



CC1511.01
EFFECTIVE DATE: 11 January 2017

By Order of the Acting Assistant Secretary for Health:

Karen B. DeSalvo, MD, MPH, MSc

SUBJECT: Awards Program

1. PURPOSE:

- 1-1. This Instruction prescribes the awards established under the Public Health Service (PHS) Commissioned Officers' Awards Program (COAP). The authorities and responsibilities for administering this program are also prescribed.
- 1-2. COAP provides a means to give formal recognition to deserving officers in the Commissioned Corps of the U.S. Public Health Service (Corps) and to members of the other uniformed services whose accomplishments or achievements are of outstanding or unique significance to the missions of the Corps, Department of Health and Human Services (HHS), and non-HHS organizations to which Corps officers are detailed. The COAP is limited to accomplishments or achievements that are within the scope of an officer's employment with the Corps, however, extraordinary acts of heroism and valor may be recognized through the COAP.
- 1-3. COAP is a criteria-based process designed to recognize documented accomplishments and achievements. It is not intended to convey any impression of officers competing with each other for recognition. There are neither minimum nor maximum numbers of nominations that may be submitted by HHS Operating Divisions (OPDIVs)/Staff Divisions (STAFFDIVs), or non-HHS organizations to which Corps officers are detailed, and each award nomination is assessed upon its own merits in comparison with criteria.

Note: This Instruction does not apply to the awarding of the following:

- a. The Surgeon General's Medallion (SGM) or the Surgeon General's Exemplary Service Medal (SGESM). There is no nomination or review procedure, other than an internal review by the Office of the Surgeon General (OSG), as the Surgeon General (SG) retains sole discretion for conferring these two awards;
- b. Awards granted by the other Federal uniformed services. Corps officers remain eligible for these awards through the prescribed policies and procedures of the respective services, and may wear such awards on the uniform ([CCI511.02](#) and [CCI512.01](#));

- c. Awards issued by non-HHS organizations to which Corps officers are detailed that have been, or may in the future be, authorized by the Assistant Secretary for Health (ASH); and
- d. Awards approved and authorized directly by the Secretary or Deputy Secretary in recognition of classified national security performance.

2. APPLICABILITY:

- 2-1. COAP applies to all active duty Corps officers.
- 2-2. Officers called to active duty in the Commissioned Officer Student Training and Extern Program (COSTEP) may receive awards for achievements that occur during tours of active duty.
- 2-3. Retired officers may receive awards for achievements that occur during tours of active duty. Retired officers are also eligible for the Associate Recruiter Badge if they meet the program requirements set forth in [CC23.1.6](#).
- 2-4. Consistent with the policies and procedures of their respective services, members of other uniformed services (officers or enlisted personnel) may be nominated to receive Corps awards for documented contributions to the missions of the Department, the Corps, or non-HHS organizations to which Corps officers are detailed.

3. AUTHORITY:

The Secretary of HHS has delegated the authorities necessary to administer the Corps to the ASH (See memorandum dated 24 July 2003 and Statements of Organizations, Functions, and Delegations of Authority dated 18 December 2003, [68 FR 70507](#)). The SG is responsible for the day-to-day management of Corps operations, force readiness, and field command of deployments. The authority for daily administration of the Corps' personnel system has been delegated to the Director, Division of Commissioned Corps Personnel and Readiness (DCCPR).

- 3-1. The ASH has delegated to the SG to:
 - a. Approve, without further re-delegation, the award of the:
 - (1) Distinguished Service Medal (DSM)
 - (2) Meritorious Service Medal (MSM)
 - (3) Surgeon General's Medallion (SGM)
 - (4) Surgeon General's Exemplary Service Medal (SGESM)
 - (5) Outstanding Unit Citation (OUC)
 - (6) Any award or decoration awarded under conditions of "With Valor"
 - b. Approve, without further re-delegation, the specific event or activity for the awarding of campaign medals or service awards related to any deployment, response operation, or activation of the Corps. Approval of the campaign medal is limited to those initiatives that are declared as an urgent or emergency public health care need by the President or Secretary and are international campaigns that are aimed at mitigating specific health or humanitarian crisis, eradicating or

reducing spread of diseases, or significantly improving the health and well-being of a targeted population.

- b. Approve, without further re-delegation, the Outstanding Service Medal (OSM), Commendation Medal (CM), Achievement Medal (AM), PHS Citation (CIT), and Unit Commendation (UC) under the following circumstances:
 - (1) When there may be a potential conflict of interest for the delegated authority to approve the award.
 - (2) Nominations for officers, who are assigned to an organization where the approval authority is not clear.
 - (3) Nominations from within OSG, including awards submitted by a Chief Professional Officer (CPO) for officers whose achievements are related to professional category activities conducted under a recognized CPO function.
 - (4) Nominations for officers detailed to an organization that does not have delegated approval authority.
 - (5) When a timely decision to approve or disapprove a nomination is not made within an OPDIV/STAFFDIV or non-HHS organization within established timeframes (Section 8-3.).
- c. Approve the AM and CIT during designated events that are eligible for the CRSA, GRSA, and RSA. With the approval of the ASH, this authority may be re-delegated to Team Commanders of deployed forces in deployment and response circumstances, and re-delegation below this level is not authorized.
- d. Present, without further re-delegation, the DSM, SGM, and SGESM.

3-2. The ASH has delegated certain authorities under the COAP:

- a. To the following officials:
 - (1) Heads of HHS OPDIVs;
 - (2) Principal Deputy Assistant Secretary for Health, Office of the Secretary (OS), HHS, as executive agent for OS;
 - (3) Administrator, Environmental Protection Agency (EPA) for EPA Regional Offices, and Assistant Administrators, EPA;
 - (4) Director, National Oceanic and Atmospheric Administration (NOAA);
 - (5) Director, Office of Health and Safety, U.S. Coast Guard (USCG);
 - (6) Assistant Director/Medical Director, Health Services Division, Bureau of Prisons (BOP);
 - (7) Director, District of Columbia Department of Mental Health Services, District of Columbia Government, Washington, D.C.;
 - (8) Director, United States Marshals Service (USMS); and

- (9) Other officials in charge of non-HHS organizations to which Corps officers are detailed under a long-term blanket Memorandum of Understanding (MOU) for the detail of officers where the MOU identifies the position that is granted award authorities.
 - b. The above officials have the delegated authority to:
 - (1) Approve the OSM, CM, and UC, without authority to re-delegate;
 - (2) Approve the AM and CIT with the authority to re-delegate to Center, Institute, Bureau, Area Directors or equivalent. The Center, Institute, Bureau, Area Directors may re-delegate their authorities to the next organizational level below them in the management chain of command. Re-delegation below this level is not authorized. All delegated authorities will be documented in writing and provided to DCCPR.
 - (3) Present the MSM and OUC with authority to re-delegate to Center/Institute/Bureau/Area Directors or equivalent level without further re-delegation; and
 - (4) Present the OSM, CM, AM, CIT, and UC with authority to re-delegate to the appropriate level within the OPDIV/STAFFDIV or non-HHS organization to which Corps officers are detailed.
 - c. The ASH may delegate certain specific limited authorities to other officials on an event-by-event basis.
- 3-3. The Director, DCCPR, through the SG, is delegated the authority to approve service awards and authorize the wearing of awards from other uniformed services, as specified in [CCI511.02](#), of the eCCIS.
4. **PROPONENT:** The proponent of this Instruction is the ASH. The responsibility for assuring the day-to-day management of the Corps is the SG.
5. **SUMMARY OF REVISIONS AND UPDATES:** This Instruction replaces Commissioned Corps Instruction CCI511.01, "Awards Program," dated 20 February 2015.
- 5-1. This revision permits the awarding of the Foreign Duty Award and additional response service awards to eligible officers in conjunction with the Ebola Campaign Medal.
 - 5-2. The Isolated Hardship Award (ISOHAR) site designation criteria have been updated to simplify the determination of eligible sites. An updated comprehensive list of eligible sites is also included.
 - 5-3. Requirement for a second board review for the DSM, MSM, OUC and all awards with valor, and operationalizes the best practice in the award nomination review process.
 - 5-4. This Instruction replaces Personnel Policy Memorandum (PPM 09-002), "Global Health Campaign Medal," and PPM 09-003, "Global Health Initiative Service Medal," both dated 18 December 2008.
 - 5-5. Adds the Presidential Unit Citation, authorized by President Obama on 24 September 2015.
 - 5-6. Eliminates the issuance of award certificates for all unit and service awards.

- 5-7. This Instruction replaces PPM 09-002 Global Health Campaign Medal and PPM 09-003 Global Health Initiative Service Medal, both dated 18 December 2008.
- 5-8. Other minor revisions are included to enhance clarity and provide consistency.

6. POLICY: Types of Recognition and Criteria

6-1. Individual Honor Awards

a. General.

(1) There are six individual honor awards for which Corps officers may be nominated: DSM, MSM, OSM, CM, AM, and CIT. There are two additional awards for which there is no nomination process: SGM and SGESM. There is no progression or order in which an officer must receive these awards. Rather, the individual award criterion determines the appropriate level of an award, in conjunction with the following:

(a) Scope of Impact. The scope of the achievement's impact on the mission of the Corps at the international, national, regional, HHS OPDIV/STAFFDIV, non-HHS organization to which Corps Officers are detailed, or local level (e.g., Center/Institute, Division, Immediate Office).

(b) Level of Achievement. The extent to which the achievement is above and beyond that normally expected of an officer in the nominee's grade or position. This encompasses the complexity of the achievement and degree of innovation and specialized or unique skill required.

(c) Leadership. The degree of demonstrated initiative and/or level of the program managed or directed.

(d) Length of Time. The time period covered by the award nomination.

(2) The DSM, MSM, and OSM may also be awarded "With Valor," with a bronze "V" for recognizing acts of courage and bravery. The designation "With Valor" is not to be used to recognize hazardous assignments or exposure to dangerous and life threatening environments. The officer must exhibit a positive and particular act, or actions, of bravery and courage, and/or heroism, in particular those resulting in the saving or preserving of the life or health of others. The degrees of risk to personal safety, the level of bravery, and the demonstration of courage, are determining factors that must be clearly displayed.

(3) The examples given in the criteria for the individual awards are illustrative and are to be construed broadly only as general guidance.

b. Distinguished Service Medal (DSM). This is the highest award granted to a Corps officer. This award is presented in recognition of an exceedingly high level of achievement by an officer who possesses a genuine sense of public service and who has made exceptional contributions to the mission of the Corps. Such achievement may range from the management of a major health program, to an initiative resulting in a major impact on the health of the Nation. The award can also be conferred for an act of heroism resulting in the saving of life or protection of health.

c. Meritorious Service Medal (MSM). This award is the second highest recognition granted to Corps officers for outstanding or meritorious levels of achievement.

This award is presented in recognition of: (1) meritorious service of a single, particularly important achievement; (2) a career notable for significant accomplishments in technical or professional fields; or (3) unusually high quality and initiative in leadership. The levels of accomplishment meriting this award may include a highly significant achievement in research, program direction, or program administration; a series of significant contributions; a continuing period of meritorious service; or an exhibition of great courage and heroics in an emergency.

- d. Surgeon General's Medallion (SGM). The SGM is awarded at the sole discretion of the SG to a member of any uniformed service or a civilian for the highest level of contribution to initiatives of the SG. As the award is bestowed at the discretion of the SG, there is no nomination procedure. The OSG administers this award.
- e. Surgeon General's Exemplary Service Medal (SGESM). The SGESM is awarded at the sole discretion of the SG, for exemplary contributions of a member of any uniformed service to initiatives of the SG. As the award is bestowed at the discretion of the SG, there is no nomination procedure. The OSG administers this award.
- f. Outstanding Service Medal (OSM). The OSM is granted to an officer who has demonstrated continuous outstanding leadership in carrying out the mission of the Corps, performed a single accomplishment that has had a major effect on the health of the Nation, or has performed a heroic act resulting in the preservation of life or health.
- g. Commendation Medal (CM). The CM is granted to an officer who has exhibited a level of proficiency and dedication distinctly greater than that expected of an officer. The CM recognizes: (1) sustained high quality achievements in scientific, managerial, or other professional fields; (2) application of unique skill or creative imagination to the approach or solution of problems; or (3) noteworthy technical and professional contributions that are significant to a limited area.
- h. Achievement Medal (AM). The AM is granted to an officer for superior efforts or outcomes in accomplishing a program's mission. This could include recognition of the advancement of program objectives, sustained above-average accomplishment, or superior dedication to duty over a relatively short period of time.
- i. PHS Citation (CIT). The CIT is granted to an officer in recognition of a specific and noteworthy achievement, generally for a short period of time. This could include contributions toward accomplishing a program objective or high quality achievement, but at a lesser level than is required for the AM.

6-2. Unit Honor Awards

a. General

- (1) The two unit awards are usually granted for specific actions over a relatively short and defined period of time, marked by discrete beginning and ending dates. The determinants of the appropriate level of recognition are the importance and significance of the actions in furthering the mission of the Corps and the extent to which the achievement exceeds that which is normally expected of such officers.

- (2) Officers receive a unit award because of their collective contributions to the cited action(s) of the unit. Although all officers in the unit are eligible to receive the award, the appropriateness of inclusion of each officer should be considered individually by the nominator and at the initial levels of review. However, the specific role of each officer need not be cited in a nomination unless it is a useful clarification that strengthens the total nomination package.
- (3) An officer who has demonstrated a level of accomplishment that significantly exceeds the efforts of other members of the unit may be nominated for an Individual Honor Award (the individual honor award nomination must specify and clarify the unique achievements).
- (4) An officer who is a member of a unit that also includes civilians may be recognized with either the Outstanding Unit Citation (OUC) or the Unit Commendation (UC), as appropriate. While civilian members of the unit will be recognized through the civilian awards system, the civilian members will be listed on the award nomination.

b. Presidential Unit Citation (PUC)

All Corps officers who served satisfactorily on active duty for any period between 9 September 2014, and 1 May 2015, qualify for the PUC.

c. Outstanding Unit Citation (OUC)

The OUC is granted to a group of officers who exhibit outstanding contributions toward achieving the goals and objectives of the Corps. To merit this award, the unit must have provided outstanding service, often of national significance.

d. Unit Commendation (UC)

The UC is granted to acknowledge significant contributions and achievements well above that normally expected in accomplishing the goals and objectives of the OPDIV/STAFFDIV or non-HHS organizations to which Corps officers are detailed. To merit this award, the unit's accomplishment is at a lesser level than the OUC, often at the State or regional level of significance.

6-3. Service Awards

a. General

- (1) Service awards are granted in recognition of a specific type of service, activity, and/or for service during a specific time period.
- (2) All Service awards may be approved by the SG with re-delegation to the Director, DCCPR.

b. Hazardous Duty Award (HDA)

- (1) An officer, who served in a position requiring frequent and significant risk to his/her safety, qualifies for this award. For full-time assignments, this incorporates a minimum of 180 consecutive days exposure to the risk factors.

- (2) Additionally, the Director, DCCPR, may consider other assignments for this award on a case-by-case basis if the assignment exposes the officer to sufficient risk to his/her safety. Assignments associated with the treatment of Hansen's disease or assignments where the professional knowledge of the officer should significantly reduce or remove the risk do not qualify an officer to receive this award.
- (3) The officer's supervisor must certify that the officer has met the designated criterion before forwarding the award nomination through appropriate channels for submission to DCCPR. An officer qualifies only once for a particular type of duty. Specific duty assignments that qualify for the HDA include the following:
 - (a) Frequent Light Aircraft Flights. An officer completing 8 round trips or 16 duty site destinations qualifies for this award. One round trip is considered 2 duty site destinations. As an additional example, a circuit trip, visiting 3 sites, and requiring a fourth leg to return home, would count as 4 duty site destinations. A light aircraft is defined as an airplane or helicopter that seats 10 or fewer passengers;
 - (b) Contact with inmates and/or detainees. An officer completing 180 consecutive days of full-time contact hours with inmates and/or detainees qualifies for the HDA. An officer not assigned to full-time contact with inmates and/or detainees (such as officers who occupy Central Office or Regional Office positions), but who serves a total of at least 1,000 non full-time duty contact hours (portal to portal), also qualifies. Specific assignments that qualify for the HDA include: the BOP, Forensic Hospital at St. Elizabeth's, Immigration and Customs Enforcement (ICE), and USMS.
 - (c) Industrial Hygiene Surveys of Mine Sites. An officer completing a total of at least 200 non full-time exposure hours while conducting mine site surveys qualifies for the HDA.
 - (d) Officers who receive hazardous duty pay or imminent danger pay qualify for the HDA.

c. Foreign Duty Award (FDA)

- (1) An officer who has served outside the United States at least 30 consecutive days or 90 non-consecutive days in a foreign duty station while on temporary or permanent assignment (other than while in training), qualifies for the FDA. Any period of 30 or more consecutive days is not included in the computation of the 90 non-consecutive days.
- (2) Qualification for this award does not include service in any State of the United States. As defined in [42 USC 201](#), the term "State" includes the 50 States and the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, and all other areas formerly encompassed in the Trust Territories of the Pacific Islands.
- (3) An officer may qualify for one FDA for each tour of 30 or more consecutive days provided the officer returns to the United States (as

defined in Section 6-3. c.(2)), at the conclusion of a Temporary Duty or Permanent Change of Station (PCS) assignment between overseas tours.

- (4) An officer assigned to a specific ship for 30 or more consecutive days only (not eligible for 90 non-consecutive days) that transits through international waters with stops in international ports, qualifies for the FDA.
- (5) Each period of consecutive days in a foreign assignment/duty station is considered as a unit and "extra" days are not used in calculating the number of days for a subsequent FDA.

d. Special Assignment Award (SAA)

- (1) An officer detailed via official personnel orders (as set forth in [CCI323.01](#), [CCI323.02](#) or [CCI323.03](#)), for a minimum of 30 consecutive days to a special program initiative of a Federal or State Agency, or to other organizations, qualifies for the SAA. An assignment effected via memorandum or other official mechanism as set forth in the above Instructions is eligible, unless the assignment is a routine function of the officer's position, or is specifically included in the officer's position description.

Qualifying periods do not include the following:

- (a) Assignments or activities between components of HHS, or details to organizations with which the Corps has a "blanket" detail agreement or
 - (b) Assignments or details, for the purpose of training the officer.
- (2) Assignments of 30 or more non-consecutive days may be considered for the SAA. In addition to the criteria and restrictions stated in Section 6-3.d. the non-consecutive assignment must be in the same organizational entity, and must be a part of an ongoing activity with a clearly defined objective.
 - (3) Assignments to special initiatives or activities of the Secretary, ASH, and/or SG qualify for this award; this includes the role of the Chief Professional Officer and organizations or entities which are chartered by the SG. Membership on a subcommittee or subgroup of those organizations or entities does not qualify for the SAA. The SG validates special initiatives and activities, as well as required timeframes, under this paragraph.

e. Isolated/Hardship Award (ISOHAR)

- (1) An officer who has served a minimum of 180 consecutive days in an area designated as isolated, remote, insular, or constituting a hardship duty assignment, qualifies for the ISOHAR. Appendix A lists currently qualified sites.
- (2) An officer qualifies for an ISOHAR for service at the same designated site for each separate tour of a minimum of 180 consecutive days under

a PCS order. Tours must have at least one intervening PCS, of at least 180 consecutive days at a separate duty station.

- (3) In addition to the locations listed in Appendix A, officers who are paid Hardship Duty Pay for the 180 days while OCONUS, are qualified for ISOHAR award.
- (4) An officer permanently assigned to a ship classified as "Unusually Arduous Sea Duty (UASD)," i.e., absence from its home port for at least 180 consecutive days, qualifies for the ISOHAR.
- (5) The Director, DCCPR, may consider other assignments for this award on a case-by-case basis if the assignment meets the minimum 180 consecutive day requirement. Examples of such assignments may include unaccompanied tours and receipt of hardship duty pay.

f. Crisis Response Service Award (CRSA)

The CRSA recognizes an officer's direct participation in a Corps deployment to a designated domestic response. An officer must meet the force readiness standards to be eligible for the CRSA (see [CCI812.04](#)). An officer may receive only one award of the CRSA for participation in the same crisis response.

- (1) Officer must participate in a domestic Corps deployment, that is:
 - (a) A natural or man-made disaster that is determined to be a 'crisis' response with eligibility for the CRSA by the SG; and
 - (b) Away from the officer's regular duty assignment.
- (2) Officer must be deployed for not less than 7 days.
- (3) Officer must be deployed in the designated PHS uniform, unless exempted by the SG.

g. Global Response Service Award (GRSA)

The GRSA recognizes an officer's direct participation in a Corps deployment to a designated non-domestic or international response. An officer must meet the force readiness standards to be eligible for the GRSA (see [CCI812.04](#)). An officer may receive only one award of the GRSA for participation in the same response.

- (1) Officer must participate in a non-domestic Corps deployment that is:
 - (a) A natural or man-made disaster that is determined to be a 'crisis' response with eligibility for the GRSA by the SG;
 - (b) Away from the officer's regular duty assignment.
- (2) Officer must be deployed for not less than 7 days.
- (3) Eligibility for the GRSA is retroactive to 1 October 2004.
- (4) Officer must be deployed in the designated PHS uniform, unless exempted by the SG.

h. Response Service Award (RSA)

The RSA recognizes an officer's direct participation in a Corps deployment to a designated public health need or National Special Security Event. An officer must meet the force readiness standards to be eligible for the RSA (see [CC1812.04](#)). An officer may receive only one award of the RSA for participation in the same response.

- (1) Officer must participate in a Corps deployment that is classified as one of the following:
 - (a) An all-hazards public health emergency as declared by the President or Secretary;
 - (b) An urgent public health need as determined by the Secretary or the ASH; or,
 - (c) A National Special Security Event (e.g., Winter Olympics).
- (2) To meet this service award criterion the event must:
 - (a) Not be designated as a CRSA or GRSA response; and,
 - (b) Be designated a Corps deployment with eligibility for the RSA by the Secretary, ASH, or SG;
- (3) Officer must be deployed for not less than 7 days.
- (4) Officer must be deployed in the designated PHS uniform, unless exempted by the SG.

i. Recruitment Service Ribbon (RSR)

- (1) The RSR recognizes an officer's continued service to the ongoing recruitment efforts of the Corps. An officer is eligible for the RSR upon completion of 3 consecutive years:
 - (a) In a position in which recruitment is a primary duty and responsibility. Duties may include policy development, establishment of goals and strategies, and coordination of recruitment programs and initiatives; or,
 - (b) Of maintaining a current status in the Associate Recruiter Program (ARP) as set forth in [CC23.1.6](#).
- (2) An officer may earn an additional award for meeting the criteria in Section 6-3.i(1) for an additional 3-year period.
- (3) The RSR will be awarded for recruitment service completed after 3 April 2006.

j. Bicentennial Unit Commendation (BUC). All Corps officers who served satisfactorily on active duty for any period between 1 January 1998, and 16 July 1999, qualify for the BUC.

- k. Global Health Initiatives Service Medal (GHISM)
- (1) Any officer who supported a/any Global Health Initiative Assignment, for at least 30 consecutive days or 60 non-consecutive days while on temporary or permanent assignment after 26 January 2005. Any period of 30 or more consecutive days is not included in the computation of the 60 non-consecutive days.
 - (2) Support is defined as deploying and/or providing direct administrative, logistical, financial or operational support to any Global Health Initiative or mission.
 - (3) An officer may receive only one award of the GHISM for participation in the same Global Health Initiative or mission.
 - (4) Officers eligible for the Global Health Campaign Medal are not eligible for the GHISM.
 - (5) Qualifying Global Health Initiatives and missions are determined by the SG.

l. National Emergency Preparedness Service Award (NEPA)

The NEPA recognizes officers who have served a minimum of two consecutive years as an active member on a Tier 1 or Tier 2 Corps managed response team. Additional eligibility criteria for the NEPA may be defined by the SG.

- (1) The award of the NEPA may be retroactive to 19 December 2006.
- (2) Only one NEPA may be awarded during an officer's career and subsequent award devices are not authorized. Therefore, officers who were awarded the NEPA under former eligibility criteria are not authorized an award of an additional NEPA for service on a Corps managed Tier 1 or Tier 2 response team.

6-4. Campaign Medals

a. General

- (1) Campaign medals recognize a formal Corps operation that has a specific and stated objective. Campaigns are specific Departmental objectives aimed at eradicating specific health crisis or diseases and/or significantly improving the health and well-being of a targeted population.
- (2) The awarding of campaign medals for approved campaigns is approved by the SG or his/her designee.
- (3) Campaign medals are granted in recognition of an officer's substantial contribution to an approved campaign for a specific type of service or activity, or for service during a specific time period.

b. Smallpox Eradication Campaign Ribbon (SPEC)

An officer who has served 90 days or more cumulative service in the Centers for Disease Control and Prevention's (CDC) Bureau of Smallpox Eradication or Smallpox Laboratory, in the World Health Organization's (WHO) Smallpox Eradication Program, or in a temporary duty assignment in a smallpox effort abroad, qualifies for the SPEC. The service must have occurred between 1 January 1966 and 26 October 1977.

c. Global Health Campaign Medal (GHCM)

- (1) Any Corps officer, who in a Global Health Initiative assignment, has served outside of the United States in a foreign duty assignment, temporary or permanent, qualifies for the GHCM.
- (2) Qualification for this award does not include service in any State of the United States. As defined in [42 USC 201](#), the term "State" includes the 50 States and the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, and all other areas formerly encompassed in the Trust Territories of the Pacific Islands.
- (3) An officer may receive only one award of the GHCM for participation in the same Global Health Initiative or mission.
- (4) Officers eligible for the Global Health Campaign Medal are not eligible for the FDA or SAA after 26 January 2005.
- (5) Qualifying Global Health Initiatives and missions are determined by the SG.

d. Ebola Campaign Medal (ECM)

- (1) The ECM recognizes a Corps officer who served on or after 31 March 2014, for a period of not less than 30 consecutive days or 60 non-consecutive days in support of an international Ebola activation of the Corps by the President or Secretary. The SG shall determine which assignments qualify for the ECM.
- (2) An officer may receive only one award of the ECM for participation in the same Ebola Initiative or mission.
- (3) Other response service awards may be authorized by the SG in conjunction with the ECM. Officers must meet the established criteria for awarding of the FDA and HDA during an Ebola mission; no other service awards are authorized.

e. Expeditionary Attachment (EA)

The EA is an attachment worn on campaign medals or service awards that recognizes service in a specific location or theater of operation in direct support of the campaign initiative or mission and in which officers operated under circumstances which, after full consideration, shall be deemed to merit special recognition. The SG shall determine which assignments qualify for the EA.

- (1) The award of the EA may be retroactive to 31 March 2014.

- (2) The EA may be awarded to any member of the Corps who deployed outside of the United States for a period of not less than 30 consecutive days or 60 non-consecutive days in direct support of a qualifying campaign.
- (3) An officer may receive only one EA for participation in the same campaign initiative or mission.

6-5. Training Ribbons

- a. General. Training awards are granted in recognition of satisfactory completion of a specified course of study.
- b. Commissioned Corps Training Ribbon (CCTR). The CCTR is awarded to officers upon satisfactory completion of Commissioned Corps Officer Basic Course (OBC).

6-6. Regular Corps Ribbon (RCR)

- a. Any Regular Corps officer, who upon being called to active duty after 23 March 2010, will be awarded the Regular Corps Ribbon upon successful completion of OBC.
- b. Any officer who was on active duty on 23 March 2010 is awarded the Regular Corps Ribbon.
- c. Any officer, who prior to 23 March 2010, who was assimilated into the Regular Corps, qualified for the Regular Corps Ribbon.

6-7. Badges and Insignia

- a. Surgeon General Insignia (SGI)

The SGI is a badge of office. Wearing of the SGI is restricted to the SG. An officer permanently assigned as the SG shall wear the SGI. Once an officer has been duly authorized to wear the SGI, he/she may wear the miniature SGI during all subsequent assignments of his/her career as a Corps officer.

- b. Deputy Surgeon General Insignia (DSGI)

The DSGI is a badge of office. Wearing of the DSGI is restricted to the Deputy Surgeon General (DSG). An officer permanently assigned as the DSG shall wear the DSGI. Once an officer has been duly authorized to wear the DSGI, he/she may wear the miniature DSGI during all subsequent assignments of his/her career as a Corps officer.

- c. Officer-In-Charge Insignia (OICI)

The OICI identifies a Corps officer who is assigned by personnel orders to the highest level of leadership within the Office of the Secretary; a specific position that is the highest level of authority over an HHS OPDIV; or a specific position in a non-HHS organization for which there is a statutory basis for the relationship, which is the highest level of authority over an organizational component which contains Corps officers. Eligibility for the OICI is restricted to incumbents of the following designated positions, when filled by a Corps officer:

- (1) Secretary, Deputy Secretary, Chief of Staff, Immediate Office of the Secretary (IOS), HHS;
- (2) Associate Deputy Secretaries and Heads of OS operational offices, OS, HHS;
- (3) Assistant Secretaries, Deputy Assistant Secretaries, OS, HHS;
- (4) Chief officials and deputies in assistant secretarial level STAFFDIVS, OS, HHS;
- (5) HHS OPDIV Heads;
- (6) Chief Medical Officer and Director of Health and Safety, USCG; and
- (7) Medical Director and Assistant Director, Health Services, BOP.

Once an officer has been duly authorized to wear the OICI, he/she may wear the miniature OICI during all subsequent assignments of his/her career as an officer. No more than one OICI shall be worn on the uniform, regardless of the number of times an officer may have qualified for the insignia.

d. Chief Professional Officer Insignia (CPOI)

The CPOI is a badge of office. Wearing of the CPOI is restricted to officers who are assigned by personnel orders to be the Chief Professional Officer (CPO) of one of the eleven professional categories. (i.e., Medical, Dental, Nurse, Engineer, Scientist, Environmental Health, Veterinary, Pharmacy, Dietitian, Therapist, and Health Services). An officer who is assigned as an Acting CPO is not authorized to wear the CPOI. Once an officer has been duly authorized to wear the CPOI, he/she may wear the miniature CPOI during all subsequent assignments of his/her career as a Corps officer. Officers on active duty as of the date of this Instruction who previously were assigned as a CPO are authorized to wear the miniature CPOI.

e. Office of the Secretary of HHS Identification Badge (OSIB)

Officers assigned on a permanent basis to a position located within any of the organizational components of the OS, HHS, including STAFFDIVS, qualify to wear the OSIB. Authorization to wear this badge is effective with assignments beginning on 22 June 1999 and is not retroactive to any assignment to any element of OS prior to this date.

- (1) An officer may temporarily wear the badge upon initial assignment to a position within the OS.
- (2) Upon completion of one continuous year of duty in a position within the OS, an officer may permanently wear the badge. Time spent on a detail or temporary duty outside the OS does not count in this computation.
- (3) An officer detailed or on temporary duty from the OS, to activities located in other OPDIVS or non-HHS organizations located outside the OS, is not eligible to wear this badge during the period of detail or temporary duty, unless he/she has previously met the criteria for permanent authorization.

- (4) Individuals authorized only for temporary wear of this badge shall return the badge to DCCPR upon completion of the tour of duty in the OS.

f. Recruiter Badge (RB)

An officer who is assigned to a position in which the primary duties and responsibilities relate to recruitment will wear the RB as recognition of his/her standing as a recruiter. The RB may be worn only while assigned to a recruitment position.

g. Associate Recruiter Lead Badge (ARLB)

Upon meeting the eligibility criteria as set forth in [CC23.1.6](#) to serve as an Associate Recruiter Lead (ARL) and approval by the respective CPO, an ARL will be issued a certificate and corresponding badge to signifying his/her standing as a volunteer in the ARP. The ARLB may be worn only while an individual maintains current status in the ARP in his/her respective role as set forth in [CC23.1.6](#).

h. Associate Recruiter Badge (ARB)

Upon meeting the eligibility criteria as set forth in [CC23.1.6](#) to serve as an Associate Recruiter (AR) and approval by the respective CPO, an AR will be issued a certificate and corresponding badge to signifying his/her standing as a volunteer in the ARP. The ARB may be worn only while an individual maintains current status in the ARP in his/her respective role as set forth in [CC23.1.6](#).

i. Field Medical Readiness Badge (FMRB)

The FMRB recognizes officers who have met criteria beyond the required basic force readiness standards. It is awarded on the basis of proven knowledge and skill related to force readiness and performance while engaged in Corps deployment(s). To qualify for the FMRB, an officer must meet the force readiness standards (see [CCI812.04](#)) in addition to the following eligibility criteria:

- (1) Physical Readiness Requirement. Must achieve a minimum overall Excellent rating on the Annual Physical Fitness Test (APFT).
- (2) Training Requirement. Complete the compulsory modules online training for FMRB as defined by the SG. These may include required modules from the 'core', 'clinical' (if applicable), and 'optional' curricula of the online Readiness and Deployment Operations Group (RedDOG) modules. The CCMIS RedDOG page contains the details of the FMRB training requirements.
- (3) Deployment Requirement. Participate in one or more Corps deployments consisting of a minimum of 7 days within 3 years of FMRB application; the 7 days do not have to be consecutive. Agency deployments will only be considered when the Corps has been officially activated for the same response, per SG authorization in 3-1.b.
- (4) Once an officer has been duly authorized to wear the FMRB, he/she may continue to wear the FMRB throughout his/her career as an officer.

j. Insignia or badges of the SG, DSG, OIC, and CPO shall not be authorized or worn by officers who are in an acting or temporary position or role.

- 6-8. Limitations on Awards
- a. An award shall be based on documentation of actions and achievements. No award shall be based solely upon achievements recognized through a prior Corps honor award, however, in accordance with Section 6-2(a)(3), an officer may be nominated for an individual honor award in addition to a unit award, if the officer's achievement is significant and can be differentiated from the efforts of the group as a team and the other efforts of members of the unit.
 - b. Each recommendation for an individual or unit honor award must be formally initiated within 13 months after the noteworthy act or specific period of service to be recognized. Service awards may be initiated at any time after the criteria for the award has been met. The OPDIV, STAFFDIV, or non-HHS organization Awards Coordinator is responsible for assuring that nominations are processed within the OPDIV, STAFFDIV, or non-HHS organization, and submitted to DCCPR in a timely manner.
- 6-9. Each officer nominated for recognition under the COAP must:
- a. Be in compliance with the Corps licensure policy as outlined in [CCI251.01](#), "Professional Licensure/Certification," of the eCCIS;
 - b. Have satisfactory Commissioned Officers' Effectiveness Reports (COER) on file in DCCPR for each year covered by the recognition. All COERs on file for the period covered by the recognition be rated as satisfactory. In addition, the most recent COER must be on file and must have a satisfactory rating; and
 - c. Not have any suspension of favorable personnel actions or pending or ongoing adverse actions.
 - (1) An officer is not eligible to receive recognition under the COAP during periods of misconduct or other actions that lead to an adverse action or while an adverse action is actively managed by DCCPR.
 - (2) An officer is ineligible to receive honor or service awards if the period of the award overlaps the period of misconduct or active adverse actions.
 - (3) If subject to a suspension of favorable personnel actions or an adverse action, the nomination shall be returned to the OPDIV/STAFFDIV/ non-HHS organization without action. However, an explanation will be provided.
 - d. Basic Force Readiness. All Corps officers must meet Basic Force Readiness Standards.
 - e. The Director, DCCPR, may rescind recognition inadvertently processed without regard to Sections 6-9.a. b. or c. The Director, DCCPR, shall inform the officer, OPDIV, STAFFDIV, or non-HHS organization which initially approved or nominated the recognition of the rescission and shall include the reason(s).
- 6-10. Corps officers may not participate in the civil service cash awards programs, pursuant to [5 USC Chapter 45](#).
- 6-11. Upon review and recommendation by the CCAB, the Director, DCCPR, with the concurrence of the SG may revoke an award, badge, or other recognition under this

program if it is determined that facts pertaining to the rationale(s) for the recognition were inaccurate or suppressed, and that a reasonable assessment concludes that the original approval of the recognition would not have occurred. The Director, DCCPR, shall inform the officer, OPDIV, STAFFDIV, or non-HHS organization which initially approved or nominated the recognition of the revocation and shall include the reason(s) for the revocation.

7. RESPONSIBILITIES:

7-1. Surgeon General. The SG is responsible for the day-to-day management of Corps operations, force readiness, and field command of deployments. The SG shall:

- a. Establish benchmarks for the timely processing and presentation of individual and unit honor award nominations.
- b. Establish guidelines for referral of nominations that are not acted upon within the established benchmarks.
- c. Publish the established benchmarks and guidelines in a Personnel Operations Memorandum.
- d. Approve all awards referred to the OSG in accordance with the published benchmarks and guidelines.

7-2. The Division of Commissioned Corps Personnel and Readiness (DCCPR) is responsible for the daily administration of the Corps personnel system and the force readiness activities. This responsibility is delegated to the Director, DCCPR. The Director, DCCPR, is responsible for the daily management of the COAP.

7-3. Commissioned Corps Award Board (CCAB)

- a. The CCAB is appointed by the SG.
- b. The CCAB is responsible for periodic evaluation of the awards program including written assessment of the process and outcomes. The CCAB shall identify issues and submit recommendations for improvement of the program to the SG and DCCPR.
- c. The CCAB shall review nominations for the DSM, MSM, OUC, and all awards "With Valor."
- d. The CCAB shall submit recommendations for the awards it reviews to the SG, who will make the final decision on each award so recommended.

8. PROCEDURES:

8-1. Nomination Procedures

- a. Delegated Approval Authorities will develop written procedures for processing nominations for individual and unit honor awards within their respective jurisdictions. Procedures will adhere to this Instruction and the benchmarks and guidelines established by the SG (Section 7-1.). Copies of the written procedures will be provided to DCCPR and managed by the COAP.
- b. A fellow officer, co-worker, superior, or someone outside the Corps with knowledge of the accomplishment(s) deserving recognition may initiate the

nomination of an officer or a group of officers as candidate(s) for an individual or unit honor award.

- c. The following forms are used for nominating officers for each level of individual and unit honor awards.

For all individual honor awards, Form PHS 6342-2 – Part I

For all unit awards, Form PHS 6342-1 – Part I

- d. A nomination shall be submitted through the officer's routine administrative review channels until either:

- (1) It is non-endorsed by any two levels of review; or

- (2) It is approved or disapproved by the delegated approval authority.

- e. If an officer is being nominated for an award by a program other than his/her parent organization, the nomination is reviewed for recommendation or approval by the program whose mission is impacted by the achievement or accomplishment being recognized. Note: concurrence from the officer's host organization must be obtained prior to submission of the award to DCCPR.

- f. Nominations for officers assigned to organizations where the approval authority is not clear; detailed to an organization that does not have delegated approval authority; or where there may be a potential conflict of interest for the delegated authority to approve, are directed to OSG Awards Board for review prior to approval by the SG in accordance with OSG procedures (Section 8-1.a.). The SG serves as the approving authority of these awards.

8-2. Required Board Review

- a. DSM, MSM, OUC, and award nominations "With Valor." Two board reviews are required for these awards. First, each OPDIV/STAFFDIV or non-HHS organizations will conduct a board review and obtain Agency head concurrence. Second, The CCAB shall review the OPDIV/STAFFDIV or non-HHS organization board results and recommend a decision to the SG.
- b. OSM, CM, and UC. Only one board review for these awards is required within an OPDIV/STAFFDIV or non-HHS organization prior to the delegated approving authority rendering a decision.
- c. AM and CIT. No board review for these awards is required prior to the delegated authority rendering a decision.

8-3. Timely Action on Awards Nominations

- a. Awards will be processed within an OPDIV/STAFFDIV or non-HHS organization in a timely manner in accordance with the benchmarks and guidelines established by the SG (Section 7-1.). The delegated approval authority will render a decision to either approve or disapprove an award nomination within the timeframes established by the CCAB benchmarks.
- b. If a decision to approve or disapprove an AM or CIT, is not made within an OPDIV/STAFFDIV or non-HHS organization within the timeframe established by the CCAB benchmarks, the award will be forwarded to the OPDIV Head or

non-HHS organization approval authority in accordance with the SG prescribed guidelines. These awards will be processed within the OPDIV or non-HHS organization in accordance with their established procedures (Section 8-2.a.) and the OPDIV Head or non-HHS organization approval authority will render a decision to approve or disapprove the nomination.

- c. If a decision to approve or disapprove an honor award nomination (i.e., DSM, MSM, OSM, CM, AM, CIT, OUC, or UC) is not made within an OPDIV/STAFFDIV or non-HHS organization within the timeframe established by the SG benchmarks, the award will be forwarded to the OSG in accordance with the SG prescribed guidelines. These awards will be processed within OSG in accordance with OSG established procedures (Section 8-2.a.) and the SG will render a final decision to approve or disapprove the nomination.
- d. Awards will be processed within DCCPR in a timely manner in accordance with the benchmarks and guidelines established by the SG (Section 7-4.b.).

8-4. Certificates and Medals

- a. DCCPR supplies a certificate and initial medal set (large medal, and ribbon) for the DSM, MSM, SGESM, OSM, CM, AM and CIT.
- b. DCCPR supplies a medallion and OSG supplies a certificate for the SGM.
- c. Corps officers who receive 2 or more individual honor awards of the same award (e.g., 2nd Commendation Medal, 3rd PHS Citation) will no longer receive an additional full medal set upon receipt of the award. The officer shall receive a new award certificate in lieu of additional medal sets and/or ribbons.

8-5. Documentation of Approved Award. DCCPR will assure that a copy of all pertinent documents pertaining to an officer's approved award or badge shall be placed in the officer's Official Personnel File (OPF).

8-6. Presentation of Awards. An officer is authorized to wear the appropriate ribbon, medal, badge, or insignia approved under this program after the recognition is processed by DCCPR and entered into the officer's record. Awards will be formally presented to an officer within the guidelines established by the SG (Section 7-1.).

8-7. Publication of Awards. Approved honor and service awards will be published on the CCMIS website. Published information will include the award recipient, level of award, and approval date.

8-8. Supply of Medals, Ribbons, and Appurtenances

- a. Supply. DCCPR maintains medals, ribbons, and certificates for original issue. Military uniform shops maintain a supply of appurtenances for medal sets and ribbons.
- b. Requisition. Programs and officers may procure, at their expense, replacement award(s) and/or devices from the Navy Exchange or other official sources.

8-9. Isolated/Hardship Site Designation Criteria

- a. Physical location of duty station has an aggregate population less than 9100 per US Census data, and

- (1) Greater than 50 miles (most direct route/major roads) to city center of an aggregate population over 9100, and
 - (2) Greater than 50 miles (most direct route/major roads) to a military installation with a Military Treatment Facility (MTF) that provides 24/7 services, using Tricare "Find a Military Hospital or Clinic" website. This is the same criteria an officer would meet to qualify for Tricare Prime Remote health care coverage.
- b. Approved Isolated/Hardship Designated sites are attached (Appendix A).
- c. Periodically, the DCCPR, Officer Support Section will review and verify the Isolated Hardship Sites. Requests for new sites should be submitted to the Chief, Officer Support in DCCPR by Commissioned Corps Liaisons and should include the following:
- (1) Duty Station Name
 - (2) Complete Address (including Zip Code)
 - (3) Population Size
 - (4) Distance from nearest population as designated in 8-9(a).
9. HISTORICAL NOTES: This is the third issuance of this Instruction within the eCCIS.
- 9-1. CCI511.01, "Awards Program," dated 20 February 2015.
- 9-2. CC27.1.1, "Awards Program," dated 6 August 2007.

Appendix A

Designated Isolated/Hardship Sites

FACILITY	ADDRESS	CITY	ST	ZIP CODE
Adak Clinic	General Delivery	ADAK	AK	99546
Angoon Health Center	600 Chinook Way	ANGOON	AK	99820
Aniak Subregional Clinic	N/A	ANIAK	AK	99557
Samuel Simmonds Mem Hosp	7000 Uula St	BARROW	AK	99723
Yukon-Kuskokwim Delta Regional Hospital	900 Chief Eddie Hoffman Hwy	BETHEL	AK	99559
Brevig Mission Village Clinic	N/A	BREVIK MISSION	AK	99785
Harris Sub-Regional Clinic	N/A	CHIGNIK BAY	AK	99564
Ilanka Health Center	509 Chase Street	CORDOVA	AK	99574
Kanakanak Hospital	6000 Kanakanak Rd	DILLINGHAM	AK	99576
Yukon Flats Health Center	N/A	FORT YUKON	AK	99740
SEARHC Haines Medical Center	131 First Avenue South	HAINES	AK	99827
Seldovia Village Health Center	880 E End Rd	HOMER	AK	99603
Hoonah Medical Clinic	568 Raven Drive	HOONAH	AK	99829
Hooper Bay Subregional Clinic	N/A	HOOPER BAY	AK	99604
Hydaburg Health Center	N/A	HYDABURG	AK	99922
Iliamna (Nilavena Subregional Clinic)	101 Airport Road	ILLIAMNA	AK	99606
Dena'ina Health Clinic	416 Frontage Road	KENAI	AK	99611
Ketchikan Indian Community Tribal Health Center	3289 Tongass Dr	KETCHIKAN	AK	99901
USCG Station Ketchikan		KETCHIKAN	AK	99901
King Cove Clinic	N/A	KING COVE	AK	99612
Alicia N. Roberts Medical Center	830 Craig-Klawock Hwy	KLAWOCK	AK	99925
Alutiiq Enwia Medical Clinic	402 Center Avenue	KODIAK	AK	99615
USCG Base Kodiak		KODIAK	AK	99615
Maniilaq Health Center	436 5th Avenue	KOTZEBUE	AK	99752
McGrath Sub-Regional Health Center	N/A	MCGRATH	AK	99627
Metlakatla (Annette Island SU Health Center)	Brendible Street	METLAKATLA	AK	99926
Ninilchik Community Clinic	N/A	NINILCHIK	AK	99639
Norton Sound Regional Hosp	1000 Greg Kruschek Avenue	NOME	AK	99762
Seldovia Village Health Center	206 Main St	SELDOVIA	AK	99663
Seward North Star Health Clinic	201 3rd Avenue	SEWARD	AK	99664
Mt. Edgecumbe Hospital	222 Tongass Dr	SITKA	AK	99835
USCG Station Sitka		SITKA	AK	99835
St. Mary's Sub-Regional Clinic	General Delivery	ST MARYS	AK	99658
Tanana Health Center	N/A	TANANA	AK	99777
Togiak Sub-Regional Clinic	General Delivery	TOGIK	AK	99678

Toksook Bay Subregional Clinic	N/A	TOKSOOK BAY	AK	99637
Unalakleet Health Center	General Delivery	UNALAKLEET	AK	99684
Oonaska Wellness Center	205 Broadway	UNALASKA	AK	99685
Yakutat Health Center	712 Ocean Cape Road	YAKUTAK	AK	99689
Clarence Wesley Health Center (San Carlos)	101 Medical Dr	BYLAS	AZ	85530
Chinle Comprehensive Health Care (Navajo)	Off Highway 191, PHS/IHS Dr	CHINLE	AZ	86503
Cibecue Health Center (Fort Apache)	2 W 3rd St	CIBECUE	AZ	85911
Dennehotso Health Station (Navajo)	Highway 160	DENNEHOTSO	AZ	86535
Kayenta Health Center	Highway 163, PHS/IHS Dr	KAYENTA	AZ	86033
Many Farms Dental Center (Chinle CHC)	Highway 191, PHS/IHS Dr	MANY FARMS	AZ	86538
Peach Springs Health Center	943 HUALAPAI WAY	PEACH SPRINGS	AZ	86434
Apache Healthcare Corporation (San Carlos)	102 Medicine Way Road	PERIDOT	AZ	85542
Pinon Health Center (Navajo)	Navajo Route 4	PINON	AZ	86510
Hopi Health Care Center	Hwy 264, Mile Marker 388	POLACCA	AZ	86042
Rock Point Health Station (Navajo)	Hwy 191	ROCK POINT	AZ	86545
San Carlos Service Unit		SAN CARLOS	AZ	85550
Sells Service Unit		Sells	AZ	85634
Supai Clinic (Havasupai)	Main Street	SUPAI	AZ	86435
Inscription House Health Center (Navajo)		SHONTO	AZ	86054
Four Corners Regional Health Center	US Hwy 160 & Navajo Route 35	TEEC NOS POS	AZ	86514
Inscription House Health Center (Navajo)	Hwy 98 & Navajo Route 1	TONALEA	AZ	86044
Tsaile Health Center (Navajo)	Route 64 @ Indian Road 12, (NCC) (COLLEGE)	TSAILE	AZ	86556
Tuba City Regional Health Care	167 N Main Street	TUBA CITY	AZ	86045
Whiteriver Hospital (Fort Apache)	HWY 73 MILE POST 342	WHITERIVER	AZ	85941
Yosemite National Park	5083 FORESTA ROAD B 759	EL PORTAL	CA	95318
Yosemite National Park	9000 LOST ARROW DRIVE	YOSEMITE NATL	CA	95389
Ute Mountain Ute Health Center (Ute)	232 Rustling Willow Street	TOWAOC	CO	81334
Kootenai Health Station	100 Circle Dr	BONNERS FERRY	ID	83805
Kamiah Health Center (Nez Perce)	313 3rd St	KAMIAH	ID	83536
USP Big Sandy	1197 AIRPORT ROAD	INEZ	KY	41224
FCI Manchester	805 FOX HOLLOW ROAD	MANCHESTER	KY	40962
USP McCreary	330 FEDERAL WAY	PINE KNOT	KY	42635
Passamaquoddy Tribe Indian Township	401 Peter Dana Point Road	PRINCETON	ME	04668
Manistique Tribal Community Health Center	698 W Hwy US-2	MANISTIQUE	MI	49854
Little River Band of Ottawa Indians	310 9th Street	Manistee	MI	49660
Newberry Tribal Community Health Center	4935 Zeez-ba-tik Lane	NEWBERRY	MI	49868
Lac Vieux Desert Health Center (Lac Vieux)	E23970 Pow Wow Trail	WATERSMEET	MI	49969
Grand Portage Chippewa Indians (Grand Portage)	62 Upper Road	GRAND PORTAGE	MN	55605
Bois Forte Band of Chippewa Indians (Bois Fort)	13071 Nett Lake Road	NETT LAKE	MN	55771

White Earth Health Center (White Earth)	40520 County Highway 34	OGEMA	MN	56569
Blackfeet Community Hospital (Blackfeet)	760 Hospital Circle	BROWNING	MT	59417
Crow-Northern Cheyenne Hospital	1 HOSPITAL ROAD	CROW AGENCY	MT	59022
Fort Belknap Service Unit	669 Agency Rd	HARLEM	MT	59526
Eagle Child Health Station (Fort Belknap)	123 Whitecow Canyon Road	HAYS	MT	59527
Heart Butte Health Station	81 Disney	HEART BUTTE	MT	59448
Lame Deer Health Center (N. Cheyenne)	100 Cheyenne Avenue	LAME DEER	MT	59043
Polson Health Center (Flathead)	#5 4th Ave East	POLSON	MT	59860
Verne E. Gibbs Clinic (Fort Peck)	107 H. Street	POPLAR	MT	59255
FDA/U.S. CUSTOMS PORT OF ENTRY	HIGHWAY 15	SWEETGRASS	MT	59484
Chief Redstone Clinic (Fort Peck)	550 6th Avenue North	WOLF POINT	MT	59201
Quentin N. Burdick Memorial Health Care Facility	Moonlight Drive Highway 5	BELCOURT	ND	58316
Dunseith Health Location (Turtle Mountain)	215 Main Street NE	DUNSEITH	ND	58329
Spirit Lake Health Center (Spirit Lake)	3883 74th Avenue, NE	FORT TOTTEN	ND	58335
Fort Yates Hospital	N/A	FORT YATES	ND	58538
Mandaree Health Station (Fort Berthold)	305 Main Street	MANDAREE	ND	58757
Minni-Tohe Health Center (Fort Berthold)	1 Minne-Tohe Drive	NEW TOWN	ND	58763
Trenton Community Clinic (Fort Berthold)	Highway 1804 West	TRENTON	ND	58853
Twin Buttes Health Station (Fort Berthold)	N/A	TWIN BUTTES	ND	58636
White Shield Health Station (Fort Berthold)	2 Central Main Street B	WHITE SHIELD	ND	58775
Alamo Health Center (Navajo)	Indian Service Route 54	ALAMO	NM	87825
Crownpoint Healthcare Facility		CROWNPOINT	NM	87313
Jicarilla Service Unit (Jicarilla)	500 Mundo Road	DULCE	NM	87528
Pine Hill Health Center (Ramah Navajo)	BIA Route 125	PINE HILL	NM	87357
Toadlena Health Station (Navajo)	N/A	TOADLENA	NM	87324
Yomba Shoshone Alcohol Center	N/A	AUSTIN	NV	89310
Battle Mountain Health Station	N/A	BATTLE MOUNTAIN	NV	89820
Duckwater Shoshone Tribe of Nevada	511 Duckwater Falls Road	DUCKWATER	NV	89314
Newe Medical Clinic (Shoshone)	400-B Newe View	ELY	NV	89301
Fort McDermitt Clinic (Fort McDermitt)	112 North Reservation Road	MCDERMITT	NV	89421
Owyhee Community Health Facility (Duck Valley)	1623 Hospital Loop	OWYHEE	NV	89832
FCI Ray Brook	128 RAY BROOK ROAD	RAY BROOK	NY	12977
Broken Bow-Choctaw Nation Hlth Ctr	205 E. 3rd	BROKEN BOW	OK	74728
FCI Estill		ESTILL	SC	29918
Allen Health Station (Pine Ridge)	100 West Main St	ALLEN	SD	57714
Bullhead Health Station (Standing Rock)	102 Tasunka Street	BULLHEAD	SD	57621
Cherry Creek Health Station (Cheyenne)	N/A	CHERRY CREEK	SD	57622
Cheyenne River Health Center (Cheyenne)	24276 166th Street, Airport Rd	EAGLE BUTTE	SD	57625
Fort Thompson Indian Health Center (Crow Creek)	1323 BIA Route 4	FORT THOMPSON	SD	57339

Kyle Health Center (Pine Ridge)	1000 Health Center Road	KYLE	SD	57752
Swiftbird (LaPlante) Health Station (Cheyenne)	N/A	LA PLANT	SD	57652
Lower Brule Indian Health Center (Crow)	601 Gall Street	LOWER BRULE	SD	57548
Manderson Health Station (Pine Ridge)	Wounded Knee Dist	MANDERSON	SD	57756
IHS Martin Field Office (Pine Ridge)	N/A	MARTIN	SD	57551
McLaughlin Health Center (Standing Rock)	701 East Sixth St	MCLAUGHLIN	SD	57642
Great Plains Area Youth Rgn Tx Center	12451 Highway 1806	MOBRIDGE	SD	57601
Pine Ridge Hospital (Pine Ridge)	East Highway 18	PINE RIDGE	SD	57770
Porcupine Clinic (Pine Ridge)	101 Main Street	PORCUPINE	SD	57772
Rosebud Service Unit (Rosebud)	BIA Route 1, Solder Creek Road	ROSEBUD	SD	57570
Woodrow Wilson Keeble Memorial Health Care Center	100 Lake Traverse Drive	SISSETON	SD	57262
Wagner Health Center (Yankton)	111 Washington Street, NW	WAGNER	SD	57380
Wakpala Health Station (Cheyenne)	N/A	WAKPALA	SD	57658
Wanblee Health Center (Pine Ridge)	100 Clinic Road	WANBLEE	SD	57577
Utah Navajo Health System (Navajo)	East Highway 262 Next to LDS Chapel	MONTEZUMA CREEK	UT	84534
Navajo Mountain Community Health Center (Navajo)	N/A	NAVAJO MOUNTAIN	UT	86044
Monument Valley Community Health Center	30 W Medical Dr	OLJATO-MONUMENT VALLEY	UT	84536
Inchelium Tribal Health Clinic (Colville)	39 Short Cut Rd	INCHELIUM	WA	99138
Sophie Trettevick Indian Health Center-Makah	250 Fort St	NEAH BAY	WA	98357
Colville Tribes Indian Health (Colville)	19 Lakes Street	NESPELEM	WA	99155
Omak Indian Health Clinic (Colville)	617 Benton St	OMAK	WA	98841
IHS Ashland Field Office (Bad River)	2800 Lake Shore Dr E	ASHLAND	WI	54806
Red Cliff Health Services (Red Cliff)	88455 Pike Rd	BAYFIELD	WI	54814
Forest County Potawatomi Community/Sokaogon Chippewa Indian Community		CRANDON	WI	54520
Lac Courte Oreilles Tribe of Wisconsin (Lac Courte Oreilles)	13380 West Trepania Road	HAYWARD	WI	54843
Pete Christensen Center	129 Old Abe Road	LAC DU FLAMBEAU	WI	54538
Bad River Health Services (Bad River)	315 Oak St	ODANAH	WI	54861
St. Croix Health Services	4404 State Road 70	WEBSTER	WI	54893
FPC Alderson	GLEN RAY RD. BOX A	ALDERSON	WV	24910
FCI Gilmer	201 FCI LANE	GLENVILLE	WV	26351
Yellowstone National Park		YELLOWSTONE	WY	82190