

HEALTH SERVICES PROFESSIONAL ADVISORY COMMITTEE

SELF-NOMINATION FORM: 2011 - 2013

The Health Services Professional Advisory Committee (HSPAC) provides advice to the Surgeon General (SG) and the Health Services Chief Professional Officer (CPO) on professional and personnel issues related to the Health Services category. Selections are based on the nominee's commitment to public health activities and specified criteria in the Charter (e.g., organizational, discipline, gender, and minority representation). Selections are made by the HSPAC and approved by the SG.

I am interested in serving on the HSPAC for a 3-year term beginning January 1, 2011. If selected, I am expected to obtain the necessary agency support to attend six scheduled meetings per year. Depending on my duty station location, teleconferencing may be arranged for 5 of these meetings with permission of the HSPAC Chair. It is my understanding that attending the COA conference can be substituted to meet the requirement of participating in one meeting in person. I also agree to participate in HSPAC subcommittees and other HSPAC activities.

I have included a copy of my current CV with summary sheet and a cover letter describing how my specific experience and expertise will benefit the HSPAC.

Rank and Name: _____ **PHS Serial #:** _____

Specific HSO Discipline: _____

HSO Subcategory: _____

(1) clinical (2) health education/administration (3) basic and applied sciences

Race Category: _____

DUTY STATION ADDRESS:

Operating Division/Program: _____

Institute/Center: _____

Division/Program: _____ **Building:** _____ **Room:** _____

Mail Stop: _____ **Street:** _____

City: _____ **State:** _____ **Zip:** _____

Duty Phone: _____ **FAX:** _____

E-Mail Address: _____

HSPAC ACTIVITIES/SUBCOMMITTEES OF INTEREST TO ME:

Awards Recruitment Readiness Communication
 Policy Mentor Membership Career Development

Other _____

Nominee's signature: _____ Date: _____

SUPERVISOR'S APPROVAL: I understand that the HSPAC serves as an advisory committee to the Surgeon General and the Health Services Chief Professional Officer on professional and personnel issues of interest to Health Services officers. Serving on the HSPAC is a 3-year commitment which involves attending at least six meetings via teleconference or in person in Rockville, MD or in Washington DC and participating in HSPAC activities. I approve this officer's participation on the HSPAC as part of his/her official duties, if appointed by the Surgeon General.

Supervisor's Signature: _____ Date: _____

E-mail (preferred; submit a scanned file of signature page), mail or fax entire application, CV with summary sheet & cover letter to:

CDR Todd Alspach
Chair, Membership Subcommittee, HSPAC
Centers for Disease Control and Prevention
Division of Laboratory Systems
Laboratory Practice Standards Branch
12 Executive Park Dr., NE, MS F-11
Atlanta, GA 30329
Phone: 404-498-2758
Fax: 404-498-2215
Email: talspach@cdc.gov

- If application is emailed you must either fax pages 1 and 2 of this form for signature verification or scan signed document and send as an email attachment.
- Nomination packages will not be considered unless all items are submitted; notification of receipt will be sent to you.
- HSO Discipline and Category are based on your qualifying degree, not current position.

NOMINATIONS MUST BE RECEIVED BY: June 30, 2010