

BOARD CERTIFICATION INCENTIVE PAY (BCIP) AGREEMENT REQUEST

(Privacy Act Notice is on the Second Page)

IDENTIFICATION		DCCPR USE ONLY
NAME (Last, First, Middle Initial)		GRADE/RANK
PHS SERIAL NUMBER	ORGANIZATION	DATE REC'D.
DUTY PHONE NUMBER	SSN	

CONDITIONS OF AGREEMENT

In consideration of payment of the BCIP for which I qualify under 37 U.S.C. 335; Commissioned Corps Directive (CCD) 151.05, I hereby agree to the following:

- A. To remain on active duty in the Corps for a minimum period of one year from the following date: _____.
- B. That I will be paid BCIP in the amount specified for my category of _____ and specialty of _____ for each year of obligation.
- C. That I hold a current, valid and unrestricted license as directed for my category under CCI251.01 "Professional Licensure and Certification" or certification as required by CCI231.01, "General Appointment Standards." I agree to remain certified in the specialty referenced in section B, above, during the period I receive BCIP.
- D. That I will receive the BCIP in monthly payments.
- E. That if I fail to complete the period of service for which BCIP is paid:
 - (1) Under the provisions contained in Sections 6-7 of CCD 151.05, the officer will be required to refund a pro rata portion of the payment received which represents the unserved portion of that annual payment of a terminated agreement in accordance with 37 U.S.C. 373.
 - (2) Any amount I am obligated to refund because of the termination of this agreement will be a debt due to the United States which I hereby agree to pay in full as directed by the appropriate collections officials in accordance with CCI 645.02.
- F. If I am not eligible to receive base pay because of a period of Absence Without Leave (AWOL), then I am not eligible for BCIP for the duration of the AWOL, and I am required to repay the prorated portion.

CERTIFICATION

I certify that I have read and understand CCD 151.05, and I have read and agree to abide by the terms of this BCIP agreement as stated above 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.

PRINTED NAME	DATE
SIGNATURE	DATE

SUPERVISOR CERTIFICATION

PRINTED NAME	TITLE	DATE
SIGNATURE		DATE

AGENCY / OPERATING DIVISION / PROGRAM RECOMMENDATION

I certify that this officer is eligible to receive this pay, and recommend payment.

PRINTED NAME	TITLE	DATE
SIGNATURE		DATE

PRIVACY ACT NOTICE
PHS COMMISSIONED CORPS BOARD CERTIFIED INCENTIVE PAY (BCIP)
AGREEMENT REQUEST
(FORM PHS-7015)

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
	09-90-1402	HHS Payroll Records, HHS

General: This information is provided pursuant to the Privacy Act of 1974 (P.O. 93-579) for PHS commissioned officers applying for BCIP.

Authority for Collection of Information: 37 U.S.C. 301d (Pay and Allowances of the Uniformed Services); 42 U.S.C. 26 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 principal purpose for collecting this information is to determine your eligibility for BCIP. If you are selected for award of BCIP, the information collected will be used for issuance of personnel orders to authorize payment. These records, or information there from, may also be provided to other Federal Agencies to which PHS officers are assigned. 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.

Information Regarding Disclosure of Your Social Security Number (SSN): Disclosure of the SSN is mandatory under provisions of the Social Security Act, since PHS 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 primarily to identify an officer's personnel, leave, and pay records and to relate one to the other. The SSN is also used in connection with lawful requests from PHS for information from former employers, educational institutions, financial or other organizations. The information gathered through the use of the SSN will be used only as necessary in personnel administration processes carried out in accordance with established regulations and public notices of systems of records. The use of the SSN is made 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 identification can only be distinguished by the SSN.

Effect of Nondisclosure: You are required to provide the information requested on the agreement to receive BCIP. Failure to supply complete and accurate information may result in delays and/or errors in determining eligibility and, therefore, result in late payment or nonpayment, or be cause for refund of pay if you receive an award based on erroneous information. All statements are subject to verification.