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On behalf of the 2007 Health Services Professional Advisory Committee (HS-PAC) it brings me great pleasure to endorse the 7th Edition of the Health Services Officers (HSO) Resource Directory. It was our goal to develop a valuable resource for all officers progressing through their careers in the United States Public Health Service (USPHS) Commissioned Corps. I think you will agree that the officers who completed this Edition have made significant improvements that capture the latest changes from the USPHS Transformation Plan.

I would like to acknowledge the officers who actively participated in this effort. The HS-PAC Policy Subcommittee, chaired by LCDR Jason Jurkowski, provided oversight and received assistance from CAPT Dan Kavanaugh, CAPT Craig Wilkins, CDR Brad Austin, CDR Jeff Bosshart, CDR Beth Finnon, CDR Michael J. Flood, CDR Elijah Martin, CDR Sheila Pack-Merriweather, CDR Ron Nowalk, LCDR Helen Hunter, LCDR Delia Jones, LT Maria Benke, LT Andrew Chen, LT Thomas Janisko, LT Ieshia Jones, LT Mark McKinnon, LTJG Kristin Harris, LTJG Damon Smith, and CAPT Justina Schwemberger. The directory was made possible through their coordination of input from the Professional Advisory Groups of the HSPAC, special editing, and content review. The Policy Sub-committee also took special efforts to bring this document to you in a "web friendly" format by inserting numerous hyperlinks to ease your navigation when looking up policies, procedures, and benefits.

Your HS-PAC strives to add value and tangible services to our category and the USPHS. We support all USPHS officers, not only HSOs, by sharing the vital information that each Officer needs to develop as a professional and leader. This Directory will help make our paths easier to focus on becoming significant contributors in achieving the mission of the Corps to protect, promote, and advance the health and safety of our Nation. I encourage you to send comments as to how we can continue to improve this document to me or your current PAC Chair <http://www.usphs-hso.org/pac/roster.shtml>.

Sincerely yours

CAPT John Cardarelli II, PhD, CHP, CIH, PE
HS PAC Chair, 2007



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Office of Public Health and Science
Region I- New England
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It is my pleasure to welcome you to the 7th Edition of the Health Services Officers Resource Directory updated by the Health Services Professional Advisory Committee (HS-PAC). The directory is posted on the HS-PAC website (<http://usphs-hso.org/>) where it can be easily accessed by anyone with an interest in the Public Health Service (PHS) and the Health Services category. I encourage you regularly review and access the material presented in this directory; it is a valuable reference.

I am honored to represent the diverse and outstanding group of officers who make the HS-PAC. The Health Services category makes up approximately 10% of our Corps with almost 900 active duty officers who are involved in a wide variety of clinical, applied public health, and basic applied scientific positions. HSOs provide vital contributions to the health of the Nation and are an invaluable resource to the Office of the Surgeon General, the PHS, the United States Government, and the American public.

Thank you for your contribution and support.

This Resource Directory provides a useful tool to navigate Officers through a variety of topics of concern related to their careers. You will find everything from hints on career development and training to tips on how to prepare for promotion. You will find the new addition of hyperlinks to make it easier to find the information you need ranging from the Health Services Mentor Program to military protocol, courtesy, and uniforms, and benefits packages for our Officers. I am confident that we have met our goal of providing a document that will introduce you to the Health Services category and assist you throughout your career.

Sincerely,

RADM Michael Milner
Chief Health Services Officer

CHAPTER 1

HEALTH SERVICES OFFICERS OF THE U.S. PUBLIC HEALTH SERVICE

The Role of the Health Services Officer in the Public Health Service

<http://commcorps.shs.net/default.aspx>

The mission of the U.S. Public Health Service Commissioned Corps is to protect, promote, and advance the health and safety of our Nation. As America's uniformed service of public health professionals, the Commissioned Corps achieves its mission through:

- Rapid and effective response to public health needs
- Leadership and excellence in public health practices
- Advancement of public health science

The Public Health Service (PHS) Commissioned Corps provides highly-trained and mobile health professionals who carry out programs that promote the health of the Nation. Commissioned Corps officers understand and prevent disease and injury, assure safe and effective drugs and medical devices, deliver health services to Federal beneficiaries, and furnish health expertise in time of war or other national or international emergencies.

In support of this mission, Health Services Officers (HSOs) provide expertise in 40 different disciplines. Because of their diverse backgrounds, HSOs are regarded as flexible and able to contribute to missions in ways that are not part of their commissioning degrees. Therefore, it is important for HSOs to continue additional training and experiences beyond what is required by their current billet.

HSOs are an important component of the USPHS Commissioned Corps. Approximately 10 percent of all commissioned officers are HSOs. They serve in all agencies of the U.S. Department of Health and Human Services, including the Food and Drug Administration (FDA), Health Resources and Services Administration (HRSA), Indian Health Service (IHS), Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), Center for Medicare and Medicaid Services (CMS), Agency for Toxic Substances and Disease Registry (ATSDR), Agency for Healthcare Research and Quality (AHRQ), Substance Abuse and Mental Health Services Administration (SAMHSA), and the Office of the Secretary (OS). Many HSOs serve in other Federal agencies such as the Immigration and Naturalization Service (INS), U.S. Coast Guard (CG), Federal Bureau of Prisons (BOP), the Department of Homeland Security

(DHS), the Department of Defense (DoD), Environmental Protection Agency (EPA), National Oceanic and Atmospheric Administration (NOAA), the Department of State, and the United States Agency for International Development (USAID).

HSOs hold qualifying degrees from accredited clinical, scientific, technical, applied public health and administrative programs. Professionals from the Health Services category provide a wide variety of professional skills and training to accomplish the mission of the USPHS. Disciplines represented within the Health Services category include biological, physical and environmental sciences, optometry, social work, podiatry, clinical psychology, medical technology, dental hygiene, medical records administration, physician assistant, information technology, health education, health services administration, and other public health specialties.

Health Services Professional Advisory Committee <http://usphs-hso.org>

The Health Services Professional Advisory Committee (HS-PAC) is comprised of up to 18 health services professionals <http://usphs-hso.org/pac/roster.shtml>. The HS-PAC operates based upon a Charter <http://usphs-hso.org/pac/charter.shtml> and Bylaws <http://usphs-hso.org/pac/bylaws.shtml>, a written set of rules and procedures. Additionally, the HS-PAC provides advice and consultation to the Surgeon General

<http://www.surgeongeneral.gov/index.html> and the Chief Health Services Officer on issues related to the professional practice and personnel activities of the Health Services category of the Commissioned Corps. HS-PAC members are chosen from various agencies and organizations in which HSOs serve. HS-PAC members represent a cross-section of the concerns, interests, and responsibilities of all HSOs. The HS-PAC has eight permanent operating subcommittees chaired by HS-PAC members. They are the Communications, Policy, Recruitment and Retention, Education and Career Development, Membership, Mentoring, Readiness, and Awards Subcommittees. The HS-PAC subcommittees address a variety of topics such as special pay and allowances, appointment standards, career development, and the Commissioned Corps mentoring program.

The PAC welcomes volunteers! While the subcommittees are chaired by HS-PAC members, **all HSOs are encouraged to participate, and anyone can volunteer to assist on any subcommittee (except Membership)**. Officers may contact any HS-PAC member to become involved. A list of PAC members is found on the HSO Home Page:

<http://usphs-hso.org/pac/subcommittees/subcommittees.shtml>

In addition, the PAC has formed a number of HSO Professional Advisory Groups (PAGs) to address discipline specific issues:

http://usphs-hso.org/pags/pags_main.shtml

At this writing, there are PAGs for Basic and Applied Science, Dental Hygiene, Health Administration, Information Technology, Medical Technology, Optometry,

Physician Assistant, Psychology, and Social Worker. HSOs are encouraged to participate in their PAG.

The Chief Health Services Officer (<http://usphs-hso.org/cpo/cpo.shtml>)

The Chief Professional Officer (CPO) is appointed by the Surgeon General to represent all officers within the Health Services category. Because the Health Services category is professionally diverse, the CPO has the challenge of representing the many disciplines contained within the category. As part of the duties of the position, the CPO provides administrative assistance to Agency/Program heads of PHS and non-PHS programs that routinely utilize PHS personnel. Under the direction of the Surgeon General, the CPO serves as a spokesperson to national and international professional associations related to the disciplines represented by the Health Services category. The position requires that the CPO take an active role in the professional growth of the members of the category, as well as acting as an ex-officio member of the HS-PAC.

In cooperation with the HS-PAC and other HSOs, the CPO performs many activities including:

1. Assessing the needs of HSOs and assisting in meeting those needs through development of proactive initiatives;
2. Addressing staffing issues concerning all HSOs;
3. Advising the Surgeon General on matters of professional practice and activities that relate to HSOs; and
4. HSO liaison to other professional categories within the PHS.

The following is a list of all HSOs who have served as CPO:

Name	Dates
CAPT Kenneth D. Howard	1978–79
RADM Karst J. Besteman	1979–84
CAPT Carl G. Leukefeld	1984–89
CAPT Joseph Garcia, Jr	1989–91
CAPT Evan R. Arrindell	1991–95
CAPT Robert G. Falter	1995–99
CAPT Vivian Chen	1999–01
CAPT Nina Dozoretz (Acting)	2001–02
CAPT Linda Morris Brown	2002–06
RADM Michael Milner	2006--present

CHAPTER 2

HISTORY OF THE HEALTH SERVICES CATEGORY

The Health Services category was established in 1959 to meet the staffing requirements of a changing PHS. At the time, officers who were trained in a single discipline, e.g., physicians in the Medical category and nurses in the Nurse category, staffed most of the PHS categories. Health professionals whose qualifications distinguished them from the existing PHS categories were needed.

The origin of the United States Public Health Service <http://commcorps.shs.net/AboutUs/history.aspx> can be traced back to an Act signed by President John Adams on July 16, 1798 that established hospitals to provide for “the temporary relief and maintenance of sick or disabled Seaman.” This law provided for a tax on sailor’s salaries to be used by the Secretary of the Treasury to construct locally controlled Marine Hospitals to provide medical services to merchant seamen in American ports. In 1870 additional legislation reorganized these locally controlled hospitals into the centrally controlled Marine Hospital Service with its headquarters in Washington, D.C. The Commissioned Corps of the Marine Hospital Service, comprised of medical officers appointed by the president with the advice and consent of the Senate, was established by an Act signed by President Grover Cleveland on January 4, 1889. The name of the Service was changed to the Public Health and Marine Hospital Service in 1902. In 1912 Congress passed a law that changed the name of the Service to the Public Health Service (PHS) and extended its authority to include investigation of all illnesses of man and his environment.

The skills and expertise that were brought to the Corps by HSOs were sought and used by PHS doctors and nurses who conducted studies, surveys, and health education efforts in the 19th and early 20th centuries, long before the HS category was established. There is a record of a PHS statistician who participated in studies of the 1918 influenza epidemic and whom the Surgeon General placed in charge of a new Statistical Office in 1921. A bacteriologist was also listed as an employee in 1918. The Division of Venereal Diseases in 1918 included “10 assistant directors of educational work.” No information is available on their formal health education training and they were not commissioned. Trained health educators worked in the venereal disease programs in the 1930's. Biologists, bacteriologists, and parasitologists were employed in malaria control efforts during World War II in the PHS Hygienic Laboratory (which evolved into NIH in 1930).

A precedent for a general health services category was found in the armed forces Medical Service Corps. Those Corps had worked very well for similar health-related specialties in the Army, Navy, and Air Force. The "health services" designation was selected by the PHS as a means to more adequately reflect and encompass the broader PHS functions of public health (i.e., program development, consultation, regulation, research, clinical care, and administration) as compared to the Armed Forces where the Medical Service Corps was limited primarily to direct service and administration.

It was not until 1921 that the PHS employed its first social worker. The role of social workers in the PHS expanded beyond the hospital setting in the 1940's when social workers were appointed as consultants in tuberculosis and chronic disease programs. In all likelihood, these employees were civil service or contract employees; no record exists that they were commissioned officers. They did, however, establish a need for the expertise of social workers in the PHS.

In the early 1940's, sanitarians represented one of the last groups to be placed in a single professional category. The Sanitarian category served as the "catch-all" group to accommodate nonsanitaricians who would later be designated as Health Services Officers (HSOs). Social workers, health educators, statisticians, medical record administrators, non-doctoral level scientists, and others in the physical and social sciences were originally commissioned as Sanitaricians. Because there was little support for continuing to designate a new category for every specialty, the Health Services category was established in 1959 as a category that could encompass diverse health services specialties that were needed to carry out the mission of the PHS.

The functions and responsibilities of the PHS expanded rapidly during the 1940's. Beginning in 1944, with the passage of the Public Health Service Act, a series of laws were passed that affected the Nation's medical research and training efforts significantly. The legislation included the National Mental Health Act (1946) and the National Heart Act (1948). The name of the National Institute of Health, established in 1930, was changed to the National Institutes of Health (NIH) to accommodate both the newly established National Heart Institute and the National Cancer Institute, established in 1937. The expanded roles of the PHS required new staff with diverse training and expertise that could be deployed rapidly to meet the Nations most urgent health needs a role that remains well suited to the Commissioned Corps.

The first two social workers were commissioned in 1950, and assumed key leadership positions in the NIH. One was a former Army officer who had distinguished himself by starting the social work program in the Army. He implemented the National Institute of Mental Health's grant training program to schools of social work. The other, a former Air Force officer, was appointed to plan and lead the Social Service Department of the NIH Clinical Center that

opened in 1953. These appointments established a precedent for the appointment of social workers and health services individuals from other professional and specialty groups.

The role of health educators expanded in the 1950's. The first health educator was commissioned in 1953. Additional health educators were commissioned in 1955 when the Indian Health Service (IHS) was transferred from the Department of the Interior to the PHS. Health education was an integral part of Indian community health programs, which also included public health nurses and sanitary engineers. This program contributed to the dramatic reduction in acute and infectious diseases among American Indian and Alaskan Native populations.

Medical record administrators got their start in the PHS in 1947 with the founding of the Health Record Administration Program of the PHS. At that time, there was concern for the quality of medical record systems in the Marine Hospitals. By 1950, the first students were enrolled in the School for Medical Record Librarianship at the Baltimore PHS hospital. In 1966, commissions were first offered to students in the program who went on to serve in the PHS hospitals and in other assignments. Graduates of the program received a certificate of completion and were qualified to take a national examination offered by what is now the American Health Information Management Association to become registered record administrators. The school later affiliated with college programs that granted a bachelor's degree in Medical Record Administration. Thus, the PHS played an integral part in the development of this specialty; 326 students graduated from the program at the PHS hospital prior to its closing in 1982. Approximately 100 of these graduates are, or have been, commissioned officers.

Professionals from environmental health and the physical and biological sciences were originally commissioned as Sanitarians and became part of the Health Services category in 1959. The professionals in these disciplines range from chemist, biologist, health physicist, and environmental specialist to those with a background in mathematics, statistics, and epidemiology. Their importance has grown tremendously as the health field has expanded in scope and complexity. They have served in many capacities in all agencies where collection or evaluation of physical or environmental measurements is required. For example, air quality and trend analysis are performed at the Environmental Protection Agency (EPA) laboratory in Research Triangle Park, North Carolina.

The FDA employs HSOs in numerous activities, including application review, medical device testing, medical drug kit testing, and food and cosmetic microbiology. HSOs at NIH in Bethesda, MD, and the CDC in Atlanta, GA, and Hyattsville, MD, conduct epidemiological studies and monitor survey findings to estimate the prevalence of and the risk factors for infectious and chronic diseases such as AIDS/HIV and hepatitis. HSOs at CDC also conduct several population-based surveys, including the National Health and Nutrition

Examination Survey (NHANES) and the National Health Interview Survey (NHIS).

New disciplines have been added to the Health Services category to meet the changing requirement of the PHS. In 1966, the first optometrist was commissioned by the PHS to serve in the IHS. The role of optometrists has expanded and now includes providing diagnostic and therapeutic primary eye care services. Optometrists are stationed throughout the IHS, Federal Bureau of Prisons (BOP), and the Coast Guard (CG). Optometrists are also assigned to administration and research positions within FDA.

Podiatry was added as a Corps specialty in 1978 with the commissioning of a National Health Service Corps (NHSC) podiatrist. Concurrently, the first podiatric medical students were awarded scholarships in 1978 and the first Doctors of Podiatric Medicine began serving their obligated time in 1981. In all, more than 100 students were trained before the program ended. Most of the podiatrists were assigned to NHSC sites or entered private practice in designated manpower shortage areas. A small number of placements were made with IHS clinics. The placements included nonsurgical as well as outpatient general practice assignments.

The latest additions to the Health Services category include computer scientists and physician assistants in 1989, and medical technologists and dental hygienists in 1991. In 2001, the computer science discipline was expanded to include information technology curricula. The commissioning of new specialties is one way that the PHS keeps pace with changing health care staffing requirements.

Qualifications for appointment in the Health Services category <http://commcorps.shs.net/profession/healthservices/requirements.aspx> are designed to assure a high standard of competence and performance from all of the disciplines and specialties that are included. When the category was first formed, the qualifications consisted of baccalaureate-level training in a health-related field. In 1967, during the Vietnam era, concerns regarding PHS competition for draft-eligible manpower prompted a review of this policy. The Assistant Secretary for Health and Scientific Affairs raised the qualifications for appointment to a master's degree for most specialties, and restricted the number of professional disciplines qualifying for appointment in the Health Services category.

This policy persisted during the early 1980's and limited commissioning into the Health Services category to those individuals with a master's degree, with a doctorate in optometry or podiatry, or certified as medical records administrators with a baccalaureate degree. Modifications have been made in recent years such that information technologists, dental hygienists, medical technologists, and physician assistants with specific training and class standing can be

commissioned with a baccalaureate degree, the benchmark degree of these professions. However, for most other disciplines, the qualifying degree continues to a master's degree or higher.

The Health Services category continues to grow and change to fulfill new health leadership roles. Many new health disciplines have emerged since the category was formed in 1959. Today, HSOs perform a variety of functions including direct clinical practice, program development, health planning and administration, and research. The category has grown from a small nucleus of a few officers to its present level of nearly 900 active duty officers. The HSO motto, “Strength Through Diversity” attests to the wide range of skills and experience possessed by this multi-disciplinary team of officers, and their pride and commitment to serving in the Commissioned Corps.

CHAPTER 3

THE COMMISSIONED CORPS PERSONNEL SYSTEM

As one of the seven Uniform Services, the Commissioned Corps is a specialized career system designed to attract, develop, and retain health professionals who may be assigned to Federal, State or local agencies or international organizations.

The [Office of Commissioned Corps Operations](#) (OCCO) is the Corps' personnel office. The Office of Commissioned Corps Force Management (OCCFM) <http://dcp.psc.gov/OCCFM.asp> staff writes the policies and procedures that are published in the Commissioned Corps Personnel Manual (CCPM) <http://dcp.psc.gov/eccis/CCISToc.aspx?ShowTOC=Y>.

If you have any recruitment or application questions, please email osphs@hhs.gov, call 1-800-279-1605 or 240-453-6135, or visit the web site at <http://www.usphs.gov>

If you are an **active duty officer** and have questions **not related** to recruitment, please visit the SG PAC and Commissioned Corps Agency Liaison Listing link to identify an appropriate point of contact. This document is located under the **About Us** tab located on the following web page: <http://dcp.psc.gov/default.asp>

Additional important web links to retrieve recruitment and job related information can be found at: http://dcp.psc.gov/VATS/rept_select.htm.

The following link will allow you to access the Commissioned Corps job vacancy database, to subscribe to the commissioned Corps vacancy list serve and make on-line request to apply to the PHS Commissioned Corps. <http://dcp.psc.gov/Jobs.asp>

Appointment Standards

<http://commcorps.shs.net/profession/healthservices/requirements.aspx>

PHS candidates must be U.S. citizens under 44 years of age, have earned a qualifying health professional degree from an accredited program, and must pass any medical, security, and licensure requirements as mandated by their respective discipline. Specific appointment standards for the Health Services category can be found in the CCPM, Subchapter CC23.3, Personnel INSTRUCTION 4, "Appointment Standards and Appointment Boards."

Assignments

An officer is subject to assignment wherever needed by PHS. The following are answers to three commonly asked questions:

Is there opportunity for mobility through a change in geographical location?

There are many opportunities for serving in the Commissioned Corps throughout the Nation. Officers may choose to work within the same agency or program or they may choose to transfer to other agencies or programs across the country. The Corps supports an officer's pursuit of diverse work experiences and career advancement. Geographic mobility may allow officers to achieve this. An officer may move frequently throughout his/her career but a minimum assignment of 2 years at each duty station is expected.

How do I find out which agencies/programs are currently available in a specific location?

You may access the list of job vacancies in the [jobs database](#).

What does Home of Record mean? Will I pay State taxes to my Home of Record?

The Home of Record (HOR) has nothing to do with State taxes. The main purpose of the HOR is to determine an officer's travel and transportation needs, and shipment of household goods (HHG) entitlements. When officers are called to duty, they are asked to provide the city and State they consider their "permanent home" or HOR. This must be a location in which they have lived or owned property before to their call to duty, but it does not have to be the same location from which they are called to duty.

Upon call to active duty, an officer's HHG may be shipped from either the city and State from which they travel or from their HOR. After serving a minimum of 2 years of active duty (and meeting any other obligations, such as those resulting from training or special pay contracts), officers are entitled to travel and shipment of HHG from the duty station back to either the location from which they were called to duty or to their HOR (or to a point of equal or lesser distance) upon inactivation or termination (in the case of retirement, an officer travel and ship HHG to a "home of selection").

The State to which an officer pays taxes is called the "State of Legal Residence" and is declared after the call to active duty.

Promotion

http://dcp.psc.gov/prom_faq.asp

Promotion eligibility in the PHS Commissioned Corps is based on training, experience, and length of time in service and grade. Officers who are eligible for promotion are considered annually by promotion boards. There are both temporary and permanent promotions. Officers are paid based on their temporary grade, which is usually higher than their permanent grade, except in the case of permanent O-6's who not flag-rank officers are. Health Services Officers additionally have specific benchmarks to attain that are the standards used to judge professional performance

http://usphs-hso.org/pac/subcommittees/cahope_so_reer_development/benchmarks_100506.pdf

These benchmarks may change from year to year based on guidance from the Office of the Surgeon General or Assistant Secretary for Health.

Temporary Promotion Eligibility Criteria

Eligible Grade	T&E Credit Required	Time in Service Requirement	Time in Grade Requirement During Current PHS Tour
O-2	4 years	None	None
O-3	8 years	None	None
O-4	12 years	6 months on current tour as officer in the PHS Commissioned Corps	None
O-5	17 years	5 years (2 years must be as officer in the PHS Commissioned Corps)	2 years as O-4
O-6	24 years	9 years (3 years must be as officer in the PHS Commissioned Corps)	3 years as O-5

Permanent Promotion Eligibility Criteria

Eligible Grade	Credit Required for Regular Corps Officers	Credit Required for Reserve Corps Officers
O-2	7 years T&E	7 years T&E
O-3	3 years Promotion Credit	10 years T&E
O-4	10 years Promotion Credit	17 years T&E
O-5 Restricted	7 years Seniority Credit	7 years Seniority (7 years as Permanent O-4)
O-5 Non-Restricted	17 years Promotion Credit	24 years T&E
O-6	4 years Seniority Credit	4 years Seniority Credit (4 years as Permanent O-5)

The following link will provide a detailed explanation of the USPHS promotion eligibility criteria:

http://www.usphs-hso.org/pac/subcommittees/career_development/2007_promotion_year_cheat_sheet.pdf

The following link will provide a detailed explanation of the Uniform Service rank structure:

<http://commcorps.shs.net/aboutus/uniforms.aspx>

The Commissioned Officers' Effectiveness Report (COER) http://dcp.psc.gov/coer_help.htm each officer's annual evaluation, is the primary source of the performance information for promotion. As such, it assumes great importance for each officer. Another vital document, with respect to the promotion process, is the officer's curriculum vitae (CV) http://usphs-hso.org/pac/subcommittees/career_development/cv.html. This document should be updated annually, as it is the only way an officer can transmit his/her accomplishments to the promotion board. (See CHAPTER 4.)

Regular versus Reserve Corps

The PHS is comprised of two service corps: The Regular Corps and the Reserve Corps. The Regular Corps is considered to be the career service component of the PHS Commissioned Corps. The President with the advice and consent of the Senate appoints regular Corps officers. A Reserve Corps Officer must successfully complete at least two years of continuous active duty before applying for assimilation into the Regular Corps and must complete at least three consecutive years of continuous active duty (the probationary period), before he/she is eligible to be reviewed by an Assimilation Board. The requirement to serve at least three years of continuous active duty applies not only to the first tour of active duty, but also to any subsequent tours of active duty as a Reserve Corps Officer. The Reserve Corps expands or contracts according to the requirements and resources of the PHS, and as such, Reserve Corps members can be the first to be subject to reductions in strength (RIS), when a RIS is required.

Assimilation

<http://dcp.psc.gov/assimilation.asp>

Information regarding assimilation into the Regular Corps can be found in CCPM Subchapter CC23.3, Personnel INSTRUCTION 7, and "Regular Corps Assimilation Program." The number of Regular Corps officers is limited by Congressional legislation; the current ceiling is **2,800**. In anticipation of

vacancies due to retirements and inactivations, officers are encouraged to apply when they meet the requirements. The minimum qualifications for consideration of a Reserve Corps officer for the Regular Corps are as follows: (1) 3 years of continuous PHS service in his/her current tour of duty; (2) compliance with the specific education requirements (if any) of the professional category for Regular Corps appointment (refer to category exhibits in CCPM Subchapter CC23.3, Personnel INSTRUCTION 4, “Appointment Standards and Appointment Boards;” and (3) a “D” or “E” overall score and a supervisory recommendation for Regular Corps assimilation on the latest COER.

Billets

https://dcpweb.psc.gov/billets/scripts/main_menu.htm

Billets are the descriptions of the major tasks associated with the positions to which the officer is assigned. They enable management to assign and transfer officers according to their duties, to accomplish the Agencies' missions. Billets are assigned rank levels and it is very important that you be in a billet graded equal to or higher than your actual rank, especially for promotion purposes. See Appendix A for a listing of standard HSO billets.

Salary

<http://commcoprs.shs.net/questionsanswers/compensation.aspx>

Salary, grades, and benefits are the same as for officers in the other Uniformed Services (i.e., Army, Navy, Air Force, Marine Corps, Coast Guard, and NOAA). Salary is comprised of three elements: basic pay, which is taxable, basic allowance for housing (BAH) and basic allowance for subsistence (BAS), which are non-taxable. Basic pay is determined by pay grade and accumulated years of creditable service in any of the Uniformed Services. Grade and years of creditable service figure into special pay allowances as well. **Within the Health Services category, optometrists, social workers, physician assistants, podiatrists, and psychologists are eligible for special pays.** Specific rules and pay guidelines are presented in CCPM Subchapter 22.2, Personnel INSTRUCTION. A basic feature of the Corps is its rank-in-officer concept under which officers are compensated according to their grade rather than their position.

Leave

http://dcp.psc.gov/eccis/documents/CCPM49_1_1.pdf

Thirty calendar days of annual leave are earned at the rate of 2.5 days each calendar month. Annual leave is charged for non-workdays including holidays and weekends, which are surrounded by annual leave days. A maximum of 60 days may be carried over from year to year. **Historical Note:** In December 2001, CCPM Manual Circular No. 368 declared a rare exception to this policy. The Circular stated, “The policy will authorize active-duty officers who were

unable to take annual leave because of the national emergency to carry up to 90 annual leave days from one calendar year to the next: Provided, that all officers will be required to use accumulated annual leave in excess of 60 days before the end of the third calendar year after service is terminated (before December 31, 2004).... In addition, while this policy granted officers the right to accumulate in excess of 60 days annual leave under the circumstances specified above, this Manual Circular did not grant authority for officers to accumulate more annual leave days than they had accumulated as of December 31, 2001.” Annual leave is used in whole day increments. There is no sick leave accrued under the Commissioned Corps system. Instead, sick leave is granted when the officer needs health care services or is incapacitated by sickness, injury, pregnancy, or confinement. Station leave is absence from work for a period less than one workday and is not chargeable to annual leave. Station leave must have the advance approval of the immediate supervisor and must not be abused. For additional information, refer to CCPM Pamphlet No. 68, February 1998.

Benefits

Described in CHAPTER 7.

Separation

Officers leaving the Commissioned Corps under honorable conditions after service of 24 months or more are eligible for appropriate benefits administered by the Department of Veterans Affairs (VA). For additional information, call **OCCO at (240) 453-6034 to speak to the Veteran’s Benefits section**. If you are planning to inactivate, for either personal reasons or for educational goals, and you expect to reactivate later for extended general duty, you need to be aware of the following criteria: (1) You must meet entry physical and appointment standards to qualify for reactivation. Conditions that do not prevent your continuing on active duty now may prevent your return to active duty despite a stable medical status. (2) When you apply for reactivation you will be competing with other applicants for available billets. (3) If you are reactivated, you will be a Reserve Corps officer even if you had been assimilated into the Regular Corps before your inactivation.

Special note: If the Regular Corps officer terminates or inactivates and is later recalled to active duty, he/she is recalled into the reserve corps. A former regular corps officer may apply for assimilation immediately upon reappointment into the reserve corps if the application is made within **two** years of his /her termination or inactivation. In addition, the officer will be in probationary status for the first three years after reactivation. A regular corps officer who is retired and is later recalled to active duty is recalled into the regular corps. **If you have any concerns about meeting entry-physical standards for reactivation, you should discuss your situation with the Medical Affairs Branch, OCCO, before you decide to inactivate.**

Voluntary Separation

[Inst 381.01: -- Separation Form PHS 1373 \(Old CCPM: CC23.6.3\)](#)

[Inst 381.02: -- Medical Examination Requirements \(Old CCPM: CC29.3.5\)](#)

[Inst 381.03: -- Medical Program Appeals \(Old CCPM: CC29.3.9\)](#)

Involuntary Separation

[Inst 382.01: -- Reduction in Force \(Old CCPM: CC23.7.3\)](#)

[Inst 382.02: -- Involuntary Separation \(Probation Period\) \(Old CCPM: CC23.7.1\)](#)

[Inst 382.03: -- Involuntary Separation \(Active Corps\) \(Old CCPM: CC23.7.4\)](#)

[Inst 382.05: -- Medical Examination Requirements \(Old CCPM: CC29.3.5\)](#)

[Inst 382.06: -- Medical Program Appeals \(Old CCPM: CC29.3.9\)](#)

Retirement

The retirement system for Commissioned Corps officers is noncontributory with benefits calculated on base salary and length of service. Under certain circumstances, PHS officers can receive retirement credit for periods of active duty in other Uniformed Services and under specific conditions up to 5 years of professional equivalent civil service time while employed in a PHS Agency. The system is structured on the basis of a 30-year career; maximum retirement pay (75% of base pay) is obtained at 30 years of service. Officers who have completed at least 20 years of Corps service, however, are eligible for retirement under certain conditions, including the proviso that their departure from the Corps will not affect Agency health programs. Retirement pay in these cases depends on the number of years of creditable active duty accumulated. There is also disability retirement when an officer can no longer perform his/her duties due to physical or mental problems. The rules governing this type of retirement are quite complex and the assistance of the **Medical Affairs Branch, OCCO**, is often needed.

Voluntary Retirement

[Inst 384.01: -- Creditable Service for Retirement \(Old CCPM: CC23.8.1\)](#)

[Inst 384.02: -- Voluntary Retirement \(20 Years\) \(Old CCPM: CC23.8.5\)](#)

Involuntary Retirement

[Inst 385.01: -- Involuntary Retirement \(20 Years\) \(Old CCPM: CC23.8.4\)](#)

[Inst 385.02: -- Retirement \(30 years\) \(Old CCPM: CC23.8.3\)](#)

Disability Retirement

[Inst 386.01: -- Disability Retirement \(Old CCPM: C23.8.6\)](#)

Thrift Savings Program

On January 1, 2002, Commissioned Corps officers were allowed the opportunity to participate in the Thrift Savings Plan (TSP). The TSP is a federal government-sponsored retirement savings and investment plan that can provide additional retirement income. More information about TSP can be located at www.tsp.gov.

CHAPTER 4

CAREER DEVELOPMENT AND TRAINING

Introduction

In order to attain PHS career goals, it is necessary to have a base of knowledge and a plan that focuses on one's individual professional development needs. Progress toward achieving any career goal may require enhancement of skills through progressively challenging job assignments, leadership positions and continuing education.

Five Steps To a Successful and Rewarding Career

Step 1: **Personal Responsibility**

You must take responsibility for planning and advancing your career! Do not make the mistake of relying on others to plan or promote your career. It is your career and your responsibility.

Step 2: **Personal Assessment**

Make a determination of the types of positions for which you may be qualified based on current training and education. Consider the professional, technical, or personal skills previously developed on the job and through participation in professional and community organizations.

Step 3: **Areas of Professional Interest**

Identify the type of assignment that will best meet professional and personal interests while taking advantage of identified skills and knowledge. Categories of jobs available to health services officers in the PHS include, but are not limited to, those in: research, regulatory development and compliance, clinical practice, and administration.

Step 4: Sources of Information on Career Options

Health Services Officers have access to several formal and informal sources to assist in achievement of a successful career.

Formal Sources

Formal sources of information include organizational charts and mission statements of Agencies; Agency personnel offices (including job opportunities for civil servants) <http://commcorps.shs.net/AboutUs/agencies.aspx>; Agency representatives and PHS liaisons; the Officer Support Branch <http://dcp.psc.gov/occss.asp>, the Health Services CPO; the HS-PAC and USAJobs: www.usajobs.gov

Informal Sources

Informal sources of information include professional associations such as the Commissioned Officers Association (COA) www.coausphs.org, Reserve Officers Association (ROA) <http://roa.org>, and Association of Military Surgeons of the U.S. (AMSUS) www.amsus.org; public health professional associations such as the American Public Health Association (APHA) www.apha.org and discipline specific societies; professional organizations such as the many minority advisory groups, and mentors within your Agency or PHS. All these sources are a way to develop a network of professional contacts. **Do not underestimate the value of networking.** Having a network of contacts can be an invaluable resource for obtaining information on career and job opportunities, maintaining and advancing knowledge and professional skills, and increasing interpersonal skills both on and off the job.

Step 5: Choosing a Career Direction

Making decisions about one's career is an evolutionary process that will require regular re-evaluation of personal and professional goals. In order to evaluate your career goals consider asking the following questions:

Where do I want to be in three years?

Where do I want to be in five years?

Where do I want to be in ten years?

Once these questions are answered, the route to achieve these goals can be determined. These are considered milestones or benchmarks. Each discipline within the Health Services Category should have established benchmarks for promotion. These benchmarks can be fulfilled through the assignments that require progressively higher levels of technical expertise, supervisory experience or managerial expertise.

These assignments may require a high level of technical expertise or responsibility, PHS awards, certification, advanced training, publications, and increased responsibility in professional associations. It is important to regularly review these benchmarks to assess progress toward achieving career goals.

Where do I want to go?

As a PHS officer, it is essential to show growth throughout one's career. This is usually done by showing career progression. However, there is some danger with overspecialization. Extremely narrow technical abilities or skills that could not be used widely within the PHS may limit opportunities for advancement.

How do I achieve my goals?

Once you have decided on a goal, plan what is necessary to get there. The first thing to do is evaluate assignment possibilities and growth potential of the current position. If there is little or no growth potential or it is no longer challenging or rewarding, research and seek out other positions either within one's current OPDIV or another OPDIV or agency. In searching for a new job, consider both your own professional needs and the needs of the PHS. There may be a more suitable job elsewhere in the OPDIV, in another PHS Agency, or a PHS-approved and sanctioned position in a non-PHS Agency, such as EPA or BOP. A good place to start looking is on the following website and select **Jobs**: <http://dcp.psc.gov/default.asp>.

Training opportunities

It will be critical to determine that one has the necessary knowledge, skills and abilities to be eligible for or effective in a new position. Continued training and education is a means to address any identified deficiencies.

Short-term training is not degree related, and can be either on a full-time or part-time basis. Short-term training is approved at the Program or Agency level with a form HHS-350 (Training

Nomination and Authorization) completed. Non-PHS Agencies have their own system and forms, so officers need to check with their administrative office to find the appropriate method.

Long-term training is degree related and can either be on a full-time or part-time basis. Most PHS long-term training is extramural. Extramural training is usually provided under the auspices of non-PHS training facilities. The PHS does have limited, intramural, long-term training opportunities. In some instances, PHS training facilities may have an agreement of affiliation with non-PHS training facilities to provide part of the intramural training. Both intramural and extramural training must be approved by the officer's OPDIV and OCCO. Officers must complete form PHS-1122-1 (Application for Training for PHS Commissioned Personnel). The principal reason for training must be to benefit the PHS, with the academic degree being a secondary purpose. The CCPM provides detailed instructions on training program requirements and application procedures.

While not directly related to job performance in an OPDIV, it is a matter of preparation and performance as a PFS officer, it is very important to take courses offered by the Commissioned Officers Training Academy (<http://dcp.psc.gov/cota>). For officers entering service after 1 January 2001, the basic training class is five days long and is offered in various locations around country. There is also a basic class for officers commissioned prior to 1 January 2001. Once officers have completed a basic training class, they take an on-line course that goes into more detail on the subjects introduced in the basic class. After successful completion of the basic and independent web-based courses, the officer will be awarded the Commissioned Corps Training Ribbon.

Preparation for a training program

The individual officer is responsible for identifying an academic program, specific courses, or residency programs. Once these have been identified, the officer initiates the application process by completing either the long-term training form PHS-1122-1 or the short-term training HHS-350 form. All relevant training that enhances the officer's career should be documented in the officer's Official Personnel Folder (OPF). The Agency and/or Program usually fund the training; however applications should be completed and submitted even if it is unclear where the funds will originate. Training contracts can be amended and changed. Payback obligations, required for long-term training, are calculated after the

training is complete and are usually two for one, i.e., for every year of training, 2 years of duty must be completed.

OCCO/ODB informs all officers of PHS training information via a Manual Circular in the CCPM. The manual circular is published each year before nominations are due. Continuing education, whether long-term or short-term, plays an important role in an officer's career development.

If you have any questions regarding long- or short-term training, or if you would like additional information about PHS training, you may contact your Agency liaison or Training Coordinator, OCCO/ODB.

Conclusion

Identifying and obtaining the right job requires knowledge, experience, flexibility, perseverance and some self-promotion. Not only must an officer have the appropriate credentials and experience, but also it helps to know the appropriate people and to take advantage of opportunities as they present themselves. Officers flexible enough to seize opportunities whenever they arise are more likely to reach their career goals. There is no magic formula for success. Although other people may help you during the course of your career, do not rely entirely on them. **Again, it is incumbent upon the officer to take responsibility for his or her own career development and advancement!**

Preparing for Promotion

Preparing for promotions is a task with which every Officer must be continuously involved over the entire PHS career. Plan ahead and the promotion cycles may not be as traumatic or stressful. Information on policies and procedures governing temporary promotions can be viewed using the electronic Commissioned Corps Issuance System eCCIS. <http://dcp.psc.gov/eccis/>.

Promotions to the 0–5 and 0–6 grades remain extremely competitive, and, unfortunately, not everyone will receive promotions to these grades.

Promotion boards are guided by the precepts and category specific benchmarks http://www.usphs-hso.org/pac/subcommittees/career_development/promotion.shtml that are posted on the HSO website. The five precepts for Promotion Year 2007 are:

- (1) Performance rating and reviewing official's statement;
- (2) Education, training and professional development;
- (3) Career progression and potential;
- (4) Officership

(5) Response Readiness http://ccrf.hhs.gov/ccrf/PPM07_001.pdf

Promotion Boards can only consider information in the electronic Official Personnel Folder (eOPF) <http://dcp.psc.gov/opffaq.asp>, therefore it is important that the eOPF contain information pertinent to the precepts. Extraneous information works against an officer because the Board needs to sift through the eOPF in search of relevant materials. Thoroughly prepared COERs and a current Curriculum Vitae (CV) are central to the decision making process of the Promotion Board.

The most important documents in the OPF are the COERs (Commissioned Officers' Effectiveness Report). http://dcp.psc.gov/coer_help.htm. The COER provides an opportunity for officers to describe their duties and accomplishments and plans for the future. The first section should be completed in detail with thought and care. It is strongly recommended that a COER attachment be written by the officer. The remainder of the COER allows the supervisor to evaluate the performance and conduct of the officer. Within just a few pages, information concerning an officer is presented in an organized, concise, and direct manner for the Board. Officers are encouraged to discuss their narrative with their supervisor, in order to elaborate on your accomplishments during the rating period.

Promotion Boards are advised only of you're an officer's billet rating and supervisory responsibilities. They are not given an actual billet (position) description. Therefore, the curriculum vitae should accurately describe the duties and level of responsibility of the position held by the officer.

Promotion boards receive a printout of PHS honor awards and recognized uniformed services awards received by officers. This list is limited to uniformed services awards recognized by the PHS:

http://dcp.psc.gov/eCCIS/documents/CCPM26_3_3.pdf

Other awards not included on the Promotion Board's list should be listed and included in the CV

http://usphs-hso.org/pac/subcommittees/career_development/cv.html.

As a final measure to ensure that all the documents have been submitted for inclusion into the eOPF, officers should review their on-line eOPF as it will be seen by the Board. Do this prior to the deadline for adding materials to the eOPF. In the CCMIS website <http://dcp.psc.gov> click on Secure Area, then select "Officer and Liaison Activities" and then enter Logon ID and Password and click on the "Access OPF Activity Menu".

Officers who have not been promoted should review their on-line eOPF to read the comments from the Board. Understand that sometimes the comments are helpful, and other times, the Board does not explain its actions.

Remember to check the *Commissioned Corps E- Bulletin* or the CCMIS Website <http://dcp.psc.gov> for any changes or updates on the promotion process. Each year, the *Commissioned Corps Bulletin* contains a summary of the most recent promotion cycle results as well as information, deadlines, etc., pertaining to the next promotion cycle.

Following the precepts on a daily basis and continuously updating your eOPF is the path to promotion. The process is ongoing and continuous, and cannot be successfully completed a few months before the notice to submit materials to the eOPF.

Official Personnel Folder Format

Currently, the eOPF contains material in five sections with subsections delineated by file tabs. The presence of a subsection does not require that material be contained in that section. Sections I and II contain the most pertinent information concerning an officer's career development. These two sections are the main focus of reviewing officials when officers are considered for awards, assimilation, personnel actions, and promotion. Organization of the eOPF is as follows:

SECTION I – Blue Color

- Letters of reprimand
COER – Commissioned Officers' Effectiveness Report

SECTION II – Green Color

Promotion Information Report
Curriculum Vitae/Resume
Professional licenses, certifications and certificates
PHS awards and non PHS awards
Continuing education documents
Special skills documents
Outside activity documents
PHS support activity documents

SECTION III – Yellow Color

Privacy Act/release of information
ID card application
Insurance forms or waivers
Statement of service
Miscellaneous documents

SECTION IV – Pink Color

Personnel orders
Security/sensitivity clearance documents
Application for commission and related documents

SECTION V – Tan Color

Confidential Documents – Assimilation Board score sheet, Promotion Board score sheet

The eOPF Curriculum Vitae

The Curriculum Vitae (CV) should be updated annually and may be used to apply for positions within the Department of Health and Human Services (HHS), or other federal agencies and for documentation in your personal folder. The following recommendations pertain primarily to preparing the CV for use as summary documentation in each officer's eOPF:

Presenting Yourself

The CV presents the officer and restates career progression and accomplishments, **reinforcing** information in the COER. The CV includes information not found elsewhere in the eOPF such as professional organizations, additional licenses, honors and awards, extracurricular activities, and publications that illustrate if an officer is well-rounded and current in the field.

This is probably the only document that the officer will prepare for the eOPF (publications do not go in the eOPF). It is the best opportunity to present yourself not only through the content of the document, but also through the appearance of the CV itself. Style, clarity, print, and attention to details such as grammar and spelling are all important when preparing your CV. Be informative and concise. Promotion Boards have a limited amount of time to review and score each officer that is being evaluated for promotion.

The Audience

A wide variety of people will have the authority to review you're an individual officer's eOPF. These persons will include, but not be limited to:

- (1) Promotion and Assimilation Boards;
- (2) Agency representatives; and
- (3) Those involved in personnel actions, e.g., filling vacancies, billet descriptions, hiring, and special assignments.

Any Commissioned Officer who is eligible for a promotion should have an updated CV in his or her eOPF before the published deadline of the promotion year. Each spring, the Health Services Promotion Board, comprised of five senior HSOs, meets to review and rank all HSOs who are

eligible for temporary or permanent promotion during that promotion year. These officers examine computer-generated summaries and eOPFs for each candidate while looking for information pertinent to each promotion precept. The information in your CV should be in a concise, easy-to-read, easy-to-find format. This will make the job of the reviewing officers easier and lessen the likelihood that they will miss some important, perhaps even pivotal, facts about you. A sample CV and CV summary sheet are available on the HSO website

http://usphs-hso.org/pac/subcommittees/career_development/cv.shtml

Ensure that your CV is complete and that it contains information relevant to those who are authorized to review your eOPF. Other than promotion, you may want to tailor the CV to focus upon a specific objective, e.g., competing for particular job assignment, providing biographical and educational background in preparation for a speaking engagement. Keep in mind however, that only one edition of a CV is placed in the eOPF at any one time.

CV Summary Sheet

Each CV should begin with a one-page cover sheet addressing each of the five-promotion board scored precepts. This gives the individuals reviewing your CV an overview of your accomplishments as they relate to the five promotion board precepts. Remember, this is a one-page summary and it should be brief. The detailed information should be contained in the body of your CV.

See sample summary sheet:

http://www.usphs-hso.org/pac/subcommittees/career_development/2007_CV_Summary_Sheet.doc

CV Content

The CV is one of the most important documents for presenting an overview of each officer's career. The CV should summarize items found elsewhere in the eOPF and highlight information such as civic, community activities and publications that are not included in other parts of the eOPF.

The format of your Curriculum Vitae should follow the sample CV found on the HSO website

http://usphs-hso.org/pac/subcommittees/career_development/cv.shtml

In order to facilitate its review by the Promotion Board. All CVs must be typed and dated with your name, PHS serial number and category on the upper right hand corner of each sheet.

At a minimum, your CV should contain:

- The current date of the CV
- College degrees and dates awarded
- Licensure, certifications, professional credentials
- Professional experience
- Special assignments
- Participation in professional organizations
- PHS awards and honors
- PHS support activities
- Special skills
- Non-PHS awards, honors, letters of recognition, etc.
- Civic and community activities
- Continuing education courses and conferences
- Titles of publications, presentations, patents, etc.

Your CV Should highlight:

- Career progression
- Assignments and geographic mobility
- Level(s) of responsibility and your value to the PHS
- Leadership
- Officership

Education

Include all college degrees that are held, the name of the college or university, and the dates the degrees were awarded. Include any additional training for which there is proficiency in a particular specialty area.

Professional licensing, certification, registration

List only current professional licensing, certification and registration and limit the listing to those that allow for practice or recognize expertise in you're a specific field or specialization.

Experience

List all of the positions held as a commissioned officer and all other appropriate professional experience in reverse chronological order starting with the current assignment. This list should include actual permanent assignments and any assignment in an acting capacity provided personnel orders were issued or the assignment lasted more than 90 days. Include dates, position title, OPDIV, and location.

Describe any short-term special projects or assignments under the position in which they occurred.

Describe duties and responsibilities for each position using a bullet format. Make sure that level of responsibility is clearly indicated for each position.

Remember: Billet descriptions **are not included** in an officer's eOPF. The CV is often the only document in the eOPF that describes an officer's level of responsibility.

Professional Organizations

List current professional organization memberships; status within the organization, e.g., member, associate, chairman, or fellow, and any current or past positions or assignments.

Awards and Honors

List the names and dates of all PHS awards and honors, including Exceptional Proficiency Promotions (EPP) received. The complete narrative should be available elsewhere in the eOPF. All non-PHS awards and honors should include the name of the award/honor, the organization, the date, and a very brief description of the purpose of the award/honor. **Ensure that a copy of the non-PHS award/honor is in your eOPF.** Include copies of letters of recognition into the eOPF.

PHS Support Activities

List any official PHS support activities, e.g., HS-PAC, promotion board recorder, appointment board, transformation activities or committee membership, Disaster Medical Assistance Team (DMAT), force readiness tier membership (OFRD), Junior Officers Advisory Group (JOAG), or an ad hoc committee for the Surgeon General. Include dates of participation and any office held.

Special Skills

List any skills that may be of value to the PHS, e.g., proficiency in a foreign language, certified SCUBA diver, licensed private pilot, or certified emergency medical technician.

Civic and Community Activities

List all current community/civic activities and volunteer work.

Publications, Presentations & Papers

List publications in reverse chronological order noting the author(s), title, journal, volume number, page, and date published. For presentations, list the title, the occasion, e.g., conference, city, and date. For patents, list the inventors(s), name of invention, patent number, and date.

Do not include the following information in your CV

- Summaries of performance appraisals (COERs)
- Conferences attended
- Medical information
- Personal Information

Submitting documents for inclusion into the electronic Official Personnel Folder

To ensure inclusion of the CV and other appropriate documents into the electronic eOPF for Promotion Board review, all materials must faxed to the Division of Commissioned Corps Officer Support (DCCOS) to either one of the following numbers:

(301) 480-1436 or (301) 480-1407

Licenses, certifications, registrations **must** be faxed to **(240) 453-6142**

Please include name, PHS serial number, and category on the upper right-hand corner on all sheets. The faxed documents enter an electronic workflow (no paper copies are produced). Thus, the resulting images are only as good as the facsimile machine used to submit the documents (streaks, crooked pages, etc. occur at the point of origin). Documents with various shades of contrast, highlighter marking, etc. do not fax well and cannot be read. The CV summary sheet (informative cover sheet) must be included as the first page of the CV as only one document is retained in the officer's eOPF.

The Health Services Mentor Program

The Health Services Mentor Program was implemented in 1992, to promote the career development of junior officers. Junior officers who indicate an interest in participating in the program are assigned a volunteer mentor. Mentor and mentee are matched as closely as possible with respect to Agency, discipline, and/or geographic assignment. The potential mentor's previous experiences, in addition to his or her current assignment, are given consideration in the matching process. Regardless of his or her background, a mentor will be able to provide general information on a wide variety of topics, such as health care and other benefits, PHS activities, professional associations, awards, mobility, promotions, and other personnel issues. Additional information can typically be obtained through a referral from the mentor.

While the Mentor Program is a great resource for the junior officer, it also offers senior officers an opportunity to share their experience and perspective with someone who could greatly benefit from them. Mentors benefit in a variety of ways: the satisfaction of helping a young officer define and attain goals by identifying options and planning strategies; improvement in interpersonal communication, motivation, coaching, counseling, and other management skills; an opportunity to gain perspective about comparable individuals supervised on a regular basis; and the impetus to reflect on one's own goals and performance. The HS-PAC and CPO strongly encourage all officers to take advantage of this worthwhile program.

For more information on the HS-PAC Mentoring Program go to:

http://www.usphs-hso.org/pac/subcommittees/mentoring/mentoring_program_info.html

http://archive.usphs-hso.org/Mentor/mentor_nomination.pdf

http://archive.usphs-hso.org/Mentor/mentee_feedback.pdf

http://archive.usphs-hso.org/Mentor/mentor_feedback.pdf

CHAPTER 5

HEALTH SERVICES PROFESSIONAL ADVISORY COMMITTEE (HS-PAC) AWARDS

[http://www.usphs-
hso.org/pac/subcommittees/awards/awards.shtml](http://www.usphs-hso.org/pac/subcommittees/awards/awards.shtml)

The Stanley J. Kissel Award

http://www.usphs-hso.org/pac/subcommittees/awards/awards_kissel.shtml

The Stanley J. Kissel Award was instituted in 1990 to recognize an outstanding health services professional whose career accomplishments and work performance have resulted in outstanding contributions to the health of the Nation and to the mission of the Public Health Service. The award is presented annually at the USPHS Scientific and Training Symposium (formerly the Commissioned Officers Association meeting).

This award was established in memory of CAPT Stanley J. Kissel, M.S.W. At the time of his death on active duty in 1989, he served as Chief, Social Work Department, at the Clinical Center of the National Institutes of Health. His notable contributions to the field of social work and to the Commissioned Corps are remembered and honored through this award.

The Stanley J. Kissel Award is presented to a member of the Health Services category or equivalent civil service professional who has made a significant impact on the Nation's health. The work can be at the state, regional, national, or international level, but must demonstrate a significant impact on the health of the Nation. Nominations must also include evidence of leadership in the achievement(s) being cited, and must describe how the officer serves as a role model to others.

Nominations must include:

- (1) Nomination cover sheet
- (2) Narrative, not to exceed 3 pages (font size 10 or 12), that describes: (a) the nominee's achievement(s) and the impact on the Nation's health, and (b) the leadership of the nominee in the achievement(s) being cited and how he/she serves as a role model to others
- (3) Current curriculum vitae

Nominations for the Stanley J. Kissel Award are solicited at the beginning of the year and are due in early spring. Information on the award process and due dates are sent electronically to all Health Service Officers via the HSO listserv, and is published in the *Commissioned Corps E-Bulletin*. Health Services Professional Advisory Committee members are not eligible for this award during their term on the Committee.

Nomination cover sheets for the Stanley J. Kissel Award may be found at the HSO website: <http://www.usphs-hso.org>.

Previous Recipients of the Stanley J. Kissel Award

- 1990 Mr. Ralph J. Russell, M.S.W.
Director, Mental Health Rocky Boy Service Unit
IHS, Rocky Boy Reservation, Box Elder, MT
- 1991 CAPT Richard E. Lippmann, O.D.
Director, Division of Ophthalmic Devices
Center for Devices and Radiological Health
FDA, Rockville, MD
- 1992 CAPT Matthew L. Henk, M.S.W.
Senior Social Work Specialty Consultant, Region 7
PHS Regional Office
OASH, Kansas City, MO
- 1993 CDR Thomas Bornemann, M.S.W., Ed.D.
Chief, Refugee Mental Health Branch
SAMHSA, Rockville, MD
- 1994 CDR Robert G. Falter, M.A., M.B.A., Ph.D.
Chief, Budget and Management Support Branch
Health Services Division, Office of the Medical Director
Federal Bureau of Prisons, Washington, DC
- 1995 CDR Vivian T. Chen, M.S.W., Sc.D.
Division of Quality Assurance, Policy Coordination and Implementation
Branch
Health Resources and Services Administration
Bureau of Health Professions
HRSA, Rockville, MD
- 1996 CAPT Joseph Garcia, Jr., M.P.H.
Associate Director of Management Services
Center for Substance Abuse Treatment
SAMHSA, Rockville, MD
- 1997 CAPT John McCrohan, M.S.
Deputy Director, Division of Mammography Quality and Radiation
Programs
Center for Devices and Radiological Health
FDA, Rockville, MD

HEALTH SERVICES OFFICERS – RESOURCE DIRECTORY

- 1998 CAPT James D. McGlothlin, M.P.H., Ph.D., C.P.E.
Senior Researcher, Engineering Control
Division of Physical Sciences and Engineering
CDC, Cincinnati, OH
- 1999 CAPT Ellen Hutchins, M.S.W.
Chief, Maternal and Child Health Bureau
HRSA, Rockville, MD
- 2000 CAPT Eugene Migliaccio, Dr.P.H.
Director, Division of Immigration Health Services
Bureau of Primary Health Care
HRSA, Bethesda, MD
- 2001 CDR Peter Delany, D.S.W.
Deputy Director, Division of Epidemiology, Services and Prevention
Research
National Institute on Drug Abuse
NIH, Bethesda, MD
- 2002 CDR Sylvia Tetzlaff, B.S.
Program Management Officer
Division of Vaccines and Related Products Application
Center for Biological Evaluation and Research
FDA, Rockville, MD
- 2003 CAPT Francis J. Behan, O.D.
Director, Commissioned Officer's Training Academy
Division of Commissioned Personnel
PSC, Rockville, MD
- 2004 CDR Dawn M. Clary, O.D.
Deputy Chief of Optometry, Phoenix Area Office
PHS Indian Medical Center
IHS, Phoenix, AZ
- 2005 CAPT Michael Milner, M.S., P.A.
Regional Health Administrator
Office of Public Health and Science
OS, Boston, MA
- 2006 CAPT Eugene G. Dannels, D.P.M
Chief of Podiatry, Phoenix Area Office
PHS Indian Medical Center
HIS, Phoenix, AZ
- 2007 CAPT Linda Morris Brown, M.P.H., Dr.P.H., F.A.C.E.
National Institutes of Health, National Cancer Institute
Division of Cancer Epidemiology and Genetics, Biostatistics Branch
Bethesda, MD

The Joseph Garcia, Jr., Award

http://www.usphs-hso.org/pac/subcommittees/awards/awards_garcia.shtml

The Joseph Garcia, Jr., Award was developed to promote the future leadership of the PHS by honoring a junior (O–2 through O–4) member of the Health Services category or equivalent civil service professional who has made a significant contribution to the advancement of the Nation's public health, demonstrated leadership in their work, and shown involvement in health-related professional or community organizations or activities. The award is presented annually at the USPHS Scientific and Training Symposium (formerly the Commissioned Officers Association meeting).

The award was established in honor of CAPT Joseph Garcia, Jr. (Ret), whose career demonstrated outstanding leadership, initiative, and dedication to improving the health of the Nation. CAPT Garcia was a role model and inspiration to junior and senior health professionals alike.

Nominations must include:

- (1) Nomination cover sheet
- (2) Narrative, not to exceed 2 pages (font size 10 or 12), that describes: (a) the nominee's contribution to the advancement of the Nation's health (i.e., the impact of the work and the role of the nominee), (b) the leadership of the nominee in the work being cited (e.g., providing vision or direction, developing an innovative approach, initiating significant activities, pursuing ongoing professional development, mentoring), and (c) involvement of the nominee in health-related professional or community organizations or activities.
- (3) Current curriculum vitae

Nominations may come from a supervisor, professional colleague, or anyone who, through a professional working relationship, can attest to the impact of the nominee's contributions to the advancement of public health. Self-nominations will not be accepted.

Nominations for the Joseph Garcia, Jr. Award are solicited at the beginning of the year and are due in early spring. Information on the award process and nomination due dates are sent electronically to all Health Service Officers, and is published in the *Commissioned Corps E-Bulletin*. HS-PAC members are not eligible for this award during their term on the Committee.

Nomination cover sheets for the Joseph Garcia, Jr. Award may be found at the HSO website: <http://www.usphs-hso.org>.

Previous Recipients of the Joseph Garcia, Jr., Award

- 1997 LT John Hemphill, M.S.
National Drug Free Workplace Coordinator
BOP, Washington, DC
- 1998 LT Trinh K. Nguyen, B.S.
Software Engineer
FDA, Rockville, MD
- 1999 LT Dianne Cairns, M.P.H.
Public Health Analyst
HRSA, Rockville, MD
- 2000 LT Diane C. Hanner, M.P.H., M.S.W.
Coordinator, Geriatric Education Center
Bureau of Health Professions
HRSA, Rockville, MD
- 2001 LCDR Karen Sicard, B.S.
Dental Department
Crow/Northern Cheyenne Hospital
IHS, Crow Agency, MT
- 2002 LCDR John J. Cardarelli, Ph.D., C.I.H., P.E.
Senior Research Officer
National Institute for Occupational Safety and Health
CDC, Cincinnati, OH
- 2003 LCDR Robbin K. Williams, B.S.
Area/Regional Dental Disease Prevention Officer
Oklahoma Area Officer
HIS, Oklahoma City, OK
- 2004 LCDR Gail Davis, M.P.H., M.S.W.
Senior Public Health Analyst
Division of Perinatal Systems and Women's Health
Maternal and Child Health Bureau
HRSA, Rockville, MD
- 2005 LCDR Angela K. Shen, M.P.H.
Director Regulatory Review/Lead Inspector
Center for Biologics Evaluation and Research
FDA Kensington, MD
- 2006 LCDR Frances Placide, M.M.S., P.A.-C
Chief P.A. Clinical Consultant
Cherokee Indian Hospital
IHS, Nashville, TN
- 2007 LCDR Michelle L. Markley
Biosafety Officer
Food and Drug Administration
Center for Food Safety and Applied Nutrition
College Park, MD

The Health Services Officer (HSO) Award Guide

The HS-PAC Awards Subcommittee updated the Award Guide in April 2003. The purpose of the guide is to inform officers of the Commissioned Corps awards process and to assist them in receiving recognition for noteworthy accomplishments. The Award Guide and the information in Chapter CC27 of the CCPM serve as complementary tools to better informing officers about the awards process. The Award Guide is posted on the HSO Website at: http://www.usphs-hso.org/pac/subcommittees/awards/awards_guide.shtml.

Chapter 6

Applicable Disciplines and Registration, Certification and Licensure

Some of the disciplines within the Health Services category require that the officer be licensed or certified in their profession. Only the specialties discussed below currently require licensure or registration requirements for certain types of assignments that must be met before an officer can be assigned to those programs. The Division of Commissioned Corps Assignment in OCCO maintains the current standards for the various disciplines that require licensure.

All officers are expected to maintain a current American Heart Association (AHA) Basic Life Support for Healthcare Providers, AHA Advanced Cardiac Life Support, or American Red Cross Cardiopulmonary Resuscitation Automatic External Defibrillator for the Professional Rescuer certification.

DENTAL HYGIENE

Commissioned Corps Dental Hygienists have the opportunity to use their professional skills and abilities in positions relating to clinical dental hygiene, community health promotion, health training and education, program development, management and implementation, research, training and technical assistance, and public health related areas. Positions can be located in federal or tribal hospitals or clinics, or in other federal agencies providing support in policy, program management, research and in emergency preparedness and response settings.

The core requirements to receive a commission as a Dental Hygienist Officer includes a baccalaureate degree in Dental Hygiene that is accredited by the Commission on Dental Accreditation of the American Dental Association (ADA) or an associate degree in Dental Hygiene that is accredited by the Commission on Dental Accreditation of the American Dental Association (ADA) combined with a baccalaureate degree in a related health field from an accredited organization and a current unrestricted license from a state or regional board of dentistry.

In order to compete for and succeed in advanced billets, Dental Hygiene Officers are encouraged to obtain further advanced degrees in related fields such as public health, business management, law, disaster preparedness and response.

BASIC APPLIED SCIENTIST

Commissioned Corps Basic Applied Scientists provide professional and public health services by serving in billets located in, but not limited to, research laboratories, biological and device regulatory offices, diagnostic services offices,

legal compliance offices, policy offices, and preparedness and response settings.

The core requirement to receive a commission as a Basic Applied Scientist Officer includes a master's degree in biological science, biostatistics, chemistry, epidemiology, radiological physics, or health physics from an accredited school of higher education. There are no licensure requirements for initial or continual appointment as a Basic Applied Scientist Officer.

In order to compete for, and succeed in, the advanced billets listed above Basic Applied Scientists are encouraged to obtain further advanced degrees in various diagnostic, public health, information technology, education, and management disciplines including master's level degrees in related fields such as public health, business management, law, disaster preparedness and response.

INFORMATION TECHNOLOGY

Commissioned Corps Information Technology Professionals provide professional and public health services by serving in billets located in, but not limited to, diagnostic laboratories, research laboratories, biological and device regulatory offices, diagnostic service offices, legal compliance offices, policy offices, and preparedness and response offices.

The core requirements to receive a commission as an Information Technology Officer are an accredited Bachelor of Science degree in Information Technology, Computer Science, Computer and Information Systems Management, or a related degree from a program that is accredited by the Division of Allied Health Education and Accreditation of the American Medical Association. There are no licensure requirements for initial or continual appointment as an Information Technology Officer.

In order to compete for and succeed in the advanced billets listed above, Information Technology Officers are encouraged to obtain further advanced degrees in various diagnostic, public health, information technology, education, and management disciplines including master's level degrees in related fields such as public health, business management, law, disaster preparedness and response.

MEDICAL TECHNOLOGIST

Commissioned Corps Medical Technologists provide professional medical, health, and public health services by serving in billets located in, but not limited to, diagnostic laboratories, research laboratories, biological and device regulatory offices, diagnostic services legal compliance offices, policy offices, and preparedness and response offices.

The core requirements to commission as a Medical Technologist Officer are threefold: 1.) an accredited bachelor of science degree in Medical Technology or Clinical Laboratory Science, or a related degree that is accredited by the Division of Allied Health Education and Accreditation of the American Medical Association, 2.) successful completion of a National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) accredited bench-level training program as a Medical Technologist (MT) or Clinical Laboratory Scientist (CLS), 3.) certification as an Medical Technologist with the American Society of Clinical Pathologists or as a Clinical Laboratory Specialist with the National Credentialing Agency for Clinical Laboratory Personnel.

In order to compete for and succeed in the advanced billets listed above, Medical Technologist Officers are encouraged to obtain further advanced degrees in various diagnostic, public health, information technology, education, and management disciplines including master's level degrees in related fields such as business management, law, disaster preparedness and response.

HEALTH ADMINISTRATOR

Commissioned Corps Health Administrators provide professional medical, health, and public health services by serving in billets located in, but not limited to, biological and device regulatory offices, legal compliance offices, policy offices, grant program offices, hospitals (Indian Health Service and other federal facilities), primary care clinics, and preparedness and response offices.

The core requirement to commission as a Health Administrator Officer is a master's degree in public health (with a focus on health policy and/or management), healthcare administration, healthcare management, or similar degree that is accredited by the Accrediting Commission on Education for Health Services Administration (ACEHSA). Though it is not a requirement, participation in and certification by the American College of Healthcare Executives is strongly encouraged.

In order to compete for and succeed in the advanced billets listed above and to enhance skills, Health Administrator Officers are encouraged to take additional graduate level courses in public health or their chosen discipline.

PHYSICIAN ASSISTANT

Commissioned Corps Physician Assistant Officers provide professional medical, health, and public health services by serving in bullets located in, but not limited to, tribal, federal, and local hospitals, clinics, and primary healthcare centers, policy offices, and preparedness and response offices.

The core requirements to receive a commission as a Physician Assistant Officer includes a Baccalaureate or Master's degree in Physician Assistant Studies that

is accredited by the Accreditation Review Commission on Education for the Physician Assistant and successful completion of the Physician Assistant National Certifying Examination (PANCE) offered by the National Commission on the Certification of Physician Assistants (NCCPA). The requirements for continued commissioning as a Physician Assistant Officer includes successful completion of the Physician Assistant National Recertifying Examination (PANRE) offered by the National Commission on the Certification of Physician Assistants (NCCPA). It is highly recommended but not required for a Physician Assistant Officer to possess a current unrestricted state license to practice medicine as a Physician Assistant.

In order to compete for and succeed in advanced billets, Physician Assistant Officers are encouraged to obtain further advanced degrees in various public health, education, education and management disciplines including master's level degrees in related fields such as public health, business management, law, disaster preparedness and response.

PSYCHOLOGIST

Commissioned Corps Psychologist Officers provide professional medical, health, and public health services by serving in billets located in, but not limited to, tribal, federal, and local hospitals, clinics, and mental health centers, policy offices, and preparedness and response offices.

The core requirements to receive a commission as a Psychologist includes a Doctorate degree (Ph.D or Psy.D degree) accredited by the American Psychological Association and a state license to practice Psychology. A one year state license waiver may be granted by the Office of Commissioned Corps Operations prior to state licensure. The requirement for continued commissioning as a Psychology Officer are a valid and unrestricted state license to practice Psychology.

In order to compete for and succeed in advanced billets, Psychologist Officers are encouraged to obtain further advanced degrees in various public health, education, education and management disciplines including master's level degrees in related fields such as public health, business management, law, disaster preparedness and response.

OPTOMETRIST

Commissioned Corps Optometry Officers provide comprehensive professional ophthalmic care and public health services primarily in billets located in Federal and Tribal clinics, community health centers, and hospitals. Commissioned Corps Optometry Officers also serve in research, policy, response, and preparedness settings.

The core requirements to receive a commission as an Optometry Officer include a Doctorate in Optometry. Optometrists must successfully complete and pass the National Board of Optometric Examiners (Parts I, II, & III) along with the Treatment and Management of Ocular Disease board. The requirements for maintaining a commission as an Optometry Officer include completing continuing medical education and maintaining an active state license.

In order to compete for and succeed in advanced billets, Optometry Officers are encouraged to complete residency training and obtain advanced degrees in various public health, education, and management disciplines including master's level degrees in related fields such as public health, business management, law, disaster preparedness and response. Other duties in advanced optometry billets include supervising a residency or student externship program or serving on any of several national-level committees.

SOCIAL WORKER

Commissioned Corps social workers can be found working in both clinical and administrative billets throughout the OPDIVS and agencies of the US Public Health Service. They serve in a wide range of practice settings located in but not limited to rural hospitals and clinics, federal detention centers, program planning and policy offices, public health, and preparedness offices.

The basic requirements for commissioning is a master's degree in social work from an institution accredited by the Council on Social Work Education or other nationally recognized accrediting organization and a current and valid state license or state certification. Licensing or certification at the two year post-master's experience must be accomplished within the designated time frame of supervised practice as guided by the Commissioned Corps Personnel Instruction on Appointment Standards for social workers.

In order to compete for and succeed in selection for advanced social work billets officers are encouraged to expand their knowledge and experience base. Examples of value added experience and education are Board Certification, obtaining graduate level education beyond the qualifying degree of MSW including a PhD in social work; other master's level degrees in related fields such as public health, business management, law, disaster preparedness and response.

Additional information on these disciplines and others can be gained from the Professional Advisory Groups that address discipline-specific professional issues and advise the HS PAC and the Chief Professional Officer of the Health Service Officer Category. The PAG functions in a resource and advisory capacity to assist in the development, coordination, training and evaluation of activities related to the specific discipline. http://www.usphs-hso.org/pags/pags_main.shtml

CHAPTER 7

BENEFITS

This chapter describes many benefits that are available to you as an officer. Some of these benefits are obvious; others require a bit of study or legwork to understand how to use them. All of these benefits are important and add greatly to being a Commissioned Corps officer.

<http://commcorps.shs.net/aboutus/questions.aspx#whatare>

Military Benefits

The Base and Post Exchanges (BX/PX)

The BX/PX of the Army, Navy, Air Force, Marine Corps and Coast Guard are available to all commissioned officers and their dependents. A valid uniformed services identification (ID) card is required to purchase merchandise and may be required for entry if not in uniform. Commissioned Officer Student Training and Extern Program (COSTEP) and short-tour officers also need a copy of their orders. Most facilities now take credit cards in addition to checks and cash. There are several types of stores in this system including main exchanges, which are similar to department stores, auto services, uniform shops, and miscellaneous stores including tailor/laundry, optical, flower, and fast food. BX/PX can be located through the following links:

<http://www.aafes.com/>

<http://www.cg-exchange.com/>

<https://www.navy-nex.com/>

<http://www.usmc-mccs.org/shopping/mcxlocation.cfm?sid=shop&smid=4>

Commissary

These are the supermarkets for the military family. A valid uniformed services ID card is required to purchase merchandise and may be required for entry even if you are not in uniform. Savings can be similar to discount food marts. You may pay by check if you wish. Commissaries may be more crowded on military paydays and weekends. More information is available at the following site: <http://www.commissaries.com/>. As a note, in the commissary system, baggers work for tips only.

Credit Unions

Most military facilities have credit unions available that offer the usual banking services. Branches of the FedFinancial Federal Credit Union <http://www.finfed.org/> (formerly the PHS Federal Credit Union) are located at the

larger PHS installations.

Health/Medical Care

Medical care is one of the most important benefits for you and your dependents. Effective 1 January 2004, all PHS officers were directed by the acting Assistant Secretary for Health to enroll in TRICARE Prime or TRICARE Prime Remote depending on the location of an officer. (see [TRICARE](#) Information)

When enrolled in TRICARE Prime, a U.S. Military Treatment Facility (USMTF) is responsible for providing care and authorizing outside care. When using a USMTF, you are expected to show up for your appointment in uniform (check your local uniform authority for the uniform of the day in your area).

If you are geographically remote (defined as more than 50 miles or a one hour drive from a USMTF), you should enroll in TRICARE Prime Remote. Under this option, you may choose a primary care provider of your choice from a list of authorized TRICARE providers. Any care from that provider does not need preauthorization. Any additional care must be authorized by the Active Duty Health Care Finder for the TRICARE Prime Remote Program in your TRICARE region. To find out whether you are eligible for TRICARE Prime Remote, visit the following site and enter your zip code: <http://www.tricare.mil/tpr/>

Family members have their choice of using any of the three options of the TRICARE program as well as the Uniformed Service Family Health Plan (USFHP). The HSPAC recommends that you bookmark the TRICARE website: <http://www.tricare.osd.mil>. This website is your best means to keep up-to-date with changing health care policies.

Health care can be one of your most complicated issues. The initial contact should be the TRICARE contractor for your region – the contact information is available at <http://www.tricare.osd.mil>. If you still have problems, contact the Medical Affairs Branch (MAB) in OCCSS by calling Monday through Friday, 0800 until 1630 Eastern Time at 800-368-2777, opt #2.

Dental benefits are available for officers and dependents as well. Information on the TRICARE Dental Program can be found at <http://www.ucci.com/was/uccweb/home.jsp>. Officers located in the Washington, DC metropolitan area have access to the PHS Dental Clinic, located at 12500 Twinbrook Parkway, Ste. 150, Rockville, MD; (301) 496-2484. This is a full service dental clinic for PHS officers at no charge.

Service Clubs

The most frequently used club is the Officers' Club at active duty military bases. As the name implies it is for officers only. There are also clubs that are for

enlisted members only. Some small installations may have combined all-ranks clubs since there are not enough members to support individual clubs. Officers' Clubs usually have lounges, formal dining rooms, meeting rooms, party rooms, and other features. Officers' Clubs tend to be more formal in the evening and on weekends. Some clubs require membership in order to obtain all their benefits. Check with the base/post Morale, Welfare, and Recreation (MWR) office for additional information on Officers' Clubs.

Some MWR websites are:

<http://www.mwr.navy.mil/>

<http://www.uscg.mil/MWR/>

<http://www.ftmeademwr.com/>

Air Mobility Command (AMC)

This Air Force command provides the facilities and equipment to travel on military flights on a space-available (Space-A) basis. This is a benefit granted by the Department of Defense to PHS officers and has clearly defined rules and regulations that must be followed to assure continued access. Space-A is a recreational program and is forbidden for use in temporary duty (TDY) assignments. For specific information regarding Space-A, refer to the CCPM, Subchapter CC24.1, Personnel INSTRUCTION 2, "Space-Available Travel." Details and specifics are also available at

<http://www.amc.af.mil/questions/topic.asp?id=380> and <http://www.spaceA.info>.

Temporary Lodging Facilities

Almost all military installations have some form of temporary lodging on base, which is available as space allows. Bachelor Officers' Quarters (BOQ) and Visiting Officers' Quarters (VOQ) vary widely ranging from simple rooms with shared bath to multi-room suites. Temporary military lodging (TML) quarters are designed for the military family and usually have multiple beds, kitchenettes, and private bath and are reasonably priced compared with commercial motels. There are several publications available at the exchange that covers the various living quarters at the many military installations both in the United States and abroad. The Navy also maintains a chain of hotel-like facilities known as Navy Lodges, which has a toll-free reservation line (1-800-NAVY INN) and a website at <http://www.navy-lodge.com/index.html>. The Army has a similar set of facilities known as Army Lodging (1-866-363-5771)

<http://www.armymwr.com/portal/travel/lodging/> as does the Air Force with its Air Force Inns (888-235-6343 and <http://www-p.afsv.af.mil/DODLodging/>).

Recreational Facilities

Most military installations have a variety of recreational facilities available. These

include theaters, swimming pools, bowling lanes, sports equipment rentals, youth centers, and recreational information/ticket offices. Several facilities also have wilderness camps, waterfront sites, and other vacation-type sites. Officers can contact the “Morale, Welfare, and Recreation” (MWR) or “Tickets and Tours” office at each respective military installation. Additional resources include the [Armed Forces Vacation Club](#) and the [United Service Organizations \(USO\)](#).

Legal Services Benefits

Officers are entitled to certain legal benefits like the creation of "Simple Wills" and "Powers of Attorney." These services are provided by the legal staff of the Judge Advocate General's (JAG) office. JAG offices are found at most U.S. military installations; services are provided on a space-available basis. Officers should contact their local JAG office for additional information: <http://legalassistance.law.af.mil/content/locator.php>

Department of Veterans Affairs (VA) Benefits

In addition to the [VA website](#), the [Navy Mutual Aid Association](#) also provides details on the items below.

Death Benefits

The death benefits available from OCCSS/PSC for commissioned officers include personal assistance for the family. The person responsible for this activity is the Survivor Assistance Officer (SAO) available at (301) 594-2963. The SAO advises the family about unpaid salary and lump-sum pay, burial and interment allowances, transportation of remains, death gratuity, survivor annuity, if applicable, and travel and transport to the location of the survivor's selection.

Death Gratuity http://dcp.psc.gov/eccis/documents/CCPM22_5_2.pdf

Death of a Retired Officer http://dcp.psc.gov/eccis/documents/CCPM29_5_2.pdf

Education Programs

The VA offers three programs of educational assistance depending upon the date you originally entered extended active duty for purposes other than training. If you were on duty on or before 31 December 1976, you are covered under the GI Bill. If you were called to duty on or after 1 July 1985, you are covered under the New GI Bill. If your date falls between those periods, you are covered by the Veteran's Educational Assistance Program (VEAP). Additional information is available from OCCO at (240) 453-6034. You may also visit the website at <http://www.gibill.va.gov> or call 1-888-GIBILL-1 for more information.

Housing Loans

Loan guarantees for the purchase of a home are available to PHS officers who have been on duty for more than 180 days. The VA guarantees parts of the loan, interest rates are often lower than otherwise available, and no down payment is required. Local realtors, VA qualified lenders, or the nearest VA facility can provide more information.

Housing loans information: <http://www.homeloans.va.gov/>

Insurance Programs

Servicemen's Group Life Insurance (SGLI) insures active duty officers for coverage in \$50,000 increments up to \$400,000. The fee is deducted from monthly pay. The current rate is 7 cents per \$1,000 of term life insurance. Upon separation or retirement, SGLI may be converted to Veteran's Group Life Insurance (VGLI). The Compensation Branch in OCCSS/PSC, (301) 594-2963, administers this program for PHS.

SGLI information: <http://www.insurance.va.gov/sgliSite/SGLI/SGLI.htm>

VGLI information: <http://www.insurance.va.gov/sgliSite/VGLI/VGLI.htm>

Soldiers' and Sailors' Civil Relief Act (SSCRA)

Since 22 April 1976, PHS has been covered by the [SSCRA](#), which provides protection to members of the Uniformed Services. It has now been superseded by a new law (see the next section). However, the following provisions were the most important:

Domicile

This is the place regarded as your permanent home. Under the SSCRA, PHS officers do not lose domicile by taking up temporary residence elsewhere as a result of compliance with official personnel orders. A State (other than your home State) or locality cannot tax your income merely because you reside and/or perform duty in that State. Income other than PHS salary is not covered under the Act. Your dependents' income likewise is not covered under the SSCRA. Legal domicile is determined by you and the State tax authorities concerned. Relevant factors include where you vote, auto title, property ownership, and payment of State income tax.

Automobile Licenses, Fees, or Excises

You are not subject to auto license and related fees or excises of the State assigned, provided that these have been paid to the State of domicile. Some States also apply the exemption to driver licensure requirements, although this is not specifically mentioned in the SSCRA.

Call-To-Active-Duty Lease Protection

Leases covering dwelling and/or professional space rental may be terminated by the lessee by a notice of initial call to duty by PHS. This authority does not apply for transfers after entry on duty. Obtain the "transfer under Uniformed Service orders" clause in any lease agreement.

Reemployment Rights

Contrary to what many people believe, there are no provisions for Reemployment Rights as part of the SSCRA. Reemployment rights are outlined under separate legislation: the Uniformed Services Employment and Reemployment Rights Act (USERRA). The best source of information on this Act is the Department of Labor <http://www.dol.gov/dol/compliance/comp-userra.htm>

Servicemembers Civil Relief Act (SCRA)

On 19 December 2003, President Bush signed into law the "[Servicemembers Civil Relief Act](#)" (SCRA). This law is a complete revision of the SSCRA.

The SCRA was written to:

- 1) Clarify the language of the SSCRA by incorporating many years of judicial interpretation of the SSCRA; and
- 2) Update the SSCRA to reflect new developments in American life since 1940.

The new law, SCRA:

- 1) Extends the application of a service member's right to stay court hearings to administrative hearings. It now requires a court or administrative hearing to grant at least a 90-day stay if requested by the service member. Additional stays can be granted at the discretion of the judge or hearing official.
- 2) Clarifies the rules on the 6% interest rate cap on pre-service loans and obligations by specifying that interest in excess of 6% per year must be forgiven. The absence of such language in the SSCRA had allowed some lenders to argue that interest in excess of 6% is merely deferred. It also specifies that a service member must request this reduction in writing and include a copy of his/her orders.
- 3) Modifies the eviction protection section by precluding evictions from premises occupied by service members for which the monthly rent does not exceed \$2,400 for the year 2003 (an increase from the current \$1,200). The Act provides a formula to calculate the rent ceiling for subsequent years.

4) Extends the right to terminate real property leases to active duty soldiers moving pursuant to permanent change of station (PCS) orders or deployment orders of at least 90 days. This eliminates the need to request a military termination clause in leases.

5) Adds a new provision allowing the termination of automobile leases for use by service members and their dependents. Pre-service automobile leases may be cancelled if the service member receives orders to active duty for a period of 180 days or more. Automobile leases entered into while the service member is on active duty may be terminated if the service member receives PCS orders to a location outside the continental United States or deployment orders for a period of 180 days or more.

6) Adds a provision that prevents States from increasing the tax bracket of a nonmilitary spouse who earned income in the state by adding in the service member's military income for the limited purpose of determining the nonmilitary spouse's tax bracket. This practice has had the effect of increasing the military family's tax burden.

7) Adds legal services as a professional service specifically named under the provision that provides for suspension and subsequent reinstatement of existing professional liability insurance coverage for designated professionals serving on active duty. While the SSCRA specifically names only health care services, legal services have been covered since 3 May 1999 by Secretary of Defense designations. The SSCRA permitted such a Secretarial designation, but this revision will clarify this area.

CHAPTER 8

Readiness & Response

<http://www.hhs.gov/disasters/>

As a commissioned USPHS officer, you have sworn an affidavit “to serve in any area or position or wherever the exigencies of the [Public Health] Service may require.” In accepting this responsibility, you may well be ordered to deploy on short notice to areas in need of public health assistance. <http://www.hhs.gov/disasters/index.shtml>

In December 2006, the President of the United States signed the Pandemic and All-Hazards Preparedness Act into law. This Act directs HHS to be the lead department for “federal public health and medical response[s] to public health emergencies covered by the National Response Plan” (Pandemic and All-Hazards Preparedness Act, Pub L No. 109-417, §101 et seq [2006]), and created the Office of the Assistant Secretary for Preparedness and Response (ASPR), which has been designated by the Secretary of HHS as the staff division responsible for implementing the Act.

In order to meet the letter and the spirit of the Act, as well as to meet the USPHS mission of “protecting, promoting, and advancing the health and safety of the Nation,” ASPR works closely with the Office of Force Readiness and Deployment (OFRD) within the Office of the Surgeon General to ensure that USPHS officers are ready at a moment’s notice to deploy to locations affected by a disaster, either natural or man-made.

Basic Standards

As a result, deployed officers must meet basic standards for their own protection, as well as the protection of those that the officers serve; basic readiness standards were developed and officers were ordered to meet those standards. These standards fall into three categories:

- **Training:** officers must complete a series of web-based training modules as specified by OFRD; officers can access the modules via the Learning Management System at <http://phslearn.blackboard.com/>
- **Physical Readiness:** officers must take and pass an annual physical fitness test (APFT) or join the PHS group in the President’s Challenge <http://www.presidentschallenge.org>; officers must be current with their medical history and physical examination; and officers must be current with their immunizations, including an annual influenza immunization and an annual tuberculosis test.

- **Response Role and Clinical Currency:** all officers must complete their OFRD officer summary page and choose a response role, which they can do at <http://ccrf.hhs.gov/ccrf/>; have a current Basic Life Support certification; HSOs in a clinical discipline (physician assistants, optometrists, medical technologists and social workers) must possess an appropriate license, and also practice a minimum of 80 hours a year in their discipline. Non-clinical HSOs who are also Nationally Registered Emergency Medical Technicians (NREMTs) and wish to deploy as EMTs must also practice a minimum of 80 hours as EMTs.

Information on current readiness qualifications and standards can be found at the OFRD website at: <http://ccrf.hhs.gov/ccrf/>. A current and updated checklist can be found at: http://ccrf.hhs.gov/ccrf/Readiness/Checklist_120106.pdf.

Officers have one year after their call to active duty date to become “basic ready.” Officers who do not become “basic ready” (or who allow their status to lapse) are subject to disciplinary actions, including (but not limited to) letters of reprimand, non-promotion, and involuntary discharge from the USPHS.

PHS Emergency Response Assets

In addition to meeting basic readiness standards above, an officer must select (with the concurrence and permission of their supervisor) a tier, and a team within that tier.

“The Federal Response to Hurricane Katrina: Lessons Learned, *White House*, February 2006” includes a recommendation for HHS to “... organize, train, equip, and roster medical and public health professionals in pre-configured and deployable teams.” In response to this recommendation, HHS created the following tiered system of response assets:

- **Tier 1**
 - Five Rapid Deployment Force (RDF) Teams – Comprised of 105 officers each, within common geographical areas including Baltimore/Washington (PHS-1 and PHS-2), Atlanta/Raleigh (PHS-3), Dallas/Oklahoma City (PHS-4), and Albuquerque/Phoenix (PHS-5). Each team serves on a rotational on-call basis every fifth month and is expected to respond within 12 hours of activation (team leadership is expected to respond within 6 hours of activation).
 - Five Incident Response Coordination Teams (IRCT) – Comprised of 30 team members each. Each team is associated with an HHS region. The IRCT provide command and control management support for all deployed medical assets (i.e., RDF, Mental Health

Team {MHT}, Applied Public Health Team {APHT}, etc.) when a natural or manmade event overwhelms existing resources.

- **Tier 2**

- Five Mental Health Teams (MHT) – Comprised of 26 mental health team members each. The MHTs provide high quality mental and behavioral health services to individuals, groups, and communities when a natural or man-made event overwhelms existing resources.
- Five Applied Public Health Teams (APHT) – Comprised of 47 team members each. The APHTs report directly to the IRCT but their role is primarily coordinated through the Director of the Centers for Disease Control and Prevention. The APHTs provide expertise with public health assessment, environmental health, infrastructure integrity, food safety, vector control, epidemiology, and surveillance.

- **Tier 3**

- Active duty officers not assigned to Tier 1 or 2 teams and not deemed “mission critical” by their Operating or Staff Division.

- **Tier 4**

- Inactive PHS Reserve Corps
 - The Inactive PHS Reserve Corps are inactive Commissioned Corps officers who could be call to active duty to provide a surge capacity during times of increased need.

- **Tier 5**

- Medical Reserve Corps
 - The Medical Reserve Corps has been established to establish teams of local volunteer medical and public health professions to contribute their skills and expertise throughout the year in their communities as well as during times of National need.

CHAPTER 9

MILITARY PROTOCOL, COURTESY, AND UNIFORMS

As members of the Uniformed Services of the United States, it is important for PHS Commissioned Officers to be familiar with military courtesies and customs. An incorrectly worn uniform, improper grooming, and lack of appropriate action or response to these customs and courtesies all reflect poorly on the individual officer and the Corps. While it is generally not necessary for a PHS officer to know all the nuances of military protocol, all officers should know the fundamentals such as saluting, appropriate forms of address, and other basic courtesies. Common sense is usually the best guide on how to act, but in some circumstances there may be a need for more formal guidelines. The recently published *Public Health Service Officer's Guide, Protocol & Service Standards* is the best source for customs and courtesies for the members of the Commissioned Corps. This publication can be acquired through the Commissioned Officers Association of the USPHS at (866) 366-9593. In addition the other uniformed services have published several useful resource books covering military courtesies and protocol. One such guide book is *The Bluejackets' Manual* published by the United States Naval Institute, Annapolis, Maryland. These guidebooks can be found at any of the military exchanges.

Protocol

Covered versus Uncovered: You should always be "covered," i.e., wearing your cover (headgear) when you are outdoors. "Outdoors" includes covered walks, theater marquees, and overhangs that extend over the sidewalk. Officers should always be uncovered when "indoors." Each Agency and/or military installation has their own unique regulations designating covered areas vs. uncovered areas.

Posting of Colors: Posting of the Colors refers to paying tribute to the United States Flag. There are two daily ceremonies in which uniformed service personnel will salute the colors (national flag). The first is at the beginning of the day when the flag is raised, and the second is at the close of the day when the flag is lowered. Specific times for posting and retiring of colors may vary for each Agency or military installation. In both situations if you are outdoors, you must stop what you are doing, face the flag or the direction in which colors are being held, come to the position of attention and render a hand salute. You must hold this salute until the last note of the music; then you may proceed. On Army and Air Force installations it is customary to stop your vehicle, get out, come to the position of attention, and render a hand salute if colors or retreat is sounded. On Naval or Coast Guard installations and colors or retreat is sounded, you must stop your vehicle and sit at attention until the last note of the music is sounded;

then you may proceed. If you are in doubt as to sit at attention or exit your vehicle, it is better to be formal than disrespectful. Therefore it is recommended that you exit your vehicle, face in the direction where colors are being held, come to the position of attention and render a hand salute.

Officers not in uniform should face the flag and stand at attention with their right hand over their heart. **Officers in uniform should never place their hand over their heart.** When in uniform and covered, officers should stand at attention, face the flag and salute. When in uniform and uncovered officers should stand at attention and face the flag with no salute.

Pledge of Allegiance: Uncovered officers should face the flag, stand at attention, and recite the pledge. Covered officers should face the flag, stand at attention, and render a hand salute during the pledge.

Playing of the National Anthem: During the playing of the National Anthem, covered officers should stand at attention, face the flag and salute. Uncovered officers (inside) should stand at attention, do not salute.

Playing of the PHS March: During the playing of the PHS March, all officers should stand at attention and face the PHS flag.

Proper Hand Salutes: All officers should be able to render and properly return a hand salute. Salutes are performed by smartly raising the right hand until the tip of the forefinger touches the lower part of the headdress, thumb and fingers extended and joined, palm to the left, upper arm horizontal, forearm inclined at 45 degrees, hand and wrist straight while turning the head toward the person being saluted. To complete the salute, drop the arm to its normal position by the side in one motion while turning the head and eyes to the front.

Initiating a Salute: It is the responsibility of junior-ranking personnel to initiate the salute. In other words, enlisted personnel initiate the salute towards officers and junior officers initiate the salute toward officers whose rank is senior to theirs. When officers of the same rank meet, a salute is optional.

Proper Greetings (when saluting): When you are the officer initiating the salute, accompany your salute with "Good Morning (afternoon, evening, or night, as appropriate), Sir or Ma'am." If you are returning the salute, you should respond with "Good morning (afternoon, evening, or night, as appropriate)." Officers are usually addressed by their rank, i.e., "Good Evening, CDR Smith." You can never go wrong using "Sir" or "Ma'am," but, upon the initial meeting of the day, it is a nice touch to properly address a senior officer.

Proper Timing of Salutes: Salutes are usually rendered between 6 and 30 paces while covered; however, saluting is more effective between 6 and 10 paces. If running, you should slow down to a walk prior to saluting. If standing, you should face the senior officer, come to attention, and then render the salute. Salutes should be rendered when officers meet and just prior to departure if a conversation is held. It is the junior officer's responsibility to initiate both salutes. Salutes should be rendered and returned to all members of uniformed services. Some services salute in uncovered situations, the proper response is to greet the person saluting you with "Good Morning," "Good Afternoon," or "Good Evening," depending on the time of day. When approaching a group of officers of different ranks, the salute should be directed toward the senior officer. Likewise if a senior officer approaches a group of officers they should all stop what they are doing and render a proper salute. If you are in doubt, or cannot see the rank device, salute anyway and err on the side of caution.

Situations When Not To Salute: Saluting should not be performed in public conveyances such as inside a metro car or on the platform when obviously inappropriate. You do not salute in other public places where inappropriate such as theaters, hotels, restaurants, etc. prior to being able to remove the cover. When carrying articles in both hands and you approach the "salute zone" from the front, or when abreast of the senior officer say "By your leave Sir or Ma'am." The senior officer should say "Carry-on," "Very Well," or "Permission Granted." It is not appropriate to salute within designated "no cover/no salute zones" on some military installations.

Senior Officers entering a Room: in an environment with other services, when a senior officer (generally O-6 and above) enters a room or an area where there are mostly enlisted personnel present, in most situations, those personnel will be called to attention. If you are faced with this situation, the proper response is simply, "Carry on" or "As you were."

In PHS, the analogous situation is when a flag officer enters a room with no other flag officers present. The first officer to notice the flag officer is to call, "Attention on deck!" At that time, all officers come to attention until the flag officer orders something to the effect of "Carry on" or "As you were."

Proper Salute When Overtaking a Senior Officer: When moving faster than a senior officer in front of you, you should render a hand salute when abreast of the officer and say "By your leave Sir or Ma'am." The senior officer should return your salute and say "Carry-on," "Very Well," or "Permission Granted." You may then drop the salute and proceed.

Riding in a Car: The place of honor is always on the right, so the senior officer should sit on the right. This holds true when walking with a senior officer also. It is the junior officer's responsibility to line up on the correct side of the senior officer. When entering a vehicle the junior officer should enter first and the senior officer last so the senior officer will be in position to exit the vehicle first.

Man or Woman First?: If a male officer is with a female officer, the woman goes first except in these instances: when assistance is needed; when there is no one to escort the female officer to the appropriate seat in a public area; when there is a large crowd where the male officer will clear the way; and at official occasions where rank takes precedence over gender.

Courtesy

Standing: When seated and uncovered a junior officer should stand and come to attention when approached by a senior officer. At that point the senior officer should say "At Ease," "Carry On," or "Be Seated." All officers should stand immediately when a flag rank officer enters the room. The flag officer should then give one of the above commands.

Meals: During meals junior officers should begin eating only after the highest-ranking officer begins to eat. The highest-ranking officer at the table should begin eating after the highest-ranking officer in the room begins their meal, then other officers at the table may begin. It is the junior officer's responsibility to perform this act of courtesy. The senior officers should also be aware others are waiting for their lead.

Meetings: In meetings, officers should use the same courtesy observed in other situations. Senior officers should be addressed as, "Sir" or "Ma'am" or rank and name. Junior officers should be addressed by their rank or rank and name. This is especially important to remember in meetings with other Uniformed Services personnel. Through custom, PHS officers often forget this courtesy, but you can never go wrong by following it. In any case, you should never address a senior officer by first name in public meetings (i.e., those in which personnel other than PHS officers are present) and in other settings only with the permission of the senior officer.

Uniforms

Uniform of the Day: The Uniform of the Day is the uniform(s), prescribed form among the PHS-authorized uniforms, by your Local Uniform Authority (LUA) generally based upon the season of the year. The LUA for the Washington, DC area is the Surgeon General. There are other LUAs for each agency for other areas of the country. Check with your LUA for guidance on seasonal wear and variances and with questions about appropriate wearing of the uniform.

Uniforms and Appearance – General

Local Uniform Authority

[Inst 411.01: -- Wear of the Uniform \(Old CCPM: CC26.3.2\)](#)

Wearing of the Uniform – General

[Inst 412.01: -- Uniforms and Appearance \(Old CCPM: CC26.3.1\)](#)

Wearing of the Uniform – Special Situations

[Inst 413.01: -- Special Uniform Situations \(Old CCPM: CC26.3.7\)](#)

Officer Appearance in Uniform – General

[Inst 414.01: -- Uniforms and Appearance \(Old CCPM: CC26.3.1\)](#)

Uniforms – Male and Female Officers

Officers Uniforms – General

[Inst 421.01: -- Uniforms for Male Officers \(Old CCPM: CC26.3.4\)](#)

[Inst 421.02: -- Uniforms for Female Officers \(Old CCPM: CC26.3.5\)](#)

Formal and Dinner Dress Uniforms

[Inst 422.01: -- Uniforms for Male Officers \(Old CCPM: CC26.3.4\)](#)

[Inst 422.02: -- Uniforms for Female Officers \(Old CCPM: CC26.3.5\)](#)

Ceremonial Uniforms

[Inst 422.01: -- Uniforms for Male Officers \(Old CCPM: CC26.3.4\)](#)

[Inst 423.02: -- Uniforms for Female Officers \(Old CCPM: CC26.3.5\)](#)

General Purpose Uniforms

[Inst 424.01: -- Uniforms for Male Officers \(Old CCPM: CC26.3.4\)](#)

[Inst 424.02: -- Uniforms for Female Officers \(Old CCPM: CC26.3.5\)](#)

Working Uniforms

[Inst 425.01: -- Uniforms for Male Officers \(Old CCPM: CC26.3.4\)](#)

[Inst 425.02: -- Uniforms for Female Officers \(Old CCPM: CC26.3.5\)](#)

Insignia, Devices and Ribbons

PHS Insignia

[Inst 431.01: -- Insignia and Devices \(Old CCPM: CC26.3.6\)](#)

PHS Devices and Other Service Devices

[Inst 432.01: -- Insignia and Devices \(Old CCPM: CC26.3.6\)](#)

Accessories – Miscellaneous

PHS Sword

[Inst 441.01: -- Description of Sword and Accessories \(Old CCPM: CC26.3.9\)](#)

PHS Flags

[Inst 443.01: -- Public Health Service Flags \(Old CCPM: CC29.9.1\)](#)

Quality: All uniform components should be obtained from official uniform suppliers that meet the specifications listed in the CCPM (including shirts, blouses, skirts, pants, shoes, etc.) and must fit in a reasonable manner and be of the same material or designated combination.

<http://commcorps.shs.net/aboutus/uniforms.aspx>

Cleanliness: The uniform should be clean and all devices, insignia, lace, with ribbons neat and free of tarnish or fray. Shoes should be shined and in good repair.

Identification Badges: The Officer must continue to be in proper uniform with name tag, ribbons, rank device, and corps device on their uniform. Additionally, no article(s) other than the Agency or meeting identification badge should protrude from or be attached to the uniform (e.g., pens, pencils, calculators, and necklaces).

Jewelry: One watch and one bracelet are permitted. One finger ring per hand in addition to a wedding ring is permitted. Ankle bracelets are not permitted. Appropriate tie clasps/tacks may be worn one inch below the center of the male officer's tie. Earrings are not authorized for male officers, while female officers may wear 6 mm gold ball earrings.

Ribbon Bars: Ribbons are worn on the left breast with the lower edge of the bottom row centered one-fourth inch above the pocket or in the same relative position as if a pocket were present. Ribbons should be worn in the appropriate descending order of precedence as prescribed in the CCPM with the highest honor placed on the uppermost row nearest the heart.

http://bphc.hrsa.gov/nhdp/RIBBONS_MAIN_PAGE.htm

Men's Grooming: A male officer's hair should be neat, clean, and groomed in a tapered manner without touching the ears or collar and not fall below the eyebrows when the headgear is removed. The bulk of the hair should not exceed two inches. Sideburns should be neatly trimmed, tapered, of even width (not flared), not extend below the earlobe, and end in a clean-cut horizontal line. Beards and/or mustaches should be neatly trimmed and groomed. The bulk of the beard should not exceed one-half inch and the length should not exceed one inch. Unless worn with a beard, a mustache should not extend below, nor outward more than one-quarter inch beyond, the corners of the mouth. Whether worn with a beard or separately, no portion of the mustache may extend below the line of the upper lip. PHS is the only service that authorizes beards to be worn routinely, i.e., for other than medical reasons.

Women's Grooming: A female officer's hair should be worn in a conservative arrangement that may touch the collar but not fall below it or show under the brim of the hat. Ponytails and hair ribbons are not permitted. Braids and plaited hair may be worn close to the head but must not interfere with the proper wearing of the headgear, and not be done in an overtly ornate manner or include beads, objects, or decorative items. Inconspicuous pins or fastening devices may be used if a neutral or hair-matching color.

Cosmetics should be inconspicuous and in good taste. Nails may extend no more than one-fourth inch beyond the fingertips and be polished with a neutral or clear shade. Hosiery should be beige or neutral shades, undecorated, and seamless. Glasses should be either military issue or of a similar conservative style from commercial sources.

Closing

Not all officers remember all these instructions when a proper appearance is necessary, and usually at the most inopportune time. It is common for clutch-backs, devices or ribbons to fall off, device pins will break and devices will swing a kilter to the remaining pin, shoe laces break, hats are forgotten, hems come undone, and any number of minor mishaps. Please be polite in how you let a

fellow PHS officer know something about their appearance needs to be corrected since they may truly not know. It is prudent to keep several spare clutch-backs in a small bag in your office desk drawer, a spare set of PHS collar and rank devices, and safety pins for lost or loose buttons. Paper clips and binders are handy in a pinch, and a complete spare (seasonal or Dress Blue) uniform in the office is never a bad idea. Dress for success, and show you are part of a special service with a proud and distinct history.

APPENDIX A

HEALTH SERVICES DIVISIONS
AND
CURRENT DISCIPLINE CODES

HEALTH ADMINISTRATION AND HEALTH EDUCATION	CLINICAL	BASIC AND APPLIED SCIENCES
<p>ADMINISTRATION</p> <p>6070 Hospital Administration 0671 Medical Care Administration 0669 Medical Records Administration 0693 Public Health Administration 0181 Psychology Administration</p> <p>EDUCATION</p> <p>1723 Public Health Education</p> <p>GENERAL</p> <p>0345 Program Analyst 0672 Public Health</p>	<p>0682 Dental Hygiene 0644 Medical Technology 0662 Optometry 0606 Physician Assistant 0600 Podiatry 0180 Psychology Clinical 0677 Rehabilitation 0185 Social Work</p>	<p>0478 Bacteriology 0479 Biochemistry 0401 Biology 1525 Biostatistics 1320 Chemistry 0330 Computer Systems Admin. 0336 Computer Science 0334 Computer Specialist 0679 Environmental Health 0678 Epidemiology 1306 Health Physics 0690 Industrial Hygiene 1520 Mathematics 1529 Mathematical Statistics 0403 Microbiology 0480 Pathology 1310 Physics 1301 Physical Science 0413 Physiology 0182 Psychology Research 0676 Radiological Health 0184 Sociology 1530 Statistics 0415 Toxicology</p>