



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
U.S. Public Health Service (USPHS) Commissioned Corps



**ACCESSION BONUS (AB) or CRITICAL WARTIME SKILLS  
ACCESSION BONUS (CWS-AB) AGREEMENT REQUEST**

*(Privacy Act Notice is on the Second Page)*

IDENTIFICATION		CCHQ USE ONLY
NAME (Last, First, Middle Initial)		GRADE/RANK
PHS SERIAL NUMBER	ORGANIZATION/REGION	DATE REC'D. (mm/dd/yyyy)
PRIMARY PHONE NUMBER	E MAIL	

**SPECIAL PAY REQUESTED**

ACCESSION BONUS (AB) or CRITICAL WARTIME SKILLS ACCESSION BONUS (CWS-AB)  
4 year agreement

**CONDITIONS OF AGREEMENT**

In consideration of payment of the AB or CWS-AB for which I qualify in accordance with 37 U.S.C. § 335; Commissioned Corps Directive (CCD) 151.05; and Commissioned Corps Instruction (CCI) 633.01, I hereby agree to the following:

- A. To meet the satisfactory participation standards for the Ready Reserve throughout this period, and, if a member of SELRES, will stay eligible to remain in an active status for the agreement period specified above, commencing on the following date (mm/dd/yyyy):
- B. That I will be paid AB or CWS-AB in the amount specified for my category of \_\_\_\_\_ with a specialty in \_\_\_\_\_ for each year of my Commissioned Service Obligation (CSO).
- C. That I hold a current, valid and unrestricted license as directed for my category under CCI 251.01 "Professional Licensure and Certification" or certification as required by CCI 231.01, "General Appointment Standards." I agree to remain certified in the specialty referenced in section B, above, during the period I receive AB or CWS-AB.
- D. That I will receive the AB in a one-time lump sum payment or CWS-AB in equal annual installments.
- E. That if I fail to complete the CSO for which AB or CWS-AB is paid:
  - (1) Under the provisions contained in Section 6-7.e. of CCI 633.01, I will be required to refund a pro rata portion of the payment received which represents the unearned portion of that annual payment of a terminated agreement in accordance with 37 U.S.C. § 373.
  - (2) I will be required to refund a pro rata portion of any payment received pursuant to this agreement. The amount of the repayment shall be that portion of the payment not earned (1/1440th of the 4-year agreement for each day of the agreed-to period not earned for AB and 1/360th of the annual payment for each day of the year not earned for CWS-AB);
  - (3) Any amount I am obligated to refund because of the termination of this agreement will be a debt due to the United States which I hereby agree to pay in full as directed by the appropriate collections officials in accordance with CCI 654.02; and
  - (4) That I may not be eligible for recommissioning in the USPHS Commissioned Corps.
- F. That I will serve in a clinical position that is in the specialty for which the pay is received and that I may not transfer out of the agency that paid the bonus until I have fulfilled my service obligation.
- G. If I have an unexcused absence for 3 or more consecutive monthly weekend training drills then I am not eligible for AB or CWS- AB.
- H. That I am not serving a service obligation from a scholarship or other financial assistance from the Department of Health and Human Services (HHS) or the Department of Defense (DoD) to pursue a course of study in exchange for an agreement to accept an appointment as a commissioned officer nor have an existing training-related service obligation as a result of financial assistance received from HHS, DoD, or another Federal organization.
- I. That the effective date of this agreement will be the date the officer becomes eligible, if the agreement is signed within 30 days of eligibility and received in the Financial Services Branch (FSB), Commissioned Corps Headquarters (CCHQ), within 60 days of becoming eligible. Otherwise the effective date will be the date determined by procedures set forth by the SG in a Personnel Operations Memorandum (POM).
- J. Payment of AB and CWS-AB will normally commence within 90 days after receipt of the completed agreement in CCHQ or within 90 days after CCHQ receives all necessary supporting documentation.

*(continued on next page)*

## CERTIFICATION

I certify that I have read and understand CCD 151.05 and CCI 633.01, and I have read and agree to abide by the terms of this AB or CWS-AB agreement as stated above and that the above information is true and correct. Further, I understand that making a false statement or claim against the U.S. Government is punishable by a fine, or imprisonment, or both. 18 U.S.C. § 287; 18 U.S.C. § 1001.

PRINTED NAME

SIGNATURE

DATE (mm/dd/yyyy)

## SUPERVISOR CERTIFICATION

I certify that this officer is eligible to receive this Accession Bonus or Critical Wartime Skills Accession Bonus and recommend payment.

PRINTED NAME

TITLE

SIGNATURE

DATE (mm/dd/yyyy)

## BUDGET OFFICIAL/CERTIFYING OFFICIAL OPERATING DIVISION/PROGRAM CLEARANCE AND APPROVAL.

PRINTED NAME

TITLE

SIGNATURE

DATE (mm/dd/yyyy)

## PRIVACY ACT NOTICE



**USPHS COMMISSIONED CORPS  
SELECTED RESERVE (SELRES) ACCESSION BONUS (AB) or  
CRITICAL WARTIME SKILLS ACCESSION BONUS (CWS-AB) AGREEMENT**  
(Form PHS-7033-RRC)

**General:** This information is provided pursuant to the Privacy Act of 1974 (Public Law 93-579) for PHS officers applying for AB or CWS-AB.

**Records System:** 09-40-0001, "PHS Commissioned Corps General Personnel Records," HHS/PSC/HRS; 09-40-0002, "PHS Commissioned Corps Medical Records," HHS/PSC/HRS; 09-40-0003, "PHS Commissioned Corps Board Proceedings," HHS/ PSC/HRS; 09-40-0004, "PHS Commissioned Corps Grievance, Investigatory and Disciplinary Files," HHS/PSC/HRS; 09-40-0011, "Proceedings of the Board for Correction of PHS Commissioned Corps Records," HHS/PSC/HRS; and 09-90-1402, "HHS Payroll Records," HHS.

**Authority for Collection of Information:** 37 U.S.C. § 335 (Pay and Allowances of the Uniformed Services); 42 U.S.C. § 202 et seq. (PHS Act Sec 201 et seq.); and Executive Order 9397 (Numbering System for Federal Accounts Relating to Individual Persons).

**Purposes and Uses:** The principal purpose for collecting this information is to determine your eligibility for AB or CWS-AB. If you are selected for award of AB or CWS-AB, the information collected will be used for issuance of personnel orders to authorize payment. These records, or information therefrom, may also be provided to other Federal agencies to which PHS officers are assigned. The information also may be used for study purposes and/or collection of statistical data for reports to other Federal agencies and the Congress. It may also be used for other lawful purposes including collection of a debt owed the Federal Government, law enforcement, and litigation.

**Effect of Nondisclosure:** You are required to provide the information requested on this agreement to receive AB or CWS-AB. Failure to supply complete and accurate information may result in delays and/or errors in determining eligibility and, therefore, result in late payment or nonpayment. It could be cause for refund of pay if you receive an award based on erroneous information. All statements are subject to verification.