



MEDICAL OFFICERS

BEST KEPT SECRETS

U.S. Public Health Service Commissioned Corps Opportunities

Who Are We?

The U.S. Public Health Service Commissioned Corps is an elite team of more than 6,500 full-time, well-trained, highly qualified public health professionals dedicated to delivering the Nation’s public health promotion and disease prevention programs and advancing public health science. Driven by a passion for public service, these men and women serve on the front lines in the Nation’s fight against disease and poor health conditions. As one of America’s seven uniformed services, the Commissioned Corps fills essential public health leadership and service roles within the Nation’s Federal Government agencies and programs.



“The U.S. Public Health Service offers physicians the opportunity to create a unique career path that blends professionalism, patriotism, altruism, and a commitment to public service in a broad variety of practice settings. Leadership, service, integrity, and excellence are the core

values by which Medical Officers serve the Nation’s most vulnerable populations and accelerate progress to relieve human suffering. Join our adventure and explore the fascinating, challenging, and rewarding career options that the U S. Public Health Service has to offer!”

RADM CLARE HELMINIAK

Chief Medical Officer
U.S. Public Health Service Commissioned Corps

What Do Medical Officers Do?

Medical officers in the U.S. Public Health Service:

- Promote the public health of the United States.
- Control and prevent disease in the United States and globally.
- Provide medical care to Native Americans/ Alaska Natives, federal inmates and detainees, and members of the U.S. Coast Guard.
- Assure that FDA-regulated medical products are safe and effective.
- Expand national health resources to under-served areas of the U.S. and U.S. protectorates.
- Improve the health care system, including development of innovations in health care.
- Respond to natural disasters and biological and chemical terrorism.

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Did you know you can:

- Enjoy fantastic medical and dental benefits for you and your family
- Use military bases around the world
- Use the GI Bill to advance your education later on in life
- Contribute pre-tax income to the Thrift Savings Plan

Quality of Practice

Being a physician in the U.S. Public Health Service (USPHS) Commissioned Corps isn’t just a job—it’s a calling. As a USPHS physician, you will be on the front lines of public health: fighting life-threatening diseases at home and abroad, responding to public health emergencies, developing national health policies, and treating patients in underserved communities. What’s more, any single, valid/unrestricted professional license opens the door to work in any one of our Federal facilities The Commissioned Corps will give you a variety of multidisciplinary experiences, the opportunity to serve your country, and the satisfaction of making a real difference.



Why You Should be a Medical Officer in the U.S. Public Health Service Commissioned Corps

WHERE ARE WE LOCATED?

Opportunities for clinical medicine exist almost anywhere and everywhere in the country. Applied public health, epidemiological, and program management positions also exist overseas as part of the Centers for Disease Control (CDC) and Prevention and in other agencies. Federal agencies that employ medical officers include:

- Department of Health and Human Services
 - Office of the Secretary
 - Indian Health Service
 - Centers for Disease Control and Prevention
 - National Institutes of Health
 - Food and Drug Administration
 - Health Resources and Services Administration
 - Centers for Medicare and Medicaid Services
- Department of Homeland Security
 - U.S. Coast Guard
 - Division of Immigration Health Services
- Department of Justice
 - Federal Bureau of Prisons
- Department of Defense
 - Tricare Management

Access the USPHS Active Duty Station Map

The new and improved Active Duty Station Map allows Web site visitors to learn about the duty stations where USPHS officers serve. You can filter duty stations by state or by discipline (e.g., Physician) to find the information that fits your needs.

The following information is available for each duty station:

- Overview
- Number of Officers and Disciplines Presently Assigned
- Link to the Organizational Web Site
- Link to the Duty Station Web Site (when available)

Where to Find the Map

To access the Active Duty Station Map, visit USPHS.gov and select Careers & Benefits across the top navigation. Then choose a profession to see duty station locations specific to that profession.

How to Use the Map

Filter by agency (e.g., Bureau of Prisons, Department of Defense), state and/or discipline (e.g., Dentist, Physician) using the drop down boxes above the map. To view detailed information about a duty station, either select the pin in the map or click on the name of the duty station below the map.

DIVERSE OPPORTUNITIES FOR GROWTH

Medical officers have an opportunity to participate in various emergency response teams managed by the Office of the Surgeon General. They are trained and equipped to respond to public health crises and national emergencies, such as natural disasters, disease outbreaks, or terrorist attacks. The teams are multidisciplinary and are capable of responding to critical health emergencies in a variety of settings. Officers have responded to many such emergencies in the past, including:

- Hospital center at Fort Dix, NJ, for Kosovo refugees (1999)
- Terrorist attacks (2001)
- Anthrax attacks (2001)
- Tsunami and earthquake in Indonesia (2004-2005)
- Hurricanes Katrina and Rita (2005)
- Earthquake in Hawaii (2006)
- Medicine contamination in Panama (2006)
- Hurricane Dean (2007)
- Hurricanes Gustav and Ike (2008)
- Tsunami and earthquake in American Samoa (2009)
- Earthquake in Haiti, Deepwater Horizon Oil Spill Response (2010)

Quality of Life

Is your quality of life all that it could be? Is it important to you to have time to spend with your family and friends, doing the things you enjoy? As a Commissioned Officer in the U.S. Public Health Service, you receive 30 days of annual leave plus 10 Federal holidays. Many duty stations operate Monday–Friday during normal business hours. This organization allows you to pursue life in literally hundreds of locations from the largest cities to the smallest communities near the oceans, the mountains, the Grand Canyon, the Gulf Coast or national parks. Be prepared to enjoy a camaraderie and sense of common purpose unlike anything you have yet experienced.



U.S. Public Health Service Federal Government Agencies

Indian Health Service (IHS)

The IHS is an agency within the Department of Health and Human Services (HHS) responsible for providing health care services to American Indians and Alaska Natives. The mission of IHS is to raise the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level. The IHS provides medical services to 1.9 million American Indians and Alaska Natives living on or near reservations in 35 states. In addition to locations in relatively remote areas, many clinics and hospitals are small and must rely on contract health services for specialized care. The socio-economic status in many areas offers additional challenges to providing health care, including high unemployment rates, lack of conveniences, and geographic isolation. Some of the challenges to providing health care are unique, due to Native American cultural beliefs and their beliefs about medical care. A staff physician (family physician) at a small isolated service unit provides outpatient and urgent care/ emergency room services. In a typical day a physician will see 20–25 patients from 0800–1630. As a Clinical Director of an ambulatory care facility, approximately 50% of your time is devoted to patient care and the other 50% is devoted to supervision of the dental, optometry, lab, x-ray, and pharmacy services. The Chief Medical Officer of a facility is responsible for the education, training, and scheduling of all providers.

U.S. Coast Guard (USCG)

Coast Guard has 35 primary care and aviation medicine clinics in coastal areas: Atlantic, Gulf, Pacific and Great Lakes, as well as Hawaii, Alaska and Puerto Rico. Medical officers are responsible for the care of approximately 50,000 active duty and reservist Coast Guard members and in some clinics military family members and retirees as well. The Coast Guard has about 58 medical officers. Most have specialties in Family Medicine, Internal Medicine, Occupational Medicine, or Emergency Medicine. Half of the medical officers are flight surgeons (aviation medical officers). The initial training of aviation medical officers (if not already trained from prior service) consists of a 6+ week Flight Surgeon Primary Course with the Army, or sometimes Air Force. Duties of aviation medical officers include medical evacuation triage and coordination, accident investigations, a minimum of 4 hours per month of flight time, and liaison activities with joint DoD operations. Short deployments also occur, sometimes for emergency response or aboard ships at sea.



LCDR Nancy Knight (recently promoted to CDR) is a family physician in the USPHS Ready Responders Program, which places medical providers in underserved communities throughout the United States.

Division of Immigration Health Services (DIHS)

The Division of Immigration Health Services provides or arranges for health care and public health services in support of immigration law enforcement. Medical officers provide health care for detainees housed in DIHS-staffed detention centers. Each individual who enters the detention facilities receives an initial medical screening within 12 hours of arrival. Those remaining for 14 or more days receive a comprehensive physical examination. Many of these detainees initially learn of medical conditions, or receive medical care and treatment for these conditions through this comprehensive screening. Off-site provisions are made for the delivery of state-of-the-art medical treatment, including imaging studies (such as radiographs, CT scans, MRIs), specialty care, surgery, and hospitalization. Tuberculosis surveillance is performed on detainees to minimize threats to public health domestically and globally and prevent the transmission of drug-resistant and multi-drug resistant tuberculosis.



U.S. Public Health Service Federal Government Agencies (Continued)

Federal Bureau of Prisons (BOP)

The Federal Bureau of Prisons assesses the complexity of inmates' medical issues to ensure placement of inmates in retention facilities with the appropriate level of medical staff and resources. The tiered system of medical care allows the Federal Bureau of Prisons to provide efficient, high quality medical care. Medical officers have a prime opportunity to engage in true Public Health, as inmates are one of the sectors of the population most at risk for infectious diseases such as HIV/AIDS, Hepatitis C, tuberculosis and sexually transmitted diseases.

Centers for Disease Control and Prevention (CDC)

The Centers for Disease Control and Prevention (CDC) headquarters is in Atlanta, Georgia. CDC creates the expertise and information used to protect the health of people and communities. Emphasis areas include, health promotion, prevention of disease, injury and disability, and preparedness for new health threats. Major concentration areas include: global health, infectious disease, occupational safety and health, chronic disease and injury, environmental health, public health preparedness and response, and public health surveillance and epidemiology. Most medical officers start off their career through a two-year training program with the Epidemic Intelligence Service at CDC. (<http://www.cdc.gov/eis/index.html>).

Centers for Medicare and Medicaid Services (CMS)

The Centers for Medicare and Medicaid Services (CMS) administers the two largest Federal health care programs— Medicare and Medicaid. CMS Central Office is located in Baltimore, MD and there are 10 Regional Offices located throughout the country. The mission of CMS is to ensure better health care for the individual, better health for the population, while lowering costs by improving quality. With the passage of the Patient Protection and Affordable Care Act, CMS will be developing innovative models of efficient health care delivery, particularly those that focus on the systemic integration of a multitude of health care services provided to beneficiaries. Medical officers contribute to the mission by developing policies and programs that incorporate the unique perspective of physicians in practice, with an emphasis on patient safety and quality improvement. Medical officers also collaborate with experts in other Federal agencies and provider groups to ensure

that their programs incorporate evidence-based practices and quality measures while safeguarding the integrity of Medicare and Medicaid.

National Institutes of Health (NIH)

The National Institutes of Health (NIH) headquarters is in Bethesda, Maryland. NIH funds medical research in universities and research institutions across America and globally. In addition to supporting extramural research, NIH has its own research laboratories and the largest Clinical Center hospital in the world that is dedicated to clinical research. The NIH medical officer administers extramural research grants and contracts, evaluates activities of funded investigators and makes recommendations regarding the study design, and/or directs clinical investigations and trials for the treatment of patients at the NIH Clinical Hospital.



CDR Brianna Skinner consoling a young boy after he receives his vaccination injections.



Scholarships, Loan Repayment, and Fellowships by Agency

Food and Drug Administration (FDA)

The Food and Drug Administration (FDA) headquarters is in Silver Spring, Maryland. Medical officers evaluate safety and efficacy of medical products proposed for commercial marketing. They determine if clinical protocols are soundly conceived and supported to justify tests on humans; evaluate whether new medical applications should be approved; and provide consultation to medical scientists within the FDA and other government agencies, universities, hospitals, and clinics.

Health Resources and Services Administration (HRSA)

The Health Resources and Services Administration (HRSA) is the primary Federal agency responsible for improving access to health care service for people who are uninsured, isolated or medically vulnerable. Medical officers provide medical care in facilities in underserved areas. Medical officers who serve as senior public health analysts revise grant guidance for training programs in primary care medicine, provide program expertise to Title VII, section 747 review panels, and assist grantees to ensure completion of reports.



The National Naval Medical Center provides health care for American leaders, including the president and his family. Beneficiaries include current and retired service members from all military services.

Uniformed Services University of the Health Sciences (USUHS) Medical School

The USUHS medical school is located in Bethesda, Maryland on the campus of the National Naval Medical Center. Medical students are active duty members in the military or U.S. Public Health Service. Currently 4 USPHS students are accepted per year and are supported either by the National Institute of Allergy and Infectious Diseases (NIAID) or the Indian Health Service. Students pay no tuition or fees and receive the full salary and benefits of a uniformed officer throughout their time at the university. In return, all medical students have a seven-year active duty service commitment following their internship and residency. NIAID-supported medical students must have undergraduate or post-graduate research experience and must commit to entering an Internal Medicine or Pediatrics Residency Training Program and subsequently apply to either the NIAID Infectious Diseases or Allergy/Immunology Fellowship Training Programs after graduating from medical school. Visit: <http://www.usuhs.mil/usphs/atusuhs.html>; or contact Senior Advisor for USPHS: CAPT Mary Porvaznik at mary.porvaznik@usuhs.mil



Scholarships, Loan Repayment, and Fellowships by Agency (Continued)

Indian Health Service (IHS)

IHS Health Professions Scholarship Program

The IHS Health Professions Scholarship Program is for American Indian and Alaska Native students, who are members of their Tribe (federally recognized only), enrolled in health professions and allied health professions programs. Students incur service obligations and payback requirements on acceptance of funding from this program. Priority is given to graduate students and junior- and senior-level students unless otherwise specified. Health Professions Scholarships are awarded for a one year period (12 months of support), with re-application required for each year of continuation. Stipends are paid for the 12-month period beginning each year from August 1 through July 31 for health and allied health professional education up to four years full-time or up to eight years part-time. The level of IHS Scholarship Program benefits is dependent on the availability of funds appropriated each fiscal year by the US Congress. These benefits include:

- A Stipend—Set amount paid for full-time students and prorated for part-time.
- Tuition and Required Fees—Paid directly to your school for tuition and required fees for approved curriculum, including lab and health unit fees. Books, laboratory expenses and other miscellaneous educational expenses.
- \$300 to offset travel expenses to and from school for the year.
- Tutorial Costs and Summer School—Set amount paid directly to you on approval.

Health Professions Scholarship Program recipients incur a service obligation of one year for each year of scholarship support received (or the part-time equivalent) with a minimum service period of two years. After graduation, your active duty service obligation is fulfilled as designated by the Director of IHS in one of the following areas:

- Indian Health Service (IHS)
- A Tribal health program (contracted under the Indian Self-Determination Act [P.L. 93-638])
- An Urban Indian health program (assisted under Title V—Health Services for Urban Indians, of the Indian Health Care Improvement Act [P.L. 94-437])
- Private practice in a designated health professional shortage area (HPSA) addressing the health care needs of at least 51 percent of Indians in that area (Medical Physician, Dentist, and Clinical Psychologist disciplines, only).



CDR Michael Truesdell examines a patient at an Indian Health Service Clinic in Arizona.

Assignment opportunities are reviewed with students and approved early in the final school year. The Director of IHS reserves the right to make final decisions regarding assignment of scholarship recipients to fulfill their service obligation.

IHS Loan Repayment Program (LRP)

The IHS LRP awards are available up to \$20,000 per year for the repayment of qualifying health professions education loans. Award recipients agree to a two-year obligation to practice at an Indian health program site, for the first contract signed and a one-year service obligation for each additional contract extension. The program pays 20% toward the federal tax liability (\$4000) on loan repayment funding, directly to the IRS.

Eligibility Requirements:

- U.S. Citizen
- Committed to practice at an IHS or other Indian health program priority site
- Can begin service on or before September 30 for two continuous years of full-time clinical practice
- Have a degree in a health profession or are in postgraduate training or in your final year of a health profession school
- Have a valid state license to practice in a health profession or will be obtaining a license to practice (You can still apply if you have not yet obtained a license).
- Currently meet at least one of the following:
 - Are eligible or hold an appointment as a commissioned officer and meet the professional standards requirements in the Regular Corps of the United States public Health Service.
 - Are employed in an Indian health program without service obligation
 - Are still in school, but have a job offer from an Indian health program.



Scholarships, Loan Repayment, and Fellowships by Agency (Continued)

Health Resources and Services Administration (HRSA)/National Health Service Corps (NHSC)

HRSA/NHSC Scholarship Program

The National Health Service Corps Scholarship Program accepts applications once a year from students who are enrolled or accepted for enrollment at an accredited health professions training program in an eligible primary care discipline. You can apply before your first year or after you have finished one or more years of school.

Criteria for eligibility include:

- U.S. Citizen or National
- Enrolled or accepted for enrollment
- Pursuing an MD or DO degree in an accredited program located in the U.S. (joint programs that provide dual degrees are not eligible).

Because the NHSC does not usually have enough funding to award scholarships to every worthy applicant, scholars are selected according to the following priorities:

1. Former NHSC scholars in need of additional years of support
2. Scholarship for Students of Exceptional Financial Need recipients enrolled in medical or dental school
3. Students from Disadvantaged Backgrounds

NHSC scholars are committed to serve one year for each year of support (minimum of two years service) at an approved site in a high-need Health Professional Shortage Area soon after they graduate, complete a primary care residency (family medicine, general pediatrics, general internal medicine, obstetrics/gynecology or psychiatry) if a physician or general or pediatric dentistry training if a dentist, and obtain licensure.

Scholars compete for employment at the approved service sites of their choice from a listing of job vacancies in their discipline and specialty. The NHSC helps scholars select a compatible service site and pays for travel to and from interviews.

Many types of health care facilities are approved NHSC sites. About half of NHSC scholars fulfill their service commitment at Federally-supported health centers. Health center clinicians can be granted medical malpractice liability protection through the Federal Tort Claims Act. Other types of NHSC approved sites include rural health clinics, Indian Health Service clinics, public health department clinics, hospital-affiliated primary

care practices, managed care networks, prisons, and U.S. Immigration, Customs & Enforcement sites.

Scholars negotiate their salaries with the employing site, but the NHSC requires that they be paid at least as much as they would in an equivalent Federal civil service position.

NHSC Loan Repayment Program

The National Health Service Corps recruits primary care medical, dental and behavioral and mental health clinicians who are dedicated to providing care to the Nation's underserved people. In return, they can reduce or eliminate their health professions student debt by providing care at a National Health Service Corps-approved site.

The Full-Time Program starts with an initial award of \$50,000 for 2 years of service. The new Half-Time Pilot Project starts with an initial award of \$50,000 for 4 years of service. Participants may apply to extend their service until their debt is paid.



LCDR Jamal Gwathney is a physician serving in the Health Resources and Services Administration, where he cares for patients who have the poorest health in our Nation's capital.



Scholarships, Loan Repayment, and Fellowships by Agency (Continued)

NHSC Loan Repayment Program (Continued)

Criteria for eligibility include:

- U.S. citizen or national
- Trained and licensed as an allopathic (MD) or osteopathic (DO) physician.

NHSC loan repayors are committed to serve 2 years (full-time) or 4 years (part-time) at an approved site in a designated Health Professional Shortage Area.

Many types of health care facilities are approved NHSC sites. About half of NHSC clinicians fulfill their service commitment at federally-supported health centers. Health center clinicians can be granted medical malpractice liability protection through the Federal Tort Claims Act. Other types of NHSC approved sites include rural health clinics, Indian Health Service clinics, public health department clinics, hospital-affiliated primary care practices, managed care networks, prisons, and U.S. Immigration and Customs and Enforcement sites.

Loan repayors negotiate their salaries with the employing site.

National Institutes of Health (NIH)

NIH Postdoctoral Training Intramural Research Program

To be eligible for participation in the intramural LRPs, you must meet the following criteria:

- Citizenship—you must be a U.S. citizen, U.S. national, or permanent resident of the U.S.
- Must have an M.D. or D.O. degree
- Employment—you must be employed by or have a firm commitment of employment from an authorized official of the NIH. Your appointment as a full-time NIH employee must be in a laboratory or branch that is part of the Intramural Research Program of your Institute or Center. You must have a formal appointment in the Intramural Research Program of the Institute or Center, e.g., adjunct investigator. For additional information, visit: <https://www.training.nih.gov/postdoctoral/index.asp>

National Institute of Allergy and Infectious Diseases Fellowship Program

This is a three-year clinical and research training program in either allergy/immunology or infectious diseases. The purpose of the program is to prepare physicians for an academic career in allergy/immunology or infectious diseases. Trainees have the opportunity to engage in collaborative research projects at various locations around the world. The first year of the program is spent exclusively in clinical rotations. In the second and third years, trainees pursue their individual research interests under the direction of a faculty research mentor.

NIH National Cancer Institute Prevention Fellowship

This is a four year fellowship program and consists of one year for obtaining a Masters in Public Health and then three years of mentored cancer prevention research.

<http://www3.cancer.gov/prevention/pob/index.html> and <http://www3.cancer.gov/prevention/pob/>



caption

Centers for Disease Control and Prevention

CDC Epidemic Intelligence Service (EIS) Program

The Epidemic Intelligence Service is a unique 2-year, post-graduate program of service and on-the-job training for health professionals interested in the practice of epidemiology. Every year, 70-80 people are selected and assigned to CDC or state/ local health department positions. EIS officers conduct epidemiologic investigations, research, and public health surveillance nationally and internationally.



Scholarships, Loan Repayment, and Fellowships by Agency (Continued)

During the 2-year training program, EIS officers are employees of the CDC and receive a salary and benefits. Selected health professionals must be willing to commit to a two year full time program starting in July and be willing to relocate.

Eligible degrees include:

- Physicians (MD, DO, MBBS, etc.)—Must have at least one year of clinical training. U.S. citizens and U.S. permanent residents must have an active, unrestricted, U.S. license to practice their clinical specialty.

Information about EIS, including the on-line application, is available at: <http://www.cdc.gov/eis/index.html>.

CDC Preventive Medicine Residency

The program meets the residency requirement of the American Board of Preventive Medicine, in the specialty of Public Health and General Preventive Medicine. Practicum experience provides a balance between service and supervised on-the-job learning in public health and preventive medicine practice. Emphasis areas include: leadership, management, policy development, program development, and applied public health and preventive medicine practice. Class size ranges from 6-14 persons per year. Assignments are either at a State or Local Health Department or at a CDC location. For additional information, visit: <http://www.cdc.gov/prevmed/index.html>.

Food and Drug Administration

FDA Commissioner's Fellowship Program

This is a two-year program which combines rigorous didactic coursework with the development of a regulatory science research project. Fellows explore a specific aspect of FDA regulatory science which can be based in a biology, physics or engineering lab, in a clinical review team, in biostatistics, informatics, epidemiology, risk analysis or other aspects of FDA science.

For additional information, visit: <http://www.fda.gov/AboutFDA/WorkingatFDA/FellowshipInternshipGraduateFacultyPrograms/CommissionersFellowshipProgram/default.htm>

FDA/CDER Academic Collaboration Program

The Food and Drug Administration's (FDA) Center for Drug Evaluation and Research (CDER) Academic Collaboration Program (CACP) is an education program that is sponsored by USPHS, the University of Florida (UF) and Arizona State University (ASU). It aims to attract scientists and health

professionals to the FDA/CDER.

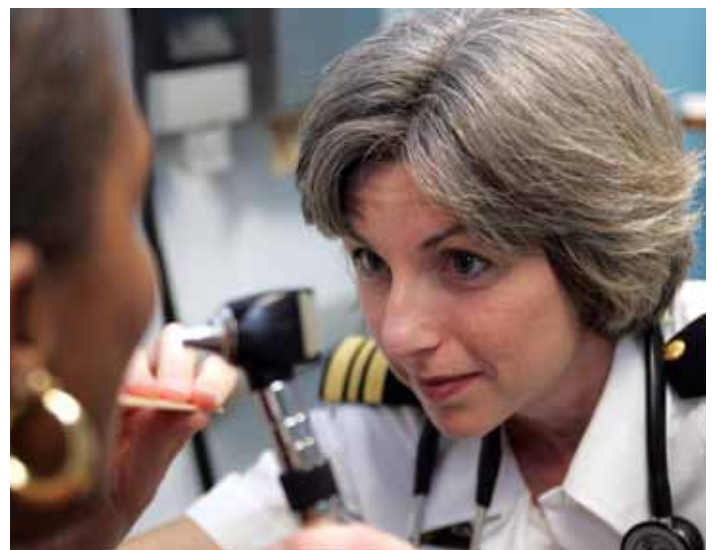
Participants are provided with two years of advanced graduate education, at the masters or doctorate (PhD) level that is designed to advance the scientific training and analysis involved in the safety and regulatory decisions that are unique to the FDA/CDER mission.

The partnership admits up to 20 recent graduates or professionals from the health or related sciences programs annually in the Masters or PhD program within UF's Department of Pharmaceutical Outcomes and Policy (POP) or ASU's College of Nursing and Health Innovation (CONHI) Master of Science in Regulatory Science and Health Safety (RSHS). Students selected for these programs will be full-time students at UF or ASU as well as active duty Commissioned Corps officers.

Selected participants receive:

- Tuition
- Housing allowance
- A competitive salary with active duty benefits

In return, the student must agree to work for FDA/CDER for two years for each year of paid tuition as a USPHS Commissioned Corps officer. To learn more, visit: <http://www.usphs.gov/student/FDA-CDER.aspx>.



EIS medical officer collecting samples during an outbreak of histoplasmosis in New York.



U.S. Public Health Service Commissioned Corps Benefits

Benefits

Commissioned Corps officers working for the U.S. Public Health Service enjoy the same benefits as their counterparts in the armed services. Here are a few of them:

- No cost, comprehensive medical and dental care for Corps officers; excellent health benefits for families
- Paid sick leave, maternity leave, and Federal holidays
- Clinical practice liability coverage
- Thirty days of paid vacation per year beginning the first year
- Tax-free housing and meal allowances
- Thrift Savings plan (retirement savings and investment plan similar to a 401 (k))
- Retirement plan with benefits eligibility beginning after 20 years of service
- Loan repayment potential—USPHS understands the financial burden of medical education. Assignments with certain Federal agencies, such as the Indian Health Service, offer loan repayment and/or other educational and family support programs.
- Veterans Affairs benefits, such as the Montgomery GI Bill (MGIB) which allows active duty members to enroll and pay \$100 per month for 12 months; and are then entitled to receive a monthly education benefit once they have completed a minimum service obligation.

Your base pay, in addition to an assortment of nontaxable income and benefits, provides a competitive compensation package that grows with years of service and promotions. The Commissioned Corps also offers many special pays and bonuses ranging up to \$75,000.

For a full description of benefits, visit:
<http://www.usphs.gov/profession/physician/compensation.aspx>



CDR Zune is a physician serving at the Centers for Disease Control and Prevention working to administer health services to underserved communities.

Join America's Public Health Team!

If you are a physician or a medical student interested in joining the fight for public health, or if you have questions about what we do and how you can make a difference with the Commissioned Corps, we would like to talk to you. For more information, call us at 800-279-1605 or visit our Web site at www.usphs.gov.

Additional Uniformed Service Benefits

The Commissioned Corps offers you and your family many other exceptional benefits including:

- Paid moving expenses when you join the Corps, relocate with the Corps, and retire from the Corps.
- Access to military base lodging, recreational facilities and space-available flights on military aircraft.
- Shopping privileges at military base grocery and department stores.



U.S. Public Health Service Commissioned Corps Next Steps

USPHS Officer Qualifications

To be a physician in the USPHS Commissioned Corps, you must:

- Be a U.S. citizen
- Be under the age of 44 at the time of your commission, although age waivers may be given based on consideration of advanced training, certain duty assignments and specialty requirements. No waivers are necessary for physicians under 51 years of age that hold current board certifications in certain specialties as part of a pilot program.
- Pass a physical examination and meet relevant suitability requirements

You must hold one of the following degrees:

- M.D. from a U.S. program that is accredited by the Liaison Committee on Medical Education sponsored by the Association of American Medical Colleges and the American Medical Association (AMA), or a foreign medical school that is listed on the International Medical Education Directory of the Foundation for Advancement of International Medical Education and Research and passed the ECFMG requirements
- D.O. degree from a program that is accredited by the Commission on Osteopathic College Accreditation of the American Osteopathic Association (AOA)

You must also have:

- Completed one year of postgraduate medical education (e.g., internship or first year of residency training) in a program that is accredited by the Accreditation Council of Graduate Medical Education of the AMA or the Bureau of Osteopathic Education of the AOA
- A current, unrestricted, and valid medical license from one of the 50 States; Washington, DC; the Commonwealth of Puerto Rico; the U.S. Virgin Islands; or Guam

Medical Student Opportunity: Commissioned Corps—COSTEP

The U.S. Public Health Service Commissioned Corps offers medical students an opportunity to serve their country in the Junior COSTEP Program while completing their education. Medical students who apply should have completed at least one year of medical school. Generally, medical students apply September to December for summer jobs for the following year. Experiences range from 31-120 days. Interviews are conducted by specific agencies either in person or by telephone. Usual agency placements are with NIH and IHS. Students interested in the COSTEP program should visit <http://www.usphs.gov/student/COSTEP.aspx> or call (800) 279-1605.

Who Do I Contact?

AGENCY	RECRUITER	TELEPHONE	WEBSITE	EMAIL
Indian Health Service	CDR Susannah Olnes	(301) 443-0049	www.physicians.ihs.gov	susannah.olnes@ihs.gov
U.S. Coast Guard	CAPT Brent Pennington	(202) 475-5170	www.uscg.mil	brent.pennington@uscg.mil
U.S. Coast Guard	CAPT Wade McConnell	(202) 475-5186	www.uscg.mil	wade.b.mcconell@uscg.mil
Department of Homeland Security	CDR Philip Farabaugh	(253) 552-4946	www.icehealth.org	jeffrey.sherman@dhs.gov
Federal Bureau of Prisons	CAPT Herman Reyes	(817) 782-4451	www.bop.gov	hreyes@bop.gov
Centers for Disease Control (EIS)	CAPT Doug Hamilton	(404) 498-6110	www.cdc.gov	dhh0@cdc.gov
Centers for Disease Control	CAPT Ken Dominguez	(404) 639-6129	www.cdc.gov	kld0@cdc.gov
Centers for Medicare & Medicaid Services	CDR Betsy Thompson	(415) 744-3631	www.cms.gov	betsy.thompson@cms.hhs.gov
National Institutes of Health	CAPT Jeffrey Kopp	(301) 594-3403	www.nih.gov	jeffrey.kopp@nih.hhs.gov
Food and Drug Administration	CAPT Barbara Stinson	(301) 796-1470	www.fda.gov	barbara.stinson@fda.hhs.gov
Health Resources & Services Administration	CDR Daisy Eng	(707) 441-1624 ext. 126	www.hrsa.gov	deng1@hrsa.gov
PSC/Federal Occ. Health	CAPT Steve Scott	(206) 615-2592	www.foh.dhhs.gov	steve.scott@foh.hhs.gov



U.S. Public Health Service Commissioned Officers Pay Comparison—2011 With Dependents

Monthly Salary	PHS Medical Officer with Dependents ¹					Civil Service	Private Sector
	O-4 with 3 yrs of service	O-4 with >3 yrs of service	O-5 with >10 yrs of service	O-6 with 20 yrs of service	O-6 with 25 yrs of service		
Income							
Base Pay	\$4,887	\$5,213	\$6,659	\$8,797	\$9,711	\$9,937	\$10,000-\$20,000
Subsistence (not taxable)	\$223	\$223	\$223	\$223	\$223	\$0	\$0
Housing (not taxable) ^{2*}	\$2,093	\$2,093	\$2,334	\$2,440	\$2,440	\$2,440	\$0
Variable Specialty Pay ¹³ (taxable, FICA exempt)	\$417	\$1,000	\$916	\$666	\$583	\$0	\$0
Board Certification Pay ³	\$208	\$208	\$292	\$500	\$500	\$0	\$0
Retention Pay ¹³	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$0	\$0
Incentive Pay ¹³	\$2,948-\$6,100	\$2,948-\$6,100	\$2,948-\$6,100	\$2,948-\$6,100	\$2,948-\$6,100	\$0	\$0
Multi-year Retention Pay (4 years commitment) ¹³	\$1,885-\$3,900	\$1,885-\$3,900	\$1,885-\$3,900	\$1,885-\$3,900	\$1,885-\$3,900	\$0	\$0
Medical Specialty Pay	See MRB	See MRB	See MRB	See MRB	See MRB	\$833-\$1,667	\$0
Retirement Annuity ⁴	\$0	\$0	\$0	\$0	\$0	\$0	\$583
Tax Advantage	\$1,151	\$1,151	\$1,267	\$1,391	\$1,391	\$0	\$0
Total Monthly Gross Income	\$14,606-\$19,773	\$15,515-\$20,682	\$17,272-\$22,441	\$19,509-\$24,676	\$20,339-\$25,506	\$10,770-\$11,604	\$10,583-\$20,583
Annual Gross Income	\$175,272-\$237,276	\$186,180-\$248,184	\$207,288-\$269,292	\$234,108-\$296,112	\$244,068-\$306,072	\$129,240-\$139,249	\$126,996-\$246,996
Selected Deductions (Does not include Federal Income Tax, Social Security, and Medicare)							
State Income Tax ⁵	\$0	\$0	\$0	\$0	\$0	\$400	\$400
Healthcare Insurance and Out of Pocket Health Expense ⁶	\$0	\$0	\$0	\$0	\$0	\$1,300-\$1,700	\$1,300-\$1,700
Malpractice Insurance Premium	\$0	\$0	\$0	\$0	\$0	\$0	\$1,000-2,000
Monthly Gross Deductions	\$1,852	\$1,866	\$2,002	\$2,356	\$2,734	\$3,090	\$4,066
Annual Gross Deductions	\$22,224	\$22,632	\$22,024	\$28,272	\$32,808	\$37,080	\$48,792
Monthly Take Home Pay	\$16,844-\$23,510	\$12,731-\$17,065	\$14,604-\$18,938	\$16,197-\$23,165	\$18,455-\$22,789	\$7,680-8,514	\$6,517-16,517
Annual Take Home Pay	\$150,120-\$202,128	\$152,772-\$204,672	\$175,248-\$227,256	\$194,364-\$277,980	\$221,460-\$273,468	\$92,160-\$102,168	\$78,204-\$198,204
Retirement ⁷							
Monthly Pension after 25 years (for CC Officer at Terminal Grade of O-6)					\$7,161 for life	\$5,271 for life	\$5,109 for 25 yrs only

* For Commissioned Officers without dependents there is a slight decreased in the basic allowance for housing (BAH). Visit the following site for more info: <http://www.dfas.mil/militarypay/militarypaytables.html>

† FICA exempt



Footnotes for Pay Comparison Table

1. Dependent(s) are considered to be spouse and/or children; compensation table will be slightly different for deductions for individuals without dependents.
2. The housing allowance which is called Basic Allowance for Housing (BAH) is dependent on the cost of living in the area where you are assigned and number of claimed dependents. See <http://militarypay.defense.gov/mpcalcs/Calculators/RMC.aspx> for the calculation of your exact housing allowance.
3. Variable Special Pay (VSP) is a monthly payment that is available to all medical officers based on years of creditable service which is defined as the number of years an officer has been on active duty as a medical officer of the Uniformed Services and/or the years spent participating in an accredited medical internship or residency training while not on active duty in a Uniformed Service. VSP ranges from \$5,000 to \$12,000 annually.

Board Certification Pay (BCP) is a monthly payment that requires current board certification. The amount ranges from \$2,500 to \$6,000 per year and is based on the number of years of creditable service.

Retention Special Pay (RSP) is an annual payment of \$15,000 for medical officers who execute a contract to remain on active duty for a specified term of one or more years. Payment is made in a lump sum usually within 90 of the effective date of the contract. If other bonus pay contracts are negotiated, they will have concurrent dating.

Incentive Special Pay (ISP) is an annual payment for medical officers based on medical specialty. ISP ranges from \$35,380 to \$73,200 and requires a one-year contract.

Multi-year Retention Bonus (MRB) is an annual payment for medical officers that ranges from \$8,120 to \$46,800 depending on the specialty training and the duration of the contract (See Incentive Special Pay and Multi-year Retention Bonus Table below). MRB requires, among other things, that a medical officer enter into a contract to remain on active duty for 2-4 years. Both MSB and RSP contracts must have concurrent dates. Isolated hardship pay for officers at isolated or hard-to-fill locations ranges from \$11,000 to \$17,000 per year and is included in MRB when applicable.

Not included in the table is the Assignment Special Pay (AIP) which is a monthly payment of up to \$3,000 for medical officers in designated critical public health assignments who execute a contract to remain on active duty active duty for a minimum of one year. Medical officers assigned to the Indian Health Service or Federal Bureau of Prisons are not eligible for this pay. See: http://dcp.psc.gov/eccis/documents/CCI6_3_1_02.pdf.

4. A private sector employee who contributes \$7,000 annually to a retirement account, with \$3,500 matching funds by the employer, would receive \$24,768 annually in 20 years, assuming an 8% rate of return. This annuity would run out of funds in 25 years, assuming a 4% rate of inflation. The same employee with the same contribution for 30 years would receive \$61,313 annually, assuming an 8% rate of return. This annuity would also run out in 25 years time assuming a 4% rate of inflation. The Commissioned Corps Counterpart (I removed a redundant period) would contribute nothing to his/her annuity, yet receive \$64,910 annually after retiring as an O-6 after 20 years, \$ 85,927 after 25 years, and \$106,970 after 30 years (I removed in today's money) and the annuity would not run out of funds in his/her lifetime no matter what the inflation rate may be. A voluntary, pretax contribution to the Thrift Savings Plan (TSP) may be made if an officer wishes to invest independently.
5. Many states do not require officers on active duty to pay state income tax. Check applicable state tax codes. State tax for Civil Service and private sector pay is estimated at a tax rate of 6%.
6. Medical Insurance premiums and out of pocket expenses are based on the employee cost of a comparable comprehensive health insurance package. Figures taken from 2005 Rand Corporation study. (http://www.rand.org/pubs/monographs/2005/RAND_MG385.sum.pdf)
7. Medical Officers with 25 years of service will be credited 5 additional years qualifying them for benefits similar to other officers who had served for 30 years.



Incentive Special Pay and Multi-year Retention Bonus Table

Medical Category	ISP	MRB (4 yr commitment)
Common Tier Addiction Medicine; Aerospace Medicine; Allergy and Immunology; Blood Banking / Transfusion Medicine; Dermatology; Endocrinology; Family Medicine; Geriatric Medicine; Hematology; Hospice Palliative Medicine; Infectious Disease; Internal Medicine; Medical Genetics; Medical Microbiology; Medicine / Pediatrics; Medical Toxicology; Neonatology / Perinatal Medicine; Neurology; Nephrology; Nuclear Medicine; Occupational Medicine; Oncology; Ophthalmology; Pain Medicine; Pathology; Pediatric Cardiology; Pediatric Critical Care; Pediatric Emergency Medicine; Pediatric Endocrinology; Pediatric Gastroenterology; Pediatric Hematology-Oncology; Pediatric Immunology; Pediatric Infectious Disease; Pediatric Nephrology; Pediatric Rheumatology; Pediatrics; Public Health & Preventive Medicine; Physical & Rehabilitation Medicine; Research Officer Group (tenured); Rheumatology	\$35,380	\$22,620
Common Tier with Hardship Sites Group A*	\$52,380	\$22,620
Common Tier with Hardship Sites Group B†	\$46,380	\$22,620
Psychiatry	\$38,430	\$24,570
Obstetrics & Gynecology	\$40,260	\$25,740
Otolaryngology	\$41,480	\$26,520
Emergency Medicine	\$42,700	\$27,300
Critical Care Medicine	\$43,310	\$27,690
Pulmonary Medicine	\$43,310	\$27,690
Urology	\$44,530	\$28,470
Gastroenterology	\$48,190	\$30,810
Obstetrics / Gynecology Fellowship	\$52,460	\$33,540
Otolaryngology Fellowship	\$52,460	\$33,540
Urology Fellowship	\$52,460	\$33,540
Cardiovascular Disease	\$56,120	\$35,880
Diagnostic Radiology	\$62,220	\$39,780
Radiation Oncology	\$62,220	\$39,780
Anesthesia	\$67,100	\$42,900
General Surgery	\$67,100	\$42,900
Colon and Rectal Surgery	\$68,320	\$43,680
Orthopedic Surgery	\$68,320	\$43,680
Orthopedics Fellowship	\$68,320	\$43,680
Pediatric Surgery	\$68,320	\$43.68
Plastics Surgery	\$68,320	\$43,680
Thoracic Surgery	\$68,320	\$43,680
Vascular Surgery	\$68,320	\$43,680
Neurosurgery	\$73,200	\$46,800

See: http://dcp.psc.gov/eccis/documents/PPM09_004.pdf

** See specific Group A and B Hardship sites at http://dcp.psc.gov/eccis/documents/ccpm22_2_10.pdf;

† Includes most remote Indian Health Service positions.