

**APPLICATION TO THE BOARD FOR CORRECTION OF
PUBLIC HEALTH SERVICE COMMISSIONED CORPS RECORDS**

Read the instructions carefully before completing application. Failure to complete this application may result in denial of consideration. Please be advised that it is the applicant's responsibility to furnish the documentation necessary for the Board for Correction to consider his or her appeal. If additional space is needed, attach an 8-1/2 X 11 inch sheet labeled with the appropriate item number(s). **PLEASE LIST ALL ATTACHMENTS IN ITEM #30.**

<p>1. Name <i>(please print last, first, middle initial)</i> _____</p>	<p>2. CASE NUMBER (OFFICE USE ONLY) _____</p>	<p>3. APPEAL CATEGORY CODE (OFFICE USE ONLY)</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>																		
<p>4. CURRENT GRADE OR GRADE UPON SEPARATION <i>(Show permanent and temporary grades)</i> _____</p>	<p>5. PROFESSIONAL CATEGORY IN THE COMMISSIONED CORPS _____</p>																			
<p>6. COMPLETE CURRENT HOME MAILING ADDRESS</p> <p>Street _____</p> <p>City _____ State _____ Zip _____</p>	<p>7. SOCIAL SECURITY NUMBER _____</p>	<p>8. PHS SERVICE NUMBER _____</p>																		
<p>9. DAYTIME PHONE NUMBERS <i>(Including area codes)</i></p> <p>Home (____) _____</p> <p>Work (____) _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">13. COMMISSIONED STATUS *</th> <th style="width: 20%;">BEGINNING DATE</th> <th style="width: 20%;">ENDING DATE</th> </tr> </thead> <tbody> <tr> <td>Active Duty</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Inactive Reserve</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Retired</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Separated</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Terminated</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p><i>*Complete all applicable categories</i></p>		13. COMMISSIONED STATUS *	BEGINNING DATE	ENDING DATE	Active Duty	_____	_____	Inactive Reserve	_____	_____	Retired	_____	_____	Separated	_____	_____	Terminated	_____	_____
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Retired	_____	_____																		
Separated	_____	_____																		
Terminated	_____	_____																		
<p>10. PERSON TO BE CONTACTED <i>(Other than counsel of Record) IF APPLICANT CANNOT BE LOCATED</i></p> <p>Name _____</p> <p>Street _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone (____) _____</p> <p>Relationship to Applicant _____</p>	<p>14. OTHER UNIFORMED SERVICE AND SERVICE NUMBER <i>(If applicable, include date of service)</i></p> <table style="width: 100%;"> <tr> <td style="width: 40%;">Service _____</td> <td style="width: 20%;">Service Number _____</td> </tr> <tr> <td>From _____ mo/day/yr</td> <td>To _____ mo/day/yr</td> </tr> </table>		Service _____	Service Number _____	From _____ mo/day/yr	To _____ mo/day/yr														
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From _____ mo/day/yr	To _____ mo/day/yr																			
<p>11. COUNSEL OF RECORD <i>(If any)</i></p> <p>Name _____</p> <p>Street _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone (____) _____</p> <p>Fax (____) _____</p>	<p>15. ORGANIZATION TO WHICH CURRENTLY ASSIGNED OR DETAILED</p> <p>HHS Component _____</p> <p>Non-HHS Component _____</p> <p>16. NAME OF ORGANIZATION IN WHICH YOU WERE SERVING WHEN ALLEGED ERROR OR INJUSTICE OCCURRED _____</p>																			
<p>12. RELEASE OF RECORDS</p> <p>My signature below authorizes the release of relevant records except medical held on me by the Board for Correction to my counsel, designated in Item #11 above.</p> <p>(SIGNATURE) _____ (DATE) _____</p> <p>Do not release any medical information on me without my approval</p> <p>(SIGNATURE) _____ (DATE) _____</p> <p>(No action will be taken without the above signatures)</p>	<p>17. DATE WHEN YOU DISCOVERED THE ALLEGED ERROR OR INJUSTICE _____</p> <p>18. HAVE ALL U.S. GOVERNMENT REMEDIES BEEN EXHAUSTED REGARDING YOUR APPEAL <i>(e.g., Grievance Procedure, Office of Equal Employment Opportunity, DOD Office of Hearings and Appeals, etc.)?</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. IF "YES" TO ITEM #18, SPECIFY NAME OF ORGANIZATION. ALSO SPECIFY THE PROCESS USED <i>(e.g., grievance, request for waiver etc.)</i> AND THE RESULTS OBTAINED _____</p> <p>20. IF YOU HAVE PREVIOUSLY FILED AN EEO COMPLAINT, STATE HOW YOUR APPEAL TO THE BOARD FOR CORRECTION DIFFERS FROM THAT COMPLAINT _____</p> <p>21. ORGANIZATION TO WHICH ASSIGNED OR DETAILED WHEN YOU FILED YOUR APPLICATION WITH THE BOARD FOR CORRECTION. <i>(Include date assigned or detailed)</i></p> <p>HHS Component _____</p> <p>or</p> <p>Non-HHS Component _____</p> <p>22. DATE WHEN YOU FIRST LEARNED ABOUT THE BOARD FOR CORRECTION _____</p> <p>23. STATE EXACTLY THE ALLEGED ERROR OR INJUSTICE YOU SUSTAINED AS A RESULT OF WHAT HAPPENED TO YOU _____</p>																			

24. STATE EXACTLY WHAT ACTION OR REMEDY YOU ARE ASKING THE BOARD FOR CORRECTION TO GRANT

25. IF MORE THAN THREE YEARS HAVE ELAPSED SINCE YOU DISCOVERED THE ALLEGED ERROR OR INJUSTICE, GIVE REASONS WHY THE BOARD FOR CORRECTION SHOULD FIND IT IN THE INTEREST OF JUSTICE TO CONSIDER YOUR APPEAL

26. IF THE RECORD IN QUESTION IS THAT OF A DECEASED OR INCOMPETENT PERSON, LEGAL PROOF OF DEATH OR INCOMPETENCY MUST ACCOMPANY APPLICATION. IF APPLICATION IS SIGNED BY OTHER THAN APPLICANT, INDICATE RELATIONSHIP OR STATUS BY MARKING APPROPRIATE BOX

Spouse Widow Widower Next of Kin Court-appointed Representative Other (*specify*) _____

27. THE BOARD WILL CONSIDER YOUR APPEAL BASED ON THE DOCUMENTATION YOU PROVIDE. HOWEVER, YOU MAY APPEAL TO THE BOARD REQUESTING PERMISSION TO (1) APPEAR BEFORE THE BOARD FOR CORRECTION IN PERSON OR (2) BE REPRESENTED BY COUNSEL BEFORE THE BOARD FOR CORRECTION, OR (3) APPEAR IN PERSON WITH COUNSEL, AT NO EXPENSE TO THE U.S. GOVERNMENT (*Indicate your preference*)

(1) (2) (3)

28. WHAT ADDITIONAL INFORMATION NOT NOW AVAILABLE WOULD BECOME AVAILABLE TO THE BOARD FOR CORRECTION IF YOUR PREFERENCE IN ITEM #27 IS GRANTED?

29. INCLUDE A SUMMARY IN CHRONOLOGICAL ORDER OF THE EVENTS YOU THINK SUPPORT YOUR APPEAL. ALSO, LIST AND INCLUDE ALL ATTACHMENTS WHICH SUPPORT YOUR APPEAL

30. REMARKS

PLEASE BE ADVISED THAT THE BOARD FOR CORRECTION MEETS IN EXECUTIVE SESSION AND WILL RETAIN JURISDICTION OF YOUR APPEAL UNTIL A FINAL DECISION IS RENDERED. YOU SHOULD KEEP A COPY OF ALL DOCUMENTS YOU SEND TO THE BOARD.

SPECIFY THE AMOUNT OF TIME YOU SPENT COMPLETING THIS APPLICATION, INCLUDING ALL SUPPORTING ATTACHMENTS YOU SUBMIT

_____ _____
Hours Minutes

31. I MAKE THE FOREGOING STATEMENTS, AS PART OF MY APPEAL, WITH FULL KNOWLEDGE OF THE PENALTIES INVOLVED FOR WILLFULLY MAKING A FALSE STATEMENT OR CLAIM. (U.S. CODE, TITLE 18, SEC. 287, 1001 PROVIDES THAT AN INDIVIDUAL SHALL BE FINED UNDER THIS TITLE OR IMPRISONED OR BOTH) (**APPLICANT MUST SIGN IN THE SPACE BELOW**)

SIGNATURE _____ DATE _____

MAIL COMPLETED APPLICATION TO:

Executive Secretary
Board for Correction of PHS Commissioned Corps Records
Room 17-03, Parklawn Building
5600 Fishers Lane
Rockville, MD 20857
Phone Number (301) 443-6268
Fax Number (301) 443-0123

INSTRUCTIONS FOR COMPLETING APPLICATION TO THE BOARD FOR CORRECTION

- Item 1. Enter your full name (including maiden name, if applicable).
- Item 2. Office use only.
- Item 3. Office use only.
- Item 5. Enter your professional category (i.e., Medical, Sanitarian, Health Services Officer, etc.).
- Item 9. Enter telephone numbers (and area codes), including work number where you can be reached during business hours.
- Item 10. Enter information requested for another person whom the Board can contact if unable to locate you.
- Item 13. Enter beginning and ending dates for each applicable line entry.
- Item 14. Identifying information on service in any of the other uniformed services could be helpful in obtaining information should the processing of your appeal involve records held by more than one organization.
- Items 18.-20. The Board may not consider your appeal unless you have exhausted all U.S. Government remedies available to you under law or regulation.
- Item 24. State what action or remedy is requested to correct the alleged error or justice (e.g., remove AWOL, restore lump sum annual leave payment, retroactive reinstatement in inactive reserve, etc.) It is your responsibility to secure and submit the documentation necessary to support your appeal.
- Item 25. The Board may not accept an application filed more than three years after discovery of an alleged error or injustice, unless in the interest of justice to do so. Submit all documentation necessary to support your appeal, if the error or injustice was discovered more than three years prior to submission of this application.
- Items 27.-28. You may request permission to appear before the Board in person, or be represented by counsel before the Board, or appear in person with counsel. You may receive permission to do so if the Board determines an appearance would enable it to acquire information that it could not otherwise obtain in written form. If the Board decides to grant you a hearing, you will be notified in writing within 30 days after
- Item 29. Give dates (in chronological order, earliest date first) and description of the events and documentation you think supports your appeal.

PAPERWORK REDUCTION ACT STATEMENT

A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 4 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information to the Program Support Center Reports Clearance Officer, Program Support Center, Room 17A-29, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Please send completed application to Room 17-03, Parklawn Building, *not* to the PSC Reports Clearance Officer.

APPLICANT: PLEASE READ AND RETAIN FOR YOUR RECORDS

PRIVACY ACT NOTIFICATION STATEMENT

GENERAL

This information is provided pursuant to 5 U.S.C. 552a (Privacy Act of 1974) for individuals supplying information for

AUTHORITY

The authority to collect the information requested on the attached form is derived from 10 U.S.C. 1552, "Correction of Military Records; Public Health Service Act, 42 U.S.C. 213a(a)(12); and Executive Order 9397, "Numbering System for Federal Accounts Relating to Individual Persons."

PURPOSE AND USES

The information you supply will become a part of PSC Privacy Act System 09-40-0011, "Proceedings of the Board for Correction of the Public Health Service Commissioned Corps Records, HHS/PSC/HRS." A copy of the published notice describing this system of records is available upon request from the system manager. Except for those routine uses summarized below and the other permissible disclosures authorized by section (b) of the Privacy Act, no other disclosure will be made without your written consent.

Information from these records may be disclosed outside the Department as follows:

1. To a congressional office from the record of any individual in response to an inquiry from the congressional office made at the written request of that individual.
2. To the Department of Justice (DOJ) in the case of litigation arising from actions of the Board for Correction to allow DOJ to defend the Federal Government, the Department, or employees of the Department in case of such lawsuits.

3. To appropriate Federal, State, or local agencies; international agencies; or foreign governments if the Board for Correction becomes aware of evidence of a potential violation of civil or criminal law.
4. To private contractors assisting the Board for Correction in recording and transcribing tapes of Board for Correction meetings.
5. To properly identified attorneys of subject individuals or their personal designated representatives, to court-appointed representatives of mentally incompetent or otherwise legally handicapped subject individuals and to guardians to the extent necessary to assure attainment of rights or payment of benefits to which such individuals would be entitled.
6. To Federal, State or local government agencies, or public interest organizations, when the subject individual's request for correction indicates that such agencies may have information which will assist the Board for Correction in clarifying the individual's entitlement.
7. To experts or consultants in a Federal agency or in the private sector if the Board for Correction has determined that it needs their opinions to arrive at an equitable decision concerning the subject individual's request; or to authorized officials in a Federal agency if required to facilitate equitable handling of a case.

Title 5 USC 4101 and Executive Order 9397 authorize the collection of the information requested on this form, including the Social Security number. Furnishing the information on this form is entirely voluntary; however, failure to do so may result in the disqualification of this request.