**RANK FIRST MIDDLE LAST NAME**

**Degree(s) & Certificate(s)**

OPDIV Name

Work Mailing Address

Work Email Address

Work Phone Number

|  |  |
| --- | --- |
| **USPHS Call to Active Duty Date** | MM/DD/YYYY |
| **Last Temporary Promotion Date** | MM/DD/YYYY |

# USPHS CAREER PROGRESSION OVERVIEW

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date(s)** | **Temporary Rank & Grade** | **Billet Grade** | **Agency Title** | **Title in Personnel Orders** | **Agency Position Status** | **Agency** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**WORK EXPERIENCE PRIOR TO USPHS CAD**

| **Date(s)** | **Position** | **Institution/Facility/Agency** | **Location** |
| --- | --- | --- | --- |
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**EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Degree/Diploma | Specialty | College/University | Year Received | Qualifying Degree (Y/N) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**USPHS ASSIGNMENT(S), DUTIES & IMPACT**

**Current Agency Title:**

**Billet Grade:**

**Date:**

**Agency:**

# Duties & Responsibilities:

# Impact/Accomplishments:

# USPHS ASSIGNMENT COLLATERAL DUTIES

|  |  |  |
| --- | --- | --- |
| **Role** | **Description** | **Date(s)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**CONTRIBUTIONS TO NURSE CATEGORY, USPHS & PROFESSIONAL ORGANIZATIONS**

***Nurse Category***

|  |  |  |
| --- | --- | --- |
| **Group/Committee** | **Role** | **Year(s)** |
|  |  |  |
|  |  |  |
|  |  |  |

***USPHS***

|  |  |  |
| --- | --- | --- |
| **Group/Committee** | **Role** | **Year(s)** |
|  |  |  |
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***Professional Organizations***

|  |  |  |
| --- | --- | --- |
| **Group/Committee** | **Role** | **Year(s)** |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |

**CONTINUING EDUCATION (most recent year)**

|  |  |  |  |
| --- | --- | --- | --- |
| Description | Organization | Date(s) | Hours (CEU, CE, CNE, or CME) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total** | | |  |

**TRAININGS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Description** | **Organization** | **Required/ Optional** | **Year(s)** | **Hour(s)/ Day(s)** |
| **Public Health/Response** |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Non-Public Health/Response** |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**CERTIFICATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Organization** | **Required/**  **Optional** | **Date(s)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**LICENSURE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **State** | **Expiration Date** | **# of CE Hours Required per Licensing Period** |
|  |  |  |  |

**AWARDS & RECOGNITION**

|  |  |  |
| --- | --- | --- |
| **Type of Award/Recognition** | | **Year(s) Awarded** |
| **USPHS** |  |  |
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|  |  |
| **Uniformed**  **Services** |  |  |
|  |  |
|  |  |
|  |  |
| **Other** |  |  |
|  |  |
|  |  |
| **Letters/Certificates of Appreciation** |  |  |

**RESPONSE**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Mission** | **Role** | **Year(s)** |
| **USPHS** |  |  |  |
|  |  |  |
|  |  |  |
| **Agency** |  |  |  |
|  |  |  |
|  |  |  |

**MENTOR/MENTEE PROGRAM ACTIVITIES**

| **Official N-PAC Category** | **Mentor(s)/Mentee(s) Name** | **Year(s)** |
| --- | --- | --- |
| Mentor: |  |
| Mentee: |  |
| **Other** | Mentor: |  |
| Mentor: |  |
| Mentor: |  |
| Mentee: |  |

**PUBLICATION(S)**

# PRESENTATION(S)

| Presentation Title | Meeting Title | Activity Type | Location | Date(s) |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |

# CIVIC, COMMUNITY, AND VOLUNTEER/OUTSIDE ACTIVITIES (OPTIONAL)

| **Activity Type** | **Date(s)** |
| --- | --- |
|  |  |
|  |  |
|  |  |