

**INSTRUCTIONS FOR COMPLETING THE OFFICER STATEMENT**  
**(OS)**  
**PROMOTION YEAR 2006**

- Save this OS document to your local C drive.
- Use a basic word processing software (e.g., WordPad or other text editor) to create your 'comments' document.
- Use the spell check features of the word processing software to check spelling.
- Save the 'comments' document to your local C drive.
- Copy the text from the word processor & paste onto the blank OS form on page 2 below.
- Enter your information at the top of the form (PHS serial number, name, and category).
- Print the form then sign and date.
- Fax the form to: (301) 480-1436 or (301) 480-1407.
- The form is due to OCCO by January 23, 2006, to ensure review by the 2006 promotion boards.
- This form will be posted in the blue section of your eOPF.
- Only the current year's OS will be reviewed by the promotion boards. NOTE: The 2005 OS will NOT be provided to the 2006 promotion boards.

**ADDITIONAL GUIDELINES & SUGGESTIONS:**

- Utilize a "bullet" format for ease of review (use a "dash" as done here).
- Repeat the questions being addressed in the body of the form. This assists in clarity and review of document by board members.
- The Adobe Reader program does not recognize special characters and formatting (e.g., bold, underline, italics, etc.) so avoid using these characters.
- The Adobe Reader program does not recognize different font sizes, so there is no need to adjust fonts.  
(if you have full Adobe package & can adjust fonts, use no smaller than Times New Roman 11 point font)
- When completed, assure that text fits in space allowed (doesn't scroll off the screen), and prints correctly.

NOTE: If you need a copy of the Adobe Reader, go to:  
<http://www.adobe.com/products/acrobat/readstep2.html>

**OFFICER'S STATEMENT  
for 2006 Promotion Board Review**

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PHS SERIAL NUMBER

**SECTION I -- Officer Information: enter your PHS serial number in boxes in upper right corner and enter name and category below.**

Officer Name

Professional Category (e.g., Medical, Nurse, Health Services, Pharmacy,

**SECTION II -- Address the following three points in bullet format in the space provided (*any additional sheets will be discarded*).**

1. Your support of PHS Commissioned Corps activities.
2. Your commitment to visibility as an officer (including frequency and occasion of wearing the uniform).
3. Your vision and expectations of a career in the PHS Commissioned Corps, including commitment to the USPHS mission.

1. Support of PHS Commissioned Corps activities.

**SECTION III -- Signature**

Signature & Date:

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