



# Office of the Surgeon General Advisory Committee

Event Notification Form  
Version 1.0  
Date: 01/10/2022

**Instructions:** Please submit this form at least three days prior to scheduled event. Please complete this form in its entirety. Additional instructions on each data field are found in Event Notification Field Name Description section.

1. Requester Information:

PHS SERNO	First Name	Last Name	Work Email

2. Affiliation of Requester:

3. Name of Event

4. Event Date

5. Type of Participation

6. Name of Organization Hosting Event

7. Type of Organization Hosting Event

8. Describe the event and identify SG priority(ies) and/or the charter objective(s) being addressed

9. City

10. State

11. Virtual Event?

12. Estimated Number of Participants

13. How many Advisory Committee Members are Participating?

14. Supervisor Approval Granted for All Members?

Prior to Click Submit by Email Button, save completed Event Notification Form with the following nomenclature: MMDDYY\_Name of Event\_CityState. For example, a vaping event on 9/16/21 in Charleston, SC would be named as 091621\_Vaping\_CharlestonSC.

**Attach any presentation material and/or additional event information along with completed Event Notification Form in the auto-generated email prior to clicking Submit by Email Button.**

14. Attachments Provided

Submit Email

## Event Notification Form Field Name Descriptions

Number	Information Attribute	Information Attribute Instructions
1	Requester of Event	Specify <b>USPHS Service Number (Serno) officer rank, name, email, and phone number</b> for USPHS Commissioned Corps Officer submitting the event notification form.
2	Affiliation of Requester	Indicate the Affiliation of the Requester who is organizing the OSG event.
3	Name of Event	Enter the title of the Event
4	Event Date	Enter the date the event is scheduled
5	Type of Participation	<p>Type of Participation:</p> <ul style="list-style-type: none"> <li>• Outreach/Recruitment – Event that raises visibility for USPHS, encourages partnership with the Department or encourage prospective candidates to apply to the USPHS. Career days are an example of this event.</li> <li>• Clinical Service – Event where clinical services are provided such as blood pressure screening, health checks up</li> <li>• Training – Event to train USPHS Officers or other stakeholders on knowledge, skills, or competencies.</li> <li>• Virtual – Presentation provided remotely</li> <li>• Education/Prevention (PACE) – Health prevention presentation provided by PACE Advisory Committee</li> <li>• Education/Prevention – Health prevention presentation provided by non-PACE Advisory Committee</li> <li>• Other – Event type not listed in list</li> </ul>
6	Name of Organization Hosting Event	Name of organization that USPHS Commissioned Corps is coordinating with to organize the event
7	Type of Organization Hosting Event	<p>Indicate the Type of Organization Hosting Event</p> <ul style="list-style-type: none"> <li>• Elementary/Middle School – school for primary education who are five to thirteen years old.</li> <li>• High School – school for secondary education who are fourteen to eighteen years old.</li> <li>• College/University – institution of higher education and research which awards academic degrees in several disciplines.</li> <li>• Professional Organization – organization seeking to further a particular profession</li> <li>• Faith-Based Organization – organization whose values, character or affiliation are with a religious group or inspired by religious beliefs.</li> <li>• Community-Based Organization – a public or private nonprofit organization that— (A) is representative of a</li> </ul>

Number	Information Attribute	Information Attribute Instructions
		<p>community or significant segments of a community; and (B) provides educational, social or clinical services to individuals in the community.</p> <ul style="list-style-type: none"> <li>• Non-Profit or Not for Profit – an entity organized for purposes other than generating profit and in which no part of the organization's income is distributed to its members, directors, or officers</li> <li>• Local Government – Administration of town, county, or district with representation elected by those who live there.</li> <li>• State Government – unit of government specifically makes and enforce laws for a state.</li> <li>• Federal Government – unit of government that makes and enforce laws for the United States.</li> </ul>
8	Describe the Event and identify the SG priority(ies) and/or charter objective(s) being addressed	<p>Indicate the Surgeon General Priority indicated on the following link (<a href="https://www.hhs.gov/surgeongeneral/priorities/index.html">https://www.hhs.gov/surgeongeneral/priorities/index.html</a>), or the Advisory Group Charter objective being met through the event.</p> <p>Descriptions should be at least 3 to 4 sentences at a minimum. If the event is focused on outreach or recruitment and the submitter is not affiliated with an advisory committee, describe how the event will accomplish outreach or recruitment.</p>
9	City	<p>Name of City Event took place.</p> <ul style="list-style-type: none"> <li>• In case of virtual event: <ul style="list-style-type: none"> <li>○ For community engagement event, it the city of where attendee is located.</li> <li>○ For training event, it is the city of where the event lead's duty location.</li> </ul> </li> </ul>
10	State	<p>Name of State Event took place.</p> <ul style="list-style-type: none"> <li>• In case of virtual event: <ul style="list-style-type: none"> <li>○ For community engagement event, it the city of where attendee is located.</li> <li>○ For training event, it is the city of where the event lead's duty location.</li> </ul> </li> </ul>
11	Virtual Event	<p>Indicate the following:</p> <ul style="list-style-type: none"> <li>• Yes – if all attendees are attending virtually</li> <li>• No – if event is conducted in person</li> <li>• Hybrid – if attendees are attending both virtual and in person</li> </ul>
12	Estimated Number of Participants	Indicate the estimated number of participants at the event.
13	How many Advisory Committee Members Participating	Indicate the number of Advisory Committee Members that are participating in the event.

Number	Information Attribute	Information Attribute Instructions
14	Supervisor Approval Granted for All Members?	Check box if supervisor approval is granted for Advisory Committee Members participating in the event.
15	Attachment Provided	Indicate if any attachments are provided with the Event Notification submittal.