

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE COMMISSIONED CORPS

**SENIOR COMMISSIONED OFFICER STUDENT TRAINING
AND EXTERN PROGRAM AGREEMENT**

A. I understand that Public Health Service (PHS) policy prohibits acceptance of contributions to salary, from whatever source, by active-duty officers, unless the contributions are accepted to the benefit of the Government and are deposited to the Miscellaneous Receipts of the Treasury of the United States. Further, with regard to the training I am to receive, I have read and agree to the following:

I voluntarily agree to serve on active duty with the PHS Commissioned Corps for a period that is twice the length of the training period for which I receive support from PHS as a participant in the Senior Commissioned Officer Student Training and Extern Program (Senior COSTEP).

My active-duty Senior COSTEP obligation shall commence immediately upon cessation of my participation in the Senior COSTEP training program. Failure to fulfill my active-duty obligation shall subject me to the penalties set forth in Paragraph B below. (See Commissioned Corps Personnel Manual, INSTRUCTION 5, Subchapter CC25.2 -- available on the Division of Commissioned Personnel's Web site -- <http://dcp.psc.gov> -- click on Publications).

B. I understand that if I fail to complete an active-duty obligation with the PHS Commissioned Corps incurred as a result of my Senior COSTEP training as set forth in Paragraph A above, I shall be obligated to pay the Department of Health and Human Services an amount equal to twice the total amount of the following: Any compensation paid or obligated in connection with the training, including but not limited to pay, allowances, special pays, travel, transportation, and shipment of household goods; and, if applicable, tuition, fees, and other training expenses. Under Department of the Treasury regulations, late charges may be assessed for payments made after the due date on amounts owed to the U.S. Government. Furthermore, I understand that if I fail to fulfill an active-duty obligation incurred pursuant to my participation in Senior COSTEP training under this agreement, the PHS Commissioned Corps will deny lump-sum payment of unused annual leave to my credit; divest me of any entitlements to travel and transportation allowances and travel time which may otherwise be authorized in connection with separation from the PHS Commissioned Corps; withhold my final pay and allowances to satisfy any indebtedness to the Government; and deny my request for a commission in the inactive reserve.

C. Field of study or specialty: _____

TYPE OR PRINT NAME _____

SIGNATURE (IN INK) _____

SOCIAL SECURITY NUMBER _____

DATE _____

Return this signed form to: Division of Commissioned Personnel
ATTN: SENIOR COSTEP
5600 Fishers Lane, Room 4A-18
Rockville, MD 20857-0001

SEE PRIVACY ACT STATEMENT ON BACK.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE COMMISSIONED CORPS

**Privacy Act Statement for
Senior Commissioned Officer Student Training and
Extern Program Agreement (Form PHS-6371)**

This statement is provided pursuant to the Privacy Act of 1974 (5 U.S.C. 552a). Our authority to collect this information is 37 U.S.C. 403; 42 U.S.C. 202 et seq.; and Executive Order 9397, "Numbering System for Federal Accounts Relating to Individual Persons."

The information provided will become part of record system 09-40-0001 "PHS Commissioned Corps General Personnel Records," HHS/PSC/HRS.

The information you provide on this form is used to determine whether the training you request will be sponsored by the Department of Health and Human Services (HHS). This form also serves as a record of the service agreement you willingly incur in return for HHS-sponsored training. This information will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems of records. Copies of these systems may be obtained by contacting the office to which you submit this form.

Effects of Nondisclosure: Disclosure of the Social Security Number (SSN) is mandatory under provisions of Executive Order 9397 to obtain benefits and services as or on behalf of a commissioned officer. The SSN is also used to distinguish a record from those of commissioned officers who may have similar names and dates of birth. If you do not provide the information requested you will not be considered for HHS-sponsored training.