

HEALTH SERVICES PROFESSIONAL ADVISORY COMMITTEE

SELF-NOMINATION FORM: 2017 - 2019

The Health Services Professional Advisory Committee (HSPAC) provides advice to the Surgeon General (SG) and the Health Services Chief Professional Officer (CPO) on professional and personnel issues related to the Health Services category. Selections are based on the nominee's commitment to public health activities and specified criteria in the Charter (e.g., organizational, discipline, gender, and minority representation). Selections are made by the HSPAC and approved by the SG.

I am interested in serving on the HSPAC for a 3-year term beginning January 1, 2017. If selected, I am expected to obtain the necessary agency support to attend six scheduled meetings per year. Depending on my duty station location, teleconferencing may be arranged for 5 of these meetings with permission of the HSPAC Chair. It is my understanding that attending the COA conference can be substituted to meet the requirement of participating in one meeting in person. I also agree to participate in HSPAC subcommittees and other HSPAC activities.

I have included a copy of my current CV with summary sheet and a cover letter describing how my specific experience and expertise will benefit the HSPAC.

Requirements: The nomination package must include the signed form, cover letter, the current format for the HSO CV and the CV summary sheet. All documents need to be scanned into a single PDF file. Officers must show active and current participation in HSPAC, PAGs, and Corps activities.

For additional information about the HSPAC Nomination process please visit the [HSPAC Membership Nomination](#) and the [Frequently Asked Questions](#) webpages.

Rank _____ Name _____ EMPLID# _____

Specific HSO Discipline (qualifying degree to the Corps): _____

HSO Subcategory: _____ How many years in the Corps: _____

Race: _____

Sex: _____

DUTY STATION ADDRESS:

Operating Division/Program: _____

Agency/Center: _____

Division/Program: _____ Building: _____ Room: _____

Mail Stop: _____ Street: _____

City: _____ State: _____ Zip: _____

Duty Phone: _____ FAX: _____

E-Mail Address: _____

HSPAC ACTIVITIES/SUBCOMMITTEES OF INTEREST TO ME:

Awards	Recruitment	Readiness	Communication
Policy	Mentoring	Membership	Career Development
Events			

Other _____

Nominee's signature: _____ **Date:** _____

SUPERVISOR'S APPROVAL: I understand that the HSPAC serves as an advisory committee to the Surgeon General and the Health Services Chief Professional Officer on professional and personnel issues of interest to Health Services officers. Serving on the HSPAC is a 3-year commitment which involves attending at least six meetings via teleconference or in person in Rockville, MD or in Washington DC and participating in HSPAC activities. I approve this officer's participation on the HSPAC as part of his/her official duties, if appointed by the Surgeon General.

Supervisor's Signature: _____ **Date:** _____

Submission Criteria:

E-mail (submit a scanned file of signature page) entire application, CV Summary Sheet, CV, & cover letter to:

HSPAC Membership - healthservicepacmembership@gmail.com

Please also copy the following officers on the email:

CDR Jemekia Thornton
Chair, Membership Subcommittee, HSPAC
404-718-8151
akn1@cdc.gov

LCDR Malaika Washington
Co-chair, Membership Subcommittee, HSPAC
404-718-8262
pzp9@cdc.gov

- You must **scan the signed** nomination form, CV Summary Sheet, CV, and cover letter as a **single PDF** document.
- Nomination packages **will not be considered unless all items are submitted**; notification of receipt will be sent to you.
- HSO Discipline and Category are based on your qualifying degree, not current position.

NOMINATIONS MUST BE RECEIVED BY: May 31, 2016