

Department of Health and Human Services  
Public Health Service Commissioned Corps  
Division of Commissioned Personnel

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_

**SUBJECT: Request for Basic Training Contract for:**

\_\_\_\_\_  
(Name of Officer)

\_\_\_\_\_  
(Category)

\_\_\_\_\_  
(Sponsoring Agency, Operating Division  
(OPDIV), or Program)

**TO:** Division of Commissioned Personnel  
ATTN: Training Officer, Officer Support Branch  
5600 Fishers Lane, Room 4-20  
Rockville, MD 20857-0001

A Basic Training Contract is needed for the subject officer

from \_\_\_\_\_ through \_\_\_\_\_  
(Exact Date Training Starts) (Exact Date Training Ends)

The subject officer is pursuing training in \_\_\_\_\_  
(Degree or Training Program)

outside the Department of Health and Human Services. Payment is required by the sponsoring/requesting Agency, Operating Division, or Program to the training institution.

The office that will affix the "Institution's Seal" to the contract is as follows: [NOTE: The officer can get this information from the Bursar or Finance offices. The information below must be the address of the registrar.]

Name of Institution: \_\_\_\_\_  
Department in Institution: \_\_\_\_\_  
Building and Room Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

**University Contact Person:**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Funds for this training will be obligated from Fiscal Year(s) \_\_\_\_\_.

The officer has been informed that he/she must provide a copy of his/her grades (or other evidence of progress) to the sponsoring program for review and submission to the Officer Support Branch of the Division of Commissioned Personnel upon request.

The program contact person who provided this information is: (sponsoring Agency, OPDIV, or Program providing funding):

**Sponsoring Agency/OPDIV/Program**

Name: \_\_\_\_\_  
Agency/OPDIV/Program \_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

**Sponsoring Finance Office**

Name: \_\_\_\_\_  
Agency/OPDIV/Program \_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_