TO: All Officers of the Commissioned Corps of the U.S. Public Health Service (Corps)

SUBJECT: Certification of Practice Hours

1. This Personnel Operations Memorandum (POM) sets forth guidance and required procedures that an officer and the Operating Division (OPDIV), Staff Division (STAFFDIV), or non-U.S. Department of Health and Human Services (HHS) organization to which an officer is assigned should follow to obtain the officer’s 80 practice hours certification. There are two categories of practice hours: clinical and public health.

2. General.
   a. All Corps officers must maintain their professional competence in accordance with Commissioned Corps Directive (CCD) 111.03, “Conditions of Service.”
   b. All Corps officers who are in clinical deployment roles or who are applying for Health Professional Special Pay (Incentive Pay (IP) and/or Retention Bonus (RB)) must obtain 80 practice hours annually.
   c. All officers who are in clinical positions, Office of Personnel Management (OPM) Job Code 81, in a primary clinical deployment role, and are requesting Health Professional Special Pay (IP and/or RB) must submit Form PHS-7047, “Practice Hours,” to validate the 80 clinical practice hours in accordance with Section 5.a.
   d. See Appendix A for Glossary.

3. Public Health Practice Hours. Officers in the following health care professions – Preventive Medicine, Dental Public Health, or Veterinary Preventive Medicine – must complete 80 public health practice hours annually if they want Health Professional Special Pay (IP or RB). The officers’ supervisors must attest that the officer has completed 80 public health practice hours annually as explained in this POM.
4. Clinical Practice Hours. Officers can conduct clinical practice hours in the following ways: (1) official duty activity at a federal facility or at an outside organization or (2) non-official duty activity at a federal facility or with an outside organization.

a. Official Duty Activity at a Federal Facility or an Outside Organization. The following pathways may be used to acquire practice hours in a federal facility or an outside organization:

(1) Official Duty Activities Performed at a Federal Facility or an Outside Organization. An officer may cover official duty activities through an addendum to his/her position/billet description by requesting and submitting a position/billet addendum (Form PHS-7085, "Position/Billet Addendum") (as stated in Section 6.a.(4)).

(2) Memorandum of Understanding (MOU) and Memorandum of Agreement (MOA). MOUs/MOAs are agreements that can facilitate the officer’s performance of practice hours at a non-HHS agency.

(a) Officers may contact an individual Military Treatment Facility (MTF) to seek opportunities to perform practice hours under an MOU/ MOA.

(b) Corps officers performing clinical practice hours at an MTF are not subject to the Uniform Code of Military Justice (UCMJ) pursuant to 10 U.S.C. Chapter 47, Subchapter I (§801, et seq.).

(3) Temporary Duty Assignment (TDY). Temporary duty is when the Corps or agency assigns an officer to perform official duties at one or more locations, away from the officer's permanent duty station (PDS), for a period of time not to exceed 179 days, and then, upon completion, returns the officer to the officer’s old PDS or assigns the officer to a new PDS (see pamphlet Instruction 831.04, “Information on Temporary Duty Travel”). A TDY must benefit the Agency/OPDIV and not have the sole purpose of fulfilling an officer's clinical practice hours requirement. A TDY will require the following:

(a) Prior written supervisory approval; and

(b) TDY travel authorization form. The agency in which TDY is performed will issue the travel authorization or orders.

(4) Deployment. A deployment may only qualify for meeting the clinical practice hours requirement as approved by the Director, Commissioned Corps Headquarters (CCHQ), or his or her designee.

(a) Officers already performing clinical practice hours as part of a clinical role in deployment must perform such hours under supervision of a qualified clinician, and complete Form PHS-7047 for the hours to count towards the clinical practice hours requirement.

(b) Not all deployment roles meet the clinical practice hours requirement. The Readiness and Deployment Branch will send a decision memo to the Director, CCHQ, or his/her designee, defining what deployment roles qualify.

b. Non-Official Duty Activity at a Federal Facility or with an Outside Organization.

(1) Annual or Terminal Leave. Any period of one or more work days during which an officer is relieved from his/her scheduled duty work hours (other than sick leave)
including all non-workdays within such period. Officers must request annual leave and secure supervisor approval for the purposes of engaging in clinical hours as a non-official duty activity (see CCI 211.01, "Standards of Conduct").

(a) If an officer receives compensation for a non-official duty activity, the officer can only perform the activity while in a non-duty/non-work status (e.g., annual leave, weekends, or after on-duty work hours have ended for the day) and may not perform the activity during duty work hours or while on sick, station, or administrative leave.

(b) Supervisors shall not grant station and/or administrative leave for the purposes of performing practice hours in compensated non-official work activities (i.e. station leave during scheduled work periods).

(2) Off-Duty Work Hours. This is the period between the normal completion and commencement of scheduled working hours on two consecutive work days (see CCD 127.01 “Annual, Sick, Station Leave”). So, if an officer’s work hours end at 5 PM, the officer can perform non-official duty activities later that day.

5. Validation of Practice Hours.

a. On 1 June 2020, officers receiving IP and/or RB must document their clinical hours on the anniversary of their IP/RB agreement (except for officers whose 2020 anniversary date falls before 1 June). As per CCI 633.01, these officers have until 1 June 2020 to submit their hours in 2020 only and must submit their documentation on their anniversary date in subsequent years. Officers not receiving IP or RB must submit their clinical hours by 31 December using Form PHS-7047. For example:

(1) If an officer signs an IP or RB agreement on 3 January 2019, his/her normal anniversary date would be 3 January 2020. Since January is before June, the officer has until 1 June 2020 to document and submit his/her clinical hours. In subsequent years, he/she would have to submit his/her hours on the anniversary date.

(2) If an officer signs an IP or RB agreement on 3 August 2019, his/her normal anniversary date would be 3 August 2020. Since August is after June, the officer would submit his/her practice hours on the anniversary date.

(3) If an officer signs an IP or RB agreement on or after 1 June 2020, the officer has to include documentation of his/her practice hours when the agreement is made and on the anniversary date in subsequent years.

b. Whenever officers complete clinical hours, they must obtain an authorizing signature on Form PHS-7047 from the on-site supervisor(s). The officer must complete and sign Form PHS-7047 and then upload it each year on the anniversary of their most recent IP date (with the exception listed in Section 5.a. above) or by 31 December (for those not receiving IP) via e-DOC-U on the Commissioned Corps Management Information System (CCMIS).

c. A Corps officer must submit Form PHS-7047 when he/she:

(1) Is in a clinical billet/position and is requesting Health Professional Special Pay (IP or RB); or

(2) Is in a primary clinical deployment role.

a. Official Duty Activities (with a Federal Facility or Outside Organization).

(1) Official Duty Activity during Work Hours. Corps officers may perform clinical hours as an official duty activity during duty work hours without using leave. The Corps prohibits officers performing clinical hours as an official duty activity from receiving any outside compensation for these hours.

(2) Official Duty Activity and License Requirements. Corps officers can practice in federal and state facilities with an out-of-state license that meets OPM qualification standards (portability). However, non-state, outside organizations (e.g., privately-owned hospital system) may require federal employees performing practice hours to obtain an in-state license through its medical staff's privileging and credentialing process.

(3) Official Duty Activity and Liability. An officer performing practice hours as an official duty generally will be covered under the Federal Torts Claims Act (FTCA). However, officers performing any duty with an outside organization should always confirm malpractice coverage with the organization.

(4) Position/Billet Addendum. An officer may cover official duty activities through an addendum to his/her position/billet description by requesting and submitting a position/billet addendum (Form PHS-7085). The position/billet addendum is an important means of documenting that the practice hour activity is an official duty. Failure to document new or additional duties may leave an officer unprotected in the event he/she is injured during these duties, he/she is charged with malpractice, or he/she has an adverse legal claim made against him/her. The officer may request a position/billet addendum when the following conditions are met:

   a. Clinical hours are performed during a time in which the officer is considered in a duty status or during duty work hours without taking leave;
   b. The official duty activity does not result in additional compensation for the officer; and
   c. A supervisor(s) is on site to document the completion of the clinical hours.

b. Non-Official Duty Activities (with a Federal Facility or Outside Organization). There are occasions when an officer may want to acquire clinical hours as a non-official duty activity. For these occasions, officers must obtain Agency/OPDIV approval for this outside activity.

(1) The following factors must be considered when reviewing requests to acquire clinical hours as a non-official duty activity

   a. The reason for the request;
   b. Whether the officer has any current official duties which affect the outside entity; or
   c. Whether the activity involves an announced policy or program of his/her agency.
   d. Performance of the activity must not create divided loyalties or conflicts of interest between an officer’s outside activities and his/her official duties.
(2) Officers performing non-official duty activities must complete HHS Forms 520 and 521 or agency equivalents. They must submit the forms to the officer's agency's ethics division:

(a) **Form HHS-520**, “Request for Approval of Outside Activity” (or agency equivalent).

(b) **Form HHS-521**, “Annual Report of Outside Activity.” Officers who do not have a Form HHS-520 on file, but who participated in a non-official duty activity in the previous year, must complete a Form HHS-521 or agency equivalent.

(3) Compensation and Work Hours.

(a) The Government considers a compensated non-official duty activity as outside employment. Corps officers are prohibited from engaging in compensated activities in which they receive either direct payment from a HHS-funded grant, contract, or cooperative agreement; or indirect payment from an outside employer whose funding source is an HHS-funded grant, contract, or cooperative agreement. Additionally, officers are prohibited from helping prepare grant applications, contract proposals, program reports, or other documents intended for submission to HHS for compensation in accordance with the Supplemental Standards of Ethical Conduct for Employees of the Department of Health and Human Services, 5 C.F.R. §§5501.106(c)(1), (2).

(b) The Federal Government bars Corps officers from holding more than one paid position or receiving basic pay for more than an aggregate of 40 hours of work in one calendar week from a federal agency as a non-official duty activity (in accordance with the Dual Compensation Act of 1964 Title 5 U.S.C. §5533, §5536).

(c) Officers may accept compensation for employment with an outside organization when:

(i) Non-official duty activities, approved by their supervisor and agency ethic officials, do not detract from mission readiness, do not engage in compensated activities in an HHS-funded activity, and do not violate the dual compensation and incompatibility rules in accordance with 47 Comp. Gen. 505 (1968); 18 Comp. Gen. 213 (1938).

(ii) A non-official duty activity can include part-time or self-employment (e.g., business owner or an independent contractor or consultant).

(4) License Requirement. Officers conducting clinical hours as a non-official activity must consult the outside organization and state licensing board about license requirements.

(5) Liability. Officers who conduct clinical hours as an unpaid non-official duty activity with a federal facility must confirm whether FTCA or other statutory authority for liability coverage applies, and ask the federal facility whether the Federal Volunteer Protection Act (FVPA) applies to them. Officers conducting clinical hours as a non-official duty activity with an outside organization are not covered by the FTCA;
therefore, officers should consider purchasing liability or malpractice insurance or securing coverage through the outside organization’s master liability policy.

7. Waivers. In extraordinary circumstances the SG may waive this clinical hours requirement, for up to four years, in accordance with Section 6-2.g., CCI 633.01, “Special Pays.” The waiver process begins with the officer informing his/her immediate supervisor of the request for a waiver and then submitting the waiver to the Director, CCHQ or his/her designee. The waiver must specify one or more of the criteria below as its basis. The SG shall determine the specific documentation required for each of the following waiver criteria:

a. While the officer is responsible for unique duties under adverse conditions (e.g., officers who are assigned to an OPDIV/STAFDIV/non-HHS organization’s public health mission assignment that requires 120 days or more of travel in a 12 month period in or outside the continental United States);

b. While the officer is permanently stationed in a location outside the continental United States (OCONUS), except Alaska and Hawaii;

c. While the officer is in the O-6 pay grade and encumbers an executive level position that would otherwise be filled by a civilian at the senior executive level within his/her OPDIV/STAFFDIV/non-HHS organization as per the Officer of Personnel and Management or is in the O-7 pay grade or above and who holds a senior leadership position in the Corps; or

d. Participation in a full time intramural or extramural training program that is six months in duration or longer if the officer believes that completing the clinical hours will interfere with the training program. Such programs may include, but are not limited to, the Centers for Disease Control and Prevention (CDC) Epidemic Intelligence Service (EIS), National Institutes of Health (NIH) Fellowship Training Programs, and Food and Drug Administration (FDA) Fellowship Training Programs.

8. Officer Responsibilities.

a. Officers must maintain licenses, registrations, and certifications in good standing. They must provide licensure, registration, certification, and/or other relevant credentials for verification prior to providing clinical care at a health care facility or organization/institution where they are performing clinical hours.

b. Officers must notify the health care facility or organization/institution of any issue that would adversely affect, or otherwise limit, the officer’s clinical privileges or ability to perform clinical hours.

c. Officers must seek guidance from their agency ethics office when in doubt regarding whether an activity is considered an official duty activity.

d. Officers must follow the policies in this POM or face possible disciplinary action and/or loss of special pays.

9. Supervisor Responsibilities. Since agency supervisors play an essential role in all aspects of decision-making, CCHQ encourages officers to engage their supervisors from the start of the practice hours certification process. When supervisors review a request for engaging in clinical hours as a non-official duty activity, they should consider whether the clinical hours overlap with the officer’s official duties with his/her agency, whether the overlap creates conflict with matters that are critical to the officer’s performance of official duties, and whether the activity adversely affects the officer’s ability to perform his/her job.
10. The Director, CCHQ, may provide further guidance regarding the practice hours requirement and validation procedures. This POM is a guide that includes factors to consider when seeking and conducting certification of practice hours. Officers can find support and resources from CCHQ, Chief Professional Officers, OPDIVs/STAFFDIVs, supervisors, agency compliance and ethics offices, and the Office of General Counsel (OGC).

11. This POM will remain in effect until rescinded.

Jerome M. Adams, MD, MPH
VADM, USPHS
Surgeon General
Appendix A

Glossary

a. Clinical Care. The provision of direct clinical and related services to patients, animals, and clients including examining, testing, diagnosis, treatment, therapy, casework, counseling, disability evaluation, and related patient care.

b. Clinical Practice Hours. Hours spent providing clinical care. All officers deploying in a clinical deployment role must perform and document a minimum of 80 clinical practice hours per year in their clinical discipline or specialty, consistent with their current professional license, certification, or registration in accordance with Commissioned Corps Instruction (CCI) 241.01, "Readiness and Duty Requirements," Sections 6-2.c.(1) and 6-2.d. Officers in a clinical specialty also can use these clinical practice hours for IP RB.

c. Clinical Deployment Roles. For the purpose of this POM, a clinical deployment role is a temporary assignment providing clinical care while on a deployment. (see Appendix C for a list of primary clinical deployment roles.) An officer’s deployment role can be different from his/her position/billet of record as long as he/she is professionally licensed/credentialed or otherwise trained and competent; and he/she maintains clinical skills through training, certification commensurate with that professional qualification, and also maintains 80 clinical practice hours.

d. Public Health Practice Hours. Non-clinical hours spent in the practice of the officer’s current professional discipline or specialty. Officers in the following health care professions – Preventive Medicine, Dental Public Health, or Veterinary Preventive Medicine – must complete 80 public health practice hours annually if they want Health Professional Special Pay (IP or RB). The officers’ supervisors must attest that the officers completed 80 public health practice hours annually.


f. Deployment. Deployment is a directed, temporary assignment of officers from their assigned duties, authorized by the President, Secretary of HHS, Assistant Secretary for Health (ASH) or their designees during a time of war or in response to a national emergency, a public health emergency, or urgent health need (see CCD 121.02, “Commissioned Corps Deployments”).

g. The Federal Tort Claims Act (FTCA). The FTCA is a limited waiver of sovereign immunity of the U.S. government that grants certain plaintiffs permission to sue the federal government for damages caused by federal employees acting within the scope of their official responsibilities, as determined by the Department of Justice.

h. Official Duty Activities. Activities performed by an officer as part of, or as an extension of, his/her regular official duties as defined in his/her position/billet description.

i. Non-Official Duty Activities. Activities that are outside of, or not related to, an officer’s current regular official duties, performed outside of an officer’s agency work area, using the officer’s own or the outside entity’s resources, and not government resources. This definition applies whether the officer is compensated or not. Corps officers may not represent themselves as members of the Corps by wearing their Corps uniform while engaged in outside activities.

j. Federal Agencies. Departments, centers, offices, commissions, agencies, boards or bureaus of the Executive Branch of the United States Government. Federal agencies also include federally qualified health centers and community-based health centers that receives funds from the U.S. Department of Health and Human Services (HHS). Additionally, there are federal, but non-HHS,
Appendix A (continued)

STAFFDIV(s) and OPDIV(s) (see Appendix B for recognized HHS and federal non-HHS entities where officers may perform practice hours).

k. Outside Organizations. For purposes of this policy, outside organizations are those that are not federal agencies. Outside organizations include state, local, tribal, academic, for-profit or not-for-profit, or non-governmental hospitals, clinics, skilled nursing facilities, or rehabilitation facilities.

l. Position/Billet Addendum. A form that extends an officer’s current position/billet to expand his/her official duties to include an additional activity to achieve an agency or Corps mission. This activity can occur at a federal or a non-federal site.
### Appendix B

Examples of Federal, HHS, and Federal Non-HHS Agencies Where Officers May Perform Clinical Practice Hours

<table>
<thead>
<tr>
<th>Federal, HHS Agencies</th>
<th>Indian Health Service (IHS) (e.g., Direct Service, Tribal Contract or Compact Health Centers, Urban Indian Health Centers)</th>
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<tbody>
<tr>
<td></td>
<td>Program Support Center/Federal Occupational Health</td>
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<tr>
<td></td>
<td>Health Resources and Services Administration (HRSA) (e.g. HRSA Health Center Program)</td>
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<td></td>
<td>National Institutes of Health (NIH) (e.g. Clinical Research Center)</td>
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<tr>
<td>Federal, Non-HHS Agencies</td>
<td>Bureau of Prisons (BOP)</td>
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<td></td>
<td>Department of Homeland Security (e.g., Immigration and Customs Enforcement Health Service Corps)</td>
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<td>Department of Defense</td>
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<td>Veterans Administration (VA)</td>
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</tbody>
</table>
Appendix C

List of Primary Clinical Deployment Roles as Specified by CCHQ

<table>
<thead>
<tr>
<th>Primary Clinical Deployment Roles</th>
<th>Dental Hygienist</th>
<th>Dentist</th>
<th>Dietician</th>
<th>Medical Technologist</th>
<th>Mental Health (Psychologist, Clinical Social Worker)</th>
<th>Nurse</th>
<th>Nurse Practitioner</th>
<th>Optometrist</th>
<th>Pharmacist</th>
<th>Physician</th>
<th>Physician Assistant</th>
<th>Therapist</th>
<th>Veterinarian</th>
</tr>
</thead>
</table>

*The Corps may propose additional clinical deployment roles in the future.*
# Requirements and Permissions for Commissioned Corps Officers Who Engage in Clinical Hours

<table>
<thead>
<tr>
<th>Activity/Section</th>
<th>Facility Type</th>
<th>Work Hours</th>
<th>Compensation</th>
<th>License</th>
<th>FTCA Coverage</th>
<th>Approval Process/Validation Process</th>
<th>How</th>
<th>Where (examples)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.a Official Duty Activity</td>
<td>Federal</td>
<td>Allowed during work hours</td>
<td>NO</td>
<td>Portable</td>
<td>YES, subject to DOJ approval (Recommend MOA)</td>
<td>- Supervisor approval  - Submit Form PHS-7047</td>
<td>- Official Duty Activity  - MOU/MOA  - TDY  - Deployment  - Regularly Assigned Duties</td>
<td>County/State Health Dept.</td>
</tr>
<tr>
<td></td>
<td>Outside Organization (Non-Federal)</td>
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<td></td>
<td>Portable, but in-state license may be required per facility requisite</td>
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<tr>
<td>4.b Non-Official Duty Activity</td>
<td>Federal</td>
<td>May use Station Leave (except in the case of terminal leave)</td>
<td>NO</td>
<td>Portable</td>
<td>NO (consult with facility)</td>
<td>- Supervisor approval  - Submit Forms HHS-520 and 521 or agency equivalent  - Submit Form PHS-7047</td>
<td>- Annual Leave  - Off-duty work hours</td>
<td>- DHS  - DOD  - VA</td>
</tr>
<tr>
<td></td>
<td>Outside Organization (Non-Federal)</td>
<td>Allowed (except if performing service at a free clinic or health center)</td>
<td>In-state license is required</td>
<td></td>
<td>-NO (except Free Clinic FTCA Program)  - Should acquire liability insurance</td>
<td></td>
<td>- Free Clinic</td>
<td></td>
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