

**JUNIOR COMMISSIONED OFFICER STUDENT TRAINING AND EXTERN PROGRAM
(JRCOSTEP) STATUS REPORT**

INSTRUCTIONS: Complete Items I - IV
Sign and return to: Office of Commissioned Corps Operations
ATTN: JRCOSTEP Coordinator
1101 Wootton Parkway, Plaza Level, Suite 100
Rockville, MD 20852
Phone : (240) 453-6072

If any changes occur after submission of this form, please notify the above office immediately.

I. IDENTIFICATION DATA (print clearly or type answers to Items A-K):

- A. Name: _____ B. Social Security Number: _____
- C. Address (Current): _____ D. E-mail address: _____
(City, State) _____ (ZIP Code) _____ Area Code and Phone Number: () _____
- Address (Permanent): _____
(City, State) _____ (ZIP Code) _____ Area Code and Phone Number: () _____
- E. School (Name): _____
(City, State) _____ (ZIP Code) _____
- F. Currently in: Undergraduate Graduate Program
- G. Category or Major: _____ H. Year in School: _____
- I. Projected date of graduation: _____ J. Degree(s) received or to be received: _____
- K. If you are a senior, answer these questions:
1. Are you planning to enroll in graduate study? Yes No
 2. If yes, name of college: _____
 3. Major area of study: _____
 4. Beginning date of graduate study: _____
 5. Graduate degree pursued: _____

II. Are you required to serve in any non-Department of Health and Human Services (HHS) program after graduation in return for training funds received?

Yes No

If yes, EXPLAIN:

III. APPOINTMENT REQUEST

I wish to be considered for (check appropriate item(s)):

1. A future JRCOSTEP assignment from _____ through _____
2. Senior COSTEP (Senior Year or Final Graduate)
3. Extended active duty upon graduation

Date available: _____

Future Preference:

1. HHS Operating Division, Staff Division, and/or non-HHS Organization: _____
2. Locations: _____

Note: If a new application is required you will be advised.

IV. OTHER REQUEST

- I do not wish to be considered for a JRCOSTEP assignment this year.
- Send me information on the following HHS Operating Division, Staff Division, and/or non-HHS Organization:
- _____

I wish to resign from JRCOSTEP and the Inactive Reserve. Terminate my commission immediately.

Signature: _____ Date: _____

**PRIVACY ACT STATEMENT
(Form PHS-4772)**

General

This statement is provided to you as required by the Privacy Act of 1974 (PL 93-579). Our authority to collect this information is 42 U.S.C. 202 et seq; and Executive Order 9397, "Numbering System for Federal Accounts Relating to Individual Persons."

Principal Purposes and Routine Uses

Periodically, each JRCOSTEP officer is requested to complete this status report. The information provided will assist the Commissioned Corps of the United States Public Health Service (Corps) in determining future training assignments. The other uses which may be made of this information are described in the system notice for records system 09-40-0001, "PHS Commissioned Corps General Personnel Records," HHS/PSC/HRS. A copy of this system notice may be obtained from the office to which you submit this form.

Information Regarding Disclosure of Your Social Security Number (SSN)

Disclosure of the SSN is mandatory under provisions of the Social Security Act since Corps officers are under Social Security "covered employment" and taxes must be withheld from their salaries. The SSN is also used as an identifier throughout an officer's career. It is used primarily to identify an officer's personnel, leave, and pay records and to relate one to the other. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems of records. The use of the SSN is necessary because of the large number of present and former active, inactive, and retired officers and applicants who have identical names and birth dates, and whose identities can only be distinguished by the SSN.

Effects of Nondisclosure

Completion of this form is mandatory, Because status reporting under the JRCOSTEP is an essential element of the program, failure to complete this report may adversely affect the program. Consequently, failure to complete this form may result in curtailment of your training and termination of your commission.