#### DEPARTMENT OF HEALTH AND HUMAN SERVICES PROGRAM SUPPORT CENTER

# APPLICATION TO THE BOARD FOR CORRECTION OF PUBLIC HEALTH SERVICE COMMISSIONED CORPS RECORDS

Read the instructions carefully before completing application. Failure to complete this application may result in denial of consideration. Please be advised that it is the applicant's responsibility to furnish the documentation necessary for the Board for Correction to consider his or her appeal. If additional space is needed, attach an 8-1/2 X 11 inch sheet labeled with the appropriate item number(s). PLEASE LIST ALL ATTACHMENTS IN ITEM #30.

Name (please print last, first, middle initial)	2. CASE NUMBER (OF	CASE NUMBER (OFFICE USE ONLY)		3. APPEAL CATEGORY CODE (OFFICE USE ONLY)			
	SSIONAL CATEGORY IN DMMISSIONED CORPS		1	1	1		
6. COMPLETE CURRENT HOME MAILING ADDRESS	7. SOCIAL SECURITY NUMBER 8. PHS SERVICE NUMBER						
Street							
City State	13. COMMISSIONED STAT Active Duty	US* BEGINN	ING DATE	ENDING	DATE		
9. DAYTIME PHONE NUMBERS (Including area codes)		Inactive Reserve					
		Retired					
Home		Separated					
Work		Terminated					
10. PERSON TO BE CONTACTED (Other than counsel of Reco CANNOT BE LOCATED	*Complete all applicable categories  14. OTHER UNIFORMED SERVICE AND SERVICE NUMBER (If applicable, include date of service)  Service Service Number						
Name							
Street		From	•		• •		
City State	_ Zip	HHS Component  Non-HHS Component					
Phone		16. NAME OF ORGANIZATI ERROR OR INJUSTICE		OU WERE SERV	ING WHEN AL	LEGED	
Relationship to Applicant		17. DATE WHEN YOU DISC	OVERED THE AI	LEGED ERROR		<u> </u>	
11. COUNSEL OF RECORD (If any)		WIEN TOO BIOC	JOVENED THE A	LLOLD LINIO	CONTINUOUT	JL	
Name		18. HAVE ALL U.S. GOVER YOUR APPEAL (e.g., G	Brievance Procedu	re, Office of Equa			
Street	tunity, DOD Office of Hearings and Appeals, etc.)?  Yes No						
CityState	_ Zip	19. IF "YES" TO ITEM #18, THE PROCESS USED RESULTS OBTAINED					
Phone							
Fax	20. IF YOU HAVE PREVIOUSLY FILED AN EEO COMPLAINT, STATE HOW YOUR APPEAL TO THE BOARD FOR CORRECTION DIFFERS FROM THAT						
12. RELEASE OF RECORDS		COMPLAINT					
My signature below authorizes the release of relevant records eme by the Board for Correction to my counsel, designated in Iter	21. ORGANIZATION TO WHICH ASSIGNED OR DETAILED WHEN YOU FILED YOUR APPLICATION WITH THE BOARD FOR CORRECTION. (Include date assigned or detailed) HHS Component						
(SIGNATURE)	(DATE)	or					
Do not release any medical information on me without my appro	Non-HHS Component  22. DATE WHEN YOU FIRST LEARNED ABOUT THE BOARD FOR CORRECTION						
(SIGNATURE)	(DATE)	23. STATE EXACTLY THE A			YOU SUSTA	INED AS	
(No action will be taken without the above signatures)							

PAGE 1 0F 4 PSC Graphics (301) 443-2454 EF

24.	STATE EXACTL	Y WHAT AC	TION OR REME	DY YOU ARE A	SKING THE BOA	RD FOR CORRECTI	ON TO GF	RANT		
25.	IF MORE THAN	THREE YEA	ARS HAVE ELAF	PSED SINCE YO	U DISCOVERED	THE ALLEGED ERR	OR OR IN	JUSTICE, GIVE REASO!	NS WHY THE BOARD FO	OR
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26.								OF DEATH OR INCOMPE R STATUS BY MARKING		PANY
	APPLICATION.	IF APPLICA	TION IS SIGNE	D BY OTHER IN	AN APPLICANT,	INDICATE RELATIO	INSHIP OF	R STATUS BY WARKING	APPROPRIATE BOX	
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30.	REMARKS									
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	SPECIFY THE	AMOUNT OF	F TIME YOU SPI	ENT COMPLETIN	NG THIS APPLIC	ATION INCLUDING	ALL SUPE	PORTING ATTACHMENT	S YOU SUBMIT	
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	Hour	'S	Min	nutes						
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## MAIL COMPLETED APPLICATION TO:

USPS: **Executive Secretary** Board for Correction of PHS Commissioned Corps Records U.S. Department of Health and Human Services 7700 Wisconsin Avenue, Suite 920 Bethesda, MD 20857 Phone Number (301) 492-4740

UPS/Fedex: **Executive Secretary** Board for Correction of PHS Commissioned Corps Records U.S. Department of Health and Human Services 7700 Wisconsin Avenue, Suite 920 Bethesda, MD 20814 Phone Number (301) 492-4740

#### INSTRUCTIONS FOR COMPLETING APPLICATION TO THE BOARD FOR CORRECTION

- Item 1. Enter your full name (including maiden name, if applicable). Office use Items 27.-28.
- Item 2. only
- Item 3. Office use only.
- Item 5. Enter your professional category (i.e., Medical, Sanitarian, Health Services Officer, etc.).
- Item 9. Enter telephone numbers (and area codes), including work number where you can be reached during business hours.
- Item 10. Enter information requested for another person whom the Board can Item 29. contact if unable to locate you.
- Item 13. Enter beginning and ending dates for each applicable line entry.
- Item 14. Identifying information on service in any of the other uniformed services could be helpful in obtaining information should the processing of your appeal involve records held by more than one organization.
- Items 18.-20. The Board may not consider your appeal unless you have exhausted all U.S. Government remedies available to you under law or regulation.
- Item 24. State what action or remedy is requested to correct the alleged error or justice (e.g., remove AWOL, restore lump sum annual leave payment, retroactive reinstatement in inactive reserve, etc.) It is your responsibility to secure and submit the documentation necessary to support your appeal.
- Item 25. The Board may not accept an application filed more than three years after discovery of an alleged error or injustice, unless in the interest of justice to do so. Submit all documentation necessary to support your appeal, if the error or injustice was discovered more than three years prior to submission of this application.

You may request permission to appear before the Board in person, or be represented by counsel before the Board, or appear in person with counsel. You may receive permission to do so if the Board determines an appearance would enable it to acquire information that it could not otherwise obtain in written form. If the Board decides to grant you a hearing, you will be notified in writing within 30 days after the Board's determination.

Give dates (in chronological order, earliest date first) and description of the events and documentation you think supports your appeal.

## PAPERWORK REDUCTION ACT STATEMENT

A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 4 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information to the Program Support Center Reports Clearance Officer, Program Support Center, Room 17A-29, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Please send completed application to Room 17-03, Parklawn Building, not to the PSC Reports Clearance Officer.

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## APPLICANT: PLEASE READ AND RETAIN FOR YOUR RECORDS

### PRIVACY ACT NOTIFICATION STATEMENT

### **GENERAL**

This information is provided pursuant to 5 U.S.C. 552a (Privacy Act of 1974) for individuals supplying information for inclusion in a system of

### **AUTHORITY**

The authority to collect the information requested on the attached form is derived from 10 U.S.C. 1552, "Correction of Military Records; Public Health Service Act, 42 U.S.C. 213a(a)(12); and Executive Order 9397, "Numbering System for Federal Accounts Relating to Individual Persons."

#### **PURPOSE AND USES**

The information you supply will become a part of PSC Privacy Act System 09-40-0011, "Proceedings of the Board for Correction of the Public Health Service Commissioned Corps Records, HHS/PSC/HRS." A copy of the published notice describing this system of records is available upon request from the system manager. Except for those routine uses summarized below and the other permissible disclosures authorized by section (b) of the Privacy Act, no other disclosure will be made without your written consent.

Information from these records may be disclosed outside the Department as follows:

- 1. To a congressional office from the record of any individual in response to an inquiry from the congressional office made at the written request of that individual.
- To the Department of Justice (DOJ) in the case of litigation arising from actions of the Board for Correction to allow DOJ to defend the Federal Government, the Department, or employees of the Department in case of such lawsuits.

- To appropriate Federal, State, or local agencies; international agencies; or foreign governments if the Board for Correction becomes aware of evidence of a potential violation of civil or criminal law.
- 4. To private contractors assisting the Board for Correction in recording and transcribing tapes of Board for Correction meetings.
- 5. To properly identified attorneys of subject individuals or their personal designated representatives, to court- appointed representatives of mentally incompetent or otherwise legally handicapped subject individuals and to guardians to the extent necessary to assure attainment of rights or payment of benefits to which such individuals would be entitled.
- 6. To Federal, State or local government agencies, or public interest organizations, when the subject individual's request for correction indicates that such agencies may have information which will assist the Board for Correction in clarifying the individual's entitlement.
- 7. To experts or consultants in a Federal agency or in the private sector if the Board for Correction has determined that it needs their opinions to arrive at an equitable decision concerning the subject individual's request; or to authorized officials in a Federal agency if required to facilitate equitable handling of a case.

Title 5 USC 4101 and Executive Order 9397 authorize the collection of the information requested on this form, including the Social Security number. Furnishing the information on this form is entirely voluntary; however, failure to do so may result in the disqualification of this request.

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