR RANK LTC	b. PAY GRADE O5	5. DATE OF BIRTH (YYYYMMDD) -	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) N/A					
7a. PLACE OF ENTRY INTO ACTIVE DUTY HOUSTON TX		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) HOUSTON TX						
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 99 SURGICAL OPS SQ (ACC)			b. STATION WHERE SEPARATED JBSA RANDOLPH TX					
9. COMMAND TO WHICH TRANSFERRED USAFR				10. SGLI COVERAGE AMOUNT: -				
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 45G3, OB/GYN, 18 YEARS AND 1 MONTH.		12. RECORD OF SERVICE			YEAR(S)	MONTH(S)	DAY(S)	
		a. DATE ENTERED AD THIS PERIOD			2002	JUN	08	
		b. SEPARATION DATE THIS PERIOD			2020	AUG	01	
		c. NET ACTIVE SERVICE THIS PERIOD			18	01	24	
		d. TOTAL PRIOR ACTIVE SERVICE			00	00	00	
		e. TOTAL PRIOR INACTIVE SERVICE			04	00	23	
		f. FOREIGN SERVICE			00	00	13	
		g. SEA SERVICE			00	00	00	
		h. INITIAL ENTRY TRAINING			2002	JUN	08	
		i. EFFECTIVE DATE OF PAY GRADE			2014	JUN	01	
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) Meritorious Service Medal with 1 Oak Leaf Cluster, Meritorious Unit Award, AF Outstanding Unit Award with 8 Oak Leaf Clusters, National Defense Service Medal, Global War on Terrorism Service Medal, Nuclear Deterrence Operations Service Medal, AF Longevity Service with 3 Oak Leaf Clusters, AF Training Ribbon.			14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) (MT3) ARMED FORCES OB-GYN SEMINAR, OCT 2008; (PYB) NO FEAR ACT TRAINING, NOV 2008; (MT3) ARMED FORCES OB-GYN SEMINAR, OCT 2012.					
15a. COMMISSIONED THROUGH SERVICE ACADEMY						YES	X	NO
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)						YES	X	NO
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If yes, years of commitment: _____)						YES	X	NO
16. DAYS ACCRUED LEAVE PAID -	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION					YES	NO	
						X		
18. REMARKS - -----NOTHING FOLLOWS-----								
The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.								
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code)				b. NEAREST RELATIVE (Name and address - include ZIP Code)				
-				-				
20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) <u>NV</u> OFFICE OF VETERANS AFFAIRS						X	YES	NO
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)						X	YES	NO
21a. MEMBER SIGNATURE -	b. DATE (YYYYMMDD) N/A	22.a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) CAC/PKI SIGNED BY: _____ _____ CTR TFSC DD214 Technician Jul 30 2020 10:02:40 PM (UTC) CAC Serial Number: _____ IssuerCN: DOD ID CA-49				b. DATE (YYYYMMDD) 20200730		
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)								
23. TYPE OF SEPARATION -				24. CHARACTER OF SERVICE (Include upgrades) -				
25. SEPARATION AUTHORITY AFI 36-3207				26. SEPARATION CODE -		27. REENTRY CODE -		
28. NARRATIVE REASON FOR SEPARATION -								
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) -						30. MEMBER REQUESTS COPY 4 (Initials) N/A		

Privacy Act Statement

AUTHORITY: TO USC 275, EO 839, (November 1943 ISSN).

PRINCIPAL PURPOSE: Used to report items of information to individuals reporting for active duty. Also used to compute date of rank for officers and warrant officers ordered to active duty or more months.

ROUTINE USES: Information is used to report periods of active duty and physical condition upon entry and release from active duty. Medical statement is used to identify defects or conditions which have arisen since the member was last medically examined. If any significant changes are noted, the member is given a medical examination. The used to identify the member.

DISCLOSURE: Voluntary; however, if an individual refuses to complete ITEM 15, he/she will be scheduled for a medical examination.

1. RESERVE COMPONENT (X one) <input type="checkbox"/> ARNGUS <input type="checkbox"/> ANGUS <input type="checkbox"/> USAR <input type="checkbox"/> AFRES	2. DATE (YYMMDD) <div style="text-align: right; font-size: 1.2em;">020610</div>
--	---

3. TO (Appropriate Military Department)	4. FROM (Initial Active Duty Station)
--	--

5. NAME (Last, First, MI) <div style="font-size: 1.2em;">TORRES, CARLA E</div>	6. SSN <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	7. GRADE OR RANK <div style="font-size: 1.2em;">O-3</div>	8. BRANCH OF ARMED SVC <div style="font-size: 1.2em;">AF</div>	9. RETIREMENT YR ENDING
--	--	---	--	--------------------------------

10. EFFECTIVE DATE OF ENTRY ON ACTIVE DUTY (Determined by personnel officer at first duty station IAW criteria outlined in AR 37-104 or AFR 35-3) <div style="font-size: 1.2em;">8 June 02</div>	YEAR <div style="font-size: 1.2em;">2002</div>	MONTH <div style="font-size: 1.2em;">June</div>	DAY <div style="font-size: 1.2em;">08</div>
11. REPORTING DATE (Date specified in orders or the actual reporting date if later than date specified)	<div style="font-size: 1.2em;">2002</div>	<div style="font-size: 1.2em;">June</div>	<div style="font-size: 1.2em;">09</div>
12. DATE DEPARTED FROM DUTY STATION TO HOME	<div style="font-size: 1.2em;">2002</div>	<div style="font-size: 1.2em;">June</div>	<div style="font-size: 1.2em;">08</div>

13. AUTHORITY FOR ACTIVE DUTY ORDERS NO. <u>AH-0364</u> PARAGRAPH NO. _____ DATED <u>020219</u> <div style="font-size: 1.2em;">19 Feb 02</div> <small>(YYMMDD)</small> HQ _____ <small>(Description and location of HQ issuing orders)</small>	14. LENGTH OF TOUR (Less than 90 days if ARNGUS or USAR)
---	---

15. STATEMENT OF PHYSICAL CONDITION (In lieu of medical examination)

I, the undersigned, underwent a complete medical examination for military service on or about _____ which was accomplished at _____
(YYMMDD) (Place and location of hospital or medical treatment (if any))

and since that time:
 I have not been treated by clinics, physicians, healers or other practitioners.
 I have been treated by _____ during the period from _____
(Name of physician) (Last, First, MI) (YYMMDD)

to _____ for _____
(YYMMDD) (Description of injury or illness)

I was hospitalized in _____
(Place and location of hospital or medical treatment facility)

The attending physician was _____
(Last, First, MI)

Diagnosis was _____
(Description of injury or illness)

I do do not believe that I am now medically qualified to perform satisfactory military service.

Date _____ Signed _____
(YYMMDD)

16. (ARMY USE ONLY) Upon mobilization this item will be filled in for members of units of reserve components of the Army and copies of orders will be attached to this form.
 Entered on active duty as a member of _____
(Unit and unit home station)
 Ordered to active duty from _____
(Name of record or home address) (Include ZIP code)

(ARMY USE ONLY) DA FORM 87-8 (US Army Officer Evaluation Report) OR DA FORM 1059 (Academic Evaluation Report)

PREPARED AND FORWARDED:

YES, FORWARDED TO

DATE

(Address of Reserve or MG unit) (Include ZIP Code)

(YYMMDD)

NO. REPORT WILL BE FORWARDED ON OR ABOUT

(YYMMDD)

NOT APPLICABLE

(ARMY USE ONLY) DATE OF RANK (YYMMDD) (For officers and warrant officers ordered to active duty for 12 or more months, enter computation below)

a. TYPED NAME OF ADJUTANT OR OTHER OFFICER REPRESENTING COMMANDER (Last, First, MI)

b. GRADE OR RANK

c. SIGNATURE

AIC

ENCLOSURES (List enclosures, if any)

REMARKS (Explain reason for delay, if any, in complying with orders)

DATE DEPARTED LAST DUTY STATION: TX 08 June 02

LOCATION DEPARTED: TX

MODE OF TRAVEL: POV

DATE ARRIVED STATION: 09 June 02

LOCATION ARRIVED: Keesler AFB

SIGNATURE/DATE: 10 June 02

**SERVICE MEMBER PRE-SEPARATION/TRANSITION COUNSELING AND CAREER READINESS STANDARDS EFORM
FOR SERVICE MEMBERS SEPARATING, RETIRING, RELEASED FROM ACTIVE DUTY (REFRAD)**

SECTION I - PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 1142, Pre-separation Counseling; transmission of medical records to Department of Veterans Affairs.

PURPOSE(S): To record pre-separation counseling services and benefits requested by and provided to service members; to identify pre-separation counseling areas of interest as a basis for development of an Individual Transition Plan (ITP). The signed pre-separation counseling checklist will be maintained in the Service member's official personnel file. Title 10 USC 1142, requires that not later than 365 days before the date of separation, for anticipated losses, pre-separation counseling for Service members be made available. For unanticipated losses, or in the event a member of a reserve component is being demobilized under circumstances in which operational requirements make the 365-day requirement unfeasible, pre-separation counseling shall be made available as soon as possible within the remaining period.

ROUTINE USE(S): Disclosure of records are generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended. Applicable Routine Use(s) are to the Department of Veterans Affairs for available benefits to the Service member, additional routine uses are listed in the applicable system of records notice, DMDC 01, Defense Manpower Data Center Data Base, at <https://dpmc.dod.mil/Privacy/SORNIndex/200-wide-SORN-Article-View/Article/570563/omdc-01>

DISCLOSURE: Voluntary; however, it may not be possible to initiate pre-separation counseling and other transition assistance services or develop an Individual Transition Plan (ITP) for a Service member if the information is not provided.

SECTION II - SERVICE MEMBER PERSONAL INFORMATION

1. NAME CARLA E TORRES	2. DOD ID NUMBER [REDACTED]	3. GRADE O5	4. DATE OF BIRTH [REDACTED]	5. SERVICE Air Force	5a. COMPONENT Active
6. UNIT NAME 99 SURGICAL OPS SQ FFKJSD		6a. UNIT ID CODE NJ1CFKJS		7. MILITARY INSTALLATION Nellis AFB	
8. ANTICIPATED DATE OF SEPARATION 20200715	8a. REASON FOR SEPARATION [REDACTED]	8b. TYPE OF SEPARATION [REDACTED]	9. DATE FORM WAS INITIATED 20200204		
10. MEMBER ALLOWS THIS FORM TO BE SENT TO FEDERAL AGENCIES FOR ADDITIONAL TRANSITION ASSISTANCE POST SEPARATION: Yes					
10a. MEMBER ALLOWS THIS FORM TO BE SENT TO FEDERAL AND OTHER AGENCIES WHO LOOK FOR CRITICAL LANGUAGE SKILLS AND/OR REGIONAL EXPERTISE THAT COULD BE VITAL DURING TIMES OF NEED, CRISIS, AND/OR NATIONAL EMERGENCIES: [REDACTED]					
10b. MEMBER ALLOWS THIS FORM TO BE SENT TO STATE AGENCIES FOR ADDITIONAL TRANSITION ASSISTANCE POST SEPARATION: [REDACTED]					
10c. POST-SEPARATION EMAIL: [REDACTED]			10d. POST-SEPARATION PHONE NUMBER: [REDACTED]		

SECTION III - INITIAL COUNSELING

Service members shall receive individualized initial counseling pursuant to Title 10 U.S.C., Section 1142 and DoD policies.

11. SPOUSE/CAREGIVER/LEGAL GUARDIAN/DESIGNEE GOING TO BE PRESENT DURING PRE-SEPARATION COUNSELING: [REDACTED]

12. HAS THE SERVICE MEMBER COMPLETED A PERSONAL SELF-ASSESSMENT: [REDACTED]

13. HAS THE SERVICE MEMBER COMPLETED AN INITIAL COUNSELING: [REDACTED] **13a. INITIAL COUNSELING COMPLETION DATE:** 20200204

14. WHAT ARE THE SERVICE MEMBER'S POST-TRANSITION GOALS: [REDACTED]

15. REQUIRED CRS AND SESSIONS BY SELECTED PATHWAY AND TIER: Tier 2; see list of required CRS/Tracks in Remarks Section.

SECTION IV - PRE-SEPARATION / TRANSITION COUNSELING, PRE-SEPARATION / TRANSITION COUNSELING NEEDS ASSESSMENT, REVIEW, AND VERIFICATION TO MEET CAREER READINESS STANDARDS (CRS), AND TITLE 10 U.S.C. COMPLIANCE

Service members will be counseled on all items prescribed in Title 10, United States Code (U.S.C.), Sections 1142(b) (1-18), Sections 1143, 1144, 1145, 1146, 1147, 1148, 1149, 1150, 1151, 1154, and 1155 and DoD policies. Involuntarily separated Service members receive alternative benefits and programs that apply to them. Service member completed the following to meet Career Readiness Standards (CRS): *Required

	Pre-Sep Assessment	Capstone CRS Review
16. Completed Pre-Separation Counseling* Completed on 20200327, at Nellis AFB, Reported by the Air Force	[REDACTED]	[REDACTED]
17. Registered on eBenefits *	[REDACTED]	[REDACTED]
18. Completed resume or provided employment verification in support of the Individual Transition Plan (ITP)	[REDACTED]	[REDACTED]
19. Prepared a criterion-based, post separation financial plan	[REDACTED]	[REDACTED]
20. Completed a criterion-based individual Transition Plan (ITP)*	[REDACTED]	[REDACTED]
21. Completed a Continuum of Military Service Opportunity Counseling (Required Active Component Only)	[REDACTED]	[REDACTED]
22. Verify a completed Gap Analysis or provide verification of employment	[REDACTED]	[REDACTED]
23. Completed a comparison of higher education or vocational technical training institution options	[REDACTED]	[REDACTED]
24. I WAS COUNSELED AND RECEIVED DOCUMENTATION ON ALL ITEMS IN SECTION IV, WHICH INCLUDES ALL ITEMS LISTED ON THE PRE-SEPARATION / TRANSITION COUNSELING ADDENDUM SHEET: [REDACTED]		
25. PRE-SEPARATION / TRANSITION COUNSELING WAS COMPLETED WITH 364 DAYS OR LESS REMAINING BEFORE SEPARATION: [REDACTED]		
25a. PRE-SEPARATION / TRANSITION COUNSELING COMPLETED 364 DAYS OR LESS JUSTIFICATION: Change in Career Decision		
26. SERVICE MEMBER SIGNATURE & DATE [REDACTED]	27. TRANSITION COUNSELOR SIGNATURE & DATE [REDACTED]	

SECTION V – MANDATORY CURRICULUM ATTENDANCE

28. DoD TRANSITION DAY:

Managing Your Transition (MyTransition): Completed on 20200323, at Nellis AFB, Reported by the Air Force

Military Occupational Code Crosswalk: Completed on 20200324, at Nellis AFB, Reported by the Air Force

Financial Planning for Transition: Completed on 20200324, at Nellis AFB, Reported by the Air Force

29. VETERANS AFFAIRS (VA) SERVICES AND BENEFITS:

Completed on 20200324, at Nellis AFB, Reported by the Air Force

30. DOL ONE-DAY:

Completed on 20200324, at Nellis AFB, Reported by the Air Force

SECTION VI – OTHER CURRICULUM ATTENDANCE

31. DOL EMPLOYMENT TRACK:

N/A

32. DOD EDUCATION TRACK:

N/A

33. SBA ENTREPRENEURSHIP TRACK:

N/A

34. DOL VOCATIONAL TRACK:

N/A

SECTION VII – WARM HANDOVER REQUIREMENTS

35. EVALUATED POST-TRANSITION TRANSPORTATION REQUIREMENTS AND DEVELOPED A PLAN TO MEET PERSONAL/FAMILY NEEDS:

36. EVALUATED POST-TRANSITION HOUSING REQUIREMENTS AND DEVELOPED A PLAN TO MEET PERSONAL/FAMILY NEEDS:

37. EVALUATED POST-TRANSITION PEER SUPPORT REQUIREMENTS AND DEVELOPED A PLAN TO MEET THESE NEEDS:

SECTION VIII – WARM HANDOVER TO SUPPORTING AGENCIES CONTACT INFORMATION

38. VETERANS AFFAIRS: N/A

39. DEPARTMENT OF LABOR: N/A

40. MILITARY ONE SOURCE: N/A

41. OTHER RESOURCE: N/A

SECTION IX – CAPSTONE REVIEW

42. SERVICE MEMBER SIGNATURE & DATE:

43. TRANSITION COUNSELOR SIGNATURE & DATE:

SECTION X – COMMANDER OR COMMANDER'S DESIGNEE VERIFICATION

44. APPLICABLE CAREER READINESS STANDARDS MET:

45. VIABLE ITP COMPLETED:

46. WARM HANDOVERS EXECUTED:

47. COMMANDER OR COMMANDER'S DESIGNEE SIGNATURE & DATE:

SECTION XI – REMARKS

48. REMARKS

SECTION XI -- REMARKS (CONTINUED)

48. REMARKS

[Empty rectangular box for remarks]

C. PARTIAL STATEMENT OF EXISTING UNITED STATES LAWS

9. FOR ALL ENLISTEES OR REENLISTEES: Many laws, regulations, and military customs will govern my conduct and require me to do things a civilian does not have to do. The following statements are not promises or guarantees of any kind. They explain some of the present laws affecting the Armed Forces which I cannot change but which Congress can change at any time.

a. My enlistment is more than an employment agreement. As a member of the Armed Forces of the United States, I will be:

(1) Required to obey all lawful orders and perform all assigned duties.

(2) Subject to separation during or at the end of my enlistment. If my behavior fails to meet acceptable military standards, I may be discharged and given a certificate for less than honorable service, which may hurt my future job opportunities and my claim for veteran's benefits.

(3) Subject to the military justice system, which means, among other things, that I may be tried by military courts-martial.

(4) Required upon order to serve in combat or other hazardous situations.

(5) Entitled to receive pay, allowances, and other benefits as provided by law and regulation.

b. Laws and regulations that govern military personnel may change without notice to me. Such changes may affect my status, pay, allowances, benefits, and responsibilities as a member of the Armed Forces **REGARDLESS** of the provisions of this enlistment / reenlistment document.

c. In the event of war, my enlistment in the Armed Forces continues until six (6) months after the war ends, unless my enlistment is ended sooner by the President of the United States.

10. MILITARY SERVICE OBLIGATION FOR ALL MEMBERS OF THE ACTIVE AND RESERVE COMPONENTS, INCLUDING THE NATIONAL GUARD.

(a) FOR ALL ENLISTEES: If this is my initial enlistment, I must serve a total of eight (8) years. Any part of that service not served on active duty must be served in a Reserve Component unless I am sooner discharged.

(b) If I am a member of a Reserve Component of an Armed Force at the beginning of a period of war or national emergency declared by Congress, or if I become a member during that period, my military service may be extended without my consent until six (6) months after the end of that period of war.

(c) As a member of a Reserve Component, in time of war or national emergency declared by the Congress, I may be required to serve on active duty (other than for training) for the entire period of the war or emergency and for six (6) months after its end.

d. As a member of the Ready Reserve I may be required to perform active duty or active duty for training without my consent (other than as provided in item 8 of this document) as follows:

(1) In time of national emergency declared by the President of the United States, I may be ordered to active duty (other than for training) for not more than 24 consecutive months.

(2) I may be ordered to active duty for 24 months, and my enlistment may be extended so I can complete 24 months of active duty, if:

(a) I am not assigned to, or participating satisfactorily in, a unit of the Ready Reserve; and

(b) I have not met my Reserve obligation; and

(c) I have not served on active duty for a total of 24 months.

(3) I may be ordered to perform additional active duty training for not more than 45 days if I have not fulfilled my military service obligation and fail in any year to perform the required training duty satisfactorily. If the failure occurs during the last year of my required membership in the Ready Reserve, my enlistment may be extended until I perform that additional duty, but not for more than six months.

(4) When determined by the President that it is necessary to support any operational mission, I may be ordered to active duty for not more than 90 days if I am a member of the Selected Reserve.

11. FOR ENLISTEES / REENLISTEES IN THE NAVY, MARINE CORPS, OR COAST GUARD: I understand that if I am serving on a naval vessel in foreign waters, and my enlistment expires, I will be returned to the United States for discharge as soon as possible consistent with my desires. However, if essential to the public interest, I understand that I may be retained on active duty until the vessel returns to the United States. If I am retained under these circumstances, I understand I will be discharged not later than 30 days after my return to the United States; and, that except in time of war, I will be entitled to an increase in basic pay of 25 percent from the date my enlistment expires to the date of my discharge.

12. FOR ALL MALE APPLICANTS: Completion of this form constitutes registration with the Selective Service System in accordance with the Military Selective Service Act. Incident thereto the Department of Defense may transmit my name, permanent address, military address, Social Security Number, and birthdate to the Selective Service System for recording as evidence of the registration.

NAME OF ENLISTEE / REENLISTEE (Last, First, Middle)	SOCIAL SECURITY NO. OF ENLISTEE / REENLISTEE
TORRES, CARLA ELISSE	

D. CERTIFICATION AND ACCEPTANCE

13a. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian, or military court and, if found guilty, may be punished.

I CERTIFY THAT I HAVE CAREFULLY READ THIS DOCUMENT. ANY QUESTIONS I HAD WERE EXPLAINED TO MY SATISFACTION. I FULLY UNDERSTAND THAT ONLY THOSE AGREEMENTS IN SECTION B OF THIS DOCUMENT OR RECORDED ON THE ATTACHED ANNEX(ES) WILL BE HONORED. ANY OTHER PROMISES OR GUARANTEES MADE TO ME BY ANYONE ARE WRITTEN BELOW: (If none, X "NONE" and initial.) NONE (Initials of enlistee/reenlistee)

b. SIGNATURE OF ENLISTEE / REENLISTEE	c. DATE SIGNED (YYMMDD)
	941205

14. SERVICE REPRESENTATIVE CERTIFICATION
 a. On behalf of the United States (list branch of service) AFR FORCE RESERVE (ORS), I accept this applicant for enlistment. I have witnessed the signature in item 13b to this document. I certify that I have explained that only those agreements in Section B of this form and in the attached annex(es) will be honored, and any other promises made by any person are not effective and will not be honored. AF FORM 1056

b. NAME (Last, First, Middle)	c. PAY GRADE	d. UNIT / COMMAND NAME
(NMN)	E-7	AFROTC DET 810
e. SIGNATURE	f. DATE SIGNED (YYMMDD)	g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)
	941205	Waco, TX 76798-7070

E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

15. IN THE ARMED FORCES EXCEPT THE NATIONAL GUARD (ARMY OR AIR):
 I, CARLA ELISSE TORRES, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

16. IN THE NATIONAL GUARD (ARMY OR AIR): N/A
 I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of _____ against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of _____ and the orders of the officers appointed over me, according to law and regulations. So help me God.

17. IN THE NATIONAL GUARD (ARMY OR AIR): N/A
 I do hereby acknowledge to have voluntarily enlisted /reenlisted this _____ day of _____ 19 _____ in the _____ National Guard and as a Reserve of the United States (list branch of service) _____ with membership in the _____ National Guard of the United States for a period of _____ years, _____ months, _____ days, under the conditions prescribed by law, unless sooner discharged by proper authority.

18a. SIGNATURE OF ENLISTEE / REENLISTEE	b. DATE SIGNED (YYMMDD)
	941205

19. ENLISTMENT / REENLISTMENT OFFICER CERTIFICATION

a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

b. NAME (Last, First, Middle)	c. PAY GRADE	d. UNIT / COMMAND NAME
	O-5	AFROTC DET 810
e. SIGNATURE	f. DATE SIGNED (YYMMDD)	g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)
	941205	Waco, TX 76798-7070

Record Of Emergency Data

Individual Information

Name		Rank	SSAN	Phone
TORRES, CARLA E		LTC	-	-
Religious Pref.	Marital Status	Address		
-	-	-		
Status of Mother	Status of Father	No. Of Children		
-	-	-		
Insurance				
-				

Unpaid Pay and Allowances

Recipient	Percent Received
-	-

Death Gratuity

Recipient	Percent Received
-	-

Emergency Contact Information

Name	Relationship	Home Phone	DOB	Address	Notify If Missing?	Guardian
-	-	-	-	-	-	-
Name	Relationship	Home Phone	DOB	Address	Notify If Missing?	Guardian
-	-	-	-	-	-	-
Name	Relationship	Home Phone	DOB	Address	Notify If Missing?	Guardian
-	-	-	-	-	-	-
Name	Relationship	Home Phone	DOB	Address	Notify If Missing?	Guardian
-	-	-	-	-	-	-
Name	Relationship	Home Phone	DOB	Address	Notify If Missing?	Guardian
-	-	-	-	-	-	-

Notification Due to Ill Health

--

Person Authorized to Direct Disposition (PADD) of Your Remains

--

Remarks

NO ADDITIONAL REMARKS PROVIDED.

I certify that the information that I have provided is true and correct to the best of my knowledge. I also understand providing false information may be used for administrative, criminal, or other adverse actions.

ELECTRONICALLY SIGNED BY:

-	03 MAR 2020
---	--------------------

This electronic record satisfies the requirements of the DD Form 93, Record of Emergency Data

THIS DOCUMENT CONTAINS INFORMATION WHICH MUST BE PROTECTED

IAW AFI 330332 AND DOD REGULATION 5400.11.

Record Of Emergency Data

Individual Information

Name	Rank	SSAN	Phone
TOBRES, CARLA E	LTC		
Religious Pref.	Marital Status	Address	
Status of Mother	Status of Father	No. Of Children	
Insurance			

Unpaid Pay and Allowances

Recipient	Percent Received

Death Gratuity

Recipient	Percent Received

Emergency Contact Information

Name	Relationship	Home Phone	DOB	Address	Notify If Missing?	Guardian

Notification Due to Ill Health

--

Person Authorized to Direct Disposition (PADD) of Your Remains

--

Remarks

NO ADDITIONAL REMARKS PROVIDED.

I certify that the information that I have provided is true and correct to the best of my knowledge. I also understand providing false information may be used for administrative, criminal, or other adverse actions.

ELECTRONICALLY SIGNED BY:

	03 MAR 2020
--	-------------

This electronic record satisfies the requirements of the DD Form 93, Record of Emergency Data

THIS DOCUMENT CONTAINS INFORMATION WHICH MUST BE PROTECTED

IAW AFI 330332 AND DOD REGULATION 5400.11.

DD93

DEPARTMENT OF THE AIR FORCE
WASHINGTON DC 20330

EXTENDED ACTIVE DUTY ORDER

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use Blanket PAS - AF Form 11)

BY DIRECTION OF THE PRESIDENT

1. GRADE, NAME, SSN, AND MAILING ADDRESS FROM WHICH INDIVIDUAL WILL DEPART FOR ACTIVE DUTY

CAPTAIN CARLA E. TORRES

2. COMPONENT

USAFR (MC)

3. ADM

001

4. TEMPORARY ADDRESS

5. HOME OF RECORD (Same as Block 1 unless otherwise indicated)

6. PDAFSC/CAFSC

45G1

7. DATE OF RESERVE APPOINTMENT

16 May 98

8. FLYING STATUS

YES

NO

9. AERO RATING

RATED

NON-RATED

10. IS ORDERED TO ACTIVE DUTY

In Accordance with 10 USC 672, section D

VOLUNTARY

For an Indefinite Period

INVOLUNTARY

IN THE GRADE OF

CAPTAIN

For a period of

140 months 29

days unless sooner relieved

11. ON DAY PRIOR TO THE EFFECTIVE DATE OF ACTIVE DUTY IS RELIEVED FROM RESERVE ASSIGNMENT

HQ ARPC (ORS-RC) (PAS S731FLX7)

12. UNIT MAJOR COMMAND, AND ADDRESS OF UNIT TO WHICH ASSIGNED

81st MEDICAL GROUP (AETC) KEESLER AFB MS 39534 (PAS: KF0JFB3J) for *residency training. Education active duty service commitment date (ADSCD) will be input by HQ AFPC/DPAME within 45 days after EAD date is verified by gaining MPF.

*Residency: OB/GYN

Start Date: 1 Jul 02

Estimated Completion Date: 30 Jun 06

13. EFFECTIVE DATE OF DUTY IS ON OR AFTER

8 Jun 02

ON OR AFTER THIS DATE, PROCEED AND REPORT

not earlier than 0800 hours and not later than 2400 hours on 9 Jun 02 to the 24 hour arrival point at the permanent duty station listed in item 12 above. Early reporting to the permanent duty station is not authorized.

14. THIS ORDER RESCINDS (Special Order and Date)

15. DD Form 270 (PA) affected by the Privacy Act of 1974 will be completed by the first duty station or processing station and forwarded to HQ AFPC/DPPAOR, Randolph AFB TX 78150. Amendments/revocations to this order will be forwarded to HQ AFPC/DPAMF2, Randolph AFB TX 78150

16. AUTHORITY AND PCS CODE: HAFAN

0620NF0076

PCS CODE "A"

17. PERMANENT CHANGE OF STATION. TRAVEL AS DIRECTED IS NECESSARY IN THE MILITARY SERVICE.

18. TDY EXPENSE CHARGEABLE TO (Except for overseas and active duty processing)

19. PCS EXPENSE CHARGEABLE TO

21. SPECIAL ORDER

AH-0364

22. DATE

19 Feb 02

23. SPECIAL INSTRUCTIONS (See Reverse)

25. TON

BY ORDER OF THE SECRETARY OF THE AIR FORCE

26. SIGNATURE ELEMENT OF ORDER AUTHENTICATING OFFICIAL

MSgt, USAF

Superintendent, Medical Accessions and Personnel Programs



NOTE: ONLY ITEMS CONTAINING ENTRIES APPLY.

SPECIAL INSTRUCTIONS TO SPECIAL ORDERS - ONLY CHECKED ITEMS APPLY

- 1. Validity of these orders is contingent upon your acceptance of appointment in the MC Corps, Air Force Reserve, on or before the effective date of duty.
- 2. Authorized 2 days travel time from home to first duty station if travel is by privately owned vehicle (POV).
(NOTE: In all instances, if travel is by other than POV, travel time will be the actual time used by the common carrier.)
 - A. Authorized _____ days travel time from _____ to _____.
 - B. Authorized _____ days travel time from TDY station to permanent station or point of embarkation. (See 3 and 27, below.)
- 3. If TDY is authorized, you are authorized up to 10 days leave enroute upon completion of TDY, provided it does not interfere with the reporting instructions to your permanent duty station cited in item 13 on the front of this order. This reporting date includes travel time authorized in 2B above plus the 10 days built-in leave authorization. Leave is optional and need not be taken; you may report directly to your permanent duty station. If taken, however, leave will be charged and deducted from your annual 30-day leave accrual.
- 4. Submit your completed travel voucher to your Finance Officer within 5 work days after reporting to your permanent duty station. Retain all receipts showing cost of all lodgings and transportation to be submitted with your travel voucher.
- 5. This order cannot be amended to change place from which ordered to extended active duty after the effective date of duty. If prior to effective date of duty it becomes necessary to change your present address and/or location, immediately contact HQ AFPC/DPAMF2 (toll free 1-800-531-5811, menu selection 1) so amendatory orders can be published.
- 6. In case of illness or injury prior to active duty travel date (in item 13 of this order) which may be temporarily or permanently disqualifying for active duty, immediately contact HQ AFPC/DPAMF2 (toll free 1-800-531-5811, menu selection 1) for further instructions.
- 7. In the event of limited war or mobilization and you are traveling unaccompanied, proceed as scheduled. If traveling with your dependents immediately contact HQ AFPC/DPAMF2 (toll free 1-800-531-5811, menu selection 1) for further instructions.
- 8. Medically qualified for active duty per SF 88 dated Sep 01.
- 9. National Agency Check (NAC) on file at NAC Center on _____; or initiated on _____.
(Results of the investigation will be forwarded to the gaining permanent duty station.)
- 10. Hand carry copies of medical degree, transcripts, diplomas, and certificates of internship and/or residency (as applicable) to the first duty station when reporting for active duty.
- 11. Pursuant to AFI 32-6001, report to the base housing referral office servicing your new duty station before entering into any rental or lease/purchase agreement for off-base housing.
- 12. Non-temporary storage and/or shipment of household goods is authorized immediately.
- 13. If TDY is authorized, shipment of household goods up to TDY weight allowance at Government expense is authorized to TDY station. TDY weight allowance is: 600 pounds for grades O-3 and below; 800 pounds for O-4 and above.
- 14. If TDY is authorized, transportation of dependents at Government expense is not authorized to the TDY station.
- 15. Shipment of household goods and unaccompanied baggage at Government expense is authorized to:
 - A. Permanent duty station.
 - B. Designated location and subsequent shipment to member's overseas duty station.
- 16. If you have dependents, transportation of those dependents at Government expense (reimbursable upon verification of dependency on arrival at permanent duty station) is authorized to:
 - A. Permanent duty station.
 - B. Designated location within CONUS, but will exhaust all further entitlements to movement of dependents at Government expense during current overseas assignment until member receives new PCS orders.
 - C. Designated location within CONUS pending dependent overseas travel authorization.
- 17. Dependents are prohibited within the overseas area.
- 18. If you have dependents, concurrent travel of those dependents to the overseas area is (authorized) (not authorized). Dependents:
- 19. Officer is single - no dependents.
- 20. Individual elected to serve (accompanied) (unaccompanied/all others) tour.
- 21. Shipment of privately owned vehicle (POV) to the overseas area is (authorized) (not authorized).
(NOTE: Under international agreement, automobiles manufactured after 1 Mar 76 may not be shipped to any point in Japan.)
- 22. Member will contact his/her recruiter for assistance in obtaining Passports for dependents.
- 23. TDY station will obtain flight reservations for overseas movement. Report to TDY station military personnel office for assistance.
- 24. If Port Call is required, member is not authorized to depart TDY station prior to receipt of flight reservations.
- 25. Finance Officer making payment against this order and Transportation Officer issuing Transportation Request (TR), bills-of-lading, and/or meal tickets will forward one copy of document to HQ AETC/ACF, Randolph AFB TX 78150.
- 26. **FOR PERSONNEL WHO WILL BE ATTENDING THE COT COURSE AT OTS, GUNTER/MAXWELL AFB AL:**
Questions regarding the COT Course (reporting time, method of pay, training, etc.) may be made direct to OTS at toll free 1-800-854-0188. For flight reservations, contact your local recruiter, or the SATO Travel Office at Gunter AFB at toll free 1-800-301-1543 and state that you are an incoming COT student. Check luggage through to Dannelly Field, Montgomery AL. Due to non-availability of government shuttle after normal duty hours, plan to arrive at Dannelly Field not later than 1300 hours on your arrival date. Further information regarding transportation to Gunter/Maxwell AFB is posted at the airport.
- 27. Travel time to port of embarkation will be determined by location of point of departure once Port Call is established.
- 28. **ADDITIONAL INSTRUCTIONS:**

DEPARTMENT OF THE AIR FORCE
WASHINGTON DC 20330

EXTENDED ACTIVE DUTY ORDER **EAD ORD**

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use Blanket PAS-AF Form 11)

BY DIRECTION OF THE PRESIDENT

1. GRADE, NAME, SSN, AND MAILING ADDRESS FROM WHICH INDIVIDUAL WILL DEPART FOR ACTIVE DUTY CAPTAIN CARLA E. TORRES		2. COMPONENT <input checked="" type="checkbox"/> USAFR (MC)		
4. TEMPORARY ADDRESS		5. HOME OF RECORD <i>(Same as Block 1 unless otherwise indicated)</i>	6. PDAFSC/CAFSC 45G1	7. DATE OF RESERVE APPOINTMENT 16 May 98
8. FLYING STATUS <input type="checkbox"/> YES <input type="checkbox"/> NO	9. AERD RATING <input type="checkbox"/> RATED <input type="checkbox"/> NON-RATED	10. IS ORDERED TO ACTIVE DUTY In Accordance with 10 USC 672, section D <input checked="" type="checkbox"/> VOLUNTARY For an Indefinite Period		<input checked="" type="checkbox"/> INVOLUNTARY For a period of 140 months 29 days unless sooner relieved
11. ON DAY PRIOR TO THE EFFECTIVE DATE OF ACTIVE DUTY IS RELIEVED FROM RESERVE ASSIGNMENT HQ ARPC (DRS-RC) (PAS S731FLX7)				
12. UNIT MAJOR COMMAND, AND ADDRESS OF UNIT TO WHICH ASSIGNED 81st MEDICAL GROUP (AETC) KEESLER AFB MS 39534 (PAS: KF0JFB3J) for *residency training. Education active duty service commitment date (ADSCD) will be input by HQ AFPC/DPAME within 45 days after EAD date is verified by gaining MPF. *Residency: OB/GYN Start Date: 1 Jul 02 Estimated Completion Date: 30 Jun 06				
13. EFFECTIVE DATE OF DUTY IS ON OR AFTER 8 Jun 02 ON OR AFTER THIS DATE, PROCEED AND REPORT not earlier than 0800 hours and not later than 2400 hours on 9 Jun 02 to the 24 hour arrival point at the permanent duty station listed in item 12 above. Early reporting to the permanent duty station is not authorized.				
14. THIS ORDER RESCINDS <i>(Special Order and Date)</i>				
15. <i>DD Form 220 (PA) affected by the Privacy Act of 1974 will be completed by the first duty station or processing station and forwarded to HQ AFPC/DPPADR, Randolph AFB TX 78150. Amendments/revocations to this order will be forwarded to HQ AFPC/DPAMF2, Randolph AFB TX 78150</i>				
16. AUTHORITY AND PCS CODE: HAFAN		0620NF0076		PCS CODE "A"
17. PERMANENT CHANGE OF STATION, TRAVEL AS DIRECTED IS NECESSARY IN THE MILITARY SERVICE.				
18. TDY EXPENSE CHARGEABLE TO <i>(Except for overseas and active duty processing)</i>		19. PCS EXPENSE CHARGEABLE TO		
20. APPROVING OFFICIAL CS-1, DAFC		21. SPECIAL ORDER AH-0364		22. DATE 19 Feb 02
23. SPECIAL INSTRUCTIONS <i>(See Reverse)</i>				
25. TON BY ORDER OF THE SECRETARY OF THE AIR FORCE				
26. SIGNATURE ELEMENT OF ORDER AUTHENTICATING OFFICIAL MSgt, USAF Superintendent, Medical Accessions and Personnel Programs				



NOTE: ONLY ITEMS CONTAINING ENTRIES APPLY.

SPECIAL INSTRUCTIONS TO SPECIAL ORDERS - ONLY CHECKED ITEMS APPLY

1. Validity of these orders is contingent upon your acceptance of appointment in the MC Corps, Air Force Reserve, on or before the effective date of duty.
2. Authorized 2 days travel time from home to first duty station if travel is by privately owned vehicle (POV).
(NOTE: In all instances, if travel is by other than POV, travel time will be the actual time used by the common carrier.)
- A. Authorized _____ days travel time from _____ to _____.
- B. Authorized _____ days travel time from TDY station to permanent station or point of embarkation. (See 3 and 27, below.)
3. If TDY is authorized, you are authorized up to 10 days leave enroute upon completion of TDY, provided it does not interfere with the reporting instructions to your permanent duty station cited in item 13 on the front of this order. This reporting date includes travel time authorized in 2B above plus the 10 days built-in leave authorization. Leave is optional and need not be taken; you may report directly to your permanent duty station. If taken, however, leave will be charged and deducted from your annual 30-day leave accrual.
4. Submit your completed travel voucher to your Finance Officer within 5 work days after reporting to your permanent duty station. Retain all receipts showing cost of all lodgings and transportation to be submitted with your travel voucher.
5. This order cannot be amended to change place from which ordered to extended active duty after the effective date of duty. If prior to effective date of duty it becomes necessary to change your present address and/or location, immediately contact HQ AFPC/DPAMF2 (toll free 1-800-531-5811, menu selection 1) so amendatory orders can be published.
6. In case of illness or injury prior to active duty travel date (in item 13 of this order) which may be temporarily or permanently disqualifying for active duty, immediately contact HQ AFPC/DPAMF2 (toll free 1-800-531-5811, menu selection 1) for further instructions.
7. In the event of limited war or mobilization and you are traveling unaccompanied, proceed as scheduled. If traveling with your dependents immediately contact HQ AFPC/DPAMF2 (toll free 1-800-531-5811, menu selection 1) for further instructions.
8. Medically qualified for active duty per SF 88 dated Sep 01.
9. National Agency Check (NAC) on file at NAC Center on _____; or initiated on _____.
(Results of the investigation will be forwarded to the gaining permanent duty station.)
10. Hand carry copies of medical degree, transcripts, diplomas, and certificates of internship and/or residency (as applicable) to the first duty station when reporting for active duty.
11. Pursuant to AFI 32-6001, report to the base housing referral office servicing your new duty station before entering into any rental or lease/purchase agreement for off-base housing.
12. Non-temporary storage and/or shipment of household goods is authorized immediately.
13. If TDY is authorized, shipment of household goods up to TDY weight allowance at Government expense is authorized to TDY station. TDY weight allowance is: 600 pounds for grades O-3 and below; 800 pounds for O-4 and above.
14. If TDY is authorized, transportation of dependents at Government expense is not authorized to the TDY station.
15. Shipment of household goods and unaccompanied baggage at Government expense is authorized to:
- A. Permanent duty station.
- B. Designated location and subsequent shipment to member's overseas duty station.
16. If you have dependents, transportation of those dependents at Government expense (*reimbursable upon verification of dependency on arrival at permanent duty station*) is authorized to:
- A. Permanent duty station.
- B. Designated location within CONUS, but will exhaust all further entitlements to movement of dependents at Government expense during current overseas assignment until member receives new PCS orders.
- C. Designated location within CONUS pending dependent overseas travel authorization.
17. Dependents are prohibited within the overseas area.
18. If you have dependents, concurrent travel of those dependents to the overseas area is (authorized) (not authorized). Dependents:
19. Officer is single - no dependents.
20. Individual elected to serve (accompanied) (unaccompanied/all others) tour.
21. Shipment of privately owned vehicle (POV) to the overseas area is (authorized) (not authorized).
(NOTE: Under international agreement, automobiles manufactured after 1 Mar 76 may not be shipped to any point in Japan.)
22. Member will contact his/her recruiter for assistance in obtaining Passports for dependents.
23. TDY station will obtain flight reservations for overseas movement. Report to TDY station military personnel office for assistance.
24. If Port Call is required, member is not authorized to depart TDY station prior to receipt of flight reservations.
25. Finance Officer making payment against this order and Transportation Officer issuing Transportation Request (TR), bills-of-lading, and/or meal tickets will forward one copy of document to HQ AETC/ACF, Randolph AFB TX 78150.
26. **FOR PERSONNEL WHO WILL BE ATTENDING THE COT COURSE AT OTS, GUNTER/MAXWELL AFB AL:**
Questions regarding the COT Course (reporting time, method of pay, training, etc.) may be made direct to OTS at toll free 1-800-854-0188. For flight reservations, contact your local recruiter, or the SATO Travel Office at Gunter AFB at toll free 1-800-301-1543 and state that you are an incoming COT student. Check luggage through to Dannelly Field, Montgomery AL. Due to non-availability of government shuttle after normal duty hours, plan to arrive at Dannelly Field not later than 1300 hours on your arrival date. Further information regarding transportation to Gunter/Maxwell AFB is posted at the airport.
27. Travel time to port of embarkation will be determined by location of point of departure once Port Call is established.
28. **ADDITIONAL INSTRUCTIONS:**

POST 9/11 G.I. BILL TRANSFER OF EDUCATIONAL BENEFITS STATEMENT OF UNDERSTANDING

(Title 38 U.S.C: Chapter 33)

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 8013 and Executive Order 9397, Secretary of the Air Force: powers and duties; delegation by.

PRINCIPAL PURPOSE: Documents service obligation acknowledgement and career planning considerations when transferring educational benefits to a spouse or child. This information will be included in your Automated Records Management System file.

ROUTINE USE: May be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3). Specifically, the Department of Veterans Affairs or other agencies with a need to know pursuant to 5 U.S.C. 552a(b)(3).

DISCLOSURE: VOLUNTARY. Failure to provide SSN would make it difficult to identify your records when the Statement of Understanding is processed and filed.

I. SERVICE OBLIGATION

In accordance with Title 38 U.S.C., Chapter 33 and AFI 36-2107, I will incur a service obligation of 4 years and an Active Duty Service Commitment (ADSC) will be updated in my records effective from date of application in the Defense Manpower Data Center (DMDC) Transfer of Education Benefits (TEB) website. Exception:

- a. For those individuals eligible for retirement on 1 Aug 2009, no additional service required
- b. For those individuals who have an approved retirement date after August 1, 2009, and before July 1, 2010, no additional service is required
- c. For those individuals eligible for retirement after August 1, 2009, and before August 1, 2010, 1 year of additional service is required
- d. For those individuals eligible for retirement on or after August 1, 2010, and before August 1, 2011, 2 years of additional service is required
- e. For those individuals eligible for retirement on or after August 1, 2011, and before August 1, 2012, 3 years of additional service is required

II. ACKNOWLEDGEMENT AND AGREEMENT

1. I am eligible for Post 9/11 G.I. Bill benefits and have completed a minimum of 6 years active duty service and eligible for the Transfer of Education Benefits.
2. I have been provided TEB program information and understand that transferring benefits is a life & career planning event and that there are considerations to take into account and was advised to seek face to face counselling with the appropriate office on matters to include but not limited to:
 - a. Reenlistment/Extension/SRB Considerations
 - b. Personal Educational Goals
 - c. Separation/Retirement Plans
 - d. Family Considerations
3. I understand I may transfer up to 36 months (or remaining months of entitlement, whichever is less) of my educational benefits to my spouse or children or in combination; and I understand I may modify or revoke my election at any time.
4. I understand my spouse may use the benefits immediately upon approval and the benefit will expire 15 years after I leave active duty service.
5. I understand the benefit eligibility for children is between ages 18 - 26 after I have served 10 years of active duty service.
6. I understand it is my responsibility to ensure all dependents are registered in the Defense Eligibility Enrollment Reporting System (DEERS). Joint spouse personnel must ensure all dependents have a relationship established under both military personnel.
7. I understand it is my responsibility to ensure I obtain the required retainability to fulfill the service obligation required. Failure to serve the required service obligation will result in overpayment which will be recouped by the Department of Veterans Affairs.
8. I understand transfer of benefits is lost if I do not complete the entire commitment or should I receive a less than honorable discharge.
9. I understand that I and the transferee of benefits are both financially liable if student fails or drops courses or the member does not complete the entire commitment.
10. To the best of my knowledge, this is a truthful claim to transfer educational benefits. Knowingly signing a false, fictitious or false official statement with intent to deceive for material gain is punishable under UCMJ, Article 107.

NAME(LAST, FIRST M.I.)	SIGNATURE	SSAN	DATE
TORRES, CARLA E.	CAC/PKI SIGNED BY <input type="text"/> MAJ, USAF, 11/2/2010 11:11:14 AM CAC Serial Number: <input type="text"/> IssuerCN: DOD CA-20	<input type="text"/>	02 Nov 2010

TORRE
[Redacted Box]
980414

FY 98 CONTRACT
F. EDWARD HEBERT
ARMED FORCES HEALTH PROFESSIONS SCHOLARSHIP AND
FINANCIAL ASSISTANCE (AFHPS/FAP) CONTRACT

FOR

MEDICAL STUDENTS

(This form is affected by the Privacy Act of 1974)

AUTHORITY: 10 U.S.C. 8013; EO 9397; 10 U.S.C. 2005;
10 U.S.C. 2120 - 2127; DODD 6000.2

PURPOSE: The purpose of this contract is to meet national defense needs for trained medical personnel by providing students financial assistance in exchange for an enforceable commitment to serve on active duty as a physician for a specified period of time. All other promises, representations, and consideration as to the conditions of military service or other matters are secondary to the purpose of the contract. The student acknowledges that the Air Force will have performed its obligations under the contract once financial support has been provided for basic medical education.

When the student has received or benefited from the expenditure of any funds under the contract, he or she will not be released from any resulting Active Duty Service Commitment (ADSC). When the Air Force has performed its obligation to finance the student's medical education, the Air Force will be entitled to performance of the student's promise to serve as a physician on active duty.

ROUTINE USE: None.

DISCLOSURE IS VOLUNTARY: However, without this information your entry into the Armed Forces Health Professions Scholarship and Financial Assistance Program (AFHPS/FAP) could not be accomplished. Social Security Number is necessary to make positive identification of the individual.

2. I have not incurred and will not incur any medical practice obligations other than those required by the Air Force. Further, in the event I incur an obligation for service to another organization (e.g., a state for payment of a portion of my educational expense to the professional school I attend), even if this obligation is without my knowledge, the Air Force may disenroll me from the AFHPS/FAP.

3. I do not presently have a firm, fixed, or sincere objection by reason of religious training and belief to participation in war in any form or the bearing of firearms. I recognize that acceptance of public funds for my medical education under this contract is inconsistent with such beliefs. I have no present intent to seek release from my ADSC on this basis in the future and recognize that my sincerity and motives would be in serious question should I attempt to do so after substantial public funds have been expended on my medical education.

4. Scholarship benefits will begin on the latest of the following dates:

- a. The first day of scheduled classes for the next academic year school term.
- b. Date of the AFHPS/FAP contract.
- c. Date of the Oath of Office.

5. I agree and understand:

a. Payment of my stipend terminates upon the date of formal graduation or upon completion of degree requirements if it precedes formal graduation by more than 45 days.

b. I am required to perform one tour of active duty at a military base of 45 days as directed by the Air Force for each 12 months of participation in the AFHPS/FAP.

c. All financial inducements or benefits are prescribed by law and regulations of the Department of Defense. Such laws and regulations are subject to change and I understand and agree that any change in financial inducements or benefits due to a change in law or regulation will apply to me and does not relieve me from any obligation under this contract.

d. I will not be relieved of my active duty obligation solely because I am willing and able to reimburse the Government for the total cost of advanced education.

e. I will accept reappointment or designation within the Air Force based on my health profession and receive the active duty pay and allowances and benefits for the rank appointed, as provided by the pertinent statutes and regulations.

f. I will not receive service credit for the purpose of computing basic pay or promotion for the period of the AFHPS/FAP participation.

6. Active Duty Service Commitment (ADSC). I agree and understand:

a. That in return for 4 years of sponsorship in the AFHPS/FAP, I shall serve 4 years on extended active duty and serve 4 years in the Individual Ready Reserve (IRR), unless it is served on active duty or in the Selected Reserve. Also subject to mutual agreement, I understand that I may fulfill the IRR service period in the Selected Reserve or the Active Guard/Reserve.

b. My ADSC for sponsorship in the AFHPS/FAP is based upon the provisions in effect on the date my scholarship benefits commence.

c. Should I become unable to commence the period of ADSC specified in this contract or become unable to complete my medical education program, I agree to reimburse the United States in one lump sum for the total cost of advanced education paid by the US Government as specified in 10 U.S.C. 2005.

d. Apart from my ADSC, I will incur a minimum term of service of 2 years on active duty. My minimum term of service will run concurrently with my ADSC; but if my ADSC is less than my minimum term of service, I will not be released from active duty until I have also served my minimum term of service. Any time spent on active duty after completion of my health profession degree will count toward completion of my minimum term of service unless otherwise specified in this contract.

e. I will not be relieved of any previously incurred ADSC as a result of participation in the AFHPS/FAP. I cannot serve any part of the ADSC incurred from AFHPS/FAP participation concurrently with any other ADSC. My total ADSC will be served consecutively and will be the sum incurred from all sources. Obligations are served in the order incurred.

f. I will not receive credit toward fulfilling my ADSC for the annual active duty period I perform as an AFHPS/FAP participant. Any other ADSC acquired from any uniformed services training/services (e.g., Air Force Academy or Reserve Officer's Training Corps) cannot be served while in the AFHPS/FAP or during annual active duty periods. I will not receive credit for services performed as an AFHPS/FAP member in determining eligibility for retirement, except for a physical 4 profile disability incurred while on an annual active duty period.

g. I will not incur any additional ADSC for the time spent on active duty in a military facility in the first year of graduate professional education (PG-1). ADSCs acquired from participation in the AFHPS/FAP or from other uniformed services training/service; e.g., Air Force Academy or Reserve Officer's Training Corps cannot be satisfied during PG-1 education on active duty. However, the time spent in active duty PG-1 training is credited toward completion of my minimum term of service.

h. That pregnancy, or custody of minor child, is not an automatic reason for separation. It is Air Force policy that female officers who have incurred ADSCs for extensive sponsored education and training will not be released from their obligations solely on the basis of pregnancy or childbirth.

7. A discharge in bankruptcy under Title 11, United States Code, will not release me from my obligation to reimburse the United States as required under the terms of this contract if the final decree of the discharge in bankruptcy is issued within a period of 5 years after the last day from the period I have agreed to serve on active duty.

8. Graduate Medical Education. I agree and understand:

a. I will apply to the Air Force Graduate Medical Education (GME) Selection Board in the specialty of my choice during my senior year of medical school training. I will enter graduate professional education, as selected and directed by the Air Force, immediately following graduation from medical school. I understand that upon graduation from medical school, that the USAF Graduate Medical Education Program is directed toward board certification. I must enter a training program that is accredited by the most current Directory of Graduate Medical Education Programs published by the American Medical Association or listed in the latest AOA Yearbook and Directory of Osteopathic Physicians under the section "Osteopathic Postdoctoral Training Programs." I also understand that I must also meet the requirements to become board certified by the respective specialty board which is recognized by the American Board of Medical Specialties (allopathic) or the Advisory Board for Osteopathic Specialists of the American Osteopathic Association.

b. If selected and directed by the Air Force, I will perform the specialty training in a military medical facility while on active duty, even though my preference may be for civilian training. If I am selected for training in a military facility, I will not be allowed to discharge any of my existing ADSC during such training.

c. If selected by the Air Force GME selection board for full deferment from active duty, I will complete equivalent GME without Air Force sponsorship at a civilian institution. Unless selected for the full period of specialty training, further graduate medical education after the first postgraduate year must be requested, and selection is subject to the needs of the Air Force. Where requirements for specialty training requested do not exist or are limited; or when applications for Air Force graduate medical education are not received, the Air Force may defer me for 1 year of clinical training and then order me to active duty as a general medical or flight medical officer. All civilian graduate medical education must be documented on an annual basis.

d. Any GME training following the first postgraduate year may result in an additional ADSC whether GME is done in a military or civilian facility. Active duty service commitment rules referenced above regarding GME were in effect as of March 1992; however, they are subject to change. The directives current at the time of entering

or signing an agreement to enter GME will govern the ADSC regarding GME beyond the first year (PG-1).

9. I must take and pass parts I and II of the United States Medical Licensing Examination (USMLE) or osteopathic equivalent prior to entering Graduate Medical Education. I further understand that I must complete all requirements for medical licensure at the first available date.

10. Federal income tax liability with respect to program entitlements is determined by Statute and/or rules and regulations of the Commissioner of Internal Revenue. According to current rules, benefits listed below are taxable. While a member of the AFHPS/FAP in good standing, I understand that I am entitled to:

a. A monthly stipend at a rate prescribed by a statute or Department of Defense directives except when serving on an active duty tour.

b. Receive the pay and allowances of a second lieutenant during one active duty tour for each 12 months' participation in the program, as directed by the Air Force.

c. Have all educational expense paid that the Air Force deems normal and required, including tuition, required books and fees, and laboratory expenses but excluding personal living expenses.

11. If I am dropped from any professional school for deficiency in studies or conduct; or if, for other reasons, I must repeat an academic period or discontinue my professional education; or if I refuse to comply with or fail to meet the applicable standards of the United States Air Force (including weight, physical fitness, and medical qualification), then the Air Force will suspend my AFHPSP/FAP benefits unless I am deemed eligible for continued participation in the AFHPSP/FAP. In the case of repeating an academic term, the Air Force may place me on Leave of Absence for that period or exercise one of the options in paragraphs 12 and 13, below.

12. Only the Secretary of the Air Force (or designee) may excuse me from my obligation to serve on active duty for the period specified in this agreement. If I am relieved of my ADSC for any reason other than separation because of physical disability (see paragraph 13, below), before completion of that ADSC, I may be given, with or without my consent, any of the following alternative obligations, as determined by the Secretary of the Air Force:

a. A service obligation in another armed force for a period of time not less than my remaining ADSC, but in no instance will the ADSC be less than the two-year minimum ADSC for the first two years of AFHPSP/FAP.

b. A service obligation in a component of the Selective Reserve for a period not less than twice as long as my remaining ADSC.

c. Repayment of percentage of the total cost of my education incurred by the Secretary, on my behalf, equal to the percentage of my total ADSC being relieved, plus interest.

13. If I am relieved of an ADSC by reason of my separation because of a physical disability, the Air Force may give me a service obligation as a civilian employed as a health care professional in a facility of the uniformed services for a period of time equal to my remaining ADSC."

14. Should any dispute arise over the terms or conditions of this contract, or if I hereafter seek discharge from military service or release from my ADSC, I acknowledge, and agree to exhaust my available administrative remedies prior to seeking judicial review. Exhaustion of the Air Force Board for the Correction of Military Records (AFBCMR) remedy (AFI 36-2603 AND 10 U.S.C. 1552) shall be mandatory in every case except with respect to applications for classifications as a conscientious objector under AFI 36-3204. I will remain subject to active duty or transfer orders while exhausting administrative remedies.

15. I understand that this is the entire contract between myself and the United States Air Force and that there are no oral or other agreements, understandings, or representations affecting the contract or relating to my military service, except as otherwise specifically provided herein and with in the Statement of Understanding attached.

Carla Torres
Name of Applicant
(Type or Print)

[Redacted]
Social Security Number

[Redacted]
Name of Witness
(Type or Print)

[Redacted]
Signature of Applicant

04/14/98
Date

[Redacted]
Signature of Witness

1 Atch
Statement of Understanding

FY 98

STATEMENT OF UNDERSTANDING

FOR

THE UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
(USUHS)
(MEDICAL STUDENTS)

AND


ARMED FORCES HEALTH PROFESSIONS SCHOLARSHIP AND
FINANCIAL ASSISTANCE PROGRAM (AFHPS/FAP)
(MEDICAL STUDENTS)

The purpose of this statement is to provide information on important subjects relating to my participation in a military medical training program. This information supersedes any contrary information or representations I may have received orally or in writing.

a. **Variable Special Pay (VSP)** - An officer of the Air Force designated as a Medical Corps Officer, and who is on active duty for one year or more, is entitled to variable special pay. Except for officers who have not completed their first year of accredited postgraduate clinical training after obtaining a medical degree, the amount of variable special pay depends on the officer's years of creditable service as defined in Title 37 United States Code, Section 302(g) (37 U.S.C. 302(g)).

b. **Additional Special Pay (ASP)** - Medical Corps Officers who are serving on active duty, not undergoing first year of accredited postgraduate clinical training after obtaining a medical degree, or initial residency training, and otherwise meet the requirements outlined in 37 U.S.C. 302, may receive ASP.

c. **Grade Determination.** Individuals entering USUHS or AFHPSP/FAP training are appointed as second lieutenants, Medical Service Corps (Reserve), for the duration of their training. Upon completion of training, officers are reappointed as Medical Corps officers. The extended active duty grade and date of rank for an officer receiving an original appointment in any health professional competitive category is according to the amount of constructive service credit (CSC) awarded for professional education, civilian professional experience, and prior commissioned service according to procedures set forth in AFI 36-2005, *Appointment in Commissioned Grades and Designation and Assignment in Professional Categories—Reserve of the Air Force and United States Air Force (Temporary)*. There are limiting and restricting factors incorporated into the CSC system, and no period of education, experience or prior military service can be credited more than once. CSC is used to determine an officer's entry grade and date of rank,

which is then used to determine promotion eligibility. It is possible for the EAD grade or date of rank of an officer completing USUHS or AFHPSP/FAP training to qualify for appointment in a different competitive category to be lower than their grade before beginning training. This can occur when officers have prior commissioned service in a different competitive category.

d. Servicemen's Group Life Insurance (SGLI) - Unless I elect a lesser amount of insurance, I have a maximum coverage of \$200,000. The SGLI coverage is provided for \$17.00 per month (subject to change), deducted from my basic pay while performing full-time active duty or active duty for training tours. Reference AFI 36-3008.

e. Uniformed Services Health Benefits Program (USHBP) - Through the USHBP, my dependents and I are eligible for medical care in uniformed services medical treatment facilities. My dependents may also receive care in civilian facilities under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) on a cost-sharing basis. I am eligible for USHBP benefits only while performing full-time active duty or active duty tours for training. Reference AFI 41-101 and AFI 41-104.

f. Army and Air Force Exchange Service (AAFES) - The AAFES provides goods and services to service personnel and their dependents at reduced prices. The AAFES also operates motion picture theaters and military clothing sales stores. I am eligible for these benefits only while performing full-time active duty or active duty training.

g. Commissary - Defense commissaries are provided to sell food and related merchandise to authorized customers at the lowest possible prices. A surcharge is added at the cash register to cover overhead costs, such as operating supplies, cleaning services, and construction. I am eligible for these benefits only while performing full-time active duty or active duty for training.

h. Travel Pay

(1) AFHPS/FAP - I am entitled to travel expenses when traveling to a military training site and returning to my school address on an active duty tour for each year of program participation. Reimbursement of travel expenses is also authorized when I move to an extended active duty (EAD) military location upon completion of AFHPS/FAP and any deferred EAD graduate professional education. Reference DOD Military Pay and Allowances Entitlements Manual.

(2) USUHS - Since I am on active duty during this program, I may be entitled to travel expenses when on temporary duty away from USUHS. I am entitled to travel expenses when I move from my present location to USUHS and from USUHS to my next active duty location. Reference DOD Military Pay and Allowances Entitlements Manual.

i. Pre-Freshman Orientation.

(1) AFHPS/FAP - Unless I am a USAF Academy, prior commissioned Air Force active duty, or Air Force ROTC officer, I will be required to attend Commissioned Officer Training (COT) prior to the start of scholarship benefits. If I do not attend, my selection to participate in the AFHPS/FAP may be revoked. Arrangements and scheduling of COT will be made through AFIT/CIMJ.

(2) USUHS - I will be required to attend the summer COT session (July-August). USAF Academy, prior commissioned Air Force active duty, and Air Force ROTC officers will not attend COT.

j. License Requirement. I must take and pass part I and II of the United States Medical Licensing Examination (USMLE) or osteopathic equivalent prior to completing medical school. I must take part III of the USMLE or osteopathic equivalent and obtain medical licensure at the first available date.

k. First year of postgraduate training (PG-1 year). I will enter a clinically oriented PG-1 year of postgraduate training immediately following graduation from medical school. Completion of the clinically oriented training is required so I may enter the Air Force as a practicing physician. The training must also be approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) and consistent with the decision of the Air Force Graduate Medical Education Selection Board.

l. Graduate education beyond the PG-1 year is not guaranteed. Whether I will be authorized to participate in active duty graduate health education or deferred graduate health education, or be ordered to active duty, will be determined by Air Force requirements with consideration given to my preference.

m. Time spent in Air Force sponsored initial specialty training (internship or residency) does not count toward satisfying my active duty obligation incurred through the Armed Forces Health Professions Scholarship and Financial Assistance Program or the Uniformed Services University of the Health Sciences.

n. Combined degree programs (MD/DO with Ph.D., MS, etc.) ordinarily are not approved. Approval may be granted in limited and unusual circumstances where the combined program is determined to be in the best interest of the Air Force. If approved, a leave of absence of not more than 1 year will be granted. During this period, no ADSC is incurred or discharged. Individuals approved for a combined degree program are expected to provide clinical patient care, particularly during the period of their initial active duty obligation. Assignment of individuals to specifically utilize the expertise of the additional degree is not assured.

o. Leaves of absence from the scholarship program to participate in research, pursue course work, or participate in noncurricular activities ordinarily will not be approved. Approval may be granted in limited and unusual circumstances when determined by the Air Force to be in the best interest of the Air Force. Any request for a Leave of Absence from medical school must be coordinated with the Program Manager at AFIT/CIMJ prior to requesting the Leave of Absence from medical school.

p. Weight Management Program: I understand that failure to maintain my body fat within the maximum allowable standards of the Air Force may result in my placement in the Air Force Weight Management Program.

I have read the foregoing and have been provided a copy.

Briefing conducted in Person

<u>Carla Torres</u> Name of Applicant (Type or Print)	<div style="border: 1px solid black; width: 150px; height: 40px; margin: 0 auto;"></div> Signature of Applicant
<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div> Social Security Number	<u>04/14/98</u> Date
<div style="border: 1px solid black; width: 150px; height: 25px; display: inline-block;"></div> TSGT, USAF Name of Witness (Type or Print)	<div style="border: 1px solid black; width: 150px; height: 30px; display: inline-block;"></div> Signature of Witness
<hr/> Briefing Official (Type or Print)	<hr/> Signature of Briefing Official

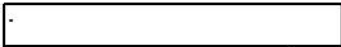
FY 98

STATEMENT OF UNDERSTANDING

FOR

THE UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
(USUHS)
(MEDICAL STUDENTS)

AND


ARMED FORCES HEALTH PROFESSIONS SCHOLARSHIP AND
FINANCIAL ASSISTANCE PROGRAM (AFHPS/FAP)
(MEDICAL STUDENTS)

The purpose of this statement is to provide information on important subjects relating to my participation in a military medical training program. This information supersedes any contrary information or representations I may have received orally or in writing.

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b. **Additional Special Pay (ASP)** - Medical Corps Officers who are serving on active duty, not undergoing first year of accredited postgraduate clinical training after obtaining a medical degree, or initial residency training, and otherwise meet the requirements outlined in 37 U.S.C. 302, may receive ASP.

c. **Grade Determination.** Individuals entering USUHS or AFHPSP/FAP training are appointed as second lieutenants, Medical Service Corps (Reserve), for the duration of their training. Upon completion of training, officers are reappointed as Medical Corps officers. The extended active duty grade and date of rank for an officer receiving an original appointment in any health professional competitive category is according to the amount of constructive service credit (CSC) awarded for professional education, civilian professional experience, and prior commissioned service according to procedures set forth in AFI 36-2005, *Appointment in Commissioned Grades and Designation and Assignment in Professional Categories—Reserve of the Air Force and United States Air Force (Temporary)*. There are limiting and restricting factors incorporated into the CSC system, and no period of education, experience or prior military service can be credited more than once. CSC is used to determine an officer's entry grade and date of rank,

which is then used to determine promotion eligibility. It is possible for the EAD grade or date of rank of an officer completing USUHS or AFHPSP/FAP training to qualify for appointment in a different competitive category to be lower than their grade before beginning training. This can occur when officers have prior commissioned service in a different competitive category.

d. Servicemen's Group Life Insurance (SGLI) - Unless I elect a lesser amount of insurance, I have a maximum coverage of \$200,000. The SGLI coverage is provided for \$17.00 per month (subject to change), deducted from my basic pay while performing full-time active duty or active duty for training tours. Reference AFI 36-3008.

e. Uniformed Services Health Benefits Program (USHBP) - Through the USHBP, my dependents and I are eligible for medical care in uniformed services medical treatment facilities. My dependents may also receive care in civilian facilities under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) on a cost-sharing basis. I am eligible for USHBP benefits only while performing full-time active duty or active duty tours for training. Reference AFI 41-101 and AFI 41-104.

f. Army and Air Force Exchange Service (AAFES) - The AAFES provides goods and services to service personnel and their dependents at reduced prices. The AAFES also operates motion picture theaters and military clothing sales stores. I am eligible for these benefits only while performing full-time active duty or active duty training.

g. Commissary - Defense commissaries are provided to sell food and related merchandise to authorized customers at the lowest possible prices. A surcharge is added at the cash register to cover overhead costs, such as operating supplies, cleaning services, and construction. I am eligible for these benefits only while performing full-time active duty or active duty for training.

h. Travel Pay

(1) AFHPS/FAP - I am entitled to travel expenses when traveling to a military training site and returning to my school address on an active duty tour for each year of program participation. Reimbursement of travel expenses is also authorized when I move to an extended active duty (EAD) military location upon completion of AFHPS/FAP and any deferred EAD graduate professional education. Reference DOD Military Pay and Allowances Entitlements Manual.

(2) USUHS - Since I am on active duty during this program, I may be entitled to travel expenses when on temporary duty away from USUHS. I am entitled to travel expenses when I move from my present location to USUHS and from USUHS to my next active duty location. Reference DOD Military Pay and Allowances Entitlements Manual.

i. Pre-Freshman Orientation.

(1) AFHPS/FAP - Unless I am a USAF Academy, prior commissioned Air Force active duty, or Air Force ROTC officer, I will be required to attend Commissioned Officer Training (COT) prior to the start of scholarship benefits. If I do not attend, my selection to participate in the AFHPS/FAP may be revoked. Arrangements and scheduling of COT will be made through AFIT/CIMJ.

(2) USUHS - I will be required to attend the summer COT session (July-August). USAF Academy, prior commissioned Air Force active duty, and Air Force ROTC officers will not attend COT.

j. License Requirement. I must take and pass part I and II of the United States Medical Licensing Examination (USMLE) or osteopathic equivalent prior to completing medical school. I must take part III of the USMLE or osteopathic equivalent and obtain medical licensure at the first available date.

k. First year of postgraduate training (PG-1 year). I will enter a clinically oriented PG-1 year of postgraduate training immediately following graduation from medical school. Completion of the clinically oriented training is required so I may enter the Air Force as a practicing physician. The training must also be approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) and consistent with the decision of the Air Force Graduate Medical Education Selection Board.

l. Graduate education beyond the PG-1 year is not guaranteed. Whether I will be authorized to participate in active duty graduate health education or deferred graduate health education, or be ordered to active duty, will be determined by Air Force requirements with consideration given to my preference.

m. Time spent in Air Force sponsored initial specialty training (internship or residency) does not count toward satisfying my active duty obligation incurred through the Armed Forces Health Professions Scholarship and Financial Assistance Program or the Uniformed Services University of the Health Sciences.

n. Combined degree programs (MD/DO with Ph.D., MS, etc.) ordinarily are not approved. Approval may be granted in limited and unusual circumstances where the combined program is determined to be in the best interest of the Air Force. If approved, a leave of absence of not more than 1 year will be granted. During this period, no ADSC is incurred or discharged. Individuals approved for a combined degree program are expected to provide clinical patient care, particularly during the period of their initial active duty obligation. Assignment of individuals to specifically utilize the expertise of the additional degree is not assured.

o. Leaves of absence from the scholarship program to participate in research, pursue course work, or participate in noncurricular activities ordinarily will not be approved. Approval may be granted in limited and unusual circumstances when determined by the Air Force to be in the best interest of the Air Force. Any request for a Leave of Absence from medical school must be coordinated with the Program Manager at AFIT/CIMJ prior to requesting the Leave of Absence from medical school.

p. Weight Management Program: I understand that failure to maintain my body fat within the maximum allowable standards of the Air Force may result in my placement in the Air Force Weight Management Program.

I have read the foregoing and have been provided a copy.

Briefing conducted in Person

Carla Torres

Name of Applicant
(Type or Print)

[Redacted Signature]

Signature of Applicant

[Redacted Social Security Number]

Social Security Number

04/14/98

[Redacted Name of Witness]

Name of Witness
(Type or Print)

[Redacted Signature]

Signature of Witness

Briefing Official
(Type or Print)

Signature of Briefing Official

**CERTIFICATE OF ENROLLMENT
FOR AIR FORCE HEALTH PROFESSIONS SCHOLARSHIP PROGRAM**
(This form is subject to the Privacy Act of 1974 - Use Blanket PAS - AF Form 483.)

OMB NO. 0701-0078
Expires 30 Nov 95

Public reporting burden for this collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, Virginia 22202-4302; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project 0701-0078, Washington, DC 20503. Please DO NOT RETURN your form to either of these addresses. Send your completed form to: HQ USAFRSRSHO, Randolph AFB TX 78150-5421.

SECTION I TO BE COMPLETED BY US AIR FORCE HEALTH PROFESSIONS RECRUITER (Please type entries)

TO (Name of School and address)	FROM (Recruiting Office and address)
	HQ AFPC/DPAME 550 C Street West Ste 27 Randolph AFB TX 78150-4527

_____ is applying for US Air Force sponsorship in the Armed Forces Health Professions Scholarship Program (HPSP). Please complete Section II and return this form to the above office in the enclosed self-addressed envelope. The entry in Section II, Item 3, must be the date the student will be held responsible for tuition and fees. This may be the first day of class, registration day, or orientation day, whichever coincides with the beginning of the tuition period. Your prompt response will be appreciated as we cannot evaluate the student's application without this completed form.

NAME AND SSN OF STUDENT Carla Elisse Torres	PERMANENT ADDRESS OF STUDENT
NAME, TITLE, AND TELEPHONE NUMBER OF REQUESTER Medical School Programs Manager	SIGNATURE OF REQUESTER

SECTION II TO BE COMPLETED BY DEAN OF STUDENT AFFAIRS OR REGISTRAR (Please type entries)

STUDENT IS CURRENTLY ENROLLED		AFT USE ONLY
<input type="checkbox"/> YES (If YES, complete Items 1 through 4) <input checked="" type="checkbox"/> NO (If NO, complete Items 3 and 4 only)		
1. DATE ENROLLED CURRENT ACADEMIC YEAR (Day/Month/Year)	2. DATE COMPLETED/SCHEDULED TO COMPLETE CURRENT ACADEMIC YEAR (Day/Month/Year)	
3. DATE NEXT ACADEMIC YEAR BEGINS (Day/Month/Year) August 17, 1998	4. DATE NEXT ACADEMIC YEAR ENDS (Day/Month/Year) May 21, 1999	
DEGREE PURSUED		
<input checked="" type="checkbox"/> MEDICAL 7DYY	<input type="checkbox"/> OSTEOPATHY 7OZY	<input type="checkbox"/> VETERINARY MEDICINE 7FYY
<input type="checkbox"/> CLINICAL PSYCHOLOGY 7ABE	<input type="checkbox"/> PODIATRY 7ABW	<input type="checkbox"/> DENTAL 7GBY
ENROLLMENT STATUS		PROJECTED GRADUATION DATE
<input checked="" type="checkbox"/> RESIDENT <input type="checkbox"/> NONRESIDENT		2002
YEARLY TUITION FEE \$	YEARLY INSURANCE \$	SCHOOL WILL PROVIDE STUDENT WITH A MICROSCOPE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

I CERTIFY THAT THE STUDENT NAMED ABOVE HAS BEEN ENROLLED (OR ACCEPTED FOR ENROLLMENT) IN THIS INSTITUTION FOR THE PURPOSE OF PURSUING THE GRADUATE DEGREE INDICATED AND THAT BY PURSUING THIS COURSE OF STUDY THE STUDENT DOES NOT INCUR ANY MEDICAL PRACTICE OBLIGATIONS OTHER THAN THAT REQUIRED BY THE UNITED STATES AIR FORCE.

DATE April 29, 1998	TYPED NAME & PHONE NO OF DEAN OF STUDENT AFFAIRS OR REGISTRAR	SIGNATURE
------------------------	---	-----------

SECTION III TO BE COMPLETED BY AIR FORCE RECRUITING SERVICE OR AIR FORCE MILITARY PERSONNEL CENTER

APPLICANT HAS PRIOR MILITARY SERVICE <input type="checkbox"/> YES (See AF Form 24) <input checked="" type="checkbox"/> NO	MARITAL STATUS OF APPLICANT <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> SINGLE
AFHPSP SELECTION NOTIFICATION NUMBER 98M-PC(01)-244-AFROTC	ELIGIBILITY DATE FOR AFHPSP BENEFIT 17 Aug 98
DATE 5 May 98	TYPED NAME OF AIR FORCE SELECTION BOARD OFFICIAL Medical School Programs Manager
SIGNATURE	

ABO+G

121 ATTC/DPAMFT
500 C STREET WEST STE 22
BARTHOLOMEW AND TEXAS

MEDSPCERT

American Board of Obstetrics + Gynecology

First in Women's Health

[Redacted] M.D.
Germantown, TN
President

[Redacted] M.D.
Executive Director

[Redacted] M.D.
Orange, CA
Chairman

[Redacted] M.D.
Assistant to the Executive Director

[Redacted] M.D.
Columbus, OH
Vice President

[Redacted] M.D.
Director of Evaluation

[Redacted] M.D.
Bronx, NY
Treasurer

Directors:

[Redacted] M.D.
Ithaca, NY

[Redacted] M.D.
Providence, RI

[Redacted] M.D.
Sacramento, CA

[Redacted] M.D.
Philadelphia, PA

[Redacted] M.D.
Lexington, KY

[Redacted] M.D.
Chapel Hill, NC

[Redacted] M.D.
Houston, TX

[Redacted] M.D.
Rochester, NY

[Redacted] M.D.
Honolulu, HI

[Redacted] M.D.
Houston, TX

[Redacted] M.D.
Philadelphia, PA

[Redacted] M.D.
San Antonio, TX

[Redacted] M.D.
Galveston, TX

[Redacted] M.D.
Chicago, IL

[Redacted] M.D.
Chicago, IL

[Redacted] M.D.
Dallas, TX

December 15, 2008

Carla Elisse Torres, M.D.

[Redacted]

MAS
NELLS
12DEC08 - 31DEC14

[Redacted]

Dear Dr. Torres:

Congratulations! In recognition of your fulfillment of all requirements, you are now a certified Diplomate of The American Board of Obstetrics and Gynecology, Inc. Your diploma is effective December 12, 2008 through December 31, 2014 contingent upon your immediate and full participation in the ABOG Maintenance of Certification (MOC) process beginning January 2009.

This letter is intended to notify you of your successful completion of the examination process. This notification does not serve as a primary source of verification for certification. The diploma which will follow should be used for purposes of verification of certification. Until receipt of the diploma, if necessary, the Board will respond to a written inquiry concerning your Board status. Your Diplomate number may be found at the bottom of this letter.

Please notice the spelling of your name. If there is a correction, please notify our office in writing no later than January 9, 2009. If you have not heard from the printer regarding your diploma by April 30, 2009, please contact the Board office via written correspondence.

You may access the MOC process by utilizing the Member Login function at www.abog.org beginning January 23, 2009. The fee for your initial year in this process has been waived. Newly certified Diplomates that are not members of the American College of Obstetricians and Gynecologists (ACOG) may incur additional fees.

We hope you will maintain an active interest in the specialty, and you will continue to improve the care of women.

Best wishes,

[Redacted Signature]

[Redacted] M.D.
Executive Director

NFG:drs
9013108

BR PROCESSED



CERTIFICATE OF COMPLETION OF DEGREE REQUIREMENTS FOR AWARD OF HEALTH PROFESSIONS DEGREE

AIR FORCE HEALTH PROFESSIONS SCHOLARSHIP PROGRAM (HPSP)

STUDENT SHOULD RETURN THIS FORM TO: HQ AIR FORCE PERSONNEL CENTER/DPAMF2 550 C STREET WEST, SUITE 27 RANDOLPH AFB, TX 78150-4729

PART I - TO BE COMPLETED BY THE STUDENT

NOTE TO STUDENT: The information certified below will be used to establish student's commissioning date, date of military pay, and promotion eligibility credit for promotion to the next higher grade upon entering active duty with the U. S. Air Force.

This form is to be completed by ALL GRADUATES, whether being ordered to extended active duty (EAD) or DEFERRED from active duty at this time. You may call the above office at toll free number 1-800-531-5811 (Ext 1) if you have any questions regarding the completion of this form.

1. NAME OF STUDENT: Carla Torres

2. CURRENT MAILING ADDRESS:

TELEPHONE NUMBER: Home () Work ()

3. MAILING ADDRESS UPON COMPLETION OF SCHOOL:

TELEPHONE NUMBER: Home () Work ()

PART II - TO BE COMPLETED BY THE SCHOOL REGISTRAR

NOTE TO REGISTRAR: Please DO NOT certify/date this form prior to the date the student has actually MET DEGREE REQUIREMENTS (as cited in paragraph 4 below). Please complete Part II and return the form to the student at the address provided above. You may call the above office at toll free number 1-800-531-5811 (Ext 1) if you have any questions regarding the completion of this form.

4. The above named student completed degree requirements for awarding of a health professions degree in MD Medicine on May, 31, 2002 (see note, above) (list professional degree) (month/day/year)

5. The formal graduation date (or date of ceremony for award of the formal degree) will be conducted on June 1, 2002 and will take place at (University)

OFFICIAL

(Signature of Registrar)

6/7/02 (Date of Certification)

SEAL

Registrar's telephone number: ()

PERSONAL DATA - PRIVACY ACT OF 1974 (USC 552a)

DEPARTMENT OF THE AIR FORCE
WASHINGTON, D.C. 20330-1680

SPECIAL ORDER

01 JUN 2014

JB- 002469

THE PRESIDENT OF THE UNITED STATES HAS PLACED SPECIAL TRUST AND CONFIDENCE IN THE PATRIOTISM, INTEGRITY, AND ABILITIES OF THE OFFICERS NAMED ON THIS ORDER. IN VIEW OF THESE SPECIAL QUALITIES AND THEIR DEMONSTRATED POTENTIAL TO SERVE IN THE HIGHER GRADE, EACH OF THE FOLLOWING MAJ, COMPETITIVE CATEGORY INDICATED, IS PROMOTED EFFECTIVE THIS DAY TO THE PERMANENT GRADE OF LTC, UNITED STATES AIR FORCE. AUTHORITY IS 10 U.S.C. SECTION 624 AND AFI 36-2501. OFFICER'S DATE OF RANK WILL BE INDICATED IN THIS ORDER. THE PROMOTION OF ANY OFFICER RELEASED FROM ACTIVE DUTY PRIOR TO THE EFFECTIVE DATE OF THIS ORDER IS WITHOUT EFFECT.

NAME SSAN	C DOR C	MPF	ASGN PAS GAINING MPF
[REDACTED]	A 01 JUN 2014	60 FSS	[REDACTED]
[REDACTED]	A 01 JUN 2014	60 FSS	
TORRES, CARLA E	M 01 JUN 2014	60 FSS	
[REDACTED]	M 01 JUN 2014	60 FSS	

A 01 JUN 2014	60 FSS
A 01 JUN 2014	60 FSS
M 01 JUN 2014	60 FSS
M 01 JUN 2014	60 FSS

BY ORDER OF THE SECRETARY OF THE AIR FORCE



ADMINISTRATIVE ASSISTANT
SECRETARY OF THE AIR FORCE

DISTRIBUTION

K PLOS
1-MPF/BPMPE
1-GAINING MPF LISTED

Tue May 20 20:46:56 2008

PERSONAL DATA - PRIVACY ACT OF 1974 (USC 552a)

DEPARTMENT OF THE AIR FORCE
WASHINGTON, D.C. 20330-1680

SPECIAL ORDER

JB- 002427

01 JUN 2008

THE PRESIDENT OF THE UNITED STATES HAS PLACED SPECIAL TRUST AND CONFIDENCE IN THE PATRIOTISM, INTEGRITY, AND ABILITIES OF THE OFFICERS NAMED ON THIS ORDER. IN VIEW OF THESE SPECIAL QUALITIES AND THEIR DEMONSTRATED POTENTIAL TO SERVE IN THE HIGHER GRADE, EACH OF THE FOLLOWING CPT, COMPETITIVE CATEGORY INDICATED, IS PROMOTED EFFECTIVE THIS DAY TO THE PERMANENT GRADE OF MAJ, UNITED STATES AIR FORCE. AUTHORITY IS 10 U.S.C. SECTION 624 AND AFI 36-2501. OFFICER'S DATE OF RANK WILL BE INDICATED IN THIS ORDER. THE PROMOTION OF ANY OFFICER RELEASED FROM ACTIVE DUTY PRIOR TO THE EFFECTIVE DATE OF THIS ORDER IS WITHOUT EFFECT.

NAME SSAN	C DOR C	MPF	ASGN PAB GAINING MPF
[REDACTED]	A 01 JUN 2008	99 MSS	[REDACTED]
[REDACTED]	A 01 JUN 2008	99 MSS	
[REDACTED]	A 01 JUN 2008	99 MSS	
[REDACTED]	A 01 JUN 2008	99 MSS	
[REDACTED]	A 01 JUN 2008	99 MSS	
[REDACTED]	A 01 JUN 2008	99 MSS	
[REDACTED]	A 01 JUN 2008	99 MSS	
[REDACTED]	N 01 JUN 2008	99 MSS	
TORRES CARLA E	M 01 JUN 2008	99 MSS	
[REDACTED]	A 01 JUN 2008	99 MSS	

BY ORDER OF THE SECRETARY OF THE AIR FORCE



ADMINISTRATIVE ASSISTANT
SECRETARY OF THE AIR FORCE

DISTRIBUTION
K PLUS
1-MPF/DPMPF
1-GAINING MPF LISTED

CLASSIFIED INFORMATION NONDISCLOSURE AGREEMENT

AN AGREEMENT BETWEEN

Dr. Carla Torres

AND THE UNITED STATES

(Name of Individual - Printed or typed)

1. Intending to be legally bound, I hereby accept the obligations contained in this Agreement in consideration of my being granted access to classified information. As used in this Agreement, classified information is marked or unmarked classified information, including oral communications, that is classified under the standards of Executive Order 12958, or under any other Executive order or statute that prohibits the unauthorized disclosure of information in the interest of national security; and unclassified information that meets the standards for classification and is in the process of a classification determination as provided in Sections 1.2, 1.3, and 1.4(e) of Executive Order 12958, or under any other Executive order or statute that requires protection for such information in the interest of national security. I understand and accept that by being granted access to classified information, special confidence and trust shall be placed in me by the United States Government.
2. I hereby acknowledge that I have received a security indoctrination concerning the nature and protection of classified information, including the procedures to be followed in ascertaining whether other persons to whom I contemplate disclosing this information have been approved for access to it, and that I understand these procedures.
3. I have been advised that the unauthorized disclosure, unauthorized retention, or negligent handling of classified information by me could cause damage or irreparable injury to the United States or could be used to advantage by a foreign nation. I hereby agree that I will never divulge classified information to anyone unless: (a) I have officially verified that the recipient has been properly authorized by the United States Government to receive it; or (b) I have been given prior written notice of authorization from the United States Government Department or Agency (hereinafter Department or Agency) responsible for the classification of the information or last granting me a security clearance that such disclosure is permitted. I understand that if I am uncertain about the classification status of information, I am required to confirm from an authorized official that the information is unclassified before I may disclose it, except to a person as provided in (a) or (b), above. I further understand that I am obligated to comply with laws and regulations that prohibit the unauthorized disclosure of classified information.
4. I have been advised that any breach of this Agreement may result in the termination of any security clearances I hold; removal from any position of special confidence and trust requiring such clearances; or the termination of my employment or other relationships with the Departments or Agencies that granted my security clearance or clearances. In addition, I have been advised that any unauthorized disclosure of classified information by me may constitute a violation, or violations, of United States criminal laws, including the provisions of Sections 641, 793, 794, 798, *952 and 1924, Title 18, United States Code, * the provisions of Section 783(b), Title 50, United States Code, and the provisions of the Intelligence Identities Protection Act of 1982. I recognize that nothing in this Agreement constitutes a waiver by the United States of the right to prosecute me for any statutory violation.
5. I hereby assign to the United States Government all royalties, remunerations, and emoluments that have resulted, will result or may result from any disclosure, publication, or revelation of classified information not consistent with the terms of this Agreement.
6. I understand that the United States Government may seek any remedy available to it to enforce this Agreement including, but not limited to, application for a court order prohibiting disclosure of information in breach of this Agreement.
7. I understand that all classified information to which I have access or may obtain access by signing this Agreement is now and will remain the property of, or under the control of the United States Government unless and until otherwise determined by an authorized official or final ruling of a court of law. I agree that I shall return all classified materials which have, or may come into my possession or for which I am responsible because of such access: (a) upon demand by an authorized representative of the United States Government; (b) upon the conclusion of my employment or other relationship with the Department or Agency that last granted me a security clearance or that provided me access to classified information; or (c) upon the conclusion of my employment or other relationship that requires access to classified information. If I do not return such materials upon request, I understand that this may be a violation of Section 793 and/or 1924, Title 18, United States Code, a United States criminal law.
8. Unless and until I am released in writing by an authorized representative of the United States Government, I understand that all conditions and obligations imposed upon me by this Agreement apply during the time I am granted access to classified information, and at all times thereafter.
9. Each provision of this Agreement is severable. If a court should find any provision of this Agreement to be unenforceable, all other provisions of this Agreement shall remain in full force and effect.

(Continue on reverse.)

10. These restrictions are consistent with and do not supersede, conflict with or otherwise alter the employee obligations, rights or liabilities created by Executive Order 12958; Section 7211 of Title 5, United States Code (governing disclosures to Congress); Section 1034 of Title 10, United States Code, as amended by the Military Whistleblower Protection Act (governing disclosure to Congress by members of the military); Section 2302(b)(8) of Title 5, United States Code, as amended by the Whistleblower Protection Act (governing disclosures of illegality, waste, fraud, abuse or public health or safety threats); the Intelligence Identities Protection Act of 1982 (50 U.S.C. 421 et seq.) (governing disclosures that expose confidential Government agents), and the statutes which protect against disclosure that may compromise the national security, including Sections 841, 793, 794, 798, 962 and 1924 of Title 18, United States Code, and Section 4(b) of the Subversive Activities Act of 1950 (50 U.S.C. Section 783(b)). The definitions, requirements, obligations, rights, sanctions and liabilities created by said Executive Order and listed statutes are incorporated into this Agreement and are controlling.

11. I have read this Agreement carefully and my questions, if any, have been answered. I acknowledge that the briefing officer has made available to me the Executive Order and statutes referenced in this Agreement and its implementing regulation (32 CFR Section 2003.20) so that I may read them at this time, if I so choose.

ORGANIZATION OF CONTRACTOR, LICENSEE, GRANTEE OR AGENT, PROVIDE: NAME, ADDRESS, AND, IF APPLICABLE, FEDERAL SUPPLY CODE NUMBER	Torre	DATE 30 Aug 06	STANDARD FORM NUMBER (See Notice below)
--	-------	-------------------	--

Mike O'Callaghan Federal Hospital
4700 North Las Vegas Blvd
Nellis AFB, NV 89191

WITNESS		ACCEPTANCE	
THE EXECUTION OF THIS AGREEMENT WAS WITNESSED BY THE UNDERSIGNED.		THE UNDERSIGNED ACCEPTED THIS AGREEMENT ON BEHALF OF THE UNITED STATES GOVERNMENT.	
SIGNATURE	DATE	SIGNATURE	DATE
	28 Aug 06		20060901
NAME AND ADDRESS (Type or print)		NAME AND ADDRESS (Type or print)	
 MIKE O'CALLAGHAN FEDERAL HOSPITAL 4700 LAS VEGAS BLVD NORTH NELLIS AIR FORCE BASE, NV 89191		 Civilian, USAF 99th MDG Security Manager Mike O'Callaghan Federal Hospital 4700 North Las Vegas Blvd Nellis AFB, NV 89191	

SECURITY DEBRIEFING ACKNOWLEDGEMENT

I reaffirm that the provisions of the espionage laws, other federal criminal laws and executive orders applicable to the safeguarding of classified information have been made available to me; that I have returned all classified information in my custody; that I will not communicate or transmit classified information to any unauthorized person or organization; that I will promptly report to the Federal Bureau of Investigation any attempt by an unauthorized person to solicit classified information, and that I (have) (have not) (strike out inappropriate word or words) received a security debriefing.

SIGNATURE OF EMPLOYEE	DATE
NAME OF WITNESS (Type or print)	SIGNATURE OF WITNESS

NOTICE: The Privacy Act, 5 U.S.C. 552a, requires that federal agencies inform individuals, at the time information is solicited from them, whether the disclosure is mandatory or voluntary, by what authority such information is solicited, and what uses will be made of the information. You are hereby advised that authority for soliciting your Social Security Account Number (SSN) is Executive Order 9397. Your SSN will be used to identify you precisely when it is necessary to 1) certify that you have access to the information indicated above or 2) determine that your access to the information indicated has terminated. Although disclosure of your SSN is not mandatory, your failure to do so may impede the processing of such certifications or determinations, or possibly result in the denial of your being granted access to classified information.

* NOT APPLICABLE TO NON-GOVERNMENT PERSONNEL SIGNING THIS AGREEMENT.

110121

1. About You

Print Name (First, Middle, Last) **CARLA ELISSE TORRES**

Rank, title or grade **MAJ**

Social Security Number []

\$ []
Current Amount of SGLI Coverage

Duty Location **99th MSGS**

Branch of Service **AF**

2. About Your Coverage

I am completing this form to: (Check all that apply)

- Name or update my SGLI beneficiary.
- Increase or restore my SGLI coverage to \$ _____.
- Reduce my SGLI coverage to \$ _____.
- Decline (cancel) SGLI coverage.

You must complete sections 3 and 5.
You must complete sections 3, 4, & 5.
You must complete sections 3 & 5.
You must complete section 5.

Coverage is available in increments of \$50,000 up to a maximum of \$400,000

3. About Your Beneficiaries

Complete this section unless you are declining coverage.

Primary	Social Security Number (If available)	Relationship to you	Share to each (% or \$ amounts)	Payment Option (Lump sum* or 36 equal monthly payments)
1. []	[] [] []	[]	[]	[]
2. []	[] [] []	[]	[]	[]
3. []	[] [] []	[]	[]	[]
4. []	[] [] []	[]	[]	[]
Secondary				
1. []	[] [] []	[]	[]	[]
2. []	[] [] []	[]	[]	[]
3. []	[] [] []	[]	[]	[]
4. []	[] [] []	[]	[]	[]

Have more beneficiaries? Check the box and complete Supplemental SGLI Beneficiary Form, SGLV 8286S.

If you do not name beneficiaries above, your insurance will be paid by law (see page 3).

* If the insured member elects a lump sum payment, the beneficiary(ies) will be given the option of receiving the lump sum payment either through the Prudential Alliance Account or by check. Alliance is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.

Open Solutions Inc. is the Service Provider of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Check clearing is provided by JPMorgan Chase Bank, N.A. and processing support is provided by First Data Payment Services (FDPS). **Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC).** Open Solutions Inc., JPMorgan Chase Bank, N.A., and First Data Payment Services are not Prudential Financial companies.

4. About Your Health

Complete this section **ONLY** if you are restoring or increasing coverage.

Your gender Female
 Male

Your date of birth (MM, DD, YYYY):

Your weight

Your height

Have you had, been treated for, or had known indications of:

- a. A heart condition?
- b. High blood pressure?
- c. A neurological disorder?
- d. Diabetes?
- e. Cancer or tumors?
- f. Have you ever been diagnosed as having a disease of the immune system?
- g. Do you have any known physical impairments, deformities, or ill health not covered above?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Did you answer "YES" to any question? If so, reference the question by letter and list date, duration and details below.

5. Your Signature

You must complete this section.

I have read the instructions and understand that

- This form cancels any prior beneficiary or payment instructions.
- I can have SGLI and VGLI coverage at the same time, but the combined amount cannot be more than \$400,000.
- Reducing or **declining** SGLI coverage can affect the amount of my family coverage, traumatic injury coverage and post-separation coverage (see instructions for details).
- If I am married or get married after completing this form and have not declined SGLI, Family SGLI automatically covers my spouse. I must register my spouse in DEERS so my branch of service can deduct premiums from my pay. *Failure to register my spouse in DEERS will result in my owing debts for unpaid premiums.* I can decline Family SGLI coverage by completing SGLV 8286A.

Service Member Signature

Social Security Number

Date (MM, DD, YYYY): 01/21/2011

For Branch of Service Official Use Only

Approve Disapprove

Rank, title or grade
 1 CTR
 OSGLI Representative

Organization
 99th FSS

Date
 2011 JAN 21
 Date



DEPARTMENT OF THE AIR FORCE

99TH FORCE SUPPORT SQUADRON (ACC)
NELLIS AIR FORCE BASE, NEVADA

07 JAN 2011

99 FSS/FSMPS
4475 England Ave Suite 115
Nellis Air Force Base, Nevada 89191

MR [REDACTED]
[REDACTED]

Dear: [REDACTED]

As the current lawful spouse of: O4 CARLA E. TORRES

The law provides for spouse notification whenever a service member elects a primary beneficiary designation for Service members Group Life Insurance (SGLI) other than the current lawful spouse. This letter is to inform you that on: 2011JAN21 your spouse has elected:

1. [REDACTED] a beneficiary other than the current lawful spouse
2. [REDACTED] to decline SGLI coverage
3. [REDACTED] to reduce the maximum SSGLI coverage to a lesser amount
4. [REDACTED] a current lawful spouse and other beneficiary(ies)

Your spouse is entitled to make the above election. While we are not authorized to identify the names of any other beneficiaries (if elected), we are required to notify you of your spouse's decision.

[REDACTED] Contr
99FSS, Customer Service Representative/
Alutiq Business Services, LLC

Please read the instructions before completing this form.

Servicemembers' Group Life Insurance Election and Certificate

- Use this form to: (check all that apply)
- Name or update your beneficiary
 - Reduce the amount of your insurance coverage
 - Decline insurance coverage

Important: This form is for use by Active Duty and Reserve members. This form does not apply to and cannot be used for any other Government Life Insurance.

Last name TORRES	First name CARLA	Middle name ELISSE	Rank, title or grade O3	Social Security Number <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Branch of Service (Do not abbreviate)		Current Duty Location		

Amount of Insurance

By law, you are automatically insured for \$250,000. **If you want \$250,000 of insurance**, skip to *Beneficiary(ies) and Payment Options*. **If you want less than \$250,000 of insurance**, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of \$10,000. **If you do not want any insurance**, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time."

I want coverage in the amount of \$ Your initials

(Write "I do not want Insurance at this time.")

Note: Reduced or refused insurance can only be restored by completing form SGLV 8285 with proof of good health and compliance with other requirements.

Beneficiary(ies) and Payment Options

I designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Complete Name (first, middle, last) and Address of each beneficiary	Social Security Number (if known)	Relationship to you	Share to each beneficiary (Use %, \$ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
Principal				
1. <div style="border: 1px solid black; width: 100%; height: 30px;"></div>				
2. <div style="border: 1px solid black; width: 100%; height: 30px;"></div>				
Contingent				
1. <div style="border: 1px solid black; width: 100%; height: 30px;"></div>				
2. <div style="border: 1px solid black; width: 100%; height: 30px;"></div>				
3. <div style="border: 1px solid black; width: 100%; height: 30px;"></div>				

I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that:

- This form cancels any prior beneficiary or payment instructions.
- The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above.
- If I have legal questions about this form, I may consult with a military attorney at no expense to me.
- I cannot have combined SGLI and VGLI coverage at the same time for more than \$250,000.

SIGN HERE IN INK ➤

(Your signature. Do not print.)

Date: 10 June 02

WITNESSED AND RECEIVED BY:	Do not write in space below. For official use only.		DATE RECEIVED
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	RANK, TITLE OR GRADE O3	ORGANIZATION 81MSS	10 June 02



Prudential

Office of Servicemembers'
Group Life Insurance

110121

Family Coverage Election and Certificate

Part I - Service Member Information

1. Print Name (first middle last) CARLA ELISSE TORRES	2. Social Security Number []	3. Branch of Service AF
4. Amount of SGLI now in force []	5. Amount of coverage desired for spouse []	6. Rank, title or grade MAJ

Part II - Spouse Information

7. Print Name (first middle last) []	8. Social Security Number []	9. Date of Birth []
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Part III - Spouse Information to add or increase spouse coverage

10. Weight in pounds []	11. Height in feet and inches []	12. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
13. Have you had or been treated for known indications of:	Yes	No
a. A heart condition	<input type="checkbox"/>	<input type="checkbox"/>
b. High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
c. A neurological disorder	<input type="checkbox"/>	<input type="checkbox"/>
d. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
e. Cancer or tumors	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you have any known physical impairments, deformities, or ill health not covered above?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever been diagnosed as having a disease or disorder of the immune system?	<input type="checkbox"/>	<input type="checkbox"/>

17. Did you answer **YES** to any question? If so, reference the question by letter and list date, duration and details below.

The answers I have given are for securing approval of this request for insurance. I certify that they are true and correct to the best of my knowledge and belief. I understand that the insurance being requested requires approval of insurability by the Office of Servicemembers' Group Life Insurance. Any deception or knowingly false statement either by inference or omission may result in cancellation of the insurance or in the refusal to pay a claim.

18. Signature of spouse []	19. Mailing address []	20. Date of Birth []
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Prudential

Office of Servicemembers' Group Life Insurance

Part IV - Spouse Information - to reduce or decline spouse coverage

Family of Coverage - Spouse

By law, if you are insured under SGLI, your spouse is automatically insured for \$100,000 or the amount of your SGLI coverage, whichever is less. If you want less than the automatic amount of coverage for your spouse, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of \$10,000. If you do not want any coverage for your spouse*, check the appropriate block below and write (in your own handwriting), "I do not want coverage for my spouse at this time."

I want spouse coverage in the amount of \$

or

In the space below write: "I do not want coverage for my spouse at this time"

Note: Family Coverage for Dependent Child(ren). By law, if you are insured under SGLI, each of your dependent children (see page 3 for a definition of dependent children for SGLI purposes) is automatically insured for \$

Part V - Certification by service member. Please check one box only.

The answers provided in Part III are for securing approval of this request for insurance and I certify that they are true and correct to the best of my knowledge and belief. I understand that the insurance being requested requires approval of insurability by the Office of Servicemembers' Group Life Insurance. Any deception or knowingly false statement either by inference or omission may result in cancellation of the insurance or in the refusal to pay a claim.

The request made in Part IV is to reduce or refuse family coverage. I understand this coverage can only be restored by completing proof of good health and compliance with other requirements. It will also affect the amount of insurance your spouse can cover when Family Coverage expires

Signature of Service Member

Date 01/21/2011
mm-dd-yyyy

For Branch of Service Official Use Only

Received by Personnel Clerk <input type="text"/>	Rank, title or grade <u>CTR</u>	Organization <u>OP# FSS</u>	Date <u>2011 Jan 21</u>
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For SGLI Use

OSGLI Representative	Date	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove
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**CONSOLIDATION OF SPECIAL PAYS (CSP) INCENTIVE PAY (IP) and/or RETENTION BONUS (RB) for
MC, DC, and BSC**

For DP2SSM use only:

IP	Load/ Renegotiation	Contract Start:	Contract Expiration:	Obligation Start:	ADSC:	Years:	Rate:
RB	Load/ Renegotiation				ADSC:		Rate:

BLOCK 1 IDENTIFICATION (PRINT/TYPE CLEARLY)

a. NAME (Last, First, Middle Initial) <i>TORRES, CARLA E</i>	b. SSN [Redacted]	c. RANK <i>05</i>
d. EMAIL ADDRESS [Redacted]	e. PHONE [Redacted]	f. AFSC <i>4563</i>
		g. DATE OF SEPARATION INDEF OR 30 Jun 30

BLOCK 2 SPECIAL PAY REQUESTED (EXECUTION OF SEPARATE IP CONTRACT NOT REQUIRED)

<p>NEW</p> <p><i>Not currently receiving Legacy multi-year pay</i></p> <p><input type="radio"/> 2-yr <input type="radio"/> 3-yr <input type="radio"/> 4-yr</p> <p><small>OFFICER MUST HAVE COMPLETED INITIAL COMMISSIONING EDUCATION AND TRAINING ADSC</small></p>	<p>AMEND</p> <p><i>Converts existing contract/ADSC does not extend</i></p> <p><input checked="" type="radio"/> Amend Legacy multi-year pay to CSP IP/RB or RB</p> <p><small>SIGNIFICANT RECOUPMENT MAY OCCUR WHEN AMENDING/RENEGOTIATING FROM LEGACY CONTRACTS</small></p>	<p>RENEGOTIATE</p> <p><i>Starts new contract/Requires ADSC extension</i></p> <p><input type="radio"/> 2-yr <input type="radio"/> 3-yr <input type="radio"/> 4-yr</p> <p><small>SIGNIFICANT RECOUPMENT MAY OCCUR WHEN AMENDING/RENEGOTIATING FROM LEGACY CONTRACTS</small></p>
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BLOCK 3 CONDITIONS OF CONTRACT

AUTHORITY: 37 USC 335, *Special bonus and incentive pay authorities for officers in health professions*; DoD/HA memo: *Health Professions Officer Special and Incentive Pay Plan*, and *USAF Medical Corps Special Pay Plan, USAF Dental Corps Special Pay Plan, and USAF Biomedical Sciences Corps Special Pay Plan.*

PURPOSE: To enter into a binding agreement to serve an active duty service commitment in exchange for medical special pay.

ROUTINE USES: Disclosures generally permitted under 5 USC 552a(b) of the Privacy Act outside the DoD as a routine use. DoD Blanket Routine Uses apply.

DISCLOSURE: Voluntary, however, failure to provide this information may result in non-verification of contract and special pay could be affected.

I request special pay(s) as noted above and I agree with the statements below:

I have read the current USAF CSP Pay Plan for my respective corps and ***I qualify for*** the requested special pay(s). I understand the appropriate Air Force officials must verify and approve this contract before payment will be authorized.

I request an EFFECTIVE or CONVERSION DATE of 01 Jul 2017 (DD MMM YYYY) for this contract. I understand that I will incur a one-year active duty service commitment (ADSC) for each year of this contract beginning the effective date or obligation date as calculated by AFPC/DP2SSM. Please refer to your current corps USAF Consolidated Special Pay Plan for guidance on calculating the effective date.

- A. I will remain on active duty in the Air Force Medical Service (AFMS) in my current corps for a minimum of two, three, or four consecutive years from the effective date or obligation date of this contract, as indicated in block 2.
- B. I authorize AFPC/DP2SSM to use this contract as a source document to assign an effective date and extend my retainability by updating my ADSC when required.
- C. I understand that I will receive the multi-year, coupled IP rate of \$ [Redacted] (IP) paid annually in equal monthly amounts, and/or the RB contract rate of \$ [Redacted] (RB) paid annually upon execution of this contract and its subsequent anniversary dates as applicable and specified in the current pay plan. All payments are subject to the availability of funds and state and federal taxes.
- D. I am eligible to complete the ADSC incurred by this contract.
- E. I possess a current and valid license and will keep my license current and unrestricted (or maintain an approved waiver) for the duration of the contract.
- F. I understand that I am NOT ELIGIBLE for voluntary release (to include voluntary resignation, separation, or retirement) from active duty for the duration of the obligation for this contract except when considered to be in the best interest of the Air Force.
- G. I understand all special pays and contracts will be terminated upon separation from active duty, death or if the conditions of this contract are not fulfilled. Reasons for termination include but are not limited to: loss of privileges, court-martial conviction, violations of the Uniform Code of Military Justice, failure to maintain required certification or licensure, unprofessional conduct, failure to demonstrate proficient medical skill, noncompliance with Air Force professional practice standards, substandard performance, or reasons that are in the best interest of the Air Force. The AF Surgeon General is the termination and/or withhold authority for all contracts (See AF141-109, *Special and Incentive pay for Health Professions Officers*, 14 Jan 15).
- H. In the event this contract is terminated or I am ineligible to complete this contract, I understand special pay will be recouped on a pro rata basis in accordance with DoDFMR 7000.14-R, Volume 7A.
- I. I understand a discharge in bankruptcy under Title 11 of the United States Code does not discharge me from a debt arising from this contract.

BLOCK 4 OFFICER CERTIFICATION (OFFICER SIGNATURE AND DATE)

I understand that by signing below, I agree to the terms and retention requirements in accordance with the rules outlined under this contract and the referenced pay plan. I understand this contract is binding as of the date of my signature.

SIGNATURE: <i>(Wet signature required)</i> [Redacted Signature]	DATE: <i>23 May 2017</i>
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MEMBER's NAME: Carla Torres RANK: 05 SSN:

BLOCK 5 OPTION I - STANDARD MULTI-YEAR

Endorsing Authority: Review eligibility and endorse appropriate OPTION. Return to officer for submission to AFPC/DP2SSM, Medical Special Pays Branch.
Wet signatures required for processing.

- THIS CERTIFIES the officer:
- a. Is licensed, credentialed, and privileged or actively seeking privileges,
 - b. Has been awarded the appropriate AFSC for the requested pay rate,
 - c. Meets eligibility requirements as referenced in the *USAF CSP Pay Plan* of the appropriate corps,
 - d. Has no remaining ADSC for pre-commissioning/commissioning education and training, and
 - e. Demonstrates the conduct, competence, and professional practice standards expected by the Air Force.

IS RECOMMENDED FOR: 2-yr IP and/or RB 3-yr IP and/or RB 4-yr IP and/or RB

Credentials Verification (CM) <input checked="" type="checkbox"/> CURRENT or VALID <input type="checkbox"/> DO NOT CONCUR or INVALID <input type="checkbox"/> N/A: Public Health Officer	Specialty (CM) <u>Obstetrics & Gynecology</u> Date (CM) <u>5/25/17</u>	Signature, Credentials Manager/SGM (CM) <div style="border: 1px solid black; width: 100%; height: 20px;"></div> Printed or Stamped Signature Block (CM) <u>99MDE/cm</u>
Approval (AE) <input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	Signature, Authorized Endorser (AE) <div style="border: 1px solid black; width: 100%; height: 40px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div> Colonel, USAF, NC Commander
Date (AE) <u>25 JUN 17</u>		

BLOCK 6 OPTION II - OFFICER IN SECONDARY TRAINING

- THIS CERTIFIES the officer:
- a. Demonstrates the conduct, competence, and professional practice standards expected by the Air Force,
 - b. Has successfully completed the initial residency and is licensed and credentialed but not privileged in that specialty,
 - c. Is undergoing training in a fellowship or secondary residency/AFIT program,
 - d. Meets eligibility requirements for IP and/or RB as referenced in the *USAF CSP Pay Plan* of the appropriate corps,
 - e. To receive new or renegotiated IP and/or RB, has no remaining ADSC for pre-commissioning/commissioning education and training

IS RECOMMENDED FOR: 2-yr IP and/or RB 3-yr IP and/or RB 4-yr IP and/or RB

Approval (AE) <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	Signature, Authorized Endorser (Director of Medical Education (DME) or equivalent) (AE) <div style="border: 1px solid black; width: 100%; height: 40px;"></div>	Printed or Stamped Signature Block (AE) <div style="border: 1px solid black; width: 100%; height: 40px;"></div>
Date (AE) <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		

BLOCK 7 OPTION III - OFFICER NOT IN CLINICAL SETTING

- THIS CERTIFIES the officer:
- a. Is assigned to a position requiring a substantial portion of time performing military unique duties under adverse conditions, in remote OCONUS locations, or that preclude the ability to spend appropriate time in a clinical setting,
 - b. Is licensed and meets eligibility requirements for IP and/or RB as referenced in the current *USAF CSP Pay Plan* of the appropriate corps,
 - c. Has no remaining ADSC for pre-commissioning/commissioning education and training, and
 - d. Demonstrates the conduct, competence, and professional practice standards expected by the Air Force.

IS RECOMMENDED FOR: 2-yr IP and/or RB 3-yr IP and/or RB 4-yr IP and/or RB

Credentials Verification (AE) <input type="checkbox"/> CURRENT and VALID <input type="checkbox"/> DO NOT CONCUR or INVALID <input type="checkbox"/> N/A: Public Health Officer	Approval (AE) <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	Can officer perform any indirect patient care activities: <input type="checkbox"/> YES <input type="checkbox"/> NO	Officer assigned Wing-level or below: <input type="checkbox"/> YES <input type="checkbox"/> NO
Date (AE) <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Signature, Authorized Endorser (AE) <div style="border: 1px solid black; width: 100%; height: 40px;"></div>	Printed or Stamped Signature Block (AE) <div style="border: 1px solid black; width: 100%; height: 40px;"></div>	

Stop here and submit Option III package to AFPC/DP2SSM (contact information below) for AF/DSG signature.

Approval (AF/DSG) <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	Signature, Air Force Surgeon General (AF/DSG) <div style="border: 1px solid black; width: 100%; height: 40px;"></div>	Printed or Stamped Signature Block (AF/DSG) <div style="border: 1px solid black; width: 100%; height: 40px;"></div>
Date (AF/DSG) <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		

BLOCK 8 SUBMISSION - Submit contracts via myPers. Please do not send duplicate contracts.

UPLOAD contract to myPERS on the appropriate corps page:
https://mypers.af.mil/app/answers/detail/a_id/29350/p/8,9/c/447

You will receive a notification e-mail upon submitting your request.

TORRES CARLA E		SSAN: [REDACTED]	COMP CAT:	MEDICAL
BASIC DATA				
EAD: 08-JUN-2002	GRADE: LTC		BASE: NELLIS	
DOS: 30-JUN-2030	DOB: [REDACTED]	AGE: [REDACTED]		
SERVICE DATES				
TAFGSD: 08-JUN-2002	TAFMSD: 08-JUN-2002	HYT: 30-JUN-2030	MSPD: 08-JUN-2002	
AFSC DATA				
PAFSC: 45G3	2AFSC:	3AFSC:	DAFSC: 45G3	
BOARD PAY/ASP				
BOARD PAY START: 01-JAN-2015	BOARD PAY STOP: 31-DEC-2017	ASP START: 01-JUL-2016		
CSP INCENTIVE PAY (IP)				
AFSC:	START:	LENGTH (YRS):	ANNUAL AMOUNT:	
CSP RETENTION BONUS (RB)				
AFSC:	START:	LENGTH (YRS):	ANNUAL AMOUNT:	
INCENTIVE SPECIAL PAY (ISP)				
AFSC: 45G	START: 15-JUL-2016	LENGTH (YRS): 4	ANNUAL AMOUNT: [REDACTED]	
MULTI-YR SPECIAL PAY (MSP)				
AFSC: 45G	START: 15-JUL-2016	LENGTH (YRS): 4	ANNUAL AMOUNT: [REDACTED]	
TRAINING INFO				
DATE TRAINING BEGAN: 01-JUL-2002	DATE TRAINING COMPLETE: 30-JUN-2006	GRAD PROF ED STATUS: Not in training		
ACTIVE DUTY SERVICE COMMITMENTS				
ADSC-1: 14-JUL-2020	INCENTIVE SPECIAL PAY/CSP INCENTIVE PAY			
ADSC-2: 14-JUL-2020	MULTI-YR SPEC PAY/DENT OFF MULTI-YR RETN BONUS/CSP RB			
ADSC-3: 28-JUL-2018	PERMANENT CHANGE OF STATION (PCS)			
ADSC-4: 30-JUN-2017	ADDITIONAL SPECIAL PAY			
ADSC-5: 28-OCT-2014	GI BILL BENEFIT TRANSFER			
ADSC-6: 07-MAR-2014	HEALTH PROFESSIONS SCHOLARSHIP PGM (HPSP)			
REMARKS				
1:				
2:				
3:				
4:				

**BOARD CERTIFICATION PAY
CONTRACT REQUEST – ALL CORPS**

<i>DP2SSM use only</i>	EAD:
	Effective Date:

BLOCK 1 IDENTIFICATION (PRINT/TYPE CLEARLY)

a. NAME (Last, First, Middle Initial) TORRES, CARLA E	b. SSN [Redacted]	c. RANK O5
c. EMAIL ADDRESS [Redacted]	d. PHONE [Redacted]	e. AFSC/SPECIALTY 45G3
f. I have an established Date of Separation: <input checked="" type="radio"/> Yes My date is 30 Jun 30 <input type="radio"/> No		

BLOCK 2 SPECIAL PAY REQUESTED

BOARD CERTIFICATION PAY (BCP) (Paid monthly)

- Initial BCP Request Stop Legacy BCP/Start CSP BCP

Initial requests for Board Certification Pay must be accompanied by a qualifying board certification document.

BLOCK 3 CONDITIONS OF CONTRACT

AUTHORITY: 37 USC 335, *Special bonus and incentive pay authorities for officers in health professions*, DoD/HA memo: *Health Professions Officer Special and Incentive Pay Plan, and USAF Medical Corps Special Pay Plan, USAF Dental Corps Special Pay Plan, USAF Biomedical Sciences Corps Special Pay Plan, and USAF Nurse Corps Special Pay Plan.*

PURPOSE: To initiate Board Certification Pay.

ROUTINE USES: Disclosures generally permitted under 5 USC 552a(b) of the Privacy Act outside the DoD as a routine use. DoD Blanket Routine Uses apply.

DISCLOSURE: Voluntary, however, failure to provide this information may result in non-verification of contract and special pay could be affected.

I request special pay(s) as noted above and I agree with the statements below:

I have read the current USAF Consolidation of Special Pays (CSP) for my corps and **I qualify for** the requested special pay(s). I understand the appropriate Air Force officials must verify and approve this contract before payment will be authorized.

I request an EFFECTIVE DATE of 01 Jul 17 for this contract.

- A.** I will remain on active duty in the Air Force Medical Service (AFMS) and will maintain a qualifying, unexpired certification, or board status of the approved board in the approved specialty from the effective date of this contract as indicated my corps pay plan.
- B.** For initial activation (or reactivation after expiration) of BP the EFFECTIVE date shall be the latter of the date of the qualifying board certificate or qualifying post baccalaureate diploma, the date of conversion from Legacy special pays, or the first day of the month the contract was signed. This contract is valid as long as I maintain my qualifying certification in an active and unexpired status.
- C.** I understand I will receive [Redacted] monthly upon execution of this contract as specified in the current pay plan. All payments are subject to availability of funds and state and federal taxes. Any previous BCP will be stopped and overlapping payments will be adjusted and recouped as necessary.
- D.** I have one-year retainability on active duty to activate this contract beginning on the effective (execution) date of my contract as calculated by AFPC/DP2SSM and automatically continuing on each anniversary date as long as all terms and conditions of this contract are met.
- E.** I understand if my qualifying certification expires, it is my responsibility to inform AFPC/DP2SSM to initiate stop-payment and recoupment action. I am responsible to repay all payments received beginning on the day after the expiration date of my qualifying certification status. Loss of eligibility, loss of license, or loss of certification terminates this agreement and payments received during the ineligible period will be recouped immediately and without prior notification.
- F.** I understand all special pays and contracts will be terminated upon separation from active duty, death or if the conditions of this contract are not fulfilled. Reasons for termination include but are not limited to: loss of privileges, court-martial conviction, violations of the Uniform Code of Military Justice, failure to maintain required certification or licensure, unprofessional conduct, failure to demonstrate proficient medical skill, noncompliance with Air Force professional practice standards, substandard performance, or reasons that are in the best interest of the Air Force. The AF Surgeon General is the termination and/or withhold authority for all contracts.
- G.** In the event this contract is terminated or I am ineligible to complete this contract, I understand special pay will be recouped on a pro rata basis in accordance with DoDFMR 7000.14-R, Volume 7A.

BLOCK 4 OFFICER CERTIFICATION (OFFICER SIGNATURE AND DATE)

I understand that by signing below, I agree to the terms outlined under this contract and the referenced pay plans. In the event my qualifying certification status becomes restricted or expired, I will immediately contact AFPC/DP2SSM to initiate a stop-pay action. I will be held accountable for any recoupment action required in the event of payment received for which I am not entitled. AFPC/DP2SSM may initiate stop-pay action and recoupment without notice upon verification of ineligibility.

SIGNATURE: [Redacted Signature]	DATE: 23 May 17
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MEMBER's NAME: CARLA TORRES RANK: O5 SSN:

BLOCK 5 OPTION 1 - ENDORSEMENT

THIS CERTIFIES (Board Certification Pay contract only) I, (the undersigned):

- a. Am currently certified, boarded, or a Diplomate by an approved board or agency as detailed in my respective corps pay plan.
- b. Meet all eligibility requirements for Board Certification Pay as referenced in the Block 3 of Page 1 of this contract and the appropriate references.

One time contract: If this is the initial request for Board Certification Pay provide documentation of current board certification.

Board Certification Pay will continue to be paid on a monthly basis unless AFPC/DP2SSM is notified of a lapse in certification. Annual contracts should not be submitted. To keep your record current, submit updated certificates to your local Credentials' Manager to maintain currency in Centralized Credentials Quality Assurance System (CCQAS). To have the M prefix loaded to your AFSC complete the AF Form 2096 and submit to your local Military Personnel Section or Commander's Support Staff to have your record updated.

THEREFORE

I REQUEST Board Certification Pay to be paid monthly at the rate of \$500 per month. BCP under previous authority will be stopped, any difference will be adjusted.

Date

23 May 17

Officer's Signature (wet signature required for processing)

Printed/Typed/Stamped Signature Block

Carla Torres MD Lt Col USAF
Obstetrics & Gynecology Staff

BLOCK 6 SUBMISSION – Submit contracts via myPers. Please do not send duplicate contracts.

UPLOAD contract to your Corps page on the myPers site:

https://mypers.af.mil/app/answers/detail/a_id/29350/p/8.9/c/447

You will receive a notification e-mail upon submitting your request.

Carla Torres MD Lt Col USAF
Obstetrics & Gynecology Staff

DN

COL, USAF, MC
Commander, 60th Surgical Operations Squadron

AZ

**ADDITIONAL SPECIAL PAY (ASP)
MEDICAL CORPS (MC) CONTRACT REQUEST**

BLOCK 1 IDENTIFICATION (PRINT/TYPE CLEARLY)

a. NAME (Last, First, Middle Initial) TORRES, CARLA E	b. SSN [Redacted]	c. RANK O-5
d. EMAIL ADDRESS [Redacted]	e. PHONE [Redacted]	f. AFSC/Specialty H5G3 ✓
		g. DATE OF SEPARATION ✓ INDEF OR 30 Jun 30

BLOCK 2 SPECIAL PAY REQUESTED

SINGLE YEAR ADDITIONAL SPECIAL PAY (ASP) <input checked="" type="radio"/> 1-yr (ASP) (will expire 1-yr from effective date)	Initial ASP? Yes / <input checked="" type="radio"/> No (if yes) EAD:
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BLOCK 3 CONDITIONS OF CONTRACT

AUTHORITY: 37 USC 302, *Special pay: medical officers of the armed forces, DoD/HA memo, Subject: Medical and Dental Officer Special Pay Plans, and USAF Legacy Medical Officer Special Pay Plan*

PURPOSE: To enter into a binding contract to serve an active duty service commitment in exchange for medical special pay.

ROUTINE USES: Disclosures generally permitted under 5 USC 552a(b) of the Privacy Act outside the DoD as a routine use. DoD Blanket Routine Uses apply.

DISCLOSURE: Voluntary, however, failure to provide this information may result in non-verification of contract and special pay could be affected.

I request special pay(s) as noted above and I agree with the statements below:

I have read the current USAF Legacy Medical Officer Special Pay Plan and I qualify for the requested special pay(s). I understand the appropriate Air Force officials must verify and approve this contract before payment will be authorized. **1 JUL 16**

I request an EFFECTIVE DATE of 15 Jul 2016 (DD/MM/YYYY) for this contract. I understand that I will incur a one-year active duty service commitment (ADSC) for each year of this contract beginning the effective date as calculated by AFPC/DPANFI. Please refer to the current USAF Legacy Medical Officer Special Pay Plan for guidance on calculating the effective date.

A. I will remain on active duty in the Air Force Medical Service (AFMS) Medical Corps (MC) for a minimum of one consecutive year from the effective date of this contract as indicated in block 2.

B. I authorize AFPC/DPANFI to use this contract as a source document to assign an effective date and extend my retainability by updating my ADSC.

C. I understand I will receive [Redacted] (ASP) upon execution of this contract as specified in the current pay plan. All payments are subject to availability of funding and state and federal taxes.

D. I am eligible to complete the ADSC incurred by this contract.

E. I possess a current and valid license or have just successfully completed all three parts of the national licensing examination (licensure pending) and will keep my license current and unrestricted (or maintain an approved waiver) for the duration of the contract.

F. I am not undergoing internship or initial residency training as of the contract effective date.

G. I understand that I am NOT ELIGIBLE for voluntary release (to include voluntary resignation, separation, or retirement) from active duty for the duration of this contract except when considered to be in the best interest of the Air Force.

H. I understand all special pays and contracts will be terminated upon separation from active duty, death or if the conditions of this contract are not fulfilled. Reasons for termination include but are not limited to: loss of privileges, court-martial conviction, violations of the Uniform Code of Military Justice, failure to maintain required certification or licensure, unprofessional conduct, failure to demonstrate proficient medical skill, noncompliance with Air Force professional practice standards, substandard performance, or reasons that are in the best interest of the Air Force. The AF Surgeon General is the termination and/or withhold authority for all contracts (See AFI41-109, *Special and Incentive pay for Health Professions Officers*, 14 Jan 15).

I. In the event this contract is terminated or I am ineligible to complete this contract, I understand special pay will be recouped on a pro rata basis in accordance with DoDFMR 7000.14-R, Volume 7A.

J. I understand, as indicated in 37 USC 303a and 37 USC 373, a discharge in bankruptcy under Title 11 of the United States Code does not discharge me from a debt arising from this contract.

BLOCK 4 OFFICER CERTIFICATION (OFFICER SIGNATURE AND DATE)

I understand that by signing below, I agree to the terms and retention requirements in accordance with the rules outlined under this contract and the referenced pay plan. I understand this contract is binding as of the date of my signature. Wet signatures required for processing.

SIGNATURE: [Redacted]	DATE: 5 Apr 2016
-----------------------	---------------------



MEMBER's NAME: CARLA Torres RANK: 05 SSN:

BLOCK 5 OPTION I – STANDARD SINGLE YEAR

Endorsing Authority: Review eligibility and endorse. Return to officer for submission to AFPC/DPANF1, Medical Special Pays Branch. Wet signatures required for processing.

1. **Current License. THIS CERTIFIES the officer:**
- a. Demonstrates the conduct, competence, and professional practice standards expected by the Air Force
 - b. Is not undergoing initial residency training, or has completed or dis-enrolled from an initial residency program (by the effective date of the contract),
 - c. Possesses a current and valid unrestricted license, and
 - d. Meets eligibility requirements for ASP as referenced in the *USAF Legacy Medical Officer Special Pay Plan*.
- OR-
2. **Pending New Licensure. THIS CERTIFIES the officer:**
- a. Demonstrates the conduct, competence, and professional practice standards expected by the Air Force
 - b. Has just completed internship training and HAS PROVIDED EVIDENCE (to credentials manager and/or authorized endorser) of completing all three parts of the national licensing exam,
 - c. Provided documentation of pending licensure from a state licensing board,
 - d. Is not undergoing initial residency training, or has completed or dis-enrolled from an initial residency program (by the effective date of the contract), and
 - e. Meets eligibility requirements for ASP as referenced in the *USAF Legacy Medical Officer Special Pay Plan*.
- OR-
3. **Restricted License. THIS CERTIFIES the officer:**
- a. Demonstrates the conduct, competence, and professional practice standards expected by the Air Force
 - b. Is not undergoing initial residency training, or has completed or dis-enrolled from an initial residency program (by the effective date of the contract),
 - c. Has a restricted license, not because he/she is not meeting clinical, professional, and administrative requirements. Officer has obtained an AF waiver IAW AFI 44-119 due to unusual, substantial, or inharmonious administrative actions by the state of: _____
 - d. Is not undergoing initial residency training, or has completed or dis-enrolled from an initial residency program (by the effective date of the contract), and
 - e. Meets eligibility requirements for ASP as referenced in the *USAF Legacy Medical Officer Special Pay Plan*.

IS RECOMMENDED FOR: 1-Yr ASP

-AND-

License Verification (CM) <input checked="" type="checkbox"/> CURRENT and VALID or PENDING (see above) <input type="checkbox"/> DO NOT CONCUR or INVALID <input type="checkbox"/> Credentials verified by AE instead of CM/SGH (should only be utilized by those not at traditional MTF. See AFI44-109 for details)	Specialty (CM) <p align="center" style="font-size: 1.5em;">OB/GYN</p>	Signature, Credentials Mgr/SGH (CM) <div style="border: 1px solid black; width: 100%; height: 30px;"></div>
	Date (CM) <p align="center" style="font-size: 1.5em;">8 APR 16</p>	Printed or Stamped Signature Block (CM) <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <p align="center" style="font-size: 0.8em;">CPCS, CPMSM Credential Manager 60 MDG / SGBQ 101 Bodin Circle - Travis AFB TX 78112-7611 DSN 423-7611</p>
Approval (AE) <input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	Date (AE) <p align="center" style="font-size: 1.2em;">APR 11 2016</p>	Printed or Stamped Signature Block (AE) (Gn/CC or Equiv) <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <p align="right" style="font-size: 0.8em;">Col, USAF, MC Deputy Commander, 60th Medical Group</p>
	Signature, Authorized Endorser (AE) <div style="border: 1px solid black; width: 100%; height: 30px;"></div>	

BLOCK 6 SUBMISSION – Submit contracts by e-mail. Please do not send duplicate contracts.

UPLOAD contract to:
 myPERS
https://gum-erm.csd.disa.mil/app/answers/detail/a_id/29350/p/8,9/c/447

You will receive a notification e-mail upon submitting your request.

MEDICAL OFFICER ADDITIONAL SPECIAL PAY (ASP)	
Years of Creditable Service	Annual Payment
All years	

**ADDITIONAL SPECIAL PAY (ASP)
 MEDICAL CORPS (MC) CONTRACT REQUEST**

BLOCK 1 IDENTIFICATION (PRINT/TYPE CLEARLY)

a. NAME (Last, First, Middle Initial) Torres, Carla, E	b. SSN []	c. RANK LtCol
d. EMAIL ADDRESS []	e. PHONE []	f. AFSC/Specialty 45G3 ✓
		g. DATE OF SEPARATION INDEF OR 30 Jun 30 ✓

BLOCK 2 SPECIAL PAY REQUESTED

SINGLE YEAR ADDITIONAL SPECIAL PAY (ASP) <input checked="" type="radio"/> 1-yr (ASP) (will expire 1-yr from effective date)	Initial ASP? <input type="radio"/> Yes / No <input checked="" type="radio"/> (if yes) EAD:
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BLOCK 3 CONDITIONS OF CONTRACT

AUTHORITY: 37 USC 302, Special pay: medical officers of the armed forces, DoD/HA memo, Subject: Medical and Dental Officer Special Pay Plans, and USAF Legacy Medical Officer Special Pay Plan.

PURPOSE: To enter into a binding contract to serve an active duty service commitment in exchange for medical special pay.

ROUTINE USES: Disclosures generally permitted under 5 USC 552a(b) of the Privacy Act outside the DoD as a routine use. DoD Blanket Routine Uses apply.

DISCLOSURE: Voluntary, however, failure to provide this information may result in non-verification of contract and special pay could be affected.

I request special pay(s) as noted above and I agree with the statements below:

I have read the current USAF Legacy Medical Officer Special Pay Plan and I qualify for the requested special pay(s). I understand the appropriate Air Force officials must verify and approve this contract before payment will be authorized.

1 JUL 2015

I request an EFFECTIVE DATE of 15 Jul 2015 (DD/MMM/YYYY) for this contract. I understand that I will incur a one-year active duty service commitment (ADSC) for each year of this contract beginning the effective date as calculated by AFPC/DPANFI. Please refer to the current USAF Legacy Medical Officer Special Pay Plan for guidance on calculating the effective date.

- A. I will remain on active duty in the Air Force Medical Service (AFMS) Medical Corps (MC) for a minimum of one consecutive year from the effective date of this contract as indicated in block 2.
- B. I authorize AFPC/DPANFI to use this contract as a source document to assign an effective date and extend my retainability by updating my ADSC.
- C. I understand I will receive [] ASP upon execution of this contract as specified in the current pay plan. All payments are subject to availability of funding and state and federal taxes.
- D. I am eligible to complete the ADSC incurred by this contract.
- E. I possess a current and valid license or have just successfully completed all three parts of the national licensing examination (licensure pending) and will keep my license current and unrestricted (or maintain an approved waiver) for the duration of the contract.
- F. I am not undergoing internship or initial residency training as of the contract effective date.
- G. I understand that I am NOT ELIGIBLE for voluntary release (to include voluntary resignation, separation, or retirement) from active duty for the duration of this contract except when considered to be in the best interest of the Air Force.
- H. I understand all special pays and contracts will be terminated upon separation from active duty, death or if the conditions of this contract are not fulfilled. Reasons for termination include but are not limited to: loss of privileges, court-martial conviction, violations of the Uniform Code of Military Justice, failure to maintain required certification or licensure, unprofessional conduct, failure to demonstrate proficient medical skill, noncompliance with Air Force professional practice standards, substandard performance, or reasons that are in the best interest of the Air Force. The AF Surgeon General is the termination and/or withhold authority for all contracts (See Special Instructions for Termination and Recoupment of Medical Special Pay on the Kx for details).
- I. In the event this contract is terminated or I am ineligible to complete this contract, I understand special pay will be recouped on a pro rata basis in accordance with DoDFMR 7000.14-R, Volume 7A.
- J. I understand, as indicated in 37 USC 303a and 37 USC 373, a discharge in bankruptcy under Title 11 of the United States Code does not discharge me from a debt arising from this contract.

BLOCK 4 OFFICER CERTIFICATION (OFFICER SIGNATURE AND DATE)

I understand that by signing below, I agree to the terms and retention requirements in accordance with the rules outlined under this contract and the referenced pay plan. I understand this contract is binding as of the date of my signature.

SIGNATURE: []	DATE: 08 MAY 2015
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NAME: Torres, Carla RANK: LtCol SSN:

Endorsing Authority: Review eligibility and endorse. Return to officer for submission to AFPC/DPANF1, Medical Special Pays Branch.

BLOCK 5 OPTION I – STANDARD SINGLE YEAR

1. **Current License. THIS CERTIFIES the officer:**
- a. Demonstrates the conduct, competence, and professional practice standards expected by the Air Force
 - b. Is not undergoing initial residency training, or has completed or disenrolled from an initial residency program (by the effective date of the contract),
 - c. Possesses a current and valid unrestricted license, and
 - d. Meets eligibility requirements for ASP as referenced in the *USAF Legacy Medical Officer Special Pay Plan*.
- OR-
2. **Pending New Licensure. THIS CERTIFIES the officer:**
- a. Demonstrates the conduct, competence, and professional practice standards expected by the Air Force.
 - b. Has just completed internship training and HAS PROVIDED EVIDENCE (to credentials manager and/or authorized endorser) of completing all three parts of the national licensing exam,
 - c. Provided documentation of pending licensure from a state licensing board,
 - d. Is not undergoing initial residency training, or has completed or disenrolled from an initial residency program (by the effective date of the contract), and
 - e. Meets eligibility requirements for ASP as referenced in the *USAF Legacy Medical Officer Special Pay Plan*.
- OR-
3. **Restricted License. THIS CERTIFIES the officer:**
- a. Demonstrates the conduct, competence, and professional practice standards expected by the Air Force
 - b. Is not undergoing initial residency training, or has completed or disenrolled from an initial residency program (by the effective date of the contract),
 - c. Has a restricted license, not because he/she is not meeting clinical, professional, and administrative requirements. Officer has obtained an AF waiver IAW AFI 44-119 due to unusual, substantial, or inharmonious administrative actions by the state of: _____
 - d. Is not undergoing initial residency training, or has completed or disenrolled from an initial residency program (by the effective date of the contract), and
 - e. Meets eligibility requirements for ASP as referenced in the *USAF Legacy Medical Officer Special Pay Plan*.

IS RECOMMENDED FOR: 1-Yr ASP

-AND-

License Verification (CM) <input checked="" type="checkbox"/> CURRENT and VALID or PENDING (see above) <input type="checkbox"/> DO NOT CONCUR or INVALID Credentials verified by AE instead of CM/SGH (should only be utilized by those not at traditional MTF. See Special Instructions for Endorsement and Submission for details)	Specialty (CM) <div style="font-size: 2em; text-align: center;">OB/GYN</div>	Signature, Credentials Mgr/SGH (CM) <div style="border: 1px solid black; width: 100%; height: 30px;"></div>
	Date (CM) <div style="font-size: 1.5em; text-align: center;">19 May 15</div>	Printed or Stamped Signature Block (CM) <div style="text-align: center; color: blue;"> CPCS, CPMSM Credentials Manager 60 MDG / SGBQ 101 Bodin Circle - Travis AFB TX 78103-7011 DSN 433-7611 </div>
Approval (AE) <input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	Date (AE) <div style="font-size: 1.5em; text-align: center;">MAY 19 2015</div>	Printed or Stamped Signature Block (AE) (Gp/CC or Equiv) <div style="border: 1px solid black; width: 100%; height: 30px;"></div> <div style="text-align: right; font-weight: bold;">Col, USAF, MC Deputy Commander, 60th Medical Group</div>
	Signature, Authorized Endorser (AE) <div style="border: 1px solid black; width: 100%; height: 30px;"></div>	

BLOCK 6 SUBMISSION – Submit contracts by email. Please do not send duplicate contracts.

SCAN/EMAIL contract to:
 AFPC/DPANF1
AFPC.DPANF1@US.AF.MIL

You will receive a contract notification email within 10-15 days of submission to DPANF1.

MEDICAL OFFICER ADDITIONAL SPECIAL PAY (ASP)	
Years of Creditable Service	Annual Payment
All years	-

MISP (R) 9 MSP CMS +

CMS-7098841

Col, USAF, MC
Commander, 60th Surgical Operations Squadron

**LEGACY INCENTIVE SPECIAL PAY (ISP) OR
MULTI-YEAR INCENTIVE SPECIAL PAY (MISP) AND MULTI-YEAR SPECIAL PAY (MSP)
MEDICAL CORPS (MC) CONTRACT REQUEST**

BLOCK 1 IDENTIFICATION (PRINT/TYPE CLEARLY)

a. NAME (Last, First, Middle Initial) TORRES, CARLA E	b. SSN	c. RANK O-5
d. EMAIL ADDRESS	e. PHONE	f. AFSC/Specialty 45G3
		g. DATE OF SEPARATION INDEF OR 30 JUN 2014

BLOCK 2 SPECIAL PAY(S) REQUESTED (CHOOSE ISP OR MISP AND MSP)

SINGLE-YEAR INCENTIVE SPECIAL PAY (ISP) <input type="radio"/> 1-yr ISP	<input checked="" type="checkbox"/> 2-yr MISP/MSP	<input type="radio"/> 3-yr MISP/MSP	<input type="radio"/> 4-yr MISP/MSP
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30 JUN 30

BLOCK 3 CONDITIONS OF CONTRACT

AUTHORITY: 37 USC 301d, Multi-year retention bonus: medical officers of the armed forces. 37 USC 302, Special pay: medical officers of the armed forces, DoD/MA memo, Medical and Dental Officer Special Pay Plans and Early Career Incentive Special Pay for Medical Officers, and USAF Legacy Medical Officer Special Pay Plan.

PURPOSE: To enter into a binding contract to serve an active duty service commitment in exchange for medical special pay.

ROUTINE USES: Disclosures generally permitted under 5 USC 552a(b) of the Privacy Act outside the DoD as a routine use. DoD Blanket Routine Uses apply.

DISCLOSURE: Voluntary, however, failure to provide this information may result in non-verification of contract and special pay could be affected.

I request special pay(s) as noted above and I agree with the statements below:

I have read the current USAF Legacy Medical Officer Special Pay Plan and I qualify for the requested special pay(s). I understand the appropriate Air Force officials must verify and approve this contract before payment will be authorized.

I request an EFFECTIVE DATE of 15 JUL 2014 (DD/MMM/YYYY) for this contract. I understand that I will incur a one-year active duty service commitment (ADSC) for each year of this contract beginning the effective date or obligation date (whichever is later) as calculated by AFPC/DPANFI. Please refer to the current USAF Legacy Medical Officer Special Pay Plan for guidance on calculating the effective date.

A. I will remain on active duty in the Air Force Medical Service (AFMS) Medical Corps (MC) for a minimum of one, two, three, or four consecutive years from the effective date or obligation date (whichever is later) of this contract, as indicated in block 2.

B. I authorize AFPC/DPANFI to use this contract as a source document to assign an effective date and extend my active duty by updating my ADSC.

C. I understand I will receive \$ [] (ISP) OR \$ [] (MISP) AND \$ [] (MSP) paid annually upon execution of this contract and its subsequent anniversary dates as applicable and specified in the current pay plan. All payments are subject to availability of funds and state and federal taxes.

D. I am eligible to complete the ADSC incurred by this contract.

E. I possess a current and valid license and will keep my license current and unrestricted (or maintain an approved waiver) for the duration of the contract.

F. I understand that I am NOT ELIGIBLE for voluntary release (to include voluntary resignation, separation, or retirement) from active duty for the duration of this contract except when considered to be in the best interest of the Air Force.

G. I understand all special pays and contracts will be terminated upon separation from active duty, death or if the conditions of this contract are not fulfilled. Reasons for termination include but are not limited to: loss of privileges, court-martial conviction, violations of the Uniform Code of Military Justice, failure to maintain required certification or licensure, unprofessional conduct, failure to demonstrate proficient medical skill, noncompliance with Air Force professional practice standards, substandard performance, or reasons that are in the best interest of the Air Force. The AF Surgeon General is the termination and/or withhold authority for all contracts (See Special Instructions for Termination and Recoupment of Medical Special Pay on the Kx for details).

H. In the event this contract is terminated or I am ineligible to complete this contract, I understand special pay will be recouped on a pro rata basis in accordance with DoDFMR 7000.14-R, Volume 7A.

I. I understand a discharge in bankruptcy under Title 11 of the United States Code does not discharge me from a debt arising from this contract.

BLOCK 4 OFFICER CERTIFICATION (OFFICER SIGNATURE AND DATE)

I understand that by signing below, I agree to the terms and retention requirements in accordance with the rules outlined under this contract and the referenced pay plan. I understand this contract is binding as of the date of my signature.

SIGNATURE: [Signature] DATE: 7/7/2014

For DPANFI use only:

MISP	15 JUL 14	14 JUL 16	Obligation Start: N/A	ADSC: []	Rate: 31K
MSP	15 JUL 14	14 JUL 16	Obligation Start: 15 JUL 14	ADSC: []	Rate: 17K

NAME: CARLA TORRES RANK: O-5 SSN:
 Endorsing Authority: Review eligibility and endorse appropriate OPTION. Return to officer for submission to Medical Special Pays.

BLOCK 5 OPTION I - STANDARD SINGLE OR MULTI-YEAR

I. THIS CERTIFIES the officer:

- Possesses a current, valid, and unrestricted license, or approved waiver.
- Is licensed, credentialed, and privileged or actively seeking privileges.
- Meets eligibility requirements for ISP or MISP/MSP as referenced in the *USAF Legacy Medical Officer Special Pay Plan*, and
- Demonstrates the conduct, competence, and professional practice standards expected by the Air Force.

IS RECOMMENDED FOR: 1-yr ISP 2-yr MISP/MSP 3-yr MISP/MSP 4-yr MISP/MSP

Credentials Verification (CM) <input checked="" type="checkbox"/> CURRENT and VALID <input type="checkbox"/> DO NOT CONCUR or INVALID	Speciality (CM) <u>SIB/1440</u> Date (CM) <u>15 July 14</u> JUL 15 2014	Signature, Credentials Manager (CM/SGH) _____ Printed or Stamped Signature Block (CM) <small>101 Bldg Circle - Travis AFB (281) 423-2611 DSN 423-2611</small> Col, USAF, MC Deputy Commander, 60th Medical Group
Approval (AE) <input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	Date (AE) JUL 15 2014 Signature, Authorized Endorser (AE) _____	Printed or Stamped Signature Block (AE) _____

BLOCK 6 OPTION II - OFFICER IN SECONDARY TRAINING OR IS A FLIGHT SURGEON

THIS CERTIFIES the officer:

- Has successfully completed the initial residency and is licensed and credentialed but not privileged in that specialty.
- Due to needs of the Air Force, the officer is a credentialed and privileged Flight Surgeon and precluded from practicing his/her specialty, or
- Is undergoing training in a fellowship or secondary residency/AFIT program.
- Meets eligibility requirements for ISP or MISP/MSP as referenced in the *USAF Legacy Medical Officer Special Pay Plan*, and
- Demonstrates the conduct, competence, and professional practice standards expected by the Air Force.

IS RECOMMENDED FOR: 1-yr (ISP) 2-yr (MISP/MSP) 3-yr (MISP/MSP) 4-yr (MISP/MSP)

Approval (AE) <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	Date (AE) _____ Signature, Authorized Endorser (Director of Medical Education (DME) or equivalent) (AE) _____	Printed or Stamped Signature Block (AE) _____
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BLOCK 7 OPTION III - OFFICER NOT IN CLINICAL SETTING

THIS CERTIFIES the officer:

- Is assigned to a position requiring substantial portion of time performing military unique duties under adverse conditions, in remote OCONUS locations, or that preclude the ability to spend appropriate time in a clinical setting.
- Is licensed and meets eligibility requirements for ISP or MISP/MSP as referenced in the current *USAF Legacy Medical Officer Special Pay Plan*, and
- Demonstrates the conduct, competence, and professional practice standards expected by the Air Force.

IS RECOMMENDED FOR: 1-yr ISP 2-yr MISP/MSP 3-yr MISP/MSP 4-yr MISP/MSP

Credentials Verification (AE) <input type="checkbox"/> CURRENT and VALID <input type="checkbox"/> DO NOT CONCUR or INVALID	Can officer perform any indirect patient care activities: YES / NO _____ Signature, Authorized Endorser (AE) _____	Officer assigned Wing-level or below: YES / NO _____ Date (AE) _____
License Verification (AE) State: _____ Initial Issue Date: _____ Expiration Date: _____	Printed or Stamped Signature Block (AE) _____	Approval (AE) <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE

Complete to here and submit package to AFPC/DPANFI for AF/DSG signature

Approval (AF/DSG) <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	Date (AF/DSG) _____ Signature, AF Deputy Surgeon General (AF/DSG) _____	Printed or Stamped Signature Block (AF/DSG) _____
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BLOCK 8 SUBMISSION - Submit contracts by email, fax, or mail. Please do not send duplicate contracts.

SCAN/EMAIL contract to: AFPC/DPANFI AFPC.DPANFI@US.AF.MIL	MAIL contract to: HQ AFPC/DPANFI ATTN: MEDICAL SPECIAL PAYS 550 C STREET WEST SUITE 27 JBSA-RANDOLPH, TX 78150-4729	FAX contract to: DSN: 665-1277 or Commercial: 210-565-1277
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You will receive a contract notification email within 10-15 days of submission to DPANFI.

TORRES CARLA E SSAN: COMP CAT: MEDICAL

EAD: 08-JUN-2002 GRADE: LTC BASE: TRAVIS
DOS: 30-JUN-2030 DOB: AGE:

TAFSCD: 08-JUN-2002 TAFMSD: 08-JUN-2002 HYT: 30-JUN-2030 MSPD: 08-JUN-2002

PAFSC: 45G3 2AFSC: 3AFSC: DAFSC: 45G3

BOARD PAY START: 08-JUN-2002 BOARD PAY STOP: 31-DEC-2014 ASP START: 01-JUL-2013

AFSC: START: LENGTH (YRS): ANNUAL AMOUNT:

AFSC: 45G START: 01-OCT-2013 LENGTH (YRS): 1 ANNUAL AMOUNT:

DATE TRAINING BEGAN: 01-JUL-2002 DATE TRAINING COMPLETE: 30-JUN-2006

ADSC-1: 28-OCT-2014 GI BILL BENEFIT TRANSFER
ADSC-2: 30-SEP-2014 INCENTIVE SPECIAL PAY
ADSC-3: 30-JUN-2014 ADDITIONAL SPECIAL PAY
ADSC-4: 07-MAR-2014 HEALTH PROFESSIONS SCHOLARSHIP PGM (HPSP)
ADSC-5: 30-MAY-2013 PERMANENT CHANGE OF STATION (PCS)
ADSC-6: 07-MAR-2010 EXTENDED ACTIVE DUTY

- 1:
- 2:
- 3:
- 4:

Personal Data - Privacy Information - Contact Us Only

**ADDITIONAL SPECIAL PAY (ASP)
MEDICAL CORPS (MC) CONTRACT REQUEST**

BLOCK 1 IDENTIFICATION (PRINT/TYPE CLEARLY)

a. NAME (Last, First, Middle Initial) TORRES, CARLA E	b. SSN [Redacted]	c. RANK Lt Col 0-5
d. EMAIL ADDRESS [Redacted]	e. PHONE [Redacted]	f. AFSC/Specialty 45G3 ✓
		g. DATE OF SEPARATION INDEF OR 30 Jun 2030

BLOCK 2 SPECIAL PAY REQUESTED

SINGLE YEAR ADDITIONAL SPECIAL PAY (ASP) <input checked="" type="radio"/> 1-yr (ASP) (will expire 1-yr from effective date)	Initial ASP? <input type="radio"/> Yes / <input checked="" type="radio"/> No (if yes) EAD:
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BLOCK 3 CONDITIONS OF CONTRACT

AUTHORITY: 37 USC 302, *Special pay: medical officers of the armed forces, DoD/HA memo, Subject: Medical and Dental Officer Special Pay Plans, and USAF Legacy Medical Officer Special Pay Plan.*

PURPOSE: To enter into a binding contract to serve an active duty service commitment in exchange for medical special pay.

ROUTINE USES: Disclosures generally permitted under 5 USC 552a(b) of the Privacy Act outside the DoD as a routine use. DoD Blanket Routine Uses apply.

DISCLOSURE: Voluntary, however, failure to provide this information may result in non-verification of contract and special pay could be affected.

I request special pay(s) as noted above and I agree with the statements below:

I have read the current USAF Legacy Medical Officer Special Pay Plan and I qualify for the requested special pay(s). I understand the appropriate Air Force officials must verify and approve this contract before payment will be authorized.

*I request an EFFECTIVE DATE of **01 Jul 2014** (DD/MMM/YYYY) for this contract. I understand that I will incur a one-year active duty service commitment (ADSC) for each year of this contract beginning the effective date as calculated by AFPC/DPANF1. Please refer to the current USAF Legacy Medical Officer Special Pay Plan for guidance on calculating the effective date.*

- A. I will remain on active duty in the Air Force Medical Service (AFMS) Medical Corps (MC) for a minimum of one consecutive year from the effective date of this contract as indicated in block 2.
- B. I authorize AFPC/DPANF1 to use this contract as a source document to assign an effective date and extend my retainability by updating my ADSC.
- C. I understand I will receive [Redacted] (ASP) upon execution of this contract as specified in the current pay plan. All payments are subject to availability of funding and state and federal taxes.
- D. I am eligible to complete the ADSC incurred by this contract.
- E. I possess a current and valid license or have just successfully completed all three parts of the national licensing examination (licensure pending) and will keep my license current and unrestricted (or maintain an approved waiver) for the duration of the contract.
- F. I am not undergoing internship or initial residency training as of the contract effective date.
- G. I understand that I am NOT ELIGIBLE for voluntary release (to include voluntary resignation, separation, or retirement) from active duty for the duration of this contract except when considered to be in the best interest of the Air Force.
- H. I understand all special pays and contracts will be terminated upon separation from active duty, death or if the conditions of this contract are not fulfilled. Reasons for termination include but are not limited to: loss of privileges, court-martial conviction, violations of the Uniform Code of Military Justice, failure to maintain required certification or licensure, unprofessional conduct, failure to demonstrate proficient medical skill, noncompliance with Air Force professional practice standards, substandard performance, or reasons that are in the best interest of the Air Force. The AF Surgeon General is the termination and/or withhold authority for all contracts (See *Special Instructions for Termination and Recoupment of Medical Special Pay* on the Kx for details).
- I. In the event this contract is terminated or I am ineligible to complete this contract, I understand special pay will be recouped on a pro rata basis in accordance with DoDFMR 7000.14-R, Volume 7A.
- J. I understand a discharge in bankruptcy under Title 11 of the United States Code does not discharge me from a debt arising from this contract.

BLOCK 4 OFFICER CERTIFICATION (OFFICER SIGNATURE AND DATE)

I understand that by signing below, I agree to the terms and retention requirements in accordance with the rules outlined under this contract and the referenced pay plan. I understand this contract is binding as of the date of my signature.

SIGNATURE: [Redacted]	DATE: 7 Jul 2014
-----------------------	----------------------------



NAME: Carla TORRES RANK: O-5 SSN: [REDACTED]

Endorsing Authority: Review eligibility and endorse. Return to officer for submission to Medical Special Pays.

BLOCK 5 OPTION I - STANDARD SINGLE YEAR

1. **Current License. THIS CERTIFIES the officer:**
- a. Possesses a current and valid unrestricted license, or
 - b. Has a restricted license, not because he/she is not meeting clinical, professional, and administrative requirements. Officer has obtained an AF waiver IAW AFI 44-119 due to unusual, substantial, or inharmonious administrative actions by the state of: _____
 - c. Is not undergoing initial residency training, or has completed or disenrolled from an initial residency program (by the effective date of the contract),
 - d. Meets eligibility requirements for ASP as referenced in the *USAF Legacy Medical Officer Special Pay Plan*, and
 - e. Demonstrates the conduct, competence, and professional practice standards expected by the Air Force.
- OR-
2. **Pending New Licensure. THIS CERTIFIES the officer:**
- a. Has just completed internship training and HAS PROVIDED EVIDENCE (to credentials manager and/or authorized endorser) of completing all three parts of the national licensing exam,
 - b. Provided documentation of pending licensure from a state licensing board,
 - c. Is not undergoing initial residency training, or has completed or disenrolled from an initial residency program (by the effective date of the contract),
 - d. Meets eligibility requirements for ASP as referenced in the *USAF Legacy Medical Officer Special Pay Plan*, and
 - e. Demonstrates the conduct, competence, and professional practice standards expected by the Air Force.
- AND-

IS RECOMMENDED FOR: 1-Yr ASP

License Verification (CM) <input type="checkbox"/> CURRENT and VALID <input type="checkbox"/> DO NOT CONCUR or INVALID	Specialty (CM) <u>2016410</u> Date (CM) <u>15 July 14</u>	Signature, Credentials Mgr/SGH (CM) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Approval (AE) <input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	Date (AE) <u>JUL 15 2014</u> Signature, Authorized Endorser (AE) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Printed or Stamped Signature Block (CM) <small>PCS, CPMSM Credential Manager 60 MDG / SGEQ 181 Bedia Circle - Travis AFB TX 78155-1444</small>
		Printed or Stamped Signature Block (AE) <small>(Gp/CC or Equiv)</small> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Deputy Commander, 60th Medical Group

BLOCK 6 SUBMISSION - Submit contracts by email, fax, or mail. Please do not send duplicate contracts.

SCAN/EMAIL contract to: AFPC/DPANF1 AFPC.DPANF1@US.AF.MIL	MAIL contract to: HQ AFPC/DPANF1 ATTN: MEDICAL SPECIAL PAYS 550 C STREET WEST SUITE 27 JBSA-RANDOLPH, TX 78150-4729	FAX contract to: DSN: 665-1277 or Commercial: 210-565-1277
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You will receive a contract notification email within 10-15 days of submission to DPANF1.

MEDICAL OFFICER ADDITIONAL SPECIAL PAY (ASP)

Years of Creditable Service	Annual Payment
All years	[REDACTED]

Col, USAF, MC

Commander, 9th Surgical Operations Squadron

LEGACY INCENTIVE SPECIAL PAY (ISP) OR MULTI-YEAR INCENTIVE SPECIAL PAY (MISP) AND MULTI-YEAR SPECIAL PAY (MSP) MEDICAL CORPS (MC) CONTRACT REQUEST

BLOCK 1 IDENTIFICATION (PRINT/TYPE CLEARLY)

a. NAME (Last, First, Middle Initial) TORRES, CARLA E		b. SSN []	c. RANK O-4
d. EMAIL ADDRESS []		e. PHONE []	f. AFSC/Specialty 45673
		g. DATE OF SEPARATION INDEF OR 1 Oct 2014	

BLOCK 2 SPECIAL PAY(S) REQUESTED (CHOOSE ISP OR MISP AND MSP)

SINGLE-YEAR INCENTIVE SPECIAL PAY (ISP) <input checked="" type="radio"/> 1-yr ISP	MULTI-YEAR INCENTIVE SPECIAL PAY (MISP) MULTI-YEAR SPECIAL PAY (MSP) <input type="radio"/> 2-yr MISP/MSP <input type="radio"/> 3-yr MISP/MSP <input type="radio"/> 4-yr MISP/MSP
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BLOCK 3 CONDITIONS OF CONTRACT

AUTHORITY: 37 USC 301d, *Multi-year retention bonus: medical officers of the armed forces.* 37 USC 302, *Special pay: medical officers of the armed forces.* DoD/HIA memo, *Medical and Dental Officer Special Pay Plans and Early Career Incentive Special Pay for Medical Officers*, and *USAF Legacy Medical Officer Special Pay Plan.*

PURPOSE: To enter into a binding contract to serve an active duty service commitment in exchange for medical special pay.

ROUTINE USES: Disclosures generally permitted under 5 USC 552a(b) of the Privacy Act outside the DoD as a routine use. DoD Blanket Routine Uses apply.

DISCLOSURE: Voluntary, however, failure to provide this information may result in non-verification of contract and special pay could be affected.

I request special pay(s) as noted above and I agree with the statements below:

I have read the current *USAF Legacy Medical Officer Special Pay Plan* and **I qualify for** the requested special pay(s). I understand the appropriate Air Force officials must verify and approve this contract before payment will be authorized.

I request an **EFFECTIVE DATE** of **01 Oct 2013** (DD/MM/YYYY) for this contract. I understand that I will incur a one-year active duty service commitment (ADSC) for each year of this contract beginning the effective date or obligation date (whichever is later) as calculated by AFPC/DPANF1. Please refer to the current *USAF Legacy Medical Officer Special Pay Plan* for guidance on calculating the effective date.

A. I will remain on active duty in the Air Force Medical Service (AFMS) Medical Corps (MC) for a minimum of one, two, three, or four consecutive years from the effective date or obligation date (whichever is later) of this contract, as indicated in block 2.

B. I authorize AFPC/DPANF1 to use this contract as a source document to assign an effective date and extend my retainability by updating my ADSC.

C. I understand I will receive \$ [] (ISP) OR \$ [] (MISP) AND \$ [] (MSP) paid annually upon execution of this contract and its subsequent anniversary dates as applicable and specified in the current pay plan. All payments are subject to availability of funds and state and federal taxes.

D. I am eligible to complete the ADSC incurred by this contract.

E. I possess a current and valid license and will keep my license current and unrestricted (or maintain an approved waiver) for the duration of the contract.

F. I understand that I am **NOT ELIGIBLE** for voluntary release (to include voluntary resignation, separation, or retirement) from active duty for the duration of this contract except when considered to be in the best interest of the Air Force.

G. I understand all special pays and contracts will be terminated upon separation from active duty, death or if the conditions of this contract are not fulfilled. Reasons for termination include but are not limited to: loss of privileges, court-martial conviction, violations of the Uniform Code of Military Justice, failure to maintain required certification or licensure, unprofessional conduct, failure to demonstrate proficient medical skill, noncompliance with Air Force professional practice standards, substandard performance, or reasons that are in the best interest of the Air Force. The AF Surgeon General is the termination and/or withhold authority for all contracts (See *Special Instructions for Termination and Recoupment of Medical Special Pay* on the Kx for details).

H. In the event this contract is terminated or I am ineligible to complete this contract, I understand special pay will be recouped on a pro rata basis in accordance with DoDFMR 7000.14-R, Volume 7A.

I. I understand a discharge in bankruptcy under Title 11 of the United States Code does not discharge me from a debt arising from this contract.

BLOCK 4 OFFICER CERTIFICATION (OFFICER SIGNATURE AND DATE)

I understand that by signing below, I agree to the terms and retention requirements in accordance with the rules outlined under this contract and the referenced pay plan. I understand this contract is binding as of the date of my signature.

SIGNATURE: [] DATE: **03 Oct 2013**

For DPANF1 use only:

MISP	Load/Renegotiation		Obligation Start:	N/A	ADSC:		Rate:
MSP	Load/Renegotiation	Contract Start:	Obligation Start:		ADSC:	Years:	Rate:

NAME: Carla Toense RANK: 04 SSN: _____
 Endorsing Authority: Review eligibility and endorse appropriate OPTION. Return to officer for submission to Medical Special Pays.

BLOCK 5 OPTION I - STANDARD SINGLE OR MULTI-YEAR

THIS CERTIFIES the officer:
 a. Possesses a current, valid, and unrestricted license, or approved waiver.
 b. Is licensed, credentialed, and privileged or actively seeking privileges.
 c. Meets eligibility requirements for ISP or MISP/MSP as referenced in the *USAF Legacy Medical Officer Special Pay Plan*, and
 d. Demonstrates the conduct, competence, and professional practice standards expected by the Air Force.

IS RECOMMENDED FOR: 1-yr ISP 2-yr MISP/MSP 3-yr MISP/MSP 4-yr MISP/MSP

Credentials Verification (CM) <input checked="" type="checkbox"/> CURRENT and VALID <input type="checkbox"/> DO NOT CONCUR or INVALID	Specialty (CM) <u>0716400</u>	Signature, Credentials Manager (CM/SGH)
	Date (CM) <u>31 Oct 13</u>	Printed or Stamped Signature Block (CM) Credentials Manager 60 MDC / SCBQ 101 Bofie Circle - Travis AFB TX 78150-4729
Approval (AE) <input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	Date (AE) <u>12 Nov 2013</u>	Printed or Stamped Signature Block (AE) (Gp/CC or Equivalent) Lt Col, USAF, MC, SFS Deputy Commander, 60th Medical Group

BLOCK 6 OPTION II - OFFICER IN SECONDARY TRAINING OR IS A FLIGHT SURGEON

THIS CERTIFIES the officer:
 a. Has successfully completed the initial residency and is licensed and credentialed but not privileged in that specialty.
 b. Due to needs of the Air Force, the officer is a credentialed and privileged Flight Surgeon and precluded from practicing his/her specialty, or
 c. Is undergoing training in a fellowship or secondary residency/AFTT program.
 d. Meets eligibility requirements for ISP or MISP/MSP as referenced in the *USAF Legacy Medical Officer Special Pay Plan*, and
 e. Demonstrates the conduct, competence, and professional practice standards expected by the Air Force.

IS RECOMMENDED FOR: 1-yr (ISP) 2-yr (MISP/MSP) 3-yr (MISP/MSP) 4-yr (MISP/MSP)

Approval (AE) <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	Date (AE)	Printed or Stamped Signature Block (AE)
Signature, Authorized Endorser (Director of Medical Education (DME) or equivalent) (AE)		

BLOCK 7 OPTION III - OFFICER NOT IN CLINICAL SETTING

THIS CERTIFIES the officer:
 a. Is assigned to a position requiring substantial portion of time performing military unique duties under adverse conditions, in remote OCONUS locations, or that preclude the ability to spend appropriate time in a clinical setting.
 b. Is licensed and meets eligibility requirements for ISP or MISP/MSP as referenced in the *USAF Legacy Medical Officer Special Pay Plan*, and
 c. Demonstrates the conduct, competence, and professional practice standards expected by the Air Force.

IS RECOMMENDED FOR: 1-yr ISP 2-yr MISP/MSP 3-yr MISP/MSP 4-yr MISP/MSP

Credentials Verification (AE) <input type="checkbox"/> CURRENT and VALID <input type="checkbox"/> DO NOT CONCUR or INVALID	Can officer perform any indirect patient care activities: YES / NO	Officer assigned Wing-level or below: YES / NO
License Verification (AE) State: _____ Initial/Issue Date: _____ Expiration Date: _____	Signature, Authorized Endorser (AE)	Date (AE)
Printed or Stamped Signature Block (AE)		Approval (AE) <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE

Complete to here and submit package to AFPC/DPANF1 for AF/DSG signatures

Approval (AF/DSG) <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	Date (AF/DSG)	Printed or Stamped Signature Block (AF/DSG)
Signature, AF Deputy Surgeon General (AF/DSG)		

BLOCK 8 SUBMISSION - Submit contracts by email, fax, or mail. Please do not send duplicate contracts.

SCAN/EMAIL contract to: AFPC/DPANF1 AFPC.DPANF1@US.AF.MIL	MAIL contract to: HQ AFPC/DPANF1 ATTN: MEDICAL SPECIAL PAYS 550 C STREET WEST SUITE 27 JBSA-RANDOLPH, TX 78150-4729	FAX contract to: DSN: 665-1277 or Commercial: 210-565-1277
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You will receive a contract notification email within 10-15 days of submission to DPANF1.

Col, USAF, MC
Commander, 60th Surgical Operations Squadron

2
**ADDITIONAL SPECIAL PAY (ASP)
MEDICAL CORPS (MC) CONTRACT REQUEST**

BLOCK 1 IDENTIFICATION (PRINT/TYPE CLEARLY)

a. NAME (Last, First, Middle Initial) Torres, Carla E	b. SSN [REDACTED]	c. RANK MAJ
d. EMAIL ADDRESS [REDACTED]	e. PHONE [REDACTED]	f. AFSC/Specialty 45G
		g. DATE OF SEPARATION INDEF OR 44-Oct-2014

BLOCK 2 SPECIAL PAY REQUESTED
SINGLE YEAR ADDITIONAL SPECIAL PAY (ASP)

1-yr (ASP)

(will expire 1-yr from effective date)

BLOCK 3 CONDITIONS OF CONTRACT

AUTHORITY: 37 USC 302, Special pay: medical officers of the armed forces, DoD/HA memo. Subject: Medical and Dental Officer Special Pay Plans, and USAF Legacy Medical Officer Special Pay Plan.

PURPOSE: To enter into a binding contract to serve an active duty service commitment in exchange for medical special pay.

ROUTINE USES: Disclosures generally permitted under 5 USC 552a(b) of the Privacy Act outside the DoD as a routine use. DoD Blanket Routine Uses apply.

DISCLOSURE: Voluntary, however, failure to provide this information may result in non-verification of contract and special pay could be affected

I request special pay(s) as noted above and I agree with the statements below:

I have read the current USAF Legacy Medical Officer Special Pay Plan and I qualify for the requested special pay(s). I understand the appropriate Air Force officials must verify and approve this contract before payment will be authorized.

I request an EFFECTIVE DATE of 01-Jul-2013 (DD/MM/YY) for this contract. I understand that I will incur a one-year active duty service commitment (ADSC) for each year of this contract beginning the effective date as calculated by AFPC/DPANFI. Please refer to the current USAF Legacy Medical Officer Special Pay Plan for guidance on calculating the effective date.

- A. I will remain on active duty in the Air Force Medical Service (AFMS) Medical Corps (MC) for a minimum of one consecutive year from the effective date of this contract as indicated in block 2.
- B. I authorize AFPC/DPANFI to use this contract as a source document to assign an effective date and extend my retainability by updating my ADSC.
- C. I understand I will receive \$ [REDACTED] ASP upon execution of this contract as specified in the current pay plan. All payments are subject to availability of funding and state and federal taxes
- D. I am eligible to complete the ADSC incurred by this contract.
- E. I possess a current and valid license or have just successfully completed all three parts of the national licensing examination (licensure pending) and will keep my license current and unrestricted (or maintain an approved waiver) for the duration of the contract.
- F. I am not undergoing internship or initial residency training as of the contract effective date.
- G. I understand that I am NOT ELIGIBLE for voluntary release (to include voluntary resignation, separation, or retirement) from active duty for the duration of this contract except when considered to be in the best interest of the Air Force.
- H. I understand all special pays and contracts will be terminated upon separation from active duty, death or if the conditions of this contract are not fulfilled. Reasons for termination include but are not limited to: loss of privileges, court-martial conviction, violations of the Uniform Code of Military Justice, failure to maintain required certification or licensure, unprofessional conduct, medical incompetence, noncompliance with Air Force professional practice standards, substandard performance, or reasons that are in the best interest of the Air Force. The AF Surgeon General is the termination and/or withhold authority for all contracts.
- I. In the event this contract is terminated or I am ineligible to complete this contract, I understand special pay will be recouped on a pro rata basis in accordance with DoDFMR 7000.14-R, Volume 7A
- J. I understand a discharge in bankruptcy under Title 11 of the United States Code does not discharge me from a debt arising from this contract.

BLOCK 4 OFFICER CERTIFICATION (OFFICER SIGNATURE AND DATE)

I understand that by signing below, I agree to the terms and retention requirements in accordance with the rules outlined under this contract and the referenced pay plan. I understand this contract is binding as of the date of my signature.

SIGNATURE
[REDACTED]

DATE:
6 June 13'



NAME: Torres, Carla E RANK: MAJ SSN:

Endorsing Authority: Review eligibility and endorse. Return to officer for submission to Medical Special Pays.

BLOCK 5 OPTION I - STANDARD SINGLE YEAR

1. **Current License THIS CERTIFIES the officer**
- a. Possesses a current and valid unrestricted license, or
 - b. Has a restricted license, not because he/she is not meeting clinical, professional, and administrative requirements. Officer has obtained an AF waiver (AW AF) 44-119 due to unusual, substantial, or inharmonious administrative actions by the state of: _____
 - c. Is not undergoing initial residency training, or has completed or disenrolled from an initial residency program (by the effective date of the contract),
 - d. Meets eligibility requirements for ASP as referenced in the *USAF Legacy Medical Officer Special Pay Plan*, and
 - e. Demonstrates the conduct, competence, and professional practice standards expected by the Air Force.

-OR-

2. **Pending New Licensure THIS CERTIFIES the officer.**
- a. Has just completed internship training and HAS PROVIDED EVIDENCE of completing all three parts of the national licensing exam,
 - b. Provided documentation of pending licensure from a state licensing board,
 - c. Is not undergoing initial residency training, or has completed or disenrolled from an initial residency program (by the effective date of the contract),
 - d. Meets eligibility requirements for ASP as referenced in the *USAF Legacy Medical Officer Special Pay Plan*, and
 - e. Demonstrates the conduct, competence, and professional practice standards expected by the Air Force.

-AND-

IS RECOMMENDED FOR: 1-Yr ASP

Credentials Verification (CM) <input type="checkbox"/> CURRENT and VALID <input type="checkbox"/> DO NOT CONCUR or INVALID	Specialty (CM) <div style="font-size: 2em; text-align: center;">OB/GYN</div>	Signature, Credentials Mgr/SGH (CM) <div style="border: 1px solid black; width: 100%; height: 30px;"></div>
License Verification (CM) State: <u>MS</u> Initial/Issue Date: <u>11-8-04</u> Expiration Date: <u>6-30-13/4</u>	Date (CM) <div style="font-size: 1.5em; text-align: center;">14 Jun 13</div>	Printed or Stamped Signature Block (CM) <div style="text-align: center;"> Monica Bill <small>101 Middle C Street, Suite 101 (707) 423-7611 monica.bill@afpc.af.mil</small> </div>
Approval (AE) <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	Date (AE) <div style="font-size: 1.5em; text-align: center;">17 Jun 13</div>	Printed or Stamped Signature Block (AE) (Gp/CC or Equiv) <div style="text-align: center;"> <div style="border: 1px solid black; width: 80px; height: 20px; margin: 0 auto;"></div> Col, USAF, MC Deputy Commander, 60th Medical Group </div>
BLOCK 6 SUBMISSION - Submit contracts by email, fax, or mail. Please do not send duplicate contracts.		
SCAN contract to: afpcdpawil.fasyc@af.mil	FAX contract to: 665-1277 (DSN) or 210-565-1277 (Commercial)	MAIL contract to: HQ AFPC/DPANFI ATTN: MEDICAL SPECIAL PAYS 550 C STREET WEST SUITE 27 JOINT BASE SAN ANTONIO-RANDOLPH TX 78150-4739

MEDICAL OFFICER ADDITIONAL SPECIAL PAY (ASP)

Years of Creditable Service	Annual Payment
All years	



601

LEGACY INCENTIVE SPECIAL PAY (ISP) OR MULTI-YEAR INCENTIVE SPECIAL PAY (MISP) AND MULTI-YEAR SPECIAL PAY (MSP) MEDICAL CORPS (MC) CONTRACT REQUEST

BLOCK 1 IDENTIFICATION (PRINT/TYPE CLEARLY)

a. NAME (Last, First, Middle Initial) TORRES, CARLA E	b. SSN [REDACTED]	c. RANK Mag
d. EMAIL ADDRESS [REDACTED]	e. PHONE [REDACTED] 78	f. AFSC/Specialty 4563
g. DATE OF SEPARATION INDEF OR 28 Oct 2014		

BLOCK 2 SPECIAL PAY(S) REQUESTED (CHOOSE ISP OR MISP AND MSP)

SINGLE YEAR
INCENTIVE SPECIAL PAY (ISP)

1-yr ISP

MULTI-YEAR INCENTIVE SPECIAL PAY (MISP)/
MULTI-YEAR SPECIAL PAY (MSP)

2-yr MISP/MSP

3-yr MISP/MSP

4-yr MISP/MSP

BLOCK 3 CONDITIONS OF CONTRACT

AUTHORITY: 37 USC 301d. Multi-year retention bonus: medical officers of the armed forces, 37 USC 302, Special pay: medical officers of the armed forces, DoD/HA memo, Medical and Dental Officer Special Pay Plans and Early Career Incentive Special Pay for Medical Officers, and USAF Legacy Medical Officer Special Pay Plan.

PURPOSE: To enter into a binding contract to serve an active duty service commitment in exchange for medical special pay.

ROUTINE USES: Disclosures generally permitted under 5 USC 552a(b) of the Privacy Act outside the DoD as a routine use. DoD Blanket Routine Uses apply.

DISCLOSURE: Voluntary, however, failure to provide this information may result in non verification of contract and special pay could be affected.

I request special pay(s) as noted above and I agree with the statements below:

I have read the current USAF Legacy Medical Officer Special Pay Plan and I qualify for the requested special pay(s). I understand the appropriate Air Force officials must verify and approve this contract before payment will be authorized.

I request an EFFECTIVE DATE of **01 Oct 2012** (DD/MM/YYYY) for this contract. I understand that I will incur a one-year active duty service commitment (ADSC) for each year of this contract beginning the effective date as calculated by AFPC/DPANF1. Please refer to the current USAF Legacy Medical Officer Special Pay Plan for guidance on calculating the effective date.

A. I will remain on active duty in the Air Force Medical Service (AFMS) Medical Corps (MC) for a minimum of one, two, three, or four consecutive years from the effective date of this contract, as indicated in block 2.

B. I authorize AFPC/DPANF1 to use this contract as a source document to assign an effective date and extend my retainability by updating my ADSC.

C. I understand I will receive \$ **[REDACTED]** (ISP) OR \$ _____ (MISP) AND \$ _____ (MSP) paid annually upon execution of this contract and its subsequent anniversary dates as applicable and specified in the current pay plan. All payments are subject to availability of funds and state and federal taxes.

D. I am eligible to complete the ADSC incurred by this contract.

E. I possess a current and valid license and will keep my license current and unrestricted (or maintain an approved waiver) for the duration of the contract.

F. I understand that I am NOT ELIGIBLE for voluntary release (to include voluntary resignation, separation, or retirement) from active duty for the duration of this contract except when considered to be in the best interest of the Air Force.

G. I understand all special pays and contracts will be terminated upon separation from active duty, death or if the conditions of this contract are not fulfilled. Reasons for termination include but are not limited to: loss of privileges, court-martial conviction, violations of the Uniform Code of Military Justice, failure to maintain required certification or licensure, unprofessional conduct, medical incompetence, noncompliance with Air Force professional practice standards, substandard performance, or reasons that are in the best interest of the Air Force. The AF Surgeon General is the termination and/or withhold authority for all contracts.

H. In the event this contract is terminated or I am ineligible to complete this contract, I understand special pay will be recouped on a pro rata basis in accordance with DoDFMR 7000.14-R, Volume 7A.

I. I understand a discharge in bankruptcy under Title 11 of the United States Code does not discharge me from a debt arising from this contract.

BLOCK 4 OFFICER CERTIFICATION (OFFICER SIGNATURE AND DATE)

I understand that by signing below, I agree to the terms and retention requirements in accordance with the rules outlined under this contract and the referenced pay plan. I understand this contract is binding as of the date of my signature.

SIGNATURE:

[REDACTED SIGNATURE]

DATE:

24 Sep 2012



NAME: TORRES, [redacted] RANK: MAJ SSN: [redacted]

Endorsing Authority: Review eligibility and endorse appropriate OPTION. Return to officer for submission to Medical Special Pays.

BLOCK 5 OPTION I - STANDARD SINGLE OR MULTI-YEAR

1. THIS CERTIFIES the officer:

- a. Possesses a current, valid, and unrestricted license, or approved waiver,
- b. Is licensed, credentialed, and privileged or actively seeking privileges,
- c. Meets eligibility requirements for ISP or MISP/MSP as referenced in the *USAF Legacy Medical Officer Special Pay Plan*, and
- d. Demonstrates the conduct, competence, and professional practice standards expected by the Air Force.

IS RECOMMENDED FOR: 1-yr ISP 2-yr MISP/MSP 3-yr MISP/MSP 4-yr MISP/MSP

Credentials Verification (CM) <input checked="" type="checkbox"/> CURRENT and VALID <input type="checkbox"/> DO NOT CONCUR or INVALID	Specialty (CM) <u>OB/Gyn</u> Date (CM) <u>28 Sept 2012</u>	Signature, Credentials Manager (CM/SGH) <u>[redacted]</u> Printed or Stamped Signature Block (CM) <u>[redacted]</u> Col, USAF, MC Chief of the Medical Staff <u>60 MDG/SGH, Travis AFB CA</u>
Approval (AE) <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	Date (AE) <u>28 Sept 12</u> Signature, Authorized Endorser (AE) <u>[redacted]</u>	Printed or Stamped Signature Block (AE) (Gp/CC or Equivalent) <u>[redacted]</u> Col, USAF, MC Deputy Commander, 60th Medical Group

BLOCK 6 OPTION II - OFFICER IN SECONDARY TRAINING OR IS A FLIGHT SURGEON

THIS CERTIFIES the officer:

- a. Has successfully completed the initial residency and is licensed and credentialed but not privileged in that specialty,
- b. Due to needs of the Air Force, the officer is a credentialed and privileged Flight Surgeon and precluded from practicing his/her specialty, or
- c. Is undergoing training in a fellowship or secondary residency/AFIT program,
- d. Meets eligibility requirements for ISP or MISP/MSP as referenced in the *USAF Legacy Medical Officer Special Pay Plan*, and
- e. Demonstrates the conduct, competence, and professional practice standards expected by the Air Force.

IS RECOMMENDED FOR: 1-yr (ISP) 2-yr (MISP/MSP) 3-yr (MISP/MSP) 4-yr (MISP/MSP)

Approval (AE) <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	Date (AE) Signature, Authorized Endorser (Director of Medical Education (DME) or equivalent) (AE) 	Printed or Stamped Signature Block (AE)
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BLOCK 7 OPTION III - OFFICER NOT IN CLINICAL SETTING

THIS CERTIFIES the officer:

- a. Is assigned to a position requiring substantial portion of time performing military unique duties under adverse conditions, in remote OCONUS locations, or that preclude the ability to spend appropriate time in a clinical setting,
- b. Is licensed and meets eligibility requirements for ISP or MISP/MSP as referenced in the current *USAF Legacy Medical Officer Special Pay Plan*, and
- c. Demonstrates the conduct, competence, and professional practice standards expected by the Air Force.

IS RECOMMENDED FOR: 1-yr ISP 2-yr MISP/MSP 3-yr MISP/MSP 4-yr MISP/MSP

Credentials Verification (AE) <input type="checkbox"/> CURRENT and VALID <input type="checkbox"/> DO NOT CONCUR or INVALID	Can officer perform any indirect patient care activities: YES / NO Signature, Authorized Endorser (AE) 	Officer assigned Wing-level or below: YES / NO Date (AE)
License Verification (AE) State: _____ Initial/Issue Date: _____ Expiration Date: _____	Printed or Stamped Signature Block (AE) 	Approval (AE) <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED

Complete to here and submit package (contract and license) to AFPC/DPANF1 (contact information below) for AF/DSG signature.

Approval (AF/DSG) <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	Date (AF/DSG) Signature, AF Deputy Surgeon General (AF/DSG) 	Printed or Stamped Signature Block (AF/DSG)
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BLOCK 8 SUBMISSION - Submit contracts by email, fax, or mail. Please do not send duplicate contracts.

SCAN contract to: afcpdpanf1.fax@us.af.mil	FAX contract to: 665-1277 (DSN) or 210-565-1277 (Commercial)	MAIL contract to: HQ AFPC/DPANF1 ATTN: MEDICAL SPECIAL PAYS 550 C STREET WEST SUITE 27 JOINT BASE SAN ANTONIO-RANDOLPH TX 78150-4729
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Col, USAF, MC, SFS
 Commander, 60th Surgical Operations Squadron

ADDITIONAL SPECIAL PAY FOR SELECTED MEDICAL OFFICERS OF THE MEDICAL CORPS (MC) CONTRACT REQUEST (Privacy Act Notice at Bottom)		DPAMF1 USE ONLY
		Contract Execution Date:
BLOCK 1 IDENTIFICATION (PRINT/TYPE CLEARLY)		
a. NAME (Last, First, Middle Initial) TORRES, CARLA G	b. SSAN [Redacted]	c. RANK Maj
d. OFFICIAL EMAIL ADDRESS [Redacted]	e. PHONE (Commy/DSN) [Redacted]	f. AFSC and Specialty 4 4562/0264A
		g. DATE OF SEPARATION (DD/MMM/YYYY) 01 Oct 2012
BLOCK 2 SPECIAL PAY(S) REQUESTED (MEMBER INITIAL BOX)		
<input checked="" type="checkbox"/> ADDITIONAL SPECIAL PAY (ASP)		
BLOCK 3 CONDITIONS OF CONTRACT (MEMBER INITIAL APPROPRIATE BOXES)		
<p>consideration of payment of the above requested special pay(s) under Title 37, U.S.C. 302, Special Pay: medical officers of the armed forces and DoD/HA memo, Medical and Dental Officer Special Pay Plans, I have read the AF Medical Officer Special Pay Plan and I qualify for the requested special pay. I understand the appropriate Air Force officials must verify and approve this contract before payment will be authorized, and I agree to the following:</p> <p>A. To remain on active duty in the Air Force Medical Service (AFMS) Medical Corps (MC) for minimum commitment of 12 consecutive months from the effective date of the Additional Special Pay (ASP).</p> <p>B. I request that the EFFECTIVE DATE (EXECUTION DATE) of my entitlement be 01 30 Jun 2012 (DD/MMM/YYYY). The effective date for subsequent contracts shall be the date following the preceding contract expiration date, provided the contract is completed and received by AFPC/DPAMF1 within guidance described in the pay plan. I understand that I will incur a one-year active duty service obligation (ADO) for each year of my contract beginning the actual effective (execution) date of my contract as determined by AFPC/DPAMF1. I further understand I am NOT ELIGIBLE for voluntary release (to include voluntary resignation, separation, or retirement) from the Air Force for the duration of this contract except when considered to be in the best interest of the Air Force.</p> <p>C. I understand in consideration of my entering into the ASP contract, the Air Force agrees to pay me \$ [Redacted] (ASP) paid annually upon execution of this contract as specified in the AF Medical Officer Special Pay Plan subject to the availability of funds and applicable State and Federal taxes.</p> <p>D. I possess a current and valid medical license or have just successfully completed all three parts of the national licensing examination (licensure pending). If licensed, I will keep my license current and in unrestricted status (or approved waiver) for the duration of the contract period. I am not undergoing internship or initial residency training.</p> <p>E. I affirm that I am eligible to complete the ADSC incurred by this contract. My signature authorizes AFPC/DPAMF1 to validate the contract effective date, extend my retainability by assigning an ADSC that extends through the contract obligation period as stated in the pay plan. If I become ineligible to complete this contract, AFPC/DPAMF1 will initiate recoupment of the pro rata amount. Retainability will not be extended past an assigned date of separation without the appropriate authorization. AFPC/DPAMF1 does not process age waivers.</p> <p>F. I further understand I am NOT ELIGIBLE for voluntary release (to include voluntary resignation, separation, or retirement) from the Air Force for the duration of this contract except when considered to be in the best interest of the Air Force. The special pays program constitutes a voluntary retention program and unless a waiver approved by the Secretary of the Air Force or designee is obtained, I will not be released from active duty before fulfilling the term of continuous active duty agreed to above, even if that obligation will extend me beyond 20 years of active federal service, but not beyond any pending or assigned date of separation. All Colonel DOS changes are managed by the Colonel's Group.</p> <p>G. I understand all special pays and contracts will be terminated upon separation from active duty, including separation after declination for selective continuation, or upon my death or if I do not fulfill the conditions of this contract. This contract may be terminated by the Air Force Surgeon General at any time. If conditions of the written special pay contract are not fulfilled, this will cause termination of the contract. Other reasons for termination may include, but are not necessarily limited to: loss of privileges; court-martial conviction; violations of the Uniform Code of Military Justice; failure to maintain required certification or licensure; unprofessional conduct; medical incompetence; noncompliance with Air Force professional practice standards; substandard performance; or reasons that are in the best interest of the Air Force.</p> <p>H. I understand in the event of termination of contract as above, the percentage of unearned special pay representing the unexpired part of the service for which the pay was provided will be recouped by the government on a pro rata basis based on length of my active duty obligation actually served, unless the failure to complete the period of active duty specified in the contract is due to death that is not the result of my misconduct. The provisions of DoDFMR 7000.14-R, Volume 7A, Chapter 2, govern. A discharge in bankruptcy under Title 11 of the United States Code that is entered less than five years after the termination of this contract does not discharge me from a debt arising from this contract.</p> <p>I. I understand, in accordance with the Privacy Act of 1974, disclosure of my social security number and other Privacy Act information is voluntary; however, failure to provide Privacy Act information may result in non-verification of my contract and payment of special pay may be affected to include nonpayment of funds or recoupment of overpayment. I also understand that information compiled from the contract may be used for special pay program and budget analysis.</p>		
BLOCK 4 MEMBER CERTIFICATION (MEMBER SIGN AND DATE)		
<p>I understand that by signing below, I agree to the terms and retention requirements in accordance with the rules outlined under this contract and the referenced pay plan. I understand this contract is binding as of the date of my signature.</p>		
SIGNATURE: [Redacted]	CARLA E. TORRES MD FACOG, Maj, USAF Staff, Obstetrics & Gynecology Women's Health Services, Travis AFB, CA	DATE (DD/MMM/YYYY): 19 Jun 2012

MEMBER LAST NAME: _____ **RANK** _____ **SSAN:** _____

Endorsing Authority: Review eligibility and endorse. Return to member for submission to Medical Special Pays

BLOCK 5 OPTION I - AUTHORIZED ENDORSER (SINGLE YEAR CONTRACT)

1. THIS CERTIFIES (Current License):
- a. The officer possesses a current and valid license (unrestricted unless waived by AF per AFI 44-119), if license is restricted it is not because he/she is not meeting clinical, professional and administrative requirements; AND furthermore, I declare that he/she has obtained an approved licensure waiver from the Air Force for the unusual/ substantial/inharmonious administrative actions required by the following state: _____ as described in AFI 44-119 *Medical Quality Operations*.
 - b. Meets eligibility requirements for ASP as referenced in the *AF Medical Officer Special Pay Plan*,
 - c. Is not undergoing initial residency training, and
 - d. Is found to be in compliance with the conduct, competence, and professional practice standards expected by the Air Force.

- OR
2. THIS CERTIFIES (Pending New Licensure):
- a. The officer meets eligibility requirements for ASP as referenced in the *AF Medical Officer Special Pay Plan*,
 - b. Has just completed internship training and HAS PROVIDED EVIDENCE of completing all three parts of the national licensing exam,
 - c. Provides documentation of pending licensure from a state licensing board,
 - d. Is not undergoing initial residency training, or has completed or disenrolled from an initial residency program, and
 - e. Is found to be in compliance with the conduct, competence, and professional practice standards expected by the Air Force.

AND
IS RECOMMENDED FOR: Additional Special Pay (12 month contract)

State of License/ Initial Date of License 11-08-04 18736 Jul 01, 2003	Expiration Date of License June 30, 2013	Unrestricted License, Waiver, or Licensing Action Verified: <input checked="" type="checkbox"/> CURRENT and VALID <input type="checkbox"/> DO NOT CONCUR or INVALID
Signature, Credentials Mgr/SGH (below Wg level) 		PCS, CPMSM Credentials Manager 64 MDG / 80th 181 Bodin Circle - Travis AFB (787) 423-7611 DSN 423-7611 monitor.bwecky@us.af.mil
Signature, Authorized Endorsing Authority 		Printed or Stamped Signature Block of Authorized Endorsing Authority (Gp/CC or Equiv) <div style="text-align: center;"> Col, USAF, MC Deputy Commander, 80th Medical Group </div>
Title of Endorsing Authority deputy commander	Date Endorsed 26 June 2012	

To submit contracts:
 CONUS- Mail ORIGINAL Contracts to:
 HQ AFPC/DPAMF1
 Attn: Medical Special Pays
 550 C Street West, Suite 27
 Randolph AFB TX 78150-4729

OCONUS- SCAN or FAX Contracts to:
 afpcdpamf1.fax@randolph.af.mil
 (Deployed members write "DEPLOYED" across top of contracts)
 Fax: Comm: 210-565-1277
 DSN: 665-1277

**INCENTIVE SPECIAL PAY AND MULTIYEAR SPECIAL PAY
 FOR SELECTED MEDICAL OFFICERS OF THE MEDICAL CORPS (MC) CONTRACT REQUEST**
 (Privacy Act Notice at Bottom)

DPAMF1 USE ONLY
 Contract Execution Date: 10 Oct 2011

BLOCK 1 IDENTIFICATION (PRINT/TYPE CLEARLY)

a. NAME (Last, First, Middle Initial) TORRES, CARLA E	b. SSAN [Redacted]	c. RANK Maj
d. OFFICIAL EMAIL ADDRESS [Redacted]	e. PHONE (Comm/DSN) [Redacted]	f. AFSC and Specialty 4563
		g. DATE OF SEPARATION (DD/MMM/YYYY) 01 OCT 2014

BLOCK 2 SPECIAL PAY(S) REQUESTED (MEMBER INITIAL APPROPRIATE BOX(ES))

<input checked="" type="checkbox"/> SINGLE-YEAR INCENTIVE SPECIAL PAY (ISP) <small>(MSP option not applicable)</small>	<input type="checkbox"/> MULTIYEAR INCENTIVE SPECIAL PAY <small>(MISP concurrent with MSP and fixed for duration of contract)</small>	<input type="checkbox"/> 2-YEAR MULTIYEAR SPECIAL PAY (MSP)
		<input type="checkbox"/> 3-YEAR MULTIYEAR SPECIAL PAY (MSP)
		<input type="checkbox"/> 4-YEAR MULTIYEAR SPECIAL PAY (MSP)

BLOCK 3 CONDITIONS OF CONTRACT (MEMBER FILL IN AMOUNT AND INITIAL APPROPRIATE BOXES)

In consideration of payment of the above requested special pay(s) under Title 37, U.S.C. 301 and 302, Special Pay: medical officers of the armed forces and DoD/HA memo, Medical and Dental Officer Special Pay Plans, I have read the AF Medical Officer Special Pay Plan and I qualify for the requested special pay(s). I understand the appropriate Air Force officials must verify and approve this contract before payment will be authorized, and I agree to the following:

A. To remain on active duty in the Air Force Medical Service (AFMS) Medical Corps (MC) for minimum commitment of 12 to 48 consecutive months from the effective date of the single ISP or coupled MISP/MSP contract as initiated in one of the boxes, below (initial only one contract):

1-yr (ISP only) OR 2-yr (MISP-MSP) OR 3-yr (MISP-MSP) OR 4-yr (MISP-MSP)

B. I request that the EFFECTIVE DATE (EXECUTION DATE) of my entitlement be **01 Oct 2011** (DD/MMM/YYYY). If all eligibility requirements are met, the effective date may not be earlier than the first day of the previous month in which the contract is signed. The effective date for subsequent contracts shall be the date following the preceding contract expiration date, provided the contract is completed and received by AFPC/DPAMF1 within guidance described in the pay plan. I understand that I will incur a one-year active duty service obligation (ADO) for each year of my contract beginning the actual effective (execution) date of my contract as calculated by AFPC/DPAMF1.

C. I understand in consideration of my entering into the ISP or MISP-MSP coupled contract, the Air Force agrees to pay me \$ [Redacted] (ISP) or \$ [Redacted] (MISP) and \$ [Redacted] (MSP) paid annually upon execution and each anniversary of this contract as specified in AF Medical Officer Special Pay Plan subject to availability of funds and applicable State and Federal taxes.

D. I understand I am subject to being assigned duties in my primary specialty regardless of whether my special pay contract is based upon my subspecialty or primary specialty. I possess a current and valid medical license and will keep my license current and unrestricted (or approved waiver) for the duration of the contract.

E. I affirm that I am eligible to complete the ADSC incurred by this contract. My signature authorizes AFPC/DPAMF1 to validate the contract effective date, extend my retainability by assigning an ADSC that extends through the contract obligation period as stated in the pay plan. If I become ineligible to complete this contract, AFPC/DPAMF1 will initiate recoupment of the pro rata amount. Retainability will not be extended past an assigned date of separation without the appropriate authorization. AFPC/DPAMF1 does not process age waivers.

F. I further understand I am NOT ELIGIBLE for voluntary release (to include voluntary resignation, separation, or retirement) from the Air Force for the duration of this contract except when considered to be in the best interest of the Air Force. The medical special pays program constitutes a voluntary retention program and unless a waiver approved by the Secretary of the Air Force or designee is obtained, I will not be released from active duty before fulfilling the term of continuous active duty agreed to above, even if that obligation will extend me beyond 20 years of active federal service, but not beyond any pending or assigned date of separation. All Colonel DOS changes are managed by the Colonel's Group.

G. I understand all special pays and contracts will be terminated upon separation from active duty, including separation after declination for selective continuation, or upon my death or if I do not fulfill the conditions of this contract. This contract may be terminated by the Air Force Surgeon General at any time. Other reasons for termination may include, but are not limited to: loss of privileges; court-martial conviction; violations of the Uniform Code of Military Justice; failure to maintain required certification or licensure; unprofessional conduct; medical incompetence or substandard performance; noncompliance with Air Force professional practice standards; or reasons in the best interest of the Air Force.

H. I understand in the event of termination of contract as above, the percentage of unearned special pay representing the unexpired part of the service for which the pay was provided will be recouped by the government on a pro rata basis based on length of my active duty obligation actually served, unless the failure to complete the period of active duty specified in the contract is due to death that is not the result of my misconduct. The provisions of DoDFMR 7000.14-R, Volume 7A, Chapter 2, govern. A discharge in bankruptcy under Title 11 of the United States Code that is entered less than five years after the termination of this contract does not discharge me from a debt arising from this contract.

I. I understand, in accordance with the Privacy Act of 1974, disclosure of my social security number and other Privacy Act information is voluntary; however, failure to provide Privacy Act information may result in non-verification of my contract and payment of special pay may be affected to include nonpayment of funds or recoupment of overpayment. I also understand that information compiled from the contract may be used for special pay program and budget analysis.

BLOCK 4 MEMBER CERTIFICATION (MEMBER SIGN AND DATE)

I understand that by signing below, I agree to the terms and retention requirements in accordance with the rules outlined under this contract and the referenced pay plan. I understand this contract is binding as of the date of my signature.

SIGNATURE: [Signature]	DATE (DD/MMM/YYYY): 06 Oct 2011
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MEMBER LAST NAME: <u>FORRES</u>		RANK: <u>MAJ</u>	SSAN:
Endorsing Authority: Review eligibility and endorse appropriate OPTION . Return to member for submission to Medical Special Pays			
BLOCK 5 OPTION I - AUTHORIZED ENDORSER (STANDARD SINGLE OR MULTIYEAR CONTRACT)			
<p>1. THIS CERTIFIES (Single year ISP contract only) the officer possesses a current, valid, and unrestricted license, unless waived per AFI-44-119,</p> <p>a. Is licensed and credentialed, and privileged or actively seeking privileges,</p> <p>b. Meets eligibility requirements for ISP as referenced in the <i>AF Medical Officer Special Pay Plan</i>, and</p> <p>c. Is found to be in compliance with the conduct, competence, and professional practice standards expected by the Air Force.</p> <p>IS RECOMMENDED FOR: Incentive Special Pay (12 month obligation)</p> <p>-OR-</p> <p>2. THIS CERTIFIES (Coupled MISP/MSP contract):</p> <p>a. The officer meets all the eligibility requirements for ISP (above), and</p> <p>b. Meets additional eligibility requirements of the Multiyear Special Pay as referenced in <i>AF Medical Officer Special Pay Plan</i></p> <p>IS RECOMMENDED FOR: MISP/MSP (coupled contract with 24, 36, or 48 month obligation)</p>			
Printed and Signature of Credentials Manager <u>[Signature]</u>	Signature, Authorized Endorsing Authority <u>[Signature]</u>	Printed or Stamped Signature Block Authorized Endorsing Authority (Group Commander or Equiv) <u>[Signature]</u> COL USAF MC	
DATE (DD/MMM/YYYY) Reviewed <u>11 Oct 2011</u>	Credentials Verified by member's Local Credentials Office <input checked="" type="checkbox"/> CURRENT and VALID <input type="checkbox"/> DO NOT CONCUR	60th MDG	
SPECIALTY <u>45G3 OB GYN</u>		Title of Endorsing Authority <u>[Signature]</u>	
BLOCK 6 OPTION II - AUTHORIZED ENDORSER (MEMBER IN SECONDARY TRAINING OR IS A FLIGHT SURGEON)			
<p>1. THIS CERTIFIES the officer has successfully completed the initial residency and is licensed and credentialed but not privileged in that specialty:</p> <p>a. Because of the needs of the Air Force, the member is a credentialed and privileged Flight Surgeon and precluded from their specialty, or</p> <p>b. Because member is undergoing training in a fellowship or secondary residency/AFIT program.</p> <p>c. Meets eligibility requirements for ISP or MISP/MSP as referenced in the <i>AF Medical Officer Special Pay Plan</i>.</p> <p>d. Is found to be in compliance with the conduct, competence, and professional practice standards expected by the Air Force.</p> <p>IS RECOMMENDED FOR: ISP (12 month obligation) OR MISP/MSP (coupled contract with 24, 36, or 48 month obligation)</p>			
Signature, Authorized Endorsing Authority (DME or Equiv)		Printed or Stamped Signature Block Authorized Endorsing Authority (DME or Equiv)	
DATE (DD/MMM/YYYY)	Title of Endorsing Authority		
BLOCK 7 OPTION III - AUTHORIZED ENDORSER (MEMBER NOT IN CLINICAL SETTING/ATTACH COPY OF LICENSE)			
<p>1. THIS CERTIFIES the officer is licensed and assigned to a position requiring substantial portion of time performing military unique duties:</p> <p>a. Meets requirements of eligibility under the <i>AF Medical Officer Special Pay Plan</i> for ISP or MISP/MSP</p> <p>b. Due to needs of the Air Force is assigned to a position requiring substantial portion of time performing military unique duties: Under adverse conditions, or In remote OCONUS locations, or That precludes the ability to spend appropriate time in a clinical setting.</p> <p>c. Is found to be in compliance with the conduct, competence, and professional practice standards expected by the Air Force.</p> <p>IS RECOMMENDED FOR: ISP (12 month obligation) OR MISP/MSP (coupled contract with 24, 36, or 48 month obligation)</p>			
DATE (DD/MMM/YYYY)	Signature, Authorized Endorsing Authority	Printed or Stamped Signature Block Authorized Endorsing Authority (Group Commander or Equivalent)	
Member assigned Wing-level or below: YES / NO	Certification/License Verified /Attached <input type="checkbox"/> CURRENT and VALID <input type="checkbox"/> DO NOT CONCUR		
Can member perform any indirect patient care activities: YES / NO	EXP DATE _____	Title of Endorsing Authority	
HQ USAF/SG APPROVING AUTHORITY FOR OPTION III		DATE (DD/MMM/YYYY)	

To submit contracts:

CONUS- Mail ORIGINAL Contracts to:
HQ AFPC/DPAMF1
Attn: Medical Special Pays
550 C Street West, Suite 27
Randolph AFB TX 78150-4729

OCONUS- SCAN or FAX Contracts to:
afpcdpamf1.fax@randolph.af.mil
(Deployed members write "DEPLOYED" across top of contracts)
Fax: Comm: 210-565-1277
DSN: 665-1277

FY11 ADDITIONAL SPECIAL PAY FOR SELECTED MEDICAL OFFICERS OF THE MEDICAL CORPS (MC) CONTRACT REQUEST (Privacy Act Notice at Bottom)	DPAMF1 USE ONLY
Contract Execution Date: 01-Jul-2011	

BLOCK 1 IDENTIFICATION (PRINT/TYPE CLEARLY)

a. Name (Last, First, Middle Initial) Torres, Carla E.	b. SSAN [Redacted]	c. Rank Maj
d. Official Email Address [Redacted]	e. Phone (Comm/DSN) [Redacted]	f. AFSC 45G
		g. Date of Separation Oct 2014

BLOCK 2 SPECIAL PAY(S) REQUESTED (MEMBER CHECK OR INITIAL BOX)

ADDITIONAL SPECIAL PAY (ASP) JFE

BLOCK 3 CONDITIONS OF CONTRACT

In consideration of payment of the above requested special pay(s) under Title 37, U.S.C. 302. Special Pay: medical officers of the armed forces and DoD/HA memo, Subject: Fiscal Year 2011 Medical and Dental Officer Special Pay Plans, I have read the FY11 AF Medical Officer Special Pay Plan and I qualify for the requested special pay. I understand the appropriate Air Force officials must verify and approve this agreement before payment will be authorized, and I agree to the following:

A. To remain on active duty in the Air Force Medical Service (AFMS) Medical Corps (MC) for minimum commitment of 12 consecutive months from the effective date of the contract.

B. I request that the EFFECTIVE DATE (EXECUTION DATE) of my entitlement be 1 Jul 2011. If all eligibility requirements are met, the effective date may not be earlier than the first day of the previous month in which the agreement is signed. The effective date for subsequent contracts shall be the date following the preceding contract expiration date, provided the contract is completed and received by AFPC/DPAMF1 within guidance described in the pay plan. I understand that I will incur a one-year active duty service obligation (ADO) for each year of my agreement beginning the actual effective (execution) date of my agreement as calculated by AFPC/DPAMF1. I further understand I am NOT ELIGIBLE for voluntary release (to include voluntary resignation, separation, or retirement) from the Air Force for the duration of this contract except when considered to be in the best interest of the Air Force.

C. I understand in consideration of my entering into the ASP contract, the Air Force agrees to pay me \$ [Redacted] (ASP) paid annually upon execution of this contract as specified in the FY11 AF Medical Officer Special Pay Plan subject to the availability of funds and applicable State and Federal taxes.

D. I possess a current and valid medical license or have just successfully completed all three parts of the national licensing examination (licensure pending). If licensed, I will keep my license current and in unrestricted status (or approved waiver) for the duration of the contract period. I am not undergoing internship or initial residency training.

E. I am eligible to complete 20 years active duty service by age 62, and my signature constitutes authorization for use of this agreement as a source document to extend my retainability to allow for completion of the agreement ADO. All eligible active duty officers were automatically converted to Regular Air Force with an indefinite date of separation for those able to complete 20 years active duty service by age 62. If I am not eligible to complete this agreement the Air Force will immediately recoup the money owed based on the entire agreed upon amount in paragraph C. (above). Age waivers and Date of Separation Waivers do not process through Medical Special Pays.

F. I understand the medical special pays program constitutes a voluntary retention program and unless a waiver approved by the Secretary of the Air Force or designee is obtained, I will not be released from active duty before fulfilling the term of continuous active duty agreed to above, even if that obligation will extend me beyond 20 years of active federal service, but not beyond age 68. All Colonel DOS changes are managed by the Colonel's Group.

G. I understand the ASP agreement will be terminated upon entry into internship or initial residency training. All special pays and agreements will be terminated upon separation from active duty, including separation after declination for selective continuation, or upon my death or if I do not fulfill the conditions of this agreement. This agreement may be terminated by the Air Force Surgeon General at any time. If conditions of the written special pay agreement are not fulfilled, this will cause termination of the agreement. Other reasons for termination may include, but are not necessarily limited to: loss of privileges; court-martial conviction; violations of the Uniform Code of Military Justice; failure to maintain required certification or licensure; unprofessional conduct; medical incompetence; noncompliance with Air Force professional practice standards; substandard performance; or reasons that are in the best interest of the Air Force.

H. I understand in the event of termination of agreement as above, the percentage of unearned special pay representing the unexpired part of the service for which the pay was provided will be recouped by the government on a pro rata basis based on length of my active duty obligation actually served, unless the failure to complete the period of active duty specified in the agreement is due to death that is not the result of my misconduct. The provisions of DoDFMR 7000.14-R, Volume 7A, Chapter 2, govern. A discharge in bankruptcy under Title 11 of the United States Code that is entered less than five years after the termination of this agreement does not discharge me from a debt arising from this agreement.

I. I understand, in accordance with the Privacy Act of 1974, disclosure of my social security number and other Privacy Act information is voluntary; however, failure to provide Privacy Act information may result in non-verification of my agreement and payment of special pay may be affected to include nonpayment of funds or recoupment of overpayment. I also understand that information compiled from the agreement may be used for special pay program and budget analysis.

BLOCK 4 MEMBER CERTIFICATION (MEMBER SIGN AND DATE)

I understand that by signing below, I agree to the terms and retention requirements in accordance with the rules outlined under this agreement and the referenced guidance. I understand this agreement is binding as of the date of my signature.

Signature [Redacted]	Date 08-Jul-2011
-------------------------	---------------------

MEMBER NAME: Torres, Carla E. **RANK** Maj **SSAN:** [Redacted]

Endorsing Authority: Review eligibility and endorse. Return to member for submission to Medical Special Pays

BLOCK 5 OPTION I - AUTHORIZED ENDORSER (SINGLE YEAR CONTRACT)

- THIS CERTIFIES (Current License):**
- a. The officer possesses a current and valid license (unrestricted unless waived by AF per AFI 44-119), if license is restricted it is not because he/she is not meeting clinical, professional and administrative requirements; AND furthermore, I declare that he/she has obtained an approved licensure waiver from the Air Force for the unusual/ substantial/inharmonious administrative actions required by the state listed below as described in AFI 44-119 *Medical Quality Operations*.
 - b. Meets eligibility requirements for ASP as referenced in the *FY11 AF Medical Officer Special Pay Plan*,
 - c. Is not undergoing initial residency training, and
 - d. Is found to be in compliance with the conduct, competence, and professional practice standards expected by the Air Force.

- OR**
- THIS CERTIFIES (Pending New Licensure):**
- a. The officer meets eligibility requirements for ASP as referenced in the *FY11 AF Medical Officer Special Pay Plan*,
 - b. Has just completed internship training and has provided evidence of completing all three parts of the national licensing exam,
 - c. Provides documentation of pending licensure from a state licensing board,
 - d. Is not undergoing initial residency training, and
 - e. Is found to be in compliance with the conduct, competence, and professional practice standards expected by the Air Force.

AND

IS RECOMMENDED FOR: Additional Special Pay (12 month contract)

State of License Mississippi	Initial Date of Unrestricted License 1 June 2003	Expiration Date of License 30 Jun 2012
Unrestricted License, Waiver, or Licensing Action Verified <input checked="" type="radio"/> CURRENT and VALID <input type="radio"/> DO NOT CONCUR	Title of Endorsing Authority [Redacted]	Date Endorsed 21 July 11
Signature, Credentials Mgr/SGH (below Wg level) [Redacted] Manager 60 MDC / SCBQ 101 Bedke Circle - Travis AFB (787) 423-7611 BSN 423-7611	Signature Block or Auth Endorsing Authority (Gp/CC or Equip) [Redacted] Col, MD Deputy Commander	Signature, Authorized Endorsing Authority [Redacted]

FY11 INCENTIVE SPECIAL PAY AND MULTIYEAR SPECIAL PAY FOR SELECTED MEDICAL OFFICERS OF THE MEDICAL CORPS (MC) CONTRACT REQUEST (Privacy Act Notice at Bottom)			DPAMF1 USE ONLY
			Contract Execution Date:
BLOCK 1 IDENTIFICATION (PRINT/TYPE CLEARLY)			
a. Name (Last, First, Middle Initial) TORRES, CARLA E	b. SSAN []	c. Rank O-4	
d. Official Email Address []	e. Phone (Comm/DSN) []	f. AFSC 4563	g. Date of Separation 07/30/2014
BLOCK 2 SPECIAL PAY(S) REQUESTED (MEMBER INITIAL/CHECK APPROPRIATE BOX(ES))			
<input checked="" type="checkbox"/> SINGLE-YEAR INCENTIVE SPECIAL PAY (ISP) (MSP option not applicable)	<input type="checkbox"/> MULTIYEAR INCENTIVE SPECIAL PAY (MISP concurrent with MSP and fixed for duration of contract)	<input type="checkbox"/> 2-YEAR MULTIYEAR SPECIAL PAY (MSP) <input type="checkbox"/> 3-YEAR MULTIYEAR SPECIAL PAY (MSP) <input type="checkbox"/> 4-YEAR MULTIYEAR SPECIAL PAY (MSP)	
BLOCK 3 CONDITIONS OF CONTRACT (MEMBER FILL IN AMOUNT AND INITIAL/CHECK APPROPRIATE BOXES)			
<p><i>In consideration of payment of the above requested special pay(s) under Title 37, U.S.C. 301 and 302, Special Pay: medical officers of the armed forces and DoD/HA memo. Subject: Fiscal Year 2011 Medical and Denial Officer Special Pay Plans. I have read the FY11 AF Medical Officer Special Pay Plan and I qualify for the requested special pay(s). I understand the appropriate Air Force officials must verify and approve this agreement before payment will be authorized, and I agree to the following:</i></p> <p>A. To remain on active duty in the Air Force Medical Service (AFMS) Medical Corps (MC) for a minimum commitment of 12 to 48 consecutive months from the effective date of the coupled contract as initiated in one of the boxes, below (initial and date):</p> <p><input checked="" type="checkbox"/> 1-yr (ISP only) OR <input type="checkbox"/> 2-yr (MISP-MSP) OR <input type="checkbox"/> 3-yr (MISP-MSP) OR <input type="checkbox"/> 4-yr (MISP-MSP)</p> <p>B. I request that the EFFECTIVE DATE (EXECUTION DATE) of my entitlement be <u>1 Oct 10</u>. If all eligibility requirements are met, the effective date may not be earlier than the first day of the previous month in which the agreement is signed. The effective date for subsequent contracts shall be the date following the preceding contract expiration date, provided the contract is completed and received by AFPC/DPAMF1 within guidance described in the pay plan. I understand that I will incur a one-year active duty service obligation (ADO) for each year of my agreement beginning the actual effective (execution) date of my agreement as calculated by AFPC/DPAMF1. I further understand I am NOT ELIGIBLE for voluntary release (to include voluntary resignation, separation, or retirement) from the Air Force for the duration of this contract except when considered to be in the best interest of the Air Force.</p> <p>C. I understand in consideration of my entering into the ISP or MISP-MSP coupled contract, the Air Force agrees to pay me \$ [] (ISP) or \$ [] (MISP) and \$ [] (MSP) paid annually upon execution and each anniversary of this contract as specified in FY11 AF Medical Officer Special Pay Plan subject to availability of funds and applicable State and Federal taxes</p> <p>D. I understand I am subject to being assigned duties in my primary specialty regardless of whether my special pay contract is based upon my subspecialty or primary specialty. I possess a current and valid medical license and will keep my license current and unrestricted (or approved waiver) for the duration of the contract.</p> <p>E. I am eligible to complete 20 years active duty service by age 62, and my signature constitutes authorization for use of this agreement as a source document to extend my retainability to allow for completion of the agreement ADO. All eligible active duty officers were automatically converted to Regular Air Force with an indefinite date of separation for those able to complete 20 years active duty service by age 62. If I am not eligible to complete this agreement the Air Force will immediately recoup the money owed based on the entire agreed upon amount in paragraph C. (above). Age waivers and Date of Separation Waivers do not process through Medical Special Pays.</p> <p>F. I understand the medical special pays program constitutes a voluntary retention program and unless a waiver approved by the Secretary of the Air Force or designee is obtained, I will not be released from active duty before fulfilling the term of continuous active duty agreed to above, even if that obligation will extend me beyond 20 years of active federal service, but not beyond age 68. All Colonel DOS changes are managed by the Colonel's Group.</p> <p>G. I understand all special pays and agreements will be terminated upon separation from active duty, including separation after declination for selective continuation, or upon my death or if I do not fulfill the conditions of this agreement. This agreement may be terminated by the Air Force Surgeon General at any time. Other reasons for termination may include, but are not limited to: loss of privileges; court-martial conviction; violations of the Uniform Code of Military Justice; failure to maintain required certification or licensure; unprofessional conduct; medical incompetence; substandard performance; noncompliance with Air Force professional practice standards; or reasons in the best interest of the Air Force.</p> <p>H. I understand in the event of termination of agreement as above, the percentage of unearned special pay representing the unexpired part of the service for which the pay was provided will be recouped by the government on a pro rata basis based on length of my active duty obligation actually served, unless the failure to complete the period of active duty specified in the agreement is due to death that is not the result of my misconduct. The provisions of DoDFMR 7000.14-R, Volume 7A, Chapter 2, govern. A discharge in bankruptcy under Title 11 of the United States Code that is entered less than five years after the termination of this agreement does not discharge me from a debt arising from this agreement.</p> <p>I. I understand, in accordance with the Privacy Act of 1974, disclosure of my social security number and other Privacy Act information is voluntary; however, failure to provide Privacy Act information may result in non-verification of my agreement and payment of special pay may be affected to include nonpayment of funds or recoupment of overpayment. I also understand that information compiled from the agreement may be used for special pay program and budget analysis.</p>			
BLOCK 4 MEMBER CERTIFICATION (MEMBER SIGN AND DATE)			
<p><i>I understand that by signing below, I agree to the terms and retention requirements in accordance with the rules outlined under this agreement and the referenced pay plan. I understand this agreement is binding as of the date of my signature.</i></p>			
Signature	[]	Date 11/3/10	

MEMBER NAME: Carla Torres **RANK:** O-4 **SSAN:** _____

Endorsing Authority: Review eligibility and endorse appropriate OPTION. Return to member for submission to Medical Special Pays

BLOCK 5 OPTION I - AUTHORIZED ENDORSER (STANDARD SINGLE OR MULTIYEAR CONTRACT)

THIS CERTIFIES (Single year ISP contract only) the officer possesses a current, valid, and unrestricted license, unless waived per AFI-44-119,
a. Is credentialed, and privileged or actively seeking privileges,
b. Meets eligibility requirements for ISP as referenced in the *FY11 AF Medical Officer Special Pay Plan*, and
c. Is found to be in compliance with the conduct, competence, and professional practice standards expected by the Air Force.

IS RECOMMENDED FOR:
Incentive Special Pay (12 month obligation)

-OR-

THIS CERTIFIES (Coupled MISP/MSP contract):
a. The officer meets all the eligibility requirements for ISP (above), and
b. Meets additional eligibility requirements of the Multiyear Special Pay as referenced in *FY11 AF Medical Officer Special Pay Plan*

IS RECOMMENDED FOR:
 MISP/MSP (coupled contract with 24, 36, or 48 month obligation)

Specialty <u>OB-GYN</u>	License (or waiver) and Credentials Verified by member's Local Credentials Office <input checked="" type="radio"/> CURRENT and VALID <input type="radio"/> DO NOT CONCUR	Title of Endorsing Authority <u>Commander</u>
Signature of Credentials Manager/SGH	Signature Block of Auth. Endorsing Authority <u>Colonel, USAF, MC, FS Commander 99 MOG</u>	Date Signed by Authorized Endorsing Authority <u>6 Dec 10</u>
		Signature, Authorized Endorsing Authority <u>[Signature]</u>

BLOCK 6 OPTION II - AUTHORIZED ENDORSER (MEMBER IN SECONDARY TRAINING OR IS A FLIGHT SURGEON)

THIS CERTIFIES the officer has successfully completed the initial residency and is credentialed but not privileged in that specialty:
a. Because of the needs of the Air Force, the member is a credentialed and privileged Flight Surgeon and precluded from their specialty, or
b. Because member is undergoing training in a fellowship or secondary residency/AFIT program.
c. Meets eligibility requirements for ISP or MISP/MSP as referenced in the *FY11 AF Medical Officer Special Pay Plan*.
d. Is found to be in compliance with the conduct, competence, and professional practice standards expected by the Air Force.

IS RECOMMENDED FOR:
 ISP (12 month obligation) **OR** MISP/MSP (coupled contract with 24, 36, or 48 month obligation)

Specialty	License (or waiver) and Credentials Verified by member's Local Credentials Office <input type="radio"/> CURRENT and VALID <input type="radio"/> DO NOT CONCUR	Title of Endorsing Authority
Signature of Credentials Manager/SGH	Signature Block of Auth. Endorsing Authority (Gp/CC or Equiv)	Date Signed by Authorized Endorsing Authority
		Signature, Authorized Endorsing Authority

BLOCK 7 OPTION III - AUTHORIZED ENDORSER (MEMBER NOT IN CLINICAL SETTING/ATTACH COPY OF LICENSE)

THIS CERTIFIES the officer is assigned to a position requiring substantial portion of time performing military unique duties:
a. Meets requirements of eligibility under the *FY11 AF Medical Officer Special Pay Plan* for ISP or MISP/MSP
b. Due to needs of the Air Force is assigned to a position requiring substantial portion of time performing military unique duties:
Under adverse conditions, or
In remote OCONUS locations, or
That precludes the ability to spend appropriate time in a clinical setting.
c. Is found to be in compliance with the conduct, competence, and professional practice standards expected by the Air Force.

IS RECOMMENDED FOR:
 ISP (12 month obligation) **OR** MISP/MSP (coupled contract with 24, 36, or 48 month obligation)

Specialty	License (or waiver) and Credentials Verified by member's Local Credentials Office <input type="radio"/> CURRENT and VALID <input type="radio"/> DO NOT CONCUR	Title of Endorsing Authority
License Expiration Date	Signature Block of Auth. Endorsing Authority (Gp/CC or Equiv)	Date Signed by Authorized Endorsing Authority
Signature of Credentials Manager/SGH		Signature, Authorized Endorsing Authority
HQ USAF/SG APPROVING AUTHORITY FOR OPTION III		DATE (DD/MMM/YYYY)

9

FY10 ADDITIONAL SPECIAL PAY FOR SELECTED MEDICAL OFFICERS OF THE MEDICAL CORPS (MC) CONTRACT REQUEST <small>(Privacy Act Notice at Bottom)</small>	DPAMF1 USE ONLY
	Contract Execution Date:

BLOCK 1 IDENTIFICATION (PRINT/TYPE CLEARLY)

a. NAME (Last, First, Middle Initial) TORRES, CARLA - E	b. SSAN [REDACTED]	c. RANK O-4
d. OFFICIAL EMAIL ADDRESS [REDACTED]	e. PHONE (Com/DSN) [REDACTED]	f. AFSC and Specialty 45 G 3
		g. DATE OF SEPARATION (DD/MMM/YYYY) 01 Jul 2014

BLOCK 2 SPECIAL PAY(S) REQUESTED (MEMBER INITIAL BOX)

ADDITIONAL SPECIAL PAY (ASP)

BLOCK 3 CONDITIONS OF CONTRACT (MEMBER INITIAL APPROPRIATE BOXES)

In consideration of payment of the above requested special pay(s) under Title 37, U.S.C. 301d and 302, Special Pay: medical officers of the armed forces and DoD/DA memo dated Sep 09, Subject: Extension Through Fiscal Year 2010 of the Fiscal Year 2009 Medical and Dental Officer Special Pay Plans, **I have read the FY10 AF Medical Officer Special Pay Plan and I qualify for the requested special pay(s). I understand the appropriate Air Force officials must verify and approve this agreement before payment will be authorized, and I agree to the following:**

A. To remain on active duty in the Air Force Medical Service (AFMS) Medical Corps (MC) for minimum commitment of 12 consecutive months from the effective date of the coupled contract as initiated in one of the boxes below (initial contract below):

1-yr (ASP)

B. I understand that the EFFECTIVE DATE (EXECUTION DATE) of my entitlement is **01 Jul 2010** (DD/MMM/YYYY). If all eligibility requirements were met the effective date may be the first day of the previous month from which the agreement is signed. The effective date for subsequent contracts shall be the date following the date the preceding contract expires, provided the completed contract is received in Medical Special Pay. I will incur a one-year active duty service obligation (ADO) for each year of my agreement beginning on the effective (execution) date of my agreement as indicated and that I am NOT ELIGIBLE for resignation, release from active duty, voluntary separation or voluntary retirement for the duration of this contract except under the guidelines published in the FY10 pay plan. I understand that such requests will be disapproved except where considered to be in the best interest of the Air Force.

C. I understand in consideration of my entering into the ASP contract, the Air Force agrees to pay me \$ (ASP) paid annually upon execution of this contract as specified in the FY10 AF Medical Officer Special Pay Plan subject to the availability of funds and applicable State and Federal taxes.

D. I possess a current, valid, unrestricted medical license or have just successfully completed all three parts of the national licensing examination. If licensed, I will keep my license current and in unrestricted status for the duration of the contract period. I am not undergoing internship or initial residency training.

E. I am eligible to complete 20 years active duty service by age 62, and my signature constitutes authorization for use of this agreement as a source document to extend my retainability to allow for completion of the agreement ADO. All eligible active duty officers were automatically converted to Regular Air Force with an indefinite date of separation for those able to complete 20 years active duty service by age 62. If I am not eligible to complete this agreement because of mandatory separation requirements or by reaching my 68th birthday (via Specified-Period-of-Time-Contract), the Air Force will immediately recoup the money owed based on the entire agreed upon amount in paragraph C. (above). Age waivers and SPTCs do not process through Medical Special Pays.

F. I understand the medical special pays program constitutes a voluntary retention program and unless a waiver approved by the Secretary of the Air Force or designee is obtained, I will not be released from active duty before fulfilling the term of continuous active duty agreed to above, even if that obligation will extend me beyond 20 years of active federal service, but not beyond age 68. All Colonel DOS changes are managed by the Colonel's Group.

G. I understand the ASP agreement will be terminated upon entry into internship or initial residency training. All special pays and agreements will be terminated upon separation from active duty, including separation after declination for selective continuation, or upon my death or if I do not fulfill the conditions of this agreement. This agreement may be terminated by the Air Force Surgeon General at any time. If conditions of the written special pay agreement are not fulfilled, this will cause termination of the agreement. Other reasons for termination may include, but are not necessarily limited to: loss of privileges; court-martial conviction; violations of the Uniform Code of Military Justice; failure to maintain required certification or licensure; unprofessional conduct; medical incompetence; noncompliance with Air Force professional practice standards; substandard performance; or reasons that are in the best interest of the Air Force.

H. I understand in the event of termination of agreement as above, the percentage of unearned special pay representing the unexpired part of the service for which the pay was provided will be recouped by the government on a pro rata basis based on length of my active duty obligation actually served, unless the failure to complete the period of active duty specified in the agreement is due to death that is not the result of my misconduct. The provisions of DoDFMR 7000.14-R, Volume 7A, Chapter 2, govern. A discharge in bankruptcy under Title 11 of the United States Code that is entered less than five years after the termination of this agreement does not discharge me from a debt arising from this agreement.

I. I understand, in accordance with the Privacy Act of 1974, disclosure of my social security number and other Privacy Act information is voluntary; however, failure to provide Privacy Act information may result in non-verification of my agreement and payment of special pay may be affected to include nonpayment of funds or recoupment of overpayment. I also understand that information compiled from the agreement may be used for special pay program and budget analysis.

BLOCK 4 MEMBER CERTIFICATION (MEMBER SIGN AND DATE)

I understand that by signing below, I agree to the terms and retention requirements in accordance with the rules outlined under this agreement and the referenced pay plan. I understand this agreement is binding as of the date of my signature.

SIGNATURE: [REDACTED]	DATE (DD/MMM/YYYY): 19 Apr 2010
-----------------------	---

MEMBER LAST NAME: Torres RANK Major SSAN:

Endorsing Authority: Review eligibility and endorse. Return to member for submission to Medical Special Pays

BLOCK 5 **OPTION I - AUTHORIZED ENDORSER (STANDARD SINGLE YEAR CONTRACT)**

(Check below as appropriate)

1. THIS CERTIFIES (ASP only):

- a. The officer possesses a current and valid unrestricted license,
- b. Meets eligibility requirements for ASP as referenced in the *FY10 AF Medical Officer Special Pay Plan*,
- c. Is not undergoing initial residency training, and
- d. Is found to be in compliance with the conduct, competence, and professional practice standards expected by the Air Force.

OR

2. THIS CERTIFIES (ASP only):

- a. The officer has just completed internship training and has provided evidence of completing all three parts of the national licensing exam,
- b. Meets eligibility requirements for ASP as referenced in the *FY10 AF Medical Officer Special Pay Plan*,
- c. Is not undergoing initial residency training, and
- d. Is found to be in compliance with the conduct, competence, and professional practice standards expected by the Air Force.

AND

IS RECOMMENDED FOR:

ASP (12 month contract)

Signature, Authorized Endorsing Authority

Typed, Printed, or Stamped Signature Block
Authorized Endorsing Authority (Group Commander or Equivalent)

Col, USAF, MSC
~~Deputy~~ **Group Commander / 99 MDG**

Title of Endorsing Authority

Commander

Unrestricted License or Licensing Exam
Verified

CURRENT and VALID

DO NOT CONCUR

DATE (DD/MMM/YYYY) of signature

03 May 2010

Signature of Credentials Manager/SGH

Expiration Date of Unrestricted License

6/30/2010

FY10 INCENTIVE SPECIAL PAY AND MULTI-YEAR SPECIAL PAY FOR SELECTED MEDICAL OFFICERS OF THE MEDICAL CORPS (MC) CONTRACT REQUEST (Privacy Act Notice at Bottom)			DPAMF1 USE ONLY Contract Execution Date:
BLOCK 1 IDENTIFICATION (PRINT/TYPE CLEARLY)			
a. NAME (Last, First, Middle Initial) TORRES, CARLA E	b. SSAN <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	c. RANK Maj	
d. OFFICIAL EMAIL ADDRESS Carlae.torres@nellis.af.mil	e. PHONE (Comm/DSN) (702) 653-2257	f. AFSC and specialty 45G3	g. DATE OF SEPARATION (DD/MMM/YYYY) 01/06/2009
BLOCK 2 SPECIAL PAY(S) REQUESTED (MEMBER INITIAL APPROPRIATE BOX(ES))			
<input checked="" type="checkbox"/> SINGLE-YEAR INCENTIVE SPECIAL PAY (ISP) (MSP option not applicable)	<input type="checkbox"/> MULTI-YEAR INCENTIVE SPECIAL PAY (MISP concurrent with MSP and fixed for duration of contract)	<input type="checkbox"/> 2-YEAR MULTI-YEAR SPECIAL PAY (MSP)	<input type="checkbox"/> 3-YEAR MULTI-YEAR SPECIAL PAY (MSP)
		<input type="checkbox"/> 4-YEAR MULTI-YEAR SPECIAL PAY (MSP)	
BLOCK 3 CONDITIONS OF CONTRACT (MEMBER FILL IN AMOUNT AND INITIAL APPROPRIATE BOXES)			
<p><input checked="" type="checkbox"/> In consideration of payment of the above requested special pay(s) under Title 37, U.S.C. 302, Special Pay: medical officers of the armed forces and DoD/HA memo dated Sep 09, Subject: Extension Through Fiscal Year 2010 of the Fiscal Year 2009 Medical and Dental Officer Special Pay Plans, I have read the FY10 AF Medical Officer Special Pay Plan and I qualify for the requested special pay(s). I understand the appropriate Air Force officials must verify and approve this agreement before payment will be authorized, and I agree to the following:</p>			
<p><input type="checkbox"/> A. To remain on active duty in the Air Force Medical Service (AFMS) Medical Corps (MC) for minimum commitment of 12 to 48 consecutive months from the effective date of the coupled contract as initiated in one of the boxes, below (initial only one coupled agreement):</p> <p style="margin-left: 40px;"> <input type="checkbox"/> 1-yr (ISP only) OR <input type="checkbox"/> 2-yr (MISP-MSP) OR <input type="checkbox"/> 3-yr (MISP-MSP) OR <input type="checkbox"/> 4-yr (MISP-MSP) </p>			
<p><input type="checkbox"/> B. I understand that the EFFECTIVE DATE (EXECUTION DATE) of my entitlement is <u>1 Oct 2009</u> (DD/MMM/YYYY). If all eligibility requirements were met the effective date may be the first day of the previous month from which the agreement is signed. The effective date for subsequent contracts shall be the date following the date the preceding contract expires, provided the completed contract is received in Medical Special Pay. I will incur a one year active duty service obligation (ADO) for each year of my agreement beginning on the effective (execution) date of my agreement as indicated and that I am NOT ELIGIBLE for resignation, release from active duty, voluntary separation or voluntary retirement for the duration of this contract except under the guidelines published in the FY10 pay plan. I understand that such requests will be disapproved except where considered to be in the best interest of the Air Force.</p>			
<p><input type="checkbox"/> C. I understand in consideration of my entering into the ISP or MISP-MSP coupled contract, the Air Force agrees to pay me \$ <u> </u> (ISP) or \$ <u> </u> (MISP) and \$ <u> </u> (MSP) paid annually upon execution and each anniversary of this contract as specified in FY10 AF Medical Officer Special Pay Plan subject to availability of funds and applicable State and Federal taxes</p>			
<p><input type="checkbox"/> D. I understand I am subject to being assigned duties in my primary specialty regardless of whether my special pay contract is based upon my subspecialty or primary specialty. I possess a current/valid/unrestricted medical license and I will keep my license current and in unrestricted status for the duration of the contract.</p>			
<p><input type="checkbox"/> E. I am eligible to complete 20 years active duty service by age 62, and my signature constitutes authorization for use of this agreement as a source document to extend my retainability to allow for completion of the agreement ADO. All eligible active duty officers were automatically converted to Regular Air Force with an indefinite date of separation for those able to complete 20 years active duty service by age 62. If I am not eligible to complete this agreement because of mandatory separation requirements or by reaching my 68th birthday (via Specified-Period-of-Time-Contract), the Air Force will immediately recoup the money owed based on the net amount agreed upon in paragraph C. (above). Age waivers and SPTCs do not process through Medical Special Pays.</p>			
<p><input type="checkbox"/> F. I understand the medical special pays program constitutes a voluntary retention program and unless a waiver approved by the Secretary of the Air Force or the Secretary of Defense is obtained, I will not be released from active duty before fulfilling the term of continuous active duty agreed to above, even if that obligation will extend me beyond 20 years of active federal service, but not beyond age 68. All Colonel DOS changes are managed by the Colonel's Group.</p>			
<p><input type="checkbox"/> G. I understand all special pays and agreements will be terminated upon separation from active duty, including separation after declination for selective continuation, or upon my death or if I do not fill the conditions of this agreement. This agreement may be terminated by the Air Force Surgeon General at any time. Other reasons for termination may include, but are not limited to: loss of privileges; court-martial conviction; violations of the Uniform Code of Military Justice; failure to maintain required certification or licensure; unprofessional conduct; medical incompetence; substandard performance; noncompliance with Air Force professional practice standards; or reasons in the best interest of the Air Force.</p>			
<p><input type="checkbox"/> H. I understand in the event of termination of agreement as above, the percentage of unearned special pay representing the unexpired part of the service for which the pay was provided will be recouped by the government on a pro rata basis based on length of my active duty obligation actually served, unless the failure to complete the period of active duty specified in the agreement is due to death that is not the result of my misconduct. The provisions of DoDFMR 7000.14-R, Volume 7A, Chapter 2, govern. A discharge in bankruptcy under Title 11 of the United States Code that is entered less than five years after the termination of this agreement does not discharge me from a debt arising from this agreement.</p>			
<p><input type="checkbox"/> I. I understand, in accordance with the Privacy Act of 1974, disclosure of my social security number and other Privacy Act information is voluntary; however, failure to provide Privacy Act information may result in non-verification of my agreement and payment of special pay may be affected to include nonpayment of funds or recoupment of overpayment. I also understand that information compiled from the agreement may be used for special pay program and budget analysis.</p>			
BLOCK 4 MEMBER CERTIFICATION (MEMBER SIGN AND DATE)			
<p>I understand that by signing below, I agree to the terms and retention requirements in accordance with the rules outlined under this agreement and the referenced pay plan. I understand this agreement is binding as of the date of my signature.</p>			
SIGNATURE: <div style="border: 1px solid black; width: 150px; height: 40px; display: inline-block;"></div>		DATE (DD/MMM/YYYY): 9/30/2009	

MEMBER LAST NAME: _____ **RANK** _____ **SSAN:** _____
 Endorsing Authority: Review eligibility and endorse appropriate **OPTION**. Return to member for submission to Medical Special Pays

BLOCK 5 OPTION I - AUTHORIZED ENDORSER (STANDARD SINGLE OR MULTIYEAR CONTRACT)

(Check below as appropriate)

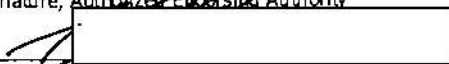
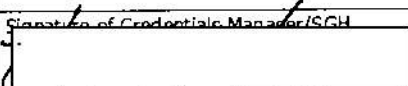
1. THIS CERTIFIES (Single year ISP contract only):
 a. The officer possesses a current and valid unrestricted license (and credentialed, and privileged or actively seeking privileges),
 b. Meets eligibility requirements for ISP as referenced in the *FY10 AF Medical Officer Special Pay Plan*, and
 c. Is found to be in compliance with the conduct, competence, and professional practice standards expected by the Air Force.

IS RECOMMENDED FOR:
 Incentive Special Pay (12 month obligation)

-OR-

2. THIS CERTIFIES (Coupled MISP/MSP contract):
 a. The officer meets all the eligibility requirements for ISP (above), and
 b. Meets additional eligibility requirements of the Multiyear Special Pay as referenced in *FY10 AF Medical Officer Special Pay Plan*

IS RECOMMENDED FOR:
 MISP/MSP (coupled contract with 24, 36, or 48 month obligation)

Signature, Authorized Endorsing Authority 	Title of Endorsing Authority <i>Commander</i>	DATE (DD/MMM/YYYY) OCT 13 2009
Typed, Printed, or Stamped Signature Block Authorized Endorsing Authority (Group Commander or Equivalent) Colonel, USAF, MC, CFS Commander / 99 MDG	License and Credentials Verified by member's Local Credentials Office <input checked="" type="checkbox"/> CURRENT and VALID <input type="checkbox"/> DO NOT CONCUR	Signature of Credentials Manager/SGH  SPECIALTY 45B3

BLOCK 6 OPTION II - AUTHORIZED ENDORSER (MEMBER IN SECONDARY TRAINING OR IS A FLIGHT SURGEON)

(Check below as appropriate)

1. THIS CERTIFIES the officer has successfully completed the initial residency and is credentialed but not privileged in that specialty:
 a. Because of the needs of the Air Force, the member is a credentialed and privileged Flight Surgeon and precluded from their specialty, or
 b. Because member is undergoing training in a fellowship or secondary residency/AFIT program.
 c. Meets eligibility requirements for ISP or MISP/MSP as referenced in the *FY10 AF Medical Officer Special Pay Plan*.
 d. Is found to be in compliance with the conduct, competence, and professional practice standards expected by the Air Force.

IS RECOMMENDED FOR:
 ISP (12 month obligation) OR MISP/MSP (coupled contract with 24, 36, or 48 month obligation)

Signature, Authorized Endorsing Authority	Title of Endorsing Authority	DATE (DD/MMM/YYYY)
Typed, Printed, or Stamped Signature Block DME or Authorized Endorsing Authority (Group Commander or Equivalent)	License and Credentials Verified by member's Local Credentials Office <input type="checkbox"/> CURRENT and VALID <input type="checkbox"/> DO NOT CONCUR	Signature of Credentials Manager/SGH SPECIALTY

BLOCK 7 OPTION III - AUTHORIZED ENDORSER (MEMBER NOT IN CLINICAL SETTING / ATTACH COPY OF LICENSE)

(Check below as appropriate)

1. THIS CERTIFIES the officer is assigned to a position requiring substantial portion of time performing military unique duties:
 a. Meets requirements of eligibility under the *FY10 AF Medical Officer Special Pay Plan* for ISP or MISP/MSP
 b. Due to needs of the Air Force is assigned to a position requiring substantial portion of time performing military unique duties:
 Under adverse conditions, or
 In remote OCONUS locations, or
 That precludes the ability to spend appropriate time in a clinical setting.
 c. Is found to be in compliance with the conduct, competence, and professional practice standards expected by the Air Force.

IS RECOMMENDED FOR:
 ISP (12 month obligation) OR MISP/MSP (coupled contract with 24, 36, or 48 month obligation)

Signature, Authorized Endorsing Authority	Title of Endorsing Authority	DATE (DD/MMM/YYYY)
Typed or Stamped Signature Block Authorized Endorsing Authority (Group Commander or Equivalent)	License Verified and Attached <input type="checkbox"/> CURRENT and VALID <input type="checkbox"/> DO NOT CONCUR	LICENSE EXPIRATION DATE (DD/MMM/YYYY) SPECIALTY
HQ USAF/SG APPROVING AUTHORITY FOR OPTION III		DATE (DD/MMM/YYYY)

✓

FISCAL YEAR 2009 (FY09)
MEDICAL CORPS ADDITIONAL SPECIAL PAY AGREEMENT (ASP)
(01 October 2008)

NAME: Carla Torres ^{Torres} RANK: Maj SSN: DOS: 07 Mar 2014

AUTHORITY: Title 37, U.S.C. 302, Special Pay: medical officers of the armed forces and DoD/HA memo dated 3 Sep 08, Subject: Fiscal Year 2009 Medical and Dental Officer Special Pay Plan and Fiscal Year 2009 Air Force Medical and Dental Officer Special Pay Plans

Member Instructions: Before you begin, PLEASE review agreement thoroughly. Place your INITIALS in each numbered bracket and fill in appropriate information.

1. I hereby request Medical Officer Additional Special Pay (ASP) and hereby certify that:

a. I possess a current, valid, unrestricted license to practice medicine as a physician in the State or jurisdiction of MS. My license number is and my license expiration date is June 30 2009. If I have a restricted license it is not due to me not meeting clinical, professional and administrative requirements; AND furthermore I have obtained an approved licensure waiver from the Air Force, per AFI 44-119, for the unusual/substantial/inharmonious administrative actions required by the following state: . I will maintain the waiver, or obtain and maintain an unrestricted state license, during the period of my ASP service obligation.

OR

I am a physician who has just completed internship training and have provided my Commander evidence of having successfully completed all three parts of the national licensing exam.

b. I will keep my license current during the ASP agreement period.

c. I am not undergoing internship or initial residency training.

CONDITIONS OF AGREEMENT:

1. I understand that in consideration of my entering into this agreement, the Air Force agrees to pay ASP to me, subject to availability of funds, in a lump sum of \$15,000.00, subject to applicable State and Federal taxes.

2. I understand that the effective date of my entitlement to ASP is 1 July 2009

3. I understand that I will incur a one-year active duty service obligation (ADO) beginning on the effective date of my entitlement as indicated in paragraph 2 above.

4. Please initial by only the applicable blocks (a, b, c) below:

a. I am eligible to complete 20 years active duty service by age 62; the signature on this special pay agreement constitutes authorization for use of the agreement as a source document to extend my retainability. I authorize the Air Force (HQ AFPC/DPAMF) to use this agreement as authority to extend my DOS to match my ASP ADO. I certify that this extension will not carry me past a mandatory release or retirement date. I understand that submission of this agreement does not guarantee extension of my DOS and I understand that payment will not be made until the DOS extension is approved and updated in MilPDS.

b. I have reached age 61 and I have obtained a Secretary of the Air Force age waiver through the AFPC/DPAMP office so I can remain beyond age 62, but not to exceed age 68. I have obtained extension of retainability to serve the active duty obligation incurred by this agreement. I understand that the age waiver must be accomplished before the extension of retainability is requested and special pay can be authorized. A delay in submitting retainability extension will cause a delay in special pay payment.

c. I am not eligible to complete 20 years active duty service by age 62. However, one of the following situations is applicable to me:

(1) As of the effective date of this agreement, I have not reached age 61, therefore this agreement can serve as a source document to extend my retainability, OR

(2) I have the retainability to serve the 12 months expected from this agreement because I have a pre-existing active duty service commitment.

5. I understand that the National Defense Authorization Act of 2005 stipulates that all active duty physicians eligible for Regular Air Force will be automatically converted to Regular Air Force by 1 May 2006. This will establish an indefinite date of separation (DOS) for those able to complete 20 years active duty service by age 62.

6. I understand that the appropriate Air Force officials must approve this agreement before payment will be authorized.

7. I understand that the ASP program constitutes a voluntary retention program and that unless a waiver approved by the Secretary of the Air Force or designee is obtained, I will not be released from active duty before fulfilling the term of continuous active duty agreed to in paragraph 3 above, even if that obligation will extend me beyond 20 years of active federal service.

8. I understand that this agreement will be terminated upon entry into internship or initial residency training; separation from active duty, including separation after declination for selective continuation; upon my death; or if I do not fulfill the conditions of this agreement. This agreement may be terminated by the Surgeon General for reasons that include, but are not necessarily limited to, failure to meet eligibility requirements or noncompliance with Air Force professional practice standards or when clear evidence exists that I should be denied further active duty service. It may also be terminated when in the best interest of the Air Force.

9. I understand that requests for resignation, release from active duty or voluntary retirement to be effective during the period of this agreement will be disapproved except where considered to be in the best interest of the Air Force.

10. I understand that in the event of termination under paragraphs 8 or 9 above, unearned ASP pay will be recouped by the government on a pro rata basis based on length of ASP ADO actually served, unless the failure to complete the period of active duty specified in the agreement is due to death that is not the result of my misconduct.

11. I understand that a discharge in bankruptcy under Title 11, USC, that is entered less than five years after the termination of this agreement does not discharge me from a debt arising from this agreement.

12. In accordance with the privacy act, I understand that disclosure of my social security number is voluntary; however, failure to provide the number may result in non-verification of my agreement and payment of ASP may be affected. I also understand that information compiled from the agreement may be used for special pay program and budget analysis.

13. I understand that by signing below I agree to the retention requirements in accordance with the rules outlined in this agreement.

14. I understand this agreement is binding as of the date of my signature.

MEMBER'S SIGNATURE: [Signature] DATE: 4 May 09

PRINTED NAME: Carla Torres SSN: [Redacted] RANK: May

EMAIL ADDRESS: [Redacted] PHONE (Comm/DSN): [Redacted]

1st Indorsement:

TO: HQ AFPC/DPAMF1 (Attn: Medical Special Pays)

I have verified the information contained in this agreement. I certify that Carla Torres possesses a current, valid, unrestricted State medical license or that he/she has provided me with evidence of having successfully completed all three parts of the national licensing exam. I declare that if the physician has a restricted license it is not because he/she is not meeting clinical, professional and administrative requirements; AND furthermore, I declare that he/she has obtained an approved licensure waiver from the Air Force for the unusual/ substantial/inharmonious administrative actions required by the following state: MS. This member is in compliance with the conduct, competence, and professional practice standards expected by the Air Force.

[Signature]
Signature, Authorized Indorsing Authority
[Redacted]
Colonel, USAF, MC, CFS
Commander 99 MOC

MAY 15 2009
Date

Typed or Stamped Signature Block,
Authorized Indorsing Authority
(Group Commander or equivalent)

Member's Initials [Redacted]

307-209-09

121 ATTC/DPAFFI
401 C STREET WEST, SUITE 20
MANASSAS, VA 20108

ABO+G BEST AVAILABLE

American Board of Obstetrics + Gynecology

First in Women's Health

[Redacted] M.D.
Germantown, TN
President

[Redacted] M.D.
Executive Director

[Redacted] M.D.
Orange, CA
Chairman

December 15, 2008

[Redacted] M.D.
Assistant to the Executive Director

[Redacted] M.D.
Columbus, OH
Vice President

Carla Elisse Torres, M.D. [Redacted]
7059 Midnight Rambler
Las Vegas, NV 89149 USA

[Redacted] M.D.
Director of Evaluation

[Redacted] M.D.
Bronx, NY
Treasurer

The Vineyard Centre
2915 Vine Street
Dallas, TX 75204
Phone (214) 871-1819
Fax (214) 871-1943

Directors:

Dear Dr. Torres:

[Redacted] M.D.
Valhalla, NY

Congratulations! In recognition of your fulfillment of all requirements, you are now a certified Diplomate of The American Board of Obstetrics and Gynecology, Inc. Your diploma is effective December 12, 2008 through December 31, 2014 contingent upon your immediate and full participation in the ABOG Maintenance of Certification (MOC) process beginning January 2009.

[Redacted] M.D.
Providence, RI

[Redacted] M.D.
Sacramento, CA

[Redacted] M.D.
Philadelphia, PA

[Redacted] II, M.D.
Lexington, KY

[Redacted] M.D.
Chapel Hill, NC

[Redacted] M.D.
Houston, TX

[Redacted] M.D.
Rochester, NY

[Redacted] M.D.
Honolulu, HI

[Redacted] M.D.
Houston, TX

[Redacted] M.D.
Philadelphia, PA

[Redacted] M.D.
San Antonio, TX

[Redacted] M.D.
Galveston, TX

[Redacted] M.D.
Chicago, IL

[Redacted] M.D.
Chicago, IL

[Redacted] M.D.
Dallas, TX

This letter is intended to notify you of your successful completion of the examination process. This notification does not serve as a primary source of verification for certification. The diploma which will follow should be used for purposes of verification of certification. Until receipt of the diploma, if necessary, the Board will respond to a written inquiry concerning your Board status. Your Diplomate number may be found at the bottom of this letter.

Please notice the spelling of your name. If there is a correction, please notify our office in writing no later than January 9, 2009. If you have not heard from the printer regarding your diploma by April 30, 2009, please contact the Board office via written correspondence.

You may access the MOC process by utilizing the Member Login function at www.abog.org beginning January 23, 2009. The fee for your initial year in this process has been waived. Newly certified Diplomates that are not members of the American College of Obstetricians and Gynecologists (ACOG) may incur additional fees.

We hope you will maintain an active interest in the specialty, and you will continue to improve the care of women.

Best wishes,

[Redacted Signature]

[Redacted] M.D.
Executive Director

NFG:drs
9013108

MAT
NEWS
12DEC08-31DEC14

HEALTH PROFESSIONAL PAY INFORMATION

SSAN:

NAME: TORRES CARLA E

COMP CAT: MEDICAL

EAD: 08-Jun-02

GRADE: MAJ

BASE: NELLIS

DOS: 08-Aug-3888

DOB:

PAFSC: 45G3

TAFSCD: 08-Jun-02

2AFSC:

TAFMSD: 08-Jun-02

3AFSC:

DAFSC: 45G3

ADSCD-1: 07-Mar-14

RSN:

MED SERVICE PAY DATE: 08-Jun-02

ADSCD-2: 07-Mar-10

RSN: EXTENDED ACTIVE DUTY

ASP START DATE: 01-Jul-08

ADSCD-3: 30-Sep-09

RSN: INCENTIVE SPECIAL PAY

BOARD CERT PAY START:

BOARD CERT PAY STOP:

ADSCD4: 30-Jun-09

RSN: ADDITIONAL SPECIAL PAY

TRAINING INFORMATION

DATE TRAINING BEGAN: 01-Jul-02

ADSCD5: 29-Jun-09

RSN: RESIDENCY TNG

DATE TRAINING COMPLETE: 30-Jun-06

MULTI-YR SPECIAL PAY (MSP)

MSP AFSC:

INCENTIVE SPECIAL PAY (ISP)

ISP AFSC: 45G

MSP START:

ISP START: 01-Oct-08

MSP CONTRACT LENGTH:

ISP CONTRACT LENGTH: 1

MSP ANNUAL AMOUNT:

ISP ANNUAL AMOUNT:

CONDITIONS OF AGREEMENT:

1. I am credentialed and have completed a residency, fellowship, or am board certified under a grandfather provision, and request Incentive Special Pay as a/n OB-GYN.
2. I understand that in consideration of my entering into the foregoing agreement, subject to the availability of funds, the Air Force agrees to pay me \$ (amount specified in FY09 Air Force Medical Officer Special Pay Plan for the specialty indicated in paragraph 1 above), subject to applicable State and Federal taxes.
3. I understand that the effective date of my ISP is 1 October 2008.
4. I understand that I am subject to being assigned duties in whole or in part in my primary specialty, regardless of whether my ISP is based upon my subspecialty or primary specialty.
5. I understand that I will incur a one-year active duty service obligation (ADO) beginning on the effective date of my ISP as indicated in paragraph 3 above.

6. Please initial by only the applicable blocks (a, b, c) below:

a. I am eligible to complete 20 years active duty service by age 62; the signature on this special pay agreement constitutes authorization for use of the agreement as a source document to extend my retainability to allow for completion of the agreement ADO. I authorize the Air Force (HQ AFPC/DPAMF) to use this agreement as authority to extend my retainability to allow me to complete my ISP ADO. I certify that this extension will not carry me past a mandatory release or retirement date. I understand that submission of this agreement does not guarantee extension of my retainability and I understand that payment will not be made until the retainability extension is approved and updated in MilPDS

b. I have reached age 61 and I have obtained a Secretary of the Air Force age waiver through the AFPC/DPAMP office so I can remain beyond age 62, but not to exceed age 68. I have obtained extension of retainability to serve the active duty obligation incurred by this agreement. I understand that the age waiver must be accomplished before the extension of retainability is requested and special pay can be authorized. A delay in submitting retainability extension will cause a delay in special pay payments. If I fail to disclose my need for an age waiver before approval of this agreement, the Air Force will terminate my ISP and I must repay all ISP payment received.

c. I am not eligible to complete 20 years active duty service by age 62. However, one of the following situations is applicable to me: (Circle one)

(1) As of the effective date of this agreement, I have not reached age 61, therefore this agreement can serve as a source document to extend my retainability, OR

(2) I have the retainability to serve the 12 months expected from this agreement because I have a pre-existing active duty service commitment.

7. I understand that the National Defense Authorization Act of 2005 stipulates that all active duty physicians eligible for Regular Air Force will be automatically converted to Regular Air Force by 1 May 2006. This will establish an indefinite date of separation (DOS) for those able to complete 20 years active duty service by age 62.

8. I understand that the appropriate Air Force officials must approve this agreement before payment will be authorized.

9. I understand that the ISP program constitutes a voluntary retention program and that unless a waiver approved by the Secretary of the Air Force or designee is obtained, I will not be released from active duty before fulfilling the term of continuous active duty agreed to in paragraph 5 above, even if that obligation will extend me beyond 20 years of active federal service.

10. I understand that my ISP will terminate immediately, and my ISP ADO will be adjusted appropriately, in the event that I am promoted to the grade of brigadier general.

11. I understand that this agreement will be terminated upon separation from active duty, including separation after declination for selective continuation, or upon my death or if I do not fulfill the conditions of this agreement. This agreement may be terminated by the Surgeon General for reasons that include, but are not necessarily limited to, failure to meet the eligibility requirements or when clear evidence exists that I should be denied further practice in the ISP specialty or further active duty. It may also be terminated when in the best interest of the military.

12. I understand that requests for resignation, release from active duty or voluntary retirement to be effective during the period of this agreement will be disapproved except where considered to be in the best interest of the Air Force.

13. I understand that in the event of termination under subparagraphs 10, 11 or 12 above, unearned ISP pay will be recouped by the government on a pro rata basis based on length of ISP active duty obligation actually served, unless the failure to complete the period of active duty specified in the agreement is due to death that is not the result of my misconduct.

14. I understand that a discharge in bankruptcy under Title 11, USC, that is entered less than five years after the termination of this agreement does not discharge me from a debt arising from this agreement.

15. In accordance with the Privacy Act, I understand that disclosure of my social security number is voluntary; however, failure to provide the number may result in non-verification of my agreement and payment of ISP may be affected. I also understand that information compiled from the agreement may be used for special pay program and budget analysis.

16. I understand that by signing below, I agree to the retention requirements in accordance with the rules outlined in this agreement. I understand this agreement is binding on me as of the date of my signature.

MEMBER'S SIGNATURE: DATE: 30 Sept 08
PRINTED NAME: Carla Torres SSN: RANK: O4
EMAIL ADDRESS: PHONE (Comm/DSN):


Member's Initials:

Option I

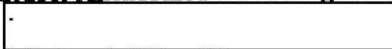
1st Indorsement:

TO: HQ AFPC/DPAMF1 (Attn: Medical Special Pays)

I have verified the information contained in this agreement. I certify that Carla Torres possesses a current, valid, unrestricted license to practice medicine, is currently credentialed, privileged, and practicing as a OB/Gyn (must be the specialty for which payment is requested.) I declare that if the physician has a restricted license it is not because he/she is not meeting clinical, professional and administrative requirements; AND furthermore, I declare that he/she has obtained an approved licensure waiver from the Air Force for the unusual/substantial/inharmonious administrative actions required by the following state: MS. This member is in compliance with the conduct, competence, and professional practice standards expected by the Air Force.



Signature, Authorized Indorsing Authority



Colonel, USAF, MC, CFS
Commander

OCT 08 2008

Date

Typed or Stamped Signature Block,
Authorized Indorsing Authority
(Group Commander or equivalent; see FY09 AF Medical Officer Special Pay Plan)

ISP: 1320009
FY08-1520009

100707

FISCAL YEAR 2008 (FY08)
MEDICAL OFFICER SINGLE YEAR INCENTIVE SPECIAL PAY AGREEMENT
(1 October 2007)

NAME: Carla Torres RANK: Capt SSN: DOS: INDBF

AUTHORITY: Title 37, U.S.C. 302, Special Pay: Medical Officers of the Armed Forces and DoD/HA memo dated 28 Aug 07, subject: Fiscal Year 2008 Medical and Dental Officer Special Pay Plan & FY 2008 Air Force Medical Officer Special Pay Plan.

Member Instructions: Before you begin, PLEASE review the FY08 AF Medical Special Pay Plan/Instruction Guide thoroughly. Place your INITIALS in each numbered bracket and fill in appropriate information. Complete the applicable option I, II, or III and submit the agreement with the applicable option. There is no need to submit options that are not applicable to your agreement.

1. I hereby request Single Year Incentive Special Pay (ISP) under the provisions of the referenced policy memorandum above. I hereby certify that:

a. I possess a current, valid, unrestricted license to practice medicine as a physician in the State or jurisdiction of MS. My license number is and my license expiration date is June 30 2008. If I have a restricted license it is not due to me not meeting clinical, professional and administrative requirements; AND furthermore I have obtained an approved licensure waiver from the Air Force, per AFI 44-119, for the unusual/substantial/inharmonious administrative actions required by the following state: . I will maintain the waiver, or obtain and maintain an unrestricted state license, during the period of my ISP service obligation.

b. I will keep my license current during the period of my ISP service obligation.

c. I am currently credentialed, privileged, and practicing in the specialty for which I am requesting this pay in accordance with applicable DoD and Air Force requirements. **[Must Complete Option I on page 4]**

OR

d. I am a credentialed and privileged Flight Surgeon that is also credentialed to the basic standards of specialty, however because of the needs of the Air Force I am assigned to a position that precludes the ability to spend appropriate time in that specialty for which I am requesting pay. **[Must Complete Option II A on page 5]**

OR

e. I am credentialed in this primary specialty for which I am requesting pay, however I am not actively privileged in the primary specialty, because I am undergoing training in a fellowship/secondary residency. **[Must Complete Option II B on page 5]**

OR

f. I am credentialed to the basic standards of the specialty for which I am requesting this pay AND I am assigned to a position requiring a substantial portion of time performing military unique duties that preclude spending time in a clinical setting. **[Must Complete Option III on page 6]**

Member's Initials

CONDITIONS OF AGREEMENT:

1. I am credentialed and have completed a residency, fellowship, or am board certified under a grant or other provision, and request Incentive Special Pay as a/n OBGYN.
2. I understand that in consideration of my entering into the foregoing agreement, subject to the availability of funds, the Air Force agrees to pay me \$ 31,000 (amount specified in FY08 Air Force Medical Officer Special Pay Plan for the specialty indicated in paragraph 1 above), subject to applicable State and Federal taxes.
3. I understand that the effective date of my ISP is 1 Oct 2007.
4. I understand that I am subject to being assigned duties in whole or in part in my primary specialty, regardless of whether my ISP is based upon my subspecialty or primary specialty.
5. I understand that I will incur a one-year active duty service obligation (ADO) beginning on the effective date of my ISP as indicated in paragraph 3 above.
6. Please initial by only the applicable blocks (a, b, c) below:
 - a. I am eligible to complete 20 years active duty service by age 62; the signature on this special pay agreement constitutes authorization for use of the agreement as a source document to extend my retainability to allow for completion of the agreement ADO. I authorize the Air Force (HQ AFPC/DPAMF) to use this agreement as authority to extend my retainability to allow me to complete my ISP ADO. I certify that this extension will not carry me past a mandatory release or retirement date. I understand that submission of this agreement does not guarantee extension of my retainability and I understand that payment will not be made until the retainability extension is approved and updated in MilPDS
 - b. I have reached age 61 and I have obtained a Secretary of the Air Force age waiver through the AFPC/DPAMP office so I can remain beyond age 62, but not to exceed age 68. I have obtained extension of retainability to serve the active duty obligation incurred by this agreement. I understand that the age waiver must be accomplished before the extension of retainability is requested and special pay can be authorized. A delay in submitting retainability extension will cause a delay in special pay payments. If I fail to disclose my need for an age waiver before approval of this agreement, the Air Force will terminate my ISP and I must repay all ISP payment received.
 - c. I am not eligible to complete 20 years active duty service by age 62. However, one of the following situations is applicable to me: (Circle one)
 - (1) As of the effective date of this agreement, I have not reached age 61, therefore this agreement can serve as a source document to extend my retainability, OR
 - (2) I have the retainability to serve the 12 months expected from this agreement because I have a pre-existing active duty service commitment.
7. I understand that the National Defense Authorization Act of 2005 stipulates that all active duty physicians eligible for Regular Air Force will be automatically converted to Regular Air Force by 1 May 2006. This will establish an indefinite date of separation (DOS) for those able to complete 20 years active duty service by age 62.

8. I understand that the appropriate Air Force officials must approve this agreement before payment will be authorized.
9. I understand that the ISP program constitutes a voluntary retention program and that unless a waiver approved by the Secretary of the Air Force or designee is obtained, I will not be released from active duty before fulfilling the term of continuous active duty agreed to in paragraph 5 above, even if that obligation will extend me beyond 20 years of active federal service.
10. I understand that my ISP will terminate immediately, and my ISP ADO will be adjusted appropriately, in the event that I am promoted to the grade of brigadier general.
11. I understand that this agreement will be terminated upon separation from active duty, including separation after declination for selective continuation, or upon my death or if I do not fulfill the conditions of this agreement. This agreement may be terminated by the Surgeon General for reasons that include, but are not necessarily limited to, failure to meet the eligibility requirements or when clear evidence exists that I should be denied further practice in the ISP specialty or further active duty. It may also be terminated when in the best interest of the military.
12. I understand that requests for resignation, release from active duty or voluntary retirement to be effective during the period of this agreement will be disapproved except where considered to be in the best interest of the Air Force.
13. I understand that in the event of termination under subparagraphs 10, 11 or 12 above, unearned ISP pay will be recouped by the government on a pro rata basis based on length of ISP active duty obligation actually served, unless the failure to complete the period of active duty specified in the agreement is due to death that is not the result of my misconduct.
14. I understand that a discharge in bankruptcy under Title 11, USC, that is entered less than five years after the termination of this agreement does not discharge me from a debt arising from this agreement.
15. In accordance with the Privacy Act, I understand that disclosure of my social security number is voluntary; however, failure to provide the number may result in non-verification of my agreement and payment of ISP may be affected. I also understand that information compiled from the agreement may be used for special pay program and budget analysis.
16. I understand that by signing below, I agree to the retention requirements in accordance with the rules outlined in this agreement. I understand this agreement is binding on me as of the date of my signature.

MEMBER'S SIGNATURE:

DATE: 23 Oct 07

PRINTED NAME: Carla Torres

SSN:

RANK: O3

EMAIL ADDRESS:

PHONE (Comm/DSN):

Option I

1st Indorsement:

TO: HQ AFPC/DPAMF (Attn: Special Pays)

I have verified the information contained in this agreement. I certify that Carla Torres possesses a current, valid, unrestricted license to practice medicine, is currently credentialed, privileged, and practicing as a OB/GYN (must be the specialty for which payment is requested.) I declare that if the physician has a restricted license it is not because he/she is not meeting clinical, professional and administrative requirements; AND furthermore, I declare that he/she has obtained an approved licensure waiver from the Air Force for the unusual/substantial/inharmonious administrative actions required by the following state: MS. This member is in compliance with the conduct, competence, and professional practice standards expected by the Air Force.

[Redacted Signature Block]

Signature, Authorized Indorsing Authority

[Redacted Name]

Colonel, USAF, MC, CFS
Commander

NOV - 1 2007

Date

Typed or Stamped Signature Block,
Authorized Indorsing Authority
(Group Commander or equivalent; see FY08 AF Medical Officer Special Pay Plan)

[Redacted Initials]

FISCAL YEAR 2007 (FY07)
MEDICAL CORPS ADDITIONAL SPECIAL PAY AGREEMENT (ASP)
(01 October 2006)

NAME: Carla Torres RANK: O-3 SSN: DOS: 7 March 2014

AUTHORITY: Title 37, U.S.C. 302

Member Instructions: Before you begin, PLEASE review agreement thoroughly. Place your INITIALS in each numbered bracket and fill in appropriate information.

1. I hereby request Medical Officer Additional Special Pay (ASP) and hereby certify that:

a. I possess a current, valid, unrestricted license to practice medicine as a physician in the State or jurisdiction of MS. My license number is ~~18687~~ 1836 and my license expiration date is 30 June 2007. If I have a restricted license it is not due to me not meeting clinical, professional and administrative requirements; AND furthermore I have obtained an approved licensure waiver from the Air Force, per AFI 44-119, for the unusual/substantial/inharmonious administrative actions required by the following state: . I will maintain the waiver, or obtain and maintain an unrestricted state license, during the period of my ASP service obligation.

OR

I am a physician who has just completed internship training and have provided my Commander evidence of having successfully completed all three parts of the national licensing exam.

b. I will keep my license current during the ASP agreement period.

c. I am not undergoing internship or initial residency training.

CONDITIONS OF AGREEMENT:

1. I understand that in consideration of my entering into this agreement, the Air Force agrees to pay ASP to me, subject to availability of funds, in a lump sum of \$15,000.00, subject to applicable State and Federal taxes.

2. I understand that the effective date of my entitlement to ASP is 1 July 07

3. I understand that I will incur a one-year active duty service obligation (ADO) beginning on the effective date of my entitlement as indicated in paragraph 2 above.

4. Please initial by only the applicable blocks (a, b, c) below:

a. I am eligible to complete 20 years active duty service by age 62; the signature on this special pay agreement constitutes authorization for use of the agreement as a source document to extend my retainability. I authorize the Air Force (HQ AFPC/DPAMF) to use this agreement as authority to extend my DOS to match my ASP ADO. I certify that this extension will not carry me past a mandatory release or retirement date. I understand that submission of this agreement does not guarantee extension of my DOS and I understand that payment will not be made until the DOS extension is approved and updated in MilPDS.

b. I have reached age 61 and I have obtained a Secretary of the Air Force age waiver through the AFPC/DPAMP office so I can remain beyond age 62, but not to exceed age 68. I have obtained extension of retainability to serve the active duty obligation incurred by this agreement. I understand that the age waiver must be accomplished before the extension of retainability is requested and special pay can be authorized. A delay in submitting retainability extension will cause a delay in special pay payment.

c. I am not eligible to complete 20 years active duty service by age 62. However, one of the following situations is applicable to me:

(1) As of the effective date of this agreement, I have not reached age 61, therefore this agreement can serve as a source document to extend my retainability, OR

(2) I have the retainability to serve the 12 months expected from this agreement because I have a pre-existing active duty service commitment.

5. I understand that the National Defense Authorization Act of 2005 stipulates that all active duty physicians eligible for Regular Air Force will be automatically converted to Regular Air Force by 1 May 2006. This will establish an indefinite date of separation (DOS) for those able to complete 20 years active duty service by age 62.

6. I understand that the appropriate Air Force officials must approve this agreement before payment will be authorized.

7. I understand that the ASP program constitutes a voluntary retention program and that unless a waiver approved by the Secretary of the Air Force or designee is obtained, I will not be released from active duty before fulfilling the term of continuous active duty agreed to in paragraph 3 above, even if that obligation will extend me beyond 20 years of active federal service.

8. I understand that this agreement will be terminated upon entry into internship or initial residency training; separation from active duty, including separation after declination for selective continuation; upon my death; or if I do not fulfill the conditions of this agreement. This agreement may be terminated by the Surgeon General for reasons that include, but are not necessarily limited to, failure to meet eligibility requirements or noncompliance with Air Force professional practice standards or when clear evidence exists that I should be denied further active duty service. It may also be terminated when in the best interest of the Air Force.

9. I understand that requests for resignation, release from active duty or voluntary retirement to be effective during the period of this agreement will be disapproved except where considered to be in the best interest of the Air Force.

10. I understand that in the event of termination under paragraphs 8 or 9 above, unearned ASP pay will be recouped by the government on a pro rata basis based on length of ASP ADO actually served, unless the failure to complete the period of active duty specified in the agreement is due to death that is not the result of my misconduct.

11. I understand that a discharge in bankruptcy under Title 11, USC, that is entered less than five years after the termination of this agreement does not discharge me from a debt arising from this agreement.

12. In accordance with the privacy act, I understand that disclosure of my social security number is voluntary; however, failure to provide the number may result in non-verification of my agreement and payment of ASP may be affected. I also understand that information compiled from the agreement may be used for special pay program and budget analysis.

13. I understand that by signing below I agree to the retention requirements in accordance with the rules outlined in this agreement.

14. I understand this agreement is binding as of the date of my signature.

MEMBER'S SIGNATURE:

DATE: 14 May 07

PRINTED NAME: Carla Torres

SSN:

RANK: O-3

EMAIL ADDRESS:

PHONE (Comm/DSN):

1st Indorsement:

TO: HQ AFPC/DPAMF1

I have verified the information contained in this agreement. I certify that Carla Torres possesses a current, valid, unrestricted State medical license or that he/she has provided me with evidence of having successfully completed all three parts of the national licensing exam. I declare that if the physician has a restricted license it is not because he/she is not meeting clinical, professional and administrative requirements; AND furthermore, I declare that he/she has obtained an approved licensure waiver from the Air Force for the unusual/ substantial/inharmonious administrative actions required by the following state: YMs. This member is in compliance with the conduct, competence, and professional practice standards expected by the Air

Signature

Indorsing Authority

Colonel, USAF, MSC
Commander

Date

11 JUN 07

Typed or Stamped Signature Block,
Authorized Indorsing Authority
(Group Commander or equivalent)

FISCAL YEAR 2007 (FY07)
MEDICAL OFFICER SINGLE YEAR INCENTIVE SPECIAL PAY AGREEMENT
(1 October 2006) 1 OCT 06

NAME: Carla Torres RANK: O-3 SSN: [] DOS: ~~March 2014~~

AUTHORITY: Title 37, U.S.C. 302, Special Pay: Medical Officers of the Armed Forces and DoD/HA memo dated 19 Sept 2006, subject: Fiscal Year 2007 Medical and Dental Officer Special Pay Plan & FY 2007 Air Force Medical Officer Special Pay Plan.

Member Instructions: Before you begin, PLEASE review the FY07 AF Medical Special Pay Plan/Instruction Guide thoroughly. Place your INITIALS in each numbered bracket and fill in appropriate information. Complete the applicable option I, II, or III and submit the agreement with the applicable option. There is no need to submit options that are not applicable to your agreement.

1. I hereby request Single Year Incentive Special Pay (ISP) under the provisions of the referenced policy memorandum above. I hereby certify that:

a. [] possess a current, valid, unrestricted license to practice medicine as a physician in the State or jurisdiction of MS. My license number is [] and my license expiration date is 30 Jun 07. If I have a restricted license it is not due to me not meeting clinical, professional and administrative requirements; AND furthermore I have obtained an approved licensure waiver from the Air Force, per AFI 44-119, for the unusual/substantial/inharmonious administrative actions required by the following state: []. I will maintain the waiver, or obtain and maintain an unrestricted state license, during the period of my ISP service obligation.

b. [] will keep my license current during the period of my ISP service obligation.

c. [] I am currently credentialed, privileged, and practicing in the specialty for which I am requesting this pay in accordance with applicable DoD and Air Force requirements. **[Must Complete Option I on page 4]**

OR

d. [] I am a credentialed and privileged Flight Surgeon that is also credentialed to the basic standards of [] specialty, however because of the needs of the Air Force I am assigned to a position that precludes the ability to spend appropriate time in that specialty for which I am requesting pay. **[Must Complete Option II A on page 5]**

OR

e. [] I am credentialed in this primary specialty for which I am requesting pay, however I am not actively privileged in the primary specialty, because I am undergoing training in a fellowship/secondary residency. **[Must Complete Option II B on page 5]**

OR

f. [] I am credentialed to the basic standards of the specialty for which I am requesting this pay AND I am assigned to a position requiring a substantial portion of time performing military unique duties that preclude spending time in a clinical setting. **[Must Complete Option III on page 6]**

CONDITIONS OF AGREEMENT:

1. I am credentialed and have completed a residency, fellowship, or am board certified under a grandfather provision, and request Incentive Special Pay as a/n OB-Sym.
2. I understand that in consideration of my entering into the foregoing agreement, subject to the availability of funds, the Air Force agrees to pay me \$ (amount specified in FY07 Air Force Medical Officer Special Pay Plan for the specialty indicated in paragraph 1 above), subject to applicable State and Federal taxes.
3. I understand that the effective date of my ISP is 1 Oct 06.
4. I understand that I am subject to being assigned duties in whole or in part in my primary specialty, regardless of whether my ISP is based upon my subspecialty or primary specialty.
5. understand that I will incur a one-year active duty service obligation (ADO) beginning on the effective date of my ISP as indicated in paragraph 3 above.
6. Please initial by only the applicable blocks (a, b, c) below:
 - a. I am eligible to complete 20 years active duty service by age 62; the signature on this special pay agreement constitutes authorization for use of the agreement as a source document to extend my retainability to allow for completion of the agreement ADO. I authorize the Air Force (HQ AFPC/DPAMF) to use this agreement as authority to extend my retainability to allow me to complete my ISP ADO. I certify that this extension will not carry me past a mandatory release or retirement date. I understand that submission of this agreement does not guarantee extension of my retainability and I understand that payment will not be made until the retainability extension is approved and updated in MilPDS
 - b. I have reached age 61 and I have obtained a Secretary of the Air Force age waiver through the AFPC/DPAMP office so I can remain beyond age 62, but not to exceed age 68. I have obtained extension of retainability to serve the active duty obligation incurred by this agreement. I understand that the age waiver must be accomplished before the extension of retainability is requested and special pay can be authorized. A delay in submitting retainability extension will cause a delay in special pay payments. If I fail to disclose my need for an age waiver before approval of this agreement, the Air Force will terminate my ISP and I must repay all ISP payment received.
 - c. I am not eligible to complete 20 years active duty service by age 62. However, one of the following situations is applicable to me: (Circle one)
 - (1) As of the effective date of this agreement, I have not reached age 61, therefore this agreement can serve as a source document to extend my retainability, OR
 - (2) I have the retainability to serve the 12 months expected from this agreement because I have a pre-existing active duty service commitment.
7. I understand that the National Defense Authorization Act of 2005 stipulates that all active duty physicians eligible for Regular Air Force will be automatically converted to Regular Air Force by 1 May 2006. This will establish an indefinite date of separation (DOS) for those able to complete 20 years active duty service by age 62.

8. I understand that the appropriate Air Force officials must approve this agreement before payment will be authorized.
9. I understand that the ISP program constitutes a voluntary retention program and that unless a waiver approved by the Secretary of the Air Force or designee is obtained, I will not be released from active duty before fulfilling the term of continuous active duty agreed to in paragraph 5 above, even if that obligation will extend me beyond 20 years of active federal service.
10. I understand that my ISP will terminate immediately, and my ISP ADO will be adjusted appropriately, in the event that I am promoted to the grade of brigadier general.
11. I understand that this agreement will be terminated upon separation from active duty, including separation after declination for selective continuation, or upon my death or if I do not fulfill the conditions of this agreement. This agreement may be terminated by the Surgeon General for reasons that include, but are not necessarily limited to, failure to meet the eligibility requirements or when clear evidence exists that I should be denied further practice in the ISP specialty or further active duty. It may also be terminated when in the best interest of the military.
12. I understand that requests for resignation, release from active duty or voluntary retirement to be effective during the period of this agreement will be disapproved except where considered to be in the best interest of the Air Force.
13. I understand that in the event of termination under subparagraphs 10, 11 or 12 above, unearned ISP pay will be recouped by the government on a pro rata basis based on length of ISP active duty obligation actually served, unless the failure to complete the period of active duty specified in the agreement is due to death that is not the result of my misconduct.
14. I understand that a discharge in bankruptcy under Title 11, USC, that is entered less than five years after the termination of this agreement does not discharge me from a debt arising from this agreement.
15. In accordance with the Privacy Act, I understand that disclosure of my social security number is voluntary; however, failure to provide the number may result in non-verification of my agreement and payment of ISP may be affected. I also understand that information compiled from the agreement may be used for special pay program and budget analysis.
16. I understand that by signing below, I agree to the retention requirements in accordance with the rules outlined in this agreement. I understand this agreement is binding on me as of the date of my signature.

MEMBER'S SIGNATURE: DATE: 30 Oct 06

PRINTED NAME: Corla Torres SSN: RANK: O-3

EMAIL ADDRESS: PHONE (Comm/DSN):

Member's Initials:

Option I

1st Indorsement:

TO: HQ AFPC/DPAMF (Attn: Special Pays)

I have verified the information contained in this agreement. I certify that Carla Torres possesses a current, valid, unrestricted license to practice medicine, is currently credentialed, privileged, and practicing as a OB/GYN (must be the specialty for which payment is requested.) I declare that if the physician has a restricted license it is not because he/she is not meeting clinical, professional and administrative requirements; AND furthermore, I declare that he/she has obtained an approved licensure waiver from the Air Force for the unusual/substantial/inharmonious administrative actions required by the following state: MS. This member is in compliance with the conduct, competence, and professional practice standards expected by the Air Force.

[Redacted Signature Box]

Signature, Authorized Indorsing Authority

3 Nov 04

Date

[Redacted Title Box]

Colonel, USAF, MSC
Commander

Typed or Stamped Signature Block ,
Authorized Indorsing Authority
(Group Commander or equivalent; see FY07 AF Medical Officer Special Pay Plan)

Member's Initials:

[Redacted Initials Box]

FISCAL YEAR 2006 (FY06)
MEDICAL CORPS ADDITIONAL SPECIAL PAY AGREEMENT (ASP)
(01 October 2005)

NAME: Carla Torres RANK: 0-3 SSN: DOS: 15 July 2010 ^{Indef}

AUTHORITY: Title 37, U.S.C. 302, Special Pay: Medical Officers of the Armed Forces and DoD/HA memo dated 29 Aug 2005, Subject: Fiscal Year 2006 Medical Officer Special Pay Plan.

Member Instructions: Before you begin, PLEASE review agreement thoroughly. Place your INITIALS in each numbered bracket and fill in appropriate information.

1. I hereby request Medical Officer Additional Special Pay (ASP) under the provisions of the referenced policy memorandum above. I hereby certify that:

a. I possess a current, valid, unrestricted license to practice medicine as a physician in the State or jurisdiction of MS. My license number is and my license expiration date is June 07. If I have a restricted license it is not due to me not meeting clinical, professional and administrative requirements; AND furthermore I have obtained an approved licensure waiver from the Air Force, per AFI 44-119, for the unusual/substantial/inharmonious administrative actions required by the following state: . I will maintain the waiver, or obtain and maintain an unrestricted state license, during the period of my ASP service obligation.

OR

I am a physician who has just completed internship training and have provided my Commander evidence of having successfully completed all three parts of the national licensing exam.

b. I will keep my license current during the ASP agreement period.

c. I am not undergoing internship or initial residency training.

CONDITIONS OF AGREEMENT:

1. I understand that in consideration of my entering into this agreement, the Air Force agrees to pay ASP to me, subject to availability of funds, in a lump sum of \$15,000.00, subject to applicable State and Federal taxes.

2. I understand that the effective date of my entitlement to ASP is 1 July 06.

3. I understand that I will incur a one-year active duty service obligation (ADO) beginning on the effective date of my entitlement as indicated in paragraph 2 above.

4. Please initial by only the applicable blocks (a, b, c) below:

a. I am eligible to complete 20 years active duty service by age 62; the signature on this special pay agreement constitutes authorization for use of the agreement as a source document to extend my retainability. I authorize the Air Force (HQ AFPC/DPAMP) to use this agreement as authority to extend my DOS to match my ASP ADO. I certify that this extension will not carry me past a mandatory release or retirement date. I understand that submission of this agreement does not guarantee extension of my DOS and I understand that payment will not be made until the DOS extension is approved and updated in MilPDS

b. I have reached age 61 and I have obtained a Secretary of the Air Force age waiver through the AFPC/DPAMP office so I can remain beyond age 62, but not to exceed age 68. I have obtained extension of retainability to serve the active duty obligation incurred by this agreement. I understand that the age waiver must be accomplished before the extension of retainability is requested and special pay can be authorized. A delay in submitting retainability extension will cause a delay in special pay payment.

c. I am not eligible to complete 20 years active duty service by age 62, but prior to submitting this agreement, I have obtained retainability via a Specified-Period-of-Time-Contract (SPTC) with an established date of separation not to exceed my 68th birthday.

5. I understand that the National Defense Authorization Act of 2005 stipulates that all active duty physicians eligible for Regular Air Force will be automatically converted to Regular Air Force by 1 May 2006. This will establish an indefinite date of separation (DOS) for those able to complete 20 years active duty service by age 62.

6. I understand that the appropriate Air Force officials must approve this agreement before payment will be authorized.

7. I understand that the ASP program constitutes a voluntary retention program and that unless a waiver approved by the Secretary of the Air Force or designee is obtained, I will not be released from active duty before fulfilling the term of continuous active duty agreed to in paragraph 3 above, even if that obligation will extend me beyond 20 years of active federal service.

8. I understand that this agreement will be terminated upon entry into internship or initial residency training, separation from active duty, including separation after declination for selective continuation, or upon my death or if I do not fulfill the conditions of this agreement. This agreement may be terminated by the Surgeon General for reasons that include, but are not necessarily limited to, failure to meet eligibility requirements or noncompliance with Air Force standards or when clear evidence exists that I should be denied further active duty service. It may also be terminated when in the best interest of the Air Force.

9. I understand that requests for resignation, release from active duty or voluntary retirement to be effective during the period of this agreement will be disapproved except where considered to be in the best interest of the Air Force.

10. I understand that in the event of termination under paragraphs 8 or 9 above, unearned ASP pay will be recouped by the government on a pro rata basis based on length of ASP ADO actually served, unless the failure to complete the period of active duty specified in the agreement is due to death that is not the result of my misconduct.

11. I understand that a discharge in bankruptcy under Title 11, USC, that is entered less than five years after the termination of this agreement does not discharge me from a debt arising from this agreement. This paragraph applies to any case commenced under Title 11, USC after 30 September 1985.

12. In accordance with the privacy act, I understand that disclosure of my social security number is voluntary; however, failure to provide the number may result in non-verification of my agreement and payment of ASP may be affected. I also understand that information compiled from the agreement may be used for special pay program and budget analysis.

13. I understand that by signing below I agree to the retention requirements in accordance with the rules outlined in this agreement.

14. I understand this agreement is binding as of the date of my signature.

MEMBER'S SIGNATURE: DATE: 6/20/06

PRINTED NAME: Carla Torres SSN: RANK: O-3

EMAIL ADDRESS: PHONE (Comm/DSN):

1st Indorsement:

TO: HQ AFPC/DPAPBS

I have verified the information contained in this agreement. I certify that Captain Carla Torres possesses a current, valid, unrestricted State medical license or that he/she has provided me with evidence of having successfully completed all three parts of the national licensing exam. I declare that if the physician has a restricted license it is not because he/she is not meeting clinical, professional and administrative requirements; AND furthermore, I declare that he/she has obtained an approved licensure waiver from the Air Force for the unusual/ substantial/inharmonious administrative actions required by the following state: Mississippi. I further certify that this member is in compliance with the conduct, competence, and standards expected by the Air Force.

CAPT MC USNR
Signature, Authorized Indorsing Authority

6/23/06
Date

CAPT MC USNR

Typed or Stamped Signature Block ,
Authorized Indorsing Authority
(Group Commander or equivalent; see FY06 AF Medical Officer Special Pay Plan)

FISCAL YEAR 2008 (FY08)
MEDICAL CORPS ADDITIONAL SPECIAL PAY AGREEMENT (ASP)
(01 October 2007)

NAME: Carla Toews RANK: O-3 SSN: DOS: 6/2009

AUTHORITY: Title 37, U.S.C. 302

Member Instructions: Before you begin, PLEASE review agreement thoroughly. Place your INITIALS in each numbered bracket and fill in appropriate information.

1. I hereby request Medical Officer Additional Special Pay (ASP) and hereby certify that:
- a. I possess a current, valid, unrestricted license to practice medicine as a physician in the State or jurisdiction of MS. My license number is and my license expiration date is June 30 2006. If I have a restricted license it is not due to me not meeting clinical, professional and administrative requirements; AND furthermore I have obtained an approved licensure waiver from the Air Force, per AFI 44-119, for the unusual/substantial/inharmonious administrative actions required by the following state: . I will maintain the waiver, or obtain and maintain an unrestricted state license, during the period of my ASP service obligation.

OR

 - I am a physician who has just completed internship training and have provided my Commander evidence of having successfully completed all three parts of the national licensing exam.
 - b. will keep my license current during the ASP agreement period.
 - c. I am not undergoing internship or initial residency training.

CONDITIONS OF AGREEMENT:

- 1. I understand that in consideration of my entering into this agreement, the Air Force agrees to pay ASP to me, subject to availability of funds, in a lump sum of \$15,000.00, subject to applicable State and Federal taxes.
- 2. I understand that the effective date of my entitlement to ASP is July 1
~~June 30 2008~~
- 3. I understand that I will incur a one-year active duty service obligation (ADO) beginning on the effective date of my entitlement as indicated in paragraph 2 above.

4. Please initial by only the applicable blocks (a, b, c) below:

a. I am eligible to complete 20 years active duty service by age 62; the signature on this special pay agreement constitutes authorization for use of the agreement as a source document to extend my retainability. I authorize the Air Force (HQ AFPC/DPAMF) to use this agreement as authority to extend my DOS to match my ASP ADO. I certify that this extension will not carry me past a mandatory release or retirement date. I understand that submission of this agreement does not guarantee extension of my DOS and I understand that payment will not be made until the DOS extension is approved and updated in MilPDS.

b. I have reached age 61 and I have obtained a Secretary of the Air Force age waiver through the AFPC/DPAMP office so I can remain beyond age 62, but not to exceed age 68. I have obtained extension of retainability to serve the active duty obligation incurred by this agreement. I understand that the age waiver must be accomplished before the extension of retainability is requested and special pay can be authorized. A delay in submitting retainability extension will cause a delay in special pay payment.

c. I am not eligible to complete 20 years active duty service by age 62. However, one of the following situations is applicable to me:

(1) As of the effective date of this agreement, I have not reached age 61, therefore this agreement can serve as a source document to extend my retainability, OR

(2) I have the retainability to serve the 12 months expected from this agreement because I have a pre-existing active duty service commitment.

5. I understand that the National Defense Authorization Act of 2005 stipulates that all active duty physicians eligible for Regular Air Force will be automatically converted to Regular Air Force by 1 May 2006. This will establish an indefinite date of separation (DOS) for those able to complete 20 years active duty service by age 62.

6. I understand that the appropriate Air Force officials must approve this agreement before payment will be authorized.

7. I understand that the ASP program constitutes a voluntary retention program and that unless a waiver approved by the Secretary of the Air Force or designee is obtained, I will not be released from active duty before fulfilling the term of continuous active duty agreed to in paragraph 3 above, even if that obligation will extend me beyond 20 years of active federal service.

8. I understand that this agreement will be terminated upon entry into internship or initial residency training; separation from active duty, including separation after declination for selective continuation; upon my death; or if I do not fulfill the conditions of this agreement. This agreement may be terminated by the Surgeon General for reasons that include, but are not necessarily limited to, failure to meet eligibility requirements or noncompliance with Air Force professional practice standards or when clear evidence exists that I should be denied further active duty service. It may also be terminated when in the best interest of the Air Force.

9. I understand that requests for resignation, release from active duty or voluntary retirement to be effective during the period of this agreement will be disapproved except where considered to be in the best interest of the Air Force.

10. I understand that in the event of termination under paragraphs 8 or 9 above, unearned ASP pay will be recouped by the government on a pro rata basis based on length of ASP ADO actually served, unless the failure to complete the period of active duty specified in the agreement is due to death that is not the result of my misconduct.

11. I understand that a discharge in bankruptcy under Title 11, USC, that is entered less than five years after the termination of this agreement does not discharge me from a debt arising from this agreement.

12. In accordance with the privacy act, I understand that disclosure of my social security number is voluntary; however, failure to provide the number may result in non-verification of my agreement and payment of ASP may be affected. I also understand that information compiled from the agreement may be used for special pay program and budget analysis.

13. I understand that by signing below I agree to the retention requirements in accordance with the rules outlined in this agreement.

14. I understand this agreement is binding as of the date of my signature.

MEMBER'S SIGNATURE: DATE: 5/6/08

PRINTED NAME: Carla Torres SSN: RANK: O-3

EMAIL ADDRESS: PHONE (Comm/DSN):

1st Indorsement:

TO: HQ AFPC/DPAMF1

I have verified the information contained in this agreement. I certify that Carla Torres possesses a current, valid, unrestricted State medical license or that he/she has provided me with evidence of having successfully completed all three parts of the national licensing exam. I declare that if the physician has a restricted license it is not because he/she is not meeting clinical, professional and administrative requirements; AND furthermore, I declare that he/she has obtained an approved licensure waiver from the Air Force for the unusual/ substantial/inharmonious administrative actions required by the following state: MS. This member is in compliance with the conduct, competence, and professional practice standards expected by the Air Force.

MAY 20 2008

Signature: Authority

Date

Colonel, USAF, MC, CFS
Commander

99 MDC

Typed or Stamped Signature Block,
Authorized Indorsing Authority
(Group Commander or equivalent)

~~FOR OFFICIAL USE ONLY~~

VOLSEPMEDCOR



DEPARTMENT OF THE AIR FORCE
99TH FORCE SUPPORT SQUADRON (ACC)
NELLIS AIR FORCE BASE NEVADA

MEMORANDUM FOR Lt Col Carla Torres
(RANK AND FULL NAME, LAST 4 SSN)

26 May 2020
(DATE)

FROM: HQ AFPC/DPSOR

SUBJECT: Medical Examination for Retirement or Separation

1. Department of Defense (DoD) policy requires all members of the Military Services, including Reserve Component Service members who are separating or retiring after serving 180 or more days on active duty or on active duty (Title 10) orders for 30 or more days in support of a contingency operation, must complete a comprehensive Separation History and Physical Examination (SHPE). The SHPE should be completed at least 30 days prior to your scheduled departure, but no more than 180 days prior to your approved separation/retirement date.
2. If you plan to file a disability claim, you will start at your Medical Treatment Facility (MTF) Medical Standards Management Element (MSME). They will assist you with the process of filing your claim through the Veterans Administration (VA). You will initiate your VA Disability Exam through the e-benefits website at <https://www.ebenefits.va.gov/ebenefits-portal/ebenefits.portal>. If this examination is complete at least 30 days before your final departure date, it will be used to meet the SHPE requirement. If you are unable to complete your exam with the VA or choose not to file for benefits, please report to your MTF MSME within 3 duty days of receipt of this memorandum. Regardless of the location of your SHPE, you must complete a DD Form 2807-1, Report of Medical History. The form will be required by the VA when initiating your claim or the MTF MSME (or equivalent) prior to scheduling your appointment. A credentialed provider will review your medical history, perform a medical examination and complete all the requirements IAW AFI 48-123, Medical Examinations and Standards, Chapter 7. The results of the SHPE must be filed in your health record prior to the MTF completing the endorsement below documenting your clearance for departure. You may obtain a copy of the DD Form 2807-1 at <http://www.dtic.mil/whs/directives/infomgt/forms/eforms/dd2807-1.pdf>.
3. If you have had a physical examination using a DD Form 2807-1, DD Form 2808, and an audiogram within 12 months of your separation/retirement date, you may waive the SHPE; however, your commander must concur with the waiver request. Contact your MTF for more information on waiving the SHPE.
4. If medical personnel determine your condition requires review by a Medical Evaluation Board/Physical Evaluation Board (MEB/PEB), they will update an Assignment Availability Code (AAC) 37 to identify this requirement to us. If your MEB/PEB is not resolved 60 days prior to your retirement or separation date, the MTF should take action to place you on medical hold until the MEB/PEB is resolved. If this occurs, your departure/retirement or separation could be delayed. Additionally, delays to your retirement or separation date may impact your active duty and retired pay (if applicable), as well as other benefits and entitlements. Please contact your MTF for more information on the MEB/PEB process.
5. You may obtain additional information at TRICARE On-Line (TOL) at <https://www.tricareonline.com/portal/page/portal/TricareOnline/Portal>.
6. You must return this memorandum to your MPS Career Development element after endorsement by the medical facility. You will not be allowed to complete your final out-processing appointment without obtaining the required endorsement below.

