

APPLICATION FOR ASSIMILATION INTO THE REGULAR CORPS*

I hereby apply for consideration for assimilation into the Regular Corps of the Public Health Service Commissioned Corps. I qualify for such consideration in accordance with the requirements stated in INSTRUCTION 4, Subchapter CC23.3 of the Commissioned Corps Personnel Manual, by virtue of the following training:

| | Degree | Major | Date Awarded (Month and Year) |
|--|--------|----------------------|-------------------------------------|
| Bachelors Degree | | | |
| Masters Degree | | | |
| Doctorate | | | |
| | Type | Issuing Organization | Expiration Date (Month and Year) |
| License | | | |
| Certificate | | | |
| Other Credentials: _____ _____ | | | |

I certify that all of the statements made by me are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that my statements may be investigated and that any false representation is sufficient cause for disciplinary action pursuant to INSTRUCTION 1, Subchapter CC46.4 of the Commissioned Corps Personnel Manual. Further, I understand that any false statement herein may be punished as a felony under Section 1001, Title 18, U.S. Code.

| | | | | |
|---|----------|---|----------------|------|
| APPLICANT'S SIGNATURE | | PHS SERIAL NUMBER | | DATE |
| APPLICANT'S NAME <i>(Please type or print)</i> | | | | |
| AGENCY/OPERATING DIVISION/PROGRAM | BUILDING | ROOM NO. / MAIL STOP | E-MAIL ADDRESS | |
| STREET ADDRESS | CITY | STATE | ZIP CODE | |
| DUTY STATION'S AREA CODE AND PHONE NUMBER () | | | | |
| SUPERVISOR'S ENDORSEMENT | | | | |
| SUPERVISOR'S SIGNATURE | | SUPERVISOR'S NAME <i>(Please type or print)</i> | | DATE |

- * 1. This application must be accompanied by a statement about the officer's reasons for requesting appointment to the Regular Corps and his/her commitment to a career in the Public Health Service Commissioned Corps.
2. Any officer who is eligible for assimilation at the permanent O-4 grade or higher may, at his/her option, attach to the application a statement from his/her immediate supervisor justifying and supporting the application.

All applications must be endorsed by the officer's immediate supervisor and forwarded to the address to the right. NOTE: If you have not previously submitted evidence in the form of final transcripts of the award of any degrees listed, you should request such transcripts immediately, indicate all those documents which will be forwarded (e.g., masters degree, doctorate, certificate, and/or license), and forward all documents to the address to the right.

Office of Commissioned Corps Operations
ATTN: Assimilation Coordinator, DCCOS
1101 Wootton Parkway, Suite 100
Rockville, MD 20852