



U.S. Public Health Service Commissioned Corps Associate Recruiter Program

Recruiting Supply Request Sheet

Instructions: Please indicate desired items and the quantity below. Completed request forms must be submitted electronically to DCCR at ARP@hhs.gov. **Please note:** Items cannot be shipped to PO Box addresses. Please use work/business address whenever possible and allow 30 days for processing. Requests are filled based on available supplies.

Name: _____ Phone Number: _____

Category: _____ Email: _____

Date Submitted: _____ Date Needed: _____

Address (Line 1): _____

Address (Line 2): _____

City: _____ State: _____ Zip Code: _____

Please select the item(s) you are requesting and enter the estimated quantity:

Brochures

___ Answering the call brochure (general information about the Corps)

Category-specific fact sheets (all fact sheets are 8"x10")

- ___ Physician Officer
- ___ Pharmacy Officer
- ___ Nurse Officer
- ___ Public Health Officer
- ___ Mental Health Officer
- ___ Veterinarian Officer

Give-away Items

- ___ Pens
- ___ First Aide Kits
- ___ Dental Floss
- ___ Bandage Buddy (Bandage Dispenser)

Displays

- ___ Fabric Display (7½ ft x 5 ft) stand alone display designed for the floor
- ___ Pull-up display (6½ ft x 2½ ft) stand alone display designed for the floor