

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

U.S. Public Health Service 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 (This is a web form that is accessible after registering for an account in the Applicant Enrollment System)

- PHS-50 MUST include all jobs and periods of unemployment from the date you received your qualifying degree
- PHS-50 MUST include all post-secondary schools attended (even if no degree was conferred)

PHS 1813 Reference Request for Applicants to the U.S. Public Health Service Commissioned Corps

- At least three (3) reference forms **MUST** be uploaded to the Applicant Enrollment System
- At least one (1) reference MUST be from a current or most recent supervisor within the past two (2) years

Personal Statement

- One (1) Personal Statement MUST be uploaded and submitted via the Applicant Enrollment System
- Statement MUST be provided on the Personal Statement form and cannot exceed **one (1)** page
Do **NOT** submit additional pages
- Upload signed and dated Personal Statement in ink (Digital Signature allowed)

Original transcripts from ALL post-secondary academic institutions attended

- You may upload copies of official/unofficial transcripts to the Applicant Enrollment System
- Uploaded copies of official transcripts does NOT replace the requirement for electronic delivery or mailing of sealed official transcripts from the academic institution
- You will be notified when to electronically request or mail in the official sealed transcripts, please do not request official transcripts until you receive notification from the Call to Active Duty Team

Current CV/résumé

- Upload a copy of your current CV/résumé to the Applicant Enrollment System
- CV/résumé professional experience and work history MUST date back to when you received your "qualifying degree" (the degree in your category which qualifies you for a commission). The dates worked **MUST** be in month/year format in **reverse chronological order** and you **MUST** include the average hours per week **at each place** of employment (**Listing PRN is NOT acceptable**). You **MUST** specify all the time periods for which you were unemployed (even if it was as short as one month).
- You MUST provide the full address for all work experience
- You MUST include duties performed at each place of employment and the work history on your CV must mirror the work history entered on the electronic PHS-50.

Professional licenses if applicable

- Upload ALL professional licenses (Active and Expired) and/or board certifications (if licensed/board certified as applicable)
- For disciplines (i.e. Medical, Dental, etc.) that require residency or other professional training programs, please upload and include documentation for such activities
- For NURSES, upload a copy of NCLEX results showing you passed. This **MUST** be submitted in addition to the required license documents. (<https://www.ncsbn.org/1225.htm>)

Naturalization Certificate (or other certified proof of U.S. Citizenship)

- Upload a document from List A to the Applicant Enrollment System
- If you became a citizen under your parents as a minor and did not receive a naturalization number, submit your passport as proof of citizenship AND provide your parents certificate information in item #5 on the PHS-50.

OF 306 Declaration for Federal Employment

- Upload to the Applicant Enrollment System
- Sign as an applicant (sign as appointee only if you are a CURRENTLY a federal employee and then fill out additional section)

Applicant Identity Documents

- Upload one document from Column A, **AND** one from Column B, **AND** one from Column C using examples noted from the Applicant Identity Guide Resource

Tattoo/Body Art/Brand/Piercing/Dental Ornamentation Statement of Understanding excluding permanent retainers (if applicable)

- Adhere to all instructions (including the submission of photos) if waiver was requested

Signed Statement of Understanding

- Upload Statement of Understanding to the Applicant Enrollment System

USPHS Commissioned Service Obligation (CSO) Agreement Form PHS-7087-RC; for more information refer to https://dcp.psc.gov/ccmis/ccis/documents/CCD122_02.pdf and https://dcp.psc.gov/ccmis/ccis/documents/POM_821.85.pdf

Application Checklist - signed and dated.

- Upload this signed and dated checklist to the Applicant Enrollment System

FOR APPLICANTS CURRENTLY SERVING OR HAVE PREVIOUSLY SERVED IN A UNIFORMED SERVICE OTHER THAN THE U.S. PUBLIC HEALTH SERVICE:

Applicants Currently in the Reserves (includes Retired Reservists) and/or Discharged from a Uniformed Service (If not previously submitted upload the following):

The last **five (5)** officer or enlisted evaluations

Copy of all DD 214s (**Member-4 Copy REQUIRED**) and/or all NGB 22s

Request a PHS 6134 Statement of Service from your respective service

- PHS 6134 Statement of Service **MUST** be authenticated by someone other than yourself who is authorized to access your service records and can interpret them properly

Copy of all point sheets for current and/or prior service

Oath or other Appointment Documents **and** any Call to Active Duty Orders

DD 368 Request for Conditional Release **OR** Proof of Discharge

- If your DD-214 indicates transfer into any component in block 9, you **MUST** provide this, whether your Reserve Obligation Term Date has passed or not. A Reserve Obligation Term Date is **NOT** a guarantee of discharge.
- Discharge Orders
- Discharge Certificate

Official documentation that includes:

- Full name, social security number and home of record
- Current grade and date of promotion or appointment in current grade
- Current duty assignment, duty station, branch (Medical, etc.)
- Promotion history report/records
- Copies of last 5 Officer Efficiency Report or Enlisted Efficiency report
- Copies of disciplinary record and derogatory information
- Report of security clearance held by officer

Applicants Currently on Active Duty (If not previously submitted upload the following):

The last **five (5)** officer or enlisted evaluations

Copy of all DD 214s (**Member-4 Copy REQUIRED**) and/or all NGB 22s (The Current Tour DD-214 **MUST** be submitted once available after USPHS Call to Duty effective date)

Request a PHS 6134 Statement of Service from your respective service

- PHS 6134 Statement of Service **MUST** be authenticated by someone other than yourself who is authorized to access your service records and can interpret them properly

Copy of all point sheets for current and/or prior service (if applicable)

Oath or other Appointment Documents **and** any Call to Active Duty Orders

Copy of Request for Inter-Service Transfer to the U.S. Public Health Service Commissioned Corps.

- https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/130004_dodi_2017.pdf (DoD policy)
- https://dcp.psc.gov/ccmis/ccis/documents/CCPM23_3_5.pdf (PHS policy)
- **MUST** submit signed and dated Inter-Service Transfer statement of understanding (page 15 of PHS Inter-Service Transfer policy – Appendix D)
- Final approval of Inter-Service Transfer **MUST** be received before orders for U.S. Public Health Service can be issued
- Statement indicating intent to separate from active duty prior to obtaining a commission in the U.S Public Health Service

OR

Separation Orders

- For Current Active Duty Enlisted **or** Active Duty Officers not qualified for Inter-Service Transfer
- Separation Order **MUST NOT** indicate transfer into the Reserve Component

Official documentation that includes:

- Full name, social security number and home of record
- Current grade and date of promotion or appointment in current grade
- Current duty assignment, duty station, branch (Medical, etc.)
- Promotion history report/records
- Copies of disciplinary record and derogatory information if applicable
- Report of security clearance held by officer

You are required to upload all application materials within 30 days from the initiation of your application or it will be closed.

****Note: Application Documents will be verified for authenticity at random****

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

Please ensure your application is COMPLETE. Incomplete applications will be CLOSED.

Type Name and Sign	Date
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Verification of identity is a requirement of the application. Please provide a copy of one document from List A, List B and List C below.

<i>List A Documents</i>	<i>List B Documents</i>	<i>List C Documents</i>
U.S. Passport or U.S. Passport Card	Driver's license or identification (ID) card issued by a state off the United States, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address.	U.S. Social Security account number card that is unrestricted. A card that includes any of the following restrictive wording is not acceptable: ○ Not Valid for Employment ○ Valid for Work Only with INS Authorization ○ Valid for Work Only with DHS Authorization
Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal	U.S. Military card	
Certificate of Birth Abroad issued by the U.S. Department of State (Form FS-545)		
Certification of Report of Birth issued by the U.S. Department of State (Form DS-1350)		
Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		