

Request for Basic Training Contract Memo

From	Date
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: Division of Commissioned Corps Personnel and Readiness
 Assignments and Career Management Branch/Assignments
 1101 Wootton Parkway, Plaza Level, Suite 100
 Rockville, MD 20852

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

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) _____

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 DCCPR, 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	