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 and faxed to DCCPR for inclusion in the officer's electronic official personnel folder. A signed copy of the form should also be sent to the officer.

Officer's Rank/Name:			PHS Serial Number:	
Date o	of Counseling:/	Time:		
Officer's Phone Number: Officer's Fax Number:				
Purpo [] [] [] [] []	ose of Counseling CPO Initiated Probationary period review Promotion non-recommend Promotion deferral Non-selection for Promotion and place Referred to Chief Professional Officer			
[]	Counselor granted access to officer's electronic Official Personnel Folder			
[]	Officer Declines Counseling			
Areas [] [] []	Performance Career Progression and Potential Response Readiness	[] [] []	Education/Training/Profession Professional Contribution and Other (specify below)	
Other	Areas Reviewed:			
Recor	nmendation(s) by Counselor Included t	he Followin	g:	
[] [] [] []	Create an Individual Development Plan Seek Employee Assistance Seek a Mentor Speak with the Agency liaison Seek Additional Training (specify) Other (specify)			
Follov	w-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/planning Officer requested another counselor Officer requested CPO follow-up Other (specify)			
Print Counselor's Rank/Name		Signature of Counselor		Date
Note:	This form is to be faxed to officer's eOP	F at Fax Nun	nbers: 301-480-1436 <u>or</u> 301-480 -	1407.
[]	Information shared with officer [Pleas	se send a sign	ed copy of this report to the office	eer.]