

PHV Continuing Education Program Application and Approval Form

Employee Information

Legal First Name:		Middle Name or Initial <i>(if none, list N/A)</i> :	Legal Last Name:
FSIS Username:		FSIS	Alternate Email: <i>(optional but recommended)</i>
Best Phone Number to be Contacted: <i>(Enter numbers only, no symbols)</i>		Job Title:	Enter On-Duty Date <i>(Month/Year began with FSIS)</i>
GS Grade Level:	Occupational Series:	District Office: <i>(OFO veterinarians only)</i>	Duty Station: <i>(OFO veterinarians only)</i>
Program Office: <i>(Headquarters veterinarians only)</i>		Division: <i>(Headquarters veterinarians only)</i>	Branch: <i>(Headquarters veterinarians only)</i>

What do you hope to achieve by participating in this Program? *(Check ALL that apply with an "X")*

- ☐ Support my current job performance as a PHV

☐ Advance my FSIS Career

☐ Obtain or maintain my licensure in Veterinary Medicine

☐ Obtain a Board Certification in Veterinary Medicine

☐ Other *(Please explain)*

Supervisor Information

Supervisor's First Name:	Supervisor's Last Name:	Supervisor's Phone Number: <i>(Enter numbers only, no symbols)</i>
Supervisor's E-mail Address:		

Training Course 1 Data

Name of Training:		
Start Date:	End Date:	Number of CE hours earned:
Cost of Training: <i>(registration only, travel is not reimbursable)</i>		
Please Provide a Brief Description of the Training you Attended:		Type of Training: <i>(i.e. Conference, Webinar, Professional Short Course)</i>

Training Course 2 Data

Name of Training:

Start Date:

End Date:

Number of CE hours earned:

Cost of Training: *(registration only, travel is not reimbursable)*

Please Provide a Brief Description of the Training you Attended:

Type of Training: *(i.e. Conference, Webinar, Professional Short Course)***Training Course 3 Data**

Name of Training:

Start Date:

End Date:

Number of CE hours earned:

Cost of Training: *(registration only, travel is not reimbursable)*

Please Provide a Brief Description of the Training you Attended:

Type of Training: *(i.e. Conference, Webinar, Professional Short Course)***Participant Acknowledgements
(Sign Digitally with LincPass)**

I am a permanent, full-time employee, with a minimum of 1 year of service with FSIS (at the time of application), and am in good standing (rated fully successful or better and no disciplinary actions or pending disciplinary actions that occurred in the past 1 year):

I am a veterinarian (completed a doctorate degree in veterinary medicine) in FSIS:

I successfully completed this training and am seeking reimbursement for registration costs only since travel costs are not reimbursable:

I understand that in order to be reimbursed, I must provide documentation of CE earned (or successful completion of the training) and a proper receipt showing I paid "out-of-pocket":

SUPERVISOR CONCURRENCE
(To be Signed by Employee's Supervisor)
(Sign with a LincPass)

I certify that my employee is a veterinarian with a doctorate degree in veterinary medicine; and, is permanent, full-time, with a minimum of 1 year of service with FSIS, and is in good standing (rated fully successful or better and has no disciplinary actions or pending disciplinary actions that occurred within the past 1 year):

**Supervisor Sign
Here:**

CEP APPLICATION REQUEST INFORMATION
(To be Completed by FSIS PHV Continuing Education Program)

**Authorizing
Official
Sign Here:**

Application Received:

☐

FY23 PHV CEP

☐

FY24 PHV CEP

Date:

☐

Q 1 (Oct 1 - Dec 31)

☐

Q 3 (Apr 1 - Jun 30)

☐

Q 2 (Jan 1 - Mar 31)

☐

Q 4 (July 1 - Sept 30)

**Instructions to Complete and Submit the PHV Continuing Education Program
Application and Approval Form:**

Important

1. This application form must be complete before submitting. Applications that are not complete and have missing information will not be processed. All fields must be completed for each section. Only fields marked optional can be left blank. If you have application questions call 202-836-0434.
2. Submit the application by email to PHVCEP@usda.gov.
3. The PHV Continuing Education Program (CEP) is not a licensure or board certification program. Applicants are not required to have or to earn an active license or certification in Veterinary Medicine (VM) in order to participate.
4. If the training occurs during your normal tour of duty or work hours, you must get approval from your supervisor to attend.
5. After the training is completed you must submit the following documentation in order to receive reimbursement: documentation of successful completions such as CE hours earned; a proper receipt; and a digitally signed OF1164 reimbursement form. All documentation must be emailed to PHVCEP@usda.gov.

Employee Information:

1. **Legal First Name:** Do not use nicknames. Enter legal name.
2. **Middle Initial/Name:** If you do not have a middle name or initial, enter N/A for Not Applicable. (Do not leave this field blank).
3. **Legal Last Name:** Enter legal name.
4. **FSIS Username:** Enter FSIS Username name. It can be found in the Outlook Email Global Address Book if you search your name and look under "alias".
5. **FSIS Email:** Enter FSIS email address.
6. **Alternate Email:** (optional) Enter a personal email in which we can communicate with you.
7. **Phone Number to be Contacted:** Enter a personal or work phone where you can easily be reached.
8. **Job Title:** Enter the acronym, PHV.
9. **Enter On Duty Date:** Enter the month and year that you that you began working for FSIS.
10. **GS Grade Level:** Enter your GS number.
11. **Occupational Series:** Enter the number of your occupational series. (i.e. 0701)
12. **District Office:** *(OFO veterinarians only)* Enter your district office.
13. **Duty Station:** *(OFO veterinarians only)* Enter the City & State of your duty station. If you rotate between duty stations enter "Rotate". Do not list establishment names of numbers.
14. **Program Office:** *(Headquarters veterinarians only)* Enter your Program Office.
15. **Division:** *(Headquarters veterinarians only)* Enter your Division.
16. **Branch:** *(Headquarters veterinarians only)* Enter your Branch.
17. **What do you hope to achieve by participating in this Program?** Mark an "X" next to each answer that applies to you.

**Instructions to Complete and Submit the PHV Continuing Education Program Application and Approval Form
(continued)**

Supervisor Information:

- 1. Supervisors's First Name:** Enter your immediate supervisor's full first name.
- 2. Supervisor's Last Name:** Enter your immediate supervisor's full last name.
- 3. Supervisor's Email:** Enter your immediate supervisor's FSIS email address.
- 4. Supervisor's Phone Number:** Enter your immediate supervisor's FSIS phone number.

Training Data:

- 1. Name of Training:** Enter the name of the Professional Conference Meeting.
- 2. Start Date:** Enter the month, day, and year the conference/meeting begins.
- 3. End Date:** Enter the month, day, and year the conference/meeting ends.
- 4. Number of CE hours Earned:** Enter the number of continuing education units to be earned. This can be estimated if you are not certain.
- 5. Cost of Training:** Enter the cost of registration - only. Do not include cost of travel.
- 6. Please Provide a Brief Description of the Training you Attended:** Describe the training you attended.
- 7. Type of Training:** (*i.e. Conference, Webinar, Professional Short Course*) List the training type

Participant Acknowledgements:

1. Please read each of the four statements in this section and digitally sign your full name with your LincPass. Your signature indicates that you understand and agree with the requirements. If left blank, your application will not be considered complete and will not be processed.

Supervisor Concurrence:

1. Please sign with your LincPass if you can validate that your employee is a veterinarian with a doctorate degree in veterinary medicine; and, is permanent, full-time, with a minimum of 1 year of service with FSIS, and is in good standing (rated fully successful or better and has no disciplinary actions or pending disciplinary actions that occurred within the past 1 year):

If you have questions about the application call:

202-836-0434

1-833-ASK-OEED or 1-833-275-6333