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U.S. PUBLIC HEALTH SERVICE
Pharmacist Professional Advisory Committee
Department of Health and Human Services

Pharmacist Professional Advisory Committee (PharmPAC) University Points of Contact (UPOC) Enrollment Form

Click on button above to submit to LCDR Brent Hobbs at gary.hobbs@ihs.gov

Name/Rank/PHS#:

OPDIV:

Work Address:

Work Telephone:

Fax:

E-mail (work):

E-mail (personal):

School/University from which Pharmacy degree was obtained:

PHS status: ☐ Active Duty Commissioned Officer

☐ Active ☐ Civil Service

☐ Retired Commissioned Officer PHS Number

☐ Retired ☐ Civil Service

☐ Inactive Reserve Commissioned Officer PHS No.

☐ COSTEP PHS No.

*Date accepted to the USPHS Associate Recruiter Program

*Date earned the Commissioned Corp Training Ribbon (CCTR)

Subscribed to the Student Listserve ◯ Yes ◯ No

Subscribed to the PHS Listserve ◯ Yes ◯ No

*Not applicable to civil service pharmacists

Briefly discuss your purpose and motivation for becoming a UPOC:

Submit by email