

OFFICER'S STATEMENT
for 2021 Promotion Board Review

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PHS SERNO

SECTION I -- Officer Information: enter your SERNO in the upper right corner. Enter your name and category below.

Officer Name (Last, First, MI)

Professional Category (e.g., Medical, Nurse, Health Services, Pharmacy, etc.)

SECTION II -- Address the following three points in bullet format in the space provided. Any additional sheets will be discarded.

- 1. Your support of PHS Commissioned Corps activities.**
- 2. Your commitment to visibility as an officer.**
- 3. Your vision and expectations of a career in the PHS Commissioned Corps, including commitment to the USPHS mission.**

1. Support of PHS Commissioned Corps activities.

SECTION III -- Signature

Signature & Date:

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