

## DEPARTMENT OF HEALTH AND HUMAN SERVICES U.S. Public Health Service Commissioned Corps Headquarters



## EXTRAMURAL TRAINING AGREEMENT

A. I understand that Department of Health and Human Services (HHS) policy prohibits acceptance of contributions to salary, from whatever source, by active-duty officers of the Commissioned Corps of the U.S. Public Health Service (Corps), unless the contributions are accepted to the benefit of the Government. If accepted, the contributions are deposited to the Miscellaneous Receipts of the Treasure of the United States. Further, with regard to the training I am to receive, I have read and agree to the following:

I voluntarily agree to serve on active duty with the Corps for any period of HHS-supported extramural training as follows:

PERIOD OF TRAINING FULL TIME*	PERIOD OF TRAINING PART TIME	ACTIVE-DUTY OBLIGATION PERIOD
30 days or less	70 hours or less	None
Over 30 days but less than 3 months	Over 70 hours but less than 210 hours	6 months
3 months or more	210 hours or more	**Twice the period of full-time training

\* A full-time curriculum approximates 70 hours attendance during a 30-day period.

\*\* For part-time training: Days obligated = (total hours of training x 2)

2.33

My active-duty obligation shall commence immediately upon cessation of my participation in the training program. Failure to fulfill my activeduty obligation shall subject me to the penalties set forth in Paragraph B below. (See CCI 325.01, "Extramural and Intramural Training and Obligation," of the electronic Commissioned Corps Issuance System.)

B. I understand that if I fail to complete an active-duty obligation with the Corps incurred as a result of my extramural training as set forth in Paragraph A above, I shall be obligated to HHS. The monetary obligation equals 2 times the total amount of the tuition, fees, and other training expenses; and 2 times any compensation, to include but not limited to pay, allowances, special pays, travel, transportation, and shipment of household goods received by me or paid on my behalf in connection with the training. Under the Department of Treasury regulations, late charges may be assessed for payments made after the due date on amounts owed to the U.S. Government. Furthermore, I understand that if I fail to fulfill an active-duty obligation incurred pursuant to my participation in training under this agreement, HHS will deny lump-sum payment of unused annual leave to my credit; divest me of any entitlements to travel and transportation allowances; and travel time which are otherwise authorized in connection with separation from the Corps; withhold my final pay and allowances to satisfy any indebtedness to the Government; and deny any request for a commission in the Ready Reserve.

STATE FIELD OF STUDY OR SPECIALTY

NAME (Last, First, MI)

SIGNATURE

DATE(mm/dd/yyyy)