

Department of Health and Human Services
Commissioned Corps of the U.S. Public Health Service
Office of Commissioned Corps Force Management
1101 Wootton Parkway, Suite 100, Plaza Level
Rockville, MD 20852

Information Regarding the Detailing of Officers of the Commissioned Corps of the U.S. Public Health Service

LETTER OF REQUEST

When requesting a detail of an officer(s), the requesting non-Department of Health and Human Services (HHS) organization must write a letter requesting a Memorandum of Agreement (MOA) between the non-HHS organization and the Commissioned Corps of the U.S. Public Health Service (Corps/HHS). The letter of request must be signed by an individual of the non-HHS organization that is at least the same level as the HHS Assistant Secretary for Health, e.g., an SES (Senior Executive Service) level or above of a Federal agency; flag grade in a uniformed service; Director of a State's health department; Director of a non-profit organization; etc. The letter must be addressed to the Assistant Secretary for Health, HHH Building, Room 716G, 200 Independence Avenue, SW., Washington, D.C. 20201, and contain the following information:

- (1) The official name of the requesting organization.
- (2) Indicate if the requesting organization is a Congressional Committee, Educational/Research facility, Federal agency (Armed Forces, domestic agency, international/U.S. Department of State), one of the States of the United States, or a Non-Profit (domestic or international).
- (3) Indicate if this is an individual detail or a blanket detail and if it is reimbursable (full or partially) or non-reimbursable (see Types of Details at <http://dcp.psc.gov/CCMIS/details.aspx>).
- (4) Brief description of the requesting organization.
- (5) Requesting organization's mission.
- (6) Reason for making the request and the organization's need for Corps health care professionals.
- (7) Number of officers requested.
- (8) Duration of the detail in years/days (if the detail is open-ended, please so state).
- (9) Proposed start date.
- (10) Proposed end date (unless open-ended).
- (11) Corps profession(s) requested, e.g., medical, dental, nurse, engineer, scientist, environmental health, veterinary, dietitian, therapy, health services.
- (12) Location of the assignment (by State(s) or country, if foreign).
- (13) Duties the detailed Corps officer(s) is expected to perform, expected work schedule, and responsibilities.
- (14) Name(s) of the requested officer(s) if officer(s) has already been identified.
- (15) If this is a request for an individual MOA, include all information regarding the host HHS Operating Division/Staff Division.
- (16) Name and contact information of the individual at the requesting organization having signatory authority for the proposed MOA.
- (17) Name and contact information of the individual at the requesting organization who will supervise the officer(s).
- (18) Name and contact information of the individual at the requesting organization responsible for paying invoices. Provide acknowledgement of financial costs of the detail such as salary, basic allowance for housing, subsistence, travel and transportation allowances, contingency expenses, Servicemembers' Group Life Insurance, Corps/HHS administrative fees, etc.

Questions regarding the 'Letter of Request' should be sent to: OCCFMHelpdesk@hhs.gov

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