

Information on Commissioned Officers

A Guide for Supervisors
of Commissioned Officers of the
U.S. Public Health Service



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Department of Health and Human Services
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Dental Professional Advisory Committee

Table of Contents

Introduction: Supervisor Support 4

 A. READINESS & DEPLOYMENT 4

 B. PERFORMANCE EXPECTATIONS AND CAREER DEVELOPMENT 4

 C. CAREER PROGRESSION..... 4

 D. OFFICERSHIP 5

 E. AWARDS AND FORMAL RECOGNITION 5

 F. PROMOTION 5

 G. MENTORSHIP 6

 H. COMMISSIONED CORPS AGENCY LIAISONS 6

SECTION 1: COMMISSIONED CORPS OVERVIEW 7

 A. MISSION AND HISTORY 7

 B. CATEGORIES AND ELIGIBILITY CRITERIA 7

 C. UNIFORM AND RANKS 8

SECTION 2: PERSONNEL MANAGEMENT 11

 A. COMMISSIONED CORPS HEADQUARTERS 11

 B. DIVISION OF COMMISSIONED CORPS PERSONNEL AND READINESS 11

 C. ROLE OF AGENCY COMMISSIONED CORPS LIAISON..... 11

 D. DIVISION OF SYSTEMS INTEGRATION..... 11

 E. GRADE/RANK AND POSITION..... 11

 F. BILLETS..... 11

 G. RETIREMENT 12

 H. PAY 12

 I. HEALTH PROFESSIONS SPECIAL PAYS (HPSP) 13

 J. CERTIFICATION OF PRACTICE HOURS 13

 K. TIME AND ATTENDANCE 13

 L. ALTERNATIVE WORK SCHEDULE..... 13

 M. TELEWORK 14

SECTION 3: LEAVE 15

 A. eCORPS 15

 B. REQUESTING LEAVE 15

 C. TYPES OF LEAVE:..... 16

 D. DIFFERENCES BETWEEN COMMISSIONED CORPS AND CIVILIAN SERVICE: 18

 E. eCORPS RESOURCES:..... 18

SECTION 4: READINESS AND DEPLOYMENT 19

 A. BASIC READINESS STANDARDS 19

 B. REQUIREMENTS FOR BASIC READINESS 19

 C. ADDITIONAL READINESS AND DEPLOYMENT INFORMATION 21

 D. USPHS COMMISSIONED CORPS RESPONSE STRUCTURE 22

SECTION 5: PERFORMANCE/COER 24

 A. SETTING EXPECTATIONS 24

B.	ANNUAL COER	24
C.	MID-YEAR COER.....	25
D.	TRANSFER COER.....	25
E.	INTERIM COER	25
F.	COER EVALUATION FACTORS	25
G.	COER FORMATS	26
SECTION 6:	OFFICERSHIP.....	27
A.	PROFESSIONAL ADVISORY COMMITTEE (PAC)	27
B.	PROFESSIONAL ADVISORY GROUP (PAG).....	27
C.	OTHER USPHS GROUPS	27
SECTION 7:	AWARDS.....	28
A.	SERVICE AWARDS.....	28
B.	INDIVIDUAL AWARDS.....	28
C.	UNIT AWARDS.....	29
D.	MANAGEMENT ROLE IN AWARDS NOMINATIONS.....	30
E.	DEPAC AWARDS	31
F.	NOMINATION PACKET REQUIREMENTS.....	36
SECTION 8:	PROMOTIONS	37
A.	PREPARING FOR PROMOTION.....	37
B.	SUBMITTING FOR PROMOTION.....	38
Additional Resources and Acknowledgements.....		39

Introduction: Supervisor Support

The purpose of this guide is to serve as a resource for supervisors of U.S. Public Health Service Commissioned Corps officers ("officers"). It should be utilized as a high-level overview and a reference on a few of the key unique components related to supervising an officer and focuses on the important role a supervisor plays in supporting the growth and development of officers throughout their careers. A few critical areas for supervisor support are highlighted below:

A. Readiness & Deployment

Supervisors play a critical role in supporting deployment readiness and response. Officers are assigned a tier for deployment. Tier 1 and 2 are rapid deployment teams and are pre-approved for deployment if placed in those tiers. Most officers are in Tier 3 for deployment and are on call once every 5 months. Supervisors can help with ensuring officers are able to deploy and officers should inform their supervisor of their upcoming on-call month. Supervisors may be asked to approve deployment of officers in Tier 3 prior to their deployment. Being prepared to respond to these requests in advance helps to facilitate rapid response to national emergencies or other threats. For more information, see [Section 4](#).

B. Performance Expectations and Career Development

Supervisors play an integral role in supporting an officer's career advancement by ensuring that an officer understands work plans and performance expectations. Throughout the officer's career, assignments should demonstrate an increasing progression of responsibility, achievement, and contributions to the agency mission, including personal accountability for developing skills and leadership effectiveness.

The Commissioned Officers Effectiveness Report (COER) is the standard performance evaluation tool used for officers, whereas the Performance Management Appraisal Program (PMAP) is used solely for civil service employees. The COER rating is one of the key tools for assessing an officer's performance and potential, so setting clear expectations for their position is critical. It is often helpful to have regularly scheduled meetings between an officer and their supervisor to help track roles, responsibilities, activities, and accomplishments. This helps ensure the supervisor can provide guidance, recognition, and career planning to officers while under their supervision.

A Reviewing Official Statement (ROS) is a key document completed during the annual COER cycle and allows the agency to provide input to the Corps Promotion Board on the officer's readiness for promotion. The ROS is the only letter of recommendation allowable to the electronic official personnel folder (eOPF).

Performance accounts for 40% of an officer's overall promotion score, so the COER is a critical performance assessment for officers.

For more information, see [Section 5](#).

C. Career Progression

Officers should maximize opportunities for mobility among government agencies and career advancement in diverse work settings. The Corps encourages officers to pursue leadership roles and growth opportunities, which will expand their knowledge and help them grow professionally to deal with the challenges of improving public health outcomes. Growth opportunities can also include short term details and/or temporary duty assignments (TDY). Career Progression accounts for 25% of an officer's promotion score.

D. Officership

The U.S. Public Health Service Commissioned Corps places great emphasis on an officer's training and professional development. Through training and professional development, the Corps develops well-rounded public health professionals to advance HHS OPDIV/STAFFDIV, non-HHS organizations, and Corps mission and goals. Training also is required to maintain an officer's readiness to respond to health-related national and global emergencies. Training covers a variety of types, topics, and formats. In general, the types of training include: professional; OPDIV-specific requirements for; public health; officership, including military protocols; leadership; and readiness.

Officers should be able to document participation of significant or meaningful involvement in organizational collateral duties/activities at the local/institutional level, increasing in number and responsibility over their career. Collateral duties are those in which officers have been assigned that are over and above their primary job responsibilities. Collateral duties include the following examples:

- Assignment to an agency workgroup
- Appointment to a multi-agency board or advisory group
- Selection for an additional project or assignment
- Cross-agency representation as a Subject Matter Expert

Officers called to extended active duty after September 30, 2008, must complete the 2-week Officer Basic Course (OBC) prior to or within 90 days of reporting to their initial duty station unless waived by the Surgeon General. Officers still must complete this training within their first 180 days of duty.

Officership accounts for 15% of an officer's promotion score.

For more information, please reference [Section 6](#).

E. Awards and Formal Recognition

Corps awards play a critical role in an officer's promotion potential and career progression. Honor awards are an important way for supervisors to formally recognize their deserving officers. Recognition can also happen at the agency, division, or branch level. Officers are eligible for many of the same honor awards as civil service employees. Letters of recognition are also a nice way to recognize an officer that goes above and beyond.

For more information, see [Section 7](#).

F. Promotion

An officer's promotion eligibility is based on the number of years of professional experience and time-in-grade requirements. Early promotion is available for officers who have demonstrated exceptional capabilities and leadership achievements. The annual promotion cycle begins on January 1 of each year. Supervisors and officers should begin working together at least one year in advance to ensure that awards, letters of recognition, and other documents necessary for promotion are submitted in a timely fashion. A supervisor can also work with an officer to identify additional leadership opportunities for an officer.

For more information, see [Section 8](#).

G. Mentorship

The US Public Health Services (USPHS) Dental Professional Advisory Committee (DePAC) includes a mentoring program to facilitate the passing of knowledge from senior mentor officer to incoming junior protégé officers. This provides an avenue to improve officers' career progression and enjoyment. When faced with several new responsibilities, guidance from officers with increased knowledge and experience proves useful in shaping their practice strategy. This program also serves as a resource to improve officership within the Corps by providing information and oversight regarding USPHS responsibility including the following: basic readiness, deployment, CV, COER, promotion benchmarks, awards, continuing education, etc.

For more information visit: <https://dcp.psc.gov/OSG/dentist/mentoring.aspx>

H. Commissioned Corps Agency Liaisons

Commissioned Corps agency liaisons are subject-matter experts on policies and procedures that govern the administration of the Corps. They are a valuable resource for officers, supervisors, and senior agency officials seeking advice and counsel on these subject matter areas.

A listing of Liaisons can be found here: https://dcp.psc.gov/ccmis/PDF_docs/sgpac.pdf

SECTION 1: COMMISSIONED CORPS OVERVIEW

A. Mission and History

Overseen by the Surgeon General, the U.S. Public Health Service Commissioned Corps is a diverse team of more than 6,500 highly qualified, public health professionals. Driven by a passion to serve the underserved, these men and women fill essential public health leadership and clinical service roles with the Nation's Federal Government agencies. The Corps is one of America's seven uniformed services and their mission is to protect, promote, and advance the public health and safety of our Nation.

This mission is pursued through:

- Rapid and effective response to public health needs
- Leadership and excellence in public health practices
- Advancement of public health science.

B. Categories and Eligibility Criteria

The U.S. Public Health Service is made up of multiple professions which are represented across 11 categories. Qualifications vary by category, but the following are required to apply:

- Qualifying degree conferred
- Current, unrestricted, valid licensure, registration or certification as applicable based on discipline, submitted with application
- U.S. native or naturalized citizen
- Less than 44 years of age (this may be adjusted based on eligible federal USPHS civil service and uniform service active duty time)
- Less than 8 years of prior active duty service in any uniformed service other than the Commissioned Corps
- Meet suitability, professional, medical, and security requirements

Below are the categories for which individuals can apply to join the USPHS:

- **Dentists**
[General Background](#)
[Category Requirements](#)
- **Dietitians**
[General Background](#)
[Category Requirements](#)
- **Engineers**
[General Background](#)
[Category Requirements](#)
- **Environmental Health**
[General Background](#)
[Category Requirements](#)

- **Health Services**
[General Background](#)
[Category Requirements](#)

- **Nurses**
[General Background](#)
[Category Requirements](#)

- **Pharmacists**
[General Background](#)
[Category Requirements](#)

- **Physicians**
[General Background](#)
[Category Requirements](#)

- **Scientists**
[General Background](#)
[Category Requirements](#)

- **Therapists**
[General Background](#)
[Category Requirements](#)















- **Veterinarians**
[General Background](#)
[Category Requirements](#)

C. Uniform and Ranks

Officers are required to wear their uniforms daily. By wearing the uniform officers display a profound respect for their country, their service, and themselves. Uniforms promote visibility and credibility of the Corps to the general public and the Nation’s underserved populations whom officers are devoted to serving. An officer’s rank is displayed on their uniform. Considered a sea service, the US Public Health Service ranks are the same as the Navy, Coast Guard, and National Oceanic and Atmospheric Administration.

To see how the USPHS ranks and grades compare with the other services, please see Figures 1 and 2 on the following pages:

Figure 1: USPHS Commissioned Corps Ranks

Rear Admiral (RADM): O-7		
Captain (CAPT): O-6		
Commander (CDR): O-5		
Lieutenant Commander (LCDR): O-4		
Lieutenant (LT): O-3		
Lieutenant Jr. Grade (LTJG): O-2		
Ensign (ENS): O-1		

Credit: Teaming with the U.S. Public Health Service Commissioned Corps:
Management/Supervisor FAQ

Figure 2: Comparison of Ranks Across the Uniformed Services

GRADE	Department of Health & Human Services				Department of Defense			RANK
	Sea Services				Land Services			
	U.S. Public Health Service	National Oceanic and Atmospheric Administration	Coast Guard	Navy	Army	Air Force	Marine Corps	
01								Second Lieutenant
02								First Lieutenant
03								Captain
04								Major
05								Lieutenant Colonel
06								Colonel
07								Brigadier General
08								Major General
09								Lieutenant General
10								General

Source: <https://usphs.gov/docs/pdfs/uniform/Uniformed%20Service%20Rank%20Chart.pdf>

SECTION 2: PERSONNEL MANAGEMENT

Officers are managed under a separate personnel system than civil service personnel. An overview of the Human Resources system and key differences are noted below:

A. Commissioned Corps Headquarters

Commissioned Corps Headquarters (CCHQ) is comprised of the Division of Commissioned Corps Personnel and Readiness (DCCPR) and the Division of Systems Integration (DSI), working within the [Office of the Surgeon General \(OSG\)](#) and oversees personnel management for officers.

B. Division of Commissioned Corps Personnel and Readiness

DCCPR develops policies and proposes regulations in order to maintain optimum performance and readiness of the officers. DCCPR establishes timelines, performance standards, and measurements for the evaluation of the operations and management of the Corps and works closely with OSG to facilitate operations and implementation of policies and programs.

In addition, DCCPR conducts recruitment; calls to active duty; Commissioned Corps boards; issues personnel orders; maintains officer payroll and records; management of medical actions and evaluations; oversees the performance, discipline, and conduct of officers; develops and implements policies and regulations. DCCPR is also responsible for all readiness and response operations for all officers.

C. Role of Agency Commissioned Corps Liaison

The Agency Commissioned Corps liaison is an officer, or an employee designated by the agency or Operating Division (OPDIV) as the resource person on Corps personnel issues. Commissioned Corps liaisons are subject-matter experts on policies and procedures governing the administration of the Corps. They are a valuable resource for officers, supervisors, and senior agency officials seeking advice and counsel in these subject areas.

Contact information for the Corps liaison for each agency can be located at [Commissioned Corps Liaisons](#).

D. Division of Systems Integration

The Division of Systems Integration (DSI) is responsible for all Corps specific information technology systems and activity. This includes certifying and transmitting the monthly Corps payroll processed by Compensation.

E. Grade/Rank and Position

A key difference between civil service employees and uniformed services is the difference between grade or rank and position. Within a uniformed service such as the Commissioned Corps, rank is vested in the officers themselves and not in the positions they hold. Therefore, an officer can be promoted without any change in his or her position. Supervisors, however, should try to ensure that a Corps officer's pay grade is consistent with the duties and requirements of the position.

F. Billets

A billet is a position classification document that includes three key pieces of information; supervisory status, level of responsibility, and category of assignment. It provides a brief description of the major duties, responsibilities, and requirements of a job or position. Billets are similar to civil service position descriptions (PD), with some distinction. Billets classify the degree of responsibility for a given position, but does not describe the assigned duties. In civil service positions, a PD outlines the specific duties and responsibilities of the job assignments. A billet is similar to the GS level except that, for example, a GS-14 position is always filled by a GS-14 civil servant, while an O-5 position is not required to be filled by an O-5 officer.

See Figure 3 for rank equivalents of civil service grades.

Additional information on billets may be found at [CCPM23 5 4](#).

Figure 3: Rank Equivalents to Civil Service Grades

Grade	Rank	Equivalent
O-2	Lieutenant Junior Grade (LTJG)	GS-7
O-3	Lieutenant (LT)	GS-9/11
O-4	Lieutenant Commander (LCDR)	GS-12
O-5	Commander (CDR)	GS-13
O-6	Captain (CAPT)	GS-14/15
O-7/8	Rear Admiral (RADM)	Senior Executive Service (SES)
O-9	Vice Admiral (VADM)	Surgeon General
O-10	Admiral (ADM)	Assistant Secretary for Health (ASH)

Source: Billet Program, EXHIBIT III ([CCPM23.5.4](#))

G. Retirement

Officers are vested and eligible for retirement after 20 years of service. They may request a voluntary retirement once they’ve reached that length of service. Voluntary retirements require HHS OPDIV and Corps approval. Most voluntary requests for retirement are approved. The mandatory retirement for officers is 30 years, although the Corps may grant an extension on a case-by-case basis.

Dental Officers may be eligible to have their retired pay computed utilizing the alternative method, which adds four years for professional schooling to the years of creditable service.

See [CCPM23.8.2](#) for more information.

H. Pay

Officers are currently paid monthly at the first of the month. Officers receive three separate pays:

- Basic pay
- Basic Allowance for Housing (BAH)
- Basic Allowance for Subsistence (BAS)

Unlike their civilian counterparts, officers are not eligible to receive cash performance awards or overtime pay.

I. Health Professions Special Pays (HPSP)

Special pays are designed to compensate officers for training or skills which require additional education and are necessary to accomplish the mission of the U.S. Public Health Service. Effective January 28, 2018, the Corps transitioned to the Health Professions Special Pays (HPSP) in accordance with [Title 37 U.S.C §335](#). HPSP is a consolidation of six legacy special pays into three special pays with new pay rates. Pay rates are determined by The Assistant Secretary for Health.

The Commissioned Corps Directive HPSP ([CCD 151.05](#)) describes the regulations authorizing special pays to officers in the health professions. Commissioned Corps Issuance Special Pay ([CCI 633.01](#)) clarifies and updates HPSP eligibility, effective January 1, 2019. Commissioned Corps Personnel Operations Manual HPSP Submission, Effective Dates, and Subspecialty Rates ([POM 821.70](#)) contains more detailed HPSP processing information.

For officers to be eligible and apply for special pays they must be a graduate from an accredited school in a health profession and:

- Have a performance rating of satisfactory on the most recent annual COER
- Must not have any pending administrative or disciplinary actions
- Maintain Conditions of Service ([CCD 111.03](#))
- Have a Current Unrestricted [License](#)
- Agree to a Period of Obligated Service (as Defined in the HPSP Agreement)
- For Incentive Pay and Retention Bonus: Proof of 80 clinical hours in the previous year ([POM 821.77](#))

J. Certification of Practice Hours

Officers must maintain their professional competence in accordance with Commissioned Corps Directive [CCD 111.03](#). Officers who are in clinical deployment or clinical positions who are applying for Health Professional Special Pay must obtain 80 practice hours annually. Officers in Dental Public Health who are applying for Health Professional Special Pay must complete 80 public health practice hours annually. Supervisors must attest that the officer has completed their annual practice hours. See https://dcp.psc.gov/ccmis/ccis/documents/POM_821.77.pdf for more information.

K. Time and Attendance

Officers are subject to call to duty 24 hours each day, every day of the year. Therefore, officers are not eligible for overtime or compensatory time when they work longer than 8 hours a day or more than 40 hours a week, and they do not complete TAS as civil service members do. As a supervisor, you will receive requests for time off through the eCORPS system.

For more information, see Section 3.

L. Alternative Work Schedule

The work hours of an officer can be fixed, or the starting and ending times can be flexible as determined by the officer's supervisor. Therefore, the general concept of flextime applies to officers only in the context of flexible starting and ending times on duty, and not in defining any "basic work requirement". That is, it does not create an entitlement for the officer to work only an 8-hour day or prohibit management from requiring additional work hours on any given day.

M. Telework

Officers are eligible for telework with supervisory approval. Supervisors may suspend or cancel telework to meet the needs of the program. Supervisor may terminate agreement at any time for nonperformance of duty and/or mission requirements.

The Telework Request process for officers is now in the Telework Management System (TMS). TMS replaces the Commissioned Corps telework agreement form. Telework arrangements in the Federal Government may be full-time (5 days per week) or part-time (less than 5 days per week). Part-time schedules are more common. As with most aspects of the telework program, OPDIV, STAFFDIV and non-HHS organizations to which officers are assigned, may define the types of arrangements and parameters for participation within their telework policies and telework agreements.

Training requirements and agreements

- Officers participating in telework must complete telework training at least once per fiscal year. [This training may be found here.](#)

The completion certificate shall be included in an officer's alternative worksite agreement and/or submitted to his/her eOPF annually. Additionally, an OPDIV, STAFFDIV, or non-HHS organization may require additional training. Officers on telework agreements shall comply with any additional training, as required.

Additional information on telework can be found in the links provided:

[CC313.01](#)

[Telework Policy FAQ](#)

SECTION 3: LEAVE

A. eCORPS

The electronic Commissioned Officer Resources Processing System (eCORPS) is the official leave record for all officers. All officers are required to request and enter leave in eCORPS. Except in cases of emergency, all leave taken by a Corps Officer must be approved in advance by the officer's leave granting authority. Supervisors will approve leave in eCORPS

Logging into eCORPS

An eCORPS Username and Password are needed to log into the system.

- **Officers:** Your eCORPS username is posted on your Officer Secure Area (OSA) dashboard. If you are a new user, you will receive a welcome e-mail and a temporary password e-mailed separately. If you do not receive a temporary password or forget your password, select “forgot password” and answer the information prompts to receive a temporary password.
- **Civilian Users:** You will receive 2 e-mails.
 1. A Welcome e-mail with a username and instructions.
 2. An e-mail with a temporary password.
 - * Contact your Commissioned Corps Agency Liaison if you do not receive a welcome e-mail and temporary password. Make sure to check your Junk e-mail folder.

User ID:

- Your User ID is case sensitive. Be sure you are using upper- and lower-case letters exactly as given to you.
- NOTE: If you entered the Commissioned Corps under a different name (i.e. a maiden name), your eCORPS username was created with this name. If you are resetting your password and receive an e-mail stating that your e-mail address is invalid, check in RedDOG to confirm your e-mail address. (E-mail field is also case-sensitive.)

B. Requesting Leave

An officer is subject to recall to duty at any time from leave and is required to keep his/her leave granting authority informed of his/her whereabouts during any period of leave, including sick leave.

Requests will be electronically routed directly to a Leave Approving Official (LAO). LAOs can be any Agency supervisor, Reviewing Official (RO), or any individual serving as a proxy to an official supervisor or RO, such as another Corps officer, or civilian Leave Maintenance Clerk (LMC). User guides and tutorial videos for officers and ARAOs can be found on the eCORPS page.

Steps in the Leave Request Process:

1. Leave Request
2. Leave Approval
3. Officer Leave Confirmation
4. Leave Authorizing Officer Confirmation

All steps must be completed for accurate processing of leave.

C. Types of Leave:

Annual leave: any period of one workday or more during which an officer is relieved from his scheduled working hours, other than for sick leave, and all non-workdays within such period.

- Accrues at a rate of 2.5 days per month or 30 days per year. The definition of “year” or “leave year” is changed from a calendar year to a fiscal year.
- Officers may carry over 60 days of leave per year. Unused leave greater than 60 days is deducted from an officer’s leave balance at the start of the new fiscal year (October 1).
- May only be taken in full-day increments.
- The number of days of annual leave taken shall be computed by counting each workday during the period of leave and all non-workdays within such period but excluding any period of station leave. If an officer takes annual leave on both Friday and Monday, then Saturday and Sunday count as leave (i.e., 4 full days of annual leave).

Station leave: authorized absence from duty station on non-workdays, off-work hours, or for a period of less than one workday.

- Includes all non-duty hours such as weekends as well as partial days.
- Is granted on a discretionary basis for personal matters.
- During off-work hours and on non-workdays, during which an officer has no scheduled working hours he/she shall be entitled to station leave unless the officer in charge otherwise directs. If an officer desires to take station leave for a period of less than one work day or on a non-work day during which he/she is scheduled to perform only a brief period of work, he/she must obtain the oral permission of the officer in charge. Station leave shall not be charged as annual leave.

Sick leave: any period of one day or more with respect to which an officer is excused from duty because of sickness, disability, or need of medical services.

- Does not accrue
- A supervisor may request a medical statement when an illness is longer than 3 days or abuse is suspected (these statements should be forwarded to the Corps Medical Affairs Branch).
- Referral to Medical Review Board (MRB). If an officer is absent from duty because of illness, injury, or postpartum convalescence for a period of more than 90 consecutive days, or for an aggregate of more than 120 days in any consecutive 12-month period,

the personnel and other pertinent files of such officer will be referred to MAB for a mandatory fitness-for-duty evaluation. (See page 4 of CCI363.01)

Administrative Leave: typically used for professional training and examination.

- Does not accrue.
- Is granted on a discretionary basis up to 5 days per year.
- An officer may be granted administrative leave during a Permanent Change of Duty Station (PCS) as follows:
 - Up to 3 days, before departure from his/her old duty station, for the purpose of arranging the movement of his/her household goods to the new duty station.
 - Up to 3 days, upon reporting to duty at a new duty station, including the officer's first duty station, for the purpose of receiving his/her household goods and establishing his/her household.
 - Up to 7 days for house hunting purposes in relation to a geographical PCS.

Maternity Leave: Maternity leave is a period of approved sick leave related to pregnancy and postpartum recovery after delivery.

- Is granted for 84 consecutive days beginning the day following the day of hospital discharge, not the day of delivery. (If sick leave beyond the limit of maternity leave, then sick leave approval should be obtained prior to the end of the maternity leave period, which requires a second opinion)
- Officer should notify supervisor as soon as possible after pregnancy has been confirmed. If necessary, staffing adjustments are required for the health and safety of the officer and fetus.

Paternity Leave: Paternity Leave is only authorized for a married Corps officer on active duty. (Effective 16 February 2012)

- Is a non-chargeable leave not to exceed 10 consecutive days.
- The 10 days of non-chargeable leave are to run consecutively from start to finish; splitting of days is not permitted. (Holidays, weekends and other non-duty days are included in this calculation.)
- Paternity leave must be taken consecutively and within 45 days after the birth of a child and may be used in conjunction with annual leave.
- Cannot be applied to unmarried officers.

Adoption Leave: An officer is authorized up to 21 days of non-chargeable leave in a calendar year for the purpose of adopting a child.

- In the event that two officers who are married to each other adopt a child, only one such officer shall be allowed adoption leave.

- Adoption leave is not authorized when the child already lives with the parent(s), such as in a foster child adoption or when one parent is the natural parent and the other is a stepparent.

Absent Without Leave (AWOL): An officer will be considered AWOL when absent from his/her designated place of duty, unless the period of absence is properly authorized or approved by his/her leave granting authority.

- Policies and procedures pertaining to AWOL are set forth in CC29.1.5, “Absence Without Leave.”

Terminal Leave: Terminal leave is annual leave. eCORPS does not currently have a “terminal leave” option, therefore this leave type is entered as annual leave.

- Any requested leave that is considered terminal leave through the anticipated separation/ retirement date is entered into eCORPS.
- If the separation/ retirement date is effective the 1st of the month, the final 2.5 days accrued will be added after the separation retirement.

D. Differences Between Commissioned Corps and Civilian Service:

Officers are not eligible for benefits under the following acts:

- Family and Medical Leave Act of 1993, 29 USC 2611;
- Americans with Disabilities Act of 1990, as amended; and
- The Rehabilitation Act of 1973, as amended.

E. eCORPS Resources:

- **Video Tutorials**
 - [System Overview and Login \(all users\)](#)
 - [Requesting Leave \(Commissioned Corps officers\)](#)
 - [Correct and Resubmit a Leave Request \(Commissioned Corps officers\)](#)
 - [Approving or Rejecting a Leave Request \(Leave Approving Officials\)](#)
- **Manuals**
 - [eCORPS Leave Request System Manual: Agency Liaisons \(5.4mb\)](#)
 - [eCORPS Leave Request System Manual: Officers \(5mb\)](#)
 - [eCORPS Leave Request System Manual: Leave Approving Officials \(4mb\)](#)
 - https://dcp.psc.gov/OSG/ccwiab/documents/USPHS_ExpectantParentsGuide_Apr2017.pdf

For additional questions, please email the Commissioned Corps Help Desk at: CCHelpDesk@hhs.gov

SECTION 4: READINESS AND DEPLOYMENT

A. Basic Readiness Standards

Supervisors must be aware of the importance of basic readiness for Commissioned Corps Officers. Each officer is responsible for meeting all basic readiness standards. Officers are expected to maintain readiness at all times and update expiring readiness requirements within the one-month period to reflect basic readiness for the month. Basic readiness is a condition for service in the USPHS. Failure to sustain basic readiness standards can impact eligibility for future promotions, eligibility for individual or group awards, and can lead to disciplinary/adverse action. Additionally, maintaining basic readiness is a pre-requisite for participation in all USPHS deployments.

USPHS officer readiness is monitored by the Readiness and Deployment Branch (RDB). The RDB will collect, review, and make available readiness information to officers on a monthly basis. Readiness information is updated in the CCMIS Officer Secure Area (OSA) through the RedDOG Self-Service (SS).

B. Requirements for Basic Readiness

[RedDOG essentials](#) provides an overview of all deployment and readiness requirements.

1. Periodic Health Update (PHU)
2. Annual Physical Fitness Test (APFT) and Body Mass Index (BMI)
3. Basic Life Support
4. Deployment Role
5. Immunizations
6. Licensure and Certification
7. Readiness Courses/Training Modules

1. Periodic Health Update (PHU)

- Every year, all officers must complete and submit a PHU between the first day of the month prior to the officer's birth month through the last day of the month after the officer's birth month (3-month window). The PHU will have five components:
 1. **Medical History:** Self-reported, and must be given to the officer's primary care provider for review and verification ([form DD-2807-1](#))
 2. **Physical Examination:** Based on the officer's health risk factors, as determined by the officer's provider. Minimal requirements are the officer's vital signs and weight ([form DD-2808](#))
 3. **Behavioral Health Survey:** Self-reported and given to the officer's provider for review. The behavioral health survey will facilitate a discussion with the provider about the mental well-being of the officer ([form PHS-7083](#)).
 4. **Dental examination:** ([form DD-2813](#))
 5. **Additional tests:** Screening tests as recommended by the United States Preventive Services Task Force (USPSTF) (e.g. cervical, breast and colorectal cancer screening) and any other testing recommended by the officer's provider based on the officer's age, medical, family, and deployment history, and the officer's occupational and environmental exposures and risks

2. Annual Physical Fitness Test (APFT) and Body Mass Index (BMI)

- All officers must complete the APFT in accordance with the standard (https://dcp.psc.gov/ccmis/ccis/documents/POM18_002.pdf) using the APFT form ([PHS-7044](#)). Results from APFT will be updated via CCMIS Officer Secure Area (OSA) RedDOG Self-Service (SS) or eDOC-U.
- All officers will also complete a Weight Verification Form ([PHS-7044-1](#)).
- Supervisors should support regular physical activity of their officers and to maintain overall fitness for duty. Some agencies have policies in place that support employee wellness.

3. Basic Life Support

- BLS certification must be renewed every 24 months and BEFORE the expiration of the previous BLS Certificate. Supervisors should grant officers time and support to schedule and successfully complete BLS training requirements.

4. Deployment Role

- Officers must identify their primary deployment role, based on their professional licensure or certification, and will need to update as needed. Officers may apply for a waiver/exemption when and ONLY when they are unable to meet the requirements due to a medical condition or as a result of a deployment/international assignment.
- Supervisors should be aware of the requirement to sustain minimum level of clinical proficiency for those officers that choose to deploy in a clinical role. If professional credentials allow officers to operate in a clinical setting AND they select a clinical deployment role, they must maintain clinical proficiency by accruing minimum of 80 clinical hours each year. Officers deploying in clinical positions who are not assigned to a clinical billet in their regular duty assignment must acquire a minimum of 80 clinical hours in his/her specialty on an annual basis. For applicable professions, maintaining clinical proficiency is recommended, and encouraged, and for some categories, 80 clinical hours are also required to maintain special pay. Clinical roles include, but not limited to: physician, dentist, nurse, nurse practitioner, pharmacist, physician assistant, veterinarian, therapist, mental health, medical technologist, EMT, optometrist.

5. Immunizations

- Officers must acquire and submit proof of immunizations to Medical Affairs before expiration of previous immunizations. Submit immunization documents to Medical Affairs via the eOPF Document Upload (eDOC-U) function in CCMIS. MAILED AND FAXED DOCUMENTS WILL NOT BE PROCESSED. Supervisors should grant officers time and support to schedule and complete their immunization requirements.

6. Licensure and Certification

- Professional licenses are defined as licenses that are required as a condition of an officer's commission for your qualifying degree. When applicable, officers are required to possess and maintain a current unrestricted professional license, certification, and/or registration. Licensures/certification must be renewed BEFORE the expiration of the

previous licensure/certification. Therefore, officers along with their supervisors should plan accordingly to ensure a valid license is acquired prior to the expiration. Maintaining active and unrestricted licenses and certifications are essential to adhere to Corps Appointment Standards, meet the conditions of service, maintain Basic Readiness, receive Special Pay, and be eligible for promotion.

7. Readiness Courses/Training Modules

- To qualify and maintain Basic Readiness level, officers must successfully complete 12 online training modules usually within the first year of being called to active duty. Basic Readiness course completion requirements only need to be satisfied one-time.
- Satisfactory completion of all 12-courses is required to meet basic level of readiness. Satisfactory completion requires minimum test score of 80% AND completion of post-test surveys.

C. Additional Readiness and Deployment Information

FMRB (Field Medical Readiness Badge/Award)



FMRB

The FMRB recognizes officers who have met criteria beyond the required basic force readiness standards. It is awarded based on proven knowledge and skill related to force readiness and performance while engaged in Corps deployment(s).

FMRB Eligibility Criteria:

To qualify for the FMRB, an officer must meet physical, training, deployment, as defined by CCI CC511.01. Additional information regarding the Commissioned Officers' Awards Program (COAP) is located at: https://dcp.psc.gov/CCMIS/COAP/COAP_index_m.aspx

- Deployment Criteria – Minimum of 7 days of deployment (deployment days are cumulative).
- Fitness Criteria – Minimum fitness standard for FMRB eligibility requires achievement of: 75 points (“Excellent” level) in accordance with APFT standards effective as of 12/18/2015; or Level-2 in accordance with APFT standards effective until 12/17/2015. Minimum fitness level achievement must be current at the time FMRB eligibility is determined.
- Training Criteria – Complete the required [FMRB online courses](#) in addition to training specific to deployment tiers. For FMRB eligibility, the additional courses must be completed in addition to the 12 courses required to meet basic level of readiness.
- FMRB eligibility criteria for fitness, training and deployment must be completed within a 3-year period. Fitness level must be current at the time FMRB eligibility is determined.

D. USPHS Commissioned Corps Response Structure**Deployment Categories:****- Emergency Responses:**

1. National Emergency declared by the President under the National Emergency Act
2. Major disaster declared by the President under the Robert T. Stafford Disaster Relief and Emergency Assistance
3. A public health emergency declared by the Secretary under 42 U.S.C. §247d.

- Non-Emergency Responses:

1. Training Responses
2. Intra-Agency Responses

The SG may authorize the use of Corps officers for responses that provide public health services to underserved and vulnerable populations for the purpose of maintaining an officer's preparedness to respond to an urgent or emergency public health care need (ex. RAM events). Intra-Agency responses falls within the boundaries of the mission and can be managed directly by, an HHS OPDIV/STAFFDIV or non-HHS organization.

Tier-1

Tier-1 response teams are expected to report to point of departure within 12 hours of notification. Officers who wish to join a Tier-1 response team should: (a) have supervisory approval for membership on a Tier-1 Team, and (b) contact team leadership of preferred team to initiate enrollment.

Tier-1 teams include:

- Rapid Deployment Force (RDF) teams
- Regional Incident Support teams (RIST) including National capital Region
- National Incident Support teams (NIST)
- Capital Area Provider teams (CAP)

Tier-2

Tier-2 response teams are expected to report to point of departure within 36 hours of notification. Officers who wish to join a Tier-2 response team should: (a) have supervisory approval for membership on a Tier-2 Team, and (b) contact team leadership of preferred team to initiate enrollment.

Tier-2 teams include:

- Applied Public Health Teams (APHT)
- Mental Health Teams (MHT)
- Services Access Teams (SAT)

Tier-3

Officers assigned to Tier-3 are expected to report to a point of departure within 72 hours of notification.

All Corps officers are assigned to one of the five Tier-3 response rosters (A, B, C, D, or E) by default unless the officers apply to and are selected by a Tier-1 or Tier-2 response team.

Most officers are assigned to Tier-3 rosters. Tier-3 personnel can expect to deploy on a regular basis, either to augment Tier 1 or Tier 2 teams, or to provide specific requested technical skills and subject matter expertise when required to support response needs in some other capacity. RDB runs regular database queries to generate list of all officers that possess skills required to support a specific mission. RedDOG then contacts each officer on the list to provide mission information and to request officer's availability to deploy, specifically:

- Confirmation of Officer's Skills
- Confirmation of Officer's availability to deploy for required time period, and
- Confirmation of Supervisory/Agency concurrence with officer's deployment.

RDB tracks all replies in response to request for availability. Provided that an officer meets all 3 conditions listed above, the officer is then placed on list of available officers for the mission in sequential order based on date and time of officer's response. Officers are then selected for deployment on "first come, first serve" basis and until mission requirement is fulfilled.

Unless a unique schedule is established by CCHQ for a specific deployment unit/group, the units/groups will be on call once every fifth month. Each of the units/groups will serve as the backup unit/group during the month after being the on-call unit/group. Typically, deployments will be between 14 and 30 calendar days in length, and may start on any day of the officers' on call month ([POM 821.76](#)).

Mission Critical

A small number of officers could be designated as "mission critical" by officers' agencies. Mission critical officers are only deployed in the most extreme circumstances.

SECTION 5: PERFORMANCE/COER

A. Setting Expectations

The Commissioned Officers' Effectiveness Report (COER) is the uniform appraisal form used for documenting the performance of an officer's assignments, duties, and proficiencies. The information provided in this report reflects evaluation of the officer's performance only during the current rating period.

Supervisors of Corps officers conduct an annual performance evaluation, just as they do for all other employees. Similarly, a supervisor must establish clear and achievable goals for the officer's performance that are consistent with program objectives to promote his or her maximum performance. The COER rating is one of the Corps' key tools for assessing an officer's career development and promotion potential. An officer's performance accounts for 40% of their overall promotion score, so the COER is a critical document for officers.

B. Annual COER

The Annual COER is a web-based instrument and is required for all active duty officers except those exempt as discussed in the COER Personnel Operations Memorandum (POM). It is the responsibility of the officer to ensure that the COER is completed and placed into the eOPF.

COERs are filled out by three individuals:

- The Officer
- The Rater – generally the officer's immediate supervisor
- The Reviewing Official – generally the supervisor of the officer's supervisor

As noted above, the COER is a Commissioned Officer's annual performance review. The COER is on a fiscal year cycle. Supervisors complete the COER in October, based on an officer's performance from October 1 to September 30 of the previous year. While deadlines vary slightly each year, COERs generally need to be submitted to the rater by mid-October, the Reviewer by mid-November, the agency liaison by mid-December and Commissioned Corps Headquarters by December 31.

The COER consists of three sections:

Section 1: Administrative Data

- Officer's administrative information – completed by officer
- Raters comments and signature – includes overall performance rating (satisfactory, marginal, unsatisfactory) as well as strengths and areas for improvements.
- Officer's signature and concurrence/non-concurrence with the evaluation
- Reviewing Official comments, signature and concurrence - Reviewers can provide brief comments

Section 2: Officers Comments (completed by officer)

- Description: Main duties and responsibilities during performance period
- Goals: Work-related goals for the next performance period and long-term career goals

- Accomplishments: Accomplishments related to the elements the officer is rated on in section three

Section 3: Performance Evaluation

- Rater provides ratings on 8 performance areas (discussed below) and provides comments based on their ratings.

COER requirements are different when an officer has been supervised for less than 6 months. See COER Formats at the end of this section for additional information.

Note: If the officer is up for promotion an Officer’s Statement and Reviewing Official Statement are also required. Category benchmarks (discussed in section 8) provide the expectations for officers at each rank.

C. Mid-year COER

Conducting a review and evaluation of an officer’s performance during the mid-point of the rating year benefits all parties. The officer and rater can discuss the officer’s strengths and needed areas of improvement early in the process, as well as clarify expectations. This allows the officer an opportunity to improve his or her performance and maximize their annual COER. In some agencies the Mid-Year COER is optional, however other agencies require officers and their supervisors complete the mid-year. Since mid-year COER is not an official Commissioned Corps requirement, therefore, it does not leave the agency and is not added to the officers’ eOPF.

D. Transfer COER

A Transfer COER is initiated by the officer to capture a period prior to a change in duty station or the assignment of a new Rater/supervisor. The Transfer COER is completed at the time of an officer’s transfer to another post or supervisor to document past performance. It may also be completed at the time of a transfer/separation/retirement of an officer’s Rater prior to that supervisor’s departure. The assigned Rater, Reviewing Official, and Commissioned Corps agency Liaison must complete the transfer COER. If the report period for the Transfer COER includes or extends past July 1st, it becomes an Annual COER.

E. Interim COER

The officer and Rater may complete an Interim COER at any point during the Annual COER cycle for specific situations. Appropriate use of the Interim COER would include temporary duty assignments, special pays, or to document performance. The COER format may be Narrative or Detailed depending on the length of time the officer has been supervised. The Rater may also require an officer to complete an Interim COER to document performance.

F. COER Evaluation Factors

The Rater will evaluate the officer on the following 8 performance elements in relation to the needs of the position. The elements are as follows:

1. Leadership
2. Initiative and Growth

3. Communication Skills
4. Interpersonal Skills
5. Planning and Organization
6. Professional Competencies
7. Analysis, Judgment and Decision-Making
8. Overall Effectiveness

The Rater will score the officer on a 7-point scale for each performance element. The scoring is as follows:

- 1 to 2: Unsatisfactory
- 2 to 3: Marginal
- 4 to 7: Satisfactory

Guidance for marginal, satisfactory and exceptional performance is included in the COER instructions.

G. COER Formats

- Narrative COER (PDF or Electronic). The narrative COER is only used for supervised period of 6 months or less and the current Rater feels unqualified to fill out a detailed COER. Scores and rater comments are not required. Note: Beginning in 2018, the Reviewing Official’s Statement was added to the electronic COER, however, as in year’s past, this is only required for officers eligible for promotion.
- Detailed COER (PDF or Electronic): In a Detailed COER, scores and Rater comments are required. A Detailed COER is used when the Rater has supervised the officer 6 months or longer. All sections must be completed. The Reviewing Official’s Statement is only required if the officer is up for promotion (otherwise optional).
- Additional information on COER formats is available in the Commissioned Corps Instruction:
 - CC351.01 https://dcp.psc.gov/ccmis/ccis/documents/CCPM25_1_1.pdf
 - COER policies, additional information and detailed instructions are updated annually on the COER Overview page. https://dcp.psc.gov/ccmis/COER/COER_Index_m.aspx

SECTION 6: OFFICERSHIP

Officership is generally defined as the professional contributions and services to the Commissioned Corps. Officership activities are a core component of the promotion benchmarks for the Dental category, so it is critically important for an officer's supervisor to support participation in these extracurricular activities. Examples of officership activities include the following:

- Membership/Leadership/Involvement in Professional, Uniformed Service, and Specialty Organizations (e.g., Professional Advisory Committees, Commissioned Officers Association, Junior Officers Advisory Group, Minority Officers Liaison Council)
- Commissioned Corps Recruitment Activities
- Mentorship of junior or fellow officers
- Presentations at Professional Organizations and Outreach Activities

A. Professional Advisory Committee (PAC)

Each of the professional categories (See Section 1) in the Corps has a PAC composed of officers volunteering to serve numerous roles: serving on the executive committee, mentorship, communications, membership, policy development, events planning, recruitment/retention, and professional development.

Each PAC is led by a chairperson and consist of voting members who usually serve a 3-year term. The PAC Chair provides advice and consultation to the Chief Professional Officer (CPO) and the Surgeon General on issues relating to the professional practice and personnel activities of USPHS that span across professional categories of Corps officers. The PAC chair also consults and advises the category members regarding directives from the Commissioned Corps Headquarters and Office of the Surgeon General (OSG) as well as support relevant policy development and implementation.

B. Professional Advisory Group (PAG)

PAGs are discipline-specific advisory groups within Health Services Category only. The PAGs address professional issues and advise the PAC Chair and the CPO. The PAG functions in a resource and advisory capacity to assist in the development, coordination, training, and evaluation of activities related to the specific discipline. Each PAG has bylaws that are approved by the CPO and the PAC. Officers are encouraged to participate in their respective discipline's PAG. Officers can participate in any PAG, but they are only able to serve as a voting member in their designated PAG.

C. Other USPHS Groups

Please refer to the [Office of the Surgeon General](#) for more information on other chartered advisory groups and their supported initiatives.

SECTION 7: AWARDS

Awards play a vital role in an officer's promotion potential and career progression and are an important way for supervisors to formally recognize deserving officers. Officers wear awards on their uniforms that provide visibility of their accomplishments, improve morale, and establish esprit-de-corps and camaraderie as officers share their experiences through the visual award history on their uniforms. Additionally, they indicate to promotion board members that the quality of an officer's contributions and achievements met objective standards at a level warranting award approval, something that can be difficult for them to validate through the other documents available for promotion board review.

Officers are ineligible to receive the following incentive awards:

1. **Civil Service Cash Awards:** According to [CCI511.01](#) Commissioned Corps Awards Program Policy 6-10, officers may not participate in the civil service cash awards programs, pursuant to 5 USC Chapter 45.
2. **Time-off Awards:** A time-off award is an excused absence without loss of pay or charge to the employee's leave balance. It is granted to employees for individual or group efforts in recognition of a special accomplishment. Officers are on duty 24/7 and are not eligible for Title 5 awards.
3. **Quality Step Increase (QSI):** an officer is not eligible for a QSI for exceptional performance

Officers are eligible for three major categories of Commissioned Corps awards: Service, Individual, and Unit. In addition, officers also may be eligible for both agency sponsored awards as well as the dental category awards solicited annually by the Dental Professional Advisory Committee (DePAC). Supervisors are involved in helping officers receive awards.

A. Service Awards

Service awards or ribbons are granted based on the officer's assignment, deployment history, or participation in selected organizations. Identification and distribution of service awards generally is coordinated by the Corps and typically does not require supervisor intervention.

For more information, please refer to [CCI511.01](#), Section 6-3.

B. Individual Awards

Individual awards recognize an officer for personal achievements. There are multiple types of individual awards, with an established order of precedence based on the significance of the accomplishment.

- **PHS Citation (CIT):** The CIT is granted to an officer in recognition of a specific and noteworthy achievement, generally for a short period of time. This could include contributions toward accomplishing a program objective or high-quality achievement, but at a lesser level than is required for the AM.
- **Achievement Medal (AM):** The AM is granted to an officer for superior efforts or outcomes in accomplishing a program's mission. This could include recognition of the advancement of program objectives, sustained above-average accomplishment, or

superior dedication to duty over a relatively short period of time, generally stretching over a 1-2-year period.

- **Commendation Medal (CM):** The CM is granted to an officer who has exhibited a level of proficiency and dedication distinctly greater than that expected of an officer, generally over a 2-year period or longer. The CM reflects sustained high-quality achievements in scientific, managerial, or other professional fields; application of unique skill or creative imagination to the approach or solution of problems; or noteworthy technical and professional contributions that are significant to a limited area.
- **Outstanding Service Medal (OSM):** The OSM is granted to an officer who has demonstrated continuous outstanding leadership in carrying out the mission of the Corps, performed a single accomplishment that has had a major effect on the health of the Nation (and/or international impact), or has performed a heroic act resulting in the preservation of life or health, generally over a 2-4 year period.
- **Meritorious Service Medal (MSM):** This award is the second highest recognition granted to officers for outstanding or meritorious levels of achievement. This award is presented in recognition of meritorious service of a single, particularly important achievement; a career notable for significant accomplishments in technical or professional fields; or unusually high quality and initiative in leadership. The levels of accomplishment meriting this award may include a highly significant achievement in research, program direction, or program administration; a series of significant contributions; a continuing period of meritorious service; or an exhibition of great courage and heroics in an emergency.
- **Distinguished Service Medal (DSM):** This is the highest award granted to a Corps officer. This award is presented in recognition of an exceedingly high level of achievement by an officer who possesses a genuine sense of public service and who has made exceptional contributions to the mission of the Corps. Such achievement may range from the management of a major health program, to an initiative resulting in a major impact on the health of the Nation. The award can also be conferred for an act of heroism resulting in the saving of life or protection of health.

C. Unit Awards

Unit awards recognize two or more officers for a single achievement. For more information refer to [CCI511.01](#), Section 6-2.

- **Unit Commendation (UC):** The UC is granted to acknowledge significant contributions and achievements well above that normally expected in accomplishing the goals and objectives of the OPDIV/STAFFDIV or non-HHS organizations to which officers are detailed. To merit this award, the unit's accomplishment is at a lesser level than the OUC, often at the State or regional level of significance.
- **Outstanding Unit Citation (OUC):** The OUC is granted to a group of officers who exhibit outstanding contributions toward achieving the goals and objectives of the Corps. To merit this award, the unit must have provided outstanding service, often of national significance.

D. Management Role in Awards Nominations

A supervisor or a co-worker may nominate an officer for an individual or unit award at any time within 13 months of completion of the assignment. While officers cannot self-nominate for USPHS awards, they can be and often are involved in the drafting of nomination narratives, particularly for supervisor who may not be familiar with the awards process. Award nominations must include a brief, easy-to-read narrative describing justification for the award. Please note that each HHS OPDIV/STAFFDIV and non-HHS organization may have special policies and procedures regarding Corps award submissions, including submission and approval by agency awards boards. The agency awards coordinator serves as a reference for supervisors and is responsible for ensuring the process is completed correctly and submitted to the PHS Awards Coordinator after concurrence from the agency awards board and the required signatures are obtained. All officers are reviewed for award eligibility prior to processing. Officers must have a satisfactory COER, a current license (when required for commission), meet basic readiness requirements, and must NOT have any adverse actions during the award period.

Required forms: PHS Form 6342-1 is used for unit awards and the PHS Form 6342-2 is used for individual awards. Blank forms are available at [Awards Forms](#).

The award narrative should focus on the officer's contributions, their significance, and how the officer's actions have compared to or exceeded what is expected of an officer of this grade and experience. Routine responsibilities and career progression should be included only to establish the context for the actions cited. The cited actions, their impact, and significance are important and should be stated clearly. If the use of technical terms is required, the nomination should contain clarifying statements that are understandable to a multidisciplinary Board. The actions cited must fall within the period covered by the nomination. Traditionally, award nominations that include numerical data supporting the scope of impact and/or area of effect have better odds for approval. Examples of supporting data include number of patients impacted, percentage of improvement in screening numbers, total costs saved as a result of officer's efforts, or similar information. When appropriate, supporting data should be provided for a period of time commensurate with the level of award, such as two years or more for the Commendation Medal, to demonstrate sustained impact. If the officer has received an honor award in the period cited or for earlier actions that may seem similar or overlapping with those in the current nomination, the nomination should clarify the basis for the prior award(s) and the relevance or non-relevance to the present nomination.

The narrative shall not exceed two, single spaced typed pages with 1" margins. Times News Roman 12pt type style is preferred, but a comparable font that would provide no less than 12pt and no more than 12 characters per inch can be used. Ask your Agency Awards Coordinator for guidance in preparing award nominations.

For more information on nomination procedures, forms and award descriptions, please visit [Commissioned Officers' Awards Program](#) (COAP). If you have questions about the process, please contact your Agency Awards Coordinator or [Agency Commissioned Corps Liaison](#) for assistance.

E. DePAC AWARDS

Every year the Dental Professional Advisory Committee (DePAC) awards individuals for their accomplishments in the Public Health Service Dental Category. Below you will find a brief description of each award, the necessary documents to complete your nomination and a short description of the review process.

Dental Category Awards are open to all Commissioned Corps and Civil Service dentists in the USPHS who meet the award criteria, with the following exceptions:

1. Members of the DePAC Executive Committee (DePAC Chair, Vice Chair, and Executive Secretary) cannot self-nominate nor accept a nomination for any DePAC award during their Executive Committee tenure.
2. A moratorium of two years is imposed on previous DePAC award recipient; they must wait a minimum of two full DePAC Award nomination cycles from the year awarded prior to being eligible for another DePAC Award. For example, if the dental officer/Civil Service dentist received a dental category award in 2019 (nomination submitted Sept 2018), they are not eligible for the category nomination until 2021 DePAC Award cycle (nomination to be submitted in Sept 2020).

All USPHS Commissioned Corps Officers must meet Basic Readiness requirements at the time of nomination and maintain Basic Readiness throughout the application process, to include the date of receiving the DePAC award.

Nominees must not have a history of adverse or disciplinary actions within the last five years.

Ernest Eugene Buell Dental Award

The Ernest Eugene Buell Award was established in 1989, in commemoration of the Commissioned Corps Centennial Year. CAPT Buell was the first U.S. Public Health Service (USPHS) Commissioned Corps dental officer. He was commissioned in June 1919 and assigned to the Division of Marine Hospitals and Relief. This award is presented annually to a junior dental officer/dentist (O-4/GS-13 or below) who has made a significant contribution in oral health education, research or service.

The criteria upon which this award is based are:

1. The nominee must be a Junior USPHS Commissioned Corps Officer or equivalent level Civil Service dentist with less than 5 years of total employment in the PHS at the time of nomination.
2. Program accomplishment as evidenced by exceptional management of programs traditionally administered by senior level staff or notable achievement in clinical, research, or educational activities.
3. Career recognition as evidenced by exceptional ratings on annual performance evaluations, awards presented by the USPHS, and awards/recognition by outside dental organizations.
4. Personal initiative as evidenced by dedication to the principles of the USPHS, participation in outside activities, recognition by community or non-professional groups, and acceptable personal qualities and habits.

5. Other factors as deemed appropriate by the DePAC, which is the recommending body, and the USPHS Chief Dental Officer (CDO), who serves as the selecting official.

Ruth Lashley USPHS Dental Award

The Ruth Lashley USPHS Dental Award was established in 2005 by the USPHS CDO and is presented each year to a mid-career dentist. The initial award was presented in 2006. CAPT Lashley had a stellar career during her assignment to the Federal Bureau of Prisons. The award is named to honor her work as an inspiration to all dentists.

The criteria upon which this award is based are:

1. The nominee must be a USPHS Dental Officer or equivalent level Civil Service dentist with at least 5 but not yet 15 years (greater than or equal to 5 years but less than 15 years) of total employment in the USPHS at the time of nomination.
2. Program accomplishment as evidenced by exceptional management of programs traditionally administered by senior level staff and/or notable achievement in clinical, research, or educational activities.
3. Career recognition as evidenced by exceptional ratings on annual performance evaluations, awards presented by the USPHS, and awards/recognition by outside dental organizations.
4. Personal initiative as evidenced by dedication to the principles of the USPHS, participation in outside activities, and recognition by community or non-professional groups.
5. Participation in and/or contribution to the advancement of the USPHS Dental Category and/or oral health issues by direct involvement in public health activities at the local, state, or national levels, such as, but not limited to, working with a local or state health department, dental society, professional dental or public health organization(s), the COA, the DePAC (as a member or participant in a workgroup), etc.
6. Other factors as deemed appropriate by the DePAC, which serves as the recommending body, and the USPHS CDO, who serves as the selecting official

Senior Clinician Dental Award

The Senior Clinician Dental Award was established in 2001 by the U.S. Public Health Service (USPHS) Chief Dental Officer to recognize a senior dental officer/or equivalent level Civil Service dentist who has chosen a clinical career track and excels in clinical skills. The initial award was presented in 2002 and then annually.

The criteria upon which this award is based are:

1. A senior PHS Commissioned Corps Officer or equivalent Civil Service dentist with 15 or more years of total employment in the USPHS at the time on nomination.
2. Presently assigned to a billet involving predominately clinical dentistry. The officer may also be involved in administering a clinical program, clinical dental research, or the professional development of peers.
3. A philosophical commitment to ethical, high quality, appropriate, and cost-effective treatment.

4. Ability to produce results despite difficult or adverse situations whether it is patient load or population, lack of resources, or adverse environment.
5. Innovation, maximizing efficiency and productivity.
6. Professional recognition as evidenced by scholastic attainment, official awards, exceptional capability promotions, publications in recognized journals, or professional presentations and recognition by outside dental organizations.
7. A commitment to continuing dental education focusing on improving skills that enhance clinical dentistry.
8. Personal initiative demonstrated through sustained performance during an entire career.
9. Continuous dedication to the principles of the PHS.
10. Additional significant contributions and attributes recognized by the DePAC that serves as the advisory body to the CDO.
11. It should be noted that it is not necessary for an officer to meet each stated criterion to be eligible for the Senior Clinician Award.
12. Other factors as deemed appropriate by the DePAC, which is the recommending body, and the CDO, who serves as the selecting official.

Dental Responder of the Year Award

The Dental Responder of the Year Award was established in 2006 by the USPHS CDO to recognize a dentist's impact on emergency preparedness, disaster response, and contributions to local, national or international public health threats. The initial award was presented in 2006, and then annually.

The criteria upon which this award is based include:

1. USPHS Dental Officer or equivalent level Civil Service dentist
2. One-time impact on public health preparedness and response
3. Career contributions to emergency preparedness and/or disaster response
4. Nominee's role in deployments and the impact thereof
5. Training and education applicable to preparedness and response
6. Publications and presentations in the public area related to preparedness and response
7. The nominee's willingness to give credit to the USPHS for deployment activities (i.e., wearing the uniform while deployed, crediting the USPHS in presentations and publications).
8. Other factors as deemed appropriate by the DePAC, which serves as the recommending body and the CDO, who serves as the selecting official.

John P. Rossetti Dental Mentor of the Year Award

The John Rossetti Mentor of the Year Award was established in 2012 by the USPHS CDO and the DePAC to recognize outstanding mentors as evidenced by their significant contributions towards enhancing the professional growth and career development of junior Commissioned Corps dental officers or equivalent level Civil Service dentists. The award was created to recognize the efforts and accomplishments of a dental professional serving in an exemplary mentoring role to a less experienced dentist. CAPT Rossetti completed a stellar career in the USPHS, helping many fellow officers and making lasting contributions to public health. CAPT

Rossetti will be remembered for his generous nature, willingness to help others, and desire to make the world a better place. Countless PHS officers, state oral health directors, students, and others have benefitted from his insight and guidance. Each year the John P. Rossetti Mentoring Award will be given to a PHS dental officer who has demonstrated outstanding commitment to fellow officers and an ability to help others with their professional performance and careers.

Herschel S. Horowitz Oral Health Research and Policy Award

The Herschel S. Horowitz Oral Health Research and Policy Award was established in 2005 by the USPHS CDO as a Dental Category award. CAPT Herschel S. Horowitz, a researcher, educator, and Dental Public Health specialist exemplified dedication and commitment to improving the public's health through research and action. He played a major role in leading and stimulating scientific investigations whose results extended the use of fluoride for professional, public health, and self-care applications. He critically studied the effects of combined preventive measures; and was the first to study cost-benefit and cost-effectiveness in oral health. The Herschel S. Horowitz Oral Health Research and Policy Award will be presented annually to a USPHS Dental Officer(s) or equivalent level General Schedule dentist(s) whose performance contributes to improving the oral health of the public through:

1. Clinical or basic research (including research in epidemiology, behavioral/social sciences and health care delivery)
2. The application of research findings to:
 - o Development of oral health policy
 - o The management/administration of federal programs, including demonstration projects, that have implications for regional, national or global applications of these policies
3. It is the intention that recognition of accomplishments may alternate among these areas. Given the range of activities and services covered by this award, there may be more than one awardee in a particular year. The first award was presented in 2006, and then annually.

The criteria upon which this award is based are:

1. The nominee must be a USPHS Dental Officer or equivalent General Schedule dentist, preferably with an MPH, Ph.D. or equivalent degree, is either in the Commissioned Corps or Civil Service, and who has completed 15 or more years of total employment in the PHS at the time of nomination.
2. Job accomplishment(s) as evidenced by: (a) performance of or participation in outstanding basic, clinical, or behavioral/social science research related to oral health and disease; or (b) the development or implementation of applications for results of such research to health care policy; prevention or clinical care; or administration or management of regional, national, or international programs, including demonstration projects. Outstanding research is based on recognition by relevant scientific communities. The level of accomplishments is considered relative to the length of service.
3. Career recognition as evidenced by: exceptional ratings on annual performance evaluations, awards presented by the PHS or other federal agencies, exceptional capability promotions, and awards/recognition by outside organizations.

4. Professional standing as evidenced by: publications in peer-reviewed journals, offices or consultant positions held in professional organizations, mentoring provided and letters of appreciation. NOTE: the criterion of “publications in peer-reviewed journals” is applicable only to those dentists nominated in recognition of oral health research accomplishments.
5. Personal initiative as evidenced by: dedication to the principles of the PHS, participation in outside activities, and recognition by community or non-professional groups.
6. Other factors as deemed appropriate by the Dental Professional Advisory Committee (DePAC), which serves as the recommending body, and by the Chief Dental Officer, who serves as the selecting official.

Jack D. Robertson Dental Award

The Jack D. Robertson Award was established in 1982 by the U.S. Public Health Service (USPHS) Chief Dental Officer, in honor of CAPT Robertson, and is presented each year to a senior dental officer/dentist (O-5 or GS-14 and above) whose professional performance best exemplifies the dedication, service, and commitment to the PHS demonstrated by CAPT Robertson during his career.

The criteria upon which this award is based are:

1. The nominee must be a Senior USPHS Dental Officer or equivalent level General Schedule dentist with 15 or greater years of total employment in the USPHS at the time of nomination. In order to be considered for this award, the candidate must have attained the rank or grade of O-5/GS-14 at the time of nomination.
2. Job accomplishment(s) as evidenced by competent management of difficult or complex workloads (e.g., nature and extent of patient treatment contacts or administration of grants); sustained and significant performance levels; and ability to produce results in the face of extreme difficulty. The ability to produce results in the face of extreme difficulty is embodied in an officer’s/dentist’s tenacity despite limited resources. The level of accomplishments is considered relative to the length of service. Clinical billets are considered equivalent, and not subsidiary, to non-clinical billets.
3. Career recognition as evidenced by exceptional ratings on annual performance evaluations, awards presented by the PHS or other federal agencies, exceptional capability promotions, and awards/recognition by outside dental organization.
4. Professional standing as evidenced by scholastic attainment, offices or consultant positions held in professional organizations, publications in recognized journals, and letters of appreciation.
5. Personal initiative as evidenced by dedication to the principles of the USPHS, participation in outside activities, recognition by community or non-professional groups, and acceptable personal qualities and habits.
6. Other factors as deemed appropriate by the DePAC, which serves as the recommending body, and by the CDO, who serves as the selecting official.

SG David Satcher Keynote Lecture Award

The Surgeon General (SG) David Satcher Keynote Lecture Award is a United States Public Health Service (USPHS) Dental Category award that was developed as a tribute to SG Satcher for his

contributions to the Dental Category upon his departure. The lecture is delivered annually at the PHS Professional Conference to honor former Surgeon General David Satcher due to his commitment to health promotion and disease prevention and his inclusion of oral health as part of general health and well-being. It was first presented in 2002.

F. NOMINATION PACKET REQUIREMENTS

In order to complete your application packet for any of the Dental Category Awards you will need to complete the following items:

1. Completed [award nomination form](#).
2. Commissioned Corps Officers submit [curriculum vitae \(CV\) summary sheets](#). (Submit CV summary sheets using the standardized two-page Dental Category format. Do not submit entire CV).
3. Civil Service dentists may also submit an equivalent CV summary sheet to that of the Commissioned Corps [curriculum vitae \(CV\) summary sheets](#).
4. A brief (one or two line) endorsement from the nominee's supervisor supporting the nomination. Supervisor should e-mail DePAC Awards Workgroup Chair and Co-Chair with endorsement including signature block.
5. A narrative clearly describing how the nominee meets the specific award criteria. Please use the [award checklist](#) and [template](#) as a guide for writing the award narrative. Preferably, the narrative should be 2 pages and should not exceed 3 pages. Narratives over 3 pages will not be accepted. Save documents in the Microsoft Word Document format to ensure they can be opened by all users. Save as "Last Name-Award Name-Narrative2020" (e.g. Smith-SeniorClinicianDentalAward-Narrative2020).
6. Failure to follow nomination instructions and/or deadlines may result in your nomination not being accepted.

These items should be submitted electronically

For more information on nomination procedures, forms and award descriptions, please visit <https://dcp.psc.gov/OSG/dentist/awards.aspx>.

SECTION 8: PROMOTIONS

Supervisors play an integral role in supporting an officer's career advancement by ensuring an officer understands their performance expectations. Promotion for officers is different than their civil servant counterparts. An officer's promotion eligibility is based on the number of years of professional experience, time in service and grade, in addition to their formal training and education. [Promotion eligibility criteria is available here.](#)

An Exceptional Proficiency Promotion (EPP) is available for officers who have demonstrated exceptional capabilities and meet a list of requirements outlined on the [Promotion Information](#) page. Each HHS OPDIV/STAFFDIV and non-HHS organization receives a list of their officers who are eligible, as well as a quota for nominations. The quota is determined by calculating 5 percent of the total number of officers eligible for an EPP within their organization. Commissioned Corps agency liaisons must submit all EPP nomination lists to DCCPR in early November. Agencies may have different methods for nominating officers, so supervisors should check with their agency liaisons if they would like to nominate an officer.

There are two types of promotion for officers that include distinct eligibility criteria and other requirements – temporary and permanent. The most important thing for a supervisor to keep in mind is an officer's pay and rank is determined by his or her temporary grade. For more information on temporary promotions, please refer to [CCI 332.01](#). Permanent promotion is officially defined by the Corps as "a promotion to a grade below which an officer shall not be reduced except for cause under applicable Corps regulations." For more information on permanent promotions, please refer to [CCI 331.01](#). In any given year, an officer may be eligible for temporary promotion, permanent promotion, or both. Submission of a complete promotion package (discussed below) is required in each of these circumstances.

A. Preparing for Promotion

The Public Health Service has promotion boards which meet annually to review officers who are eligible for promotion. They review the service records of each officer under consideration and assign the officer a score for each of five defined promotion precepts. As shown below, an officer's performance precept carries the greatest weight in promotion consideration:

1. Performance and Rating and Reviewing Official's Statement (40 percent)
2. Education, Training, and Professional Development (20 percent)
3. Career Progression and Potential (25 percent)
4. Professional Contributions and Services to the Commissioned Corps (Officership) (15 percent)
5. Basic Readiness (0 percent). While this precept does not count towards the officer's overall score, if he or she fails to meet basic readiness requirements, he or she will not be promoted.

The annual promotion cycle begins on January 1 of each year. Supervisors and officers should begin working together one year in advance to ensure awards, letters of recognition, and other documents necessary for promotion are submitted in a timely manner.

For each grade/rank, an officer is expected to meet certain benchmarks for his or her respective category. Supervisors should consider reviewing an officer's benchmarks with him or her well in advance of promotion to ensure the officer is progressing appropriately. Each category has its own set of benchmarks that are updated annually and are available on the [Category Benchmarks](#) page.

B. Submitting for Promotion

Promotion consideration is not "applied for" or voluntary. If an officer meets eligibility requirements, he or she will be reviewed for promotion, whether his or her promotion package is complete and submitted or not. It is important that any promotion-eligible officer submit the required documentation, regardless of his/her self-assessment in the promotion process. Failure to submit documentation in preparation for promotion may lead to a "not recommend" recommendation from the Promotion Board. There are severe consequences to receiving a "not recommend" from the Promotion Board: [Promotion Board Recommendations](#) page.

An officer must submit several documents for promotion. The most important documents that supervisors should be aware of include:

1. COERs – This is discussed in section 5 of this document. The promotion board will be able to see COER scores for the last 5 years.
2. Officer's Statement (OS) – This 1 page document is prepared by the officer and summarizes his or her:
 - Support of Corps activities
 - Commitment to visibility as an officer
 - Vision and expectations of a career in the Corps and the Corps mission

While supervisor signature is not required for this document, officers may appreciate additional review and feedback.

3. Reviewing Official's Statement (ROS) – This 1-page document allows the agency to provide input to the Promotion Board regarding an officer's readiness for promotion.
 - Should address the period in the position or program, or longer if the Reviewing Official has knowledge of the officer's prior performance and contributions
 - Should be completed by an officer's Reviewing Official during the COER submission process (usually the second line supervisor or the officer's supervisor's supervisor)
 - It is the only official letter of recommendation allowable in the electronic Official Personnel Folder (eOPF)

In addition to these documents, an officer must ensure his or her Periodic Health Update (PHU) is current and his or her eOPF is updated with the following information:

- Updated Dental Category specific CV
- Required license/certification
- Supporting documents (e.g. letters of support/appreciation, continuing education)

More information can be found at the following link:

https://dcp.psc.gov/ccmis/Medical%20Affairs/MA_Periodic_Health_Update.aspx

These documents must be uploaded into the officer's eOPF by December 31 to be considered for promotion. A full [promotions checklist](#) of required materials and deadlines is available on the [Commissioned Corps Management Information System](#) (CCMIS).

Promotion results are generally released in May or June. If an officer is not promoted, the supervisor can:

- Counsel the officer on future work expectations and opportunities for the officer to improve in areas identified by the promotion board
- Encourage the officer to take advantage of category specific mentoring and counseling offered by the Commissioned Corps

Additional Resources and Acknowledgements

We hope this document serves as a general guide on supervising officers. If you have additional questions, Commissioned Corps agency liaisons are a valuable resource for officers and supervisors. Contact information for the Commissioned Corps liaisons for each agency can be located at [Commissioned Corps Liaisons](#).

This document is not to replace formal required training but should serve as a general overview for civilian supervisors. The HSPAC Career Development Subcommittee's Guide for Civilian Supervisors was used as a template to create the DePAC Supervisors Guide for Commissioned Officers.

Reference Documents:

1. HSPAC Guide for Civilian Supervisors <https://dcp.psc.gov/OSG/hso/resources-4-hso.aspx>

Additional Resources:

1. Commissioned Cops Management Information System (CCMIS): <https://dcp.psc.gov/ccmis/>
2. U.S. Public Health Service (USPHS) Home Page: <https://usphs.gov/>
3. Health Services Officer Professional Advisory Committee Home Page: <https://dcp.psc.gov/OSG/hso/>
4. Commissioned Officers Association of the USPHS: <https://coausphs.org/>
5. Dental Professional Advisory Committee: <https://dcp.psc.gov/OSG/dentist/>

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