



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 U.S. Public Health Service  
 Commissioned Corps Headquarters (CCHQ)  
 1101 Wootton Parkway, Suite 300  
 Rockville, MD 20852

## Application for Training for PHS Commissioned Personnel

Supplement to Form PHS-1122-1

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 not currently detailed or assigned.

### NOTICE TO SUPERVISORS AND LINE MANAGERS

Any officer of the U.S. Public Health Service Commissioned Corps (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 or assigned, must be provisionally released by the current OPDIV, STAFFDIV, or non-HHS organization through the completion of this 'Supplement to Form PHS-1122-1.'

If an officer is selected for the specific training, that officer's 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.

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	NON-CONCURRENCE
REASONS FOR CONCURRENCE/NON-CONCURRENCE	

PRINTED NAME	TITLE
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OPDIV, STAFFDIV OR NON-HHS ORGANIZATION
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SIGNATURE	DATE (mm/dd/yyyy)
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