

**NOTE:      ONLY UNITED STATES CITIZENS WHO MEET THE REQUISITE AGE, EDUCATIONAL, AND MEDICAL REQUIREMENTS MAY BE CONSIDERED FOR APPOINTMENT IN THE COMMISSIONED CORPS OF THE PUBLIC HEALTH SERVICE. CONSCIENTIOUS OBJECTORS WILL NOT BE CONSIDERED FOR APPOINTMENT UNLESS THEY ARE WILLING TO PERFORM NONCOMBATANT DUTY. ADDITIONAL INFORMATION MAY BE REQUESTED TO VERIFY STATEMENTS MADE IN THE APPLICATION.**

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The following forms are available on the U.S. Public Health Service Commissioned Corps Web site—<http://www.usphs.gov>. Please adhere to the specific instructions which follow:

1. Form PHS-50, “Application for Appointment as a Commissioned Officer in the U.S. Public Health Service Commissioned Corps.”
  2. Form PHS-1813, “Reference Request for Applicants to the U.S. Public Health Service Commissioned Corps.”
  3. Form PHS-5141-1, “Public Health Service Commissioned Corps Appointment Affidavit – Reserve Corps (Oath of Office).”
  - 4.. DD Form 2807-1, “Report of Medical History.”
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### **Specific Instructions for Web-based Application Packet**

1.      **Form PHS-50, “Application for Appointment as a Commissioned Officer in the United States Public Health Service Commissioned Corps.”**
  - a. Complete either by typing or legibly printing in black ink. Submit signed original and a clearly readable copy (photocopy acceptable) with original signature. One copy will be used for administrative processing and the other copy will be used simultaneously by the appropriate program specialist. Mail directly to:

Division of Commissioned Personnel  
ATTN: Recruitment and Assignment Branch  
5600 Fishers Lane, Room 4A-15  
Rockville, MD 20857-0001

**DO NOT GIVE THIS APPLICATION TO ANY INDIVIDUAL FOR FORWARDING. DO NOT MAIL TO ANY OTHER ADDRESS. BE CERTAIN THAT SUFFICIENT POSTAGE AND YOUR RETURN ADDRESS ARE ON THIS ENVELOPE BEFORE MAILING.**  
NOTE: Facsimilies will not be accepted.

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- b. Read each item carefully. *Items 13 through 20, Items 23 B and 23 C, and Item 25* must be answered with a yes or no. If you enter “not applicable” or leave these questions blank, your application may not be processed. You may use "not applicable" or “NA” for other questions that do not apply to you. Give complete answers. Do not leave any question blank.
- c. You must not delete or modify any of the items.

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- Item 1a. Give your full name, including maiden name, if any.
- Item 1b. Other names are needed to assure that all records (e.g., transcripts, references, etc.) are available in the same applicant’s file.
- Item 2. Enter your Social Security Number (SSN). See attached Privacy Act Notice regarding disclosure of your SSN.
- Item 3a. Your date of birth indicates whether you are eligible for appointment.
- Item 3b. Enter your place of birth (City and State).
- Item 4. Enter your profession or intended profession.
- Item 5. Provide information required to determine citizenship. Only United States citizens can be appointed in the Commissioned Corps of the Public Health Service. If you are appointed to the Commissioned Corps of the Public Health Service, you will be required to furnish proof of your United States citizenship. If you were born in a country other than the United States, you must provide sufficient information to permit verification of your citizenship and to conduct the suitability investigation required for all applicants by Public Health Service regulations.
- a. Naturalized Citizen Applicants.
- You must possess a Certificate of Naturalization to be considered for commissioning. **DO NOT SEND ORIGINAL OR COPY OF CERTIFICATE.** Provide information as requested.
- b. Applicants Born in a Country Other Than the United States Whose Parents Were U.S. Citizens.
- Submit a copy (**DO NOT SEND ORIGINAL**) of a Consulate Report of Birth (Foreign Service Form 240).
- Item 6. Indicate the types of duty for which you are applying and provide availability date, as required. You may apply for both the Junior Commissioned Officer Student Training and Extern Program (COSTEP) and the Senior COSTEP if you are within 18 months of graduation. NOTE: You will not be eligible for Senior COSTEP if you have less than 8 months until graduation (at the time

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of your appointment).

- Item 7. The address where you can currently be reached is needed. Also telephone numbers (area code, number, and extension) and fax number where you can be reached during business hours—whether at home, at work, or in school—and an e-mail address, if available, should be provided. Please furnish zip codes for all addresses.
- Item 8. If the current address where you can be reached is temporary, please provide “permanent” locator information. This information should also include telephone numbers (area code, number, and extension) and fax number where you can be reached during business hours - whether at home, at work, or in school. Please furnish zip codes for all addresses.
- Item 9. Give full name of college, university, or other institution, including location (City, State, and zip code). Do not abbreviate name of college, university, etc. List chronologically; latest first.

**OFFICIAL TRANSCRIPTS ARE REQUIRED. Student copies are not acceptable.** If available, submit with your application. You must have your official transcripts forwarded to the address shown on the large manila envelope enclosed. **NO APPOINTMENTS TO THE COMMISSIONED CORPS CAN BE MADE WITHOUT RECEIPT OF ALL OFFICIAL TRANSCRIPTS.**

NOTE: Only individuals whose education and professional training are in a program accredited by the appropriate accreditation body can be considered for a JRCOSTEP appointment in the Commissioned Corps of the Public Health Service. The program must be accredited at the time you graduate. The applicant is cautioned that “approved” does not necessarily mean accredited. Use space in Item 30, if necessary.

- a. Be sure to list your major and number of hours, since they may be used in the selection and appointment process.
  - b. Be sure to provide month and year of future graduation date.
  - c. Individuals who received training in internship and residency programs should indicate full information here. Since allowable credit is based on specific time spent in training, include month and year for your periods of training.
- Item 10. Service in any of the Uniformed Services of the United States may be creditable toward pay, allowances, and retirement as an officer in the Public Health Service Commissioned Corps. Please be sure to indicate whether your service was “Active” or “Inactive.” Total active service time includes full-time active duty plus short tours. Do not add in reserve time when not on active reserve duty. After your application has been reviewed, you will be asked to obtain a Statement of Service to officially document all your creditable service.
- Item 11. Needed for the selection process; also assures that all records are available in the applicant’s file.

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- Item 12. List all of your dependents. Dependents of officers are entitled to certain benefits so it is important that you list each of your dependents.
- Item 13. Indicate whether or not you have received any Federal Government scholarships. If so, check appropriately and indicate your service obligation in years.
- Items 14, 15. Needed for selection process. A conviction does not necessarily mean you cannot be appointed. The nature of the conviction and how long ago it occurred are important. Give all the facts so that a decision can be made.
- Item 16. You must indicate whether or not you have any outstanding Federal debts.
- Items 17, 18. Conscientious objectors will not be considered for appointment unless they are willing to perform noncombatant duty. The Commissioned Corps of the Public Health Service is one of the Uniformed Services of the United States. Read carefully the 'Note' in Item 18.
- Items 19, 20. A conviction does not necessarily mean you cannot be appointed. The nature of the conviction and how long ago it occurred are important. Give all the facts so that a decision can be made.
- Item 21. You should use as references those individuals who are knowledgeable about your educational pursuits. You should list your most recent employer, if applicable; also list educators who are familiar with your recent work or training and who are in the same professional category as the one for which you are applying. Preferred references are those from the Dean of the College, Dean of Graduate or Professional School, Director of Training Programs, Chairpersons of Departments, and employment supervisors. Please furnish complete addresses, e-mail addresses, phone numbers, and fax numbers.
- Item 22. List only active, full, and unrestricted professional licenses/certificates/registrations. NOTE: Only members of the professional categories listed below must submit copies of their licenses/certificates/registrations. If not licensed, give date you expect to take examination for professional licensure/certification/registration. Nurses must provide a photocopy of NCLEX certificate or other proof that this was the licensure examination taken.
- At the present time the following categories or disciplines require licensure, certification, or registration: Physician, Dentist, Nurse, Clinical Psychologist, Veterinarian, Pharmacist, Dietitian or Nutritionist, Physical Therapist, Occupational Therapist, Speech-Language Pathologist, Audiologist, Dental Hygienist, Physician Assistant, Podiatrist, Optometrist, Social Worker, Medical Record Administrator, and Medical Technologist.
- Item 23. List your current Drug Enforcement Administration (DEA) controlled substances registration number if you have one. Details of A. - C. are needed for processing your application. If any "Yes" answers, explain in the space provided in Item 30.
- Item 24. If you have received an Educational Commission for Foreign Medical Graduates (ECFMG) certificate, please submit a photocopy.

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- Item 25. Details of A. - H. are needed for processing your application. Questions must be answered even if not in a field where licensure is required. If you answer "Yes" to any question, please give details in the space provided in Item 30.
- Item 26. Needed for processing your application.
- Item 27. Provide complete information about your employment history. NOTE: Use photocopies of page 4 to continue. Employment prior to commencing undergraduate school is not required. Specify the average number of hours worked per week. Include zip code for all addresses. NOTE: Attaching a curriculum vitae or resume is helpful; however it does not substitute for completing Item 27.
- Item 28. Selected assignments may require the ability to communicate in a foreign language. List additional information which may be useful in the selection process.
- Item 29. Your indication of the type of assignment which interests you and the geographic areas in which you prefer to serve are of importance in the selection process. Please respond in priority order, i.e., (1) first choice, (2) second choice, etc.
- Item 30. Provide details to questions here. If more space is required use 8½ by 11 inch sheets of paper on which you place your name, present mailing address, Social Security Number, and reference to the pertinent item numbers.

**NOTE:** There is a statement to be signed by each applicant regardless of the program for which you are applying. Your specific attention is directed to the certification which you are asked to sign. Note that you are making an application to one of the Uniformed Services of the United States.

**BE SURE TO SIGN YOUR FULL NAME ON BOTH COPIES OF THE APPLICATION FORM AND DATE BOTH COPIES. EACH COPY MUST BEAR AN ORIGINAL SIGNATURE AND DATE.**

3. **Form PHS-1813, "Reference Request for Applicants to the U.S. Public Health Service Commissioned Corps," and letter-size envelope with return address.**
- a. Re-read instructions for Item 21, References, on PHS-50, application form.
  - b. Type or print in black ink your name on the form PHS-1813 in the space provided. If you were known to your reference by another name, i.e., a maiden or other name, please supply that name in the provided box. You must do this; if not, we may not be able to identify you as the applicant when the completed forms are received. NOTE: Do **not** put your reference's name in this box.

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- c. Forward in your own envelope to each person listed in Item 21 of form PHS-50, one copy of form PHS-1813, "Reference Request for Applicants to the U.S. Public Health Service Commissioned Corps," together with a pre-addressed envelope to:

Division of Commissioned Personnel  
ATTN: Recruitment and Assignment Branch  
5600 Fishers Lane, Room 4A-15  
Rockville, MD 20857-0001

You should add postage to the pre-addressed envelopes before you forward them to the individuals listed as references. You should request these persons to complete the form and forward it directly in the pre-addressed envelope provided.

- d. The Public Health Service will **NOT** contact listed individuals to ensure they forward the reference forms, PHS-1813. It is your responsibility to follow up with these individuals. Evaluation of your application cannot be completed without these forms.

**4. PHS-5141-1, "Public Health Service Commissioned Corps Appointment Affidavit – Reserve Corps."**

The Appointment Affidavit, sometimes referred to as an Oath of Office (Oath), is required by Title 5, United States Code, Section 3331 et seq. Any individual who does not execute the Appointment Affidavit is NOT entitled to receive pay, allowances, or benefits.

The Appointment Affidavit (Oath) is NOT an offer of appointment. Appointment to the Commissioned Corps of the Public Health Service as a JRCOSTEP officer will be effected by official personnel orders from the Division of Commissioned Personnel. On the other hand, completion of this form does NOT obligate you to serve.

A properly executed Appointment Affidavit (Oath) document must be received in the Division of Commissioned Personnel before official personnel orders can be issued for your appointment. You may preferentially strike the words "SO HELP ME GOD" from the Appointment Affidavit, but that is the only alteration that is allowed.

You must execute the Appointment Affidavit (Oath) before a NOTARY PUBLIC and return it in the enclosed large manila self-addressed envelope promptly. You MUST print or type your full name in the space provided on the Appointment Affidavit (Oath).

**5. DD Form 2807-1, "Report of Medical History."**

- a. You need not consult a physician for completion of the medical portion of your application.

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- b. Your name and social security number must be included on all sheets. All Items except Item 30, must be completed. In Item 8, describe the state of your health and list the medications currently used and the conditions for which they are used. All positive answers must be explained in detail. Include in your explanations, diagnoses, dates, duration, frequency of episodes, extent, treatment, and present symptoms and/or functional limitations.

**IMPORTANT**

- (1) You must complete the Additional Medical Information section on the “Instructions for Completion of DD Form 2807-1.” Be sure to include your height (in inches), your weight (in pounds), and your age (in years), and sign, date, and provide your Social Security Number in the space provided. Return the instruction sheet with your DD-2807-1.
- (2) You must complete the Disclosure Statement section on the “General Instructions for Completion of DD Form 2808, DD Form 2807-1, and Disclosure Statement.” Your printed name, your signature, your social security number, and the current date are required on the Disclosure Statement.

You must notify the Medical Affairs Branch, Division of Commissioned Personnel, at 301-594-6330 (or toll-free at 1-800-368-2777) of the following important medical information occurring after you have submitted your DD Form 2807-1:

1. Any change in your health status not indicated on DD Form 2807-1, and/or
2. Any change in your anticipated use of or need for health services not indicated on DD Form 2807-1.

**6. Information for Applicants with Military Commitments (Active Duty, Reserve, etc).**

**a. Basic Standards**

The Division of Commissioned Personnel will accept your application for appointment on form PHS-50, “Application for Appointment as a Commissioned Officer in the U.S. Public Health Service Commissioned Corps,” **without** a conditional release, if the Division of Commissioned Personnel determines you meet the basic criteria for appointment as follows:

- (1) Age. Must be eligible for a general duty appointment prior to your 44<sup>th</sup> birthday. Time spent in active service with one of the seven Uniformed Services (excludes weekend drill time for reservists) is counted as off-setting service. For example, a 47-year old applicant with 4 years of active Federal military service with the U.S. Army would be viewed as 43 years of age with the off-setting service.
- (2) Military Service. Cannot exceed 8 years of active Federal military service.
- (3) Citizenship. Must be a U.S. citizen.
- (4) Must have completed the required number of years toward a qualifying degree (which varies by category) from an accredited program.
- (5) Suitability issues. Must have no obvious pending suitability issues which might preclude commissioning.

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- (6) Medical Issues. Must have no obvious pending medical issues which might preclude commissioning.

**b. Release from Military**

However, prior to being called to active duty, you must, in addition to meeting all of the basic appointment standards listed above, obtain one of the following forms of release from the military:

- (1) Conditional Release: Regular component commissioned officers, reserve component commissioned officers, and enlisted members serving full-time active duty.

Applicants in this category are extremely rare. It is recommended that an officer/enlisted member in this category obtain a conditional release. Your application can be processed while your request for conditional release is being initiated. Once the service member is fully cleared for appointment with the Public Health Service Commissioned Corps, and the Division of Commissioned Personnel has received form PHS-1662, "Request for Personnel Action - Commissioned Officer," from an Agency/Operating Division/ Program, you will be advised to obtain a discharge from the military service. The Division of Commissioned Personnel does not recommend that you obtain your actual discharge until the Division of Commissioned Personnel has issued you an offer of commission via an "acceptance letter."

- (2) Conditional Release: Reserve component, not full-time active duty.

Conditional release is sufficient for all officers in a reserve component who are not on full-time active duty. When applicants in this category are fully cleared for commissioning and the Division of Commissioned Personnel is in receipt of a conditional release along with all other required documents, the Division of Commissioned Personnel will prepare the appointment and call-to-active-duty personnel order, sending a copy of it along with a copy of the Appointment Affidavit (Oath) to the reserve command. The reserve command then issues the discharge order effective the date prior to the Public Health Service call-to-active-duty date. NOTE: If you enter the commissioned corps, you cannot return to your military service upon completion of the COSTEP tour.

**c. Additional Information/Time Frames/Contacts**

- (1) It may take several weeks to several months to obtain a conditional release from the reserve component (e.g. Individual Ready Reserve, Troop Program Unit, National Guard, etc.)

If you have questions about a commission with the Public Health Service Commissioned Corps, you may phone the specialists in the Recruitment and Assignment Branch, Division of Commissioned Personnel. The phone number is 301-594-3360 or toll-free at 1-800-279-1605.

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**7. Information for Persons Conscientiously Opposed to Military Service.**

Individuals willing to perform noncombatant duty with a branch of the military service can be considered for appointment in the Commissioned Corps of the Public Health Service. Persons whose conscientious objection extends to being opposed to participation in war or military service in any form are not eligible for appointment in the Commissioned Corps of the Public Health Service.

The rationale for denial of appointment to persons opposed to both combatant and noncombatant service is rooted in the inclusion of the Public Health Service in the Military Service Act of 1967, and earlier versions of the Act, and the authority of the President to declare, by Executive Order, the Commissioned Corps of the Public Health Service to be a military service in time of war or national emergency.

Many Public Health Service commissioned officers are assigned to the U.S. Coast Guard, while others are detailed to other branches of the Armed Forces. In accepting an appointment in the Commissioned Corps of the Public Health Service, one agrees to serve wherever the needs of the Service may require. We cannot assure candidates that the Public Health Service will not be militarized nor that they will not be assigned or detailed to a military service.

**8. ADDRESS ALL FUTURE COMMUNICATIONS/CORRESPONDENCE WITH RESPECT TO THE STATUS OF YOUR APPLICATION TO:**

Division of Commissioned Personnel  
ATTN: Recruitment and Assignment Branch  
5600 Fishers Lane, Room 4A-15  
Rockville, MD 20857-0001  
Phone: 301-594-3360 or toll free at 1-800-279-1605

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0937-0025. The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: DHHS/OS/OIRM/PRA, 200 Independence Avenue, S.W., Washington, D.C. 20201, Room 531-H-95, Attn: PRA Reports Clearance Officer. **Please do not send completed applications to the public burden statement address.**

**Privacy Act Notice for Public Health Service Commissioned Corps Application Forms, Including:**

PHS-50	Application for Appointment as a Commissioned Officer in the U.S. Public Health Service Commissioned Corps
PHS-1813	Reference Request for Applicants to the U.S. Public Health Service Commissioned Corps
PHS-5141-1	Public Health Service Commissioned Corps Appointment Affidavit – Reserve Corps (Oath of Office)
DD Form 2807-1	Report of Medical History
DD Form 2808	Report of Medical Examination

NOTE: Not all of the above forms may be included in your application packet (i.e., some are designed for specific programs, and others may be forwarded at a later date as your application is processed).

This information is provided pursuant to the Privacy Act of 1974, to help you understand why we need the information on the enclosed forms, to explain the way this information is used, and to inform you of your rights of personal privacy and access to this data.

Authority for collecting this information: The Public Health Service Act (42 U.S.C. 202 et seq.) and commissioned corps regulations (INSTRUCTION 1, Subchapter CC43.7 of the Commissioned Corps Personnel Manual).

Uses of the information you provide: You provide this information to allow us to determine your eligibility for commissioning in the Public Health Service. If you are commissioned, the information collected will be used for subsequent personnel actions such as transfer, promotion, determining eligibility for benefits and other routine purposes related to personnel administration. Information you provide may also be disclosed, but only to the extent necessary, to agencies and organizations outside the Department of Health and Human Services when those agencies need the information for one of the routine uses listed in Privacy Act System Notice 09-40-0001, “Public Health Service Commissioned Corps General Personnel Records,” HHS/PSC/HRS, and 09-40-0002, “Public Health Service Commissioned Corps Medical Records,” HHS/PSC/HRS. Except in these specific incidences, information about you will be disclosed to no one without your express written permission. For a copy of the Privacy Act System Notice cited above, contact the office to which you send these forms.

Information regarding disclosure of your Social Security Number (SSN): Disclosure of your SSN is mandatory pursuant to the Social Security Act, since Social Security taxes must be deducted from your salary. The SSN is also used as an identifier throughout your career in accordance with Executive Order 9397, “Numbering System for Federal Accounts Relating to Individual Persons.”

Effects of nondisclosure: Failure to provide the information requested will eliminate your application from further consideration or may be cause for separation if you are commissioned on the grounds of false or incomplete information. All statements are subject to investigation including a check of your fingerprints, police records, and former employers. If you are commissioned, failure to supply requested information accurately and expeditiously may result in loss of your benefits and rights as a commissioned officer.

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**JRCOSTEP APPLICANT CHECKLIST**

**DO NOT SEND THIS CHECKLIST WITH YOUR APPLICATION.  
KEEP A PHOTOCOPY OF THE COMPLETED FORMS FOR YOUR REFERENCE.**

JRCOSTEP APPLICATION MATERIAL

DATE MAILED OR SUBMITTED

- 1. Application for Appointment as a Commissioned Officer in the U.S. Public Health Service Commissioned Corps- form PHS-50 (Please submit one (1) original application along with one (1) copy— both must contain original signatures). \_\_\_\_\_
- 2. Official Undergraduate College Transcript(s). \_\_\_\_\_
- 3. Official Professional School Transcript(s) (if applicable). \_\_\_\_\_
- 4. Reference Request - form PHS-1813 and letter-size envelopes, pre-addressed and stamped to the Division of Commissioned Personnel (4 sets):
  - Reference Form #1 to: \_\_\_\_\_
  - Reference Form #2 to: \_\_\_\_\_
  - Reference Form #3 to: \_\_\_\_\_
  - Reference Form #4 to: \_\_\_\_\_
- 5. Public Health Service Commissioned Corps Appointment Affidavit – Reserve Corps (Oath of Office) - form PHS-5141-1. THIS FORM MUST BE NOTARIZED. \_\_\_\_\_
- 6. Report of Medical History, DD Form 2807-1. \_\_\_\_\_
- 7. Instructions for Completion and Disclosure Statement, DD Form 2807-1. \_\_\_\_\_