



PRACTICE HOURS

Commissioned Corps Headquarters

Practice Hours User Guide

Practice Hours User Guide & FAQs

Updated 7/22/2024

Commissioned Corps Headquarters
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Practice Hours Manager: PHSPacticeHours@hhs.gov

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Accessibility

Note: Google Chrome is the browser of choice for accessing any form within the CCMIS Forms system. This is the platform in which the system was created, and thus is the platform that will experience the fewest amount of user issues.

*For guest users: Multiple unsuccessful logins will lock your account. If you are having trouble logging in, please contact the Commissioned Corps Help Desk at CCHelpDesk@hhs.gov

Information for about Practice Hours:

Per [POM 821.77](#) "Certification of Practice Hours," all officers who are in clinical deployment roles or who are applying for or receiving Incentive Pay (IP) and/or Retention Bonus (RB) must complete 80 practice hours annually. To do this, Form PHS-7047 must be submitted using the online Forms system within CCMIS. This form requires the signature of the Practice Site Supervisor (the supervisor where the officer completed the hours) and the OPDIV Supervisor (the officer's general day-to-day supervisor). In some instances, the Practice Site Supervisor and the OPDIV Supervisor may be the same person, in which case that person will need to sign the form twice.

Submitting Practice Hours

To initiate the PHS-7047:

1. Go to the Officer Secure Area of the Commissioned Corps Management Information System (CCMIS) - https://dcp.psc.gov/osa/osa_security_statement.aspx

Officer Secure Area

Security Statement

You are accessing a U.S. Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.

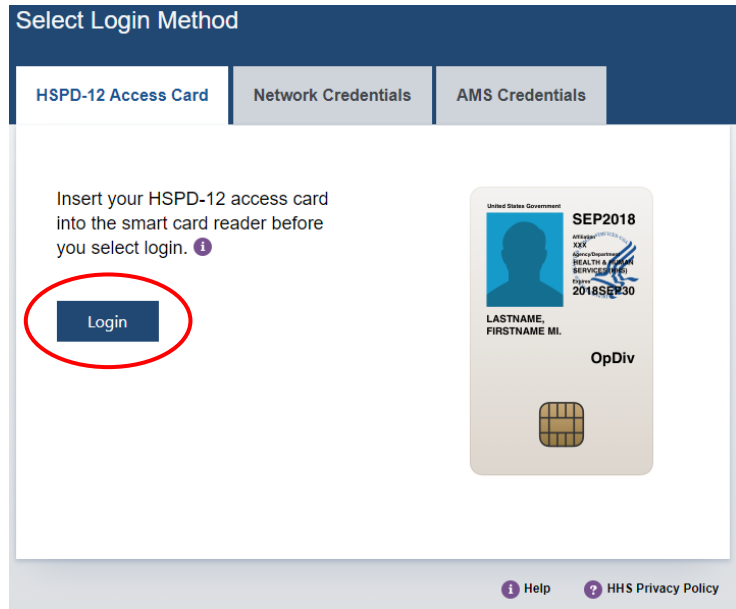
Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.

By using this information system, you understand and consent to the following:

- You have no reasonable expectation of privacy regarding any communications or data transiting or stored on this information system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.
- Any communication or data transiting or stored on this information system may be disclosed or used for any lawful government purpose.

[Continue to Secure Area](#)

2. Login to CCMIS using your PIV, CAC, or ALT card



3. Once logged in, click “Forms” on the left-side menu



4. Click the large, turquoise box labeled “MY FORMS”

Commissioned Corps of U.S. Public Health Service
Management Information System

Forms

Dashboard

Home / Dashboard

MY FORMS
Total 11

Not Started	2
In Process	1
Approved - Completed	8
Rejected - Closed	0

FORMS TO REVIEW
Total 1

Officer COER	1
Officer Rebuttal (COER)	0
PHS-7047 (Practice Hours)	0
Respirator Medical Evaluation Questionnaire	0
ROS (COER)	0

5. Click “Add new record”

Commissioned Corps of U.S. Public Health Service
Management Information System

Forms

My Forms

User Forms / My Forms

Reference Number: Description:

Form Type: Status:

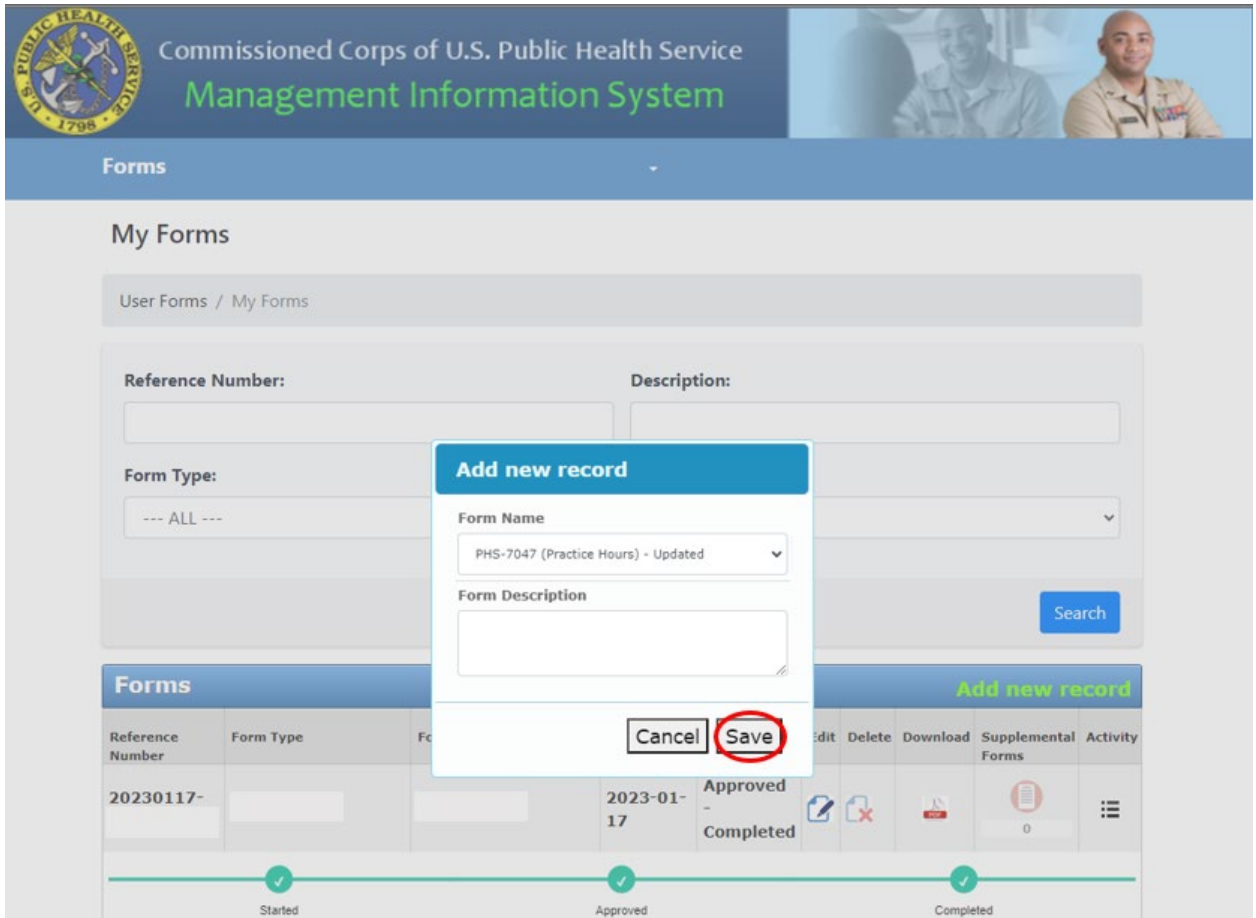
[Search](#)

Forms [+ Add new record](#)

Reference Number	Form Type	Form Description	Created Date	Status	Edit	Delete	Download	Supplemental Forms	Activity
20200826-1608617804	Officer COER		2020-08-26	Approved - Completed				1	

Started Approved Completed

6. Ensure “PHS-7047 (Practice Hours) - Updated” is selected then click the button labeled “Save”



7. Click the icon under the “Edit” column



8. Enter the required information throughout the page

Identification

1. Full Name 2. Grade / Rank 3. PHS SERNO

Job Description 4. Organization

5. Mobile Number 6. Duty Phone Number 7. Work Email

8. Category / Professional Discipline 9. Speciality

10. Total # of Practice Hours Completed * 11. Start Date of Practice Hours * 12. Submission Date * 13. Waiver *

80 01-01-2022 12-31-2022 Yes

No

End Date of Practice Hours *

12-31-2022

#10 and #11 will auto-fill once #14 is entered

14. Documentation of Practice Hours (use a separate form for each FACILITY / DEPLOYMENT)

Name of Facility * City / State / Location *

Practice Hours *

Start Date	End Date	Number of Practice Hours	Detailed Description of Practice Hours Activity Completed
01-01-2022	12-31-2022	80	Maintained full caseload of patients at _____ Facility

[+ Add Another](#)

The “Add Another” button should only be used if you performed multiple stints at the same facility at different times. When performing Practice Hours at different facilities, you must complete multiple PHS-7047 forms.

Please answer all questions. If additional actions are needed, please follow the directions within the question.

15. Were practice hours completed as a Job-Code 81 or Job-Code 61 or 62 (Student in Residency at Assigned Location)? *

- Yes
 No

16. Were practice hours completed as an Official Duty Activity AND in a Non-Job Code 81 at a Federal Facility or Outside Organization (often conducted during workday)? *

If yes, complete and upload Form PHS-7085 "Position/Billet Addendum" to eDOC-U.

- Yes
 No

17. Were practice hours completed as a deployment? *

- Yes
 No

18. Were practice hours completed during Temporary Duty (TDY)? *

If yes, please upload a TDY memo to eDOC-U.

- Yes
 No

19. Were practice hours completed as Public Health Practice Hours (only applicable to Preventive Medical, Preventive Dental and Preventive Veterinary)? *

- Yes
 No

20. Were practice hours completed as a Non-Official Duty Activity? *

If yes, complete and upload Form HHS-520, "Request For Approval of Outside Activity" (or agency equivalent) to eDOC-U.

- Yes
 No

21. Are you a Ready Reserve Officer? *

If yes, complete and upload Form PHS-7085 "Position/Billet Addendum" to eDOC-U.

- Yes
 No

For active-duty officers, questions 15-21 should generate ONE affirmative response. There isn't a case where an active-duty officer would answer "Yes" to multiple questions, nor is there a case where they would answer "Yes" to zero questions. If you answered "Yes" to a question that has an action item associated with it, please follow those instructions before submitting your form. It should be noted that HHS-520 forms can take some time to get approved. This may take some planning and coordination on the part of the officer.

Additional Forms

There are certain instances where you will need other forms in addition to your PHS-7047 in order to submit your practice hours. Examples of these forms include an outside activity form ([HHS-520](#) or agency equivalent) and the Billet Addendum ([PHS-7085](#)). Other activities that require additional forms are TDY opportunities. All aforementioned forms should be uploaded to the eOPF in the correct section prior to PHS-7047 submission. Failure to upload the required additional forms prior to PHS-7047 submission may result in a delay in processing your form.

Outside Activity Form (HHS-520)

Outside Activity forms must be used when performing a Non-Official Duty. Non-Official Duties can be paid or unpaid and may be performed at many different types of facilities. It depends on your specific circumstance as to whether you are performing a Non-Official Duty. If you are receiving any extra payment, this is automatically deemed a Non-Official Duty, and you'll need to complete an Outside Activity Form. When determining a Non-Official Duty, you can ask yourself, "Am I here on the behalf of the USPHS?" If the answer is no, it is likely a Non-Official Duty. Outside activity forms require ethics approval and HHS-520s must be updated yearly. Non-Official Duties must be performed outside of working hours or during working hours while taking Annual Leave.

Example: FDA Pharmacist Officer working at CVS on weekends and being paid an hourly rate would require an outside activity form.

Billet Addendum

Billet Addendums may only be used when performing an Official Duty in addition to your regular duties. Official duties being performed via billet addendum cannot be compensated. Practice Hours performed via Billet Addendum may be performed during working hours without taking leave.

Example: CCHQ Dental Officer maintaining a partial caseload of patients at Walter Reed on Wednesday mornings.

TDY

Officers claiming clinical hours performed via TDY are required to upload their TDY memo to their eOPF.

*Officers performing clinical hours while in a Job-Code 81 billet are not required to upload any additional forms. Your current job code may be found at the top of your PIR under "Current Assignment":

Current Assignment

Personnel Management Officer
CIVIL SERVICE SERIES 0340: PROGRAM MANAGEMENT
Position Grade: 5
Position Primary Job: 92 : MANAGEMENT

*Officers claiming clinical practice hours from a deployment are also not required to upload any additional forms. However, for an officer to claim clinical practice hours during a deployment, they must be performing work consistent with their clinical deployment role.

Example: An HSO Laboratory Scientist who was deployed and performed set-up, tear-down, and patient check-in may not submit that time for clinical practice hours.

Signing a PHS-7047 as a supervisor

PHS Officer Supervisor

If you are a PHS Officer Practice Site or OPDIV Supervisor, navigate your way to the Forms section by following the first three steps of the submission instructions (starting on Page 4) then perform the following:

1. Click the large, red box labeled “FORMS TO REVIEW”

The screenshot shows the dashboard for the Commissioned Corps of U.S. Public Health Service Management Information System. The 'Forms' menu is visible. The dashboard features two main widgets: 'MY FORMS' (Total 39) and 'FORMS TO REVIEW' (Total 2). The 'FORMS TO REVIEW' widget is circled in red. Below it, a list of forms is shown, including 'DD-214 Certificate of Release', 'Deployment Preparation Plan', 'Elevated User Access Form', 'Officer COER', and 'Officer Rebuttal (COFR)'. The 'Edit Form' icon in the table below is also circled in red.

2. Click the icon in the “Edit Form” column:

The screenshot shows a table of forms. The 'Edit Form' icon for the first row is circled in red. The table has the following columns: Reference Number, Form Owner, Form Type, Form Description, Created Date, Assigned Date, Stage, Status, Download, and Edit Form.

Reference Number	Form Owner	Form Type	Form Description	Created Date	Assigned Date	Stage	Status	Download	Edit Form
20231013-		PHS-7047 (Practice Hours)		2023-10-13	2024-01-05	Practice Site Supervisor	In Process		
20231219-				2023-12-19	2023-12-19	Liaison	In Process		

3. Review the form for correctness and fill in the appropriate boxes as the Practice Site Supervisor or the OPDIV Supervisor:

Email

Printed Name *

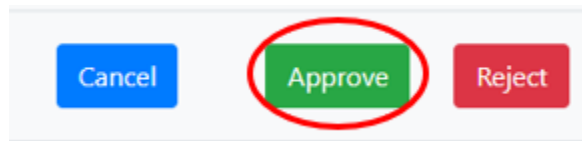
Title *

Signature *

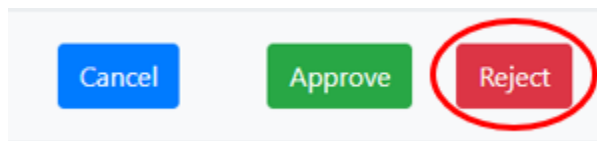
Date / Time *

- Once complete, scroll to the bottom of the page and click “Approve.”



*If edits need to be made to the form, you may click “Reject” and return the form back to the Officer:



Reject Form



Select Option:

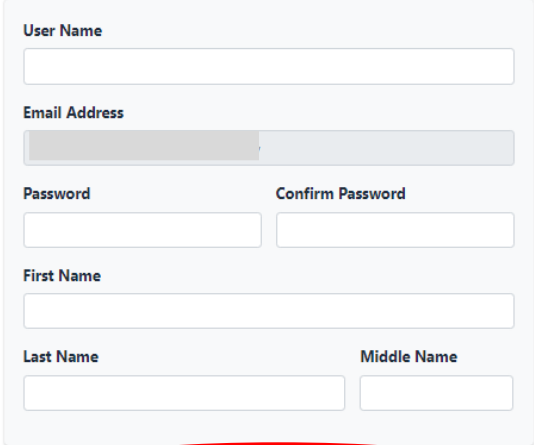
 

Comments:

Non-PHS Officer Supervisor

1. Once an officer under your supervision submits a PHS-7047, you will receive an email from forms-donotreply@hhs.gov with a link to create an account; click the link, enter information requested, and click “Submit”

*be sure to check your junk mail for this registration message

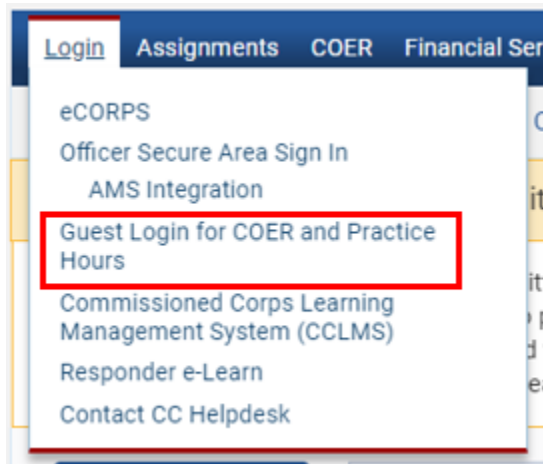


The registration form contains the following fields:

- User Name
- Email Address
- Password
- Confirm Password
- First Name
- Last Name
- Middle Name

A blue "Submit" button is located at the bottom of the form and is circled in red.

2. Once your account is created, go to the Guest User login (<https://dcp.psc.gov/Forms/Account/Login>)





Guest User Login

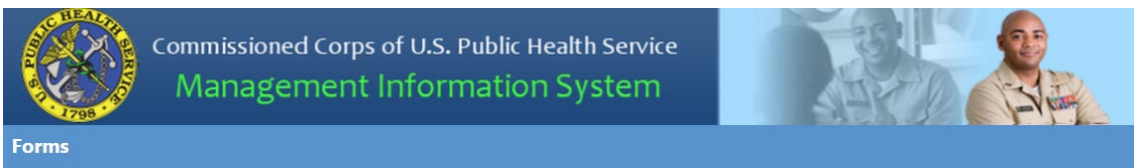
User Name:

Password:

Sign in

[Forgot User Name / Password?](#)

3. Verify your identity using the validation token sent to your email address



Verify Token

An email from forms-donotreply@hhs.gov has been sent to your registered email with a validation token. Please use the token from the email to validate your identity.

Submit

Now follow the same instructions as the PHS Officer supervisor starting on Page 11.

Waivers

Per Section 7 of POM 821.77, the Surgeon General may waive an officer's Practice Hours requirement if one of the following circumstances applies to them:

- 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.

To request a waiver, a form PHS-7088 must be used in conjunction with the following required forms pertaining to the type of waiver requested:

- a. (Adverse Conditions): if travel, a sheet with the total number of travel days completed or expected within the calendar/contract year of your waiver request, signed by your supervisor
- b. (OCONUS): Personnel Orders indication OCONUS station for the requested dates
- c. (Exec./Flag): Personnel Orders indicating Executive/Flag-level position
- d. (Training): Letter of support from agency signed by the agency Liaison
- e. (Medical Incapacitation): Letter from your health care provider indicating that you are unable to practice clinically for 6 months within the calendar/contract year of your waiver request or a copy of your deployment waiver from the Medical Affairs Branch.

The PHS-7088 and the required documentation must be saved as a single PDF document and emailed to PHSPracticeHours@hhs.gov.

Practice Hours Steering Committee (PHSC)

The PHSC is a committee that will determine the validity of practice hours opportunity requests on a case-by-case basis. Requestors can submit opportunities that are outside of typical clinical duties and request that they be valid for the use of gaining clinical practice hours.

The PHSC is comprised of all Chief Professional Officers (CPOs) and/or any alternates as chosen by the CPOs. This committee meets monthly and must be comprised of all professions to which the opportunities pertain.

To submit a Practice Hours Opportunity Request, send an email to PHSPacticeHours@hhs.gov with the subject line: Practice Hours Opportunity Request_Last Name_SERNO along with a narrative of your request which must include the following:

Event Name, Request Date

Detailed Description of Opportunity (specific work/training being performed)

How often will this opportunity be available? (weekly, monthly, single-event, ongoing, etc.)

What are the anticipated dates/period of this opportunity?

Where is this opportunity taking place?

Which professional categories may participate in this opportunity?

What is the scope of this opportunity? (number of patients/providers, number of sites across the region/country, etc.)

Who will be the Practice Site Supervisor of this opportunity (individual name or title is acceptable)

If possible, Practice Hours Opportunity Requests should be submitted 90 days before the date of the event. However, events that have been accepted by the PHSC after the event date will be retroactively approved, meaning officers will be able to submit the hours obtained from that event.

All forms pertaining to the permission and coverage of these activities must still be completed as needed (HHS-520 or agency equivalent for outside activities, PHS-7085 for billet addendums, etc.). The PHSC does not act as ethics or supervisory approval; they will only approve or deny that the activities to be performed are valid as clinical practice hours.

Practice Hours Opportunities

CCHQ has partnered with multiple agencies to increase access to clinical practice hours sites across the country. You can find out more about these opportunities [here](#).

FAQs

FAQs regarding the following topics can be found within the associated links:

[Practice Hours Policy](#)

[Practice Hours Waivers](#)

[Special Pay](#)

[Practice Hours Steering Committee](#)