PY 2022 PROMOTION CURRICULUM VITAE

RANK NAME

Credentials

Agency  
Address

Email

Number

Last Temporary Promotion Date XX/XX/XXXX

PRECEPT 1: PERFORMANCE RATING AND REVIEWING OFFICIAL’S STATEMENT (PERFORMANCE)

USPHS ASSIGNMENT(S), DUTIES & IMPACT

Current Agency Title:

Billet Grade: Billet, Supervisor/Non-supervisory

Date:

Agency:

Duties & Responsibilities:

Impact/Accomplishments:

USPHS ASSIGNMENT COLLATERAL DUTIES

|  |  |  |
| --- | --- | --- |
| Role | Description & Impact | Date(s) |
| Lead Instructor |  |  |
| Appointed Member |  |  |
| Member |  |  |
|  |  |  |

Agency Title:

Billet Grade:

Date:

Agency:

Duties & Responsibilities:

Impact/Accomplishments:

USPHS ASSIGNMENT COLLATERAL DUTIES

|  |  |  |
| --- | --- | --- |
| Role | Description & Impact | Date(s) |
|  |  |  |
|  |  |  |
|  |  |  |

AWARDS HISTORY

|  |  |  |
| --- | --- | --- |
| **Type of Award/Recognition** | | **Year(s) Awarded** |
| **USPHS** |  |  |
|  |  |
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| **Uniformed Services** |  |  |
|  |  |
| **Other** | Professional organization awards |  |
| Agency awards |  |
|  |  |
|  |  |
| **Letters/Certificates of Appreciation** | Letters from individuals/leadership, include rank and SERNO |  |
| EHOPAC Subcommittees |  |
| JOAG Committees |  |
| COA |  |
| Professional organizations |  |
|  |  |
|  |  |

PRECEPT 2: EDUCATION, TRAINING & PROFESSIONAL DEVELOPMENT

CREDENTIALS

|  |  |  |  |
| --- | --- | --- | --- |
| **Degree** | **Specialty** | **College/University** | **Year Received (Actual/Projected)** |
| **Qualifying Degree:** |  |  |  |
| Bachelor of Science |  |  |  |
| **Additional Degree(s):** |  |  |  |
| Master of Public Health |  |  |  |

CERTIFICATIONS, REGISTRATION & ADDITIONAL TRAINING PROGRAMS

|  |  |  |
| --- | --- | --- |
| **Description** | **Organization** | **Date(s)** |
| Registered Environmental Health Specialist/Registered Sanitarian | National Environmental Health Association | Received - Current |
| Graduate Certificate in XYZ | University |  |

LICENSURE

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **State** | **Expiration Date** | **# of CE Hours Required per years (indicate licensing period)** |
| N/A |  |  |  |

CONTINUING EDUCATION (PLANS, DEVELOPS, LEADS) *Since last promotion*

|  |  |  |
| --- | --- | --- |
| **Type of Activity** | **Role** | **Date(s)** |
| Title of Training | Developed and led 2-day continuing education training for XYZ audience. |  |
| Title of Training | Planned XYZ for XX participants and XX federal agencies. |  |

PUBLIC HEALTH TRAINING & EXPERIENCE

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Organization** | **Role** | **Date Completed** |
| Field Management of Chemical and Biological Casualties | U.S. Army Medical Research Institute of Chemical Defense | Responder |  |
| Respirator Selection & Development of Cartridge Change-out Schedule | University of Cincinnati | Trainer |  |
| Incident Command System (ICS) 400: Advanced ICS for Command and General Staff; ICS 339: Division Group Supervisor; and ICS 300: Intermediate ICS for Expanding Incidents | U.S. Coast Guard | Responder |  |

PRECEPT 3: CAREER PROGRESSION & POTENTIAL USPHS CAREER

PROGRESSION OVERVIEW

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date | Temporary Rank & Grade | Billet Grade | Agency Position Type | Agency Position Title | Agency & Location | Mission Priority Factor |
| 05/01/2021 – 01/15/2022 | RANK/grade | O-6 (supervisory) | Position type (Title listed in your PIR)  Ex: Senior Advisor (Program Management) |  |  | MP 4, 5 |
|  |  | O-5 (non-supervisory) | SME (Program Management) |  |  | MP 5 |
|  |  |  | Team Member (Personnel Management) |  |  | MP 1, 2 |

PRECEPT 4: PROFESSIONAL CONTRIBUTIONS & SERVICE TO THE PHS COMMISSIONED CORPS (OFFICERSHIP)

HONOR/INTEGRITY/DUTY (Deployments)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Mission** | **Role & Impact** | **Year(s)** |
| **USPHS** |  | SOFR |  |
|  | Planning Section Chief |  |
|  |  |  |
| **Agency** |  | SOFR |  |
|  | Operations Section |  |
|  | Drinking Water SME |  |

OTHER COMMISSIONED CORPS AND PROFESSIONAL CONTRIBUTIONS

***Category Collateral Duties***

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

*USPHS Collateral Duties*

|  |  |  |
| --- | --- | --- |
| **Group/Committee** | **Role & Impact** | **Year(s)** |
| Junior Officer Advisory Group (JOAG) | Voting Member. Did XYZ |  |
| Retirement Ceremony | Aide-de-Camp |  |
| Local COA Branch | Chair |  |

*Professional Organizations*

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

*Mentoring Activities*

|  |  |  |
| --- | --- | --- |
| **Official Category Program** | **Role** | **Year(s)** |
| EHOPAC Mentor to Officer, SERNO |  |
| EHOPAC Protégé to Officer, SERNO |  |
|  |  |
|  |  |
| **Other PHS/Agency Program** | Jr COSTEP Preceptor to Officer, SERNO |  |
|  |  |

*Publication(s)*



*Presentation(s)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title of Presentation** | **Title of Meeting** | **Type of Activity** | **Location** | **Date(s)** |
|  | NEHA Annual Education Conference | Presentation at National Conference |  |  |
|  | USPHS Scientific and Training Symposium | National Poster Presentation |  |  |

*Outreach (Civic, community, and volunteer/Outside Activities)*

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