HEALTH SERVICES
PROFESSIONAL ADVISORY COMMITTEE (HSPAC)

Multidisciplinary in Approach, Connected by Service, Advancing Public Health

HSPAC Career Development Subcommittee

USPHS Commissioned Corps Guide
For Civilian Supervisors

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Introduction: Supervisor Support

The purpose of this guide is to serve as a resource for civilian 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:

Deployment

Supervisors play a critical role in supporting deployment readiness and response by ensuring officers can deploy. Officers should inform their supervisor in advance of their upcoming on-call month. 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.

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. Additionally, 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.

Training and Professional Development

The U.S. Public Health Service Commissioned Corps ("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; public health; and general officership including military protocols, deployment leadership, and readiness.

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 for a period not to exceed 180 days.

Collateral Duties

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 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).

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 outstanding 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.

Promotion and Reviewing Official Statement

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.

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). For more information, see Section 8.

Officers should continue to look for ways to develop their knowledge, skills, and abilities throughout their career. A supervisor can assist with identifying opportunities for growth and development. Figure 1 depicts the key areas which a supervisor may support an officer's career and development

Figure 1

Credit: Commissioned Corps Activity (CCA) Human Resources Office (HRO), CDC

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.

Contact information for the Commissioned Corps liaison for each agency can be located at Commissioned Corps Liaisons.

Section 1: Commissioned Corps Overview

Mission and History

Overseen by the United States Surgeon General, the U.S. Public Health Service Commissioned Corps is a diverse team of more than 6,100 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 across many federal agencies. The Corps is one of America's eight uniformed services and their mission is to protect, promote, and advance the health and safety of the nation. This mission is pursued through:

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

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Categories and Eligibility Criteria

The Public Health Service is made up of multiple professions represented across 11 categories. Qualifications vary by category, but the following is 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 PHS 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 eleven professional categories within the U.S. Public Health Service.

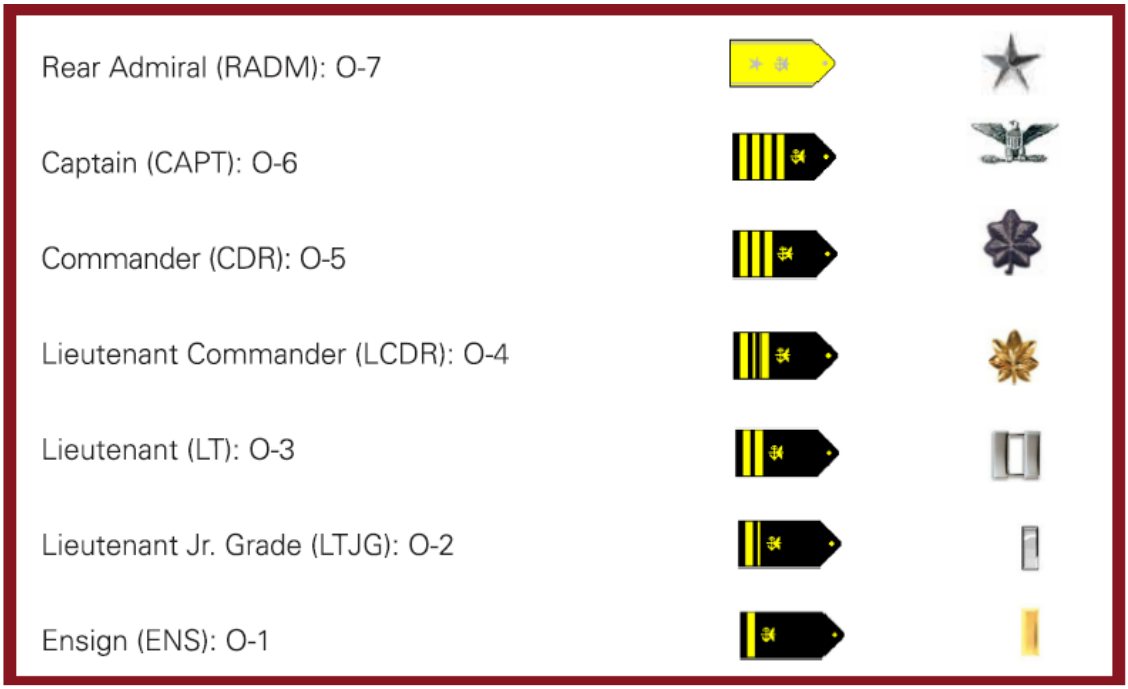
- **Physicians** General Background
- **Dentists** General Background
- **Therapists** General Background
- **Dieticians** General Background
- **Engineers** General Background
- **Environmental Health** General Background
- **Health Services** General Background
- **Nurses** General Background
- **Pharmacists** General Background
- **Scientists** General Background
- **Veterinarians** General Background

Uniforms and Ranks

Considered a sea service, the U.S. Public Health Service Commissioned Corps uniforms and ranks generally align with the Navy, Coast Guard, and National Oceanic and Atmospheric Administration. To see how PHS ranks and grades compare with other services, please review Figures 2 and 3 below and the next page:

Officers are expected to wear their uniforms daily. By wearing the uniform officers display a profound respect for their country, their service, and themselves. Uniforms promote the 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.

Figure 2: USPHS Commissioned Corps Ranks



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

Figure 3: Comparison of Ranks Across the Uniformed Services

GRADE	Department of Health & Human Services	Department of Commerce	Department of Homeland Security	Department of Defense	Department of Defense		
	Sea Services				Land Services		
	U.S. Public Health Service	National Oceanic and Atmospheric Administration	Coast Guard	Navy	Army	Air Force	Marine Corps
01	Ensign	Ensign	Ensign	Ensign	Second Lieutenant	Second Lieutenant	Second Lieutenant
02	Lieutenant (junior grade)	Lieutenant (junior grade)	Lieutenant (junior grade)	Lieutenant (junior grade)	First Lieutenant	First Lieutenant	First Lieutenant
03	Lieutenant	Lieutenant	Lieutenant	Lieutenant	Captain	Captain	Captain
04	Lieutenant Commander	Lieutenant Commander	Lieutenant Commander	Lieutenant Commander	Major	Major	Major
05	Commander	Commander	Commander	Commander	Lieutenant Colonel	Lieutenant Colonel	Lieutenant Colonel
06	Captain	Captain	Captain	Captain	Colonel	Colonel	Colonel
07	Rear Admiral (lower half)	Rear Admiral (lower half)	Rear Admiral (lower half)	Rear Admiral (lower half)	Brigadier General	Brigadier General	Brigadier General
08	Rear Admiral	Rear Admiral	Rear Admiral (upper half)	Rear Admiral (upper half)	Major General	Major General	Major General
09	Vice Admiral	Vice Admiral	Vice Admiral	Vice Admiral	Lieutenant General	Lieutenant General	Lieutenant General
10	Admiral		Admiral	Admiral	General	General	General

RANK

Source: https://commons.wikimedia.org/wiki/File:U.S._Uniformed_Services_Rank_Chart.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:

Commissioned Corps Headquarters

Commissioned Corps Headquarters (CCHQ) is comprised of the Division of Commissioned Corps Services (DCCS), Data Systems Integration (DSI), and the Division of Business Operations and Management (DBOM) working within the Office of the Surgeon General (OSG) and oversees personnel management for officers.

Division of Commissioned Corps Services

DCCS develops policies and proposes regulations in order to maintain optimum performance and readiness of the officers. DCCS 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, DCCS conducts recruitment, calls to active duty, Commissioned Corps boards, issues personnel orders, maintains officer payroll and records, manages medical actions and evaluations, oversees the performance, discipline and conduct of officers, and develops and implements policies and regulations. DCCs is also responsible for all readiness and response operations for all officers.

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.

Division of Business Operations and Management

The Division of Business Operations and Management (DBOM) includes medical affairs, administrative services, policy and evaluation, and financial services.

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 https://dcp.psc.gov/ccmis/PDF_docs/sgpac.pdf

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.

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 do not describe the assigned duties. In civil service positions, a PD outlines the specific duties and responsibilities of the job assignments. A billet can be compared to the civil service GS level. However, Officers Grades are sometimes lower than the equivalent GS level they occupy, partly due to internal career benchmarks that encourage Officers to seek higher level billets (or their corresponding GS level).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 4 for rank equivalents of civil service grades.

Figure 4: 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)

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 of service, although the Corps may grant an extension on a case-by-case basis.

Pay
Officers are currently paid monthly at the first of the month. Officers receive three separate pays and are also often eligible for Special Pays, depending on their professional discipline. The three main types of pay include:

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

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

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 February 25, 2020. 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)
- Starting January 1, 2020 for Incentive Pay and Retention Bonus: Proof of

80 clinical hours in the previous year

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. As a supervisor, you will receive requests for time off through the eCORPS system. For more information, see Section 3.

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.

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.

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 FAQs

Section 3: Leave

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. 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.

eCORPS Resources

Video Tutorials

- System Overview and Login (all users)
- Requesting Leave (officers)
- Correct and Resubmit a Leave Request (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)

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

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 and station on non-workdays, off-work hours, or for a period of less than one workday.

- Includes all nonduty 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 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 workday or on a non-workday during which he is scheduled to perform only a brief period of work, he 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.

Maternity Leave: Maternity leave is a period of approved sick leave related to pregnancy and postpartum recovery after delivery. Maternity leave is granted for 84 consecutive days beginning the day following the day of hospital discharge, not the day of delivery.

Paternity Leave: Paternity Leave is only authorized for a married Corps officer on extended active duty, whose wife gives birth after the date of this Instruction.

- Paternity Leave is a non-chargeable leave not to exceed 10 consecutive days.

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.

- If 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."

Post-Deployment Respite Absence (PDRA): Officers returning from a public health emergency or other national crisis deployment need time to rest and recuperate from the physical and psychological effects of such deployment, prior to returning to their permanent duty station (PDS). PDRA is authorized for an officer who deploys for 14 or more consecutive days away from his/her PDS and outside of his/her PDS catchment/normal commuting area (usually 50-mile radius of PDS). Actions and activities that are within the normal scope of an officer's billet description are exempted from PDRA. PDRA must start within 48 hours upon return to the catchment area of his/her PDS, or on a non-duty day (e.g. Saturday, Holiday etc.), and used consecutively. The Corps officer must notify his/her supervisor and/or leave granting authority (LGA) of their intent to utilize PDRA.

Officers who deploy for 14 or more consecutive days will earn PDRA at 1 full day in the following rates/increments:

- 14 days but less than 30 days – 1 day;
- 30 days but less than 60 days – 2 days;
- 60 days but less than 90 days – 3 days;
- 90 days but less than 120 days – 4 days;
- Additional rates available up through 365 days of deployment

For additional information, and the full rates/increments please refer to POM 15-002

For information about all leave, leave types, and eCORPs please refer to

- CC361.01 "Leave of Absence; General"
- CC1363 "Sick Leave" instruction dated 5 December 2016
- Officer Leave and Absence Request FAQs

Unlike civilian employees, 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.

Section 4: Readiness and Deployment Requirements

Supervisors should be aware that maintaining basic force readiness and deployment requirements are a condition of service for every officer. All officers are on-call one out of every 5 months and typically deploy only during the on-call month.

Basic Force Readiness Expectation for Officers

Each officer is responsible for maintaining their individual Basic Readiness qualifications. Maintaining Basic Readiness is always mandatory and a condition of service in the Corps. Failure to sustain a basic-level of readiness can impact eligibility for future promotions, eligibility for individual or group awards, and can now lead to the officer being referred for disciplinary/adverse action. Additionally, maintaining basic readiness is a pre-requisite for participation in all USPHS deployments.

The Readiness and Deployment Branch (RDB) manages all Corps deployment requests, response operations and performs monthly basic level of force readiness checks for the entirety of the Corps. The “Readiness” tab on the CCMIS provides an overview of all deployment and readiness requirements.

It is strongly encouraged that officers and their immediate supervisors become familiar with each of the seven (7) readiness requirements listed below. In order to meet the USPHS basic level of force readiness requirements, all officers MUST satisfactorily meet each of the below requirements prior to each monthly Readiness check done by RDB.

Requirements Needed to Achieve and Maintain the USPHS Basic Readiness:

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

Periodic Health Update (PHU)

Officers will no longer have to submit a five-year physical examination. In addition, a self-reporting medical history for promotion purposes will no longer be a requirement.

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 (i.e. 3-month window). No officer may complete a PHU within

one year of his/her last periodic physical examination and no officer may complete and submit a PHU more than five years from his/her last periodic physical examination. Supervisors should grant officers time and support to schedule and complete their PHU requirements.

Annual Physical Fitness Test (APFT)
The physical fitness requirement must be done and submitted every 12 months and BEFORE the expiration of the previous APFT. Supervisors should grant officers time and support to schedule and successfully complete APFT requirements.
Annual Physical Fitness Test (APFT) Overview (Revised January 1, 2016)

Body Mass Index (BMI)
On July 12, 2017, the Corps announced Retention Weight Standards for all officers (POM 821.66). Effective October 1, 2018, an officer must maintain a BMI between 19 kg/m2 and 27.5 kg/m2 or an allowable percent body fat. Officers must report height and weight information annually on the APFT form.

Supervisors should support regular physical activity of their officers and to maintain overall fitness for duty. Some agencies have policies in place that would support employee wellness. For example the CDC Staff Wellness Policy provides management flexibility to adjust staff work schedules for wellness activities and encourages staff to engage in wellness activities around their work days to improve their morale, overall health, readiness (as applicable), and performance.

Basic Life Support (BLS)
BLS certification must be renewed every 24 months and BEFORE the expiration of the previous BLS Certificate. Supervisors should support officers in competing this readiness requirement

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 120 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 (see Section 2: Health Professions Special Pay). Clinical roles include, but not limited to, the following: physician, dentist, nurse, nurse practitioner, pharmacist, physician assistant, veterinarian, therapist, mental health, medical technologist, EMT, optometrist.

A Corps deployment is defined as a directed, temporary assignment of officers from their assigned duties within HHS Operating Divisions (OPDIVs)/Staff Divisions (STAFFDIVs) and non-HHS organizations, as applicable, authorized by the President or Secretary in response during a time of war or in response to the following:

1. A national emergency as declared by the President;
2. A public health emergency as declared by the President or HHS Secretary;
3. An urgent public health need:
    - A critical staffing shortage of health care and public health personnel within a facility or program administered by an OPDIV or STAFFDIV of non-HHS organization that threatens the health and safety of the affected population;
    - A crisis response is a situation presenting a significant threat to the public health of a State, Tribe, or local community, and available local resources are inadequate to respond; or
4. National Special Security Event declared by the Secretary of Homeland Security, is of national significance, requires special security, and is coordinated at the national response level.

Immunizations
Officers must acquire and submit proof of immunizations to Medical Affairs before expiration of previous immunization. Supervisors should support officers seeking to complete their immunization requirements.

Licensure/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 as one of the 7 requirements needed to achieve and maintain a basic level of readiness. 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.

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. At this time, Basic Readiness course completion requirement only needs to be satisfied one-time.

Commissioned Corps Response Structure
The Corps Response Structure consists of three Tier levels and their associated teams, which are briefly described below:

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 clear-cut 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 clear-cut 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.

Mission Critical
A small number of officers could be designated as “mission critical” by agency Commissioned Corps liaisons. Twice a year, the liaison will submit a complete list of all officers who are proposed as Mission Critical (MC) or who are currently approved as MC to the Commissioned Corps Headquarters (CCHQ). The list shall include justification for the MC status for each officer on the list. The CCHQ Director (or his/her designee) will review the list of officers and will approve or disapprove the designation of an officer as MC. Mission critical officers are only deployed in the most extreme circumstances. For additional information, please refer to POM 821.76

Selection for Deployment (Officers Assigned to Tier-3)
RDB generally runs database queries to generate list of all officers that possess skills required to support a specific mission. RDB 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.

Regardless of tier-level, each officer is on-call one out of every 5 months and typically deploys only during the on-call month. Deployments typically do not exceed 2 weeks. Tier 1 and 2 team members are also expected to participate in up to 2 weeks of response team training per year.

Management Role in Deployment Requirements
Supervisors approve an officer's tier assignment. The approval for an officer to be assigned to either Tier 1 or 2 signifies pre-approval of all rapid deployments. Supervisors will be asked to approve deployment of officers in Tier 3 prior to their deployment. All officers should inform their supervisor of an upcoming on-call month (once every 5 months). Supervisors should approve Tier 3 potential deployments prior to the on-call month to facilitate rapid response to national emergencies or other threats.

***Coronavirus (COVID-19) Update**
All Corps officers were placed on involuntary deploy or "alert" status effective Wednesday, March 25, 2020, irrespective of the 'on-call month' status. Under CCD 121.02 "Deployment and Readiness," as directed by Assistant Secretary for Health, Commissioned Corps Headquarters will deploy Commissioned Corps officers assigned to HHS OpDivs/StaffDivs, either voluntarily or involuntarily and without supervisory approval, who are not considered mission critical, for deployments, under the current National Emergency. Mission critical requests sent to CCHQ are not final until the request is approved by the CCHQ Director as per the POM 821.76 "Deployment Procedures". An officer with a non-HHS organization may be deployed in accordance with the Memorandum of Agreement/Understanding between the Public Health Service Commissioned Corps and the non-HHS organization.

Section 5: Performance/COER

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 critical document for officers.

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. Officers and their supervisors begin the COER process 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
- Time period covered by the COER
- COER type and purpose

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 on each performance element based on their ratings.

Section 4: Reviewing Official Statement (ROS)*

- The Corps requires Section 4 from officers who are eligible for promotion and makes it optional for other officers. Otherwise, the Reviewing Official provides concurrence/non-concurrence with the performance evaluation and can also provide additional optional comments.

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

Interim COER

The officer and Rater may complete an Interim COER at any point during the Annual COER cycle for specific situations. An Interim COER is optional, but recommended (especially if the rater changes due to transfers, separations, retirements, or other causes), and is initiated by the officer or the rater to document performance, for a period of less than six months during the evaluation year, not covered by the annual COER. However, the interim COER can overlap with the annual COER if done for the purposes of TDY or adverse actions.

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:

- <2.0: Unsatisfactory
- ≥2.0 to <4.0: Marginal
- ≥4.0: Satisfactory

COER policies, additional information and detailed instructions are updated annually on the COER Information page.

Section 6: Officership

Officership is generally defined as the professional contributions and services to the Corps. Officership activities are a core component of each professional category's promotion benchmarks, 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)
- Corps Recruitment Activities
- Mentorship of junior or fellow officers
- Presentations at Professional Organizations and Outreach Activities

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 membership regarding directives from the Commissioned Corps Headquarters and Officer of the Surgeon General (OSG) as well as support relevant policy development and implementation.

Professional Advisory Group (PAG)

PAGs are discipline-specific advisory groups within the 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 Chief Professional Officer 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.

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 outstanding officers. Officers wear awards on their uniforms that provide visibility of their accomplishments, improve morale, and establish espirit de corps and camaraderie as officers share their experiences through the visual award history on their uniforms.

Please note that in addition to Corps awards, officers may be acknowledged with other types of incentive awards, which are available to civilian employees. Most agencies have various types of honor awards for contributions to the mission of the agency or program (e.g. Director's Award, Agency/Center Award, certificates of appreciation, etc.)

Officers are ineligible to receive the following incentive awards:

- Civil Service Cash Awards: According to CCI511.01 Commissioned Corps Awards Program Policy Section 6-10, officers may not participate in the civil service cash awards programs, pursuant to 5 USC Chapter 45.
- 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.

Officers are eligible for three major categories of Corps awards: individual, unit, and service. Supervisors are involved in recognizing officers through the first two categories.

1. **Individual Honor Awards**
   Individual honor awards recognize an officer for personal achievements. There are six types of individual honor awards, with an established order of precedence based on the significance of the accomplishment. For more information refer to CCI511.01, Section 6-1.

   - ***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.

2. **Unit Honor Awards**
   Unit honor awards take a similar approach to that of individual honor awards with the exception that 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.

   - ***Presidential Unit Citation (PUC):*** The President (POTUS) directly awards the PUC to a group of officers for accomplishments and achievements deemed to be of the highest level and importance, in national or international arenas, to protecting, promoting, and advancing the health and safety of the citizens of the United States of America. There is no nomination procedure for the PUC.

3. **Service Awards**
   Service awards 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.

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. 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. 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.

Award Write-up (Narrative)
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. 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 one single spaced typed page 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. 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.

For general information, please visit Commissioned Officers' Awards Program (COAP).

For more information on nomination procedures and forms, please visit COAP nominations.

For a description of awards and award acronyms please visit COAP award criteria.

Please contact your Agency Awards Coordinator or Agency Commissioned Corps Liaison to determine the procedure for award submission for both Honor and Service Award nominations.

Section 8: Promotions

Supervisors play an integral role in supporting an officer's career advancement by ensuring that 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, 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 that 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 supervisors to keep in mind, is that an officer's pay and rank is determined by their 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. A full promotion package (discussed below) is required in all these circumstances.

Preparing for Promotion

The Public Health Service has promotion boards that 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 specific promotion precepts. As shown below, an officer's performance precept carries the greatest weight in promotion consideration:

1. Performance (40 percent)
2. Education, Training, and Professional Development (20 percent)
3. Career Progression and Potential (25 percent)
4. Professional Contributions & Services to the Commissioned Corps (Officership) (15 percent)
5. Basic Readiness (0 percent). While this does not count towards the officer's overall score, if they fail to meet basic readiness requirements, they 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 that awards, letters of recognition, and other documents necessary for promotions are submitted in a timely fashion.

For each grade/rank, officers are expected to meet certain benchmarks for their category. Supervisors should consider reviewing an officer's benchmarks with them well in advance of promotion to ensure they are on track. Each category has their own set of benchmarks that are updated annually and are available on the Category Benchmarks page.

Submitting for Promotion

Promotion consideration is not "applied for" or voluntary. If officers meet eligibility requirements, they will be reviewed for promotion, whether their promotion package is prepared or not. It is important that any promotion-eligible officers submit the required documentation, regardless of their self-assessment in the promotion process. Failure to submit documentation in preparation for promotion may lead to a "not recommend" from the Promotion Board. There are severe consequences to a "not recommend" from the Promotion Board: Promotion Board Recommendations page.

Officers must submit several documents for promotion. The most important documents 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 their:
    - 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 your readiness for promotion.
    - Should address the period in the position or program, or longer if the Reviewing Official has knowledge of your 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 eOPF

In addition to these documents, an officer must ensure they have completed the Periodic Health Update (PHU) and required medical documents and that their electronic official personnel folder (eOPF) is updated with the following information:

- Updated CV (each category has their own format)
- Required license/certification
- Supporting documents (e.g. letters of support/appreciation, continuing education)

These documents must be uploaded in the officers eOPF by December 31 to be reviewed 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 Corps.

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.

Acknowledgements, References and Additional Resources

In the development of this guide, several resources and earlier versions of supervisory guidance were used, which have been referenced throughout the document itself. This document should serve as a general overview for civilian supervisors who may have limited experience and knowledge of the Commissioned Corps policies and procedures. This document is not meant to replace formal required training which may be available for supervisory staff.

Reference Documents:

1. *Teaming with the U.S. Public Health Service Commissioned Corps Management/Supervisor FAQs.*
2. *The Basics: How to Effectively Supervise Commissioned Corps Officers*, CDR Amy Cason, Commission Corps Activity (CDC), September 25, 2019.
3. *United States Public Health Service New Officer's Guide, Junior Officer Advisory Group (JOAG),* Updated/Approved January 2018.
4. *Coast Guard Supervisor's Guide to the Public Health Service (PHS) Commissioned Corps Personnel Evaluation and Promotion Systems, 2011.*
5. *A SUPERVISOR'S GUIDE TO THE COMMISSIONED PERSONNEL SYSTEM,* CCPM Pamphlet No. 58, Issued May 21,1999.

Additional Resources:

1. Commissioned Corps Management Information System (CCMIS): https://dcp.psc.gov/ccmis/
2. Commissioned Corps Issuance System (CCIS): https://dcp.psc.gov/ccmis/ccis/CCISForeword.aspx
3. U.S. Public Health Service (USPHS) Home Page: https://usphs.gov/
4. Commissioned Officers Association of the USPHS: https://coausphs.org/
5. Health Services Professional Advisory Committee (HSPAC): Professional Core Competencies Program