

PY 2022 PROMOTION CURRICULUM VITAE

RANK Name
Credentials
Agency
Facility Name (as applicable)
Address
City/State/Zip
Work Email
Work Phone

Last Temporary Promotion Date:

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

USPHS ASSIGNMENT(S), DUTIES & IMPACT

Current Agency Title:
Billet Grade:
Date:
Agency:

Duties & Responsibilities:

- ADD STUFF HERE

Impact/Accomplishments:

- ADD STUFF HERE

USPHS ASSIGNMENT COLLATERAL DUTIES

Role	Description & Impact	Date(s)

AWARD HISTORY

Type of Award/Recognition		Year(s) Awarded
USPHS		
Other		
Letters/Certificates of Appreciation		

PRECEPT 2: EDUCATION, TRAINING & PROFESSIONAL DEVELOPMENT

CREDENTIALS

Degree	Specialty	College/University	Year Received (Actual/Projected)
Qualifying Degree:			
Additional Degree(s):			

CERTIFICATIONS, REGISTRATION & ADDITIONAL TRAINING PROGRAMS

Description	Organization	Date(s)

LICENSURE

Type	State	Expiration Date	# of CE Hours Required per 2 years (indicate licensing period)

CONTINUING EDUCATION (PLANS, DEVELOPS, LEADS)

Type of Activity	Role	Date(s)

PUBLIC HEALTH TRAINING & EXPERIENCE

Description	Organization	Role	Date Completed

PRECEPT 3: CAREER PROGRESSION & POTENTIAL

USPHS CAREER PROGRESSION OVERVIEW

Date	Temporary Rank & Grade	Billet Grade	Agency Position Type	Agency Position Title	Agency & Location	Mission Priority Factor

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

HONOR/INTEGRITY/DUTY (Deployments)

	Mission	Role & Impact	Year(s)
USPHS			
Agency			

OTHER COMMISSIONED CORPS AND PROFESSIONAL CONTRIBUTIONS

Category Collateral Duties

Group/Committee	Role & Impact	Year(s)

USPHS Collateral Duties

Group/Committee	Role & Impact	Year(s)

Professional Organizations

Group/Committee	Role & Impact	Year(s)

Mentoring Activities

	Role	Year(s)
Official Category Program	(program name and role)	
Other PHS/Agency Program		

Publication(s)

1)

Presentation(s)

Title of Presentation	Title of Meeting	Type of Activity	Location	Date(s)

Last Update: July 2021

Rank, Name

PHS #

Pharmacy

Outreach (Civic, community and volunteer/Outside Activities)

Type of Activity	Dates(s)

Appendix B

CONTINUING EDUCATION SUMMARY SHEET

Title of Training	Sponsor	Location	Month, Year	Contact Hours
2022 TOTAL				XX hours
2021 TOTAL				XX hours
2020 TOTAL				XX hours
2019 TOTAL				XX hours
2018 TOTAL				XX hours