



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

Request for Basic Training Contract Memo

FROM	DATE (mm/dd/yyyy)
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NAME OF OFFICER	CATEGORY
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(Sponsoring Department of Health and Human Services (HHS) Operating Division (OPDIV)/Staff Division (STAFFDIV) or Non- HHS Organization to which officers of the U.S. Public Health Service Commissioned Corps are detailed.)

To: Commissioned Corps Headquarters (CCHQ)
Personnel and Career Management Branch (PCMB)
1101 Wootton Parkway, Suite 300
Rockville, MD 20852

A Basic Training Contract is needed for the subject officer from

EXACT DATE TRAINING STARTS (mm/dd/yyyy)	THROUGH EXACT DATE TRAINING ENDS (mm/dd/yyyy)
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The subject officer is pursuing training in (Degree or Training Program) which is outside of 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 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 CODE

University Contact Person

NAME	TITLE	PHONE NUMBER
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FUNDS FOR THIS TRAINING WILL BE OBLIGATED FROM FISCAL YEAR(s) (mm/dd/yyyy)

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 CCHQ, upon request.

THIS INFORMATION IS PROVIDED BY THE PROGRAM CONTACT

Sponsoring OPDIV/STAFFDIV or Non-HHS Organization		Sponsoring Finance Office	
NAME		NAME	
ADDRESS		ADDRESS	
PHONE NUMBER	FAX NUMBER	PHONE NUMBER	FAX NUMBER
EMAIL		EMAIL	