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**HEALTH SERVICES**

**PROFESSIONAL ADVISORY COMMITTEE (HSPAC)**

***Multidisciplinary in Approach, Connected by Service, Advancing Public Health***

**HSPAC Membership Subcommittee**

Membership

**HSPAC Voting Member Application Package**

**APPLICATIONS MUST BE RECEIVED BY:**

**COB Monday, May 15, 2023**

## HSPAC VOTING MEMBER 2024-2026 TERMCALL FOR APPLICATIONS

**Application Deadline – COB Monday, May 15, 2023**

The Health Services Professional Advisory Committee (HSPAC) is seeking new voting members for a three (3) year term, beginning January 1, 2024.

With approximately 1,100 Health Services Officers, the Health Services Category is one of the largest categories in the Commissioned Corps. The HSPAC serves as the Professional Advisory Committee for the HS Category and advises the Health Services Chief Professional Officer (CPO), who in turn advises the Surgeon General on issues related to the Category, including discipline specific issues related to the nine Professional Advisory Groups (PAGs) and individual Health Services Officers.

As outlined in the HSPAC Bylaws, the HSPAC has twenty Voting Members, each serving a three-year term. To maximize leadership opportunities, ensure continued creativity and innovation, and consistency of operations from year to year, approximately a third of HSPAC Voting Member positions become available each operational year. If selected as a Voting Member, you will be expected to serve as not only a leader of the HSPAC, but you will be required to Chair or Co-Chair an HSPAC Subcommittee. Given the critical role the HSPAC serves in advising the Surgeon General, the HSPAC must ensure those selected to serve as HSPAC Voting Members are among the most qualified and have demonstrated leadership and commitment to the Commissioned Corps and the Health Services Category.

**Evaluation Process:**

Given the important role of the HSPAC, the limited number of available slots, and the high quantity of applications received each year, becoming an HSPAC Voting Member is a highly competitive process. To ensure HSOs selected to serve as the leaders of the HSPAC are among the most qualified, Voting Members are solicited and may apply through submission of an application package, which is outlined in this document. Application packages are reviewed and evaluated by all HSPAC Voting Members using an objective review process.

***Questions?*** *Please submit all questions related to* ***HSPAC Voting Member Applications*** *to the HSPAC Membership Subcommittee Chair or Co-Chair,* ***LCDR Danielle Baquero or CDR Erica Ruchard*** *at:* *membership.hspac@gmail.com.*



## HSPAC VOTING MEMBER APPLICATION QUESTIONS

Below are the four HSPAC Voting Member Application Questions you must answer as part of your application package. The response to each question will be limited to 2000 characters (with spaces). Your responses will be submitted as part of the application package.

**Narrative Questions**

1. **Leadership**. Describe your most significant leadership experiences within your Agency, the HSPAC and/or its PAG(s), and/or any other USPHS organization(s). Please identify any challenges you may have encountered and the leadership role you played in bringing the challenge to resolution. (Please include specific examples and dates in your response.) Character limit: 2000 characters (with spaces)
2. **Statement of Intent.** Why do you want to become an HSPAC Voting Member?In your answer, please include the HSPAC Subcommittee(s) you would be interested in leading and why. Character limit: 2000 characters (with spaces)
3. **Subcommittee Oversight.** As a HSPAC Voting Member you are required to Chair or Co-chair a Subcommittee that could encompass Team Leads and a large cadre of volunteers. Please describe how you would address engagement, accountability, and productivity of the Subcommittee you will be leading. Character limit: 2000 characters (with spaces)
4. **Personal Narrative.** As a HSPAC Voting Member, you are viewed as not only a leader within the HSPAC, but also a leader of the HS Category. Describe the attributes and qualifications you possess that distinguish you from the other candidates? Character limit: 2000 characters (with spaces)



## HEALTH SERVICES PROFESSIONAL ADVISORY COMMITTEE VOTING MEMBERSHIP SELF-NOMINATION FORM: 2024-2026

The Health Services Professional Advisory Committee (HSPAC) provides advice to the Surgeon General (SG) and the Health Services Chief Professional Officer (CPO) on professional and personnel issues related to the Health Services Category. HSPAC Voting Member selections are made by the current HSPAC Voting Members, with final approval and appointment by the Surgeon General.

I am interested in serving as an HSPAC Voting Member for a 3-year term, beginning January 1, 2024. If selected, I understand that I am expected to obtain the necessary agency support to attend scheduled meetings throughout the year, either in person, by telephone or by videoconference. I also agree to serve as a Chair or Co-chair of an HSPAC Subcommittee and participate in other HSPAC activities.

**DISCLOSURE:** Per the HSPAC Bylaws, I understand that by signing this application form I agree not to seek a Voting Member role within my respective HSPAG if I am selected as an HSPAC Voting Member.

**Name and Rank:**

**Position Title:**  **Discipline:**

**Years of Service as a USPHS Officer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender:** \_\_\_ Male \_\_\_ Female

**Ethnicity:** \_\_\_Hispanic/Latino \_\_\_Non-Hispanic-Latino

**Race:** \_\_\_ American Indian/Alaskan Native \_\_\_ Asian \_\_\_ Black or African American

 \_\_\_ Native Hawaiian or Pacific Islander \_\_\_ White

**Agency:**

**Work Address:**

**Work Phone:**   **Work Email:**

**Nominee’s Signature:**   **Date:**

(electronic signatures are acceptable for this form)

**SUPERVISOR’S APPROVAL:** I understand the HSPAC serves as an advisory committee to the SG and HS CPO on professional and personnel issues of interest to the Health Services Category. Serving as an HSPAC Voting Member is a 3-year commitment, which involves attending at least six meetings via teleconference or in person, as well as leading and participating in HSPAC activities. I approve this officer’s participation as an HSPAC Voting Member as part of his/her official duties, if appointed by the SG.

**Supervisor’s Signature:** **Date:**

(electronic signatures are acceptable for this form)

SUBMITTING YOUR COMPLETED HSPAC VOTING MEMBERSHIP APPLICATION PACKAGE

**Note:** Your application packet must be submitted as a SINGLE PDF file. Incomplete packages will NOT be considered for review.

1. Signed Self-Nomination Form ***(enclosed- page 4)***
2. Application Narrative ***(see narrative guidance on page 3)***
3. Screen shot of Basic Readiness page from CCHQ/RDB self-service system
4. Updated curriculum vitae (CV) that follows the most current [HSPAC CV Format](https://dcp.psc.gov/OSG/hso/sub-careerdev-promotion_prep.aspx)

**Deadline:** All packages must be submitted by COB Monday, May 15, 2023 to  membership.HSPAC@gmail.com.