

Department of Health and Human Services
Commissioned Corps of the U.S. Public Health Service
Office of Commissioned Corps Operations
Division of Commissioned Corps Officer Support
1101 Wootton Parkway, Plaza Level, Suite 100
Rockville, MD 20852

**Supplement to Form PHS-1122-1,
"Application for Training for PHS Commissioned Personnel"**

This addendum must be attached to form PHS-1122-1, "Application for Training for PHS Commissioned Personnel," when an officer decides to apply for long-term training offered by a Department of Health and Human Services (HHS) Operating Division (OPDIV), Staff Division (STAFFDIV), or by a non-HHS organization to which he/she is currently detailed.

Notice to Supervisors and Line Managers

Any officer of the Commissioned Corps of the U.S. Public Health Service (Corps) selected for long-term training by an OPDIV, STAFFDIV, or non-HHS organization, other than for one to which he/she is currently detailed, must be provisionally released by the losing OPDIV, STAFFDIV, or non-HHS organization through the completion of this 'Supplement to Form PHS-1122-1.' This involves instances in which a Corps officer is being considered for long-term training by an OPDIV, STAFFDIV, or non-HHS organization other than where presently detailed.

If selected for the specific training, the current supervisor and Bureau/Institute/Center/Division Director understand that the affected officer will be transferred to the OPDIV, STAFFDIV, or non-HHS organization paying for the training for the duration of the training program as well as for the payback obligation. An applicant's immediate supervisor should consider this information when completing Section III, Item 22, of form PHS-1122-1.

Furthermore, Section III, items 23, 24, and 25, are to be completed by the gaining OPDIV, STAFFDIV, or non-HHS organization - the entity paying for the training.

When the immediate supervisor has completed Section III, item 22, of form PHS-1122-1, this supplement is to be attached to the front of form PHS-1122-1 and submitted to the applicant's Bureau/Institute/Center/Division Director for review as shown below:

Concurrence _____ Nonconcurrency _____

Reasons for concurrence/nonconcurrency _____

(Date) _____ (Signature/Title) _____

(OPDIV, STAFFDIV, or non-HHS organization) _____ (Printed Name) _____