

**OFFICER'S STATEMENT**  
**for 2018 Promotion Board Review**

PHS SERNO

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**SECTION I -- Officer Information: enter your EMPLID and SERNO in boxes in upper corners. Enter name and category below.**

Officer Name (Last, First, MI)

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

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**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.**

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**1. Support of PHS Commissioned Corps activities.**

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**SECTION III -- Signature**

**Signature & Date:**

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