

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

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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 ON THE APPLICATION.

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**A COMPLETE application packet is requested to be considered for the COSTEP program. Application materials are listed in the instructions below and should be utilized as a checklist for all items submitted in the application packet.**

**It should be noted that applications are reviewed regularly and having a complete application packet greatly enhances COSTEP sponsorship opportunities. If an incomplete application packet is received, it may be returned to the applicant or reviewed by the selecting official without the adequate information necessary to make a favorable selection.**

**A complete JRCOSTEP application packet includes the following items:**

Your application packet should 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. Two 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 requested.
- 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.
- Current CV/resume.
- DD-2807-1 Report of Medical History and Medical Cover Sheet. You do not need to seek the attention of a healthcare professional to complete this form. It must be filled out and signed for by you.
- HHS Credit Release
- OF-306 Declaration for Federal Employment
- Direct Deposit Form or Voided Check

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- SGLI Life Insurance Form
- Copy of Naturalization Certificate (or other proof of U.S. Citizenship if and only if born outside the U.S.).

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

- Copy of all DD 214s (member-4 copy) and/or all NGB 22s.
- Separation Orders (if applicable)

**Mail application packet directly to:**

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

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**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 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

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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 student program for which you are applying and provide an availability date, as required. For SRCOSTEP your availability date is the date range of your last year of academic or professional training. For JRCOSTEP it is the period during your academic school break when you will be able to serve a 31-120 days. If you wish to apply for both JR and SR COSTEP please indicate by checking both boxes. 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 for regular email updates.** 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 with anticipated month and year of graduation.

OFFICIAL TRANSCRIPTS ARE REQUIRED. Student copies are not acceptable, an acceptance letter may be accepted if you have not yet completed the first semester/quarter at the time of application submission. **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 be accredited by the time you graduate. 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 completed at the time of application, since they may be used in the selection process. Please refrain from using acronyms whenever possible.
- b. Individuals who received training in a professional internship and residency program should indicate full information here.
- Item 10. Service in any of the Uniformed Services of the United States may be creditable toward pay, allowances,

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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 Separation Orders (if applicable), DD-214 Member (4) copy and/or all NGB 22s. Additionally, quality of service is evaluated. Please submit the last 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. For additional information please contact our Security Investigations team at [PHSsecurity@hhs.gov](mailto:PHSsecurity@hhs.gov).
- 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. If "No," go to Item 25.
- 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, guidance counselors, 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 College, Dean of Graduate or Professional School, Director of Training Programs, Chairpersons of Departments, Professors 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 sealed envelope) by the individual that has completed the reference and included in the applicants 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.

Two are required with at least one reference being from the Dean or Professor of the college in which the

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student is enrolled.

- Item 26. List only active, full, and unrestricted professional licenses/certificates/registrations if applicable. If not applicable, please indicate so in Item 26.

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. If not applicable, please indicate so in Item 27.
- Item 28. If you have received an Educational Commission for Foreign Medical Graduates (ECFMG) certificate, please submit a photocopy. If not applicable, please indicate so in Item 28.
- 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. If not applicable, please indicate so in Item 30.
- Item 31. Provide complete information about your employment history. NOTE: Use photocopies of page 4 to continue. Specify the average number of hours worked per week. Include zip code for all addresses. NOTE: Attaching a curriculum vitae or resume is required; 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., (1) 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 PRINT AND SIGN YOUR FULL NAME ON TWO COPIES OF THE APPLICATION FORM AND DATE BOTH COPIES. EACH COPY MUST BEAR AN ORIGINAL SIGNATURE AND DATE. \*\***