



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Public Health Service Commissioned Corps



**PRACTICE HOURS**  
(Clinical/Public Health Practice Hours)  
Privacy Act Notice is on the Third Page

**IDENTIFICATION**

1. NAME (Last, First, Middle Initial)		2. GRADE/RANK		3. PHS SERIAL NUMBER	
4. ORGANIZATION		5. DUTY PHONE NUMBER		6. WORK E MAIL	
7. MOBILE NUMBER		8. CATEGORY/PROFESSIONAL DISCIPLINE		9. SPECIALTY	
10. TOTAL # OF PRACTICE HOURS COMPLETED		11. START AND END DATES FOR PRACTICE HOURS (mm/dd/yyyy) Start Date                      End Date		12. SUBMISSION DATE (mm/dd/yyyy)	
				13. WAIVER Yes              No	

**14. DOCUMENTATION OF PRACTICE HOURS** (use a separate form for each FACILITY/DEPLOYMENT)

NAME OF FACILITY		CITY/STATE LOCATION
------------------	--	---------------------

#	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Number of Practice Hours	Detailed Description of Practice Hours Activity Completed
1				
2				
3				
4				

Please answer all questions. If additional actions are needed, please follow the directions within the question.

15. WERE PRACTICE HOURS COMPLETED AS A JOB-CODE 81 OR JOB-CODE 61 OR 62 (Student in Residency at Assigned Location)? Yes              No	
16. WERE PRACTICE HOURS COMPLETED AS AN OFFICIAL DUTY ACTIVITY AND IN A NON-JOB CODE 81 AT A FEDERAL FACILITY OR OUTSIDE ORGANIZATION (often conducted during workday)? Yes              No    If yes, complete and upload Form PHS-7085 "Position/Billet Addendum" to eDOC-U.	
17. WERE PRACTICE HOURS COMPLETED AS A DEPLOYMENT? Yes              No	
18. WERE PRACTICE HOURS COMPLETED DURING TEMPORARY DUTY (TDY)? Yes              No    If yes, please upload a TDY memo to eDOC-U	
19. WERE PRACTICE HOURS COMPLETED AS PUBLIC HEALTH PRACTICE HOURS (only applicable to Preventive Medical, Preventive Dental and Preventive Veterinary)? Yes              No	
20. WERE PRACTICE HOURS COMPLETED AS A NON-OFFICIAL DUTY ACTIVITY? Yes              No    If yes, complete and upload Form HHS-520, "Request For Approval of Outside Activity" (or agency equivalent) to eDOC-U.	
21. ARE YOU A READY RESERVE OFFICER? Yes              No	

(continued on next page)

---

**22. OFFICER'S PRACTICE SITE SUPERVISOR**

PRINTED NAME	TITLE
SIGNATURE	DATE (mm/dd/yyyy)

---

**23. CERTIFICATION**

*I certify that I have read and understand CCI 241.01 and CCI 633.01, and I have read and agree to abide by the terms of the clinical practice hours as stated in the aforementioned Instructions and that the above information is true and correct. Further, I understand that making a false statement or claim against the U.S. Government is punishable by a fine, or imprisonment, or both. 18 U.S.C. §287; 18 U.S.C. §1001.*

OFFICER'S PRINTED NAME	
OFFICER'S SIGNATURE	DATE (mm/dd/yyyy)

---

**24. OFFICER'S OPDIV/STAFFDIV/NON-HHS ORGANIZATION SUPERVISOR**

PRINTED NAME	TITLE
SIGNATURE	DATE (mm/dd/yyyy)

---

**INSTRUCTIONS FOR COMPLETING FORM PHS-7047**  
**PRACTICE HOURS CERTIFICATION**  
(Clinical/Public Health Practice Hours)

CCI 241.01, "Readiness and Duty Requirements" and CCI 633.01, "Special Pays" requires officers to certify on an annual basis all practice hours provided for the purpose of clinical proficiency and readiness. Officers are required to submit Form PHS-7047 (page 1) to document the required 80-hour practice hours performed at Federal/non-Federal health facilities or deployment. Form PHS-7047 is submitted annually after the officer has performed the required number of practice hours for clinical proficiency or readiness. Only one facility is to be listed on a Form PHS-7047. If more than one facility is used to acquire the necessary practice hours, an additional Form PHS-7047 must be submitted for each facility.

**Items 1 thru 7** Self-explanatory.

- Item 8** Enter the category/professional discipline consistent with current professional license (e.g., nurse, dentist, etc.).
- Item 9** Enter the clinical specialty designated for clinical proficiency or readiness if applicable (i.e., board certified specialties). **Item 10** Provide total number of practice hours completed at a facility or deployment.
- Item 11** Provide start and end dates of practice hours completed for dates listed in **Item 13**.
- Item 12** Self-explanatory.
- Item 13** Refer to Section 6-2.g. (1), (2), (3), and (4) of 633.01 and Section 7.a, b, c, and d. of POM 821.77. Submit supporting documents. If Yes is selected for **Item 13**, please continue to **Item 23** and **Item 24**.
- Item 14** Provide name and location where practice hours were completed. In the log provided, enter start date and end date of the practice hours, number of practice hours completed for the start and end date entered, and description of practice hours activities completed. and description of practice activity completed (that specifies if the hours were clinical or public health).
- Item 23** To be completed by officer: Sign and date certification form.
- Item 24** To be completed by officer's Operating Division/Staff Division/Non-HHS Organization Supervisor: Electronic PIV/CAC signatures preferred but may be hand signed (only if submitting for purposes of a waiver). If submitting to document the completion of practice hours, this form must be completed using the Forms platform on CCMIS.

(continued on next page)

---

## PRIVACY ACT NOTICE PHS COMMISSIONED CORPS PRACTICE HOURS CERTIFICATE (FORM PHS-7047)

**General:** This information is provided pursuant to the Privacy Act of 1974 (P.O. 93-579) for Public Health Service Commissioned Corps officers submitting Practice Hours.

**Records System:** 09-40-0001, "PHS Commissioned Corps General Personnel Records," HHS/PSC/HRS; 09-40-0002, "PHS Commissioned Corps Medical Records," HHS/PSC/HRS; 09-40-0003, "PHS Commissioned Corps Board Proceedings," HHS/ PSC/ HRS; 09-40-0004, "PHS Commissioned Corps Grievance, Investigatory and Disciplinary Files," HHS/PSC/HRS; 09-40-0011, "Proceedings of the Board for Correction of PHS Commissioned Corps Records," HHS/PSC/HRS; and 09-90-1402, "HHS Payroll Records," HHS.

**Authority for Collection of Information:** CCI 241.01 Readiness and Duty Requirements and 633.01 Special Pays, 42 U.S.C. 202 et seq. (PHS Act Sec 201 et seq.); and Executive Order 9397 (Numbering System for Federal Accounts Relating to Individual Persons)

**Purposes and Uses:** The purpose of this form is to document practice hours at a Department of Health and Human Services or other Federal/ Non-Federal Healthcare facility or deployment to meet the requirements for readiness and special pays (See CCI 633.01, "Special Pays," and CCI 241.01, "Readiness and Duty Requirements"). Disclosure: Voluntary; however, refusal to submit information requested on this form may negatively impact the officer's special pays and readiness and duty requirements (a condition of service). Officer's PHS serial number is required for identification purposes. The information also may be used for study purposes and/or collection of statistical data for reports to other Federal agencies and the Congress. It may also be used for other lawful purposes including collection of a debt owed the Federal Government, law enforcement, and litigation.

**Effect of Nondisclosure:** You are required to provide the information requested on this form to be eligible for certain special pays and/ or to maintain readiness and duty requirements. Failure to supply complete and accurate information may result in delays and/or errors in determining eligibility for deployment and/or special pays and, therefore, result in administrative action or late payment or nonpayment, or because for refund of pay if you receive a pay based on erroneous information. All statements are subject to verification.