 **U.S. Public Health Service** 

**Environmental Health Officer Professional Advisory Committee (EHOPAC)**

**RAE: RECRUIT AN EHO**

**Enrollment Form to Participate in the Adopt-A-School or Event Recruitment Program**

|  |  |
| --- | --- |
| **LAST Name** |  |
| **FIRST Name** |  |
| **PHS #** |  |
| **RANK** |  |

**Status (check one)**

**Active Duty**  **Retired**

|  |  |
| --- | --- |
| **OPDIV/Agency** |  |
| **Work Address** |  |
|  |  |
| **City** |  |
| **State** |  |
| **Zip** |  |
| **Work Email** |  |
| **Work Phone** |  |
| **Work Fax** |  |

**Are You Basic Ready?**

**Yes**  **No**

**Have You Earned The Commissioned Corps Training Ribbon?**

**Yes  No**

**Please indicate which university(s) or university event(s) you are interested in visiting for recruitment activities.**

| **University** | **City, State** | **Did you graduate from this school? (check one)** | **Do you frequent this geographic location? (check one)** | **Do you already have an established contact with the program? (check one)** |
| --- | --- | --- | --- | --- |
|  |  | **Yes**  **No** | **Yes**  **No** | **Yes**  **No** |
|  |  | **Yes**  **No** | **Yes**  **No** | **Yes**  **No** |
|  |  | **Yes**  **No** | **Yes**  **No** | **Yes**  **No** |

**Or,**

**Please indicate the event(s), location, and a brief description of the event you are interested in attending for recruitment activities.**

| **Event Type** | **City, State** | **Event Description** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

**After completing this form, please save as a WORD document and e-mail to the following:**

**Adopt-a-School: LCDR Dustin Joplin (**[**dustin.joplin@ihs.gov**](mailto:dustin.joplin@ihs.gov)**)**

**Event Recruitment: LT Kate Pink (**[**Kathryn.pink@ihs.gov**](mailto:Kathryn.pink@ihs.gov)**)**