COMMISSIONED OFFICER'S

HANDBOOK

1998

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Program Support Center
Human Resources Service
Division of Commissioned Personnel
5600 Fishers Lane, Room 4A-15
Rockville, MD 20857-0001

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This Handbook is for informational purposes only. Official commissioned corps policies and procedures are set forth in applicable statutes, regulations, Commissioned Corps Personnel Manual INSTRUCTIONs and amendments thereto. Conflicting guidance should be discussed with Operating Division/Program personnel officials or the Division of Commissioned Personnel.

PREFACE

The "Commissioned Corps Officer's Handbook 1998" has been revised to provide up-to-date information. The Handbook replaces the Spring 1994 Commissioned Officer's Handbook. The Handbook objectives are:

- **To provide new officers and their dependents with an overview of the commissioned corps personnel system;**
- **To provide career officers with updated information covering the significant statutory, regulatory, and policy changes affecting the commissioned corps; and**
- **To provide management with a document which can be used for orientation of officers as well as for others who need information about the commissioned corps.**

In this Handbook we provide a summary of essential topics. However, the content is not exhaustive. More detailed information is available in the Commissioned Corps Personnel Manual (CCPM) which is maintained by administrative offices throughout the Operating Divisions/Programs to which commissioned officers are assigned. From time to time we also distribute selected CCPM INSTRUCTIONs which may be of immediate interest to officers.

This Handbook will be revised periodically to reflect changes in policies, organizations, and missions. If you have constructive comments that would help us make this Handbook more useful to you, please submit them to us in writing.

TABLES

EXHIBITS

INTRODUCTION

Subjects Covered:

- **Responsibilities of Commissioned Corps Officers**
- **Administration of the Commissioned Corps Personnel System**
- **Surgeon General's Policy Advisory Council Representatives and Commissioned Corps Liaisons**
- **Functions of the Division of Commissioned Personnel**

A. RESPONSIBILITIES OF COMMISSIONED CORPS OFFICERS

The Public Health Service (PHS) Commissioned Corps is a career Uniformed Service for health professionals. As such there are strict rules, policies, and procedures with which every officer should be familiar. Important responsibilities of commissioned corps officers include the following:

- **An officer must be personally familiar with and adhere to the rules, regulations, and policies of the Corps and the Agency/Operating Division/Program (OPDIV) to which the officer is assigned.**

- **An officer must exhibit professional and personal integrity and behavior which reflects credit upon the officer and the Corps, both on and off the job.**

- **An officer must adhere to official orders and, in some cases, must not act without official orders.**

- **An officer is subject to report to duty 24 hours a day, 7 days a week, and must be in an official duty status at all times.**

Officers take the following oath upon entering the Corps:

"I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office upon which I am about to enter, so help me God.

I am willing to serve in any area or position or wherever the exigencies of the Service may require.

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof.

I have not, nor has anyone in my behalf, given, transferred, promised, or paid any consideration for or in expectation of hope of receiving assistance in securing such appointment."

B. ADMINISTRATION OF THE COMMISSIONED CORPS PERSONNEL SYSTEM

The commissioned corps personnel system is administered at several levels. An officer should understand the roles and responsibilities of the various management levels in order to know where to go for information, assistance, and support in matters pertaining to the personnel system.

An officer's supervisor and administrative officer are the principal sources of information concerning the personnel system. A supervisor's responsibilities include: approving all travel, leave, and training; preparing performance evaluations; making recommendations for promotions, reassignments, assimilation, and awards; initiating disciplinary action, fitness for duty, and probationary reviews; updating billets; reviewing and/or approving outside activities; and assisting officers with career development. The administrative officer provides support to the supervisor by maintaining the Commissioned Corps Personnel Manual (CCPM) and the Joint Federal Travel Regulations (JFTR), and maintaining detailed information about personnel procedures and policies, especially any changes. An officer's supervisor or administrative officer should always be consulted for information and assistance on any personnel problem. If they do not know the answer, the officer should review the relevant chapters of the CCPM or the JFTR with them to determine what written instruction is provided.

The second level of support to the supervisor and the administrative officer is the area and/or headquarters personnel office. These offices will often have an individual who is trained and experienced in commissioned corps personnel matters, who keeps up-to-date on changes in procedures and policies. Officers must follow the chain of command in seeking information or resolution of a problem.

If the officer is seeking information concerning a unique or complex situation, or something with potential adverse consequences to the officer, the inquiry should be made in writing, and a written response should be requested.

C. SURGEON GENERAL'S POLICY ADVISORY COUNCIL REPRESENTATIVES AND COMMISSIONED CORPS LIAISONS

Each OPDIV has specific internal procedures for working with the Office of the Surgeon General (OSG) and the Division of Commissioned Personnel (DCP) when handling matters concerning commissioned corps officers. Each OPDIV has a Surgeon General's Policy Advisory Council Representative who has direct access to the OPDIV Head. This individual is the OPDIV Head's personal representative to the OSG for all policy matters related to the commissioned corps.

Each OPDIV also has a Commissioned Corps Liaison who interacts directly with DCP. The Surgeon General's Policy Advisory Council Representatives and Commissioned Corps Liaisons have procedures within their respective OPDIVs for disseminating information and for receiving comments on various issues and problems under consideration. Each officer should learn the method used by his/her OPDIV.

D. FUNCTIONS OF THE DIVISION OF COMMISSIONED PERSONNEL (DCP)

The commissioned corps is centrally administered by DCP, a servicing personnel office that develops policy and procedures related to the payroll and personnel system. Regulations, policies, and procedures for the commissioned corps personnel system are contained in the CCPM which is issued by DCP to all administrative and personnel officers in each OPDIV with commissioned corps officers. An officer will not usually need to go beyond his/her OPDIV contacts to get the necessary assistance and information. An inquiry to DCP should be done in writing to assure that the inquiry is placed within DCP's internal assignment and tracking system. Officers need to be familiar with the many functions

performed by DCP and its four branches. DCP responsibilities are organized as follows:

1. **Office of the Director (301) 594-3000 - The Director's office is responsible for the day-to-day administration of the Corps and legislative proposals affecting the Corps, officer's misconduct, grievance procedures, equal employment opportunity issues, the leave systems (except sick leave), *Commissioned Corps Bulletin*, and issues that are not the responsibility of any of the DCP branches.**

2. **Personnel Services Branch (PSB) (301) 594-3108 - This branch is responsible for policies and procedures regarding retirement, the promotion and assimilation of an officer, performance review of officers, Corps awards program, uniforms, billets, assistance to officers, families, and survivors in obtaining benefits to which they are entitled, Defense Enrollment Eligibility Reporting System (identification cards), and maintenance of the Official Personnel Folder (OPF) and associated Privacy and Freedom of Information Acts activity.**

   Transactions and Applications Section (TAS) (301) 594-3130 - TAS is a section of the Personnel Services Branch and is responsible for policies and procedures for personnel actions, for issuing personnel orders, and for the standards for an individual seeking appointment as a commissioned officer.

3. **Medical Affairs Branch (MAB) (301) 594-6330 - This branch is responsible for policy and procedure development and administration in the areas of applicant physical qualification, medical limited tours, sick leave use, fitness for duty, and disability separation. The branch is also responsible for the overall management of health care access for active-duty officers and the fiscal management of health care claims for active-duty and retired officers of PHS and the National Oceanic and Atmospheric Administration (NOAA), and NOAA wage marines. The branch maintains the health records for an officer including records of sick leave. OPDIVs and promotion boards do not have access to confidential medical information.**

4. **Officer Development Branch (ODB) (301) 594-3360 - This branch provides consultation, assistance, and services to OPDIVs, Professional Advisory Committees, Chief Professional Officers, applicants, and officers to build and support a cadre of health professionals through activities that facilitate career development and access to benefits. The branch interprets the JFTR, oversees long-term training, and provides career counseling/planning and officer advocacy and activities which are designed to assist officers and OPDIVs in matching career preferences/qualifications with vacancies. Staffing officers are available for assistance in developing career strategies, OPF reviews in person or by telephone, assistance with interagency reassignment/transfers, and assistance in resolving issues when OPDIV involvement has been unsuccessful or is not indicated. The branch monitors the professional licensure, certification and/or registration of active-duty officers, and oversees the Junior Commissioned Officer Student Training and Extern Program (JRCOSTEP), Senior (SRCOSTEP), and the Inactive Reserve Corps.**

5. **Compensation Branch (CB) (301) 594-2963 - This branch is responsible for active-duty pay and allowances, retired pay issues, annuity payments, special pay for certain officers, deductions (e.g., tax withholding, social security, life insurance), and indebtedness or garnishment of pay.**

MISSION AND HISTORY

Subjects Covered:

- **Mission**
- **The Developing Nation**
- **Westward Ho**
- **1870-1916**
- **1917-1944**
- **Expanding Health Resources**
- **PHS Today**

A. MISSION

The PHS Commissioned Corps is composed of more than 6,000 commissioned corps officers. The mission of the Corps is to provide highly-trained and mobile health professionals who carry out programs to promote the health of the Nation, understand and prevent disease and injury, assure safe and effective drugs and medical devices, deliver health service to Federal beneficiaries, and furnish health expertise in time of war or other National or international emergencies. As one of the seven Uniformed Services of the U.S., the commissioned corps is a specialized career system designed to attract, retain, and develop health professionals who may be assigned to Federal, State, or local agencies or international organizations to accomplish its mission.

To accomplish this mission, programs are designed to:

- **Develop knowledge through biomedical, behavioral, and health services research leading to the prevention and treatment of disease;**
- **Control and prevent disease;**
- **Improve the health care system, including development of creative techniques in medical methodology;**
- **Improve the mental health of the Nation;**
- **Assure safe and effective drugs and healthful foods;**
- **Expand health resources; and**
- **Shape manpower, medical knowledge, technology, and other resources toward the goal of better health for all.**

B. THE DEVELOPING NATION

Since its origin in l798, the Corps has been making important contributions to the health of the Nation. During its early years, our Nation was just a little strip of settlements along the Atlantic Coast, and had not yet grouped any forces to fight against disease or to protect itself against this invisible killer. But it was to learn.

The young Nation depended, to a large degree, upon the sea for both trade and protection. To encourage expansion of the existing, small merchant marine and to protect ill and injured seamen, the 5th Congress enacted legislation to establish a Marine Hospital Service under the Treasury Department. For health care, the seamen were to contribute 20 cents a month to finance the hospitals. The first temporary hospital was started in rehabilitated barracks on Castle Island in Boston Harbor in 1799.

In 1801, the Service bought a hospital at Ferry Point (Norfolk), Virginia, and in 1804 completed construction of its first permanent hospital at Charlestown, Boston Harbor.

In 1807, Dr. Benjamin Waterhouse, "Professor of the Theory and Practice of Physics at Harvard," was appointed physician-in-charge of the Charlestown Hospital. He proposed to make it "answer the purpose of medical instruction" as well as "healing and comforting the sick and wounded." During his tenure the Charlestown hospital was used to introduce the active practice of medicine to the medical students at Harvard and so became one of the first teaching hospitals in the United States.

C. WESTWARD HO

During this pioneering era, the frontier pushed westward, across the mountains, over the plains, and up and down rivers. The young Nation faced new and difficult problems on the health front. The westward migration, as well as expanding immigration from foreign countries, brought yellow fever, smallpox, and cholera. These epidemics spread suffering, panic, and death.

Typical of the people's helplessness and terror is the story of the towboat, "John D. Porter." While the yellow fever epidemic was gathering force in New Orleans, the John D. Porter pulled out from that port with a string of barges bound for Pittsburgh. She had passed Vicksburg when she pulled back to bury her engineer and fireman and took on a substitute engineer. He lasted until the boat neared Cairo, Illinois, when he left and made his way home to die. By Cincinnati, there had been four more deaths and the boat was boarded by two physicians of the Marine Hospital Service, who stayed on to care for the sick. The John D. Porter moved on up the river, but near Gallipolis, Ohio, members of the terrified and ailing crew refused to go any further. Meanwhile, on shore, the villagers had lined up to guard their town from the pest ship, but crew members forced their way past them and into the village. Thirty-one local citizens caught the fever and died. When the John D. Porter finally reached her destination, 23 men had died on board and she had carried death l,000 miles up the river.

Nearly 100 cities and villages suffered during the epidemic, and refugees crowded the trains to the North. Shades were drawn as trains rushed through towns without being allowed to stop, and local citizens stood by with shotguns to enforce their private quarantine. States and localities soon learned to call on the Marine Hospital Service for help in the emergency. The Service responded by setting up yellow fever detention camps and operating disinfecting stations to fumigate postal cars, boxes of mail, and passengers. A half-dozen Service officers died of the fever.

In the face of such recurring health crises, the Nation began to take steps to cope with these problems. The task was not easy. Often gains were made in spite of minimal support, skeptical public opinion, and other sometimes seemingly insurmountable obstacles.

Following the establishment of the hospitals on the East Coast, a chain of new hospitals began to follow the route of shipping and commerce - down to the mouth of the Mississippi and up inland waterways to St. Louis, Missouri, and Paducah, Kentucky. As seamen and pioneers reached the Pacific Ocean, a hospital was built at San Francisco.

In the War of 1812, the Marine Hospitals cared for wounded American seamen, as well as British prisoners. During the Civil War, the hospitals provided medical care for both North and South.

D. 1870 - 1916

During these decades, the Service began to develop as a National health force. Outbreaks of smallpox in the North and yellow fever in the South, and an investigation of the Marine Hospital Service, lead to a reorganization of the Service in 1870. A central administration was established, headed by the first Surgeon General, Dr. John N. Woodworth. He reorganized the Service along military lines, provided for uniforms, established entrance examinations, and put tenure and promotion on a merit basis free from politics. Gradually, he abandoned the employment of local physicians, replacing them with medical officers who were admitted only after examination and were subject to assignment wherever required.

By 1878, the Marine Hospital Service had begun to lose its identity as a relief organization only. Public health work was undertaken because of the prevalence of major diseases such as smallpox, yellow fever, cholera, typhus fever, and bubonic plague. To provide further protection, Congress, in 1878, enacted a National law to prevent the introduction of contagious and infectious diseases into the United States, later extending it to prevent spread of disease among the States. In this law were the seeds of the modern health program -- preventive medicine.

In 1889, Congress officially established the commissioned corps along military lines, with titles and pay corresponding to Army and Navy grades.

In attempting to treat contagious disease, it was natural that research should become a significant part of the work of the Service. As a result, a bacteriological laboratory was established in the Staten Island Marine Hospital in 1887 and moved to Washington in 1891 to form the Hygienic Laboratory -- forerunner of the National Institutes of Health. A biologics control act, passed in 1902, authorized regulation of the sale of vaccines, serums, and similar biologic products in interstate commerce. At the turn of the century there were other developments that included a tuberculosis sanatorium at Ft. Stanton, New Mexico. Hansen's Disease in Hawaii led to the establishment of a hospital and laboratory there in 1909, and later the National home for individuals with Hansen's Disease, at the National Hansen's Disease Center in Carville, Louisiana.

The face of the land and the nature of its society were changing, and the concept of public health was changing with them. Within a few years, after the turn of the century, the Nation began its rapid evolution from a rural to an urban civilization. Questions of water supply and pollution, sanitation, and hygiene grew more important as people crowded together in the cities.

The Service began to see public health as the study of people in their relationship to each other and their environment; the place they lived -- the home, the neighborhood, the city; the place they worked; their water; their food; their air; their sanitary facilities; in short, their total environment.

In 1912, Congress enacted legislation to reorganize the Service and enlarge its powers. It was renamed the Public Health Service. The Act also granted the Service authority for pursuing studies of the "diseases of man and conditions affecting the propagation and spread thereof, including (for the first time) sanitation and sewage and the pollution either directly or indirectly of . . . navigable streams and lakes." In 1916, Congress appropriated funds for studies in rural sanitation, formally establishing cooperation between the States and Public Health Service.

E. 1917 - 1944

The outbreak of World War I imposed new demands upon the Service. The responsibilities involved medical and surgical aid to sick, wounded, or disabled soldiers or sailors; supervising health conditions around military camps and war plants; draining malarial swamps; disseminating health information; laboratory operations including research and manufacture of serums and vaccines; controlling venereal disease; and care of veterans.

By Executive Order, President Woodrow Wilson ordered that . . .

"the Public Health Service shall constitute a part of the military forces of the United States . . . the Secretary of the Treasury may upon request of the Secretary of War or the Secretary of the Navy detail officers or employees of said Service for duty with the Army or the Navy. All the stations of the Public Health Service are hereby made available for the reception of sick and wounded officers and men or for such other purpose as shall promote the public interest in connection with military operations."

The epidemic of influenza in 1918, which affected more than four million and killed more than l/2 million Americans, further alerted the Nation to the need for a more effective National health force.

Meanwhile, emergency war conditions had convinced Congress that the regular Commissioned Corps of the PHS should be strengthened with a reserve corps. A law authorizing such an auxiliary was passed in 1918.

In the early 1920's approximately 50 hospitals were transferred from the PHS to the newly created Veterans Administration, concentrating all health care and services for veterans in a single agency.

Between the wars, narcotics hospitals were authorized and later established at Lexington, Kentucky, and Fort Worth, Texas. The Service assumed responsibility for medical services in Federal penal institutions. In 1930, the Hygienic Laboratory was renamed the National Institutes of Health.

For expanding responsibilities, the Service found that it needed men and women of other professions to serve with its commissioned medical officers. For this reason, Congress opened officer ranks to sanitary engineers, dentists, pharmacists, and later added scientists, nurses, dietitians, physical therapists, veterinarians, sanitarians, and health services officers.

As advances in public health increased life expectancy, the degenerative diseases of the aged such as arthritis, cancer, and heart disease came to the foreground. In 1937, Congress authorized a National Cancer Institute as part of the National Institutes of Health.

After 14l years in the Treasury Department, the Service, in 1939, became a part of the newly created Federal Security Agency, later to become the Department of Health, Education, and Welfare, and subsequently in 1980, the Department of Health and Human Services.

The United States' entrance into World War II again brought a multitude of new responsibilities to the Service. These entailed detailing physicians, engineers, and nurses to emergency areas, to other Federal agencies, and later to the United Nations Relief and Rehabilitation Administration; improving sanitation facilities in emergency areas; cooperating with States in controlling venereal disease; cooperating with the Army and Navy concerning inspection ordinance plants and other military industries; and developing methods which reduced poisoning from chemical processes.

During the war, the use of science required the diversion of the National Institutes of Health research to war problems: studying effects of high altitude flying, improved yellow fever and plague vaccines, improved antimalarial drugs, and developing better methods for purifying water for fighting men in tropical countries. Thanks to a vaccine developed by the Service before the war, not one death from typhus fever occurred during the war among our own troops, in spite of frequent exposure to this disease.

Under the malaria-control-in-war-areas program, epidemiologist, entomologists, and engineers assisted greatly in eradicating malaria in this country, and today still keep surveillance against its reentry from abroad. Officers on overseas wartime duty helped make possible the building of the Burma Road through these malaria control activities. Others have fought tropical disease in Central America so the Pan American Highway could be built, and braved the rigors of far northern cold to advance the Alaskan Highway.

In 1944, Congress consolidated all laws relating to PHS (i.e., The Public Health Service Act--P.L. 4l0, 78th Congress). It was the first Act of record which codified all legislation pertaining to a Federal agency. The Service was consolidated under four bureaus. Executive Order 9575 declared "the Commissioned Corps of the Public Health Service to be a military service and a branch of land and naval forces of the United States. . . ." This status existed until the cessation of hostilities in the Korean conflict.

F. EXPANDING HEALTH RESOURCES

In the exciting post-World War II years, the Nation experienced a growing consciousness of the significance of health to its national life. Within the Service, appropriations multiplied and so did the number of personnel, with the categories of vocations growing to more than 350. For ever-growing health programs, the Service facilities expanded to include more than 50 general and specialized hospitals, more than 135 outpatient clinics, and more than 100 field stations around the world.

During the postwar years, the Nation began expanding medical research significantly. The National Institutes of Health expanded to a total of 11 national institutes including: cancer; heart, lung, and blood diseases; child health and human development; allergy and infectious diseases; arthritis, diabetes, and digestive and kidney diseases; dental research; eye; neurological and communicative disorders and strokes; aging; and environmental health sciences.

These years also witnessed progress in the following areas: water pollution control, establishment of the Centers for Disease Control, expansion of hospital construction programs, transfer of the Office of Vital Statistics from the Census Bureau, awarding of the first training grants, opening of the Clinical Center at the National Institutes of Health, establishment of the Robert A. Taft Sanitary Engineering Center, transfer of the Indian health program to PHS, initiation of air pollution control, establishment of the

National Library of Medicine, expanded participation in international health, expansion of programs on mental health and mental retardation, accident prevention, health education, development of nursing resources, community programs for health services, and authorization for an Environmental Health Center.

G. PHS TODAY

PHS has undergone significant change in the last two decades with the creation of the Environmental Protection Agency and the Health Care Financing Administration, into which were incorporated major activities previously conducted within PHS. During this same period, the Food and Drug Administration became a part of PHS. Major new programs were created such as the National Health Service Corps, the National Institute for Occupational Safety and Health, the Center for Devices and Radiological Health, the Fogarty International Center, and many others.

In recent years, the PHS function has continued to evolve. Care for merchant seamen and the eight hospitals and twenty-seven outpatient clinics at which such care was provided, have been transferred to other organizations. The transfer of this function reduced PHS clinical activities by one-third, but the remaining clinical programs, especially the Indian Health Service, have grown steadily. PHS has accepted increased responsibility for:

- **Expanding research into the cause, treatment, control and prevention of disease;**
- **Increasing emphasis on noninfectious diseases such as: cancer and heart disease;**
- **Supplying health-professional assistance to local, State, national, and international health organizations to cope with special health needs and challenges;**
- **Furthering programs to treat mental illness more effectively, to promote better mental health, and to combat drug abuse, alcoholism, and other hazards to health;**
- **Expanding food and drug programs to safeguard the health of the consuming public;**
- **Strengthening communicable disease control at home and abroad;**
- **Initiating the National Health Service Corps to provide health professionals for isolated communities without medical care;**
- **Expanding medical, dental, and environmental health programs for Alaskan Natives and American Indians;**
- **Expanding efforts to achieve a smoke-free society; and**
- **Mobilizing Acquired Immune Deficiency Syndrome (AIDS) research and focusing on AIDS prevention.**

In response to the increased responsibility, PHS has grown from a small nucleus of health professionals to more than 6,000 officers of the commissioned corps working in a wide variety of health programs.

OPERATING DIVISIONS

Subjects Covered:

- **Introduction**
- **Agency for Health Care Policy and Research**
- **Agency for Toxic Substances and Disease Registry**
- **Centers for Disease Control and Prevention**
- **Food and Drug Administration**
- **Health Resources and Services Administration**
- **Indian Health Service**
- **National Institutes of Health**
- **Substance Abuse and Mental Health Services Administration**
- **Program Support Center**
- **Outside HHS**

A. INTRODUCTION

Eight of the OPDIVs of the Department of Health and Human Services (HHS) comprise the health agencies of HHS. The range of their activities is enormous, from direct health care to administration of major health programs, and their work affects not only the health of the citizens in the United States but also citizens in many countries around the world. The eight health agencies of the HHS are: Agency for Health Care Policy and Research; Agency for Toxic Substances and Diseases Registry; Centers for Disease Control and Prevention; Food and Drug Administration; Health Resources and Services Administration; Indian Health Service; National Institutes of Health; and the Substance Abuse and Mental Health Services Administration. In addition, OPDIVs of HHS include: Administration on Aging, Administration for Children and Families, Health Care Financing Administration, Office of Public Health and Science, and Program Support Center.

The HHS OPDIVs are shown in Table 1. Following the table are descriptions of the various components and other programs to which commissioned corps officers are assigned. Also included are the addresses of the personnel offices of each OPDIV which can be contacted for additional information on employment opportunities and vacancies within these OPDIVs.

Table 1. OPDIVs of HHS

• AGENCY FOR HEALTH CARE POLICY AND RESEARCH
• AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY
• CENTERS FOR DISEASE CONTROL AND PREVENTION
• FOOD AND DRUG ADMINISTRATION
• HEALTH RESOURCES AND SERVICES ADMINISTRATION
• INDIAN HEALTH SERVICE
• NATIONAL INSTITUTES OF HEALTH
• SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
• PROGRAM SUPPORT CENTER

1. AGENCY FOR HEALTH CARE POLICY AND RESEARCH (AHCPR)

AHCPR's Mission: **The AHCPR, an OPDIV of HHS, is the lead agency charged with supporting research designed to improve the quality of health care, reduce its cost, and broaden access to essential services. AHCPR develops and disseminates research-based information to increase the scientific knowledge needed to enhance consumer and clinical decision making, improve health care quality, and promote efficiency in the organization of public and private systems of health care delivery.**

AHCPR was created to help the Nation's health care system provide high-quality, cost-effective services; be accountable and responsive to consumers and purchasers; and improve Americans' health status and quality of life. AHCPR, the health services research arm of the Department, works closely with other Federal health agencies, including the National Institutes of Health, HHS's biomedical research component.

AHCPR carries out its mission by:

- **Supporting and conducting research that creates the science base to guide improvements in both clinical care and the organization and financing of health care.**
- **Promoting the incorporation of science into practice through the development of tools for public and private decisionmakers at all levels of the health care system.**
- **Developing the data and information infrastructure to study and track the performance of the health care system and the needs of stakeholders.**

AHCPR's Research Areas: **Currently, AHCPR supports and conducts research and evaluation projects on eight major interrelated issues in health care:**

- **Consumer Choice;**
- **Clinical Improvement;**
- **Health Care Cost, Financing, and Access;**
- **Health Information Technology;**
- **Outcomes and Effectiveness of Health Care;**
- **Health Care Organization and Delivery;**
- **Quality Measurement and Improvement; and**
- **Practice and Technology Assessment.**

AHCPR: **Agency for Health Care Policy and Research**
Human Resources Management Staff/OM
Suite 309, Willco Building
6000 Executive Boulevard
Rockville, MD 20852
Phone: (301) 594-2408
FAX: (301) 443-8602

2. AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY (ATSDR)

The mission of ATSDR is to prevent exposure and adverse human health effects and diminished quality of life associated with exposure to hazardous substances from waste sites, unplanned releases, and other sources of pollution present in the environment. To carry out its mission and to serve the needs of the American public, ATSDR conducts activities in the following areas:

- **Public Health Assessments - Evaluate data and information on the release of hazardous substances into the environment to assess any current or future impact on public health, develop health advisories or other health recommendations, and identify studies or actions needed to evaluate and mitigate or prevent human health effects. ATSDR conducts health assessments for all waste sites on the National Priorities List and in response to petitions from concerned individuals and organizations.**

- **Health Investigations - Increases understanding of the relationship between exposure to hazardous substances and adverse human health effects, through surveillance, epidemiologic and other studies of toxic substances, and their effects.**

- **Child Health Initiative - Emphasizes child health in all of ATSDR's programs and activities, identifies new projects that benefit children, and solicits input from and disseminates information to other agencies and organizations.**

- **Urban Health - Addresses issues related to minority health, environmental justice, and "brownfield" sites.**

- **Exposure Registry - Establishes and maintains a registry of persons exposed to hazardous substances in the environment.**

- **Emergency Response - Provides health-related support to States, local agencies, and health care providers in public health emergencies involving exposure to hazardous substances including health consultations on request and training for first responders.**

- **Toxicological Profiles - Summarizes and makes available to the public data on the health effects of hazardous substances, identifies significant gaps in knowledge, and initiates research in toxicology and health effects where needed.**

- **Health Education and Promotion - Develops and disseminates to physicians and other health care providers materials on the health effects of toxic substances, establishes and maintains a publicly accessible inventory of hazardous substances, and maintains a list of sites closed or restricted to the public because of hazardous substance contamination. Educates communities about the health effects of toxic substances and works with communities to develop and promote public health strategies to mitigate the health impact of toxic substances.**

- **<u>Applied Research</u> - Conducts or sponsors research to increase scientific knowledge about the effects on human health of hazardous substances released from waste sites or of other releases into the environment.**

ATSDR: **Agency for Toxic Substances and Disease Registry**
Mail Stop E-60
1600 Clifton Road, N.E.
Atlanta, GA 30333
Phone: (404) 639-0500
FAX: (404) 639-0522

3. CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

CDC has a vision for the 21st century: Healthy people in a healthy world. The mission of CDC is to promote health and quality of life by preventing and controlling disease, injury, and disability. As the Nation's prevention agency, CDC accomplishes its mission by working with partners throughout the Nation and the world to:

- **Monitor health,**
- **Detect and investigate health problems,**
- **Conduct research to enhance prevention,**
- **Develop and advocate sound public health policies,**
- **Implement prevention strategies,**
- **Promote healthy behaviors, and**
- **Foster safe and healthy environments.**

CDC programs are summarized below:

a. <u>National Center for Chronic Disease Prevention and Health Promotion</u> (NCCDPHP)

The mission of NCCDPHP is to prevent premature death and disability from chronic diseases and to promote healthy personal behaviors. Included are cardiovascular disease prevention and oral health promotion.

Major activities include:

- **Breast and cervical cancer screening programs;**
- **School health programs;**
- **Diabetes control programs;**
- **Efforts to prevent tobacco use, especially among minorities, women, the less educated and young people;**
- **Infant health data systems;**
- **Diabetes control and prevention; and**
- **Promotion of health dietary activities and physical activity.**

b. National Center for Environmental Health (NCEH)

The mission of NCEH is to maintain and improve the health of the American people by promoting a healthy environment and by preventing premature death and avoidable illness and disability caused by environmental factors.

Major activities include:

- **Prevention of human exposure and health effects related to environmental hazards and natural and technological disasters;**
- **State and local programs to prevent childhood lead poisoning;**
- **Prevention of birth defects, genetic diseases, and developmental disabilities;**
- **Primary and secondary disability prevention; and**
- **Emergency response planning and disaster assessment for natural and technological disasters.**

c. National Center for Health Statistics (NCHS)

The mission of NCHS is to provide statistical information that will guide actions and policies to improve the health of the American people. As the Nation's principal health statistics agency, NCHS leads the way with accurate, relevant, and timely data.

This center produces widely used measures of the Nation's health, its health problems, and health care system through the National Health Interview Survey, National Health and Nutrition Examination Survey, surveys of health care providers, and State vital statistics.

d. National Center for Infectious Diseases (NCID)

The mission of NCID is to prevent unnecessary illness, disability, and death caused by infectious diseases in the United States and around the world.

Infectious diseases of the highest priority include:

- **Emerging, re-emerging, and drug-resistant infectious diseases such as hepatitis, measles, and tuberculosis;**
- **Foodborne diseases;**
- **Infectious diseases acquired in hospitals and other health-care settings; and**
- **Infectious diseases in infants and children, immunodeficient persons, and in minority populations.**

e. National Center for Injury Prevention and Control (NCIPC)

The mission of NCIPC is to prevent premature death, disability, and financial loss due to intentional and unintentional injuries.

Major activities include:

- **Violence prevention;**
- **State and other surveillance systems to track injuries;**
- **Intramural and extramural multidisciplinary research to identify the causes of injuries;**
- **Epidemiologic investigations of injury-related events;**
- **Development, implementation, and evaluation of injury prevention strategies; and**
- **Acute care and rehabilitation of insured persons.**

f. National Center for HIV, STD, and TB Prevention (NCHSTP)

The mission of NCHSTP is to assist States in the prevention and control of vaccine-preventable diseases, HIV infection, sexually transmitted diseases, and tuberculosis and to protect the Nation from the introduction of diseases from other countries.

g. National Institute for Occupational Safety and Health (NIOSH)

The mission of NIOSH is to advance the prevention of work-related diseases and injuries and promote healthful working conditions.

Major activities include:

- **A national database for identifying occupational fatalities, and State-based systems for reporting occupational illnesses and injuries;**
- **Evaluating potential workplace hazards and recommending preventive measures;**
- **Research on the causes and prevention of occupational disease and health effects, and on the causes and methods of prevention for occupational injuries; and**
- **Recommending science-based occupational safety and health standards to the Department of Labor.**

h. Epidemiology Program Office (EPO)

The mission of EPO is to strengthen the public health system by coordinating public health surveillance at CDC and providing domestic and international support through scientific communications, statistical and epidemiologic consultation, and training of experts in surveillance, epidemiology, and applied public health.

i. National Immunization Program (NIP)

The mission of NIP is to prevent disease, disability, and death from vaccine-preventable diseases in children and adults.

More activities include:

- **Improving the quality and quantity of vaccination services;**
- **Improving systems to monitor diseases and vaccinations;**
- **Improving vaccines and vaccine use;**
- **Participating in the worldwide effort to eradicate polio; and**
- **Expanding the coverage and scope of adult immunization programs.**

j. Public Health Practice Program Office (PHPPO)

The mission of PHPPO is to strengthen the public health system by building an effective work force, developing capacities of State and local health departments, developing a nationwide network for communicating information and conducting research in public health practice.

CDC: Centers for Disease Control and Prevention
Commissioned Corps Section
Mail Stop K-15
4770 Bufford Highway
Atlanta, GA 30341
Phone: (770) 488-1743
FAX: (770) 488-1943

4. FOOD AND DRUG ADMINISTRATION (FDA)

The FDA is a regulatory agency which protects the public health by ensuring that foods, drugs, biological products, cosmetics, medical devices, ionizing and nonionizing radiation-emitting electronic products and substances, poisons, pesticides, and food additives are safe for human and animal use.

a. Center for Devices and Radiological Health

The Center's role is to protect the public health by assuring that medical devices are safe and effective for use and by preventing unnecessary human exposure to radiation from electronic products. This Center is responsible for:

- **Regulatory compliance and surveillance programs relating to medical devices and radiation-emitting electronic products;**
- **Premarket approval applications, product development protocols, exemption requests for investigational devices, and premarket notifications for medical devices;**
- **Performance standards for radiation-emitting electronic products and medical devices, and good manufacturing practices;**
- **Technical assistance to small manufacturers of medical devices;**
- **Training and educational programs relating to medical devices and radiological health; and**

- **Planning, conducting, and supporting research and testing to provide the scientific and technological base required for risk assessment, evaluation, compliance, and performance standards development relating to medical devices and radiation-emitting electronic products.**

b. Center for Biologics Evaluation and Research

This Center's function is to ensure the safety, potency, purity, and effectiveness of biological products used for the prevention, diagnosis, and treatment of disease. This Center is responsible for:

- **Policy activities, research, diagnostic tests and vaccines for FDA's AIDS program;**
- **Safety and effectiveness of biological products before marketing and preclinical and clinical testing of new biological products;**
- **Biological product and manufacturing establishment licensing;**
- **Product standards and improved testing methods;**
- **Premarketing potency and safety tests of licensed products;**
- **Compliance of licensed and unlicensed establishments with good manufacturing practices; and**
- **Standards and regulatory actions for biological products.**

c. Center for Drug Evaluation and Research

This Center ensures that all drug products used for the prevention, diagnosis, and treatment of human disease are safe and effective and that information on proper use is available to all users. The Center is responsible for:

- **Ensuring the safety and effectiveness of drug products for human use;**
- **Evaluating new drug applications and investigational new drug applications;**
- **Regulation and surveillance of therapeutic drug products being developed for AIDS and AIDS-related diseases;**
- **Standards for the safety and effectiveness of over-the-counter drugs;**
- **Testing, surveillance, and compliance of marketed drug products;**
- **Drug industry guidelines on current good manufacturing practices and registration of regulated manufacturing establishments;**
- **Enforcement of labeling standards and prescription drug advertising;**
- **Standards on the composition, quality, safety, and effectiveness of human drugs; and**
- **Methadone treatment programs.**

d. National Center for Toxicological Research

This Center is an interagency toxicological research facility primarily dedicated to the scientific programs within FDA, but also performs studies of common interest for other Government agencies. As part of the effort to solve public health problems caused by toxic chemicals, this Center has the lead responsibility in FDA for risk assessment research to determine the:

- **Biological effects of potentially toxic chemicals and the mechanisms of toxic actions of chemicals;**
- **Biochemical procedures involved in detecting the formation of birth defects, genetic alterations, and cancers in animal models and tissues;**
- **Nature and role of specific biochemical detoxification pathways;**
- **Relationship of specific types of deoxyribonucleic acid (DNA) damage to their biological effect;**
- **Specific genes affected by specific chemicals;**
- **Action of intestinal tract microorganisms on potentially toxic chemicals;**
- **Measurement of the effects of variable doses of toxic agents in animals; and**
- **Applicability and optimal design of pharmacokinetics and pharmacodynamic modeling for use in improving risk assessment.**

e. Center for Veterinary Medicine

This Center ensures that veterinary drugs used for animals are safe and effective and that food from these animals is safe for human consumption. The Center also ensures the safe and proper use of drugs in animal feeds. Responsibilities of this Center include:

- **Developing and recommending veterinary medical policy of FDA with respect to the safety and effectiveness of animal drugs, feeds, feed additives, veterinary medical devices (medical devices for animal use), and other veterinary medical products;**
- **Evaluating safety and effectiveness in animals, pre and post-marketed animal drugs and feed additives as well as veterinary medical devices;**
- **Coordinating the veterinary medical aspects of FDA's inspectional and investigational programs and providing veterinary medical opinions in drug hearings and court cases;**
- **Planning, directing, and evaluating FDA's surveillance and compliance programs relating to animal drugs, feeds, feed additives, veterinary medical devices, and other veterinary medical products;**
- **Providing policy development and direction on environmental impact matters in cooperation with other agency components; and**
- **Conducting industry education and information programs.**

f. Center for Food Safety and Applied Nutrition

This Center promotes and protects the public health by ensuring that foods are safe, sanitary, nutritious, and wholesome, and that cosmetic products are safe for consumers to use. Responsibilities of this Center are:

- **Food establishment inspections and food sample analysis;**
- **Identification of harmful agents in foods;**
- **Pesticide and chemical contaminant monitoring in the food supply;**
- **Technical assistance and training to State and local food safety programs;**

- **Standards for food which ensure identity and quality; and**
- **Safety of cosmetics and hazardous ingredient identification in cosmetics.**

g. Office of Regulatory Affairs

The Office of Regulatory Affairs is the organizational entity which:

- **Executes direct line authority over all FDA field operations;**
- **Develops, issues, and approves proposals and instructions affecting field activities;**
- **Serves as the central point within FDA through which Headquarters offices obtain field support services;**
- **Provides direction and counsel to Regional Directors in the implementation of policies affecting field activities;**
- **Coordinates, interprets and evaluates FDA's overall compliance efforts;**
- **Evaluates proposed legal actions to insure compliance with regulatory policy;**
- **Directs and coordinates the rule-making activities of FDA;**
- **Develops, coordinates and administers FDA's programs between FDA and State and local agencies;**
- **Evaluates the overall management and capabilities of FDA's field organization.**

FDA: **Food and Drug Administration**
Commissioned Corps Liaison
5600 Fishers Lane, Room 7B-44
Rockville, MD 20857-0001
Phone: (301) 827-4070
FAX: (301) 594-0694

5. HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

HRSA assures access to essential health care and qualified providers to people who are poor, uninsured, live in isolated areas, or have special health conditions. HRSA provides primary and preventive care to vulnerable populations through community health centers, expands the services available to pregnant women and their children, supports health care for people living with HIV/AIDS and other conditions, and advocates for a primary health care workforce that is trained and motivated to serve the underserved. Assisting the traditional providers of care to the underserved in making the transition to managed care is a high priority throughout the OPDIV.

HRSA supports more than 60 programs with a total budget of $3.6 billion in Fiscal Year 1998. HRSA was created by combining existing HHS agencies on September 1, 1982.

a. Community Health Centers at 2,002 sites in the Nation's 2,667 health professional shortage areas and 144 health care programs for homeless people and residents of public housing provide primary health care to poor, uninsured, and migrant farmworker families and individuals. HRSA funds account for slightly less that half

of the federally qualified health centers' budgets, with the balance coming from State and local governments and from Medicaid, Medicare, and fees for service, which are based on a sliding scale.

Each year, 8 million Americans rely on HRSA's community health centers for primary medical care. More than half are individuals in working families too rich for public insurance, but too poor for private coverage.

To reduce the cost of outpatient drugs for health centers, health departments, clinics, and public hospitals, HRSA's Drug Pricing Program works with pharmaceutical manufacturers.

HRSA's Rural Health programs support State officers or rural health and telemedicine demonstrations. Immigration Health Services care for aliens detained by the Immigration and Naturalization Service. Emergency Response programs provide services in areas affected by floods, earthquakes, and other natural disasters.

b. **Maternal and Child Health in the U.S. is undergirded by HRSA programs, particularly by the Maternal and Child Health Block Grant to States. Block Grant funds are channeled to meet regional needs identified by each State to the benefit of all mothers and children. Minority, low-income, and uninsured women and children especially gain access to prenatal and other necessary preventive services through Block Grant-funded programs.**

Other HRSA programs for mothers and children include: Special Projects of Regional and National Significance for innovations in research, training, genetic disease services, hemophilia services, and demonstration service programs; Healthy Start to reduce infant mortality; Services for Children with Special Health Needs; and Healthy Schools, Healthy Communities school-based clinics.

c. **Ryan White Comprehensive AIDS Resources Emergency Act programs help people with HIV/AIDS live better and longer. Emergency Relief formula grants to communities with more than 2,000 reported cases of AIDS support services for under-insured and uninsured people with HIV/AIDS. AIDS Drug Assistance Programs and other enhancements of HIV/AIDS related services are supported through formula grants to States. Special Projects of National Significance fund innovative and replicable models of care. Comprehensive Primary Health Care Services grants to public and nonprofit health care organizations provide prevention and early intervention to at-risk women, homeless people, and people with substance abuse problems. HRSA also funds Coordinated HIV Services and Access to Research for Children, youth, women, and families under the CARE Act.**

Other HRSA programs for people with special health care needs include Organ and Bone Marrow Transplantation programs to increase donation and assure the equitable distribution of scarce donated organs and tissue and Hansen's Disease programs that serve half of all Americans with the disease.

d. **Health Professions Training programs prepare the next generations of physicians, nurses, and other providers for the challenges of the next century. Area Health Education Centers, Health Education and Training Centers, National AIDS Education and Training Centers, and Geriatric Education Centers emphasize community-based training that prepares clinicians to work in integrated systems and managed care. They also prepare and encourage professionals to work in culturally diverse, underserved areas.**

HRSA's National Health Service Corps and other scholarship and loan programs increase diversity with the health professions workforce and help to place professionals in areas where primary care providers are in short supply.

HRSA also oversees the National Practitioner Data Bank, which records and reports malpractice and disciplinary actions against health care providers, and the Vaccine Injury Compensation Program, which assures that Americans harmed by immunization are cared for and compensated.

In 1997, HRSA initiated an OPDIV-wide restructuring that is expected to significantly alter HRSA's administrative structure. At present, all grant-making programs are administered through four bureaus and six offices. They are: Bureau of Primary Health Care, Maternal and Child Health Bureau, HIV/AIDS Bureau, Bureau of Health Professions, Office of Rural Health Policy, Office of Special Programs, Office of Minority Health, Office of Public Health Practice, Office of Planning and Evaluation, and Office for Medical Affairs.

HRSA: **Health Resources and Services Administration**
Commissioned Corps Operations Staff
5600 Fishers Lane, Room 14-29
Rockville, MD 20857-0001
Phone: (301) 443-2741
FAX: (301) 594-6599

6. INDIAN HEALTH SERVICE (IHS)

IHS provides a comprehensive health services delivery system for American Indians and Alaska Natives with opportunity for maximum tribal involvement in developing and managing programs to meet their health needs. The goal of IHS is to raise the health status of the American Indian and Alaska Native people to the highest level possible.

To carry out its mission and to attain its goals, IHS: (1) assists Indian Tribes in developing their health programs through activities including health management training, technical assistance and human resource development; (2) facilitates and assists Indian Tribes in coordinating health planning, in obtaining and utilizing health resources available through Federal, State, and local programs, in operating comprehensive health programs, and in health program evaluation; (3) provides comprehensive health care services; including hospital and ambulatory medical care, preventive and rehabilitative services, and development of community sanitation facilities; and (4) serves as the principal Federal advocate for Indians in the health field to assure comprehensive health services for American Indians and Alaska Natives.

The IHS is responsible for providing Federal health services to 1.4 million American Indian and Alaska Native members of 500 sovereign tribal governments residing in 33 "reservation" States. The Federal responsibility has its basis in the transfer of vast expanses of land, repeatedly affirmed through treaties, legislation, and court decisions. The IHS and tribal government are partners in policy development, operations, and management of health services and programs.

The IHS, tribal governments, and urban Indian organizations, within the limits of annual appropriations, provide an unprecedented, comprehensive scope of preventive, clinical, and environmental health services, augmented by community and human resources development programs. No other national, public, or private organization embraces this spectrum of services. Nevertheless, the IHS is not an entitlement program and does not offer a guaranteed and uniform benefits package to each eligible American Indian and Alaska Native. Services are provided directly at IHS and tribal hospitals and clinics and urban clinics; and are purchased from other public and private providers, including sharing agreements with the Departments of Defense and Veterans Affairs.

More than 500 health facilities are operated in the most remote and harsh environments in the United States, on isolated Indian reservations, in Alaska villages, in other rural areas, and in cities. The IHS operates 43 hospitals, 64 health centers, 5 school health centers, and 50 health stations. Tribal governments through self-determination contracts operate 8 hospitals, 116 health centers, 3 school health centers, 56 health stations, and 167 Alaska village clinics.

IHS: **Indian Health Service**
Commissioned Corps Coordinator
5600 Fishers Lane, Room 4B-23
Rockville, MD 20857-0001
Phone: (301) 443-3464
FAX: (301) 443-5304

7. NATIONAL INSTITUTES OF HEALTH (NIH)

The mission of NIH is: Science in pursuit of knowledge to improve human health. NIH maintains a 250-bed clinical research facility, hundreds of laboratories and the 3 million-volume National Library of Medicine. In addition to conducting research into etiology, diagnosis, prevention, and treatment of diseases, NIH provides training for personnel to conduct research, and provides information to physicians and allied health professionals to assist them in bringing the results of research into practice. NIH awards research and training grants and fellowships to support scientific activities of universities, medical schools, hospitals, and other nonprofit research and teaching institutions. The following Institutes and Divisions constitute this OPDIV:

- **National Cancer Institute**
- **National Human Genome Research Institute**
- **National Institute of Nursing Research**
- **National Center for Research Resources**
- **National Eye Institute**
- **National Heart, Lung and Blood Institute**
- **National Institute of Allergy and Infectious Diseases**
- **National Institute of Arthritis, Musculoskeletal and Skin Diseases**

- **National Institute of Diabetes and Digestive and Kidney Diseases**
- **National Institute of Child Health and Human Development**
- **National Institute of Dental Research**
- **National Institute of Environmental Health Sciences**
- **National Institute of General Medical Sciences**
- **National Institute of Mental Health**
- **National Institute of Neurological Disorders and Stroke**
- **National Institute on Deafness and other Communication Disorders**
- **National Institute on Aging**
- **National Institute on Alcohol Abuse and Alcoholism**
- **National Institute on Drug Abuse**
- **Center for Scientific Review**
- **Division of Computer Research and Technology**
- **The Warren Grant Magnuson Clinical Center**
- **National Library of Medicine**
- **Fogarty International Center**

All of these Institutes and Divisions are located in Bethesda and Rockville, Maryland, with the exception of the National Institute of Environmental Health Sciences, which is at Research Triangle Park, North Carolina. A part of the intramural research program of the National Institute on Aging is located at the Gerontology Research Center, Francis Scott Key Medical Center, Baltimore, Maryland. In addition, some Institutes maintain satellite activities outside the main Bethesda location.

Commissioned officers in all health professional disciplines are assigned to NIH within the intramural laboratory and clinical research programs, as extramural grant and contract administrators, and in other management positions in support of its research mission.

NIH: **National Institutes of Health**
Division of Senior Systems
Bldg. 31, Rm. B3C12
9000 Rockville Pike
Bethesda, MD 20892
Phone: (301) 496-1443
FAX: (301) 496-7146

8. SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

SAMHSA was established by Congress (Public Law 102-321) on October 1, 1992, to strengthen the Nation's health care delivery system for prevention and treatment services for substance abuse and mental illnesses. SAMHSA builds on Federal-State partnerships with communities and private organizations to address the needs of individuals with substance abuse and mental illnesses as well as the community risk factors that contribute to these illnesses.

SAMHSA is an OPDIV within HHS and consists of three Centers--Center for Mental Health Services (CMHS), Center for Substance Abuse Prevention (CSAP), and Center for Substance Abuse Treatment (CSAT) as well as the Office of the Administrator (OA), Office of Applied Studies (OAS), Office of Extramural Activities Review (OEAR), and Office of Program Services (OPS).

CMHS provides national leadership in the application of mental health services research. The Center's activities are designed to improve access and reduce barriers to high-quality services for people with, or at risk for, these disorders, as well as their families and communities. CMHS administers the State Block Grants for community health services and other programs providing direct assistance to the States. The Center administers grants and contracts intended for the development and application of new knowledge in the mental health services field. It collects and disseminates national data on mental health services.

CSAP provides a national focus for Federal efforts to demonstrate and promote effective strategies for preventing substance abuse. Working in collaboration with States and other organizations, CSAP administers grants and contracts that support the development, application, and dissemination of new knowledge in substance abuse prevention. CSAP sponsors the National Clearinghouse for Alcohol and Drug Information, the largest source of literature and other materials on substance abuse research, treatment, and prevention for States, educational institutions, and the public.

CSAT provides national leadership in efforts to enhance the quality of substance abuse treatment services and insure their availability to individuals who need them, including those with co-occurring drug, alcohol, mental, and physical problems. CSAT administers the State Block Grants for substance prevention and treatment as well as grants and contracts that support the development and application of new knowledge in the treatment field.

OAS gathers, analyzes, and disseminates data on substance abuse practices in the U.S. OAS is responsible for the annual National Household Survey on Drug Abuse and the Drug Abuse Warning Network, among other studies. OAS also coordinates evaluation of the service-delivery models within SAMHSA's knowledge development and application programs.

OPS works in partnership with other SAMHSA components to manage information resources, grants and contracts, and administrative services.

OEAR administers, coordinates, monitors, and evaluates the review of applications for OPDIV grants and cooperative agreements and the review of contract proposals. The office is responsible for review policy of the OPDIV.

The OA provides OPDIV-level policy development, program coordination, communications, and public affairs support. The OA includes special-focus offices that coordinate OPDIV efforts in Managed Care and Women's Services. SAMHSA also has Associate Administrators for Alcohol Policy, AIDS, and Minority Concerns.

Over the years, SAMHSA programs have been extremely valuable in improving the Nation's response to mental and addictive diseases. The programs have transformed the state of the art in mental health care from custodial confinement in remote institutions to active care in local communities. They have supported addiction treatment programs, raised standards of care,

and reported results. SAMHSA programs have resulted in a national infrastructure for substance abuse prevention.

SAMHSA: **Substance Abuse and Mental Health Services Administration**
Commissioned Corps Personnel Representative
5600 Fishers Lane, Room 14C-14
Rockville, MD 20857-0001
Phone: (301) 443-5407
FAX: (301) 443-5866

9. PROGRAM SUPPORT CENTER (PSC)

PSC is a self-supporting OPDIV of HHS. As the first true business enterprise at HHS, the PSC provides services on a competitive, fee-for-service basis to customers throughout HHS and other government agencies. Services are provided in three broad business areas: human resources, financial management, and administrative operations.

Human Resources Service (HRS)

HRS provides a full range of personnel management services including payroll management and operations; personnel operations services for civilian and commissioned personnel; common needs training; employee relations and labor relations; and the administration of the Board for Correction of PHS Commissioned Corps Personnel Records.

Financial Management Service (FMS)

FMS supports the financial operations of HHS and other Departments through the provision of payment management services for Departmental and other Federal grant and program activities, accounting and fiscal services; debt management services; and the review, negotiation, and approval of rates, including indirect cost rates, research patient care rates, and fringe benefit rates.

Administrative Operations Service (AOS)

AOS supports the administrative management functions within the Department in the areas of property and materiel management, and support services ranging from telecommunications services and commercial graphics to mail distribution. Also included is the operation of a full service medical supply support activity.

PSC: **Program Support Center/HRS**
ATTN: Commissioned Corps Liaison
8455 Colesville Road, Suite 700
Silver Spring, MD 20910
Phone: (301) 504-3269
FAX: (301) 504-3626

B. OUTSIDE PHS

Commissioned officers are also assigned to certain agencies outside HHS, to help meet their health professional staffing needs. Officers are often detailed to the Agency for International Development, the World Health Organization, the Pan-American Health Organization, the Peace Corps, and the Department of Defense as well as the following program areas:

1. HEALTH CARE FINANCING ADMINISTRATION (HCFA)

HCFA is a major component of HHS. It was created in 1977 to administer the Medicare and Medicaid programs -- two national health care programs that benefit more than 72 million beneficiaries. In the 20 years since its creation, HCFA's mission has grown to include responsibility for: Federal oversight of clinical laboratories under the Clinical Laboratory Improvement Amendments; and under the Health Insurance Portability and Accountability Act, for individual and small group health insurance regulation. The recently enacted Balanced Budget Act of 1997 adds to HCFA's responsibilities the task of establishing the new State Children's Health Insurance Program to expand health insurance coverage to low-income children.

HCFA's mission is to assure health care security for the beneficiaries, which means: (1) access to affordable and quality health care services; (2) protection of the rights and dignity of beneficiaries; and (3) provisions of clear and useful information to beneficiaries and providers to assist them in making health care decisions.

HCFA acts as a purchaser of health care services for Medicare and Medicaid beneficiaries. It also: (1) assures that Medicare and Medicaid are properly administered by its contractors and State agencies; (2) establishes policies for the reimbursement of health care providers; (3) conducts research on the effectiveness of various methods of health care management, treatment, and financing; (4) assesses the quality of health care facilities and services, and (5) takes aggressive action to minimize fraud, abuse, and error in the administration of HCFA's programs.

HCFA's headquarters are located in Woodlawn, Maryland, and it has 10 regional offices located in Boston, New York, Philadelphia, Atlanta, Chicago, Dallas, Kansas City, Denver, San Francisco, and Seattle. Its staff includes physicians, nurses, other health care professionals, health insurance specialists, social science research analysts, specialists in financial management and information systems, economists, actuaries, and individuals with many other specialities and backgrounds.

HCFA: **Health Care Financing Administration**
Commissioned Corps Liaison
Human Resources Management Group
7500 Security Boulevard, Room C2-09-27
Baltimore, MD 21244-1850
Phone: (410) 786-5554
FAX: (410) 786-9580

2. U.S. COAST GUARD (CG)

CG is an organizational agency of the Department of Transportation (DOT), and a Branch of the Armed Forces. HHS details commissioned corps officers to this DOT agency via an Inter-Agency Memorandum of Agreement. The detail provides direct health care to CG active-duty and retired personnel, and their dependents. Other eligible Department of Defense and commissioned corps beneficiaries are also served by the detail.

The majority of the detail is assigned to shore-based, primary care oriented medical clinics and dental clinics. CG provides the support staff, which includes Health Service Technicians, Physician Assistants, and Medical Administrators.

The detail consists primarily of board-certified or board-eligible Family Physicians, General Practice Residency trained Dentists, and experienced Pharmacists. Other detailed personnel include: Physicians trained in Aerospace Medicine, General Medicine, Internal Medicine, Pediatrics, or Psychiatry. Also detailed are environment health specialists, industrial hygienists, nurses, and medical technologists.

Besides excellent duty locales, CG offers many professional development and training opportunities for detailed Corps officers, e.g., continuing medical education, flight surgeon training, family practice residencies, and dental specialty training. The cost of professional development and training is paid by the CG.

CG: **U.S. Coast Guard Headquarters**
Commandant (CG-WKH-3), Room 5314
2100 Second Street, S.W.
Washington, D.C. 20593-0001
Phone: (202) 267-0812
FAX: (202) 267-4338

3. U.S. ENVIRONMENTAL PROTECTION AGENCY (EPA)

EPA is responsible for implementing the Federal laws designed to protect human health and the environment. EPA endeavors to accomplish its mission systematically by proper integration of a variety of research, monitoring, standard-setting, and enforcement activities. As a complement to its other activities, EPA coordinates and supports research and anti-pollution activities of State and local governments, private and public groups, individuals and educational institutions. EPA also monitors the operations of other Federal agencies with respect to their impact on the environment.

EPA is divided into the following programs: Research and Development, Air and Radiation, Solid Waste and Emergency Response, Water, Pesticides Prevention and Toxic Substances, and Enforcement and Compliance. EPA's headquarters are in Washington, D.C., with regional offices in Atlanta, Boston, Chicago, Dallas, Denver, Kansas City, New York, Philadelphia, San Francisco, and Seattle. The major research centers are in Las Vegas, Nevada; Cincinnati, Ohio; Research Triangle Park, North Carolina; Edison, New Jersey; Ada, Oklahoma; and Corvallis, Oregon.

EPA: **Environmental Protection Agency**

Commissioned Corps Liaison
Mail Code 3641, Room M-3711
401 M Street, S.W.
Washington, D.C. 20460
Phone: (202) 260-3340
FAX: (202) 260-0523

4. FEDERAL BUREAU OF PRISONS (BOP)

The mission of BOP, a component of the Department of Justice, is to protect society by carrying out the judgments of the Federal courts through providing confinement services to committed offenders. This confinement function complements other sentencing options available to Federal judges.

The Bureau's Health Services Division utilizes all commissionable disciplines except veterinarians and is responsible for all inmate health care services, food and farm services, environmental health, safety and sanitary services.

BOP: Bureau of Prisons
Health Services Division, Personnel Management
320 First Street, N.W., Room 1031
Washington, D.C. 20534
Phone: (202) 307-2867 or 1-800-800-2676
FAX: (202) 616-2097
E-mail: dpinson@bop.gov

5. COMMISSION ON MENTAL HEALTH SERVICES (CMHS) (FORMERLY ST. ELIZABETHS HOSPITAL)

The Commission on Mental Health Services is currently in the process of major change. This organization's goal is to establish a community-based system which provides a full range of services to the mentally ill of the District of Columbia. Currently, it includes three community mental health centers located throughout the District, and an 800-bed psychiatric hospital. Over the next several years, this system will evolve to offer more options for patients in less restrictive (community) settings.

The Commission on Mental Health Services employs less than one hundred commissioned officers in several categories. Dietitians, pharmacists, psychiatrists, sanitarians, social workers, and others find assignments here to be challenging, giving a new understanding of providing care to the indigent.

CMHS: Public Health Service Officer-in-Charge
R Building
2700 Martin Luther King Jr., Avenue, S.E.
Washington, DC 20032
Phone: (202) 373-7208
FAX: (202) 373-6349

COMPOSITION OF THE COMMISSIONED CORPS

Subjects Covered:

- **Background**
- **The Regular Corps**
- **Active Reserve Corps**
- **Inactive Reserve Component**
- **Grades and Titles**
- **Chief Professional Officers**
- **Professional Advisory Committees**
- **Qualifying Time**
- **Duty Time**

CCPM Citations:

- **INSTRUCTION 7, Subchapter CC23.3, CCPM, "Regular Corps Assimilation Program"**
- **INSTRUCTION 1, Subchapter CC23.0, CCPM, "PHS Inactive Reserve Corps"**
- **INSTRUCTION 6, Subchapter CC23.4, CCPM, "Chief Professional Officer Nomination Criteria and Selection Process"**
- **INSTRUCTION 7, Subchapter CC23.4, CCPM, "Flag Officer Selection and Assignment"**

A. BACKGROUND

The Commissioned Corps of the PHS is an all officer organization comprised entirely of health professionals. It is one of the seven Uniformed Services of the U.S.. Others are the Army, Navy, Air Force, Marine Corps, Coast Guard, and the commissioned corps of the National Oceanic and Atmospheric Administration.

In the event of a national emergency as declared by the President, the commissioned corps may be designated as a military service. While in this status, an officer is subject to the Uniform Code of Military Justice.

PHS has a specific mission and places commissioned corps officers in positions consistent with that mission. All officers, depending upon their qualifying degrees, are members of one of the 11 professional categories shown in Table 2.

Abbreviations and codes are used on personnel orders and other official personnel documents. In addition to the 11 categories, an operational group was formed that is based on a specific function and is composed of members from more than one category. The Research Officer Group's (ROG) specific function is the conduct of original research. Requirements for membership in ROG are: a doctoral degree and participation in a program of original research with an external scientific review system.

The criteria that must be met in order to fill a vacancy with a commissioned officer are as follows:

- **The position requires a health professional in one of the 11 professional categories of the commissioned corps, and will effectively use the individual's training and experience;**
- **The individual applying for a position within an OPDIV should have present and future value to the Corps. Individuals are commissioned in the corps for a career with the PHS Commissioned Corps rather than for a career in a particular program area. The assignment should provide experience and/or training that will prepare the officer for possible future assignments; and**
- **The appointment is cost-effective in that it employs the highest quality health professional for the expenditure.**

Table 2. Professional Categories

All officers, depending upon their qualifying degrees, are placed in one of the following 11 professional categories:

CATEGORY	ABBREVIATION	CODE USED ON FORMS
Medical	MED	01
Dental	DENT	02
Nurse	NUR	03
Engineer	ENG	04
Scientist	SCIEN	05
Sanitarian	SAN	06
Veterinary	VET	07
Pharmacist	PHARM	08
Dietetics	DIET	09
Therapy	THER	10
Health Services*	HSO	11

*** Clinical Psychology, Computer Science, Dental Hygiene, Medical (Health) Record Administration, Hospital Administration, Public Health/Epidemiology, Medical Technology, Optometry, Physician Assistant, Podiatry, Social Work.**

B. THE REGULAR CORPS

The regular corps is the career component of the corps. Reserve corps career-oriented officers who have long-term commitments to the mission and goals of the Service may apply for assimilation into the regular corps. Before applying for assimilation an officer must have completed a minimum of 4 years of continuous active duty in his/her current tour of duty. Assimilation is requested on form PHS-7034, "Application for Assimilation into the Regular Corps" and submitted to the Director, DCP. The completed form and the officer's record is forwarded to an assimilation board, which evaluates the officer's qualifications and ranks the officer with all other candidates for assimilation. A list of nominees is prepared and sent through administrative channels for nomination by the President and confirmation by the U.S. Senate. The size of the regular corps is established in the HHS Appropriations Act.

C. ACTIVE RESERVE CORPS

The active reserve corps supplements the regular corps and may expand or contract according to the needs and resources of the Service. All newly-appointed officers are commissioned in the reserve corps and serve a 3-year probationary period. Unsatisfactory or unsuitable performers may be terminated during this period. Reserve corps officers may request consideration for appointment into the regular corps after completing a minimum of 4 years of continuous active duty in their current tour.

D. INACTIVE RESERVE COMPONENT

The Inactive Reserve Component of the Reserve Corps is comprised of health professionals, most of whom were at one time on extended active duty. In the event the President signs an Executive Order and militarizes the commissioned corps, inactive reserve officers can be involuntarily called to active duty at the discretion of the Service for the duration of the emergency. Officers in the inactive reserve continue to accrue longevity credit for pay and may accrue promotion credit should they decide to reactivate at a later time. However, at this time there is no retirement program for officers in the inactive reserve. An officer in the inactive reserve must keep DCP informed of his/her current address, telephone numbers, licensure, medical, and employment status. In addition, an officer must inform DCP of any family or personal hardship which may make it extremely difficult or impossible to response to calls to active duty orders for a period of 6 months or longer.

The Individual Ready Reserve (IRR) is a subset of the inactive reserve component of the reserve corps. Officers in the IRR agree to serve on active duty for a minimum of 2 weeks over a 2-year period in PHS programs across the country. In past years, individual ready reservists served by providing care in the Indian Health Service, National Health Service Corps, Community and Migrant Health Centers, and Mental Health Centers. IRR officers also served on short tours with the U.S. Coast Guard, Bureau of Prisons, and Commission on Mental Health Services , Washington, DC. These short tours were from as little as one day, but generally ran from 14 to 120 days and brought much needed services to the underserved and unserved populations throughout the U.S. Officers in the program include physicians, dentists, nurses, and pharmacists, with other professionals considered on an as-required basis.

Inactive Reserve Corps and Civil Service Employment

Federal civil servants who are in the PHS Commissioned Corps inactive reserve are cautioned that special rules apply if they are called to active duty.

Because there is no pay and allowance associated with being an officer in the inactive reserve corps, merely holding a Federal civil service office and an inactive reserve commission does not violate the law. However, if an inactive reserve corps officer is called to active duty, he/she must either give up his/her Federal civil service position or be called to active duty without pay.

A special dual employment and pay provision that allows a reserve member of the Armed Forces or member of the National Guard to hold a Federal civil service office and to receive the pay and allowances from both systems does not apply to PHS inactive reserve corps officers.

An inactive reserve corps officer cannot be called to active duty with pay for a short or intermittent tour, even if he or she is on leave-without-pay from a Federal civil service position.

If an inactive reserve corps officer who is a Federal employee is interested in serving on a short or intermittent tour, he or she must be called to active duty without pay. The officer also must be on either administrative or annual leave from his or her Federal agency. Although the inactive reserve corps officer cannot receive PHS pay and allowances, the PHS OPDIV calling him or her to active duty is permitted to authorize travel and transportation allowances.

If you are an inactive reserve corps officer and hold a Federal civil service position, you must notify DCP of your status so that you can be called to duty without pay for any future short or intermittent tour.

For information on this program, contact:

Division of Commissioned Personnel/HRS/PSC
ATTN: Inactive Reserve Corps Coordinator/ODB
5600 Fishers Lane, Room 4A-18
Rockville, MD 20857-0001
Phone: (301) 594-3360
FAX: (301) 594-2711

E. GRADES AND TITLES

Each officer holds a permanent grade and may also hold a higher temporary grade. The grades are coded with the letter "O" (signifying officer) followed by a digit in the range of 1-10. In the Corps, permanent grades are in the range of O-1 through O-6; temporary grades are in the range O-1 through O-10. An officer holding a temporary grade should be referred to by that grade. Officers holding temporary grades above O-6 are referred to as flag grade officers.

The PHS Act establishes the formal designations of grades within the commissioned corps. However, it is appropriate to use the equivalent Navy ranks orally when referring to Corps officers. This also applies to most documents (abbreviations optional). The PHS system is used for documents having legal significance.

Table 3. Shows the official designation of grades in the Corps, abbreviations, the full title of the equivalent Navy rank, and the Navy abbreviation of that rank.

Designation of Grade Within the Corps			Equivalent Designation of Grade Within the Navy	
Flag Grades:				
O-10	Assistant Secretary for Health	ASH	Admiral	ADM[a]
O-9	Surgeon General	SG	Vice Admiral	VADM[a]
O-8	Deputy Surgeon General	DSG	Rear Admiral	RADM[a]
O-8	Assistant Surgeon General	ASG	Rear Admiral	RADM[b]
O-7	Assistant Surgeon General	ASG	Rear Admiral (lower half)	RADM[b]
Other Grades[c]				
O-6	Director	DIR	Captain	CAPT
O-5	Senior	SR	Commander	CDR
O-4	Full	O	Lieutenant Commander	LCDR
O-3	Senior Assistant	SA	Lieutenant	LT
O-2	Assistant	A	Lieutenant Junior Grade	LTJG
O-1	Junior Assistant	JA	Ensign	ENS

[a] The proper titles and abbreviations of the Assistant Secretary for Health, Surgeon General, and Deputy Surgeon General are always those of the Public Health Service.

[b] Assistant Surgeons General may be referred to by that title or by the equivalent Navy rank; the PHS designation is usually preferable.

[c] For officers, other than officers at flag grades, the category is a part of their official PHS title. By convention, the titles of officers at the Director grade have the name of their category precede the word "Director," as in "Nurse Director." Titles of officers at lower grades have the name of the category follow the grade, followed by the word "Officer," as in "Senior Nurse Officer." By statute, officers in the medical category below Director grade are referred to as "Surgeon." This is preceded by the specific term for their grade and the word "Officer" is omitted, as in "Senior Surgeon." This pattern also applies to Dental Surgeons.

[d] For the Full Grade (O-4) officer in all but the medical and dental categories, no grade title or abbreviation is used, simply the word "Officer" (or the letter "O") as in "Nurse Officer." A Full grade medical officer has the title "Surgeon" and a Full grade dental officer, "Dental Surgeon."

F. CHIEF PROFESSIONAL OFFICER (CPO)

The Surgeon General appoints CPOs in each of the 11 professional categories. Four of the 11 CPOs are flag grade by statute (dental, engineer, nurse, and pharmacist). Appointment as a CPO is in addition to any responsibilities the individual has in his/her permanent duty assignment. CPOs advise the Surgeon General on issues in the officers' respective professional areas. In addition, the CPO serves as a distinguished example to all officers in his/her professional category. The CPO advocates and promotes professional development and fosters the highest levels of commitment and integrity for officers serving in the represented professional category.

G. PROFESSIONAL ADVISORY COMMITTEE (PAC)

Each of the 11 professional disciplines has a PAC which advises the Surgeon General on matters of importance to the discipline and to the Corps. New members are recommended by the PAC and selected by the Surgeon General. Concurrence for the nominations is obtained from the OPDIVs. Officers are encouraged to participate as a PAC or subcommittee member and to work through the CPO and PAC to resolve profession-related issues.

H. QUALIFYING TIME

Two years is considered the minimum period of active service that qualifies an officer for most active-duty and veterans benefits, and separation with full privileges. For example, if an officer meets all administrative requirements at separation and has not broken any special or other contracts, the following may apply:

- **Travel Entitlements**
- **Transportation Entitlements**
- **Placement into the Inactive Reserve Corps**
- **VA benefits**

For specific information, the Transactions and Applications Section, PSB, DCP, should be consulted.

I. DUTY TIME

An officer's supervisor can establish any duty or work hours for the officer necessary to meet the needs of the program. Although most officers have regularly scheduled work hours, this is entirely discretionary. Many officers, especially those in a clinical setting, work more than 8 hours per day, and on weekends or nights. Any work schedule developed to define "work hours" for an officer is for administrative convenience only, and does not establish any rights for the officer or restriction on management in making adjustments or changes as necessary to meet program needs.

UNIFORMED SERVICES BENEFITS

Subjects Covered:

- **Commissioned Officers' Identification Cards**
- **Identification Cards for Dependents and Former Spouses**
- **Military Benefits**
- **Department of Veterans Affairs (VA) Benefits**
- **Soldiers' and Sailors' Civil Relief Act**

CCPM Citations:

- **Chapter CC29, CCPM, "Officers' Relations, Services, and Benefits"**
- **CCPM Pamphlet No. 63, "Information on Commissioned Officer Survivors Benefits"**

Department of Veterans Affairs Booklet:

- **"Federal Benefits for Veterans and Dependents"**

A. COMMISSIONED OFFICERS' IDENTIFICATION CARDS

Many of the benefits for which an officer is eligible are subject to the possession and presentation of a Uniformed Services identification (ID) card. This is true in obtaining medical care, and in gaining access to commissaries, base and post exchanges, and other military facilities when not in uniform. ID cards are accountable items. Proper controls and procedures for strict accountability and security of the cards are imposed at all ID card issuing sites. Officers are required to maintain proper possession and control of their cards, and not to allow the cards to be misused by others. Failure to surrender an ID card upon separation may result in final pay and lump-sum leave payment being withheld, and disciplinary action being taken.

1. <u>Obtaining an ID Card</u>

ID cards are issued by designated ID card officials at established PHS OPDIV issuing offices, and at other Federal and military facilities. Administrative officers will normally have a list of issuing officials. An officer in a location where there is no designated issuing official for his/her organizational component may apply to the designated issuing official of the nearest PHS OPDIV ID card issuing office.

An ID card is issued by these designated officials upon presentation of a completed DD Form 1172, "Application for Uniformed Services Identification Card - DEERS Enrollment." Proof of eligibility may be required in the form of a copy of the call to active duty orders for new officers, or a copy of the retirement orders for officers retiring from active duty.

All ID cards require a photograph of the officer and most ID card issuing sites have photographic capabilities. If a site does not have photographic facilities, an officer must obtain the photograph at his/her own expense. The photograph should show the officer in the uniform of the day. The picture should show the full face, head uncovered.

2. Reissue

Proof of eligibility may be required in the form of a copy of the officer's current orders. An ID card will be reissued when:

- **the card is lost or mutilated, or contains an error;**
- **the card expires, provided the officer remains eligible; and**
- **upon a change of temporary grade (e.g. promotion) or name of the officer.**

B. IDENTIFICATION CARDS FOR DEPENDENTS AND FORMER SPOUSES

Dependents and former spouses are also eligible for many of the benefits and privileges for which an officer is eligible including medical care and access to commissaries, base and post exchanges, and other military facilities. The possession and presentation of an ID card is required to use these benefits.

Children under 10 years of age are eligible for benefits, but are not usually issued ID cards. Their eligibility is verified through the Defense Enrollment Eligibility Reporting System (DEERS) and the ID card in the possession of the officer or his/her spouse. An ID card may be issued to a child under special circumstances, for example, when the parents are divorced.

1. Application for Obtaining an ID Card

ID cards for dependents/former spouses are obtained by completing form DD-1172. The initial application should include information on all dependents including children under 10 years of age in order to enroll dependents in DEERS.

DEERS is a data system which contains essential data on all eligible beneficiaries under the Uniformed Services Health Benefits Program. All initial applications for dependent ID cards must be accompanied by legal documentation of the dependent's relationship to the officer. A dependent may initiate an application for an ID card, but the application form must be signed by the officer (unless deceased or incapacitated). Criteria for eligibility and documentation required are detailed in INSTRUCTION 2, Subchapter CC29.2, CCPM.

2. Changes in Status

DEERS must be notified of all changes in dependents' eligibility status, including marriages, births, divorces, and deaths. The officer is responsible for notifying the designated issuing official for his/her organization of such changes, and for providing an updated DD Form 1172.

C. MILITARY BENEFITS:

- **Base and/or Post exchange**
- **Commissary**
- **Credit Unions**
- **Health Care/CHAMPUS (separate section)**
- **Air Mobility Command (AMC)**
- **Recreation Facilities**
- **Recreational Sites**
- **Service Clubs (Officers' Club)**
- **Temporary Lodging (BOQ, VOQ, TML)**

The benefits listed above are provided to PHS officers, often on a space available basis, as a reciprocal privilege. These are NOT rights or entitlements! Abuse of these benefits means embarrassment for the Service, officer and dependents, loss of privileges for the officer, and possibly loss for fellow officers as well. Observe the rules and regulations as well as the customs and courtesies. The use and operation of these facilities are regulated by the Department of Defense with local control. Therefore, while usage is generally the same for all stations, the local commander may limit or restrict access as deemed necessary. If an officer needs assistance at a military facility, a point of contact may be the provost marshal the protocol officer or the officer of the day.

Automobiles should be registered on a military facility. This makes entry much easier. For registration, officers will need proof of insurance, title, and registration. Uniforms and military courtesy are very important on base. It is a means of enforcing discipline and building pride in the military services. When an officer wears the uniform on base, he/she must wear it correctly.

1. BX/PX

The Base Exchanges (BX) of the Navy, Air Force, and Marines, and the Post Exchanges (PX) of the Army are available to PHS commissioned officers and their dependents. These are similar to small department stores or discount stores.

A valid ID card is required for dependents and officers not in uniform. Commissioned Officer Student Training and Extern Program (COSTEP) officers and officers on short tours may need a copy of their current personnel orders in addition to an ID card.

These facilities are for personal (family) purchases and legitimate gifts only. Purchases cannot be made for friends or extended family members.

Most facilities now take credit cards in addition to cash and checks. Most offer limited check cashing. Checks returned for nonpayment are taken as a serious breach of conduct by the military services and the PHS Commissioned Corps.

Types of BX/PX Stores:

a. Main Exchange - clothes, jewelry, cameras, household, and personal items.
b. Uniform Shop/Military Clothing - uniform articles (most PHS Commissioned Corps uniform articles are patterned after the Navy).
c. Four Seasons - seasonal items, sporting goods, garden supplies, toys, limited food items.

d. Auto Service - gasoline, tires, auto repair, and parts.

e. Miscellaneous - tailor/laundry, barber/beauty shop, optical shop, florist, thrift shop, fast food restaurant, package liquor store, etc.

2. Commissary

These are the supermarkets for the military facilities. The commissary privilege is a benefit of the service member, but this benefit is extended to dependents in the sponsor's household so that they may shop on behalf of the service member. Savings are similar to discount food stores. There are usually several "specials" which are excellent bargains. The commissaries are crowded on weekends, and especially so on and just after paydays. Baggers work for tips in the commissary system.

3. Credit Unions

Most military facilities have a Federal credit union which is available to any Federal employee. These offer the standard services - loans, checking, savings, etc.

PHS also has credit unions at major installations; the PHS Federal Credit Union in the Parklawn Building accepts any commissioned officer as a member. It can be reached at (301) 881-1870. Ask your fellow officers about credit unions near the duty station.

4. Health Care/CHAMPUS/TRICARE

This important benefit is covered in a separate section later in this pamphlet.

5. Air Mobility Command (AMC) Flights

This benefit is the ability to travel on military flights on a space-available (Space-A) basis. This privilege has very definite rules and regulations which must be followed to assure continued access. Space-A is a recreational program and officers and dependents are absolutely forbidden to use it if the officer is on a temporary duty (TDY) assignment. COSTEP officers are not eligible to travel on Space-A flights. Conforming to grooming standards is necessary; however, neatly trimmed beards are permitted.

Three vital rules:

a. An officer MUST be on leave to sign up for Space-A travel, and MUST STAY on leave the total time he/she remains on the sign-up list and on travel status.

b. An officer and his/her dependents MUST be prepared to return to the officer's duty station by commercial means as a Space-A flight may not be available.

c. Dependents MAY travel only when accompanied by the officer, and then only to destinations outside the continental United States (CONUS).

6. Recreation Facilities

Most military installations have a variety of recreational facilities available for the personnel stationed there. These are usually also available to PHS officers. Facilities may include theaters, swimming pools, bowling lanes, sports equipment rentals, youth centers, recreational information/ticket offices, etc.

7. Recreational Sites

There are several military facilities which provide rest and recreation opportunities for PHS officers. These include wilderness camps, waterfront sites, and other vacation-type facilities. These are located in various areas of the country, and are listed in several publications.

Use is strictly on a space available basis. Usually there are limits on reservations and time at recreational sites.

8. Service Clubs

The most frequently used club is the Officers' Club. As the name implies, this facility is for officers. Enlisted personnel are not usually permitted to use the facility. Likewise, officers are not usually expected in Non-Commissioned Officers' Clubs or Enlisted Men's Clubs. This does vary from one installation to another. Small installations may only have one club for all personnel.

As a rule, the Officers' Club (or Mess as it is sometimes called) is more formal in atmosphere and behavior. Usually dress codes are enforced in the evening and on weekends.

These facilities may be "open" or "closed." Open facilities are available for all officers. Closed facilities are accessible only to members or to members of another Officers' Club.
Officers' Clubs generally have a lounge, a formal dining room, meeting rooms, party rooms, and other similar features.

Special events are frequently held for members. Check cashing services are usually available for members and are generally more liberal in maximum limits.

9. Temporary Lodging Facilities

Bachelor Officer Quarters (BOQ) and Visiting Officers' Quarters (VOQ) are available on a space-available basis to PHS officers. These rooms may consist of a single room with a bed, or a suite with kitchen facilities. These rooms are usually inexpensive.

Temporary Family Living (TFL) and Temporary Military Living (TML) quarters are designed for families. PHS officers and their accompanying dependents may use these facilities, which usually include two or more bedrooms and a kitchen area. They are reasonably priced compared to commercial housing. Stays are usually limited.

D. DEPARTMENT OF VETERANS AFFAIRS (VA) BENEFITS

- **Death Benefits**
- **Education Programs**
- **Housing Loans**
- **Insurance Programs**
- **Medical Disability Benefits**

Generally, active duty for 24 months in the PHS qualifies an officer for education and housing benefits.

1. Death Benefits

The death benefits for commissioned officers include personal assistance for the family from DCP. The person responsible for this activity is the Survivor Assistance Officer (SAO), available at (301) 594-3389, and by Fax at (301) 594-2711.

The SAO helps the officer's family with arranging PHS payments, counsels the family, and tries to ease any administrative burden.

The SAO advises the family about:

- **Unpaid pay and lump sum pay for accrued annual leave;**
- **Burial and interment allowances (maximum $1750 if private cemetery) (PHS entitlement);**
- **Transportation of remains;**
- **Death gratuity (maximum $6000);**
- **The survivor annuity if officer was retirement eligible; and**
- **Travel and transportation to home of survivor's selection.**

2. Education Programs

Current PHS officers can qualify for benefits under one of three educational assistance programs, depending upon the date that the service member initially entered on extended active duty for other than training purposes.

PHS officers who entered on active duty on or after July 1, 1985, are covered by the Montgomery (sometimes referred to as the New) G.I. Bill. Cost of participation in this program is $1,200, which entitles qualified service members to 36 months of benefits (approximately $440 for a 3-year obligation and $360 for a 2-year obligation, based on full-time student status).

PHS officers who entered on active duty between January 1, 1997 and June 30, 1985, are covered by the Veterans Educational Assistance Program (VEAP). This is a "two for one" matching program under which the government matches two dollars to every dollar contributed by the service member (up to $2,700) for a maximum benefit of $8,100. This benefit can be obtained in maximum monthly amounts of $225 for 36 months or $300 for 27 months based on full-time student status.

PHS officers who entered on active duty on or before December 31, 1976, are covered by the Old G.I. Bill. Although this program ended on December 31, 1989, PHS officers who qualified for this program and who remain on active duty, and meet certain criteria, can be eligible to have any unused entitlement under the Old G.I. Bill rolled over to the Montgomery G.I. Bill *without cost to the officer*. These officers are eligible to receive the full amount under the Montgomery G.I. Bill and half of what they would have received under the Old G.I. Bill for their unused entitlement.

3. Housing Loans

Until the Persian Gulf era is ended by law or Presidential Proclamation, PHS officers qualify for VA guaranteed home loans after being on active duty for 90 days.* The VA can guarantee up to $50,750 of a loan made for the purchase of a home for residence. As active-duty Uniformed Service members, PHS officers can usually obtain lower interest rates and in some instances can negotiate a loan with no down payment. Local realtors or the nearest VA facility can provide more information. *(Note: Normally, Uniformed Service members must be on active duty for 180 days before being eligible for the VA Home Loan Guaranty Program.)

4. Insurance Programs

PHS officers are eligible for coverage under Servicemembers' Group Life Insurance (SGLI). Officers are automatically covered by term insurance in the amount of $200,000 at the time of their call to active duty. On or before their first day of duty, members can decrease the amount of coverage, decline coverage, or increase the coverage to a maximum of $200,000. The cost of the coverage is $.85 per month per $10,000 coverage and is available in increments of $10,000. Coverage of $200,000 is at a monthly cost of $17.00. The members participate only through payroll deduction.

Upon separation or retirement, SGLI may be converted to Veterans' Group Life Insurance (VGLI). Conversion must occur within 120 days, and coverage is a maximum of $200,000. This is 5-year renewable term insurance.

5. Medical Disability Benefits

After separation or retirement from active duty, an officer may seek to establish "service connection" with VA for medical conditions incurred or aggravated while on active duty. Service-connected conditions may entitle the officer to medical care and/or disability compensation from VA.

E. SOLDIERS' AND SAILORS' CIVIL RELIEF ACT (SSCR)

- **Domicile Establishment**
- **Automobile Licenses, Fees, or Excises**
- **Call to Active Duty Lease Protection**

Since April 22, 1976, PHS has been covered by the SSCR Act. The SSCR Act provides protection to members of the Uniformed Services. The SSCR Act does not protect dependents of officers.

Provisions do not apply to dependents or non-official activities conducted in the State of assignment

(e.g., outside employment). Some of the more important protections are outlined below:

1. Domicile Establishment

Upon call to active duty, officers must complete Form DD 2058, "State of Legal Residence Certificate." This establishes the domicile of the officer. Domicile is the place regarded as the officer's permanent home. Under the SSCR Act, PHS officers do not lose their domicile by taking up temporary residence elsewhere as a result of compliance with official Personnel Orders. Officers are free to establish a new domicile upon reassignment.

A State (other than a home State) or locality cannot tax a commissioned officer's income merely because the officer resides and/or performs duty in that State. Income other than the officer's PHS pay and allowances may be subject to income tax in the State where assigned. Also, income sources from the officer's dependents are not covered by the SSCR Act.

Legal domicile is determined by the officer and the State tax authorities concerned. Relevant factors include where the officer votes, auto title, auto registration, driver's license, and payment of State income tax. Officers should make sure that all indicia of domicile point to one State. Failure to do so may result in taxation by more than one State.

2. Automobile Licenses, Fees, or Excises

PHS officers are not subject to auto licensure and related fees or excises of the State assigned, provided that these have been paid to the State of domicile.

Although some States also apply the exemption to motor vehicle operator licenses, these licenses are not exempted under the SSCR Act.

3. Call to Active Duty Lease Protection

Leases covering dwelling and/or professional space rental may be terminated by the lessee by notice on call to active duty by PHS. This authority does not apply for transfers after entry on duty. Obtain the "transfer under Uniformed Service orders" provision in any lease agreement.

HEALTH CARE SERVICES

Subjects Covered:

- **Health Care Entitlement for Uniformed Services Personnel**
- **Sources of Health Care Services**
- **Procedures for Obtaining Services**
- **Billing**
- **Third Party Liability**
- **Records**
- **Health Care for JRCOSTEP Officers**
- **Family Members**
- **Appeals - Starting the Process**
- **References and Information Sources**

CCPM Citations:

- **INSTRUCTION 1, Subchapter CC24.2, CCPM, "Travel Incident to Medical Care"**
- **INSTRUCTION 2, Subchapter CC29.3, CCPM, "Psychiatric Care from Non-Government Sources; Officers Serving on Active Duty"**
- **INSTRUCTION 4, Subchapter CC29.3, CCPM, "Health Benefits Under CHAMPUS: Retirees and Dependents of Active Duty, Retired, and Deceased Officers"**
- **INSTRUCTION 5, Subchapter CC29.3, CCPM, "Medical Examination Requirements"**
- **INSTRUCTION 7, Subchapter CC29.3, CCPM, "Health Care Benefits; Active-Duty Officers"**
- **INSTRUCTION 8, Subchapter CC29.3, CCPM, "Policy on Alcohol and Other Drug Abuse"**
- **CCPM Pamphlet No. 65, "Information on Health Care Services for Active-Duty Officers of the Public Health Service and the National Oceanic and Atmospheric Administration" (*NOTE*: This pamphlet is mandatory reading for all active-duty PHS Commissioned Corps officers.)**

A. HEALTH CARE ENTITLEMENT FOR UNIFORMED SERVICES PERSONNEL

Title 10, U.S. Code, Chapter 55, Section 1074, entitles PHS officers to health care from any Military Treatment Facility (MTF). Presentation of the green Uniformed Services Active Duty Identification (ID) Card allows the officer access to these services. Health care services may be supplemented by other resources in accordance with Uniformed Service policies and procedures. Refer to CCPM Pamphlet No. 65, "Information on Health Care Services for Active-Duty Officers of the Public Health Service and the National Oceanic and Atmospheric Administration," for more detailed information.

B. SOURCES OF HEALTH CARE SERVICES

1. Usual Sources of Care by Duty Station:

Officers whose duty station lies within the catchment area of an MTF must use that facility as their source of primary care. If stationed at an IHS facility which provides health care services to officers, that facility may serve as the source of primary care. If Medical Affairs Branch (MAB) has a contract in place near a duty station, officers are obligated to use that contractor as their source for primary care. Wearing of the uniform is always expected and usually required when reporting for care at an MTF.

2. Supplementary Sources of Care:

Routine medical care up to $1,000 per fiscal year from civilian providers requires no prior approval for officers stationed outside a catchment area of an MTF.

In some areas, specialty and inpatient care in MTFs and IHS facilities or with MAB contractors is limited. In more remote areas, these sources of care are often unavailable. In all these cases, care may be supplemented through civilian providers and Department of Veterans Affairs facilities only with prior approval from MAB. Without prior authorization, officers can obtain only emergency care, or routine primary care under circumstances as specified in CCPM Pamphlet No. 65, "Information on Health Care Services for Active-Duty Officers of the Public Health Service and the National Oceanic and Atmospheric Administration." Only MAB can authorize civilian care and commit funds for payment. If prior authorization from the MAB is not obtained for the recommended civilian care, the officer will become liable for the cost of that care.

C. PROCEDURES FOR OBTAINING SERVICES

MAB is responsible for authorizing care for an officer by a civilian provider. Unless authorized, payment for the care will be the responsibility of the officer.

1. Data Required Every Time an Officer Calls MAB for Civilian Care Authorization:

Call MAB at (301) 594-6425 or (800) 368-2777, 8 a.m.- 4:00 p.m., Monday - Friday, Eastern Time.

a. Full name;
b. Social Security number;
c. Duty station address and telephone number;
d. Complete name of health care provider and/or facility;
e. Telephone number and address of provider and/or facility including zip code;
f. Employer identification number (EIN) of the provider and/or facility number (this is a tax ID number assigned by the Internal Revenue Service);
g. Current Procedural Terminology (CPT) code of service(s) to be provided;
h. Type of service to be provided (e.g., office visit, X-ray);
i. Estimated cost of services;
j. Planned date of service; and
k. If the provider accepts assignment of government payments.

When an officer presents for civilian care and the diagnosis and treatment are significantly different or the estimated cost is increased more than fifty dollars above what was originally reported, the officer should call a Patient Care Coordinator (PCC) in MAB, DCP, immediately for additional authorization and guidance.

2. Referrals for Civilian Medical Care:

Referrals for civilian medical care are often issued by MTFs and IHS facilities. An MTF generally issues a form DD2161 called a Referral for Civilian Care; the IHS issues a standard referral form. In all cases these forms only recommend civilian care, they do not authorize care. It is the officer's responsibility once a referral is issued to call MAB to obtain authorization for care.

3. Emergency Care:

An emergency requires immediate care and, therefore, does not require prior authorization. However, all emergencies must be reported to a PCC by phoning (800) 368-2777 or (301) 594-6425 as soon as possible but not later than 72 hours after care has been received. MAB should be notified immediately if an officer is being admitted as an inpatient from the emergency room. Report emergencies after hours to the same phone number. Leave all necessary information (a-f) below on MAB's answering machine.

Data required when calling in emergency services:

a. Officer's name;
b. Social Security number;
c. Date of emergency;
d. Name of civilian facility and/or physician;
e. Diagnosis/condition; and
f. Telephone number and name of physician whom PCC can contact.

4. Dental Care:

Routine dental care of up to $1,000 per fiscal year from civilian providers requires no prior approval for officers stationed outside the catchment area of an MTF, MAB contractor, or IHS facility offering dental care to officers. All non-routine dental care from civilian providers requires prior approval from MAB and always involves presentation of formal treatment plan by the dentist provided to MAB's Chief Dental Consultant for review and approval or referral back to a MTF.

5. Obtaining Care While on Travel Within the U.S.:

Officers will utilize an MTF or MAB contractor when travel takes them within the catchment areas of such facilities. When these facilities are not available, officers must obtain prior authorization for services from local civilian providers by calling a PCC on (800) 368-2777.

6. Obtaining Care Outside of the U.S.:

When outside the U.S., officers will utilize an MTF when available. Otherwise, care may be obtained from local sources but must be paid for by the officer. Reimbursement will be made by MAB. Officers should get the medical records translated into English and should document the currency exchange rate for the date of service.

7. Health Benefit Limitations:

The following services have very specific authorization requirements and limitations: physical therapy, prosthetic/orthopedic devices, allergy testing, psychiatric care, temporomandibular joint (TMJ) treatment, dental implants, and experimental care. Note: This is not an exhaustive list, and there are benefit limitations and restrictions. Contact MAB for additional information before attempting to obtain these services.

8. Health Benefit Restrictions:

The following services currently are not entitlements: cosmetic surgery, contact lenses, abortions, sterilizations, fertility studies and treatment, chiropractic services, acupuncture, sports medicine, eyeglasses from civilian sources, and orthodontic services. While the above noted services are restricted in the private sector, they may be obtained from an MTF when available.

D. BILLING

Payment of bills for health care services provided to officers is made as follows:

Civilian Provider Bills: Medical records pertaining to claims (bills) are required for all non-routine care including emergency care, specialty evaluations, and inpatient admissions. Copies of pertinent medical records and itemized bills should be sent to:

Division of Commissioned Personnel/HRS/PSC
Attention: MAB Billing
5600 Fishers Lane, Room 4C-06
Rockville, MD 20857-0001
Phone: (800) 368-2777 x1
(301) 594-6433
FAX: (800) 733-1303

Normal business hours for billing are from 7:30 a.m. to 4:00 p.m., Monday through Friday, Eastern Time.

(Note: Records sent to MAB are automatically forwarded to the Medical Evaluations Staff once claims (bills) have been processed. Therefore, it is not necessary to send duplicates of these records to the Medical Evaluations Staff unless time is a critical factor.) Records received by MAB are stored in the officer's central medical file.

When submitting bills to MAB for payment, officers are required to request that providers forward copies of medical records associated with the services. Failure to provide required medical records will delay payment of bills. In addition, officers are required to forward to the Medical Evaluations Staff any medical records concerning care of illnesses or injuries paid for by the officer and for which the officer does not plan to seek reimbursement.

E. THIRD PARTY LIABILITY

If an officer is injured as a result of action involving a third party, a report must be filed by the officer with a PCC to protect the government's interest and permit recovery of any costs due the government.

F. RECORDS

Medical records not pertaining to a claim (bill):

Copies of pertinent medical records not pertaining to a claim (bill) for services should be sent marked "medical confidential" to the Division of Commissioned Personnel/HRS/PSC, ATTN: Medical Evaluations Staff/MAB, Room 4C-06, 5600 Fishers Lane, Rockville, MD 20857-0001, for the following purposes:

1. **Documentation of service acquired or aggravated medical condition(s) for which a claim for the VA benefits may be filed just prior to separation or retirement.**

2. **Medical justification of extended sick leave or of post delivery maternity leave in excess of six weeks.**

3. **Issues regarding fitness for duty, restricted duty, and disability.**

4. **Provision of medical information or records to requesting parties when authorized by the officer.**

G. HEALTH CARE FOR JRCOSTEP OFFICERS

Policies and procedures pertaining to medical services for Junior Commissioned Officer Student Training and Extern Program (JRCOSTEP) officers are different from other active-duty officers of the PHS. Care for JRCOSTEP officers is limited to emergency care. Only emergency care will be authorized from civilian sources. Other emergency care may be obtained from an MTF on a space-available basis.

H. FAMILY MEMBERS

Family members are entitled to health care from an MTF on a space available basis. Most outpatient routine care may be obtained from a civilian provider and reimbursed by the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS). To insure dependent eligibility, the officer must confirm that his/her dependents are enrolled in DEERS. The DEERS office in DCP may be reached at (301) 594-3384. NOTE: The military health care system is changing to TRICARE. TRICARE information may be obtained at local MTFs of MAB.

Dependents dental care can be provided by voluntary enrollment in the Family Member Dental Plan. Contact Compensation Branch, DCP, (301) 594-2963 for enrollment information and forms. Contact MAB to discuss plan benefits.

I. APPEALS - STARTING THE PROCESS

There is an appeals process for denied claims. Refer to CCPM Pamphlet No. 65 or contact MAB for advice and guidance.

J. REFERENCES AND INFORMATION SOURCES

<u>References</u>: The following resource material is provided to all active-duty officers upon call to active duty:

> **CCPM Pamphlet No. 65, "Information on Health Care Services for Active-Duty Officers of the Public Health Service and the National Oceanic and Atmospheric Administration"**

<u>Information Sources</u>:

Active-Duty Benefits:	**Local Health Benefits Advisor (HBA) or Commissioned Corps Liaison in your OPDIV** **Patient Care Coordinator, MAB** **(800) 368-2777 (option #2) or (301) 594-6425**
Billing questions:	**Claims Auditors, MAB, call (800) 368-2777 (option #1)**
Family Member Benefits:	**TRICARE Support Centers or MAB**
DEERS:	**Nearest ID Card Issuing Office within your OPDIV or DCP at (301) 594-3384**
Medical Examinations:	**MAB/DCP (800) 368-2777 (option #3)**

STANDARDS OF CONDUCT, PROBATIONARY PERIOD, DISCIPLINARY ACTIONS, GRIEVANCES, AND CORRECTION OF RECORDS

Subjects Covered:

- **Introduction**
- **What Are the Standards of Conduct?**
- **What Do the Standards of Conduct Mean to Officers?**
- **The Probationary Period**
- **Disciplinary Actions**
- **Grievances**
- **Equal Employment Opportunity**
- **Correction of PHS Commissioned Corps Records**
- **Sexual Harassment**

CCPM Citations:

- **INSTRUCTION 1, Subchapter CC23.7, CCPM, "Involuntary Separation During the Probationary Period Served by Officers on Active Duty in the Reserve Corps"**
- **INSTRUCTION 4, Subchapter CC23.7, CCPM, "Involuntary Separation of Regular Corps Officers for Marginal and Substandard Performance"**
- **INSTRUCTION 6, Subchapter CC23.7, CCPM, "Involuntary Termination of Reserve Corps Officers' Commissions for Marginal or Sub-Standard Performance"**
- **INSTRUCTION 3, Subchapter CC23.8, CCPM, "Retirement of an Officer with 30 Years of Active Service"**
- **INSTRUCTION 4, Subchapter CC23.8, CCPM, "Involuntary Retirement After 20 Years of Service"**
- **INSTRUCTION 1, Subchapter CC26.1, CCPM, "Standards of Conduct"**
- **INSTRUCTION 5, Subchapter CC26.1, CCPM, "Grievances"**
- **INSTRUCTION 8, Subchapter CC29.3, CCPM, "Policy on Alcohol and Other Drug Abuse"**
- **INSTRUCTION 1, Subchapter CC43.7, CCPM, "Separation of Officers in the Regular and Reserve Corps Without Consent of the Officers Involved"**
- **INSTRUCTION 1, Subchapter CC46.4, CCPM, "Disciplinary Action"**
- **INSTRUCTION 5, Subchapter CC29.9, CCPM, "General Administration Manual (GAM) Policies and Procedures for Board for Correction of PHS Commissioned Corps Records"**
- **Manual Circular 357, "Changes in Equal Employment Opportunity (EEO) Procedures"**

A. INTRODUCTION

Each officer should take the time to become familiar with the published Standards of Conduct which apply to all Federal personnel, including commissioned officers. Every year all active-duty officers receive a synopsis of the Standards of Conduct to remind them of their responsibilities, and to inform them of any changes from the previous year. The *Commissioned Corps Bulletin* also carries articles on the Standards of Conduct. It is the individual officer's responsibility to know and abide by these standards.

B. WHAT ARE THE STANDARDS OF CONDUCT?

They are laws and regulations that prohibit:

- **Using Public Office for Private Gain**
- **Giving Preferential Treatment to Anyone**
- **Impeding Government Efficiency or Economy**
- **Making a Government Decision Outside Official Channels**
- **Adversely Affecting Public Confidence in the Integrity of the Government**
- **Acccepting employment in an activity that receives Department of Health and Human Services (HHS) funds**

C. WHAT DO THE STANDARDS OF CONDUCT MEAN TO OFFICERS?

1. Background

Federal personnel must have high standards of integrity, honesty, and impartiality in order to perform government business properly and to earn and maintain the confidence of citizens. These standards are expressed in a variety of statutory and regulatory forms. Active-duty PHS commissioned officers are expected to abide by all applicable standards at all times. Even the appearance of infraction may cause an officer to be held accountable as if there were an actual violation of the standards.

Violations, both apparent and real, have been the basis of administrative and disciplinary reviews. Substantiated violations are followed by specific disciplinary action.

There has not been a widespread problem among Federal personnel in general or Corps officers in particular. Apart from rare cases of willful violation of standards, most other situations appear to arise from unfamiliarity with ethical responsibilities. This is a review, providing general instruction and guidance. An officer must become familiar with other rules that apply to his/her specific employment or personal situation.

2. To Whom Does This Apply?

All commissioned officers on active duty are covered by specific standards of conduct. These include regulations issued by the HHS on Standards of Conduct, as provided by the CCPM, INSTRUCTION 1, Subchapter CC26.1, CCPM, and the Supplemental Standards of Ethical Conduct for employees of HHS. Several OPDIVs, most noticeably the Food and Drug Administration, have established additional standards that apply to officers assigned to their programs. Corps officers must comply with such additional requirements. These responsibilities also apply to officers assigned to billets outside of HHS. Officers assigned outside of HHS must also comply with all additional standards established by that organization.

3. General Conduct

In addition to competence, an officer's behavior must reflect the highest degree of integrity and impartiality. Officers must avoid conflicts of private interests with public duties and responsibilities. Officers must not engage in any conduct prejudicial to the government.

4. Compensation for Services Performed

Commissioned officers are fully compensated by the Federal government for meeting their responsibilities. Officers may not accept other compensation or benefits in exchange for actions taken on behalf of the government. Except while on terminal leave, officers may not accept Federal employment. The law provides for fines and imprisonment when these principles are violated. (However, as discussed below, officers may sometimes accept items of nominal value.)

5. Support of Federal Programs

PHS officers have an obligation to make Federal programs function as efficiently and economically as possible. Federal programs, expressed in law, Executive Order, or regulation must be supported as public policy.

6. Use of Government Property

PHS officers must use government property exclusively to advance public purposes. Officers have a positive duty to protect and conserve government property, including equipment, supplies, and other property entrusted or issued to the officer and other Federal employees. Officers must not use or allow the use of government property of any kind, including property leased to the government, for other than officially approved activities.

7. Financial Interests

PHS officers may have private financial interests, but these may not conflict with government duties and responsibilities. An officer (1) may not engage in a financial transaction as a result of information obtained through government employment; (2) may not participate in an official capacity in any matter in which the officer, spouse, or any minor child has a financial interest. (See Section 208 of Title 18, U.S. Code.)

8. Receipt of Meals, Favors of Nominal Value, and Travel Expenses

When attending a meeting or participating in an inspection tour on behalf of the Federal government, PHS officers are permitted to accept food and refreshments of nominal value if offered in the ordinary course of the event and there is no reasonable opportunity to compensate the sponsor. An officer is also permitted to accept unsolicited advertising or promotional materials, such as pens, pencils, note pads, calendars, and other items of nominal intrinsic value.

When attending meetings or providing advisory services on behalf of the Federal government, PHS officers may accept travel and subsistence from outside sources, but only if approved in advance in accordance with provisions of the Joint Federal Travel Regulations and the travel manual of the HHS or the Department concerned.

9. Travel

When traveling on government business using commercial airlines, an officer may not participate as an individual in any free mileage, also known as "Frequent Flyer," programs sponsored by an airline. Any bonus mileage that is accumulated in the course of official government business belongs to the government.

PHS commissioned officers have the privilege of traveling Space-A on military aircraft. The military services promulgate rules and regulations relating to this type of travel by which the officer must abide at all times. DCP will vigorously pursue any complaints from other Services regarding PHS officers' abuse of the Space-A privilege. An officer can be the subject of disciplinary action by PHS and be barred from future Space-A travel for infractions of Space-A rules.

10. Use of Information

PHS officers must use information received in the course of meeting their responsibilities to advance public purposes. An officer must not directly or indirectly make or allow use of official information that is not already available to the general public for the purpose of furthering private interests.

11. Outside Employment and Other Activity

PHS officers may engage in outside employment or other activity that is compatible with the full and proper discharge of their official duties, when such outside activity has been explicitly authorized by their OPDIV.

In general, PHS officers are encouraged to engage in professional teaching, lecturing, writing and publishing. It is critical, however, that all information on which the activity relies be in the public domain. It must not derive from government employment. While these kinds of activities are encouraged, and other forms of professional activity are permitted, they require prior approval. Other limitations may be imposed by law, Executive Order, regulation, or the approving official. Check with the Agency Office of Government Ethics for details.

12. Conditions for Outside Activities

a. Prior Approval and Reporting. Prior approval must be obtained (form HHS-520) for outside professional activities and most other outside activities. For information pertaining to the need for advance approval, refer to the INSTRUCTION 1, Subchapter CC26.1, CCPM.

b. **Conflicts with Federal Assignments.** **Outside activity must not conflict with current responsibilities or with any past responsibilities that would have provided the officer with information not in the public domain. For example, information acquired from being a member of a group charged with technical evaluation of grant or contract proposals limits later "outside" employment while on active duty as well as employment following separation.**

c. **Use of Leave in Connection with Outside Activities.** **PHS officers may be granted leave to engage in outside activities. As with other requests for leave, the discretion to grant leave rests with the leave approving official. Within these and other limits, an officer may use station leave to participate in an outside activity for which he/she is NOT compensated. Annual leave must be taken to participate in an outside activity for which an officer is compensated if the outside activity takes place when the officer normally would be at his/her duty station. (See INSTRUCTION 1, Subchapter CC29.1, CCPM)**

d. **No Other Federal Employment.** **An active-duty PHS officer may receive permission to pursue outside professional activities. An officer may not be otherwise employed or compensated by the U.S. Government. Specifically, active-duty PHS officers, like members of the military services, are not entitled to receive any additional pay for performing services for another component of the Federal government. The Comptroller General has further determined that active-duty PHS officers who receive public funds for which they are not otherwise entitled, acquire no right to those funds and are liable to make restitution to the Federal government.**

e. **Prohibited Assistance in the Preparation of Grant Applications or Contract Proposals.** **An employee cannot render consultative or professional services, for compensation, to prepare or assist in the preparation of grant applications, contract proposals, program reports, or any other matters that are intended to be the subject of dealings with HHS. This rule also applies when the officer is on terminal leave.**

f. **Prohibited Employment in HHS-funded Activities.** **An employee cannot engage in compensated work on a HHS-funded grant, contract, cooperative agreement, cooperative research and development agreement, or other similar project or arrangement authorized by statute. This rule also applies when the officer is on terminal leave.**

g. **HHS Prior Approval Requirement.** **Written approval is required before any HHS employee may engage in, with or without compensation, the following outside employment activities:**

Providing consultative or professional services, including service as an expert witness;

Engaging in teaching, speaking, writing, or editing that relates to an employee's/officer's official duties or that is undertaken as a result of an invitation from a prohibited source; and

Providing services to a non-Federal entity as an officer, director, or board member or as a member of a group, however denominated, that renders advice, counsel, or consultation.

h. Exceptions to Prior Approval Requirements. Prior approval is not required for participation in a political, religious, social, fraternal, or recreational organization, unless the position requires the provision of professional services or the activity is performed for compensation.

13. Holding Office in Professional Societies

PHS officers may join professional societies and be elected or appointed to offices in them. Activity in professional associations is generally mutually desirable from the point of view of HHS, the association, and the officer. However, an officer must avoid any real or apparent conflict of interest in connection with such membership. Office-holding activities in professional associations require advance administrative approval. (See Subpart G, 73.735-707 of HHS Standards of Conduct).

14. Acceptance of Awards

PHS officers may accept an award for a meritorious public contribution or achievement given by a charitable, professional, social, nonprofit educational, recreational, public service, or civic organization. Officers may not accept a gift, present, decoration, or other items from a foreign government except as authorized in the Standards of Conduct, Subpart E, 73.735-506. Prior authorization must be received from DCP before accepting gifts, presents, decorations, or other items from a foreign government.

a. Gifts from Tribal Organizations. An officer may accept an unsolicited gift or native artwork or crafts from federally-recognized Indian tribes or Alaska Native villages or regional or village corporations valued up to and including $200 per source per calendar year. Such gifts may include art, jewelry, pottery, rugs, carvings, beadwork, and native dress.

b. Limitation. Notwithstanding the exception, an employee shall not accept any gift in return for being influenced in the performance of an official act or accept gifts from the same or different sources on a basis so frequent that a reasonable person would be led to believe the employee is using public office for private gain. Approval of a gift may be necessary if there is the potential for or an appearance that a gift may substantially affect the performance or nonperformance of the recipient's official duties.

15. Personal Responsibilities

PHS officers must also meet a variety of personal obligations.

a. Abuse of Alcohol and Other Substances. A PHS officer's conduct must not be affected by the use of alcohol or other substances not used under the supervision of a physician. If such a situation arises, the officer is expected to take appropriate corrective action. Requests for assistance in gaining access to treatment programs will be handled confidentially and in accordance with applicable provisions of Federal statutes and regulations. However, failure to deal adequately with the problem, causing unacceptable job performance and/or misconduct, may subject the officer to appropriate administrative action as set forth in INSTRUCTION 8, Subchapter CC29.3, CCPM and those referenced below in connection with disciplinary actions.

b. Indebtedness. PHS officers must meet their personal financial obligations in a proper and timely manner, especially those imposed by law such as Federal and State taxes and child support. Failure to do so violates HHS policy and may be cause for official disciplinary action.

16. Sexual Harassment in any form and other discriminatory behaviors are expressly prohibited.

17. Other

There are various other statutory provisions in the HHS Standards of Conduct governing the conduct of present and former employees relating to prohibited activities, e.g., sexual misconduct, bribery, graft, gambling on government property, disloyalty, disclosure of classified material, or certain types of political participation. Refer to the INSTRUCTION 1, Subchapter CC26.1, CCPM, or consult with administrative officials.

18. Disciplinary and Other Remedial Actions

A PHS officer who violates, or appears to violate, the standards of conduct will be disciplined by his/her OPDIV, DCP, or the Surgeon General, as appropriate, in addition to any penalty prescribed by law. The officer may be issued a letter of reproval or letter of reprimand. More severe infractions could result in reduction in grade, forfeiture of eligibility for promotion, and special pay, or involuntary separation or retirement, (possibly under less than honorable conditions) following a review by a disciplinary board (INSTRUCTIONs 1, 4, and 6, Subchapter CC23.7, CCPM; INSTRUCTIONS 3 and 4, Subchapter CC23.4, CCPM; and INSTRUCTION 1, Subchapter CC23.8, CCPM; Subchapter CC46.4, CCPM). Officers found guilty of criminal offense and sentenced to confinement of more than 30 days may be summarily dismissed. Remedial action to end real or apparent conflicts of interest may include changes in assignment, divestment of conflicting interest, or disqualification for particular assignment(s). This can further involve changes in pay and allowances that are associated with specific assignments and locations.

D. THE PROBATIONARY PERIOD

Commissioned officers should know the importance of certain special provisions of the probationary period. Newly commissioned officers enter on active duty in the reserve corps. During the first 3 years of each reserve corps appointment, all officers serve a probationary period. During this period, their performance, conduct, dedication to duty, professionalism, flexibility, and willingness to accept new assignments are monitored closely. In certain categories and grade levels there are diminishing needs for career officers and only a portion can be retained beyond the 3-year commitment.

1. Reasons for separation:

Officers can be involuntarily separated from active duty at any time during the probationary period for reasons including, but not limited to:

- **Abolishment of an officer's position due to budgetary restrictions, or unavailability of appropriate assignment;**
- **Unsuitability, i.e., the officer demonstrates general character traits that make him or her unsuitable for continued service;**
- **Failure to demonstrate the level of performance, conduct, dedication to duty or professional attitude and attributes expected of an officer in the uniformed services;**
- **Refusal to accept reassignment;**
- **Unsatisfactory conduct before call to active duty based on factual information obtained subsequent to entry on duty, i.e., information that would have disqualified the officer for appointment if it had been known in advance. Included here is failure to provide complete and truthful information on any of the materials associated with an application for appointment (e.g., medical history, criminal record, etc.)**

2. Review:

Prior to the end of the probationary period, DCP, in conjunction with the officer's OPDIV, conducts a review of the officer's performance and conduct during the probationary period to determine whether an officer on probation should be retained. If DCP and the OPDIV determine that an officer on probation shall be terminated, the officer will be provided with at least 30 days prior notice of the effective date of such action.

3. 3-Year File Review After Assimilation to the Regular Corps

At the end of an officer's first 3 years of service in the regular corps, the record of each officer originally appointed to the regular corps in the Senior Assistant grade or above will be reviewed by a board convened for that purpose. Based on a review of the officer's record, the board shall

recommend either that the commission of the officer be terminated or that the officer be terminated.

E. DISCIPLINARY ACTIONS

The actions covered here relate to violations of the standards of conduct, other forms of misconduct such as Absent Without Leave, and marginal or substandard performance. Subsequent to completing the probationary period, officers may be referred to an Involuntary Separation Board for marginal or substandard performance or to a Board of Inquiry for specific charges of misconduct. Officers may also be considered by a Temporary Promotion Review Board for performance or conduct problems.

There are two basic types of disciplinary actions, those that can be initiated by management without a hearing, and those requiring a hearing.

Summary Actions: (Actions that do not require a hearing)

1. Letter of Reproval/Letter of Reprimand

Both of these actions are issued in writing to the officer. They can be originated, by the OPDIV Head and those management officials designated by the OPDIV Head, the Director, DCP, the Surgeon General, or the Assistant Secretary for Health. The primary difference between the two is that the letter of reprimand is placed in the officer's OPF for a period not to exceed 2 years, while the letter of reproval is placed in the file maintained at the officer's duty station. Since most personnel actions in the commissioned corps involve a board review (e.g., promotions, details, special pay, assimilation, etc.), having a letter of reprimand in his/her OPF can adversely affect an officer's career.

2. Suspension from Duty With Pay

Suspension with pay may occur when allegations of misconduct or unsatisfactory performance are of such severity that the officer is suspended as a precautionary measure pending full investigation of the allegations, or because of a pending involuntary separation, board of inquiry, or fitness for duty evaluation.

3. Summary Dismissal

An officer's commission may be terminated without a hearing if he or she: (a) has been AWOL for 30 or more consecutive days; (b) has been convicted of a criminal offense and sentenced to more than 30 days in a State, Federal, or other correctional facility with or without suspension; or, (c) is being separated during the probationary period.

Actions Requiring Board Action

Some disciplinary actions require the review of the officer's service record by a special board appointed by the Director, DCP or the Surgeon General. Such boards include the Temporary Promotion Review Board, Medical Officer/Dental Officer Special Pay Review Board, Involuntary Separation Board, and Involuntary Retirement Board. Officers are provided notice of such boards and are provided with an opportunity to submit documentation to their records. Regular Corps officers also have a right to a hearing if their records are submitted to an Involuntary Separation Board.

Actions Requiring a Hearing

When an officer is charged with misconduct by his or her superior or other responsible persons, the officer may be ordered to appear before a board of inquiry. The board, after considering all the evidence, may recommend actions including but not limited to: exoneration, reassignment, termination of the officer's commission, or reduction in grade. If the officer's commission is terminated, his or her service may be characterized as "honorable," "under honorable conditions," or "under other than honorable conditions." Regular Corps officers who are charged with marginal or substandard performance are entitled to a hearing before they can be separated.

F. GRIEVANCES

1. Grievance Description

A grievance is a request by a commissioned officer for personal relief in a matter of concern or dissatisfaction (such as working environment or working relationships with supervisors, other employees or officials) which is subject to the control of PHS management. Situations that result from actions mandated by statute, regulations or stated PHS policy are covered only when the actions taken were capricious, arbitrary or not in consonance with applicable law, regulations or policy. Officers detailed to another program outside of the control of HHS (e.g., Coast Guard, Bureau of Prisons, etc.) must use the grievance procedures for that program.

Although it is often best to first try to solve problems informally, initiation of a grievance is not viewed by PHS as a reflection on the loyalty or desirability of the aggrieved officer. Also, PHS will not view the filing of a grievance as reflecting on the capabilities of the person or persons who are the subject of the grievance.

Grievances must be submitted in writing within the time limits established. They must state concisely the facts of the matter or incidents giving rise to the grievance and specify the personal remedy sought. Officers should note that a request for a disciplinary action against another individual is not considered a personal remedy.

A grievance in most instances involves an action or situation under the control of OPDIV management. The proper focus of the grievance is within the OPDIV, and an OPDIV manager can be the final deciding official. DCP is not usually involved in these grievances.

In other instances the grievance results from an action taken by DCP and is under the sole control of DCP. In these cases the grievance should be submitted to DCP as the first level. For example, a letter of reprimand issued by DCP is grieveable to DCP and not the OPDIV.

2. Time Limits

The initial presentation of a grievance must be made to the supervisor within 7 working days of the incident or action giving rise to the grievance. The supervisor then has 10 working days to respond. If the initial decision is not satisfactory, the officer has 10 working days to submit the grievance to the next higher level. If the result of secondary presentation is unsatisfactory, the officer has 15 working days to submit the grievance to the official designated to review the final appeal.

G. EQUAL EMPLOYMENT OPPORTUNITY (EEO)

It is the policy of the Commissioned Corps of the PHS to provide equal employment opportunity to all qualified health professionals, to prevent discrimination in employment because of race, color, religion, sex, or national origin, and to resolve or adjudicate promptly and fairly any allegations of prohibited discrimination. A recent decision indicated that commissioned officers of the PHS are entitled to Title VII rights.

Any commissioned corps officer who believes he/she has been discriminated against should contact his/her OPDIV EEO officer or the EEO officer in the program to which the officer is detailed.

H. CORRECTION OF PHS COMMISSIONED CORPS RECORDS

Personnel records provide information used to issue personnel orders. These orders give legal force and effect to all aspects of an officer's career, such as pay, allowances, promotions, assignments and other related conditions of service. If a personnel order is based on erroneous information, it may result in loss or overpayment of Federal funds, violation of Federal or State law, or jeopardy to the PHS mission or to the integrity of the personnel system.

The Comptroller General has ruled consistently that no personnel order may be amended, canceled, or revoked retroactively to either increase or decrease vested rights of government personnel. The Comptroller General has identified certain exceptions to this rule. The exceptions for retroactive changes apply if the original order has an obvious error or if a provision which was definitely intended for inclusion has been omitted through error.

1. DCP Correction

DCP will correct a personnel record when the evidence supporting the correction is found acceptable and the correction is justified. DCP is not required to correct a record at this stage if DCP believes the record to be correct and finds that the evidence supporting the request for correction is not convincing. An officer seeking to correct a record should submit a request in writing to DCP, with supporting documentation, asking that a record be corrected. DCP will review the request, change the record if appropriate, or notify the officer of the reason that the record cannot or will not be corrected.

2. Correction Under the Privacy Act

Procedures for correcting the record are also available under the Privacy Act. Errors of fact may be corrected using these procedures. See INSTRUCTION 7, Subchapter CC26.1 of the CCPM.

3. Board for Correction

An officer must exhaust all effective administrative remedies and such legal remedies as the board may determine are practice and appropriately available to the officer before the officer may submit an application to the Board for Correction of PHS Commissioned Corps Records. Administrative remedies include, but are not limited to grievances, EEO complaint procedures, and appeals to the Comptroller General. The heirs, guardians, or executors of an officer or his/her estate may also make application for correction of a record if the officer is unable to act on his/her own behalf.

The Board for Correction of PHS Commissioned Corps Records is administered by civilian officials. The Board members must not be commissioned officers and the Board is administratively removed from DCP to ensure fairness and avoid bias in Board deliberations.

The Board for Correction of PHS Commissioned Corps Records has the authority to require correction of a record and to authorize any financial correction necessary as a result of the Board's decision that there was an error or injustice.

To apply to the Board, an applicant must first make a written request for correction of a record pursuant to INSTRUCTION 1, Subchapter CC49.9, CCPM, INSTRUCTION 5, Subchapter CC29.9, CCPM, and the General Administration Manual, PHS Chapter 16-00. The application should be on form PHS-6190, "Application to the Board for Correction of Public Health Service Commissioned Corps Records." Information about the appropriate format to use and copies of form PHS-6190 may be obtained from Executive Secretary, Board for Correction of PHS Commissioned Corps Records, Room 17-03, 5600 Fishers Lane, Rockville, MD 20857-0001. The telephone number is (301) 443-6268. Private counsel may assist in the preparation of materials to submit to the Board and in the presentation of evidence if the Board decides to convene a hearing. The expense of obtaining counsel is the responsibility of the applicant. The Board lacks the authority to grant attorney fees.

The Board may decide to act on the request based solely on the information provided, to request more information, or to convene a hearing to discover additional information about the error or injustice. The Board may refuse to consider the request because insufficient substantiating information was provided, effective relief cannot be granted by the Board, the Board does not have jurisdiction to determine the matters presented, or the time in which application may be made has expired and the interest of justice does not require its acceptance. Regardless of the decision, the applicant will be notified by the Board of its decision about the case.

If the Board rules in favor of the applicant, the Board instructs DCP or other components of PHS to make the appropriate correction. Upon receipt of the Board's decision, DCP makes a determination of the monetary benefits due as a result of the action of the Board. The officer may be required to provide DCP with additional information to make a determination of the financial benefit. Acceptance of a settlement by the officer or his representative fully satisfies the claim concerned.

MEDICAL PROFESSIONAL MALPRACTICE, LIABILITY, OR NEGLIGENCE

Subjects Covered:

- **Purpose**
- **Coverage**
- **Officers' Responsibility**

CCPM Citation:

- **INSTRUCTION 6, Subchapter 29.9, CCPM, "Defense of Suits Involving Charges of (1) Medical Professional Liability or Negligence, or (2) Liability or Negligence Incident to Operation of a Motor Vehicle"**

PHS Claims Office Pamphlet (Phone: (301) 443-1905):

- **"Medical Malpractice Claims: A Guide for PHS Health Care Professionals"**

A. PURPOSE

INSTRUCTION 6, Subchapter 29.9, CCPM, explains the protection provided by the government in the defense of suits filed against officers or employees when the alleged incident occurred while the officer was acting within the scope of his/her office or employment.

B. COVERAGE

PHS commissioned officers are afforded protection against malpractice claims by several provisions of Federal law as set forth in 42 U.S.C. 233 and 28 U.S.C. 2671-2680. The statutes provide broad protection with respect to claims for damages for personal injury, including death, resulting from the performance of medical, surgical, dental, or related functions, including the conduct of clinical studies or investigations and other activities performed by PHS officers while acting within the scope of their office or employment.

The key point to remember is that officers are covered for actions that occur within the scope of their assignment. Therefore, it behooves all officers to know the scope of their duties and responsibility. Officers should make sure that their billets reference any clinical responsibilities that have been assigned as part of their official duties.

It should be noted that outside work activities are <u>not covered</u> by Federal malpractice statutes even if an officer has been given permission to engage in such activities.

C. OFFICER'S RESPONSIBILITY

When served with a professional liability claim, officers must <u>immediately</u> contact their supervisors and the Chief, Litigation Branch, Business and Administrative Law Division, Office of the General Counsel, HHS, Room 5362, Cohen Building, 330 Independence Avenue, S.W., Washington, D.C. 20201. The telephone number is (202) 619-2155. Attorneys in the Litigation Branch will advise officers about how claims will be handled and what documents need to be forwarded to the Office of the General Counsel.

PROFESSIONAL LICENSURE/CERTIFICATION REQUIREMENTS

Subjects Covered:

- **Introduction**
- **Limited Tour of Duty**
- **Continuing Education**
- **Summary**

CCPM Citations:

- **INSTRUCTION 3, Subchapter CC26.1, CCPM, "Officers' Responsibility for Submission of Personnel and Pay and Allowances Information"**
- **INSTRUCTION 4, Subchapter CC23.3, CCPM, "Appointment Standards and Appointment Boards"**
- **INSTRUCTION 4, Subchapter CC26.1, CCPM, "Professional Licensure/Certification Requirements for Health Care Providers in the Public Health Service"**

A. INTRODUCTION

PHS policy requires that health care providers possess and maintain current, unrestricted license/certification appropriate to their profession. INSTRUCTION 4, Subchapter CC26.1, CCPM, "Professional Licensure/Certification Requirements for Health Care Providers in the Public Health Service," details the requirements for licensure and certification.

The policy outlines the specific license/certification requirements for each of the following PHS health care providers:

<u>License in a State</u>:

- **CLINICAL PSYCHOLOGISTS**
- **DENTAL HYGIENISTS**
- **DENTISTS**
- **MEDICAL TECHNOLOGISTS (certification by the American Society of Clinical Pathologists or the National Certification Agency, if State license is not offered)**
- **NURSES**
- **OPTOMETRISTS**
- **PHARMACISTS**
- **PHYSICAL THERAPISTS**
- **PHYSICIANS**
- **PODIATRISTS**
- **PSYCHOLOGISTS**
- **SOCIAL WORKERS (certification by Academy of Certified Social Workers or Federation of Clinical Social Workers if State license is not offered)**
- **VETERINARIANS**

Certification or Registration:

- **SPEECH-LANGUAGE PATHOLOGISTS (American Speech-Language-Hearing Association)**
- **AUDIOLOGISTS (American Speech-Language-Hearing Association)**
- **DIETITIANS/NUTRITIONISTS (Commission of Dietetic Registration)**
- **PHYSICIAN ASSISTANTS (certification by National Commission on Certification of Physician Assistants)**
- **MEDICAL RECORD ADMINISTRATION (American Medical Record Association)**
- **OCCUPATIONAL THERAPISTS (American Occupational Therapy Association)**

A copy of the current, unrestricted license/certification with the expiration date and the officer's PHS serial number clearly visible in the lower right-hand corner should be sent to the Licensure Technician in DCP for data entry and inclusion in the officer's OPF. To verify receipt and data entry, officers can phone *CorpsLine* at (301) 443-6843 (please allow a minimum of 2 weeks for processing).

DCP does not notify officers that their license/certificate is about to expire. Officers are responsible for ensuring that they are in compliance with the requirements of their licensure/certification issuing authority. Officers can determine which professional license, registration, or certification is maintained in the DCP database by calling *CorpsLine*. Officers are expected to assume the financial cost of maintaining their professional license; PHS does not pay for licensure exams, renewals, or the continuing education required to maintain licensure.

Failure to comply with this policy can result in sanctions ranging from a letter of reprimand placed in the OPF, not being considered for temporary promotion, to involuntary separation from active duty.

Officers who are not required by PHS policy to maintain licensure or certification, such as engineers and sanitarians, may voluntarily submit a copy of a State or national license or professional certification for inclusion in their OPF.

B. LIMITED TOUR OF DUTY

INSTRUCTION 4, Subchapter CC23.3, CCPM, "Appointment Standards and Appointment Boards," provides for a limited tour of duty appointment upon call to active duty to allow officers a specified period of time to obtain appropriate license/certification.

New graduates in the following categories of officers may be placed on a limited tour of duty during which time they must obtain appropriate license/certification:

- **CLINICAL PSYCHOLOGY**
- **DENTISTRY**
- **DENTAL HYGIENE**
- **DIETETICS**
- **MEDICINE**
- **MEDICAL RECORD ADMINISTRATION**
- **MEDICAL TECHNOLOGY**
- **NUTRITION**
- **OPTOMETRY**
- **PHARMACY**
- **PHYSICIAN ASSISTANT**

- **PODIATRY**
- **SOCIAL WORK**
- **THERAPY**
- **VETERINARY MEDICINE**

If an officer has a Uniformed Services inactive license or its equivalent, that license or its equivalent will be acceptable provided the individual:

- **Has undergone an examination in his/her profession;**
- **Maintains continuing education credits required by the State; and**
- **If required by law or policy change, can immediately activate his/her license solely by payment of the State licensure fee.**

C. CONTINUING EDUCATION

Continuing education in a health field is the term used when referring to an educational program designed to update the knowledge and skills of its participants. Continuing education and licensure are often linked by the various State regulatory bodies.

Officers are expected to assume the financial costs of completing appropriate continuing education as well as to assume the financial cost of maintaining an appropriate license. The Corps strongly supports the concept of current licensure and, in fact, requires that licenses be maintained for certain professionals. The Corps also supports the concept of continuing education. In neither case is the Corps obliged to pay for these items. The Corps does not pay for licensure exams or for renewals of licenses. Where possible, OPDIVs do provide time (with pay) or in some cases financial reimbursement for some or all of the costs of short-term training courses for continuing education purposes. This should be explored on a case-by-case basis with the OPDIV prior to committing funds.

D. SUMMARY

PHS officers bear the responsibility of having and maintaining valid credentials appropriate for their profession. PHS officers who are required to maintain current and unrestricted license/certification must continue to do so, even if the billet they occupy does not require the delivery of health care services.

Officers must submit to the Licensure Technician in DCP a copy of their current license/certificate for inclusion in their OPF and for data entry into the licensure tracking system. The expiration date of the license/certification must be clearly visible and the officer's PHS serial number must be written in the lower right-hand corner of the copy.

A copy of the officer's license/certification must be sent to DCP at the following address:

Division of Commissioned Personnel/PSC/HRS
ATTN: Licensure Technician/ODB
5600 Fishers Lane, Room 4A-18
Rockville, MD 20857-0001

UNIFORMS, GROOMING, AND MILITARY COURTESY

CCPM Citations:

- **Subchapter 26.3, CCPM, "Uniforms"**
- **INSTRUCTION 2, Subchapter 26.1, CCPM, "Uniformed Services Courtesies"**
- **CCPM Pamphlet No. 61, "Information on Uniforms"**

The PHS uniform is an integral part of Service life. The Surgeon General (SG) has directed the wearing of the uniform for all officers at least once a week. Each OPDIV has designated one or more Local Uniform Authorities (LUA). OPDIVs and the Local Uniform Authorities can and have required more frequent wearing of the uniform. The LUA may also prescribe the types of uniforms that may be worn within a given area. The SG is the LUA for the Washington, DC, metropolitan area.

Refer to the CCPM and to CCPM Pamphlet No. 61, "Information on Uniforms," for detailed information.

An officer may be entitled to a one-time uniform allowance. A memorandum requesting the allowance must contain a statement certifying that wearing of the uniform is required by the officer's OPDIV. The officer's social security number must be included. The memo should be forwarded to:

Division of Commissioned Personnel/HRS/PSC
ATTN: Compensation Branch
5600 Fishers Lane, Room 4-50
Rockville, MD 20857-0001

The allowance will be included in the officer's monthly pay.

It is imperative that commissioned officers wear the uniform properly and adhere to the grooming standards. Officers who wear the uniform improperly or who exhibit a careless attitude toward their personal appearance bring discredit to themselves and to the Service and subject themselves to disciplinary action.

Officers are expected to become familiar with military courtesy and customs. While in uniform, appropriate behavior is expected.

BILLET PROGRAM

Subjects Covered:

- **Definition**
- **Background**
- **Purpose of the Billet Program**
- **Types of Billets**
- **Part-time Clinical Duties**
- **Assigned Duties Not Covered in the Billet**
- **Summary**

CCPM Citation:

- **INSTRUCTION 4, Subchapter CC23.5, CCPM, "Billet Program"**

A. DEFINITION

In the Uniformed Services, a billet is a brief description of the major duties, responsibilities, and requirements of a particular job or position. These duties and responsibilities are documented in a "Billet Description," form PHS-4392.

B. BACKGROUND

Like the other Uniformed Services, the commissioned corps is a rank-in-officer system. This means that the rank or pay grade is vested in the officer irrespective of the officer's current billet or assignment. This is a fundamental Uniformed Services personnel principle which facilitates assignment flexibility and mobility. The commissioned corps consists of health professionals who serve in a wide variety of assignments in over 500 geographic locations. Flexibility to meet the mission goals of the Corps is an important element. In addition, as an officer earns a higher rank, good personnel management requires that the duties of the officer be expanded commensurate with the higher rank. Where discrepancies exist between an officer's grade and level of responsibility, efforts must be undertaken to correct the inconsistencies.

The billet system is structured upon a series of standard billets. Standard billets help insure that the duties of officers similarly situated are similarly structured; career progression is provided; career development is promoted; and grades are based upon agreed-upon factors that provide for responsible progression. Standard billets also allow for input from the professional category representatives and OPDIV personnel officials.

C. PURPOSE OF THE BILLET PROGRAM

PHS has a management responsibility to ensure that programs are effectively and efficiently managed. Accomplishing this goal requires, among other things, sound personnel planning and administration and effective human resource utilization. One important factor in achieving good management is the availability of information about the duties, level of responsibilities, and qualification requirements of billets occupied by commissioned officers. Billets aid in:

1. **Evaluating the work described to determine the level of responsibility and difficulty of an assignment;**

2. **Providing management with a uniform tool for identifying immediate and long-range human resource requirements according to OPDIV organizational lines, as an integral part of the management of the commissioned corps personnel system;**

3. **Providing a source of aggregate data on the experience and other qualifications needed in the commissioned corps;**

4. **Determining the specific requirements of a billet in order to select an officer or an applicant to fill that assignment and to identify training which may be necessary for effective performance; and**

5. **Planning for career development, including reassignments and training.**

D. TYPES OF BILLETS

1. **Standard Categorical Billets developed by the appropriate categorical Professional Advisory Committee (PAC);**

2. **OPDIV-Specific Billets developed by the interested OPDIV; or**

3. **Nonstandard Billets developed by the program as unique that must be reviewed and certified (aligned) by the OPDIV's civil service personnel office using the OPDIV's Billet Evaluation Guide.**

E. PART-TIME CLINICAL DUTIES

Officers in nonclinical billets who perform part-time clinical duties in Federal or Non-Federal facilities as part of their official duties should have the following added to their billets:

"As directed and approved by his/her supervisors, the incumbent may perform clinical duties of his/her profession in Federal or Non-Federal health care facilities. The requirement to perform such duty will be documented by the issuance of orders or by memoranda of assignment."

Federal tort coverage does not pertain to officers who engage in clinical practice in a non-Federal site unless that practice is part of the officer's official duty assignment. Therefore, officers engaging in outside work activities that are not part of their official duties should obtain their own malpractice insurance coverage or be covered by the institution for whom they provide a service. All outside activities that are part of the billet or not shall be documented on form HHS-520, "Request for Approval of Outside Activity."

F. DISASTER MEDICAL ASSISTANCE TEAM (DMAT)

Following is the billet addendum for officers assigned to the DMAT administered by PHS:

"The following officers in the Commissioned Corps of the Public Health Service (PHS) are assigned to a Disaster Medical Assistance Team (DMAT) that is administered under the aegis of the Office of Emergency Preparedness, Office of Public Health and Science, Department of Health and Human Services.

Officers assigned to the DMAT are subject to temporary duty assignments to provide clinical and other health care services in times of national or international emergency that require Federal health and medical assistance. In addition, these officers engage in training programs to prepare for deployment under emergency circumstances.

While engaged in PHS-supported training duties or performing temporary duty assignments during emergencies, PHS commissioned officers assigned to the DMAT employ their skills and special training as health professionals. Thus, PHS officers assigned to the DMAT are functioning within their scope of their official duties and this statement is incorporated by reference as part of the PHS billet."

G. ASSIGNED DUTIES NOT COVERED IN THE BILLET

When a supervisor or program manager requests an officer to perform duties outside the scope of the billet description, the new duties should be documented through a travel order, memorandum of assignment, or some other written agreement. Failure to document these new duties leaves the officer unprotected in the event he/she is injured during the special duties, he/she is charged with malpractice, or some other adverse legal claim is made against the officer or program because of the duties performed.

H. SUMMARY

The billet program is designed to provide for equity and objectivity in the management of commissioned officers. The billet program is not intended to impose a rigid position classification system on the Corps. The Corps has the flexibility to assign officers to a variety of billets so long as the assignment serves the needs of PHS. For example, if the interests of PHS are clearly served, junior officers with exceptional skills can be assigned to billets rated above their pay grades.

EXHIBIT A

Category, and Numeric Equivalents of Billets

CATEGORIES	NUMERICAL EQUIVALENT
Medical	01
Dental	02
Nurse	03
Engineer	04
Scientist	05
Sanitarian	06
Veterinary	07
Pharmacy	08
Dietetics	09
Therapy	10
Health Services	11
Research Officer Group	12
Multidisciplinary	99

OPDIVs, Acronyms and Alpha Designation

OPDIV	ACRONYM	ALPHA DESIGNATION
Office of the Secretary	OS	AA
Health Care Financing Administration	HCFA	FQ
Program Support Center	PSC	HZ
Health Resources and Services Administration*	HRSA*	HB*
Centers for Disease Control and Prevention	CDC	HC
Food and Drug Administration	FDA	HF
Indian Health Service	IHS	HG
Substance Abuse and Mental Health Services Administration**	SAMHSA	HM
National Institutes of Health	NIH	HN
Agency for Health Care Policy and Research	AHCPR	HP
Environmental Protection Agency	EPA	PP
Agency for Toxic Substances and Disease Registry	ATSDR	HT

*** includes Bureau of Prisons, U. S. Coast Guard, and NOAA**
**** includes St. Elizabeths Hospital**

Billets Types and Corresponding Numerical Identification

BILLET TYPE	NUMERICAL IDENTIFICATION
Standard Categorical Billets	000 through 185
OPDIV Specific Billets	199 through 299
Nonstandard Billets	500 through 600

Civil Service/Commissioned Corps Equivalents

CIVIL SERVICE GRADE	COMMISSIONED OFFICER GRADE[a]	BILLET TOTAL SCORE[b]
GS-7	O-2 LTJG	200
GS-9/11	O-3 LT	300
GS-12	O-4 LCDR	350 (nonsupervisory) 370 (supervisory)
GS-13	O-5 CDR	400 (nonsupervisory) 450 (supervisory)
GS-14/15	O-6 CAPT	500 (nonsupervisory) 550 (supervisory 600 (supervisory) 650 (supervisory)
SES	O-7 RADM O-8 RADM O-9 VADM O-10 ADM	700 800 900 999

[a]see Item 2B on form PHS-4392 "Billet Description"
[b]see Item 2C on form PHS-4392 "Billet Description"

The Billet Total, item 2C on form PHS-4392, is a fixed number for each grade. This is a further effort at standardizing billets across categories and OPDIVs. For example, all nonsupervisory O-5 billets have a total score of 400. The only place this number appears is on the billet. When a Promotion Information Report (PIR) is printed, only the equivalent grade (e.g.,O-5) is printed, not the total score.

An example of several types of billets:

Standard Categorical Billets

01HG061	Title	Staff Medical Officer
03HN062	Title	Senior Clinical Nurse

OPDIV Specific Billets

01HC200	Title	Medical Officer II (Epidemiology)
99HF203	Title	Senior Regulatory Management Officer

Nonstandard Billets

01FQ500	Title	Executive Medical Officer
99HG502	Title	Director, Supply Service Center

COMMISSIONED OFFICERS' EFFECTIVENESS REPORT

Subjects Covered:

- **Introduction**
- **Description of the Effectiveness Report**
- **Types of COERs**
- **Officers Detailed to Non-PHS Organizations**

CCPM Citation:

- **INSTRUCTION 1, Subchapter CC25.1, CCPM, "Performance Evaluation"**

A. INTRODUCTION

The Commissioned Officers' Effectiveness Report (COER) is highly important to the career of every officer. It is the major source of information concerning each officer's Service performance and work record.

The report is extensively used in the evaluation of officers for various personnel actions. All boards -- including promotion, retirement, assimilation, 3-year file review, and involuntary retirement and separation -- must rely on the report when evaluating officers. When important career decisions concerning assignments, training, or utilization, are made about an officer, the COERs of candidates are reviewed.

The report is also basic to fulfilling an important supervisory responsibility: that of the discussion of an officer's performance with him/her. Such discussions provide officers with an opportunity to learn of management's assessment of their strong and weak points, and overcome perceived performance and/or attitudinal deficiencies, in order to increase their value to the Service. Moreover, the COER is utilized by DCP as an adjunct in processing both positive and adverse actions that are initiated by program officials. Therefore, it is imperative both to the officer and to the Service, that reports be candid and objective since they are the basis for personnel actions involving assignment, promotion, and retention. Although underrating the officer may affect his/her career, overrating is of dubious benefit as it may lead to assignments and promotions for which the officer is not qualified and compromises requests for involuntary separation.

B. DESCRIPTION OF THE EFFECTIVENESS REPORT

The COER and its instructions are normally sent to active-duty officers in May of each year.

1. <u>Section I</u>: (filled out by officer being rated)

This section identifies the officer being rated and enables him/her to furnish current assignment data. The officer should be careful to provide accurate information concerning his/her duties, accomplishments, particularly with respect to its impact on program initiatives and goals. This is the officer's opportunity to document the major projects and activities accomplished over the rating period that should be considered by the supervisor in assessing the officer's performance. Both the officer being rated and the supervisor should check each item in this section for accuracy.

If an officer has been in the current assignment for less than 3 months, it is appropriate for the current supervisor to seek input in completion of the COER from the officer's previous OPDIV supervisor. If there is no former OPDIV supervisor, a note to that effect should be included on the COER.

After the officer completes Section I of the COER, the COER is to be delivered to his/her immediate supervisor (normally the supervisor indicated on an officer's billet) no later than the date specified in the circular that accompanies the annual COER.

2. Section II: (by supervisor/rating official)

This section identifies the supervisor and indicates the duration of supervision. This section also includes the supervisor's name, title, phone number, and the date the supervisor completed the COER.

3. Section III: (by supervisor/rating official)

This section consists of 18 five-level rating scales covering work quality, leadership skills, professional skills, commitment, and attitude. To provide supervisors with standards, five descriptive levels are furnished to evaluate each characteristic. The supervisor indicates the level which most nearly describes the officer on the line to the left of the item number. The supervisor should rate each item independently without reference to any other one. All A and E ratings require narrative comments. Comments are recommended for B, C, and D ratings, as well.

4. Section IV: (Item l by officer; and Item 2 by reviewing official)

Item l is used by the officer being rated to concur or nonconcur with the evaluation. Any specific disagreements or agreements with evaluations by the supervisor may be stated in the space provided or on an attachment. The rating official's evaluations are not to be modified on the COER form. Item 2 is to be used by the reviewing official (normally the rating officer's supervisor) to indicate agreements or disagreements with the supervisor's evaluation. Also, reviewing officials must assure that all A and E ratings have narrative comments before signing and forwarding the COER. Comments made by a reviewing official are to be provided to the officer and, upon request by the officer, discussed with him/her.

C. TYPES OF COERs

1. Annual -- Each year, in May, a CCPM Manual Circular is issued to all officers on active-duty providing them with a copy of the COER with instructions to complete Section 1 and submit the form to their supervisors no later than a date in June.

2. Transfer -- Every effort should be made to complete the rating process including review and signature by the rated officer prior to the officer's departure. The rated officer is, however, expected to be given an opportunity to review and acknowledge receipt of the transfer COER, even after departing the "old" duty station.

3. **Reassignment of Rating Officer -- When the rating officer of one or more commissioned officers is to be reassigned to another position, even within the duty station, the supervisor should require all officers under his/her immediate supervision to promptly initiate COERs and submit them to the supervisor.**

4. **Special Requests for COERs are made by DCP as part of the 3-year file review process, for consideration for involuntary retirement, or other non-routine action. DCP may direct that a COER be submitted under certain circumstances, including 3-year file review, assimilation, consideration for involuntary retirement, and other situations as determined on a case basis.**

D. OFFICERS DETAILED TO NON-PHS ORGANIZATIONS

Some officers are assigned or detailed to State, county, and local health organizations, other Federal agencies, and international organizations. The immediate supervisor in the organization to which the officer is assigned, or detailed, shall be the rating official for the COER. The OPDIV official designated in the personnel agreement covering the detail will function as the reviewing official. If no OPDIV official has been so designated, the next higher level supervisor over the rating official will serve as the reviewing official.

PROMOTIONS

Subjects Covered:

- **Types of Promotions**
- **Exceptional Capability Promotions**
- **Criteria Used to Determine Eligibility for Promotion**
- **Promotion Boards**
- **Criteria Used by Promotion Boards**
- **Revocation of Temporary Promotions**

CCPM Citation:

- **Subchapter CC23.4, CCPM, "Promotion"**

A. TYPES OF PROMOTIONS

The PHS Commissioned Corps has two types of promotions: permanent and temporary. Eligibility for the permanent grade accrues at a slower pace than for the temporary grades. When entering on active duty, officers are appointed at the permanent grade based on creditable training and experience and may be concurrently promoted to a higher temporary grade. The higher grade determines an officer's pay.

B. EXCEPTIONAL CAPABILITY PROMOTIONS

Regular promotions are based on performance and length-of-service. However, the promotion policy also allows for the special accelerated temporary promotion of an individual when that individual possesses truly exceptional capabilities and is performing in an assignment above his/her current grade. Recommendations are submitted in memorandum form to the Director, DCP, by OPDIV Heads. Promotion boards meet annually to consider nominees and to make recommendations to the Surgeon General.

C. CRITERIA USED TO DETERMINE ELIGIBILITY FOR PROMOTION

A. See Table 4 for information on length of service requirements.

B. Generally, all officers who are eligible for promotion to the temporary O-2 (LTJG) or O-3 (LT) grade will be promoted without Promotion Board review on the date that eligibility is entirely attained, providing that a license/certification, as appropriate, and a COER is on file in DCP.* However, if the Director, DCP, prior to the effective date of the promotion, determines that there are concerns about an officer's qualifications for promotion, the officer's record will be forwarded to a Promotion Board for evaluation.

***These noncompetitive promotions cannot be made retroactively.**

Table 4. Eligibility for Promotion
Commissioned Corps of the U. S. Public Health Service
(effective August 12, 1992)

GRADE	PERMANENT PROMOTION Regular Corps	PERMANENT PROMOTION Reserve Corps	TEMPORARY PROMOTION Regular and Reserve Corps [May have one or two criteria]		
Director (CAPT, 0-6)	4 years seniority credit	4 years in permanent senior grade[a]	24 years training and experience	And	3 years active duty this tour As of 3/1
Senior (CDR, 0-5)					
Senior for restricted categories[b]	7 years seniority credit	7 years permanent full grade[a]	17 years training and experience	And	1 year active duty this tour As of 3/1
Senior for nonrestricted categories[c]	17 years promotion credit	24 years training and experience	17 years training and experience	And	1 year active duty this tour As of 3/1
Full (LCDR, 0-4)	10 years promotion credit	17 years training and experience	12 years training and experience	And	6 months active duty this tour As of 3/1
Senior Assistant (LT, 0-3)	3 years promotion credit	10 years training and experience	8 years training and experience		
Assistant (LTJG, 0-2)	7 years training and experience	7 years training and experience	4 years training and experience		

[a]Reflected under column headed "Seniority Credit Dates From" in "Commissioned Officer Roster and Promotion Seniority."
[b]The following categories are restricted: Pharmacy, Sanitarian, Nurse, Dietetics, Therapy, and Health Services.
[c]The following categories are nonrestricted: Medical, Dental, Scientist, Engineer, and Veterinary.

D. PROMOTION BOARDS

The Promotion Year is July 1st through June 30th. Promotion Boards in each category and the Research Officer Group are convened by the Director, DCP, to consider all officers eligible for competitive temporary and permanent promotions within that category. In general, these Boards consist of at least

five members, who are as representative as possible of the category in terms of OPDIV distribution, specialty, and other pertinent factors. All Boards include at least one member assigned outside the Washington, DC area, and provide gender and minority representation whenever possible.

Board members are instructed to base their rankings only on information documented in an officer's OPF. For this reason, it is important that officers include appropriate and accurate information in their records, such as a current and dated resume or Curriculum Vitae (CV) and any other information pertinent to the promotion criteria discussed below. Please do not send reprints, actual publications, photos, or other voluminous materials including civil service performance evaluations to your folder, because they will not be accepted. A current resume or CV, bibliography, and evidence of recent educational and professional achievements are all examples of appropriate additions to the folder.

E. CRITERIA USED BY PROMOTION BOARDS

Promotions to the O-5 and O-6 grades are highly competitive due to ceiling limitations at those grades. The primary goal of the promotion board process is to identify and recommend for promotion those officers who are recognized by their peers as outstanding performers and contributors to the PHS Commissioned Corps. The Surgeon General's Policy Advisory Council Representatives decided that beginning with the 1998 promotion board, all OPFs will be reviewed for consideration for promotion whether or not they contain a current annual form PHS-838, "Commissioned Officers' Effectiveness Report (COER)."

The promotion board precepts emphasize consideration of the officer's documented performance record (as reflected in the COER). Other less heavily weighted criteria which the boards consider include: career progression; program and/or geographic mobility; receipt of commissioned corps awards and other exceptional achievements; and career potential.

After the Boards combine all these factors to yield an overall assessment of the officer's qualification for promotion, then the OPDIV recommendations are added. This assessment results in a rank order list for each grade in each category. Considering the numbers of vacancies in grade to which promotions can be made, the Director, DCP, establishes cutoff scores for each rank order list, and officers above the cutoff lines are promoted during the cycle. Those below the line are not promoted. All officers who have been promoted will receive a promotion personnel order. *

F. REVOCATION OF TEMPORARY PROMOTIONS

Based on evidence that an officer's performance has deteriorated, that the officer has engaged in misconduct, or is not functioning at a level commensurate with his/her grade, the Surgeon General, in addition to any other adverse action authorized by law, regulation, and commissioned corps policy, may appoint a Temporary Promotion Review Board to make recommendations about whether an officer should retain a temporary promotion. If the Surgeon General concurs in a Board's recommendation that an officer's temporary promotion be rescinded, the officer must serve at the lower grade for a minimum of 1 year and must successfully re-compete for the higher temporary grade in accordance with established policy.

***Officers who are recommended for promotion by the Boards, but who are not promoted are considered in future promotion cycles.**

AWARDS PROGRAM

Subjects Covered:

- **Background**
- **Procedures**
- **Individual Honor Awards**
- **Unit Honor Awards**
- **Service Awards**
- **Awards Board**
- **Cash Awards**

CCPM Citation:
Chapter CC27, CCPM, "Recognition and Awards"

A. BACKGROUND

The Commissioned Corps Awards Program is designed to provide a means for the Secretary, HHS, the Assistant Secretary for Health (ASH), Surgeon General, OPDIV Heads, and program heads to give formal recognition to officers who have performed particularly effectively in carrying out the mission of HHS, to encourage maximum performance, and improve the esprit de corps of commissioned officers. Pursuant to the authority delegated by the Secretary, the Surgeon General established designated awards to recognize PHS commissioned officers for personal merit or achievement.

The Commissioned Corps Awards Program began in 1958 with three awards: the Distinguished Service Medal; the Meritorious Service Medal; and the Commendation Medal. Eight awards were added in 1978, including two unit and four service awards, and the program continues to expand. All OPDIVs and programs to which officers are assigned participate in this program.

The Awards Program is designed to encourage and to recognize excellence in performance at various levels of accomplishment. Supervisors should keep in mind that all officers, whatever their grade, should be considered for recognition at regular intervals in their careers (e.g., the end of the initial 3-year tour, the end of an assignment, or after any noteworthy period of performance). The writing of the annual COER may be an excellent time to review whether recognition is indicated for the officer.

B. PROCEDURES

Initiation of an honor award nomination must occur within 13 months of the period under consideration. A specific format has been developed and is available from the OPDIV awards coordinator. The nomination of an officer or a group of officers as candidates for an individual or unit honor award may be initiated by a fellow officer, co-worker, superior, or by someone outside the PHS with knowledge of the accomplishments deserving recognition. The nominator cannot be a member of the group being nominated. Service awards may be initiated at any time after the criteria for the award have been met.

Most OPDIVs have an internal review process wherein award nominations are evaluated for their appropriateness. The individual and unit honor awards are approved at three levels. Program Level (Bureau, Institute, or Center Directors) may approve PHS Citations or Achievement Medals; Commendation Medals and Unit Commendations are approved by the OPDIV Head. The Surgeon General approves all other honor awards.

When an award is approved, the OPDIV is notified and is then responsible for presenting the award to the officer. Once an award has been processed and received by the program, it should be presented to the officer as expeditiously as possible.

C. INDIVIDUAL HONOR AWARDS

The Awards Program has three types of recognition. The first, the individual honor award, recognizes significant contributions of an officer above and beyond those normally expected in equal grade and position. In order of precedence, the awards in this category are as follows:

- **Distinguished Service Medal - This is the highest award presented to those commissioned officers whose service and achievements deserve the recognition of Corps. These may range from outstanding accomplishments within a significant aspect of the HHS mission to an initiative resulting in a major impact on the health of the Nation. This award can also be conferred for a one-time heroic act resulting in an exceptional saving of life, health, or property. The magnitude of the achievement and its results are determining factors for this award.**

- **Meritorious Service Medal - This is the second highest recognition an officer can receive from PHS. This award is presented in recognition of (1) a single, particularly important achievement; (2) a career notable for accomplishments in a technical or professional field; or (3) an unusually high quality of and initiative in leadership. The levels of performance meriting this award may include: a highly significant achievement in research or program administration; a series of significant contributions; a continuing period of meritorious service; or the exhibition of great courage during hazardous work or in an emergency.**

- **Surgeon General's Medallion - This medallion with accompanying sash is a discretionary honor award conferred directly by the Surgeon General. It is given for the highest level of contributions to initiatives of the SG. Officers are not nominated for this award since the decision to confer it rests entirely with the Surgeon General.**

- **Surgeon General's Exemplary Service Medal - This medal is a discretionary honor award conferred upon officers directly by the Surgeon General, generally for outstanding contributions and support to initiatives of the Office of the Surgeon General. Officers are not nominated for this award since the decision to confer it rests entirely with the Surgeon General.**

- **The Outstanding Service Medal - This award is normally presented to officers who have either demonstrated outstanding continuous leadership in carrying out the mission of PHS, or performed a single accomplishment which has had a major effect on the health of the Nation, or performed a heroic act resulting in the preservation of health or property. Differentiation between the Outstanding Service Medal and Meritorious Service Medal concerns the magnitude of the impact.**

- **Commendation Medal - This award represents: (1) sustained high quality work performance in scientific, administrative, or other professional fields; (2) application of unique skill or creative imagination to the approach or solution of problems; or (3) noteworthy technical and professional contributions that are significant to a limited area. This award requires a level of proficiency and dedication distinctly greater than that expected of the average commissioned officer, keeping in mind that a commission presupposes high standards of performance.**

- **<u>The Achievement Medal</u> - This medal is awarded in recognition of noteworthy accomplishments in the performance of duty. It is presented to recognize a noteworthy contribution(s) toward the attainment of Program objectives, or sustained above-average performance of duty, over a relatively brief period such as a short tour of duty (120 days or less).**

- **<u>Public Health Service Citation</u> - The PHS Citation may be awarded for the noteworthy performance of duty, including the recognition of noteworthy contribution(s) toward the attainment of Program objectives, sustained above-average performance of duty, and high quality performance of duty over a relatively short period of time.**

D. UNIT HONOR AWARDS

The second type of award is the unit honor award:
Please note that a "unit" may consist of a combination of both commissioned officers and civilian employees. Civilian members of a unit are recognized with appropriate civilian awards.

- **<u>The Outstanding Unit Citation</u> - This award is made to commissioned officers in OPDIVs who exhibit superior service toward achieving the goals and objectives of PHS. The award requires the performance of exceptional service, often of national or international significance. The period recognized will normally be short and marked by definite beginning and ending dates.**

- **<u>The Unit Commendation</u> - This award is an acknowledgment of outstanding accomplishments by a designated organizational unit within PHS. The award is made to commissioned officers in an OPDIV unit which has demonstrated a significant level of performance well above that normally expected, but of a somewhat lesser level than is required for the Outstanding Unit Citation. The period recognized will normally be short and marked by definite beginning and ending dates.**

E. SERVICE AWARDS

The last type of award is the service award. A service award is given in recognition of a specific type of service by a commissioned officer. DCP, aided by its computer system, can quickly identify officers when they become eligible for a number of these awards.

- **<u>National Emergency Preparedness Award (NEPA)</u> - This award is presented to an officer currently serving in an organized unit or organizational entity that is mandated to provide emergency medical/support services within an organized framework for HHS or other Federal Agencies or Departments (e.g., National Disaster Medical System, Disaster Medical Assistance Teams, Office of Foreign Disaster Assistance, or Commissioned Corps Readiness Force. The officer is required to have served a minimum of 2 continuous years in an emergency preparedness activity before being eligible to the receive the NEPA. Prior to the award, the officer or designated unit official will provide documentation of required activities and training with certification through a designated official that requirements have been met, including a recommendation for award.**

- **<u>Hazardous Duty Service Award (HDA)</u> - This award is presented to an officer who has served a minimum of 180 days in a position requiring frequent risk to the officer's safety. This award does not include assignments associated with the treatment of Hansen's disease or where the professional knowledge of the officer should significantly reduce or abolish the risk. The**

appropriateness of the award for specific assignments will be determined by the Director, DCP, on a case-by-case basis. Examples of assignments include; Required contact with inmates/detainees at certain Bureau of Prisons facilities; Forensic Hospital at the Commission on Mental Health Services, Washington, DC; Immigration and Naturalization sites; eight round trips or 16 duty-site destinations on unscheduled aircraft flights within a 6-month period; and 200 exposure hours while conducting mine site surveys in a 6-month period.

- **Foreign Duty Service Award (FDA)- This award is presented to an officer who has served outside the continental U.S. at least 30 consecutive days or 90 nonconsecutive days in a foreign post while on temporary or permanent assignment (other than while in training). This award does not include service in any State of the U.S.. As defined in Title 42 U.S.C. 201, the term "State" includes the 50 States and the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, and all other areas formerly encompassed in the Trust Territories of the Pacific Islands. Officers assigned to a NOAA vessel which sails in international waters for 30 or more days are also eligible.**

- **Special Assignment Service Award (SSA)- This award is presented to an officer who has been assigned a minimum of 30 consecutive days to a specific program initiative of other Federal or State agencies or to other organizations, as specified by the HHS. This award does not include assignments that are a routine function of the position, or are specifically included in the officer's billet description, or involve assignments between OPDIVs, or are for the purpose of training.**

- **Isolated/Hardship Service Award (ISOHAR)- This award is presented to an officer who has served a minimum of 180 consecutive days in an area designated by the PHS as being isolated, remote, insular, or constituting a hardship duty assignment. Officers in the ready reserve are eligible to receive the ISOHAR if they serve an aggregate of 180 days in an area designated by the PHS as being isolated, remote, insular, or a hardship duty assignment within a 3-year period. In addition, the U.S. State Department "post differential" designation is adopted by the PHS Commissioned Corps for purposes of designating foreign duty posts as eligible for the ISOHAR award.**

- **Smallpox Eradication Campaign Ribbon (SPEC)- This award is presented to an officer who has served 90 days or more cumulative service in the Centers for Disease Control and Preventions Bureau of Smallpox Eradication or Smallpox Laboratory, in the World Health Organization's Smallpox Eradication Program, or in a temporary duty assignment in a smallpox effort abroad. Service must have occurred between January 1, 1966 and October 26, 1977.**

- **Crisis Response Award (CRSA) - This award is presented to an officer who provides direct, hands-on service at the site of a problem which the Surgeon General has declared a crisis. This award does not include assignments that are a routine function of the position, or are specifically included in the officer's billet description, or involve performance of duties at sites geographically separate from the location(s) of the crisis. The Surgeon General will determine if an event or activity merits this award.**

- **Bicentennial Unit Commendation (BUC) - This award commemorates the 200th anniversary of the Act signed by President John Adams on July 16, 1798, that created the precursor to the Public Health Service. The BUC is for all PHS Commissioned Corps officers on extended active duty during the bicentennial year–January 1, 1998 through December 31, 1998.**

F. AWARDS BOARD

The Commissioned Corps Awards Board is responsible for reviewing nominations submitted to the Surgeon General for approval. It also provides consultation to the Surgeon General on the overall Awards Program. The Board membership is composed of mid- and senior-level officers, and it is reflective of the diversity of the Corps, with respect to such factors as gender, minority status, OPDIV, professional category, and field representation.

G. CASH AWARDS

Commissioned officers are not eligible for performance-based cash awards under the Civil Service Incentive Awards Program. However, commissioned officers are eligible to receive cash awards for inventions and in other limited circumstances.

Table 5. Award Nomination and Approval Chart
Approving and presenting authorities for commissioned officer awards

Individual Honor awards	Approving authority	Presenting authority	Board review [1]
Distinguished Service Medal	Surgeon General	Surgeon General	A, B
Meritorious Service Medal	Surgeon General	OPDIV Head	A, B
Outstanding Service Medal	Surgeon General	OPDIV Head	A, B
Commendation Medal	OPDIV Head	OPDIV Head	A
Achievement Medal	OPDIV Head	OPDIV Head	A
PHS Citation	OPDIV Head	OPDIV Head	A
Unit Honor Awards			
Outstanding Unit Citation	Surgeon General	OPDIV Head	A,B
Unit Commendation	OPDIV Head	OPDIV Head	A
Service Ribbons			
National Emergency Preparedness Ribbon	Director, DCP	Director, DCP	C
Hazardous Duty Ribbon	Director, DCP	Director, DCP	C
Foreign Duty Ribbon	Director, DCP	Director, DCP	C
Special Assignment Ribbon	Director, DCP	Director, DCP	C
Isolated Hardship Ribbon	Director, DCP	Director, DCP	C
Smallpox Eradication Campaign Ribbon	Director, DCP	Director, DCP	C
Crisis Response Service Award	Surgeon General	Surgeon General	C

[1] A. OPDIV Reviewing Mechanism
B. Commissioned Corps Awards Board
C. Administrative Review

OFFICIAL PERSONNEL FOLDER

Subjects Covered:

- **Purpose, Use, and Location**
- **Establishment and Maintenance**
- **Description and Contents**
- **Guidelines for Submitting Material**

CCPM Citation:

- **Subchapter CC28.1, CCPM, "Personnel Records"**

A. PURPOSE, USE, AND LOCATION

An Official Personnel Folder (OPF) is maintained for each commissioned officer. The OPF is the official repository for the officer's records and reports during his/her service in the PHS Commissioned Corps. The information in the OPF is used by boards when considering officers for promotion and assimilation. The information is also used to establish an officer's rights and benefits under pertinent laws and regulations governing service in the commissioned corps and to determine eligibility or entitlement of dependents. This folder is kept and maintained by DCP in Rockville, Maryland.

B. ESTABLISHMENT AND MAINTENANCE

DCP establishes an OPF for each officer in active, inactive, and retired status when the officer is appointed. It is maintained by DCP until 2 years after the officer's commission is terminated or he/she dies. If the officer has a designated beneficiary receiving an annuity or other benefit from PHS, the OPF is maintained until the annuity payments or benefits terminate.

C. DESCRIPTION AND CONTENTS

The OPF is a green hardback folder divided into four sections.

Section I:

- **COERs (form PHS-838)**
- **Letters/memos referencing current evaluations**
- **Letters and memos for filing under the corresponding COER**

Section II:

- **Promotion Information Report (PIR)**
- **Curriculum Vitae/resume**
- **Licensure -- professional licenses, credentials and certificates**
- **Awards PHS Service**
- **Awards Non-PHS -- awards presented by other than PHS**
- **Continuing Education Documents, form HHS-350," Training Nomination and Authorization," and certificates of completion of training**
- **Special Skills Documentation**
- **Outside Activity Forms**
- **PHS support activities memos and letters of committees and professional participation**

Section III:

- **Privacy Act -- Privacy Act/Release of Information**
- **ID Cards -- form DD-1172**
- **Insurance -- insurance forms or waivers, form SGLV-8286**

- **Misc -- VEAP, form PHS-3179, "Statement of Service"**

Section IV:

- **Personnel Orders and corresponding form PHS-1662**
- **Security/sensitivity clearance papers or related memo**
- **Application for commission and related documents, PHS-50, PHS-3163, PHS-1813**

D. GUIDELINES FOR SUBMITTING MATERIAL

It is the officer's responsibility to assure that copies of pertinent information are sent to DCP. Items accepted for inclusion in the OPF are:

1. **Current, dated resumes or CVs**
2. **Professional licenses, credentials and certificates**
3. **Award certificates other than from PHS**
4. **Continuing Education (CE) summary sheet to include course title, date, CE credits awarded**
5. **Documentation of special skills not related to professional category (e.g., amateur radio license, pilot's license, scuba diver certification)**
6. **Documentation of civic or community activities**
7. **Outside Activity Forms**

Material submitted to DCP for inclusion in the OPF should comply with the following guidelines:

1. **All resumes or CVs are to be typed and dated. Only the most recent resume is retained in an OPF. A bibliography may be attached to a resume. Do not send copies of publications as these will not be retained in the OPF.**

2. **Continuing education can be documented by either submitting completed copies of:**
   - **a. Form HHS-350; and/or**
   - **b. Computer listings generated by OPDIVs; and/or**
   - **c. Certificates of completion issued by professional societies indicating compliance with established continuing education requirements.**

3. **All information submitted should be identified by name, PHS number, and Social Security Number.**
   Submit copies of licenses to:
   Division of Commissioned Personnel/HRS/PSC
   ATTN: Licensure Technician/ODB
   5600 Fishers Lane, Room 4A-18
   Rockville, MD 20857-0001

   Submit all other information to:
   Division of Commissioned Personnel/HRS/PSC
   ATTN: File Room/PSB
   5600 Fishers Lane, Room 4-36
   Rockville, MD 20857-0001

CAREER PROGRESSION

Subjects Covered:

- **Background**
- **Rotational Assignments and Career Tracks**
- **Reassignments**
- **Vacancy Announcement And Tracking System (VAATS)**
- **Electronic Bulletin Board (EBB)**
- **Assignment Preferences, Proficiency in Languages, Education, and Skills (APPLES Survey)**
- **Officer Information Summary (OIS)**
- **Details**

CCPM Citation:

INSTRUCTION 6, Subchapter CC25.2, CCPM, "Professional Growth and Development"
INSTRUCTION 5, Subchapter CC23.5, CCPM, "Detail of PHS Commissioned Officers to States and Nonprofit Institutions"

A. BACKGROUND

Within DCP, the Officer Development Branch (ODB) has the major responsibility for assisting OPDIVs and officers with career counseling, reassignments, special assignments, recruitment, and details. The personnel data systems used by DCP to carry out these responsibilities include:

- **Official Personnel Folders (OPF);**
- **Assignment Preferences, Proficiency in Languages, Education, and Skills (APPLES) Survey;**
- **Vacancy Announcement and Tracking System (VAATS);**
- **Curriculum Vitae (CV);**
- **Electronic Bulletin Board (EBB);**
- **Officer Information Summary (OIS);and**
- **Applicant Information Mailings.**

Officers also receive information and assistance from the Professional Advisory Committees for each category and the Chief Professional Officers for each category and their offices.

The individual officer is the one most knowledgeable and concerned about his/her professional development, and is in the best position to assess and utilize opportunities for advancement. Most transfers and reassignments are initiated by the officer. Officers, as well as all personnel within an OPDIV, are routinely provided information on vacancies. Officers can apply for these positions as do civil service employees as long as the vacancy is a health-related position. Officers also are made aware of vacancies through informal networking systems, and by being involved in various professional activities.

To help officers identify vacancies that have been pre-approved as being appropriate for commissioned officers, DCP operates the Electronic Bulletin Board (EEB). The EBB can be accessed by use of a computer and modem. Instructions for accessing the EBB are provided each month in the *Commissioned Corps Bulletin*. The vacancies that appear on the EBB are listed in subfiles by category

or discipline, with one subfile containing vacancies that are open to more than one discipline. A brief description of the vacancy is provided in the EBB, highlighting the requirements of the position along with general information.

All officers are encouraged to access the EBB, not only to locate a new position, but to become familiar with the types of positions available to PHS officers to assist with his/her career plans.

An officer can also seek assistance with a career move from the commissioned corps personnel representatives within his/her OPDIV. This assistance is most useful when the officer is seeking a reassignment within the OPDIV. In addition, the officer can seek assistance from DCP if the officer is seeking a reassignment to another OPDIV where the normal vacancy announcement and informal network sources of information are not available. An officer may also seek assistance from DCP when there is a problem or conflict with OPDIV management, and the officer needs impartial third party assistance. The officer should contact his/her staffing officer at (301) 594-3360.

B. ROTATIONAL ASSIGNMENTS AND CAREER TRACKS

Career tracks exist in areas of Clinical/Clinical Management, Epidemiology/Public Health Practice, Program Management, Regulatory Affairs, Research, and International Health. These career tracks will include assignments of increasing responsibility and professional growth over a 20-30 year career.

The career development program emphasizes flexibility, mobility, and training as prerequisites to the ability of the PHS to respond to the rapidly changing health requirements of the American people. Career development is enhanced by progressive reassignment and the identification of new opportunities.
Officers are given the opportunity to compete for assignments as a basis for professional growth and career development. Generally, officers can anticipate from three to five geographic and/or professional rotations during the course of a career.

C. REASSIGNMENTS

The PHS Commissioned Corps provides the opportunity for assignments with OPDIVs or programs. These include:

- **Agency for Health Care Policy and Research**
- **Agency for Toxic Substances and Disease Registry**
- **Centers for Disease Control and Prevention**
- **Food and Drug Administration**
- **Health Resources and Services Administration**
- **Indian Health Service**
- **National Institutes of Health**
- **Substance Abuse and Mental Health Services Administration**
- **Program Support Center**

Assignments are also available outside PHS with:

- **Bureau of Prisons**
- **Department of Defense**
- **U.S. Environmental Protection Agency**
- **Health Care Financing Administration**

- **U.S. Coast Guard**
- **National Oceanic and Atmospheric Administration**
- **Commission on Mental Health Services (formerly Saint Elizabeths Hospital)**

In addition, officers can be detailed to Federal executive departments in order to cooperate in, or conduct, work related to the PHS, and to other Federal or non-Federal entities and on statutory or regulatory requirement that the PHS provide health related services.

Finally, officers can be detailed to States or the Trust Territories for the purpose of assisting in work related to the function of the PHS; to any committee of Congress; and to nonprofit educational, research or other institutions engaged in activities related to public health. See Section on Details.

All reassignments are processed by DCP based upon the concurrence of the OPDIVs involved. Normally, reassignments will be processed if the officer has been in his/her current assignment for at least 2 years, the assignment is career enhancing and the transfer will benefit the PHS. Officers are normally provided at least 30 days after orders are issued before reporting to a new duty station in a different geographic area. Officers may not take any official action regarding a pending transfer until orders are issued by DCP.

Reassignments can be initiated by the officer's program to better meet program needs without the consent of the officer. Involuntary transfers are based primarily upon a priority program need, filling critical vacancies, or to provide an officer an opportunity to enhance his/her professional development in a different management environment.

D. VACANCY ANNOUNCEMENT AND TRACKING SYSTEM (VAATS)

The Vacancy Announcement and Tracking System (VAATS) is a data base that contains vacancies that have been approved by DCP as being appropriate for commissioned officers. These vacancies are voluntarily submitted by OPDIVs to the DCP VAATS Project Officer for entry into the system. DCP encourages OPDIVs to submit all vacancies appropriate for commissioned officers.

VAATS is used by the PHS officer who is seeking career opportunities and by the OPDIV that is seeking to fill a vacancy with a PHS officer who is both qualified and interested in the position.

1. A Tool for the Officer:

Officers use VAATS as a tool to actively find a new assignment. Reviewing the various types of vacancies allows an officer to identify what types of assignments are available to PHS officers, what qualifications are required for particular positions, which OPDIVs offer these assignments of interest, where in the United States/world PHS officers may be assigned, who an officer can call to find out more information about a particular program or job, and so forth.

Officers can review these vacancies by accessing the DCP Electronic Bulletin Board (EBB). The EBB may be accessed by using a computer and a modem. [See the section on the EBB for more information on access.] Vacancies in VAATS are displayed on the EBB during the period they are open. Once DCP is notified by the OPDIV that a vacancy has been closed or filled, DCP will remove that vacancy from the EBB.

2. A Tool for the OPDIV:

OPDIVs use VAATS to advertise vacancies on the EBB. OPDIVs that submit a vacancy for entry into VAATS can also request a list of officer candidates for the submitted vacancy. This request is filled by screening the computer-based personnel files of all active-duty officers to identify officers who have indicated they would be qualified and interested in such a position primarily by way of the APPLES Survey. This "best match" list of candidates is provided to the requesting OPDIV with an Officer Information Survey (OIS) report for each officer candidate. If interested in a potential candidate, the OPDIV will contact an officer directly to discuss the job, to ask questions, or to set up an interview.

E. ELECTRONIC BULLETIN BOARD (EBB)

DCP maintains an Electronic Bulletin Board (EBB) that may be used by individual officers to assist in planning their careers and in locating positions. The priority of the EBB is to provide updated information to officers on vacancies that are listed in VAATS, and to provide other information to assist in career planning. Secondary priority is to provide information on current DCP issues.

Job vacancies from the VAATS are listed on the EBB for each of the eleven career categories (Medical, Engineer, etc.). A separate bulletin lists multidisciplinary vacancies that do not require a specific category. A contact person and phone number is listed for each vacancy. The vacancy lists on the EBB are updated on a regular basis. In addition, the EBB lists positions that have not been entered into the VAATS but are, none the less, appropriate for commissioned officers.

To access the EBB, one needs a computer terminal and modem. The telephone number for the system is (301) 594-2398. The line parameters required for the user's modem/terminal are: 300-14400 baud; 8 bits; 1 stop bit; no parity.

Users accessing the EBB for the first time must answer all questions. This includes entering a password which is any combination of alpha numeric characters that the user chooses. Once the password is entered and questions are answered, the first time user is granted full access to the system. If a user forgets his/her password, he/she may leave a message for the System Operator (SysOp). The SysOp will then delete the user from the database. The user can then log on as a first time user.

Officers who have the required equipment (terminal/modem) to access the EBB are encouraged to share that access and information with officers who do not have direct access. This may include providing hard copy listings of vacancies and other information or allowing the officer(s) to use the equipment so that they can register as users. Officers who do not have ready access to the required equipment are encouraged to make contact with others in their area to determine if the equipment is available. If access is still unavailable, officers should contact their program officials/Commissioned Corps Liaisons to request assistance with access to the system.

F. APPLES

The Assignment Preferences, Proficiency in Languages, Education, and Skills (APPLES) Survey is a data resource administered by ODB, DCP, to assist officers in matching individual career preferences/needs with OPDIV personnel needs, and allows officers to fully identify career interests. The survey is mailed periodically to all active-duty officers to maintain current and accurate data. The survey data text translation prints on the OIS.

G. OFFICER INFORMATION SUMMARY (OIS)

The Officer Information Summary (OIS) is a report that is designed to summarize, in a standard format, some of the information collected in various data bases available to DCP. These data bases include APPLES Survey, assignment histories, awards, billets, COERs, etc.

The OIS cover sheet alerts authorized officials that the information contained in the OIS is covered by the Privacy Act of 1974, as amended, and is for official use only. The OIS is divided into several sections which includes: key information from the DCP OPF, including important dates and information on the current assignment; shows information on future assignment preferences, rotational changes, timing and restrictions, along with education, specialty training and professional licensure; shows approved Uniformed Services (PHS and DoD) decorations and awards; lists foreign languages with their proficiency levels and officer-supplied information on special skills; shows the overall performance scores; and the officer's assignment history while serving as a PHS officer.

H. DETAILS

1. Commissioned officers may be detailed to various components of local, State, national, and international health, education, and other governmental and nongovernmental agencies and organizations. Chief recipients include agencies as diverse as the Trust Territories of the Pacific, National Oceanic and Atmospheric Administration, World Health Organization, and Departments of State and Defense. These organizations and agencies benefit from the special public health, medical, and managerial skills of the seasoned cadre of commissioned corps health professionals. It is through details that each of the OPDIVs can provide assistance to and collaborate with their counterparts in the public and private sectors worldwide.

2. The Director, DCP, assesses detail requests from organizations and OPDIVs according to the following criteria:

- **The detail has a present and potential future health value to HHS;**
- **The requirements of the position utilize the professional training and match the officer's capability, and the reassignment provides for officer growth and development including a progression of training and experience; and**
- **The appointment is cost-effective in terms of employing the most highly-qualified health professional available for the duty.**

Commissioned officer candidates who are recommended for details are expected to meet all the following qualifications:

- **3 years active duty;**
- **O-3 temporary grade or above;**
- **Less than 26 years of retirement credit;**
- **Forfeit eligibility for retirement within 2 years of completion of the detail;**
- **No detail in previous 2 years immediately prior to this detail; and**
- **Recommended by appropriate line management authority**

TEMPORARY DUTY TRAVEL

Subjects Covered:

- **Background**
- **Travel Orders**
- **Getting Ready To Go**
- **Advance of Funds**
- **Promotional Items Received**
- **Routing and Cost of Transportation**
- **Space-Required Travel**
- **Commercial Transportation**
- **Baggage**
- **Privately-Owned Conveyances**
- **Taxis and Airport Limousines**
- **Special Conveyances**
- **Shipments Related to Temporary Duty**
- **Per Diem Within Continental United States (CONUS)**
- **Actual Expense**
- **Use of Government Quarters and Other Facilities**
- **Discount on Rooms and/or Meals**
- **Important Temporary Duty Travel (TDY) Reminders**
- **Unexpected Delay, Illness, or Injury**
- **Temporary Duty Records**
- **What Can Be Claimed on a Travel Voucher**
- **Inactive Ready Reserve Officers**

CCPM Citations:

Subchapter CC24, CCPM, "Travel and Transportation"
CCPM Pamphlet No. 51, "Information on Temporary Duty Travel"
CCPM Pamphlet No. 11, "Information on Shipment of Household Goods"

Joint Federal Travel Regulations (JFTR):

Chapter 4 (Caution: These instructions change frequently. Most current requirements are found in the JFTR of the Uniformed Services, which is available in the officer's Administrative Office)

A. BACKGROUND

Temporary duty (TDY) travel is conducted under an official government travel order under the following circumstances:

- **Official assignments for a temporary period away from an officer's permanent duty station (PDS) in connection with government business;**

- **Attendance at approved short-term training courses, meetings, and conferences away from the officer's PDS;**

- **Duty as a witness in connection with an officer's official government position or to participate in security hearings; and**

- **Other officially approved situations as authorized by OPDIV regulations.**

The requirements and authorizations concerning TDY are contained in the JFTR. There is a Per Diem, Travel, and Transportation Allowance Committee which promulgates the regulations contained in the JFTR. This committee is chartered under the DoD and includes representatives of all the Uniformed Services, including the PHS Commissioned Corps. Changes are made to the JFTR on a monthly basis. As a result, the CCPM INSTRUCTION on TDY and CCPM Pamphlet No. 51, "Information on Temporary Duty Travel," should be checked against the JFTR regarding any specific regulation.

A copy of the JFTR is maintained by all OPDIV administrative officers who are responsible for authorizing any travel. Officers should acquaint themselves with the JFTR, and should personally consult the JFTR regarding any TDY that is out of the ordinary to ensure that the current regulations are clearly understood. Officers are personally responsible for understanding and complying with all travel requirements.

When an officer performs official travel for the United States Government, he/she is reimbursed for allowable travel expenses under governing laws and regulations. Some expenses are reimbursed on an actual cost basis; other expenses are reimbursed on a flat rate basis in lieu of actual expense. Officers are expected to exercise the same care in incurring expenses as a prudent person does when traveling on personal business. When the officer returns to his/her permanent duty station, the officer is required to prepare and submit a travel voucher as quickly as possible to provide prompt settlement of the officer's travel claim.

B. TRAVEL ORDERS

An officer's travel order is the key to an authorized temporary duty assignment. Normally a travel order is issued in writing prior to travel; however, occasional verbal orders that are later confirmed in writing may be used. Officers should follow their orders carefully, making sure they understand all instructions or limitations. Officers should also complete their travel plans promptly and arrange their departure as required by orders.

C. GETTING READY TO GO

Duty time may be authorized for an officer to make arrangements for his/her trip, such as picking up orders, requesting and obtaining an advance travel payment, and making arrangements for transportation. However, this time must be authorized in advance by the officer's leave granting authority.

D. ADVANCE OF FUNDS

Approval for an advance of travel funds is determined by the policies of each OPDIV. Although advance payment of travel allowances is permitted, it is not required by the law and the JFTR. If travel advances are authorized, the advance received by the officer will be an amount not more than the expenses the officer estimates will be incurred on the trip. Advances should not be requested for trips of short duration unless substantial outlay of personal funds would otherwise be required. After completion of the travel, the officer should submit his/her claim as soon as possible. If the officer's advance exceeds the amount claimed, he/she is required to refund the excess amount. If the amounts claimed exceed the

advance, the difference will be paid to the officer. In lieu of a travel advance, an OPDIV may require an officer to use a credit card issued to the officer through a government-sponsored program.

E. PROMOTIONAL ITEMS RECEIVED

An officer is obligated to account for any gift, gratuity, or benefit received from private sources when performing official travel. This includes promotional materials given to the officer by airlines, rental car companies, and motels; e.g., bonus flights, frequent flyer miles, reduced-fare coupons, cash, merchandise gifts, and credits toward free or reduced costs of future services or goods. When an officer receives promotional material, the officer is accepting it on behalf of the government and must relinquish it to the government. Such items cannot be used for personal purposes.

F. ROUTING AND COST OF TRANSPORTATION

Transportation officers who issue transportation requests (T/R) for an officer's use on common carriers or arrange travel by government facilities, determine the route to be used. In the event an officer desires more expensive accommodations or an indirect route for personal reasons, then the officer must pay the additional cost to the carrier at the time the transportation request is exchanged for a ticket(s). Such additional costs will not be refunded to the officer upon completion of travel.

G. SPACE-REQUIRED TRAVEL

The Space-Required (Space-R) program provides travel for those passengers who are either on official government business or who are entitled by law or regulation to travel at government expense on DoD-controlled aircraft. PHS generally does not use Space-R travel. The travel directing official may consider Space-R if it can meet a need that cannot be met by use of contract carrier.

It is important to note that Space-Available (Space-A) is a recreational program and is absolutely <u>forbidden</u> for the officer and dependents if the officer is on TDY.

H. COMMERCIAL TRANSPORTATION

Government policy requires the use of the least costly service that will permit satisfactory accomplishment of the mission. A T/R (issued by a government transportation officer) is used to purchase a ticket on a common carrier. When a T/R is not available at the time and place required, the officer may purchase a ticket on the approved carrier and be reimbursed for the actual cost. If a T/R is available and the cost of transportation is less than $100, the officer may elect not to use a T/R. The officer may purchase the ticket and request reimbursement. When the cost of transportation is $75 or more (plus tax), claim for transportation will be denied in its entirety if the voucher is not supported by copies of tickets, a receipt, or a statement as to why a receipt was not furnished. If the cost of the officer's ticket exceeds $100 and he/she chooses not to use a T/R, then the reimbursement may not exceed what the government would have paid for the ticket.

I. BAGGAGE

The amount of baggage an officer can take with him/her depends on the mode of transportation used. Ticket agents or travel representatives can provide advice on how much free baggage is authorized. Any baggage weight that exceeds that which is carried free is classified as excess. The cost for any excess baggage is the officer's responsibility except when it is authorized in a travel order or when a written explanation is attached to the officer's travel claim. Receipts should be obtained when there is cost for excess baggage.

J. PRIVATELY-OWNED CONVEYANCES

If it is determined that the use of a privately-owned conveyance is more advantageous to the government and the officer travels by that means, he/she will receive a monetary allowance in lieu of transportation for the official distance plus per diem for the necessary travel time en route. If the privately-owned conveyance is not more advantageous to the government (and the officer uses it for personal convenience), the officer will still be entitled to mileage for the official distance not to exceed the cost of transportation if performed on a contract carrier. The officer's per diem for the travel time may not exceed the time it would have taken an air or surface common carrier (whichever more nearly meets the requirements of the orders and is more economical to the government) to complete the journey. A privately-owned conveyance may not be used if the travel orders specifically direct the use of another mode of transportation and that mode is available. For necessary travel in and around the temporary duty station (local travel), the officer is entitled to reimbursement for mileage in excess of the distance traveled daily by the officer from his/her residence to the permanent duty station. Travel in and around the temporary duty station is reimbursable.

K. TAXIS AND AIRPORT LIMOUSINES

Taxis may be used between places of residence, lodging, or place of duty at the permanent or temporary duty station and carrier terminals; between carrier terminals when a change in the mode of transportation is necessary; or from carrier terminals to lodging and return when required by transportation delays. Officers in temporary duty status will be reimbursed for the usual airport limousine service fares between an airport and the airport limousine terminal. Reimbursement for tips is authorized at 15 percent of the fare. Receipts must be obtained for charges in excess of $75.

L. SPECIAL CONVEYANCES

The use of a special conveyance such as rented or hired automobiles and boats, may be authorized or approved by the official directing the travel. An aircraft is also considered a special conveyance and its use may be authorized or approved for single flights between two or more points if arrangements for hiring the aircraft are made by an authorized transportation officer. The expenses for the use of a special conveyance so authorized or approved are reimbursable if the officer's claim is supported by a receipt showing the cost of the special conveyance, the service rendered, and the rate of compensation by the day, hour, or other unit.

M. SHIPMENTS RELATED TO TEMPORARY DUTY

Authorization for the shipment of household goods for temporary duty assignments is limited to assignments of 180 days or more. The JFTR provides reduced household goods weight allowances for temporary duty assignments less than 180 days in duration. If the officer's orders do not authorize shipment of household goods, the officer may request the administrative officer to reference the JFTR for weight allowances applicable to temporary duty. The shipment should be arranged by a shipping officer. No storage is authorized. See CCPM Pamphlet No. 11, "Information on Shipment of Household Goods," for complete details.

N. PER DIEM WITHIN CONTINENTAL UNITED STATES (CONUS)

Per diem is a daily allowance designed to cover the cost of lodging, meals, and incidental expenses. Other official expenses are reimbursable and are described under "What Can Be Claimed On A Travel Voucher." The per diem may not exceed the sum authorized at the time of travel. For rates, consult the JFTR in effect at the time of TDY assignment. Per diem is not authorized for TDY at a permanent duty station or for time spent on leave during TDY assignment. Per diem is not authorized when travel is interrupted for the officer's convenience or when travel is indirect; however, per diem may be paid for the equivalent uninterrupted route.

Receipts for lodging are required and must be submitted with the travel voucher. The travel voucher (form SF-1012) must state the total actual cost paid for lodging during a temporary duty period. The paying official is responsible for determining the average amount paid for lodging.

Receipts for meals are not required. Deductions will be made from the total per diem allowance for meals available in a government mess at the TDY station and for nongovernment meals furnished at no cost to the traveler. Meals taken aboard air carriers are not deducted.

O. ACTUAL EXPENSE

Cost in certain cities is higher than the prescribed per diem rates. Instead of being paid per diem, an officer may request that actual expenses be reimbursed. Requests are approved on an individual basis through the officer's program and OPDIV when actual and necessary meal and lodging costs will exceed the applicable per diem allowance by 5 percent or more or when the traveler has no alternative but to incur lodging costs which absorb all or nearly all of the maximum per diem allowance. If the request is approved, the officer may be reimbursed for actual daily expenses not to exceed the maximum amounts set forth in the JFTR. Requests for actual expense allowance should be completed in accordance with the JFTR. Receipts are required for lodging. All requests should be approved by the officer's program prior to forwarding the request to the OPDIV. Requests must contain all of the following data which is relevant to the trip:

1. **Specific reason for travel;**
2. **Whether meetings with technical, professional, or scientific organizations are involved;**
3. **Whether international conferences or meetings are involved;**
4. **Identity of the senior member of the party, whether civilian or military, including grade, full name, SSN, and branch of the Service;**
5. **Names and titles of foreign government contacts, if any;**
6. **Roster of other members of the Services who will also be performing the travel or TDY including grade, full name, SSN, and branch of Service;**
7. **Proposed itinerary showing complete identification of places in or outside CONUS to be visited, the length of duty at each place, and the inclusive dates of travel;**
8. **Information as to any special arrangements which have been made such as provisions for use of special government quarters, messes, open messes, motels, restaurants, etc.;**
9. **Any other information available indicating amount of expenses which may be incurred, amount of allowance necessary, or reasons why normal per diem will not suffice;**
10. **Reasons normal accommodations within prescribed per diem allowances will not suffice;**
11. **Name and phone number of individual who may be contacted concerning this request; and**
12. **Return address.**

Address the request to your OPDIV's Commissioned Corps Liaison.

P. USE OF GOVERNMENT QUARTERS AND OTHER FACILITIES

Generally, when government quarters and/or mess are available, their use is required. Exceptions to this requirement are: (1) when the order issuing authority, either before or after the travel, issues a statement that utilization of such facilities would adversely affect the performance of the mission; or (2) when the commander (or his/her representative) who is responsible for the facilities furnishes a statement that utilization of government facilities is impracticable.

Q. DISCOUNT ON ROOMS AND/OR MEALS

Many hotels, motels, and/or restaurants allow discounts for Uniformed Services travelers for room or meals, or both. Officers should inquire when registering and when paying the bill to take maximum advantage of these discounts.

R. IMPORTANT TDY REMINDERS

Officers should inform friends and relatives where and how they can be reached in case of an emergency. An officer should arrange for someone to take care of personal affairs during an extended absence. For an extended TDY period, mail should be forwarded to the officer's temporary duty address.

S. UNEXPECTED DELAY, ILLNESS, OR INJURY

When an officer is delayed, sick, or injured while on TDY, the proper office at the officer's temporary duty station or official duty station should be notified. If illness or injury occurs near or on a U.S. Government installation, the officer should report to the local military dispensary or hospital.

T. TEMPORARY DUTY RECORDS

Officers should keep a detailed daily travel record while on TDY. It should include:

1. **Place of departure, date, and local time (2400 clock);**
2. **Place of arrival, date, and local time (2400 clock) and reason for stop;**
3. **Mode of travel used (air, auto, rail, ship, or bus);**
4. **Transportation used (transportation request, government transportation, common carrier at own expense, privately-owned conveyance, special conveyance);**
5. **Daily mileage when driving own vehicle;**
6. **A record of the dates that government quarters or commercial quarters were used and the amount paid for those quarters each day;**
7. **Meals available at government facilities;**
8. **Nongovernment meals furnished at no cost;**
9. **Cost of taxis, tips, checking and transfer of baggage, ferry fares, road, bridge and tunnel tolls, official telephone and telegraph calls, cost of travelers checks, etc.**

U. WHAT CAN BE CLAIMED ON A TRAVEL VOUCHER

Travel vouchers (form SF-1012) should be completed as soon as possible. Assistance may be obtained from administrative personnel. Vouchers must include a notation of the travel advance, a copy of the travel request, required receipts, and unused tickets or transportation request. Penalty checks from airlines for failure to provide confirmed reserved space should be attached to the voucher and submitted with the claim. Normal items that can be claimed on a travel voucher include:

1. **Per diem;**
2. **Monetary allowance when privately owned vehicle/conveyance is utilized;**
3. **Taxi fares including 15 percent tip;**
4. **Cost of transportation to or from carrier terminals;**
5. **Cost of shipment of excess baggage when authorized or approved;**
6. **Cost of special conveyances when authorized or approved;**
7. **Ferry fares, road, bridge and tunnel tolls;**
8. **Expenses of operating a government conveyance (oil, gasoline, and parking fees);**
9. **Registration fees;**
10. **Communication services;**
11. **Entry fees, boarding taxes and similar fees; and**
12. **Official telephone calls.**

Receipts should be obtained for all reimbursable items or expense totaling $75 or more. Failure to produce a receipt for items totaling $75 or more may result in denial of claim, unless a full explanation is attached to the voucher explaining why a receipt was not obtained.

V. INACTIVE READY RESERVE OFFICERS

Travel <u>only</u> when on orders and as specified in the orders.

The personnel order which calls an officer to a short tour of active duty includes travel and per diem information in the "Remarks" section, including the following:

1. **Mode of travel;**
2. **Number of days between call to active duty and reporting date;**
3. **Amount of per diem allotted;**
4. **Car rental authorization (if applicable).**

If these items are incorrect, please contact:

Division of Commissioned Personnel/HRS/PSC
ATTN: Inactive Reserve Corps Coordinator/ODB
5600 Fishers Lane, Room 4A-18
Rockville, MD 20857-0001
Phone: (301) 594-3360
FAX: (301) 594-2711

The personnel order number is the travel authorization number for inactive reserve officers. Please work with the program where duty is being performed to insure correct submission of correct vouchers.

LEAVE AND WORK SCHEDULES

Subjects Covered:

- **Background**
- **Work schedules**
- **Types of Leave**
- **Absence Without Leave**

CCPM Citations:

Subchapter CC29.1, CCPM, "Leave of Absence"
CCPM Pamphlet No. 32, "Information on Separation"

A. BACKGROUND

The CCPM provides that commissioned corps officers are subject to duty 24 hours each day, every day of the year. Furthermore, an officer on leave, including station, sick, and annual leave, is subject to recall to duty any time. Because an officer is subject to duty 24 hours a day, an officer is not entitled to overtime pay or compensatory time when he/she works longer than 8 hours a day or more than 40 hours a week.

An officer must be either on duty or on approved leave at all times. Except in cases of emergency, leave taken by the officer must be approved in advance by the officer's leave granting authority. Form PHS-1345 is used to request leave. The leave form is signed by the officer's immediate supervisor. The completed leave request which indicated approval or disapproval (this is the copy that has original signatures of the leave granting authority) should be returned to the officer. A copy is given to the officer's leave maintenance clerk. The officer should carry the top copy of the leave slip with him/her while on leave. Upon return to the duty station, the officer completes and signs the request certifying the actual number of days taken and gives it to the leave maintenance clerk, after the leave granting authority has reviewed and signed it.

In addition to granting leave, the program to which the officer is assigned is responsible for maintaining leave records. DCP does not maintain copies of leave records except for originals of sick leave records (PHS-1345) which are to be submitted to the Medical Affairs Branch, DCP. This is DCP's only involvement in the leave process. When authorized, requests for payment of unused annual leave are submitted to DCP.

B. WORK SCHEDULES

An officer's supervisor can establish any duty or work hours for the officer necessary to meet the needs of the program. Although most officers have regularly scheduled work hours, this is entirely discretionary. Many officers, especially those in a clinical setting, work more than 8 hours per day, and on weekends or nights. Any work schedule developed to define "work hours" for an officer is for administrative convenience only, and does not establish any rights for the officer or restriction on management in making adjustments or changes as necessary to meet program needs.

1. **Flexitime - The work hours of an officer can be fixed, or the starting and ending times can be flexible as determined by the officer's supervisor. Therefore, the general concept of flexitime applies to commissioned corps officers only in the context of flexible starting and ending times on duty, and not in defining any "basic work requirement," as provided in the civil service definition of "flexitime." That is, it does not create an entitlement for the officer to work only an 8-hour day, or prohibit management from requiring additional work hours on any given day. Furthermore, an officer cannot earn credit hours as can a civil servant.**

2. **Alternate Work Schedule: The work hours of an officer are established by the supervisor and can be any number of hours in any type of pattern consistent with the needs of the program. Therefore, the concept of "normal" work hours and "alternative" work hours does not apply to a commissioned corps officer. A supervisor can establish any pattern of work hours including a pattern that is the same as the schedule of a civil servant if the needs of the program are met. However, such a pattern does not entitle an officer to a certain number of hours or days of "leave" as is the right of a civil servant. Furthermore, any agreement reached by an officer and program supervisor, and any records kept as to work hours of an officer does not create any entitlement to certain hours or any days "off." Any agreement as to work hours is purely discretionary and serves only as an administrative convenience.**

C. TYPES OF LEAVE

1. Annual Leave

Annual leave accumulates at the rate of 30 days per year (2 ½ days per month). The "leave year" is the calendar year - January 1 through December 31. Officers cannot carry forward more than 60 days of leave from one leave year to the next. This requirement is statutory and cannot be waived by anyone.

Form PHS-1345 is used to request and approve annual leave. Annual leave must be approved in advance by the leave granting authority. Annual leave is approved in whole days only. A day of leave in used for each day that an officer would otherwise have been scheduled to perform more than a short period of duty. The number of leave days is not computed by dividing duty hours by same number, such as 8.

Annual leave will be charged for non-workdays including holidays that fall within days of annual leave. In addition, leave policy requires that a consecutive period of absences from duty may not be authorized in several parts to avoid being charged annual leave for non-workdays that fall within the period. For example, an officer cannot schedule annual leave for Monday through Friday for consecutive weeks to avoid being charged annual leave for the intervening weekend days. This same principle applies to officers having special or nontraditional duty hours and schedules.

Terminal leave: Terminal leave is annual leave taken subsequent to submission of a request for separation. Terminal leave must be approved by the leave granting authority prior to submission of a separation request. An officer is on active duty while on terminal leave but can work in outside organizations (except for a foreign country) and in Federal civil service while on terminal leave without violating dual compensation and contribution to salary law. To engage in outside work activities while on terminal leave, an officer must have prior approval as set forth in the Departmental Standards of Conduct.

Terminal leave cannot be authorized when the officer will be divested of leave benefit balances; for example, if by resigning the officer will break a special pay contract or fail to complete a service obligation. Leave shall not be granted, as annual leave or otherwise, to any individual who has implied that he/she intends to break a service obligation.

Lump sum payment: Upon separation from active duty, up to 60 days unused leave may be paid in a lump sum once in a career. Payment is made for basic pay, basic allowance for quarters, and basic allowance for subsistence. Lump sum payment does not include Basic Allowance for Housing any other pay elements.

Reference: INSTRUCTION 2, Subchapter CC29.1, CCPM, "Annual Leave"

2. Sick Leave

Sick leave is requested and approved on form PHS-1345. Sick leave is authorized as is medically justified for the officer's incapacity due to illness, but not for illness of a family member. For that purpose, an officer must request annual leave.

The leave granting authority may require a physician's statement for any period of sick leave, even for partial days. If an officer is on sick leave for an extended period (normally 90 days or more), a fitness for duty examination may be requested.

Maternity Leave is sick leave granted because of incapacity due to pregnancy, delivery, and postpartum convalescence. As for other sick leave, prepartum maternity leave must be medically justifiable. Postpartum maternity leave is likewise granted only for the incapacity of the officer, not for infant care. However, as a matter of administrative uniformity, maternity leave following vaginal delivery is granted for 42 consecutive days beginning the day after hospital discharge. For Caesarean delivery, it is 56 days. Leave beyond these limits must be charged to annual leave unless the Medical Affairs Branch has determined that additional sick leave is medically justified.

Reference: INSTRUCTION 4, Subchapter CC29.1, CCPM, "Sick Leave"

3. Station Leave

Officers are subject to call to duty 24 hours a day, 7 days a week. Station leave is any absence from duty for a period of less than 1 full workday. That may include a period of off-work hours on 2 consecutive workdays, or a non-workday (weekend or holiday) unless the non-work day falls within a period of annual leave. Station leave for less than 1 workday must be approved in advance (either orally or in writing) by the leave granting authority. Station leave is not a right; it is a privilege which shall be granted prudently and only for legitimate reasons.

Station leave during scheduled work hours should be approved only when such leave is necessary to permit an officer to carry out activities that would be difficult, if not impossible, to conduct during non-work hours such as "emergency repairs to plumbing." Under no circumstances shall station leave be routinely granted to reduce the work hours of an officer.

Reference: INSTRUCTION 1, Subchapter CC29.1, CCPM, "Leave of Absence; General"

4. Court Leave

An officer is on court leave if he/she is:

- **On jury service;**
- **A witness for the U.S. or District of Columbia (D.C.) government;**
- **A witness on behalf of State or local government;**
- **A witness on behalf of a private party in an official capacity; or**
- **A witness on behalf of a private party when U.S., D.C., or State government is a party in the suit.**

An officer must take annual leave if he/she is a witness on behalf of a private party when the U.S., D.C., State, or local government is not a party to the litigation.

Reference: INSTRUCTION 1, Subchapter CC29.1, CCPM, "Leave of Absence; General"

5. Administrative Leave

Up to 5 days per year of administrative leave may be granted to attend professional meetings, take licensure or certification exams, etc. (The activity must be of interest to both HHS and the officer.) Up to 3 days administrative leave can be granted upon departure and arrival on a Permanent Change of Station. Administrative leave cannot be granted upon separation or retirement.

Reference: INSTRUCTION 1, Subchapter CC29.1, CCPM, "Leave of Absence; General"

6. Leave-Without-Pay

Leave without pay is not granted to officers except for very specific detail assignments approved by DCP to States or nonprofit organizations.

D. ABSENCE WITHOUT LEAVE (AWOL)

An officer will be considered AWOL when absent from his/her duty station for any period of time, including partial days, unless the period of absence is approved by his/her leave granting authority as annual, sick, station, administrative, or court leave, as applicable. An officer receives no pay or benefits while in AWOL status. The officer's commission can be summarily terminated if he/she is AWOL for 30 consecutive days.

DCP must be notified immediately by telegram or by Fax that an officer is in AWOL status. An AWOL order will be issued. DCP must be notified immediately when the officer returns to duty. The DCP Fax number is (301) 594-2711.

Reference: INSTRUCTION 5, Subchapter CC29.1, CCPM, "Absence Without Authorized Leave"

PAY AND ALLOWANCES

Subjects Covered:

- **Background**
- **Pay**
- **Allowances**
- **Deductions**
- **Designation of Address**
- **Statement of Earnings**
- **U.S. Savings Bonds**
- **Changes**
- **Payday**
- **For Future Reference**

CCPM Citation:
Subchapter CC22, CCPM, "Pay and Allowance Administration"

A. BACKGROUND

A commissioned corps officer's pay is comprised of two basic parts -- pay and allowances. Pay and allowances are paid by the Compensation Branch (CB), DCP. Basic pay and allowances are paid on the basis of an officer's personnel orders, issued by DCP, which define his/her rank and duty station. Additional pay affecting dependents, special pays, etc., are dependent upon the officer's completing appropriate forms and submitting the required information. Requests for special pays must be submitted through OPDIV administrative channels for approval. Information regarding other pay is sent directly to CB, including periodic updates as requested. An officer should also contact CB/DCP directly regarding any questions or problems concerning pay and allowances at:

Division of Commissioned Personnel/HRS/PSC
ATTN: Compensation Branch
5600 Fishers Lane, 4-50
Rockville, MD 20857-0001
Phone: (301) 594-2963

B. PAY

1. **Basic Pay (BP) is considered to be the officer's actual salary. It is subject to Federal income tax and, where applicable, State and county (in some locations) income tax. The rate of basic pay received is based on the officer's temporary grade and by the Base Pay Entry Date (BPED) printed on the officer's call to active duty (CAD) personnel order.**

2. **Special Pays are paid to several professional disciplines in the PHS Commissioned Corps based on their category. Special pays are taxable income and are paid in the normal monthly paycheck.**

a. **Variable Special Pay (VSP) is authorized monthly to physicians and dentists based on their rank and their years of creditable service. Creditable service entry date (CSED) reflects both the officer's years of active duty as a medical or dental officer in any of the Uniformed Services and the years the officer spent participating in a medical or**

dental internship or residency training while not on active duty in a Uniformed Service. The amount ranges from $5,000 to $12,000 per year for physicians and from $3,000 to $7,000 per year for dentists.

b. **Board Certified Pay (BCP) is authorized monthly to physicians and dentists who are board certified. The amount is dependent on the officer's years of CSED and rank and ranges from $2,500 to $6,000 for physicians and $2,500 to $6,000 for dentists. The physician or dentist must present either a copy of his/her board certification or a congratulatory letter from his/her certifying board informing the officer of having successfully completed the examination. No payment will be made without proof of board certification in the officer's personnel folder.**

Non-physician Board Certified Pay (NBCP) eligibility requirements include that the recipient:

- **be a health care provider in a specialty that is authorized to receive NCBP;**
- **have a post-baccalaureate degree in his/her clinical specialty;**
- **be certified by a professional board in his/her clinical specialty; and**
- **meet the applicable criteria recognized by specialty boards.**

c. **Retention Special Pay (RSP) is a lump sum bonus of $15,000 payable on an annual basis to physicians who are eligible for and wish to participate in the RSP program. The physician must complete the RSP contract in the CAD packet and submit it immediately. Failure by the officer to have the RSP contract signed and notarized within 30 days of his/her CAD and returned to DCP within 60 days of the CAD could result in a financial loss to the officer. Payment of RSP cannot be made until the notarized contract is received and approved. The period of obligated service incurred by the RSP contract coincides with the officer's planned tour of duty. If there is no RSP contract in the CAD packet, contact (301) 594-2963 immediately. Submit this contract in accordance with the instructions attached to it. The rate of Federal withholding on the RSP payment is 28 percent.**

d. **Multiyear Retention Bonus (MRB) for medical officers is authorized as a lump sum bonus payable on an annual basis. The rates range from $2,000 to $14,000 per annum depending on the medical specialty and the length of the contract. In order to be considered for this pay, medical officers must be receiving RSP, be fully trained in a recognized medical specialty, and be clinically active. Officers may enter into MRB contracts in addition to RSP. The rate of Federal withholding on the RSP payment is 28 percent.**

e. **Incentive Special Pay (ISP) for medical officers is authorized as a lump sum bonus payable on an annual basis. The rates range from $3,000 to $36,000 per year depending on specialty. The contract is for 1 year. Officers may have ISP in addition to RSP and MRB. When there are multiple contracts, the effective dates of the contracts must be concurrent. In the case of ISP combined with MRB, the rate of ISP is fixed for the duration of the MRB contract. The rate of Federal withholding on the RSP payment is 28 percent.**

f. **Additional Special Pay (ASP) is a special pay for dental officers who sign a contract to remain on active duty for 1 year. The payment is a lump sum that ranges between $4,000 and $15,000 per year. The rate of Federal tax withholding is 28 percent.**

g. **Nurse Anesthetist Pay is a lump sum payment of $6,000 or $15,000 depending on the officer's training obligation to the Service. The eligible officer must contract to remain on extended active duty for 1 year or more. The rate of Federal withholding on the RSP payment is 28 percent.**

h. **Category Special Pays currently provide for special pay for Optometry Officers (a subcategory within the Health Services category) and Veterinary Officers. Officers in these two disciplines are entitled to a monthly special pay at the rate of $100 per month for each month of active duty for a period of at least 1 year. The rate of Federal withholding on the RSP payment is 28 percent.**

i. **Accession Bonus**

(1) **Nurse Accession Bonus is a one-time lump-sum payment of $5,000 for eligible nurse officers called to active duty who contract with HHS to serve on extended active duty for a minimum of 4 years. A notarized contract must be submitted within 60 days of the officer's call to active duty. The rate of Federal withholding on the RSP payment is 28 percent.**

(2) **Dental Accession Bonus is a one-time lump-sum payment of $30,000 for eligible dental officers called to active duty who contract with HHS to serve on extended active duty for a minimum of 4 years. A notarized contract must be submitted within 60 days of the officer's call to active duty. The rate of Federal withholding on the RSP payment is 28 percent.**

EXHIBIT B
SPECIAL PAYS
(Amount Effective on January 1, 1993)

A. Variable Special Pay Paid Monthly - Physicians

GRADE OR STATUS	YEARS OF CREDIBLE SERVICE	MONTHLY AMOUNT	ANNUAL AMOUNT
Interns	N/A	$100.00	$1,200.00
O1-O6	Less than 6 years	$416.66	$5,000.00
O1-O6	At least 6 but less than 8 years	$1,000.00	$12,000.00
O1-O6	At least 8 but less than 10 years	$958.33	$11,500.00
O1-O6	At least 10 but less than 12 years	$916.66	$11,000.00
O1-O6	At least 12 but less than 14 years	$833.33	$10,000.00
O1-O6	At least 14 but less than 18 years	$750.00	$9,000.00
O1-O6	At least 18 but less than 22 years	$666.66	$8,000.00
O1-O6	At least 22 years	$583.33	$7,000.00
O7-O9	N/A	$583.33	$7,000.00

B. Variable Special Pay Paid Monthly - Dentists

GRADE OR STATUS	YEARS OF CREDIBLE SERVICE	MONTHLY AMOUNT	ANNUAL AMOUNT
Interns	N/A	$100.00	$1,200.00
O1-O6	Less than 3 years	$250.00	$3,000.00
O1-O6	At least 3 but less than 6 years	$583.33	$7,000.00
O1-O6	At least 6 but less than 10 years	$583.33	$7,000.00
O1-O6	At least 10 but less than 14 years	$500.00	$6,000.00
O1-O6	At least 14 but less than 18 years	$333.33	$4,000.00
O1-O6	At least 18 years	$250.00	$3,000.00
O7-O9	N/A	$83.33	$1,000.00

C. Board Certified Pay Paid Monthly - Physicians and Dentists

GRADE OR STATUS	YEARS OF CREDIBLE SERVICE	MONTHLY AMOUNT	ANNUAL AMOUNT
Interns	N/A	N/A	N/A
O1-O9	Less than 10 years	$208.33	$2,500.00
O1-O9	At least 10 but less than 12 years	$291.66	$3,500.00
O1-O9	At least 12 but less than 14 years	$333.33	$4,000.00
O1-O9	At least 14 but less than 18 years	$416.66	$5,000.00
O1-O9	At least 18 years	$500.00	$6,000.00

D. Board Certified Pay Paid Monthly - Non-physicians

	YEARS OF CREDIBLE SERVICE	MONTHLY AMOUNT	ANNUAL AMOUNT
	Less than 10 years	$166.66	$2,000.00
	At least 10 but less than 12 years	$208.33	$2,500.00
	At least 12 but less than 14 years	$250.00	$3,000.00
	At least 14 but less than 18 years	$333.33	$4,000.00
	More than 18 years	$416.66	$5,000.00

E. Additional Special Pay - Dentists

GRADE OR STATUS	YEARS OF CREDIBLE SERVICE	ANNUAL AMOUNT
Intern or Residency Training	Less than 3 years	$ 4,000.00
O1-O9	At least 3 but less than 10 years	$ 6,000.00
O1-O9	At least 10 years	$15,000.00

C. ALLOWANCES

1. Basic Allowance for Subsistence (BAS) is a non-taxable allowance paid to all active-duty officers. The rate of this allowance is the same for all officers regardless of their grade or years of service. No action needs to be taken by the officer to receive this allowance.

2. Basic Allowance for Housing (BAH) is a non-taxable allowance. The rate an officer receives depends on whether or not the officer occupies government quarters, the officer's grade, duty station, and whether the officer has dependents. The officer must submit only one of the following forms:

a. Form PHS-2977, "Quarters Allowance Certificate," should be completed and submitted only by officers who have no dependents.

b. Form PHS-1637-1, "Public Health Service Commissioned Officer's Request for Dependency Determination," should be completed by officers to claim a spouse and/or children as dependents. With respect to a member of a Uniformed Service, dependent means:

(1) Spouse, providing he/she is not a member of a Uniformed Service on active duty;

(2) Unmarried child, including any of the following categories of children if such child is in fact dependent on the member: a natural child; a stepchild; an adopted child; or an illegitimate child whose alleged member-father has been judicially decreed to be the father of the child or judicially ordered to contribute to the child's support, or whose parentage has been admitted in writing by the member who either:

(a) Is under 21 years of age;
(b) Is incapable of self support because of a mental or physical incapacity, and in fact relies on the member for over one-half of dependent's support; or
(c) Is a full-time student over age 21, but under 23.

c. If the officer completes form PHS-1637-1 and lists only children and no spouse, the officer must identify on the reverse of the form why a spouse is not listed. Also, the officer must provide additional documentation as follows:

(1) If divorced, a copy of the divorce decree to substantiate that the officer either has legal custody of the children listed on the certificate, or that the officer is required to pay child support that is at least equal to the difference between

the with-dependent and the without-dependent rate of BAH;

(2) If never married, a copy of the children's birth certificates, and statement to the effect that the officer provides full financial support for the children; or

(3) If the children are adopted, a copy of the adoption papers.

d. Form PHS-1637-2, "Parent's/Parent-in-Law's Statement," and form PHS-1637-3, "Parent's Dependency Affidavit," should be used by an officer to claim a dependent parent. With respect to a member of a Uniformed Service, a dependent parent means the following:

(1) A parent, including a stepparent or parent by adoption, and any person, including a former stepparent, who has stood in loco parentis (in the place of a parent) to the member at any time for a continuous period of at least 5 years before reaching 21 years of age, who, in fact, relies on the member for over one-half of dependent's support; however, the dependency of such a parent is determined on the basis of an affidavit submitted by the parent and any other evidence required under regulations;

(2) The relationship between a stepparent and stepchild is terminated by the stepparent's divorce from the parent by blood.

e. An officer who does not submit either one of these forms will be paid at the "without dependent" rate, and will be notified that he/she must submit one of the above forms to certify his/her status. If CB does not receive a certification within 60 days after the call to active duty, quarters allowance may be stopped until the Compensation Branch receives the proper documents. When certification is received, retroactive adjustments will be made.

D. DEDUCTIONS

1. SERVICEMEMBER'S GROUP LIFE INSURANCE (SGLI) fees will automatically be deducted to insure the officer for $200,000 term life insurance unless the officer prefers a greater or lesser amount or does not want to be insured. To decline the insurance, the officer must submit form SGLV-8286 on or before his/her first day of active duty. For officers who do not decline, $17.00 will be deducted from their first pay check. The monthly deduction is as follows:

Coverage Cost (Monthly)

$200,000	$17.00	$100,000	$8.50
190,000	16.15	90,000	7.65
180,000	15.30	80,000	6.80
170,000	14.45	70,000	5.95
160,000	13.60	60,000	5.10
150,000	12.75	50,000	4.25
140,000	11.90	40,000	3.40
130,000	11.05	30,000	2.55
120,000	10.20	20,000	1.70
110,000	9.35	10,000	0.85

2. VETERANS EDUCATIONAL ASSISTANCE PROGRAM (VEAP) is explained in the officer's CAD packet. If the officer elects to participate in this program, he/she must complete form PHS-6273, "Montgomery GI Bill Election and Statement of Understanding," and forward it to the Personnel Services Branch (PSB), DCP.

3. STATE INCOME TAXES

   a. The Soldiers' and Sailors' Civil Relief Act insures that an officer pay State income tax only to the State of his/her legal domicile. The officer must complete the Department of Defense form DD 2058 and declare his/her legal domicile. If that State taxes income, the officer must also submit a State tax withholding form. If an officer is unable to obtain the State tax withholding form, the officer should complete the second copy of the W-4, "Employed Withholding Allowance Certificate," and clearly mark it as State tax withholding and name the State on the form.

   b. Some States have provisions under which members of the Service do not have to pay State income tax. It is the officer's responsibility to see if he/she is included under those provisions. If an officer claims to be exempt from withholding of State income tax, he/she should indicate it on the withholding form or by separate memo. The officer must sign this memo or form and enclose it with form DD 2058. If the officer has declared as his/her legal domicile a State that has no income tax, the officer need not submit a State tax withholding form. If challenged by a State to prove a claim of legal domicile, and/or withholding exemption, the officer will be solely responsible for providing evidence to substantiate his/her claim. Failure to submit form DD 2058 and State tax withholding form will result in accumulating a State-taxable wage based on the officer's home of record until such time that the documentation is received in CB, DCP.

4. FEDERAL INCOME TAX is withheld based on the W-4. Officers may update or change the amount of withholding by submitting a new form as necessary. Federal taxes are withheld at a rate of 28 percent on the special pays that are paid in one lump sum annually. A procedure to estimate amount of Federal tax to be withheld is available from the CB along with a current pay chart.

5. FEDERAL INSURANCE CONTRIBUTIONS ACT (FICA) deductions are applicable on the base pay only. Current (1998) rates are 7.65 percent on a maximum base of $68,400 and 1.45 percent over $68,400.

E. DESIGNATION OF ADDRESS

The PHS commissioned corps payroll system allows an officer to receive his/her payroll documents at an address of his/her choice. This method protects the officer's privacy and provides for prompt, reliable, and secure delivery of important and confidential payroll documents.

An officer must designate a single address for receipt of payroll documents. It should be the same address used to receive other types of mail. Experience has shown that officers who use their duty organization address as the address to receive their earning statement and other payroll documents usually do not receive these documents as soon as those who do not.

Using the format in Exhibit C, the officer should provide us with the address at which he/she wants to receive mail.

Electronic Transfer of Funds (EFT)

All pay and allowances are paid by EFT. Officers must complete a form SF-1199-A, "Direct Deposit Sign-up Form," to establish the account to which pay and allowances will be deposited on a monthly basis. If CB does not receive a completed form SF-1199A, pay will be held until direct deposit is established.

F. STATEMENT OF EARNINGS

Each month a statement of earnings will be received at approximately the same time pay is directly deposited. Each portion of pay, all allotments, deductions, and withholdings will be itemized to show the current rates and the cumulative yearly total. An officer should check to ensure that he/she is receiving all allowances and other pays to which he/she is entitled, that all necessary tax and other deductions are made, and that all allotments are correct. The officer is responsible for knowing the correct figures, and should not rely on timekeepers or administrative personnel to pick up errors that might occur.

G. U.S. SAVINGS BONDS

Many officers find that purchasing U.S. Savings Bonds from their salary is a convenient and reliable way to systematically save money. The CAD packet contains form SBD-2003, "Authorization for Purchase and Request for Change, U.S. Series EE Savings Bonds," which allows an allotment to be withheld from an officer's salary toward the purchase of savings bonds. The EE series bonds are purchased for half their face value and may not be cashed for 6 months from the date of issue.

H. CHANGES

1. New Address. Designations must be made by the officer. If an officer changes assignments, his/her payroll documents will not automatically be sent to the new station. He/she must notify CB in writing of the new address. Any address changes received by the middle of the month will be processed in the current payroll cycle. Since officer's salary checks are directly deposited, officers should keep their old account until their salary check is actually received by the new bank account. This will insure that any changes have been received and processed. An example of a change of address memo is provided in Exhibit C.

EXHIBIT C

Example of a Change of Address Memo

TO: **Division of Commissioned Personnel/HRS/PSC**
ATTN: Compensation Branch
5600 Fishers Lane, Room 4-50
Rockville, MD 20857-0001

FROM: **Name**
Social Security Number

SUBJECT: Payroll Address Designation

I am requesting that you establish/change my mailing address to read as follows:

Street Address Line 1: _____
Street Address Line 2: _____
City: _____
State: _____
Zip Code: _____

My work phone number is (include area code):_____ -_____-_____

_____ _____
(provide Signature) **(Date)**

***Note: The street address is limited to 30 characters including spaces.**

2. All other payroll changes needed by an officer to correct an error in his/her pay or to change an allotment or deduction must be made through CB. Again, if forms are received by the middle of the month, the change will usually be effective that month.

I. PAYDAY

Commissioned officers are paid once a month and payday is the 1st day of the month. When the first day of the month falls on a Saturday, Sunday, or a legal holiday, payment is authorized on the preceding workday, but not more than 3 days before the lst day of the month. Payday for the month of December is the last workday in December.

J. FOR FUTURE REFERENCE

A PHS commissioned officer should maintain copies of all documents, forms, contracts, and other materials. Keeping a complete and accurate set of personnel/payroll records will greatly reduce the problems encountered by officers, and will provide all the information needed to facilitate the resolution of problems.

RETIREMENT AND SEPARATION

Subjects Covered:

- **Introduction**
- **Separation from Active Duty**
- **20-Year Retirement**
- **30-Year Retirement**
- **Involuntary Retirement**
- **Disability Retirement and/or Separation**
- **Retirement Age**
- **Divestment of Travel Entitlements and Unused Leave**

CCPM Citations:

CCPM Subchapter CC23.8, "Retirement"
CCPM Pamphlet No. 24, "Information on Commissioned Officers Retirement"
CCPM Pamphlet No. 32, "Information on Separation"

A. INTRODUCTION

Officers benefit from a non-contributory retirement system. Retirement is structured on the basis of a 30-year career, at which time an officer will have earned maximum retirement benefits. Officers have the option of requesting permissive retirement if the officer has at least 20, but less than 30 years of active service. The request must be reviewed by the retirement board and approved by the Surgeon General. If an officer retires with less than 30 years of creditable service, he/she will receive reduced retirement benefits. Other retirement authorities are explained below.

There are three authorities for computing retired pay which vary based on the date the officer first entered a Uniformed Service.

1. **Initially entered prior to September 8, 1980: retired pay is computed by multiplying the officer's monthly basic pay by 2-1/2 percent times the number of years creditable for retired pay purposes.**

2. **Initially entered between September 8, 1980, and July 31, 1986, inclusive: retired pay is the average of the officer's high 36 months of basic pay multiplied by 2 ½ percent times the number of years creditable for retired pay purposes.**

3. **Initially entered after July 31, 1986: The officer receives 2 percent for each full year of service for the first 20 years. After 20 years, the officer would receive 40 percent of his/her retired pay base (the average of the officer's highest 36 months of basic pay.) Between 20 and 30 years, an officer accrues credit for retirement at the rate of 3.5 percent per year. After 30 years, an officer would receive 75 percent of her/her retired pay base. (This last method of computing retired pay was established by Public Law 99-348, effective August 1, 1986, for all officers who initially became members of a Uniformed Service after that date.)**

In addition, officers are also covered under the Social Security system. Participation in this program is mandatory and deductions are withheld each month from the officer's salary until the maximum amount for each year has been contributed currently. Social Security benefits may be received at age 62 in a reduced amount, or the full amount at age 65, or older, depending on the officer's year of birth.

B. SEPARATION FROM ACTIVE DUTY

Officers wishing to request separation from active duty must complete form PHS-1373, "Separation of a Commissioned Officer." Any terminal leave requested must be approved and entered on form PHS-1373 prior to submission. Any approved terminal leave not taken, except for emergencies, will be charged. The top sheet of form PHS-1373 must be submitted directly to DCP and must arrive at least 30 days prior to the last day physically at the duty station. It must not be given to anyone else. Travel or shipment of household goods prior to issuance of personnel orders is not authorized. The remaining copies should be given to supervisors for signature and forwarded through appropriate channels to DCP. Form PHS-31, "Officers' Leave Record," must be certified and attached to these copies. When an officer decides to separate from active duty, he/she needs to be aware that under some circumstances travel entitlements and payment for travel of, and use of unused annual leave may be denied. Form PHS-1867, "Statement of Service," can only be issued by DCP.

References: See Section H regarding "Divestment of Travel Entitlements and Unused Leave."

See CCPM Pamphlet No. 32 , "Information on Separation," for specific instructions for separation procedures.

Inter-Service Transfer - INSTRUCTION 5, Subchapter CC23.3, CCPM, should be reviewed and followed when requesting approval for an inter-service transfer.

Inactivation - An officer retains an inactive commission on release from active duty.

Termination - An officer has no further affiliation with the PHS Commissioned Corps on separation from active duty.

C. 20-YEAR RETIREMENT

An officer may request retirement after completing 20 years or more (but less than 30 years) of active service. Twenty-year retirement is subject to review and recommendation by a retirement board and approval by the Surgeon General. To be eligible for consideration, an officer must have at least 10 years of active commissioned service in PHS. In addition, the program to which an officer is assigned must be agreeable to the early retirement, and document the fact that such retirement would not adversely affect the operation of the program.

D. 30-YEAR RETIREMENT

The PHS Commissioned Corps is established as a 30-year career system for officers at the O-6 grade and below, and 33 and 36 years for officers at the O-7 and O-8 grades, respectively. All officers irrespective of grade, category, or group, are subject to review. Commissioned officers who have 25 years of active service will be informed by their OPDIV of their prospects upon completing a 30-year career (e.g., retirement, conversion to civil service, requested extension on active duty).

Each OPDIV is required to develop a rigorous written review mechanism to assess which officers possess unique skills and responsibilities that are critical to the mission of the OPDIV. Beginning in 2000, only regular corps officers will be considered for retention beyond 30 years of active duty.

The total number of officers retained on active duty beyond 30 years of service is limited to 1.5 percent of the active duty strength (exclusive of short terms of duty) of the PHS Commissioned Corps.

Medical officers who have served 27 or more years of active duty, and who would otherwise lose special pay benefits unless a multiyear special pay contract is executed, will be permitted to sign a 4-year contract which will end beyond their 30-year retirement date. These medical officers may be retained on active duty for an additional period, not to exceed a total of 38 years of active service. If no loss of pay is involved, medical officers will be restricted to a maximum of 36 years of active service.

For O-7 and O-8 officers, this review takes place after 33 years and 36 years of active duty respectively, and extensions are granted if requested by the OPDIV.

E. INVOLUNTARY RETIREMENT

After completing 20 years of active service, an officer may be considered for involuntary retirement if performance is below the level expected for the officer's grade and professional discipline, or if there is no suitable assignment.

F. DISABILITY RETIREMENT AND/OR SEPARATION

An officer may be separated or retired from active duty if the officer is found unfit to perform the duties of his/her grade, category, or office because of one or more physical or mental conditions. The mere existence of a medical condition which could be disabling does not make the individual unfit for duty. There must be a cause and effect relationship between the medical condition and the officer's performance. However, a Medical Review Board may find an officer unfit for duty if he/she has a condition not presently affecting performance of duty but which is likely in the near future to require extensive use of sick leave or medical services and for which there is significant probability that the officer will be unable to return to duty for a protracted period of time.

For an officer to qualify for any PHS benefits, the officer's disability must be incurred in the line of duty or be Service aggravated. For most purposes, these two terms mean that the medical condition must have been incurred or aggravated while the officer was on active duty, and must not be the result of the officer's willful neglect or misconduct. Natural progression of pre-existing disease or impairments is not considered service aggravation.

When adequate evidence is presented by the officer, his/her program, or the Medical Affairs Branch that the officer may have become unfit for duty, the Director, DCP, may require the officer to undergo fitness for duty determination. Often this requires further medical evaluation. The Medical Review Board examines the medical and performance evidence and makes a recommendation regarding the case. The recommendation is then forwarded to the Surgeon General/Director, Human Resources Service, Program Support Center, for final decision. (However, drug and alcohol abuse or addiction are never grounds for disability retirement since they are amenable to treatment. Nevertheless, these conditions may be grounds for involuntary separation if treatment fails and the officer is found unsuitable for duty due to substance abuse.

The finding of the Board review will be one of the following:

1. **Fit for duty (which may include a determination that the individual is fit only for limited duty). The officer is expected to perform the duties of his/her job without change or within the limitations stipulated by the Board.**

   Limited duty status normally will not exceed 1 year.

2. Unfit for duty. An officer found unfit may not be retained on active duty. Therefore, one of the following must occur:

a. Separation without benefits - No benefits are available when a disability is incurred outside the line of duty, when the disability is non-compensable because it is a result of the individual's misconduct or willful neglect, when the disability occurs during a period of absence without leave (AWOL), or when the disability is pre-existing and no service aggravation has occurred.

b. Separation or retirement with benefits - If the officer is found unfit for duty because of a medical or psychiatric condition which was incurred or aggravated in the line of duty, one of the following will occur:

(1) Separation with severance pay - If the officer has less than 20 years of creditable service for retirement purposes and the combined percentage of disability is less than 30 percent, he/she must be separated with severance pay.

(2) Disability Retirement - If the officer has at least 20 years of creditable service for retirement purposes or the percentage of disability is 30 percent or more, he/she must be retired. If the medical condition causing the disability is unstable, the individual may be placed in temporary disability retirement for up to 5 years pending stabilization of the condition. If the officer is unlikely to become fit for duty, and if the degree of disability is unlikely to change significantly in the next 5 years, the officer will be permanently retired for disability.

3.. Unsuitable - If the officer has a non-compensable impairment which renders him/her unsuitable for the Service (e.g., character and/or behavior disorders, or alcohol or drug abuse), the case is referred to the Director, DCP, for administrative action.

If a fitness-for-duty evaluation results in a finding that the officer is fit for duty, but the officer in question continues to be a marginal or substandard performer, the actions described under the involuntary separation section of this section may be initiated.

Because the financial benefits for survivors are usually greater when an officer's death occurs in disability retired status than while on active duty, officers should instruct their family members to report to the Medical Affairs Branch, DCP, immediately if the officer develops a critical illness or injury.

G. RETIREMENT AGE

When an officer reaches age 64, he/she may retire at any time (with Board approval), regardless of the number of years of active service.

H. DIVESTMENT OF TRAVEL ENTITLEMENTS AND UNUSED LEAVE

Upon separation an officer is entitled to travel entitlements and payments for, transfer of, or use of, unused annual leave. In some circumstances an officer may be deprived of these entitlements. An officer will be divested of:

1. **Payment for, transfer of, and denied use of, his/her unused annual leave if the officer's form PHS-1373 is not received in DCP <u>at least 30 days prior</u> to the last day that the officer is present at his/her duty station;**

2. **Payment for, transfer of, and denied use of, unused annual leave if the officer voluntarily separates from active duty before completion of 12 months of active duty;**

3. **All travel entitlements for himself/herself and for dependents, and of payment for shipment of household goods if the officer separates from active duty before completion of 24 months of active duty; and**

4. **Payment for, transfer of, and denied use of, his/her annual leave and will be divested of all travel entitlements for the officer and his/her dependents, and of payment for shipment of household goods if the officer:**

    a. **Separates from active duty before completing any active-duty obligation, or**

    b. **Fails to complete the agreed-to period of service under any special pay contract.**

If an officer is divested of unused annual leave, he/she may not take or be granted terminal leave. If the leave granting authority approves terminal leave without knowing that the officer is to be divested, and the officer has departed his/her last duty station on terminal leave, the officer will be ordered back to duty for the balance of the officer's time. If the officer fails to report back to duty, he/she will be placed in Absent Without Leave (AWOL) status. While in AWOL status all pay and allowances are forfeited, medical care and disability benefits are not allowed, and costs for travel and shipping will not be reimbursed. In addition, the time in AWOL does not count toward completion of an active duty obligation.

It is the officer's responsibility to know the reasons for which he/she may be divested of entitlements.

ACRONYMS

Many unfamiliar acronyms and phrases are frequently used when speaking or writing about the commissioned personnel system.

AHCPR	**Agency for Health Care Policy and Research**
APPLES	**Assignment Preferences, Proficiency in Languages, Education, and Skills Survey**
ASG	**Assistant Surgeon General. This is a flag rank position comparable to a Navy Rear Admiral.**
ASH	**Assistant Secretary for Health**
ATSDR	**Agency for Toxic Substances and Disease Registry**
AWOL	**Absence Without Leave**
BAH	**Basic Allowance for Housing**
BAQ	**Basic Allowance for Quarters**
BAS	**Basic Allowance for Subsistence**
BCP	**Board Certified Pay**
BOP	**Bureau of Prisons**
BP	**Basic Pay**
BPED	**Base Pay Entry Date**
CAD	**Call to Active Duty [Date]**
CB	**Compensation Branch, DCP**
CCPM	**Commissioned Corps Personnel Manual**
CDC	**Centers for Disease Control and Prevention**
CG	**Coast Guard**
COER	**Commissioned Officers' Effectiveness Report**
CONUS	**Continental United States**
COSTEP	**Commissioned Officer Student Training and Extern Program**
CPO	**Chief Professional Officer**
CSED	**Creditable Service Entry Date**
DCP	**Division of Commissioned Personnel**
DEERS	**Defense Enrollment Eligibility Reporting System**
DMAT	**Disaster Medical Assistance Team**
DSG	**Deputy Surgeon General**
EBB	**Electronic Bulletin Board**
EOD	**Entry on Duty**
EPA	**Environmental Protection Agency**
FDA	**Food and Drug Administration**
FICA	**Federal Insurance Contributions Act**
GBL	**Government Bill of Lading**
GTR	**Government Travel Request**
HCFA	**Health Care Financing Administration**
HHS	**Department of Health and Human Services**
HRSA	**Health Resources and Services Administration**
HSO	**Health Services Officer**
IHS	**Indian Health Service**
IRC/IRP	**Inactive Reserve Corps or Program**

ISP	**Incentive Special Pay**
JFTR	**Joint Federal Travel Regulations**
MAB	**Medical Affairs Branch**
MTF	**Military Treatment Facility**
Montgomery GI Bill	**The Department of Veterans Affairs educational benefit program available to officers originally called to active duty July 1, 1985, or later. (Also known as New GI Bill.)**
MRB	**Multiyear Retention Bonus**
NIH	**National Institutes of Health**
NOAA	**National Oceanic and Atmospheric Administration**
ODB	**Officer Development Branch**
OIS	**Officer Information Summary**
OPDIV	**Agency/Operating Division/Program**
OPF	**Official Personnel Folder**
OSG	**Office of the Surgeon General**
PAC	**Professional Advisory Committee**
PCS	**Permanent Change of Station**
PDS	**Permanent Duty Station**
PSC	**Program Support Center**
PHS or the Service	**Public Health Service**
PIR	**Promotion Information Report**
PO	**Personnel Order[s]**
PSB	**Personnel Services Branch**
RCD	**Retirement Credit Date**
ROG	**Research Officers Group**
RSP	**Retention Special Pay**
SAMHSA	**Substance Abuse and Mental Health Services Administration**
SAO	**Survivor Assistance Officer**
SERNO	**PHS Serial Number**
SBP	**Survivor Benefit Plan**
SG	**Surgeon General**
SGLI	**Servicemembers' Group Life Insurance**
SPED	**Special Pay Entry Date**
SSAN or SSN	**Social Security Account Number**
TAS	**Transactions and Applications Section**
TED or T&E	**Training and Experience Date**
TDY	**Temporary Duty**
VA	**Department of Veterans Affairs**
VAATS	**Vacancy Announcement And Tracking System**
VEAP	**Veterans Educational Assistance Program**
VGLI	**Veterans' Group Life Insurance**

FREQUENTLY USED FORMS

The following are used for personnel or payroll matters.

Form Number		Title
PERSONNEL-RELATED FORMS:		
HHS-1	!	**Travel Order**
HHS-350	!	**Training Nomination and Authorization (Use this form to apply for short-term training.)**
HHS-473	!	**Confidential Statement of Employment and Financial Interests**
HHS-520	!	**Request for Approval of Outside Activity**
PHS-31	!	**Officers' Leave Record**
PHS-50	!	**Application for Appointment as a Commissioned Officer in the USPHS**
PHS-838	!	**Commissioned Officers' Effectiveness Report (COER)**
PHS-1122-1	!	**Application for Training for PHS Commissioned Personnel (Use this form to apply for long-term training; form HHS-350 is used for short-term training.)**
PHS-1345	!	**Request and Authority for Leave of Absence**
PHS-1373	!	**Separation of Commissioned Officer (Use this form to start separation from active duty, which includes termination, inactivation, and retirement.)**
PHS-1662	!	**Request for Personnel Action - Commissioned Officer.**
PHS-1866-1	!	**Identification and Privilege Card (active-duty officer) (This form is issued as the PHS identification card to prove an officer's active-duty status and verify eligibility for benefits.)**
PHS-1866-2	!	**Identification and Privilege Card (inactive reserve) (The card plus a copy of personnel orders calling an officer to active duty will verify eligibility for benefits.)**
PHS-1867	!	**Statement of Service - Verification of Status of Commissioned Officers of the USPHS (This form was issued as proof of service on active duty as a PHS commissioned officer. It has been replaced by a computer-generated PHS statement which is issued to active-duty officers only by DCP.)**
PHS-2988	!	**Voucher for Reimbursement for Travel (Dependents Of PHS Commissioned Officers) (This form is issued to apply for payment for travel performed by an officer's dependents in conjunction with an authorized permanent change of station.)**
PHS-4013-1	!	**Application for Shipment of Household Goods (Commissioned Officer) (This form is used to arrange for shipping household goods upon a permanent change of station.)**

PHS-4392	!	**Billet Description** **(This form is completed by a supervisor or administrative officer to describe the duties of a position.)**
PHS-5141	!	**PHS Commissioned Corps Appointment Affidavit** **(This form contains the oath of office, affidavit as to service, affidavit as to striking, and affidavit as to purchase and sale of office.)**
PHS-6190	!	**Application for Correction of PHS Commissioned Corps Personnel Record** **(This form starts the process of correcting a material error in information maintained in an officer's personnel file when there is no other avenue for redress.)**
PAYROLL FORMS		
PHS-1637-1	!	**PHS Commissioned Officer's Request for Dependency Determination - Spouse and/or Child** **(This form is used to establish an officer's eligibility for quarters allowance at the "with dependents" rate.)**
PHS-1637-2	!	**Parent's /Parent-in-Law's Statement** **(This form is completed by an officer's parent(s) or parent-in-laws when the parent(s) or parent-in-laws are claiming them as dependents for the purposes of establishing entitlement to quarters allowance.)**
PHS-2874	!	**Notice of Arrival -Commissioned Officer** **(This form must be submitted by the officer immediately upon arrival at a new duty station to determine the rate of Basic Allowance for Housing (BAH) that should be paid.)**
PHS-2977	!	**Quarters Allowance Certificate** **(This form is used to apply for quarters allowance when the officer has no dependents.)**
PHS-6155	!	**Statement of Earnings and Deductions** **(This form is sent to officers each month.)**
PHS-6173	!	**Application for Allotment of Pay** **(This form is used to initiate payments to be sent to a financial institution or insurance company every month.)**
PHS-6180	!	**Request for Advance of Basic Pay** **(This form is used to initiate an advance of basic pay in connection with a permanent change of station or temporary duty station.)**
W-2	!	**Wage and Tax Statement**
W-4	!	**Employee's Withholding Allowance Certificate**
STANDARD FORMS		
SF-88	!	**Report of Medical Examination**
SF-93	!	**Report of Medical History**

SF-278	!	**Executive Personnel Financial Disclosure Report**
SF-1012	!	**Travel Voucher** **(This form is used to claim travel expenses and per diem when in an authorized travel or temporary duty status.)**
SF-1199-A	!	**Direct Deposit Sign-Up Form** **(This form is used to have total net pay deposited in a financial institution every month and to start, change, or stop a monthly savings allotment.)**

DEPARTMENT OF DEFENSE FORMS

DD-2	!	**Uniformed Services Retired ID Card** **(This form is issued to all retired officers at the time of retirement.)**
DD-214	!	**Statement of Service** **(This form shows any prior military service.)**
DD-1172	!	**Application for Uniformed Services Identification Card - DEERS Enrollment** **(Spouse and children apply for identification cards using this form.)**
DD-1173	!	**Uniformed Services Identification and Privilege Card**
DD-2058	!	**State of Legal Residence Certificate** **(This form is used to declare the State that is considered the officer's legal domicile and the State to which the officer will pay State income tax, if applicable.)**
DD-2494	!	**TRICARE - Active-Duty Family member Dental Plan Enrollment Election**

DEPARTMENT OF VETERANS AFFAIRS FORM

SGLV-8286	!	**Servicemembers' Group Life Insurance Election and Certificate**

MISCELLANEOUS FORM

SBD-1928	!	**Authorization for Purchase and Request for Change - U.S. Series EE Savings Bonds**

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