



# N-PAC NURSE RESOURCE MANUAL

*Updated 2013*

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## **I. USPHS Nursing: Mission, Responsibilities, and Challenge**

### **Nurses in the PHS:**

The PHS employs approximately 6,000 civil service and approximately 1,300 are commissioned corps nurse officers. PHS nurses provide health care services in specialties ranging from the hospital-based staff nurse to a doctoral-prepared nurse researcher overseeing international public health studies. Serving in virtually all of the PHS Operating Divisions (OpDivs) and agencies, nurses are involved in all aspects of PHS activities, operating independently and in concert with other professional disciplines. PHS nurses also serve in assignments with other government agencies such as the Bureau of Prisons, the Environmental Protection Agency, the Immigration and Naturalization Service, the U.S. Coast Guard and the National Oceanic and Atmospheric Administration.

For more than 200 years, the PHS has met its responsibilities to improve the health of our nation. The Assistant Secretary for Health (ASH) serves as the Department of Health and Human Services (DHHS or Department) Secretary's principle advisor and assistant on national health policy and on all health related activities in the Department. The ASH directs the activities of the Office of Public Health and Science, which serves as the focal point for leadership and coordination across the Department in public health and science.

The Surgeon General of the U.S. Public Health Service is "the nation's family doctor" and supports the DHHS programs to improve the health of all Americans. The Surgeon General directs the activities of the Office of the Surgeon General within OPHS and leads the commissioned corps of the PHS, an all-officer cadre of mobile health professionals. As one of the seven uniformed services of the United States, the commissioned corps is a specialized career system designed to attract, retain and develop health professionals. These professionals are assigned to federal, state or local agencies, or to international organizations, to accomplish the mission of the PHS.

### **Mission of PHS Nurses:**

PHS nurses play a vital role in the overall PHS mission to protect and advance the health of the nation. PHS nurses function in all the following roles:

Provide direct patient care to patients through the Indian Health Service, National Health Service Corps, National Institutes of Health, Immigration and Naturalization Service, and Federal Bureau of Prisons.

Provide supervisory and consultative nursing expertise to various federal, state, and local government agencies such as the Health Services and Resources Administration, the Centers for Disease Control and Prevention, the Center for Medicare and Medicaid Services, and the Food and Drug Administration.

Use nursing skills to research and identify solutions to the many health-related problems that face our nation through PHS Agencies such as the National Institutes of Health and the National Institute of Nursing Research.

Perform vital administrative and staff support roles representing the unique perspective of nursing throughout the OpDivs of the PHS and other federal, state, and local government agencies.

### **The Role of the Professional Nurse in the PHS:**

As with the role of nursing in society, the role of PHS nurses has continued to expand and grow in complexity, scope and professionalism to meet the ever-changing health care needs of the American people.

### **PHS Nursing – Then and Now:**

Since the inception of the PHS in 1788 to serve the Marine Hospital System under President John Adams, nurses have been a vital component to the provision of health care to the American people. Long before official recognition of their professional status, the earliest PHS nurses were contract civilian nurses or civil service nurses. Throughout the 19th century, the number and range of services of PHS nurses continued to grow in direct response to the pioneering efforts of Florence Nightingale, Clara Barton and Dorothea Dix to bring professionalism and recognition to nursing.

As technology and social change accelerated in the 20th century, the role of the PHS nurse became increasingly complex and demanding. The need for nursing specialties beyond hospital-based and home-based direct patient care expanded to include public health nurse specialists of all kinds to combat epidemics such as tuberculosis, venereal disease and diphtheria. PHS nurses continue to be at the forefront of social and scientific revolutions in all fields of health care in America. To appreciate the depth of commitment and courage put forth by PHS nurses in the history of their service to our nation, the book [Plagues and Politics, the Story of the United States Public Health Service](#) by RADM Fitzhugh Mullan is suggested reading for all PHS nurses. A more detailed history of nursing in the PHS is located in Chapter 2.

Today the PHS uses the skills and expertise of virtually every recognized nursing specialty. Nurses make up one of the largest components of the PHS and their influence on the development and provision of health care in the United States and in the larger community of nations is eminently recognized.

### **What does the future hold for PHS nurses?**

Clearly, the need for the technical expertise and professional skill of nurses will continue to grow as more complex health problems face our nation and the world community. Based on a proud history of service the PHS nurse can expect to play a major role in addressing the health care problems of our nation and our world.

[Chapter 3](#) provides a detailed description of the varied nursing specialties within specific agencies.

## **Responsibilities of the PHS Nurse:**

As a PHS nurse, you have certain responsibilities to yourself, your employer, your profession, and the public.

The primary responsibility of the PHS nurse is to ensure and promote the public health and safety of the American people. The nurse must make certain that his or her professional actions and decisions are consistent with this public trust. This means ensuring that all actions, nursing decisions or personal behavior, have the highest degree of professional integrity. Never perform any nursing function that is outside your own professional competence. Be sure to maintain open and clear channels of communication with your supervisors. Be aware of temptations to compromise public trust.

Federal employees are bound to follow the “Standards of Ethical Conduct for Employees of the Executive Branch” which is published in 57 Federal Register 35006-35067. Additionally, as a nurse, you must practice within the guidelines and constraints of the nurse practice act of the state in which you are licensed. Commissioned officers abide to the Standards of Conduct for commissioned officers. These standards are found in INSTRUCTION 1, Subchapter CC26.1, Commissioned Corps Personnel Manual.

Your professional development as a PHS nurse is primarily your own responsibility. There are many accredited continuing education opportunities available to you. It is your responsibility to take advantage of them in order to maintain professional excellence and a current professional license.

PHS nurses achieve Professional support through membership in various professional organizations such as the American Nurses Association, specialty-nursing associations, and the USPHS Commissioned Officers Association. Membership and participation in such organizations is encouraged. (See Appendix C for a listing of such organizations.)

## **The Challenge to Excel:**

The mission, roles and responsibilities of PHS nurses at all levels and in all areas of expertise translate into a personal challenge to excel in your PHS career. A PHS nurse can progress through a series of work experiences that ultimately lead to attainment of his or her career goals. To facilitate the achievement of professional goals:

Define your goals early in your career while still maintaining flexibility and openness to different and challenging assignments. As your professional expertise and experience grows, your professional goals may change and be further redefined. Several different career tracks are available in detail in [Chapter 4](#).

Career planning for obtaining those skills and assignments that will assist you to move forward toward achieving your career goals is the nurse officer’s responsibility. Job changes in the PHS are primarily self-generated. Help in developing an appropriate career plan are available from professional colleagues, supervisors, personnel advisors, career development centers and, in the case of commissioned officers, from commissioned corps staffing officers. Although there are many resources available to assist PHS nurses with their career development, each individual must take the lead in charting his or her own future.

Networking with other PHS nurses is encouraged. The representatives to the Nursing Professional Advisory Committee (N-PAC) and nurse mentors as resources for career development

The Office of the Chief Nurse and the N-PAC welcomes you to a career as a professional nurse in the PHS. A force of competent and satisfied nurses accomplish the mission of the Public Health Service. This handbook provides basic career planning information to help PHS nurses fulfill their responsibilities, excel in their profession and achieve complete career satisfaction through service in the United States Public Health Service.

## **II. History of Nursing in the USPHS**

The Public Health Service originated in 1798 as the Marine Hospital Service through an Act of Congress signed by President John Adams on July 16, 1798. Congressman Edward Livingston from New York was a leader in attaining enactment of this bill. The concept of providing seamen with medical care originated in England. A hospital for English seamen began operating after King William III decreed it by law in 1696. The hospital funding was obtained through payroll deductions from the seaman's monthly wages. By 1708, the American colonies began opening hospitals to provide medical care for seamen. Often ships would leave port abandoning ill seamen. There was no system in place to provide them with health care. The country was dependant at that time on the sea economically. Concerns about potential imported epidemics from diseased seamen and resulting national economic sequelae if ports were closed moved the notion to establish a national health care system for seamen modeled after the English system. In 1799, the first hospital opened as a component of the Treasury Department. Congress had mandated the Marine Hospital Service to provide "for the care of sick and disabled seamen". A network of hospitals across the country developed over time to fulfill this responsibility. A payroll deduction of twenty cents from the seamen's monthly wages funded the hospitals. Health care was also extended to the US Navy (from 1799 to 1817) and to the Revenue Marine Division of the Treasury Department (later it became the US Coast Guard.) The first facility opened at Castle Harbor, Boston in 1799. Hospitals were established in ports on all coasts, and major inland waterways. In 1870, the Service reorganized establishing national standards. Also in 1870 a headquarters in Washington, D.C. was established. Dr. John M. Woodworth was appointed as the first Supervising Surgeon (a position now known as the Surgeon General) in 1871. With the passage of the National Quarantine Act of 1878 following a yellow fever epidemic, responsibility for quarantine of infectious disease transferred from the states to the Service. The Commissioned Corps was established in 1889 to provide a uniformed, mobile, career corps of capable physicians known by the term surgeons. The Officers were assigned to the Service, not to a particular position, geographic location, or hospital.

Since the inception of the Marine Hospital System in 1798 nursing care was provided to the ill and disabled seamen. In the early days of the Marine Hospital System, former seaman identified as attendants, administered nursing care to patients. The attendants functioned under the direction of the surgeons. Nursing skills were learned through practice and observation of others.

A movement to open formal Schools of Nursing started in the 1890's. The nurse training programs were apprenticeships. Educating nurses to become health leaders and health promoters came later. Nursing did not become a profession until the twentieth century.

Health inspection duties and care of immigrants were assumed by the Service with the passage of the 1891 Immigration Act. In 1892, a facility located at Ellis Island opened for the processing of arriving immigrants. At this facility thousands of immigrants received health inspections daily to determine if they met the health requirements for entry into the United States. The Service on Ellis Island occasionally hired trained nurses. The nurses worked under the direction of the surgeons. In 1903, Mary Daly was one of the trained nurses that assisted the surgeons in conducting health inspections at Ellis Island.

In 1902 the Service was renamed the Public Health and Marine Hospital Service. During 1912, the Service, known as the PHS, formally employed trained nurses. During that same year, the Service was granted legislative authority to study the diseases of man. The Children's Bureau was established as mandated by Congress for monitoring issues related to children's welfare. In 1913 trained nurses Ms. Edna B. Hill and Ms. W. S. Brasher were sent to rural Kentucky to work under the supervision and direction of the surgeons in the Trachoma Treatment and Prevention Program. The Trachoma Control Program Chief Nurse was Ms. Mae Hicks. Over the next eleven years, fourteen Trachoma Hospitals were opened. Each Trachoma Hospital had a bed capacity for twenty five to thirty five patients and a healthcare staff consisting of one doctor and two nurses. Travel was arduous and field clinics were established to bring treatment into the remote communities. The communities showed their support of the health program by providing facilities, such as schools or churches in which to locate the clinics. Local women's groups provided meals to the patients. The Trachoma Program was a vehicle for expansion of the role of nurses. Field nurses assessed patients. Nurses of the Trachoma Program taught health education. Instructing mountain families on health promotion and prevention issues was both innovative and pioneering at the time. Basic principles of hygiene and infection control were among the topics that the nurses taught to prevent the spread of trachoma. The mountain families were taught not to share wash towels or sleep in the same bed with infected persons. The following year, in 1914 M. Maude Fauquier became the first nurse assigned to participate in field studies at the Public Health Service Hospital for Pellagra in Spartanburg, South Carolina. Dr. Joseph Goldberger, a PHS Officer had correlated diet with pellagra in 1914, paving the way for treatment and prevention.

The American Red Cross Department of Nursing was created to recruit nurses for assignment with the United States Public Health Service, the Army, and the Navy. During World War I Lucy Minnigerode, a Nursing leader and American Red Cross Official, was instrumental in nurse recruitment. Nurses were assigned to the cantonment area wards, US Base Hospitals overseas, with the National Guard, or at embarkation sites. The Public Health Service employed more than 120 nurses for disease prevention duties in the extra-cantonment zones established around military camps and in venereal disease clinics. Some nurses worked with local health departments in the extra-cantonment areas. Public Health Service nurses were charged with communicable disease investigation, health care instruction, disease prevention, sanitation, and assisting in the health inspection of school age children. The recognition of nursing as a discipline occurred with the appointment of Mary Lent as Supervising Nurse of the extra-cantonment nurses. Her leadership brought about a coordinated system of local public health nursing services. This coordinated system served as a catalyst for the formation of the field of Public Health Nursing at the state and county levels.

With the conclusion of World War 1 an Act of Congress awarded the responsibility for the care of sick and disabled veterans to the PHS. Lucy Minnigerode was appointed in 1919 as

the first PHS Superintendent of Nursing for 23 Marine Hospitals and dispensaries. During the Spanish Influenza epidemic of 1918, Lucy Minnigerode developed partnerships between the PHS and the American Red Cross to open a hospital and clinic to care for victims.

Congress passed the Sheppard-Towner Act (Federal Maternity and Infancy Act) in 1921 allocating money to employ public health nurses through the Children's Bureau for maternal and child health. From 1921 until 1929, PHS nurses worked with states participating in maternal and infant hygiene programs. The Sheppard-Towner Act led to the establishment of 2,978 Prenatal and Child Health Centers across the nation. Home Visits by nurses were made to instruct mothers on self and infant care. Nurses demonstrated through health promotion activities that they could improve the Nation's health. In 1921 the PHS purchased the Louisiana Leprosy Hospital in Carville thus creating the National Leprosarium (Gillis W. Long National Hansen's Disease Center.)

By 1922, through the leadership of Lucy Minnigerode the nursing staff expanded from 90 to 1,800 nurses working in hospitals with a bed capacity of 20,500. In 1922, the American Red Cross assigned 628 nurses to the PHS. In January 1922, the PHS opened a School of Nursing located at Fort McHenry, Maryland. In April of 1922, the responsibility for the care of veterans transferred from the PHS to the newly created Veteran's Bureau. The Veterans Bureau accepted the transfers of 1,400 PHS nurses and the School of Nursing. The PHS was left with a staff of 350 nurses and 24 hospitals containing 3,000 patient beds. Federal nursing was recognized by the American Nurses Association by the naming Lucy Minnigerode as the first chairperson of the section for Nurses in Government.

In 1923, nursing was accepted into the Civil Service System as a sub-professional group. The scope and variety of nursing within the PHS in the 1920's is documented in the 1923 Annual Report of the Surgeon General. The discussion of nursing services in the report indicated that positions filled by professional women (nurses, aides, and dieticians) in the PHS, with the exception of physicians were included in the nursing section. The report begins by stating that while the major operations of the nursing service are in the hospital division; the work of the service involves other divisions as well. These other activities are summarized as follows:

"Eleven nurses are employed in the division of domestic quarantine -chiefly, in trachoma investigations; nine are employed in the division of scientific research, the majority of these in industrial hygiene; one nurse is employed in the venereal disease division for special educational work; and 11 are employed in the division of foreign quarantine at New York, Boston, Gloucester, and San Francisco, respectively, where they are necessary for the delousing of female immigrants, care of the sick detained patients, and for general nursing work. A quarantine hospital is maintained at Hoffman's Island, New York, with four nurses on permanent duty there. This number is necessary to meet emergencies arising suddenly from time to time..."

Toward the end of the decade, the PHS became involved with the health care of American Indians. In 1928, a PHS medical officer was assigned to serve as Director of Health for the Bureau of Indian Affairs within the Department of the Interior. Over the next several decades, various PHS staff, including nurses were assigned to provide health care to American Indians under the Bureau of Indian Affairs.

In 1929, the Division of Mental Hygiene was established. In 1930, nurses became involved in correctional nursing as the PHS assumed responsibility for federal prison health care. Nurses trained in psychiatric work were assigned to the narcotics hospitals for drug addicts opened by the PHS in Lexington, Kentucky and Fort Worth, Texas from 1935-1938.

A survey completed by Sophie Nelson in 1932 revealed the need for increased public health nursing services. The visionary report produced by Ms. Nelson covered areas such as minimum qualifications and levels of education relating to nursing skills. She raised concerns in the report that the civil service classification of nursing as a sub-professional group, and without qualification standards prohibited the potential growth of nursing as a field. The report further elaborates that nurses with educations from institutions of higher learning would possess the qualifications needed to meet the public health needs of the country. In 1933 Pearl McIver was employed by the PHS in the Division of Public Health as a public health nursing analyst to address the public health nursing needs of the country. In 1934, Ms. McIver continued her work within the Division of Domestic Quarantine, States Relations Division. The PHS scope expanded at this time with the establishment of the Maternal and Child Health Division and the Crippled Children's Divisions.

The Social Security Act of 1935 was an important component of Franklin Roosevelt's "New Deal". The demands on the Service for public health nursing consultants increased greatly when the Social Security Act of 1935 assigned to the PHS the duties of assisting states and districts in establishing health organizations as well as facilitating the training of public health personnel. The Washington staff advised the regional staff on standards of nursing service. The creation of the Nursing Unit of the Children's Bureau in 1936 was to provide public health nursing services. Pearl McIver was chief of the division responsible for training and assigning public health nurses to health departments. The PHS hired several additional public health nurses to assist Ms. McIver in providing consultation to the states regarding nursing issues. In 1936, the PHS presented the states with a review of projects submitted to the Works Project Administration (WPA.) This was the beginning of federal public health nursing consultation to state health departments. In 1939, the PHS moved during reorganization from the Treasury Department to the Federal Security Agency along with other social service agencies. From 1940 to 1945 the PHS employed 16,000 people.

With the entrance of the United States into World War II in 1941, an already existing shortage of nurses was exacerbated. The Office of Civilian Defense requested the Red Cross to train 100,000 nurse aides yearly to perform non-skilled nursing care. To alleviate the nursing shortage on July 1, 1942 Congress appropriated funds for nurse education in the form of refresher classes, postgraduate courses in specialty areas, and to increase nursing program enrollment for students with financial need. The Surgeon General requested the Office of Defense Health and Welfare Services, the Health and Medical Committee, and three-nursing education consultants to form an advisory group for preparing regulations for the allotment of these funds and to guide the administration of these funds. In 1942, 73 schools of nursing provided 2,300 inactive graduate nurse's with refresher courses at no charge in return for their agreement to return to the work force. By 1943 48 institutions of higher learning had given postgraduate instruction in various specialties to 2,885 graduate nurses. Twenty-four colleges and universities provided 813 public health nurses with advanced public health training. A national census of nurses was completed. In an effort to recruit more nurses for essential civilian and military duty on June 15, 1943, Congress passed the Nurse Training Act (often called the Bolton Act after Representative Frances

Payne Bolton, who introduced the bill.) The bill, Public Law No. 74 of the 78<sup>th</sup> Congress contained a provision prohibiting discrimination

based on race, creed, or color. This Act created the Cadet Nurse Corps of the Public Health Service. The Corps provided scholarships and stipends to all students enrolled in accredited schools of nursing in exchange for their agreement to work in essential nursing services for the duration of the war. More than 124,000 nurses graduated from the program before it ended in 1948. This scholarship program was developed to meet both military and civilian nursing needs.

In June 1943, the PHS established the Division of Nurse Education within the Office of the Surgeon General to administer the Cadet Nurse Corps program. Surgeon General Thomas Parran appointed Lucile Petry (later Petry Leone) as Director of the Division. She thus became the first woman to head a major PHS division. Nursing students received the scholarship upon acceptance to one of the 1,125 schools of nursing whose curricula and nursing facilities met the standards prescribed by the Public Health Service. The scholarship included funding for tuition, uniforms, books, fees, and a stipend. A national publicity campaign ensued promoting nursing as a career. Several movies included characters that were Cadet Nurse Corps members. The Cadet Nurse Corps was featured in magazines, billboards and on the radio. A fashion contest was held at the Waldorf Astoria Hotel in New York where the stylish uniform was chosen with the fashion press making the selection. The beret concept was adapted from the beret worn by the popular British Field Marshall Montgomery. On May 14, 1944, 96,000 Nurse Corps Cadets in a NBC national radio broadcast pledged themselves to "essential nursing services." Eleanor Roosevelt, First Lady and wife of then President Franklin D. Roosevelt, Congresswoman Frances Payne Bolton, and Surgeon General Parran were present at Constitution Hall for the ceremony. The evolution from nurse training programs with apprenticeship as the main means of teaching nursing skills to a more academic approach was influenced by the education standards set by the Nurse Cadet Corps scholarship program. The Nurse Cadet Corps scholarship program offered the opportunity of an education that otherwise for many students would not have been possible and helped establish a prominent place for nursing as a profession in the PHS. The Nurse Cadet Corps scholarship program established a precedent for federal involvement in nursing education. The federal focus on nursing research had its origin at this time when questions about the quality, quantity, and competence of nurses arose. The Cadet Nurse Corps program collected information from the nursing schools related to nursing education and nursing service problems facing the nation. Using this information the PHS and the National Committee for the Improvement of Nursing Service produced a report, Nursing of the Mid-Century. The information collected for this study created a national momentum among nurses that resulted in the establishment of the National League for Nursing in 1952.

The Public Health Service during WWII coordinated health and welfare programs with the states. There was a 141% increase in admissions at the 30 PHS Hospitals according to the 1943 Surgeon General's Annual Report. Communicable diseases such as tuberculosis, typhus, venereal disease, and malaria control programs went into effect. Thirteen states added industrial nursing consultant staff. During the course of World War II, PHS nurses served at various posts to assist in the war effort. There were PHS nurses detailed to Public Health Service Hospitals, the Military, the Office of Civilian Defense, the Coast Guard, United Nations Relief and Rehabilitation Administration, the Migrant Health Program, the Liberian Mission, Office of Civilian Defense, Department of Agriculture, Immigration and

Naturalization Centers, Quarantine stations in Europe and the Far East. World War II also led to broader changes in the PHS, including a reorganization in 1943, which divided the Service into four operating components: the Office of the Surgeon General, the National Institute of Health (NIH), the Bureau of Medical Service, and the Bureau of State Service.

The 1944 Public Health Service Act approved on July 1st of that year authorized the appointment of qualified nurses as Commissioned Officers. In July 1945, the first nurses were commissioned in the PHS, including Lucile Petry and Pearl McIver. The Public Health Service Act provided authority for the PHS to support and conduct medical research. Since that time, the PHS provides funds to universities, hospitals, laboratories, and other institutions to encourage research in the health fields. The 1946 Hill-Burton Act authorized federal assistance to build hospitals and medical centers. Resultant hospital expansion, new healthcare technologies, national economic prosperity and national viewpoints regarding expected higher levels of health led to a greater demand for nurses. The postwar era found that the locus of health care changed from the home to the hospital. During the years of 1940 – 1945 the PHS employed 16,000.

In 1946, the Malaria Control Program became the Communicable Disease Center. After the war, there were further changes in the organization of nursing services within the PHS, the Division of Nurse Education (DNE) was replaced by a broader Division of Nursing. Like the DNE, the new Division was located within the Office of the Surgeon General. Lucile Petry served as the Director. The Division of Nursing supervised all PHS nursing activities. These programs included the Office of Public Health Nursing in the Bureau of State Services, the Office of Hospital Nursing in the Bureau of Medical Services, and the Office of Nurse Education. The division's responsibilities included the following: provide consultation to government and state agencies, determine the nursing needs of the PHS, provide leadership for legislative issues, suggest improvements regarding nursing program standards and practice, devise and implement research, and represent the PHS on national boards.

The 1948 study by Dr Estelle Brown, The Future of Nursing, called for replacing apprenticeship nurse training schools with nursing education programs within institutions of higher learning. Dr. Brown believed that the nursing apprenticeship training programs did not meet the quantitative and qualitative demands of modern health care. Dr. Brown's report became an agenda for nursing leaders to improve and reform nurse education methods. The Office of Public Health Nursing was elevated to the status of a Division within the Bureau of State Services, and its Chief, Pearl McIver, a public health nurse, became the Director. This office consulted with state and local health departments, schools of nursing, and professional organizations. Its ongoing mission was to strengthen and broaden public health nursing activities in the nation through workforce studies. Those studies documented the need for more public health nurses, a specialty that brings health care directly to the public.

The reorganization of 1949 created the position of Chief Nurse Officer with the rank of Assistant Surgeon General (Rear Admiral) in the Office of the Surgeon General. Lucile Petry Leone served in this new post. She became the first nurse and the first woman to achieve flag rank in the PHS or in any of the uniformed services of the United States. RADM Petry Leone was responsible for coordinating all nursing activity within the PHS.

The 1949 reorganization abolished The Division of Nursing in the Office of the Surgeon General. Many of its functions moved to the newly created Division of Nursing Resources in the Bureau of Medical Services, headed by Margaret Arnstein. The objective of this division was to develop necessary resources to advance and improve patient care. It was determined that highly educated nurses would meet the divisions goal. Opportunities for systematic study and consultation on nursing problems arose. Continuing education for nurses was encouraged. In this period, the Civil Service System recognized Nursing as a professional group.

During the 1950's, opportunities for nurses within the PHS expanded as the Service acquired new responsibilities. Nurses assisted cities in the 1950's to plan Tuberculosis programs. A government reorganization in 1953 created the Department of Health Education and Welfare from the Federal Security Agency. Nationally, most nurses worked in hospitals as general duty nurses. National Nursing leaders were calling for a definition of the nurse's function and role in the health care field. The PHS nurse consultants provided direct consultation, published papers and reports, taught training sessions, and performed demonstrations in cooperation with state public health agencies to ensure that the health information reached the public health nurse. Positions for nurses to work in research at the newly opened National Institute for Health became available in 1953. Also during this time period 5 PHS Hospitals located in ports had been converted to clinics. In 1954, sixteen PHS Hospitals were operating in major ports with specialty hospitals for tuberculosis, Hansen's disease, psychiatric disorders, and treatment of narcotic addiction. On July 1, 1955, the PHS assumed responsibility from the Department of Interior's Bureau of Indian Affairs for the health care of 350,000 American Indians and Alaska Natives, inheriting 3,500 staff members and numerous hospitals, field clinics, and other facilities. This transfer established a Division of Indian Health (the present day Indian Health Service) within the PHS to administer this program including nursing services.

In 1955, The Division of Nursing Research collaborated with the American Nurses Association to create the Interagency Conference on nursing statistics (ICONSO). This research network of researchers and statisticians analyzed gaps in nursing data and disseminated nursing statistics. The decade of the 1950s also witnessed the launching of a number of impressive intramural research projects by the Division of Nursing Resources. In 1956, the National Library of Medicine was created with the transfer of the Armed Services Library to the PHS. The Health Amendments Act of 1956 provided funds for practical nurse education, supported public health nurse advanced training, initiated the Professional Nurse Traineeship Program for nurses to become teachers, supervisors and administrators. Many nurses obtained baccalaureate and graduate degrees with this funding. These milestones led to establishing a scientific basis for nursing through research. By the end of the 1950's research by the Division of Nursing had provided a visionary direction for nursing education in promoting the nations health. The Goldmark Report recommended educating Licensed Practical Nurses and Nurse Aides as assistant caregivers.

The 1960's saw the beginning of nurse specializations. Nursing programs began to attract men, nontraditional and second career students. In 1960, the Divisions of Nursing Resources and Public Health Nursing joined into a new Division of Nursing, headed by Margaret Arnstein. In 1960, the Division of Nursing appointed a Surgeon General's Consultant Group on Nursing (SGCGN). This group analyzed potential problems facing nursing in the coming decade and possible solutions. Their report, Toward Quality in

Nursing was published in 1963. A shortage of nurses in the United States was determined by this report. The report identified that not enough students were entering baccalaureate nursing programs, salary discouraged entrance into the profession, and nurses were ineffectively utilized to provide patient care. The report proposed to increase by 130,000 the number of employed nurses. A goal of 680,000 professional nurses in active practice in the United States by 1970 was proposed. The Consultant Group estimated that nursing schools would need to increase their number of graduates by 75 percent in order to meet this goal. This report became the foundation for a new structure of federal assistance for nursing education with the Division of Nursing being the focal point.

The Consultant Group report led to the passage of the Nurse Training Act of 1964, which authorized \$240 million over five years for the construction of nursing education facilities, teaching improvement, special project grants, traineeship programs, loans to nursing students, and funds to hospital schools of nursing to improve the quality of instruction. A Nurse Education and Training Branch within the Division of Nursing formed to implement the legislation. The education of nurses became vital to the nation's health. The Federal Government undertook a leading role in ensuring the health and social welfare of the nation through promoting nursing as a profession, providing nursing educational opportunities, and establishing nurse education standards.

Many changes occurred within the PHS structure over the next decades. From 1967 to 1987, the National Institute of Mental Health (NIMH) acquired responsibility for St. Elizabeth's Hospital. This federal hospital had opened in 1855, and provided mental health services for over a century. The Food and Drug Administration joined the PHS in 1968.

In 1970 the Division of Nursing was restructured into four primary components: Education, Manpower, Practice, and Research. The National Commission for the Study of Nursing Education sponsored by the National League of Nursing and the American Nurses Association produced the Lysaught Report, an Abstract for Action in 1970. The Secretary of Health, Education, and Welfare supported the report that promoted the expansion of the scope of nursing practice into areas formerly performed only by physicians. The Clinical Nurse Specialist and Nurse Practitioner roles expanded the scope of nurses to ensure access to care by all Americans. The Nurse Training Acts of 1971 and 1975 provided funding to educate nurses for expanded roles.

By 1980, 1.3 million nurses were practicing in the United States. There were large increases of nurses with baccalaureate, graduate, and doctoral degrees. Also occurring in 1980, the Department of Health, Education, and Welfare became the Department of Health and Human Services when a separate Department of Education formed. The 1980's brought about the closure of the 8 PHS Hospitals and 27 clinics. The Merchant Marines (Seamen) were no longer eligible for medical care from the PHS. Nursing Research in the PHS received recognition with the creation of the National Center for Nursing Research at NIH in 1986. The placement of the Center at NIH meant that Nursing Research would be located within a broader based biomedical research environment. Nursing Research facilitated collaboration between nursing and other research disciplines. The Nurse Training Act of 1985 further promoted nurse role expansion with funding for nurse anesthetist and geriatric nurse practitioner programs. By 1989, 1.7 million nurses were practicing in the United States. The 1990's saw the Division of Nursing's involvement in international health. Martha Salmon, the Director of the Division of Nursing was a member of the United States delegation to the World Health Assembly. The Division of Nursing also promoted

interdisciplinary collaboration resulting in the establishment of requirements for the roles of certified nurse midwives, nurse practitioners, physician assistants, and primary care physicians in primary care settings. In 1993, the National Center for Nursing Research became the National Institute of Nursing Research, thus achieving equal status with the other NIH Institutes. The PHS Nursing discipline remains committed to promoting optimum health for the disadvantaged and underserved.

The PHS has greatly expanded in scope and duties since its inception in 1799 to include disease control, health care delivery, food and drug regulation, international health, biomedical research, disease prevention, and health promotion. The 21st century finds the Commissioned Corps undergoing a transformation that is further defining its role for rapid and effective response to meet the country's public health needs by fulfilling its mission of promoting, protecting and advancing the health of the nation. Today, the Commissioned Corps and Civil Service nurses contribute to the mission of the Public Health Service in a variety of roles, ranging from clinical practice to research or administration. In the September 1920 issue of the American Journal of Nursing an editorial that was written about Public Health Service nurses stated that, "The work has been and is still pioneer work." PHS nurses today continue to practice with the same pioneering spirit.

### **Chief Nurse Officers**

The Chief Nurse Officer position was established in 1949 and is located in the Office of the Surgeon General.

1949 Lucile Petry Leone

1966 Margaret McLaughlin

1970 Faye Abdellah

1987 O. Marie Henry

1992 Julia Plotnick

1996 Carolyn B. Mazzella

2000 Mary Pat Couig

2005 Carol A. Romano

2009 Kerry Paige Nessler

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### **III. Career Opportunities with the USPHS**

Agency for Healthcare Research and Quality (AHRQ)

Agency for Toxic Substances and Disease Registry (ATSDR)

Centers for Disease Control and Prevention (CDC)

Center for Medicare and Medicaid Services (CMS)

Food and Drug Administration (FDA)

Health Resources and Services Administration (HRSA)

Indian Health Service (IHS)

National Institutes of Health (NIH)

Substance Abuse and Mental Health Services Administration (SAMHSA)

Office of the Secretary/Office of Public Health and Science (OPHS)

Program Support Center (PSC)

Nurses in the PHS have a variety of opportunities from which to choose. Nurses work in roles ranging from clinical to administrative and research among the PHS (OpDivs), although the majority of nurses work in clinical settings.

PHS nurses in the Commissioned Corps also have opportunities to be detailed to non-HHS programs such as the:

Central Intelligence Agency (CIA)

Environmental Protection Agency (EPA)

Department of Homeland Security (DHS) including Federal Emergency Management Agency, US Coast Guard, and the Division of Immigration Service

DoD/Tricare/Management Activity/Health Affairs

National Oceanic and Atmospheric Administration (NOAA)

National Park Service (NPS)

US Department of Agriculture (USDA)

DOJ/ U.S. Marshals Service (USMS)

DOJ/ Federal Bureau of Prisons (BOP)

***For more information about joining the U.S. Public Health Service Commissioned Corps, go to <http://www.usphs.gov/applynow/>***

## IV. Career Development & Career Tracks

### Assessment

Begin your career development efforts with an honest assessment of yourself and your career goals. While interests, values, and skills change with time, it is important that you begin to put both your life and your career in perspective in order to be able to recognize opportunities, which would be most rewarding and fulfilling for you. Ask yourself the following questions, both now, and as you move through your career.

*Why did I choose nursing as a profession?*

Your values form the core of your life. You chose nursing because; at least at some point in your life, you felt that it reflected those values. You need to know what it is that you find important. What type of activities do you like? What type of work setting; alone or with others? Where do family and outside interests fit in? A successful career begins with a job, which is compatible with the rest of your life.

*What skills do I bring to nursing and to the Commissioned Corps?*

Skills are of both a professional and personal nature. Professional skills are those competencies, which you have developed through training and practice. These may be very specific, e.g. inserting a catheter or programming a computer, or they may be of a more general nature, such as communicating with a variety of people or coordinating a complex set of activities. These types of skills are often useable in a wide variety of settings. Personal skills are more fundamental and include such things as leadership. What do I find rewarding about my current position and what else would I like to experience?

The ideal assignment would be one that reflects your values and allows you to utilize your skills to the fullest while at the same time acquiring new ones. Even if you found such an assignment today, life is not static and growth requires change. Hold up both the good and the bad for examination and learn from the experience.

*Is there any direction to my career and I am directing it – a clinical role or another career path?*

Be honest. Write the answers down, take them out, and review them from time-to-time throughout your career. Note how they change and think about the directions in which they move.

To view nursing billets along with detailed descriptions of various nurse-career tracks please refer to [\[\[Insert Link\]\]](#) on the Career Development website.

### Planning

Once you have begun the assessment process, it is time to begin to make conscious career decisions and to set career development goals. This is the planning phase of career development. What actions can you take now and in the future to optimize your career? Most people reach a point in their career when they feel that the satisfaction and excitement, which initially attracted them to a particular assignment, begins to fade. Officers may want to consider the following advice: Expand your present position.

Perhaps your current position might be restructured to give you greater scope to utilize your talents or to develop new ones. Analyze your branch or division and try to identify new areas of responsibility, which would benefit both you and the organization.

Change how you relate to your work:

Reevaluate how you deal with stress, both on and off the job. Often it is not the work that has gotten stale, but rather how you approach it. Activities outside of work also have a major impact on how you view your job.

Increase your skills and knowledge:

Explore the opportunities that additional training might make available to you. Do not focus only on the area of nursing in which you might currently be working. Be open to new ideas, perhaps even outside of nursing.

Consider a new assignment:

One of the most attractive features about the Commissioned Corps is the tremendous variety of assignments available. Often a new job will bring with it new challenges, opportunities, experiences, credentials and perhaps even a new locale.

When considering new assignments, whether within your current agency or outside your current program, officers are encouraged to meet with mentors to map out their careers. Each future assignment should build upon the officer's education and professional experiences, and follow in line with their professional category, functional group, as well as deployment role.

Each Commissioned Corps nurse will fall into one of four functional groups (Clinical, Applied Public Health, Research, and Mental Health). The functional groups are a means of identifying the overall focus of an officer's work activities and career path. The functional group is determined by an officer's billet. Each officer will have three designations: professional category, functional group, and deployment role(s). The functional group serves as a means to organize career tracks that span all professional categories.

Professional categories include physicians, nurses, pharmacists, dentists, dieticians, engineers, environmental health, health services, scientists, therapists and veterinarians. More than 6,000 officers serve the Corps on extended active duty in a wide range of specialties in Federal agencies and selected assignments outside the government. The officer's professional category defines their skills set and professional/academic background.

The functional groups identify and help focus the officer's overall work activities and career paths, supplementing an officer's identification with his/her profession and associated Nursing Professional Advisory Committee (N-PAC). There are four functional groups, clinical, applied public health, research and mental health. An officer belongs to a functional group based on their billet and the career track to which their billet belongs. For example, an officer may be in the nurse professional category, occupy a clinical nurse billet and have a clinical deployment role.

The four functional groups form a matrix with the 11 professional categories. Based on grouping, the officers can effectively plan and coordinate their career tracks.

## **FUNCTIONAL GROUPS AND CAREER TRACKS**

### **CLINICAL**

The Clinical Functional Group is composed of Commissioned Corps officers in billets that provide examination and interdisciplinary treatment to prevent disease, maintain, promote and/or restore health, and educate patients and providers in a safe environment.

Career fields within the Clinical Functional Group include:

#### Clinical/Clinical Management

Many HHS and non-HHS agencies offer opportunities for career growth within the clinical arena. This area encompasses professional activities that relate to patient treatment ranging from direct care to consultation and/or guidance of other patient care staff.

Examples of agencies with clinical billets include but are not limited to, the National Institutes of Health, Federal Bureau of Prisons, Indian Health Service, Centers for Medicare and Medicaid Services, Immigration and Customs Enforcement, and U.S. Marshal Service.

### **APPLIED PUBLIC HEALTH**

The Applied Public Health Functional Group is comprised of Commissioned Corps officers in billets that involve the organized application of scientific, administrative, medical and other health-related principles and practices to protect and improve the health and quality of life of individuals, communities, and populations. Officers support and advance public health through activities such as providing health education, applying an evidence-based approach to promoting healthy behaviors, lifestyles, accessibility to quality healthcare and health services, safe environments and products that impact health, and detecting, monitoring and preventing diseases and adverse health conditions.

Career fields within Applied Public Health include the following:

#### Epidemiology/Public Health Practice

Epidemiology and public health practice involve the study, analysis, and/or recommendation of health measures based upon the incidence, distribution, and control of disease in a population.

#### International Health

Commissioned Corps officers engaged in international health activities focus on the influence of the global health environment on the HHS domestic mission.

#### Program Management

Program management/administration encompasses the control of the day-to-day operation of Agency programs requiring planning, development, budgeting, assessment, supervision, and/or coordination.

### Regulatory Affairs

Corps nurses assigned to regulatory Operating Divisions within the Department participates in activities related to implementing, enforcing, controlling, directing, evaluating/inspecting, developing policy and/or regulations designed to safeguard public health.

Examples of agencies with applied public health billets include, but are not limited to, Federal Bureau of Prisons, Centers for Medicare and Medicaid, Centers for Disease Control and Prevention, Food and Drug Administration, Department of Homeland Security, Indian Health Service and National Institutes of Health.

### **RESEARCH**

The Research Functional Group is comprised of Corps officers in billets that involve conducting, managing, or supporting basic, clinical, applied, or population-based investigations designed to expand scientific knowledge.

Officers conduct and support research activities concerning public health or medicine. They manage research activities concerning public health or medicine. Officers also provide research-related advice, training, or assistance as a consultant, advisor, mentor, preceptor, or collaborator to health care providers, public health workers, students, governmental agencies, academia, scientific committees, tasks forces, and other groups as appropriate.

Examples of agencies with research billets include, but are not limited to, Center for Disease Control and Prevention, Agency for Healthcare Research and Quality, Food and Drug Administration, and the National Institutes of Health.

### **MENTAL HEALTH**

The Mental Health Functional Group is comprised of Corps officers in billets that reflect the training, licensure, and/or appropriate qualifications required for the practice of mental health and related professions and the principal focus of whose activities is to foster optimal mental health functioning at the individual, group, and/or population level.

The mental health functional group was identified as a fourth functional group, mainly because of difficulty in meeting the deployment needs for mental health workers past public health emergency responses. The mental health group promotes the professional identify and career growth of mental health professionals, establishes the professional and training standards for deployment as a disaster mental health specialist for officers, and creates the incentive and training to maintain a cadre of trained mental health specialists that can be deployed. Deployment roles within the mental health functional group include mental health prescribers, disaster mental health clinicians, mental health crisis counselors, mental health outreach workers, clinical mental health team leaders, and more.

The mental health functional group has several career pathways stretching across billets in many federal agencies. Examples of agencies with mental health billets include, but are not limited to, Substance Abuse & Mental Health Services Administration, Department of Homeland Security, Indian Health Service, and Program Support Center.

Several formal and informal means are available to you for investigating various types of positions and career tracks within your professional category and functional group. You should spend some time familiarizing yourself with these sources and with the information and guidance they can provide to you. Given the extremely wide range of health related activities that Commissioned Corps officers are involved in, it is unlikely that you will be able to determine the scope of career opportunities without substantial research. The following formal sources are a good place to start:

Information on nursing positions is available from Operating Division and regional personnel offices throughout the country. Most PHS civil service personnel offices also have a Commissioned Corps representative who can assist officers with information on nursing program activities and assignments.

For commissioned nurse officers, the [Office of Commissioned Corps Operations \(OCCO\)](#) web page is available, to answer questions about commissioned corps policies and procedures available training opportunities, job vacancies and secure access to your own electronic official personnel file (eOPF).

The Nursing Professional Advisory Committee (N-PAC) meets regularly to discuss issues of significance to HHS nurses and to make recommendations to the Chief Nurse Officer. The N-PAC is comprised of civil service, tribal and commissioned corps nurses, representing each PHS agency with a significant number of nurses. The N-PAC representative from your agency can be an excellent source for current information. Minutes from the N-PAC meetings are available to all PHS nurses through their N-PAC representative and on line in the About N-PAC section of this web site.

The Career Development Sub-Committee of the N-PAC is also available to assist you with planning your career.

As an advocate for all HHS nurses, the Chief Nurse Officer routinely advises the Surgeon General and others on issues affecting HHS nurses.

In addition to the formal sources of information listed above, one of the most effective ways of expanding your career opportunities is through networking with other Commissioned Corps nurses. Joining organizations and attending their meetings can provide officers and civilians an opportunity to meet program managers and nurses from throughout the Commissioned Corps and the Uniformed Services. Some of the organizations include the Commissioned Officers Association (COA), the Association of Military Surgeons of the United States (AMSUS), the Reserve Officers Association (ROA), or nursing professional associations (See Appendix C). Recruitment booths from several agencies are at national nursing meetings; volunteering to staff these booths is a good method of information gathering while supporting your profession.

## **Implementation**

After identifying specific career goals and developing a plan for achieving them based on your professional category, functional group and deployment role, you are ready to evaluate positions that contribute to your professional development. Seeking new assignments in the PHS can be a challenging experience. Particularly as one moves into more senior positions it is also very competitive. Although credentials are useful, the candidate with the most credentials is not always the one who gets the job. The candidate who has planned well, outlined and implemented a strategy, and remained flexible will frequently be the one selected.

How often you might consider changing assignments will be determined, in part, on your current career stage. Generally, initial positions are of shorter duration, perhaps 2 to 3 years. Assignments in several program areas provide enough time for you to learn the fundamentals and gain a general knowledge of the mission and function of the program. Entry-level nurses can usually make changes easily; however, it becomes harder to identify suitable positions if the job change is delayed too long.

As you move further into your career and more complex positions, assignments may last for 5 years or more. Typically, individuals are considered too advanced for most entry-level positions after 6 years. However, they are generally not advanced enough to go directly into a senior level position in another program, especially an established one. It may be easier to advance in a new and growing program. Should you later decide on a career goal with a specific agency, one or two positions in related program areas of other agencies would be valuable to broaden your knowledge base and interagency understanding.

Once you have identified the position you are interested in, be prepared to work hard to get it. Again, prior planning is the key element to success. If you have already studied the requirements for the position and thoroughly familiarized yourself with the agency and/or program, you will be able to act quickly and decisively. Often positions may not be widely advertised or may be open for only a brief time.

If you are a commissioned officer, have an up to date résumé ready at all times (See Appendix A). For civil service professionals, a current résumé is also very valuable as a variety of formats are now acceptable for a civil service application. If you are unfamiliar with how to write an effective résumé take a course, call or visit your career development center or consult your personnel specialist. After all, this will be the first impression of you the hiring program will see.

It is most advantageous to be able to deal directly with the individual who will be making the selection. Make yourself available for necessary interviews, but do not badger the selecting official during the selection process.

The interview is often the most important aspect of the selection process. You should prepare and practice for the interview. If your planning has been thorough, you will have a great deal of information on the organization and the specific position available. You should review this information before interviewing. During the interview, it is important to ask questions about what your responsibilities will be and how your position fits into the overall program mission. Give honest answers to questions about your skills, abilities, and career interests.

After the interview, you should contact the person who interviewed you to thank them for the opportunity to interview. You should also inquire as to when a decision will be made. This shows interest and professionalism.

## Evaluation

Once a goal has been established and plans for reaching it implemented it is necessary to evaluate your progress towards attaining it. There are many ways that progress might be measured and the following list is provided only as a sample of the types of benchmarks that you might consider. It is important that you review your career progress on a regular basis to determine if your goals remain realistic or if you might need to adjust them. The list is not in any particular order and the relative importance of the benchmarks will vary from person to person. Your career progression should include some or all of the following:

Progressively more responsible assignments within PHS

Professional publications and presentations

Graduate training at the masters, doctoral or post-doctoral level

Awards or other professional recognition for achievements

Advanced professional certification in a specialty area, e.g. NP, CRNA, CNS, CNM, CNA, etc.

Assignments in supervisory positions or other positions of authority

Increased responsibility and participation in professional organizations as an officer, committee chairperson, seminar director, etc.

Assignments in advisory or consultant positions as a recognized authority on program areas or in highly specialized areas of considerable importance

Recognition as a research specialist in areas of national or international importance

Assignment to top-level positions involving responsibility for entire programs or important segments of extensive program activities

Identifying and obtaining the right position within your career track and functional group requires knowledge, experience, flexibility, perseverance and self-advocacy. Not only must an officer have the appropriate credentials and experience, but it is crucial that he or she have access to the appropriate resources to get the important information necessary to take advantage of career opportunities that present themselves. While there are many resources available to help you in the process, it is ultimately up to you to achieve your goals. The Corps offers nurses an incredible diversity of professional opportunities in literally all areas of health care. There is no magic formula for success and it is incumbent upon the officer to take responsibility for his or her own career development and advancement in the Corps. With a coherent strategy and some hard work, you can realize a fulfilling and awarding career.



## V. Personnel Systems

### The General Service System

Federal Operating Divisions (OpDivs) use the General Schedule system for their civilian, i.e., non-military employees. The General Schedule personnel system is managed by the United States Office of Personnel Management (USOPM) in Washington, D.C. and is divided into ten (10) regions. General Schedule laws, rules, executive orders, regulations and policies that apply to Federal personnel are in the Federal Personnel Manual (FPM) and Supplements. Job listings can be found at [www.usajobs.opm.gov](http://www.usajobs.opm.gov).

#### General Service Position Descriptions

All General Schedule positions have a position description (PD) that describes the duties, responsibilities, and supervisory relationships of the position; the title, series, and grade of the position; and the knowledge and skill required for the duties of the position. The position may have a billet description if a Commissioned Corps Officer can also fill it.

#### Occupational Series

All Federal government jobs, including General Schedule (GS) and PHS Commissioned Corps (CC) positions, listed by occupational series on the OPM website. The USOPM uses Position Classification Standards to classify all positions based on duties, responsibilities, and qualification requirements. Position Classification Standards define the occupation, explain significant factors for evaluating positions, and define work characteristics for various grade levels.

Most General Schedule nurses fall within the 610 series. However, many General Schedule and Commissioned Corps nurses hold positions that are administrative or closely related to nursing.

#### General Service Job Qualification Standards

General Schedule job qualification standards are listed in the Qualifications Standards Handbook for General Schedule positions. The handbook lists experience, training and/or knowledge, skills, and ability requirements for each grade. Standards are coded for the appropriate occupational series. This handbook is located online at: <http://www.opm.gov/qualifications/> Job qualification standards are different from position classification standards.

Job qualification standards pertain to the kinds of skills, knowledge, and abilities needed to perform work defined by position classification standards as characteristic of the occupation and grade level of the position. The following is a brief summary of the qualifications standards for the professional nurse (or 610) series. For a complete list of requirements, read the Qualifications Standards Handbook.

#### General Service Promotion/Compensation

Compensation for General Schedule positions is based on the grade of the job. Professional nurses generally start at the GS-5 or GS-7 level and move up to GS-9, GS-10, GS-11, GS-12, GS/GM-13, GS/GM-14, and GS/GM-15. You are eligible for promotion to the next higher grade after one year of experience in your current grade and your performance is rated at least fully successful. Promotion, however, is not guaranteed or automatic. Advancement can also be achieved through step increases.

## The Public Health Service Commissioned Corps

The Public Health Service personnel office is the Office of Commissioned Corps Operations (OCCO), and is located in the Tower Building at:

1101 Wootton Parkway  
Plaza Level  
Rockville, Maryland 20852

The following divisions are located within OCCO:

[Division of Commissioned Corps Recruitment \(DCCR\)](#)

[Division of Commissioned Corps Assignments \(DCCA\)](#)

[Division of Commissioned Corps Officer Support \(DCCOS\)](#)

[Division of Commissioned Corps Training and Career Development \(DCCTCD\)](#)

The telephone number for the Tower Building is 240-453-6000. The operator can transfer you to the office you need. You may be able to find the answers to your questions on the Commissioned Corps Management Information System web site located at: <http://dcp.psc.gov> There is a great deal of information located there with the most current updates located on the home page. Spend some time on this web site.

The Commissioned Corps Personnel Manual (CCPM) is maintained by the Office of Commissioned Corps Force Management (OCCFM). The manual contains all the personnel rules for the Commissioned Corps. The online site for the Electronic Commissioned Corps Issuance System is <http://dcp.psc.gov/eccis>.

### **Commissioned Corps Nurses Appointment Standards**

The following paragraphs provide brief descriptions of the Commissioned Corps Nurse appointment standards. See the Electronic Commissioned Corps Issuance System "General Appointment Standards", Current Policy at [http://dcp.psc.gov/eccis/documents/CCI2\\_3\\_1\\_01.pdf](http://dcp.psc.gov/eccis/documents/CCI2_3_1_01.pdf) for further information.

### **Licensure/Registration**

You must have earned a bachelor's degree or a master's degree (with no qualifying baccalaureate degree) from an accredited nursing program. Programs are accredited by the National League for nursing (NLN) or Commission on Collegiate Nursing Education (CCNE). A current, unrestricted, and valid nursing license from 1 of the 50 States, Washington D.C., the Commonwealth of Puerto Rico, the U.S. Virgin Islands or Guam is also required. If you obtained your B.S. degree after December 1, 1988, you must pass the National Council of State Boards of Nursing Licensure Exam (NCLEX). Graduate nurses may apply to the PHS Commissioned Corps but will not be called to active duty until proof of a current, unrestricted, and valid nursing license is received.

### **Training**

#### **Qualifying professional education**

An applicant receives four years of credit for the qualifying degree (baccalaureate or master's in nursing) retroactive from the first day of the first month after receipt of initial licensure. No additional credit is permitted for any academic work, undergraduate or graduate, completed prior to the qualifying degree in nursing

**Graduate education**

The completion of the qualifying baccalaureate, or master's degree in a field deemed allied and relevant to professional nursing activities of PHS Commissioned Corps nurse officers is fully creditable. Time credit is given based on the length of time spent in full-time graduate study or its equivalent. Acceptable advanced degree courses, in addition to those in any field of nursing, include, but are not limited to, those in public health, the biological, physical, and social sciences, and in health care administration.

**Non-creditable education**

Post-qualifying degree study that is not designated as, or is not comparable to, the nursing allied and relevant fields listed above is not creditable.

**Fully creditable experience**

Experience in the fields of nursing occurring after attainment of the qualifying degree, including clinical nursing practice at any level, teaching nursing (both practical and professional) in an accredited institution, consultation, research, and administration is fully creditable. Credit is based on the actual time worked.

**Optional creditable experience**

Experience in a non-nursing position is creditable only if the board deems it relevant to professional nursing activities of PHS Commissioned Corps officers. The board shall determine the amount of time creditable.

**Non-creditable experience**

Work experience which does not meet the above criteria, or which cannot be fully substituted for such experience is not creditable.

**Special experience requirements for permanent grades**

The number of years of training and experience required for appointment at permanent grades 0-3 and 0-4 must include at least one year of clinical experience in nursing (direct patient care). Only experience after the qualifying degree can serve to meet these requirements.

**Commissioned Corps Compensation/Promotion**

Commissioned Officer pay is based on grade, location, and the base pay entry date (BPED). Pay increases when the officer is promoted, and usually when the officer reaches longevity milestones at 2, 3, 4, 8, 10, 12, 14, 16, 20, 22, 24, and 26 years after the BPED is established. The BPED is usually the initial date of military service, COSTEP, or PHS service. A Basic Pay Chart is available on the "Commissioned Corps Management Information System website at: <http://dcp.psc.gov> under the heading of Payroll Issues. Contact the Office of Commissioned Corps Support Services – Compensation Branch for current Variable Housing Allowance (VHA) information for a particular zip code.

Nurses are eligible for Non-Physician Board-Certified pay, if they hold certain nurse certifications. See Book 6, Chapter 3, Section 3, Instruction, 03 for additional information on Non-Physician Board-Certified Pay.

Your OPF contains the information that forms the basis for all decisions about your career progression as an officer. Competitiveness for job selection, temporary and permanent

promotions, and assimilation into the Regular Corps are just a few examples of the information in your OPF. Clearly, it is critical that this information be complete and accurate. Review your OPF regularly, but particularly before making any major career decisions. OPF's are available online at <http://dcp.psc.gov> under the secure heading.

As an Officer, you are automatically eligible for promotion "in your own right" based on training and experience (T&E) as established from records in your Official Personnel Folder (OPF). Typically, officers are eligible for temporary grade promotions after they have accumulated 8 years of T&E (for 0-3); 12 years of T&E (0-4); 17 years of T&E (0-5) and 24 years of T&E (0-6). Officers are also eligible for Exceptional Proficiency Promotions (EPPs). EPPs are temporary grade promotions before obtaining T&E eligibility. EPPs initiated by supervisors require OpDiv head recommendation for consideration; EPPs are limited and extremely competitive. More information can be found in the Commissioned Corps Issuance System in Book 3, Chapter 3, Section 2, Instruction 1.

Promotions to 0-4 through 0-6 are highly competitive. Nurse promotion boards consist of at least five 0-6 officers from most OpDiv, but may include 0-6 officers from another category. The boards also include minority representatives as well as other nurse officers from outside the Washington, D.C. area. A promotion board assesses each nurse based on OpDiv recommendations and the documentation in his or her eOPF. Each nurse is scored and rank-ordered with other nurses at the same grade level. Except in the case of EPPs, nurses do not compete directly with other categories. Current nursing precepts or weighted criteria used by the promotion board include can be found at:

<http://phs-nurse.org/career-development-resources>

Unlike General Schedule nurses, promotions for Commissioned Corps nurses are independent from obtaining new positions. Commissioned Officers are informed of their eligibility for promotion that provides some time to prepare for the promotion process. Here are a few instructions for preparing for promotion:

Ensure that you are in a billet graded higher than or at your current grade. Be in the position far enough in advance so that at least two annual COERs can be completed while you are in this position prior to promotion consideration.

Avoid transfers or OpDiv changes just prior to your last annual COER before promotion consideration unless the transfer of change involves a substantial increase in responsibility.

In your COER, describe your duties and level of responsibility in detail; however, do not exceed one attached typed page. Consider dividing the description into headings such as Duties, Accomplishments, and Goals, with bullets under each heading.

Review your OPF to ensure that it contains all information that will adequately represent your career progression, increased levels of responsibility, recognition, and other promotion precepts.

Include a current dated Curriculum Vitae (CV) in your OPF.

Read the monthly Commissioned Corps E-Bulletin at:  
[http://dcp.psc.gov/ccbulletin/ccbul\\_main.aspx](http://dcp.psc.gov/ccbulletin/ccbul_main.aspx)

## Commissioned Officer Evaluations

The annual Commissioned Officer Effectiveness Report (COER) is one of the most important documents in the career of PHS officers. The COER is reviewed and consulted whenever an officer is being considered for promotion, assimilation, award, and/or reassignment. As these actions become more competitive, the need for COERs in your eOPF that accurately reflect your performance is paramount.

Officers who are assigned to non-PHS OpDiv are frequently rated by persons who are completely unfamiliar with the PHS evaluation system. It is vital for officers to ensure that an accurate rating is given. They can do this by making certain that the reviewing officials understand the PHS system, duties, and responsibilities.

At the beginning of each evaluation period, review the responsibilities of the position and the rater's expectations for the year. Most Federal and non-Federal OpDivs have established performance standards for General Schedule employees. While the standards do not apply to PHS officers, they can form the basis for an evaluation. Suggested responsibilities include:

Explain the COER form in detail to the rater and the reviewer. Discuss your supervisor's interpretation of each element of the COER. If performance standards are used, discuss the relationship of each standard to the components of the COER. Explain the importance of the COER to the rater, paying particular attention to the potential impact of the COER on your career.

Keep accurate records of your various activities, difficulties, issues, telephone calls, meetings, and accomplishments.

To avoid surprises at the end of the year, routinely meet with the rater to discuss your performance to date. A one-half to one hour meeting every month works best. Meetings will allow you and the rater to identify any weaknesses and to implement corrective actions thus avoiding any negative impact on your evaluation. The importance of an atmosphere of cooperation in these meetings cannot be overemphasized.

The COER is completed online then forwarded to your rater within the designated time period. Take the time to explain the purpose of the COER and the significance of its completion.

As needed, give the rater names and telephone numbers of senior PHS officers with whom the rater can discuss the COER and the effects of the various ratings.

## Commissioned Officer Billets

The function of the commissioned officer billet is to describe the relative level of responsibility of a particular role or position. This is not the same as the General Schedule position description.

A series of standard billets designed to facilitate career progression form the billet system. Billet scores determine the grade of the billet. The Commissioned Corps is a rank-in-officer system, rather than a rank-in-job system like the General Schedule. For example,

a qualified 0-5 officer who could supervise other 0-5 officers or possibly some 0-6 officers can permanently fill a 0-6 Branch Chief billet.

Although many nurse officer billets are in the standard billet series, many are also in OpDiv-specific billet series, i.e., job series that are unique to a specific OpDiv mission or OpDiv non-standard billet series, i.e., unique individual jobs. Nurse Officers may also qualify for multi-disciplinary billets. These billets may also contain non-nurses, such as scientists, Health Service Officers (HSOs), etc.

Billet descriptions are available online. Study the standard billet series. By examining the progressive requirements and responsibilities, you will be better prepared to acquire these billets in the future. In effect, you can start working on those requirements now. For example, most senior officer billets require certification and/or graduate level degrees.

Since this information is subject to change, you may wish to contact your OpDiv Commissioned Corps Liaison Officer and the Division of Commissioned Personnel Nurse Staffing Officer for copies of the standard billets and for the most current OpDiv specific data.

### **Assignments: Civil Service and Commissioned Corps**

In the General Schedule system and largely in the Commissioned Corps as well, the nurse initiates most transfers and reassignments. Typically, job vacancies are advertised under the General Schedule merit promotion plan. Although qualified General Schedule and Commissioned Officers may apply for these positions, a CO, however qualified, may not be able to apply for all advertised General Schedule positions. Jobs within USPHS are accessed on the Internet on Direct Access is located at: <https://ep.direct-access.us/psp/UCGP1PP/?cmd=login&languageCd=ENG&>

Job postings in Direct Access may be viewed through Self Service by following the directions in the PHS Self-Service Procedure Guide located at <http://www.uscg.mil/ppc/phs/>. An overview of Direct Access is located at [www.usphs.gov/transformation](http://www.usphs.gov/transformation).

CO details to organizations outside of the eight PHS OpDivs are usually initiated through the outside organization by request to the Office of the Surgeon General. Other details may be suggested, advertised, and filled directly by one of the PHS OpDivs. For more information on CO details, contact the DCP Officer Development Branch. Ask for the officer responsible for detail assignments. For example, nurses have had long-term assignments with the World Health Organization and short-term assignments in the Caribbean, Kuwait, Somalia, and Eastern Europe.

## VI. Professional Nursing Licensure and Certification

### Certification

The largest certifying body for nurses, the American Nurses Association (ANA), Inc., established the ANA Certification Program in 1973 to provide tangible recognition of professional achievement in a defined functional or clinical area of nursing.

The American Nurses Credentialing Center (ANCC) is a separately incorporated center through which ANA serves its own credentialing programs. The ANCC bases its credentialing programs on the standards set by the ANA Congress for Nursing Practice. Goals of the ANCC include promoting and enhancing public health by certifying nurses and accrediting organizations using ANA standards of practice, nursing services, and continuing education.

Primary responsibility for the ANCC certification and recertification programs rests with the Boards of Certification. Examples of these boards for nursing practice are:

Community Health  
Maternal-Child Health  
Medical-Surgical  
Psychiatric and Mental Health  
Primary Care in Adult and Family Health  
Erotological  
Nursing Administration  
Nursing Continuing Education/Staff Development  
General Nursing Practice

In some instances, completion of an accredited educational program qualifies the nurse to sit for the certifying exam. In most other specialties, a minimum of two years of practice experience in the specialty is required. Since 1988, all generalist certification programs require a baccalaureate or higher degree in nursing.

For more information about nurse credentialing/re-credentialing, call (800) 284-2378. Business hours are Monday through Friday 9 a.m. until 5 p.m. (Eastern Standard Time).

The web site is located at  
<http://www.nursingworld.org/MainMenuCategories/CertificationandAccreditation>  
or write:

American Nurses Credentialing Center  
8515 Georgia Ave, Suite 400  
Silver Spring, MD 20910-3492

To obtain a copy of the ANCC annual catalog of initial certification requirements, call (800) 284-2378, email to [ANCC@ana.org](mailto:ANCC@ana.org), or write:

Marketing Services  
American Nurses Association  
8515 Georgia Ave, Suite 400  
Silver Spring, MD 20910-3492

For information about nursing specialties not already mentioned, contact the appropriate nursing specialty group. Certification is available for Nurse Anesthetist, Nurse Practitioner, Nurse Midwifery and others. Appendix C contains the contact information for these specific specialty organizations. The Internet has numerous listings with their contact data.

The National Commission on Correctional Health Care certifies Correctional Health Care. For more information call (773) 880-1460. Business hours are Monday through Friday 8:30 a.m. until 5 p.m. (Central Standard Time).

The website is located at <http://www.ncchc.org/>,  
e-mail [info@ncchc.org](mailto:info@ncchc.org),

or write:

National Commission on Correctional Health Care  
1145 W. Diversey Pkwy.  
Chicago, IL 60614

## VII. Training Opportunities

### Definitions of Government-Sponsored Training

Terminology and definitions of government-sponsored training may differ from agency to agency within the PHS. Outlined below are training opportunities. This is not meant to be an exhaustive list. Individuals should consult their employer's training office, personnel office and/or their supervisor for details on policies, approval process, and opportunities available through their agency.

Funding for training is set and awarded at the Operational Division (Op Div) level. The PHS, OASH or OCCO do not have specific funds targeted for PHS nurses' training. For budget and staffing purposes, most supervisors require training requests be submitted a specific length of time before the training is to begin, allowing time for processing the paperwork. Generally, most PHS Op Divs will approve government-funded, short-term training if:

- a) It can be budgeted.
- b) It is job related.
- c) It is part of your overall career plan.

### Types of Career Development Training

Training supported through PHS must be of benefit to PHS. Training consists of two categories: short-term training and long-term training. Training positions and funds must meet Agency and program goals. Training is an integral component of an officer's career development. Although limited resources are an increasing peril to training, this should not discourage the officer from applying for training since budget conditions do change.

Applications for long-term training, including applications for scholarships, grants, and awards will be made on Form PHS-1122-1 entitled, "Application for Training for Commissioned Personnel" or for short-term training on Form HHS-350, Training Nomination and Authorization.

It is important to establish early in an officer's career, an individual career development plan. A suggested general Career Development Pathway for Commissioned Officers is located on the Nursing Professional Advisory Committee web site [www.phs-nurse.org](http://www.phs-nurse.org). It should be more than a training plan that plots courses for one year. It deserves the officer's commitment from three to five years of active career development. Both short- and long-term training will be goals considered in the officer's plan during his/her career. All training must be documented in the officer's electronic Official Personnel Folder (eOPF). More information related to career development is in the Commissioned Corps Personnel Manual Subchapter CC25.2 Career Development. Nursing Benchmarks for Promotion found on the "What's new" section of the Professional Advisory Committee Website.

#### Short-term Training

Short-term training is not degree related and includes both full-time and part-time activities as follows:

Full-time training that does not exceed 30 consecutive days or a total of 90 calendar days in a fiscal year

For civil service, it is also defined as part-time training (i.e., evening classes) during which an employee is assigned less than 8 hours a day with the employee reporting to the worksite either before or after the training to complete the balance of the work day); and

Part-time training that does not exceed 70 hours in attendance in a 30-day period or a total of 210 hours in attendance in a fiscal year.

This is probably the predominant type of training experienced in an officer's career. Short-term training should include objectives that move you towards your long-term career goals. The objectives should be specific and measurable. Consult your administrative and/or personnel office for updated training brochures and training application procedures.

### **Long-term Training**

Long-term training can be very important to the career development of an officer. Long-term training is degree related and can be done on a full- or part-time basis. Most PHS long-term training is accomplished outside of a PHS facility and can be conducted part-time, continuously, or intermittently. The officer's agency and OCCO must approve all long-term training if the agency funds a substantial amount of the cost of that training.

Payback obligations required upon completion of long-term training, are usually two for one, e.g., two years of duty for every year of training. However, the exception to payback is if the agency did not pay for the long-term training and that no time from work was required to complete the training.

Much advanced planning and discussion with the appropriate individuals is critical to a successful long-term training application. Become familiar with your Agency's long-term training policy and procedures. An officer applying for training should consider that final approval depends upon meeting "criteria" at several interim administrative levels. Often the prospective trainee begins with an understanding of how they will benefit from the educational opportunity. However, they overlook the need to present a justification for why their supervisor and/or organization should commit resources to their particular request. Some management philosophies strongly recommend and encourage staff training, while others do not. Become aware of the management philosophy regarding training of your organization. With the limited resources (funds and FTE's) available in many agencies, competition for training dollars is likely to accelerate. Therefore, the fundamental question that must be foremost in your thoughts as you prepare the application is: "How will this training benefit my organization?" and "What contribution to the organization will I be able to make when I return from long-term training that I am unable to make now?"

After thoroughly assessing your need for long-term training, you should meet with your immediate supervisor to discuss the proposed training and how it will permit you to fill an expanded or more productive role in the organization. Securing the support of the supervisor is critical since this individual will serve as your advocate for this training experience to higher levels of management. It is helpful if the supervisor is familiar with the requirements of the training to assist, the candidate. Notwithstanding, the officer requesting training has the ultimate responsibility to ensure the process is initiated and completed in an accurate and timely manner.

In addition to determining the requisite components of the training application, deadlines of the application are important to review with the supervisor. Also, be sure to consider upcoming calendar of events (e.g., vacations, travel, project/budget planning, etc.). The reality is that most supervisors will set aside the training application temporarily while they handle issues with more pressing deadlines. To assure timely completion, the candidate should be prepared to do most of the application processes. In addition, it is important to note that the successful candidate for long-term training is sometimes the one who can respond quickly to requests for changes in the application as it continues through the approval process.

Other considerations that may influence success in securing approval for long-term training are the following:

Develop relationships throughout your organization

Take every opportunity to avail yourself to new initiatives

Do your part to ensure that you are in the best position to get promoted “on time”

Begin taking classes on your own. This demonstrates motivation and will limit the amount of time you have to be in long-term training

Before going on long-term training, officers should consider establishing a timetable (possibly with their supervisor) for periodic reporting to the agency supervisor and for providing any documentation required by the Agency. It may be extremely beneficial to discuss reassignment after completion of long-term training long before training is completed.

Training and continuing education play a role in career development. Unfortunately, many programs do not have funding for continuing education or training. It is, therefore, the responsibility of the officer to arrange (and pay) for this. There are many continuing education opportunities available free or at a nominal cost.

### **Intramural, Internal or On-site Training**

These terms cover training provided under the primary auspices of PHS training facilities or by an affiliated institution in which a PHS Operating Division has some administrative control. Support of intramural training is generally more cost effective and therefore preferred over extramural training. The following pages identify some sources of PHS training centers by Operating Divisions.

### **Extramural, External, or Off-site Training**

These terms cover all training provided under the sole auspices of non-PHS training facilities. Nursing or other professional organizations, local universities, or non-PHS health care facilities may be sources of extramural training.

### **Government Training Programs**

The following is a partial list of government training programs available to PHS nurses. Contact the program directly to gain information on course offerings and requirements. If your Op Div of interest is not listed below, contact your agency human resources/training center or personnel office for assistance in exploring opportunities in other Op Divs.

### **Office of Personnel Management (OPM)**

The Federal Executive Institute and the Management Development Centers dedicated to developing career leaders for the federal government and is comprised of three centers:

Federal Executive Institute (FEI) located in Charlottesville, VA

Eastern Management Development Center (EMDC) located in Shepherdstown, WV.

Western Management Development Center (WMDC) located in Aurora, CO.

We offer exceptional residential learning environments and are staffed with program directors, seminar leaders, and facilitators drawn from America's elite corps of training professionals. For more information contact:

#### ***Contact Information:***

#### **U.S. Office of Personnel Management**

Customer Service Office  
239 Lowe Drive  
Shepherdstown, WV 25443

Phone: (304) 870-8008  
Toll-Free: (888) 676-9632  
Fax: (304) 870-8078  
Email: [register@opm.gov](mailto:register@opm.gov)

Website: <http://www.leadership.opm.gov/>

### **The Graduate School**

#### **Short term Training**

The Graduate School is a continuing education institution offering career-related courses to all adults regardless of education or place of employment. We annually provide more than 1,500 different courses for career development and personal enrichment. Classes are designed to help individuals realize their career potential, improve their job performance and enrich their lives. More than 1,200 instructors are from government, business and academia. As experts in their fields, Graduate School instructors bring a practical focus to the classroom. Topics include Information Technology, Management Support, Personnel Management, Supervision, Management, Communication and Financial Management.

#### **Long term Training**

Focused on developing current and future federal executives, managers and leaders, the Center for Leadership and Management strengthens both individual and organizational performance. We offer long-term (six months to one year) career development programs for individuals at various government levels. Our programs provide a broad range of executive, managerial and leadership training, plus continuing opportunities for professional development. We are committed to helping you become a better leader.

*Contact Information:*

**Graduate School USA**  
Customer Support Center  
600 Maryland Ave., SW,  
Washington, DC 20024-2520

Phone: (202) 314-3300  
Toll Free: (888) 744-GRAD (888-744-4723)  
Toll Free Fax: (866) FAX-GRAD (866-329-4723)  
<http://graduateschool.edu/>

E-mail: [customersupport@graduateschool.edu](mailto:customersupport@graduateschool.edu)

## **VIII. Nurse Resource Manual Appendices**

The appendices found below are active links to the latest online version of the appendix.

**Appendix A: [Recommended CV Instructions](#)**

**Appendix B: [USPHS Awards](#)**

**Appendix C: [Directory of Nursing Organizations](#)**

**Appendix D: [Commissioned Corps Resources](#)**

**Appendix E: [Glossary of Acronyms](#)**

**Appendix F: [Nurse Resource Manual Evaluation Form](#)**