

**ACCESSION BONUS (AB) or CRITICAL WARTIME SKILLS ACCESSION BONUS (CWS-AB) AGREEMENT REQUEST**  
*(Privacy Act Notice is on the Second Page)*

IDENTIFICATION			DCCPR USE ONLY
NAME <i>(Last, First, Middle Initial)</i>	GRADE/RANK	PHS SERIAL NUMBER	DATE REC'D
ORGANIZATION	DUTY PHONE NUMBER	SSN	
<b>SPECIAL PAY REQUESTED</b>			
<input type="checkbox"/> ACCESSION BONUS (AB) or CRITICAL WARTIME SKILLS ACCESSION BONUS (CWS-AB) 4 year agreement			

**CONDITIONS OF AGREEMENT**

In consideration of payment of the AB or CWS-AB for which I qualify in accordance with 37 U.S.C. 335; Commissioned Corps Directive (CCD) 151.05; and Commissioned Corps Instruction (CCI) 633.01, I hereby agree to the following:

- A. To remain on active duty in the Corps for the agreement period specified above, commencing on the following date: \_\_\_\_\_
- B. That I will be paid AB or CWS-AB in the amount specified for my category of \_\_\_\_\_ with a specialty in \_\_\_\_\_ for each year of obligation.
- C. That I hold a current, valid and unrestricted license as directed for my category under CCI 251.01 "Professional Licensure and Certification" or certification as required by CCI 231.01, "General Appointment Standards." I agree to remain certified in the specialty referenced in section B, above, during the period I receive AB or CWS-AB.
- D. That I will receive the AB in a one-time lump sum payment or CWS-AB in equal annual installments.
- E. That if I fail to complete the period of service for which AB or CWS-AB is paid:
  - (1) Under the provisions contained in Section 6-7.e. of CCI 633.01, I will be required to refund a pro rata portion of the payment received which represents the unearned portion of that annual payment of a terminated agreement in accordance with 37 U.S.C. 373.
  - (2) I will be required to refund a pro rata portion of any payment received pursuant to this agreement. The amount of the repayment shall be that portion of the payment not earned (1/1440th of the 4-year agreement for each day of the agreed-to period not earned for AB and 1/360th of the annual payment for each day of the year not earned for CWS-AB);
  - (3) 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 654.02; and
  - (4) That I may not be eligible for recommissioning in the Corps.
- F. That I will serve in a clinical position that is in the specialty for which the pay is received and that I may not transfer out of the agency that paid the bonus until I have fulfilled my service obligation.
- G. If I am not eligible to receive base pay because of a period of Absence Without Leave (AWOL), then I am not eligible for AB or CWS-AB for the duration of the AWOL, and I am required to repay the prorated portion of any amount paid during the period of AWOL and my obligation will be extended for an equal period of time as the AWOL.
- H. That I am not serving a training-related service obligation; scholarship or other financial assistance received from the Department of Health and Human Services (HHS) or the Department of Defense (DoD) to pursue a course of study in exchange for an agreement to accept an appointment as a commissioned officer or have an existing training-related service obligation as a result of financial assistance received from HHS, DoD, or another Federal organization.
- I. That the effective date of this agreement will be the date of call to active duty (CAD), if the signed agreement is received in the Compensation Branch (CB), Division of Commissioned Corps Personnel and Readiness (DCCPR), within 60 days of the CAD, otherwise the effective date will be the date determined by procedures set forth by the SG in Personnel Operations Memorandum (POM).
- J. Payment of AB and CWS-AB will normally commence within 90 days after receipt of the completed agreement in DCCPR or within 90 days after DCCPR receives all necessary supporting documentation.

**CERTIFICATION**

*I certify that I have read and understand CCD 151.05 and CCI 633.01, and I have read and agree to abide by the terms of this AB or CWS-AB 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

SIGNATURE

DATE

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**SUPERVISOR CERTIFICATION**

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I certify that this officer is eligible to receive this Accession Bonus or Critical Wartime Skills Accession Bonus and recommend payment.

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PRINTED NAME	TITLE	
SIGNATURE		DATE

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**BUDGET OFFICIAL/CERTIFYING OFFICIAL OPERATING DIVISION/PROGRAM CLEARANCE AND APPROVAL.**

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PRINTED NAME	TITLE	
SIGNATURE		DATE

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**PRIVACY ACT NOTICE**  
**PHS COMMISSIONED CORPS**  
**ACCESSION BONUS (AB) or CRITICAL WARTIME SKILLS ACCESSION BONUS (CWS-AB) AGREEMENT**  
**(Form PHS-7033)**

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**General:** This information is provided pursuant to the Privacy Act of 1974 (Public Law 93-579) for PHS commissioned officers applying for AB or CWS-AB.

**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:** 37 U.S.C. 335 (Pay and Allowances of the Uniformed Services); 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 principal purpose for collecting this information is to determine your eligibility for AB or CWS-AB. If you are selected for award of AB or CWS-AB, the information collected will be used for issuance of personnel orders to authorize payment. These records, or information therefrom, may also be provided to other Federal agencies to which Corps 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 Disclosures of Your Social Security Number (SSAN):** Disclosure of the SSAN 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 SSAN 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 SSAN is also used in connection with lawful requests for information from former employers, educational institutions, and financial or other organizations. 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 SSAN 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 identities can only be distinguished by the SSAN.

**Effect of Nondisclosure:** You are required to provide the information requested on this agreement to receive AB or CWS-AB. 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.