APPLICATIONS MUST BE SUBMITTED TO:
BILLINGS AREA INDIAN HEALTH SERVICE
DIVISION OF HUMAN RESOURCES
P.O. BOX 36600 - 2900 FOURTH AVENUE, NORTH
BILLINGS, MONTANA 59107

FAX NUMBER (406) 247-7251
WWW.IHS.GOV

This vacancy announcement is used to fill appointments under Excepted Service Examining Plan, Merit Promotion Plan, Delegated Examining, and Commissioned Corp.
Please see the "How to Apply" Page for information on how to apply under these authorities.

POSITIONS:	**Medical Officer (General Practice),** GS-602-11/12/13/14/15 **Medical Officer (Various Specialty Fields),** GS-602-11/12/13/14/15	**ANNOUNCEMENT NUMBER:**	**BA-DEU-05-01**

LOCATION: *As vacancies occur throughout the Billings Area Indian Health Service:
MONTANA: Browning, Crow Agency, Harlem, Hays, Heart Butte, Lame Deer, Lodge Grass, Poplar, Pryor, and Wolf Point
WYOMING: Ft. Washakie and Arapahoe

SALARY RANGE: GS-11: $57,303-$70,875; GS-12: $68,677-$84,940; GS-13: $81,670-$101,011; GS-14: $93,973-$116,833; GS-15: $101.577- $128,469 PER ANNUM

Open Date:	**02/01/05**	**Closing Date:**	**Open Continuous**	**Travel:**	☐ **No Travel** ■ **Occasional Travel** ☐ **Frequent Travel**

Position Status May Be:	■ **Permanent** ■ **Temporary NTE** ■ **Term APPT NTE**	**Work Schedule May Be:**	■ **Full-time** ■ **Part-time** ■ **Intermittent** ■ **Subject to rotating shifts** ■ **Subject to call-back**	**Promotion Potential:**	**Yes, if filled at a lower grade level**	**Area of Consideration:**	**All Areas**

Supervisory/ Managerial Positions:	**May be filled under this announcement (May require one year probationary period)**	**Government Housing:**	**May be available depending on location of vacancy**	**Moving Expenses:**	**Travel and transportation expenses may be paid**

THE INDIAN HEALTH SERVICE IS COMMITTED TO EQUAL EMPLOYMENT WITHOUT REGARD TO RACE, RELIGION, COLOR, GENDER, NATIONAL ORIGIN, AGE, DISABILITY OR SEXUAL ORIENTATION. HOWEVER, IN ACCORDANCE WITH THE INDIAN PREFERENCE ACT (TITLE 25 U.S.CODE, SECTION 472 AND 473), PREFERENCE FILLING VACANCIES IS GIVEN TO QUALIFIED INDIAN CANDIDATES.

Who May Apply: Any U.S. Citizen

THE FOLLOWING SPECIAL HIRING AUTHORITIES MAY ALSO BE UTILIZED: Handicapped individuals, of former Peace Corps, VISTA, VRA eligible and 30% disabled veterans. Individuals who have special priority selection rights under the CTAP and ICTAP must be well qualified for the position to receive consideration. CTAP and ICTAP eligible candidates must be considered well qualified if: (1) Possesses the knowledge, skills and abilities which clearly exceed the minimum qualification requirements for the position. (2) Meets the basic qualification standards and eligibility requirements for the position. (3) Meets selective placement factor. (4) Be rated above minimally qualified candidates in accordance with the Indian Health Service Merit Promotion Plan. (5) Is physically qualified. DEFINTION OF WELL-QUALIFIED, *AS DETERMINED IN THE BILLINGS AREA INDIAN HEALTH SERVICE:* Rating out at meeting at least a 3 or 4 on the majority of the KSA's for the position being filled. EXAMPLE: If there are 5 KSA's the applicant must have at least a 3 or 4 on three of the KSA's in order to be considered WELL QUALIFIED. CTAP and ICTAP candidates seeking eligibility must submit a copy of the agency notice, most recent performance rating and most recent SF-50 noting position, grade level and duty location. Please indicate on your application if you are applying as a CTAP or ICTAP eligible. This agency provides reasonable accommodations to applicants with disabilities. If you need a reasonable accommodation for any part of the application and hiring process, please notify the agency. The decision on granting reasonable accommodation will be on a case-by-case basis.

Commissioned Officers: May indicate their interest in being considered by submitting a resume or curriculum vitae. It is the responsibility of the Officer to submit sufficient information as stated on the "How to Apply" page to permit this office to determine whether you meet the qualification requirement.

NOTE: If you are a current permanent IHS employee with Indian Preference you may be considered under the Merit Promotion Plan (MPP) and Excepted Service Examining Plan (ESEP). You must indicate on your application your request to be considered under both plans. Temporary IHS employees, Bureau of Indian Affairs Excepted employees and other Indian Preference candidates will be evaluated under the Excepted Service Examining Plan. Other current permanent Federal employees or reinstatement eligible applicants, may be considered under the MPP and Open Competitive process.

NOTE: If you are a current permanent federal employee or reinstatement eligible individual you may be considered under the Merit Promotion Plan (MPP) and Delegated Examining. You must indicate on your application your request to be considered under both plans.

CANDIDATES MUST MEET TIME AFTER COMPETITIVE APPOINTMENT, TIME IN GRADE, LEGAL, REGULATORY, QUALIFICATION REQUIREMENTS.

CONDITIONS OF EMPLOYMENT:

A. Selectee will be required to sign an OF-306, Declaration for Federal Employment form certifying to the accuracy and truthfulness of the information provided in their application.
B. Selectee will be required to complete an SF-85, Questionnaire for Non-Sensitive Positions (Background Record Check) at the time of appointment.
C. Male applicants born after December 31, 1959, will be required to complete the certification documentation to confirm their Selective Service registration status.

D. The U.S. Department of Justice Immigration and Naturalization Service by act of Congress requires that all individuals appointed to a position MUST present proof of employment eligibility by completing Verification of Employment Eligibility Form (INS I-9) at time of appointment.
E. If selected, immunization for such illness as found necessary by the Billings Area. Individuals may also be required to be tested for tuberculosis.

DUTIES AND RESPONSIBILITIES: Incumbent serves as a physician and provides inpatient and outpatient care for the various Indian Tribes residing in the States of Montana and Wyoming. Conducts regular outpatient clinics, general medical and pediatric, for examination, diagnosis and treatment of patients. Determines when the services of a specialist are needed to treat unusual cases. Make necessary arrangements for the admission of hospital patients to appropriate hospital. Analyzes the clinical records of new inpatients to determine preliminary diagnosis, affords professional care to patients confined, obtains necessary consultation for cases presenting difficulty in diagnosis or treatment, and authorizes admission of patients to contract hospitals for emergency medical care and surgery. Participates in service unit and area meetings to develop new, modify existing, and evaluate medical procedures relative to patient care with objective of improving and increasing the degree of patient care given to patients.

SELECTIVE PLACEMENT FACTOR: Selective factors are knowledge, skills, abilities, or special qualifications that are in addition to the minimum requirements in a qualification standard, but are determined to be essential to perform the duties and responsibilities of a particular position. *APPLICANTS WHO DO NOT MEET THE FOLLOWING SELECTIVE PLACEMENT FACTOR ARE INELIGIBLE FOR FURTHER CONSIDERATION:* **APPLICANTS MUST POSSESS AND MAINTAIN A CURRENT, ACTIVE, AND UNRESTRICTED MEDICAL LICENSE IN A STATE, DISTRICT OF COLUMBIA, THE COMMONWEALTH OF PUERTO RICO, OR A TERRITORY OF THE UNITED STATES.**

IF APPLICABLE, SELECTED INDIVIDUAL IS REQUIRED TO OBTAIN AND MAINTAIN MEDICAL STAFF CLINICAL PRIVILEGES. IF PRIVILEGES ARE NOT OBTAINED OR MAINTAINED DURING EMPLOYMENT, THE EMPLOYEE MAY BE SUBJECT TO ADVERSE ACTIONS, UP TO AND INCLUDING REMOVAL FROM THE FEDERAL SERVICE

QUALIFICATION REQUIREMENT: Except for the substitution of education as provided in the Operating Manual Qualification Standards for General Schedule Positions, applicants must meet the following basic requirements in addition to the following types of experience, in the amounts indicated.

BASIC REQUIREMENTS: ***Degree:*** Doctor of Medicine or Doctor of Osteopathy from a school in the United States or Canada approved by a recognized accrediting body in the year of the applicant's graduation. [A Doctor of Medicine or equivalent degree from a foreign medical school that provided education and medical knowledge substantially equivalent to accredited schools in the United States may be demonstrated by permanent certification by the Educational Commission for Foreign Medical Graduates (ECFMG) (or a fifth pathway certificate for Americans who completed premedical education in the United States and graduate education in a foreign country).]
Graduate Training: Subsequent to obtaining a Doctor of Medicine or Doctor of Osteopathy degree, a candidate must have had at least 1 year of supervised experience providing direct service in a clinical setting, i.e., a 1-year internship or the first year of a residency program in an institution accredited for such training. (This 1-year of supervised experience may be waived for research or administrative positions not requiring direct patient care.) For purposes of this standard, graduate training programs include only those internship, residency, and fellowship programs that are approved by accrediting bodies recognized within the United States or Canada. Listings of accredited programs are published yearly in the *Directory of Residency Training Programs* and the *Yearbook and Directory of Osteopathic Physicians.*

- *An internship program* involves broadly based clinical practice in which physicians acquire experience in treating a variety of medical problems under supervision (e.g., internal medicine, surgery, general practice, obstetrics-gynecology, and pediatrics). Such programs are in hospitals or other institutions accredited for internship training by a recognized body of the American Osteopathic Association (AOA).
- *A residency program* involves training in a specialized field of medicine in an institution accredited for training in the specialty by a recognized body of the American Medical Association (AMA) or AOA.
- *A fellowship program* involves advanced training (beyond residency training) in a given medical specialty in either a clinical or research setting in a hospital or other institution accredited in the United States for such training.

Licensure: For positions involving patient care, candidates must have a permanent, full, and unrestricted license to practice medicine in a State, District of Columbia, the Commonwealth of Puerto Rico, or a territory of the United States. Applications will be accepted from physicians who are not currently licensed; however, if selected for appointment, they must (a) obtain a license before entering on duty, or (b) meet one of the following provisions:

- *Appointments Pending Meeting Licensure Requirement:* Individual circumstances may warrant appointments pending meeting the licensure requirement (e.g., when a candidate has a temporary license to practice until the next regular session of the licensing board). Persons appointed pending licensure may not be retained beyond 1 year of appointment if they do not obtain the license.

Applicants who meet the basic requirements qualify for GS-11 positions.

Additional Requirements for Grades GS-12 and Above: The requirements below are grouped according to types of programs-clinical and training, aviation medical, occupational health, disability evaluation, maternal and child health, and research.

- Clinical and Training Programs-Within Federal clinical and training programs, a distinction is made between general practice and specialist positions. General practitioners must be skilled in recognizing various medical pathologies that require referral to specialists for diagnostic and treatment procedures. Graduate training and experience must, therefore, be well rounded. Specialist positions require graduate training and experience related to the specialty and subspecialty of the position to be filled. Experience may not be substituted for training essential for performing specialized duties. The length and content of residency programs depends upon the specialization and requirements of recognized accrediting American medical specialty boards. These boards are authorized to conduct examinations to determine the competence of physicians in the specialty, to issue certificates of qualification, to participate in evaluating the quality of residency programs, and to determine the requirements for certification.

GENERAL PRACTICE POSITIONS

GRADE	EXPERIENCE and TRAINING	OR	EDUCATION
GS-12	2 Years equivalent experience and training	OR	2 Years of Graduate Training
GS-13	3 Years equivalent experience and training	OR	3 years of Graduate Training
GS-14	1 Year appropriate experience equivalent to at least the next lower grade level	OR	NONE
GS-15	1 Year appropriate experience equivalent to at least the next lower grade level	OR	NONE

SPECIALTY POSITIONS

GRADE	EXPERIENCE and TRAINING	OR	EDUCATION
GS-13	3 Years equivalent experience and training	OR	3 Years of Residency Training in the Specialty
GS-14	4 Years equivalent experience and training	OR	4 years of Residency Training in the Specialty
GS-15	5 Years equivalent experience and training	OR	4 years of Residency Training in the Specialty

PHYSICAL REQUIREMENTS: Candidates must have the capacity to perform the essential functions of the position without risk to themselves or others. In most cases, a specific medical condition or impairment will not automatically disqualify a candidate. A physical condition or impairment may be disqualifying if the condition, for good medical reason, precludes assignment to or warrants restriction from the duties of the specific position

LENGTH OF ELIGIBILITY: Your application will remain active for one year from the date you are rated eligible. You will be removed from consideration due to acceptance of a permanent position or for other reasons. You will not be removed from the list of eligibles if you accept a temporary position unless you submit a notice of your non-interest in other positions. Your eligibility may be extended for an additional one-year period.

EMPLOYMENT INTERVIEWS: Applicants may be required to demonstrate in a pre-employment interview that they possess the personal qualifications necessary for successful performance.

UNPAID AND VOLUNTEER EXPERIENCE: The experience requirements may be satisfied with pertinent unpaid or volunteer work.

BASIS OF RATING: There is no written test. Candidates will be rated on a scale of 70 to 100, based on the extent and quality of your education, experience, and training as they relate to the duties of the position and grade your applying for. Your rating will be based on the information on your application and on any additional information obtained by this office. You will be rated for all grade levels for which you qualify and indicate you will accept. Indian preference candidates will be rated against the Preston Standards.

RANKING FACTORS: Applicants who meet the qualification requirements described above will be further evaluated to determine the extent to which their education, work related experience, training, awards, professional recognition and supervisory appraisals indicate they posses or have the potential to acquire knowledge, skills, abilities, and personal characteristics, (KSAP's) required to perform the duties and responsibilities described above.

KSAP'S SUPPLEMENTAL QUESTIONNAIRE

Applicants are encouraged to address the following KSAP's on a separate sheet of paper attached to their application. The KSAP's will be the basis for determining which applicants are best qualified.

1. Theoretical and practical knowledge of medicine. Please cite examples and describe.
2. Ability to get along well with other staff and patients, including those of other cultural background. Please cite examples and describe.
3. Ability to make appropriate referrals to other specialists/service. Please cite examples and describe.

FOR ADDITIONAL INFORMATION CONTACT ***Mrs. Jackie Black*** AT ***(406) 247-7214***. ALL APPLICATIONS ARE SUBJECT TO RETENTION, NO REQUESTS FOR COPIES WILL BE HONORED.

THIS IS AN AEP TARGETED POSITION: YES ■ NO ☐

THE BILLINGS AREA INDIAN HEALTH SERVICE IS A SMOKE FREE WORK ENVIRONMENT

FEB 0 1 2005

HUMAN RESOURCES OFFICER DATE

FEB 0 1 2005

PROGRAM OFFICER DATE

A COPY OF YOUR CURRENT LICENSE AND OFFICIAL TRANSCRIPTS MUST ACCOMPANY YOUR APPLICATION

BAIHS REV: 01/28/03

HOW TO APPLY

NOTE: IT IS THE APPLICANT'S RESPONSIBILITY TO ENSURE THEY HAVE SUBMITTED A COMPLETE APPLICATION.

Choose one of the following forms to apply for this job.
Please submit one application or resume for each job you are applying for.

Optional Application for Federal Employment (OF-612) with Declaration for Federal Employment (OF-306) **Failure to submit a signed OF-306 will make you ineligible for consideration.**	**Application for Federal Employment (SF-171)** **Unless a signed OF-306 is submitted, Failure to answer questions 38-47 and sign the form will make you ineligible for consideration.**	**Resume or Other written application format with Declaration for Federal Employment (OF-306)** **Failure to submit a signed OF-306 will make you ineligible for consideration.**

An OF-306 may be obtained at: http://www.opm.gov/forms/pdf_fill/of0306.pdf

All applicants must ensure the application you submit contains with the following required documentation. Failure to submit all required documentation with your application will result in your application being incomplete. Applicants with incomplete applications will not be considered for the position.

Your resume or other application format **MUST** contain the following information:

❖ **QUESTIONNAIRE FOR CHILD CARE POSITIONS BY THE CRIME CONTROL ACT OF 1990** must be submitted by **ALL** applicants. A **YES** to any of the questions may remove you from competition.

❖ **JOB INFORMATION**

- Announcement number and lowest grade you wish to be considered for.
- To receive consideration under the Merit Promotion Plan and the Excepted Service Examining Plan you must submit a written request with your application.

❖ **PERSONAL INFORMATION**

- Full name, mailing address (with zip codes), day and evening telephone numbers.
- Social Security Number
- Country of citizenship
- ***Do any of your relatives work for the Agency or Government organization to which you are submitting your application? If so, please list name, relationship, location.***

❖ **EDUCATION**

- **Official Transcripts must be submitted**

❖ **WORK EXPERIENCE** - *Give the following for your paid and non-paid work experience related to the job for which you are applying:*

- Job title
- Duties
- Employer/Supervisor's name, address and/or telephone number
- Starting and ending dates of employment must include - month and year
- ***Average hours worked per week***
- Indicate if we may contact your current supervisor

❖ **OTHER QUALIFICATIONS**

- Job related training courses (title and year)
- Job related skills, for example: other languages, computer software/hardware, tools, machinery, typing speed
- Job related certificates and licenses (if you are a licensed medical professional, submit a copy of your license to practice)
- Honors, awards, and special accomplishments, for example: publications, memberships in professional or honor societies, leadership activities, public speaking, and performance awards

Submit the following documents along with your chosen application format if you are in **any** of the following categories:

COMMISSIONED OFFICER	**INDIAN PREFERENCE** Excepted Service Examining Plan	**VETERAN PREFERENCE**	**FEDERAL EMPLOYEE** Merit Promotion Plan (Current, Former, or Displaced Employees)	**DELEGATED EXAMINING** (Outside of the Federal Government)
Current Billet description (if available) Submit a copy of your most recent Commissioned Officer Effectiveness Rating (COER).	Verification of Indian Preference for Employment – **must submit (BIA Form 4432)** Current Billings Area IHS employees may state that proof of Indian preference is on file in their Official Personnel Folder. **Current or former federal employee must submit most recent FINAL performance appraisal rating.**	DD-214 Form (Honorable Discharge) Form SF-15, if claiming 10-point preference (must submit additional required documents listed on the SF-15) **Must be submitted to receive preference.**	***Current Federal Employees or Reinstatement Eligible Individuals*** must submit Notification of Personnel Action SF50-B, which shows #24 **Tenure** and #34 **Position Occupied**. *Current Permanent Employees and Reinstatement Eligible Individuals* **must submit most recent** FINAL **performance appraisal rating.** If No Performance Appraisal is available, applicants must provide written justification for its absence.	Current Federal Employees or Reinstatement Eligible Individuals must write on their application that they wish to be considered under Delegated Examining. If this statement is not on the application and an SF-50 is received, the applicant will be considered under the Merit Promotion Plan.

REVISED 09/09/03

REQUIRED APPLICATION QUESTIONNAIRE FOR CHILD CARE POSITIONS

NAME (PLEASE PRINT) _____ SOCIAL SECURITY NUMBER _____

Medical Officer — JOB TITLE IN ANNOUNCEMENT

BA-DEU-05-01 — ANNOUNCEMENT NUMBER

CITIZENSHIP:
Are you a U.S. Citizen? YES ☐ NO ☐ If no, give the country of your citizenship.

Section 231 of the Crime Control Act 1990, Public Law 101-647, requires that employment applications for Federal child care positions contain a question asking whether the individual has ever been arrested for or charged with a crime involving a child and for the disposition of the arrest or charge

Section 408 of the Miscellaneous Indian Legislation, Public 101-630, contains a related requirement for positions in the Department of Health and Human Services that involve regular contact with or control over Indian children. The agency must ensure that persons hired for these positions have not been found guilty of or pleaded nolo contendere to violent crimes.

PERSONS APPOINTED TO POSITIONS WITH THE INDIAN HEALTH SERVICE CONSIDERED TO HAVE REGULAR CONTACT WITH OR CONTROL OVER INDIAN CHILDREN SHALL NOT HAVE BEEN FOUND GUILTY OF, OR ENTERED A PLEA OF NOLO CONTENDERE OR GUILTY TO, ANY FELONIOUS OFFENSE, OR ANY OF TWO OR MORE MISDEMEANOR OFFENSES UNDER FEDERAL, STATE, OR TRIBAL LAW INVOLVING CRIMES OF VIOLENCE; SEXUAL ASSAULT, MOLESTATION, EXPLOITATION, CONTACT OR PROSTITUTION; OR CRIMES AGAINST PERSONS; OR OFFENSES COMMITTED AGAINST CHILDREN. RESPONDING "YES" TO EITHER OF THE FOLLOWING QUESTIONS, OR FAILURE TO PROVIDE COMPLETE INFORMATION MAY CONSTITUTE REASON TO CONSIDER YOU INELIGIBLE FOR THE POSITION IDENTIFIED ABOVE.

Have you ever been arrested for or charged with a crime involving a child? *[If "YES" provide the information requested below]* **YES** ☐ **NO** ☐

Date (mo/yr)	Charge	Felony/ Misdemeanor	Disposition	City/State of charge/crime	Police Dept/ Court

Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any offense under Federal (this includes military service), State (this includes municipalities), or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons? ? *[If "YES" provide the information requested below]* **YES** ☐ **NO** ☐

Date (mo/yr)	Charge	Felony/ Misdemeanor	Disposition	City/State of charge/crime	Police Dept/ Court

I certify that (1) my response to these questions is made under penalty of perjury, which is punishable by fines of up to $10,000 or 5 years imprisonment, or both; and (2) I have received notice that a criminal check will be conducted. I understand my right to obtain a copy of any criminal history report made available to the Indian Health Service and my right to challenge the accuracy and completeness of any information contained in the report.

Applicant's Signature _____ Date _____

Revised 5-15-02

SIGNATURE AND CURRENT DATE REQUIRED

Work and Location Availability Form
Billings Area Indian Health Service
Billings, Montana

Name Date

Work Locations
Please indicate your preference for areas of consideration

- ☐ PHS Indian Hospital
  Blackfeet Reservation
  Browning, Montana
- ☐ PHS Indian Health Center
  Blackfeet Reservation
  Heart Butte, Montana
- ☐ PHS Indian Hospital
  Crow Reservation
  Crow Agency, Montana
- ☐ PHS Indian Health Center
  Crow Reservation
  Lodge Grass, Montana
- ☐ PHS Indian Health Center
  Crow Reservation
  Pryor, Montana
- ☐ PHS Indian Health Center
  Northern Cheyenne Reservation
  Lame Deer, Montana
- ☐ PHS Indian Health Center
  Fort Belknap Reservation
  Harlem, Montana
- ☐ PHS Indian Health Center
  Fort Belknap Reservation
  Hays, Montana
- ☐ PHS Indian Health Center
  Fort Peck Reservation
  Poplar, Montana
- ☐ PHS Indian Health Center
  Fort Peck Reservation
  Wolf Point, Montana
- ☐ PHS Indian Health Center
  Wind River Reservation
  Fort Washakie, Wyoming
- ☐ PHS Indian Health Center
  Wind River Reservation
  Arapahoe, Wyoming
- ☐ No Preference

Call Back Duty and Rotating Shift Work
Please indicate those you will accept

- ☐ I will accept call back duty
- ☐ I will not accept call back duty
- ☐ I will accept rotating shifts
- ☐ I will not accept rotating shifts

Type of Appointment
Please indicate those you will accept

☐ Permanent ☐ Term ☐ Temporary

Work Schedule
Please indicate those you will accept

☐ Full-time ☐ Part-time ☐ Intermittent

GS-602
and 690

SUPPLEMENTAL QUALIFICATIONS STATEMENT
Medical and Dental Officer, GS-11/15

Form approved
OMB No. 50-R0481

(Complete And Submit this Form with your Personal Qualification Statement, SF171)

If more space is required, use plain paper. Write your name on each sheet and attach to this form.

1. Name (Last, First, Middle)	2. Birth Date (Month, Day, Year)	3. Social Security Number
4. Address (Number, Street, City, State, Zip Code)	5. Basic Professional Training (Name and Location of School)	
	6. Type of Degree (e.g., M.D.) and Date Received (Month, Day, Year)	7. Class Rank or Standing Top %
8. If your degree was received in a school outside of the U.S., have you passed the examination given by the Education Council for Foreign Medical Graduates? Yes ☐ No ☐	9. Date of ECFMG Certificate, if applicable (Month, Day, Year)	

10. INTERNSHIP

Type of Internship and Specialty	Name and Location of Hospital (City and State)	Name of Chief of Service or Program Director	Dates Attended (Month/Year) From	To	Date Certificate Received

11. RESIDENCY TRAINING AND FELLOWSHIP

Name of Specialty	Name and Location of Hospital (City and State)	Name of Chief of Service or Program Director	Dates Attended (Month/Year) From	To	Date Certificate Received

12. OTHER GRADUATE EDUCATION

Major Field of Study or Program	Name and Location of Institute (City and State)	Certificate, Diploma, or Degree Received and Date (Mo./Yr.)	Dates Attended (Month/Year) From	To

13. CERTIFICATION BY A SPECIALTY BOARD

A. Are you eligible for certification by an American Specialty Board? Yes ☐ No ☐

B. Are you Board certified? Yes ☐ No ☐

C. If your answer to A or B is "Yes," furnish the following:

1. Name of Specialty Board	2. Specialty	3. Date of Certification or Eligibility (Month/Yr.)

14. PRIVATE PRACTICE EXPERIENCE

Type of Practice	Location (City and State)	From (Month/Year)	To (Month/Year)
A. General Practice			
B. Specialized Practice (Specify Specialty)			
C. Give a Brief Description of the Nature of Your Practice:			

15. PERSONAL QUALIFICATIONS AND SCIENTIFIC CONTRIBUTIONS

A. Professional or Scientific Societies with which Affiliated (Do Not Abbreviate)	Type of Membership	Official Posts Held

B. Scholarships, honors, citations, awards, or other professional recognition received.

C. Seminars, important professional committees, and panels conducted. (Cite pertinent examples.)

D. Service as a consultant? If so, give information as to specialties, to whom, purpose, frequency, length and recency.

E. Articles, books, reports, and papers published. Papers presented before professional groups. Start with earliest publication or paper presented and group in successive five-year periods. If material has been published in professional journals, give names of journals and dates of issue. (Do not list abstracts and do not submit copies of publications or papers unless requested to do so.)

16. EXPERIENCE IN HOSPITALS, CLINICS, OR OTHER MEDICAL OR DENTAL ACTIVITY CARE PROGRAMS

(Indicate paid experience other than internships, residencies, and fellowships.)

Name and Location of Hospital, Clinic, or Other Program (City and State)	Name of Chief of Service or Program Director	Dates (Month/Year)		Brief Statement of Duties
		From	To	

17. RESEARCH

Name and Location of Hospital or Other Institution (City and State)	Research Projects (Title and Nature)	Name of Supervisor or Project Director	Dates (Month/Year) From	Dates (Month/Year) To	State Whether you Directed the Research, Conducted the Projects, or served as an Assistant

18. FOR DENTAL OFFICER APPLICANTS ONLY

A. If you are thoroughly familiar with the subjects listed below and are capable of performing the operation independent of supervision, signify by marking 'X' in the box in front of the item.
If you have performed the operation under supervision and feel such supervision is desirable, signify by marking an 'O' in the box in front of the item.
If you have never performed the operation, leave the box blank in front of the item.

- ☐ Recording a complete oral examination by use of mouth mirror and explorer, interpretation of Dental Radiographs, Transillumination, and Vitalometer
- ☐ Interpretation of Dental Radiographs
- ☐ Use of Dental X-ray unit and processing of films
- ☐ Oral Prophylaxis
- ☐ Black's and other approved cavity preparations (all classifications)
- ☐ Use of Silicate (porcelain) cement
- ☐ Use of plastic filling materials
- ☐ Insertion of contoured Amalgram restoration
- ☐ Construction and insertion of gold inlay (direct or indirect method)
- ☐ Construction and insertion of three-quarter crown
- ☐ Construction of gold crown (sectional or cast)
- ☐ Insertion of gold foil filling
- ☐ Preparation for jacket crown
- ☐ Construction of fixed partial dentures
- ☐ Muscle-trimmed impression of edentulous mouth
  - ☐ Compound only
  - ☐ Compound in connection with other material
- ☐ Hydrocolloid compound impressions of partially edentulous mouth
- ☐ Taking the 'bite'
- ☐ Obtaining the inter-occlusal relationship
- ☐ Boxing impression and casting model with artificial stone
- ☐ Construction of contour occlusion rims:
  - ☐ In wax
  - ☐ In compound
  - ☐ Of resin material
- ☐ Setting up artificial teeth (anatomical articulation)
- ☐ Designing removable oral prosthesis with particular reference to location and design of clasps, rests and major connectors
- ☐ Construction of removable oral prosthesis
- ☐ Proper manipulation of plasters, investment and artificial stone
- ☐ Capable of performing laboratory procedures in construction of:
  - ☐ Complete dentures
  - ☐ Removable dentures
  - ☐ Casting inlays and crowns
  - ☐ Fixed partial dentures
- ☐ Local anesthesia (Infiltrative and conductive)
- ☐ Extraction of teeth
- ☐ Alveolectomy
- ☐ Reduction and fixation of fractures of Mandible and Maxilla:
  - ☐ Intermaxillary wiring
  - ☐ By cast metal or plastic splints
  - ☐ By intra- or extra-oral mechanical splints (in edentulous cases)
  - ☐ By open reduction oral mechanical splints (in edentulous cases)
  - ☐ Surgical removal of impacted teeth
  - ☐ Surgical removal of cyst

B. Would you accept a position which includes the treatment of children? Yes ☐ No ☐

Answer Items 19 and 20 by placing an "X" in the proper column.	Yes	No
19. Are you currently licensed to practice medicine and surgery or dentistry in a State or Territory of the United States? If "Yes," specify the State or Territory.		
20. Are you registered under the Anti-Narcotic (Harrison) Act? (NOTE: REFERS TO DRUG ENFORCEMENT ADMIN. DEA PERMIT) If "Yes," specify the State or Territory.		
Answer Items 21 through 23 by placing an "X" in the proper column. If any answer is "Yes," please explain fully in Item 24.		
21. A. Is your license to practice medicine and surgery or dentistry limited or restricted (e.g., use of drugs, use of surgery, etc.) in any way?		
B. Is your license temporary?		
22. A. Has your license to practice medicine and surgery or dentistry ever been suspended or revoked?		
B. Has your application for admission to a state or territorial licensing examination for the practice of medicine and surgery or dentistry ever been refused?		
C. Has your application for renewal of your license or medical registration to practice medicine and surgery or dentistry ever been refused?		
23. A. Have you ever been charged with a violation of the Anti-Narcotic (Harrison) Act?		
B. Has your registration under this act ever been suspended or revoked or your application for registration denied?		
C. Have you ever been charged with violation of any state law pertaining to habit-forming drugs, narcotics, or intoxicating liquor?		

24. REMARKS—Use this space and additional sheets, if necessary, to give any additional information in connection with your answers to the above questions.

PRIVACY ACT INFORMATION

The Office of Personnel Management is authorized by section 1302 of Chapter 13 (Special Authority) and sections 3301 and 3304 of Chapter 33 (Examination, Certification, and Appointment) of Title 5 of the U.S. Code to collect the information on this form.

Executive Order 9397 (Numbering System for Federal Accounts Relating to Individual Persons) authorizes the collection of your Social Security Number (SSN). Your SSN is used to identify this form with your basic application. It may be used for the same purposes as stated on the application.

The information you provide will be used primarily to determine your qualifications for Federal employment. Other possible uses or disclosures of the information are:

1. To make requests for information about you from any source (e.g., former employers or schools), that would assist an agency in determining whether to hire you;
2. To refer your application to prospective Federal employers and, with your consent, to others (e.g., State and local governments) for possible employment;
3. To a Federal, State, or local agency for checking on violations of law or other lawful purposes in connection with hiring or retaining you on the job, or issuing you a security clearance;
4. To the courts when the Government is party to a suit; and
5. When lawfully required by Congress, the Office of Management and Budget, or the General Services Administration.

Providing the information requested on this form, including your SSN, is voluntary. However, failure to do so may result in your not receiving an accurate rating, which may hinder your chances for obtaining Federal employment.

ATTENTION—THIS STATEMENT MUST BE SIGNED

Read the following paragraph carefully before signing this Statement

A false answer to any question in this Statement may be grounds for not employing you, or for dismissing you after you begin work, and may be punishable by fine or imprisonment (U.S. Code, Title 18, Sec. 1001). All statements are subject to investigation, including a check of your fingerprints, police records, and former employers. All the information you give will be considered in reviewing your Statement and is subject to Investigation.

CERTIFICATION	SIGNATURE (Sign in ink)	DATE SIGNED
I CERTIFY that all of the statements made in this Statement are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.		

GPO 851-868