

**U.S. DEPARTMENT OF HEALTH  
AND HUMAN SERVICES**

**PERSONNEL OPERATIONS MEMORANDUM**



**POM 821.77**  
**EFFECTIVE DATE: 28 June 2021**

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**By Order of the Surgeon General of the U.S. Public Health Service:**

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**TO:** All members of the Regular Corps and the Ready Reserve Corps.

**SUBJECT:** Certification of Practice Hours

1. This Personnel Operations Memorandum (POM) sets forth guidance and required procedures that a Public Health Service (PHS) officer and the Operating Division (OPDIV), Staff Division (STAFFDIV), or non-U.S. Department of Health and Human Services (HHS) organization to which the officer is assigned should follow to obtain the officer's required 80 practice hours certification. There are two categories of practice hours: clinical and public health.
2. General.
  - a. All PHS officers must maintain their professional competence in accordance with Commissioned Corps Directive (CCD) [111.03](#), "Conditions of Service."
  - b. All officers who are in clinical deployment roles or who are applying for or receiving Health Professional Special Pay (HPSP), Incentive Pay (IP) and/or Retention Bonus (RB), must complete 80 practice hours annually.
  - c. All officers who are in a primary clinical deployment role or those in clinical positions (Office of Personnel Management (OPM) Job Code 81) and requesting or receiving HPSP (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, Preventive Dentistry, or Preventive Veterinarian Medicine – must complete 80 public health practice hours annually, by the deadlines specified in this POM, if they want Health Professional Special Pay (IP or RB). The officers' supervisors must confirm that the officers have completed these 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. PHS officers may use the following pathways 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) 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 U.S. Public Health Service (USPHS) Commissioned Corps or an OPDIV/STAFFDIV/agency assigns a PHS 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 requires the following:
    - (a) Prior written supervisory approval; and
    - (b) A TDY travel authorization form. The agency in which the 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 activities 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 activities qualify.
- b. Non-Official Duty Activity at a Federal Facility or with an Outside Organization.
- (1) Annual or Terminal Leave. Leave is 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 may request annual leave and secure supervisor approval for the purposes of engaging in clinical hours

as a non-official duty activity (see Commissioned Corps Instruction (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 cannot 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. Starting 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, that officer 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, that 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, that 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) through an email link. They must complete and sign Form PHS-7047 in the FORMS section of the USPHS Commissioned Corps Management Information System (CCMIS) 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).
- c. An officer must submit Form PHS-7047 when he/she:
  - (1) Is in a clinical billet/position and is requesting HPSP (IP or RB); or
  - (2) Is in a primary clinical deployment role.
- d. Once an officer begins filling out Form PHS-7047, the officer must complete the form and submit it to CCHQ within three months of initiating the form. CCHQ will reject forms that

are more than three months old. However, CCHQ does not require officers to fill out all their hours at one time or on one form. If more than one facility is used to acquire the necessary practice hours, the officer must submit an additional Form PHS-7047 for each facility. And officers can delete an incomplete form and start over with a new PHS-7047.

6. Official Duty Activity or Non-Official Duty Activity.

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

- (1) Official Duty Activity during Work Hours. PHS officers may perform clinical hours as an official duty activity during duty work hours without using leave. The USPHS Commissioned 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. 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](#)). Officers only need to change their addendum when their official duty activities change. 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 the officer is injured, charged with malpractice, or has an adverse legal claim made against him/her. The officer may request a position/billet addendum when the following conditions are met:
  - (a) The officer performs clinical hours during a time in which the officer is 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) Whether performance of the activity might create the perception of divided loyalties or conflicts of interest between an officer's outside activities and 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. The Government prohibits PHS officers 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, the Government prohibits PHS officers 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 PHS 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 Surgeon General (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 will 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/STAFFDIV/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 holds a senior leadership position in the USPHS Commissioned Corps;
  - d. While the officer is participating in a full time intramural or extramural training program that is six months in duration or longer. 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; or
  - e. While the officer is medically incapacitated (unable to perform practice hours) for a period of at least six months.
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's 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.
  - e. As part of their required annual clinical hours submission, officers must provide evidence of completing the clinical hours webinar. Officers must upload their training certificate in the "Certificate of Completion" section of the eOPF. This training only needs to be completed once. If the Director, CCHQ, detects a pattern of requests for backdating agreements from a particular OPDIV/STAFFDIV/non-HHS organization, the USPHS Commissioned Corps can subject the officer to disciplinary action in accordance with [CCD 111.02](#), "Disciplinary Actions" if this information is falsified
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 replaces POM 821.77, "Certification of Practice Hours," dated 25 February 2020, and will remain in effect until superseded or rescinded.

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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 and officers in clinical positions who are requesting or receiving Health Professional Special Pay (IP and/or RB) 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.
- 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 the officer is professionally licensed/credentialed or otherwise trained and competent, and maintains clinical skills through training, certification commensurate with that professional qualification. Officers with clinical deployment roles must maintain 80 clinical practice hours.
- d. **Public Health Practice Hours.** Non-clinical hours spent in in the practice of the officer's current professional discipline or specialty. Officers in the following health care professions – Preventive Medicine, Preventive Dentistry, or Preventive Veterinarian 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.
- e. **Clinical Positions.** Positions in the USPHS Commissioned Corps that provide clinical care. The USPHS Commissioned Corps classifies and tracks clinical positions using Office of Personnel Management (OPM) Primary Job Code 81. This classification code will appear in the officer's Promotion Information Report (PIR).
- 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. USPHS Commissioned Corps officers may not represent themselves as members of the USPHS Commissioned Corps by wearing their uniform while engaged in outside activities.



## Appendix A (continued)

- 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, 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 USPHS Commissioned 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

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

Appendix C

List of Primary Clinical Deployment Roles as Specified by CCHQ

Primary Clinical Deployment Roles	Dental Hygienist
	Dentist
	Dietician
	Medical Technologist
	Mental Health (Psychologist, Clinical Social Worker)
	Nurse
	Nurse Practitioner
	Optometrist
	Pharmacist
	Physician
	Physician Assistant
	Therapist
	Veterinarian

\*The USPHS Commissioned Corps may propose additional clinical deployment roles in the future.

Appendix D

Requirements and Permissions for PHS Officers Who Engage in Clinical Hours

Activity/Section	Facility Type	Work Hours	Compensation	License	FTCA Coverage	Approval Process/Validation Process	How	Where (examples)
4.a Official Duty Activity	Federal	Allowed during work hours	NO	Portable	YES, subject to DOJ approval (Recommend MOA)	- Supervisor approval  - Submit Form PHS-7047	- Official Duty Activity - MOU/MOA - TDY - Deployment - Regularly Assigned Duties	- IHS - NIH - HRSA
	Outside Organization (Non-Federal)			Portable, but in-state license may be required per facility requisite		- Supervisor Approval - Submit Form PHS-7047 - Submit position/billet addendum - Form-PHS-7085	- State - Local - Tribal - Academic - For profit or Not for-profit - Non-Governmental hospital - Skilled nursing facility or rehab facility	County/ State Health Dept.
4.b Non-Official Duty Activity	Federal	May use Station Leave (except during scheduled work period for paid non-official duty activity), Annual & Terminal Leave	NO (except in the case of terminal leave)	Portable	NO (consult with facility)	- Supervisor approval  - Submit Forms HHS-520 and 521 or agency equivalent	- Annual Leave  - Off-duty work hours	- DHS - DOD - VA
	Outside Organization (Non-Federal)		Allowed (except if performing service at a free clinic or health center)	In-state license is required	NO (except Free Clinic FTCA Program)  - Should acquire liability insurance	- Submit Form PHS-7047		- Free Clinic