

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
Plaza Level, Suite 100, 1101 Wootton Parkway
Rockville, MD 20852

DATE: _____

FROM: _____

SUBJECT: **Request for Basic Training Contract for --**

Name of Officer *Category*

Sponsoring Department of Health and Human Services (HHS) Operating Division (OPDIV)/Staff Division (STAFFDIV) or non-HHS organization to which officers of the Commissioned Corps of the U.S. Public Health Service are detailed.

TO: Training Project Officer, Division of Commissioned Corps Officer Support (DCCOS)
Office of Commissioned Corps Operations (OCCO) (see address above)

A Basic Training Contract is needed for the subject officer from _____ through _____
Exact Date Training Starts *Exact Date Training Ends*

The subject officer is pursuing training in _____
Degree or Training Program

which is outside HHS. Payment is required by the sponsoring/requesting OPDIV/STAFFDIV or non-HHS organization to the training institution.

The office that will affix the 'Institution's Seal' to the contract is as follows: **[NOTE:** The officer can get this information from the Bursar or Finance offices. The information below **must** be the address of the registrar.]

Name of Institution: _____
Department in Institution: _____
Building and Room Number: _____
Street Address: _____

City State Zip

University Contact Person:

Name: _____
Title: _____
Phone Number: _____

Funds for this training will be obligated from Fiscal Year(s): _____.

The officer has been informed that he/she must provide a copy of his/her grades (or other evidence of progress) to the sponsoring program for review and for submission to DCCOS, OCCO, upon request.

The program contact person who provided this information is: (sponsoring OPDIV/STAFFDIV or non-HHS organization providing funding):

Sponsoring OPDIV/STAFFDIV or non-HHS organization

Name: _____
OPDIV/STAFFDIV/non-HHS organization: _____
Address: _____

Phone number: _____
Fax number: _____
E-mail address: _____

Sponsoring Finance Office

Name: _____
OPDIV/STAFFDIV/non-HHS organization: _____
Address: _____

Phone number: _____
Fax number: _____
E-mail address: _____