



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

## Order Pursuant To Basic Training Contract

TO		DATE (mm/dd/yyyy)
ORDER NUMBER	CONTRACT NUMBER	
APPROPRIATION SYMBOL	OBJECT CLASS	
OBLIGATION NUMBER	ESTIMATED COST	

**Part 1** This will certify that \_\_\_\_\_ is to be enrolled at your institution, subject to your acceptance of him/her as a student, in accordance with the contract cited in the upper right corner of this order for the following course of instruction:

beginning (mm/dd/yyyy) \_\_\_\_\_ and ending (mm/dd/yyyy) \_\_\_\_\_.

**Part 2** It is requested that after this student is enrolled, you execute Part 4 of this order. Retain 1 photocopy, and return the original and 4 photocopies as soon as practicable to the undersigned.

**Part 3** The terms and conditions of the contract cited in the upper right corner of this order shall govern.

SIGNATURE OF AUTHORIZING OFFICIAL	NAME AND TITLE
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FUNDS ARE AVAILABLE. INVOICES WILL BE FORWARDED BY THE CONTRACTING OFFICE TO THE AGENCY FINANCE OFFICE.

### ADDRESS TO WHICH THIS ORDER IS TO BE RETURNED

**Part 4**

TO	DATE OF ENROLLMENT (dd/mm/yyyy)
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The student named above has been enrolled at this institution for the course of instruction listed in Part 1 of this order (*Note exception below.*)

The curriculum to be pursued by this student, and the itemized charges due or to become due on account of such enrollment for each semester or other period of instruction, are as follows:

It is certified that these charges are not greater than those charged to other students pursuing the same or similar curriculum.

NAME OF INSTITUTION	CITY	STATE	ZIP CODE
SIGNATURE		NAME AND TITLE	