



The Commissioned Corps Bulletin

May 2021

Volume 1, Issue 2

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Director's Message



*RADM Susan M. Orsega,
Director of Commissioned
Corps Headquarters*

Having passed the one-year anniversary of the start of the COVID-19 pandemic, I want to take this time to thank each one of you for your dedication and resilience, it has helped the United States Public Health Service (USPHS) Commissioned Corps complete 100+ successful deployment missions over the past year. Public Health Service officers will continue to be a critical component of the COVID-19 response. The dual USPHS missions of responding to COVID-19 in conjunction with the humanitarian effort to assist unaccompanied minors at the U.S. borders, further underscores the need and increasing demand for our officers.

Our deployment operational tempo is increasing daily, and I understand the challenges associated with that. My family often states they don't see much of me anymore, as I'm sure your families have expressed the same. However, if this job were easy more than 1% of Americans would serve in uniform. Being able to have open and honest conversations with my family has been the most beneficial thing I've done. When we raise our right hand and take the oath, it's not just us, it's also our families that make these sacrifices. So thank you to the families and loved ones who have served along with us in this challenging year.

The U.S. Department of Health and Human Services (HHS) Secretary Xavier Becerra has deemed it appropriate to deploy members of the USPHS

Commissioned Corps pursuant to the authority in 42 U.S.C. § 204a(a)(5)(D). Accordingly, Secretary Becerra has communicated to all OPDIV/STAFFDIV heads that:

- All Public Health Service officers will continue to be placed “on alert” status and are directed to stand ready and be prepared to deploy.
- Public Health Service officers assigned to an HHS OPDIV/STAFFDIV will be able to deploy without supervisor approval. Officers assigned to non-HHS agencies will continue to be deployed in accordance with the Memorandum of Agreement/Understanding between the USPHS Commissioned Corps and the non-HHS agency.
- Consistent with other deployments, Public Health Service officers called to deploy will be in limited leave status, with the exceptions of an emergency situation, respite after a deployment, sick leave, or caring for dependents (i.e., Maternity, Paternity, or Adoption Leave).
- Public Health Service officers are directed to respond within 48 hours to all requests for information regarding this response operation from the Commissioned Corps Headquarters (CCHQ) Readiness and Deployment Branch. Public Health Service officers also are directed to be prepared to deploy within 24 hours of receipt of deployment orders.

HHS is mandating all Public Health Service officers assigned to an HHS agency to apply for and maintain a government-issued credit card. We’re working with all non-HHS agencies to grant officers access to government-issued cards as well. If you’re using personal funds for travel expenses, you can apply for reimbursement every 4 weeks to mitigate the costs. The CCHQ Command Cell will have more information for you regarding how to apply for reimbursement.

In closing - I know it has been a taxing year, but I hope it’s also been rewarding. Much like our sister services performance in the aftermath of 9/11, now is our moment to serve and shine on the national stage. Our Service is rising to the challenge and I am proud to serve alongside you. We are especially grateful for your efforts to prepare for the vaccination deployments. 70 percent of the force has taken the required trainings and many of you have reported receiving a COVID-19 vaccination. For those of you who are being deployed and need to continue your vaccine series, arrangements can be made for you to receive your second dose in the field. Thank you – you all are amazing.

Policy News:

Shortly after the Navy Exchange (NEX) made the Physical Training Uniform (PTU) available on February 1st, Commissioned Corps Headquarters (CCHQ) received multiple comments from officers on the quality and durability of the PTUs and the fleece sweatpants and sweatshirts, as well as issues around the placement and durability of the USPHS logo.



The Navy Exchange Command (NEXCOM) issued a formal apology to the officers and has instituted improved quality control.

Samples of returned USPHS garments were sent to the Navy Clothing and Textile Research Facility (NCTRF) for review. They conducted a separate wash evaluation on the PTU T-shirt, shorts, fleece hoodie, and sweatpants. The results showed the PTU T-shirt and the fleece sweatpants passed the wash test without notable delamination of the USPHS caduceus logo. However, the PTU shorts and the fleece hoodie experienced both peeling and cracking of the logos. Additionally, CCHQ worked with them to develop clearer specifications for logo placement.

Due to these findings, the NEX has required the manufacturer to improve their Quality Assurance processes internally as well as conduct a full review of their current processes. To support the 100% review effort, the manufacturer was instructed to provide the NEX with a detailed plan regarding their efforts to correct the issues and a timeline for the extensive review. The extensive review included a visual inspection of all garments, conducting a wash test, and applying additional heating to the logo to ensure complete adhesion. This review has been completed. The shipments of the improved PTU components will be shipped to the Southeast Washington DC and Bethesda NEX locations by May 19.

The goal and mission of NEX is to always provide customers with a top-quality product. They assured us that they stand behind the garments they provide their customers 100% and will gladly replace or provide a full refund to all Public Health Service officers for any defective USPHS fleece or PTU items purchased. As a reminder any officer with defective product should return/exchange your PTU components with the NEX directly. If you have a problem with obtaining a refund or exchange of any clothing item purchased online or in stores, please inform CCHQ at phsccuniform@hhs.gov.

Recently Updated Policies

Commissioned Corps Headquarters recently revised two policies related to retirement:

- [Commissioned Corps Instruction \(CCI\) 661.01, “Computation of Retired Pay,”](#) This revision details how the USPHS Commissioned Corps calculates retirement pay, as well as, how retired pay is adjusted after retirement based on (1) when the officer first entered a uniformed service; (2) cost of living increases; and (3) later active duty. It defines the monthly retirement base and the retired pay multiplier including the four different ways Commissioned Corps Headquarters (CCHQ) calculates this multiplier to determine which method is most beneficial to the officer.
- [Commissioned Corps Instruction \(CCI\) 384.01, “Creditable Service for Retirement.”](#) This revision establishes the types of service that is creditable for determining eligibility for retirement of Public Health Service officers.

Commissioned Corps Headquarters recently revised four policies, one related to entry grade and three related to readiness:

- [Personnel Operations Memorandum \(POM\) 821.29, “Entry Grade on Appointment”](#) This revision provides more clarity on what the entry grade upon appointment to the Regular Corps and Ready Reserve Corps will be for Public Health Service (PHS) officers with prior service.
- [Personnel Operations Memorandum \(POM\) 821.66, “Retention Weight Standards.”](#) This revision requires Public Health Service officers who are below the minimum or exceed the maximum BMI limits outlined in Commissioned Corps Instruction (CCI) 241.01, “Readiness and Duty Requirements,” to submit additional documentation.
- [Personnel Operations Memorandum \(POM\) 821.71, “Physical Examination Requirements”](#) This revision outlines the forms individuals must use, laboratory test requirements, components of the Periodic Health Update (PHU), and instructions regarding the submission of the PHU to the Director, Commissioned Corps Headquarters for the purposes of maintaining medical readiness. The POM also includes major additional screening examinations that are required (as recommended by United States Preventive Services Task Force).
- [Personnel Operations Memorandum \(POM\) 821.75, “Readiness Compliance”](#) This revision more clearly communicates expectations for what officers must do to become Basic Qualified and maintain readiness. Additionally, this POM is now more specific on the consequences of being “Not Qualified” for monthly readiness checks.

Comparison of POM 821.66, "Retention Weight Standards"

Previous Version	New Version
<p>Required annual weight submission with renewal of Annual Physical Fitness Test (APFT) and stated all weight information was officially recorded on Form PHS-7044-1, "Verified Weight Report."</p>	<p>Adds additional weight submission requirements with annual Periodic Health Update (PHU) submission.</p> <p>States that "All officers must report their height and weight information when they submit their annual Periodic Health Update (PHU) beginning in and with January 2021 birth months. Officers must also continue to report their height and weight information on form PHS-7044, "Commissioned Corps Annual Physical Fitness Test (APFT)," and/or form PHS-7044-1, "Verified Weight Report," (as applicable) until they are required to begin submitting the PHU."</p> <p>Requires signatures of officer and a medical provider, dietitian, or certified trainer if BMI is over 27.5 kg/m² and officer requires "taping" values.</p>
<p>Had separate provisions for officers called to active duty after 12 July 2018.</p>	<p>Contains requirements for all officers including those in the Ready Reserve with no mention of active duty or 12 July 2018. It also applies to candidates for commissioning.</p>
<p>Briefly included requirements for officers reporting an annual weight and BMI below 19.0 kg/m².</p>	<p>States that "an officer with a BMI less than 19.0 kg/m², must submit a request for a waiver of weight standards to the Medical Affairs Branch (MAB) within 30 days of submitting an annual PHU or APFT, whichever comes first."</p> <p>Further outlines which officers are required to submit documented weight management plans and how MAB will determine compliance, granting officers a time-limited weight waiver.</p>
<p>Required an officer with a BMI between 27.6 and 29.9 kg/m² to submit a quarterly report to MAB on Form PHS-7044-1 in the first week of January, April, July, and October until s/he reaches compliance with Retention Weight Standards.</p>	<p>Additionally, adds that any officer with BMI less than 17.6 kg/m² must "also submit quarterly weight reports in the first week of each quarter, indicating progress with weight gain and reaching compliance with Retention Weight Standards."</p> <p>Clearly identifies that quarterly weight reports must be submitted "between the first through the seventh day of the months of January, April, July, and October (using Form PHS-7044-1)."</p>

<p>Included redundant Appendixes from CCI 241.01 on allowable weight standards, classification of BMI, how to determine an officer's Estimated Percent Body Fat, Percent Body Fat Estimation tables, and Quarterly Target BMI Values.</p>	<p>Removes the duplicate information already included in CCI 241.01 from Appendix. POM only displays the Quarterly Target BMI Values in the Appendix.</p>
<p>Specified required weight loss amount or quarterly targets only in the Appendix. Also did not include guidance for weight gain for low BMI officers.</p>	<p>Guidance for required weight loss and quarterly targets are now outlined within the policy.</p> <p>Specifies that "An officer with a BMI of 30.0 kg/m² or greater must demonstrate quarterly progress, as noted in the Appendix, with target weight loss of at least 3.5% quarterly, or 15% baseline body weight loss per year.</p> <p>An officer with a BMI of 17.5 kg/m² or lower must demonstrate quarterly progress with target weight gain of at least 3.5% quarterly or a 15% baseline body weight gain per year."</p>
<p>Submission of weight management plan did not require addressing unforeseen challenges with weight loss.</p>	<p>Adds an additional requirement that a weight management plan include "Ways they will address any unforeseen challenges or deficiencies in previous accepted plan that prevented them from successful weight gain/loss as expected."</p>
<p>Requires an officer with a BMI over 29.9 kg/m² to submit a documented plan to MA within 30-days of submitting annual weight.</p>	<p>Clearly outlines if a new weight management plan is needed for officers outside of compliance with annual weight reporting, it must be re-submitted within 30-days.</p> <p>It states, "an officer with a BMI of 17.5 kg/m² or lower, or a BMI of 30.0 kg/m² or greater, must submit both a quarterly weight report as identified above (Section 4.a.) and a documented Weight Management Plan to CCHQ via eDOC-U within 30 days of submitting either an annual PHU, APFT, or Form PHS-7044-1 in order to maintain basic readiness status."</p> <p>Additionally, the POM states that "An approved Weight Management Plan will only be valid for 12-months and if needed, must be renewed annually following successful submission of the PHU and/or APFT."</p>

<p>Stated that an officer who fails to meet the requirements of the POM and does not report quarterly progress will be marked “Not Basic Ready.”</p>	<p>Specifies that “An officer who does not demonstrate quarterly progress within two quarters or a 6-month period (see Appendix for 30.0 kg/m² or greater) is out of compliance with the Retention Weight Standards.</p> <p>Consequently, beginning in January 2021, the USPHS Commissioned Corps will mark such an officer as “Not Qualified” at the next readiness check and continue to identify this officer as “Not Qualified” in subsequent monthly readiness checks until the officer demonstrates this progress.”</p>
<p>Did not specify that medical-issued waivers were time-limited.</p>	<p>Clarifies any approved weight waivers are time-limited and no officer is exempt from submitting annual weight.</p> <p>States that all officers are required “to submit annual weight results, even those with an approved medical waiver for weight standards.”</p>
<p>For commissioning candidates, a BMI upper limit as a disqualifying condition was not listed.</p>	<p>States that, “The USPHS Commissioned Corps will consider candidates who have a BMI determination of 33.0 kg/m² or greater to have a disqualifying condition”.</p>

Comparison of POM 821.75 “Readiness Compliance”

Previous Version	New Version
<p>Included CCI 633.01, “Special Pays” as a force readiness requirement, along with CCD 111.03, “Conditions of Service,” CCD 121.02, “Deployment and Readiness,” and Commissioned Corps Instruction (CCI) 241.01, “Readiness and Duty Requirements.</p>	<p>Includes the other policies but not “Special Pays”</p>
<p>Did not clearly address when an officer is marked “Not Qualified”, their readiness remains lapsed until the missing item is submitted and the next readiness check occurs.</p>	<p>States that “An officer identified and marked as “Not Qualified” on the first of the month will continue to be marked as “Not Qualified” on the first of subsequent months until the officer rectifies the deficiency. Upon returning to “Qualified” status, the previous lapse(s) in readiness and “Not Qualified” status will remain in the officer’s historic readiness records.”</p>
<p>Did not reference a time limited time period for the submission of a “Readiness Assistance Form” in cases of errors.</p>	<p>Places a 90-day time limit on the submission of a “Readiness Assistance Form” if the officer asserts there is an error in or extenuating circumstances around the officer’s readiness status. “RDB will not accept nor review requests that are submitted more than 90 days after an officer is marked as “Not Qualified.””</p>
<p>Did not include guidance that officers need to notify CCHQ prior to the monthly readiness check if they have issues that would prevent them from successfully submitting a readiness requirement.</p>	<p>Adds a statement, “If an officer is experiencing an issue that will prevent him/her from achieving a readiness requirement, the officer should proactively communicate with CCHQ before the readiness check on the first of the month. CCHQ cannot make retroactive changes if the officer fails to communicate or address readiness information or status with CCHQ and is subsequently identified and marked as “Not Qualified.””</p>
<p>Contained language that duplicates POM 821.66.</p>	<p>Simplifies language on Retention Weight Standards and removes sections that duplicate POM 821.66</p>
<p>Stated that after being marked “Not qualified” for the fourth time “...the officer will not be eligible for awards, promotions, deployments, and possibly special pays.”</p>	<p>Changes language from “and possibly special pays” to the more specific “and special pays and may also terminate a special pay in accordance with the applicable Instruction.” This would include CCI 633.06, “Assignment Duty Pay.”</p>



Medical Affairs News:

Public Health Service officers please be aware that COVID-19 vaccination appointments are now available for ALL DoD/TRICARE eligible beneficiaries' ages 16 and older.

- For officers and families living in the National Capital Region, appointments are available at the Walter Reed National Military Medical Center. Appointments can be made online: <https://informatics-stage.health.mil/WRNMMCCOVIDapp/COVID.aspx>.
- For officers living in other areas of the county, you can find available appointments by visiting the following website: <https://informatics-stage.health.mil/COVAX/>.

Public Health Service officers are required maintain access to PIV-enable the Officer Secure Area (OSA). The OSA provides officers access to their Dashboard, eCMCS messaging, e-DOC-U, eCORPS, and the Readiness and Deployment Branch-Self Service applications. These applications are important as many USPHS Commissioned Corps updates are reviewed via these platforms. Officers who cannot access the OSA due to certificate problems with smartcards and the Access Management System (AMS) should contact the AMS helpdesk at 1-888-663-3447 or AMSHelp@hhs.gov.



PHERST News:

The Public Health Emergency Response Strike Team (PHERST) is looking for service driven individuals who work in public health and clinical settings with experience in family or emergency medicine (preferred) to fill the following positions:

Physicians	Varied (O-4 to O-6)
Physician Assistants	Varied (O-4 to O-6)
Nurse Practitioners	Varied (O-4 to O-6)
Registered Nurses	Varied (O-4 to O-6)
Licensed Clinical Social Workers	Varied (O-4 to O-6)
Clinical Psychologists	Varied (O-4 to O-6)
Environmental Health Officers	Varied (O-4 to O-6)

PHERST officers are full-time Active component “first on the ground teams” ready to respond to urgent public health emergencies or crisis. Managed out of Commissioned Corps Headquarters (CCHQ), these officers can deploy for extended durations. The PHERST clinical positions reside within CCHQ and report directly to CCHQ PHERST Chief. Again, these positions are responsible and accountable for filling critical public health needs during national emergencies and public health crises.

How to Apply:

CCHQ has multiple vacancies for this posting. Interested officers should submit the following in one PDF document:

1. Detailed cover letter not exceeding one page (12-point font) explaining your interest and how you meet the requirements and qualifications of the position
2. CV/résumé
3. Contact information for 2 references who can attest to your professionalism, dedication, officership, and communication skills (one must be supervisor).
4. Full length photo in Service Dress Blue uniform **and** Operational Dress Uniform (ODU).

Email the materials above in one PDF with “CCHQ PHERST Officer Application” in the subject line to PHSPHERST@hhs.gov mailbox. **Submissions must be received by 11:59 p.m. ET May 14, 2021.**

Training News:

Congratulations Graduates of Officer Basic Course 125!



The graduating class of OBC 125

Commissioned Corps Headquarters and the Commissioned Officer Training Academy wishes to extend congratulations to graduates of the Officer Basic Course (OBC) 125.

OBC training is a 2-week course of study for new calls to active duty to the Commissioned Corps of the U.S. Public Health Service (Corps). Officers are provided the foundational information and resources necessary to meaningfully contribute within the Department of Health and Human Services (HHS), the Commissioned Corps of the USPHS, and more broadly as a uniformed services member. OBC establishes a foundation of knowledge and training on career development, uniformed service customs and courtesies, force readiness and deployment, leadership, and other essential areas in preparation for a Corps career.

Congratulations to the following officers who graduated on Friday, March 26th, 2021:

RANK	LAST NAME	FIRST NAME	CATEGORY	AGENCY
LTJG	Baah	Issac	HSO	FDA
LT	Brant	Robert	HSO	BOP
LT	Butler	Brittanie	HSO	DHS
LTJG	Carlson	John	HSO	NIH
LT	Carter	Beau	EHO	IHS
LT	Chon	David	HSO	FDA
LT	Davies	Shannon	Nurse	OS
LT	Dodd	Derek	Nurse	FDA
LT	Floyd	Brett	Nurse	BOP
LT	Hardy	Regena	HSO	DHS
LT	Kimani	Martin	Scientist	FDA
LT	Lee	Irene	PHARM	IHS
LT	McClelland	Tia	HSO	CDC
LT	McDonough	Zachary	HSO	BOP
LT	Merchant	Darcy	HSO	IHS
LCDR	Mester	Melanie	Medical	IHS
LTJG	Miller	Katherine	EHO	IHS
LTJG	Mullins	Eric	Nurse	BOP
LT	Newford	Michael	Scientist	NIH
LT	Okereke	Chinwe-Ngozi	Nurse	BOP
LT	Ozuruigbo	Pearl	PHARM	BOP
LT	Park	Sung Jik	EHO	IHS
LT	Pina	Alberto	HSO	OS
LT	Salsieder	Jeff	Therapist	IHS
LT	Sarisky	Joseph	EHO	IHS
LT	Schick	Karl	Dental	USCG
LT	Sotayo	Olayinka	Nurse	BOP
LT	Steiger	Brenda	HSO	IHS
LT	Todd	Robert	Therapist	IHS
LT	Truong	Huy	PHARM	BOP
LCDR	Vance	Mary	Medical	DHS
LT	Wato	Kiki	HSO	IHS

Reminder:

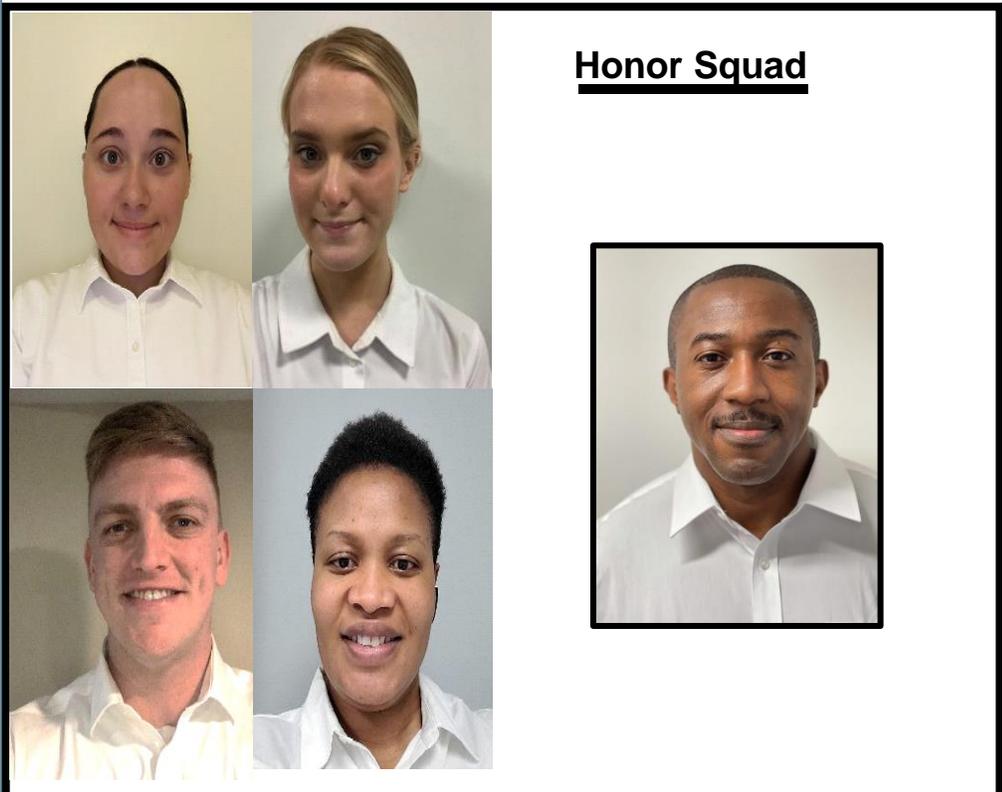
Please remember to update your user profile in CCLMS. An up to date email is required. A change in duty station results in a change to your work email. Add this to your out boarding checklist. If you forget your password, the reset link will be sent to the email on file. Also remember that your username is: PHS#.

Distinguished Graduate, LT Michael Newford

LT Michael Newford received the Distinguished Graduate Award for OBC 125. LT Newford is a Scientist Officer assigned to the National Institutes of Health (NIH) in Bethesda, MD.

An OBC Honor Graduate is selected by his/her peers and validated by the cadre as one who embodies teamwork, followership, leadership, service and excellence.

Congratulations, LT Newford!



Honor Squad

Honor Squad for OBC 125, left to right (top): LCDR Melanie Mester, LTJG Katherine Miller, (bottom) LTJG Eric Mullins, LT Chine-Ngozi Okereke, LT Pearl Ozuruigo (not pictured) (stand-alone) LT Michael Newford

Congratulations to the Officer Basic Course 125 Honor Squad. The squad consists of LCDR Melanie Mester, LTJG Katherine Miller, LTJG Eric Mullins, LT Michael Newford, LT Chinwe-Ngozi Okereke, and LT Pearl Ozuruigo.

An Honor Squad displays evidence of teamwork, flexibility, punctuality, and leadership as well as followership abilities. The squad demonstrates and is graded upon proficiency in Corps knowledge, communication, and teamwork.

Personnel and Career Management News:

Chief Professional Officer (CPO) Call for Nominations

Pursuant to Commissioned Corps Instruction (CCI) 322.04, "Chief Professional Officer Nomination," Commissioned Corps Headquarters (CCHQ) is now accepting nominations of highly qualified, eligible Public Health Service officers for the Medical, Engineer, Environmental Health Officer, Dietitian, and Scientist categories for Chief Professional Officer (CPO). Eligible officers have already been sent information on how to apply from their agency liaison. Qualified Public Health Service officers must be in good standing (e.g., no current adverse actions, basic ready, all COERs on file) to be eligible. Nominees for CPO must meet the force readiness standards established by the Assistant Secretary for Health at the time of nomination and continue to meet force readiness standards throughout their CPO tenure. Your agency liaison is available for any questions or concerns regarding the CPO selection process.

Promotions

Commissioned Corps Headquarters would like to inform officers, that although we are still in a historic deployment response, promotions will continue on as scheduled. Temporary promotion results are scheduled to post on or before July 1, 2021.

Standardized promotion benchmarks will be utilized by all 11 categories starting in PY2022. The benchmarks incorporate select mission priority factors and recommend assigned percent weights for each factor in each precept.

Having a standardized set of benchmarks across all categories lays the framework for an objective review for officers during promotion process.

Please reference the Commissioned Corps Management Information System (CCMIS) promotion website for important announcements, instructions, and information.

For additional promotion questions and concerns, contact your respective liaison.



Retirement News:

Congratulations to our May 2021 retirees! The United States Public Health Service Commissioned Corps thanks you for your years of service.

Atencio, Kathleen	Environmental	EPA	CAPT
Audain, Gettie	Nurse	FDA	CAPT
Austin, Bradley	HSO	OS	CAPT
Axt, David	Pharmacist	IHS	CDR
Brooks, Cheryl L	Nurse	IHS	LCDR
Colobong, Junio R	HSO	FDA	CDR
Craig, Charles E	Environmental	IHS	LCDR
Derbis, Janelle M	Pharmacist	FDA	CAPT
Dunville, Richard L.	HSO	CDC	CDR
Enever, Lori	Nurse	IHS	CAPT
Engelstad, David	Engineer	EPA	CAPT

Frazer, Nicole L	Scientist	DOD	CAPT
Glydwell, Anthony E	Nurse	IHS	CDR
Grant, Anita E.	Nurse	BOP	CAPT
Hall, John A	Engineer	FDA	CDR
Hennessy, Jodi L	Nurse	BOP	CDR
Ignacio, Joselito S	Environmental	DHS	CAPT
Landreau, James D	Medical	VA	CAPT
Lawrence, Lisa D	Nurse	FDA	CDR
Linsteadt, Vilma L.	Nurse	BOP	CDR
Martinez, Roger	Engineer	IHS	CDR
Mendelson, Michael	Dentist	FDA	CAPT
Merrill, Clarice	Nurse	IHS	CDR
Moolenaar, Ronald L	Medical	CDC	CAPT
Morales, Samantha	Medical	DHS	LCDR
Murray, Christina M	Pharmacist	BOP	CDR
Perry, Anthony G	HSO	DOD	CDR
Porter, Brenda C	Nurse	IHS	CAPT
Prohaska, Kevin A	Medical	FDA	CAPT
Scott, Valerie L	Nurse	IHS	LCDR
Thornton, Venita B	Veterinarian	NIH	CAPT
Trout, Douglas B	Medical	CDC	CAPT
Whitehart, Jonathan L	HSO	HRSA	CDR

Surgeon General Advisory Group Updates:



Point of Contact:

- LCDR Sally Doan, APAOC Executive Secretary, at: Sally.Doan@fda.hhs.gov



Asian Pacific American Officers Committee (APAOC) presents:

The 1st Annual
**Asian American and Pacific Islander
Heritage Month Celebration**

on
Wednesday, May 19, 2021, from 12:00 - 1:00 pm EDT

In honor of Asian American and Pacific Islander (AAPI) Heritage Month,
we would like to cordially invite you to join us for this celebration.

APAOC Presenters:

- RADM (ret.) Samuel Lin, Distinguished Guest (pictured below)
- CAPT Maria Fields, Senior Advisor
- CDR Trang Tran, Chair
- CDR Michelle Tsai, Public Relations Subcommittee (SC) Co-Chair
- LCDR Ji Hyun LaRose, Nomination & Membership SC Chair



RADM (ret.) Samuel Lin

[Join Zoom Meeting](#)
Click [here](#)

Call-in Number: +1-669-254-5252
Meeting ID: 160 361 8320
Passcode: 427229

The Asian Pacific American Officers Committee will hold its first annual AAPI heritage month celebration in May. Please see details in the flyer above.

The Music Ensemble Group recently recorded an uplifting virtual performance of the PHS March, watch here:

https://drive.google.com/file/d/1AnIn_-b16w95gMZ8hX1kTwP25OvhrOb_/view

Helpdesk Frequently Asked Questions

How do you confirm leave in eCORPS?

In order to confirm a leave request, please follow the steps below:

1. Sign in to eCORPS and navigate to the “Tasks” menu
2. Select the request you wish to confirm, and then click the gray triangle button under the “Actions” column
3. Make sure to keep any days that you took checked
4. Click “Next”
5. Click “Complete.”

What happens if I cannot login or I forgot my password?

To reset your password for eCORPS, please follow the steps below:

1. Go to <https://phsleave.lyceum.com/>
2. Click “I forgot my Password.”
3. Enter your username, email address, and security words (case sensitive)
4. Enter your date of birth on the next screen. You should then receive an email containing a temporary password.
5. If you are a civilian supervisor, we will provide your username and send you a temporary password. This cannot be done via self-service.

When I attempt to reset my eCORPS password via “Forgot my Password” I get a message stating that my email is not valid, even though it is. What do I do?

In this case, please contact the helpdesk staff.

The Password Reset I received from eCORPS is not working. What do I do?

When attempting to enter the temporary password, please be careful to not accidentally copy/paste any of the spaces before or after the password sequence, as this will cause the login to fail. It should be exactly eight characters in length. Please also be aware that all eCORPS login fields are case sensitive. If you are an officer, your username must be in all caps. If you are still unable to sign in, please let the helpdesk know.

My supervisor is incorrect, how do I fix this?

Please contact your area or agency liaison, they will be able to re-assign you to the correct individual.

How do I upload Documents using eDOC-U?

In order to upload your documentation to eDOC-U, please follow the steps below:

1. Sign in to the Officer Secure Area
2. Choose “eDOC-U” from the left-hand activity menu on your dashboard
3. Select the desired document category from the dropdown menu
4. Select the document Type/Name
5. Click “Browse” and select you’re the file you’d like to upload from your computer
6. Click “Upload”

Please also see the following user guide for more detailed instructions:
https://dcp.psc.gov/ccmis/PDF_docs/eDOC-U%20Officer%20User%20Guide.pdf

My eOPF dropdown menu is blank. What do I do?

Please log out of your eOPF, then sign back in. You should then be able to see your full dropdown menu. You may also try using Google Chrome, as this often works better than Internet Explorer.

I've uploaded a document, but it is not yet in my eOPF. Why?

Please check the eOPF status on the following webpage for document processing times:

https://dcp.psc.gov/ccmis/eOPF_fax_announcement_m.aspx.

If you have waited past the specified time and still do not see your document, please contact phsopffix@hhs.gov or phslicensure@hhs.gov if the document in question is a license.

There is an error in my eOPF. How do I fix it?

If you notice an error in any of your eOPF documentation, please contact phsopffix@hhs.gov to have it corrected.

How can I grant another officer access to my eOPF?

In order to grant another officer access to your eOPF, please fill out a user form at:

https://dcp.psc.gov/CCMIS/PDF_docs/user_registration_form.pdf

Please open the form in Internet Explorer or Adobe Reader Acrobat so that you may sign the document digitally with your PIV or CAC card.

At the top of the form, please select "Change Access Rights" as the "Request Type."

On the form, please include the following information:

- Your name and SERNO
- The name and SERNO of the officer you would like to grant access
- Which sections of the eOPF you would like to grant access to
- Which dates you would like the access to be granted for. Please choose a date at least 3 business days from today's date to allow time for processing. The maximum time that can be granted is 2 weeks. We will then be able to grant this access for you.

What is my username/password for the LMS training system?

Your LMS username is your PHS number. Please use the “Forgot Password” button to set up a password if you do not already have one. Help Desk Staff: If officer has already tried to reset password and can’t, instruct the officer to contact phscota@hhs.gov

How do I unlock my COER Guest account?

This is typically because the password has been entered incorrectly too many times. You will need to either call the CCHelpDesk 888-225-3302 or email them at cchelpdesk@hhs.gov to have them unlock your account

My temporary Password does not work.

- a. This could be because the password was Copy and Pasted as opposed to typing it in.
- b. All passwords that are generated from the system must be typed

My Token has expired but it has not been 5 minutes

- a. This is because the submit button was pressed more than once.
- b. Request a new token and type that token in and hit submit once

My Supervisor is not populating

- a. The COER needs to be filled in completely before the supervisor will auto-populate!
- b. If an officer changed supervisors the COER will need to be completed by the ORIGINAL supervisor. This means officers will need to go into their reddog, change the supervisor back to their first supervisor.
- c. The "period covered by report" section must also be filled in before the supervisor will populate.
- d. If all information was entered and the supervisor is not populating please clear your browser history and cache
- e. If the accomplishments section is left in that can cause the supervisor to not populate. You will need to remove that section and adjust the date and then the supervisor will populate

I am receiving a “fakepath” error when attempting to upload a file to an eCMCS message.

This is a result of a file name eCMCS does not find acceptable, usually due to numbers or characters in the name. You can fix this issue by renaming the file using the instructions below:

Left click on the file you would like to upload; a menu will appear. Select the option labeled “Rename” located near the bottom of the menu as underlined here.

I’m getting an “Internal Server Error” when attempting to send a message through eCMCS.

If you are copy/pasting message content from Microsoft Word or other word-processing application, please be sure to first paste it into notepad to remove any special formatting, as eCMCS may not be able to process it. Please also be aware that eCMCS messages have an attachment size limit of 2 megabytes. If you are still unable to send the message, please let us know.

I am unable to attach .zip files in eCMCS.

The ability to attach .zip files in eCMCS is a role that must be granted to a user. To request this role, please contact the help desk at cchelpdesk@hhs.gov to request the role, in addition to a business justification for needing the role.