

**Department of Health and Human Services  
Commissioned Corps of the U.S. Public Health Service**

**Report of Career Counseling Session– Form A - Category-Specific Counseling**

**Instructions:** This form is to be completed by the CPO or CPO-appointed senior officer counselor upon completion of a career-specific counseling session. A signed PDF copy of this form should be sent to the officer. Officers should upload the completed form via eDOC-U for inclusion in their electronic Official Personnel Folder (eOPF).

Officer's Rank/Name: \_\_\_\_\_ PHS Serial Number: \_\_\_\_\_

Date of Counseling: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

Officer's Phone Number: \_\_\_\_\_

Counselor granted access to officer's eOPF          "\*\*\*\*\*" Officer declines counseling

**Purpose of Counseling**

- CPO initiated
- Probationary period review
- Promotion non-recommend
- Non-selection for promotion and placement in the lowest quartile
- Non-selection for promotion and placement in the lowest decile
- Referred to Chief Professional Officer by a board for (specify)

**Areas Reviewed**

- |                                  |  |
|----------------------------------|--|
| Performance                      | Education/Training/Professional Development    |
| Career progression and potential | Professional contribution and service to Corps |
| Response Readiness               | Other (specify below)                          |

**Other Areas Reviewed:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Recommendation(s) by Counselor Included the Following:**

- Create an Individual Development Plan (IDP)
- Seek employee assistance
- Seek a mentor
- Speak with the Commissioned Corps Agency Liaison
- Seek additional training (specify) \_\_\_\_\_
- Other (specify) \_\_\_\_\_

**Follow-up steps by the officer:**

- Officer agreed to establish a plan to address areas for development
- Officer indicated he/she will meet with supervisor for follow-up discussion or planning
- Officer requested another counselor
- Officer requested CPO follow-up
- Other (specify) \_\_\_\_\_

\_\_\_\_\_  
 Print Counselor's Rank/Name                      Signature of Counselor                      Date

**This form must be uploaded by the officer to his or her eOPF via eDOC-U.**