

2011

**UNITED STATES
PUBLIC HEALTH
SERVICE**

**HEALTH SERVICES
OFFICERS (HSO)**

RESOURCE DIRECTORY

HSO - Professional Advisory Committee
Policy Subcommittee



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HSO PROFESSIONAL ADVISORY COMMITTEE

U.S. Public Health Service

Office of the Regional Health Administrator
Office of Public Health and Science
Region IV - Dallas, TX

September 2011

Dear Health Services Professional Advisory Committee:

It is my pleasure to welcome you to the 8th Edition of the Health Services Officers (HSO) Resource Directory which has been updated by the Health Services Professional Advisory Committee (HS-PAC). The Directory is posted on the HS-PAC website (<http://usphs-hso.org/>) where it can be easily accessed by anyone interested in the U.S. Public Health Service (USPHS) and/or the Health Services Category. The Directory is a valuable reference document and I encourage you to access it on a regular basis.

It is a great privilege for me to represent such a professionally diverse category comprised of exceptional officers. The Health Services Category is one of the Service's largest categories and its officers are involved in a wide variety of clinical, applied public health, and basic applied scientific positions around the world. HSOs provide a vital service to the health of the Nation and are an invaluable resource to the Office of the Surgeon General, the Commissioned Corps of the U.S. Public Health Service, the Nation, and the American Public. Each officer's dedication and commitment to service is appreciated. As your Chief Professional Officer, I personally appreciate your support.

This Directory is a valuable resource that will help officers manage their careers. Some highlights of the contents include information regarding career development and training tips for promotion preparation. Yet, in its totality, you will find the Directory is replete with vital information applicable to all professions within the HSO Category. Hyperlinks embedded in the text make it easy to locate information on a variety of topics including the HSO Mentoring Program, Military Protocol & Courtesies, appropriate wear of the uniform, and the PHS benefit package.

I am confident this new Directory will be an essential resource, whether you use it as an introduction to the HSO Category or as a guide throughout your career.

Sincerely,

RADM Epifanio (Epi) Elizondo
Assistant Surgeon General
Chief, Health Services Professional Advisory Committee



HSO PROFESSIONAL ADVISORY COMMITTEE

U.S. Public Health Service

HS-PAC Chair

September 2011

Dear Health Services Professional Advisory Committee:

On behalf of the 2011 Health Services Professional Advisory Committee (HS-PAC), I am elated to endorse the 8th edition of the Health Services Officers (HSO) Resource Directory. It was our goal to develop a valuable one-stop resource for all officers progressing through their careers in the United States Public Health Service (USPHS) Commissioned Corps. I believe you will agree that the officers who completed this edition have made key updates and significant improvements that capture the latest changes in the USPHS.

I would like to acknowledge the officers who actively participated in this effort and I invite you to join me in thanking them for a job well done! The HS-PAC Policy Subcommittee, chaired by CAPT Susan Bonfiglio, provided oversight and received assistance from CDR Diahann Williams, LCDR Bleth-Weber, LCDR William Bolduc, LCDR Jabal Chase, LCDR Patricia Corbin, LCDR Anita Pullani, LCDR Matthew Weinburke, LCDR Gadsby Whitney, LCDR Edwin Wilkinson, LT Melanie Drayton, and LT Jemekia Thornton. The updating of this resourceful directory was made possible through their coordination, editing, content review, and input from the Professional Advisory Groups and the Voting Members of the HS-PAC. The Policy Subcommittee also took special efforts to bring this document to you in a "web-friendly" format by inserting numerous hyperlinks to ease your navigation when looking up policies, procedures, and benefits.

As evident from the work done on updating the Resource Directory, your HS-PAC strives to add value and tangible services to our category and the USPHS. We support all USPHS officers, not just HSOs, by sharing this vital information that each officer needs to develop as a professional and leader. This directory will help make our paths easier as we focus on becoming significant contributors to achieving the mission to protect, promote, and advance the health and safety of our Nation.

Enjoy this great resource – it exemplifies EXCELLENCE!

Take excellent care,

Sheila P. Merriweather

CAPT Sheila P. Merriweather
Chair, Health Services Professional Advisory Committee

CHAPTER 1

*HEALTH SERVICES OFFICERS OF THE
U.S. PUBLIC HEALTH SERVICE***Role of the Health Services Officer in the Public Health Service**

<http://www.usphs.gov/>

The mission of the U.S. Public Health Service Commissioned Corps is to protect, promote, and advance the health and safety of our Nation. As America's uniformed service of public health professionals, the Commissioned Corps achieves its mission through:

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

The United States Public Health Service (USPHS) Commissioned Corps provides highly-trained and mobile health professionals who carry out programs that promote the health of the Nation. Commissioned Corps officers understand and prevent disease and injury, assure safe and effective drugs and medical devices, deliver health services to Federal beneficiaries, and furnish health expertise in time of war or other national or international emergencies.

In support of this mission, Health Services Officers (HSOs) provide expertise in 40 different disciplines. Because of their diverse backgrounds, HSOs are regarded as flexible and able to contribute to missions in ways that transcend their commissioning degrees. Therefore, it is important for HSOs to pursue additional training and experiences beyond what is required by their current billet.

HSOs are an important component of the USPHS Commissioned Corps and make up approximately 15 percent of all commissioned officers. They serve in all agencies of the U.S. Department of Health and Human Services, including but not limited to:

- Agency for Healthcare Research and Quality (AHRQ)
- Agency for Toxic Substances and Disease Registry (ATSDR)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)
- Food and Drug Administration (FDA)
- Health Resources and Services Administration (HRSA)
- Indian Health Service (IHS)
- National Institutes of Health (NIH)
- Office of the Secretary (OS)
- Substance Abuse and Mental Health Services Administration (SAMHSA)

Many HSOs also serve in other Federal and non-Federal agencies such as, but not limited to:

- Immigration and Control and Enforcement (ICE)/Health Service Corps (IHSC)
- U.S. Coast Guard (CG)
- Federal Bureau of Prisons (BOP)
- Department of Homeland Security (DHS)
- Department of Defense (DoD)
- Environmental Protection Agency (EPA)
- National Oceanic and Atmospheric Administration (NOAA)
- Department of State (DOS)
- United States Agency for International Development (USAID)
- United States Department of Agriculture
- World Health Organization (WHO) (non-Federal)

HSOs hold qualifying degrees from accredited clinical, scientific, technical, applied public health and administrative programs. Professionals in the Health Services Category provide a wide variety of professional skills and training to accomplish the mission of the USPHS. Represented disciplines include, but are not limited to:

- Biological, physical and environmental sciences
- Clinical psychology
- Computer science/information technology
- Dental hygiene
- Epidemiology
- Food Safety
- Health education
- Medical (health) records administration
- Health services administration
- Medical technology
- Optometry
- Podiatry
- Physician assistant
- Social work

Health Services Professional Advisory Committee

The Health Services Professional Advisory Committee (HS-PAC) is comprised of health services professionals (<http://usphs-hso.org/pac/roster.shtml>) and operates based upon a charter (<http://usphs-hso.org/pac/charter.shtml>) and bylaws (<http://usphs-hso.org/pac/bylaws.shtml>). Additionally, the HS-PAC provides advice and consultation to the Surgeon General (<http://www.surgeongeneral.gov/index.html>) and the Chief Health Services Officer on issues related to the professional practice and personnel activities of the Health Services category of the Commissioned Corps. HS-PAC members are chosen from various agencies and organizations in which HSOs serve and represent a cross-section of the concerns, interests, and responsibilities of all HSOs.

Subcommittees

The HS-PAC has the following permanent operating subcommittees chaired by HS-PAC voting members:

- Awards
- Communications
- Education and Career Development
- Membership
- Mentoring
- Policy
- Readiness
- Recruitment and Retention

These subcommittees address a variety of topics such as special pay and allowances, appointment standards, career development, and the Commissioned Corps mentoring program.

The HS-PAC welcomes volunteers! While the subcommittees are chaired by HS-PAC Voting members, all HSOs are encouraged to participate, and not-voting members may volunteer to assist on any subcommittee (except the Membership Subcommittee). Officers may contact any HS-PAC member to become involved. A list of current HS-PAC members is found on the HSO Home Page:

<http://www.usphs-hso.org/pac/subcommittees/>.

Professional Advisory Groups

In addition, the HS-PAC has formed a number of HSO Professional Advisory Groups (PAGs) (http://usphs-hso.org/pags/pags_main.shtml). Professional Advisory Groups address discipline-specific professional issues and advise the HS-PAC and the Chief Professional Officer of the Health Service Officer Category. 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.

At this writing, Professional Advisory Groups (PAGs) have been established for the following disciplines:

- Basic and Applied Science
- Dental Hygiene
- Healthcare Administration
- Information Technology
- Medical Laboratory Science
- Optometry
- Physician Assistant
- Public Health
- Psychology
- Social Worker

HSOs are encouraged to participate in their respective PAGs.

The Chief Health Services Officer

The Chief Health Services Officer, officially known as the Chief Professional Officer (CPO), is appointed by the Surgeon General to represent all officers within the Health Services category. Because the Health Services category is professionally diverse, the CPO has the challenge of representing numerous disciplines within this one category. As part of the duties of the position, the CPO provides administrative assistance to heads of PHS and non-PHS agencies/programs that routinely utilize PHS personnel. Under the direction of the Surgeon General, the CPO serves as a spokesperson to national and international professional associations related to the Health Services category discipline. The position requires that the CPO take an active role in the professional growth of the members of the category, as well as acting as an ex-officio member of the HS-PAC.

In cooperation with the HS-PAC and other HSOs, the CPO performs many activities including:

- Assess the needs of HSOs and assisting in meeting those needs through development of proactive initiatives
- Address staffing issues concerning all HSOs
- Advise the Surgeon General on matters of professional practice and activities that relate to HSOs
- Serve as HSO liaison to other professional categories within the PHS

The following officers have served as CPO for the Health Services category:

Name	Date
RADM Epi Elizondo	2010 - present
RADM Michael Milner	2006 - 2010
CAPT Nina Dozoretz (Acting)	2002 - 2006
CAPT Linda Morris Brown	2001 - 2002
CAPT Vivian Chen	1999 - 2001
CAPT Robert G. Falter	1995 - 1999
CAPT Evan R. Arrindell	1991 - 1995
CAPT Joseph Garcia, Jr.	1990 - 1991
CAPT Carl G. Leukefeld	1984 - 1990
CAPT Kenneth D. Howard	1979 - 1984
RADM Karst J. Besteman	1978 - 1979

CHAPTER 2***HISTORY OF THE HEALTH SERVICES CATEGORY***

The origin of the United States Public Health Service (<http://usphs-hso.org/resources/>) can be traced back to an Act signed by President John Adams on July 16, 1798 that established hospitals to provide for “the temporary relief and maintenance of sick or disabled Seamen.” This law provided for a tax on sailor’s salaries to be used by the Secretary of the Treasury to construct locally controlled Marine Hospitals to provide medical services to merchant seamen in American ports. In 1870, additional legislation reorganized these locally controlled hospitals into the centrally controlled Marine Hospital Service, with its headquarters in Washington, D.C. The Commissioned Corps of the Marine Hospital Service, comprised of medical officers appointed by the president with the advice and consent of the Senate, was established by an Act signed by President Grover Cleveland on January 4, 1889. The name of the service was changed to the Public Health and Marine Hospital Service in 1902.

In 1912, Congress passed a law that changed the name of the Service to the Public Health Service (PHS) and extended its authority to investigate human diseases (e.g. tuberculosis, hookworm, malaria, leprosy) and health issues related to sanitation, water supplies, and sewage disposal.

The Health Services category was established in 1959 to meet the staffing requirements of a changing PHS. At the time, officers who were trained in a single discipline staffed the categories (e.g., physicians staffed the Medical category; nurses staffed the Nurse category). Health professionals whose qualifications distinguished them from the existing PHS categories were also needed. The skills and expertise contributed to the Corps by HSOs were sought and used by PHS doctors and nurses who conducted studies, surveys, and health education efforts in the 19th and early 20th centuries, long before the Health Services category was established. There is a record of a PHS statistician who participated in studies of the 1918 influenza epidemic and whom the Surgeon General placed in charge of a new Statistical Office in 1921. A bacteriologist was also listed as an employee in 1918. The Division of Venereal Diseases in 1918 included “10 assistant directors of educational work.” No information is available on their formal health education training and they were not commissioned. Trained health educators worked in the venereal disease programs in the 1930’s. Biologists, bacteriologists, and parasitologists were employed in malaria control efforts during World War II in the PHS Hygienic Laboratory, which evolved into the National Institutes of Health (NIH) in 1930.

A precedent for a general health services category in the PHS was the Armed Forces Medical Service Corps (MSC). The MSC had worked very well for similar health-related specialties in the Army, Navy, and Air Force. The “health services” designation was selected by the PHS as a means to more adequately reflect and encompass the broader PHS functions of public health (i.e., program development, consultation, regulation, research, clinical care, and administration) as compared to the Armed Forces, where the Medical Service Corps was limited primarily to direct health services and administration.

It was not until 1921 that the PHS employed its first social worker, whose role in the PHS expanded beyond the hospital setting in the 1940s when social workers were appointed as consultants in tuberculosis and chronic disease programs. In all likelihood, these employees were civil service or contract employees; no record exists that they were commissioned officers. They did, however, establish the need for expertise of social workers in the PHS.

In the early 1940s, **sanitarians** (now recognized as **environmental health officers**) represented one of the last groups to be placed in a single professional category. The Sanitarian category (now a distinct category in the Corps known as the Environmental Health Officer category) served as the original "catch-all" group to accommodate non-sanitarians who would later be designated as Health Services Officers (HSOs). Social workers, health educators, statisticians, medical record administrators, non-doctoral level scientists, and others in the physical and social sciences were originally commissioned as Sanitarians.

Because there was little support for continuing to designate a new category for every specialty, the Health Services category was established in 1959 as a category that could encompass diverse health services specialties needed to carry out the mission of the PHS. Professionals in these disciplines range from chemists, biologists, health physicists, and environmental specialists to those with a background in mathematics, statistics, and epidemiology. Their importance has continued to grow tremendously as the health field expands in scope and complexity. They have served in many capacities in all agencies where collection or evaluation of physical or environmental measurements is required. For example, air quality and trend analysis are performed at the Environmental Protection Agency (EPA) laboratory in Research Triangle Park, North Carolina.

The functions and responsibilities of the PHS expanded rapidly during the 1940s. Beginning in 1944, with the passage of the Public Health Service Act, a series of laws were passed that affected the Nation's medical research and training efforts significantly. The legislation included the National Mental Health Act (1946) and the National Heart Act (1948). The name of the National Institute of Health, established in 1930, was changed to the National Institutes of Health (NIH) to accommodate both the newly established National Heart Institute and the National Cancer Institute established in 1937. The expanded roles of the PHS required new staff with diverse training and expertise that could rapidly be deployed to meet the Nation's most urgent health needs - a role that remains well-suited to the Commissioned Corps.

The first two **social workers** were commissioned in 1950 and assumed key leadership positions in the NIH. One was a former Army officer who had distinguished himself by starting the social work program in the Army. He implemented the National Institute of Mental Health's grant training program within or in schools of social work. The other, a former Air Force officer, was appointed to plan and lead the Social Service Department of the NIH Clinical Center that opened in 1953. These appointments established a precedent for the appointment of social workers and health services individuals from other professional and specialty groups.

The role of **health educators** expanded in the 1950s with the first health educator commissioned in 1953. Additional health educators were commissioned in 1955 when the Indian Health Service (IHS) was transferred from the Department of the Interior to the PHS.

Health education was an integral part of Indian community health programs, which also included public health nurses and sanitary engineers. This program contributed to the dramatic reduction in acute and infectious diseases among American Indian and Alaskan Native populations.

Medical Record Administrators gained their start in the PHS in 1947 with the founding of the Health Record Administration Program of the PHS. At that time, there was concern for the quality of medical record systems in the Marine Hospitals. By 1950, the first students were enrolled in the School for Medical Record Librarianship at the Baltimore PHS hospital. In 1966, commissions were first offered to students in the program who went on to serve in the PHS hospitals and in other assignments. Graduates of the program received a certificate of completion and were qualified to take a national examination offered by what is now the American Health Information Management Association in order to become registered record administrators. The School later affiliated with college programs that granted a bachelor's degree in Medical Record Administration. Thus, the PHS played an integral part in the development of this specialty; 326 students graduated from the program at the Baltimore PHS Hospital prior to its closing in 1982. Approximately 100 of these graduates are, or have been, commissioned officers.

The FDA employs HSOs in numerous activities, including application review, medical device testing, medical drug kit testing, and food and cosmetic microbiology. HSOs at NIH in Bethesda, MD, and the CDC in Atlanta, GA, and Hyattsville, MD, conduct epidemiological studies and monitor survey findings to estimate the prevalence of, and the risk factors for, infectious and chronic diseases such as HIV/AIDS and hepatitis. HSOs at CDC also conduct several population-based surveys, including the National Health and Nutrition Examination Survey (NHANES) and the National Health Interview Survey (NHIS).

New disciplines continue to be added to the Health Services category to meet the changing requirement of the PHS. In 1966, the first optometrist was commissioned by the PHS to serve in the IHS. The role of **optometrists** has expanded and now includes providing diagnostic and therapeutic primary eye care services. Optometrists are stationed throughout the IHS, Federal Bureau of Prisons (BOP), and the Coast Guard (CG). Optometrists are also assigned to administration and research positions within FDA.

Podiatry was added as a Corps specialty in 1978 with the commissioning of a National Health Service Corps (NHSC) podiatrist. Concurrently, the first podiatric medical students were awarded scholarships in 1978, and the first Doctors of Podiatric Medicine began serving their obligated time in 1981. In all, more than 100 students were trained before the program ended. Most of the podiatrists were assigned to NHSC sites or entered private practice in designated manpower shortage areas. A small number of placements were made with IHS clinics. The placements included nonsurgical as well as outpatient general practice assignments.

The latest additions to the Health Services category include **computer scientists** and **physician assistants** in 1989, and **medical technologists** and **dental hygienists** in 1991. In 2001, the computer science discipline was expanded to include information technology curricula. The commissioning of new specialties is one way that the PHS keeps pace with changing health care staffing requirements.

Qualifications for appointment in the Health Services Category (<http://www.usphs.gov/aboutus/questions.aspx#requirements>) are designed to assure a high standard of competence and performance from all of the disciplines and specialties that are included. When the category was first formed, qualifications consisted of baccalaureate-level training in a health-related field. In 1967, during the Vietnam era, concerns regarding PHS competition for draft-eligible manpower prompted a review of this policy. The Assistant Secretary for Health and Scientific Affairs raised the qualifications for appointment to a master's degree for most specialties, and restricted the number of professional disciplines qualifying for appointment in the Health Services category.

This policy persisted during the early 1980's and limited commissioning into the Health Services category to those individuals with a master's degree, with a doctorate in optometry or podiatry, or certified as medical records administrators with a baccalaureate degree. Modifications have been made in recent years such that information technologists, dental hygienists, medical technologists, and physician assistants with specific training and class standing may be commissioned with a baccalaureate degree, the benchmark degree of these professions. However, for most other disciplines, the qualifying degree is the master's degree or higher.

The Health Services category continues to grow and change to fulfill new health leadership roles. Many new health disciplines have emerged since the category was formed in 1959. Today, HSOs perform a variety of functions including direct clinical practice, program development, health planning and administration, and research. The category has grown from a small nucleus of a few officers to its present level of up to 4500. The HSO motto, "Strength through Diversity", attests to the wide range of skills and experience possessed by this multi-disciplinary team of officers, and their pride and commitment to serving in the Commissioned Corps.

CHAPTER 3

THE COMMISSIONED CORPS PERSONNEL SYSTEM

The Commissioned Corps has a specialized career system designed to attract, develop, and retain health professionals who may be assigned to Federal, state, local, non-governmental, and international organizations. The Office of Commissioned Corps Operations (OCCO) is the Corps' personnel office. The Office of Commissioned Corps Force Management (OCCFM) develops the Corps' policies and procedures.

Commissioned Corps Policies are located at:
<http://dcp.psc.gov/eccis/CCISToc.aspx?ShowTOC=Y>.

Points of contact within OCCO and OCCFM are located at: <http://www.usphs.gov/ActiveDuty/>
(Professional Category web sites can also be accessed at the link above.)

General Appointment Standards

The General Appointment Standards are located on the CCMIS web page:
http://dcp.psc.gov/eccis/documents/CCI2_3_1_01.pdf.

Listed below are the general requirements for appointment to the Commissioned Corps:

- Only citizens of the United States are eligible for appointment to the Corps.
- A candidate who is 44 years of age (44 years, 00 months, 00 days) or older shall not be appointed to the Regular Corps (with some exceptions).
- Be found medically qualified *prior* to appointment.
- Completed a qualifying academic or professional degree program (qualifying degree). See [CCI 231.03](#), "Category Specific Appointment Standards".
- Achieved a grade point average (GPA) of at least 2.5 on a 4.0 grading scale in his/her qualifying degree (without rounding).
- Hold a current and unrestricted license from a U.S. State, as defined in [42 USC 201\(f\)](#), if required for your category.
- A favorably adjudicated security/suitability investigation with an additional state criminal history, child care check, and any additional requirements are required for appointment and/or continued service on extended active duty as an officer in the Corps.
- Must demonstrate the potential for leadership as a commissioned officer and have the ability to deal effectively with people.
- Must be found suitable for life in the uniformed services based upon a review of a variety of assessment factors including, but not limited to: Personal adjustment, Employment history, Character, Suitability investigation clearance.

The HSO Category – Specific appointment standards can be found at:
http://dcp.psc.gov/eccis/documents/CCI2_3_1_03.pdf.

Assignments

An officer may be assigned to any duty station based upon the needs of the Service. There are many employment opportunities in the Commissioned Corps throughout the Nation. Officers may choose to work within the same agency/program or choose to transfer to other agencies/programs across the country. The Corps supports and encourages an officer's pursuit of diverse work experiences, and career goals and advancement. Geographic mobility may allow officers to achieve this. An officer may move frequently throughout his/her career, but a minimum duration of two years at each assignment is expected (the IHS requires two years at each duty station and will re-set the clock if an officer transfers to a new IHS duty station before completing the two-year commitment at the former duty station.) Officers have access to job postings in the Direct Access online system once they are hired. Officers may also search for employment opportunities on the USA Jobs web site: <http://www.usajobs.opm.gov/>.

Promotion

Promotion eligibility in the PHS Commissioned Corps is based upon training, experience, length of time in service, and grade/rank. There are both temporary and permanent promotions. For competitive promotions (permanent and temporary: O4 – O6), officers who are eligible are considered by Promotion Boards annually. All permanent promotions are competitive. Non-competitive temporary promotions are subject to an administrative review of an officer's file and include ranks up to O-3 (O-4 for Medical and Dental officers). Officers are paid based upon their temporary grade. Officers have category-specific benchmarks to attain that are used to judge professional performance. The benchmarks may change from year to year based on guidance from the Office of the Surgeon General or Assistant Secretary for Health.

Below are some useful links to promotion and pay information:

- Entry Grade Upon Appointment to the Corps: http://dcp.psc.gov/eccis/documents/POM11_005.pdf
- Non-Competitive Temporary Promotion Policy: http://dcp.psc.gov/eccis/documents/CCPM23_4_2.pdf
- Permanent Promotion Policy: http://dcp.psc.gov/eccis/documents/CCPM23_4_1.pdf
- Promotion Frequently Asked Questions: http://dcp.psc.gov/prom_faq.asp
- Benchmarks: http://dcp.psc.gov/Category_Benchmarks.aspx
- Promotion Preparation: http://usphs-hso.org/pac/subcommittees/career_development/promotion.shtml
- Pay Table: <http://www.dfas.mil/dfas/militarymembers.html>
- Uniformed Services Rank Chart: <http://www.usphs.gov/pdf/Uniformed%20Service%20Rank%20Chart.pdf>

Officer Performance Evaluation

The primary source for officer performance information for promotion is the Commissioned Officers' Effectiveness Report (COER). The COER is completed annually, but may be done at any time for officers who are transferring duty stations or when an officer's supervisor is transferring. Another vital document, with respect to the promotion process, is the officer's curriculum vitae (CV). The CV should be updated annually; as it is the only way an officer can transmit his/her accomplishments to the Promotion Board (see CHAPTER 4.)

For more information regarding the COER and CV:

2010 Annual COER Personnel Operations Memorandum (POM):

http://dcp.psc.gov/eccis/documents/POM11_002.pdf

HSO Professional Advisory Committee website; Career Development-Promotion

Preparation: http://usphs-hso.org/pac/subcommittees/career_development/promotion.shtml

Billets

Billets are the descriptions of the major tasks associated with the positions to which the officer is assigned. They enable management to assign and transfer officers according to their duties in an effort to accomplish an agency's mission(s). Billets are assigned rank levels, and it is very important that you be in a billet graded equal to or higher than your actual rank, especially for promotion purposes. See Appendix A for a listing of standard HSO billets.

Salary

Salary, grades, and benefits are the same as for officers in the other Uniformed Services (Army, Navy, Air Force, Marine Corps, Coast Guard, and NOAA). Salary is comprised of three factors:

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

Basic pay is determined by pay grade and accumulated years of creditable service in any of the Uniformed Services.

Grade and years of creditable service figure into special pay allowances as well. Within the Health Services category, optometrists, social workers, physician assistants, podiatrists and psychologists are eligible for special pays. Specific rules and pay guidelines are presented in Commissioned Corps Personnel Manual (CCPM) Subchapter 22.2, Personnel Line instruction.

Additional compensation afforded USPHS officers are those related to deployment missions such as Hazardous Duty Pay, Imminent Danger Pay, and/or Family Separation Pay. Unlike our DOD counterparts, USPHS officers deployed in combat zones are not tax exempt.

Leave

There are three general types of leave:

- Annual
- Sick
- Station

(Other types of leave can be viewed via the link at the end of this section.)

Officers accrue thirty (30) days of annual leave per calendar year at the rate of 2.5 days each calendar month. Officers take annual leave in whole days only. Annual leave is charged for non-workdays, including holidays that are surrounded by annual leave days. A maximum of 60 days may be carried over from year to year; 75 days may be carried for officers assigned to other uniformed services. Station leave is used for activities that cannot normally be completed outside of the normal work day. Station is not chargeable, but is taken for periods of less than one work day. Sick leave does not accrue and officers are granted sick leave as needed for illness, medical procedures, recovery, etc. The Medical Affairs Branch tracks the use of sick leave.

Leave policies are located at:

- General Leave: http://dcp.psc.gov/eccis/documents/CCPM29_1_1.pdf
- Annual Leave: http://dcp.psc.gov/eccis/documents/CCPM29_1_2.pdf
- Sick Leave: http://dcp.psc.gov/eccis/documents/CCPM29_1_4.pdf
- Absent Without Leave (AWOL): http://dcp.psc.gov/eccis/documents/CCPM29_1_5.pdf

Benefits Described in CHAPTER 7.

Separation

Officers leaving the Commissioned Corps under honorable conditions after service of 24 months or more are eligible for appropriate benefits administered by the Department of Veterans Affairs (VA). If you are planning to inactivate, for either personal reasons or for educational goals, and you expect to reactivate later for extended general duty, you need to be aware of the following criteria:

- You must meet entry physical and appointment standards to qualify for reactivation.
- Conditions that do not prevent your continuing on active duty now may prevent your return to active duty despite a stable medical status.
- When you apply for reactivation you will be competing with other applicants for available billets.

Officers may be separated for a number of reasons (voluntary, involuntary, disability and death). More information on each can be accessed using the link at the end of this section. An officer will be in probationary status for the first three years after reactivation. If you have any concerns about meeting entry-physical standards for reactivation, you should discuss your situation with the Medical Affairs Branch in OCCO before you decide to inactivate.

Veterans' Benefits

Veterans' Benefits Section, OCCO: (240) 453-6034.

Voluntary Separation

Inst 381.01: -- Medical Examination Requirements (Old CCPM: CC29.3.5)

Inst 381.2: -- Medical Program Appeals (Old CCPM: CC29.3.9)

Involuntary Separation

Inst 382.01: -- Reduction in Force (Old CCPM: CC23.7.3)

Inst 382.02: -- Involuntary Separation (Probation Period) (Old CCPM: CC23.7.1)

Inst 382.03: -- Involuntary Separation (Active Corps) (Old CCPM: CC23.7.4)

Inst 382.04: -- Involuntary Separation (Reserve Corps) (Old CCPM: CC23.7.6)

Death on Active Duty

Inst 383.01: -- Death of an Active Duty Officer (Old CCPM: CC29.5.1)

Voluntary Retirement

Inst 384.01: -- Creditable Service for Retirement (Old CCPM: CC23.8.1)

Inst 384.02: -- Voluntary Retirement (20 Years) (Old CCPM: CC23.8.5)

Retirement

The retirement system for Commissioned Corps officers is non-contributory with benefits calculated based on the base salary and length of service. Under certain circumstances, PHS officers can receive retirement credit for periods of active duty in other Uniformed Services and under specific conditions up to five years of professional equivalent Civil Service time while employed in a PHS agency. The retirement system is structured on the basis of a 30-year career where the maximum retirement pay (75% of base pay) is obtained at 30 years of service. Officers who have completed at least 20 years of Corps service are eligible for retirement under certain conditions, including *the proviso that their departure from the Corps will not affect agency health programs*. Retirement pay in these cases depends on the number of years of creditable active duty accumulated. There is also disability retirement when an officer can no longer perform his/her duties due to physical or mental health issues. The rules governing this type of retirement are complex and the assistance of the Medical Affairs Branch in OCCO is often needed.

Thrift Savings Plan (TSP)

On January 1, 2002, Commissioned Corps officers were allowed the opportunity to participate in the Thrift Savings Plan. The TSP is a Federal government-sponsored retirement savings and investment plan that can provide additional retirement income. More information about TSP is located at www.tsp.gov.

CHAPTER 4

CAREER DEVELOPMENT AND TRAINING

Introduction

In order to attain PHS career goals, it is necessary to have a base of knowledge and a plan that focuses on one's individual professional development needs. Progress toward achieving any career goal may require enhancement of skills through progressively challenging job assignments, leadership positions, and continuing education.

Five Steps to a Successful and Rewarding Career

Step 1: Personal Responsibility

You must take responsibility for planning and advancing your career! Do not make the mistake of relying on others to plan or promote your career. It is your career and your responsibility.

Step 2: Personal Assessment

Make a determination of the types of positions for which you may be qualified based on current training and education. Consider the professional, technical, or personal skills previously developed on the job and through participation in professional and community organizations.

Step 3: Areas of Professional Interest

Identify the type of assignment that will best meet professional and personal interests while taking advantage of identified skills and knowledge. Categories of jobs available to health services officers in the PHS include, but are not limited to: research, regulatory development and compliance, clinical practice, and administration.

Step 4: Sources of Information on Career Options

Health Services Officers have access to several formal and informal sources to assist in achievement of a successful career.

Formal Sources

Formal sources of information include organizational charts and mission statements of agencies; agency personnel offices (including job opportunities for civil servants); agency

representatives and PHS liaisons; the Division of Commissioned Corps Officer Support (DCCOS): <http://dcp.psc.gov/DCCOS.aspx>, the Health Services CPO; the HS-PAC; and USAJobs: <http://www.usajobs.gov>.

Informal Sources

Informal sources of information include professional associations such as the Commissioned Officers Association (COA): <http://www.coausphs.org>, Reserve Officers Association (ROA): <http://www.roa.org>, and the Association of Military Surgeons of the U.S. (AMSUS): <http://www.amsus.org>; public health professional associations such as the American Public Health Association (APHA): <http://www.apha.org> and discipline-specific societies; professional organizations such as the many minority advisory groups of the Minority Officers Liaison Council (MOLC): <http://www.usphs.gov/corpslinks/molc/related.aspx>; and mentors within your agency or PHS. All these sources are a way to develop a network of professional contacts. **Do not underestimate the value of networking.** Having a network of contacts can be an invaluable resource for obtaining information on career and job opportunities, maintaining and advancing knowledge and professional skills, and increasing interpersonal skills both on and off the job.

Step 5: Choosing a Career Direction

Making decisions about one's career is an evolutionary process that will require regular re-evaluation of personal and professional goals. In order to evaluate your career goals, consider asking the following questions:

Where do I want to be in three years?
Where do I want to be in five years?
Where do I want to be in ten years?

Once these questions are answered, the route to achieve these goals can be determined. These are considered milestones or benchmarks. Each category within the PHS should have established benchmarks for promotion. These benchmarks can be fulfilled through assignments that require progressively higher levels of technical expertise or responsibility, supervisory experience, or managerial expertise; PHS awards; certification; advanced training; publications; and increased responsibility in professional associations. It is important to regularly review these benchmarks to assess progress toward achieving career goals.

http://dcp.psc.gov/Category_Benchmarks.aspx

Where do I want to go?

As a PHS officer, it is essential to show growth throughout one's career. This is usually done by showing career progression; however, there is some danger with overspecialization. Extremely narrow technical abilities or skills that could not be used widely within the PHS may limit opportunities for advancement.

How do I achieve my goals?

Once you have decided on (a) goal(s), develop a plan for achievement. The first thing to do is evaluate assignment possibilities and growth potential of the current position. If there is little or no growth potential or it is no longer challenging or rewarding, research and seek out other positions either within one's current OPDIV or another OPDIV or agency. In searching for a new job, consider both your own professional needs and the needs of the PHS. There may be a more suitable job elsewhere in the OPDIV, in another PHS agency, or a PHS-approved and sanctioned position in a non-PHS agency, such as EPA or BOP. A good place to start looking is on the Commissioned Corps Management Information System (CCMIS) website (<http://dcp.psc.gov/default.asp>). Once you access the site, select **Jobs**.

Training Opportunities

It is critical to have the necessary knowledge, skills, and abilities to be eligible for or effective in a new position. Continued training and education is a means to address any identified deficiencies.

Short-term training is not degree related, and can be either on a full-time or part-time basis. Short-term training is approved at the program or agency level. Non-PHS agencies have their own system and forms, so officers need to check with their administrative office to determine the appropriate application process.

Long-term training is degree related and can either be on a full-time or part-time basis. Most PHS long-term training is extramural. Extramural training is usually provided under the auspices of non-PHS training facilities. However, the PHS does have limited, intramural, long-term training opportunities. In some instances, PHS training facilities may have an agreement of affiliation with non-PHS training facilities to provide part of the intramural training. Both intramural and extramural training must be approved by the officer's OPDIV and OCCO. Officers must complete form [PHS-1122-1](#) (Application for Training for PHS Commissioned Personnel). The principal reason for training must be to benefit the PHS, with the academic degree being a secondary purpose. The [Electronic Commissioned Corps Issuance System \(eCCIS\)](#) provides detailed instructions on training program requirements and application procedures.

While not directly related to job performance in an OPDIV, it is a matter of preparation and performance as a PHS officer to take courses offered by the Commissioned Officer Training Academy (<http://dcp.psc.gov/cota>). Officers entering service must attend the 14-day Officer Basic Course (OBC) in Gaithersburg, MD, within six months of their call to active duty.

Officers called to active duty prior to October 2007 who have not completed any of the Basic Officer Training Course (BOTC) and the Independent Officer Training Course (IOTC) or have not attended OBC can complete the [Provisional Officer Basic Course \(POBC\)](#) online. After successful completion of either OBC or the POBC, officers will be awarded the Commissioned Corps Training Ribbon (CCTR).

Preparation for a Training Program

The individual officer is responsible for identifying an academic program, specific courses, or residency programs. Once these have been identified, the officer initiates the application process by completing either the long-term training form [PHS-1122-1](#). All relevant training that enhances the officer's career should be documented in the officer's Official Personnel Folder (eOPF). The agency and/or program usually fund the training; however, applications should be completed and submitted even if it is unclear where the funds will originate. Training contracts can be amended and changed. Payback obligations, required for long-term training, are calculated after the training is complete and are usually two for one, i.e., for every year of training, two years of duty must be completed.

OCCO informs all officers of PHS training information via a Manual Circular. The Manual Circular is published annually before nominations are due. Continuing education, whether long-term or short-term, plays an important role in an officer's career development.

If you have any questions regarding long or short-term training, or if you would like additional information about PHS training, you may contact your agency liaison, Training Coordinator, or OCCO.

Training Summary

Identifying and obtaining the right job requires knowledge, experience, flexibility, perseverance and some self-promotion. Not only must an officer have the appropriate credentials and experience, but also it helps to know the appropriate people and to take advantage of opportunities as they present themselves. Officers flexible enough to seize opportunities whenever they arise are more likely to reach their career goals. There is no magic formula for success. Although other people may help you during the course of your career, do not rely entirely on them. **Again, it is incumbent upon the officer to take responsibility for his or her own career development and advancement!**

Preparing for Promotion

Preparing for promotions is a task that every officer must be continuously involved in throughout their PHS career. Plan ahead to prevent the promotion cycles from being traumatic or stressful. Information on policies and procedures governing temporary promotions can be viewed using the electronic Commissioned Corps Issuance System (eCCIS): <http://dcp.psc.gov/eccis/>. Promotions to the 05 and 06 grades remain extremely competitive; therefore, not everyone will receive promotions to these grades. Promotion Boards are guided by precepts and category specific benchmarks (http://dcp.psc.gov/Category_Benchmarks.aspx) that are posted on the HSO website.

The five precepts for Promotion Year 2012 are:

1. Performance Rating and Reviewing Official's Statement (COER)
2. Education, training and professional development
3. Career progression and potential
4. Professional contributions and services to the PHS Commissioned Corps (Officership)
5. Basic Readiness: http://ccrf.hhs.gov/ccrf/PPM07_001.pdf

Promotion Boards can only consider information in the electronic Official Personnel Folder (eOPF) (see http://usphs-hso.org/pac/subcommittees/career_development/promotion.shtml, http://usphs-hso.org/pac/subcommittees/career_development/opf_appropriate_docs.shtml, and <http://dcp.psc.gov/opffaq.asp> for more information.) Therefore, it is important that the eOPF contain information pertinent to the precepts. Extraneous information works against an officer because the Board needs to sift through the eOPF in search of relevant materials. Thoroughly prepared COERs and a current Curriculum Vitae (CV) are central to the decision-making process of the Promotion Board.

The most important documents in the eOPF are the Commissioned Officers' Effectiveness Reports (COERs): <http://dcp.psc.gov/COER.aspx>. The COER provides an opportunity for officers to describe their duties, accomplishments, and goals for the future. ***Section 2 should be completed in detail with thought and care. It is strongly recommended that a COER attachment be written by the officer.*** Section 3 of the COER allows the supervisor to evaluate the performance and conduct of the officer. Within just a few pages, information concerning an officer is presented in an organized, concise, and direct manner for the Board. Officers are encouraged to discuss their narrative with their supervisor in order to elaborate on your accomplishments during the rating period.

Promotion Boards are advised only of your officer's billet rating and supervisory responsibilities. They are not given an actual billet (position) description. Therefore, the curriculum vitae should accurately describe the duties and level of responsibility of the position held by the officer.

Promotion Boards receive a printout of PHS honor awards and recognized uniformed services awards received by officers. This list is limited to uniformed services awards recognized by the PHS: http://dcp.psc.gov/eCCIS/documents/CCPM26_3_3.pdf. Other awards not included on the Promotion Board's list should be listed and included in the CV (see http://usphs-hso.org/pac/subcommittees/career_development/cv.shtml for more information.)

The Board will have access to many items in an officer's eOPF; therefore, officers should review their eOPF as a final measure to ensure that all the documents have been properly submitted and filed for inclusion into their eOPF. Do this prior to the deadline for adding materials to the eOPF. In the CCMIS website: <http://dcp.psc.gov>, click on "Secure Area", then select "Officer, Liaison, and Leave Maintenance Clerk Activities". Click "Continue to Secure Area" and then enter "Logon ID" and "Password". From there, click on "Access Your Official Personnel Folder (OPF)". Officers who did not get promoted should review their eOPF to read the comments from the Board. Understand that sometimes the comments are helpful, and other times, the Board does not explain its actions. Remember to check the *Commissioned Corps E-Bulletin*: http://dcp.psc.gov/ccbuletin/articles/CCBulletin_05_2011.aspx or the CCMIS Website: <http://dcp.psc.gov> for any changes or updates on the promotion process. Each year, the *Commissioned Corps E-Bulletin* contains a summary of the most recent promotion cycle results as well as information and deadlines that pertain to the next promotion cycle. Following the precepts on a daily basis and continuously updating your eOPF is the path to promotion. The process is ongoing and continuous, and cannot be successfully completed a few months before the notice to submit materials to the eOPF.

Electronic Official Personnel Folder Format

The eOPF contains the following 18 sections available from a drop down menu:

<https://dcp.psc.gov/cclogin/ccmislogin.aspx>

- Application Documents
- COER Documents
- Confidential Documents
- Continuing Education Documents
- Curriculum Vitae
- ID Cards
- Insurance Forms
- Letter of Reprimand
- Licenses, Credentials & Certificates
- Miscellaneous Documents
- Outside Activity Documents
- Personnel Orders
- PHS Awards and Non-PHS Awards
- PHS Support Activities Documents
- Privacy Act/Release of Information
- Security/Sensitivity Clearance Papers
- Special Skills Documents
- Statement of Service

The Promotion Information Report (PIR) is a summary of pertinent information within your eOPF and can be found by clicking on the “View PIR” Button at the top of the screen.

The eOPF Curriculum Vitae

The Curriculum Vitae (CV) should be updated annually and may be used to apply for positions within the Department of Health and Human Services (HHS) or other Federal agencies and for documentation in your personnel folder. The following recommendations pertain primarily to preparing the CV for use as summary documentation in each officer’s eOPF:

Presenting Yourself

The CV presents the officer and restates career progression and accomplishments, reinforcing information in the COER. The CV includes information not found elsewhere in the eOPF such as professional organizations, additional licenses, honors and awards, extracurricular activities, and publications that illustrate if an officer is well-rounded and current in the field.

This is probably the only document that the officer will prepare for the eOPF (publications do not go in the eOPF.) It is the best opportunity to present yourself not only through the content of the document, but also through the appearance of the CV itself. Style, clarity, print, and attention to details such as grammar and spelling are all important when preparing your CV. Be

informative and concise. Promotion Boards have a limited amount of time to review and score each officer that is being evaluated for promotion.

The Audience

A wide variety of people will have the authority to review an individual officer's eOPF. These persons will include, but not be limited to:

- Promotion and Assimilation Boards;
- Agency representatives; and
- Those involved in personnel actions, e.g., filling vacancies, billet descriptions, hiring, and special assignments.

Any Commissioned Officer who is eligible for a promotion should have an updated CV in his or her eOPF before the published deadline of the promotion year. Each spring, the Health Services Promotion Board, comprised of five senior HSOs, meets to review and rank all HSOs who are eligible for temporary or permanent promotion during that promotion year. These officers examine computer-generated summaries and eOPFs for each candidate while looking for information pertinent to each promotion precept. The information in your CV should be in a concise, easy-to-read, and easy-to-find format. This will make the job of the reviewing officers easier and lessen the likelihood that they will miss some important, perhaps even pivotal, facts about you. A sample CV and CV summary sheet are available on the HSO website: http://usphs-hso.org/pac/subcommittees/career_development/cv.shtml.

Ensure that your CV is complete and that it contains information relevant to those who are authorized to review your eOPF. Other than promotion, you may want to tailor the CV to focus upon a specific objective, e.g., competing for particular job assignment or providing biographical and educational background in preparation for a speaking engagement. Keep in mind, however, that only one edition of a CV is placed in the eOPF at any one time.

CV Summary Sheet

Each CV should begin with a one-page cover sheet addressing each of the five Promotion Board-scored precepts. This gives the individuals reviewing your CV an overview of your accomplishments as they relate to the five Promotion Board precepts. Remember, this is a one-page summary and it should be brief. The detailed information should be contained in the body of your CV. See sample summary sheet: http://usphs-hso.org/pac/subcommittees/career_development/data/2007_CV_Summary_Sheet.doc.

CV Content

The CV is one of the most important documents for presenting an overview of each officer's career. The CV should summarize items found elsewhere in the eOPF and highlight information such as civic, community activities, and publications that are not included in other parts of the eOPF. *The format of your Curriculum Vitae should follow the sample CV found on the HSO website:* http://usphs-hso.org/pac/subcommittees/career_development/cv.shtml.

In order to facilitate its review by the Promotion Board, all CVs must be typed and dated with your name, PHS serial number, and category on the upper right hand corner of each sheet.

At a minimum, your CV should contain:

- The current date of the CV
- College degrees and dates awarded
- Licensure, certifications, professional credentials
- Professional experience
- Special assignments
- Participation in professional organizations
- PHS awards and honors
- PHS support activities
- Special skills
- Non-PHS awards, honors, letters of recognition, etc.
- Civic and community activities
- Continuing education courses and conferences
- Titles of publications, presentations, patents, etc.

Your CV should highlight:

- Career progression
- Assignments and geographic mobility
- Level(s) of responsibility and your value to the PHS
- Leadership
- Officership

Education

Include all college degrees that are held, the name of the college or university, and the dates the degrees were awarded. Include any additional training for which there is proficiency in a particular specialty area.

Professional Licensing, Certification, Registration

List only current professional licensing, certification, and registration, and limit the listing to those that allow for practice or recognize expertise in your specific field or specialization.

Experience

List all of the positions held as a commissioned officer and all other appropriate professional experience in reverse chronological order starting with the current assignment. This list should include actual permanent assignments and any assignment in an acting capacity, provided that personnel orders were issued or the assignment lasted more than 90 days. Include dates, position title, OPDIV, and location. Describe any short-term special projects or assignments under the position in which they occurred. Describe duties and responsibilities for each position using a bullet format. Make sure that level of responsibility is clearly indicated for each position.

Remember: Billet descriptions **are not included** in an officer's eOPF. The CV is often the only document in the eOPF that describes an officer's level of responsibility.

Professional Organizations

List current professional organization memberships, as well as your status within the organization, e.g., member, associate, chairman, or fellow, and any current or past positions or assignments.

Awards and Honors

List the names and dates of all PHS awards and honors, including Exceptional Proficiency Promotions (EPP) received. The complete narrative should be available elsewhere in the eOPF. All non-PHS awards and honors should include the name of the award/honor, the organization, the date, and a very brief description of the purpose of the award/honor. **Ensure that a copy of the non-PHS award/honor is in your eOPF.** Include copies of letters of recognition into the eOPF.

PHS Support Activities

List any official PHS support activities, e.g., HS-PAC, Promotion Board recorder, Appointment Board, transformation activities or committee membership, Disaster Medical Assistance Team (DMAT), force readiness tier membership (OFRD), Junior Officers Advisory Group (JOAG), or an ad hoc committee for the Surgeon General. Include dates of participation and any office held.

Special Skills

List any skills that may be of value to the PHS, e.g., proficiency in a foreign language, certified SCUBA diver, licensed private pilot, or certified emergency medical technician.

Civic and Community Activities

List all current community/civic activities and volunteer work.

Publications, Presentations & Papers

List publications in reverse chronological order noting the author(s), title, journal, volume number, page, and date published. For presentations, list the title and the occasion, e.g., conference, city, and date. For patents, list the inventors(s), name of invention, patent number, and date.

Do not include the following information in your CV:

- Summaries of performance appraisals (COERs)
- Conferences attended
- Medical information
- Personal information

Submitting Documents for Inclusion into the Electronic Official Personnel Folder

To ensure inclusion of the CV and other appropriate documents into the electronic eOPF for Promotion Board review, all materials must be faxed to the Office of Commissioned Corps Operations (OCCO) to either one of the following numbers: **(301) 480-1436** or **(301) 480-1407**.

Licenses, certifications, and registrations **must** be faxed to (240) 453-6142. ***Please include name, PHS serial number, and category on the upper right-hand corner on all sheets.*** The faxed documents enter an electronic workflow (no paper copies are produced.) Thus, the resulting images are only as good as the facsimile machine used to submit the documents (streaks, crooked pages, etc. occur at the point of origin.) Documents with various shades of contrast, highlighter marking, etc. do not fax well and cannot be read. The CV summary sheet (informative cover sheet) must be included as the first page of the CV as only one document is retained in the officer's eOPF.

The Health Services Officer Mentoring Program

The Health Services Officer Mentoring Program was implemented in 1992 to promote the career development of junior officers. The program is designed to allow officers the ability to sign up as mentors and/or mentees using the Web-based, password-protected USPHS HSO Mentoring Program Database: (<http://usphs-hso.org/phsdb/mentordb>). Junior officers who indicate an interest in participating in the program are assigned a volunteer mentor for one year. Mentors and mentees are matched as closely as possible with respect to agency, professional interests, discipline, and/or geographic assignment. The potential mentor's previous experiences, in addition to his or her current assignment, are given consideration in the matching process. Regardless of his or her background, a mentor will be able to provide general information on a wide variety of topics, such as health care and other benefits, PHS activities, professional associations, awards, mobility, promotions, and other personnel issues. Additional information can typically be obtained through a referral from the mentor.

While the Mentoring Program is a great resource for the junior officer, it also offers senior officers an opportunity to share their experience and perspective with someone who could greatly benefit from them. Mentors benefit in a variety of ways: the satisfaction of helping a young officer define and attain goals by identifying options and planning strategies; improvement in interpersonal communication, motivation, coaching, counseling, and other management skills; an opportunity to gain perspective about comparable individuals supervised on a regular basis; and the impetus to reflect on one's own goals and performance. Within six months of the initial mentor-mentee match and at one year completion, mentors and mentees complete the Mentoring Program Evaluation forms found on the Mentoring Training &

Resources webpage: (http://new.usphs-hso.org/pac/subcommittees/mentoring/trng_rsrce.shtml).
The feedback and comments obtained from these evaluations are used to evaluate the effectiveness of the Mentoring Program as well as the mentee/mentor relationship.

The HS-PAC and CPO strongly encourage all officers to take advantage of this worthwhile program.

For more information on the HS-PAC Mentoring Program, go to:

- <http://new.usphs-hso.org/pac/subcommittees/mentoring/program.shtml>
- http://new.usphs-hso.org/pac/subcommittees/mentoring/trng_rsrce.shtml

CHAPTER 5

**HEALTH SERVICES PROFESSIONAL ADVISORY
COMMITTEE (HS-PAC) AWARDS**

<http://www.usphshso.org/pac/subcommittees/awards/awards.shtml>

The Stanley J. Kissel Award

http://www.usphs-hso.org/pac/subcommittees/awards/awards_kissel.shtml

The Stanley J. Kissel Award was instituted in 1990 to recognize an outstanding health services professional whose career accomplishments and work performance have resulted in remarkable contributions to the health of the Nation and to the mission of the Public Health Service. The award is presented annually at the USPHS Scientific and Training Symposium (formerly the Commissioned Officers Association meeting). This award was established in memory of CAPT Stanley J. Kissel, M.S.W. At the time of his death on active duty in 1989, he served as Chief, Social Work Department, at the Clinical Center of the National Institutes of Health. His notable contributions to the field of social work and to the Commissioned Corps are remembered and honored through this award. The Stanley J. Kissel Award is presented to a member of the Health Services category or equivalent civil service professional who has made a significant impact on the Nation's health. The work can be at the state, regional, national, or international level, but must demonstrate a significant impact on the health of the Nation. Nominations must also include evidence of leadership in the achievement(s) being cited, and must describe how the officer serves as a role model to others.

Nominations must include:

- Nomination cover sheet
- Narrative, not to exceed three pages (font size 10 or 12), that describes:
 - The nominee's achievement(s) and the impact on the Nation's health
 - The leadership of the nominee in the achievement(s) being cited and how he/she serves as a role model to others
- Current curriculum vitae

Nominations for the Stanley J. Kissel Award are solicited at the beginning of the year and are due in early spring. Information on the award process and due dates are sent electronically to all Health Service Officers via the HSO listserv; these details are also published in the *Commissioned Corps E-Bulletin*. Health Services Professional Advisory Committee members are not eligible for this award during their term on the Committee. Nomination cover sheets for the Stanley J. Kissel Award may be found at the HSO website: <http://www.usphs-hso.org>.

Previous Recipients of the Stanley J. Kissel Award

Year	Name
2011	CDR George Durgin, OASD (HA)/TMSA
2010	CAPT Deborah E. Wilson
2009	CDR Karen Sicard, MPH
2008	CAPT Hilda Douglas, HRSA
2007	CAPT Linda Morris Brown, M.P.H., DR
2006	CAPT Eugene G. Daniels, D.P.M.
2005	CAPT Michael Milner, M.S., P.A.
2004	CDR Dawn M. Clary, O.D.
2003	CAPT Francis J. Behan, O.D.
2002	CDR Sylvia Tetzlaf, B.S.
2001	CDR Peter Delany, D.S.W.
2000	CAPT Eugene Migliaccio, Dr. P.H.
1999	CAPT Ellen Hutchins, M.S.W.
1998	CAPT James D. McGlothlin, M.P.H., Ph.D., C.P.E.
1997	CAPT John McCrohan, M.S.
1996	CAPT Joseph Garcia, SAMHSA
1995	CDR Vivian T. Chen, M.S.W., ScD, HRSA
1994	CDR Roger G. Falter, M.A., M.B.A., Ph.D., BOP
1993	CDR Thomas Bornemann, M.S.W., Ed.D., SAMHSA
1992	CAPT Matthew L. Henk, M.S.W., OASH
1991	CAPT Richard E. Lippmann, O.D., FDA
1990	Mr. Ralph J. Russell, M.S.W., IHS

The Joseph Garcia, Jr. Award

http://www.usphs-hso.org/pac/subcommittees/awards/awards_garcia.shtml

The Joseph Garcia, Jr. Award was developed to promote the future leadership of the PHS by honoring a junior (O–2 through O–4) member of the Health Services category or equivalent civil service professional who has made a significant contribution to the advancement of the Nation's public health, demonstrated leadership in their work, and shown involvement in health-related professional or community organizations or activities. The award is presented annually at the USPHS Scientific and Training Symposium (formerly the Commissioned Officers Association meeting). The award was established in honor of CAPT Joseph Garcia, Jr. (Ret), whose career demonstrated outstanding leadership, initiative, and dedication to improving the health of the Nation. CAPT Garcia was a role model and inspiration to junior and senior health professionals alike.

Nominations must include:

- Nomination cover sheet
- Narrative, not to exceed two pages (font size 10 or 12), that describes:
 - The nominee's contribution to the advancement of the Nation's health (i.e., the impact of the work and the role of the nominee)
 - The leadership of the nominee in the work being cited (e.g., providing vision or direction, developing an innovative approach, initiating significant activities, pursuing ongoing professional development, mentoring, etc.)
 - Involvement of the nominee in health-related professional or community organizations or activities
- Current curriculum vitae

Nominations may come from a supervisor, professional colleague, or anyone who, through a professional working relationship, can attest to the impact of the nominee's contributions to the advancement of public health. Self-nominations will not be accepted. Nominations for the Joseph Garcia, Jr. Award are solicited at the beginning of the year and are due in early spring. Information on the award process and nomination due dates are sent electronically to all Health Service Officers; these details are also published in the *Commissioned Corps E-Bulletin*. HS-PAC members are not eligible for this award during their term on the Committee. Nomination cover sheets for the Joseph Garcia, Jr. Award may be found at the HSO website: <http://www.usphs-hso.org>.

Previous Recipients of the Joseph Garcia, Jr., Award

2011	LCDR Rebecca Bunnell, MPAS, PA-C
2010	LCDR Michael Tilus, IHS/ABR
2009	LCDR Ronald R. Pinheiro, MHS, RPA-C
2008	LT Raquel Peat, FDA
2007	LCDR Michelle Markley, FDA
2006	LCDR Frances Placide, IHS
2005	LCDR Angela K. Shen, CDC
2004	LCDR Gail A. Davis, M.P.H., M.S.W., HRSA
2003	LCDR Robbin K. Williams, B.S., IHS
2002	LCDR John J. Cardarelli, Ph.D., C.I.H., P.E., CDC
2001	LCDR Karen Sicard, B.S., IHS
2000	LT Diane C. Hanner, M.P.H., M.S.W., HRSA
1999	Dianne Cairns, M.P.H., HRSA
1998	LT Trinh K. Nguyen, B.S., FDA
1997	LT John Hemphill, M.S., BOP

HS-PAC Responder of the Year Award

http://usphs-hso.org/pac/subcommittees/awards/health_responder.shtml

The HSO Responder of the Year Award was established in 2004 to recognize a Health Services Officer who has made extraordinary contributions to the Public Health Service and the Health Services Category with regard to responding to critical events impacting the health of others. The recipient of this award may earn the prestigious honor in a number of ways, including a combination of the following contributions:

1. Having a one-time extraordinary impact on public health preparedness and response and /or
2. Having a career of contributions to emergency preparedness and /or disaster response and /or
3. Having played a significant role in one or multiple deployments
4. Having completed training and education applicable to preparedness and preparedness response
5. Having participated in publications and/or presentations in the public arena related to preparedness and response
6. Having a significant impact on the agency's mission (the deployment of the officer crucially affects their duty station)

The recipient of this award must also demonstrate a willingness to give credit to the U.S. Public Health Service for deployment activities, including wearing the uniform with pride and distinction while deployed, crediting the U.S. Public Health Service in presentations and publications, and exemplifying the roles and responsibilities of a Commissioned Corps Officer. Additionally, the nomination must demonstrate how the accomplishments are above and beyond the usual duties and responsibilities of the nominee per their billet or job description.

In October of each year, COA publishes a call for nominations in their newsletter, asking that each Chief Professional Officer submit one nomination for an officer to be considered for the Commissioned Corps Responder of the Year Award. These nominations are received by the Director of the Office of Force Readiness and Deployment no later than the close of business on December 31 of that year. Nominees must be active duty or retired members of the Commissioned Corps of the USPHS. In February of the following year, a selection committee convenes to review nominations and select the award winner.

Nominations must include:

- Nomination cover sheet
- Narrative, not to exceed two pages (font size 10 to 12), that describes:
 - The nominee's achievement(s) and the impact on the Nation's health

- The leadership of the nominee in the achievement(s) being cited, and how she/he serves as a role model to others
- Current curriculum vitae and CV summary sheet

Nominations that do not follow the correct format will **not** be reviewed.

Previous Recipients of the Health Responder of the Year Award

2010	LCDR Jamie Seligman
2009	LCDR Morrissa Rice
2008	CAPT Jose Belardo
2007	LCDR Elizabeth Hastings
2006	LCDR Jeff Coady
2005	CAPT Lawrence McMurtry
2004	CAPT Michael R. Milner

The Health Services Officer (HSO) Award Guide

The HS-PAC Awards Subcommittee updated the Award Guide in April 2003. The purpose of the guide is to inform officers of the Commissioned Corps awards process and to assist them in receiving recognition for noteworthy accomplishments. The Award Guide and the information in Chapter CC27 of the CCPM serve as complementary tools that better inform officers about the awards process. The Award Guide is posted on the HSO Website at:

http://www.usphs-hso.org/pac/subcommittees/awards/awards_guide.shtml.

CHAPTER 6

APPLICABLE DISCIPLINES and REGISTRATION, CERTIFICATION and LICENSURE

Many disciplines within the Health Services category require the officer to be licensed or certified in their profession. All officers required to be licensed must possess a current and unrestricted license from a U. S. State, as defined in [42 USC 201 \(f\)](#), and/or valid credentials appropriate for the profession as specified in the [CCI 231.03 “Category Specific Appointment Standards,”](#) except new graduates appointed into approved Corps training programs. Only the specialties discussed herein currently require licensure or registration for their respective disciplines. Disciplines not requiring licensure are listed for informational purposes only. The Division of Commissioned Corps Assignment in OCCO is the final authority and maintains current standards for all disciplines requiring licensure.

All officers are required to maintain, at a minimum, current American Heart Association (AHA) Basic Life Support for Healthcare Providers or American Red Cross CPR/AED for the Professional Rescuer certification, in addition to all officer readiness requirements. Advanced training may be required, depending upon your specific discipline.

Health Services Category Appointment Standards

INFORMATION SYSTEMS – Baccalaureate degree, no licensure required

Commissioned Corps Information Technology professionals provide professional and public health services by serving in billets located in, but not limited to, diagnostic laboratories, research laboratories, biological and device regulatory offices, diagnostic service offices, legal compliance offices, policy offices, and preparedness and response offices.

The core requirement to receive a commission as an Information Systems Officer is a qualifying bachelor or master’s degree in Computer Science, Information Systems, or an information technology-related discipline. There are no licensure requirements for initial or continual appointment as an Information Systems Officer.

DENTAL HYGIENE - Baccalaureate degree, current, unrestricted licensure required

Commissioned Corps Dental Hygienists have the opportunity to use their professional skills and abilities in positions relating to clinical dental hygiene, community health promotion, health training and education, program development, management and implementation, research, training and technical assistance, and public health-related areas. Positions can be located in Federal or Tribal hospitals, clinics, or in other Federal agencies providing support in policy, program management, research, and emergency preparedness and response settings.

The core requirements for commissioning as a Dental Hygienist Officer include a baccalaureate degree in Dental Hygiene accredited by the Commission on Dental Accreditation (CODA) of the American Dental Association (ADA), or an associate degree in Dental Hygiene accredited by the Commission on Dental Accreditation (CODA) of the American Dental Association (ADA) in

addition to a baccalaureate degree in a related health field from an accredited organization. A current, unrestricted license from a U. S. State (as defined in 42 USC 201 (f)) is required.

MEDICAL (HEALTH) RECORD ADMINISTRATION (HEALTH INFORMATION MANAGEMENT) – Baccalaureate degree, license required

Commissioned Corps Medical Record Administrator officers provide professional medical, health, and public health records services by serving in billets located in, but not limited to, Tribal, Federal, and local hospitals, clinics, and primary healthcare centers; policy offices; and preparedness and response offices.

The core requirement for commissioning as a Medical Record Administrator officer is a current, valid certification as a Registered Health Information Administrator (RHIA) with the American Health Information Management Association from a U. S. State (as defined in 42 USC 201 (f)). A qualifying bachelor's degree from a program accredited by the Commission on Accreditation for Health Informatics and Information Management (CAHIM), or a bachelor's degree from an accredited college or university and a certificate of completion of health information and administration training from a CAHIM-accredited program is also required.

MEDICAL LABORATORY SCIENTIST – Baccalaureate degree, license required

Commissioned Corps Medical Laboratory Scientists provide professional medical, health, and public health services by serving in billets located in, but not limited to, diagnostic laboratories, research laboratories, biological and device regulatory offices, diagnostic services offices, legal compliance offices, policy offices, and preparedness and response offices.

The core requirement for commissioning as a Medical Laboratory Scientist officer is an accredited bachelor's degree (related to clinical laboratory science or another human biology discipline, including microbiology, virology, and organic-based chemistry). The candidate must have completed an accredited training program from either the National Accrediting Association for Clinical Laboratory Science (NAACLS – either MT/CLS or MLT/CLT program), or if a categorical candidate, one year of employment, in the candidate's specialty, at a CLIA (HHS)-licensed clinical laboratory.

A current, unrestricted and valid certification as a Medical Laboratory Scientist or Clinical Laboratory Scientist by the American Medical Technologist (AMT), American Society of Clinical Pathologists (ASCP), or the National Credentialing Agency (NCA) is required.

PHYSICIAN ASSISTANT – Baccalaureate degree and National Certification

Commissioned Corps Physician Assistant officers provide professional medical, health, and public health services by serving in bullets located in, but not limited to, tribal, Federal, and local hospitals, clinics, and primary healthcare centers; policy offices; and preparedness and response offices.

The core requirements to receive a commission as a Physician Assistant officer include a Baccalaureate Degree in Physician Assistant Studies accredited by the Accreditation Review Commission on Education for the Physician Assistant and successful completion of the

Physician Assistant National Certifying Examination offered by the National Commission on the Certification of Physician Assistants (NCCPA). Maintenance of this certification requires 100 hours of Continuing Medical Education (CME) every two years and successful completion of the National Recertifying Examination offered by the NCCPA every six years. It is highly recommended, but not required, for a Physician Assistant Officer to possess a current, unrestricted state license to practice as a Physician Assistant.

Disciplines Commissionable at the Master's Level

BIOLOGICAL SCIENCES (BASIC APPLIED SCIENTIST) - Master's degree, no license required

Commissioned Corps Basic Applied Scientists provide professional and public health services by serving in billets located in, but not limited to, research laboratories, biological and device regulatory offices, diagnostic services offices, legal compliance offices, policy offices, and preparedness and response settings.

The core requirement to receive a commission as a Basic Applied Scientist officer is a master's degree in biological science, biostatistics, chemistry, epidemiology, radiological physics, or health physics from an accredited school of higher education. There are no licensure requirements for initial or continual appointment as a Basic Applied Scientist Officer.

HEALTH SERVICES ADMINISTRATION – Master's degree, no license required

Commissioned Corps Health Administrators provide professional medical, health, and public health services by serving in billets located in, but not limited to, biological and device regulatory offices, legal compliance offices, policy offices, grant program offices, hospitals (Indian Health Service and other Federal facilities), primary care clinics, and preparedness and response offices.

The core requirement to commission as a Health Services Administration officer is a master's degree from a program accredited by the Commission on Accreditation of Healthcare Management Education (CAHME).

PUBLIC HEALTH – Master's degree, no license required

Public Health commissioned officers can be found working in both clinical and administrative billets throughout the OPDIVS and agencies of the U.S. Public Health Service. They serve in a wide range of practice and administrative settings, including biological and device regulatory offices, legal compliance offices, scientific and epidemiological departments, health care development departments, and preparedness programs.

The officer must possess a master's degree from a program accredited by the Council on Education for Public Health (CEPH). Officers with degrees in environmental health, occupational health, or industrial hygiene from a school of public health accredited by the Council on Education for Public Health (CEPH) qualify for commissioning under the Environmental Health category and thus cannot be assigned to the Health Services category.

LICENSED CLINICAL SOCIAL WORKER – Master’s degree, license required

Commissioned Corps social workers can be found working in both clinical and administrative billets throughout the OPDIVS and agencies of the U.S. Public Health Service. They serve in a wide range of practice settings located in, but not limited to, rural hospitals and clinics, Federal detention centers, program planning and policy offices, public health offices, and preparedness offices.

The basic requirement for commissioning is a qualifying master’s degree in social work from an institution accredited by the Council on Social Work Education.

A current, valid, unrestricted, registration or certification that allows for independent clinical social work to practice in the U. S. States (as defined in [42 USC 201 \(f\)](#)) is required.

Disciplines Commissionable at the Doctorate Level**CLINICAL PSYCHOLOGY – Doctorate degree, license required**

Commissioned Corps Psychologist officers provide professional medical, health, and public health services by serving in billets located in, but not limited to, Tribal, Federal, and local hospitals, clinics, and mental health centers; policy offices; and preparedness and response offices.

The core requirements to receive a commission as a Clinical Psychologist include a current, unrestricted, and valid license as a doctoral-level clinical psychologist from a U.S. State; the District of Columbia; Commonwealth, Territory or other Jurisdiction (as defined in [42 USC 201 \(f\)](#)). A candidate must possess a doctoral degree in clinical psychology from an American Psychological Association (APA) -accredited university or professional psychology program. The Clinical Psychologist category encompasses psychologists in clinical, counseling, community, rehabilitation and related practice specialties where practice is an expectation during the officer’s Corps career, and thus, a license is required.

OPTOMETRY – Doctorate degree, license required

Commissioned Corps Optometry officers provide comprehensive professional ophthalmic care and public health services primarily in billets located in Federal and Tribal clinics, community health centers, and hospitals. Commissioned Corps Optometry officers also serve in research, policy, response, and preparedness settings.

The core requirements to receive a commission as an Optometry Officer include a Doctor of Optometry (OD) degree accredited by the Accreditation Council on Optometric Education of the American Optometric Association.

A current, unrestricted, and valid license as a professional optometrist from a U.S. State (as defined in [42 USC 201 \(f\)](#)) is required.

PODIATRY – Doctorate degree, license required

Commissioned Corps Podiatry officers provide comprehensive, professional podiatry care and rehabilitation services in billets located in Federal and tribal clinics, community health centers, and hospitals. Commissioned Corps Podiatry officers also serve in research, policy, response, and preparedness settings.

A Podiatry officer must possess a qualifying Doctor of Podiatric Medicine (DPM) degree accredited by the Council on Podiatry Education of the American Podiatric Medical Association. In addition, the officer must have completed a 12-month podiatric residency program approved by the Council on Podiatry Education of the American Podiatric Medical Association. A current, unrestricted, and valid podiatry license from a U.S. State (as defined in 42 USC 201 (f)) is required.

Additional information on these disciplines and others can be gained from the Professional Advisory Groups that address discipline-specific professional issues as described in Chapter 1.

Health Services Professional Advisory Group Websites:

http://usphs-hso.org/pags/pags_main.shtml

- Basic and Applied Science (BASPAG)
- Dental Hygiene (DHPAG)
- Health Administration (HAPAG)
- Information Technology (ITPAG)
- Medical Laboratory Science (MLSPAG)
- Optometry (OPAG)
- Physician Assistant (PAPAG)
- Psychology (PsyPAG)
- Public Health (PHPAG)
- Social Work (SWPAG)

Health Services Officers in the Commissioned Corps work throughout the U.S. Department of Health and Human Services and in other Federal agencies and programs. Most Health Services Officers serve in the following agencies:

- Federal Bureau of Prisons
- Centers for Disease Control and Prevention
- Environmental Protection Agency
- Food and Drug Administration
- Health Resources and Services Administration
- Indian Health Service
- National Institutes of Health
- National Oceanic and Atmospheric Administration
- United States Department of Agriculture

References – For More Information consult these specific sections within the CCMIS website:

- USPHS MANAGEMENT INFORMATION SYSTEM (CCMIS)
- PROFESSIONAL LICENSURE AND CREDENTIALING (CC 251.01)
- CATEGORY SPECIFIC APPOINTMENT STANDARDS (CCI 231.03)
- GENERAL APPOINTMENT STANDARDS (CCI 231.01)

CHAPTER 7

BENEFITS

This chapter describes many benefits that are available to you as an HSO. Some of these benefits are obvious; others require some research to understand how to use them. All of these benefits are important and add greatly to being a Commissioned Corps officer:

<http://www.usphs.gov/aboutus/questions.aspx#whatare>.

Military Benefits

The Base and Post Exchanges (BX/PX)

The BX/PX of the Army, Navy, Air Force, Marine Corps, and Coast Guard are available to all commissioned officers and their dependents. A valid uniformed services identification (ID) card is required to purchase merchandise and may be required for entry if not in uniform.

Commissioned Officer Student Training and Extern Program (COSTEP) and short-tour officers also need a copy of their orders. Most facilities now take credit cards in addition to checks and cash. There are several types of stores in this system including main exchanges, which are similar to department stores, auto services, and uniform shops, and miscellaneous stores, including tailor/laundry, optical, flower, and fast food stores. BX/PX can be located through the following links:

- Army & Air Force Exchange Service <http://www.shopmyexchange.com/>
- Coast Guard Exchange <http://www.cg-exchange.com/>
- Navy Exchange <https://www.mynavyexchange.com/>
- Marine Corps Exchange <http://www.usmc-mccs.org/shopping/index.cfm?sid=shop&smid=1>

Commissary

The Defense Commissary Agency, which is headquartered at Fort Lee VA, operates a worldwide chain of commissaries providing groceries to military personnel, retirees, and their families in a safe and secure shopping environment. Authorized patrons purchase items at cost plus a five percent surcharge, which covers the costs of building new commissaries and modernizing existing ones. Shoppers save an average of more than 30 percent on their purchases compared to commercial prices – savings amounting to thousands of dollars annually. A valid uniformed services ID card is required to purchase merchandise and may be required for entry even if you are not in uniform. You may pay by check if you wish. Commissaries may be more crowded on military paydays and weekends. Please note that baggers are not government or commissary employees, and are paid solely by the tips that commissary patrons offer in exchange for bagging/carryout services. More information is available at the following site:

<http://www.commissaries.com/>.

Financial Services

PHS officers and their family members are eligible to open financial accounts at United Services Automobile Association (USAA). USAA is a [financial services](#) company offering banking, loans, investing, and insurance to people and families that serve, or served, in the United States uniformed services. More information can be found at www.usaa.com.

Credit Unions

Most military facilities have credit unions available that offer the usual banking services. Branches of the Fed Financial Federal Credit Union <https://www.fedfinancial.org/> (formerly the PHS Federal Credit Union) are located at the larger PHS installations in the Washington DC, and Baltimore, MD metropolitan areas, with over 4,000 shared credit union branches nationwide.

Health/Medical Care

Medical care is one of the most important benefits for you and your dependents. Effective 1 January 2004, all PHS officers were directed by the acting Assistant Secretary for Health to enroll in TRICARE Prime or TRICARE Prime Remote, depending on the location of an officer. When enrolled in TRICARE Prime, a U.S. Military Treatment Facility (USMTF) is responsible for providing care and authorizing outside care. When using a USMTF, you are expected to show up for your appointment in uniform (check your local uniform authority for the uniform of the day in your area.) If you are geographically remote (defined as more than 50 miles or a one hour drive from a USMTF), you should enroll in TRICARE Prime Remote. Under this option, you may choose a primary care provider of your choice from a list of authorized TRICARE providers. Any care from that provider does not need preauthorization. Any additional care must be authorized by the Active Duty Health Care Finder for the TRICARE Prime Remote Program in your TRICARE region. To find out whether you are eligible for TRICARE Prime Remote, visit the following site and enter your zip code:
<http://www.tricare.mil/mybenefit/home/overview/Plans/LearnAboutPlansAndCosts/TRICAREPrimeRemote>.

Family members have their choice of using any of the three options of the TRICARE program as well as the Uniformed Service Family Health Plan (USFHP) <http://usfhp.com/>. Health care can be one of your most complicated issues. The initial contact should be the TRICARE contractor for your region; the contact information is available at <http://www.tricare.osd.mil>. The HS-PAC recommends that you bookmark the TRICARE website as your best means to keep up-to-date with changing health care policies. If you still have problems, contact the Medical Affairs Branch (MAB) in the Office of Commissioned Corps Support Services (OCCSS) at 1-800-368-2777, option #2.

Dental benefits are available for officers and dependents as well. On April 14, 2000, the TRICARE Management Activity awarded United Concordia the contract for the TRICARE Dental Program (TDP). The TDP is a comprehensive dental plan available to family members of active duty Uniformed Services personnel. Information on the TRICARE Dental Program can be found at <http://www.tricaredentalprogram.com/tdptws/home.jsp>.

Service Clubs

The most frequently used club is the Officers' Club at active duty military bases. As the name implies, it is for officers only. There are also clubs that are for enlisted members only. Some small installations may have combined all-ranks clubs since there are not enough members to support individual clubs. Officers' Clubs usually have lounges, formal dining rooms, meeting rooms, party rooms, and other features. Officers' Clubs tend to be more formal in the evening and on weekends. Some clubs require membership in order to obtain all of their benefits. Check with the base/post Morale, Welfare, and Recreation (MWR) office for additional information on Officers' Clubs. MWR is a network of support and leisure services designed for use by members of the uniformed services, their families, civilian employees, military retirees and other eligible participants. Visit the links below for more information:

- Navy MWR <http://navymwr.org/>
- Air Force <https://www.usafservices.com/Default.aspx>
- Coast Guard MWR <http://www.uscg.mil/MWR/>
- Army MWR <http://www.armymwr.com/>
- Marine Corps MWR <http://usmc-mccs.org/>

Recreational Facilities

Most military installations have a variety of recreational facilities available. These include theaters, swimming pools, bowling lanes, sports equipment rentals, youth centers, and recreational information/ticket offices. Several facilities also have wilderness camps, waterfront sites, and other vacation-type sites. Officers can contact the Morale, Welfare, and Recreation (MWR – see above) or Tickets and Tours office at each respective military installation. Additional resources include the following:

- Armed Forces Vacation Club <http://www.afvclub.com/>
- United Service Organizations (USO) <http://www.uso.org/>

Air Mobility Command (AMC)/Space-Available (Space-A) Air Travel

This Air Force command provides the facilities and equipment to travel on military flights on a space-available (Space-A) basis. This is a benefit granted by the Department of Defense to PHS officers and has clearly defined rules and regulations that must be followed to assure continued access. Space-A is a recreational program and is forbidden for use in temporary duty (TDY) assignments. For specific information regarding Space-A, refer to the CCPM, Subchapter CC24.1, Personnel INSTRUCTION 2, "Space-Available Travel on Military Aircraft". Details and additional info are available on the following links:

- <http://www.amc.af.mil/amctravel/index.asp>
- <http://www.spaceA.info>
- <http://spacea.net/>

Temporary Lodging Facilities

Almost all military installations have some form of temporary lodging on base, which is available as space allows. Bachelor Officers' Quarters (BOQ) and Visiting Officers' Quarters (VOQ) vary widely, ranging from simple rooms with shared bath, to multi-room suites. Temporary military lodging (TML) quarters are designed for the military family and usually have multiple beds, kitchenettes, and private bath, and are reasonably priced compared with commercial motels. There are several publications available at the exchange that cover the various living quarters at the many military installations both in the United States and abroad. The Navy also maintains a chain of hotel-like facilities known as Navy Lodges, which has a toll-free reservation line (1-800-NAVY INN) and a website at <https://www.navy-lodge.com/>. The Army has a similar set of facilities known as Army Lodging (1-866-363-5771): <http://new.armymwr.com/travel/lodging/default.aspx>. The Air Force maintains Air Force Inns (1-888-AFLODGE): <http://www.dodlodging.net/> along with the Marine Corps: <http://www.usmc-mccs.org/lodging/index.cfm>. Additional resources include the Armed Forces Vacation Club: <http://www.afvclub.com/>.

Legal Services Benefits

Officers are entitled to certain legal benefits like the creation of "Simple Wills" and "Powers of Attorney." These services are provided by the legal staff of the Judge Advocate General's (JAG) office. JAG offices are found at most U.S. military installations; services are provided on a space-available basis. Officers should contact their local JAG office for additional information: <http://legalassistance.law.af.mil/content/locator.php>.

Department of Veterans Affairs (VA) Benefits

In addition to the VA website: http://www1.va.gov/OPA/publications/benefits_book.asp, the Navy Mutual Aid Association: <http://navymutual.org/> also provides details on the items that follow. The eBenefits website provides a single sign-on, central access point to online benefits and related services: <https://www.ebenefits.va.gov/>.

Death Benefits

The death benefits available from OCCSS for commissioned officers include personal assistance for the family. The person responsible for this activity is the Survivor Assistance Officer (SAO), Compensation Branch, DCP and can be contacted at 1-301-594-2963 or toll-free at 1-800-638-8744. The SAO advises the family about unpaid salary and lump-sum pay, burial and interment allowances, transportation of remains, death gratuity, survivor annuity, and if applicable, and travel and transport to the burial location of the survivor's selection. See the links below for more information.

- Death Gratuity http://dcp.psc.gov/eccis/documents/CCPM22_5_2.pdf
- Death of a Retired Officer http://dcp.psc.gov/eccis/documents/CCPM29_5_2.pdf

Education Programs

The VA offers three programs of educational assistance depending upon the date you originally entered extended active duty for purposes other than training. If you were on duty on or before 31 December 1976, you are covered under the GI Bill. If you were called to duty on or after 1 July 1985, you are covered under the New GI Bill. If your date falls between those periods, you are covered by the Veteran's Educational Assistance Program (VEAP). Additional information is available from OCCO at (240) 453-6034. You may also visit the website at <http://www.gibill.va.gov> or call 1-888-GIBILL-1 for more information.

In July of 2008 the Post-9/11 GI Bill was signed into law, creating a new robust education benefits program rivaling the World War II Era GI Bill of Rights. The intent of the Post-9/11 Veterans Education Assistance Improvements Act is to expand eligibility, simplify tuition rates, and ensure that the Post-9/11 GI Bill offers the same types of benefits included in older versions of the GI Bill. The Post-9/11 Veterans Education Assistance Improvements Act of 2010 was recently signed into law, which includes some important new benefits for PHS officers. As of 1 August 2011, PHS officers will be able to apply to transfer unused Post 9/11 GI Bill educational benefits to eligible family members. The transferability option is an active duty retention incentive, and therefore, is not available to retired service members. OCCO is the office responsible for managing Post 9/11 GI Bill issues for PHS officers. More information can be found on the following links:

- Commissioned Officers Association <http://www.coausphs.org/>
- Department of Veterans Affairs <http://www.gibill.va.gov/> and <http://www.newgibill.org/>

Housing Loans

Loan guarantees for the purchase of a home are available to PHS officers who have been on duty for more than 180 days. The VA guarantees interest rates that are often lower than otherwise available and no down payment is required. Local realtors, VA qualified lenders, or the nearest VA facility can provide more information: <http://www.homeloans.va.gov/>.

Insurance Programs

Servicemen's Group Life Insurance (SGLI) insures active duty officers for coverage in \$50,000 increments up to \$400,000. The fee is deducted from monthly pay. Upon separation or retirement, SGLI may be converted to Veteran's Group Life Insurance (VGLI). VGLI coverage is issued in multiples of \$10,000 up to a maximum of \$400,000. However, a Service member's initial VGLI coverage amount cannot exceed the amount of SGLI they had in force at the time of separation from service. The Compensation Branch in OCCSS administers this program for PHS and can be contacted at (301) 594-2963. Visit the following links for more details.

- SGLI information: <http://www.insurance.va.gov/sgliSite/SGLI/SGLI.htm>
- VGLI information: <http://www.insurance.va.gov/sgliSite/VGLI/VGLI.htm>
- Commissioned Officers Association (COAUSPHS): <http://www.coausphs.org/>

Soldiers' and Sailors' Civil Relief Act (SSCRA)

Since 22 April 1976, Active duty PHS officers have been covered by the SSCRA, which provides protection to members of the Uniformed Services. It has now been superseded by a new law (see the SCRA section.) However, the following provisions were the most important:

Domicile

This is the place regarded as your permanent home. Under the SSCRA, PHS officers do not lose domicile by taking up temporary residence elsewhere as a result of compliance with official personnel orders. A State (other than your home State) or locality cannot tax your income merely because you reside and/or perform duty in that State. Income other than PHS salary is not covered under the Act. Your dependents' income, likewise, is not covered under the SSCRA. Legal domicile is determined by you and the State tax authorities concerned. Relevant factors include where you vote, auto title, property ownership, and payment of State income tax.

Automobile Licenses, Fees, or Excises

You are not subject to auto license and related fees or excises of the State assigned, provided that these have been paid to the State of domicile. Some States also apply the exemption to driver licensure requirements, although this is not specifically mentioned in the SSCRA.

Call-To-Active-Duty Lease Protection

Leases covering dwelling and/or professional space rental may be terminated by the lessee by a notice of initial call to duty by PHS. This authority does not apply for transfers after entry on duty. Obtain the "Transfer under Uniformed Service Orders" clause in any lease agreement.

Reemployment Rights

Contrary to what many people believe, there are no provisions for Reemployment Rights as part of the SSCRA. Reemployment rights are outlined under separate legislation: the Uniformed Services Employment and Reemployment Rights Act (USERRA). The best source of information on this Act is the Department of Labor. Visit <http://www.dol.gov/dol/compliance/comp-userra.htm> for more information.

Service Members Civil Relief Act (SCRA)

On 19 December 2003, President Bush signed into law the Service Members Civil Relief Act (SCRA). The Service Members Civil Relief Act (SCRA) expanded and improved the former Soldiers' and Sailors' Civil Relief Act (SSCRA). The SCRA provides a wide range of protections for individuals entering the service, called to active duty in the military or deployed service members. It is intended to postpone or suspend certain civil obligations to enable service members to devote full attention to duty and relieve stress on the family members of those

deployed service members. A few examples of such obligations you may be protected against are:

- Outstanding credit card debt
- Mortgage payments
- Pending trials taxes
- Terminations of lease

For more info on SCRA, please visit <http://www.military.com/benefits/legal-matters/scra/overview>.

CHAPTER 8

READINESS AND RESPONSE

<http://www.phe.gov/preparedness>

As a commissioned USPHS officer, you have sworn an affidavit “to serve in any area or position or wherever the exigencies of the [Public Health] Service may require”. In accepting this responsibility, you may well be ordered to deploy on short notice to areas in need of public health assistance.

<http://www.phe.gov/preparedness/Pages/default.aspx>

In December 2006, the President of the United States signed the Pandemic and All-Hazards Preparedness Act into law. This Act directs HHS to be the lead department for “Federal public health and medical response[s] to public health emergencies covered by the National Response Plan” (Pandemic and All-Hazards Preparedness Act, Pub L No. 109-417, §101 et seq [2006]), and created the Office of the Assistant Secretary for Preparedness and Response (ASPR). This has been designated by the Secretary of HHS as the staff division responsible for implementing the Act.

In order to meet the letter and the spirit of the Act, as well as to meet the USPHS mission of “protecting, promoting, and advancing the health and safety of the Nation,” ASPR works closely with the Office of Force Readiness and Deployment (OFRD) within the Office of the Surgeon General to ensure that USPHS officers are ready at a moment’s notice to deploy to locations affected by a disaster, either natural or man-made.

Basic Standards

As a result, deployed officers must meet basic standards for their own protection, as well as the protection of those that the officers serve. Basic readiness standards were developed and officers were ordered to meet those standards. These standards fall into three categories:

- **Training:** Officers must complete a series of web-based training modules as specified by OFRD; officers can access the modules via the Learning Management System at <http://www.respondere-learn.com/>.
- **Physical Readiness:** Officers must take and pass an annual physical fitness test (APFT) or join the PHS group in the President’s Challenge <http://www.presidentschallenge.org>. Officers must be current with their medical history, physical examination, and immunizations, including an annual influenza immunization and an annual tuberculosis test.
- **Response Role and Clinical Currency:** All officers must complete their OFRD officer summary page and choose a response role, which they can do at <https://ep.direct-access.U.S./psp/UCGP1PP/>. They must also have a current Basic Life Support certification. HSOs in a clinical discipline (physician assistants, optometrists, medical technologists and social workers) must possess an appropriate license, and also practice a minimum of 80 hours a year in their discipline. Non-clinical HSOs who are also Nationally Registered Emergency

Medical Technicians (NREMTs) and wish to deploy as EMTs must also practice a minimum of 80 hours as EMTs.

Information on current readiness qualifications and standards can be found at the OFRD website at: <http://ccrf.hhs.gov/ccrf/>. A current and updated checklist can be found at: http://ccrf.hhs.gov/ccrf/Readiness/Basic_Readiness_Checklist.pdf.

Officers have one year after their call to active duty date to become “basic ready”. Officers who do not become “basic ready” (or who allow their status to lapse) are subject to disciplinary actions, including (but not limited to) letters of reprimand, non-promotion, and involuntary discharge from the USPHS.

PHS Emergency Response Assets

In addition to meeting the basic readiness standards above, an officer must select a response tier, and a team (if Tier 1 or 2) within the tier. Supervisory permission must be obtained for Tier 1 or 2, and the teams within those tiers. Officers who are designated as “mission critical” by their agency automatically fall into Tier 3.

The document, “The Federal Response to Hurricane Katrina: Lessons Learned”, *White House*, February 2006, includes a recommendation for the Department of Health and Human Services to “...organize, train, equip, and roster medical and public health professionals in pre-configured and deployable teams”. In response to this recommendation, DHHS created the following tiered response system:

Tiers 1 and 2 (team members must have supervisory and agency approval)

- **Five Rapid Deployment Forces (RDF)** - These consist of 125 officers each. Officers must be able to report in 12 hours, and provide primary care to address the special needs of patients and evacuees. One team is on call every five months.
- **Five National Incident Support Teams (NIST)** – These consist of 25 officers each. Officers must report within 12 hours and provide command /control and liaison services. One team is on call every five months.
- **11 Regional Incident Support Teams (RIST)** – These consist of 15-30 officers each. Officers must respond within four to 12 hours to conduct an initial assessment and provide support to command/control elements. Officers deploy only within defined regions, but are available year round.
- **Five Applied Public Health Teams (APHT)** – These consist of 47 officers each. Officers respond within 36 hours to provide epidemiology and preventive medicine/environmental health services. Officers are on call every five months, with half of the team serving as primary responders.
- **Five Mental Health Teams (MHT)** – These consist of 26 officers each. Officers respond within 36 hours and provide mental/behavioral health services. One team is on call every five months.

- Five Service Access Teams (SAT) – These consist of 10 officers each. Teams provide patient advocacy/case management/resettlement services. Officers respond within 36 hours, and one team is on call every five months.
- Five PHS Capitol Area Provider Teams (PHS CAP) – These consist of five officers each. Officers respond within 36-72 hours and augment the U.S. Capitol’s Office of the Attending Physician.

Tier 3

- Augmentation – Tier 3 officers can be used for augmentation of Tier 1 and 2 Teams.
- Mission Critical – Designated by agency as mission critical, not mandatorily deployable except in catastrophic circumstances.
- Readiness Roster – Rotated every five months.

Tier 4

- Ready Reserve Corps – Reserve component of the U.S. Public Health Service.
- Medical Reserve Corps - Civilian volunteers, community based.

Deployment Information**Specific Deployments**

The USPHS has annual deployments, usually occurring through the summer months, in cooperation with the U.S. Navy. These are generally four to six weeks in duration, and often involve bringing medical care to underserved areas in the third world. Also, there are often stateside deployments for such functions as national events, e.g. Cherry Blossom Festival, Independence Day, Presidential Inaugurations, etc. Such deployments offer good opportunities to experience a deployment role for the first time and get a sense of how the PHS functions on a deployment mission. Information on deployments can be found on the OFRD website. Finally, there are also those unplanned events, in which the PHS plays a crucial role in safeguarding health. Deployment teams have been sent to the sites of national and international disasters, such as Hurricane Katrina, the Haiti earthquake, the Red River flood, etc.

Deployment Roles

Officers of many specialties are vital in providing necessary services during a deployment. Such roles as physicians, nurses, dentists, physician assistants, nurse practitioners, pharmacists, therapists, dieticians, psychologist, veterinarians, engineers, hazardous materials crews, financial specialists, logisticians, environmental health workers, medical records workers, epidemiologists, etc. all contribute to the success of a deployment mission.

Additional Resources

The PHS Commissioned Officers Foundation's fourth book has been published! Written by U.S. Public Health Service officers with expertise in responding to public health emergencies nationally and internationally, the book provides a much-needed reference for all uniformed

service and civilian emergency medical response personnel. It organizes a vast array of emergency public health organizational and practice information in a form that allows ready understanding of the principles and practice norms within the field, as well as their inter-relationships. As noted by the book's Senior Editor, former U.S. Surgeon General Richard H. Carmona, the book will "...serve to enhance the knowledge and professionalism of those who are tasked with an emergency response mission". *Public Health Emergency Preparedness & Response* is an essential resource in learning about the actions and approaches that are utilized in dealing with public health related disasters in this Nation and within the complex global community. A link to this resource, for ordering, can be found at the following URL: <http://www.phscof.org/news.html#ERMBook>.

CHAPTER 9***MILITARY PROTOCOL, COURTESY, AND
UNIFORMS***

As members of the Uniformed Services of the United States, it is important for PHS commissioned officers to be familiar with military courtesies and customs. An incorrectly worn uniform, improper grooming, and lack of appropriate action or response to these customs and courtesies all reflect poorly on the individual officer and the Corps. While it is generally not necessary for a PHS officer to know all the nuances of military protocol, all officers should know the fundamentals such as saluting, appropriate forms of address, and other basic courtesies. Common sense is usually the best guide on how to act, but in some circumstances there may be a need for more formal guidelines. The recently published *Public Health Service Officer's Guide, Protocol & Service Standards* is the best source for customs and courtesies for the members of the Commissioned Corps. This publication can be acquired through the Commissioned Officers Association of the USPHS at (866) 366-9593. In addition, the other uniformed services have published several useful resource books covering military courtesies and protocol. One such guide book is *The Bluejackets' Manual* published by the United States Naval Institute, Annapolis, Maryland. These guidebooks can be found at any of the military exchanges.

Protocol**Covered Versus Uncovered**

You should always be “covered”, i.e., wearing your cover (headgear) when you are outdoors. "Outdoors" includes covered walks, theater marquees, overhangs that extend over the sidewalk, and parking garages. Officers should always be uncovered when "indoors". Each agency and/or military installation has their own unique regulations designating covered areas vs. uncovered areas. Cover is required if an officer is “armed”, i.e., wearing of a sword during color guard, etc.

Posting of Colors

Posting of the colors refers to paying tribute to the United States flag. There are two daily ceremonies in which uniformed service personnel will salute the colors (national flag). The first is at the beginning of the day when the flag is raised, and the second is at the close of the day when the flag is lowered. Specific times for posting and retiring of colors may vary for each agency or military installation. In both situations, if you are outdoors, you must stop what you are doing, face the flag or the direction in which colors are being held, come to the position of attention, and render a hand salute. You must hold this salute until the last note of the music, and then you may proceed. On Army and Air Force installations, it is customary to stop your vehicle, get out, come to the position of attention, and render a hand salute if colors or retreat is sounded. On Naval or Coast Guard installations, when colors or retreat is sounded, you must stop your vehicle and sit at attention until the last note of the music is sounded. After the last note of music, you may proceed. If you are unsure about whether to sit at attention or exit your vehicle, it is better to be formal than disrespectful. Therefore, it is recommended that you exit your vehicle, face in the direction where colors are being held, come to the position of attention, and render a hand salute. Officers not in uniform should face the flag and stand at attention with

their right hand over their heart. *Officers in uniform should never place their hand over their heart.* When in uniform and covered, officers should stand at attention, face the flag, and salute. When in uniform and uncovered, officers should stand at attention and face the flag with no salute.

Pledge of Allegiance

Uncovered officers should face the flag, stand at attention, and recite the pledge. Covered officers should face the flag, stand at attention, and render a hand salute during the pledge.

Playing of the National Anthem

During the playing of the National Anthem, covered officers should stand at attention, face the flag and salute. Uncovered officers (inside) should stand at attention; do not salute.

Playing of the PHS March

During the playing of the PHS March, all officers should stand at attention and face the PHS flag.

Proper Hand Salutes

All officers should be able to render and properly return a hand salute. Salutes are performed by smartly raising the right hand until the tip of the forefinger touches the lower part of the headdress, thumb and fingers extended and joined, palm to the left, upper arm horizontal, forearm inclined at 45 degrees, hand and wrist straight while turning the head toward the person being saluted. To complete the salute, drop the arm to its normal position by the side in one motion while turning the head and eyes to the front.

Initiating a Salute

It is the responsibility of junior-ranking personnel to initiate the salute. In other words, enlisted personnel initiate the salute towards officers, and junior officers initiate the salute toward officers whose rank is senior to theirs. The senior-ranking officer releases the salute first. When officers of the same rank meet, a salute is optional.

Proper Greetings (when saluting)

When you are the officer initiating the salute, accompany your salute with "Good Morning (Afternoon, Evening, or Night, as appropriate), Sir or Ma'am." If you are returning the salute, you should respond with "Good Morning (Afternoon, Evening, or Night, as appropriate)." Officers are usually addressed by their rank, i.e., "Good Evening, CDR Smith." You can never go wrong with using "Sir" or "Ma'am", but, upon the initial meeting of the day, it is a nice touch to properly address a senior officer.

Proper Timing of Salutes

Salutes are usually rendered between six and 30 paces while covered; however, saluting is more effective between six and 10 paces. If running, you should slow down to a walk prior to saluting. If standing, you should face the senior officer, come to attention, and then render the salute. Salutes should be rendered when officers meet and just prior to departure if a conversation is held. It is the junior officer's responsibility to initiate both salutes. Salutes should be rendered and returned to all members of uniformed services. Some services salute in uncovered situations; the proper response is to greet the person saluting you with "Good Morning", "Good

Afternoon", or "Good Evening", depending on the time of day. When approaching a group of officers of different ranks, the salute should be directed toward the senior officer. Likewise, if a senior officer approaches a group of officers, they should all stop what they are doing and render a proper salute. If you are in doubt, or cannot see the rank device, salute anyway and error on the side of caution.

Situations When Not To Salute

Saluting should not be performed in public conveyances, such as inside a metro car or on the platform, when obviously inappropriate. You do not salute in other public places where inappropriate, such as theaters, hotels, restaurants, etc., prior to being able to remove the cover. When carrying articles in both hands and you approach the "salute zone" from the front, or when abreast of the senior officer, say, "By your leave, Sir or Ma'am." The senior officer should say "Carry on", "Very well", or "Permission granted." It is not appropriate to salute within designated "no cover/no salute zones" on some military installations.

Senior Officers Entering a Room

In an environment with other services, when a senior officer (generally O-6 and above) enters a room or an area where there are mostly enlisted personnel present, in most situations, those personnel will be called to attention. If you are faced with this situation, the proper response is simply, "Carry on" or "As you were."

In PHS, the analogous situation is when a flag officer enters a room with no other flag officers present. The first officer to notice the flag officer is to call, "Attention on deck!" At that time, all officers come to attention until the flag officer orders something to the effect of "Carry on" or "As you were."

Proper Salute When Overtaking a Senior Officer

When moving faster than a senior officer in front of you, you should render a hand salute when abreast of the officer and say, "By your leave, Sir or Ma'am." The senior officer should return your salute and say "Carry on", "Very well", or "Permission granted." You may then drop the salute and proceed.

Riding in a Car

The place of honor is always on the right, so the senior officer should sit on the right. This holds true when walking with a senior officer also. It is the junior officer's responsibility to line up on the correct side of the senior officer. When entering a vehicle, the junior officer should enter first and the senior officer last so that the senior officer will be in a position to exit the vehicle first.

Man or Woman First?

If a male officer is with a female officer, the woman goes first except in these instances: when assistance is needed; when there is no one to escort the female officer to the appropriate seat in a public area; when there is a large crowd where the male officer will clear the way; and at official occasions where rank takes precedence over gender.

Courtesy

Standing

When seated and uncovered, a junior officer should stand and come to attention when approached by a senior officer. At that point, the senior officer should say, "At ease", "Carry on", or "Be seated." All officers should stand immediately when a flag rank officer enters the room. The flag officer should then give one of the above commands.

Meals

During meals, junior officers should begin eating only after the highest-ranking officer begins to eat. The highest-ranking officer at the table should begin eating after the highest-ranking officer in the room begins their meal, and then other officers at the table may begin. It is the junior officer's responsibility to perform this act of courtesy. The senior officers should also be aware that others are waiting for their lead.

Meetings

In meetings, officers should use the same courtesy observed in other situations. Senior officers should be addressed as, "Sir" or "Ma'am" or rank and name. Junior officers should be addressed by their rank or rank and name. This is especially important to remember in meetings with other Uniformed Services personnel. Through custom, PHS officers often forget this courtesy, but you can never go wrong by following it. In any case, you should never address a senior officer by first name in public meetings (i.e., those in which personnel other than PHS officers are present) and in other settings, only with the permission of the senior officer.

Uniforms**Uniform of the Day**

The Uniform of the Day is prescribed from among the PHS-authorized uniforms by your Local Uniform Authority (LUA); this is generally based upon the season of the year. The LUA for the Washington, DC area is the U.S. Surgeon General. There are other LUAs for each agency for other areas of the country. If you have questions about appropriate wearing of the uniform or need guidance on seasonal wear and variances, check with your LUA. More information is available at <http://dcp.psc.gov/Uniformshop.asp>.

Uniforms and Appearance – General

Local Uniform Authority

Inst 411.01: -- Wear of the Uniform (CCPM: CC26.3.2)

<http://www.cdc.gov/od/occp/officership/uniforms/suppliers.htm>

Wearing of the Uniform – General

Inst 412.01: --http://dcp.psc.gov/eCCIS/documents/CCPM26_3_1.pdf

Wearing of the Uniform – Special Situations

Inst 413.01: -- Special Uniform Situations (CCPM: CC26.3.7)

http://dcp.psc.gov/eccis/documents/ccpm26_3_7.pdf

Officer Appearance in Uniform

General Inst 414.01: -- Uniforms and Appearance (CCPM: CC26.3.1)

http://dcp.psc.gov/eCCIS/documents/CCPM26_3_1.pdf

Uniforms – Male and Female Officers - General

Inst 421.01: -- Uniforms for Male Officers (Old CCPM: CC26.3.4)

http://dcp.psc.gov/eccis/documents/ccpm26_3_4.pdf

Inst 421.02: -- Uniforms for Female Officers (Old CCPM: CC26.3.5)

http://dcp.psc.gov/eccis/documents/ccpm26_3_5.pdf

Formal and Dinner Dress Uniforms

Inst 422.01: -- Uniforms for Male Officers (CCPM: CC26.3.4)

http://dcp.psc.gov/eccis/documents/ccpm26_3_4.pdf

Inst 422.02: -- Uniforms for Female Officers (CCPM: CC26.3.5)

http://dcp.psc.gov/eccis/documents/ccpm26_3_5.pdf

Ceremonial Uniforms ([link for website as above](#))

Inst 422.01: -- Uniforms for Male Officers (CCPM: CC26.3.4)

Inst 423.02: -- Uniforms for Female Officers (CCPM: CC26.3.5)

General Purpose Uniforms ([link for website as above](#))

Inst 424.01: -- Uniforms for Male Officers (CCPM: CC26.3.4)

Inst 424.02: -- Uniforms for Female Officers (CCPM: CC26.3.5)

Working Uniforms ([link for website as above](#))

Inst 425.01: -- Uniforms for Male Officers (CCPM: CC26.3.4)

Inst 425.02: -- Uniforms for Female Officers (CCPM: CC26.3.5)

Insignia, Devices and Ribbons

PHS Insignia Inst 431.01: -- Insignia and Devices (CCPM: CC26.3.6)

<http://www.defense.gov/specials/insignias/officers.html>

PHS Devices and Other Service Devices

Inst 432.01: -- Insignia and Devices (CCPM: CC26.3.6)

http://dcp.psc.gov/eccis/documents/ccpm26_3_6.pdf

Accessories – Miscellaneous

http://dcp.psc.gov/eccis/documents/ccpm10_0_4.pdf

PHS Sword Inst 441.01: -- Description of Sword and Accessories (CCPM: CC26.3.9)

PHS Flags Inst 443.01: -- Public Health Service Flags (CCPM: CC29.9.1)

Quality

All uniform components should be obtained from official uniform suppliers that meet the specifications listed in the CCPM (including shirts, blouses, skirts, pants, shoes, etc.). Components must fit in a reasonable manner and be of the same material or designated combination. For more information, visit the following Web sites.

- <http://commcorps.shs.net/aboutus/uniforms.aspx>
- <http://www.marlowwhite.com/public-health-service-uniforms.html>
- <https://www.navy-nex.com/>
- <http://dcp.psc.gov/Uniformshop.asp>
- http://bphc.hrsa.gov/nhdp/PHS_Officers_Device_Supply_Center_Main_Page.htm
- <http://www.ultrathin.com/>

Cleanliness

The uniform should be clean and all devices, insignia, lace, and ribbons must be neat and free of tarnish or fray. Shoes should be shined and in good repair.

Identification Badges

The officer must continue to be in proper uniform with name tag, ribbons, rank device, and corps device on their uniform. Additionally, no article(s) other than the agency or meeting identification badge should protrude from or be attached to the uniform (e.g., pens, pencils, calculators, and necklaces).

Jewelry

One watch and one bracelet are permitted. One finger ring per hand in addition to a wedding ring is permitted. Ankle bracelets are not permitted. Appropriate tie clasps/tacks may be worn one inch below the center of the male officer's tie. Earrings are not authorized for male officers, while female officers may wear six mm gold ball earrings.

Ribbon Bars

Ribbons are worn on the left breast with the lower edge of the bottom row centered one-fourth inch above the pocket or in the same relative position as if a pocket were present. Ribbons should be worn in the appropriate descending order of precedence as prescribed in the CCPM, with the highest honor placed on the uppermost row nearest the heart. The proper wear of ribbons on the Service Khaki is the full ribbon rack or top three, which is also in compliance with Navy standards. See http://bphc.hrsa.gov/nhdp/RIBBONS_MAIN_PAGE.htm for more details.

Men's Grooming

A male officer's hair should be neat, clean, and groomed in a tapered manner without touching the ears or collar. It should not fall below the eyebrows when the headgear is removed. The bulk of the hair should not exceed two inches. Sideburns should be neatly trimmed, tapered, of even width (not flared), not extend below the earlobe, and end in a clean-cut horizontal line. **Unless a shaving waiver for medical reasons is obtained from the officer's medical provider and is on file in MAB, OCCSS, the face will be clean shaven at all times while in uniform.** Mustaches should be neatly trimmed and groomed. A mustache should not extend below, nor

outward, more than one-quarter inch beyond, the corners of the mouth. No portion of the mustache may extend below the line of the upper lip.

Women's Grooming

A female officer's hair should be worn in a conservative arrangement that may touch the collar but not fall below it or show under the brim of the hat. Ponytails and hair ribbons are not permitted. Braids and plaited hair may be worn close to the head but must not interfere with the proper wearing of the headgear. These styles may not be done in an overtly ornate manner or include beads, objects, or decorative items. Inconspicuous pins or fastening devices may be used in a neutral or hair-matching color. Cosmetics should be inconspicuous and in good taste. Nails may extend no more than one-fourth inch beyond the fingertips and be polished with a neutral or clear shade. Hosiery should be beige or neutral shaded, undecorated, and seamless. Glasses should be either military issued or of a similar conservative style from commercial sources.

Closing

Not all officers remember all these instructions when a proper appearance is necessary, and usually at the most inopportune time. It is common for devices or ribbons to fall off, shoe laces break, hats are forgotten, hems come undone, and many other minor mishaps can take place. Please be polite in how you let a fellow PHS officer know something about their appearance that needs to be corrected, since they may truly not know. Dress for success, and show you are part of a special service with a proud and distinct history.

APPENDIX A

HEALTH SERVICES DIVISIONS AND CURRENT DISCIPLINE CODES

HEALTH ADMINISTRATION AND HEALTH EDUCATION	CLINICAL	BASIC AND APPLIED SCIENCES
<p>ADMINISTRATION</p> <p>6070 Hospital Administration 0671 Medical Care Administration 0669 Medical Records Administration 0693 Public Health Administration 0181 Psychology Administration</p> <p>EDUCATION</p> <p>1723 Public Health Education</p> <p>GENERAL</p> <p>0345 Program Analyst 0672 Public Health</p>	<p>0682 Dental Hygiene 0644 Medical Technology 0662 Optometry 0606 Physician Assistant 0600 Podiatry 0180 Psychology Clinical 0677 Rehabilitation 0185 Social Work</p>	<p>0478 Bacteriology 0479 Biochemistry 0401 Biology 1525 Biostatistics 1320 Chemistry 0330 Computer Systems Admin. 0336 Computer Science 0334 Computer Specialist 0679 Environmental Health 0678 Epidemiology 1306 Health Physics 0690 Industrial Hygiene 1520 Mathematics 1529 Mathematical Statistics 0403 Microbiology 0480 Pathology 1310 Physics 1301 Physical Science 0413 Physiology 0182 Psychology Research 0676 Radiological Health 0184 Sociology 1530 Statistics 0415 Toxicology</p>