INSTRUCTIONS FOR SUBMITTING AN APPLICATION FOR APPOINTMENT AS A COMMISSIONED OFFICER IN THE COMMISSIONED CORPS OF THE U.S. PUBLIC HEALTH SERVICE (CORPS)

ONLY UNITED STATES CITIZENS (NATIVE OR NATURALIZED) WHO MEET THE REQUISITE AGE, EDUCATIONAL, MEDICAL, AND SUITABILITY REQUIREMENTS MAY BE CONSIDERED FOR APPOINTMENT IN THE CORPS. 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.

Please adhere to the specific instructions which follow.

Submission of application materials:

Your application packet should include:

1. U.S. Public Health Service Complete Commissioning Application Packet Checklist

2. PHS-50 Application for Appointment as a Commissioned Officer in the U.S. Public Health Service Commissioned Corps (Two original, signed copies).

3. PHS-1813 Reference Request for Applicants to the U.S. Public Health Service Commissioned Corps. Four are required to be submitted in individual envelopes sealed and signed (both the form and the seal) by the individual that has completed the reference. At least one reference from a current supervisor is required.

4. Official Transcripts from all post-secondary educational institutions attended. Any education program that is currently being attended should provide the most current semester transcript that is available.

5. Two copies of your current CV/resume. This must go back as far as when you received your "qualifying degree", the degree which qualifies you for a commission. The dates worked must be in month /year format and you must include the average hours per week at each place of employment. If you were unemployed for a time period, you much specify the time periods for which you were unemployed.

6. Copy of a current professional license, and/or board certifications (if licensed/board certified and/or if applicable). For disciplines that require residency or other professional training programs please include documentation of completion of such activities.

7. Copy of Naturalization Certificate (or other proof of U.S. Citizenship if and only if born outside the U.S.).

8. OF-306 Declaration for Federal Employment.

9. HHS Credit Release.

10. SF 93 Report of Medical History. **DO NOT** seek the attention of a healthcare professional to complete this form. It must be filled out and signed by you. Additional medical forms and medical examination information will be sent out later in the process.

11. Medical Prescreen Worksheet.

For individuals currently serving or have previously served on active duty in a uniformed service other than the U.S.

Public Health Service:

12. The last 3 officer or enlisted evaluations only if your period of active duty service was within the last 10 years of USPHS application submission.

13. Copy of all DD 214s (member-4 copy) and/or all NGB 22s.

14. PHS-6134 Statement of Service mailed to your respective service and/or a copy of your latest point sheets.

15. DD-368 Request for Conditional Release; or

16. Authorization to Inter-service Transfer to the U.S Public Health Service Commissioned Corps (Officers serving on active duty only)dcp.psc.gov/eccis/documents/ccpm23_3_5.pdf ; or

17. Separation Orders

Mail application packet directly to:
Office of Commissioned Corps Operations
ATTN: Division of Commissioned Corps Assignments
1101 Wootton Parkway, Suite 100
Rockville, MD 20852

If the type of duty you are selecting (see application item 6) is "Junior COSTEP" or "Senior COSTEP", please mark all mailings: "ATTN: COSTEP PROGRAM COORDINATOR"

Instructions for Completing PHS-50 "Application for Appointment as a Commissioned Officer in the U.S. Public Health Service Commissioned Corps" form

Item 1a. Give your full name, include 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 1c. Please mark if your gender is Male or Female.

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, or Foreign City, and Country).

Item 4. Enter your profession, or intended profession.

Item 5. Provide information required to determine citizenship. Only United States citizens, (native or naturalized) 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 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).

NOTE: A copy of a current U.S. Passport may be used as proof of citizenship if the above are not available.

Item 6. Indicate the type of duty for which you are applying and provide an availability date, as required. The Junior COSTEP and Senior COSTEP programs are student programs. Applicants are not able to apply for a General Tour and either of the COSTEP programs on the same application.

Item 7. The address where you can currently be reached is needed. Also telephone numbers (area code, number, and extension) and a fax number where you can be reached during business hours --whether at home, at work, or in school --and an e-mail address must be provided. Please furnish zip codes for all addresses. **(dot mil and other heavily secured e-mail address may prevent certain application materials and personnel orders from being delivered to you. Please use a civilian or non-governmental e-mail address for all application correspondence if possible).**

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 a fax number where you can be reached during business hours.

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, with latest institution listed first.

OFFICIAL TRANSCRIPTS ARE REQUIRED. Student copies are not acceptable. **You must have your official transcripts sent directly to you from your college, or university. Official transcripts must remain in their "original" sealed envelope from your school. Include sealed official transcripts in your application packet. (Tampering with sealed official transcripts may prevent your application from being accepted.** NO APPOINTMENTS TO THE COMMISSIONED CORPS CAN BE MADE WITHOUT RECEIPT OF ALL OFFICIAL TRANSCRIPTS.

NOTE: Only individuals whose education and professional training were in a program accredited by the appropriate accrediting body can be considered for appointment in the Commissioned Corps of the Public Health Service. The program must have been accredited at the time you graduated. The applicant is cautioned that "approved" does not necessarily mean accredited. Use space in Item 35, 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. 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. Your application review will consist of reviewing your Statement of Service, Conditional Release, Inter-Service Transfer Request

or DD-214 Member (4) copy. Additionally, quality of service is evaluated. Please submit last 3 officer or enlisted evaluations only if your period of active duty service was within the last 10 years of USPHS application submission.

Item 11. Needed for the selection process; also assures that all records are available in the applicant's file.

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 (e.g. spouse, children).

Item 13. Indicate whether or not you have received any Federal Government scholarships. If so, check appropriately and indicate your service obligation in years.

Item 14. Needed for selection process.

Item 15. Needed for selection process.

Items 16, 17, 18, 19, 20. Information on arrests, charges and convictions are 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. A suitability background investigation is conducted on each applicant.

Item 21. Needed for selection process.

Item 22. You must indicate if you have any outstanding Federal debt.

Item 23. Conscientious objectors will not be considered for appointment unless they are willing to perform noncombatant duty.

Item 24. The Commissioned Corps of the U.S Public Health Service (Corps) is one of the Uniformed Services of the United States. Please carefully read the 'Note' in item 24.

Item 25. You must use as references those individuals who are knowledgeable about your professional work, training, your knowledge, skills, and abilities. Your clergyman, high school teacher, relatives, etc., are not acceptable. You must list your most recent employer; also list other professionals 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 Col1ege, 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.

NOTE: These references are the people to whom you must forward and receive form PHS-1813, "Reference Request for Applicants to the U.S. Public Health Service Commissioned Corps," to be submitted in individual envelopes sealed and signed (both the form and the seal) by the individual that has completed the reference and included in your complete commissioning application packet

If you are or have been in private practice, use institutional references where appropriate. You should list the Clinical Director, Director of the Service, etc., of the health care facility where you practiced.

Four are required with at least one reference is required to be from your current supervisor.

Item 26. 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 the date you expect to take examination for professional licensure/certification/registration. Nurses must provide a photocopy of their 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 27. List your current Drug Enforcement Administration (DEA) controlled substances registration number if you have one. Details of A. thru C. are needed for processing your application. If any "Yes" answers, explain in the space provided in Item 35.

Item 28. If you have received an Educational Commission for Foreign Medical Graduates (ECFMG) certificate, please submit a photocopy.

Item 29. Details of A. - R. 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 35.

Item 30. Needed for processing your application.

Item 31. 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 31.

Item 32. Selected assignments may require the ability to communicate in a foreign language. List additional information which may be useful in the selection process.

Item 33. 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., (I) first choice, (2) second choice, etc.

Item 34. **If you have any objection to adhering to USPHS (Corps) grooming standards, or wearing the USPHS (Corps) uniform in the performance of your duties, your application may not be accepted.**

Item 35. Provide details to questions here. If more space is required use 8 1/2 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: At the end of the application (page 6) there is a statement to be signed. 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 **TWO** COPIES OF THE APPLICATION FORM AND DATE BOTH COPIES. EACH COPY MUST BEAR AN ORIGINAL SIGNATURE AND DATE.

U.S. Public Health Service Complete Commissioning Application Packet Checklist

Your application packet must include:

- ☐ PHS-50 Application for Appointment as a Commissioned Officer in the U.S. Public Health Service Commissioned Corps (Two original, signed copies).
- ☐ PHS-1813 Reference Request for Applicants to the U.S. Public Health Service Commissioned Corps. Four are required to be submitted in individual envelopes sealed and signed (both the form and the seal) by the individual that has completed the reference. At least one reference from a current supervisor is required.
- ☐ Official Transcripts from all post-secondary educational institutions attended. Any education program that is currently being attended should provide the most current semester transcript that is available.
- ☐ Two copies of your current CV/resume. This must go back as far as when you received your "qualifying degree", the degree which qualifies you for a commission. The dates worked must be in month /year format and you must include the average hours per week at each place of employment. If you were unemployed for a time period, you much specify the time periods for which you were unemployed.
- ☐ Copy of a current professional license, and/or board certifications (if licensed/board certified and/or if applicable). For disciplines that require residency or other professional training programs please include documentation of completion of such activities.
- ☐ Copy of Naturalization Certificate (or other proof of U.S. Citizenship if and only if born outside the U.S.).
- ☐ OF-306 Declaration for Federal Employment.
- ☐ HHS Credit Release.
- ☐ SF 93 Medical History. **DO NOT** seek the attention of a healthcare professional to complete this form. It must be filled out and signed by you. Additional medical forms and medical examination information will be sent out later in the process.
- ☐ Medical Prescreen Worksheet.
- ☐ Please include this Checklist Signed and Dated.

For individuals currently serving or have previously served on active duty in a uniformed service other than the U.S. Public Health Service:

- ☐ The last 3 officer or enlisted evaluations only if your period of active duty service was within the last 10 years of USPHS application submission.
- ☐ Copy of all DD 214s (member-4 copy) and/or all NGB 22s.

☐ PHS-6134 Statement of Service mailed to your respective service and/or a copy of your latest point sheets.

☐ DD-368 Request for Conditional Release; or

☐ Authorization to Inter-service Transfer to the U.S Public Health Service Commissioned Corps (Officers serving on active duty only)dcp.psc.gov/eccis/documents/ccpm23_3_5.pdf ; or

☐ Separation Orders

Mail application packet directly to:

Office of Commissioned Corps Operations
ATTN: Division of Commissioned Corps Assignments
1101 Wootton Parkway, Suite 100
Rockville, MD 20852

I the undersigned understand that if the aforementioned materials are not included in one complete application packet for commissioning that my application packet will be returned.

PRINT OR TYPE NAME AND SIGN IN INK	DATE