

# CDC/ATSDR Commissioned Corps Happenings

The Official Newsletter of the CDC/ATSDR Director's CC-PAC

Volume 1, Issue 5

December 2005

## **Current Members of CCPAC**

CAPT Patricia Simone (Chair)  
CAPT Wanda Barfield  
CAPT Marsha Davenport  
CDR William Greim  
CAPT Carol Pertowski  
LCDR Joshua Schier  
CDR Abigail Shefer  
CAPT J. Todd Weber  
CAPT Doug Hamilton  
CDR Peter Kowalski  
CAPT Bo Kimsey

CAPT Sven Rodenbeck (Vice Chair)  
CDR Christine Casey  
CDR Peter Kowalski  
CDR Sally Brown Kiefer  
CDR Kathleen McDuffie  
LT Jennifer Hornsby-Myers  
CAPT Jordan Tappero  
CAPT Stephanie Zaza  
CDR Doug Thoroughman  
LCDR Arjun Srinivasan

Members of the CDC/ATSDR Director's Commissioned Corps Policy Advisory Council (CCPAC) are all "at-large" representatives and do not represent any particular center, organizational unit, or category.

CDC/ATSDR Office of Commissioned Corps Personnel (OCCP) staff is Ex-Official members of the committee and provide support services. (CAPT Austin Hayes, CAPT John Steward and Aaron Arnold)

## **Transformation Update:**

Recently, the Secretary of Health met with agency heads to discuss his decisions on transformation. We are expecting official notification of those decisions in the near future. In the meantime, we have been notified that several work groups are being formed to develop plans for implementation in several areas, including the size of the Corps, billets and officer groups, assignment for hard-to-fill positions, recruitment and training, and readiness. I have been asked to chair the work group on billets and officer groups and CDC/ATSDR has been asked to submit names of officers to serve on the various groups. We are at a key juncture for the Corps, and we will provide additional information as it becomes available.

*Submitted by: CAPT Patricia Simone*

## **Update on the Transformation Recommendations to Dr. Gerberding**

During August and September, the CCPAC conducted 5 brown bag sessions to discuss draft transformation-related recommendations to Dr. Gerberding with CDC/ATSDR Officers. Approximately 100 officers attended one or more of the sessions and approximately 100 provided verbal or written comments on the white paper, *Transforming the Public Health Service Commissioned Corps: CDC/ATSDR Perspective*, or its related recommendations.

A compilation and summary of the comments and the analysis of the Likert Scale feedback items were posted on the OCCP website <http://www.cdc.gov/od/occp/ccpac/whitePaperAnnouncement.htm> on December 6.

Given the stage of transformation decisions at the Secretary's level, the CCPAC has decided not to further disseminate the white paper as written. Rather, based on the feedback and discussion with officers, the CCPAC is in the process of developing a new set of documents. These documents will:

- Regroup and prioritize the recommendations

- Provide information about the “sense” of the CDC/ATSDR-based officers (based directly on officer feedback)
- Provide specific talking points drawn from the white paper background, the recommendations and officer feedback that can be tailored for different users, including Dr. Gerberding, members of the CCPAC and OCCP, officers at large, and members of the Surgeon General’s Policy Advisory Committee.

Materials developed for the officers at large will be distributed as soon as they are available.

*Submitted by: CAPT Stephanie Zaza*

### **Federal Torts Coverage**

The Office of Commissioned Corps Force Management (OCCFM) and the Office of General Counsel (OGC) are preparing guidance and clarification for officers about issues related to Federal Torts coverage while officers perform clinical duties for their clinical hours to qualify for special pays. This is a complicated issue, and clear, written guidance will be necessary to ensure that officers have correct, consistent information. In the meantime, here is a summary of my understanding of the issues. An important aspect of coverage is linking the clinical work to the officer’s official duties. Coverage for those who work in a federal facility and for officers with clinical billets does not seem to be in question (Note: CDC/ATSDR does not have any officers serving in clinical billets). One issue is the type of documentation is necessary to link the work to official duties when performing clinical services at a non-federal facility. In the past, officers have been advised to have a clinical billet addendum approved. This may still be an option. OCCFM is also working on developing memoranda of understanding with various organizations (e.g., local health departments) to clarify coverage for officers working in those facilities. A “letter in lieu of orders” may be another option. OCCFM also is working to clarify is the coverage of officers performing clinical work overseas. Yet another issue is whether clinical work by officers whose malpractice is covered by a non-federal facility can be considered “official duties” or whether they are considered an “employee” of the non-federal facility during that time.

Alternatively, officers may perform clinical work as an approved outside activity, during time outside their regular duty hours. In this case, they may be paid for the work, but they would not be covered under Federal Torts and must have malpractice coverage through the facility. Officers may not be paid for work done as official duty or during official duty hours. (In some circumstances, receiving a nominal fee may be acceptable).

Finally, the policy that is implemented by OCCFM may, in fact, be more restrictive that what is legally allowable to do.

As you can see, these are complicated issues that could affect all officers who perform clinical work. I have urged OCCFM and OGC to make the guidance available as quickly as possible. I apologize for the lack of specific guidance at this point, but I felt it was important to share what I knew, and I will share additional information as it becomes available.

*Submitted by: CAPT Patricia Simone*

### **Hurricane Deployments**

December 1<sup>st</sup> has past, and hurricane season is officially over. And what a season it was. In fact, it was record breaking for Commissioned Officers at CDC and 19 other OPDIVs that deployed officers. Thus far, CDC has deployed 458 of its 857 officers to Hurricanes Katrina, Rita, and Wilma, and it’s not over yet. Katrina and Rita will require our expertise for months to come. Officers were deployed to provide support services to the hurricane affected areas in Louisiana, Mississippi, Alabama, Texas, and Florida as well as supporting activities locally at the DEOC, FEMA Regional Operations Center. These deployments often occurred on short notice. Many of those who did not deploy were prepared to respond and stood as reserve capacity.

As exemplified during the hurricane missions, your professional expertise, no matter what your category, is a critical part of CDC’s mission and ability to respond to public health emergencies. The Office of Force Readiness and Deployment and CDC are working together to ensure that officers will be recognized through the award process. All CDC/ATSDR officers that meet the criteria for the Crisis Response Service Award (CRSA) and unit award being submitted by OFRD will be recognized regardless whether the officer is deployed by OFRD or CDC.

As part of the CCPAC, a deployment subcommittee was formed to address issues and questions regarding deployment in general. Many of these issues came to the surface during the recent hurricane deployments. The deployment subcommittee will be clarifying issues such as obtaining supervisory approval before deployment, definition and meaning of being on the agency roster, uniform policy during OFRD versus agency deployment, guidelines for deploying in other than officer-identified role, and policy on overseas officers getting deployed. A written document addressing these questions will be developed and disseminated among officers.

*Submitted by: CDR William Greim*

## **Commissioned Corps Desk in the DEOC during Emergency Response to Hurricanes Katrina and Rita**

In an effort to support Commissioned Officers from CDC during the deployments by the Office of Force Readiness and Deployment (OFRD) and the agency, the first ever Commissioned Corps (CC) Liaison Desk was established in the CDC Director's Emergency Operations Center (DEOC). Eight CDC officers, working in teams of 2-3 officers, staffed the desk during the acute response. They provided 24 hour officer support, coordination of deployments between OFRD and CDC, intra- and inter-agency communications, and documentation of CDC officer participation and commitment to the Department of Health and Human Services (DHHS) response efforts. This effort to improve communications and coordination between OFRD and CDC for officer response allowed "one stop shopping" for officers for deployment related issues (e.g., logistics, conflicts with regularly assigned work, medical issues, uniform questions) and helped to ensure that officers will be recognized for their deployment whether through OFRD or CDC. The desk worked to prevent duplicative or conflicting deployments of the same officers by OFRD and CDC and kept OFRD informed of the current roster of deployed officers from CDC. Officers who staffed the desk collaborated on a 'lessons learned' report with recommendations to CDC leadership to support further development of the desk and continued staffing of a CC Liaison Desk in the DEOC for future emergency responses.

### **Officers who staffed the CC Liaison Desk included:**

CAPT Kitty MacFarlane	LCDR Brian Cook
CDR Robert Newman	CAPT Myra Tucker
CAPT Monica Parise	CAPT Cheryl Prince
CAPT Stephanie Zaza	CAPT Mary Lambert
CDR Kathleen McDuffie	

***Submitted by: CAPT J. Todd Weber***

## **2006 Promotion Update**

Officers should find out whether they are eligible for promotion in 2006 by logging into the Secure Area of the CCMIS (<http://dcp.psc.gov/>) *shortly after* the release of the 2005 Permanent Promotion results.

If you are eligible for promotion in 2006:

- Please review your category's 2006 promotion benchmarks located on your category-specific website.
- Submit pertinent promotion-related documents to your electronic Official Personnel Folder (eOPF) for 2006 promotion board review before Jan 23, 2006. (eOPF Fax line - 301-480-1436 or 301-480-1407). *Do not wait until the deadline to update your file!*
- Prepare your 2006 Officer's Statement (OS) and fax it to the eOPF fax line number before Jan 23, 2006. ([http://dcp.psc.gov/PDF\\_docs/Officer\\_Statement\\_2006.pdf](http://dcp.psc.gov/PDF_docs/Officer_Statement_2006.pdf))
- Inform and work with your Reviewing Official (normally your COER reviewing official) to ensure that a Reviewing Official Statement (ROS) is prepared. ([http://dcp.psc.gov/PDF\\_docs/Reviewing\\_Official\\_Statement\\_2006.pdf](http://dcp.psc.gov/PDF_docs/Reviewing_Official_Statement_2006.pdf))

Your ROS must be submitted in hard copy to OCCO, through CAPT Hayes' office, by Jan 23, 2006. The ROS should be addressed to:

LCDR Camille Hawkins, Promotion Coordinator  
Office of Commissioned Corps Operations  
1101 Wootton Parkway, Plaza Level, Suite 100  
Rockville, MD 20852

*You must allow adequate time for your reviewing official to prepare your ROS and send it through the CDC/ATSDR Agency Liaison (CAPT Hayes).*

***Submitted by: CDR Peter Kowalski***

## **Security Clearance**

CDC/ATSDR's Executive Leadership Board (ELB) has adopted a new policy which calls for all CDC/ATSDR Officers to obtain a Secret security clearance. This policy will ensure that all CDC/ATSDR officers will be able to work closely with Federal law enforcement during public health emergencies. Approximately 50 percent of CDC/ATSDR's Officers already hold a Secret clearance. The Office of Commissioned Corps Personnel (OCCP) continues to work with all Coordinating Centers and CIOs to ensure the remaining officers without secret clearance apply for clearances in an efficient manner within reasonable time period.

Managers and supervisors are urged to coordinate obtaining their officers security clearance through their respective Commissioned Corps Staff Specialist. CIO staff assignments are listed at [http://www.cdc.gov/od/occp/about\\_us/staff/index.htm](http://www.cdc.gov/od/occp/about_us/staff/index.htm) Please note, to process the security clearances, CDC's Office of Security and Emergency Preparedness (OSEP), will access charges to each CIO in which a request is processed. The fee schedule for **Security Investigations for FY2006 is:**

Secret		Top Secret	
Clearance has 10 year validity period		Clearance has 5 year validity period	
Priority Investigation	\$226.00	Priority Investigation	\$3655.00
Standard Investigation	\$147.00	Standard Investigation	\$3150.00
Re-Investigation (Priority)	\$205.00	Re-Investigation (Priority)	\$2375.00
Re-Investigation (Standard)	\$205.00	Re-Investigation (Standard)	\$2050.00

*Submitted by: CDR Peter Kowalski*

**Status of the Current Three Strikes and Frozen in Rank Policy**

The current Commissioned Corps regulation (Chapter CC23 – Staffing, Subchapter CC23.4 – Promotion, Personnel Instruction 2 - Temporary Grade Promotions: [http://dcp.psc.gov/PDF\\_docs/2342.pdf](http://dcp.psc.gov/PDF_docs/2342.pdf) ) states that “...if an officer is examined and does not receive a temporary promotion, i.e., “passed over,” after three examinations for the same temporary grade, the officer shall be continued at the temporary grade at which the officer currently holds for the remainder of the officer’s career conditioned on satisfactory performance. There are three exceptions to this policy as follows:

- If the Head of an officer’s OPDIV or Program endorses a request to have the officer examined for temporary promotion to the next higher temporary grade for which the officer has been previously passed over three times, and the officer concurs with the endorsement, an ATPB (Annual Temporary Promotion Board) may examine an officer for temporary promotion for a fourth and final time. If unsuccessful, the officer shall be continued at the temporary grade at which the officer currently holds and is ineligible to be examined for future temporary promotion;
- An officer’s temporary grade is revoked in accordance with Section K of this Instruction; and
- An officer who has been passed over for promotion to the next higher grade prior to the 2004 promotion year will not be considered as having been passed over for temporary promotion pursuant to Section F.5, below.

Note. Officers who are examined by an ATPB for an Exceptional Proficiency Promotion but do not receive a temporary promotion, will not be considered as having been passed over for temporary promotion under this Section (See Section L.7, below).”

The CCPAC is very much aware that the first cohort of officers facing the third strike will be in the forth coming 2006 promotion cycle. At every opportunity, CDC/ATSDR has urged the Commissioned Corps management to reconsider the “Three Strikes and Frozen in Rank Policy.” In fact, the Chief Professional Officers, members of the Surgeon General’s Policy Advisory Committee and the Commissioned Officers Association of the U.S. Public Health Service (COA) have also urged that the three strikes and frozen policy be revoked. This has resulted in much discussion with the Commissioned Corps management. However, at this point we do not know whether the policy will be changed or not.

In the mean time, we encourage all officers up for promotion to do their utmost to satisfy their category benchmarks. Officers up for promotion should refer to their category leadership (CPO, PAC Chair, PAC website) for information and guidelines about promotion.

Also, please keep in mind that there is an option of a forth and final promotion attempt at the discretion of the agency. Careful career planning can help officer prepare for that eventuality.

*Submitted by: CAPT Sven Rodenbeck and CDR Douglas Thoroughman*

## **Status of the New Promotion Precept (“Sixth Precept”)**

As discussed in our March 2005 Newsletter, the Office of Commissioned Corps Force Management (OCCFM) has been considering adopting a new promotion precept in addition to the current 5 (Precept 1 - Performance; Precept 2 - Education, Training & Professional Development; Precept 3 - Career Progression & Potential; Precept 4 - Characteristics of Career Officer and Service to the Corps; and Precept 5 - Readiness). The so-called “Sixth Precept” would recognize the service and sacrifice of officers who serve in hardship, hazardous and hard-to-fill (H<sup>3</sup>) duty assignments, both currently and in past assignments.

A previously proposed H<sup>3</sup> duty assignment promotion precept was roundly rejected by of the Chief Professional Officers and most of the OPDIVs.

To address the concerns about the proposed promotion precept, OCCFM formed a Workgroup that re-crafted the requirements for the proposed Sixth Precept. That Workgroup has recommended and OCCFM has proposed:

1. H<sup>3</sup> Duty Assignment Promotion Precept points should be applied only to officers with an overall COER score of C or greater at Grades O-4, O-5, and O-6.
2. A range of 1 to 5 points should be used for service in H<sup>3</sup> sites. As a guideline points should be based on:
  - a. 1 Point to officers currently serving in an H<sup>3</sup> site
  - b. Additional points would be awarded as follows:
    - i. 1 Point to officers who have served 1-2 years in one or more H<sup>3</sup> sites,
    - ii. 2 Points to officers who have served 3-5 years in one or more H<sup>3</sup> sites,
    - iii. 3 Points to officers who have served 6-8 years in one or more H<sup>3</sup> sites, and
    - iv. 4 Points to officers who have served 9+ years in one or more H<sup>3</sup> sites.
3. Points should only be awarded to the top 75% of promotion eligibles based on board scoring of precepts 1 to 4.
4. Until such time as OCCO can implement an automated scoring process, officers will self-report their H<sup>3</sup> eligibility utilizing a standardized form. Agencies would be required to certify the accuracy of the report before it is place in the officer’s eOPF and incorporated in the promotion board review process.
5. Until reports can be generated electronically by OCCO, allow promotion board members discretion on how many of the total points should be awarded to an officer.

Based on the CCPAC review, CDC/ATSDR informed the Office of the Surgeon General that we do not support the implementation of this proposal. Below is a highlight of our main concerns with the proposal:

- The problem that this proposal is trying to correct (i.e., getting more officers to accept H<sup>3</sup> assignments) is really a force management problem and should be resolved by improving the force management capabilities of the Commissioned Corps.
- One of the other original reasons for the proposed 6<sup>th</sup> precept was to compensate for the deployment bias that officers assigned to H<sup>3</sup> position may experience (i.e., it is more difficult of officers in H<sup>3</sup> positions to be deployed). At this point, emergency deployments are not highlighted in the promotion benchmarks. Therefore, emergency deployments should not be given any additional weight during promotion reviews and there is not a need to compensate for the “H<sup>3</sup> deployment bias.”
- There is no or very little information to support the contention that officers who serve in H<sup>3</sup> assignments are not recognized or experience a disadvantage in career development or promotion opportunities.
- The proposal would award officers with valuable promotion points throughout their career that would not be based on performance and more than likely for being assigned to a position(s) early in their career. We strongly believe that each promotion review should be weighted towards officer performance since their last promotion.
- The proposal would also potentially be giving an officer the “bonus” of increased pay and higher rank throughout their career instead of during the time they serve in the H<sup>3</sup> position. This is particularly worrisome for the situations in which an officer only is assigned to a H<sup>3</sup> position early in their career. We would suggest that a better alternative is to give an officer additional pay while they are in a H<sup>3</sup> position.
- There is currently no clear definition of “Hard to Fill” assignment. Without a clear definition that can be applied consistently across the Corps, it is not possible to assure that this proposal would be fairly implemented.

At this point it is not clear whether or not a “6<sup>th</sup> Promotion Percept” will be implemented for the 2006 Promotion cycle or in the future promotion cycles.

*Submitted by: CAPT Sven Rodenbeck*

## **Corps Changes PHS Uniform Requirements**

In July, the Assistant Secretary for Health and the Office of Commissioned Corps Force Management (OCCFM) announced major revisions to the uniform regulations for PHS officers. This is the biggest change in uniform guidelines in several years. These changes affect every officer and need to be reviewed. The new requirements may be found on the CDC's Commissioned Corps website at <http://www.cdc.gov/od/occp/officership/uniforms/regulations.htm>.

Among the chief changes:

- Officers are now required to own and maintain the Summer White uniform in addition to the Service Dress Blue and Working Khaki uniforms that were previously required.
- The Summer Khaki and Summer Blue uniforms have been renamed to Service Khaki (SK) and Service Blue (SB), respectively.
- The Battle Dress Uniform (BDU) is described in detail. As of this date, officers are not required to own BDUs. However, officers may anticipate being asked to deploy on missions where BDUs are needed. Many officers have begun to obtain their BDUs and have worn them on deployment.
- For the working khaki uniform, officers are now allowed to wear either the poly-cotton or the poly-wool khaki uniforms. The Service Khaki uniform is either poly-wool or polyester (CNT).
- A PHS Command Ball Cap and a PHS black t-shirt are now described and authorized.
- For several different uniforms, the requirements for components such as outer wear, headgear, shoes, and handbags have been changed.
- The maternity uniforms are described in an issuance on Special Uniform Situations.

CDC's Office of Commissioned Corps Personnel (OCCP) has prepared several tools on its website to assist officers in assembling, maintaining, and wearing the uniform. Those may be found at <http://www.cdc.gov/od/occp/officership/uniforms/index.htm>. On the web page, OCCP has developed an extensive "frequently asked questions" section <http://www.cdc.gov/od/occp/officership/uniforms/faq.htm> to help explain the nuances of the issuances and the CDC and PHS uniform policies, including information on the BDUs and the working khakis.

OCCP is available to answer questions about uniforms. In addition, the CCPAC has begun discussions of ways to improve officers' knowledge of and comfort level with the various uniforms.

*Submitted by: CAPT John Steward*

### **Readiness Update:**

During the past several months, our nation has faced major public health emergencies from two back-to-back hurricanes – Katrina and Rita. Over 450 CDC/ATSDR officers readily accepted the challenge to be deployed or provide support services to the hurricane affected areas in Louisiana, Mississippi, Alabama, and Texas as well as supporting activities locally at DEOC, FEMA or ROC. These deployments often occurred on short notice. Many of those who did not deploy were prepared to respond and stood as reserve capacity. As exemplified during the hurricane missions, your professional expertise, no matter what your category, is a critical part of CDC's mission and ability to respond to public health emergencies. While unclear at this time what the award(s) will be issued, officers involved in hurricane response efforts should receive some type of award (Unit award, Crisis response Service Award, etc.).

Meeting the basic level readiness requirements is an important aspect of being prepared to respond to public health crises like the hurricanes and other emergencies. Just six months ago, the percentage of officers meeting basic level readiness was well below the Office of Management and Budget (OMB) goal of 70%. However, officers responded to the new policy, and the Commissioned Corps has met the OMB challenge! CDC and ATSDR did more than their share-- on October 1, 2005, 77% of CDC officers, and 79% of officers at ATSDR, met the standards. The most current stats (as of November 28) show officers at ATSDR as 84% meeting readiness level and 74% at CDC.

*Submitted by: CAPT Arnulfo Manangan*

### **EIS Program**

EIS officers figured prominently in the CDC response to hurricane's Katrina, Rita, and Wilma. EISOs were deployed on multiple field teams and helped staff the DEOC. At last count there were more than 110 individual EISO deployments as part of this effort.

The EIS program is winding down the selection process for next year's class. Although applications were delayed a bit by the disruptions of the hurricanes (just try and get a transcript from Tulane these days) we ended up with an exceptionally strong pool

of applicants. The current HHS job freeze threatened to throw a monkey wrench into the process as this would prohibit us from offering positions to new EISOs (they're considered "external hires"). Fortunately, after two attempts, CDC was able to get a waiver for the EIS class and we have been able to begin the process of offering slots in the new class. The other unknown is the budget, and OWCD is still working with FMO to clarify what the situation will be for this next year. Many of the questions are yet to be answered; however, it is now clear that the incoming class of EISOs will be significantly smaller than the class of 88 outgoing officers.

*Submitted by: CAPT Doug Hamilton*

### **CDC/ATSDR Field Officers Update**

There were two sessions focused on the discussion of the whitepaper entitled Transforming the Public Health Service Commissioned Corps: CDC/ATSDR Perspective specifically held for field officers. One session was held for officers at NIOSH, via on site and Envision; and the other, was for field officers assigned to other sites, via Microsoft net meeting. More than 30 officers attended both sessions combined.

**Great News!!!** CITGO is now available. CITGO is an acronym for "CDC Information Technology on the GO". CITGO is a Web-based application that CDC employees can utilize to securely access applications and data remotely. Field officers have commented that this is far better than the Citrix system. To find out more, contact ITSO. The link is <http://citgo.cdc.gov>

For officers who have received immunizations at local facilities, you can provide the CDC Occupational Health Clinic with documentation, and have records of those immunizations included in your AIMS report. This way you can have all immunization related information in one place. Contact the CDC Occupational Health Clinic for more information.

*Submitted by: CDR Kathleen McDuffie and CDR Wanda Barfield*

### **Recruitment Resource Workgroup**

The Recruitment Resource Workgroup serves as an advisory group to provide technical assistance on Commissioned Corps recruitment efforts for a Department of Health and Human Services (DHHS) contract. The Resource Group is co-chaired by RADMs Knouss and Williams, is comprised of representatives from each agency and meets monthly with the contractor, ORC Macro-Edelman. At the November meeting, the contractor presented examples of the profiles on several Commissioned Corps Officers being developed as part of the recruitment tools and package. The profiles are videos of officers on site at their duty stations or in situations that reflect the work of the Commissioned Corps. The profiles are still in the very early stages of review by the Workgroup. The Workgroup is in the process of identifying gaps and making recommendations to the contractor for changes in these profiles. We are also in the process of identifying additional officers to be included in the profiles

*Submitted by: CAPT Marsha Davenport*

### **Background Investigations**

The Office of Commissioned Corps Operations (OCCO) recently conducted a review of Official Personnel Files (OPF) of **ALL** Commissioned Officers to ensure compliance is being adhered to with the appointment standards. To assure that each officer had at least a minimum background investigation completed. During this review it was discovered that many officers did not have documentation in their OPF. OCCO has been working with Agency Liaisons and more recently CPO's to assist officers in coming into compliance with the appointment standard.

It is important for officers to understand that this requirement is a condition of their commission. OCCO is working closely with agency personnel security officials to verify investigations that may have been conducted by them on our officers to avoid having to complete the forms again. After verification with all the agencies and with the OPM investigators, officers who still do not have a verifiable investigation either completed or in progress, will receive a packet of information with the necessary forms to initiate a background investigation. A deadline will be given to complete the forms and should be returned to the address provided in the cover letter as soon as possible.

Each officer should check their OPF (bottom of pink section under security documents or application documents) to see if a certificate of investigation is on file. If you have a certificate you have completed the appointment requirement, and no further action is needed. If you do not see documents in your OPF and you have recently submitted materials to begin an investigation please allow at least 120 days for your forms and certificate of investigation to be forwarded to your file. Soon after OCCO receives forms they are reviewed and forwarded to the OPM investigators so you will not have any security documents in your file until the investigators have completed their investigation. OCCO is tracking each case from beginning to end.

Again, OCCO will notify officers who are missing the necessary information. Please contact CDR Minter at [Theresa.Minter@hhs.gov](mailto:Theresa.Minter@hhs.gov) if you have questions after verifying your information in your OPF.

*Excerpted from the OCCO email – December 2, 2005*

**Items You Might Have Missed... Of Interest on the OCCP Web Page**

Promotion Update, November 23, 2005

[http://www.cdc.gov/od/occp/news/promotionNotice\\_11-23-05.htm](http://www.cdc.gov/od/occp/news/promotionNotice_11-23-05.htm)

What is a Working Khaki Uniform?

[http://www.cdc.gov/od/occp/officership/uniforms/working\\_khaki.htm](http://www.cdc.gov/od/occp/officership/uniforms/working_khaki.htm)

Whitepaper Feedback is Complete and Now Available

<http://www.cdc.gov/od/occp/ccpac/whitePaperAnnouncement.htm>

Uniform FAQs

<http://www.cdc.gov/od/occp/officership/uniforms/faq.htm>

Uniform of the Day memo

[http://www.cdc.gov/od/occp/officership/uniforms/dc\\_day\\_uniform.htm](http://www.cdc.gov/od/occp/officership/uniforms/dc_day_uniform.htm)

CDC Awards Board Schedule for 2006

<http://www.cdc.gov/od/occp/personnel/awards/awardscycle.htm>

CCPAC Minutes

<http://www.cdc.gov/od/occp/ccpac/minutes/>

Sources of BLS Training (Outside of ATL)

[http://www.cdc.gov/od/occp/readiness/bls\\_atlanta.htm](http://www.cdc.gov/od/occp/readiness/bls_atlanta.htm)

DEERS FAQs

[http://www.cdc.gov/od/occp/healthcare/deers\\_faq.htm](http://www.cdc.gov/od/occp/healthcare/deers_faq.htm)

*Submitted by: CAPT John Steward and Aaron Arnold*