**PROMOTION CURRICULUM VITAE COVER PAGE**

PHS # XXXXX

Rank, First Name Last Name, Credential Month Year

**PERFORMANCE**

The COER and ROS are assessed within this precept; therefore, you should not repeat information presented in either document.

* Highlight significant accomplishments at your current and previous assignments since the date of last promotion, including major publications and presentations.
* Identify the three highest PHS awards earned throughout your career and all PHS and agency/non-PHS awards

received since the date of last promotion.

**EDUCATION, TRAINING, and PROFESSIONAL DEVELOPMENT**

Provide a brief statement about what you are doing/have done to increase your knowledge and skills beyond the qualifying degree/credential **and** the relevance for your current job, the PHS mission, and/or career progression.

* List qualifying credential, additional credentials in order of importance for your category (highest first), and formal public health and/or leadership training completed since the date of last promotion. For credentials in progress, include percent (%) completed and/or number of credits, and projected date of completion.
* Describe accomplishments/impacts, since the date of last promotion, related to teaching, planning, developing, or leading continuing education (CE) activities.
* *Do not include*: expired credentials, continuing education or training activities to maintain readiness (e.g., license, registration, certification, BLS), OBC/BOTC, or training ribbon.

**CAREER PROGRESSION and POTENTIAL**

Present a timeline of your assignments that highlights changes in billet level, mobility, and scope of responsibility and demonstrates growth over the course of your career. Include TDYs and detail assignments only where >90 days in length.

* List collateral duties since the date of last promotion with identification of local/institutional, agency/PHS, regional, national, or international engagement.
* Indicate the Mission Priority Buckets for each assignment, where applicable. (See CV instructions for the list of Mission Priority Buckets.)

**PROFESSIONAL CONTRIBUTIONS and SERVICES to the PHS COMMISSIONED CORPS**

This section should identify engagement, since the date of last promotion, that is above and beyond your official position and the related contributions to PHS, the community, or others. Specify leadership roles in these activities and ensure that roles are substantiated by supporting documentation in your eOPF.

* Include PHS chartered groups, uniformed service organizations, and professional associations.
* Specify involvement and role in Corps or agency-based mentorship programs.

PY 2024 PROMOTION CURRICULUM VITAE

RANK FIRST MIDDLE LAST NAME

Degree(s) & Certificate(s)

OPDIV Name Work Mailing Address Work Email Address Work Phone Number

|  |  |
| --- | --- |
| **Last Temporary Promotion Date** | MM/DD/YYYY |

PRECEPT 1: PERFORMANCE RATING AND REVIEWING OFFICIAL’S STATEMENT (PERFORMANCE)

USPHS ASSIGNMENT(S), DUTIES & IMPACT

Current Agency Title:

Billet Grade:

Date:

Agency:

Duties & Responsibilities:

# 

Impact/Accomplishments:

# 



USPHS ASSIGNMENT COLLATERAL DUTIES

|  |  |  |
| --- | --- | --- |
| **Role** | **Description & Impact** | **Date(s)** |
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AWARDS HISTORY

|  |  |
| --- | --- |
| **Type of Award/Recognition** | **Year(s) Awarded** |
| **USPHS** |  |  |
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| **Uniformed Services** |  |  |
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| **Other** |  |  |
|  |  |
|  |  |
| **Letters/Certificates of Appreciation** |  |  |

PRECEPT 2: EDUCATION, TRAINING & PROFESSIONAL DEVELOPMENT

CREDENTIALS

|  |  |  |  |
| --- | --- | --- | --- |
| **Degree** | **Specialty** | **College/University** | **Year Received (Actual/Projected)** |
| **Qualifying Degree:** |  |  |  |
|  |  |  |  |
| **Additional Degree(s):** |  |  |  |
|  |  |  |  |

CERTIFICATIONS, REGISTRATION & ADDITIONAL TRAINING PROGRAMS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **Organization** | **Date Obtained** | **Expiration Date** | **# of CE Hours Required per \_\_ years (indicate licensing period)** |
|  |  |  |  |  |

LICENSURE

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **State** | **Expiration Date** | **# of CE Hours Required per years (indicate licensing period)** |
|  |  |  |  |

CONTINUING EDUCATION (PLANS, DEVELOPS, LEADS)

|  |  |  |
| --- | --- | --- |
| **Type of Activity** | **Role** | **Date(s)** |
|  |  |  |
|  |  |  |

PUBLIC HEALTH TRAINING & EXPERIENCE

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Organization** | **Role** | **Date Completed** |
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PRECEPT 3: CAREER PROGRESSION & POTENTIAL USPHS CAREER PROGRESSION OVERVIEW

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| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Temporary Rank & Grade** | **Billet Grade** | **Agency Position Type** | **Agency Position Title** | **Agency &****Location** | **Mission Priority Factor** |
|  |  |  |  |  |  |  |
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PRECEPT 4: PROFESSIONAL CONTRIBUTIONS & SERVICE TO THE PHS COMMISSIONED CORPS (OFFICERSHIP)

HONOR/INTEGRITY/DUTY (Deployments)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Mission** | **Role & Impact** | **Year(s)** |
| **USPHS** |  |  |  |
|  |  |  |
|  |  |  |
| **Agency** |  |  |  |
|  |  |  |
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OTHER COMMISSIONED CORPS AND PROFESSIONAL CONTRIBUTIONS

***Category Collateral Duties***

|  |  |  |
| --- | --- | --- |
| **Group/Committee** | **Role & Impact** | **Year(s)** |
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|  |  |  |
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***USPHS Collateral Duties***

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| --- | --- | --- |
| **Group/Committee** | **Role & Impact** | **Year(s)** |
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***Professional Organizations***

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| --- | --- | --- |
| **Group/Committee** | **Role & Impact** | **Year(s)** |
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***Mentoring Activities***

|  |  |  |
| --- | --- | --- |
| **Official Category Program** | **Role** | **Year(s)** |
| *(Program Name and Role)* |  |
|  |  |
|  |  |
| **Other PHS/Agency Program** |  |  |
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***Publication(s)***

1)

***Presentation(s)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title of Presentation** | **Title of Meeting** | **Type of Activity** | **Location** | **Date(s)** |
|  |  |  |  |  |
|  |  |  |  |  |

***Outreach (Civic, community, and volunteer/Outside Activities)***

|  |  |
| --- | --- |
| **Type of Activity** | **Date(s)** |
|  |  |
|  |  |
|  |  |